

# ***Triaging Mentally Ill Individuals in Disaster Situations***

Working with individuals with mental health concerns under extremely stressful situations will likely be demanding in unpredictable ways. It will be important to remember that regardless of Mental Health diagnosis and the way that people present themselves, individuals experiencing trauma can present unique challenges for triage.

Below is a basic description of the ways in which Mental Illness might be demonstrated. Provided also are some useful ideas on how to best assist individuals experiencing these problems.

## **Understanding Mental Health Presentations:**

- ***Depression***

*Symptoms-*

- Fatigue and decreased energy
- Reports of feeling guilty, worthless, or helpless
- Irritability, restlessness
- Loss of interest
- Persistent sad, anxious, or "empty" feelings
- Reports of self-harm

*Challenges-*

- Directability: When individuals start feeling hopeless and helpless, they often have difficulty understanding and agreeing to action.
- Motivation: It can be a struggle to motivate individuals experiencing depression to act, even if they agree to do so.
- Potential self-harm: In scenarios of intense stress and confusion, depressed individuals might preoccupy themselves with negativity, leading them to unhealthy coping or self-harm.

*Strategies-*

- Partner system: It may be worthwhile to try to pair an individual experiencing symptoms of depression with a healthy partner to help them complete tasks
- Checking in: It will be worthwhile to follow-up with these individuals to readdress immediate concerns and refocus them on issues at-hand
- Enlisting: A depressed individual may find it helpful to be put at the task of assisting others; moving their attention to the needs of another person can focus them on more important issues.

- **Anxiety**

*Symptoms-*

- Persistent fear without any obvious cause
- Inability to concentrate
- Muscle tension; muscle aches
- Irritability
- Rapid Speech
- Difficulty concentrating, remembering details, and making decisions

*Challenges-*

- Preoccupation: Individuals who are panic-prone or experiencing an anxiety attack will likely fixate on insignificant details or concerns.
- Infectious: When placed in a group environment, anxiety can quickly spread to other individuals and become difficult to manage if left unattended.
- Self-management: Anxiety can become very difficult for individuals to quell on their own, often times building upon itself and intensifying if left unchecked

*Strategies-*

- Medication: Often persons with significant anxiety will be prescribed medication that they are directed to take as-needed or "PRN." These are typically fast-acting medications that can rapidly reduce symptoms of anxiety.
- Refocus: Persons suffering panic or anxiety attacks often have some history of similar experience; they may well have coping mechanisms they have at their disposal, but need some direction to use them. Gently remind them.
- Relax: Anxiety can be contagious, and when tasked with helping a person experiencing an attack it can quickly become an epidemic. Take deep breaths, address one issue at a time, and remember that the current event is temporary. These can be worthwhile messages to share with the person you are helping as well.

- **Psychosis**

*Symptoms-*

- Disorganized or incoherent speech
- Confused thinking
- Preoccupation with non-reality – delusions or hallucinations
- Slowed or unusual movements
- Loss of interest in personal hygiene
- Loss of interest in activities
- Cold, detached manner with the inability to express emotion
- Rapid mood swings

*Challenges-*

- Catastrophizing: Individuals who are experiencing delusions can interpret the reality of a disaster in ways only congruent with their psychosis, making alternate explanations useless.
- Unpredictability: Psychosis can encourage responses for impaired individuals that can be dangerous or life-threatening.
- Agitation: Individuals with psychosis might quickly become aggressive and uncooperative with instruction.
- Withdrawal: Some person with psychosis might be completely withdrawn and seem incapable of participating in conversation

*Strategies-*

- Stereotypes: While the media might portray “psychosis” as being synonymous with “violent,” unpredictable does not always mean dangerous. It is important to remember most people are not going to act out violently.
- Reality-Focus: When persons begin explaining complex delusions or discussing hallucinations, focus on what they are saying that is *real*, (such as the fear they are experiencing) and problem-solving around that. Avoid confronting what is clearly delusional.
- Space: Working with individuals experiencing psychosis can require several attempts at addressing immediate concerns before ground is made. Avoid physical contact if possible, and if the person becomes agitated it is better to end the conversation instead of persisting. Try finding an area where the person can calm down alone.
- Tone and Pace: Approach a person experiencing psychosis with a neutral or passive tone and keep problem-solving to one thing at a time.
- Concrete: Try to keep conversation to *black and white* ideas, leaving abstract concepts behind, i.e. *there is a flood outside and you are in a school*. Focus on the here and now instead of the future.
- Compatriot: Ask if someone came in with them, this person might know the best techniques for helping with their unique problems.