



Disaster Mental Health Primer for the HICS Mental/Behavioral Health Lead: Response and Recovery

Disasters affect more than people's physical health. They often have a big impact on mental and emotional health, too. Psychological concerns can show up immediately after the disaster or develop over months to even years after the initial event. In some cases, the mental health needs are more profound than the physical needs. Pediatric hospitals should address these mental health impacts by collaborating with community partners, assessing needs and available resources, and making plans to triage, assess, stabilize, and provide effective care guidance or referrals for appropriate care when disaster strikes.

Below is a checklist of what we think is important, but every response is different. You know your community best. Create your own resources and guidance as needed, like **this one from Children's Mercy Kansas City.**

General Considerations

Leverage your existing tools

- ☐ Make your mental/behavioral health disaster lead known: **highlight the role in your response** leadership outline both within the hospital and to as many community partners as possible
- ☐ Integrate mental and behavioral health **knowledge** and **resources** into as much of the broader response operation as possible (e.g., family reunification, triage, and surge capacity).
 - ☐ HICS leaders, integrate the **Behavioral Health Unit Leader position** into the Operations Section and consider a **Technical Specialist position** to share technical expertise widely.
- ☐ Leverage your teams (psychology, psychiatry, social work, chaplains, etc.) to provide immediate support where you can (e.g., open more patient slots, provide support in the ED)
- ☐ Prepare for a potential **mental health surge**, assess the hospital and community resources and re-align if necessary
 - ☐ Consider using triage tools (e.g., **PsySTART**) to help identify higher risk patients
 - ☐ Implement an evidence-informed approach to help survivors in the immediate aftermath of disaster, such as **Psychological First Aid (PFA)**, and actively train staff to proficiency

Use a community-focused and transparent approach

- ☐ Engage in supportive listening with community partners. Be open and honest with how you create your resources. Tailor your disaster response to incorporate local culture and experiences as your resources allow.
- ☐ Pay special attention to people with **additional needs, particularly those with disabilities or language barriers.**
- ☐ Don't forget about your **frontline workers**. Recognize responder fatigue, **support staff**, prioritize rest, and encourage self-care when possible

During the Disaster: Responding to Mental and Behavioral Health (MBH) Needs

Acute Stage (Immediate-4 weeks)

- ☐ Follow local, state, federal guidelines, and **national best practices** for mental health response
 - ☐ **Communicate** with state and local mental health strike teams/response teams
 - ☐ Think specifically about your **rural, tribal**, or lower resourced areas
- ☐ For disaster survivors entering the healthcare system, be ready to triage, assess, stabilize, and provide anticipatory guidance/referrals.
 - ☐ Have your **triage tools** (such as PsySTART) and planned interventions (such as **Psychological First Aid (PFA)** skills ready
 - ☐ Consider staffing and bring in additional support as necessary
 - ☐ Ensure psychiatric medications are available and accessible.
 - ☐ Use **telehealth services** when in-person visits aren't possible.
 - ☐ Review your hospital reunification plans and resources
 - ☐ Provide guidance and education on PTSD symptoms and when to seek support
 - ☐ Provide referrals to **at-risk patients** for **appropriate interventions** based on need and availability of referral options
 - Options for emotional recovery psychoeducational interventions include **Skills for Psychological Recovery (SPR)** and **Child Adult Relationship Enhancement (CARE)**
 - **Parent Child Interaction Therapy** and **Child Parent Psychotherapy** are both useful for very young children, who have experienced trauma.
 - Options for evidence-based trauma-focused mental health interventions include **Trauma-Focused Cognitive Behavior Therapy, Eye Movement Desensitization and Reprocessing**
- ☐ Disseminate mental health “**one-pagers**” to community partners (e.g., PCPs, schools, MH organizations, Child and Family Service Centers) to educate parents/caregivers on how to help children/adolescents heal after a **traumatic event**
 - ☐ Education should include: **What to say/do** (and **avoid saying/doing**), common symptoms to look for, **when to seek help immediately, 988 resources**
- ☐ Partner with **community organizations** to share resources, assess gaps, **support resilience** and foster mutual respect.
 - ☐ Support creation of a community behavioral health coalition “**Resilience Center**”
 - ☐ Consider partners “hardest hit” and reach out to learn of their specific need
 - ☐ Leverage hospital resources to support events for affected areas while offering for community partners to host

Chronic Stage (1-6 months)

- ☐ Continue collaborating with **government**, hospital and mental health partners, community-based recovery efforts such as **long-term recovery organizations**, and other child focused organizations in the community.
 - ☐ Continue triage/screening tools for individuals at risk for longer-term issues.
 - ☐ Implement mental health screeners for children, **Child PTSD Symptom Scale (CPSS)**, **Adolescent Primary Care Traumatic Stress Screen (APCTSS)**, and mental health screeners for adults, such as **Post-Traumatic Stress Disorder Checklist, and Impact of Events Scale-R.**
 - ☐ Provide referral list for crisis counseling, trauma-focused therapy and other evidence-based practices (as above)
 - ☐ Establish long-term plans to track patients who were triaged at-risk for long-term issues
 - ☐ Lend mental health expertise to other communities

After the Disaster: Recovery and Learning from the Experience

Review your response

- ☐ Assess how well the mental health response worked and where things can improve, use a formal After Action Review (AAR) and Improvement Planning process to structure your review.
- ☐ Assess staff capacity, training, resources, and what gaps can be addressed.
- ☐ Incorporate what you learned into your disaster drills and into your hospital emergency operations plan; Establish parameters that would activate the disaster mental health plan in the future.

Look for patterns

- ☐ Be actively involved in building a resilient recovery. Leverage hospital resources to help community partners address new mental health needs or overcome struggles.
- ☐ Work with new **community partners** to improve mental health support in the future, especially in your **rural, tribal**, or lower resourced areas need

Prepare for the unexpected

- ☐ Create a quick-response plan for any unexpected issues or sudden increases in mental health needs after the disaster.
- ☐ Consider mental health crisis/behavioral health referral navigator options such as **988**

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