

Suicide is a public health problem that affects victims, families, and communities. In 2009, suicide was the cause of death for more than 1,157 North Carolinians.¹ Between 2004-2009, more than 1,000 North Carolinians died by suicide each year.¹ These deaths crossed gender, age, race, and other demographic lines to affect the entire state. In addition to deaths by suicide, there are many more people who are at risk for and attempt suicide. During that same time period of 2004-2009, more than 8,000 North Carolinians each year were treated in emergency rooms for self-inflicted injuries.² Youth and young adults, older adults, military service members and veterans, and people with mental health and substance use disorders are at increased risk for self-inflicted injury and death by suicide. The issue of suicide affects the whole state and needs significant attention in order to save lives.

The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) works with other state and local agencies to provide prevention, crisis intervention, treatment, recovery support, and other services to people who are contemplating suicide or who have attempted suicide, and to their families. DMH/DD/SAS asked the North Carolina Institute of Medicine (NCIOM) to convene a task force to review the state's current suicide prevention and intervention system and identify strategies to enhance the system to better meet the needs of North Carolinians.

The NCIOM Suicide Prevention and Intervention Task Force included 24 members representing DMH/DD/SAS, the North Carolina National Guard, public health and other health professionals, behavioral health providers, outreach organizations, hospitals, survivors, and advocates. The Task Force met five times over six months to help DMH/DD/SAS develop its Suicide Prevention and Intervention Plan. The Task Force began by examining data on the scope of the problem, as well as recommendations from past task forces or other initiatives to understand what was working and what needed to be changed. In addition, the NCIOM conducted a literature review of evidence-based strategies or promising practices that have been shown to help prevent suicides (see Appendix C).

This report discusses the facts about suicide, including risks and protective factors (Chapter 2). It also includes a description of services and gaps in the current system, and recommendations to create an effective suicide prevention and intervention plan (Chapter 3). The conclusion (Chapter 4) includes a summary of how we, as a state, can work together to reduce suicide risks and suicide deaths. The report also includes five appendices: Appendix A includes the full text of the eight recommendations. Appendix B is a list of acronyms and the glossary. Appendix C includes a brief description of existing suicide prevention and intervention best practices. Appendix D includes an example of a suicide risk screening questionnaire and suicide assessment form, and Appendix E includes an example of a standard guideline for managing suicide risk.



Between 2004-2009, more than 1,000 North Carolinians died by suicide each year.

REFERENCES

1. North Carolina Violent Death Reporting System, Injury & Violence Prevention Branch, Division of Public Health, North Carolina Department of Health and Human Services. Violent Death Reporting System: Annual Report 2009. Raleigh, NC: North Carolina Department of Health and Human Services; 2012.
2. Division of Public Health, North Carolina Department of Health and Human Services. Saving tomorrow's today: North Carolina's plan to prevent youth suicide. <http://www.injuryfreenc.ncdhhs.gov/About/YouthSuicidePreventionPlan.pdf>. Published October 2004. Accessed August 15, 2011.