

From January 2019 to June 2021, there were 7,019 people who visited an Emergency Department (ED) in Vermont for a suicide-related reason, which accounted for 11,293 visits. One-quarter of people (1,683, 24%) visited the ED more than once for a suicide-related reason. While there is little research that has looked at people who visit an ED more than once for a suicide-related reason, there are studies that have looked at frequent visitors to the ED. Frequent visitors, defined as a person who has four or more visits per year (for any reason), are known to often have more mental health, substance misuse, and social risk factors than the general population.^{1,2} Frequent visitors are important to monitor because they may help characterize unmet needs in populations experiencing suicidality. This data brief looks at people who visited the same ED more than once during a two-and-a-half-year period, and people who return to the same ED within 90 days for a suicide-related reason.ⁱ

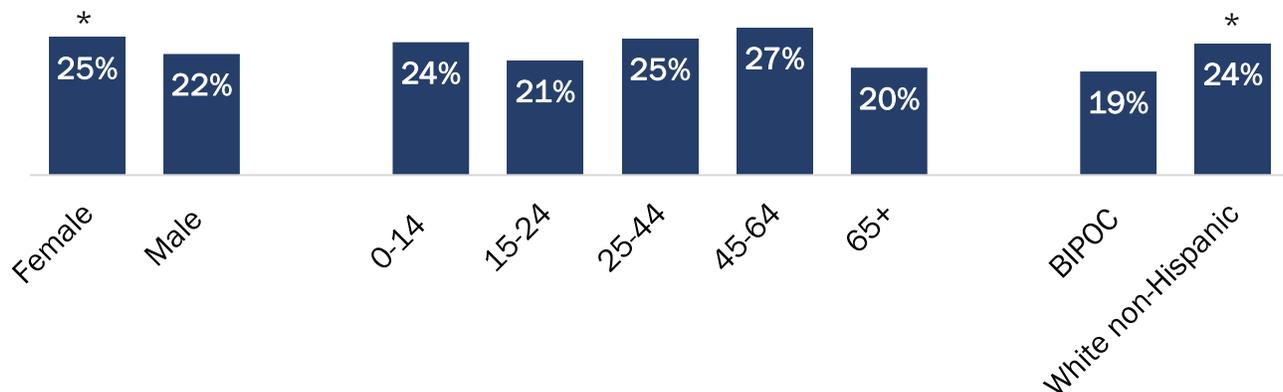
KEY POINTS

- Among people who visit the ED more than once for a suicide-related reason, half return to the ED within 33 days from their first visit, and 90% return within 1 year.
- One quarter of people return to the ED for a suicide-related reason.
 - Females and white non-Hispanic people are more likely to revisit.
- Chittenden and Rutland counties have a higher rate of people returning to the ED compared to the state.

Demographic Characteristics of Patients Revisiting

There are some groups of people who were more likely to revisit the ED during the two-and-a-half-year period for a suicide-related reason. Females are significantly more likely than males to revisit the ED (25% vs. 22%). People between 25 and 64 years are significantly more likely than those age 15 to 24 and 65 and older. White, non-Hispanic Vermonters are also more likely to visit multiple times for a suicide-related reason compared to Black, Indigenous, or a Person of Color (BIPOC). Additional age groups are found [here](#).

Rate of patients revisiting the ED for a suicide-related reason.

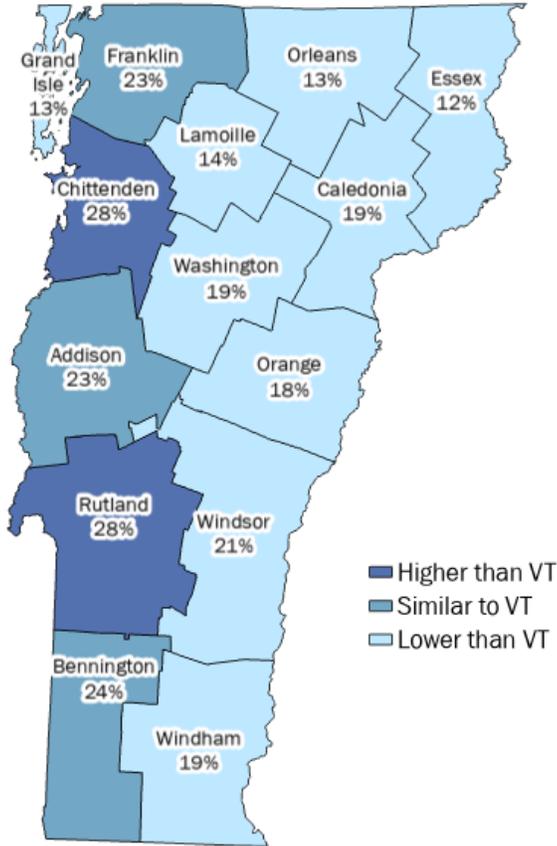


Source: Electronic Surveillance System for the Early Notification of Community-based Epidemics, ESSENCE, 2019-20201.

*statistically more likely than the other sex, or race/ethnicity group.

Suicide-Related ED Visits: Repeat Visitors

Rate of patients returning to the ED for a suicide-related reason by county.



Residents of Rutland and Chittenden County were significantly more likely to revisit the ED for a suicide-related reason compared to the state overall (Rutland 28%, Chittenden 28%, State overall 24%). Caledonia, Essex, Grand Isle, Lamoille, Orange, Orleans, Washington, Windham and Windsor County had a lower rate (compared to the state) of people revisiting. Addison, Bennington, and Franklin County had a similar rate of people revisiting. Rural counties have a significantly lower rate of people revisiting the ED for a suicide-related related compared to Chittenden County (22% vs. 28%, respectively).

Source: ESSENCE, 2019-20201.

Returning to the ED within 90 days

The rate of people returning to the ED for a suicide-related reason within 90 days has hovered around 20% from 2019 through June of 2021. From January 2019 to June 2020, there rate slightly decreased, but has fluctuated from July 2020 to June 2021. County level data is available [here](#).

The rate of patients that returned to the ED within 90 days has not changed significantly over a two-and-a-half-year period.



2019	2020	2021
Jan- Mar	Jan- Mar	Jan- Mar
Apr- Jun	Apr- Jun	Apr- Jun
Jul- Sep	Jul- Sep	
Oct- Dec	Oct- Dec	

Source: ESSENCE, 2019-2021.

Key Takeaways

Nearly a quarter of people with a suicide-related ED visit return to the ED again for a reason related to suicide. Half of repeat visits return within a little over a month, which may suggest that outpatient mental health services are not being utilized, are not readily accessible or available, and/or linkages to care can be improved in the community. Females and white, non-Hispanic people are more likely to return to the ED for a suicide related reason.

1 in 5 people return to the ED within 90 days for a suicide-related reason.

Limitations

There are several caveats and limitations to these data:

1. This data is not fully representative of people who revisit an ED. This data only captures people who revisit the same ED in Vermont (i.e. people who visit 2 separate ED's are counted as two unique encounters).
2. This data is not fully representative of all ED's in Vermont. From January 2019 to June 2020, 86% of ED's (12 of 14) are reflected. From June 2020 to June 2021, 93% of Vermont's ED are reflected (13 of 14).
3. People who visit an ED outside of Vermont are not reflected. Revisit rates may be underestimated for counties that typically seek care out of state.
4. A change in a hospital's electronic medical record (EMR) system may impact the patient identifier field used for determining repeat visits. During this time, there have been no known changes in ED EMR systems.
5. Suicide-related ED visits are determined using a patient's chief complaint, discharge diagnosis, and admission reason. These fields are not always complete and there is variability in hospitals with how these fields are entered. As a result, suicide-related visits may be over- or underestimated.

References:

1. Hunt KA, Weber EJ, Showstack JA, Colby DC, Callahan ML. Characteristics of frequent users of emergency departments. *Ann Emerg Med.* 2006 Jul;48(1):1-8. doi: 10.1016/j.annemergmed.2005.12.030. Epub 2006 Mar 30. PMID: 16781914. <https://pubmed.ncbi.nlm.nih.gov/16781914/>
2. Slankamenac K, Zehnder M, Langner TO, Krähenmann K, Keller DI. Recurrent Emergency Department Users: Two Categories with Different Risk Profiles. *J Clin Med.* 2019 Mar 9;8(3):333. doi: 10.3390/jcm8030333. PMID: 30857294; PMCID: PMC6463097.

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ⁱ Rate of people returning to the ED is calculated as # of people with >1 visit to the ED for a suicide-related reason divided by the # of people who visited an ED for a suicide-related reason