Island County Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic for Island County to inform planning efforts. The intended audience for this report includes organizations or individuals who are responding to, or helping to mitigate, the behavioral health impacts of the COVID-19 pandemic.

**Purpose**

The purpose of this report is to identify and provide localized data similar to the COVID-19 Behavioral Health Group’s weekly statewide Behavioral Health Impact Situation Report. This report summarizes data from Center for Disease Control (CDC) Syndromic Surveillance Database, ICOM - county 911 system, the Island County Human Services Support program, the Addictions Drug and Alcohol Institute (ADAI) at the University of Washington, and the Washington State Department of Health. These figures display the current burden and explore future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Island County residents. This edition also focuses on opioid-related abuse and death in Island County and Washington State.

**Key Takeaways**

- Washington State is set to break new overdose death records in 2021. Overdose deaths are up 22% in the first quarter of 2021 compared to the first quarter of 2020, and opioid overdose deaths are up 35% in that same period.
- Fentanyl has come to play a larger and larger role in opioid deaths across the state.
- Island County has lower opioid overdose death rates per capita when compared to neighboring counties.
- Island County saw a slight decline last year but rates have increased about 30% since 2004.
- Behavioral health related ED visits have decreased after peaking in the summer.
- Behavioral Health Needs and Anxiety, Stress, and Depression continue to outstrip COVID-19 and Quarantine Concerns as reasons for referral for services.
- Continue to interpret emergency department (ED) syndromic surveillance case counts with caution due to changes in scope of data collection.
Syndromic Surveillance

Syndromic surveillance data are collected in near real-time from hospitals and clinics across Washington, and are always subject to updates. This system is the primary source of ED data for Washington. WhidbeyHealth, the public hospital district for Island County, has recently had their data validated and are now participating members in the syndromic surveillance system. Year over year comparisons between counts of ED visits need to be interpreted with caution because last year’s syndromic surveillance data does not include county residents’ visits to the WhidbeyHealth ED and this year’s data (as of March) does.

Through much of the pandemic, Island County residents sought medical care much less frequently, including emergency hospital medical care. Although total ED visit counts appear to have returned to pre-pandemic levels, the below indicators are presented as counts of ED visits, rather than percentages of ED visits, to account for unstable denominators.

Psychological Distress

According to the CDC syndromic surveillance data, ED visit counts for psychological distress had been on the rise all year before peaking in June and then falling down to levels roughly comparable to 2020. The sharp falloff in August is likely a data artifact, but the next few months will show whether counts end up being elevated for the year or just more variable.

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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 available at https://kr-drupal.surveillance.org/disaster-related-mental-health-v1-syndrome-definition-subcommittee
Suicidal Ideation and Suicide Attempts

Suicidal ideation ED visits for Island County residents in 2021 had been closely tracking the 2020 data through March. Suicidal ideation visit counts trended flat for 2020 but have been on an upward track thus far in 2021. Because of changes in data collection and in willingness to seek health care as the pandemic climate varies, it would be premature to assume this represents any change in the suicidality of Island County residents. In the absence of a real underlying change, and assuming mental healthcare seeking and mental healthcare availability approach pre-pandemic levels, we would expect counts in the latter half of the year to plateau. In July, ED visits for suicidal ideation appeared to drop down to 2020 levels in a rise and fall pattern very reminiscent of Graph 1, ED visits for psychological distress. This is not surprising, not only are serious psychological distress and suicidal ideation related mental health problems, residents facing these issues are also subject to a similar set of incentives and barriers to care.
Graph 2: Count of emergency department visits for suicidal ideation for Island County residents 2020 and 2021 (Source: CDC ED Surveillance ESSENCE)

Substance Use — Drug Overdose\(^2\) and Alcohol-Related Emergency Visits

Over the course of 2021 drug overdose and alcohol-related ED visit counts were higher than they were in 2020. We don’t see the same dramatic rise and fall that was noted in the previous two mental and behavioral health emergency visit graphs. That being said a semblance of the same pattern is present here as well.

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\(^2\) 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](https://knowledgerepository.syndromicsurveillance.org/cdc-all-drug-v1).
Graph 3: Count of emergency department visits for alcohol and for overdose by any drug for Island County residents 2020 vs. 2021 (Source: CDC ED Surveillance ESSENCE)

Graph 4: Count of opioid-related emergency department visits for Island County residents 2020 vs. 2021 (Source: CDC ED Surveillance ESSENCE)
Human Services support program activity refers to the services rendered by the Island County Human Services countywide referral system, which launched in June 2020. Behavioral Health support specialists help Island County residents address their stress and anxiety about COVID-19, in addition to assisting with a range of other issues, both directly pandemic-related and not. While Island County was only able to provide financial assistance through CARES funds until September of 2020, the system remains active and significantly utilized. As of July 30th, the referral system has come to the aid of over 350 households after CARES Act funding expired. Service requests fell within eight categories including: COVID-19 Diagnosis for Self/Family; Substance Use; Job Loss or a reduction in Hours; Childcare; Behavioral Health Support Needs; Quarantine; Anxiety, Stress, Depression; and an “other” category. Examples of request for “other” needs include requests for financial and housing assistance. Over the past three months, the majority of referrals, 62%, were for a combination of “Anxiety, Stress, Depression” and “Behavioral Health Support Needs”. These data suggest that the referral system continues to serve as an important behavioral and mental health support. Job Loss and Childcare are not nearly as salient for residents requesting aid as they were during the height of the acute economic impacts of the pandemic. Substance abuse has been a factor in 12% of the calls fielded by Island County Human Services over the past three months, up from just 3% of the calls over the course of the year. Graph 6 shows what percentage of substance abuse related calls were flagged as opioid-related since October.
Graph 5: Referrals to the ICHS Support Program, by month (Source: Island County Human Services)

Community Needs Indicated by CARES Referals

- Childcare
- Job Loss or Reduction in Hours
- Anxiety, Stress, Depression
- Other
- Behavioral Health Support Needs
- Quarantine
- COVID-19 Diagnosis for Self/Family
- Substance Use

Graph 6: Proportion of Opioid-related ICHS Support Program Referrals, by month (Source: Island County Human Services)

Proportion of Opioid-Related Substance Abuse Calls

- October '20
- November '20
- December '20
- January '21
- February '21
- March '21
- April '21
- May '21
- June '21
- July '21
Crime – 911 Calls

Overdose call plateaued in 2021 after an elevated beginning of the year. Suicidal ideation is similarly right in line with last year’s numbers. However, we find a significant difference in the number of times that first responders have been called out for a mental health related issue. This tracks the psychological distress and suicidal ideation calls that have been on the upswing in the Emergency Department.

Graph 7.1, 7.2, and 7.3 : Year-over-year change in Overdose, Mental Health Non-Criminal, and Suicidal Ideation 911 calls, by month: 2019–2021 (Sources: ICOM)
Opioid Figures

Graph 8: Opioid-related Deaths per 1000 population. (Source: Washington Department of Health, Prescription Monitoring Program)

Rate of Opioid Prescriptions in Island County and the State of Washington

Island County does not currently have a higher than average opioid prescription rate, but over the past ten years we have gained on the average as our county rate decreased less rapidly than the State as a whole. Provider education, state efforts such as the prescription monitoring program, and greater awareness in the public of the dangers of prescription opioids have helped to push down the rate across the state.
In 2002-2004 Island County had 4.52 deaths per 100,000 residents. Over the next 16 years deaths involving any opioid rose by an average of nearly 150% across the state. Island County has been comparatively lower, with only a 30% increase in death rate over the same period, climbing to 5.90 deaths per 100,000 residents; the lowest in the region.