

## Psychosocial Screening Program Acceptable to Both Patient and Clinician? Initial Feedback

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### Introduction

At the NZ National Burn Centre Adult Outpatient Clinic patients are seen by the Multi Disciplinary Team for review of wounds, scars, and functional progress. Until now psychological input has been available by referral if psychosocial issues are identified in medical or allied health reviews. However, whether undisclosed psychological distress or symptoms that may impact recovery were present in clinic patients was unclear.

Previous work suggests the proportion of burn patients who experience psychological distress is high, e.g. 33% at each post-discharge review and 45% over a two-year period (Fauerbach *et al.*, 2007). Psychosocial screening can identify issues that would not otherwise be disclosed, and target assessment and treatment. To identify burn patients who may benefit from psychological input to support their recovery a short psychosocial screen was introduced on June 2018. Initial data from the first three months of the screening program are presented.

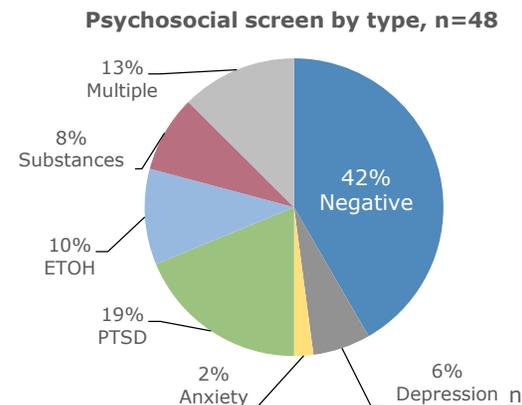
### Method

A brief pen-and-paper self-report screen was adapted from a screen piloted by the West Pennsylvania Burn Service. The psychometrics incorporated in the screen were reviewed and found to have acceptable validity and clinical utility:

- The PHQ-4 (4 items) assessed depression and anxiety (Lowe *et al.*, 2010)
- The PC-PTSD (4 items) assessed post-traumatic stress symptoms (Prins *et al.*, 2003)
- The CAGE (4 items) assessed potentially problematic alcohol use (Dhalla & Kopec, 2007)
- Substance use, safety at home, and suicidality were assessed with single items

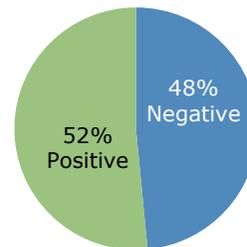
Patients were asked to complete the screen in clinic before their appointment, with 94% of patients accepting. Screens were scored and patients who met criteria were followed up in clinic or by phone to offer further psychological input from the service or in the community.

### Results



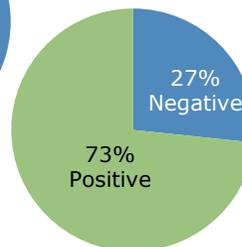
- Around one in five patients presenting to clinic had PTSD symptoms indicating further assessment and intervention
- Around one in eight patients presented with multiple psychosocial issues, screening positive on two or more categories, and 4% reported suicidal thoughts

**TBSA 10% or under n=33**

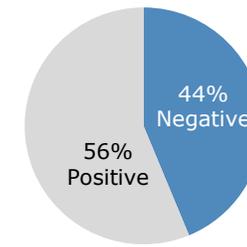


- Positive screens for patients above or below the regional criteria of 10% TBSA were compared
- Around half of patients with smaller burns screened positive, suggesting patients with any size of burn should be screened

**TBSA over 10% n=15**

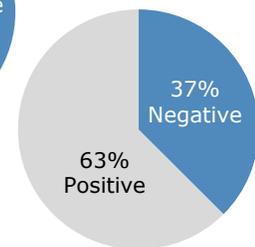


**Less than 1 year since burn, n=32**



- Positive screens for patients pre- and post- 1 year since injury were compared
- Patients who continue to return for review in clinic 1 year or more post-injury are complex by default and may present with psychosocial issues which require holistic care

**One year or more since burn, n=16**



### Conclusion and future directions

Previous usual care may not elicit psychosocial problems which impact recovery and tend to persist. While long-term patients and those with big burns tend to present well, adjustment to injury and maintaining a positive relationship with their doctor may discourage disclosure of psychological problems in medical reviews. A brief psychosocial screen can be efficiently administered, and offers patients an opportunity to disclose psychological issues in a familiar setting. The questionnaire was acceptable to most patients and did not impact the operation of the clinic. Patients with larger burns and those who continue to require review in Burn Outpatient Clinic long-term may benefit from longer appointments including psychological assessment and intervention.