

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013

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HOUSE JOINT RESOLUTION 1262

Sponsors: Representatives Cunningham, Earle, Whitmire, and Horn (Primary Sponsors).
For a complete list of Sponsors, refer to the North Carolina General Assembly Web Site.

Referred to: Rules, Calendar, and Operations of the House.

June 12, 2014

1 A JOINT RESOLUTION AUTHORIZING THE LEGISLATIVE RESEARCH
2 COMMISSION TO EXAMINE WAYS TO PREVENT SUICIDE AMONG MINORS
3 AND VETERANS IN NORTH CAROLINA.

4 Whereas, suicidal behavior is a serious and persistent public health problem with
5 devastating effects on victims, families, and communities; and

6 Whereas, among residents of North Carolina during the five-year period from 2004
7 to 2008, there were a total of 5,366 suicides (14.0 per 100,000 persons); 29,091 self-inflicted
8 injury hospitalizations (76.0 per 100,000); and

9 Whereas, suicide resulted in more years of potential life lost than other common
10 causes of early death in North Carolina, including homicide, congenital abnormalities,
11 cerebrovascular disease, human immunodeficiency virus (HIV), and diabetes mellitus; and

12 Whereas, hospitalization charges for self-inflicted injuries in North Carolina totaled
13 three hundred fifteen million dollars (\$315,000,000) from 2004 to 2008; and

14 Whereas, suicidal behavior in youth and young adults (ages 10 to 24 years) is a
15 significant concern because this age group has the highest rates of self-inflicted injury requiring
16 hospitalization or a visit to the emergency department; and

17 Whereas, from 2004 to 2008, there were 679 youth and young adult suicides (7.5
18 per 100,000) and 7,167 self-inflicted injury hospitalizations (79.7 per 100,000) among this age
19 group; and

20 Whereas, according to a national study, veterans also face an elevated risk of suicide
21 as compared to the general population; and

22 Whereas, a total of 1,148 North Carolina veterans died from suicide during the time
23 period from 2004 to 2008, resulting in a veteran suicide rate (29.6 per 100,000) twice the
24 overall suicide rate in North Carolina (14.0 per 100,000); and

25 Whereas, research continues on how the effects of wartime service and injuries,
26 such as traumatic brain injury, post-traumatic stress disorder, or other service-related
27 conditions, may increase the number of veterans who attempt suicide; and

28 Whereas, as more men and women separate from the military and transition back
29 into civilian life, community mental health providers will become a vital resource to help these
30 veterans and their families deal with issues that may arise; and

31 Whereas, approximately ninety percent (90%) of people who die by suicide had a
32 diagnosable psychiatric disorder at the time of death, such as depression; and

33 Whereas, most suicide victims exhibit warning signs or behaviors prior to an
34 attempt; and



1 Whereas, suicide risk factors cut across multiple disciplines – psychological,
2 biological, and social – suggesting that successful prevention efforts must reflect collaborative
3 efforts across a broad spectrum of agencies, institutions, schools, and community-based
4 organizations; and

5 Whereas, adults that are regularly in contact with people at risk for suicide need to
6 be trained in order to be able to recognize factors that may indicate thoughts of suicide; and

7 Whereas, due to the strong association between suicidal behavior and mental illness,
8 substance abuse, or both, in all age groups, prevention and treatment services for mental illness
9 and substance abuse must be available when and where people need them; and

10 Whereas, despite the increased recognition that suicide is a public health problem,
11 studies indicate that adults who are regularly in contact with people at risk for suicide are not
12 adequately trained to recognize factors that may indicate thoughts of suicide, and that many
13 health care providers are not adequately trained to provide proper assessment, treatment, or
14 referrals; and

15 Whereas, improved training and education in suicide assessment, treatment, and
16 management have been recommended by a variety of organizations, including the United States
17 Department of Health and Human Services and the Institute of Medicine; Now, therefore,
18 Be it resolved by the House of Representatives, the Senate concurring:

19 **SECTION 1.** It is the intent of the General Assembly to prevent as many suicides
20 in this State as possible, particularly among minors and veterans, by enacting legislation (i)
21 requiring health care providers to complete training in suicide assessment, treatment, and
22 management as part of their continuing education requirements and (ii) implementing training
23 for other adults who are regularly in contact with people at risk for suicide to recognize factors
24 that may indicate thoughts of suicide. It is not the intent of the General Assembly to expand or
25 limit the existing scope of practice of any health care providers that complete this type of
26 training.

27 **SECTION 2.** The Legislative Research Commission is authorized to study the role
28 of health care providers and other key gatekeepers in suicide prevention, particularly among
29 minors and veterans. The study shall include an examination of at least all of the following:

- 30 (1) The effect of evidence-based suicide assessment, treatment, and
31 management training on the ability of a licensed health care provider to
32 identify, refer, treat, and manage patients with suicidal ideation. In
33 conducting this examination, the Commission shall, at a minimum:
34 a. Review available research and literature regarding the relationship
35 between completion of the training and patient suicide rates.
36 b. Assess which licensed health care providers are best situated to
37 positively influence the mental health behavior of individuals with
38 suicidal ideation.
39 c. Evaluate the impact of suicide assessment, treatment, and
40 management training on veterans with suicidal ideation.
41 d. Review curricula of health care profession programs offered at the
42 State institutions of higher education regarding suicide prevention.
- 43 (2) The categories of licensed health care providers in this State that should be
44 required to complete training in suicide assessment, treatment, and
45 management as part of their continuing education requirements.
- 46 (3) For each category of health care providers identified in subdivision (1) of
47 this section, (i) the minimum number of required hours and the specific
48 elements of any suicide prevention training the Department determines
49 would be beneficial and (ii) any recommended exemptions from the
50 proposed minimum training requirements.

1 (4) The feasibility and effectiveness of providing training to school personnel,
2 clergy, and law enforcement personnel on how to recognize at-risk behavior
3 and how to make appropriate referrals for treatment.

4 (5) Any other issues the Commission deems necessary to complete its report.

5 **SECTION 3.** The Legislative Research Commission may make an interim report to
6 the 2013 General Assembly when it reconvenes in 2014 and shall make its final report to the
7 2015 General Assembly when it convenes.

8 **SECTION 4.** This resolution is effective upon ratification.