

Online Extension Material:

Utah Youth Suicide Study

Phase I

All government agencies in the state of Utah agreed to turn over records on every youth suicide (13-21 years old) for three years. This study included 151 consecutive youth suicides. The goal was to ascertain where suicide decedents had contact within the community. One of the findings was that 63% of youth suicides had had contact with the juvenile court system, typically multiple small offenses over several years.

Phase II

Home interviews were conducted with the parents of 49 suicide decedents beginning two to three months after the death of their son or daughter. "Anger" and "temper outbursts" were the most commonly observed psychiatric symptoms in the weeks prior to death. Although 67% of parents indicated that their child had a specific mental illness, none of the adolescents who were prescribed medications had positive toxicology for psychotropic medication at autopsy.

Phase III

Interviews with a variety of community contacts of suicide decedents were performed including parents, siblings, relatives, friends, teachers, coaches, and others. Parents and friends recognized the most symptoms and friends were the best at recognizing substance abuse. In terms of "Barriers to Treatment" all groups identified the stigma of mental illness as the main barrier to treatment.

Phase IV

A mental health screening was performed for one month on all teenagers presenting to the Utah juvenile courts statewide. The Youth Outcome Questionnaire was used as the screening tool. The key finding was that adolescents in the juvenile court system have significant mental health issues. Higher Y-OQ scores were associated with a greater number of court offenses.

Phase V

A pilot study of a new treatment prevention program for young mentally ill juvenile offenders was implemented. The novel screening and treatment program study included a control group. The treatment improved the mental health of the adolescents, offenses were reduced, and the cost of treatment was much less than the cost of additional court ordered placements received by the control group.

Phase VI

The treatment for young mentally ill juvenile offenders was expanded using a SAMHSA grant to all of the adolescents having contact with the Third District Juvenile Court, which includes the metropolitan area of Salt Lake City, Utah. The grant demonstrated

that screening and treatment on a large scale is possible for adolescents at highest risk for suicide.

Effect Size Statistics

The effect sizes for the overall model was small (Cohen's f -squared = 1.273, on a scale of 1 to infinity) and moderate for the regression coefficient for the interaction effect between Treatment and Days, B (effect size = 0.667, on a scale of 0 to infinity). Consistent with the significance pattern of this model, the overall effect size appears to be primarily driven by the effect of the interaction variable.

