5 Recommendations for Youth Suicide Prevention



Key Findings from the Utah Youth Suicide Research Project

For educators & school administrators

Department *of* Health
& Human Services

At a glance: 5 youth suicide prevention recommendations for educators and school administrators

- Promote recognition of child maltreatment and respond appropriately to reports of child maltreatment
- Collaborate with local behavioral health leaders to provide wraparound services for youth
- Monitor shifts in student engagement and watch for signs of diminished belonging
- Ensure that school suicide prevention programs are implemented with fidelity and utilize a variety of evidence-based programs
- Increase support for bereaved youth, especially in the wake of a suicide death of a family member or peer

More about these recommendations and the full report

These recommendations were made by the Suicide Child Fatality Review Committee, or SCFRC. This committee consists of experts and representatives from multiple agencies, health care organizations, child advocacy groups, suicide prevention advocates, policy makers, and mental health experts.

The Suicide Child Fatality Review Committee is a group of experts who make recommendations to DHHS and the State of Utah.

This executive summary is a condensed version of the full Youth Suicide Research Report.

Nearly 80% of youth who died by suicide experienced some form of child maltreatment.

Youth who died by suicide experienced high levels of maltreatment.

- 45.4% experienced physical abuse
- 22.2% experienced sexual abuse
  - Females were far more likely to experience sexual abuse than males: 63.6% of females were sexually abused compared to 11.6% of males.
- 74.1% experienced emotional abuse, such as being put down or ridiculed by a caregiver or being neglected.

In total, 79.6% of youth who died by suicide experienced at least one form of maltreatment, and 68.6% experienced more than one type.

Additionally, 69.4% of youth who died by suicide experienced generalized trauma. Examples include witnessing violence, being impacted by a natural disaster, or dealing with the serious illness or death of someone close to them.

Key prevention strategies

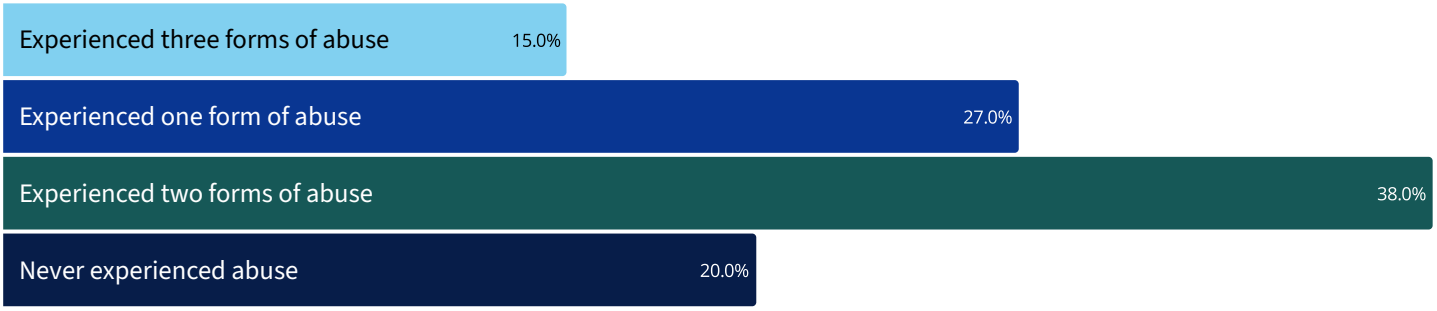
Recognize and report: As trained observers, teachers should know the signs of neglect and abuse and adhere to mandatory reporting laws.

Build strong relationships: Create a safe, stable environment where students feel comfortable confiding in teachers. Offer one-on-one attention and positive encouragement.

Implement prevention education: Utilize, enforce, and support school-wide policies that prevent, detect, and report maltreatment

Support families: Connect families to community resources for mental health support, financial support, or help with other challenges to reduce stress and prevent neglect.

Listen to students: Take all disclosures of abuse seriously and reassure children that they did the right thing by speaking up



Recommendation from the suicide child fatality review committee:

Promote recognition of child maltreatment and respond appropriately.

Many youth who died by suicide could have benefitted from improved care coordination across multiple systems.

Youth who died by suicide were often experiencing complex family stressors:

- 43.9% lived with someone who had a diagnosed mental illness
- 33.3% lived in homes with problematic alcohol use
- 26.9% lived in homes where drugs or medications were misused
- 27.8% of families said healthcare costs were stressful, even when they had insurance
- 33.6% experienced the death of someone close to them
- 14.8% experienced homelessness

These youth also had disproportionate rates of school mobility, learning challenges, and other disruptions to their education.

- 53.3% switched schools one or more times when a school transition (such as moving from middle school to high school) was not expected
- 20.6% attended an alternative high school
- 14.0% of youth who died by suicide had an IEP or 504 plan at the time they died

Youth in UYSRP were more likely to be impacted by school discipline or be justice-involved:

- 37.0% of these youth had been disciplined at school, some very near to the time they died.
- 41.0% had one or more interactions with law enforcement or the justice system
- 25.0% had interactions with the juvenile court
- 23.2% were placed outside of their home for a correctional or rehabilitative purpose

Recommendation from the suicide child fatality review committee:

Collaborate with local behavioral health leaders to provide wraparound services for youth.

Effective suicide prevention requires youth-facing care providers to engage in a wraparound approach that extends evidence-based care beyond the clinic or school walls. Rather than viewing treatment as an isolated encounter, educators must engage in a coordinated care network that bridges the gap between a variety of settings. Care coordination is particularly critical for youth navigating high-risk transitions — such as the return to school following a crisis or the escalation of legal involvement — where the risk of treatment dropout and safety plan failure is highest.

Schools should formalize partnerships with clinicians, juvenile justice representatives, and family systems to ensure a 360-degree view of the youth's environment. By integrating informal supports — such as mentors and peer support in schools — vulnerable youth are more likely to receive life-saving care when it is needed. These multi-system partnerships are essential for building the trust and information-sharing pathways necessary to solve multi-faceted problems, ensuring that no youth falls through the cracks during the critical windows following a non-fatal suicide attempt or a new systemic stressor.



Youth who died by suicide were often absent and disengaged from school leading up to the time they died.

Chronic absenteeism and lateness was common in youth who died by suicide, with 41.7% being absent or very late to school at least one day a week.

More than 4 in 5 youth in the study were reported to participate in extracurricular activities, but some parents and peers reported that youth stopped engaging in these activities in the year before their death.

Taken together with finding about school mobility, data from UYSRP suggests that prioritizing early intervention for students showing indicators of being disconnected from the school community can contribute to suicide prevention in addition to academic success.

Elements of belonging

Emotional connection: Do students feel a positive emotional bond with teachers or peers?

Welcoming & inclusion: Are students actively invited into activities rather than just being physically present?

Authentic self: Do students feel they can be their "whole self" without hiding parts of their identity?

Valued contributions: Are students recognized for their individual worth and the specific help they provide?

Psychological safety: Do students feel safe to share dissenting opinions or ask questions without fear of rejection?

Agency & influence: Do students perceive that they have a say in how things work or can influence decisions?

Practical tips for fostering student connection

Normalize checking in: Make check-ins with students routine, prioritizing students who seem to be withdrawing from class, coming to class late frequently, or who experienced a recent move. Dedicating even five minutes makes a difference.

Assign meaningful roles: Create meaningful ways for students to engage and contribute in schools. Students gain a sense of purpose and belonging when they feel the they are active contributors, not just passive subjects.

Reduce stigma: Normalize talking about stress and mental health by discussing them frequently. Topics that are frequently discussed are normalized.

Facilitate local mentorship & community ties: Help connect students with local mentors, neighbors, or community groups to give them a secure sense of place beyond the school walls.

Monitor the quiet shifts: Watch for students who quietly stop attending clubs, teams, disengage from friend groups, or stop saying hello to teachers after class. Quiet withdrawal may be the first noticeable warning sign that a student is struggling and needs support.

Recommendation from the suicide child fatality review committee:

Monitor shifts in student engagement and watch for signs of diminished belonging.

Very few youth who died by suicide engaged with a school-based suicide prevention resource.

- At the time UYSRP was conducted (2016-2019), most Utah high schools had a suicide prevention program.
- According to parents and peers interviewed, 50% of youth in UYSRP knew about the suicide prevention program at their school, but very few (7%) were reported to have sought out help from these resources.
- Very few youth (7.8%) were known to have ever called a suicide prevention lifeline.

Adopting a suicide prevention program is a great first step and demonstrates care for student well-being. However, schools must ensure that the programs they implement are evidence-based and delivered with fidelity. Without high-fidelity delivery, even the best evidence-based programs lose their ability to protect vulnerable students.

UYSRP does not expound upon the large number of youth who engaged in a suicide prevention program and who had a positive outcome. Our data leads us to believe that suicide prevention programs ought to be more expansive and create more opportunities for engagement, not less.

Additionally, schools should deploy multiple strategies to prevent suicide: no one program or initiative is effective for every student. Further, schools should educate students on how to recognize a mental health crisis in themselves and their peers, and how to intervene as part of a standard health and wellness curriculum.

UYSRP data reveals that a single suicide prevention program is unlikely to meet the needs of all students. Multifaceted approaches, including curriculums inclusive of suicide prevention, are more likley to be effective. Additionally, high-fidelity implementation means ensuring that every aspect of a suicide prevention program is delivered to fidelity.

When schools layer multiple suicide prevention strategies and implement them effectively, they build a more robust safety net that reaches students who may not seek help through existing channels.

Recommendation from the suicide child fatality review committee:

Ensure that school suicide prevention programs are implemented with fidelity and utilize a variety of evidence-based programs.

2 in 5 youth who died by suicide had an immediate family member die by suicide prior to their own death.

41.7% of youth lost an immediate family member to suicide prior to their own death by suicide

- 11.1% lost a parent to suicide
- 27.7% lost an aunt or uncle to suicide

Most (82.2%) of these deaths occurred more than two years prior to the youth's death, but affected them throughout their life.

1 in 4 youth who died by suicide had a friend who died by suicide prior to their own death.

- 24% of youth who died by suicide had previously lost a friend to suicide
- Half of those youth (46%) characterized the friend who died as a "best friend" or a "close friend"

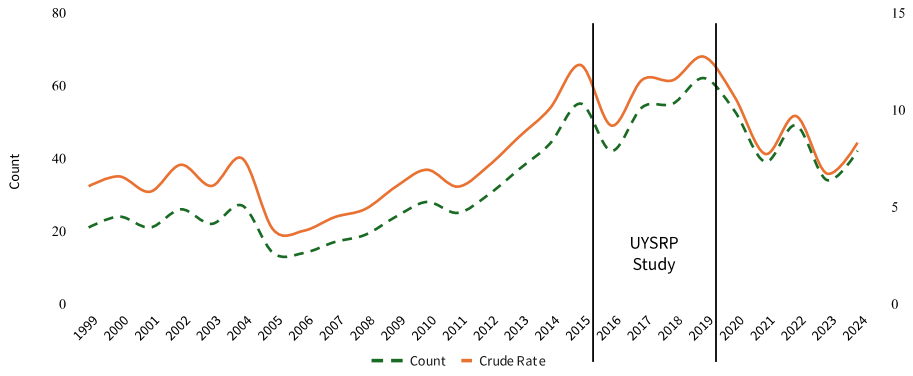
Postvention is a formalized response to a sudden and unexpected death that incorporates bereavement care and suicide prevention tactics. Every school should have a postvention plan, build partnerships with external mental health providers to improve access if they exceed their capacity, and work with local media partners in an regular basis to ensure suicide is safety reported in communities.

Postvention is prevention. Effective response in the wake of a suicide death in the community is a form of proactive care. How a school handles the aftermath of a suicide directly impacts the long-term well-being of the student body. Approaching these moments with a dedicated postvention strategy of clear communication and supportive outreach transforms a time of crisis into an opportunity for communal healing and reinforced safety.

Recommendation from the suicide child fatality review committee: Increase support for bereaved youth, especially in the wake of a suicide death of a family member or peer.

The Utah Youth Suicide Research Project: Epidemiology & Context

Youth Suicide rates began to climb beginning in 2008, with a dramatic escalation from 2011 to 2015. From 2015-2019, rates began to plateau, but remained stable at an incredibly high level, 46.5% higher than the national average. During this period, an average of 40 Utah youth died by suicide each year.



About the Youth Suicide Research Project

The Utah Youth Suicide Research Project (UYSRP) is a population-level psychological autopsy study examining 108 youth suicide deaths (ages 10–18, including recent high-school graduates) between 2016 and 2019, including in-depth interviews with parents, caregivers, siblings, and peers.

The study provides rare, actionable insight into who dies by suicide, what patterns precede death, and where the educational, healthcare, behavioral health, and other community systems can make changes for better prevention.

Demographics in UYSRP

Overall, the youth in this study were mostly representative of all young people who died by suicide in Utah during this time. The data shows several key patterns:

- 75% were male
- 79% were between the ages of 16-18
- Youth who lived in rural and urban areas were proportionately represented
- More than 90% lived with their parents or guardians
- Most lived in middle-income households with caregivers who were employed and had access to health insurance

Manner of death was also comparable between UYSRP participants and all youth who died by suicide in the study's timeframe. For those in our sample who died between 2016 and 2019:

- 48.3% used a firearm
- 39.4% died by asphyxiation
- 7.4% died by poisoning
- 4.9% died by some other method