

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 CDC Syndromic Surveillance Database, WhidbeyHealth, the United States Census Bureau Household Pulse Survey, and the Island County CARES program. These analyses examine the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Island County residents.

Key Takeaways

- Both psychological distress and suicide ideation related emergency department (ED) visits have decreased over the previous four-week period.
- The latest U.S. Census Bureau estimates suggest that fewer rural Washington adults had feelings of anxiety for at least several days in the last week.
- The Island County Human Services CARES countywide support line has fielded nearly 1000 requests for support. In September, the referral line received almost twice as many requests as it received in August.
- Extrapolated data suggest a lack of access to mental health treatment
- Crisis line calls have increased by 25% from 2019 to 2020

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 Island County residents.

Syndromic Surveillance

Syndromic surveillance data are collected in near real-time from hospitals and clinics across Washington,

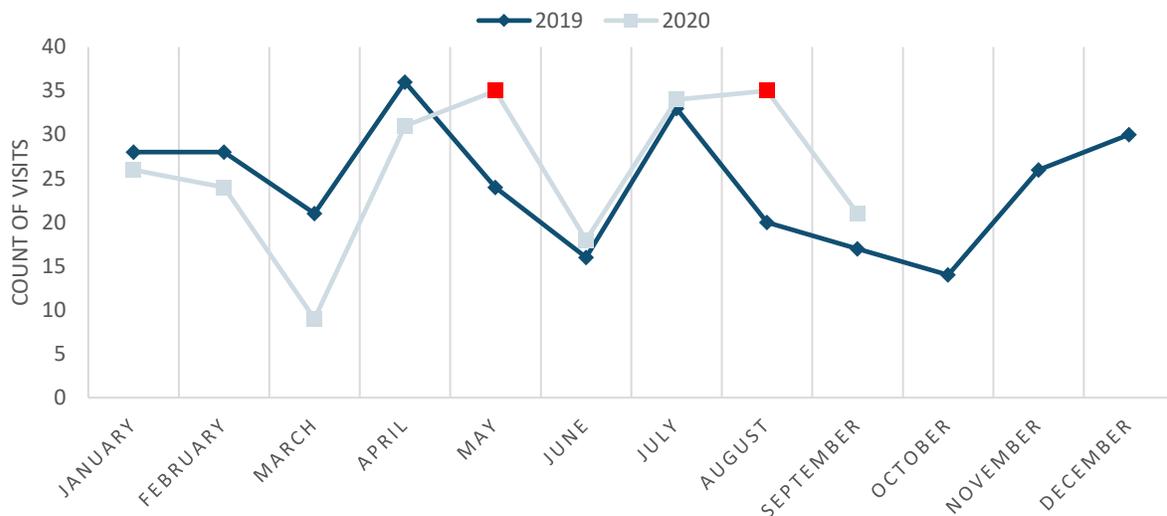
and are always subject to updates. [This system](#) is the primary source of ED data for Washington. WhidbeyHealth, the public hospital district for Island County, currently does not submit to the reporting system, and all Whidbey Island ED data used for this report was shared directly from WhidbeyHealth.

Across Washington State, 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 23rd, 2020. 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 Distress¹

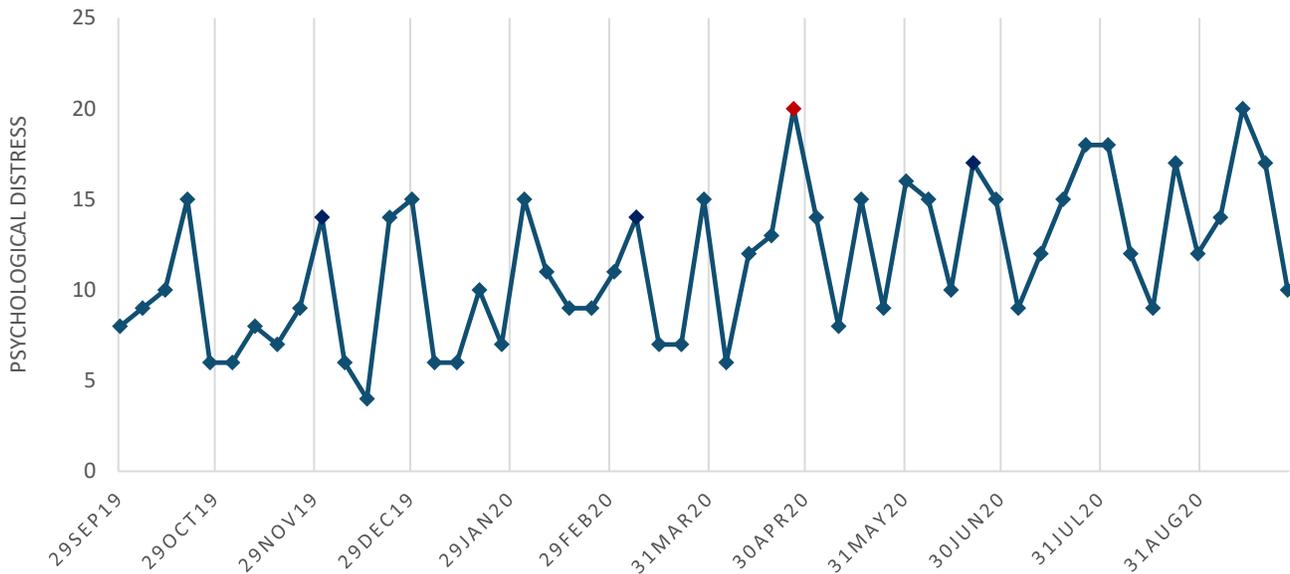
September had an ED visit count for psychological distress that was slightly decreased as compared to August 2020, but significantly different from September in 2019. This pattern occurred with both the CDC surveillance data and with the WH ED Surveillance data.

Graph 1: Count of emergency department visits for psychological distress on Whidbey Island: 2020 vs. 2019 (Source: WH ED Surveillance)



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>.

Graph 1.2: Count of emergency department visits for psychological distress for Island County residents who received service outside of Whidbey Health: 2020 vs. 2019 (Source: CDC ED Surveillance ESSENCE)

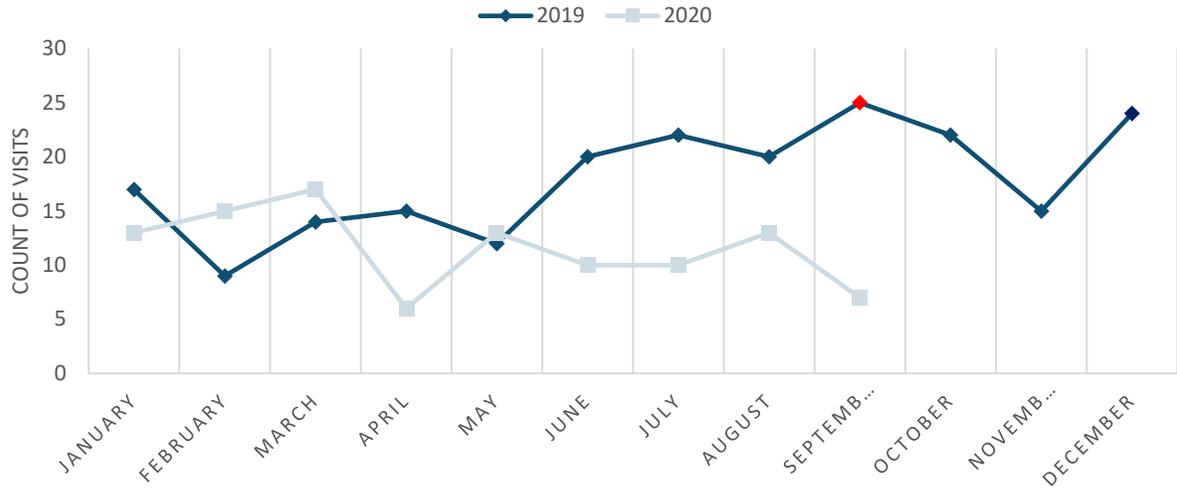


Suicidal Ideation and Suicide Attempts

For September, there has been a continuation of lower reported ED visits for suicidal ideation. Although, it appears that the past several weeks of visits are increasing after a steep drop and subsequent climb in July. This count data should be interpreted with caution as overall ED visit data has continued to fluctuate since the March 2020 decline in ED visits.

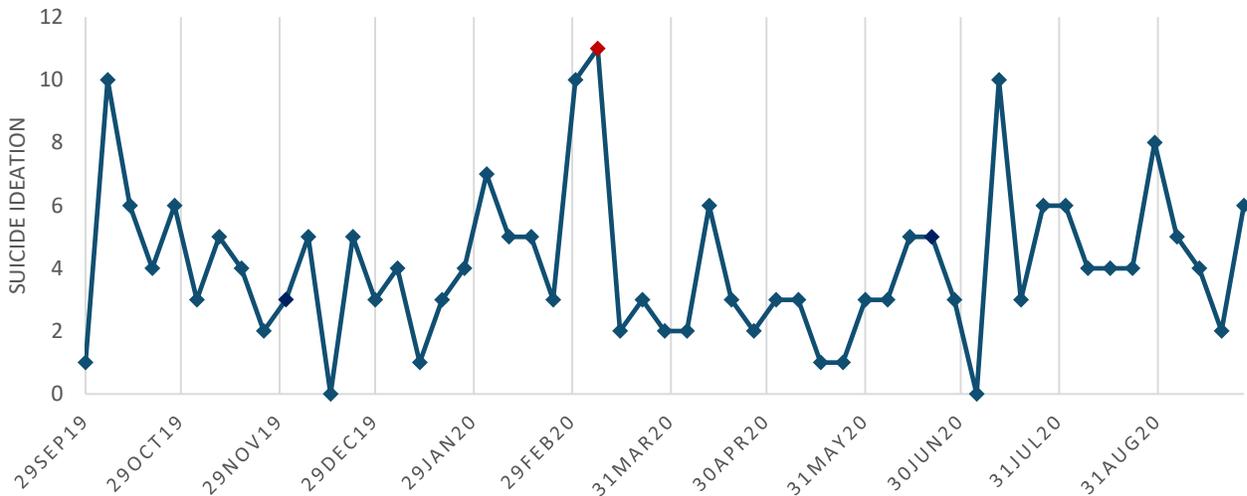
Whidbey Island ED visit counts for suicidal ideation and attempts is not comparable to many monthly counts in 2019. ED visits for suicidal ideation and attempts have been lower than 2019 counts since May 2020, with higher counts occurring in February and March 2020.

Graph 2: Count of emergency department visits for suicidal ideation and/or attempt on Whidbey Island: 2020 vs. 2019 (Source: WH ED Surveillance)



In September, we see a drop in ED visits for Island County residents seen outside of Whidbey Island when compared to the August 2020 data; continuing the trend of fewer ED visits for suicide ideation seen across the State.

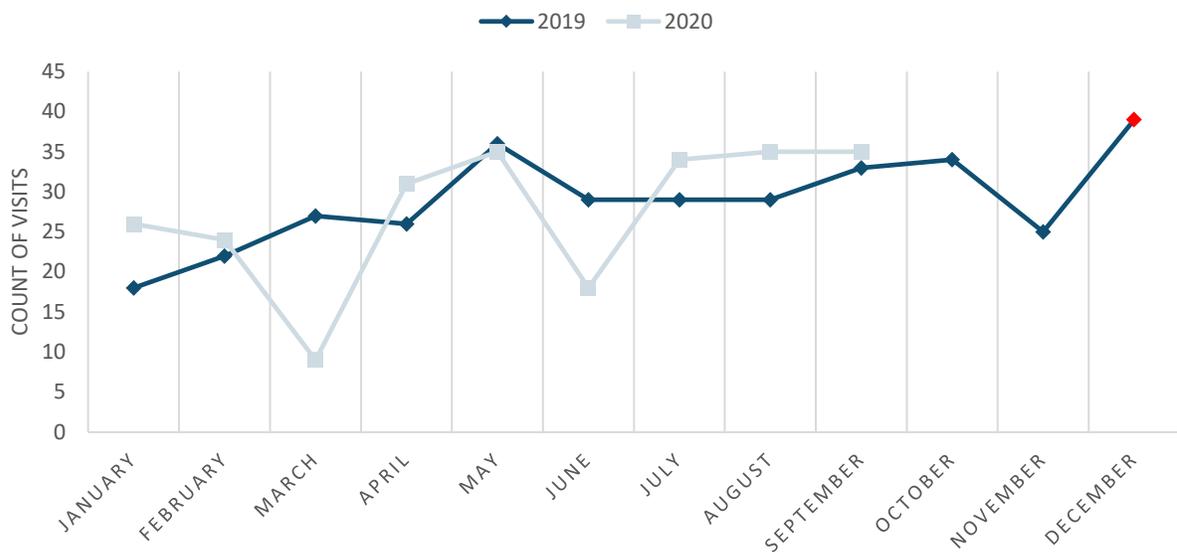
Graph 2.2: Count of emergency department visits for suicidal ideation for Island County residents who received services outside of Whidbey Island: Past 12 months (Source: Source: CDC ED Surveillance ESSENCE)



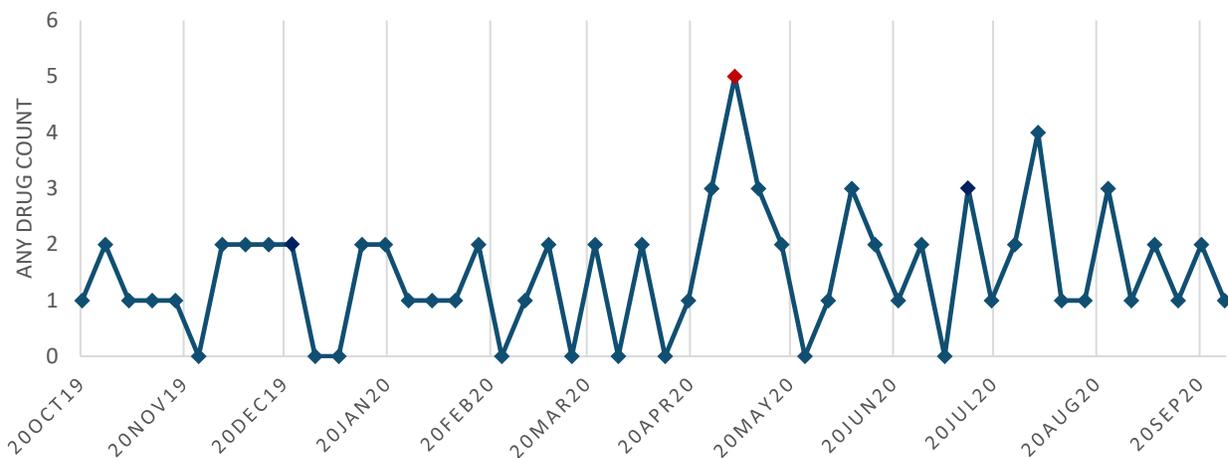
Substance Use — Drug Overdose² and Alcohol-Related Emergency Visits

As with psychological distress related ED visits on Whidbey Island and all Island County residents seen in an ED outside of Whidbey, **continue to be higher when compared to 2019. In September 2020, we saw no change in the counts of ED visits for alcohol and for overdose of any drug on Whidbey Island.**

Graph 3: Count of emergency department visits for alcohol and for overdose by any drug Whidbey Island: 2020 vs. 2019 (Source: WH ED Surveillance)



Graph 3.2: Count of emergency department visits for alcohol and for overdose by any drug for Island County residents who received service delivery outside Whidbey Island: Past 12 months (Source: Source: CDC ED Surveillance ESSENCE)

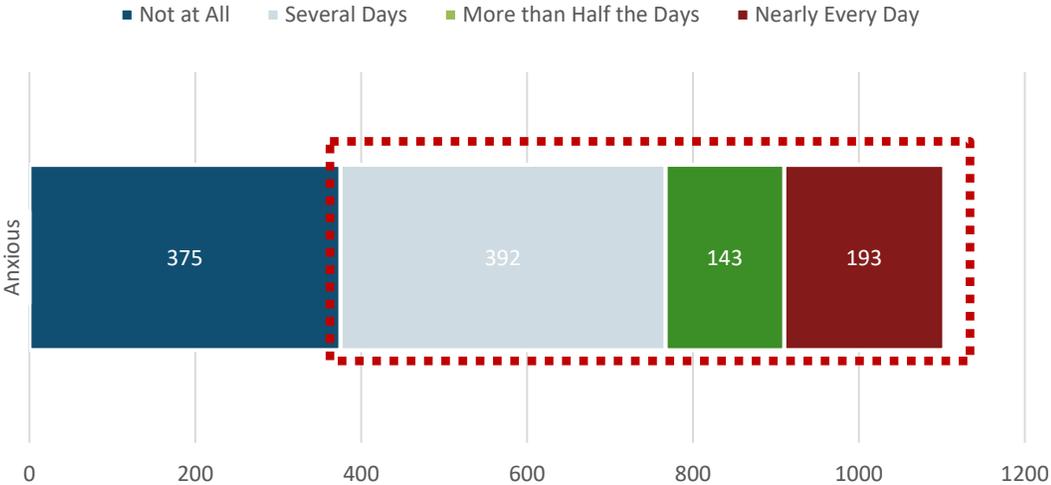


² This definition specifies overdoses for any drug, including heroin, opioid, and stimulants. It is indexed in the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) platform as CDC All Drug v1. Full details available at <https://knowledgerepository.syndromicsurveillance.org/cdc-all-drug-v1>.

General Surveillance — Symptoms of Anxiety and Depression

Survey data collected by the U.S. Census Bureau³ between September 2nd – September 14th suggest the majority of rural Washington adults experience frequent feelings of anxiety. **Seven hundred and twenty eight respondents (66%) reported experiencing symptoms of anxiety on at least several days in the past week.** Down from 69% when compared to findings reported in August. In addition, 10% of rural Washingtonians reported “yes” when asked, “in the last 4 weeks, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?” Yet, 10% of the same respondents noted they had been unable to access much needed mental health services. When applied to Island County population, this data suggests that over 800 individuals in Island County could lack access to much needed mental health services.

Graph 4: Estimated rural Washington adults with feelings of anxiety least several days, by week: September 2nd – September 14th (Source: U.S. Census Bureau)



³ 5 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. Four questions ask survey respondents how often they have experienced specific symptoms associated with anxiety and depression over the past week.

Island County CARES Support Program Activity

The Island County Human Services countywide referral line launched in June 2020. Behavioral Health support specialists help Island County residents address their stress and anxiety about COVID-19 as well as provide financial assistance through CARES funds. As of October 1, the referral line has fielded 965 referral for services, a 57% increase from August to September 2020. Service request fell within eight categories including: COVID-19 Diagnosis for Self/Family; Substance Use; 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.

In the month of September, the majority of referrals, 28.3%, indicated a need for support with childcare needs. Followed closely by requests for support with Job Loss or Reduction in Hours with 20.9% of individuals requesting this service. The geographic distribution of COVID-19 cases aligns with the geographic distribution of confirmed COVID-19 for the month of September, with the majority of requests for assistance among Oak Harbor residents. (Table 1) Considered together, the data suggest that Island County residents are increasingly struggling with childcare and employment security.

Graph 5 Referrals to the ICHS CARES Program, by month: 2020 (Source: Island County Human Services)

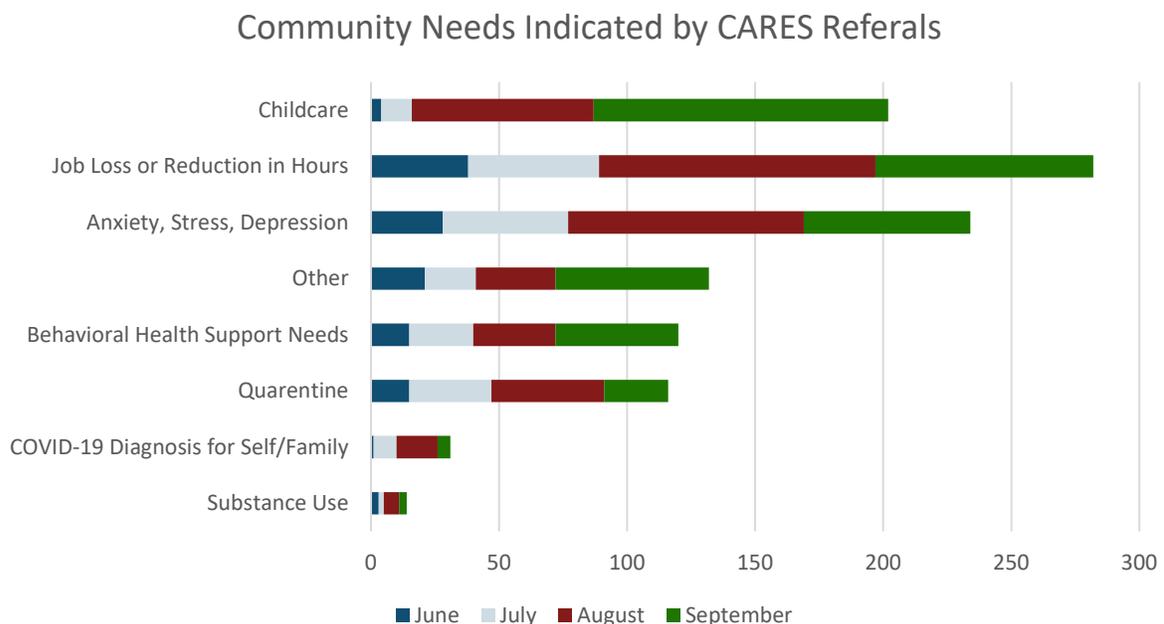


Table 1: Referrals to the ICHS CARES Program, by Geographic Region: September 2020
 (Source: Island County Human Services)

Location	Number	Percentage
Camano Island	39	8%
Clinton	69	14%
Coupeville	44	9%
Freeland	50	10%
Greenbank	9	2%
Langley	59	12%
Oak Harbor	188	39%

Product Sales – Retail Cannabis Sales

The Liquor and Cannabis Board (LCB) summarizes monthly cannabis tax collections, which may be used as a representation of sales of legal recreational substances and by extension, potential for substance use issues.

Monthly cannabis tax collections in the first half of 2020 were consistently higher than in 2019. They have continued to rise in June with an approximate 20% increase in purchases, as indicated by revenue.

Graph 6: Year-over-year change in Cannabis retail sales, by month: 2020 vs. 2019 (Sources: LCB)

