

Suicide-related Public Health Surveillance Update May 19th, 2022

Data Sources

Oregon Violent Death Reporting System (ORVDRS) suicide deaths.

Emergency department (ED) and urgent care center (UCC) suicide-related visits.

Lines for Life suicide hotline call data.

Summary of Findings

Counts

- Suicide deaths in 2022 are similar to 2021. Mortality data is still being processed and numbers for recent months may change.
- Suicide-related visits to EDs and UCCs in the first quarter of 2022 are similar to previous years.
- Suicide-related visits to EDs and UCCs for youths ages 18 and under in the first quarter of 2022 are higher than previous years.
- 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. Calls in 2021 align with this trend. No increases beyond the variation expected have been identified.

Percentages

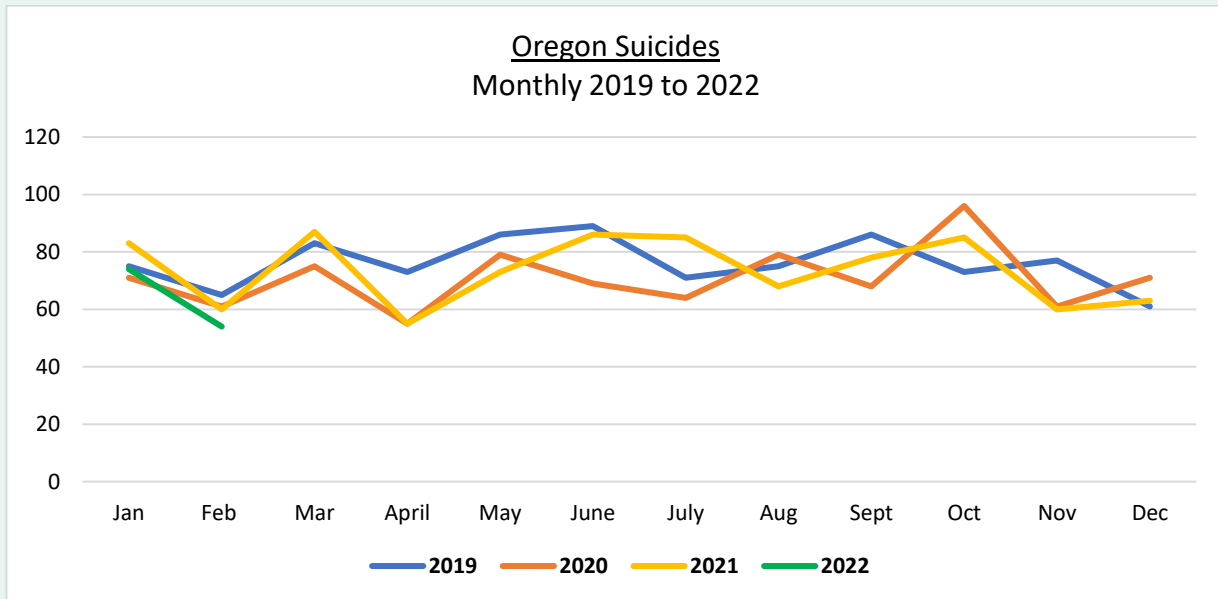
- The percent of suicide-related visits to emergency departments and urgent care centers in 2021 is slightly lower than 2020 and 2019.

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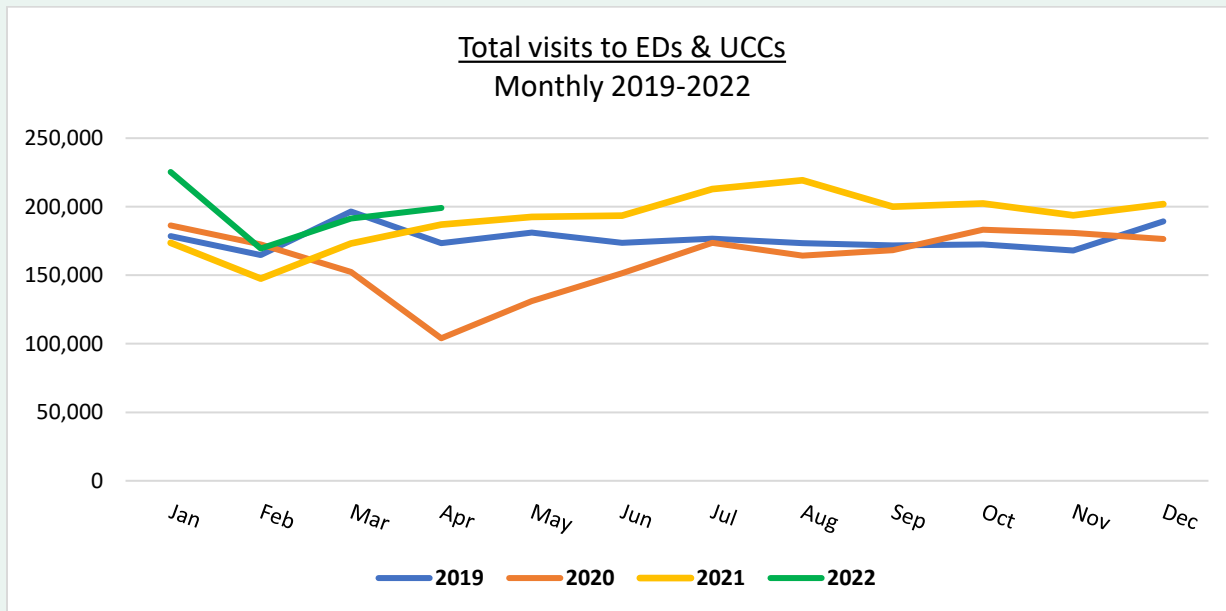
Details of Findings: ORVDRS suicide deaths

Mortality data is still being processed and numbers for recent months may change. Suicide deaths in 2022 are similar to 2021.

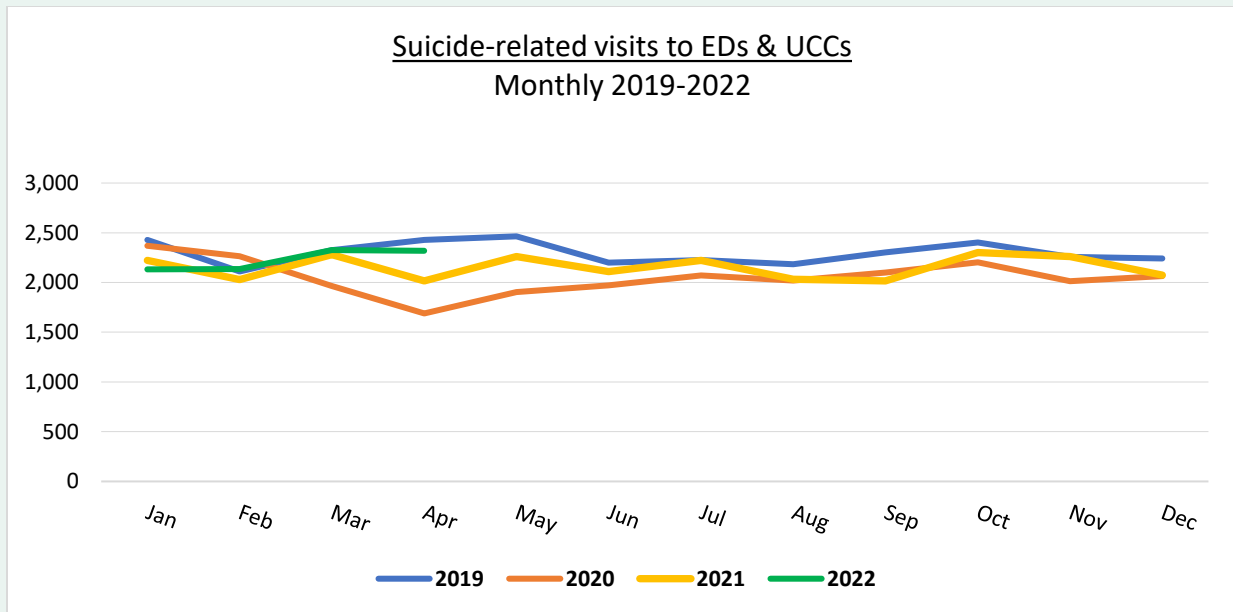


Details of Findings: EDs and UCCs

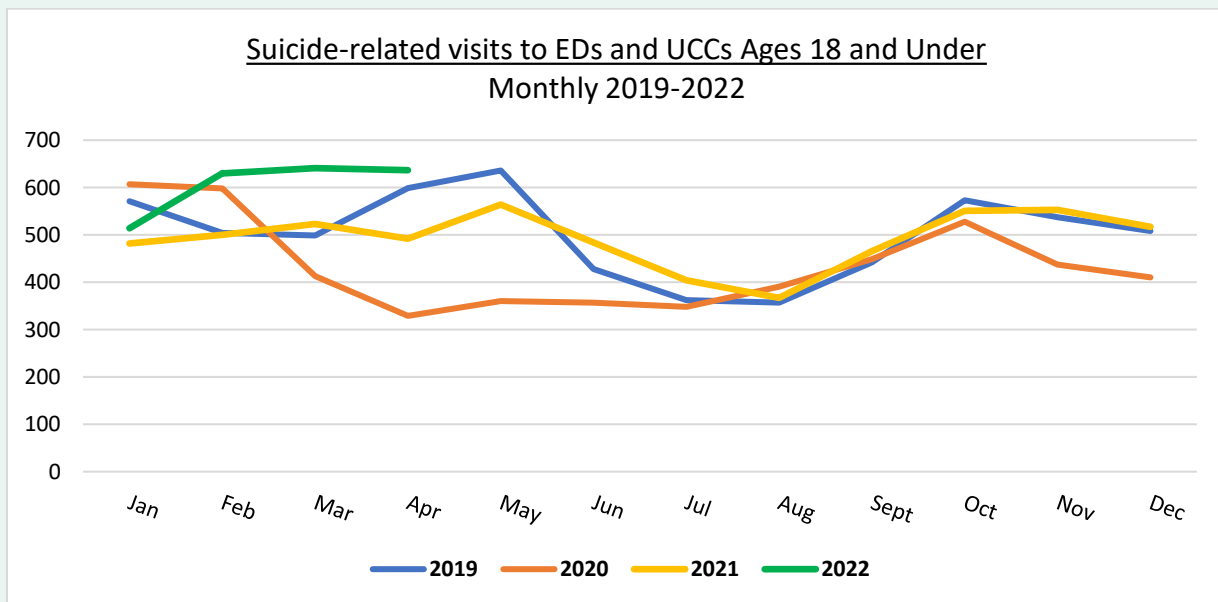
Total visits for all health concerns to EDs and UCCs in the first quarter of 2022 are slightly higher than previous years.



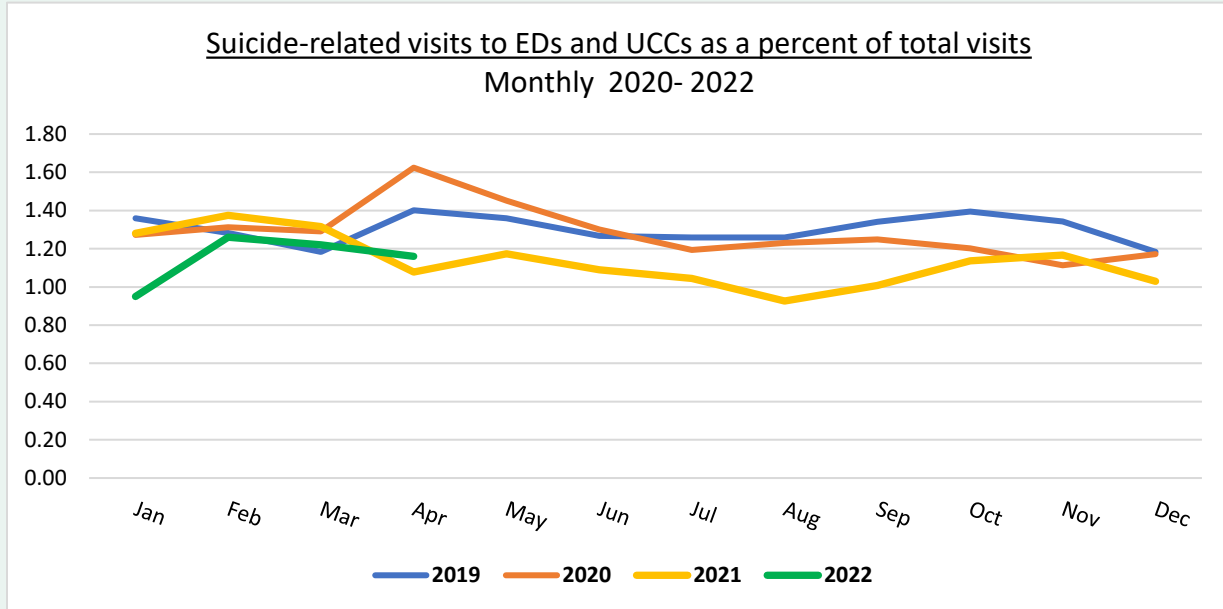
Suicide-related visits to EDs and UCCs in the first quarter of 2022 are similar to previous years.



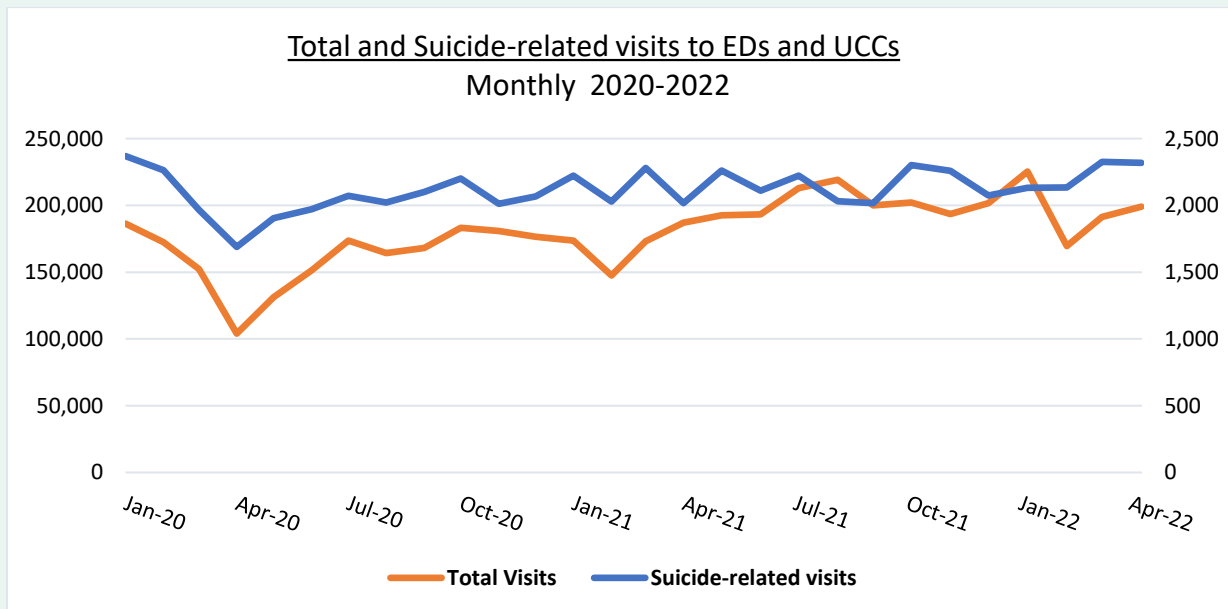
Suicide-related visits to EDs and UCCs for youths ages 18 in the first quarter of 2022 are higher than previous years.



The percent of suicide-related visits to emergency departments and urgent care centers in the first quarter of 2022 is similar to previous years.

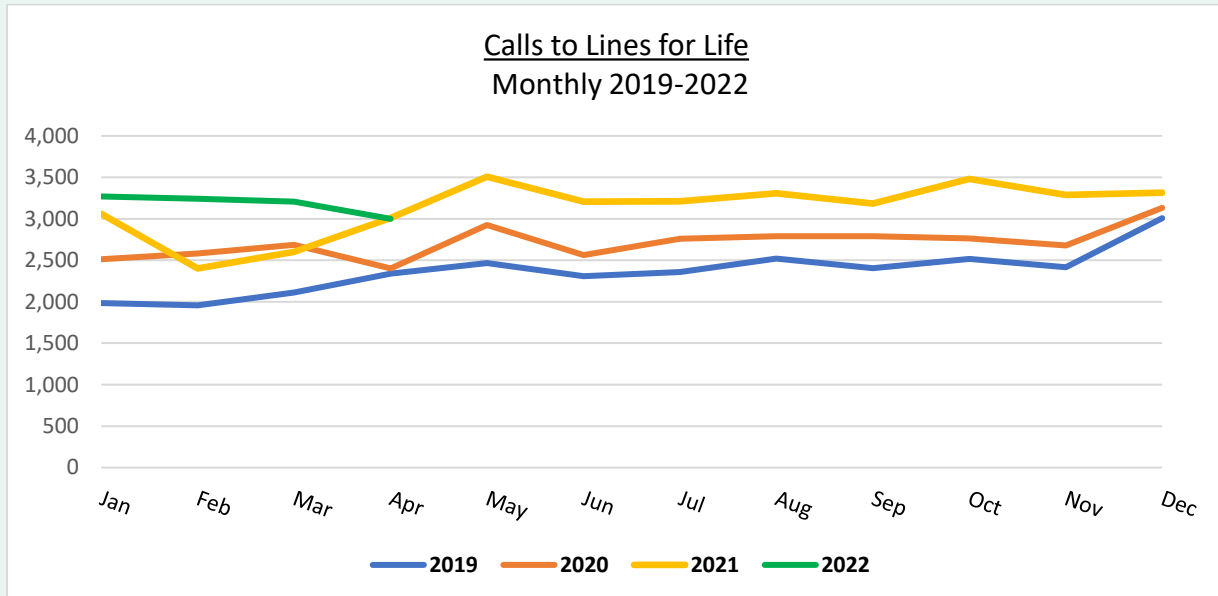


Total and suicide-related visits to EDs and UCCs presented side by side show a sharp decrease in total visits and a smaller decrease in suicide-related visits during March and April of 2020 when shelter in place orders were announced.



Details of Findings: Lines for Life Calls

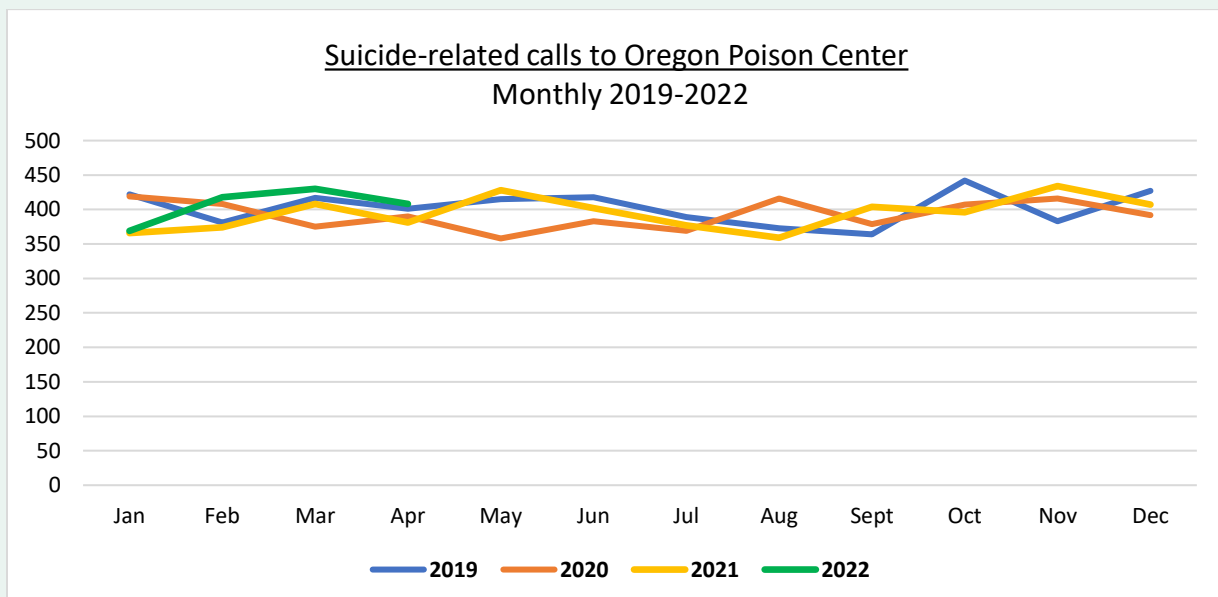
Lines for Life call volume is influenced by many factors such as willingness to seek assistance, visibility of the lifeline phone number, or high-profile suicides of celebrities or community members. Calls have increased annually since 2016. Calls in 2021 align with this trend. No increases beyond the variation expected have been identified.



Details of Findings Oregon Poison Center (OPC) Calls

Total calls:

Suicide related calls to OPC in the first quarter of 2022 are similar to previous years.



Methods/ Data Sources

Oregon Violent Death Reporting System (ORVDRS) includes combined and abstracted data from medical examiners, death certificates, and law enforcement.

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 [self-harm and suicide-related visits](#) 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.

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.

Classification of suicide deaths may be delayed by required pathology.

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