

BACKGROUND

- Suicide is the third leading cause of death for youth aged 10–24, resulting in about 4,600 deaths each year.¹
- In a 2011 national study of high school students, 15.8% reported that they had “seriously considered attempting suicide during the 12 months preceding the survey.”²

GARRET LEE SMITH MEMORIAL ACT (GLSMA)

- Beginning in 2004, the GLSMA provides coordination and support for State and tribal suicide prevention programs across the country.
- In many communities, it is the most significant resource ever committed to youth suicide prevention programs.

GARRETT LEE SMITH (GLS) GRANTEES

- Although the GLSMA includes States, tribes and campuses, the data in this presentation includes only State and tribal sites.
- As of October 1, 2012, SAMHSA has funded 147 of these grants to 43 tribes, 48 states and 1 territory.
- There are 61 currently-funded State/tribal grantees: 29 States/territories and 32 tribes.

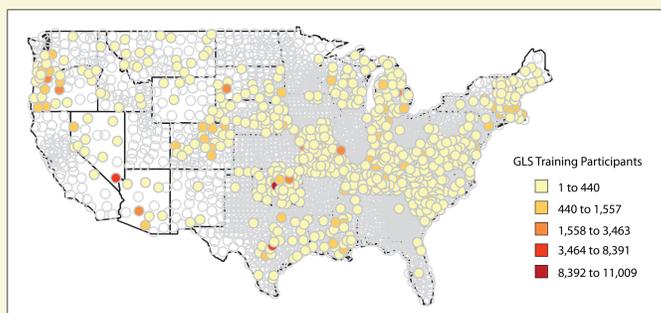
DATA SOURCES

- Training Exit Survey (TES)
 - Data from 243,915 trainees and 915 trainings conducted by GLS cross-site evaluation program at county level
- Youth Risk Behavior Surveillance System (YRBSS)
 - 2011 State and urban metropolitan data used to estimate prevalence rates for high school students in States with GLS trainings (n = 46)
 - Use of Q25: During the past 12 months, did you ever seriously consider attempting suicide? (Yes/No)
- National Center for Education Statistics (NCES)
 - For three States* that did not collect YRBSS data at the county level, national rates were used to impute youth suicidal prevalence rates for those counties.
 - Rates were estimated based on NCES 2009–2010 county-level high school student enrollment data and the national YRBS-reported prevalence rate.

GLS GATEKEEPER TRAINING—FINDINGS FROM THE CROSS-SITE EVALUATION

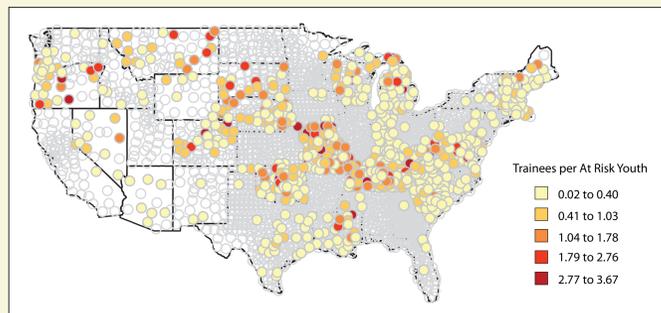
- GLS State and tribal grantees devote over a fourth of their budget to training activities.
- Gatekeeper trainees typically identify one youth within two months following or after the training.
- Trainees are able to monitor about half of those identified to report that they are connected to a mental health service.

GLS SUICIDE PREVENTION TRAININGS



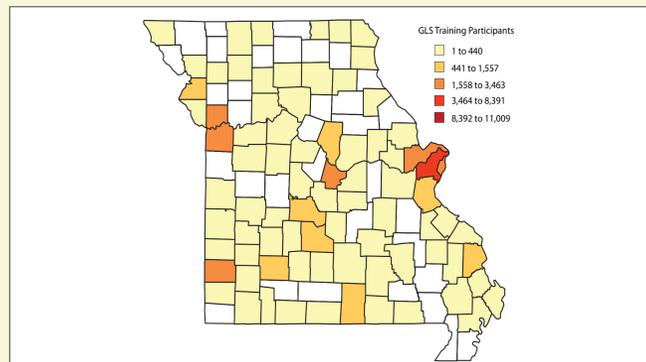
- GLS suicide prevention trainings have taken place in hundreds of counties across the United States.
- Suicide prevention trainings occur in counties with both high and low prevalence of high school aged youth at risk for suicide.

RATIO OF AT-RISK YOUTH TO SUICIDE PREVENTION TRAINEES



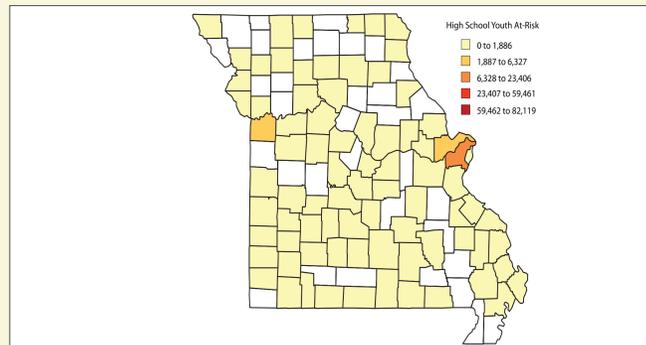
- Ratios range from over 3 trainees for each at-risk youth to 50 at-risk youth per trainee.
- Areas with high prevalence of youth at-risk for suicide (the northeast, Texas gulf coast, and mid-Atlantic) tend to have lower ratios whereas areas with low prevalence (southern mid-west and northern southeast) have higher ratios.

GLS SUICIDE PREVENTION TRAININGS IN MISSOURI



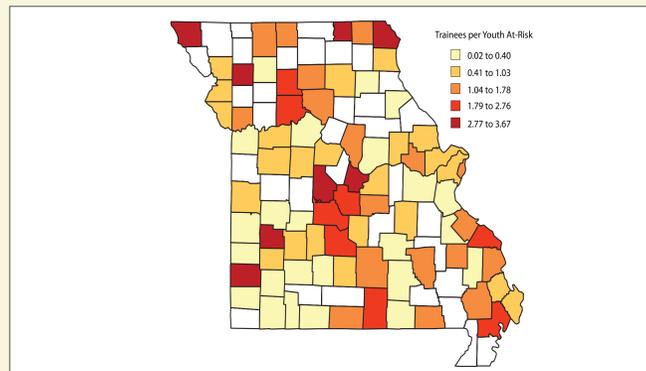
- Missouri is the state with the most GLS trainings to date.
- Trainings have taken place in 80 of the state’s 114 counties and in the independent city of St. Louis.
- More trainings have occurred in densely populated areas.

PREVALENCE OF AT-RISK HIGH SCHOOL-AGED YOUTH IN MISSOURI



- The prevalence of high school-aged youth at risk for suicide is highest in the two largest urban areas of Missouri.
- The less densely-populated portions of the State have lower levels of prevalence of at-risk youth.

RATIO OF AT-RISK YOUTH TO SUICIDE PREVENTION TRAINEES IN MISSOURI



- As seen nationally, in areas with lower prevalence of youth at risk for suicide and a lower population, there is a much higher ratio of suicide-prevention trainees to at risk youth.
- In the areas where there is high prevalence of youth at risk for suicide, the ratio tends to be much lower with fewer trainees per at-risk, high school-aged youth.

IMPLICATIONS

- Surveillance data can be used to estimate the degree to which program resources are being matched to the prevalence of youth at risk for suicide at the national, State and county level.
- Many GLS gatekeep trainings were held in less populated areas which often have fewer mental health resources and may not have had such resources in their communities in the past, addressing a significant barrier to improving suicide prevention infrastructure nationwide.

CITATIONS

¹Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2010). Available from www.cdc.gov/injury/wisqars/index.html.

²Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 2011. MMWR, Surveillance Summaries 2012;61(no. SS-4). Available from www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

CONTRACT INFORMATION

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CONTACT INFORMATION

ICF International
Hailey Reid, Manager
(646) 695-8164
Hailey.Reid@icfi.com