

Psychological and Emotional Challenges of Adolescents with Burns

Dr. Vaniprabha G.V¹, Dr. Madhusudhan .S^{2*}

ABSTRACT

Background and Objective: Burns injury is a major cause of psychological and emotional challenges to adolescents, contributing both as a risk factor and as an outcome process. This poses a great challenge in rehabilitation of burns patients. The main objective of this research is to understand better the frequency of psychological and emotional challenges in burns victims. **Materials and Methods:** 60 adolescents between the ages of 12 to 18 years were the subjects of study with varying degree of burns at a tertiary Government Hospital in Bangalore, during January to December 2020. A 21 points multiple choice questionnaire (Beck's Anxiety and Depression Inventory) including various emotional aspects through interview was the material used to ascertain these patients. Standard statistical measures like mean with standard deviation and frequencies with proportions were calculated. **Results:** Of the 60 patients, 18 were females and 42 were males. The mean age of participants was 14 years. Majority of victims (58%) sustained burn injuries ranging from 25%-30%. Accidental burns was the most common factor in 52 cases and remaining 8 cases were suicidal burns. Anxiety was seen amongst 58 cases, out of which 10 had mild, 22 had moderate and remaining 28 had severe anxiety scores. Depression was seen in all 60 patients, out of which 10 had mild, 22 had moderate and 28 cases had severe depression symptoms. Self Esteem levels was analysed using Self Esteem Inventory by Mackinnon [1985] The emotional aspects involved self Esteem, body image, and peer interactions. **Conclusion:** Anxiety and depression co-existed in majority of cases, along with low self esteem, low body image, future uncertainties hence an emotional and psychological morale building task and encouraging them to have a positive outlook towards their future was the main rationale of this study.

Keywords: Psychological, Emotional, Anxiety, Depression, Beck's Inventory.

Burn is an epithelial tissue injury caused by heat from different sources (hot substances, chemicals, electricity, direct flame or heated objects) therefore, the type of injury caused by burn determines a physical and emotional trauma of high impact to the victim, especially due to the pain it generates and extended treatment. Combined with physical suffering and emotional distress at the moment of the accident, the victim often has

¹Clinical Psychologist, MBCC, Victoria hospital, Bangalore, India

²Associate Professor, Department of Psychiatry, Victoria Hospital Bangalore, India

*Corresponding Author

Received: August 26, 2021; Revision Received: January 28, 2022; Accepted: February 28, 2022

Psychological and Emotional Challenges of Adolescents with Burns

lifetime sequelae, especially adolescents. Such sequelae cause physical, emotional and psychological trauma, functional disability, psychological and emotional challenges due to burns.

A burn injury and its sequelae, both physical and mental are regarded as the most painful experience an affected person undergoes. The psychological and emotional aspects of adolescents are of utmost delicate nature, while care is concentrated on physiological recovery process on. The different stages of adjustment and psychological challenges, it is apt to assess systematically two major aspects like anxiety and depression, body image, disability aspects etc.

The main objective of this research was to determine the prevalence of anxiety and depression in adolescent burns patients, and to study their emotional and psychological sequelae depending on nature and extent of injury.

A training program called “3-2-1-GO!” was initiated. James Partridge of Changing Faces, an NGO recommends a brief social skills training program called “3-2-1-GO!”

METHODOLOGY

In this study we included 60 cases of adolescent burns patients admitted to a tertiary care hospital in Bangalore with the biggest dedicated burns ward during January 2020 to December 2020.

Inclusion criteria

Burns of Mild, and moderate category up to 40%.

Adolescents in the age range of 12 to 18 years both male and female.

Informed consent was obtained from all the patients.

Exclusion criteria

Patients with co-morbid or pre-existing major psychiatric, mental disorders and relevant past history of epilepsy and mental retardation were excluded.

Severe degree of burns (more than 50%).

Tools and techniques

21-point Beck’s anxiety and Beck’s Depression inventory was used to assess anxiety and depression in these adolescents.

Self Esteem Inventory has 12 statements rated on a 5 point scale, with 1 as strongly agree and 5 being strongly disagree (min 12, max-60) lower the score higher the self esteem.

Statistical analysis was carried out using SPSS version II.

Descriptive statistics like mean was calculated for age. Results and observations Out of 60 adolescents in the present study, 35% were females and rest 25% were males. The mean age of patients was 14 years. 22 male and 30 female sustained accidental burns and 3 male and 5 female sustained suicidal burns.

RESULTS

Table no 1: indicating number of adolescents with types of burns

	Male	Female
Total number of adolescents	25	35
Mean age	14 years	14 years
Accidental burns	22	30
Suicidal burns	03	05

Beck's anxiety inventory was administered and the results reveal that of the 60 adolescents 58 of them had anxiety of which 10 were mild, 22 were moderate and 26 had severe anxiety.

Table no 2: indicating number of adolescents with Anxiety.

Anxiety	Mild	Moderate	Severe
58	10	22	26

Beck's Depression inventory was administered and the results reveal that of the 60 adolescents all of them had depression of which 10 were mild, 22 were moderate and 28 had severe depression.

Table no 3: indicating number of adolescents with Depression

Depression	Mild	Moderate	Severe
60	10	22	28

Of the 60 patients, 35 were females and 25 were males. The mean age of participants was 14 years. Majority of victims (58%) sustained burn injuries ranging from 25%-30%. Accidental burns were the most common factor in 52 cases and remaining 8 cases were suicidal burns. Anxiety was seen amongst 58 cases, out of which 10 had mild, 22 had moderate and remaining 26 had severe anxiety scores. Depression was seen in all 60 patients, out of which 10 had mild, 22 had moderate and 28 cases had severe depression symptoms.

Table no 4: self esteem scores of the adolescents before and after the training programme:

Self esteem mean scores	Male	Female
Before training	35	48
After training	12	15

A training program called "3-2-1-GO!" was initiated. James Partridge of Changing Faces, an NGO recommends a brief social skills training program called "3-2-1-GO!"

3 things to do when someone stares at them,

2 things to say when someone asks them what happened (to cause the scars),

1 thing to think if someone turns away from them.

This program proved very effective in boosting their morale since it added as Imagery and acting out phenomenon took place at this juncture. The Therapy sessions lasted for three times a week each session lasted for 45 minutes for a period of 8 weeks. These techniques were used to lower Depression and enhance Self Esteem.

DISCUSSION

Burns causes permanent damage which leads to permanent disability with which comes the low self esteem and low body image. Depression and anxiety follows as the adolescents who

Psychological and Emotional Challenges of Adolescents with Burns

are still in their budding teens are scarred for life this study helped them to understand and ascertain the fact that there are correctional surgeries and reconstructive surgeries which could help them gain normalcy as far as the disfigurement is concerned and that it is their self esteem that will hold them and bond their psychological well being.

The 1,2, 3 Go training programme instilled in them a sense of confidence and boosted their morale to face the world and we also included the significant others in their lives to be more understanding and co-operative at the same time make them resilient and independent. We also made them have talks with post burn survivors and their success stories to instil faith in them about their future.

Limitations

- Covid restrictions did not allow many follow ups.
- Long term study was not possible.

Future Directions

- A long term follows up study can be taken.
- Number of participants can be increased

CONCLUSION

60 adolescents with accidental and suicidal burns were found to have anxiety, depression low self-esteem and low body image, a training programme to enhance their psychological resilience along with their physiological recovery.

REFERENCES

- Attia AF, Sherif AA, Mandil AM, Massoud MN, Abou-Nazel MW, Arafa MA. Epidemiological and sociocultural study of burn patients in Alexandria, Egypt. *Eastern Mediterranean Health Journal* 1997;3(3):452-61.
- Beck AT, Steer RA, Ball R, Ranieri W (December 1996). "Comparison of Beck Depression Inventories -IA and -II in psychiatric outpatients". *Journal of Personality Assessment* 67 (3): 588-97.
- Blakeney P, Herndon D, Desai M, Beard S, & Wales-Sears P. Long-term psychological adjustment following burn injury. *J. of Burn Care and Rehabilitation* 1988; 9(6): 661-665.
- Blakeney, P., Meyer, W., III, Robert, R., Desai, M., Wolf, S., and Herndon, D. Long-Term Psychosocial Adaptation of Children Who Survive Burns Involving 80% or Greater Total Body Surface Area. *J Trauma* 1998;44(4):625-32.
- Byers JF, Bridges S, Kijek J, La Borde P. Burn patients' pain and anxiety experiences. *J Burn Care Rehabil* 2001;22(2):144-9.
- Faber A, Klasen H, Sauer E, & Vuister F. Psychological and social problems in burn patients after discharge: A follow-up study. *Scandinavian J. of Plastic and Reconstructive Surgery* 1987; 21(3): 307-309.
- Haynes, B. W., Jr. and Bright, R. Burn Coma: a Syndrome Associated With Severe Burn Wound Infection. *J Trauma* 1967;7(3):464-75.
- Lal P, Rahi M, Jain T, Ingle GK. Epidemiological study of Burn Injuries in a Slum Community of Delhi. *Indian J Community Med* 2006; 31(2):96-7.
- Landolt MA, Grubenmann S, Meuli M. Family impact greatest: Predictors of quality of life and psychological adjustment in pediatric burn survivors. *J Trauma Injury Infect Critical Care* 2002; 53:1146-51.

Psychological and Emotional Challenges of Adolescents with Burns

- Loncar Z, Bras M, Mickovic V. The relationships between burn pain, anxiety and depression. *CollAntropol* 2006; 2:319–25.
- Moore MJ, Moore PB, Shaw PJ (October 1998). "Mood disturbances in motor neuron disease". *Journal of the neurological sciences*. 160 Suppl 1: S53–6.
- P. K. Dalal, Rahul Saha, Manu Agarwal Psychiatric aspects of burns. *Indian J Plast Surg*. 2010 September; 43(Suppl): S136–S142.
- Ptacek JT, Patterson DR, Heimbach DM. Inpatient depression in persons with burns. *J Burn Care Rehabil* 2002;23(1):1–9.
- Tejerina C, Reig A, Codina J, Safont J, Baena P, Mirabet V. An epidemiological study of burn patients hospitalized in Valencia, Spain during 1989. *Burns* 1992;18(1):15–8.
- Thomas BD, Bresnick GM, Magyar-Russell G, Lawrence JW, McCann UD, Fauerbach JA. Depression in survivors of burn injury: A systematic review. *Gen Hosp Psychiatry* 2006; 28:494–502.
- Thombs BD, Haines JM, Bresnick MG, Magyar-Russell G, Fauerbach JA, Spence RJ. Depression in burn reconstruction patients: symptoms prevalence and association with body image dissatisfaction and physical function. *Gen Hosp Psychiatry* 2007;29(1):14–20.

Acknowledgement

To all the patients and their relatives without whom this study would not have materialised.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Vaniprabha G V & Madhusudhan S (2022). Psychological and Emotional Challenges of Adolescents with Burns. *International Journal of Indian Psychology*, 10(1), 361-365. DIP:18.01.032.20221001, DOI:10.25215/1001.032