



The Diverse Human Reaction to Trauma

Improving Trauma Patients' Connections to Mental Health Care

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August 18, 2021





Significance

- The Increasing Prevalence of Trauma Injuries
 - “150,000 deaths and over 3 million non-fatal injuries per year” (American Association for the Surgery of Trauma, 1999).
 - In 2018, there were 1.2 million emergency room admissions related to assault or homicide (Centers for Disease Control and Prevention, 2019).
 - During the first month and a half of the pandemic, there was a 5% increase in penetrating trauma in Philadelphia, including a 20% spike in gunshots and stabbings (Penn Medicine News, 2020).

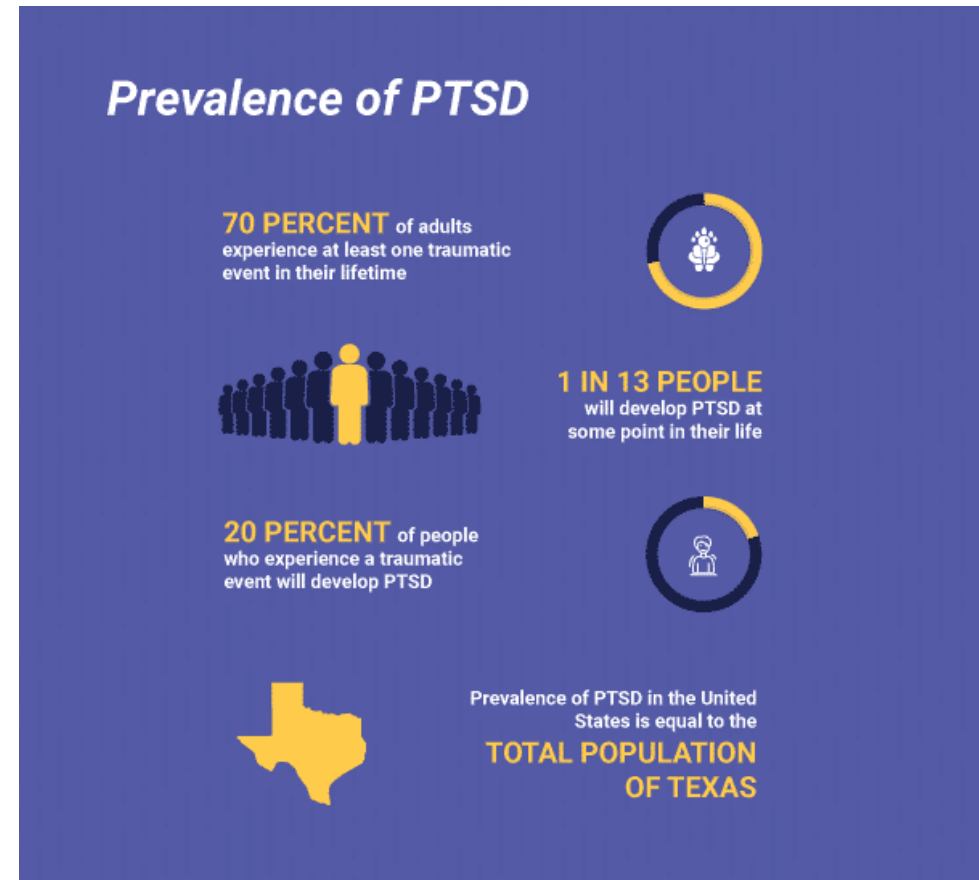
Sources

“Trauma Centers Weathered Increase In Gun Violence From Philadelphia’S Hardest-Hit COVID Areas - Penn Medicine”. *Pennmedicine.Org*, 2020, <https://www.pennmedicine.org/news/news-releases/2020/august/trauma-centers-weathered-increase-in-gun-violence-philadelphia-hardest-hit-covid-areas>.

“Faststats”. *Cdc.Gov*, 2021, <https://www.cdc.gov/nchs/fastats/homicide.htm>.

“PTSD Facts And Statistics | The Recovery Village”. *The Recovery Village Drug And Alcohol Rehab*, 2021, <https://www.therecoveryvillage.com/mental-health/ptsd/related/ptsd-statistics/>.

“Trauma Facts And Links”. *The American Association For The Surgery Of Trauma*, 2021, <https://www.aast.org/resources/trauma-facts>.

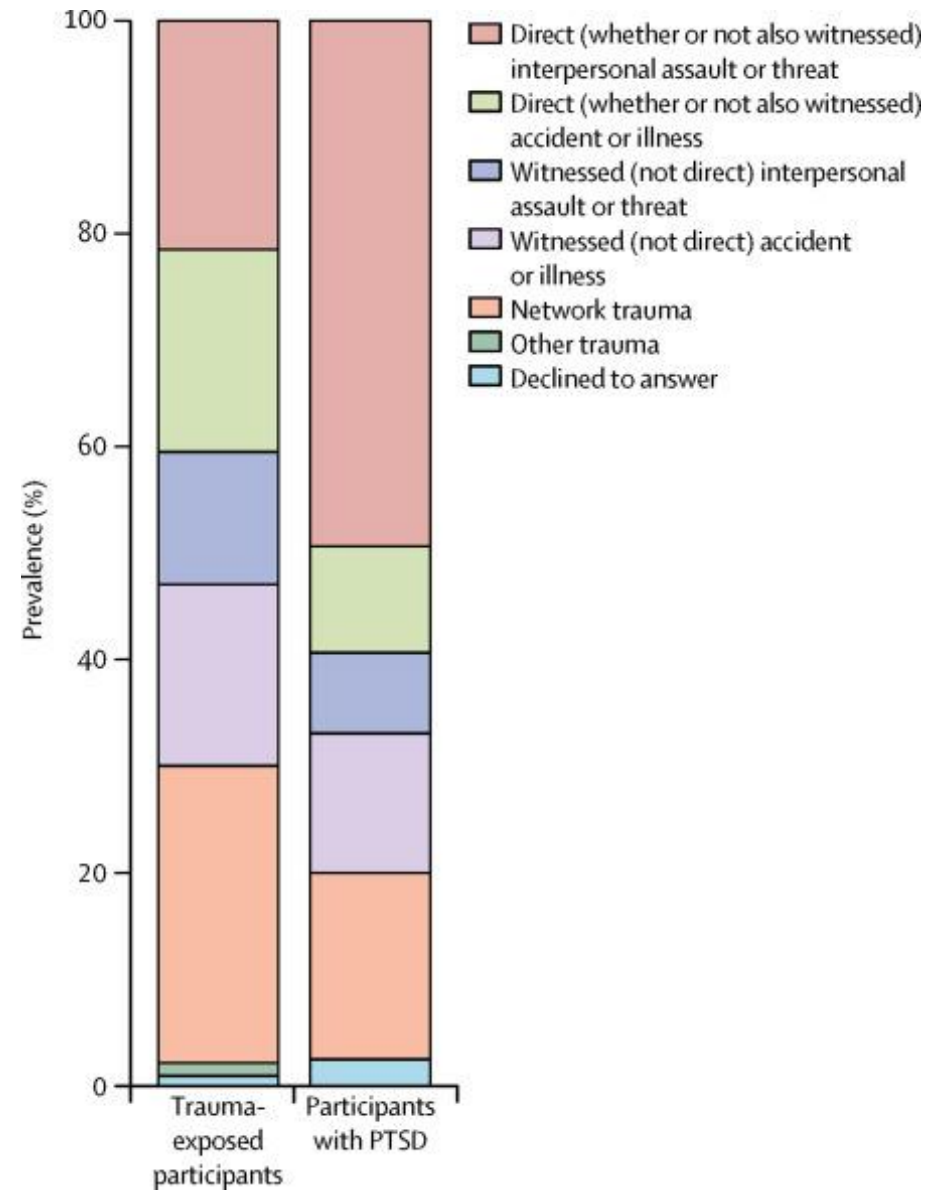


With the increasing rates of physical trauma, there is a relevance to holding an understanding between the relationships of experiencing a traumatic event and developing a mental health condition.

Background

Prevalence of Adverse Mental Health After Civilian Trauma

- CAPS-5 and CESD-R Assessment tools: 29.20% of participants met the criteria for PTSD when assessed six months after the trauma event (Hunt et al., 2018).



The collected data from the 2019 English study (Lewis et al., 2019) indicates that most participants with PTSD had a direct interpersonal assault or threat experience.

Project Overview: “Improving Trauma Patients’ Connections to Mental Health Care”

Aim One

Assess referral patterns and utilization mental health services for intentionally-injured trauma patients after discharge.

Using electronic medical records and patient surveys to track referrals and utilization of mental health services.

Using mentioned data sets to identify patient and clinical factors related to use of mental health services.

Aim Two

Identify barriers to and facilitators of mental health care uptake by intentionally-injured trauma patients.

By using surveys and patient interviews, patient perspectives will be gathered about potential engagement with mental health providers after injury.

Conduct focus groups with mental health clinicians.

Investigate systemic factors that relate to access to mental health services.

Aim Three

Implement and pilot test a peer support group intervention for intentionally-injured trauma patients.

Engaging trauma patients and mental health providers, by using patient and clinician data, to identify a group support design incorporated within the trauma care center.

Compare patient experience and mental health outcomes and compare to historical and contemporary controls.

Aim One: Populations at Risk



Women

Holbrook et al. (2004) conducted a study, in which the collected data indicated that the Quality of Well-being scores were lower to men at different time intervals.¹



Racial/Ethnic Minority Populations

Hunt et al. (2017) conducted a study, in which the collected data indicate that patients that identified in a racial/minority population were more likely to be diagnosed with PTSD.



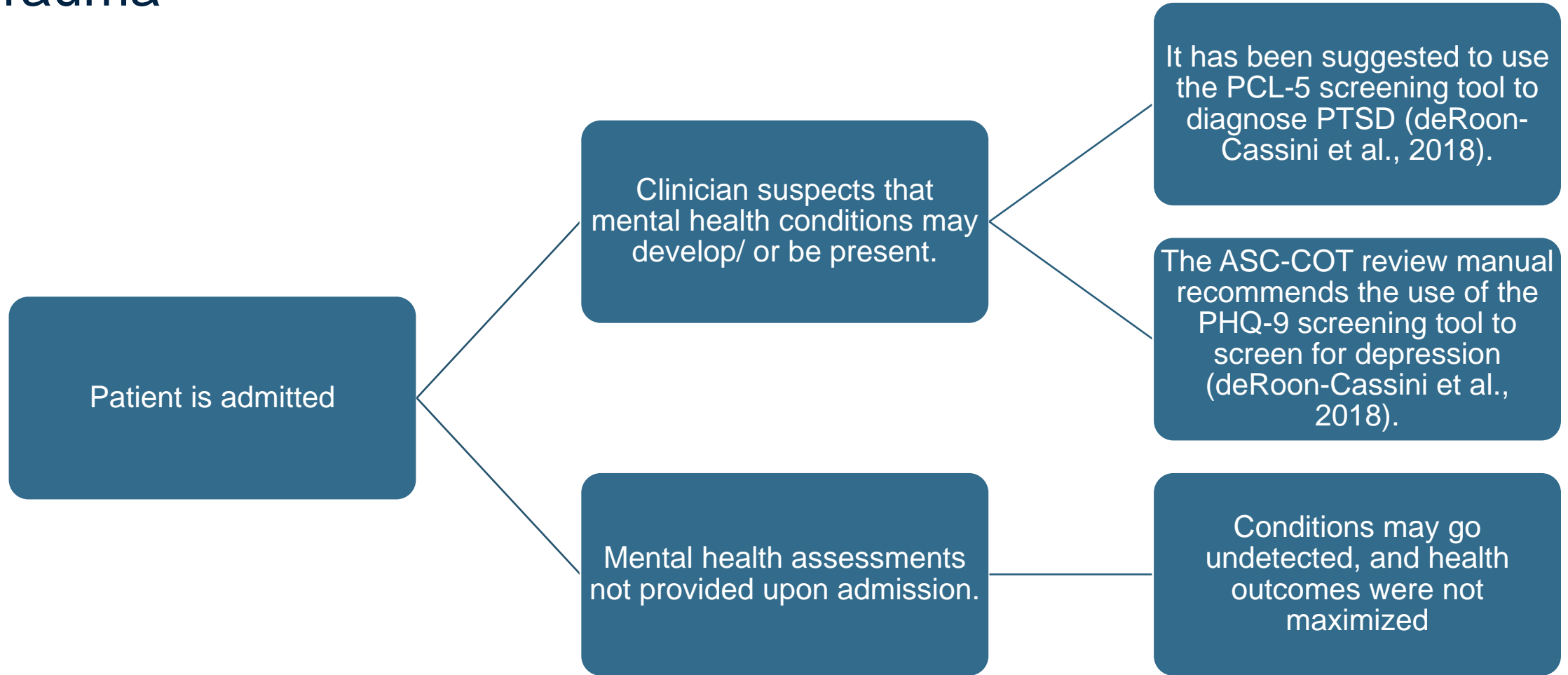
Pediatric Patients

Gold et al. (2008) reviewed a Philadelphia study conducted at a Level I trauma center, in which the collected data indicated that 25% of pediatric patients experienced PTSD symptoms after enduring a traffic injury.

Sources

Gold, Jeffrey I. et al. "The Impact Of Unintentional Pediatric Trauma: A Review Of Pain, Acute Stress, And Posttraumatic Stress". *Journal Of Pediatric Nursing*, vol 23, no. 2, 2008, pp. 81-91. Elsevier BV, doi:10.1016/j.pedn.2007.08.005.
Holbrook, Troy L. et al. "Gender Differences In Long-Term Posttraumatic Stress Disorder Outcomes After Major Trauma: Women Are At Higher Risk Of Adverse Outcomes Than Men". *The Journal Of Trauma: Injury, Infection, And Critical Care*, vol 53, no. 5, 2002, pp. 882-888. Ovid Technologies (Wolters Kluwer Health), doi:10.1097/00005373-200211000-00012.
Hunt, Joshua C. et al. "Six-Month Follow-Up Of The Injured Trauma Survivor Screen: Clinical Implications And Future Directions". *Journal Of Trauma And Acute Care Surgery*, vol 85, no. 2, 2018, pp. 263-270. Ovid Technologies (Wolters Kluwer Health), doi:10.1097/ta.0000000000001944.

Aim One: Screening Patients for Mental Health Risks After Trauma



Sources

deRoos-Cassini, Terri A. et al. "Screening And Treating Hospitalized Trauma Survivors For Posttraumatic Stress Disorder And Depression". *Journal Of Trauma And Acute Care Surgery*, vol 87, no. 2, 2019, pp. 440-450. Ovid Technologies (Wolters Kluwer Health), doi:10.1097/ta.0000000000002370.

Aim Two: Barriers to Mental Healthcare Services



Cultural stigma about receiving mental healthcare.¹

In a 2017 review about barriers to mental healthcare access (Knaak et al., 2017), people who experience mental illness report feeling devalued, dismissed, and dehumanized.¹



High costs of insurance for mental health services.²

In a 2013 review about the costs related to mental healthcare (Rowan et al., 2017), the increasing costs associated with health insurance for covered patients make such services unaffordable.²



Long wait times related to lack of resources.³

In a 2019 review about the waiting times for mental healthcare (Butz et al., 2019), a 2012 statistic indicates that an average wait time for pediatric and adolescent psychiatry appointment was 7.5 weeks.³



Sources

Knaak, Stephanie et al. "Mental Illness-Related Stigma In Healthcare". *Healthcare Management Forum*, vol 30, no. 2, 2017, pp. 111-116. SAGE Publications, doi:10.1177/0840470416679413.
Rowan, Kathleen et al. "Access And Cost Barriers To Mental Health Care, By Insurance Status, 1999-2010". *Health Affairs*, vol 32, no. 10, 2013, pp. 1723-1730. *Health Affairs (Project Hope)*, doi:10.1377/hlthaff.2013.0133.
Butz, Catherine et al. "Timely Access To Mental Health Services For Patients With Pain". *Pediatric Quality & Safety*, vol 4, no. 6, 2019, p. e240. Ovid Technologies (Wolters Kluwer Health), doi:10.1097/pq9.0000000000000240.



Aim Two: Concerns of Low Mental Health Service Uptake

Issue of Discrimination

- Based on a 2021 statistical review (Mental Health America, 2021), Black and African American individuals are offered [psychiatric] medication or therapy at the lower rates than the general population.¹

Systemic Disparity to Access Care

- From a similar 2016 statistic, 12.3 percent of Black and African American adults who had a health appointment had difficulty getting needed healthcare/ tests compared to 6.8 percent of white adults.¹

Sources

"Black And African American Communities And Mental Health". *Mental Health America*, 2021, <https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health>.

Summation: Accessibility to Mental Health Care Services



Individual acceptance that mental health services are necessary.

Social inclusion that promotes the use of mental health care.

Systemic assurances that promote referral and utilization of mental health services.

Next Steps...

Aim One

Assess referral patterns and utilization mental health services for intentionally-injured trauma patients after discharge.

Collect and analyze the data regarding referral and utilization of mental health care services using the EMR.

Aim Two

Identify barriers to and facilitators of mental health care uptake by intentionally-injured trauma patients.

Collect patient opinions about their perspectives regarding mental health care.

Continue to converse with care providers in the healthcare setting.

Aim Three

Implement and pilot test a peer support group intervention for intentionally-injured trauma patients.

Preliminary data will be collected to form peer support groups that are both accessible, affordable, and sustainable.

Role in the Project

Aim One

- ▶ Assessing inpatient and outpatient mental health referrals and utilization of mental health/psychiatric services in the EMRs.
- ▶ Produced a literature review, in which screening tools were assessed that may lead to an increase in referrals for MH service.

Aim Two

- ▶ Talk with providers to understand their perspectives regarding mental health care access and utilization.
- ▶ Investigated opportunities in which mental health services can be easily used, such as telemedicine and community outreach.

Lessons Learned

Personal



Throughout the research process, the answer that we find may be more useful than the answer we were originally looking for.

Academic



As a nursing student, the research project has made me aware of the importance of mental health assessments for patients in the inpatient setting.

Career



I learned that I could contribute to making healthcare more accessible through the lens of referrals and utilization - a factor that I will consider as a future healthcare provider.

References

1. "Trauma Centers Weathered Increase In Gun Violence From Philadelphia's Hardest-Hit COVID Areas - Penn Medicine". *Pennmedicine.Org*, 2020, <https://www.pennmedicine.org/news/news-releases/2020/august/trauma-centers-weathered-increase-in-gun-violence-philadelphia-hardest-hit-covid-areas>.
2. "Black And African American Communities And Mental Health". *Mental Health America*, 2021, <https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health>.
3. "Faststats". *Cdc.Gov*, 2021, <https://www.cdc.gov/nchs/fastats/homicide.htm>.
4. "PTSD Facts And Statistics | The Recovery Village". *The Recovery Village Drug And Alcohol Rehab*, 2021, <https://www.therecoveryvillage.com/mental-health/ptsd/related/ptsd-statistics/>.
5. "Trauma Facts And Links". *The American Association For The Surgery Of Trauma*, 2021, <https://www.aast.org/resources/trauma-facts>.
6. Butz, Catherine et al. "Timely Access To Mental Health Services For Patients With Pain". *Pediatric Quality & Safety*, vol 4, no. 6, 2019, p. e240. *Ovid Technologies (Wolters Kluwer Health)*, doi:10.1097/pq9.0000000000000240. Accessed 18 Aug 2021.
7. deRoos-Cassini, Terri A. et al. "Screening And Treating Hospitalized Trauma Survivors For Posttraumatic Stress Disorder And Depression". *Journal Of Trauma And Acute Care Surgery*, vol 87, no. 2, 2019, pp. 440-450. *Ovid Technologies (Wolters Kluwer Health)*, doi:10.1097/ta.0000000000002370. Accessed 18 Aug 2021.
8. Gold, Jeffrey I. et al. "The Impact Of Unintentional Pediatric Trauma: A Review Of Pain, Acute Stress, And Posttraumatic Stress". *Journal Of Pediatric Nursing*, vol 23, no. 2, 2008, pp. 81-91. *Elsevier BV*, doi:10.1016/j.pedn.2007.08.005. Accessed 18 Aug 2021.
9. Holbrook, Troy L. et al. "Gender Differences In Long-Term Posttraumatic Stress Disorder Outcomes After Major Trauma: Women Are At Higher Risk Of Adverse Outcomes Than Men". *The Journal Of Trauma: Injury, Infection, And Critical Care*, vol 53, no. 5, 2002, pp. 882-888. *Ovid Technologies (Wolters Kluwer Health)*, doi:10.1097/00005373-200211000-00012. Accessed 18 Aug 2021.
10. Hunt, Joshua C. et al. "Six-Month Follow-Up Of The Injured Trauma Survivor Screen: Clinical Implications And Future Directions". *Journal Of Trauma And Acute Care Surgery*, vol 85, no. 2, 2018, pp. 263-270. *Ovid Technologies (Wolters Kluwer Health)*, doi:10.1097/ta.0000000000001944. Accessed 18 Aug 2021.
11. Hunt, Joshua C. et al. "Six-Month Follow-Up Of The Injured Trauma Survivor Screen: Clinical Implications And Future Directions". *Journal Of Trauma And Acute Care Surgery*, vol 85, no. 2, 2018, pp. 263-270. *Ovid Technologies (Wolters Kluwer Health)*, doi:10.1097/ta.0000000000001944. Accessed 18 Aug 2021.
12. Knaak, Stephanie et al. "Mental Illness-Related Stigma In Healthcare". *Healthcare Management Forum*, vol 30, no. 2, 2017, pp. 111-116. *SAGE Publications*, doi:10.1177/0840470416679413.
13. Lewis, Stephanie J et al. "The Epidemiology Of Trauma And Post-Traumatic Stress Disorder In A Representative Cohort Of Young People In England And Wales". *The Lancet Psychiatry*, vol 6, no. 3, 2019, pp. 247-256. *Elsevier BV*, doi:10.1016/s2215-0366(19)30031-8. Accessed 18 Aug 2021.
14. Rowan, Kathleen et al. "Access And Cost Barriers To Mental Health Care, By Insurance Status, 1999–2010". *Health Affairs*, vol 32, no. 10, 2013, pp. 1723-1730. *Health Affairs (Project Hope)*, doi:10.1377/hlthaff.2013.0133.





Thank you!

- ▶ Dr. Elinore Kaufman, MD, MSHP
- ▶ Joanne Levy, MBA
- ▶ SUMR Scholars
- ▶ Friends & Family

Questions?



