

# BEHAVIORAL HEALTH IMPACTS OF COVID-19

Behavioral Health Subcommittee to Health & Long Term Care  
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# Presenter

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# Brief Overview: Development

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Forecasts and reports are created by:

- Combining relevant academic literature with a wide variety of data sources
- Compiled and analyzed by disaster behavioral health and data experts
  - DOH's Behavioral Health Strike Team
  - Interagency Impact & Capacity Task Force

# Brief Overview: Caveats and Further Reading

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## Caveats:

- Extrapolated based on existing research, continually informed by new research and data sources
- Highly subject to future waves, government actions, societal trends, social and economic impacts
- Will be routinely revised

## Further reading:

- Statewide Impact Forecast (updated monthly)
- Behavioral Health Situational Report (updated weekly)

# Key Things to Know

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

- Depression, anxiety, 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

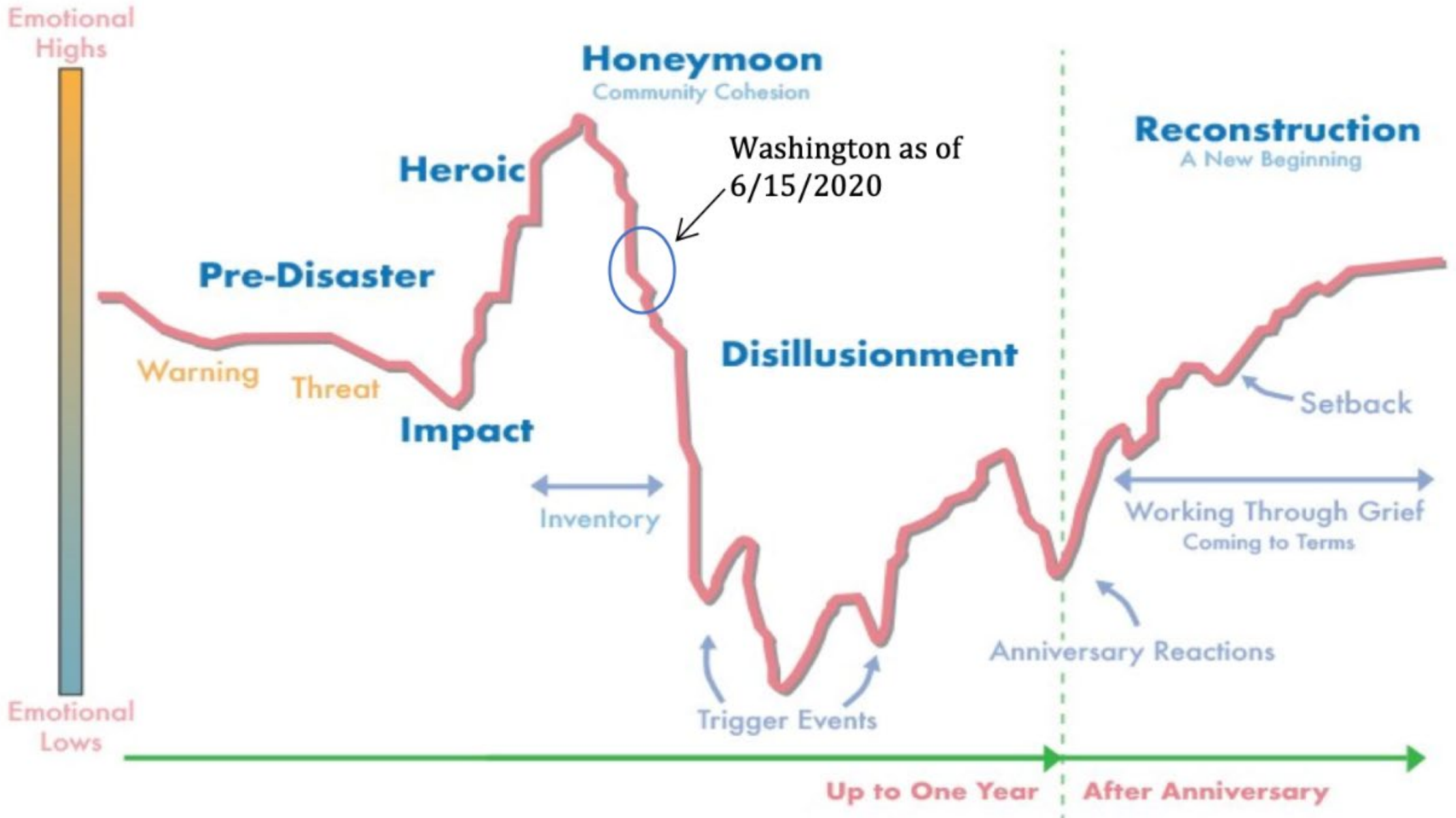
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**Domestic violence tends to increase post-disaster**, this is also true for COVID-19:

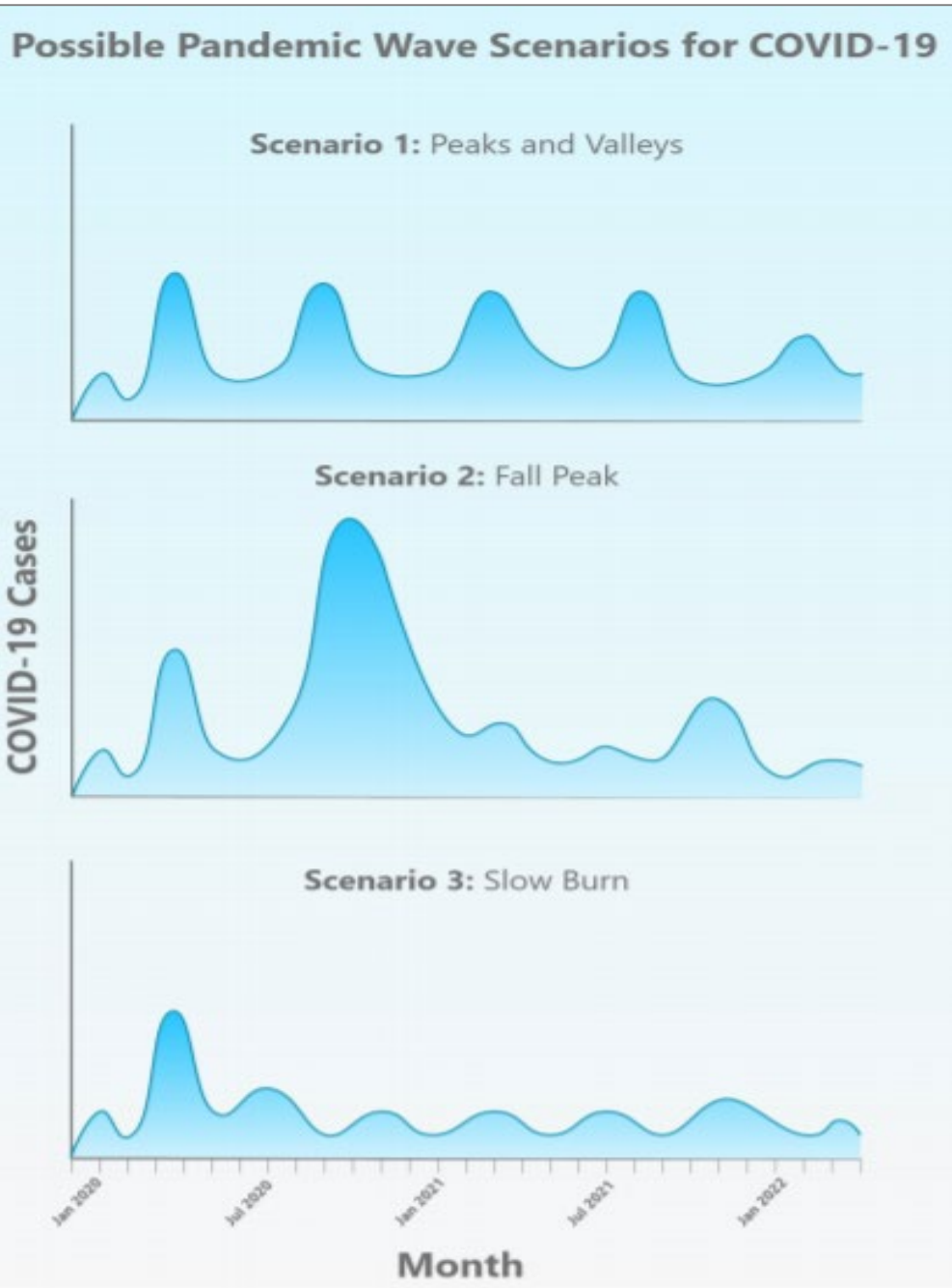
- 26% decrease in select other offenses
- 17% increase in domestic violence compared to 2019
- True number of cases is likely significantly higher

**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



Source: Reactions and Behavioral Symptoms in Disasters (SAMHSA)



## Different Waves = Different Impacts

1. Peaks & Valleys
2. Fall Peak
3. Slow Burn

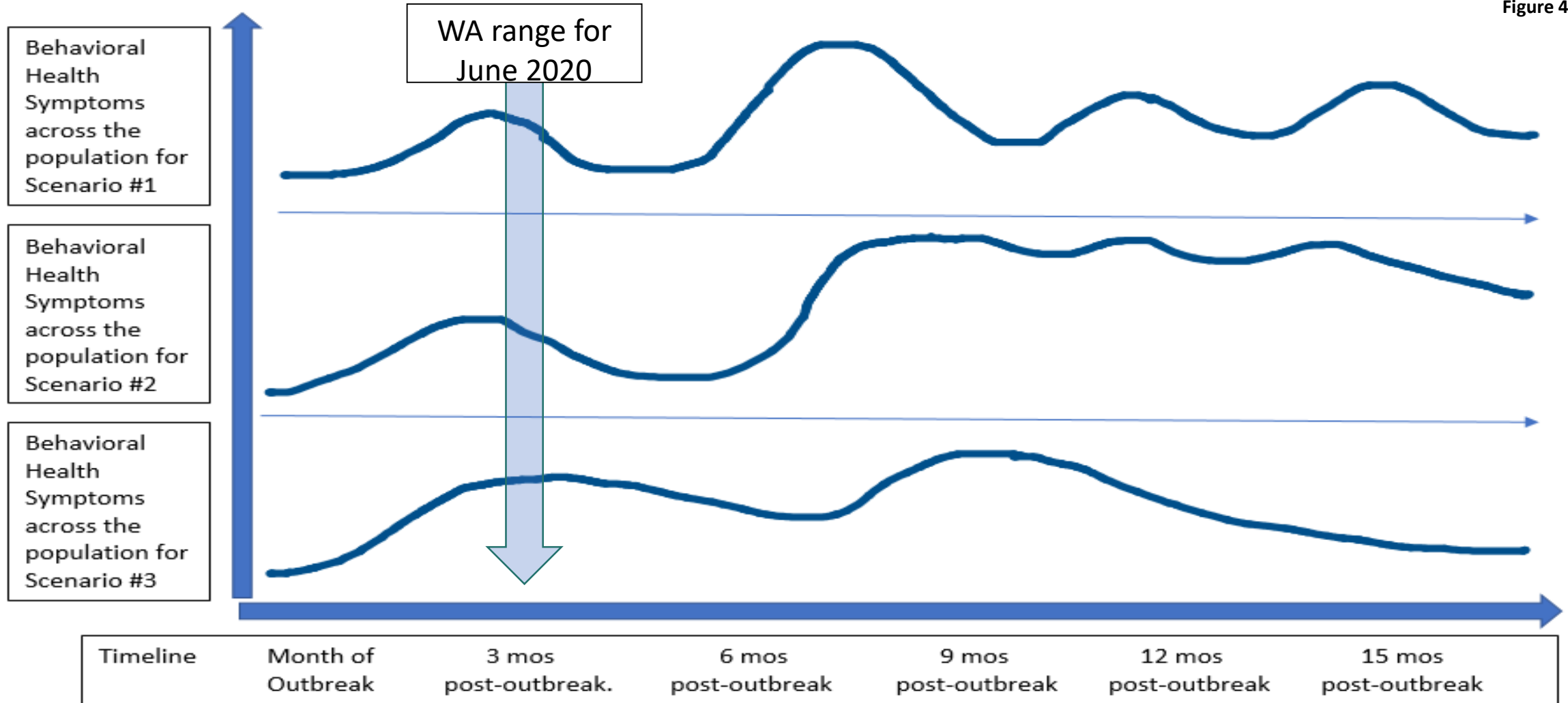
NOTE:

This is not a Washington State Department of Health pandemic forecast. These are planning scenarios only.

Source: Moore, K.A., Lipstich, D. P., Barry, J.M., and Osterholm, M.T. (2020) COVID-19: The CIDRAP Viewpoint Part 1: The Future of the COVID-19 Pandemic: Lessons Learned from Pandemic Influenza



Figure 4.



**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 the fall of 2020 with significant additional social and economic disruption.

**Scenario 3:** Slow Burn  
One major wave of pandemic illness followed by sustained flattening of curve and minimal (additional) social and economic disruption.



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