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A survey of burn professionals regarding the mental health services available to burn survivors in the United States and United Kingdom☆

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ABSTRACT

This investigation surveyed burn health professionals in the UK and US to investigate the psychosocial issues facing burn survivors and the psychological services available to them through their burns service.

Methods: One hundred and sixty six burn care professionals (132 from the United States and 34 from the United Kingdom) from 76 different hospitals (60 in the US and 16 in the UK) completed an online survey. Mental health practitioners (MHPs) answered questions regarding their psychotherapy practice with burn survivors.

Results: Respondents reported that psychosocial issues are common among burn survivors. Burn teams in the UK were more likely than those in the US to include psychologists, but social workers were more common in the US. Participants reported that routine screening for psychosocial issues was more common in the UK than the US, and indicated it was easier for burn survivors to access mental health care after discharge in the UK. Burn services in both countries routinely referred burn survivors to support organizations such as the Phoenix Society or Changing Faces. The preferred mental health treatment modality in the UK was psychotherapy without medications. Reported psychotropic medications use was more common in the US. MHPs had two primary orientations – eclectic and cognitive behavioral therapy. Among MHPs there was a modest tendency to favor evidence-based interventions.

Discussion: The provision of mental health services varies between these two countries. Creating international standards for assessing and treating psychosocial complications of burns could facilitate the improvement of burn mental health services.

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1. Introduction

Psychological and social difficulties following a burn are common [1]. In fact, some survivors find that emotional and social adjustment to burn scarring is one of the most challenging aspects of their recovery [2,3]. Frequently experienced psychological and social problems include post-traumatic stress disorder (PTSD), major depression, substance abuse, sleep disturbance, low body image, social anxiety, stigmatization and discrimination [4–9].

Little is known about the variation in psychological services provided to burn survivors across hospitals. Only two studies have investigated the psychological services available to burn survivors during hospitalization or after discharge. Holaday and Yarbourgh [10] and Van Loey et al. [11] administered a 12-item survey to burn professionals in the United States and Europe, respectively. Approximately 80% of professionals in both studies estimated that less than 20% of burn patients ''receive formal psychological testing.'' Estimates of the percentage of acute burn patients and reconstructive burn cases that received psychological counseling varied widely in both studies, with approximately 40% of the US sample and 30% of the European sample reporting that 40% or more of the burn survivors in their service receive psychosocial interventions.

The goal of the current study is to investigate the nature and scope of psychological services for burn survivors in two countries, the United Kingdom (UK) and the United States (US). We surveyed health professionals, particularly those identifying themselves as mental health specialists, affiliated with burn services across the UK and the US to assess their perceptions of the psychosocial issues facing people affected by burns and the range of psychological services available to burn survivors. Both inpatient and post discharge psychological care were examined. We attempted to collect information which would help us discern a holistic picture of the field. Specific questions investigated include the following: How often are specific postburn psychosocial issues observed by burn professionals? Which professionals (e.g., social workers, psychologists) are providing mental health care to burn survivors? How do burn centers assess burn survivors for mental health issues? Are there common obstacles for burn survivors to access mental health care? Are burn survivors and their families regularly referred to support and advocacy groups? What type of mental health treatment modalities are offered to burn survivors? At what point in the burn recovery process are specific psychosocial problems (e.g., social anxiety) most likely to manifest? How confident are burn professionals in their burn center's ability to provide treatments for specific psychosocial issues? What are the most common theoretical orientations of burn mental health providers? Are mental health providers using evidence-based interventions to treat specific psychological problems?

We chose to survey burn professional in both the UK and US for both logistic and exploratory reasons. First, English is the primary language for both countries which enabled us to give participants in both countries identical surveys (except for adjustments for regional vernacular) which enabled making direct comparisons. Second, both countries have active burn associations which facilitated the identification of possible participants. Third, both the UK and US have a large network of burn care facilities which gave us a large population of potential participants. In regard to exploratory reasons, the health systems in the UK and US are organized differently. The UK has socialized medicine (i.e., most citizens access the government-funded National Health Service that is free at the point of delivery) and the US has a hybrid government funded/privately funded system. This organizational difference affects the culture of the two systems. Thus, we wanted to explore whether these system differences affected the psychosocial care of burn survivors.

2. Methods

2.1. *Participants*

One hundred and sixty six burn care professionals (132 from the US; 34 from the UK) from 76 different hospitals (60 US; 16 UK) who had worked in burns for a mean of 13.4 years (SD = 9.7) participated in this survey. UK participants were asked whether they work in a burn center (equivalent to intensive care unit in the US), burn unit (equivalent to a step-down unit) or burn facility (treats noncomplex burns). Eighteen respondents worked in burn units, 16 worked in burn centers, and none worked in a burn facility. US participants were not asked this question because burn care facilities are organized somewhat differently in the US. In the US ''burn centers'' are certified to provide specialized burn care by the American Burn Association. There might be different ''wings'' of a burn center providing different intensity of care but they are still part of the same ''burn center.'' In this paper we use the phrase 'burn center' to mean any level of burn service. Respondents were nurses (28.3%), surgeons (23.5%), psychologists (15.1%), occupational therapists (4.2%), physical therapists (physiotherapists) (4.8%), social workers (6%), nurse practitioners (4.8%) and 'other' (chaplain, child life specialist, psychiatrist, physician assistant, research coordinator, school teacher; 13.3%). Fifty-two percent worked in university hospitals. Participants' estimates of annual burn admissions to their hospitals ranged from 14 to 1500 (median = 300). Fifty-seven percent of services admitted both adults and children, 22% adults only and 21% children only.

Thirty-nine participants identified themselves as being a mental health practitioner (also referred to as mental health specialists in this paper) (12 UK, 27 US). On average, they reported seeing 13.7 (*SD* = 10.7) burn survivors per week, 7.1 (*SD* = 5.8) inpatients and 6.6 (*SD* = 7.7) outpatients.

2.2. *Procedure*

All necessary IRB (US) and University (UK) ethics approvals were obtained prior to recruitment and data collection. The survey was administered on www.surveymonkey.com in both the US and UK. There are a number of advantages to collecting the data online as opposed to mailing paper surveys to potential participants. First, it is easy for a link to an online survey to be circulated and promoted widely through known