

Public Testimony for Study of Youth Suicide Prevention Issues in North Dakota

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This testimony is to help support the legislative study regarding suicide issues related to North Dakota youth.

My present role is as an independent consultant to Mental Health America in North Dakota directing their suicide prevention project. This project is providing support to the North Dakota Health Departments SAMHSA grant for work on state and tribal youth suicide prevention initiatives.

- Thirty years professional experience working with teens.
- Twenty years suicide prevention experience working with adolescent and young adult suicide prevention efforts in North Dakota.
- One of 14 North Dakotans involved in the development of the first national suicide prevention strategy in 1998
- Co-founder of the North Dakota Adolescent Suicide Prevention Task Force founded in 1998, co-chair of the task force from 2000 – 2005.
- Project director for the Mental Health Association for the North Dakota Adolescent Suicide Prevention Project from 2000-2006 which trained over 50,000 North Dakotans during that time – from teen leaders, school staff, community caretakers, parents, and a variety of professional groups
- Project director of the North Dakota Tribal – Rural Mentoring Partnership with almost 450 youth being mentored in North Dakota's largest mentoring project and one the nation's largest tribal mentoring efforts.
- I am presently on the National Rural Youth Suicide Prevention Workgroup through STIPDA (State and Territorial Injury Prevention Directors Association) developing a work plan with policy recommendations for rural states.
- Am working with several national tribal initiatives regarding suicide prevention including consulting with Dr. Holly Echohawk on a policy summit for Native American tribal suicide prevention initiatives.
- Consulting with two research projects in Georgia and New York State associated with the University of Rochester, one of four national suicide prevention research centers, as they rigorously evaluate the Sources of Strength in Suicide Prevention curriculum initiated in North Dakota.

The study in North Dakota is extremely important for the health of North Dakota teens for the following reasons.

- Suicide is the #2 cause of death for young people ages 10-24 years old in North Dakota.
- The 2005 North Dakota YRBS data for 9<sup>th</sup> – 12<sup>th</sup> grade show 20.3%, felt sad or hopeless, 15.4% seriously considered attempting suicide, 12.2% made a plan for a suicide attempt, 6.4% attempted suicide, and 1.2% made a suicide attempt serious enough to need medical attention.
- In 1998, when North Dakota began its first efforts on a state suicide prevention plan North Dakota was ranked the #2 highest state per 100,000 rate for suicide fatalities for 10-14 year olds, #6 highest state per 100,000 rate for suicide fatalities for 15-19 year olds.
- Adolescent suicide is closely linked with other risk factors particularly depression, substance abuse, exposure to traumatic events, harassment, intense conflict, and aggressive-impulsive behavior, as well as school failure.
- North Dakota has demonstrated some hopeful trends in its ability to impact and reduce teen suicide behavior and fatalities. A 47% reduction in 10-19 year old suicide fatalities during 2000-2004 compared to the average of the 1990's. Also a 20%-29% reduction in three of four Youth Risk Behavior Survey markers associated with 9-12<sup>th</sup> grade suicide comparing 1999 with 2003 North Dakota YRBS data.

#### Recent History of North Dakota Suicide Prevention Efforts

- 1992 – eighty two post-vention crisis teams were developed and trained around the state by MHAND
- 1994-98 – Many local suicide prevention task forces developed with a normal lifespan of two to three years.
- 1998 – North Dakota Adolescent Suicide Prevention Task Force was developed and first state plan written and distributed in 2000
- From 2000 – 2004 the project began an extensive adolescent suicide prevention effort throughout North Dakota using 10 different grants to average approximately \$40,000 per year for statewide efforts. The project focused on a variety of strategies, many that partnered with schools around updating protocols and policies, gatekeeper training, professional training, early screening and referral strategies, developing teen led strategies, mentoring, and developing small support groups.
- 2005 – ND Suicide Prevention Task Force developed state plan for addressing suicide across the lifespan – no funding
- 2005 - North Dakota Adolescent Suicide Prevention Project received national award for Public Health Practice by the American Public Health Association, epidemiology section
- 2007 – ND Suicide Prevention Coalition reformed to assist with Garret Lee Smith Grant administered by the ND Dept. of Health

It is helpful to think of suicide prevention efforts similar to efforts to reduce traffic fatalities. We will not be able to prevent every traffic fatality, but we have shown that we can significantly reduce the number of highway fatalities through a mixture of efforts – speed limits, how cars are built, how roads are designed and maintained, seat belt laws, DUI enforcement, graduated licensing, etc. The same is true of suicide prevention. We will probably be unable to prevent or stop all suicides, but it clearly seems possible to reduce the unacceptably high number of suicides especially in our young.

At \$40,000 per year the project did not have sufficient resources to adequately study, evaluate, or research the impact, but the prevention activities along with the dramatic reduction in teen suicide fatalities drew national attention from many groups. The project received the prestigious national Public Health Practice award from the American Public Health Association, Epidemiology Section in 2005.

The reduced funding for suicide prevention in 2005-2006 showed significant less statewide prevention activity in schools and communities followed by a bounce back, or increase in teen suicide fatalities.

This study is timely, focused, and strategic and has a good chance to result in some very practical application. I recommend the study includes the following...

1. A review to determine if secondary schools in North Dakota have adequate policy and protocol that guide and support staff in the proper effective handling and referral of suicidal students.
2. A review to determine if schools have adequate resources, partnerships, and staff to immediately handle and refer suicidal teens in a timely manner.
3. Recommendations for a consistent ongoing gatekeeper training for school staff, to include teachers, support staff (aides, bus drivers, cooks, janitors, etc.) as well as, administration and school board training, to assist in both identification of youth with warning signs and to increase proven protective factors to youth that are in distress, but not suicidal.
4. Recommendations and review of effective practices that can be woven into the school climate that could reduce youth sociality, including educational and skill based coping curriculums, school-based mentoring, support groups, teen-led prevention activities, and other strength-based school bonding efforts.
5. Protocols and recommendations around the use of suicide screening resources for both universal screening of many students and targeted screening of students identified as high risk.
6. Track identified suicidal students to see if they receive adequate support and services from medical/mental health services and village supports in a way those students and parents find helpful and meaningful.
7. Post-vention protocols and training to respond effectively to traumatic deaths in a manner that reduces the likelihood of suicide contagion and clusters.

This study is timely and hopefully can partner with two potential efforts around suicide prevention in North Dakota.

- The North Dakota Department of Health has just received a Garrett Lee Smith SAMHSA grant targeting 14 counties in North Dakota for adolescent suicide prevention efforts.
- Nationally recognized suicide prevention researchers (Wyman, Brown) recently completed a very comprehensive study of gatekeeper training on school staff in Georgia and spent several days in North Dakota this past December 2006 reviewing the efforts from the ND Adolescent Suicide Prevention Project and Sources of Strength. They are very interested in pursuing a large rural suicide prevention study and are interested in North Dakota as a core partner as part of this research effort.