



SELF HARM & SUICIDE IDEATION IN SAN MATEO COUNTY

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Office of Epidemiology & Evaluation

Office of Epidemiology and Evaluation (OEE)

The primary goal of OEE is to promote and facilitate the use of data to improve the health of San Mateo County. By identifying the root causes of and risk factors for various health conditions, OEE collaborates with internal and external partners to address health inequities, allocate resources effectively, and inform policy and programmatic decision-making.

OEE collects and monitors health data, participates in disease investigations, conducts data analysis, assessment, and management, and interprets and shares findings. OEE also optimizes how data can be used effectively and efficiently through the development of tools, systems, and workflows for ingesting, processing, managing, and presenting data. OEE provides data support and trainings to other departments and community groups.



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Agenda

- Suicide attempt and suicide ideation emergency department (ED) visits – BioSense
- Suicide ideation among youth – California Healthy Kids Survey (CHKS)
- Suicide ideation among adults – Health & Quality of Life Survey (HQoL)
- Q&A
- Resources



Self-harm and suicide-related ED visits



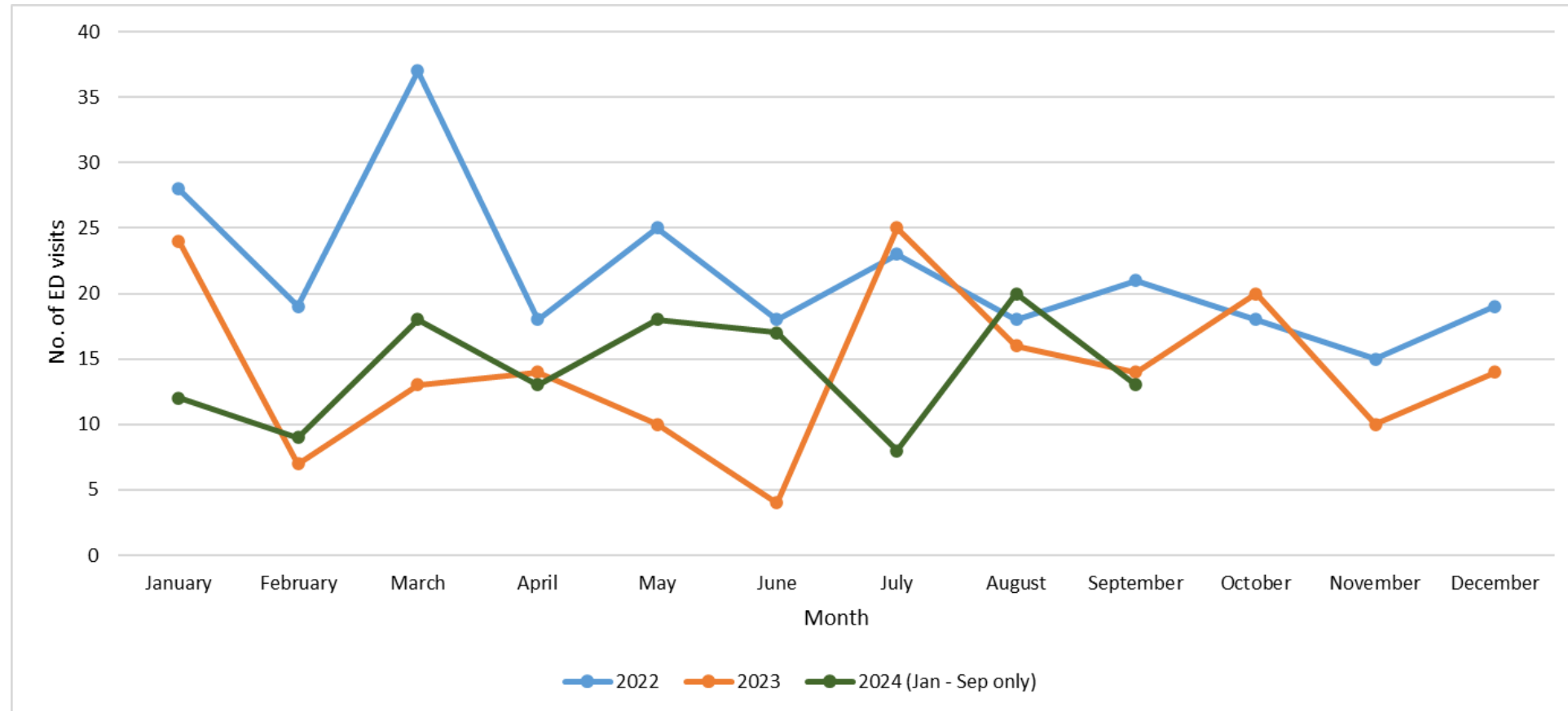
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Data source: BioSense

- Electronic health information system for tracking symptoms of patients in ED visits in near real-time
- Provides public health officials with a timely system for detecting, understanding, and monitoring health threats
- Maintained by CDC National Syndromic Surveillance Program
- As of 2024, all SMC hospitals + Stanford are sending data to SMC's BioSense system
 - This presentation will not include data from Sequoia Hospital (RWC) because Sequoia set up their feed this year.

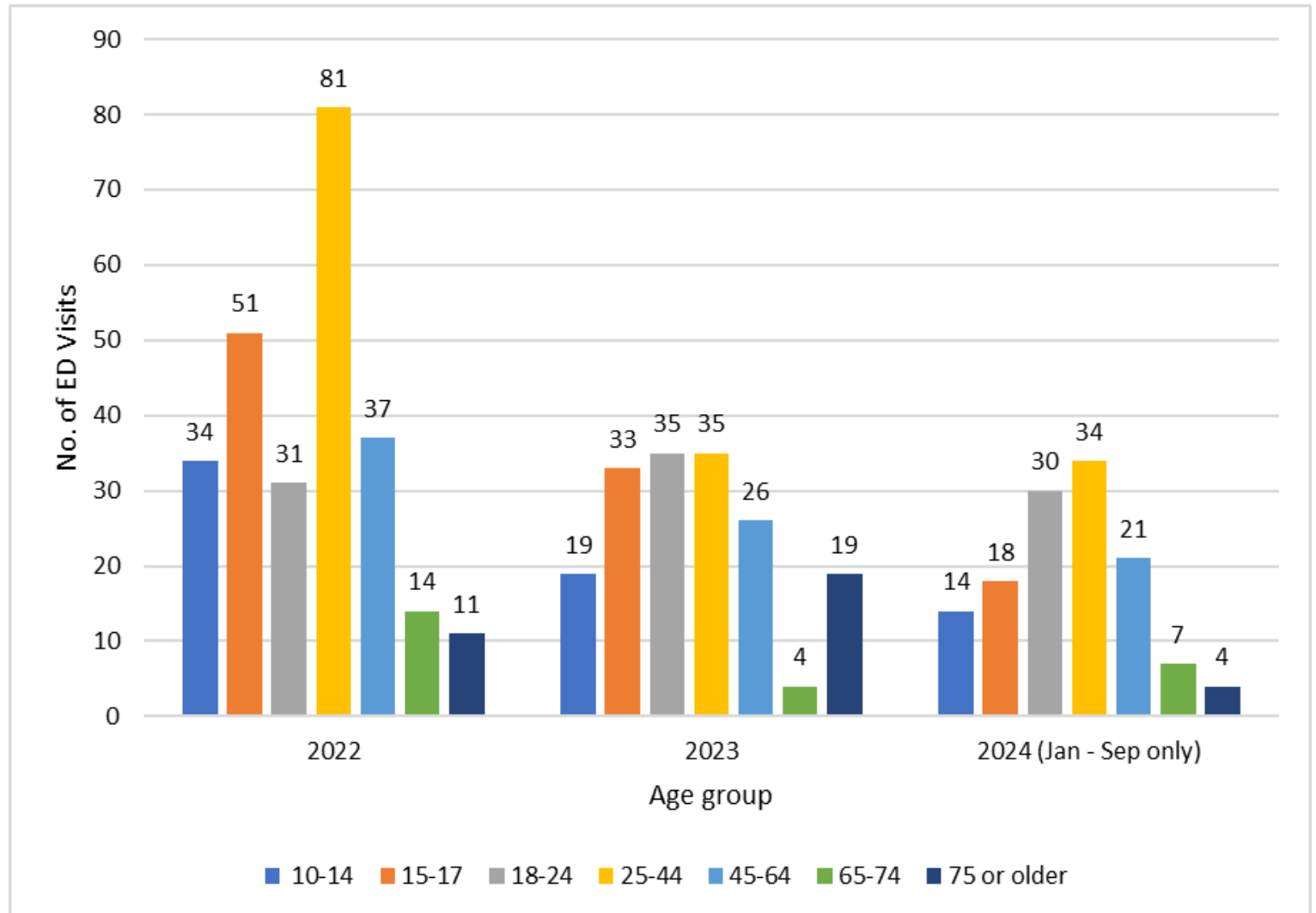
Self-harm ED visits by month: 2022-September 2024

- 2022: 259 total visits
- 2023: 171 total visits
- 2024 (Jan – Sep only): 128 total visits



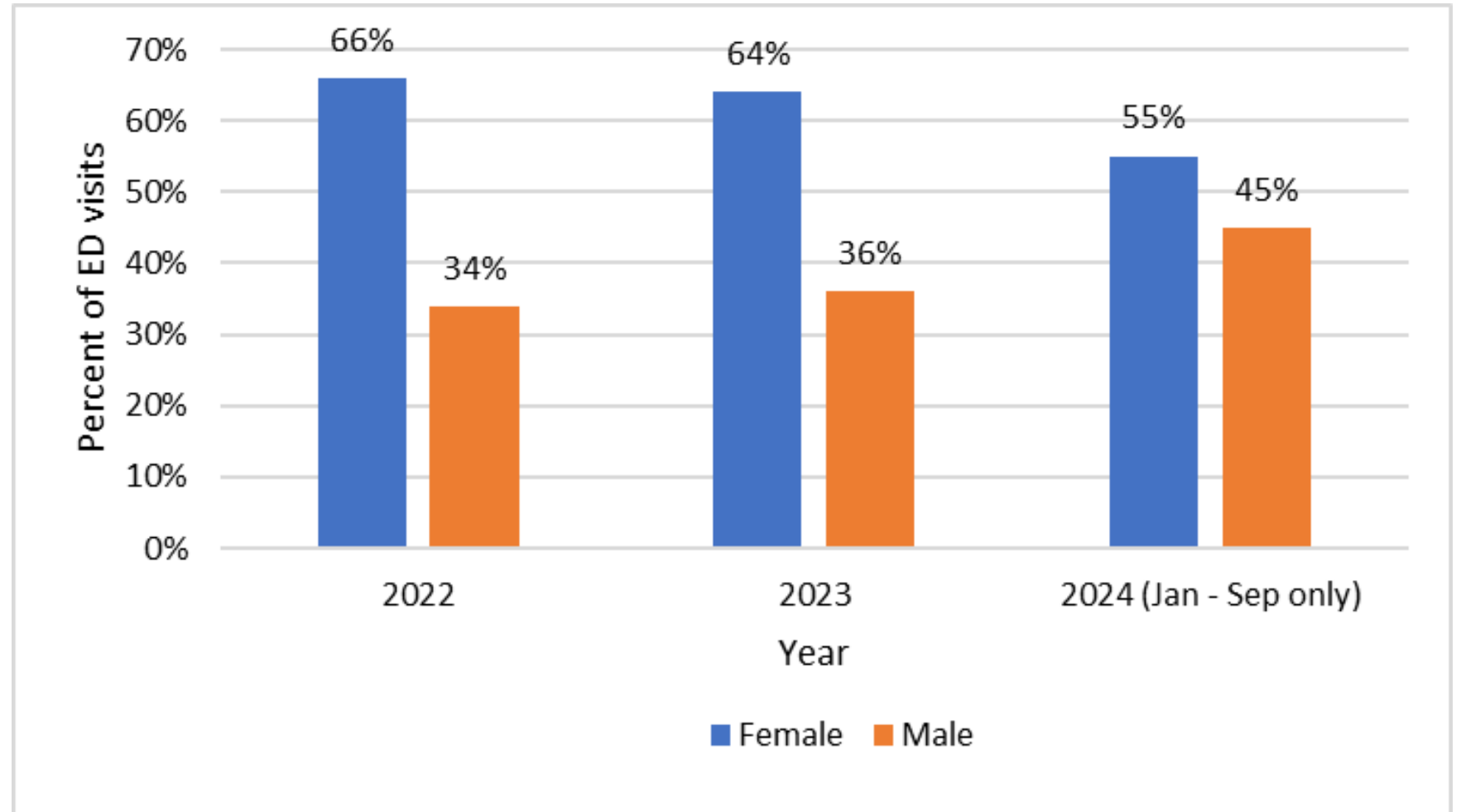
Self-harm ED visits by Age Group: 2022-September 2024

- SMC residents ages 25-44 had the highest number of ED visits across this time period (18-24 and 25-44 age groups both had 35 visits in 2023)
- SMC residents ages 65-74 had the lowest number of ED visits across this time period



Self-harm ED visits by Sex: 2022-September 2024

- Female patients comprised the majority of ED visits
- The percentage of female patients has decreased thus far in 2024 compared to 2023



Self-harm ED visits by Race/Ethnicity: 2022-September 2024

- White patients comprised the largest percentage of ED visits
- There has been a gradual increase in the percentage of ED visits among Hispanic/Latinx patients over the last few years

	2022	2023	2024 (Jan – Sep only)
American Indian or Alaskan Native NH	0%	0%	0%
Asian NH	11%	5%	10%
Black or African American NH	5%	2%	5%
Hispanic or Latinx	12%	18%	23%
Multiracial/Other NH	6%	9%	11%
Native Hawaiian or Other Pacific Islander NH	4%	6%	2%
White	50%	46%	34%
Unknown	12%	13%	15%

Self-harm ED visits by Mechanism: 2022-September 2024

- Poisoning was the primary mechanism of injury for the majority of ED visits

	2022	2023	2024 (Jan – Sep only)
Hanging/Suffocation	2%	1%	2%
Poisoning	68%	69%	63%
Jump	0%	1%	1%
Cut/Pierce	11%	11%	12%
Poisoning, Cut/Pierce	1%	1%	3%
Other	1%	0%	0%
Unknown	17%	18%	18%



Suicide ideation among youth



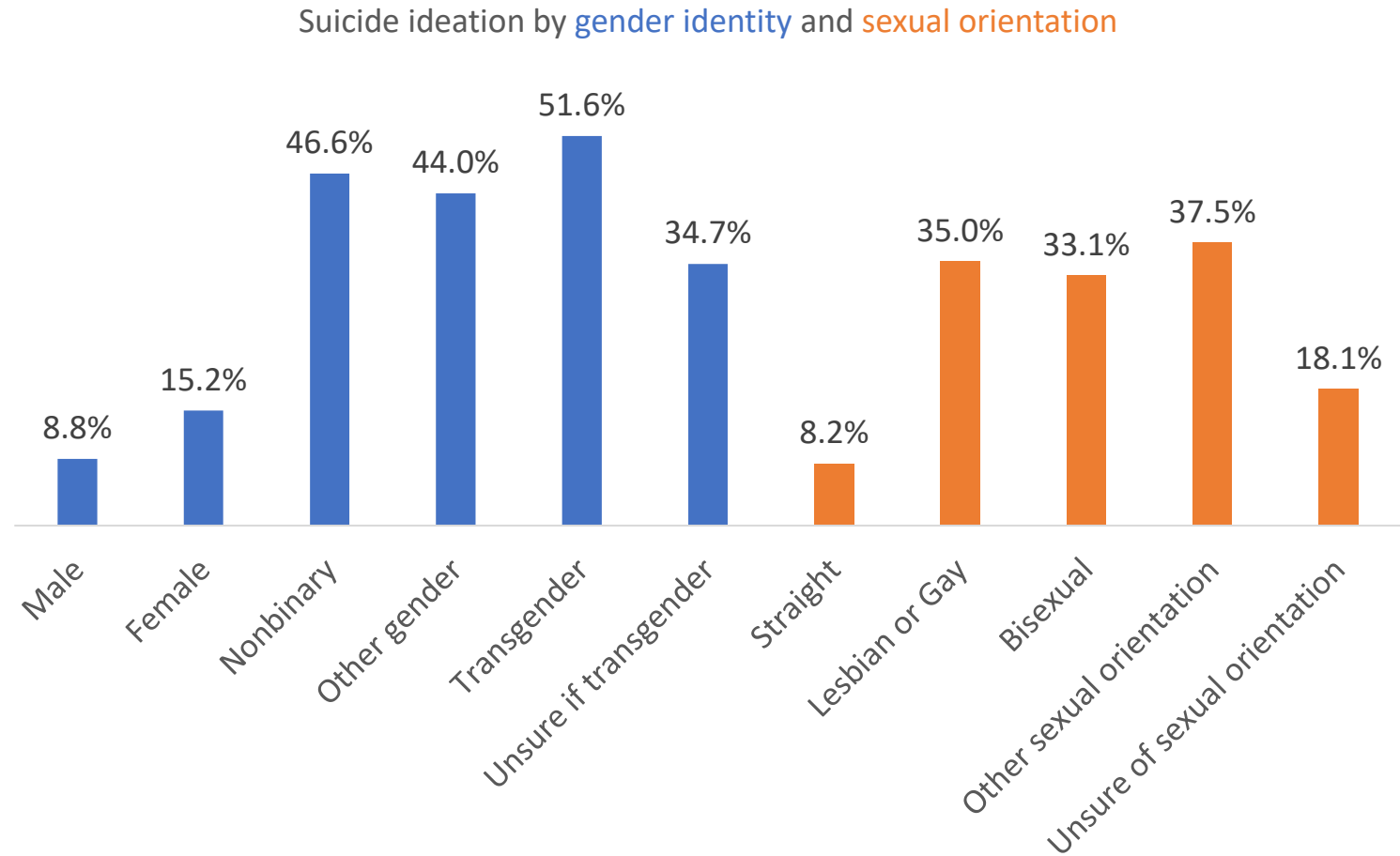
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Data source: CHKS

- Measures school climate and engagement, student physical and mental well-being, social-emotional learning, and student supports
- Administered across CA to students in grades 5, 7, 9, and 11
 - School districts are not required to administer CHKS, unless they receive Tobacco-Use Prevention Education (TUPE) funding
 - 11,069 students surveyed in SMC during 2021-2022 school year
- Data publicly available at state-level or county-level via [CalSCHLS dashboard](#)

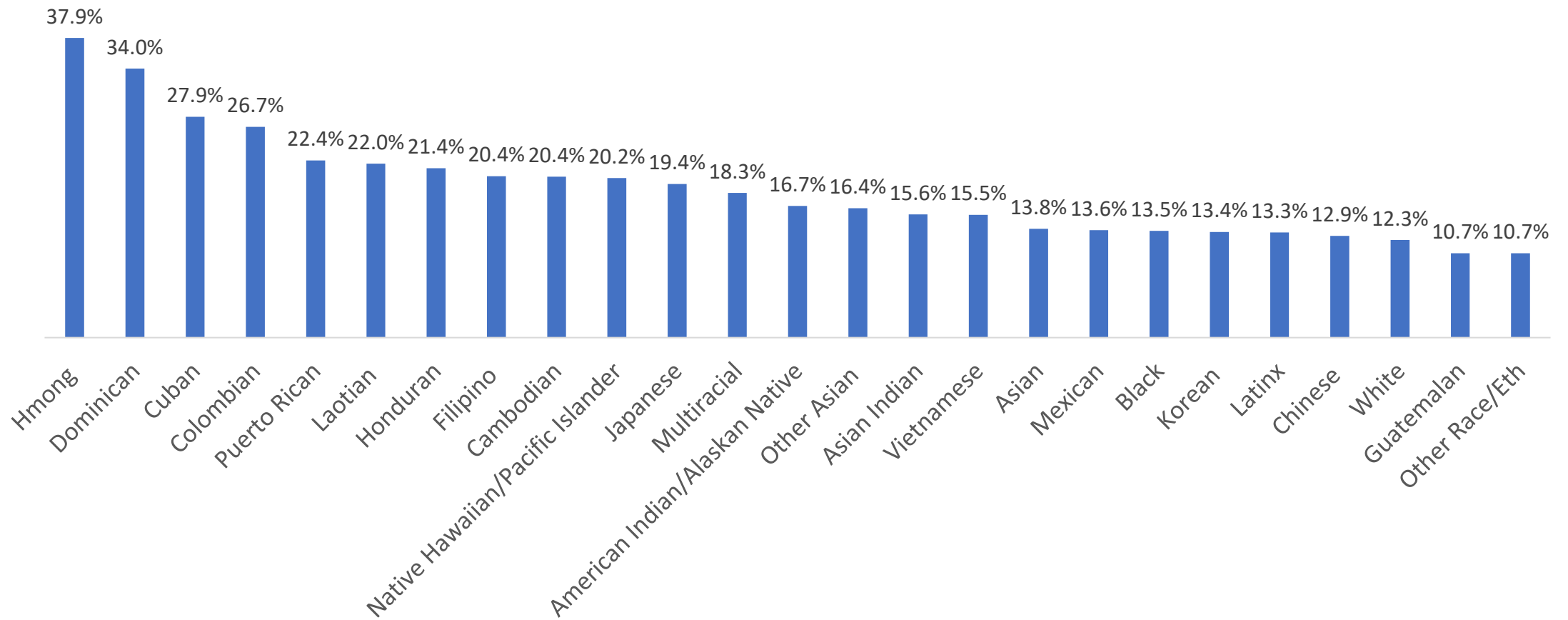
Student suicide ideation by SOGI

Highest among transgender (51.6%) and nonbinary (46.6%) students



Student suicide ideation by race/ethnicity

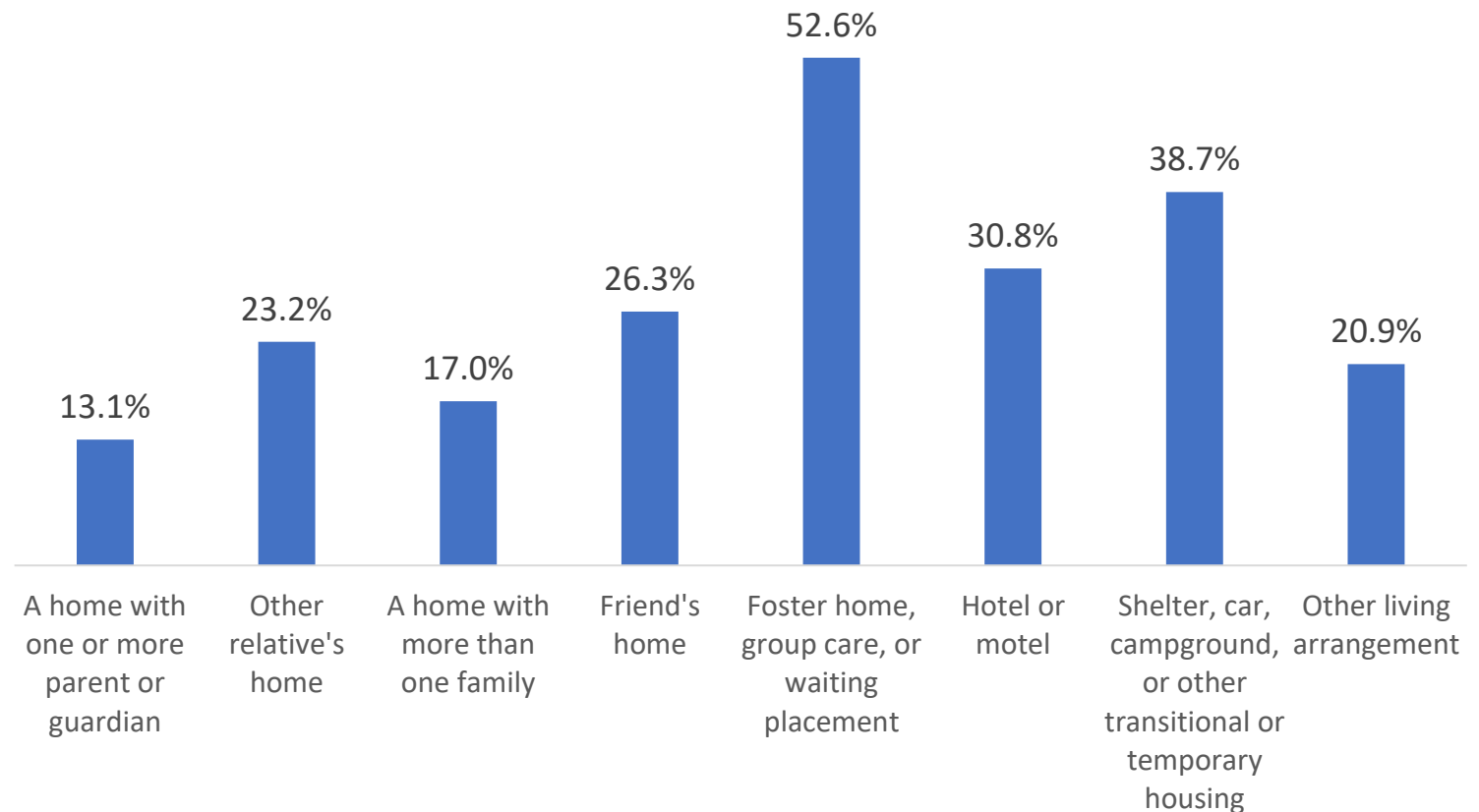
Suicide ideation by race/ethnicity among students



Student suicide ideation by living status

Highest among students in foster/group home (52.6%) and students living in shelter or other temporary housing (38.7%)

Suicidal ideation by living status among students





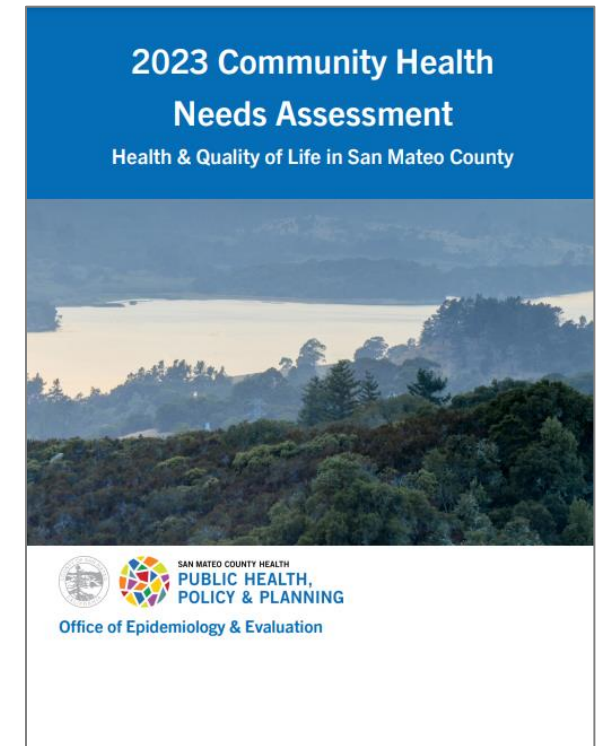
Suicide ideation among adults



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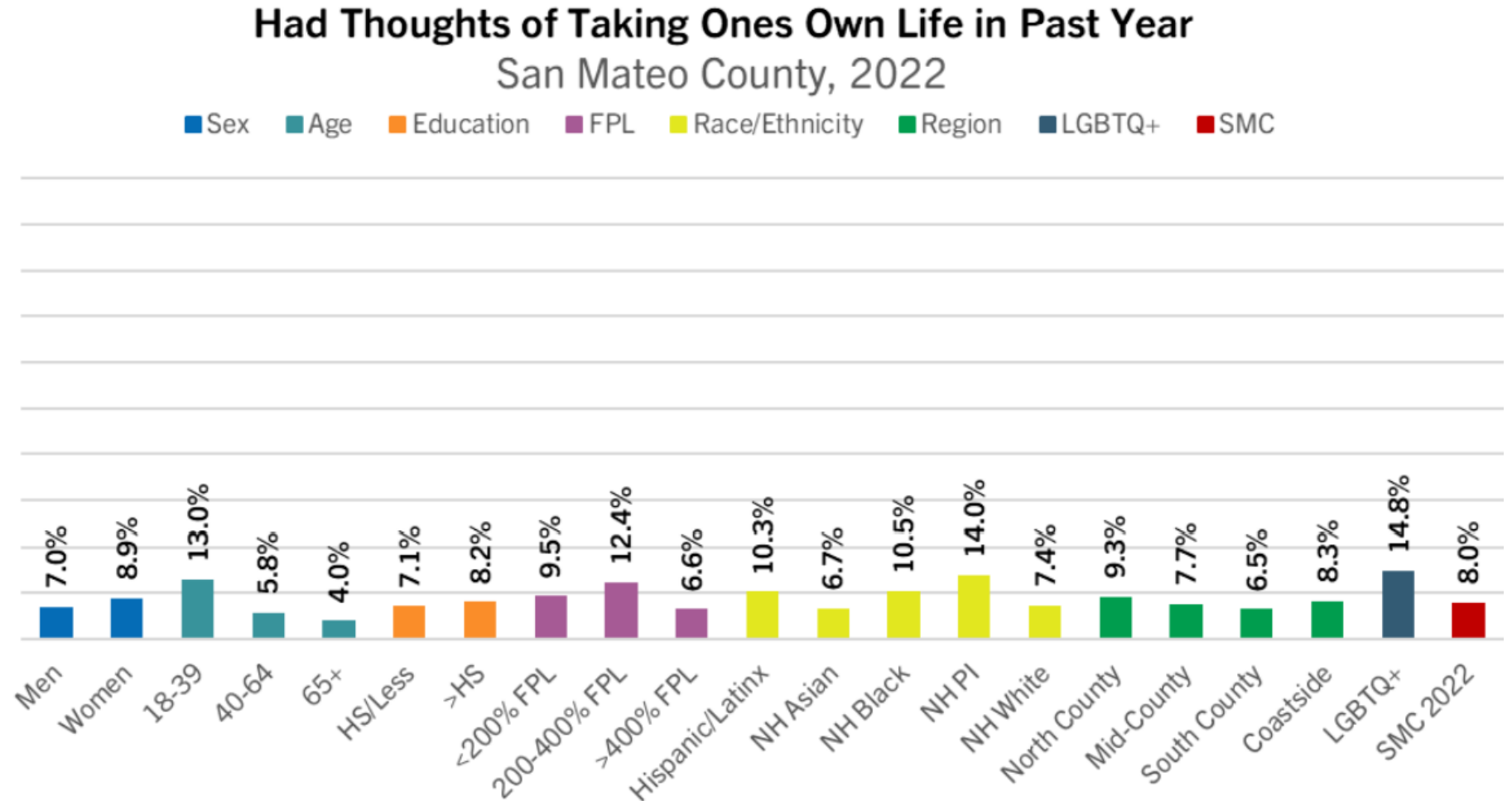
Data source: HQoL

- Measures of physical & mental well-being, health behaviors, and quality of life
- Administered to adults every 3-5 years since 1998 (3,053 adults surveyed in 2022)
- Over-sampled Black, Pacific Islander, Latino, low-income, and Coastside communities
- Data available by age, gender, race/ethnicity, LGBTQ+, education, and poverty
- Data available on SMC All Together Better data portal



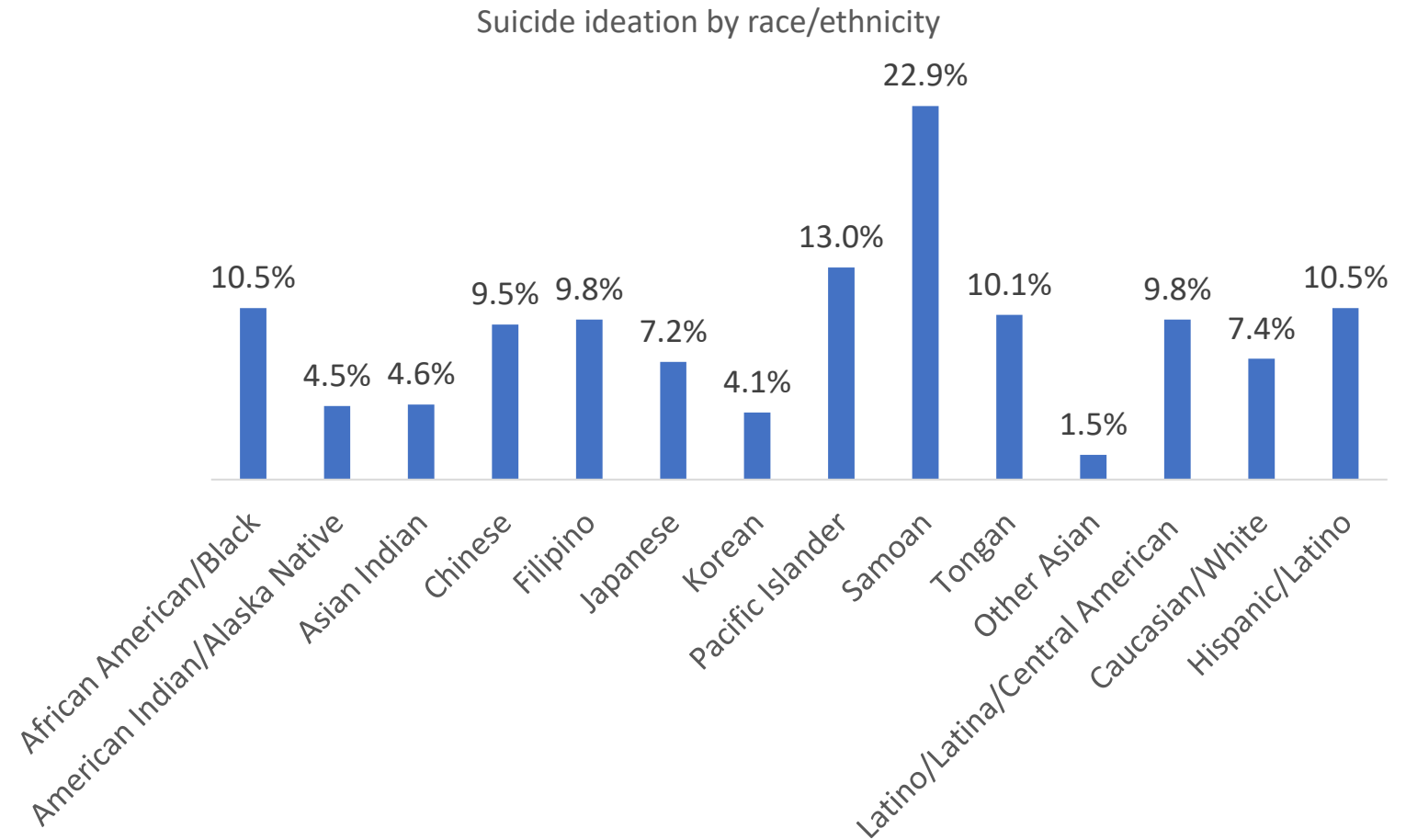
Suicide ideation

Highest among
LGBTQ+
(14.8%) and
Pacific Islander
(14.0%)



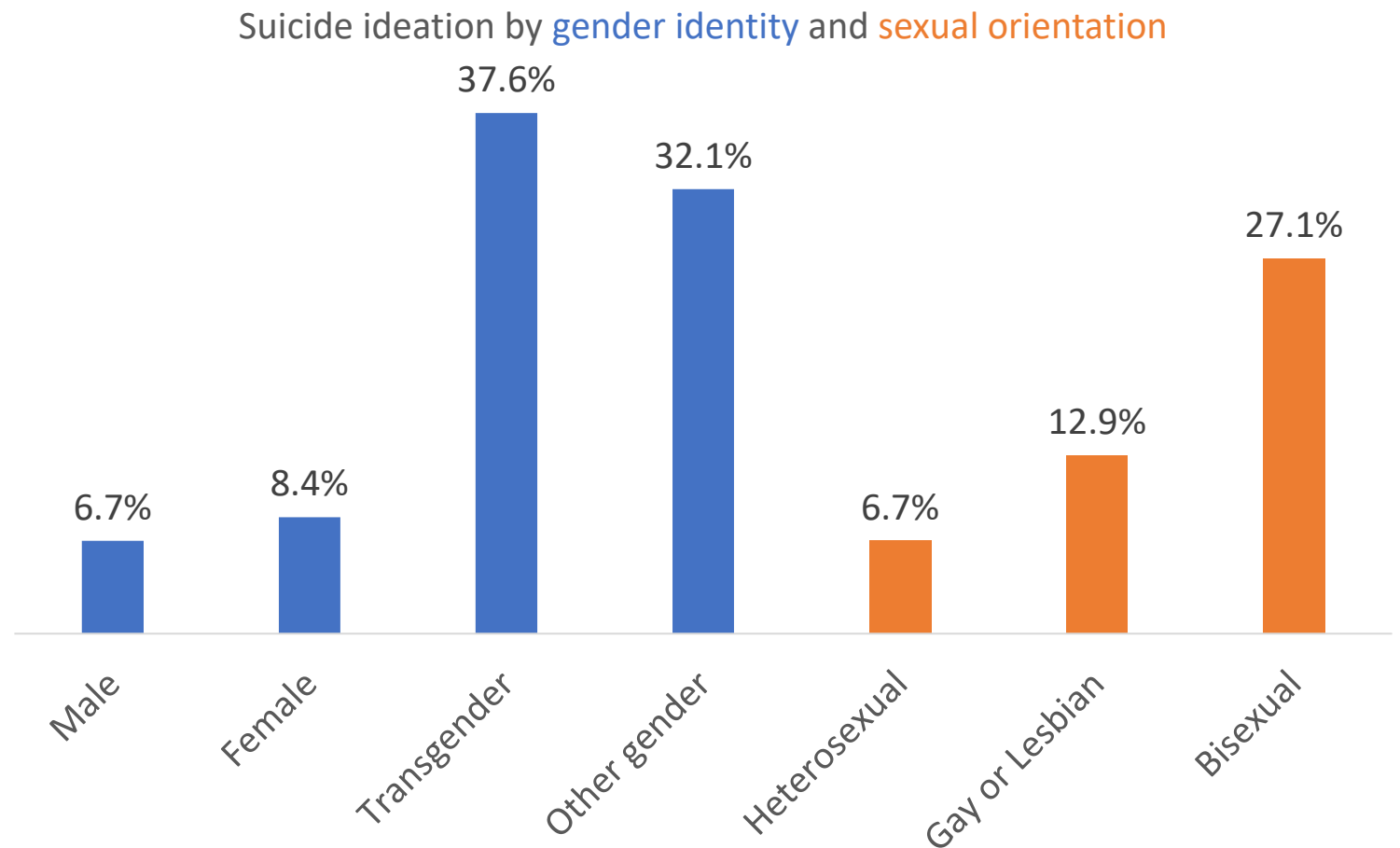
Suicide ideation by race/ethnicity

Highest among Samoan adults (22.9%).



Suicide ideation by SOGI

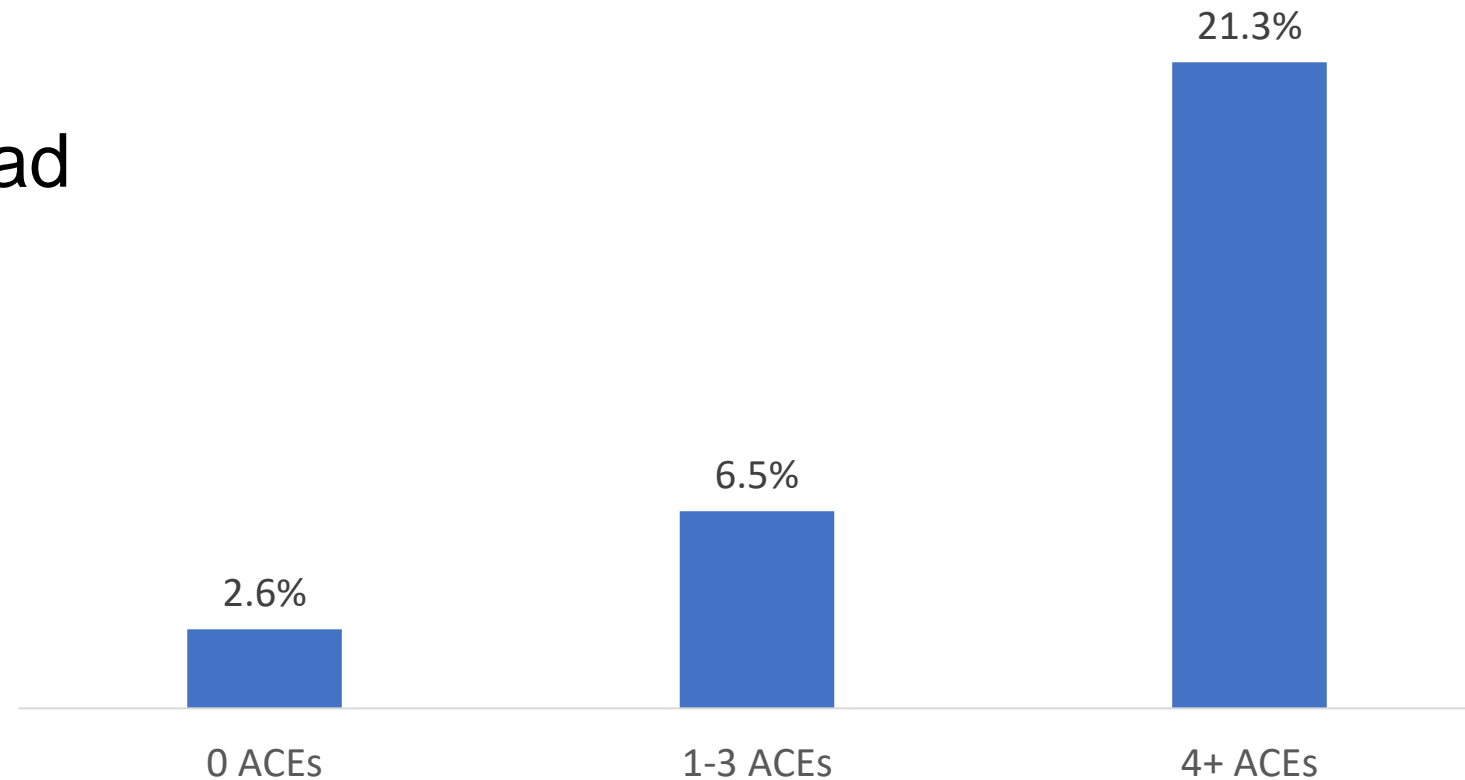
Highest among transgender adults (37.6%) and adults with other gender identity (32.1%).



Suicide ideation by ACEs

- Highest among adults with 4+ ACEs (21.3%).
- Among adults who had suicide ideation, 89.4% had an ACE.
 - 48.6% had 4+ ACEs
 - 40.8% had 1-3 ACEs

Suicide Ideation by Adverse Childhood Experiences





Q&A



Resources



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SMC All Together Better Data Portal

- Publicly available health-focused data portal with 400+ health & sociodemographic indicators
- Multiple geographies (depending on indicator): county, region, city, zip, census tract
- Multiple breakdowns (depending on indicator): age, gender, race/ethnicity, sexual orientation, educational attainment, poverty, time
- Data sources: SMC HQoL Survey, U.S. Census Bureau, CDPH, CDC, and many others
- www.smcalltogetherbetter.org

Future work

- SMC All Together Better data portal
 - New indicators and dashboards
 - Trainings for staff and community partners
- New publications/products:
 - Health equity map portal
 - Health equity data brief series (topics will include mental health, substance use, social determinants of health, and many more)
- **Please reach out if you'd like to learn more!**



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