

November 2022

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 October 31, 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 Weeks¹ 43, week ending October 29, 2022) four of the five syndromic indicators (psychological distress, suicidal ideation, suspected suicide attempts, and suspected drug overdose visits,) **decreased** from the previous reporting period (CDC weeks 31 – 35). For the most recent reporting period, alcohol-related emergency department (ED) visits **increased** from the previous reporting period. For the current week, psychological distress, suicidal ideation, and alcohol-related ED visits are **decreasing**. For the current week, suspected suicide attempt and suspected drug overdoses are **increasing**.

- No statistical warning or alert was issued.

Survey data collected by the U.S. Census Bureau for October 5 – 17, 2022 show changes in anxiety (27%), worrying (-13.95%), lack of interest (9.65%), and depression (47.53%) among older adults (in this sample, older adults are defined as individuals 60 and older) 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 emergency department (ED) data for Washington.

The Behavioral Health Team, along with the Rapid Health Information Network (RHINO) data team, have identified discrepancies within the codes used to generate the Behavioral Health Team Situation Report Syndromic graphs. Specifically, individuals who were seen in the ED may have been counted more than once during one ED visit based on the individual's diagnosis and how the diagnosis was categorized. For example, if an individual presents to the ED for a Heroin Overdose, this visit could be classified as both a CDC Heroin Overdose and a CDC All Drug (overdose), resulting in the same visit being counted twice.

While the overall trend in the data remains the same, the number of visits and therefore the data represented in the graphs may have been calculated incorrectly, causing a misrepresentation of what was actually happening. After careful review of the data, the Behavioral Health Team has decided to use Syndromic graphs generated by the Electronic Surveillance System for the Early Notification of Community-based Epidemics (EsSENCE), which is managed by Johns Hopkins and the CDC.

These graphs better represent the corrected data and remove any discrepancies within the codes. They also allow for increased ease of readability and better identification of long-term trends. Data represented with a blue dot are an expected or normal value; data represented with a yellow dot are a warning; data represented with a red dot is an alert. All are related to how the CDC algorithms detect data.

Statistical warnings and alerts are raised when a 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 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.

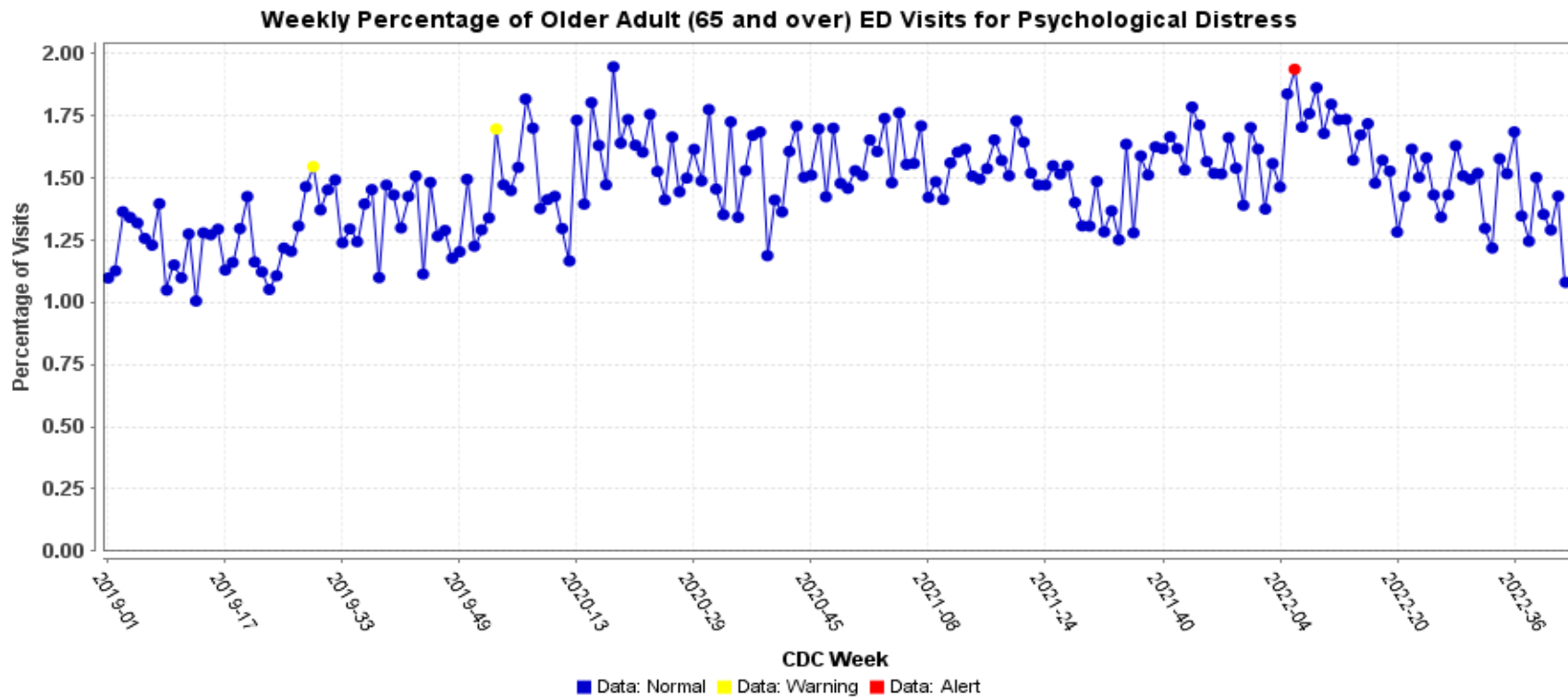
² <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/data-exchange-0/syndromic-surveillance-rhino>

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 43 (week of October 22, 2022), the reported relative percentage of ED visits for psychological distress⁴ among patients 65 years or older **decreased** from the previous reporting period (CDC weeks 31 – 35), and the current week is **decreasing** (Graph 1). No statistical warning or alert was issued.

Graph 1: Percent change 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)

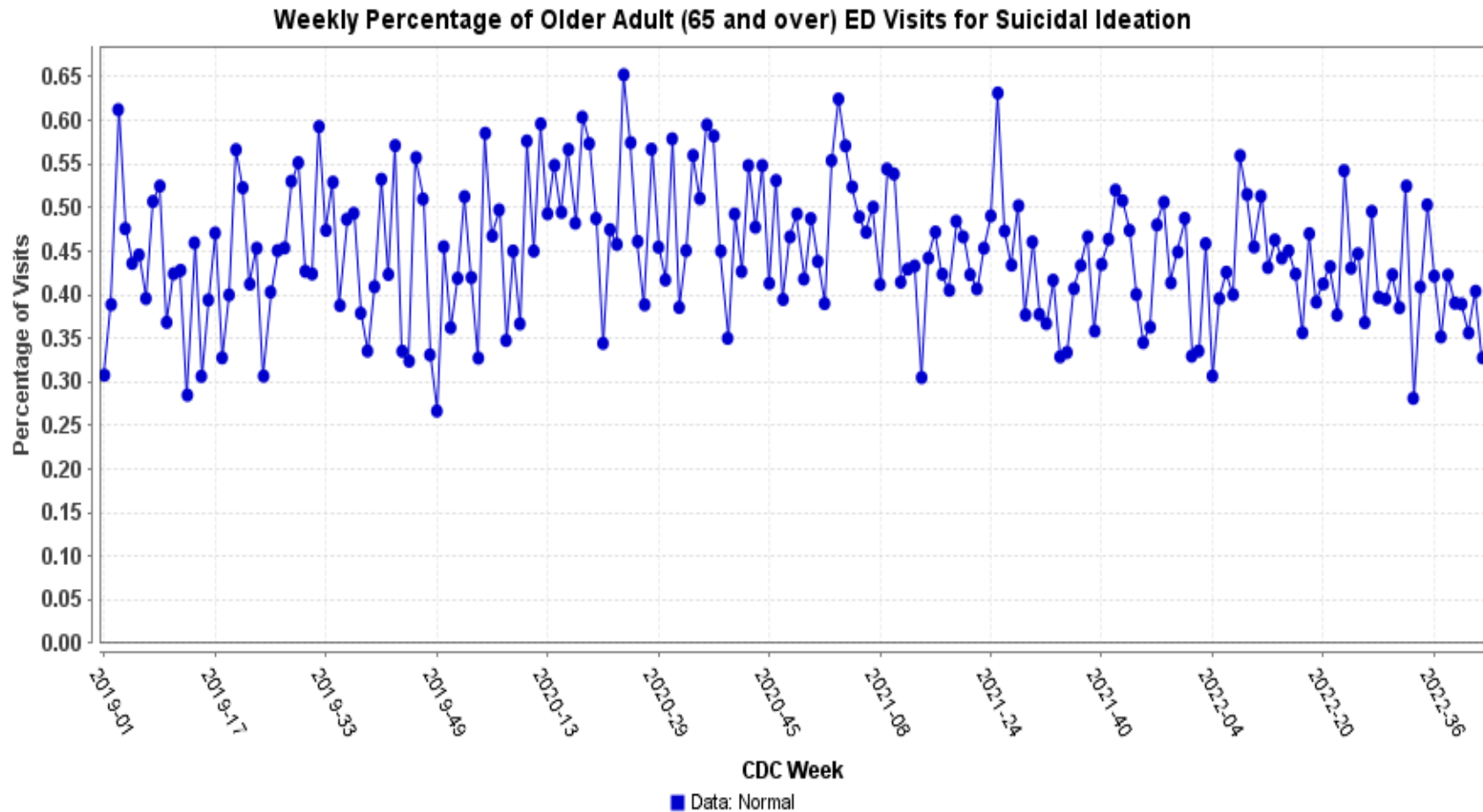


⁴ Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details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

Suicidal Ideation and Suspected Suicide Attempt

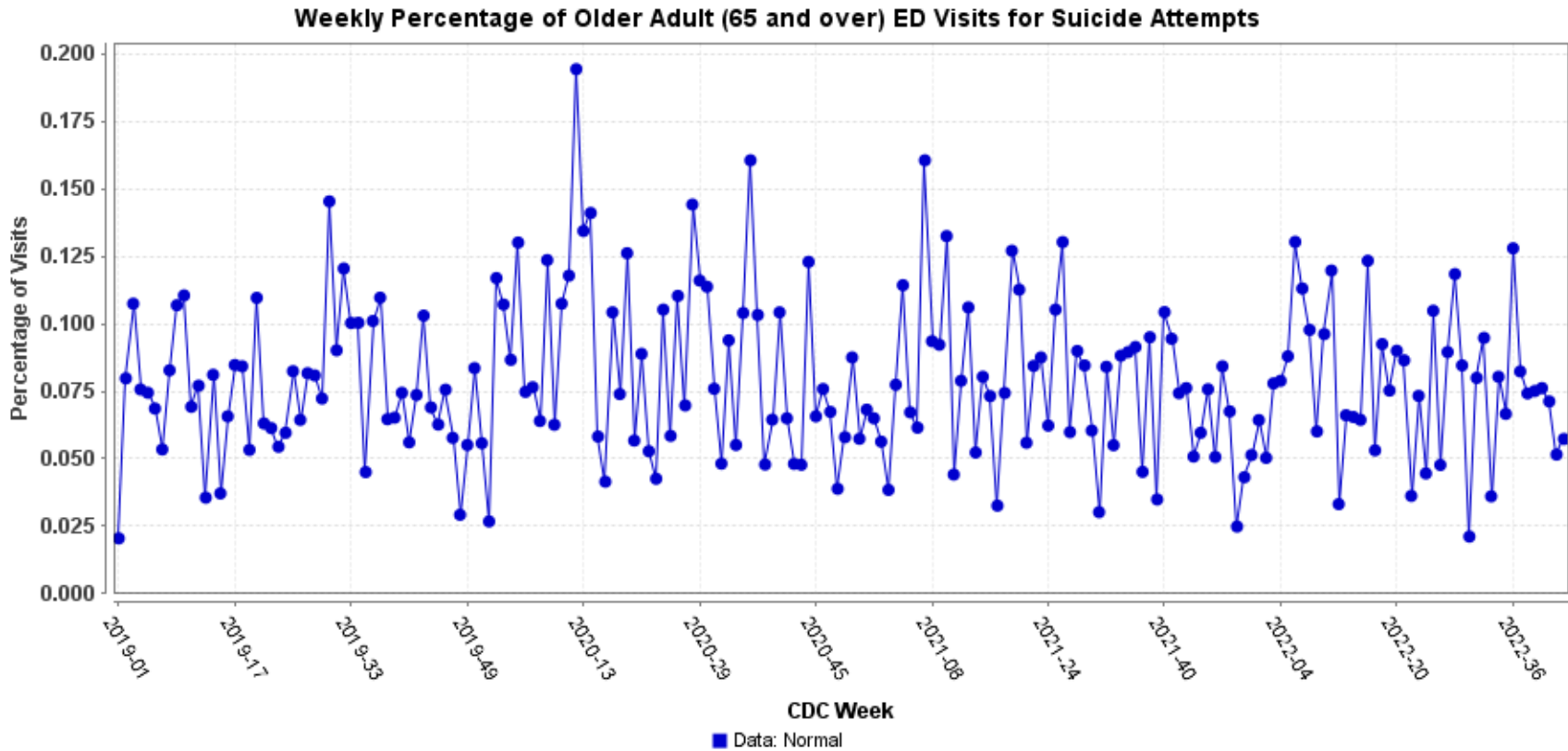
During CDC Week 43 (week of October 22, 2022), the reported relative percentage of ED visits for suicidal ideation among patients 65 years or older **decreased** from the previous reporting period (CDC weeks 31 – 35), and the current week is **decreasing** (Graph 2). No statistical warning or alert was issued.

Graph 2: Percent change 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)



During CDC Week 43 (week of October 22, 2022), the reported relative percentage of ED visits for suspected suicide attempt among patients 65 years or older **decreased** from the previous reporting period (CDC weeks 31 – 35), and the current week is **increasing** (Graph 3). No statistical warning or alert was issued.

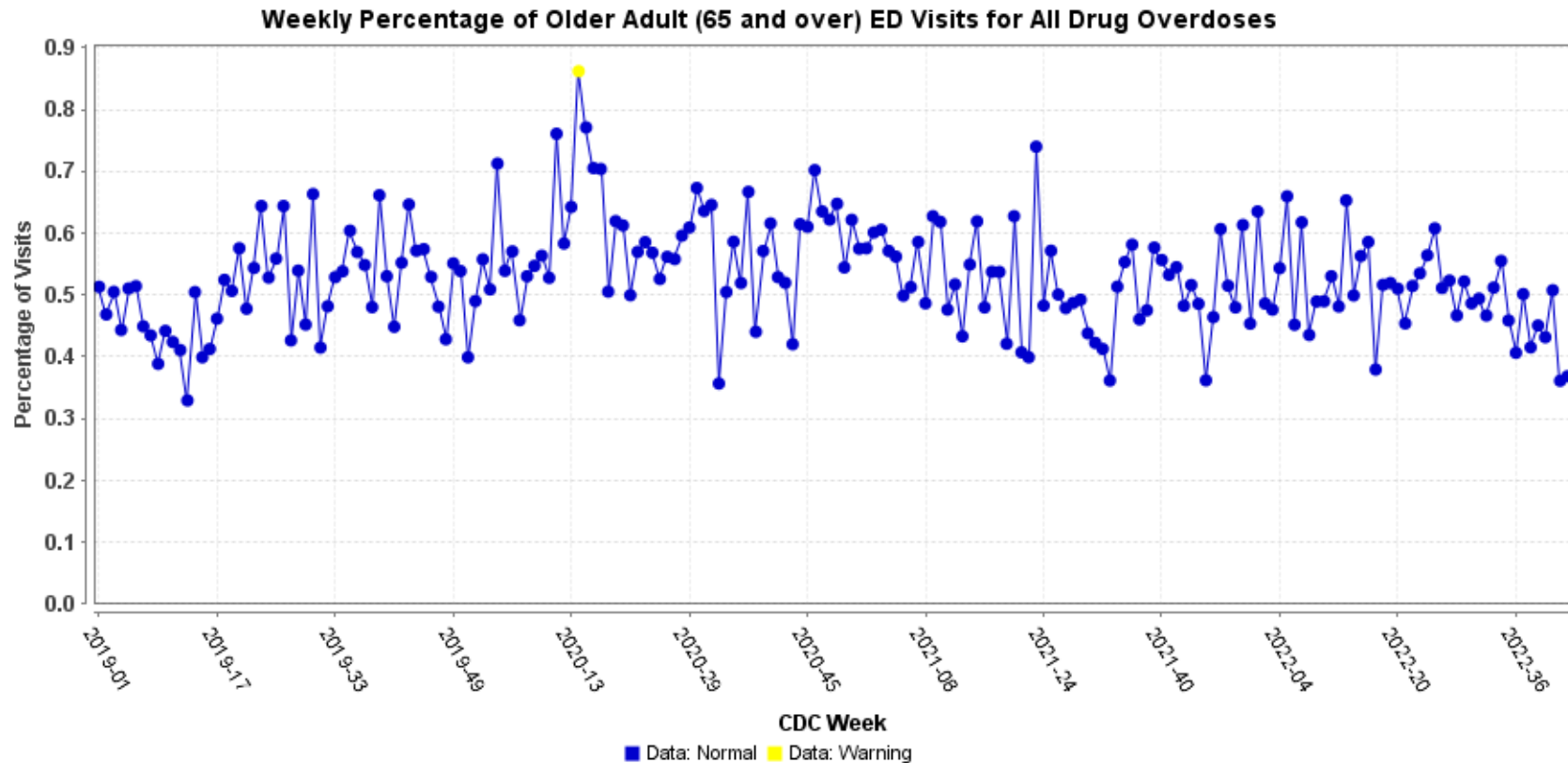
Graph 3: Percent change of ED visits for suspected suicide attempt among adults 65 years of age and older in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



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

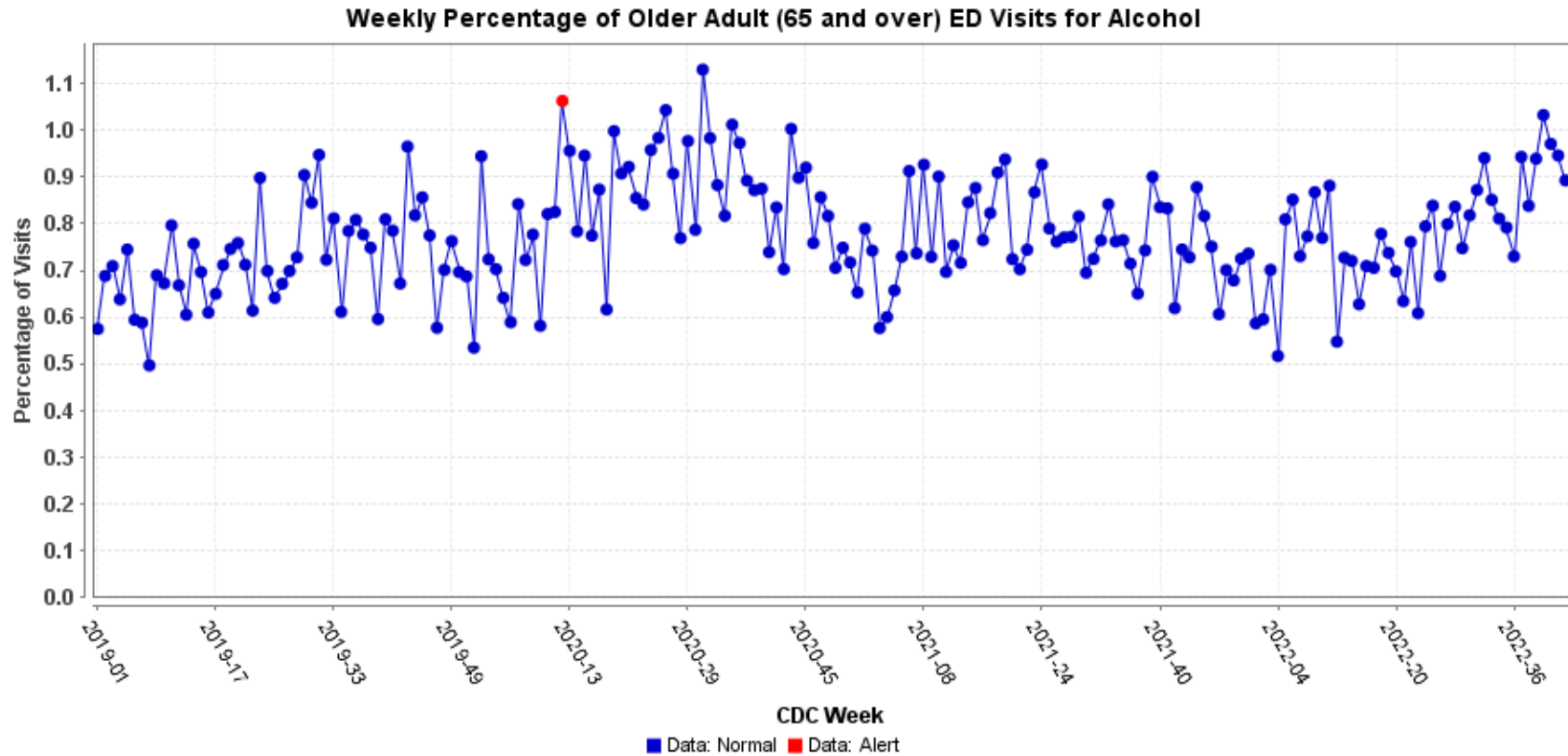
During CDC Week 43 (week of October 22, 2022), the reported relative percentage of ED visits for suspected drug overdose among patients 65 years or older **decreased** from the previous reporting period, (CDC weeks 31 – 35), and the current week is **increasing** (Graph 4). No statistical warning or alert was issued.

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



During CDC Week 43 (week of October 22, 2022), the reported relative percentage of alcohol-related ED visits among patients 65 years or older **increased** from the previous reporting period (CDC weeks 31 – 35), and the current week is **decreasing** (Graph 5). No statistical warning or alert was issued.

Graph 5: ED percent change for alcohol-related visits in Washington for adults 65 years of age and older, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



General Surveillance

Symptoms of Anxiety and Depression

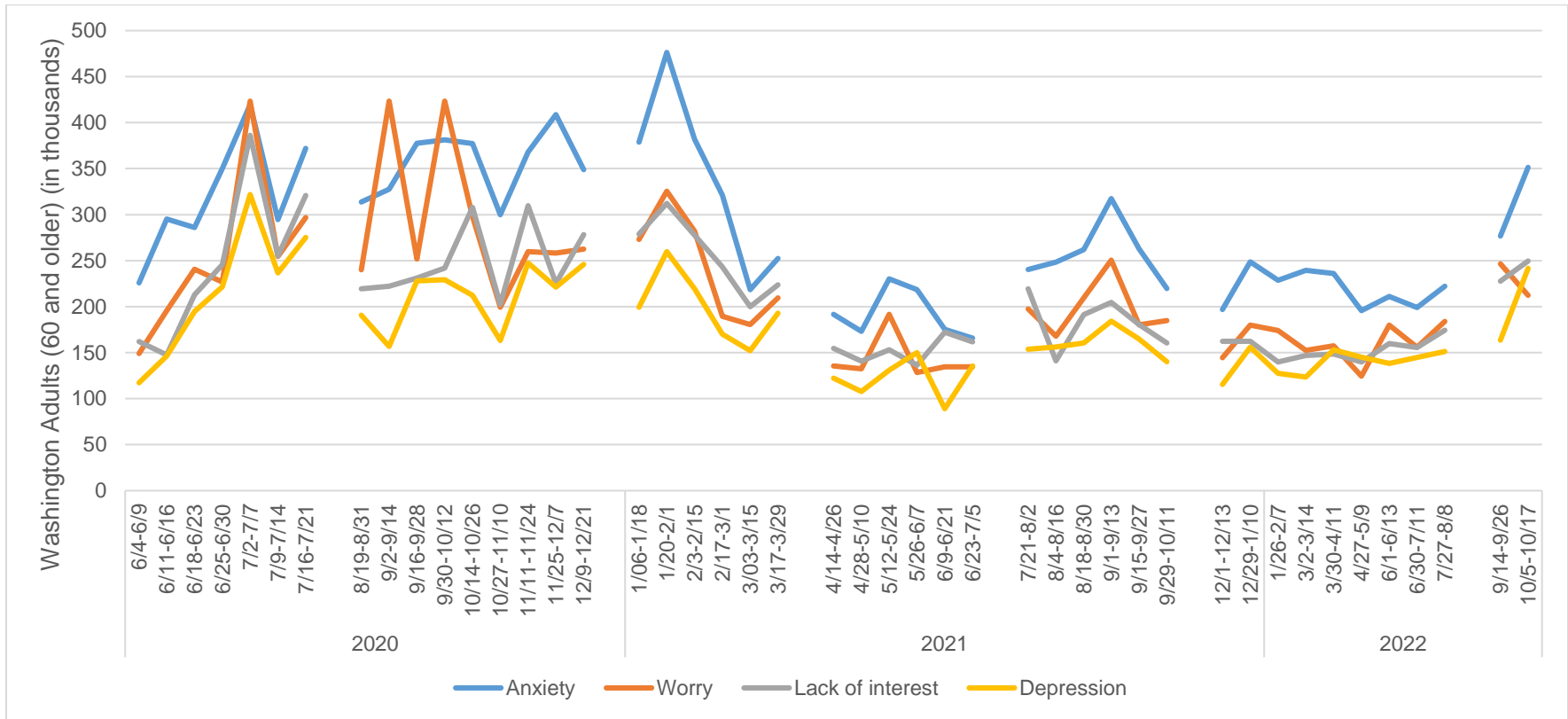
[Survey data](#) collected by the U.S. Census Bureau for October 5 – 17, 2022 show changes in anxiety (27%), worrying (-13.95%), lack of interest (9.65%), and depression (47.53%) among older adults (in this sample, older adults are defined as individuals 60 and older) in Washington, compared to the previous reporting period of September 14 – 26, 2022 (Graph 6).⁵

In the most recent reporting period represented below, approximately 351,000 older adults reported symptoms of **anxiety** on all or most days of the previous week, approximately 212,000 older adults reported the same frequency of symptoms of **worrying**, approximately 249,500 older adults reported **lack of interest** on all or most days of the previous week, and approximately 241,500 older 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. This survey data is independent to the data presented in previous sections.

⁵ <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 (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.

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).

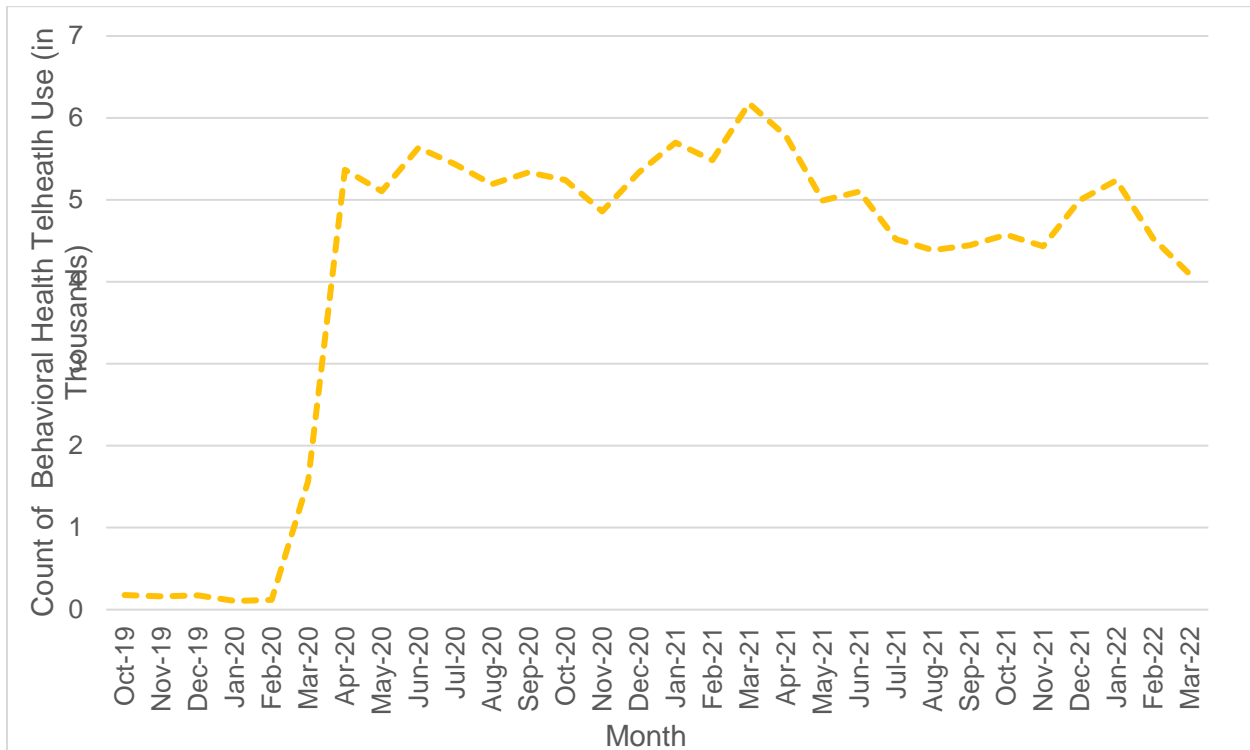
It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237%) after the implementation of the “Stay Home, Stay Healthy” order in March 2020.

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 these data are 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 (June 2022) showed a 9.72% **decrease** of telehealth behavioral health services use (Medicaid) claims for individuals 65 years and older compared to the previous month (Graph 7).

Graph 7: 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

Acknowledgements

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

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