

SB 2311

Senator Joan Heckaman

Chairman and Members of the Committee: I am Senator Joan Heckaman from District 23. I am here to introduce you to SB 2311. This bill started out in the Senate as a bill to have schools include instruction in mental health awareness and suicide prevention for students in grades 7-12, including instruction and information on identifying warning signs and risk factors, identifying at-risk peers, and the availability of resources addressing these issues.

When the bill came out of the Senate Human Services Committee it had been hog housed into a review of health education content standards and curriculum for students in K-12. I appreciate that addition because the committee felt they did not know exactly what grade this instruction should begin. The Department of Public Instruction would conduct this review to ensure that age-appropriate content standards and curriculum are current and reflect best practices, including mental health awareness and suicide prevention. There is nothing wrong with having this review. In fact, I believe adding this review to the original bill will make a stronger bill that focuses on the current issues our young people are encountering.

I want to go back to the 2019 session where we became acquainted with Kennedy Gjovik, a young lady from my legislative district. She made it her mission to ensure that students have access to instruction in mental health awareness and suicide prevention. She provided compelling testimony on the importance of this training when she testified before this committee.

She is joining us again today, virtually, to add additional information and tell her story. But I will begin the story.

Kennedy was not able to find anyone to listen to her in her high school. She suffered an extremely traumatic event in school that almost ended her life. She eventually transferred to another school.

She came to Bismarck last session and testified about the need for mental health awareness and suicide prevention instruction. That bill passed with the only remaining part that each school in the state identify a behavior health resource

coordinator. This individual connects with students to hear their concerns, assess local/regional resources for help, and help students access identified resources.

That part of the bill was successful and continues to positively impact our schools in the following manner. I am leading a group of educators in identifying resources schools may use to address educator stressors, as related to COVID issues. These resources have been gathered with the help of Pam Sagness at DHS and Luke Schaefer who is the Director at Central Regional Education Association. These resources have been distributed to schools through the connection with the behavior health resource coordinators. We thank Kennedy for her concerns and getting this positive piece of legislation passed. Thanks to this committee for supporting that bill.

Back to SB 2311. This bill in its original form will add to the opportunities for educators and behavior health resource coordinators to positively impact lives of our young people. The part that adds traction to the original bill was that schools may collaborate with other districts, both public and nonpublic, to share resources and provide instruction through distance or virtual learning opportunities. I believe this opens the doors to a variety of possibilities.

But the part that is important is that there is face to face instruction. As a teacher, I know that just handing out a pamphlet or piece of information does not do the job. To help students find answers, you need to connect with the student and with the unlimited possibilities in this bill to lower attempts and prevent needless suicides. A few weeks ago, Fargo had another student take his life. This bill, in its original form, can help prevent more suicides.

I have attached a document from the Youth Behavior Risk Survey (2019). This survey provides information to schools on what needs are identified in local schools, whether that is trending up/down, and helps direct interventions/instruction.

You will note that on the high school survey, from 2007-2019, the percentage of students who felt sad or helpless increased, the percentage of students who seriously considered attempting suicide increased, the percentage of students who made a plan about how they would attempt suicide increased, and the percentage of students who attempted suicide increased. These statistics are alarming. We need to do something. And while the review of standards may

provide some information, we can't wait 2 more years. Attached is a link to the survey, Youth Risk Behavior Survey/ North Dakota Department of Public Instruction (nd.gov). A couple other statistic sheets from this survey are attached in my testimony from the Senate hearing. It is also noteworthy that it will be interesting to see the upcoming survey that will assess the effects of COVID. Will students feel more isolated, sadder, more intent on planning suicide, or note a variety of new concerns?

If you look at the testimony from the Senate, you will see that all testimony is in support or in a neutral position.

As you hear testimony on this bill, I would ask you to return this bill to its original form and add the review of health standards to that form. I have an amendment for your consideration to do that.

Thank you for your time and I would stand for any questions.

2019 YOUTH RISK BEHAVIOR SURVEY RESULTS

North Dakota High School Survey
Trend Analysis Report

Total Injury and Violence																		
Health Risk Behavior and Percentages																		
	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015	2017	2019	Linear Change*	Quadratic Change*	Change from 2017-2019 †
QN25: Percentage of students who felt sad or hopeless (almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey)																		
	25.0	25.9	20.8	20.3	17.1	22.9	23.8	25.4	27.2	28.9	30.5	Increased, 1999-2019	Decreased, 1999-2007 Increased, 2007-2019	No change				
QN26: Percentage of students who seriously considered attempting suicide (ever during the 12 months before the survey)																		
	25.4	18.8	19.0	13.6	15.4	10.4	12.4	14.7	16.1	16.2	16.7	18.8	Decreased, 1995-2007 Increased, 2007-2019	No change				
QN27: Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)																		
	19.9	14.3	13.9	11.3	12.2	8.1	10.5	12.1	13.5	14.5	15.3	Decreased, 1995-2019	Decreased, 1995-2007 Increased, 2007-2019	No change				
QN28: Percentage of students who attempted suicide (one or more times during the 12 months before the survey)																		
	7.5	6.4	7.5	7.2	6.4	8.8	5.7	10.8	11.5	9.4	13.5	13.0	Increased, 1995-2019	No change, 1995-2005 Increased, 2005-2019	No change			

*Based on trend analyses using a logistic regression model controlling for sex, race/ethnicity, and grade, p < 0.05.
†Based on t-test analysis, p < 0.05.

