Hospital Preparedness Plans

Recommended Mental Health Components

Annotated Outline

Mental Health and Behavioral Concerns in Emergencies

Revised, 2009

Hospital Preparedness Plans

Recommended Mental Health Components

Annotated Outline

Mental Health and Behavioral Concerns in Emergencies

Introduction and Overview

This section should provide overview information about mental health implications of disasters and emergencies, recognizing that public health emergencies, bioterrorism or mass casualty or mass fatality events represent significantly more challenging demands. The plan and its components should recognize the unique characteristics of public health and bioterrorism that affect mental health including, but not limited to:

- The extended period of uncertainty in initial identification of a disease/agent and determination of cause;
- The social effects of contagious disease management;
- The longer duration associated with health events when compared to natural disasters;
- The complications of public health emergency management if secondary attacks or other disruptions occur to critical infrastructure (power, transportation);
- The outrage and anger that characterize responses to terrorism; and
- The potential for severe economic disruption and mistrust of government.

This section should identify:

- Key assumptions and principles used as the basis of planning efforts for mental health;
- Hospital leadership and accountability for addressing mental health and related needs;
- The hospital's role in responding to mental health needs in an event;
- Key capacities and functions to support psychological first aid as an integrated component of medical care assessment and delivery;
- Populations addressed in the plan; and
- Thresholds for activation of the plan.

Goals and Outcomes of Effective Mental Health Plan

This section should outline key challenges and issues in emergencies that impact on medical response and necessitate an effective mental health strategy. It should include:

- Rationale for addressing mental health needs;
- Challenges that are mitigated by effective planning for psychological first aid (crowd control, security, triage, cooperation, public education, risk communication, special needs, spread of contagion, fear of exposure, mass fatalities, etc.) for all hazards plus any unique considerations associated with public health emergencies, terrorism or bioterrorism;
- Specific goals and outcomes of addressing mental health needs of key stakeholder groups (hospital employees, victims of an attack and their families, emergency responders, general public, etc.);
- Indicators of success or shortcomings of the plan or its strategies; and
- Strategies to incorporate testing of the mental health component of the plan into training and exercise of the hospital plan.

Organizational Structure & Resources

This section should address strategies to organize authority and responsibility for effective use of resources to address mental health related needs including but not limited to:

- Designation of leadership and accountability of hospital staff for an integrated mental health response during preparedness, response and recovery phases of an emergency event and relationship to the hospital incident command system;
- A schematic portraying organizational relationships for the mental health component and with the larger hospital organization;
- Identification of key resources for training, deployment, supervision and leadership for the mental health component with redundancy;
- Listing of internal resources for integrated delivery of psychological first aid and appropriate referral for specialized mental health care as needed;
- Identification of internal and external resources for chaplaincy and spiritual care;
- Availability of mental health or stress-related fact sheets, brochures, referral information, crisis line numbers, and other materials;
- Physical plant configuration of space to allow for private and quiet space near admissions/intake or emergency department for mental health assessment, observation, family reunification, and social support;
- Hospital role and support in establishing a Family Assistance Center and coordination methodology for aviation disasters, mass casualty or mass fatality events;
- Methods for integration of psychological first aid into medical treatment, addition of trained outreach workers or mental health professionals into patient flow, and outreach or specialized programs to address target populations outlined in plan;
- Activation of agreements with hospital EAP programs for addressing employee stress and wellness; and
- In federally declared disasters, communication of mental health-related needs assessment information to the local community mental health center, the State Emergency Management Agency (SEMA) and the Department of Mental Health as the state mental health authority.

Surge Capacity

In developing plans that anticipate significant increases in demand for services, the hospital planner may wish to evaluate the following considerations for applicability, relevance and inclusion:

- In bioterrorism, large scale public health emergencies or terrorist events with significant physical casualties, hospital inpatients at the time of the event may be moved or discharged.
- Expert consensus in the field of emergency management predicts that behavioral health needs will present at a ratio of between 4 to 10 times the rate of physical health needs.
- Deployment of physical and mental health screening may need to be conducted outside the hospital emergency department to prevent contamination and/or to manage surge.
- A pre-planned behavioral health triage system may be helpful in communication and patient management in an event.
- Hospital support and preparations for victim support centers, family support centers, family and family assistance centers should be integrated as roles and responsibilities in the hospital's emergency plans for mass casualty and mass fatality events.
- Management of the waiting and coordination and briefing of family members

The plan should present strategies for:

- Matching mental health deployment levels to the scale of the emergency event, allowing for modification over time;
- Identification of mental health and spiritual care resources such as retired employees, volunteers, professional registration boards, and state, regional or community resources for effective surge capability;
- Response to spontaneous and unaffiliated volunteers;
- Effective credentialing, training, supervision and support of non-employees used for surge capacity in an emergency event;
- Collaboration and cooperation with local public health authorities, volunteer organizations active in disaster, funeral directors, and other hospitals and health care organizations; and
- Protocols for identifying the need to request additional assistance and methods for making such requests working with the local emergency operations centers to state authorities at the Department of Health and Senior Services (DHSS), the State Emergency Management Agency (SEMA), and the Department of Mental Health (DMH).

Planning for At Risk Populations

In order to effectively respond to medical needs in an emergency, hospitals must recognize that their unique role and mission in a community will require that they prepare to meet the needs of a variety of populations with special needs including but not limited to persons with physical and cognitive disabilities, diverse cultural backgrounds, literacy and language barriers, older persons and children. This will involve planning for:

- Written materials in languages common in each community;
- Availability of language translators and sign interpreters;
- Accessible surroundings and knowledge of specialized resources;
- Relationships with and resource listings for key service systems that work with diverse populations (refugee mental health, legal aid, personal care providers, senior centers and congregate living, independent living centers, schools, etc.); and

- Pre-identification of institutions or settings for the needs of individuals residing there to manage surge demand that might be exacerbated in emergency situations where travel or utilities are disrupted, including individuals who are dependent upon medical devices requiring power.

Effective Emergency Communications

A critically important component to the general well-being of the public and public cooperation in a large scale event or a highly visible terrorist or bioterrorist attack will be public information and education. Key messages should incorporate items that promote adaptive responses and cooperation that can ease the burden on hospitals and health care. A comprehensive mental health component should incorporate:

- Methods to promote collaborative development of key media messages and public education materials involving hospital public information staff and mental health experts;
- Promotion efforts related to stress management and self-care skills for mental health concerns as well as physical health issues;
- Effective internal communications that promote employee and family well-being in public health or bioterrorism emergencies; and
- Specialized messages and methods of communication to patients in exposure scenarios or when containment measures such as no visitor policies, isolation or quarantine are undertaken to prevent the spread of disease.

The Missouri Department of Mental Health Communications Guidebook was created so that response agency spokespersons could integrate appropriate mental health messages into their efforts during an event or recovery. Core mental health messages are provided for use during most events for general audiences. Although the core messages address the needs of most audiences for most events, the guidebook includes event-specific and audience-specific supplemental messages to address unique aspects. http://www.dmh.mo.gov/diroffice/disaster/CommGuidebkwPandemic1207.pdf.

Training and Preparedness

Integration of psychological first aid into medical care and education of mental health workers regarding the unique aspects and interventions associated with disasters or public health emergencies require resource commitment to effective training. Training for the mental health component of the plan should minimally address:

- Strategies to acquire or develop curriculum for health care providers in emergency departments, social work, psychology, psychiatry, chaplaincy and professional education related to psychological first aid and disaster psychology;
- Value-added application of skills to traumatic incidents (motor vehicle accidents, fires or industrial accidents, suicides, rapes, homicides) to promote better preparedness for a large scale disaster or terrorist event;
- Promotion of culturally competent service delivery informed by community demographics;

- Effective supervision strategies to promote application of learning and reinforce skills development; and
- Identification of resources for disaster and bioterrorism-related training or training materials including pre-event training as well as "just-in-time" training strategies.

Behavioral Health Guidelines for Isolation

Persons admitted to isolation units are at higher risks for anxiety and depression. Studies show that medical staffs spend less time in patients' room interacting with them due to time spent in putting on PPE. This also contributes to less impromptu visits. Patients may not understand the difficulty in maintaining isolation and they perceive it as a reluctance of staff to enter their room (Kelly-Rossini, Periman and Mason, 1996). Planning will need to involve:

- Isolating the "organism," and not the patient (Denton, 1986)
- Identified methods of good communication with the person in isolation: giving statements of empathy within the first 30 seconds of approaching a person under stress allows the person to deescalate enough to hear the rest of the message (B. Reynolds, CDC, *Personal Communication* Jan. 23, 2007.)
- Plan for cultural differences and language barriers
- Measures for continuing behavioral health treatment for those with a pre-existing diagnosis – identify procedures with identified behavioral health providers
- Regular psychological/emotional status assessment with linkages to professional mental health and alcohol/drug abuse counselors as needed; providing suicide precautions as part of protocol
- Listening to the patient's preferences about visitation; revisit this as needed
- Communication with family members to include regular briefings and information to assist families in healthy practices:
    - Policies and procedures to guide staff interaction
    - Consideration of the family's feeling of isolation, guilt, role strain, and fears of transmission
    - Family avoidance; possible stigmatization by the community
    - Hospital restrictions: PPE, restriction on contacts with the person in isolation

Most of this section was taken from *Behavioral Health Guidelines for Medical Isolation* prepared by the University of Nebraska Public Policy Center and the University of Nebraska Medical Center, January, 2007; Denise Bulling, Ph.D., Robin Zagurski, M.S.W., Stacey Hoffman, Ph.D.

Planning for Staff Care

In public health emergencies, there are no "non-essential" employees. Consider changing the terminology to "redeployed staff." This will build team and increase employees feeling of being valued. There will be a sense of dedication and not wanting to leave the scene among some. Others will deny the need for rest and recovery.

Planning should include consideration of the following:

- On-duty work hours – limit to 12 hr/day
- Provide rotation in Work Assignment when possible from more stressful to less stressful areas
- Develop protocols to provide responders with stigma free counseling so they can address the emotional aspects of their jobs
- Implement a "buddy system" to monitor stress and to monitor fit of PPE.

- Regular staff meetings with honest communication
- Availability of trained peers to listen and provide support
- Enforced breaks for all staff (senior staff model)
- Healthy snacks/food available for staff
- Quiet break environment
- Private space and phones/communication devices for confidential communication with family
- Considerations for the family members of staff

REFERENCES, RESOURCES & STANDARDS FOR PLAN DEVELOPMENT

"Mental Health of Populations Exposed to Biological and Chemical Weapons", WHO publication. http://whqlibdoc.who.int/icd/hq/2005/WHO_MSD_MER_05.1.pdf

"Single Session Psychological Debriefing Not Recommended," three pages, WHO article. http://www.helid.desastres.net/gsdl2/collect/who/pdf/s8245e/s8245e.pdf

"Round Table: Mental and Social Health after Acute Emergencies - Emerging Consensus?" article in 2005 issue of the WHO Bulletin.

http://www.who.int/mental_health/media/en/mental_and_social_health_in_emergency.pdf

A web page containing mental health related materials for disasters and terrorism can be located at http://www.mentalhealth.samhsa.gov/dtac/resources.asp

A web page containing mental health related links for special populations can be found at http://www.mentalhealth.samhsa.gov/dtac/specialneeds.asp

A web page for the National Child Traumatic Stress Network with general information related to children and trauma (see the Disaster & Terrorism Branch materials) at www.NCTSNET.org and including a specialized Pediatric Medical Traumatic Stress Toolkit for Health Care Providers at http://www.nctsnet.org/nctsn_assets/acp/hospital/brochures/T&MBrochure.pdf

Resource CDs for Special Needs Populations (one each for Elderly and Disability populations, Children and diverse cultural groups), *under development* by DHSS in collaboration with Vocational Rehabilitation, SEMA and DMH, 2005. http://www.dhss.mo.gov/BT_Response/BT_Response.html In the right hand column see "More Resources."

"Communicating in a Crisis: Risk Communication Guidelines for Public Officials", published in 2002 by the Substance Abuse and Mental Health Services Administration. http://www.riskcommunication.samhsa.gov/index.htm

"Anthrax, Bioterrorism, & Risk Communication: Guidelines for Action" by Peter Sandmanhttp://www.psandman.com/col/part1.htm

"Adjustment Reactions: The Teachable Moment in Crisis Communication" by Peter Sandman http://www.psandman.com/col/teachable.htm

Fact sheets related to mental health and stress management for a variety of disasters and populations can be found at http://www.mentalhealth.samhsa.gov/dtac/resources.asp#grantee and at http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/ and also at http://www.mentalhealth.samhsa.gov/publications/Publications_browse.asp?ID=181&Topic=Disaster%2FTrauma

Online training resources focusing on disaster and terrorism psychology can be found at http://www.mentalhealth.samhsa.gov/dtac/EducationTraining.asp

A training manual for mental health outreach workers that is consistent with Federal Emergency Management Agency (FEMA) requirements for its Crisis Counseling Program can be located at http://www.mentalhealth.org/publications/allpubs/ADM90-538/Default.asp

"Mental Health Response to Mass Violence and Terrorism" is a second training manual developed by the U.S. Department of Health and Human Services and is available for download on their website at http://mentalhealth.samhsa.gov/publications/allpubs/SMA-3959/default.asp

"Behavioral Health Guidelines for Medical Isolation" prepared by University of Nebraska Public Policy Center and University of Nebraska Medical Center, January 2007; Demise Bulling, Ph.D., Robin Zagurski, M.S.W., Stacey Hoffman, Ph.D. http://www.ppc.nebraska.edu/userfiles/file/Documents/projects/DisasterBehavioralHealth/GuidelinesforMedicalIsolation.pdf

The online resource center for the National Mass Fatalities Institute can be accessed at http://www.hmtri.org/library/mass_fatalities.htm

The Missouri Department of Mental Health Coping with Disaster website: http://www.dmh.mo.gov/diroffice/disaster/disaster.htm includes fact sheets for coping; and Disaster Communication Guidebooks

For additional information, please contact:

Lynn Carter, MSW, LCSW Missouri Dept. of Mental Health P.O. Box 687 Jefferson City, MO 65102 Phone: 573.751.8094 Fax: 573.526.7926 Email: lynn.carter@dmh.mo.gov	Jenny Wiley, MSW, LCSW Missouri Dept. of Mental Health P.O. Box 687 Jefferson City, MO 65102 Phone: 573.751.4730 Fax: 573.751-7815 Email: jenny.wiley@dmh.mo.gov

Web: www.dmh.mo.gov	Web: www.dmh.mo.gov