

EDMONTON SUICIDE TRENDS 2010-2019

An Alberta Health Services report created in partnership with
Living Hope: A Community Plan to Prevent Suicide in Edmonton



Living Hope

A Community Plan
to Prevent Suicide
in Edmonton

Living Hope: A Community Plan to Prevent Suicide in Edmonton (2018-2022) is the community's collaborative response to suicide and is a reflection of a combined determination to translate intention into action. Living Hope was developed and implemented by dedicated individuals and multiple governmental and community-based organizations who believe that suicide can be prevented in Edmonton.

The Edmonton Suicide Report represents an important step in working towards Living Hope's objective of enabling community initiatives and policies to be informed by the most current research and surveillance data.

Contents

We respectfully acknowledge that Edmonton area is located on the traditional meeting place and home for many Indigenous peoples, including the Cree, Anishinabe, Blackfoot, Stoney Nakota, Dene, Inuit and Métis peoples, as identified in Treaty 6 and Métis Region 4 territory.

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Context

The data is derived from the AHS Injury Surveillance Dashboard. The AHS Dashboard gathers data throughout regional zones in Alberta. This report focuses in on the Local Geographic Areas within the City of Edmonton. The dashboard was most recently updated in August 2020. This most recent data is presented in this document.

Data sources are

- National Ambulatory Care Reporting System (NACRS)
- Inpatient Discharge Abstract Database (DAD)
- Vital Statistics Deaths
- Health Link

The city of Edmonton is composed of 15 smaller regions called Local Geographic Areas (LGAs). LGAs were defined for the

purposes of planning, monitoring, and surveillance and deep-dive studies, particularly for health planning (Alberta Health & Alberta Health Services, 2018). The slides are ordered from the LGA's with the highest crude rates to the those with the lowest crude rates.

Rates are available for emergency department/urgent care centre visits (ED/UCC), hospitalizations and mortality. These datasets are not linked. Therefore, the same person may be captured in all three datasets if their injuries resulted in an emergency department visit, hospitalization and subsequent death.

The data represents a person's home address. If a person went to an Emergency Department far away from their home, the data would still be collected in their home LGA.

Definitions

Crude Rate: Crude rates adjust for different sizes of population by showing counts per 100,000 members of a population. This means if one population has one million people and another has only one thousand, showing a crude rate will better facilitate comparisons between populations.

Emergency Department/Urgent Care Centre Visits (ED/UCC): Attendance at ambulatory care service area during which service activities are provided to a service recipient.

Hospitalizations: Service recipient accepted for inpatient service in a hospital.

ICD 10 Codes: The International Classification of Diseases is a globally used diagnostic tool for epidemiology, health management and clinical purposes. For each record, ICD 10 diagnosis codes are used to determine suicide related injuries.

Local Geographic Area (LGA): The city of Edmonton is composed of 15 smaller regions called Local Geographic Areas (LGAs). LGAs were defined for the purposes of planning, monitoring, and surveillance and deep-dive studies, particularly for health planning (Alberta Health & Alberta Health Services, 2018).

Mortality rate: A measure of the rate of death in a population due to a certain health-related condition or concern.

Suicide: The act of taking one's own life on purpose. For reporting purposes, data includes ICD 10 diagnosis codes for intentional self-harm.

Unique Patients: Multiple visits for suicide-related injuries in the same year for the same person will be counted as 1 visit.

Visits: All visits will be counted regardless if the visits were for the same person within the same year.

Wherever possible, crude rates were used to display data. Crude rates adjust for different sizes of population by showing counts per 100,000 members of a population. This means if one population has one million people and another has only one thousand, showing a crude rate will better facilitate comparisons between populations.

Limitations

Due to confidentiality, Vital Statistics Deaths do not include Personal Health Identification; therefore, we cannot examine the medical history for people who died from suicide. Suicide is not necessarily a symptom of mental illness or alcohol/drug use. There are other factors that increase the risk.

The dashboard is limited to suicide-related behaviour where there was a visit to an Emergency Department/Urgent Care Center or an admission to the hospital and associated suicide/injury ICD-10 diagnosis codes. Because many suicides are not reported, suicide counts are always underestimated.

ICD-10 diagnosis codes are assigned by overseeing service provider (e.g., physician). Due to challenges in determining

intent to die associated with intentional self-harm, suicide-related emergency care visits and hospitalization data include ICD-10 codes for intentional self-harm.

ED/UCC visits and hospitalizations cannot be considered equivalent to suicide attempts due to the previously mentioned limitation that intentional self-harm is included in the data.

Demographic data such as LGBTQ2S+ and Indigenous status are not currently available through the Injury Surveillance Dashboard.

Interpretation of Graphs

Suicide-Related Emergency Department and Urgent Care Centre Visits in Edmonton Zone Compared to Alberta

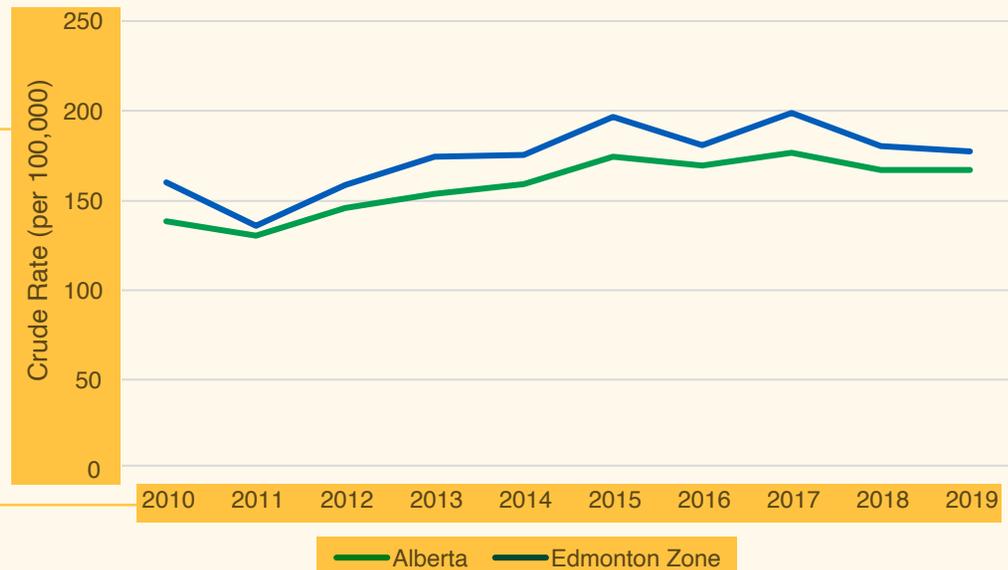
The **y-axis** shows the crude rate:

- the scale of crude rate changes on each graph in order to minimize white space and demonstrate nuances in trends

The **x-axis** shows the years:

- 2010 to 2019 for emergency department & urgent care center visits and hospitalizations
- 2010 to 2018 for mortality

**Additional interpretation notes are included below each graph.*

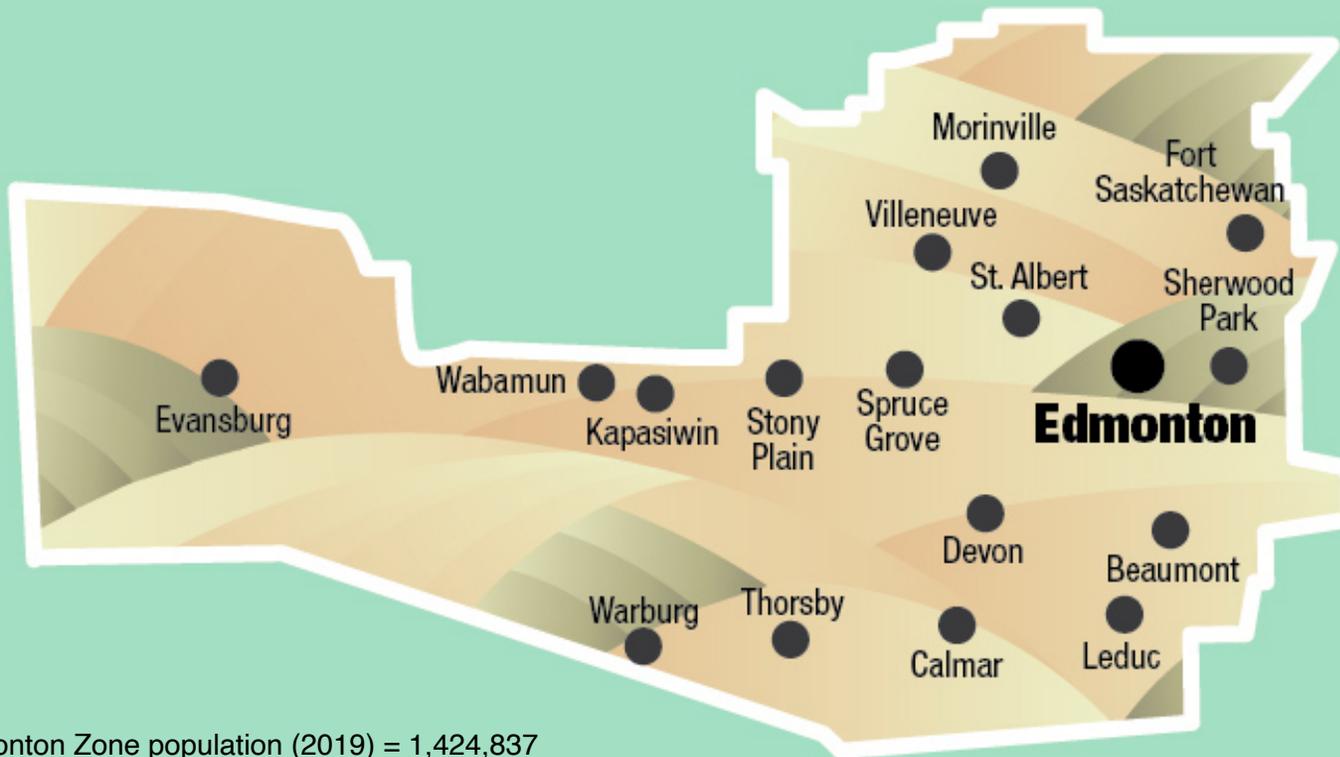


The **legend** indicates the separate data sets, for example:

- location, sex, age

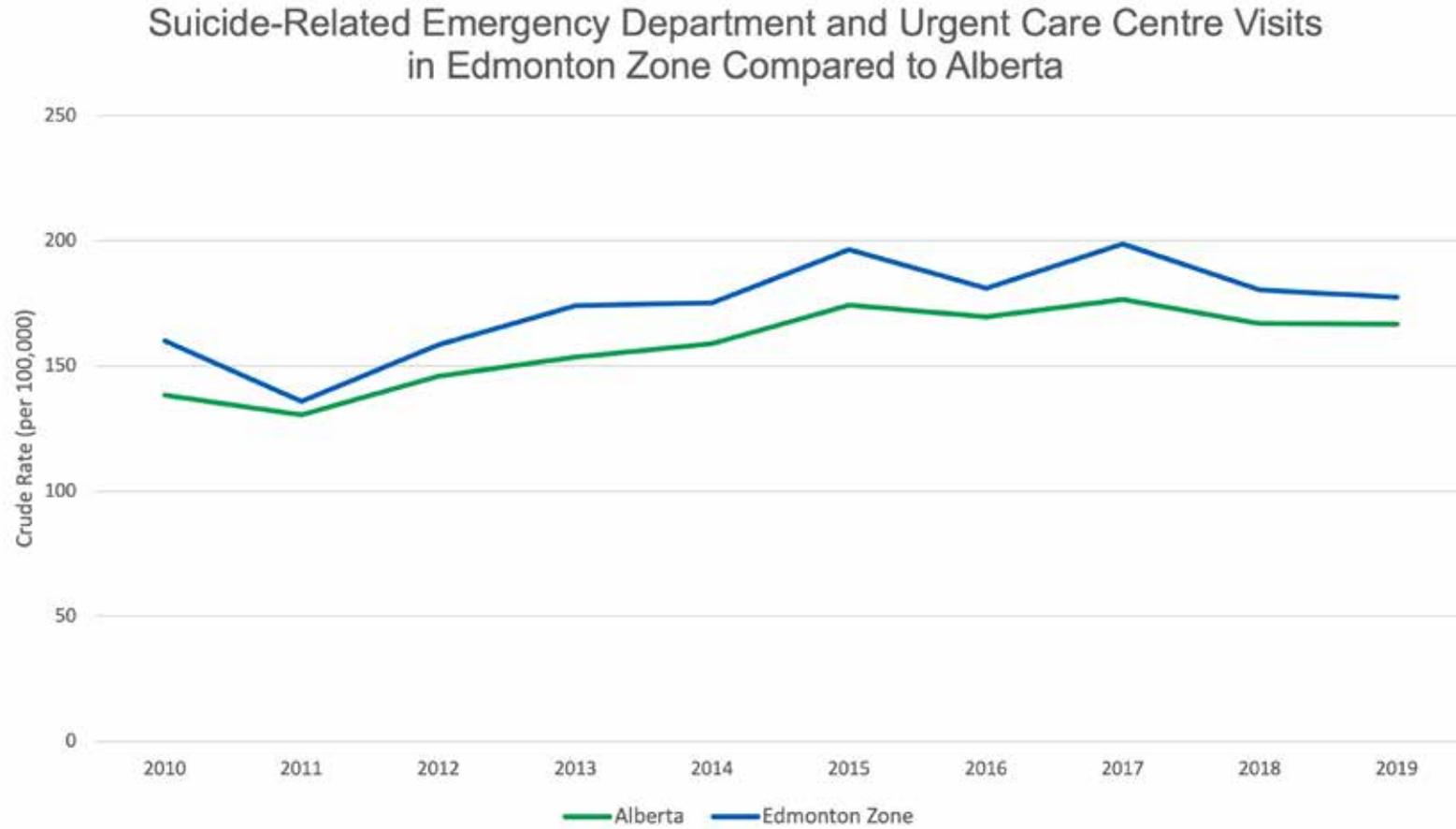
CONTEXT OF SUICIDE IN EDMONTON ZONE

Edmonton Zone Map



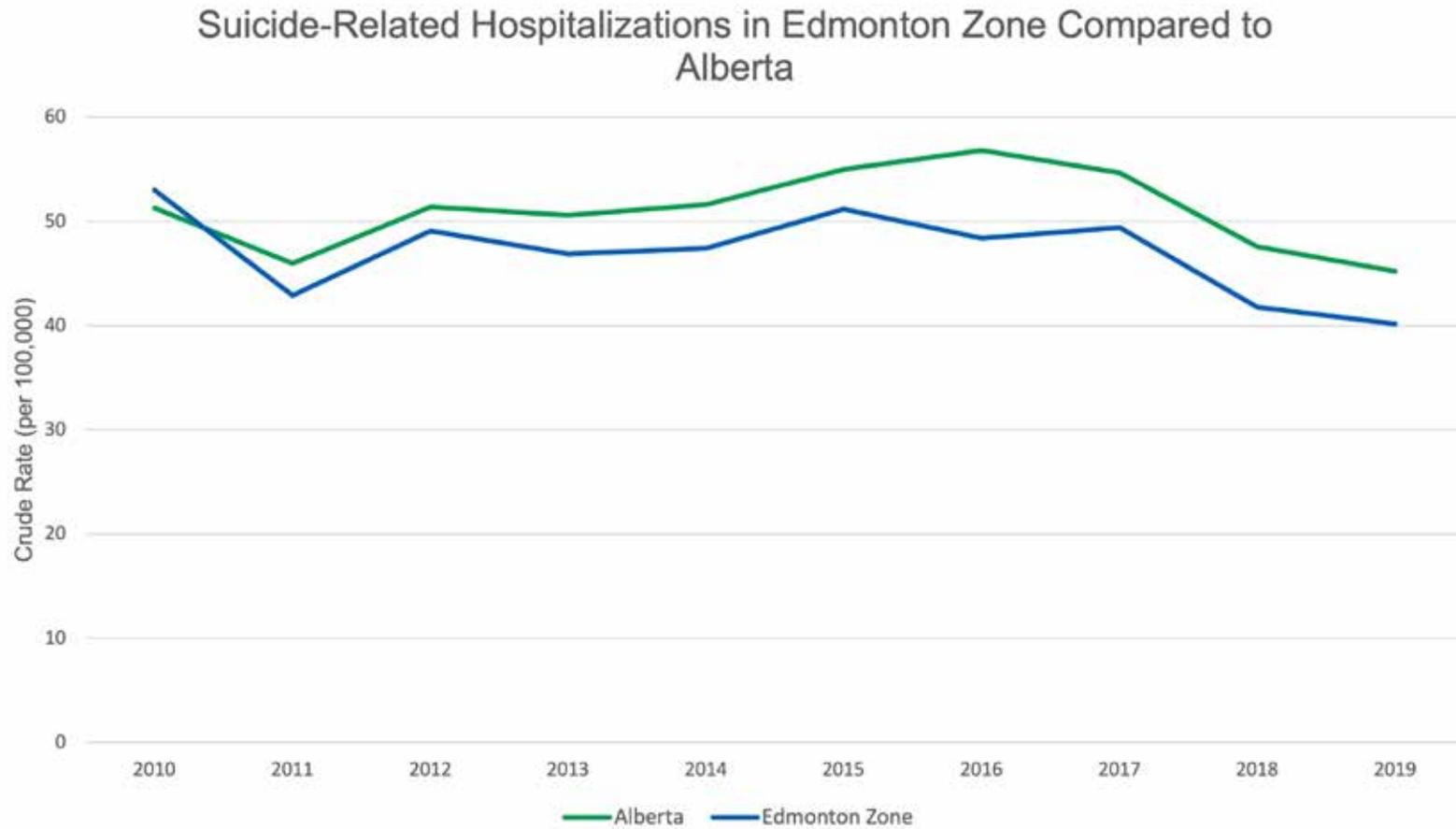
Edmonton Zone population (2019) = 1,424,837

Context of Suicide In Edmonton Zone



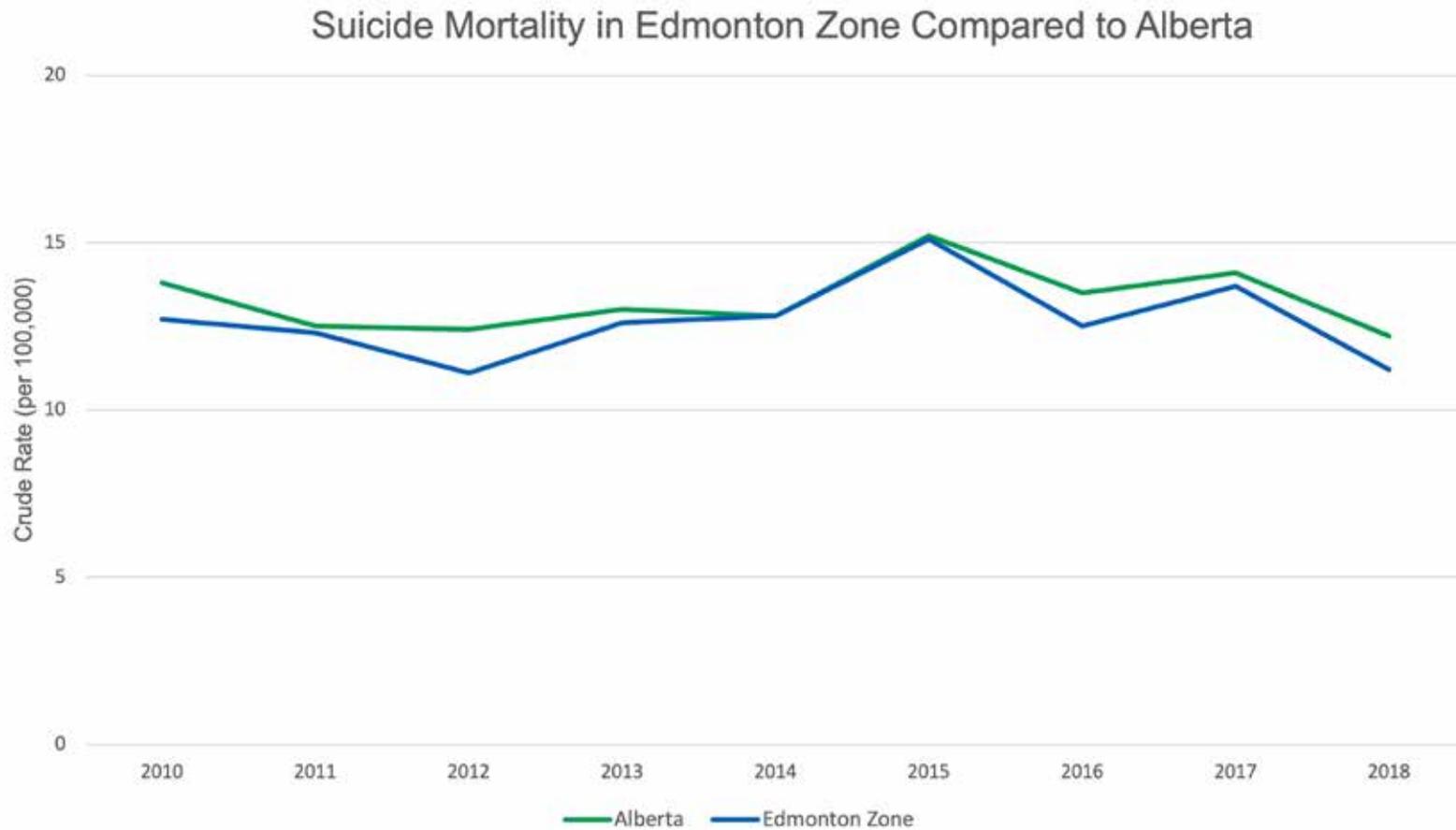
Suicide-related ED & UCC visits in Edmonton have trended slightly above Alberta from 2010 to 2019.

Context of Suicide In Edmonton Zone



Suicide-related hospitalizations in Edmonton Zone have trended slightly below hospitalizations in Alberta from 2010 to 2019

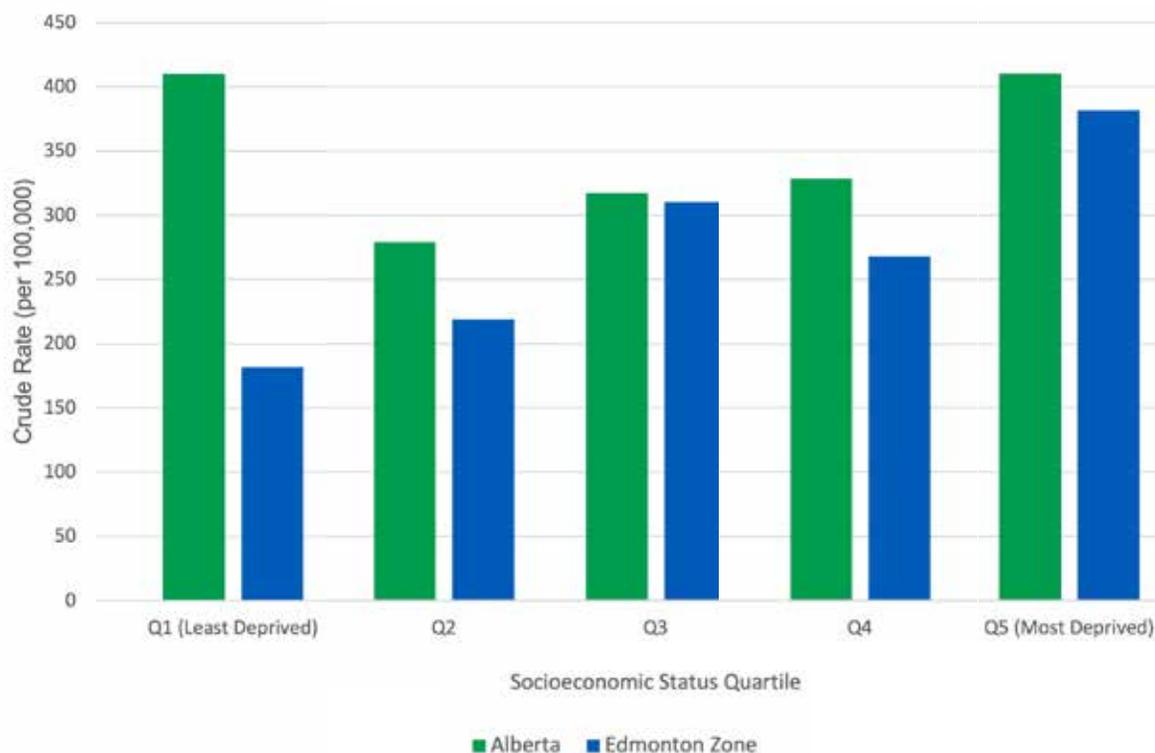
Context of Suicide In Edmonton Zone



Suicide mortality in Edmonton zone has been similar to Alberta from 2008 to 2018, with 2018 seeing the lowest suicide rate since 2012 (11.2 in Edmonton Zone and 12.2 in Alberta).

Context of Suicide In Edmonton Zone

Rates of Suicide-Related Emergency Department and Urgent Care Centre Visits by Socioeconomic Status, 2019



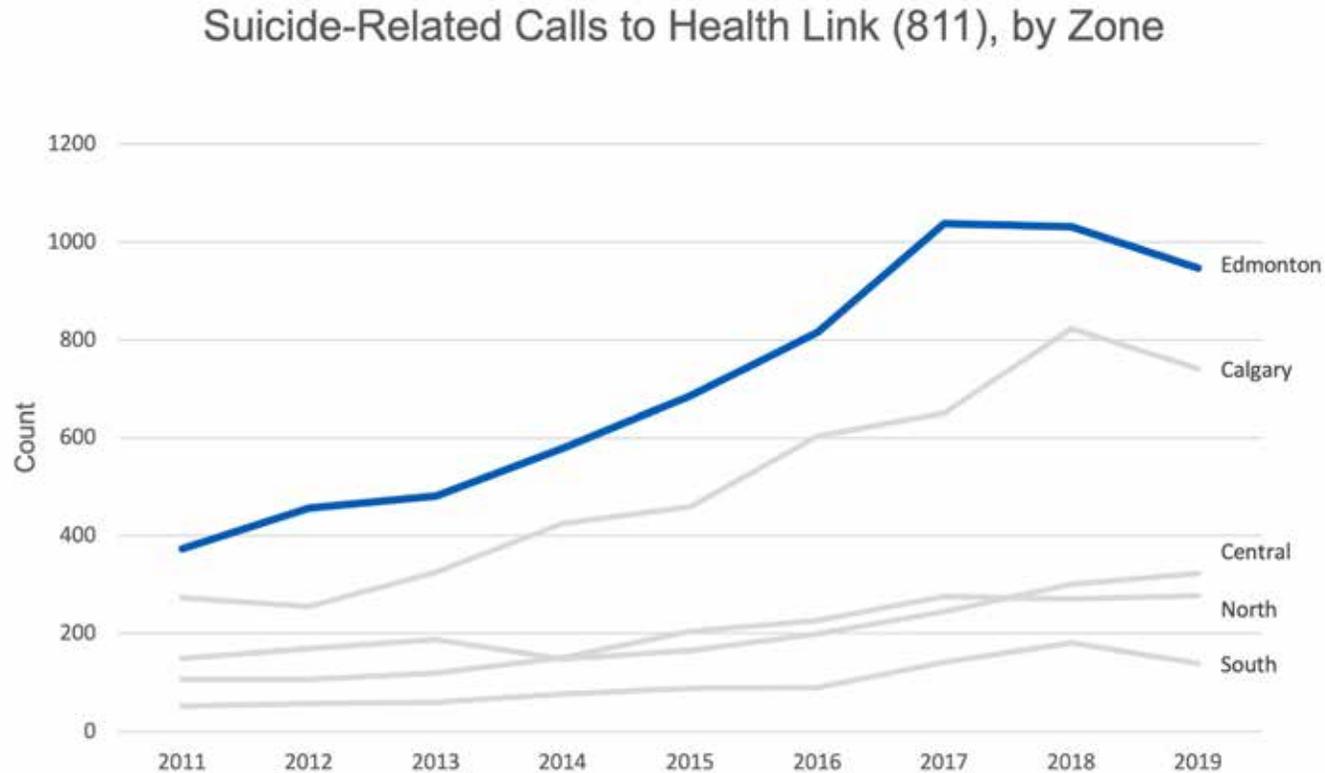
In 2019, the lowest rates of suicide-related ED and UCC visits occurred among those of the highest socioeconomic status; these rates are much lower in Edmonton Zone than Alberta.

In 2019, the highest rates occurred among the most socioeconomically deprived in Edmonton. This is consistent with Alberta's rates.

From 2017-2019 in Alberta, the trend noted above was consistent. Prior to 2017 (from 2010-2016), higher socioeconomic deprivation equated to higher rates of suicide-related ED/UCC visits.

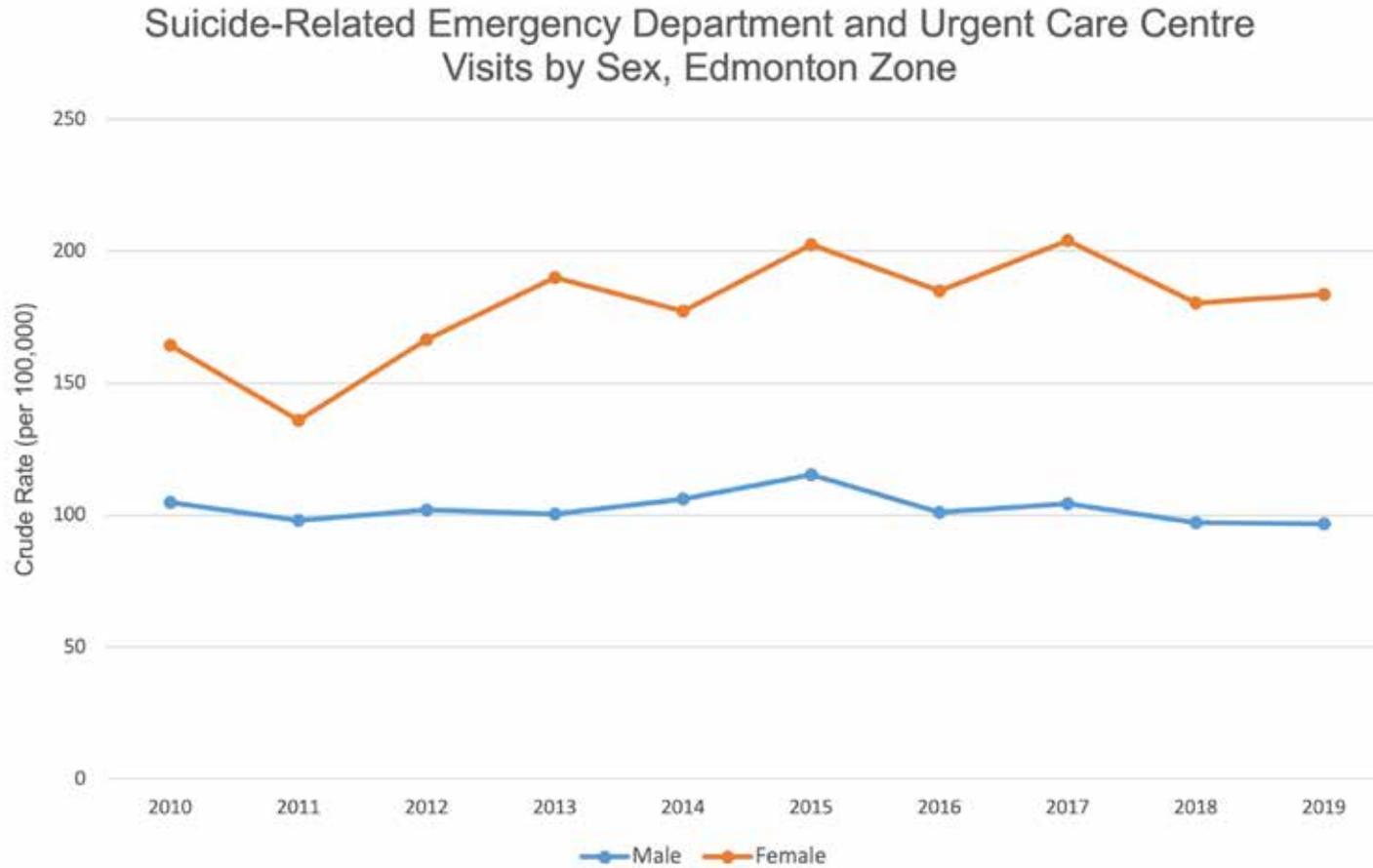
In general in Edmonton Zone, increased socioeconomic deprivation equated to increased rates of suicide-related ED/UCC visits with the exception that, in many years, people among Q3 experienced higher rates of suicide-related visits than people among Q4.

Context of Suicide In Edmonton Zone



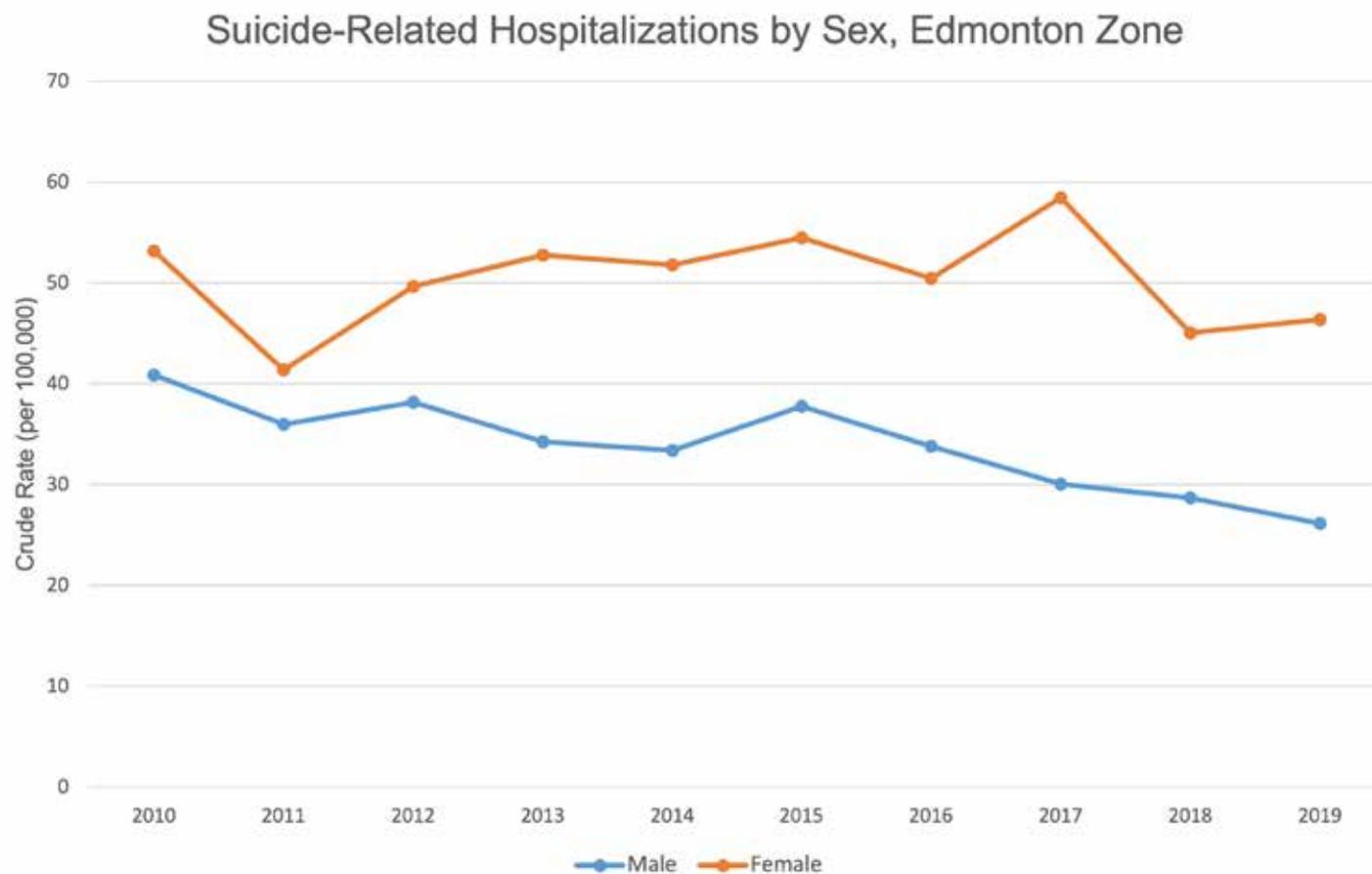
The number of suicide-related calls to Health Link have consistently been highest in Edmonton zone from 2011 to 2019 as compared to calls in the other zones. An important limitation of this data is that the number of calls is not adjusted to the population of each zone. This means areas may see more calls to 811 due to their higher population. Crude rate (population adjusted) data is unavailable for calls to Health Link.

Context of Suicide In Edmonton Zone



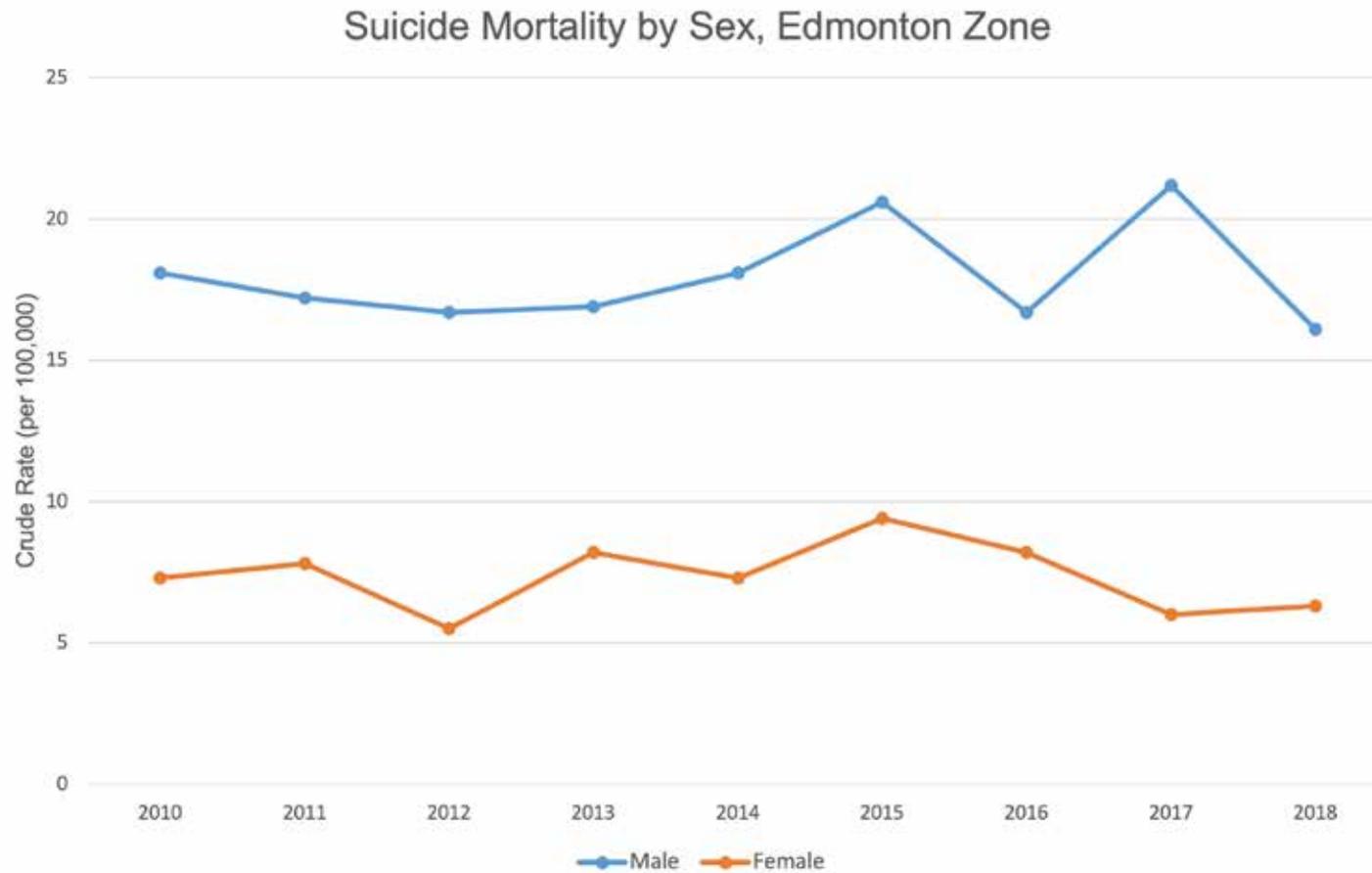
In Edmonton Zone, females have higher rates of suicide-related ED/UCC visits than males. Females show an overall increase in ED/UCC visits from 2010 to 2018, while males demonstrate a slight decrease.

Context of Suicide In Edmonton Zone



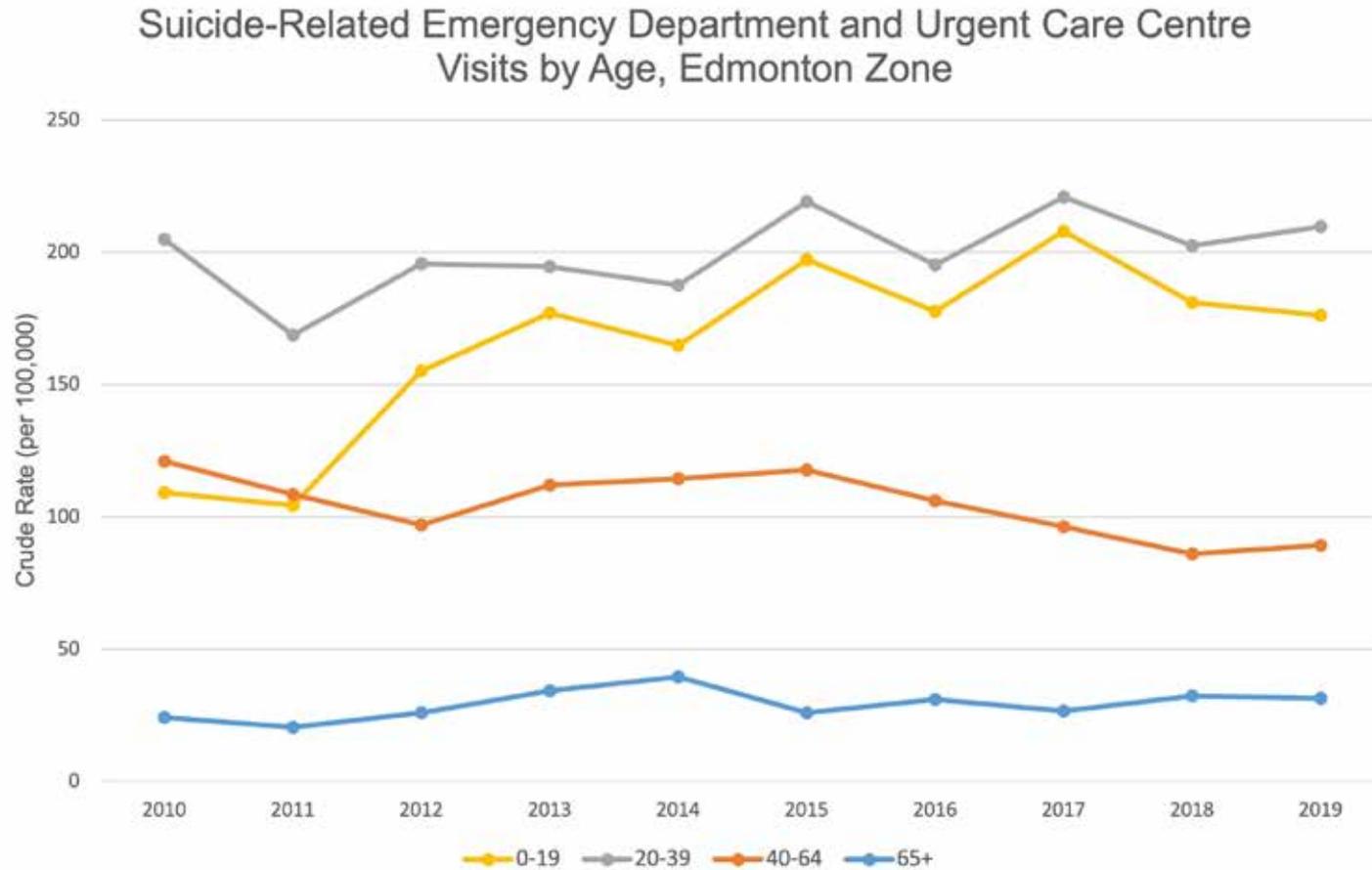
In Edmonton Zone, females have higher rates of suicide-related hospitalizations than males. Males actually demonstrate a downward trend in hospitalization rate from 2010 to 2019.

Context of Suicide In Edmonton Zone



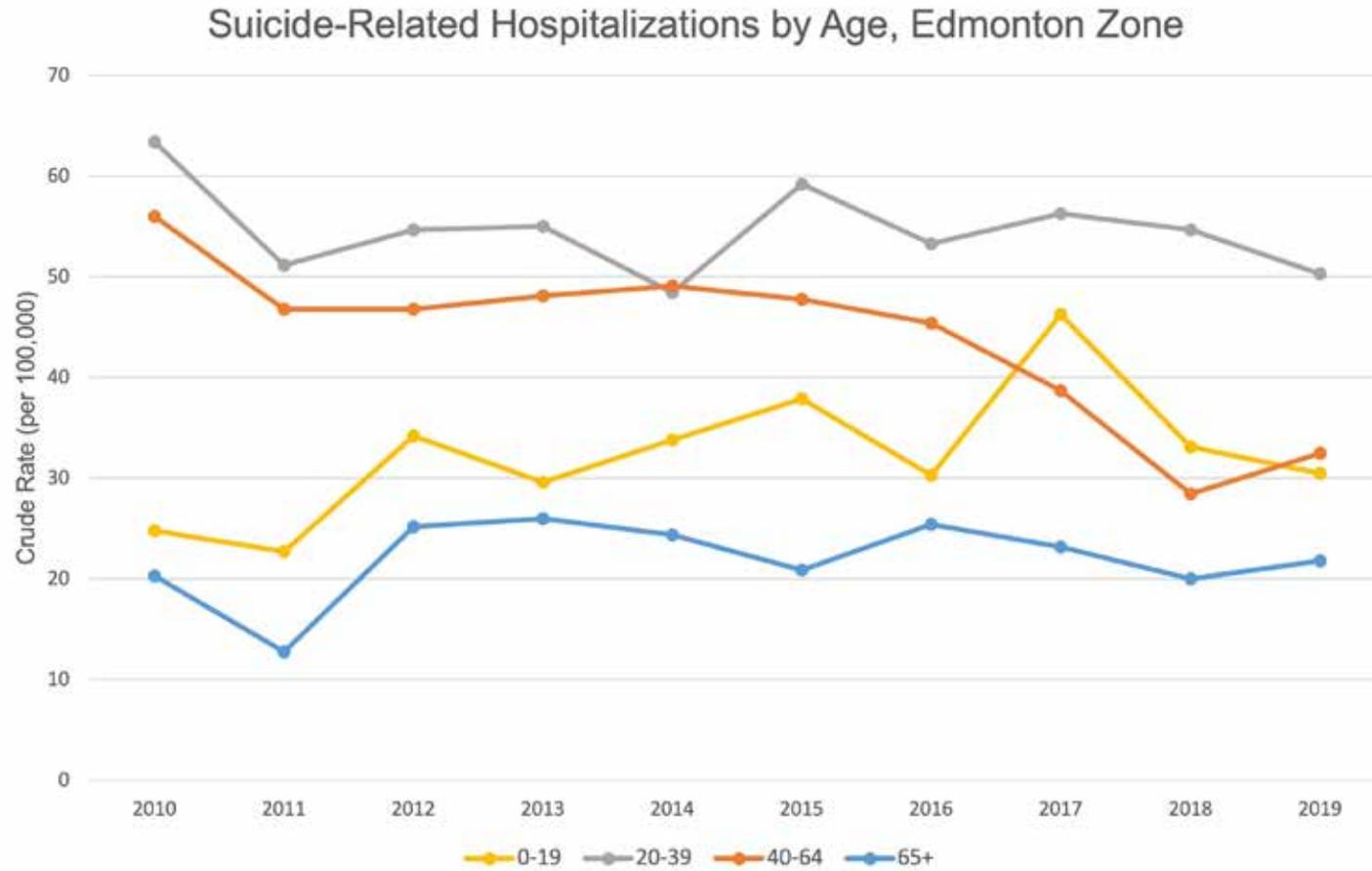
In Edmonton Zone, males have higher rates of suicide mortality than females.

Context of Suicide In Edmonton Zone



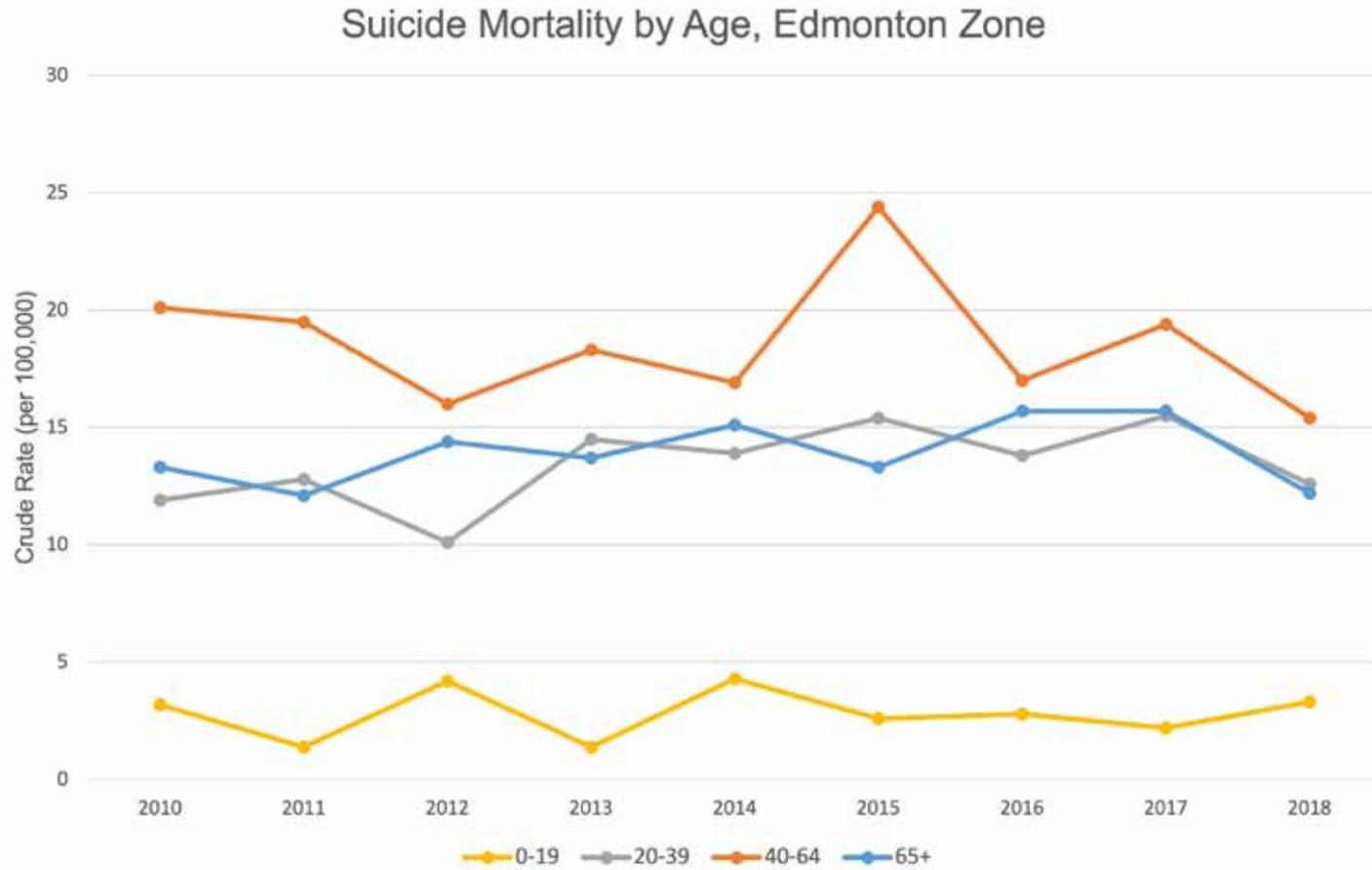
In Edmonton Zone, 20-39 year olds have the highest rates of ED/UCC visits. 0-19 year old demonstrate increasing rates of ED/UCC visits from 2010 to 2019.

Context of Suicide In Edmonton Zone



In Edmonton Zone, 20-39 year olds have the highest rates of suicide-related hospitalizations. 40-64 year olds demonstrate a decreased hospitalization rate from 2010 to 2018.

Context of Suicide In Edmonton Zone



In Edmonton Zone, 40-64 year olds have the highest rates of suicide over the past 10 years. 20-39 and 65+ have comparable mortality rates, particularly for 2017 and 2018.

EDMONTON SUICIDE TRENDS 2010-2019

In the City of Edmonton:

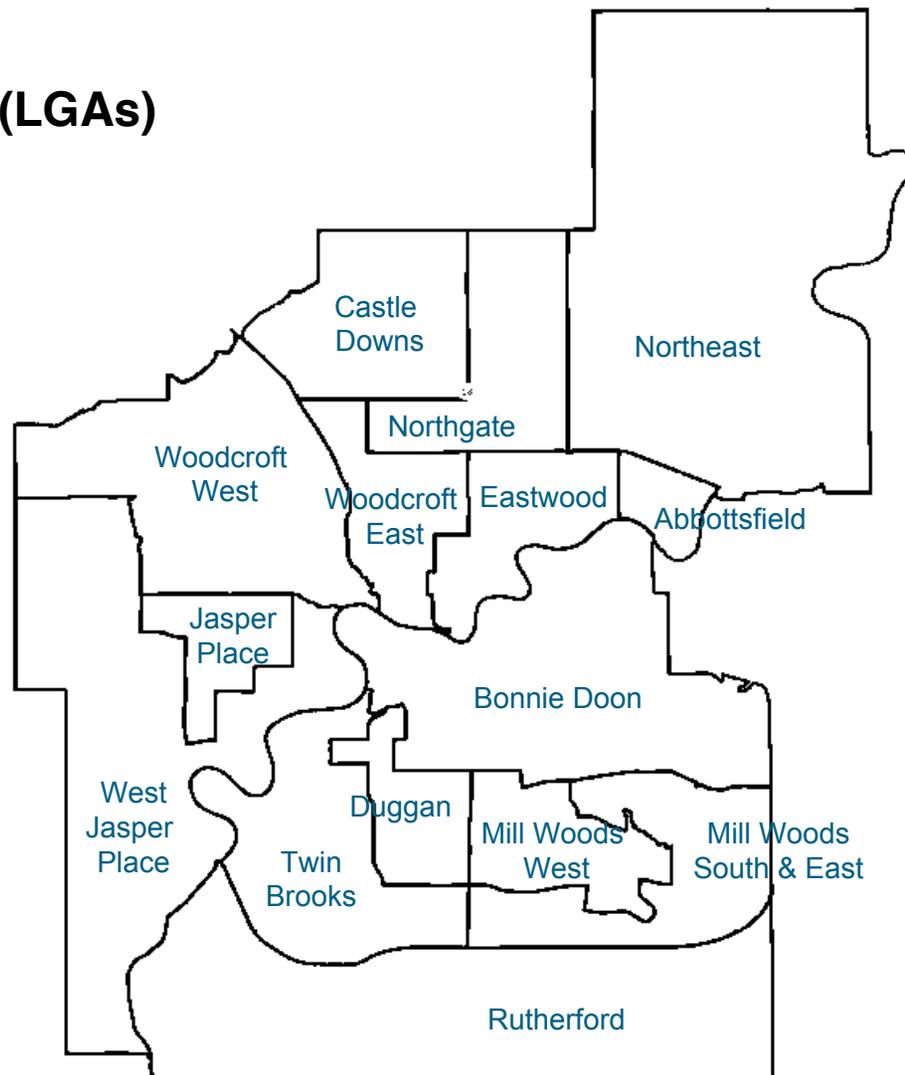
- **1,921 total visits were made to the emergency department or urgent care centres for suicide-related behaviour in 2019.**
- **443 hospitalizations due to suicide-related behaviour occurred in 2019.**
- **108 suicide deaths occurred in 2018.**

The following pages will present three datasets: suicide-related visits to emergency departments and urgent care centres, hospitalization and mortality. Fifteen LGAs from Edmonton will be presented in groups of three, organized from highest to lowest rates.

Edmonton Local Geographic Areas (LGAs)

Edmonton population (2020) = 1,021,628

- Abbottsfield = 14,540
- Bonnie Doon = 96,574
- Castle Downs = 70,526
- Duggan = 40,428
- Eastwood = 72,600
- Jasper Place = 47,069
- Mill Woods South & East = 82,983
- Mill Woods West = 51,122
- Northeast = 88,901
- Northgate = 82,404
- Rutherford = 104,153
- Twin Brooks = 75,685
- West Jasper Place = 101,046
- Woodcroft East = 60,381
- Woodcroft West = 32,479

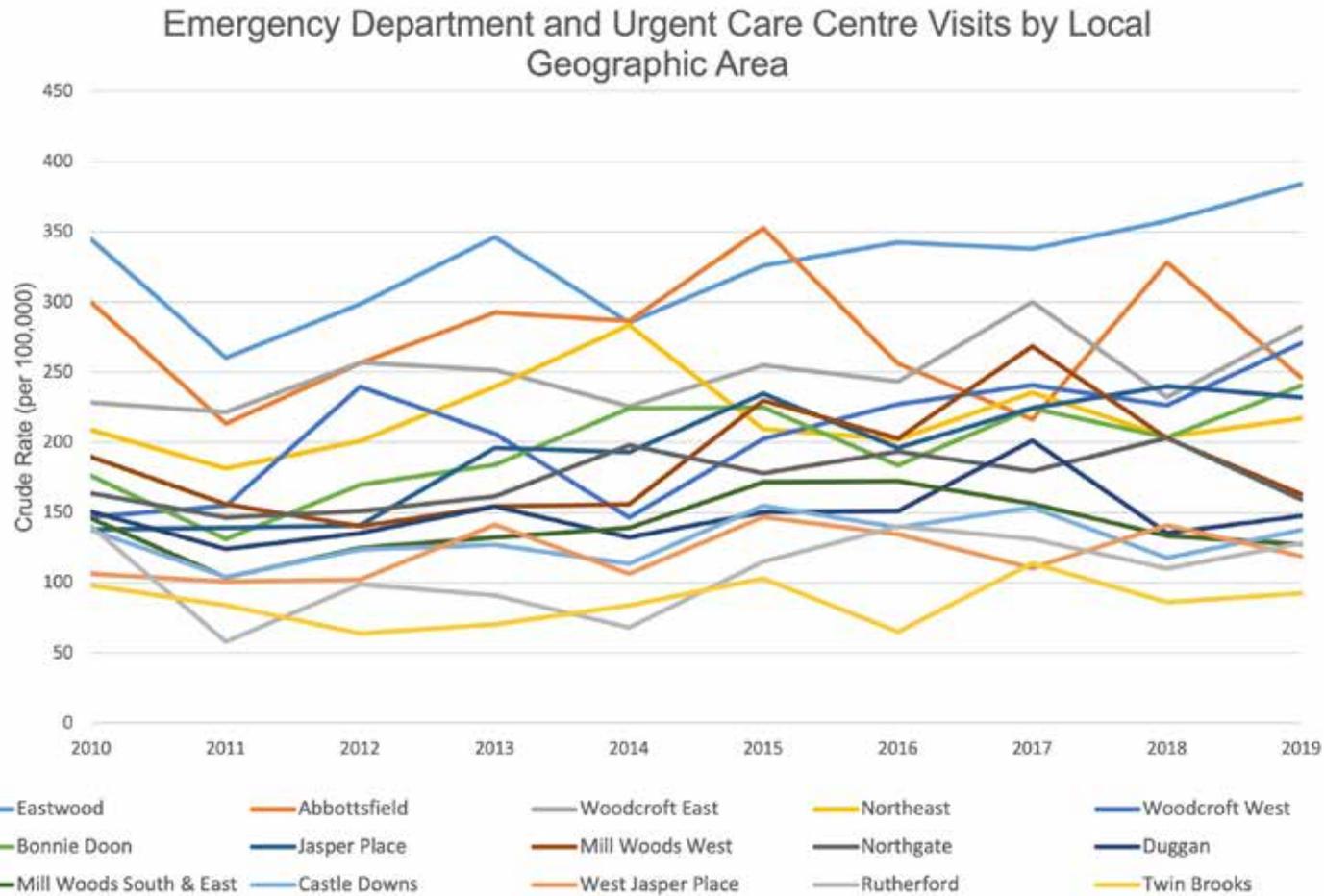


Emergency Department/Urgent Care Visits for Local Geographic Areas

The available data does not differentiate suicide intent from self-harm and is an under-estimation of suicide-related activity as not all people go to the ED/UCC/Hospital for care.

Crude rates are based on the population of each LGA – these rates end up being higher than the Edmonton rate because of the variation in population. Higher rates in certain LGAs demonstrate where in Edmonton suicide-related activity is more common.

Edmonton Suicide Trends 2010-2019



This chart is included just to demonstrate the range of rates between the LGAs. The following pages will separate the LGAs to compare groups of 3.

Eastwood has the highest rates of ED/UCC visits with crude rate range trending between 260-384 per 100,000 between 2010 and 2019.

Twin Brooks, Rutherford and **West Jasper Place** have some of the lowest rates over the last 10 years.

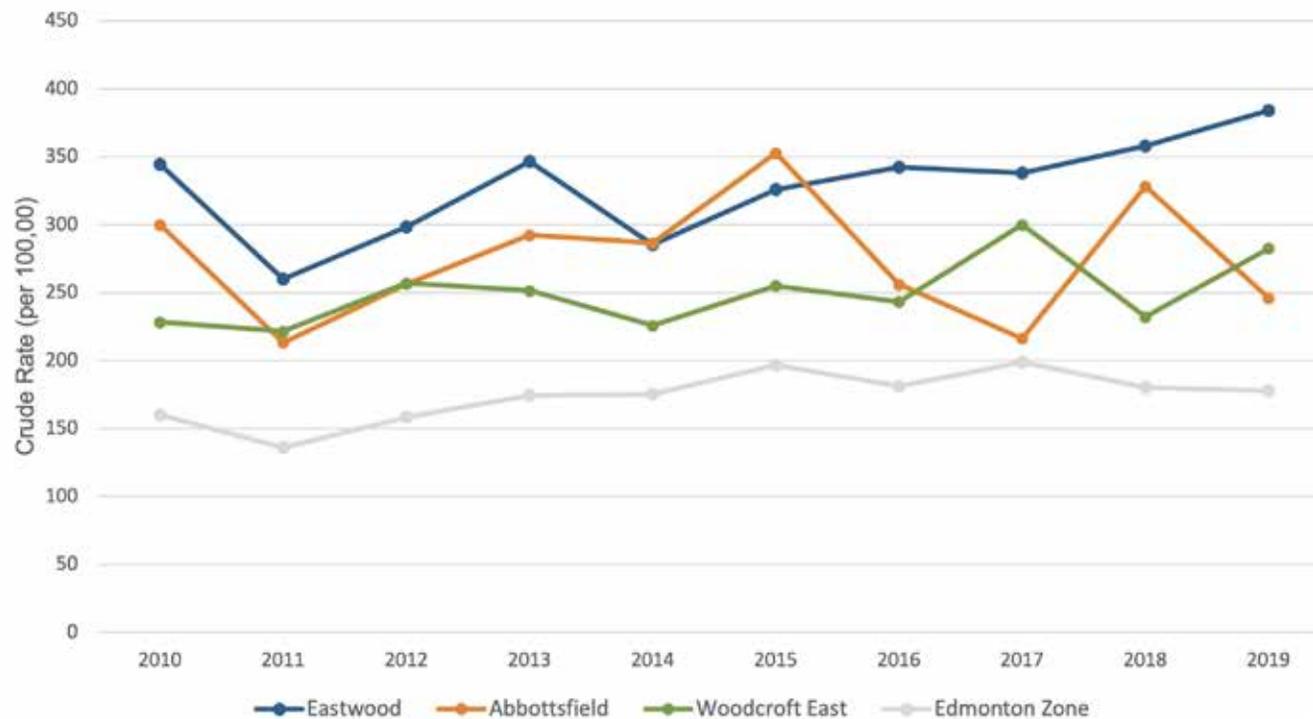
Emergency Department and Urgent Care Centre Visits by Local Geographic Area (LGA)

Local Geographic Area	Crude Rate (per 100,000) for Visits by Year									
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Eastwood	344.5	260.0	298.5	346.3	285.4	325.8	342.3	337.9	357.8	384.0
Abbotsfield	299.9	213.2	256.4	292.3	286.4	352.6	256.0	216.1	328.1	245.8
Woodcroft East	228.2	221.4	256.9	251.5	225.7	255.0	243.3	300.0	231.9	282.3
Northeast	208.9	181.4	200.9	239.7	283.4	209.6	202.1	235.4	204.0	216.9
Woodcroft West	146.8	154.6	239.7	206.3	146.3	202.4	227.0	240.7	226.3	270.5
Bonnie Doon	176.1	131.2	169.8	184.1	224.1	224.9	183.6	224.3	203.5	240.5
Jasper Place	137.9	139.0	140.8	195.9	193.0	234.6	195.8	224.5	239.7	232.2
Mill Woods West	189.7	155.9	140.0	154.3	155.8	229.9	202.8	268.6	202.8	162.9
Northgate	163.7	146.3	150.9	161.5	198.0	178.1	193.5	179.4	203.2	159.1
Duggan	150.7	123.9	135.3	154.2	132.1	150.0	150.9	201.1	135.1	147.4
Mill Woods South & East	145.8	103.5	124.8	132.3	138.8	171.5	172.5	156.3	133.3	127.3
Castle Downs	137.5	104.0	123.4	126.8	113.3	154.8	139.2	153.5	117.7	137.6
West Jasper Place	106.4	100.6	102.3	141.3	106.4	146.8	134.4	110.3	141.0	118.5
Rutherford	140.2	57.8	98.8	90.9	68.0	114.7	139.9	131.0	110.0	128.1
Twin Brooks	97.9	83.9	63.8	70.3	83.6	103.0	65.1	113.8	86.0	92.4
Edmonton Zone	160.0	135.9	158.4	174.2	175.3	196.5	181.0	198.8	180.3	177.5

This table is the numerical depiction of the graph on the previous chart.

Edmonton Suicide Trends 2010-2019

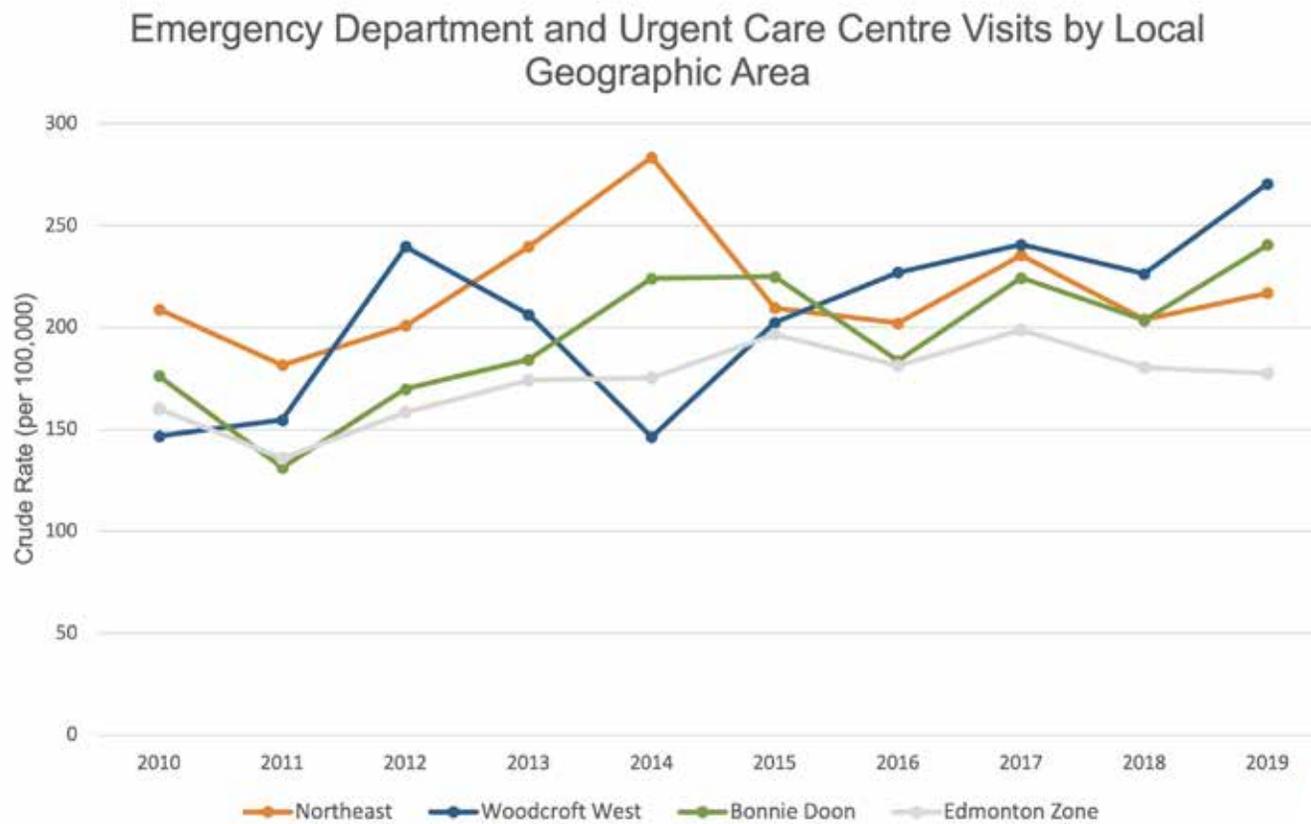
Emergency Department and Urgent Care Centre Visits by Local Geographic Area



LGAs with highest average rates for ED/UCC visits: **Eastwood**, **Abbottsfield** and **Woodcroft East**. All three experience higher rates than Edmonton Zone. Edmonton Zone rate trends around 200 per 100,000 or less.

Over the past 10 years, these three LGAs have trended with rates of over 200 per 100,000 for ED/UCC visits, with Eastwood reaching a rate of 384 per 100,000 in 2018.

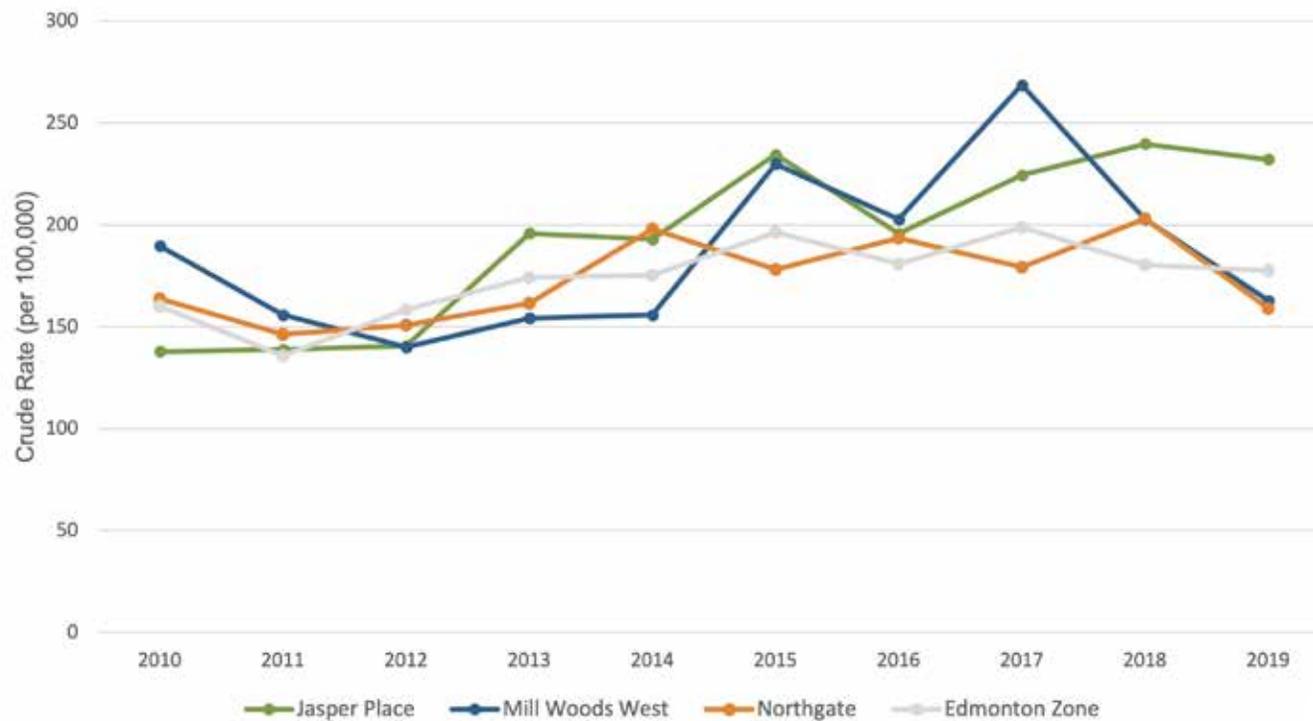
Edmonton Suicide Trends 2010-2019



Woodcroft West and **Bonnie Doon** demonstrate rising trends in ED/UCC visits from around 150-170 per 100,000 in 2010 to over 240-270 per 100,000 in 2019.

Edmonton Suicide Trends 2010-2019

Emergency Department and Urgent Care Centre Visits by Local Geographic Area

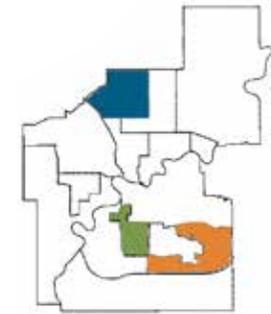
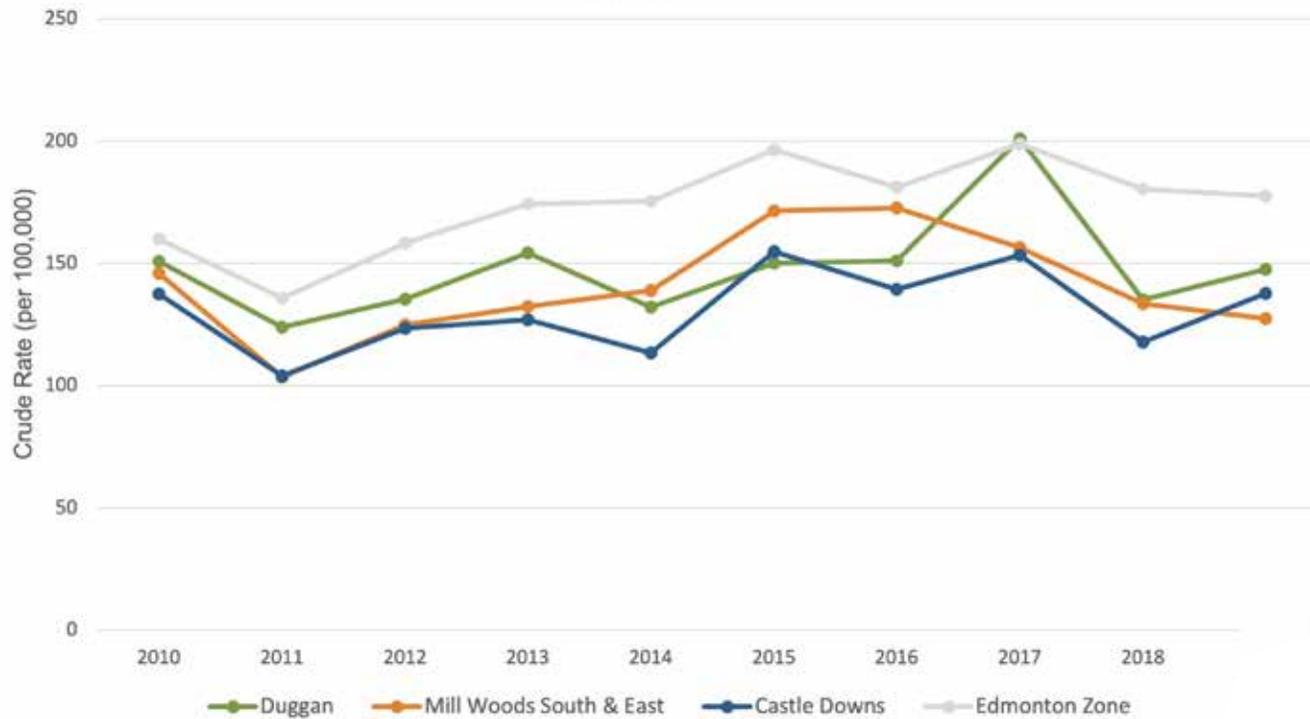


Jasper Place trends upward from 138 per 100,000 in 2010 to over 230 per 100,000 in 2019 for ED/UCC visits.

Northgate and **Mill Woods West** experience some up and down movement, both experiencing crude rates less than the Edmonton Zone in 2019 for ED/UCC visits.

Edmonton Suicide Trends 2010-2019

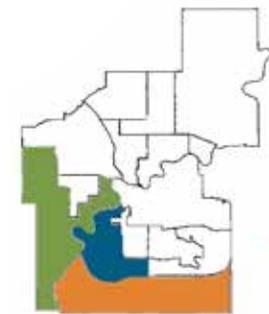
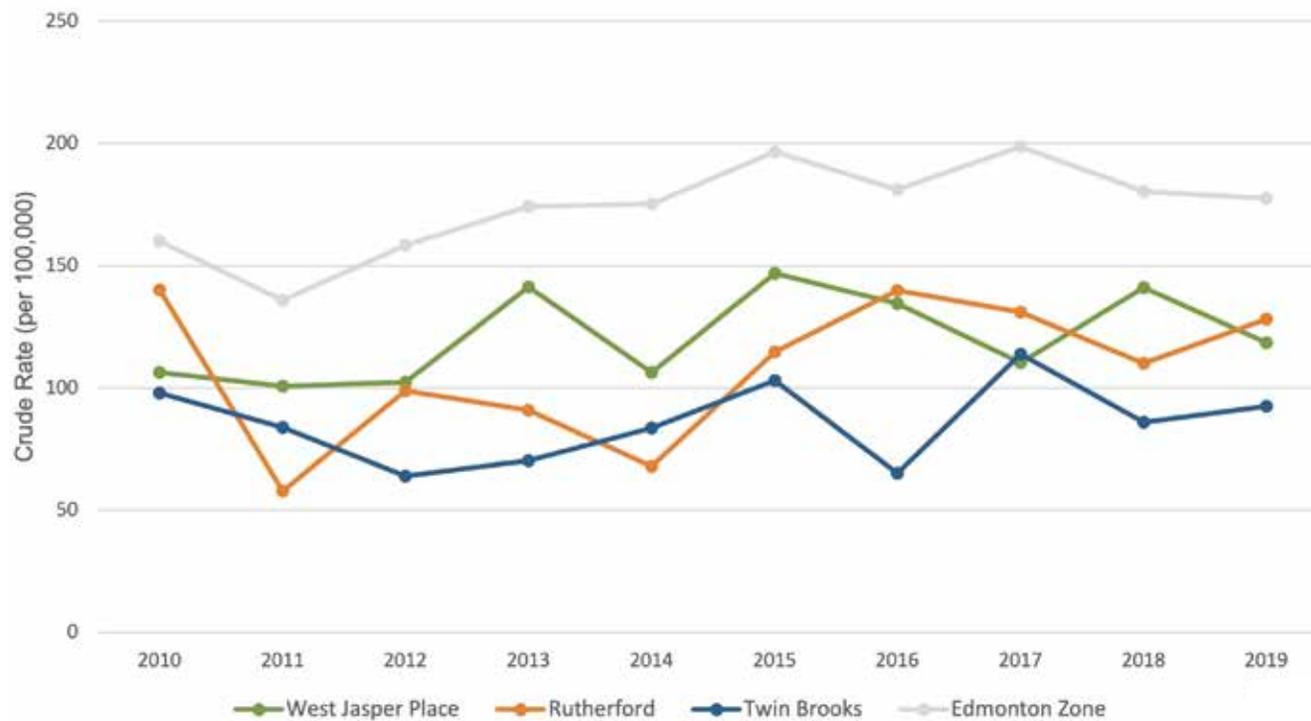
Emergency Department and Urgent Care Centre Visits by Local Geographic Area



Duggan, Mill Woods South & East, and Castle Downs show general trends between 100-150 ED/UCC visits per 100,000, with Duggan showing a peak of 200 per 100,000 ED/UCC visits in 2017. All three LGAs trend lower than Edmonton Zone.

Edmonton Suicide Trends 2010-2019

Emergency Department and Urgent Care Visits by Local Geographic Area



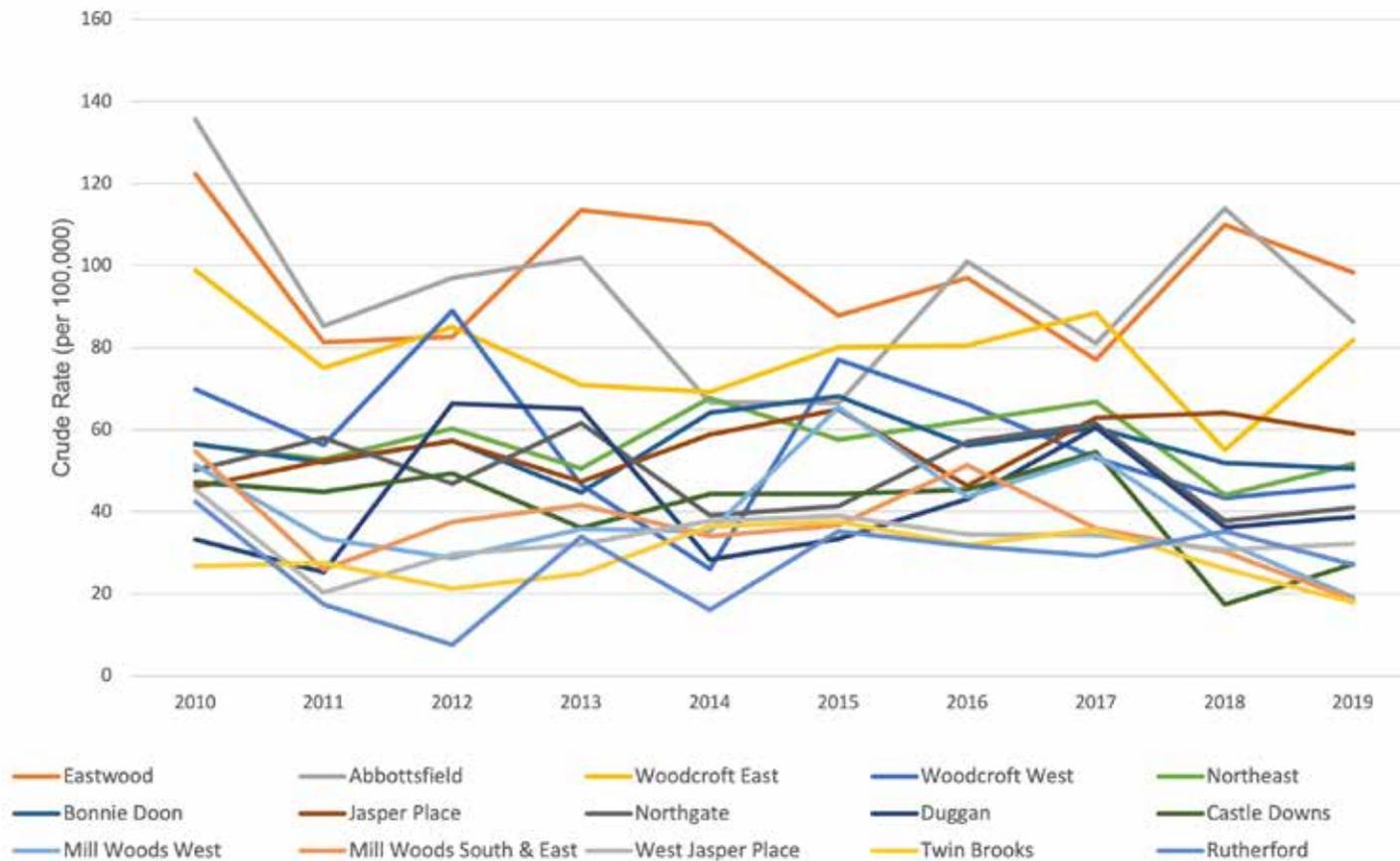
Rutherford, West Jasper Place and Twin Brooks have the lowest average ED/UCC rates of all LGAs. All three trend lower than the Edmonton Zone rate.

Suicide-Related Hospitalizations for Local Geographic Areas

The available data does not differentiate suicide intent from self-harm and is an under-estimation of suicide-related activity as not all people go to the ED/UCC/Hospital for care.

Edmonton Suicide Trends 2010-2019

Suicide-Related Hospitalizations by Local Geographic Area



This chart is included just to demonstrate the range of rates between the LGAs. The following pages will separate the LGAs to compare groups of 3.

Eastwood has the highest average rates of hospitalization with crude rates ranging between 70-125 over last 10 years.

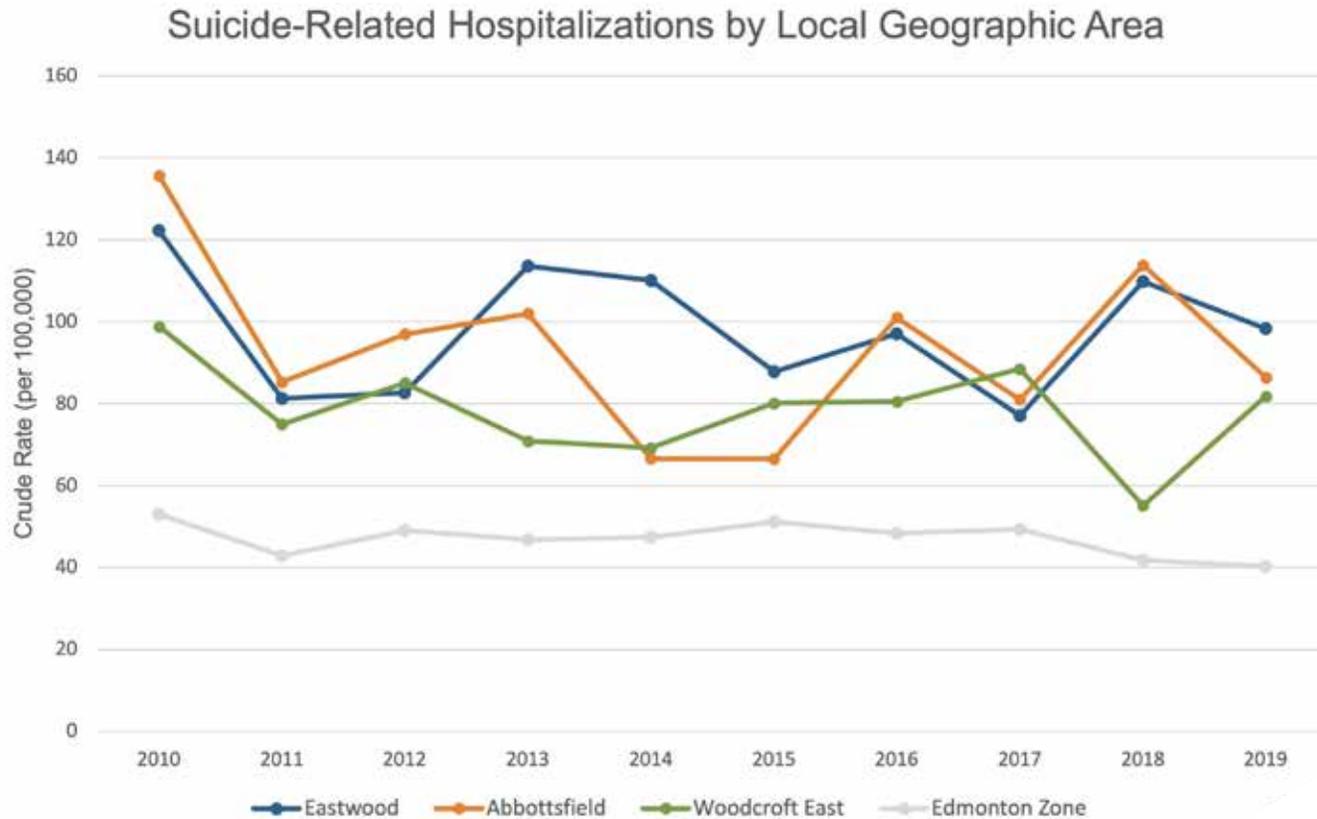
Rutherford, Twin Brooks and West Jasper Place have some of the lowest rates over the last 10 years.

Suicide-Related Hospitalizations by Local Geographic Area (LGA), 2010-2019

Local Geographic Area	Crude Rate (per 100,000) for Hospitalization Visits by Year									
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Eastwood	122.3	81.3	82.6	113.6	110.1	87.9	97.0	77.0	109.9	98.3
Abbotsfield	135.7	85.3	97.0	102.0	66.6	66.5	101.0	81.1	113.8	86.4
Woodcroft East	98.8	75.0	85.1	70.9	69.2	80.1	80.5	88.5	55.1	81.8
Woodcroft West	69.9	56.2	89.0	46.6	26.0	77.1	66.2	53.1	43.4	46.1
Northeast	56.4	52.8	60.3	50.5	67.7	57.6	62.2	66.8	44.0	51.6
Bonnie Doon	56.5	52.0	57.3	44.7	64.2	68.2	56.1	60.4	51.9	50.5
Jasper Place	46.0	52.4	57.2	47.4	58.7	64.9	46.3	62.9	64.1	59.1
Northgate	50.2	58.0	46.8	61.5	39.1	41.4	57.1	61.4	37.7	41.0
Duggan	33.2	25.3	66.4	65.1	28.3	33.3	43.1	60.6	36.2	38.7
Castle Downs	47.0	44.8	49.4	36.0	44.3	44.2	45.4	54.6	17.4	27.2
Mill Woods West	51.4	33.5	28.8	35.8	35.2	65.4	43.6	53.7	32.5	19.2
Mill Woods South & East	54.7	25.9	37.5	41.6	34.0	36.7	51.4	35.9	30.2	18.5
West Jasper Place	45.4	20.4	29.6	32.1	37.8	38.9	34.4	34.3	30.7	32.1
Twin Brooks	26.7	27.5	21.3	24.8	36.4	37.4	31.9	35.7	26.1	18.0
Rutherford	42.4	17.4	7.6	33.8	16.1	35.2	31.7	29.2	35.2	27.1
Edmonton Zone	53.0	42.9	49.1	46.9	47.4	51.2	48.4	49.4	41.8	40.2

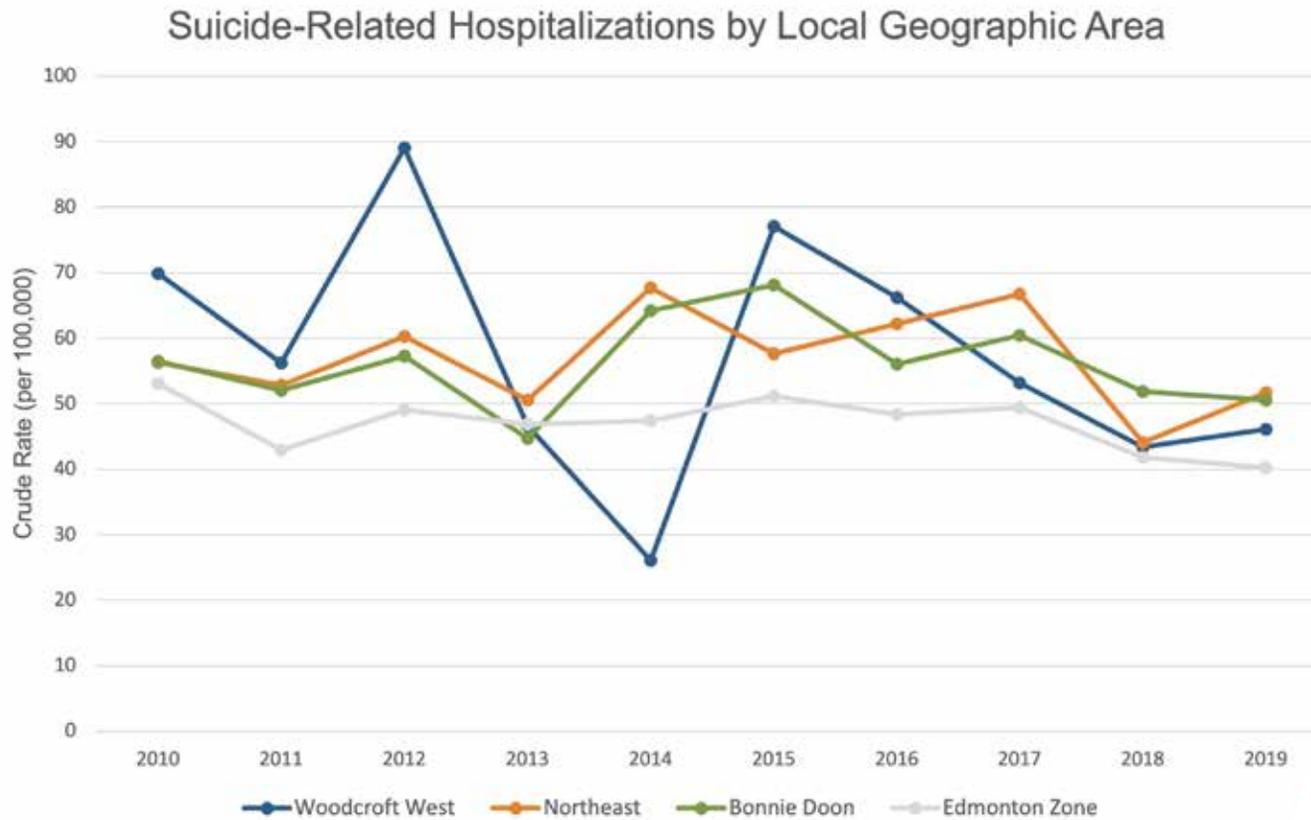
This table is the numerical depiction of the graph on the previous chart.

Edmonton Suicide Trends 2010-2019



Eastwood, Woodcroft East and Abbottsfield demonstrate the highest rates of suicide-related hospitalization in Edmonton. All three show downward trends of hospitalization from 2010 to 2019.

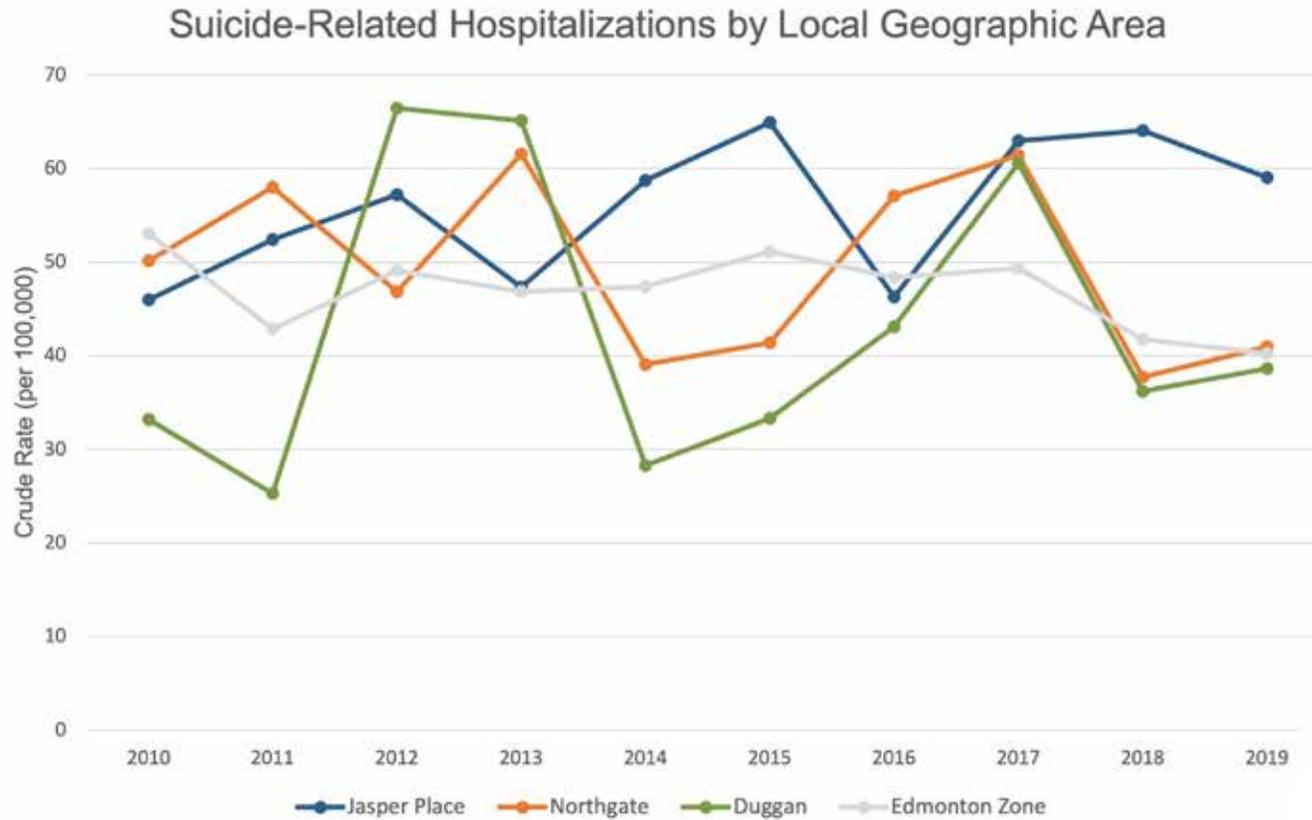
Edmonton Suicide Trends 2010-2019



Woodcroft West demonstrates variation between the years but an overall downward trend in hospitalization from 2010 to 2019.

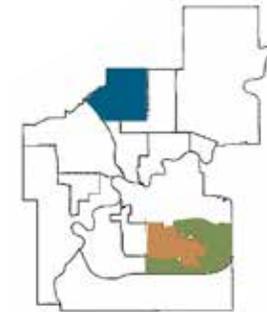
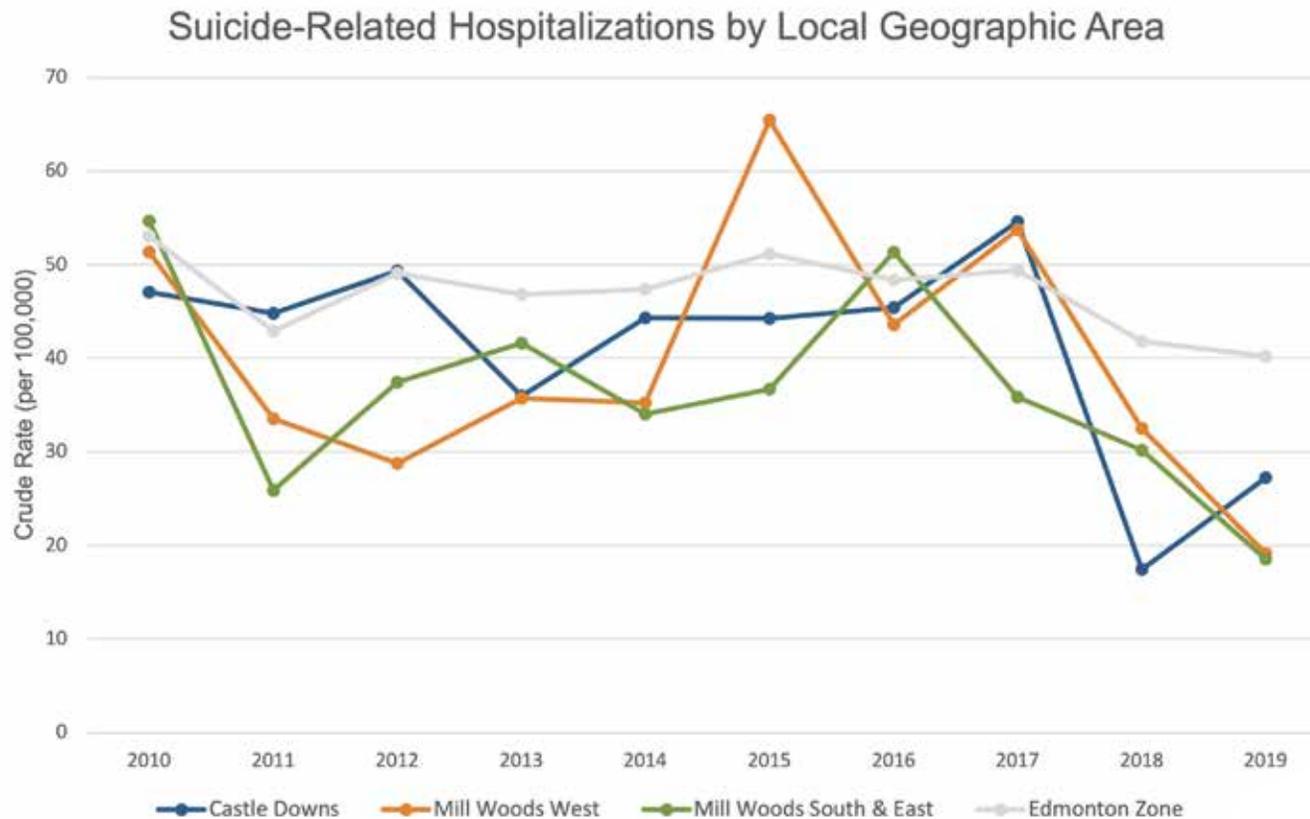
Bonnie Doon and **Northeast** demonstrate similar rates of hospitalization, with a slight decrease between 2010 and 2019.

Edmonton Suicide Trends 2010-2019



Jasper Place and **Duggan** demonstrate an overall increase in hospitalization rates between 2010 and 2019, while **Northgate** demonstrates a decrease.

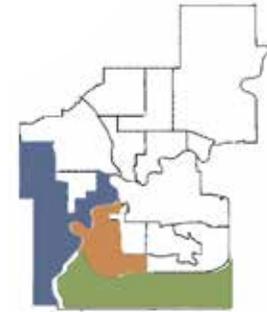
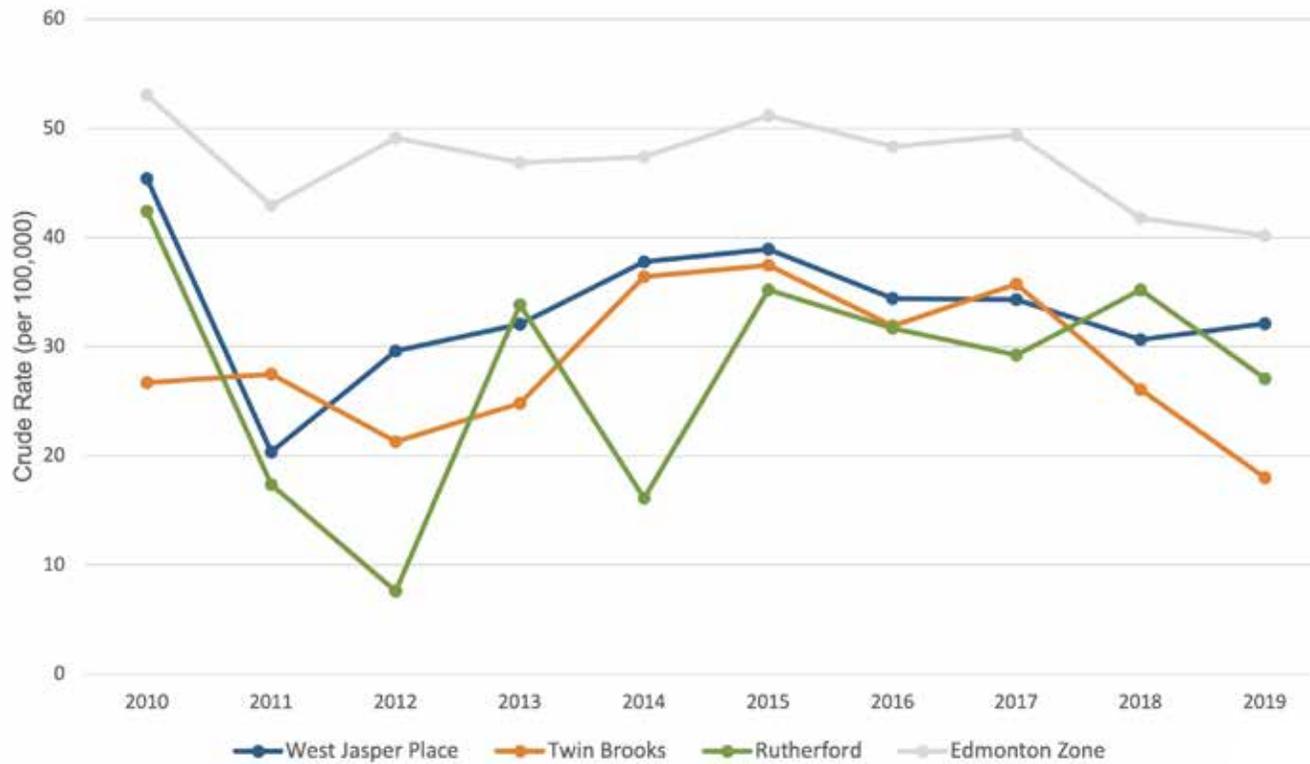
Edmonton Suicide Trends 2010-2019



Mill Woods West, Mill Woods South & East and Castle Downs all demonstrate an overall decrease in hospitalizations between 2010 and 2019 (around 50 hospitalizations per 100,000 to less than 30 per 100,000).

Edmonton Suicide Trends 2010-2019

Suicide-Related Hospitalizations by Local Geographic Area



West Jasper Place and **Twin Brooks** demonstrate an increase in hospitalization rates from 2011 to 2015, and a downward trend from 2015 to 2019. **Rutherford** shows some variation but has overall demonstrated a decrease from 2010 to 2019.

Suicide Mortality for Local Geographic Areas

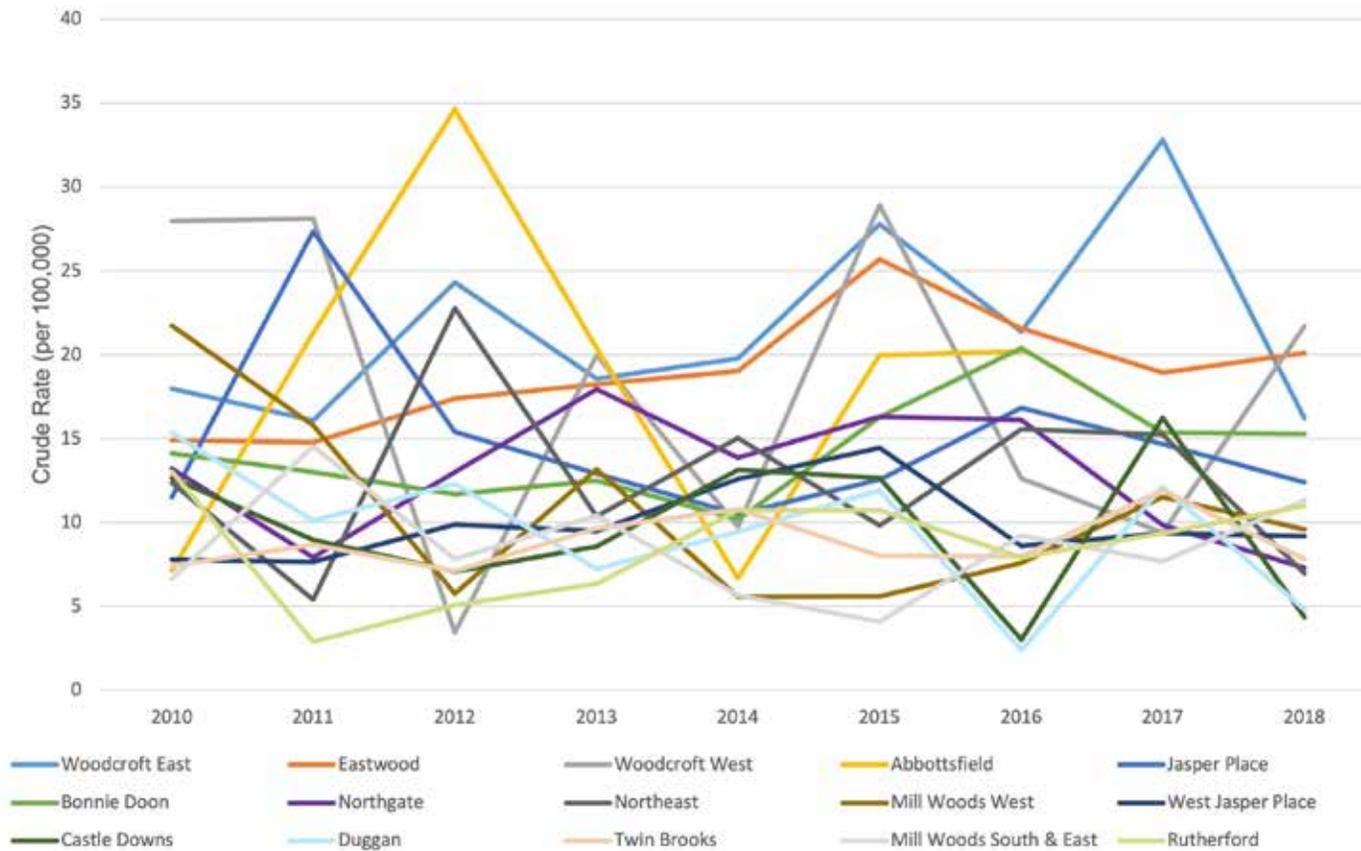
Crude rates are based on the population of each LGA – these rates end up being higher than the Edmonton rate because of the variation in population. Higher rates in certain LGAs demonstrate where in Edmonton suicide-related activity is more common.

Because many suicides are not reported, suicide counts are always underestimated.

Suicide deaths take time to investigate and confirm by Vital Statistics. Suicide mortality rates are only included up to 2018.

Edmonton Suicide Trends 2010-2019

Suicide Mortality by Local Geographic Area



This chart is included just to demonstrate the range of rates between the LGAs. The following pages will separate the LGAs to compare groups of 3.

On average, **Woodcroft East** has the highest average rate of mortality within from 2010 to 2018.

Rutherford has some of the lowest rates.

Edmonton Suicide Trends 2010-2019

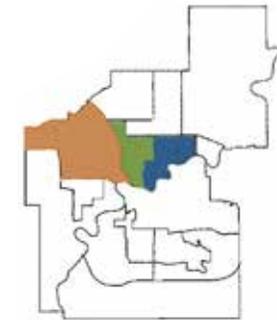
Suicide Mortality by Local Geographic Area, 2010 to 2018

Local Geographic Area	Crude Rate for Suicide Mortality by Year								
	2010	2011	2012	2013	2014	2015	2016	2017	2018
Woodcroft East	18.0	16.1	24.3	18.6	19.8	27.8	21.4	32.8	16.2
Eastwood	14.9	14.8	17.4	18.2	19.0	25.7	21.6	18.9	20.1
Woodcroft West	28.0	28.1	3.4	20.0	9.8	28.9	12.6	9.4	21.7
Abbotsfield	7.1	21.3	34.6	20.4	6.7	20.0	20.2		13.4
Jasper Place	11.5	27.3	15.4	12.9	10.5	12.6	16.8	14.7	12.4
Bonnie Doon	14.1	13.0	11.7	12.5	10.2	16.3	20.4	15.4	15.3
Northgate	13.2	7.9	13.0	17.9	13.9	16.3	16.1	9.8	7.3
Northeast	12.4	5.4	22.8	10.4	15.0	9.8	15.5	15.2	7.0
Mill Woods West	21.7	15.8	5.8	13.2	5.6	5.6	7.6	11.5	9.6
West Jasper Place	7.8	7.6	9.9	9.5	12.6	14.5	8.6	9.4	9.2
Castle Downs	12.7	9.0	7.1	8.6	13.1	12.6	3.0	16.2	4.4
Duggan	15.3	10.1	12.3	7.2	9.4	11.9	2.4	12.1	4.8
Twin Brooks	7.4	8.7	7.1	9.6	10.8	8.0	8.0	11.9	7.8
Mill Woods South & East	6.6	14.5	7.8	10.4	5.7	4.1	9.2	7.7	11.3
Rutherford	13.0	2.9	5.1	6.3	10.7	10.7	7.9	9.4	11.0
Edmonton Zone	12.7	12.3	11.1	12.6	12.8	15.1	12.5	13.7	11.2

This table is the numerical depiction of the graph on the previous chart.

Edmonton Suicide Trends 2010-2019

Suicide Mortality by Local Geographic Area

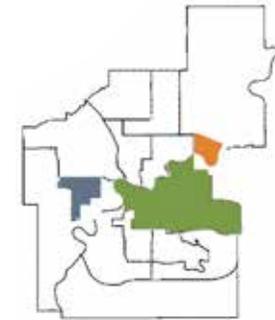
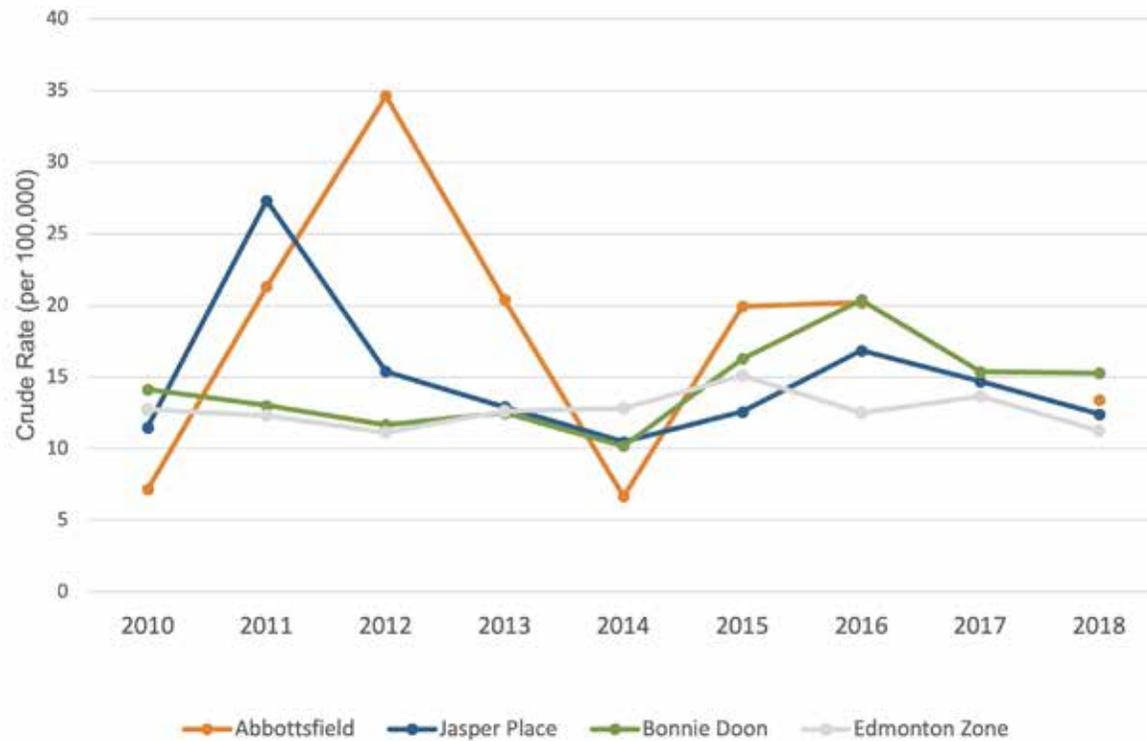


Mortality rates in Edmonton are highest within **Woodcroft East, Woodcroft West** and **Eastwood**.

Comparing 2010 to 2018, Woodcroft East and Woodcroft West demonstrate a slight decrease in mortality rates, while Eastwood demonstrates a slight increase.

Edmonton Suicide Trends 2010-2019

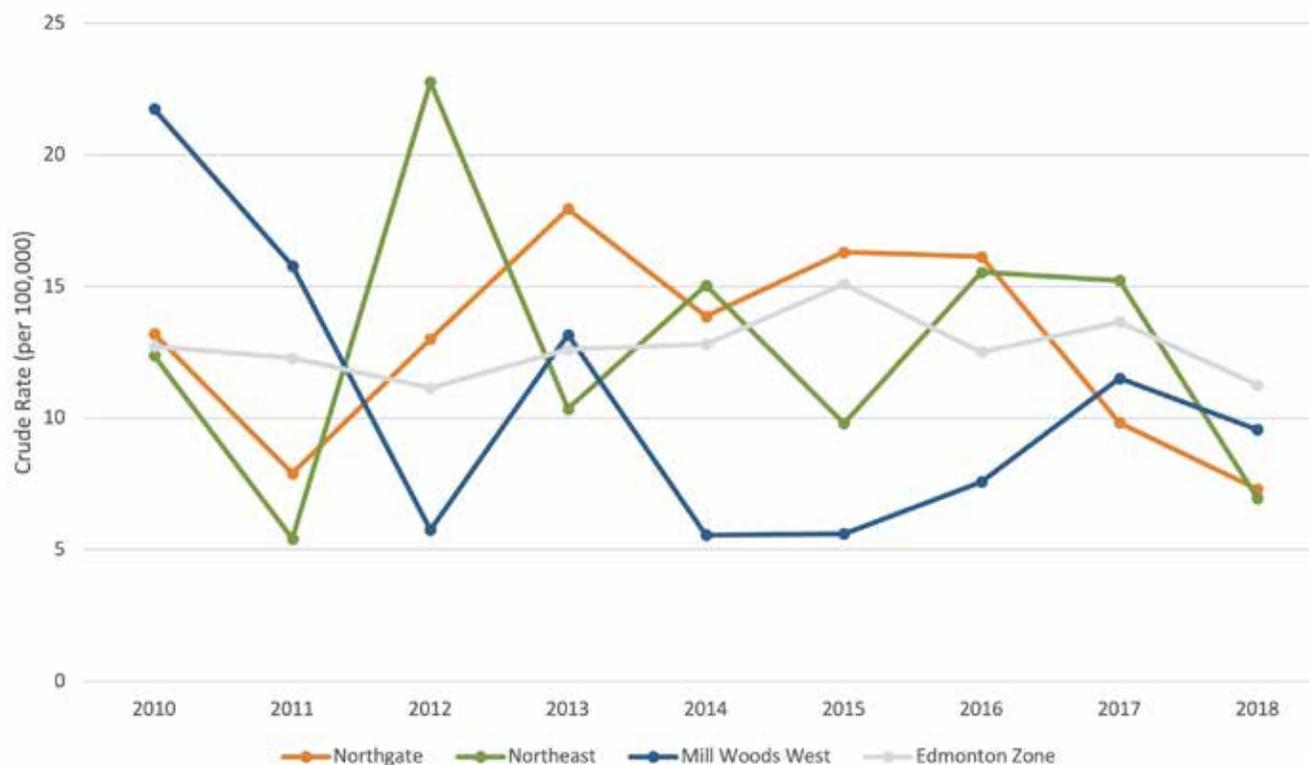
Suicide Mortality by Local Geographic Area



Comparing 2010 to 2018, **Bonnie Doon** and **Jasper Place** demonstrate a slight increase in mortality rates, while **Abbotsfield** demonstrates a peak at 35 suicide deaths per 100,000 in 2012 and decreases to 13.4 per 100,000 in 2018.

Edmonton Suicide Trends 2010-2019

Suicide Mortality by Local Geographic Area

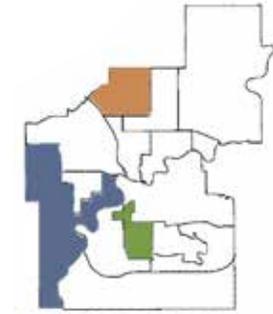
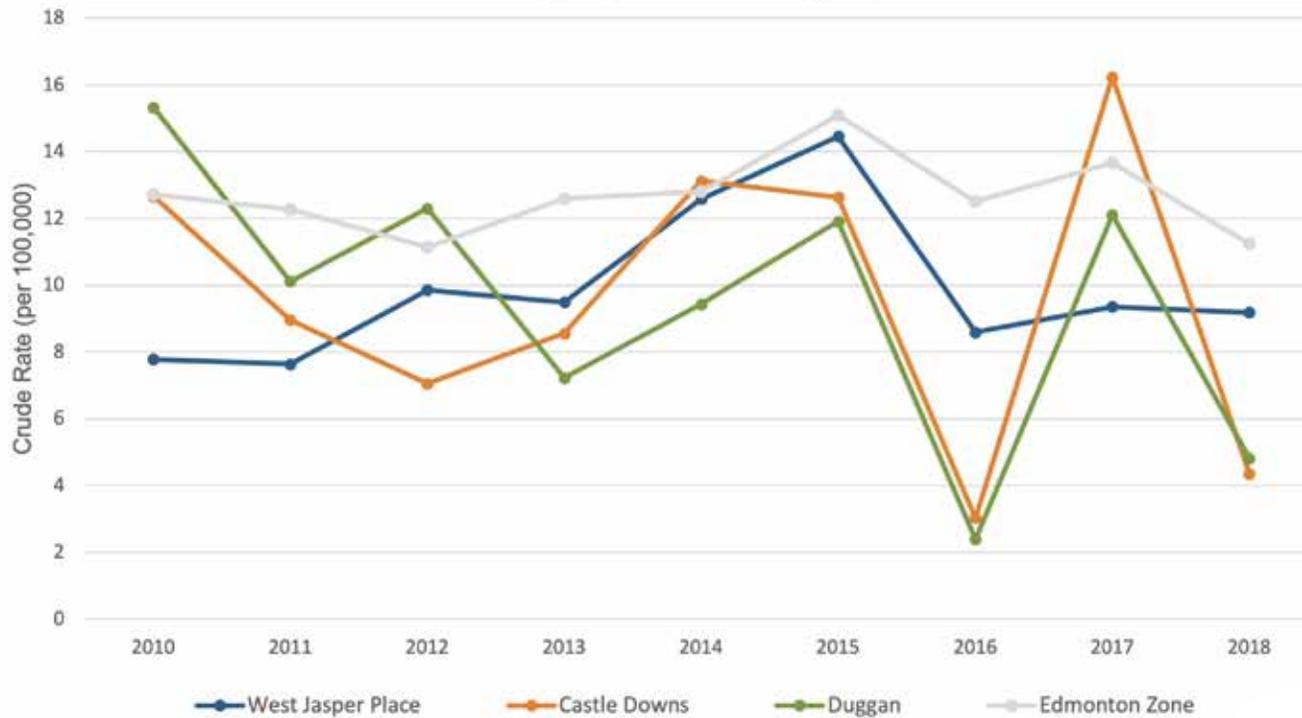


Mill Woods West, Northgate and Northeast generally show similar trends to Edmonton Zone.

All three LGAs demonstrates a downward trend from 2010 to 2018, all experiencing less than 10 per 100,000 in 2018.

Edmonton Suicide Trends 2010-2019

Suicide Mortality by Local Geographic Area

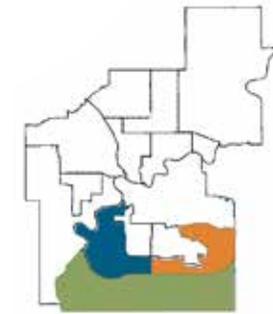
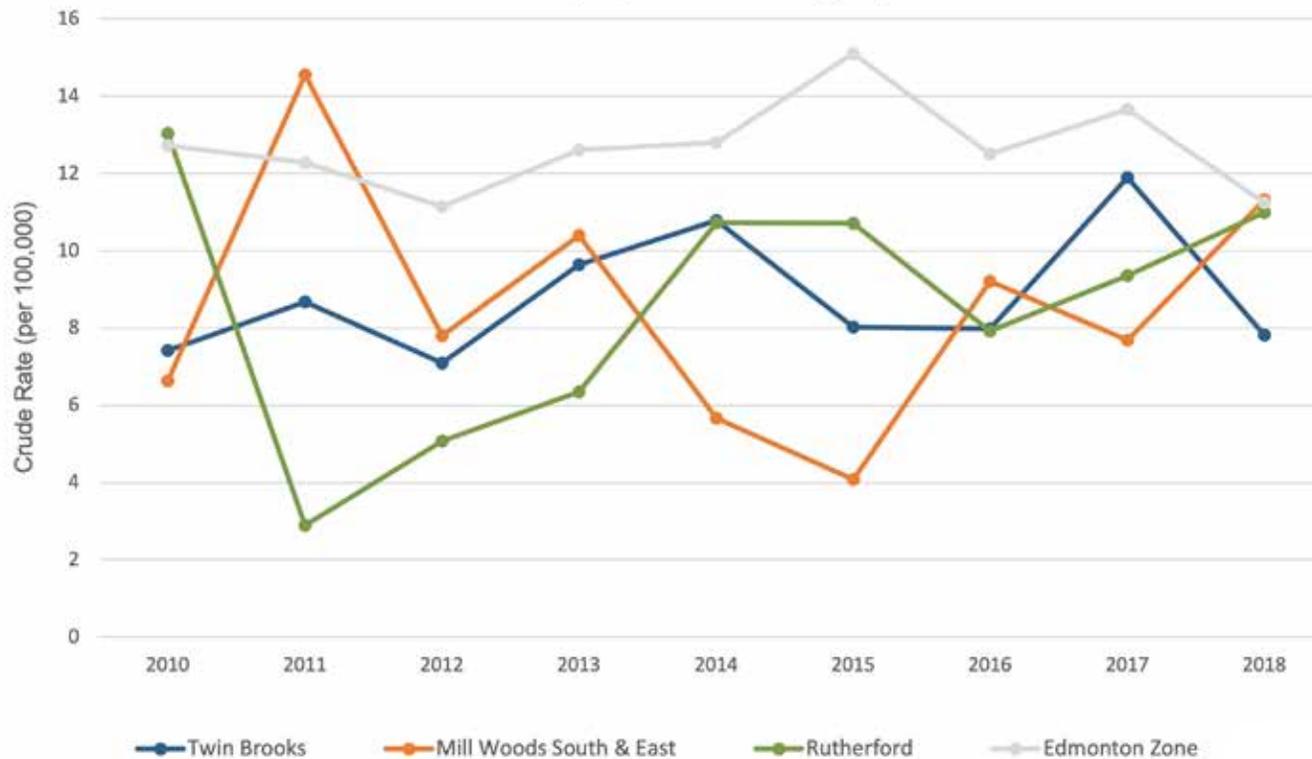


Comparing 2010 to 2018, **Duggan** and **Castle Downs** demonstrate a decrease in suicide mortality rates, while **West Jasper Place** demonstrates a slight increase.

All three LGAs generally trend lower than Edmonton Zone.

Edmonton Suicide Trends 2010-2019

Suicide Mortality by Local Geographic Area



Mill Woods South & East demonstrates an increase from 6 suicide deaths per 100,000 in 2010 to close to 12 deaths per 100,000 in 2018.

Rutherford demonstrated a sharp decrease from 2010 to 2011, with an upward trend in rates since 2011.

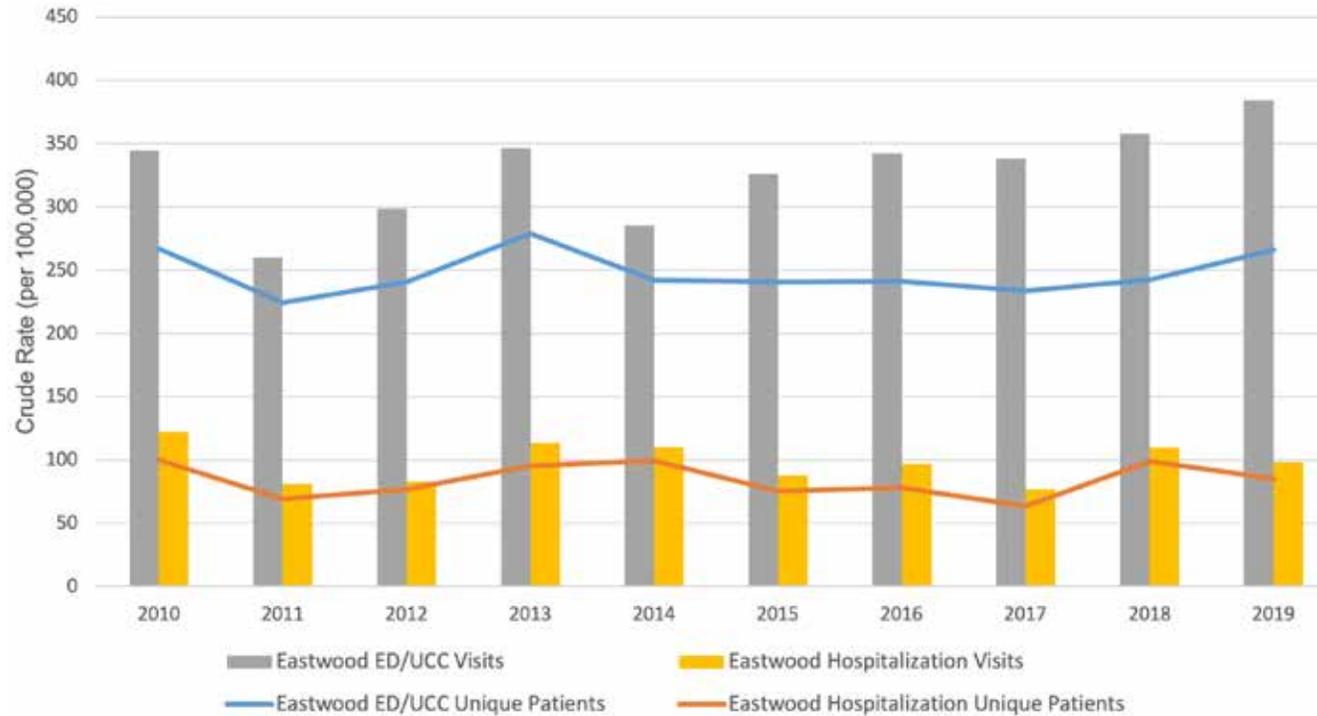
All three LGAs trend lower than Edmonton Zone.

Comparing Visits to Unique Patients for Local Geographic Areas

On the following pages, each LGA will be presented individually to compare the crude rates of visits and unique patients for ED/UCC and hospitalization. This comparison can offer insight into how many suicide-related visits are being made by the same individuals within one year. 'Visits' captures all visits made, regardless of if an individual visited more than once in a year (depicted as bar graph), while 'unique patients' only counts each separate individual once, regardless if they visit ED/UCC or are hospitalized more than once within one year (depicted as line graph).

Edmonton Suicide Trends 2010-2019

Eastwood: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

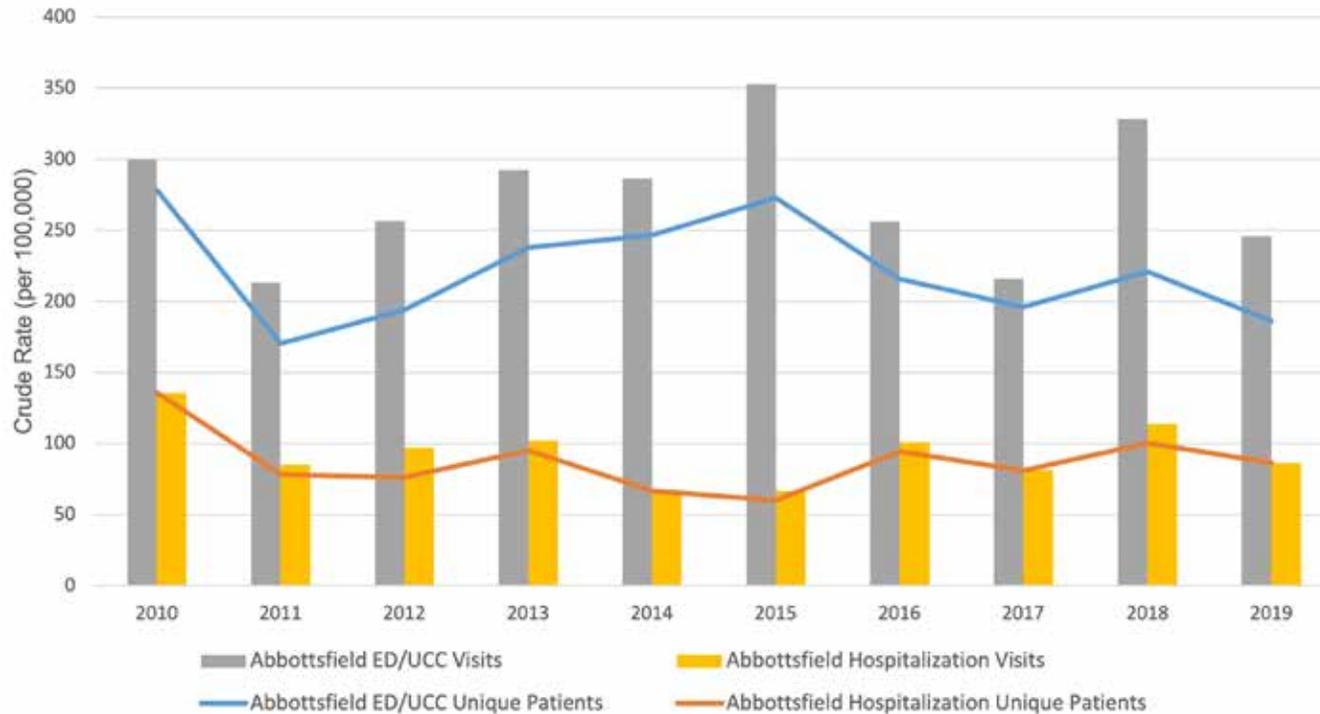


Eastwood demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

The difference in rates between unique patients and total visits for hospitalization is less than for ED/UCC, indicating that less individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Abbotsfield: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

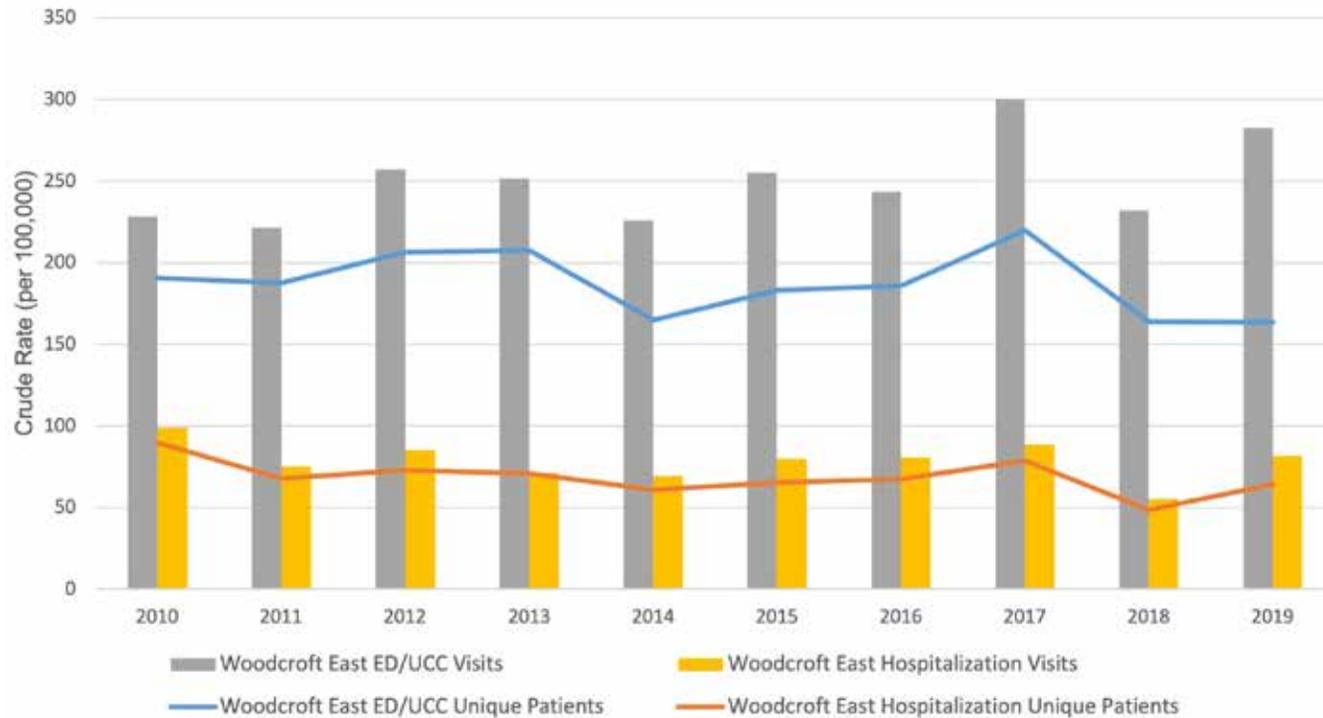


Abbotsfield demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

The difference in rates between unique patients and total visits for hospitalization is less than for ED/UCC, indicating that less individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Woodcroft East: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

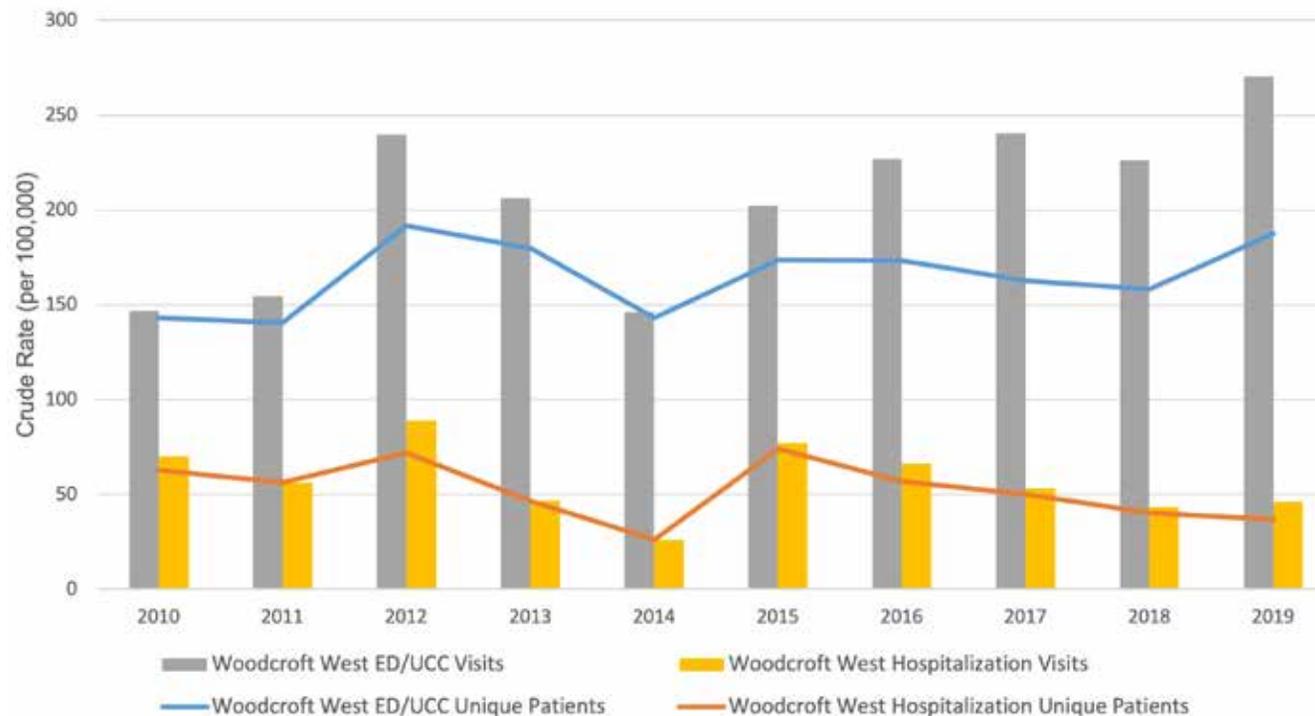


Woodcroft East demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

The difference in rates between unique patients and total visits for hospitalization is less than for ED/UCC, indicating that less individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Woodcroft West: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

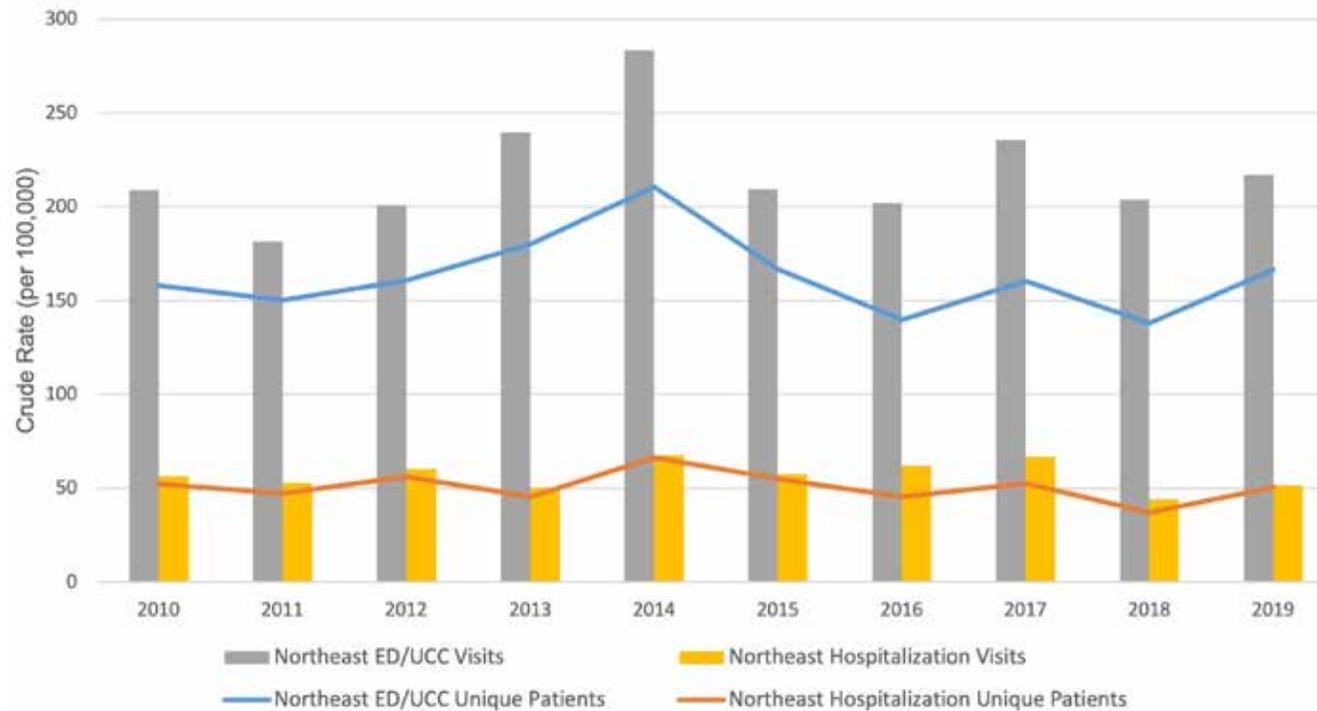


Woodcroft West demonstrates higher rates of visits to ED/ UCC than unique patients in all years except 2010 and 2014, indicating that some individuals made repeat visits to the ED/ UCC in the other years.

The difference in rates between unique patients and total visits for hospitalization is less than for ED/UCC, indicating that less individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Northeast: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019



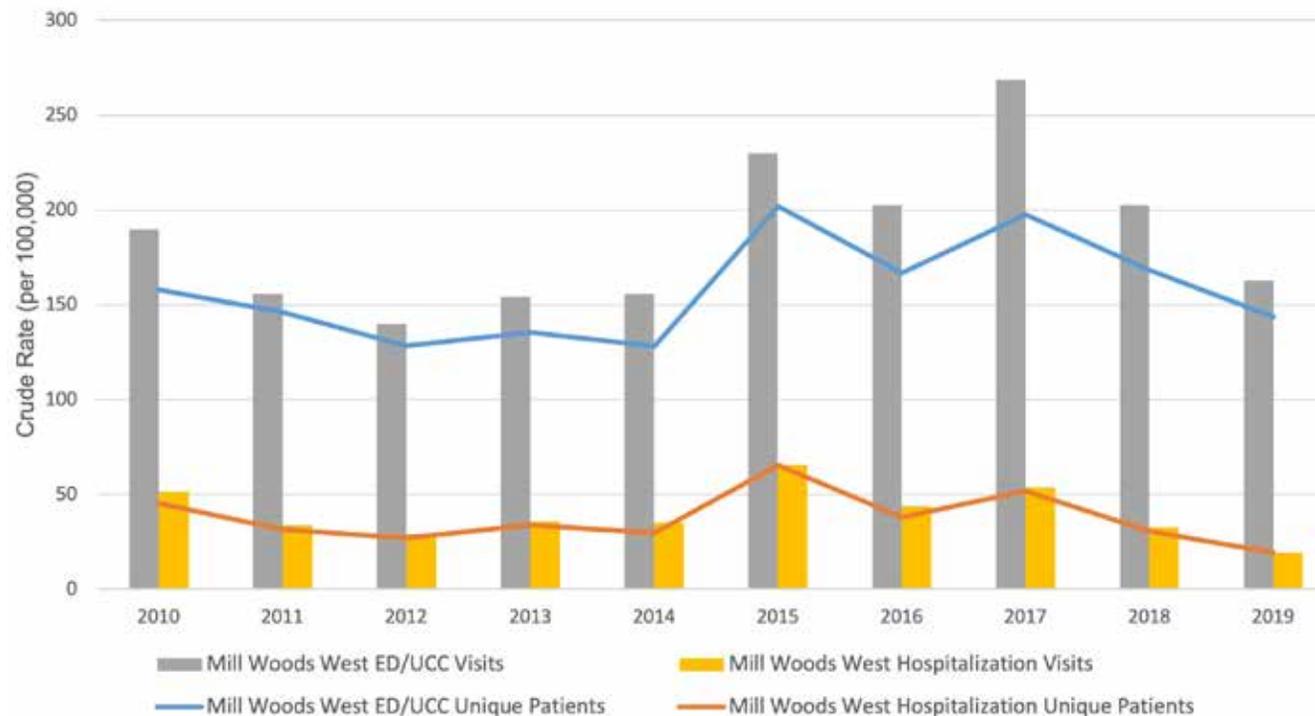
Northeast

demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

The difference in rates between unique patients and total visits for hospitalization is less than for ED/UCC, indicating that less individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Mill Woods West: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

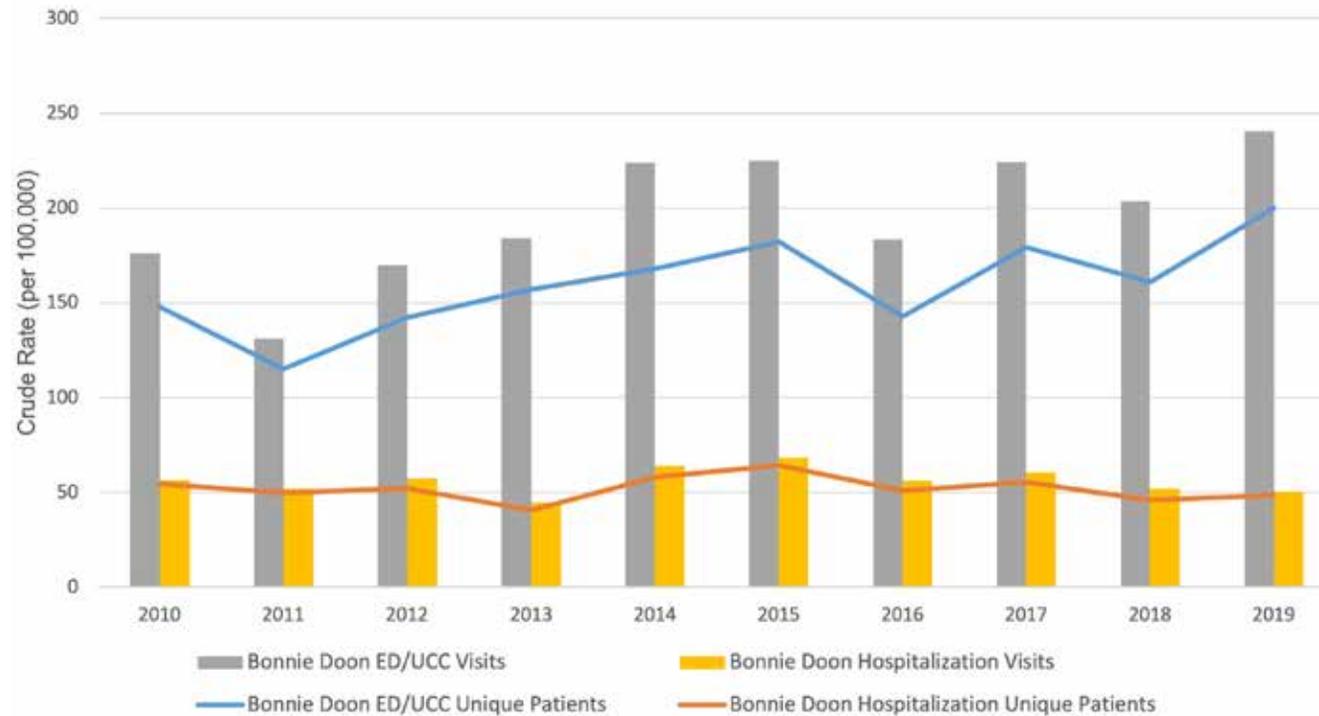


Mill Woods West demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Bonnie Doon: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

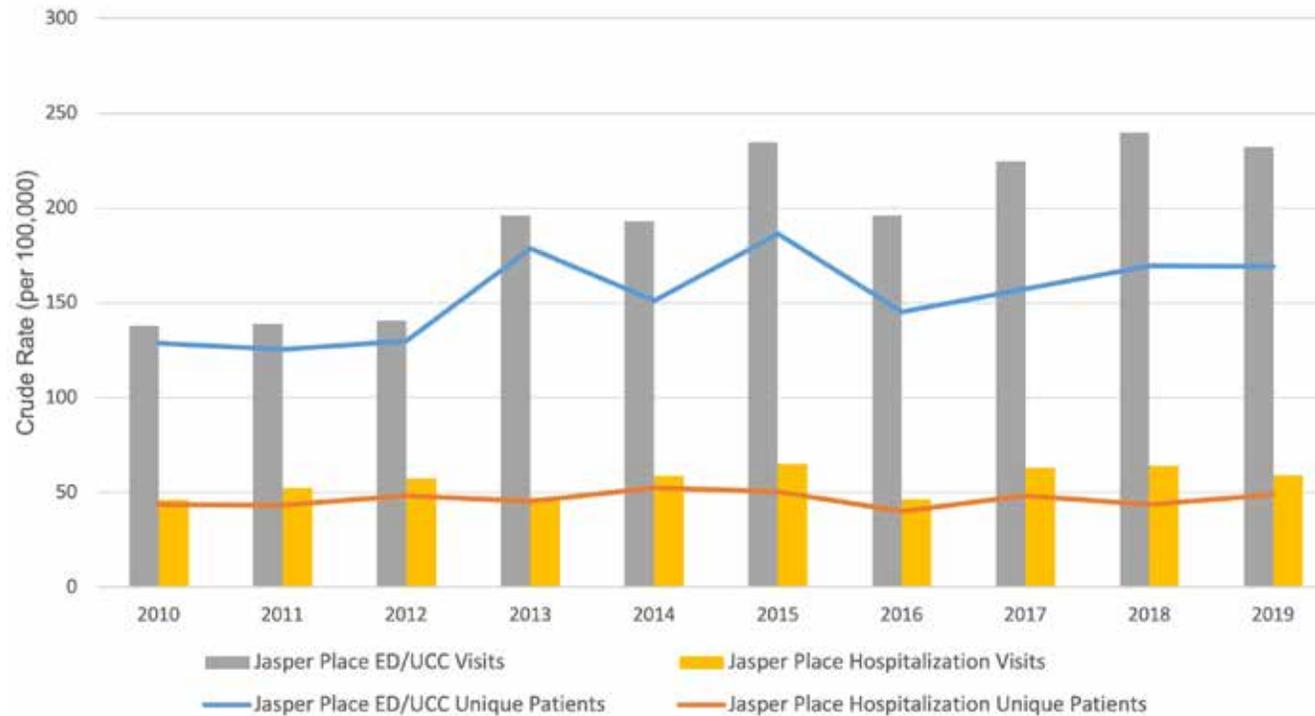


Bonnie Doon demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Jasper Place: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

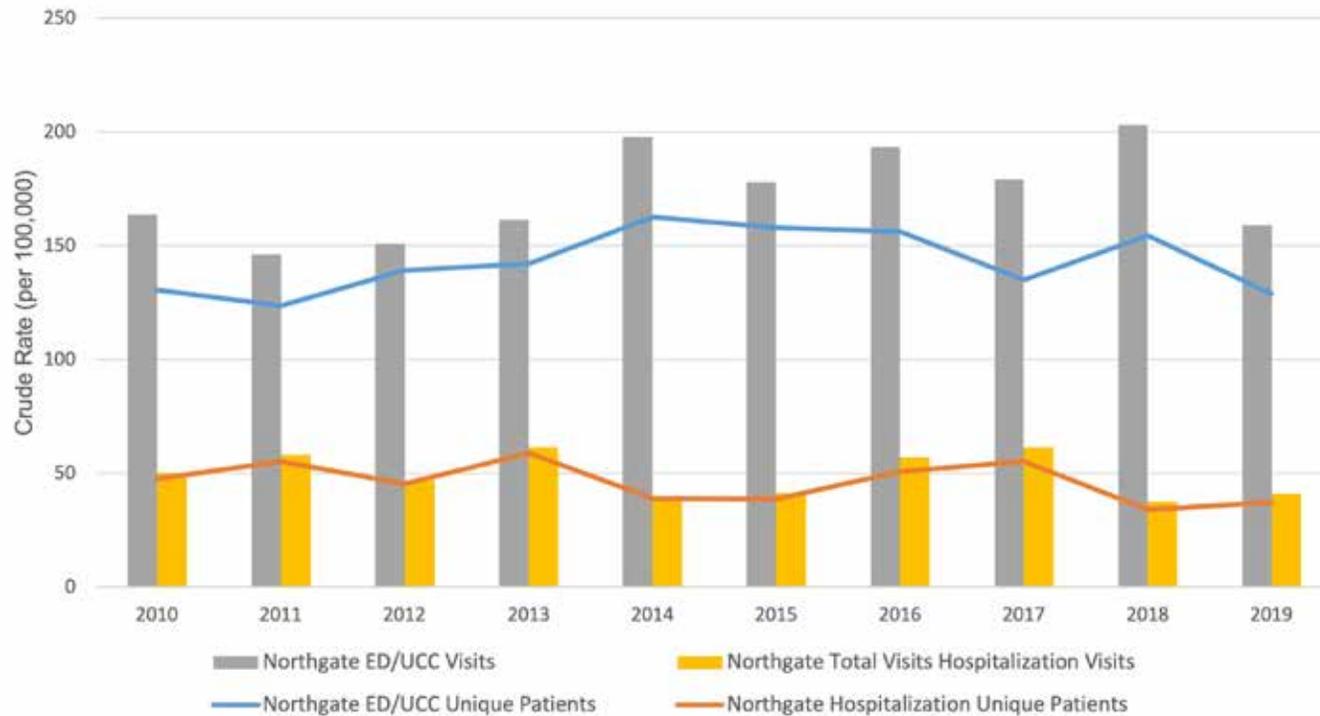


Jasper Place demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

The difference in rates between unique patients and total visits for hospitalization is less than for ED/UCC, indicating that less individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Northgate: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

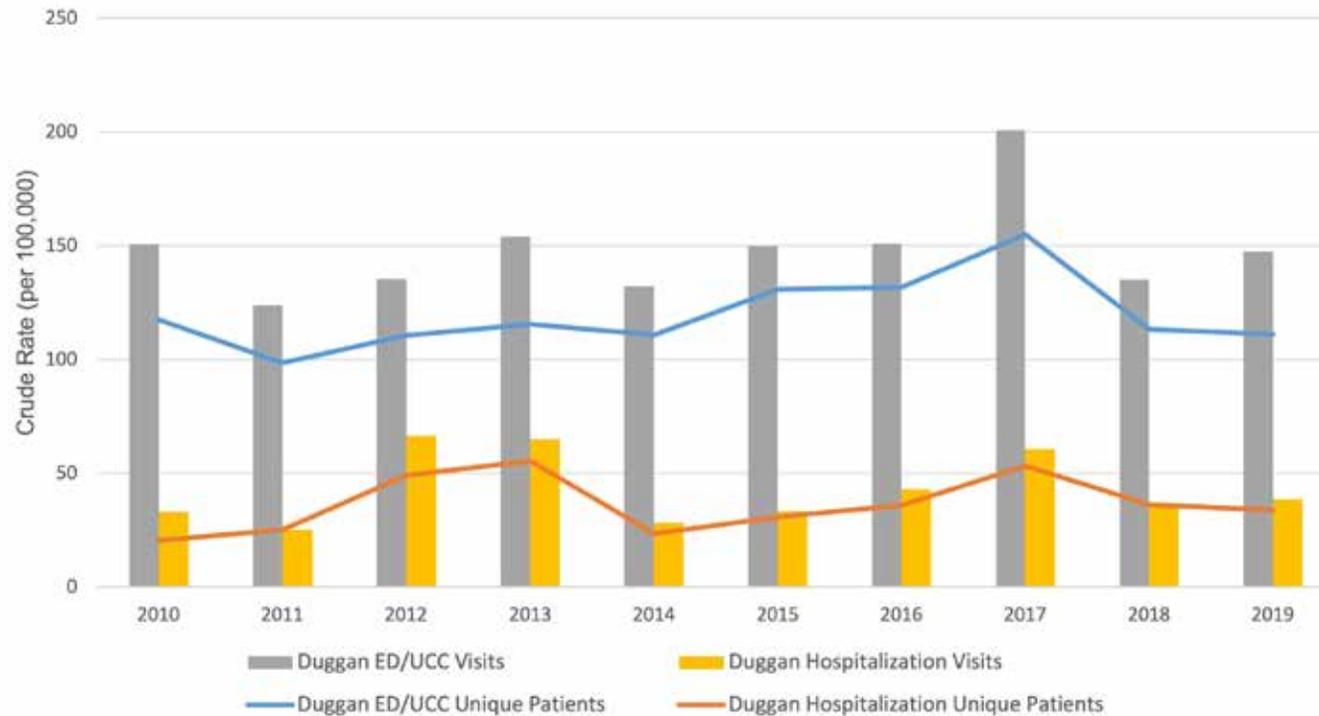


Northgate demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Duggan: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

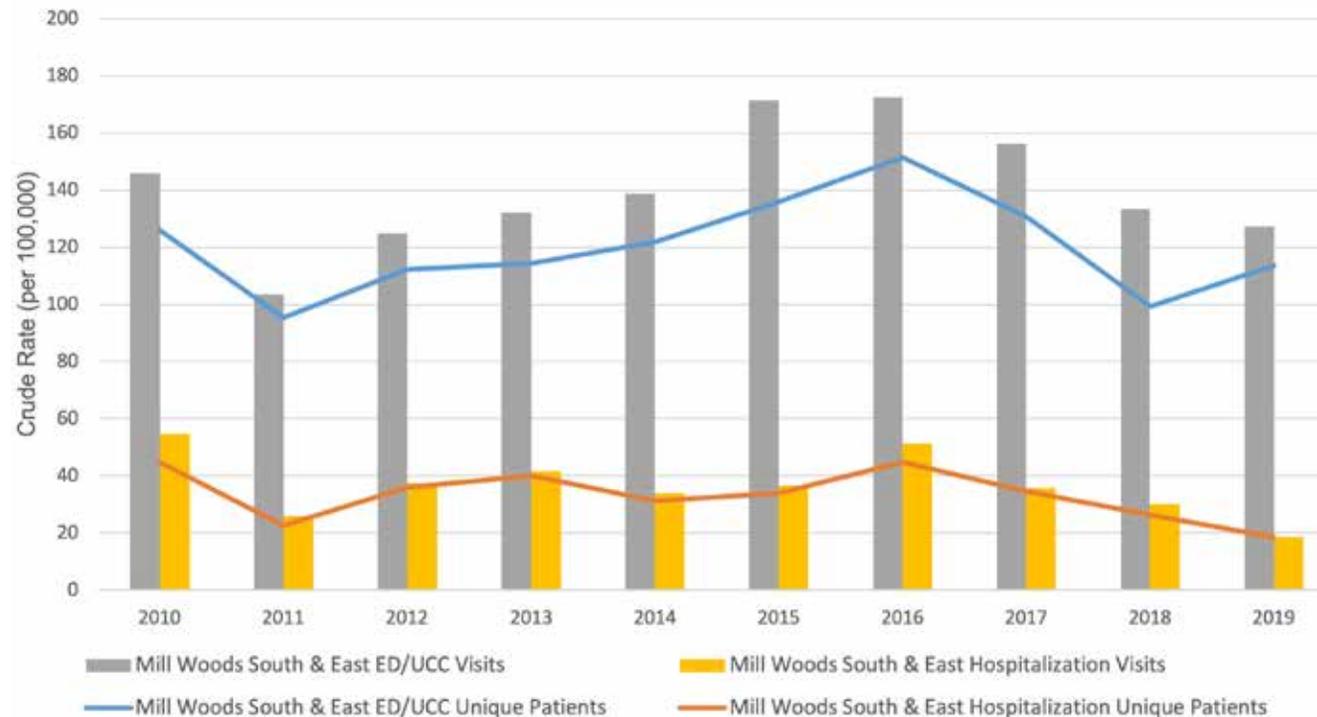


Duggan demonstrates higher rates of visits to ED/UCC than unique patients, indicating that some individuals made repeat visits to the ED/UCC.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Mill Woods South & East: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

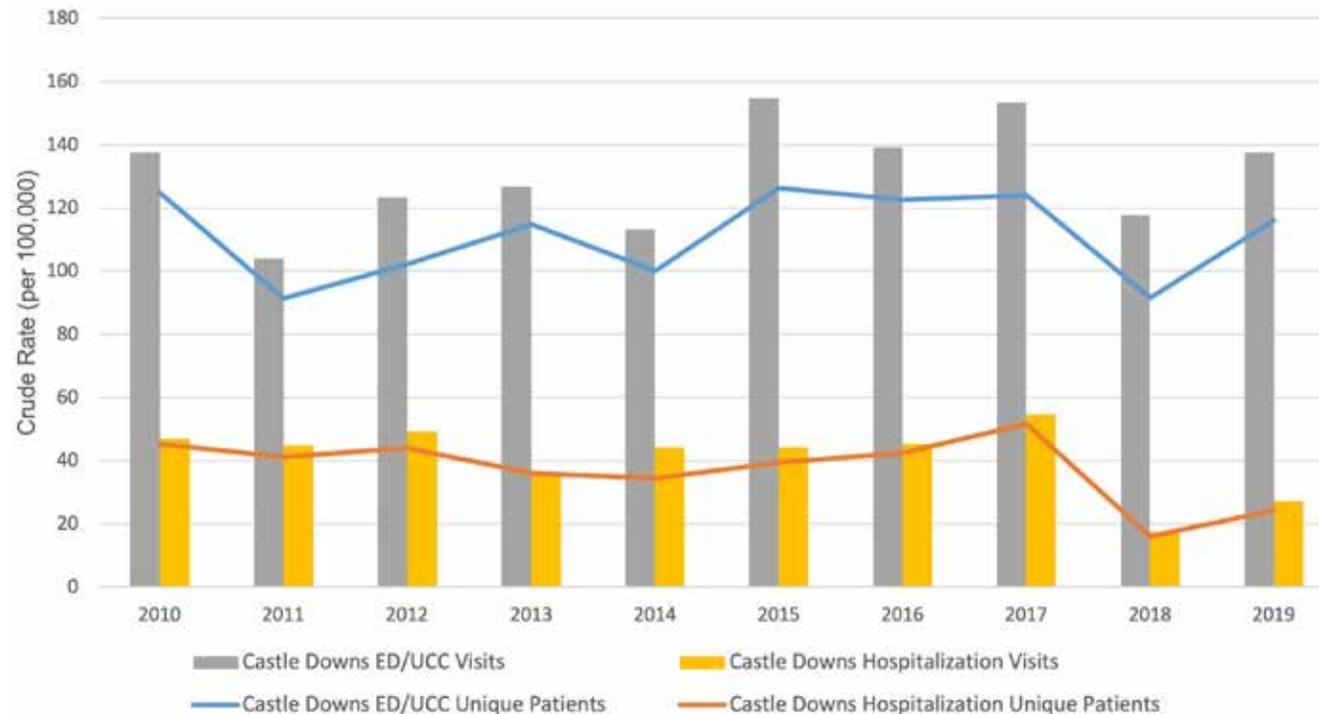


Mill Woods South & East demonstrates higher rates of visits to ED/UCC than unique patients, indicating that some individuals made repeat visits to the ED/UCC.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Castle Downs: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

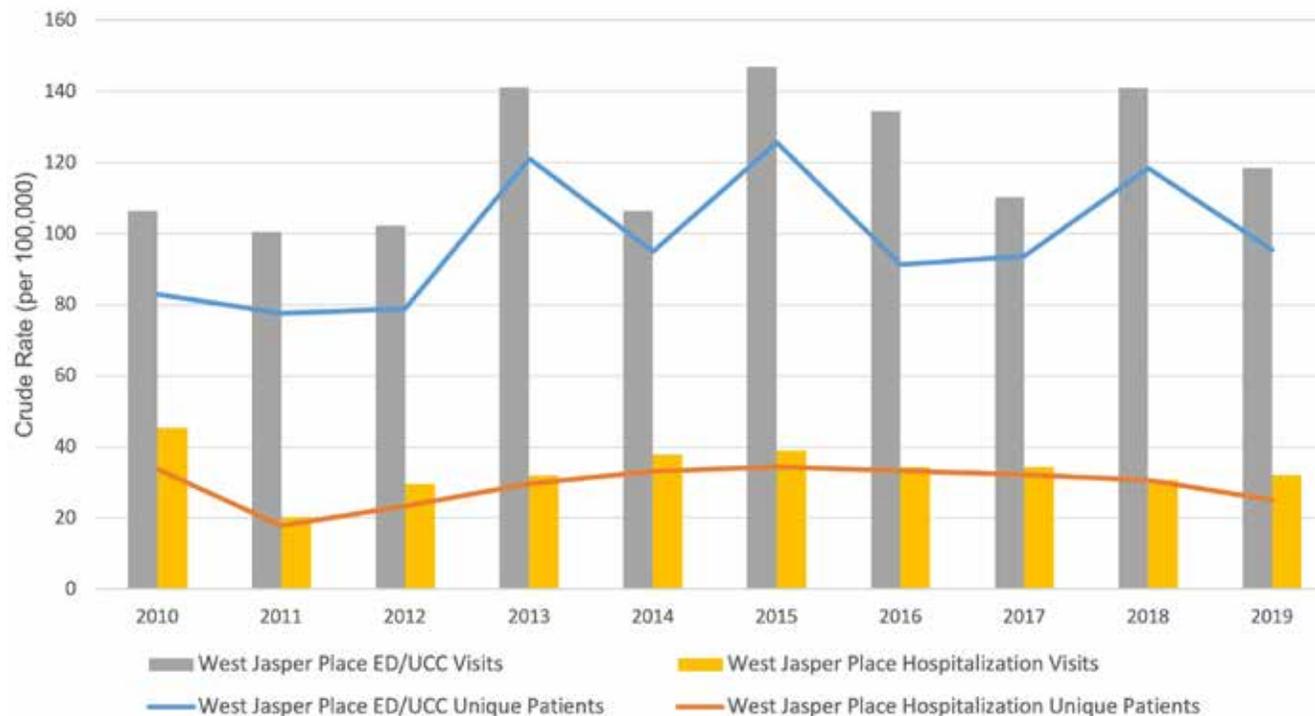


Castle Downs demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

West Jasper Place: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

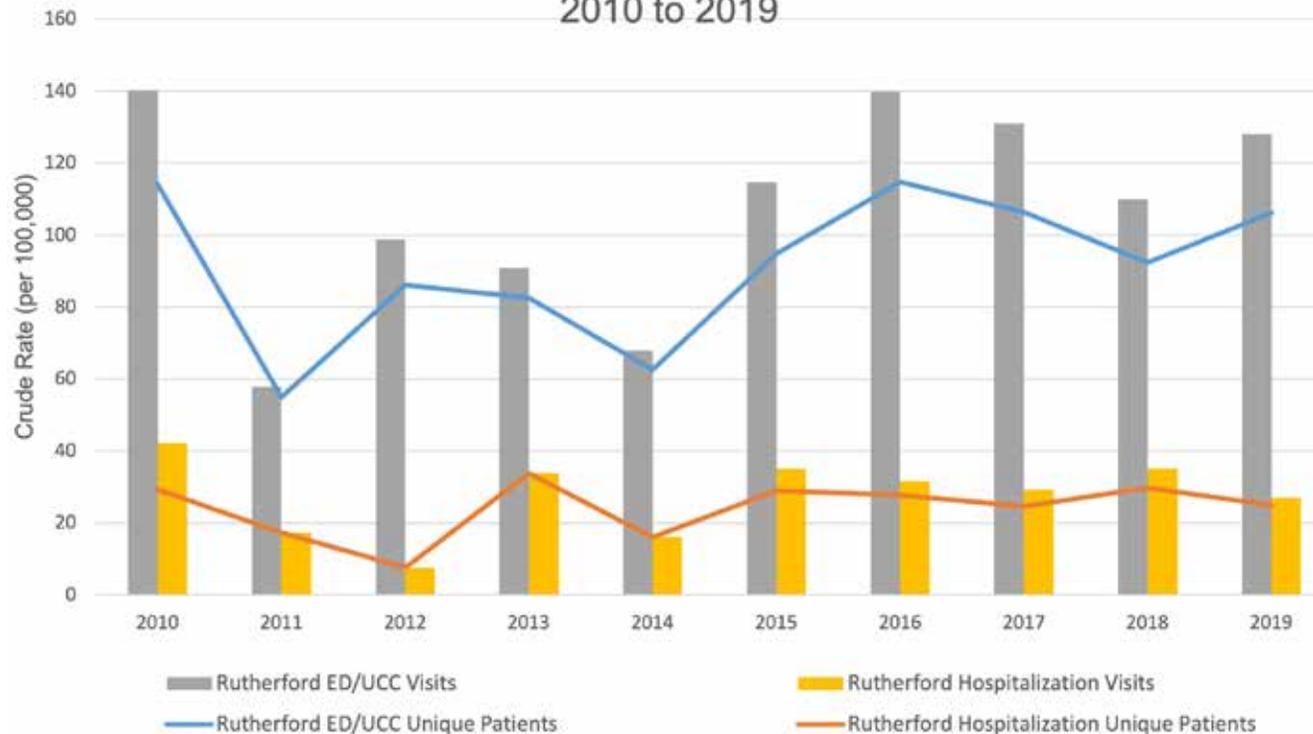


West Jasper Place demonstrates higher rates of visits to ED/ UCC than unique patients, indicating that some individuals made repeat visits to the ED/ UCC.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Rutherford: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019

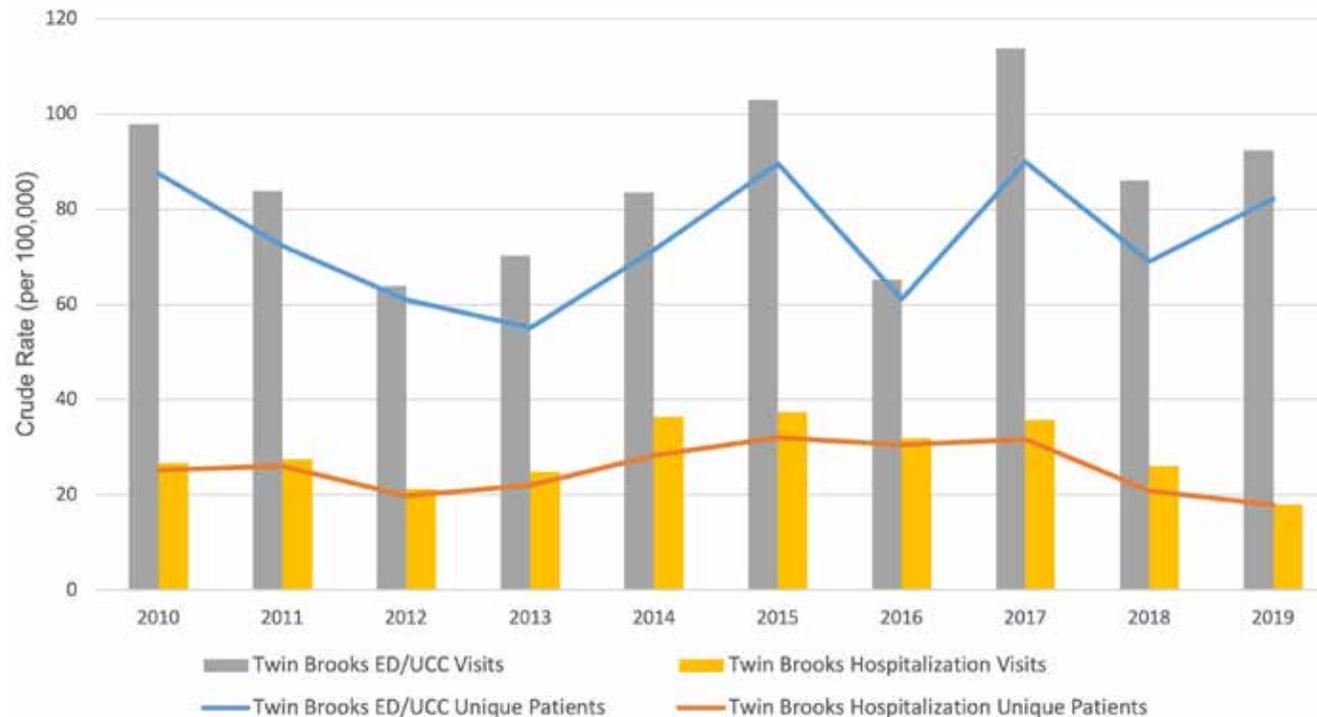


Rutherford demonstrates higher rates of visits to ED/ UCC than unique patients for most years except 2011 and 2014, indicating that some individuals made repeat visits to the ED/ UCC in the other years.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.

Edmonton Suicide Trends 2010-2019

Twin Brooks: Total Visits and Unique Patients for Suicide-Related Emergency Department/Urgent Care Center and Hospitalizations, 2010 to 2019



Twin Brooks demonstrates higher rates of visits to ED/ UCC than unique patients in most years except 2012 and 2016, indicating that some individuals made repeat visits to the ED/ UCC in the other years.

There is little difference in rates between unique patients and total visits for hospitalization, indicating that few individuals have repeat hospitalizations within a given year.