

North Dakota Department of Health
Division of Injury Prevention and Control
SUICIDE: FACT SHEET

Occurrence

- From 1994 through 2003, 797 people committed suicide in North Dakota.
- Between 1994 and 2002, the North Dakota suicide rate was higher than the national average for eight of the nine years.
- There are an average of 382 hospitalized suicide attempts per year in North Dakota, and an average of one attempt per day needing serious medical attention.
- Suicide by firearms is almost three times more prevalent than the next most common method: hanging/suffocation.

Groups at Risk

Males

- There are almost six male suicides for every female suicide in North Dakota.
- Males account for 42 percent of suicide attempts, with a rate of 50.8 per 100,000.

Females

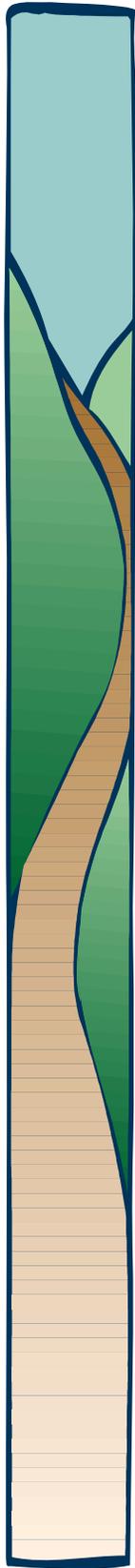
- Females account for 58 percent of suicide attempts, with a rate of 68.5 per 100,000.
- Women report attempting suicide during their lifetime about three times more often as men (Krug et al. 2002).

Youth

- 15 to 19 year olds account for 32 percent of suicide attempts and have the highest hospitalization attempt rate.
- 15.4 percent of North Dakota students grades nine through twelve seriously considered attempting suicide in the past 12 months, according to the 2005 Youth Risk Behavior Survey (YRBS).
- 6.4 percent of students who actually attempted suicide one or more times during the past 12 months according to the 2005 YRBS.

Age

- The highest average suicide rates for 1994 through 2003 were in the 45 - 54 age group and the 15 - 24 age group.



Risk Factors

The first step in preventing suicide is to identify and understand the risk factors. Risk factors are those that make it more likely individuals will develop a disorder; risk factors may encompass biological, psychological or social factors in the individual, family and environment and are not necessarily causes. Research has identified the following risk factors for suicide (DHHS 1999):

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide
- Family history of child maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Cultural and religious beliefs – for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people

Protective Factors

Protective factors buffer people from the risks associated with suicide. A number of protective factors have been identified (DHHS 1999):

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts

Risk and Protective factors are from CDC National Center for Injury Prevention and Control: www.cdc.gov.