



COVID-19 Youth Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic on Washington youth¹ to inform planning efforts. The intended audience for this report includes response planners and any organization responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic on Washington youth.

Purpose

On March 15, 2021, Governor Jay Inslee signed an [emergency proclamation](#) recognizing the current mental and behavioral health emergency among Washington’s children and youth. The proclamation directs the Department of Health (DOH) and other state agencies to “identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.”

This report summarizes data analyses conducted by the COVID-19 Behavioral Health Group’s Impact & Capacity Assessment Task Force for this emergent situation. These analyses assess the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washington youth.

¹ Youth: Individuals ages 18 years and younger

Key Takeaways

- Youth behavioral health is of particular concern as family, school, and social interactions continue to be affected by the COVID-19 pandemic.
- The rates of emergency department (ED) visits for four syndromic indicators (psychological distress, suicidal ideation, suspected suicide attempt, and suspected overdose) for Washington youth exceeded the rates of visits in previous years for that age group.
 - **Caution should be taken when examining these data, as the steep drop in ED visits starting in March 2020 could skew data for any type of ED visit, including behavioral health.**
 - ED visit counts for psychological distress, suicidal ideation, suspected suicide attempt, and suspected overdose might show an increase in awareness of mental health experiences, thus taking a larger share of the total ED visits.²
 - People in need of both behavioral and physical healthcare may have changed their care-seeking behaviors due to concerns about COVID-19.

Impact Assessment

This section summarizes data analyses that show the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among youth in Washington.

Syndromic Surveillance

The Department of Health collects syndromic surveillance data in near real-time from hospitals and clinics across Washington. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This [data collection system](#)³ is the only source of ED data for Washington, and counts represent distinct visits to healthcare facilities.

² Holland, K. M., Jones, C., Vivolo-Kantor, A. M., Idaikkadar, N., Zwald, M., Hoots, B., Yard, E., D’Inverno, A., Swedo, E., Chen, M. S., Petrosky, E., Board, A., Martinez, P., Stone, D. M., Law, R., Coletta, M. A., Adjemian, J., Thomas, C., Puddy, R. W., Peacock, G., ... Houry, D. (2021). Trends in US Emergency Department Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic. *JAMA psychiatry*, 78(4), 372–379. <https://doi.org/10.1001/jamapsychiatry.2020.4402>

³ <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse/RHINO>

This report summarizes data for four syndromic surveillance indicators:

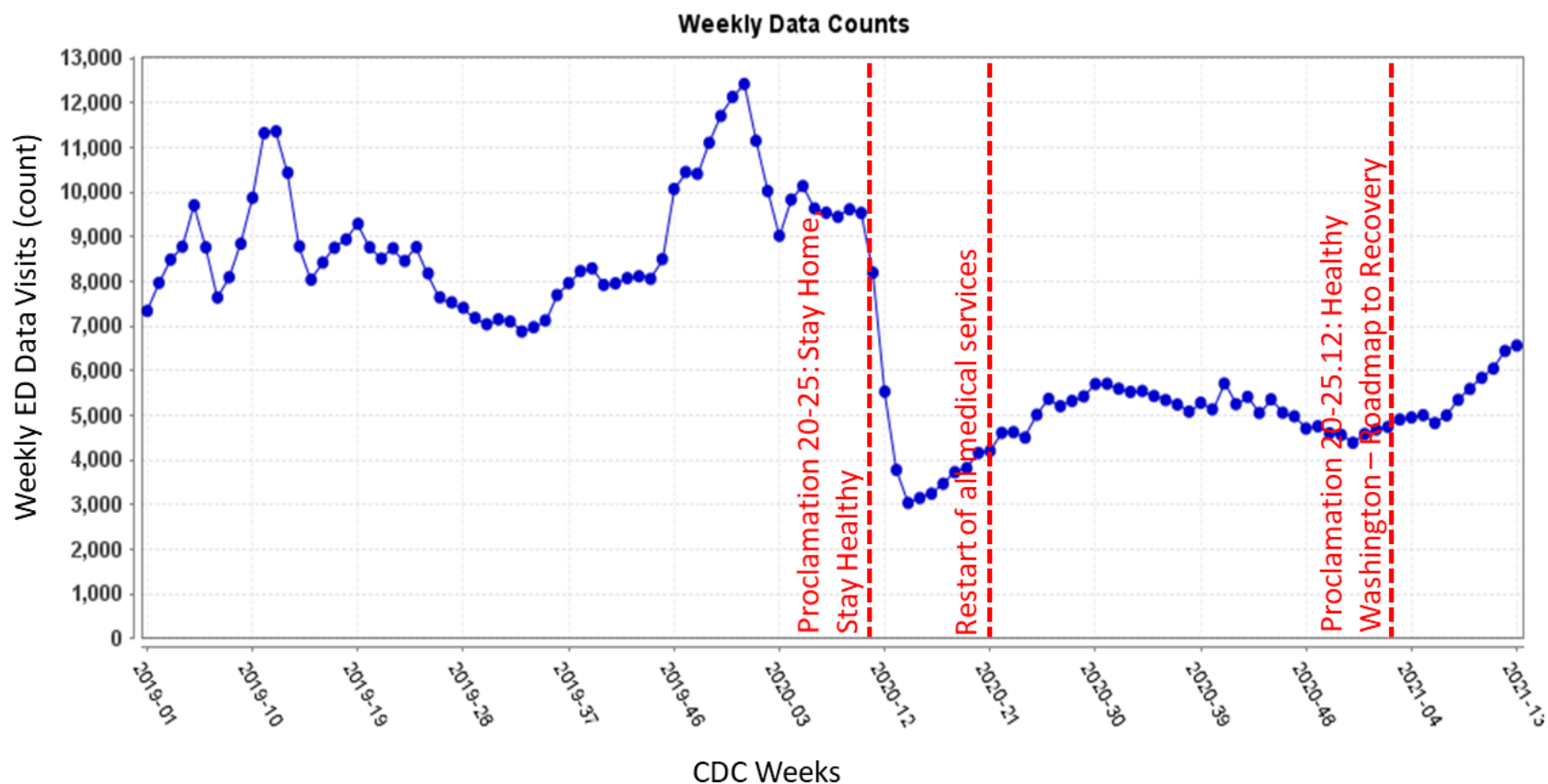
- 1) Psychological distress
- 2) Suicidal ideation
- 3) Suspected suicide attempt
- 4) Suspected overdose

For each indicator, the first graph shows the **count of ED visits of interest** for youth, and the second graph shows the **rate of visits of interest per 10,000 ED visits** for youth. Together, the two graphs provide insight into behavioral health impacts of COVID-19 on Washington youth, as well as changes in care-seeking behavior.

It is important to consider the changes in the overall number of ED visits, beginning with the implementation of the “Stay Home, Stay Healthy” order on March 23, 2020 ([CDC Week](https://www.cdc.gov/nndss/document/2020.pdf)⁴ 13 of 2020) (Graph 1). Because the volume of visits across care settings varied widely during 2020 and to date in 2021, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

⁴ <https://www.cdc.gov/nndss/document/2020.pdf>

Graph 1: Weekly count of all ED visits for youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)

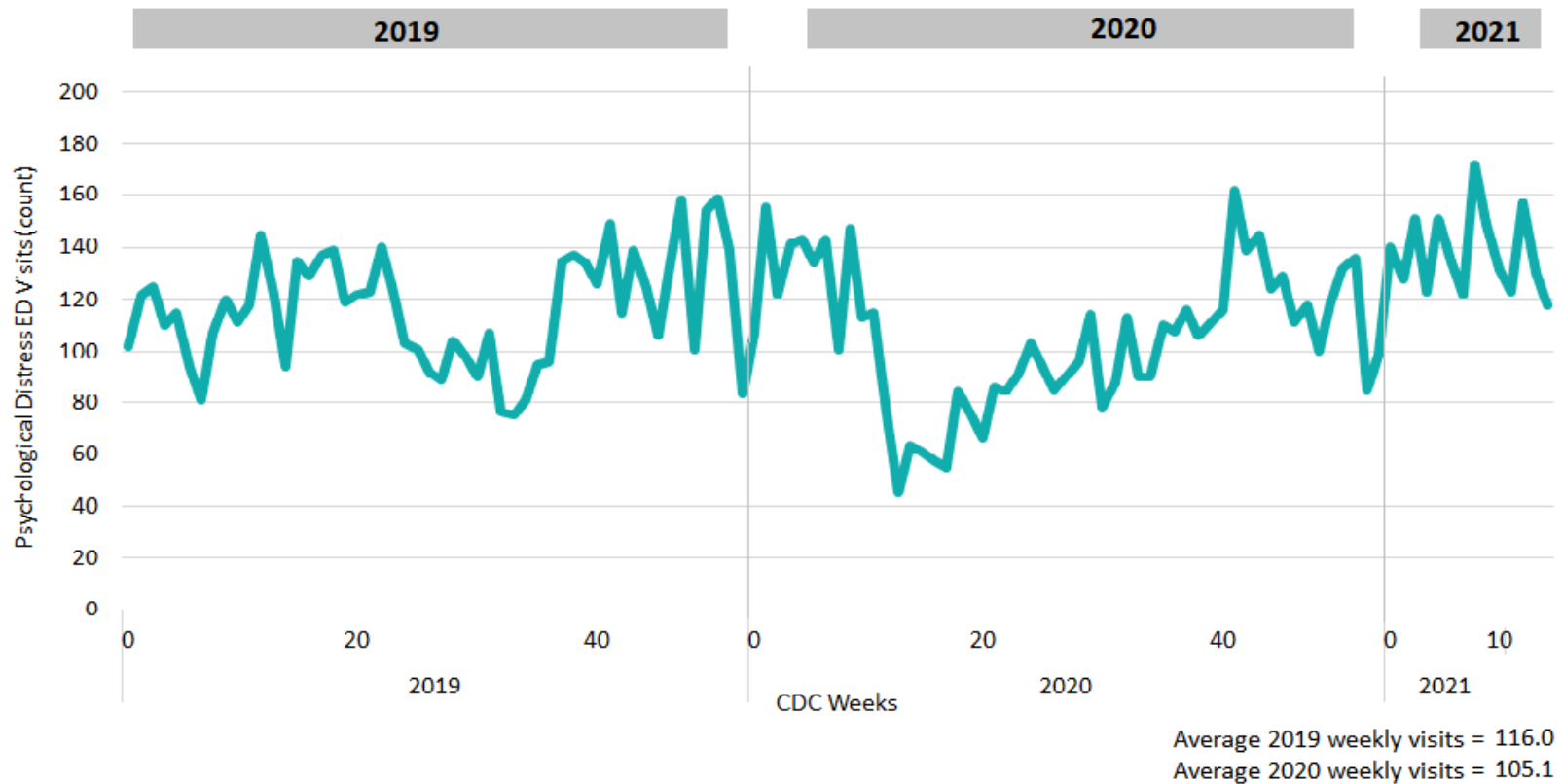


Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. While the number of ED visits is increasing, these visits have not returned to the pre-March 2020 number of ED visits. Changes in consistency of facility data submission may also impact ED visit volume.

Psychological Distress

In the early weeks of 2021 (CDC Weeks 1 – 13: January 3 – March 28), the count of ED visits for psychological distress⁵ among youth has fluctuated compared to the counts in the corresponding weeks of 2019 and 2020 (Graph 2).

Graph 2: Count of ED visits for psychological distress among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)

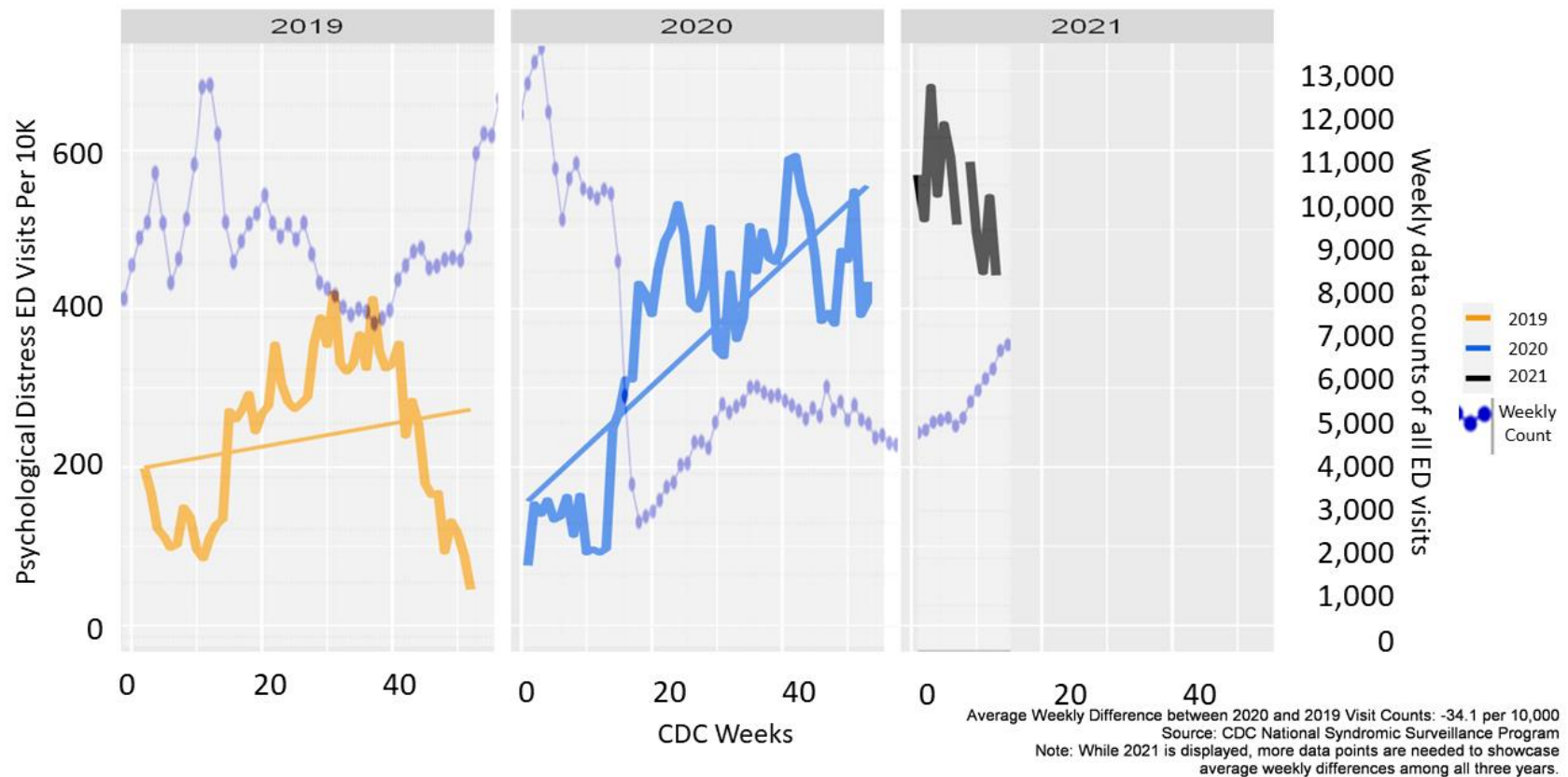


⁵ Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-subcommittee>.

Note that graphs displaying the rate (or relative count) of visits have two vertical axes. To the left, the axis notes the rate of ED visits per 10,000 visits, limited to youth, and corresponds to the orange, blue, and black lines. To the right, the axis displays the weekly count of youth ED visits and corresponds to the line with dot points.

In the same weeks of 2021 as above (**CDC Weeks 1 – 13: January 3 – March 28**), the **relative reported rate of ED visits for psychological distress among youth has shown variation**. The 2021 rate is higher than the rate in the corresponding weeks of 2019 and 2020 (Graph 3).

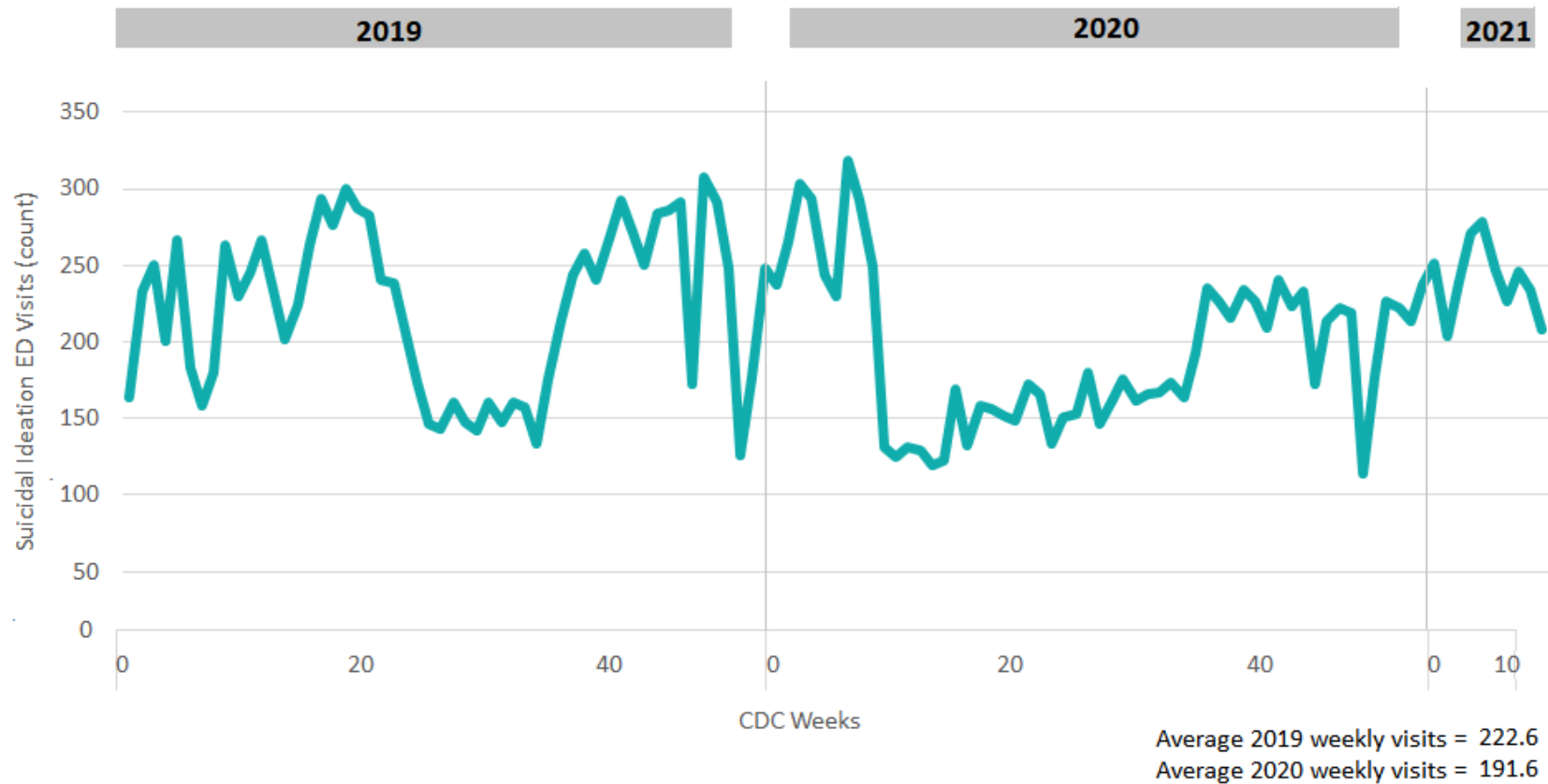
Graph 3: Relative count of ED visits for psychological distress among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Suicidal Ideation and Suspected Suicide Attempts

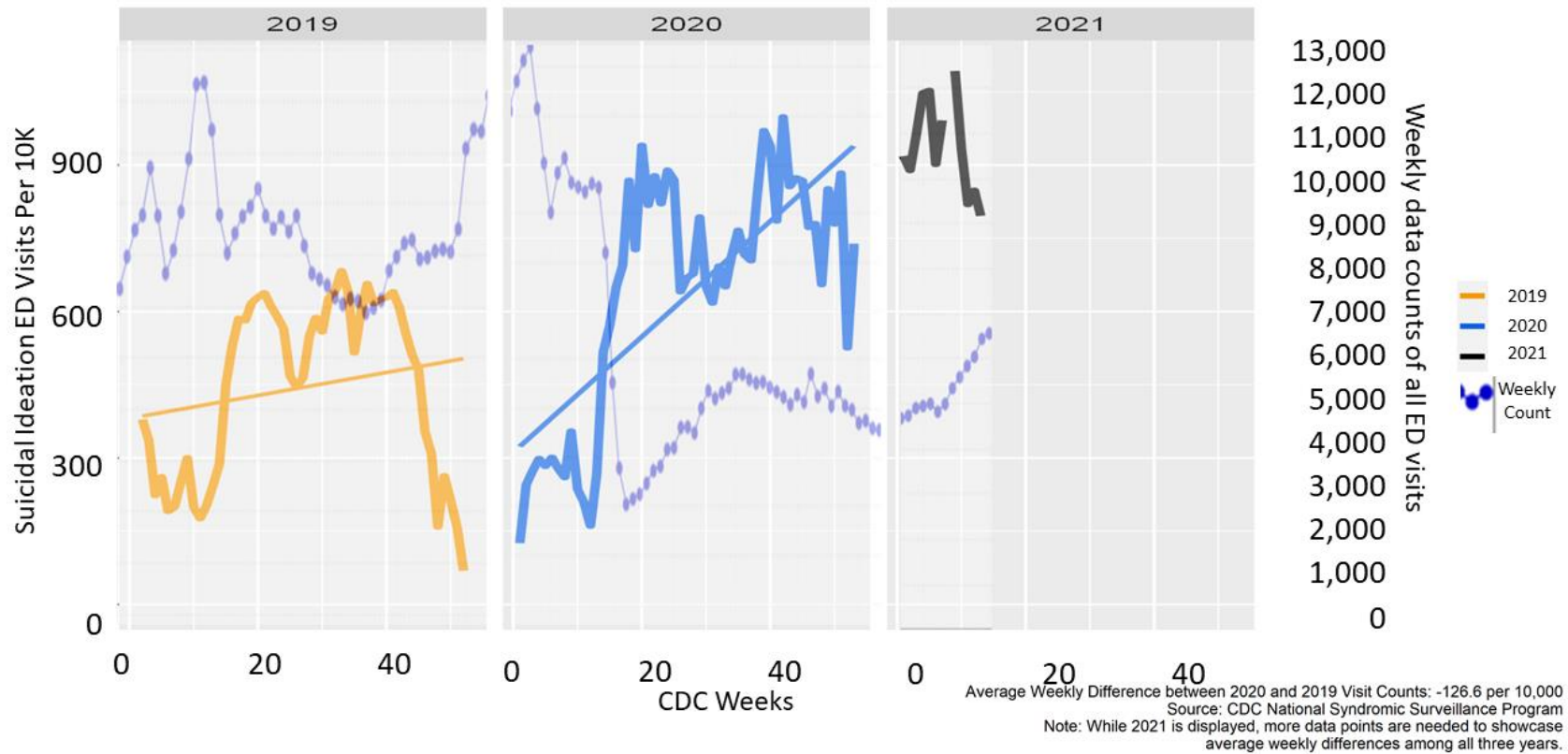
In the early weeks of 2021 (CDC Weeks 1 – 13: January 3 – March 28), the count of ED visits for suicidal ideation among youth is similar to the count in the corresponding weeks of 2019 and lower than the count in the corresponding weeks of 2020 (Graph 4).

Graph 4: Count of ED visits for suicidal ideation among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



In the same weeks of 2021 as above (CDC Weeks 1 – 13: January 3 – March 28), the relative reported rate of ED visits for suicidal ideation among youth is higher than the rate in the corresponding weeks of 2019 and 2020 (Graph 5).

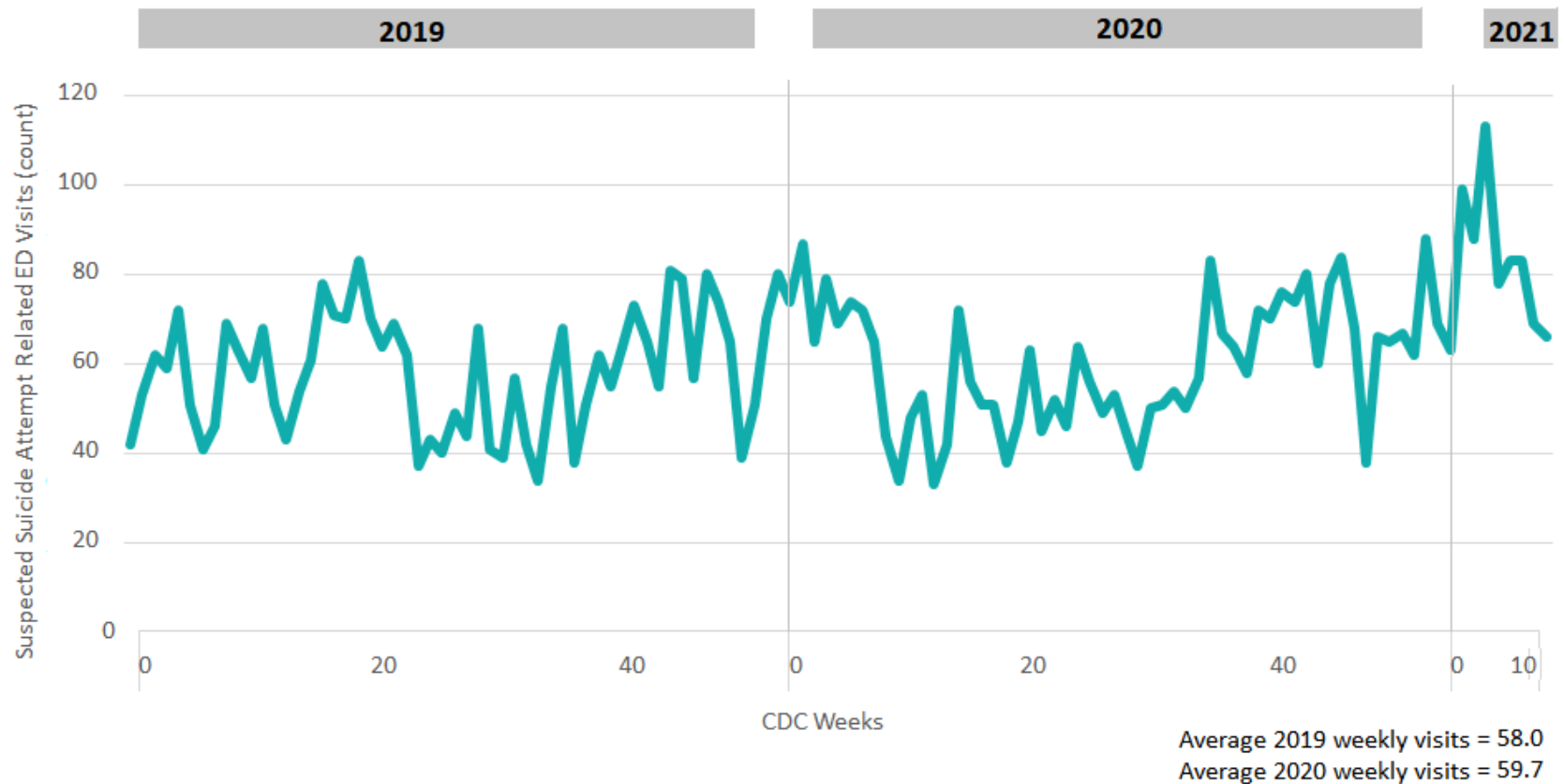
Graph 5: Relative count of ED visits for suicidal ideation among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



In the early weeks of 2021 (CDC Weeks 1 – 13: January 3 – March 28), the count of ED visits for suspected suicide attempts among youth is **higher than the count in the corresponding weeks of 2019 and 2020** (Graph 6).

The current CDC definition for suspected suicide attempt, due to its broad inclusion of intentional self-harm behaviors that may or may not be interpreted as a suicidal act, could artificially inflate both the count and rate of such visits.⁶

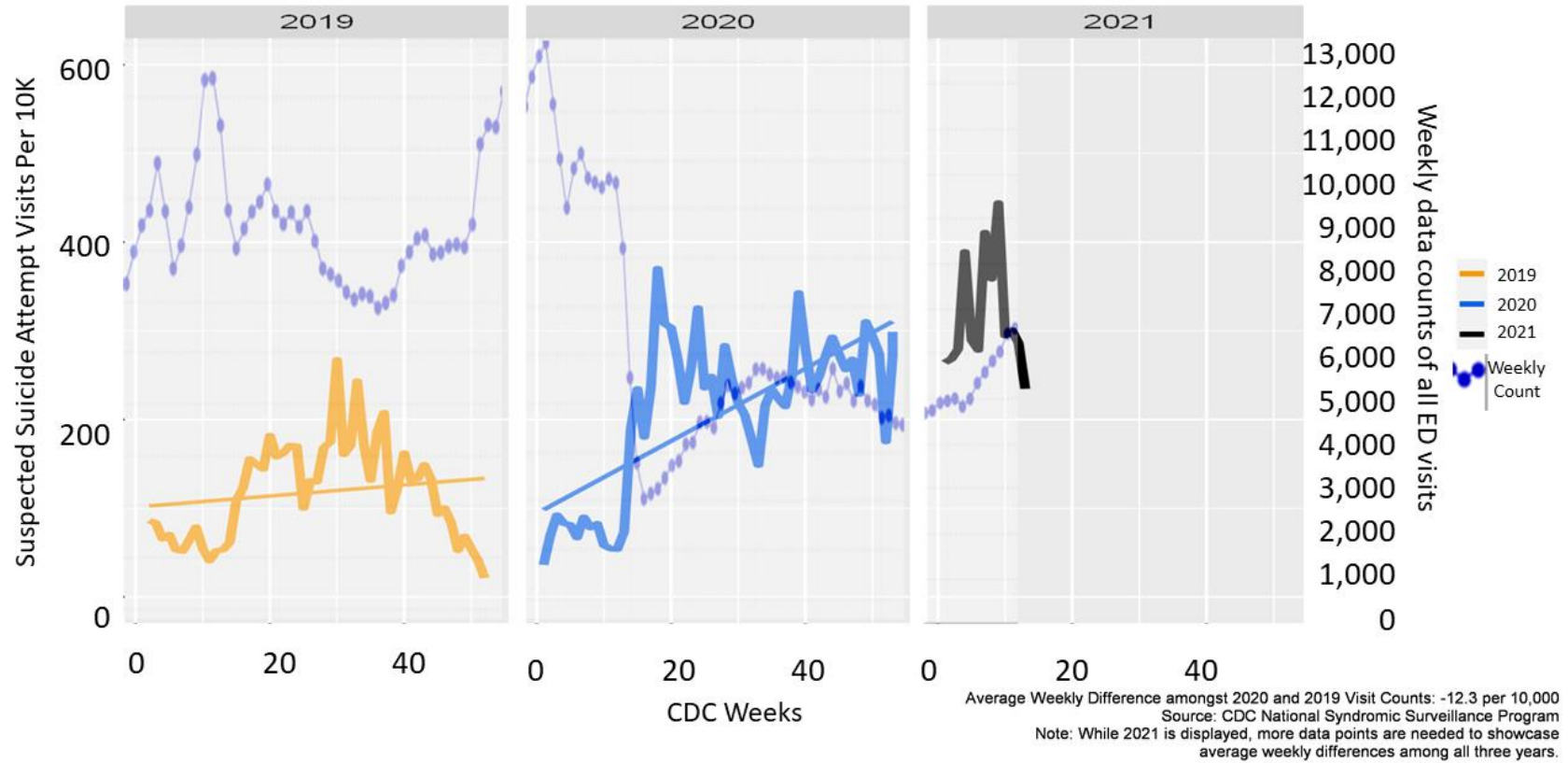
Graph 6: Count of ED visits for suspected suicide attempts among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



⁶ <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-subcommittee>

In the same weeks of 2021 as above (CDC Weeks 1 – 13: January 3 – March 28), the relative reported rate of ED visits for suspected suicide attempts among youth is higher than the rate in the corresponding weeks of 2019 and 2020 (Graph 7).

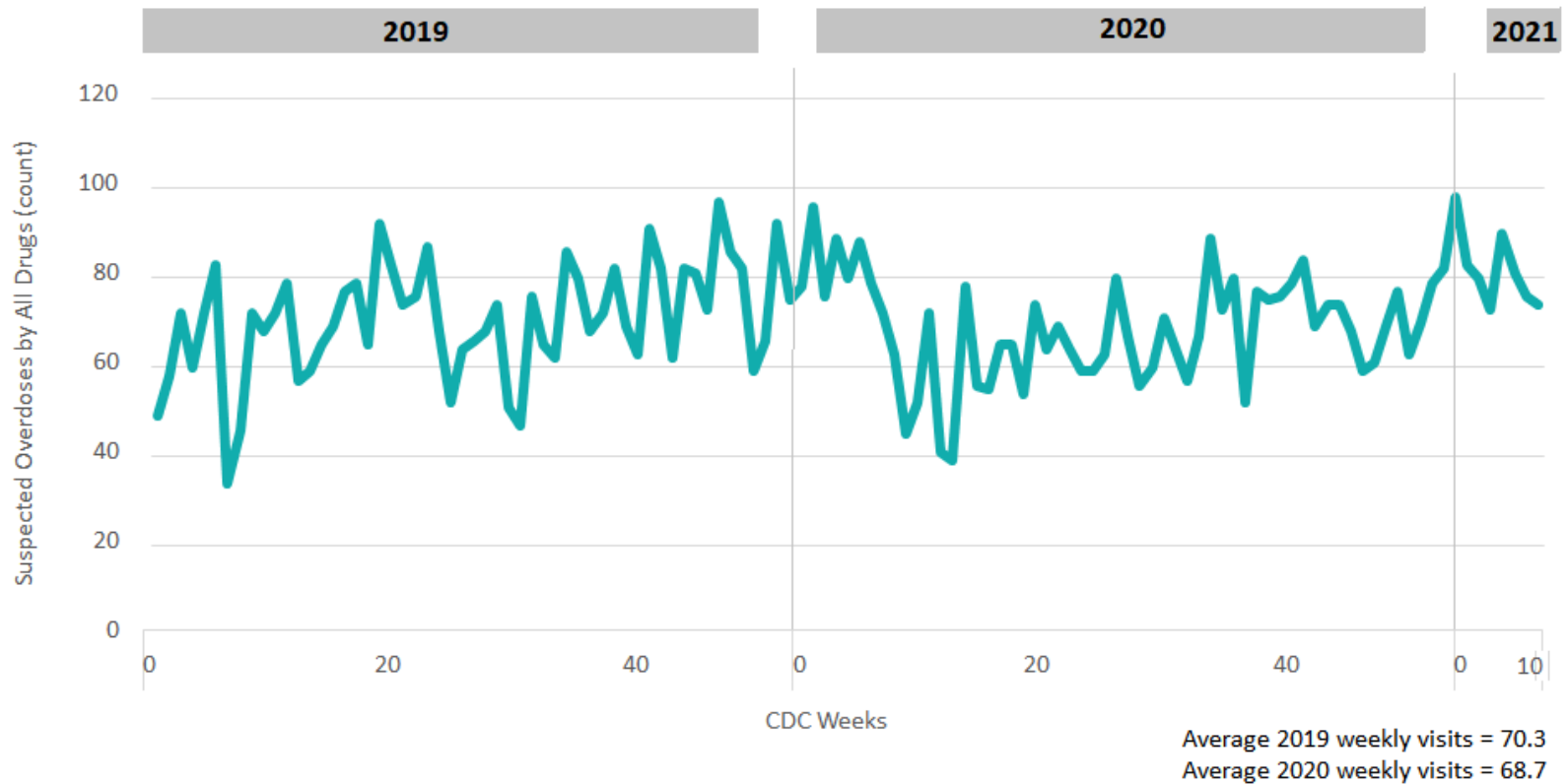
Graph 7: Relative count of ED visits for suspected suicide attempts among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Substance Use – Suspected Drug Overdose

In the early weeks of 2021 (CDC Weeks 1 – 13: January 3 – March 28), the count of ED visits for suspected drug overdose among youth is similar to the count in the corresponding weeks of 2019 and 2020, with the corresponding weeks of 2020 being slightly higher than those of 2019 and 2021 (Graph 8).

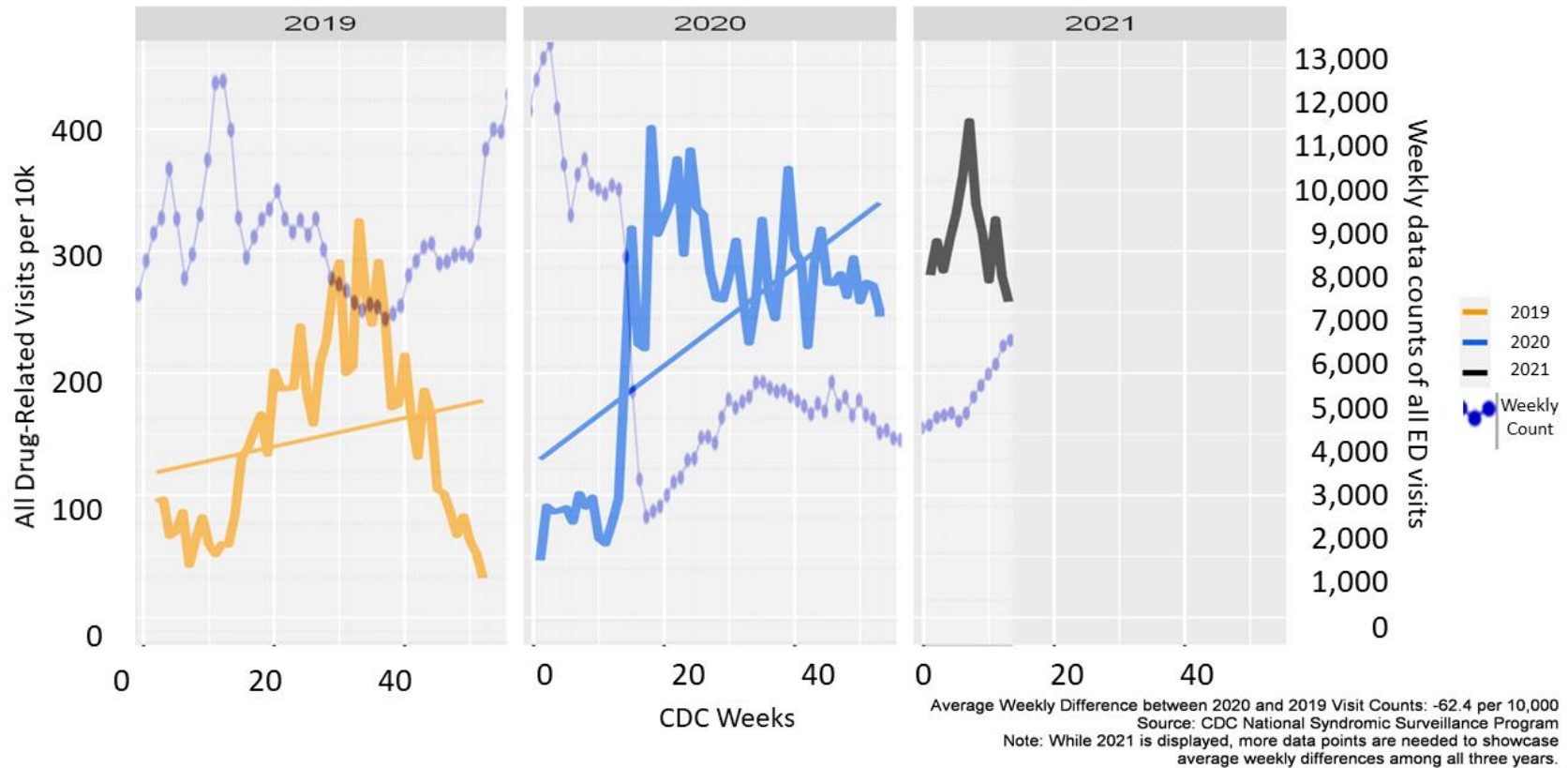
Graph 8: Relative ED count for all drug⁷-related visits among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



⁷ All drug: This definition specifies overdoses for any drug, including heroin, opioid, and stimulants. It is indexed in the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) platform as CDC All Drug v1. Full details available at <https://knowledgerepository.syndromicsurveillance.org/cdc-all-drug-v1>.

In the same weeks of 2021 as above (CDC Weeks 1 – 13: January 3 – March 28), the relative reported rate of ED visits for suspected drug overdose among youth is higher than the rate in the corresponding weeks of 2019 and 2020 (Graph 9).

Graph 9: Relative ED count for all drug-related visits among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



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