

COVID-19 Youth Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic on Washington youth¹ to inform planning efforts. 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 on youth in Washington.

Purpose

On March 15, 2021, Governor Jay Inslee signed an [emergency proclamation](#)² recognizing the current mental and behavioral health emergency among Washington’s children and youth. The proclamation directs the Department of Health (DOH) and other state agencies to “identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.”

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 Washington youth.

¹ Youth: Individuals ages 18 years and younger

² https://www.governor.wa.gov/sites/default/files/proclamations/21-05_Children%27s_Mental_Health_Crisis_%28tmp%29.pdf

Key Takeaways

- Youth behavioral health is of particular concern as family, school, and social interactions continue to be affected by the COVID-19 pandemic.
- The rate of emergency department (ED) visits for three syndromic indicators (psychological distress, suspected suicide attempts, and suspected overdoses) for Washington youth increased from the previous reporting period, while suicidal ideation decreased from the previous reporting period.
 - **Caution should be taken when examining these data as the steep drop in ED visits starting in March 2020 could skew data for any type of ED visit, including behavioral health.**
 - Please note that due to recent novel categories in Centers for Disease Control and Prevention (CDC) syndromic indicators, all syndromic indicator graphs have been impacted and subsequently, the scale of graphs has been adjusted. In this report, visits for five syndromic indicators continue to present as a rate per 10,000 total ED visits.
 - More than two thirds of elementary (69.3%) and middle (69.2%) school students have regular in-person instruction, and 62.8% of high school students have regular in-person instruction.
 - In the most recent reporting period (May 12 – May 24, 2021), 57% of Washington adults (with children in public or private school) reported four or more days of live contact between students in their household and teachers, compared to 52% in the previous reporting period (April 28 – May 10, 2021).
 - April 2021 presented an increase in the year-over-year percent change for monthly juvenile offender filings related to motor vehicle theft (89%). There was a decrease (-98%) in monthly child custody case filings and an increase (4%) in monthly dissolution with children case filings. April 2021 also presented with an increase in the year-over-year percent change for monthly mental illness (minor) case filings (24%).

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 youth in Washington.

Syndromic Surveillance

The Department of Health collects syndromic surveillance data in near real time from hospitals and clinics across Washington. 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 and alerts 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. While both warnings and alerts indicate more visits than expected, an alert indicates more caution may be warranted.⁵ These warnings or alerts will be mentioned within each respective syndrome section.

This report summarizes data for four syndromic surveillance indicators:

- 1) Psychological distress
- 2) Suicidal ideation
- 3) Suspected suicide attempts
- 4) Suspected overdoses

The graphs provide insight into behavioral health impacts of COVID-19 on Washington youth, as well as changes in care-seeking behavior. It is important to consider the changes in the overall number of ED visits, beginning with the implementation of the “Stay Home, Stay Healthy” order on March 23, 2020 ([CDC Week](#)⁶ 13, 2020).

Because the volume of visits across care settings varied widely during 2020 and to date in 2021, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously. Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. While the number of ED visits is increasing, visits have not returned to pre-March 2020 ED numbers. In addition, ED visit counts for suicidal ideation, suspected suicide attempts, psychological distress, and suspected overdoses might show an increase in awareness of mental health experiences, thus taking a larger share of the total ED visits.

³ <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse/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.

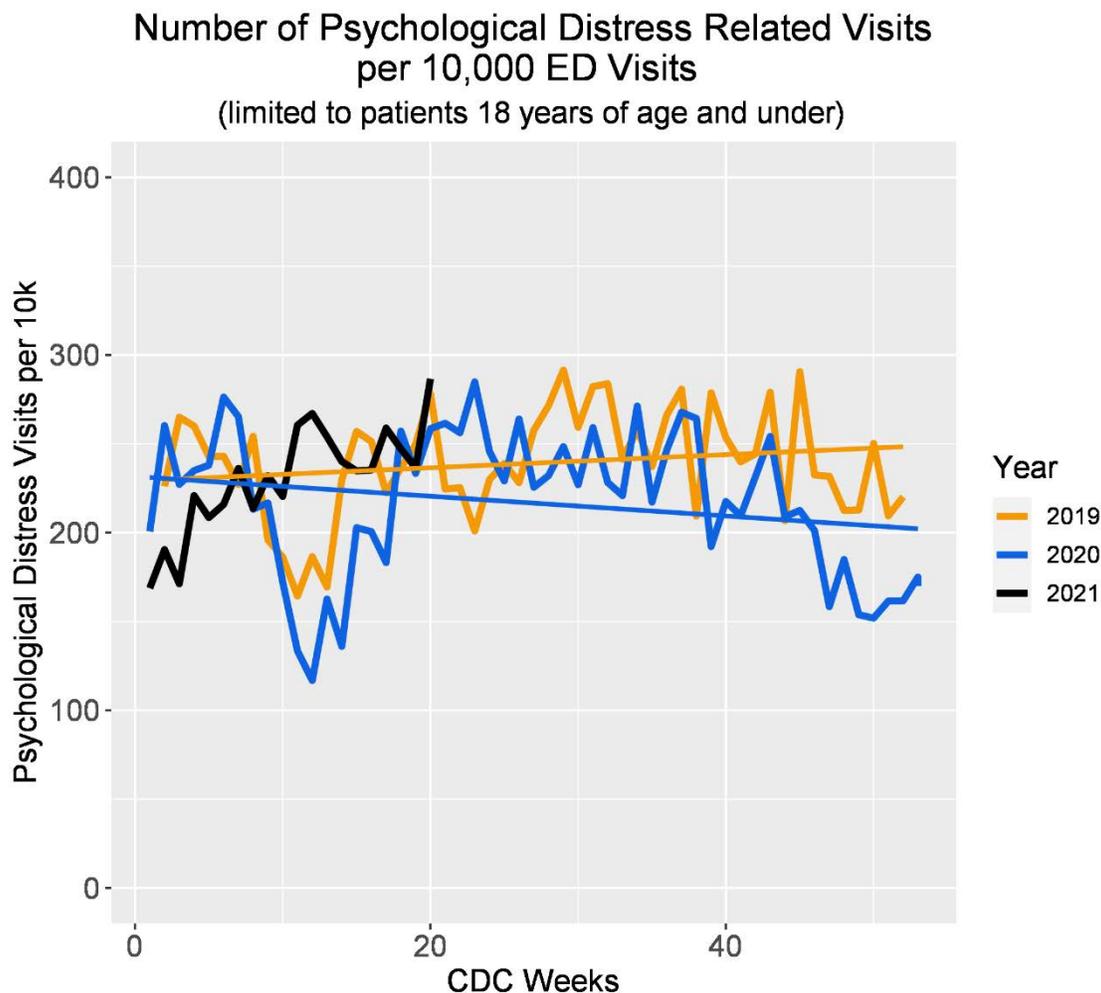
⁵ A warning is determined by statistical analysis using p-values from 0.01 – 0.05, while an alert is determined by statistical analysis using p-values of less than 0.01.

⁶ <https://wwwn.cdc.gov/nndss/document/2020.pdf>

Psychological Distress

During **CDC Week 20 (week of May 16)**, the relative reported ED visits for psychological distress⁷ among youth **increased from the previous reporting period** and is similar to the rate in the corresponding week of 2019 but higher than the corresponding week of 2020 (Graph 1). No statistical warnings or alerts were issued.

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



Average Weekly Difference between 2020 and 2019 Visit Counts: -171.5 per 10,000

Source: CDC National Syndromic Surveillance Program

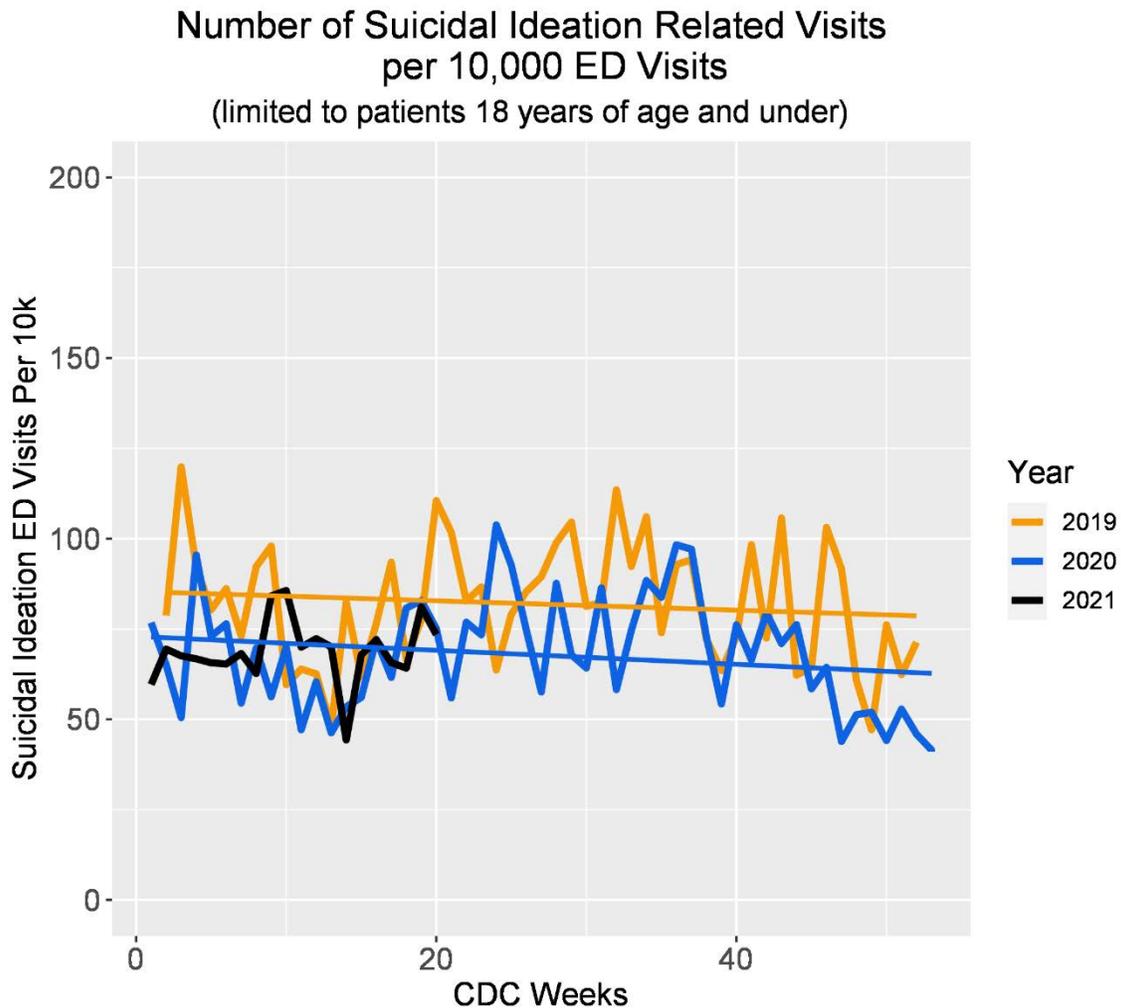
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

⁷ 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 Attempts

During **CDC Week 20 (week of May 16)**, the **relative reported rate of ED visits for suicidal ideation** among youth **decreased from the previous reporting period** and is similar to the rate in the corresponding week of 2020 but lower than the corresponding week of 2019 (Graph 2). No statistical warnings or alerts were issued.

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



Average Weekly Difference between 2020 and 2019 Visit Counts: -60.7 per 10,000

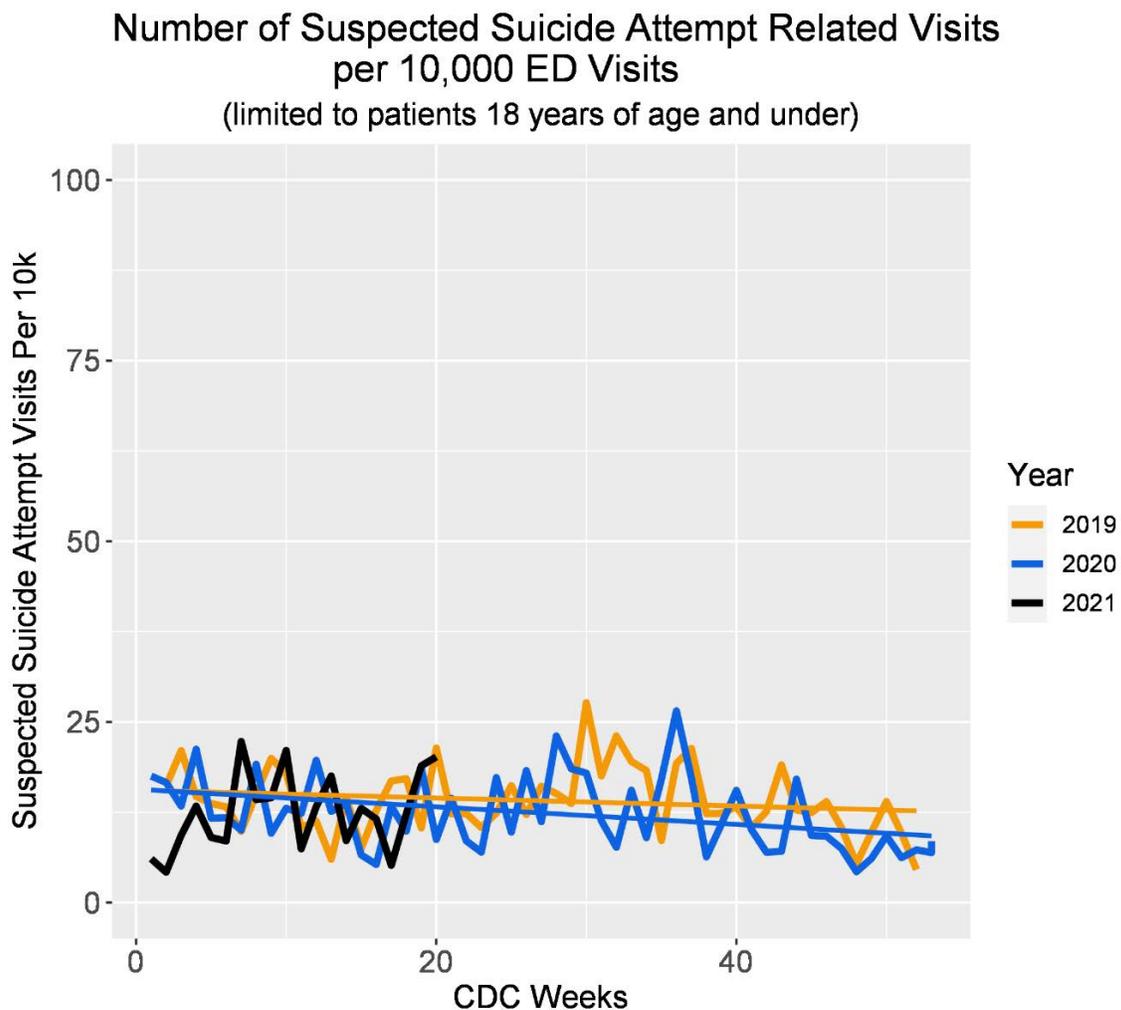
Source: CDC National Syndromic Surveillance Program

Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

During **CDC Week 20 (week of May 16)**, the **relative reported rate of ED visits for suspected suicide attempts** among youth **increased from the previous reporting period** and is similar to the rate in the corresponding week of 2019 but higher than the corresponding week of 2020 (Graph 3). No statistical warnings or alerts were 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 rate of such visits.⁸

Graph 3: Relative count of ED visits for suspected suicide attempts among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)

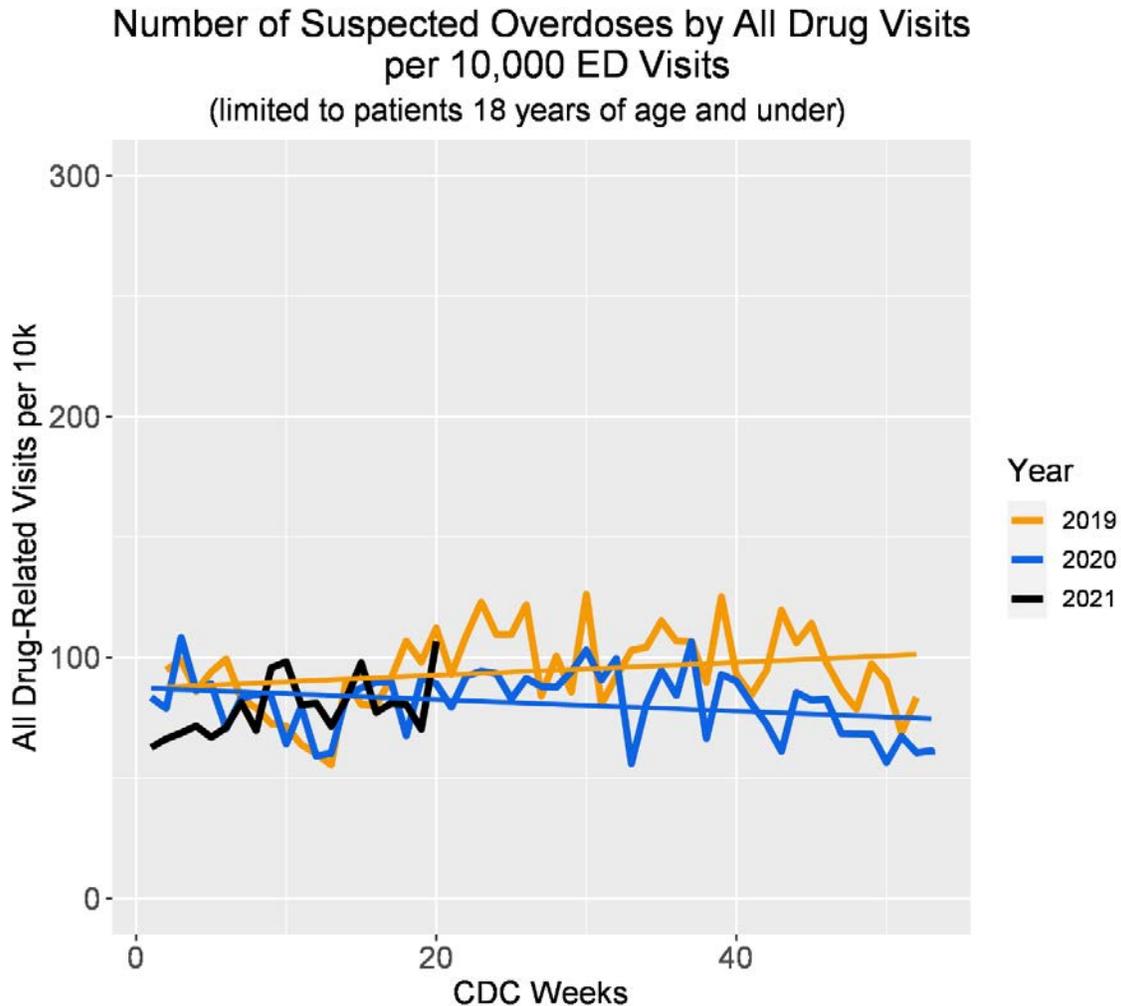


⁸ <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-subcommittee>

Substance Use – Suspected Drug Overdose

During **CDC Week 20 (week of May 16)**, the **relative reported rate of ED visits for suspected drug overdose** among youth **increased from the previous reporting period** and is similar to the rate in the corresponding week of 2019 but higher than the corresponding week of 2020 (Graph 4). No statistical warnings or alerts were issued.

Graph 4: Relative ED count for all drug⁹-related visits among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Average Weekly Difference between 2020 and 2019 Visit Counts: -72.3 per 10,000

Source: CDC National Syndromic Surveillance Program

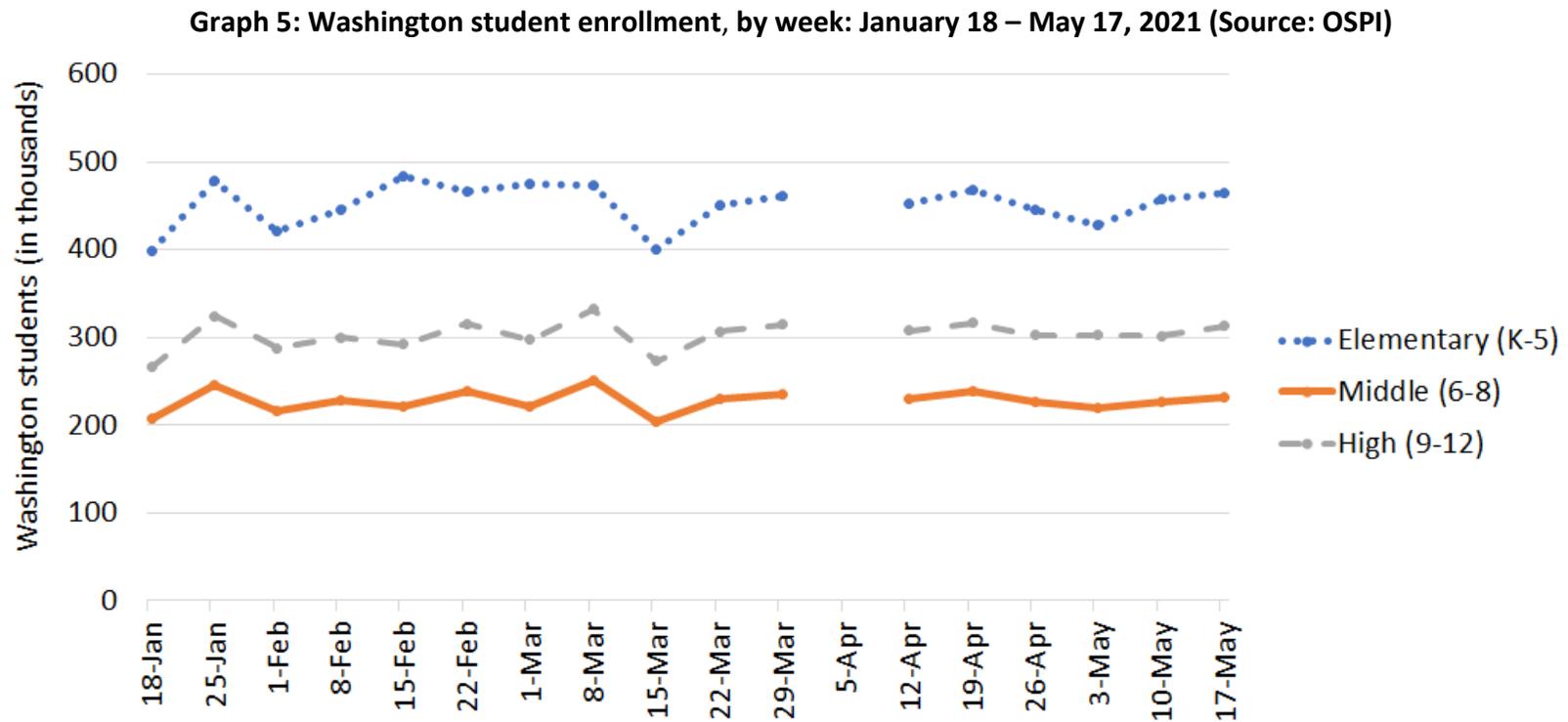
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

⁹ 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>.

School Reopening

Mode of Instructional Delivery for School Reopening

Weekly [survey data](#)¹⁰ from the Washington State Office of Superintendent of Public Instruction (OSPI) on each public school district, state-tribal education compact school, and charter school reviews each district's current student enrollment and instructional delivery model for reopening schools. In the most recent reporting period (May 17, 2021), there was an increase in student enrollment for elementary (1.4%), middle (1.7%), and high school (3.8%) students, compared to the previous reporting period (Graph 5).

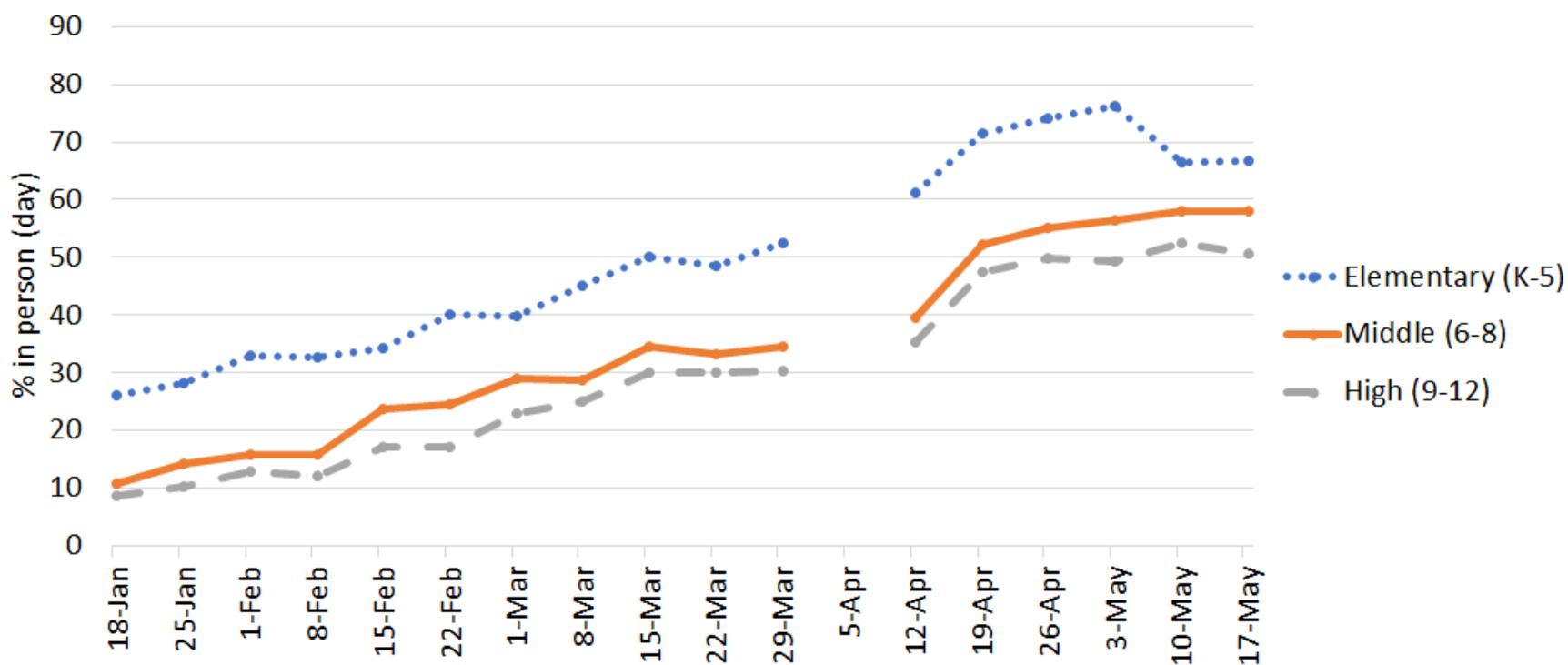


Note: Due to spring break, data is not available for April 5 – April 9, 2021.

¹⁰ <https://www.k12.wa.us/about-ospi/press-releases/novel-coronavirus-covid-19-guidance-resources/school-reopening-data>

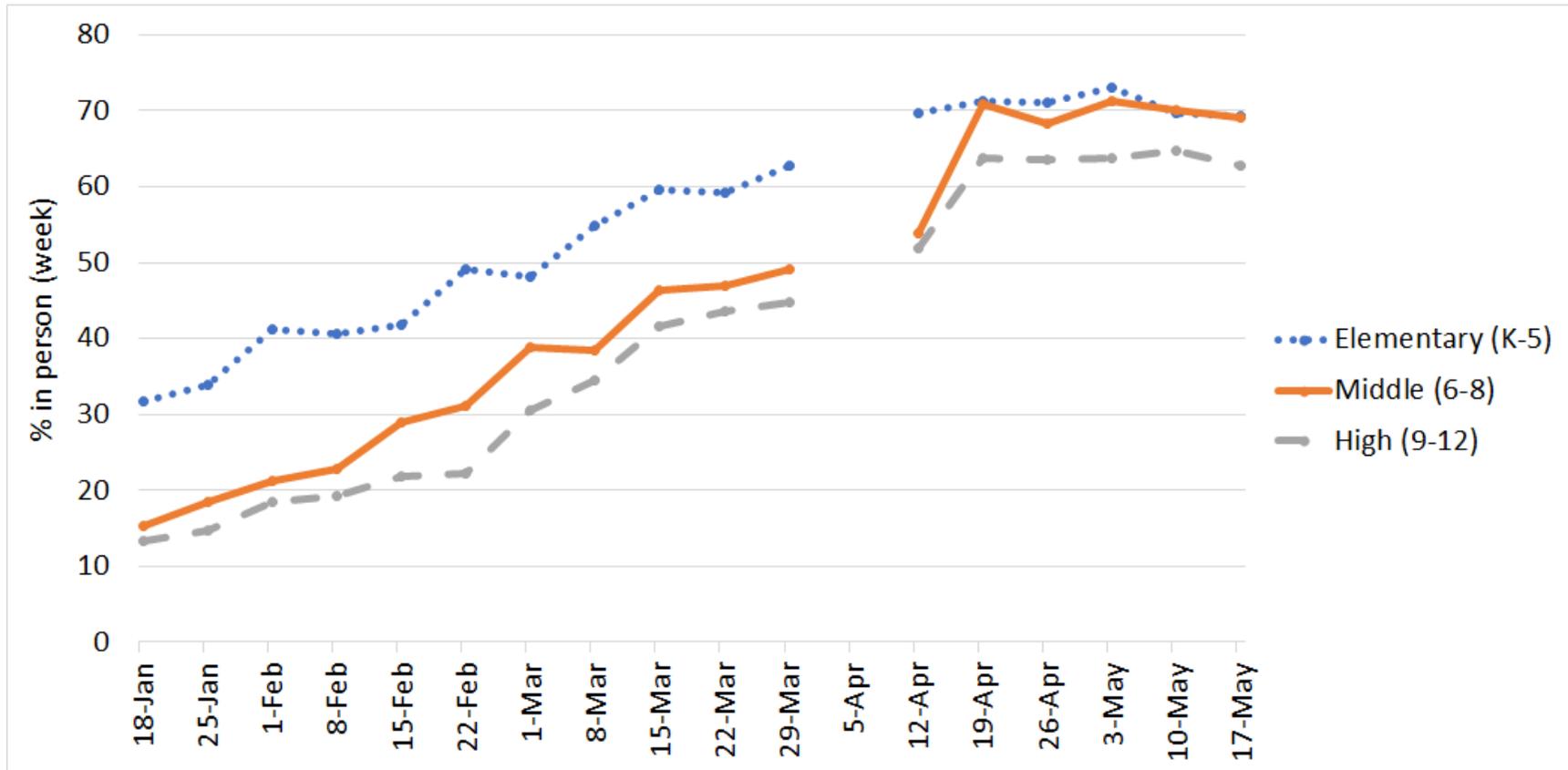
The percent of students who are receiving in-person instruction on a daily basis (Graph 6a) and a weekly basis (Graph 6b) decreased in the most recent reporting period (May 17, 2021). There was a slight increase (0.3%) for elementary school students and a decrease for middle (-0.2%) and high school students (-3.4%), compared to the previous reporting period. More than two thirds of elementary (69.3%) and middle (69.2%) school students have regular in-person instruction, and 62.8% of high school students have regular in-person instruction.

Graph 6a: Percent of students receiving in-person instruction (daily), by week: January 18 – May 17, 2021 (Source: OSPI)



Note: Due to spring break, data is not available for April 5 – April 9, 2021.

**Graph 6b: Percent of students receiving in-person instruction (weekly),
by week: January 18 – May 17, 2021 (Source: OSPI)**



Note: Due to spring break, data is not available for April 5 – April 9, 2021.

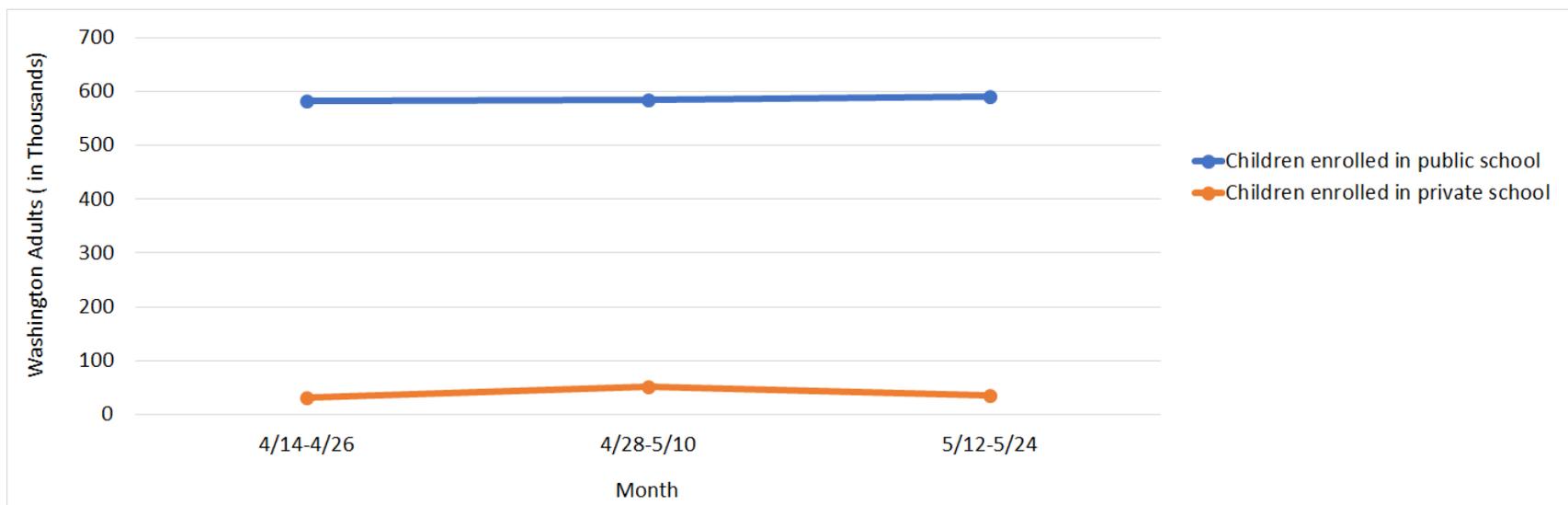
General Surveillance

Form of Education Currently Received

[Survey data](#)¹¹ collected by the U.S. Census Bureau for April 14, 2021 – May 24, 2021 show that the greatest number of respondents (who are Washington adults with children in public or private school) indicated children enrolled in public and private school received a combination of in-person and another form of learning in the last seven days as compared to not receiving a combination of learning (i.e., students either had only in-person or only distance learning, but not both) (Graph 7). For Washington adults with children in **public school** during the most recent reporting period (May 12 – May 24, 2021), there was a 1.2% increase in adults who reported that children received a combination of in-person and another form of learning, compared to a 0.3% increase in the previous reporting period (April 28 – May 10, 2021). For Washington adults with children in **private school** during the most recent reporting period, there was a 28.6% decrease in adults who reported that children received a combination of in-person and another form of learning, compared to a 58.5% increase in the previous reporting period. This survey data is not in any way related to the data presented in previous sections.

¹¹ <https://www.census.gov/programs-surveys/household-pulse-survey.html>

Graph 7: Count of Washington adults reporting children receiving a combination of in-person and another form of learning, by week: April 14, 2021 – May 24, 2021 (Source: U.S. Census Bureau)



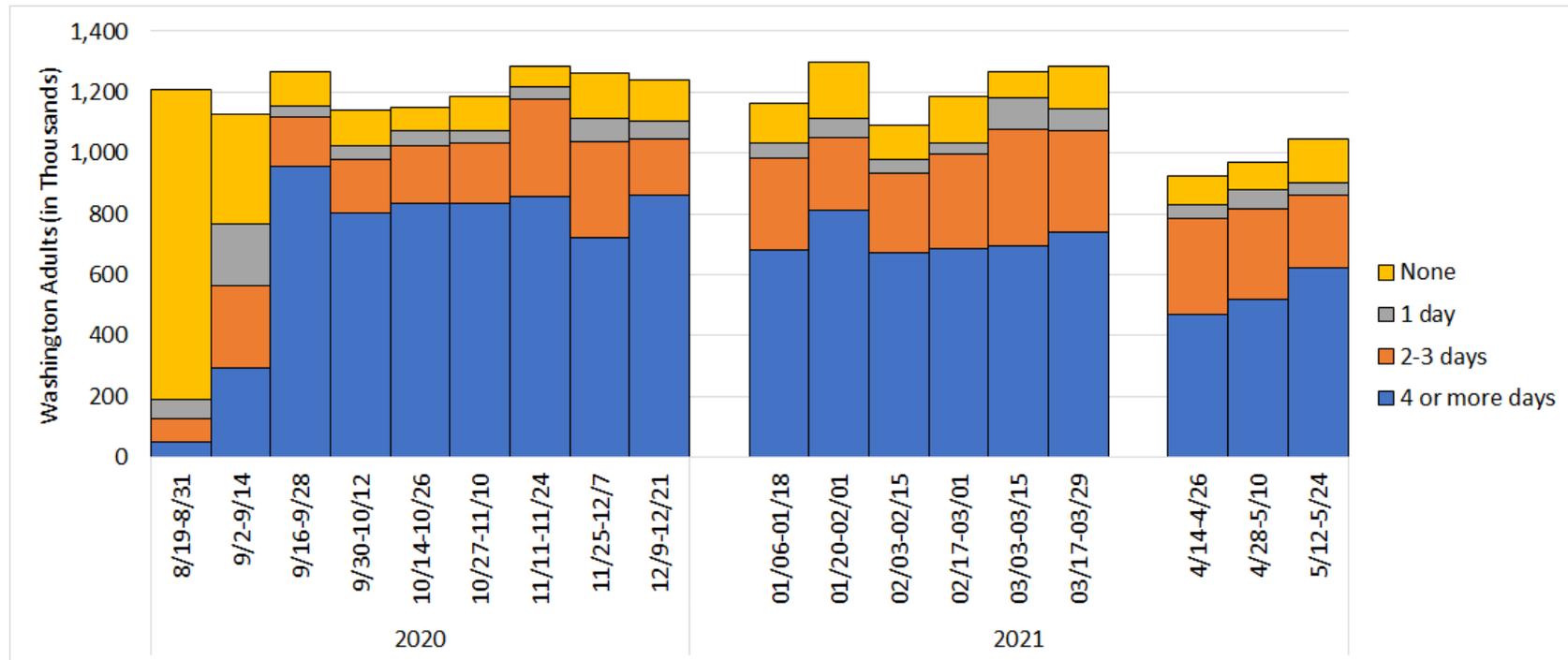
Note: Due to methodological changes (i.e., changes to question responses), previous data points (August 19, 2020 – April 13, 2021) were not assessed or included.

Live Instruction with Teachers

[Survey data](#)¹¹ further show an increase in frequency of live (i.e., non-virtual) contact or instruction from teachers from August 19, 2020 – May 24, 2021 (Graph 8). In the most recent reporting period (May 12 – May 24, 2021), 57% of Washington adults with children in public or private school reported four or more days per week of live instruction from teachers with students in their household, compared to 52% in the previous reporting period (April 28 – May 10, 2021).

Respondents in households earning \$200,000 and above per year reported the highest rate of four or more days of live contact (77%). Those in households earning \$100,000 – \$149,999 per year reported the second highest rate (69%). The lowest rate of live contact was with those in households earning \$25,000 – \$34,999 (47%). Those who experienced loss of employment or income (or who live with someone who lost employment or income) reported a 43% frequency of having four or more days of live contact per week with teachers, which is lower than those who have not experienced loss of employment or income (60%).

Graph 8: Frequency of live instruction between teachers and students (enrolled in public or private school), by week: August 19, 2020 – May 24, 2021 (Source: U.S. Census Bureau)

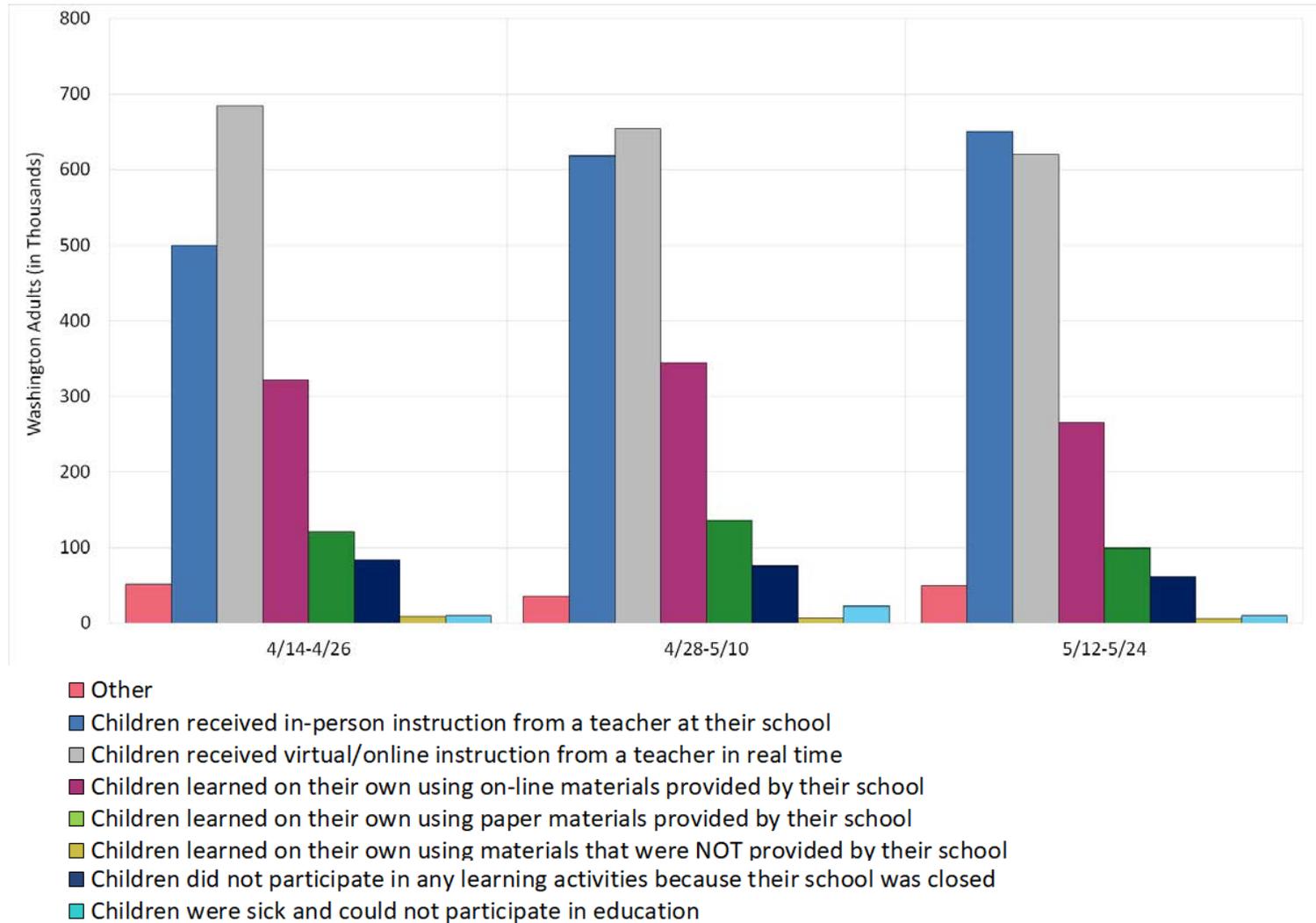


Note: For the period of July 21 – August 19, 2020, census data was not available and thus, any trends during this point are an artifact of analysis. Additionally, the U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021 and March 30, 2021 – April 13, 2021.

How Students Receive Education Following Impact of COVID-19

In the most recent reporting period (May 12 – May 24, 2021), [survey data](#)¹¹ show a decrease in Washington adults reporting that the children in their household learned on their own using online materials provided by their school (-23%), as well as a decrease in those reporting that children learned on their own using paper materials provided by their school (-26%), compared to the previous reporting period (April 28 – May 10, 2021) (Graph 9). Additionally, there was a 5% increase in children who received in-person instruction from a teacher at their school and a 5% decrease in children who received virtual or online instruction from a teacher in real time, compared to the previous reporting period (April 28 – May 10, 2021).

Graph 9: COVID-19 impact on how children (enrolled in public or private school) received education, by week: April 14 – May 24, 2021 (Source: U.S. Census Bureau)



Note: Due to methodological changes (i.e., changes to question responses), previous data points (August 19, 2020 – April 13, 2021) are not assessed or included.

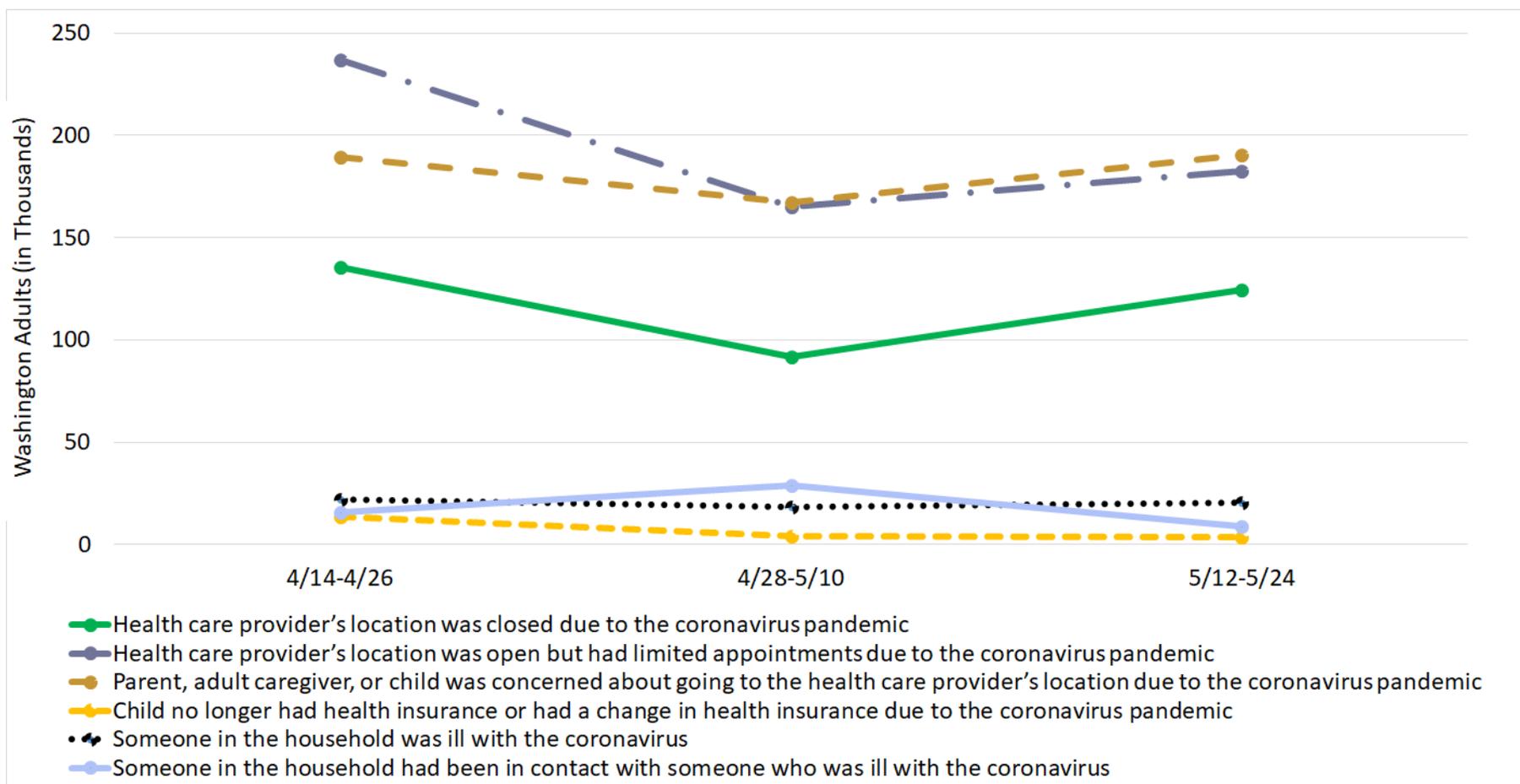
Respondents in households earning \$35,000 – \$49,999 per year reported the highest rate of children receiving in-person instruction from a teacher at their school (58%), while the lowest rate of children receiving in-person instruction from a teacher at their school was with those in households earning \$25,000 – \$34,999 per year (20%). Respondents in households earning \$50,000 – \$74,999 per year reported the highest rate of children receiving virtual or online instruction from a teacher in real time (48%), while the lowest rate of children receiving virtual or online instruction from a teacher in real time had annual earnings between \$35,000 – \$49,999 (20%).

Those who experienced loss of employment or income (or who live with someone who lost employment or income) reported a 31% frequency of children who received in-person instruction from a teacher at their school, while 47% reported a frequency of children who received virtual or online instruction from a teacher in real time.

Children's Preventive Medical Appointments

For children's preventive medical appointments during the most recent reporting period (May 12 – May 24, 2021), [survey data](#)¹¹ show an increase in Washington adults reporting that the health care provider's location was closed due to the pandemic (36%) and the health care provider's location was open but had limited appointments due to the pandemic (10%), compared to the previous reporting period (April 28 – May 10, 2021) (Graph 11). Additionally, there was a 3% decrease in reports of a child no longer having health insurance or having a change in health insurance due to the pandemic, compared to the previous reporting period.

Graph 10: Children’s preventive medical appointments, by week: April 14 – May 24, 2021 (Source: U.S. Census Bureau)

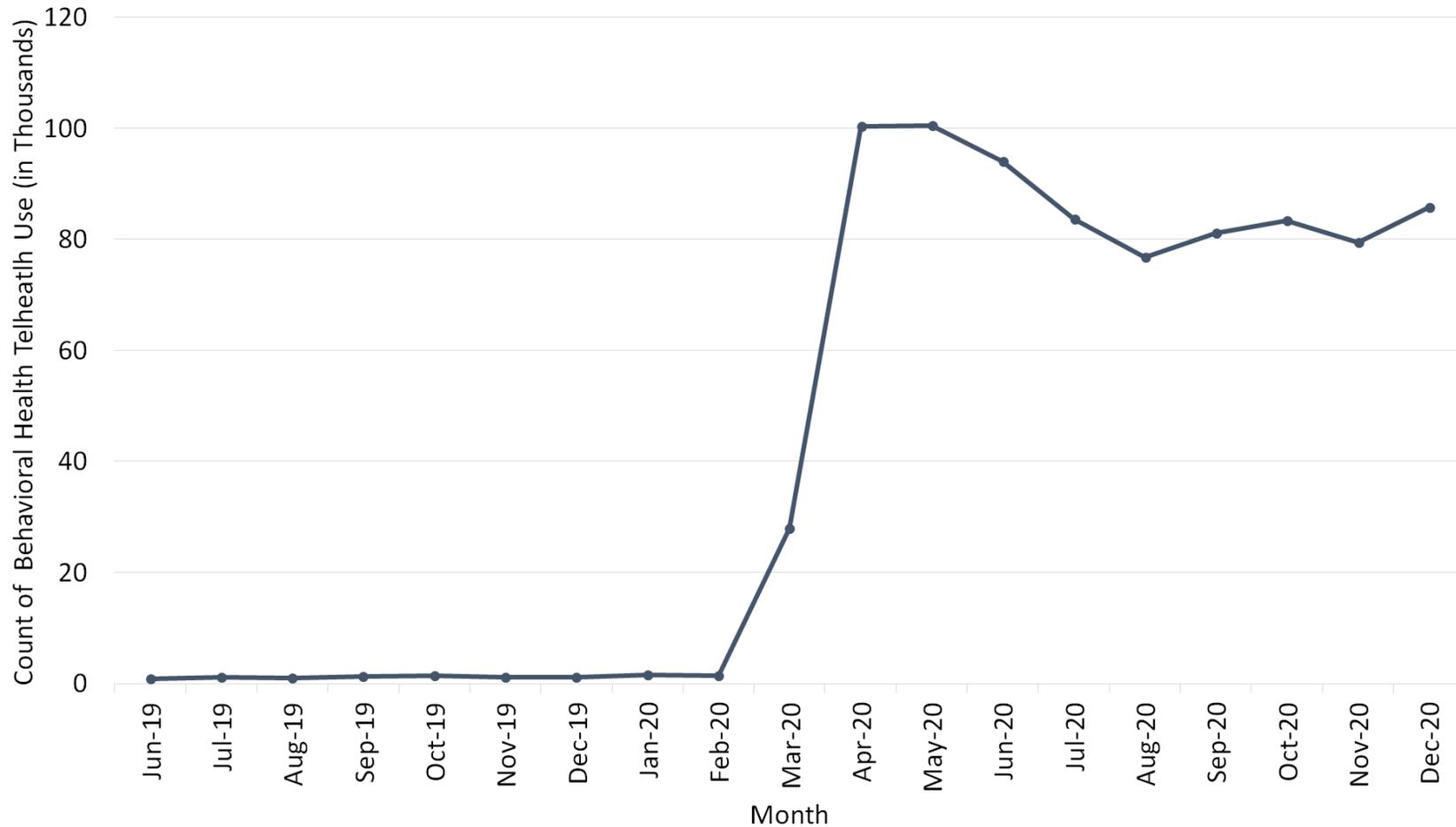


Telehealth Use Claims for Washington Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 11 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to COVID-19 (March 2020), which could explain the significant increase in March and April 2020. Caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted telehealth

use. Additionally, due to the significant need for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. The most recent reporting period (December 2020) showed an 8% increase in telehealth behavioral health service claims for individuals 18 and younger.

Graph 11: Count of telehealth behavioral health use claims for Washington Medicaid clients under age 18, by month (Source: HCA)



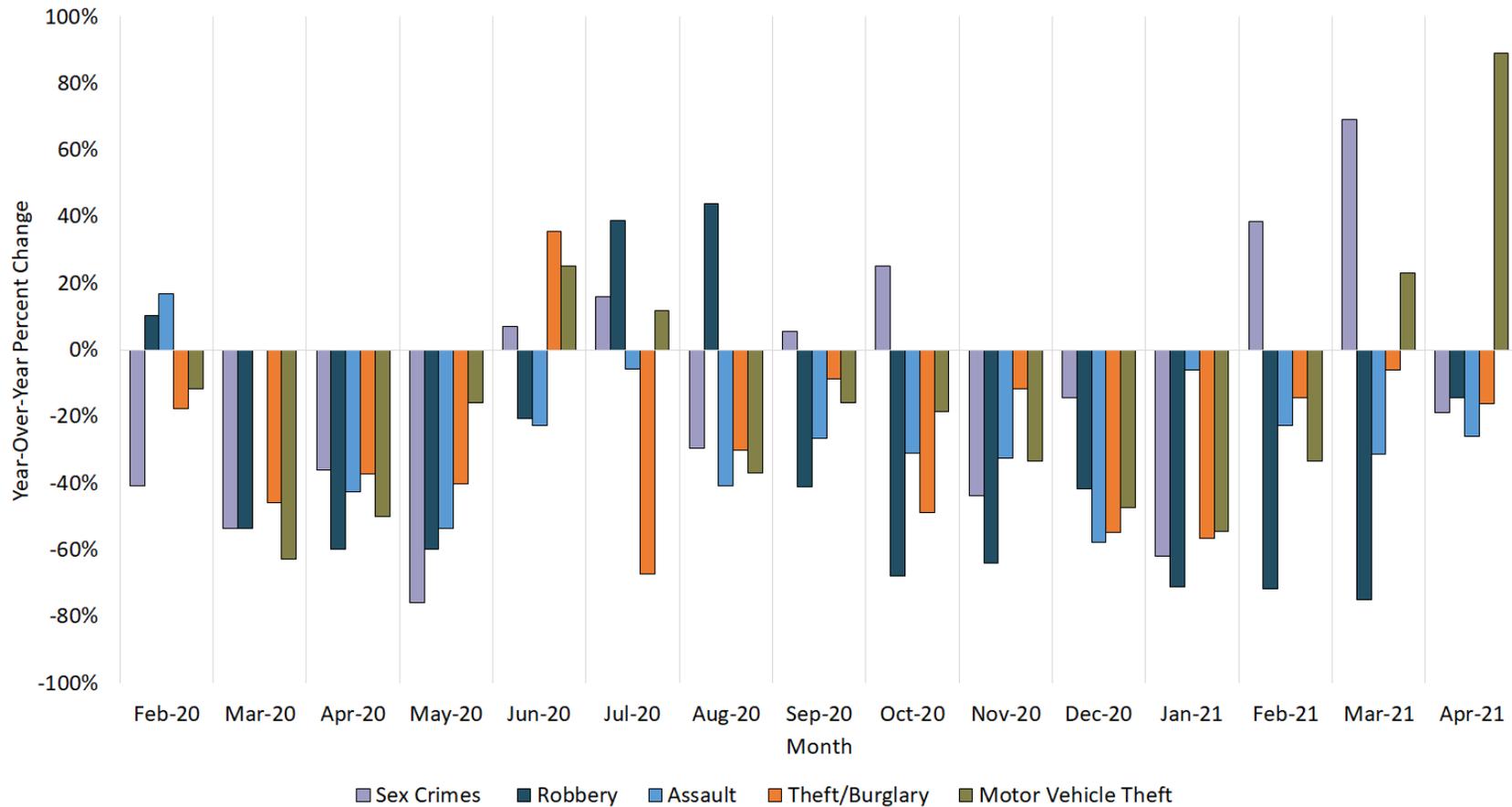
Note: Due to missing or suppressed data, results may be underreported.

Court Reporting

Juvenile Offender Filings

Monthly 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 (i.e., most serious) charge (e.g., homicide, sex crime, robbery, assault, theft/burglary, and motor vehicle theft). Year-over-year percent change of monthly juvenile offender filings (regardless of most serious charge) decreased from March 2020 – May 2020. Note that the “Stay Home, Stay Healthy” order and associated court closures may impact court filing data. Most recently, April 2021 presented an increase in the year-over-year percent change for monthly juvenile offender filings related to motor vehicle theft (89%) (Graph 12).

Graph 12: Percent change of juvenile offender filings, by charge and month (Source: AOC)

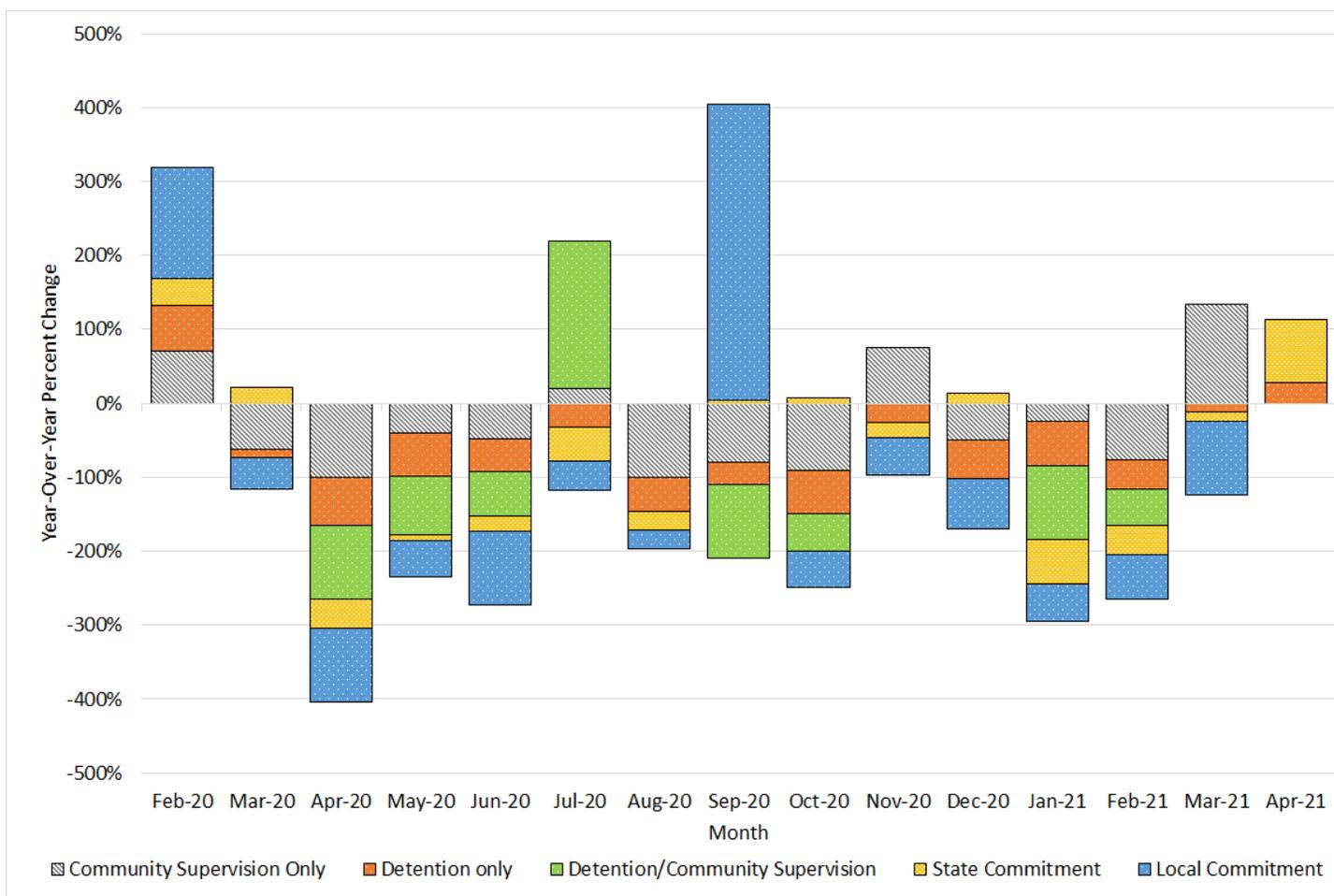


Note: **Sex crimes** involve sexual exploitation of a minor, incest, rape, statutory rape, or indecent liberties. **Robbery** involves theft of property by the use of force, violence, or fear of injury to a person or their property. **Assault** involves assault or intent to cause another person physical 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.

Juvenile Offender Case Completions and Sentences

AOC reports monthly juvenile offender case completions and sentences (counted only for defendants with a judgment of guilty) for sentences with conclusions that end with some form of institutionalization. Note that the length in criminal justice proceedings impacts timeliness of resolution. Also, the “Stay Home, Stay Healthy” order and associated court closures may impact court completion data. Year-over-year percent change of monthly juvenile offender case completions and sentences decreased from March 2020 – May 2020. Most recently, April 2021 presented an increase in the year-over-year percent change for state commitment (86%) and detention only (28%). No year-over-year percent change was present for community supervision only, local commitment, or detention/community supervision (Graph 13).

Graph 13: Percent change of juvenile offender case completions and sentences, by type and month (Source: AOC)

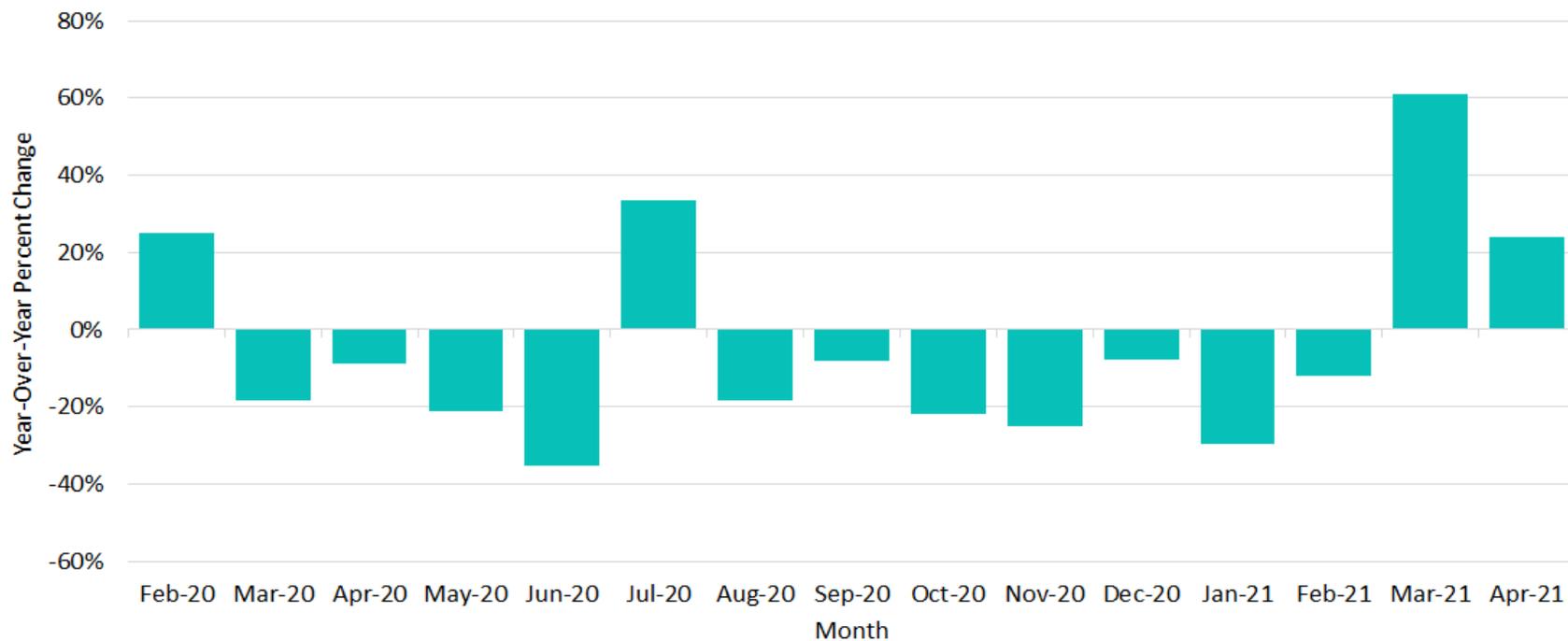


Note: **Community supervision** means sentenced to community supervision without being sentenced to spend time in detention or in a state or local institution. **Detention** means sentenced to detention without being sentenced to community supervision or to spend time in a state or local institution. **Detention and community supervision** mean sentenced to detention and community supervision service without being sentenced to spend time in a state or local institution. **State commitment** means committed to the Juvenile Rehabilitation Administration (JRA) for placement in a state juvenile institution. **Local commitment** means committed to the JRA for placement in a local institution and not sentenced to the JRA for placement in a state juvenile institution.

Mental Illness (Minor) Filings

Monthly filings from the AOC show the initiation of a court case by formal submission for mental illness (minor) cases. Year-over-year percent change of monthly mental illness (minor) case filings decreased from March 2020 – June 2020. Note that the “Stay Home, Stay Healthy” order and associated court closures may impact court filing data. April 2021 presented with an increase in the year-over-year percent change for monthly mental illness (minor) case filings (24%), while all other months since the beginning of the pandemic (outside of July 2020 and March 2021) presented with a decrease in the year-over-year percent change (Graph 14).

Graph 14: Percent change of mental illness (minor) filings by month (Source: AOC)

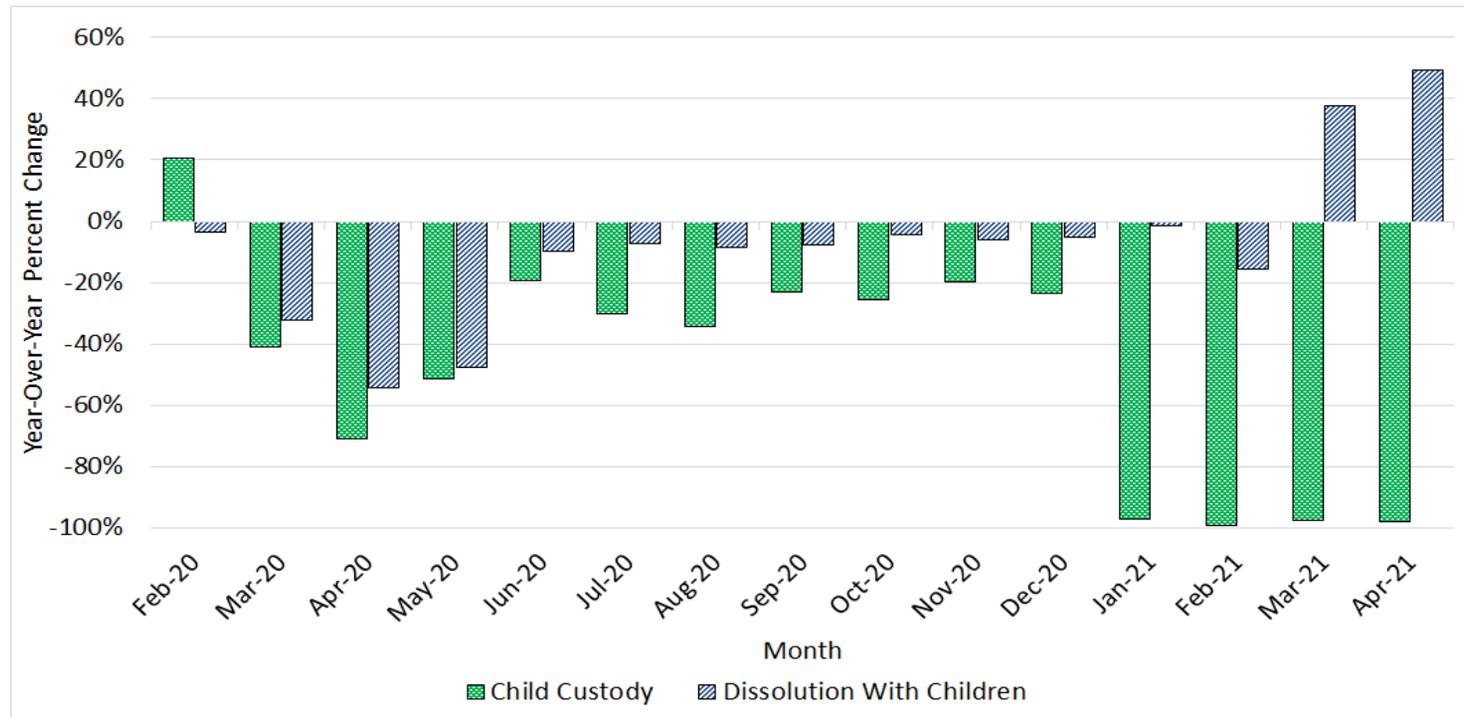


Note: Each unique mental illness case number is reported as a single filing, no matter how many subsequent petitions are filed during the life of a case. A case reopened for subsequent adjudication after the initial judgment is not considered a new filing unless there is a new case number. Mental illness (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. Note that the “Stay Home, Stay Healthy” order and associated court closures may impact court filing data. April 2021 presented with a decrease in the year-over-year percent change for monthly child custody case filings (-98%) and an increase in the year-over-year percent change for dissolution with children (49%) (Graph 15).

Graph 15: Percent 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).

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