

## BEHAVIORAL HEALTH IMPACTS OF COVID-19



# **Trends, Workforce Impacts, & Resources**

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**Behavioral Health Strike Team**

# Agenda

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**Defining  
key terms**



**What to expect from a  
behavioral health  
standpoint over the  
next few months**



**Understanding  
impacts to you and  
your teams**



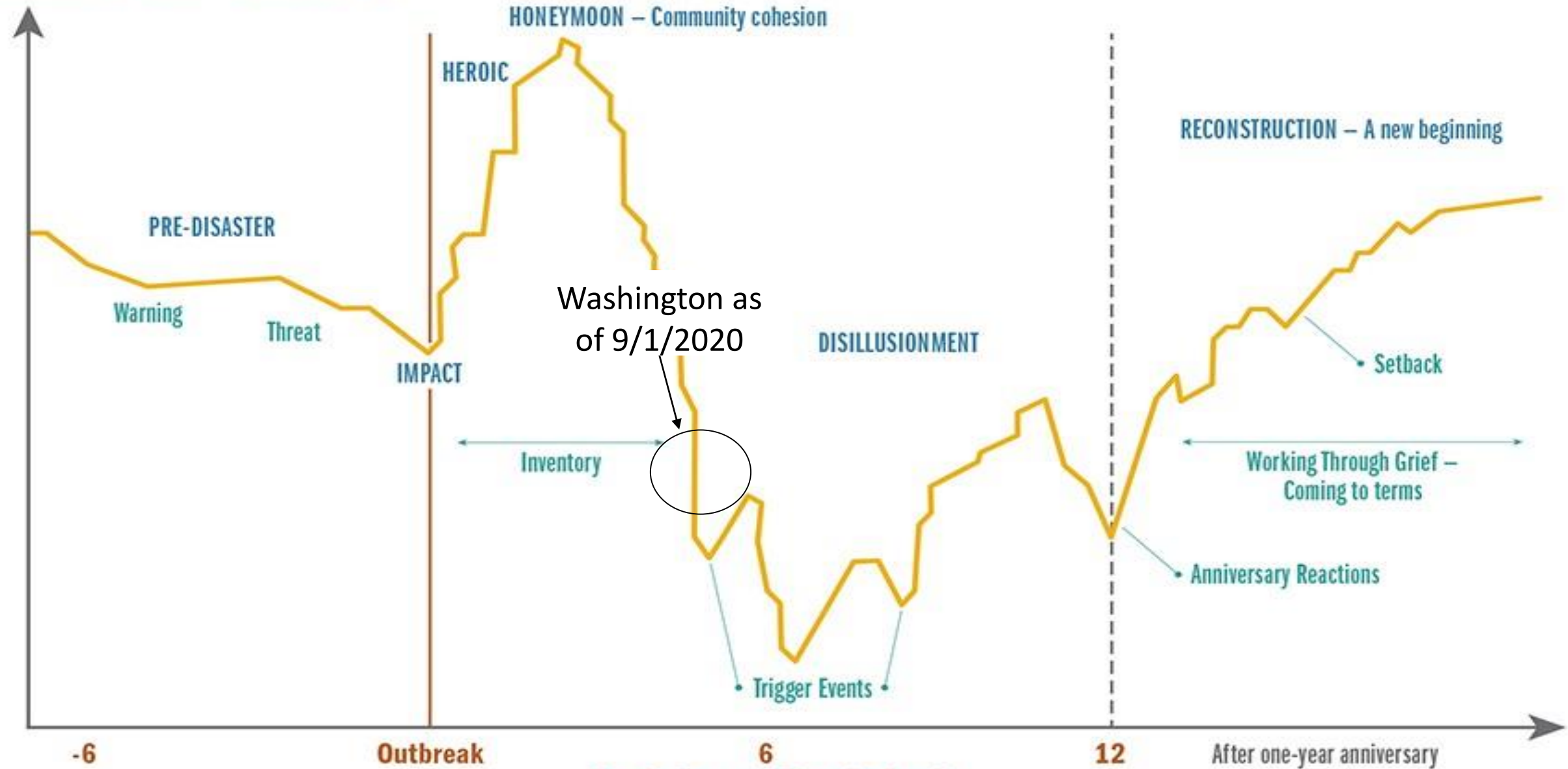
**Developing healthy  
teams and resilience  
in the workplace**

# Definitions

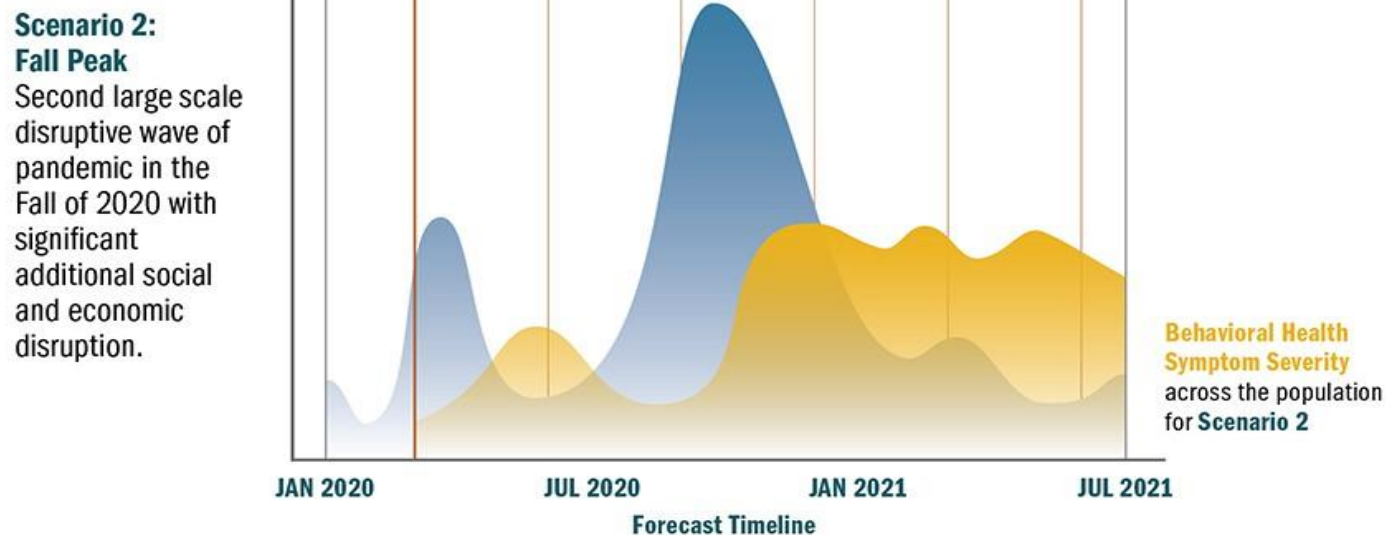
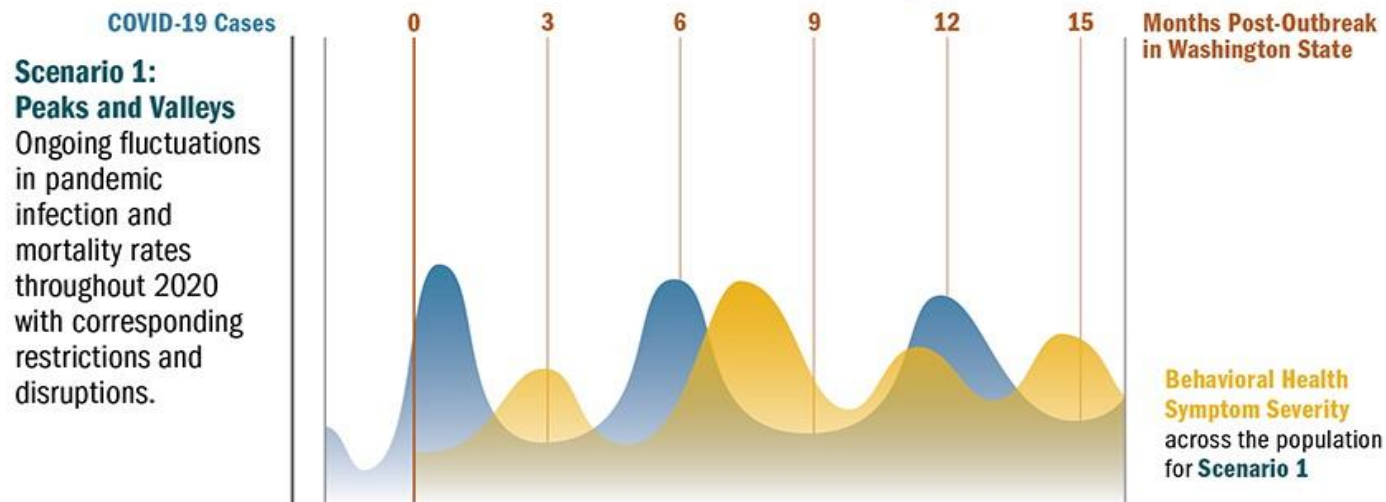
- **Burnout:** Exhaustion of body, mind, and motivation due to exposure to prolonged and unresolved work stress or frustration. Burnout is often a consequence of perceived disparity between the demands of the job and the resources that an employee has available to them.
- **Compassion fatigue:** Emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, also described as secondary traumatic stress.
- **Resilience:** The process – involving behaviors, thoughts, and actions – of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Can be developed by focusing on connection, purpose, and flexibility /adaptability.
- **Resilience factors:** Conditions that help a person survive during and recover from a crisis or trauma- usually internal strengths and external resources.

# Reactions and Behavioral Health Symptoms in Disasters

Emotional Response – Lows to Highs



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



# Key Things to Know

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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

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**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

## Challenging conditions still to come in Q4 2020

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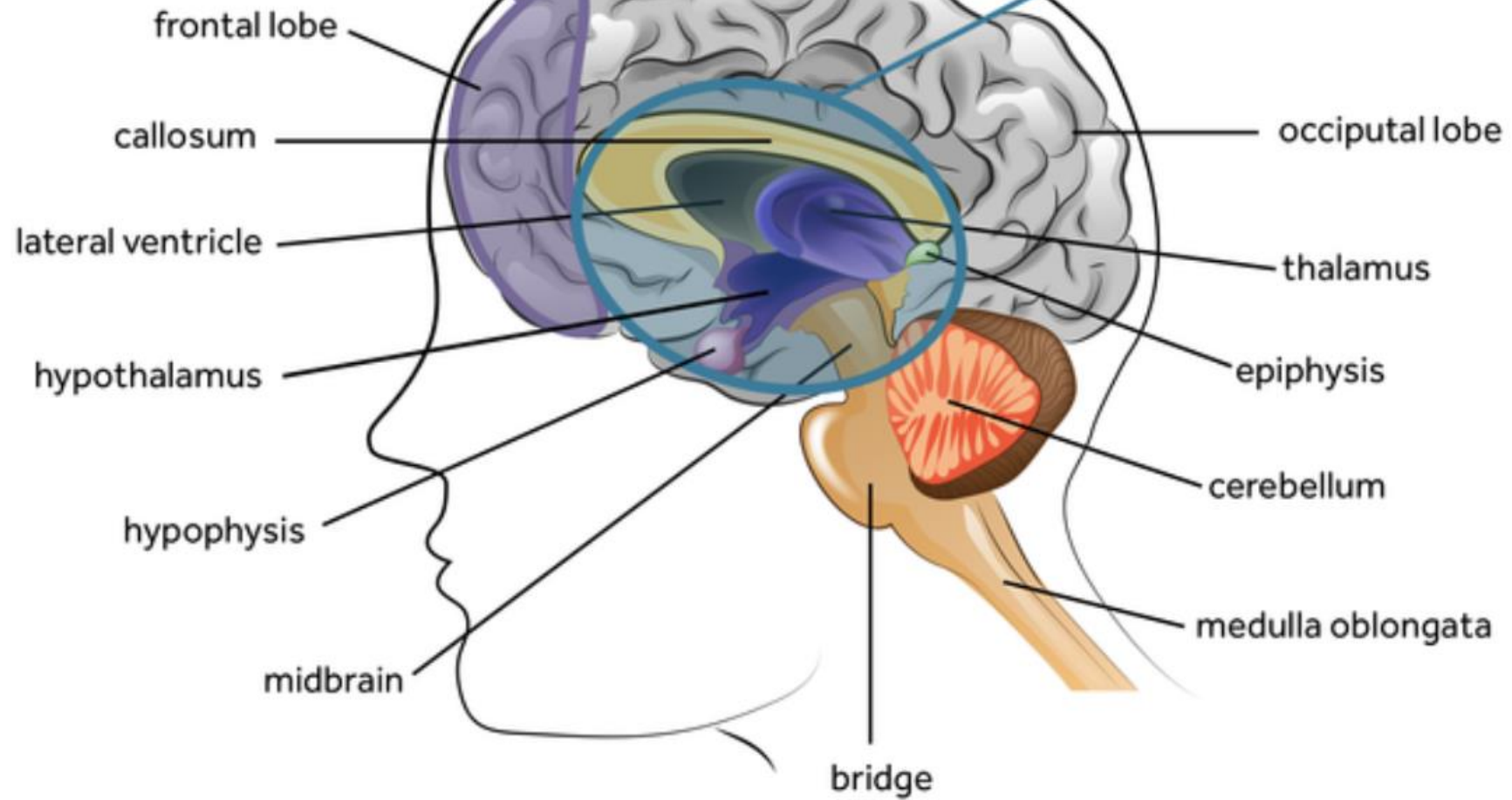
1. Peak of “Disillusionment” phase of disaster, when behavioral health symptoms are likely going to be at their worst collectively for all.
2. Need for professional and community supports reach highest levels.
3. Social and political division and discontent.
4. Seasonal affective conditions apply (weather / hours of darkness)
5. Lack of financial resources for many combined with pressure for holiday spending.
6. Concerns about a second, potentially larger wave of infections.



## PREFRONTAL CORTEX

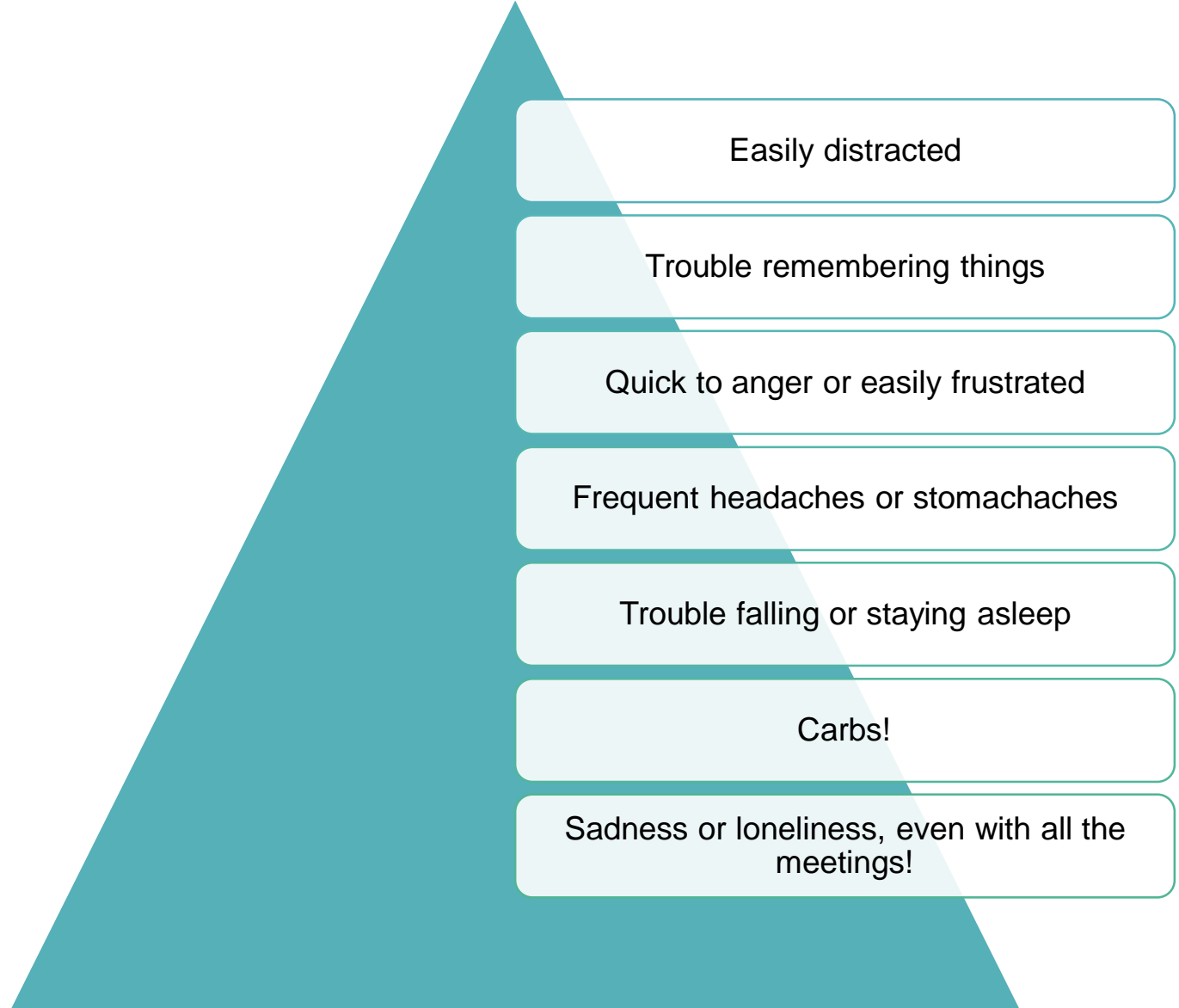
parietal lobe

## LIMBIC SYSTEM



# Common experiences during transition from Honeymoon to Disillusionment phase

Information that normalizes the shared experience helps people develop resilience.



# MUPS: Medically Unexplained Physical Symptoms

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1. Reported in 5-35% of general medical patients
  - a. e.g. headache, abdominal pain, fatigue
  
2. In disaster survivors
  - a. 30-80% report MUPS at 4 months post-event
  - b. 10-40% report some MUPS at 6 years post-event

# Stressed brains in the workplace

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1. Potential for more emotional responding (anger, fear, frustration), less higher-level thinking capacity.
2. When people don't (or aren't able) to process the emotional rewards from their work, burnout is likely.
3. Other workplace factors that contribute to burnout include:
  - a. Work where there may be few "compassion rewards" (it feels regularly more challenging or draining than rewarding).
  - b. Too few resources and too much personal demand to meet perceived needs or asks.

# Early findings for COVID-19 Medical Providers

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Overall, 50.4%, 44.6%, 34.0%, and 71.5% of all participants reported of depression, anxiety, insomnia, and distress, symptoms respectively

✓ **More than 70% reported psychological distress.**

Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Netw Open. 2020;3(3):e203976.

# Consider Responder Families

1. Children whose parents are exposed to critical events are an “at risk” population \*
2. Planning for responders means planning for the families and their school age children in particular
3. Children of frontline healthcare workers may be at higher risk for emotional impact, due to the emotional impact on their parents

\*Hoven CW, Duarte CS, Wu P, et al. Parental exposure to mass violence and child mental health: the First Responder and WTC Evacuee Study. *Clin Child Fam Psychol Rev.* 2009;12(2):95-112. doi:10.1007/s10567-009-0047-2

# Impact of COVID on Children

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- 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

# COVID Impacts on Behavioral Health Providers

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



# Compassion Fatigue and Job Burnout

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Burnout can lead to many harmful consequences, including changes in the way people view themselves, their world, their meaning or purpose, and the future.

***Even the most resilient and well-balanced people can suffer emotionally and physically when they fail to take care of their own needs.***

# Opportunities for Supervisors & Managers

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1. WALK THE WALK: What is DONE is what matters, not what people are told to do.
2. Be honest and open in the communication process
  - a. If you don't know, tell your team that you don't know.
3. Active listening is something that all team members can benefit from learning and practicing.
  - a. Listen for the purpose of understanding and caring, NOT to problem solve.

# What can we do to reduce burnout generally?

- Develop Resilience: Connection, Purpose, Flexibility / Adaptability and Hope.
- Reminding yourself of things that motivate you to increase your sense of purpose, and redefine that as you need to when things change.
- Connect with people outside of work or socially within work.
- Maintaining and enhancing interpersonal boundaries: Know your limits. Say no to tasks that will take away from your work-life balance. Ask others to help when reaching limits.

# Scarce Resource Planning for Behavioral Health

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- 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
- PsySTART Triage tool for providers
- *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. (HEALTH SUPPORT TEAM)*
- Teach appropriate and evidence-based debrief strategies

# Resilience

## **Internal Strengths**

- Cooperation and Communication
- Problem Solving
- Self-Awareness
- Empathy
- Self Efficacy
- Goals and Aspirations

## **External Resources**

- What has worked well for you in the past?
- Why did that work well?
- What resources are still needed?

# Resilience Development

## PURPOSE

- What motivates you?
- What contributes to Compassion Rewards?
- What can you remind yourself of to help on a day-to-day basis.
  - Don't think too long term or big picture

## CONNECTION

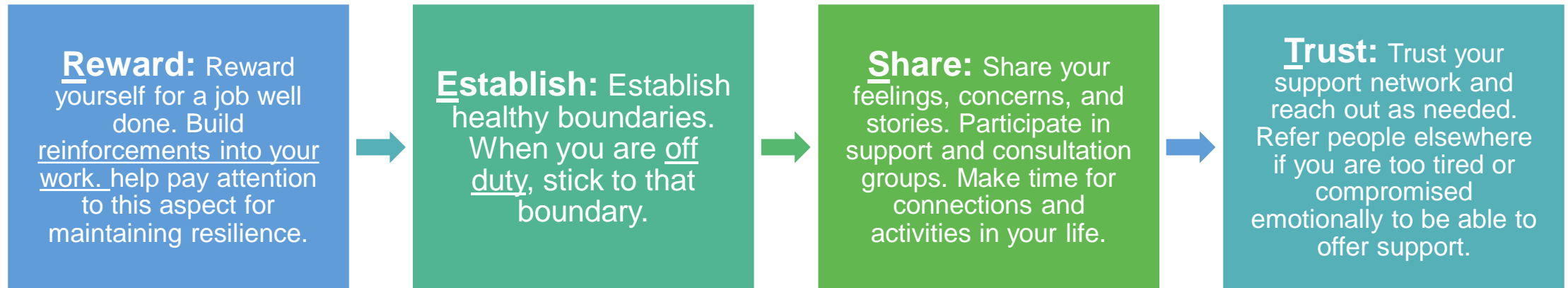
- How can you maintain existing connections with others?
- How can you develop new connections?
- Connections can be ANYTHING

## FLEXIBILTIIY / ADAPTABILITY

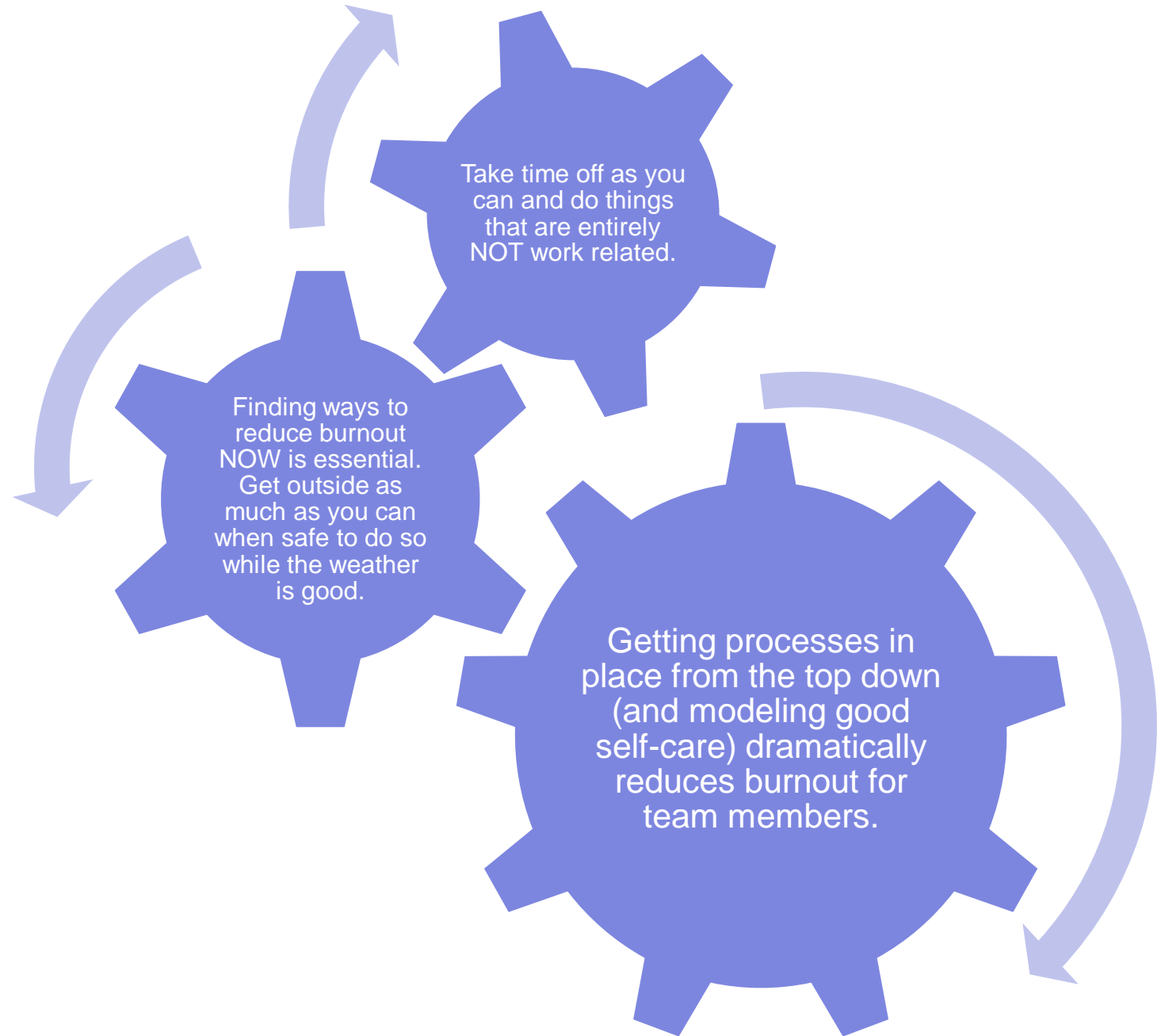
- How can you be creative in physical distancing while leveraging connection?
- How can you adjust your physical space?
- How can you adapt your schedule to give you discreet and clear breaks / boundaries?

# Practice the **REST** model

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Taking care  
of yourself  
takes care  
of the team.





# Resources – Healthcare/Behavioral Health:

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## **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:

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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

