



## Finding Data on Suicidal Behavior

Suicidal behavior is a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicides<sup>1</sup>.

While the data on suicidal behavior are compelling, they are not complete. Data on suicide deaths have limitations due to stigma, pressure from survivors, and unknown intent. Without a national standard for capturing data on suicide attempts, local data sources lack the uniformity to compare states or communities.

Yet, by examining available data, states, territories and communities can increase their understanding of the scope of suicidal behavior. Local data—including anecdotal information—can identify individuals, groups and communities at increased risk for suicide, and help in planning for prevention.

To learn more about data on suicidal behavior, visit the National Center for Suicide Prevention Training (NCSPT) at <http://www.ncspt.org/workshops/>. NCSPT features a free online course on using data to examine suicide and suicidal behavior.

### Sources of Data

*(alphabetical)*

**Acute Care Hospitals**—Maintain data on admissions and emergency department visits. May include diagnostic codes, and e-codes denoting injuries. Quality of data and capacity to analyze varies. Contact hospitals in your community.

**Behavioral Risk Factor Surveillance System (BRFSS)**—Collects data on a variety of behavioral health issues through a national telephone survey developed by the US Centers for Disease Control and Prevention (CDC), and administered to a sample of households in the US. Some states include questions on suicidal behavior. Contact your State Health Department or visit CDC at [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/).

**Child Fatality Review Teams** at the state or county level—Examine child deaths and identify elements that contributed to the death. States vary in the kind of deaths reviewed, and the age-range of victims, and not all Child Fatality Review Teams address suicides. Contact your State or County Health Department or Medical Examiner's office.

**Community Health and Mental Health Agencies**—May have diagnostic and other data on the scope of suicidal behavior in a community, since many people suffering from temporary or chronic mental disorders and / or related suicidal ideation receive community-based care. Contact your community health and mental health centers.

**Crisis Centers or Hotlines**—May keep data on the number of calls, characteristics of callers, and the degree of suicidal crisis. Contact local crisis centers.

**Medical Examiner or Coroner**—Assigns a cause and manner for all deaths, and records it on a death certificate. Contact your state and local Medical Examiner's or Coroner's office, and your state Vital Records office.

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<sup>1</sup> National strategy for suicide prevention: Suicide Glossary. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service, 2001.



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**Poison Control Centers** at the regional, state or county level—Receive calls and collect data about poisonings, many of which involve suicidal behavior. Contact your Poison Control Center.

**Psychiatric Hospitals**—Record admissions and outpatient visits which may include diagnostic codes. Hospitals use different data systems, and it may not be possible to compare data between hospitals. They may also have anecdotal information. Contact psychiatric hospitals in your community.

**State / Territory Health Departments**—Maintain vital records, and may collect data on hospital admissions (overnight stays) and emergency department visits (that did not result in an admission.) Capacity to analyze and report data on suicidal behavior varies among states and territories. Contact your state or territory health department.

**State / Territory Mental Health Agencies**—Maintain data on psychiatric hospitals and psychiatric patients. May have anecdotal and other data on suicidal behavior for individuals with chronic and severe mental illness. Capacity to collect, analyze and report data varies among states and territories. Contact your state mental health agency.

**Substance Abuse Services**—May collect diagnostic codes and other data on the scope of suicidal behavior in a community. Substance use and abuse often co-occurs with mental illness and suicidal behavior. Contact your local Substance abuse service centers.

**Vital Statistics Office**—Maintains records on all deaths. Death data are analyzed and reported annually. Contact your state or territorial vital statistics office.

**WISQARS (Web-based Injury Statistics Query and Reporting System)**—Provides customized reports of injury-related data, including self-inflicted injuries. Users can search for suicide deaths and death rates, or for non-fatal suicidal injury reports. Maintained by CDC. Visit CDC at: [www.cdc.gov/ncipc/wisqars/](http://www.cdc.gov/ncipc/wisqars/).

**Youth Risk Behavior Surveillance System (YRBSS)** —Uses a paper and pencil survey on health behaviors administered to a sample of U.S. public high school students. Developed by the CDC, the YRBSS includes questions on suicidal ideation and behavior. Some communities administer their own YRBSS, and may have local data available. Contact your state Health Department, State Education Department or visit CDC at <http://www.cdc.gov/nccdphp/dash/yrbss/>.

This document has been published by the Suicide Prevention Resource Center at EDC as a collection of resources, promising initiatives and other helpful information on the subject of suicide prevention. It is the reader's sole responsibility to determine whether any of the information contained in these materials is useful to them. This material is based upon work supported by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration under grant No. 1 U79 SM55029-01. Any opinions, findings and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

