

April 3, 2019

Alissa Sughrue
Policy Coordinator, NAMI Texas
Phone: 512-693-2000
Email: policy.fellow@namitexas.org

House Bill 3980 (Hunter): Relating to a requirement that the Statewide Behavioral Health Coordinating Council prepare a report regarding suicide rates in this state and state efforts to prevent suicides.

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation's largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 27 local NAMI affiliate organizations and approximately 2,000 members.

Suicide is a serious public health concern in Texas but the state does not have time-sensitive reporting mechanisms to capture and translate data into comprehensive, system-wide decision-making across state agencies that reflects the communities and populations at highest risk and articulates the actions to correspond to highest risk Texans.

To improve our understanding of the state's needs, this bill would require the Statewide Behavioral Health Council in HHSC to study and report on the landscape of suicide in Texas, including prevalence, laws, statewide and agency efforts to address suicide, and recommendations improve state agency efforts to decrease suicides.

Suicide has become a public health crisis impacting Texans of ages in every part of the state.

- Suicide rates have risen 23% since 2000.¹
 - Suicide rates among 55-64 year olds increased by 55%.¹
 - Between 2011-2015, suicide rates were highest among 45-54 year olds and those over the age of 75.¹
- Suicide was the second leading cause of death for people between the ages of 15-34 years in 2015.¹
- 1 in 8 high school students in Texas reported a suicide attempt in the past year.²

However, Texas does not have a comprehensive plan for reducing suicide for those at risk.³

- Texas does not have comprehensive, long-term data on prevalence of suicide across different ages, areas, and groups in the state.
- Texas does not have a comprehensive overview of efforts across the state to reduce suicide.
- Priority populations and needs identified under federal grants often do not match the specialized needs of Texas in addressing suicide.
- Public health interventions often address individual communities or specific at-risk populations, but there is not a comprehensive approach to address at-risk groups in a coordinated manner.

- Many high-risk groups do not receive the specialized interventions needed to reduce suicide and are invisible to the public.
- The state does not have specific strategies for reducing suicide for high risk groups

This limits the ability for Texas to coordinate strategies and address any gaps in coverage across different geographic regions, ages, or groups and evaluate actions.

Suicide Report Bill

This bill would direct the Statewide Behavioral Health Coordinating Council at HHSC to produce a report on suicide in Texas that provides a comprehensive look at suicide prevalence rates in Texas; a summary of laws, administrative rules, and efforts among state systems and agencies to address suicide; and recommendations improve state agency efforts to decrease suicides. This report should also align with the Texas State Plan for Suicide Prevention, the National Strategy for Suicide Prevention and the CDC Technical Package for Reducing Suicide.

This report would better inform state and regional efforts to decrease suicide rates in Texas across multiple populations and settings and provide to policymakers with a better understanding of the prevalence of suicide across different metrics such as age, gender, occupation, geographic considerations and groups. It would also improve understanding of the wide-ranging state laws, policies, programs, and efforts that are currently being used to address suicide.

This bill would revolutionize the conversation on addressing suicide in Texas by using a data-driven approach that analyzes and aligns state resources, identifies populations at risk, evaluates existing projects and resources, surfaces system gaps and develops continuous improvement strategies.

References

1. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016
2. Division of Adolescent and School Health (2018). Youth Risk Behavior Survey. Data Summary and Trends Report 2007-2017. Center for Disease Control.
3. Keller, M. and Sullivan, L. (2019). Interview in March 2019. Texas Suicide Prevention Council.