

Psychiatric Complexity Table – 2021

Specialty Committee in Psychiatry



Psychiatric Complexity Table

	Low	Medium	High
Psychiatric comorbidity	1-2 (that affect function)	2-4 (that affect function)	5+ diagnoses that affect function, severe mental illness/severe persistent mental illness (SMI /SPMI) that is poorly controlled, polysubstance abuse Severe impact of personality disorder
Acuity	New onset/few relapses	Recurrent/episodic illness	Chronic, non-remitting (SMI/SPMI) that is poorly controlled Severe impact of personality disorder
Intellectual function	Normal	Low normal	Intellectual Disability (ID) Autism Spectrum Disorder (ASD)
Treatment	1-2 psychiatric medications	Suboptimal response to a class Suboptimal response to evidence based psychotherapy	Suboptimal response to multiple medications trials Suboptimal response to multiple evidence based psychotherapeutic techniques
Treatment resistance	Treatment naïve/limited past treatments	1-3 failed trials/ suboptimal response	Multiple failed trials/suboptimal response to first and second line treatments (psychotherapy and/or medication)
Medical comorbidity	Nil, non-complicating	Moderate, non-complicating	Significant, complicating psychiatric treatment
Psychosocial stressors	Minimal social	Moderate (acute-recent separation, job loss,	Severe/chronic social stressors (homelessness,

Psychiatric Complexity Table – 2021

Specialty Committee in Psychiatry

		parental separation, change in school situation, bullying)	severe trauma etc), forensic, under court order Geographic isolation Social isolation related to other factors (gender, race, gender identity, etc)
Communication	No barrier	Barrier overcome (interpretation)	Unable to communicate adequately
Level of functioning	Not impaired/mild acute impairment	Impaired during episodic illness return to base line Acute impairment (unable to work, attend school, no impairment in self care/activities of daily living [ADL])	Chronic impairment Severe acute impairment (unable to complete selfcare, ADL)

A case with low complexity would include:

- One DSM-5¹ diagnosis that leads to disturbance of functioning in one or more major areas of life such as work, academics and/or interpersonal relationships
- Recent onset or infrequent relapses
- Treatment naïve or limited past treatment
- No language barrier
- No significant intellectual or communication barrier
- No significant psychosocial issues

A case with moderate complexity would include:

- One to three DSM-5 diagnoses that lead to disturbance of functioning in one or more major areas of life
- Recurrent illness
- More than one past treatment trial
- One to three psychoactive medications
- “Overcome-able” language and cultural barriers
- Fluctuating level of function with some recent periods of moderate-level functioning
- Moderate biopsychosocial complexity: see above

¹ Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Psychiatric Complexity Table – 2021

Specialty Committee in Psychiatry

A case with high complexity would include:

- More than three DSM-5 diagnoses that hinder function (tobacco-use disorder cannot be included in the count)
 - Prototype complex case: personality disorder (PD) plus addictions plus another “axis 1” diagnosis:
- Other prototypes: Unremitting mood or psychotic disorders with impairment in ADL Long-standing active psychiatric illness
- More than four or five regular psychoactive medications or more than ten prescribed medications
- Chronic low level of function
- Significant language or cultural barrier
- Treatment resistance
- Significant biopsychosocial complexity: medically complex patients, forensic or violent patients, patients under child protection involvement (or adults followed by social services for their children), complex (polysubstance) addiction, severe intellectual and communication deficits, homelessness, refugees for example.

Date of last revision: February 2021