



COVID-19 DISASTER CASCADE

RECOVERY

UPDATES

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LEARNING OBJECTIVES

01

Identify a summary of current trends in behavioral health

02

Recommend specific evidence-based resilience and coping strategies for populations at risk

03

Increase awareness and facility about cross-cultural communication about behavioral health issues



AGENDA

- 01 INTERNATIONAL TRENDS
- 02 US & WA STATE
- 03 IMPLICATIONS FOR PROVIDERS
- 04 FOCUS FOR FALL / SEASONAL TRENDS



Consider the context of where we are with
behavioral health in 2023

“A problem never exists in isolation; it is surrounded by other problems in space and time. The more of the context of a problem that a scientist can comprehend, the greater are their chances of finding a truly adequate solution.”

-Russell Ackoff

INTERNATIONALLY

Disasters

The number of disasters has increased by a factor of five over the 50-year period, driven by climate change, more extreme weather and improved reporting. But, thanks to improved early warnings and disaster management, the number of deaths decreased almost three-fold.



Mental Health

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic.

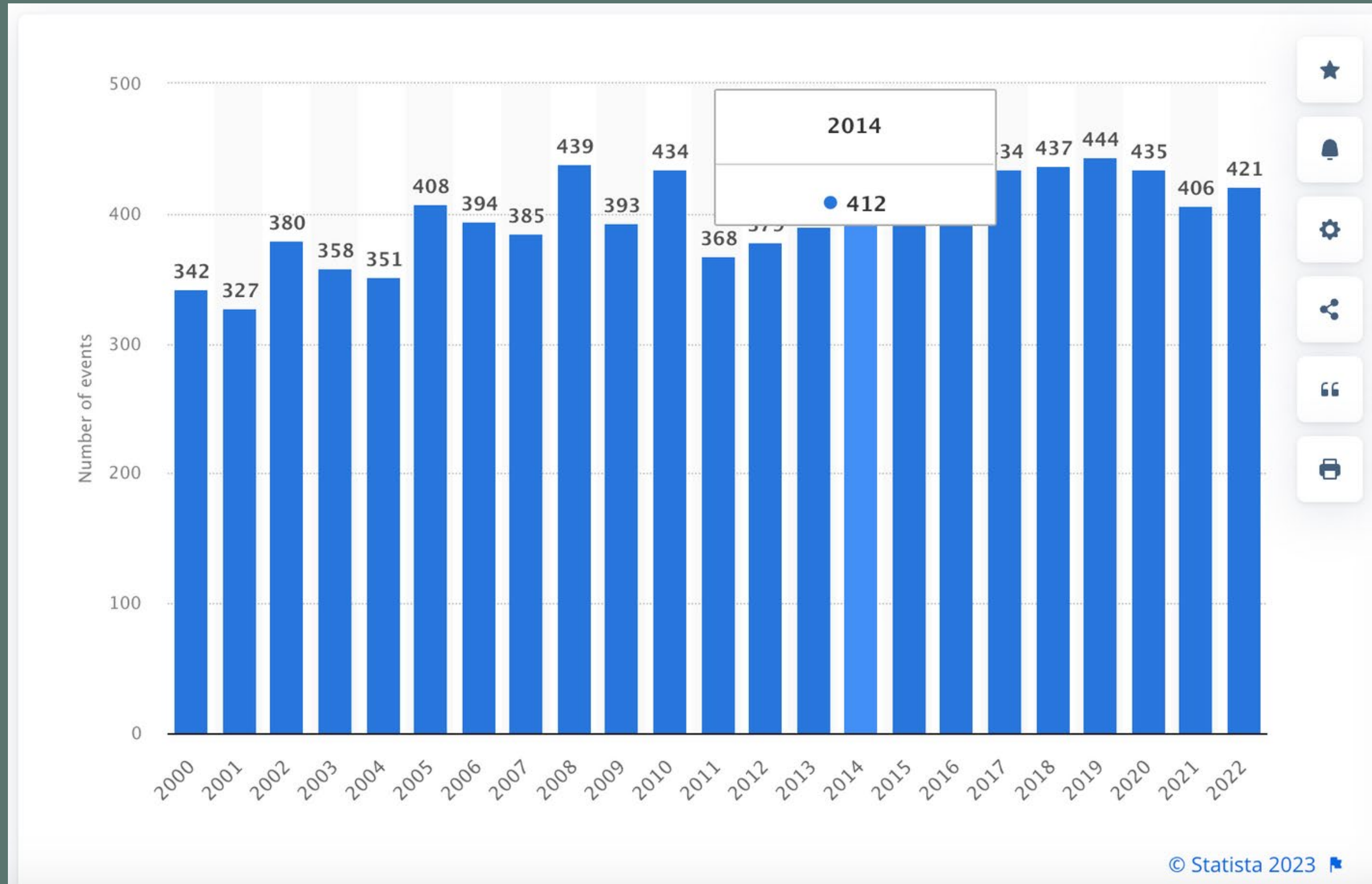


Resilience

Globally, 1 out of 4 people among the general population and health professionals experienced low resilience due to COVID-19 adversity. The prevalence of low resilience was twice as much among the general population compared to health professionals.



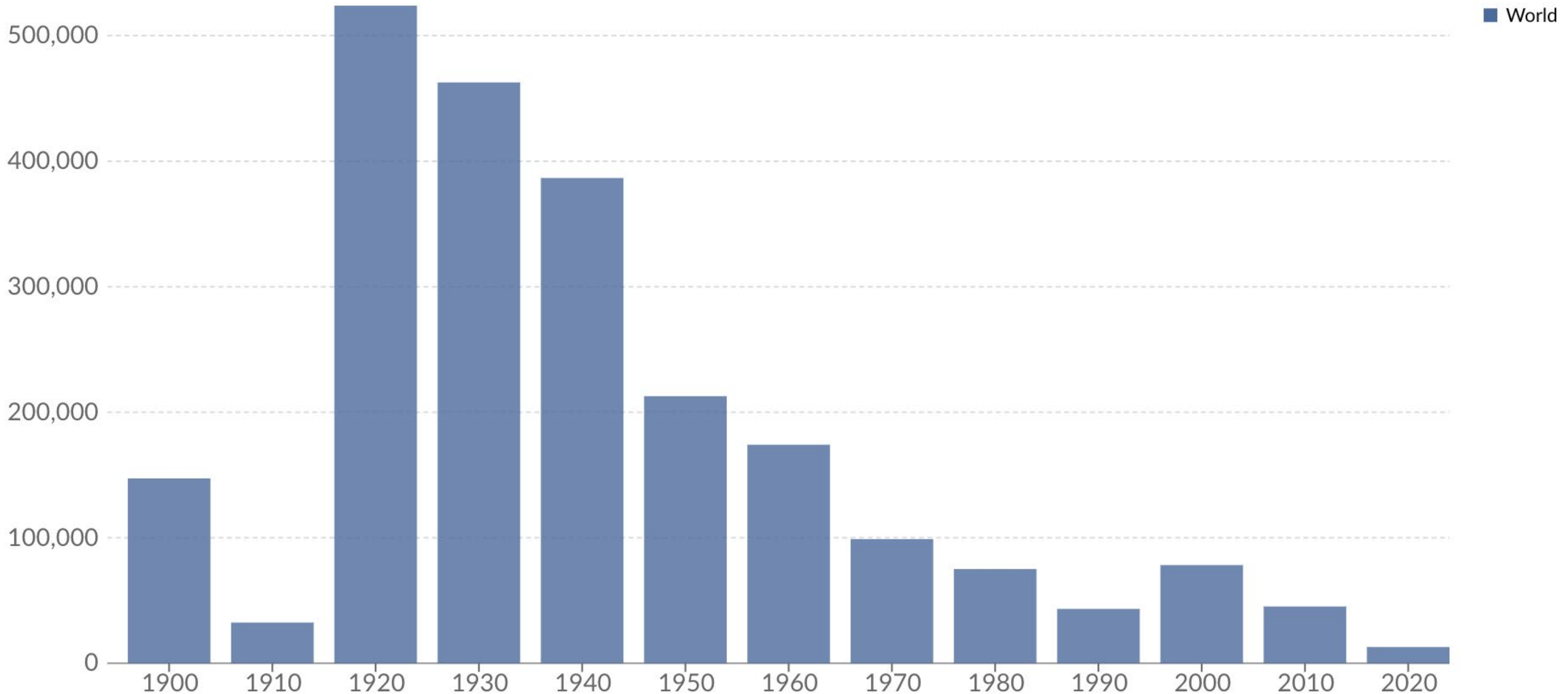
Number of natural disaster events worldwide from 2000 to 2022



For an event to be characterized as a natural disaster event, at least one of the criteria must be met: economic loss of 50 million U.S. dollars; insured loss of 25 million U.S. dollars; ten fatalities; 50 injured; or 2,000 homes or structures damaged.

Decadal average: Annual number of deaths from disasters

Disasters include all geophysical, meteorological and climate events including earthquakes, volcanic activity, landslides, drought, wildfires, storms, and flooding. Decadal figures are measured as the annual average over the subsequent ten-year period.



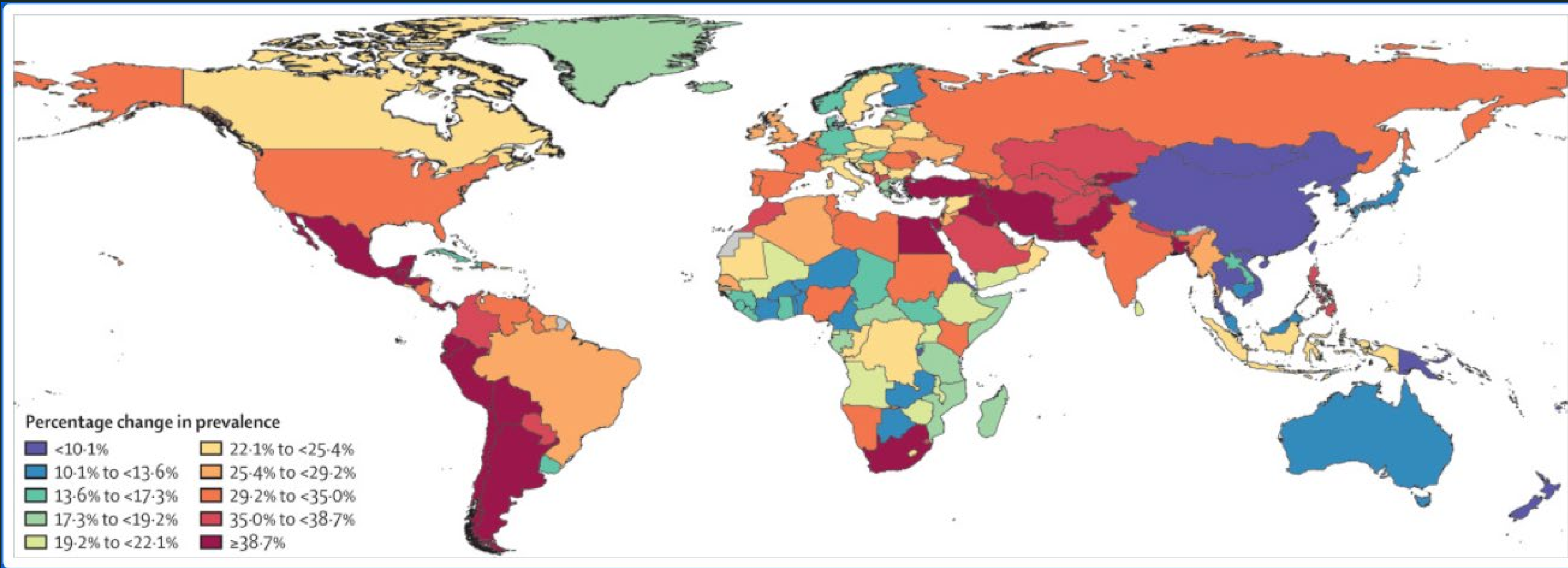
Source: Our World in Data based on EM-DAT, CRED / UCLouvain, Brussels, Belgium – www.emdat.be (D. Guha-Sapir)

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Note: Decadal figures are measured as the annual average over the subsequent ten-year period. This means figures for '1900' represent the average from 1900 to 1909; '1910' is the average from 1910 to 1919 etc.

<https://ourworldindata.org/natural-disasters>

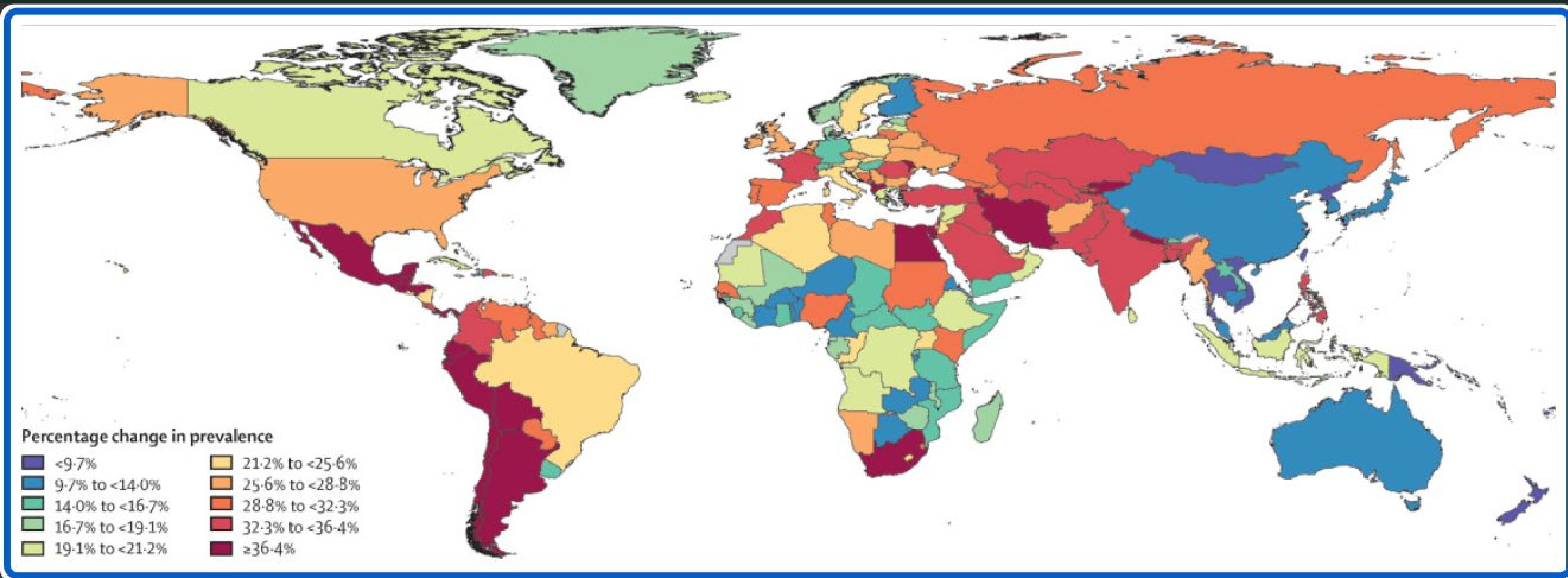
Change in the prevalence of major depressive disorder after adjustment for (ie, during) the COVID-19 pandemic, 2020



[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02143-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02143-7/fulltext)

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

Change in the prevalence of anxiety disorders after adjustment for (ie, during) the COVID-19 pandemic, 2020

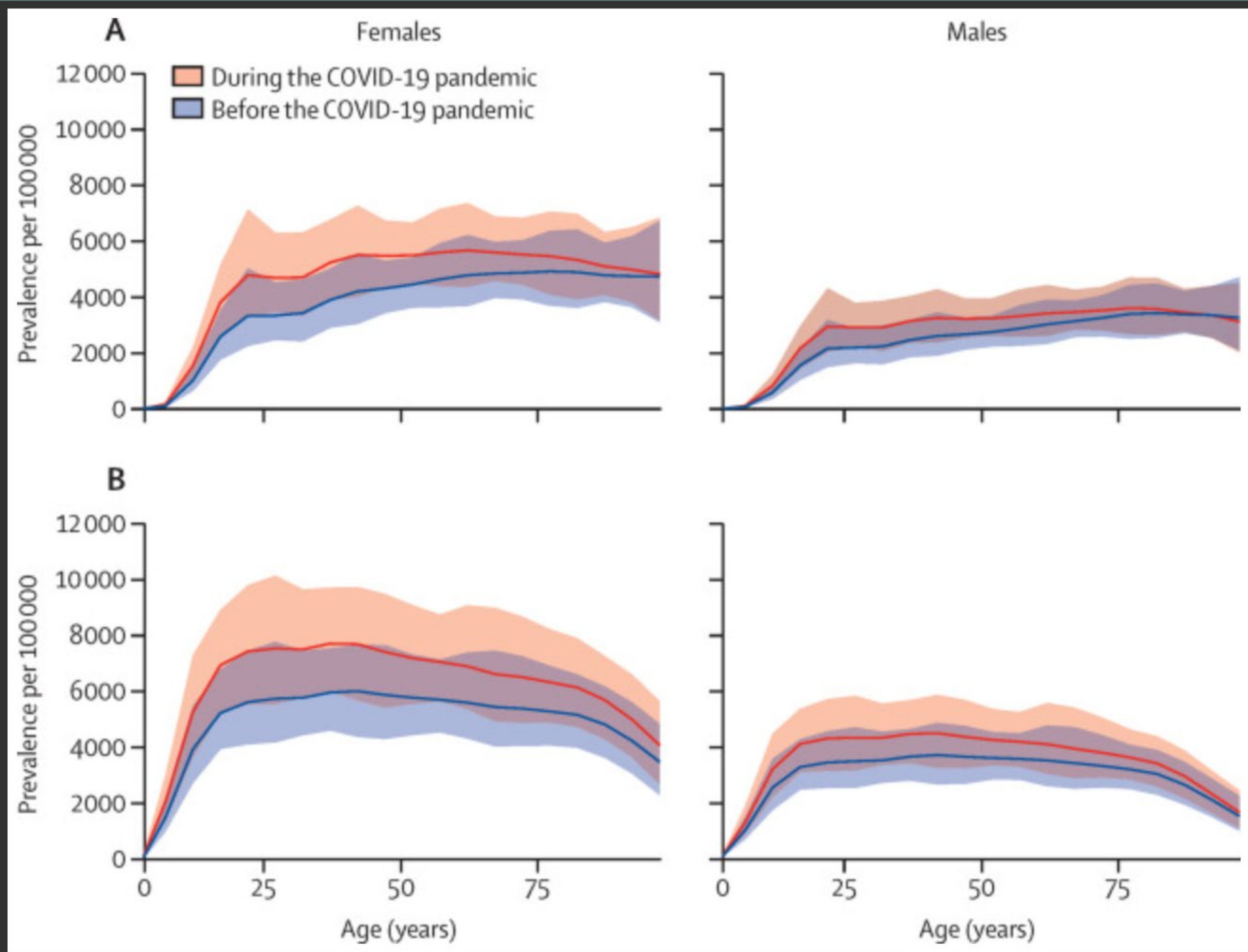


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Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

COVID-19 Mental Disorders Collaborators et al

Global prevalence of major depressive disorder (A) and anxiety disorders (B) before and after adjustment for (ie, during) the COVID-19 pandemic, 2020, by age and sex.



[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02143-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02143-7/fulltext)

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

[COVID-19 Mental Disorders Collaborators †](#)

BEHAVIORAL HEALTH INCREASING IN IMPORTANCE AND ATTENTION



Prevalence rate increases can be seen as a ‘both / and’ rather than an ‘either / or’. We are paying more attention to mental and behavioral health, people are more likely to discuss symptoms with a healthcare professional, they may be more likely to suspect or name an experience they have as a mental health ‘disorder’ AND the true rates of mental illness may be increasing.

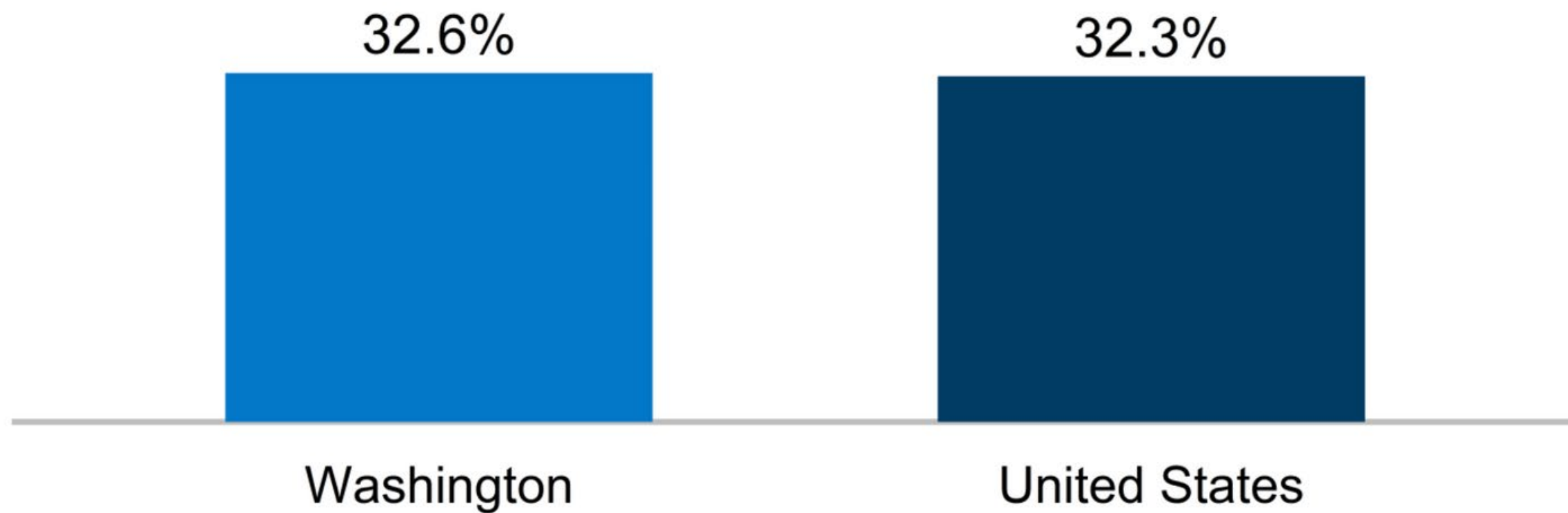
Foulkes, L., & Andrews, J.L., 2023 Are mental health awareness efforts contributing to the rise in reported mental health problems? A call to test the prevalence inflation hypothesis, *New Ideas in Psychology*, 69, 10.10.10, ISSN 0732-118X, <https://doi.org/10.1016/j.newideapsych.2023.10.10.10>. (<https://www.sciencedirect.com/science/article/pii/S0732118X2300003X>)



US AND WASHINGTON

- In 2021, 22.8% of adults had a mental illness, while only 18.8% of adults received any form of treatment. By Q2 2022, behavioral health volumes were 18.1% above pre-pandemic levels.
- 84% of patients who went to the ED for alcohol or substance use disorder treatment did not receive follow-up inpatient or residential treatment center care within 60 days.
- While prescriptions for Adderall and its generic to ADHD patients under 21 and over 45 remained relatively consistent with pre-pandemic levels, prescriptions skyrocketed by 58.2% in the 22-44 age cohort from Q1 2018 to Q2 2022.
- Americans under 18 are experiencing high rates of certain behavioral health conditions, including a 107.4% increase in eating disorder diagnoses and a 44% increase in depression disorders.

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder, February 1 to 13, 2023



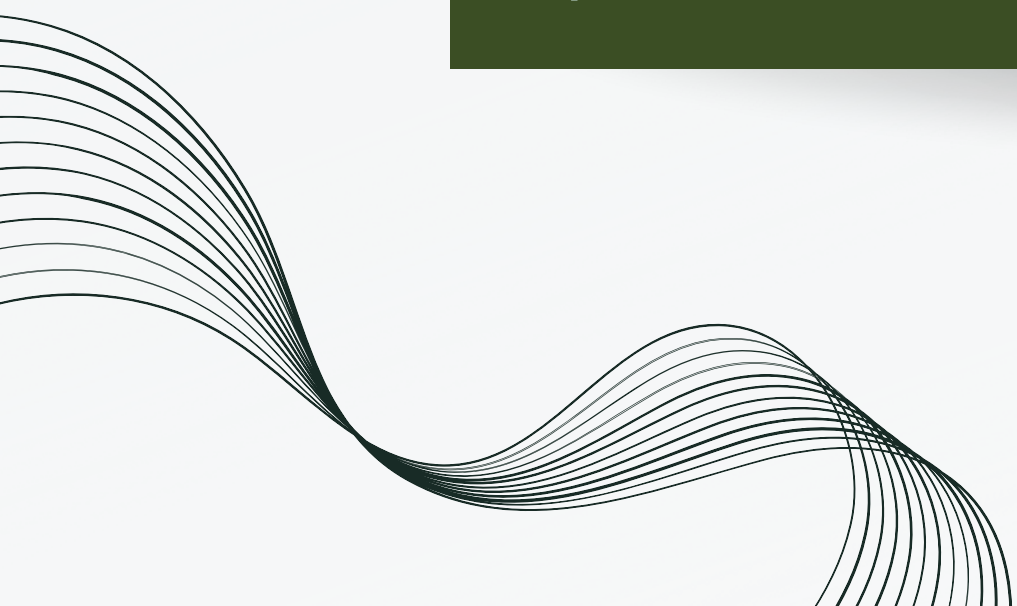
Something we don't want to be "on trend" with.

U.S. Census Bureau, Household Pulse Survey, 2023

DISASTER OVERLOAD

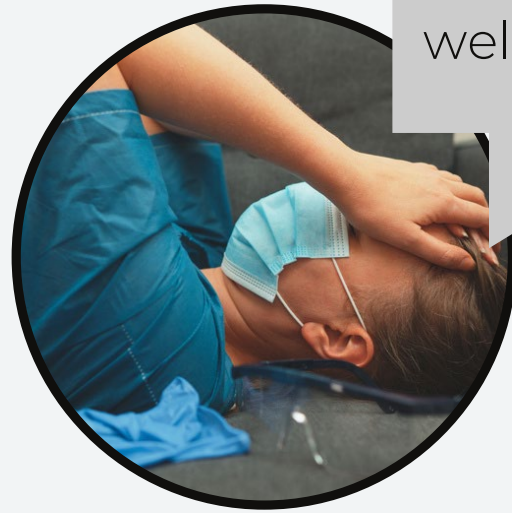
Compassion Fatigue on a Community Level: too much bad news, too many critical incidents, too many large-scale issues to overcome

Substantial emotional exhaustion for healthcare workers specifically, exacerbated by the COVID pandemic



BURNOUT COMBINED WITH SECONDARY TRAUMATIC STRESS

I have never been caught like this between knowing that my job is more important than ever, and feeling like I just can't do it, or do it well any more. I am tired all the time.



It's getting tough with my colleagues. The humor is really dark, people are really callous, and there isn't a lot of empathy any more. We just don't have it to give, and I feel really guilty. about that.





Implications for providers

October and November are typically “harder” for many people- kids and adults- when it comes to behavioral health.

CLINICAL SIGNIFICANCE

- The DSM, despite its flaws, makes certain aspects of diagnosis very clear. In order to qualify for a diagnostic code, for the vast majority of things in the DSM, the patient needs to experience “clinically significant distress or impairment”.
- This is important in terms of accurate diagnosis, and ethics; not pathologizing that which is normative under the circumstances for the individual in their experience.



Our Roadmap: the IDEAL process

How do we get there?

I

Identify
internal
strengths and
external
resources

D

Develop insight,
awareness (and
self-regulation)

E

Engage in
resilience
building

A

Active coping
techniques to
reduce
symptoms

L

Listening and
other healthy
communication
tactics

IDENTIFY

INTERNAL STRENGTHS

- Cooperation and communication
- Problem solving
- Self-awareness
- Empathy
- Advocating for yourself
- Goals and aspirations

EXTERNAL RESOURCES

- What has worked well for you in the past?
- Who can you reach out to?
- What resources are still needed?



Develop Insight & Awareness

Being aware of your internal (and external) states; how you express yourself, how you approach others, and how regulated you are, or what to do when you are disregulated.

Engage in resilience building



Purpose

What motivates you? What is important to you? What are you striving for, or what helps you move forward?

Adaptability

How can you make adjustments that are needed, to time, space, fun, expectations, etc? How can you respond with curiosity?

Hope

How can you shift your thinking from 'threat' to 'challenge' and what are the realistic opportunities you have?

Connection

To whom or what are you connected? Connection can be anything that prevents isolation.

Active Coping

Anxiety

- Sensory interventions:
 - Frozen orange, ice
 - Music
 - Shower
 - Fuzzy slippers
- Apps
- Breathing = calming



Exhaustion

- Sleep hygiene
 - Same bed and wake times
 - Alcohol and sugar considerations
 - Notepad (not phone or laptop)
- Apps
- Boundaries



Depression

- Behavioral activation:
 - Small steps
- Get a “this makes me feel better” list made on a good day
 - 5 minutes to 5 hours
- Movement of any kind
- Connection and support from others



Listening & Effective Communication

- Knowing what "temp zone" you are in
- Recognizing what "temp zone" others are in.
- Application of a "challenge" mindset (rather than threat)
- Mindful use of your non-verbal messages.
- ACTIVE LISTENING



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