Disaster Planning—Preparing to Meet the Needs of Behavioral Health Patients and Facilities

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• “Preparing Hospitals and Clinics for the Psychological Consequences of a Terrorist Incident or other Public Health Emergency”:
  - LA County developed a training for our hospitals and clinics with RAND, LA County Public Health and Mental Health. All of our materials are available on the LA County EMS website: https://ems.dhs.lacounty.gov/disaster/disastertraining/index.htm
  - The training and tools are for hospitals and clinics but can be adapted to Acute Psychiatric/Behavioral Health facilities.
Surprise!

- Understanding and planning for the Mental Health consequences of disasters is a key component of good disaster planning
- Mental Health professionals have unique skills and knowledge that is particularly useful in disaster planning and response
- Even with the resistance, we need to participate

Different Disasters....

- Create unique challenges:
  - Impact on staff
  - Earthquakes, floods, and natural disasters
  - Terrorist events
  - SARS/pandemic flu

HAVE YOU CONSIDERED THE MENTAL HEALTH CONSEQUENCES OF...

Impact on Staff?

- Does your disaster plan include staff care?
  - How about the first week of 12 hour shifts?
  - Half of the staff “no show”?
  - No family contact?
  - No food, no beds?
MH Consequences: Earthquake?

- Your facility is damaged
- You must evacuate a challenging patient population
- Upset family members call demanding info
- Staff stress, fear, burn out, AWOL
- Some of your patients may escalate as result of the disaster

MH Consequences of a Terrorist Attack?

- Threat is ongoing, no clear end to the disaster
- What's the threat agent?
- Is your facility a target (or near)?
- Frightening rumors
- Fearful patients and staff
- Multiple deaths and injuries

Consequences of a SARS/Pan Flu Outbreak

- Everyone demands Tamiflu
- Should we all wear masks?
- Staff become ill
- What about quarantine?
- Staff are asked to stay and are now quarantined also.
- How do families stay connected when staff and patients are quarantined?
- Stigma for those exposed and ill
Good Disaster Planning IS a Mental Health Intervention!

- Staff know the disaster plan
- Plans include MH
- Plans for food, beds comfort items
- Plans for family contact, prophylaxis, daycare, shelter
- Plans for staff mental health include all of the above!

7 Challenges for Behavioral Health Facilities

This presentation will seek to address the following challenges:

1. Disaster Planning and the crisis of MH care in CA
2. Unique disaster issues for BH facilities
3. Disaster mental health is already overlooked in hospital disaster plans
4. Planning for psychological consequences of disasters

7 Challenges for Behavioral Health Facilities Cont...

5. What are “typical disaster reactions” and how does that apply to patients and staff?
6. What is disaster mental health triage?
7. Preparedness solutions
Challenge #1 - Disaster Planning and the crisis of MH care in CA

How do I plan for disasters when we are already in a crisis?
- 26 freestanding acute psychiatric hospitals
- 100 general hospitals statewide

Serving 36 million people in California!

Solutions: Pool resources, use existing templates, join the hospital disaster planning committee

Challenge #2 - Unique Disaster Issues for BH Facilities?

- Behavioral Health facilities face unique disaster planning challenges:
  - How do you evacuate homicidal and suicidal patients?
  - How do staff monitor patients and respond to a disaster too?
  - Maintaining routines may be difficult
  - Safety gear and procedures are scary
  - Limited resources to address regular patient care and respond to the mental health consequences of a disaster

Challenge #3 - MH is Already Overlooked in Hospital Plans

- Mental Health professionals are typically not included in the disaster planning effort – but will be asked to respond
- Disaster plans usually don’t include a disaster mental health response for patients and staff
- Disaster plans typically don’t address a surge of psychological casualties of 4:1
- Disaster exercises do not usually address disaster mental health issues
Challenge #3 - MH is Already Overlooked in Hospital Plans

- **Solutions:**
  - Join the disaster planning committee or form one within your facility and with like organizations
  - Ensure that plans address the psychological consequences of disasters
  - Include a surge of psychological casualties in your plan
  - Plan disaster exercises that address your challenges (See challenge #2)

Challenge #3: Hallmarks of good MH disaster planning:

- Does your facility have a disaster planning team and if so, do key staff from your unit attend?
- Does your facility have a written disaster plan? Does your staff know it cold?
- Do you have a role in HICS?
- Is there a “mental health” component to the plan for your patients and staff?
- Does your unit participate in the annual facility disaster exercise?

Challenge #4 - Planning for Psychological Consequences

- The “mental health component” of your facility disaster plan should address “triggers” of psychological reactions
- One you know the “triggers” you should review your facility to locate where reactions are likely to occur and plan for that
Disaster Mental Health Planning
Must Address “Triggers”

- Emotional reactions are generated by disaster “triggers.” Your plan must address these:
  - Restricted movement
  - Limited resources
  - Trauma exposure
  - Limited information
  - Perceived personal or family risk

Restricted Movement

- Definition: Limitations on movement or interactions with others:
  - Isolation, quarantine, social distancing, shelter-in-place, evacuation
- Reactions:
  - Anger, fear, social stigma
  - Staff does not report to work
  - Non-compliance with Public Health recommendations

Limited Resources

- Definition: Access to resources is limited or perceived as limited:
  - Facilities closed, supplies limited
  - Resources perceived as equitable
- Reactions:
  - Anger, fear, staff do not report
  - Desperate measures:
    - To obtain supplies
    - Ethics: Who gets limited resources?
Trauma Exposure

• **Definition:** Witnessing or being the victim of a traumatic event:
  – Gruesome images, sounds, smells
  – Deaths or injury of patients, family, staff
  – Number #1 predictor of long-term impact

• **Reactions:**
  – Grief, stress reactions
  – Loss of staff due to “burn out”
  – Staff suffer long-term PTSD

Limited Information

• **Definition:** Actual or perceived lack of information on risks, symptoms, and recommended actions:
  – Communications is inefficient or insufficient
  – Information conflicting or lacking

• **Reactions:**
  – Fear, anxiety, anger, staff absence
  – Seek non-authoritative sources for info
  – Non compliance w/ recommendations

Perceived Personal or Family Risk

• **Definition:** Concern about personal or family safety:
  – Exposure to harmful agents
  – Illness, injury, death

• **Reactions:**
  – Fear, inappropriate precautions, demand for medical care
  – Staff do not report to work
  – Staff are stressed because they DID report and are worried about harm
Challenge #5 - What are “Typical Disaster Reactions”? 

• It is important for staff in your facility to be aware of typical reactions to disasters

• It is important to consider how these “typical reactions” may be seen in your clients/patients as well as staff

Typical Reactions

• Emotional distress
• Behavioral responses
• Cognitive effects
• Somatic (physical) reactions
  
  ALL of the above are normal (typical) reactions…not mental illness

• Diagnosable psychiatric illness (PTSD ASD, depression, etc are RARE)

Typical Reactions - Examples

• Emotional distress:  
  – Fear, anxiety, “terror”  
  – Grief, sadness, depression, despair  
  – Disbelief, numbness  
  – Anger, rage, resentment

• Behavioral responses  
  – Agitation, aggressiveness  
  – Social or emotional withdrawal  
  – Heroic behaviors

• ALL of the above are normal (typical) reactions…not mental illness
Typical Reactions - Examples #2

- Cognitive effects
  - Intrusive thoughts, dreams, nightmares
  - Difficulty concentrating, remembering, or making decisions
  - Sense of vulnerability or invulnerability
- Somatic (physical) reactions
  - Nausea, stomach irritability
  - Headaches
  - Increased startle reflex

**ALL of the above are normal (typical) reactions…not mental illness**

Diagnosable Psychiatric Illness

- RARE – Typically 10%-20% of people impacted by the disaster and include:
  - Acute Stress Disorder (ASD)
    - Within 30 days post-trauma
  - Post-traumatic stress disorder (PTSD)
    - After 30 days post trauma
  - Major depressive disorder
  - Panic disorder
  - Generalized Anxiety Disorder (GAD)

Challenge #5 - And What it Means for Your Facility…

- Assessing for “typical” disaster reactions within the context of the population group you serve
- Should you modify services due to the disaster, if so how?
  - Psychological First Aid or other disaster MH interventions
  - Disaster education and reassurance
  - Crisis communication with patients and staff
  - Referrals?
Challenge #6 – What is Mental Health Triage?

• Psychological Triage
  – Make a plan about how to prioritize MH support using your limited resources
  – Not everyone will need or want MH services
  – Research shows – people are resilient and most will recover without MH
    • However, pre-disaster and post-disaster education on normal reactions, coping and stress management DOES help!
    – Degree of proximity and impact determines who is seen first – NOT MH “symptoms”

• See “Algorithm for Triaging Mental Health Needs”
  – [link](https://ems.dhs.lacounty.gov/disaster/disastertrainingindex.htm)

• PsySTART Pilot Project- LA County
  – Triage Tag measures proximity to the event
  – American Red Cross uses the same system

Challenge #6 – What is Mental Health Triage?

• How might you apply triage in your facility?
  – Assess escalation of symptoms particularly intent to harm self or others
  – Assess if individuals were at the event and if so what was the level of exposure ie; traumatic loss, geographic proximity, injury, witnessed death or destruction, experience secondary losses, etc
  – Be sure to look for impact on staff
Challenge #7 – Preparedness Solutions

• Readiness for Events with Psychological Emergencies Assessment Tool (REPEAT)
  – A Disaster planning tool developed by RAND, LA County EMS and other County partners
  – Available on LA County EMS Agency Website
  – Hospital and clinic focus, but can be adapted to your facility

REPEAT TOOL: Planning for MH Consequences

• Organizational Structure
• Resources and Infrastructure
• Knowledge and Skills
• Coordination with External Organizations
• Risk Monitoring
• Psychological Support
• Communication and Information Sharing

Organizational Structure

• Recognize the need to address MH consequences in your disaster plan

• Develop a “mental health” team
  – Social worker, chaplains, nurses, etc

• Staff a “mental health” position in your disaster incident command
  – HICS: Mental Health Unit Leader
  – HICS: Employee Health and Well-Being Unit Leader
Organizational Structure #2

- Identify appropriate disaster MH support:
  - Areas in your facility vulnerable to “triggers”
    - Facility phones, recreation rooms, staff lounge
    - For patients: disaster crisis counseling and long-term MH care for those most impacted

What is your plan for staff care?
- Eliminate barriers to reporting or remaining at work
- Arrange for staff shelter, daycare, pets
- Short-term crisis counseling and reassurance
- Long-term mental health support for staff (if needed)

Resources and Infrastructure

- Stock a supply of “normal reactions” pamphlets to distribute to patients and staff at the time of disaster
- Stock basic disaster supplies
- Reassure staff that systems are in place to address their safety concerns in the case of a natural disaster, terrorist attack, or public health emergency

Resources for Disaster MH Info

- SAMHSA Handout
  - Tips for Managing and Preventing Stress: A Guide for Emergency and Disaster Response Workers
  - [http://mentalhealth.samhsa.gov/dtac/](http://mentalhealth.samhsa.gov/dtac/)

- Other Resources for brochures:
  - FEMA: [www.fema.gov/index2.htm](http://www.fema.gov/index2.htm)
  - Red Cross: [www.redcross.org](http://www.redcross.org)
Knowledge and Skills

- Ensure all staff know your disaster plan and their role following disasters
- Ensure staff know about the disaster resources you have on hand
- Ensure staff know about staff care/shelter, reporting procedures, etc
- Train staff on expected MH reactions and to perform “psychological first aid”
- Regular disaster drills w/ MH components

Knowledge and Skills # 2
Psychological First Aid

Your facility should select a PFA model and train staff:

1. National Center for PTSD and National Center for Child Traumatic Stress:
   Click on: www.nmha.org
   Search for: “Psychological First Aid, Operations Guide”
2. American Red Cross PFA

Coordinating with External Organizations

- Have you established relationships with:
  - Local Mental Health Department
  - For mental health staff/resources for disasters
  - Local Public Health Department
  - For pandemic plans and prophylaxis for staff
  - Local Fire and Police Department
  - Local City or County Emergency Management Department
  - Other facilities like yours in your area
Psychological Support

- Basic “MH Interventions”
  - Crisis intervention
  - Psychological first aid
  - Education on reactions and coping
  - Post disaster meetings/ “exit interviews” for staff
  - Referrals
- Train staff on stress and burn out
- Your facility has a plan for MH support after the event and on the anniversary

Communication and Information Sharing

- Include mental health staff in disaster planning, including post-disaster “Public Information” strategies
- Have pre-planned communications, press release, phone scripts, and staff information templates
- Plan to provide regular and redundant communication to staff and patients about the disaster and how your facility is responding to it!

Handouts on Your CD

- REPEAT Tool
- Algorithm for Triaging Mental Health Needs
- HICS Mental Health Unit Leader JAS
- HICS Employee Health & Well Being JAS
- Sample Hospital Policy on Responding to Psychological Consequences of Disaster (Harbor/UCLA)
Summary

• Planning for disasters is challenging
• BH facilities have specific challenges that must be addressed in the disaster planning process
• MH professionals must lend our expertise to the disaster planning effort
• MH must be integrated into all facility disaster plans to ensure that the needs of patients and staff are addressed

And Finally...

QUESTIONS?
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