

BEHAVIORAL HEALTH IMPACTS OF COVID-19
Trends, Workforce Impacts, & Resources

Key Things to Know

Upwards of **three million** Washingtonians will likely experience *clinically significant* behavioral health symptoms within the next 3-6 months.

- Depression (1.9m), anxiety (1.2m), and acute stress will likely be the most common
- PTSD less common, but concern among some populations (post-vent critical care, exposure to traumatic events)

Substance use related challenges are expected to significantly increase:

- Roughly 50% of individuals who experience behavioral health diagnoses develop a substance-related disorder, and vice versa
- Approximately 20% of individuals could struggle with alcohol use, but less than 0.5% will likely be *new* acute cases
- May 2020 marijuana and liquor sales were up 44% and 31% respectively compared to 2019

Key Things to Know

Domestic violence tends to increase post-disaster, this is also true for COVID-19:

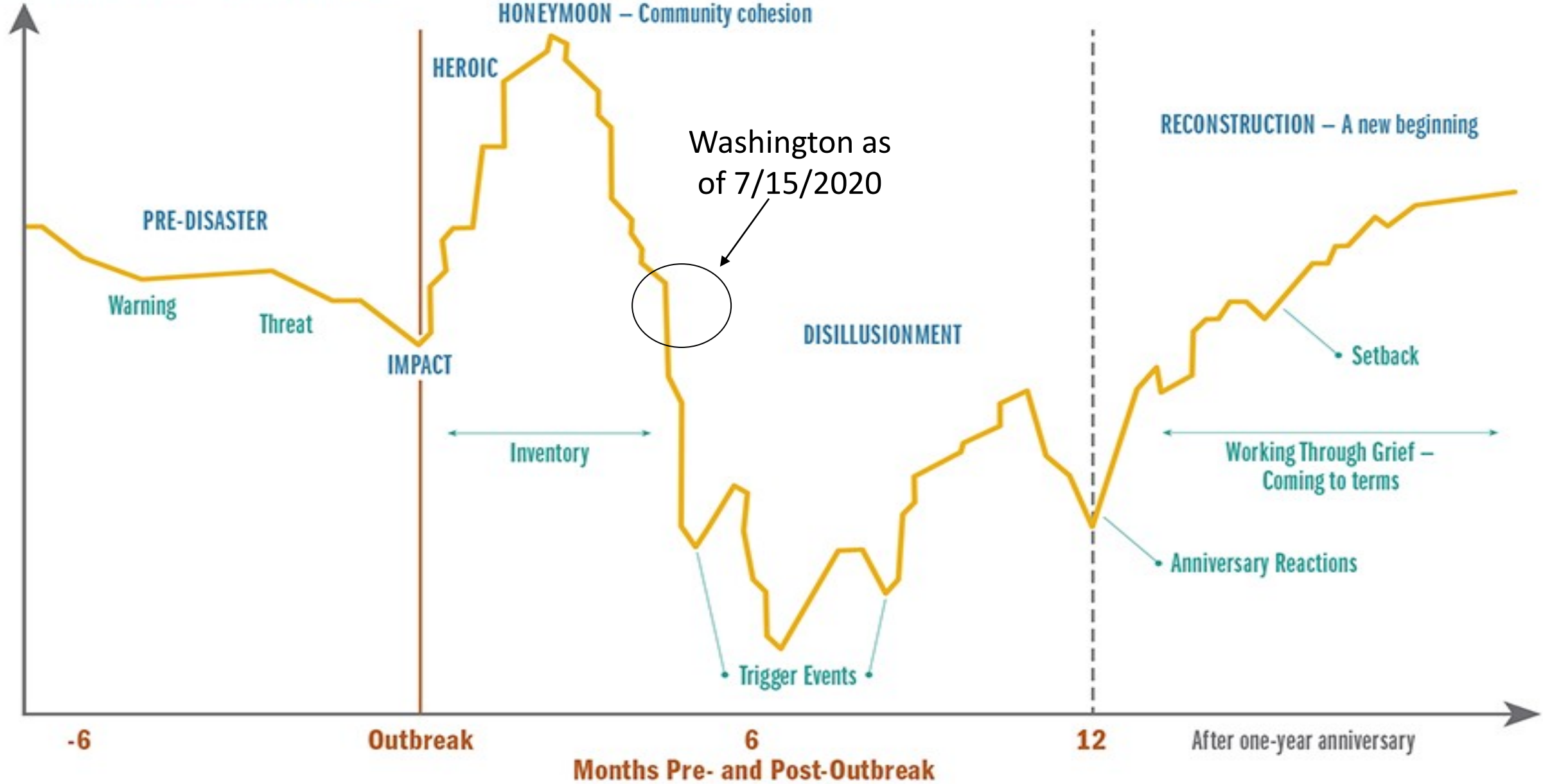
- 26% decrease in select other offenses
- 17% increase in domestic violence compared to 2019
- True number of cases is likely significantly higher

Behavioral health impacts will likely be seen in phases, peaking 6-9 months post-outbreak

- Follows the psychological phases of disaster, varies based on start of outbreak and mitigation activities within a community
- *Normal* reaction to *abnormal* circumstances
- Resilience is the typical response to disasters and it CAN be taught

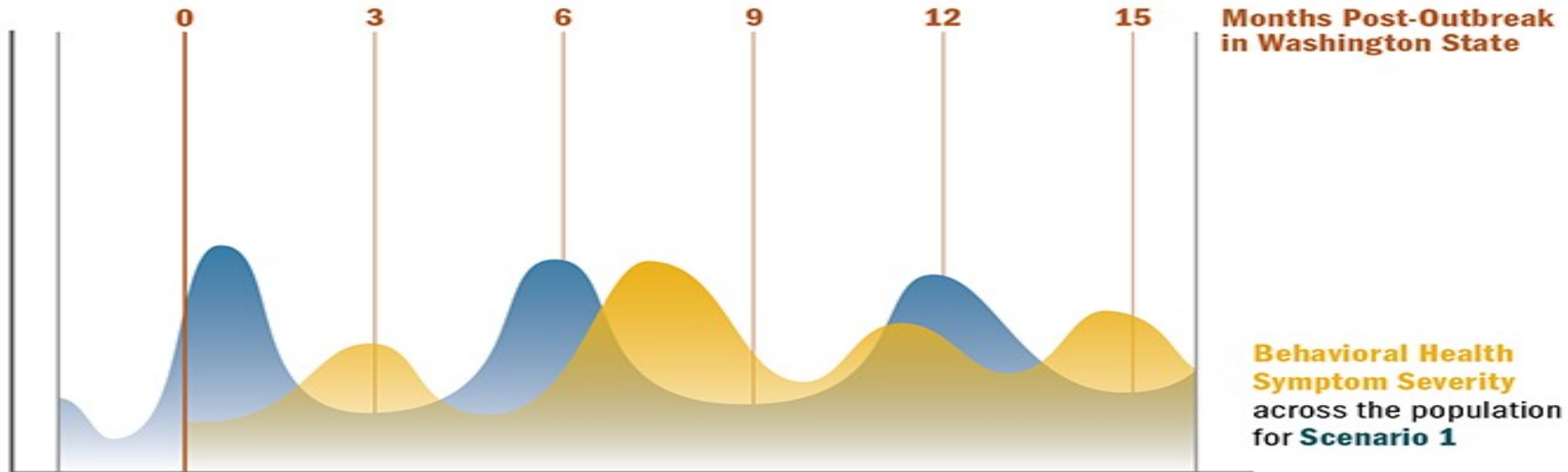
Reactions and Behavioral Health Symptoms in Disasters

Emotional Response – Lows to Highs

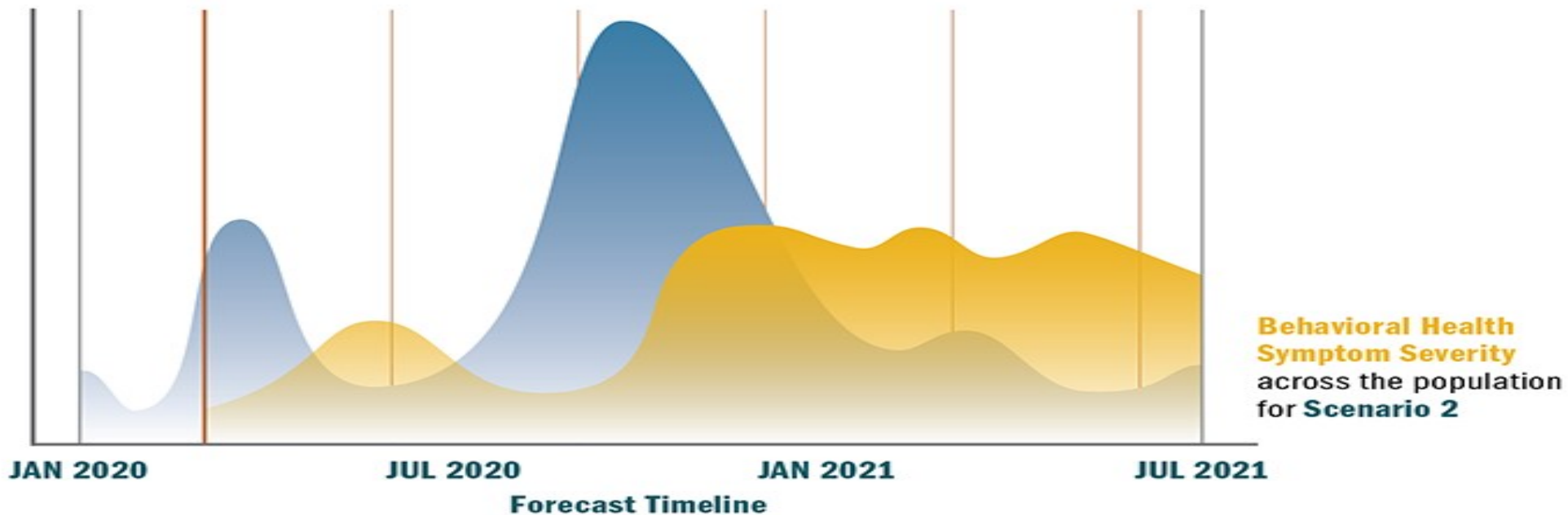


Possible Pandemic Wave Scenarios for COVID-19 and Forecasted Behavioral Health Symptoms

Scenario 1: Peaks and Valleys
Ongoing fluctuations in pandemic infection and mortality rates throughout 2020 with corresponding restrictions and disruptions.



Scenario 2: Fall Peak
Second large scale disruptive wave of pandemic in the Fall of 2020 with significant additional social and economic disruption.



Impact of COVID on Children

- Regression, isolation, “acting out” or “acting in”, educational deficits
- Need for structure and support e.g. help them contain negative behaviors, practice positive behaviors, and increase resiliency
- Recognizing that ability to learn and retain new information is impacted by emotional state
- Teaching tools for calming and emotional regulation can be very helpful for both parent and child
- Helping children face fears and master them vs anxious avoidance
- Parental self care is essential for their child’s well being

Behavioral Health Toolbox for Families

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

COVID Impacts on Behavioral Health Providers

No current research available but anecdotal reports include:

- Increase in acuity for current patients
- Surge in patients requesting services due to COVID stresses
- Dealing with more complex grief due to the novel circumstances around COVID deaths
- Fatigue due to length of time for this disaster
- Increased stress as a result of needing to move to telepsychology, loss of income, loss of personal contact with colleagues, managing roles of provider, parent, homeschooling, uncertainty about future practice

Building Resiliency for Organizations

- Mental health providers will be overwhelmed and focusing on the most acute patients.
- You and your colleagues may be providing primary mental health services to your patients
- You may be called upon to offer educated behavioral health support to your colleagues
- You will be in the best position to observe and intervene if colleagues are under great stress

Scarce Resource Planning for Behavioral Health

- Plan for behavioral health impact, and build this aspect into surge planning
- Include de-escalation training and staff safety planning
- Encourage Psychological First Aid training for all staff and administrators
- Identify and train willing behavioral health and non-behavioral health providers in a more in-depth Disaster Behavioral Health curriculum, to support and monitor their colleagues. These may be identified as people to whom their colleagues naturally turn for support.
- Teach appropriate and evidence-based debrief strategies



Disaster Behavioral Health Training and Response

Health Support Team (HST)

Background

- The Health Support Team (HST) program uses an evidence based behavioral health training curriculum to train non-Behavioral Health professional volunteers or staff in the provision of ongoing behavioral health support services to colleagues, families, friends, and community members in the aftermath of natural or man-made disaster.

Purpose

- The goal is to provide trainees with tools for coping in a crisis or disaster across the continuum of preparedness, acute response, and rebuilding. HST Includes best practices in disaster response and offers a secondary gain of increased experience of resilience for HST trainees and volunteers (as supported by research).

HST is designed to

- Be adapted for specialized work-groups within organizations such as education, medical, community leadership, and child and gender protection .
- Create organizational resilience by having staff and leaders who are trained on assisting their colleagues with the psychological impact of day to day and response functions.
- Equip colleagues and team leads who are best equipped to evaluate and provide early intervention for struggling peers, versus outside consultants. HST training includes team care, and strategies for mitigating situations leading to burn out.

Health Support Team Process

Learn & Listen

Learn about the person and listen to the problem using supportive communication and active listening techniques.

Offer Support

Foster resiliency by supporting the person in finding external resources and internal strengths, OR refer them to someone if needed.

Provide a Tool

Offer them a tool to help them cope, such as a relaxation technique or a thinking strategy.

Emphasize Hope

Let the person know you are there for them, and that you are an encouraging supportive resource for them when needed.

The Health Support Team Program

Modules & Examples of Content:

- Module 1: Info: Disaster Response & Recovery
- Module : Skills: Communication & Listening
- Module : Goals : Resiliency and Disaster Preparedness & Assessment
- Module 4 : Tools : Relaxation, Stress Reduction, and Thinking Strategies
- Module 5 : Rest : Compassion Fatigue & Burnout Information
- Module 6 : The Health Support Team Work Summary

Module 1: Info	Module 2 : Skills	Module 3 : Goals	Module 4 : Tools	Module 5 : Care	Module 6
<ul style="list-style-type: none">•Explanation of the Health Support Process•Review of Disaster Psychology	<ul style="list-style-type: none">• Health Support Team Skills and Techniques : Communication and Listening	<ul style="list-style-type: none">•Health Support Team Goals : Resilience, Disaster Preparedness and Assessment	<ul style="list-style-type: none">•Health Support Team Tools : Thinking, Mindfulness, Behavioral Activation	<ul style="list-style-type: none">•Health Support Team Member Self Care	<ul style="list-style-type: none">•Health Support Team Summary• Quick Reference Guide

Building Personal Resiliency

- What does the research show?
- Identifying your risks
- Self monitoring
- Developing your personal coping strategies

For Managers and Systems

- NON-IDENTIFIABLE information can be aggregated and accessed by Incident Managers, Supervisors, and Hospital Systems
- This aggregated information can inform in real time the stress level and exposure of staff
- Information can be organized by location e.g. ED, ICU, Floor
- Information can be organized by type of employee e.g. MD, RN, RT, support staff
- This allows organizations and managers to implement increased support in a timely manner

Current State Actions

Coordination, technical assistance, and support of state and local behavioral health response

Impact forecasting, situational awareness, capacity assessment, and surveillance

Sustaining and building access to behavioral health care

Training, guidance, and education (Health Support Team, misc docs)

Resources – Healthcare/Behavioral Health:

Training:

- Health Support Team (including train-the-trainer)
- PsySTART-Responder (frontline healthcare only)

Specific Resources:

- Behavioral Health Group Impact Reference Guide
 - Healthcare, behavioral health, outreach teams, post-vent
 - Unique challenges/considerations
 - Support strategies (organizational, supervisory, personal)
- Coping During COVID-19 for Emergency and Healthcare Professionals

Resources:

DOH - Forecast and situational reports, guidance and resources:

<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders/BehavioralHealthResources>

WA State – General mental health resources:

<https://coronavirus.wa.gov/information-for/you-and-your-family/mental-and-emotional-well-being>

Looking for support?
Call Washington Listens at
1-833-681-0211



Questions?





Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.