#### **PSYCHOLOGICAL SUPPORT**

Burns patients can access psychological therapy either by referrals made by nursing or medical staff or through a routine psycho-social screen for all in-patients, carried out by the Psychological Therapy staff. Patients attending EBAC or outpatients can self refer to the DPT either by making the request via a member of staff or by contacting the department directly.

# In Patients

The Department offers all burns inpatients a routine psycho-social screening undertaken by a psychological therapist. If there is no therapist available the patients complete a trauma screen and if discharged before being seen by the DPT are seen when they attend their outpatient appointment.

The DPT offers appropriate psychosocial support to patients and their relatives whilst the patient is in hospital and following discharge. Interventions can include normalising trauma experiences, assisting patients in developing coping strategies, support during painful dressing changes, relaxation techniques, assessment for the presence of non-resolving trauma symptoms. The level and type of support needed by the patient is assessed during the initial and follow up meetings and if necessary onward referral to psychiatric services can be made.

# Out patients

Referral for outpatient therapy can be made from any member of the multidisciplinary team. Patients are then seen for an assessment and can be offered an appropriate therapy including:

* Six to twelve sessions of psychological therapy in the form of Trauma Focused Cognitive Behavioural Therapy or EMDR.
* Six to twelve sessions of psychological therapy in the form of Body Image Focused Therapy.
* More in-depth Psychotherapy to process underlying concerns and issues.
* Social interaction skills training to help reintegration into society with an altered body appearance.
* Psychological assessment prior to planned surgical intervention.
* Onward referral to services closer to home or psychiatric services.

# Relatives

The department offers support to relatives of inpatients and outpatients.

## Staff

The department offers support to all members of staff in several ways including:

* Informal support discussing patient’s responses to hospitalisation,
* Information on coping mechanisms and resultant behaviour patterns plus management techniques.

Formal support is offered in groups in the form of debriefing sessions following critical incidents and any member can access individual support with work related issues [Clinical Supervision] in the form of staff support

Teaching is provided on the psychosocial aspects of burns care to all staff on Burns, and other topics can be covered as required, e.g posttraumatic stress disorder, mental capacity, self harm etc.

**Inpatient risk assessment [psychological]**

If a patient is at risk at harming themselves or others, and /or displaying behaviour suggesting mental health problems, an inpatient psychological risk assessment form can be completed and appropriate actions taken.

**Outpatient risk assessment**

Although there is no service level agreement which covers the provision of psychiatric input for outpatients, there is still a duty of care for any outpatient where there are concerns about their mental health. In this situation an outpatient psychological risk assessment can be completed and the appropriate action taken.

**Additional Support**

Literature, e.g. Changing Faces, Dan’s Fund, Katie Piper Foundation, Camouflage Service,

Telephone Support via DPT,

McIndoe Burns Support

National Burns Association

Children Burns Trust, Burn Camp,

**Specialist Support**

Liaison with:

 MDT ee.g. physio, OT, Paediatrician, Learning Disabilities, Diabetes,

Outside agencies, Changing Faces, Education System, Social Services, MH Services, Fire Fighter’s Charity, Counselling Services, Drug and Alcohol Services

**Referral to Psychiatric Liaison Service if:**

Assessment indicates concern re risk to self or other

If patient’s presentation gives rise to concerns re patients’ mental health

Department of Psychological Therapy (DPT) Potential outcomes following referral

All patients assessed, may include use of appropriate screening tools e.g. PHQ-9, GAD-7, IES, HADS

**One-to-One support for Relative**

Exploration of their concerns

Information given either verbal, written, support group, Changing Faces,

Social Interaction Skills Training

Psychological Therapy with DPT

Onward referral to local services

**One-one session for inpatients**

Assessment of immediate trauma response,

Hospital experience,

Normalise experience

Coping strategies

Addressing body image concerns

Arrangement for specialist psychological therapy with DPT or external service

Preparation for discharge

**One –to-One outpatient therapy for patients following discharge, Relatives & Parents of burnt child.**

Appropriate psychological intervention using varying therapeutic models, including CBT, Solution focussed therapy, CAT, Psychodynamic, Mindfulness, Integrative, Social skills training and emotional regulation, Resilience, Narrative work

Onward referral for more local and/or appropriate psychological intervention

