Message

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Subject: Some Mental Health Epi Updates Related to Suicide Prevention

Hi Everyone,

I've been working/connected to a some projects that I think are relevant to the suicide prevention work you all are doing and wanted to share a few updates:

- **Quarterly Mental Health Surveillance Reports** - I've been working with Dan on developing a quarterly mental health surveillance report using syndromic surveillance data. I know some of what is in these reports overlaps with the excellent work Richard has been doing. I'm attaching a draft (that is not ready for feedback - I'm working on a couple fixes Dan has suggested now). I'll definitely want feedback from your team in particular on the last page which has some prevention recommendations. My hope is to share these within DOH and with community stakeholders as well as post them to the mental health page quarterly. Also, it is not in the report, but I am going to be tracking similar data for a range of mental health issues (different mental health disorders/county/region/etc.) that people will be able to request. It would be great to set up some time to discuss the project with the injury unit/perhaps those monthly suicide meetings with OSAH before finalizing the document. What do you think?
- **Youth Mental Health and Seasonality -** I've been working with statewide and national partners on a CDC MMWR report using syndromic surveillance data about trends in mental health emergency department visits during school months vs out of school months. Generally, there are major increases in the number of emergency room visits during in-school months/times for mental health issues when school is in session. This won't be in the report, but also nationwide mortality rates for youth are lowest when school is out of session (and this has been true for decades). There will likely be a New Mexico version of the report made available around the same time as the MMWR report. More to come in the next couple weeks.
- **Project EMRge -** In a follow up to the CDC MMWR project, I was connected with another CDC project hoping to connect syndromic surveillance data with ER administrators and clinicians to help them inform their practices/policies and improve data quality in ESSENCE data. I am coordinating with DOH Health Systems to have some of their epis participate in this, but given the work you all are doing with ERs in secondary prevention of suicide I think there might be opportunities to connect this work there? Hopefully more to come soon about this.
- **Child Fatality Review Board Data -** I've had some success in learning about and using CFR data that is really rich with a variety of indicators. There are a couple projects that are further out where I expect to include some data from this resource, but I would be happy to present some data internally or for the CFR review boards related to suicide or abuse/neglect for consideration. Here's an example of some data I was looking at yesterday:
    - Among child suicide deaths (ages 5-17) in New Mexico that were reviewed by the Child Fatality Review Board after tracking of social media/technology involvement began in 2020 (n = 54), 16 deaths (27.8%) involved at least one of the following social media/technology related concerns identified by the review board:

- Social Media (13.0%): The child was frustrated, discouraged, hurt, angry, or jealous because of social media interactions with or by others.
- Restriction of Technology (18.5%): The child was frustrated or angry due to a lack of or limited access to technology including computers, cell phones, social media, or electronic gaming.

- For comparison a couple other established risk factors:
  - Known history of a prior non-fatal suicide attempt (9.3% of deaths)
  - Known history of a mental health or substance use diagnosis (38.9% of deaths)

Anyhow - sorry for the flood of updates. I'll be reaching out for some space to present some of theses projects and am eager to get your thoughts/feedback. More to come, but please let me know if there's anything you want more info on now or if you have any ideas?

Be well,

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