

#### Suicide among Youth in Utah

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# 988

NATIONAL SUICIDE PREVENTION LIFELINE

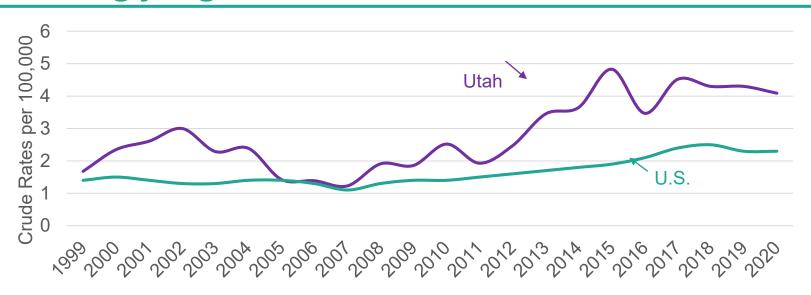




Talking about suicide ...

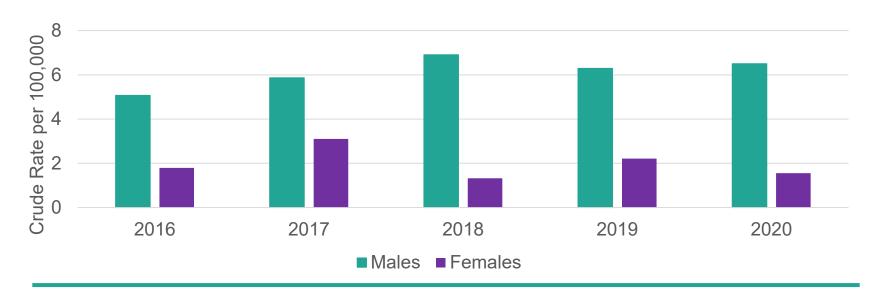


# Suicide death rates among youth in Utah are alarmingly high.



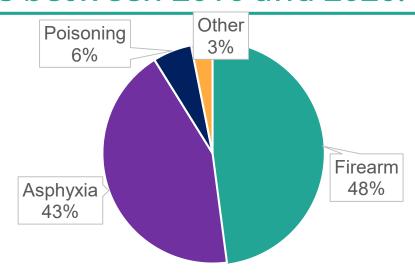


# Males accounted for 76% of suicide deaths among youth in Utah between 2016 and 2020.



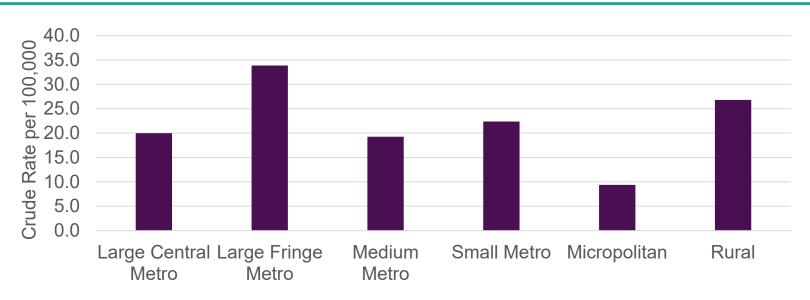


#### Firearms and asphyxia account for 91% of all youth suicide deaths between 2016 and 2020.



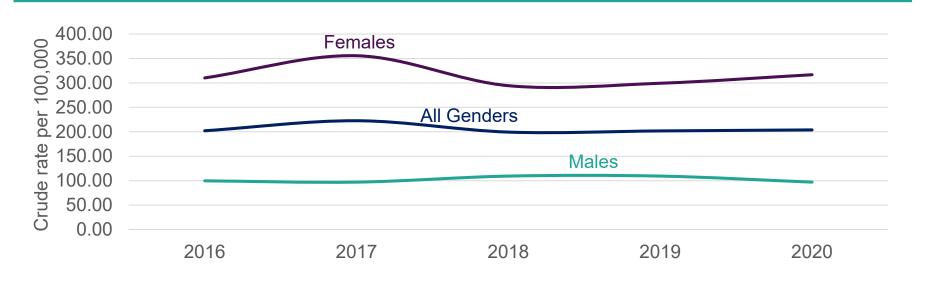


# The rate of suicide death among teens is highest in Tooele County and very rural places in Utah.





# Although the rates for all genders has been stable over time, females attempt suicide at a ratio of 3 to 1.



Source: Health Facilities Database, DHHS IBIS



# Females continued to attempt suicide more frequently than males throughout the pandemic, but overall rates remained stable.





The problem is bigger: in 2021, 17.5% of students in Utah schools reported that they seriously considered attempting suicide within the previous 12 months.

Source: Utah SHARP 2021 Survey



7% of students reported that they attempted suicide at least once in the previous 12 months.



#### The Utah Child Fatality Review Committee

- An interdisciplinary committee of experts on childhood and adolescence that means monthly and reviews all non-natural deaths of youth (ages 0 to 17).
- All youth suicide deaths are reviewed; however, not all adult suicide deaths are reviewed.
- Deaths are reviewed in a way that does not reveal the identity of the decedent; reviewers do not have access to source data.
- Reviewers make recommendations on prevention, which are compiled and published in an annual report.

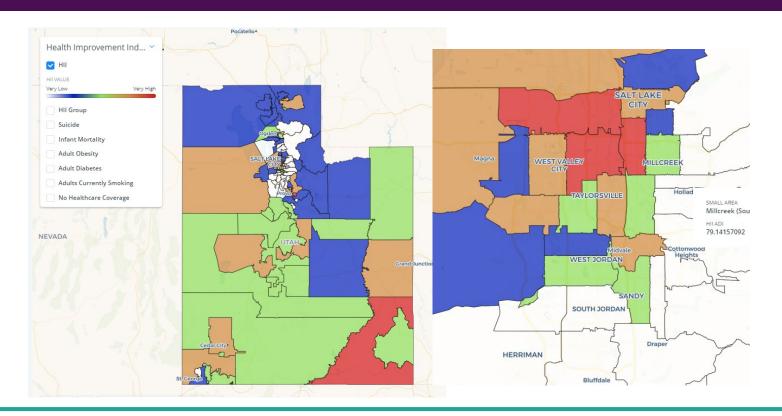


### Select Findings from the DHHS Child Fatality Review Committee

- The *number* of youth deaths (all causes) is higher in urban places, but the *rate* of death is higher in rural places.
- The *number* of white, non-Hispanic/Latino youth is highest, but the *rates* of death (all causes) among American Indian/Alaska Native and Black/African American are higher.
- The rate of premature death (all causes) among youth is higher in places with average or high values on the Health Improvement Index, which measures socioeconomic deprivation, economic inequality, resource availability, and opportunity structure.

Source: Violence and Injury Prevention Program: Utah Child Fatality Review Annual Report 2020 Data





Source: Violence and Injury Prevention Program: Utah Child Fatality Review Annual Report 2020 Data



# Select Key Recommendations from the DHHS Child Fatality Review Committee

- Improve data sharing and care coordination between health systems, healthcare providers, mental health providers, schools, government services, and other states.
- Increase access and funding for mental health, behavioral health, and substance abuse services across Utah.
- 3. Implement a validated screening tool to help therapists, counselors, and physicians know if a client or patient is at risk of suicide and has access to lethal means, such firearms or medications.

Source: Violence and Injury Prevention Program: Utah Child Fatality Review Annual Report 2020 Data



#### Utah Youth Suicide Research Project (UYSRP)

- In analysis phase, but still giving parents and friends who were not ready to participate in the study the opportunity to participate now.
  - First pass analysis: Office of the Medical Examiner
  - Additional analysis: Huntsman Mental Health Institute Researchers in partnership with the Office of the Medical Examiner
    - Acknowledgement: UYSRP was made possible because of collaboration with the University of Utah, University of Utah School of Medicine, Utah Suicide Genetics Research Study, and the Huntsman Mental Health Institute
- Collecting data from secondary sources: Utah State Board of Education, Division of Child and Family Services, Juvenile Justice, treatment and hospitalization data, and others.



- Roughly one in four youth who died by suicide were in a romantic relationship that was on the verge of ending or had just ended.
- Most parents indicated their teen was willing to talk to them and/or their friends when they needed to talk, but nearly half of all youth who died by suicide were reported to feel that they did not belong in their community.
- Half of youth who died by suicide were bullied, and over half witnessed their friends being bullied.
  - One in four were bullied online.
- Physical, emotional, and sexual abuse were prevalent among youth who
  died by suicide (reminder: information reported by parents).



- Just under half of youth who died by suicide were reported to be impulsive decision makers.
- Suicide death was prevalent in the lives of youth who died by suicide:
  - One in five experienced the loss of a friend; one in ten lost a "best friend"
  - A third lost a family member to suicide at some point in their lifetime.
  - Two out of five knew someone at their school, church, or neighborhood who died by suicide.



- Over half of youth who died by suicide changed schools locally at least once, excluding expected moves (e.g., moving from elementary school to middle school).
- Nearly a third of youth who died by suicide had a record of frequent truancy or extensive school absences.
- Nearly a third of youth who died by suicide had disciplinary actions taken against them at school, most of which were recent.



- Nine in ten youth who died by suicide saw a health care provider in the year prior to their death; roughly a third saw a healthcare provider within two weeks of their death.
- Over half of youth who died by suicide were seeing a mental health provider at the time of their death.
- Over a third of youth who died by suicide attempted suicide once or more before the time they died.
  - Of those who attempted suicide previously, but lived, a third never received behavioral health treatment following the attempt.

## Method

- In suicide deaths involving a firearm (half):
  - Two thirds of firearms were stored unlocked
- In suicide deaths that did not involve a firearm (half):
  - Two thirds reported that the child did not have access to a firearm (either one was not present or it was locked and the child had no access)



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