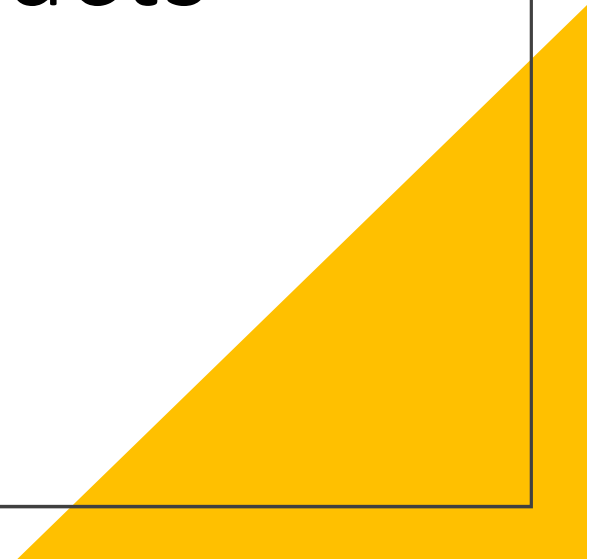


COVID-19 & Behavioral Health Impacts

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"Epidemics are hardly quiet occasions they are experienced and responded to in real time by the affected community and then later discovered, heralded, and explained by historians" –

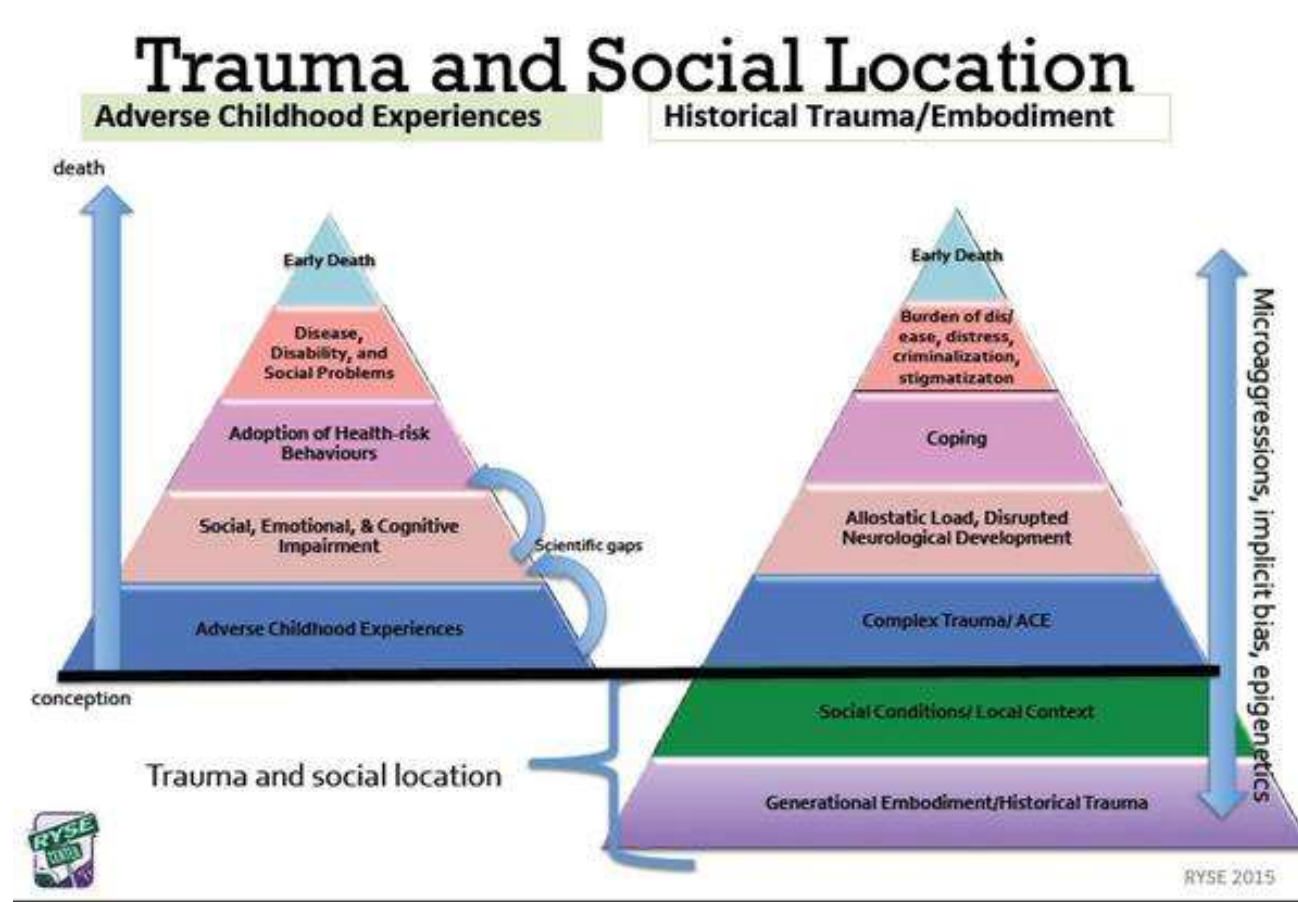
Howard Markal, MD PhD

Assumptions:

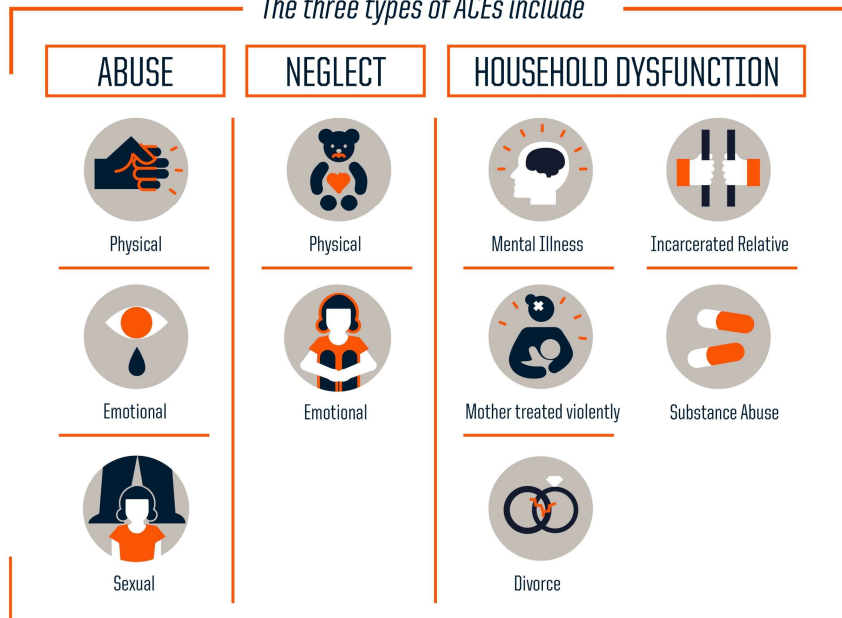
- Disasters do not only highlight inequity but often make them worse - “the best for the most” mentality
- Mindful of the story of one
- Disproportional experiences of events AND impacts for communities already impacted by structural violence, system oppression, poverty
- Behavioral health is connected to economic health, physical healthcare, basic needs, belonging in communities, access
- We are experiences uninterrupted, prolonged toxic stress – many communities have been experiencing this prior to COVID 19
- Holding complexity is necessary in our efforts
- Humans are resilient. Post Trauma Growth.

Adverse childhood experiences

Links adversities in childhood to adult health



The three types of ACEs include



WHAT IMPACT DO ACEs HAVE?

Possible Risk Outcomes:

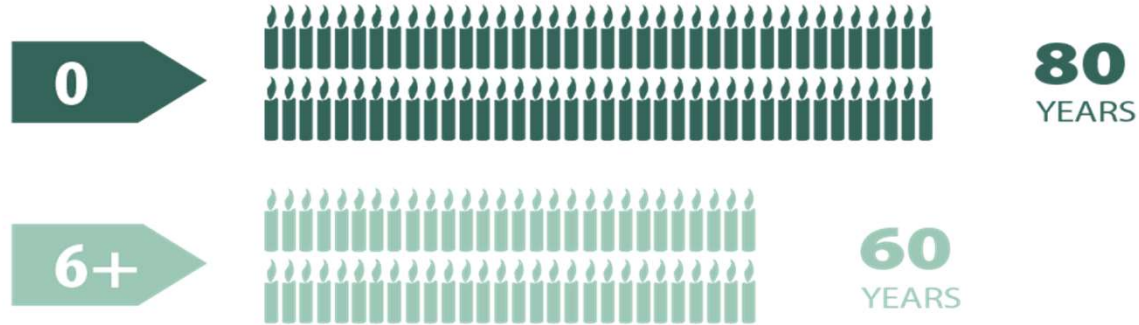


rwjf.org/vulnerablepopulations

*Source: <http://www.cdc.gov/ace/prevalence.htm>

LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



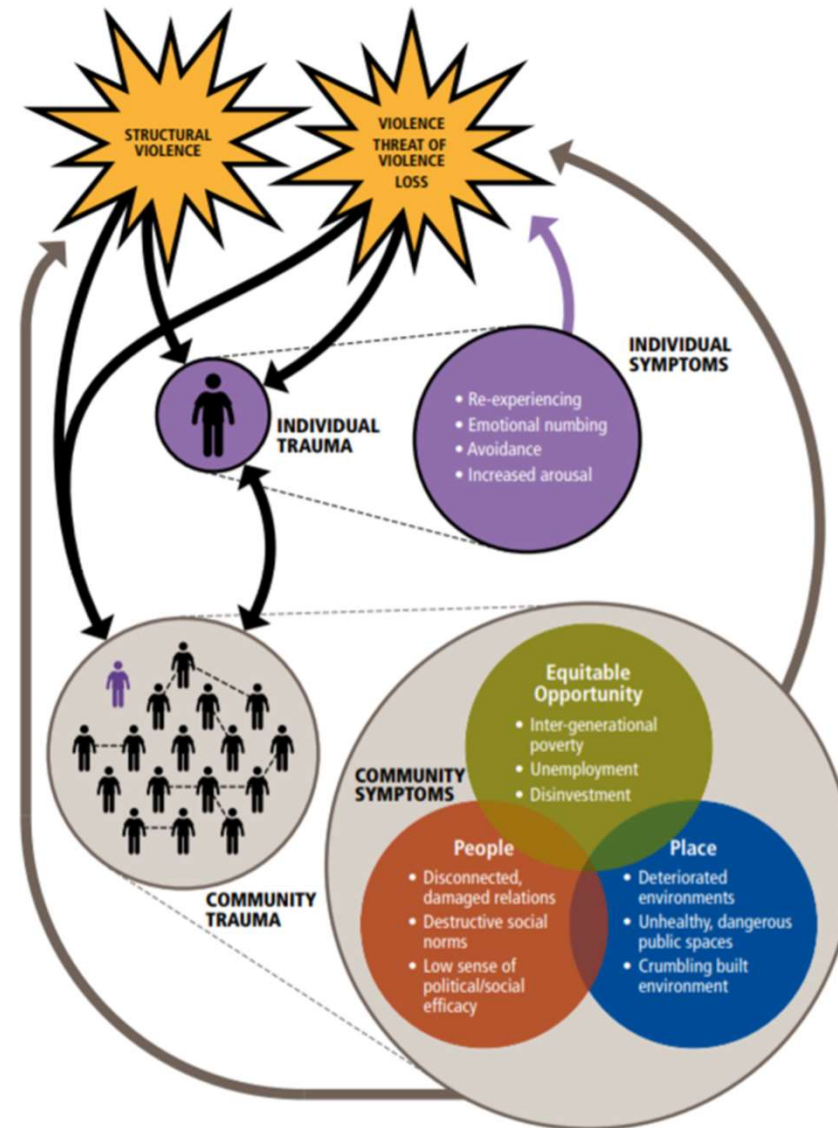
ECONOMIC TOLL

The lifetime cost of non-fatal child maltreatment (which covers 5 of 10 ACEs) incurred annually in the United States is **\$401 billion**.



Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child abuse & neglect*, 86, 178-183.
 The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
 2015 non-fatal child maltreatment estimates

Adverse Community Experience



Pinderhughes H, Davis R, Williams M. (2015). Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute, Oakland CA

The impacts of this time on Children and Adolescents

- Increase exposure to stress events
 - Death of loved ones
 - Fear of illness or death
 - Racial violence
 - Loss of home (wildfire covid19)
 - Violence exposure connected
 - Displacement
- While decreasing buffers
 - Caring adults
 - Social supports
 - Safe space to exercise
 - Nutrition
 - Peer supports
 - Health care
 - Mental wellness

What are we learning:

- Avg. Parental Stress as a result of COVID19 over the past month is 6.7 compared to 5.5 for adults without children.¹
 - Nearly half say their stress is high – between 8-10.
- People of color more likely than white adults to report significant stress as a result of COVID19 ¹
- Increase in anxiety, depression and post-traumatic symptoms.²
- LGBTQ youth compared to cisgender/straight youth:³
 - More lonely 35% vs 22%
 - Feeling more anxious 28% vs 18%
 - Unsafe in their home 16% vs 10%
- Over 80% of 10- to 18-year-old Chinese Americans experienced or witnessed COVID-19-related discrimination in person or online.⁴
- English Learners (ELs; 75% of whom are Latinx in K-12 schools; 62% in Early Care and Education (ECE) Programs) face increased educational disparities.⁴
- According to the Centers for Diseases Control and Prevention, Black Americans makeup 13% of the U.S. Population, but represent 33% of COVID-19 hospitalizations and 34% of COVID-19 deaths.⁴
 - Seventy-four percent of Black youth are worried about the effect COVID-19 may have on their family's finances
 - Seventy-one percent of Black youth are worried that they or a family member will be exposed to the virus.
- Many Latinx children have to be left unsupervised while parents work essential jobs in high-risk conditions.⁴
 - Many Latinx parents make up a significant proportion of the essential workforce, 84% cannot do telework.
 - Meat packing & poultry processing plants (34% Latinx)
 - Agriculture (80% Latinx)

¹*Stress in America™ 2020: Stress in the Time of COVID-19, Volume One.* (2020, May). <https://www.apa.org/news/press/releases/stress/2020/report>

²Miranda, et al (2020). How is Covid-19 pandemic impacting mental health of children and adolescents? *International Journal of Disaster Risk Reduction* (51).

³*Research Brief: Evidence on COVID-19 Suicide Risk and LGBTQ Youth.* (2021, January 15). The Trevor Project; The Trevor Project. <https://www.thetrevorproject.org/2021/01/15/research-brief-evidence-on->

⁴Yip, T. (2020, September). *Addressing Inequities in Education During the COVID-19 Pandemic: How Education Policy and Schools Can Support Historically and Currently Marginalized Children and Youth.* SRCD; Society for Research in Child Development.

- In the first 6 months:
 - 4/10 parents with a child under 6 reported loss of employment or income in the first 6 months.¹
 - Coping strategies includes cutting household spending on food (34.4%), using most of their savings (26%), increased credit card debt (25.5%).¹
 - 1/5 parents reported food insecurity, then unmet health care b/c of costs, difficulty paying rent and utility.¹
 - Food insecurity “startling levels” for Black and Latinx households.¹
- School closures due to COVID-19 threaten to exacerbate existing challenges given that over one-third of American Indian and Alaska Native children live in households without broadband internet access and 15% live in homes without a computer – both access issues are further compounded with rural residence.²
- High death rates among elders, parents, and extended family who are crucial to preserving cultural tradition threaten children’s ability to overcome adversity.²
- “..a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress”³
- Between 2012 to 2015 - 35% of adolescents who received any mental health services received them exclusively from school.⁴

¹Waxman, E., Gupta, P., & Gonzalez, D. (2020). Six Months into the Pandemic, 40 Percent of Parents with Young Children Have Experienced Economic Fallout. *Urban Institute*.

²Yip, T. (2020, September). *Addressing Inequities in Education During the COVID-19 Pandemic: How Education Policy and Schools Can Support Historically and Currently Marginalized Children and Youth*. SRCD; Society for Research in Child Development.

³Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA network open*, 3(3), e203976. <https://doi.org/10.1001/jamanetworkopen.2020.3976>

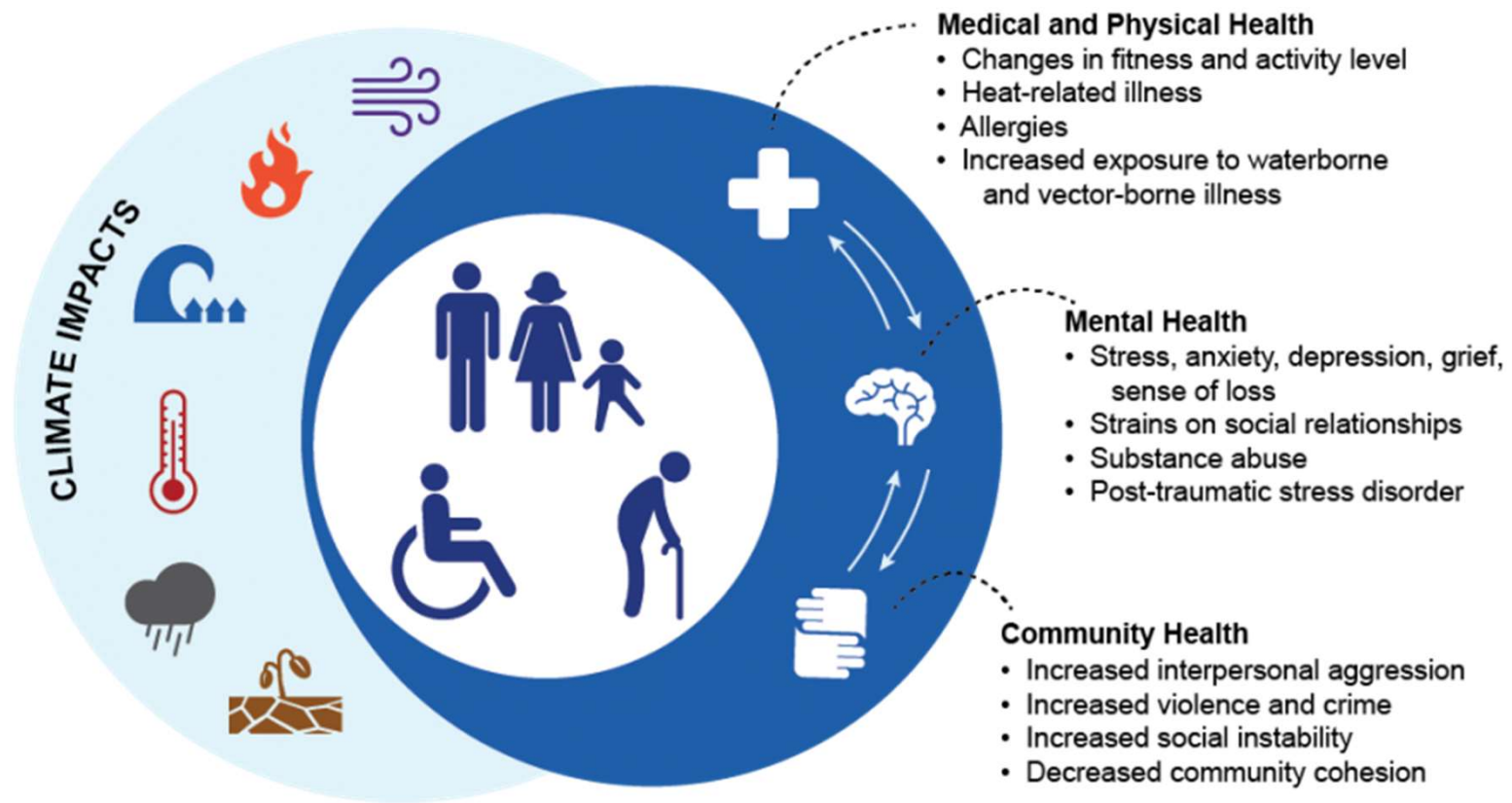
⁴Golberstein, E., Wen, H., Miller, B. (2020). Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents. *JAMA Pediatrics* 174(9).

California Surgeon General Report

- Health Impacts of Prior Infectious Disease Outbreaks, Natural Disasters, and Economic Downturns:
 - Increased rates of heart attack and stroke,
 - Blood pressure increases,
 - Chronic obstructive pulmonary disease and Asthma exacerbations,
 - Poor diabetes outcomes,
 - Nephritis-related death,
 - Immune system dysregulation,
 - New onset- or recurrent mental and behavioral health conditions,
 - Poorer birth outcomes
 - Risk of increased household violence

Pileups of Toxic Stresses Generated by Cascading Disruptions to Ecological, Social, and Economic Systems





Source: U.S. Global Change Research Program. 2016. The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment.

“In every case, the one that had stronger social ties, a more-inclusive and responsive government, a community narrative of facing challenges and overcoming them, was the one that responded well and recovered.”

Doug Irving

<https://www.rand.org/blog/rand-review/2020/07/stress-accumulates-in-marginalized-communities.html>

A population health approach

Promote, Prevent, Identify, Treat

1. Systems for coordinating services for children and families
2. More flexible and equitable federal tribal state and local funding
3. Establish national cross disciplinary initiative to increase workforce capacity in children's mental health
4. Invest in innovative technology to increase access to mental health supports
5. Increase children's well-being by reducing family poverty

SOS Audit

- Oregon's fragmented and siloed mental health system hinders the provision of effective mental health treatment services.
- Data shortfalls prevent OHA from consistently identifying and understanding mental health treatment availability, need and outcomes.
- Workforce shortages and chronically high turnover throughout the mental health treatment system adds to system strain and may further traumatize patients and staff.
- Oregon statutes do not fully support effective delivery of mental health treatment services.
- A lack of consistent leadership, strategic vision, and governance contributed to past system disarray.

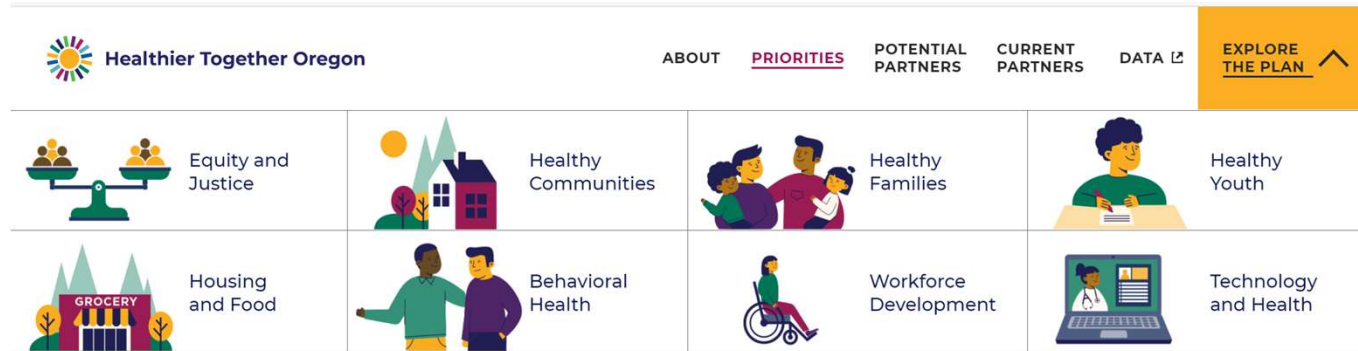
*Child & Family Behavioral Health Policy Vision**
October 2020

1. Address gaps and quality in the children's behavioral health continuum of care.
1. Ensure accurate and timely data is available across child-serving systems.
2. Increase youth and family participation in service planning and system development through partnerships with consumers and youth and family advocacy organizations.
3. Promote and develop Health Equity in the Continuum of Care
4. Increase sustainable cross system collaboration
5. Promote and emphasize trauma-informed approaches and trauma-informed care

**Draft for Partner/Stakeholder Revisions.*

PRIORITY AREAS:

- Institutional Bias
- Adversity, trauma & toxic stress
- Behavioral Health
- Economic drivers of health
- Access to equitable preventative health care



implementation areas of the plan.

Implementation Plan



The how and the who

- Workforce - Ways to Respond
 - Enough and consistent (retained)
 - Supervision/supports - care for the caregiver - touch points
 - Skills on a continuum of universal resilient strategies (promotion) to intervention (treat)
 - Peer to Peer (by experience, identity, profession)
 - Community members – community resilience
 - Diverse teams to respond
- Mutual Aid
- Community Resilience Strategies
 - Disaster prepared vs resilience building
- Cultural as healing – intergenerational practices

A TRAUMA INFORMED OREGON

2030

