Whole Person Care Collaborative
May 3, 2021
May is Mental Health Awareness Month

1 in 4 people suffer from some form of mental illness in any given year

Not all pain is physical and not all wounds are visible

Break the Silence
Break the Stigma

Source: https://chesmrc.org/healthtips/may-is-mental-health-awareness-month-2/
Introduction

Welcome

Introductions

Consent Agenda
  March Minutes
  April Agenda
<table>
<thead>
<tr>
<th>Proposed Agenda</th>
<th>Time</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>11:00</td>
<td>Introductions</td>
</tr>
<tr>
<td>1. Introduction</td>
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<td>Consent agenda</td>
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<tr>
<td>Wendy Brzezny</td>
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<td>Agenda</td>
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<tr>
<td>1. Introduction</td>
<td></td>
<td>Minutes</td>
</tr>
<tr>
<td>2. Announcements &amp; Updates</td>
<td>11:05</td>
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<tr>
<td>3. Columbia Valley Community Health</td>
<td>11:10</td>
<td>Improving Depression Screening Rates</td>
</tr>
<tr>
<td>Marylouise Jones</td>
<td></td>
<td>Among FQHC Patients</td>
</tr>
<tr>
<td>4. Coordinated Care</td>
<td>11:35</td>
<td>Screening for BH conditions, Suicide</td>
</tr>
<tr>
<td>Ryan Appleby, Symone</td>
<td></td>
<td>Prevention Protocol and Telehealth from</td>
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<tr>
<td>Edwards and Marissa Ingalls</td>
<td></td>
<td>an MCO Perspective</td>
</tr>
<tr>
<td>5. WA DOH Behavioral Health</td>
<td>12:00</td>
<td>Behavioral Health Monthly Forecast &amp;</td>
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<tr>
<td>Dr. Tona McGuire</td>
<td></td>
<td>Weekly Situation Report</td>
</tr>
<tr>
<td>Mary Franzen</td>
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<tr>
<td>6. Adjourn</td>
<td>12:45</td>
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<tr>
<td>Location</td>
<td>Attendees</td>
<td>Minutes</td>
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<td>---------------------------</td>
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<tr>
<td>Virtual</td>
<td>Deb Miller, Kate Haugen, Caitlin Safford, Mattie Osborne, Jamie Hilliard, Dusti Rocha, Deborah Dettman, Paul Hadley, Loretta Stover, Samantha Krumdiek, Christina Harvill, Hayley Middleton, Mary Louise Jones, Stephen Johnson, Shoshannah Palmanteer, Tawn Thompson, Virginia O’Kelly, Dianna Osborne, Laurel Lee, Vicky Evans, Jackie Weber, Danny Guerrero, Misty Queen, Megan Gillis, Whitney Howard, David McClay, Cheria Flint, Connie Mom-Ching, Alice Lind, Teresa Claycamp, Jennie Harvill, Linda Fanning, Ladon Kussler, Joe Galvan, Alleen Morelos, Jan Sternberg, Karen Keomuangtai Consultants: Roger Chaufournier, Christina Clark, Connie Davis NCACH Staff: Wendy Brezny, Mariah Brown, Linda Parlette, John Schapman, Teresa Davis – Minutes</td>
<td>Tawn Thompson moved, Hayley Middleton seconded the motion to approve the consent agenda, motion passed.</td>
</tr>
<tr>
<td>Agenda Item</td>
<td></td>
<td></td>
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<tr>
<td>Introductions, approval of consent agenda</td>
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<tr>
<td>Columbia Basin Health Association</td>
<td>Hayley Middleton discussed how their chronic care strategy shifted during Covid using a Power BI dashboard to help identify the most at risk patients. CBHA continued their behavioral health upgrades by increasing staff and adjusting their intake and referral process. CBHA recently joined Caravan Health and created a population health team to help identify care gaps and reduce the administrative burden on clinical staff. Moving forward, CBHA plans to assess different cohorts such as frequent ED Utilizers to help address need. For full presentation, please see the slides and/or recording at ncach.org</td>
<td></td>
</tr>
<tr>
<td>Amerigroup</td>
<td>Caitlin Safford reviewed the work Amerigroup has been and identified some issues they experienced with the IMC transition. Amerigroup hosted a couple of IMC provider forums will continue to offer them quarterly as well as office hours to address issues that are arising. Currently, Amerigroup has partnered with UW and is piloting a project with providers in the Better Health Together Region to form dyads of providers that can support work together towards integrated care. Finally, Amerigroup is redesigning a new contracting model to assist providers in moving along the integration spectrum to help increase incentive payments and potentially VBP agreements. For full presentation, please see the slides and/or recording at ncach.org</td>
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<tr>
<td>HCA/Comagine</td>
<td>Alice Lind from HCA reviewed Behavioral Health Performance Measures, comparing the north central region to the rest of the state. Comagine then posted a link to a survey allowing participants to 15 minutes to complete. After which, Comagine facilitated a discussion regarding the issues to better understand why metrics are trending in the wrong direction.</td>
<td></td>
</tr>
<tr>
<td>Announcements &amp; Updates</td>
<td>Monthly reports are due on April 7th. If you are having trouble completing, please contact Mariah Brown.</td>
<td></td>
</tr>
<tr>
<td>12:47 Adjourn</td>
<td>Next Meeting – May 3rd, 2021</td>
<td></td>
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</tbody>
</table>
Announcements/Updates
Partner Updates

- Managed Care Organizations
- Community Based Organizations
- Clinical Partners
Announcements

• Population Health LAN – May 11th

• QI Affinity - April 26th

• Single Topic Webinar
  • Brief Interventions that Build Resilience – recording & resources available
  • Suggested topics for future webinars
    • SDoH
    • Email to Wendy
Reports are due Wednesday, May 5th by COB.
Please upload to the portal
Improving Depression Tracking Rates Among FQHC Patients

Partnering to achieve optimal health and Wellness with compassion and respect for all.
Overview

• Current Depression, Screening, and Monitoring Rates
• Importance of Depression Screening/Monitoring
• Current Efforts
• Root Causes of Poor Depression Tracking Rates
• Possible Solution: Standardized Intake Process
• PDSA Roll Out Plan
• What Actually Happened
• Preliminary Process Audit and Feedback Data
• Lessons Learned
>1500 adults served within the past year by CVCH with major depressive disorder diagnosis.
Risk factors include rural health challenges, SES, cultural status, adverse life events, stressors…..

**Pre-Pandemic**
- Overall, 5% of Washingtonians met criteria for clinical depression.¹
- 1/3 of all 10th graders in WA experienced significant depressive feelings the past year.²

Total Active CVCH Adult Patients With Depression Dx Who have Received Screening (Total Patients with Depression Dx=1614)

- 1018 (63%)
- 596 (36%)

Female Patients n=1203

- 764 (63%)
- 439 (36%)

Male Patients n=411

- 294 (62%)
- 157 (38%)

Depression screening and follow-up (NQF 0418)

Depressive disorder monitoring (NQF 0712 modified)
Importance of Depression Screening/Monitoring

Monitoring

Intervention

Depression/Suicide Risk

cvch.org
CVCH Already Focuses on Depression Screening and Monitoring

- UDS Measures
- In athena EMR
- Quality Department Reviews
- Individual Providers
- Joint Commission Focus
- Value-based reimbursement possibilities
Why Don’t All CVCH Clinical Teams Complete Depression Screenings, Monitoring, and Follow-up?
Make it Impossible Not to Do the Right Thing = STANDARDIZED INTAKE PROCESS

Which always includes depression screening/monitoring
Increased Screening and Monitoring of Depression Symptoms through Standardized Intake Process will:

- Help patients feel better.
- Communicate its importance to patients
- Alert clinician when greater intervention needed.
- Let the patients/provider know when things are getting better.

Change is present when patients show decreased depression levels (as measured by PHQ-9).

Ongoing improvement will be ensured through a standardized measurement process that includes depression screening/monitoring every relevant clinic visit.
Summary: Intake process for all Adolescent New Patients, Adolescent Well-Visits, and Adolescent Sports Physicals in Pediatrics, Family Medicine, and Express Care

Reason for visit: Select the appropriate reason for visit.
Screening. Select the PHQ-2/PHQ-9 Depression Screening. This screening needs to be performed at least annually.
### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

**ED #:**

**DATE:**

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use “0” to indicate your answer)

<table>
<thead>
<tr>
<th>Item</th>
<th>Most of the time</th>
<th>Several days</th>
<th>More than half the time</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. Feeling sad about things—or that you are a burden to others or those close to you</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>8. Spending more time than usual doing things that people would notice if you didn’t do them</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

**Screening Automatically Scores**

- **Click the indicated answers**
- The patient can answer on a paper form or answer the questions with the MA during intake.

**Click ✓ POSITIVE or NEGATIVE Depending on score**

- Quality Measure Completion will happen later in the intake.

- If the screening scores POSITIVE an intervention is required.

[cvch.org]
• Train all medical assistants on new process.
• Select a few clinical teams to start PDSA
• Start small, only a few patients per team.
• Have medical assistants conduct random audits to ensure each step of intake process completed.
• Get qualitative feedback from PDSA teams on how well working.
• Provide audit data and staff feedback to Medical and Clinical Operations groups.
• Incorporate changes in workflows and re-train as needed.
• Celebrate teams which have adopted process.
• Roll out to more teams.
• Continue to audit and get feedback.
Roll Out Plan of PDSA

3 Family Medicine Teams
November 2020

More Family Medicine Teams
December

All of Family Medicine at Main Campus
January 2021

Pediatrics/Midwifery
February-March

East Wenatchee/Chelan
February-March

Audit/Adjust

All Clinical Teams Using Standard Intake by End of March 2021!!

Medical and Clinical Operations Teams

cvch.org
What **Actually** Happened

3 Family Medicine Teams
November

3 Family Medicine Teams
*January*

Restart Some Family Medicine Teams
*ETA April*

Select Pediatrics Teams
*ETA April*

Select Midwifery Teams
*ETA April*

Select Teams Throughout CVCH

Feedback

Medical and Clinical Operations Teams

cvch.org
## Process Vs. Outcome

### Early Results and Audit Data

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Clin Enc Date</th>
<th>Enc Ht</th>
<th>Latest Ht Date</th>
<th>Enc Wt</th>
<th>Latest Wt Date</th>
<th>Smoking - How Much</th>
<th>Enc BP</th>
<th>Latest BP Date</th>
<th>Povdr</th>
<th>Apttype</th>
<th>Depression Screening</th>
<th>Last DS Date</th>
<th>Date Run</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>166.49 cm</td>
<td>166.49 cm</td>
<td>01/26/21</td>
<td>205 lbs</td>
<td>01/29/21</td>
<td>N</td>
<td>132/89</td>
<td>01/29/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>167.64 cm</td>
<td>167.64 cm</td>
<td>03/31/21</td>
<td>194 lbs</td>
<td>03/31/21</td>
<td>N</td>
<td>124/80</td>
<td>03/31/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>167.91 cm</td>
<td>167.91 cm</td>
<td>08/08/21</td>
<td>195 lbs</td>
<td>08/08/21</td>
<td>N</td>
<td>110/80</td>
<td>08/08/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>167.67 cm</td>
<td>167.67 cm</td>
<td>03/31/21</td>
<td>135 lbs</td>
<td>03/31/21</td>
<td>N</td>
<td>108/62</td>
<td>03/31/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>151.13 cm</td>
<td>151.13 cm</td>
<td>04/21/21</td>
<td>130 lbs</td>
<td>04/21/21</td>
<td>N</td>
<td>118/02</td>
<td>04/21/21</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>164.47 cm</td>
<td>164.47 cm</td>
<td>02/24/21</td>
<td>187 lbs</td>
<td>02/24/21</td>
<td>N</td>
<td>122/84</td>
<td>02/24/21</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>144.5 cm</td>
<td>144.5 cm</td>
<td>03/15/21</td>
<td>165 lbs</td>
<td>03/15/21</td>
<td>N</td>
<td>94/52</td>
<td>03/15/21</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>174.5 cm</td>
<td>174.5 cm</td>
<td>03/01/21</td>
<td>210 lbs</td>
<td>03/01/21</td>
<td>N</td>
<td>128/60</td>
<td>03/01/21</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>
Lessons learned

So far...
• Overcommunicate:
  • *Why* are we doing this?
  • *What* are we doing?
  • *How* do we know if we’re *successful*?

• Start PDSA with highest functioning/motivated clinical teams.
• Keep PDSA visible to all departments.
• Have designated point person/champion for each department.
• Account for staff turnover in key positions.
• Have a flexible roll out plan but don’t let staff “resistance” stop everything.
• Don’t give up (or let a global pandemic deter the project).
Thank You.

Partnering to achieve optimal health and Wellness with compassion and respect for all.
Questions/Discussion
Care Management

Behavioral Health Screening & Identification, Zero Suicide Framework and Telehealth
Initial Behavioral Health Risk Screening and Engagement

• Initial Health Assessment
• Assessments
  • PHQ2, PHQ9, AUDIT, DAST, HRS, Colombia
• Referrals and Triage
• Outreach Cadence
• Supports
  • Monthly Care Management
  • Care Coordination
  • Crisis Line
Coordinated Care’s Zero Suicide Framework

- Quality Improvement
- Leadership
- Training
- Lethal Means Removal
- Screening Transition of Care ED Diversion Referral
- Columbia Suicide Screening
- Crisis Response/Brown-Stanley Safety Plan
- Suicide Prevention Protocol

Providers -> Systems

Suicide Prevention Protocol → Crisis Response/Brown-Stanley Safety Plan → Lethal Means Removal → Screening Transition of Care ED Diversion Referral → Columbia Suicide Screening → Providers

Zero Suicide in Health and Behavioral Health

Coordinated Care
Telehealth
Our approach to telehealth

Telehealth is here to stay
Telehealth is not one size fits all
We have so much to learn from the data
Provide support and resources to remove barriers to access
Questions?
Questions/Discussion
Washington State Behavioral Health Situation Report and Forecast

Mary Franzen & Dr. Tona McGuire
BEHAVIORAL HEALTH IMPACTS OF COVID-19
April 2021 Update
BEHAVIORAL HEALTH IMPACTS OF COVID-19

April 2021 Update
Background:
- Developed by combining academic literature, a wide variety of data sources, and the expertise of the DOH Behavioral Health Strike Team
- Highly subject to future waves, government actions, societal trends, social and economic impacts
- Continually informed by new research and data sources

Further reading:
- Statewide Impact Forecast *(updated monthly)*
- Behavioral Health Situational Report *(updated weekly)*
- Youth Behavioral Health Impact Situation Report *(updated monthly)*
Different paths for communities based on risk / protective factors, April 2021
Many adults (18+) in Washington have begun the transition from Disillusionment into Reconstruction and Recovery (the typical response / recovery pathway).

- Considerations for the typical recovery pathway include return to workplace anxiety / excitement, risk-taking, complacency with guidelines, and vaccine confidence.

The speed and experience of the response and recovery process will vary significantly among communities, families and individuals.

- Those who have experienced significant primary and secondary effects of the pandemic are likely to progress more slowly into reconstruction and recovery than others and experience more severe behavioral health symptoms (the disaster cascade pathway).

Risk factors for the disaster cascade pathway include:

- Age (higher risk for adolescents, youth and young adults), experiences of social marginalization and discrimination either directly or indirectly related to the pandemic, unemployment, economic insecurity, and lack of access to resources.
The Disaster/Trauma Cascade

“...a situation in which parts of the disaster recovery cycle can be repeated or prolonged, during which people may have reduced ability to emotionally recover...”

Including: Natural disasters, community outbreaks, social/civil unrest, and/or individual life events such as unemployment, bankruptcy, eviction, food insecurity, etc.

**What is the potential impact?**

- Extends or restarts the cycle, often at a lower baseline
- Prolonged Disillusionment Phase: more impacted- more severe symptoms- for longer
- Behavioral health symptoms: moderate to severe symptoms of acute stress which has the potential to result in PTSD and/or major depressive disorder, increased concern regarding suicide risk
Key Things to Know

- For youth, teens, and young adults we anticipate an increase in risk-oriented behaviors in the spring and summer due to the degree of psychological impact those groups have experienced. Suicidal thinking and behavior remains a significant risk for these age groups.

- Spring and summer increases in warmer weather (temperature) may also increase risks associated with substance use as well as aggressive, illegal or violent behavior in the context of pandemic apathy.

General fatigue, exhaustion, and feeling overwhelmed are common experiences:
- Sleep problems, diminished cognitive and high-level thinking, memory challenges, and increased impacts of existing behavioral health symptoms such as depression, anxiety, or trauma
- Pandemic Apathy informs “acting out”: Denial/ignoring consequences, and “acting in”: Extreme hopelessness/not engaging

Behavioral health diagnoses associated with COVID-19:
- Individuals with even mild cases of COVID-19 are at higher risk for depression and anxiety.
- Post-Covid Psychosis is a new diagnosis.
- For adults over 65, there has been slight increase in diagnoses of dementia in the first 14 – 90 days after a COVID-19 diagnosis.
Anxiety, Depression (Census Bureau)
Vaccine Confidence, Patience,

Vaccines bring hope, potential start to the end of the pandemic
- Hope is a positive and powerful tool for resilience and recovery
- They will protect loved ones, those most vulnerable, and ourselves
- Likely an increasing desire to move towards normal, or a “new normal”
- Concern about variants may produce additional anxiety

Patience will be essential – and will be hard for a lot of folks
- A year of a pandemic, societal and personal impacts, strong desire for “normal life” again
  - Emotional regulation for many people is diminished
- Phase roll-backs may be particularly challenging for behavioral health
  - Physically, Emotionally, Behaviorally, Cognitively.
- Additional spikes in disease within communities, concerns about additional strains
The Good News

Typical long-term response to disasters is resilience, rather than disorder. Resilience is something that can be intentionally taught, practiced, and developed for people across all groups.

Resilience can be increased by:

- Focusing on developing social connections, big or small
- Reorienting and developing a sense of purpose
- Becoming adaptive and psychologically flexible
- Focusing on hope
Resources:

DOH - Forecast and situational reports, guidance and resources:

WA State – General mental health resources:

Looking for support?
Call Washington Listens at 1-833-681-0211
Questions?
Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.
Weekly Behavioral Health Situation Report

Purpose: Provide a concise source of weekly information on behavioral health trends

How/why was it made?
• Drafted by the Impact & Capacity Assessment Task Force, informed by Behavioral Health Strike Team
• Goal is to track predictions that appear in the monthly forecast
• Relies on a variety of data sources
  • Different reporting periods and different populations
  • Difficult to interpret 2020 data
Reactions and Behavioral Health Symptoms in Disasters

Emotional Response – Lows to Highs

- PRE-DISASTER
  - Warning
  - Threat

- OUTBREAK
  - Impact
  - Heroic
  - Honeymoon – Community cohesion

- POTENTIAL SECONDARY IMPACT
  - Subsequent disaster cascade effects
  - Inventory
  - Trigger event
  - Different paths for Washington communities, as of March 2021 (based on risk and protective factors)

- DISILLUSIONMENT

- RECONSTRUCTION – A new beginning
  - Working through grief – Coming to terms
  - Setback
  - Secondary honeymoon
  - Secondary disillusionment

Months Pre- and Post-Outbreak

-6 -3 0 3 6 9 12 15 18 21
Syndromic Surveillance data (DOH)
- Emergency Department visits: Psychological Distress, Suicidal Ideation, Suspected Suicide Attempt, All-Drug related visits, Alcohol-related visits
- Statistical warnings and alerts are included in the situation report
- Total count of ED visits dropped in March 2020, so year-to-year comparisons can be difficult
  - Visit counts and rates/10K visits

Pulse Household survey data (US Census Bureau)

Background checks for gun purchases (FBI)

Product sales (DOR, LCB)
- Beer, wine, spirits, cannabis, cigarettes

Crisis Line data (Washington Listens, BH-ASO crisis lines)
Psychological Distress ED Visits

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

Average Weekly Difference between 2020 and 2019 Visit Counts: -338.1 per 10,000
Source: CDC National Syndromic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

Source: CDC ESSENCE
Suicidal Ideation and Suicide Attempt ED Visits

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

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

Average Weekly Difference between 2020 and 2019 Visit Counts: -314.9 per 10,000
Source: CDC National Syndemic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

Average Weekly Difference amongst 2020 and 2019 Visit Counts: -63.7 per 10,000
Source: CDC National Syndemic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

Source: CDC ESSENCE
All-Drug and Alcohol Related ED Visits

Number of Suspected Overdoses by All Drug Visits per 10,000 ED Visits

Number of Alcohol Related Visits per 10,000 ED Visits

Source: CDC ESSENCE

Average Weekly Difference between 2020 and 2019 Visit Counts: -136.5 per 10,000
Source: CDC National Syndromic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

Average Weekly Difference between 2020 and 2019 Visit Counts: -295.8 per 10,000
Source: CDC National Syndromic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.
Approximately 1.4 million adults reported frequent symptoms of anxiety, and 950,000 reported frequent symptoms of depression.

- People aged 18-29 reported the highest rates of frequent anxiety symptoms (40%) and frequent depression symptoms (32%).
Just over 600,000 adults reported that they needed counseling or therapy, but did not get it for any reason

- The survey did not ask why the person did not receive care
- 504,000 received professional counseling or therapy

Source: U.S. Census Bureau Household Pulse Survey, Washington data
Federal background checks for firearm sales may represent access to firearms, which is a risk factor for suicide and other gun violence.

These charts represent the number of background checks initiated through the NICS [National Instant Criminal Background Check System] and do not represent the number of firearms sold.
Calls to Washington Listens

Source: Washington State Health Care Authority
Questions or comments related to the weekly SitRep?
May is Mental Health Awareness Month

1 in 4 people suffer from some form of mental illness in any given year

Break the Silence
Break the Stigma

Not all pain is physical and not all wounds are visible

Source: https://chesnrc.org/healthtips/may-is-mental-health-awareness-month-2/