

PROVIDING PSYCHOLOGICAL SUPPORT FOLLOWING FACIAL INJURY

Developing psychological services following maxillofacial injury within the Centre for Oral and Maxillofacial Trauma Clinic, Royal London Hospital

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Acknowledgements to the honorary research assistants: Amelia Davies, Constantina Markides and Romena Toki.

The challenge

The psychological needs of facial injury patients attending the Centre for Oral and Maxillofacial Clinic in the Royal London Hospital were not being addressed.

Research by the Institute of Psychotrauma and the Centre for Oral and Maxillofacial surgery trauma clinic (2015) demonstrated 40% of patients met diagnostic criteria for either depression, post-traumatic stress disorder (PTSD), anxiety, alcohol or substance misuse or were presenting with facial appearance distress. Most facial injury patients were not receiving mental health assessment or treatment and the maxillofacial team did not have direct access to psychological services.

A study by the King's Fund Centre for Mental Health (2012) concluded that providing support for co-morbid mental health needs can reduce physical health costs in acute hospitals. They also found that integrated treatment for mental and physical health has better outcomes than overlaying mental health interventions on top of medical treatment.

The response

The key aim was to introduce collaborative medical and psychological care for all facial injury patients within the Centre for Oral and Maxillofacial Clinic in the Royal London Hospital. This was achieved by:

- Providing brief psychological and neurological screening and assessment.
- Implementing early psychological interventions.
- Conducting risk assessments.
- Negotiating and managing referral pathways.
- Carrying out specialist psychological therapy.
- Training the medical team to better recognise and respond to psychological distress.

Results

Data was collected from over 600 patients coming through the Centre, between September 2014 and September 2015.

See Figures 1-6.

Lessons Learnt

Patient experience

Of those patients who received any psychological intervention, 78% said that the psychology service either slightly or significantly improved their experience of attending the maxillofacial trauma clinic.

Patients valued the following aspects of the psychology service:

- Having someone to talk to about the psychological impact of their injury.
 - Being proactively approached within clinic by a psychologist.
 - Receiving empathy, validation, support, hope.
 - Relief at feeling like it was normal to be experiencing psychological problems.
 - Improving their understanding of psychological difficulties.
 - Being given tools for managing psychological distress.
- see **quotes from patients**, above right.

Medical team feedback

The medical team gave feedback on their experience of the psychology service:

- Rapid, flexible, integrated psychological care was beneficial to patients.
- Addressing psychological issues facilitated medical recovery.
- Families reported that they had also found psychological support very beneficial.
- Their awareness of the psychological impact of facial injury had increased and they would value more training in this area.

See **quote from surgeon**, above right.

Quotes from patients

"It helped me to think more rationally, I was too distressed to do that on my own."

"The psychologist helped me address my drinking, helped me offload and feel validated."

Quote from surgeon

"It is good to know the patient is being taken care of as a whole. Psychological problems can be dealt with efficiently which means they'll recover physically sooner."

Figure 1.

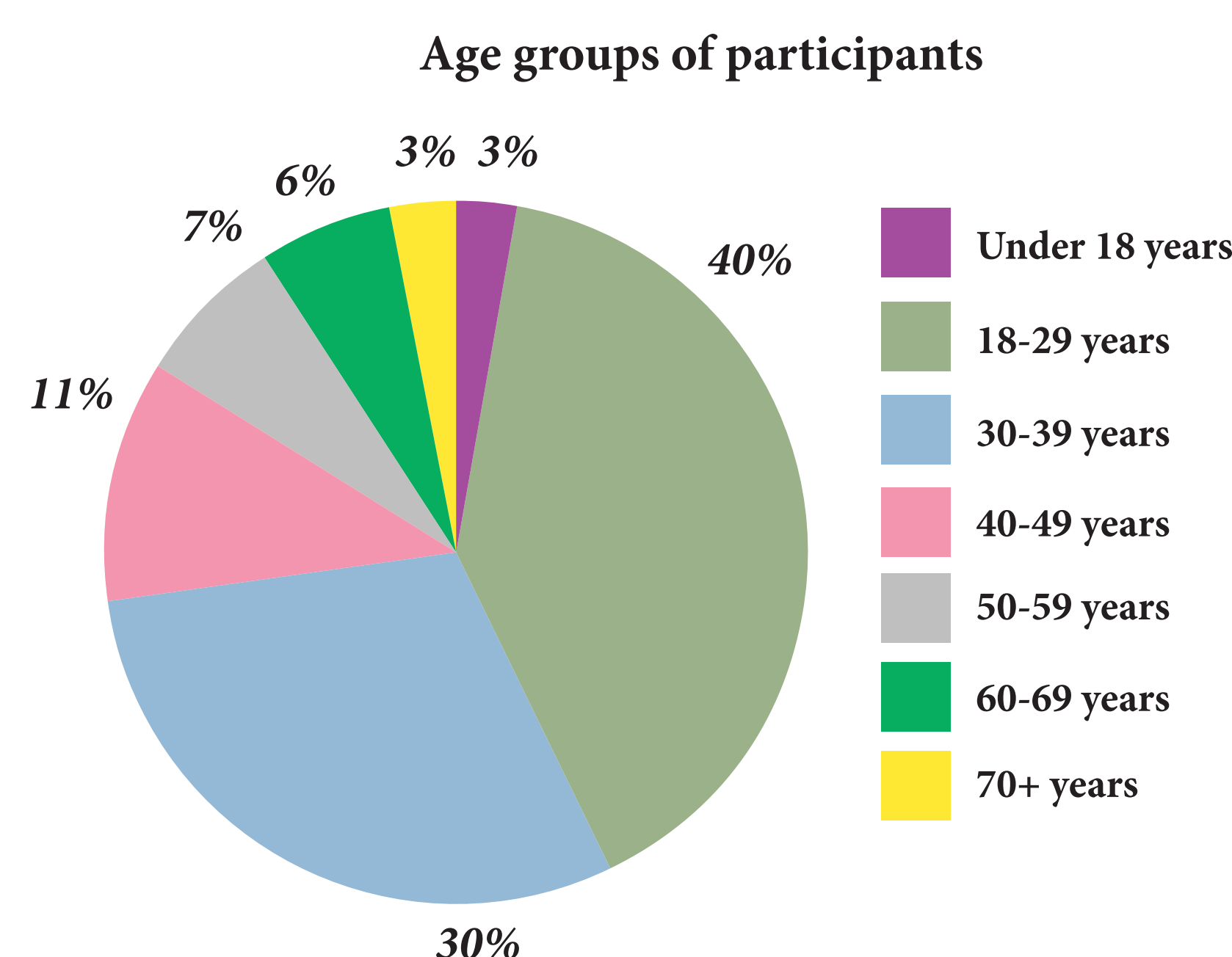


Figure 3.

Geographical spread of Patients – 85% of patients lived in a London Borough at the time they attended the clinic

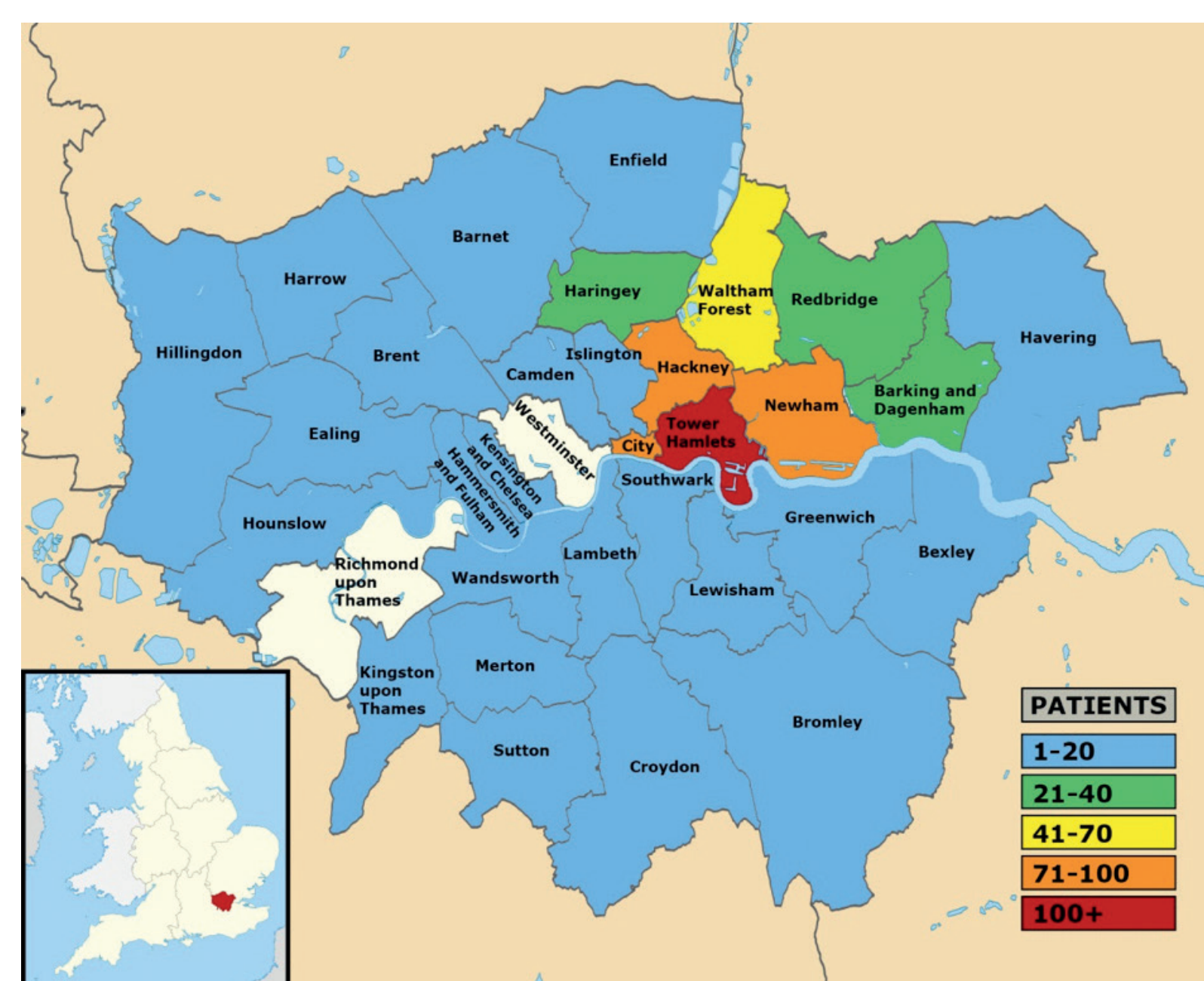


Figure 5.

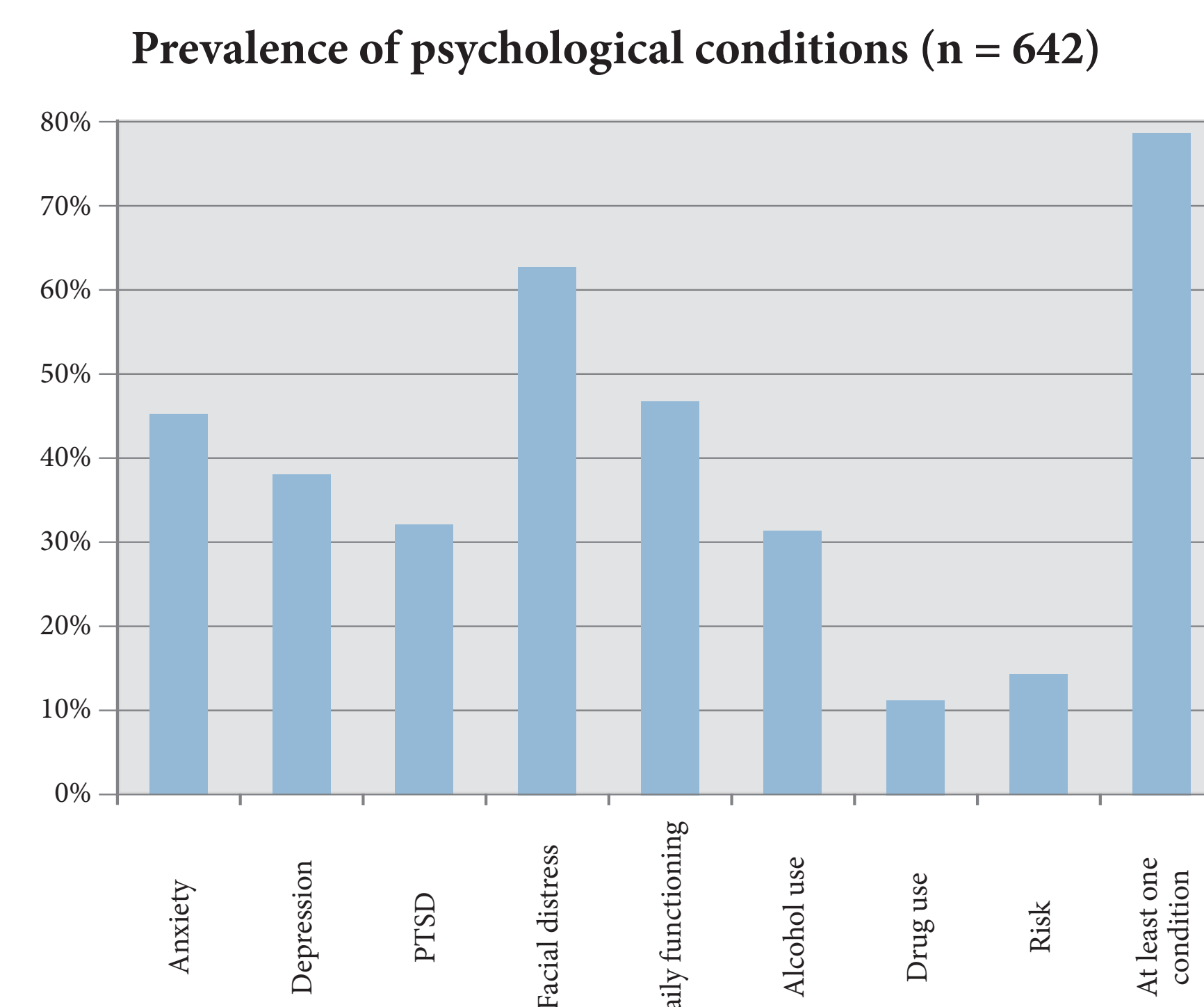


Figure 2.

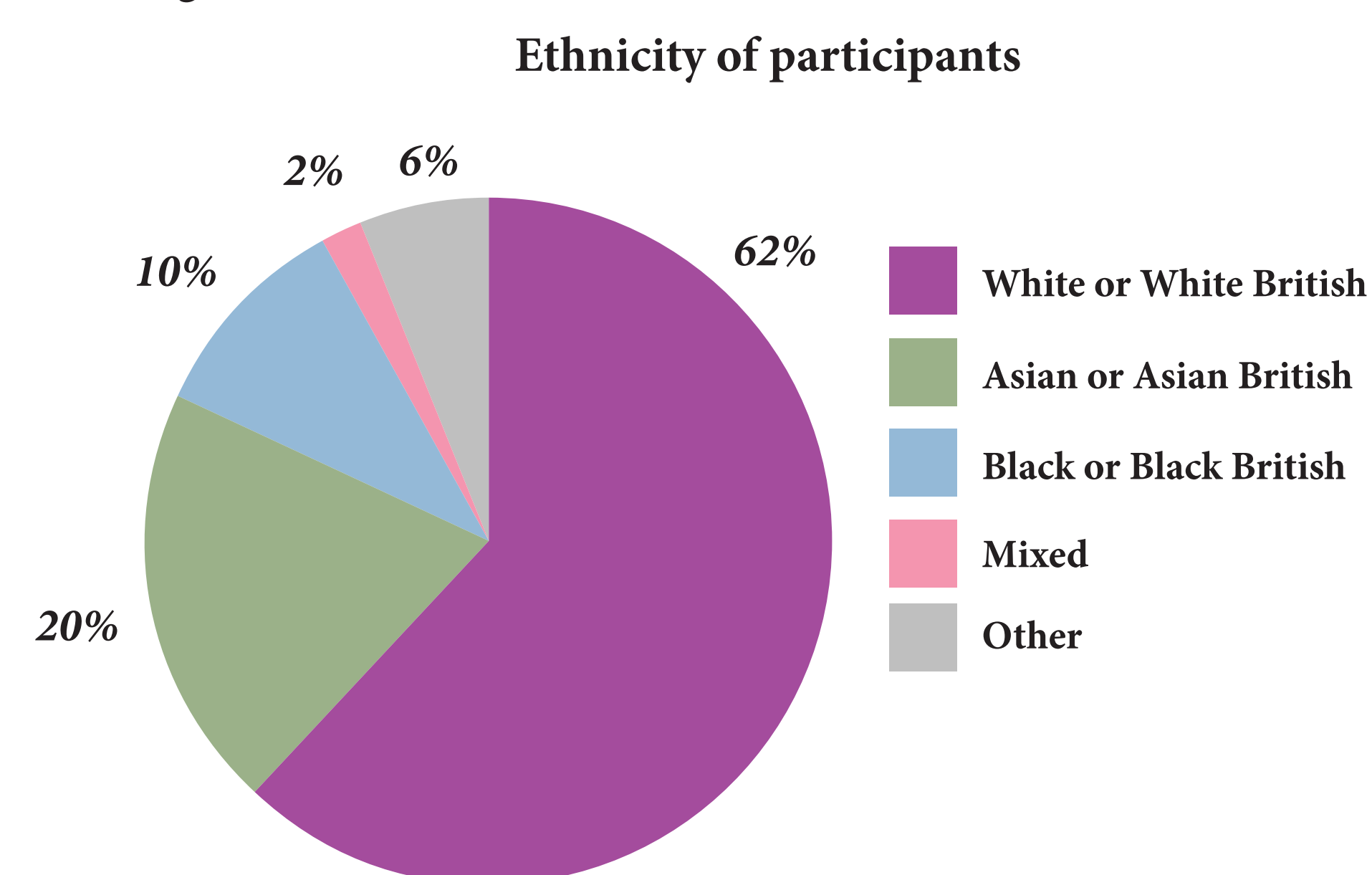


Figure 4.

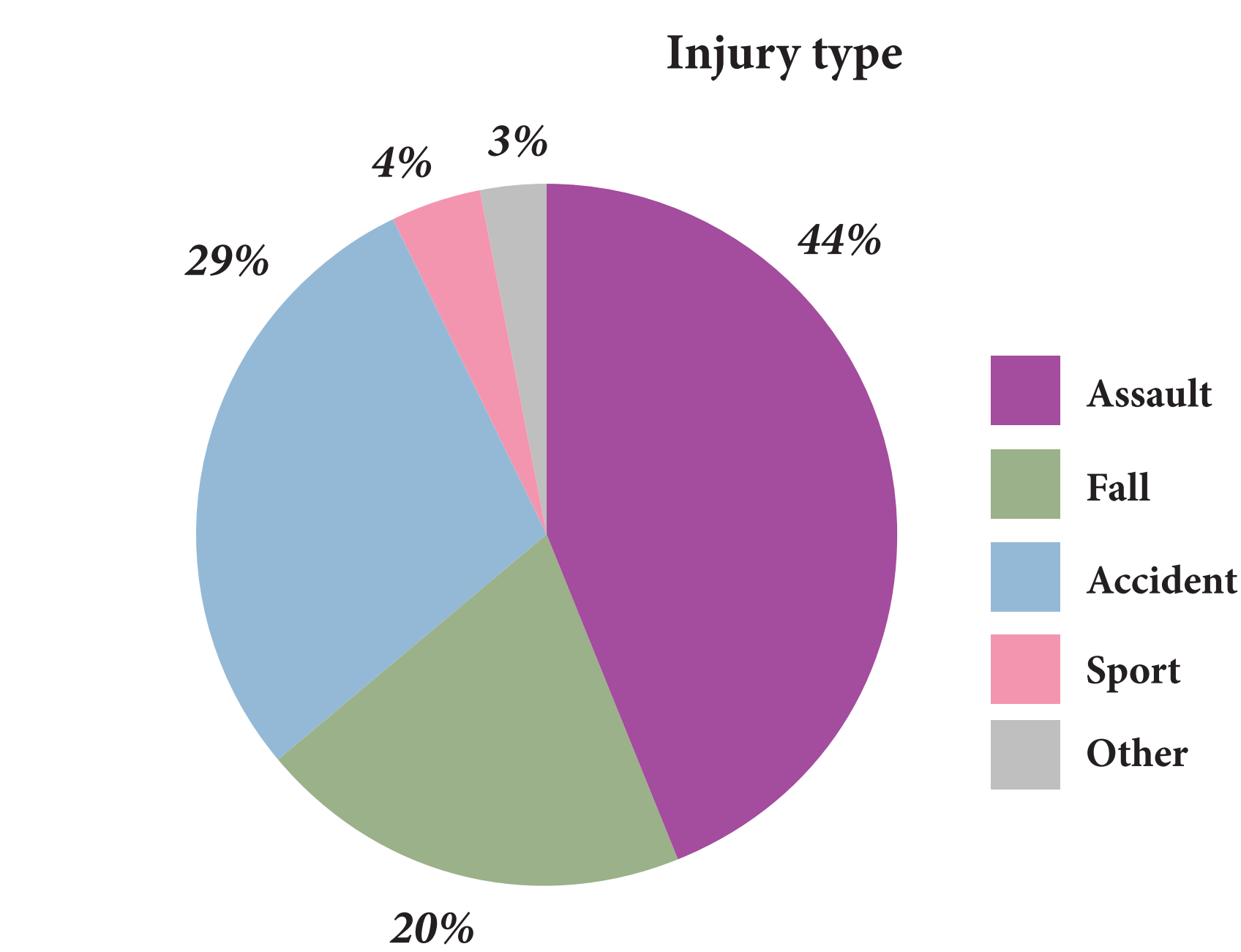
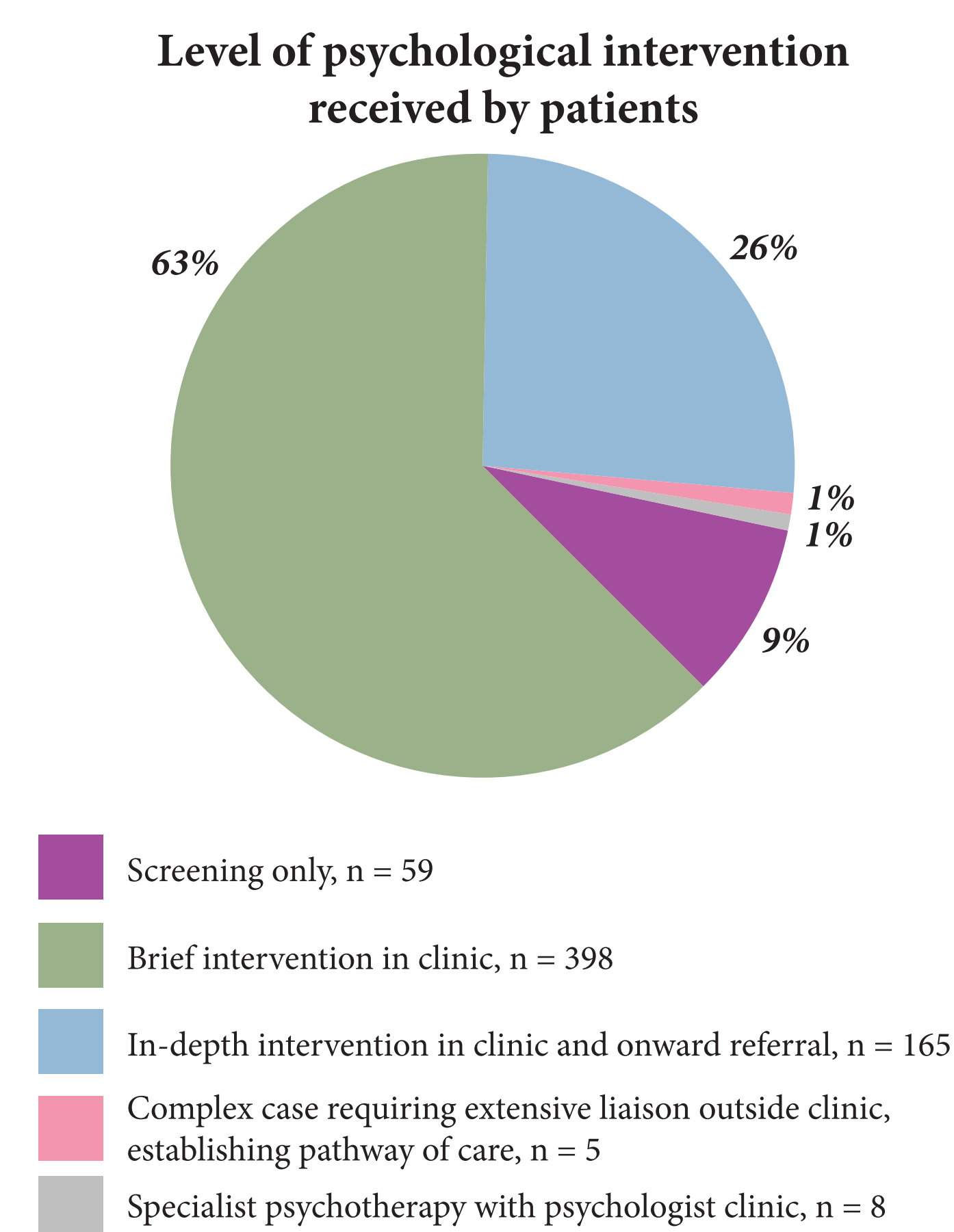


Figure 6.



References

- (1) Prevalence of psychological morbidity following facial injury: A prospective study of patients attending a maxillofacial outpatient clinic within a major UK city, 2015. Wilson, N., Dain, V., Heke, S., Holmes, S., Bridle, C., Aylen, I., Boyd, C., Bastug, G., Kanzaria, A., Priebe S. [Submitted to PLOS ONE]
- (2) Long term conditions and mental health – The cost of co-morbidities, 2012. Naylor, C., Parsonage, M., McDavid D., Knapp M., Fossey M., Galea, A. The Kings Fund and Centre for Mental Health.