



Clinical Tip Sheet

Pediatric Behavioral and Mental Health*

NWHRN Clinical Tip Sheets are intended for use by clinicians and trained staff planning and responding to disasters or critical events.

In all disasters and critical events there will be a range of mental and behavioral responses and a range of resilience and mental health risks for both adult and pediatric patients. To appropriately care for the mental health of a child in a disruptive event, it is necessary to employ trauma-informed care, considering both their physical and behavioral health needs, and to treat them in the context of the family unit. Children's responses to disaster and hospitalization may share some aspects of adult responses but are distinguished by the developmental contexts in which children of varying ages experience, process, and communicate the impact of associated events and procedures. Children are also impacted by their parents' and caregivers' stressors and emotional status. Symptoms of distress following a disaster are normative and typically resolve with time and support. However, exposure to particular traumatic events, such as witnessing deaths or injuries, can increase risks for new mental health disorders.

Included below are general guidelines and succinct clinical tips and resources for evaluating and managing the mental health impacts of children during a disaster or disruptive event. More in-depth clinical planning guidelines and response resources as well as evidenced based background can be found in the [NWHRN Pediatric Clinical Toolkit](#). The NWHRN Clinical Tip-Sheets are designed to be a quick reference and Just-in-Time (JIT) resource.

For adult and staff specific mental and behavioral health Clinical Tip Sheets please visit <https://nwhrn.org/clinical-tip-sheets/>.

*NWHRN would like to acknowledge the significant contributions from members of the WRAP-EM Mental Health Rapid Response Team:
Tona McGuire, PhD, Kira Mauseth, PhD and Merritt D. Schreiber, PhD.

Planning – Pediatric Mental and Behavioral Health

General

- Encourage families 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.
- Encourage families to discuss planning for disruption in their care with their current healthcare providers, including primary care providers as well as behavioral health providers.
- Encourage families, especially those who have children with existing behavioral and/or mental health needs to develop a disaster plan as part of treatment planning with their primary care provider or behavioral/mental health provider. This could incorporate suggestions from the “Gathering Resources” and “Preparing a Team” sections below.

Gathering Resources

- Encourage families 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.
- Encourage families 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:
 - Headspace (meditation and mindfulness). <https://www.headspace.com>
 - Calm (free app to address a variety of issues such as anxiety, sleep, and focus). <https://www.calm.com>
- Encourage families 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 SAMHSA support page](#).



Preparing a Team

- Encourage older children and adolescents to identify a specific individual or individuals in their lives who can be a monitor and “disaster buddy”. This individual would provide support during disruptive/stressful events. Names and contact information should be written down on a “notes” page on a device they have with them (such as a phone) to be easily accessed if needed.
- Family and friends should be encouraged to take advantage of training and information on psychological first aid such as the [Listen, Protect and Connect resource](#) or local community mental health clinics, to assist the patient during times of disaster

During Response

- **Identify and Triage**
 - It is important to identify children who are at higher risk of developing a new disorder such as PTSD/depression or anxiety.
 - PsySTART is a useful tool to quickly triage and identify those who are at highest risk for a new mental health disorder based on traumatic exposure. The full tool and instructions on its use are available in Appendix A below.
 - In general, those at highest risk are children who:
 - Have witnessed injury, suffering or death of others.
 - Have parent, relative or friend killed or injured.
 - Were separated from parent or caregiver during or after the event.
 - Experienced subjective panic response.
 - Were injured themselves.
 - Feared they would die.
 - Are displaced from their homes or schools.
 - Have a history of mental problems.
 - Have a history of trauma, either as a victim or witness to abuse or violence.
 - Have an adult in their life who is having difficulty with their emotions, a witness to violence or a victim of domestic violence.

- **Universal Interventions:**

- Support parents and caregivers to assist children by attending to basic needs of food, water and shelter.
- Reunite children with their families and supportive adults.
- Provide caregivers with information regarding disaster and recovery.
- Offer caregivers techniques to help their child's mental health, such as breathing and relaxation tools.
- Refer children and their families to appropriate resources.
- Address commonly occurring worries/emotions that follow disasters. Simply understanding that what they are feeling is a "common response to an uncommon situation" can reduce stress and promote calm.
- Provide information on common physical and emotional symptoms following a disaster.
- Explain how emotions will likely change, based on what is going on with the disaster.
- Explain in simple terms how our brains are impacted by disaster, leading us to be more reactive and also to struggle with focus and memory.
- Promote positive coping. Resiliency is often based on temperament but is also a skill that can be learned and practiced. The three factors of resilience are:
 - Connection to others such as family, friends and/or neighbors.
 - Flexibility and adaptability: Being able to change as the situation changes vs focusing on the past or worrying about the future.
 - Exploring your purpose and meaning: Identify what matters to you and what are the steps needed to get there.

- **Psychological First Aid (PFA):** Psychological First Aid is a universal supportive intervention of choice in the immediate aftermath of traumatic events. It can be helpful for most disaster survivors. Below are resources that incorporate PFA.
 - [Listen. Protect. Connect, Family PFA - SAMHSA](#)
 - National Child Traumatic Stress Network Parent Tip Resource:
 - [Parent Tips for Helping Infants and Toddlers \(En Español\)](#)
 - [Parent Tips for Helping Preschoolers \(En Español\)](#)
 - [Parent Tips for Helping School-Age Children \(En Español\)](#)
 - [Parent Tips for Helping Adolescents \(En Español\)](#)
 - [Tips for Adults \(En Español\)](#)
 - Mobile App:
 - [Bounce Back Now \(En Español\)](#)
- Resources for Caregivers, Families, and Leadership from the Center for the Study of Traumatic Stress
 - [Sustaining the Psychological Well-Being of Caregivers While Caring for Disaster Victims](#)
 - [Safety, Recovery and Hope after Disaster: Helping Communities and Families Recovery](#)
 - [Leadership Communication: Anticipating and Responding to Stressful Events](#)
 - [Support for Caregivers](#)
- [988 Lifeline](#) or the [SAMHSA Disaster Distress Helpline](#) (1-800-985-5990) are available 24/7



Additional No Cost Resources and Training

[Skills for Psychological Recovery Field Operations Guide](#)

[National Child Traumatic Stress Network Psychological First Aid Online Course](#)

[Listen. Protect. Connect](#)

[Behavioral Health Toolbox](#)

NWHRN Support

If there are corrections or additional recommendations for this Clinical Tip Sheet please reach out to NWHRN at clinical@nwhrn.org.

For emergent response needs, contact the NWHRN 24/7 Duty Officer line.

- 24/7 Duty Officer line - **Duty Officer at 425-988-2897**

Appendices

Appendix A

APPENDIX A

PDM PsySTART® Guide for Paper Version

What is PsySTART?

PsySTART Disaster Mental Health Triage is a behavioral health tool used following acute emergencies, including disasters and traumatic injuries, within “pediatric disaster systems of care,” including schools, shelters, healthcare systems and Emergency Medical Services.

Based on the “golden hour” for emergency care, this model is based on the “golden month” to identify children at higher risk for behavioral health disorders after an acute emergency, including disasters. The goal is to route patients triaged as higher risk to appropriate level of care quickly. The aim is to facilitate resilience using short term, evidence-based intervention such as Stepped Trauma Focused-Cognitive Behavioral Therapy (TF-CBT). Identifying those traumatic events can also be helpful later in disasters, providing a way to find those who need to be prioritized for more assessment and possible treatment

Why do we do triage for traumatic events instead of asking about symptoms of distress?

Early symptoms of distress are common after a disaster but do not necessarily predict long-term mental health issues. Many who go through a disaster will experience symptoms such as trouble sleeping, headaches, or worrying the event will happen again. Much of the time those symptoms improve over time, and without need for mental health treatment. However, some children who have been more directly impacted by the event (such as losing a loved one, displaced from their home or experiencing an injury related to the event) have a higher risk for new psychological disorders such as PTSD or depression. PsySTART triage identifies those who have these trauma exposures and prioritize them for earlier care, potentially heading off conditions such as PTSD before they’ve fully emerged and before chronic impacts.

PsySTART Identifies

- ▶ New acute traumatic exposures and loss of loved ones in the disaster or crisis event(seeing injury or destruction)
- ▶ Ongoing, or persistent stressors including home loss or displacement
- ▶ Injury and illness related to the event
- ▶ Being Trapped and unable to evacuate from danger
- ▶ Severe panic or prior history of PTSD

PsySTART Triage

- Does not screen for symptoms but identifies exposure to traumatic events and losses
- Does not require an interview of the child or asking a lot of questions

- Does not have to be done by a mental health professional
- Requires knowledge of what the child experienced, which can be provided by the child, a family member or friend, EMS providers, or others who are aware of the experiences
- Triage takes approximately 3 minutes or less to complete
- Can be done in a variety of settings including schools, shelters, Emergency Departments, Emergency Medical Systems transport
- Triage is Step 1" of the "Stepped Triage to Care" approach to maximize return to resilience

PsySTART Multi-Risk Capture

Through a Trauma Lens

- 1) MH emergency risk (Purple)
- 2) Acute PTSD Risk (Red)
 - 1) Disaster
 - 2) Traumatic Injury/illness
- 3) Prior/cumulative/SDOH (Yellow)
- 4) No risk identified (Green)= resilience ?



Incident Name:	Original Chart
Date:	Record ID:
Optional Field1:	Optional Field1:
Age:	Gender:
EXRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	
FELT OR EXPRESSED EXTREME PANIC?	
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	
DEATH OF IMMEDIATE FAMILY MEMBER?	
DEATH OF FRIEND OR PEER?	
DEATH OF PET?	
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	
TRAPPED OR DELAYED EVACUATION?	
HOME NOT LIVABLE DUE TO DISASTER?	
CHILD CURRENTLY SEPARATED FROM ALL CAREGIVERS	
FAMILY MEMBERS WHO ARE CURRENTLY SEPARATED OR MISSING	
HEALTH CONCERNs DUE TO EXPOSURE OR CONTAMINATION AND EXPERIENCED MEDICAL TREATMENT OR DECONTAMINATION DUE TO EXPOSURE	
PRIOR HISTORY OF EITHER MENTAL HEALTHCARE, DRUG OR ALCOHOL USE FOR SELF OR FAMILY MEMBER	
BELIEF NOT RECEIVING SUFFICIENT SUPPORT FROM OTHERS (SUCH AS SOMEONE TO TALK TO).	
VERY OFTEN DO NOT HAVE ENOUGH TO EAT, CLEAN CLOTHES TO WEAR OR A SAFE PLACE TO GO	
CANNOT GET HELP NEEDED WHEN SICK.	
EXPOSURE TO DOMESTIC VIOLENCE, EMOTIONAL, PHYSICAL OR SEXUAL ABUSE	
NO TRIAGE FACTORS IDENTIFIED?	

TRIAGE TIPS

- Use info from “first-hand” sources: Patient, treating EMS provider, scene witness, parent/family member, direct observation reported by evaluating hospital staff
- Active listening to other evaluations (ED, EMS, shelter)
- Triage items related to the disaster event/incident
- Consider each factor individually
- If you don’t know, don’t assume

- Factors are not mutually exclusive
- Not a questionnaire but follow-up questions are ok if not addressed
- PsySTART triage is not a suicide screener, but if child indicates suicidal thoughts or intent, check the purple item and immediately refer for mental health evaluation.
- Item 2 “Felt or expressed extreme panic”. This item relates to actual signs and symptoms of panic such as feeling *extreme* helpless including hyperventilating, screaming, etc. This is not the same as feelings of distress, worry or anxiety.

SCORING:

Tally the total of “red” items and “yellow items”. Red items are those associated with increased risk for a new incidence disorder. Yellow items are related to more chronic stressors and contribute to risk triage decisions.

If the child does not have any of the exposures on the triage, check the green item.

Children with 3 or more red items should be referred for additional mental health evaluation.

If you want additional information or to access on the WRAP-EM PsySTART mobile-optimized system please reach out to m.schreiber@ucla.edu

Incident Name:
**Original
Chart**

Date:	Record ID:
Optional Field1:	Optional Field1:
Age:	Gender:
EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	
FELT OR EXPRESSED EXTREME PANIC?	
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	
DEATH OF IMMEDIATE FAMILY MEMBER?	
DEATH OF FRIEND OR PEER?	
DEATH OF PET?	
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	
TRAPPED OR DELAYED EVACUATION?	
HOME NOT LIVABLE DUE TO DISASTER?	
CHILD CURRENTLY SEPARATED FROM ALL CAREGIVERS	
FAMILY MEMBERS WHO ARE CURRENTLY SEPARATED OR MISSING	
HEALTH CONCERNs DUE TO EXPOSURE OR CONTAMINATION AND EXPERIENCED MEDICAL TREATMENT OR DECONTAMINATION DUE TO EXPOSURE	
PRIOR HISTORY OF EITHER MENTAL HEALTHCARE, DRUG OR ALCOHOL USE FOR SELF OR FAMILY MEMBER	
BELIEF NOT RECEIVING SUFFICIENT SUPPORT FROM OTHERS (SUCH AS SOMEONE TO TALK TO).	
VERY OFTEN DO NOT HAVE ENOUGH TO EAT, CLEAN CLOTHES TO WEAR OR A SAFE PLACE TO GO	
CANNOT GET HELP NEEDED WHEN SICK.	
EXPOSURE TO DOMESTIC VIOLENCE, EMOTIONAL, PHYSICAL OR SEXUAL ABUSE	
NO TRIAGE FACTORS IDENTIFIED?	


Incident Name: ED patient (non trauma activation)
Referral Copy

Date: 2025-04-11 16:41:59

Record ID: 3120

Optional Field1:

Optional Field1:

Age: 0-3 Years

Gender: male

Referral and/or Progress Note:

EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	purple
FELT OR EXPRESSED EXTREME PANIC?	red
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	red
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	red
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	red
DEATH OF IMMEDIATE FAMILY MEMBER?	red
DEATH OF FRIEND OR PEER?	red
DEATH OF PET?	red
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	red
TRAPPED OR DELAYED EVACUATION?	red
HOME NOT LIVABLE DUE TO DISASTER?	red
CHILD CURRENTLY SEPARATED FROM ALL CAREGIVERS	red
FAMILY MEMBERS WHO ARE CURRENTLY SEPARATED OR MISSING	red
HEALTH CONCERNs DUE TO EXPOSURE OR CONTAMINATION AND EXPERIENCED MEDICAL TREATMENT OR DECONTAMINATION DUE TO EXPOSURE	yellow
PRIOR HISTORY OF EITHER MENTAL HEALTHCARE, DRUG OR ALCOHOL USE FOR SELF OR FAMILY MEMBER	yellow
BELIEF NOT RECEIVING SUFFICIENT SUPPORT FROM OTHERS (SUCH AS SOMEONE TO TALK TO).	yellow
VERY OFTEN DO NOT HAVE ENOUGH TO EAT, CLEAN CLOTHES TO WEAR OR A SAFE PLACE TO GO	yellow
CANNOT GET HELP NEEDED WHEN SICK.	yellow
EXPOSURE TO DOMESTIC VIOLENCE, EMOTIONAL, PHYSICAL OR SEXUAL ABUSE	yellow
NO TRIAGE FACTORS IDENTIFIED?	green

