

## Week of July 27, 2020

# Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic for Washington to inform planning efforts. The intended audience for this report includes response planners and organizations or individuals who are responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic.

### Purpose

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

### Key Takeaways

- In the week of July 19, emergency department (ED) visit counts for psychological distress and drug overdose were the lowest since late April. Suicide-related ED visits and—to a lesser degree, alcohol-related ED visits—are down. However, disparities among racial and ethnic minorities are more evident in recent weeks.
- The latest U.S. Census Bureau estimates suggest that approximately 200,000 more Washington adults felt depressed at least most days than did in the prior week. Moreover, a majority of adults identifying as Black (non-Hispanic) reported feeling depressed at least most days.
- The Washington Listens statewide support line has been active for almost two months and has fielded nearly 900 calls, approximately 25% of which lasted 15 minutes or more.

### 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 Washingtonians.

#### Syndromic Surveillance

Syndromic surveillance data are collected in near real-time from hospitals and clinics across Washington, and are always subject to updates. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. [This system](#) is the only source

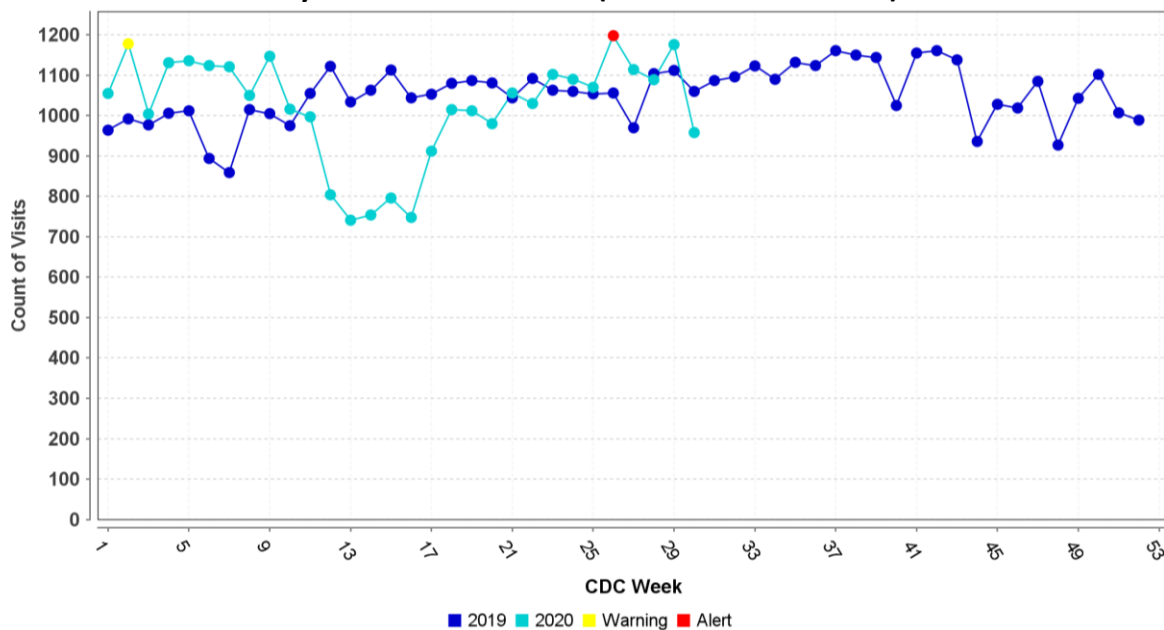
of ED data for Washington. Statistical warnings (yellow dots) and alerts (red dots) are displayed when a Centers for Disease Control and Prevention (CDC) algorithm detects a weekly count at least three standard deviations<sup>1</sup> above a 28-week average count, ending three weeks prior to the week with a warning ( $p < 0.05$ ) or alert ( $p < 0.01$ ).

Relative to 2019, there was a 40–50% decline in volume of visits across care settings that corresponds to the “Stay Home, Stay Healthy” order implemented on March 23 (CDC Week 13 in the following graphs).<sup>2</sup> Although total ED visit counts appear to have returned to pre-pandemic levels, the below indicators are presented as counts of ED visits, rather than percentages of ED visits, to account for unstable denominators.

## Psychological Distress

**CDC Week 30 (week of July 19) had the lowest ED visit count for psychological distress<sup>3</sup> since CDC Week 17 (late April).** However, **warnings for psychological distress among the 15–24 and 45–54 age groups were triggered for CDC Week 28 (week of July 5),** further underscoring the disproportionately high visit counts among these groups during early- to mid- July.

**Graph 1: Count of emergency department visits for psychological distress<sup>3</sup> in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)**



<sup>1</sup> Standard deviation: A measure of the amount of variation or dispersion of a set of values. Standard deviation is often used to measure the distance of a given value from the mean, or average, value of a data set.

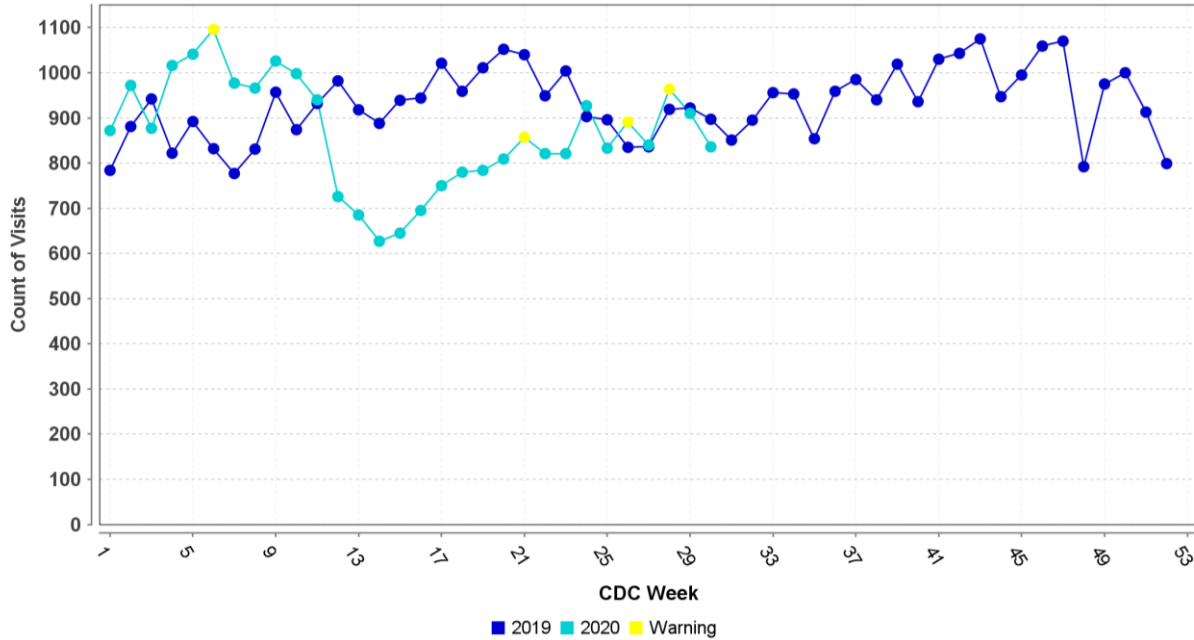
<sup>2</sup> Hartnett K. P., Kite-Powell A., DeVies J., et al. Impact of the COVID-19 Pandemic on Emergency Department Visits — United States, January 1, 2019–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:699–704. DOI: <http://dx.doi.org/10.15585/mmwr.mm6923e1>

<sup>3</sup> 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-committee>.

## Suicidal Ideation and Suicide Attempts

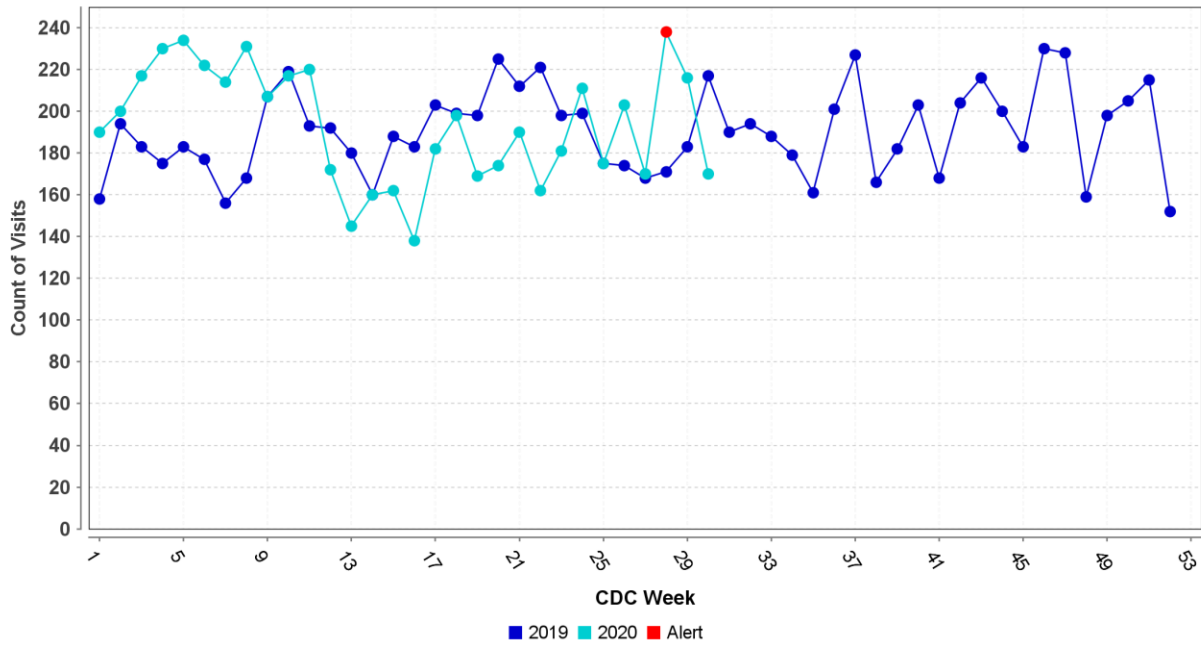
Although the CDC Week 30 ED visit count for suicidal ideation is comparable to weekly counts in May–June, a **warning was added for suicidal ideation ED visits in CDC Week 26 (week of June 21)**, marking the third such statistical elevation in the ten weeks since CDC Week 20 (week of May 3). The CDC Week 26 elevation coincided with a **warning for suicidal ideation ED visits among the Native Hawaiian or Other Pacific Islander population**.

**Graph 2: Count of emergency department visits for suicidal ideation in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)**



Similar to suicidal ideation, the **CDC Week 30 ED visit count for suicide attempts was lower than the counts in the previous two weeks.** However, there was a **warning for suicide attempts among individuals identifying as Black or African American.** In the previous week (CDC Week 29, week of July 12), there were **equivalent warnings for individuals identifying as Asian and individuals identifying as Hispanic or Latino.**

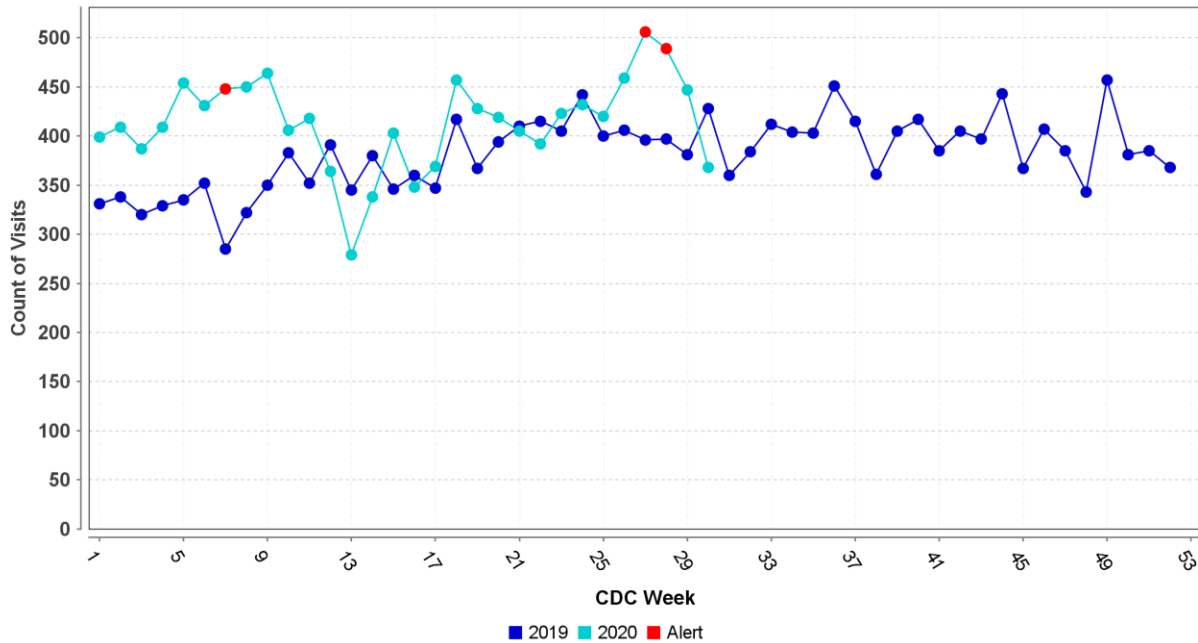
**Graph 3: Count of emergency department visits for suicide attempts in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)**



## Substance Use — Drug Overdose and Alcohol-Related Emergency Visits

As with psychological distress, **CDC Week 30 had the lowest ED visit count for drug overdose<sup>4</sup> since CDC Week 17 (late April).** However, **warnings were added for individuals identifying as American Indian or Alaska Native and individuals identifying as Hispanic or Latino in CDC Week 29.** Additionally, an equivalent warning for CDC Week 27 (week of June 28) among non-Hispanic or Latino individuals was updated to an alert.

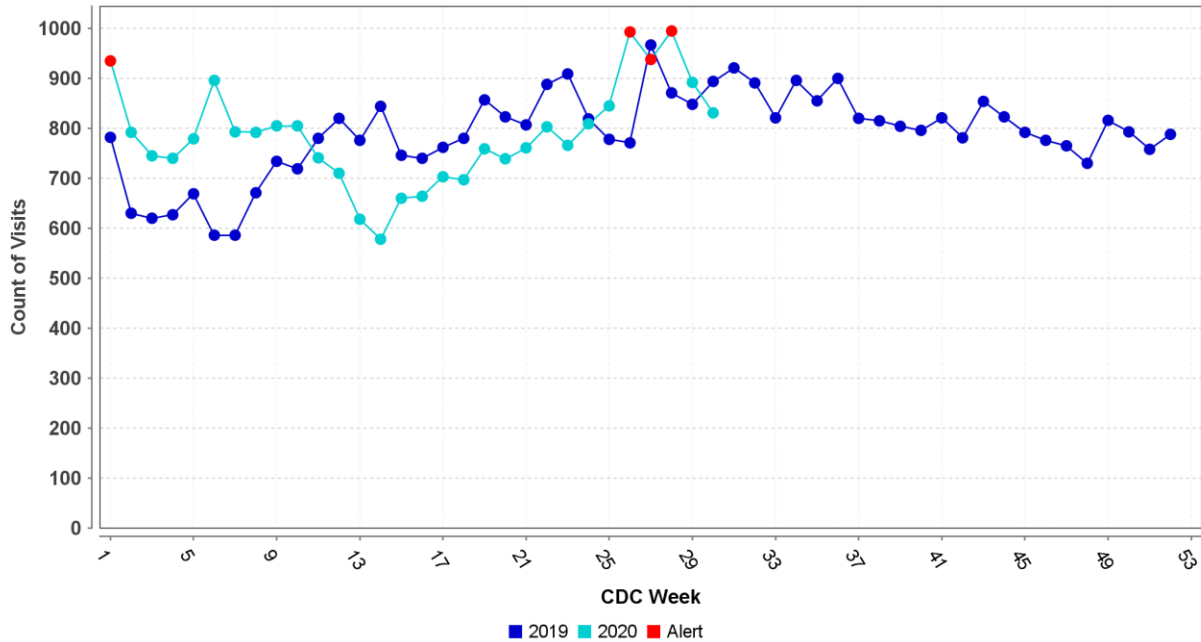
**Graph 4: Count of emergency department visits for overdose by any drug<sup>4</sup> in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)**



<sup>4</sup> 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>.

Decreasing the least among the five syndromic surveillance indicators, **alcohol-related ED visits were slightly lower in CDC Week 30 than in the equivalent week in 2019.** However, several statistical elevations were detected in prior weeks. **For CDC Week 28, there were alerts for the 45–54 and 55–64 age groups, and there was a statistical warning for women.** In terms of location, warnings were added for Benton and King counties in CDC Week 27, followed by a warning in Okanogan County in CDC Week 28 and an alert in **Benton County in CDC Week 29.**

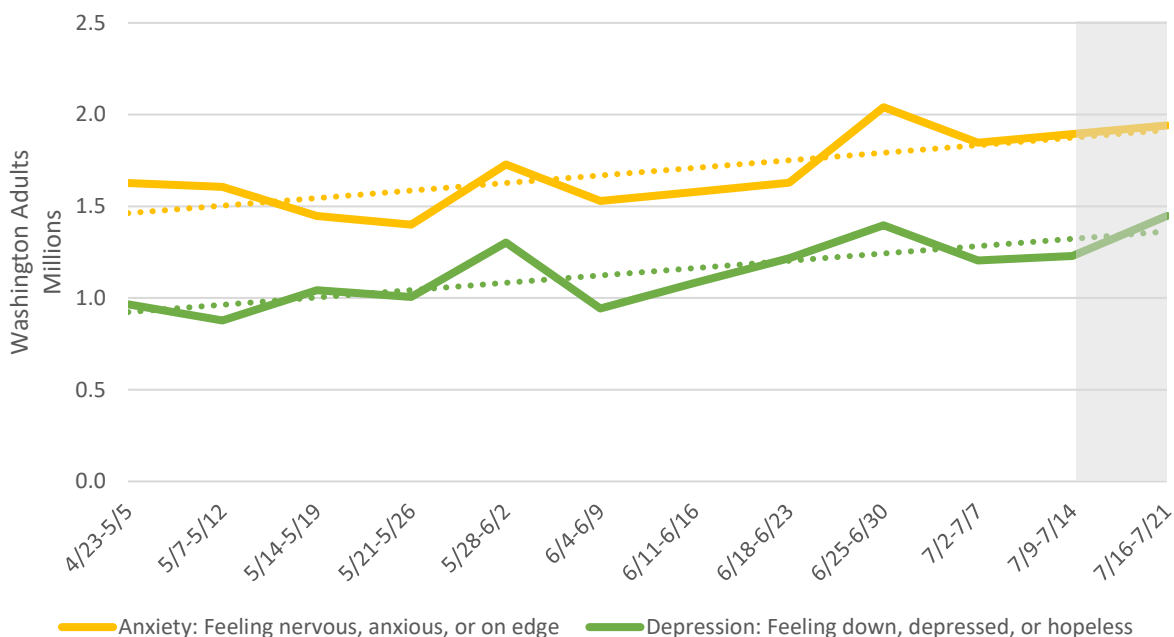
**Graph 5: Count of alcohol-related emergency department visits in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)**



## General Surveillance — Symptoms of Anxiety and Depression

Survey data collected by the U.S. Census Bureau<sup>5</sup> between July 16–21 suggest increases of 3% and 18% in frequent feelings of anxiety and depression among Washington adults, respectively. **Over 1.9 million reported experiencing symptoms of anxiety on at least most days, and over 1.4 million reported experiencing symptoms of depression on at least most days.**

**Graph 6: Estimated Washington adults with feelings of anxiety and depression at least most days, by week: April 23–July 21 (Source: U.S. Census Bureau)**



Further analysis of the depression measure for July 16–21 survey data indicate marked disparities across demographics. As with the anxiety measure, there is an inverse relationship between age and frequency of depression symptoms. As age increases, frequency of depression symptoms decreases. **More than two in five (42%) 18–29 year-olds reported feeling down, depressed, or hopeless at least most days,** compared to one in five (20%) adults age 50+.

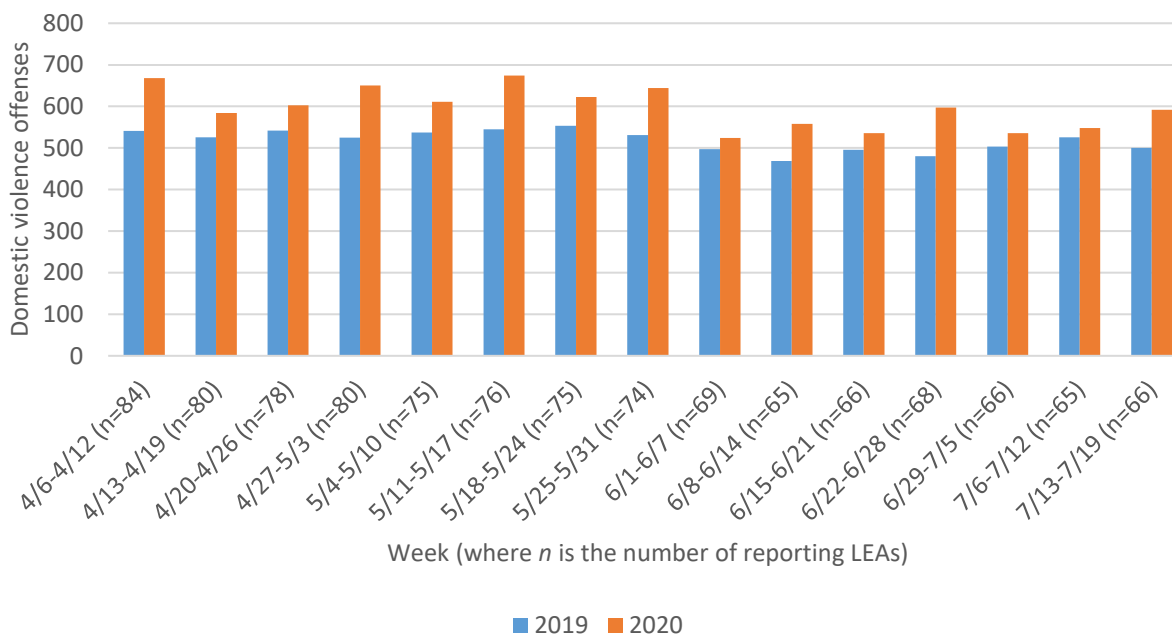
A similar inverse relationship can be seen between household income and frequency of depression symptoms. **Individuals in a household that experienced a loss of employment income were more than twice as likely to report feeling depressed on at least most days,** compared to those who have not experienced such a loss (37% and 15%, respectively). Additionally, **more than two in three individuals (69%) identifying as Black (non-Hispanic) reported feeling depressed at least most days, compared to 24% of the rest of adults surveyed.** The frequency of depression symptoms wasn't significantly greater among men or women as it was with anxiety, for which women reported more frequent symptoms.

<sup>5</sup> In May, the U.S. Census Bureau began measuring the social and economic impacts during the COVID-19 pandemic with a weekly Household Pulse survey of adults across the country. Four questions ask survey respondents how often they have experienced specific symptoms associated with anxiety and depression over the past week.

## Crime — Domestic Violence

After two weeks of relatively low year-over-year increases (of 7% and 4%), **the week of July 13–19 saw an increase of 18% in reported domestic violence offenses** according to survey data from the Washington Association of Sheriffs and Police Chiefs (WASPC).<sup>6</sup> Meanwhile, a 24% year-over-year decrease in other surveyed offenses—including theft, destruction of property, assault, and burglary—is consistent with decreases in previous weeks.

**Graph 7: Domestic violence offenses reported, by week for April 6–July 26: 2020 vs. 2019 (Source: WASPC)**



<sup>6</sup> WASPC began conducting a weekly survey to all Washington law enforcement agencies (LEAs) in April to understand the likely impact of the COVID-19 pandemic on common crimes. Between 24–31% of the 275 LEAs respond each week.

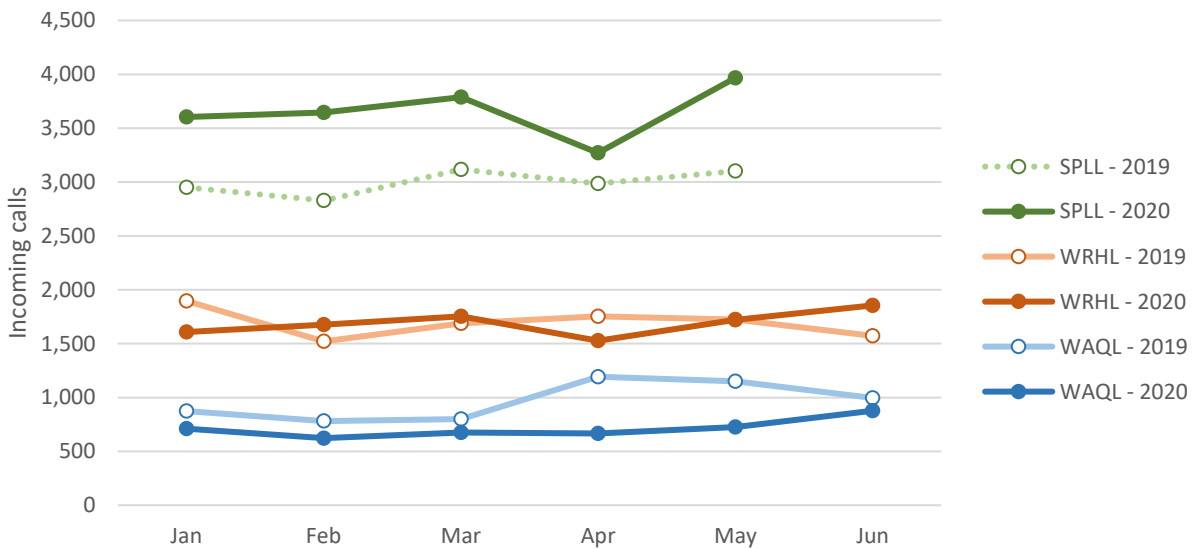


## Telephonic Support Line Activity

The Washington Listens (WA Listens) statewide support line launched Friday, June 5. Call support specialists help callers address their stress and anxiety about COVID-19. As of July 26, the support line has fielded 865 calls. Over 75% of calls were completed within 15 minutes (average of 4.2 minutes), 16% were completed by the half-hour mark (average of 20.7 minutes), while the remaining 9% lasted over 30 minutes.<sup>7</sup>

*There is no update since the Week of July 13 Situation Report for data related to the Washington State Tobacco Quitline (WAQL), Washington Recovery Help Line (WRHL), and Suicide Prevention Lifeline (SPLL). While calls to the WAQL were down 41% year-over-year in April and May combined, June WAQL call volume was comparable to that for 2019. Meanwhile, WRHL calls have steadily increased since April, averaging 10% monthly growth through June. Considered together, the data suggest that Washingtonians struggling with substance use are increasingly seeking support. In May, the SPLL received 21% more calls than in April.<sup>8</sup>*

**Graph 8: Incoming calls to telephonic support lines, by month: 2020 vs. 2019**  
(Source: Washington State Department of Health)



*There is no update since the Week of June 22 Situation Report for data related to the Washington Poison Center. According to the Washington Poison Center, suspected suicide cases<sup>9</sup> among 13–17 year-olds are up 4% from 2019 to 2020 for the period of January 1–June 10, which is greater than the 2% increase across all ages.*

<sup>7</sup> Data obtained from Care Coordination Systems (CCS).

<sup>8</sup> A modest call volume increase was anticipated beginning in January 2020 (i.e., before the COVID-19 outbreak) due to an increase in SPLL service area. Thus, year-over-year comparisons in call volume should be made with caution.

<sup>9</sup> Reporting of exposures to the Washington Poison Center is voluntary and not mandated by law. As such, these data reflect only the exposures reported to the Washington Poison Center and are most likely an underrepresentation of the true occurrence of any one substance.

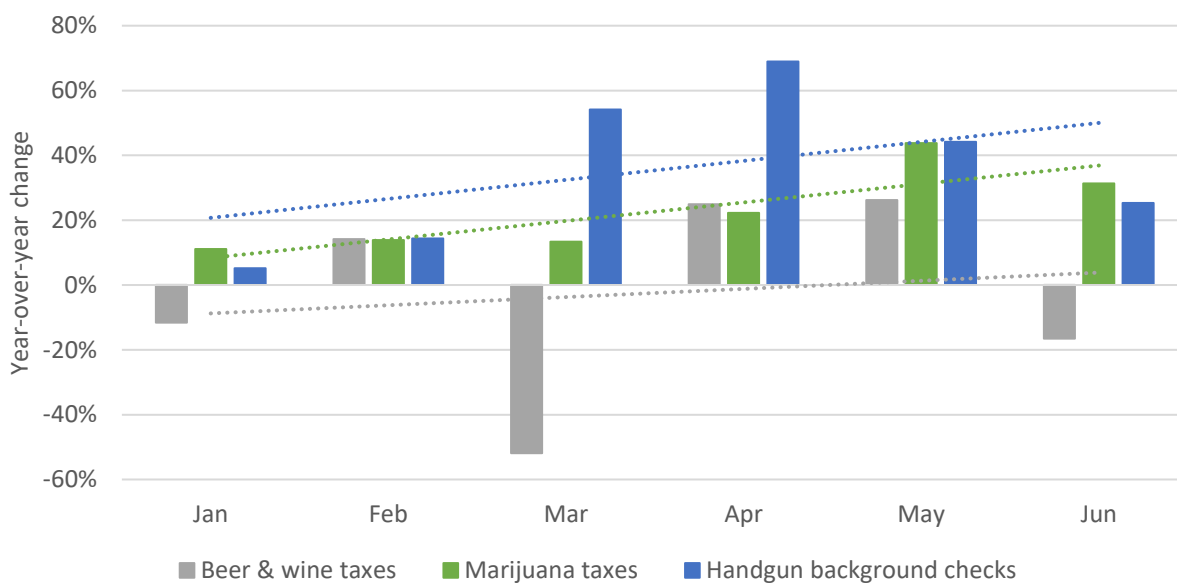
## Product Sales — Alcohol and Marijuana Taxes & Handgun Background Checks

*There is no update since the Week of July 13 Situation Report for data related to product sales.*

The Liquor and Cannabis Board (LCB) summarizes monthly beer, wine, and marijuana tax collections, which may be used as a representation for sales of legal recreational substances and, by extension, potential for substance use issues. Additionally, federal background checks for handgun sales<sup>10</sup> may represent access to firearms,<sup>11</sup> which is a risk factor for suicide and other gun violence.<sup>12</sup>

Monthly marijuana tax collections in the first half of 2020 were consistently higher than in 2019, while changes in year-over-year monthly beer and wine tax collections (combined) have fluctuated, but are generally increasing. Additionally, federal background checks for handgun sales in Washington were 45% (roughly 39,000) higher for the period of March–June 2020 compared to the corresponding period in 2019. However, the state’s increase is less than half of the overall United States increase (+109%).

**Graph 9: Year-over-year change in select product sales indicators, by month: 2020 vs. 2019**  
(Sources: LCB and Federal Bureau of Investigation)



<sup>10</sup> From the Federal Bureau of Investigation: “It is important to note that the statistics within this chart represent the number of firearm background checks initiated through the NICS [National Instant Criminal Background Check System]. They do 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.”

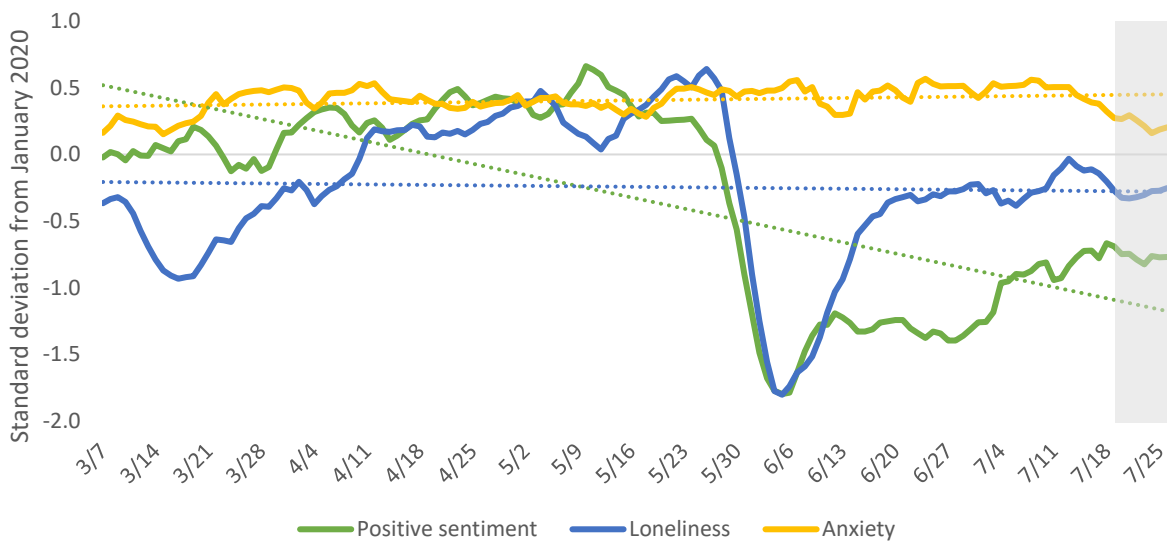
<sup>11</sup> Nemerov, Howard Ross, Estimating Guns Sold by State (January 11, 2018). Available at SSRN: <http://dx.doi.org/10.2139/ssrn.3100289>

<sup>12</sup> Anglemeyer, A., Horvath, T., Rutherford, G. The accessibility of firearms and risk for suicide and homicide victimization among household members: a systematic review and meta-analysis [published correction appears in *Ann Intern Med.* 2014 May 6;160(9):658-9]. *Ann Intern Med.* 2014;160(2):101-110. doi:10.7326/M13-1301

## Social Media — Expressions of Positive Sentiment, Loneliness, and Anxiety

Social media data continue to show more positive signs. Tweets related to COVID-19 and geo-tagged to Washington<sup>13,14</sup> suggest that **loneliness is slightly but steadily below pre-pandemic levels and anxiety is gradually decreasing toward pre-pandemic levels** (contrary to U.S. Census Bureau data on p. 7). However, positive sentiment is steadily below pre-pandemic levels, and early data for the remainder of July signify a decrease in this measure or an increase in negative language.

**Graph 10: 7-day moving averages of deviations in select expression measures<sup>13,14</sup> relative to January 2020 baseline: March 7, 2020–July 26, 2020 (Source: Penn Center for Digital Health)**



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<sup>13</sup> Since January 2020, researchers at the Penn Center for Digital Health have been tracking “tweets” about the COVID-19 pandemic, analyzing language used by Twitter users to quantify the extent to which they reflect expressions of positive sentiment, loneliness, and anxiety. Although these measures have been made publicly available, the researchers included a disclaimer, stating that “the data are still being validated and are not ready for public policy decision making.”

<sup>14</sup> Guntuku, S.C., Sherman, G., Stokes, D.C., et al. Tracking Mental Health and Symptom Mentions on Twitter During COVID-19. *J GEN INTERN MED* (2020). <https://doi.org/10.1007/s11606-020-05988-8>