FIRST QUARTER 2022 – January 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 has strongly influenced 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 the latest data and findings specific to this pandemic. Updates will be made monthly to reflect changes in baseline data.
- As we approach the third year of the global pandemic, behavioral health outcomes associated with a large-scale disaster of this duration, scope, and complexity may begin to diverge. Adaptability and resilience will be the outcome for many, but for others there may be an outcome of chronic dysfunction. These varied responses over time, in addition to other behavioral health trajectories and outcomes, are not atypical of large-scale, layered events in the long run.[1]
- Group and individual outcomes are much more difficult to predict as "impact" events, and compound over time. Therefore, this forecast is structured to focus on very specific areas.
- There are three behavioral health areas of focus:
    1. **Omicron and other COVID variants:** ongoing and potentially severe disruptions to health care, social, economic (supply chain), and educational systems caused by the Omicron (and potentially other) variant(s).
    2. **Children, youth, and young adults:** concerning behavioral health trends for children, youth, and young adults.
    3. **Collective grief and loss:** not just related to the loss of individuals, but social and systemic losses as well.

Washington State Department of Health

DOH 821-103-22 January 2022

Areas of Focus for First Quarter 2022

Omicron and other COVID Variants

Infection rates related to the Omicron variant have exploded and have contributed to significant negative individual and community level impacts on behavioral health. For the general public, uncertainty about medical risks of exposure that may conflict with behavioral health needs (to connect with others and participate in things socially) can create intense anxiety and a sense of emotional paralysis. Fears about health and economic security or hopelessness about reaching a manageable equilibrium in the context of the pandemic may also be overwhelming. Infections with Omicron do not lead to serious illness in most individuals, particularly among those who are fully vaccinated and/or boosted. However, the substantial rates of breakthrough infections in vaccinated individuals may lead to additional questions and pushback to vaccine mandates, adding to the social division around this issue. Omicron, in many ways, may present a tipping point in the pandemic in terms of behavioral health outcomes for many as breakthrough infections increase and substantive effects of this variant, on all aspects of life, influence both emotional capacity and reserves. Long-term outcomes for large-scale disasters typically are characterized by resilience, but there are certainly groups and individuals who experience cascade effects, including increased behavioral health symptoms and substance use, chronic dysfunction, and other problematic long-term effects.[1,2]

The stressors on an already overwhelmed and exhausted health care workforce have created a breaking point for many.

For health care workers, those in public health services, and educators, the need for the establishment and maintenance of clear boundaries around work and home time to promote resilience and reduce burnout is essential. Burnout is a concern across agencies and work functions for many,[3,4,5,6] and this may be even more so for women and people of color.[7] Staffing shortages nationwide have contributed to additional job stress. The politicized nature of the way the pandemic has evolved has also contributed to adverse mental health experiences for many responders.

The number of health care providers who have become exhausted and experienced burn out during the pandemic has led to many deciding to leave the profession altogether, creating staffing shortages which began in the summer of 2021. Omicron's contagiousness is contributing to high numbers of health care staff of all kinds having to call out sick, or to isolate because of exposure to COVID-positive contacts, creating a crisis for some hospital systems, which struggle to fill shifts. The impact on the health care system and for health care staff for the long run is not yet known but may be substantial. Burn out, compassion fatigue, and moral injury can result when individuals are faced with not just an overwhelming workload, but also working environments which place them in positions where they are not able to provide the type of care they have been trained to provide. Exposure to too many patients who were experiencing great suffering, and dealing with many patients who died, creates conditions for new psychological disorders such as depression, anxiety, and PTSD. These issues further strain the worker and the systems of care.

As the virus continues to mutate and new variants threaten the stability many have worked hard to establish over the past 21 months, emotional responses to newly identified variants of concern may intensify. Anxiety and anger may be commonly experienced as a reaction to news about additional variants. Additional waves of infection as a function of the variants may contribute to exceptionally challenging working conditions in many clinics and hospitals.

Current case and hospitalization rates have resulted in more discussion about ***Crisis Standards of Care.***

Crisis Care happens when there are not enough healthcare staff, space, or supplies to provide conventional care to patients. When circumstances such as a catastrophic incident or a disaster occur, and the entire healthcare system becomes overwhelmed, there is the potential to enter "Crisis Care."

Impact of changes in care and particularly Crisis Care, on healthcare staff who are already exhausted and who may be experiencing burn out or compassion fatigue, can create risk for psychological and moral injury. These types of injury occur when someone is put in a position where they are exposed to too many serious illnesses and patient deaths, when they have to change the care they are trained and expected to do, and when they must make decisions that result in some patients not getting all the care they would normally be offered. These may violate the healthcare providers' expectations of themselves and their values, creating risk for moral distress and injury, as well as new psychological disorders. Healthcare organizations should consider planning and support for impacted workers.[8]

Other recommendations for behavioral health management of omicron and other variant related stressors:

The development of a personal coping plan based on available behavioral health supports and active techniques is highly recommended to reduce symptoms of distress associated with burnout, compassion fatigue and moral injury for groups and individuals who may be experiencing significant challenges related to burnout.

Creating individualized limits on exposure to media (news and social) may help to reduce anxiety. "Doom scrolling" or getting stuck online searching for answers and information should be recognized as a coping technique that is common, but typically not beneficial to overall symptom reduction.

Children, Youth, and Young Adults

Concerning behavioral health trends for children, youth, and young adults will very likely continue and potentially increase during the first quarter of 2022.

Children and Families

The behavioral health crisis that was addressed in the Governor's emergency proclamation on March 15, 2021 may be compounded by typical seasonal challenges in behavioral health.[9,10,11] Parents may face needing to balance in-home instruction, or childcare, under quarantine conditions with work requirements once again. There are fears related to increases in pediatric illness and case numbers. Children have been experiencing more months of an atypical academic environment and isolation from peers due to quarantines and rapid community transmission of the omicron variant. Roll-out in Washington State of vaccines for children 5 and older may provide a very welcome psychological boost and a sense of hope or relief for many parents, caregivers, and families. **Other families may experience this development with concern as it may create barriers to access in-person instruction for their children or keep them from participating in sports and other activities which create** opportunities for socialization.

Classroom Considerations & Academics

As the 2021-2022 academic year progresses, many students and their caregivers may be confronted with concerns that their academic attainment is not where they would want it to be after the experience of the last 18 months. Some children may need intensive tutoring to catch up on missed academic skills. Students who experienced the loss of a key transition year (between elementary and middle school or middle and high school) during the pandemic may be experiencing more extreme psychological or developmental disruptions in the current year. Parents, caregivers, and educators may need to modify expectations and focus on helping children re-engage by first learning how to be a successful student again by socializing and participating with peers in a classroom context before focusing on academic success. Resources for parents, caregivers, educators, and other school staff can be found in both the COVID-19 Behavioral Health Toolbox for Families: Supporting Children and Teems During the COVID-19[a] Pandemic and the COVID-19 Back-to-Classroom THINK Toolbox: Teaching with Healthcare Informed Neurological Strategies for Kids[b]

Depression and Suicide

Depression is a common response throughout the disaster recovery cycle. Many children, teens, and young adults are experiencing significant symptoms of depression during the pandemic.[12] Nationally, emergency department visits for suspected suicide increased dramatically in the spring of 2021, particularly among adolescent girls whose rate increased 50.6% from the rate in 2020. Among boys, those rates increased by 3.7% during the same time period.[13] In Washington, trends indicate that emergency department visits for suicidal ideation and attempts may be increasing, and these are data that will continue to be monitored as emergency department visits are increasing generally.

Active suicide prevention should be promoted through sharing information on recognizing warning signs[c] and other related resources, and checking in with colleagues, friends, family members, and neighbors. When someone is expressing thoughts of self-harm, access to dangerous means of harm should be removed,[d] and medications, poisons, and firearms should be stored safely. Suicides consistently account for approximately 75% of all firearm-related fatalities in Washington.[14] Storing firearms safely and temporarily removing them from the home of an at-risk person during a crisis can save lives.

Additional Resources

- Anyone concerned about depression or other behavioral health symptoms should talk with their **healthcare provider**.
- **Washington Listens**[e]: Call 833-681-0211 to talk to a support specialist who will listen and help you cope with the stress of COVID-19.
- **Health Care Authority**: **Mental health crisis lines**[f]

[a] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19-FamilyToolbox.pdf

[b] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-148-BackToClassroomToolbox.pdf

[c] https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HelpSomeoneElse#common

[d] https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/home-checklist/

[e] https://www.walistens.org/

[f] https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines

- **National Suicide Prevention Lifeline**:[g] Call 800-273-8255 (English) or 1-888-628-9454 (Español).
- **Crisis Connections**:[h] Call 866-427-4747.
- **Crisis Text Line**:[i] Text HEAL to 741741.
- **Department of Health**: **Crisis lines for specific groups**[j]
- **TeenLink**:[k] Call or text 866-833-6546
- **A Mindful State**[l]: **https://amindfulstate.org/**
- **Washington Warm Line**:[m] Call 877-500-9276
- **Washington State COVID-19 Response**: **Mental and emotional well-being webpage**[n]

Collective Grief and Loss

Collective social, economic, personal, and health losses have been mounting for the last two years of the pandemic. The chronic stressors of dealing with the worldwide impact of COVID-19 on all organizations and institutions has led to constantly having to live with uncertainty and disruption. For most individuals, this has made it difficult to settle into anything resembling a state of routine or normalcy. Having to constantly shift behaviors related to the pandemic, assess risk, and manage impact on activities of daily living, has not allowed for time to reflect on the losses that this disaster has created. Individuals who experienced the deaths of family and friends due to COVID-19 may have been denied the comfort of familiar rites and rituals which help with grief, and may had to grieve without the support of gathering with others.

Losses during COVID-19 have also not just been deaths, but the loss of other life markers such as gathering for birthdays, holidays, weddings, graduations, and many other significant life events. Living with uncertainty and disruption has not allowed many to fully process these losses and to grieve for them. Rather, there has been the necessity to continue to try to function. All these factors can contribute to complex or traumatic grief in which the processing and experience of loss is interfered with to the extent that it can create risk of prolonged and maladaptive grief and associated behavioral health impacts. Processing through these losses will be an important part of our ability to move through this experience and align with resilience and more positive outcome trajectories.

Other Considerations

Behavioral health symptoms will continue to present in phases.[15,16] The unique characteristics of this pandemic trend towards anxiety and 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 DOH, which are available on the Behavioral Health Resources & Recommendations webpage[o] under the "Situation Reports" dropdown. Behavioral health symptoms of anxiety, impulsivity, reduced frustration tolerance,

[g] https://suicidepreventionlifeline.org/
[h] https://www.crisisconnections.org/24-hour-crisis-line/
[i] https://www.crisistextline.org/
[j] https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HotlinesTextandChatResources
[k] https://www.crisisconnections.org/teen-link/
[l] https://amindfulstate.org/
[m] https://www.crisisconnections.org/wa-warm-line/
[n] coronavirus.wa.gov/wellbeing
[o] https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources

anger, depression, and post-traumatic stress disorder (PTSD) are likely to increase with any significant increases in infection and hospitalization rates.[17,18]

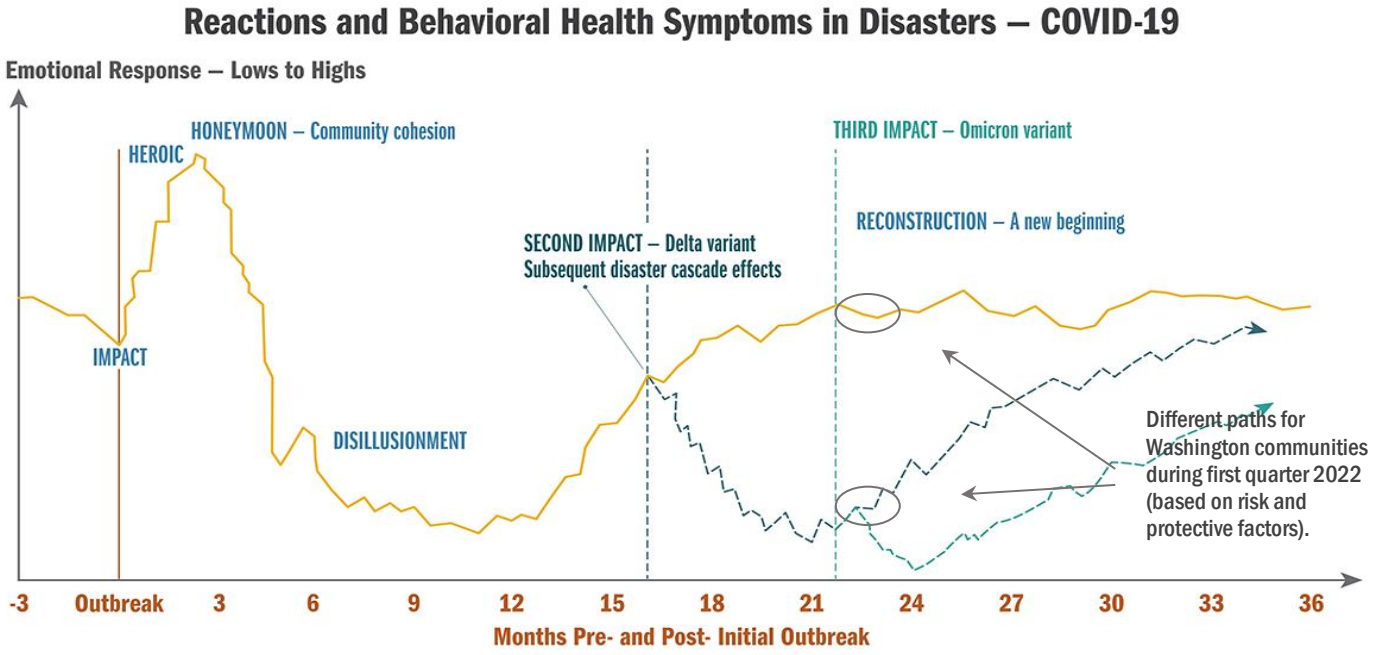

Figure 1: Phases of reactions and behavioral health symptoms in disasters. *The dotted graph line represents the response and recovery pattern that may occur if the full force of a disaster cascade is experienced by a majority of the population (i.e., the disaster cascade pathway). Protective factors are characteristics, conditions, or behaviors that reduce the effects of stressful life events. They also increase a person's ability to avoid risks or hazards, recover, and grow stronger. Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA).*[19]

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., Tona McGuire, Ph.D., and Stacy Cecchet, Ph.D., ABPP. Research support for this report was provided by undergraduate psychology students at Seattle University.

References

1. Fran H. Norris, F.H., Tracy, M., & Galea, S. (2009). Looking for resilience: Understanding the longitudinal trajectories of responses to stress,Social Science & Medicine,Volume 68, Issue 12,Pgs 2190-2198,ISSN 0277-9536,https://doi.org/10.1016/j.socscimed.2009.03.043.
2. Adams, V., VAN Hattum, T., & English, D. (2009). Chronic disaster syndrome: Displacement, disaster capitalism, and the eviction of the poor from New Orleans. American ethnologist, 36(4), 615–636. https://doi.org/10.1111/j.1548-1425.2009.01199.x
3. Wiesman, J., & Baker, E. L. (2022). The Public Health Worker Mental Health Crisis—A Major Leadership Challenge. Journal of Public Health Management and Practice, 28(1), 95-98.
4. Sarah E. Scales, Elizabeth Patrick, Kahler W. Stone, Kristina W. Kintziger, Meredith A. Jagger, and Jennifer A. Horney.Health Security.ahead of printhttp://doi.org/10.1089/hs.2021.0132
5. Chen, R., Sun, C., Chen, J.-J., Jen, H.-J., Kang, X.L., Kao, C.-C. and Chou, K.-R. (2021), A Large-Scale Survey on Trauma, Burnout, and Posttraumatic Growth among Nurses during the COVID-19 Pandemic. Int. J. M,ental Health Nurs., 30: 102 116.https://doi.org/10.1111/inm.12796
6. Pressley, T. (2021). Factors Contributing to Teacher Burnout During COVID-19. Educational Researcher, 50(5), 325–327. https://doi.org/10.3102/0013189X211004138
7. Kriti Prasad, Colleen McLoughlin, Martin Stillman, Sara Poplau, Elizabeth Goelz, Sam Taylor, Nancy Nankivil, Roger Brown, Mark Linzer, Kyra Cappelucci, Michael Barbouche, Christine A. Sinsky, Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study, EClinicalMedicine, Volume 35, 2021, 100879, ISSN 2589-5370, https://doi.org/10.1016/j.eclinm.2021.100879. (https://www.sciencedirect.com/science/article/pii/S2589537021001590)
8. Hossain, F., Clatty, A., (2021). Self-care strategies in response to nurses' moral injury during COVID-19 pandemic. Nursing Ethics, 2021 Feb; 28(1): 23-32. Published online Oct 30 2020. https://pubmed.ncbi.nlm.nih.gov/33124492/
9. Eastwood MR, Peacocke J. Seasonal patterns of suicide, depression and electroconvulsive therapy. *Br J Psychiatry*. 1976 Nov;129:472-5. https://pubmed.ncbi.nlm.nih.gov/990662/
10. Ayers, J. W., Althouse, B. M., Allem, J.-p., Rosenquist, J. N., & Ford, D. E. (2-13). Seasonality in Seeking Mental Health Information on Google. *American Journal of Preventive Medicine, 44(5)* 520-525. https://pubmed.ncbi.nlm.nih.gov/23597817/
11. Sullivan, B., & Payne, T. W. (2007). Affective Disorders and Cognitive Failures: A Comparison of Seasonal and Nonseasonal Depression. *American Journal of Psychiatry, 164(11), 1663-1667.* https://pubmed.ncbi.nlm.nih.gov/17974930/
12. Czeisler, M. É., Lane, R. I., Petrosky, E., et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep*, 69, 1049–1057. http://dx.doi.org/10.15585/mmwr.mm6932a1
13. Center for Disease Control. (2021, June 18) *Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic – United States, January 2019 – May 2021.* Morbidity and Mortality Weekly Report (MMWR). https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm
14. Washington State Department of Health. (2019). *Annual Report: Firearm Fatality and Suicide Prevention – A Public Health Approach.* https://www.doh.wa.gov/Portals/1/Documents/8390/346-087-SuicideFirearmPrevention.pdf
15. Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *Supplemental research bulletin - Issue 5: Traumatic stress and suicide after disasters.* https://www.samhsa.gov/sites/default/files/dtac/srb_sept2015.pdf
16. Centers for Disease Control and Prevention. (2018). The continuum of pandemic phases. CDC. https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/global-planning-508.html
17. Anesi, G. L. & Manaker, S. (2020). *Coronavirus disease 2019 (COVID-19): Critical care issues.* https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-critical-care-issues
18. Bhatraju, P. K., Ghassemieh, B. J., Nichols, M., Kim, R., Jerome, K. R., Nalla, A. K., Greninger, A. L., Pipavath, S., Wurfel, M. M., Evans, L., Kritek, P. A., West, R. E., et al. (2020). Covid-19 in Critically Ill Patients in the Seattle Region. *New England Journal of Medicine*. 10.1056/NEJMoa2004500. https://www.nejm.org/doi/full/10.1056/nejmoa2004500

19. Substance Abuse and Mental Health Services Administration. (2020). *Phases of Disaster.* SAMHSA. https://www.samhsa.gov/dtac/disaster-behavioral-health-resources https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep21-02-01-001.pdf