Mental Health Quarterly Surveillance Report Reference Document - Methods, Background, and Syndrome Definitions

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Introduction to Using Syndromic Surveillance for Monitoring Mental Health-related Indicators

What is Syndromic Surveillance?

Syndromic surveillance is a collaborative effort between local and state health departments, CDC, and other partners. Syndromic surveillance data are collected from deidentified electronic patient encounter data received from emergency departments, urgent and ambulatory care centers, inpatient healthcare settings, and laboratories. These data include chief complaint, diagnosis codes, patient characteristics, and location. Syndromic surveillance provides public health officials with a timely system for detecting, understanding, monitoring health events, and collaborating with partners. By tracking patients' symptoms in emergency departments (EDs) - before a diagnosis is confirmed - public health practitioners can detect unusual levels of illness or injuries to determine whether a response is warranted. Syndromic surveillance data can serve as an early warning system for public health concerns such as flu outbreaks and have been used in responses to opioid overdoses, e-cigarette or vaping product use-associated lung injury, Zika virus infection, and natural disasters (https://www.cdc.gov/nssp/index.html).

Quarterly mental health surveillance reports are intended to provide basic information about trends in selected mental health outcomes in emergency department visits in New Mexico. Additional data on other mental health syndromes, geographic, or demographic views in both emergency departments and other sources of surveillance are available upon request. Mental health concerns represent a major public health issue and numerous community wide strategies involving prevention, health promotion, and intervention can be implemented to improve outcomes.

Methods

Data provided in these reports comes from New Mexico's Syndromic Surveillance Database via the Center for Disease Control and Prevention (CDC) ESSENCE web query system. This data is compiled using RStudio which pulls New Mexico's data from the CDC ESSENCE web portal and produces charts and data totals presented in this report. Syndromes search the chief complaint and discharge diagnosis fields to search for free text, ICD-10 and SNOMED codes which correspond with syndromes of interest (Syndrome Definitions). Data pulls used to make charts in this report restrict results in data to only include emergency department events in New Mexico facilities where the discharge diagnosis field has been completed. Hospital data is removed when facilities have had large variations in overall reporting of events using a cutoff for Coefficient of Variation (CoV) of 45 or less and hospitals whose past 30 day records do not have a completed discharge diagnosis field in at least 80% of the events. These strategies are intended to show trends reflecting changes in events related to the syndrome rather than changes which may be related to hospital participation in syndromic surveillance. Many charts present data by sex due to known substantial differences in mental health outcomes and suicide-related behaviors by sex.

Limitations

Hospitals operated by the Indian Health Service and Veteran's Affairs do not report to the New Mexico Syndromic Surveillance Database and hospitals with inconsistent or incomplete records are excluded for data quality purposes. As such, reported numbers of events are under-counted and do not represent all populations of New Mexico. Because participating hospitals can change from report to report due to data quality filters, reports should not be directly compared to each other. Reported results include all events with a chief complaint entry or discharge diagnosis related to the mental health syndrome regardless of the primary reason for an emergency department visit. These reports do not provide a comprehensive view of all mental health issues available, however, those interested in additional information are encouraged to contact the mental health epidemiologist (dylan.pell@doh.nm.gov) for more detailed data views.

Syndrome Definitions

Short Description of Syndromes in the Mental Health Quarterly Reports

Topic	NSSP Syndrome	Description of Query
Mental Health Events	CDC Mental Health v1	This definition measures ED visits with any
		mental health condition, including psychiatric
		screening. This includes visits where there are
		acute mental health crises (i.e., the sole or pri-
		mary reason for the visit is only related to
		mental health) as well as visits where men-
		tal health conditions are present (defined as
		coded in the discharge diagnosis or mentioned
		in the chief complaint text) but may not be
		the sole reason for the visit
Suicide Attempts	CDC Suicide Attempt v2	This query measures ED visits with a sus-
		pected suicide attempt.
Suicide-related Events	CDC Suicide Attempt v1	This query measures ED visits with suspected
	and CDC Suicide Ideation	suicide ideation, self-harm, or a suspected sui-
	v1	cide attempt .
Depressive Disorder	CDC Depressive Disor-	This query measures ED visits with a sus-
	ders v1	pected depressive disorder.
Anxiety Disorder	CDC Anxiety Disorders	This query measures ED visits with a sus-
	v1	pected anxiety disorder.

Note - Other available syndromes not reported in the quarterly report include:

- Attention-defect Hyperactivity Disorders
- Obsessive-compulsive Disorders
- Trauma and Stressor-related Disorders
- Bipolar Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Disruptive Behavioral and Impulse-Control Disorders
- Eating Disorders

Full definitions including ICD-9, ICD-10, SNOMED codes, and chief complaint fields searched are available upon request - (dylan.pell@doh.nm.gov)

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Published by the Survey Unit, Epidemiology and Response Division with the New Mexico Department of Health. Contact mental health epidemiologist, Dylan Pell (dylan.pell@doh.nm.gov), for more information about quarterly mental health reports or to request New Mexico mental health data.