Washington State Department of Health

DOH 821-102-95

Week of November 13, 2022
Behavioral Health Impact Situation Report

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 impact of the COVID-19 pandemic on mental health and potential for substance use issues.

Please note this report is based on the most recent available data from various sources. As such, different sections may present information for different reporting periods.

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.

As of November 29, 2022, this report has been updated to remove data that are no longer beneficial to the COVID-19 Behavioral Health Group's Impact & Capacity Assessment Task Force. If there is mission critical information that has been removed, please contact Alaine Ziegler at Alaine.Ziegler@doh.wa.gov to address the data.

Key Takeaways

For the most recent reporting period (CDC Week[1] 45, week ending November 12, 2022), all five syndromic indicators (psychological distress, suspected suicide attempt, suicidal ideation, drug overdose, and alcohol-related emergency department [ED] visits) **decreased** from the previous reporting period (CDC week 43). For the current reporting period, all indicators are **decreasing.**

- A warning was issued for those who report their race as Asian for the week of November 6, 2022.

Survey data collected by the U.S. Census Bureau for October 5 – 17, 2022, show an **increase** in anxiety (7.45%), and an **increase** in depression (18.63%) among adults in Washington.

[1] https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf

Impact Assessment

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 ED data for Washington.

Statistical warnings (yellow dot), and alerts (red dot), are raised when a CDC algorithm detects a weekly count at least three standard deviations[3] above a 28-day average count, ending three weeks prior to the week with a warning or alert. These warnings or alerts are indicated as needed, within each respective syndrome section. Alerts indicate more caution is needed than a warning.

The Syndromic Data represented in the most recent situation report is incomplete due to interface and data uploading issues for two hospital systems within Washington to ESSENCE. The affected systems account for approximately 10% of the reported data tracked within ESSENCE. Syndromic Data previously shown using the ESSENCE surveillance system is complete and accurate.

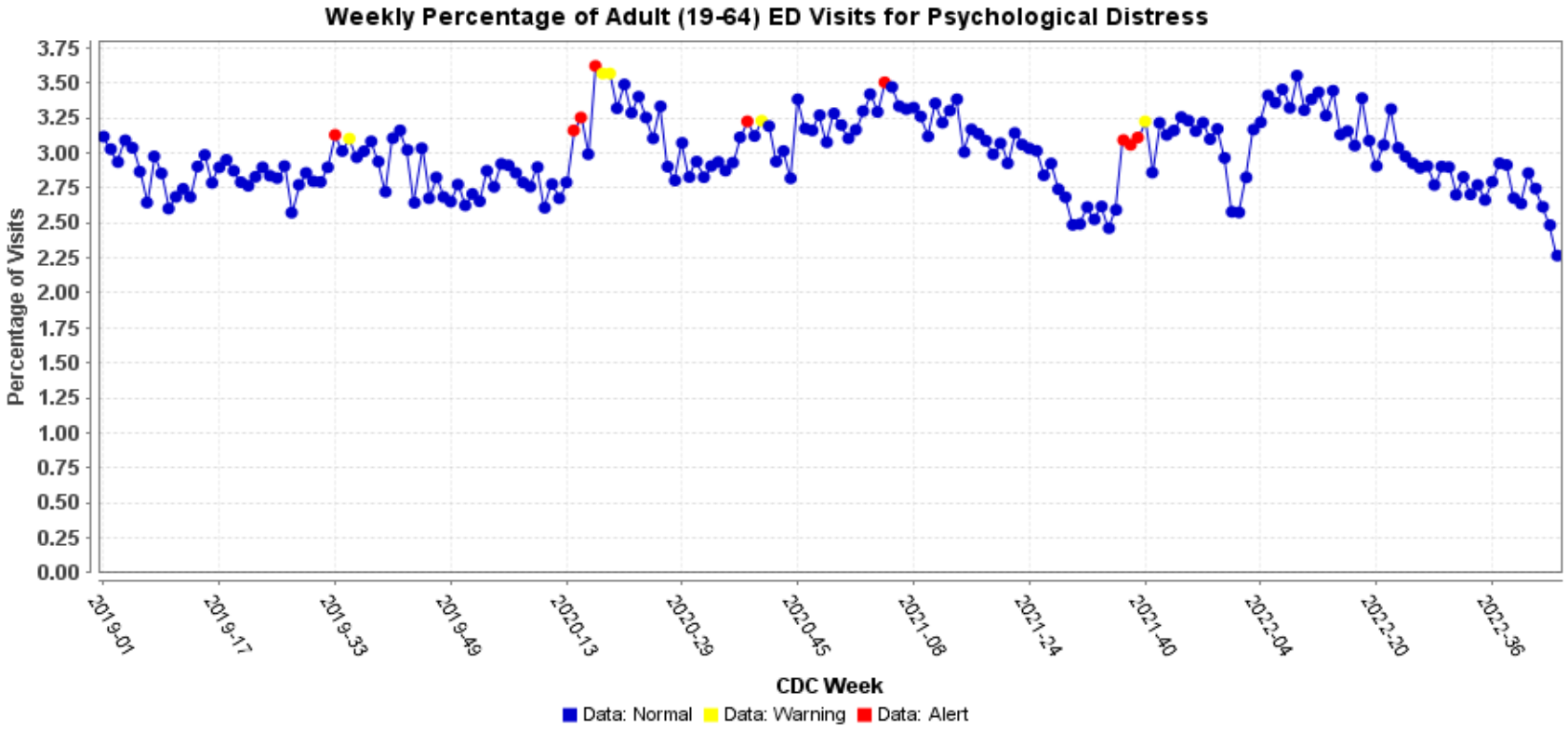
[2] https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/data-exchange-0/syndromic-surveillance-rhino

[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.

Psychological Distress

During CDC Week 45 (week of November 13, 2022), the reported relative percentage of ED visits for psychological distress[4] **decreased** from the previous reporting period (CDC week 43), and the current week is **decreasing** (Graph 1). No statistical alert or warning was issued.

Graph 1: Percentage change of ED visits for psychological distress in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)

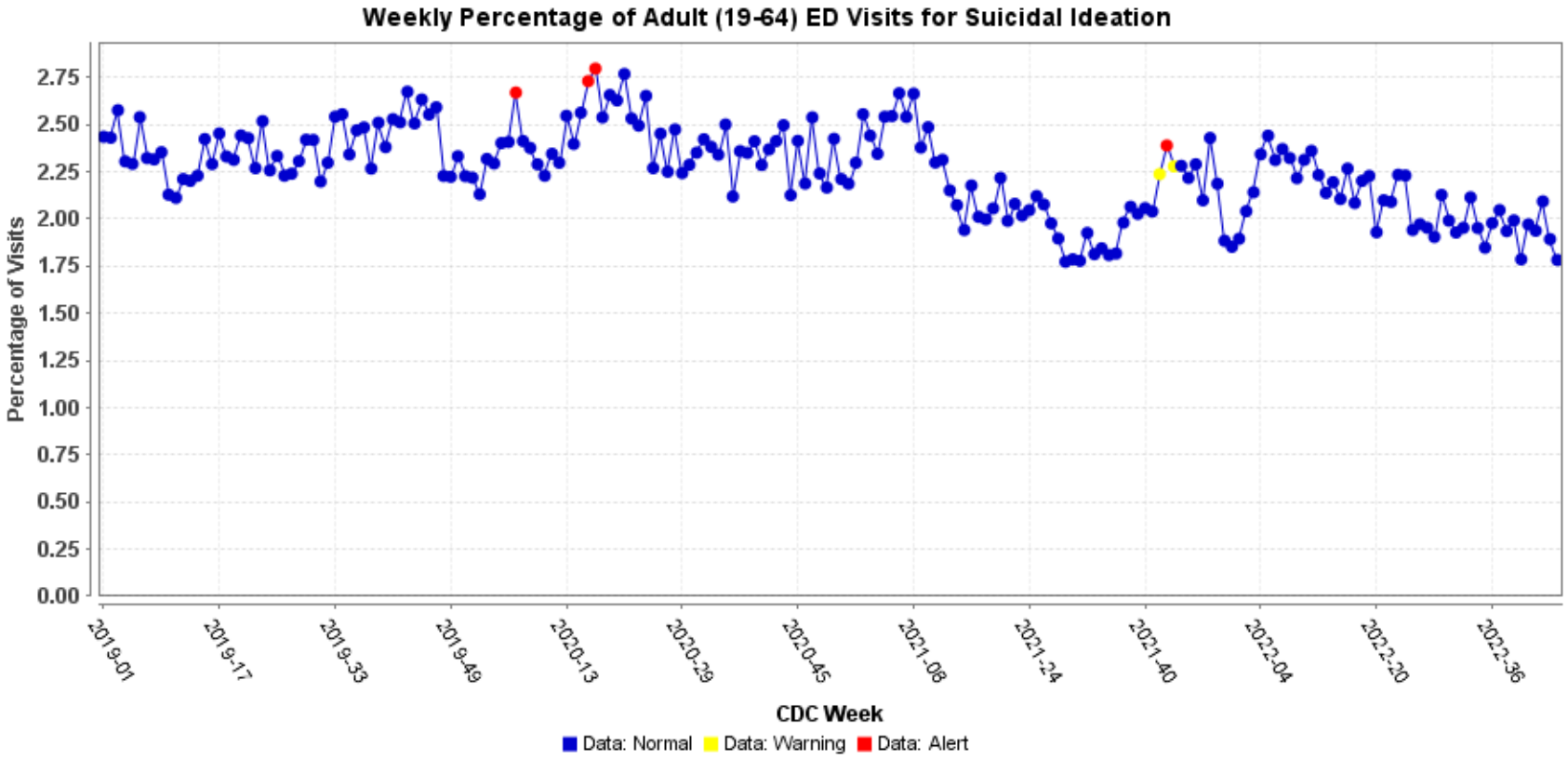


[4] Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details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

Suicidal Ideation and Suspected Suicide Attempt

During CDC Week 45 (week of November 13, 2022), the reported relative percentage of ED visits for suicidal ideation **decreased** from the previous reporting period (CDC week 43), and the current week is **decreasing** (Graph 2). No statistical alert or warning was issued.

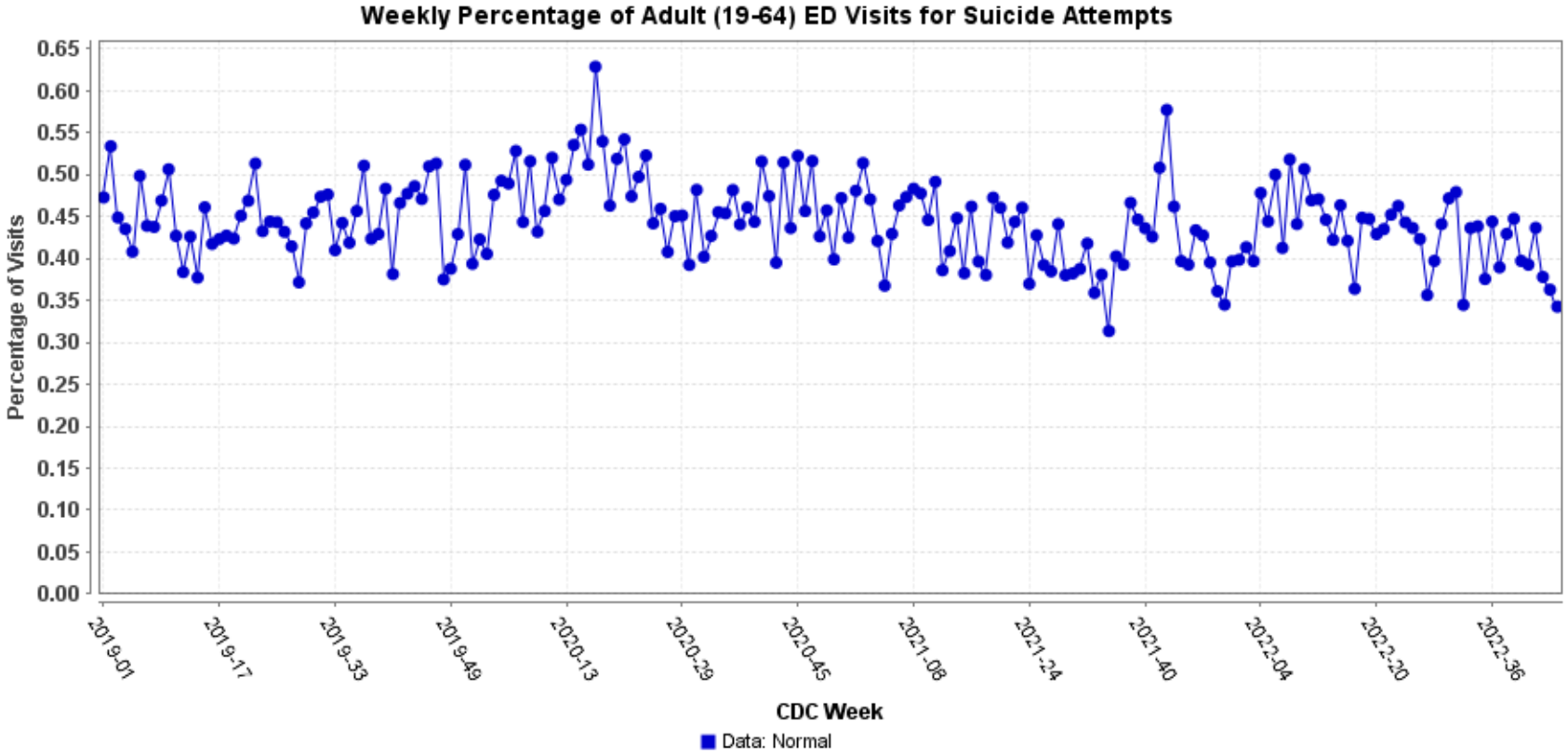
Graph 2: Percentage change of ED visits for suicidal ideation in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



During CDC Week 45 (week of November 13, 2022), the reported relative percentage of ED visits for suspected suicide attempt **decreased** from the previous reporting period (CDC week 43), and the current week is **decreasing** (Graph 3). No statistical alert or warning was issued.

Data regarding suspected suicide attempt should be interpreted with caution. 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 percentage of such visits.

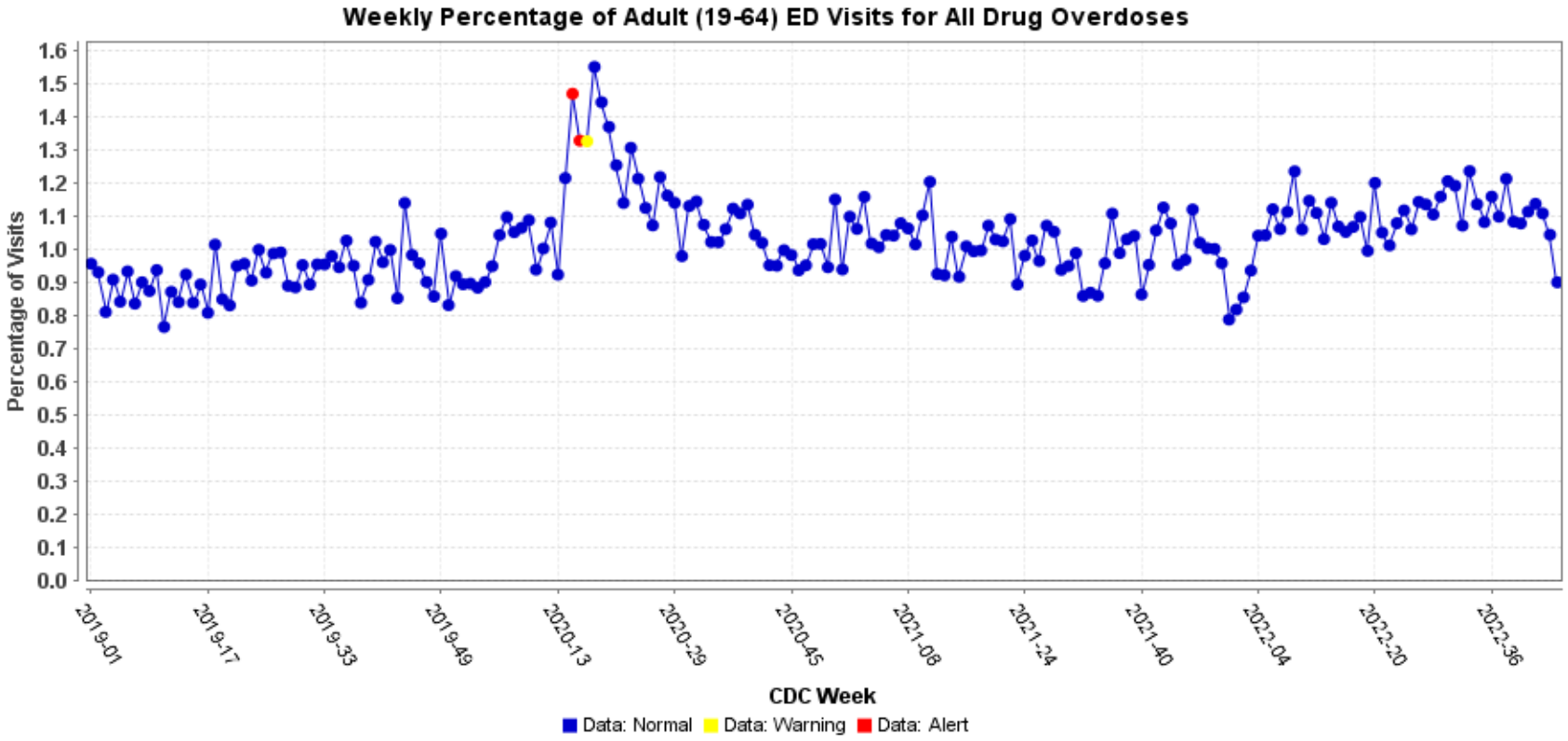
Graph 3: Percentage change of ED visits for suspected suicide attempt in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



Substance Use – Drug Overdose and Alcohol-Related Emergency Visits

During CDC Week 45 (week of November 13, 2022), the reported relative percentage of all drug[5]-related ED visits **decreased** from the previous reporting period (CDC week 43), and the current week is **decreasing** (Graph 4). A warning was issued for those who reported their race as Asian for the week of November 6, 2022.

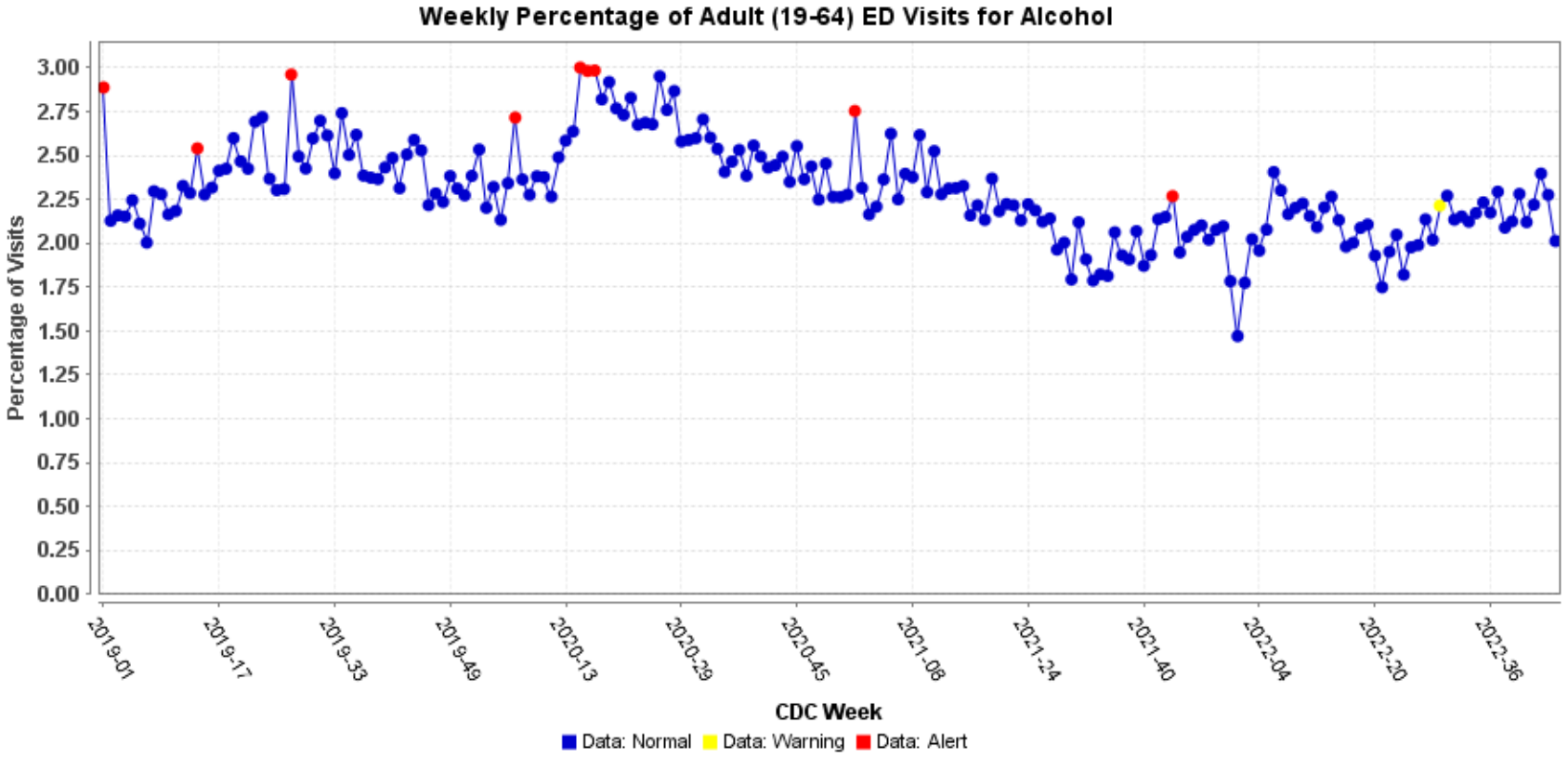
Graph 4: Percentage change of all drug-related ED visits in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



[5] 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

During CDC Week 45 (week of November 13, 2022), the reported relative percentage of alcohol-related ED visits **decreased** from the previous reporting period (CDC week 43), and the current week is **decreasing** (Graph 5). No statistical alert or warning was issued.

Graph 5: Percentage change of alcohol-related ED visits in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



Emergency Department visits for Behavioral Health Related and Reported Homelessness

The syndromic indicator *Behavioral Health-Related and -Reported Homelessness* has been removed from this document until the ESSENCE codes can be updated to reflect only homelessness for individuals with behavioral health concerns.

General Surveillance

Symptoms of Anxiety and Depression

Survey data collected by the U.S. Census Bureau for October 5 – 17, 2022, show an **increase** in anxiety – feeling nervous, anxious, or on edge – (7.45%), and an **increase** in depression -- feeling down, depressed, or hopeless – (18.63%) among adults in Washington, compared to the previous reporting period of September 14 – 26, 2022 (Graph 7).

In the most recent reporting period represented below, approximately 1.66 million adults in Washington reported symptoms of anxiety on all or most days of the previous week, while approximately 1.16 million adults reported the same frequency of symptoms of depression.

The same respondent may report symptoms of both anxiety and depression at the same time, and these numbers are not cumulative. These survey data are independent to the data presented in previous sections.

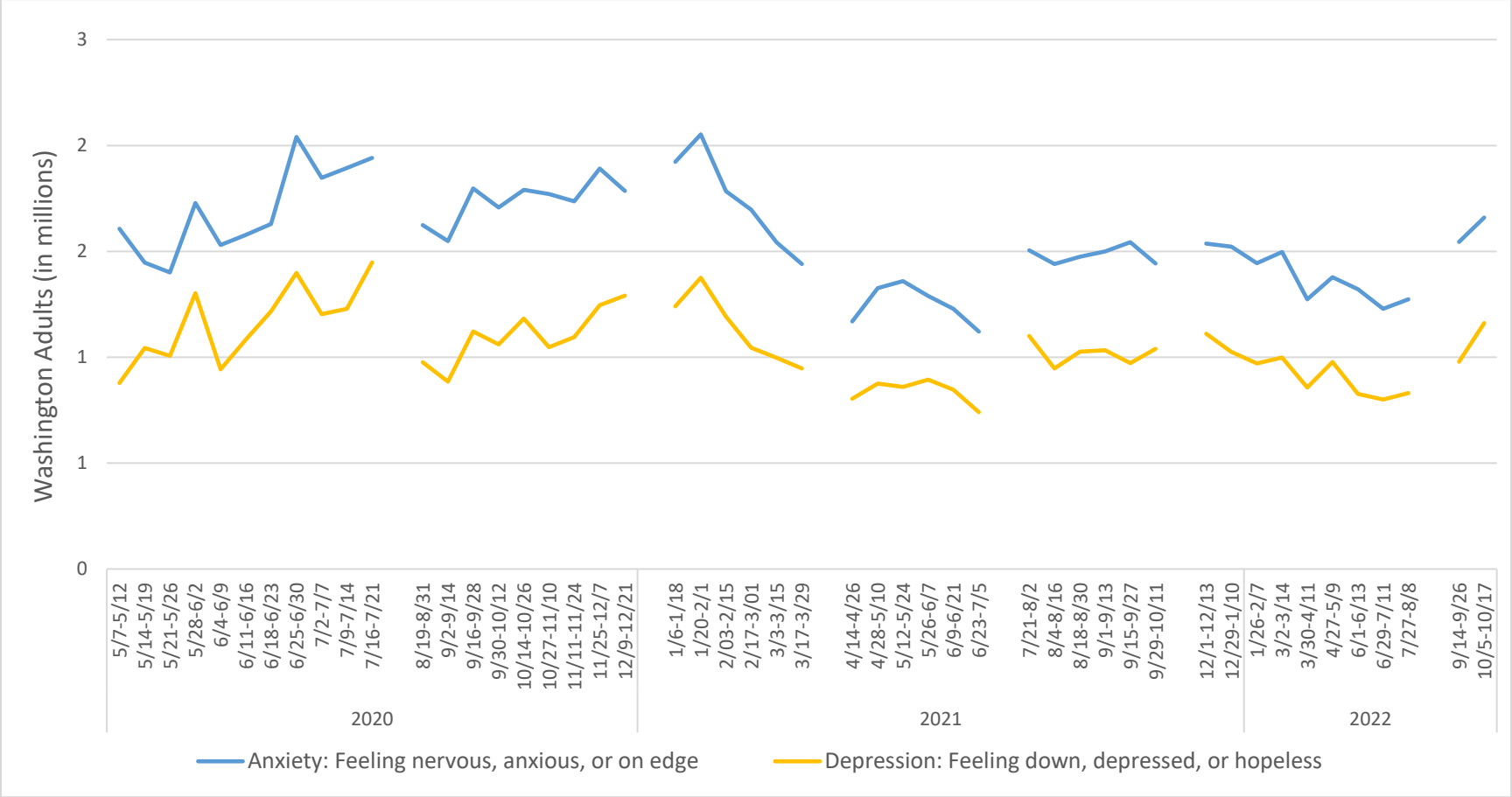
In the October 5 – 17, 2022 survey data, respondents ages 18 – 29 reported an identical percentage of symptoms of **anxiety** (50%), followed by those ages 30 – 39 (37%). The highest percentage of symptoms of **depression** were reported by those ages 18 – 29 (41%) followed by those ages 80 and above (29%).

Those who live in households earning $25,000 - $34,999 per year were the most likely to report frequent symptoms of **anxiety** (42%), followed by those in households earning $50,000 - $74,999 per year (32%).

Additionally, respondents in households earning $25,000 - $34,999 per year reported the highest percentage of frequent symptoms of **depression** (40%), followed by those in households earning less than $25,000 per year (35%).

Those who identified as female at birth had an **increased** symptom reporting percentage for **anxiety,** as compared to those who identified as male at birth (30% for females, 25% for males), and those who identified as female at birth had a **similar** reporting percentage for **depression** as those who identified as male at birth (21% for females, 18% for males).

Graph 7: Estimated number of Washington adults who reported feelings of anxiety or depression "at least most days," by week (Source: U.S. Census Bureau)



Note: The U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021, March 30, 2021 – April 13, 2021, July 6 – 20, 2021, and October 12– November 31, 2021, August 13 – September 14, 2022. For Phase 3.3, data collection and release has shifted to a two-weeks on, two-weeks off collection and dissemination approach.

Acknowledgements

This document was developed by the Washington State Department of Health's Behavioral Health Epidemiology Team. Lead author is Alaine Ziegler, MPH.

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.