

Week of June 22, 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 is response planners and behavioral health agencies and organizations.

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

- Weekly survey data from the U.S. Census Bureau suggest that roughly 1 in 4 adults in Washington are experiencing symptoms of anxiety at least most days, while 1 in 5 are experiencing symptoms of depression at least most days.
- Suicide attempts, suicidal ideation, and symptoms of psychological distress declined in mid-June for both men and women and across most age groups.
- Drug overdose and alcohol-related emergency visits decreased for most age groups. Alcohol-related emergency visits remain elevated among women.
- Washington Poison Center data suggest that suicide cases among 13–17 year-olds are up 4% from 2019.
- Federal background checks for handgun sales in Washington are up 56% for the period of March–May 2020 compared to the corresponding period in 2019.

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 from across Washington. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This system is the only source of emergency department (ED)

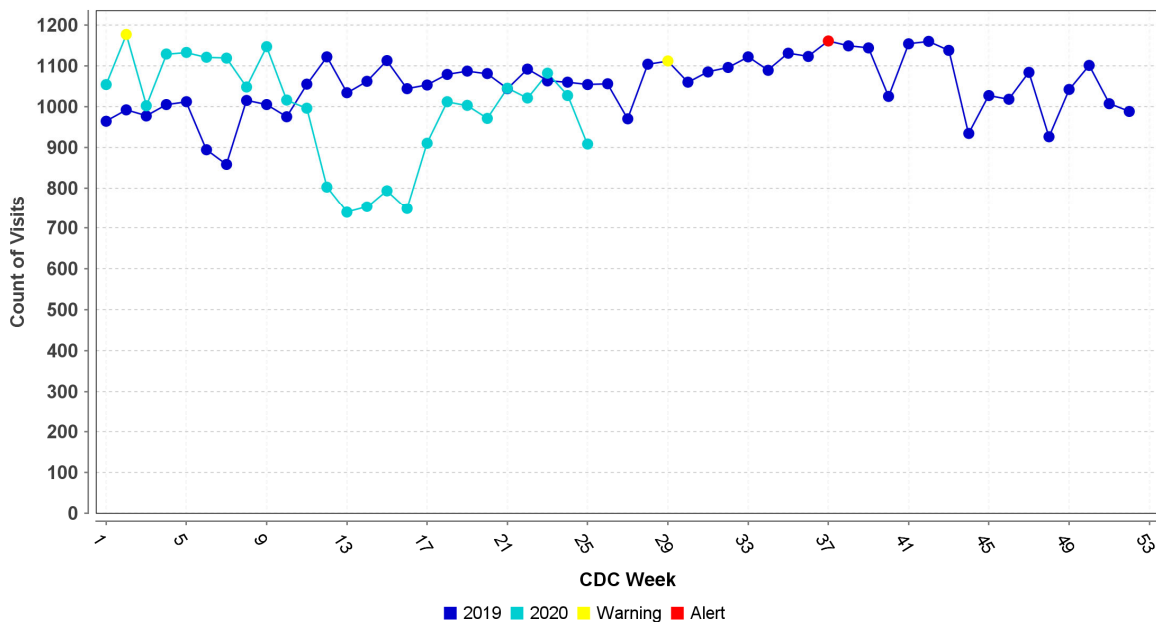
data for the state. Statistical warnings (yellow dots) and alerts (red dots) are displayed on Graphs 1–5 when the Centers for Disease Control and Prevention (CDC) algorithm detects a weekly count at least three standard deviations above a 28-week average count ending three weeks prior to the week with a warning or alert.

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 graphs below).¹ For this reason, indicators are presented as a total number of ED visits, rather than a percentage of ED visits, for 2019 and 2020.

Psychological Distress

After a period of elevation following the start of Washington’s COVID-19 “Stay Home, Stay Healthy” order, the absolute count of ED visits for **psychological distress**² has been declining in recent weeks. The count of visits from Week 24 to Week 25 (week ending June 13 and June 20, respectively) fell from 1028 to 908. This decline was consistent for both men and women and across all age groups.

Graph 1: Count of emergency department visits for psychological distress² in Washington, by week: 2020 vs. 2019



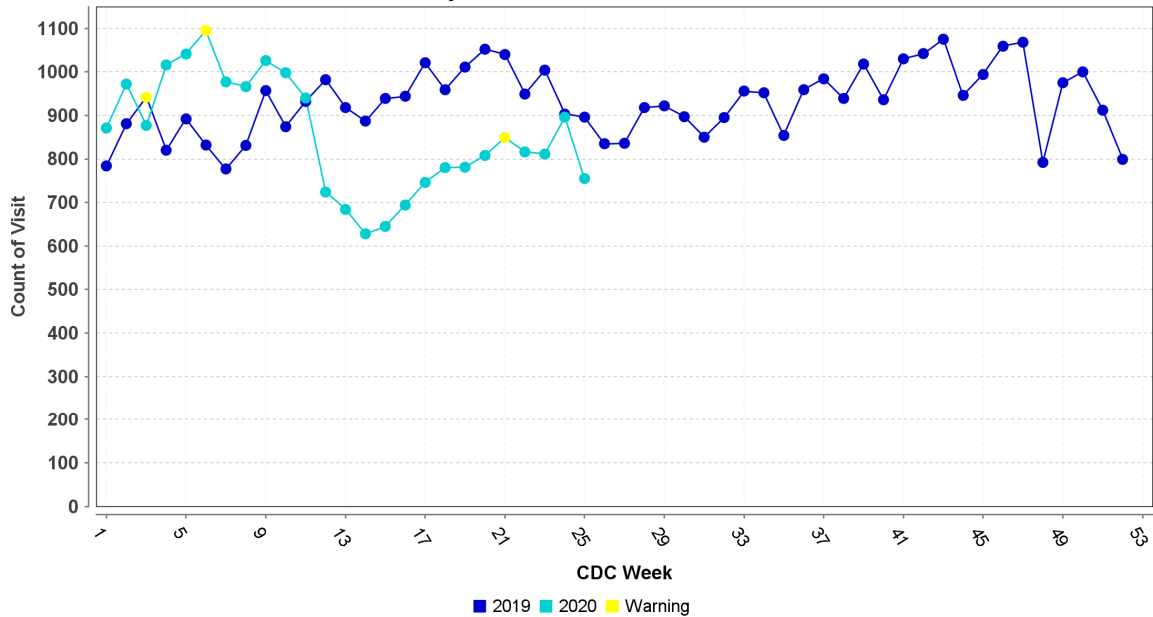
¹ Hartnett K. P., Kite-Powell A., DeVies J., et al. Impact of the COVID-19 Pandemic on Emergency Department Visits — United States, January 1, 2019–May 30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:699–704. DOI: <http://dx.doi.org/10.15585/mmwr.mm6923e1>

² 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>.

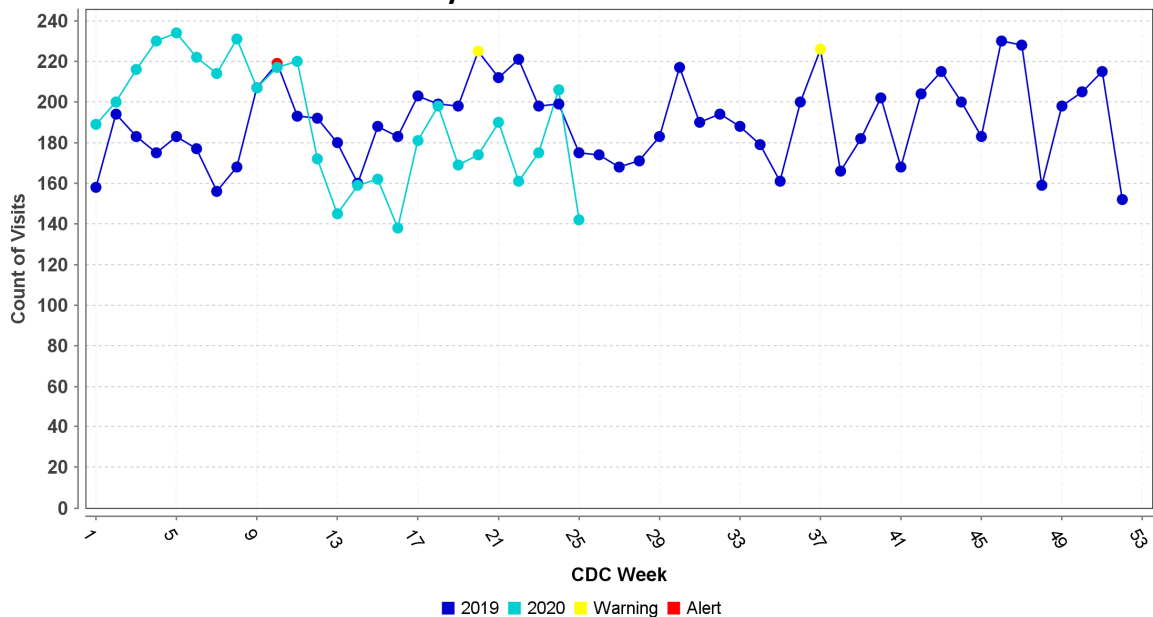
Suicidal Ideation and Suicide Attempts

From Week 24 to Week 25, the absolute count of emergency visits related to **suicidal ideation dropped** from 896 to 755 (Graph 2). This decline was observed for both men and women and across all age groups, except for adults ages 60–69. The counts of visits for this age group rose from 45 to 62 in June, reaching a year-to-date peak in Week 25. From Week 24 to 25, counts of **emergency visits for suicide attempts sharply declined** from 206 to 142 (Graph 3). This decline was observed for both men and women and across all age groups.

Graph 2: Count of emergency department visits for suicidal ideation in Washington, by week: 2020 vs. 2019



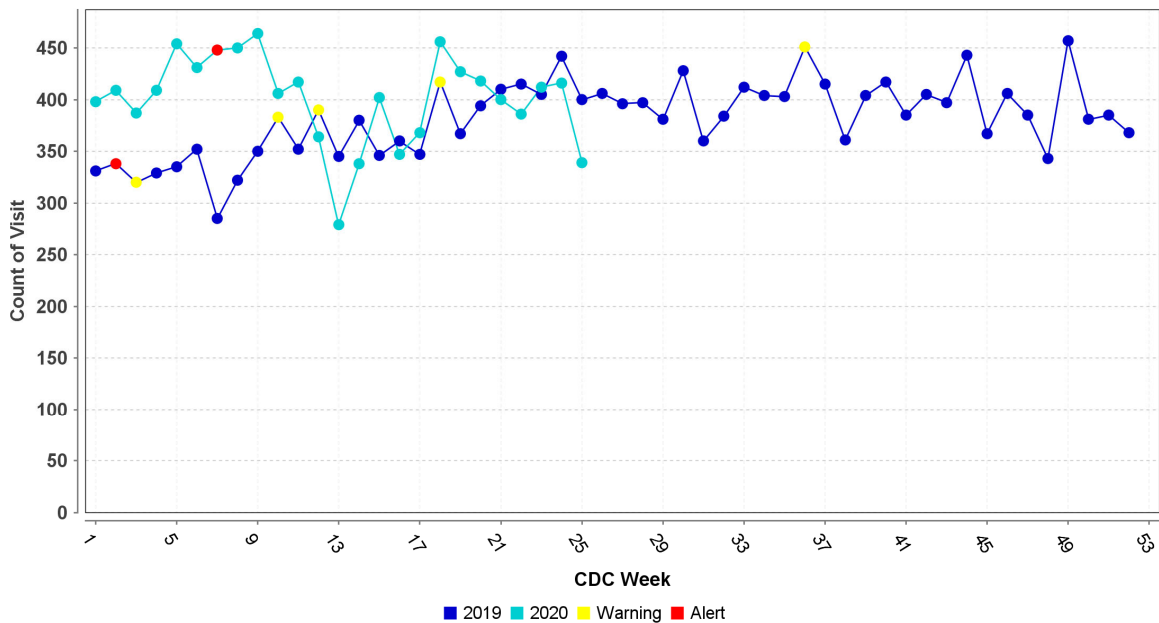
Graph 3: Count of emergency department visits for suicide attempts in Washington, by week: 2020 vs. 2019



Substance Use — Drug Overdose and Alcohol-related Emergency Visits

From Week 24 to Week 25, the absolute count of **emergency visits for overdoses related to any drug³** decreased from 416 to 339 (Graph 4). This decline was observed across sex and age groups.

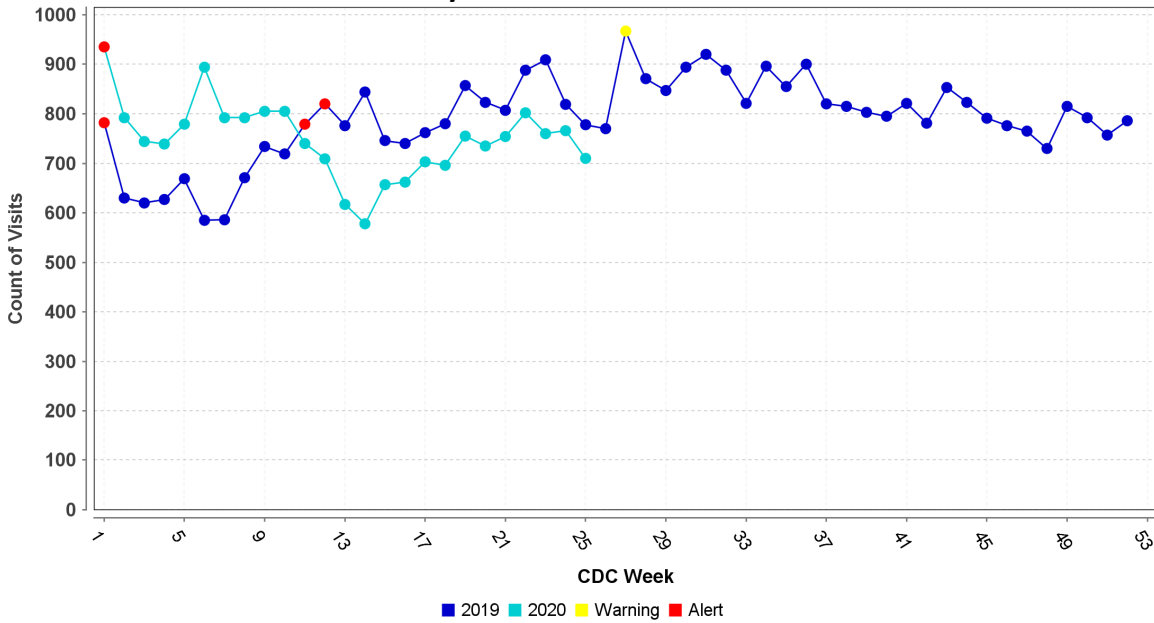
Graph 4: Count of emergency department visits for overdose by any drug³ in Washington, by week: 2020 vs. 2019



In recent weeks, alcohol-related emergency visits have been declining. From Week 24 to Week 25, the count of **alcohol-related emergency visits** decreased from 766 to 710 (Graph 5). While this decrease was shared for most age groups, a slight increase in visits (from 102 to 113) was observed among adults ages 60–69. Following several weeks of statistical elevation in June, the count of alcohol-related emergency visits among women declined slightly from 295 to 271 in Weeks 24–25, yet remain high relative to levels observed during the “Stay Home, Stay Healthy” order.

³ 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 are available at <https://knowledgerepository.syndromicsurveillance.org/cdc-all-drug-v1>.

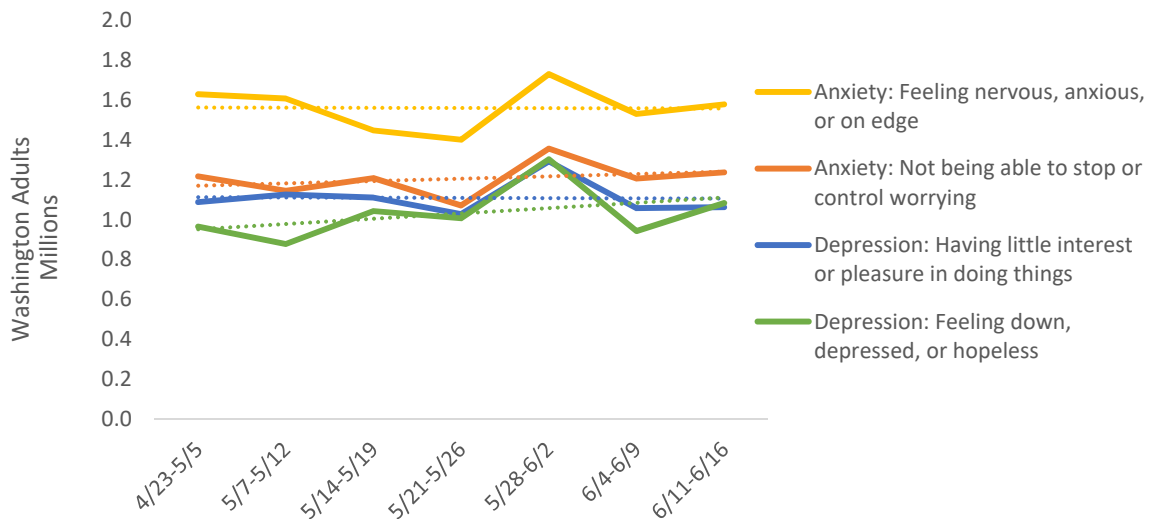
Graph 5: Count of alcohol-related emergency department visits in Washington, by week: 2020 vs. 2019



General Surveillance – Symptoms of Anxiety and Depression

The U.S. Census Bureau has consistently estimated that **1.2–1.6 million (roughly 1 in 4) adults in Washington are experiencing symptoms of anxiety, and 1.0–1.1 million (1 in 5) are experiencing symptoms of depression.** Survey data collection will continue through mid-July.⁴

Graph 6: Estimated adults in Washington reporting symptoms of anxiety and depression, by week: April 23–June 16

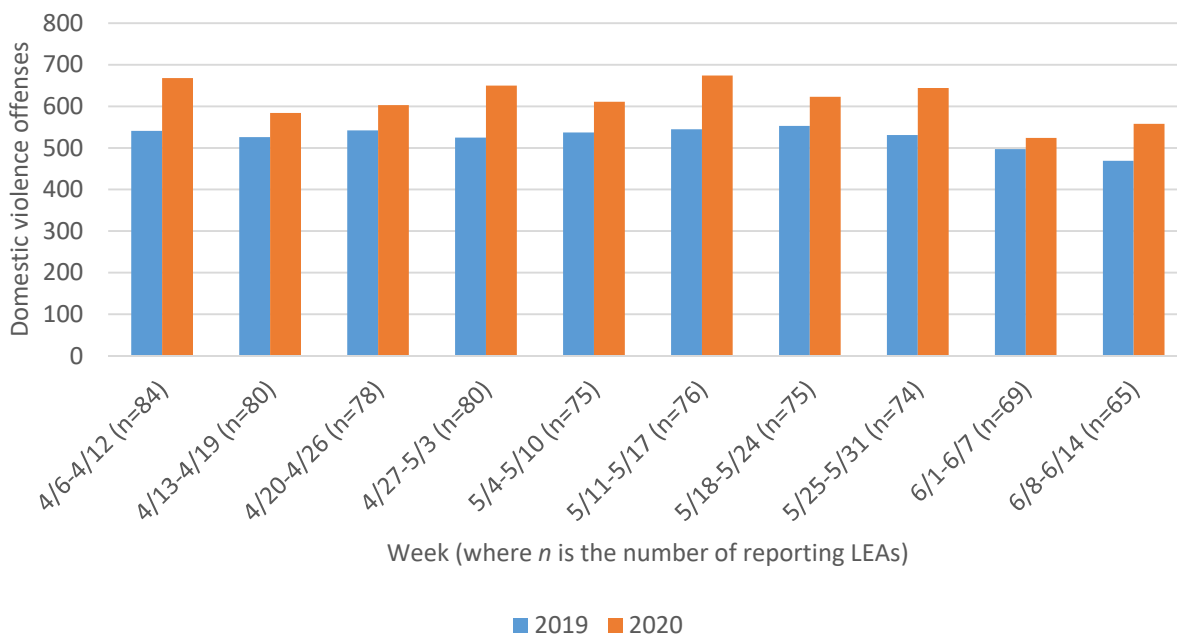


⁴ In May, the U.S. Census Bureau began measuring the social and economic impacts during the COVID-19 pandemic with a weekly Household Pulse survey of adults across the country. Four questions ask survey respondents how often they have experienced specific symptoms associated with anxiety and depression over the past week.

Crime — Domestic Violence

Following the lowest year-over-year increase (5%) in weekly domestic violence offenses since the Washington Association of Sheriffs and Police Chiefs (WASPC) began surveying law enforcement agencies (LEAs) in early April, **domestic violence offenses were up 19% the week of June 8–14**. Not displayed is a 26% year-over-year decrease in other surveyed offenses, including theft, destruction of property, assault, and burglary.

Graph 7: Domestic violence offenses reported to WASPC, by week: 2020 vs. 2019



Telephonic Support Line Activity — Suicidality and Substance Use

According to the Washington Poison Center, **suspected suicide cases 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.

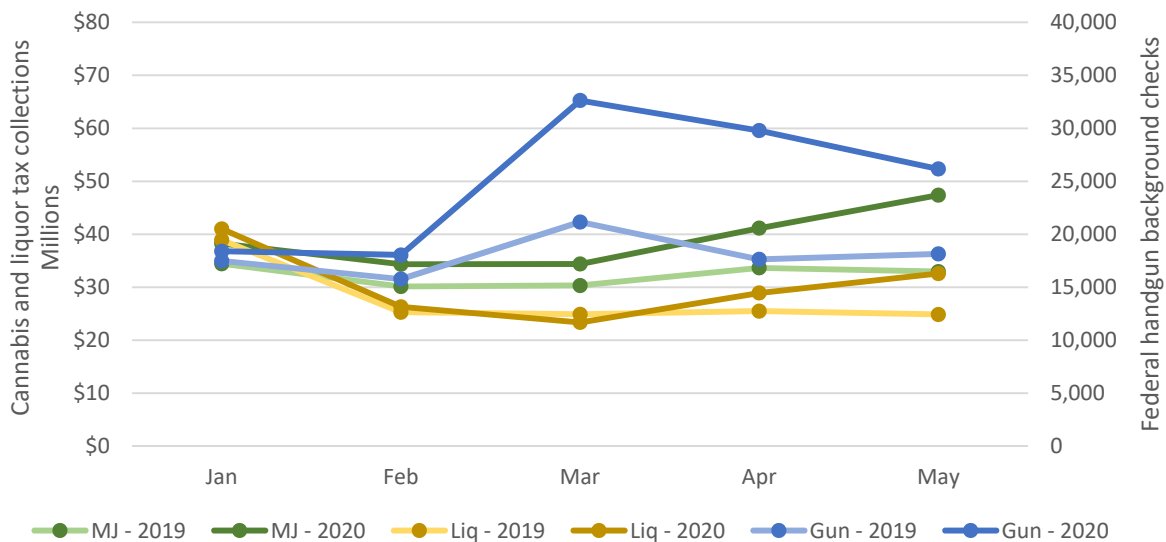
There is no update since the Week of June 8 Situation Report for data related to the Washington State Tobacco Quitline (WAQL), Washington Recovery Help Line (WRHL), and Suicide Prevention Lifeline (SPLL). Calls to WAQL in April and May combined show a 41% decrease year-over-year, suggesting that Washingtonians addicted to nicotine may be coping with stress by postponing quit attempts and continuing to use tobacco. Meanwhile, calls to the WRHL are fairly stable (down 3%, year-over-year) after a 13% increase from April to May. No new WA data are currently available for SPLL, but May 2020 and 2019 comparison data will become available in the coming weeks.

Product Sales — Handgun Background Checks & Cannabis and Liquor Taxes

Federal background checks for handgun sales⁵ in Washington increased by 81% between February and March 2020. This was followed by a **56% increase in background checks for the period of March–May 2020 compared to the corresponding period in 2019**. Although access to firearms is a risk factor for suicide,⁶ the state’s increase is much lower than the overall U.S. increase (+90%).

Additionally, the Washington State Liquor and Cannabis Board (LCB) summarizes monthly cannabis and liquor tax collections, which may be used as a representation for sales of legal recreational substances and, by extension, potential for substance use issues. After three months of elevated tax revenue levels for cannabis and comparable levels for liquor, year-over-year sales of cannabis and liquor were up a combined 38% in May 2020. June product sales data will be available in July.

Graph 8: Year-to-date cannabis and liquor taxes collected and federal handgun background checks in Washington, by month: January–May 2020



⁵ 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.”

⁶ Sacks C. A. & Bartels S. J. Reconsidering Risks of Gun Ownership and Suicide in Unprecedented Times. *N Engl J Med* 2020; 382:2259-2260. DOI: 10.1056/NEJMe2007658

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

Tweets⁷ geo-tagged to Washington suggest that the **lack of positive sentiment is stabilizing at a level more than one standard deviation below pre-pandemic levels**. Meanwhile, anxiety remains approximately half of one standard deviation above pre-pandemic levels, and loneliness continues to increase, but remains slightly below pre-pandemic levels.

Graph 9: 7-day moving averages of deviations in select expression measures⁷ relative to January 2020 baseline, by day: March 1, 2020–June 19, 2020



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⁷ 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.”