

## **IDENTIFICATION OF HIGH-RISK BEHAVIORS - REDUCTION OF CHILDHOOD SUICIDE ATTEMPTS - BACKGROUND MEMORANDUM**

Senate Concurrent Resolution No. 4032 (attached as an [appendix](#)) directs the Legislative Council to study ways in which schools and school districts can better identify high-risk students and provide programs designed to reduce the incidences of high-risk behaviors that can lead to suicide attempts. The Legislative Council has assigned this study to the interim Education Committee.

### **SUICIDE STATISTICS**

Nationally, more than 30,000 individuals commit suicide each year. Suicide is the 11<sup>th</sup> leading cause of death among all ages and the 2<sup>nd</sup> leading cause of death among those between the ages of 10 and 24.

In North Dakota, from 1994 through 2003, 797 individuals took their own lives. This averages out to almost 80 per year and almost 7 each month. Attempted suicides during that same period averaged 382 per year, or more than 1 per day. Most of those individuals required serious medical attention, at an average cost of \$7,515. The highest rates of suicide during that period were found in the 15 to 24 and 45 to 54 age groups.

### **RISK FACTORS**

Risk factors vary with age, gender, and group and may even change over time. Among the younger group, risk factors include suicidal thoughts, psychiatric disorders, such as depression, impulsive aggressive behavior, bipolar disorder, certain anxiety disorders, drug and alcohol abuse, and previous suicide attempts. Often, risk factors occur in combination. Situational stress and access to firearms appear to increase the risk of suicide.

In North Dakota many of the risk factors become even more challenging when coupled with geographic isolation and limited availability or limited accessibility of mental health services.

### **YOUTH RISK BEHAVIOR SURVEY**

In 1990 the United States Centers for Disease Control and Prevention developed a youth risk behavior survey. The survey was designed to monitor risk behaviors that contribute to the leading causes of death, disability, and social problems and in turn to serve as a springboard for the initiation of effective responses. The survey focuses on six risk factors--tobacco use, dietary behaviors, physical activity, alcohol and drug use, sexual behavior, and violence.

North Dakota began participating in the survey in 1995. In 2005, 1,239 students between grades 7 and 12 participated in the survey. Among the results are:

- Nearly 20,000 North Dakota high school students have tried cigarettes and almost 6,000 of those smoked their first cigarette before age 13.
- In 2005 there were 18 traffic fatalities involving children between the ages of 10 and 19. Seven of those involved alcohol.
- Seventy percent of North Dakota high school students ate at a fast food restaurant at least once per week.
- Twenty-two percent of North Dakota high school students watched three or more hours of television during a schoolday.
- Four percent of North Dakota high school students missed school because they felt unsafe at or on their way to school.
- Only 32 percent of North Dakota high school students always wear a seatbelt when riding in a car.
- Thirty-two percent of North Dakota high school students drank alcohol or used drugs before their last sexual encounter.
- Eleven percent of North Dakota high school students indicated that they have had at least four sexual partners during their lifetime.
- Seven percent of North Dakota high school students indicated that they had been forced to have sexual intercourse against their will.
- Nine percent of North Dakota high school students indicated that they had been hit, slapped, or physically hurt by a boyfriend or girlfriend during the last year.

### **NORTH DAKOTA ADOLESCENT SUICIDE PREVENTION PROJECT**

In 1999, faced with data showing that the suicide rate for North Dakotans in the 10 to 24 age group was almost twice the national average, adolescents and young adults became the primary focus for North Dakota's suicide prevention efforts. The initial state plan focused on three strategies--awareness and education, increased treatment access, and resiliency and asset building. By 2001 the focus shifted to the development of strategies in five core areas--infrastructure, youth development, professional education, public education, and evaluation.

Several part-time suicide prevention coordinators were hired in 2002 and by 2003 eight rural and tribal mentoring coordinators had been hired. Mentoring programs, support groups, screening efforts, crisis response, and teen-led efforts were all put into place.

Since the inception of the North Dakota Adolescents Suicide Prevention Project, more than 40,000 North Dakotans have received training in suicide prevention strategies. This number includes

700 teen leaders, 8,000 professionals, and 1,500 faith-based partners. Thirty-five percent of the project's activities take place in tribal settings. During the project's first five years, there was a 47 percent reduction in the number of suicides attributable to the 10 to 19 age group and a 32 percent reduction attributable to the 10 to 24 age group.

The North Dakota Adolescent Suicide Prevention Project was awarded the 2005 Public Health Practice Award from the American Public Health Association in recognition of its innovative and creative approaches as well as its role in reducing the number of suicides among young North Dakotans.

### **CONCLUSION**

Suicide is a complex phenomenon and childhood suicide is a tragedy of unfathomable proportions. The

psychological and social impact of a suicide both on the individual's family and on those who shared a school or place of work is immeasurable. Although far from being understood, suicide is recognized as resulting from a complex interaction of biological, genetic, sociological, and environmental factors. It is also recognized as being potentially preventable.

Tools and programs for the prevention of suicide are available and are being used in North Dakota with significant success. This study will allow an opportunity to closely examine those tools and programs and to determine ways in which entities, such as schools and school districts, can better identify and provide assistance to students who are high risk for attempting suicide.

ATTACH:1