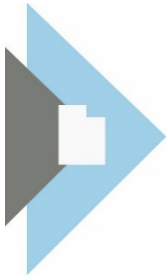
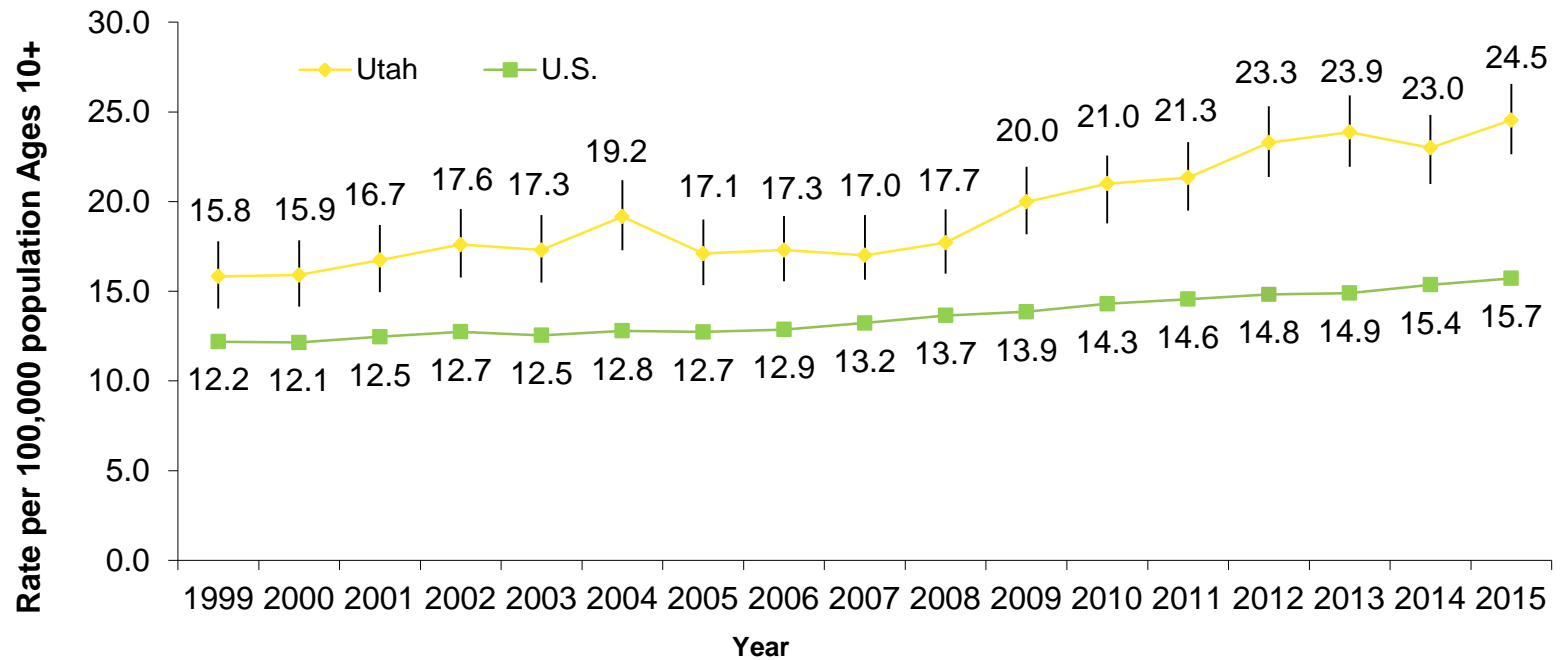


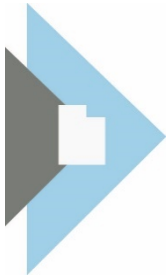
Improving Mental Health & Reducing Suicide



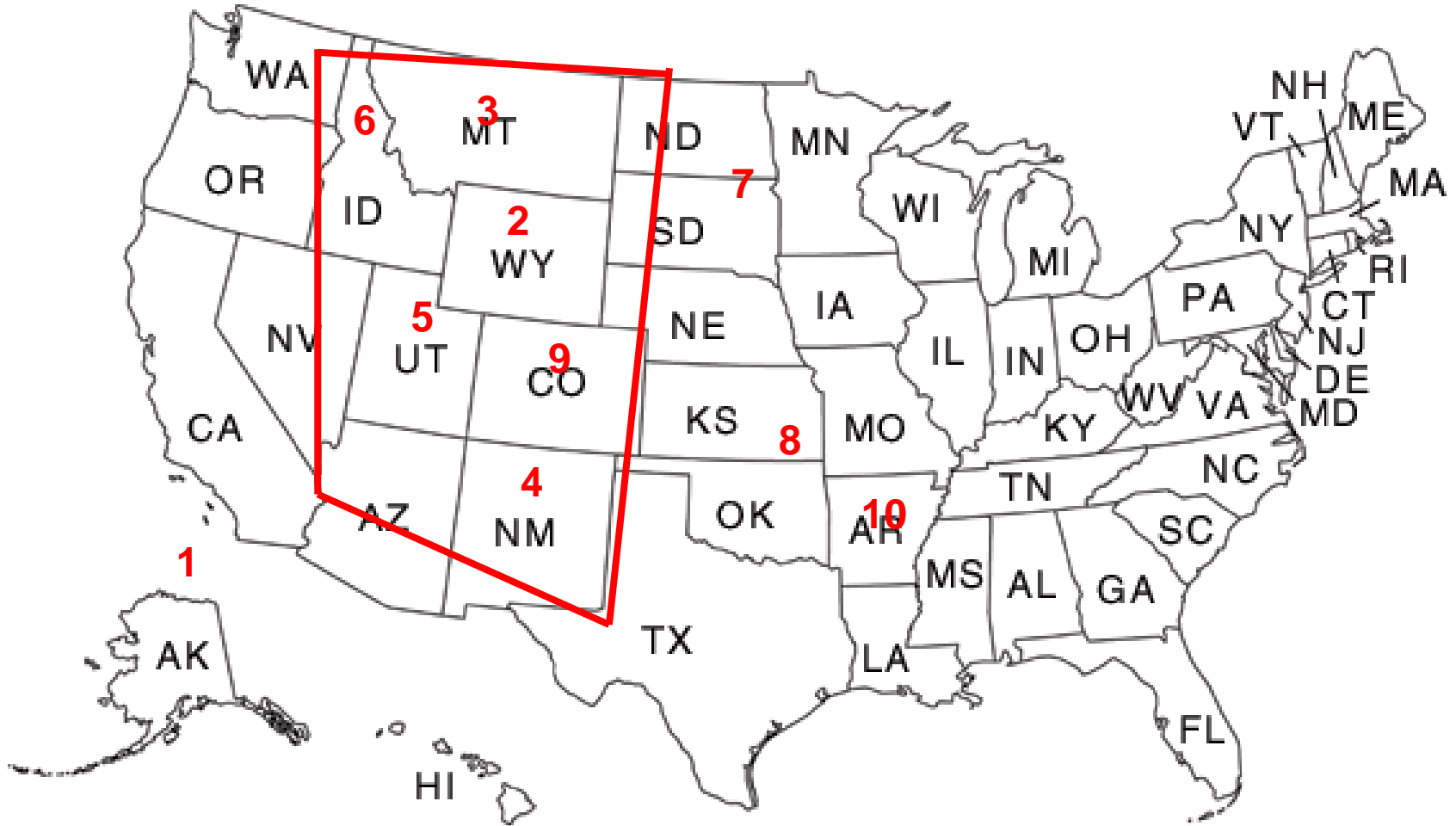
Utah and U.S. Suicide Trend

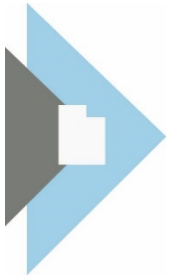
Rate of Suicides per 100,000 Population Ages 10+ by Year, Utah and U.S., 1999-2015





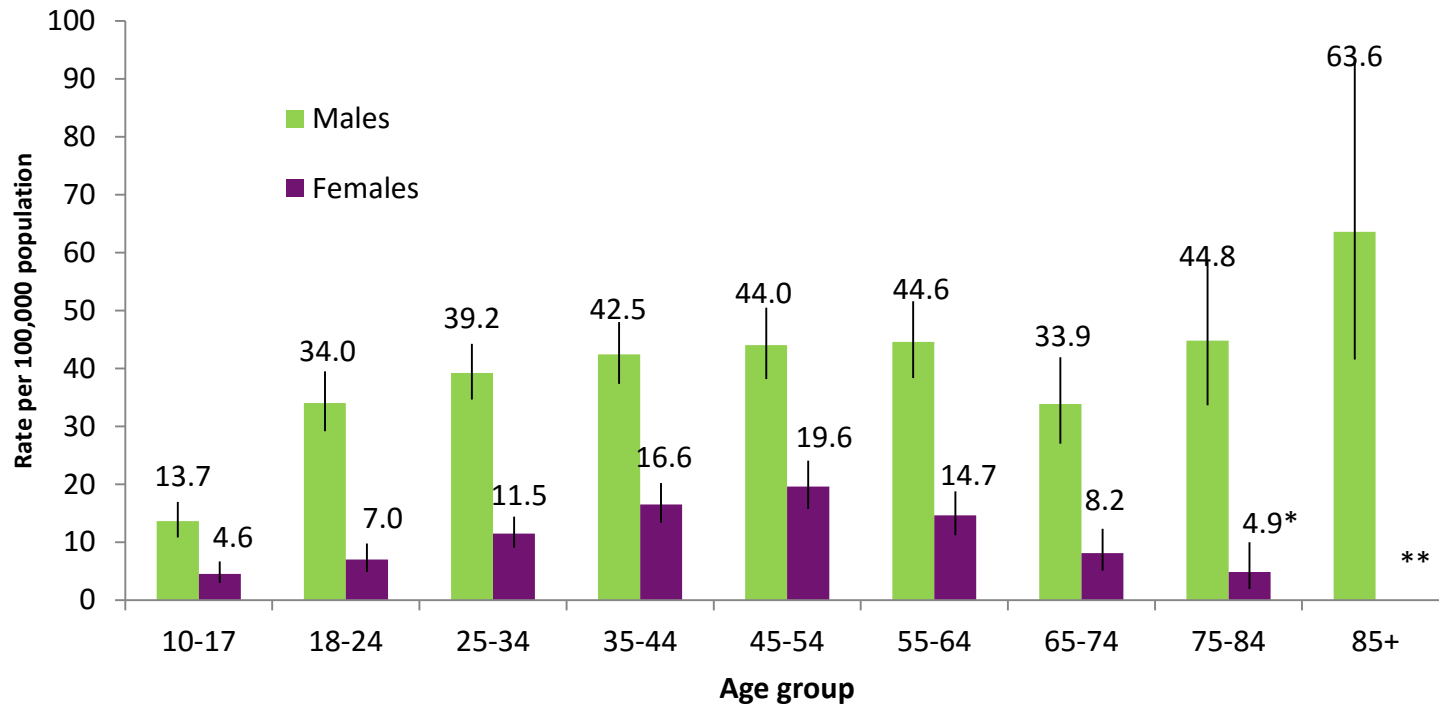
Utah Ranks 5th in the Nation

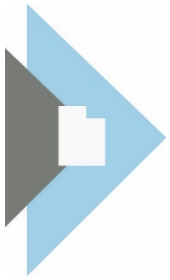




Suicide Rate by Age Group and Sex, Utah, 2013-2015

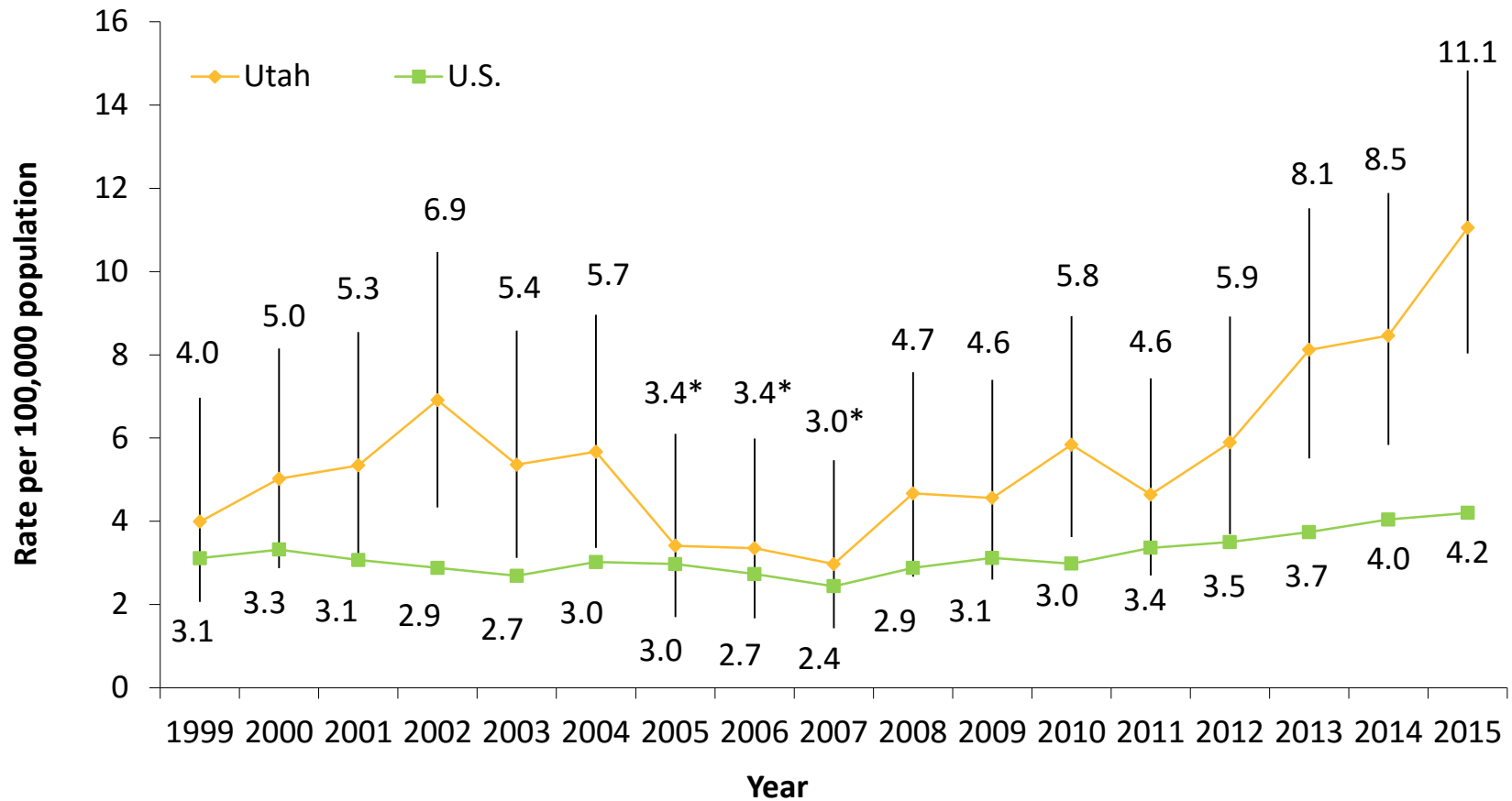
Rate of Suicide per 100,000 Population by Age Group and Sex, Utah 2013-2015





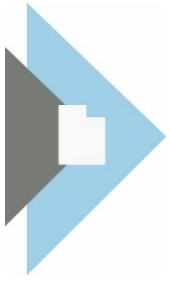
Utah and U.S. Youth Suicide Trends

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

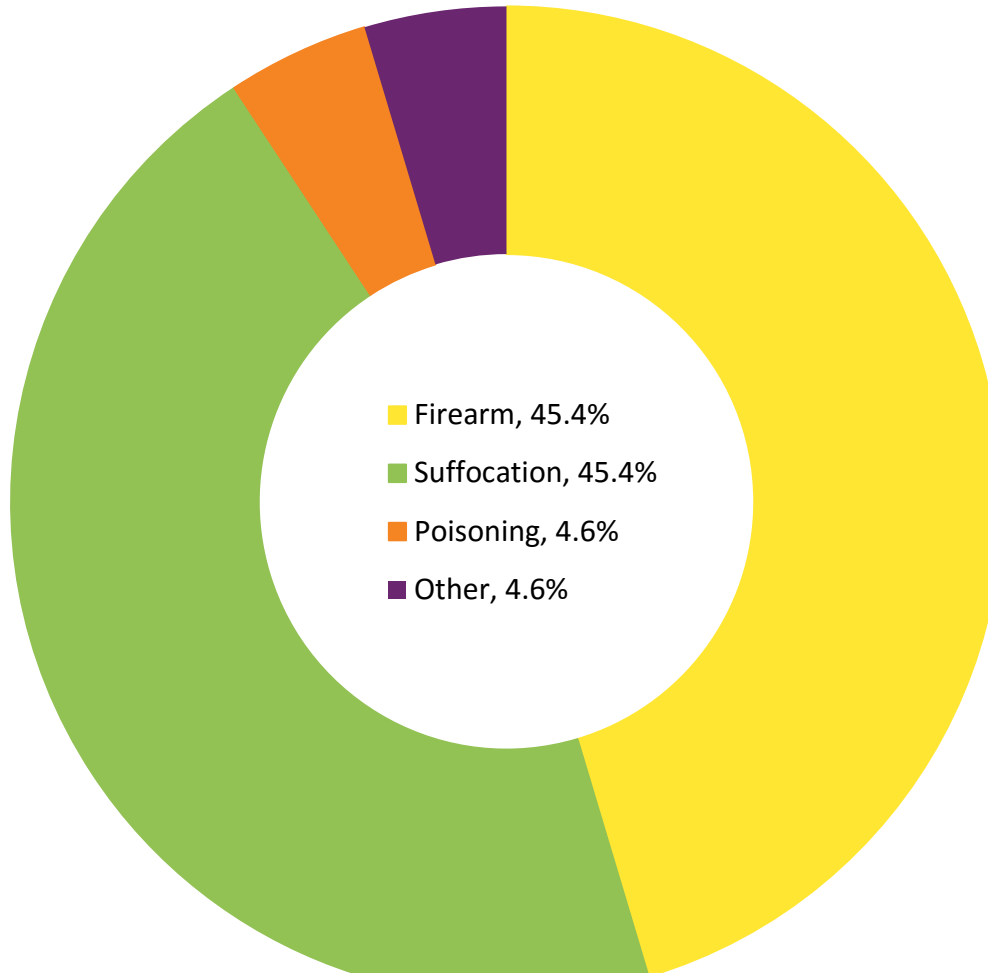


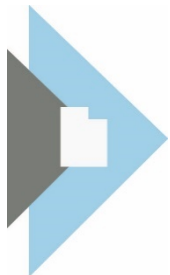
**Suicide is
the
LEADING
cause of
death
for Utahns
ages 10-17
in 2015**





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





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%

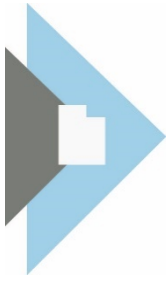
made a suicide plan during the past 12 months

7.6%

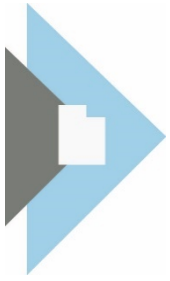
reported they attempted suicide during the past 12 months

*Categories not mutually exclusive.





Disparities & Adverse Outcomes

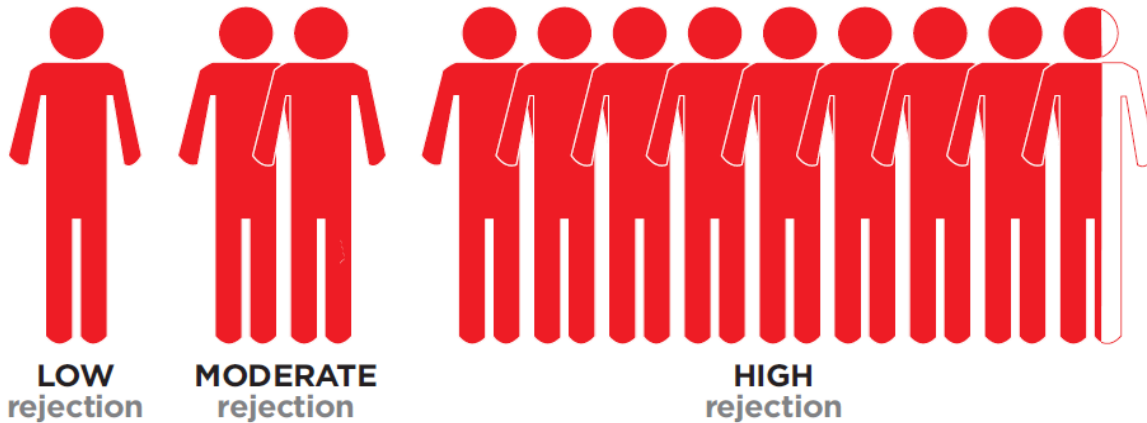


- Males
- Middle aged
- Native American (data gaps locally)
- LGBTQ (data gaps locally)
- Veterans



Lifetime Suicide Attempts by Highly Rejected LGBT Young People

(One or more times)

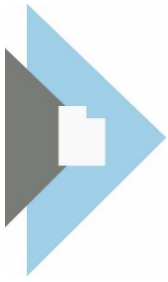


Level of Family Rejection

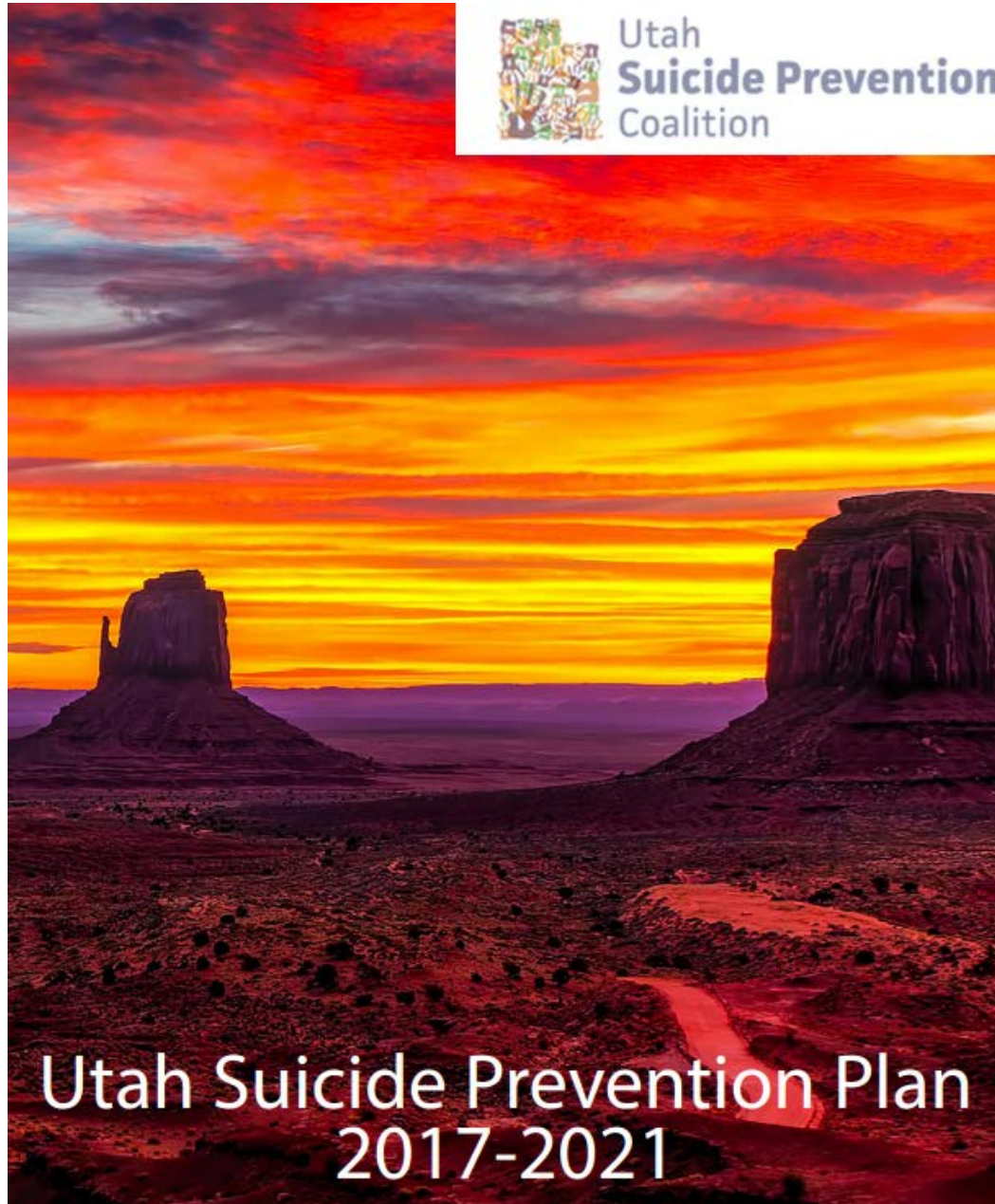
Ryan, Family Acceptance Project, 2009

“Highly Rejected” youth are more than eight times as likely to attempt suicide compared to “Not at All” or “Only Slightly Rejected” LGBT youth.

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.)



Utah
Suicide Prevention
Coalition



Utah Suicide Prevention Plan 2017-2021

New data analysis



Utah Health Status Update:

CDC Investigation Shows Youth Suicides in Utah Increasing

Special Edition 4 (December 2017)

KEY FINDINGS

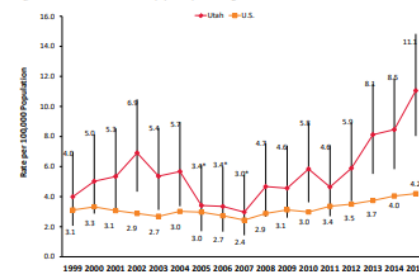
- The UDOH requested an Epi-Aid from the CDC to assist in investigating the 141.3% increase in the youth suicide rate from 2011 to 2015.
- From 2011–2015, 150 Utah youth aged 10–17 died by suicide.
 - 78.0% were male
 - 35.2% had a mental health diagnosis
 - 31.0% had a depressive mood at the time of suicide
 - 29.6% had a history of suicide ideation or suicide attempt
 - 55.3% experienced a recent crisis
 - 23.9% disclosed intent to die in the past month
 - 47.2% left a suicide note
 - Of the 40 cases that included information on the decedent's sexual orientation, six (15.0%) were identified as sexual minorities
 - 20.5% had a history of cutting or had evidence of recent cutting
 - 12.6% of decedents had experienced a technology-related restriction prior to their death
- For the 3,005 ED visits and 690 hospitalizations for self-inflicted injury among Utah youth aged 10–17 during 2011–2014, the predominant method of injury was poisoning (72.4%), followed by cutting/piercing (23.0%).
- Approximately 19% of youth aged 10–17 considered or planned suicide in the past year and 8.6% reported a suicide attempt.
- Risk factors for suicide ideation and attempt included being bullied at school or online, substance use in the previous month, being female, in 10th grade, non-White, and low parental education.
- Supportive family environments, community environments, school environments, and peer environments all reduced the odds of suicide ideation.

The Utah Department of Health (UDOH) Violence and Injury Prevention Program (VIPP) observed a 141.3% increase in the youth suicide rate from 4.6 per 100,000 population in 2011 to 11.1 per 100,000 population in 2015 for ages 10 to 17 years (Figure 1). As a result, the UDOH requested short-term epidemiologic assistance, known as an Epi-Aid, from the U.S. Centers for Disease Control and Prevention (CDC) to assist in investigating the observed increase. Epi-Aids are carried out by a team of Epidemic Intelligence Service (EIS) officers who provide an independent investigation of an urgent public health problem.¹ Along with UDOH staff, the Epi-Aid team identified the following objectives to guide the investigation:

1. Characterize the epidemiology of, and trends in fatal and non-fatal suicidal behaviors among Utah youth aged 10–17 years that occurred from 2011 to 2015.
2. Identify risk and protective factors for fatal and non-fatal suicidal behaviors among Utah youth aged 10–17 years.
3. Identify the three most utilized suicide prevention initiatives in Utah by school district (QPR, Hope Squads, and Hope for Tomorrow) and compare these programs to evidence-based initiatives and national recommendations for suicide prevention.

Youth Suicide Trends

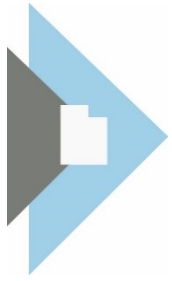
Figure 1. Rate of suicides by year, youth aged 10–17, Utah and U.S., 1999–2015



* Insufficient number of cases to meet the UDOH standard for data reliability; interpret with caution. Source: Utah Office of Vital Records and Statistics.

The Epi-Aid team analyzed data from multiple sources, including the UDOH Office of the Medical Examiner, the Utah Violent Death Reporting System, the Prevention Needs Assessment survey, emergency department and hospitalization data, as well as curricula from school-based suicide prevention initiatives.

From 2011–2015, 150 Utah youth aged 10–17 died by suicide; 78.0% of decedents were male. Firearms and suffocation were the most common methods of suicide. About one-third (35.2%) of decedents had a mental



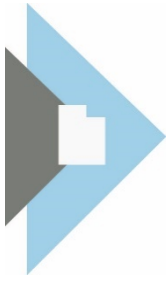
Recommendations

- Increase access to evidence-based mental health care for youth
- Strengthen family relationships
- Promote connectedness at the individual, interpersonal, organizational and community levels
- Identify and support youth at risk of suicidal behavior
- Prevent other forms of violence in this population
- Reduce access to lethal means among youth at risk for suicide
- Teach coping and problem-solving skills



Recommendations

- Consider implementing comprehensive and coordinated suicide prevention programs that address multiple risk and protective factors simultaneously. Programs, practices, and policies addressing these factors should be based on the best available evidence in reducing suicidal behaviors or risk and protective factors for suicide
- Conduct ongoing comprehensive evaluation of suicide prevention programs



Goals/Measurement/ Strategies



Goal 1

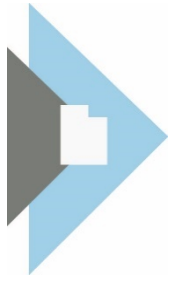
Increase availability and access to quality physical and behavioral health care

- Goal:
 - Promote the adoption of the ‘Zero Suicide’ framework by health and behavioral health care providers statewide.



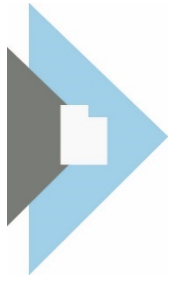
Goal 1: Measurement

- 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 1: Progress

- 15 agencies currently adopted Zero Suicide
 - 12 additional agencies participating in the Utah Zero Suicide Collaborative



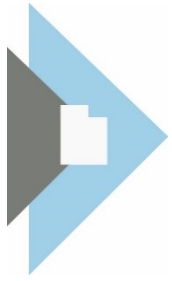
Goal 1: Progress

- Zero Suicide Learning Collaborative
- Utah Zero Suicide Summit: July 18, 2018



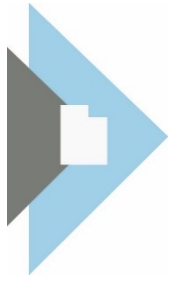
Goal 2

- Increase social norms supportive of help-seeking and recovery
- Goal:
 - Train 10% of the Utah population in an evidence based gatekeeper training



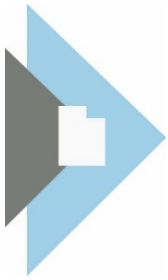
Goal 2: Measurement

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



Goal 2: Progress

- Number of trainings
 - 2017 (AFSP/PxD/H4U/Davis) 268
- Number of people trained
 - 2017 (AFSP/PxD/H4U/Davis) 7660
- Training outcomes: (next page)



Goal 2: Progress

Before/After YMHFA, First Aiders felt confident that they could:	% that Agreed or Strongly Agreed with the statement before the course:	% that Agreed or Strongly Agreed with the statement after the course:	% increase between before/after course:
Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	56%	99%	43%
Reach out to a young person who may be dealing with a mental health challenge.	67%	99%	32%
Ask a young person whether s/he is considering killing him/herself.	52%	98%	46%
Actively and compassionately listen to a young person in distress.	89%	98%	9%
Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	39%	98%	59%
Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	60%	98%	38%
Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.	51%	99%	48%
Be aware of my own views and feelings about mental health problems and disorders.	79%	98%	19%



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



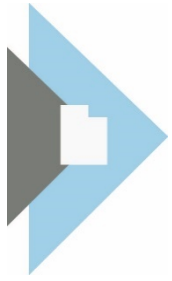
Goal 3: Progress

- Number of concealed carry instructors using suicide prevention module
- Views of videos/hits on firearm landing page of Utah Suicide Prevention Coalition website
 - Intermountain yielded over 1 million hits promoting the youth suicide prevention video
 - DSAMH: 2 million impressions and, 659,000 views
- Number of retailers participating in staff training/resource distribution
 - We know of four retailers currently



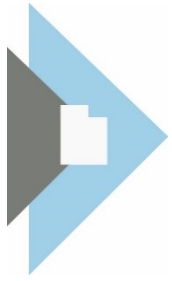
Goal 3: Progress

- Number of concealed carry instructors using suicide prevention module
 - Will be conducting follow up research in 2019
- Views of videos/hits on firearm landing page of Utah Suicide Prevention Coalition website
 - Currently contracting to expand tools available
- Number of retailers participating in staff training/resource distribution
 - Currently awarding six mini grants to support communities in this expansion



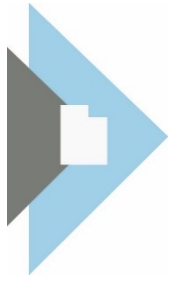
Governors Task Force

- **GOAL:**
 - Rapid community engagement
 - ‘Shovel Ready’ effective programs to bring to scale
 - Public and private partnership



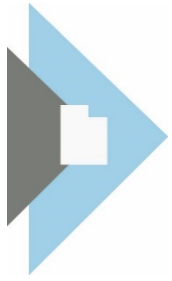
Recommendations: Crisis Response

- SafeUT Mobile App: Expansion and marketing
- Mobile Crisis Outreach Teams: Fund and expand
- Zero Suicide: Call to action, promote, potential funding



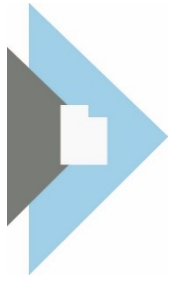
Challenges

- Stigma
- Fear
- Research to practice
- Access to care
- Workforce shortages
- Limited funding



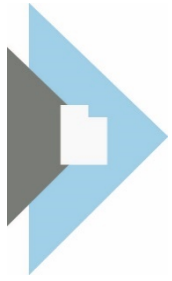
Recommendations: Reducing Risk & Enhancing Protection

- Means Restriction: Promote and potential funds for “Is Your Safety On?” campaign
- Skills Training in Health Classes: Support USBE in including in core health curriculum
- Gatekeeper Training: Promote and potentially fund gatekeeper training such as QPR and Mental Health First Aid
- Hope Squads/School Based/Peer to Peer Programming: Support and fund increased implementation and quality monitoring
- Public Awareness Messaging: Encourage local media to responsibly share messages



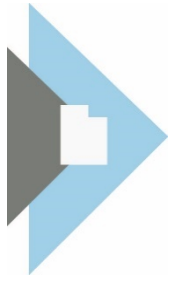
Recommendations: Other

- Better Data on Risk Factors and Contributing Causes: Inclusion of sexual orientation and gender identity in the SHARP Survey
- Sounder Institutional Footing for the Utah Suicide Prevention Coalition
- Creation of a Suicide Prevention Fund



Next Steps

- Presented to Governor Herbert
- HB 370 include many of the recommendations and funding
- Task Force will continue to meet over the next year
- Expand to lifespan approach to suicide prevention
- Consider engagement and strategies for high risk groups including
 - Native Americans
 - LGBTQ
 - Veterans



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/surveillance