

INTEGRATING MENTAL HEALTH SERVICES FOR THE TRAUMA PATIENT: INNOVATIVE SOLUTIONS TO MEET NEW ACS GUIDELINES

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5.29 Mental Health Screening—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

All trauma centers must meet the mental health needs of trauma patients by having:

- A protocol to screen patients at high risk for psychological sequelae with subsequent referral to a mental health provider (LI, LII, PTCI, PTCII)
- A process for referral to a mental health provider when required (LIII)

Additional Information

Level I and II trauma centers are required to have a structured approach to identify patients at high risk for mental health problems while Level III trauma centers are required to have a means of referral should a problem or risk be identified during inpatient admission.

References

None

5.28 Rehabilitation and Discharge Planning—TYPE II

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

All trauma centers must have a process to determine the level of care patients receive as the specialty level of care documented.

Additional Information

The level of patient care at home with rehabilitation term acute injury, TBI to the need

Discharge approach, acknowledge into all as trauma center US trauma transition concerns, with clinical and emergency

Level I and II trauma centers should facilitate

using patient-centered strategies such as the following:

- Peer-to-peer mentoring
- A trauma survivors program
- Participation in the American Trauma Society's Trauma Survivors Network program⁴
- Continuous case management that elicits and addresses patient concerns and links trauma center services with community care

Patient-centered trauma care is an area that can benefit from ongoing integration of research findings and evolving expert

Measures of Compliance

- Review of process during site visit
- Chart review

Resources

Level I and II trauma centers should adopt a means of facilitating the transition of patients into the community using patient-centered strategies such as the following:

- Peer-to-peer mentoring
- A trauma survivors program
- Participation in the American Trauma Society's Trauma Survivors Network program⁵
- Continuous case management that elicits and addresses patient concerns and links trauma center services with community care

Patient-centered trauma care is an area that can benefit from ongoing integration of research findings and evolving expert opinion.

Resources for Optimal Care of the Injured Patient

2022 Standards | Released March 2022



2022 ACS UPDATED STANDARDS

ACS COT RECOMMENDATIONS FOR ADDRESSING MENTAL HEALTH

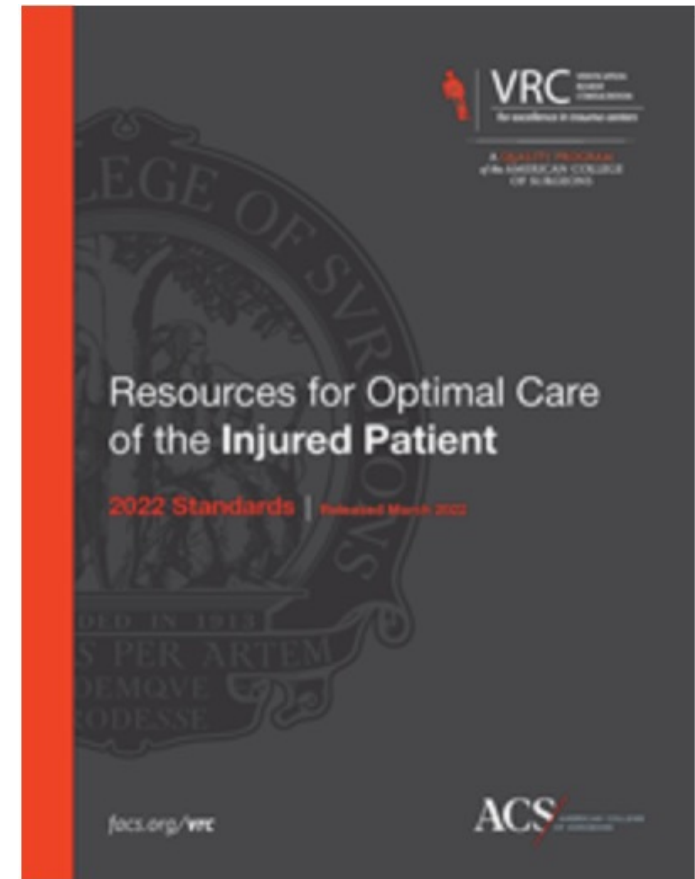
20-40% PTSD/MDE

Patients' emotional status is associated with rehabilitation outcome

Several negative consequences of untreated PTSD/MDE

Early screening and may help to identify and define rehabilitation programs

Mandated routine early screening and referral



JUST RELEASED: BEST PRACTICE GUIDELINES

Includes:

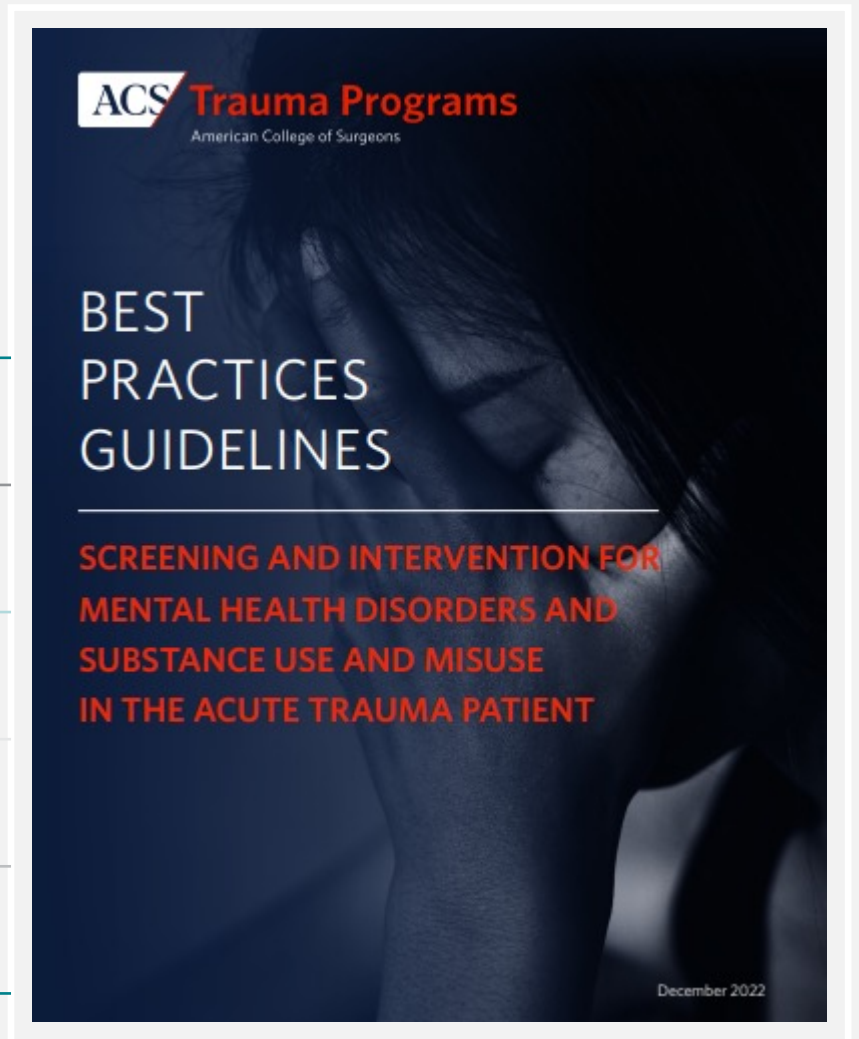
Substance Misuse & Intervention

Postinjury Mental Health Care

Additional Mental Health Considerations for Trauma Centers

Implementation and Integration of the Best Practice Guidelines

Tools





INTERVENTION
APPROACHES

Promoting emotional recovery and patient engagement through:

- Education
- Screening
- Symptom self-monitoring
- Brief intervention
- Referrals/Treatment

1

Educate and Provide Brief Intervention

Educate patients at the bedside about mental health recovery after traumatic injury; risk-assess patients for PTSD and depression; provide brief intervention to high-risk patients

2

Promote Symptom Self-Monitoring

Enroll patients in our automated text-message symptom-monitoring service that tracks symptoms and provides tailored educational tips over the 30-day period between discharge and phone screen

3

30-day Screen for PTSD and Depression

Complete chat-bot or phone-based screen for PTSD and depression; educate patients with positive screens about treatment options; invite those with negative screens to re-contact us if new needs develop

4

If Needed, Refer and Connect to Provider/Practice

Provide referral and warm handoff to patients for PTSD and/or depression; identify and address access barriers



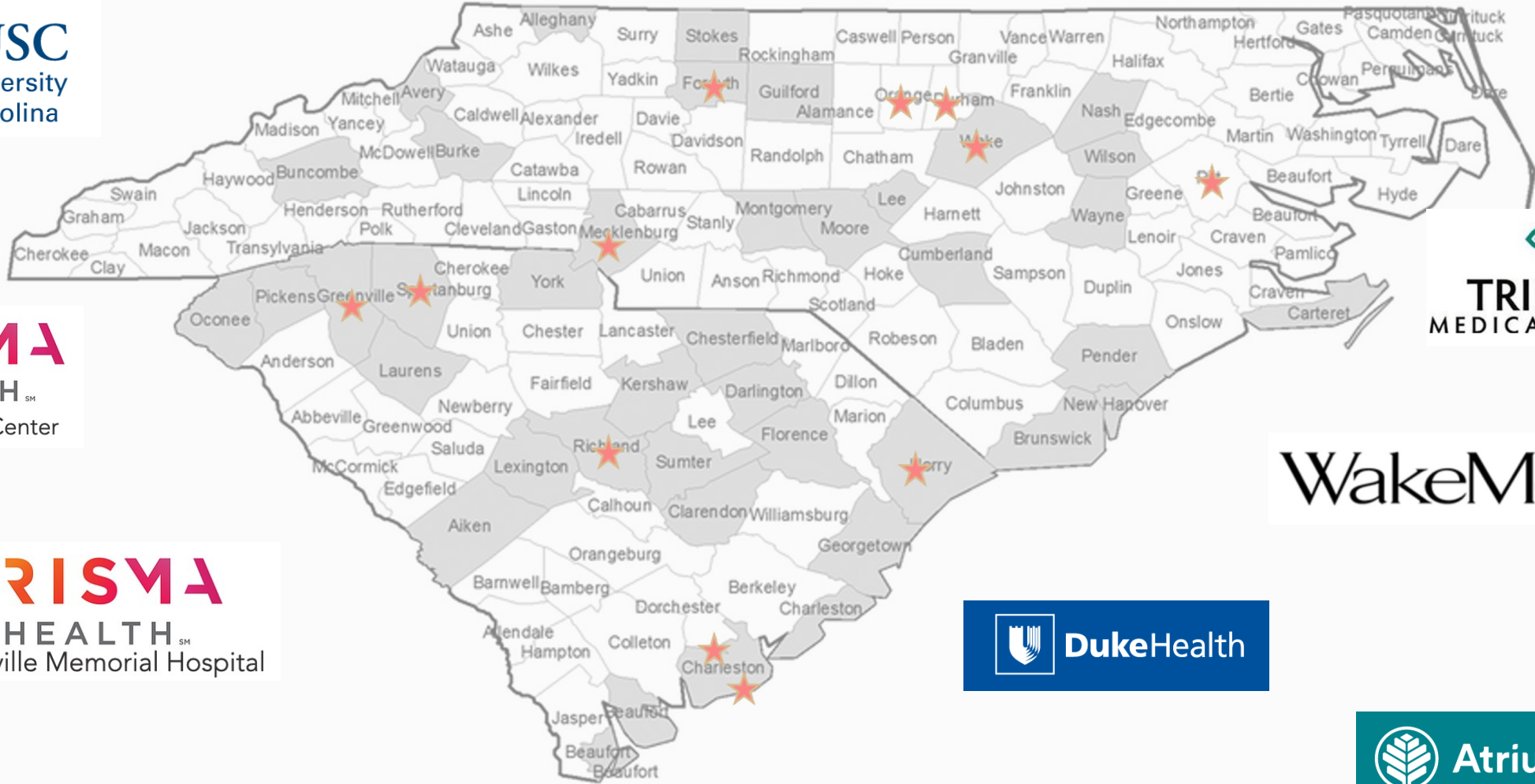
HIGHLIGHTS

- Patient engagement was moderate-high.
- During our in-hospital visit (step 1), we found that patients almost universally accepted and engaged with the educational component of our program.
- Two-thirds of patients enrolled in our text message SMS (step 2).
- Most (98%) agreed to be contacted for a mental health screen 30-days post-injury (step 3)
- Of those who completed the screen, 36% screened positive for PTSD and/or depression.
- Most (68%) patients accepted treatment referral; >75% of patients preferred home-based telehealth over face-to-face treatment.



ADDRESSING
ENGAGEMENT
(STEPS 1-3)

- Patients who were educated at Step 1 were more likely than those who were missed by our staff to be reached at Step 3 for the 30-day screen.
 - Direct contact in the early phase of intervention is important - heighten patients' familiarity with program staff, perception of relevance of the services, and readiness to engage in follow-up.
- Patients with high distress at Step 1 are more likely than those with low distress to engage in Step 2 – the text messaging service.
- Patients who actively engage in the text messaging service are more likely to be reached for 30-day follow-up screening (Step 3) than their counterparts.
 - Including brief, text-length, unique educational tips and coping strategy recommendations that are tied to each question based on relevance.



LESSONS LEARNED



Trauma centers are enthusiastic about launching this type of program



The right person for the position; identifying the implementation team



Model adaptations may be needed to fit seamlessly existing infrastructure and workflow



Billing and reimbursement to promote sustainability



Integration within trauma program is key

WHAT IS THE TRAUMA SURVIVORS NETWORK?

The Trauma Survivors Network is a national, evidence-based program, designed to help trauma patients and their families through the recovery process by connecting with other survivors and families.



CMC LEVEL I TRAUMA CENTER SNAPSHOT

- Charlotte is the most populous city in NC (16th in the U.S.)
- In 2021,
 - Treated 6,350 injured adult patients
 - 5,000 Trauma Activations
 - 4,200 Trauma Admissions
 - 81% Blunt / 18% Penetrating / 1% Burns
 - Top MOIs: 1) MVCs, 2)GSWs/Stabbings/Assaults; 3) Falls
 - ~30% of patients have an ISS greater than 15
 - Majority of patients are ages 23-44

