

Suicide-related Public Health Surveillance Update

Nov 15th, 2020

Data Sources



Emergency department (ED) and urgent care center (UCC) suicide-related visit data from all non-federal emergency departments in Oregon and some urgent care centers.



Oregon Poison Center (OPC) suicide-related calls.
Lines for Life call data.

Summary of Findings

Trends

- Suicide-related visits to emergency departments and urgent care centers in the 3rd quarter of 2020 are similar to 2019.
- Suicide-related calls to Oregon Poison Center in the 3rd quarter of 2020 are similar to 2019
- Oregon Lines for Life call volume is influenced by many factors such as willingness to seek assistance, visibility of the lifeline phone number, or high-profile suicides of celebrities or community members. Calls have increased annually since 2016. The increased number of calls in 2020 aligns with this trend. No increases beyond the variation expected have been identified.

Percentages

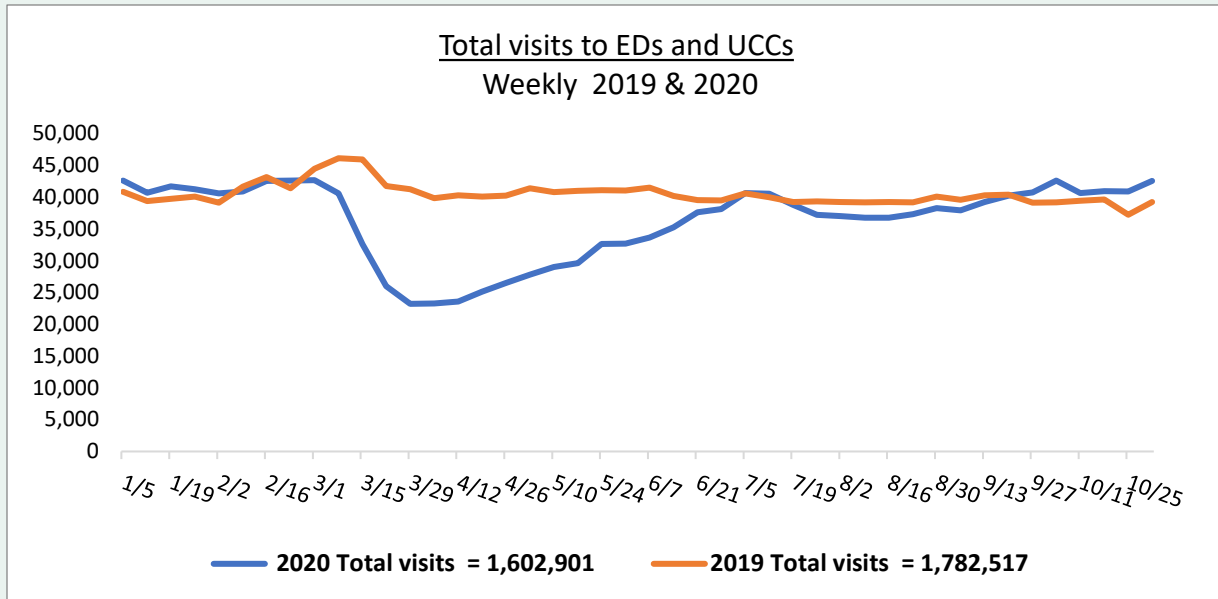
- Suicide-related visits to emergency departments and urgent care centers in the 3rd quarter of 2020 are similar to 2019.
- Suicide-related calls to Oregon Poison Center in the 3rd quarter of 2020 are similar to 2019

Items of Note

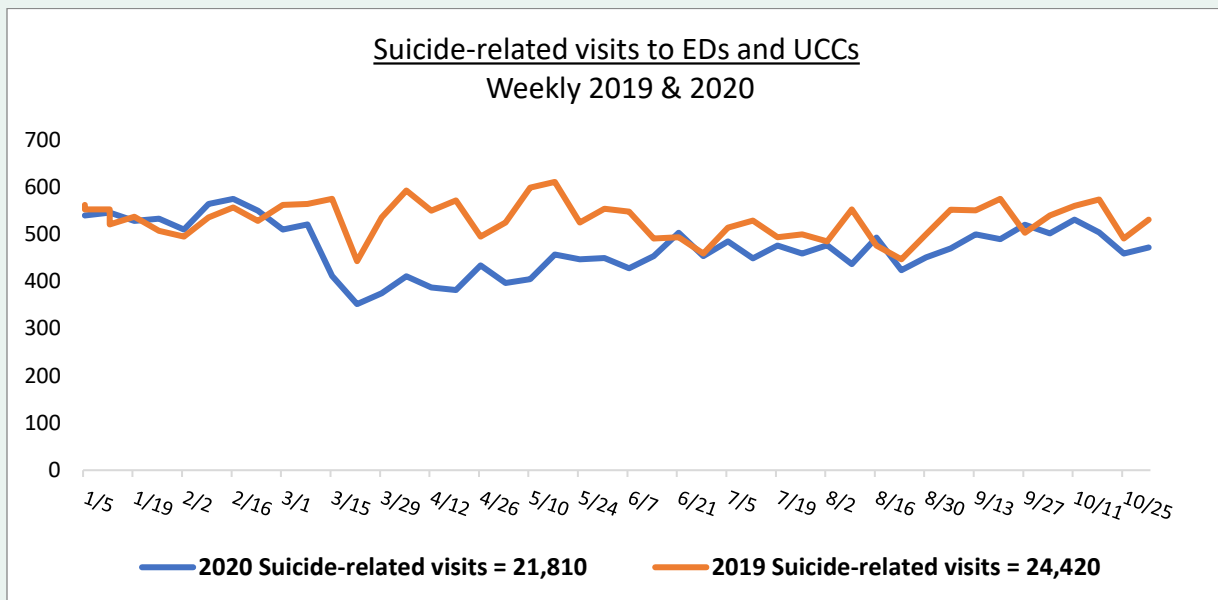
In October of 2020 syndromic surveillance data from 10 additional urgent care centers was added to the Oregon Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE).

Details of Findings: EDs and UCCs

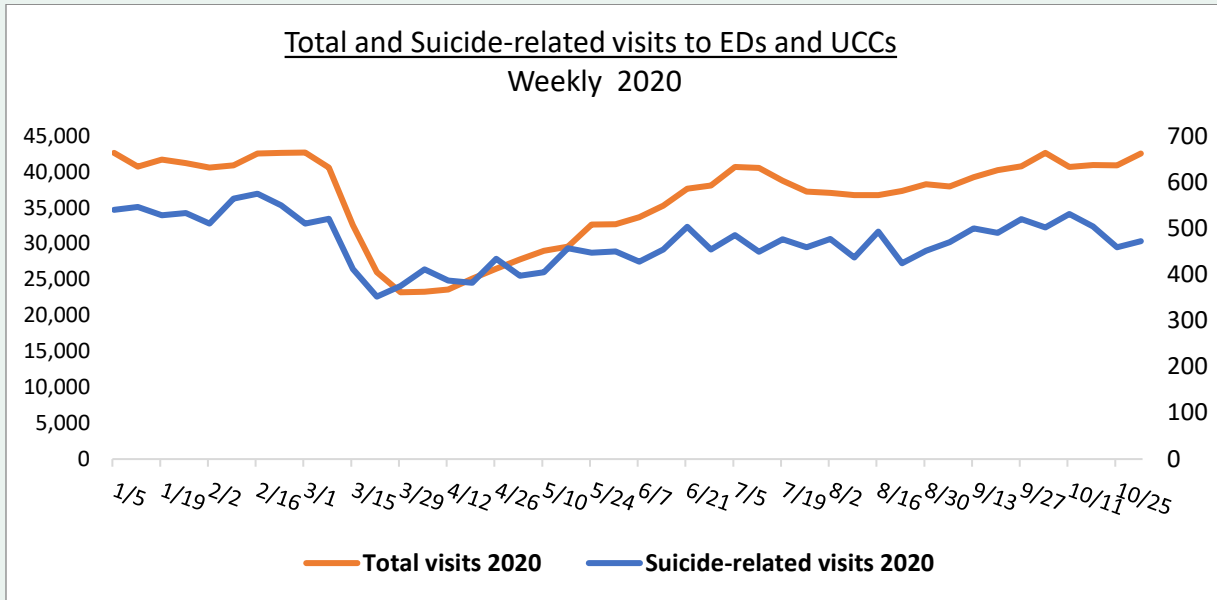
Total visits to EDs and UCCs in the 3rd quarter of 2020 are similar to 2019.



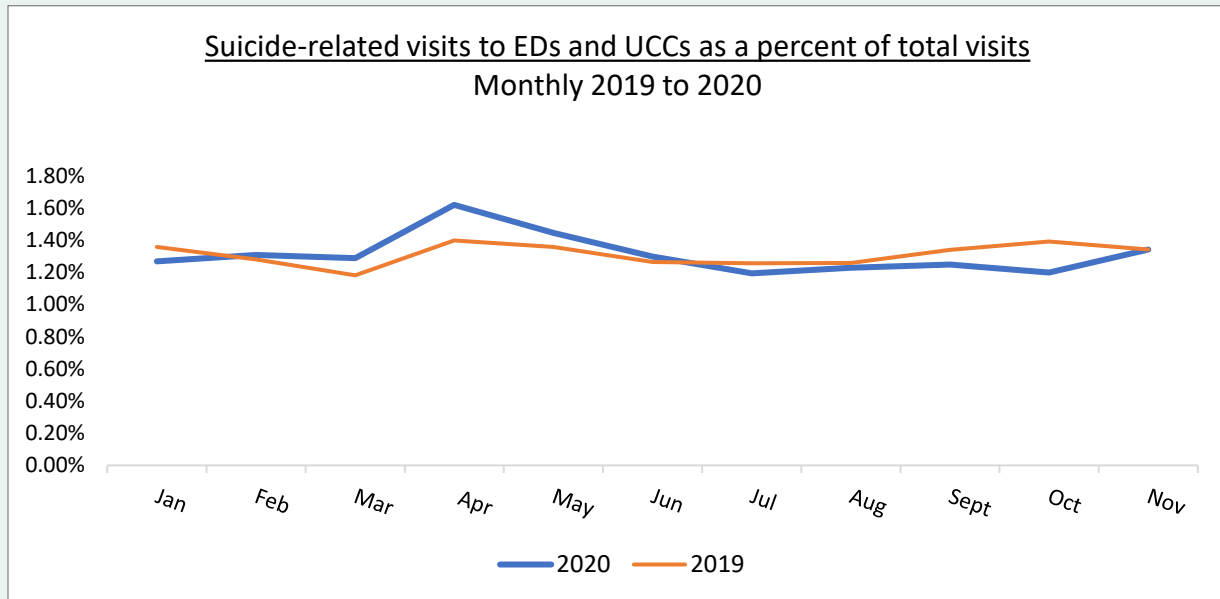
Suicide-related visits to EDs and UCCs in in the 3rd quarter of 2020 are similar to 2019.



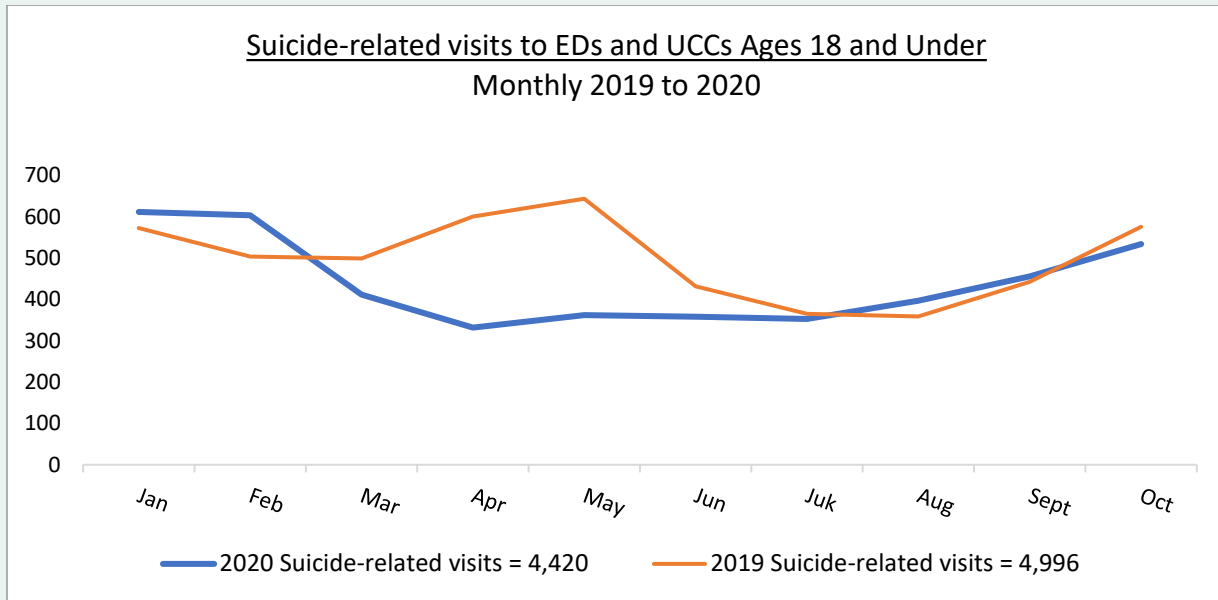
Total and suicide-related visits to EDs and UCCs decreased in March 2020 and have gradually increased to levels similar to those in the 3rd quarter of 2019.



When measured as a percent of total visits, suicide-related visits to EDs and UCCs have historically hovered around 1.35%.

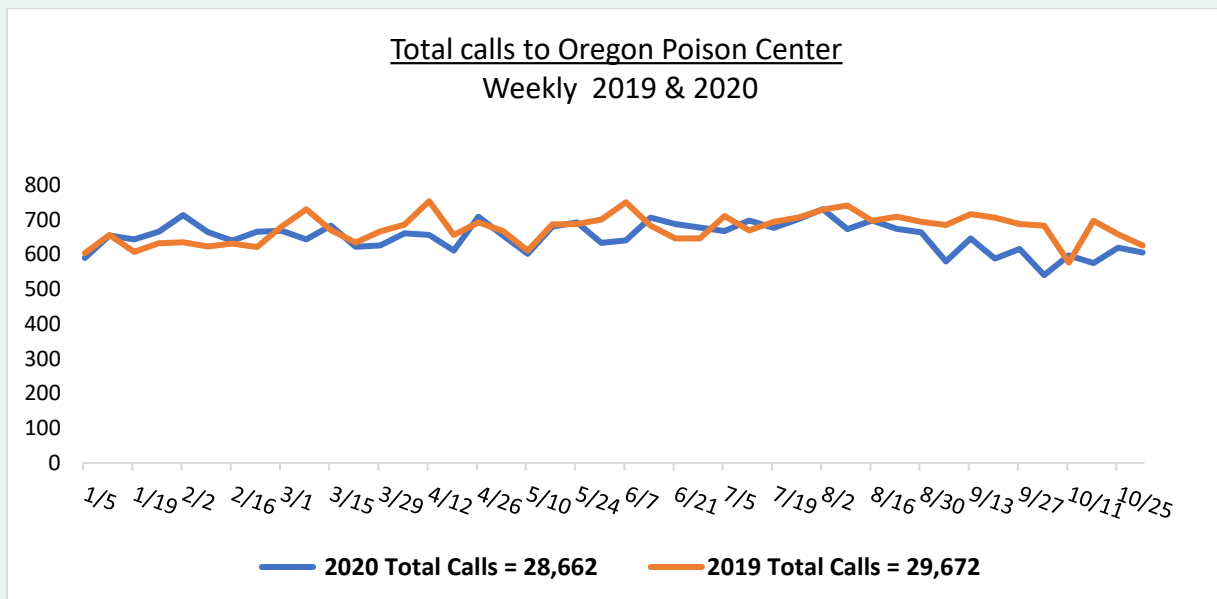


Suicide-related visits to EDs and UCCs for youths are slightly lower in 2020 compared to 2019.

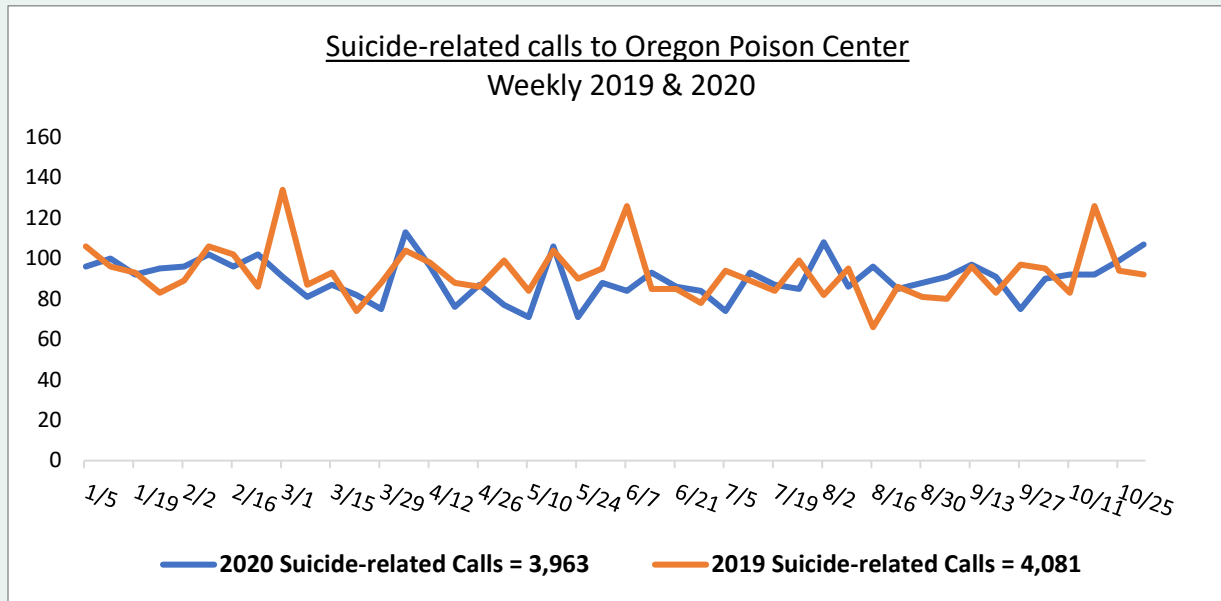


Details of Findings: Oregon Poison Center (OPC) Calls

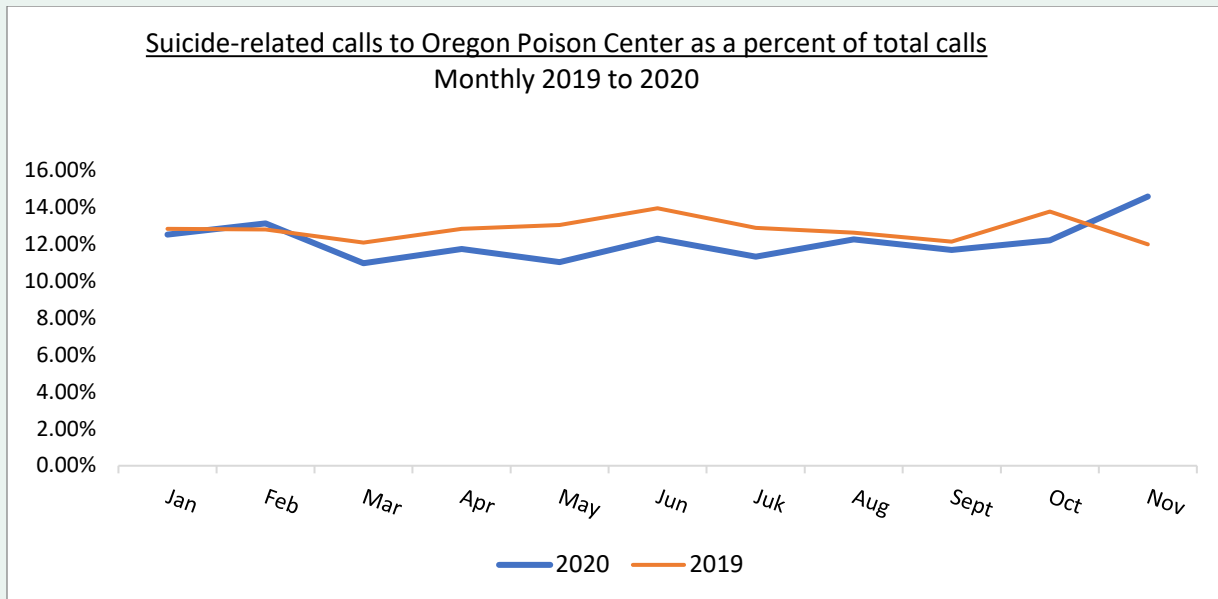
Total calls to OPC in 2020 are similar to total calls in 2019.



Suicide-related calls to OPC in 2020 are similar to suicide-related calls in 2019.

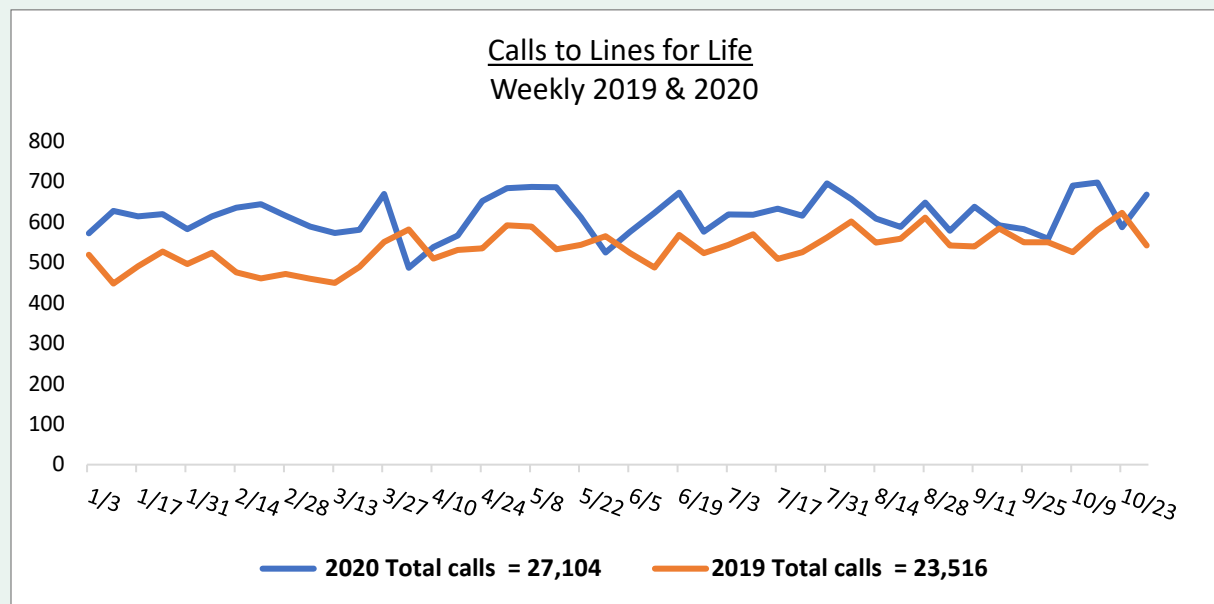


When measured as a percent of total calls, suicide-related calls to OPC in 2020 are similar to suicide-related calls in 2019.



Details of Findings: Lines for Life Calls

Oregon Lines for Life call volume is influenced by many factors such as willingness to seek assistance, visibility of the lifeline phone number, or high-profile suicides of celebrities or community members. Calls have increased annually since 2016. The increased number of calls in 2020 aligns with this trend. No increases beyond the variation expected have been identified.



Methods/ Data Sources

Emergency Departments (EDs) and Urgent Care Centers (UCCs)

The Oregon Health Authority (OHA) queried Oregon Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) for suicide-related visits to Emergency Departments (EDs) and Urgent Care Centers (UCCs) using the query developed by the International Society for Disease Surveillance (ISDS) Syndrome Definition Committee with input from the Centers for Disease Control and Prevention, Division of Violence Prevention for [self-harm and suicide-related visits](#).

Oregon Poison Center (OPC)

OHA queried Oregon Poison Center call data for suicide-related calls using the reason code for intentional and suspected suicides, defined as: an exposure resulting from the inappropriate use of a substance for self-harm or for self-destructive or manipulative reasons including suicides, suicide attempts and suicide gestures, whether suspected or confirmed.

Lines for Life

Lines for Life is the Oregon affiliate of the National Suicide Prevention Lifeline and receives calls to 1-800-273-8255 that originate from Oregon area codes. Lines for Life provides crisis intervention services for drug addiction, suicidal ideations, and other mental health issues. Call data for 2019 and 2020 were supplied to OHA by Lines for Life.

Strengths

To assess suicide-related visits to EDs and UCCs, OHA used the query developed by the International Society for Disease Surveillance (ISDS) Syndrome Definition Committee.

OHA evaluated 6,112 visits from January 1 through March 22, 2020 to determine the positive predictive value of this query. To be considered a true positive, a visit must contain a minimum of two suicide-related terms, chief complaint and discharge diagnosis. OHA further evaluated visits with non-suicide chief complaints using triage notes, when available. The positive predictive value of this query for this period is 98.6%.

Considerations & Limitations

Data derived from emergency department and urgent care center visits are still being received/updated and minor fluctuation is anticipated.

Not all people in Oregon have access to an emergency department or urgent care center. People with suicidal ideations may forgo medical assistance.

This report does not include data about completed suicides. Classification of suicide deaths may be delayed by required pathology. These delays may undermine comparisons of current data to previous years.

Oregon ESSENCE

OREGON HEALTH AUTHORITY
Public Health Division

Oregon.ESSENCE@dhsosha.state.or.us
healthoregon.org/essence

Injury and Violence Prevention

OREGON HEALTH AUTHORITY
Public Health Division

IVPP.General@dhsosha.state.or.us
healthoregon.org/suicideprevention