

## Routine Mental Health Screening and its Role in Recovery of Surgical Patients in a Multi Speciality Hospital

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### ABSTRACT

Routine mental health checkups and screening of surgical patients in Multi speciality Hospitals plays a significant role in their physical recovery process. It helps the patient's ability to heal, cope with mental illness like stress and anxiety or depression that are likely to occur after surgery leading them to have difficulty in adhering to the treatment plans and recovery process. By integrating mental health screening into medical care, there can be a noticeable difference in the patient's physical and emotional well being. This study is focused at exploring the critical role of routine mental health checkups in multispecialty hospitals and what impact it has on patient recovery and wellbeing. By studying and analyzing data from 50 patients, I have equally divided between men and women, this research highlights the connection between mental health and its correlation with physical health outcomes. Using one-on-one question and answer sessions, I collected detailed information about each patient's mental health status before and after surgery. In this study, I have used qualitative research methodology to collect relevant information. The study aims to show how having a psychologist available for support positively affects patients' experiences in their hospital stay and recovery process. The findings reveal that there is a strong link between mental well-being and the recovery process, which demonstrates that addressing both mental and physical health is an essential for optimal patient care. This study highlights the need of treating patients as a whole in order to enhance recovery outcomes, and it supports the inclusion of routine mental health evaluations in routine medical procedures.

**Keywords:** *Mental health screening, Multi-Specialty Hospitals, Mental health, physical wellbeing*

### What is Mental Health?

“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” (World Health Organization: WHO, 2022). It includes the capacity to establish constructive relationships and cope with the everyday demands and stresses of life. It is an essential part of health and wellbeing that supports our capacity to make choices, form interpersonal bonds, and influence the world in which we live, both individually and

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Received: December 30, 2024; Revision Received: February 01, 2025; Accepted: February 05, 2025

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collectively. A fundamental human right is mental health. Additionally, it is essential for socioeconomic, communal, and personal growth.

The absence of mental diseases is only one aspect of mental wellness. It is experienced differently by each individual on a complex scale, with differing levels of difficulty and discomfort as well as possibly highly disparate social and clinical results.

Mental illnesses, psychosocial impairments, and other mental states linked to severe suffering, functional impairment, or self-harm risk are all considered mental health issues. Although it is not always or certainly the case, people with mental health disorders are more likely to have lower levels of mental well-being.

### ***The Importance of Mental Health in Healthcare***

The practice of psychology uses psychological knowledge to understand and treat mental, emotional, physical, and social functions. It also seeks to enhance behavior in various human activity settings, such as schools, workplaces, courtrooms, sports arenas, and even battlefields. Mental health plays a vital role in how individuals manage their lives, especially when facing physical health challenges.

Depression, substance abuse, and psychoses are the main causes of mental disorders, which make up about 14% of the world's disease burden. The true burden of mental illness is underestimated because the connection between mental and physical health is frequently disregarded. Physical health conditions can worsen mental illnesses, and mental disorders raise the risk of both communicable and non-communicable diseases, injuries, and treatment outcomes. There is still a lack of adequate, high-quality healthcare for people with mental illnesses. Programs that address HIV, TB, malaria, gender-based violence, maternal health, child nutrition, and chronic diseases must incorporate mental health interventions. Achieving objectives like gender equality, reducing infant mortality, improving maternal health, and battling HIV/AIDS requires strengthening healthcare systems, establishing clear mental health budgets, and integrating mental health awareness into social and health policies. (Prince, Martin et al.)

### ***The Connection Between Mental Health and Physical Outcomes***

Mental health significantly affects physical health outcomes. For instance, a study involving 620 young adults aged 18-35 found that nonbinary participants reported the highest levels of anxiety and depression, followed by female participants. Health status also played a role; those with both mental and physical health conditions reported the highest levels of anxiety and depression, followed by those with only mental health conditions, physical health conditions, and those with no health conditions. This demonstrates a clear connection between mental and physical health, where mental well-being can influence physical recovery and vice versa.

### ***Mental Health Support in Multi-Specialty Hospitals***

When we talk about mental health support for patients in multi-specialty hospitals, it means monitoring patients' emotions before surgery and overall health after surgery. Surgery can disrupt sleep patterns, increase overthinking, aggression, and loneliness, especially in older adults. This aspect of care is crucial yet often overlooked, which is why researching the topic of "Mental Health Screening and Its Impact on All Patients in Multi-Specialty

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Hospitals" is so important. It is a topic that needs more attention and awareness because mental health is a crucial component of overall health.

### ***Mental Health and Recovery in TKR Patients Aged 60-70***

Patients aged 60 to 70 undergoing TKR often face complex recovery challenges due to pre-existing comorbidities, chronic pain, and reduced mobility. Anxiety disorders, such as generalized anxiety disorder (GAD), exacerbate pre-surgical fears about outcomes, prolonging recovery times by impairing their ability to adhere to rehabilitation programs. Depressive disorders, particularly persistent depressive disorder (dysthymia), are also common in this age group and manifest as reduced motivation to participate in post-operative exercises or physical therapy, which are critical for restoring mobility and function.

Furthermore, older patients experience social isolation, amplifying feelings of hopelessness and negatively impacting their overall recovery. For instance, a 65-year-old patient with a long history of untreated depression struggled to maintain the consistent physical activity needed after TKR, leading to delayed improvements in joint function and mobility. Incorporating mental health screenings can help identify these issues early, allowing healthcare providers to implement targeted interventions, such as therapy or medication, that can significantly improve compliance with rehabilitation programs and overall recovery outcomes.

### ***Mental Health and Recovery in ACL Reconstruction Patients Aged 30-35***

In contrast, younger adults aged 30 to 35 undergoing ACL reconstruction often face different mental health challenges. Though the data for this category is very less, personal interaction helps to gain personal data of such patients. These individuals are frequently athletes or active professionals whose injuries disrupt not only their physical activities but also their identity and lifestyle. Anxiety disorders, such as social anxiety or panic disorders, may develop due to fears of reinjury, returning to physical activity, or meeting professional and personal expectations. For example, a 32-year-old athlete recovering from ACL surgery might experience heightened anxiety about returning to competitive sports, which could hinder their willingness to fully engage in rehabilitation exercises.

Depressive disorders are also prevalent in this group, as the extended recovery timeline can lead to frustration, feelings of helplessness, and decreased quality of life. The loss of physical independence or temporary inability to participate in sports or work-related activities may exacerbate these feelings. For instance, a 35-year-old professional with major depressive disorder (MDD) may struggle with the psychological burden of balancing work responsibilities and recovery, potentially leading to poor adherence to prescribed rehabilitation protocols.

### ***Addressing Bipolar and Psychotic Disorders in Surgical Recovery***

In both age groups, patients with pre-existing bipolar or psychotic disorders face additional challenges. For older TKR patients, mood instability or psychotic symptoms can complicate communication with healthcare providers and adherence to treatment plans. Similarly, younger ACL patients with these disorders may experience heightened emotional responses to pain and frustration during recovery, further affecting their progress. Early mental health screening ensures these conditions are managed effectively, reducing their impact on physical recovery.

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### ***The Value of Routine Mental Health Screening***

Routine mental health screenings for ACL and TKR patients allow for the identification of underlying psychological conditions that may otherwise go unnoticed. These screenings enable healthcare providers to implement a multidisciplinary approach, combining physical rehabilitation with psychological support to optimize outcomes. For example, integrating cognitive-behavioral therapy (CBT) for anxiety or depression can improve patient compliance with physical therapy, while mindfulness techniques can reduce stress and pain perception.

## **LITERATURE REVIEW**

### **Pre-operative Mental Health and Adverse Outcomes Following Total Knee Replacement: A Prospective Cohort Study:**

Total knee replacements (TKRs) are effective for treating severe osteoarthritis, but mental health issues like anxiety and depression may affect recovery outcomes. This study aimed to assess whether patients with pre-operative anxiety or depression experienced more complications following TKR surgery.

The study followed 206 patients undergoing TKR in England, with 35% reporting anxiety or depression before surgery. These mental health problems were not associated with an increased risk of adverse events like infections or bleeding at 3 months post-surgery. However, those with anxiety or depression were more likely to experience pain and difficulties with daily activities during early recovery. Despite these challenges, by 12 months post-surgery, their recovery in terms of overall function and quality of life was similar to those without mental health problems.

This highlights the influence of mental health on short-term recovery but shows that long-term outcomes can still be positive for those with anxiety or depression.

### **The Effect of Preoperative Nursing Visit on Anxiety and Pain Level of Patients After Surgery:**

Preoperative education plays a key role in reducing patient anxiety before surgery. This study aimed to explore the impact of nursing visits on anxiety and pain levels in patients undergoing laparoscopic surgery. Conducted as a randomized controlled trial in Istanbul, 135 patients were divided into two groups: an experimental group educated by operating room nurses and a control group educated by service nurses. The State-Trait Anxiety Inventory and the Visual Analog Scale were used to measure anxiety and pain.

The study found that while both groups had similar levels of pre-education anxiety, the experimental group educated by operating room nurses showed a greater reduction in anxiety after the education session ( $P < .001$ ). However, postoperative anxiety and pain levels were similar for both groups ( $P > .05$ ).

These findings suggest that preoperative visits from operating room nurses can effectively reduce anxiety in patients before laparoscopic surgery. Integrating operating room nurses into preoperative care and enhancing their training could further improve patient outcomes.

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### Impact of Mental Health on General Surgery Patients and Strategies to Improve Outcomes:

Mental Health Disorders (MHD) are increasingly recognized as influential factors in surgical outcomes. Recent research highlights the significant impact of MHD on patients undergoing general surgery. Individuals with conditions such as schizophrenia have been shown to experience the poorest surgical outcomes, including increased post-surgical pain, longer hospital stays, higher rates of complications, readmissions, and mortality. Additionally, patients with MHD face challenges such as delayed wound healing and decreased quality of care.

Addressing these concerns requires the implementation of more effective perioperative screening tools and interventions. Enhanced screening tools could integrate artificial intelligence, mental health data, resilience markers, and patient-reported mental health questionnaires to better identify at-risk patients. Interventions aimed at improving surgical outcomes in patients with MHD may include cognitive behavioral therapy, virtual reality, spiritual support, pharmacological treatment, and resilience training.

These strategies hold promise in optimizing both mental and physical health, ultimately improving recovery and reducing complications.

### **METHODOLOGY**

This study assessed the connection between surgical patients' physical and mental health outcomes at a multispecialty hospital using a *qualitative research approach*. The method offered deep insights into the function of mental health care in patient rehabilitation by focussing on individual experiences. A purposeful selection was applied to pick a sample of 50 patients, evenly split between men and women, who had had surgery mainly TKR and were ready to talk about their experiences with their physical and mental health. Both before and after surgery, arranged one-on-one interviews were used to gather primary data. Open-ended questions were used to elicit in-depth answers about anxiety, emotional support, and general well-being. Consistency was guaranteed by a standardised interview guide, and thorough data collection was made easier by consenting to take notes. Informed permission, confidentiality, and voluntary involvement were among the ethical issues that were thoroughly examined to guarantee that patient rights and privacy were respected. Key themes, including preoperative anxiety, the need for emotional support, and postoperative recovery experiences, were identified by manual coding and thematic analysis of the data. The small sample size and dependence on self-reported data, which may introduce biases and limit the findings' generalisability, hampered the study's qualitative approach, despite the fact that it yielded rich and thorough insights. However, the qualitative method was thought suitable for capturing the complex interaction between physical recovery and mental health assistance, providing a comprehensive knowledge that enhances quantitative research.

### *Research Objectives*

The objective of this research is to emphasize the critical role of routine mental health screenings in enhancing both physical and mental recovery outcomes for patients undergoing surgical procedures, particularly anterior cruciate ligament (ACL) reconstruction and total knee replacement (TKR). Mental health conditions, as outlined in the DSM-5, have a profound impact on an individual's ability to manage the physical and emotional stress associated with surgery and recovery. By tailoring the focus to specific patient groups—

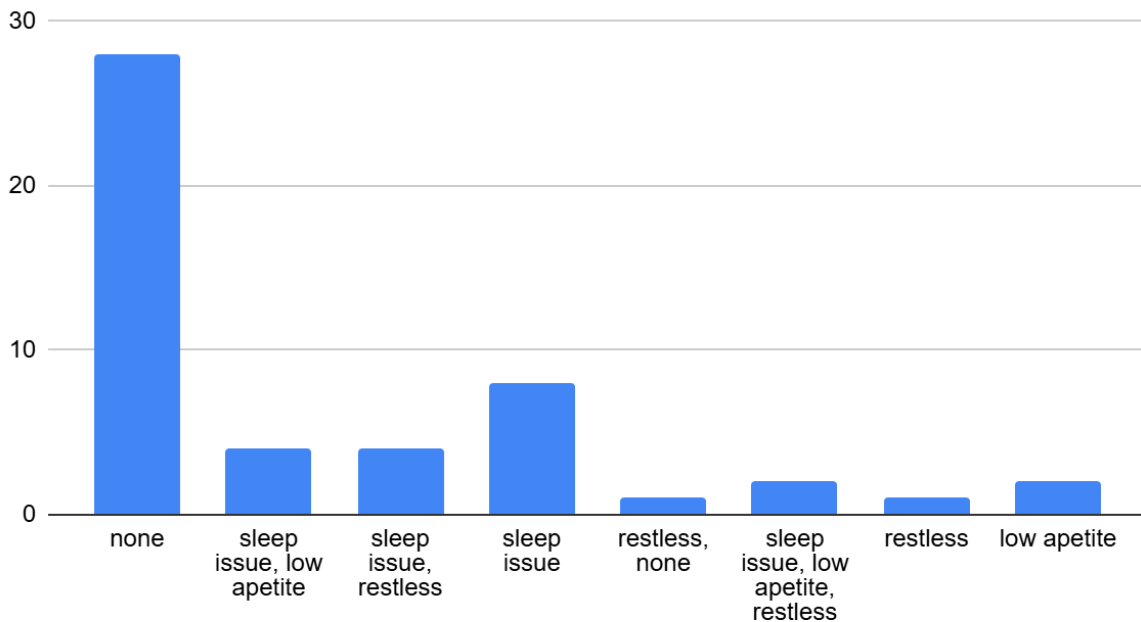
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older adults aged 60 to 70 undergoing TKR and younger adults aged 30 to 35 undergoing ACL reconstruction—this study aims to highlight the unique challenges and benefits of integrating mental health assessments into their care plans.

### RESULTS AND DISCUSSION

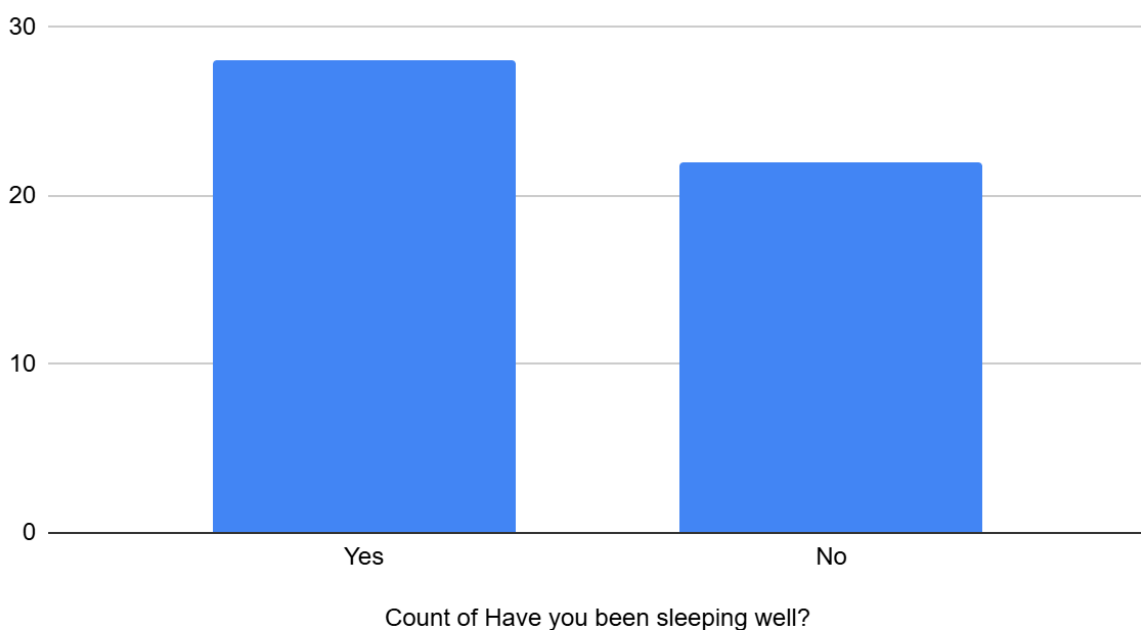
*Figure 1. Patients who faced issues with sleep, appetite and restlessness before Surgery.*

Count of sleeping, eating or resting issues pre surgery.



*Figure 2. Patients and their sleep cycle after surgery.*

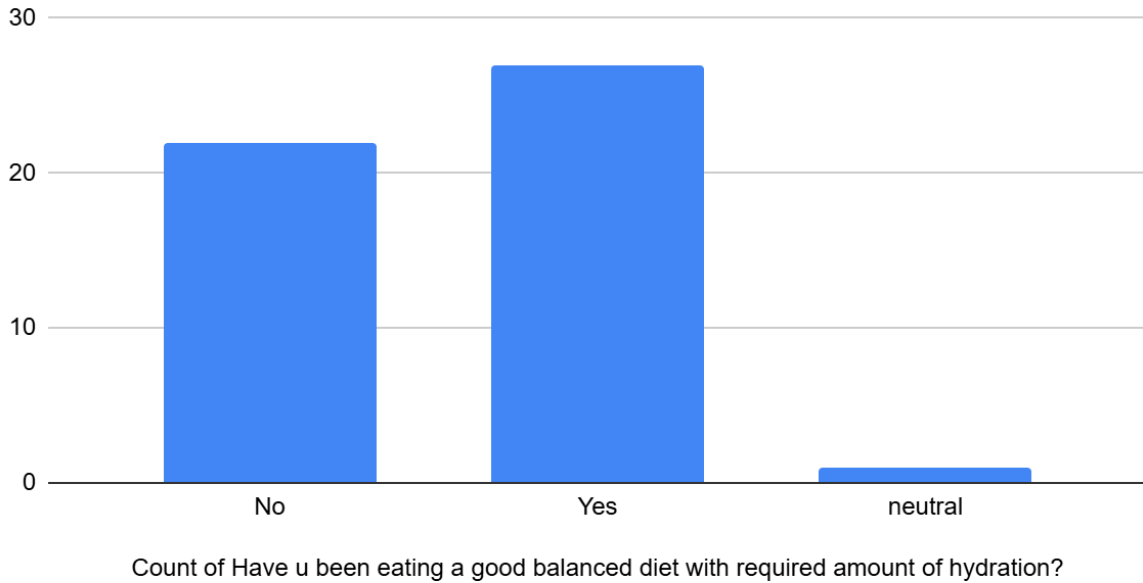
Count of good sleep post surgery



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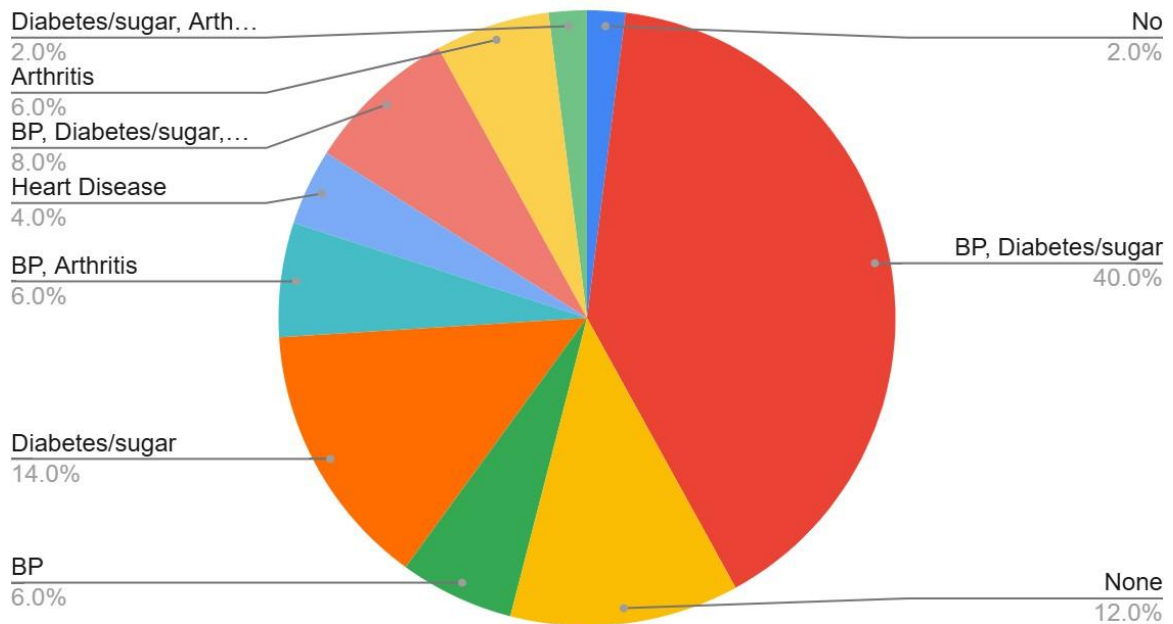
**Figure 3. Patients and their diet / appetite post surgery.**

Count of a good balanced diet with required amount of hydration



**Figure 4. Medical history of Blood Pressure, Heart Disease, Sugar/Diabetes that may contribute to complications during recovery.**

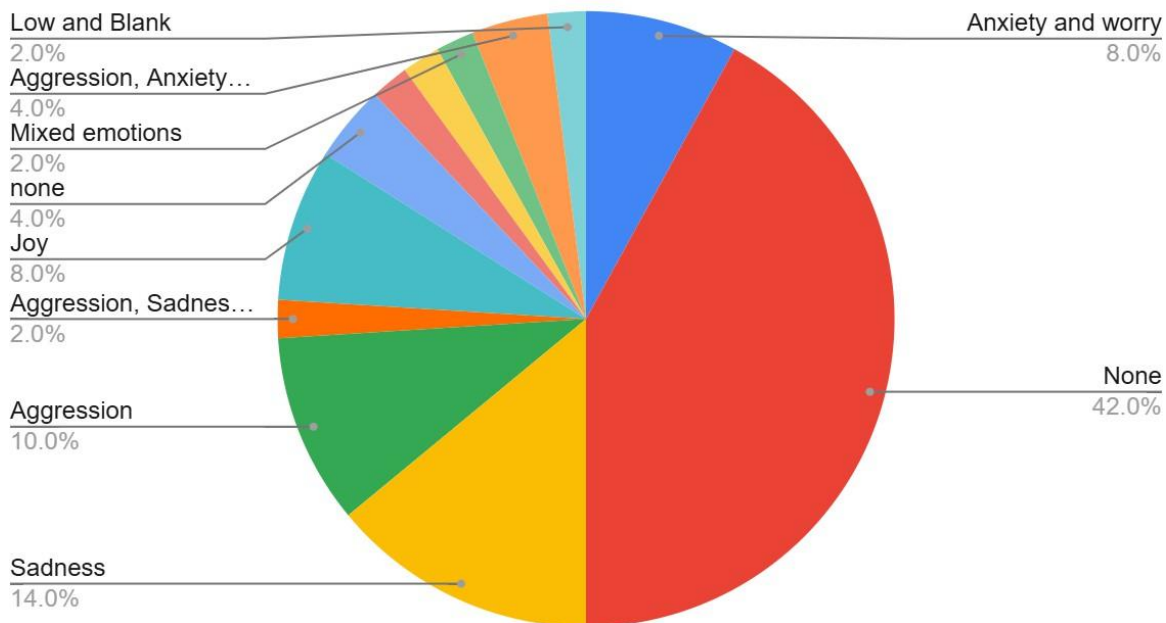
Count of Medical History



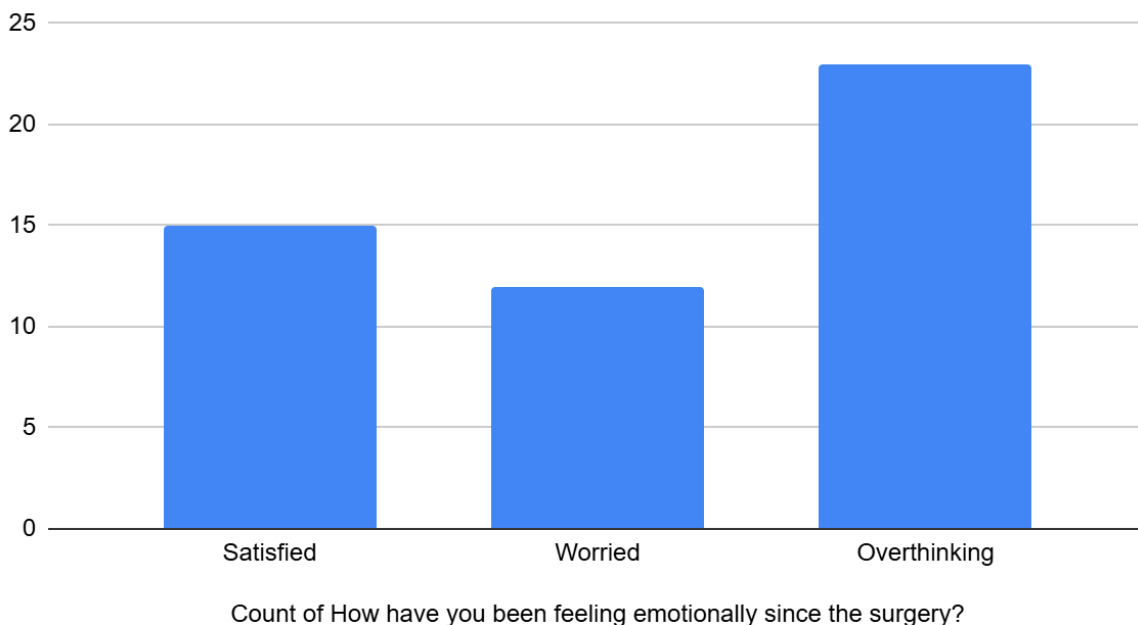
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**Figure 5 and 6. What kind of hyped up emotions did the patients face and struggled with before and right after surgery.**

**Count of Hyped emotions issue**



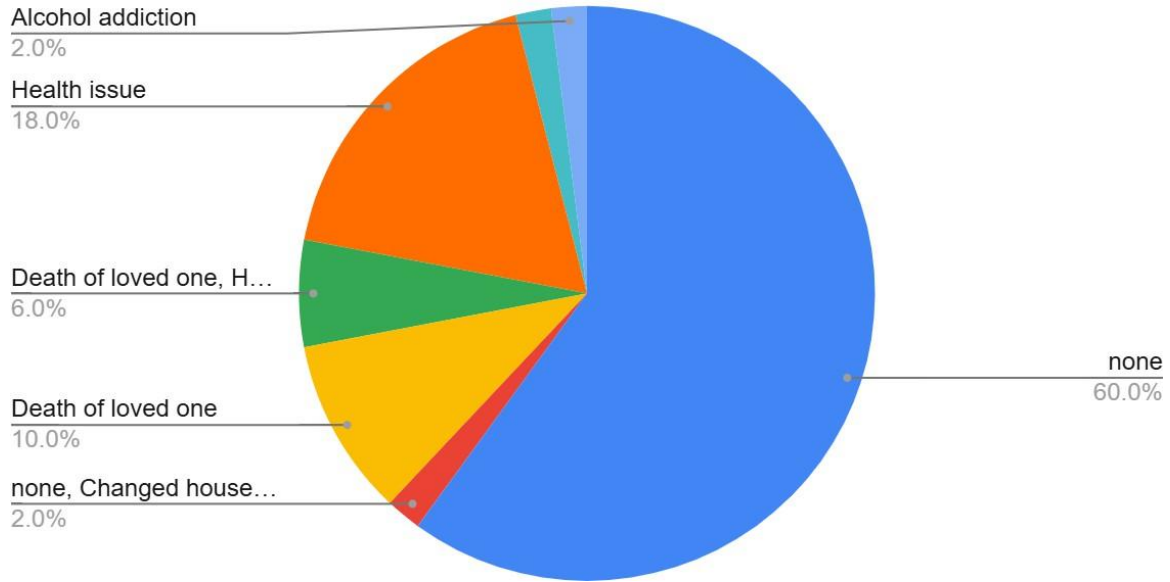
**Count of what they were feeling emotionally since the surgery**



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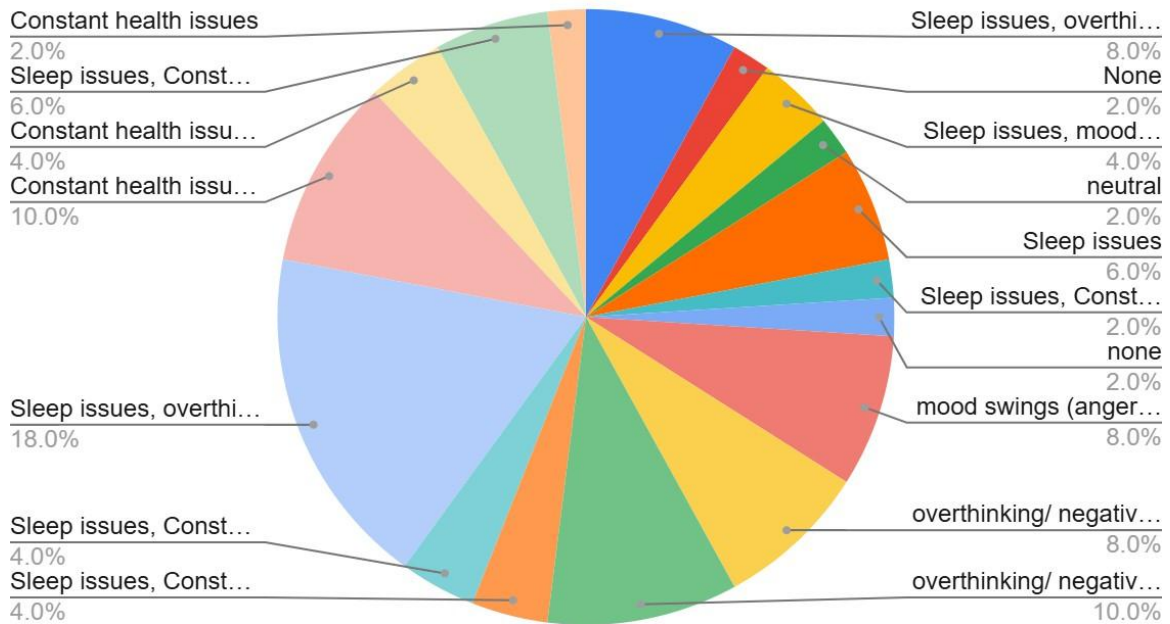
**Figure 7. What are the past/childhood trauma patients have that contributed to certain belief systems and negative coping patterns?**

Count of Past trauma that might have had heavy impact on the patient's mental health



**Figure 8. If there were more health complications after surgery that might have affected them emotionally.**

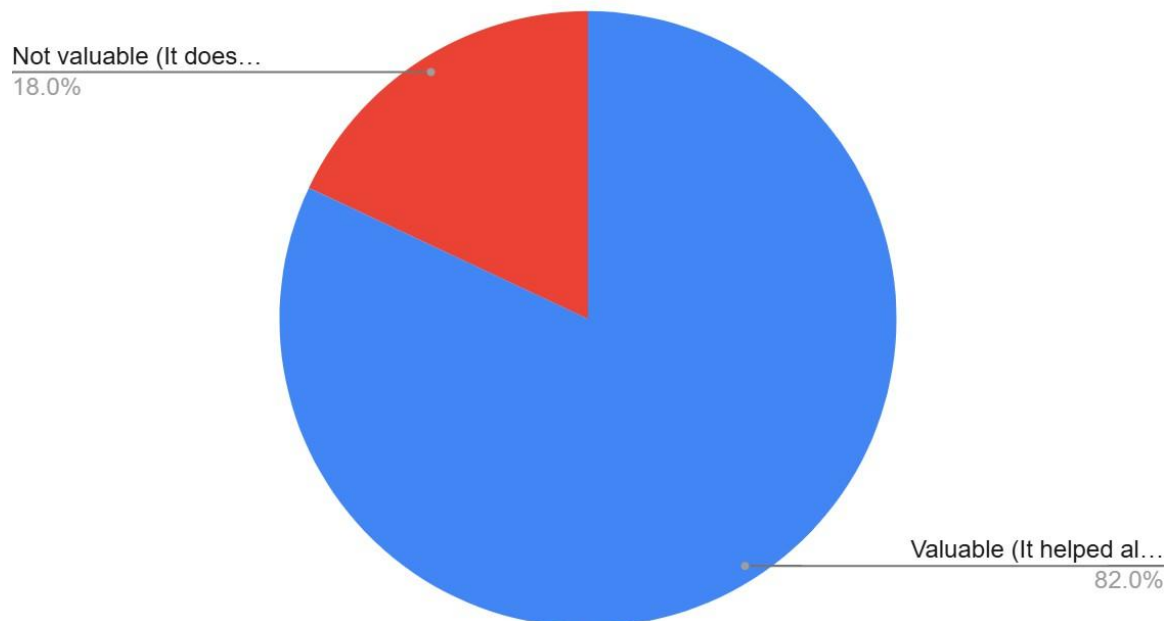
Count of change in Health after surgery



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*Figure 9. How helpful did patients personally find when they had a psychologist to talk to everyday during their hospital stay.*

Count of psychologist to talk to during stay in the hospital



The results of surgery patients' preoperative and postoperative mental health evaluations highlight how important it is to take care of psychological well-being in order to promote better recovery outcomes. Emotional states including melancholy, aggressiveness, and concern were commonly detected prior to surgery, and many patients experienced tension, anxiety, and sleep difficulties. A significant 20% had a history of mental health issues such as depression, obsessive thinking, or dependence on sleep aids, and some people's emotional suffering was exacerbated by traumatic life experiences. Support networks, such as having family or friends nearby, were linked to reduced levels of discomfort, especially in younger patients. In contrast, elderly persons (60 years of age and older) reported greater levels of stress and turned to coping strategies like praying or doing mental and physical activities like watching series or exercising. Additionally, gender inequalities surfaced, with males more likely to display hostility or detachment and women more likely to experience melancholy and emotional discomfort. Patients had a variety of feelings after surgery, such as relief, happiness, concern, despair, and overthinking. Particularly among those with long-term illnesses like diabetes or heart disease, negative self-talk, mood fluctuations, and sleep difficulties were common. However, coping strategies including praying, working out, doing things, and getting back in touch with family were important for emotional healing. Although a small percentage of patients reported no apparent benefit, psychological care during hospital stays proved useful for the majority of patients, providing emotional relief and promoting healthier coping skills.

By showing that patients who got emotional support and developed healthy coping strategies had higher levels of satisfaction with their treatment and a more positive perspective at the time of discharge, the study emphasises the close relationship between mental health and physical recovery. In order to address sleep and anxiety problems, support vulnerable populations, and promote comprehensive recovery outcomes, My findings highlight the

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need of including mental health screening and focused psychological therapies into surgical care.

### DISCUSSION

This study highlights the critical role of mental health screening in enhancing post-surgery recovery outcomes in multispecialty hospitals. The findings reveal that patients frequently experienced emotional challenges such as *overthinking*, *anxiety*, *sadness*, *sleep disturbances*, and *mood swings*, particularly those with pre-existing conditions like *BP*, *diabetes*, *arthritis*, and *heart disease*. Women reported higher emotional distress, while men often exhibited emotional detachment or aggression. Older patients were notably more vulnerable to stress and relied on coping mechanisms like prayer and family support, emphasizing the need for age-specific psychological interventions. A key takeaway was the overwhelmingly positive response to psychological support, with most patients stating it significantly relieved their anxiety and emotional distress, describing it as “*helpful*” and “*valuable*.” However, a small portion of patients felt the support did not make a significant difference, reflecting individual variability in receptiveness to mental health care. The study underscores a strong connection between mental well-being and physical recovery, with patients who adopted coping strategies such as *exercise*, *prayer*, and *family engagement* showing better emotional stability and recovery satisfaction. These findings emphasize the importance of integrating routine mental health screenings into standard medical care, allowing for timely interventions to address emotional concerns. Such a holistic approach ensures optimal recovery outcomes, particularly for at-risk groups like older adults and those with chronic health issues. While the qualitative nature and small sample size limit the study's generalizability, future research with larger samples and longitudinal designs can further validate these findings and explore long-term impacts. Ultimately, this research advocates for treating patients as whole individuals by addressing both mental and physical health, promoting overall well-being and recovery.

### CONCLUSION

The study highlights the critical role of mental health in patient recovery, emphasizing the need for its integration into routine care. Preoperative observations revealed common issues like anxiety, tension, and disturbed sleep, with over 20% of patients having a history of mental health challenges. Gender differences were notable, with men showing aggression and detachment while women reported higher emotional distress. Younger patients coped better due to stronger social support, whereas older patients relied on solitary strategies, often leading to heightened stress. Postoperative findings showed mixed emotions such as relief, gratitude, and lingering concerns, with younger patients recovering faster emotionally and physically. Patients receiving psychological support reported reduced anxiety, better coping, and a sense of control. The study found a clear link between stable mental health and quicker recovery, highlighting the need for gender-specific interventions and routine mental health evaluations in pre- and post-surgical care. These findings underscore the importance of addressing mental health to optimize patient outcomes and promote holistic well-being. In conclusion, mental health is deeply intertwined with physical recovery, especially for surgical patients facing the demanding rehabilitation processes of TKR and ACL reconstruction. By prioritizing routine mental health assessments, healthcare providers can ensure a holistic approach to care, addressing both physical and psychological needs. This integration not only enhances recovery outcomes but also improves the overall quality of life for patients across different age groups.

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### **Acknowledgment**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Hiteshwari, B. & Deep, P. (2025). Routine Mental Health Screening and its Role in Recovery of Surgical Patients in a Multi Speciality Hospital. *International Journal of Indian Psychology*, 13(1), 603-614. DIP:18.01.056.20251301, DOI:10.25215/1301.056