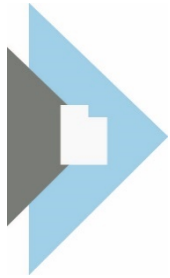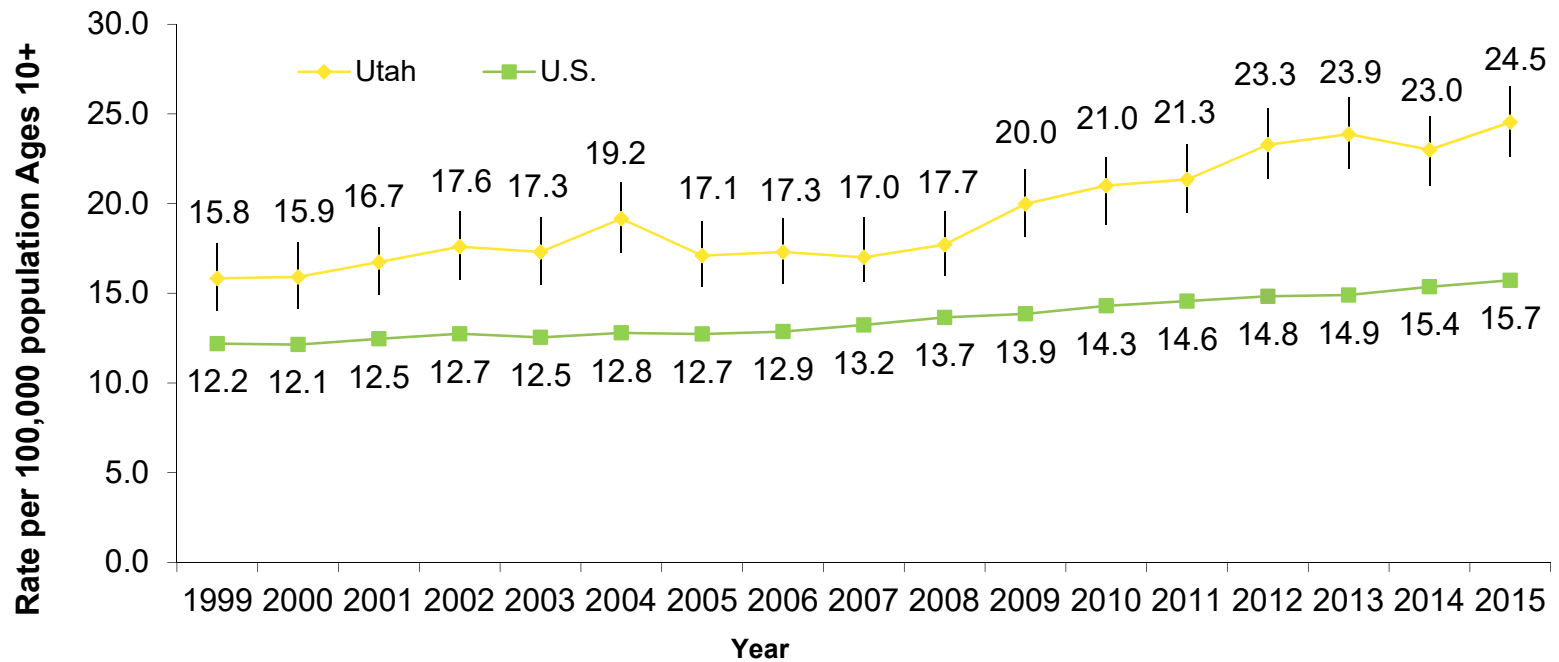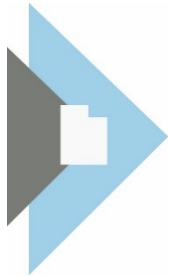# Improving Mental Health & Reducing Suicide
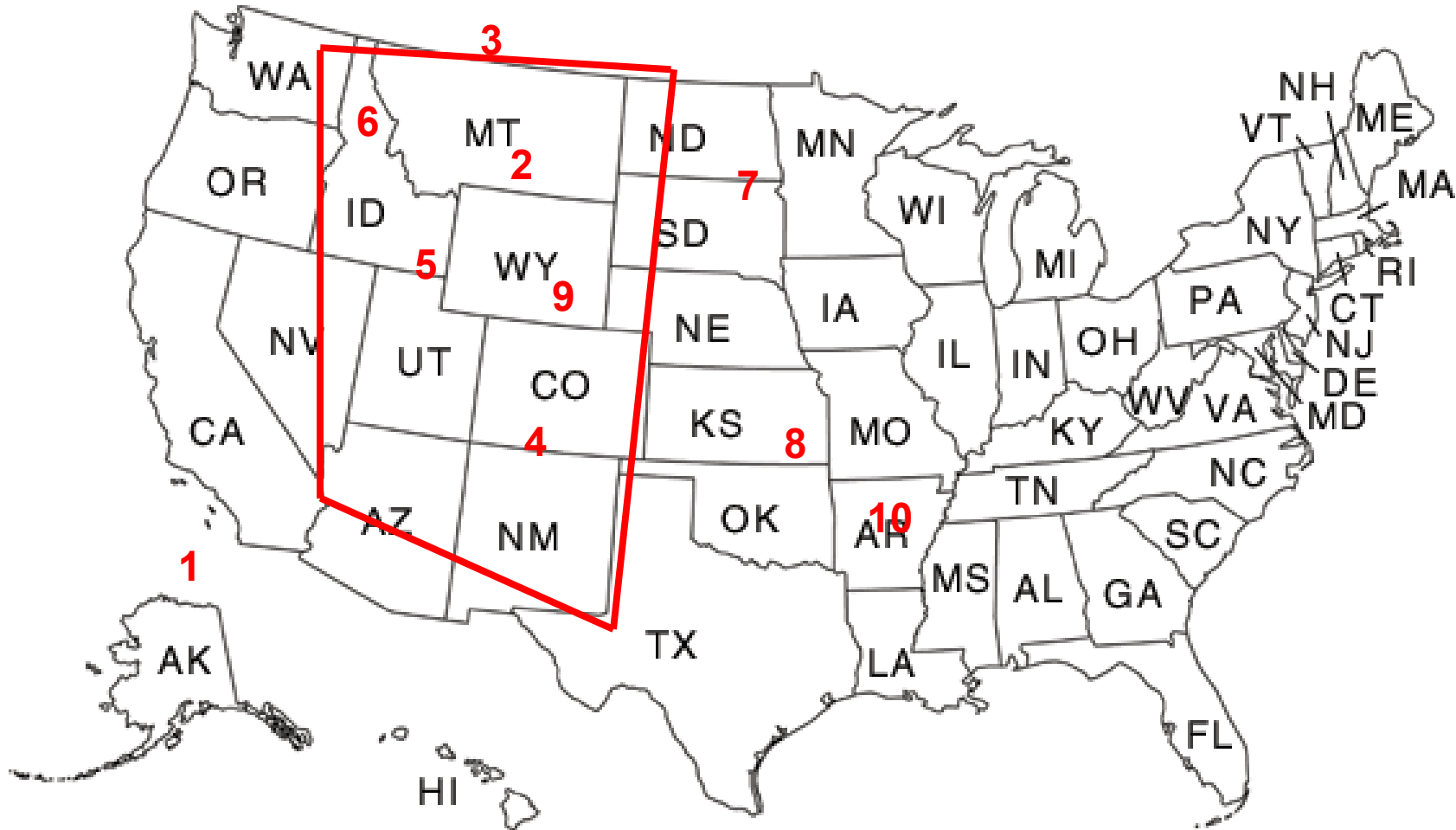
Utah and U.S. Suicide Trend

Rate of Suicides per 100,000 Population Ages 10+ by Year, Utah and U.S., 1999-2015

Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention
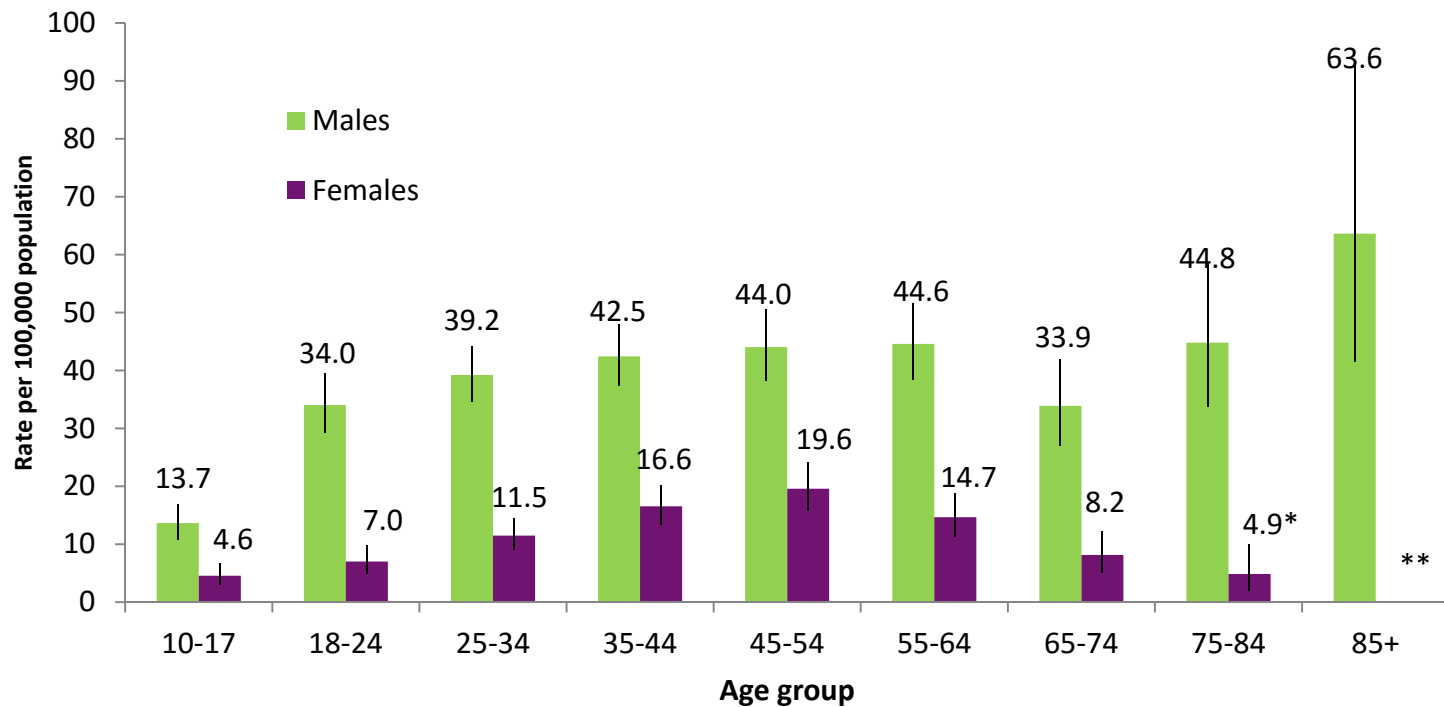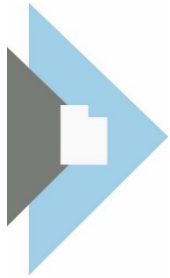
Utah Ranks 5th in the Nation

Suicide Rate by Age Group and Sex, Utah, 2013-2015

Rate of Suicide per 100,000 Population by Age Group and Sex, Utah 2013-2015
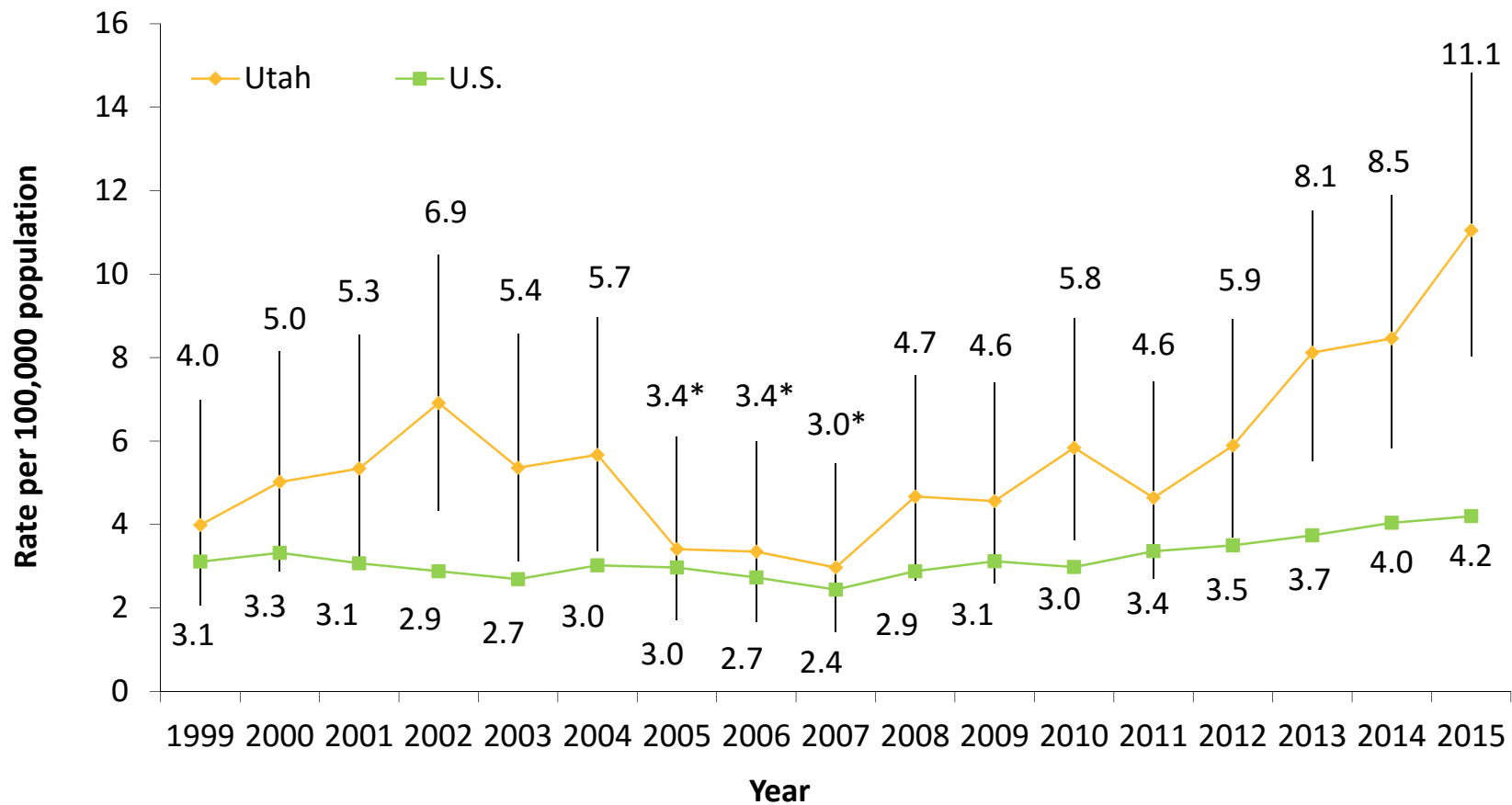

Data Source: Utah Death Certificate Database, Utah Department of Health

Utah and U.S. Youth Suicide Trends

Rate Of Suicides by Year, Youth Ages 10-17, Utah and U.S., 1999-2014
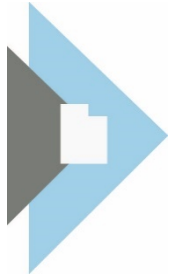

Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention
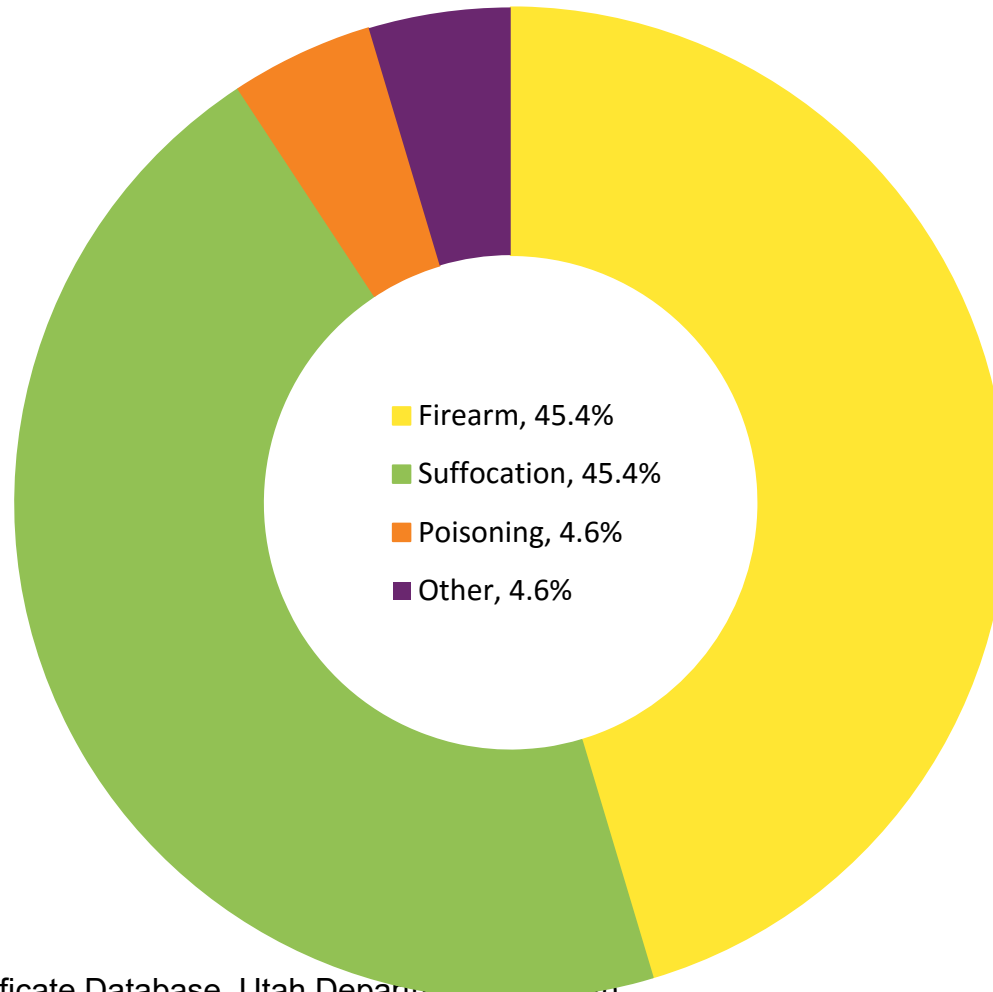
Suicide is the LEADING cause of death for Utahns ages 10-17 in 2015

Data Source: Utah Death Certificate Database, Utah Department of Health

Percent of Youth Suicides by Method of Injury, Utah 2013-2015

- Firearm, 45.4%
- Suffocation, 45.4%
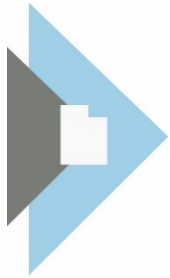- Poisoning, 4.6%
- Other, 4.6%

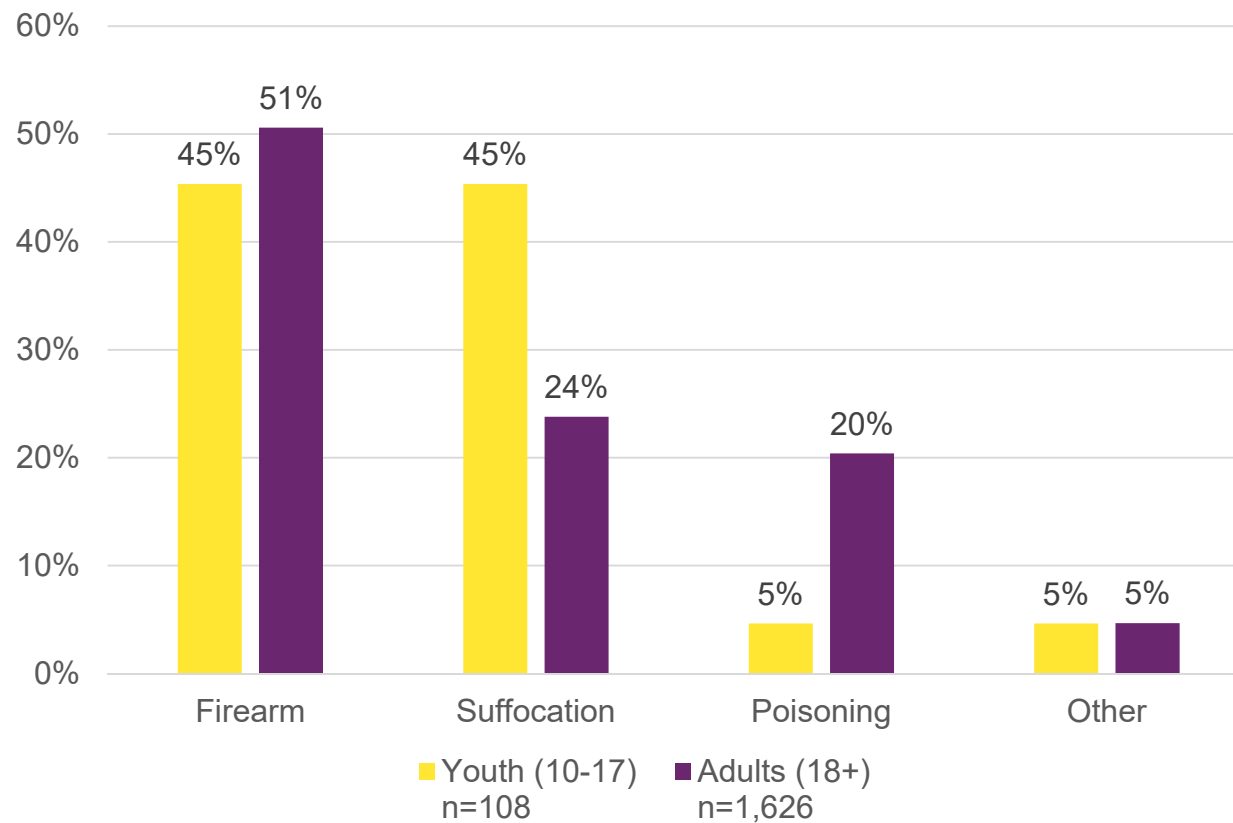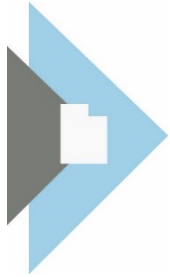Data Source: Utah Death Certificate Database, Utah Department of Health

Percent of Suicides by Age Group and Method of Injury, Utah 2013-2015

Data Source: Utah Death Certificate Database, Utah Department of Health

Utah Prevention Needs Assessment 2015

16.6% of students in grades 8, 10, and 12
reported that they had seriously considered attempting suicide at some point during the past 12 months
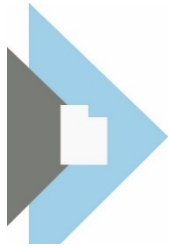
13.5%

made a suicide plan during the past 12 months

7.6%

reported they attempted suicide during the past 12 months
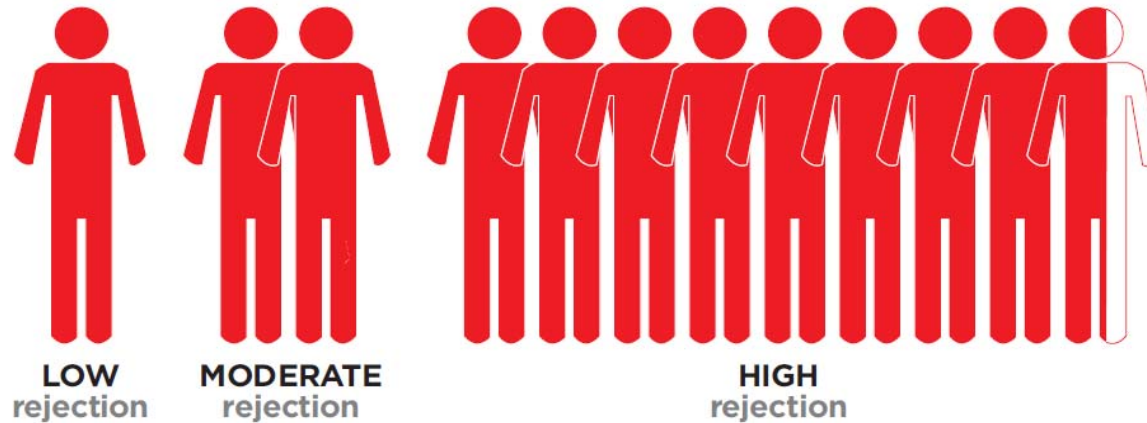
*Categories not mutually exclusive.

Lifetime Suicide Attempts by Highly Rejected LGBT Young People

(One or more times)

LOW rejection
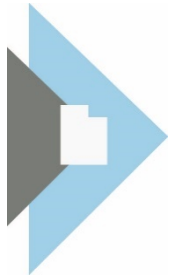**MODERATE** rejection
HIGH rejection

Level of Family Rejection
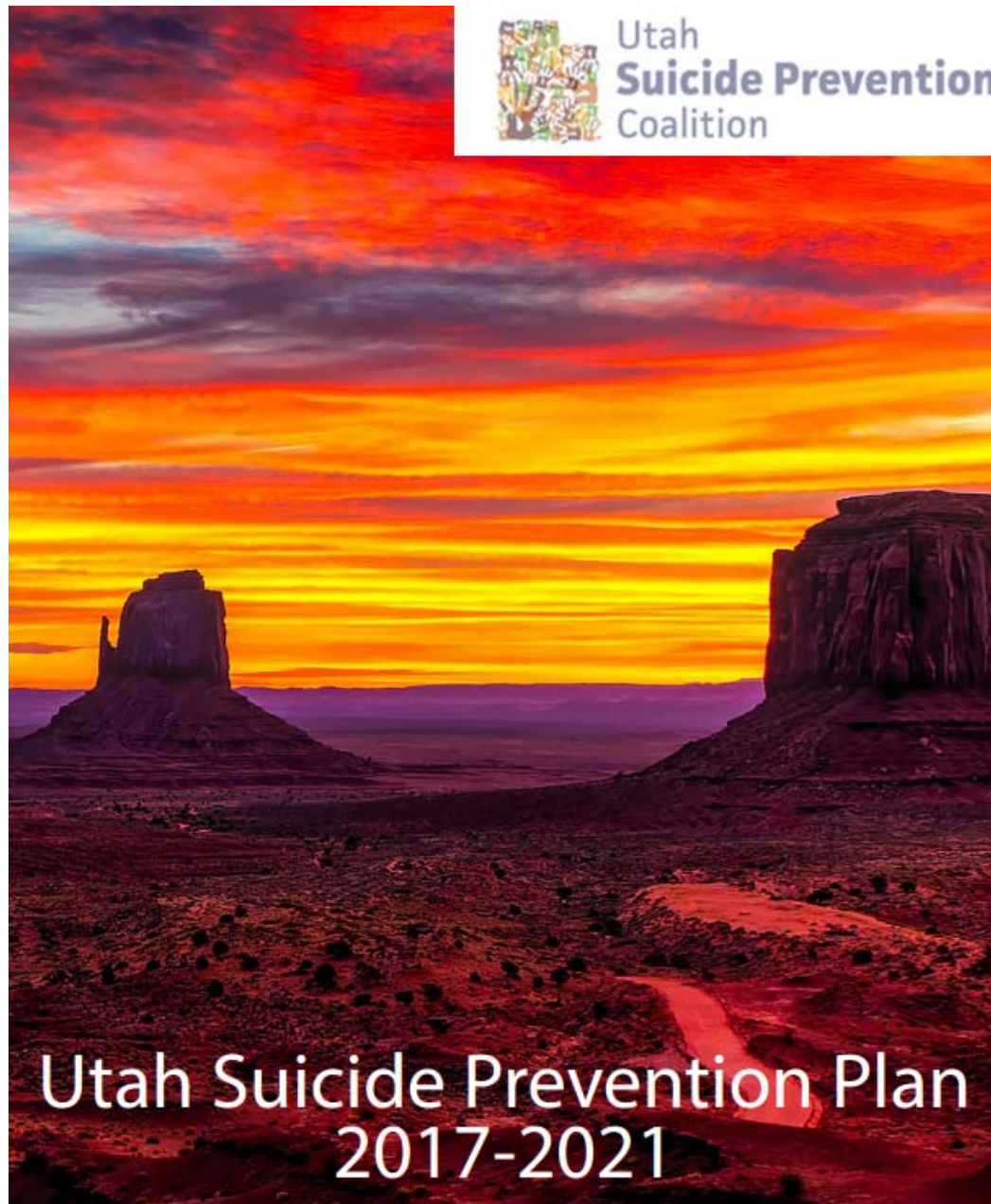
Ryan, Family Acceptance Project, 2009

This chart shows the serious impact of high levels of family rejection on LGBT young adults whose parents tried to change them or prevent them from being gay or transgender or who showed their disappointment or shame in having a gay or transgender child in other ways. (See page 12 for a list of rejecting behaviors that are very harmful for LGBT youth.)

http://familyproject.sfsu.edu/

"Highly Rejected" youth are more than eight times as likely to attempt suicide compared to "Not at All" or "Only Slightly Rejected" LGBT youth.
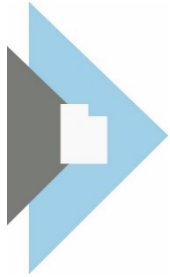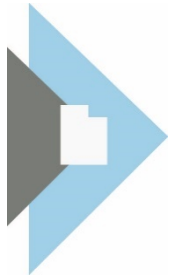
Utah Suicide Prevention Plan
2017-2021

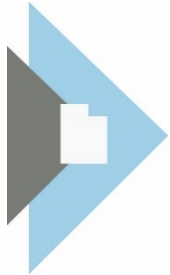# Goals/Measurement/ Strategies

Goal 1

Increase availability and access to quality physical and behavioral health care

- Goal:
  - Promote the adoption of the 'Zero Suicide' framework by health and behavioral health care providers statewide.
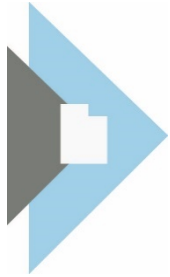
Goal 1: Measurement

- Number of agencies formally adopting zero suicide

- Zero Suicide/Suicide Safer Care in Policy

- Completed Organization Self Assessment (annually or as otherwise outlined in policy)
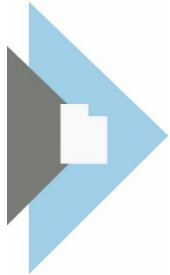
- Working Zero Suicide Work-plan

Goal 2

- Increase social norms supportive of help-seeking and recovery

- Goal:

  – Train 10% of the Utah population in an evidence based gatekeeper training

Goal 2: Measurement

- Number of trainings
- Number of people trained
- Training outcomes: Standardized evaluation measuring knowledge and potential for behavior change
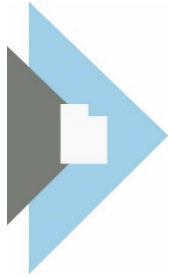
Goal 3

- Reduce access to lethal means
- GOAL:
  - Partner with firearm retailers and gun owners to incorporate suicide awareness and prevention as a basic tenet of firearm safety and responsible firearm ownership.
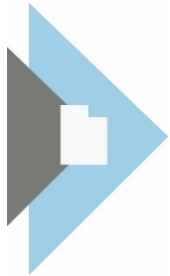
Goal 3: Measurement

- Number of concealed carry instructors using suicide prevention module

- Views of videos/hits on firearm landing page of Utah Suicide Prevention Coalition website

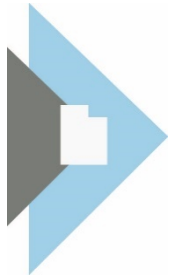- Number of retailers participating in staff training/resource distribution

Challenges

- Stigma

- Fear

- Research to practice

- Access to care

- Workforce shortages

- Limited funding

Resources

- Utah Suicide Prevention Coalition-Partnerships
- Champions (ie - Utah Legislature)
- Local Health and Behavioral Health agencies
- Local coalitions
- Non-profit groups
- Some state funding
- Passionate community members

Needs

- Public/Private Partnerships
- Healthcare Providers
- Effective use of volunteers
- Stigma Reduction
- Workforce Creativity
- Funding opportunities
- Focus on outcomes
- Ongoing improvement in data/surveillence