

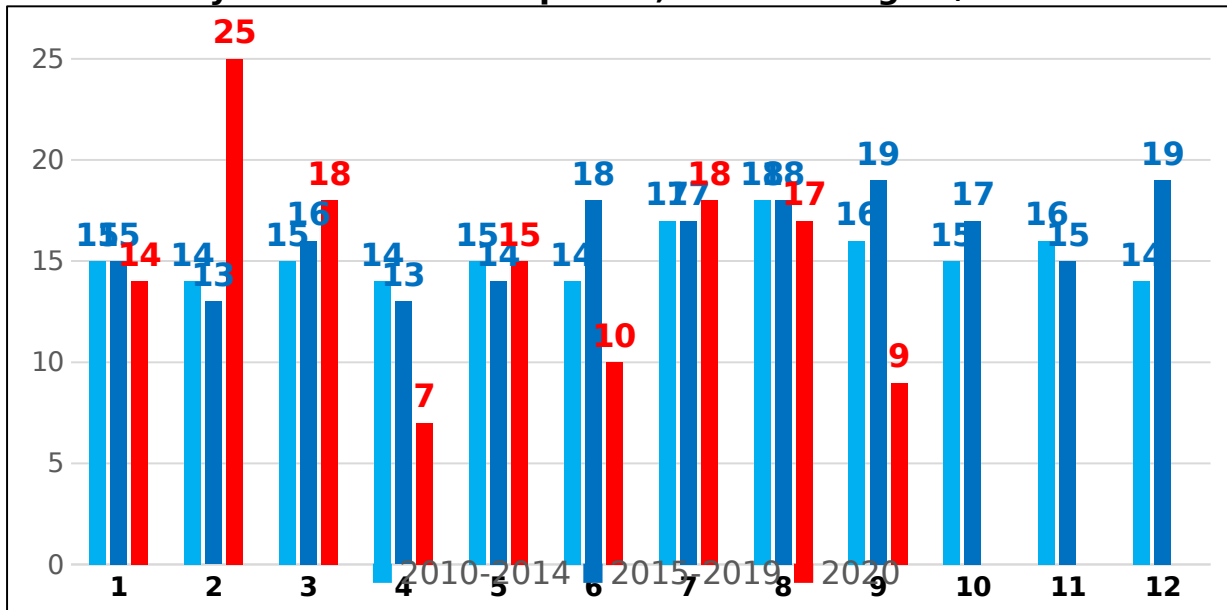
Trends in death from suicide in Hawaii, 2010 through July 2020

Objective: Assess trends in deaths from suicide among residents in Hawaii, given the interest in the pandemic's effect on general financial and emotional well-being.

Data source and methods: Preliminary death certificate data through September, 2020. The first Covid-19 case in Hawaii was reported on March 6, and the Governor's stay-at-home order took effect on March 25, so the 6-month period of April through September serves as the pandemic period in Hawaii. Two 5-year periods are used for comparison: suicides from 2010-2014, and from 2015-2019. Monthly or quarterly averages for these periods were compared to 2020 counts.

Results: Statewide, there were fewer deaths from suicide during the pandemic period in 2020 (76) than in comparable 6-month periods from 2010-2014 (94) or 2015-2019 (99) (figure). There was no consistent trend in the 2020 deaths, with lowest totals in April, June and September. The 2020 victims were mostly comparable to victims in the earlier periods in distribution of age, county of residence and mechanism. The proportion of female victims was slightly higher in 2020 (28%), compared to the 2010-2019 period (21%).

Average monthly number of deaths by suicide among Hawaii residents, by month and time period, 2010 through 9/2020*



*2020 counts based on preliminary death certificate data.

The statewide pattern was consistent across all counties, with 2020 counts for the first Quarter (January-March) being higher in 2020 than baseline averages (except Kauai), and counts for the second Quarter (April-September, i.e. pandemic period) being lower than baseline averages.

Discussion and conclusions:

In conclusion, the preliminary 2020 mortality data do not indicate an increase in deaths by suicide in association with the pandemic. Fatalities were generally comparable or lower during the April through September pandemic period, compared to previous years, both statewide and within counties. It is possible that economic suffering has been somewhat mitigated by state and federal safety nets, although it is uncertain how long that will continue. On the other hand, financial or employment issues are relatively rarely documented as suicide "triggers" in autopsy investigative reports; mental illness, often with no documented treatment, is far more prevalent. While these findings are encouraging, they should be considered preliminary. It is possible, for example, that deaths coded as suicides require more time before finalization and may therefore be under-represented in these 2020 data. It is important to also examine trends in nonfatal suicide attempts and other possible indicators such as reported mental health crises or utilization of psychiatric care.

Trends in hospital presentations for self-inflicted injuries (suicide attempts) in Hawaii, 2016 through May 2020

Data source and methods: Laulima Data Alliance inpatient and outpatient counts downloaded via the slice-and-dice tool, all diagnoses cube. Limited to patients residing in Hawaii, including transfers and patients who died in hospital. Includes only records with a 7th place value of "A" or blank (initial encounters). Not limited to records with an injury-related principal diagnosis. The monthly averages over the 4-year period of 2016 through 2019 were compared to the 2020 counts.

Results: Counts for 2020 were lower for each month, compared to the 4-year averages (figure). However, 2020 counts decreased 8.6% during the pre-pandemic period (January through March), compared to 22.8% during the post-pandemic period (April through May). The 2020 totals for April (106) and May (121) were lower than any corresponding total during the 2016-2019 period (114 and 137, respectively).

Monthly number of suicidal patients treated at Hawaii hospitals, average of 2016-2019 vs. 2020

