

Recalibrating Mental Health Supports for SCI Patients and Providers

A spinal cord injury (SCI) is devastating for patients, loved ones, and the medical care teams. For patients, navigating the physiological changes—and the complexities of a disjointed healthcare system—can produce psychological and emotional distress, leading to reduced therapeutic improvements and increased healthcare utilization [1]. Although multidisciplinary teams often include rehabilitation psychologists and psychiatrists to address the psychosocial needs of patients, access to mental health services is imperfect in the United States due to a limited number of providers. This issue is exacerbated for individuals with a disability, and less than 50% of patients with a SCI are enrolled in appropriate mental health services during and after initial rehabilitation [2]. Doctors, nurses, and physical and occupational therapists who work with chronically ill patients also experience similar emotional strain, resulting in psychological stress and burnout. Provider mental strain can lead to poor care quality [4]. Addressing the mental health needs of patients and their medical providers offers one potential opportunity to improve the quality of patient care and outcomes. Training other team members to screen for psychological disorders, utilizing telehealth services, incorporating provider-focused counseling, and developing peer support groups are related strategies to improve the psychological well-being of patients, families, and healthcare providers.

Psychological and emotional distress after a spinal cord injury can manifest as PTSD, substance use disorders, depression, anxiety, and other cognitive disorders. Because psychological well-being is linked to patient functional improvement, rehabilitation psychologists and psychiatrists specialized to work with SCI patients offer emotional support, coping strategies, and pain management skills that can help improve patient outcomes and recovery. Mental health providers can also engage the patient's support system to provide family counseling, easing potential caregiver burden. However, access to mental health providers is limited due to mismatched supply and demand. As a result, many patients may lose out on necessary psychosocial support. This concern can be mitigated by training existing team members (e.g., physical therapists, occupational therapists, rehabilitation nurses, and social workers) who interface with patients frequently to conduct screenings to identify high-risk patients. Common psychological disorder screening tools, such as the Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, or the PTSD Checklist, should be incorporated into the workflow of other interdisciplinary team members. To ensure that performing multiple screenings isn't cumbersome for patients and providers, the questionnaires can be incorporated based on when patients are more likely to experience certain disorders during their care trajectory. Patients at an increased risk for depression, anxiety, or other mental health disorders may then be referred to rehabilitation psychologists and psychiatrists for additional support. Additionally, provider availability can be increased through telepsychiatry services. Telehealth services further increase options for minority patients to work with psychiatrists and psychologists from similar backgrounds. These resources can improve the functioning of the existing care team and support adherence to therapeutic goals.

Providers working with SCI patients may also experience psychological stress. Per international survey data, clinicians who manage SCI patients are likely to experience burnout,

exhaustion, depression, and anxiety due to the demanding work [3]. Provider depression and burnout are associated with worse patient outcomes due to impaired cognitive functioning, increased risk of medical errors, and decreased interprofessional collaboration. To avoid potential adverse events, SCI care teams should also look to understand the scope of this issue within their cohorts. Specifically, future research studies should further explore the extent of this problem amongst U.S. based SCI medical professionals and characterize the unique psychological challenges different clinicians experience in their practice. Then, the goal should be to implement specialized peer support groups and one-on-one counseling sessions for medical professionals most at risk for depression and burnout. This can improve provider well-being and team functioning, resulting in higher-quality care.

A spinal cord injury can be a life-altering event that negatively impacts the mental health of patients, caregivers, and their healthcare providers. Even though multidisciplinary teams include rehabilitation psychologists, resource constraints decrease patient access to mental health services. Further, limited emphasis is placed on provider well-being. As a result, embedding psychological screenings into other providers' workflow and expanding telehealth use offer two strategies to improve mental and emotional well-being of patients. Individualized counseling and peer-to-peer support groups can further alleviate health care provider stress and burnout. These psychological interventions are one opportunity to enhance multidisciplinary team functioning and improve the quality of patient care.

References

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