

BEHAVIORAL HEALTH – PATIENT PLANNING and RESPONSE

STRATEGIES FOR SCARCE RESOURCE SITUATIONS

<p>Conventional Capacity – The spaces, staff, and supplies used are consistent with daily practices within the institution. These spaces and practices are used during a major mass casualty incident that triggers activation of the facility emergency operations plan.</p>	<p>Contingency Capacity – The spaces, staff, and supplies used are not consistent with daily practices, but provide care to a standard that is functionally equivalent to usual patient care practices. These spaces or practices may be used temporarily during a major mass casualty incident or on a more sustained basis during a disaster (when the demands of the incident exceed community resources)</p>	<p>Crisis Capacity – Adaptive spaces, staff, and supplies are not consistent with usual standards of care, but provide sufficiency of care in the setting of a catastrophic disaster (i.e., provide the best possible care to patients given the circumstances and resources available). Crisis capacity activation constitutes a significant and adjustment to standards of care (Hick et al, 2009).</p>			
RECOMMENDATIONS		Strategy	Conventional	Contingency	Crisis
<p>PLANNING General</p> <ol style="list-style-type: none"> 1. Encourage patients to assemble and maintain a disaster kit, to include an extra month worth of their medications, in addition to food, water, sanitation, and first aid supplies, should they need to shelter in place. 2. Encourage patients to discuss planning for disruption in their care with their current healthcare providers, including primary care providers as well as behavioral health providers. 3. Encourage Behavioral Health Providers to develop a disaster plan with the patient as part of treatment planning. 		Prepare			
<p>Gathering Resources</p> <ol style="list-style-type: none"> 4. Encourage patients to identify tools and strategies they have found helpful in symptom relief and write down what works. Include a copy of the document in their disaster kit. 5. Encourage patients to explore other avenues for self-help, such as apps to assist with medication and symptom management, and to practice these prior to a disaster. Examples: <ul style="list-style-type: none"> o 5a) Headspace (meditation and mindfulness) https://www.headspace.com o 5b) Virtual Hopebox (distraction, coping exercises, relaxation) https://psyberguide.org/apps/virtual-hope-box/ 6. Encourage patients to identify family members or friends who are helpful to them and include them as part of their resources. Family resources can be found at https://www.mentalhealth.gov/talk/friends-family-members 		Prepare			
<p>Preparing a Team</p> <ol style="list-style-type: none"> 7. Encourage patients to reach out and identify a specific individual in their lives who can be a monitor and coach during disruptive/stressful events. 8. Family and friends should be encouraged to take advantage of training through Red Cross, National Alliance on Mental Illness (NAMI), or local community mental health clinics, to assist the patient during times of disaster. https://www.namiwa.org/index.php/programs/education-training 		Prepare			
<p>Response</p> <ol style="list-style-type: none"> 9. Patients should be encouraged to locate their physical resources, such as food, water, and medications. 10. Patients should reach out to their pre-identified support system (family, friends), and to their identified disaster monitor and coach. 11. Patients should retrieve any written materials and plans to assist them in monitoring and managing symptoms. 12. Patients may wish to reach out to community organizations (e.g. Red Cross, National Alliance on Mental Health and local community mental health clinics) for additional resources if available at the time of the disaster. 					

Adapted From the Minnesota Department of Health, Office of Emergency Preparedness

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