



Executive Summary  
April 2004

# SAVING TOMORROWS TODAY

North Carolina's Plan  
to Prevent Youth Suicide

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## The Problem of Youth Suicide

Suicide is the hidden killer of North Carolina's young people. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, influenza, and pneumonia *combined*. With suicide rates 17% higher than the national average, North Carolina loses approximately 127 of its young people to suicide each year, making it the third leading cause of death among those aged 10 to 24. From 1995-1998, North Carolina's medical and productivity costs of fatal suicides for persons 24 years of age and younger were \$158,233,767. Hospitalized suicide attempts of North Carolina youth for 2001 cost \$31,890,264.<sup>1</sup> This figure does not include the immeasurable cost of the pain, suffering, and diminished quality of life experienced by the victims, their families, and their friends. This cost is poignantly described by Johns Hopkins University psychologist Kay Redfield Jamison:

*The suffering of the suicidal is private and inexpressible, leaving family members, friends, and colleagues to deal with an almost unfathomable kind of loss, as well as guilt. Suicide carries in its aftermath a level of confusion and devastation that is, for the most part, beyond description.<sup>2</sup>*

## Why Does It Happen?

There are no easy answers to this question. Improved surveillance systems and more research are needed. Generally suicide occurs when several risk factors are present. At least 90% of those who take their own lives have mental health problems, usually depression;<sup>3</sup> yet most people who suffer from depression do not end their lives by suicide. While some suicides are carefully planned, others are impulsive acts of desperation and youth tend to fall in this latter category. The influence of alcohol and the availability of lethal means are associated with increased risk. While young females attempt suicide more often than young males, male

attempts are more likely to be fatal because they are more likely to use firearms. In fact, most completed suicides are carried out with a gun.

Youth who are isolated from family and friends are at higher risk, especially those who are in out-of-home care, such as group homes or correctional facilities. Those who have made previous attempts or who have friends or family members who have died by suicide are at much higher risk.

## The Public Health Approach

The nation's foremost authorities have recently highlighted suicide as a public health problem requiring every state's attention. The Surgeon General in 1999 issued a *Call to Action to Prevent Suicide*.<sup>4</sup> Another landmark document published in 2001, *National Strategy for Suicide Prevention: Goals and Objectives for Action*, supports a public health approach, lays out a framework for action in the form of 11 goals, and calls upon states to develop and implement comprehensive suicide prevention plans.<sup>5</sup> This national strategy was followed by an Institute of Medicine report, entitled *Reducing Suicide: A National Imperative*, which also emphasizes that suicide is a public health problem, especially among our young, where it claims an inordinate number of lives.<sup>6</sup> Consistent among these documents is the importance of public-private partnerships, coordination and collaboration of efforts, increased monitoring and surveillance of completions and suicide attempts, heightened awareness of the magnitude of the problem, and identification and implementation of effective interventions for the prevention of youth suicide.

## Prioritized Strategies for the Prevention of Suicide

The North Carolina Youth Suicide Prevention Task Force, led by staff from the North Carolina Department of Health and Human Services, Division of Public Health (NCDHHS/DPH), Injury and Violence Prevention Branch, has provided a forum for studying the problem of youth suicide in North Carolina, collaboratively conducting activities, and developing a state plan. This work has been particularly challenging due to the complexity of the problem, the needed involvement of agencies, organizations and individuals with diverse roles and perspectives, and the emotional pain that this work can evoke.

The Task Force members selected six goals from the *National Strategy for Suicide Prevention* as priorities for North Carolina.<sup>5</sup> In concert with other key stakeholders from across the state, these goals have been discussed and specific objectives developed for launching a coordinated effort to prevent youth suicide in North Carolina. The goals and objectives of this Plan provide a focused and strategic approach for North Carolinians to take the steps necessary to reduce the number of North Carolina youth who attempt or complete suicide.

## Goals and Objectives

- ▲ *Promote awareness that suicide is a public health problem that is preventable.*
  - a) Launch a statewide public awareness campaign with components that focus on the general public and decision makers and incorporate targeted messages for special populations at risk as determined by race, ethnicity, and sexual orientation.
  - b) Provide information resources to community groups for promoting awareness through existing channels of communications and for local awareness campaigns.
  
- ▲ *Develop and implement community-based suicide prevention programs.*
  - a) Identify evidence-based best practices and facilitate their dissemination and implementation.
  - b) Identify existing programs and services that are evidence-based and support and expand their availability.
  - c) Increase applied research for developing effective evidence-based interventions.
  - d) Engage key partners/stakeholders in a participatory process in all phases of youth suicide prevention from research design through dissemination, implementation, and evaluation.
  
- ▲ *Promote efforts to reduce access to lethal means and methods of self harm.*
  - a) Develop and implement an effective multi-media safe storage campaign focused on increasing awareness of the relationship between firearm availability and suicide.
  - b) Expand North Carolina's firearm safe storage law to include a clear and specific definition of safe storage.

- c) Increase the numbers of health care professionals who provide counseling to parents of children and adolescents about safe storage of lethal means (drugs and firearms).
- d) Collect and analyze information about the lethal means of suicide in a statewide data system, including where the agents were obtained and how they were stored.
- e) Implement a prescription drug monitoring system in North Carolina.
- f) Identify evidenced-based interventions to reduce the use of over-the-counter medication for suicide attempts.

▲ ***Implement training for recognition of at-risk behavior and delivery of effective treatment.***

- a) Identify and review existing evidence-based gatekeeper training for suicide prevention and intervention.
- b) Develop and implement a plan for the provision of training for youth suicide prevention.
- c) Develop and implement curricula about suicide prevention for students entering the fields of social work, allied health services, nursing, medicine, mental health services and related careers.
- d) Incorporate gatekeeper training as part of professional development.

▲ ***Improve access to and community linkages with mental health and substance abuse services.***

- a) Assure that community mental health services in North Carolina include adequate suicide prevention and intervention services for youth.
- b) Inform traditional community services providers of potential risk for suicide in their youth populations (e.g. youth corrections, victims of abuse) and how to link those at risk to appropriate mental health services.
- c) Increase the use of non-traditional community resources, e.g. school counselors, faith communities, boys and girls clubs, recreation programs, to link youth at risk for suicide to mental health services.
- d) Improve access to insurance for youth and require that insurance plans cover mental health care on par with physical health care.

### ▲ *Improve and expand surveillance systems.*

- a) Include the surveillance of suicide and associated risk factors in the North Carolina Violent Death Reporting System and produce annual reports of suicides in the state.
- b) Provide estimates of suicide attempts using data from the North Carolina Hospital Discharge Database and emergency department data.
- c) Develop a mandated reporting system that identifies all minors who receive Emergency Department treatment/evaluation for self-inflicted injuries.
- d) Analyze, interpret and distribute suicide surveillance data to inform research, program, and policy development in our state.

## References

<sup>1</sup>Suicide Prevention Resource Center: *North Carolina Suicide Prevention Fact Sheet*. <http://www.sprc.org/calendar/nconconf/statedata.asp>. Accessed: 02/23/04.

<sup>2</sup>Jamison, KR. *Night Falls Fast: Understanding Suicide*. NY: Vintage, 2000: 1.

<sup>3</sup>Conwell, Y, Duberstein, PR, Cox, C, Hermann, JH, Forbes, NT, & Caine, ED. Relationships of age and axis I diagnoses in victims of completed suicide: A psychological autopsy study. *Am J Psychiatry*, 153 (1996): 1001-1008.

<sup>4</sup>Public Health Service. *The Surgeon General's Call to Action to Prevent Suicide*. Washington DC: US Department of Health and Human Services, 1999.

<sup>5</sup>Public Health Service. *National Strategy for Suicide Prevention: Goals and Objectives for Action*. Rockville, MD: US Department of Health and Human Services, 2001.

<sup>6</sup>Institute of Medicine, Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide. *Reducing Suicide: A National Imperative*. Washington DC: National Academies Press, 2002.

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