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Screening for Depression, Anxiety and Stress among Patients Attending a Regional Rehabilitation Clinic in South Western, New South Wales, Australia

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Introduction

Rehabilitation medicine offers an individualized patient-centered service to optimize function and maximize quality of life of patients. Psychological distress can impact rehabilitation process and its outcomes [1]. In regional and rural areas, rehabilitation services are different from the ones in metropolitan areas. There are limited medical specialists and allied health services in those areas.

Sacred Heart Rehabilitation Service at St Vincent's Hospital in Sydney Australia has been providing outreach rehabilitation services to Griffith Base Hospital (GBH), New South Wales (570 km away from Sydney). A rehabilitation clinic at GBH run by an outreach rehabilitation physician is well established with approximately 100 new referrals per year [2]. Although rehabilitation patients often have psychosocial issues requiring multidisciplinary input, there is limited study on the presence and extent of depression, anxiety and stress symptoms among patients attending an outreach rehabilitation clinic. This audit study aimed to screen the levels of negative emotional status who attended a regional rehabilitation clinic.

Methods

All patients attended the rehabilitation clinic at GBH between September 2014 and December 2014 was asked to fill in the Depression Anxiety Stress Scales short-form version (DASS-21) [3] in a waiting room before consultation. The DASS-21 is a validated self-report tool. There were no social workers, psychologists or an 'in-house' mental health team at GBH.

Results

During the period, 53 cases were reviewed at the rehabilitation clinic. Of these, 15 cases did not (could not) complete the DASS-21 due to the following reasons: 7 patients were reviewed twice (only one answer per patient was counted); 3 patients had limited English abilities; 2 patients had lower level of consciousness due to acquired brain injuries; 2 patients had dysphasia resulting from stroke; 1 patient could not write because of severe pain in both hands. The remaining 38 patients with a mean age of 66.8 years (range 29-88) completed the DASS-21.

The common impairment group was chronic non-cancer pain conditions (14 patients, 36.8%). Nine patients (23.7%) attended the clinic for post hospital discharge follow up, namely orthopedic related (n=3), reconditioned following surgery (n=3), stroke (n=2) and pulmonary related (n=1). Eleven patients had a history of psychiatric co morbidities. Approximately 40% of patients reported symptoms of anxiety and/or stress above the normal range, and 24 patients (63%) had symptoms of depression above the normal range (Table 1).

Table 1: Outcomes of the DASS-21 (N=38).

	Depression	Anxiety	Stress
Normal	14 (37%)	22 (58%)	23 (60%)
Mild	8 (21%)	2 (5%)	4 (10%)
Moderate	9 (24%)	5 (13%)	3 (8%)
Severe	3 (8%)	3 (8%)	4 (11%)
Extremely Severe	4 (10%)	6 (16%)	4 (11%)

Discussion

Depression, anxiety and stress in patients attending a regional rehabilitation clinic were common. An outreach rehabilitation physician needs to monitor their symptoms and liaise with local general practitioners closely for early referrals to community based mental health services. As a result of this study, the author started to address telephone support (e.g., Beyond blue [4]) and/or free online therapy programs (e.g., This Way Up) [5,6] to ensure that patients should access such services sooner (whilst waiting for a psychology or psychiatry appointment).

The limitation of this study included the small sample size. Furthermore, eight patients who could not complete the DASS-21 due to medical or language reasons were not excluded the possibility of the presence of mood and anxiety disorders [7]. Such patients, if clinically indicated, need face to face psychological interventions and/or social support (with or without an interpreter) as existing English/online based mental health resources and support are not applicable. The DASS-21 is a useful tool for screening for negative emotional status in a regional clinic; however, extra attention should always be given to those who are not able to complete the form.

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