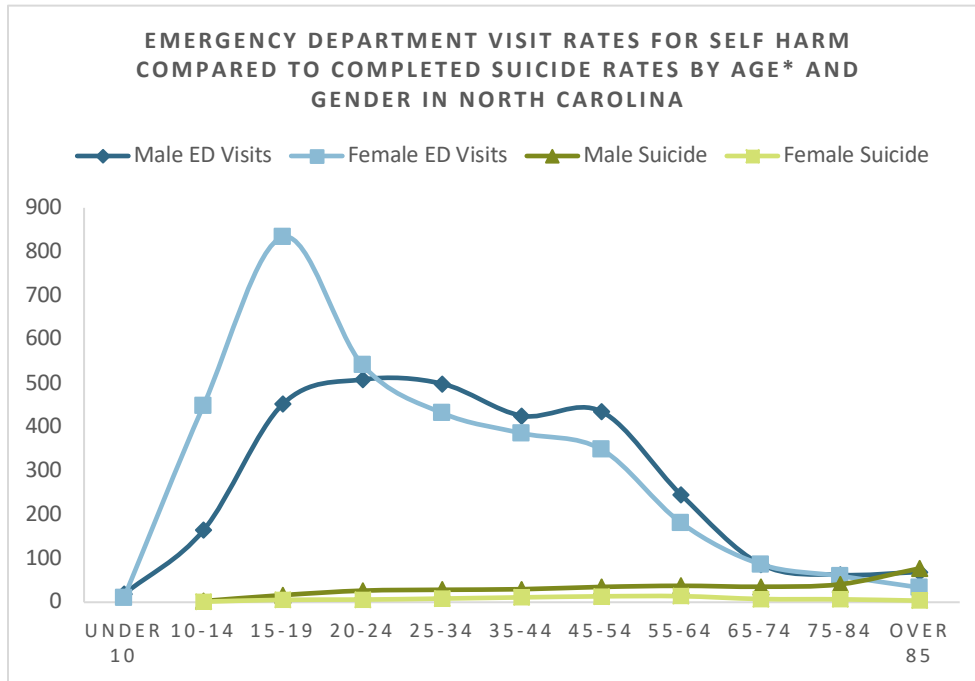


## SELF-HARM AND SUICIDE IN NORTH CAROLINA, JAN 2014 – OCT 2015

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded statewide surveillance system that collects detailed information on deaths that occur in North Carolina resulting from violence, including: homicide, suicide, unintentional firearm deaths, legal intervention and deaths for which intent could not be determined. NC-VDRS is a multi-source system that gathers information from death certificates, medical examiner reports and law enforcement reports. The goal of this system is to aid researchers, legislators, and community interest groups in the development of public health prevention strategies to reduce violent deaths. NC-VDRS began collecting data in January 2004. NC DETECT is an advanced, statewide public health surveillance system. The goal of the system is to provide timely health encounter data for tracking public health threats.

This document summarizes Emergency Department (ED) visits for self-harm from NC DETECT and deaths caused by suicide among North Carolina residents recorded in NC-VDRS for **January 1, 2014 through September 30, 2015**.



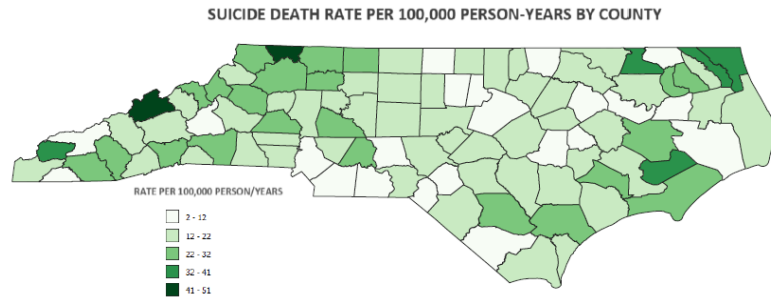
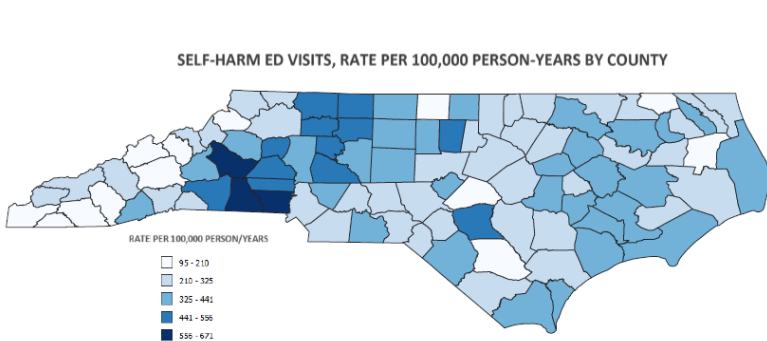
Between January 1, 2014 and September 30, 2015, there were **2,854 deaths** by suicide in North Carolina.

During the same time period, there were **52,875 ED visits** for self-harm and self-inflicted injury.

**For ED visits, the average age of the patients was 35**, while the most frequent age of patients seen was 15.

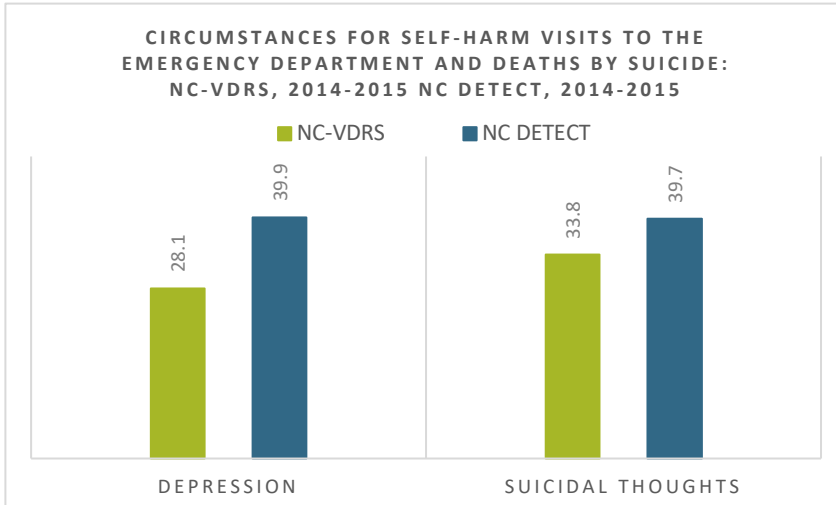
**For suicide deaths, the average and median age of victims was 48**

\* The youngest person to die by suicide recorded in NC-VDRS was 10 and the oldest was 98. The age range of ED visits was 6-99 years.



Across the state, **Cleveland County had the highest rate of ED visits** with 424.62 self-harm visits per 100,000 county residents. **Madison County had the lowest rate of ED visits** with 71.20 self-harm visits per 100,000 county residents.

For suicide deaths, **Caswell County had the lowest rate of completed suicides** with 2.42 suicides per 100,000 county residents. **Alleghany County had the highest rate of completed suicides** with 51.15 suicides per 100,000 county residents.



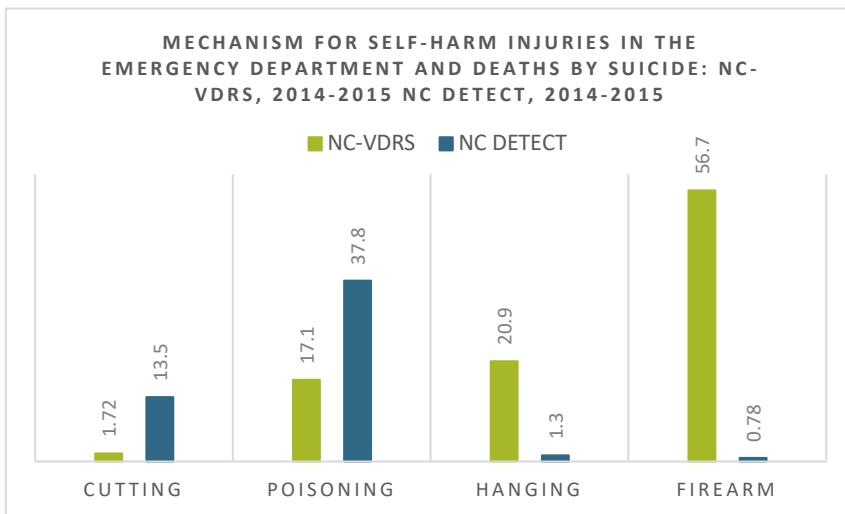
When looking at circumstances surrounding the 52,875 self-harm visits to the ED, 23,123 (39.9%) received a diagnosis for depression (ICD-9-CM codes 311, 300.4, 296.2, 296.3) and 21,014 (39.7%) received an ICD-9-CM code for Suicidal Ideation or Suicidal Thoughts (V62.84).

Among the 2,854 suicide victims in NC-VDRS, 803 (28.1%) were perceived as depressed at the time of death and 964 (33.8%) had a history of suicidal thoughts prior to death.

For self-harm related ED visits, the most common mechanism was poisoning (37.8%), followed by cutting or piercing with a sharp object (13.5%).

For completed suicides, the most common mechanism was firearm (56.7%), followed by hanging or suffocation (20.9%).

In NC DETECT, those seen for self-harm and suicide were given a diagnosis code related to alcohol (ICD-9-CM codes 303\* and 305.0\*) 15.2% of the time. In NC-VDRS, those who died by suicide had alcohol in their system at the time of death 25.9% of the time.



**Summary**

- During the period from January 1, 2014 - September 30, 2015, North Carolina had an average rate of 1,631 suicides per year (average age: 48 years) and 30,214 ED visits for self-harm and suicide ideation (average age: 35 years).
- Less than 1/3 of those who committed suicide were perceived as depressed by family and friends, and only 2/3 of those seen in the ED were diagnosed with depression or suicidality.
- Alcohol was involved in 1/4 of suicides and 1/6 of ED visits.

More Information on NC-VDRS Suicide Data can be found at the North Carolina Department of Health and Human Services, Injury Violence Prevention Branch Website, under the Suicide subsection of Violent Death Data (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm>). NC DETECT is funded with federal funds by North Carolina Division of Public Health (NC DPH), Public Health Emergency Preparedness Grant (PHEP), and managed through a collaboration between NC DPH and the University of North Carolina at Chapel Hill Department of Emergency Medicine's Carolina Center for Health Informatics (UNC CCHI). The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. Information on Suicide Prevention in North Carolina can be found through The Triangle Coalition for Suicide Prevention ([www.trianglesuicideprevention.org](http://www.trianglesuicideprevention.org)). National Resources include the Suicide Prevention Resource Center ([www.sprc.org](http://www.sprc.org)), the American Foundation for Suicide Prevention ([www.afsp.org](http://www.afsp.org)), and the National Suicide Prevention Lifeline (for suicide crisis call 1-800-273-8255).

