



Hospital Preparedness for Mental Health Needs

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Outline of Presentation

- Why it is important to consider mental health needs
- Basic principles related to mental health needs in setting of terrorist or disaster event
- Practical considerations for hospital planning

Why consider mental health needs?

- Psychological impact often greater than biomedical impact
- Response plans need to be informed by understanding of psychological and behavioral reactions in crisis settings
- All emergencies create mental health needs -- hospitals need to be prepared to mitigate the psychological impact

Mental Health Approaches in Aftermath

Psychological First Aid

- Provide broadly to those impacted
- Supportive services to foster normative coping and accelerate natural healing process



Triage and Referral

- Identify and deliver services to those who would benefit from additional mental health care

Under-reporting of mental health symptoms

- Individuals with mental health symptoms may be reluctant to share them with healthcare providers because of concerns they are abnormal
- They may not think healthcare providers are interested or assume “normal reactions to abnormal event”
- Issue isn't whether individuals **NEED** counseling or support, but whether they might benefit from it
- Avoid expressions such as “worried well”



Basic needs are basic

- UWF (Brief Therapy)
- Need to deal with basic needs before able to address emotional needs
 - ❖ Safety, security
 - ❖ Food, shelter
 - ❖ Communication and reunification with family
- Staff have their own basic needs
 - ❖ Family disaster plans
 - ❖ Notification systems for professional staff to contact family

Mass casualty events involve masses

- Consider issues of crowd management
 - ❖ Not only a safety issue; also a mental health issue
- Chaos is unsettling; poor crowd management can escalate safety concerns
- Individuals with adjustment problems least able to negotiate confusing or overwhelming environment

Communications about a crisis should not be a cause of crisis

- Two basic reasons for public communications in setting of crisis: to reassure or to provide information to direct people to take specific actions
- Risk communications need to be informed by mental health considerations so that:
 - ❖ Reassuring announcements are reassuring
 - ❖ Optimize likelihood people understand message and respond in desired manner

Guiding principles for hospital planning

- Formal incorporation of mental health response into HEICS
- Incorporate mental health preparedness into all phases and components of response – not just recovery
- At least three groups: patients, guests (families, loved ones, visitors), and staff
- Different levels of mental health needs
- Different sites of delivery of services

Levels of Mental Health Need

Level	Mental health status	Mental health services required
I Emergency	Psychiatric emergency (e.g., extreme reactions, non-responsive, disruptive)	Psychiatric evaluation and treatment after medical clearance
II Symptomatic	Emotional reaction, decreased responsiveness, or major risk factors	Mental health support or interventions – individual or group
III Asymptomatic	No overt manifestations	Psychological first aid, Ancillary services, Reunification

Sites for delivery of mental health services

- Acute medical care units (MH consultants)
- Psychiatric Care Unit
 - ❖ Level I; secure unit
- Mental Health Support Unit
 - ❖ Levels II and III
 - ❖ Ancillary Services
 - ❖ Mobile teams to provide services on inpatient units
- Healthcare Worker Mental Health Support Unit

Mental health HEICS positions

- Mental Health Officer – incident consultant to Incident Commander in Administrative Section
- Mental Health Support Unit Lead and Psychiatric Care Unit Leader – under Ancillary Services Director in Operations Section
- Healthcare Worker Mental Health Support Unit Leader – under Human Services Director in Operations Section

Essential mental health functions

- Mental health triage (secondary triage)
- Acute psychiatric assessment and care
- Medication assessment and prescription
- Individual and group psychoeducation and brief psychological interventions
- Psychological first aid
- Referral for follow-up care
- Support for death notification and decedent/remains identification
- Staff mental health support

Ancillary services at Mental Health Support Unit

- Communication and reunification
- Case management and emergency placement services
- Information
- Food and drink; clothing
- Transportation
- Shelter information
- Spiritual counseling

Healthcare Worker Mental Health Support Unit

- Mobile Crisis Team to respond to units
- EAP Crisis Intervention and services
- Crisis intervention information
- Consultation for managers/supervisors about handling employee issues
- Ancillary and support services and supplies

Psychoeducational materials

- Information about Mental Health Support Unit and Hospital Healthcare Worker Mental Health Support Unit
- Common reactions to crisis and general advice; guidelines for when additional services indicated
- Supporting children in crisis (www.aap.org)
- Supporting staff in crisis
- Crisis-specific guidance materials

Training needs

- Training for mental health providers
 - ❖ Triage of mental health needs
 - ❖ Risk factors for psychiatric sequelae
 - ❖ Psychological first aid and brief treatments
 - ❖ Psychotropic medications
 - ❖ Death notification and bereavement support
 - ❖ Spiritual support and bereavement support for clergy
 - ❖ Staff support (especially for EAP)
- Non-mental health providers
 - ❖ Identification of mental health symptoms
 - ❖ Death notification
 - ❖ Psychological First Aid
 - ❖ Supporting healthcare workers and self



Questions ?



For further information

American Academy of Pediatrics (AAP):

www.aap.org/terrorism

National Center for Children Exposed to Violence (Yale Child Study Center):

www.nccev.org

School Crisis Response Initiative:

www.nccev.org/initiatives/schoolcrisis.html

Parent Guidance Documents:

www.nccev.org/resources/publications.html