

Month of December 2022

Youth 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 Washington youth (individuals 18 years and younger 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 December 4, 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 48, week ending December 3, 2022), all four syndromic indicators **decreased** (psychological distress, suicidal ideation, suspected suicide attempt, and suspected drug overdose) from the previous reporting period (CDC weeks 43 – 47). For the current week, psychological distress, suicidal ideation, and suspected suicide attempt are **increasing**, and suspected drug overdose is **decreasing**.

- No statistical warning or alert was issued.

Survey data collected by the U.S. Census Bureau for November 2 – 14, 2022 show that 60% of respondents who make \$75,000 - \$99,999 per year and 56% of respondents who make \$150,000 - \$199,999 per year indicated they will “Definitely not get the (COVID-19) vaccine for their child.” The “definitely not” category is 17.93% of all respondents surveyed.

Filings from the Administrative Office of the Courts (AOC) year-over-year² percentage changes for October 2022 for these filings show sex crimes **increased** 8%, robberies **increased** 314%,

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

² Year-over-year: a comparison of data between multiple years, specifically 2019 to 2020, 2021, and 2022 to date.

assaults **increased** 66%, thefts/burglaries **increased** 85%, and motor vehicle thefts **increased** 320% compared to the previous year.

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](#)³ 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 deviations⁴ 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.

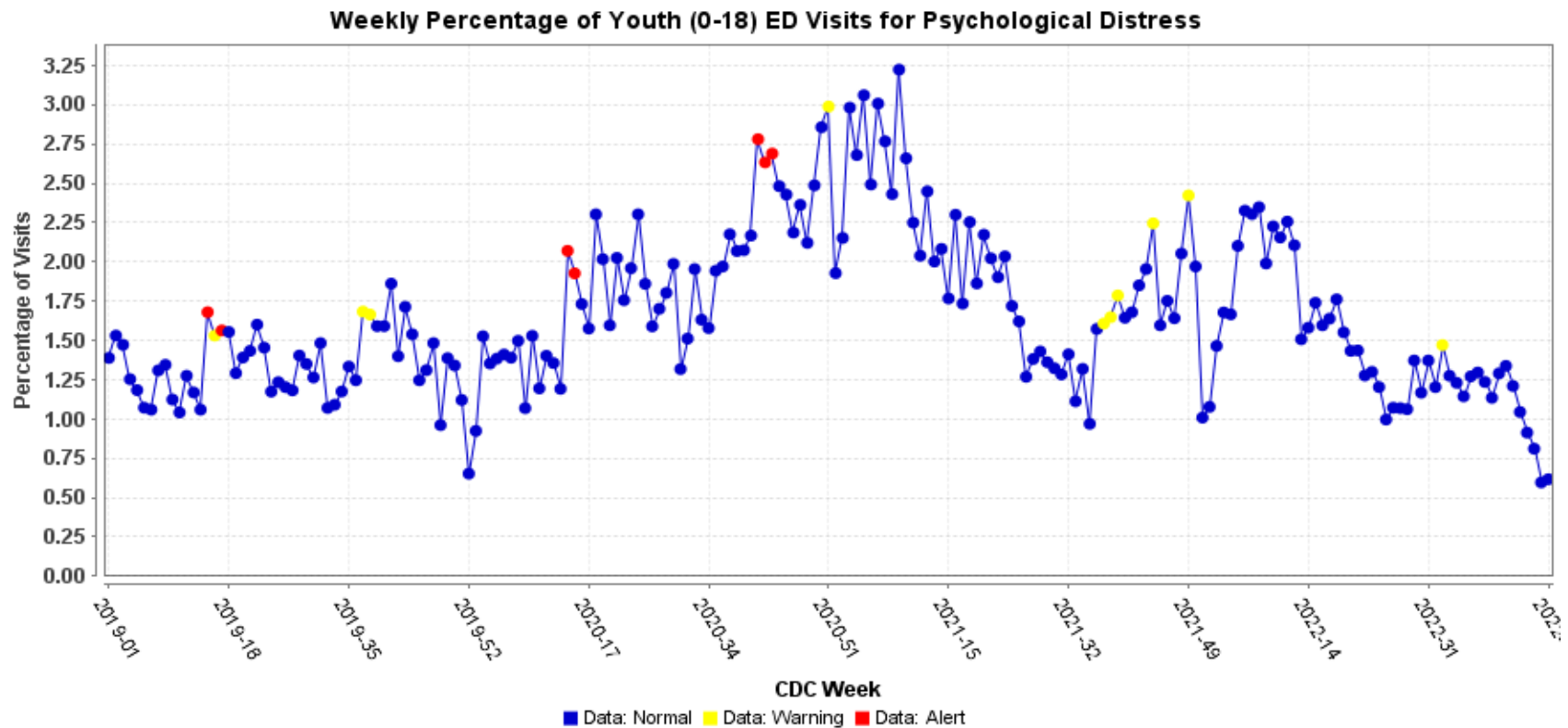
³ <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/data-exchange-0/syndromic-surveillance-rhino>

⁴ 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 48 (week of December 3, 2022), the reported relative percentage of ED visits for psychological distress⁵ among youth **decreased** from the previous reporting period (CDC weeks 43 – 47), and the current week is **increasing** (Graph 1). No statistical warning or alert was issued.

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

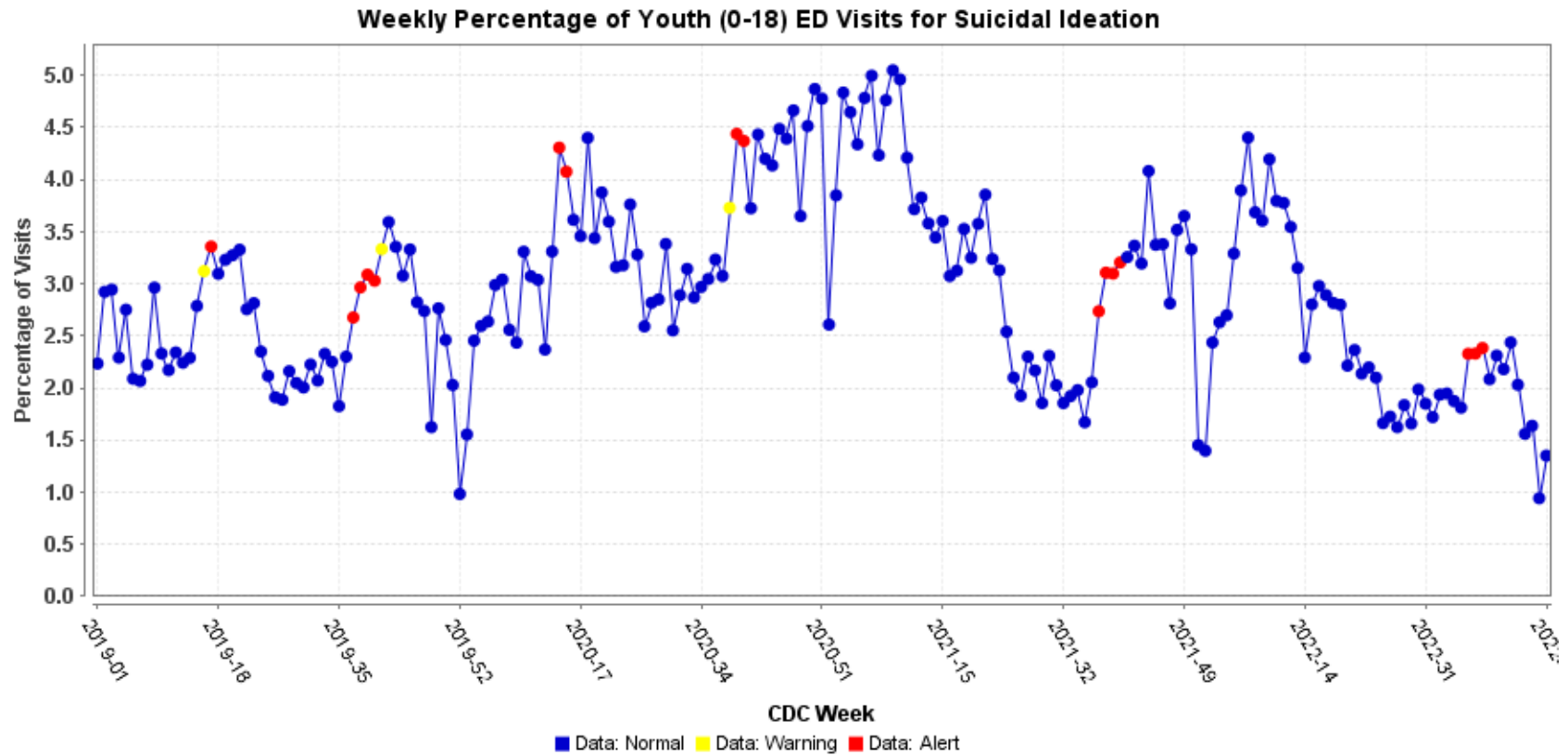


⁵ Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-subcommittee>.

Suicidal Ideation and Suspected Suicide Attempt

During CDC Week 48 (week of December 3, 2022), the reported relative percentage of ED visits for suicidal ideation among youth **decreased** from the previous reporting period (CDC weeks 43 – 47), and the current week is **increasing** (Graph 2). No statistical warning or alert was issued.

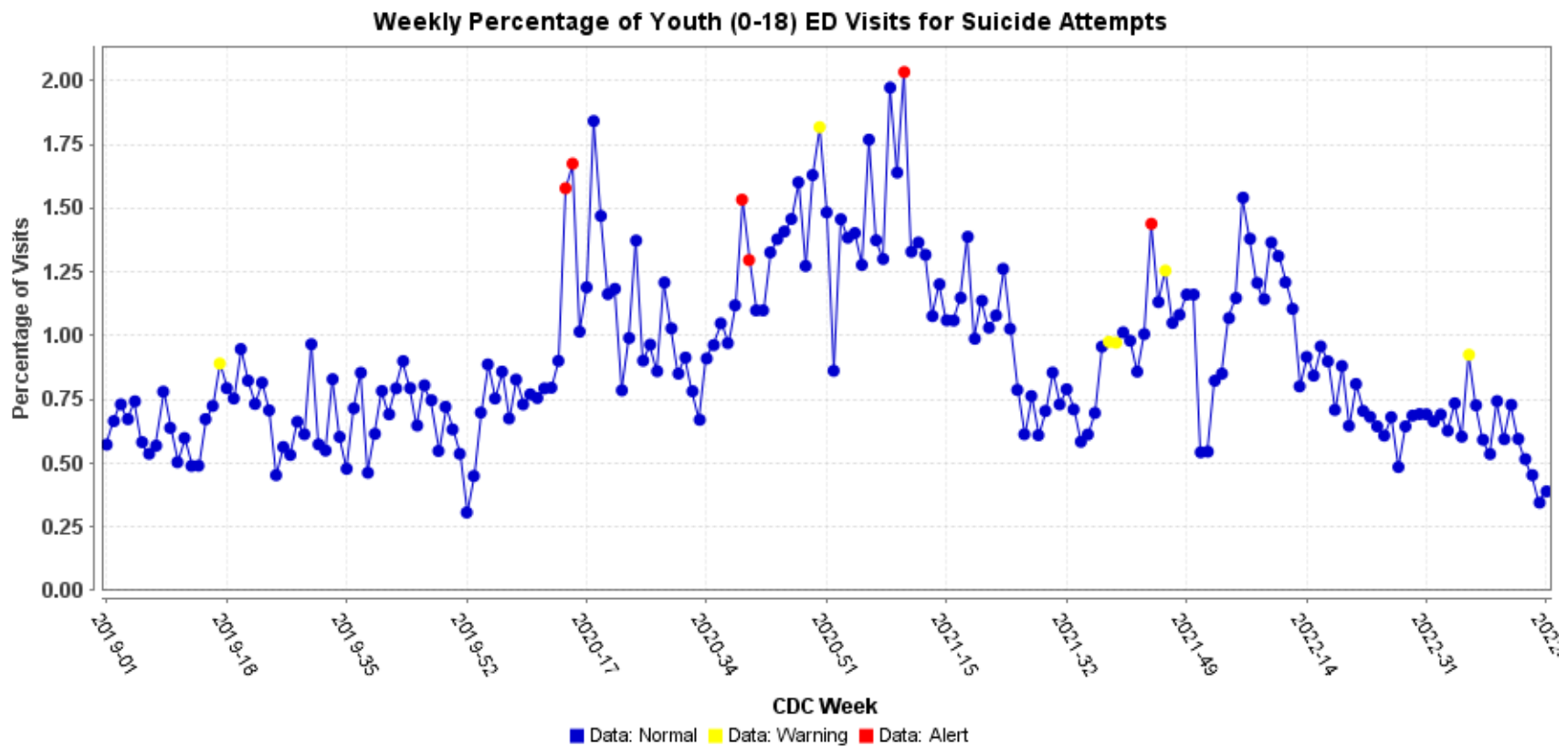
Graph 2: Percentage change of ED visits for suicidal ideation among youth in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)



During CDC Week 48 (week of December 3, 2022), the reported relative percentage of ED visits for suspected suicide attempt among youth **decreased** from the previous reporting period (CDC weeks 43 – 47), and the current week is **increasing** (Graph 3). No statistical warning or alert was issued.

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.⁶

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



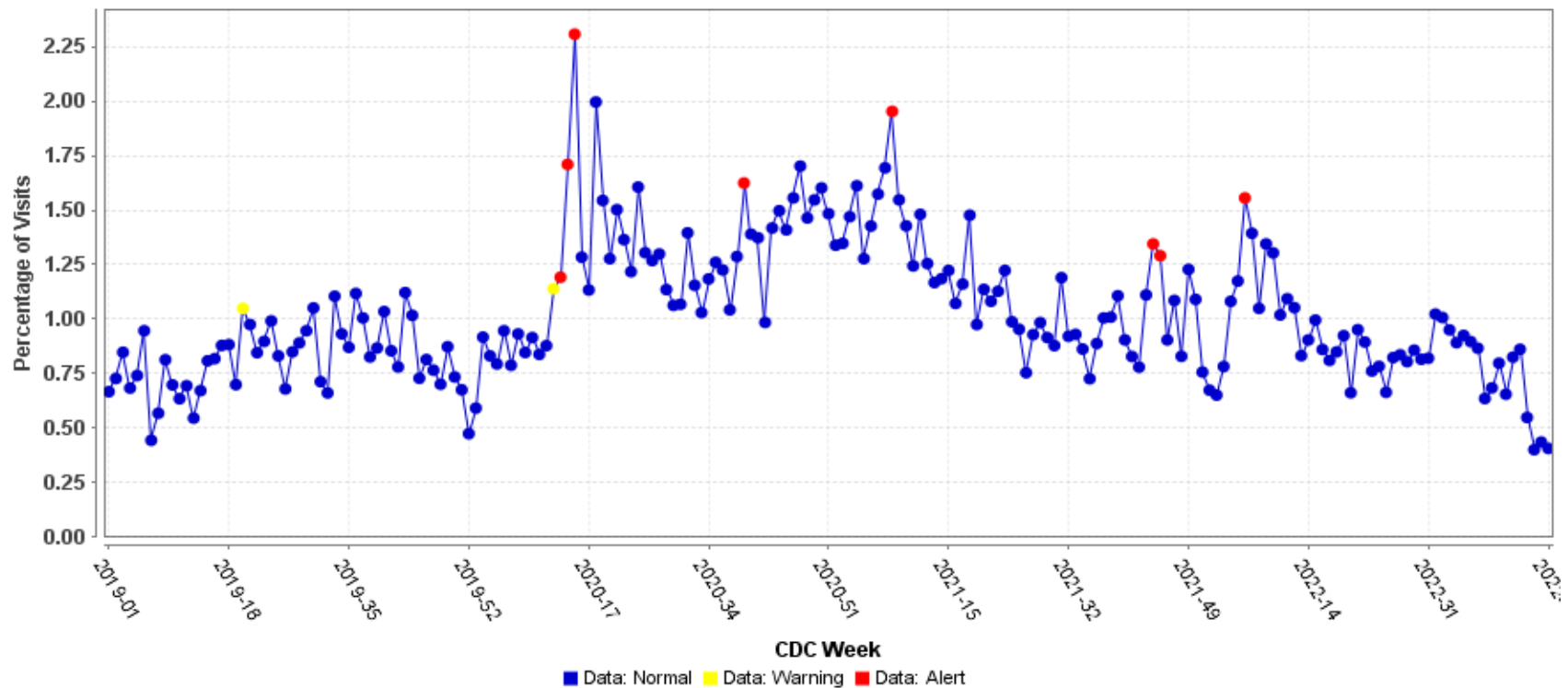
⁶ <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-subcommittee>

Substance Use – Suspected Drug Overdose

During CDC Week 48 (week of December 3, 2022), the reported relative percentage of ED visits for suspected drug overdose among youth **decreased** from the previous reporting period (CDC weeks 43 – 47), and the current week is **decreasing** (Graph 4). No statistical warning or alert was issued.

Graph 4: ED percentage change for all drug⁷-related visits among youth in Washington, by week: 2019, 2020, 2021, and 2022 to date (Source: CDC ESSENCE)

Weekly Percentage of Youth (0-18) ED Visits for All Drug Overdoses



⁷ 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>

General Surveillance

COVID-19 Vaccinations for Children Ages 5 – 17

[Survey data](#) collected by the U.S. Census Bureau for November 2 – 14, 2022 show that the greatest number of respondents (who are Washington adults with children ages 5 – 17) indicated that in the most recent reporting period 56% of children ages 5 – 17 have received the COVID-19 vaccine.

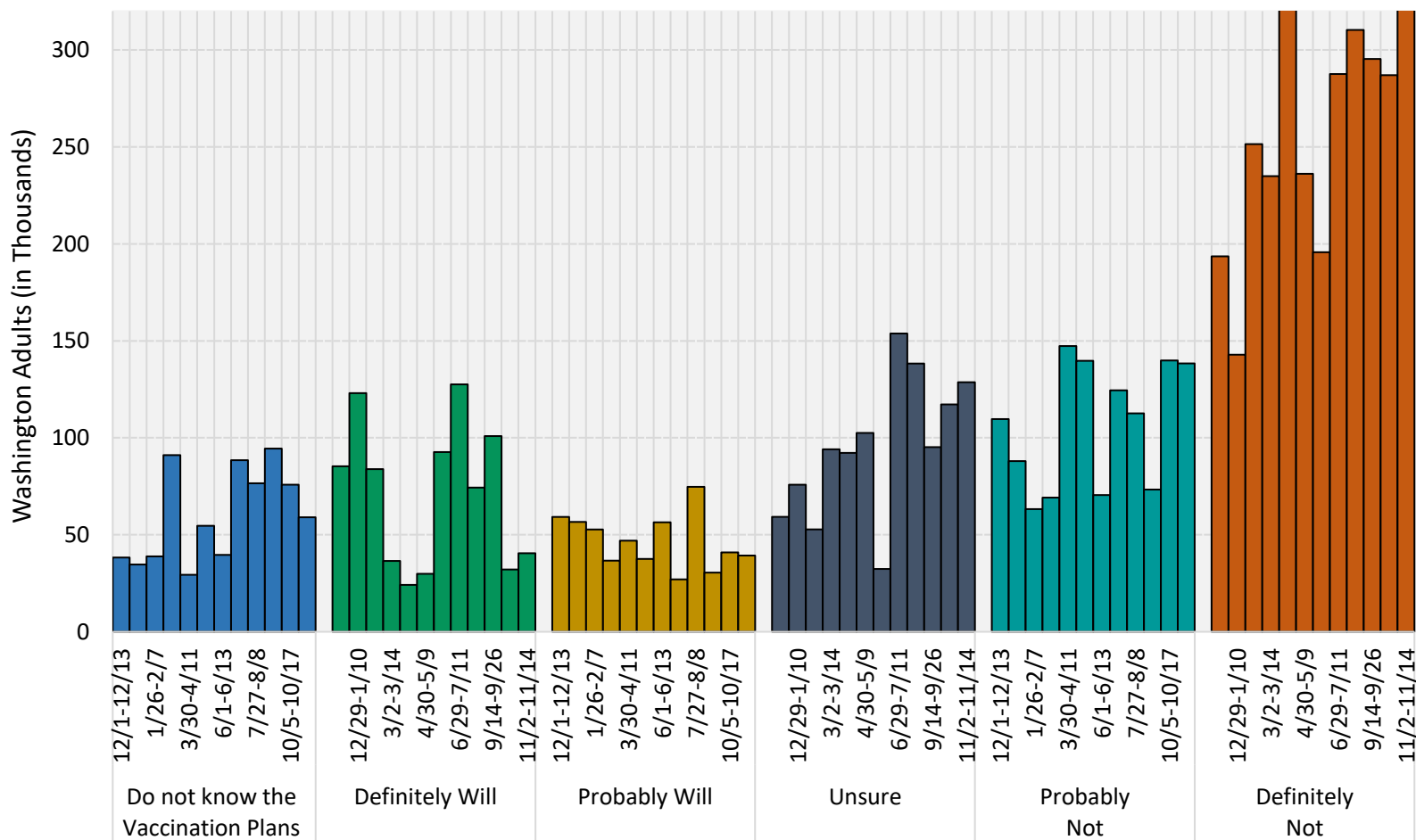
Table 1 and Graph 5 show the plans respondents have given for whether they will get their child vaccinated (based on income), and the total percentage of respondents to the survey.

For respondents or household members who have experienced **loss of employment income** in the last four weeks and not vaccinated their child, 28% of those individuals reported they will **probably not** get a vaccine for their children, 34% of those individuals reported that they will **definitely not** get a vaccine for their children, and 6.97% reported that they will **definitely** get a vaccine for their children.

Table 1: Percentage of Washington adults reporting children’s vaccination plans by income:
(Source: U.S. Census Bureau)

| Vaccination Plan for Child ages 5 – 17 | Definitely will get the vaccine for their child | Probably will get the vaccine for their child | Unsure about the vaccine for their child | Probably will not get the vaccine for their child | Definitely will not get the vaccine for their child |
|--|---|---|--|---|---|
| Highest percentage (%) | \$200,000 and above per year (27%) | \$200,000 and above per year (14.25%) | \$35,000 - \$49,999 per year (54%) | \$25,000 - \$39,999 per year (35%) | \$75,000 - \$99,999 per year (60%) |
| Second highest percentage (%) | \$50,000 - \$74,999 per year (9.96%) | \$100,000 - \$149,999 per year (8.27%) | Less than \$25,000 per year (26%) | \$150,000 - \$199,999 per year (29%) | \$150,000 - \$199,999 per year (56%) |
| Total percentage of respondents plans for their child’s vaccination | 1.85% | 1.80% | 5.89% | 6.33% | 17.93% |

Graph 5: Count of Washington adults reporting children’s vaccination plans (Source: U.S. Census Bureau)



Note: **Definitely** (will definitely get a vaccine); **Probably** (will probably get a vaccine); **Unsure** (unsure about getting a vaccine); **Probably Not** (will probably not get a vaccine); **Definitely Not** (will definitely not get a vaccine); **Unsure of Vaccination Plan** (do not know the vaccination plans of children). Children ages 12 – 17 who received a COVID-19 vaccine are not graphically included.

Reasons for children (ages 5 – 17) not receiving or planning to receive a COVID-19 vaccine

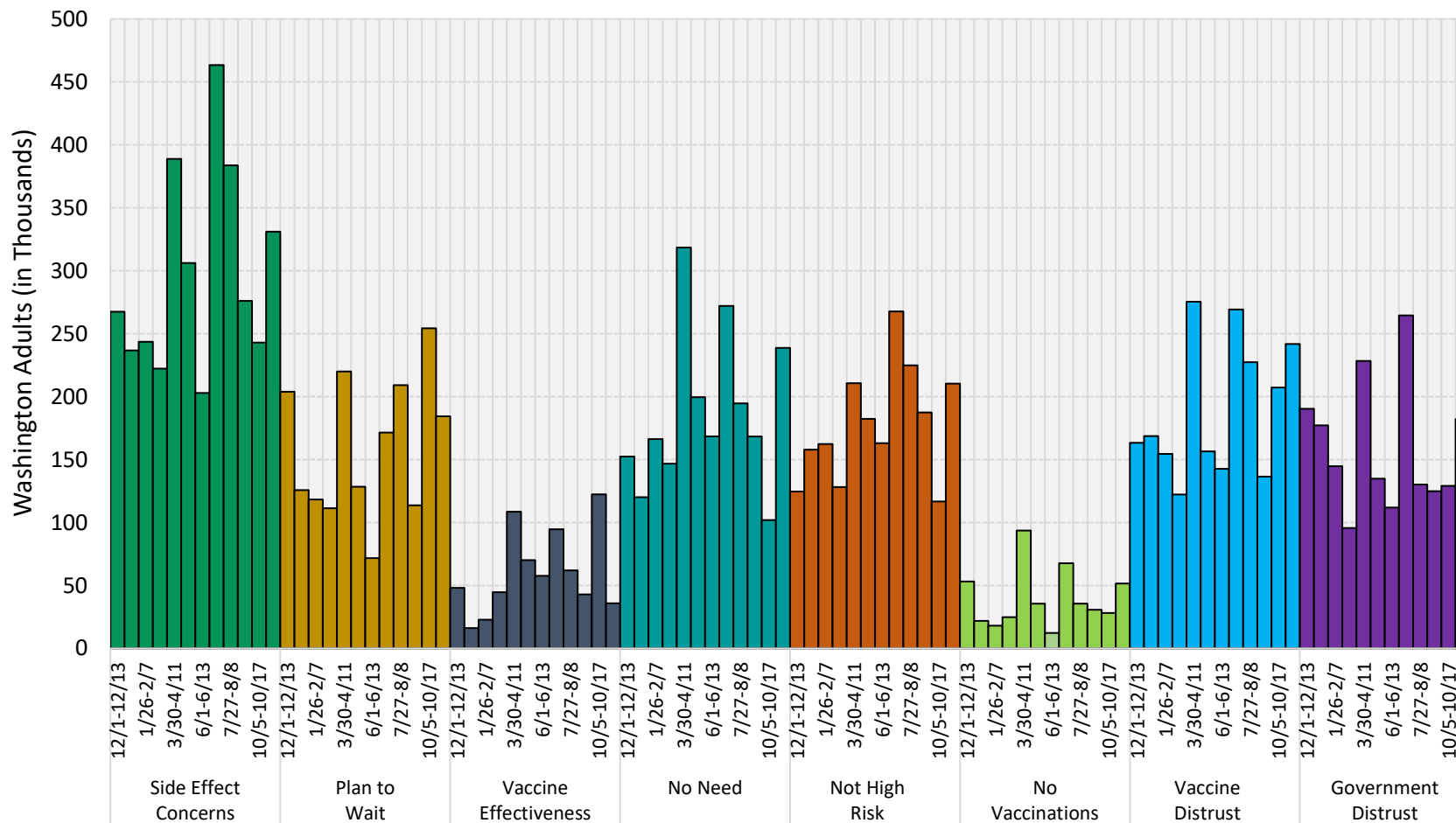
[Survey data](#) **Error! Bookmark not defined.** further show reasons for children (ages 5 – 17) not receiving or planning to receive a COVID-19 vaccine from November 2 – 14, 2022 (Graph 6). Table 2 shows breakdown of the reasons why respondents with children ages 5 – 17 reported the child has not received the vaccine for the most recent reporting period (October 5 – 14, 2022).

Table 2 and Graph 6 show the reason respondents have given for why they have not vaccinated their child (based on income), and the total percentage of respondents to the survey.

Table 2: Percentage of Washington adults reporting reasons for children not receiving or planning to receive a COVID-19 vaccine (based on income) (Source: U.S. Census Bureau)

| Reason for not receiving or planning to receive a vaccine | Concern about side effects | Plan to wait and see if it is safe | Not sure if vaccine will work | Don't believe child need a vaccine | Child not member of a high-risk group | Child's doctor has not recommended a vaccine | Respondents do not vaccinate their child | Don't trust COVID-19 vaccines |
|--|------------------------------------|------------------------------------|--|------------------------------------|---------------------------------------|--|--|---------------------------------------|
| Highest percentage (%) | \$200,000 and above per year (32%) | \$35,000 - \$49,999 per year (31%) | \$150,000 - \$199,999 per year (5.67%) | \$50,000 - \$74,999 per year (22%) | \$50,000 - \$74,999 per year (24%) | \$35,000 - \$49,999 per year (4.89%) | \$50,000 - \$74,999 per year (5.29%) | \$25,000 - \$34,999 per year (18.77%) |
| Second highest percentage (%) | \$35,000 - \$49,999 per year (27%) | Less than \$25,000 per year (24%) | \$25,000 - \$34,999 per year (5.39%) | \$35,000 - \$49,999 per year (20%) | \$100,000 - \$149,999 per year (21%) | \$150,000 - \$199,999 per year (4.32%) | \$75,000 - \$99,999 per year (5.08%) | \$75,000 - \$99,999 per year (17.27%) |
| Total Respondents reasons for not vaccinating their child | 49% | 27% | 5.27% | 35% | 31% | 6.09% | 7.58% | 36% |

Graph 6: Count of Washington adults reporting reasons for children not receiving or planning to receive a COVID-19 vaccine:
 (Source: U.S. Census Bureau)



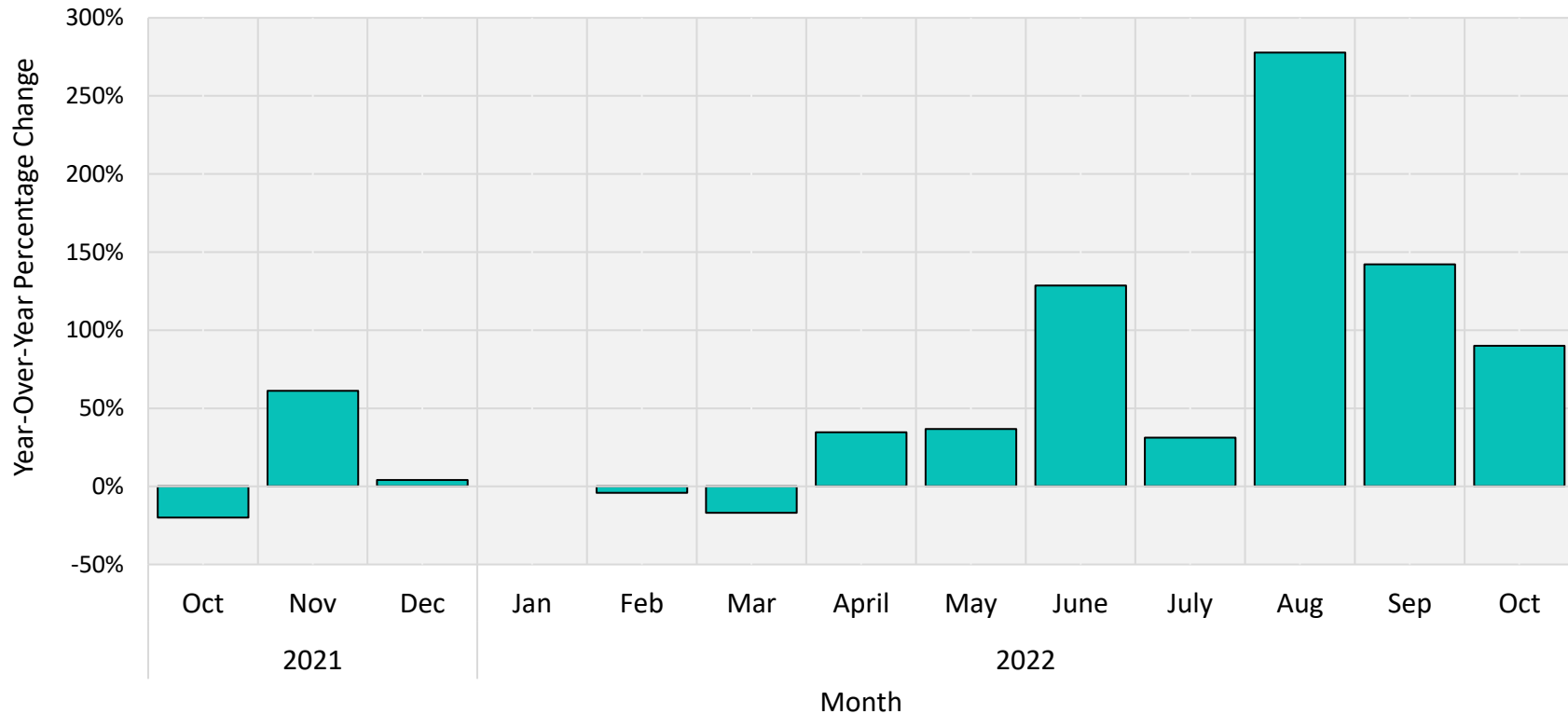
Note: Side Effect Concerns (concerned about possible side effects for children); Plan to Wait (plan to wait and see if it is safe); Vaccine Effectiveness (not sure if vaccine will work for children); No Need (don't believe children need a vaccine); Not High Risk (children in household not members of a high risk group); No Vaccinations (parents or guardians do not vaccinate their children); Vaccine Distrust (don't trust COVID-19 vaccines); Government Distrust (don't trust the government). Responses also included "Other people need it more than children right now," "Unable to get a vaccine for children," "Concerned about missing work to have children vaccinated," "Other," "Concerned about cost of vaccine," and "children's doctor has not recommended a vaccine," but due to low numbers, these responses were not graphically included. Note, survey respondents could choose more than one reason.

Court Reporting

Mental Illness (Minor) Filings

Monthly filings from the Administrative Office of the Courts (AOC) show the initiation of a court case by formal submission for mental illness (minor) cases. The year-over-year percentage change in October 2022 for monthly mental illness (minor) case filings **increased** 90%, compared to the previous year (Graph 7).

Graph 7: Percentage change of mental illness (minor) filings by month (Source: AOC)

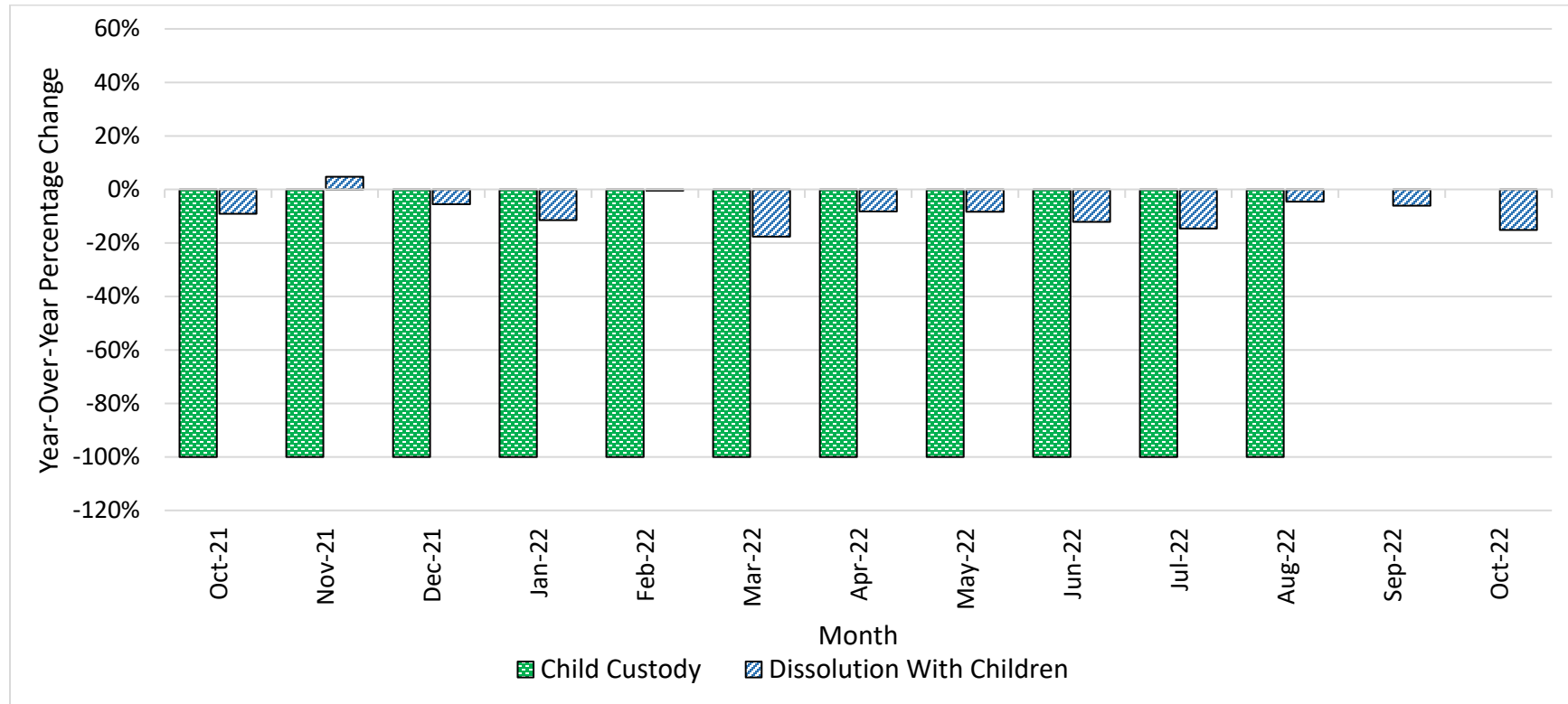


Note: Each unique mental illness case number is reported as a single filing, no matter how many subsequent petitions are filed during the life of a case. A case reopened for subsequent adjudication after the initial judgment is not considered a new filing unless there is a new case number. Mental illness (minor) cases involve the determination as to whether an individual is mentally ill or incapacitated and should be placed in or remain under care, custody, and treatment.

Child Custody and Marriage Dissolution with Children Filings

Monthly filings from the AOC show the initiation of a court case by formal submission for child custody and marriage dissolution with children. The year-over-year⁸ percentage change in October 2022 for monthly child custody case filings **remained** at 0 and dissolution with children **decreased** 15.17% compared to the previous year (Graph 9).

Graph 8: Percentage change of child custody and marriage dissolution with children filings, by month (Source: AOC)



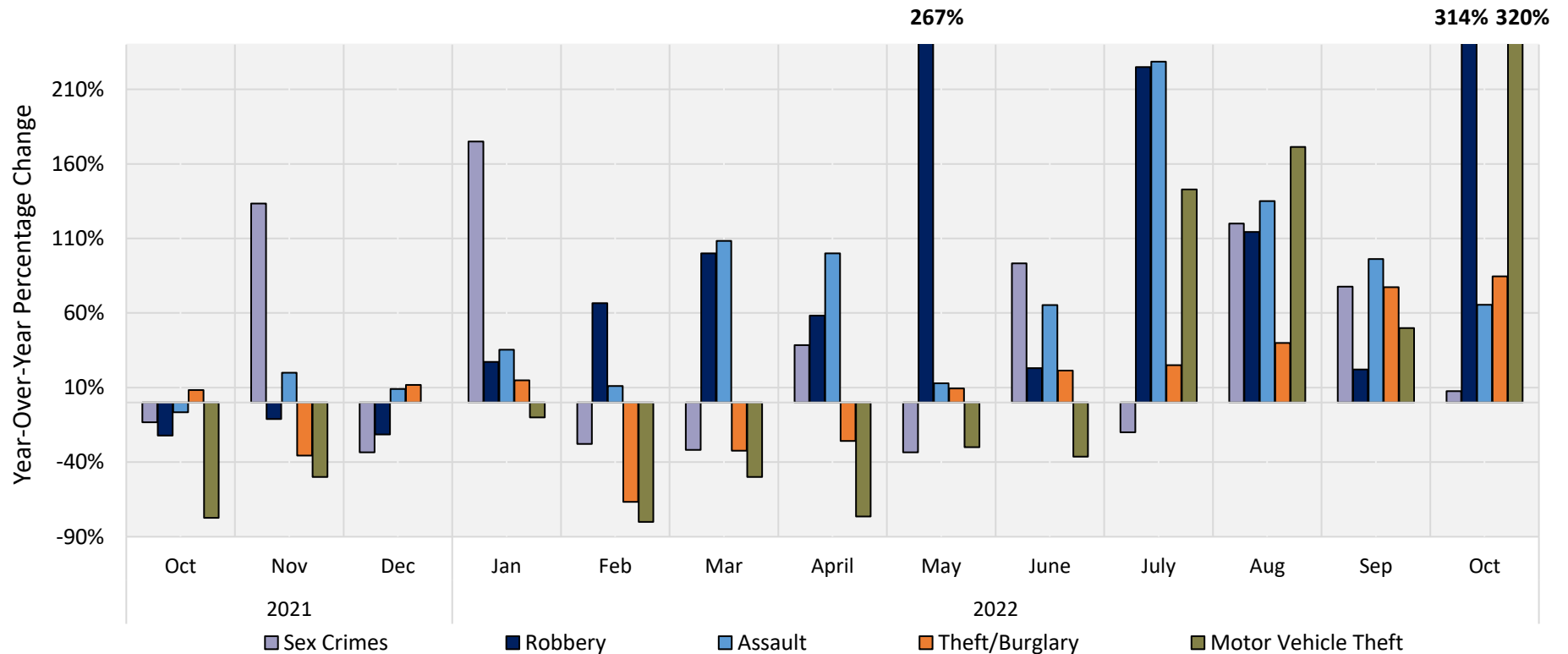
Note: Monthly filings from the AOC show the initiation of a court case by formal submission for child custody (i.e., dispute involving immediate charge and control of a child) and dissolution with children of the marriage (i.e., termination of a marriage other than by annulment, with dependent children of that marriage).

⁸ Year-over-year: a comparison of data between multiple years, specifically 2021 to 2022.

Juvenile Offender Filings

Filings from the Washington State Administrative Office of the Courts (AOC) show the initiation of a court case by formal submission. Case filings occur for each juvenile offender and are categorized by the primary (most serious) charge. The year-over-year percentage changes for October 2022 for these filings show sex crimes **increased 8%**, robberies **increased 314%**, assaults **increased 66%**, thefts/burglaries **increased 85%**, and motor vehicle thefts **increased 320%** compared to the previous year (Graph 10).

Graph 9: Percentage change of juvenile offender filings, by charge and month (Source: AOC)



Note: **Sex crimes** involve sexual exploitation of a minor, incest, rape, statutory rape, or indecent liberties. **Robbery** involves theft of property by the use of force, violence, or fear of injury to a person or their property. **Assault** involves assault or intent to cause another person physical harm, including malicious harassment and coercion. **Theft/burglary** involves theft of property (other than a motor vehicle), possession of stolen property, extortion, burglary, or criminal trespass. **Motor vehicle theft** involves taking a motor vehicle without permission of the owner.

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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