

## Public Health Surveillance Update Oct 15<sup>th</sup>, 2020

### Suicide-related visits to Emergency Departments, Urgent Care Centers, calls to Oregon Poison Center, and Lines for Life

#### 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

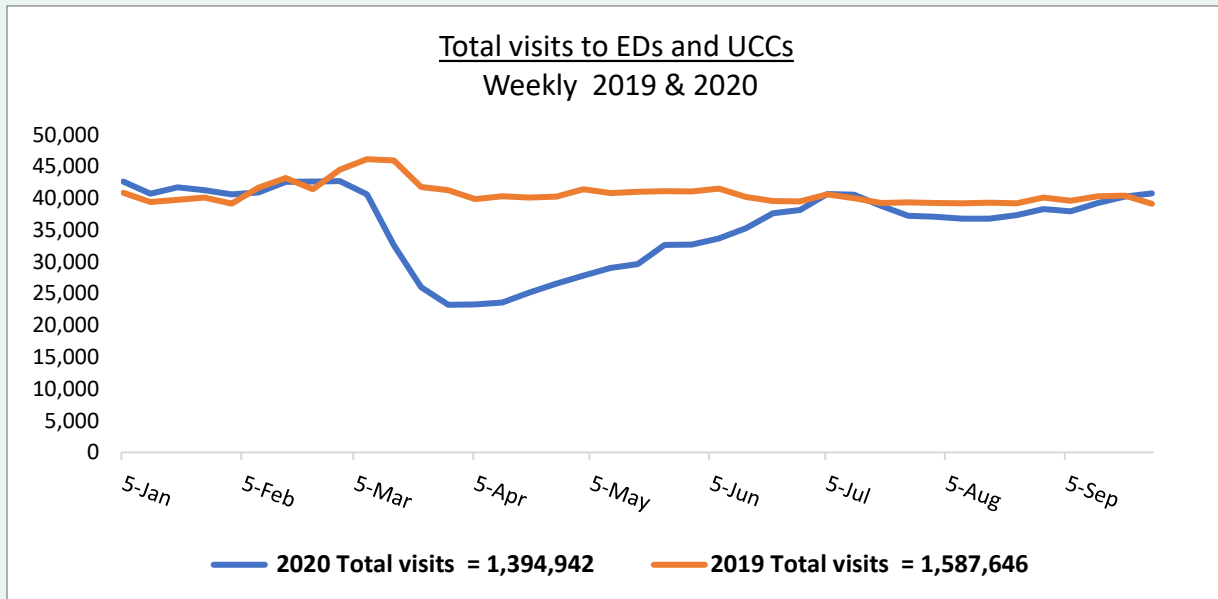
Lines for Life is the Oregon affiliate of the National Suicide Prevention Lifeline and receives calls to 1-800-273-8255 that originate from Oregon area codes. Lines for Life provides crisis intervention services for drug addiction, suicidal ideations, and other mental health issues. Call data for 2019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

#### Summary of Findings

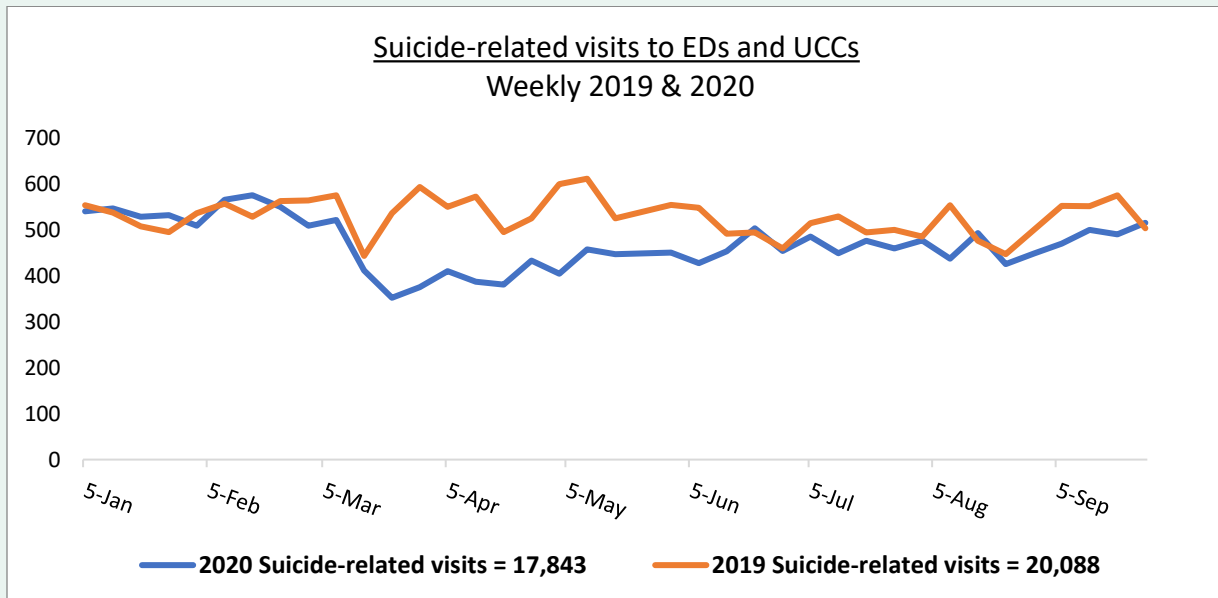
	EDs & UCCs	Poison Center	Lines for Life
<b>Trends:</b>	Total visits in the 3 <sup>rd</sup> quarter of 2020 are similar to 2019.	Total calls to OPC in the 3 <sup>rd</sup> quarter of 2020 are similar to 2019.	Calls to Lines for Life in 2020 are slightly higher than in 2019. This reflects anticipated rates based on historic annual increases.
<b>Comparison Counts:</b>	Suicide-related visits in the 3 <sup>rd</sup> quarter of 2020 are similar to 2019.	Suicide-related calls to OPC in the 3 <sup>rd</sup> quarter of 2020 are similar to 2019	No increases beyond the variation expected have been identified.
<b>Percentages:</b>	The percentage of suicide-related visits in the 3 <sup>rd</sup> quarter of 2020 are similar to 2019	The percentage of suicide-related calls in 2020 is similar to 2019.	N/A

## Details of Findings: EDs and UCCs

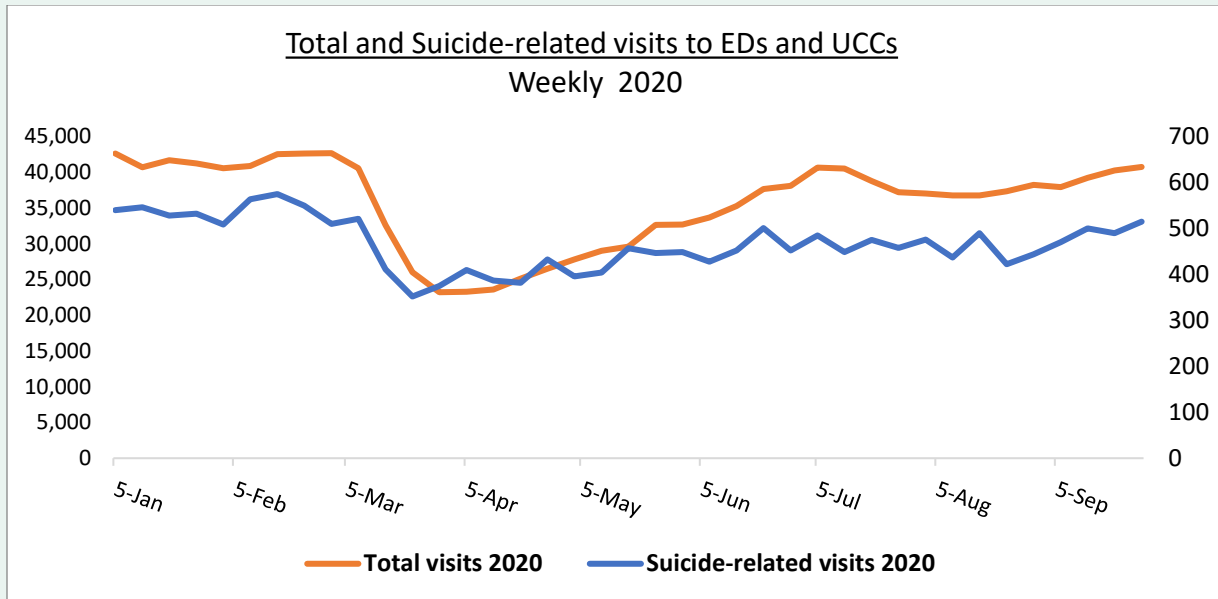
Total visits to EDs and UCCs in the 3<sup>rd</sup> quarter of 2020 are similar to 2019.



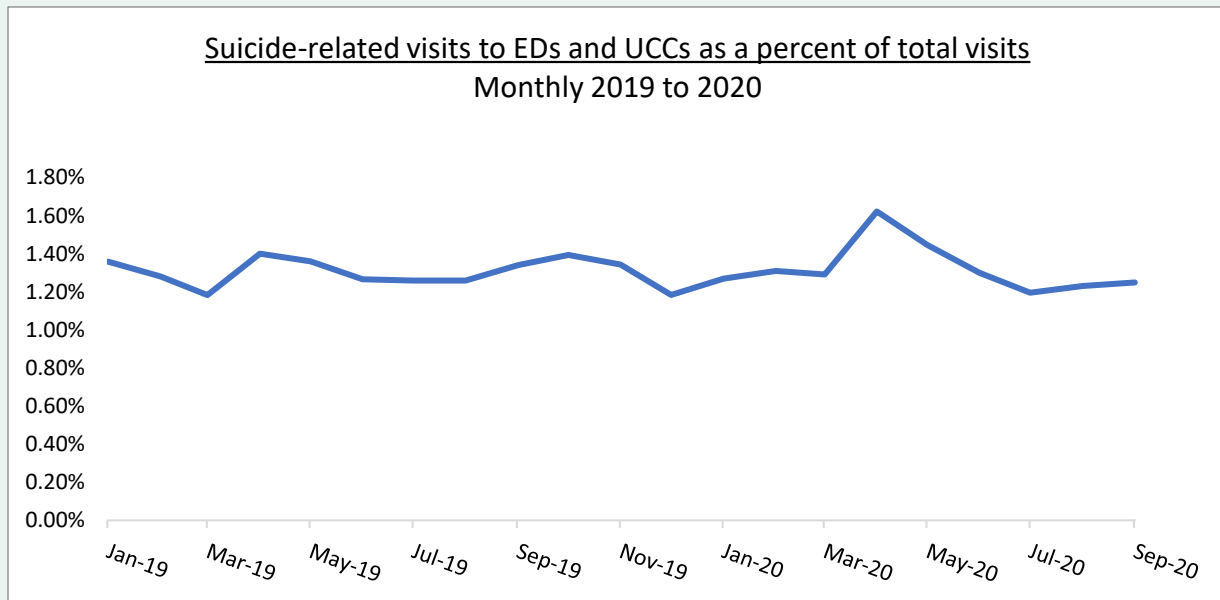
Suicide-related visits to EDs and UCCs in the 3<sup>rd</sup> quarter of 2020 are similar to 2019.



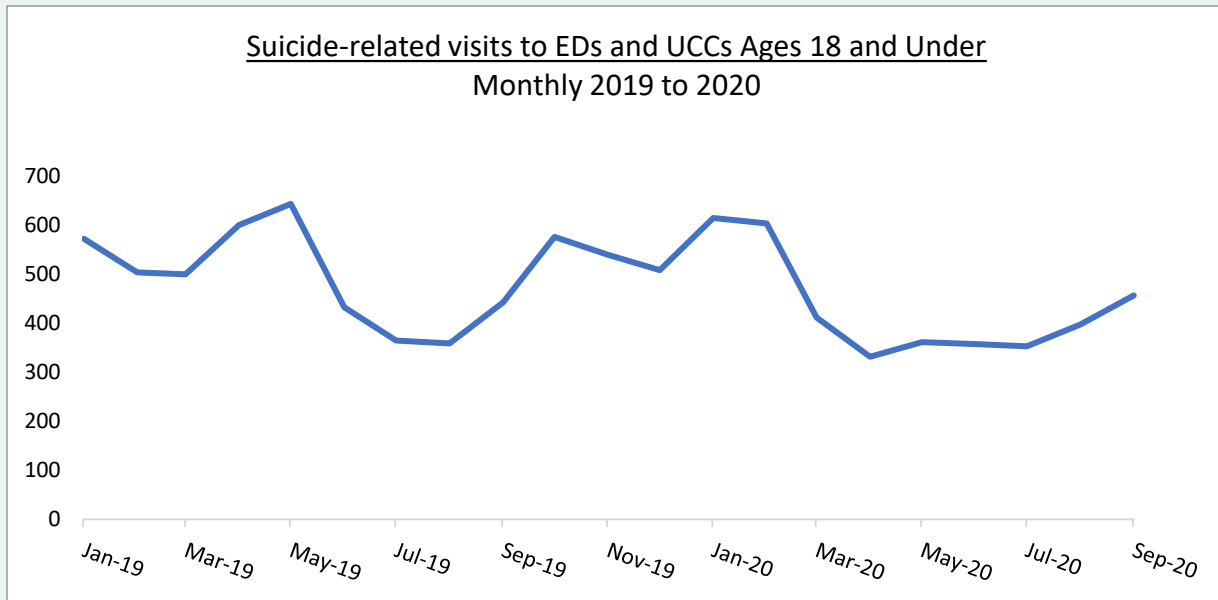
Total and suicide-related visits to EDs and UCCs decreased in March 2020 and have gradually increased to levels similar to those in the 3<sup>rd</sup> quarter of 2019.



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

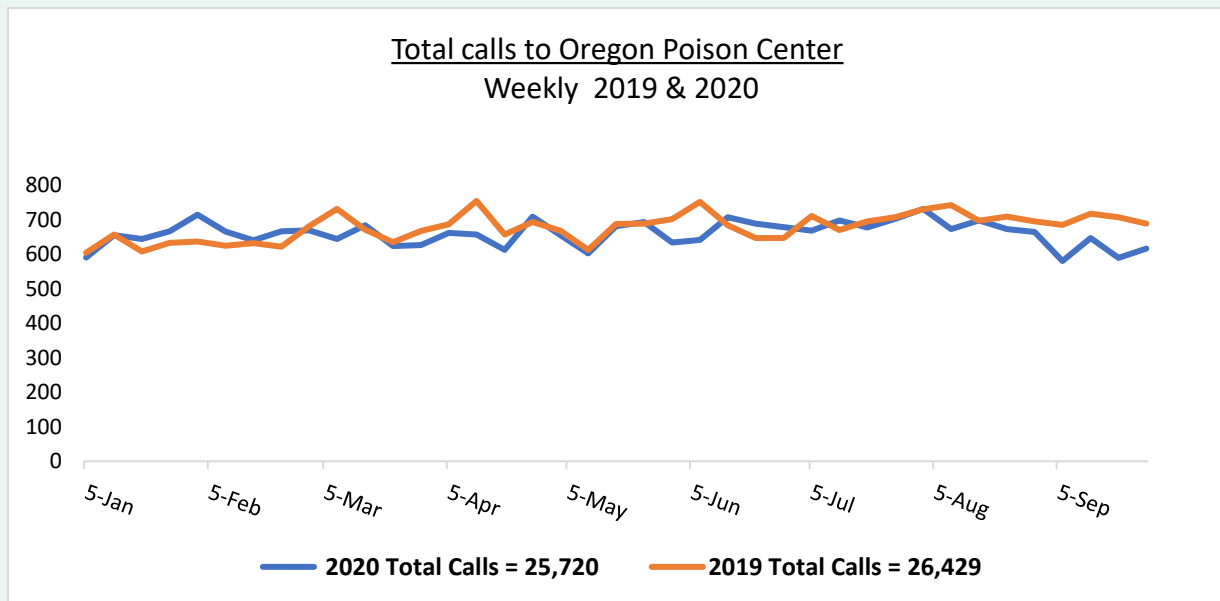


Suicide-related visits to EDs and UCCs for youths are slightly lower in 2020 compared to 2019.

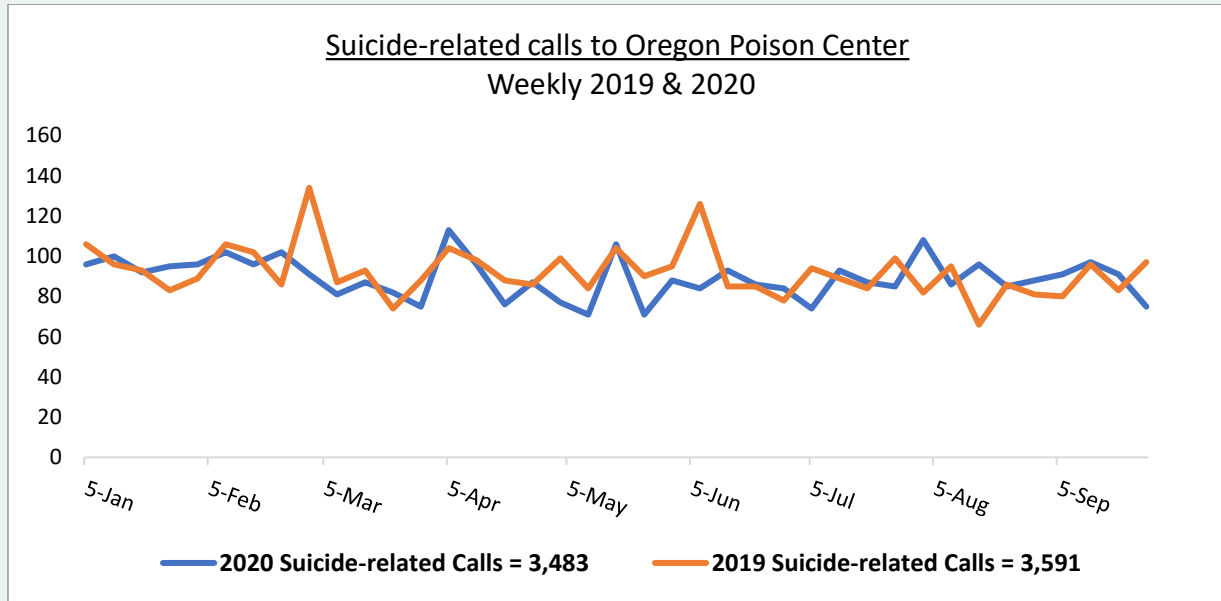


## Details of Findings: Oregon Poison Center (OPC) Calls

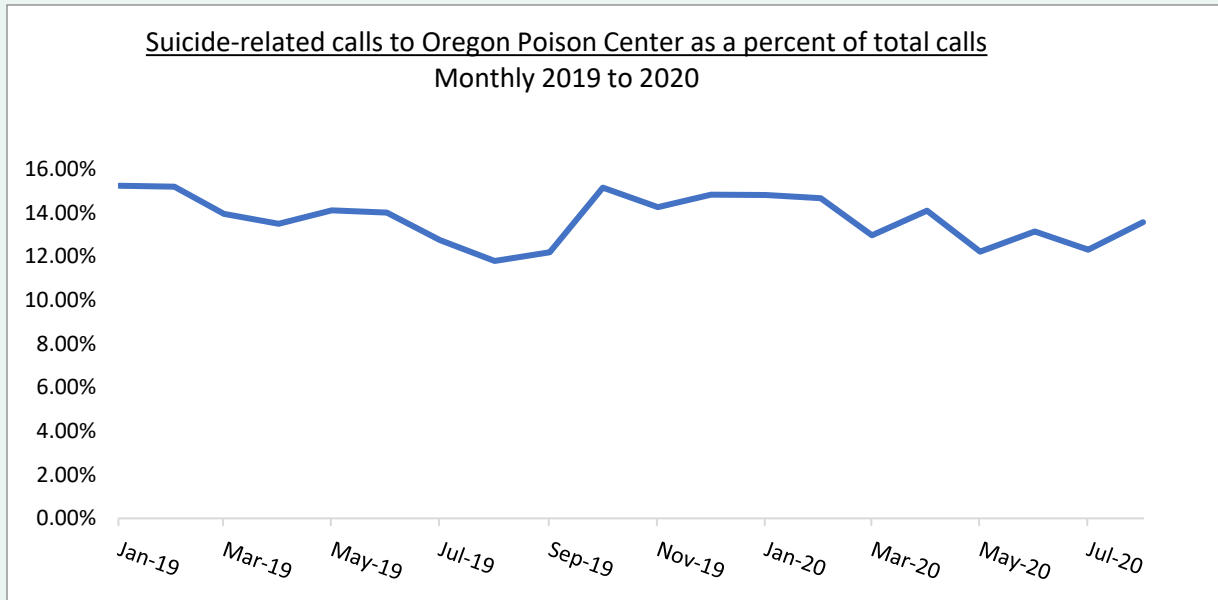
Total calls to OPC in 2020 are similar to total calls in 2019.



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

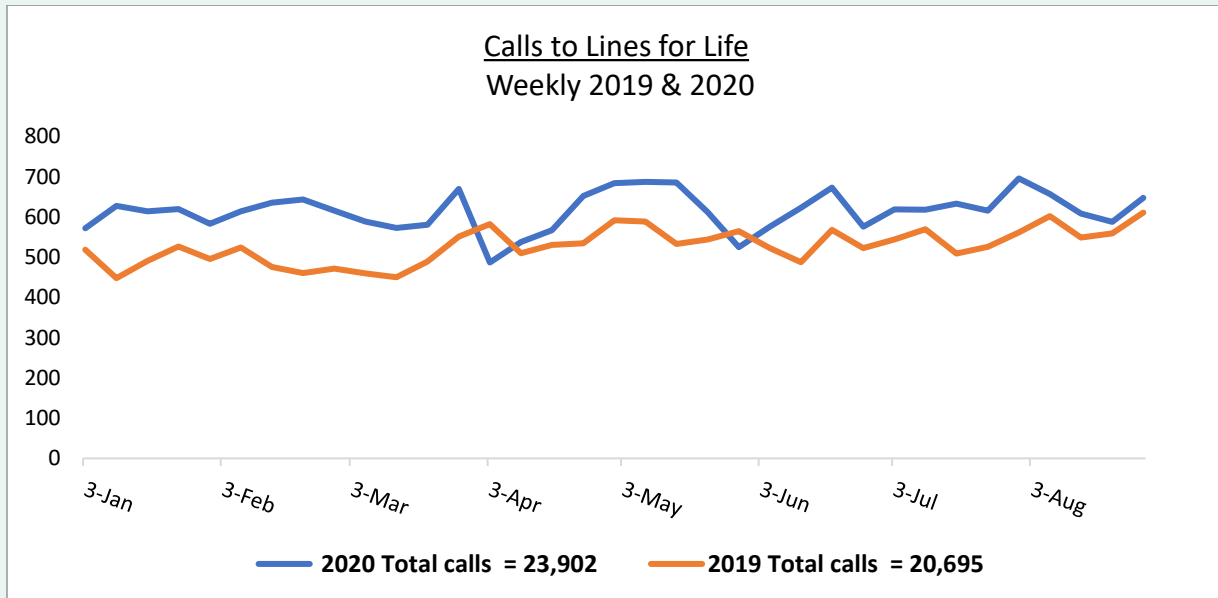


When measured as a percent of total calls, suicide-related calls to OPC in 2020 are similar to suicide-related calls in 2019.



## 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



## 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.

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**Oregon ESSENCE**

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**Injury and Violence Prevention**

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