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Critical considerations to facilitate multidisciplinary care for survivors of firearm injury

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Biesboer *et al*[1] address critical care gaps for survivors of firearm injury, modeling early screening and intervention for symptoms of post-traumatic stress disorder, depression, pain, and other measures of physical and mental health through multidisciplinary care. Prioritizing this care in early recovery can help mitigate the future development of adverse physical and mental health outcomes. These models of multidisciplinary care are increasing nationally and vary in structure and services provided.[2 3]

Early provision of mental healthcare in survivors of firearm injury is imperative.[2–5] Barriers include the stigma of mental healthcare, lack of trust in providers, provider incongruity, and the utilization of informal channels of mental healthcare.[4 5] This indicates the need for services that attend to the cultural congruence between patients and providers and the familial, societal, and systemic factors influencing access to mental healthcare.[4 5]

A key strength of the Trauma Quality of Life (TQoL) Clinic is the inclusion of hospital responders from the violence intervention program who work to reduce stigma and build trust between the survivors and the healthcare team.[4] The Health Alliance for Violence Intervention provides national certification training for these types of providers as violence prevention professionals, who were added to the Provider Taxonomy of the National Uniform Claim Committee in 2015.[6] As credible messengers from the community and trained professionals, they serve as a connection between the hospital visit and follow-up care, including connection to community-based resources.

As stated by the study team, future work can explore the influence of clinical factors on chronic pain, the feasibility of multidisciplinary care in settings with varying levels of institutional resources, and the effectiveness of this model in supporting comprehensive healing in firearm-injured patients with less severe injuries, that is, those discharged from the emergency room.

The TQoL is not the only model of firearm injury survivorship clinics. Biesboer *et al* acknowledge that collecting data in the TQoL was a limitation for several reasons, including having patients return to the hospital, which may be prohibitive for some. One solution is a community-based multidisciplinary model demonstrated by the Bullet Related Injury Clinic (BRIC) in St Louis, Missouri.[3] This model uses similar providers but is situated in the community where patients may think more secure. Partnerships between hospitals and community-organized clinics such as BRIC can improve follow-ups and alleviate the limitations of hospital-based clinics. Both models can improve outcomes and are welcome additions to the care of firearm injury survivors.

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REFERENCES

1 Biesboer EA, Brandolino A, Tomas CW, Johnson IR, deRoon-Cassini T, Timmer-Murillo S, Schroeder ME, DeMoya M, Trevino C. Firearm injury survivors report extreme high risk for poor physical and mental health outcomes early after hospital discharge necessitating multidisciplinary care. *Trauma Surg Acute Care Open* 2025;10:e001336.
2 Livingston DH, La Bagnara S, Sieck D, Yonclas P, Castellano C, Cho C, Walling PA, Mosenthal AC. The Center for Trauma Survivorship: Addressing the great unmet need for posttrauma center care. *J Trauma Acute Care Surg* 2020;89:940–6.
3 Hayes JM, Hann I, Punch LJ. The Bullet Related Injury Clinic-Healing the Deep Wounds of Gun Violence. *JAMA Surg* 2022;157:167–8.
4 Sharpe TL, Iwamoto DK. Psychosocial aspects of coping that predict post-traumatic stress disorder for African American survivors of homicide victims. *Prev Med* 2022;165:107277.
5 Magee LA, Ortiz D, Adams ZW, Marriott BR, Beverly AW, Beverly B, Aalsma MC, Wiehe SE, Ranney ML. Engagement With Mental Health Services Among Survivors of Firearm Injury. *JAMA Netw Open* 2023;6:e2340246.
6 The HAVI. The havi — violence prevention professional training | health alliance for violence intervention. 2023. Available: https://www.thehavi.org/violence-prevention-professional-training [Accessed 24 May 2023].

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