Understanding the Gaps in Mental Health Services for Trauma Patients at Risk for PTSD

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Background

- **Trauma surgery patients are at risk for developing mental health sequelae** following injury.
- The American College of Surgeons Committee on Trauma (ACS-COT) developed **guidelines for mental health care** in this population.
- **Social workers are central** to trauma-informed care through resource navigation, supportive counseling, and discharge planning.

Objective:
- Evaluate current mental health care practices for trauma patients
- Assess alignment with ACS-COT guidelines
- Identify strengths, barriers, and opportunities for improvement from the perspective of hospital social workers

Methods

- Semi-structured interviews with hospital social workers
- Single Level I trauma center
- Interviews explored current practices, awareness of ACS-COT guidelines, barriers, and opportunities for improvement
- Coded thematically

Results

9 Social Workers	Avg 11 Years Experience	All in Trauma Patient Care

Themes	Interview Quotes
Existing Practices Mirrored Guideline Principles	"The [HVIP] team is helpful for a lot of our patients. They're able to relate to some of the peer support providers a little bit better [than providers]." [P02] "First, seeing if they have capacity, an MDPOA, or family support. Then looking for substance use concerns, PTSD screening, and a direct assessment." [P05]
Limited ACS-COT Guideline Awareness	"I don't know if there's a checklist. I think there probably is. I was taught just during my training with a preceptor." [P05] "I'm sure it's crossed my path, but that's not something I'm familiar with." [P02]
Strong Social Work Team	"The folks that I work with, they are caring, and compassionate, and smart and dedicated… You start where the person is at, and then you take your lead from there." [P04] "I'm just thankful that the hospital prioritizes social work. Because … we can be the intervention. We can give them extra support … [and] be an advocate." [P05]
Barriers to Trauma-Informed Care	"I think we focus so much on physical medicine in isolation rather than recognizing that those two things come together… There's a real focus on just treating human bodies like an assembly line." [P04] "Heaven forbid someone doesn't have insurance. Then you're kind of just out of luck." [P06]
Opportunities for Improvement	"I think the one thing that's missing is maybe that program, following up with people. I think that would be a piece of trauma informed care." [P06] "I value my relationship with liaisons at community mental health centers because barriers are identified and the patient is served as best they can." [P02]

Conclusions

- **Strong, compassionate, and largely guideline-concordant practices for patients**
- Dissemination Gap: **Most unaware of ACS-COT guidelines**
- Key **barriers** included:
  - Limited staffing
  - Insurance limitations
  - Inconsistent follow-up
  - Lack of standardized protocols
- **Strengthen mental health care** for trauma patients by:
  - Improving guideline awareness
  - Developing follow-up systems
  - Advocating for structural support

Limitations

- Single-center study
- Small sample size
- Convenience sampling
- Generalizability

Future Studies: Expand study to multiple sites, incorporate patient perspectives, and evaluate the impact of guideline training interventions on clinical outcomes.

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