PsySTART® Emergency Mental Health Triage Systems for Disasters and Public Health Emergencies

Overview:
PsySTART is an evidence-based, rapid mental health triage system that is completed during a disaster by mental health, health and/or other non-mental health workers and disaster responders to determine the severity of disaster exposure and urgency of mental health needs of individuals who have arrived at a hospital, health facility or other setting following a disaster. PsySTART provides an onsite tool to manage a surge of psychological causalities in a healthcare or other disaster setting and to determine priorities based on urgent and less urgent mental health needs. It allows for the targeted deployment of mental health responders who can be directed to individuals most in need of mental health support first. In addition facilitating better site management of the disaster mental health response, PsySTART generates summary data showing mental health risk factors by individual, by site or over multiple sites in an impacted jurisdiction. The data generated can be used to inform objectives, strategies, and incident action planning at a health facility Incident Command Post or jurisdictional Emergency Operations Center (EOC) and to provide information to assist with mental health coordination with response partners.

Users of PsySTART include:
US Public Health Service/ASPR
Los Angeles County EMS Agency
Seattle and King County
States of Minnesota, Indiana, Tennessee, Oregon, District of Columbia, North Central Texas Trauma Regional Advisory Council
PsySTART is part of the FEMA Pediatric Disaster Training Course
FEMA/State of California Northern and Southern California Catastrophic Earthquake Planning Scenarios
FEMA/HHS Region V New Madrid Seismic Planning Model

PsySTART was a part of HHS and CDC field disaster response for the following disasters:
Superstorm Sandy
Sandy Hook shooting
Boston Marathon bombing
Roseburg, Oregon School Shooting
American Samoa Tsunami
Alabama Tornado
Napa Valley Earthquake

Other PsySTART Projects:
Currently, efforts are underway to leverage PsySTART for non-disaster based “trauma informed care” and prevention initiatives aimed at mitigation of

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ACEs (Adverse Childhood Experiences). This use of PsySTART will allow communities to have an evidence-based “trauma map” to track and develop programs to address current and on-going traumatic stressors in communities.

1. PsySTART Disaster Mental Health Triage and Incident Management System
   - PsySTART Victim/Survivor Triage System for use by EMS, hospital Emergency Departments, health clinics, and other health facilities as part of the federal Hospital Preparedness (HPP) grant program.

   - Highlights of the PsySTART Victim System projects include:
     - “Train the Trainer” for the PsySTART Victim System was developed and delivered.
     - Job action sheets for use in the Hospital Incident Command System,
     - Development of a PsySTART “badge buddy” for clinicians,
     - Development of a PsySTART informed Incident Action Plan (IAP) template and training
     - Exercise use of PsySTART in the statewide disaster medical exercise program with 1800 triage encounters completed in 90 minutes by 44 participating hospitals.
     - Real world use (see below)

PsySTART Victim/Survivor system provides:
- **Real time situational awareness** of mental health risk using a rapid triage tool completed in a few seconds by health, mental health, and non-mental health workers

- **Augments distress-based symptom screening** to address *evidence-based risk factors to target limited follow up efficiently*
  - The combination of PsySTART plus assessing for distress-based symptoms provides an optimal approach to identifying people in impacted communities who would benefit from further disaster mental health follow up interventions.

- **PsySTART augments “mental health symptom screening”** during the critical 1-45 days following a disaster.
- **Facilitates targeted interventions** based level of impact. For example, using Psychological First Aid (PFA) by non-MH providers can address the education and resiliency support needs of those people who are least impacted and are experiencing typical, expected, and normative reactions to the disaster.

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• **Facilitates targeted interventions for higher risk individuals** who may require more intensive interventions such as secondary assessment, crisis intervention, or referrals for trauma-informed mental health care.

• **Can be completed quickly and accurately** in disaster locations by non-mental health trained providers.

• **Most risk factors do not require a “direct interview” of disaster survivors.** For example, PsySTART triage risk factors can be captured from other information already collected including:
  
  o ED patient history
  o Shelter, Family Assistance Centers, or Public Health POD registration forms
  o Community Information from Outreach teams
  o Casework information from partner organizations such as the American Red Cross.
  o For children, the parent or caregiver can provide the PsySTART information without asking the child.
  o Once sensitive information such as death or injury of family members, home loss, or pet loss has been reported, the individual does not have to be asked about those disaster-related losses again.

• **Provides geo-coded, map-based information** that PsySTART system administrators can use to assess the mental health risk impact by disaster response/service locations (i.e. hospital, shelter, clinic, mobile outreach team, etc.), county Operational Area, by region, or statewide depending on the informational needs of a disaster.

• **PsySTART data provides “incident decision support”** to develop EOC and Command Post Incident Action Plans (IAPs).

• **First known data (surveillance) driven disaster mental health** tool that can be used to obtain real-time “situational awareness”, gap analysis, and mental health impact data to support mutual aid requests, federal Stafford Act assistance, and Victims of crime funding requests.

• **Conforms to “crisis standards of care”** by informing allocation of scarce mental health resources to those at greatest risk by ethical, evidence-based risk protocol.
  
  o Includes “floating triage algorithms” which targets and matches population risk acuity to available mental health staffing resources in a jurisdiction.
• **Provides a common operating picture of population risk levels during Public Health emergencies** to assess the mental health impact for:
  o People who are ill and have been isolated in a hospital
  o People who are under quarantine including family members, co-workers.
  o People who are worried about exposure, including neighbors, co-workers, other family members
  o People experiencing the loss of loved ones due to a Public Health emergency

• **Can be used to provide population mental health impact data to support requests for Federal Stafford Act Crisis Counseling Program (CCP grant) applications and program strategies by providing data on populations at risk, sources of risk, and locations of populations with high mental health impact and risk in impacted communities.**

• **Provides separate impact information** for children that are separate from adult impact data.

• **Provides a decision support tool for mental health workers** who are responding to disaster sites that allows for the matching of people with certain risk factors with the right type of responder needed.
  o For example, those triaged as experiencing loss of loved one or pets could be matched with chaplaincy support or trained grief counselors.

• **Provides actionable data on “worried well” trends in impacted communities which can inform targeted risk communication or other crisis management strategies specific to populations with concerns about exposure to disease or contamination in health care or other disaster settings.**

• **Enables a “continuum of care” approach to provide those at risk with early intervention to facilitate resilience.**

(See example of the PsySTART Mental Health Triage tool below.)
<table>
<thead>
<tr>
<th>PsySTART™ Mental Health Triage System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS</strong></td>
</tr>
<tr>
<td>FELT OR EXPRESSED EXTREME PANIC?</td>
</tr>
<tr>
<td>FELT DIRECT THREAT TO LIFE OR SELF OR FAMILY MEMBER?</td>
</tr>
<tr>
<td>SAW/ HEARD DEATH OR SERIOUS INJURY OF OTHER?</td>
</tr>
<tr>
<td>MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?</td>
</tr>
<tr>
<td>DEATH OF IMMEDIATE FAMILY MEMBER?</td>
</tr>
<tr>
<td>DEATH OF FRIEND OR PEER?</td>
</tr>
<tr>
<td>DEATH OF PET?</td>
</tr>
<tr>
<td>SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER</td>
</tr>
<tr>
<td>TRAPPED OR DELAYED EVACUATION?</td>
</tr>
<tr>
<td>HOME NOT LIVABLE DUE TO DISASTER?</td>
</tr>
<tr>
<td>FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?</td>
</tr>
<tr>
<td>CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?</td>
</tr>
<tr>
<td>FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION/STATUS DURING DISASTER?</td>
</tr>
<tr>
<td>PRIOR HISTORY OF MENTAL HEALTH CARE?</td>
</tr>
<tr>
<td>CONFIRMED EXPOSURE/CONTAMINATION TO AGENT?</td>
</tr>
<tr>
<td>DE-CONTAMINATED?</td>
</tr>
<tr>
<td>RECEIVED MEDICAL TREATMENT FOR EXPOSURE/CONTAMINATION?</td>
</tr>
<tr>
<td>HEALTH CONCERNS TIED TO EXPOSURE?</td>
</tr>
<tr>
<td>NO TRIAGE FACTORS IDENTIFIED?</td>
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REPSONDER RISK AND RESILIENCE - PsySTART Responder Self Triage System
Public Health Emergencies

Overview:
PsySTART also includes PsySTART Responder Self-Triage System and a one hour “Anticipate, Plan and Deter” staff resiliency training and personal resilience plan. “Anticipate, Plan and Deter” is a pre-event “stress inoculation/personal resilience plan” training that can be given to emergency health workers likely to be tasked with responding to disasters or other public health emergencies. The “PsySTART Self-Triage Responder System” is a tool that uses exposures to certain events, not psychological symptoms, to monitor potential mental health risks to healthcare responders during a disaster response. Because of its unique features, the PsySTART Responder System provides a non-stigmatizing tool that measures observable risks. It also provides those who are in charge of employee health with “actionable data” that supports the use of mental health resiliency strategies for responders throughout their disaster assignment. The PsySTART Responder System and Anticipate Plan Deter training can also be used for emerging infectious disease threats and other public health emergencies to address responder resiliency and risk exposure.

Elements developed at EMS as part of the Hospital Preparedness Program (HPP) grant include:

- **PsySTART Responder Self-Triage System** for use by EMS, hospital Emergency Departments, health clinics, and other health facilities as part of the federal Hospital Preparedness (HPP) grant program.
- **Anticipate, Plan and Deter** training and brochure including the following training elements:
  - **Anticipate:**
    - Pre-incident “stress inoculation” training regarding:
      - Situations healthcare employees might encounter
      - Crisis care decisions
      - Direct family impacts
      - Stigma
    - Impact of stress on responders
  - **Plan:**
    - How to build a personal “resilience plan”
    - How to harness strengths employees use now in a disaster
    - How healthcare employees can enhance social support
    - How employees can use basic “Neighbor to neighbor” Psychological First Aid (LPC N2N) in a disaster
  - **Deter:**
    - How to activate individual/team resilience plans during a disaster
- How employees can track exposure to traumatic and cumulative stress factors
- How to get more mental health support if needed

**PsySTART Responder** system generates aggregated, de-identified, population-level responder risk data that PsySTART system administrators (such as including Employee Health and Well-Being Unit Leaders assigned to oversee employee health and mental health) can use to maintain real-time situational awareness of the mental health impact of a disaster response for employees. Other improvements will include:

- The “app” version will also provide an evidence-based, non-stigmatizing tool that builds on the “Anticipate, Plan and Deter responder resilience training by giving responders information on their own acute or cumulative risk experienced during their disaster assignment.

- The “app” version of PsySTART Responder will also provide the individual responder using the app with the ability to view their own confidential, cumulative risk trending for each day of their disaster deployment. Responders can elect to share this impact information with their supervisor, staff mental health provider, or peer support “buddy” at their discretion.

- The “app” version will also generate “de-identified” real-time “situational awareness” data on the mental health impact on responders working on a particular disaster that are “geocoded” by disaster response site, team, and discipline for use by those charged with responder safety and health.

- The PsySTART Responder Self-Triage System does not rely exclusively on measuring responder “symptoms” or normal/expected “transitory distress”. It also does not require that responders provide a “recital of feelings or worst moments” of their disaster response experience.

- The “app” version will also provide “risk exposure data/information” to responders and to those overseeing responder disaster mental health, so that the “continuum of risk exposure” that responders are experiencing can be proactively determined.

- The PsySTART Responder Self-Triage System supports “mission assurance” by helping those in charge of responder mental health with information that supports early intervention strategies to address responder risks specific to hazards responders are experiencing rather than waiting until the end of the responder's
disaster assignment to assess the emotional impact of their disaster assignment.

- **Real world use of the PsySTART Responder System and Anticipate Plan and Deter training includes:**
  - The US Public Health response to the Ebola outbreak in Africa. Here the system was used by deployed medical teams for over 100 days (Oct 20, 2014 to April 2015). It provided situational awareness of risk trending, numbers of individuals requiring more in-depth mental health assessment or support and provided for real-time intervention/mitigation of responder stress hazards.

  - PsySTART responder was also used in Super Typhoon Haiyan by EMS providers and provided evidence that verified the use of PsySTART Responder to predict individual and team level-risk metrics for post-deployment responder outcomes.

(See example of the *PsySTART Responder Self Triage System* tool below.)

For more information please contact:

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24hr access: 202-630-5577
<table>
<thead>
<tr>
<th>PsySTART™ Responder System</th>
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<tbody>
<tr>
<td>WITNESSED SEVERE BURN, DISEMBERMENT, OR MUTILATION?</td>
</tr>
<tr>
<td>EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?</td>
</tr>
<tr>
<td>WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?</td>
</tr>
<tr>
<td>DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?</td>
</tr>
<tr>
<td>FORCED TO ABANDON PATIENT(S)?</td>
</tr>
<tr>
<td>UNABLE TO MEET PATIENT NEEDS?</td>
</tr>
<tr>
<td>RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?</td>
</tr>
<tr>
<td>DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?</td>
</tr>
<tr>
<td>ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?</td>
</tr>
<tr>
<td>DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS (such as extreme shift length, compromised site safety/security, or other issues)</td>
</tr>
<tr>
<td>INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?</td>
</tr>
<tr>
<td>UNABLE TO RETURN HOME?</td>
</tr>
<tr>
<td>WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/SIGNIFICANT OTHERS/PETS?</td>
</tr>
<tr>
<td>UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?</td>
</tr>
<tr>
<td>HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE (Infectious Disease, Chemical, Radiological, Nuclear, etc.)?</td>
</tr>
<tr>
<td>AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?</td>
</tr>
<tr>
<td>DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? If yes, advise your employee health and well-being unit leader.</td>
</tr>
<tr>
<td>FELT AS IF YOUR LIFE WAS IN DANGER?</td>
</tr>
<tr>
<td>I AM NOT RECEIVING SUFFICIENT SUPPORT FORM OTHERS</td>
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<td>NO TRIAGE FACTORS IDENTIFIED?</td>
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