

## MEMORANDUM

TO: Governor Gary R. Herbert

FROM: Lieutenant Governor Spencer J. Cox and Representative Steve Eliason

DATE: February 20, 2018

SUBJECT: Recommendations from the Governor's Teen Suicide Prevention Task Force

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On January 17, 2018 you empaneled a task force of community leaders and mental health experts to prioritize insights from the State's Suicide Prevention Coalition and bring forward a clear plan for rapid community engagement and how public and private support can help stem the tide of youth suicide. You asked for a plan for rapid deployment of the most effective "shovel ready" programs.

In the last few weeks our task force has met together four times, and spent many hours between meetings, deliberating about the thoughtful programs in place to address suicide in three very important ways. Those ways are: (1) improving crisis response, (2) reducing risk factors and (3) enhancing protective factors. This memorandum identifies the off-the-shelf initiatives in Utah that we believe can -- with increased awareness and support -- help stem the disturbing tide of teen suicide in our state.

### Context and Caveats

In our limited time we have not reviewed every program available in the state, nor have we attempted to brainstorm new approaches. Although we have experts in our ranks, our recommendations do not pretend to be based on epidemiology or peer-reviewed study. Instead, these recommendations attempt to aggregate our task force's collective judgment about the dozen or so options discussed in our meetings.

As we single out a few programs we want to be exceedingly clear that there is no single solution to the complex issue of suicide. Studies have shown that organizations that have successfully reduced suicide among their ranks have used multi-layered strategies that not only respond to crises, but help to reduce risks and enhance protective factors. Addressing teen suicide effectively will require every major public and private institution with stewardship for our youth to increase their awareness and improve their responsiveness to this public health crisis.

Moreover, as we single out a few programs, we also want to be clear that this is not a critique of programs that are not identified in this rapid evaluation. In order to save lives, we need a broad, resilient safety net, and each strand of support is important.

## **Improving Crisis Response**

### Safe UT mobile app

Safe UT is a statewide crisis and safety tip-line/app for youth that provides real-time crisis intervention through texting and a confidential tip program.

This free mobile app provides students anonymous and confidential two-way communication with SafeUT crisis counselors or school staff through “Call Crisisline,” “Chat Crisisline,” or “Submit a Tip” functions. Licensed clinicians are available 24/7 in the CrisisLine call center to respond to all incoming chats, texts and calls. These professionals provide supportive and crisis counseling, suicide prevention, and referral services.

### Mobile Crisis Outreach Teams (MCOT)

Triaged through the Crisis Line, the University Neuropsychiatric Institute’s Mobile Crisis Outreach Teams (UNI MCOT) provide free, prompt, face-to-face response to any resident of Salt Lake County experiencing a behavioral health crisis.

UNI MCOT is an interdisciplinary team of licensed professionals and certified peer specialists available 24/7. Services include crisis resolution services for anyone experiencing, or at risk of, a mental health crisis, and who requires mental health intervention; consultation and support to individuals, families, and treatment providers; and follow-up services including information and referrals, linkage with appropriate community based mental health services for ongoing treatment. Arguably our most expensive recommendation, we believe that expanding the capacity and reach of MCOTs would be a major improvement in the state’s ability to respond specifically to mental health crises.

### “Zero Suicide” Framework

“Zero Suicide” is a framework for healthcare and behavioral health professionals and healthcare systems to identify and support patients under their care who might be at risk of suicide. Suicidal individuals too often fall through the cracks in our sometimes fragmented health care systems. A systematic approach to quality improvement regarding suicide in these settings is available. Implementation of the Zero Suicide framework should not be borne solely by the practitioners

providing clinical care; it requires a system-wide approach. We appreciate Intermountain Healthcare's commitment to implementing the Zero Suicide Framework into their overall commitment to patient safety and encourage all our healthcare systems to make this a priority.

## **Reducing Risk Factors and Enhancing Protective Factors**

### "Is Your Safety On?"

Using state suicide prevention funding, the Firearm Safety Committee has produced public education materials as part of the "Is Your Safety On?" campaign, including brochures, posters, and a public service announcement. As of early 2017, over 40,000 gun locks have been distributed.

### Skills Training in Health Classes

Research from the Student Health and Risk Prevention (SHARP) Statewide Survey shows that children that do not have a close relationship with their parents are at increased for depression and suicide ideation. There are also other skills that would be helpful to teach students. We would like the USBE to include consider expanding the Core Health Curriculum to include materials that focus on improved family relation skills, as well as skills that reduce impulsiveness while building emotional intelligence and resilience.

### Gatekeeper Training

QPR and Mental Health First Aid are courses intended to train "lay gatekeepers" or "lay mental health first responders" (parents, teachers, ministers, coaches, office supervisors, squad leaders, foremen, advisors, caseworkers) and many others who are strategically positioned to recognize and refer someone at risk of suicide. QPR (Question, Persuade, Refer) is the mental health analog of CPR, a rapid, effective approach to a crisis that could lead to potentially fatal self-harm. Mental Health First Aid is both more expansive and intensive -- teaching how to identify, understand and respond to signs of mental illnesses and substance use disorders. We would like to encourage as many "gatekeepers" in the state as possible to get these trainings.

### Hope Squads / Peer-to-peer programs

The legislature has designated \$500 per year grants for each secondary school to implement a suicide prevention program. This funding is available from the Utah State Office of Education as a reimbursement. Hope Squads are one response to this effort. They are groups of students trained to watch for and help other "at-risk" students in schools. Squad members are taught to

recognize signs of suicide contemplation in their peers and learn how to properly report these signs to an adult. Last year there were 178 Hope Squads in Utah schools. This year there are 291. The task force is encouraged by the promise of peer-to-peer programs like Hope Squads and would encourage schools throughout the state to consider implementing such programs with strong oversight and fidelity.

### Public Awareness Messaging

Many are understandably concerned that talking about suicide prevention might increase suicidal ideation. Research confirms that while inappropriate publicity about actual suicides can have a contagion effect, talking sensitively about self-harm and suicide actually helps. And listening heals.

Local media and healthcare organizations are already teaming up to provide broader public awareness messaging about effective ways to prevent suicide. We encourage local media to responsibly share messages about how to reduce access to lethal means, about how to respond appropriately to mental health care crises, and about how to build stronger protective relationships and resiliency within families and communities.

## **Additional Recommendations**

### Better Data on Risk Factors and Contributing Causes

One of the strongest pleas from the Utah Suicide Prevention Coalition was for better data to understand better what is happening with Utah's teens. The task force supports increased support for forensic autopsies in the Medical Examiner's Office as recommended in the Governor's proposed budget. Further, the task force recommends collecting data from high school students on sexual orientation and gender identity in the Student Health and Risk Prevention (SHARP) Statewide Survey.

### Sounder Institutional Footing for the Utah Suicide Prevention Coalition

We believe that the work of the Utah Suicide Prevention Coalition needs a firmer grounding in statute so that its work can be more effectively funded and monitored.

### Creation of a Suicide Prevention Fund

We know that many individuals and organizations would like to support these and other efforts to help prevent suicide. We recommend the creation of a fund that can be supported through

private donation -- including through the state's income tax filing form -- for activities coordinated through the Governor's Office for efforts that improve mental health crisis response, efforts that reduce known risk factors associated with suicide and efforts that enhance known protective factors associated with reducing suicide.

Although the Attorney General Crime and Violence Prevention Fund provides, among its thirteen identified activities, restricted funding for suicide prevention, we feel that a fund within the Governor's Office -- that has access to all the resources of state government -- would be most effective in coordinating this effort.

## **Summary and Conclusion**

Having reviewed the good programs underway in the state of Utah to help address the public health crisis of teen suicide, we have identified three strong programs that can improve crisis response: Safe UT, the UNI MCOT program, and the "Zero Suicide" framework for healthcare practitioners and systems.

Further, we have identified five programs that can help reduce risk factors and enhance protective factors associated with suicide: "Is Your Safety On"; skills training in health classes; QPR and Mental Health First Aid training; Hope Squads (or other peer-to-peer programs); and public awareness messaging.

All of these efforts will be best supported if we can improve the data we are collecting about risk factors, if we provide better institutional support for the Utah Suicide Prevention Coalition and if we can create a mechanism for funding better public-private partnership on these efforts.

We believe that intentional amplification of these efforts will help raise the awareness and responsiveness needed to help those in need. But this represents only a beginning of the ongoing coordinated efforts in which we need to invest.

And far and away the most important thing we can do immediately is to make sure that our children feel included, cared for and loved -- regardless of who they are, what they have done and their inevitable challenges. They need to know that when they hurt that there is hope, and that the hurt can go away without them going away. And they need to live and play in spaces where access to lethal means is restricted.

Thank you for raising the awareness of this issue throughout the state.