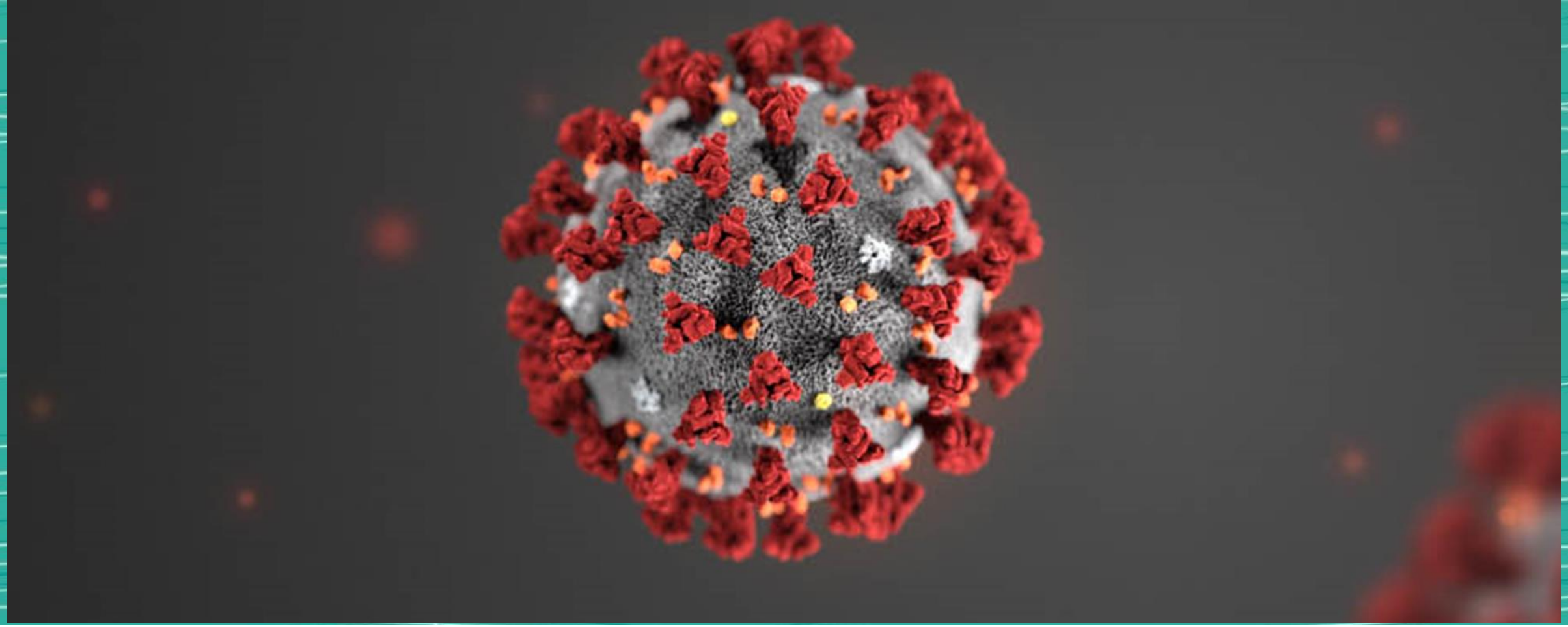


Washington State Department of Health

COVID-19 BEHAVIORAL HEALTH GROUP

Agenda

Review role of the COVID-19 Behavioral Health Group

Walk through the weekly Behavioral Health Situation Report

Review Forecast and COVID Impacts

Explore keys to provider resilience through the pandemic

COVID-19 Behavioral Health Group: Tools to help you plan and cope

Monthly Forecast: what the Behavioral Health Strike Team anticipates

Weekly Situation Report: impacts tracked through real time data

Supporting the Behavioral Health Workforce to build resilience

Purpose of the Situation Report and Forecast

Situation Reports and Forecast used as “nowcasts” to monitor behavioral health risk and outcomes during the COVID-19 Pandemic

Intended to inform planners and providers to respond

Draw from varied data sources

- Use of Public Health, Census, Crime, Social Media datasets.
- Curated by a team of DOH and DSHS Epidemiologists and the Behavioral Health Strike Team, a group of clinical psychologists with a background in disaster psychology
- Slightly outdated, but provides a varied scope with which to anticipate potential needs.

Situation Report Overview

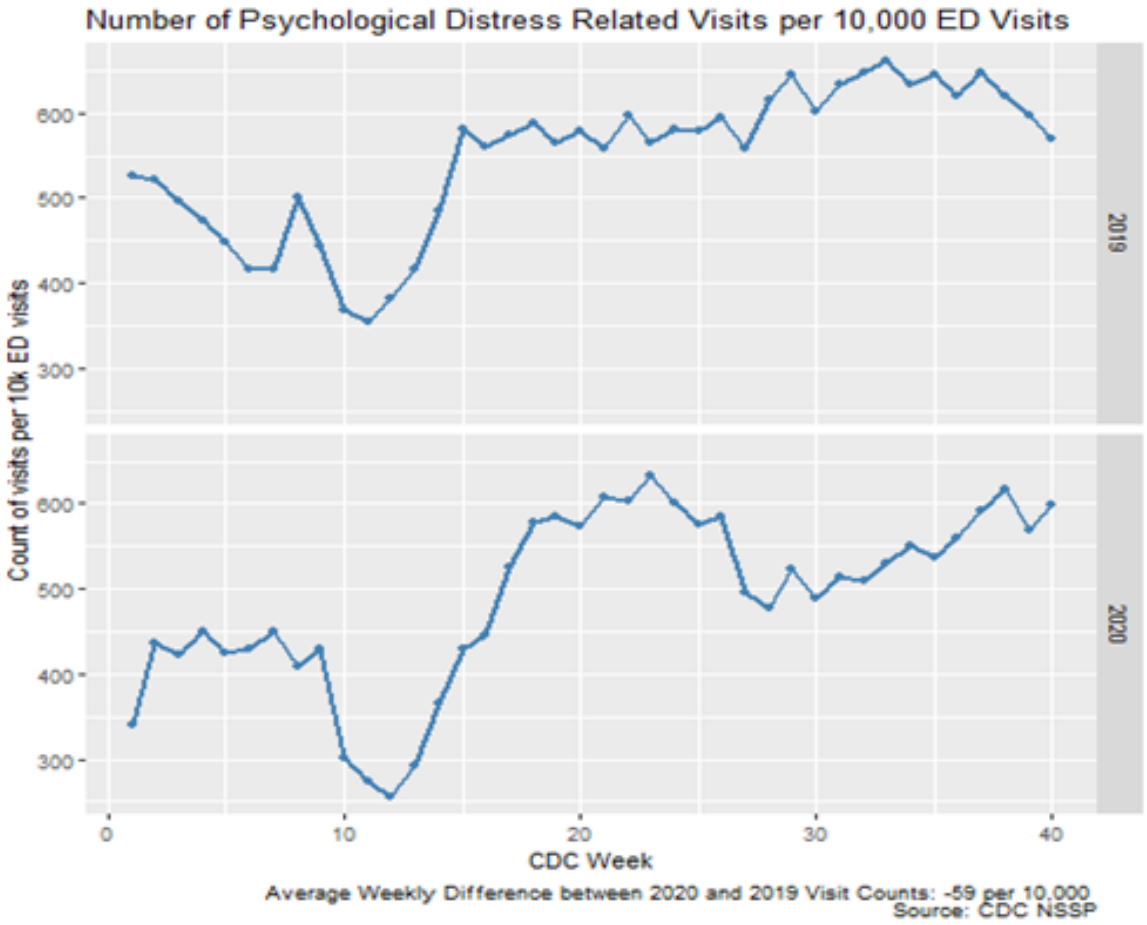
Syndromic Surveillance

Over 90% of WA Emergency Departments send in data to the National Syndromic Surveillance Program

Data is categorized into different syndrome definitions

These definitions are then fine tuned and pulled to generate near-real time, actionable data.

Syndromes used are for Psychological Distress, Suicidal Ideation, Suicide Attempt, Alcohol-use related, and All-Drugs related.



Situation Report Overview

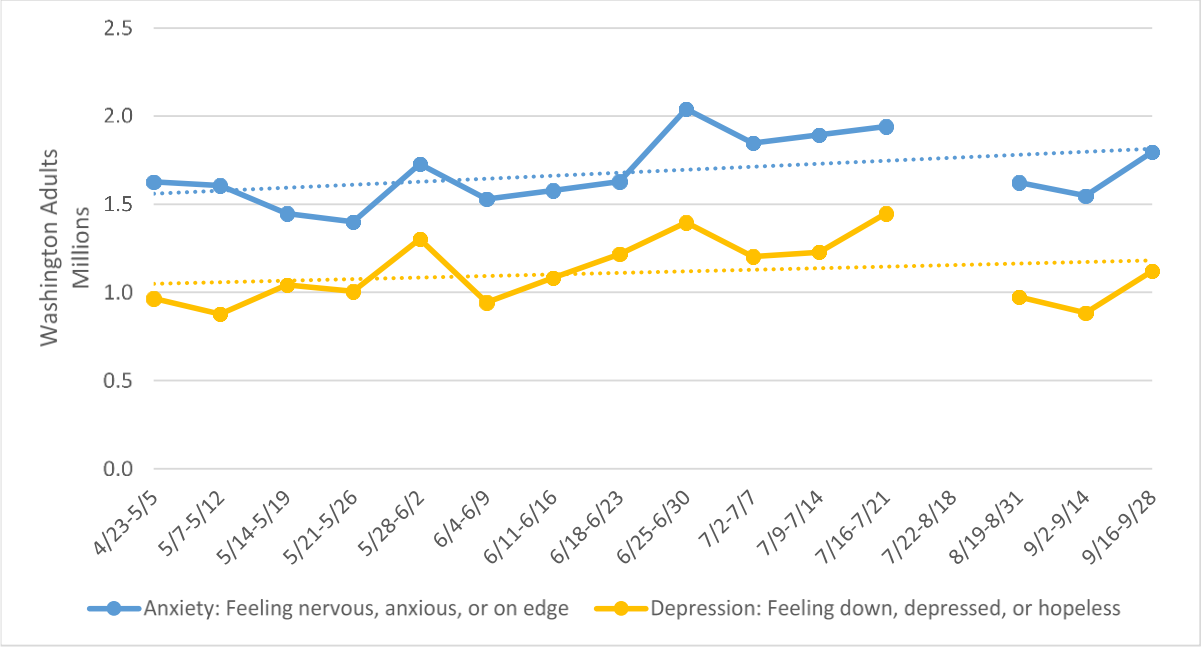
Census Data

Questions regarding symptom expression around anxiety and depression, asked to a randomized sample of approximately 65,000 Washingtonians every 2 weeks.

Includes in depth demographics data

May serve as an overall indicator for the state, even for those who are not seeking care.

Graph 6: Estimated Washington adults with feelings of anxiety and depression at least most days, by week: April 23–Sept 28 (Source: U.S. Census Bureau)



Note: For the period of 7/21–8/19, census data was not available and thus, any trends during this point are an artifact of analysis.

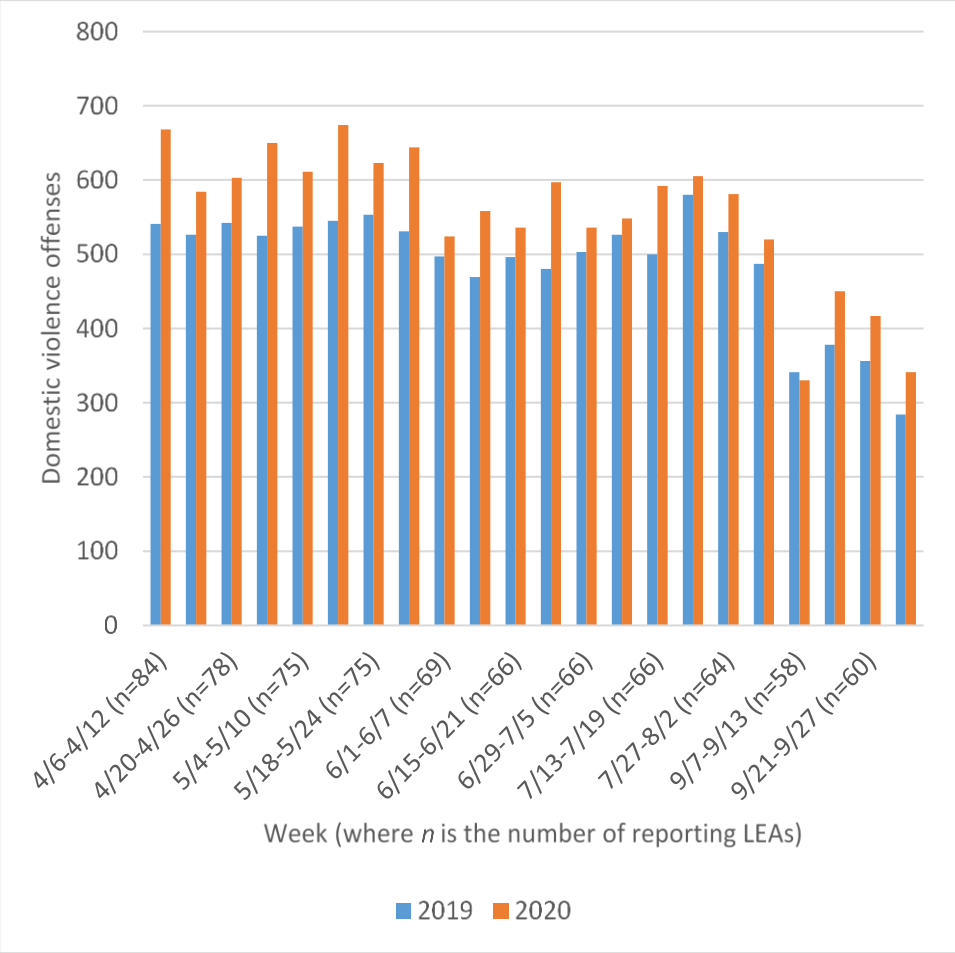
Situation Report Overview

Domestic Violence Data

Collected from the Washington Association of Sheriffs and Police Chiefs, Crime data, especially Domestic Violence is reported to DOH from between 20 to 40% of agencies on a weekly basis

Typically this year over year data has indicated an increase in violent crimes, with a significant downturn in other crimes.

Graph 7: Domestic violence offenses reported, by week for April 6–September 27: 2020 vs. 2019 (Source: WASPC)



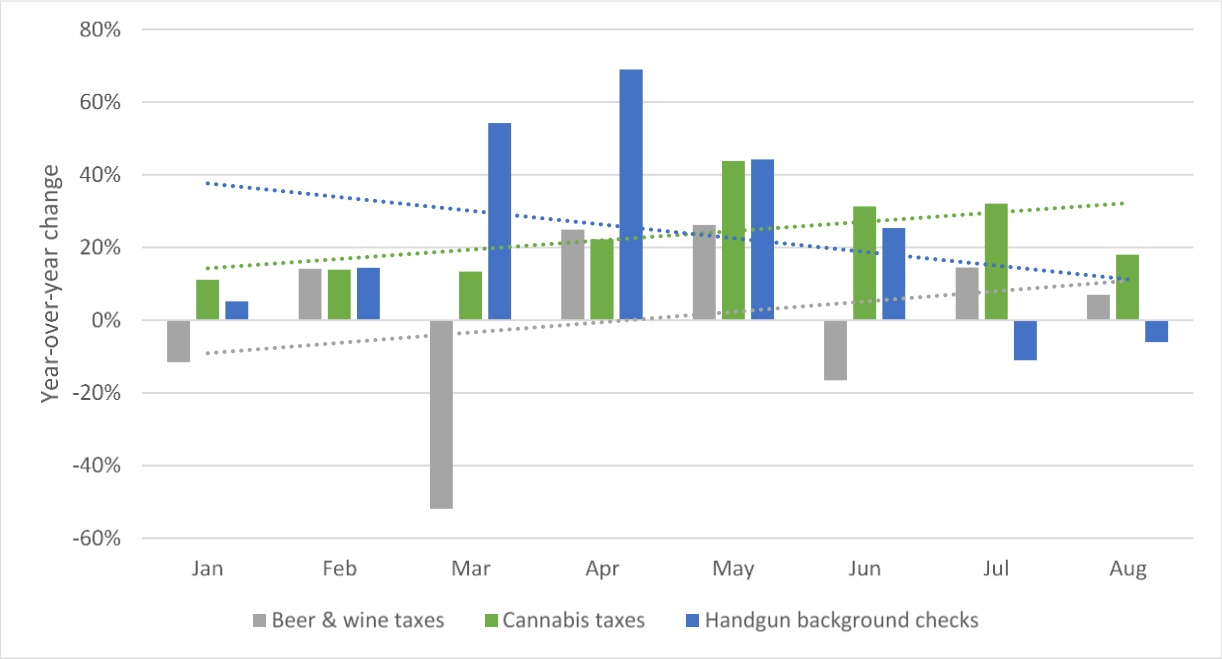
Situation Report Overview

Tax and Background Check Data

Sourced from the Department of Revenue, Liquor and Cannabis Board, and the FBI, this data shows alcohol, cannabis and handgun sales data over the course of the year as compared to 2019.

Can be paired with other data sources for trends and shows some of the effects of social actions.

Graph 8: Year-over-year change in select product sales indicators, by month: 2020 vs. 2019 (Sources: LCB, Federal Bureau of Investigation)



Situation Report Overview

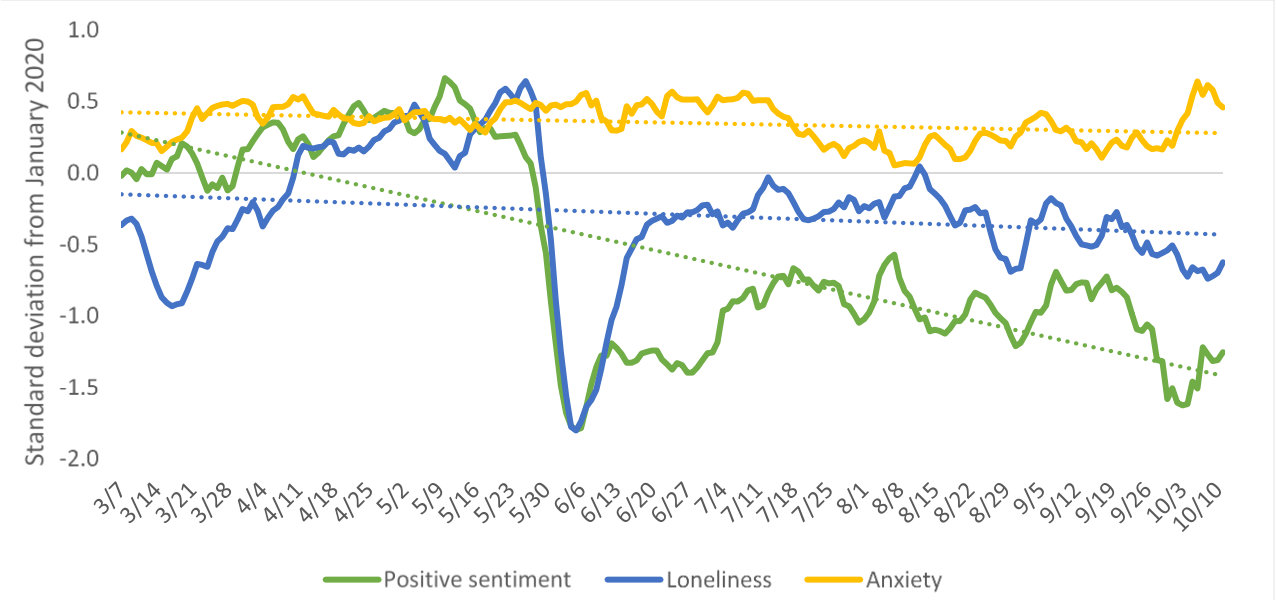
Social Media Data

Data collected from Twitter using UPenn's Sentiment Analysis, this graph shows daily usage of language which might indicate feeling positive, lonely, or anxious.

Robust Analysis strategy

Smaller sample size, but accurately and geographically contained.

Graph 9: 7-day moving averages of deviations in select expression measures relative to January 2020 baseline: March 7, 2020–Oct 12, 2020 (Source: Penn Center for Digital Health)



Forecast Overview

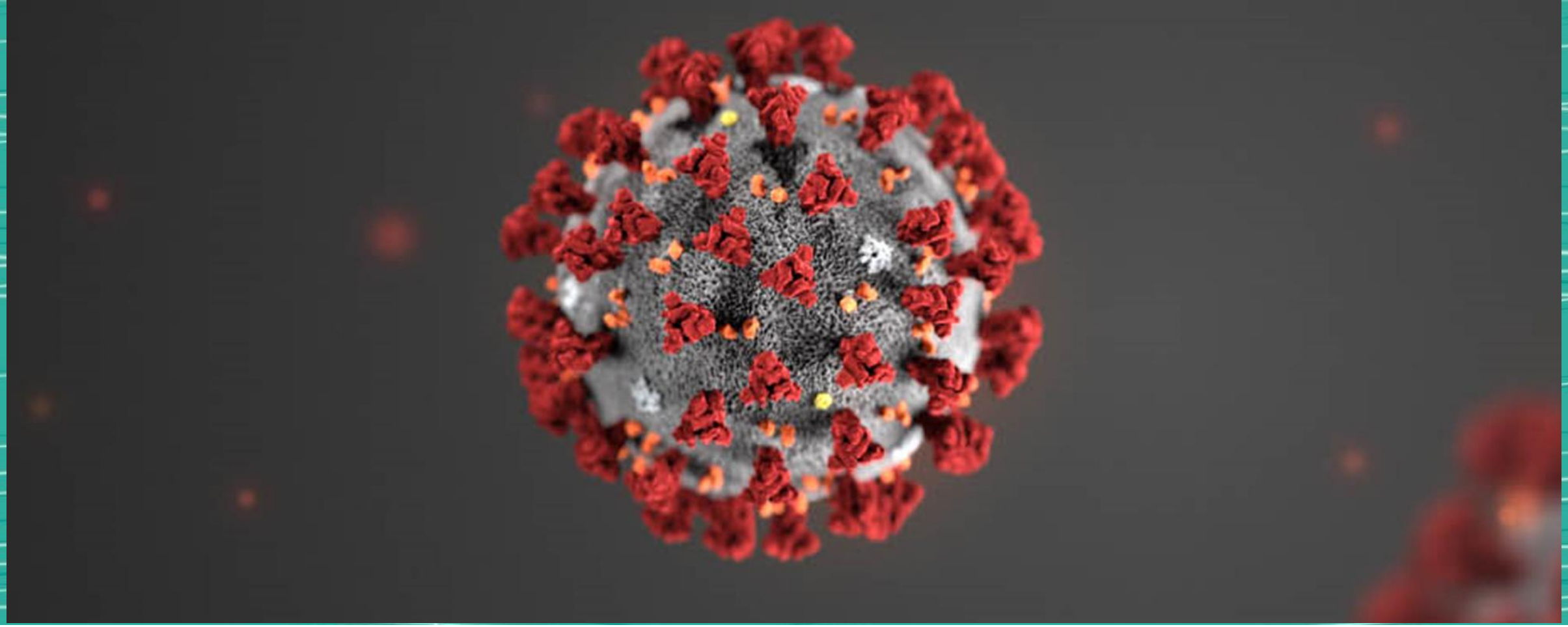
- Provides High-Level Analysis of Behavioral Health Impacts from COVID-19
- Includes data previously mentioned in the Situation Report as well as…

Forecast Overview

- Data validated predictions of current reactions to Pandemic using Phased trends in Disaster Psychology.
- Expectations of potential signs and symptoms of Burnout, Moral Injury, and other key BH indicators that may be seen in clinical and non-clinical settings
- Information about resilience building in multiple social scopes (Personal, Community, etc.)

Forecast Overview

- Populations who may be experiencing particular hardships
- Key information about what we may see given previous trends
- Specific areas of concern over the next few months
  - Social, political, environmental aggravators



BEHAVIORAL HEALTH IMPACTS OF COVID-19

Washington State Department of Health

Trends, Workforce Impacts, & Resources

Kira Mauseth, Ph.D.
Behavioral Health Strike Team

Agenda

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

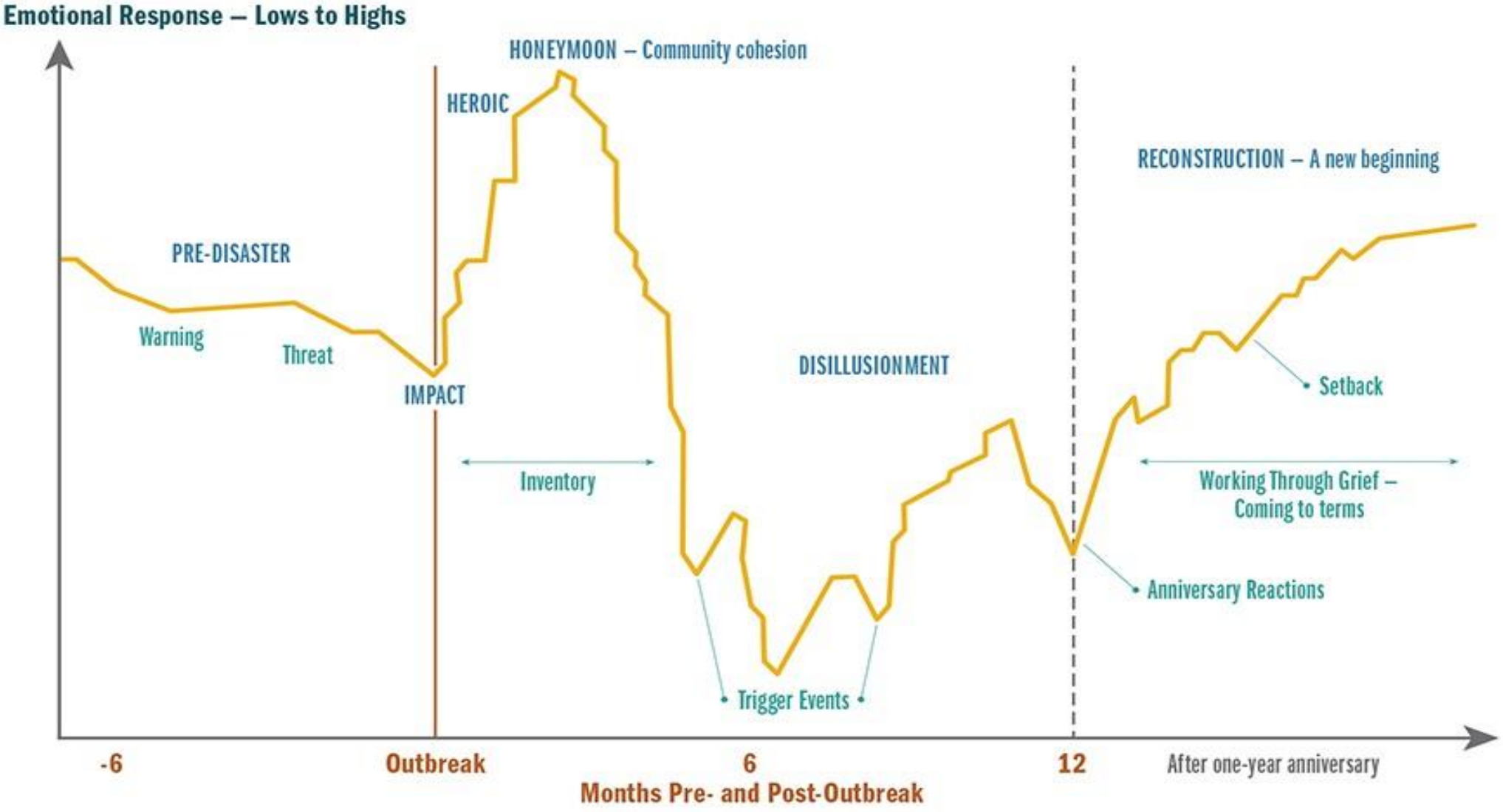
Burnout: Exhaustion of body, mind, and motivation due to exposure to prolonged and unresolved work stress or frustration. Burnout is often a consequence of perceived disparity between the demands of the job and the resources that an employee has available to them.

Compassion fatigue: Emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, also described as secondary traumatic stress.

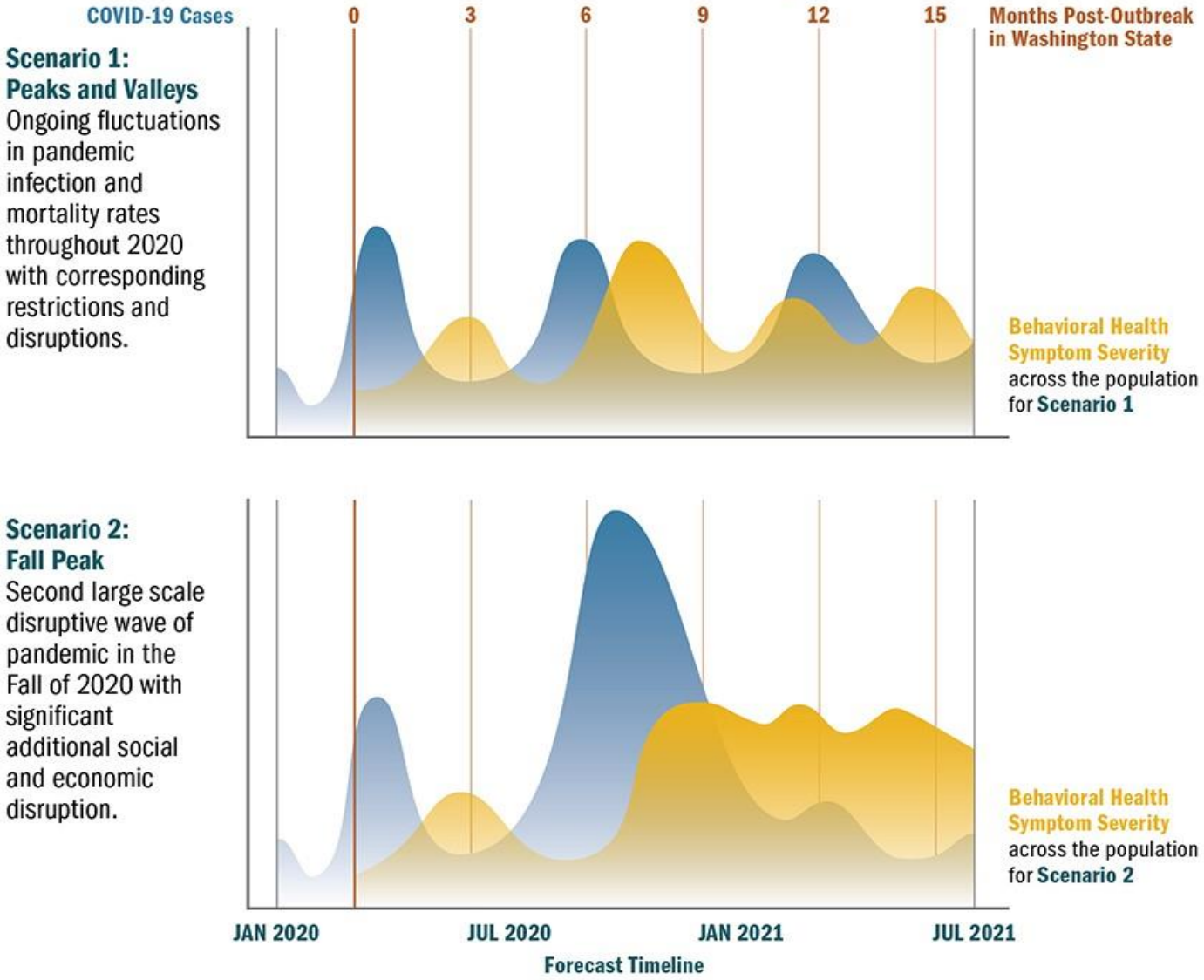
Resilience: The process – involving behaviors, thoughts, and actions – of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Can be developed by focusing on connection, purpose, and flexibility /adaptability.

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



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



Key Things to Know

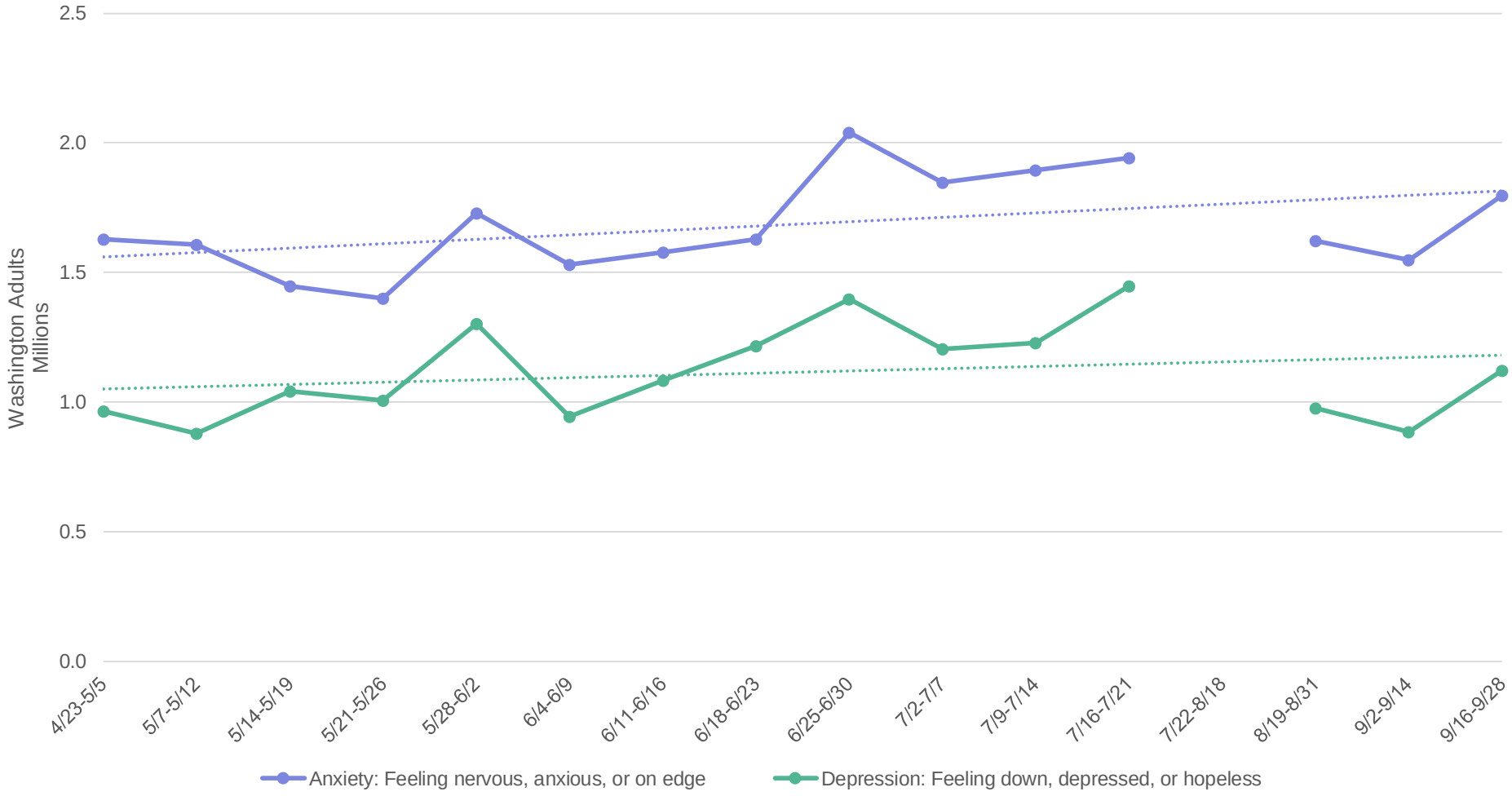
Upwards of **three million** Washingtonians will likely experience *clinically significant* behavioral health symptoms within the next 2 to 5 months.

- 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)
- Significant decrease in depression and anxiety from July, trend likely short-term

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, youth aged 13 – 17 (poison control)

Anxiety, Depression (Census Bureau)



Disillusionment Phase

Can be **uncomfortable and challenging** for individuals and communities:

- Confronted with limitations of disaster assistance and support
- As gap between needs and resources widens, people may feel abandoned
- Also a gap between expectations and reality (eg: schooling, working from home)

Symptoms are like to trend more towards:

- Depression, sadness, grief, or loss as the most common experiences
- **Emotional burnout** likely to be socially disruptive due to length and scope of the pandemic
  - Increased by economic pressures and divisions among people and groups

- **Exception:** Severe disease activity, trauma cascade would likely shift behavioral health symptoms

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: wildfires, community outbreaks, social/civil unrest, individual's life events, and more

What is the potential impact?

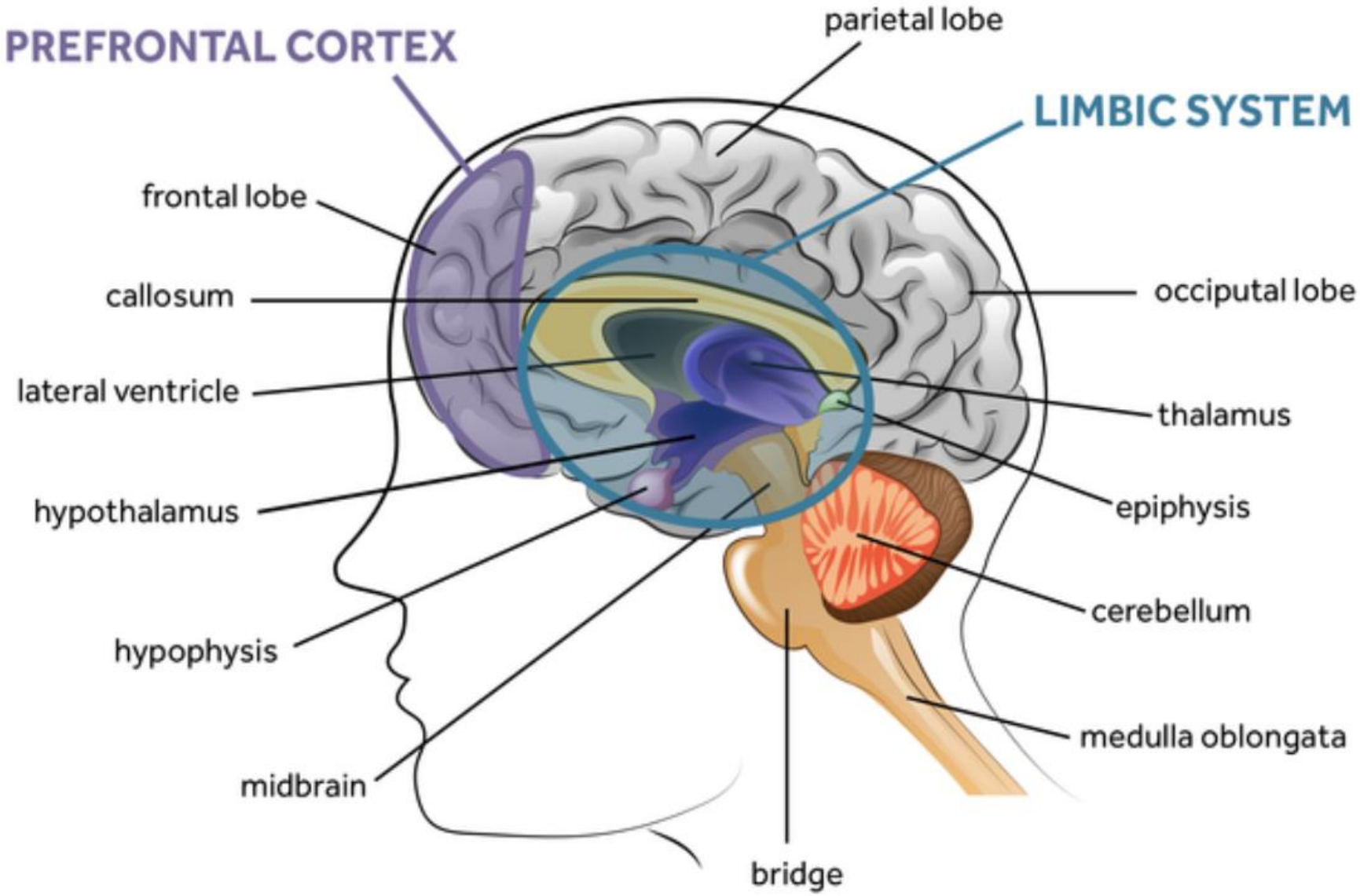
- Restarting the disaster cycle, but at a lower baseline
- Prolonged Disillusionment Phase
- Reduced emotional capacity, ability to recover
- Behavioral health symptoms: moderate to severe symptoms of acute stress which has the potential to result in PTSD and/or major depressive disorder

The Good News

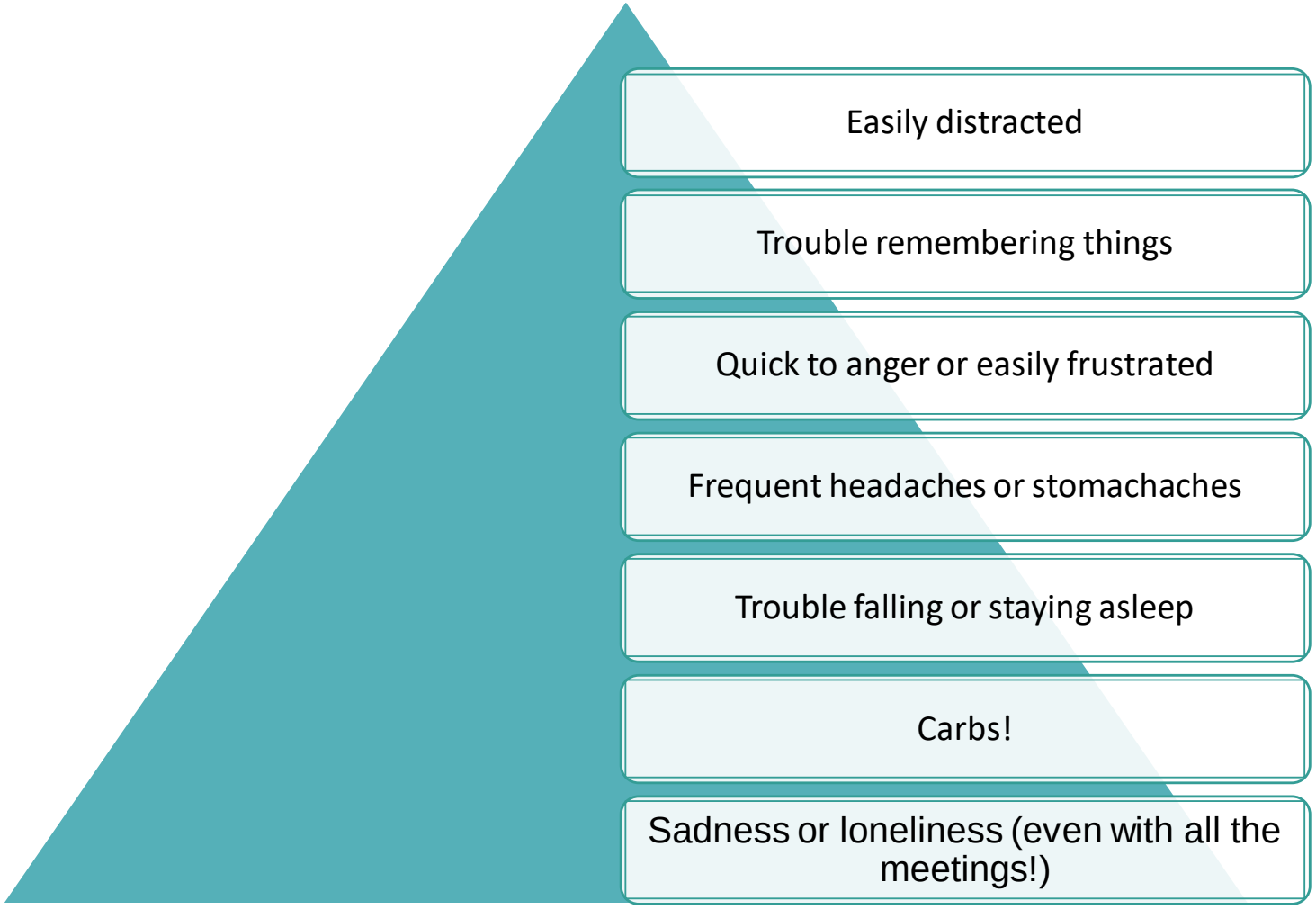
Typical long-term response to disasters is resilience, rather than disorder. Resilience is something that can be intentionally taught, practiced, and developed for people across all age groups.

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**
- Focusing on **hope**


PREFRONTAL CORTEX
parietal lobe
LIMBIC SYSTEM
frontal lobe
callosum
occipital lobe
lateral ventricle
thalamus
hypothalamus
epiphysis
cerebellum
hypophysis
medulla oblongata
midbrain
bridge

Common Experiences in the Disillusionment Phase:



Information that normalizes the shared experience helps people develop resilience.

Stressed Brains in the Workplace

- Potential for increased emotional responses:
  - Anger
  - Fear
  - Frustration
  - Less higher-level thinking capacity

Opportunities for Supervisors & Managers

- **Walk the Walk:** What is DONE is what matters, not what people are told to do.

- Be honest and open in the communication process.
  - If you don’t know, tell your team you don’t know.

- **Active Listening** is something that all team members can benefit from learning and practicing.
  - Listen with the intention 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, as well as the successes you are having.

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.

Connect with people outside of work or socially within work.

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?
- **Connection can be anything.**

Flexibility and 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 yourself discreet and clear breaks and boundaries?

Practice the **REST** Model

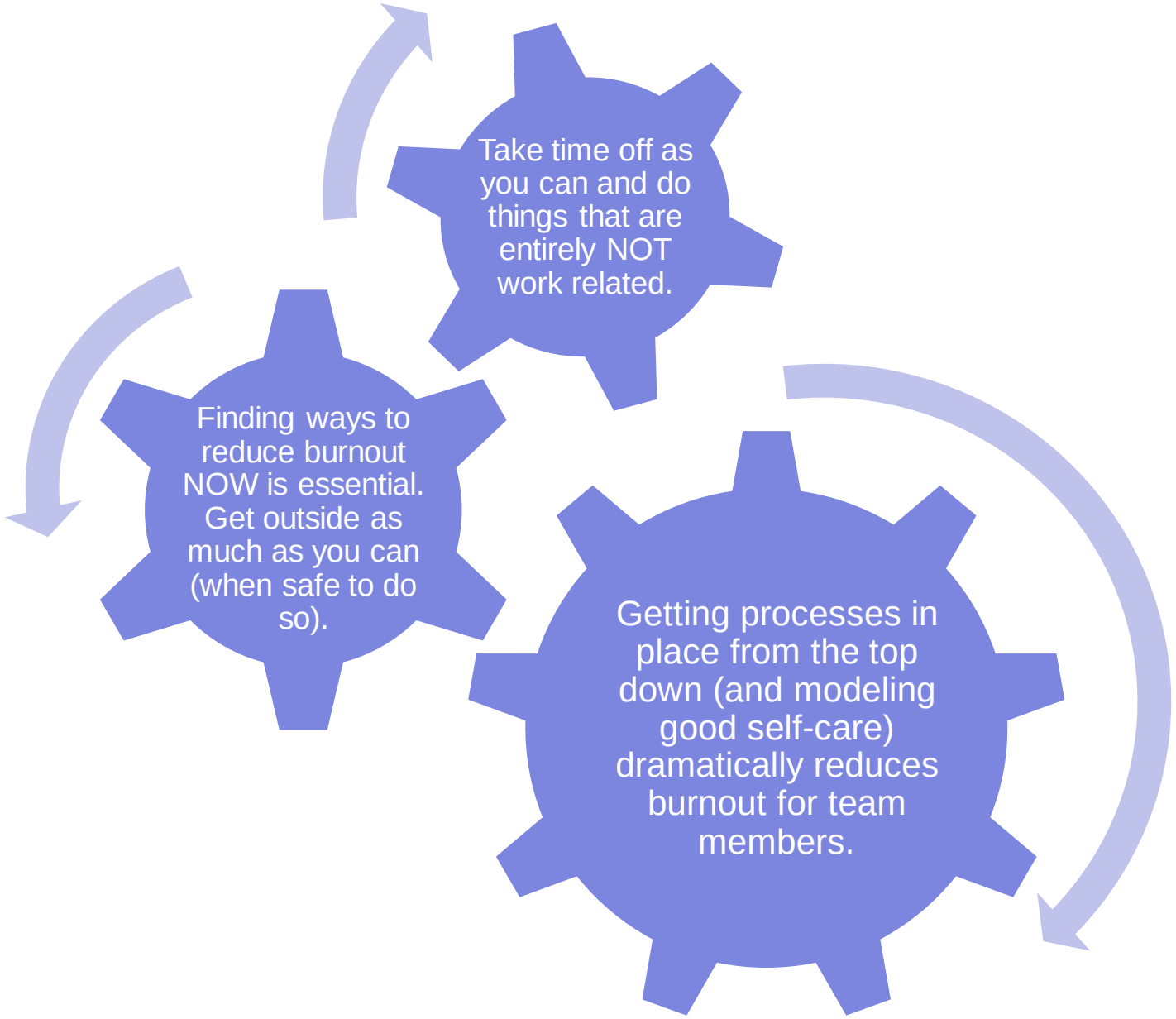
Reward: Reward yourself for a job well done. Build reinforcements into your work. Help pay attention to this aspect for maintaining resilience.

Establish: Establish healthy boundaries. When you are off duty, stick to that boundary.

Share: Share your feelings, concerns, and stories. Participate in support and consultation groups. Make time for connections and activities in your life.

Trust: Trust your support network and reach out as needed. Refer people elsewhere if you are too tired or compromised emotionally to be able to offer support.

Taking care of yourself takes care of the team and the organization.



Washington State Department of Health

Workplace Resilience Training Opportunity

https://www.doh.wa.gov/covid19/behavioralhealth

HEALTH SUPPORT TEAM (HST) TRAINING

Health Support Team (HST)

Background

The HST training uses a disaster behavioral health training curriculum to train volunteers in the provision of ongoing support services to colleagues, families, friends, and community organizations in the aftermath of any kind of disaster or significant incident.

Purpose

To provide volunteers with tools for coping in a crisis or disaster across the continuum of preparedness, acute response, and rebuilding including providing support to peers and community members.

Health Support Team (HST)

Participants Learn:

- How to provide ongoing support services to workplace teams, colleagues, and community organizations in the aftermath of a natural or human-made disaster
- Tools for coping with a crisis or disaster across the continuum of preparedness, acute response, and recovery

Training Includes:

- Disaster psychology concepts
- Information on how disaster affects people and their response
- Managing compassion fatigue and secondary trauma or stress

Health Support Team (HST)

Training Options

All trainings are 9 a.m. to 12 p.m.

Volunteer Training

Training for those with minimal to no background in behavioral health. The focus is on teaching HST concepts and equip volunteers with tools needed to support and assist their peers and communities.

Volunteer Training Dates:

- Friday, November 20
- Tuesday, December1

Trainer Training

Training for those with a basic-level understanding of behavioral health concepts. In addition to HST volunteer concepts, participants learn how to teach HST Volunteer Trainings.

Trainer Training Dates:

- Tuesday, November 10
- Friday, December 11
- Friday, December 15

NOTE: Future training dates added monthly

Health Support Team (HST)

Registration

To register for HST Training please complete the Pre-Registration Questionnaire. After completing the questionnaire, the training organizer will contact you with more information.

Questions

For HST training questions or for more information please email: DOH-Bhadmin@doh.wa.gov (ATTN: HST Training).

PsySTART Responder (PsySTART-R)

PsySTART-R

Background

PsySTART-R is an evidence-based method for healthcare workers, first responders, and healthcare systems to build resilience, anticipate and track stressors, and develop individualized coping plans during critical incidents.

Purpose

After training, individuals set up their personal PsySTART account, allowing them to track and graph their exposure to certain events that are more predictive of psychological risk, and set up a personal coping plan to address the risks. **Only the individual can see and access their triage information.**

Overall Goal

Flatten psychological curve for the workforce and help ensure ability to continue delivery of services to the community.

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PsySTART-R

Participants Learn:

- Psychological risks during disasters
- Personal resilience using the “Anticipate, Plan, and Deter” system:
  - **Anticipate** stress for self and families of healthcare workers
  - **Plan** how to handle expected stress during COVID-19
  - **Deter** expected stress during COVID-19

Training Includes:

- Training to use Psy-START Self-Monitoring System (App)

Questions and Registration

For PsySTART-R training questions or to register please email: DOH-Bhadmin@doh.wa.gov (ATTN: PsySTART-R)

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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

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Stay connected