Algorithm for Triaging Mental Health Needs

Emergency department staff can use this triage tool to determine who needs urgent or nonurgent psychological assessment and to decide how to station mental health staff in the most efficient and effective manner. The tool is for use in "clean" (nonisolated) zones. See note for further details. For more on this topic, please refer to the "Zebra book."

Step 1: Medical evaluation triages patients into one of two groups. On the right side of the diagram are persons who have a high probability of exposure and/or are seriously ill. On the left side of the diagram are persons who are mildly ill or not at all ill and need little or no treatment, except perhaps observation or outpatient treatment.

Step 2: Individuals who are so ill that they need emergency and/or inpatient medical treatment are probably too ill for mental health care to be a priority. However, family members are potential candidates for mental health or spiritual care. Individuals who are mildly ill or not at all ill and need little or no treatment, except perhaps outpatient follow-up or observation, form a second group of people who will need further psychological triage. These individuals may have event-related concerns, but they are not ill and may never have been exposed to the harmful agent.

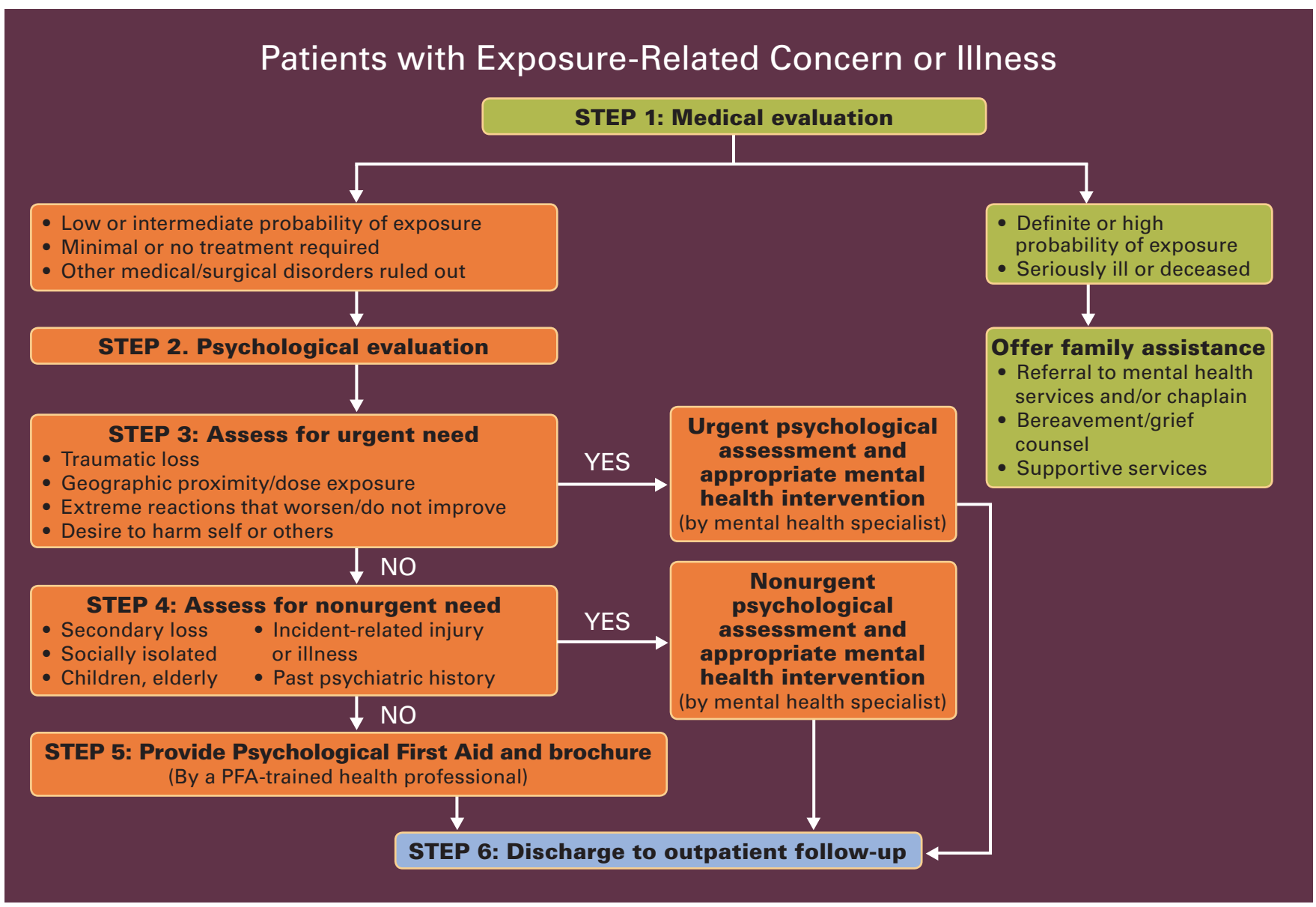
Step 3: Assess these individuals for the following: traumatic loss of a loved one, proximity/level of exposure to the incident (see below), extreme psychological responses that are not improving with attention, and intent to harm themselves or others. ***An individual with any of these characteristics should be sent to a mental health specialist for urgent assessment and intervention.*** The threshold for significant positive response to "proximity/level of exposure" will depend on the incident itself and will be determined by the nature and severity of the event and by the surge for mental health care that your facility is experiencing. For instance, in the event of a "dirty" bomb, you will have to decide what the "X" is in the question, "Were you within X miles of ground zero" based on the known properties of that bomb.

Step 4: If a patient does not meet the criteria for urgent assessment, continue to screen for nonurgent assessment: young children, anyone who suffered a secondary loss (loss of job or home, forced relocation/evacuation, etc.), persons without social supports, and individuals who have suffered from an injury or illness due to the incident (e.g., a mild incident-related injury). ***An individual who meets any of these criteria should be sent for nonurgent assessment.***

Step 5: Remaining patients should receive psychological first aid (PFA) and relevant written materials from ***PFA-trained staff.***

Step 6: Discharge to outpatient follow-up as indicated.

NOTE: Factors used to differentiate level of urgency come from trauma and disaster studies. However, there is no "one-size-fits-all" strategy since exact traumas will differ among incidents and the balance between patient need and health care resources will differ among facilities. This triage tool is meant to be a flexible, generic strategy that can be adapted for different events or as knowledge changes.



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