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## Suicide Prevention Training for the Davis County Workforce in Utah

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## **Suicide Prevention Training for the Davis County Workforce in Utah**

*Emma Parkhurst*

### **Abstract**

*Suicide prevention and mental health have been prioritized in Utah at both the local and state levels. In response, Utah State University (USU) Extension and partners provided an evidence-based training, VitalCog, to organizations to proactively address suicide in the workplace to the Davis County workforce.*

### **Introduction**

According to the CDC, suicide among the U.S. working-age population (16-64) is trending upwards. In 2017, approximately 38,000 persons died by suicide (Peterson et. al, 2016). Suicide was selected by community partners and leaders as the top health issue in Davis County Utah for the second time; first in 2013 and again in 2018. Suicide is viewed as one of the most serious and urgent health issues in the nation (National Institute of Mental Health, 2019). It is a leading cause of mortality and morbidity, and Davis County is ranked higher than the U.S. average. Between 2015 and 2017, males account for 2 out of every 3 suicides in Davis County, and 3 out of every 4 in Utah (Utah Department of Health, 2022).

Through the Community Health Improvement Plan (2019-2023), Davis County health providers and partners developed the capacity to offer evidence-based suicide prevention and postvention programs, including *VitalCog: Suicide Prevention in the Workplace* (formerly known as Working Minds). VitalCog trains organizations to proactively address the early warning signs of suicide in the workplace, stating “just as organizations realized they can help reduce heart disease by encouraging exercise, they can also reduce suicide by promoting mental health and encouraging early identification and intervention.” The goal of VitalCog is to educate and equip businesses with the capacity to address mental health and suicide concerns in the workplace.

### **Response and Target Audience**

VitalCog is one of seven evidence-based suicide programs offered to the community of Davis County. Developed by the Helen and Arthur E. Johnson Depression Center (formerly known as the Carson J Spencer Foundation), the objectives of the 2-hour VitalCog training are to (a) increase awareness of suicide prevention; (b) increase capacity for dialogue and critical thinking about workplace mental health challenges, and; (c) increase organizations’ ability to promote help-seeking and help-giving in the workplace. The training builds an economic rationale for suicide prevention while promoting help-seeking and help-giving. In response to COVID-19, the VitalCog training was provided in a virtual format to avoid any disruption in program delivery.

In partnership with Davis Behavioral Health, a cohort of certified trainers led by USU Extension provided virtual sessions in Davis County to workplace administrators and employees, Human Resources and wellness program managers, and general supervisors or managers. While this training was open to everyone, the target audience was working men since suicide rates are

higher among males than females in the county. Training sessions were open to the public and provided privately for individual agencies.

### Outcomes and Impact

A total of 10 virtual training sessions were conducted with 87 participants in 2021. An evaluation pre-survey was implemented before the training with a response rate of 95% ( $n = 83$ ). Most participants were male (53%), with 47% reporting being female. Individual agencies and/or employees that completed the training include, but are not limited to, Davis School District, Layton City, Centuri Construction Group, and Children’s Service Society of Utah.

An evaluation post-survey implemented after the training had a response rate of 31% ( $n = 27$ ). Short-term evaluation results in Table 1 indicated that attendees had an increase in knowledge related to suicide and suicide prevention in the workplace following the training (89%). In addition, most participants reported an improved level of confidence about talking to someone about getting help following the training (92%). Participants agreed they would be able to apply the information they learned in their place of work (88%): one of the most commonly reported concepts learned was to be direct when asking about suicide.

*Table 1. Post-training Evaluation Results*

| Statements   | % Agreement |
|--|-------------|
| I feel knowledgeable about suicide prevention                                | 88          |
| I know how to get help for someone thinking about suicide                    | 92          |
| I feel confident that I can identify some warning signs of suicide           | 88          |
| I feel comfortable talking to someone about suicide                          | 92          |
| I feel comfortable talking to someone about getting help                     | 92          |
| Overall, I learned new knowledge and skills from this course                 | 89          |
| Overall, I feel like I will be able to apply what I learned from this course | 89          |

Participants also shared their experiences with the training: one said, “I learned the most about how to start the conversation with someone who you think might be thinking of suicide.” Another stated they learned about “the potential signs to be aware of for a suicidal person”. Lastly, a participant was made aware of the “focus it brings to the mental health and how important it is in not only in the workplace but in personal life.”

### Public Value and Next steps

Evaluation results indicate an increase in employees’ knowledge about suicide prevention in the workplace and confidence in talking to someone about getting help. Results also show that the VitalCog training provided employees with practical applications for suicide prevention. The positive outcomes of this training demonstrate a significant step towards reducing suicide rates within the county among the working population. USU Extension will continue the partnership with Davis Behavioral Health to target individual cities participating in Communities That Care (CTC) coalitions and construction companies within Davis County. These partnerships will enable both in-person and virtual training to increase training accessibility. It will also expand

the number of trainings to other agencies outside of Davis County in partnership with the Utah Suicide Prevention Coalition.

### References

- Davis County Health Department (2019). *Davis4Health: Community Health Improvement Plan*.  
[https://www.daviscountyutah.gov/docs/librariesprovider5/reports-and-assessments/community-health-improvement-plan-\(chip\)/2019-chip-final-draft.pdf?sfvrsn=11fd2f53\\_4](https://www.daviscountyutah.gov/docs/librariesprovider5/reports-and-assessments/community-health-improvement-plan-(chip)/2019-chip-final-draft.pdf?sfvrsn=11fd2f53_4)
- National Institute of Mental Health (Updated 2022). *Mental health information: Suicide*.  
<https://www.nimh.nih.gov/health/statistics/suicide>
- Peterson, C., Sussell, A., Li, J., Schumacher, P. K., Yeoman, K., & Stone, D. M. (2020). Suicide rates by industry and occupation - National Violent Death Reporting System, 32 states, 2016. *Morbidity and Mortality Weekly Report*, 69(3).  
<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6903a1-H.pdf>
- Utah Department of Health (2022). *Public Health Indicator Based Information System (IBIS)*.  
[https://ibis.health.utah.gov/ibisph-view/indicator/complete\\_profile/SuicDth.html](https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/SuicDth.html)