



Understanding Suicidal Ideation & Self-Harm in the ED

North Carolina, 2019-2020

116,218

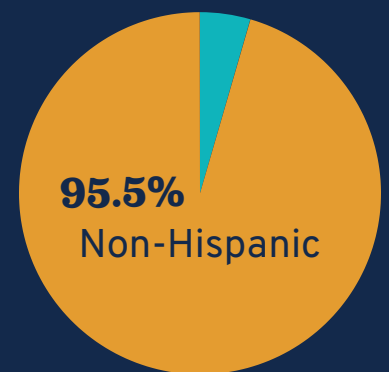
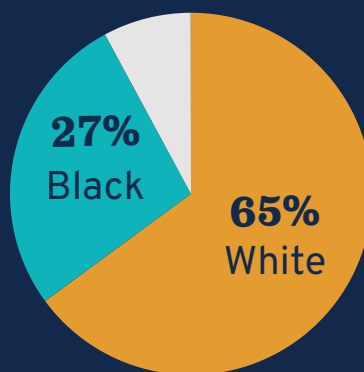
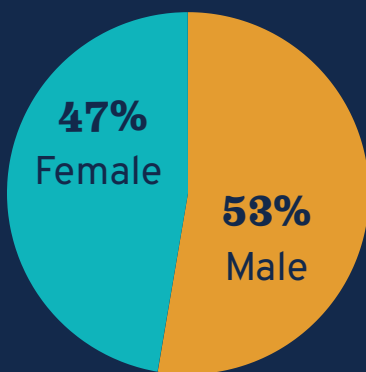
suicidal ideation (84%*) or self-harm (21%*) related Emergency Department (ED) visits were recorded in 2019 and 2020, or about 159 per day.



* 5% of visits have diagnosis codes for both suicidal ideation and self-harm.



Who presents at the ED with suicidal ideation or self-harm (SI/SH) and what happens to them after arriving?

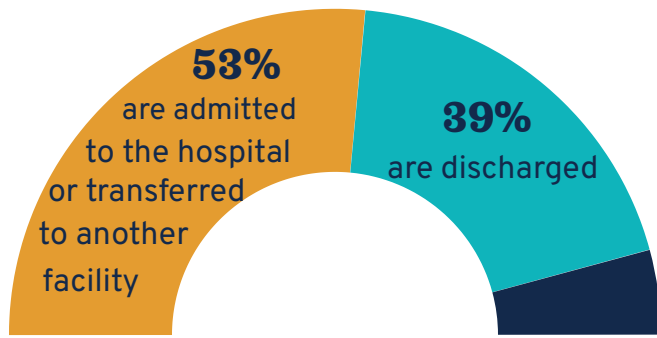


NOTE: 8% of individuals reported Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, or other race. 4.5% of individuals reported Hispanic ethnicity.

For more information about North Carolina's work to prevent suicide and additional resources, visit the North Carolina Department of Health and Human Services Suicide Prevention website at go.unc.edu/NCSuicidePrevention.



Among all individuals who present with SI/SH,



These patient outcomes vary by race.

48% of Black patients who present with SI/SH are **admitted or transferred** compared to 55% of White patients. 44% of Black patients are **discharged** compared to 37% of White patients.

NOTE: Individuals who present with SI/SH may also leave without or against medical advice (1%), die in the ED (<1%), or have another unknown disposition (7%).



53%

of SI/SH presentations in the ED are male.

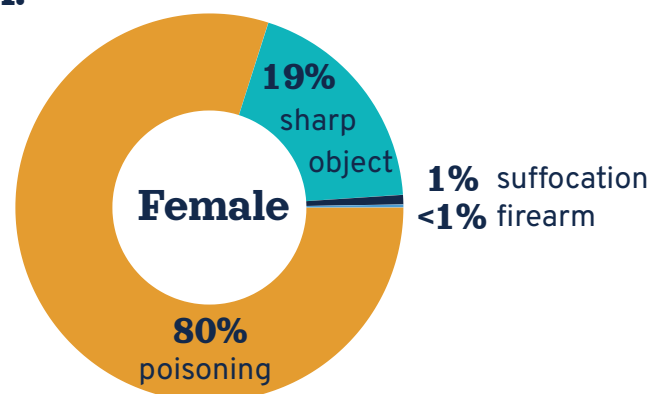
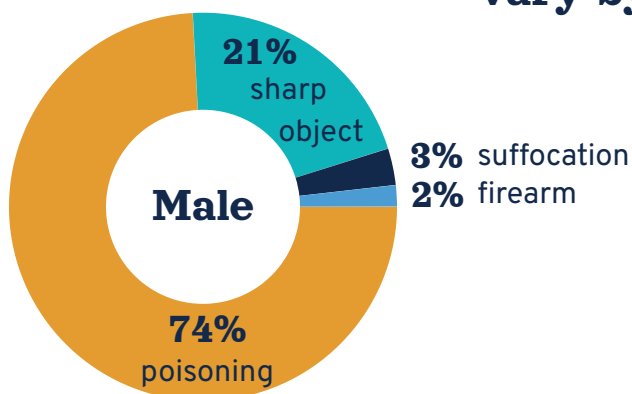


7 out of 10

suicide deaths in the ED are male. Self-harm methods by males are more fatal.

62% of male suicide deaths in the ED were due to firearm use compared to 39% of female suicide deaths.

Self-harm mechanisms vary by sex.



NOTE: 53,149 males and 41,913 females had no specified injury mechanism; however, since many ED visits were due to suicidal ideation rather than self-harm, no physical injury may have taken place. Also, there were 46 ED visits for which sex was not specified.

FOOTNOTES:

SH ED visits were defined based on CSTE's injury surveillance case definition for "[Intentional Self-Harm Emergency Department Visits](#)". This definition includes ICD-10-CM codes indicative of self-harm by sharp objects, firearms, blunt force trauma, poisoning, asphyxiation, and other injury mechanisms. In addition, it includes suicide attempts (T14.91). SI ED visits were defined as visits containing the ICD-10-CM code R45.851. Full case definitions are available [online](#).

All data for this infographic were gathered from [NC DETECT](#). This infographic was supported by the APHA/CDC Data Science Demonstration Project Award (2022-0007). The findings and conclusions in document are those of the authors and do not necessarily represent the views of the APHA, CDC, or NC DPH. NC DETECT is a statewide public health syndromic surveillance system, funded by the NC Division of Public Health's Federal Public Health Emergency Preparedness Grant and managed by the UNC-CH Department of Emergency Medicine's Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented.

Hospital worker illustration by [Storyset](#)