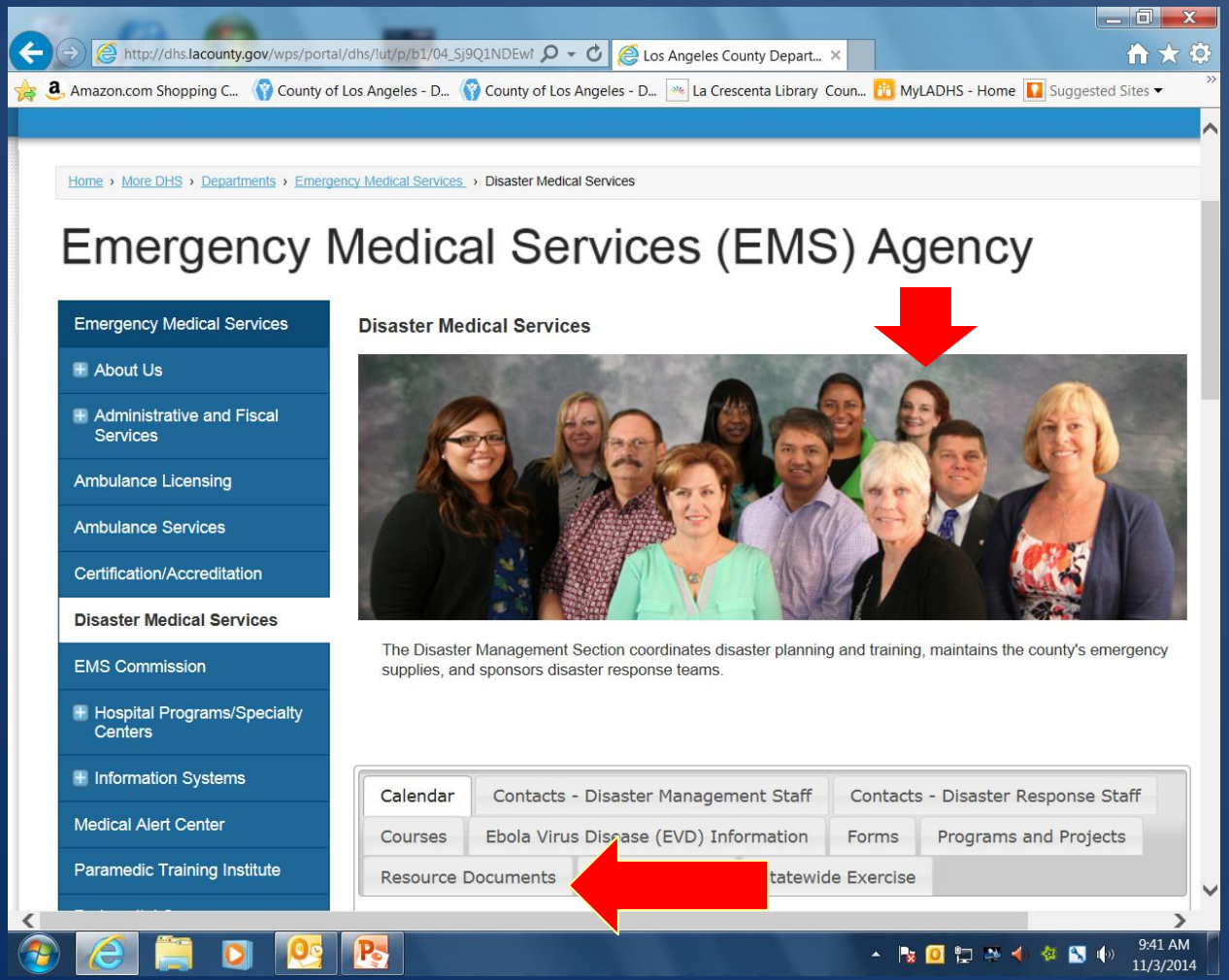
Training Hospital and Clinic Facility Clinical, Mental Health, and Non-Clinical Staff to Address the Psychological Consequences of Large-Scale Emergencies

NCHPH Webinar
March 26, 2015

LA County EMS Agency Website



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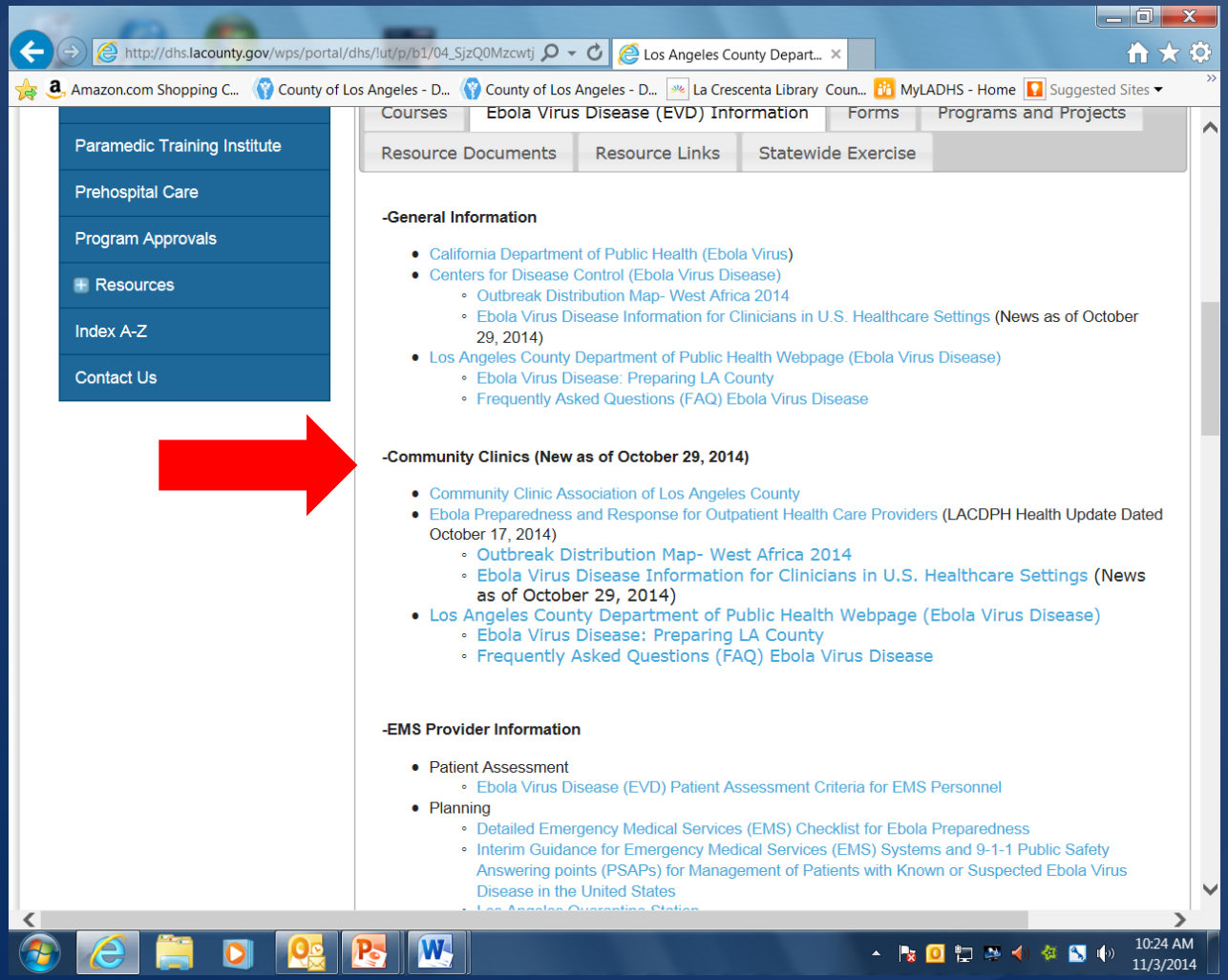
LA County EMS Agency Website Ebola Guidance for Clinics



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LA County EMS Agency Website #2

- EMS Agency Website address, click on Disaster Medical Services http://dhs.lacounty.gov/wps/portal/dhs/ems/

- Instructor materials for this training today:

http://ems2.dhs.lacounty.gov/Disaster/DisasterTrainingIndex.htm

You may use the instructor materials. If you add anything, please change the slide background to indicate this is your material.

Other Projects

- Mass Fatality Management Guide for Healthcare Entities

http://ems.dhs.lacounty.gov/Disaster/MassFatality.htm

- Los Angeles County Family Information Center Planning Guide for Healthcare Entities

http://www.calhospitalprepare.org/FIC

- CHA Mental/Behavioral Health Resources

http://www.calhospitalprepare.org/mental-behavioral-health

Broader Coalition Building

- State of California Mental/Behavioral Health Disaster Framework-December 17, 2012

http://www.cmhda.org/go/portals/0/cmhda%20files/breaking%20news/1212_dec/ca_mental-behavioral_health_disaster_framework_(12-20-12).pdf

- Contains “recommended actions” for coalitions for the disaster cycle: Mitigation and Preparedness, Response, Recovery, Concept of Operations, Training, etc

Los Angeles County EMS Agency: Psychological Preparedness Activities for HPP Hospitals and Clinics 2003-Present

- In context of the HPP program
- Hired a full time mental health professional
- “Planning for Psychological Consequences” training for Hospitals and Clinics
- Operational rapid mental health triage and incident management system (PsySTART)
- Staff triage and Staff resilience system
- ConOPS, Exercise Guide, Sustainability Plan

PsySTART for LA County

PsySTART

(Psychological Simple Triage and Rapid Treatment)

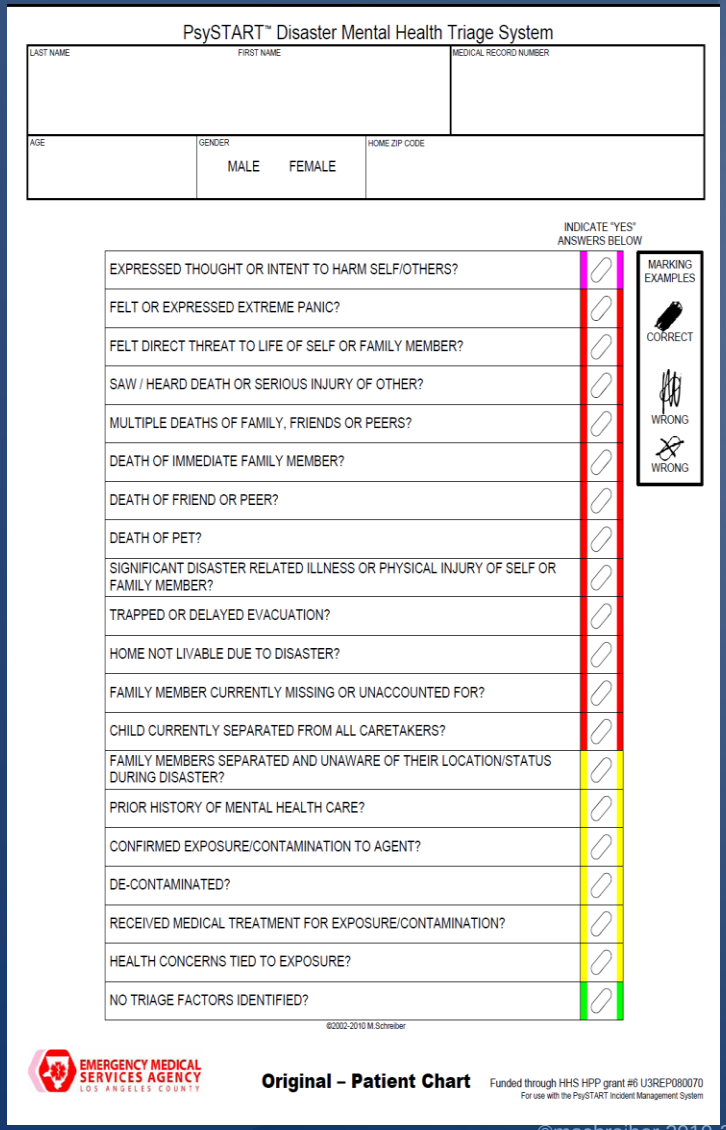
LA County works with Dr. Merritt "Chip" Schreiber (UCI) to adapt PsySTART for use by hospitals and clinics.

- Year 1 – Developed a pilot system for DRC hospitals and clinics and prototype tag
- Year 2 – Extended project to non-DRC hospitals and clinics, developed "Staff" and "Leader Tags", Exercise
- Year 3 – Building a "staff resiliency system".
- Year 4 – Building CONOPS for PsySTART "Patient" and "Staff" Systems, Exercise 2
- Year 5- On line and T-T-T for Anticipate, Plan and Deter ; and Listen, Protect and Connect, Implementation Assistance, MWeb – Sustainability Plan

What does PsySTART measure?

- NOT Symptoms
- Impact of severe/extreme stressors

- "What happened" ***not*** symptoms, based on objective exposure features):
  - **Severe/extreme exposures**
  - **Traumatic Loss (inc. missing family members)**
  - **Ongoing or persistent stressors**
  - **Injury/illness**
  - **Peritraumatic severe panic**



PsySTART™ Disaster Mental Health Triage System

LAST NAME	FIRST NAME	MEDICAL RECORD NUMBER

AGE	GENDER	HOME ZIP CODE
	MALE FEMALE	

	INDICATE "YES" ANSWERS BELOW
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?	
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?	
CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?	
FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION/STATUS DURING DISASTER?	
PRIOR HISTORY OF MENTAL HEALTH CARE?	
CONFIRMED EXPOSURE/CONTAMINATION TO AGENT?	
DE-CONTAMINATED?	
RECEIVED MEDICAL TREATMENT FOR EXPOSURE/CONTAMINATION?	
HEALTH CONCERNS TIED TO EXPOSURE?	
NO TRIAGE FACTORS IDENTIFIED?	

MARKING EXAMPLES: CORRECT; WRONG; WRONG

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EMERGENCY MEDICAL SERVICES AGENCY LOS ANGELES COUNTY

Original – Patient Chart

Funded through HHS HPP grant #6 U3REP080070
For use with the PsySTART Incident Management System

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PsySTART™ Disaster Mental Health Triage System

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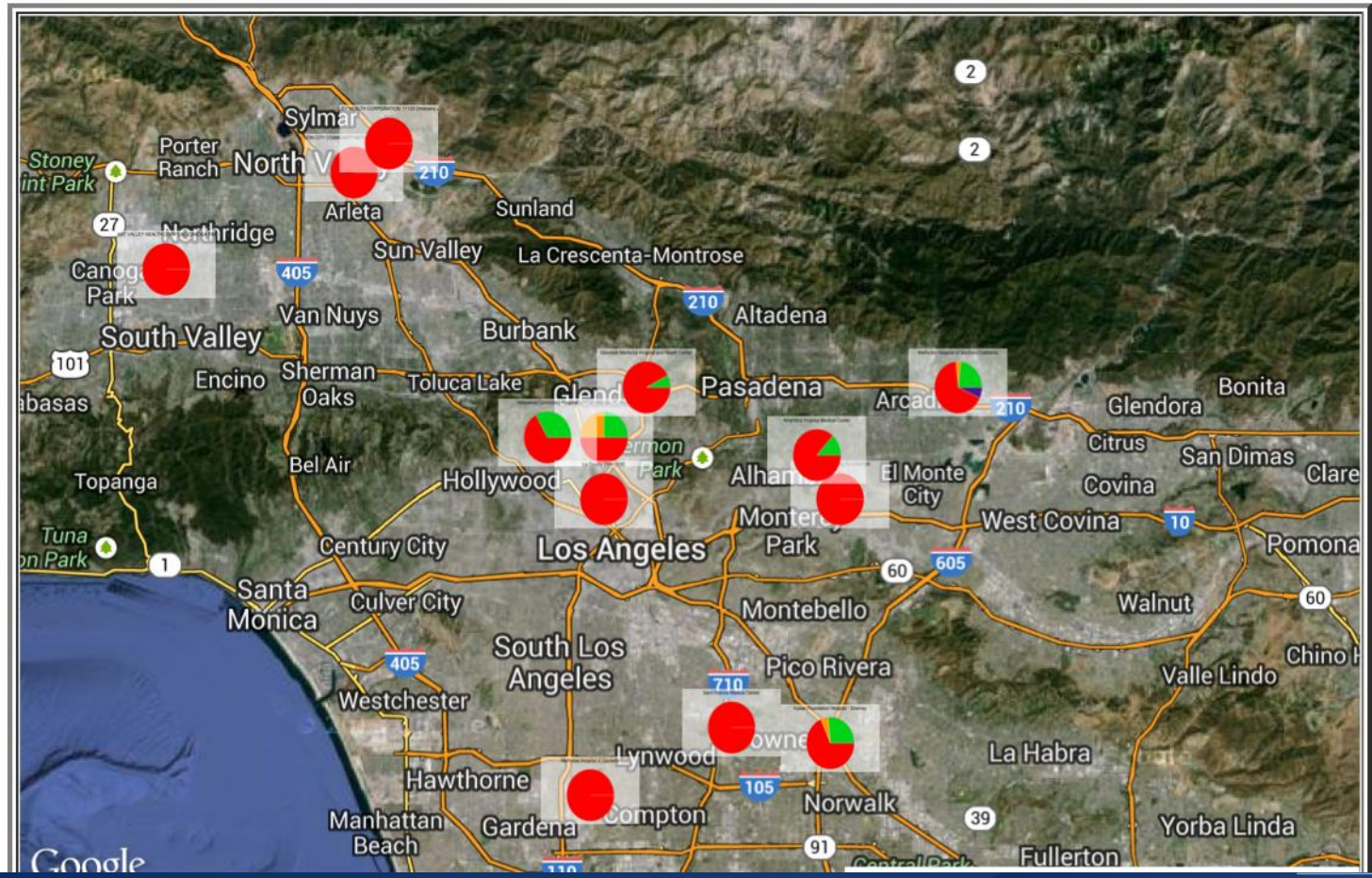
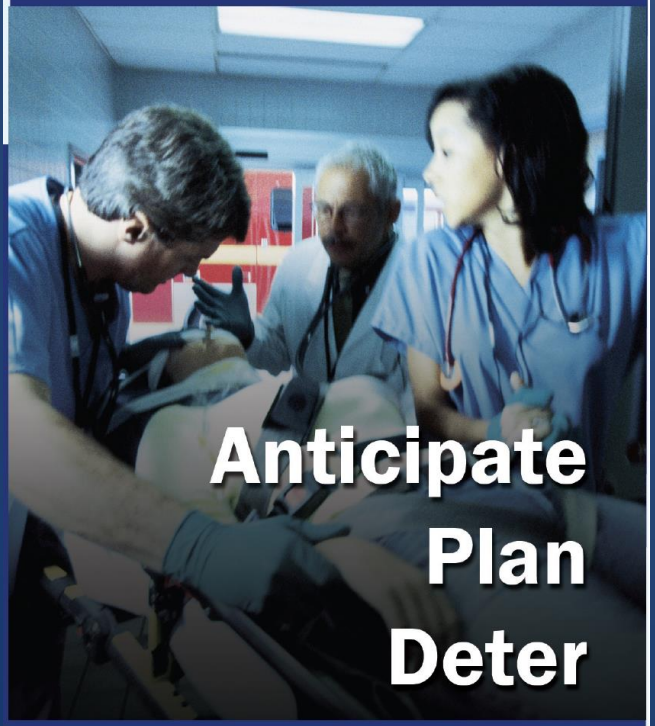
Los Angeles County Operational Area



Building Your Responder Personal Resilience Plan™



Maximizing Resilience For Healthcare Workers

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

©2010-2011 Merritt D. Schreiber, Ph.D.

This project was completed with funds from the Hospital Preparedness Program, Office of the Assistant Secretary for Preparedness and Response, Office of Preparedness and Emergency Operations, Division of National Healthcare Preparedness Programs
(Grant number: U3REP090253)

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

ER MEDICAL SCIENCES
, IRVINE • SCHOOL OF MEDICINE

Three Modular Training Components

Module 1: one-hour module for administrative and disaster planning and response staff

Module 2: one-hour module for hospital and clinic, clinical, mental health, and non-clinical staff

Module 3: two-hour module for Los Angeles County Department of Mental Health with additional details tailored to the disaster response perspective

Purpose of This Course

To teach you the skills necessary to integrate MH functions into the overall emergency response, to review evidence-informed practices for early intervention, and to provide specific tools and techniques to support the psychological needs of patients, family members, staff, and first responders

Course Objectives

After completing this module, you will:

- Know how to integrate your MH response team expertise and functions into the overall disaster response
- Understand key triggers of psychological consequences of public health emergencies
- Know how to deliver evidence-informed techniques to support and intervene with individuals suffering from psychological consequences
- Know how to use just-in-time tools to address potential psychological reactions

Study Team

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A division of the RAND Corporation
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Integrating MH into the Disaster Response

- Integrating MH into the response: Addressing cultural barriers and structural obstacles
- Functions for MH staff: Identifying “psychological hot spots”
- Psychological reactions to large-scale disasters
- Evidence-informed practices for early intervention: Recommendations for use
- Psychological First Aid: How does it work?
- Special populations: Their unique needs
- Principles of self-care for HCWs: Preventing burnout
- Materials for patients: Guidelines for use
- Final thoughts

MH Is a Lonely Silo

- MH expertise is often underutilized
- Clinical staff believe they can handle patient MH problems on their own
- Many facilities have limited MH staff and cannot handle a “surge” situation

Clinical staff may lack the training needed to address the psychological consequences of terrorism or other large-scale emergencies

MH and Medical Care Should Complement Each Other

- Have a plan for bringing more MH staff to the situation
- Consider emergency department priorities
- The model for a large-scale disaster is different from the usual style used to counsel MH problems

Having MH staff appropriately trained to address psychological reactions can make the jobs of medical staff easier

Functions for MH Staff

- Integrating MH into the response: Addressing cultural barriers and structural obstacles
- Functions for MH staff: Identifying "psychological hot spots"
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Functions for MH Staff

Where are the areas of greatest MH need?

What functions should be performed by MH staff?

What functions could be performed by other staff?

Areas Likely to Trigger Psychological Reactions

- Where people **enter and exit** the facility
- Where survivors are **treated**
- Where people **congregate**
- Examples:
  - Emergency department
  - Entrance, front desk
  - Waiting room, discharge area
  - Triage areas
  - Television viewing areas
  - Treatment areas

Other Areas Vulnerable to Triggers

- Decontamination or isolation areas
- All hospital departments/floors
- Pharmacy or other points of distribution
- Public information/public relations briefing areas
- Hospital or clinic incident command post
- Hospital or clinic telephones
- Staff locker rooms, cafeteria, or wherever staff may go to unwind or take breaks

Meeting Needs in Vulnerable Locations: Planning for Staff Placement

In advance of a disaster:

- Pre-identify your facility MH disaster response team
- Determine your areas of need for psychological support
- Determine which locations you want your MH staff to respond to and which other staff ("mental health auxiliary team") could respond to
- Formalize relationships with internal non-MH staff to perform MH functions (e.g., administer PFA)

Issues to Consider in Placing MH Staff

- Where to provide MH care
  - Firefighters/police may prefer care in a separate area
  - Use parking lots or ancillary buildings
- Where to place
  - Waiting family and friends
  - The bereaved
  - Disruptive persons
- Avoid areas near the ER or intensive care unit
- Choose spaces with easy access to bathrooms and protection from weather

What Will MH Staff Do?

- Offer family assistance
- "Walk the line"
- Identify potential disrupters
- Conduct rapid MH assessments to identify urgent MH needs and provide psychological support
- Assess those identified as having nonurgent MH need and provide psychological support
- Provide care that includes early intervention techniques (to be discussed later)
- Perform other functions: See Hospital Incident Command System (HICS) functions and Recommended Actions tool

HICS Functions for HICS MH Unit Leader

Job Action Sheet

OPERATIONS SECTION
Medical Care Branch

MENTAL HEALTH UNIT LEADER

Mission: Address issues related to mental health emergency response, manage the mental health care area, and coordinate mental health response activities.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: Medical Care Branch Director Signature: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	**Time**	**Initial**
Receive appointment, briefing, and appropriate forms and materials from the Medical Care Branch Director.		
Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.		
Appoint Mental Health team members and complete the Branch Assignment List (HICS Form 204).		
Brief Unit team members on current situation, incident objectives and strategy; outline Unit action plan and designate time for next briefing.		
Meet with the Command staff and Employee Health & Well-Being Unit Leader to plan, project, and coordinate mental health care needs of patients, their family, and staff. The plan should include addressing the mental health needs of people who arrive at the hospital with concerns that they are or may be victims of the disaster.		
Participate in briefings and meetings, as requested.		

HICS Job Actions for HICS MH Unit Leaders

- Provide MH guidance and PFA on potential triggers of psychological effects
- Communicate and coordinate with “logistics section chief” to determine available staff to provide psychological support
- Access the supply of psychotropic medications in the facility
- Participate in developing a plan for communicating about risk and about addressing MH issues
- Observe patients, staff, and volunteers for signs of stress

Walk, Talk, Work

Practice mental health by walking around

Provide informal staff support and reassurance

Be present throughout the incident

SOURCE: Maunder et al., 2003.

MH Support Functions for Non-MH Staff

- If trained, non-MH staff can:
  - Provide PFA
  - Refer staff and patients for MH follow-up, if needed, by assessing those directly affected by the disaster
  - Visit newly admitted patients to assess the need for MH staff
  - Pass out brochures outlining potential coping strategies
  - Staff support phone/computer hotline
- Untrained staff can update the staff information board

Psychological Reactions to Large-Scale Disasters

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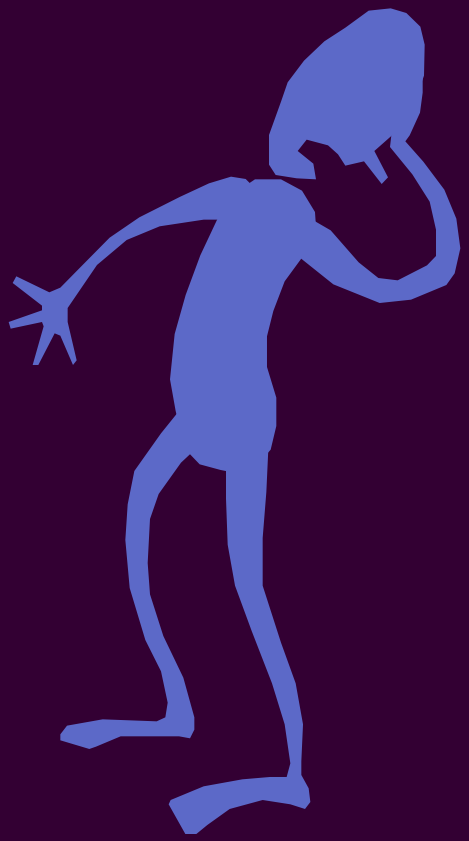
Psychological Reactions

- Emotional distress
- Behavioral responses
- Cognitive effects
- Somatic reactions
- Diagnosable psychiatric illness

Emotional Reactions

- Fear, anxiety, “terror”
- Grief
- Sadness, depression
- Disbelief, numbness
- Anger, rage, resentment
- Hopelessness, despair
- Guilt
- Helplessness, loss of control



Behavioral Responses in Adults

- Agitation
- Aggressiveness
- Social or emotional withdrawal and, in turn, changes in relationships
- Heroic behaviors
- Helplessness versus control
- Risk taking or self-medication
  - Smoking
  - Drinking/recreational drugs

Behavioral Responses in Children

- Clingy behaviors
- Aggression or disruption
- Defiance or belligerence
- Hyperactivity (as a presentation of anxiety)
- Withdrawal or avoidance
- Regressive behaviors
- Refusal to attend school or day care
- Relationship changes—difficulty getting along with siblings or parents
- Risk taking (drugs or alcohol—teens)
- Reenacting events (through play)
- Self-blame

Cognitive Effects

- Difficulty concentrating, remembering, or making decisions
- Repeated thoughts or memories
- Recurring dreams or nightmares
- A sense of vulnerability—or invulnerability
- A distorted sense of reality
- Confusion
- Altruism
- Apathy or loss of interest
- Loss of faith

Somatic Reactons

- Increased heart rate or palpitations
- Sweating
- Nausea or vomiting
- Physical weakness
- Difficulty breathing
- Increased startle reflex
- Stomach irritability
- Fatigue
- Changes in appetite
- Headaches
  - Responses involving these reactions are often referred to as
    - Multiple unexplained physical symptoms (Diamond, Pastor, and McIntosh, 2004)
    - Disaster somatization reactions (Engel, 2004)
  - Emotional reactions of distress can be misinterpreted as symptoms of exposure to WMD

Diagnosable Psychiatric Illness

- Acute stress disorder (ASD)
  - Within 30 days of trauma
- Post-traumatic stress disorder (PTSD)
  - After 30 days post trauma
- Major depressive disorder
- Panic disorder
- Generalized anxiety disorder
- Adjustment disorder (especially with children)

Psychological Reactions: Summary

- Expect a range of emotional, cognitive, and behavioral reactions
- These are typical reactions to abnormal events
- Most reactions will resolve naturally with time
- Care must be taken to evaluate severity and functional impairment before diagnosing a disorder

Evidence-Informed Practices for Early Intervention

- Integrating MH into the response: Addressing cultural barriers and structural obstacles
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SOURCES: Hobfoll, Watson, Bell et al., in press; NIMH (2002).

Objectives of Early Interventions

- Provide crisis intervention
  - Provide appropriate triage and psychosocial support
- Reduce emotional and mental distress
  - For example, limit the displaying of video footage of the disaster, particularly in public places
- Improve problem solving and enhance positive coping skills
- Facilitate recovery
- Refer as needed to MH professionals
- Provide advocacy

SOURCE: National Institute of Mental Health, 2002.

What Evidence Suggests About Early Interventions

- Early, brief, and focused psychotherapeutic intervention can reduce distress
- Selected cognitive behavioral approaches may help reduce incidence, duration, and severity of ASD, PTSD, and depression
- Early interventions that focus on the recital of events DO NOT consistently reduce risks of PTSD or related adjustment difficulties

Key Reminders

- Presuming a clinically significant disorder in the early post-phase is inappropriate, except when there is a preexisting condition
- Those exposed should be offered psychoeducational support
- Debriefings should not be conducted for the primary purpose of preventing or reducing mental disorders

Recognize and Address Hierarchy of Needs

1. Survival
2. Safety
3. Security
4. Food
5. Shelter
6. Health (physical and mental)
7. Triage
8. Orientation
9. Communication with family, friends, and community
10. Other forms of psychological support

Key Steps in Early Intervention

- Assure basic needs
- Provide PFA
- Conduct needs assessment
- Triage individuals
- Provide treatment
- Foster resilience, coping, and recovery
- Monitor recovery environment
- Conduct outreach and disseminate information
- Pay attention to needs of special populations

Call the 24-hour hotline for assistance: (800) 854-7771

Follow-up Should Be Offered to Some Individuals

- Who have ASD or other clinically significant symptoms
- With complicated bereavement
- With preexisting psychiatric disorders with current symptoms
- Who require medical or surgical attention
- Who experienced particularly intense or particularly long exposure

Psychological First Aid

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About PFA

- **Definition:** Evidence-informed modular approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism
- **Principal actions:**
  - Establish safety and security
  - Connect to restorative resources
  - Reduce stress-related reactions
  - Foster adaptive short-and long-term coping
  - Enhance natural resilience rather than preventing long-term pathology

PFA—for Whom? By Whom?

- For whom is PFA intended?
  - Children, adolescents, parents/caretakers, families, and adults exposed to disaster or terrorism
  - First responders and other disaster relief workers
- Who delivers PFA?
  - MH and other disaster response workers who provide early assistance to affected groups as part of an organized disaster response effort
  - Responders working in primary and emergency health care (i.e., hospitals and clinics)

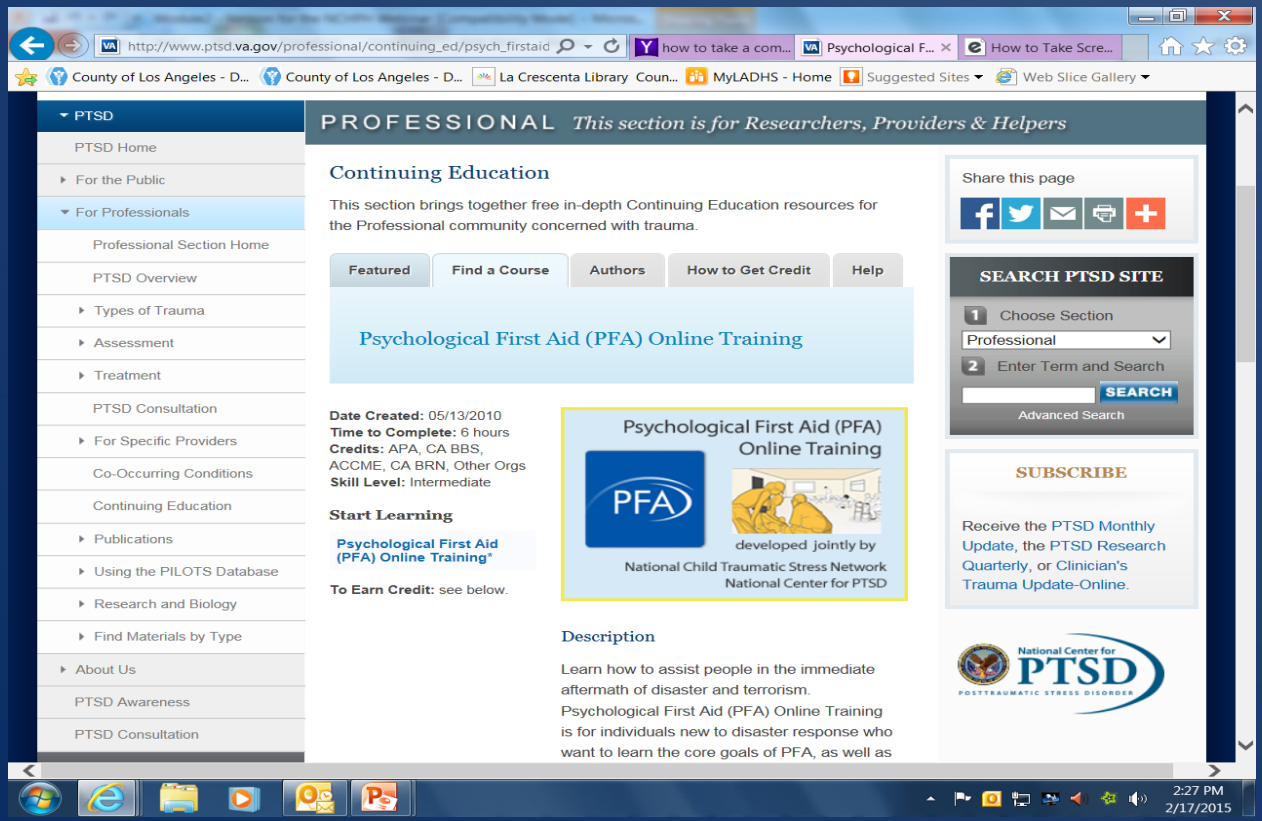
SOURCE: NCTSN/NCPTSD (2006).

Strengths of PFA

- Includes basic information-gathering techniques to aid rapid assessments
- Relies on field-tested, evidence-informed strategies
- Emphasizes developmentally and culturally appropriate interventions for different ages and backgrounds
- Includes handouts providing information for different groups to use in recovery

National Center for PTSD – On Line Training

A six hour training for this model of Psychological First Aid is available on the National Center for PTSD website:



Eight Core Components of PFA

1. Contact and engagement
2. Safety and comfort
3. Stabilization (if needed)
4. Information gathering: Current needs and concerns
5. Practical assistance
6. Connection with social support
7. Information on coping
8. Linkage with collaborative services

1. Contact and Engagement

Goal: Establish a human connection in a nonintrusive, compassionate manner

- Introduce yourself
- Ask for permission to talk
- Explain the objective

PFA provider: *"My name is _____. I am a mental health or _____ staff member here. I'm checking with people to see how they are feeling. Can we talk for a few minutes? May I ask your name? "*

2. Safety and Comfort

Goal: Enhance immediate and ongoing safety and provide physical and emotional comfort

- Provide information about disaster response activities/services at your facility
- Offer physical comforts
- Offer social comforts/links with other survivors
- Protect from additional trauma (including media viewing)

PFA provider: *"Do you need anything to drink or eat? Is your family here with you? Do you have a place to stay? We are providing _____ services. Do you have any questions I can answer now?"*

3. Stabilization (if needed)

Goal: Calm overwhelmed or distraught survivors

- Watch for signs of disorientation or overwhelming emotion
- Take steps to stabilize a distressed individual
  - Remain calm and provide opportunities to talk
  - Help people focus on tasks they need to complete right now
  - Suggest that the person take a few moments "time out" before deciding what to do next
  - Teach deep breathing
  - Focus on soothing things

PFA provider: *"You have been through a lot. It might help to take a few deep breaths right now. It is normal during a disaster to feel like you don't know what to do. Can I help you with deciding what to do next?"*

4. Information Gathering

Goal: Identify immediate needs and concerns, gather information, and tailor PFA interventions

- Identify individuals who need immediate referral
- Identify need for additional services
- Identify those who might need a follow-up visit

PFA provider: *"Can you tell me where you were during the disaster? Were you injured? Do you have a place to live right now? Is your family safe? How are you (and your children) coping with what is happening? Is there anything else you'd like to talk about?"*

5. Practical Assistance

Goal: Offer survivors practical help to address immediate needs and concerns

- Identify the most immediate need(s)
- Discuss ways to respond
- Act to address the need

PFA provider: *"It seems like what you are most worried about right now is _____. Can I help you figure out how to deal with this?"*

6. Connection with Social Support

Goal: Help establish brief or ongoing contacts with primary support persons or with other sources of support such as friends and community resources

- Enhance access to primary support persons
- Encourage use of other support persons who are immediately available
- Optional: Discuss elements of support seeking
- Address extreme social isolation or withdrawal

PFA provider: *"Are there family members or friends who you can call right now who can help? Is there a community group (such as a church, etc.) that could help you? Have you contacted any of these sources of support to let them know what has happened?"*

Types of Social Support You Can Provide

- Emotional support
- Social connection
- Encouragement of value to others
- Reassurance of self-worth
- Reliable support
- Advice and information
- Physical assistance
- Material assistance

7. Information on Coping

Goal: Provide information about stress reactions and coping to reduce distress and promote adaptive functioning

- Provide basic information about common stress reactions
- Be sure to include common reactions for children and adolescents
- Provide information on ways of coping
- Include information on when to seek further MH services

PFA provider: *"After an experience like this, it's understandable for you (and your kids) to feel (confused, afraid). You will probably start to feel better soon. But if you don't, there are places to get help. There are people available 24 hours every day at 800-854-7771. That is the number for mental health services for L.A. County. Staff there are understanding and can help you work your way through this difficult time."*

8. Linkage with Collaborative Services

Goal: Link survivors with services available to them before the disaster

Provide direct referrals to additional services

- County mental health services or those through private insurance
- Medical services
- Red Cross and FEMA, as appropriate
- For children and adolescents (referrals require parental consent)
- For older adults
  - Primary care physician, local senior center, meals, senior housing/assisted living, transportation services

For more information and detail on PFA: http://www.ncptsd.va.gov

Addressing the MH Needs of Special Populations

- Integrating MH into the response: Addressing cultural barriers and structural obstacles
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Specific Needs Populations

- Children
- The elderly
- People with physical and developmental disabilities
- The severely and persistently mentally ill (SMI)

Terrorist incident or public health emergency

Triggers of psychological effects

- **Restricted movement**
- **Limited resources**
- **Trauma exposure**
- **Limited information**
- **Perceived personal or family risk**

Short-term and longer-term effects

- **Emotional**
- **Behavioral**
- **Cognitive**

Needs Resulting from Restricted Movement: Special Populations

- Children in isolation/quarantine should have access to
  - Parents or "Child Life" professionals or child care specialists
  - Games, books, etc.
- The elderly may need home visits for shelter-in-place situations
- The physically disabled
  - They will require access to their special equipment while in isolation or quarantine
  - Decontamination areas should accommodate wheelchairs
  - Use interpreters for the hard of hearing
  - Ask how you can be of assistance, e.g., for the blind

Needs Resulting from Restricted Movement Among Specific Populations

- The SMI should have access to
  - MH staff while in isolation, decontamination, and quarantine
- Children, the elderly, and the physically disabled may require help during evacuations

Needs Resulting from Limited Resources: Specific Populations

Limited resources: Access to resources is actually or perceived to be limited or restricted

- Children and the physically disabled—personal protective equipment may not fit
- The SMI may have reduced ability to cope with disruptions in care
- Children and the SMI may respond more strongly to triggers, so they may require more resources

Needs Resulting from Trauma Exposure: Special Populations

Trauma exposure: Witnessing or being the survivor of a traumatic event

- Children may:
  - Exhibit distress differently from adults
  - Be less able to understand concepts like death
  - Be less able to communicate about their trauma exposure
  - Have fewer positive coping skills
- Children and the SMI may respond strongly to triggers
- The elderly may:
  - Feel ashamed about discussing emotional reactions or receiving psychological services

Needs Resulting from Limited Information: Special Populations

Limited Information: Actual or perceived lack of information about risks, potential consequences, and what to do

- Children—Assign one consistent person to supervise and accompany these children
- The elderly and the SMI—May not understand the standard information provided; staff should be available to explain and supplement it
- The physically disabled—treat the same as anyone else. Accommodate for communication and access to services when needed.

Remember—Handouts for MH staff and for parents are available in this training binder

Needs Resulting from Perceived Risk: Special Populations

Perceived personal or family risk: Fear or concern about the safety and well-being of yourself or loved ones

- Children:
  - Children may be more fearful than others
  - Their parents will be concerned if they are separated from their children
- The SMI—their cognitive impairment could "mask" actual risk and fear

Culturally Relevant Services

Some cultural minorities may

- Not want to discuss their trauma with MH staff because they
  - Mistrust health authorities
  - Are ashamed of getting psychological care
- Want spiritual counseling particular to their culture
- Need more MH resources if they had prior experiences with major disasters in their country of origin
- Require translators in isolation, quarantine, and decontamination areas

Principles of Self-Care

- Integrating MH into the response: Addressing cultural barriers and structural obstacles
- Functions for MH staff: Identifying “psychological hot spots”
- Psychological reactions to large-scale disasters
- Evidence-informed practices for early intervention: Recommendations for use
- Psychological First Aid: How does it work?
- Special populations: Their unique needs
- Principles of self-care for HCWs: Preventing burnout
- Materials for patients: Guidelines for use
- Final thoughts

What Is Burnout?

A form of psychological distress (not a diagnosis)

- The "persistent, negative, work-related state of mind . . . characterized by exhaustion, . . . accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviors at work"*
- Develops gradually and may remain unnoticed for a long time

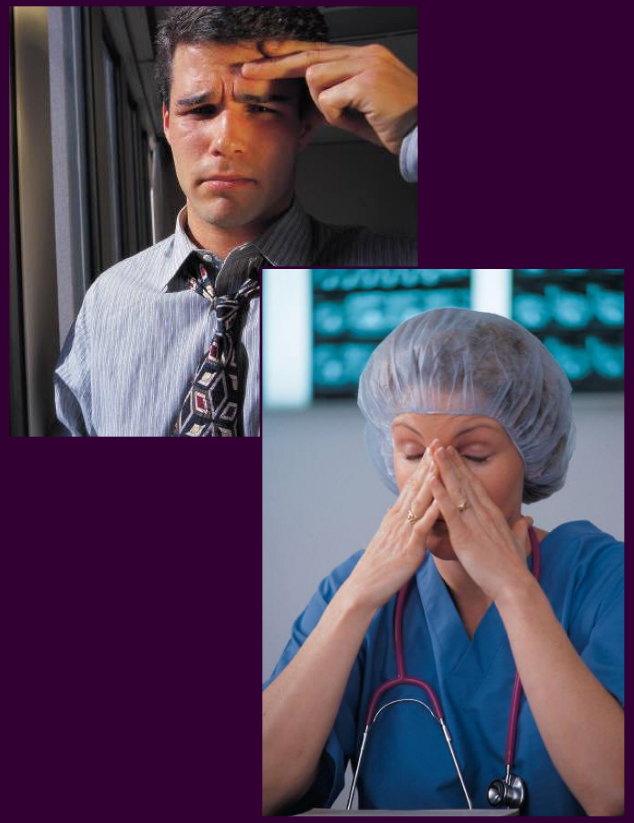
* Schaufeli and Buunk, 2003, p. 388.

Burnout Is an Imbalance Between Supply and Demand

Stressed and overburdened at work and outside work

Perception that support and resources at work are inadequate

Prevalence rates during SARS 10%–30%



What Generates Demand?

Changes in workload and overtime

Unfamiliar work

Greater conflict at work

Social isolation or stigmatization

SOURCE: Maunder et al., 2003 and 2006; Maunder, 2004.

What Might Increase Supply?

Training and education in infection control procedures and use of PPE

Adequate supplies of PPE

Support for worker well-being ensuring safety at the workplace

Self-Care DOs and DON'Ts

- Recognize that disasters are extraordinary events, and that your emotional reactions are normal, universal, and expected
- Get adequate sleep, rest (take a break, take a walk), nutrition
- Use your social support network
- Exercise, listen to music, talk, meditate
- Limit viewing of events on television
- Seek help if reactions continue or worsen over time

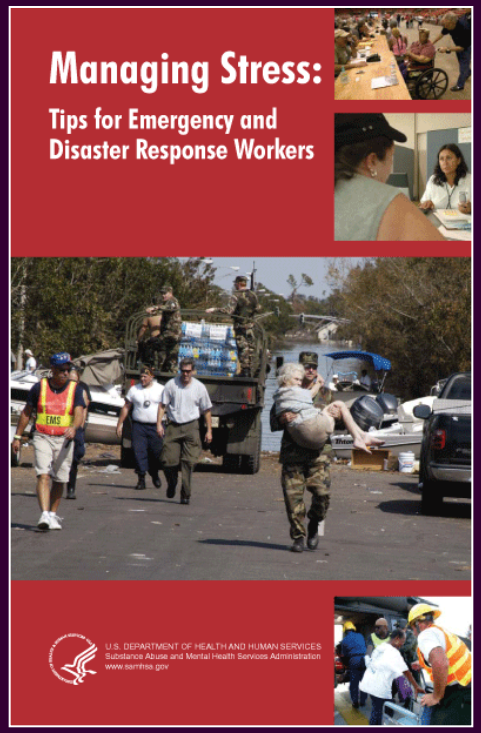
Preventing and Reducing Stress: Tips for Supervisors

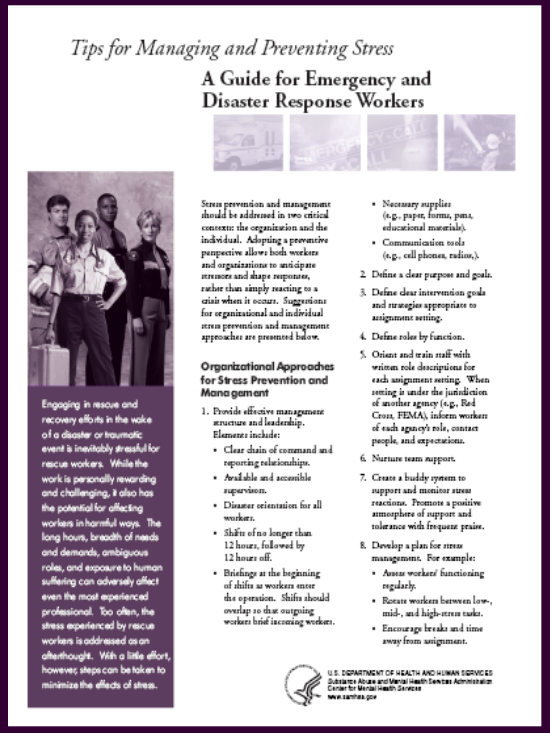
- Always **address practical concerns**:
  - Codify and revisit disaster procedures (infection control and PPE use)
  - Manage work-rest schedules
  - Avoid conscripting workers to high-risk situations against their wishes and without proper training and protection
  - Manage conflicts between staff
  - Assess and address staff perceptions of personal and family risk

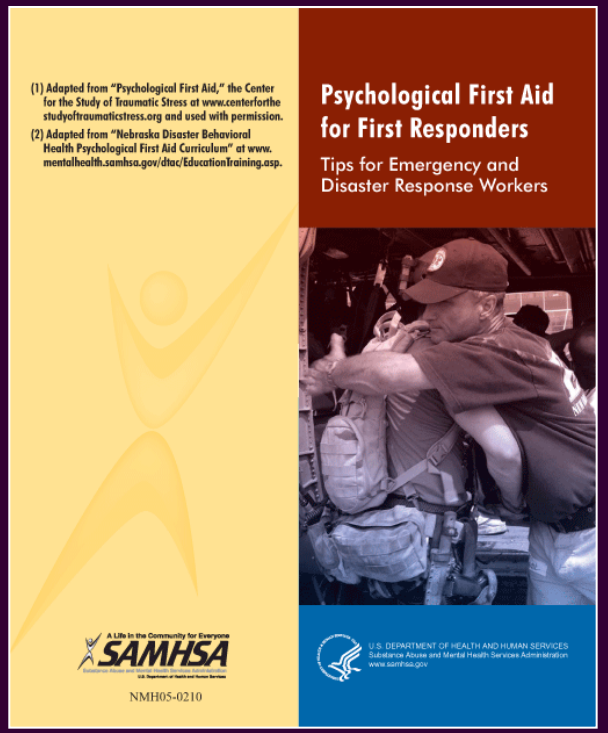
How Supervisors Can Maintain a Supportive Environment

- Provide tangible support for workers on duty and in quarantine
- Consider staff well-being in decisions
- Visibly, actively manage stress by roaming work areas
- Support and enforce principles of self-care: nutrition, sleep, exercise/activities, talking, music
- Provide a role model: hang out in the staff lounge
- Provide ready access to supportive MH resources during and after the event

SAMHSA Tips for Workers







SOURCE: www.mentalhealth.samhsa.gov/dtac.

Materials for Patients and How to Use Them

- Integrating MH into the response: Addressing cultural barriers and structural obstacles
- Functions for MH staff: Identifying “psychological hot spots”
- Psychological reactions to large-scale disasters
- Evidence-informed practices for early intervention: Recommendations for use
- Psychological First Aid: How does it work?
- Special populations: Their unique needs
- Principles of self-care for HCWs: Preventing burnout
- Materials for patients: Guidelines for use
- Final thoughts

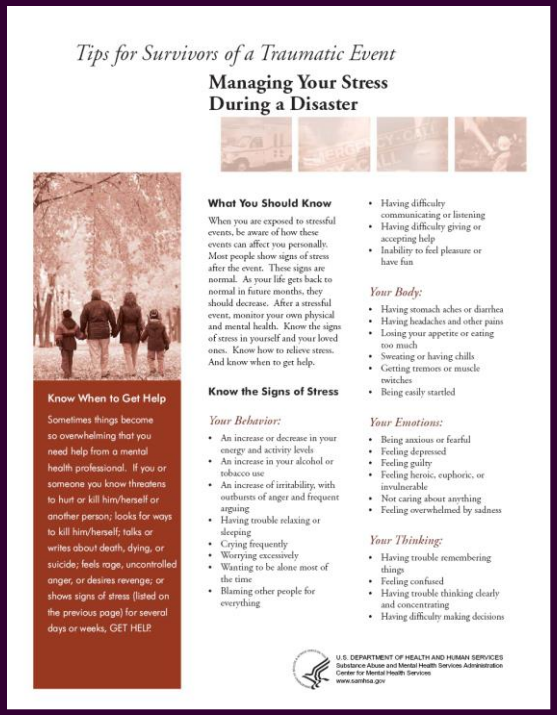
Psychoeducational Materials

- Distribute to those exposed, treated, or experiencing symptoms of distress
- The materials can serve as a quick reference or self-care guides
- Basic guideline
  - Use culturally appropriate materials
  - Consider translating materials into other languages

Online Resources

- SAMHSA
  - http://mentalhealth.samhsa.gov/dtac/
- National Center for Posttraumatic Stress Disorder
  - www.ncptsd.va.gov
- National Child Traumatic Stress Network
  - www.nctsnet.org
- Center for the Study of Traumatic Stress
  - http://www.centerforthestudyoftraumaticstress.org

SAMHSA Tips for Survivors



Tips for Survivors of a Traumatic Event

Managing Your Stress During a Disaster

Know When to Get Help

Sometimes things become so overwhelming that you need help from a mental health professional. If you or someone you know threatens to hurt or kill him/herself or another person; looks for ways to kill him/herself; talks or writes about death, dying, or suicide; feels rage, uncontrolled anger, or desires revenge; or shows signs of stress (listed on the previous page) for several days or weeks, GET HELP.

What You Should Know

When you are exposed to stressful events, be aware of how these events can affect you personally. Most people show signs of stress after the event. These signs are normal. As your life gets back to normal in future months, they should decrease. After a stressful event, monitor your own physical and mental health. Know the signs of stress in yourself and your loved ones. Know how to relieve stress. And know when to get help.

Know the Signs of Stress

Your Behavior:

- An increase or decrease in your energy and activity levels
- An increase in your alcohol or tobacco use
- An increase of irritability, with outbursts of anger and frequent arguing
- Having trouble relaxing or sleeping
- Crying frequently
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- Inability to feel pleasure or have fun

Your Body:

- Having stomach aches or diarrhea
- Having headaches and other pains
- Losing your appetite or eating too much
- Sweating or having chills
- Getting tremors or muscle twitches
- Being easily startled

Your Emotions:

- Being anxious or fearful
- Feeling depressed
- Feeling guilty
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything
- Feeling overwhelmed by sadness

Your Thinking:

- Having trouble remembering things
- Feeling confused
- Having trouble thinking clearly and concentrating
- Having difficulty making decisions

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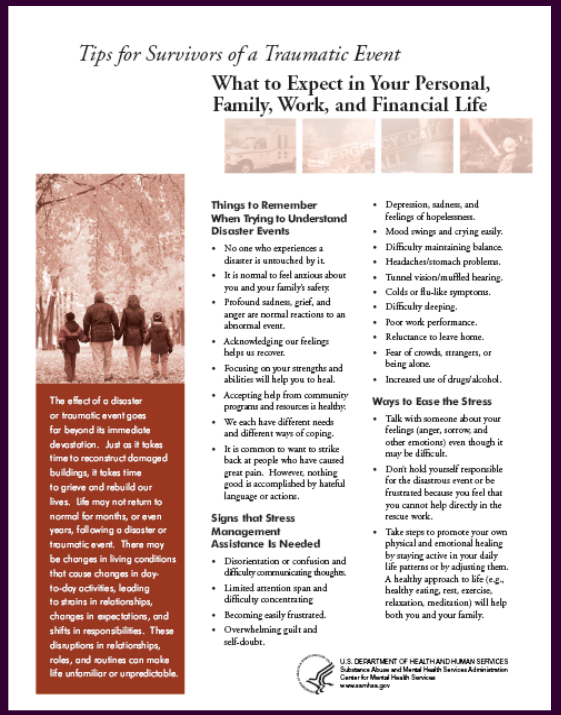

Tips for Survivors of a Traumatic Event

What to Expect in Your Personal, Family, Work, and Financial Life

The effect of a disaster or traumatic event goes far beyond its immediate devastation. Just as it takes time to reconstruct damaged buildings, it takes time to grieve and rebuild our lives. Life may not return to normal for months, or even years, following a disaster or traumatic event. There may be changes in living conditions that cause changes in day-to-day activities, leading to strains in relationships, changes in expectations, and shifts in responsibilities. These disruptions in relationships, roles, and routines can make life unfamiliar or unpredictable.

Things to Remember When Trying to Understand Disaster Events

- No one who experiences a disaster is untouched by it.
- It is normal to feel anxious about you and your family's safety.
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- Acknowledging our feelings helps us recover.
- Focusing on your strengths and abilities will help you to heal.
- Accepting help from community programs and resources is healthy.
- We each have different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain. However, nothing good is accomplished by hateful language or actions.

Signs that Stress Management Assistance Is Needed

- Disorientation or confusion and difficulty communicating thoughts.
- Limited attention span and difficulty concentrating.
- Becoming easily frustrated.
- Overwhelming guilt and self-doubt.
- Depression, sadness, and feelings of hopelessness.
- Mood swings and crying easily.
- Difficulty maintaining balance.
- Headaches/stomach problems.
- Tunnel vision/muffled hearing.
- Colds or flu-like symptoms.
- Difficulty sleeping.
- Poor work performance.
- Reluctance to leave home.
- Fear of crowds, strangers, or being alone.
- Increased use of drugs/alcohol.

Ways to Ease the Stress

- Talk with someone about your feelings (anger, sorrow, and other emotions) even though it may be difficult.
- Don't hold yourself responsible for the disastrous event or be frustrated because you feel that you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by staying active in your daily life patterns or by adjusting them. A healthy approach to life (e.g., healthy eating, rest, exercise, relaxation, meditation) will help both you and your family.

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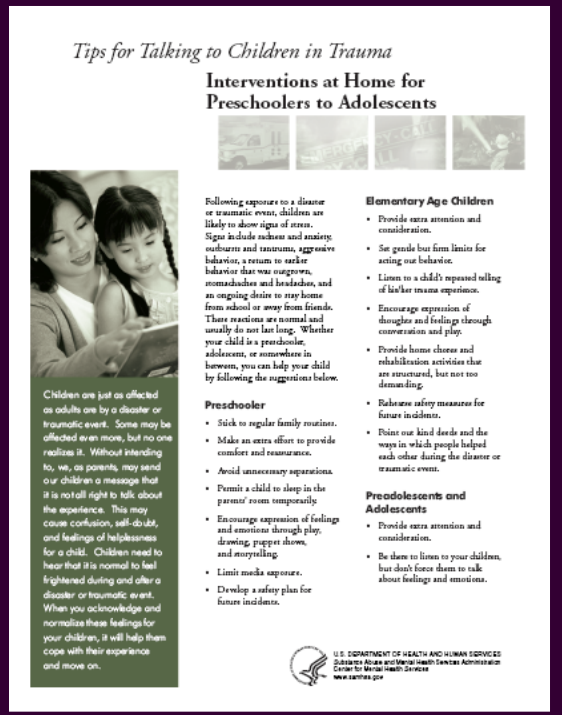

Tips for Talking to Children in Trauma

Interventions at Home for Preschoolers to Adolescents

Children are just as affected as adults are by a disaster or traumatic event. Some may be affected even more, but no one realizes it. Without intending to, we, as parents, may send our children a message that it is not all right to talk about the experience. This may cause confusion, self-doubt, and feelings of helplessness for a child. Children need to hear that it is normal to feel frightened during and after a disaster or traumatic event. When you acknowledge and normalize these feelings for your children, it will help them cope with their experience and move on.

Following exposure to a disaster or traumatic event, children are likely to show signs of stress. Signs include sadness and anxiety, outbursts and tantrums, aggressive behavior, a return to earlier behavior that was outgrown, stomachaches and headaches, and an ongoing desire to stay home from school or away from friends. These reactions are normal and usually do not last long. Whether your child is a preschooler, adolescent, or somewhere in between, you can help your child by following the suggestions below.

Preschooler

- Stick to regular family routines.
- Make an extra effort to provide comfort and reassurance.
- Avoid unnecessary separations.
- Permit a child to sleep in the parents' room temporarily.
- Encourage expression of feelings and emotions through play, drawing, puppet shows, and storytelling.
- Limit media exposure.
- Develop a safety plan for future incidents.

Elementary Age Children

- Provide extra attention and consideration.
- Set gentle but firm limits for acting out behavior.
- Listen to a child's repeated telling of his/her trauma experience.
- Encourage expression of thoughts and feelings through conversation and play.
- Provide home chores and rehabilitation activities that are structured, but not too demanding.
- Rehearse safety measures for future incidents.
- Point out kind deeds and the ways in which people helped each other during the disaster or traumatic event.

Preadolescents and Adolescents

- Provide extra attention and consideration.
- Be there to listen to your children, but don't force them to talk about feelings and emotions.

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SOURCE: www.mentalhealth.samhsa.gov/dtac.

Terrorist incident or public health emergency

Triggers of psychological effects

- **Restricted movement**
- **Limited resources**
- **Trauma exposure**
- **Limited information**
- **Perceived personal or family risk**

Short-term and longer-term effects

- **Emotional**
- **Behavioral**
- **Cognitive**

Example 1: RDD

After completing triage, a young woman begins complaining of heart palpitations. She is visibly sweating and reports that she is going to vomit. She reports having witnessed lots of people die from the explosion.

The provider assesses the patient and rules out any acute medical needs.

What do you do?

- What are some potential triggers of a psychological reaction?
- What intervention(s) might you use?

Example 2: RDD

The Emergency Department waiting room is at capacity as the staff try to triage individuals for medical treatment.

Several individuals become very agitated and verbally aggressive toward staff because they are concerned that they are exposed.

What do you do?

- What are some potential triggers of a psychological reaction?
- What intervention(s) might you use?

Example 3: Pandemic Flu

During the height of the first wave, the isolation units are filled, and many personnel have been instructed to follow home quarantine restrictions.

Staff are being stretched thin and face enormous challenges as they see some of their colleagues becoming very ill.

What do you do?

- What are some potential triggers of a psychological reaction?
- What intervention(s) might you use?

How Prepared Is Your Facility?
—Final Thoughts—

- Add one or more mental health professionals to your facility disaster planning team
- Pre-identify one or more mental health staff or clinical staff for the two mental health positions in HICS
- Recruit staff for your facility disaster mental health team
- Include the surge of psychological casualties in your annual exercise program to test your mental health response plans

Final Thoughts

- Integrating MH into the response: Addressing cultural barriers and structural obstacles
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Final Thoughts

Summary

Continuing education credit

Resources