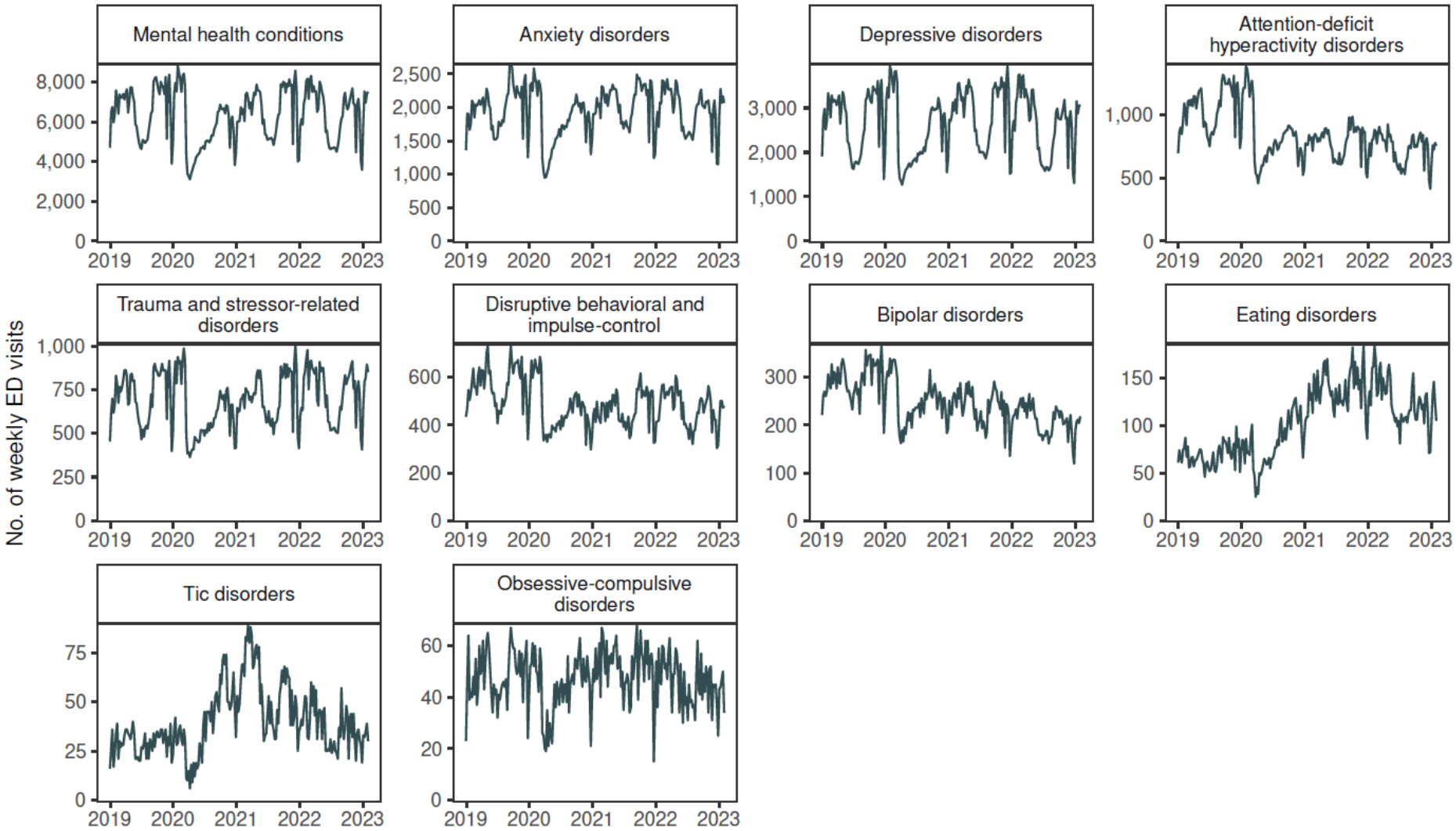
SUPPLEMENTARY FIGURE 1. Weekly number of emergency department (ED) visits for overall and specific mental health conditions*,† among adolescents aged 12–17 years—National Syndromic Surveillance Program, United States, 2019–2023'



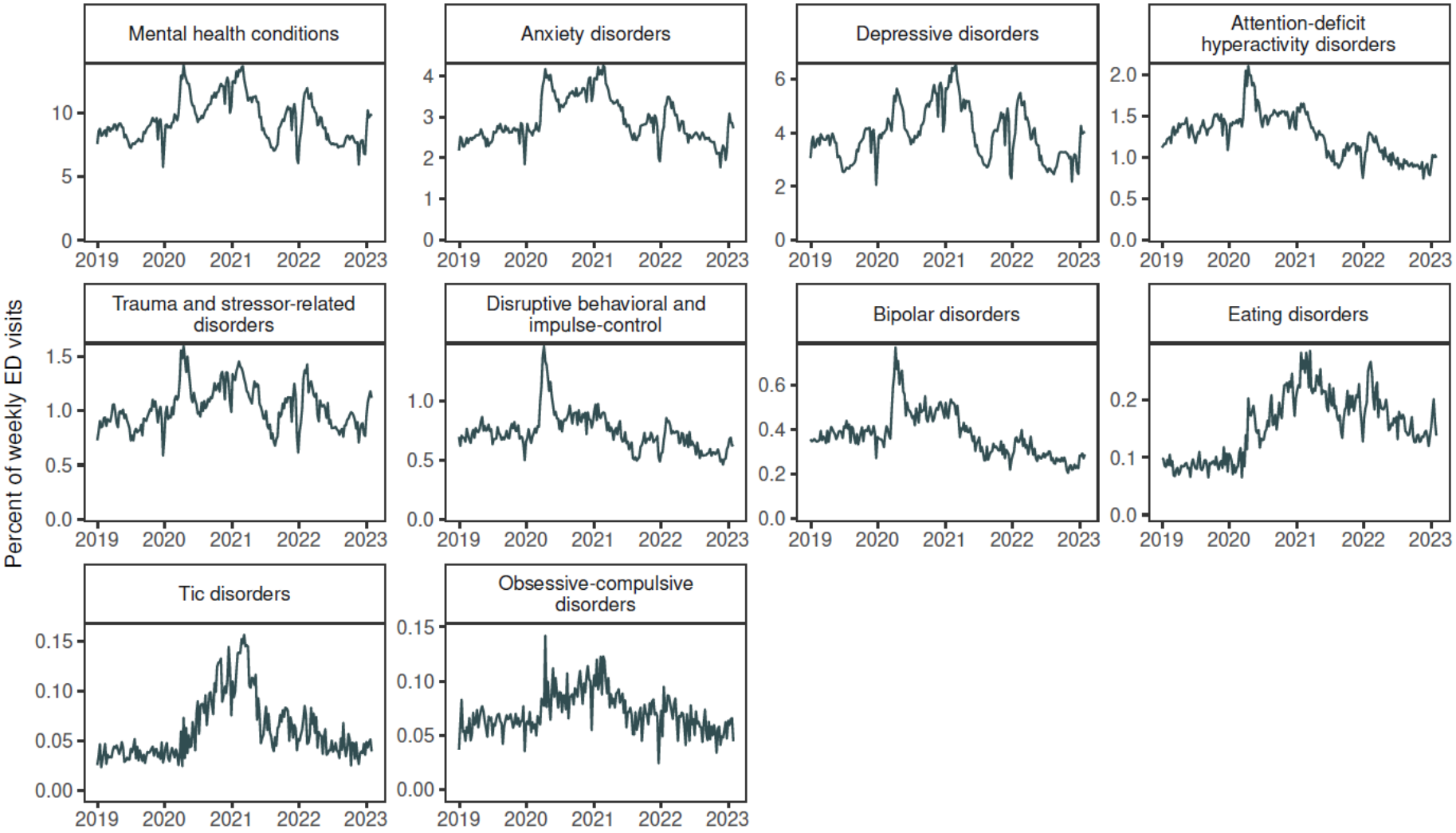
* NSSP receives anonymized medical record information from approximately 75% of nonfederal EDs nationwide. NSSP collects free-text reason for visit (chief complaint), discharge diagnosis, and patient demographic details. Diagnosis information is collected using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, and Systematized Nomenclature of Medicine (SNOMED) codes. Free-text keywords

and diagnostic codes were used to create distinct syndrome definitions to identify visits of interest; see Supplemental Box. The overall MHC definition captures any mental health-related visits, including the nine MHCs included elsewhere in this analysis (anxiety; depression; attention-deficit/hyperactivity disorders; trauma and stressor-related disorders; disruptive behavioral and impulse-control disorders; bipolar disorders; eating disorders; tic disorders; and obsessive-compulsive disorders), schizophrenia spectrum disorders, additional low prevalence MHCs (e.g., reactive attachment, delusional disorders), and general mental health terms and codes.

† To reduce artifactual impact from changes in reporting patterns, analyses were restricted to facilities with a coefficient of variation for emergency department visits ≤40 and average weekly informative discharge diagnosis ≥75% complete throughout the study period.

§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 2. Percent of emergency department (ED) visits for overall and specific mental health conditions*† among adolescents 12–17 years—National Syndromic Surveillance Program, United States, 2019–2023§



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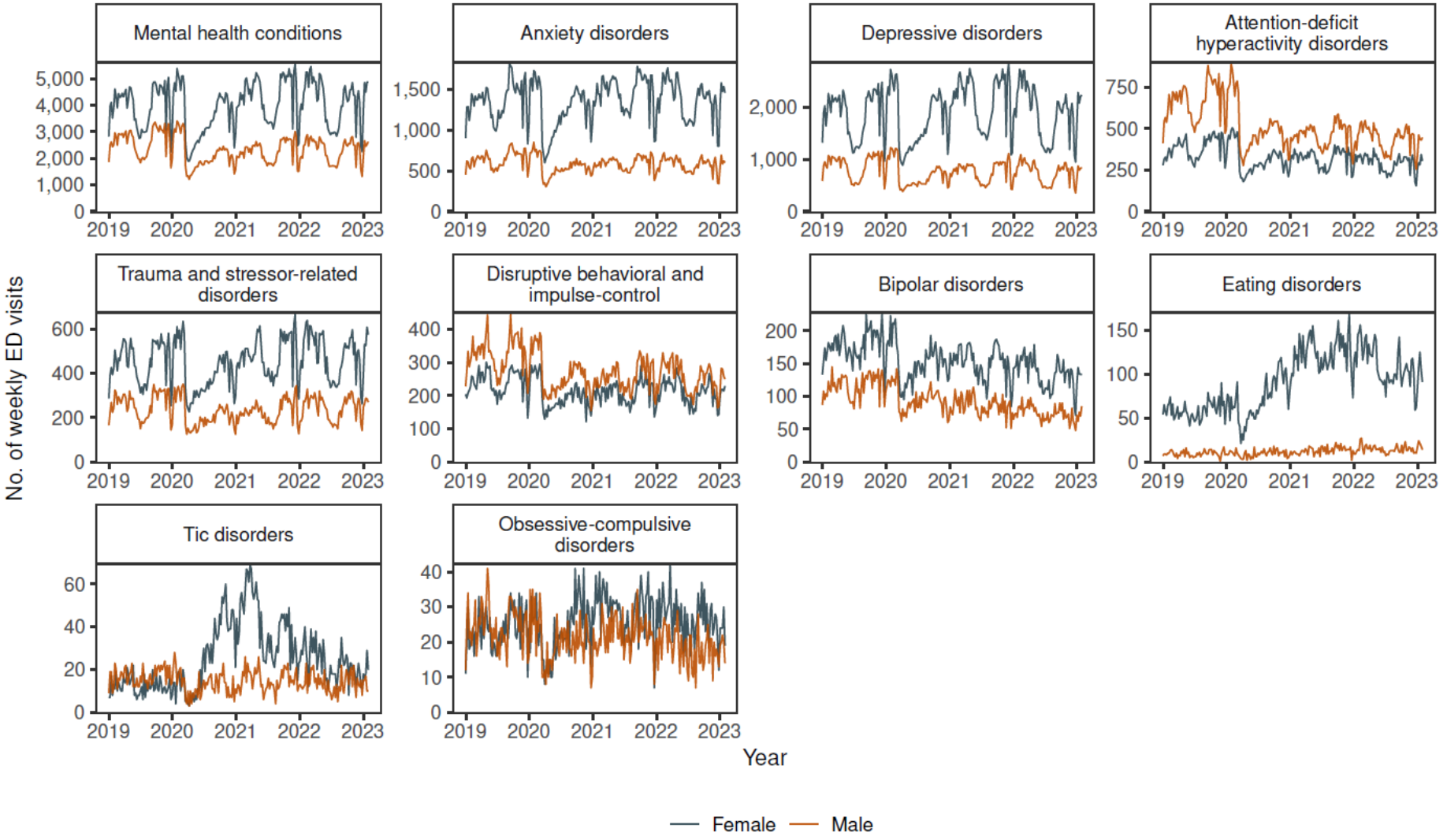
behavioral and impulse-control disorders; bipolar disorders; eating disorders; tic disorders; and obsessive-compulsive disorders), schizophrenia spectrum disorders, additional low prevalence MHCs (e.g., reactive attachment, delusional disorders), and general mental health terms and codes.

† To reduce artifactual impact from changes in reporting patterns, analyses were restricted to facilities with a coefficient of variation for emergency department visits ≤40 and average weekly informative discharge diagnosis ≥75% complete throughout the study period.

§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 3. Weekly number of emergency department (ED) visits for overall and specific mental health conditions*† among adolescents 12–17 years, by sex—National Syndromic Surveillance Program, United States, 2019–2023§



* NSSP receives anonymized medical record information from approximately 75% of nonfederal EDs nationwide. NSSP collects free-text reason for visit (chief complaint), discharge diagnosis, and patient demographic details. Diagnosis information is collected using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, and Systematized Nomenclature of Medicine (SNOMED) codes. Free-text keywords and diagnostic codes were used to create distinct syndrome definitions to identify visits of interest; see Supplemental Box. The overall MHC definition captures any mental health-related visits, including the nine MHCs included elsewhere in this analysis (anxiety; depression; attention-deficit/hyperactivity disorders; trauma and stressor-related disorders; disruptive behavioral and impulse-control disorders; bipolar disorders; eating disorders; tic disorders; and obsessive-compulsive disorders), schizophrenia spectrum disorders, additional low prevalence MHCs (e.g., reactive attachment, delusional disorders), and general mental health terms and codes.

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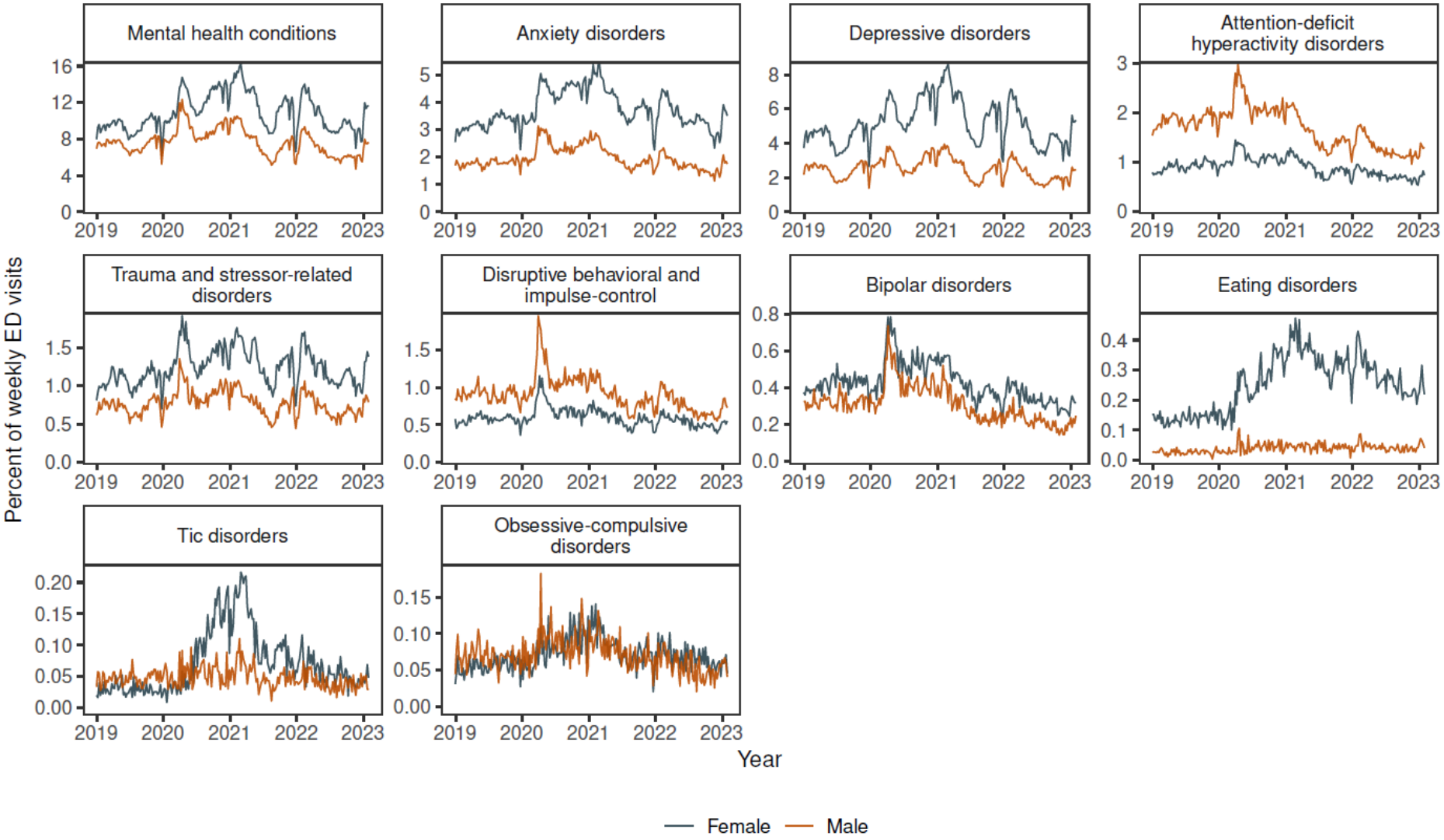
§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 4. Percent of emergency department (ED) visits for overall and specific mental health conditions*† among adolescents 12–17 years, by sex—National Syndromic Surveillance Program, United States, 2019–2023§



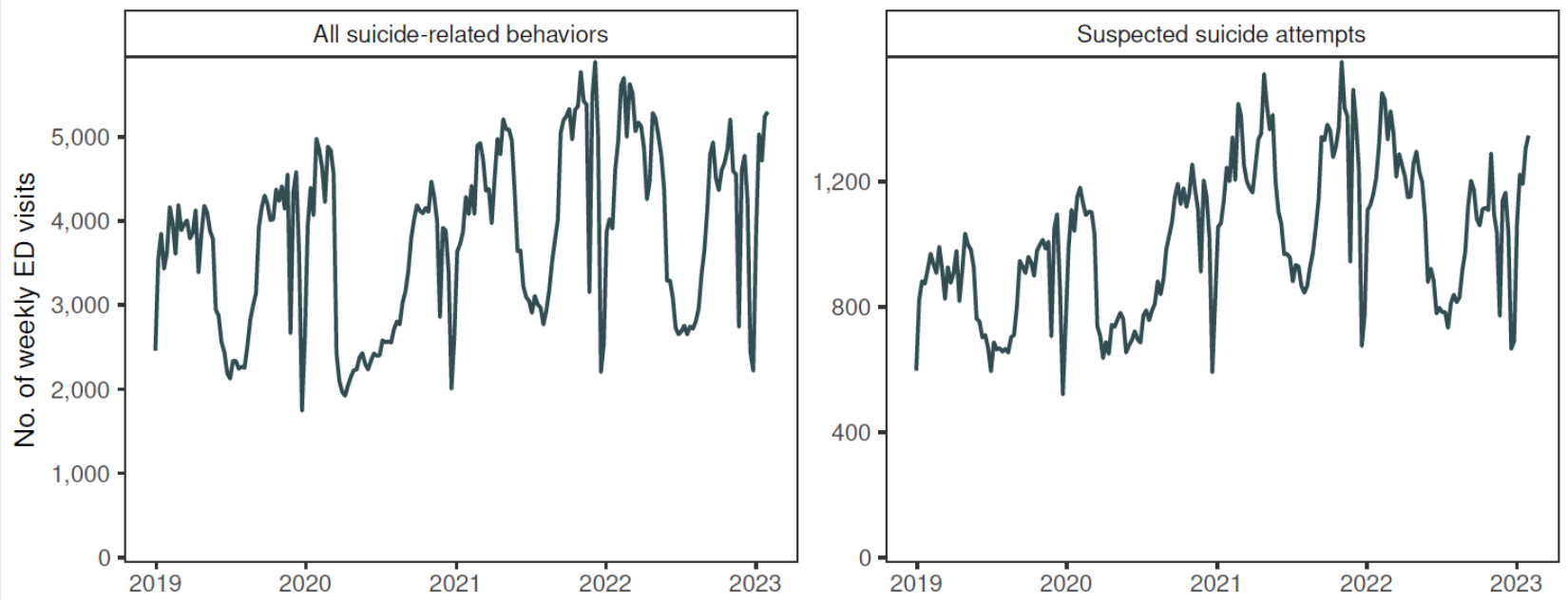
* NSSP receives anonymized medical record information from approximately 75% of nonfederal EDs nationwide. NSSP collects free-text reason for visit (chief complaint), discharge diagnosis, and patient demographic details. Diagnosis information is collected using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, and Systematized Nomenclature of Medicine (SNOMED) codes. Free-text keywords and diagnostic codes were used to create distinct syndrome definitions to identify visits of interest; see Supplemental Box. The overall MHC definition captures any mental health-related visits, including the nine MHCs included elsewhere in this analysis (anxiety; depression; attention-deficit/hyperactivity disorders; trauma and stressor-related disorders; disruptive behavioral and impulse-control disorders; bipolar disorders; eating disorders; tic disorders; and obsessive-compulsive disorders), schizophrenia spectrum disorders, additional low prevalence MHCs (e.g., reactive attachment, delusional disorders), and general mental health terms and codes.

† To reduce artifactual impact from changes in reporting patterns, analyses were restricted to facilities with a coefficient of variation for emergency department visits ≤40 and average weekly informative discharge diagnosis ≥75% complete throughout the study period.

§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 5. Weekly number of emergency department (ED) visits for suicide-related behaviors and suspected suicide attempts*† among adolescents 12–17 years—National Syndromic Surveillance Program, United States, 2019–2023§

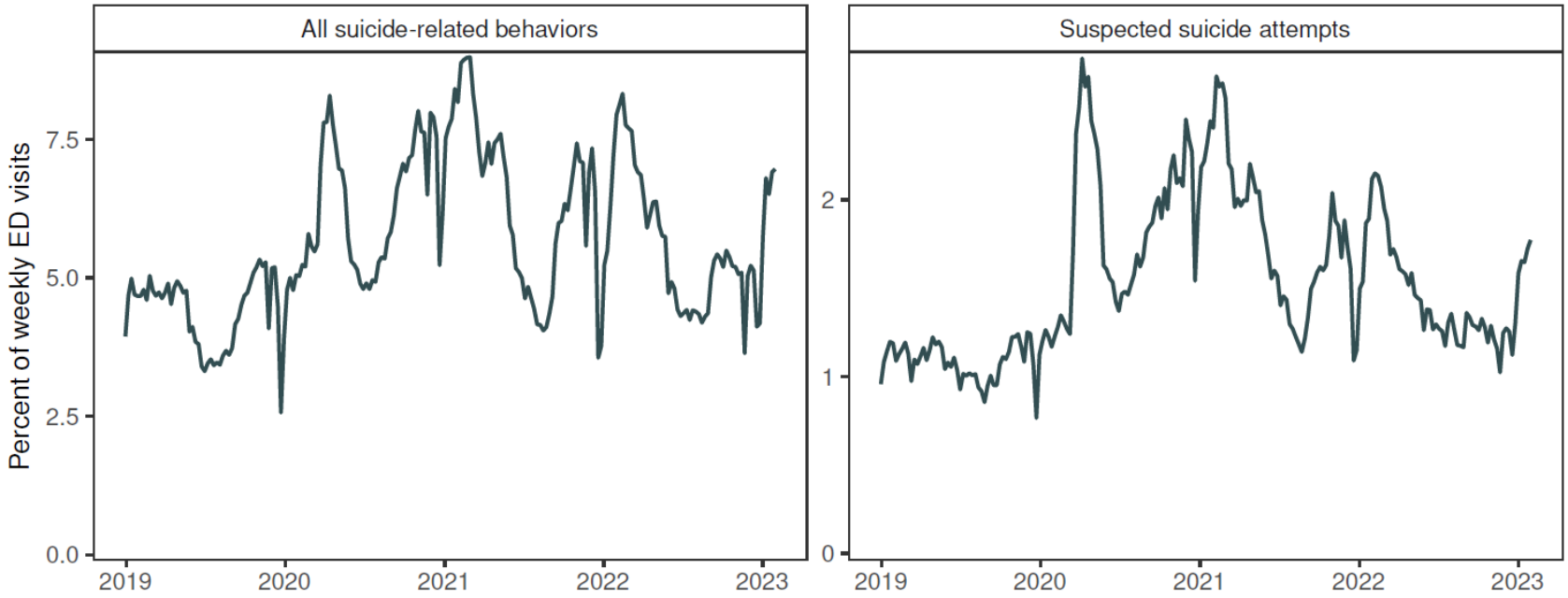


* NSSP receives anonymized medical record information from approximately 75% of nonfederal EDs nationwide. NSSP collects free-text reason for visit (chief complaint), discharge diagnosis, and patient demographic details. Diagnosis information is collected using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, and Systematized Nomenclature of Medicine (SNOMED) codes. Free-text keywords and diagnostic codes were used to create distinct syndrome definitions to identify visits of interest; see Supplemental Box. The suicide-related behaviors definition captures visits related to suicidal ideation, self-harm, and suspected suicide attempts, whereas the suspected suicide attempt definition only included suspected suicide attempts.

† To reduce artifactual impact from changes in reporting patterns, analyses were restricted to facilities with a coefficient of variation for emergency department visits ≤40 and average weekly informative discharge diagnosis ≥75% complete throughout the study period.

§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 6. Percent of emergency department (ED) visits for suicide-related behaviors and suspected suicide attempts*† among adolescents 12–17 years—National Syndromic Surveillance Program, United States, 2019–2023§



* NSSP receives anonymized medical record information from approximately 75% of nonfederal EDs nationwide. NSSP collects free-text reason for visit (chief complaint), discharge diagnosis, and patient demographic details. Diagnosis information is collected using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, and Systematized Nomenclature of Medicine (SNOMED) codes. Free-text keywords and diagnostic codes were used to create distinct syndrome definitions to identify visits of interest; see Supplemental Box. The suicide-related behaviors definition captures visits related to suicidal ideation, self-harm, and suspected suicide attempts, whereas the suspected suicide attempt definition only included suspected suicide attempts.

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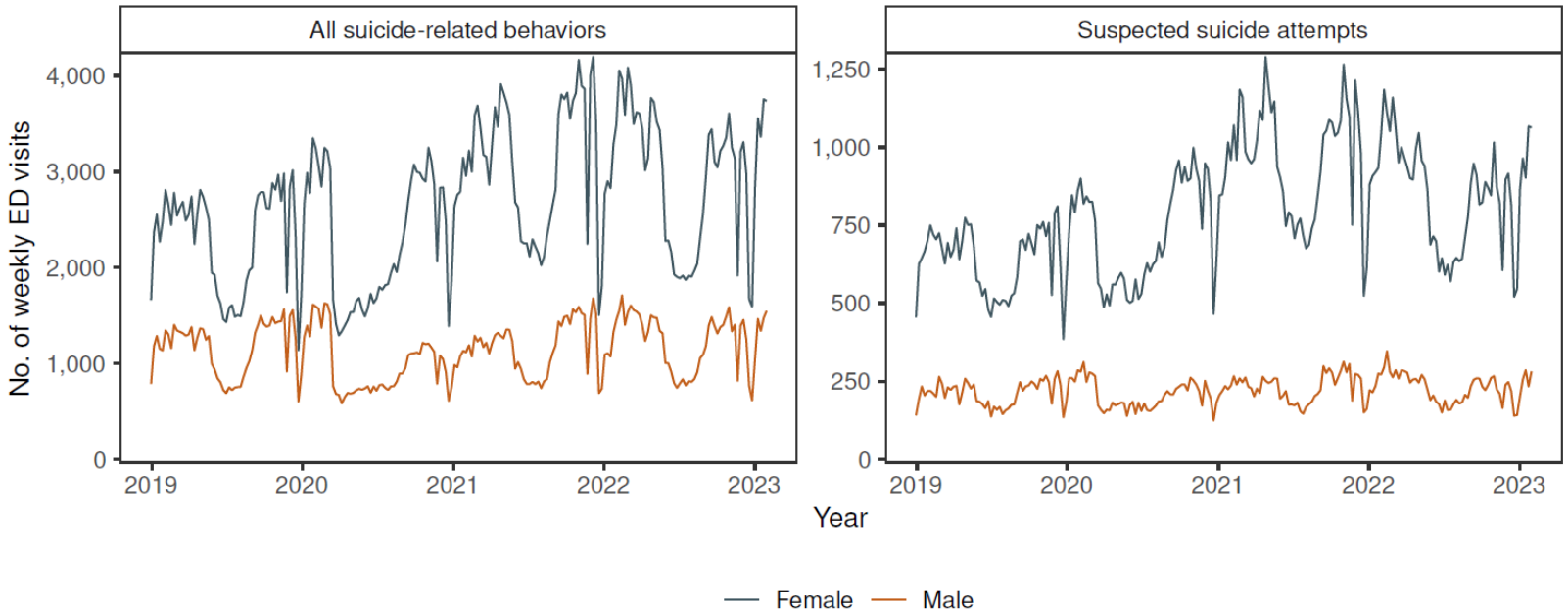
§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 7. Weekly number of emergency department (ED) visits for suicide-related behaviors and suspected suicide attempts*† among adolescents 12–17 years, by sex—National Syndromic Surveillance Program, United States, 2019–2023§

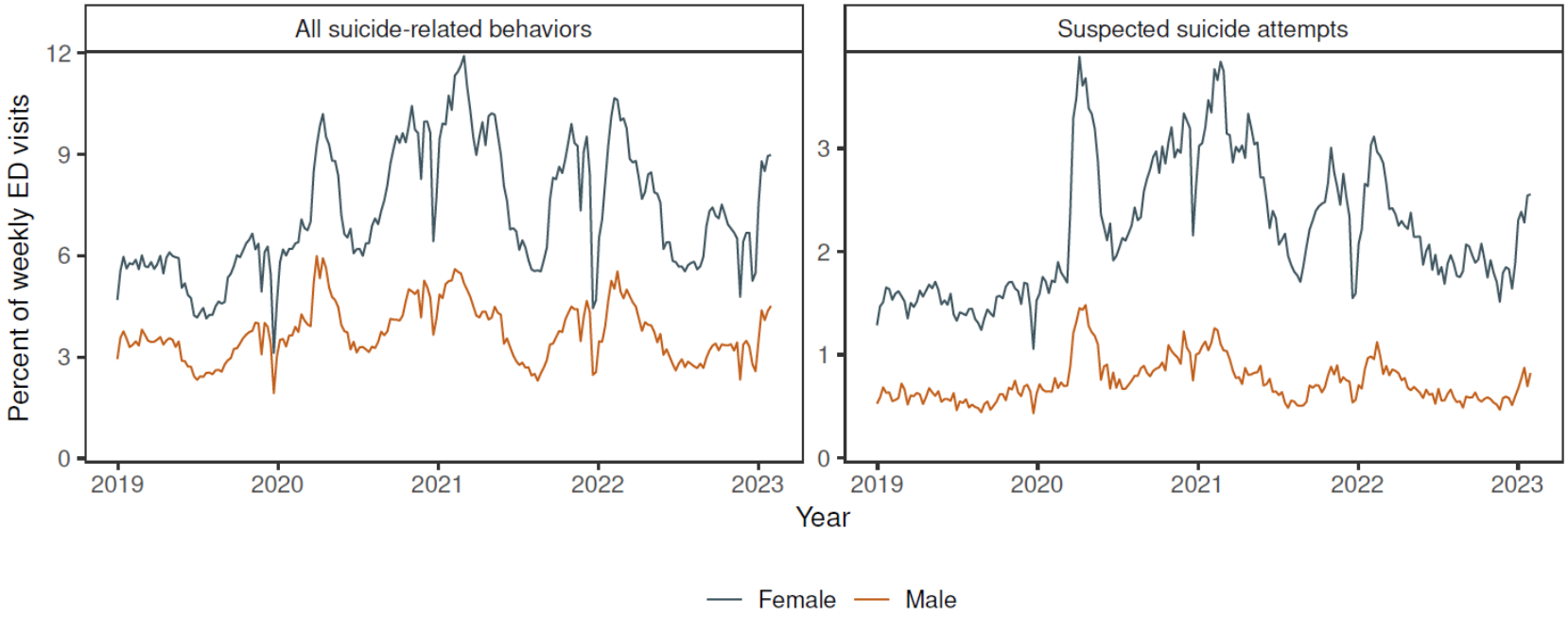


* NSSP receives anonymized medical record information from approximately 75% of nonfederal EDs nationwide. NSSP collects free-text reason for visit (chief complaint), discharge diagnosis, and patient demographic details. Diagnosis information is collected using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, and Systematized Nomenclature of Medicine (SNOMED) codes. Free-text keywords and diagnostic codes were used to create distinct syndrome definitions to identify visits of interest; see Supplemental Box. The suicide-related behaviors definition captures visits related to suicidal ideation, self-harm, and suspected suicide attempts, whereas the suspected suicide attempt definition only included suspected suicide attempts.

† To reduce artifactual impact from changes in reporting patterns, analyses were restricted to facilities with a coefficient of variation for emergency department visits ≤40 and average weekly informative discharge diagnosis ≥75% complete throughout the study period.

§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 8. Percent of emergency department (ED) visits for suicide-related behaviors and suspected suicide attempts*† among adolescents 12–17 years, by sex—National Syndromic Surveillance Program, United States, 2019–2023§



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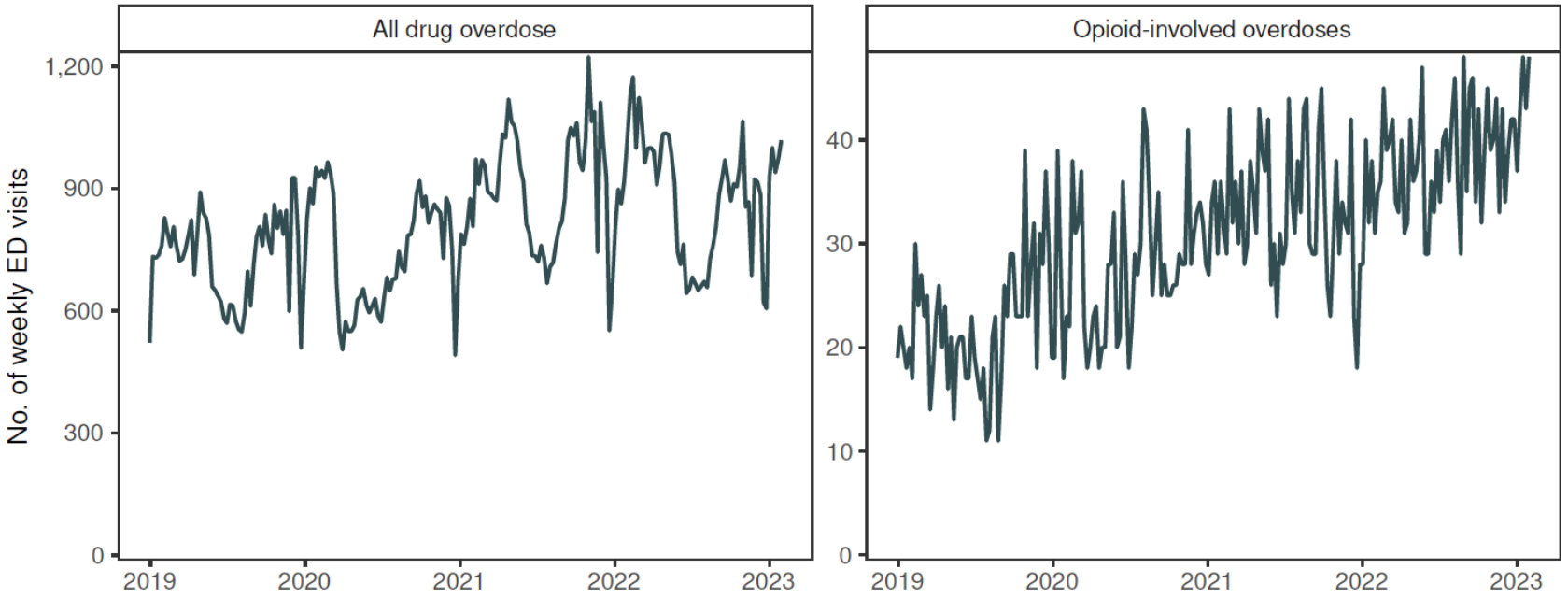
§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 9. Weekly number of emergency department (ED) visits for overall drug overdoses and opioid-involved overdoses*† among adolescents 12–17 years—National Syndromic Surveillance Program, United States, 2019–2023§

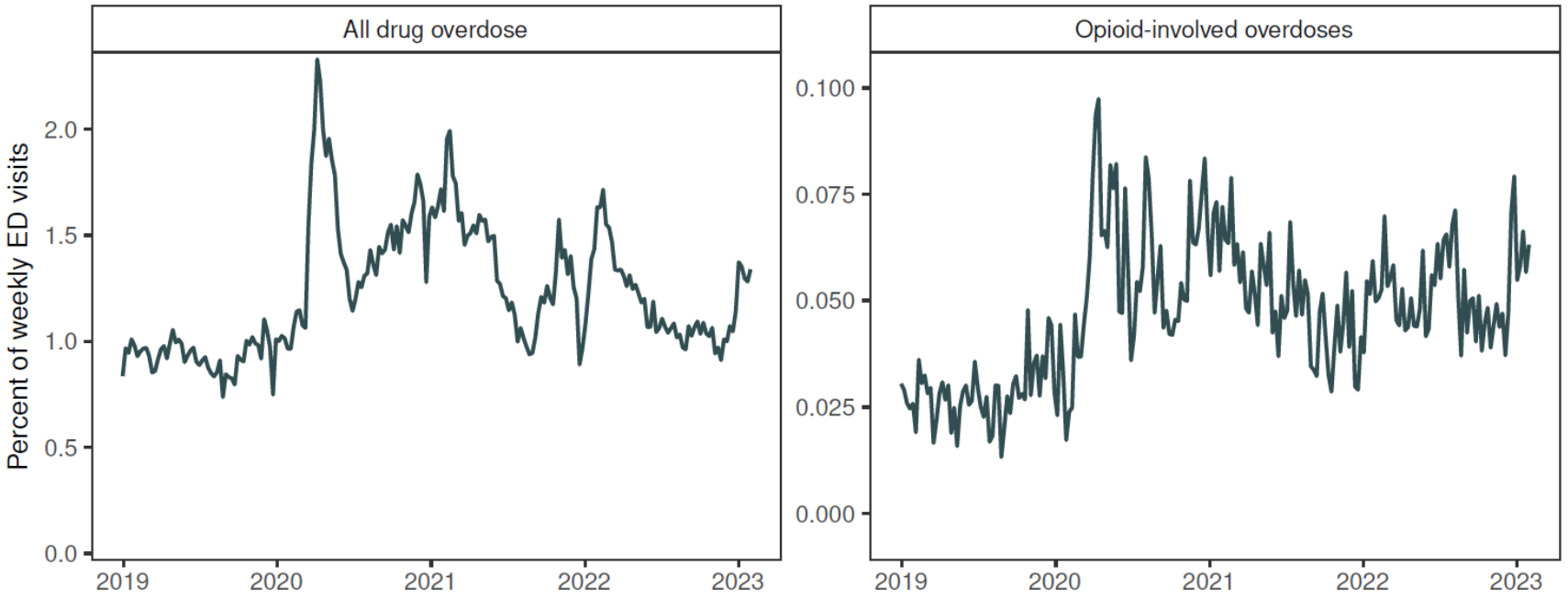


* NSSP receives anonymized medical record information from approximately 75% of nonfederal EDs nationwide. NSSP collects free-text reason for visit (chief complaint), discharge diagnosis, and patient demographic details. Diagnosis information is collected using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes, and Systematized Nomenclature of Medicine (SNOMED) codes. Free-text keywords and diagnostic codes were used to create distinct syndrome definitions to identify visits of interest; see Supplemental Box. The drug overdose definition captures acute drug poisonings from any type of drug, whereas the opioid-involved overdose definition includes acute drug poisonings from illicit (e.g., heroin) or prescription opioids (e.g., oxycodone).

† To reduce artifactual impact from changes in reporting patterns, analyses were restricted to facilities with a coefficient of variation for emergency department visits ≤40 and average weekly informative discharge diagnosis ≥75% complete throughout the study period.

§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 10. Percent of emergency department (ED) visits for overall drug overdoses and opioid-involved overdoses*† among adolescents 12–17 years—National Syndromic Surveillance Program, United States, 2019–2023§



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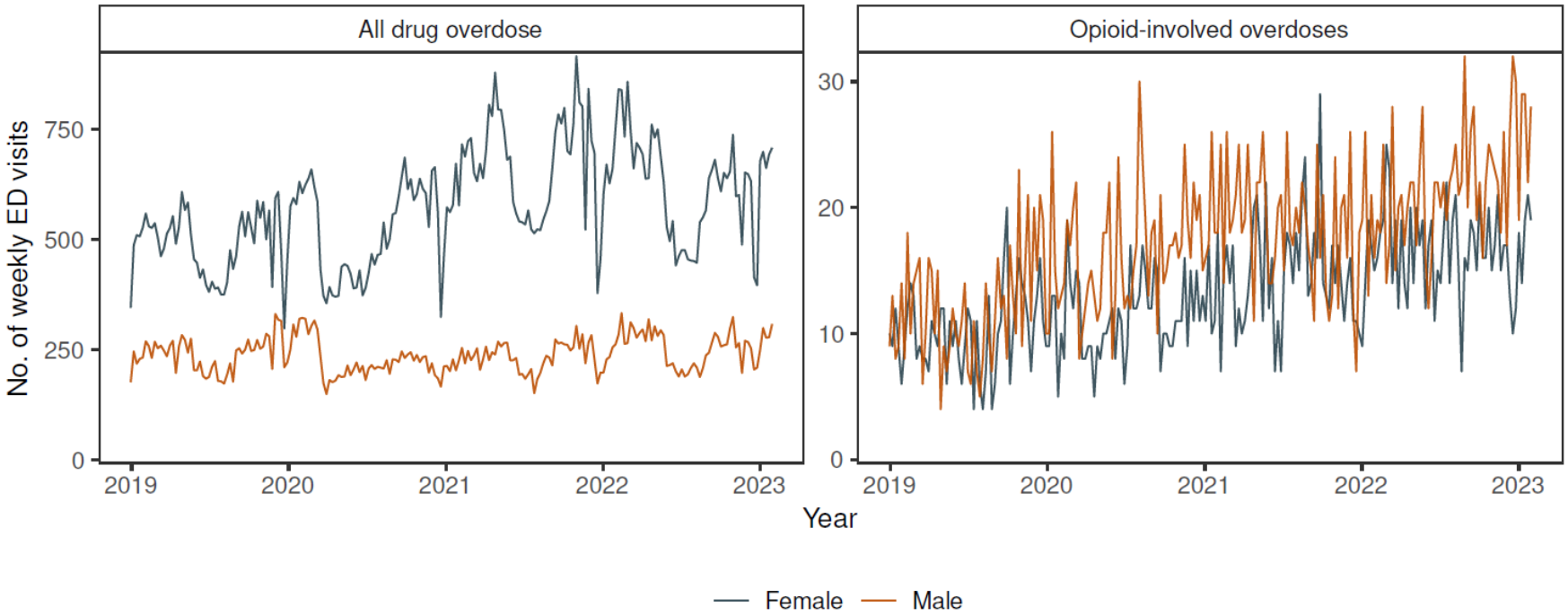
§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 11. Weekly number of emergency department (ED) visits for overall drug overdoses and opioid-involved overdoses*† among adolescents 12–17 years, by sex—National Syndromic Surveillance Program, United States, 2019–2023§



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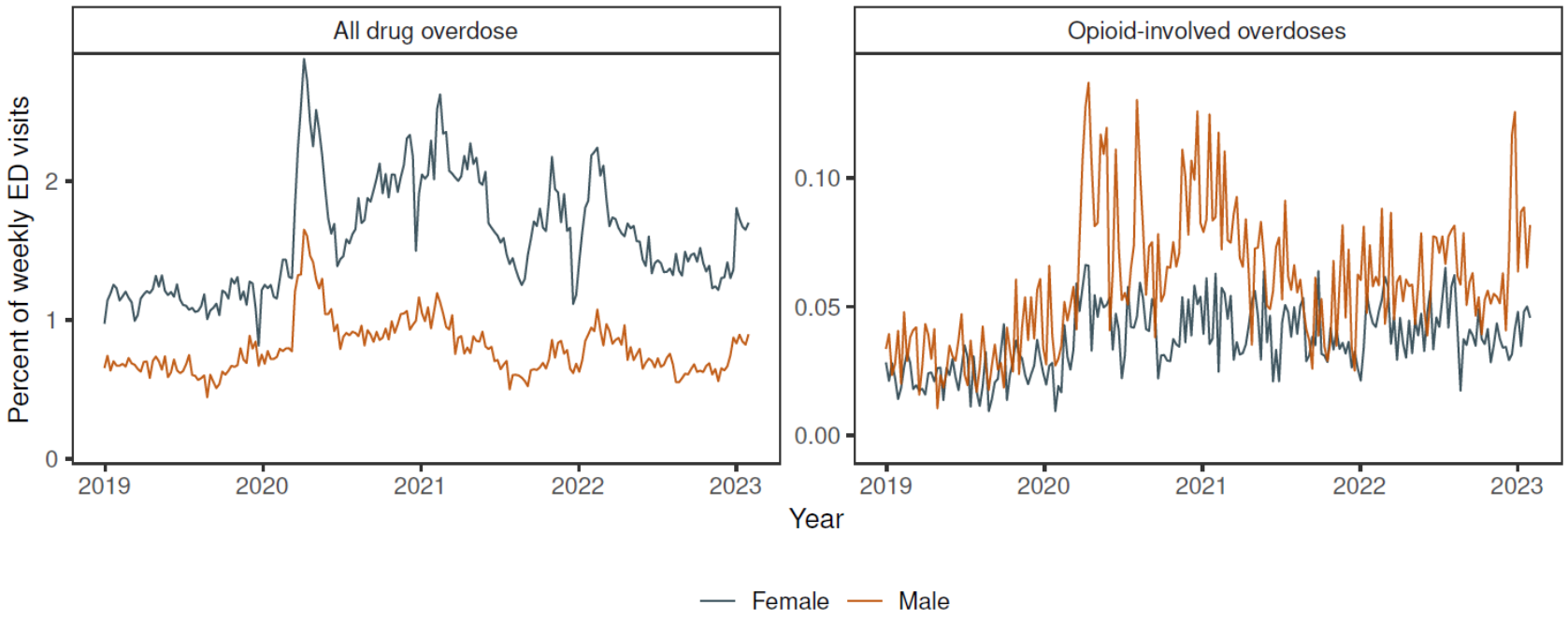
† To reduce artifactual impact from changes in reporting patterns, analyses were restricted to facilities with a coefficient of variation for emergency department visits ≤40 and average weekly informative discharge diagnosis ≥75% complete throughout the study period.

§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)

SUPPLEMENTARY FIGURE 12. Percent of emergency department (ED) visits for overall drug overdoses and opioid-involved overdoses*† among adolescents 12–17 years, by sex—National Syndromic Surveillance Program, United States, 2019–2023§



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§ Time series displays data from epidemiologic week 1 of 2019 (December 30, 2018) through epidemiologic week 5 of 2023 (February 4, 2023)