Supporting the Mental Health of Major Trauma Patients: Is it Everyone's Responsibility?

Sheffield Hallam University

NHS Manchester University NHS Foundation Trust

Rhiannon Cole, Michael Callaghan, Justine Theaker

Background

Approximately 16,000 individuals die every year as a result of trauma in England and Wales (1). Thousands of patients survive but have physical disabilities which can cause emotional distress, impacting on their recovery and quality of life (2). In hospital, the responsibility to identify patients that would benefit from mental health (MH) support, or to whom the patient speaks about their MH, often lies with ward-based professionals without specialist MH training. The fundamental skills that healthcare professionals possess make a good grounding to have these conversations, however they can be reluctant to do this (3). This may be due to a lack of knowledge, skills and time, or an absence of interest (4). Education of healthcare professionals is believed to improve the support they can offer their patients (5).

Aims

1) Establish how important a Major Trauma (MT) multi-disciplinary team (MDT) think it is to support the MH of patients.
2) Explore the extent to which the MT MDT feel they support MH.
3) Understand the barriers to supporting MH in MT patients.
4) Ascertain facilitators to supporting the MH of MT patients.
5) Explore the preferred structure and content of an MDT education package.

Methods

An online questionnaire created by the author was completed by 100 MDT members across 14 professions who had treated MT patients on the Major Trauma Ward or Orthopaedic Trauma Unit in the past three months. The questionnaire was disseminated through email distribution lists and posters in clinical areas. Once a sample of 100 responses was met, the data were inputted and analysed using SPSS v25.

Results

- 98% agreed MH should be considered during admission, however only 65% felt confident in support this aspect of patient care.
- 94% felt that all members of the MDT were responsible for supporting MH.
- 49% 'always' or 'usually' asked about MH during a review. However, if a patient initiated this conversation, it rose to 97% engagement.
- 52% advised they would 'always' or 'usually' complete a MH referral for a patient they thought required it.
- 44% reported time was the greatest barrier to support MH, followed by a lack of appropriate role models (15%) and inadequate education (13%).
- Education of the MDT was the main factor to improve the MH support given (39%), followed by MH specialists being more accessible (20%) and better environmental resources (14%). Please see the tables below for further information regarding the preferred method and content of education.

Method of Education	% of respondents (can select up to 3)
Joint sessions with psychologist	81%
Face-to-face teaching in groups	73%
Informal teaching in supervision	37%
E-Learning	26%
Virtual teaching	24%
Written information	18%
Other	6%

Content of Education	% of respondents (can select up to 5)
How to identify MH problems in MT patients	81%
Practical tips and strategies for supporting MH	79%
When / how to start conversations about MH	73%
What type of language to use when discussing MH	63%
Education of MH conditions	59%
When and how to refer to MH specialists	51%
Information about resources that can be provided	48%
Other	2%

Conclusion

Although almost all respondents thought that the MH of MT patients should be considered, only two thirds felt confident enough to initiate this conversation and less than half ask about it in a routine review. The main barrier highlighted was time. Most respondents felt that education would be the most effective strategy in improving the way that they support MH. Joint sessions and face-to-face education were the preferred methods of education, with topics such as how to identify MH problems, how to open conversations about MH and practical strategies to support being the preferred content.

References

1. TARN. Trauma Research. https://www.tarn.ac.uk/2017.
2. Agtarap S, Boals A, Holtz P, Roden-Foreman K, Rainey EE, Ruggero C, et al. The effect of depressive symptoms on social support one year following traumatic injury. J Affect Disord. 2017;207:398-405.
3. Visser E, Gosens T, Den Oudsten BL, De Vries J. The course, prediction, and treatment of acute and posttraumatic stress in trauma patients: A systematic review. J Trauma Acute Care Surg. 2017;82(6):1158-83.
4. Goode D, Melby V, Ryan A. Management of patients with mental health needs. Emerg Nurse. 2014;22(5):32-7.
5. Brunero S, Jeon YH, Foster K. Mental health education programmes for generalist health professionals: an integrative review. Int J Ment Health Nurs. 2012;21(5):428-44.

Contact

Rhiannon Cole
Specialist Major Trauma Physiotherapist
Manchester Royal Infirmary
rhiannon.cole@mft.nhs.uk