

Mental Health Assessments in ICU and Acute Care

Megan Altom, MOT/S, Taylor Harrell, MOT/S,Carolynn Keane, MOT/S, Erica Smith, MOT/S, Danielle Woodward MOT/S
 Faculty Advisor: Anita Mitchell, PhD, OTR, FAOTA; Community Practitioner: Sandra Fletchall OTR/L, CHT, MPA, FAOTA
 The University of Tennessee Health Science Center Department of Occupational Therapy



PICO QUESTION

For adults with burn injuries in ICU and acute care settings, which mental health assessments are effective for assessing quality of life during initial evaluation?

RATIONALE

Short

Easy-to-administer

Focus on emotion and trauma

Help gather baseline

SEARCH METHODOLOGY

Databases Searched	Google Scholar, Cochrane, PubMed, MEDLINE, OVID, CINAHL, Veteran Affairs website (www.va.gov)
Search Terms	Mental health assessments, Adults with burn injuries, Quality of life, Psychometrics and mental health assessments, Trauma, PTSD
Limits	English language, Full-text articles only, Participant Age (18+)
Inclusion Criteria	Full-text articles, English language, Adults or older adult, short, easy-to-administer assessments
Exclusion Criteria	Studies more than 20 years old, cognitive assessments

SEARCH RESULTS

Quality of Life	• Wound-QoL
Depression	• Beck Depression Inventory-II
Delirium	• Confession Assessment Method for Intensive Care Unit (CAM-ICU)-Flowsheet • Confusion Assessment Method (CAM)
Anxiety	• Abbreviated Burn Specific Pain Anxiety Scale (A-BSPAS)
PTSD	• Startle, Physiological arousal, Anger, and Numbness (SPAN) • Trauma Screening Questionnaire (TSQ)
Trauma	• Brief Coping Orientation to Problems Experience (B-COPE)

MAIN FINDINGS AND LIMITATIONS

Name of Assessment	Quality Score	Reliability	Validity	Sensitivity	Specificity	Clinical Utility	Limitations
Abbreviated Burn Specific Pain Anxiety Scale (A-BSPAS) (Aaron et al., 2001)	68%	• Internal consistency (α -coefficient=0.90)	• High predictive validity in predicting decreased physical role functioning at discharge			• Inpatient • Acute • Stepdown • Outpatient	• Need larger sample of burn patients • Long-term consequences of reduced physical functioning
Beck Depression Inventory-II (Wang & Gorenstein, 2013)	92%	• Internal consistency= 0.9 • Retest reliability=0.73-0.96	• Criterion-based validity showed good sensitivity and specificity for detecting depression			• Inpatient • Outpatient • Acute • Mental Health	• Cost associated • Spectrum bias • Self-report
Brief Coping Orientation to Problems Experience (B-COPE) (Amoyal et al., 2011)	87.5%	• Item scale correlation (r= 0.23-0.76) • Test-retest reliability (r= 0.352)	• Exploratory factor analysis yielded two factors: active coping and avoidance coping			• Stepdown • Acute • Outpatient • Inpatient	• Potential differences in coping strategies used in controlled vs. natural settings
Concise Mental Health Checklist (CMHC-9) (Wu et al., 2019)	68%	• Total sample= 0.79 • Psychiatric= 0.76 • Community Subjects= 0.67 • Medical outpatient subjects= 0.69				• Unsure of applicability	• Use of suicidal ideation rather than other risk factors
Confusion Assessment Method for Intensive Care Units (CAM-ICU)- Flowsheet (Guenther et al., 2010)	73%	• Very high interrater reliability (κ ,0.96; 0.87-1.00)		• 88% (95% CI 69-98%) • (92% CI 74-99%)	• 100% (85-100%)	• ICU • Burn Facilities	• Has not been validated as severity scale
Startle, Physiological arousal, Anger, and Numbness (SPAN) and Trauma Screening Questionnaire (TSQ) (Mouthaan et al., 2014)	91%				• SPAN- 0.64, ICC=0.98 • TSQ- 0.59, ICC=0.82	• Assessments for PTSD • Not relevant for burn unit	• Limited generalizability
The Confusion Assessment Method (CAM) (Wei et al., 2008)	88.9%			• 7 studies- 94% (95% CI 91-97%) • Combined- 89% (95% CI 85-94%)		• ICU	• Future work needed
Wound-Quality of Life (Augustin et al., 2017)	62.5%		• High convergent, construct, and longitudinal validity			• Stepdown • Inpatient • Outpatient	• Patient-reported

CLINICAL BOTTOM LINES

The following assessments are applicable for the Burn Unit and the ICU:

- CAM
- B-COPE
- CAM-ICU Flowsheet

CLINICAL IMPLICATIONS

Perform a screening of the client's mental state

Determining mental state will help guide interventions

REFERENCES

