

Addressing Psychological Trauma in Critical Care Patients: A Holistic Approach.

Arad Mirzaei*

University of Pittsburgh (LD Diaz), Department of Psychology, Pittsburgh, Pa.

Introduction

Critical care environments, characterized by high-stress settings, invasive procedures, and prolonged hospital stays, can trigger a range of psychological responses in patients. Post-traumatic stress disorder (PTSD), anxiety, depression, and other psychological disorders are common among critical care survivors. The emotional burden of experiencing life-threatening events, coupled with the fear of uncertainty and potential long-term disabilities, can have a lasting impact on patients' mental health. Neglecting the psychological aspect of their care may lead to delayed recovery, decreased quality of life, and increased healthcare utilization [1].

A holistic approach to addressing psychological trauma in critical care patients entails recognizing the interplay between physical and mental health. The complex interaction between physical pain, distress, and emotional suffering demands a collaborative effort among healthcare professionals, including critical care physicians, psychologists, social workers, and rehabilitation specialists. By acknowledging and integrating mental health care into the overall treatment plan, healthcare providers can promote resilience and aid in the coping process for patients and their families [2].

Communication plays a pivotal role in mitigating psychological trauma. Honest and empathetic communication with patients and their families can alleviate anxiety, build trust, and create a supportive environment for emotional expression. Providing patients with information about their medical condition, treatment options, and potential outcomes allows them to have a sense of control, reducing feelings of helplessness and vulnerability. Moreover, family involvement and support during critical care can be instrumental in the healing process, as the presence of loved ones serves as a source of comfort and reassurance [3].

Early detection and intervention are paramount in addressing psychological trauma in critical care settings. Implementing routine screening tools for mental health assessment can help identify patients at risk of developing psychological distress. For those exhibiting signs of trauma, timely access to mental health professionals and support services is crucial. Introducing interventions such as cognitive-behavioral therapy, mindfulness practices, and peer support groups can foster coping mechanisms and enhance emotional well-being throughout the critical care journey [4].

The impact of psychological trauma extends beyond the hospital stay, highlighting the need for post-discharge support. Transitioning from critical care to the community can be overwhelming for patients, and the adjustment period may be fraught with emotional challenges. Follow-up care that includes ongoing mental health support and coordinated care can facilitate the healing process and improve long-term outcomes. Additionally, initiatives aimed at enhancing the well-being of healthcare providers, who themselves may experience secondary trauma, are essential for maintaining a compassionate and empathetic care environment [5].

Conclusion

Addressing psychological trauma in critical care patients is a fundamental aspect of delivering patient-centered care. By adopting a holistic approach that recognizes the interconnectedness of physical and mental health, healthcare providers can offer comprehensive support that improves not only patients' emotional well-being but also their overall recovery and quality of life. Integrating mental health care into critical care settings, fostering open communication, implementing early screening and interventions, and providing ongoing support during the transition to the community are vital steps toward achieving a truly holistic and compassionate approach to caring for critical care patients and their families. Through interdisciplinary collaboration and a commitment to prioritizing psychological well-being, we can pave the way for more resilient and thriving critical care survivors.

References

1. Harlow J, Cruz NC, Celada-Dalton T, et al. La Linterna: Clinical model for trauma-exposed, migrant children. *Psychol. Trauma: Theory Res. Pr.* 2023.
2. Miller AB, Davis SH, Mulder LA, et al. Leveraging community-based mental health services to reduce inequities for children and families living in United States who have experienced migration-related trauma. *Psychol. Trauma: Theory Res.* 2022.
3. Mercado A, Venta A, Morales F, et al. Trauma in the American asylum process: Experiences of immigrant families under the migrant protection protocols. *Psychol. Trauma: Theory Res.* 2022.

*Correspondence to: Arad Mirzaei, University of Pittsburgh (LD Diaz), Department of Psychology, Pittsburgh, Pa. .E-mail:mirzaeiarad@pitt.edu

Received: 04-aug-2023, Manuscript No. AATCC-23-109133; Editor assigned: 05-aug-2023, PreQC No. AATCC-23-103294 (PQ); Reviewed: 18-aug-2023, QC No. AATCC-23-103294; Revised: 20-aug-2023, Manuscript No. AATCC-23-109133 (R); Published: 27-aug-2023, DOI: 10.35841/aatcc-7.4.162

4. Delgado JR, Diaz LD, LaHuffman-Jackson R, et al. Community-based trauma-informed care following immigrant family reunification: a Narrative review. *Acad. Pediatr.* 2021;21(4):600-4.
5. Peterson K, Helfand M, Humphrey L, et al . Evidence brief: effectiveness of intensive primary care programs.