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| **Description** | **Care Needs** |
| Electroconvulsive therapy | Positive symptoms, depressive symptoms  |
| Creative therapy | Negative symptoms, depressive symptoms, agitation, anxiety, self-harm, social relationships  |
| Activating counseling | Positive symptoms, negative symptoms, depressive symptoms, substance abuse, anxiety, social relationships |
| Physiotherapy | Bodyweight, (pre)diabetes type II, movement disorder |
| Behavioral therapy | Positive symptoms, depressive symptoms, anxiety, OCD |
| Light therapy | Depressive symptoms |
| Psychotherapy | Depressive symptoms, anxiety, OCD, self-harm |
| Communicative treatment | Negative symptoms, depressive symptoms, anxiety, social relationships, intimacy, family support  |
| Psychomotor therapy | Negative symptoms, depressive symptoms, anxiety, social relationships, self-harm, personal safety, positive symptoms |
| System Therapy | Depressive symptoms, social relationships, intimacy, family support  |
| Cognitive behavioral therapy | Positive symptoms, negative symptoms, depressive symptoms, anxiety, OCD |

Appendix 2. Diagnosis related group codes for applicable care needs