SECOND QUARTER 2022 – April 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 signs and symptoms of individuals across the state due to far-reaching medical, economic, social, and political consequences. This forecast is 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 transition into the third year of the global pandemic, we shift from an emergency response perspective into a long-term, recovery-management perspective on behavioral health outcomes related to COVID-19. Various outcome pathways are beginning to emerge. Adaptability and resilience will be the most-likely outcome for many, but for others impacted by factors like age, access to resources, or protective aspects, there may be an increase in acuity of existing symptoms, the development of new psychological conditions (Major Depressive Disorder, Generalized Anxiety Disorder, and PTSD as examples), or an outcome of chronic dysfunction. These varied responses over time, in addition to other behavioral health trajectories and outcomes, are typical of large-scale layered events in the long term.[1,2]
- There are three behavioral health areas of focus for the second quarter of 2022:

    1. **Anxiety, excitement, and mixed strong emotional responses regarding changes to COVID-19 policies, social expectations, and "return to workplace" dynamics.** Exhaustion coupled with hesitancy or pressure to "re-engage" fully with life as the pandemic shifts or winds down may be very challenging for some in the coming months. This may be experienced by some, while others may be overtly overly excited, energized, or even

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frustrated by the reticence they perceive in others not being willing to "move on" from COVID.

2. **Social Division and Emotional Dysregulation**. The complexity and duration of this experience may contribute to emotion dysregulation and increases in hostility or aggression. This may be evident in both behaviors and perceptions related to "us versus them" thinking. Families with young children and parents supporting adolescents and youth may be under considerable and disproportionate strain related to their children's need to navigate previously unknown social opportunities and challenges with peers when it comes to mask guideline changes, social events, and participation in large-scale group activities.

3. **Risk-taking behaviors for children, youth, and young adults.** In a typical year risk-taking behavior for youth generally increase during spring and summer as warmer weather and more hours of daylight provide opportunities for more social engagements and events. This year, those behaviors may increase significantly for youth who have also had a challenging academic year and many layers of additional stress related to their pandemic experience. Parents and caregivers may consider checking in more regularly with teens and young adults about where they are and what they are doing.

Areas of Focus for Second Quarter 2022

General Trends

Long-term outcomes for large-scale disasters typically are characterized by resilience, but there are 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]

Anxiety, Excitement and Mixed Emotional Responses

As we transition away from "pandemic response" towards endemic management of COVID-19, some restrictions will be eased that were previously necessary. There is likely to be a predictable level of emotional intensity that arises. For many, the easing of some mandates is celebratory and may result in significant excitement, energy, and happiness. For others, the same changes may result in a sense of uncertainty, fear, and anxiety or dread about potential risks or harm. From a personal lens, there may be frustration that others do not feel or are not responding the way that is consistent or makes sense, but and it is helpful to be mindful that individual risks and comfort levels vary widely. Practicing compassion and respect for others is a fundamental part of the collective recovery from the pandemic.

For some demographic groups, such as students in the K – 12 system, reactions to changes specific to mask mandates are likely to be very intense in either direction. Many students have long awaited the opportunity to go mask-free, while others have appreciated the sense of social and personal security that masks have provided. Some students may fear social reprisal from peers if they choose to continue to wear a mask, and potential attention to this may increase bullying or harassment among students. This will need to be a point of vigilance for educators for the remainder of this academic year.

For some working families, changes to corporate policies about being back in the office may contribute to significant stress, due to increased need for childcare, more difficulty managing home responsibilities, and feeling as though time is lost due to commutes. Navigating a return to workplace process that may be celebrated by some and dreaded by others can strongly influence work group and team dynamics. It may be helpful to focus on the same considerations to the different perceptions, risks, and comfort levels of others in a workplace setting as we are attempting to do personally and socially.

Social Division and Emotional Dysregulation

The complexity and duration of this experience may contribute to emotion dysregulation and increases in hostility or aggression. As we face more opportunities for interaction, activities, and social events, behaviors and perceptions related to "us versus them" thinking may become more prevalent, particularly about choices around mask wearing and vaccination status. Families with young children and parents supporting adolescents and youth may be under considerable and disproportionate strain related to their children's need to navigate previously unknown social opportunities and challenges with peers when it comes to mask guideline changes, social events, and participation in large-scale group activities. Many people are still very emotionally activated or dysregulated based on their experiences over the past two years. This can lead to short tempers, increases in impulsive reactions, and the potential for more aggression. Making every attempt to pause or slow down before responding to a situation increases the likelihood the response will be more appropriate and balanced.

Children, Youth, and Young Adults

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

There are typical seasonal increases related to risk-taking behaviors, but coming off one of the hardest academic years in living memory, youth and young adults may be more strongly motivated than ever to "have fun,"~~,~~ "blow off steam,"~~,~~ and "just have a good time."~~.~~ Impulsive and neurochemically motivated choices that may increase in coming months can include but are not limited to substance use, reckless driving, illegal behaviors (vandalism and theft), and risky sexual behaviors. It is important for parents and caregivers to work with youth, teens, and young adults on how to have fun and "let loose" without doing things likely to have long-term or negative consequences. Please see our "Safe Summer" tip sheet for more information.

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.[3,4,5] It is typical for behavioral health symptoms to increase in youth at this time of year, when the longer holidays are behind them and the academic demands tend to increase. Suicide attempts and rates also typically rise in spring,[6] which also coincides with the anniversary of the start of the COVID-19 pandemic, and the recognition that it is not yet "over." Emergency Department visits for behavioral health concerns related to psychological distress, suicidal ideation, and suicide attempts have been increasing throughout the state in recent weeks. Please see the latest Youth Situational Report[a] and this CDC report for more detail. Also of note is the dramatic nationwide increase in tic and tic-like disorders and symptoms, particularly among adolescent females, according to the Northwest Healthcare Response Network (twice weekly hospital huddle, 2022).[7] It is likely that these increases are related in some way to the significant degree of distress, social pressure, confusion, and general upheaval that has been a hallmark of the last several years for this demographic group. Caregivers, educators, and parents may benefit from helping youth focus on active anxiety symptom management to help mitigate more problematic behavioral health symptoms from developing. This might include a calm and matter-of-fact approach to symptoms, not encouraging peer or adult attention to tics, and encouraging students exhibiting tics to use the tools provided to calm themselves. These can include psycho-education, relaxation, and behavioral interventions, such as habit reversal training.[7] These students may also benefit from having places designated within the

[a]https://doh.wa.gov/sites/default/files/2022-03/821-135-YouthBehavioralHealthSitRep-March2022.pdf

schools for them to go briefly to regroup and use their self-calming tools before returning to the classroom.

It is also notable that there has been a significant increase in tic and tic-like[7] behavior among adolescent females in recent months. This is likely in part a reflection of the degree to which this demographic group is currently experiencing distress, as well as the influence of social media, causing some to self-diagnose disorders.

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 past 18 months. Some 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 and youth 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[b] Pandemic and the COVID-19 Back-to-Classroom THINK Toolbox: Teaching with Healthcare Informed Neurological Strategies for Kids[c]

Depression and Suicide

Depression is a common response throughout the disaster recovery cycle. Many children, youth, and young adults are experiencing significant symptoms of depression during the pandemic.[8] In Washington, trends indicate that emergency department visits for suicidal ideation, attempts, and psychological distress are increasing, and these are data that will continue to be monitored as emergency department visits are increasing generally. The most recent reporting from hospitals in Washington that admit pediatric patients indicates that the surge of youth presenting to emergency departments for suicidal ideation and suspected suicide attempts remains an ongoing increasing issue. Lack of outpatient behavioral health services and psychiatric beds has led to increasing numbers of youth who are "boarding" in emergency rooms and med/surge beds, sometimes for extended periods of time, and without treatment while waiting. Youth with additional complexities, such as autism with aggressive behaviors or significant developmental delay, have even more restricted access to appropriate treatment and some have boarded for months awaiting placement. Other youth are boarding for extended periods of time not because of ongoing mental health needs, but because exhausted parents are refusing to bring them home, citing safety concerns, and agencies who might take them into care are unable to find placement for them.

Active suicide prevention should be promoted through sharing information on recognizing warning signs[d] and other related resources, and checking in with colleagues, friends, family members, and neighbors. When someone is expressing thoughts of self-harm, access to

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

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

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

dangerous means of harm should be removed,[e] and medications, poisons, and firearms should be stored safely. Suicides consistently account for approximately 75% of all firearm-related fatalities in Washington.[9] 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**[f]: 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**[g]
- **National Suicide Prevention Lifeline**:[h] Call 800-273-8255 (English) or 1-888-628-9454 (Español).
- **Crisis Connections**:[i] Call 866-427-4747.
- **Crisis Text Line**:[j] Text HEAL to 741741.
- **Department of Health**: **Crisis lines for specific groups**[k]
- **TeenLink**:[l] Call or text 866-833-6546
- **A Mindful State**[m]: **https://amindfulstate.org/**
- **Washington Warm Line**:[n] Call 877-500-9276
- **Washington State COVID-19 Response**: **Mental and emotional well-being webpage**[o]

Other Considerations

Behavioral health symptoms will continue to present in phases.[10,11] The unique characteristics of this pandemic trend towards anxiety and depression as significant behavioral health outcomes 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[p] under the "Situation Reports" dropdown. Behavioral health symptoms of anxiety, impulsivity, reduced frustration tolerance, anger, depression, and post-traumatic stress disorder (PTSD) are likely to increase with any significant increases in infection and hospitalization rates.[12,13]

[e] https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/home-checklist/
[f] https://www.walistens.org/
[g] https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines
[h] https://suicidepreventionlifeline.org/
[i] https://www.crisisconnections.org/24-hour-crisis-line/
[j] https://www.crisistextline.org/
[k] https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HotlinesTextandChatResources
[l] https://www.crisisconnections.org/teen-link/
[m] https://amindfulstate.org/
[n] https://www.crisisconnections.org/wa-warm-line/
[o] coronavirus.wa.gov/wellbeing
[p] https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources

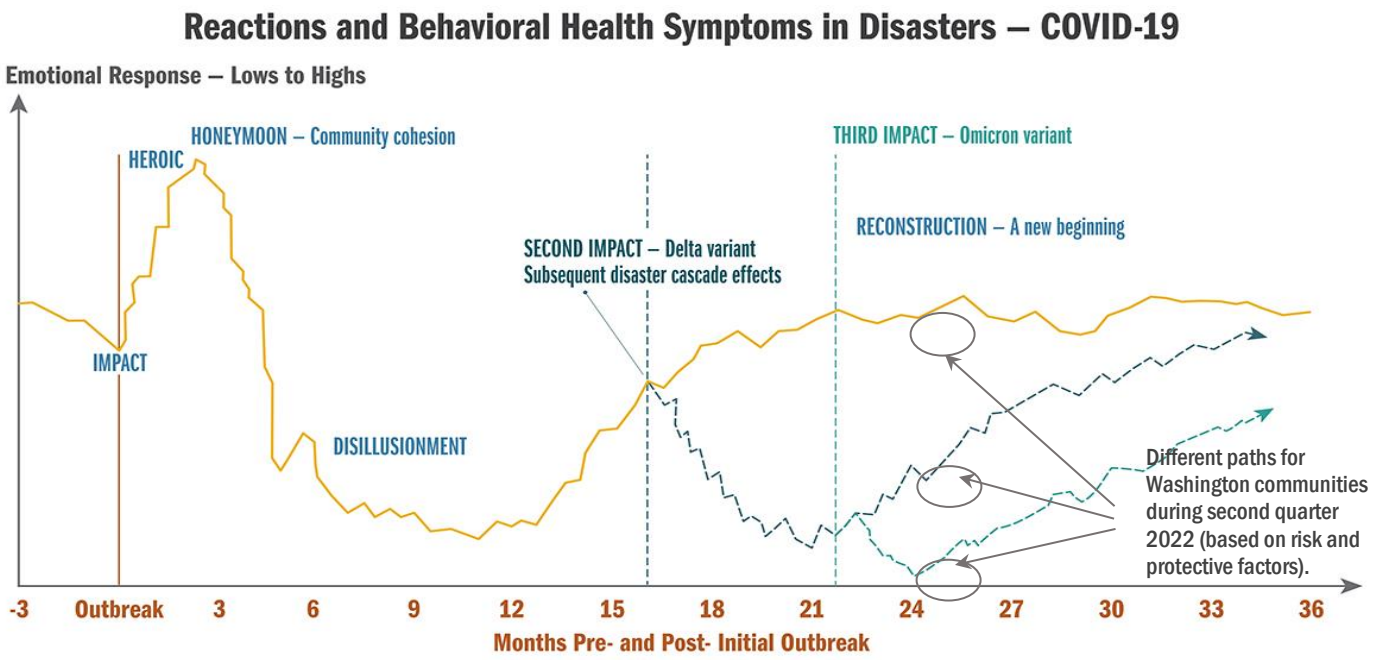

Figure 1: Phases of reactions and behavioral health symptoms in disasters. *The dotted graph line represents the response and recovery pattern that may occur if the full force of a disaster cascade is experienced by a majority of the population (i.e., the disaster cascade pathway). Protective factors 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).*[14]

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