SECOND QUARTER 2022 – June 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.
- Issues related to violence, safety, and risk taking are at the forefront of people's minds right now. Mass shootings and gun violence are at an all-time high as we enter the summer months of 2022.[1] Working together to understand and reduce risks related to impulsive, aggressive, and potentially violent behaviors is essential. For young people, making good choices when it comes to safety in the context of both having fun and expressing distress will need to be prioritized as we move forward to recover from the stressors of the past two years.
- At the end of what has been an exceptionally challenging academic year, there should be focus on facilitating interpersonal connections for children, youth, and young adults over the summer months. While school is out, there may be fewer opportunities for youth to participate in peer-related extracurriculars and sports. Reestablishing and maintaining social connections are an essential part of resilience for these demographic groups.
- COVID-19 vaccine availability for children under 5 is imminent. Parents and caregivers will need to consider pediatric

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recommendations and all available data in making the decisions needed for their children.

- 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. **Aggression, violence, and risk-taking behaviors – the role of mental health in decision making and safety.**
    2. **End of the academic year for children, adolescents & youth – continuing to support youth throughout the summer with connection, community, and participation.**
    3. **Upcoming vaccine access for children under 5 – decision-making and social implications.**

Areas of Focus for Second Quarter 2022

General Trends

Long-term outcomes for large-scale disasters typically are characterized by resilience. There are groups and individuals, however, who experience cascade effects, including increased behavioral health symptoms and substance use, chronic dysfunction, and other problematic long-term effects.

1. Aggression, violence, and risk-taking behaviors – the role of mental health in decision making, safety, and community.

Mental illness has a complex and often misunderstood relationship with violence and aggression. For those who struggle with serious mental illness, such as schizophrenia or bipolar disorder, there is often the illusion of a causal relationship between violence and the symptoms they may be experiencing. To clarify some considerations related to these issues, please consider the following:

a. Mental illness can be one of many risk factors related to violence, **but is not causal to it** (i.e., mental illness does not *cause* violence). Substance use often moderates (i.e., influences the conditions for) the relationship between mental illness and violence.[2]
b. People with serious mental illness (MMI or SMI) such as schizophrenia, bipolar type I or II, as well as PTSD in the context of intimate partner violence, are more likely to have violence perpetrated *toward them*, rather than to be the *perpetrator* of violence.[3,4]
c. Most people with mental health diagnoses are not violent.
d. Active shooters should not be thought of as representative of those with mental illness.

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"[a] tip sheet for more information about how to reduce risks for teens and young adults during the late spring and summer months, as well as the guidance document for parents and caregivers about things to keep in mind for facilitating a "Safe Summer"[b] for children, teens, and young adults.

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 past 25 months, more children and youth were online and unsupervised than usual. Predators sexually interested in children used this opportunity to entice them to produce sexually explicit material (i.e., online enticement).[5] 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 CybertTips (from 736 in 2021 to 1652 in 2022) and a 70% increase in April CybertTips (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 have led to increasing numbers of youth "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.[6]

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

[a] https://doh.wa.gov/sites/default/files/2022-04/611-026-SummerSAFETipsheetForTeen%26amp%3BYoungAdult.pdf?uid=6269a329ad45f

[b] https://doh.wa.gov/sites/default/files/2022-06/821184-SAFESummerTipSheetForParentsCaregivers.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/

fatalities in Washington.[e] Storing firearms safely and temporarily removing them from the home of an at-risk person during a crisis can save lives.

2. End of academic year for children, adolescents, and youth – supporting ongoing social connections and peer engagement over the summer months.

As the 2021 – 2022 school year comes to an end, it will be more important than ever for parents, caregivers, and mentors to reach out and check in with children, teens, and young adults throughout the summer months. Establishing and maintaining social connections, peer relationships, and involvement in social activities are key supports for children and youth in the context of their recovery from the pandemic. Without regular access to peers and people who are checking in with them about their behavioral health, it is possible that some children and adolescents, as well as older youth may experience significant isolation, and a decline in their mental health and well-being. Children, adolescents and youth can strongly benefit from each of the following in their recovery from the pandemic:

a. **Trust**: Honest answers and explanations
b. **Routine, safety, and stability**: Consistency, plans, and predictable patterns
c. **Control and a sense of future:** Forward thinking goals and planning

While the end of the academic year comes with new opportunities for summer fun, the lack of structure and predictable routine may be hard for some children and adolescents.

Parents and caregivers should have honest conversations with their children and adolescents in the wake of highly visible and upsetting events such as school shootings. The conversations should involve more listening than speaking, attempting to determine how much the child or teen knows about the event, what is their understanding of the situation, and any emotions that may be undiscussed. When providing information, parents should keep it simple, honest, and at a level that is appropriate for the child's or teen's developmental level. Parents should also monitor their children's and teen's access to media and help them avoid watching endless news and videos of events. Parents should also follow that advice and avoid too much internet scrolling and watching media that sensationalizes events. Resources for parents to help their children can be found here.[f]

3. Vaccine access for children under 5

According to the CDC, seroprevalence after infection with COVID for children under 11 is high. In February 2022 the rate for children ages 0 – 11 was 72.5%. This rate is likely to have risen over the previous months as COVID infection rates increased due to more contagious sub-variants of Omicron. This may create resistance from parents to immediately vaccinate children who have already been infected, and call into question the timing of a vaccination from the time of infection. This guidance should be coming from the CDC, State Health Departments, and Public Health Officers. Parents should also discuss any concerns with their child's primary care provider.[7]

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e. 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

f. https://www.nctsn.org/resources/parent-guidelines-helping-youth-after-recent-shooting

Other Considerations

Many families with infants too young to be vaccinated or with children 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 on vaccines have resumed extracurricular activities, such as sports, playdates, religious services, camps, and travel, families with unvaccinated infants and children may continue feeling isolated, worried for their health and safety, and concerned about developmental impacts (i.e., delays) due to lack of developmentally-enriching activities.

Behavioral health symptoms will continue to present in phases.[g,h] 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[i] 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.[j,k]

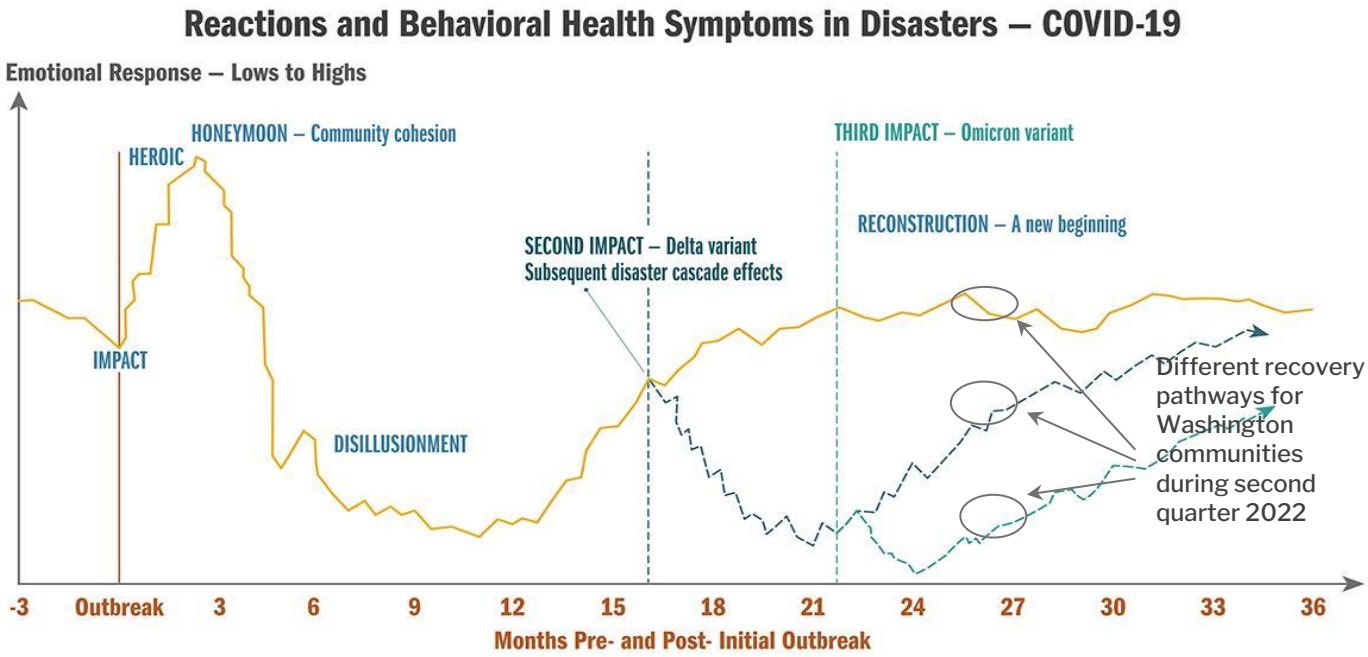

Figure 1: Phases of reactions and behavioral health symptoms in disasters. *The dotted graph line represents the response and recovery pattern that may occur if the full force of a disaster cascade is*

g. 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

h. 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

i https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources

j. 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

k. 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

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).[l]

Additional Resources

- Anyone concerned about depression or other behavioral health symptoms should talk with their **healthcare provider**.
- **Washington Listens**[m]: 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**[n]
- **National Suicide Prevention Lifeline**:[o] Call 800-273-8255 (English) or 1-888-628-9454 (Español).
- **Crisis Connections**:[p] Call 866-427-4747.
- **Crisis Text Line**:[q] Text HEAL to 741741.
- **Department of Health**: **Crisis lines for specific groups**[r]
- **TeenLink**:[s] Call or text 866-833-6546
- **A Mindful State**[t]: **https://amindfulstate.org/**
- **Washington Warm Line**:[u] Call 877-500-9276
- **Washington State COVID-19 Response**: **Mental and emotional well-being webpage**[v]

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[l]. 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

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

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

[o] https://suicidepreventionlifeline.org/

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

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

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

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

[t] https://amindfulstate.org/

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

[v] coronavirus.wa.gov/wellbeing

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