ED visits for MH, suicide, violence increase during COVID-19

Emergency department (ED) rates for mental health conditions, substance abuse and opioid overdose in 2020 exceed rates over the same time period examined in 2019, according to new research published online first in JAMA Psychiatry. The Centers for Disease Control and Prevention (CDC) determined this project to be public health surveillance rather than research that involved human subjects.

The cross-sectional study, led by Kristin M. Holland, Ph.D., M.P.H., of the National Center for Injury Prevention and Control at the CDC, is, to the authors' knowledge, the first of its kind to provide hospital encounter data demonstrating a potential association between the pandemic and mental health conditions, suicide attempts, overdoses and violence outcomes at the national level.

In the study, "Trends in US Emergency Department Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic," researchers set out to examine whether U.S. ED visits for mental health, suicide attempts, overdose and violence outcomes changed during COVID-19.

Researchers noted that economic stress, including financial hardship and job loss, may worsen mental health and contribute to increases in suicide, substance use and violence. Fear and worry about the COVID-19 pandemic, combined...
with implementation of mitigation measures and resultant social isolation and economic distress, stand to markedly impact mental health conditions, suicide attempts, drug overdoses and violence, the study stated.

Furthermore, the shutdown of businesses, schools and other public entities resulted in reduced or modified access to mental health treatment, addiction and recovery support services, and services designed to support families experiencing or at risk for violence victimization.

To avoid risk of exposure to COVID-19, many people delayed or avoided seeking medical care, potentially increasing the risk of poor mental health, substance use and violence outcomes. Past research on large-scale natural disasters and disasters of human origin indicates that such events can result in short- and long-term increases in mental health problems, substance use, intimate partner violence and child abuse.

**Method**

Data came from the CDC’s National Syndromic Surveillance Program (NSSP), a collaboration of the CDC, local and state health departments, and health care facilities supporting the collection of electronic health data from ED, urgent care center, inpatient facility and laboratory visits.

More than 3,500 active emergency facilities that represent portions of 48 states (excluding Hawaii and Wyoming) and Washington, D.C., contribute data to the NSSP, accounting for approximately 70% of all U.S. EDs. The present study includes only data from EDs (3,119 in 2019 and 3,598 in 2020).

This cross-sectional study examined national changes in ED visits for mental health conditions, suicide attempts, overdoses and violence from Dec. 30, 2018, to Oct. 10, 2020 (before and during the COVID-19 pandemic).

**Findings**

The ED visit rates for mental health conditions, suicide attempts, and all drug and opioid ODs exceeded the 2019 rate. Conversely, ED visit rates increased beginning the week of March 22 to 28, 2020. When the median ED visit counts between March 15 and Oct. 10, 2020, were compared with the same period in 2019, the 2020 counts were significantly higher for suicide attempts (4,940 vs. 4,656), all overdoses (15,604 vs. 13,371) and opioid ODs (5,502 vs. 4,168).

From Dec. 30, 2018, to Oct. 10, 2020, a total of 187,508,065 ED visits (53.6% female and 46.1% male) were reported to the NSSP, 6,018,318 of which included at least one study outcome (visits not mutually exclusive).

The study noted that total ED visit volume decreased soon after COVID-19 mitigation measures were implemented in the United States beginning March 16, 2020.

At their lowest point, ED visits for mental health conditions, suicide attempts and intimate partner violence decreased to a lesser extent (24.1% for mental health conditions, 13.1% for suicide attempts and 33.7% for intimate partner violence) than overall ED visits (43.1%) during the early weeks of COVID-19.

All drug ODs had a slight decrease from March 29 to April 11 (range: 3.4%–4.3%) compared with the same weeks in 2019, but otherwise weekly counts of all drug and opioid ODs ranged from 1% to 45% higher in 2020 compared with the same week in 2019.

This study describes changes in national-level ED visit counts and rates for mental health conditions, suicide attempts, ODs and violence outcomes, which may be associated with societal-, community- and individual-level stressors associated with the COVID-19 pandemic. Past research on public health crises suggests it is likely that COVID-19 and associated mitigation measures will have impacts that far outlast the short-term emergency period and that may intensify during periods of increased transmission.

This study’s findings underscore the need for continued mental health condition, suicide, OD and violence prevention messages, screening and interventions at the individual, relationship, community and societal levels, as well as longitudinal surveillance to track the long-term impacts of COVID-19.

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**STATE NEWS**

**Denver successfully sent MH professionals, not police, to hundreds of calls**

Another U.S. city is reporting early success with a program that replaces traditional law enforcement responders with health care workers for some emergency calls, USA Today reported Feb. 8. Previously, Denver 911 operators only directed calls to police or fire department first responders. But the Support Team Assistance Response (STAR) pilot program created a third track for directing emergency calls to a two-person team: a medic and a clinician, staffed in a van from 10 a.m. to 6 p.m. on weekdays (see MHW, Sept. 28, 2020). The STAR program, which launched in June, reported promising results in its six-month progress report. The program aims to provide a “person-centric mobile crisis response” to community members who are experiencing problems related to mental health, depression, poverty, homelessness or substance abuse issues. Denver is among several U.S. cities working to develop an alternative emergency responder model for people who are experiencing mental health crises, as police officers fatally shoot hundreds of people experiencing mental health crises every year, according to a Washington Post database of fatal shootings by on-duty police.