

Improving Recovery in the Aftermath of Traumatic Events

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CGH Counselling Service



- Caters to patients who are emotionally affected due to:
 - ▣ traumatic events such as road traffic accidents(RTA), assaults or industrial accidents(IA) – Trauma patients
 - ▣ medical related diseases/illnesses (e.g. newly diagnosed diabetes, cancer or stroke)
 - ▣ pre and post-surgical operation procedures
 - ▣ hospital experiences (e.g, invasive treatments)

Why Trauma Survivors?



- Traumatic injury is one of the leading causes of posttrauma psychopathology
- Majority of patients experience some posttraumatic stress symptoms following traumatic injury
- PTSD in trauma survivors: 2%-30%
- Societal & economic costs of trauma-related psychopathology are huge

CGH Psychotrauma Service



- Aim is to provide early time-limited psychosocial intervention
 - ▣ Reduce PTSD symptoms
 - ▣ Reduce functional disability
- Bridge care of injured trauma survivors from inpatient to outpatient services
- Provide readily accessible, continuous trauma support

CGH Psychotrauma Service



- Hinges on 3-stage, stepped early intervention:
 - ▣ Screening trauma patients
 - ▣ Monitoring at-risk patients & providing intervention
 - ▣ Follow-up with screened patients at 1st & 3rd month post-trauma

Early intervention: Screening



- Criteria for psycho-trauma screening:
 - ▣ Patients between age range 17 – 65 years
 - ▣ Non-suicidal
 - ▣ Non-psychiatric
 - ▣ Patients admitted due to traumatic injuries arising from road traffic and industrial accidents, and assaults

- Screening tools: Trauma Screening Questionnaire (TSQ) and Posttraumatic Adjustment Scale (PAS)

Early Intervention: Monitoring at-risk patients



- Referral of patients to appropriate health providers
- Continual monitoring of such patients
- Provision of trauma-focused interventions (e.g. relaxation techniques to manage anxiety)

Early Intervention: Follow-up



- Telephone calls to resident patients at 1st & 3rd month post-trauma

- Screening tools:
 - ▣ Hospital Anxiety & Depression Scale (HADS)
 - ▣ PTSD Checklist-Civilian (PCL-C)
 - ▣ European Quality of Life 5-Dimension (EQ-5D)

- Patients offered intervention/ treatment by mental health professionals

Core Posttraumatic Concerns



- Physical Health
 - ▣ Bodily injury, pain & self-care

- Psychological
 - ▣ Expressions of posttrauma symptomatic distress (e.g. anxiety & depression)

- Work & Finance
 - ▣ Posttraumatic employment, hospitalisation/ surgical costs, day-to-day sustenance

Core Posttraumatic Concerns



- Social

- Positive & negative concerns regarding people in patient's social network

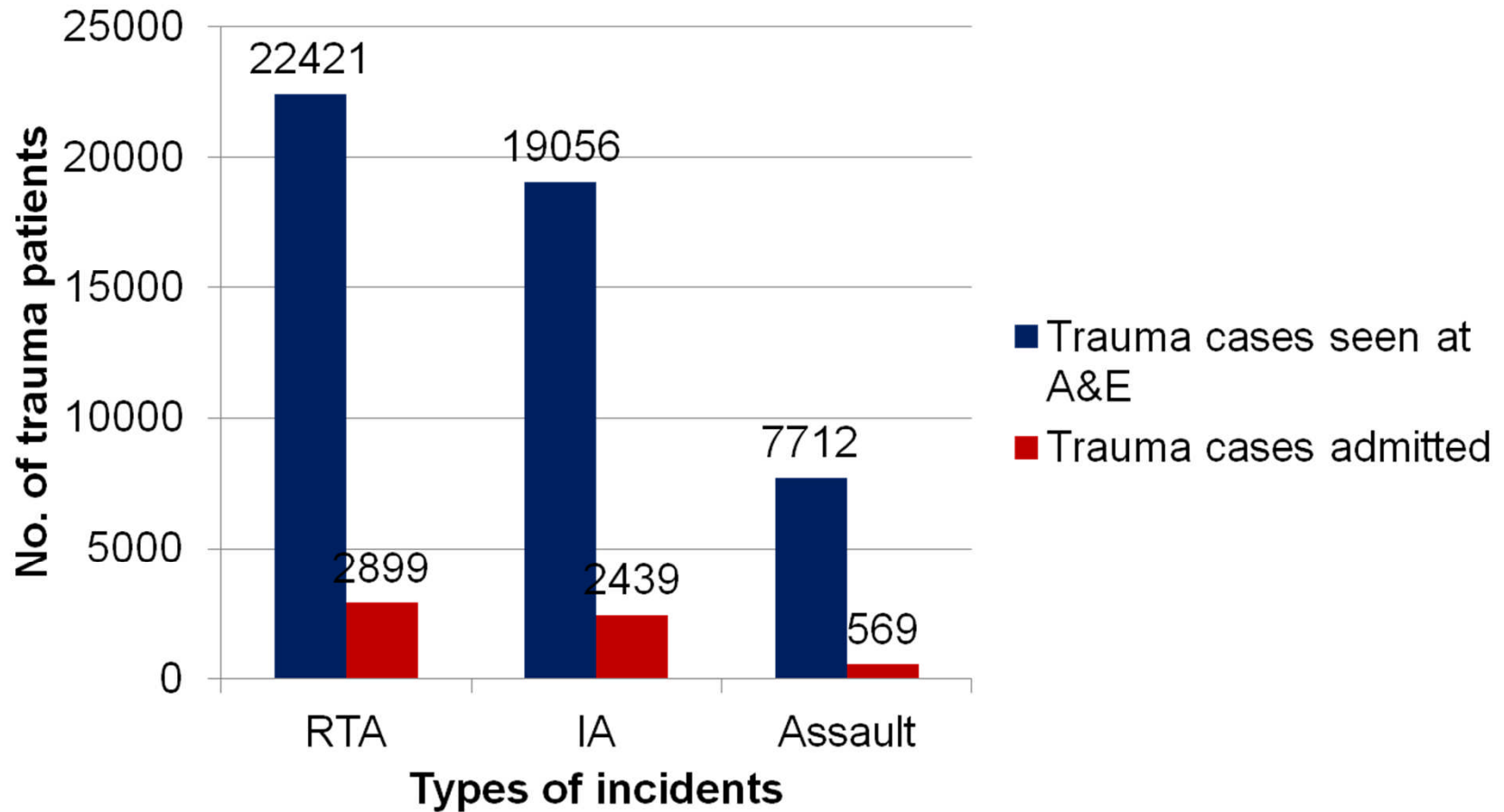
- Legal

- Patient's concerns regarding attribution for the traumatic event, interactions with police, courts

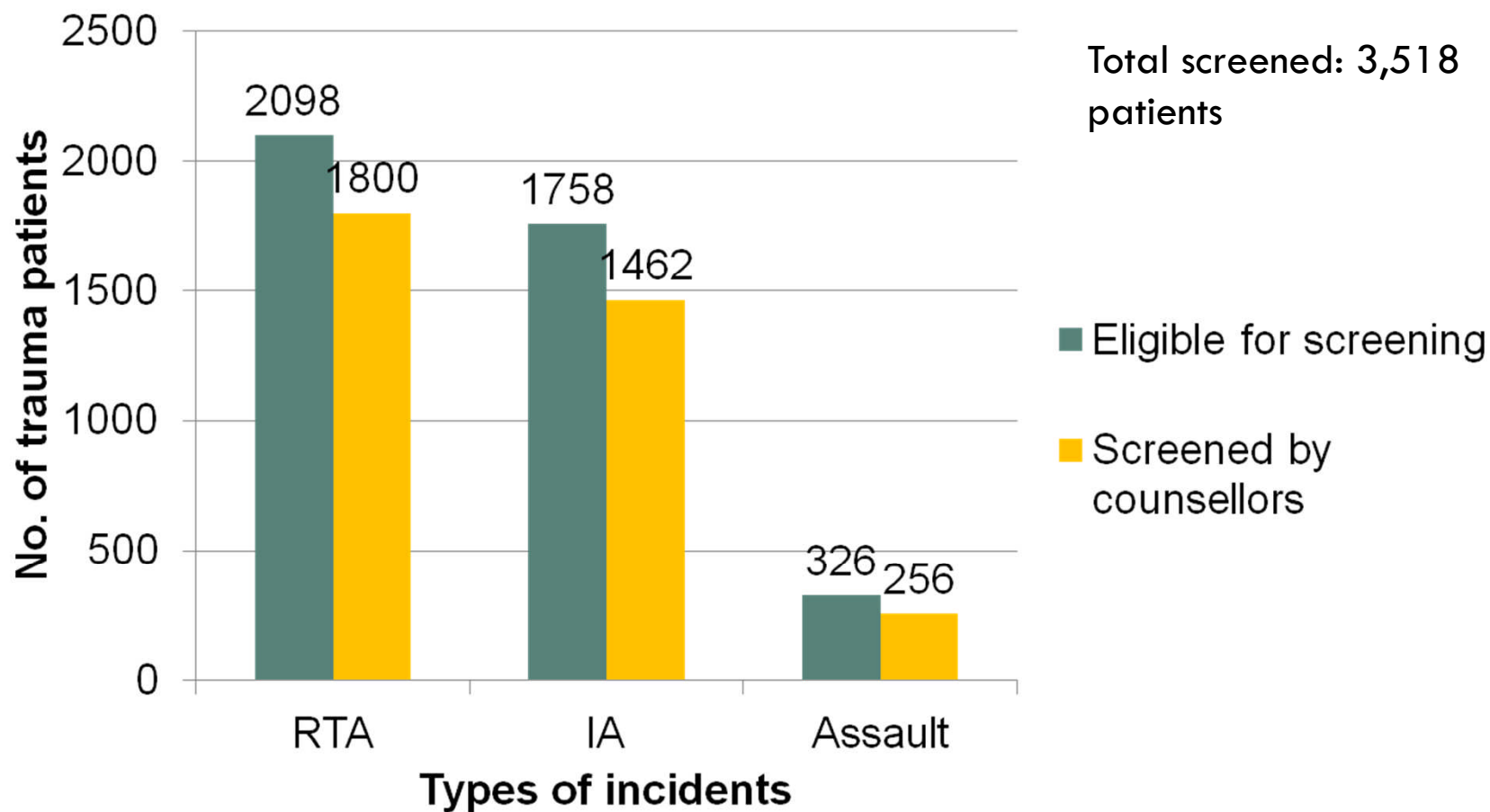
- Medical

- Care providers & health care system

Results (2008 – 2011)



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Findings (2008 – 2011)



- 4.1% of screened inpatients reported experiencing positive symptoms (TSQ \geq 4)
- 4.2% referred to psychiatrists; 30% referred to other healthcare service providers
- 61.3% of screened trauma patients followed-up via phone calls after discharge
- The number of screened trauma patients requiring psychiatric referral/ intervention has been decreasing (average of 2% p.a.)

Findings (2008 – 2011)



- At 3rd month post-trauma:
 - ▣ 70% of screened resident patients had returned to previous level of functioning
 - ▣ 85% reported an improvement in HADS score

- Outpatient Counselling clinic (2011): 27 patients

- Efficacy of PAS as a screening tool in our local context

Conclusion



- PTSD and depression are common consequences of experiencing a traumatic injury
- Good mental health of patients aid in recovery from their illnesses
- Poor mental health affects the quality of life, lower return to work and higher levels of disability
- Patients who receive psychological intervention have shorter hospital stay
- Early interventions may prevent development of PTSD symptoms

Conclusion



- Patients effectively identified & provided early appropriate interventions
- Some patients who score low on TSQ score at screening may be referred for psychiatric intervention
- General pattern of symptoms reduction for trauma patients who received early intervention
- Further research & analysis need to be conducted

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Thank You!