NORTHWEST HEALTHCARE RESPONSE NETWORK

Clinical Tip Sheet

Staff Behavioral and Mental Health*

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

In all disasters and crisis events there will be a range of mental and behavioral responses and a range of resilience and mental health risk to clinical staff responding to the event. It will be important to identify, recognize and to provide some level of mental health support across that range. To properly care for staff (both direct patient care as well as administrative staff) in any clinical setting, including hospitals, outpatient treatment clinics and alternative care facilities such as field clinics, it is necessary to employ trauma-informed care, considering both their physical and behavioral health needs. Staff who are themselves impacted by the disaster or response event have additional personal stress in addition to managing their professional response towards their patients. Staff mental health should be wholistic in approach, addressing and recognizing that family, friends, pets and personal property can be affected.

Included below are general guidelines and succinct clinical tips and resources in evaluating and managing the mental health impacts of children during a disaster or disruptive event. The NWHRN Clinical Tip-Sheets are designed to be a quick reference and Just-in-Time (JIT) resource.

For adult and pediatric 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:
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NORTHWEST HEALTHCARE RESPONSE NETWORK

Planning for Behavioral and Mental Health Patient Surge

General:

- Include Staff mental/behavioral health guidance and resources in all response plans and continue to maintain, test, and update mental health surge plans.
- Include Mental Health surge issues in trainings and exercises; specifically such as the Creating Safe Scenes Training Course, a free 1.5 hour on-line training offered through SAMHSA.
- Train all willing staff in Psychological First Aid such as Listen. Protect. Connect, the National Child Traumatic Stress Network Psychological First Aid and Skills for Psychological Recovery or through the Health Support Team (email: behavioralhealthresponseteam@gmail.com)

Planning for Patient Mental Health Surge:

- Identify all staff with disaster, crisis or emergency mental health/behavioral health training and appoint key individuals to lead and organize disaster mental health preparedness and response
- Provide specific disaster mental health training for Behavioral Health providers currently embedded in general medical settings to prepare them for the differences in conventional and crisis care. These individuals will be key in providing Just-in-Time (JIT) training to others in times of mental health patient surge.
- Store resources and JIT disaster mental health training materials. (e.g. Skills for Psychological Recovery Field Operations Guide: National Center for PTSD and National Child Traumatic Stress Network
- Train staff on psychological triage via PsySTART to identify patients and staff most at risk for a new MH disorder, based on traumatic exposures. The full tool and instructions on its use is available in Appendix A below.

Planning for Staff Mental Health Needs:

- Encourage psychological first aid (PFA) training to all medical staff especially for key clinical leaders and administrators.
- Identify and train willing behavioral health and non-behavioral health providers with more comprehensive curricula than PFA, to act as monitors and evaluators for their colleagues. See resources below.
- Utilize evidence-based triage for trauma exposure for staff related to their roles, such as Anticipate, Plan, Deter (APD) to determine current staff functioning. Pre-train staff on developing their individual coping and monitoring plan.
- Provide psychoeducation for staff on caregiver fatigue, including symptoms, and coping/support tools.
- Teach appropriate debrief strategies recognizing:
    - Group debriefing such as Critical Incident Stress Debriefing (CISD) is not recommended. Prepare and plan to do 1 on 1 debriefing as needed based on situation or acuity.
    - The pace of the debrief session should be responder driven not agenda driven.
    - Avoid mandated debriefing.
    - Individuals process traumatic situations at their own pace. Forcing graphic or stressful debriefing can cause increased trauma.

Planning for In-Patient Psychiatric Facilities:

- Encourage inpatient psychiatric facilities to develop connections and MOU with other inpatient psychiatric facilities to develop planning for potential patient transfers, evacuations and staffing.
- All inpatient psychiatric facilities should develop general disaster planning to include basic care for patients e.g. adequate food/water/shelter, staffing shortfalls, medications, transport of patients, methods of transport, and management of patients who may represent a danger to themselves or others.
- All inpatient psychiatric facilities should develop communications plans and strategies for explaining protocols and processes in disasters to family members and patients.

NORTHWEST HEALTHCARE RESPONSE NETWORK

During Response

Patient Surge:

- Notify pre-trained providers to prepare for surge. Implement JIT training of other staff to help with patient surge.
- Ensure Alternate Care Facilities have written educational materials to assist with patients, and access to mental health consultation as needed.
- In preparation for possible loss of electronic medical records, have printed patient information to include diagnosis, allergies, and current medications/dosages.
- Mental health providers can modify individual treatment towards shorter, symptom-focused appointments.
- Mental health providers can utilize psycho-education on common post-disaster distress and symptoms, and brief evidence-based interventions such as Cognitive Behavioral Therapy for adults and Trauma-Focused Cognitive Behavioral Therapy for children and youth.
- Use Telehealth mental health providers as off-site resource.
- Shift treatment to emphasize coping strategies, interventions to manage symptoms, and identifying and accessing personal resources.
- Deploy multi-disciplinary response teams as needed to provide Just in Time training for healthcare providers/organizations, and to provide consultation on Behavioral Health interventions including medications and crisis management.
- When mental health needs overwhelm capacity, it may be helpful for mental health providers to shift from individual to group intervention.

Staff Self Care:

- Consider "Deliberate Coping and Calming" strategies such as Pause, Reset, Nourish.
  or "Personal Reflective Debrief" techniques for staff during and after traumatic events. Group or mandated debriefing such as CISD are not recommended and may contribute to additional/worsening PTSD symptoms.
- Encourage and support staff health and wellness with specific evidence-based practices, such as "stress inoculation" (planning for what they believe will be the most challenging stressor) and "active coping" (reviewing their current stress relief practices).
- When possible, maintain schedules, routines and shifts.
- During an event encourage personal "pauses" for reflection and self-evaluation.
- Encourage utilization of organizational support systems, (e.g. employee assistance program, wellness programs, etc.).
- Maintain consistent scheduled communication between administrators and providers during and after acute event. (e.g. huddles, check-ins, sign-outs, etc.).

Medication Recommendations:

- Psychiatric medications may not be available due to supply chain disruptions during a major event. Encourage all facilities who care for mental health patients (outpatient, in-patient medical, long-term care, group homes, or specialty care facilities) to develop psychiatric medication supply strategies. Consider increasing par levels, developing stockpiles, and/or planning with local retail pharmacies as potential psychiatric medication supply strategies.

Additional No Cost Resources and Training

Trainings

National Child Traumatic Stress Network Psychological First Aid and Skills for Psychological Recovery Online Course : 5 hour online trainings requires registration but the course is free.

Creating Safe Scenes Training Course, a free 1.5 hour on-line training offered through SAMHSA.

Tip Sheets and other resources for Providers and Disaster Responders

Pause-Reset-Nourish – for Providers
Listen. Protect. Connect.
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
Skills for Psychological Recovery Field Operations Guide

Mobile Apps:

PTSD Coach VA Mobile
Bounce Back Now (En Español)

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**

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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

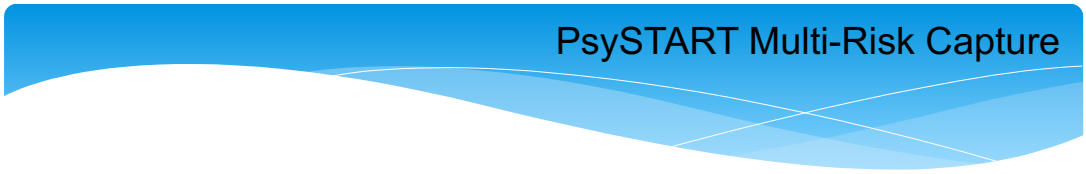
► Ongoing, or persistent stressors including home loss or displacement
► Injury and illness related to the event

►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 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



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 ?

HARBOR-UCLA PEDIATRICS

PsySTART®

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

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?	

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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

PsySTART®

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

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?	

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PsySTART®

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