Suicide Prevention

Introduction

There is no single cause to suicide. It most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition. On average one person dies by suicide every 71 hours in North Dakota (ND). According to the American Foundation for Suicide Prevention (2017), ND continues to have suicide rates that are higher than the national average per capita.

The Center for Disease Control and Prevention (CDC) 2014 suicide report indicates that suicide is the tenth leading cause of death for all ages across the United States. In 2017, the American Foundation for Suicide Prevention identified that suicide is the number one leading cause of death for ages 35-44 in ND. The CDC reported in their 2015 suicide fact sheet that suicide affects everyone, but some groups are at higher risk than others. Men are about four times more likely than women to die from suicide (CDC, 2015). Other groups with higher rates of suicide behavior include rural populations, active or retired military personnel, and American Indians. These groups reflect the foundation of the ND culture.

The ND Department of Health, Suicide Prevention Program and NDCPD have been active in bringing suicide prevention discussion to the ND Suicide Prevention Community Assessment (NDCPD, 2016). The Center for Suicide Prevention noted the many myths associated with suicide have also contributed to the persistence of stigma. Notions that people who kill themselves are “cowards” and “selfish” persist to this day, while attempters are often viewed as “attention seekers” who are not to be taken seriously (Centre for Suicide Prevention, 2013). The idea that suicidality is hereditary can sometimes serve to further torture families who experience a suicidal death (Centre for Suicide Prevention, 2013). A major mandate of suicide prevention programs has been to dispel these myths and to educate and inform the public in an attempt to eliminate stigma. The World Health Organization (WHO) in 2013 addressed that with knowledge this can be improved. Specifically, this type of stigma can be directly addressed by providing a range of community-based educational programs with various subgroups within the society.

Purpose

The community assessment of northwestern ND completed by NDCPD in 2016 describes the ongoing ‘need to continue to develop and implement effective programs that promote wellness and prevent suicide related behaviors. The 2017-2020 ND suicide prevention plan stressed the importance the first line of defense for suicide prevention. These “gatekeepers” (suicide-alert helpers) can be family members, social acquaintances, or those in more formal relationships, such as physicians, teachers, and hairdressers.
It is important that people feel empowered to intervene when they perceive someone to be at risk for suicide. ND suicide community assessment surveys strongly show a need for community trainings to build suicide prevention networks.

Summary

Since 2016, NDCPD has implemented a community-based education program to increase public suicide prevention awareness through the use of LivingWorks’ safeTALK. NDCPD uses an evidenced based world-leading LivingWorks suicide intervention training program that is championed by ND Department of Health and Suicide Prevention Department. NDCPD has worked with community organizations to identify the value of the safeTALK program and to ensure that the program is delivered in a manner supportive of community values. NDCPD will continue to offer safeTALK trainings across ND that will prepare participants to identify people who have thoughts of suicide and connect them with life-saving first aid resources through LivingWorks.

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Resources


