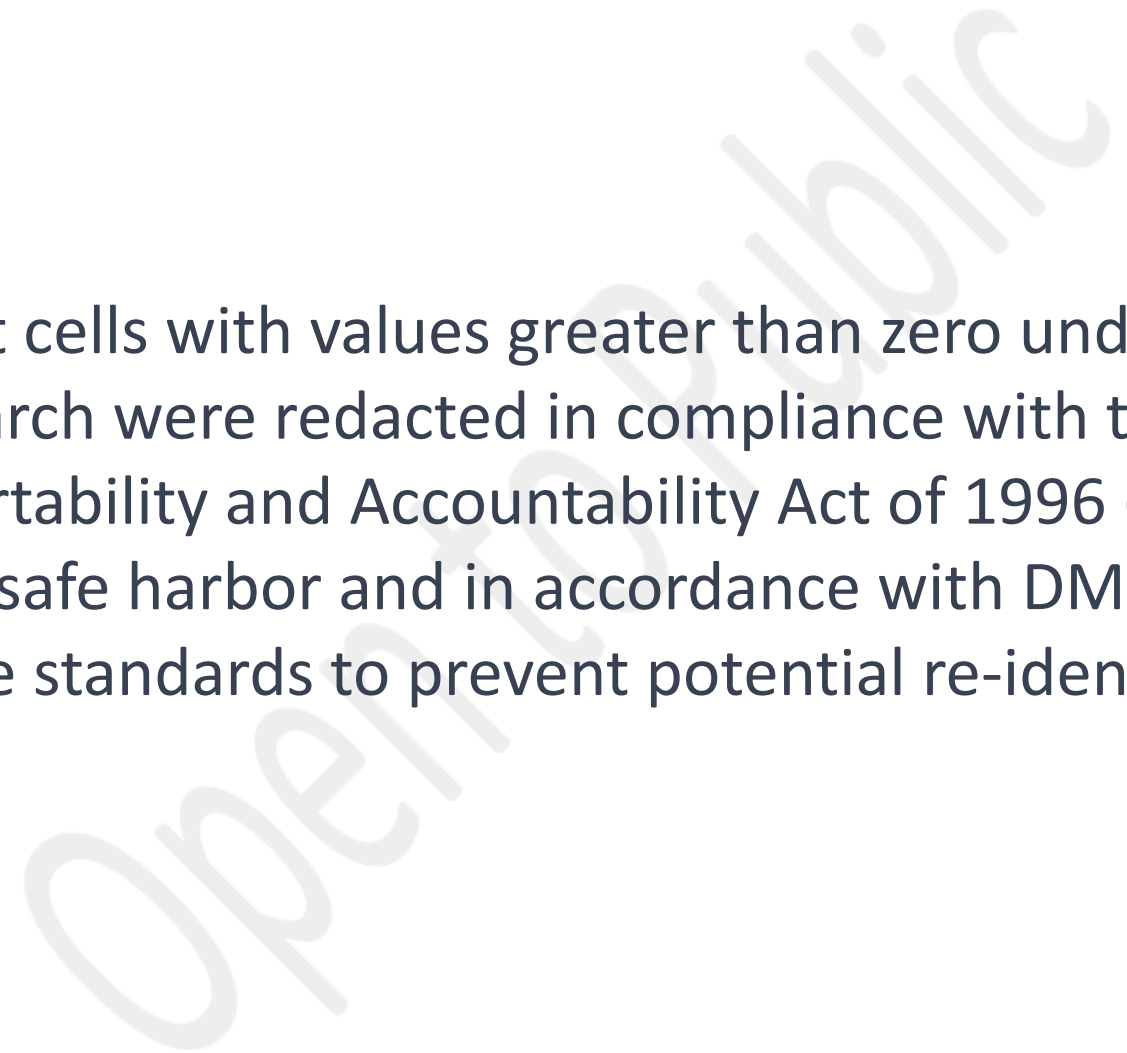


Please note that cells with values greater than zero under eleven (11) in this research were redacted in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) de-identification safe harbor and in accordance with DMH aggregate data release standards to prevent potential re-identification.





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Open to Public

OVERALL TREND IN DMH CASES PRIOR AND DURING COVID-19 PANDEMIC

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RESEARCH OVERVIEW

1. BACKGROUND
2. METHODOLOGY AND KEY QUESTIONS
3. KEY FINDINGS
4. DEMOGRAPHIC, DATE & PRIMARY INCIDENTS
5. OVERALL PICTURE
6. FUTURE ENTAILMENT

HEIGHTENED MENTAL HEALTH CONCERNS IMPACTING INDIVIDUALS IN THE UNITED STATES AMIDST THE PANDEMIC

SUICIDE IDEATION

Suicide is a leading cause of death among youth aged 5-24, rates of youth suicide were rising before COVID-19 so it's vital to understand impact. The combination of isolation, anxiety and uncertainty about society led to an increase in reported cases of individuals thinking about suicide and unfortunately deaths.

SUBSTANCE ABUSE

The pandemic commonly brought on increased feelings of distress, leading to some individuals to relapse or turn to substance, contributing to existing addiction and substance abuse issues.

VIOLENCE

There was an increase in violence during the COVID-19 pandemic, though violence is a very broad term, it was observed that there was an increase in domestic violence towards women and experience of assault among communities with high levels of social disadvantage (i.e. according to national library of medicine).

DEPRESSION AND ANXIETY

Social isolation, limited access to support systems led to a rise in depression in all age groups. According to the World Health Organization, the pandemic triggered a 25% increase in anxiety and depression worldwide.

METHODOLOGY

- EXCLUDED COVID CASES DUE TO SOUTHWEST AREA REPORTING COVID-19 CASES
- EXCLUDES COMMUNITY LICENSING PROGRAMS AND PRIVATE LICENSING FROM ENTITY
- EXCLUDES NULL RESULTS WITHIN PRIMARY INCIDENTS

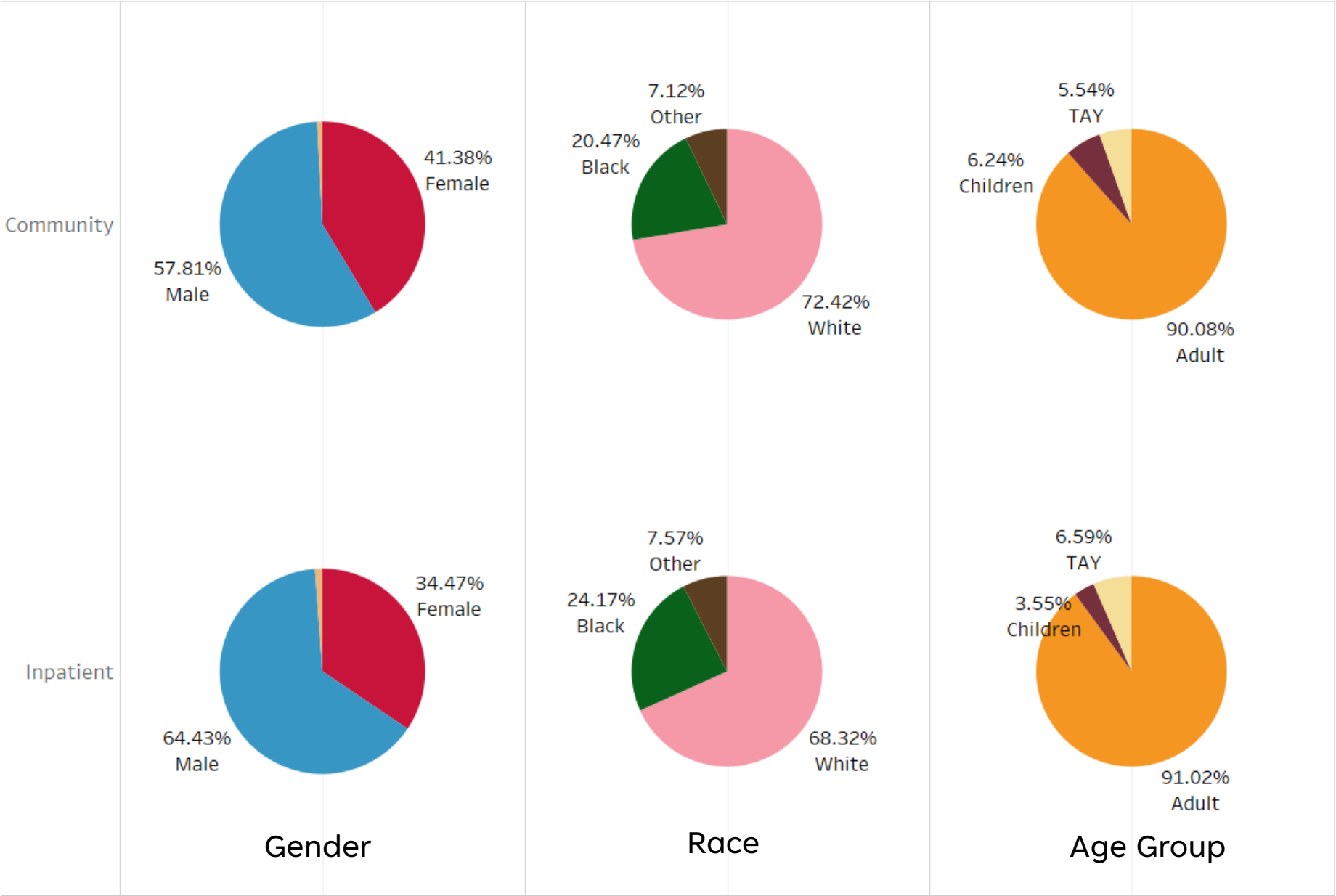
KEY QUESTIONS

1. ARE THERE ANY NOTICEABLE TRENDS OR PATTERNS IN THE DMH CASES? PERHAPS WITHIN A SPECIFIC PERIOD?
2. HOW DO DIFFERENT ENTITIES COMPARE IN TERMS OF CERTAIN VARIABLES?
3. IS THERE ANY RELATIONSHIP BETWEEN SPECIFIC VARIABLES AND TRENDS?

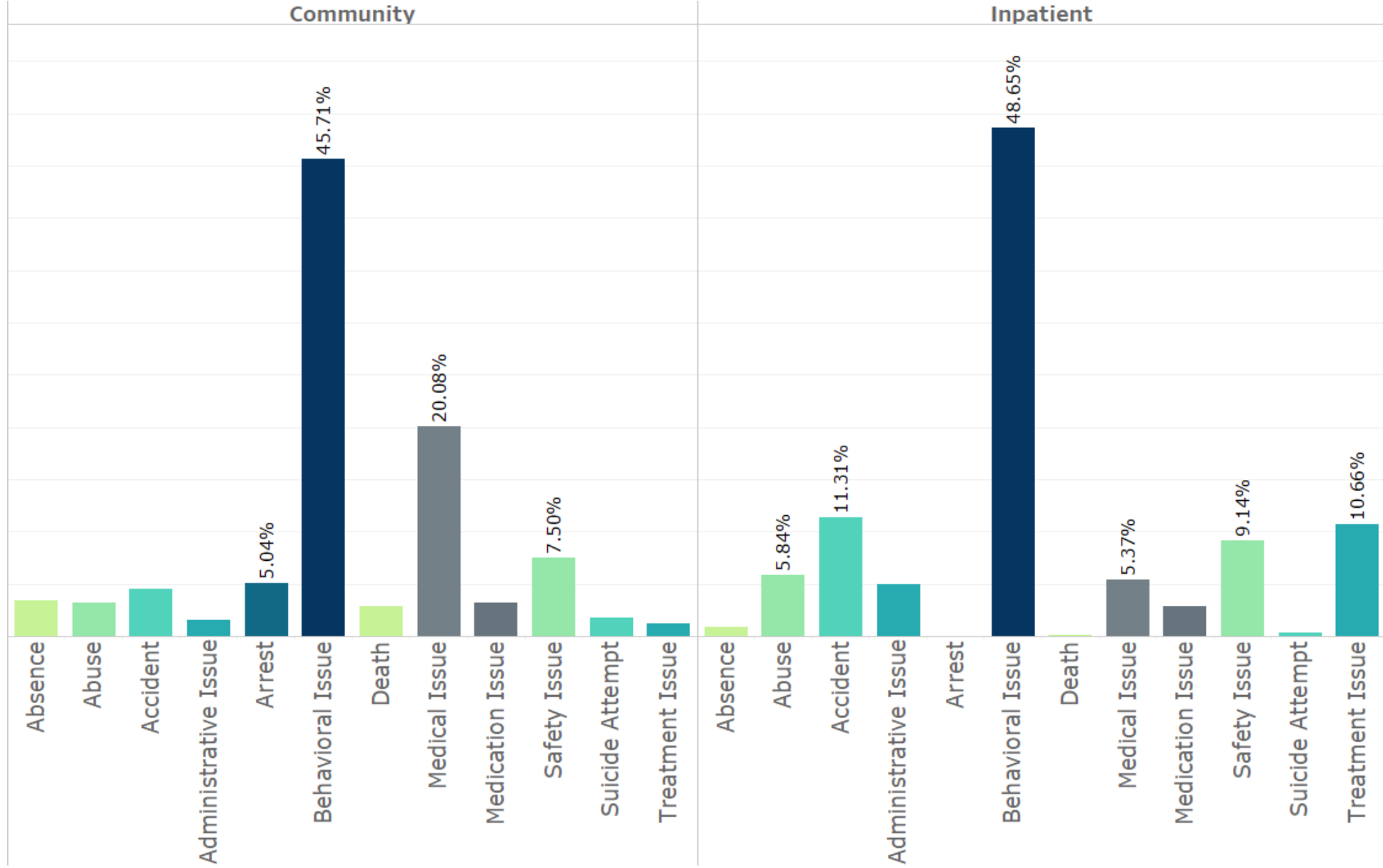
KEY FINDINGS

1. in the community and inpatient, in terms of gender, males are both most present but when you compare them, females are more present than in the inpatient population.
2. Both community and inpatient have a common incident of behavioral issue but when you compare, inpatient has more treatment related concerns whilst community has medical issue.
3. In terms of suicide attempts, suicide and self injury, inpatient accounted for over 3% of suicide attempts while community side has 43%.

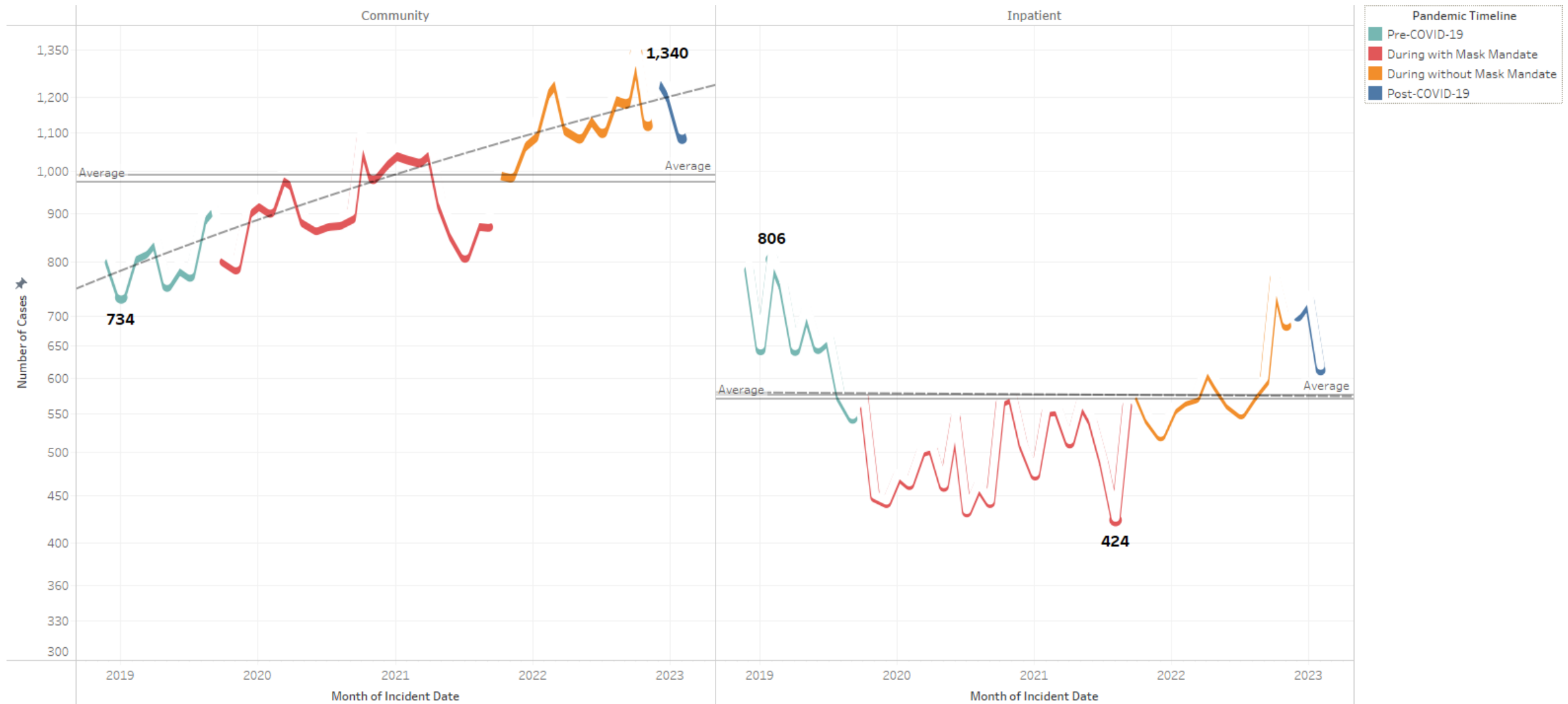
DEMOGRAPHIC BY GENDER, RACE AND AGE GROUP IN DMH



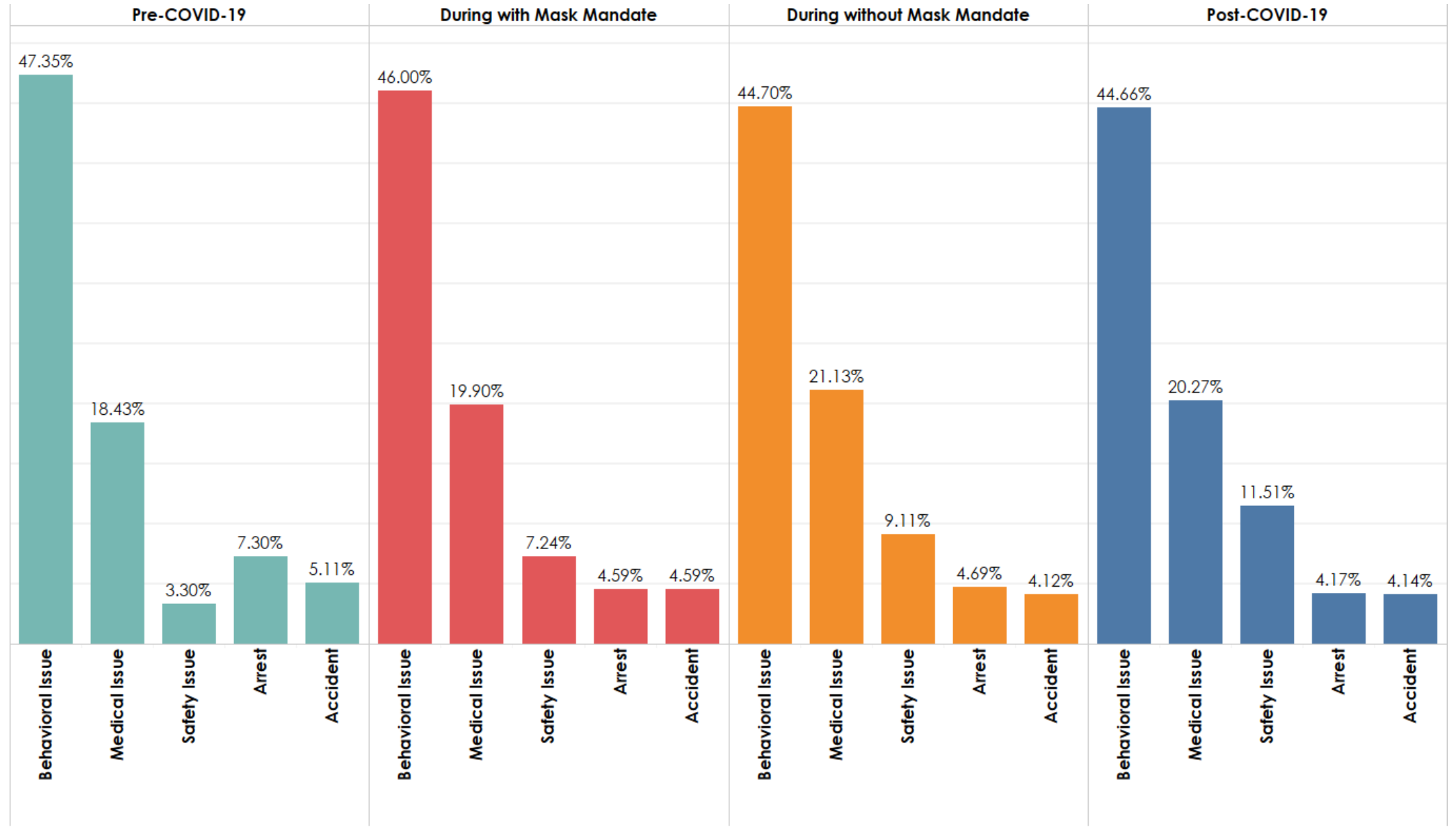
PRIMARY TYPE BY ENTITIES (% IN ENTITY)



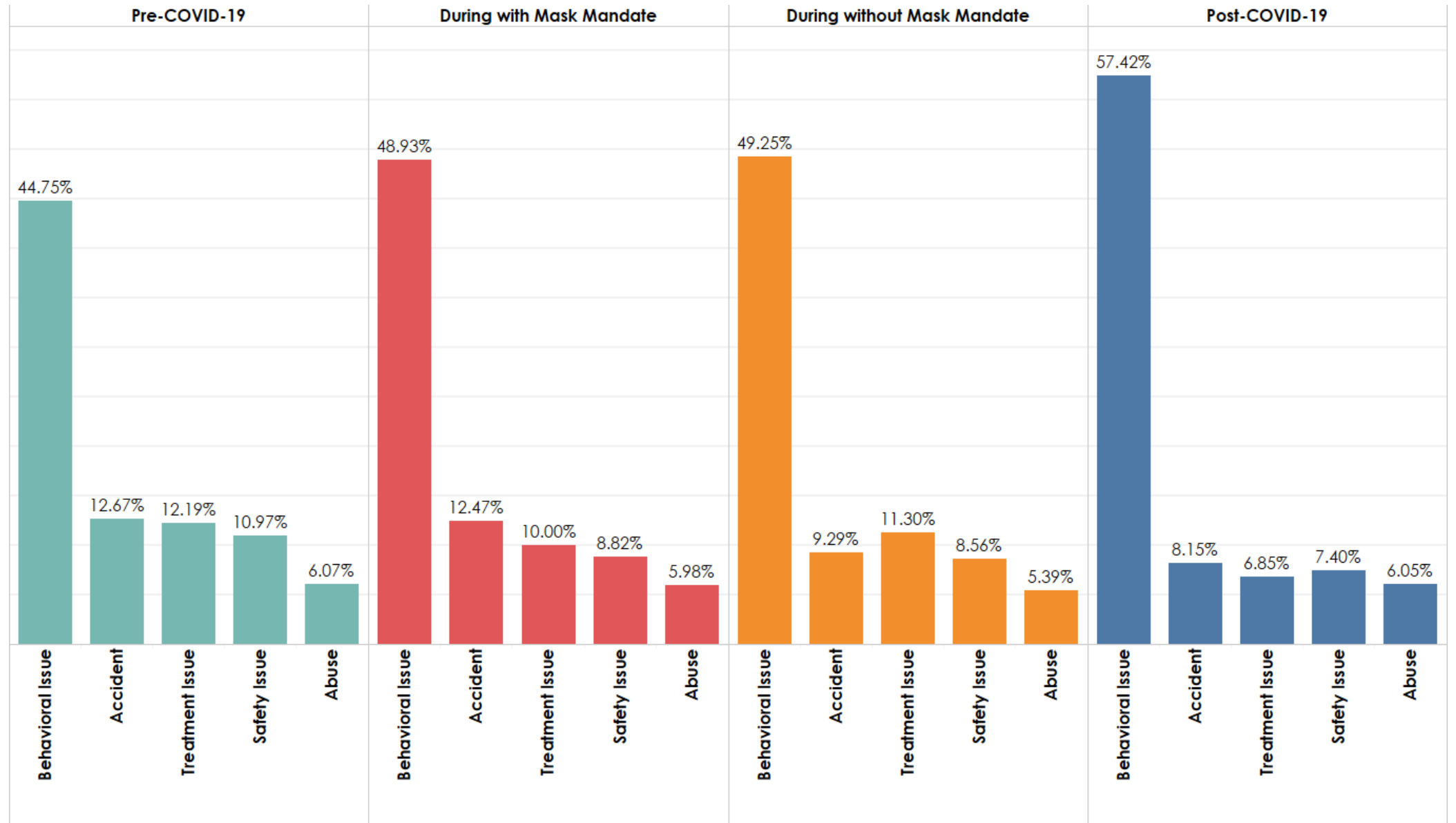
OVERALL TREND: ANALYZING TREND WITHIN PANDEMIC TIMELINE



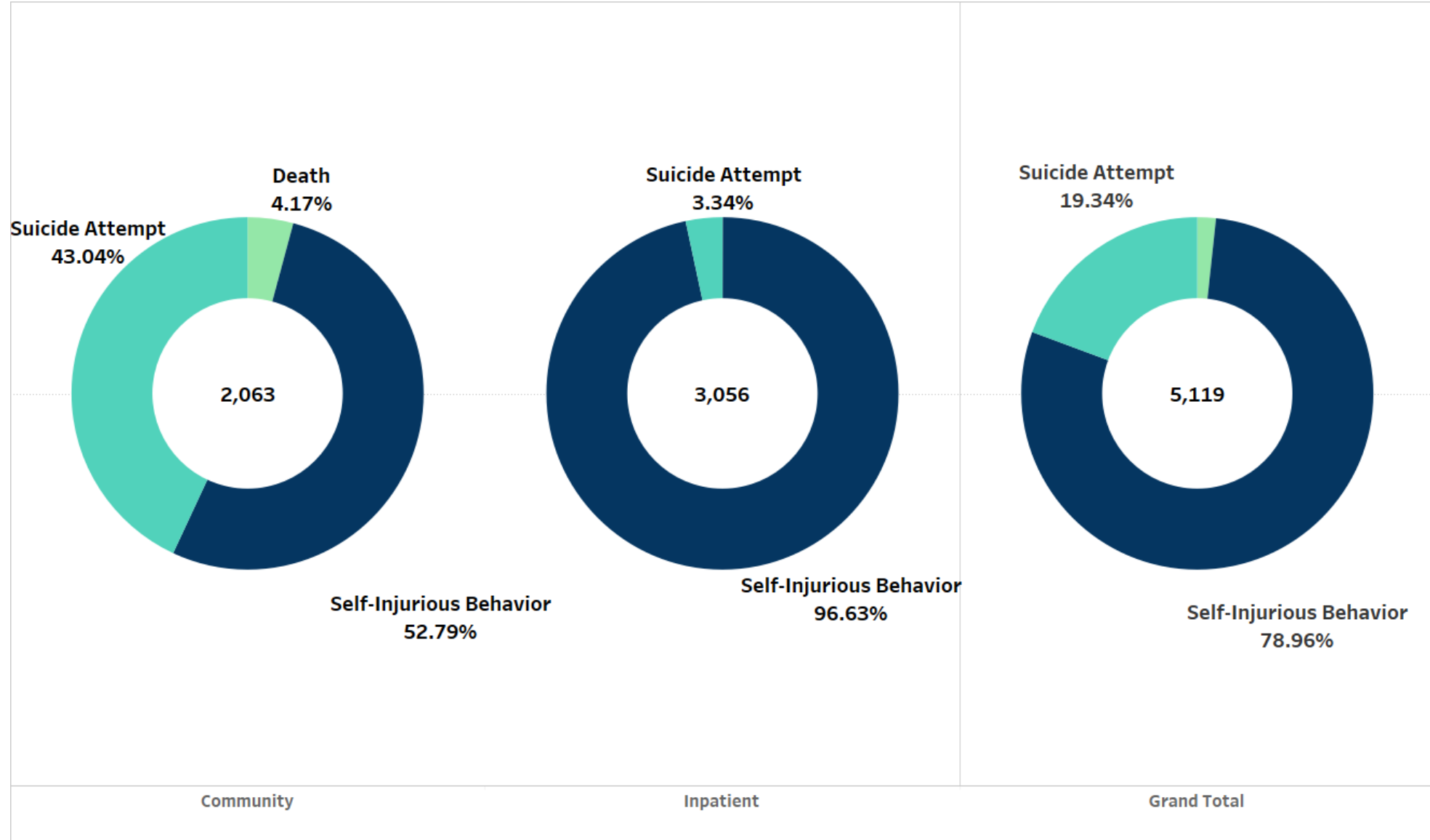
TOP 5 PRIMARY INCIDENTS BY PANDEMIC TIMELINE: COMMUNITY



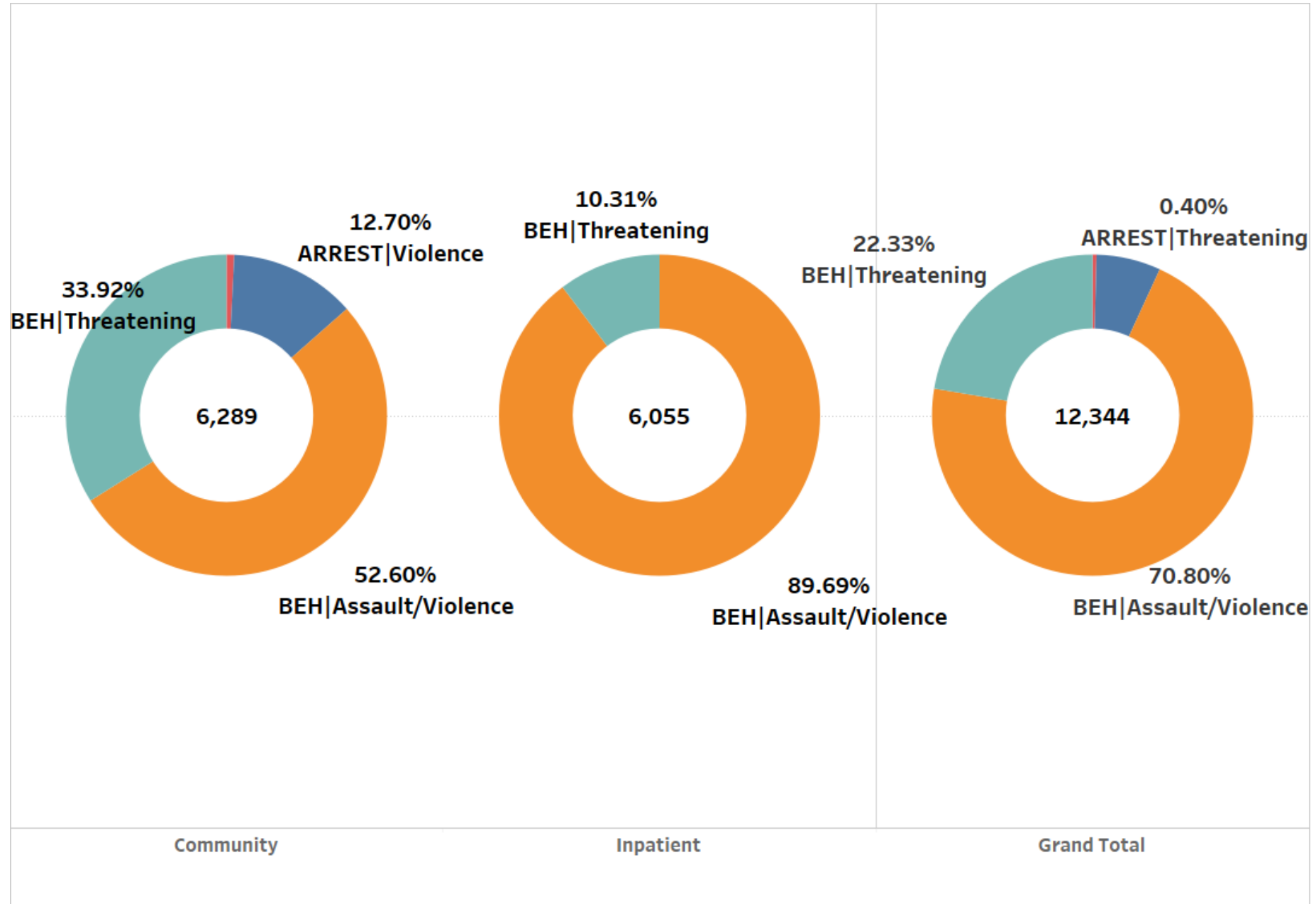
TOP 5 PRIMARY INCIDENTS BY PANDEMIC TIMELINE: INPATIENT



SUICIDE, SUICIDE ATTEMPTS, AND SELF INJURY BY ENTITY (% IN ENTITY)



VIOLENCE BY ENTITY (% IN ENTITY)





THE BIG PICTURE

The inpatient setting in DMH experience far more safety protocols and care taken into place whilst the community side experience less monitorization

FUTURE ENTAILMENT

We should investigate incidents based on Area, Site, and Service Type to identify discrepancies. Similarly, we should analyze incident types concerning gender, race, and age groups to uncover disparities.



A SPECIAL THANK YOU

Summer Internship Program at DMH

Helaina Boyd

Avayama Jusu

The Office of Investigations

Katherine Gallant

Lorne Gilsig

Rosa Lee

Data Science Program

Jeff Morton

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QUESTIONS?

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