

Psychiatric conditions

(Depressive disorders, psychosis and substance-related disorders)

Subject

Instructions for screening immigration clients with a possible psychiatric condition (depressive disorder, psychosis or substance-related disorder) in the context of the Canadian immigration medical examination (IME).

Goal/Objective

These instructions are provided to ensure that panel physicians (PPs) follow a consistent and appropriate process for the following:

- identification of clients with a history of psychiatric condition (depressive disorder, psychosis or substance-related disorder);
- investigation of clients with a psychiatric condition (depressive disorder, psychosis or substance-related disorder) to determine their risk to public safety as well as their potential social and/or medical service requirements; and
- completion and grading of an IME for a client with a psychiatric condition (depressive disorder, psychosis or substance-related disorder).

Instructions

Screening and Testing

PPs are required to fully assess ALL clients for psychiatric conditions (depressive disorder, psychosis or substance-related disorder) in order to provide the information that will allow the medical officer to assess the client's **potential risk to Canadian public safety** as well as the **demand on Canadian social/medical services**. If an interpreter is used, the PP must select and ensure that the interpreter is unbiased and has no connection to the client. Family members or friends cannot act as interpreters for clients. The use of a professional interpreter is at the client's expense.

Screen for conditions of public safety concern

A condition of “**public safety concern**” means a mental health condition in a person who has been examined by a physician and for which the physician is of the opinion that the person will likely cause harm to others. Screening for psychiatric conditions of **public safety concern** and recognition of symptoms in diverse population is challenging. It is important to identify depression, psychosis, sociopathic and substance related disorders in all clients to determine whether they are likely to pose a danger to public safety. The PP should provide details regarding whether a client has already or is likely to mount a harmful action in response to a delusional disturbance.

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- **Depressive disorders:**
 - Various tools are available to determine a patient's mental state but their reliability is affected by clients' interpretation of emotional terms and their cultural conception of symptomatology. Panel physicians' familiarity with the terms that their patients use to describe emotional problems, as well as how relevant questions are in determining a patient's mental state, could assist in the identification of depression in diverse populations.
 - Regardless of the limitations of self-reported depression screening tools, it is better to use them to screen for depression than risk missing persons who are suffering from a depressive disorder. Nevertheless, PPs should remember that diagnoses should not be based solely on the findings of depression screening questionnaires.
- **Psychosis** usually presents as a significant change from a previous level of functioning accompanied by delusions or hallucinations.
- **Substance-related disorders** are important to identify because of their capacity to induce mood and psychotic disorders and to lead to sociopathic and criminal behaviors.
Substance of abuse - (route, frequency, quantity, last use)
 - alcohol, rubbing alcohol, Listerine
 - stimulants: cocaine, crystal methamphetamine
 - marijuana
 - opiates- heroin, methadone, morphine, codeine, oxycodone
 - benzodiazepins
 - tobacco (chew, cigarette)
 - caffeine
 - over the counter drugs and prescription drugs (anticholinergics)

The following information may assist the PPs in their screening of conditions that potentially pose a risk to Canadian public safety. Does the client have a history of any of the following:

- delusional behavior or schizophrenia;
- suspiciousness or odd beliefs;
- memory disturbance;
- substance use disorder including past treatment and rehabilitation programs;
- trauma (psychological or physical) including post traumatic stress disorder (PTSD);

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- suicidal or homicidal ideations; or
- other relevant psychiatric history – personal and family;

Screen for Demand on Social and/or Medical Services

During the immigration medical examination (IME) PPs are also expected to screen clients for conditions that may result in **increased needs for social and/or medical services (excessive demand)**. It is important to elaborate where there is a history of psychiatric conditions, that, without special intervention, would likely jeopardize the client's ability to achieve normal socialization and educational or work performance. PPs should request work history and schooling history reports if applicable. They should also request reports from mental health and social services that outline any history of behavioral problems, management needs or social services required. Other important information to gather once a diagnosis of a psychiatric condition has been established is as follows:

- whether the condition is it likely to improve with time, get worse or stay the same?
- when the client last visited a psychiatrist?
- when was the client last admitted to hospital?

Reporting

- All reports (specialist, work history, education history, mental health services and social services) should be attached to the IME.
- Specialist reports that may be available from previous consultations should also be attached.

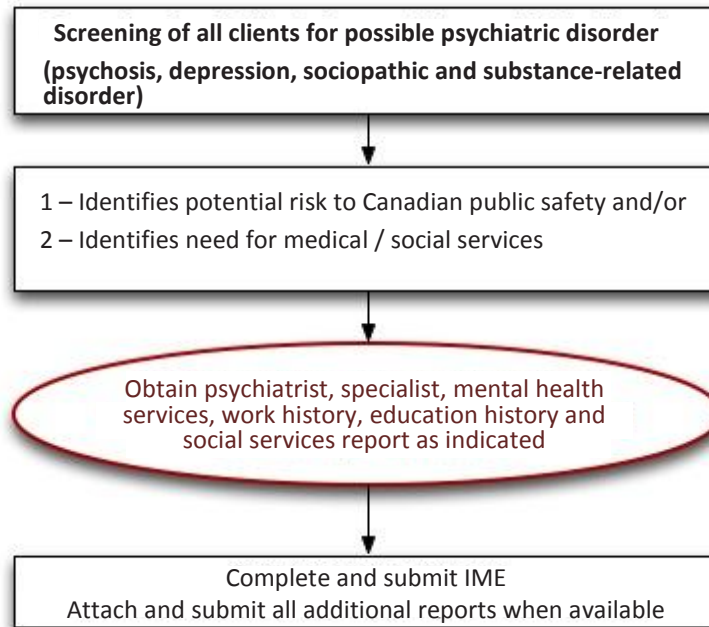
Grading

All IMEs for clients with a history of a psychiatric condition such as a mood disorder, a psychotic disorder, a sociopathic or substance related disorder should be graded B.

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Algorithm



References

Diagnostic and Statistical Manual of Mental Disorders - 4th Ed. (DSM-IV-TR™, 2000) . New revised edition scheduled for 2015.

http://en.wikipedia.org/wiki/DSM-IV_Codes

Ministry of Health B.C. (2008) Family Physician Guide: For Depression, Anxiety Disorders, Early Psychosis and Substance Use Disorders.

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Jean Addington. (2008) The Prodromal Stage of Psychotic Illness: Observation, detection or intervention? *J Psychiatry Neurosci*, 28(2).

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HB Approval and Authority

Director General, NHQ, Health Branch, CIC

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2013/11/01