MARCH 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.
- Anniversary reactions to the pandemic may be widespread and varied on both an individual and community basis through April 2021.
- During the first several months of 2021, the risk of a *disaster cascade* (more than one disaster impact within a short period of time) remains high.
  - The COVID-19 variants and their effects could also result in a disaster cascade. These variants may create widespread health and social impacts because of the potential for additional infection waves and the variety of unknowns.
- Ongoing behavioral health impacts in Washington continue to be seen in phases, with symptoms for most people increasing or plateauing in the first half of 2021 (Figure 1).[1,2]
- The transition into the second quarter of 2021 **begins** to move us out of the *disillusionment phase* of the disaster response cycle and into the *reconstruction phase* and recovery. The speed and experience of this process will vary significantly among communities (Figure 1). Those who have experienced significant primary and secondary effects of the pandemic are likely to progress more slowly into reconstruction and recovery than others and experience more severe behavioral health symptoms (Figure 2).
- The risk of suicide, depression, hopelessness, and substance use will remain high through the first quarter of 2021. The need for professional behavioral health support, as well as community resources, will be occurring at a time

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DOH 821-103-12 March 2021

when community resources that are already stretched will have even less ability to support the increased need.

- Behavioral health experiences at this phase of the COVID-19 pandemic typically include symptoms of depression and anxiety, trouble with cognitive functioning, exhaustion, and burnout. **Active resilience development remains an essential intervention for all groups in Washington.**
- Children, teens, and young adults throughout Washington are currently a group of significant concern. The effects of isolation combined with shifting educational and social opportunities and experiences have contributed to very difficult behavioral health challenges for many individuals ages 6 – 25.[3]
- Common indicators of behavioral health issues include the number and rate of emergency department (ED) visits for psychological distress, suicidal ideation, suspected suicide attempts, and substance use. Data for these indicators are collected through the Rapid Health Information Network (RHINO) program.[a]
- We expect behavioral health issues related to isolation, stress, and fear to trend relative to COVID-19 cases and hospitalization rates.[4,5,6,7] In addition, limited vaccine access and availability could escalate medical risks for more people, contributing to subsequent behavioral health impacts.

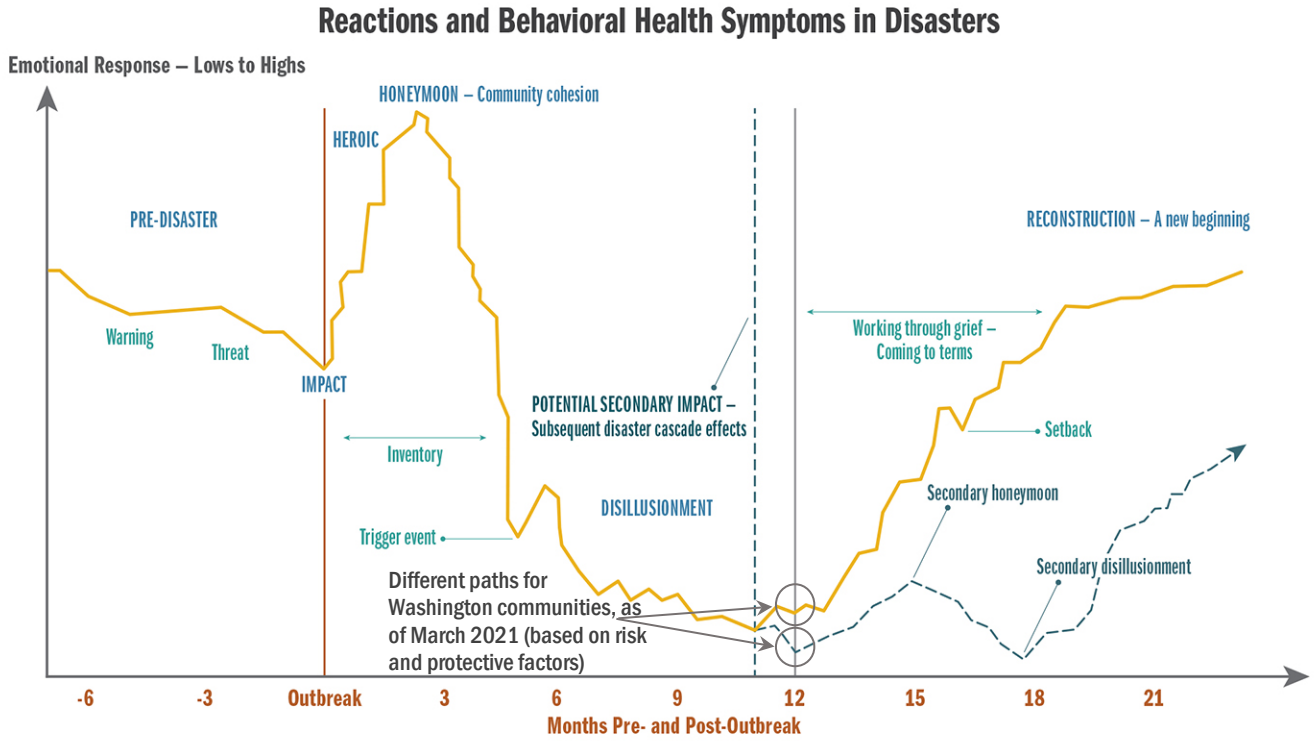

Figure 1: Phases of reactions and behavioral health symptoms in disasters. The dotted graph line represents the response and recovery pattern that may occur if the full force of a disaster cascade is experienced by a majority of the population. *Protective factors* are characteristics, conditions, or 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) [8]

[a] https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse/RHINO

Phase-Related Behavioral Health Considerations

Behavioral health symptoms will continue to present in phases.[1,2] 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 the Washington State Department of Health (DOH), which are available on the Behavioral Health Resources & Recommendations webpage.[b] With any significant increases in infection and hospitalization rates, symptoms of anxiety and risk of 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) are also likely to increase.[9,10]

Phase Divergence within Washington

As we progress past the anniversary of the COVID-19 pandemic and into the disaster response and recovery cycle, communities in Washington will diverge more distinctly from each other in terms of behavioral health experiences. Factors, such as economic security, social marginalization, and race and ethnicity continue to play a role in the experience of both physical and behavioral health risks and symptoms throughout the pandemic.[11,12,13,14] The disparity in experiences throughout the last year will tend to be magnified and exacerbated in the next several months. Those who have been able to experience more economic, social, educational, and occupational opportunities in the first quarter of 2021 will tend to climb more rapidly into the *reconstruction phase* and recovery, while those who have experienced more direct primary and secondary impacts from the pandemic itself (illness, hospitalization, job loss, eviction) will likely endure a prolonged *disillusionment phase*, as is consistent with a disaster cascade (Figures 1 and 2).

[b] https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources

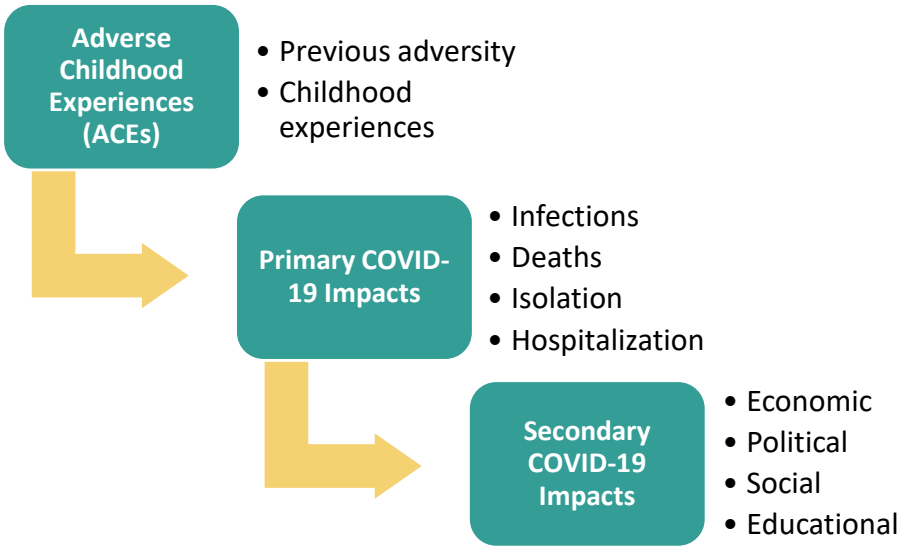

Figure 2: Disaster and Trauma Cascade Potential. The figure displays the range of factors (ACEs,[c] Primary COVID-19 Impacts, Secondary COVID-19 Impacts) which may alter the *reconstruction phase* and recovery for individuals based on their experiences.

Areas of Focus for March and April 2021

COVID-19 Variants

The concerns about a ***disaster cascade*** have been previously discussed in this forecast, and it is possible that the arrival and spread of COVID-19 variants could cause such an event. In addition to the B.1.1.7 variant first found in the United Kingdom, the B.1.351 variant first found in South Africa, and the P.1 variant first found in Brazil, the Centers for Disease Control and Prevention (CDC) added two more *variants of concern*[d] in March 2021 – the B.1.427 and B.1.429 variants that originated in California.[15,16] To date, five variants (B.1.1.7, B.1.351, P.1, B.1.427 and B.1.429) have been detected in Washington.[e] For the latest information on variants in Washington, see the weekly SARS-CoV-2 Sequencing and Variants in Washington State[f] report.

A *disaster cascade* could occur with any new rise in infections, which may prompt a secondary disaster impact (as represented by the dotted line in Figure 1). The secondary impact may be a result of the pandemic itself (infections and hospitalizations) or an indirect impact of the pandemic (economic hardship, social and political unrest, etc.). There remains some concern that the new variants, some of which are more contagious, in combination with reduced

[c] Adverse childhood experience (ACE): A traumatic experience in a person's life occurring before the age of 18 that the person remembers as an adult.

[d] Variant of concern: A variant for which there is evidence of an increase in transmissibility, more severe disease (increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures. See the CDC *SARS-CoV-2 Variant Classifications and Definitions* (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html) and *About Variants of the Virus that Causes COVID-19* (https://www.cdc.gov/coronavirus/2019ncov/transmission/variant.html) pages for additional information.

[e] https://www.doh.wa.gov/Emergencies/COVID19/Variants

[f] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/420-316-SequencingAndVariantsReport.pdf

restrictions across the United States could lead to a fourth wave (i.e., spike) in COVID-19 cases. Specifically, the B.1.1.7 variant is of particular concern for causing another surge in cases.

Preliminary studies indicate that these variants spread more easily and quickly and may be associated with a higher risk of death. There is evidence that vaccines are less effective in protecting against some variants. However, **all available vaccines** provide protection against (i.e., reduce risk of) hospitalization and death. These variants continue to be studied to understand whether they cause more severe illness and how they may change the effectiveness of current COVID-19 vaccines.[15,16] Despite these concerns, the fast-tracked pace of vaccinations and ongoing infection control measures may be balancing out the rate of infections across the country. While many people may be experiencing pandemic apathy (see section below), it is essential that vaccinated and non-vaccinated people do their best to remain vigilant with COVID-19 precautions. Should a fourth wave occur, there is high potential for the *disillusionment phase* to be once again extended.

Behavioral health concerns related to the many unknowns associated with the variants include the risks of additional anxiety, issues with excessive use of media to seek information and answers, and additional risks of depression for those already experiencing many negative outcomes related to the pandemic or a *disaster cascade*. For example, media coverage about additional variants, such as coverage on the new COVID-19 variants found in New York and California,[g] and the many unknowns associated with them may be an additional source of anxiety for some around the ongoing and constantly changing nature of the pandemic.

Pandemic Apathy

For many people, the length of time this pandemic has been impacting life has resulted in an experience where general exhaustion may be manifesting in the form of apathy about the pandemic. This seems to be characterized in a similar pattern to what is typically seen in disasters in terms of acting "out" and acting "in," but unique in terms of apathy presenting on both ends of the spectrum. (See pages 3–4 of the July forecast update[h] for more information about the concepts of acting "out" and acting "in.")

As the pandemic continues, behavioral choices about compliance and caution may be heavily influenced by impacts individuals have personally experienced, while more cautious behaviors are associated with more significant and negative experiences of the pandemic or the virus itself.[17]

Vaccine Hope, Confidence, and Patience

With vaccine distribution[i] in process throughout the state, hope associated with an end to the pandemic is stronger than it has been in several months in many communities. As an essential element of resilience, hope is a positive and powerful tool to leverage as we move through the 12th and 13th months of the pandemic.[18] While hope is essential, having patience with the vaccine distribution process (including vaccination sites, availability, and accessibility) is also extremely important for behavioral health. Although it may be difficult under the circumstances where emotional regulation skills are challenging for most people, taking a pause before

[g] https://www.cidrap.umn.edu/news-perspective/2021/02/new-covid-19-variants-found-new-york-california

[h] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19StatewideSummaryForecastofBHImpacts-July2020Update.pdf

[i] https://www.doh.wa.gov/Emergencies/COVID19/vaccine

reacting and responding can help increase patience. The Behavioral Health Tips for Getting the COVID-19 Vaccine[j] handout provides tips for staying relaxed and communicating effectively when getting the vaccine.

The need for vigilance around the maintenance of public health guidelines is crucial at this time when the combination of pandemic apathy and the hope associated with widespread vaccination programs may combine to reduce caution for some when it comes to behavioral and social choices. Recognize that the late spring and early summer months **may** present a much wider variety of opportunities for people to socialize, resume hobbies, and engage in outdoor activities, which is important to keep in mind for increasing a sense of hope.

Vaccine confidence is also a concern in some communities and groups. Efforts by medical and behavioral health providers should be focused on providing scientifically accurate, consistent, straightforward messaging for clients and patients about potential benefits and risks of the vaccine. Simple and consistent information about the vaccine development and testing process, as well as the distribution plan in our state, should be made available for patients and clients who are interested. Anxiety about potential side effects can also be alleviated by sharing accurate information on what is known to date for those who have already received the vaccine. See the Health Care Provider Discussion Guide[k] for tips on building confidence in COVID-19 mRNA vaccines. Additional information for providers can be found on DOH's Healthcare Provider Resources & Recommendations webpage.[l]

Behavioral Health Outcomes for Survivors of COVID-19

As the number of people infected with the virus continues to increase nationally, so does the number of survivors. Recently, concerning research, provider bulletins, and anecdotal accounts have documented specific behavioral health symptoms and diagnoses which seem to occur in those who have survived COVID-19.[19,20] Treatment providers and behavioral health systems should be aware of these findings, which include new instances of anxiety disorders and PTSD, as well as a new diagnosis identified as ***post-COVID-19 psychosis***.[21]

For adults over 65 years, there also seems to be a slight increase in diagnoses of dementia in the first 14 – 90 days after a COVID-19 diagnosis.[19] Research indicates that individuals who have been hospitalized for COVID-19 or developed encephalopathy (any brain disease that impacts brain function) due to their illness are more likely to experience neurological complications, a psychotic disorder, mood disorder, anxiety disorder, substance use disorder, and insomnia.[22] Although the estimated incidence is modest in the whole COVID-19 cohort (0.67%), 1.46% of hospitalized cases and 4.72% of those who had neurological symptoms related to their COVID-19 infection received a first diagnosis of dementia within six months.

Individuals with even mild cases of COVID-19 are at higher risk for depression and anxiety. This research is congruent with earlier research on COVID-19 which demonstrated evidence that survivors are at increased risk of mood and anxiety disorders and dementia in the three months following infection.[23]

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[j] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-133-BehavioralHealthTipsGettingTheVaccine.pdf

[k] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-130-ProviderMRNAVaccinesDiscussionGuide.pdf

[l] https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders

Depression and Suicide Risk

Depression is one of the most common emotional responses during the *disillusionment phase* of disaster response and recovery. Many children, teens, and young adults are experiencing significant symptoms of depression during the pandemic.[3,24] Older adults are also a group of concern due to isolation and lack of social connection.[20] First responders, healthcare professionals, and behavioral health providers are also feeling emotional impacts of the pandemic as more patients and clients need treatment, support, and preventive care.

As the risk of depression increases, so does the risk of suicide. Active suicide prevention should be promoted through sharing information on recognizing warning signs[m] 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,[n] and medications, poisons, and firearms should be stored safely. Suicides consistently account for approximately 75% of all firearm-related fatalities in Washington.[25] Storing firearms safely[o] and temporarily removing them from the home[p] 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**[q]: 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[r]
- **National Suicide Prevention Lifeline**:[s] Call 800-273-8255 (English) or 1-888-628-9454 (Español).
- **Crisis Connections**:[t] Call 866-427-4747.
- **Crisis Text Line**:[u] Text HEAL to 741741.
- **Department of Health**: Crisis lines for specific groups[v]
- **TeenLink**:[w] Call or text 866-833-6546.
- **Washington Warm Line**:[x] Call 877-500-9276.
- **Washington State COVID-19 Response**: Mental and emotional well-being webpage[y]

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

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

[o] https://www.kingcounty.gov/depts/health/violence-injury-prevention/violence-prevention/gun-violence/LOCK-IT-UP.aspx

[p] https://hiprc.org/firearm/firearm-storage-wa/

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

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

[s] https://suicidepreventionlifeline.org/

[t] https://www.crisisconnections.org/24-hour-crisis-line/

[u] https://www.crisistextline.org/

[v] https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HotlinesTextandChatResources

[w] https://www.crisisconnections.org/teen-link/

[x] https://www.crisisconnections.org/wa-warm-line/

[y] coronavirus.wa.gov/wellbeing

Unemployment

Suicide and drug overdose death rates are both highly influenced by unemployment.[21,26,27,28] For every 1% increase in the unemployment rate, there is a corresponding 1.6% increase in the suicide rate[27] and an increase of one drug overdose death per 300,000 people.[26] Additionally, a recent study from the National Bureau of Economic Research reported, "the size of the COVID-19-related unemployment to be between 2 and 5 times larger than the typical unemployment shock, depending on race [and] gender, resulting in a 3.0% increase in mortality rate and a 0.5% drop in life expectancy over the next 15 years for the overall American population. We also predict that the shock will disproportionately affect African Americans and women [in the short term] while white men might suffer large consequences [in the long term]. These figures translate in a staggering 0.89 million additional deaths [nationally] over the next 15 years."[29]

Individuals in Washington who are experiencing true unemployment (i.e., functional unemployment as previously described) are at higher risk of continuing to experience the behavioral health impacts of the *disillusionment phase*, even as we move into late spring and early summer. In Washington, approximately 1,231 people die from suicide annually, and 1,173 people die from drug overdose annually.[30] The unemployment rate in Washington was 6.0% in January 2021, 2.1 percentage points higher than January 2020.[31] Given the increase in unemployment, it is possible that the suicide rate will increase by 3.36%.

The U.S. Bureau of Labor Statistics (BLS) regularly reports unemployment data, which is based on labor market activity, working conditions, and price changes in the U.S. economy. BLS measured the unemployment rate to be 6.3% in January 2021 In reviewing another source, the Ludwig Institute for Shared Economic Prosperity (LISEP) began using a new measure to calculate what is called the True Rate of Unemployment (TRU).[32,33] This rate is defined as the percentage of the U.S. labor force that is *functionally unemployed*.[34] TRU uses data from BLS and also tracks the percentage of the U.S. labor force that does not have a full-time job (35+ hours a week) but wants one, has no job, or does not earn a living wage (which is marked at $20,000 annually before taxes). Thus, any individual that wants full-time work but can only find part-time work, as well as those working full-time but earning too little to climb above the poverty line, are considered *functionally unemployed*. Based on the inclusion of these additional factors related to unemployment, the TRU in January 2021 was 24.4% nationally. Further analysis of the data shows the disparity between Black and White Americans, with 30.2% of Black Americans functionally unemployed compared to 22.7% of White Americans.[34]

Potential for Violence and Aggression

Increases in FBI background checks for handgun sales[z] in January 2021 could indicate significantly more risk for gun violence, particularly with where we are in the disaster response and recovery cycle, as well as the current sociopolitical climate.[35,36] The U.S. Department of Homeland Security (DHS) has maintained their warning of continued violence by domestic extremists.[37,38] Most notably, handgun ownership is associated with a significantly increased and enduring risk of suicide by firearm.[39] The FBI conducted 39,695,315 background checks nationwide for gun purchases and other related services in 2020. In comparison, the FBI conducted a total of 28,369,750 background checks for gun purchases in the year 2000.[39]

[z] It is important to note that the number of firearm background checks initiated through the NICS (National Instant Criminal Background Check System) does not represent the number of firearms sold. Based on varying state laws and purchase scenarios, a one-to-one correlation cannot be made between a firearm background check and a firearm sale.

Firearm background checks in January 2021 were the third highest one-month total on record, with 4,317,804 checks, compared to 2,702,702 in January 2020, which is a 60% increase. In February 2021, 3,442,777 background checks were conducted nationally, continuing the trend of significantly increased background checks when compared to years prior to 2020, with Washington showing a greater increase than the United States as a whole. In Washington, 607,170 firearm background checks were conducted in 2019, compared to 781,471 in 2020, which is a 23% increase. More recently, 61,409 firearms background checks were conducted in Washington in February 2021, which is a 27% increase from the 48,418 conducted in February 2020 (Figure 3).[40]

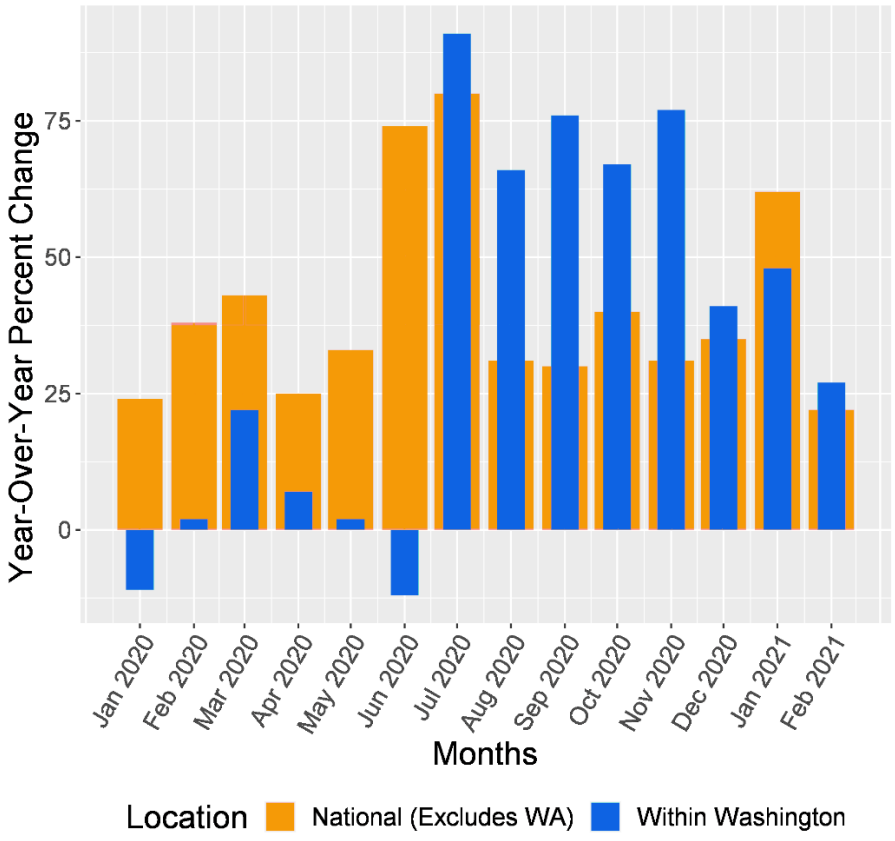

Figure 3: Percent change of NICS firearm background checks from December 2019 through February 2021. The graph compares Washington background checks with the rest of the nation.

The combination of the COVID-19 pandemic and the election season has caused a significant increase in sociopolitical discord, extremist views, and extremist behaviors, according to a DHS threat assessment.[37] With heightened emotions due to the pandemic, increased extremist behavior, and increased gun sales, it is more important than ever for people and communities to promote resilience, increase connection, be mindful of what others may be experiencing, and be intentional about practicing patience. Some ways to decrease risk[aa] are to **keep all firearms securely locked up**, prevent unauthorized access by children, and ask a friend or relative to take firearms in an emergency transfer until the crisis is addressed.[n,o,p] Some firearms dealers will take firearms and store them safely for families during a crisis.

[aa] https://saferhomescoalition.org/what-is-a-safer-home/

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.[41] Families experiencing hardship are also reporting navigating their child's disruptive or uncooperative behavior and anxiety. When children go through a hard time, such as living through a disaster, they will need extra attention and comfort from their parents. It's important to try to be patient with children who are 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.

Mental health-related visits to emergency departments for children ages 5 – 17 between April and October 2020 increased by 24% – 31%, compared with the same time period in 2019.[42] It is normal for children to be having trouble during this time. However, if there are concerns about safety, seek 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.[bb] 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. Parents and caregivers can also use the National Parent Helpline[cc] to access telephone support (1-855-427-2736) and additional resources.

Preparing for the 2021-2022 School Year

As we move into a new school term in the fall and children transition to part-time, full-time, or hybrid in-person learning across the state, families and students will likely have a spectrum of experiences. On one hand, there will be students that ease back into in-person schooling with little difficulty and will embrace in-person learning with friends and increased structure. On the other hand, there will many students that struggle with this transition, feeling anxious being away from home and caregivers and likely overwhelmed with the stimuli of being in a classroom (e.g., cross talk, students who blurt out comments, noises from other classrooms and hallways, misbehavior of other students, etc.). These overwhelmed students are at risk of falling behind quickly and will likely need increased support at home. Families can reference the previously mentioned Behavioral Health Toolbox for Families[bb] as well as the THINK Toolbox[dd] for information broken down by age group on how to support children as they make this transition.

It should be noted that between the 2019-2020 and 2020-2021 school terms, approximately 46,778 students are no longer in schools (2019-2020 total students = 1,141,108, 2020-2021 total students = 1,094,330).[43] This means that there are almost 47,000 students in Washington at risk for not being publicly educated in the 2021-2022 school term, and there are significant behavioral, social, and emotional consequences for children who are unable to attend school in

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

[cc] https://www.nationalparenthelpline.org/

[dd] Teaching with Healthcare Informed Neurological Strategies for Kids (THINK) Toolbox: This resource will be available soon and includes tips on how to navigate some of the emotional responses that teachers, parents, coaches, caregivers, and students may experience as they return to school during the COVID-19 pandemic. Check the Behavioral Health Resources & Recommendations webpage[b] for its availability.

some regard. Behavioral health consequences for students of all ages who have been impacted in this way may include higher risks of depression, aggressive or risk-taking behaviors, anxiety, substance use, and suicidal thinking or behavior.[41,42]

Suicidal Ideation and Attempts in Youth

We are continuing to monitor rates of ED visits for psychological distress, suicidal ideation, and suicide attempts for children, teens, and young adults. The convergence of factors that may be uniquely affecting the psychological health of these groups in the later months of 2020 into the early months of 2021 is **very concerning**. Several factors, including the current *disillusionment phase* of disaster, the extreme difficulty with access to behavioral healthcare and resources, and the unique challenges faced by young people this year, will likely contribute to an increase in distress. A recent emergency proclamation[ee] by Governor Inslee states that "hospitals and health professionals who specialize in the treatment of children indicate that many of Washington's children and youth are experiencing a significant mental and behavioral health crisis as a result of the ongoing pandemic," and "the children and adolescents presenting in mental health crises to hospitals or emergency rooms are the most severe cases and represent just a small portion of the entire population of youth in Washington who are suffering from increased mental and behavioral health needs, educational setbacks, and developmental concerns."

We strongly recommend continual monitoring and supporting of adolescents and youth. For parents and caregivers, this can include checking in and asking youth and teens about thoughts of self-harm or suicide. Asking about suicide does **not** increase risk and, in fact, increases safety and often helps lead to timely intervention. For medical and behavioral health providers, this includes screening for suicidal ideation and behaviors, and regularly checking in about access to means, such as substances or firearms, for inflicting self-harm of any kind.

Child Abuse

Child abuse and domestic violence often increase significantly in post-disaster settings, such as the COVID-19 pandemic.[44,45,46,47] Traumatic brain injuries (TBIs) among very young children are the most commonly studied and among the most concerning form of injury due to child abuse after a disaster.[48] The national rate of ED visits related to child abuse and neglect resulting in hospitalization has increased among children across all ages, compared to 2019.[49] While we don't have clear evidence of increasing numbers of child abuse-related ED visits in Washington yet, we are very concerned and want to make sure families have the support they need during these challenging times.[50]

Due to school closures and social distancing measures, more children and youth are online and unsupervised than usual. Predators that are sexually interested in children are using this opportunity to entice children to produce sexually explicit material (i.e., online enticement).[51] National rates of online enticement of children have increased 97.5% in 2020, from 19,174 reports in 2019 to 37,872 in 2020.[44]

Additionally, as child traffickers have adjusted to the reluctance of buyers to meet in person to engage in commercial sex, some traffickers are now offering virtual subscription-based services in which buyers pay to access online images and videos of the child being sexually abused.

[ee] https://www.governor.wa.gov/sites/default/files/proclamations/21-05_Children%27s_Mental_Health_Crisis_%28tmp%29.pdf

There has been a 28% increase in National CyberTipline reports (i.e., reports of distribution of child pornography and child sexual abuse material) in 2020 when compared to 2019 (16,987,316 reports in 2019 versus 21,751,085 in 2020).[52] This marks the highest number of CyberTips ever received in one year. The 21.7 million reports of child sexual exploitation made to the CyberTip line included 65.4 million images, videos, and other suspected 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 and have increased 18% in 2021.[ff]

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.

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 (that is atypical for an active child of that developmental age). Recognize that children can have bruises for many reasons (e.g., rough playing, climbing).
- 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[gg] for more information.

It is important to recognize the challenges parents and caregivers are experiencing during this unprecedented time. Many parents and caregivers have the responsibility of balancing their work schedule with their child's distance learning and limited childcare options, or they may be

[ff] CyberTip Reports (personal communication, March 8, 2021)

[gg] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-113-COVID19RecognizingReportingChildAbuse.pdf

experiencing job loss and financial instability. The Washington State Resource Guide for Parents and Caregivers: Caring for Your Family During COVID-19[hh] (available in multiple languages) is another resource to help strengthen the resilience of parents and families. Refer families in need of assistance to community supports, which can be found through state resources, such as Help Me Grow Washington,[ii] Washington 2-1-1, and Washington Listens.[q]

Key Things to Know

- Medical and specialty providers,[jj] organizations, and facilities should continue developing resources and staffing to address behavioral health impacts of the pandemic that are likely to increase significantly, particularly under circumstances where a disaster cascade may occur. Support strategies need to be tailored based on the current phase of the incident and the target population.
- The risk of suicide will likely continue to be high throughout the first two quarters of 2021. Data suggest that young adults (ages 18 – 29) and older adults (60+) are particularly vulnerable.[11] We encourage healthcare providers to routinely screen and ask their patients about suicidal thoughts or plans. The National Institute of Mental Health's Ask Suicide-Screening Questions (ASQ) Screening Tool[kk] can be used for patients ages 10 – 24.
- It is anticipated that rates of depression and anxiety in the general population during this pandemic are likely to be much higher than is typical after a natural disaster where there is a single impact point in time. Clinically significant symptoms of anxiety or depression are likely to occur in 30% – 60% of the general population (equivalent to 2.25 million – 4.5 million people in Washington) due to the chronic and ongoing social and economic disruption in people's lives as a result of the COVID-19 pandemic.[48]
    - Weekly survey data suggest that approximately 1.7 million Washington adults are experiencing symptoms of anxiety on at least most days, and just over 1 million are experiencing symptoms of depression on at least most days (Figure 4).[12]

[hh] https://dcyf.wa.gov/publications-library?combine_1=fs_0039&combine=&field_program_topic_value=All&field_languages_available_value=All

[ii] https://helpmegrowwa.org/

[jj] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19BehavioralHealthGroupImpactReferenceGuide.pdf#page=8

[kk] https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit_155867.pdf

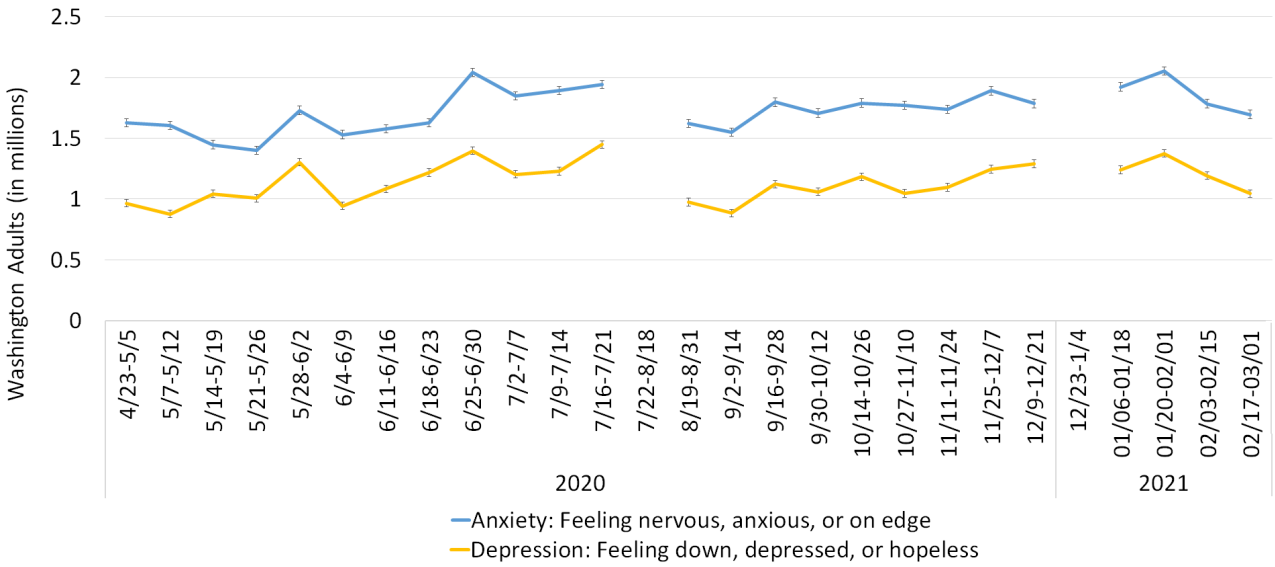

Figure 4: Estimated Washington adults experiencing symptoms of anxiety and depression at least most days, by week: April 23, 2020–March 1, 2021 (Source: U.S. Census Bureau).
Note: Census data is unavailable for the periods of July 22, 2020 – August 18, 2020 and December 21, 2020–January 6, 2021.

- Survey data[12] collected by the U.S. Census Bureau for August 19, 2020 – March 1, 2021 show the number of adults in Washington who received medical care and counseling, as well as the number who delayed or did not receive care (Figure 5). Among those who reported needing counseling or therapy and not receiving it, approximately 34% were ages 18 – 39. Note that survey respondents were not asked why they were unable to receive behavioral healthcare.
- 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.[b] 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.
- An eventual return to pre-pandemic baseline levels of functioning in 2021 is anticipated for many people.

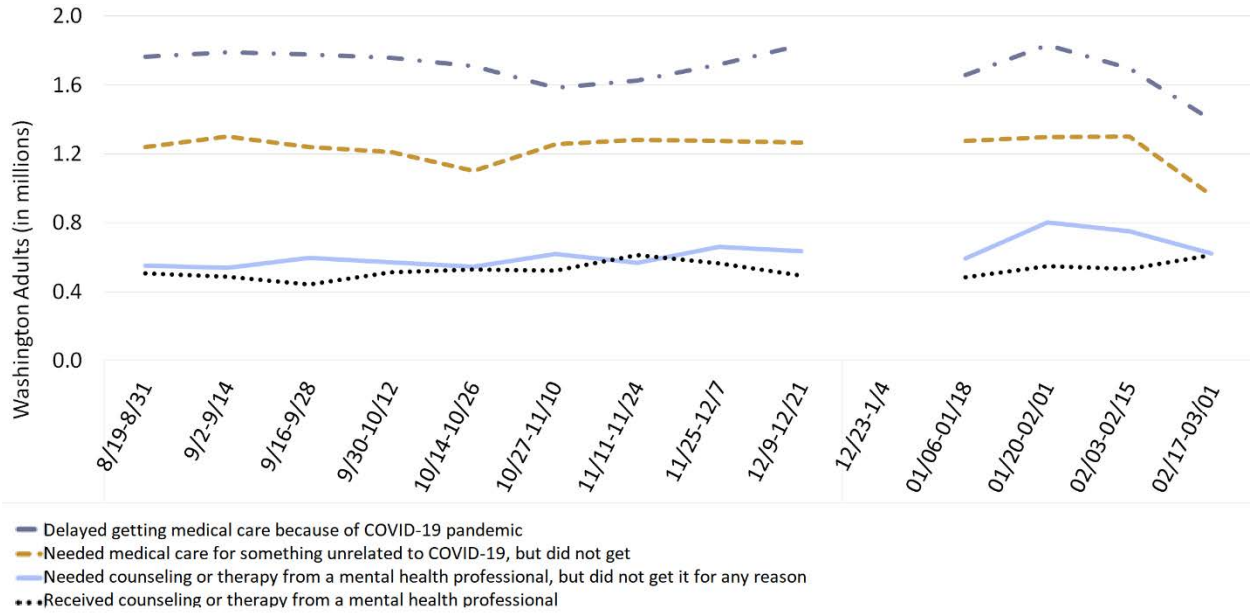

Figure 5: Estimated Washington adults who received or delayed medical care or counseling, by week: August 19, 2020 - March 1, 2021 (Source: U.S. Census Bureau).
Note: The U.S. Census Bureau began this data collection in August 2020 and paused briefly for the period of December 23, 2020 – January 3, 2021.

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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