

**Skin Deep Solutions: Collaborative Care Between Dermatology and Mental Health for
Patients With Chronic Skin Conditions**

by

Natasha Walli

A Capstone Research Project submitted in partial fulfillment
of the requirements for the degree of

Master of Counselling (MC)

City University of Canada

Alberta Virtual Campus, Canada site

June 2025

APPROVED BY

Dr. Peter Hall, Ph.D., RP., CCC., ACS., Capstone Supervisor, Master of Counselling Faculty

School of Health and Social Sciences

Abstract

Chronic dermatological conditions such as psoriasis, eczema, vitiligo, and acne extend beyond physical manifestations, having profound psychological and social consequences. Despite the well-documented association between skin disorders and mental health challenges, including anxiety, depression, and social withdrawal, healthcare systems often prioritize biomedical interventions while overlooking the psychological dimensions of these conditions. This study examines the collaborative efforts between dermatologists and mental health professionals to address the psychosocial burdens experienced by individuals with chronic skin conditions. Employing a multidisciplinary perspective, this research examines how integrated care models can improve patient outcomes by promoting a holistic approach that considers both dermatological and psychological needs. Given the bidirectional relationship between mental health and dermatological conditions, failing to address psychological distress may exacerbate disease progression and diminish overall quality of life. By identifying gaps in interdisciplinary collaboration, this study aims to highlight the need to bridge the gap between dermatological and psychological care, thereby developing more comprehensive treatment strategies that address these gaps. This research contributes to the broader discourse on patient-centred healthcare, advocating for a paradigm shift that recognizes the intersection of the mind and skin.

Keywords: chronic skin conditions, dermatology, mental health, interdisciplinary collaboration, psychodermatology, psychosocial impact

Acknowledgements

I would like to express my sincere gratitude to my capstone instructor, Dr. Peter Hall, for his invaluable guidance, support, and encouragement throughout this writing process. His expertise and insightful feedback have been instrumental in shaping this project, and I genuinely appreciate his dedication to my academic growth.

I am also profoundly grateful to my husband, whose unwavering support, patience, and encouragement have strengthened me throughout this journey. To my handsome little boy, thank you for your love and for reminding me of the importance of perseverance and balance. To my beautiful little girl, your kindness, joy, and belief in me have been a constant source of motivation. To my sisters, thank you for always being there when I needed someone to remind me of my goals and for constantly encouraging me to keep moving forward, one step at a time.

A special acknowledgment goes to my beloved dog, Reggie, whose companionship and unconditional love provided moments of comfort during each of my extended writing sessions. This achievement would not have been possible without the support and love of my family.

Dedication

This capstone is dedicated to all who live within the quiet battles of their skin, who carry stories etched not in words but in pigment and pain. And especially to the women walking with vitiligo, whose skin blooms with fierce and beautiful patterns. May your beauty never be measured by symmetry but by the light you carry and the courage you show. This is for you – in every shade, every patch, every piece. You are whole. You are radiant. You are seen.

Moreover, in my journey, what once felt like a burden has become a bridge. Through every doubt and every moment of hiding, I have found strength, purpose, and pride in my skin. This work is a piece of that healing and a promise to every person with a chronic skin condition: you are never alone.

Table of Contents

Abstract	2
Acknowledgements	3
Dedication	4
Chapter One: Introduction	7
Overview of the Topic.....	9
Purpose Statement.....	9
Theoretical Framework.....	11
Methodology	12
<i>Inclusion/Exclusion Criteria</i>	<i>12</i>
<i>Search Strategy.....</i>	<i>13</i>
<i>Thematic Coding Process</i>	<i>14</i>
Contribution to the Field.....	15
Reflectivity and Positionality Statement.....	15
Definition of Terms.....	16
Outline of Capstone Project Chapters.....	17
Chapter Two: Literature Review.....	19
Theme A: Psychosocial Impacts of Chronic Skin Conditions	19
<i>Subtheme A1: Emotional and Psychological Challenges.....</i>	<i>22</i>
<i>Subtheme A2: Social and Interpersonal Impacts</i>	<i>23</i>
<i>Subtheme A3: Existing Gaps in Psychosocial Impacts of Chronic Skin Conditions</i>	<i>26</i>
Theme B: Collaborative Approaches in Healthcare.....	28
<i>Subtheme B1: Recognizing and Addressing Psychological Needs in Dermatology.....</i>	<i>29</i>
<i>Subtheme B2: Building Effective Interdisciplinary Partnerships.....</i>	<i>31</i>
<i>Subtheme B3: Existing Gaps in Collaborative Approaches in Healthcare</i>	<i>33</i>
Theme C: Psychodermatology	34
<i>Subtheme C1: Psychodermatology - Conceptual and Practical Models</i>	<i>39</i>
<i>Subtheme C2: Common Psychological Interventions in Psychodermatology</i>	<i>41</i>
<i>Subtheme C3: Existing Gaps in Psychodermatology</i>	<i>44</i>
Counselling Approaches to Supporting Individuals with Chronic Skin Conditions.....	44
<i>Therapy Models</i>	<i>45</i>
Conclusion	46
Chapter Three: Discussion and Applied Practice	48

Revisiting the Purpose and Research Question	48
Key Findings from the Literature Review	48
Limitations and Gaps in Current Research	50
Learnings and Appreciations Within Current Knowledge	51
Implications for Counselling Practice.....	51
Proposed Applied Practice	53
<i>Proposed Implementation Framework for Integration</i>	56
<i>Barriers to Implementation and Proposed Solutions</i>	56
<i>Adaptations for Diverse Settings</i>	57
<i>Addressing Mental Health Providers' Response to Patients with Chronic Skin Conditions</i>	58
Reflections on Personal Learning	59
Conclusion	60
Final Thoughts	61
References	62
Appendix A	71

List of Tables

Table 1: Barriers/Solutions 56
Table 2: Evaluation Metrics 57

List of Figures

Figure 1: Flow of Care..... 56

Chapter One: Introduction

Society often emphasizes the significance of inner beauty; however, individuals with visible skin conditions face challenges that contradict this ideal. Model and advocate Winnie Harlow lives with vitiligo, a prominent skin condition. Although she consistently reminds society that her skin does not define her, her chronic skin issue is the first trait that people notice about her. The skin is the body's largest and most visible organ, playing a crucial role in self-expression and identity. Conditions like eczema, psoriasis, and rosacea can lead to physical discomfort and carry a heavy psychological burden, increasing the risk of anxiety, depression, and social withdrawal. Those with chronic skin conditions must navigate internal and external obstacles in a world that often equates clear skin with health and beauty.

Overview of the Topic

Chronic skin conditions are prevalent worldwide, affecting a substantial portion of the population. Yakupu et al. (2023) reported that in 2019, approximately 4.86 billion new skin and subcutaneous diseases were diagnosed globally. In Canada, the number of individuals who are affected is also widespread. The Canadian Dermatology Association (2025) noted that 20% of Canadians live with acne, 1 million are diagnosed with psoriasis, and 2 million have rosacea. These statistics highlight the commonality of these situations and the need for effective management and support strategies.

Purpose Statement

Chronic dermatological conditions such as psoriasis, eczema, vitiligo, and acne extend beyond physical symptoms and bear profound psychological and social implications. Patients can experience lowered self-esteem, social withdrawal, anxiety, and depression. These psychosocial dimensions can exacerbate the condition itself, creating a cycle that affects both mental and physical health (Penzer-Hick & Haddad, 2021). This project intends to provide

valuable insights into the scope of the issue and the necessity for interdisciplinary collaboration. Therefore, this study aims to investigate the research question: How can dermatologists and mental health professionals collaborate more effectively to address the psychological needs of patients with chronic skin conditions?

This capstone project employs a mixed-methods approach, utilizing secondary data analysis rather than primary data collection through surveys or interviews. Instead, the study focuses on a comprehensive literature review of existing research on the psychological and social impact of chronic dermatological conditions. By analyzing peer-reviewed studies, theoretical articles and clinical reports, this research synthesizes current findings related to the intersection of dermatology and mental health, specifically through the lens of social identity theory. The literature review approach enables the identification of patterns and gaps in current research, providing insights into effective care strategies and highlighting the need for integrated approaches that consider both physical and psychological well-being.

The specific objectives of this project are to:

1. Assess the psychological impact of chronic dermatological conditions on patients.
2. Identify current barriers and opportunities for collaboration between dermatologists and mental health professionals.
3. Evaluate the effectiveness of interdisciplinary approaches in enhancing the mental and physical health outcomes of these patients.

The target audience for this project includes dermatologists and mental health professionals. It emphasizes the importance of integrating dermatological and psychological perspectives to develop a more holistic approach to patient care. This collaboration can ensure

that patients receive effective dermatological treatments and therapeutic support that addresses the various dimensions of individuals affected by chronic skin conditions.

Theoretical Framework

Social identity theory, developed in 1979 by Tajfel and Turner, explains that people derive part of their self-concept from their membership in social groups. Individuals categorize themselves and others into “in-groups” (groups to which they belong) and “out-groups” (groups to which they do not belong); this categorization can impact self-esteem, social identity, and behaviour (Stets & Burke, 2000). For patients with chronic skin conditions, social identity theory can help explain the psychological impact of being perceived as part of a stigmatized “out-group” due to their visible differences. Stets and Burke observed that this external categorization can lead to experiences of marginalization, stereotyping or social exclusion. Patients may internalize these stigmatized identities, which can lead to decreased self-esteem. Stets and Burke recommended that dermatologists and mental health professionals need to recognize that patients’ psychological distress may stem not only from their physical condition but also from how they are perceived and treated in society.

Social identity theory describes an “identity threat” when individuals perceive their social identity as being undervalued or stigmatized. For individuals with chronic skin conditions, visible differences can become a source of identity threat, affecting their sense of belonging, self-worth and mental well-being. Exploring how patients manage identity threat, whether through “social mobility” (attempting to assimilate and minimize differences), “social creativity” (redefining their identity in a positive light), or “social companion” (challenging stereotypes), can guide mental health professionals in offering support that aligns with patients coping strategies and strengthens positive identity (Stets & Burke, 2000). By understanding the role

social identity plays in patients' experiences, healthcare providers can develop interventions that are sensitive to the social pressures and stigmatization these patients face.

This theoretical lens directly informs the methodology and research approach of this capstone project. The study employs a literature review methodology, synthesizing existing research on the psychological impact of chronic dermatological conditions and the role of social identity theory in understanding stigma and identity threats. By analyzing current findings, the project aims to uncover patterns in how patients cope with identity-related issues and how interdisciplinary care can address these challenges. The literature review will also examine how dermatologists and mental health professionals can work more effectively together to deliver comprehensive care that addresses patients' mental well-being and dermatological needs. Through this framework, the study provides insights into enhancing integrated care for patients with chronic dermatological conditions, with a focus on addressing the social identity factors that impact their overall health outcomes.

Methodology

This study focused on a thematic literature review to explore how dermatologists and mental health professionals can collaborate more effectively to support the psychological needs of patients with chronic skin conditions. This approach was chosen to identify key patterns across existing research, allowing for a comprehensive understanding of dermatological and psychological perspectives.

Inclusion/Exclusion Criteria

The research process involved systematically searching peer-reviewed journals, books, and reports using the City University library's PsycInfo and PsycArticles databases, as well as Google Scholar. The goal was to include as many recent peer-reviewed articles as possible. The search was limited to peer-reviewed articles published in the last five years (2020-2025).

However, in some instances, articles outside this timeframe were included to ensure a comprehensive understanding of the topic. The research was selected based on relevance to the research question regarding the collaboration between dermatologists and mental health professionals, as well as the psychosocial impacts of chronic skin conditions, credibility with a focus on peer-reviewed, empirical studies and high-quality academic sources and recency with a preference for articles published within the past five years to ensure the review captures the latest research in the field.

Search Strategy

The following search terms were utilized: “psychosocial impacts of chronic skin conditions,” “skin conditions and mental health,” “collaborative healthcare,” “mental health and dermatology,” “skin conditions and mental health,” and “psychodermatology.” Exclusion criteria involved studies unrelated to mental health and dermatology, non-peer-reviewed sources unless they provided significant foundational context, and articles with limited empirical evidence or lacking a straightforward methodological approach. Subthemes emerged from the broad search terms used, once enough articles were gathered for each theme. Patterns were identified among the articles within the three larger themes, and subthemes were created based on the selected articles for analysis.

In addition to conducting a systematic database search, a snowballing technique was used to identify further relevant studies. This involved reviewing the reference lists of key articles to locate additional peer-reviewed research that aligned with the study’s themes (University of Cambridge, 2025). Examining citations within high-quality sources helped ensure a comprehensive and well-rounded literature review, capturing influential studies that might not have been initially identified. This technique was beneficial when researching the emerging field

of psychodermatology. My research approach had to be adjusted multiple times as I explored this thematic area. The results yielded the most from the scientific term for psychodermatology, “psychocutaneous medicine,” which would not have been found without the snowballing tactic.

The literature search was conducted over a six-week period, from December 2024 to January 2025. The process took place in stages, beginning with a broad search using defined terms to identify relevant articles published within the last five years. This initial search refined results by filtering articles based on their relevance to the research question and empirical focus. Snowballing was primarily employed to deepen the exploration of the theme of psychodermatology. This process resulted in synthesizing the final articles that would be included in the body of the literature review. Over thirty relevant studies were included in the final review by the end of the search process, providing a well-rounded and up-to-date understanding of the topic.

Thematic Coding Process

Articles were categorized into key themes based on their central findings and conclusions. Zotero, a citation management tool, was used to store articles efficiently and organize and categorize literature. Each article was tagged with keywords that corresponded to significant themes. Zotero’s folder system allowed for structured organization, while its annotation feature enabled direct notetaking on key findings. The emerging themes included the psychosocial impacts of chronic skin conditions, collaborative approaches in healthcare and psychodermatology. These themes encompass sub-themes within the broader categories, enabling a more in-depth exploration of specific issues. Grouping the research into sub-themes also allowed for a clear and logical flow in the analysis.

Contribution to the Field

The research highlights a gap in healthcare. Chronic conditions with visible symptoms are often prioritized from a biomedical standpoint, which tends to overlook the psychological aspects of patient care. This study offers insights into best practices for collaboration, including mental health screenings in dermatology clinics, referral pathways, and shared treatment plans that incorporate psychological support into dermatological care. By emphasizing the patient experience, this research advocates for care models that prioritize both visible symptoms and invisible psychological struggles, ensuring that treatment is comprehensive and empathetic. Enhancing cooperation between these two fields can improve clinical outcomes and overall quality of life for individuals managing chronic skin conditions.

Reflectivity and Positionality Statement

Having personal experience with vitiligo has provided me with valuable insight into the psychological and social challenges associated with chronic skin conditions. I have navigated a world where visible differences are often stigmatized, and I understand the emotional burden of feeling different and judged. Throughout my childhood, adolescence, and much of my adult life, I lacked coping strategies that could have significantly improved my quality of life.

Conducting this research in the hopes of inspiring change has made me feel vulnerable, as I have spent much of my life concealing my chronic skin condition. These experiences have shaped my perspective on this research and reinforced my commitment to advocating for a comprehensive approach to care that extends beyond merely treating physical symptoms.

My identity has been impacted by vitiligo, and even though I have lived with the condition for over 20 years, I still struggle with the psychosocial effects. Additionally, as someone who has personally navigated the healthcare system with vitiligo, it undoubtedly shapes my approach to this study. I remember visiting a dermatologist for treatment, yet I was never

once asked how the condition affected my mental health or sense of identity; this gap in care, where the emotional impact of a visible condition was overlooked, was something I did not fully process until much later in life. It was only when I began to heal my mind that I realized how much I had internalized social beauty standards and my struggles with self-acceptance.

Through this research, I hope to contribute to a paradigm shift in how care can be structured for individuals with chronic skin conditions. I aim to raise awareness among dermatologists and mental health professionals to demonstrate the need for interdisciplinary collaboration. Such collaboration empowers individuals with chronic skin conditions by validating their experiences and reducing their psychological burden. Ultimately, this research is both deeply personal and profoundly impactful. The aim is to enhance patient care, enabling individuals with chronic skin conditions to receive the necessary support and care.

Definition of Terms

The following terms will be used throughout this capstone project, with explicit definitions related to chronic skin conditions:

Chronic skin conditions are “characterized by a persistent illness course and the requirement for ongoing treatment. The time course for some of these conditions is typified by remission and relapse, whereby symptoms may disappear for several years, only to reappear at times of particular stress” (Penzer-Hick & Haddad, 2021, Chronic Skin Conditions section, para. 1).

Dermatologists are “medical specialists who have earned a medical degree and have completed an intensive five-year program of advanced medical and surgical training in the prevention, recognition and treatment of diseases of the skin, hair, and nails” (Canadian Dermatology Association, 2025).

Interdisciplinary collaboration is the “process whereby primary care and mental health providers share resources, expertise, knowledge and decision-making to ensure that primary care populations receive person-centered, effective and cost-effective care from the right provider” (Truelove et al., 2023, p. 81).

Mental health professionals are “mental health providers [who] identify and treat mental health conditions. Most have at least a master’s degree. Some may have a higher level of education, training and credentials” (Mayo Clinic, 2023).

Psychodermatology, also known as psychocutaneous medicine, focuses on skin conditions in which psychosocial factors are involved in their cause, progression, worsening, treatment, or outcome. It examines all skin disorders associated with psychological disorders, whether as primary conditions or as secondary issues arising from skin conditions (Munoli, 2021).

Psychosocial impacts of skin conditions refers to the ways in which “common psychological problems associated with skin disease include but are not limited to feelings of stress, anxiety, anger, depression, shame, social isolation, low self-esteem, and embarrassment” (Jafferany & Pastolero, 2018, para. 1).

Quality of life (QOL) is a state of “complete physical, mental and social well-being, and not merely the absence of disease and infirmity” (Post, 2014, p. 168).

Stigmatization “is defined as a situation in which an individual, due to their condition, is relegated to a social category rejected by the rest of society” (Ribera et al., 2019, p. 109).

Outline of Capstone Project Chapters

The remainder of the capstone will be as follows: Chapter Two will present a comprehensive literature review that explores the relationship between chronic skin conditions and mental health, highlighting the need for better integration of dermatological and

psychological care. The chapter will also provide further insights into the established themes of the psychosocial impacts of chronic skin conditions, the potential for interdisciplinary collaboration, and the emerging field of psychodermatology. By addressing these themes, the chapter will synthesize current research findings, draw attention to the gaps in the literature, and highlight the opportunities for improved patient care through enhanced collaboration.

Chapter Three will synthesize the key findings from the literature review and offer recommendations for integrating mental health care into dermatological settings. Drawing on evidence highlighting the mind-skin connection, the chapter will emphasize the value of interdisciplinary collaboration between dermatologists and mental health professionals to address the psychological dimensions of chronic skin conditions. It will also outline how therapeutic approaches, such as cognitive-behavioural and narrative therapy, can be adapted to support individuals navigating visible differences.

To operationalize these recommendations, the chapter proposes a conceptual integrated care model, discusses implementation strategies and considers potential barriers such as resource limitations and systemic resistance. It will also identify measurable indicators for evaluating success. Furthermore, the chapter will emphasize the importance of adapting these approaches to diverse healthcare settings. The chapter will conclude with how the project's findings may influence future research directions and inform professional counselling practice within interdisciplinary healthcare frameworks.

Chapter Two: Literature Review

This literature review will explore the complex relationship between chronic skin conditions and mental health. The focus will be on how dermatologists and mental health professionals can collaborate more effectively to address the psychological needs of individuals affected by dermatological conditions. Visible skin conditions can have a profoundly negative impact on self-perception, leading to feelings of isolation, loneliness, diminished self-esteem, and dissatisfaction with one's appearance. The chronic nature of many skin disorders can exacerbate psychological distress (Ferreira et al., 2023). Considering these challenges, this review explores the psychosocial aspects of chronic skin conditions, the potential for interdisciplinary collaboration in healthcare, and the developing field of psychodermatology. By addressing these themes, the chapter will provide a comprehensive understanding of the topic, highlighting current research findings, existing gaps, and implications for improving individual outcomes through enhanced collaborative efforts.

Theme A: Psychosocial Impacts of Chronic Skin Conditions

A 21-year-old Ivy shared her story of navigating the world with acne (de Gallier, 2020). She recounted that her acne began during a stressful time in her life after dropping out of university. Initially believing it was stress-related and assuming it would resolve on its own, her acne worsened over time, and medical treatments offered little relief. As Ivy's skin condition deteriorated, she also began to experience significant anxiety, becoming increasingly self-conscious. For instance, when people stared or asked, "What is wrong with your face?" Ivy recalled feeling "like a hermit" and withdrawing from social interactions. Stories like Ivy's are not isolated; they reflect a broader issue faced by individuals with chronic skin conditions, which can substantially impact their emotional and psychological well-being. These personal narratives

underscore the importance of dermatologists and mental health professionals collaborating more effectively to address the visible and invisible effects of skin conditions.

The skin is a vital organ with numerous functions, including serving as a protective barrier, facilitating environmental communication and playing aesthetic, perceptive, expressive, and sexual roles. The skin is considered a critical medium for expressing and perceiving emotions, which makes it essential in interpersonal interactions (Kowalewska et al., 2020). The appearance of the skin and its appendages reflects overall health and influences one's self-esteem, self-image, and how others perceive individuals. Media such as television, film, video games, and children's literature often reinforce negative stereotypes equating physical beauty with goodness and unattractive features with villainy. Heroes and heroines are typically depicted as attractive. At the same time, antagonists are characterized by scars, warts, or other physical distortions, such as Cinderella's "ugly" stepsisters or the orcs in *The Lord of the Rings* (Bewley et al., 2014). Films like *James Bond* and *Batman* frequently associate scarring with malevolence. Bewley et al. observed that tragic figures, such as the *Phantom of the Opera*, are often depicted as outcasts living on the fringes of society due to an appearance that deviates from societal standards. The researchers noted that some characters break these stereotypes, such as *Shrek* and *Harry Potter*, but these instances are far between.

Dreno et al. (2021) stated, "Skin conditions are among the most common health conditions affecting around 2 billion people and negatively impact [an individual's] quality of life" (p. 624). Patients with skin diseases may perceive themselves as disfigured, stigmatized or even unattractive, mainly if lesions affect visible areas such as the face, hands, or genitals (Kowalewska et al., 2020). Furthermore, these conditions have been demonstrated to impact education, personal relationships, career paths, social interactions, leisure activities, and intimate

relationships (Jafferany & Pastolero, 2018). Hughes et al. (2022) emphasized growing awareness of the psychological impact of living with a skin condition, especially in a society that equates beauty with flawless skin. The authors noted that individuals with skin conditions confront the dual challenge of managing physical discomfort while also dealing with the psychological effects of not meeting unrealistic appearance standards.

Psychological challenges associated with chronic skin conditions are documented, encompassing a wide range of emotional and social difficulties. Jafferany and Pastolero (2018) identified common issues such as stress, anxiety, depression, anger, shame, low self-esteem, social withdrawal and embarrassment, which emphasizes the multifaceted nature of the psychological burden. Similarly, Hughes et al. (2022) highlighted the impact of these conditions on self-perception and negative self-beliefs, which can lead to the potential development of mental health disorders, including anxiety and depression. Together, these findings presented the pervasive and interconnected effects of chronic skin conditions on mental health, from everyday emotional struggles to diagnosed psychological conditions.

Chronic skin conditions can significantly impact the social and psychological well-being of young individuals, particularly during key developmental stages such as childhood, adolescence, and young adulthood, when noticeable differences in physical appearance may heighten social challenges (Flinn et al., 2024). These effects are not only confined to the individual; they often extend to caregivers and family members, who share the emotional, social, and practical burdens of managing these conditions (Jafferany & Pastolero, 2018). These challenges underscore the necessity for comprehensive care that addresses both the physical and emotional aspects of skin disease.

Subtheme A1: Emotional and Psychological Challenges

At the Skin Matters conferences held in London on May 20, 2017, a survey of individuals with chronic skin conditions revealed that approximately 85% of participants identified the psychological impact of their skin diseases as a significant aspect of their illness (Baker & Billick, 2022). The survey results revealed that both mood and stress levels were most frequently reported as being affected. This finding aligned with the research by Tros et al. (2023), who further emphasized that the emotional and psychological challenges of chronic skin conditions can significantly impact an individual's internal well-being, which often results in anxiety, depression, and body dysmorphic disorder. Muzaffar et al. (2024) indicated that anxiety and depression have been identified as the most prevalent mood disorders among dermatology patients. Baker and Billick (2022) also observed through their research that many individuals with chronic skin conditions experience clinical depression and anxiety.

Body dysmorphic disorder (BDD) is a psychological condition that is characterized by an intense preoccupation with perceived physical imperfection. BDD is frequently observed in individuals seeking dermatological care (Tros et al., 2023). The skin is a frequently cited concern in BDD, with studies suggesting that approximately 12.5% to 15.0% of dermatology and plastic surgery clinics screen positive for the condition. Tros et al. noted that suicidal thoughts are prevalent in individuals with BDD, with 80% experiencing suicidal ideation and 25% attempting suicide at some point during the condition. Muzaffar et al. (2024) similarly noted that not only are anxiety and depression common, but also body dysmorphic disorder is another common psychological condition observed in patients seeking dermatological care. Also consistent with the findings above, Kanji (2019) found that as many as 85% of dermatology patients have identified that the psychological impact of their skin condition is a significant aspect. Kanji also

suggested that individuals with skin conditions have been found to experience higher rates of suicidal ideation, which was consistent with Tros et al.'s (2023) findings.

A recurring theme in the literature is the significant emotional burden of skin conditions. Alshahwan (2015) expanded on this with the research conducted amongst Arab dermatology patients—29% of patients were reported to have anxiety, and 14% of patients were reported to be experiencing depression, which draws attention to the psychological toll skin conditions can impose globally. As noted, research has consistently highlighted the prevalence of these mood disorders, with rates varying across different populations and contexts (Muzaffar et al., 2024). However, according to Muzaffar et al., these studies consistently explored the prevalence and effects of anxiety, depression and body dysmorphic disorder as “separate entities in relation to dermatological conditions” (Introduction section, para. 4) The evidence highlighted the importance of dermatologists adopting a proactive approach to addressing the psychological challenges associated with dermatological conditions. Muzaffar et al. suggested that regularly addressing patients’ anxiety and depression levels during follow-up visits could enable early identification of mental health concerns. Adolescents and young adults appear to be particularly vulnerable to these emotional challenges, as skin conditions often coincide with critical periods of identity formation. Recent research indicated that nearly one in eight individuals aged 13 to 24 who seek dermatological treatment for acne screen positive for mental health conditions (Tros et al., 2023). This finding suggests that early mental health screening and intervention are necessary in dermatological care.

Subtheme A2: Social and Interpersonal Impacts

Hong et al. (2008) noted that although skin conditions do not pose a threat to life, they significantly impact individuals’ quality of life. Skin diseases can be especially socially

debilitating as the visible nature of dermatological conditions results in feelings of embarrassment, low self-esteem, social rejection and withdrawal. Hong et al. observed that individuals often encounter misunderstandings or a lack of awareness about their conditions, such as the fear of contagion, even though most chronic skin conditions do not have such effects. Hughes et al. (2022) corroborated these findings and explained that stigmatization due to skin imperfections can lead individuals to limit their life experiences, as they frequently feel self-conscious about their appearance. Unwanted attention, including staring, intrusive comments, or bullying, can intensify feelings of embarrassment and shame, which in turn form a negative self-image. This leads to avoidance of social activities due to dissatisfaction with one's physical appearance (Hassani et al., 2021; Hughes et al., 2022).

The social challenges individuals with chronic skin conditions face extend beyond initial interactions with strangers. Research has indicated that individuals with visible skin conditions have been reported to have encountered bullying, teasing, and even violence during childhood and adolescence (Fournier et al., 2023). These instances have a lifelong impact. Baker and Billick (2022) referenced a survey conducted by the British Skin Foundation. This survey revealed that 56% of individuals reported that their skin conditions negatively impacted their self-confidence and felt it was difficult to form friendships. Moreover, 29% of individuals indicated that their skin condition was a barrier to finding a romantic partner. Fournier et al. (2023) noted that despite these challenges, individuals with chronic skin conditions often strive to establish meaningful relationships, underscoring the ongoing emotional need for social interaction and acceptance.

Flinn et al. (2024) suggested that young individuals with chronic skin conditions face social challenges shaped by their developmental stages and societal expectations. During

childhood, the importance of peer relationships grows, and children with visible skin conditions often face bullying and social exclusion. As individuals enter adolescence and young adulthood, a heightened focus on physical appearance and body image can exacerbate feelings of self-consciousness and insecurity. Flinn et al. observed that these concerns are often magnified by societal emphasis on outward appearance, leading to embarrassment, reduced self-esteem, and limited social engagement. Nguyen et al. (2016) noted that individuals with skin conditions experience a constant sense of burden due to the unpredictable nature of their condition and the effort required to conceal it with makeup or clothing. In their research, individuals admitted that they thought about their conditions throughout the day and felt dissatisfied when they looked in the mirror, even when their condition was concealed. Due to the social stigma individuals face, skin conditions can also lead to missed school and decreased productivity. Dreno et al. (2021) reported that 12.2% of individuals with chronic skin conditions missed 1-2 workdays, and 2.3% missed three or more days. Further, Dreno et al. found that 32% of individuals reported that skin conditions impacted their work or school life, and 14% of adults with a chronic skin condition believed it hindered their career progression. Tros et al. (2023) also suggested that adolescents and young adults with low self-esteem are at a greater risk of using substances and engaging in sexual activity. The authors noted that low self-esteem has also been associated with long-term outcomes in adulthood, including unemployment and financial instability.

Skin conditions can impact a person's ability to build romantic relationships (Hughes et al., 2022). Nguyen et al. (2016) investigated the chronic skin condition vitiligo and its significant psychosocial impact, particularly regarding marriage potential and forming new relationships, due to the visible and enduring effects of vitiligo. Nguyen et al. also found that cultural factors affect vitiligo; Nguyen et al. cited several studies that included populations from India, China,

Singapore and Arab countries, which demonstrates that individuals with vitiligo are often minority groups with darker skin tones. In many non-Western cultures, marriage is deeply intertwined with cultural traditions and societal expectations, often extending beyond the individual to impact the entire family.

Skin conditions can impact an individual's sexual life due to their appearance, thereby affecting relationships and social interactions (Sampogna et al., 2017). In a survey conducted by Sampogna et al., among 3,485 individuals across 13 European countries, 23.1% reported experiencing sexual problems. The researchers argued that sexual health is vital to overall quality of life. Therefore, it can be concluded that chronic skin conditions can impact an individual's physical and mental health, often influencing many aspects of their life (Kowalewska et al., 2020).

Subtheme A3: Existing Gaps in Psychosocial Impacts of Chronic Skin Conditions

Current research extensively documented the psychological and social challenges of chronic skin conditions. The research that was reviewed predominantly focused on anxiety, depression and social stigma; there was limited exploration of resilience and coping mechanisms that enable individuals to navigate these challenges successfully throughout the reviewed articles.

While Muzaffar et al. (2024) considered socioeconomic status, culture and educational level in their study, they suggested that future studies require a more in-depth exploration of these variables. An identified gap is that articles did not include the variable of disability and whether this variable can influence the perception and impact of skin conditions. Gender-specific research was also limited, as societal beauty standards can significantly impact an individual's sense of identity (Hughes et al., 2022). Additionally, Hughes et al. identified "stigma reduction"

as an area where participants still require support (p. 7). The traditional media's reinforcement of societal beauty standards has been documented by Hassani et al. (2019) in a study that focused on body image and body satisfaction. However, research remains limited on the growing influence of social media platforms, such as TikTok and Instagram, on the shaping of perceptions of skin conditions, either positively or negatively.

Most of the studies analyzed demonstrated a pattern of short-term psychological effects; however, few longitudinal studies have tracked the evolving impact of dermatological conditions on self-esteem, relationships and career trajectories over time. It was only Hong and Koo (2008) who first identified occupational impacts in their study.

Studies have acknowledged that chronic skin conditions can influence work and school absenteeism (Dreno et al., 2021; Flinn et al., 2024; Hong & Koo, 2008). However, there was a lack of research into how visible skin conditions impact long-term professional opportunities, job performance, and workplace interactions. While some literature addressed marriageability in cultures where physical appearance is deeply tied to social status (Nguyen et al., 2016), there is a need for more research on how skin conditions influence broader aspects of romantic and sexual relationships, including partner support and relationship satisfaction, especially if the condition develops later in a relationship. Both Sampogna et al. (2017) and Jafferany and Pastolero (2018) indicated that skin conditions have the ability to affect sexual relationships.

While common conditions such as acne and vitiligo were often cited in research, rarer dermatological diseases and their psychological impact were underexplored. Fournier et al.'s (2023) study was one of the few studies focusing on rare genetic skin diseases. Addressing these gaps could provide a more comprehensive understanding of the lived experiences of individuals

with skin conditions, thereby informing more effective approaches to dermatological and psychological care.

The profound psychological and social burdens associated with chronic skin conditions demonstrate a need for a comprehensive approach to care that extends beyond dermatological treatment alone. While individuals experience emotional distress, stigma, and diminished self-esteem, traditional interventions do not address these psychosocial dimensions. Given the multifaceted psychological impacts of skin conditions, interdisciplinary care models offer a promising avenue to enhance patient outcomes.

Theme B: Collaborative Approaches in Healthcare

Family practices are the initial point of contact for individuals seeking mental health support, particularly in rural and remote areas as well as in underserved or marginalized communities (Truelove et al., 2023). However, family physicians are currently struggling with a lack of resources and support to effectively manage patients' mental health needs and meet the growing demand for mental health services (Kates et al., 2023).

Collaborative, team-based care involves primary care and mental health professionals combining their resources, expertise, and knowledge to collaborate in decision-making, delivering person-centred, effective, and cost-efficient care to patients through the most appropriate provider (Truelove et al., 2023). Having mental health providers integrated into primary care settings can facilitate early identification of mental health and addiction issues, prompt interventions and help prevent relapses. In Canada, Truelove et al. noted that wait times for specialists can range from 2 to 6 months, depending on the field of expertise. Collaborative care improves access to services, reduces wait times, and lowers the need for avoidable emergency room visits and hospital admissions. By enhancing the roles of various healthcare

professionals and eliminating service redundancies, Truelove et al. argued that this model becomes more cost-effective and beneficial for the overall health of the population.

The Canadian Collaborative Care Model draws inspiration from the College of Family Physicians of Canada's family medicine sector, known as The Patient's Medical Home. This model relies on a multidisciplinary, team-based approach to delivering patient—and family-centred primary care across all stages of life (Kates et al., 2023). This model incorporates elements from the U.S. Collaborative Care Model, pioneered by Katon and colleagues. Kates et al. noted that the U.S.-based collaborative care model has demonstrated strong evidence for enhancing care processes and improving individual and population health outcomes.

Kates et al. (2023) suggested that the research conducted across various age groups and countries, including Canada, has consistently shown the advantages of Collaborative Mental Health Care (CMHC) in addressing conditions such as depression and anxiety. These studies revealed that CMHC improves patients' symptoms, overall functioning, and physical health. It enhances preventive care, supports treatment adherence, and improves health outcomes, as well as patient and healthcare provider satisfaction. By providing more continuous and coordinated care, healthcare professionals can address broader issues while integrating physical and mental health services, thereby reducing stigma and enhancing cultural responsiveness. Kates et al. observed that this approach has been shown to mainly benefit individuals managing chronic conditions.

Subtheme B1: Recognizing and Addressing Psychological Needs in Dermatology

In the theme of psychological impacts of chronic skin conditions, the reviewed literature strongly advocates for integrating mental health screenings into dermatology clinics. Across multiple studies, researchers have consistently highlighted that early psychological assessment is

vital for identifying mental health challenges such as anxiety, depression, body dysmorphic disorder, suicidal ideation and diminished self-esteem among patients with chronic skin conditions. These findings demonstrated that untreated mental health issues create a cycle of physical and emotional distress. Furthermore, the literature revealed that many patients face significant stigma and social isolation due to their skin conditions, further contributing to poor mental health outcomes. Collectively, this body of research supported the notion that mental health screenings in dermatology settings can facilitate early intervention, improve patients' overall well-being, and create a more holistic approach to care (Baker & Billick, 2022; Dreno et al., 2021; Flinn et al., 2024; Fournier et al., 2023; Hassani et al., 2021; Hong et al., 2008; Hughes et al., 2022; Jafferany & Pastolero, 2018; Kanji, 2019; Tros et al., 2023).

Recognizing the connection between mental health and skin conditions is essential, as their co-occurrence often leads to heightened disability, distress and adverse effects on the progression of the skin condition and response to treatment. Despite their prevalence, skin diseases are often not taken seriously enough by healthcare professionals (Trueland, 2021). Previous estimates indicated that 30-40% of dermatology patients experienced concurrent psychological disorders (Taranu et al., 2016), but more recent research suggested that this figure has increased to 30-60% (Mar & Rivers, 2023), which establishes the growing recognition of the connection between skin conditions and mental health. Many individuals recognize the significant impact of healthy skin and physical appearance on mental health. Still, this understanding does not always translate into prioritization or attention across various health settings (Trueland, 2021). The psychological impact of a skin condition may not directly correlate with its clinical severity. For instance, a condition deemed mild by a healthcare provider may have a significant impact on a patient's mental health (Penzer-Hick & Haddad,

2021). Mohapatra et al. (2024) agreed that mental health issues, such as anxiety and depression, are often overlooked in dermatology clinics and may remain untreated unless patients are referred to psychiatric services. Mohapatra et al. further stated that these conditions impact patients' functional abilities, affect the progression of dermatological conditions, and significantly diminish their quality of life. Effective management of chronic skin conditions necessitates a comprehensive approach that takes into account the psychosocial aspects of an individual's history and experiences (Penzer-Hick & Haddad, 2021). Providing psychological and emotional support to patients is essential in all areas of healthcare. However, dermatology must consider the mental health and emotional effects of skin conditions on patients and families (Trueland, 2021). Trueland noted that a key challenge is that individuals are often referred to specialist services only after their condition has advanced significantly. Therefore, prompt diagnosis and tailored interventions are integral to improving patient outcomes and mitigating the psychological burden of living with a chronic skin condition (Penzer-Hick & Haddad, 2021). Mohapatra et al. (2024) suggested that providing dermatologists with training to recognize and refer patients with mental health issues could be beneficial. Beyond medical treatment, ensuring access to psychological support and educational resources is crucial for comprehensive care (Penzer-Hick & Haddad, 2021). Singh and Mostow (2021) and Trueland (2021) also suggested that using standardized mental health assessments in dermatology clinics could be helpful.

Subtheme B2: Building Effective Interdisciplinary Partnerships

Connor (2017) and Singh and Mostow (2021) recognized the challenge dermatology practitioners face in maintaining a busy clinic and accommodating a high volume of patients. Adding the evaluation of mental health symptoms to busy clinicians' repertoire is likely daunting and may be met with hesitation; however, Connor (2017) highlighted that despite these demands,

a commitment remains to provide the best possible care. Research on collaborative healthcare approaches for skin conditions highlighted the positive impact of interprofessional collaboration (IPC) in enhancing patient outcomes and care quality. Integrated care models, involving coordination among dermatologists, primary care physicians, and other healthcare professionals, have been shown to improve management strategies for chronic skin conditions (Davidson et al., 2022; Kaiser et al., 2022). Shah (2018) also noted a growing recognition of the benefits of collaboration between psychologists and patients, as well as between clinicians and patients, reporting positive outcomes from multidisciplinary teams. Equipping dermatologists with psychological training is essential, as it enhances clinical practices within dermatology departments, which aligns with the suggestion of Mohapatra et al. (2024). Singh and Mostow (2021) noted that their survey among dermatologists revealed that most dermatologists are aware of the link between chronic skin conditions and mental health. Their survey results also highlighted that there is no standard for identifying and addressing mental health issues in dermatology practices. Shah (2018) stated that integrating a dedicated psychologist into a dermatology team is clinically effective and cost-efficient. She suggested that psychologists can offer significant advantages by conducting staff training and consultations, as well as providing specialized psychological assessments and therapy to patients, thereby benefiting both the team and those receiving care. The purpose of an IPC model for chronic health conditions is to improve communication and shared responsibilities across healthcare providers. This collaborative framework can help reduce health disparities, support personalized care, and improve disease monitoring for conditions that require long-term management (Davidson et al., 2022; Kaiser et al., 2022).

Subtheme B3: Existing Gaps in Collaborative Approaches in Healthcare

There is a growing recognition of the benefits of collaborative healthcare models. One area that requires further understanding is the practical challenges of implementing collaborative care in rural and underserved areas where resource constraints may hinder integration. While research has demonstrated the effectiveness of these models in managing common mental health conditions such as depression and anxiety, there has been limited exploration of their impact on diverse populations, different cultural groups and individuals with multiple chronic conditions.

Another area requiring further research is the long-term sustainability and cost-effectiveness of collaborative care, particularly within publicly funded healthcare systems, such as Canada, where financial constraints may impact scalability. While interdisciplinary collaboration has been shown to enhance patient outcomes, there is a limited body of research on its application in specialized settings, such as dermatology. Furthermore, despite various medical models in place and modelled after them, there is a lack of standardized guidelines and best practices for implementing collaborative approaches across different healthcare settings. Addressing these gaps could strengthen the integration of mental and physical healthcare, ultimately improving patient outcomes and system efficiency.

As healthcare professionals increasingly embrace collaborative approaches to managing chronic skin conditions, the role of psychodermatology becomes more evident. Psychodermatology, a field at the intersection of dermatology and psychology, acknowledges the bidirectional relationship between the skin and mental health, highlighting that stress, anxiety, and depression can worsen skin conditions. At the same time, dermatological diseases can, in turn, contribute to psychological distress. This expanding field advocates for integrated treatment strategies that incorporate psychological interventions alongside dermatological treatments. By

recognizing the interconnectedness of skin and mental health, psychodermatology offers a framework for a more holistic approach to care.

Theme C: Psychodermatology

Psychodermatology explores the connection between psychiatry, psychology, and dermatology, and the relationship between mental health and skin conditions. It is also known as psychocutaneous medicine. This exploration between fields emphasizes the impact of psychological and social factors on skin conditions. While psychiatry and psychology focus on internal, invisible disorders, dermatology focuses on external, visible ones. These two fields are interconnected through the neuro-immuno-cutaneous system (NICS), which describes the interplay between the nervous, immune, and skin systems (Jafferany, 2007; Koo & Lebwohl, 2001). Disruptions in the NICS can lead to both psychiatric and dermatological conditions. For many patients, especially those with chronic conditions such as eczema, psoriasis, and prurigo, addressing psychological factors is essential to manage their skin issues effectively. Both Jafferany and Koo and Lebwohl noted that proper care involves addressing both the physical symptoms of the skin and the social, familial, or occupational factors contributing to the problems. A combined approach suggests that dermatological treatment be offered in conjunction with psychological support. Many individuals may be hesitant to seek mental health services. Still, encouragement from a trusted source, such as a dermatologist, can increase their willingness to engage in mental health-related symptom care. Psychologists can play an influential role in addressing the three main types of psychodermatologic disorders, which include skin conditions that are influenced by stress or emotional factors, psychological distress that is a result of skin conditions that are disfiguring and psychiatric conditions that can cause delusions (Clay, 2015).

Psychodermatology has historical roots that date back to ancient civilizations. Around 1700 BCE, a Persian prince reportedly developed psoriasis that was linked to anxiety about royal succession. The Greek philosopher Hippocrates recognized the connection between emotional stress and skin conditions, documenting hair-pulling as a response to stress (Munoli, 2021). Aristotle viewed the skin and mind as inseparable and complementary entities. Munoli observed that similarly, in the Asian subcontinent, Buddha helped alleviate a woman's anger regarding her debilitating skin condition through acceptance; this example illustrates early psychodermatology practices.

Furthermore, in India, the relationship between the skin and the mind has been documented in texts such as the Charaka Samhita (Munoli, 2021). Psychodermatology started to gain traction in Europe and slowly emerged in the United States. In 1936, Dr. Klauder published a manuscript, *Psychogenic Aspects of Skin Diseases*, highlighting the skin's central role in consciousness. According to Munoli, Dr. Klauder noted that the skin is the site of sensations such as heat, cold, pain, itching, and even sexual feelings, which indicates that the skin holds psychological significance.

Although psychodermatology has deep historical roots, it is a relatively young field of study. References to the connection between skin conditions and mental states can be found in some of the earliest medical texts. However, it was not formally recognized as a distinct discipline until the mid-20th century. Despite its relatively recent establishment, psychodermatology is inherently interdisciplinary, shaped by contributions from experts across various medical specialties and continually evolving through collaborative efforts. (Franca et al., 2013; Rodriguez-Cerdeira et al., 2011). Rodriguez-Cerdeira et al. traced the field's development into three distinct phases. The early phase involved researchers exploring the link between

personality traits, emotional conflicts, and psychosomatic conditions, such as dermatitis.

Researchers believed that these connections could be understood through a thorough evaluation of physical, psychiatric, and psychological factors, including a patient's life history and psychological tests. Early pioneers included psychiatrists trained in psychoanalysis, with dermatologists working alongside them. Over time, Rodriguez-Cerdeira et al. observed that dermatology has recognized that skin diseases are not isolated but part of a broader human pathology. In 1960, psychology began to move beyond its early anecdotal phase. Researchers realized that the evidence used to conclude was often too selective and insufficient for scientific analysis. Many studies lacked proper control groups, and the doctor-patient relationship was rarely considered. This made it difficult to make accurate assessments and predictions about psychodermatology. At this stage, psychodermatology began integrating methods from various disciplines for a more scientific evaluation of the mind-skin connection. In France, dermatologists trained in psychoanalysis developed a unique approach to treating skin diseases at Tarnier Hospital. Rodriguez-Cerdeira et al. noted that the dermatologists focused on identifying and managing patient distress rather than adding another specialized treatment to outpatient care. In the next phase, known as the integrative phase, teamwork became increasingly essential, involving a wider range of disciplines to better understand the psychological influences on skin conditions. Researchers and therapists have recognized the connection between psychodermatology and other biological sciences, as well as the limitations of their contributions. Research in this field requires both depth—such as the application of psychoanalytic techniques—and breadth. At this stage, the impact of dermatitis extends beyond the individual, as dermatology recognizes that skin diseases are part of a broader spectrum of human health. Effective treatment involves assessing the skin condition and underlying social,

family and work-related issues. According to Rodriguez-Cerdeira et al., management required a dual approach combining dermatological treatment with psychological support. In the last phase, referred to as the contemporary phase, experts categorized psychodermatological disorders into three main types: psychophysiological, primary, and secondary. Psychophysiological disorders refer to skin conditions like eczema and psoriasis that worsen with emotional stress. Primary psychiatric disorders such as trichotillomania are primarily psychological, with skin symptoms caused by self-inflicted behaviours. Secondary psychiatric disorders occur in individuals with severe psychological distress, leading to issues like low self-esteem and body image concerns. Conditions that cause visible skin changes can trigger emotions such as depression, frustration, humiliation and social anxiety. Rodriguez-Cerdeira et al. argued that this classification was a foundational step in establishing a European society dedicated to Psychosomatic Dermatology, a new subspeciality that united professionals from multiple fields.

Despite the historical roots of psychodermatology, research indicated that only 18% of dermatologists are aware of this field (Taranu et al., 2016). The field is well-established in Europe. Two European organizations are responsible for promoting clinical and academic excellence in psychodermatology: the European Society of Dermatology and Psychiatry and Psychodermatology UK. Japan also has an established organization—the Japanese Society of Psychosomatic Dermatology (Jafferany & Franca, 2016). According to the Association for Psychoneurocutaneous Medicine of North America (APMNA, 2024) website, its efforts have been slower to gain traction in the United States. The association highlighted that only a few psychodermatology clinics exist in the U.S., and medical school curricula rarely include content on the mind-skin connection. Research in this area has been limited due to a lack of funding and a shortage of dedicated researchers (Clay, 2015). However, building strong collaborations

between dermatologists, psychologists, and psychiatrists is essential for effective patient care. Rodriguez-Cerdeira et al. (2011) recommended that dermatologists also possess a fundamental understanding of psychiatry to effectively address the psychological aspects of skin conditions.

A study by Christensen and Jafferany (2022) examined practice patterns among dermatologists and dermatology trainees from 18 countries across North America, Europe and Asia; over half of the respondents indicated managing more than 30 psychodermatology cases a week. Turk et al. (2020) found that dermatologists in Turkey and the Middle East reported that 25% of their patient cases were psychodermatology-related. Hughes (2022) highlighted challenges similar to those expressed by Clay (2015). Hughes (2022) noted that several factors hinder clinicians in various regions from integrating psychological assessments into their time-constrained clinic appointments, including a lack of psychodermatology training, insufficient staffing, and inadequate funding. Hughes further stated that addressing these challenges is essential to prioritize the mental health of patients with skin conditions. Allocating necessary resources systematically to embed psychological services into a stepped model of dermatological care would improve patient outcomes.

Currently, there are no psychodermatology clinics in Canada. However, a collaborative group was established in 2022, with the hope that it would be recognized as a subspecialty (Association for Psychoneurocutaneous Medicine of North America, 2024). Tarek et al. (2021) designed a questionnaire to evaluate Canadian dermatologists' perceptions of psychodermatology, practice approaches and challenges. Among the 78 Canadian dermatologists who participated, over 75% reported managing patients with psychodermatological conditions, with an estimated 10-25% of their total caseload relating to psychodermatological conditions. Participants expressed a moderate understanding of psychodermatology, but their comfort in

managing patients with this symptomology was lower. Half of Tarek et al.'s respondents identified a multidisciplinary approach as the most effective strategy for managing these patients. The most frequently cited challenges were time constraints, inadequate training, poor patient communication, and insufficient resources. Furthermore, 46.2% of Canadian dermatologists had never participated in psychodermatology training, yet 55.1% expressed interest in pursuing it.

Subtheme C1: Psychodermatology - Conceptual and Practical Models

Zhou et al. (2018) examined the existing operational structure of specialized psychodermatology models. The authors reviewed seventeen articles that explored the structure and concept of psychodermatology clinics. These articles highlighted clinics from various regions worldwide, including Europe, Asia, North America and South America. Specific models advocate for patients to be assessed concurrently by a dermatologist and a mental health professional within the same consultation room; this practice has shown optimal treatment outcomes. In other models, patients may undergo separate evaluations by a dermatologist and a mental health professional, or in some cases, assessments are conducted outside the consultation room in a more relaxed setting (Bewley et al., 2014; Zhou et al., 2018). During initial consultations, standard assessment tools are used, including the Dermatology Life Quality Index (DLQI), Hospital Anxiety and Depression Scale (HADS), Beck Depression Inventory (BDI), and Brief Symptom Inventory (BSI). The Children's Dermatology Life Quality Index (CLQI) is commonly used for pediatric patients. The typical appointment duration ranges from 45 to 60 minutes for new patients and 20 to 30 minutes for follow-up visits (Zhou et al., 2018). Gibson et al. (2021) and Zagami et al. (2023) also suggested using standard assessments such as the Patient Health Questionnaire-2 (PHQ-2) or the Generalized Anxiety Disorder 7-item (GAD-7) to better recognize mental health concerns. Zagami et al. (2023) recognized that the time required to

administer the PHQ-9 is likely impractical for dermatologists, and the PHQ-2 is a more realistic alternative. If the patient screens positive using the PHQ-2, they can be referred to a mental health professional for a more comprehensive assessment using the PHQ-9. Zagami et al. made another suggestion regarding the use of screening tools, which includes self-assessments. They explained that dermatologists can guide patients to complete standardized self-assessments on a patient portal. These tools can then provide data to support dermatologists in diagnosing and managing skin conditions that co-occur with a psychological disorder.

Many specialized psychodermatology clinics operate one or two days a week and typically accommodate 2 to 5 patients per day (Zhou et al., 2018). Gibson et al. (2021) provided insights from established psychodermatology clinics in the UK. Gibson et al. also suggested that joint assessment appointments be offered and agreed that a 45-minute appointment is optimal, as this allows for a detailed psychosocial assessment. Gibson et al. confirmed that providing assessments for psychological intervention should be within the same facility. Zhou et al. (2018) and Gibson et al. (2021) both advocated a stepped-care approach. In this model, patients start with less intrusive treatments, with the level of care increasing only if initial interventions fail to achieve the desired outcome.

Shah (2018) examined the impact of integrating a psychologist into the dermatology department at the Royal London Hospital. The study involved 68 patients who completed standardized psychological assessments before and after therapy. Patients reported challenges such as anxiety, depression, low self-esteem, social anxiety, adjustment difficulties and stress. Tailored therapies were offered, including cognitive-behavioural therapy, habit reversal, systemic family therapy, behavioural therapy, psychoeducation, stress management or integrated approaches combining these techniques. Shah's findings showed that 90% of patients completed

therapy by attending an average of 7 sessions. Significant improvements were observed in psychological distress, anxiety, depression, appearance-related concerns and quality of life, with all scores falling within the normal range by the end of therapy. Feedback questionnaires indicated that patients felt their dermatological and psychological needs were adequately met, valued their care, and regarded the treatment as successful.

Subtheme C2: Common Psychological Interventions in Psychodermatology

Goldin (2021) suggested that the primary approach to treating psychodermatologic conditions involves empathy toward the patient, fostering a strong therapeutic alliance and employing a collaborative team effort. Conducting joint sessions emphasizes the value of holistic care and helps diminish the stigma surrounding mental health in dermatology (Shah, 2018). Shah noted that patient feedback indicated that this approach establishes a sense of being treated as a whole person, rather than solely as a medical condition, which contributes to reduced stigma and greater acceptance of psychological support. Adding psychoeducation materials to clinical practice, such as informational leaflets, are an effective way to enhance clients' understanding (Bewley et al., 2014). Providing these informational leaflets on the connection between the mind and skin also improves clients' insights and normalizes their experiences, diminishing feelings of shame and fear.

Several authors cited cognitive behavioural therapy (CBT) as beneficial for psychodermatology practices. For treatment to be effective, it is vital first to consider the client's established coping mechanisms, as their approach to managing their skin condition significantly impacts how they process and handle their emotions (Bewley et al., 2014).

CBT is a form of psychotherapy that is designed to identify and modify distorted thoughts, beliefs and behaviours. The primary goal is to enhance emotional regulation and

develop effective coping strategies (Zagami et al., 2023). CBT must be tailored to each individual and their circumstance (Bewley et al., 2014). In conjunction with CBT, Zagami et al. (2023) also suggested the following interventions: desensitization, exposure and response prevention, acceptance-enhanced behavioural therapy and mindfulness. Mindfulness is described as focusing on the moment and practicing acceptance of the given situation (Shenefelt, 2015). Additionally, stress can exacerbate certain chronic skin conditions, which may in turn heighten stress levels, creating a self-perpetuating cycle. Relaxation techniques can help lower psychological arousal and reduce stress and anxiety, including deep breathing, progressive muscle relaxation, yoga, and meditation (Bewley et al., 2014).

Dialectical behaviour therapy (DBT) is a unique type of cognitive behavioural therapy (CBT) where the therapist partners with the patient, acting as both an ally and an advocate. In this approach, the therapist helps the patient tackle maladaptive psychosocial behaviours and offers practical advice for improvement (Zagami et al., 2023). DBT utilizes various tools, including relaxation methods such as meditation, and may also involve maintaining a diary or journaling.

Emotional freedom techniques (EFT) have a connection with acupuncture. The individual begins this type of therapy by identifying a memory or issue that brings up negative emotions. The goal is to focus intensely on the thought, memory or condition while applying pressure just below the clavicle. Throughout this process, the individual repeats an affirmation related to acceptance (Shenefelt, 2015). Similar to EFT, Eye Movement Desensitization and Reprocessing (EMDR) involves identifying a distressing memory or issue and concentrating on it. Shenefelt noted that the person engages in an alternating bilateral activity.

Social skills training has proven beneficial for individuals with skin conditions by equipping them to manage others' reactions and navigate social interactions effectively. This approach promotes positive adjustment by reducing social anxiety and distress. It helps individuals receive more favourable feedback during social encounters, which contributes to the development of a more positive self-image (Bewley et al., 2014).

When individuals present with both skin-related and depressive symptoms, it is essential to take a comprehensive sleep history and inquire further about their mood. Questions should include assessments of suicidal thoughts, feelings of guilt, fatigue, and persistent negative thoughts without suicidal intent, as these may be associated with self-harming behaviours such as cutting, picking, or scratching (Bewley et al., 2014; Goldin, 2021). A suicide risk assessment is necessary, primarily if the skin lesions are in areas of the body that are easily visible. If a patient is determined to be at high risk for suicide, an urgent referral to a psychiatrist should be made. For many dermatologists, assessing suicide risk may be uncomfortable since it is not typically part of their daily clinical practice. However, developing the skills necessary to manage and prioritize patients at risk properly is crucial (Marshall et al., 2016). According to Marshall et al., suicide risk screening should involve evaluating the emotional impact of the patient's skin condition, directly asking about suicidal thoughts and other mental health concerns, and carefully considering any reassurances given by patients who present with significant risk factors. Effective psychological interventions are essential in psychodermatology, as they address the connection between skin conditions and mental health, allowing individuals to live well despite their skin issues (Hughes, 2022). While a multidisciplinary approach may not always resolve or eliminate skin conditions, Hughes argued it is crucial to incorporate mental and emotional well-being into clinical assessments. This integration enables clinicians to provide patients with the

necessary resources to help them manage and cope effectively with their conditions. Adopting a psychodermatology perspective can significantly enhance patient outcomes (Goldin, 2021).

Subtheme C3: Existing Gaps in Psychodermatology

Despite its growing relevance, psychodermatology faces several limitations that hinder its widespread recognition and implementation. One key challenge is the lack of standardized guidelines, making it difficult for dermatologists and mental health professionals to integrate psychological interventions effectively. Additionally, regional and cultural disparities contribute to uneven access, with most research in specialized clinics concentrated in Europe, North America and Japan, leaving other regions underrepresented. This limited research funding and training opportunities further limit awareness, particularly in North America, where psychodermatology remains a niche field. Even when implemented, barriers such as time constraints, staffing shortages and financial limitations pose challenges to sustainability. While various psychological interventions, such as CBT, mindfulness, and EMDR, have shown promise, there is a lack of guidance on tailoring these approaches to specific dermatological conditions and diverse patient populations. Lastly, patient adherence and receptiveness remain underexplored, raising questions about the real-world effectiveness of psychodermatological care. Addressing these limitations through standardized protocols, increased research funding, and interdisciplinary collaboration could enhance the field's accessibility and impact.

Counselling Approaches to Supporting Individuals with Chronic Skin Conditions

Integrated care models can improve collaboration between dermatology and mental health services, a concept being advanced within the emerging field of psychodermatology. The interventions outlined above suggest approaches to address psychological symptoms from a psychodermatology perspective.

Mental health professionals are equipped to utilize existing frameworks to meet the psychological needs of patients with chronic skin conditions, even if these frameworks are not rooted in an interdisciplinary model. These frameworks include CBT, narrative therapy, and trauma-informed care.

Therapy Models

Cognitive behavioural therapy (CBT) is a structured psychological intervention that helps individuals identify and change unhelpful thought patterns and behaviours. It operates on the principle that difficult experiences often elicit distorted thinking and maladaptive responses (Revankar et al., 2022). CBT aims to enhance self-awareness and equip individuals with practical tools to reframe negative thoughts and respond to future stressors more adaptively and constructively. CBT can assist clients in identifying and restructuring negative beliefs about their appearance and enhancing coping strategies (Fortune et al., 2002).

Narrative therapy provides a valuable framework for supporting individuals with chronic skin conditions, offering a means of reinterpreting the impact of illness on personal identity. Payne (2006) suggested that narrative therapists should encourage clients to focus on the unusual aspects of their experiences, specifically, the events that differ from the dominant problem-saturated narrative. By exploring these exceptions in depth, individuals can create alternative stories about their lives.

A key technique utilized in narrative therapy is externalizing the problem. This approach frames issues as external influences affecting the individual, rather than as integral aspects of their identity. The primary aim of externalization is to help individuals distinguish their sense of self from their challenges (Payne, 2006). By adopting this perspective, Payne noted that clients are encouraged to perceive their difficulties as the result of broader contextual or relational

factors, rather than as personal shortcomings. For individuals with visible skin conditions, narrative therapy provides an opportunity to re-author their experiences, challenge internalized societal messages about appearance and self-worth and construct new narratives that emphasize strength and potential.

Trauma-informed care is another essential framework for supporting individuals with chronic skin conditions, particularly those who have experienced bullying or body-related shame. This approach is grounded in an understanding of how trauma affects psychological, emotional and psychological functioning. Rather than focusing solely on symptom reduction, trauma-informed care emphasizes safety, trust, choice, collaboration and empowerment in the therapeutic relationship (SAMHSA, 2014). For individuals whose dermatological conditions have led to stigmatization or repeated invalidation, a trauma-informed approach can help reduce re-traumatization and create a sense of psychological safety. Integrating trauma-informed principles not only supports symptom management but also fosters long-term resilience by validating the lived experiences of clients and promoting self-compassion (SAMHSA, 2014).

Conclusion

In conclusion, this chapter examined the psychosocial aspects of chronic skin conditions, emphasizing how these conditions can significantly impact an individual's emotional well-being and overall quality of life. The intricate relationship between skin health and psychological factors highlights the necessity for healthcare professionals to address both physical and mental health needs when treating patients with dermatological disorders.

Furthermore, this chapter outlines the potential for interdisciplinary collaboration in healthcare. Dermatologists and mental health professionals can collaborate to develop a more holistic treatment approach, considering the patient's complete health. The emerging field of psychodermatology sits at the intersection of these areas, offering an opportunity to integrate

psychological care into dermatological practices. By understanding these key themes, this chapter lays the groundwork for further discussion in Chapter Three.

Chapter Three: Discussion and Applied Practice

Revisiting the Purpose and Research Question

Chronic skin conditions are a significant global health concern, affecting billions of individuals worldwide. The figures presented in the literature review highlight the widespread nature of dermatological conditions and the need for comprehensive management approaches that address physical symptoms and psychological and social well-being.

According to Social Identity Theory, group membership is integral to self-concept (Stets & Burke, 2000). Individuals with chronic skin conditions may feel marginalized by societal beauty standards, leading to stigmatization and a distorted self-image. This misalignment between appearance and social expectations can result in stigmatization, social withdrawal, and a negative self-concept, further exacerbating mental health challenges such as anxiety, depression, and reduced quality of life.

The primary purpose of this study is to examine the intersection between dermatology and mental health. Interdisciplinary collaboration between dermatologists and mental health professionals can improve patient outcomes, given the cyclical nature of physical and psychological symptoms. The central question guiding this study is: How can dermatologists and mental health professionals collaborate more effectively to support the psychological needs of patients with chronic skin conditions?

Key Findings from the Literature Review

The literature review revealed several key themes reinforcing the need for integrated care. First, numerous studies highlighted the bidirectional relationship between skin health and mental health. Chronic skin conditions are not merely aesthetic concerns; they can significantly impact the quality of life of individuals. The psychosocial consequences of psychodermatological disorders are profound, affecting patients' self-esteem, social interactions

and overall quality of life. Skin conditions that result in visible changes can lead to feelings of embarrassment, isolation and discrimination, which exacerbate underlying psychological distress. Studies suggested that individuals with chronic skin conditions often experience increased levels of anxiety and depression, further highlighting the need for mental health support in dermatological care.

In many cases, the social stigma associated with skin disorders can create additional emotional burdens, making patients reluctant to seek treatment. The literature emphasized the importance of addressing the physical and psychological aspects of these conditions through an integrated treatment approach. Collaboration between healthcare professionals plays a crucial role in effective management. The literature emphasized the importance of establishing working relationships between dermatologists, psychologists, and psychiatrists to ensure comprehensive patient care. Interdisciplinary teamwork allows for a more advanced understanding of the complex relationship between skin disorders and mental health conditions. Although there is a recognized need for collaboration, barriers such as limited interdisciplinary training, time constraints, and institutional silos hinder effective communication and cooperation among healthcare providers. Addressing these challenges requires the development of integrative training programs that equip medical professionals with the knowledge and skills necessary to recognize and effectively manage psychodermatological conditions. A significant finding from the literature was the recognition that emotional and psychological stressors can exacerbate dermatological conditions such as eczema and psoriasis. Conversely, disfiguring skin conditions can lead to profound psychological distress, including depression, anxiety and social withdrawal. This bidirectional relationship highlights the importance of a dual management approach, where dermatological and psychological interventions are integrated into patient care. Many individuals

with psychodermatological conditions are hesitant to seek holistic treatment, often due to stigma or a lack of awareness. This highlights the importance of dermatologists understanding psychological principles for better communication and promoting holistic treatment strategies, while psychologists should also be aware of skin disorders.

Limitations and Gaps in Current Research

There is a growing need for increased collaboration between disciplines. While there is an increasing recognition of the interconnectedness between skin and mental health, many dermatologists lack formal training in psychology, and psychologists often lack expertise in dermatological conditions. This gap highlights the necessity of enhanced interdisciplinary education and training programs to bridge knowledge deficits. Another major challenge highlighted was the lack of large-scale, statistically significant studies that comprehensively examined the effectiveness of integrated treatment models. Much of the historical data was anecdotal or based on small patient samples, which limits the generalizability of findings.

Another notable limitation was the minimal emphasis on socio-cultural and systemic factors influencing psychodermatological conditions. Research has predominantly focused on clinical and biological aspects, often neglecting the role of societal inequities, such as access to mental healthcare, healthcare disparities and cultural stigmas surrounding both mental illness and dermatological disorders. Furthermore, the literature suggested that siloed structures make it challenging for patients to receive psychodermatological care. Healthcare systems often operate in silos, making it challenging for patients to receive comprehensive, multidisciplinary care. Insurance limitations, lack of specialized professionals and societal stigma further contribute to the disparities in treatment accessibility. Addressing these disparities would require a systemic approach that integrates policy changes, increased funding for interdisciplinary research, and greater public awareness initiatives.

Learnings and Appreciations Within Current Knowledge

The literature review highlights the importance of increased awareness and structured collaboration among healthcare professionals. The importance of addressing chronic skin conditions through a multidisciplinary approach is becoming increasingly apparent. By promoting partnerships between dermatologists and mental health practitioners, patients can receive care that addresses the physiological and psychological aspects of their conditions. Moreover, it is crucial to advocate for policies that support such collaborative efforts, including training programs that inform dermatologists about the psychological implications of skin diseases and vice versa.

Addressing chronic skin conditions requires more than just medical treatment; it necessitates a shift toward an integrated, patient-centred approach that recognizes the profound relationship between skin health and mental well-being. This research contributes to the growing discourse on interdisciplinary collaboration and aims to provide actionable recommendations that enhance the quality of life for individuals affected by chronic dermatological conditions. It emphasizes recognizing the connection between the mind and skin and reframing narratives surrounding skin conditions. Building on this foundation, it becomes essential to explore how established therapeutic approaches and counselling practices can be adapted to address the unique emotional and psychological challenges faced by individuals with skin conditions.

Implications for Counselling Practice

Drawing on existing therapeutic frameworks, such as cognitive-behavioural therapy, narrative therapy, mindfulness, and self-compassion programs, therapists are uniquely positioned to support holistic healing and resilience-building for this population. CBT offers powerful tools for addressing distorted body image beliefs, social avoidance behaviours commonly associated with visible conditions. Tailored interventions may include thought restructuring exercises,

behavioural experiments to reduce avoidance and strategies for enhancing treatment adherence. CBT helps clients reframe self-perceptions and rebuild confidence in various social environments by targeting maladaptive cognitive patterns.

Narrative therapy encourages individuals to separate their identity from their dermatological conditions, reducing internalized stigma and fostering empowerment. Through re-authoring conversations, individuals can work towards moving beyond “problem-saturated” narratives toward more hopeful, resilient stories that emphasize personal strengths for individuals whose sense of self has been overshadowed.

Therapists are also well-positioned to collaborate with dermatology teams. They can conduct screenings, offer brief interventions, and participate in treatment planning alongside dermatologists. Further, therapists can help empower patients to advocate for their needs, such as seeking mental health referrals. Proactive psychoeducation about the emotional impacts of skin conditions can destigmatize psychological struggles and encourage earlier engagement with mental health support. Therapists are also able to offer preventive interventions at critical life transitions, equipping patients with coping strategies to manage stressors that could exacerbate skin symptoms.

Additionally, therapists can support program development and training. They can contribute to designing and implementing screening protocols, integrated care pathways and training modules for dermatology staff. Providing basic mental health training to non-mental health clinicians can broaden the clinic’s capacity to support patients emotionally, even when a full-time mental health provider is not available. By thoughtfully integrating therapeutic approaches into interdisciplinary practice, therapists can address the psychological impacts of dermatological conditions and contribute to systemic shifts in how holistic healthcare is

envisioned and delivered. In doing so, they can help ensure that patients' mental health is recognized as essential to their overall healing process, not secondary to it.

Proposed Applied Practice

To bridge the identified gaps in interdisciplinary collaboration, a proposed action is the development of integrated dermatology-mental health clinics. These specialized clinics would house dermatologists and mental health professionals, facilitating a collaborative care model that provides patients with simultaneous medical and psychological support. This structure would ensure real-time consultation between specialists, resulting in personalized treatment plans that address both skin conditions and mental health concerns. These clinics could be implemented within hospitals, specialized healthcare centers, or standalone facilities dedicated to holistic dermatological care.

Further, routine screening tools such as the Beck Depression Inventory (PHQ-9) and the Dermatology Life Quality Index (DLQI) can enhance early detection of psychological distress in dermatology patients (Tran et al., 2020). Another potential initiative is the development of personalized patient care plans that incorporate dermatological treatment and mental health support. These plans would be designed collaboratively by dermatologists and psychologists, ensuring that patients receive a well-rounded approach to managing their conditions by incorporating mental health screenings during dermatology visits. According to Tran et al., this approach enables the implementation of early intervention strategies, thereby reducing the long-term psychological burden associated with chronic skin conditions. Brief psychotherapeutic strategies, including patient-centred and motivational interviewing, could encourage patients to accept psychological referrals when needed. Tran et al. observed that interventions like five-minute mindfulness-based strategies have yielded positive health outcomes, reinforcing the value of incorporating mental health support into dermatological care.

A structured professional referral system could address prolonged wait times and referral uncertainties. While the Association for Psychoneurocutaneous Medicine of North America (APMNA) currently provides a directory of psychodermatology professionals, a formalized referral network does not yet exist. Developing such a system within APMNA could enhance the coordination and accessibility of care for patients requiring psychosocial support (Tran et al., 2020). Tran et al. also recommended that health insurance companies could expand their “search by specialty” features to include psychodermatology, increasing visibility and awareness of this subspecialty among providers and patients. Patient care could be streamlined further by integrating a referral system into existing electronic medical record (EMR) interfaces, providing a structured and evidence-based approach to psychodermatological patient care (Tan et al., 2024). This system would facilitate interdisciplinary collaboration by enabling seamless referrals among dermatologists, psychiatrists, psychologists and social workers, ensuring patients receive timely and appropriate care. By optimizing an EMR-based referral system, delays in care referrals could be minimized, improving overall efficiency in patient care transitions. Tan et al. noted that this system can guide referrals based on a patient’s position on the psychodermatology spectrum, enabling a more tailored and patient-centred approach.

To further enhance interdisciplinary collaboration, an educational framework for dermatologists could incorporate basic psychological assessment training, enabling them to recognize early signs of distress in patients. Similarly, mental health professionals could receive training on the dermatological impact of stress and anxiety, fostering a more cohesive approach to patient care. Continuing medical education (CME) courses and workshops developed in collaboration with dermatology and psychology associations would equip practitioners with the

necessary skills to address the psychosocial dimensions of chronic skin conditions (Tran et al., 2020).

Additionally, implementing telehealth support groups for individuals with chronic skin conditions could provide a platform for shared experiences and coping strategies. These groups, moderated by mental health professionals, could create a sense of community and reduce the feeling of isolation experienced by many patients. Online platforms could increase accessibility, particularly for individuals in remote or underserved areas who may not have direct access to specialized care (Banbury et al., 2018). Regular virtual sessions could offer psychoeducation, stress management techniques, and peer support, contributing to improved emotional resilience. Dermatologists and mental health professionals could integrate referrals into routine practice to enhance patient engagement with these support groups. Providers could assess patients for psychosocial concerns during clinical visits using the suggested screening tools above (PHQ-9 and DLQI). Based on these assessments, patients needing additional mental health support could be directly referred to telehealth support groups through an integrated referral system. These referrals could be facilitated via electronic medical records (EMR), ensuring a streamlined process and allowing providers to track patient participation and progress. Healthcare institutions and patient advocacy organizations could actively promote these groups, raising awareness of their availability and potential benefits. From the perspective of Social Identity Theory, individuals derive part of their self-concept from their membership in social groups, which affects self-esteem and behaviour (Stets & Burke, 2000). Patients with chronic skin conditions may perceive themselves as part of a stigmatized “out-group,” leading to marginalization and social exclusion. Implementing telehealth support groups can help mitigate the psychological impact of this stigma by creating a sense of belonging. These groups provide an environment

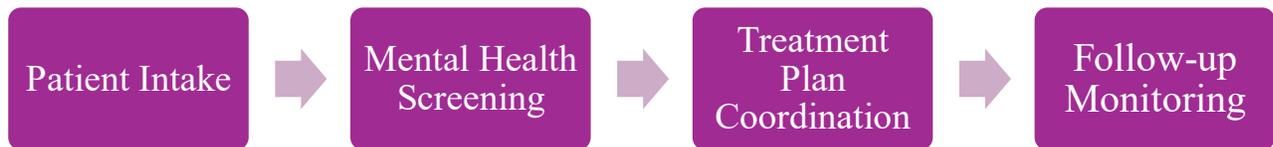
where patients can engage in “social creativity” by positively redefining their identity or “social companionship” by challenging stereotypes. This understanding can guide mental health professionals in tailoring support strategies that align with patients’ coping mechanisms, ultimately strengthening their self-worth and well-being.

Proposed Implementation Framework for Integration

Figure 1 illustrates a proposed conceptual framework for integrating dermatology and mental health care to operationalize mental health professionals in dermatology clinics (see Appendix A). The framework has been adapted based on the suggestions from the research mentioned above.

Figure 1

Flow of Care



Barriers to Implementation and Proposed Solutions

Table 1 outlines the possible barriers and as well as some proposed solutions for integrating dermatology and mental health care.

Table 1

Barriers/Solutions

Potential Barrier	Proposed Solution
Budget Constraints	Apply for grants to demonstrate long-term cost savings through reduced missed appointments and improved dermatological improvements.
Staffing Issues	Start with part-time or contracted mental health professionals, gradually scale based on clinic needs and available funding

Potential Barrier	Proposed Solution
Resistance to Change	Implement interdisciplinary training programs to foster buy-in; emphasize improved patient outcomes and enhanced provider satisfaction. Host joint workshops for dermatologists and mental health professionals
Workflow Disruption	Pilot smaller scale interventions (one screening question or a single part-time mental health professional) to minimize disruption and gradually build complexity.

Evaluation Metrics

The indicators outlined in Table 2 could be tracked to assess the effectiveness of the proposed integrated model.

Table 2

Evaluation Metrics

Evaluation Metrics	
Patient Satisfaction	Surveys post-appointment regarding overall satisfaction, feelings of being heard and mental health support received.
Adherence to Treatment Plans	Tracking appointment attendance and adherence to both dermatological and mental health treatment plans.
Changes in Mental Health Symptoms	Monitoring mental health screening tools over time to measure symptom improvement.
Reduction in Missed Appointments	Comparing rates of no-shows and cancellations pre and post implementation
Clinician Feedback	Surveys and interviews assessing dermatologists' and mental health professionals' perspectives on workflow, collaboration and patient outcomes.

Adaptations for Diverse Settings

Adapting integrated dermatology-mental health care models to diverse settings and populations is essential to maximizing accessibility and effectiveness. In rural clinics where on-site mental health professionals may be unavailable, telehealth consultations can offer a viable alternative for conducting mental health assessments. Collaborations with regional mental health organizations can also help bridge resource gaps in these areas.

Public clinics may benefit from grant funding or partnerships with nonprofit organizations to support the delivery of integrated services. At the same time, private practices might position such services as value-added offerings that enhance patient experience and differentiate themselves within competitive markets.

Age-specific considerations are also important. For adolescents, mental health screening tools should address social and developmental dimensions, including peer relationships, school stressors and emerging identity issues. Conversely, older adults may benefit from assessments that account for physical comorbidities, age-related cognitive changes and the potential impact of social isolation.

Cultural competence plays a role in ensuring equitable access and engagement. Culturally adapted screening tools, multilingual service provision and the involvement of mental health professionals trained in cultural responsiveness are vital components for reaching diverse populations. Integrating these contextual considerations supports the development of flexible and inclusive models that can be effectively scaled across diverse communities and clinical environments.

Addressing Mental Health Providers' Response to Patients with Chronic Skin Conditions

People with a typical appearance tend to respond to individuals with facial disfigurement in two primary ways: (a) directing unwanted attention, such as staring, or (b) avoiding interaction altogether (Hailoua et al., 2011). Mental health professionals may face unique challenges when treating patients with chronic skin conditions, particularly those with visible or disfiguring effects. Disfiguring skin conditions can evoke unconscious biases or discomfort in providers, potentially affecting the therapeutic relationship. Therapists can benefit from exposure to case

studies and real-world scenarios to enhance their competence in working with this patient population.

Reflections on Personal Learning

As I reflect on my journey through the Capstone project, I am struck by the profound personal significance of this research and how it has shaped my understanding of myself and the broader implications of chronic skin conditions. My personal experiences with vitiligo have provided me with invaluable insight into the psychological and social challenges associated with visible differences.

Engaging in this research has been both a professional and deeply personal endeavour, as it has pushed me to revisit painful memories while offering a path toward healing and advocacy. It has reinforced my belief in the necessity of a comprehensive, interdisciplinary approach to care—one that prioritizes not just physical treatment but also emotional well-being.

The literature review supported and expanded my experiential understanding, highlighting a growing consensus on the need for structured collaboration among healthcare professionals. The research emphasized that chronic skin conditions should not be treated solely through dermatological interventions. Instead, the literature advocates for a multidisciplinary approach—integrating mental health professionals into dermatology settings—to address the physiological and psychological aspects of these conditions. These insights affirmed my personal and professional belief in holistic patient-centred care. The literature also helped me recognize that while interdisciplinary collaboration is ideal in theory, its implementation requires policy support, training programs and systemic commitment. The tension between theory and practice played a significant role in shaping my applied recommendations.

This Capstone project has reinforced my commitment to becoming a therapist and advocate within an interdisciplinary care framework. As I look ahead, I am inspired to help

bridge the gaps between disciplines that often work in isolation. I envision contributing by providing one-on-one therapeutic support and hope to find a dermatologist interested in collaborating. My future goals include developing screening tools, promoting culturally competent care, and participating in training programs that educate professionals on the mental health implications of skin conditions. I aspire to be part of the movement that normalizes the integration of emotional and physical care in treating chronic dermatological conditions.

Ultimately, this project has been both an academic pursuit and a personal reflection. It has allowed me to channel my struggles into advocacy and proposed action in the hopes that the lives of others facing similar challenges will improve. The emotional weight of this research has been significant, but so too has the sense of fulfillment in knowing that my work has the potential to make a difference. This Capstone project has expanded my academic and professional development. It has also been a step in my healing journey, as it was validating to see that the research highlighted a connection between the mind and skin.

Conclusion

This capstone has explored the intricate relationship between dermatology and mental health, emphasizing the need for a more integrated approach to patient care. Research has shown that chronic skin conditions extend beyond physical manifestations, affecting not only psychological well-being but also social identity and self-esteem. By examining the possibility of interdisciplinary collaboration, the emerging field of psychodermatology is revealed, and key gaps in current healthcare practices, along with proposed actionable solutions, are presented throughout chapter three. Future research could continue to explore innovative ways to strengthen interdisciplinary collaboration, optimize referral pathways and expand access to psychodermatological care. By advancing these efforts, all healthcare providers can ensure that

individuals with chronic skin conditions receive timely, effective, empathetic care tailored to their unique needs.

Final Thoughts

Skin is more than just a barrier; it tells a story, reflects an individual's identity, and shapes how the world perceives them. For those living with chronic skin conditions, that narrative often comes with unseen struggles. This capstone examined the crucial intersection of dermatology and mental health, advocating for a future where care is not merely skin-deep but encompasses patients' emotional and social well-being. By embracing integration, collaboration, and innovation, patient care can transform into a model that recognizes the full spectrum of healing. The road ahead calls for a healthcare system that looks beyond the surface, ensuring that no patient feels alone on their journey toward both physical and psychological well-being.

References

- Alshahwan, M. A. (2015). The prevalence of anxiety and depression in Arab dermatology patients. *Journal of Cutaneous Medicine and Surgery*, *19*(3), 297–303.
<https://doi.org/10.2310/7750.2014.14110>
- Association for Psychoneurocutaneous Medicine of North America. (2024). *Psychodermatology Canada*. <https://psychodermatology.us/psychodermatology-canada/>
- Baker, N., & Billick, S. B. (2022). Psychiatric consequences of skin conditions: Multiple case study analysis with literature review. *Psychiatric Quarterly*, *93*(3), 841–847.
<https://doi.org/10.1007/s11126-022-09991-6>
- Banbury, A., Nancarrow, S., Dart, J., Gray, L., & Parkinson, L. (2018). Telehealth interventions delivering home-based support group videoconferencing: Systematic review. *Journal of Medical Internet Research*, *20*(2), Article e25. <https://doi.org/10.2196/jmir.8090>
- Bewley, A., Taylor, R. E., Reichenberg, J. S., & Magid, M. (Eds.) (2014). *Practical psychodermatology*. Wiley-Blackwell.
- Canadian Dermatology Association. (2025). *Skin conditions*. <https://dermatology.ca/public-patients/diseases-conditions/skin-conditions/>
- Christensen, R. E., & Jafferany, M. (2022). Global awareness, knowledge, and practice patterns of psychocutaneous medicine. *The Primary Care Companion for CNS Disorders*, *24*(4).
<https://doi.org/10.4088/pcc.21r03175>
- Clay, R. A. (2015, February). *The link between skin and psychology*. American Psychological Association. <https://www.apa.org/monitor/2015/02/cover-skin>

- Connor, C. (2017). Management of the psychological comorbidities of dermatological conditions: Practitioners guidelines. *Clinical, Cosmetic and Investigational Dermatology*, 2017(10), 117–132. <https://doi.org/10.2147/ccid.s111041>
- Davidson, A. R., Kelly, J., Ball, L., Morgan, M., & Reidlinger, D. P. (2022). What do patients experience? Interprofessional collaborative practice for chronic conditions in primary care: An integrative review. *BMC Primary Care*, 23(1), Article 8. <https://doi.org/10.1186/s12875-021-01595-6>
- de Gallier, T. (2020). 'My skin condition made me a hermit'. BBC. <https://www.bbc.com/bbcthree/article/d38267bc-0127-44f2-a95a-08b74e75c2e5>
- Dreno, B., Amici, J. M., Demessant-Flavigny, A. L., Wright, C., Taieb, C., Desai, S. R., & Alexis, A. (2021). The impact of acne, atopic dermatitis, skin toxins, and scars on quality of life and the importance of a holistic treatment approach. *Clinical, Cosmetic and Investigational Dermatology*, 2021(14), 623–632. <https://doi.org/10.2147/ccid.s315846>
- Ferreira, B. R., Aguirre, C. C., Rapoport-Hubschman, N., Adewuya, A. O., Canchy, L., Morizet, D., Vincenzi, F., & McGlone, F. P. (2023). The skin-brain connection and pleasant touch as supportive care for psychocutaneous disorders. *Skin Health and Disease*, 4(1), Article ski2.310. <https://doi.org/10.1002/ski2.310>
- Flinn, C., McInerney, A., & Nearchou, F. (2024). The prevalence of comorbid mental health difficulties in young people with chronic skin conditions: A systematic review and meta-analysis. *Journal of Health Psychology*, 30(4), 652–679. <https://doi.org/10.1177/13591053241252216>
- Fortune, D. G., Richards, H. L., Griffiths, C. E. M., & Main, C. J. (2002). Psychological stress, distress and disability in patients with psoriasis: Consensus and variation in the

- contribution of illness perceptions, coping and alexithymia. *British Journal of Clinical Psychology*, 41(2), 157–174. <https://doi.org/10.1348/014466502163949>
- Fournier, H., Calcagni, N., Morice-Picard, F., & Quintard, B. (2023). Psychosocial implications of rare genetic skin diseases affecting appearance on daily life experiences, emotional state, self-perception and quality of life in adults: A systematic review. *Orphanet Journal of Rare Diseases*, 18(1), Article 39. <https://doi.org/10.1186/s13023-023-02629-1>
- Franca, K., Chacon, A., Ledon, J., Savas, J., & Nouri, K. (2013). Psychodermatology: A trip through history. *Anais Brasileiros de Dermatologia*, 88(5), 842–843. <https://doi.org/10.1590/abd1806-4841.20132059>
- Gibson, R., Williams, P., & Hancock, J. (2021). An introduction to the assessment and management of psychodermatological disorders. *BJPsych Advances*, 27(5), 305–312. <https://doi.org/10.1192/bja.2020.66>
- Goldin, D. (2021). Concepts in psychodermatology: An overview for primary care providers. *The Journal for Nurse Practitioners*, 17(1), 93–97. <https://doi.org/10.1016/j.nurpra.2020.04.015>
- Hailoua, R. L., Williams, R. S., Murray, N. P., Skalko, T. K., & Vogelsong, H. G. (2011). Staring and perceptions of people with facial disfigurement. *Therapeutic Recreation Journal*, 45(4), 341–356. https://www.bctra.org/wp-content/uploads/tr_journals/2440-9562-1-PB.pdf
- Hassani, F., Koraei, A., Yaghoobi, R., & Zarea, K. (2021). An evaluating of the relationship between body image, body satisfaction, depression, marital quality, and self-esteem in patients with psoriasis. *Psychology, Health & Medicine*, 26(4), 467–477. <https://doi.org/10.1080/13548506.2020.1766093>

- Hong, J., Koo, B., & Koo, J. (2008). The psychosocial and occupational impact of chronic skin disease. *Dermatologic Therapy*, 21(1), 54–59. <https://doi.org/10.1111/j.1529-8019.2008.00170.x>
- Hughes, O. (2022). The need for psychological support in routine dermatological care across the UK. *British Journal of Dermatology*, 187(5), 778–779. <https://doi.org/10.1111/bjd.21720>
- Hughes, O., Hutchings, P. B., & Phelps, C. (2022). Stigma, social appearance anxiety and coping in men and women living with skin conditions: A mixed methods analysis. *Skin Health and Disease*, 2(4), Article ski2.73. <https://doi.org/10.1002/ski2.73>
- Jafferany, M. (2007). Psychodermatology: A guide to understanding common psychocutaneous disorders. *The Primary Care Companion for CNS Disorders*, 9(3), 203–213. <https://doi.org/10.4088/pcc.v09n0306>
- Jafferany, M., & Franca, K. (2016). Psychodermatology: Basics concepts. *Acta Dermato-Venereologica*, 96(217), 35–37. <https://doi.org/10.2340/00015555-2378>
- Jafferany, M., & Pastolero, P. (2018). Psychiatric and psychological impact of chronic skin disease. *The Primary Care Companion for CNS Disorders*, 20(2), Article 17nr02247. <https://doi.org/10.4088/pcc.17nr02247>
- Kaiser, L., Conrad, S., Neugebauer, E. A. M., Pietsch, B., & Pieper, D. (2022). Interprofessional collaboration and patient-reported outcomes in inpatient care: A systematic review. *Systematic Reviews*, 11(1), Article 169. <https://doi.org/10.1186/s13643-022-02027-x>
- Kanji, A. (2019). Perspective on living with a skin condition and its psychological impact: A survey. *Journal of Patient Experience*, 6(1), 68–71. <https://doi.org/10.1177/2374373518774397>

- Kates, N., Sunderji, N., Ng, V., Patriquin, M., Alloo, J., Mirwaldt, P., Burrell, E., Gervais, M., & Siddiqui, S. (2023). Collaborative mental health care in Canada: Challenges, opportunities and new directions. *The Canadian Journal of Psychiatry*, 68(5), 372–398. <https://doi.org/10.1177/07067437221102201>
- Koo, J., & Lebwohl, A. (2001). Psychodermatology: The mind and skin connection. *American Family Physician*, 64(11), 1873–1879.
- Kowalewska, B., Jankowiak, B., Krajewska-Kułak, E., Khvorik, D. F., & Niczyporuk, W. (2020). Quality of life in skin diseases as perceived by patients and nurses. *Advances in Dermatology and Allergology*, 37(6), 956–961. <https://doi.org/10.5114/ada.2019.86182>
- Mar, K., & Rivers, J. K. (2023). The mind body connection in dermatologic conditions: A literature review. *Journal of Cutaneous Medicine and Surgery*, 27(6), 628–640. <https://doi.org/10.1177/12034754231204295>
- Mayo Clinic. (2023, April 14). *Mental health providers: Tips on finding one*. <https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health-providers/>
- Marshall, C., Taylor, R., & Bewley, A. (2016). Psychodermatology in clinical practice: Main principles. *Acta Dermato Venereologica*, 96(217), 30–34. <https://doi.org/10.2340/00015555-2370>
- Mohapatra, P., Sahu, P., Mohapatra, A., & Kar, N. (2024). Quality of life and well-being of dermatology patients: Influence of associated anxiety and depression in relation to satisfaction of care. *Industrial Psychiatry Journal*, 33(2), 275–280. https://doi.org/10.4103/ipj.ipj_154_23

- Munoli, R. N. (2021). Psychodermatology: An overview of history, concept, classification, and current status. *Indian Journal of Private Psychiatry*, *14*(2), 85–91.
<https://doi.org/10.5005/jp-journals-10067-0067>
- Muzaffar, K. H., Halilu, H. B., Dantata, B. A., Saati, S. M., & Salah, L. A. (2024). Prevalence of anxiety, depression, and body dysmorphic disorders among dermatology outpatients with acne vulgaris at a public hospital in Saudi Arabia. *Cureus*, *16*(7), Article e64917.
<https://doi.org/10.7759/cureus.64917>
- Nguyen, C., Beroukhim, K., Danesh, M., Babikian, A., Koo, J., & Leon, A. (2016). The psychosocial impact of acne, vitiligo, and psoriasis: A review. *Clinical, Cosmetic and Investigational Dermatology*, *2016*(9), 383–392. <https://doi.org/10.2147/ccid.s76088>
- Penzer-Hick, R., & Haddad, M. (2021). Assessing and managing mental health issues in people with chronic skin conditions. *Nursing Standard*, *36*(10), 71–76.
<https://journals.rcni.com/nursing-standard/evidence-and-practice/assessing-and-managing-mental-health-issues-in-people-with-chronic-skin-conditions-ns.2021.e11744/print/full>
- Post, M. (2014). Definitions of quality of life: What has happened and how to move on. *Topics in Spinal Cord Injury Rehabilitation*, *20*(3), 167–180. <https://doi.org/10.1310/sci2003-167>
- Revankar, R. R., Revankar, N. R., Balogh, E. A., Patel, H. A., Kaplan, S. G., & Feldman, S. R. (2022). Cognitive behaviour therapy as dermatological treatment: A narrative review. *International Journal of Women's Dermatology*, *8*(4), Article e068.
<https://doi.org/10.1097/jw9.0000000000000068>

- Ribera, M., Ros, S., Madrid, B., Ruiz-Villaverde, R., Rebollo, F., Gómez, S., Loza, E., & Carretero, G. (2019). Consensus statement on the psychological needs of patients with chronic inflammatory skin diseases. *Actas Dermo-Sifiliográficas (English Edition)*, *110*(2), 102–114. <https://doi.org/10.1016/j.adengl.2019.01.012>
- Rodriguez-Cerdeira, C., Pera-Grasa, J. T., Molares, A., Isa-Isa, R., & Arenas-Guzman, R. (2011). Psychodermatology: Past, present and future. *The Open Dermatology Journal*, *5*(1), 21–27. <https://doi.org/10.2174/1874372201105010021>
- Sampogna, F., Abeni, D., Gieler, U., Tomas-Aragones, L., Lien, L., Titeca, G., Jemec, G., Misery, L., Szabó, C., Linder, M., Evers, A., Halvorsen, J., Balieva, F., Szepietowski, J., Romanov, D., Marron, S., Altunay, I., Finlay, A., Salek, S., ... Dalgard, F. (2017). Impairment of sexual life in 3,485 dermatological outpatients from a multicentre study in 13 European countries. *Acta Dermato Venereologica*, *97*(4), 478–482. <https://doi.org/10.2340/00015555-2561>
- Shah, R. (2018). Impact of collaboration between psychologists and dermatologists: UK hospital system example. *International Journal of Women's Dermatology*, *4*(1), 8–11. <https://doi.org/10.1016/j.ijwd.2017.10.003>
- Shenefelt, P. D. (2015). Psychocutaneous disorders and alternative management in children and adolescents. *Journal of Alternative Medicine Research*, *7*(1), 39–45. <https://novapublishers.com/shop/volume-7-issue-1-2015-journal-of-alternative-medicine-research/>
- Singh, G. K., & Mostow, E. N. (2021). Practitioner assessment of mental health in dermatologic disease. *Dermatology Online Journal*, *27*(5), Article 3. <https://doi.org/10.5070/d327553608>

- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. <https://library.samhsa.gov/sites/default/files/sma14-4884.pdf>
- Tan, I. J., Mehdikhani, S., Pappert, A. S., & Weber, P. F. (2024). Bridging the gap in dermatology and psychiatry: A scientific rationale. *Skin Health and Disease*, 4(6), Article ski2.456. <https://doi.org/10.1002/ski2.456>
- Taranu, T., Toader, M. P., & Esanu, I. (2016). The importance of dual dermatologic and psychiatric approach in psychocutaneous disorders. *Romanian Journal of Oral Rehabilitation*, 8, 18–27. <https://doaj.org/article/08b4c71c24d34c6d87a2b35ed2c1d0cc>
- Tran, A., Desir, A. K., Okafor, L. C., Jafferany, M., & Copes, L. E. (2020). Psychodermatology in clinical practice: An examination of physician attitudes, beliefs, and interventions toward psychocutaneous disease. *Dermatologic Therapy*, 33(4), Article e13612. <https://doi.org/10.1111/dth.13612>
- Tros, B. G., Kemperman, P. M., Kuckulus, J., Hoekzema, R., & Vulink, N. C. (2023). Body dysmorphic disorder and self-esteem in adolescents and young adults with acne vulgaris. *Acta Dermato-Venereologica*, 103, Article adv6232. <https://doi.org/10.2340/actadv.v103.6232>
- Trueland, J. (2021). Common but crushing: How skin conditions can affect mental health. *Nursing Standard*, 36(2), 51–54. <https://doi.org/10.7748/ns.36.2.51.s18>
- Truelove, S., Ng, V., Kates, N., Alloo, J., Sunderji, N., & Patriquin, M. J. (2023). Collaborative mental health care. *Canadian Family Physician*, 69(2), 81–83. <https://doi.org/10.46747/cfp.690281>

Turk, T., Fujiwara, E., Abba-Aji, A., Mathura, P., & Dytoc, M. (2021). Psychodermatology in Canada: A national survey assessment of dermatologists' perception, practice patterns, and challenges. *Journal of Cutaneous Medicine and Surgery*, 25(3), 249–256.

<https://doi.org/10.1177/1203475420977473>

University of Cambridge Library. (2025). *Systematic reviews: Snowballing*.

<https://libguides.cam.ac.uk/systematic-reviews/snowballing>

Yakupu, A., Aimaier, R., Yuan, B., Chen, B., Cheng, J., Zhao, Y., Peng, Y., Dong, J., & Lu, S. (2023). The burden of skin and subcutaneous diseases: Findings from the global burden of disease study 2019. *Frontiers in Public Health*, 11, Article 1145513.

<https://doi.org/10.3389/fpubh.2023.1145513>

Zagami, M., Klepper, E., Wienecke, E., Andrzejewski, M., Sikder, A., Ahmed, A., & Robinson, H. (2023). A review of psychocutaneous disorders from a psychotherapeutic perspective—Toolkit for the dermatologist. *Skin Health and Disease*, 3(4), Article ski2.211. <https://doi.org/10.1002/ski2.211>

Zhou, S., Mukovozov, I., & Chan, A.-W. (2018). What is known about the psychodermatology clinic model of care? A systematic scoping review. *Journal of Cutaneous Medicine and Surgery*, 22(1), 44–50. <https://doi.org/10.1177/1203475417719045>

Appendix A

Conceptual Flow of Integrated Dermatology-Mental Health Care

Step-by-Step Flow of Care:

1. **Initial Screening:** Patients complete a brief mental health screening tool during dermatology intake.
 - A threshold score would trigger an automatic referral for a secondary mental health assessment.
2. **On-site consultation:** A mental health professional in the clinic conducts a 15–30-minute consultation to assess the patient’s needs and triage them accordingly.
3. **Care Coordination:** patients identified as needing further support are either
 - (a) Scheduled for ongoing counselling with the dermatology clinic (if available)
 - (b) Referred to an external mental health service with coordinated follow-up
4. **Follow-up and monitoring:** Mental health outcomes are monitored at each dermatology follow-up appointment using brief self-report questionnaires.
5. **Feedback loop:** Regular interdisciplinary team meetings (monthly) to review patient outcomes, refine processes, and strengthen collaboration between dermatologists and mental health professionals.