

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.
- The spring and summer months of 2022 bring a complicated landscape of new social and community event-related opportunities for some, and challenging realities about long-term outcomes and consequences of a complex and lengthy disaster for others. Many youth, teens, and young adults continue to struggle with mental health concerns in the context of few inpatient and outpatient resources and a general lack of behavioral health provider availability.
- Marginalized communities with lower socioeconomic status, and less access to available medical and behavioral health resources, may also be experiencing a different and slower recovery trajectory than other groups within the population. These different experiences over time, in addition to other behavioral health outcomes and trajectories, are typical of large-scale layered events in the long term.^{1,2}
- More COVID-19 infections in the population as a whole raise awareness and concerns about long-term implications for individuals who experience the virus as well as the family and community members who support them. Some significant behavioral health implications that have been the focus of

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recent research include the risks related to PTSD for survivors of COVID-19, the effects of prenatal and infant exposure to COVID-19, and the effects of “long COVID,” now called post-acute sequelae SARS-CoV-2 infection (PASC), even for children and youth.^{3,4,5,6}

- Based on current research and ongoing experiential outcomes, in addition to clinical reports from providers, there are three behavioral health areas of focus this month. Please see the sections that follow for more details on each of these areas of focus.
 1. **Risk-taking behaviors and mental well-being for youth and young adults.**
 2. **Compounding impacts for marginalized or vulnerable groups; slower recovery trajectory.**
 3. **COVID-19 related outcomes: Long COVID and developmental impacts.**

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}

1. Risk Taking Behaviors and Mental Well-being for Youth and Young Adults

As daylight increases and weather improves, there are often more opportunities for social engagements and events. It will be important for parents and caregivers to consider checking in more frequently with teens and young adults about where they are and what they are doing, to help decrease risks related to impulsive decision making, partying, and substance use.

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 about how to reduce risks for teens and young adults during the late spring and summer months.

Additional risks for children and youth at this time are reflected in recent increases in online predation of minors. Due to long-term and large-scale upheaval in children’s lives over the last 25 months, more children and youth were online and unsupervised than usual. Predators that are sexually interested in children used this opportunity to entice them to produce sexually explicit material (i.e., online enticement).⁷ There has also been a significant increase in National CyberTipline reports (i.e., reports of distribution of child pornography and child sexual abuse material). According to Seattle Police Department’s Internet Crimes Against Children (ICAC) Unit, which processes all statewide data of this nature, Washington CyberTips and online enticement reports are following the same trends as national-level data. For Washington State, year-over-year comparisons showed a 124% increase in March CyberTips (from 736 in 2021 to 1652 in 2022) and a 70% increase in April CyberTips (from 325 in 2021 to 553 in 2022).

Depression and Suicide for Children, Youth, and Young Adults

Mental well-being for children, youth, teens, and young adults needs to be a top priority to reduce risks related to crisis. 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 issue. Lack of outpatient behavioral health services and inpatient 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 and young adults 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 adolescents 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 that might take them into care are unable to find placement for them.⁸

Active suicide prevention should be promoted through sharing information on recognizing [warning signs](#)^a 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](#),^b and medications, poisons, and firearms should be stored safely. Suicides consistently account for approximately 75% of all firearm-related fatalities in Washington.^c [Storing firearms safely](#) and [temporarily removing them from the home](#) of an at-risk person during a crisis can save lives.

2. Compounding Impacts for Marginalized and Vulnerable Groups

Groups and communities who traditionally experience a disconnect (i.e., social, economic, language, or other) or lack of support from medical and behavioral health resources, are likely to experience a compounding effect that will lengthen and potentially slow their recovery trajectory. During the pandemic, members of some groups may have experienced ‘sanctuary trauma,’ whereby their physical or mental health struggles were invalidated by providers who dismissed their concerns or incorrectly attributed their experiences to racial or ethnic factors.^{9,10} Interactions with the healthcare system in general may be more challenging for members of groups who receive care from providers who lack cross-cultural competence and/or do not work from a trauma-informed lens. Vaccine hesitancy has also been higher for groups with historical concerns around safety and comfort with the medical establishment. Because being up to date with vaccinations from COVID-19 is generally associated with less severe illness,⁶ it is essential to reduce barriers to access for marginalized groups (i.e., racial and ethnic minorities, LGBTQIA+, etc.) and increase provider awareness about these specific risks.

Increasing access to medical and behavioral health resources in multiple languages, as well as in hard copies, which can be provided in community mental health clinics and main hubs of transportation, is highly recommended. Many families do not have home-based access to a computer and need resources available in other formats. For many groups and communities within the population, the behavioral health recovery from the COVID-19 pandemic will take much longer and will include larger obstacles. The recovery trajectory has the potential to become more positive for vulnerable and marginalized groups if collective effort is aimed towards increasing access to accurate information and connection to healthcare providers who are aware of these challenges and can work to mitigate them.

Many families with children too young to be vaccinated or who are medically fragile have yet to return to a more “normal” way of life, unlike their vaccinated counterparts. This means that while many families with children up to date with their vaccines have resumed extracurricular activities such as sports, playdates, religious services, camps, and travel, families with unvaccinated children may remain feeling isolated, worried for their children’s health and safety, and concerned about developmental impacts (i.e., delays) due to lack of exposure to developmentally-enriching activities.^{4,5,9}

^a <https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HelpSomeoneElse#common>

^b <https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/home-checklist/>

^c 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>

3. Long-Term Outcomes: “Long COVID” and Developmental Impacts

More research is published weekly on outcomes that have significant implications for behavioral health resources that will continue to remain in high demand over the next several years. As the number of people infected with the virus increases in the population, so too do the number of people who experience PASC-related symptoms. Likewise, the more we learn about COVID-19-related impacts and outcomes, the more it is clear that there are likely to be developmental impacts for babies and toddlers who were born during the pandemic or were exposed to the virus in utero.⁵

In terms of behavioral health, new data indicate the likelihood for the development of PTSD is higher for those who have experienced severe cases of COVID-19.³ It may be helpful for providers supporting those who have recovered from COVID-19 to screen for symptoms of PTSD, anxiety, and depression. The CDC recently updated their summary of known considerations about PASC. Please see that site [here](#).⁶

Recent reviews summarize much of the recent research on developmental outcomes of interest to childcare providers, parents, therapists and pediatricians.^{5,11} Babies born during the pandemic’s first year scored slightly lower on a developmental screening test at six months of age, compared with babies born just before the pandemic. In another study, babies born during the pandemic scored lower on standard measures of verbal, motor, and overall cognitive ability. Researchers have theorized that some of these delays may be due to parental stress leading to lessened interaction with their babies. Others consider that delays may be related to less overall physical activity and less opportunity for social interaction with peers.^{5,11}

Other Considerations

Behavioral health symptoms will continue to present in phases.^{d,e} 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](#)^f 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.^{g,h}

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- ^d. 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
- ^e. 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>
- ^f <https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources>
- ^g. 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>
- ^h. 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>

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

Reactions and Behavioral Health Symptoms in Disasters – COVID-19

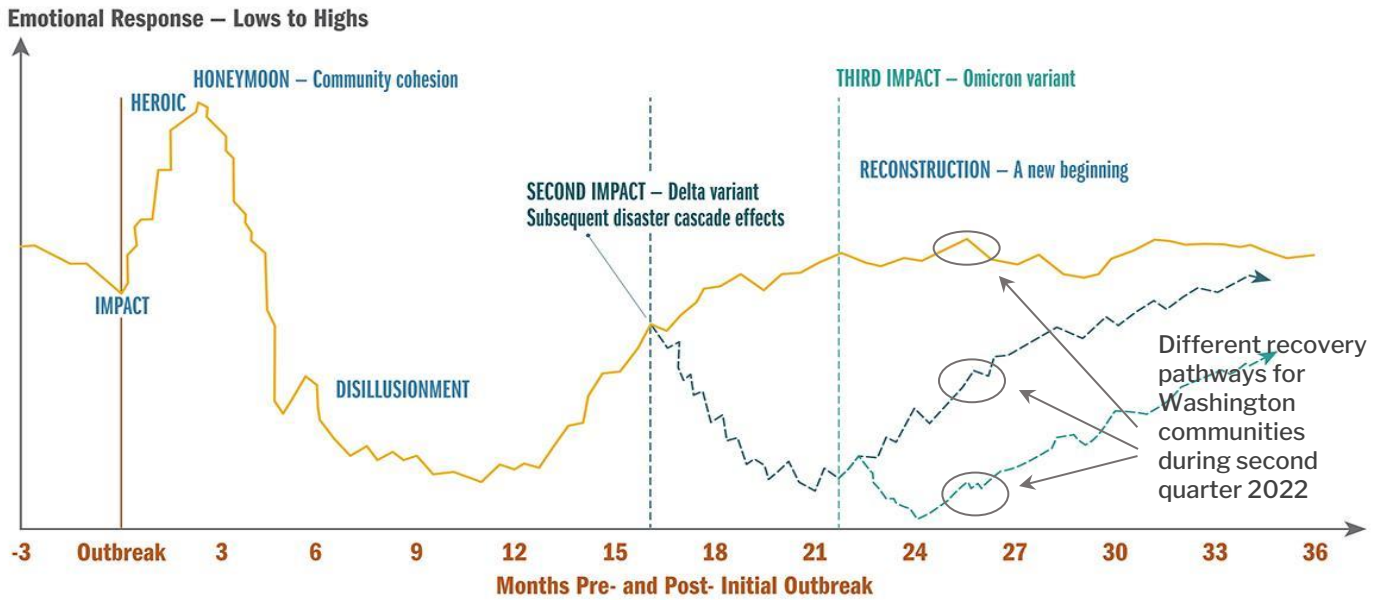


Figure 1: Phases of reactions and behavioral health symptoms in disasters. The dotted graph line represents the response and recovery pattern that may occur if the full force of a disaster cascade is experienced by a majority of the population (i.e., the disaster cascade pathway). Protective factors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

Additional Resources

- Anyone concerned about depression or other behavioral health symptoms should talk with their **healthcare provider**.
- [Washington Listens](https://www.walistsens.org/)^j: 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](https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines)**^k
- [National Suicide Prevention Lifeline](https://suicidepreventionlifeline.org/):^l Call 800-273-8255 (English) or 1-888-628-9454 (Español).
- [Crisis Connections](https://www.crisisconnections.org/24-hour-crisis-line/):^m Call 866-427-4747.
- [Crisis Text Line](https://www.crisistextline.org/):ⁿ Text HEAL to 741741.
- **Department of Health: [Crisis lines for specific groups](https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HotlinesTextandChatResources)**^o

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

^j <https://www.walistsens.org/>

^k <https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines>

^l <https://suicidepreventionlifeline.org/>

^m <https://www.crisisconnections.org/24-hour-crisis-line/>

ⁿ <https://www.crisistextline.org/>

^o <https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HotlinesTextandChatResources>

- [TeenLink](https://www.crisisconnections.org/teen-link/):^p Call or text 866-833-6546
- **A Mindful State**^q: <https://amindfulstate.org/>
- **Washington Warm Line**:^r Call 877-500-9276
- **Washington State COVID-19 Response**: [Mental and emotional well-being webpage](https://coronavirus.wa.gov/wellbeing)^s

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^p <https://www.crisisconnections.org/teen-link/>

^q <https://amindfulstate.org/>

^r <https://www.crisisconnections.org/wa-warm-line/>

^s coronavirus.wa.gov/wellbeing

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