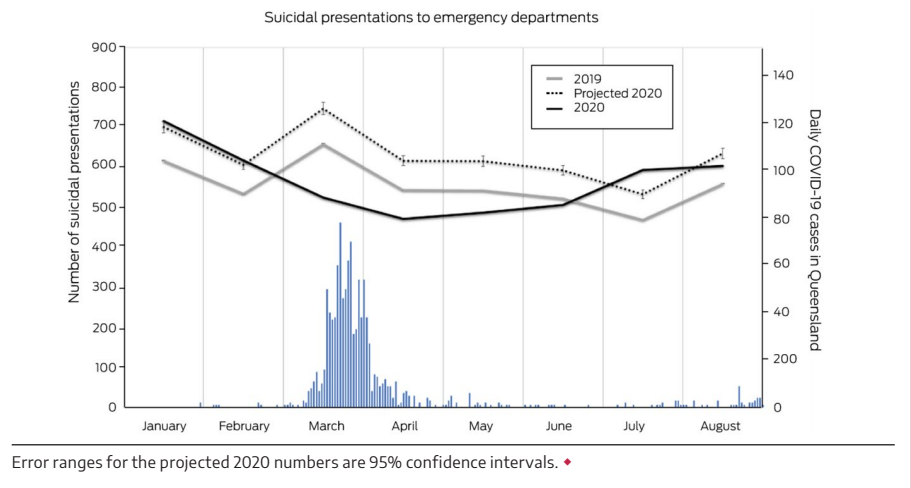


## Reduced suicidal presentations to emergency departments during the COVID-19 outbreak in Queensland, Australia

TO THE EDITOR: The coronavirus disease 2019 (COVID-19) pandemic has raised concerns of a subsequent increase in suicides,<sup>1</sup> but limited empirical data are available on this topic.<sup>2,3</sup> We analysed numbers of suicidal presentations (including suicidal ideation, non-suicidal self-injury and suicide attempts) to emergency departments (EDs) within the Gold Coast Hospital and Health Service before and since the spread of COVID-19 in Queensland, Australia. Cases were identified from ED administrative data through relevant diagnoses, presenting problems and keywords, followed by a manual investigation of triage narratives to exclude false positive cases, such as non-deliberate injuries or poisonings. The numbers of ED visits between January and August 2020 were compared with the projected numbers, calculated by applying an annual increase of 13.5%<sup>4</sup> to presentations during the same period in 2019.

From March 2020 onwards, a marked divergence between observed and projected numbers is noted, corresponding to the oscillations in the numbers of diagnosed COVID-19 cases in Queensland (Box). At the peak of the pandemic, the reductions in suicidal presentations were the largest (29.8% in March and 23.6% in April 2020). Over the next 2 months, daily numbers of diagnosed COVID-19 cases remained low and the difference between observed and

Numbers of suicidal presentations to the Gold Coast Hospital and Health Service in 2019 and 2020, and numbers of daily coronavirus disease 2019 (COVID-19) cases in Queensland, Australia



projected numbers gradually narrowed (20.8% in May and 14.6% in June 2020). In July 2020, observed numbers exceeded projected numbers by 11.4%, but then declined again in August 2020, coinciding with another resurgence of COVID-19. Between March and August 2020, the Gold Coast Hospital and Health Service had 554 less suicidal presentations than expected.

The well documented negative impact of COVID-19 on all aspects of society, including mental health,<sup>5</sup> suggests that a substantial reduction of suicide risk during this time is unlikely. Instead, our results may reflect changes in help-seeking behaviour, with fewer people willing to seek help for suicidality through in-hospital consultations due to fears of contracting COVID-19.<sup>6</sup> Ongoing promotion of telehealth and

enabling safe hospital presentations or alternatives to ED<sup>7</sup> is therefore needed to prevent the adverse outcomes of the COVID-19 pandemic due to delayed access to care.

Limitations of this work include potential underestimations of suicidal presentations due to coding issues<sup>8</sup> and the inability to differentiate between types of suicidal presentations.

Jerneja Sveticic<sup>1</sup>   
Nicolas JC Stapelberg<sup>1,2</sup>  
Kathryn Turner<sup>1</sup>

<sup>1</sup>Gold Coast Hospital and Health Service, Gold Coast, QLD.  
<sup>2</sup>Bond University, Gold Coast, QLD.

jerneja.sveticic@health.qld.gov.au

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