



Utah Suicide Prevention Committee and Coalition

Established in 2012

State establishing the Utah Suicide Prevention Coalition (26-B-611(3))

https://le.utah.gov/xcode/Title26B/Chapter5/26B-5-S611.html?v=C26B-5-S611_2023050320230503

(3) The coordinator shall:

- A. establish a Statewide Suicide Prevention Coalition with membership from public and private organizations and Utah Citizens; and
- B. appoint a chair and co-chair from among the members of the coalition to lead the coalition.

[Utah Suicide Prevention State Plan \(2022-2026\)](#)

Statewide Suicide Prevention Committee



The Utah Suicide Prevention Committee and Coalition's efforts are organized through a public-private partnership with established (2007) workgroups and a statewide coalition focused on coordination, training, and implementation.

The Utah Suicide Prevention Committee & Coalition will continue as it has in the past with the Committee overseeing it and workgroups achieving goals. The training and networking coalition will continue as it has under the committee.

USPC - Committee - Workgroups

The Committee meets monthly to identify goals and tasks aligned with the mission, provide guidance to workgroups, and advocate for policies which support evidence-based suicide prevention.

General bimonthly coalition meetings are held for training and information sharing, >250+ individuals are invited via email, with typical attendance under 100. Meeting minutes and recordings are shared with the email list.

Work Groups generally meet monthly to identify goals, develop work plans, and implement those plans.

The Behavioral Health Commission request

To develop tactics that fill gaps in the following strategy and objective of the UBHC strategic plan:

- Strategy 1: Strengthen behavioral health prevention and early intervention
 - Objective 4: Support prevention and early intervention activities that reduce suicide deaths and attempts

Defining Prevention

- Strengthening early intervention and prevention is a lifespan goal.
- Actions that occur prior to clinical intervention or treatment
- Reduce risk factors and increase protective factors in Utahns
- Focus on environments, access, skills, and connection to community
- Emphasizes upstream strategies such as means safety, stigma reduction, and community education

Identified priorities

Build the capacity among Utahns to reduce stigma, build knowledge and skills of upstream suicide prevention; reduce stigma of suicide, normalize the conversation, reduce access to lethal means, and change the culture.

- **Tactics:**
 - Continue the momentum of skill development. Build the capacity among Utahns to increase knowledge and skills of upstream suicide prevention, including lethal means safety.
 - Continue the momentum to normalize conversations of mental health and suicide; reduce stigma; and change the culture.
 - Build data infrastructure that effectively informs suicide prevention and intervention

Tactic 1: Continue the momentum of skill development. Build the capacity among Utahns to increase knowledge and skills of upstream suicide prevention, including lethal means safety.

- Continued implementation of evidence-based trainings.
- Research demonstrates that training individuals in suicide prevention saves lives (QPR: train 1000 saves ten lives).
- Each suicide death costs \$1.3M in lost wages, funeral costs, investigation, medical costs, clean up of location, therapy costs, etc.
- Means safety education in trainings - continue to encourage instructors to address each training.
- True story - Identifying warning signs. Someone left the training, and sought out someone they were worried about. Found them in crisis and accompanied them to the resources they had just learned.

Tactic 1: Continue the momentum of skill development. Build the capacity among Utahns to increase knowledge and skills of upstream suicide prevention, including lethal means safety.

Purpose

- Build practical, widely distributed skills that enable early recognition, supportive response, and reduction of immediate risk before crisis and treatment, and increase broad access to evidence-based prevention measures.

Tactic 1: Continue the momentum of skill development. Build the capacity among Utahns to increase knowledge and skills of upstream suicide prevention, including lethal means safety.

Key Activities:

- Evidence-based suicide-prevention training
- Lethal means safety as a core skill application
- Trauma-informed delivery

Tactic 1: Continue the momentum of skill development. Build the capacity among Utahns to increase knowledge and skills of upstream suicide prevention, including lethal means safety.

Build skills to:

- Recognize warning signs and elevated risk.
- Engage in supportive, nonjudgmental conversations
- Collaborate to connect individuals to appropriate supports
- Educate on limiting access to lethal means
- Encourage on voluntary secure firearm and medication storage

Why:

- Warning signs are noticed by people closest to them.
- Suicide risk can escalate quickly, and outside clinical settings.
- Suicidal crises are brief and impulsive.
- Temporary, voluntary reductions in access to lethal means create protective time and space, allowing crisis to pass and support to engage.

Stories

Real stories illustrate how training results in meaningful differences in people's lives

- After facilitating a QPR training for a faith-based organization, I received feedback from a participant who recognized warning signs in a member of her faith community. Immediately after the training, she checked on this individual.
- Upon arriving at their home, she found them curled up in the fetal position, expressing a sense of hopelessness.
- Using the training and resources I provided, she was able to help this person get the assistance they needed and ultimately prevent a suicide.

Tactic 1: Continue the momentum of skill development. Build the capacity among Utahns to increase knowledge and skills of upstream suicide prevention, including lethal means safety

- Develop a means safety module that will be incorporated into gatekeeper training and other research-based trainings and discussions.
- Implement a three-month follow up survey for gatekeeper trainings to determine use of knowledge and skills since the training (impact).

Tactic 2: Continue the momentum normalize conversations of mental health and suicide; reduce stigma; and change the culture

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Live On Utah Campaign Evaluation: Mixed Methods Approach

- Statewide Survey
- Quantitative Assessment
- Focus Groups
- Playbook Evaluation



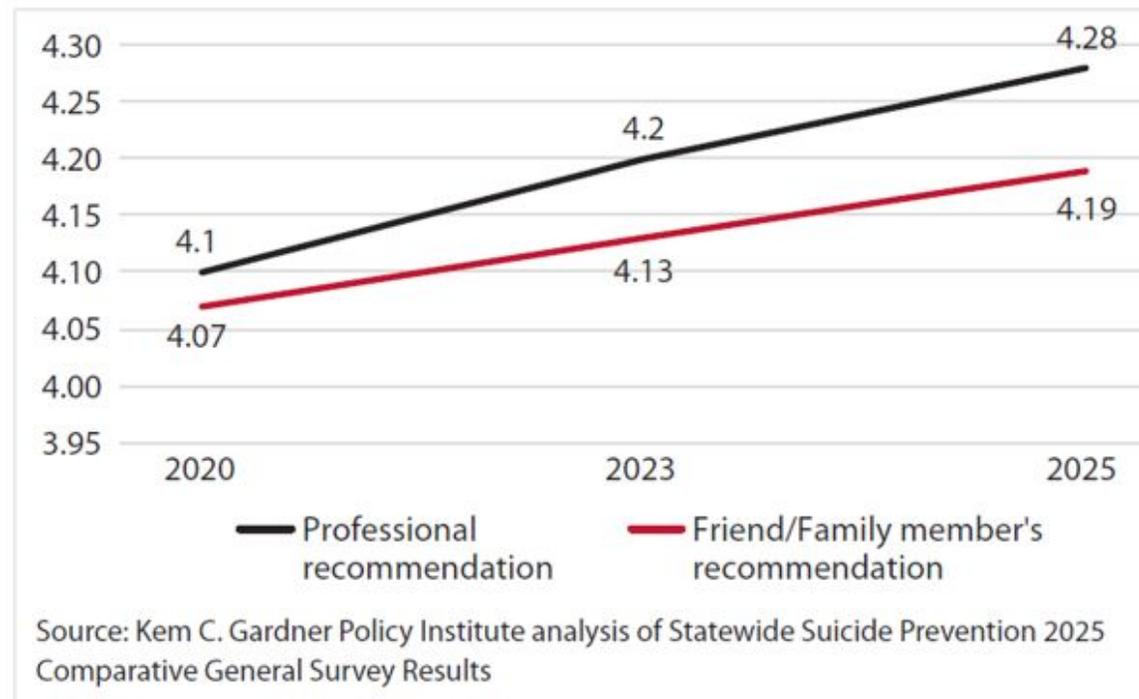
Statewide Survey

Barriers to Seeking Help, 2025

- ▶ 58.9% Can't afford treatment
- ▶ 58.3% The mental health challenge prevents or decreases motivation to seek help
- ▶ 54.0% Feeling like nothing will help
- ▶ 51.6% Don't want to admit it is so bad you need help
- ▶ 48.9% Lack of hope

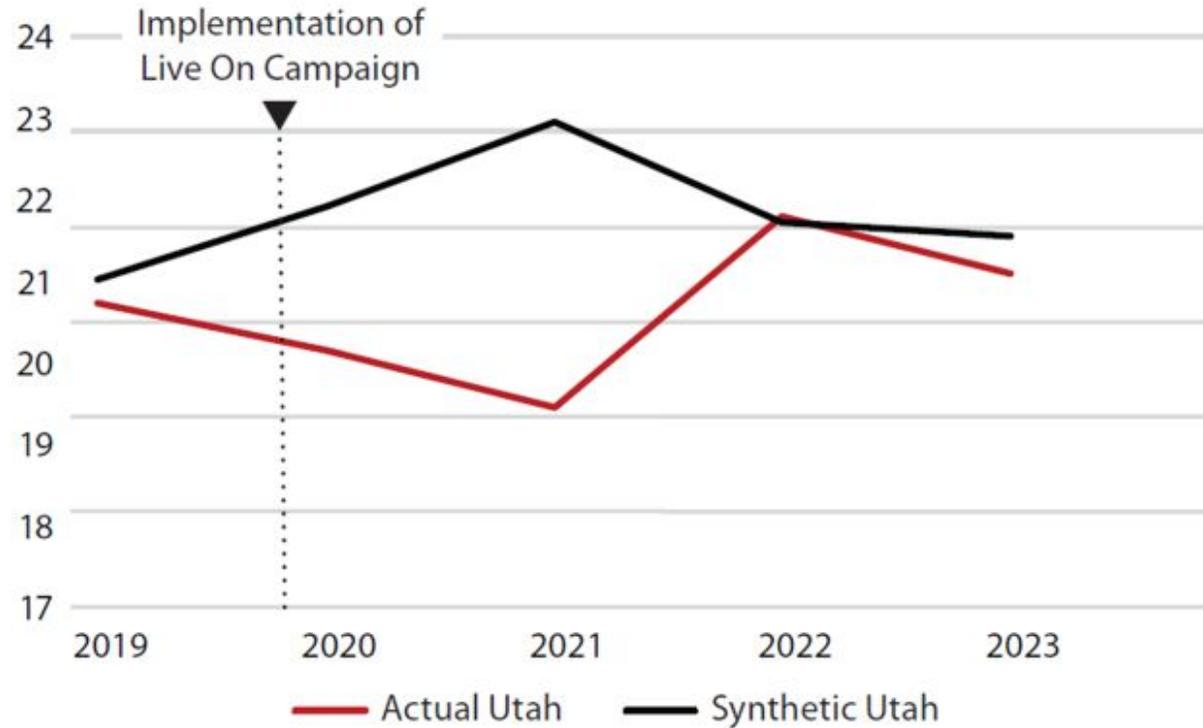
Statewide Survey

I Would Follow a Recommendation to Limit Firearm Access (Mean Score)



Quantitative Assessment

Difference in Suicide Rate Between Actual and Synthetic Utah, 2020-2023



Note: Estimated differences in 2022 and 2023 were not statistically significant.

Source: Kem C. Gardner Analysis

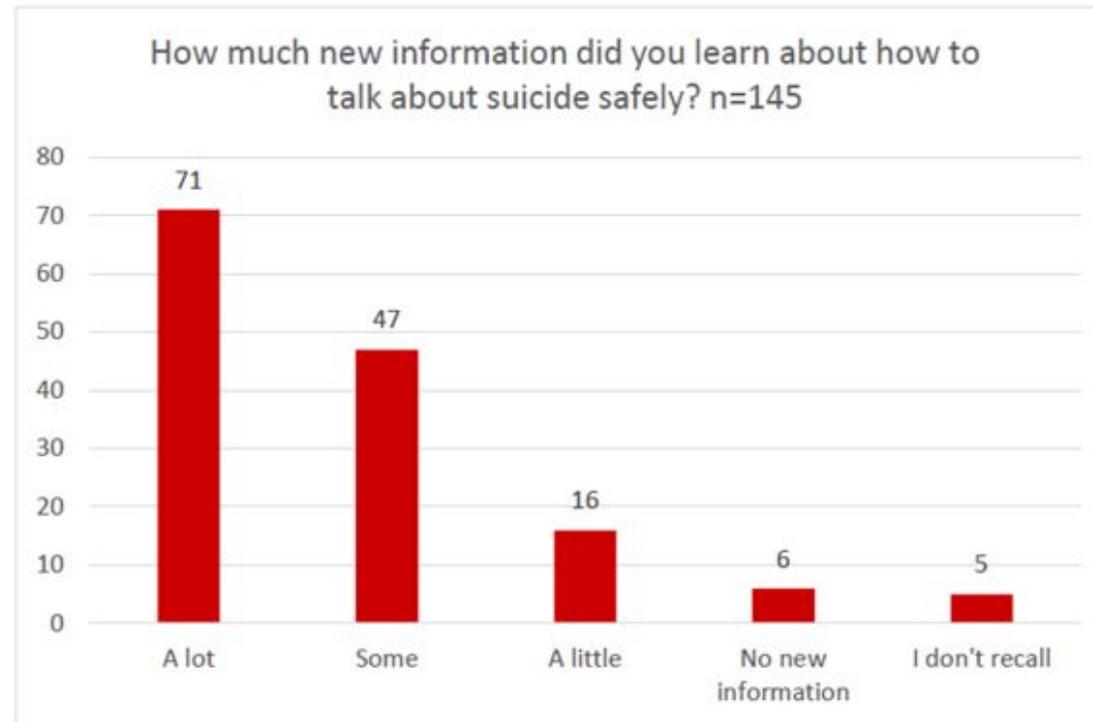
Focus Groups

Feedback on elements of the campaign were generally favorable, with participants appreciating their clarity and specificity.

Several participants found the messages motivating and/or liked the fact that the wording suggested an action step.

Playbook Evaluation

Learning to Talk about Suicide Safely



Stories

- The Live On Utah rodeo initiative.

https://www.lingoapp.com/105369/a/COWBOYS-30-Web-Subtitles-8EqEgj?asset_token=ECio93nQ0BFH3Ppab26PpQTYtZGFMqSHiIVDB_dsi0&v=49

- DHHS has an MOU with the Wyoming Department of Health. They are planning to use the rodeo initiative this summer and continue to implement Live On Wyoming in the future. South Carolina is also in conversations with DHHS to develop Live On South Carolina.

Tactic 2: Continue the momentum normalize conversations of mental health and suicide; reduce stigma; and change the culture

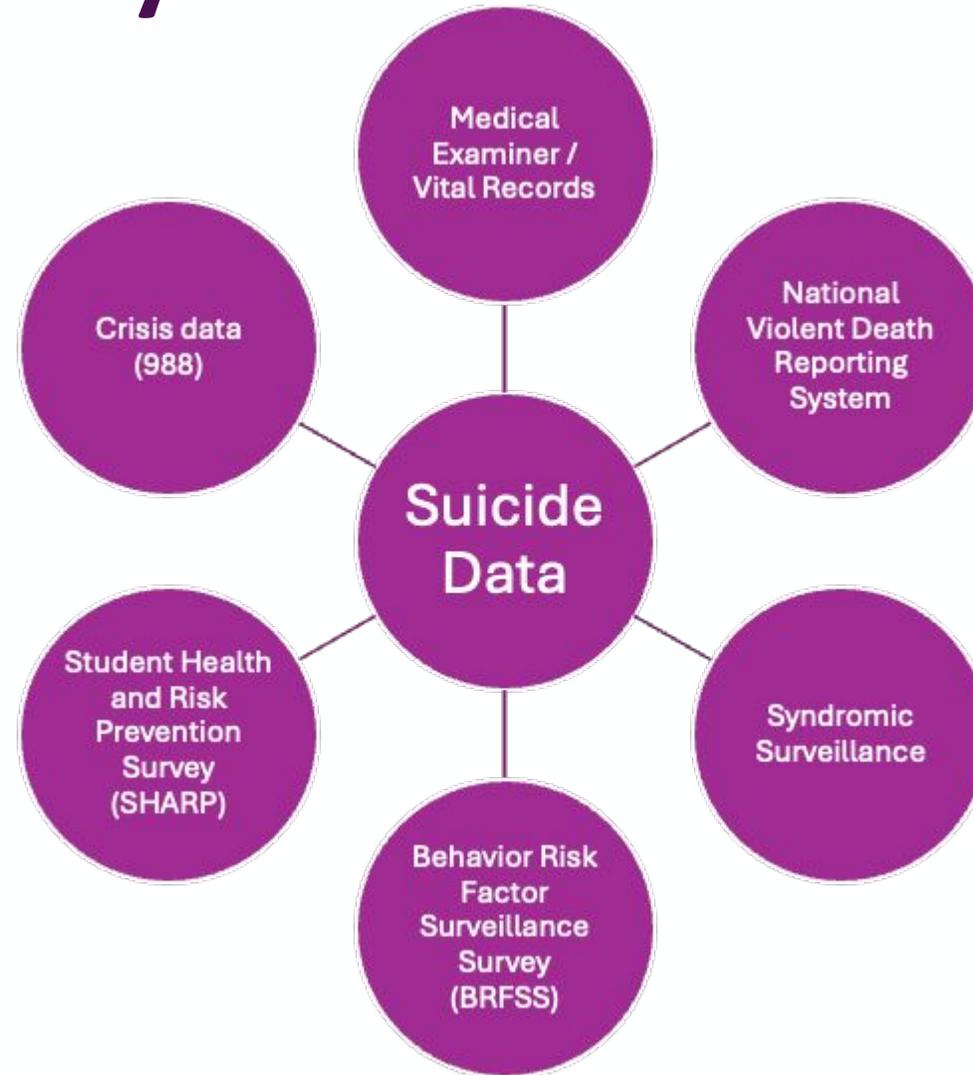
- Sustainably fund the Live On Utah suicide prevention campaign
- Intentionally share suicide prevention products and assets through all behavioral health networks

Tactic 3: Build data infrastructure that effectively informs suicide prevention and intervention

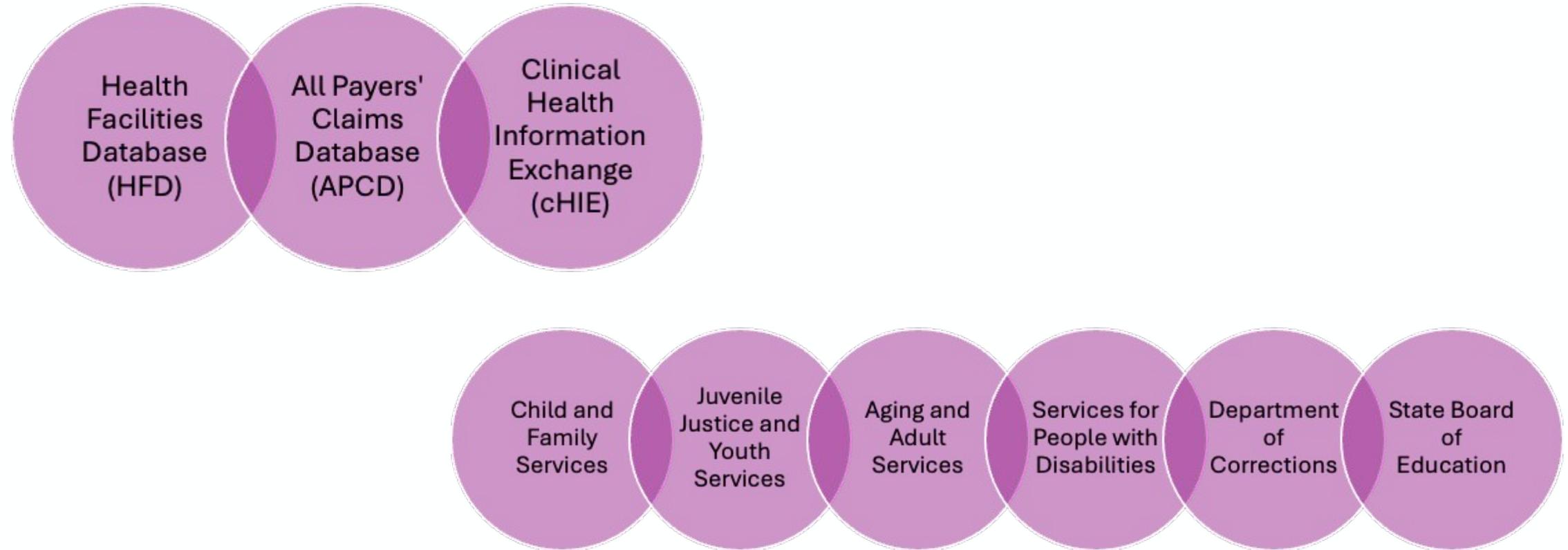
The future of suicide data infrastructure must address two historically enduring barriers:

- 1. Interoperability**
- 2. Capacity**

Interoperability



Linking and leveraging existing data to save lives



Capacity

The problem is not that we don't have enough data, it's that **we don't have enough people to make sense of the data we have.**

- We need to ensure that we have resources to monitor and interpret the data we have.
- And that we can capitalize on resources available to us to answer complex questions.

Evaluation

Suicide is a complex problem. Our measurement of success has go beyond preventing death to match the problem at hand.

- How many Utahns died by suicide?
- How many suicide attempts were averted because of a planned intervention, like 988 or MCOT?
- How many people are trained to respond when someone discloses suicidal thoughts? How many health care providers have specialized training related to treating people with persistent thoughts of suicide?
- How many people are not afraid to talk about suicide?
- How many people can identify at least three reasons for living?

Evaluation: Improving the data we have now

Three examples of how we can improve data to inform our understanding of efficacy:

1. Improve documentation and reporting of suicide-related events in health care settings.
2. Improve documentation of suicide-related interventions, like Counseling on Access to Lethal Means (CALM), safety plans, and collaborative discharge planning.
3. Reporting of how many Utahns are utilizing the Utah Safe Harbor law.

UBHC Strategic Plan

Strategy 1. Strengthen behavioral health prevention and early intervention.

Objective 4: Support prevention and early intervention activities that reduce suicide deaths and attempts

Tactics:

1. Continue the momentum of skill development. Build the capacity among Utahns to increase knowledge and skills of upstream suicide prevention, including lethal means safety.
2. Continue the momentum to normalize conversations of mental health and suicide; reduce stigma; and change the culture.
3. Build data infrastructure that effectively informs suicide prevention and intervention

Thank you for your time!

Be sure to check out the USPCC website.!

[Utahsuicideprevention.org](https://utahsuicideprevention.org)

We know that prevention works, treatment is effective, and people can and do recover from suicidal thoughts, feelings and behaviors. Together we can make a difference to prevent suicide by providing caring, culturally appropriate, and evidenced-based interventions, and fostering environments that promote acceptance, respect, healing and recovery. With a problem as complex as suicide, no single solution will be enough. Our health and behavioral health systems, schools, workplaces, and communities need to collectively work together to implement best practices for suicide prevention. Together we can prevent suicide.



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