
Casting the Net Upstream
Alaska Statewide Suicide Prevention Council
FY2011-FY2012 Annual Reports

Governor Sean Parnell
State of Alaska

Commissioner William Streur
Department of Health & Social Services

Chairman William Martin (Alaska Federation of Natives)

Vice-Chair Meghan Crow, LCSW (Secondary Schools)

Teressa Baldwin (Youth)
Phyllis Carlson (DEED)
Barbara Jean Franks (Suicide Loss Survivor)
Alana Humphrey (Statewide Youth Organization)
Brenda Moore, (AMHB)
Christine Moses (Rural Alaska)
Anna Sappah (ABADA)

Lowell Sage, Jr. (Clergy)
Melissa Stone (DHSS)
Sharon Strutz-Norton (Public)
Senator Fred Dyson (Legislature)
Senator Johnny Ellis (Legislature)
Representative Anna Fairclough (Legislature)
Representative Berta Gardner (Legislature)

J. Kate Burkhart, Executive Director

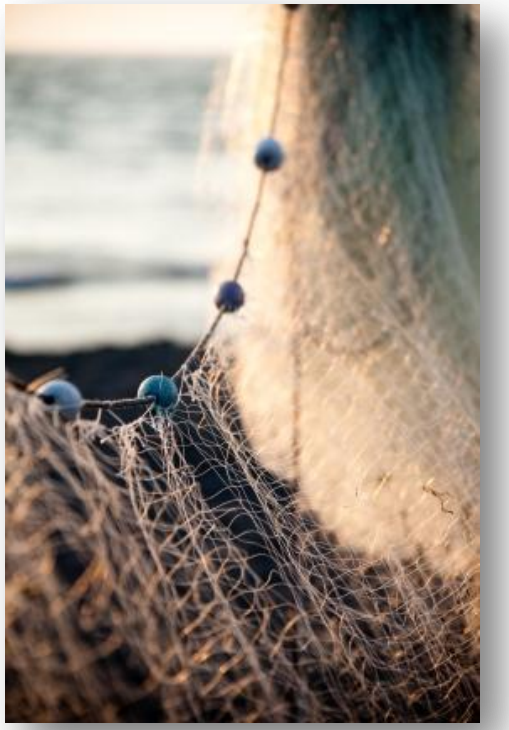
Eric Morrison, Council Assistant

May, 2012

Introduction

The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and extended by the Legislature to June 30, 2013. The Council is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, improving public awareness of suicide and risk factors, enhancing suicide prevention efforts, working with partners and faith-based organizations to develop healthier communities, creating a statewide suicide prevention plan and putting it in action, and building and strengthening partnerships to prevent suicide.[1]

Each year, the Council provides an annual report on its activities and the impact of suicide prevention efforts over the past year. The FY2011-2012 reports take their title from the five-year state suicide prevention plan created and implemented over the past two years – *Casting the Net Upstream: Promoting Wellness to Prevent Suicide.*[2]



This report is different from the comprehensive data and suicide prevention system review provided in the FY2010 Annual Report. This report's focus is the work of the Council over the past two years. The majority of Council activities in FY2011 involved development of the 2012-2017 state suicide prevention plan. In FY2012, the Council finalized the plan and commenced implementation.

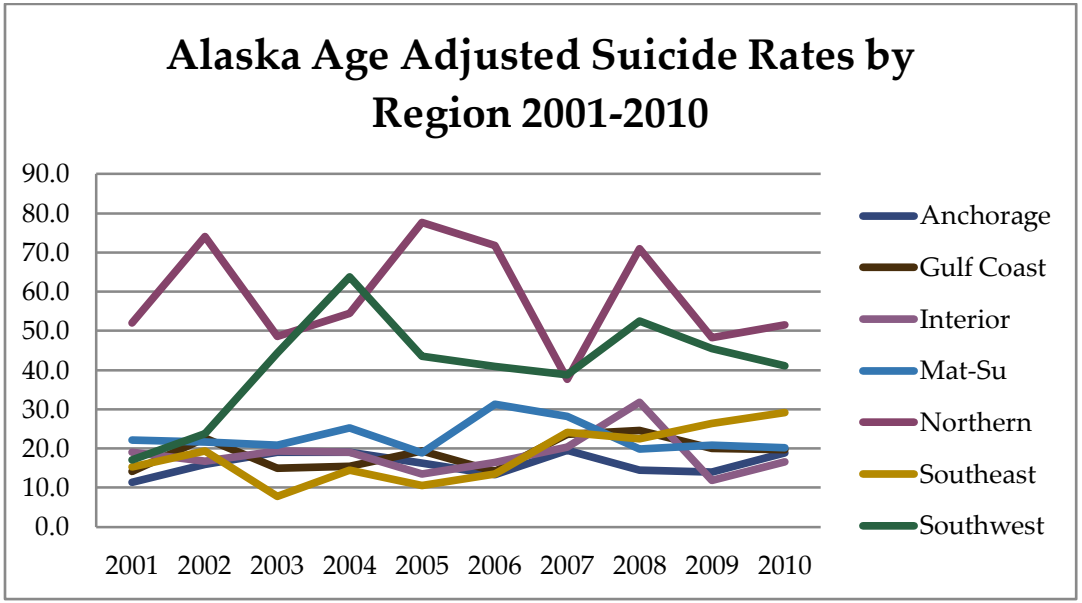
[1] AS 44.29.350. The Council's statutory authority is included in Appendix A.

[2] The plan is available online at http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/SSPC_2012-2017.pdf.

Incidence of Suicide

Alaska continues to have a suicide rate twice the national average. In 2010, the age-adjusted rate was 23/100,000.[3] The actual number of lives lost to suicide in 2010 was 163.[4]

A look at the age-adjusted rates over time helps provide a better picture of how Alaskan communities are affected by suicide.



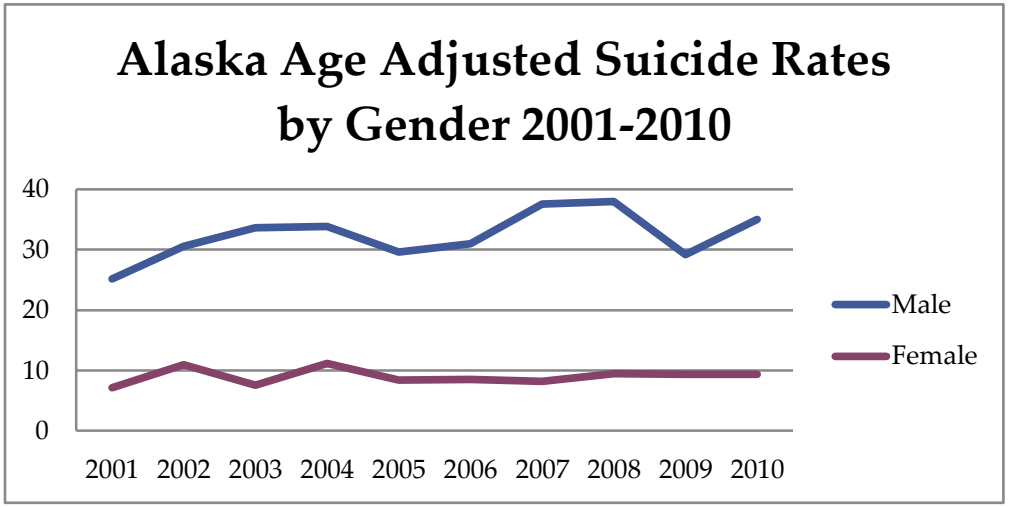
Source: *Alaska Bureau of Vital Statistics (January 19, 2012)*

[3] Data provided by the Alaska Bureau of Vital Statistics.

[4] Data provided by the Alaska Bureau of Vital Statistics.

It is important to note that the story behind suicide rates is not the same as the story behind suicide numbers. Alaska's rural regions have the highest rates of suicide, because the population of most communities is small. One suicide in a small community has not only a huge emotional and social impact, but also affects the statistical rates of the community and region. Alaska's largest metropolitan area, Anchorage-Wasilla-Palmer, has had the highest number of suicides for several years. The statistical impact may not be as great, due the concentrated population, but the loss to families and communities is still substantial.

Alaskan men continue to have a higher incidence of suicide, while suicide rates for Alaskan women remain relatively flat.



Source: *Alaska Bureau of Vital Statistics (January 19, 2012)*

Alaskan youth continue to show higher rates of suicide than other age groups. In 2010, the rate for youth age 15-24 was 46/100,000.[5] For adults over age 25, the rate dropped significant to a range of 24.4-28.1 per 100,000.[6]

Suicide attempts occur at a higher rate than completed suicides. In 2007 (the most recent year's data available from the Alaska Trauma Registry), the suicide attempt rate was 99.3/100,000 people.[7] More recent data from the 2011 Youth Risk Behavior Survey shows that, among high school students surveyed, 14.5-21.2% of students reported considering suicide in the past year and 8.7-13.2% reported attempting suicide in the past year.[8]

Risk Factors for Suicide

Suicide is the result of a complex confluence of events and experiences. The "web of causality" must be recognized in order for prevention efforts to be effective.

There are many warning signs and risk factors that can indicate that someone is at risk of suicide. Not every person will present with the same signs, but there are common indications of risk that can help in identifying when someone is at risk and intervening to prevent suicide.

---

[5] Data provided by the Alaska Bureau of Vital Statistics.

[6] Data provided by the Alaska Bureau of Vital Statistics. This range does not include the rate for age groups in which there were fewer than 20 suicides (ages 35-44 and ages 65-74).

[7] Data provided by the Alaska Trauma Registry, Division of Public Health.

[8] *2011 Alaska Youth Risk Behavior Survey Highlights* (DHSS), comparing traditional and alternative high school students surveyed, at 2.

Risk factors for suicide include:

- Depression or other mental illness;
- A suicide attempt in the past;
- Having been exposed to the suicide of another person;
- Needing but not receiving mental health care;
- Increasing use of drugs or alcohol, including binge drinking; and
- Access to a firearm or other means in the home. [9]

Warning signs for suicide include:

- Talking about wanting to die or to kill oneself;
- Looking for a way to kill oneself, such as searching online or buying a gun;
- Talking about feeling hopeless or having no reason to live;
- Talking about feeling trapped or in unbearable pain;
- Talking about being a burden to others;
- New or increased use of alcohol or drugs;
- Acting anxious or agitated;
- Behaving recklessly or taking more risks than usual;
- Sleeping too little or too much;
- Displaying extreme mood swings or changes in mood (whether happier or sadder).[10]

[9] Information provided by the American Association of Suicidology, www.suicidology.org.

[10] Information provided by the National Suicide Prevention Lifeline.

A history of adverse childhood experiences can also contribute to risk for suicide. Adverse childhood experiences include child abuse and neglect, parental mental illness, parental substance abuse, death of a parent, incarceration of a parent, and other traumatic events.[11]

Extensive research has been conducted on the mental and physical consequences of adverse childhood experiences.[12] A link has been documented between adverse childhood experiences and suicide, with the risk for suicide increasing by two (2) to five (5) times, regardless of the nature of the adverse childhood experience that occurred.[13]

Adverse childhood experiences also increase the risk for mental and physical health problems that contribute to the web of causality for suicide. Research has shown a link between multiple adverse childhood experiences and substance abuse and addiction, depression, risk for intimate partner violence (domestic violence), and risky sexual behaviors.[14]

---

[11] A complete list of adverse childhood experiences is available at http://www.cdc.gov/ace/prevalence.htm#ACED.

[12] The Centers for Disease Control and Prevention provide information about the original study as well as subsequent research into adverse childhood experiences at http://www.cdc.gov/ace/index.htm.

[13] *Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study,* Shanta R. Dube, MPH et al., *Journal of the American Medical Association* (2001; 286(24):3089-3096).

[14] For an overview of the findings from the ACE Study, *see Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, Felitti VJ, et al., *American Journal of Preventative Medicine* (1998 May; 14(4):245-58). A bibliography of published research on adverse childhood experiences and health outcomes is available from the Centers for Disease Control and Prevention online at http://www.cdc.gov/ace/outcomes.htm.