

MEMORANDUM

TO: Chair Houghton, House Healthcare Committee

FROM: Emily Hawes, Commissioner, Department of Mental Health

DATE: 2/27/24

RE: Follow up from testimony 2/27/24 on DMH Q3 Suicide Prevention Strategic Plan Report

1. *Are all hospitals reporting emergency department (ED) visits due to suicidal ideation/self-directed violence?*

Yes. As of February 2024, all emergency departments in Vermont hospitals (14) are working with the National Syndromic Surveillance Platform (NSSP) and either report their data or are in the process of re-onboarding due to changes in a medical record system. However, the number of hospitals reporting has varied over time. This can be due to changes in a hospital's medical record system, server outages and other technical issues.

2. *Is the uptick in 2021 visits to ED/hospitalizations statistically significant on the intentional self-harm?*

No, the difference in the rate from 2020 to 2021 is not statistically significant. The 2020 dip in the rate of intentional self-harm hospital visits is similar to that seen in all hospital visits in 2020 as a result of reduced care-seeking during the beginning of the COVID-19 pandemic. Additional data can be found in the Intentional self-harm and death by suicide brief ([Suicide & Intentional Self-Harm Data Brief 2022 \(healthvermont.gov\)](#))

3. *What is the difference between self-directed violence, suicide attempt, and intentional self-harm?*

Self-directed violence and **intentional self-harm** are synonymous. It is anything a person does to purposefully cause injury to themselves, with or without suicide intent.

Suicide attempt is a non-fatal act where one intentionally tries to take their life.

As "**cutting**" was mentioned on Tuesday, cutting could be in any of these categories depending on circumstance and how the provider codes it.

4. *Is there any data on illness prior to suicide attempt?*

VDH has not completed analyses on illness prior to a non-fatal suicide attempt.

The Suicide Data Linkage Project found 17% of people who died by suicide during 2020- 2021 experienced a significant physical health problem within two weeks of their death. In this context, a physical health problem (e.g. terminal disease, debilitating condition, chronic condition) appeared to contribute to their death.

Additionally, the following prevalence of chronic conditions were identified among Vermonters who died by suicide:

17% had chronic obstructive pulmonary disease.

14% had heart disease.

13% had diabetes.
5% had a history of a traumatic brain injury.
8% had a history of cancer.

5. *What is the most recent information on pending death certificates related to suicide deaths?*

"Pending Deaths" (i.e., when a known death has yet to be assigned a cause of death) can take 12 weeks, and occasionally longer to be resolved. Death certificates may be pending for several reasons. Pending deaths may not be determined to be suicide deaths. As of 2.26.2024 there are 28 pending death certificates from 2023.

From January-November 2023, there are 16 pending.
December hasn't been posted. There is a delay.

Suicide Data Linkage Project 2020-2021 Data Analysis Report link:
[HSI-Suicide-Data-Linkage-Project-9.12.23.pdf \(healthvermont.gov\)](https://healthvermont.gov/HSI-Suicide-Data-Linkage-Project-9.12.23.pdf)

For additional data/VDH questions, please contact the Suicide Prevention Data Team
AHS.VDHSuicideData@vermont.gov; Health Department Program questions: Stephanie Busch
stephanie.busch@vermont.gov and Nick Nichols nick.nichols@vermont.gov