

Title:	Mental Health Screening for Injured Patients
Effective Date:	TBD

PURPOSE:

To provide a means for screening, supporting and treating depression and Early Post Traumatic Stress Disorder (PTSD) in injured patients.

DEFINITIONS:

- Robert Wood Johnson University Hospital (RWJUH) is a Level I Adult, Level II Pediatric Trauma Center
- Jersey City Medical Center (JCMC) is a Level II Adult Trauma Center

GUIDELINE:

Post-traumatic Stress Disorder (PTSD) and depression are prevalent and increasing among trauma patients, and these conditions significantly impact the patient’s quality of life. A series of investigations now demonstrate a strong relationship between symptoms of acute stress disorder/early post traumatic stress disorder, depression and functional impairment after injury.

Within the first year after injury, an estimated 21% of traumatic injury survivors develop PTSD and an estimated 23% develop depression symptoms.

Early intervention for PTSD and depression following injury can range from cognitive behavioral interventions to psychopharmacologic intervention.

A. Patient population to screen:

RWJUH // Adult patients ≥ 18 yrs, Pediatric patients between 8-17 yrs.

JCMC // adult patients ≥ 15 years of age presenting as an injured patient at Jersey City)

... if one of the following:

- a. Patient involved in an incident resulting in death, i.e. death in same or other vehicle, mass casualty, etc.
- b. Patient with an injury caused by an assault (intentional harm)
- c. Patient with an injury related to self-harm
- d. Patient are risk for loss of limb or limb function
- e. Patients in the intensive care unit for greater than 72 hours, due to their traumatic injury
- f. Patient population will be flagged/determined by trauma program staff

B. Patient population exclusions:

- a. Patients admitted to observation and/or admitted patients with a stay of < 24h
- b. Altered mental status or dementia – with no stabilization prior to discharge
- c. Low mechanism injury cases such as ground level fall
- d. Trauma surgeon discretion

C. Timing for screening:

- a. The screening will be completed once the patient is stabilized with a GCS ≥ 14 , and is clear enough to participate in the screening.
- b. Screening should ideally be attempted after 72 hours of admission

D. Screening completed by:

- a. Trauma Program Staff – Trauma Program Director/PI Coordinator/Trauma Navigator/APP/Resident/Social Worker/Behavior Health Intern depending on trauma center resources

E. Tool(s) utilized for initial screening:

- a. Injured Trauma Survivor Screen (ITSS)
- b. Screening Tool for Early Predictors of PTSD (STEPP)

F. Intervention/Referral

- a. If the ITSS score is ≥ 2 , the staff person doing the screening will provide the patient with a referral for treatment (J)
- b. If the ITSS score is ≥ 4 , the staff person doing the screening will provide the patient with a referral for treatment and order an in-patient consult request to Behavioral Health or Trauma Recovery Center.
- c. If the STEPP Child Score is ≥ 4 OR Parent Score is ≥ 3 , consult social work and psychology (RWJUH).

REFERENCES:

Hunt JC, Herrera-Hernandez E, Vrandolino A, Jazinski-Chambers K, Maher K, Jackson B, Smith RN, Lape D, Cook M, Bergner C, Schramm AT, Brasel KJ, de Moya MA, deRoon-Cassini TA. Validation of the Injured Trauma Survivor Screen: An American Association for the Surgery of Trauma multi-institutional trial. *J Trauma Acute Care Surg.* 2021 May 1;90(5):797-806. Doi: 10.1097/TA.0000000000003079.PMID:33797497

deRoon-Cassini TA, Hunt JC, Geier TJ, Warren AM, Ruggiero KJ, Scott K, George J, Halling M, Jurkovich G, Fakhry SM, Zatzick D, Brasel KJ. Screening and treating hospitalized trauma survivors for posttraumatic stress disorder and depression. *J Trauma Acute Care Surg.* 2019 Aug; 87(2): 440-450. Doi: 10.1097/TA.0000000000002370. PMID: 31348404; PMCID: PMC6668348

Hunt JC, Chesney SA, Brasel K, deRoon-Cassini TA. Six-month follow-up of the injured trauma survivor screen: Clinical implications and future directions. *J Trauma Acute Care Surg.* 2018 Aug; 85 (2): 263-270. Doi:10.1097/TA.0000000000001944. PMID: 29672441; PMCID: PMC6081305

American College of Surgeon Committee on Trauma (2022). *Resources for Optimal Care of the Injured Patient.* Chicago, IL: American College of Surgeons.

American College of Surgeon Trauma Programs (2022). *Best Practices Guidelines Screening and Intervention for Mental Health Disorders and Substance Use and Misuse in the Acute Trauma Patient.* Chicago, IL: American College of Surgeons.

Roberts, J.C., deRoon-Cassini, T.A., & Brasel, K.J. (2010). Posttraumatic stress disorder: A primer for trauma surgeons. *Journal of Trauma*, 69(1), 231-327

Shih, R.A., Schell, T. L., Hambarsoomian, K., Belzberg, H., & Marshall, G. N. (2010). Prevalence of posttraumatic stress disorder and major depression after trauma center hospitalization. *Journal of Trauma*, 69(6), 1560-1566.

Warren, A.M., Stucky, K., & Sherman, J. J. (2013). Rehabilitation psychology's role in the Level 1 Trauma Center. *Journal of Trauma and Acute Care Surgery*, 74(5), 1357-1362.

Zatzick, D., et al. (2004). A randomized effectiveness trial of stepped collaborative care for acutely injured trauma survivors. *Arch Gen Psychiatry*, 61(5), 498-506.

ADDENDUM:

1. Injured Trauma Survivor Screen and User Guide
2. Screening Tool for Early Predictors of PTSD (STEPP)

DRAFT

Mental Health Screening for Admitted Trauma Patients

Inclusion Criteria

Patients greater than or equal to 15 years of age presenting as an injured patient with one of the following:

- Patient involved in an incident resulting in death, i.e. death in same or other vehicle, mass casualty, etc.
- Patient with an injury caused by an assault (intentional harm)
- Patient with an injury related to self-harm
- Patient are risk for loss of limb or limb function
- Patients in the intensive care unit for greater than 72 hours, due to their traumatic injury
- Patient population will be flagged/determined by trauma program staff

Exclusion Criteria

- Patients admitted to observation and/or admitted patients with a stay of < 24h
- Altered mental status or dementia – with no stabilization prior to discharge
- Low mechanism injury cases such as ground level fall
- Trauma surgeon discretion

Patient's Name _____ MR# _____ Date _____

Injured Trauma Survivor Screen (ITSS)		
	1= Yes	0=No
Before this injury	PTSD	DEP
1. Have you ever taken medication for or been given a mental health diagnosis?		1 0
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost all interest in things you usually enjoyed for more than 2 weeks?		1 0
When you were injured or right afterward		
3. Did you think you were going to die?	1 0	1 0
4. Do you think this was done to you intentionally	1 0	
Since your injury		
5. Have you felt emotionally detached from your loved ones?		1 0
6. Do you find yourself crying and are unsure why?		1 0
7. Have you felt more restless, tense or jumpy than usual?	1 0	
8. Have you found yourself unable to stop worrying?	1 0	
9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?	1 0	
Scoring		
Greater than or equal to 2 is positive for PTSD risk		
Greater than or equal to 2 is positive for Depression risk	SUM =	
Resources Provided		
<input type="checkbox"/> Outpatient Mental Health Referral <input type="checkbox"/> Trauma Recovery Center Referral <input type="checkbox"/> In-Patient Behavioral Health Consult		
Notes		

Screening Tool for Early Predictors of PTSD (STEPP)

Ask Parent:	Yes	No		
1. Did you see the incident (accident) in which your child got hurt?	1	0		
2. Were you with your child in an ambulance or helicopter on the way to the hospital?	1	0		
3. When your child was hurt (or when you first heard it had happened), did you feel really helpless, like you wanted to make it stop happening, but you couldn't?	1	0		
4. Does your child have any behavior problems or problems paying attention?	1	0		
Ask Child:	Yes	No		
5. Was anyone else hurt or killed (when you got hurt)?	1	0		
6. Was there a time when you didn't know where your parents were?	1	0		
7. When you got hurt, or right afterwards, did you feel really afraid?	1	0		
8. When you got hurt, or right afterwards, did you think you might die?	1	0		
Recorded From Medical Record (Do Not Ask Child or Parent):				
9. Suspected extremity fracture?	1	0		
10. Was pulse rate at emergency department triage > 104/min if child is under 12 years or > 97/min if child is 12 years or older?	1	0		
11. Is child 12 years of older?	1	0		
12. Is this a girl?	1	0		
Add Total for Each Column:				
			Positive Child Screen ≥ 4	Positive Parent Screen ≥ 3

PTSD indicates posttraumatic stress disorder, instructions for completion: Ask questions 1 through 4 of the parent and questions 5 through 8 of the child, and record answers to questions 9 through 12 from the acute care medical record. Circle 1 for yes and 0 for no. Instructions for scoring: The child STEPP score is the sum of responses to questions 4 through 10 and 12. A child score of 4 or higher indicates a positive screen. The parent STEPP score is the sum of responses 1 through 4, 9, and 11. A parent score of 3 or higher indicates a positive screen. ©2003, The Children's Hospital of Philadelphia.