

ND HOPES

Youth Suicide in ND

Introduction

With support from North Dakota Health and Human Services (ND HHS), ND HOPES created the following data brief about suicides in North Dakota (ND) among youth. ND HOPES is a 5-year initiative funded by the Centers for Disease Control and Prevention (CDC) working to reduce suicide attempts and deaths in the state. ND HOPES delivers suicide prevention programs, resources, and supports, with tailored initiatives for populations disproportionately affected by suicide.

The suicide data presented in this brief were derived from the ND Violent Death Reporting System (NDVDRS). The NDVDRS is a state-based surveillance program that collects data on all violent deaths that occur within ND, including suicides.^a

NDVDRS collects data on suicide deaths from a variety of sources including death certificates, coroner/medical examiner reports, law enforcement reports, crime laboratory reports, and toxicology results.¹

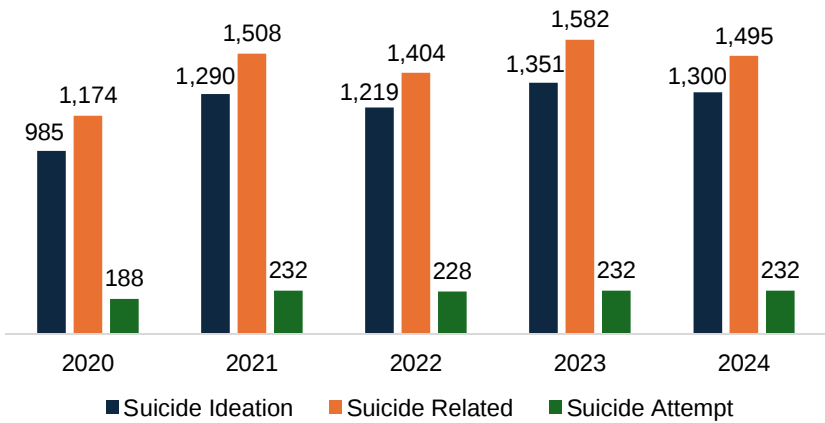
Youth were defined as an individual with an age reported as 17 years of age or younger in their NDVDRS documents.¹ Youth are experiencing continuing increases in suicide attempts, deaths and reported risk factors that may impact their overall health and well-being.⁷ This data brief illustrates some of the suicide fatality demographics, trends and circumstances youth face in ND that highlight specific risks unique to this population.

We want to recognize that each of the youth in this brief who have died by suicide is a life lost and that there are significant and lasting impacts of these deaths on families, friends, and communities. The purpose of this data brief is to increase awareness of the risk factors and personal circumstances impacting youth in ND.

If you or anyone you know is struggling with mental health or suicidal thoughts, please call or text [988 Suicide and Crisis Lifeline](tel:988) to reach supportive counselors.

^a Numbers represent both ND residents and Out-of-State residents where the initial injury that led to death occurred in ND.

Figure 1: Emergency Department Suicidal Ideation, Related and Attempt Events Among Youth in ND, 2020-2024



Overview of Youth Experiencing Risk in ND

As of 2024, youth comprised approximately 22.3% of the population of ND and 27.7% of the state suicides.^{1,2} Suicide among youth continues to lead as a pressing public health concern with a suicide rate of 14.9 per 100,000 in ND compared to the U.S. with a rate of 10.2 per 100,000 from 2021 to 2023.³

Youth suicide risk is shaped by several individual, interpersonal, social and life circumstances that impact an individual's overall health and well-being. As seen in the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) emergency department (ED) data in Figure 1, suicidality is increasing among youth in the state from 2020 to 2024.⁴ From 2020 to 2024 there was a 31.9% increase in suicide ideation events, a 27.3% increase in suicide related events, and a 23.4% increase in suicide attempts.^{4,b}

Rising non-fatal suicide events indicate a significant risk among youth, and point to the need for increased screening and stronger connection to behavioral health services to reduce the likelihood of suicide deaths.

AI/AN Youth Experiencing Risk in ND

Review of recent data shows that American Indian or Alaskan Native (AI/AN) youth had higher non-fatal suicide events compared to White and other race youth. According to 2024 ESSENCE ED data, AI/AN youth had a suicide ideation rate of 189.7 per 10,000, a suicide related event rate of 226 per 10,000, and suicide attempt rate of 42.1 per 10,000.^{4,b} This was on average more than three times higher than White youth in ND.⁴ This elevated risk emphasizes a greater need for support and resources directed to reach AI/AN youth and prevent suicide deaths.

^b Suicide Related ESSENCE ED events are defined by keywords and diagnosis codes defined in a patient's chart during an ED encounter. These events can relate to experiences such as self-harm, disclosing intent to die by suicide, attempt suicide or self-harm, among other related events.^{4,12}

According to 2025 school-based data from the Youth Risk Behavior Survey (YRBS), 12.0% of all students surveyed in ND schools indicated they made a plan about how they would attempt suicide in the past 12 months.⁵ AI/AN students faced disproportionate risk, with approximately 20.0% of students identifying as AI/AN indicating they had made a plan as to how they would attempt suicide.⁵ ESSENCE ED and YRBS data highlight disproportionate suicide risk among AI/AN students and the need for targeted school-based programming to reach these students.

Demographic Profile of Youth Who Died by Suicide in ND

In ND from 2020 to 2024, 14-15-year-olds had the highest number of suicide deaths, closely followed by 16-17-year-olds, as seen to the right in **Figure 2**.¹ This suggests a greater risk among youth entering or enrolled in high school, who are often experiencing complicated social dynamics physical changes and pressures in their day-to-day life.⁷

Among youth who died by suicide, 75.6% were male, and 24.4% were female.¹ Boys may face additional personal or social circumstances such as changing relationships, difficulty seeking mental health help or peer pressure that elevate their risk of suicide.⁶ Integrating suicide prevention initiatives in spaces that reach boys such as after school activities, sports, and extracurricular spaces can extend protection and provide resources for those in need.⁶

Of youth who died by suicide, 70.7% were White, 22.0% were AI/AN and 7.3% were another race.¹ As shown in the ESSENCE ED data on page two, although there are smaller populations of AI/AN and other race youth in ND, they face a three times greater risk of suicide than White youth.¹

Injury location data show that the initial suicide injury event most often (87.8% of the time) took place at their home, with the remaining 12.2% occurring in other locations, such as natural areas, abandoned buildings or parking garages.¹ These abandoned or secluded areas increase the isolation and potential susceptibility of youth who may be experiencing thoughts or plans to die by suicide.

Figure 2: Age of Youth Who Died by Suicide in ND, 2020-2024

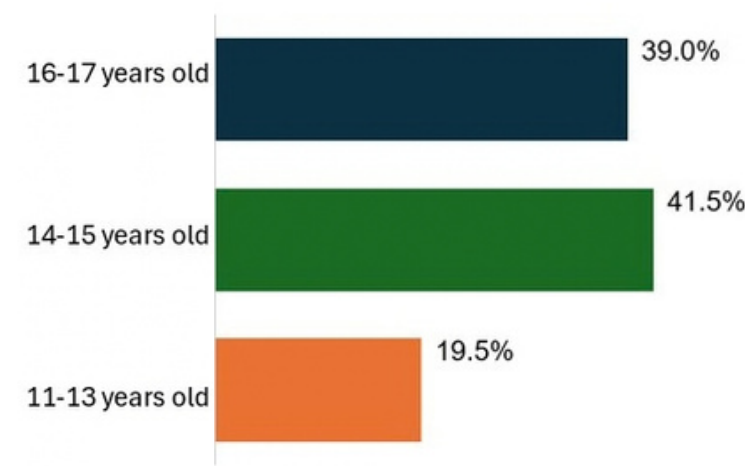
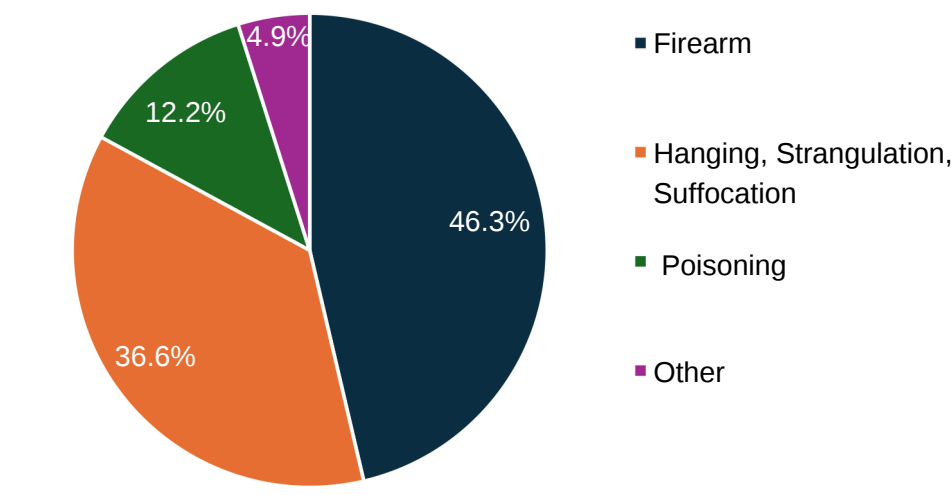


Figure 3: Suicide Means Among Youth Who Died by Suicide, 2020-2024



Suicide Means Among Youth Who Died by Suicide in ND

As seen in **Figure 3** on page 4, firearms were the most commonly used methods among youth who died by suicide, followed by hanging, strangulation and suffocation.¹ Handguns (73.7%) were found to be the most prevalent firearm used, followed by rifles (15.8%) and shotguns (4.9%).¹ In more than half of all firearm fatalities from 2020-2024, the firearm was found to be owned by the parent of the youth who died by suicide.

Given that firearms are the most commonly used method among those who died by suicide, there is a clear imperative to ensure that lethal means safety resources are accessible to all homes and families. Parents who own firearms should take precautions and utilize safe storage resources to further protect youth who may be at risk of suicide. Risk among youth may not always be visible, so ensuring access to safe storage practices and resources are key.

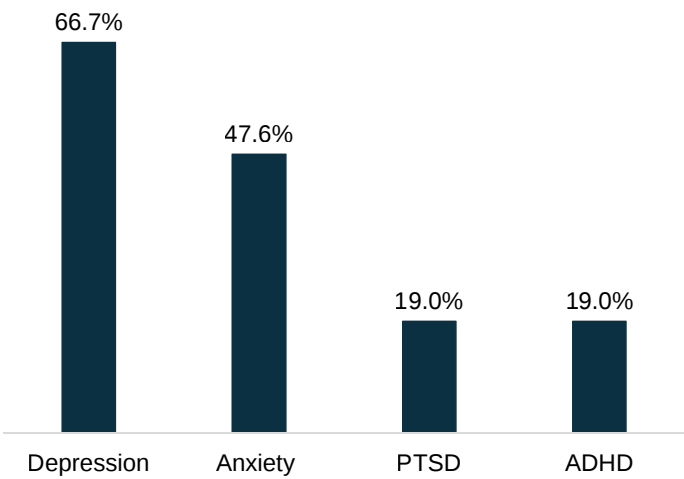
Behavioral Health and Substance Use Circumstances Among Youth Who Died by Suicide in ND

Substance use and behavioral health circumstances impact an individual’s health and well- being, resulting in increased suicide risk among youth who may have difficulty speaking up about these experiences. Among youth who died by suicide, 51.2% had a diagnosed mental health condition at time of death.^{1,c} Among those individuals who reported a diagnosed mental health condition, depression is the most frequently reported condition, followed by anxiety. (see **Figure 4** below).¹

From 2020 to 2024, 46.3% of ND youth reported a current depressed mood at time of death.¹ Approximately 34.1% of those individuals reported being currently engaged in substance use or mental health treatment, while 43.9% reported ever being engaged in some form of substance use or mental health treatment.¹

^c Mental health circumstances are only identified if they were recorded in the individual’s medical records coroner’s repots, law enforcement reports or other related documents.¹

Figure 4: Mental Health Circumstances Among Youth Who Died by Suicide, 2020-2024



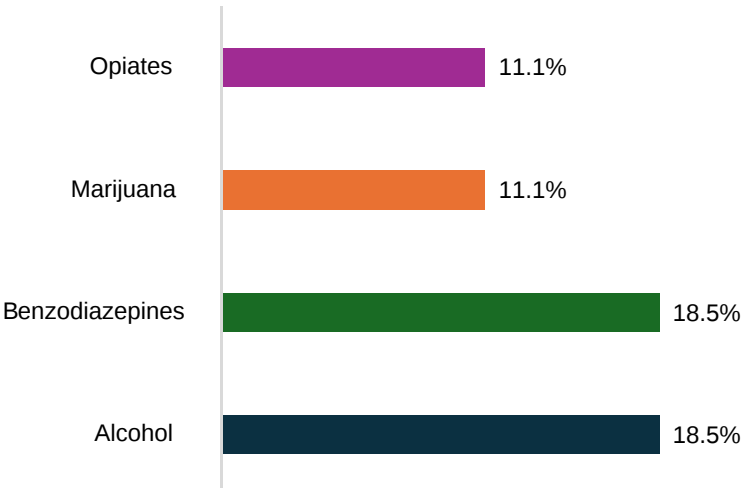
In exploring the mental health circumstances experienced by youth in 2025, the YRBS found that 29.5% reported feeling sad or hopeless, with only 20.8% of students reporting being able to access mental health help when they needed it.⁵ This mental health data illustrates a need for sustained initiatives that engage youth in programs and outreach designed to connect them with supportive resources. In ND programs such as Parents Lead and B-HERO connect youth and their families to supportive mental health resources.

Approximately 41.5% of the youth who died by suicide from 2020 to 2024 reported a history of suicidal thoughts or plans.¹ Among those youth almost half (48.8%) left a suicide note prior to their death.¹ Additionally, 39.0% recently disclosed suicidal thoughts or intent to die by suicide. Of those youth, 43.8% disclosed to a family member (e.g., parent, sibling, grandparent), and 37.5% disclosed to a friend or colleague.¹

These disclosures are critical in connecting youth and their families to prevention initiatives and highlighting the significance of personal relationships in helping at-risk youth reach safety resources. Of the 40 youth suicides between 2020 and 2024, 97.6% had toxicology analysis completed, and 67.5% had alcohol or drugs present in their toxicology results.¹

Polysubstance use is a significant risk factor for suicide that can heighten emotional distress, impair judgment, and amplify the risk of suicidal behavior.^{8,d} Polysubstance use, with three or more substances was present in 55.6% of youth suicides.¹ As seen below in **Figure 5**, alcohol and benzodiazepines were the most common substances present, in almost 20.0% of all youth who died by suicide.^{1,e}

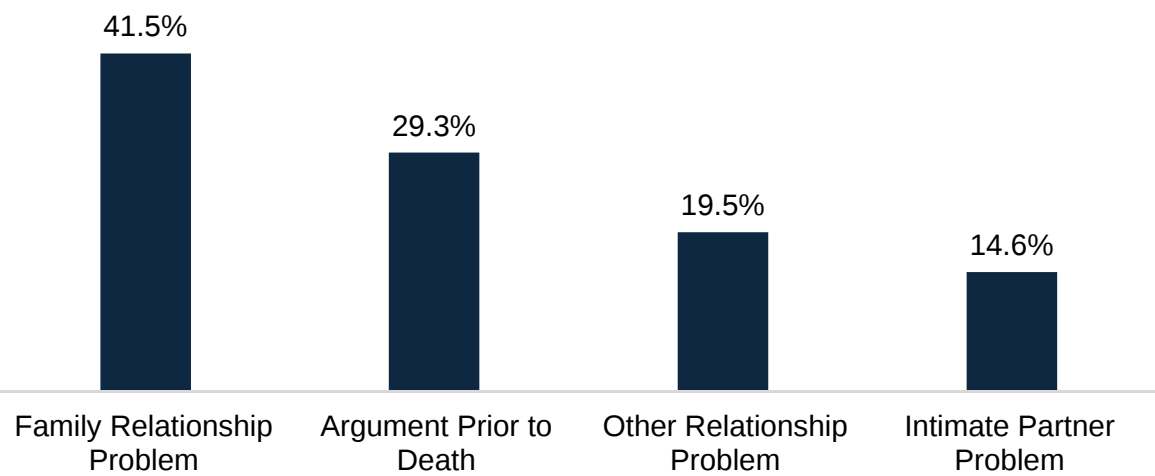
Figure 5: Substance Use Circumstances Among Youth Who Died by Suicide, 2020-2024



^d Polysubstance use is the act of an individual using more than one substance in a short period of time.

^e Substance use circumstances were only identified if they were recorded in the individual’s medical records, coroner’s reports, law enforcement reports or other related documents.¹

Figure 6: Interpersonal Circumstances Among Youth Who Died by Suicide, 2020-2024



According to the 2025 YRBS, 14.1% of students had their first drink of alcohol before the age of 13 years old.^{5,8} Similarly, the survey found 10.9% of students misused prescription pain medicine, 9.3% currently used marijuana and 1.6% ever used methamphetamines.⁵

The substance use patterns found among youth who died by suicide and within the YRBS data highlight an elevated risk of substance use among youth that can impact decision making, affect brain development and impact health and well-being.^{8,e}

Life Circumstances Among Youth Who Died by Suicide in ND

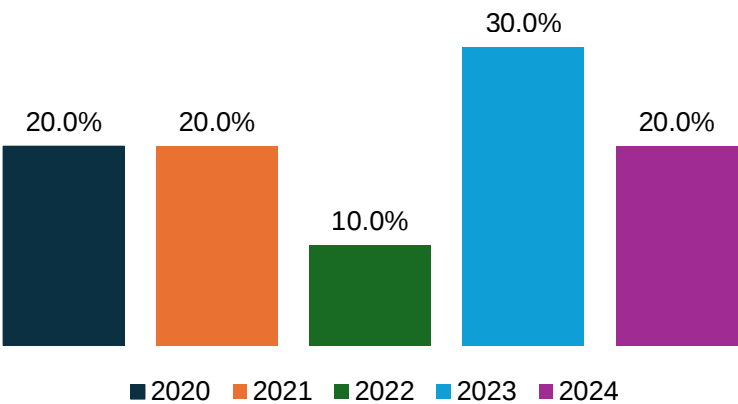
Family, intimate partner and interpersonal dynamics or relationships often have a strong connection to the emotional well-being and experiences of youth.⁹ Research has found that complicated interpersonal relationships or dynamics can negatively impact youth’s emotional health.⁹

These situations can worsen existing suicidal ideation or health circumstances and increase the risk of suicide.⁹

As seen above in **Figure 6**, more than 40% of all youth who died by suicide from 2020 to 2024 in ND reported a family relationship problem.¹ Youth who died by suicide reported experiencing an intimate partner problem in 14.6% of cases.¹ Additionally, almost 20% of those individuals reported another relationship problem outside of conflict with family and intimate partners.¹ These relationship conflicts highlight potential stress or discord within the youth's home or personal life that can contribute to decreased emotional security, lower confidence or exacerbation of existing mental health conditions.⁹

Arguments prior to death highlight situations involving anger, behavioral changes or environmental discord that may have an impact on some youth’s state of mind or feelings of safety.⁹

Figure 7. School-Based Circumstances Among Youth Who Died by Suicide Reported by Year



Of the 29.3% that had an argument prior to death, 83.3% of the youth suicides had an argument that occurred within 24 hours of the fatality but not during the injury itself.¹ This emphasizes the potential significance these arguments can hold as contributing factors for youth who die by suicide.

From 2020 to 2024 there was a history of neglect or abuse as a child among 12.2% of the youth who died by suicide. Youth who experience abuse as a child are two to three times more likely to think about or attempt suicide.¹⁰

The preceding data emphasizes the probability that children who experience adverse childhood events (ACES) face an elevated risk of suicide.¹⁰ Utilizing child abuse and prevention resources to reduce the burden of ACES in ND is critical. Additionally, extending screening and prevention resources to youth who have experienced ACES can protect those at elevated risk.¹⁰

School-Based Circumstances Among Youth Who Died by Suicide in ND

Research supports a link between school-related factors such as peer bullying, isolation within schools, or pressure of academics and suicidal thoughts and behaviors.¹¹ Among youth who died by suicide from 2020 to 2024, almost half (48.8%) reported a school problem.¹ White youth report the highest frequency of school-based problems followed by AI/AN youth. The greatest number of school-based problems occurred in 2023 (see **Figure 7** above).¹

Additionally, according to the 2025 YRBS, 21.5% of students felt they were treated badly in school because of their race or ethnicity, and 18.4% reported being bullied on school property.⁵ These circumstances uphold the conflict and potential challenges students may face within school systems, putting them at risk for suicide.¹¹

Employing safety, protection and educational resources to promote emotional well-being among youth in schools can reduce the burden of these school-based problems.¹¹

Based on the information provided in this data brief, we share the following key takeaways:

- **In ND, American Indian and Alaskan Native (AI/AN) youth** faced disproportionately higher non-fatal emergency suicide events and suicide deaths compared to White youth or youth of other races.
- **Firearms** are the most common suicide method used among youth (46.3%), with the parents of those youth being the most frequent owners of those firearms
- More than half of the youth who died by suicide in ND reported a **diagnosed mental health condition**, with **depression** being the most frequently reported condition.
- **Family, intimate partner and other relationship problems** were frequently reported as key contributing circumstances prior to death.
- Almost half (48.8%) of all youth who died by suicide reported a **school-based problem**. These trends emphasize the need for implementation of school-based prevention.

This data brief highlights the disproportionate risk of suicide among ND youth and the personal, social and school-based factors that create this risk.

Similarly, these data insights highlight a need to expand healthcare and community services that connect youth and their families to suicide prevention services and resources.

We are grateful for our many community partners who are delivering programs and services that support youth in ND. School systems, teachers, youth-based programs and the families of youth all play a vital role in creating supportive environments for youth. We encourage you to explore the resources below so that, together, we can create a safe environment for the youth growing up in our state.

Additional Resources

ND HOPES worked with our partners statewide to develop the STARS (Suicide Prevention Training and Readiness for Schools). This multi- component substance use and suicide prevention training program was developed for ND and is modeled on existing evidenced-based trainings and practices. Each STARS training module is geared toward a specific professional role so that everyone working in a school setting can help support student safety and mental well-being. For more information on STARS or to request a training please reach out to Sarah Kemp Tabbut at sarah.kemp.tabbut@und.edu for assistance.



For locating resources to support youth near you, please see Parents Lead. To find youth stress and mental health resources near you, please see Cook Center for Human Connections, ND HOPES schools-based resources, and FirstLink's 2-1-1 Directory of Resources. In addition to these resources, ND HOPES partners with North Dakota's Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center to provide a more expansive menu of options. Please visit B-HERO's website to learn more about the services they offer.

If you or someone you know needs help, there are supportive national and state resources available, call or text 988, or chat online at 988lifeline.org to connect with a trained counselor 24 hours a day, 7 days a week.

Conclusion

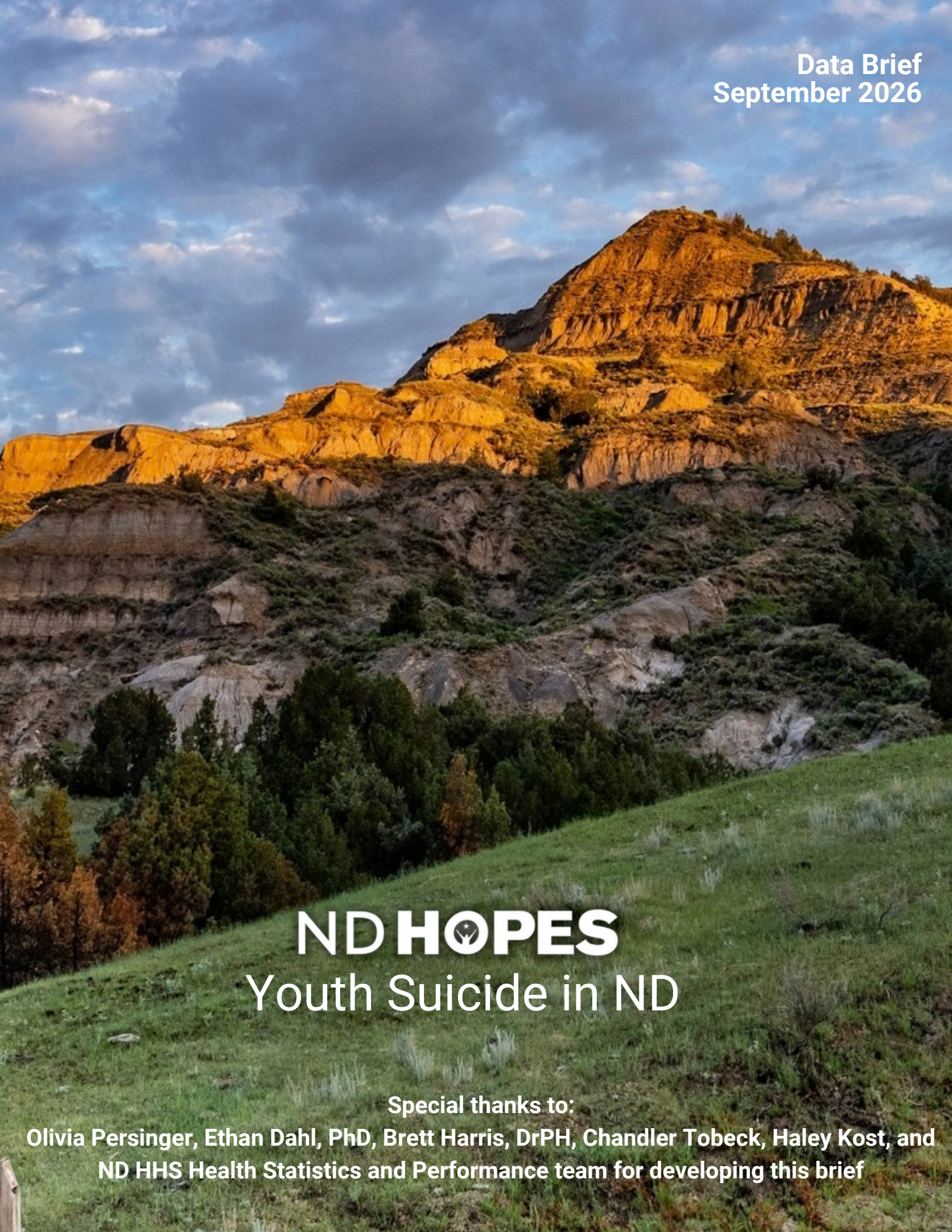
ND HOPES produces quarterly data briefs. This brief was developed by Olivia Persinger, Ethan Dahl, PhD, Brett Harris, DrPH, Chandler Tobeck, Haley Kost, and the North Dakota Health and Human Services Health Statistics and Performance Team. You can find prior data briefs on our [website](#). If you would like to further explore the results of the data used in this brief, please reference the links attached to each citation. Please visit our website and follow us on LinkedIn, Facebook, Instagram (nd_hopes), and X (@NDHOPES).

If you have any questions or would like more information, please contact us at info@ndhopes.com.

References

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- ² [American Community Survey, 2024](#)
- ³ [America's Health Rankings, Suicide in ND](#)
- ⁴ [ND ESSENCE 2020-2024](#)
- ⁵ [Youth Risk Behavior Survey, 2025](#)
- ⁶ [Gender differences in suicidal behavior in adolescents and young adults](#)
- ⁷ [Youth suicide risk increased over the past decade, Pew Research](#)
- ⁸ [Substance use among youth, CDC](#)
- ⁹ [Family dynamics and youth suicidality](#)
- ¹⁰ [Child abuse, foster care, youth self-harm and suicide](#)
- ¹¹ [Adolescent, parent and provider perspectives on school-related influences](#)
- ¹² [CDC NSSP Knowledge Repository](#)

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