

BEHAVIORAL HEALTH IMPACTS OF COVID-19

Workplace Trends, Resources, and Strategies for Leaders in Education



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Agenda



**The Behavioral
Health landscape
for the next few
months**



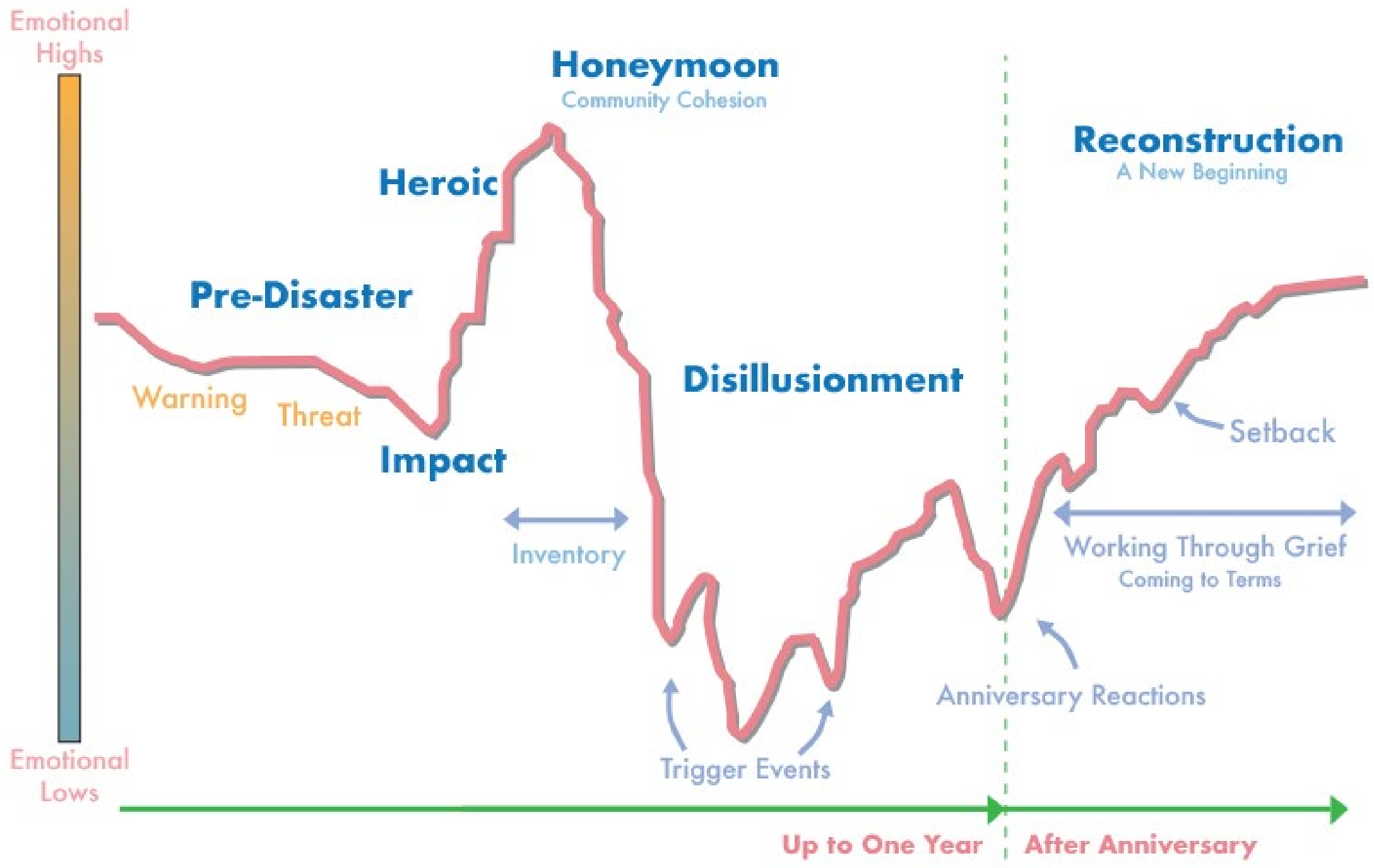
**What we are
experiencing
neurologically**



**LEARN model for
workplace support
of behavioral
health**

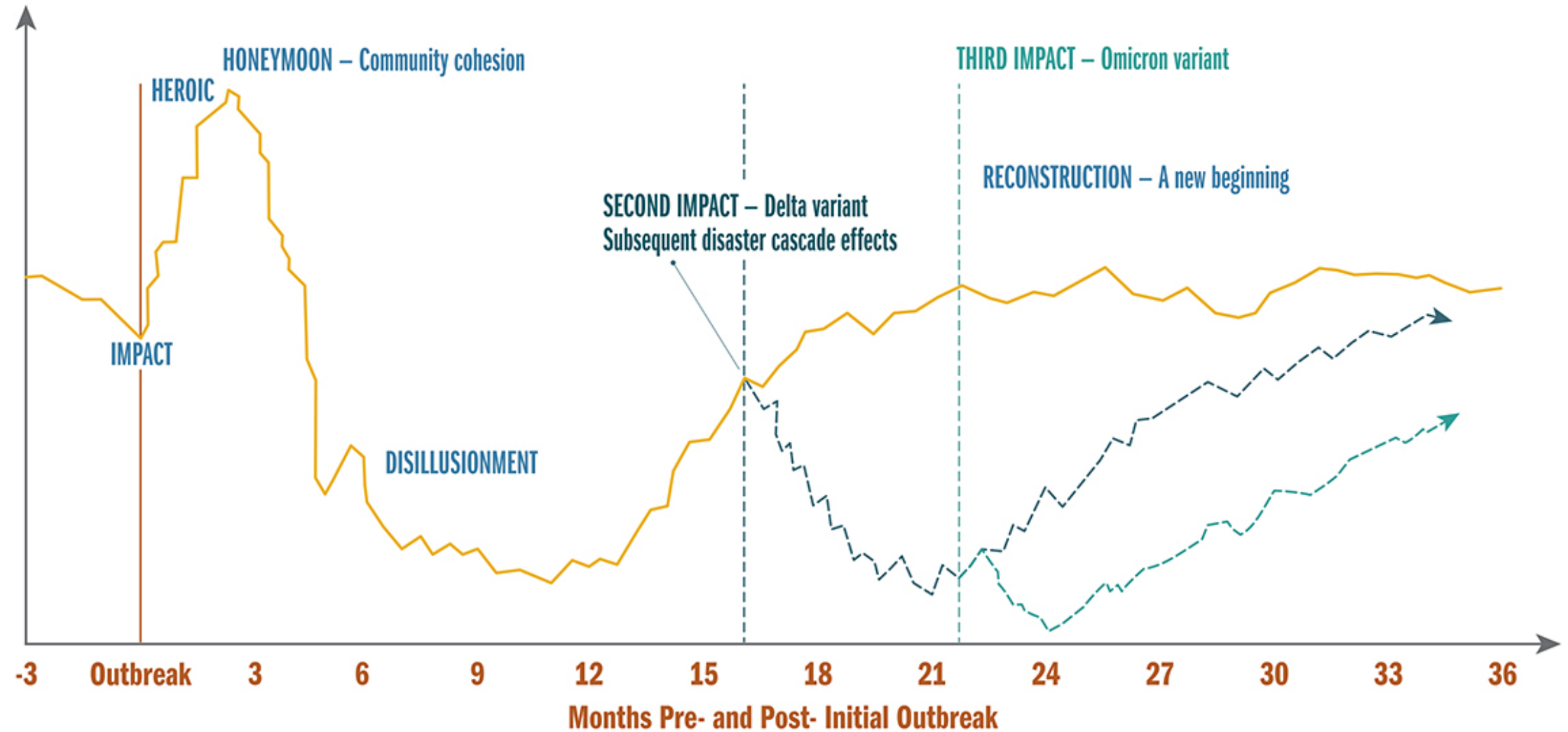


**Leadership
specific factors**



Reactions and Behavioral Health Symptoms in Disasters – COVID-19

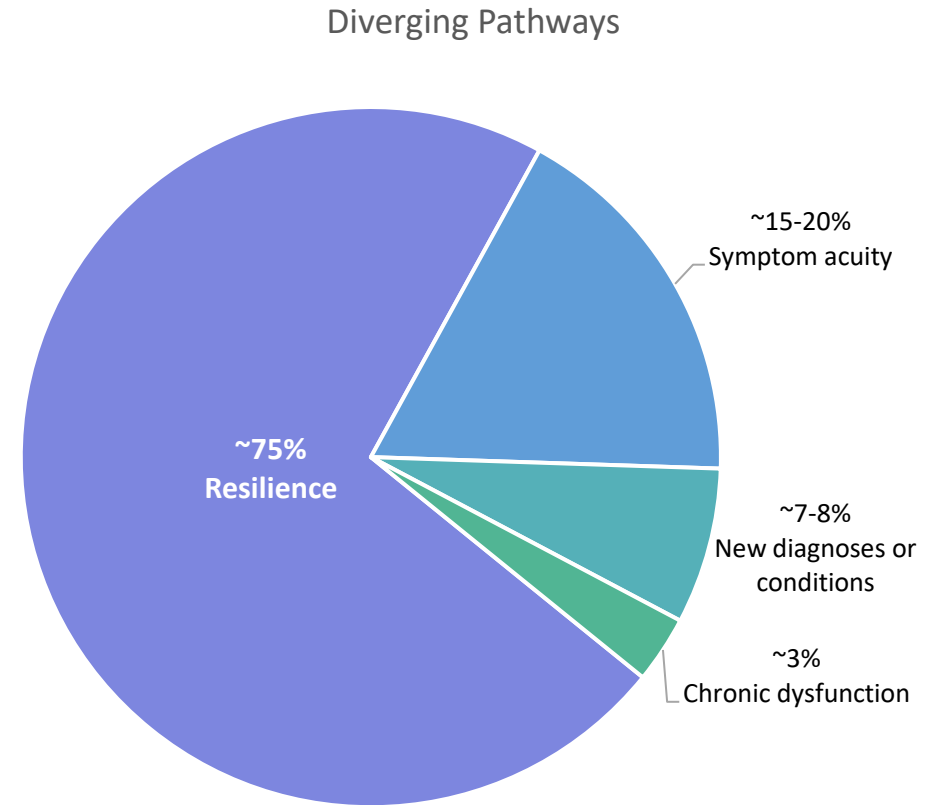
Emotional Response – Lows to Highs



Diverging Pathways

1. Resilience
2. Symptom acuity
3. New diagnoses or conditions
4. Chronic dysfunction

Including behavioral health
(acknowledgement and support) in our
recovery process will increase the shift
towards the long-term resilience outcome.



What does 'Recovery' right now really look like?

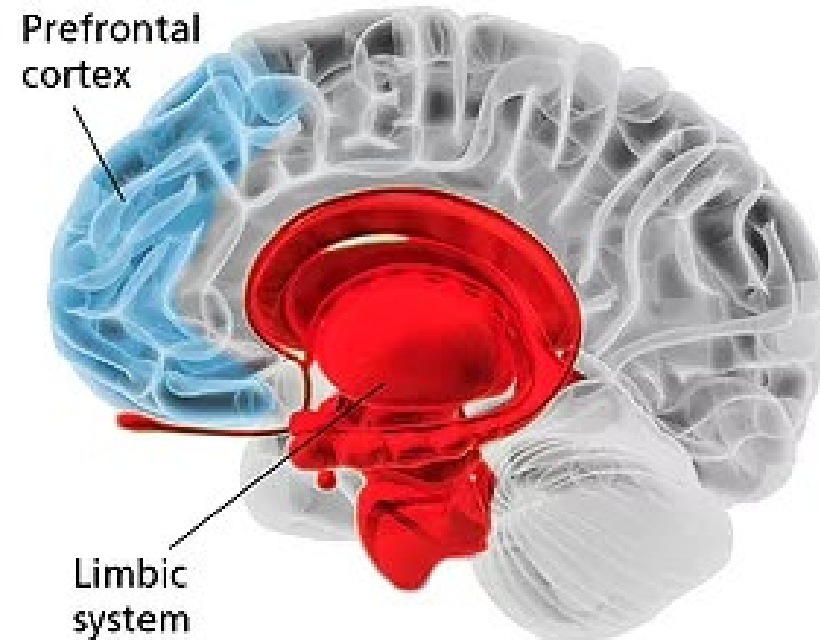
- Challenging when the playbook isn't written
- People have different expectations and levels of comfort
- Social interactions may have changed
- Workplace experiences have changed
 - Communication norms, expectations, some job roles
- Orienting your process (HOW you operate in the world) around your core values will help

The neuroscience of response and recovery

Prefrontal cortex:
higher-level functioning,
planning, organization,
details, filtering.

Limbic system: emotion,
impulse, pleasure and
safety, memory

We are all still activated.



Common Experiences



EMOTIONAL

Irritability
Nervousness
Grief / Sadness
Anger
Fear



PHYSICAL

Trouble Sleeping
Headaches
Stomach problems
Stress eating /
Snacking / Not eating



COGNITIVE

Forgetting
Distractibility
Trouble
Concentrating
Memory Problems



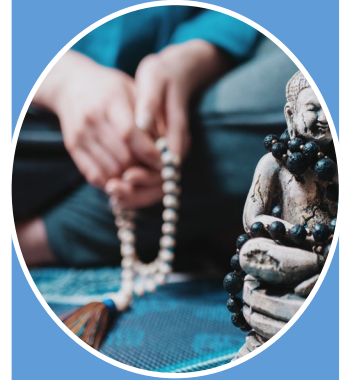
BEHAVIORAL

Withdrawal
Isolation
Aggression
Substance Use



SOCIAL

Strained
Friendships
Disagreements
Lack of
Participation
Conflict



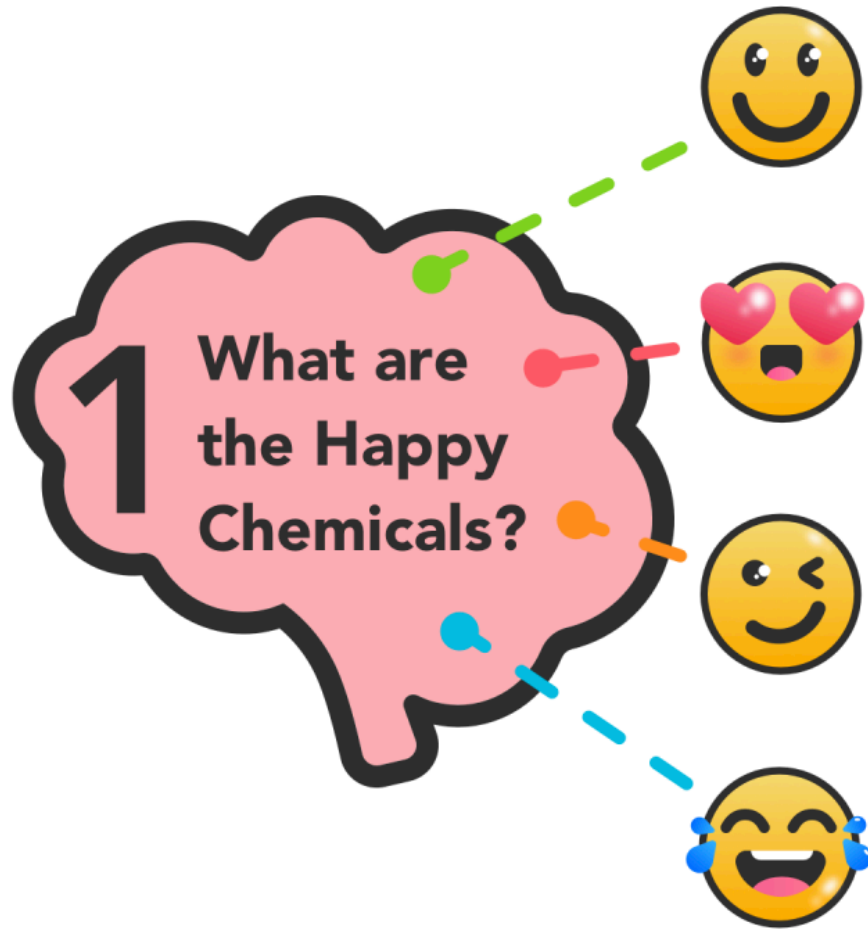
SPIRITUAL

Questioning
Faith
Stronger or
more distant
relationship
with God or
Higher Power



GET YOUR DAILY HAPPINESS CHEMICALS

The happy brain chemicals that make you feel good



DOPAMINE

- Enables motivation, learning, and pleasure
- Gives you determination to accomplish goals, desires, and needs

OXYTOCIN

- Feeling of trust, motivates you to build and sustain relationships
- Known as "Cuddle or Love Hormone", plays a role in bonding

SEROTONIN

- Feeling significant or important among peers
- Calm form of accepting yourself with the people around you

ENDORPHINS

- Releases a brief euphoria to mask physical pain
- Response to pain and stress that alleviates anxiety and depression

How Deficiency Affects You

- procrastination
- low self-esteem
- lack of motivation
- low energy or fatigue
- inability to focus
- feeling anxious
- feeling hopeless
- mood swings

- feeling lonely
- stressed
- lack of motivation
- low energy or fatigue
- disconnect of relationships
- feeling anxious
- insomnia

- low self-esteem
- overly sensitive
- anxiety/panic attacks
- mood swings
- feeling hopeless
- social phobia
- obsession/compulsion
- insomnia

- anxiety
- depression
- mood swings
- aches and pains
- insomnia
- impulsive behavior

DOPAMINE

OXYTOCIN

SEROTONIN

ENDORPHINS

How to Increase Happiness Levels

- meditate
- daily to-do list
- long term goals
- food rich in L-Tyrosine
- exercise regularly
- create something:
writing, music, or art

- physical touch
- socializing
- massage
- acupuncture
- listening to music
- exercise
- cold shower
- meditate

- exercise
- cold showers
- sunlight
- massage

- laughter/crying
- creating music/art
- eat dark chocolate
- eat spicy foods
- exercise/stretching
- massage
- meditate

Addressing risks during Second (and Third) Quarter 2022

- We have a physiological need to “have fun”
- Adolescents, Teens and Young Adults are at particular risk for out-of-character or high-risk behaviors because the pre-frontal cortex (the part responsible for logical decision making and consideration of consequences) isn't fully developed until people are in their early 20s.
- Higher risk behaviors particularly for teens and young adults will likely include reckless driving, substance use, sexual behavior and even spontaneous illegal behaviors.
- It's challenging to make good choices about risk in the best of times.
- Movement and sensory engagement are thematically helpful for feeling better or “good”.

Looking ahead to next year (AY 22-23)

On the horizon:

- Real problems with staff shortages
 - Job role changes, stretching, entrenchment, or flexibility
- Behavioral health issues for students will not be “going away” any time soon
- Helping students recognize and process grief and loss

What we know can help:

- People will stay in jobs that are extremely hard if they are connected to their coworkers and part of a community they care about.
- A sense that the hard work is valued, and the personal contributions are meaningful.
- More active listening and less traditional ‘problem solving’.

Why the LEARN model[©]?

- Behavioral Health concerns in the workplace are increasing.
- Data on Emergency Dept visits in WA for Psychological Distress and Risks related to Suicide have passed the rates for the same time of year in 2019, 2020 and 2021.
- As leaders, it is important to have a basic understanding of risk factors, signs, and workplace appropriate interventions to support behavioral health and management of crisis.

The LEARN Model[©] :

A brief assessment & intervention model for behavioral health in the workplace

Listen: what are the serious concerns? Is substance use among them? Use ACTIVE techniques to try to more fully understand the other person's experience.

- Start with open-ended questions- Who, What, Where, When, Why, How
- Listen for "yeah, but"s
- Don't try to problem solve
- Express genuine care and empathy



L.E.A.R.N

Engage with listening and then further support as needed:

Engage with de-escalation or calming techniques as appropriate:

- Stand or sit NEXT to the person, rather than directly in front of them, or “walk and talk” along side them.
- Don’t block access to exits in case of escalation or anger.
- Take slow deep breaths, slow down the rate of your speech
- For anxiety or panic- work on getting the person to focus on something directly in the room with you (colors, sounds, etc)

Pay attention to how YOU are engaging with them- tone, non-verbals, etc

Create a list of resources that are available in your organization. Engage with the information you have available to you, so that you can use it in support of yourself or someone else when needed.

- This should include but is not limited to: EAP contact information, Suicide, Crisis and Warm lines, Substance use support, DOH and HCA resources as appropriate (see final slide).

L.E.A.R.N

Assess urgency:

- is it Medical? Emotional? Is there immediate Danger?
- What is the change from “baseline”? – this is a hard one to answer if you don’t know the person well.
- It does **NOT** increase risk to ask someone about their own safety. If you have concerns about suicidal thinking, please ask kindly and directly.
 - Plan, Means and Intention are the three risk assessment areas for harm to self or others.
- Evaluate both speech process (speed, tone) and content (subject matter, train of thought).
- Does their story make sense? it is coherent or are they jumping from one thing to the next?
- Does it change if they repeat it? Do key elements change?
- Is there a tone of paranoia or hopelessness?
- ASK directly what it is that they would like to do or to see happen (magic wand question). What outcomes are they wanting or hoping for? Are the outcomes realistic?

L.E.A.R.N

Resources and Resilience identification

This means **Internal** AND **External** resources- either directly or subtly help them identify:

Internal: coping skills and abilities that they have developed over time.

- Often people who have experienced significant adversity have very well-established coping patterns that work for them
 - Examples: Perseverance, Compassion for others

External: friends, family, and other external sources of social support in the area.

- Do they have a religious or social group?
- Do they feel strongly about a social cause or hobby that could orient them with others who feel the same way?
- What about co-workers or other people who can help get them through a rough time?
- What about kids and pets? Often both children and animals are key factors in helping people get through a difficult emotional time.

L.E.A.R.N

Needs and Next steps:

Based on your assessment of resources, strengths, and concerns, what are the immediate / urgent needs and what options are available to meet them?

Are there professional referrals needed or could the person benefit from peer support?

What are the EAP / HR resources available to you?

What is the next best step in support of this team member?

What people who have lost someone might want you to know

1. Even during “happy” experiences, there is an awareness that someone is missing.
2. Small talk, social situations and superficial interactions are exceptionally hard.
3. Grief is often awkward with people who know you best- don’t try to “avoid” talking about the person who as been lost.
4. Emotions, including tears, are going to happen when then happen.
5. Grief comes in waves. Things may feel “ok” in some moments and crushing in the next.

Considerations for Working With Grief, Loss, and Bereavement

- Facilitate problem solving and decision making to **prevent impulsive or risky decisions** (e.g., precautionary health measures, burial decisions).
- **Help people to modify coping plans** if traditional strategies aren't possible (e.g., gathering with family to grieve through online video chat).
- Rather than vague offers of help, ask specifically if you can do a discrete task (laundry, getting groceries, watching kids, etc).
- Don't put the grieving person in a position of supporting you- remember the unidirectional process of comfort in and distress out.
- Use active listening- open ended questions; It's ok to ask directly about the loss, or to ask the person if they are ok talking directly about the loss.

HEAL Model © : Starting Points

HONOR, EXPRESS, ACKNOWLEDGE, LIVE

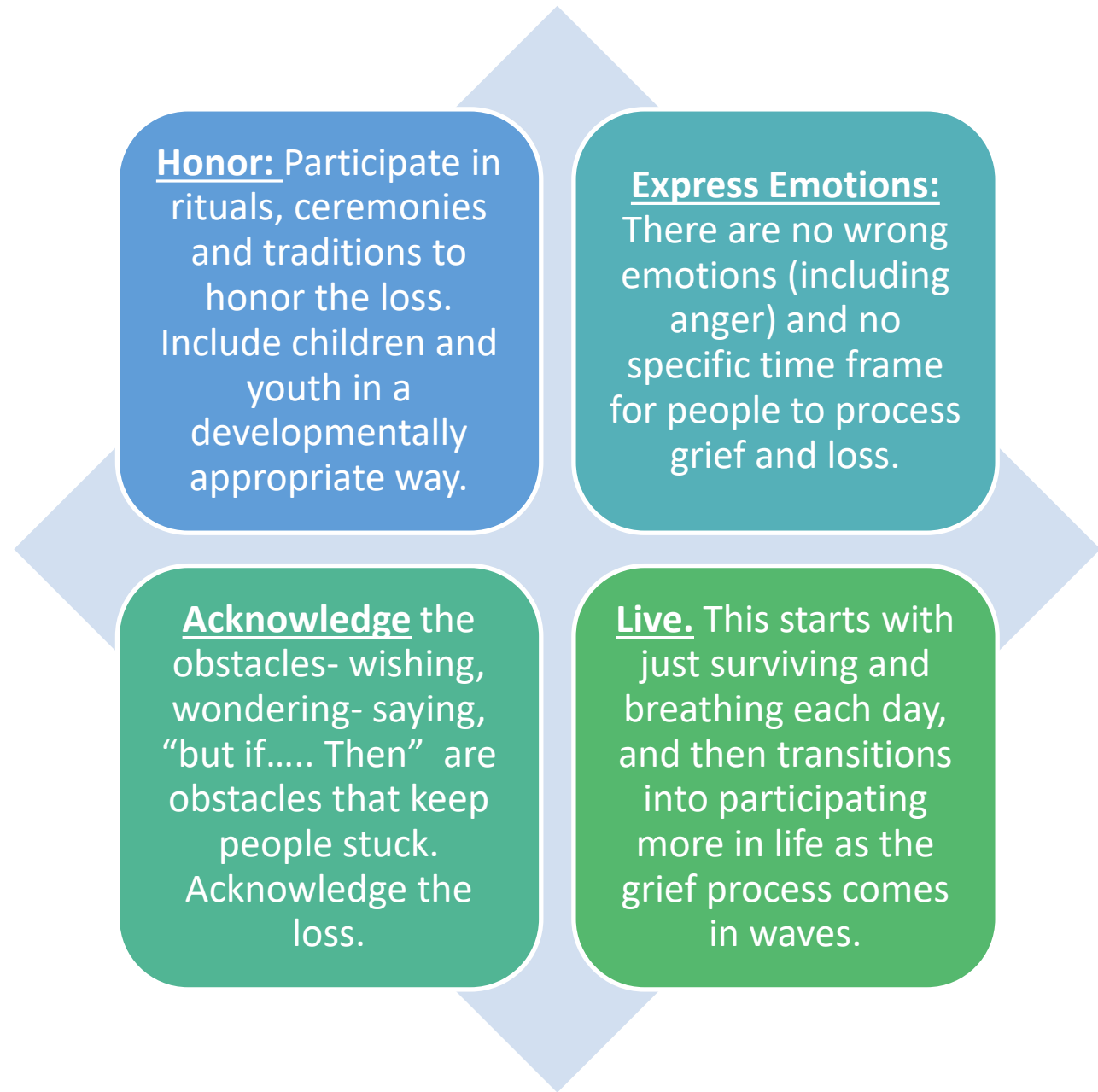
It is important to note that the grief and loss process is not always specific to the loss of a person or the death of a loved one.

Many people go through the grief and loss process when there is something else (besides a person) that has been lost. Examples include:

- Loss of identity (such as might take place after a personal assault or rape)
- Loss of meaning (such as might take place after a life transition or move)
- Loss of an idea or principle (a shift in world view that is brought about after a disaster or major event)

HEAL Model © :

**HONOR,
EXPRESS,
ACKNOWLEDGE,
LIVE.**



Active Listening



Clarify

Ask open ended questions



Reflect

Summarize what you think you heard



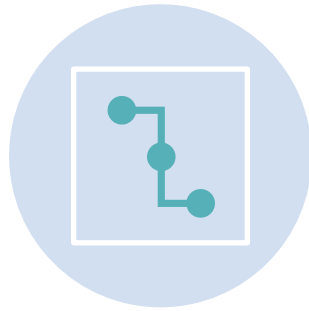
Express Empathy

Listen with the intent to Understand and Care, **not** **problem solve**

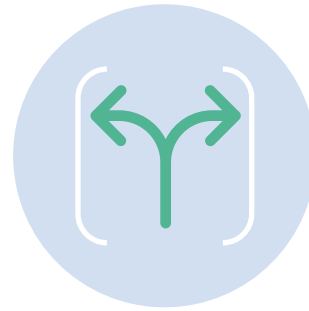
Resilience



Purpose



Connection



Flexibility/
Adaptability



Hope

Other Active Coping Techniques



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

Doing what the research tells us works



As a person

New types of
transparency

Healthier
Boundaries

Core values
orientation



As a leader

Walking the “talk”

Demonstrating both
boundaries and
engagement

Genuine presence and
communication



As part of a system

Prioritizing attention on
wins and successes

Facilitating cultural
shifts around
priorities

Contributing to a
culture where
people can process

Resilience into Vitality

- Set goals that are the right size in order to increase a sense of purpose and experience success
 - Include “fun” goals, not just “achievement” goals
- Prioritize connections- social and professional- that are healthy for you and prevent isolation.
- Establish and maintain healthy boundaries around your “off” or “unavailable” time.
- Practice shifting your thinking from “threat” to “challenge” when something unexpected and negative happens (eg another quarantine)
- Look for or recognize the opportunities that *may be available* even when there is a huge upheaval in work or home life. This is where hope also lives.

Resources for Behavioral Health and Crisis Support

<https://doh.wa.gov/emergencies/covid-19/healthcare-providers/behavioral-health-resources>

[Back to Classroom THINK toolbox for parents, caregivers and teachers](#)

[Behavioral Health Toolbox for Families](#)

[Workplace Resilience](#)

[Combating Moral Injury for Healthcare Workers](#)

Crisis support

[Suicide Prevention Lifeline](#): 800-273-8255

[Crisis Text Line](#) provides confidential text access from anywhere in the U.S. to a trained crisis counselor.

Text HOME to [741741](#) (24/7/365)

[Crisis Connections](#) is a 24-hour crisis line that connects people in physical, emotional and financial crisis to services. Call 866-4-CRISIS ([866-427-4747](#))

[Teen Link](#): call or text 866-833-6546

National [Disaster Distress Helpline](#): 800-985-5990 or text “TalkWithUs” to 66746.



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