

TO: Statewide Behavioral Health Coordinating Council
FROM: Suicide Prevention Subcommittee
DATE: May 2022
SUBJECT: Uses and Limitations in Suicide Prevention Data

BACKGROUND

The following information is provided to assist Statewide Behavioral Health Coordinating Council (SBHCC) member agencies and staff in understanding the uses and limitations of data related to suicide. This information can be used to assist agencies in interpreting data and responding to stakeholder data inquiries related to suicide.

The availability of data related to suicide will not change outcomes unless it leads to data-informed policymaking and actions that align with best practice strategies.

WHAT DATA CAN TELL US ABOUT SUICIDE

Suicide-related data can be used to understand the characteristics and patterns of suicidal behavior, which is an essential component in developing successful suicide prevention efforts. Data can be used to identify populations that are at high-risk for suicide; risk factors and protective factors of suicide; and the extent to which effective suicide prevention strategies are being implemented at state and/or community levels.

Suicide-related data CAN tell us:

- The “who, what, when and where” of a problem such as suicide.
- Differences in rates across groups (e.g., sex, racial/ethnic, and age groups) and geographic regions.
- Patterns in the occurrence and mechanism of suicide, including those that are rare.
- Populations at higher risk of suicide-related behaviors.
- How best practice suicide prevention strategies are being used at state and community levels.

Suicide-related data CAN'T tell us:

- A definitive “why” suicide occurs. Suicide, like other human behaviors, has no single determining cause. A range of factors can contribute to suicide, including biological, psychological, interpersonal, social, and environmental factors that interact with one another, often over time.

DATA REALITIES AND LIMITATIONS

- There is no complete count nor real-time reporting of suicide death and attempt data available in the U.S. or Texas.¹
- The time needed to collect, collate, clean, and organize data results in a lag time in data reporting, with a minimum of nine months to two years until most datasets are finalized.²
- Data sources do not capture all suicide deaths or attempts.³ Death certificates are not always filed by an individual with medical training.⁴ Suicides may be hidden among accidental deaths. Stigma associated with suicide may influence how the manner of death is classified on a death certificate in order to avoid inflicting pain on the family.
- Suicide death is a relatively rare event and numbers are often suppressed to protect individual confidentiality. Federal and state guidelines determine the degree and type of suppression.⁵

SOURCES OF SUICIDE RELATED DATA IN TEXAS

HHSC used the following data sources to prepare the *2020 Report on Suicide and Suicide Prevention in Texas*. The type of information that is collected and the frequency of when it is reported varies by data source. Each provide information that can help the state and communities better understand the prevalence, trends, and risks regarding suicide.

¹ Baran, Anna, et al. "The Case for Real-Time Surveillance of Suicide." *Crisis* 42.5 (2021): 321-327.

² Texas Department of State Health Services and Centers for Disease Control and Prevention

³ De Leo, Diego. "Can we rely on suicide mortality data?." *Crisis* (2015).

⁴ Quinton, Reade A. "Justices of the peace and medicolegal death investigation: a situation unique to Texas." *Academic Forensic Pathology* 4.1 (2014): 70-73.

⁵ NCHS Staff Manual on Confidentiality, Centers for Disease Control and Prevention

Indicator	Source	Frequency of Reporting
Mortality (Deaths)	National Center for Health Statistics, Centers for Disease Control and Prevention	released annually 2-year lag
	Center for Health Statistics, Department of State Health Services Death Certificate Data	released annually 3-year lag
	US Veterans Administration	released annually 3-year lag
Morbidity (Attempts or Ideation)	Texas Health Care Information Collection (THCIC), Department of State Health Services. Emergency department visits for suicide attempt Hospital discharges reported in Texas, specifically looking at hospitalizations due to suicide attempt	released quarterly 9-month lag
	Texas Poison Control Network, Department of State Health Services Calls to the poison control network for suspected suicide	released in real time
	Behavior Risk Factor Surveillance System Data, Center for Health Statistics, Department of State Health Services	released annually 9-month lag from the end of the year
	Youth Risk Behavior Survey Data, Center for Health Statistics, Department of State Health Services	released every two years 5-month lag from the end of data collection

DEFINITIONS

Suicidal Ideation	Seriously considering suicide ⁶
Suicide Attempt	Action taken by a person with the intent that the action will result in his or her death ⁶
Suicide Morbidity	Condition of being ill, diseased, or unhealthy. In the case of suicide, it is suicide attempts or ideation. ⁷
Suicide Mortality (Death) Rates	Calculated by dividing the number of deaths by the population and multiplying by 100,000. At least 10 suicide deaths in a population are needed to produce suicide death rate. Depending on population size, this can be unreliable. ⁷
Data Suppression	Various methods or restrictions that are applied to numbers and rates to protect the confidentiality of decedents and to reduce the number of rates with unacceptable levels of statistical reliability. ⁷

⁶ Terms as defined for surveillance purposes on the YRBS and BRFSS.

⁷ The Center for Disease Control and Prevention

Members of the Statewide Behavioral Health Coordinating Council

Court of Criminal Appeals	Department of Family and Protective Services	Department of State Health Services
Health and Human Services Commission	Health Professions Council	Office of Court Administration/Texas Indigent Defense Commission
Office of the Governor	Supreme Court/Judicial Commission on Mental Health	Texas Child Mental Health Care Consortium/Texas Higher Education Coordination Board
Texas Civil Commitment Office	Texas Commission on Law Enforcement	Texas Department of Criminal Justice-Texas Correctional Office on Offenders with Medical or Mental Impairments
Texas Education Agency	Texas Juvenile Justice Department	Texas Military Department
Texas School for the Deaf	Texas Tech University Health Sciences Center	Texas Veterans Commission
Texas Workforce Commission	University of Texas Health Science Center - Houston	University of Texas Health Science Center - Tyler

Direct any questions regarding this report to the SBHCC Suicide Prevention Subcommittee at MentalHealth_SBHCC@hsc.state.tx.us.