



# Guideline for mental health specialists:

For how to use and work with the

## Plast-IQ™ Psychological Pre-Screening tool (PPS)

Dated: March 2023

### Contents

1. Intro and background .....	2
Figure 1 .....	2
2. Some key principles, and boundary conditions.....	3
3. For you specifically - if you are a psychiatrist.....	4
Figure 2 .....	4
4. For you specifically - if you are a mental health specialist but not a psychiatrist.....	5
Figure 3 .....	5
5. Work context and work process.....	5
6. Confidentiality and personal data .....	6
7. “Duty of care” .....	6
Appendixes .....	7
Appendix 1: Summary of some existing science .....	7
Appendix 2: Copy of Referral Form .....	7

## 1. Intro and background

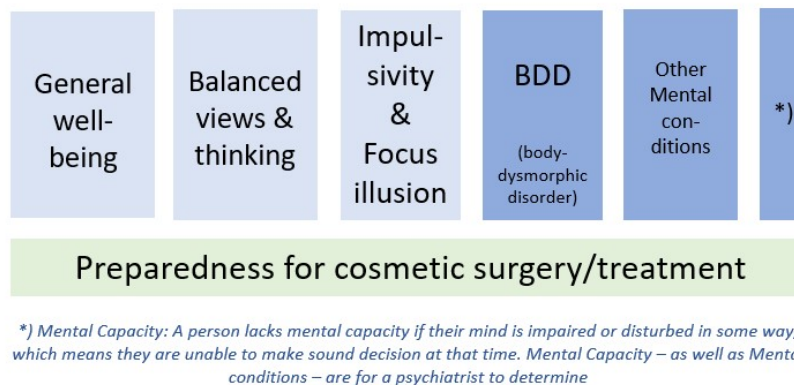
The Plast-IQ™ Psychological Pre-Screening tool (PPS) is a tool that helps assess and address mental preparedness of people who are considering cosmetic surgery or cosmetic treatment. It does so in a holistic and comprehensive way, which is based on best available evidence (see Appendix 1 below).

The PPS is not diagnostic – i.e. it does not establish any mental diagnosis. It does not produce any rigid conclusions or demands on either the user nor the cosmetic professional prior to cosmetic surgery or cosmetic treatment.

However – and as a primary purpose – the PPS assesses and suggests “indications” of BDD (body-dysmorphic disorder) and impulsivity. The PPS also assists in identifying signs of other mental conditions. And, when appropriate, the PPS provides a referral to a mental health specialist like you.

BDD (Body-Dysmorphia Disorder) is a mental condition that is highly relevant to cosmetic surgery and cosmetic treatment. However, many other mental conditions are similarly relevant when it comes to potential disturbance of clear thinking and mental capacity of people considering cosmetic surgery and cosmetic treatment. The PPS is designed to take a holistic and comprehensive view which serves as the basis for its observations and recommendations.

Figure 1



**Figure 1:** Preparedness for cosmetic surgery/treatment.  
The Plast-IQ™ PPS helps with all aspects

The PPS asks the user more than 70 questions related to the individual’s interest for cosmetic surgery/treatment, mental health situation & history, current life-situation, social context, financial impact, quality of life, personal wellbeing, use of substances etc.

As part of assessing and addressing mental preparedness – and based on “built-in algorithms” – the PPS also provides recommendations about the following, where applicable: “Taking time out”, speaking to loved ones or others, studying risks of cosmetic surgery/treatment, suggestions for reflection, consulting a mental health specialist, etc.

In addition, the PPS gives some specific recommendations based on specific answers to individual questions. I.e., bespoke recommendations directly related to one specific answer to one specific question.

All recommendations are clearly explained in a Summary and a Full Report that the PPS provides to the user. The Full Report also includes a full listing of all the answers to all the questions. And if the user has been recommended to consult a mental health specialist prior to cosmetic surgery/treatment, the Full Report will include a “Referral Form”, which gives some further guidance for you as a mental health specialist. See a copy of the Referral Form in Appendix 2 below.

To allow you to help the user, you should expect to receive the Full Report from the user. Or you might receive it from someone else (e.g.: a cosmetic Clinique), if the user has agreed to that.

## 2. Some key principles, and boundary conditions

In most countries in the world, cosmetic surgery and cosmetic treatments are widely legal. And at this stage there is no established, standardised method of assessing the user for potential mental conditions or challenges that may interfere with the decision process.

However, the important global principle about “mental capacity” for people undergoing any surgery, also applies for cosmetic surgery. You might be familiar with this principle already. Essentially, it is about ensuring – to the extent possible – that people undergoing surgery are able to make sound decisions at the time of deciding on the surgery.

Psychological conditions and mental challenges can prevent the individual from thinking clearly and having the necessary capacity at the time of considering and deciding on cosmetic surgery.

As mentioned, the PPS does not establish any mental diagnosis. Establishing and communicating mental diagnosis to an individual should only be done following face-to-face or online consultations with a psychiatrist. The PPS only provides indications and recommendations.

In the interest of people safety and patient safety, it would seem reasonable to apply the same principle of “mental capacity” to people considering cosmetic treatment (i.e. non-surgical cosmetic treatment) - at least for the those cosmetic treatments that have a permanent or semi-permanent character. And the PPS does that.

In this context, your primary role and task as a mental health specialist is to assess, detect, discuss, and address psychological conditions and mental challenges that can affect sound decision-making at the time of considering and making decisions about cosmetic surgery and cosmetic treatment.

As a secondary role and task, it is also suggested that you assess, detect, discuss, and address the “softer” side of the equation. PPS also helps with this – by suggesting signs of impulsivity and/or “focus illusion” (unbalanced views) where applicable. Your role in this part of the equation is important since impulsivity and “focus illusion” impact clear thinking and sound decision-making.

(“Focus illusions”: A tendency to over-focus on one aspect while ignoring other important aspects)

### 3. For you specifically - if you are a psychiatrist

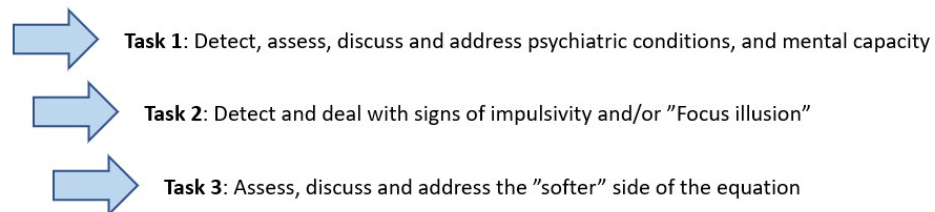
As a psychiatrist you assess, detect, discuss, and address psychological conditions and mental challenges.

In this specific context with an individual considering cosmetic surgery or cosmetic treatment:

Your primary role and task is to detect and address any psychological conditions or mental challenges that can affect clear thinking and sound decision-making at the time of considering and deciding about cosmetic surgery or cosmetic treatment. A full risk assessment is required (risk to self and to others), along with an assessment of mental capacity. PPS helps you in this regard - by providing indications of mental health conditions and specific recommendations in this regard, and a full listing of all the user's answers to the questions in the PPS.

Obviously, it will be left up to your professional discretion to decide how you use and follow-through on the PPS detections and suggestions. This guideline just suggests a certain role and some specific tasks for you.

Figure 2



**Figure 2:** The role and tasks for you as a mental specialist, if you are a **psychiatrist**. The Plast-IQ™ PPS helps you with all 3 tasks

For your convenience, the PPS Full Report includes a full listing of the users answers to all questions, in addition to the correlating personal recommendations – enabling and helping you to do your own assessment.

#### **In cases where you detect psychiatric conditions or mental challenges:**

As a psychiatrist, you will obviously not only be addressing such conditions and challenges in relation to the individual's consideration about cosmetic surgery/treatment. It is left up to your professional discretion to decide how you address and follow-through on this together with your patient and other professional parties – overall for the individual, and specifically in relation to the considerations about cosmetic surgery/treatment.

#### **Whether you detect psychological conditions or not:**

As a secondary role and task, it is also suggested that you address the "softer" side of the equation - in relation to your patient considering cosmetic surgery/treatment. Here, PPS will guide you with specific detections and clearly articulated recommendations – for example related to current life-situation, social context, financial impact, quality of life and personal wellbeing.

## 4. For you specifically - if you are a mental health specialist but not a psychiatrist (including psychologists)

As mentioned above, it is important that any psychiatric condition or mental challenge are detected and addressed in the context of an individual considering cosmetic surgery or cosmetic treatment.

As a non-psychiatrist it is of course not your role to establish a diagnosis of a psychiatric condition itself.

A key role and task for you is to refer the individual to consult a psychiatrist – in case you observe indications of psychiatric conditions. The PPS helps you with that, in the form of specific suggestions and a full listing of all the user's answers to the questions in the PPS.

Another key role and task for you is to deal with the signs of impulsivity and/or "focus illusion", that the PPS would have detected and addressed in its Final Report and/or that you detect/confirm during your consultation with the PPS user.

Furthermore, a third key role for you is to assess, discuss and address the "softer" side of the equation – for example regarding risk assessment, general wellbeing, and quality of life – considering the individual's current life-situation and social context. Here, PPS helps with specific observations and personal recommendations.

Figure 3

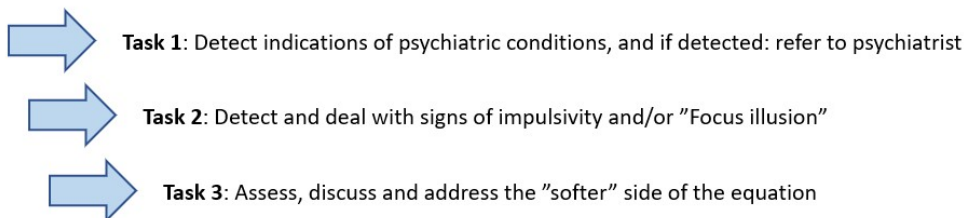


Figure 3: The role and tasks for you as a mental specialist, if you are **not a psychiatrist**. The Plast-IQ™ PPS helps you with all 3 tasks

## 5. Work context and work process

For you as a mental health specialist, there are various ways you can expect to be contacted and involved in the use of the PPS.

- 1) The person considering cosmetic surgery/treatment (the PPS end-user itself) contact you directly, for consultation with you.
- 2) You might be contacted by a cosmetic surgeon/specialist/Clinique who is using the PPS together with their patient/customer, and whom the PPS end-user has allowed to contact you.
- 3) Others contact you - e.g.: personal/family-doctor, GP, friends or loved ones of the PPS end-user, life-coaches, etc.

For 2) and 3), make sure to check that the end-user has allowed these other individuals to contact and involve you.

Together with the individual in questions (the PPS end-user itself) – and potentially with others involved – you clarify and agree your role.

## 6. Confidentiality and personal data

As a WebApp and tool, the PPS itself is completely “anonymous” – in the sense that it does not ask for, contain, or store any personally identifiable information (PII).

Nevertheless, the PPS Full Report is obviously personal – but without containing any information that actually/uniquely identifies the person itself.

This means that confidentiality and personal data is kept where it belongs – between the PPS end-user and those professional health-specialists that the PPS end-user engages and use the PPS together with (e.g.: cosmetic surgeon/specialist/Clinique and yourself).

And you should be aware, that the way the PPS Full Report is communicated/transported can make it personally identifiable information (PII). For example, when it is sent via e-mail - since the e-mail address itself can then make it personally identifiable information, PII.

Important legal clarification: If and when you are approached by others than the end-user who has completed the PPS (see examples under 5. above), make sure to check that the end-user has allowed such other individuals to contact and involve you.

## 7. “Duty of care”

“Duty of care” is an expression that can have several meanings – dependent on where it is applied (countries/jurisdiction/context). For example - within healthcare, ref. Google:

*“A duty of care is a legal duty to provide a reasonable standard of care to your patients and to act in ways that protect their safety. A duty of care exists when it could reasonably be expected that a person’s actions, or failure to act, might cause injury to another person.”*

As an example, within healthcare: In some countries/jurisdictions, doctors and other health-personnel are obliged to act, intervene, and report in case they observe or are placed in a situation of urgent risk for a person’s health or the health of others.

In this context it is important to mention that the PPS – including its Full Report and recommendations – does not in itself create or impose any further “Duty of Care” obligations to anyone.

But equally important: As a mental health specialist, you are advised to understand any “Duty of Care” rules, obligations and guidelines that apply for you in the work you do. You are advised to ask your employer and manager if you are in doubt about this. You may also ask any professional associations or authorities that govern your area of work.

# Appendixes

## Appendix 1: Summary of some existing science

### Existing science

Here some examples of the existing science\*, that have served as part of the foundation and motivation for development of the **Plast-IQ™ Psychological Pre-screening tool**:

1. **Overall psychological characteristics of cosmetic patients**
  - A. 50% of all people seeking cosmetic surgery have a diagnosable mental disorder versus background population where 4-16% have a **mental disorder** (Malick et al. 2008 and Golshani et al., 2016)
  - B. 55% of all the people that have had cosmetic surgery done suffer from **depression or anxiety** after they have had the cosmetic surgery done. Versus background population where 4-16% have a mental disorder. Various degrees, severity and durations of such depression or anxiety (Gruber et al., 2009)
  - C. People seeking plastic surgery are more likely to be emotionally unstable and have **poor interpersonal relationships** (Milothridis et al., 2016)
2. **Examples of psychological conditions causing problems for cosmetic patients**
  - A. **Depression** is 5-6 times more common in people seeking cosmetic surgery than in the background population (Gruber et al. , 2009)
  - B. **BDD, Body-Dysmorphic-Disorder**:
    - People suffering from BDD are more likely to feel dissatisfied and complain about result of surgery (Mulkens et al., 2012, and Wang et al., 2016)
    - BDD patients can constitute legal and physical threat for cosmetic surgeons/specialists (Sweis et al., 2017)
    - 84% of plastic surgeons reported that they had unknowingly operated on patients with BDD. (Higgins et al., 2017)
    - Magnitude of the issue: Up to 19,2 % of people requesting cosmetic surgery suffer from BDD (Salari et al., 2022)
3. **Suicide risk for cosmetic patients**
  - A. Women that have had breast augmentation are subsequently at 200-300% increased risk of **suicide** (Sarwer et al, 2007)
  - B. Four out of five suffering from BDD (Body-Dysmorphic-Disorder) will have suicidal thoughts, and one in four suffering from BDD will attempt suicide (Phillips et al., 2007)
4. **Mentally well patients recover better from surgical procedures than others**
  - A. Ghoneim et al., 2016
  - B. von Soest T et al., 2009
5. **Need for effective, useful and standardised psychological pre-screening**
  - A. List of some of the scientists who conclude that this is needed:
    - Salari et al., 2022
    - von Soest T et al., 2012
    - Higgins et al., 2017
  - B. Existing pre-screens neither effective nor useful (Wildgoose et al., 2013)
6. **Dissatisfaction among cosmetic patients**
  - A. More psychological problems pre-intervention lead to lower satisfaction post-intervention (von Soest T et al., 2009)
  - B. Cosmetic patients who suffer from BDD, Body-Dysmorphic-Disorder: Only 1% of patients with BDD are satisfied following cosmetic surgery, and 82% of cosmetic surgeons believed that BDD patients had a poor outcome following cosmetic surgery (David B. Sarwer, 2002)

## Appendix 2: Copy of Referral Form

*“As mentioned, one or more of your answers indicate that you would benefit from seeing a mental health professional before potentially proceeding to the cosmetic surgery/treatment you have in mind. The suggested next steps for you in this context are the following:*

- *Consult a mental health professional of your choosing (psychiatrist or psychologist), and bring this report, with special focus on the "Referral Form" included at the end*
- *Whatever feedback you get from such consultation, you are advised to share it with your trusted family and friends*

- Also bring such feedback if or when you decide to consult a cosmetic surgeon/specialist
- Importantly, let this feedback guide you in your personal decision-making about cosmetic surgery/treatment”

**REFERRAL FORM:**

Please bring this form to the mental health specialist you consult (psychiatrist/psychologist) in order to maximise your benefit from this consultation.

You have completed the “Plast-IQ™ Psychological Pre-Screening” as part of your consideration about having cosmetic surgery/treatment. As part of your recommendations from this Pre-screening, you are recommended to consult a mental health specialist.

The mental health specialist will now be assessing and addressing the following:

- Rule out severe psychopathology (mental illness) that would interfere with sound decision-making
- Personality characteristics that could interfere with sound decision-process
- Consider whether you could benefit from further psychological or psychiatric intervention
- Your overall safety - based on your specific, personal situation

To optimise your engagement with the mental health specialist, you are advised to share your full report from the Plast-IQ™ Psychological Pre-Screening with him/her.

Best Regards, Plast-IQ™

