

Week of January 25, 2021

COVID-19 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 any organization that is 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.

Please note that this report is based on the most recent available data from various sources. As such, different sections may present information for different reporting periods. This report now includes data from three calendar years: 2019, 2020, and 2021.

Key Takeaways

- **For the two most recent reporting periods ([CDC Weeks 1 and 2](#)¹: weeks of January 3 and January 10), 4 of 5 syndromic indicators (psychological distress, suicidal ideation, suspected suicide attempts, and suspected overdoses by all drugs) exceeded rates in the final week of 2020.** It should be noted that people in need of both behavioral and physical healthcare may have changed their care-seeking behaviors due to concerns about COVID-19.
- **Three statistical alerts were issued** based on syndromic surveillance data:
 - Psychological distress among adults ages 18–44
 - Alcohol-related visits for those who identified as Native Hawaiian/Pacific Islander
 - Suspected overdose by all drugs among adults ages 18–44
- Social media indicators of **loneliness and positive sentiment continue their pattern of fluctuation.**

¹ <https://wwwn.cdc.gov/nndss/document/2020.pdf>

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

The Department of Health collects syndromic surveillance data in near real-time from hospitals and clinics across Washington. The data are always subject to updates. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This [data collection system](#)² is the only source of emergency department (ED) data for Washington. Statistical warnings and alerts are raised when a Centers for Disease Control and Prevention (CDC) algorithm detects a weekly count at least three standard deviations³ above a 28-day average count, ending three weeks prior to the week with a warning or alert. These warnings or alerts will be mentioned within each respective syndrome section.

As of the Week of October 12 Situation Report (Situation Report 13), **visits of interest per 10,000 ED visits replaced visit count graphs**. This new measure can help provide insights into: behavioral health impacts since the implementation of the “Stay Home, Stay Healthy” order from March 23 (CDC Week 13), seasonal shifts year-over-year,⁴ new visit trends due to COVID-19 symptoms and diagnosis, perceptions of disease transmission and risk, as well as the relative frequency of these indicators for 2019 and 2020. An additional feature of these graphs is the “average weekly difference” in the lower right-hand corner. This feature is a measure of the variation in the weekly volume of visits, and allows readers to compare both the year-over-year⁴ averages for a particular week, along with the weekly visit fluctuations, to better assess demand for care and care-seeking behaviors. In scenarios where a statistical warning or alert is issued, such events will be mentioned within the syndrome description text.

Because the volume of visits across care settings varied widely during 2020, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

² <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse/RHINO>

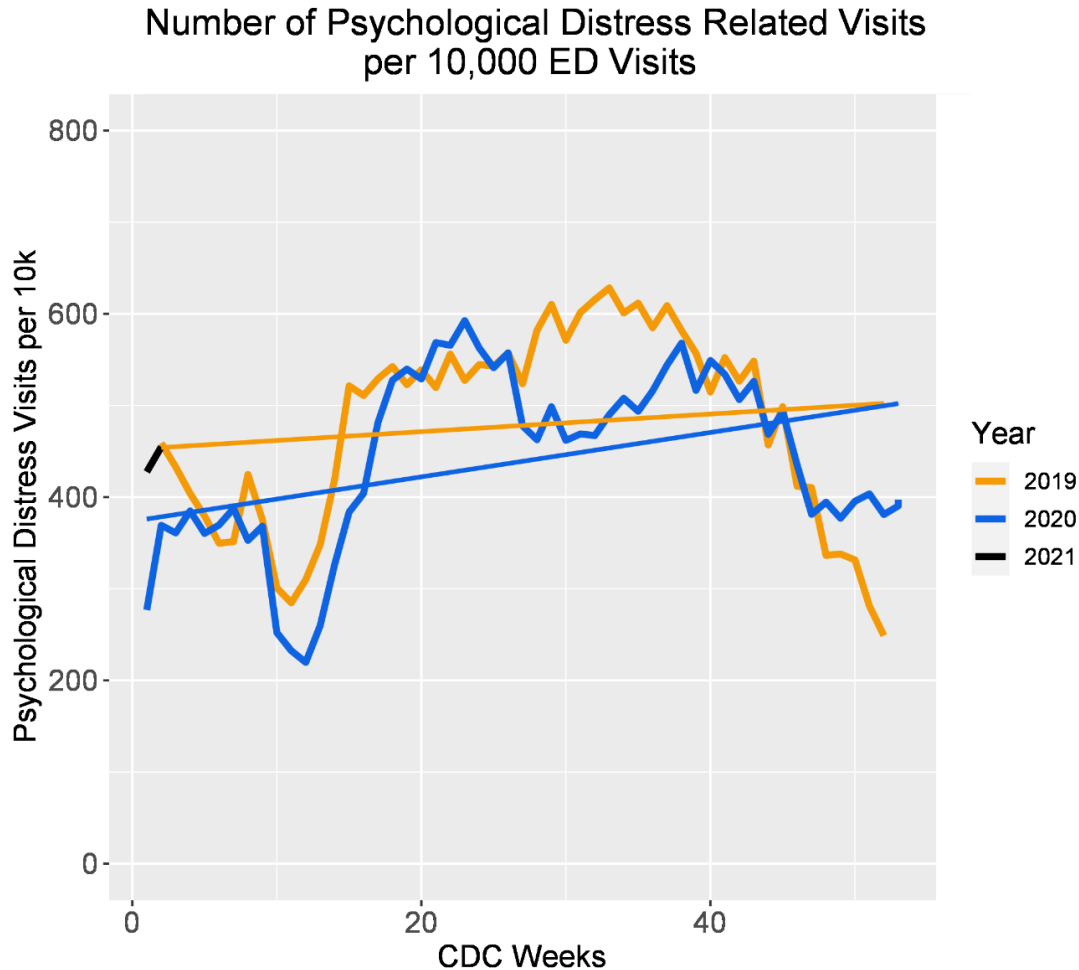
³ Standard deviation: A measure of the amount of variation or dispersion of a set of values. Standard deviation is often used to measure the distance of a given value from the average value of a data set.

⁴ Year-over-year: The comparison of two or more years, specifically 2021 to 2020 and 2019.

Psychological Distress

The relative reported ED visit count for psychological distress⁵ in CDC Weeks 1 and 2 (weeks of January 3 and January 10) is higher than the rate in the last week of 2020 and showed a slight increase from the first to second week of 2021 (Graph 1). A statistical alert was issued for those between the ages of 18 and 44.

Graph 1: Relative count of ED visits for psychological distress⁵ in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



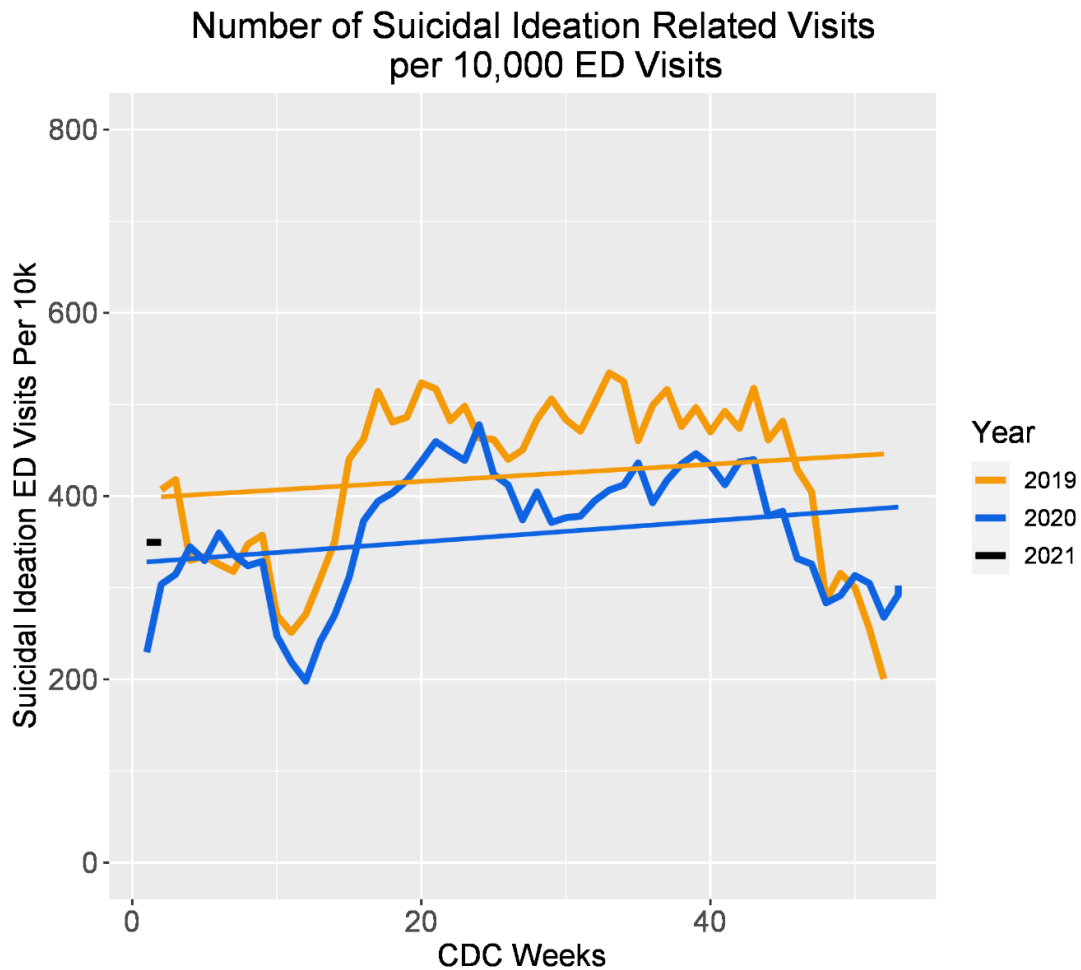
Average Weekly Difference between 2020 and 2019 Visit Counts: -479.5 per 10,000
Source: CDC National Syndromic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

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-definitioncommittee>.

Suicidal Ideation and Suspected Suicide Attempts

During **CDC Weeks 1 and 2 (weeks of January 3 and January 10)**, the relative reported ED visits for suicidal ideation increased slightly from the first week of 2021 to the second (Graph 2). The rates at the beginning of 2021 are higher than the rates at the end of 2020. Compared to the same weeks in previous years, rates for suicidal ideation are higher than 2020 rates and lower than 2019 rates. No statistical warnings or alerts were issued.

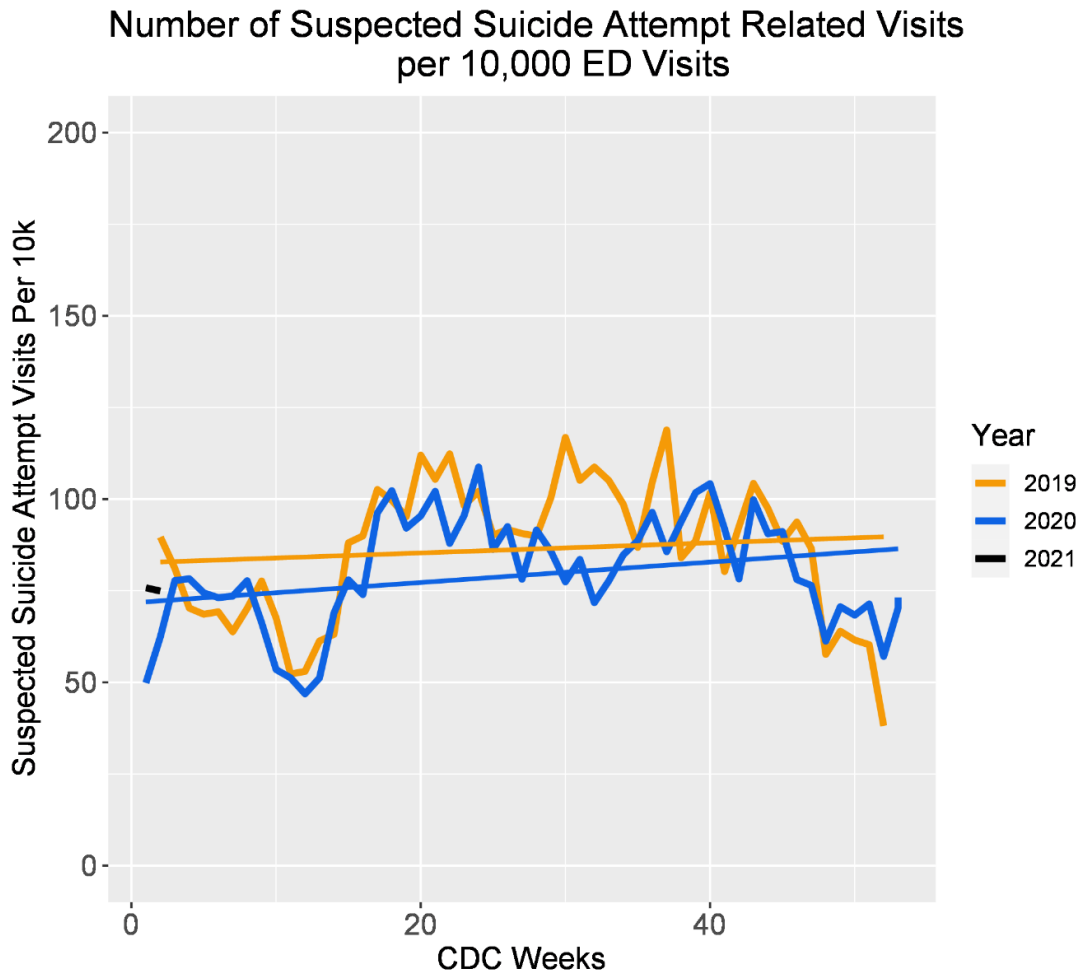
Graph 2: Relative count of ED visits for suicidal ideation in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Average Weekly Difference between 2020 and 2019 Visit Counts: -436.4 per 10,000
Source: CDC National Syndromic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

The relative reported ED visits for suspected suicide attempts during **CDC Weeks 1 and 2 (weeks of January 3 and January 10)** were approximately equal (Graph 3). The rates at the beginning of 2021 are slightly higher than the rates at the end of 2020. Compared to the same weeks in the previous two years, rates for suicidal ideation in 2021 are higher than 2020 rates and lower than 2019 rates. No statistical warnings or alerts were issued.

Graph 3: Relative count of ED visits for suspected suicide attempts in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Average Weekly Difference amongst 2020 and 2019 Visit Counts: -88.9 per 10,000

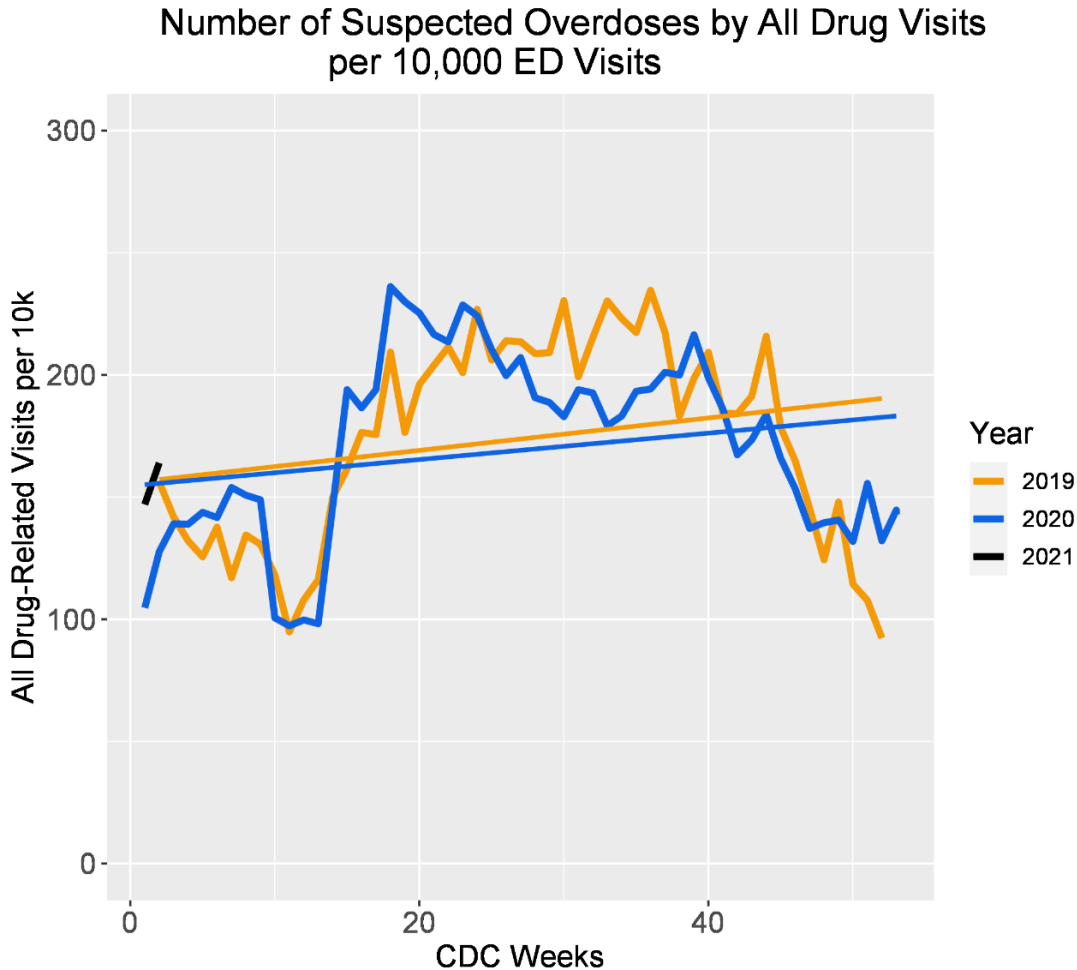
Source: CDC National Syndromic Surveillance Program

Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

Substance Use – Drug Overdose and Alcohol-Related Emergency Visits

The relative reports for all drug⁶-related visits increased during CDC Weeks 1 and 2 (weeks of January 3 and January 10), compared to the last week of 2020. In the second week of 2021, the rate of visits exceeded the rates during the same week in both 2020 and 2019 (Graph 4). A statistical alert was issued for those between the ages of 18 and 44.

Graph 4: Relative ED count for all drug⁶-related visits in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



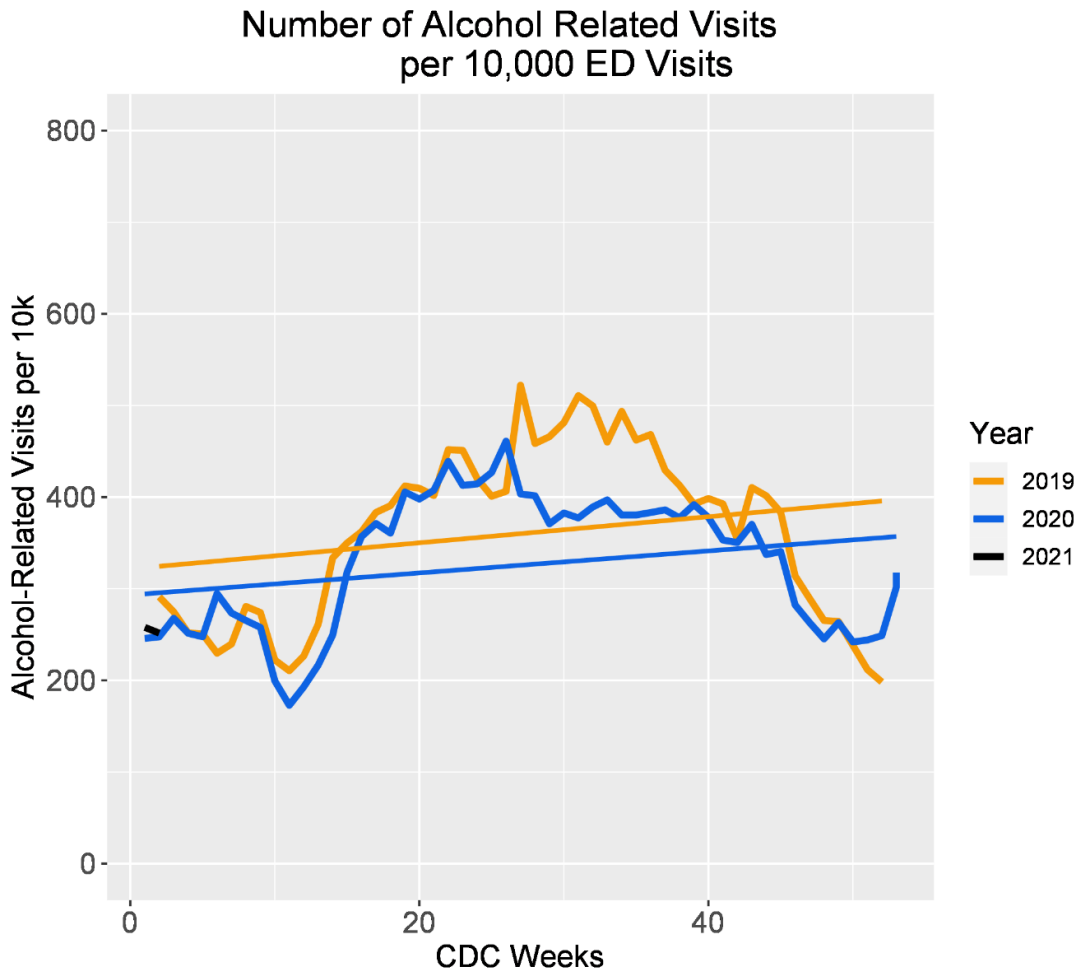
Average Weekly Difference between 2020 and 2019 Visit Counts: -187.5 per 10,000
Source: CDC National Syndromic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

The relative reported alcohol-related visits for CDC Weeks 1 and 2 (weeks of January 3 and January 10) decreased from the rates at the end of 2020 (Graph 5). Despite that decrease, a statistical alert was issued for those who identified as Native Hawaiian/Pacific Islander. The

⁶ 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>.

visits are lower than the peak visit rates in CDC Weeks 23–28 of 2020, and between the rates of the corresponding weeks in 2019 and 2020. It should be noted that ED visits per 10,000 for alcohol have remained somewhat stable for 2020, while there was a several week period of sustained decreases in visits in 2019. This has resulted in a slight convergence in visit counts between 2019 and 2020 data.

Graph 5: Relative ED count for alcohol-related visits in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)

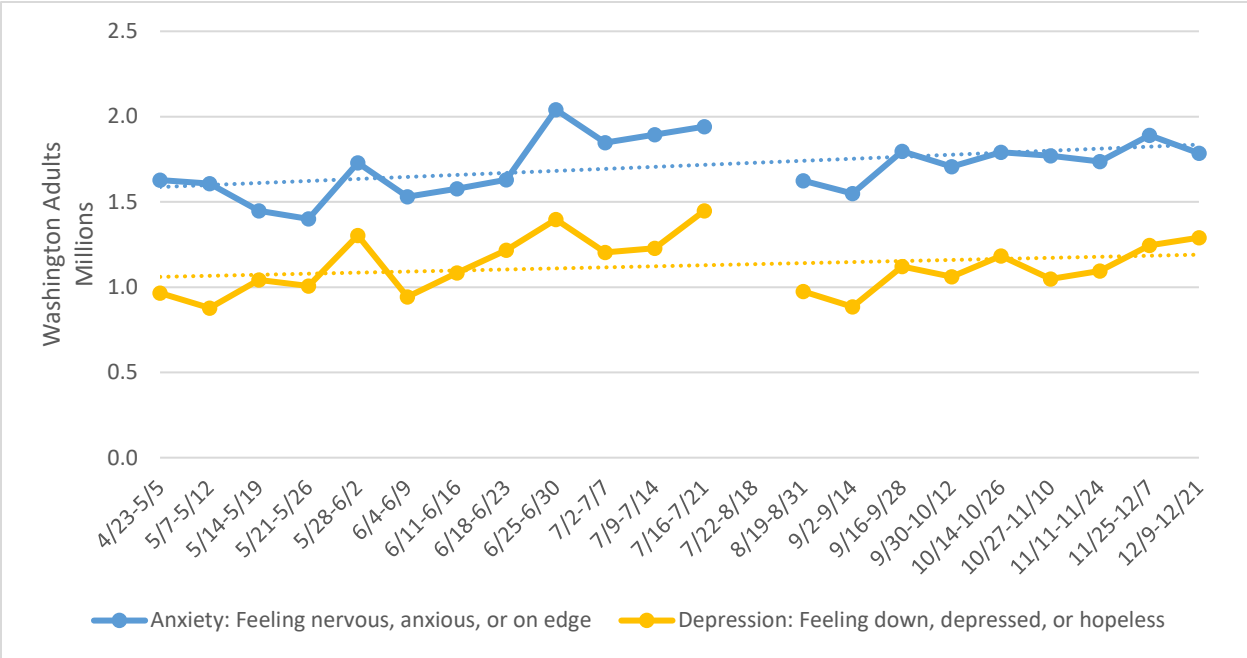


Average Weekly Difference between 2020 and 2019 Visit Counts: -398.5 per 10,000
 Source: CDC National Syndromic Surveillance Program
 Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

General Surveillance – Symptoms of Anxiety and Depression

[Survey data](#)⁷ collected by the U.S. Census Bureau for December 9–21, 2020, show a **decrease in anxiety (-5.5%) and an increase in depression (+3.6%)** among adults in Washington, compared to the previous reporting period of November 25–December 7 (Graph 6). Please note, according to the U.S. Census Bureau, data collection briefly paused from December 23, 2020–January 3, 2021. In the most recent reporting period, nearly 1.8 million adults reported symptoms of **anxiety** on all or most days of the previous week, while nearly 1.3 million reported the same frequency of symptoms of **depression**. For these measures, the standard error suggests that the inaccuracy of estimates may be around 6.5% above or below the numbers previously mentioned. This survey data is not in any way related to the data presented in previous sections.

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



Note: For the period of July 21, 2020–August 19, 2020, census data was not available and thus, any trends during this point are an artifact of analysis.

⁷ 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. The survey asks four questions related to how often survey respondents have experienced specific symptoms associated with diagnoses of generalized anxiety disorder or major depressive disorder over the past week. Additional details about the survey can be found at <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.

In the December 9–21 survey data, depression measures continue to indicate marked disparities among demographic groups. As with the anxiety measure, there is an inverse relationship between age and frequency of depression symptoms. In other words, the younger someone is, the greater their frequency of experiencing depression and anxiety symptoms.

The **frequency of depression symptoms appears to decrease as household income increases**, with those in households earning less than \$25,000 per year reporting the highest rate (40%), and those in households earning \$25,000 to \$35,000 per year reporting the second highest rate (37%).

This trend is **more pronounced for measures of anxiety**, with those in households earning less than \$25,000 per year reporting symptoms of anxiety at the highest rate (55%). That rate is lower than the previous reporting period (63%). Those in households earning \$25,000 to \$35,000 per year reported frequent symptoms of anxiety at the second highest rate (40%). Only those whose annual household income is higher than \$200,000 reported rates below 30%, and **no income group reported rates lower than 20%.**⁷

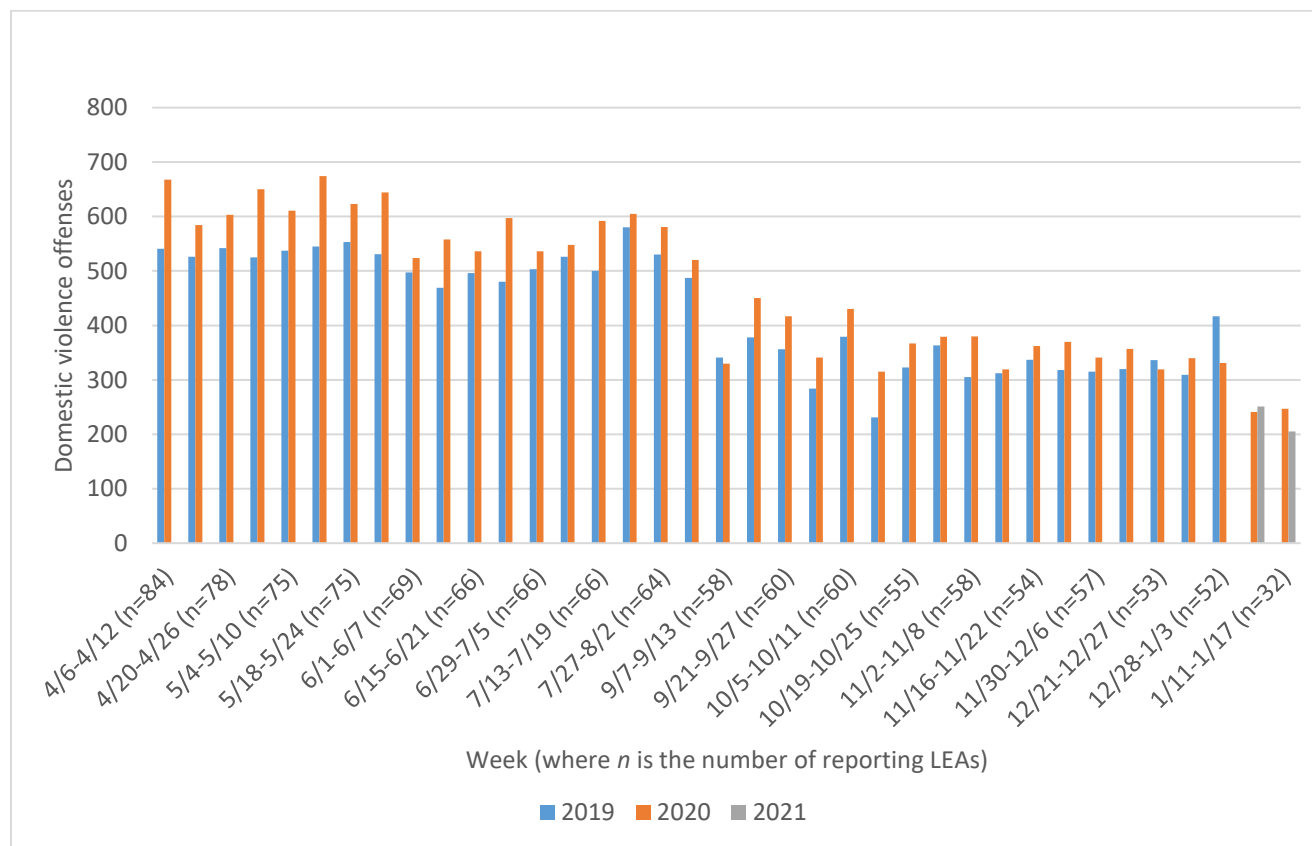
Those who identified as **African American and two or more races** reported the highest rate of symptoms for both anxiety and depression.

Finally, those who identified as female have an increased symptom reporting rate for depression (29% for females, compared to 22% for males) and anxiety (41% for females, compared to 31% for males).

Crime – Domestic Violence

In the most recent reporting period (week of January 11), **the number of domestic violence offenses being reported was lower than the corresponding week in 2020** (32 agencies reporting, $n^8=32$) (Graph 7), according to survey data from the Washington Association of Sheriffs and Police Chiefs (WASPC).⁹ This survey has also detected **overall double-digit decreases in other offenses during the week of January 11 (40%) compared to the previous week**. One notable exception is cruelty to animals (2 in 2021, compared to 0 in 2020).

Graph 7: Domestic violence offenses reported, by week for April 6, 2020–January 17, 2021: 2020 and 2021 compared to previous years (Source: WASPC)^{8,9}



⁸ n is for both 2019 and 2020, specifying only those agencies reporting in both 2020 and 2019.

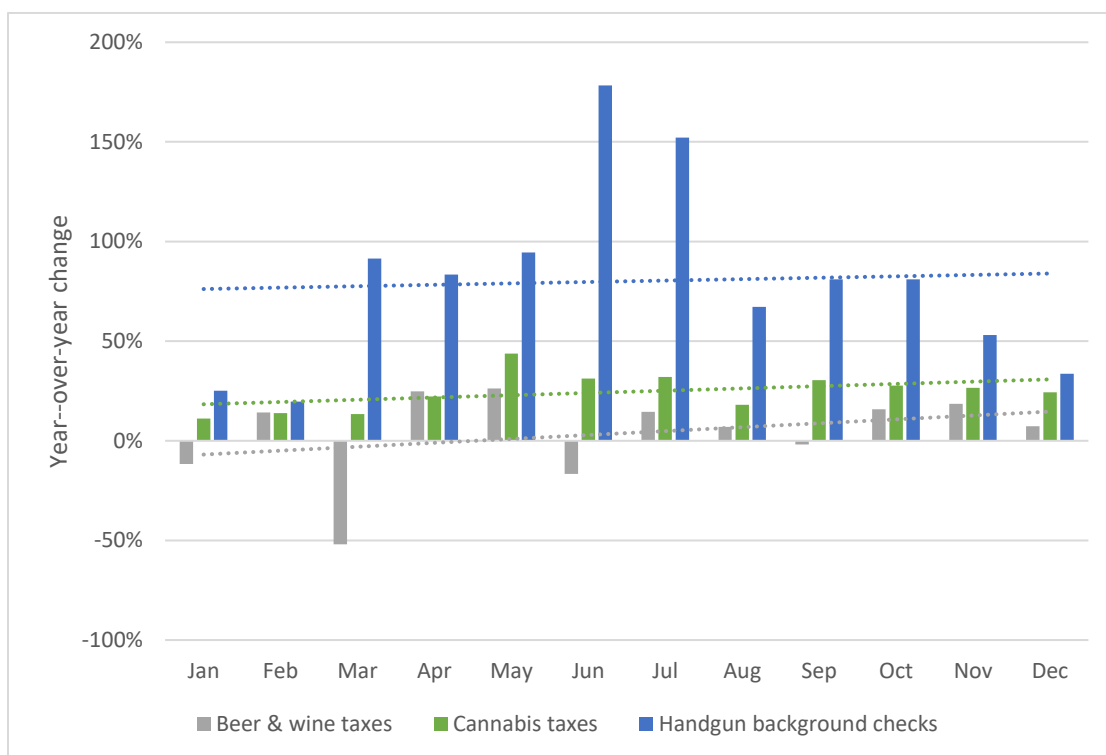
⁹ WASPC began conducting a weekly survey to all Washington law enforcement agencies (LEAs) in April to understand the likely impact of the COVID-19 pandemic on common crimes. Between 24–31% of the 275 LEAs respond each week. It should be noted that despite varying numbers of law enforcement agencies reporting offenses week-over-week, all values for each week are tied strictly to that week’s reporting number for both 2019 and 2020. A smaller or larger number of reporting agencies does not affect year-over-year comparisons.

Product Sales – Alcohol and Cannabis Taxes & Handgun Background Checks

The Liquor and Cannabis Board (LCB) summarizes monthly beer and wine and cannabis tax collections, which may be used as a representation of sales of legal recreational substances and by extension, potential for substance use issues. Monthly cannabis tax collections were consistently higher in 2020 than in 2019. While changes in year-over-year⁴ monthly beer and wine tax collections (combined) fluctuated, they generally increased.

Additionally, federal background checks for handgun sales¹⁰ may represent access to firearms,¹¹ which is a risk factor for suicide and other gun violence.¹² Overall, the number of federal background checks for handgun sales has been higher in 2020 than in 2019, with June and July showing the greatest year-over-year⁴ monthly increases.

Graph 8: Year-over-year change in select product sales indicators, by month: 2020 vs. 2019 (Sources: LCB, Federal Bureau of Investigation)



¹⁰ 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.”

¹¹ Nemerov, H.R. (2018). Estimating Guns Sold by State. SSRN: <http://dx.doi.org/10.2139/ssrn.3100289>

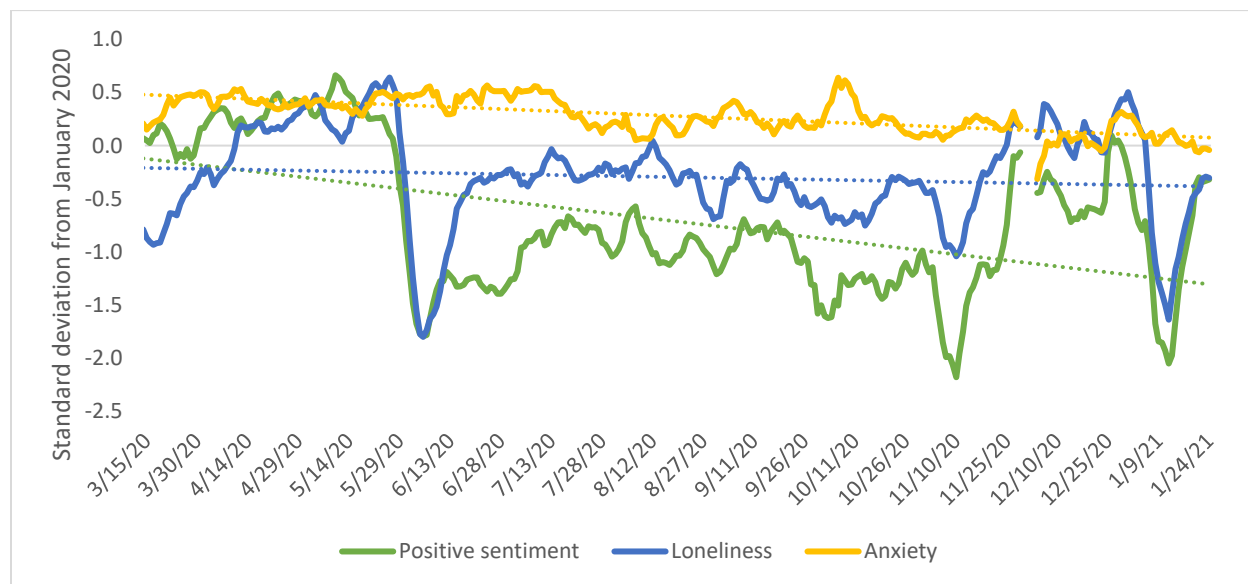
¹² Anglemeyer, A., Horvath, T., & Rutherford, G. (2014). The accessibility of firearms and risk for suicide and homicide victimization among household members: a systematic review and meta-analysis [published correction appears in *Ann Intern Med*. 2014 May 6. 160(9), 658-9]. *Ann Intern Med*, 160(2),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

Social Media – Expressions of Positive Sentiment, Loneliness, and Anxiety

From mid-June until early November 2020, tweets related to COVID-19 and geotagged to Washington^{13,14} for positive sentiment, loneliness, and anxiety fluctuated around average values shown by the dotted lines (Graph 9). The solid line at 0.0 shows baseline content as of January 2020.

Since early November, all three measures have shown greater variation than in the previous months. In particular, positive sentiment (green line) and loneliness (blue line) deviated from averages that emerged mid-2020. Expressions of anxiety (yellow line) and loneliness (blue line) may be returning to levels seen throughout much of 2020. It is possible that a contentious election and subsequent election-related events, the fall and winter holiday season, and the introduction and availability of a COVID-19 vaccine may be influencing these expressions via social media.

Graph 9: 7-day moving averages of deviation in select expression measures^{13,14} relative to a January 2020 baseline: March 7, 2020–January 24, 2021
(Source: Penn Center for Digital Health)



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

¹³ 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.”

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