

Week of June 1, 2020

Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic 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 Behavioral Health Group's Impact & Capacity Assessment Task Force. These analyses assess the likely current and future impacts of the COVID-19 pandemic on the mental health and tendency for substance abuse of Washingtonians.

Key Takeaways

- Symptoms of psychological distress, suicidal ideation, and suicide attempts presenting in emergency department (ED) visits are lower than pre-pandemic levels, but more variable than 2019.
- Domestic violence is consistently higher than last year, but other criminal activity is down.
- Marijuana and liquor tax revenues are significantly higher than last year. Smoking cessation attempts are significantly lower than last year.
- Social media data suggest that Washingtonians are experiencing increased loneliness during the "Stay Home, Stay Healthy" order.

Impact Assessment

This section summarizes data analyses that show the likely current and future impacts of the COVID-19 pandemic on the mental health and tendency for substance abuse of Washingtonians.

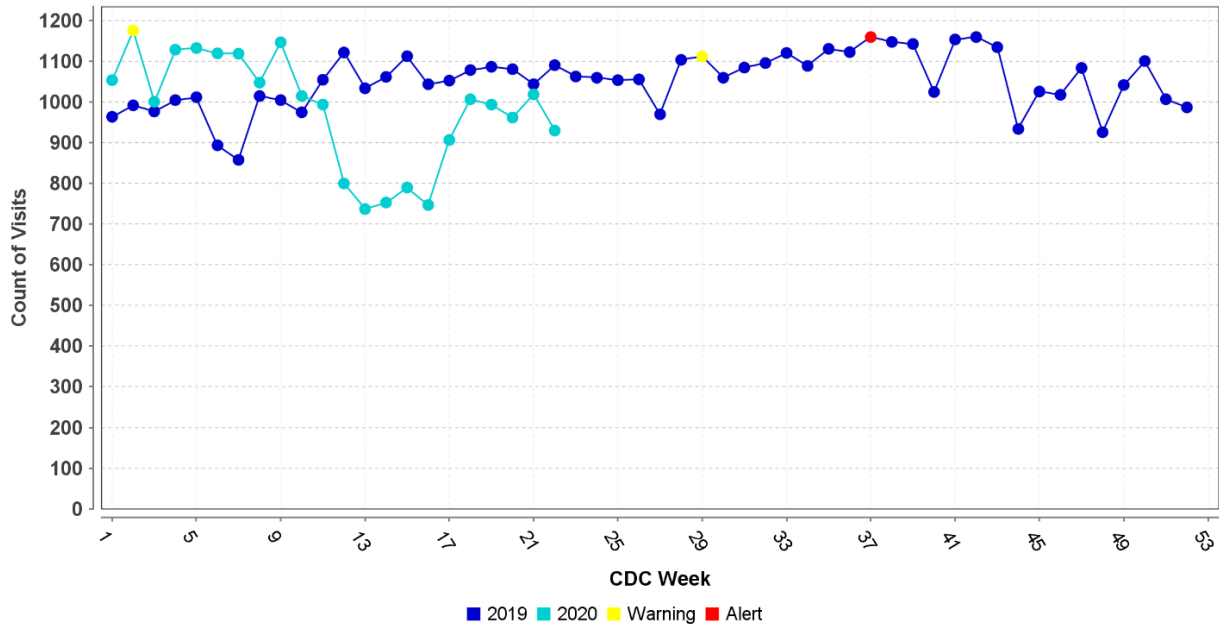
Syndromic Surveillance

Note: 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 12 in graphs below). For this reason, indicators are presented as a total number of Emergency Department (ED) visits, rather than a percentage of ED visits.

Psychological Distress

The data suggest a **short-term increase in ED visits for psychological distress¹** during Washington State’s COVID-19 “Stay Home, Stay Healthy” order. However, the counts of ED visits for psychological distress remain lower than pre-pandemic levels. Weekly percentage of ED visits suggest higher-than-baseline levels for the month of April.

Count of emergency department visits for psychological distress¹, by week, 2019-2020

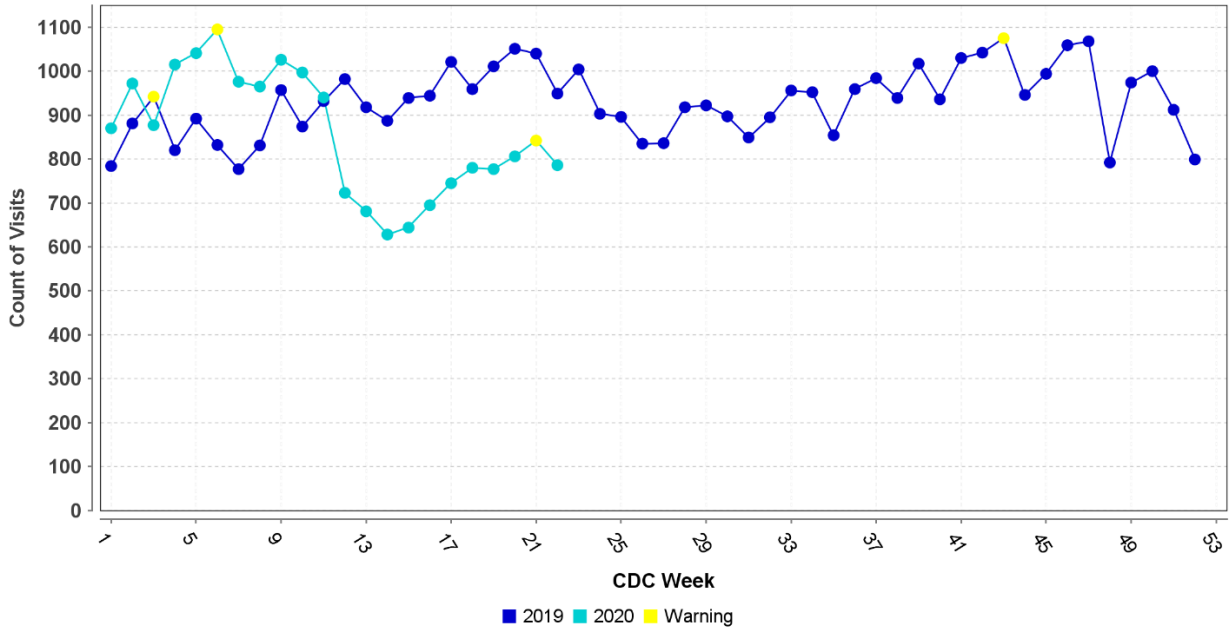


¹ Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-committee>.

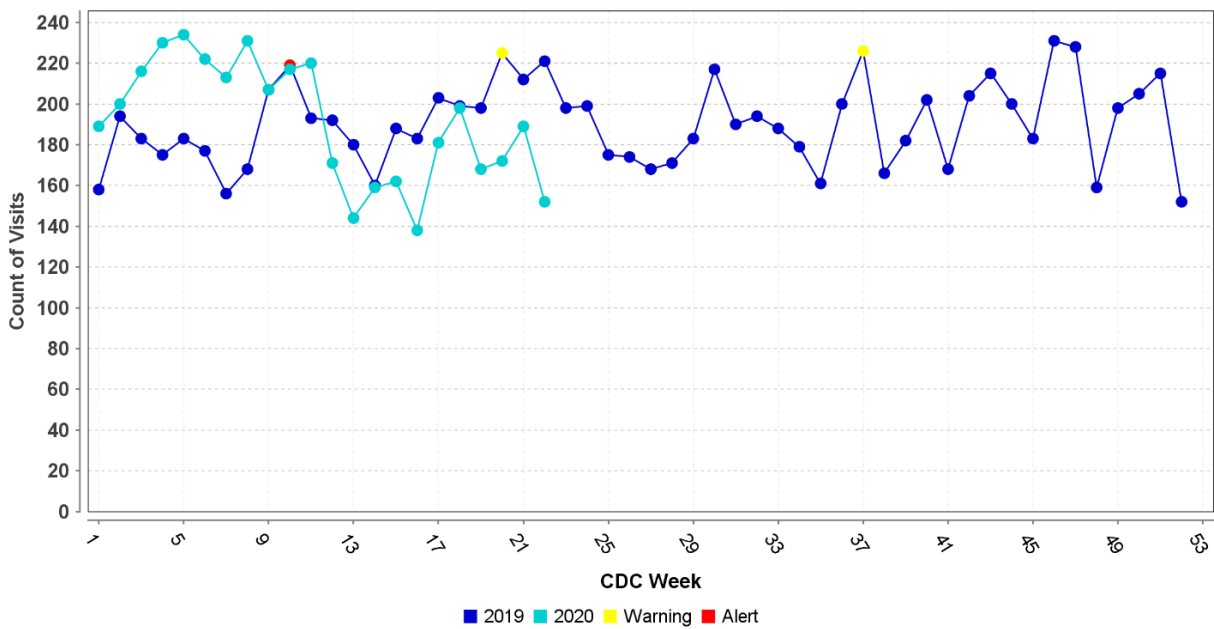
Suicidal Ideation and Suicide Attempts

The data suggests a **short-term increase in ED visits for suicidal ideation-related symptoms** during Washington State’s COVID-19 “Stay Home, Stay Healthy” order. However, the counts of ED visits for suicidal ideation-related symptoms remain lower than pre-pandemic levels. There is no evidence to date of an increase in suicide attempt-related ED visits during this period.

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



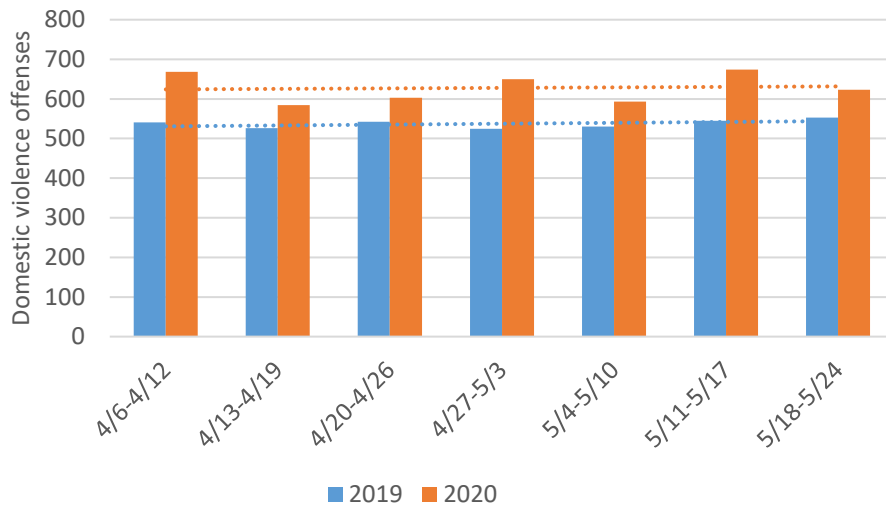
Count of emergency department visits for suicide attempts, by week: 2020 vs. 2019



Crime – Domestic Violence

The Washington Association of Sheriffs and Police Chiefs (WASPC) began deploying 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. An average of 78 of 275 LEAs respond each week. Compared with same-LEA, equivalent data reported for the same weeks in 2019, **domestic violence offenses are elevated by approximately 17% in 2020, but remain stable** for the seven weeks spanning April 6–May 24. Not displayed is a 26% decrease in other surveyed offenses, including theft, destruction of property, assault, and burglary.

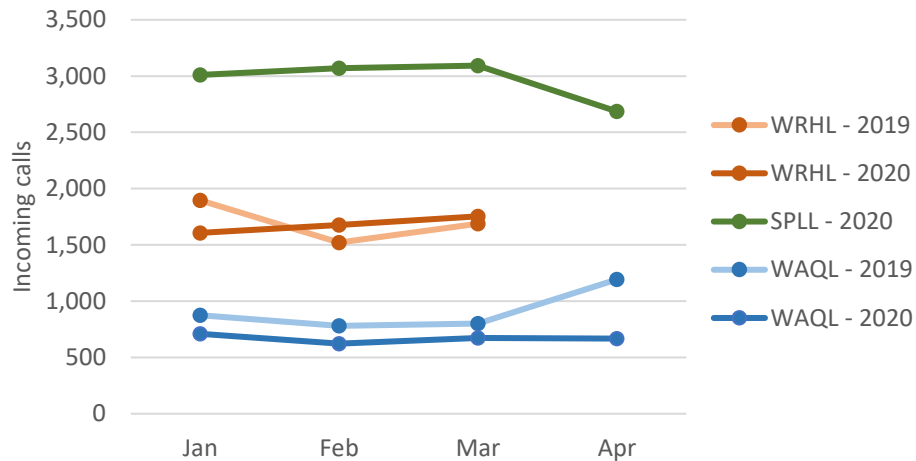
Domestic violence offenses reported to WASPC, by week: 2020 vs. 2019



Telephonic Support Line Activity – Suicidality and Substance Use

DOH maintains service contracts for the Suicide Prevention Lifeline (SPLL), the Washington Recovery Help Line (WRHL), and the Washington State Tobacco Quitline (WAQL). Year-over-year, incoming calls to the WRHL are stable and increased slightly through March, but incoming **calls in April 2020 to the WAQL were 44% lower than last year**, suggesting that Washingtonians addicted to nicotine may be coping with stress by continuing to use tobacco. Meanwhile, **SPLL calls were down 13% from March 2020 to April 2020**.

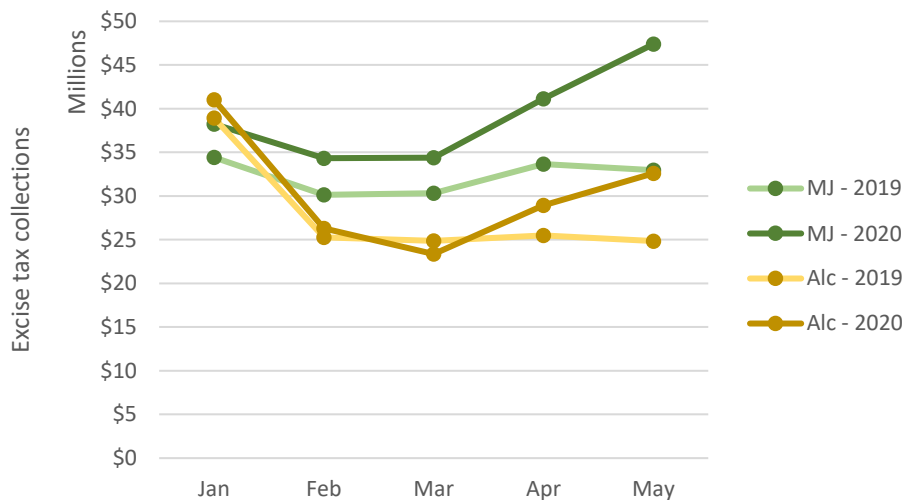
Incoming calls to telephonic support lines, by month: 2020 vs. 2019 (where available)



Product Sales – Marijuana and Liquor Taxes Collected

The Washington State Liquor and Cannabis Board (LCB) summarizes monthly marijuana and liquor tax collections, which may be used as a representation for sales of legal recreational substances, and, by extension, potential for substance abuse. After three months of elevated tax revenue levels for marijuana and comparable levels for liquor, **year-over-year sales of marijuana and liquor were up a combined 38% in May 2020**.

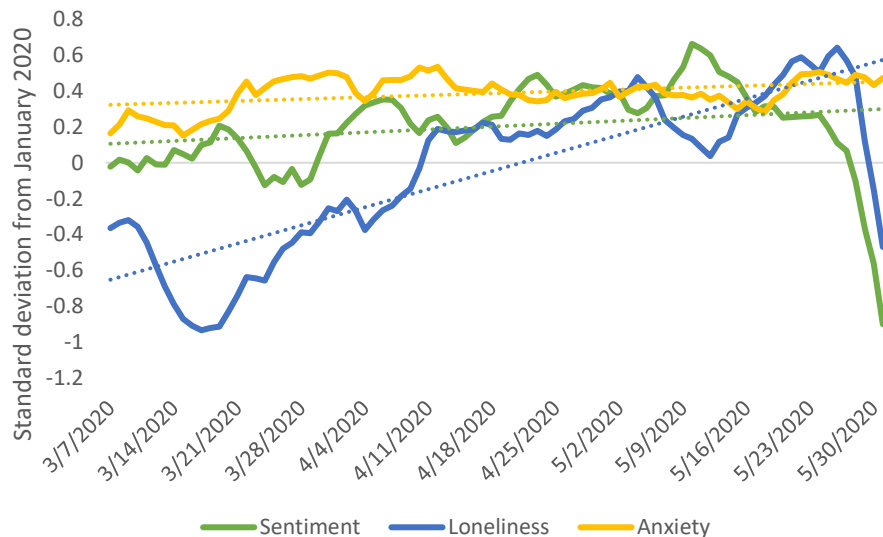
Year-to-date marijuana and liquor taxes collected, by month: January-May 2020



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

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.² Tweets geo-tagged to Washington State suggest an **increase in feelings of loneliness and consistently elevated anxiety levels** since January. The sudden drops in (positive) sentiment and loneliness have coincided with nationwide civil unrest and protests.

7-day moving averages of deviations in select expression measures² relative to January baseline, by day: March-May 2020



More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee’s proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

The risk of COVID-19 is not connected to race, ethnicity or nationality. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

² 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.”

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**. For interpretative services, **press #** when they answer and **say your language**. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.

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