Good morning, Chairman Schaible and members of the Senate Education Committee. My name is Alison Traynor and I am the Suicide Prevention Program Director for the North Dakota Department of Health (NDDoH). I am here to provide testimony in support of Senate Bill 2149.

In 2017, suicide took a record-breaking 148 lives across all age groups in North Dakota. A report released in 2018 by the Centers for Disease Control and Prevention indicated that North Dakota’s suicide death rate had increased more than other states, rising 58 percent since 1999. Suicide has consistently been the second leading cause of death for North Dakota youth and young adults. According to the 2017 North Dakota Youth Risk Behavior Survey, 16.7 percent of high schoolers reported seriously considering suicide.

The Suicide Prevention Program supports mental health awareness and suicide prevention instruction for students when accompanied by crisis resources, best practice protocols, and technical assistance. Youth are a vulnerable population of individuals and to maintain proper health, both physically and mentally, they must be given the proper resources. Causes of suicide are complex and require a comprehensive solution, including increasing youth awareness and coping skills, as well as increasing schools’ ability to provide instruction on these critical issues.

Evidence-based training has shown to increase adult confidence and competence to educate students and to respond appropriately and effectively. The Suicide Prevention Program has worked closely with the North Dakota Departments of Human Services and Public Instruction, Regional Education Associations, and school districts to provide evidence-based training at no cost to meet professional development requirements. The Suicide Prevention Program is committed to continue this partnership to provide school staff with the training and resources needed to meet the needs of students.

Prevention can save lives. By requiring effective and age-appropriate instruction on mental health awareness and suicide prevention, supported by resources vetted by experts in behavioral health, students are more likely to receive the appropriate interventions and resources before a tragedy occurs.

This concludes my testimony in support of Senate Bill 2149. I’m happy to answer any questions you may have.