

Clinician Knowledge, Attitudes, and Confidence Related to the Diagnosis and Management of Somatic Symptom Disorder (SSD) in a General Hospital Setting.

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INTRODUCTION

- **Somatic Symptom Disorder (SSD)** has a high prevalence but is poorly understood and managed in various healthcare settings worldwide (1).
- Although effective treatments exist, many patients with SSD are undiagnosed and hence their underlying psychological conditions are often unrecognised and untreated, adding to patients' experience of significant symptom-related disability, distress, and functional impairment.
- Diagnostic terminology used to describe such conditions at the interface between psychiatry and medicine has historically been challenging.
- **Our study examined clinicians perceptions about SSD in an Australian general hospital setting.**
- It was the first step towards developing a greater understanding of the barriers in providing care to patients with SSD in our health district, and part of an innovative service development initiative. It was an opportunity for Consultation-Liaison Psychiatry trainees and Neurology to collaborate and begin to co-design a model of care for patients with SSD.

METHODS

- **Anonymous, voluntary, 24-question online survey** (8 demographics, 15 core questions, and 1 free-text comments) conducted across a large, geographically diverse health district in regional New South Wales, Australia, over 3 months in 2020.
- Our survey was generated with knowledge of other published questionnaires (2).
- **Descriptive statistics and linear regression were used to identify clinicians' perceptions, and to examine for associations between clinician characteristics and four primary outcome domains** (Figure 1). Free-text responses were subjected to exploratory qualitative analysis for themes.

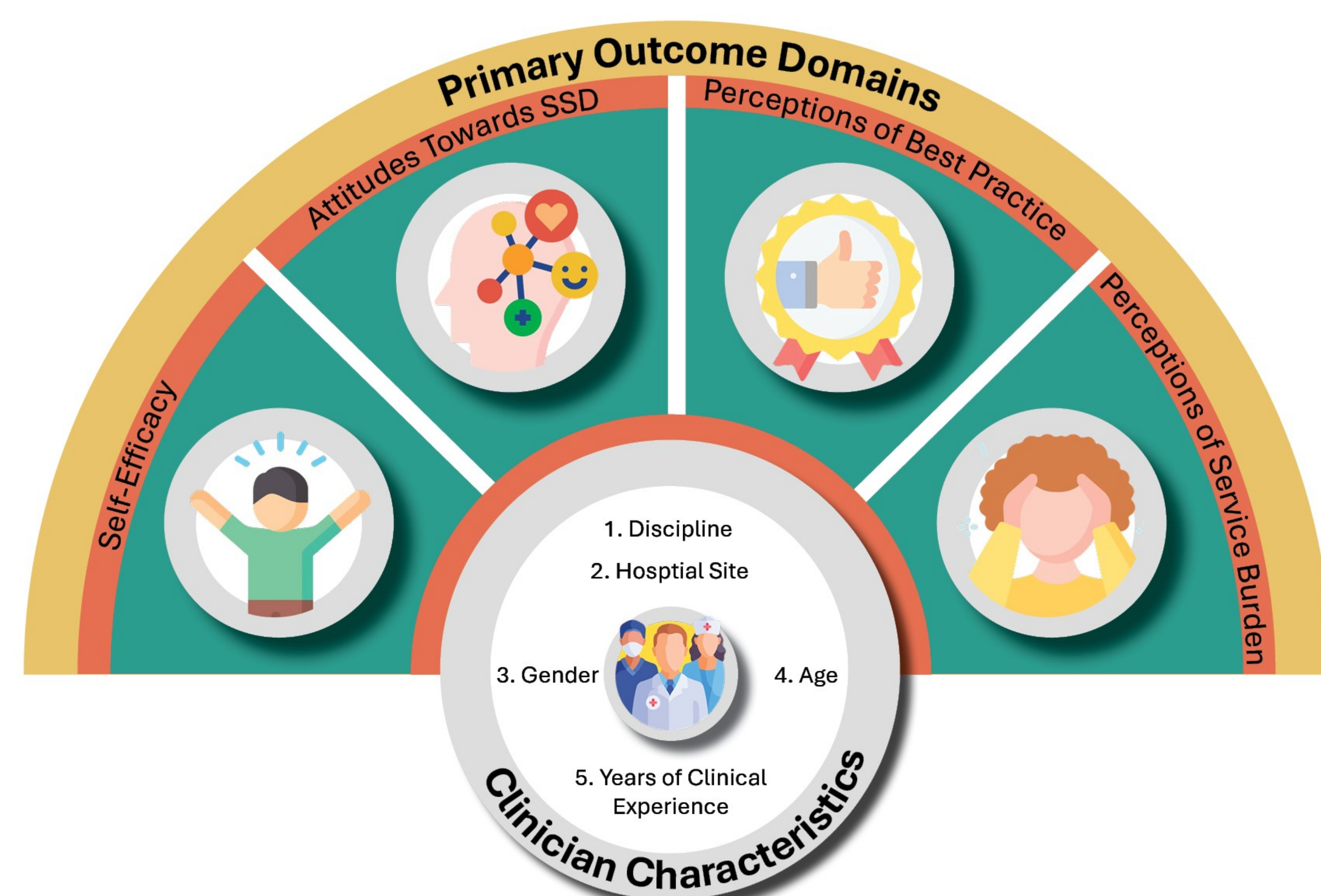


Figure 1: Clinician characteristics and primary outcome domains.

RESULTS

- **317 multidisciplinary clinicians responded.**
- **68.3% reported direct experience caring for patients with SSD**, yet only a minority reported a higher level of knowledge and confidence in diagnosis and management.
- **Only 23.4% reported a positive attitude towards patients with SSD.**
- 'Functional Neurological Disorder' (62.5%) was the most preferred terminology, followed by 'Somatic Symptom Disorder' (32.2%) (Figure 2).
- **While 92.4% felt SSD is best managed by a multidisciplinary team, 44.5% perceived it difficult to assemble.**
- **Only 11.7% of respondents disagreed with the view that patients with SSD pose a significant burden to the health system** (Figure 3).
- There was no significant difference in responses from clinicians working in the quaternary teaching hospital compared to small, peripheral hospitals.
- **Clinician characteristics associated with increased self-efficacy in responding to SSD included disciplines of Psychiatry and Psychology, years of clinical experience, and female gender.**

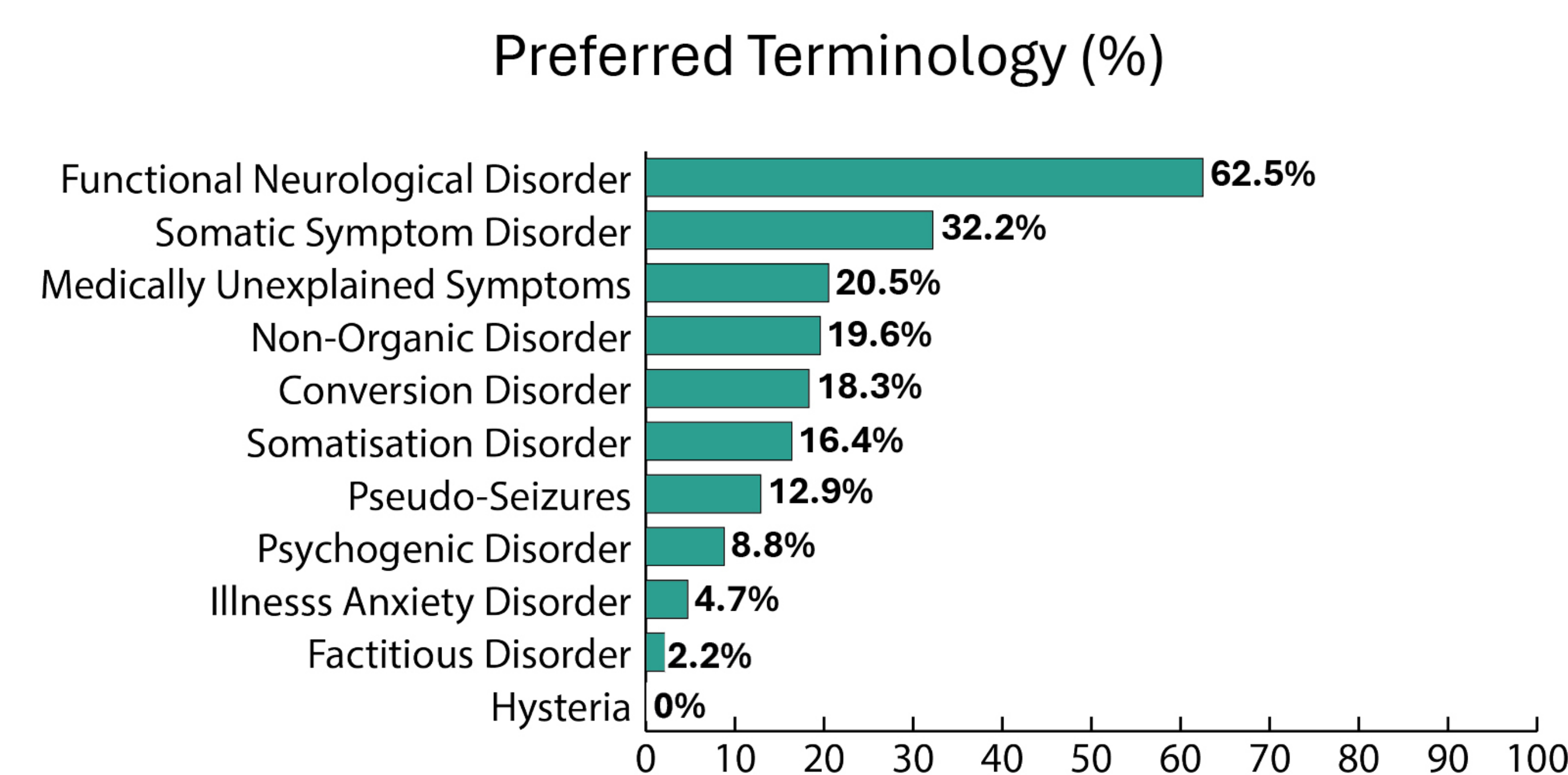


Figure 2: Preferred terminology in communicating a diagnosis of SSD.

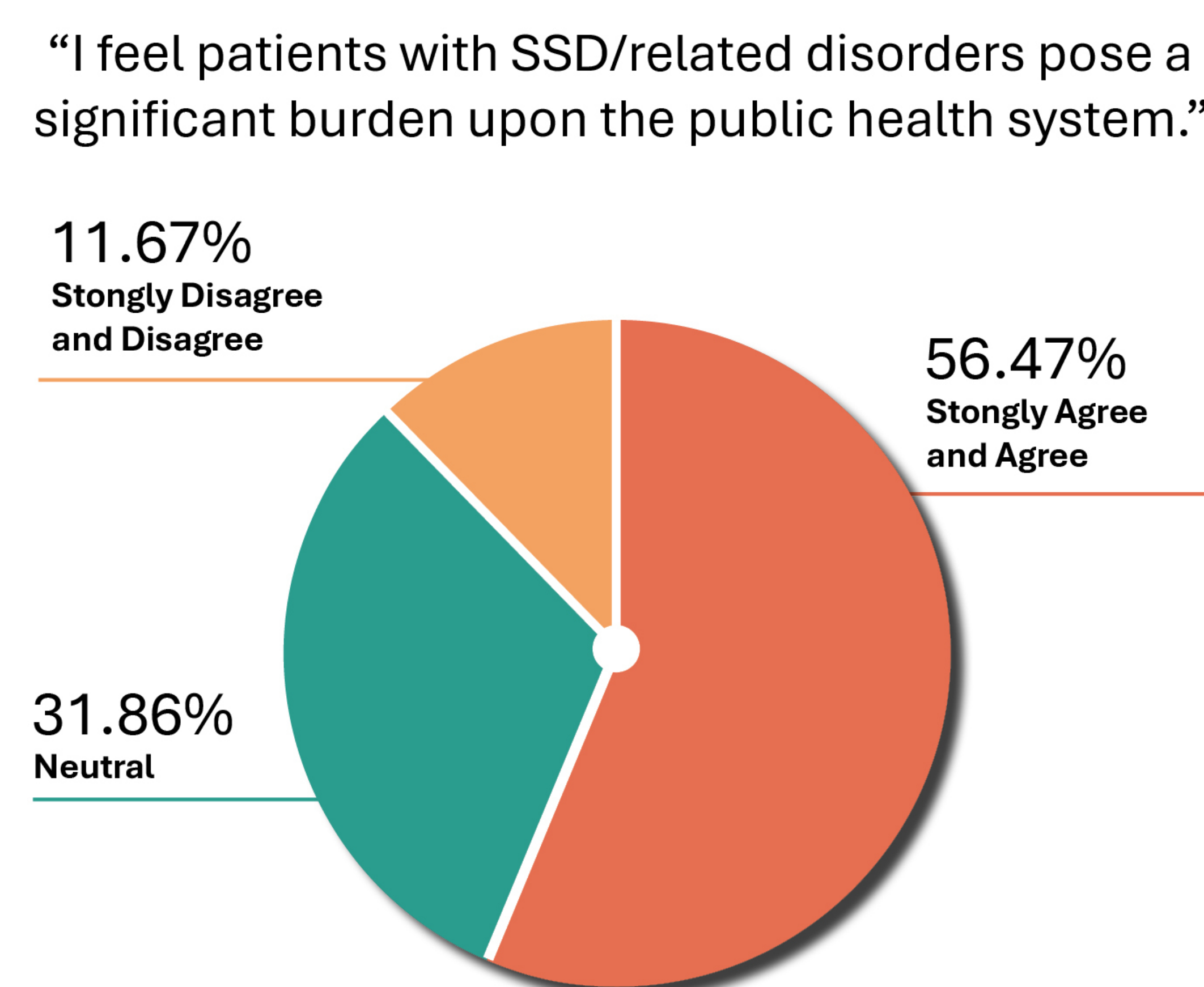


Figure 3: Perception of service burden.

RESULTS

Themes in the free-text comments:

1. **Variation in understanding of nomenclature and disease categories** "There are a substantial number of patients surgeons deal with who self-harm... many characteristics in common and cross-over", and terms like "mentally unwell" and "borderline personality disorder" were used.
2. **Concern about gaps in existing service provision and need for specialised hospital treatment pathways** "We desperately need better models of care to meet the needs..."
3. **Need for additional education and training, and lack of clinician knowledge and expertise particularly in the Emergency Department** "Education for nursing staff in the emergency department is needed as we are frequently exposed to these patients with no prior learning to address same..."
4. **Sense of frustration when managing SSD.**
5. **Interest in quality improvement.**

CONCLUSIONS

- Our large, multidisciplinary survey supports the view that SSD is a significant issue in Australian public hospitals.
- **While clinicians frequently encounter SSD, the majority do not have a positive attitude towards these conditions and lack the knowledge and confidence to diagnose and manage SSD appropriately, with limited access to multidisciplinary care.**
- Future research and interventions are needed to bring clinician attitudes and confidence in line with SSD epidemiology and disease burden.
- **Our study informed future high-yield innovations for our health district: emphasis on creating multidisciplinary teams to manage SSD; designing hospital treatment pathways; and training interventions including a communication skills simulation workshop on SSD for Emergency Department clinicians.**

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