

Provincial Strategy

AnxietyBC Introductory Comments

Although there are many claims to successful ways of treating anxiety disorders, AnxietyBC will only endorse evidence supported treatments (ESTs). This is in keeping with general trends in medicine and professional health care associations. It reflects a scientific approach to evaluating how well treatments work. There now is a considerable and encouraging international literature on anxiety disorders, what causes them, and how their course can be improved.

Two ESTs stand out as effective in treating anxiety disorders:

- selected medications
- a psychological treatment called cognitive behaviour therapy

Medications for anxiety disorders are available from your family physician or a psychiatrist recommended by your family physician.

Cognitive behaviour therapy is a treatment based upon learning theory that helps people develop coping techniques to understand anxiety, overcome avoidance, and effectively manage the symptoms of anxiety. Generally, it is less available than medications, but increasingly practitioners are becoming trained in this type of treatment and there is a lot of self-help information using cognitive behaviour methods on this web site.

AnxietyBC does not maintain lists of practitioners. However, professional groups such as the BC Psychological Association (604 730-0501) can help you. If you are considering psychological help for an anxiety disorder, you should first inquire about the practitioner's training in cognitive behaviour therapy, to ensure that they are suitably registered or certified to provide this type of treatment. Sometimes, people take both kinds of treatment at the same time.

Executive summary of the Provincial Anxiety Disorders Strategy

Anxiety disorders are the most prevalent class of mental illness, affecting approximately one in every ten adults, yet the chronic and disabling nature of these conditions is seriously underestimated. All too frequently, symptoms of anxiety disorders are discounted as normal by-products of life stress and not understood in terms of their distinct underlying psychopathology. As a result, anxiety disorders have been under-diagnosed and under-treated in British Columbia, resulting in considerable unmet need, unnecessary disability, and over-utilization of non-psychiatric medical services.

It is now recognized that anxiety disorders are associated with a high disease burden, representing substantial costs to society, both in human and fiscal terms. The Provincial Government's renewed focus on the Mental Health Plan implementation and new priorities forthcoming from the Minister of State for Mental Health provide a fitting context in which to examine the public sector response to anxiety disorders.

This report describes a strategy to address the prevention and management of anxiety disorders in British Columbia. The strategy has been developed by the Provincial Anxiety Disorders Strategy Advisory Committee, appointed by the Government in the fall 2001.

In developing the strategy, the committee acknowledged that :

- anxiety disorder cases range from mild to severe
- anxiety disorders are distinct diagnostic entities that are highly responsive when established treatment protocols are applied
- that there are very few health service providers in the province trained to deliver evidence-based treatments for anxiety disorders
- primary care has played, and will continue to play, a central role in the provision of care to anxiety sufferers
- there has been a failure in BC to recognize that approximately 1% of the population, or 39,000 adults, are highly disabled by severe anxiety disorders and the numbers affected at this level of severity are more than double the numbers of schizophrenia cases in the province
- very little attention has been given to early interventions which have the potential to reduce the incidence of anxiety disorders and prevent the development of chronic and severe conditions.

The strategy describes a series of recommended programs designed to achieve four goals: improved awareness, improved accessibility to information and service, improved appropriateness of care; and improved outcomes for anxiety disorder sufferers.

Ten strategy components are outlined that correspond to the range of needs within:

- The general public,
- populations at risk for anxiety disorders,
- individuals with mild anxiety disorders, and
- individuals with chronic or severe anxiety disorders.

Recommended components include:

- **Awareness Raising Strategies** that enhance understanding among the general public that anxiety disorders are common illnesses that can be effectively diagnosed and treated.
- **Universal School-Based Interventions** designed to enhance the psychological competence of children and adolescents and prevent or delay the onset of anxiety disorders.

- **Targeted School-Based Interventions** which identify and intervene (through administration of brief therapies or referral to mental health specialists) with adolescents most at risk for development of serious anxiety disorders.
- **Web-based Education and Support** designed to provide psycho-educational resources to adults with early anxiety symptoms regarding types of anxiety disorders and to impart basic cognitive, behavioral and lifestyle strategies.
- **Web-based Self-Diagnostic and Self-Help Programs** that allow consumers to assess the nature and severity of their anxiety symptoms using interactive diagnostic questionnaires and direct them to a structured self-administered therapeutic program for symptom management.
- **Community-Based Self-Help Therapy Groups** which offer an efficient means of supplementing and expanding the formal mental health care system for uncomplicated anxiety conditions. These consumer-led groups represent a means to deliver empirically validated self-help methods to control symptoms and improve quality of life.
- **Enhanced Primary Care Services** including a range of provider support mechanisms that meet the needs and preferences of primary care physicians such as clinical decision-support, case consultation with anxiety specialists, training in physician-delivered brief CBT, computer-assisted patient resources developed for general practice settings, and shared-care initiatives.
- **Expanded Community-Mental Health Programs** through the provision of training to community mental health workers in standardized CBT protocols for different anxiety disorders and through access to expert support for difficult cases through identified provincial or regional specialists.
- **Specialized Regional Anxiety Services** spawned over the next three years from a provincial centre of expertise with the continuing capacity to export expertise to care for severe anxiety cases across the province.
- **Day Programs for Obsessive-Compulsive Disorders** to provide intensive intervention in the form of day care treatment for severe cases. The costs of a day program could be offset by reductions in hospitalizations now associated with OCD cases.

The success of the recommended clinical strategy components rest upon expanded training opportunities for practitioners in evidence-based interventions.