

# Week of November 9, 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 includes response planners and any organization that is responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic.

## 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**

- For this reporting period (CDC Week<sup>1</sup> 44, reporting week of October 25), 4 of 5 syndromic indicators (suicidal ideation, suicide attempts, all drugs, and alcohol) fell below 2019 levels. An alert was issued for one syndromic indicator, psychological distress for those identifying as Asian.
- After marked drops in positive sentiment and loneliness in CDC Week 43, those measures returned to levels near the new average that has emerged over the past several months.
- Overall, anxiety and depression closely match known behavioral health trends during disasters. However, for those identifying as African American or Multiracial (Non-Hispanic), there is also a fairly significant increase in symptoms of depression (40%) and anxiety (37%).

# 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.

<sup>&</sup>lt;sup>1</sup> https://wwwn.cdc.gov/nndss/document/2020.pdf

#### 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>2</sup> is the only source of emergency department (ED) data for Washington. Statistical warnings and alerts are raised when a Centers for Disease Control and Prevention (CDC) algorithm detects a weekly count at least three standard deviations<sup>3</sup> above a 28-day average count, ending three weeks prior to the week with a warning or alert. These warnings or alerts will be mentioned within each respective syndrome section.

As of the Week of October 12 Situation Report (Situation Report 13), visits of interest per 10,000 ED visits replaced visit count graphs. This new measure can help provide insights into: behavioral health impacts since the implementation of the "Stay Home, Stay Healthy" order from March 23 (CDC Week 13), seasonal shifts year-over-year,<sup>4</sup> new visit trends due to COVID-19 symptoms and diagnosis, perceptions of disease transmission and risk, as well as the relative frequency of these indicators for 2019 and 2020. An additional feature of these graphs is the "average weekly difference" in the lower right-hand corner. This feature allows readers to compare both the year-over-year<sup>4</sup> averages for a particular week and the weekly visit fluctuations to better assess demand for care and care-seeking behaviors. In scenarios where a statistical warning or alert is issued, such events will be mentioned within the syndrome description text.

<sup>&</sup>lt;sup>2</sup> https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/ PublicHealthMeaningfulUse/RHINO

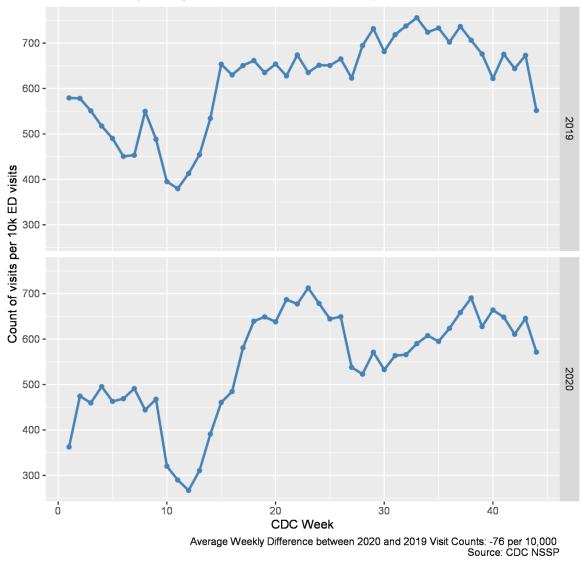
<sup>&</sup>lt;sup>3</sup> Standard deviation: A measure of the amount of variation or dispersion of a set of values. Standard deviation is often used to measure the distance of a given value from the average value of a data set.

<sup>&</sup>lt;sup>4</sup> Year-over-year: The comparison of two years, specifically 2020 and 2019.

### Psychological Distress

**CDC Week 44 (week of October 25) had an ED visit relative count for psychological distress<sup>5</sup> that was lower than the previous week, but higher than week 44 in 2019.** This count continues a trend very similar to 2019 in both volume and direction. An alert was issued for those who identify as Asian.

#### Graph 1: Relative count of ED visits for psychological distress<sup>5</sup> in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)



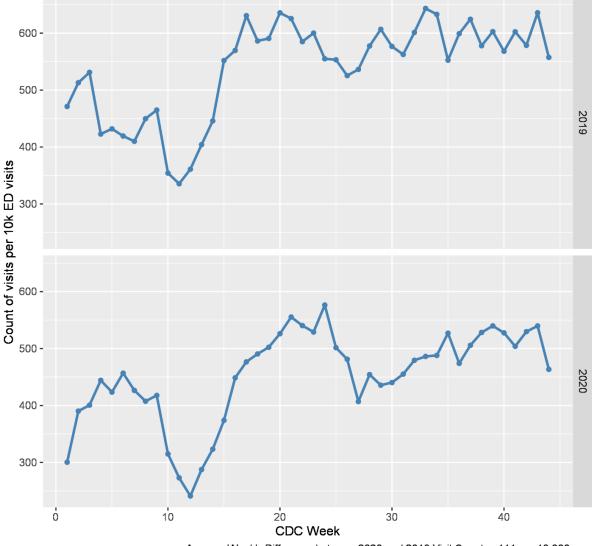
Number of Psychological Distress Related Visits per 10,000 ED Visits

<sup>&</sup>lt;sup>5</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-syndromedefinitioncommittee.

### Suicidal Ideation and Suicide Attempts

**For CDC Week 44, there has been a decrease in relative reported ED visits for suicidal ideation** (Graph 2). Data from CDC Week 44 continue the trend of 2020 rates being lower than corresponding 2019 rates. There are no alerts or warnings for this week, a trend which has continued for several weeks.

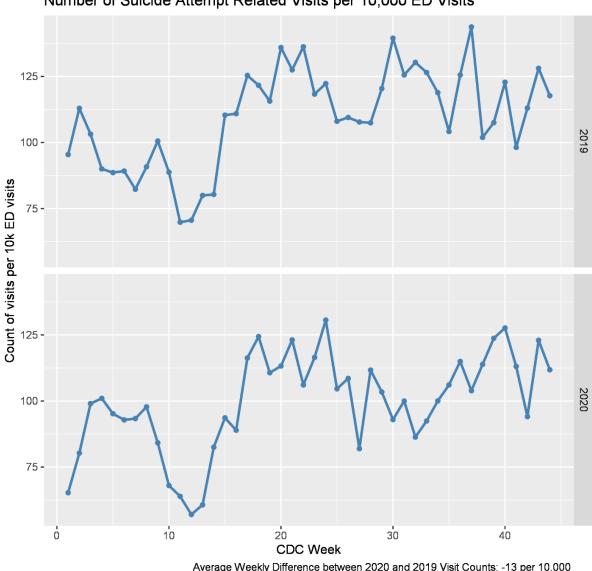
# Graph 2: Relative count of ED visits for suicidal ideation in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)



Number of Suicide Ideation Related Visits per 10,000 ED Visits

Average Weekly Difference between 2020 and 2019 Visit Counts: -111 per 10,000 Source: CDC NSSP Following an increase in CDC Week 43, the rate of ED visits for suicide attempts decreased in CDC Week 44, a pattern that is similar to data from 2019. There are no alerts or warnings for any age, race, or ethnicity category.

# Graph 3: Relative count of ED visits for suicide attempts in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)



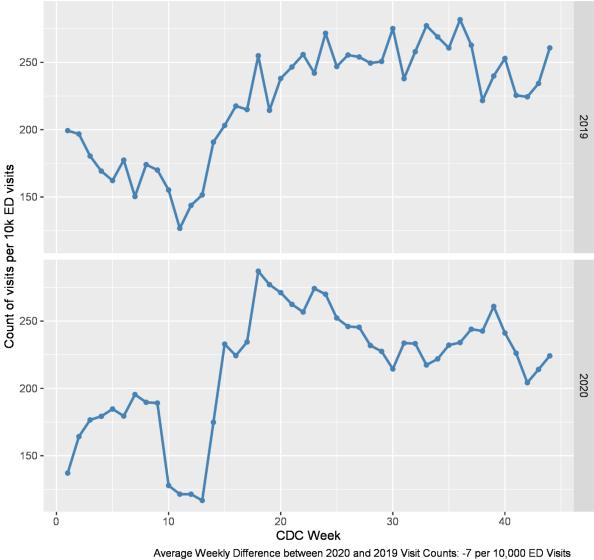
Number of Suicide Attempt Related Visits per 10,000 ED Visits

Average Weekly Difference between 2020 and 2019 Visit Counts: -13 per 10,000 Source: CDC NSSP

### Substance Use – Drug Overdose and Alcohol-Related Emergency Visits

For CDC Week 44, there has been a slight increase in ED relative visits for all drug<sup>6</sup>-related visits as compared to CDC Week 43, and the number of visits continues to be lower compared to this period last year (Graph 4). No age, race, or ethnicity category experienced a warning or alert for all drug-related visits in this period.

### Graph 4: Relative count of ED visits for all drug<sup>6</sup>-related visits in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)



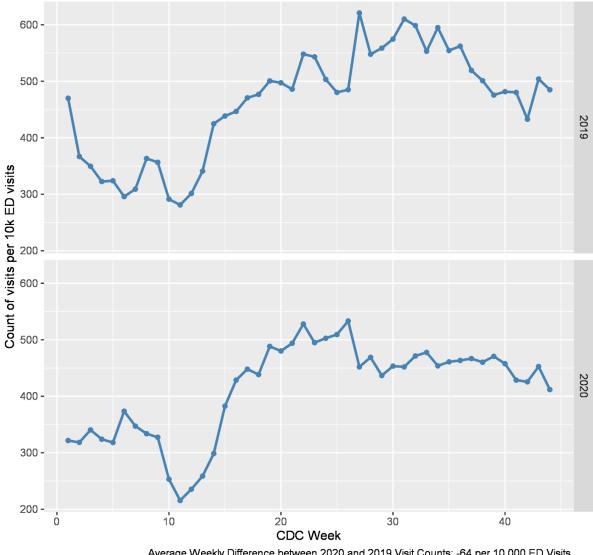
Number of All Drug Related Visits per 10,000 ED Visits

Source: CDC NSSP

<sup>&</sup>lt;sup>6</sup> 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.

After a slight increase in CDC Week 43, the rate of alcohol-related relative visits for CDC Week 44 shows a decline and is lower than the 2019 rate. Overall, visits continue to show a significant drop from peak visit rates in Weeks 23-28 of this year (Graph 5). It should be noted that visits per 10,000 for alcohol have remained somewhat stable for 2020, while there was a several week period of sustained decreases in visits in 2019. This has resulted in a slight convergence in visit counts between 2019 and 2020 data.

# Graph 5: Relative count of ED visits for alcohol-related visits in Washington, by week: 2020 vs. 2019 (Source: CDC ESSENCE)

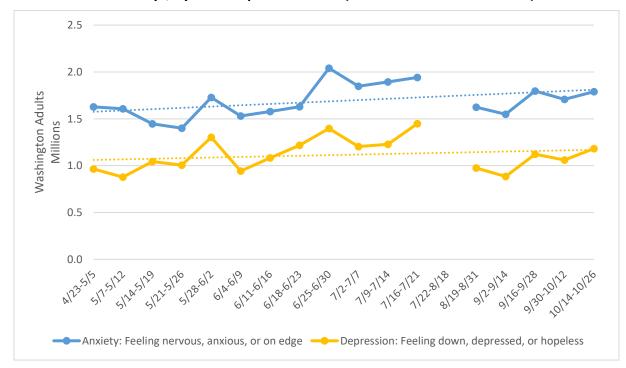


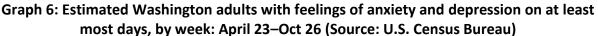
Number of Alcohol Related Visits per 10,000 ED Visits

Average Weekly Difference between 2020 and 2019 Visit Counts: -64 per 10,000 ED Visits Source: CDC NSSP

### General Surveillance – Symptoms of Anxiety and Depression

Survey data collected by the U.S. Census Bureau<sup>7</sup> for October 14–October 26 suggest a **5% increase in feelings of anxiety and a 10% increase in feelings of depression** among Washington adults (Graph 6). **Just under 1.8 million reported experiencing symptoms of anxiety on at least most days, and just under 1.2 million reported experiencing symptoms of depression on at least most days.** For these measures, the standard error suggests that the inaccuracy of estimates may be by around 9.3% above or below the numbers previously mentioned. The U.S. Census Household Pulse Survey has moved to a two-week collection period, so there is no new data this week. This survey data is not in any way related to the data presented in a previous section.





Note: For the period of 7/21–8/19, census data was not available and thus, any trends during this point are an artifact of analysis.

Further analysis of the depression measure for October 14–October 26 survey data indicates marked disparities among demographic groups. As with the anxiety measure, there is an inverse relationship between age and frequency of depression symptoms. In other words, as

<sup>&</sup>lt;sup>7</sup> 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. The survey asks four questions related to how often survey respondents have experienced specific symptoms associated with diagnoses of generalized anxiety disorder or major depressive disorder over the past week. Additional details about the survey can be found at <a href="https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm">https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm</a>.

age increases, frequency of depression symptoms decreases. One notable observation is that, unlike previous months, household income and anxiety have a broader relationship. Individuals earning \$25,000-\$35,000 appear to be displaying nearly equal amounts of anxiety as those earning under \$25,000. Both groups are showing at least a 10% increase in symptom reporting than the second most anxious economic group (earning \$50,000-\$74,999).

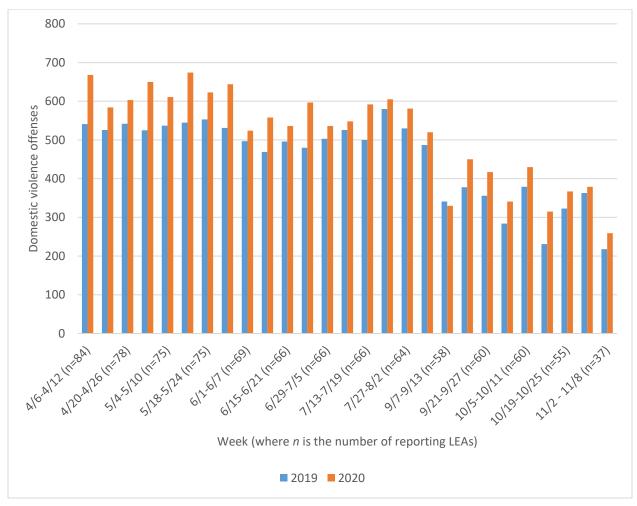
African American and Multiracial (non-Hispanic) individuals have the highest symptom reporting for both depression and anxiety. Those who completed high school have the highest symptom reporting rate for the measured week. Lastly, those who identified as female have an increased symptom reporting rate for depression of roughly 4% (28% for females, compared to 24% for males).

### Crime – Domestic Violence

The November 2–8 reporting period continued to show an increase in the number of domestic violence offenses reported compared to 2019. When considering the data displayed in this week's graph, it is important to note that information from fewer reporting agencies (n=37) is included this week, so absolute numbers are lower. However, the trend of increased numbers in 2020 continues, with this week showing a **continued year-over-year**<sup>4</sup> **increase in the number of domestic violence reports (18.8%)** according to survey data from the Washington Association of Sheriffs and Police Chiefs (WASPC).<sup>8</sup>

This survey has also detected a double-digit decrease (19%) in other offenses during the **November 2-8 period, albeit a smaller decrease than in the previous reporting period (21%).** The only exception to this trend was a slight increase in animal cruelty offenses (from 1 in 2019 to 4 in 2020) for the agencies that reported during this period (n=37).

<sup>&</sup>lt;sup>8</sup> WASPC began conducting a weekly survey to all Washington law enforcement agencies (LEAs) in April to understand the likely impact of the COVID-19 pandemic on common crimes. Between 24–31% of the 275 LEAs respond each week. It should be noted that despite varying numbers of law enforcement agencies reporting offenses week-over-week, all values for each week are tied strictly to that week's reporting number for both 2019 and 2020. A smaller or larger number of reporting agencies does not affect year-over-year comparisons.



Graph 7: Domestic violence offenses reported, by week for April 6–November 8: 2020 vs. 2019 (Source: WASPC)<sup>9</sup>

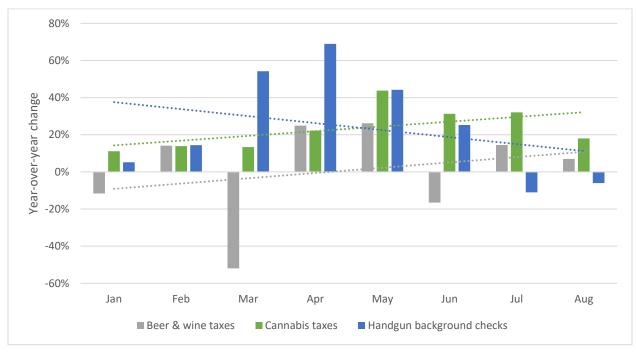
<sup>&</sup>lt;sup>9</sup> *n* is for both 2019 and 2020, specifying only those agencies reporting in both 2020 and 2019.

### Product Sales – Alcohol and Cannabis Taxes & Handgun Background Checks

The Liquor and Cannabis Board (LCB) summarizes monthly beer, wine, and cannabis tax collections, which may be used as a representation of sales of legal recreational substances and by extension, potential for substance use issues. Additionally, federal background checks for handgun sales<sup>10</sup> may represent access to firearms,<sup>11</sup> which is a risk factor for suicide and other gun violence.<sup>12</sup>

Additionally, federal background checks, while fluctuating over the last several months, have seen a 6% decrease for the month of August, with a two-month trend that has led to an 11% decrease as compared to the same period last year.

Monthly cannabis tax collections in the first half of 2020 were consistently higher than in 2019. They have continued to rise in July and August with an approximate 18% increase in purchases, as indicated by revenue. While changes in year-over-year<sup>4</sup> monthly beer and wine tax collections (combined) have fluctuated, they are generally increasing.



Graph 8: Year-over-year change in select product sales indicators, by month: 2020 vs. 2019 (Sources: LCB, Federal Bureau of Investigation)

<sup>10</sup> 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." <sup>11</sup> Nemerov, Howard Ross. Estimating Guns Sold by State (January 11, 2018). Available at

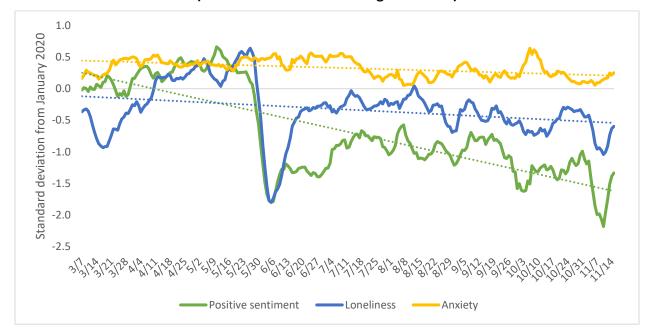
<sup>12</sup> Anglemyer, A., Horvath, T., Rutherford, G. The accessibility of firearms and risk for suicide and homicide victimization among household members: a systematic review and meta-analysis [published correction appears in Ann Intern Med. 2014 May 6;160(9):658-9]. Ann Intern Med. 2014;160(2):101-110. doi:10.7326/M13-1301

SSRN: http://dx.doi.org/10.2139/ssrn.3100289

### Social Media – Expressions of Positive Sentiment, Loneliness, and Anxiety

After marked declines in both positive sentiment and loneliness in early November, tweets related to COVID-19 and geotagged to Washington<sup>13,14</sup> during the week of November 7-14, 2020, returned closer to new averages that have emerged since June. Positive sentiment remains the most variable measure. Fluctuations during the first week of November were possibly due to the US elections.

#### Graph 9: 7-day moving averages of deviations in select expression measures<sup>13,14</sup> relative to January 2020 baseline: March 7, 2020–Nov 7, 2020 (Source: Penn Center for Digital Health)



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (<u>Washington Relay</u>) or email <u>civil.rights@doh.wa.gov</u>.

<sup>&</sup>lt;sup>13</sup> 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."

<sup>&</sup>lt;sup>14</sup> Guntuku, S.C., Sherman, G., Stokes, D.C., et al. (2020). Tracking Mental Health and Symptom Mentions on Twitter During COVID-19. J GEN INTERN MED. https://doi.org/10.1007/s11606-020-05988-8