

Improving Mental Health and Reducing Suicide

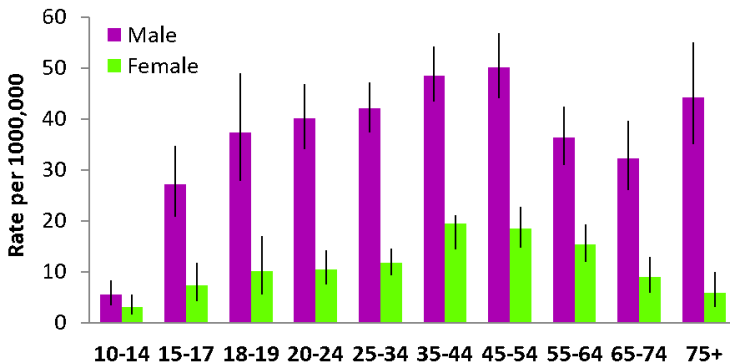
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Data Updates

Suicide is a major preventable public health problem in Utah and the 8th leading cause of death (2010–2018 inclusive). Every suicide death causes a ripple effect of immeasurable pain to individuals, families, and communities throughout the state. From 2016 to 2018, the age-adjusted suicide rate in Utah was 22 per 100,000 persons. This is an average of 647 suicide deaths per year. In 2018, suicide was the leading cause of death for Utahns aged 10–17. It was the second leading cause of death for ages 18–44.

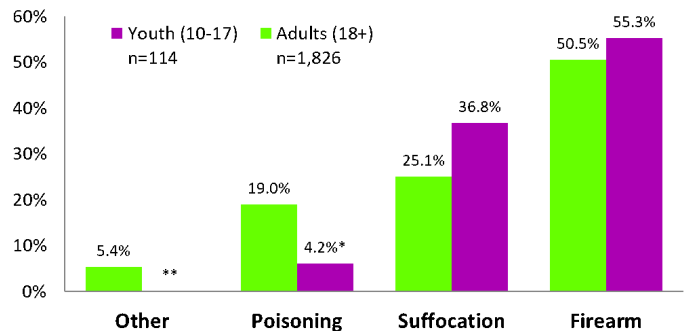
Many more people attempt suicide than die by suicide. About one in 16 Utah adults (6.5%) report having had serious thoughts of suicide in the past year (SAMHSA National Survey on Drug Use and Health, 2018). According to the 2017 Youth Risk Behavior Survey, 21.6% of youth in grades 9–12 reported seriously considering suicide, 17.1% made a plan about how they would attempt suicide, and 9.6% attempted suicide one or more times in the prior year.

Suicide by Age and Gender, Utah, 2016–2018



Source: Utah Death Certificate Database, Utah Department of Health

Percentage of Suicide by Age Group and Method of Injury, Utah, 2016–2018



Source: Utah Death Certificate Database, Utah Department of Health

The plan below focuses on three main goals. There is a broader Utah Suicide Prevention Plan at <https://www.health.utah.gov/vipp/pdf/Suicide/SuicidePreventionCoalitionPlan2017-2021.pdf>. This plan

also outlines priority high-risk populations. The goals below are those pieces of the larger plan that were targeted for further expansion through the Utah Health Improvement Plan efforts.

Goals, Objectives, and Measures

Goal: Increase availability and access to quality physical and behavioral health care.

Objective: Increase formal adoption of the ‘Zero Suicide’ framework by health and behavioral health care providers statewide by ten health systems/organizations.

Measure: Number of health systems/organizations formally adopting the Zero Suicide framework

Baseline: Zero organizations have adopted the Zero Suicide Framework as of January 2017

Target: Ten health systems/organizations will adopt the Zero Suicide framework by December 2020

Current: 28 organizations have adopted the Zero Suicide framework as of July 2019

Strategy: At least 10 new organizations will formally adopt the Zero Suicide Framework systematic approach to quality improvement in health and behavioral healthcare settings.

Goals, Objectives, and Measures (continued)

Accomplishments:

- The 2019 cohort started in January 2019 with an additional 10 health and behavioral health care organizations.
- Held the Utah Zero Suicide Summit in July 2019.

Goal: Increase social norms supportive of help-seeking and recovery.

Objective: Train at least 10% of the population of Utah in an evidence-based gatekeeper training.

Measure: Number of people trained in an evidence-based gatekeeper training

Baseline: 25,000 (estimated) as of January 2017

Target: A minimum of 299,592 Utahns trained by December 2020

Current: Since July 2018, an additional 69,953 individuals were trained in an evidence based gatekeeper program as of July 2019.

Strategy: Evidence-based training will be offered to Utahns in a variety of settings. These include training programs such as CONNECT, QPR, Mental Health First Aid, ASIST, Working Minds, and others.

Accomplishments:

- DSAMH awarded 7 Means Safety Training Grants with community gatekeeper training as a focus.
- NAMI Utah awarded 15 mini grants to communities, many with community gatekeeper components. NAMI Utah, AFSP Utah, Hope 4 Utah, and many other community partners continue to provide and expand on community gatekeeper training statewide.
- DSAMH hosted a Working Minds Instructor Training and certified 30 individuals to teach suicide prevention in workplaces across the state.
- DSAMH created an online QPR database to better track number of individuals trained and pre/post data. This was pilot tested in spring/summer of 2019, and went statewide in December 2019.
- A public-private partnership was formed in September 2019 to create the first statewide suicide prevention campaign focused on positive social norms and help-seeking behaviors.

Goal: Reduce access to lethal means of suicide death.

Objective: Partner with at least 30 firearm retailers, concealed carry instructors, and/or firearm enthusiasts to incorporate consumer suicide awareness and prevention materials as a basic tenet of firearm safety and responsible firearm ownership.

Measure: Number of formal partnerships established

Baseline: Zero partnerships as of January 2017

Target: Ten firearm retailers, instructors, enthusiasts in Utah will have incorporated suicide education, prevention, and awareness efforts into their businesses by December 2020

Current: Fourteen firearm retailers, instructors, enthusiasts as of December 2018

Strategy: Thirty firearm retailers, instructors, or enthusiasts will have formal policies and protocols established to educate staff and clients and customers on suicide prevention, safe storage of firearms, and reducing access.

Accomplishments:

- DSAMH created an opioid safety and naloxone module to be used in gatekeeper trainings. 3 regional trainings were hosted to train QPR instructors to teach this module in addition to the firearm safety module. A total of 150 instructors were trained between May 2019-October 2019.
- DSAMH awarded 7 mini grants to agencies throughout the state, who provided suicide prevention and firearm safety training to 696 individuals.
- DSAMH distributed 12,385 gun locks to community partners across the state.
- DSAMH is implementing a Gun Safe Rebate program and have served 1,121 individuals since program start date in September.
- DSAMH distributed 1,400 Naloxone kits to local health departments and mental health authorities that are doing suicide prevention in their communities.

Available Services/Resources

Mental Health Status

The Utah Department of Human Services Division of Substance Abuse and Mental Health (DSAMH) is the state agency responsible for ensuring that mental health services are available statewide. The DSAMH also acts as a resource by providing general information, research results, and statistics to the public regarding substances of abuse and mental health services. The DSAMH contracts with Community Mental Health Centers (CMHC) to provide these services and monitors these centers through site visits, a year-end review process, and a peer review process.

Address:

Department of Human Services
Division of Substance Abuse and Mental Health
195 North 1950 West
Salt Lake City, Utah 84116
Phone: 801-538-3939
Fax: 801-538-9892
<http://www.dsamh.utah.gov>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
<http://www.samhsa.gov>

National Institute of Mental Health
<http://www.nimh.nih.gov>

Mental Health: A Report of the Surgeon General
<http://www.surgeongeneral.gov/library/mentalhealth/home.html>

More information on the Behavioral Risk Factor Surveillance System may be found on the website of the CDC.
<http://www.dcd.gov/brfss/>

Local mental health centers
<http://dsamh.utah.gov/mental-health/#box1>

Utah Psychological Association website has place for provider referrals
<https://utpsych.org/directory>

Depression

The DSAMH is the state agency responsible for ensuring that mental health services are available statewide. The DSAMH also acts as a resource by providing general information, research results, and statistics to the public regarding substances of abuse and mental health services. The DSAMH contracts with Community Mental Health Centers (CMHC) to provide these services and monitors these centers through site visits, a year-end review process, and a peer review process.

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Salt Lake City, Utah 84116
Phone: 801-538-3939
Fax: 801-538-9892
<http://www.dsamh.utah.gov>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
<http://www.samhsa.gov>

National Institute of Mental Health
<http://www.nimh.nih.gov>

Suicide

All Counties, 24 Hours:
National Suicide Prevention Lifeline (800) 273-TALK (8255)

Mobile Crisis Outreach Team—Salt Lake County
801-587-3000

Man Therapy
<http://mantherapy.org/>

QPR courses
<http://www.qprinstitute.com/>

National Alliance on Mental Illness (NAMI) Utah
<http://www.namiut.org/>
801-323-9900
Toll Free 877-230-6264

Utah Suicide & Crisis Hotline
<http://www.suicide.org/hotlines/utah-suicide-hotlines.html>

The SafeUT Crisis Text and Tip Line is a statewide service that provides real-time crisis intervention to youth through texting and a confidential tip program – right from your smartphone. Licensed clinicians from the University Neuropsychiatric Institute's 24/7 CrisisLine call center respond to all incoming chats, texts, and calls by providing supportive or crisis counseling, suicide prevention, and referral services. We can help anyone with emotional crises, bullying, relationship problems, mental health, or suicide related issues. The SafeUT app can be downloaded at: <https://healthcare.utah.edu/uni/programs/safe-ut-smartphone-app/>.

Permission to Grieve: For Survivors of a Loved One's Suicide
http://health.utah.gov/vipp/pdf/Suicide/grievebooklet_final0605.pdf

Available Services/Resources (continued)

Utah Suicide Prevention Coalition

<http://utahsuicideprevention.org/>

American Foundation for Suicide Prevention:

<https://www.afsp.org/>

Utah Violent Death Reporting System

<http://www.health.utah.gov/vipp/topics/nvdrs/>

Utah Violence and Injury Prevention Plan

http://www.health.utah.gov/vipp/pdf/Combined%20plan_Draft.pdf

Suicide Prevention Resource Center

<http://www.sprc.org/states/utah>

Centers for Disease Control and Prevention

<http://www.cdc.gov/ViolencePrevention/suicide/>

Substance Abuse and Mental Health Services Administration

<http://www.samhsa.gov/prevention/suicide.aspx>