

BEHAVIORAL HEALTH IMPACTS OF COVID-19 ON STATE EMPLOYEES



**Training, Assessment and Response by the Behavioral
Health Strike Team (BHST)**

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BHST Trainings and Presentations: General Content and Context



Defining key terms



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

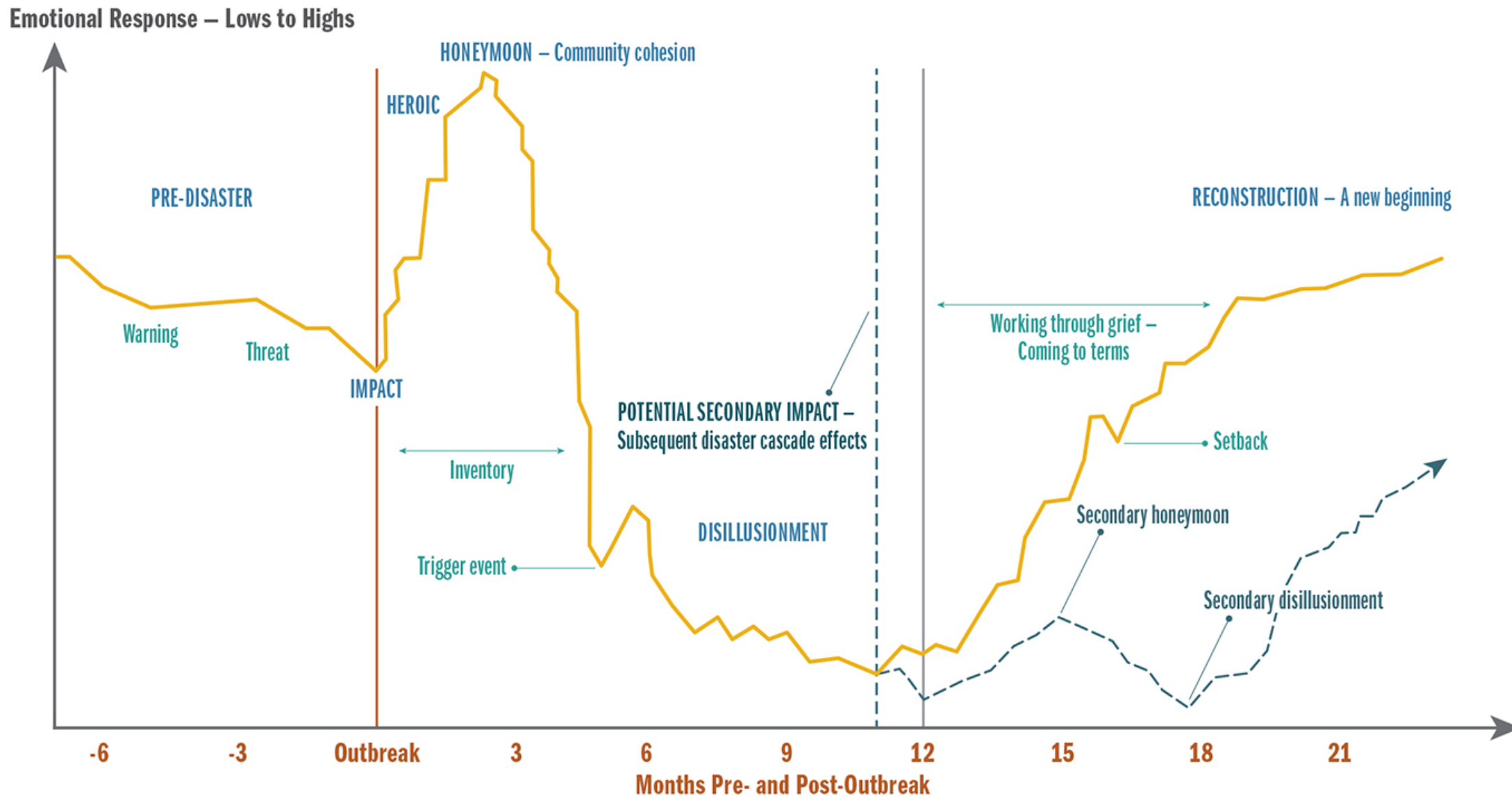


**Understanding
impacts to you and
your teams**



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

Reactions and Behavioral Health Symptoms in Disasters



Key Things to Know

Upwards of **three million** Washingtonians will likely experience *clinically significant* behavioral health symptoms within the next 2-5 months.

- Depression, anxiety, and acute stress will likely be the most common
- This number may increase dramatically depending on disease spread
- Overlay of stressors: COVID, flu, holidays, Seasonal Affective Disorder, elections, etc.

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
- Most, but not all, are an exacerbation of pre-existing problematic behavior
- 34% increase in abuse cases in first 6 months of 2020 for youth aged 13-17
- Increases in medication errors and accidental misuse for adults over 60

Key Things to Know (cont.)

Violence and aggression will likely increase due to pandemic impacts

- Extreme and/or chronic stressors can leave individuals feeling powerless/loss of control
- “Acting-in” or “Acting-out” will subsequently increase, including both self-harm and interpersonal violence
- Increase in domestic violence compared to 2019, child abuse also likely increasing

Behavioral health impacts will likely be seen in phases, typically peaking 6-9 months post-outbreak- **current data suggest an extended disillusionment phase for COVID pandemic.**

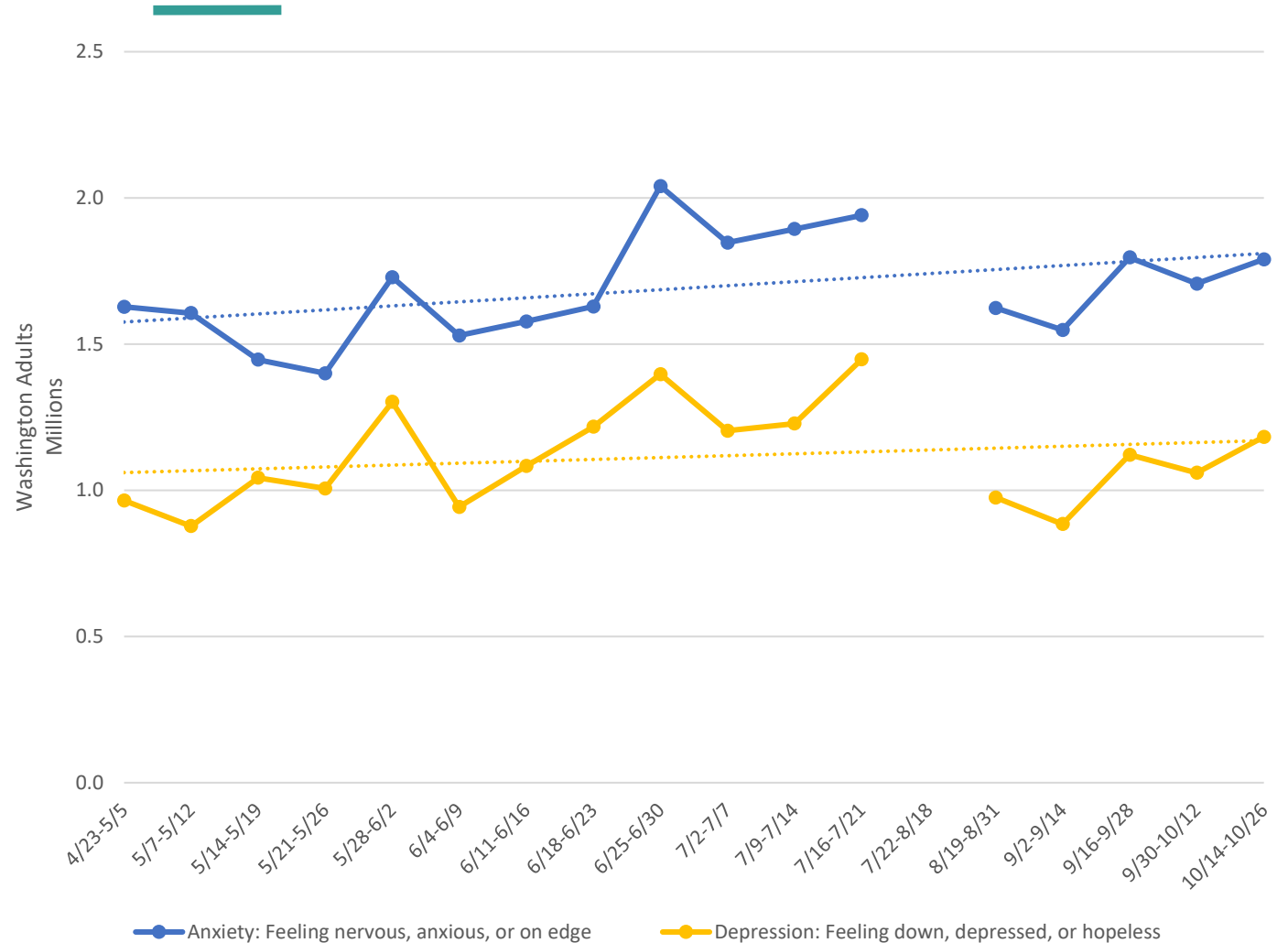
- Follows the psychological phases of disaster, varies based on start of outbreak and mitigation activities within a community
- **Normal** reaction to **abnormal** circumstances
- Disease activity in the fall/winter will be a strong predictor of behavioral health symptoms well into the spring/summer

BH Updates for COVID-19 in Washington

Depression and Anxiety:

Census Data indicate Anxiety and Depression are almost exactly “on trend” for projected expectations.

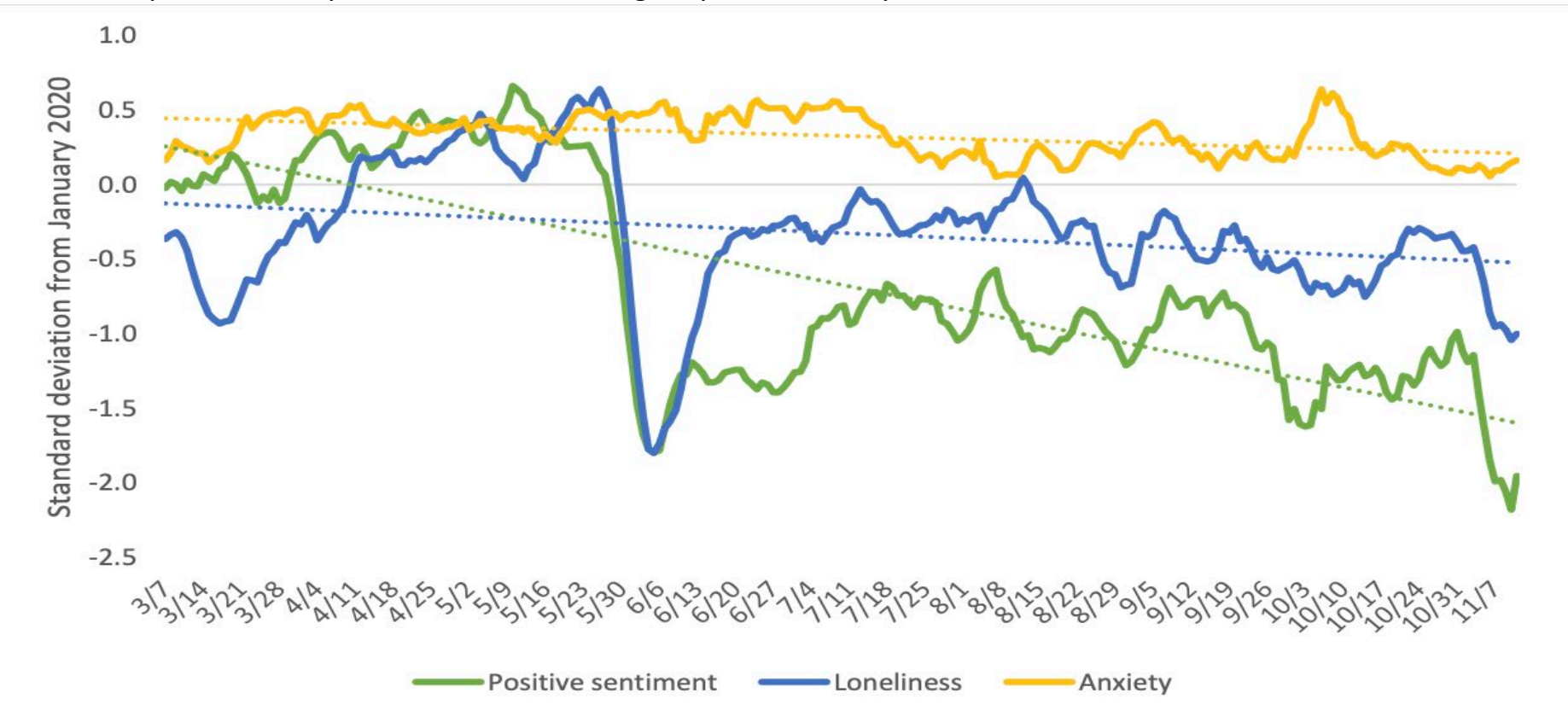
This is despite a fairly significant increase in depression and anxiety for those who identify as African American or Multiracial (Non-Hispanic) (40% and 37% reporting depression symptoms, respectively).



Social Media Data

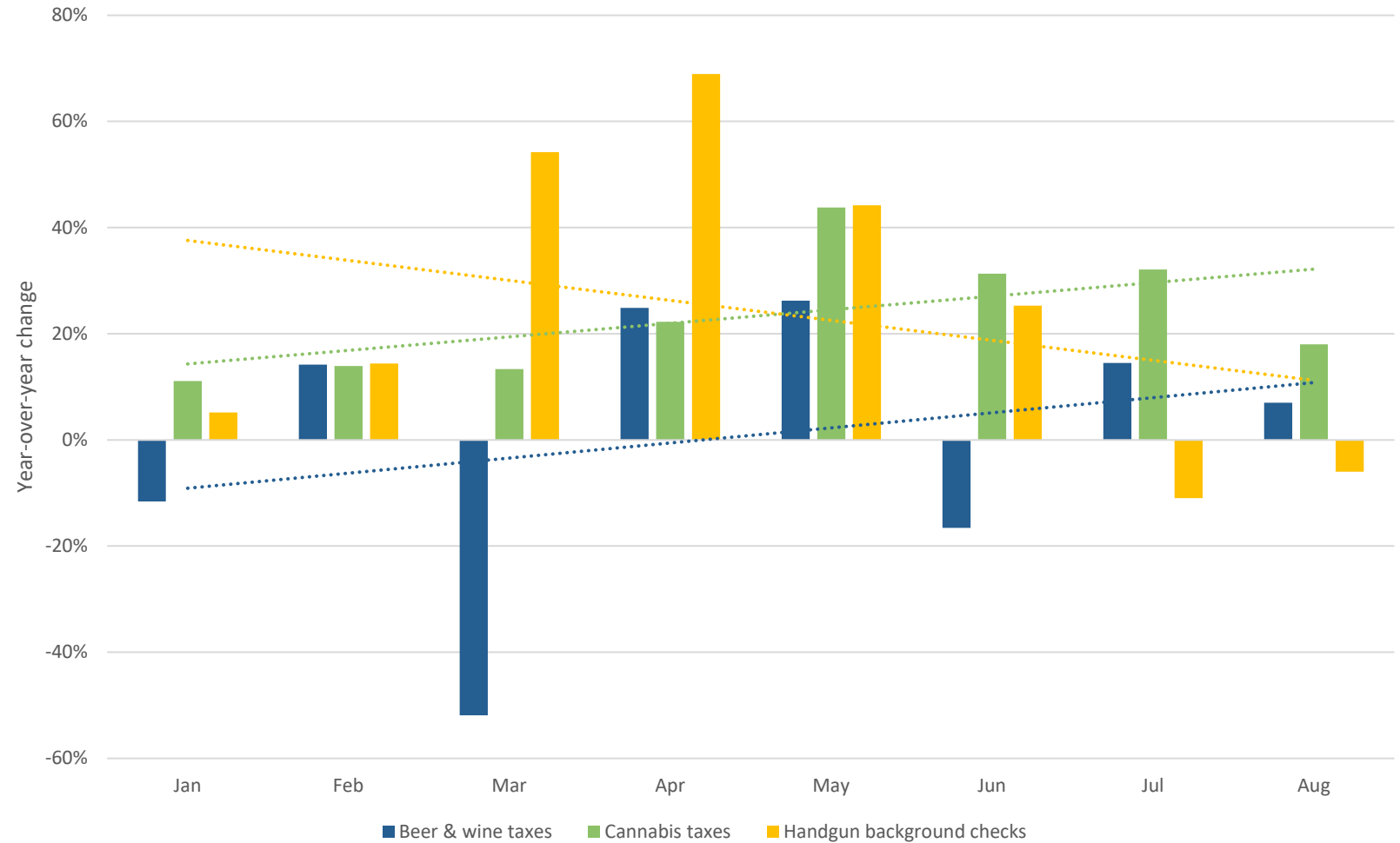
Social media data on anxiety, loneliness, and positive sentiment have remained relatively stable from mid-July through the end of October.

Social media data indicates higher positive sentiment and lower anxiety through Halloween and leading into the election. The week of the election showed a sharp decrease in positive sentiment, a slight uptick in anxiety, and a decrease in loneliness.



Substance Use Data

- Cannabis and Alcohol (beer and wine) tax revenue have been generally higher than last year through the end of August, but handgun background checks were lower in July and August relative to 2019-- and are the only two months so far this year that that has been the case.
- Emergency Department alcohol visits have plateaued, which is very different than last year.



The Disaster/Trauma Cascade

“... a situation in which parts of the disaster recovery cycle can be repeated or prolonged, during which people may have reduced ability to emotionally recover...”

Including: Natural disasters, community outbreaks, social/civil unrest, individual life events, and more

What is the potential impact?

- Restarting the disaster cycle, but at a lower baseline
- Prolonged Disillusionment Phase
- Behavioral health symptoms: moderate to severe symptoms of acute stress which has the potential to result in PTSD and/or major depressive disorder

Recovery vs Return to Baseline

An eventual return to baseline levels of functioning for many people should occur around 14-18 months after the initial outbreak

- Assuming rates of infection do not continue to significantly increase, and
- A sense of a “new normal” is underway

-OR-

If COVID-19 cases continue to dramatically increase in the fall/winter months, **one of the major outcomes will likely be a disaster / trauma cascade**

- Reduced ability to emotionally recover due to additional/ongoing impacts
 - Longer recovery to baseline, impacts lasting longer
 - Shift in symptoms: Increase in anxiety and PTSD more likely
- Other impacts (economic, social) will also play a role

Burnout, Compassion Fatigue, Moral Injury, & Exhaustion

Workplace burnout and similar phenomena continues to increase overtime

- Compounded by other factors such as mental health stigma, PPE access, and added work
- Burnout – exhaustion of body and mind, unequal balance of demands and resources
- Compassion Fatigue- emotional/physical tiredness, less ability to empathize
- Moral Injury- Strong feels of guilt, shame, or anger due to not being able to provide the kind of care or service they want and expect to provide

General fatigue, exhaustion, and feeling overwhelmed are common experiences:

- Sleep problems, diminished cognitive and high-level thinking, and increased impacts of existing behavioral health symptoms such as depression, anxiety, or trauma
- Organizations should address staff wellness and resilience: make it a priority and model it
- Practicing self-care, building personal coping/resilience plans, and rest is key for individuals

DOH Pulse Survey Results: Key Takeaways for June 15 – 26, 2020

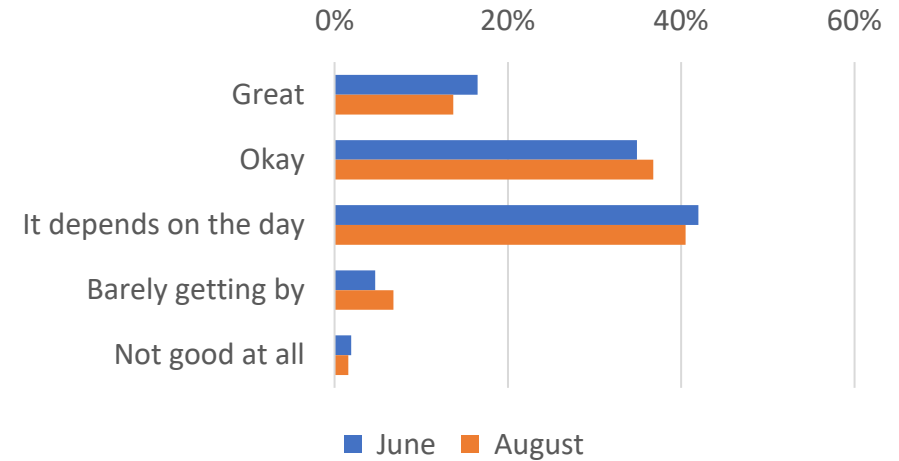
- N = 1020 employees (212 supervisors, 798 non-supervisors)
- 3-15% of respondents were experiencing some degree of burnout at the time of survey.
- About 30 to 50% of respondents are day-to-day in terms of how they are doing. This is a concerning outcome, which suggests that a significant portion of employees may have been at a critical tipping point.
- Good news: About 20% of respondents were “doing great”
- Employees who have been activated in the IMT for 2-4 weeks are having a harder time than other groups- This is an expected result: Group identification / dynamics = the storming stage.
- **BIGGEST NEED: Support with balancing and managing all of the environmental and job-related pulls, and open communication about boundaries, rest, and personal (non-work) related connection.**

DOH Pulse Survey Results: Key Takeaways for August 12 – 26, 2020

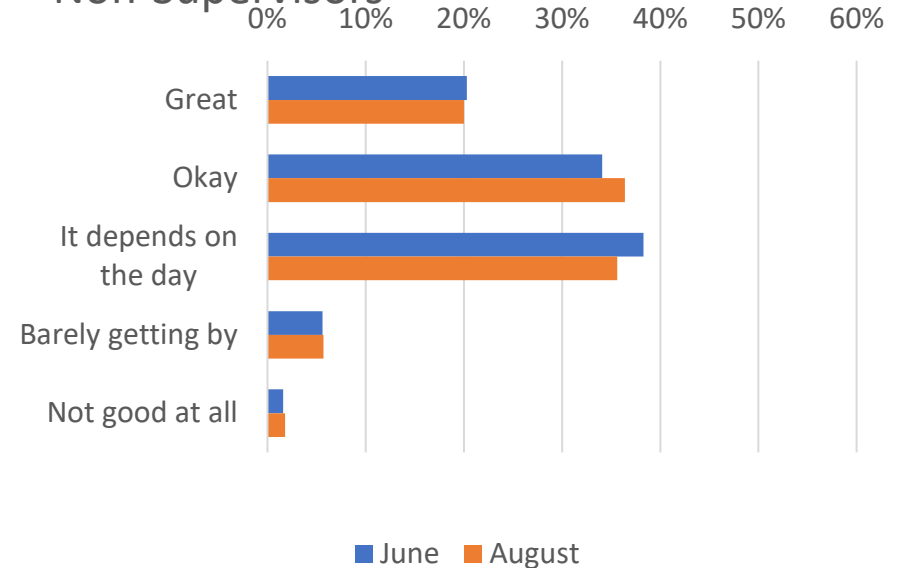
- N= 942 employees (190 supervisors, 742 non-supervisors)
- ~10% of respondents were experiencing some degree of burnout at the time of survey.
- About 35-40% of respondents are day-to-day in terms of how they are doing.
- **Good news:** About 20% of respondents were still “doing great”

How Are You Doing Overall?

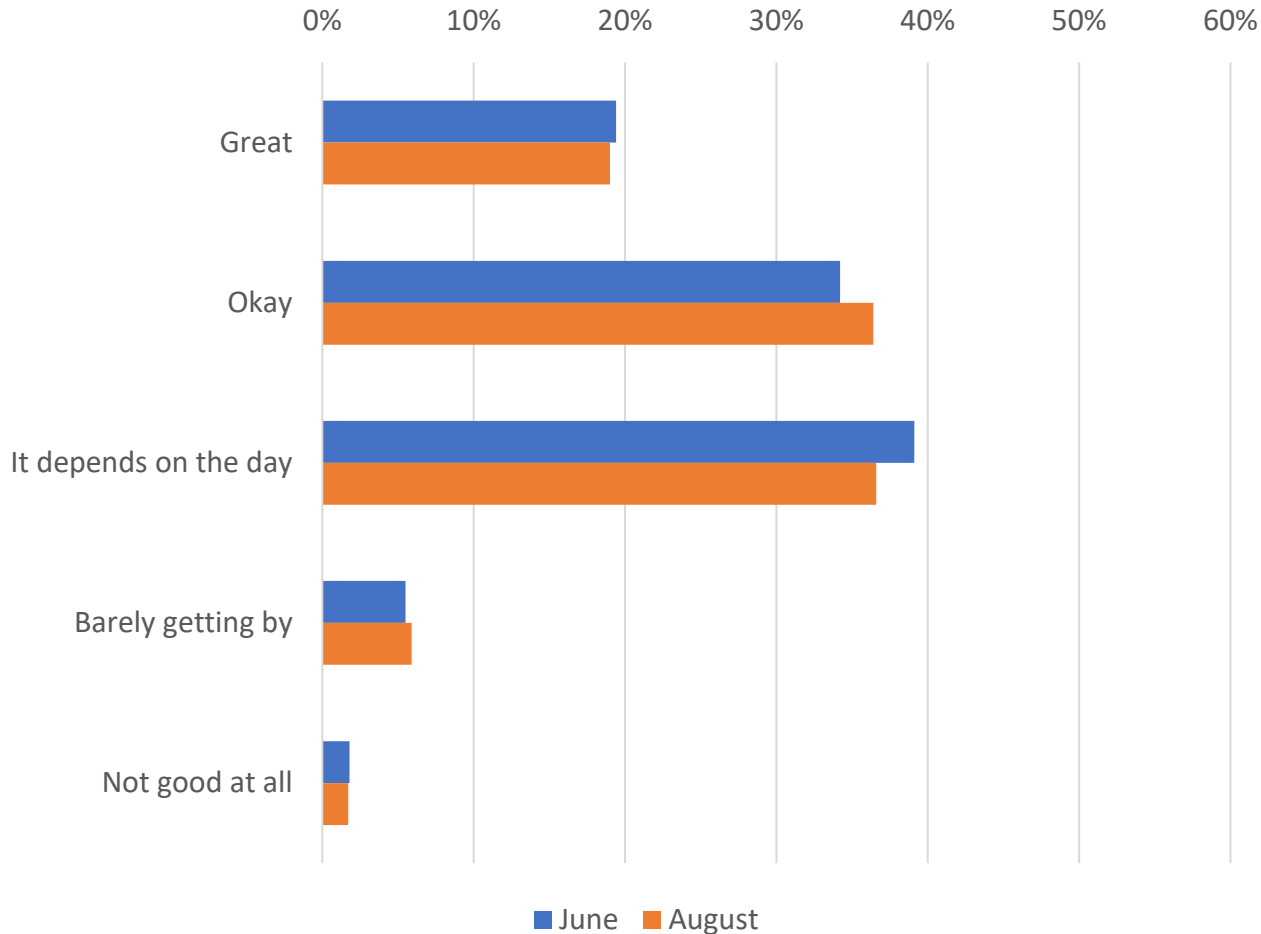
Supervisors



Non-Supervisors

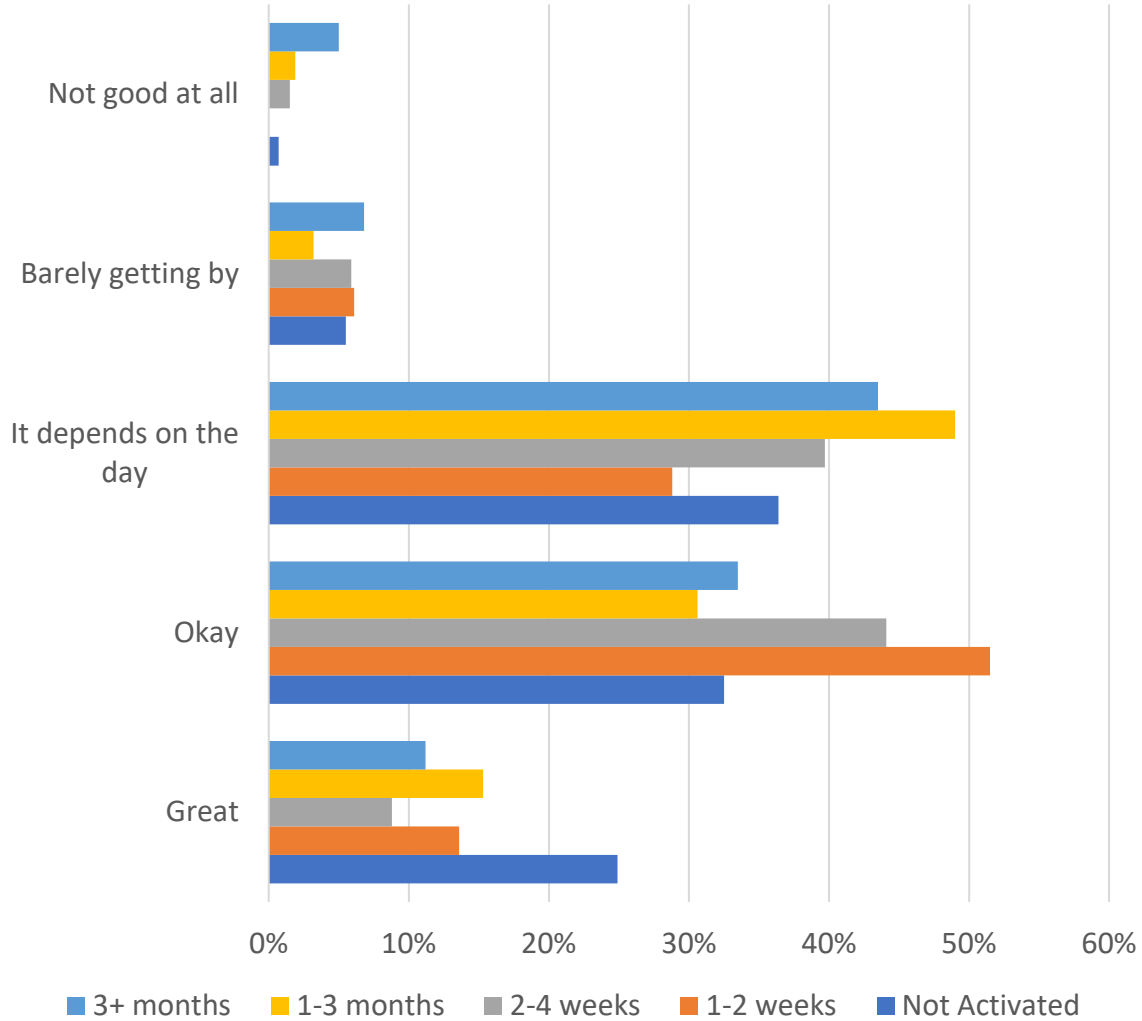


Everyone

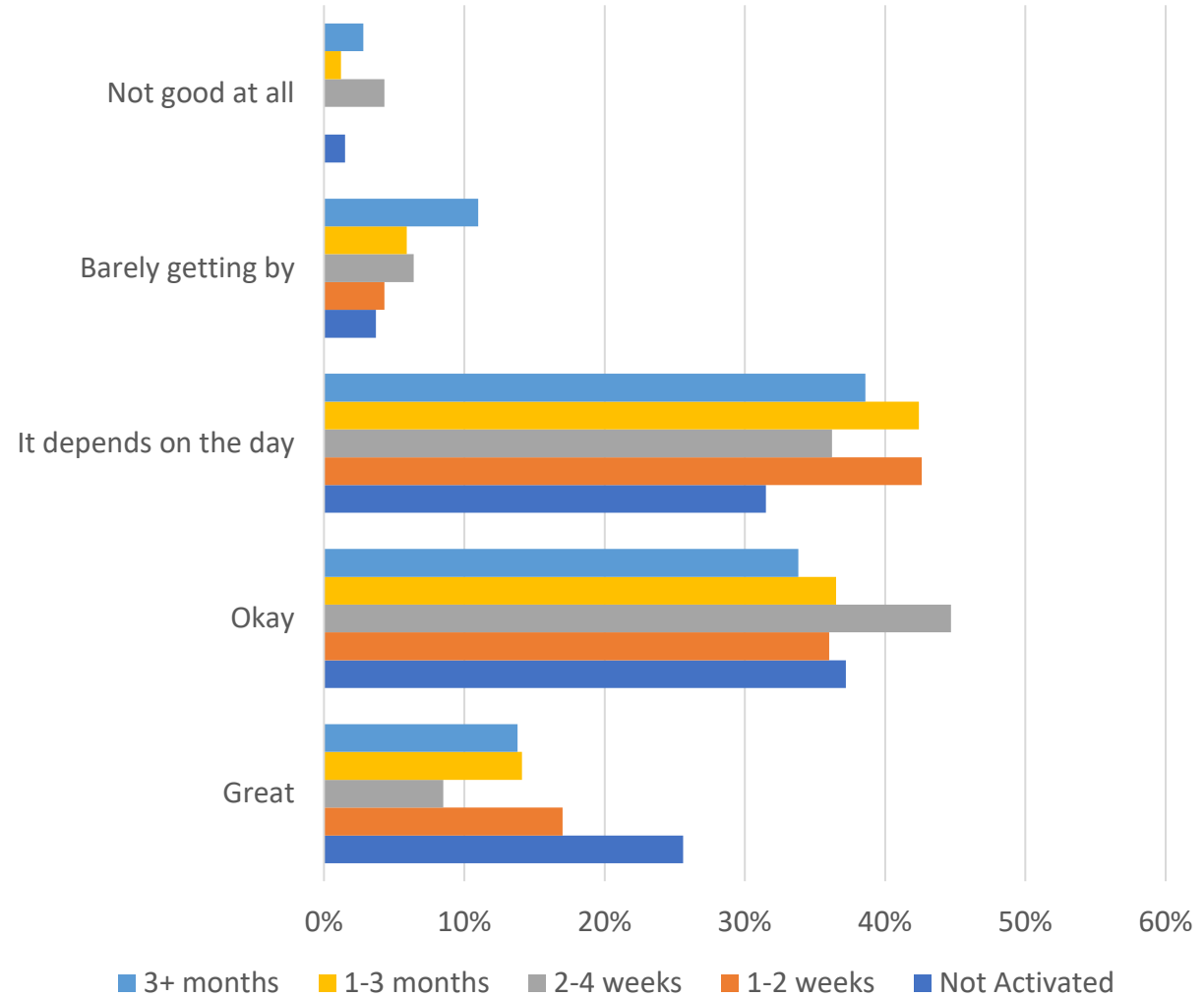


How Are You Doing Overall?- Activation Status

June



August



Since COVID-19

	I continue to have work assignments that keep me engaged	I know exactly what is expected of me	I never seem to have enough time to complete all my work tasks
Strongly agree	32.4%	28.2%	22.2%
Agree	47.2%	44.3%	23.6%
Neither agree nor disagree	13.3%	13.8%	29.2%
Disagree	4.7%	11.2%	19%
Strongly disagree	2.0%	2.1%	5.4%

Changes in Customer Service Since COVID-19

	Changes in relationships with customers	Changes in my ability to meet customer needs
A lot of positive changes	5.4%	5.7%
Some positive changes	14.8%	12.1%
No change	56.8%	48.2%
Some negative changes	18.7%	25.6%
A lot of negative changes	2.9%	7.1%

The Good News

Typical long-term response to disasters is resilience, rather than disorder. Resilience is something that can be intentionally taught, practiced, and developed for people across all groups.

Resilience can be increased by:

- Focusing on developing social **connections**, big or small
- Reorienting and developing a sense of **purpose**
- Becoming adaptive and psychologically **flexible and adaptive**
- Focusing on **hope**

Completed Work: Employee Support Sessions

- Offered internally to DOH employees
- Twice a week for 6 weeks, and now once a week
- Four Modules
 - Content includes: normal responses in a disaster, How to communicate effectively, how to de-escalate, healthy boundaries, reducing burnout at work by developing resilience (purpose, connection, flexibility and hope).
- 830 total employees participated in support sessions through 11/10/20. The breakdown by module is:
 - Module 1: 373
 - Module 2: 256
 - Module 3: 155
 - Module 4: 46 (has only been offered once so far due to technical difficulties)

Workplace Resilience and Burnout Presentations

- Conducted across the state with many very different groups.
- Audiences have included school district faculty meetings, the Seattle City Attorney's Office, Hospital and Clinic boards and staff around the state, ACHs, Opioid Task Forces, Prevention Specialists, MCOs/BH-ASOs, Library boards and a variety of NGOs/non-profit groups.
- More than 80 presentations August-December 1, 2020, reaching 3500-4000 attendees
 - Presented to state agencies:
 - DOH
 - HCA
 - WSDOT (approximately 1700 attendees)
 - Department of Ecology
 - Parks
 - OFM, State Deputies Group among others

Resources

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)

Family toolbox:

[Supporting Children and Teens During the COVID-19 Pandemic](#)

Emergency and healthcare workers:

[Coping During COVID-19 for Emergency and Healthcare Professionals](#)

Businesses and workers:

[COVID-19 Guidance for building resilience in the workplace](#)

Resources:

DOH - Forecast and situation reports, guidance, and resources:

<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders/BehavioralHealthResources>

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

