



Mental Health Triage Algorithm for use by Non-Mental Health Providers in Acute Settings

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Types of Patients

1. Chronically mentally ill/homeless and impoverished who need referrals and are resource intensive
2. Worried well/distressed citizen who need to be triaged out of the system and given information to decrease distress
3. Those who are ill as a consequence of the situation and need practical help
4. Providers at greatly increased risk of suicide/depression/worry about family

DMH services—hierarchy of needs

Basic needs/concerns first:

- Survival
- Safety and security

Then:

- Food, clothing and shelter, meds as needed
- Health and well being

DMH Services—non-traditional settings

- Temporary shelters

- Food distribution centers
- Waiting in lines
- Medical triage areas
- Ad hoc healthcare locations

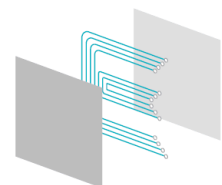
Key Intervention Strategies

- Provide human contact and basic information to assist in problem-solving
- Build rapport through supportive listening; validate experiences
- Perform rapid assessment and triage
- Build trust through multiple brief contacts
- Focus on strengths, existing resources, and natural support systems
- Address crisis in manageable doses
- Avoid psychological or psychiatric jargon and the concept of pathology
- Assist with everyday tasks
- Be a hopeful presence, but don't offer false assurances

Assessment Considerations

- An informal process of noticing needs and responding appropriately
- Start with practical information and supportive interventions or refer as appropriate
- When unsure of the proper response:
 - Support: Provide support to the victim
 - Consult: Review the situation with team members
 - Return: Frequent brief contacts builds a relationship and provides more accurate understanding of needs

Differentiate 4 general groups:



1. Those in need of practical information only
2. Those who may benefit from a return visit for further contact, support, and monitoring
3. Those who need immediate crisis counseling (supporting listening, debriefing, comfort)
4. Those who require referrals for severe reactions or chronic mental health conditions
5. Consider a separate group for response personnel with critical incident stress or support needs

Assess with

- a. Alertness and Awareness
- b. Actions
- c. Speech
- d. Emotions

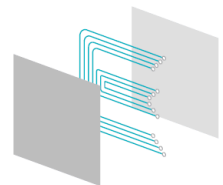
Alertness and Awareness

You can probably handle the situation if the client:

- Is aware who they are, where they are, and what has happened
- Is only slightly confused or dazed, or shows slight difficulty in thinking clearly or concentrating on a subject

Consider referral to mental health agency if the client:

- Is unable to give own name or names of people with whom they are living
- Cannot give date or state where they are or tell what they do
- Cannot recall events of past 24 hours
- Complains of, or demonstrates, memory gaps



Actions

You can probably handle the situation if the client:

- Wrings hands or sits motionless for several minutes
- Is restless, mildly agitated, and excited
- Has sleep difficulty
- Has rapid or halting speech

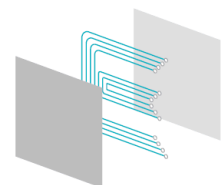
Consider referral to mental health agency if the client:

- Is depressed and shows agitation, restlessness, and paces
- Is apathetic, immobile, unable to arouse self to movement
- Is incontinent
- Mutilates self
- Uses alcohol or drugs excessively
- Is unable to care for self (doesn't eat, drink, bathe, or change clothes, endangers self)
- Repeats ritualistic acts

Speech

You can probably handle the situation if the client:

- Expresses appropriate feelings of depression, despair, discouragement
- Expresses doubts of their ability to recover
- Is overly concerned with small things, neglecting more pressing problems
- Denies problems or states that they can take care of everything themselves
- Blames their problems on others, is vague in their planning, and bitter in their feelings of anger that they are a victim



Consider referral to mental health agency if the client:

- Hallucinates—hears voices, sees visions, or has unverified bodily sensations
- States that their body feels unreal and fears they are losing their mind
- Is excessively preoccupied with one idea or thought
- Has the delusion that someone or something is out to get them and their family
- Is afraid they will kill self or another
- Is unable to make simple decisions or carry out everyday functions
- Shows extreme pressure of speech—talk overflows

Emotions

You can probably handle the situation if the client:

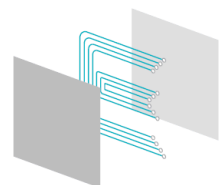
- Is crying, weeping, with continuous retelling of disaster
- Has blunted emotions, little reaction to what is going on around them right now
- Shows high spirits, laughs excessively
- Is easily irritated and angered on trifles

Consider referral to mental health agency if the client:

- Is excessively flat, unable to be aroused, completely withdrawn
- Is excessively emotional and shown inappropriate emotional reactions

Relating to Victims

- Recognize that a victim's life may have changed immeasurably, and "returning to normal" may not be possible
- Feelings may be intense, and it may be difficult for victims to "get down to business" or "be practical"



- An outsider's view of the situation may be less emotion-laden, but isn't necessarily more "objective" or "reasonable"
- Offer information and encouragement; avoid advice or directives
- Opportunities to review or process feelings come naturally; pushing victims to move too quickly may be harmful
- Recognize and accept your own tolerance for others' pain; being aloof, condescending, or telling your own story is rarely helpful

Psychological Reactions to Disasters

- Personal assets and vulnerabilities mitigate and/or exacerbate disaster stress
- Disasters affect survivors both psychologically and socially
- Pre-existing community structures for social support and resources for recovery vary
- Engagement with survivors and the overall community is key to promoting recovery
- Program planners, administrators, and providers must appreciate "macro" view of interacting factors

Responses to Trauma

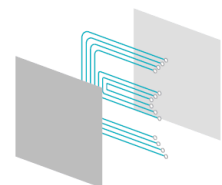
Individual--Initial--Normal

Emotional

- Emotional numbing
- Depression, anxiety, guilt, fear
- Clinginess, dependency

Behavioral

- Withdrawal, hypervigilance
- Fatigue



- Increased substance abuse

Physical

- Shock
- Reduced sleep and appetite
- Worsening health

Spiritual

- Resolve/ Despair
- Altruism/Isolation
- Questioning/Reaffirming

Individual--Delayed--Normal

Emotional

- Distancing through denial, intellectualization, compartmentalization, blaming, or inappropriate use of humor

Cognitive

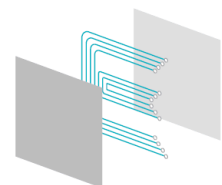
- Slowed thought, disorientation
- Hallucinations, flashbacks
- Decreased performance at school or work

Physical

- Chronic low energy
- Stress-related problems
- Frequent injuries

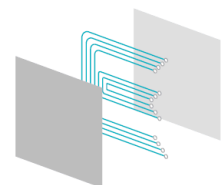
Spiritual

- Changes in relationships, promiscuity
- Social withdrawal
- Fatalism, cynicism



Specific Problem Areas Related to a Pandemic

- Pandemic trauma may be both individual and collective
- Disruptions to daily living
- Personal loss (severity will vary)
- Loss of equilibrium to individuals, communities, and geographic regions
- Economic devastation on the personal and community level
- Ripple effect of multiple losses
- Anniversary of pandemic may be a vulnerable point and retraumatization
- While there is a clearly defined beginning, there is no clearly defined endpoint and the virus may return again the next year
- Prolonged impact period will impede the recovery process
- People will be concerned about not infecting family members and other loved ones
- Quarantine and isolation will lead to lack of social support
- Infectious disease process may prevent human contact
- Some services will have to be delivered in non-traditional ways, due to isolation and quarantine issues
- The death toll could be much higher than anticipated, depending on a variety of factors
- Massive surge on medical system is likely
- Adherence to public health recommendations will be low
- Fear of their own risk can cause providers to avoid caring for patients
- Individual and community factors will influence behavioral and emotional consequences
- Information about the pandemic needs to be available and accessible
- People will look for instances of unequal treatment
- What is the public's perceived trust in institutions?
- Key personnel in critical infrastructure functions will need support



- Public wants to be involved and wants to help out as best as they can
- Public may not want to accept quarantine, isolation restrictions
- Public may ignore restrictions on social gatherings
- Long term psychological problems may ensue (depression, anxiety, PTSD, feelings of guilt, increased substance abuse, violence in interpersonal relationships, risk of suicide)
- Some professions more vulnerable to psychological problems (health care workers, mortuary workers, funeral home workers, nursing home employees)

