EVOLVING PSYCHOLOGICAL CARE IN A REGIONAL BURNS CENTRE

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

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Psychological care is a critical component of holistic burns treatment. Our 5-year journey of transformation has strengthened the integration, accessibility and impact of psychological support for patients across the Mersey Burns Centre.

BACKGROUND

Burns injuries carry a significant psychological burden.
Post-traumatic stress, body image distress, depression and anxiety are common.

Early psychological intervention improves long-term outcomes.

We set out 5 years ago to transform the delivery, integration and understanding of psychology in a post-pandemic world.

This poster documents our milestones, innovations and impact.

CLINICAL HEALTH PSYCHOLOGY, THE BURNS STANDARDS & LITERATURE

MANDATORY SCREENING [2]

Required for all patients admitted within 24 hours.

Assesses trauma, coping, and appearance concerns.

TIERED SUPPORT MODEL [3]

- **Level 1:** General emotional support and listening.
- **Level 2:** Psychoeducation and pain/anxiety management.
- **Level 3:** Specialist clinical psychology and CBT.

CONTINUOUS CARE PATHWAY [1]

Extends from admission through post-discharge rehab.

Adapts to fluctuating long-term emotional recovery.

OUR PATIENT PATHWAY

ADMISSION
Mandatory Screening

INPATIENT CARE
Psychology embedded through admission to discharge

BUFFER SESSIONS
Dressing clinic support between IP and OP

OUTPATIENT CARE CLINIC
Tiered psychological interventions

COMPLEX SCARS CLINIC
MDT formulation and tailored support

LONG-TERM FOLLOW-UP
Responsive, lifelong care

RETROSPECTIVE SERVICE REVIEW (5 YEARS)

SERVICE ACTIVITY DATA

Mapping psychology input across inpatient, outpatient and scar pathways.

- Burns admissions: **1,457**
- Inpatient contacts: **445**
- Outpatient referrals: **181**

MDT & COMPLEX SCARS ATTENDANCE

Weekly multidisciplinary team (MDT) attendance established Nov 2023.
Complex scars clinic – monthly psychology attendance.

OUTCOME MEASURES

CORE-10 scores at referral and discharge, capturing change in distress across outpatient pathway.

CLINICAL REFLECTIONS

Psychologists embedded in inpatient, outpatient and complex scar clinic contributing qualitative insight.

SERVICE ACTIVITY SNAPSHOT (2021–2026)

1,457	445	181
BURNS ADMISSIONS	INPATIENT PSYCHOLOGY CONTACTS	OUTPATIENT PSYCHOLOGY REFERRALS

Around one third of patients admitted to the Mersey Burns Centre are seen by Clinical Psychology. Around 12% of admissions are referred to OP.

KEY TRANSFORMATIONS OVER 5 YEARS

1. **INPATIENT CONTINUITY**
   Predictable psychology presence from admission through to discharge enables early formulation, proactive risk management and continuity of care.
2. **BUFFER SESSIONS**
   Psychology input aligned with dressing clinic visits supports patients experiencing distress when returning home or seeing their scars for the first time. Improves readiness for therapy and can sometimes be sufficient.
3. **MDT PSYCHOLOGICAL LITERACY**
   Routine weekly MDT attendance (est. Nov 2023) embeds psychological thinking across disciplines, strengthens decision-making and promotes a 'right care, right time' ethos. Has improved the appropriateness and timeliness of OP referrals.
4. **COMPLEX SCAR PATHWAY**
   Consistent psychology attendance at complex scars clinic supports the MDT in addressing real-time psychological needs. Improves appropriateness and timeliness of referrals and continues to support MDT formulation.
5. **EXPANSION OF TREATMENTS & WORKFORCE**
   Whole team trained in trauma-effective therapies: EMDR, ACT, CFT and CBT. Cross-cover arrangements increase sustainability and patient choice. Broader treatment offer improves outcomes.

OUTCOMES & IMPACT

CORE-10 OUTCOMES (OUTPATIENT PATHWAY)

Mean CORE-10 reduction of 8.2 points ($p < 0.001$)

Indicates a clinically meaningful reduction in psychological distress.

- Earlier psychological intervention and proactive risk management
- Improved patient experience and engagement
- Better MDT collaboration and holistic care
- Strengthened pathways and continuity of care

FUTURE ASPIRATIONS

1. **PSYCHOSOCIAL SCREENING**
   Updating screening tools to better identify psychological need earlier in the Burns pathway.
2. **RISK & MENTAL HEALTH PATHWAYS**
   Strengthening protocols for identifying and managing complex risk and acute mental health presentations.
3. **STAFF TRAINING**
   Expanding training programs to strengthen trauma-informed practice across all disciplines fed by themes seen across IP and OP.
4. **SELF-HELP RESOURCES**
   Creating tailored resources addressing the most common post-burn psychological challenges for patients and families.

REFERENCES

1. British Burn Association. National Burn Care Standards for Burn Care Services, 3rd ed. 2019.
2. British Burn Association. Psychological Care for Adults with Burns: Standards for Practice. 2017.
3. Richardson C, et al. A tiered model of psychosocial care for burns services. Burns. 2016;42(6):1039-1042.

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