

NOVEMBER UPDATE

Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19

Purpose

This document provides a brief overview of the potential statewide behavioral health impacts from the COVID-19 pandemic. The intent of this document is to communicate potential behavioral health impacts to response planners and organizations or individuals who are responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic.

Bottom Line Up Front

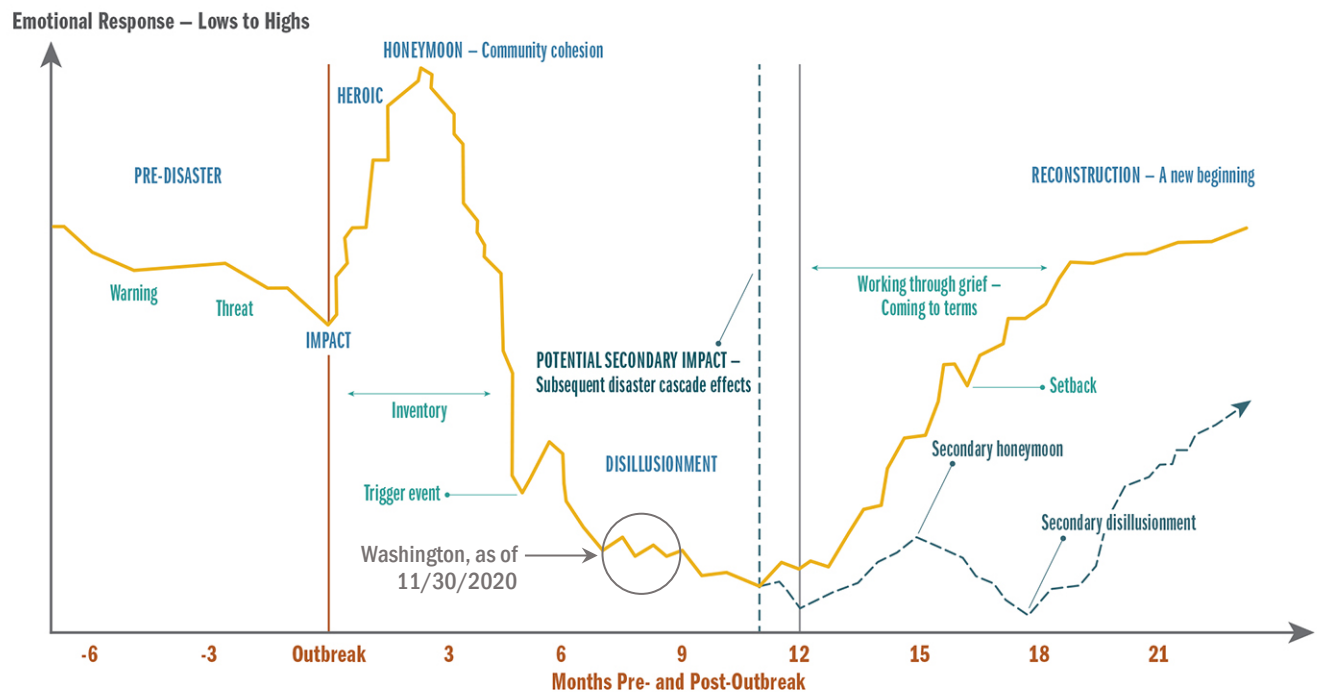
- The COVID-19 pandemic strongly influences behavioral health symptoms and behaviors across the state due to far-reaching medical, economic, social, and political consequences. This forecast is heavily informed by disaster research and response, and the latest data and findings specific to this pandemic. Updates will be made monthly to reflect changes in baseline data.
- For the last several weeks, we have begun to experience the full force of the *disillusionment phase* of the pandemic. As such, many individuals are feeling burnt out, exhausted, and overwhelmed. With this in mind, the November update to the forecast will be notably brief. Please refer to previous versions of the forecast for information that is no longer included in this update.
- Ongoing behavioral health impacts in Washington continue to be seen in phases similar to those in Figure 1, with symptoms for most people peaking throughout the remainder of 2020 and into the first half of 2021.^{1,2} This coincides with what is becoming a significant increase in infections in our state.³
- The rest of 2020 and early 2021 will likely be defined by experiencing the disillusionment phase of disaster recovery as we navigate the current stresses related to a third wave of infection rates and higher rates of hospitalization. The risk of suicide, depression, hopelessness, and substance use historically are at their highest during this phase of any disaster, matching what we are seeing at this current time. This is leading to a corresponding need for behavioral health services.
- For many people, behavioral health outcomes from the COVID-19 pandemic include symptoms of depression and anxiety, and are related to experiences of social isolation, significant changes in lifestyle and employment, fears of the unknowns around further restrictions and economic losses, and stress and pressure related to the balance of child care and work. We expect behavioral health issues to worsen as COVID-19 cases increase, which could escalate medical risks for greater numbers of people⁴ as well relapses related to addiction.^{5,6,7}



DOH 821-103-08 November 2020

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Reactions and Behavioral Health Symptoms in Disasters



*Figure 1: Phases of reactions and behavioral health symptoms in disasters. Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA) ⁸

*The dotted graph line represents the response and recovery pattern that may occur if the current infection rate trend continues upwards and triggers a disaster cascade.

Phase-Related Behavioral Health Considerations

Behavioral health symptoms will continue to present in phases.^{1,2} The unique characteristics of this pandemic trend towards depression as a significant behavioral health outcome for many in Washington. These outcomes have been shown throughout the Behavioral Health Impact Situation Reports published by the Washington State Department of Health, which are available on the [Behavioral Health Resources & Recommendations webpage](#).^{*} This may change dramatically if there is a drastic increase in the number of COVID-19 cases toward the end of 2020. In that scenario, increased symptoms of anxiety and post-traumatic stress disorder (PTSD) related to fears of illness or death from the virus, or direct experience of illness or death among family and friends would likely result.^{9,10}

An additional consideration is the potential for the experience of a **disaster cascade** due to a second impact, which could occur if the current rise in infection rates continue at an exponential rate. Disaster cascades are circumstances under which multiple disasters with separate impacts or a single disaster with cascading outcomes occur within a relatively short timeframe.^{11,12} In Washington, families who have been impacted by wildfires that occurred this year (and have been displaced or lost their homes) have already experienced a disaster cascade on an individual level. If the fall and winter months (2020-2021) drive exponential infection rates with associated public health, economic, and personal losses or struggles, the consequences of a disaster cascade would be experienced widely. If this occurs while we are already in the *disillusionment phase*[†] (as represented by the dotted line in Figure 1), the behavioral health issues common to that phase

* <https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources>

[†] For a description of each phase in the disaster timeline, refer to page 5 of the [COVID-19 Behavioral Health Group Impact Reference Guide](#).[‡]

(depression, anxiety, and suicide risk) would very likely be more severe for many, and extend the reconstruction and recovery process (i.e., return to baseline) by many months.^{11,13,14}

Certain populations, such as some ethnic and racial minorities, disadvantaged groups, those of lower socioeconomic status, and essential workers, continue to experience disproportionately more significant behavioral health impacts.^{15,16,17,18} Healthcare workers, law enforcement officers, educators, and people recovering from critical care may experience greater behavioral health impacts than those in the general population. The [COVID-19 Behavioral Health Group Impact Reference Guide](#),[‡] provides detailed information on how people in specific occupations and social roles are uniquely impacted.

Specific Areas of Focus for December 2020 and January 2021

Depression

Depression is one of the most common emotional responses during the disillusionment phase of disaster response and recovery. In Washington, this phase coincides with seasonal changes, such as reduced daylight hours and fall and winter weather conditions. When weather conditions change and people are less likely to spend time outdoors for exercise or as part of a coping mechanism, mental health symptoms are likely to worsen. The combination of these circumstances may result in an increase in symptoms of *seasonal affective disorder* (depression that tends to recur chiefly during the late fall and winter and is associated with shorter hours of daylight) beyond increases that are typical for this time of year.¹⁹

[Washington Listens](#)[§] (833-681-0211) is a hotline for people experiencing stress due to COVID-19. Resources to help reduce depression and increase resilience are available on the state's coronavirus response [wellbeing webpage](#)^{**}. Anyone concerned about depression or other behavioral health symptoms should talk with their healthcare provider.

Exhaustion

General fatigue, exhaustion, and feeling overwhelmed are common experiences in the disillusionment phase of disaster response and recovery.^{26,20,21} Feeling exhausted can be both caused *and* worsened by problems with sleep which is commonly disrupted by prolonged periods of stress. Recognizing the need to engage in healthy sleep hygiene practices (going to sleep and waking around the same time each day), limiting blue light exposure (such as light from computer screens and other digital devices), and practicing healthy eating habits will help to mitigate this symptom for children and adults. Long term exhaustion may also contribute to other behavioral health symptoms, such as reduced or diminished cognitive and higher-level thinking capacity, which is also likely to be impacted by increased stress in this phase. Exhaustion significantly worsens the personal impact of already existing behavioral health symptoms such as depression, anxiety, or trauma, and can make it much more difficult for individuals to deal with their mental health. As such, consistently working to practice self-care, particularly in the form of consistent and restorative rest, is a priority.

Workplace Burnout, Compassion Fatigue, and Moral Injury

Workplace burnout and similar phenomena for healthcare and human services workers have been increasing steadily in the last several months and will likely continue to do so for the remainder of

[‡] <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19BehavioralHealthGroupImpactReferenceGuide.pdf>

[§] <https://www.walistens.org/>

^{**} coronavirus.wa.gov/wellbeing

2020.^{22,23} Compounding this issue is the concern that some workers feel they may experience discrimination in the workplace for voicing concerns about mental health.

Burnout is defined as exhaustion of body and mind when there is an unequal balance between the demands of the job and the coping resources available to an employee. *Compassion fatigue* is emotional and physical tiredness leading to a decreased ability to empathize or feel compassion for others. It is also described as *secondary traumatic stress*.

Moral injury is defined as strong feelings of guilt, shame, and anger about the frustration that comes from not being able to give the kind of care or service that an employee wants and expects to provide. During disasters such as the COVID-19 pandemic, [healthcare workers](#)^{††} are frequently in situations where standards of care are altered due to patient surge and scarce resources, shifting from conventional care to contingency care or crisis standards of care. Having to practice outside of conventional care is an added psychological risk for healthcare workers.²⁰ As infection rates rise throughout the state, potentially causing a strain on medical resources, issues of burnout and moral injury become increasingly likely for all types of healthcare workers in all care settings, including behavioral health providers.²⁴

We are likely to continue to see an increase in the experiences of burnout, compassion fatigue, and moral injury (for healthcare workers) due to the length and pervasiveness of the pandemic. Additionally, there will likely be workplace stressors related to economic pressures and divisiveness among people and groups. For information on mitigating these impacts, please see the [COVID-19 Guidance for Building Resilience in the Workplace](#).^{††}

Cognitive and Emotional Disruptions

Cognitive concerns and the tendency to react emotionally are hallmarks of long-term stress and trauma, and are significant in the context of disaster response and recovery.^{25,26} Many people are experiencing problems with memory (such as tracking details, attention, planning, and organizational thinking) that impact the ability to function at home and at work. In addition to these cognitive issues—in part as a function of them—many people are reacting in a more emotional way than they otherwise might to neutral events and interactions.²⁵

Recognizing the way that the human brain functions in the context of a disaster and providing that information publicly may help reduce the stigma around these cognitive issues and provide opportunities for many people to learn how to manage them more effectively. Normalizing the experiences of stress and trauma affecting the brain, body, and functioning helps increase resilience.

Substance Use

According to the Washington Poison Center (WAPC), there are recent and concerning trends for adolescents and teens (age 13-17). Intentional self-harm and suicidal intent has increased by 5% compared with 2019 through over-the-counter medications and the misuse of prescribed medications (i.e. atypical antipsychotics).²⁷ Substance use (such as wanting to get high) related to over-the-counter substances (e.g., antihistamines, cough medicine) and illegal substances (for their age group) of alcohol and cannabis has increased by 34%.

There are similar concerns regarding adults over 60 related to medication errors and the misuse of household cleaning substances and disinfectants.²⁸ There is also data to suggest a higher call volume to the WAPC about the intentional use of substances for self-harm or abuse. It is important to help older community members with medication management to avoid errors, and to encourage

^{††} <https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/>

^{††} <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-BuildingWorkplaceResilience.pdf>

regular preventative care appointments in order to foster support and prevention related to self-harm or suicidal ideation.

Recent research has also identified a concerning trend around alcohol use increasing for women. This may reflect the multitude of responsibilities that many working women have been faced with, such as managing home-schooling and trying to maintain employment throughout the pandemic.²⁹

Substance use will likely continue to be a problematic coping choice for many, with the potential for further increases moving into the late months of 2020 as the holidays approach and familial issues (such as discord or the lack of opportunity for support) due to isolation increase.³⁰

Individuals concerned about substance use should talk with their healthcare provider. Visit the state's coronavirus response [wellbeing webpage](#)^{**} for resources to help with substance use.

Continued Efforts Toward Personal and Community Resilience

The continued development of *psychological resilience* (adaptability and flexibility, connection, purpose, and hope) should be strongly encouraged throughout the next several months. Please see the [Born resilient article](#),^{§§} [The Ingredients of Resilience infographic](#),^{***} and the [COVID-19 Guidance for Building Resilience in the Workplace](#)^{††} for more information on resilience. Encouraging people to engage in **healthy outdoor activities as a way of active coping is highly recommended when group size is limited appropriately, safe social distancing can be maintained, and masks or face coverings are worn.**

Community resilience is the capacity of individuals and households within a community to absorb, endure, and recover from the impacts of a disaster. Approximately 50% of Washington residents have one or two risk factors that can threaten resilience, including unemployment, single parenting, economic inequality, or pre-existing medical conditions.³¹ Resilience can be actively developed both on individual and community levels. Creative social connection as a part of resilience building can also be encouraged and developed. It can be amplified to increase social connection. This helps reduce behavioral health symptoms and encourages development of active coping skills for the population at large.

The typical long-term response to disaster is **resilience**, rather than disorder.^{1,32} Resilience is something that can be intentionally taught, practiced, and developed for people across all groups. Resilience can be increased by:³³

- Becoming **adaptive** and psychologically **flexible**.
- Focusing on developing social **connections**, big or small.
- Reorienting and developing a sense of **purpose**.
- Focusing on **hope**.

Community support groups, lay volunteers, and social organizations and clubs are resources that can be developed to help reduce behavioral health symptoms for the general population. These should be leveraged to reduce demand on depleted or unavailable professional medical and therapeutic resources throughout 2020.

Organizational Resilience

Organizational resilience can be developed by focusing on the main elements of resilience and identifying some specific ways in which organizations can be successful in this phase of the COVID-19 pandemic. Recommendations include:

^{§§} <https://medium.com/wadepthealth/born-resilient-5a20945356df>

^{***} <https://coronavirus.wa.gov/sites/default/files/2020-09/COVID-19%20Ingredients%20of%20Resilience.pdf>

- Developing shared trust and interdependence among employers and employees.
- Enhancing the organization’s ability to learn and adapt to lessons learned.
- Human Resources flexibility for work schedules and boundaries, time off, and job roles.
- Open, two-way communication among leadership and staff at all levels about expectations and goals.^{34,35}

For more detailed information on how to support and build workplace resilience, please see the [COVID-19 Guidance for Building Resilience in the Workplace](#).^{††}

Potential for Violence and Aggression

Increases in handgun sales present more risk for gun violence.^{36,37} Most notably, handgun ownership is associated with a significantly increased and enduring risk of suicide by firearm.³⁸ The FBI has conducted 28,826,499 background checks nationwide for gun purchases and other related services from January–September 2020, 2,892,115 of which occurred in August alone. In comparison, the FBI conducted a total of 28,369,750 background checks for gun purchases in the year 2000.³⁸ One way to decrease risk is to keep all firearms securely locked up, prevent unauthorized access to children, and to ask a friend or relative to take firearms in an emergency transfer.³⁹

Children and Families

Almost 30% of parents are experiencing negative mood and poor sleep quality, with a 122% increase in reported work disruption and 86% of families experiencing hardships such as loss of income, job loss, increased caregiving burden, and household illness. Families experiencing hardship are also reporting navigating their child’s disruptive or uncooperative behavior and anxiety.⁴⁰ When children go through a hard time, such as living through a disaster, they will need extra attention, comfort and attention from their parents. It’s important to try to be patient with the child who is upset and may be having tantrums or becoming withdrawn. It’s also important to try to keep the family “rules” about behavior the same if possible. When children don’t have help with boundaries and limits on their behavior, it can make them feel less safe and more anxious.

It is also important to note that mental health-related visits to emergency departments for children ages 5-17 between April and October of 2020 increased by 24-31%, compared with the same time period in 2019.⁴¹ It is normal for children to be experiencing difficulty during this time, but if you have concerns about safety, please reach out for professional support and assistance. For more detailed information on this topic, see the [Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic](#).^{†††} This resource provides general information about common emotional reactions of children, teens, and families during disasters. It also has suggestions on how to help children, teens, and families recover from disasters and grow stronger.

Child Abuse

Child abuse and domestic violence increase significantly in post-disaster settings, such as the COVID-19 pandemic.^{42,43,44} Traumatic brain injuries (TBIs) are the most common form of injury due to child abuse after a disaster.⁴² In an online setting, most educators and healthcare providers are asking for a parent or caregiver to be present during all the interactions between the child and educator or provider. This may change or limit the opportunities for an educator/provider to ask the child directly or inquire about the way things are going at home. Typical cues that educators/providers use to spot signs of abuse or neglect may not be applicable in an online environment.

^{†††} <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19-FamilyToolbox.pdf>

Potential signs of child abuse or neglect that may be visible in an online setting:

- Changes in levels of participation in online classes (unusually vocal, disruptive, very withdrawn, frequently absent or late to class, leaving early without explanation or notice, not wanting to leave).
- Extremely blunted or heightened emotional expressions.
- Appearing frightened or shrinking at the approach of an adult in the home.
- Age-inappropriate or sexualized knowledge, language, drawings, or behavior.
- Observable bruising on face, head, neck, hands, or arms.
- A change in the child's general physical appearance or hygiene (e.g., a child that normally presents in weather-appropriate clothing is no longer doing so, or a child that normally appears clean begins to appear with consistently greasy hair).
- Indications that a young child may be home alone.
- Observable signs in the background of health or safety hazards, harsh discipline, violence, substance abuse, or accessible weapons.
- Parent or caregiver giving conflicting, unconvincing, or no explanation for a child's injury.
- Parent or caregiver describing the child as bad, worthless, or burdensome.

Refer to DOH's [COVID-19 Guidance for Educators: Recognizing and Reporting Child Abuse and Neglect in Online Education Settings](#)^{***} for more information.

Holidays and Family Gatherings

The upcoming holiday season presents a series of challenges for many people in the context of COVID-19 and family dynamics.⁴⁵ Members of the same extended family may have different ideas about health precautions, mask-wearing, and norms and safety around interactions (e.g., social distancing, time spent indoors, etc.). There may also be challenges around social and political ideology and conversation. The holidays tend to exacerbate anxiety and stress for many people generally, but under the conditions of the pandemic and the current social climate, that experience may be magnified. There also may be a sense of pressure or expectation on the part of many people to celebrate, party, or have a great time during this season as a means of 'blowing off steam' and trying to relax.

The combination of more stress and the expectation that the holidays should be more fun than the day-to-day may also contribute to problematic substance use for many. It is recommended that each person try to acknowledge and respect their own personal values, as well as physical and emotional boundaries with family gatherings, in order to mitigate behavioral health challenges that may develop (specifically anxiety, stress, and substance use). Managing appropriate expectations for events and gatherings at this time of year in the context of COVID-19 will be helpful in reducing symptoms.

Visit the state's coronavirus response [gatherings webpage](#)^{§§§} for guidelines on alternatives and risk reduction strategies for gatherings, as well as tips for navigating difficult conversations about gatherings. Refer to local health departments which may also have guidelines for gatherings and upcoming holidays.

^{***} <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-113-COVID19RecognizingReportingChildAbuse.pdf>

^{§§§} <https://coronavirus.wa.gov/gatherings>

Key Things to Know

There are a number of additional factors and considerations that impact behavioral health to take into account in the remaining months of 2020:

- [Medical and specialty providers](#), **** organizations, and facilities should attempt to develop resources and staffing to address behavioral health impacts of the pandemic that are likely to increase significantly in the fall months. Support strategies need to be tailored based on the current phase of the incident and the target population.
- With the onset of cold and flu season, many individuals will have difficulty determining whether their symptoms of illness are COVID-19 related or due to another virus. As such, employees will be required to quarantine themselves. In the case that specific companies, businesses, or occupational roles face mass quarantines, delays or disruptions in supply chains and services could occur.
- **In Washington, the highest risk of suicide will likely occur between October and December 2020.** This is consistent with known cycles of disaster response patterns. *Seasonal affective disorder* worsens mental health challenges at this time of year due to increased hours of darkness and inclement weather. Winter holidays can also worsen mental health challenges for many people, as they are often an emotionally and financially difficult time of year. **Data suggest that young adults (18-29), as well as older adults (60+), are particularly vulnerable.**⁴⁶
- Rates of PTSD have been much higher (10–35%) in some places more directly impacted by a critical incident.⁴⁷ Although rates of PTSD may not reach such critical levels in Washington, it is anticipated that **rates of depression are likely to be much higher (potentially 30–60% of the general population, which is equivalent to 2.25 million–4.5 million people in Washington⁴⁸) due to the chronic and ongoing social and economic disruption in people’s lives as a result of the COVID-19 pandemic.** This is a much higher rate than typical after a natural disaster where there is a single impact point in time.
- If we experience an additional significant increase of illness as a function of this pandemic, significant behavioral health reactions or functional impairments may be experienced by approximately 45% of the population.^{49,50}
- In the context of post-disaster recovery, individuals often utilize substances as a way to relieve psychological suffering. As such, disasters are linked to increased use of tobacco, cannabis, and alcohol.⁵¹
- Healthcare providers and organizations should continue to suggest healthy alternatives for coping and sources of support for staff as well as patients and clients. For additional resources, visit [DOH's Behavioral Health Resources & Recommendations webpage](#)* for providers. Planning should include creative and flexible behavioral health service provision, particularly within rural communities and underserved populations, with specific mindfulness around cost of services, access to technology (e.g., for telehealth), availability of services, and stigma related to behavioral health.

**** <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19BehavioralHealthGroupImpactReferenceGuide.pdf#page=8>

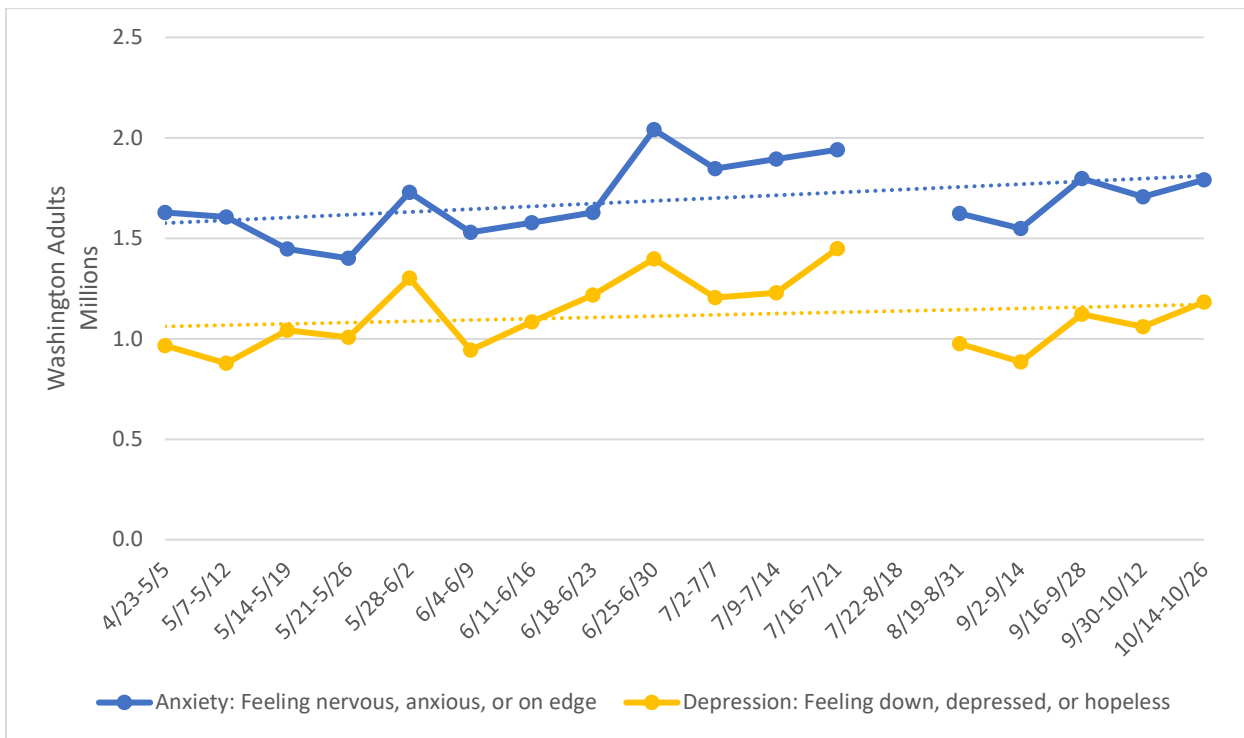


Figure 2: Estimated Washington adults experiencing symptoms of anxiety and depression at least most days, by week: April 23-Oct 26 (Source: U.S. Census Bureau).
 Note: Census data unavailable for the dates of 7/22/20 to 8/18/20.

- Based on population data for Washington and known cycles of common psychological responses to disasters, as well as the latest outcome data specific to COVID-19, **we can reasonably expect that more than three million Washingtonians will experience clinically significant behavioral health symptoms over the next two to five months. If we experience an additional impact from a winter surge in infections, this number *may* increase dramatically.**
 - **Symptoms of depression will likely be the most common, followed by anxiety and acute stress.** These symptoms will likely be strong enough to cause significant distress or impairment for most people in this group.
 - Weekly survey data suggest that over 1.8 million Washington adults are experiencing symptoms of anxiety on at least most days, and over 1.2 million are experiencing symptoms of depression on at least most days (Figure 2).⁵²
- Suicide and drug overdose rates are both highly influenced by unemployment.^{15,53,54,55} For every 1% increase in the unemployment rate, there is a corresponding 1.6% increase in the suicide rate⁵⁴ and an increase of one drug overdose death per 300,000 people.⁵³
 - In Washington, approximately 1,231 people die from suicide annually, and 1,173 people die from drug overdose annually.
 - The unemployment rate in Washington was 7.8% in August 2020,⁵⁶ 4.1 percentage points higher than August 2019. If economic impacts of the pandemic are sustained over a longer term, this could result in an additional 4,978 deaths annually by suicide and drug overdose within the next decade.
- An eventual return to pre-pandemic baseline levels of functioning in 2021 is anticipated for many people. However, this is dependent on the level of disruption caused by a potentially dramatic increase in infection rates in the fall of 2020 or winter of 2021.^{1,2}

Acknowledgements

This document was developed by the Washington State Department of Health's Behavioral Health Strike Team for the COVID-19 response. The strike team is a group of clinical psychologists, psychiatrists, and therapists who are professionals in disaster relief and behavioral health. Lead authors from the Behavioral Health Strike Team are Kira Mauseth, Ph.D. and Stacy Cecchet, Ph.D., ABPP. Research support for this report was provided by undergraduate psychology students at Seattle University.

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