Washington State Department of Health

December 2021

DOH PUB 821-156-02

COVID-19 Older Adult Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic on Washington's older adult[1] population (i.e., for this particular report, this is defined as individuals 65 years and older unless otherwise noted) 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 the older adult population in Washington.

Purpose

According to the World Health Organization (WHO), the nation, including Washington State, will soon be populated with a larger older adult population as compared to a younger counterpart.[2] The U.S. Census Bureau's 2017 National Population Projections has reported that in less than 10 years, there will be a significant demographic turning point as the Baby Boomers will be older than age 65 which will equate to 1 in every 5 residents.[3] For the first time, as the Baby Boomers grow older, they will outnumber our younger population.

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's older adult population. Note, data in this report are obtained from different resources, and data from different sections are not related to one another.

Key Takeaways

- Older adult behavioral health is of particular concern as family and social interactions continue to be affected by COVID-19.
- The rate of emergency department (ED) visits for two syndromic indicators (psychological distress and alcohol-related) for Washingtonians aged 65 years and older have increased as compared to the previous reporting period, and two syndromic indicators (suicidal ideation and suspected drug overdose) are lower than the corresponding weeks of 2019 and 2020.

[1] Older Adult: for this particular report, this is defined as individuals 65 years and older unless otherwise noted.
[2] https://www.who.int/ageing/publications/global_health.pdf
[3] https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html

- **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.**
- In terms of mental, behavioral, and neurodevelopmental disorders hospital discharges, the most recent reporting period (September 2021) showed a **42.6% decrease** for individuals who were 65 years old and older as compared to the previous month.
- For Washington (WA) Listens[4], since its inception in July 2020, a total of 1,579 WA Listens individual encounters have been completed, with a completion of approximately 31 calls in October 2021, with individuals who were 65 years and older.

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 the older adult population in Washington.

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[5] 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 deviations[6] above a 28-day average count, ending three weeks prior to the week with a warning or alert. While both statistical warnings and alerts indicate more visits than expected, an alert indicates more caution may be warranted.[2] These warnings or alerts will be mentioned within each respective syndrome section.

Analysis conducted by the Washington State Department of Health and the Northwest Tribal Epidemiology Center found 9,443 misclassified visits in Washington hospitals from May 15 – September 15, 2020. The visits in question should have been classified as American Indian/Alaska Native and represent a 26.8% misclassification rate during that time period.

As of the Week of October 12, 2020 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, 2020 (CDC Week 13), seasonal shifts year-over-year,[7] new visit trends due to COVID-19 symptoms and diagnosis, perceptions of disease transmission and risk, as well as the

[4] https://waportal.org/partners/home/WaListens
[5] https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse/RHINO
[6] 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.
[7] Year-over-year: The comparison of two or more years, specifically 2021 to 2019 and 2020.

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 is a measure of the variation in the weekly volume of visits and allows readers to compare both the year-over-year averages for a particular week, along with the weekly visit fluctuations, to better assess demand for care and care-seeking behaviors.

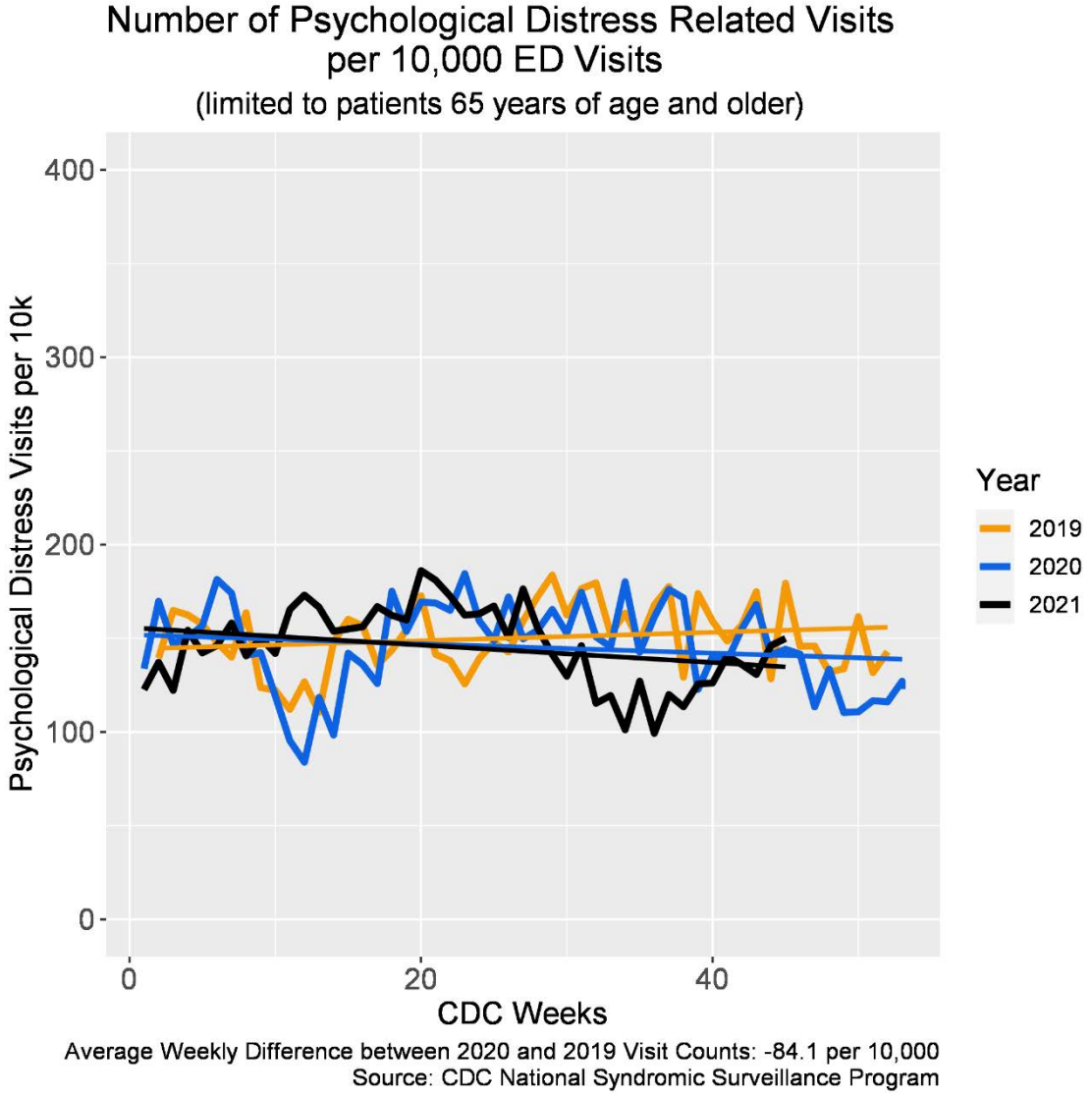
As of CDC Week 14 of 2021, the number of ED visits (for individuals who are 65 years or older) have increased and have returned to the pre-March 2020 number of ED visits.

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.

Psychological Distress

During **CDC Week 44 (week of October 31)**, the relative reported ED visits for psychological distress[8] among patients 65 years or older **increased as compared to the previous reporting period and is lower** than the rate in the corresponding week of 2019 but higher than 2020 (Graph 1). **No statistical warnings or alerts were issued, to date.**

Graph 1: Relative count of ED visits for psychological distress among patients 65 years of age and older in Washington, by week: 2019, 2020, and early 2021 (Source: CDC ESSENCE)

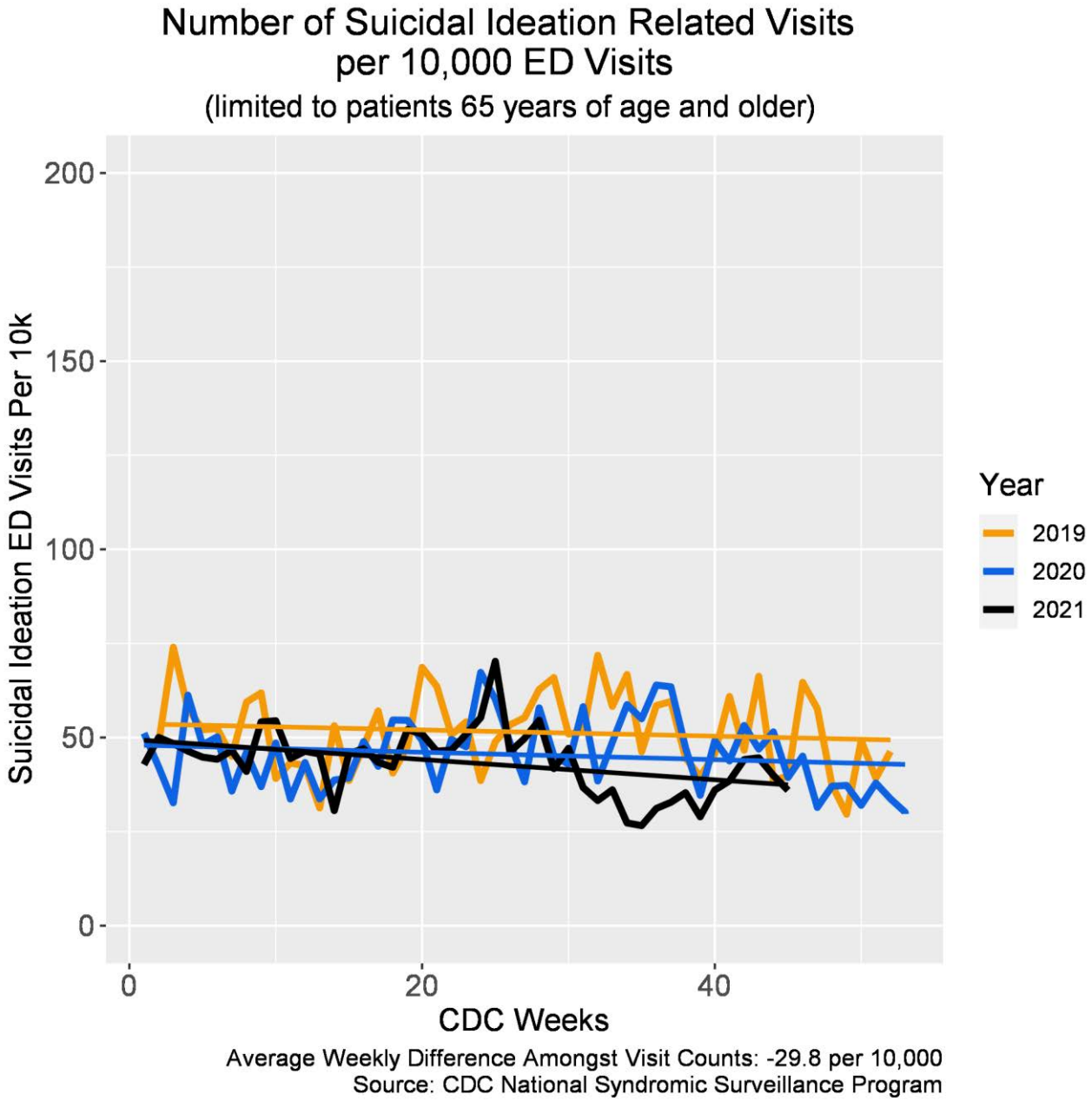


[8] Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details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

Suicidal Ideation

During **CDC Week 44 (week of October 31)**, the **relative reported rate of ED visits for suicidal ideation** among patients 65 years or older **decreased from the previous reporting period and lower** than the rate in the corresponding week of 2019 and 2020 (Graph 2). **No statistical warnings or alerts were issued, to date.**

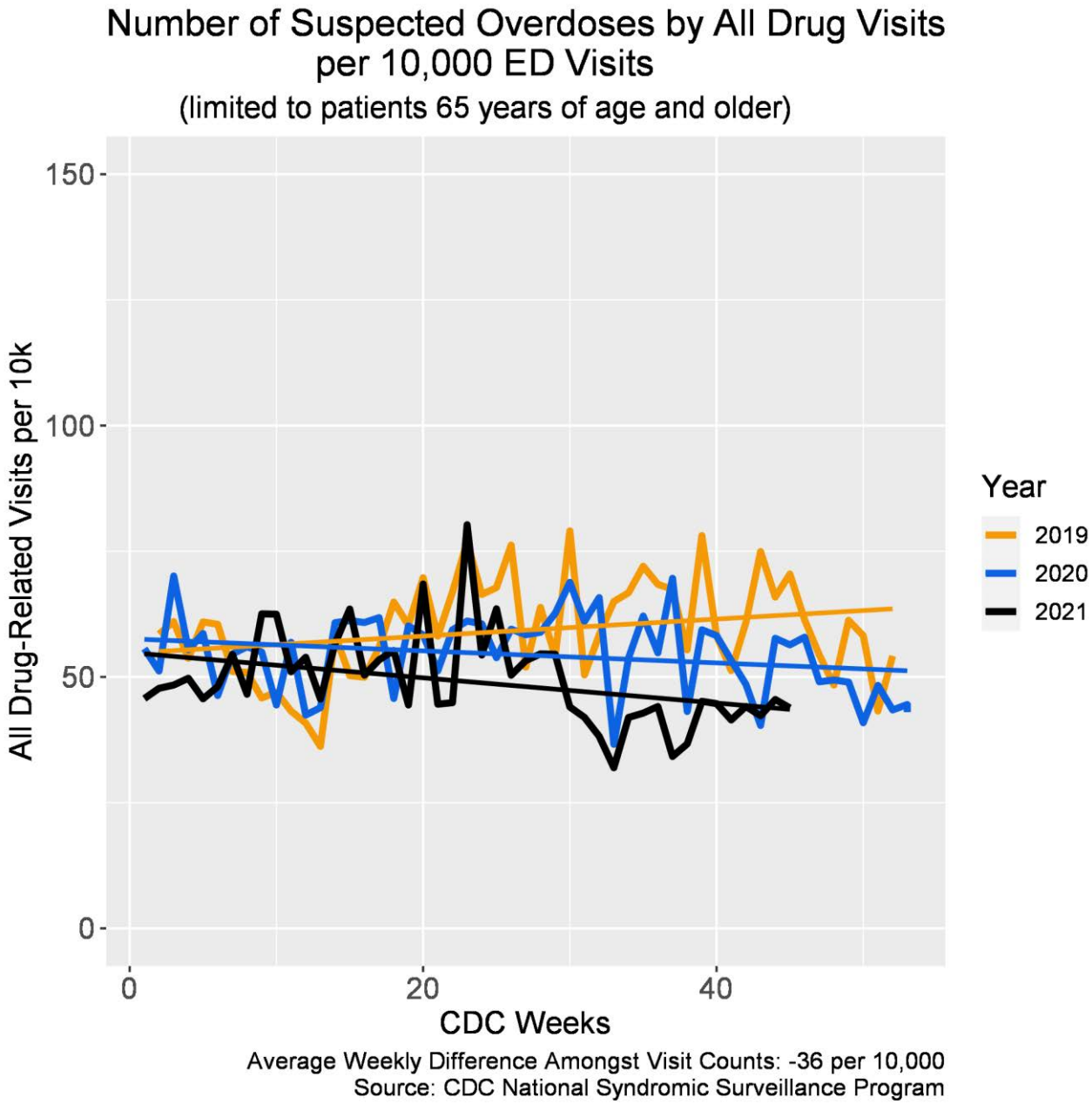
Graph 2: Relative count of ED visits for suicidal ideation among adults 65 years of age and older in Washington, by week: 2019, 2020, and early 2021 (Source: CDC ESSENCE)



Substance Use – Suspected Drug Overdose & Alcohol-Related Emergency Visits

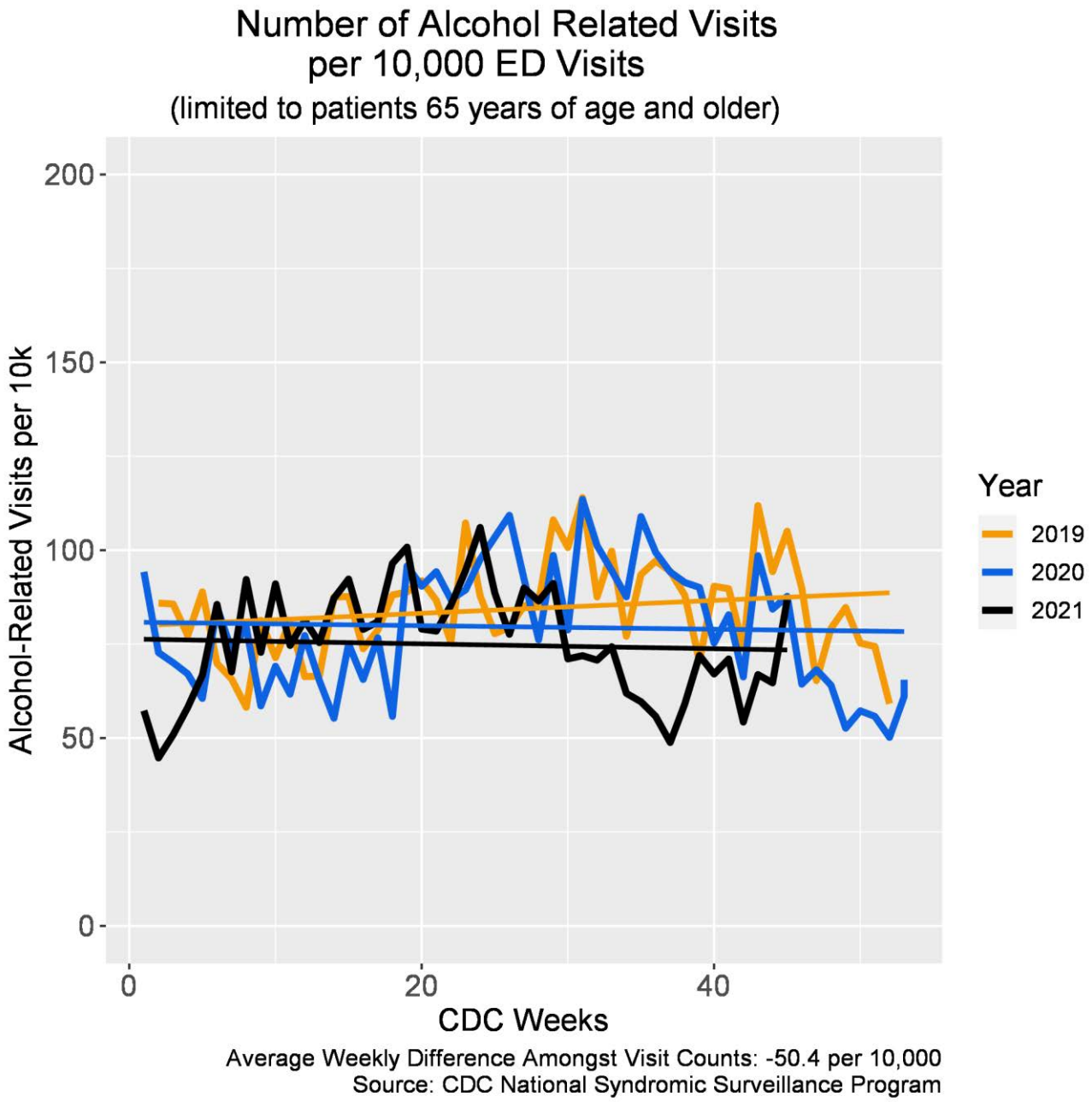
In the same weeks of 2021 as above **(CDC Week 41, week of October 31)**, the relative reported rate of ED visits for suspected drug overdose among patients 65 years or older **decreased from to the previous reporting period and is lower** than the rates in the corresponding week of 2019 and 2020 (Graph 3). **No statistical warnings or alerts were issued in 2021, to date.**

Graph 3: Relative ED count for all drug-related visits in Washington adults for 65 years of age and older, by week: 2019, 2020, and early 2021 (Source: CDC ESSENCE)



During **CDC Week 44 (week of October 31)**, the relative reported rate of alcohol-related ED visits **increased from the previous reporting period** and has converged with the rates in the corresponding weeks of 2020 and lower than rates in 2019 (Graph 4). **No statistical warnings or alerts were issued in 2021, to date.**

Graph 4: Relative count of alcohol-related ED visits in Washington for adults 65 years of age and older, by week: 2019, 2020, and early 2021 (Source: CDC ESSENCE)

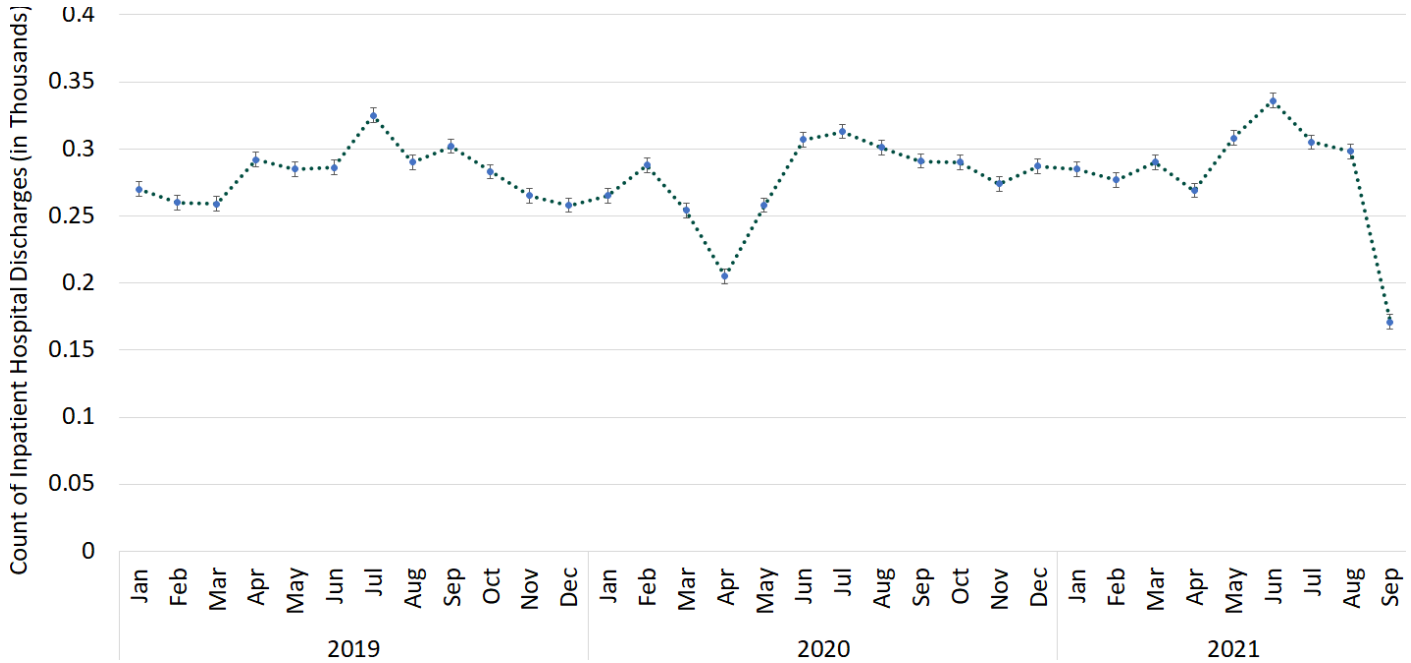


Inpatient and Observational Community Hospital Discharges

Mental, Behavioral, and Neurodevelopmental Disorders

The Comprehensive Hospital Abstract Reporting System (CHARS)[9] collects record level information on inpatient community hospital stays. Caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order (March 2020) may have impacted hospital discharge data. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes). Graph 5 shows the count of older adult (individuals 65 years and older) inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders. The most recent reporting period (September 2021) showed a **42.6% decrease** for individuals who were 65 years and older as compared to the previous month.

Graph 5: Count of Older Adult Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders, by month (Source: DOH)

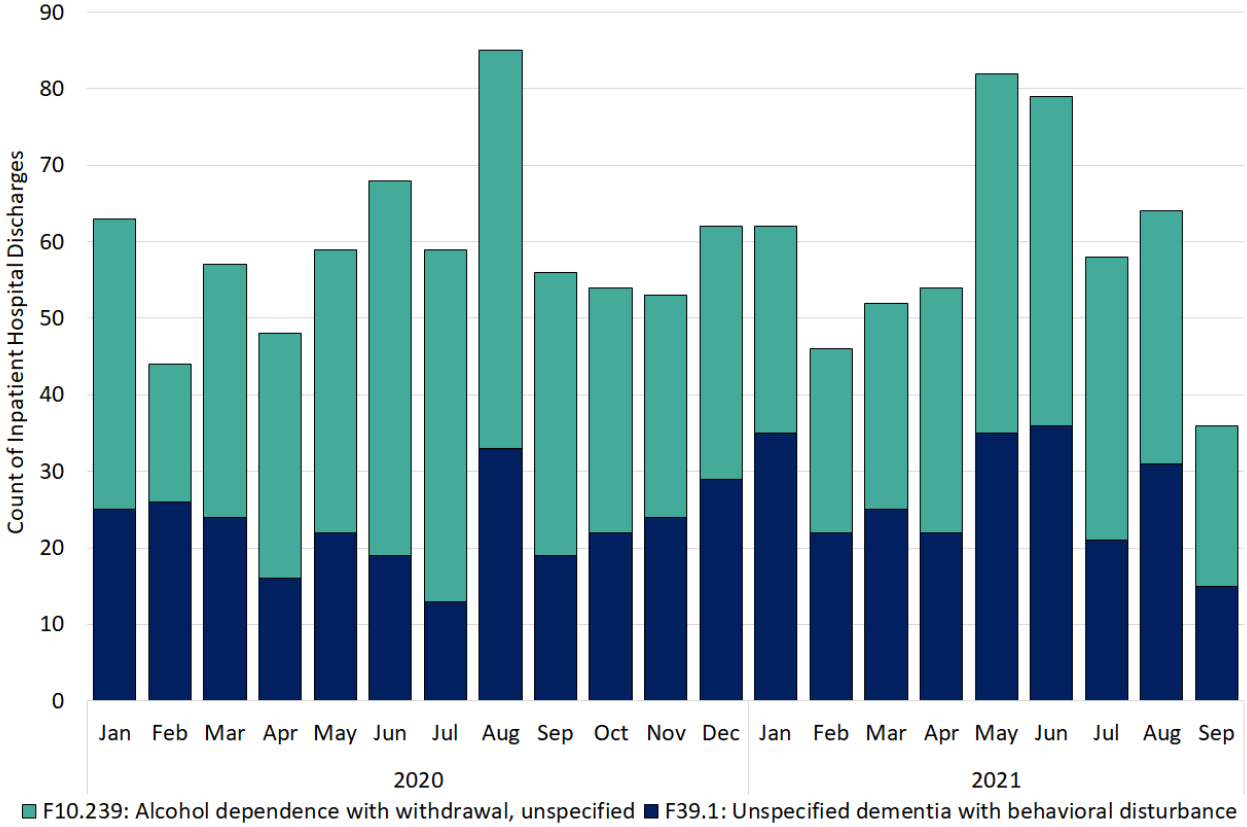


Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

[9] https://www.doh.wa.gov/dataandstatisticalreports/healthcareinwashington/hospitalandpatientdata/hospitaldischargedatachars

Graph 6 shows the count of the top two mental, behavioral, and neurodevelopmental disorders in terms of inpatient community hospital discharges. Similarly, caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order may have impacted hospital discharges. The most recent reporting period showed a 51.6% decrease in unspecified dementia with behavioral disturbance and 36.4% decrease in alcohol dependence with withdrawal, unspecified inpatient community hospital discharges.

Graph 6: Count of Top Mental, Behavioral, and Neurodevelopmental Disorders for Older Adults (individuals 65 years and older) Inpatient Community Hospital Discharges, by month (Source: DOH)



Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents (individuals 65 years and older) were included in the analysis. Only F-codes as primary diagnoses were included in the analysis. Due to low numbers, major depressive disorder, recurrent severe without psychotic features inpatient community hospital discharges are not further assessed.

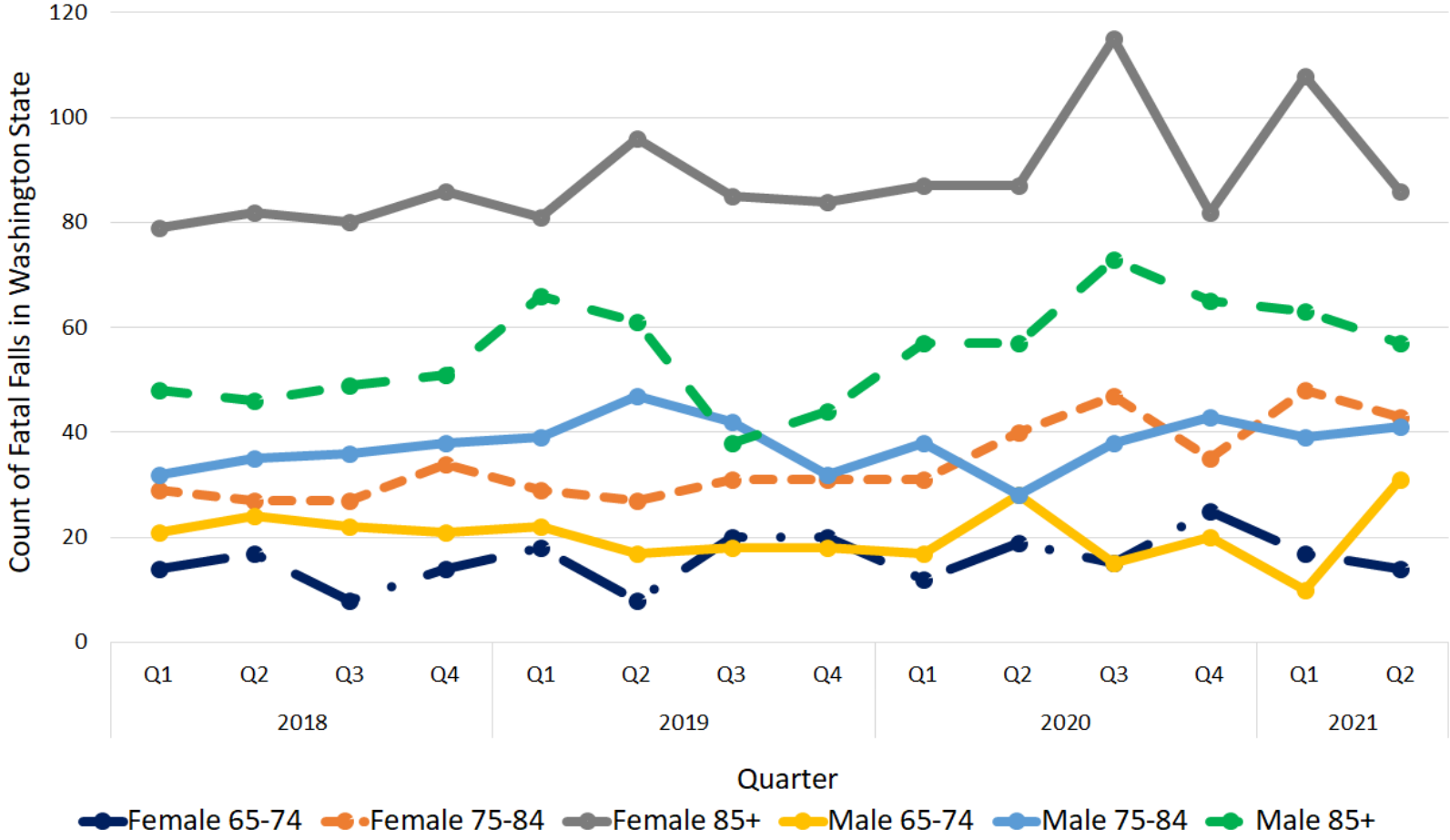
Fatal and Non-Fatal Falls

Graph 7 shows the count of fatal falls stratified by gender and age. Falls are typical in community-dwelling older adults and can result in fatal and non-fatal injuries. Falls have been linked to depression and anxiety suggesting that older people who are more depressed and anxious are more likely to be at risk for greater falls.[10,11] Similarly, caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order may have impacted hospital discharges. The most recent reporting period (Quarter 2 of 2021) showed a **5.0% increase** for individuals who were 65 years old and older as compared to the previous year (Quarter 2 of 2020). Stratified by gender only, the most recent reporting period (Quarter 2 of 2021) showed a **2.1% decrease for females** and **14.2% increase for males** as compared to the previous year (Quarter 2 of 2020). Stratified by age category only, the most recent reporting period (Quarter 2 of 2021) showed a **4.3% decrease for older adults ages 65 - 74** , **23.5% increase for older adults ages 75 - 84**, and **0.7% decrease for older adults ages 85 and older** as compared to the previous year (Quarter 2 of 2020).

[10] Kvelde, T., Lord, S. R., Close, J. C., Reppermund, S., Kochan, N. A., Sachdev, P., ... & Delbaere, K. (2015). Depressive symptoms increase fall risk in older people, independent of antidepressant use, and reduced executive and physical functioning. *Archives of Gerontology and Geriatrics*, *60*(1), 190-195. https://doi.org/10.1016/j.archger.2014.09.003

[11] Holloway, K. L., Williams, L. J., Brennan-Olsen, S. L., Morse, A. G., Kotowicz, M. A., Nicholson, G. C., & Pasco, J. A. (2016). Anxiety disorders and falls among older adults. *Journal of Affective Disorders*, *205*, 20-27. https://doi.org/10.1016/j.jad.2016.06.052

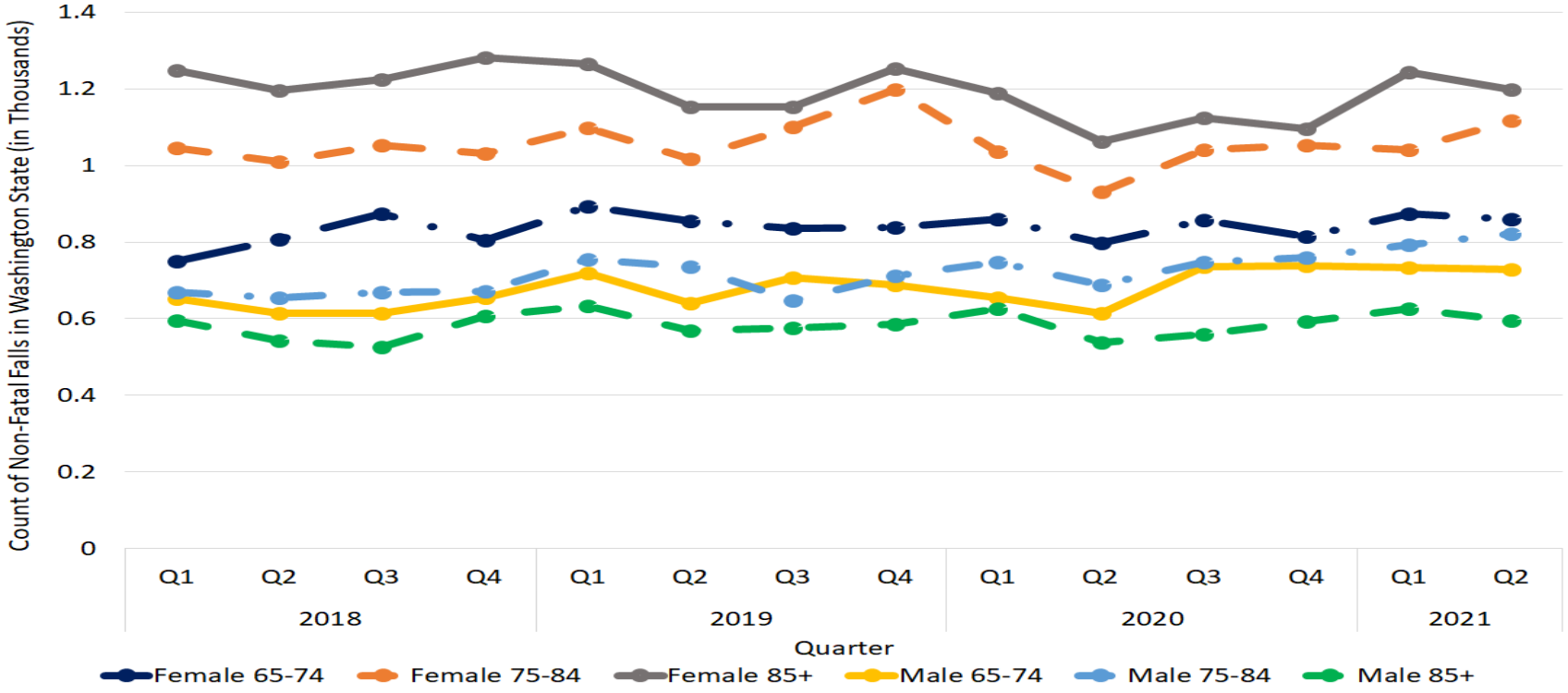
Graph 7: Count of Fatal Falls for Older Adults (aged 65 years and older), by age, gender, and quarter (Source: DOH)



Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents (individuals 65 years and older) were included in the analysis. Fatal falls are defined as ICD-10 codes: W00 – W19 in underlying cause of death. Data is not restricted to deaths or injuries occurring in Washington (limited to deaths among Washington residents). For more information on older adult falls prevention, please visit: www.doh.wa.gov/findingourbalance.

Graph 8 shows the count of non-fatal falls stratified by gender and age. Similarly, caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order may have impacted hospital discharges. The most recent reporting period (Quarter 2 of 2021) showed a **14.9% increase** for individuals who were 65 years old and older as compared to the previous year (Quarter 2 of 2020). Stratified by gender only, the most recent reporting period (Quarter 2 of 2021) showed a **13.7% increase for females** and **16.7% increase for males** as compared to the previous year (Quarter 2 of 2020). Stratified by age category only, the most recent reporting period (Quarter 2 of 2021) showed a **12.5% increase for older adults ages 65 - 74**, **19.8% increase for older adults ages 75 - 84**, and **12.1% increase for older adults ages 85 and older** as compared to the previous year (Quarter 2 of 2020).

Graph 8: Count of Non-Fatal Falls for Older Adults (aged 65 years and older), by age, gender, and quarter (Source: DOH)



Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents (individuals 65 years and older) were included in the analysis. Non-fatal falls are defined by ICD-10-CM codes based on the CDC ICE Injury Matrix and exclude fatal hospital discharges. For more information on older adult falls prevention, please visit: www.doh.wa.gov/findingourbalance.

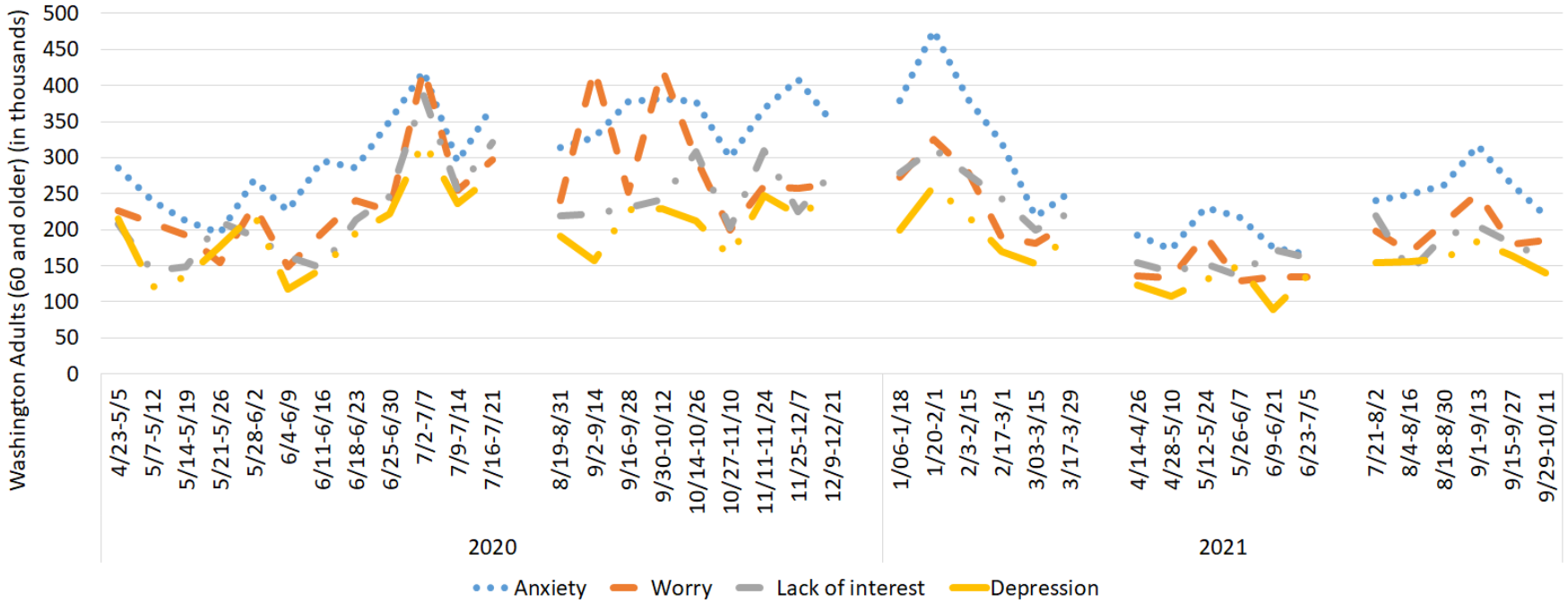
General Surveillance

Symptoms of Anxiety and Depression

Survey data collected by the U.S. Census Bureau for **September 29 – October 11, 2021,** show a **decrease in anxiety (-16.5%), lack of interest (-11.1%), and depression (-15.0%), and an increase in worrying (+2.5%)** among older adults (in this sample, older adults are defined as individuals 60 and older) in Washington, **compared to the previous reporting period of September 15 – 27, 2021** (Graph 9).[12] In the most recent reporting period represented below, **approximately 219,000 older adults** in Washington reported symptoms of anxiety on all or most days of the previous week, while about **184,000 older adults reported the same frequency of symptoms of worrying**; approximately **160,000 older adults in Washington** reported lack of interest on all or most days of the previous week, while just about **140,000 reported the same frequency of symptoms of depression**. **Please note that the same respondent may have reported frequent symptoms, and these numbers are not cumulative.** For these measures, the standard error suggests that the inaccuracy of estimates may be around 2.1% above or below the numbers previously mentioned.

[12] In May, the U.S. Census Bureau began measuring the social and economic impacts of the COVID-19 pandemic with a weekly Household Pulse survey of adults across the country. The survey asks questions related to various topics, such as how often survey respondents have experienced specific symptoms associated with diagnoses of generalized anxiety disorder or major depressive disorder over the past week, as well as services sought. Additional details about the survey can be found at https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm.

Graph 9: Estimated Washington adults (60 years and older) with feelings of anxiety and depression at least most days, by week: April 23, 2020 – October 11, 2021 (Source: U.S. Census Bureau)

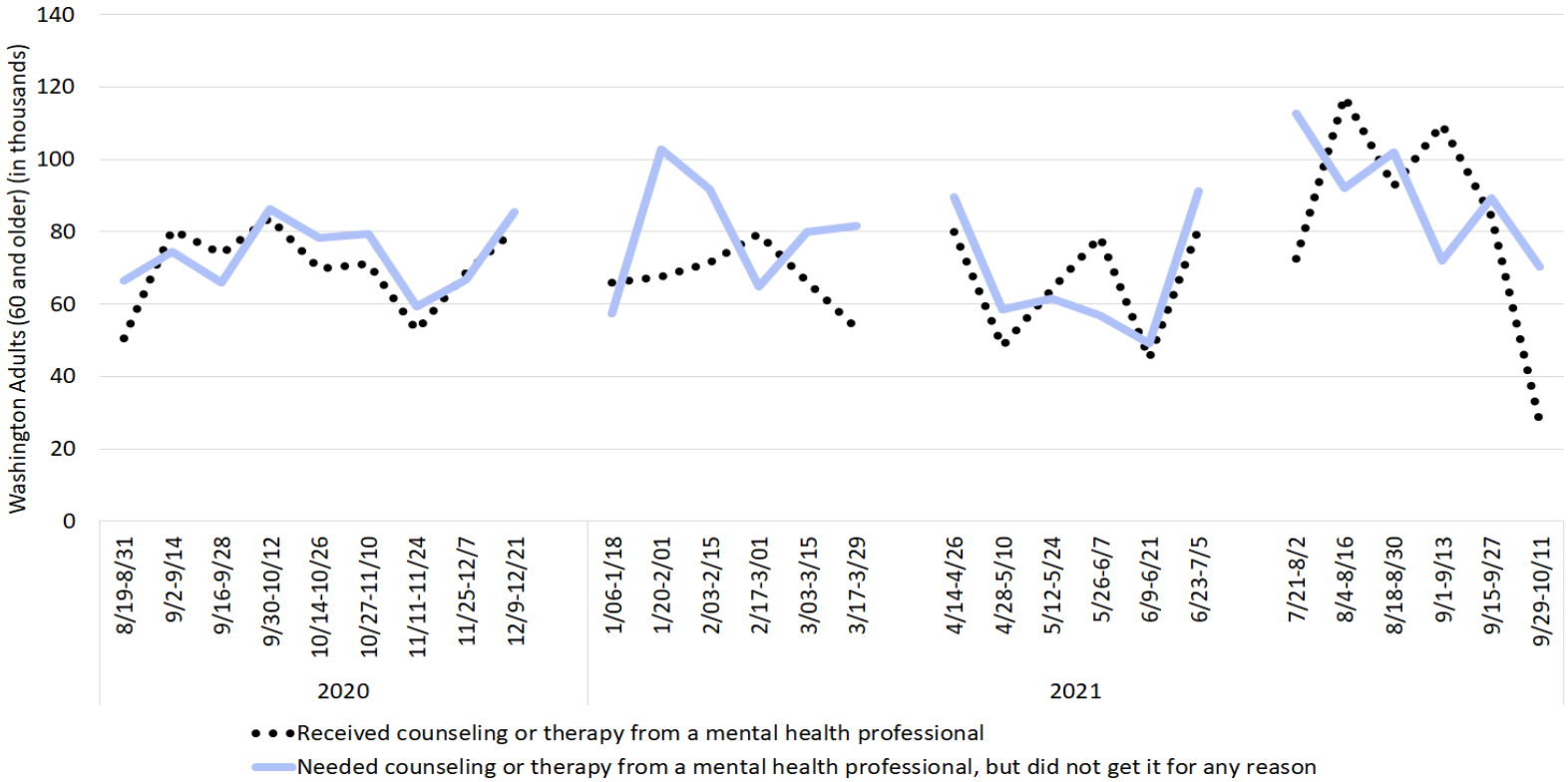


Note: The U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021, March 30, 2021 – April 13, 2021, and July 6 – 20, 2021.

Care-Seeking Behavior

Survey data collected by the U.S. Census Bureau for **September 29 – October 11, 2021** show the number of adults in Washington who received medical care and counseling, as well as the number who delayed or did not receive care (Graph 10).[8] Compared to the previous reporting period (**September 15 – 27, 2021**), **fewer people reported that they needed therapy or counseling but did not receive it (-67.4%)** and **fewer people reported that they received counseling or therapy from a mental health care professional (-21.0%)**. Please note the survey did not ask respondents why they did not receive care. For these measures, the standard error suggests that the inaccuracy of estimates may be around 2.3% above or below the numbers previously mentioned.

Graph 10: Estimated Washington adults (60 years and older) who received or delayed medical care or counseling, by week: August 19, 2020 – October 11, 2021 (Source: U.S. Census Bureau)

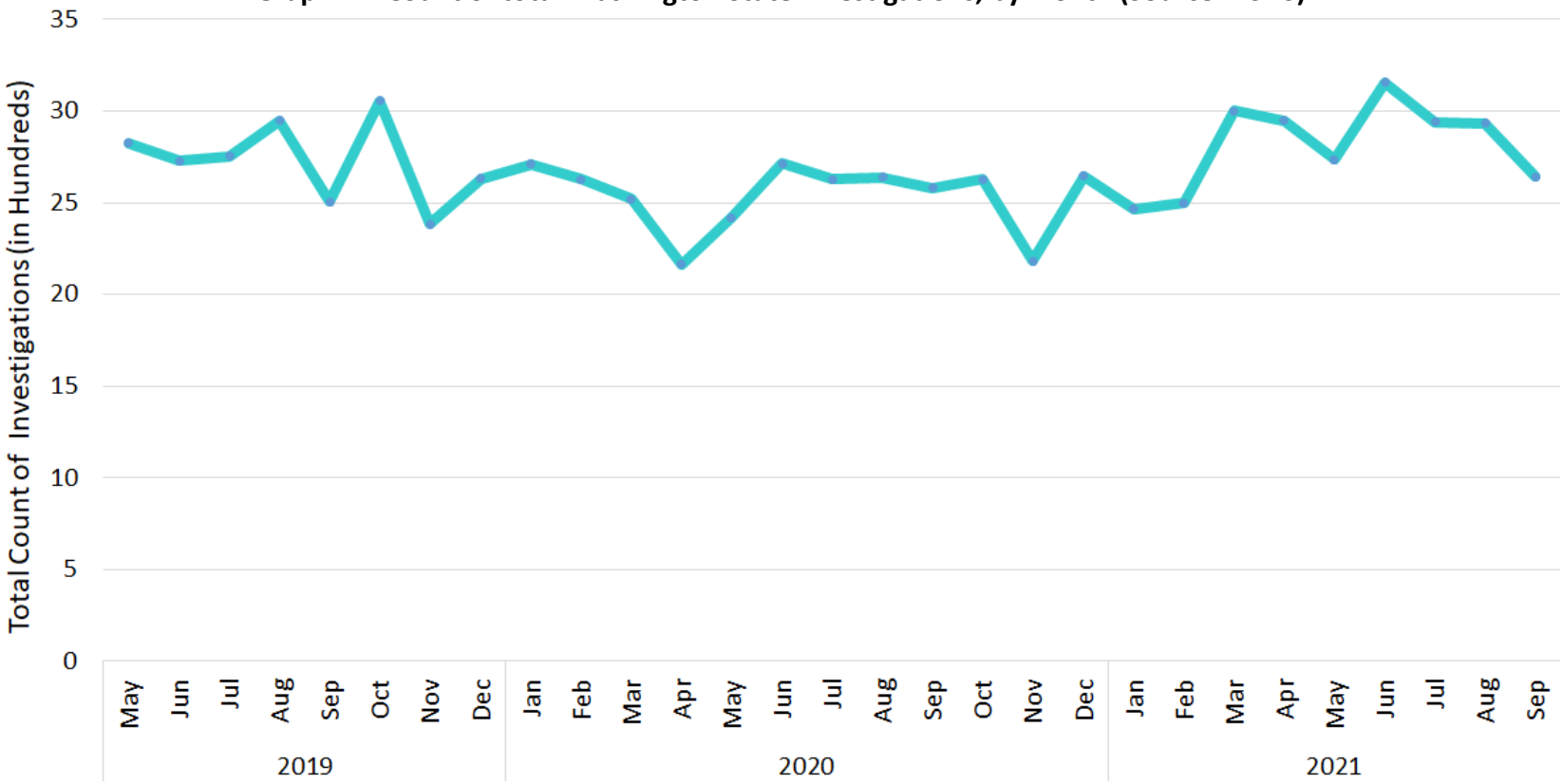


Note: The U.S. Census Bureau began this data collection in August 2020 and paused briefly for the period of December 23, 2020 – January 3, 2021, March 30, 2021 – April 13, 2021, and July 6 – 20, 2021.

Adult Protective Services (APS) Investigations

The Department of Social and Health Services' (DSHS) Adult Protective Services (APS) receives and investigates reports of abuse, abandonment, neglect, exploitation and self-neglect of vulnerable adults in Washington. Types of investigations include financial exploitation, improper use of restraint, mental abuse, neglect, personal exploitation, physical abuse, self-neglect, and sexual abuse. Graph 11 shows the count of total Washington State APS investigations for individuals ages 65 and older. The most recent reporting period (September 2021) showed a 9.9% decrease in investigations for ages 65 and older as compared to the previous month.

Graph 11: Count of total Washington State investigations, by month (Source: DSHS)

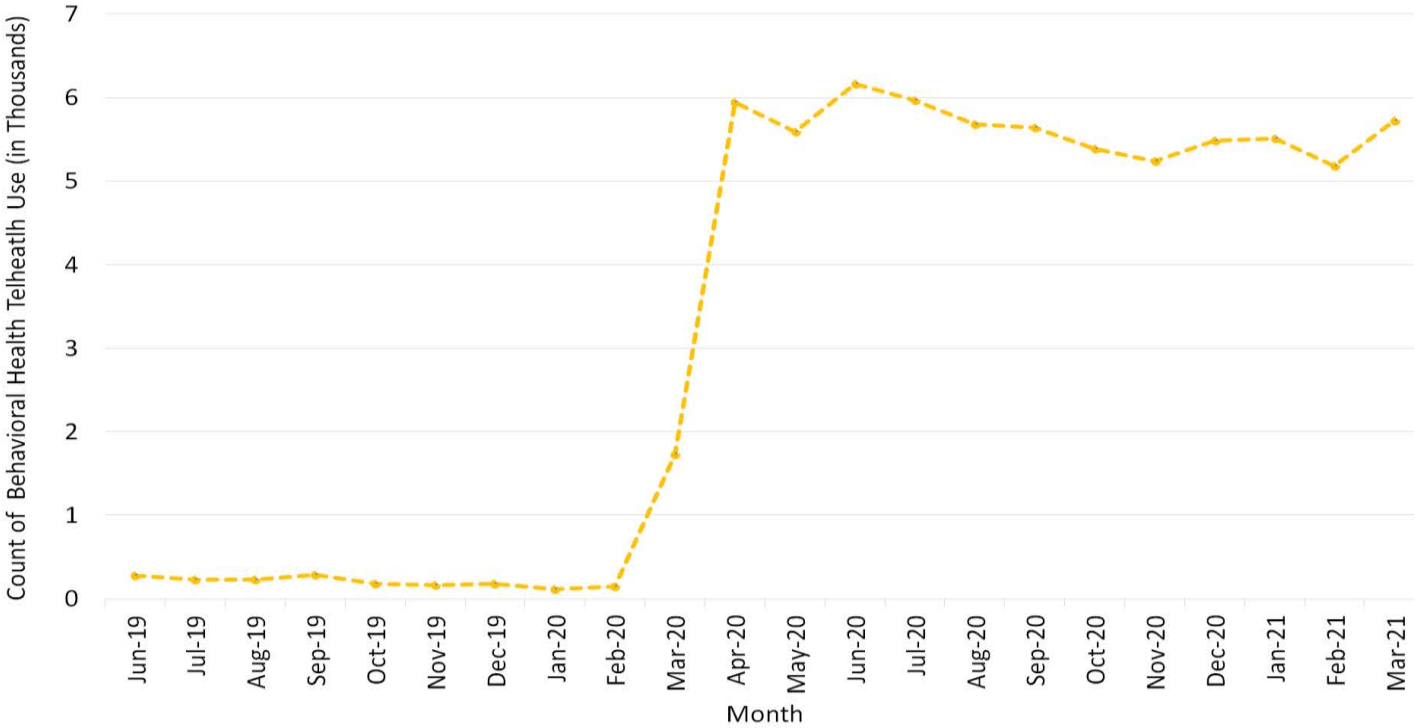


Note: Data is limited following intake report to determine if APS has jurisdiction. Investigations include thorough interviews, observations, record reviews and coordination with law enforcement and other agencies as needed.

Telehealth Use 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 12 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 the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. As this data is limited to only Washington Medicaid recipients, overall telehealth use may be underreported as older adult populations may be Medicare beneficiaries. The most recent reporting period (March 2021) showed a 10% increase of telehealth behavioral health services use claims for individuals 65 years and older compared to the previous month.

Graph 12: Count of telehealth behavioral health use claims for older Washington Medicaid clients, by month (Source: HCA)

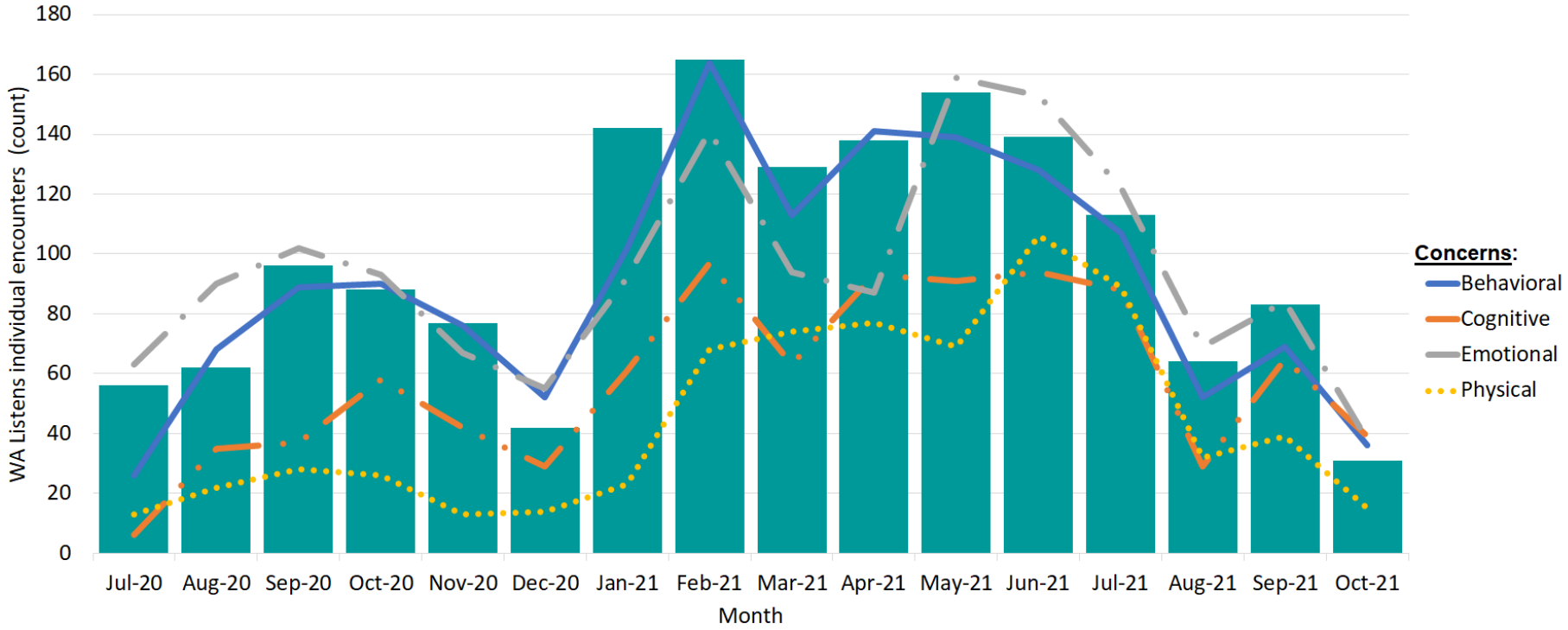


Note: Due to missing or suppressed data, results may be underreported.

Telephonic Support Lines – Service Volume

Washington (WA) Listens[4] is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 1,579 WA Listens individual encounters have been completed with individuals who were 65 years and older (Graph 13). In October 2021, calls for **physical concerns** decreased by 61.5%, **emotional concerns** decreased by 54.8%, **cognitive concerns** decreased by 40.0%, and **behavioral concerns** decreased by 47.8% as compared to the prior month.

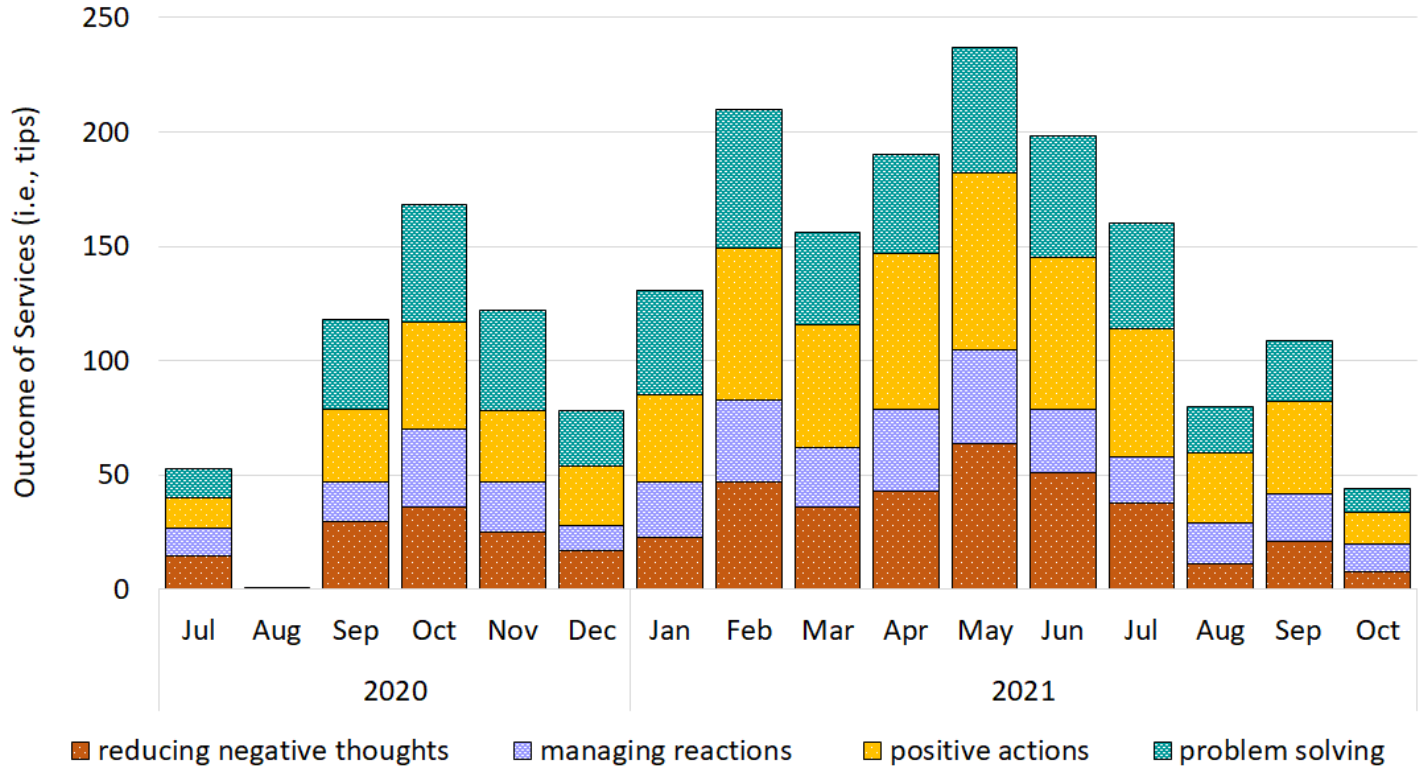
Graph 13: Total count of WA Listens individual calls for older adult (individuals 65 years and older) individuals and concerns, by month (Source: Washington State Health Care Authority [HCA])



Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, August-21 to October-21 might be underreported by approximately 5-10%.

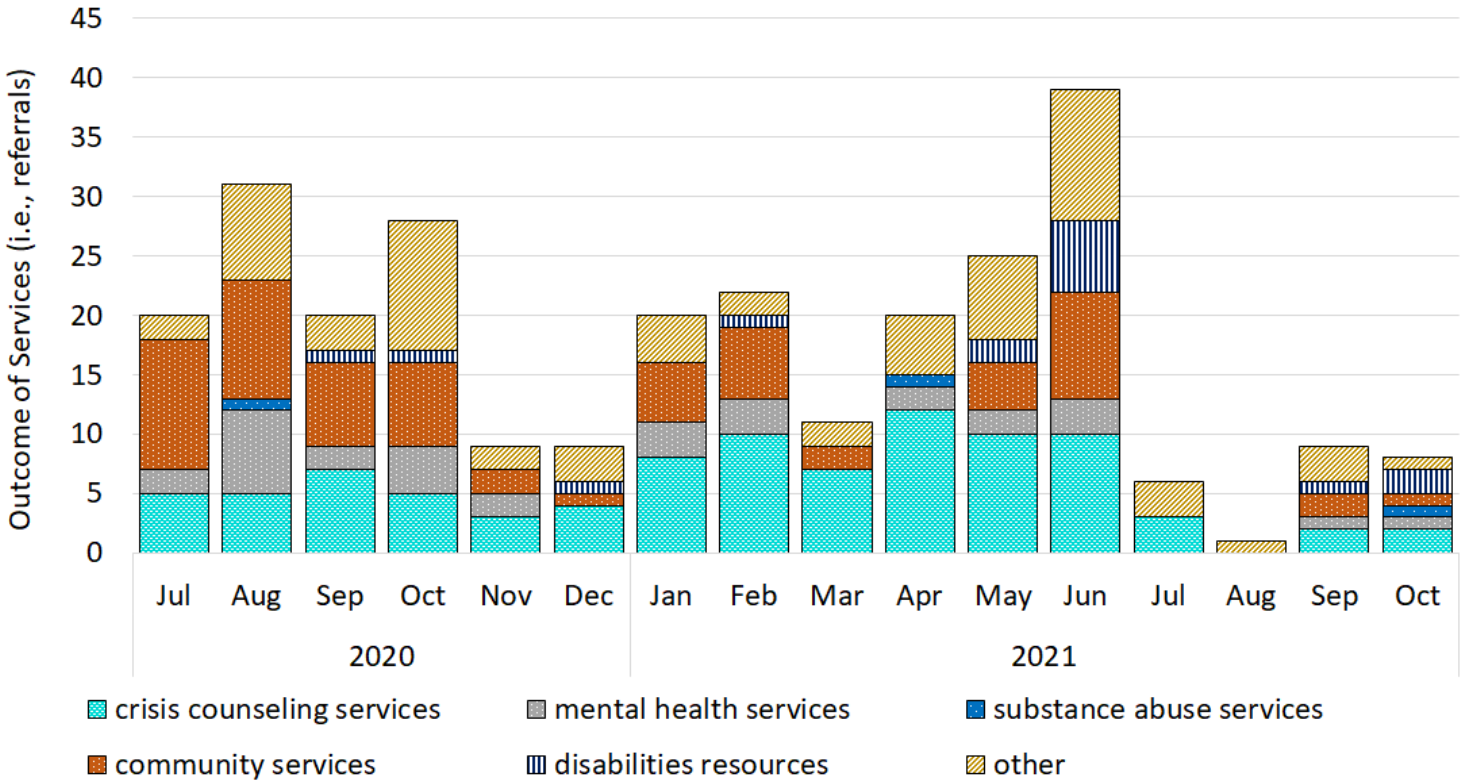
In terms of behavioral concerns, most individuals ages 65 years and older called for isolation/withdrawal concerns (47.2%) and agitated/ jittery/ shaky (22.2%). In terms of cognitive concerns, most older adults called for intrusive thoughts and images (25.6%), difficulty concentrating (25.6%), and difficulty in making decisions (35.9%). In terms of emotional concerns, most older adults called for emotions of irritability and anger (31.6%) and/or feelings of anxiety or fearfulness (39.5%). In terms of physical concerns, most older adults called for worsening of health problems (53.3%) and fatigue and exhaustion (26.7%). For risk factors, 17.1% focused on preexisting physical disability, 15.9% on past substance use/mental health problem, 14.6% on past trauma, 14.6% on friend missing or dead, and 14.6% on family missing or dead. For **outcomes from services (e.g., tip and referrals)**, see Graphs 14 and 15.

Graph 14: Outcome of services (i.e., tips) for WA Listens older adult (individuals 65 years and older) individuals (Source: HCA)



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, August-21 to October-21 might be underreported by approximately 5-10%.

Graph 15: Outcome of services (i.e., referrals) for WA Listens (Source: HCA)



Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, August-21 to October-21 might be underreported by approximately 5-10%.

Acknowledgements

This document was developed by the Washington State Department of Health's Behavioral Health Epidemiology Team. Lead author is Vasiliki Georgoulas-Sherry, PhD.

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