JANUARY 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 strongly influences 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 response and the latest data and findings specific to this pandemic. Updates will be made monthly to reflect changes in baseline data.
- As we transition into a new year and towards the reconstruction and recovery phase of the pandemic, this forecast will attempt to highlight specific areas of psychosocial concern that warrant clinical attention and focus. Please see previous versions of the forecast for more detailed information on additional relevant areas of focus.
- During the first several months of 2021, the risk of a *disaster cascade* (more than one disaster impact within a short period of time) remains high. Secondary disaster impacts are often related to or triggered by the initial impact, and may include additional pandemic waves, economic hardships (unemployment, bankruptcy, eviction, food insecurity, etc.), and social and political disturbances (violence, civil unrest, protests, etc.).
- Any secondary disaster impacts within the first quarter of 2021 will also be occurring during the *disillusionment phase* of the initial disaster recovery cycle that began in March 2020.
- Ongoing behavioral health impacts in Washington continue to be seen in phases (Figure 1), with symptoms for most people increasing or plateauing in the first half of 2021.[1,2]
- The risk of suicide, depression, hopelessness, and substance use will remain high through the first quarter of 2021. The need for professional behavioral health support, as well as community resources, will be occurring at a time when community

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resources that are already stretched will have even less ability to support the increased need.

- Behavioral health experiences at this phase of the COVID-19 pandemic typically include symptoms of depression and anxiety, trouble with cognitive functioning, exhaustion, and burnout. **Active resilience development remains an essential intervention for all groups in our state.**
- We expect behavioral health issues related to isolation, stress, and fears to trend relative to COVID-19 cases and hospitalization rates. In addition, lack of vaccine availability and access could escalate medical risks for more people, contributing to subsequent behavioral health impacts.[3,4,5,6]

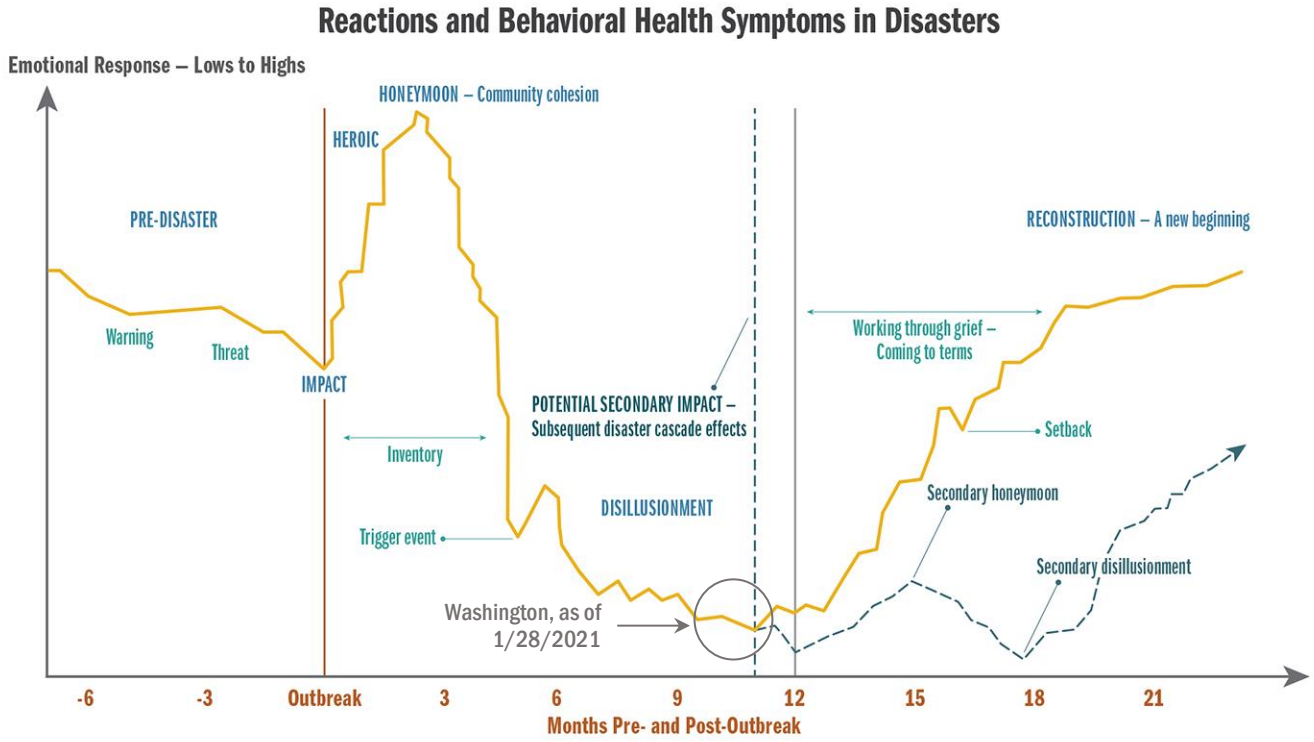

Figure 1: Phases of reactions and behavioral health symptoms in disasters. The dotted graph line represents the response and recovery pattern that may occur if the full force of a disaster cascade is experienced by a majority of the population.

Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA)[7]

Phase-Related Behavioral Health Considerations

Behavioral health symptoms will continue to present in phases.[1,2] 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 the Washington State Department of Health (DOH), which are available on the Behavioral Health Resources & Recommendations webpage.[a] With any significant increases in infection and hospitalization rates, symptoms of anxiety and risk of post-traumatic stress disorder (PTSD) related to fears of illness or death from

[a] https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/BehavioralHealthResources

the virus (or direct experience of illness or death among family and friends) are also likely to increase.[8,9]

A ***disaster cascade*** is a circumstance in which multiple disasters occur with separate impacts, or a single disaster occurs with cascading outcomes over a relatively short timeframe.[10] A *disaster cascade* could occur with any new rise in infections, which may trigger a secondary disaster impact (as represented by the dotted line in Figure 1). The secondary impact may be a result of the pandemic itself (infections and hospitalizations) or an indirect impact of the pandemic (economic hardship, social and political unrest, etc.).

Certain populations, such as some ethnic and racial minorities, disadvantaged groups, those of lower socioeconomic status, and essential workers, continue to experience disproportionately more significant behavioral health impacts.[11] Healthcare workers, law enforcement officers, educators, and people recovering from critical care may experience greater behavioral health impacts than those in the general population. The COVID-19 Behavioral Health Group Impact Reference Guide[b] provides detailed information on how people in specific occupations and social roles are uniquely impacted. Additionally, the Centers for Disease Control and Prevention (CDC) COVID-19 Racial and Ethnic Health Disparities[c] resource provides information about disparities related to COVID-19.

Areas of Focus for February and March 2021

Vaccine Hope, Hesitancy, and Patience

With vaccine distribution[d] in process throughout the state, hope associated with an end to the pandemic is stronger than it has been in several months in many communities. As an essential element of resilience, hope is a positive and powerful tool to leverage as we move through the 10th and 11th months of the pandemic.[12] While hope is essential, having patience with the vaccine distribution process is also extremely important for behavioral health. Although it may be difficult under the circumstances of this phase where emotional regulation skills are challenging for most people, taking a pause before reacting and responding can help increase patience.

Vaccine hesitancy is also a concern in some communities and groups. Efforts by medical and behavioral health providers should be focused on providing scientifically accurate, consistent, straightforward messaging for clients and patients about potential benefits and risks of the vaccine. Simple and consistent information about the vaccine development and testing process, as well as the distribution plan in our state, should be made available for patients and clients who are interested. Anxiety about potential side effects can also be alleviated by sharing accurate information on what is known to-date for those who have already received the vaccine. Additional information for providers can be found on DOH's Healthcare Provider Resources & Recommendations webpage.[e]

Behavioral Health Outcomes for Survivors of COVID-19

As the number of people infected with the virus continues to increase nationally, so does the number of survivors. Recently, concerning research, provider bulletins, and anecdotal accounts

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[b] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19BehavioralHealthGroupImpactReferenceGuide.pdf

[c] https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-impact.html

[d] https://www.doh.wa.gov/Emergencies/COVID19/vaccine

[e] https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders

have been documenting specific behavioral health symptoms and diagnoses which seem to be occurring in those who have survived COVID-19.[13,14] Treatment providers and behavioral health systems should be aware of these findings, which include new instances of anxiety disorders and PTSD, as well as a new diagnosis identified as ***post-COVID-19 psychosis***.[15] For adults over 65 years, there also seems to be a slight increase in diagnoses of dementia in the first 14–90 days after a COVID-19 diagnosis.[13]

Ongoing research is being conducted on these phenomena and the extent to which a COVID-19 diagnosis may be causal to new incidence of behavioral health disorders. Anecdotal evidence suggests that this pattern has been seen both internationally and nationally. For example, an article from NPR[f] describes patients' experiences post-COVID-19 and notes current research on potential mental health disorders within the first three months, but there are no completed studies regarding whether the mental health risks return to baseline or continue to increase. An article from the New York Times[g] also notes unknown factors and describes findings from medical professionals across the world who have reported a small number of COVID-19 patients "who had never experienced mental health problems are developing severe psychotic symptoms weeks after contracting the coronavirus."

Pandemic Apathy

For many people, the length of time that this pandemic has been influencing life has resulted in an experience where general exhaustion may be manifesting in the form of apathy about the pandemic. 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 presenting on both ends of the spectrum. (Please see pages 3–4 of the July forecast update[h] for more information about the concepts of acting "out" and acting "in.")

As the pandemic continues, behavioral choices about compliance and caution may be heavily influenced by impacts individuals have personally experienced, while more cautious behaviors are associated with more significant and negative experiences of the pandemic or the virus itself.[16]

Depression and Suicide Risk

Depression is one of the most common emotional responses during the *disillusionment phase* of disaster response and recovery. Many youth, teens, and young adults are experiencing significant symptoms of depression during the pandemic.[17,18] Older adults are also a group of concern due to isolation and lack of social connection.[18] First responders, healthcare professionals, and behavioral health providers are also feeling emotional impacts of the pandemic as more patients and clients need treatment, support, and preventive care.

As the risk of depression increases, so does the risk of suicide. Active suicide prevention should be promoted through sharing information about recognizing warning signs[i] and other related resources, and checking in with colleagues, friends, family members, and neighbors. When

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[f] https://www.npr.org/sections/coronavirus-live-updates/2020/11/11/933964994/after-covid-diagnosis-nearly-1-in-5-are-diagnosed-with-mental-disorder

[g] https://www.nytimes.com/2020/12/28/health/covid-psychosis-mental.html

[h] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19StatewideSummaryForecastofBHImpacts-July2020Update.pdf

[i] https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HelpSomeoneElse#common

someone is expressing thoughts of self-harm, access to dangerous means of harm should be removed,[j] and medications, poisons, and firearms should be stored safely. Suicides consistently account for approximately 75% of all firearm-related fatalities in Washington.[19] Storing firearms safely[k] and temporarily removing them from the home[l] of an at-risk person during a crisis can save lives.

Additional Resources:

- Anyone concerned about depression or other behavioral health symptoms should talk with their healthcare provider.
- **Washington Listens**[m] (833-681-0211) is a hotline for people experiencing stress due to COVID-19.
- **Health Care Authority**: Mental health crisis lines[n]
- **National Suicide Prevention Lifeline**:[o] Call 800-273-8255 (English) or 1-888-628-9454 (Español).
- **Crisis Connections**:[p] Call 866-427-4747.
- **Crisis Text Line**:[q] Text HEAL to 741741.
- **Department of Health**: Crisis lines for specific groups[r]
- **TeenLink**:[s] Call or text 866-833-6546.
- **Washington Warm Line**:[t] Call 877-500-9276.
- **Washington State COVID-19 Response**: Mental and emotional well-being webpage[u]

Exhaustion and Cognitive and Emotional Disruptions

General fatigue, exhaustion, and feeling overwhelmed are common experiences in the *disillusionment phase* of disaster response and recovery.[20,21,23] Feeling exhausted can be both caused *and* worsened by problems with sleep, which is commonly disrupted by prolonged periods of stress. Recognizing the need to engage in healthy sleep hygiene practices (like going to sleep and waking around the same time each day), limiting blue light exposure (such as light from computer screens and other digital devices), exercising, and practicing healthy eating habits will help to mitigate these symptoms for both children and adults.

Long-term exhaustion may also contribute to other behavioral health symptoms, such as reduced or diminished cognitive and higher-level thinking capacity. This is also likely to be impacted by increased stress in this phase. Exhaustion significantly worsens the personal

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[j] https://www.seattlechildrens.org/health-safety/keeping-kids-healthy/prevention/home-checklist/

[k] https://www.kingcounty.gov/depts/health/violence-injury-prevention/violence-prevention/gun-violence/LOCK-IT-UP.aspx

[l] https://hiprc.org/firearm/firearm-storage-wa/

[m] https://www.walistens.org/

[n] https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines

[o] https://suicidepreventionlifeline.org/

[p] https://www.crisisconnections.org/24-hour-crisis-line/

[q] https://www.crisistextline.org/

[r] https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention/HotlinesTextandChatResources

[s] https://www.crisisconnections.org/teen-link/

[t] https://www.crisisconnections.org/wa-warm-line/

[u] coronavirus.wa.gov/wellbeing

impact of pre-existing behavioral health symptoms, such as depression, anxiety, or trauma, and can make it much more difficult for individuals to deal with their mental health. As such, consistently working to practice self-care, particularly in the form of consistent and restorative rest, is a priority.

Cognitive concerns and the tendency to react emotionally are hallmarks of long-term stress and trauma and are significant in the context of disaster response and recovery.[22,23] Many people are experiencing problems with memory that impact the ability to function at home and at work, such as tracking details, attention, planning, and organizational thinking. In addition to these cognitive issues—in part as a function of them—many people are reacting in a more emotional way than they otherwise might to neutral events and interactions.[22]

Recognizing the way that the human brain functions in the context of a disaster and providing that information publicly may help reduce the stigma around these cognitive issues and provide opportunities for many people to learn how to manage them more effectively. Normalizing the experiences of stress and trauma affecting the brain, body, and functioning helps increase resilience.

Workplace Burnout, Compassion Fatigue, and Moral Injury

Workplace burnout and similar phenomena for healthcare and human services workers have been increasing steadily in the last several months and will likely continue to increase for the first several months of 2021.[24,25] Compounding this issue is the concern that some workers feel they may experience discrimination in the workplace for voicing concerns about mental health.

We are likely to continue seeing an increase in the experiences of burnout, compassion fatigue, and moral injury for all types of healthcare workers due to the length and pervasiveness of the pandemic. Additionally, there will likely be workplace stressors related to economic pressures and divisiveness among people and groups. For information on mitigating these impacts, please see the COVID-19 Guidance for Building Resilience in the Workplace.[v]

Substance Use

According to the Washington Poison Center (WAPC), there are recent and concerning trends for adolescents and teens. Specifically, for children ages 6–12, 35% used cannabis in 2019, compared to 41% in 2020. For youth ages 13–20, those numbers jump from 63% in 2019 to 78% in 2020.[26] Relative to 2019, exposures to THC (delta-9-tetrahydrocannabinol, one of many chemical compounds in cannabis products) reported to WAPC increased 20% in adults ages 21–59 years.

There are similar concerns regarding adults over 60 years old related to medication errors and the misuse of household cleaning products and disinfectants.[27] Data also suggests there has been a higher call volume to the WAPC about the intentional use of substances for self-harm or abuse. It is important to help older adults with medication management to avoid errors, and to encourage regular preventive care appointments in order to foster support and prevention related to self-harm or suicidal ideation.

Recent research has also identified a concerning trend around increased alcohol use in women. This may reflect the multitude of responsibilities that many working women have been faced with, such as managing homeschooling and trying to maintain employment throughout the pandemic.[28] Substance use will likely continue to be a problematic coping choice for many, with the potential for further increases in 2021 due to economic, workplace, and school related uncertainties remaining a significant part of the pandemic.[29] Parenting in the context of work

[v] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19-BuildingWorkplaceResilience.pdf

and other life demands can also be affected by substance use and misuse. Though substance use may be a coping tool for many, it could quickly contribute to an unhealthy environment for both children and adults. Individuals concerned about substance use are encouraged to talk with their healthcare provider. Visit the state's coronavirus response well-being webpage[u] for resources to help with substance use.

Potential for Violence and Aggression

Increases in FBI background checks for handgun sales[w] in December could indicate significantly more risk for gun violence, particularly with where we are in the disaster response and recovery cycle, as well as the current sociopolitical climate.[30,31] Most notably, handgun ownership is associated with a significantly increased and enduring risk of suicide by firearm.[32] The FBI conducted 39,695,315 background checks nationwide for gun purchases and other related services in 2020. In comparison, the FBI conducted a total of 28,369,750 background checks for gun purchases in the year 2000.[30] Firearm background checks in December 2020 were higher than they've been in any month for the past 21 years, with 3,937,066 checks, which is a 34% increase from December 2019.

In Washington, 607,170 firearm background checks were conducted in 2019, compared to 781,471 in 2020, which is a 23% increase. The combination of the COVID-19 pandemic and the election season has caused a significant increase in sociopolitical discord, extremist views, and extremist behaviors, according to a U.S. Department of Homeland Security threat assessment.[33] With heightened emotions due to the pandemic, increased extremist behavior, and increased gun sales, it is more important than ever for people and communities to promote resilience, increase connection, be mindful of what others may be experiencing, and be intentional about practicing patience. Some ways to decrease risk[x] are to **keep all firearms securely locked up**, prevent unauthorized access by children, and ask a friend or relative to take firearms in an emergency transfer until the crisis is addressed. Some firearms dealers will take firearms and store them safely for families during a crisis.

Children and Families

Almost 30% of parents are experiencing negative mood and poor sleep quality, with a 122% increase in reported work disruption and 86% of families experiencing hardships, such as loss of income, job loss, increased caregiving burden, and household illness. Families experiencing hardship are also reporting navigating their child's disruptive or uncooperative behavior and anxiety.[34] When children go through a hard time, such as living through a disaster, they will need extra attention, comfort, and attention from their parents. It's important to try to be patient with the child who is upset and may be having tantrums or becoming withdrawn. It's also important to try to keep the family rules about behavior the same, if possible. When children don't have help with boundaries and limits on their behavior, it can make them feel less safe and more anxious.

It is also important to note that mental health-related visits to emergency departments (EDs) for children ages 5–17 between April and October 2020 increased by 24–31%, compared with the same time period in 2019.[35] It is normal for children to be experiencing difficulty during this time, but if you have concerns about safety, please reach out for professional support and

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[w] It is important to note that the number of firearm background checks initiated through the NICS (National Instant Criminal Background Check System) does not represent the number of firearms sold. Based on varying state laws and purchase scenarios, a one-to-one correlation cannot be made between a firearm background check and a firearm sale.

[x] https://saferhomescoalition.org/what-is-a-safer-home/

assistance. For more detailed information on this topic, see the Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic.[y] This resource provides general information about common emotional reactions of children, teens, and families during disasters. It also has suggestions on how to help children, teens, and families recover from disasters and grow stronger.

Suicidal Ideation and Attempts in Youth

We are continuing to monitor rates of ED visits for psychological distress, suicidal ideation, and suicide attempts for adolescents, youth, and young adults. The convergence of factors that may be uniquely affecting the psychological health of these groups in our state leading into 2021 is **very concerning**. There are a number of factors, including the current *disillusionment phase* of disaster, as well as the unique challenges faced by young people this year, that may contribute to an increase in distress.

We are strongly recommending continual monitoring and supporting of adolescents and youth. For parents and caregivers, this can include checking in and asking youth and teens about thoughts of self-harm or suicide. Asking about suicide does not increase risk and, in fact, increases safety and often helps lead to timely intervention. For medical and behavioral health providers, this includes screening for suicidal ideation and behaviors, and regularly checking in about access to means, such as substances or firearms, for inflicting self-harm of any kind.

Child Abuse

Child abuse and domestic violence often increase significantly in post-disaster settings, such as the COVID-19 pandemic.[36,37,38] Traumatic brain injuries (TBIs) among very young children are the most commonly studied and among the most concerning form of injury due to child abuse after a disaster.[39] The national rate of ED visits related to child abuse and neglect resulting in hospitalization has increased among children across all ages, compared to 2019.[40] While we don't have clear evidence of increasing numbers of child abuse-related ED visits in Washington (yet), we are very concerned and want to make sure families have the support they need during these challenging times.[41]

Due to school closures and social distancing measures, more children and youth are online and unsupervised than usual. Predators that are sexually interested in children are using this opportunity to entice children to produce sexually explicit material (i.e., online enticement).[42] National rates of online enticement of children have increased 98.66% – from 15,220 reports in 2019 to 30,236 in 2020 – during the January–September time period.

Additionally, as child traffickers have adjusted to the reluctance of buyers to meet in person to engage in commercial sex, some traffickers are now offering virtual subscription-based services in which buyers pay to access online images and videos of the child being sexually abused. Accordingly, compared to the January–September time period of 2019, there has been a 63.3% increase in National CyberTipline reports (i.e., reports of distribution of child pornography and child sexual abuse material) for the same time period in 2020 (11,286,674 reports in 2019 versus 18,423,495 in 2020).[48] According to Seattle Police Department's Internet Crimes Against Children (ICAC) Unit, which processes all statewide data of this nature, Washington CyberTips and online enticement reports are following the same trends as national-level data.

[y] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19-FamilyToolbox.pdf

In an online setting, most educators and healthcare providers are asking for a parent or caregiver to be present during all the interactions between the child and educator or provider. This may change or limit the opportunities for an educator/provider to ask the child directly or inquire about the way things are going at home. Typical cues that educators/providers use to spot signs of abuse or neglect may not be applicable in an online environment.

Potential signs of child abuse or neglect that may be visible in an online setting:

- Changes in levels of participation in online classes (unusually vocal, disruptive, very withdrawn, frequently absent or late to class, leaving early without explanation or notice, not wanting to leave).
- Extremely blunted or heightened emotional expressions.
- Appearing frightened or shrinking at the approach of an adult in the home.
- Age-inappropriate or sexualized knowledge, language, drawings, or behavior.
- Observable bruising on face, head, neck, hands, or arms (that is atypical for an active child of that developmental age). Recognize that children can have bruises for many reasons (e.g., rough playing, climbing).
- A change in the child's general physical appearance or hygiene (e.g., a child that normally presents in weather-appropriate clothing is no longer doing so, or a child that normally appears clean begins to appear with consistently greasy hair).
- Indications that a young child may be home alone.
- Observable signs in the background of health or safety hazards, harsh discipline, violence, substance abuse, or accessible weapons. Keep in mind that substance misuse is not, by itself, reason for removing a child from the home.
- Parent or caregiver giving conflicting, unconvincing, or no explanation for a child's injury.
- Parent or caregiver describing the child as bad, worthless, or burdensome.

Refer to DOH's COVID-19 Guidance for Educators: Recognizing and Reporting Child Abuse and Neglect in Online Education Settings[z] for more information.

It is important to recognize the challenges parents and caregivers are experiencing during this unprecedented time. Many parents and caregivers have the responsibility of balancing their work schedule with their child's distance learning and limited childcare options, or they may be experiencing job loss and financial instability. The Washington State Resource Guide for Parents and Caregivers: Caring for Your Family During COVID-19[aa] (available in multiple languages) is another resource to help strengthen the resilience of parents and families. Refer families in need of assistance to community supports, which can be found through state resources, such as Help Me Grow Washington,[bb] Washington 2-1-1, and Washington Listens.[m]

[z] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/821-113-COVID19RecognizingReportingChildAbuse.pdf

[aa] https://dcyf.wa.gov/publications-library?combine_1=fs_0039&combine=&field_program_topic_value=All&field_languages_available_value=All

[bb] https://helpmegrowwa.org/

Key Things to Know

- Medical and specialty providers,[cc] organizations, and facilities should continue developing resources and staffing to address behavioral health impacts of the pandemic that are likely to increase significantly, particularly under circumstances where a disaster cascade may occur. Support strategies need to be tailored based on the current phase of the incident and the target population.
- With cold and flu season, many individuals will have difficulty determining whether their symptoms of illness are COVID-19 related or due to another virus. As such, employees may be required to isolate, quarantine, or follow other guidelines that restrict contact with others. In the case that specific companies, businesses, or occupational roles face mass isolation or quarantine, delays or disruptions in supply chains and services could occur.
- In Washington, as infection rates have climbed throughout November and the possibility of a disaster cascade in the next few months remains high, the risk of suicide will continue to be high throughout the first quarter 2021. Data suggest that young adults (ages 18–29) and older adults (60+) are particularly vulnerable.[43] We encourage healthcare providers to routinely screen and ask their patients about suicidal thoughts or plans. The National Institute of Mental Health's Ask Suicide-Screening Questions (ASQ) Screening Tool[dd] can be used for patients ages 10–24.
- It is anticipated that rates of depression and anxiety in the general population during this pandemic are likely to be much higher than is typical after a natural disaster where there is a single impact point in time. Clinically significant symptoms of anxiety or depression are likely to occur in 30–60% of the general population (equivalent to 2.25 million–4.5 million people in Washington[39]) due to the chronic and ongoing social and economic disruption in people's lives as a result of the COVID-19 pandemic.
    - Weekly survey data suggest that over 1.8 million Washington adults are experiencing symptoms of anxiety on at least most days, and over 1.3 million are experiencing symptoms of depression on at least most days (Figure 2).[44]
- If we experience an additional significant increase of illness as a function of this pandemic, significant behavioral health reactions or functional impairments may be experienced by approximately 45% of the population.[45,46]
- Healthcare providers and organizations should continue to suggest healthy alternatives for coping and sources of support for staff, as well as patients and clients. For additional resources, visit DOH's Behavioral Health Resources & Recommendations webpage.[a] Planning should include creative and flexible behavioral health service provision, particularly within rural communities and underserved populations, with specific mindfulness around cost of services, access to technology (e.g., for telehealth), availability of services, and stigma related to behavioral health.
- Suicide and drug overdose rates are both highly influenced by unemployment.[15,47,48,49] For every 1% increase in the unemployment rate, there is a corresponding 1.6% increase in the suicide rate[48] and an increase of one drug overdose death per 300,000 people.[47] Additionally, a recent study from the National Bureau of Economic Research reported "the size of the COVID-19-related unemployment to be between 2 and 5 times larger than the

[cc] https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19BehavioralHealthGroupImpactReferenceGuide.pdf#page=8

[dd] https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit_155867.pdf

typical unemployment shock, depending on race [and] gender, resulting in a 3.0% increase in mortality rate and a 0.5% drop in life expectancy over the next 15 years for the overall American population. We also predict that the shock will disproportionately affect African Americans and women [in the short term] while white men might suffer large consequences [in the long term]. These figures translate in a staggering 0.89 million additional deaths [nationally] over the next 15 years."[50]

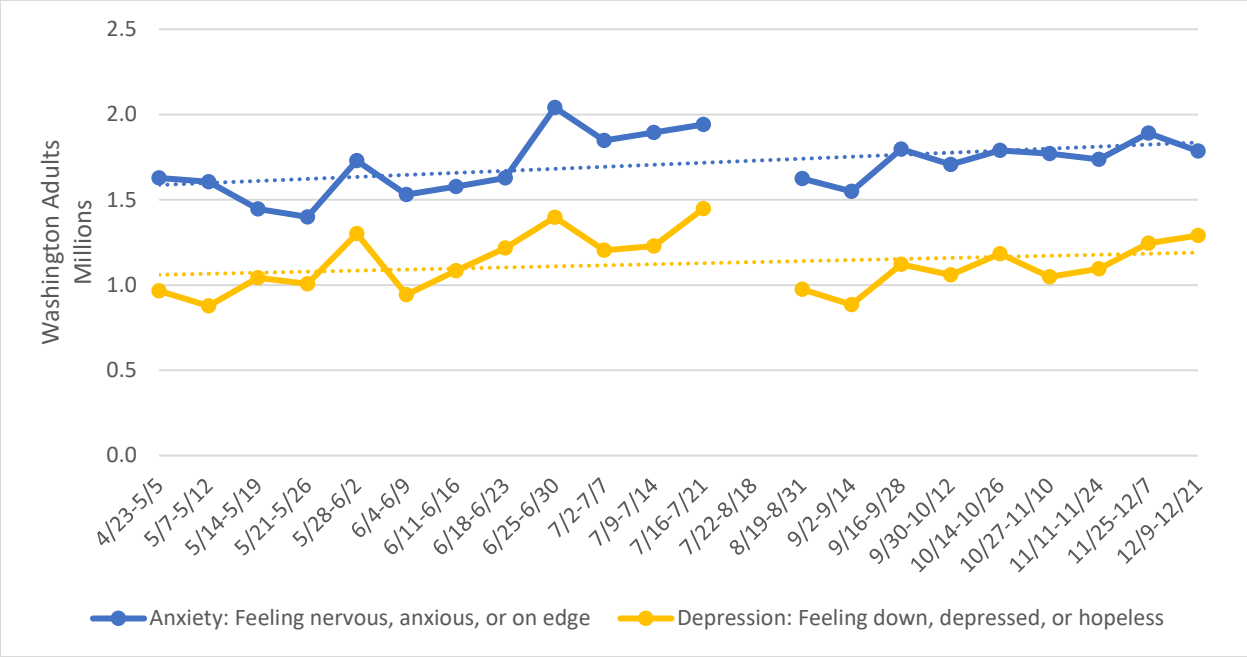

Figure 2: Estimated Washington adults experiencing symptoms of anxiety and depression at least most days, by week: April 23–Dec 21 (Source: U.S. Census Bureau).

Note: Census data is unavailable for the period of July 22–August 18.

- In Washington, approximately 1,231 people die from suicide annually, and 1,173 people die from drug overdose annually.[51]
- The seasonally adjusted unemployment rate in Washington was 7.1% in December 2020, 2.8 percentage points higher than December 2019.[52] If economic impacts of the pandemic are sustained over a longer term, this could result in an additional 4,978 deaths annually by suicide, and drug overdose may also increase proportionally.

- An eventual return to pre-pandemic baseline levels of functioning in 2021 is anticipated for many people.

Acknowledgements

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