

## Month of June 2022

# COVID-19 Older Adult 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 impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washington's older adult population (individuals 65 years and older unless otherwise noted).

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 June 6, 2022, this report has been updated to remove data that is 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](mailto:Alaine.Ziegler@doh.wa.gov) to address the data.

### Key Takeaways

Three syndromic indicators **increased** from the previous reporting period. Suicidal Ideation is **lower** than the rates in the corresponding weeks of 2019 and 2021, and is **even** with the rates in the corresponding weeks of 2020, Suspected Suicide Attempt is **higher** than the rate in the corresponding weeks of 2019, 2020, and 2021, and Drug Overdose is **lower** than the rates in the corresponding weeks of 2019, 2020, and 2021.

Psychological Distress and Alcohol-Related emergency department (ED) visits **decreased** and are **lower** than the rates in the corresponding weeks of 2019, 2020, and 2021.

Survey data collected by the U.S. Census Bureau for April 24 – May 9, 2022, show change in anxiety (-17.12%), worrying (-20.88%), lack of interest (-5.89%), and depression (-5.10%) among older adults (in this sample, older adults are defined as individuals 60 and older) in Washington.

**More** adults reported **needing** counseling or therapy but did not receive it (47%) and **more** people reported **receiving** counseling or therapy from a mental health care professional (52%).

## 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](#)<sup>1</sup> is the only source of (ED) data for Washington.

Statistical warnings and alerts are raised when a CDC algorithm detects a weekly count at least three standard deviations<sup>2</sup> 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. Additionally, “average weekly difference” is a measure of the variation in the weekly volume of ED visits across Washington.

Analysis conducted by the Washington State Department of Health and the Northwest Tribal Epidemiology Center found 9,443 misclassified visits in Washington hospitals from May 15 – September 15, 2020. The visits in question should have been classified as American Indian/Alaska Native and represent a 27% misclassification rate during that period.

As of CDC Week 14 of 2021, the total number of ED visits for individuals 65 years or older have increased and have returned to the pre-March 2020 number of ED visits.

Some syndromic surveillance data may seem more extreme than previously reported due to changes in the Y-axis. This was done to better reflect the fluctuations in the data that could not be noticed on the previous Y-axis.

---

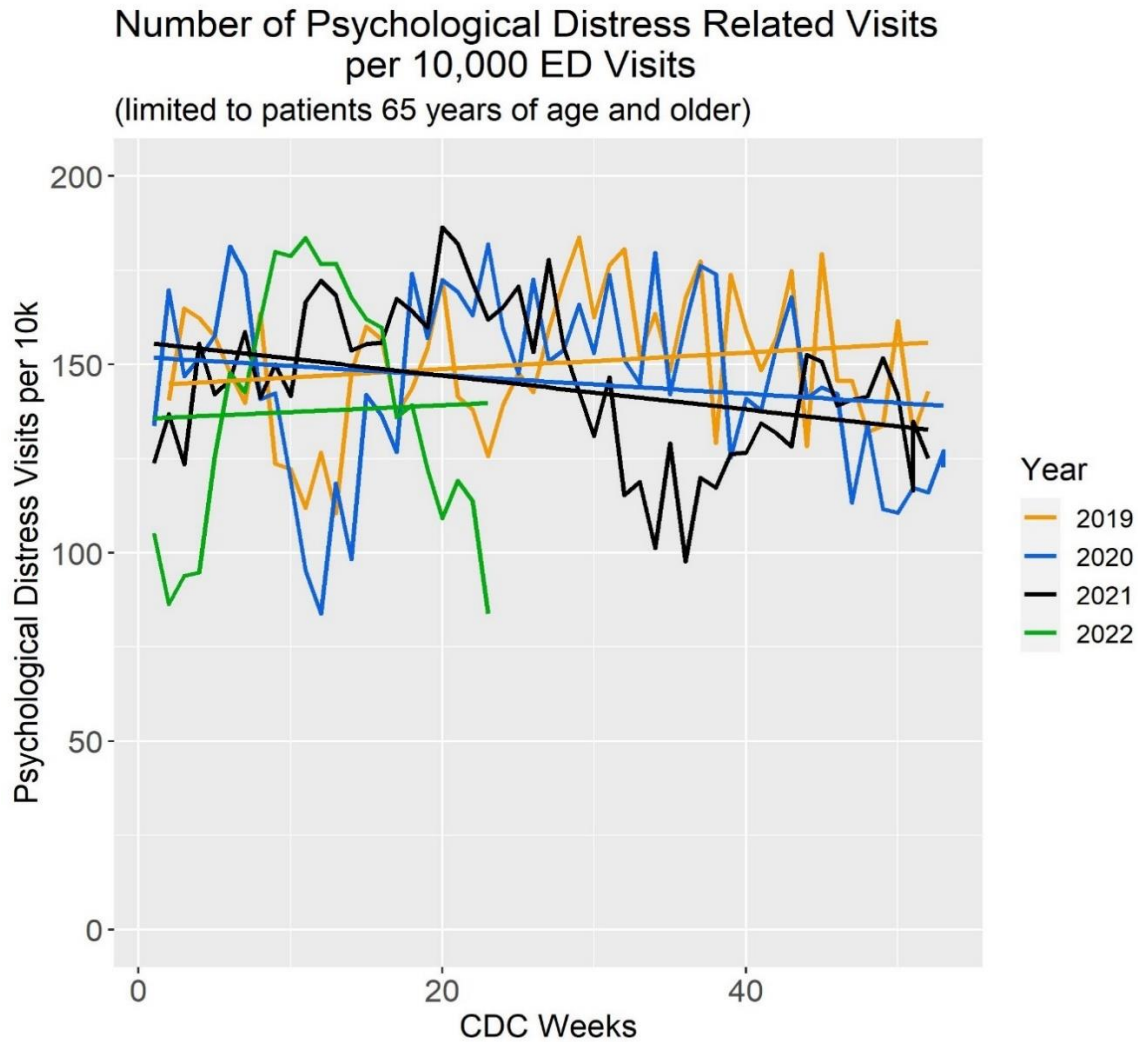
<sup>1</sup> <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/data-exchange-0/syndromic-surveillance-rhino>

<sup>2</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 average value of a data set.

## Psychological Distress

During CDC Weeks<sup>3</sup> 18 – 22 (weeks of May 7 – June 4, 2022), the relative reported ED visits for psychological distress<sup>4</sup> among patients 65 years or older **decreased** from the previous reporting period (CDC weeks 13 – 17). The current week is **decreasing and is lower** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 1). The current trend is **increasing**. No statistical warnings or alerts were issued.

**Graph 1: Relative count of ED visits for psychological distress among adults 65 years of age and older in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



Average Weekly Difference between 2020 and 2019 Visit Counts: -33 per 10,000  
Source: CDC National Syndromic Surveillance Program

<sup>3</sup> <https://ndc.services.cdc.gov/wp-content/uploads/W2021-22.pdf>

<sup>4</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-subcommittee>.

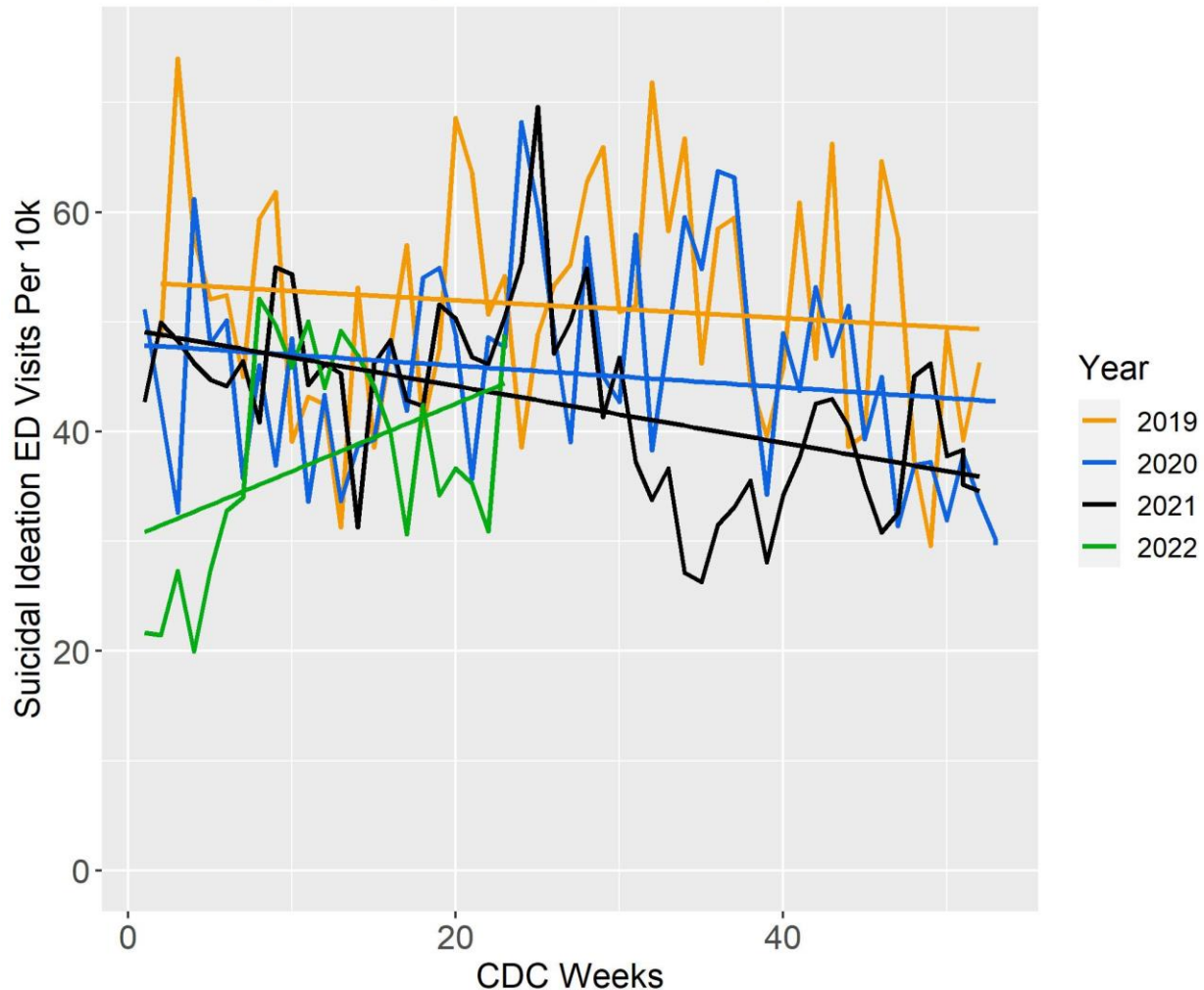
## Suicidal Ideation and Suspected Suicide Attempt

During CDC Weeks 18 – 22 (weeks of May 7 – June 4, 2022) the relative reported rate of ED visits for suicidal ideation among patients 65 years or older **increased** from the previous reporting period (CDC weeks 13 – 17). The current week is **increasing**, is **lower** than the rates in the corresponding weeks of 2019 and 2021 and is **even** with the rates in the corresponding week of 2020 (Graph 2). The current trend is **increasing**. No statistical warnings or alerts were issued.

**Graph 2: Relative count of ED visits for suicidal ideation among adults 65 years of age and older in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

### Number of Suicidal Ideation Related Visits per 10,000 ED Visits

(limited to patients 65 years of age and older)

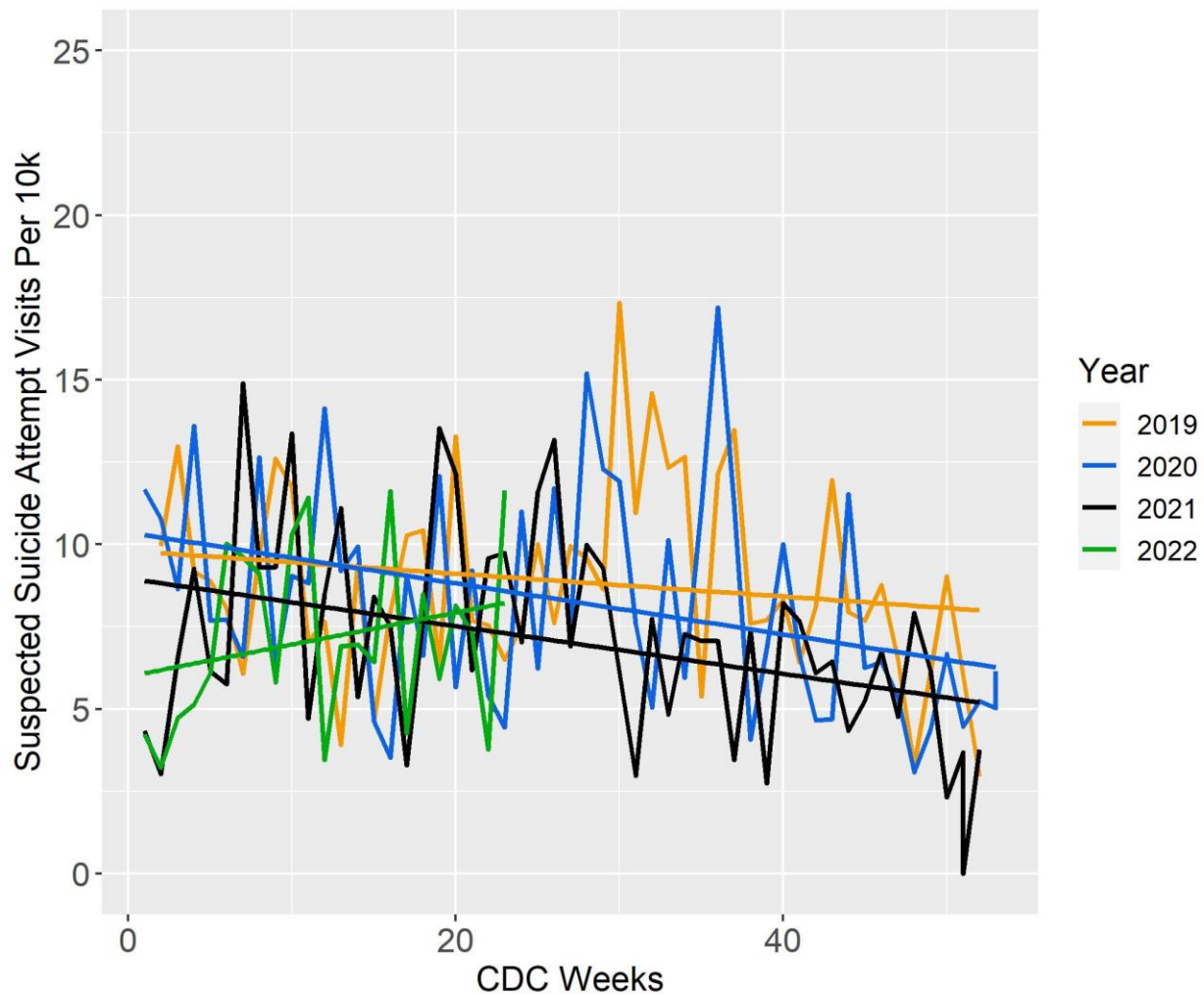


Average Weekly Difference Amongst Visit Counts: -11 per 10,000  
Source: CDC National Syndromic Surveillance Program

During CDC Weeks 18 – 22 (weeks of May 7 – June 4, 2022) the relative reported rate of ED visits for suspected suicide attempt among patients 65 years or older **increased** from the previous reporting period (CDC weeks 13 – 17). The current week is **increasing** and is **higher** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 3). The current trend is **increasing**. No statistical warnings or alerts were issued.

**Graph 3: Relative count of ED visits for suspected suicide attempt among adults 65 years of age and older in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**

**Number of Suspected Suicide Attempt Related Visits per 10,000 ED Visits**  
(limited to patients 65 years of age and older)



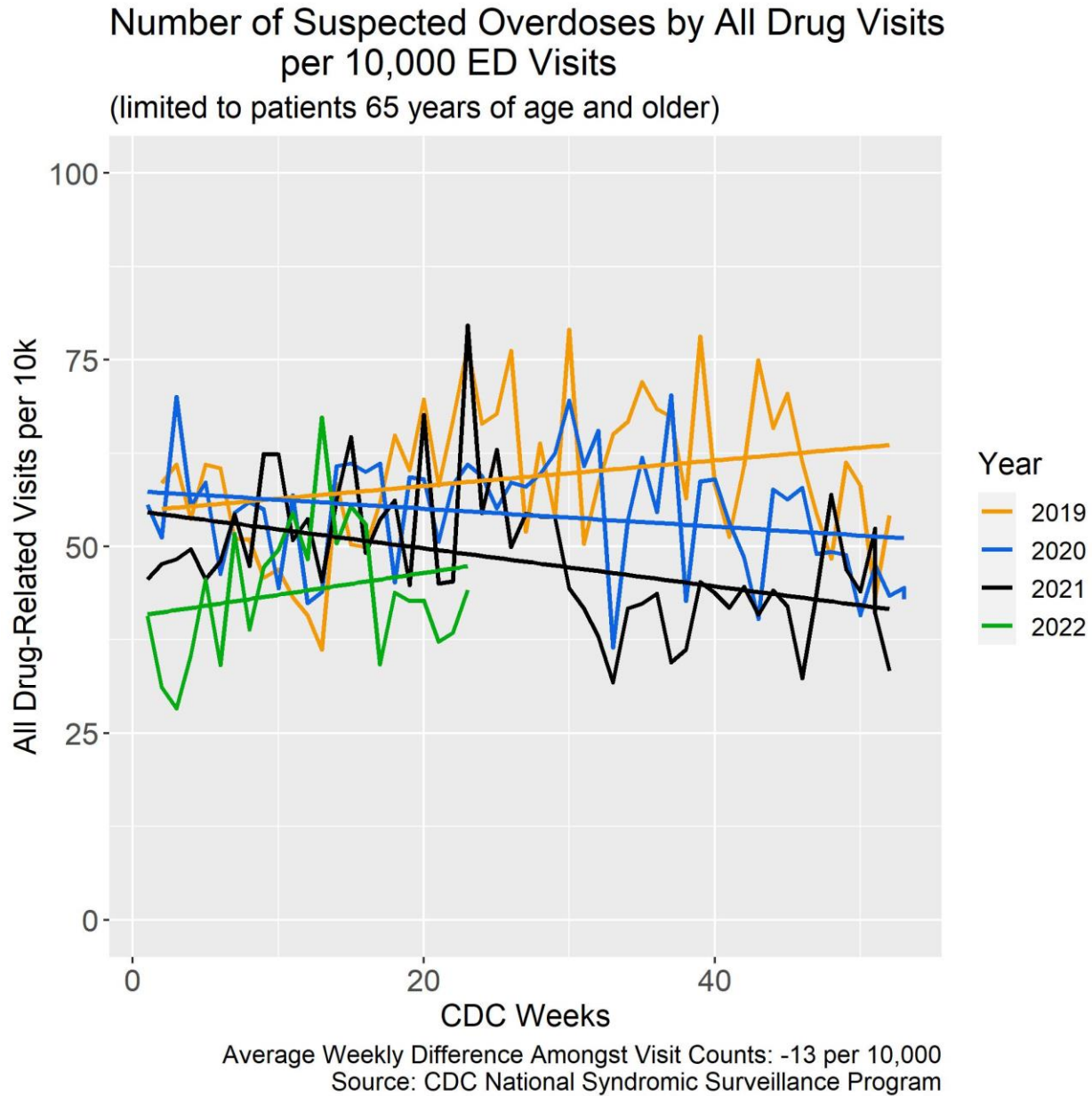
Average Weekly Difference Amongst Visit Counts: -2 per 10,000  
Source: CDC National Syndromic Surveillance Program



## Substance Use – Suspected Drug Overdose & Alcohol-Related Emergency Visits

During CDC Weeks 18 – 22 (weeks of May 7 – June 4, 2022) the relative reported rate of ED visits for suspected drug overdose among patients 65 years or older **increased** from the previous reporting period (CDC weeks 13 – 17). The current week is **increasing**, but is **lower** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 4). The current trend is **increasing**. No statistical warnings or alerts were issued.

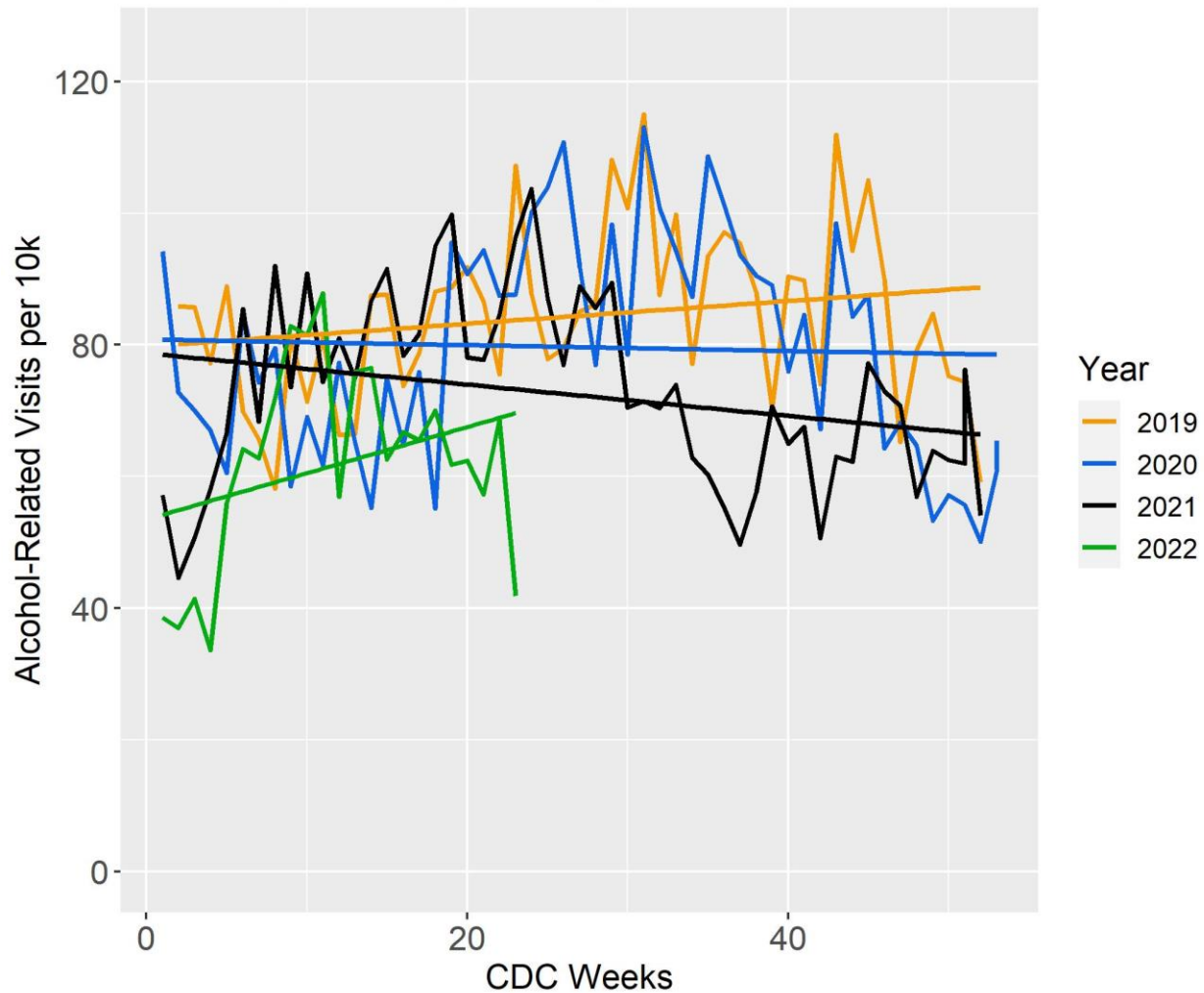
**Graph 4: Relative ED count for all drug-related visits for adults 65 years of age and older in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)**



During CDC Weeks 18 – 22 (weeks of May 7 – June 4, 2022), the relative reported rate of alcohol-related ED visits **decreased** from the previous reporting period (CDC weeks 13 – 17). The current week is **decreasing** and is **lower** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 5). The current trend is **increasing**. No statistical warnings or alerts were issued.

**Graph 5: Relative count of alcohol-related ED visits in Washington for adults 65 years of age and older, by week: 2019, 2020, 2021, and early 2022 (Source: CDC ESSENCE)**

Number of Alcohol Related Visits  
per 10,000 ED Visits  
(limited to patients 65 years of age and older)



Average Weekly Difference Amongst Visit Counts: -18.7 per 10,000  
Source: CDC National Syndromic Surveillance Program

## General Surveillance

### Symptoms of Anxiety and Depression

[Survey data](#) collected by the U.S. Census Bureau for April 27 – May 9, 2022, show changes in anxiety (-17.12%), worrying (-20.88%), lack of interest (-5.89%), and depression (-5.10%) among older adults (in this sample, older adults are defined as individuals 60 years of age and older) in Washington, compared to the previous reporting period of March 30 – April 11, 2022 (Graph 6).<sup>5</sup>

In the most recent reporting period represented below, approximately 195,800 older adults reported symptoms of **anxiety** on all or most days of the previous week, while approximately 124,400 older adults reported the same frequency of symptoms of **worrying**; approximately 139,800 older adults reported **lack of interest** on all or most days of the previous week, while approximately 145,100 reported the same frequency of symptoms of **depression**.

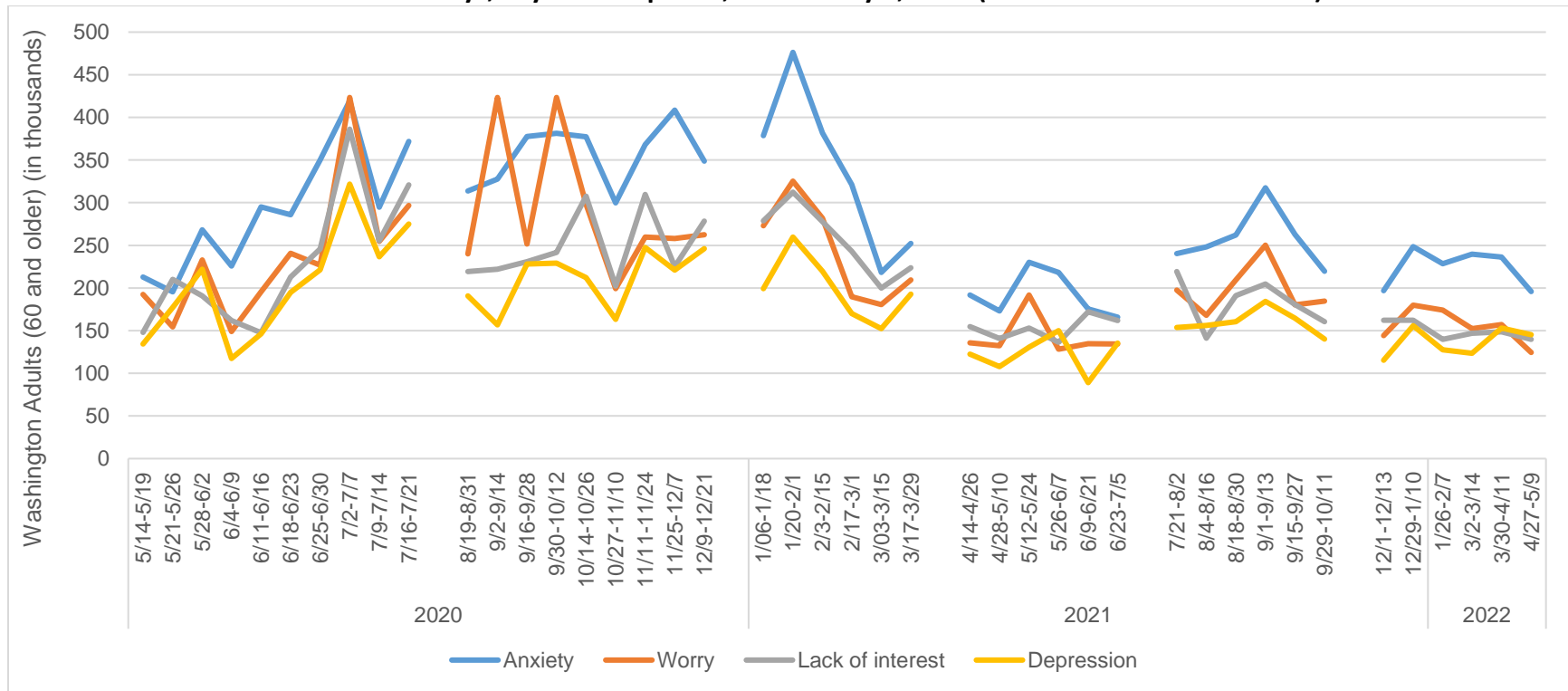
The same respondent may report symptoms of both anxiety and depression at the same time, and these numbers are not cumulative. This survey data is independent to the data presented in previous sections.

---

<sup>5</sup> <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>



**Graph 6: Estimated number of Washington adults (60 years and older) with feelings of anxiety and depression “at least most days,” by week: April 23, 2020 – May 9, 2022 (Source: U.S. Census Bureau)**



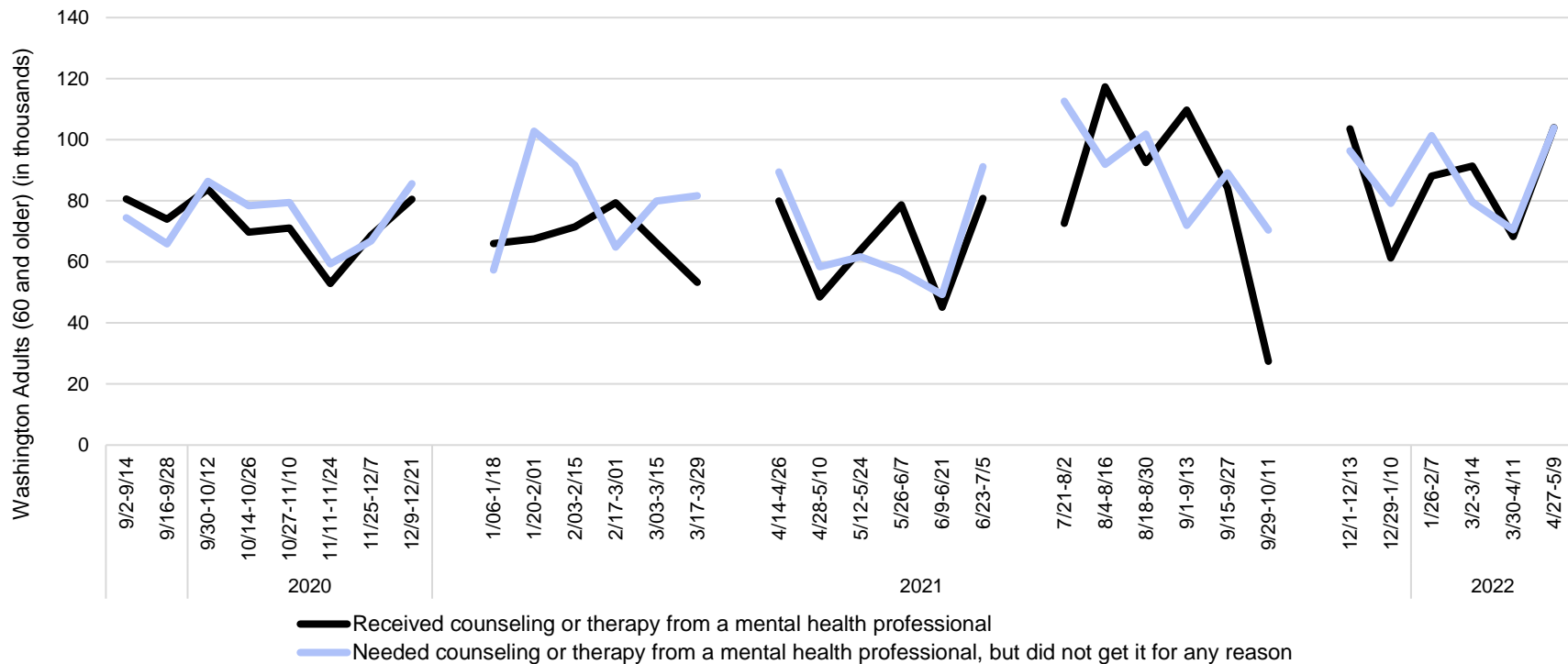
Note: The U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021, March 30, 2021 – April 13, 2021, July 6 – 20, 2021, and October 12 – November 31, 2021. Note, for Phase 3.3 has shifted to a two-weeks on, two-weeks off collection and dissemination approach, although previous phases of the survey collected and disseminated data every two weeks.

## Care-Seeking Behavior

[Survey data](#) collected by the U.S. Census Bureau for April 27 – May 9, 2022 show the number of adults in Washington who received counseling or therapy, as well as the number who delayed or did not receive care (Graph 7).

Compared to the previous reporting period (March 30 – April 11, 2022), **more** people reported **needing** counseling or therapy but not receiving it (47%) and **more** people reported **receiving** counseling or therapy from a mental health care professional (52%).

**Graph 7: Estimated number of Washington adults (60 years of age and older) who received or delayed counseling or therapy, by week: August 19, 2020 – April 11, 2022 (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. Note, for Phase 3.3 has shifted to a two-weeks on, two-weeks off collection and dissemination approach, although previous phases of the survey collected and disseminated data every two weeks.

## Telehealth Use for Washington Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA).

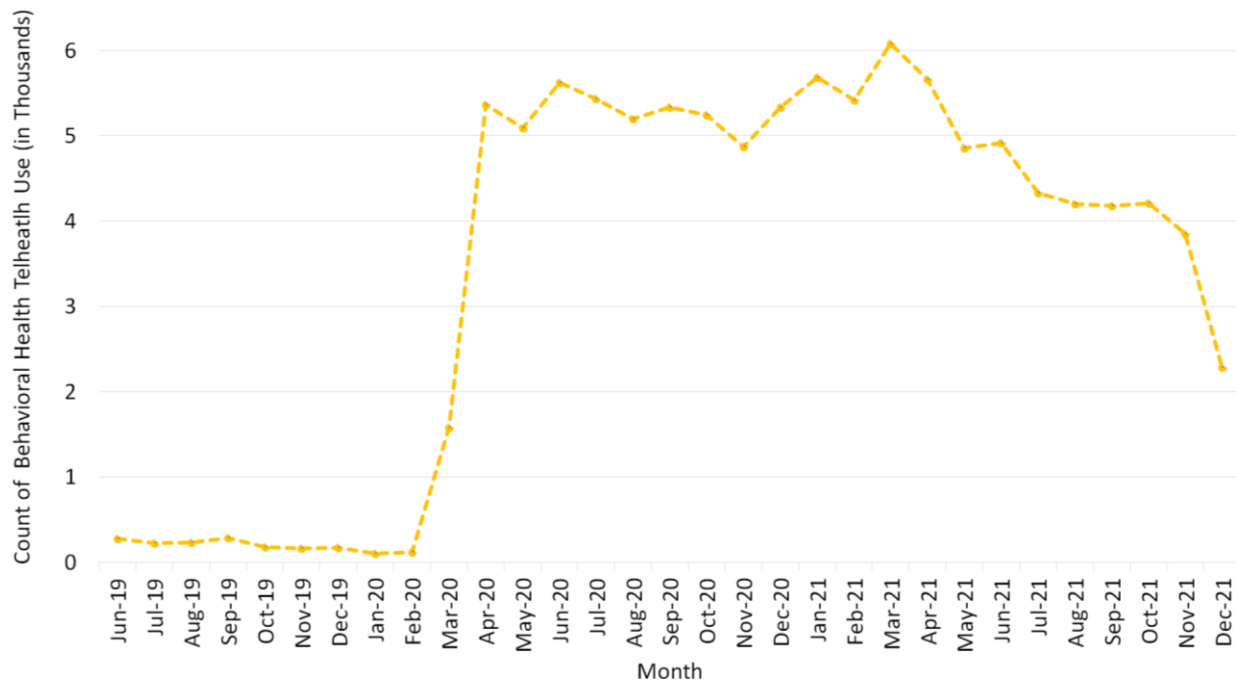
It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237%) after the implementation of the “Stay Home, Stay Healthy” order in March 2020.

Due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. Results may be underreported due to missing, changed, or suppressed data.

As this data is limited to **only** Washington Medicaid recipients, overall telehealth use may be underreported as older adult populations may be Medicare beneficiaries.

The most recent reporting period (December 2021) showed a 53% **decrease** of telehealth behavioral health services use (Medicaid) claims for individuals 65 years and older compared to the previous month (Graph 8).

**Graph 8: Count of Telehealth Behavioral Health Use Claims for Older Adult Washington Medicaid Clients, by month (Source: HCA)**



Note: Due to missing or suppressed data, results may be underreported.

## Inpatient and Observational Community Hospital Discharges

### Mental, Behavioral, and Neurodevelopmental Disorders

The Comprehensive Hospital Abstract Reporting System (CHARS)<sup>6</sup> collects record level information on inpatient community hospital stays.

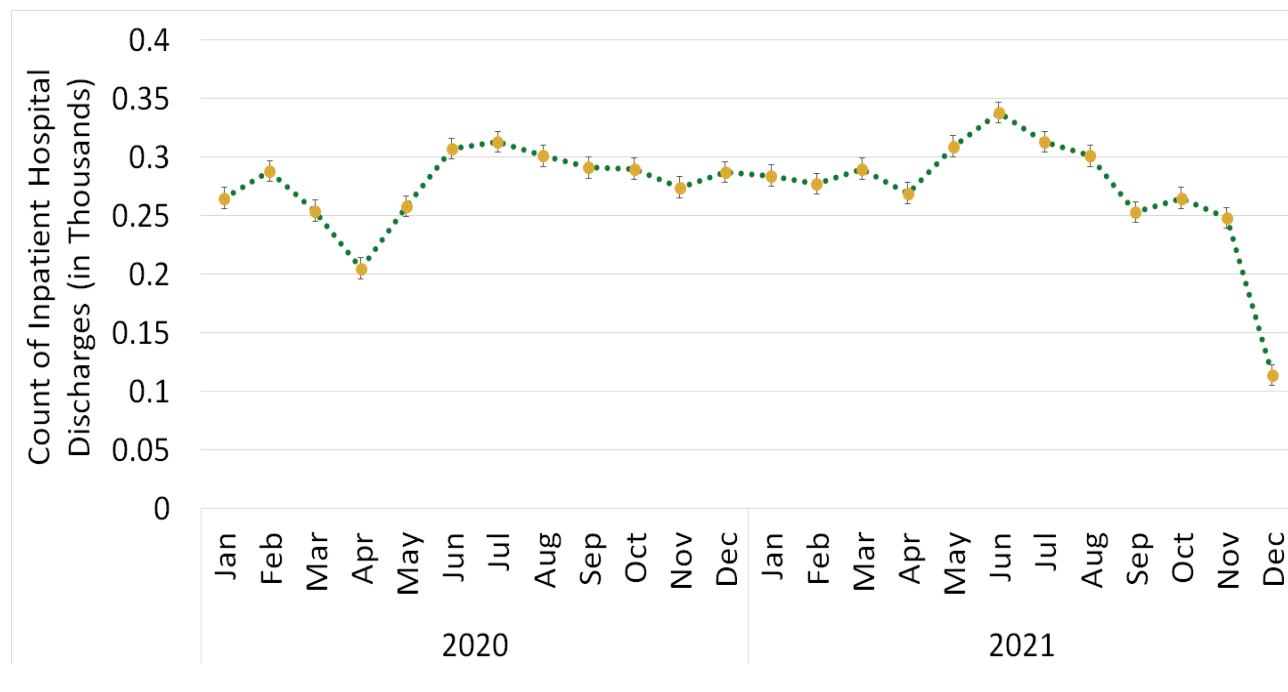
Caution should be taken when reviewing data, as the “Stay Home, Stay Healthy” order (March 2020) may impact hospital discharge data for both inpatient and observation patients. Only mental, behavioral, and neurodevelopmental disorders were evaluated (based on the individual’s primary diagnoses included only ICD-10 F-codes)<sup>7</sup> for this report.

Due to time lag, data may not be complete. While non-Washington residents can be discharged from a Washington community hospital, only Washington residents were included in the analysis. Because of low numbers (>10), no further separation was conducted for discharges for specific mental, behavioral, or neurodevelopmental disorders.

The most recent reporting period (December 2021) showed a 54% **decrease** of discharges with a diagnosis of mental, behavioral, and neurodevelopmental disorders for individuals who were 65 years of age and older as compared to the previous reporting period.

Graph 9 shows the count of older adult (individuals 65 years of age and older) inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders.

**Graph 9: Count of Older Adult Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders, by month (Source: DOH)**

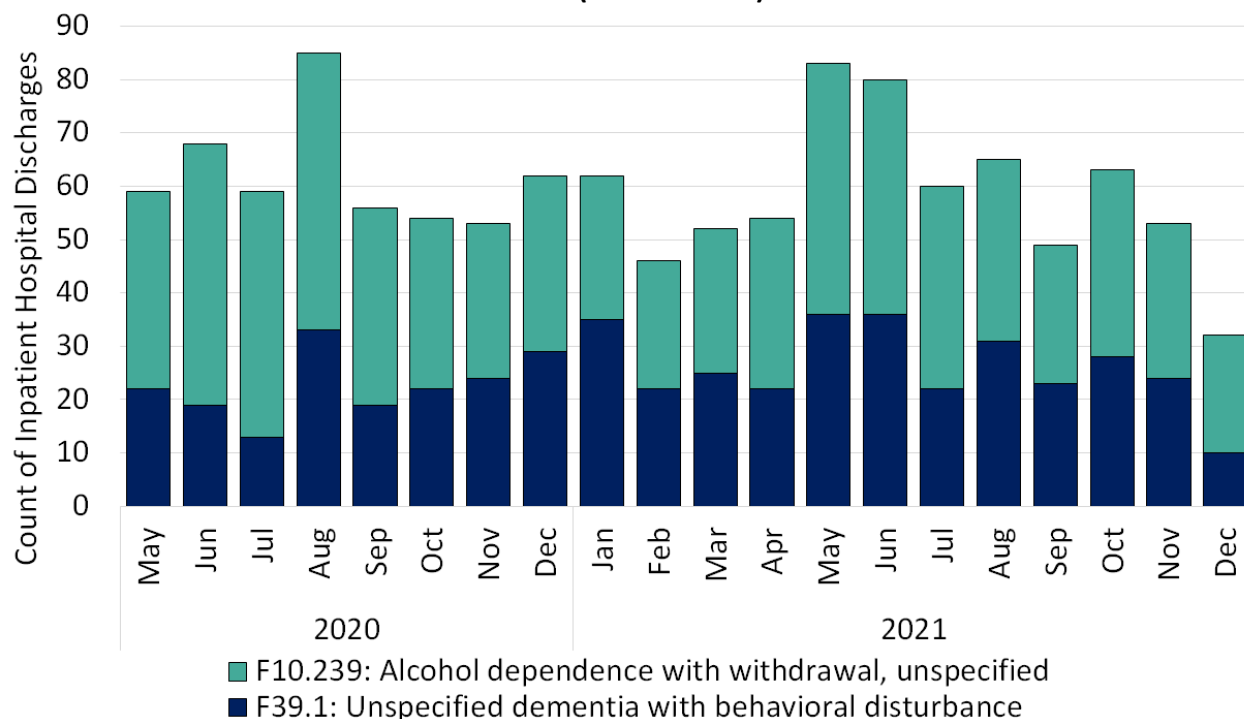


<sup>6</sup><https://www.doh.wa.gov/dataandstatisticalreports/healthcareinwashington/hospitalandpatientdata/hospitaldisc hargedatachars>

<sup>7</sup> ICD-10 is the Tenth Revision of the International Classification of Disease and Related Health Problems published by the World Health Organization (WHO). F-codes are specifically related to mental, behavioral, and neurodevelopmental disorders.

Graph 10 shows the count of the top two mental, behavioral, and neurodevelopmental disorders in terms of inpatient community hospital discharges. The most recent reporting period showed a 58% **decrease** in “unspecified dementia with behavioral disturbance” and 24% **decrease** in “alcohol dependence with withdrawal, unspecified” discharges.

**Graph 10: Count of Top Mental, Behavioral, and Neurodevelopmental Disorders for Older Adults (individuals 65 years and older) Inpatient Community Hospital Discharges, by month (Source: DOH)**



### Fatal and Non-Fatal Falls

Falls are typical in older adults and can result in fatal and non-fatal injuries. Falls have been linked to depression and anxiety suggesting that older people who are more depressed and anxious are more likely to be at risk for greater falls.<sup>8,9</sup>

Due to time lag, data may not be complete. While non-Washington residents can be discharged from a Washington community hospital, only Washington residents (individuals 65 years of age and older) were included in the analysis. For more information on older adult falls prevention, please visit: [www.doh.wa.gov/findingourbalance](http://www.doh.wa.gov/findingourbalance).<sup>10</sup>

<sup>8</sup> Kvelde, T., Lord, S. R., Close, J. C., Reppermund, S., Kochan, N. A., Sachdev, P., ... & Delbaere, K. (2015). Depressive symptoms increase fall risk in older people, independent of antidepressant use, and reduced executive and physical functioning. *Archives of Gerontology and Geriatrics*, 60(1), 190-195. <https://doi.org/10.1016/j.archger.2014.09.003>

<sup>9</sup> Holloway, K. L., Williams, L. J., Brennan-Olsen, S. L., Morse, A. G., Kotowicz, M. A., Nicholson, G. C., & Pasco, J. A. (2016). Anxiety disorders and falls among older adults. *Journal of Affective Disorders*, 205, 20-27. <https://doi.org/10.1016/j.jad.2016.06.052>

<sup>10</sup> [www.doh.wa.gov/findingourbalance](http://www.doh.wa.gov/findingourbalance)

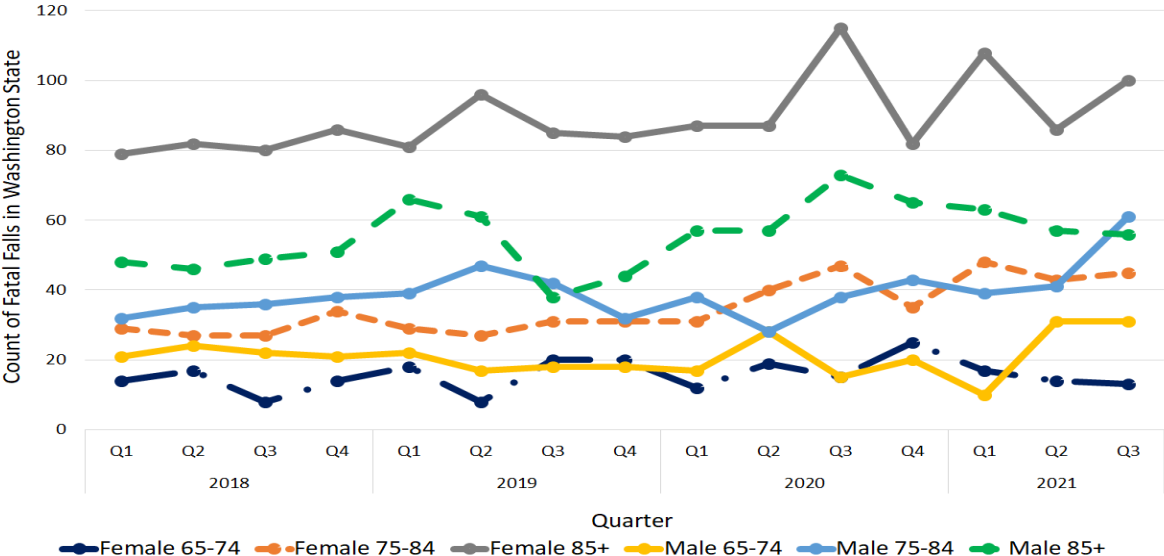


Graph 11 shows the count of fatal falls stratified by gender and age. The most recent reporting period (Quarter 3 of 2021) showed a 0.99% **increase** for individuals who were 65 years old and older as compared to the previous year (Quarter 3 of 2020).

Stratified by gender only, the most recent reporting period showed a 10.73% **decrease** for females and 17.45% **increase** for males in fatal falls as compared to the previous year.

Stratified by age only, the most recent reporting period showed a 47% **increase** for older adults ages 65 - 74 , 24.71% **increase** for older adults ages 75 - 84, and 17.02% **decrease** for older adults ages 85 and older in fatal falls as compared to the previous year.

**Graph 11: Count of Fatal Falls for Older Adults (aged 65 years and older), by age, gender, and calendar quarter (Source: DOH)**

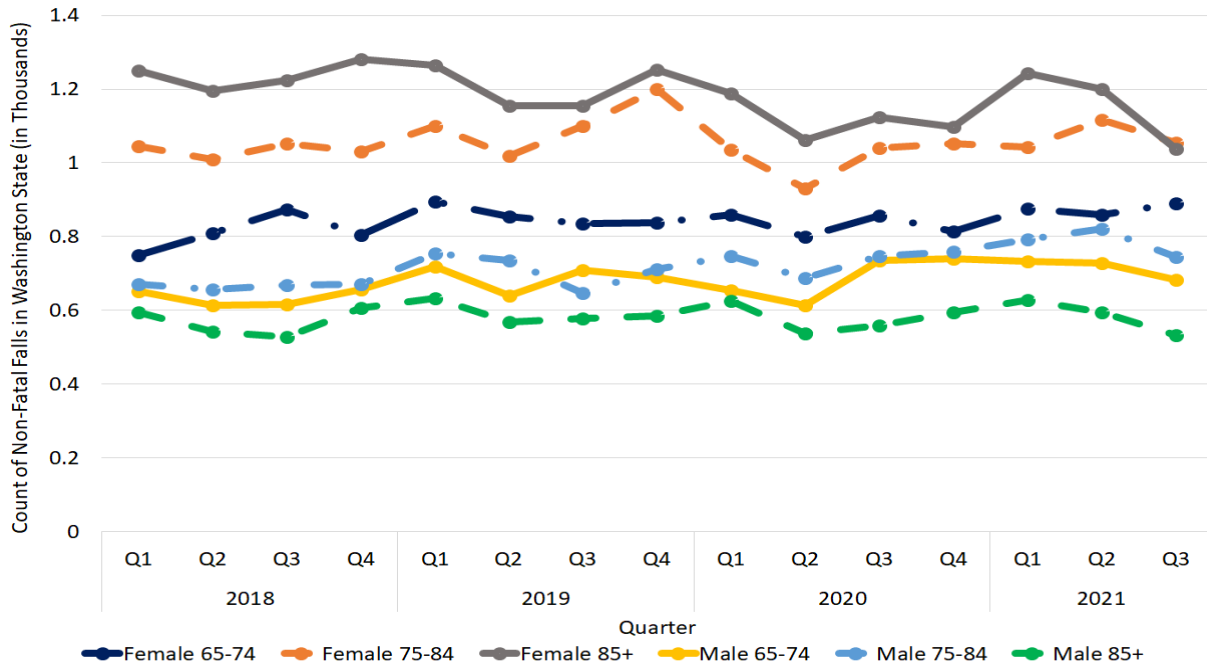


Graph 12 shows the count of non-fatal falls stratified by gender and age. The most recent reporting period (Quarter 3 of 2021) showed a 2.41% **decrease** for individuals who were 65 years old and older as compared to the previous year (Quarter 3 of 2020).

Stratified by gender only, the most recent reporting period showed a 1.36% **decrease** for females and 3.97% **decrease** for males in non-fatal falls as compared to the previous year.

Stratified by age category only, the most recent reporting period showed a 1.19% **decrease** for older adults ages 65 - 74 , 0.61% **increase** for older adults ages 75 - 84, and 6.77% **decrease** for older adults ages 85 and older in non-fatal falls as compared to the previous year.

**Graph 12: Count of Non-Fatal Falls for Older Adults (aged 65 years and older), by age, gender, and calendar quarter (Source: DOH)**



### 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](https://www.wa.gov/relay)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).