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Mental Health Screening for Trauma Patients

Background:

Trauma patients who have been hospitalized for serious injuries are at high risk for developing symptoms of Post-Traumatic Stress Disorder (PTSD) and other mental health disorders such as depression. These symptoms significantly impact quality of life for patients. Therefore, identifying who is at greatest risk for long-term distress is warranted, given the high rates of post-trauma mental health conditions. Mental health difficulties such as PTSD and depression are prevalent in the pediatric population post-injury as well. Unrecognized PTSD symptoms can place the patient at greater risk for relapses of psychological symptoms or substance use and potentially experiencing worse outcomes. Patients that have history of trauma may often display symptoms that meet criteria for other behavioral disorders. Untreated PTSD and depression are major risk factors for deficits in other domains, including physical recovery, social functioning, and quality of life.

Purpose:

Mental health screenings play a crucial role in promoting overall well-being by helping to prevent misdiagnosis and inappropriate treatment planning. Screening helps identify potential mental health issues, provides access to pertinent resources, allows for early referrals and interventions, and ensures appropriate support and treatment that can significantly improve functioning and quality of life.

Guidelines:

A. Patients experiencing traumatic injuries meeting the National Trauma Data Standard inclusion criteria and are admitted to inpatient services or observation should be evaluated for potential mental health screening.

1. The Crisis Assessment Intervention Team (CAIT) will evaluate all trauma patients found to have a positive AUDIT-C score for mental health issues. In addition, Trauma Services will evaluate all patients with:

a. A Category I or Category II trauma activation with an Injury Severity Score of > 9.

b. Any circumstances that may place the patient at "High Risk" for mental health issues deemed appropriate by Trauma Services staff. Examples of "High Risk" for mental health issues would include but not limited to:

- i. spinal cord injury resulting in paralysis
- ii. Mechanism of injury associated with violence (assault)
- iii. Death of another person involved in incident
- iv. Amputated extremity proximal to wrist or ankle

2. An in-patient consultation to CAIT will be placed in the Electronic Medical Record (EMR) by Trauma Services staff Monday through Friday between the hours of 0700 and 1500 (Trauma Services office hours), excluding holidays.

3. After CAIT receives the trauma consult order, a crisis assessment therapist will then round on the patient and complete the appropriate screening tool based on the patient age as noted below. If the scoring results of either age-based screening tool is "negative", no further actions are required. If either screening tool results in a positive score, the crisis assessment therapist will complete additional interventions and referrals as needed and appropriate. CAIT will document the results of the screening tools and any interventions or referrals within the EMR.

- Child Trauma Screening Questionnaire (CTSQ) for ages 6-17 years old - A score of 5 or greater is considered high risk for PTSD
- Injured Trauma Survivor Screen (ITSS) for ages ≥ 18 years old. For the questions pertinent to depression (1,2,3,5,6), a sum score of "2" is considered positive. For questions pertinent to PTSD (3,4,7,8,9), a sum score of "2" is considered positive.

Child Trauma Screening Questionnaire (CTSQ)

Please indicate whether any of these things have happened to you since the event.

1. Do you have lots of thoughts or memories about the accident that you don't want to have?	Yes	No
2. Do you have bad dreams about the accident?	Yes	No
3. Do you feel or act as if the accident is about to happen again?	Yes	No
4. Do you have bodily reactions (such as a fast-beating heart, stomach churning, sweating and feeling dizzy) when reminded of the accident?	Yes	No
5. Do you have trouble falling or staying asleep?	Yes	No
6. Do you feel grumpy or lose your temper?	Yes	No
7. Do you feel upset by reminders of the accident?	Yes	No
8. Do you have a hard time paying attention?	Yes	No
9. Are you on the "look-out" for possible dangerous things that might happen to yourself and others?	Yes	No
10. When things happen by surprise or <u>all of a sudden</u> , does it make you "jump"?	Yes	No

Injured Trauma Survivor Screen (ITSS)

Questions	YES	NO
<i>BEFORE THIS INJURY:</i>		
1. Have you taken medication for, or been given a mental health diagnosis?		
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost interest in things you usually enjoyed for more than 2 weeks?		
<i>WHEN YOU WERE INJURED OR RIGHT AFTERWARD:</i>		
3. Did you think you were going to die?		
4. Do you think this was done to you intentionally?		
<i>SINCE YOUR INJURY:</i>		
5. Have you felt emotionally detached from your loved ones?		
6. Do you find yourself crying and are unsure why?		
7. Have you felt more restless, tense or jumpy than usual?		
8. Have you found yourself unable to stop worrying?		
9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?		
Total		

Scoring: "No" responses are scored zero; "yes" answers are scored "1". For the questions pertinent to depression (1,2,3,5,6), a sum score of "2" is considered positive. For questions pertinent to PTSD (3,4,7,8,9), a sum score of "2" is considered positive.

Exclusions to Patient Screening:

BHS will not be required to screen patients that fall into the following categories:

- A. Patient must be participatory thus, any patient with an altered mental status or is chemically or cognitively impaired should be excluded from screening as these patients cannot be considered participatory. (Document "NA" – Unable to participate).
- B. Exclude patients <6 years old, as children under this age may not understand or be able to appropriately answer the question as designed.
- C. CAIT will attempt to provide screening services for all trauma patients that have a consultation order placed. However, those patients (either Inpatient or Observation status) whose hospital length of stay is <24 hours will be excluded from the requirement.

References:

American College of Surgeons. (2023). Best Practice Guidelines: "Screening and Intervention for Mental Health Disorders and Substance Use and Misuse in the Acute Trauma Patient"<https://www.facs.org/media/nrcj31ku/mental-health-guidelines.pdf>

Committee on Trauma American College of Surgeons. (2022). Resources for the optimal care of the injured patient. American College of Surgeons 2022. American College of Surgeons. Standard 5.29