
Psychology support after a burn injury

Overview

Sustaining a burn injury is a very stressful experience; the recovery is often a lengthy and arduous process. While most people show a good capacity to adjust to a burn injury, strong emotional responses can emerge upon discharge from hospital impacting on every-day activities, relationships and ability to return to work. Clinicians should be able to recognise stress responses, provide appropriate information about psychological reactions to a burn injury and, if appropriate, assist with referrals to GPs and mental health clinicians.

Examples of common psychological reactions after a burn injury

- Anxiety
- Worries about the future
- Concerns about healing, scarring or changed appearance
- Feeling troubled by discomfort, pain and itching symptoms
- Sadness, low mood, lack of motivation, lack of appetite, feeling teary
- Experiencing frequently changing emotions
- Anger and irritability
- Feeling upset about being dependent on others
- Feeling distant towards others, having difficulty with closeness
- Wanting to avoid activities that remind them of the burn injury
- Having difficulty with return to work
- Reliving the burns or hospital experiences, nightmares
- Strong physiological and emotional reactions when thinking about particular aspects of the burn experience and what could have happened
- Tension, difficulty to settle, nervousness, being vigilant and sensitive
- Insomnia

Helpful strategies

- Normalise emotional reactions and explain why these reactions occur, e.g. how important these reactions were for a person's survival
- Remind them a lot of these reactions are temporary and will pass
- Assist with simple anxiety management strategies such as paced breathing, distraction
- Suggest calming and soothing activities
- Re-orient to the present moment, use mindfulness and meditation skills
- Encourage to participate in daily life activities, return to a normal routine, to take an active role in the care for their burns, stay connected with family and friends
- Promote a good sleep hygiene, eating regularly, spending time outside and exercising
- Ask to avoid alcohol, drug and excessive caffeine use

When should a referral to a psychologist be made?

- If psychological reactions, high stress levels and/or difficulties with functioning in daily, social and vocational activities continue to persist for more than a month
- If re-living of burn experience persists for > 1 month
- If continues to experience low mood for the majority of the day for > 2 weeks
- If there are any thoughts of not wanting to live if a person or family member wants assistance with the adjustment to the burn injury

Psychological work can help with

- Processing of the burn experience and decreasing the intensity of emotions
- Understanding the circumstances of the burn injury and one's actions
- Managing anxiety and other difficult emotions
- Returning to work and resuming previous activities, re-establishing a sense of normalcy, rebuilding relationships
- Becoming aware of warning signs and strengthening one's resilience
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People can be referred to a community (private) psychologist by any GP. Options are the “Better Access Scheme” which provides a Medicare rebate for up to ten sessions per calendar year. However, a small gap payment may be required. Depending on where they live, the person may also be able to access psychology through ATAPS (“Access to Allied Psychological Services”), generic community health services and community mental health services.

Contact Details

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Attention: Victorian Adult Burns Service, Allied Health

