

FIRST QUARTER 2022 – February 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 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 the latest data and findings specific to this pandemic. Updates will be made monthly to reflect changes in baseline data.
- As we approach the third year of the global pandemic, long-term behavioral health outcomes associated with a large-scale disaster of this duration, scope, and complexity are beginning to diverge. Adaptability and resilience will be the most-likely outcome for many, but for others 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 there may be 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 run.^{1,2}
- There are three behavioral health areas of focus for 2022:

1. **Anniversary Reactions/Pandemic Apathy and Fatigue related to the start of the third year of the pandemic.** Seasonal, economic, social, and other annual reminders and memories associated with the beginning of the pandemic, as well as ongoing acute stressors may be anxiety-provoking or distressing for some.

Sheer exhaustion with the complexity and duration of this experience may also contribute to emotion dysregulation and increases in hostility or aggression. Families with young children and parents supporting adolescents and youth may be under considerable and disproportionate strain as well.



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2. **Children, youth, and young adults.** Behavioral health concerns for children, youth, and young adults may increase as seasonal challenges overlap with pandemic related issues.
3. **Collective grief and loss.** The mental and emotional transition into long-term recovery and reconnecting with various aspects of life that are fulfilling and meaningful will necessitate an acknowledgement of and processing through significant and varied losses that have been widely experienced in the last two years.

Areas of Focus for First Quarter 2022

Anniversary Reactions/Pandemic Apathy & Fatigue

Consistent with previous literature on disaster response and recovery cycles, anniversaries after the initial impact of a disaster are typically a significant event for many in the affected population.³ As the two-year anniversary of the initial COVID-19 “Stay Home, Stay Healthy” order⁴ approaches for residents of Washington, behavioral health related responses to this date will be widespread and vary drastically.

Particular areas of concern include:

- Despair or hopelessness that the pandemic has continued this long and that we are “still in it”.
- Apathy or anger about ongoing restrictions and public health guidelines related to prevention measures.
- Significant bereavement, grief, and loss reactions about what has been lost or changed economically, socially, and personally.

Expressions of distress during this time will vary dramatically and may be very intense or almost non-existent. Consistent with other types of disasters or critical incidents, the anniversary of the impact of an event can go unnoticed by some and is a main focus of attention or distress for others.^{5,6}

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 and a sense of overwhelming fatigue. 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 and fatigue presenting on both ends of the spectrum. Please see previous monthly forecasts for more details about acting “out” and acting “in” behaviors.

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

The stressors on an already overwhelmed and exhausted health care workforce have created a breaking point for many.

For health care workers, those in public health services, and educators, the need for the establishment and maintenance of clear boundaries around work and home time to promote resilience and reduce burnout is essential. Burnout is a concern across agencies and work functions for many,^{7,8,9,10} and this may be even more so for women and people of color.¹¹ Staffing shortages nationwide have contributed to additional job stress. The politicized nature of the way the pandemic has evolved has also contributed to adverse mental health experiences for many responders.

As the pandemic continues, behavioral choices about compliance and caution may be heavily influenced by personal, primary impacts (illness and hospitalization, or the loss of a loved one from the virus), with more cautious behaviors being associated with more significant and negative experiences of the pandemic or the virus itself. However, the longer the pandemic continues and is conceptualized and managed as an ongoing disaster or threat, the more complacent many may become in following safety guidelines and recommendations for non-pharmaceutical interventions.¹²

Children, Youth, and Young Adults

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

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.^{13,14,15} It is typical for behavioral health symptoms to increase in youth at this time of year, when the longer holidays are behind, and the academic demands tend to increase. Suicide attempts and rates also typically rise in spring¹⁶ which also coincides with the anniversary of the start of the COVID-19 pandemic, and the recognition that it is not yet "over".

Parents may face needing to balance in-home instruction, or childcare, under quarantine conditions with work requirements once again. There are fears related to increases in pediatric illness and case numbers. Children have been experiencing more months of an atypical academic environment and isolation from peers due to quarantines and rapid community transmission of the omicron variant. Roll-out in Washington State of vaccines for children 5 and older may provide a very welcome psychological boost and a sense of hope or relief for many parents, caregivers, and families. Other families may experience this development with concern as it may create barriers to access in-person instruction for their children or keep them from participating in sports and other activities which create opportunities for socialization. **The increased divisiveness and rancor around COVID-19 vaccinations in general may also be exacerbated by vaccine requirements for children and youth, leading to the potential for more aggressive response behaviors on both sides of the argument.**

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 last 18 months. Some children 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 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 Teens During the COVID-19^a](#) and the [COVID-19 Back-to-Classroom THINK Toolbox: Teaching with Healthcare Informed Neurological Strategies for Kids^b](#)

Depression and Suicide

Depression is a common response throughout the disaster recovery cycle. Many children, teens, and young adults are experiencing significant symptoms of depression during the pandemic.¹⁷ In Washington, trends indicate that emergency department visits for suicidal ideation, attempts, and psychological distress may be 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 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^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 fatalities in Washington.¹⁸ [Storing firearms safely](#) and [temporarily removing them from the home](#) of an at-risk person during a crisis can save lives.

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

^b <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-148-BackToClassroomToolbox.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/>

Additional Resources

- Anyone concerned about depression or other behavioral health symptoms should talk with their **healthcare provider**.
- [Washington Listens](https://www.walistens.org/)^e: 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)**^f
- [National Suicide Prevention Lifeline](https://suicidepreventionlifeline.org/):^g Call 800-273-8255 (English) or 1-888-628-9454 (Español).
- [Crisis Connections](https://www.crisisconnections.org/24-hour-crisis-line/):^h Call 866-427-4747.
- [Crisis Text Line](https://www.crisistextline.org/):ⁱ Text HEAL to 741741.
- **Department of Health: [Crisis lines for specific groups](https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HotlinesTextandChatResources)**^j
- [TeenLink](https://www.crisisconnections.org/teen-link/):^k Call or text 866-833-6546
- **A Mindful State**^l: <https://amindfulstate.org/>
- [Washington Warm Line](https://www.crisisconnections.org/wa-warm-line/):^m Call 877-500-9276
- **Washington State COVID-19 Response: [Mental and emotional well-being webpage](https://coronavirus.wa.gov/wellbeing)**ⁿ

Collective Grief and Loss

Collective social, economic, personal, and health losses have been mounting for the last two years of the pandemic. The chronic stressors of dealing with the worldwide impact of COVID-19 on all organizations and institutions has led to constantly having to live with uncertainty and disruption. For most individuals, this has made it difficult to settle into anything resembling a state of routine or normalcy. Having to constantly shift behaviors related to the pandemic, assess risk, and manage impact on activities of daily living, has not allowed for time to reflect on the losses that this disaster has created. Individuals who experienced the deaths of family and friends due to COVID-19 may have been denied the comfort of familiar rites and rituals which help with grief, and may have had to grieve without the support of gathering with others.

Losses during COVID-19 have also not just been deaths, but the loss of other life markers such as gathering for birthdays, holidays, weddings, graduations, and many other significant life events. Living with uncertainty and disruption has not allowed many to fully process these losses and to grieve for them. Rather, there has been the necessity to continue to try to function. All these factors can contribute to complex or traumatic grief in which the processing and experience of loss is interfered with to the extent that it can create risk of prolonged and maladaptive grief and associated behavioral health impacts. Processing through these losses will be an important part of our ability to move through this experience and align with resilience and more positive outcome trajectories.

^e <https://www.walistens.org/>

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

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

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

ⁱ <https://www.crisistextline.org/>

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

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

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

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

ⁿ coronavirus.wa.gov/wellbeing

Other Considerations

Behavioral health symptoms will continue to present in phases.^{19,20} 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 DOH, which are available on the [Behavioral Health Resources & Recommendations webpage](#)^o 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.^{21,22}

Reactions and Behavioral Health Symptoms in Disasters – COVID-19

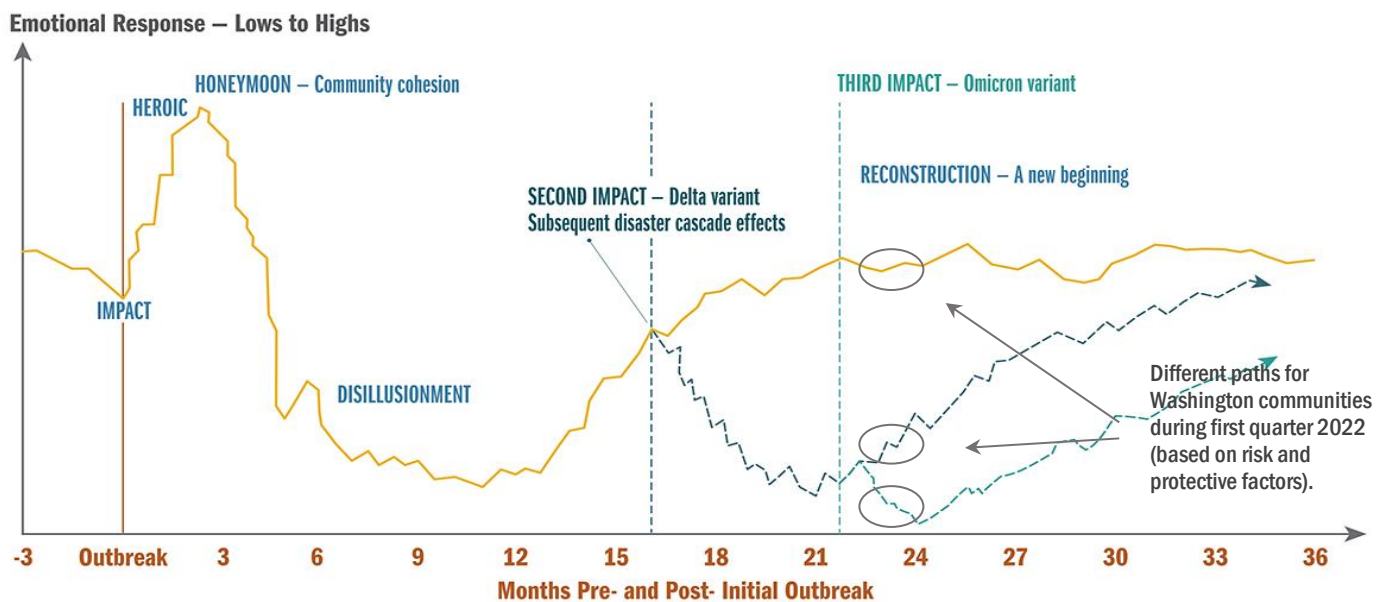


Figure 1: Phases of reactions and behavioral health symptoms in disasters. The dotted graph line represents the response and recovery pattern that may occur if the full force of a disaster cascade is experienced by a majority of the population (i.e., the disaster cascade pathway). Protective factors 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).²³

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^o <https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources>

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