What is PsySTART Pediatric Victim Mental Health Triage?

PsySTART is a behavioral health triage system used following disasters and everyday emergencies, across "pediatric disaster systems of care "including hospitals, Emergency Medical Services, and other pediatric disaster touchpoints (schools, behavioral health, emergency management, etc.).

PsySTART has two trauma-informed goals: characterize individual and population risk levels. At the individual level and based on the "golden hour" for emergency care, PsySTART enables a "golden month" to identify children at higher risk for a mental health disorder after a disaster or other crisis event including PTSD and depression. The goal is to link high risk children quickly to a continuum of "next steps" care before symptoms can become entrenched and impair functioning. In the stepped triage to care model, PsySTART triage has been seamlessly linked to Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), an evidence-based intervention, which can be provided by remote tele-health delivery, in person, or a hybrid of the two. This enables improved support to high-risk, underserved children faster and with greater family engagement by using a variety of treatment delivery options.

A secondary goal of PsySTART is to determine the "trauma temperature" of the hub community at the population level. This facilitates a trauma-informed understanding of the impact of disasters and everyday community emergencies for the entire population of children across the Pediatric Pandemic Network (PPN) network. This component of PsySTART has been used in a myriad of disasters to determine the overall impact on kids, identify resource gaps, and to inform ethical and rational allocation of pediatric mental health resources after large scale events. PsySTART automatically generates a geo-coded trauma temperature "map" of the hospital and community level impacts (example map from training scenario below).

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Why do we do triage for traumatic events instead of asking about symptoms of distress?

Symptoms of distress are extremely common after a disaster or other traumatic event, but do not necessarily predict long-term mental health issues within the first 30-40 days. Many who go through such an event will experience distress symptoms such as trouble sleeping, trouble concentrating, headaches, or worrying the event will happen again. Commonly, those symptoms improve over time, and without need for mental health treatment. However, some children who have been more directly impacted by the event (such as losing loved ones, their home, having or witnessing an injury related to the event, and who have other social determinants of health) have a markedly higher risk for a new or worsening psychological disorders such as PTSD, prolonged grief disorder, and depression Identifying those who have experienced these crucial events can help find people at risk, and allow for timely intervention, potentially heading off conditions such as PTSD before they've fully emerged.

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What information does PsySTART Triage provide?

- Traumatic exposure to everyday or disaster events
- Relative exposure acuity (e.g. level and types of exposure related to the disaster or crisis event)
- Traumatic loss related to the event
- Injury and illness related to the event
- Prior or current mental health treatment
- Concurrent social determinants of health

What are some key features about PsySTART and its use?

- PsySTART is a mobile optimized web-based application but has a companion paper version that can be integrated in situations where access to the internet is unavailable or unreliable.

- Children and youth who have been in a disaster or everyday crisis event may be triaged at PPN Hubs and/or community partner(“spokes”) for “everyday” traumatic injuries involving EMS transport to the Emergency Department or other community emergencies.

- PsySTART uses “quiet questions” (e.g. information gathered by simply listening and understanding what happened to the youth, and it does not necessarily require direct interview or questioning.)

- PsySTART can be completed with information from parents, bystanders, EMS, staff in a field hospital or ED staff.

- PsySTART does not require a mental health professional to complete.

- PsySTART Triage takes approximately 1-2 minutes or less to complete.

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- Triage can be done in a variety of settings including schools, shelters, Emergency Departments, and Emergency Medical Systems transport for regional situational awareness and response planning/coordination based on local HUB community engagement and relationships.
- Serves for compliance with new ACS mental health screening requirements for pediatric trauma patients.

What happens after triage?

Once triaged, high risk children are prioritized for secondary assessment or care, based on the severity of trauma exposure and the availability of mental health resources. In accord with "crisis standards of care", those most impacted are ethically prioritized first, then those less impacted, who may need care down the line. If there are more mental health services available, children and youth with lower triage scores can also receive early care, along with those with higher impact. Each site determines its own process for follow up.

PsySTART additionally provides instant situational awareness for a site, region, state or nation depending on its configuration. This can be done without any protected health information and/or personal identifying information.

Those with specific access permissions may view de-identified aggregated data, which can provide information for planning response to the mental health impacts.

This can be done by:

- Location e.g. schools, shelters, towns, neighborhoods with high trauma exposure
- Population impact or "trauma temperature" e.g. age ranges and gender
- Types of traumatic events e.g. traumatic deaths, witnessing mutilating injuries or hearing screams for help
- Numbers of survivors at risk for enduring mental health consequences (e.g. youth who multiple risk factors present)

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Where has this been used?

The system has a track record of success and been used in Tsunamis, earthquakes, active shooter incidents (Sandy Hook), terrorism events (Boston Marathon), public health emergencies (COVID-19, Ebola), Maui and California wildfires, floods, and tornado clusters. More recently, there are two "stepped triage to care" implementation programs in California and Washington where emergency departments, primary care, and schools are using a common approach to referral of high-risk children and youth for tele-health delivery of evidence based mental health care. It has been successfully implemented with trauma care flow for individual pediatric trauma patients aligning with the new ACS COT mental health screening requirements as part of the first year of the PsySTART Learning Collaborative project.

How can I learn more?

For more information on the PsySTART system, please contact m.schreiber@ucla.edu and/or trevor@proteanpreparedness.consulting.

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