

Mental Health Screening Knows No Boundaries: Expanding Mental Health Screening

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BACKGROUND

Trauma survivors are at high risk for post traumatic stress disorder-PTSD and depression. Studies estimate that up to 21% have PTSD and 23% have depression within the first-year post-injury (deRoos-Cassini, 2019). The American College of Surgeons mandated in 2022 that trauma centers implement mental health screening. University Medical Center of Southern Nevada (UMCSN), a Level 1 adult trauma center, began screening in August 2023 using the Injured Trauma Survivor Screen (ITSS) tool for adults. A retrospective review of one year of data revealed 45% of patients screened positive for depression and 52% of patients screened positive for both PTSD and depression. Of patients who screened positive, 65% of them accepted a referral to see psychiatry. As Nevada's only verified burn center, UMCSN recognized that burn patients experience similar psychological sequelae as trauma patients. The existing hospital-wide screening system provided an opportunity to systematically identify and support burn survivors with mental health concerns.

PURPOSE

The goal was to implement routine mental health screening for adult burn survivors to identify PTSD and depression, and connect patients with psychiatric consultation, therapy referrals, and supportive services. Implementation commenced in spring 2025.

METHODS

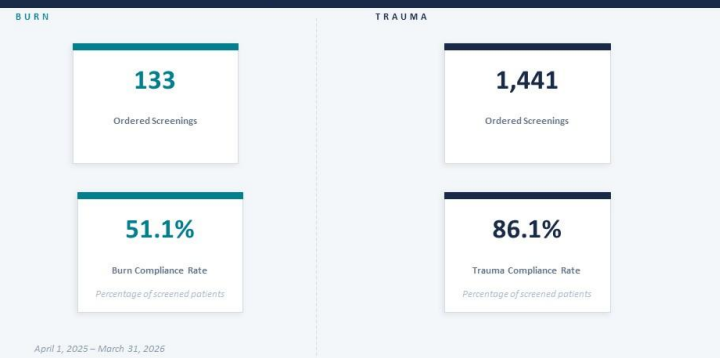
We worked with our Epic Analyst team to create a report so that we could track our results. Charts were reviewed from April 2025 to March 2026. We compared the data between Trauma and Burn patients. Patients were included if they met the following criteria:

- Age ≥ 18 years
- Admitted ≥ 48 hours
- Admitted or referred to Burn or Trauma Service

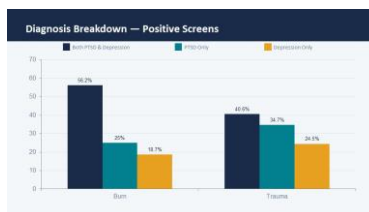
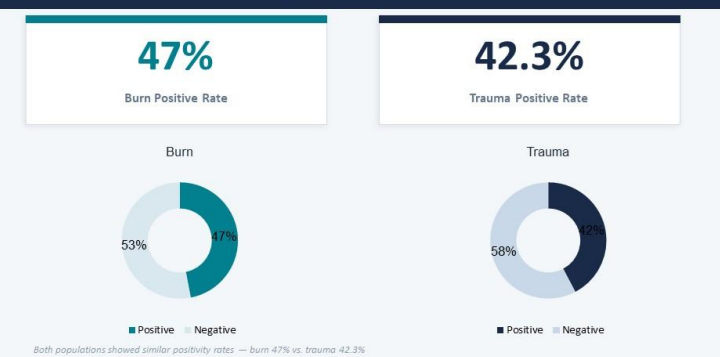
Exclusion Criteria:

- Self-harm related injury
- Intellectual/cognitive impairment
- GCS < 13

Patients Screened & Compliance Rate



Positive Screen Rate Among Those Screened



RESULTS

Over 12 months (April 2025–March 2026), 380 burn patients were evaluated; 51.1% (194 patients) received screening. Of those screened, 47% (62 patients) screened positive: 56.2% for both PTSD and depression, 25% for PTSD only, and 18.7% for depression alone. Forty percent of positive screens accepted psychiatric referrals. The 47% positive screen rate demonstrates substantial mental health burden in burn survivors. The 51.1% compliance rate was below our 80% target.

CONCLUSIONS

- Mental health screening is feasible and clinically valuable for burn survivors. The high prevalence of positive screens validates systematic screening and intervention.
- We identified low compliance on our burn screening and realized that we did not update the social work team on the expansion of this protocol. We anticipate the compliance rate to be over 80% which is our specified goal.
- Moving forward, quarterly analysis will monitor compliance and resource needs.
- Sustainability initiatives include but are not limited to expanding enrollment to trauma and burn support groups such as the Trauma Survivors Network and the Phoenix society after discharge. In addition, we anticipate implementing continued screening at post-discharge clinic appointments.

REFERENCES

