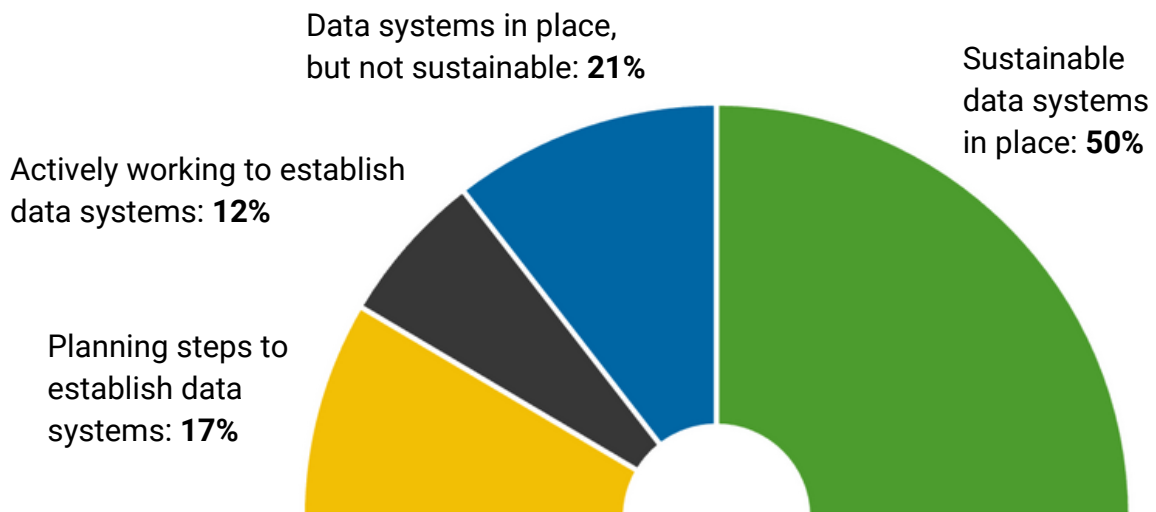## Priority Area 4: Strengthen suicide prevention data systems and evaluation processes

In 2022, the Suicide Prevention Resource Center (SPRC) conducted a State and Territorial Suicide Prevention Needs Assessment **(http://ow.ly/BEgG50KxgfN)**. Examining responses from 42 states and 2 territories, SPRC identified four priority areas for action to strengthen U.S. suicide prevention efforts. This PDF provides a summary of Priority Area 4.

Half (21 of 42) of states and territories reported having a sustainable state- or territory-wide data system for collecting and analyzing suicide death data, but only 19% (8) reported successfully linking different data systems together to inform prevention efforts (such as linking mental health data with death record data) (Figures 1 and 2).
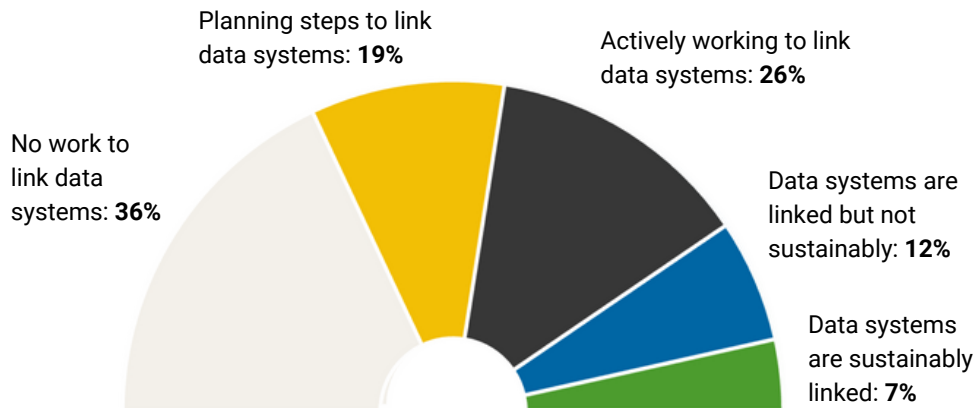
Figure 1: State/Territorial Progress toward Establishing Data Systems (N=42)

Data systems in place, but not sustainable: **21%**

Actively working to establish data systems: **12%**

Planning steps to establish data systems: **17%**

Sustainable data systems in place: **50%**

States and territories were asked what types of suicide prevention evaluation activities they had conducted in the past year. Less than half of states and territories were conducting outcome evaluations to identify whether they were achieving state- and territorial-level suicide prevention goals (45%, 19 of 42) and/or impacting suicide prevention rates (40%, 17), leaving over half of all states and territories without data to demonstrate the outcomes of their investments in suicide prevention strategies. Data and evaluations are key to understanding the effectiveness of prevention strategies, gathering support for initiatives, and improving efforts over time.

Figure 2: State/Territorial Progress in Linking Suicide-Related Data Systems (N=42)

Planning steps to link data systems: **19%**

Actively working to link data systems: **26%**

No work to link data systems: **36%**

Data systems are linked but not sustainably: **12%**

Data systems are sustainably linked: **7%**

"Internal process barriers impede access to needed data to inform the evaluation of activities [and] funding . . . [is] not available."
— SNA Participant

* To strengthen overall suicide prevention efforts, significant investment must be made to improve and link existing data sources, develop new data sources, and increase suicide prevention staff and/or partner capacity in conducting evaluations.

Investing in Suicide Prevention Data in New York

New York is strongly committed to data-driven approaches for promoting mental health, wellness, and suicide prevention within the state. The New York State Office of Mental (OMH), the lead mental health authority for the state, has made several crucial investments in suicide prevention data infrastructure: (1) the creation of a web-based health data-sharing platform that links Medicaid billing and other data sets to support large-scale improvements in suicide prevention-related healthcare delivery; (2) the establishment of the New York State Suicide Prevention Council's data workgroup with representation from data stakeholders such as university researchers, the Department of Veterans Affairs and the New York Violent Death Reporting System; and (3) the hiring of a psychiatric epidemiologist specializing in mental health and suicide-related morbidity and mortality data within the Office of Population Health and Evaluation at OMH. These investments increased the state's timely access to suicide-related data and improved its ability to collectively analyze and use data to meaningfully guide suicide prevention efforts.

To promote the development of strong suicide prevention data in your state, visit SPRC's *Data Supplement Recommendations* (go.edc.org/datasupplement).