Alaska's Statewide Suicide Prevention Council

COORDINATE, COLLABORATE, CREATE, COMMUNICATE The Statewide Suicide Prevention Council was established by the Legislature in 2001. There are 13 volunteer members appointed by the Governor and 4 *ex officio* members appointed by the Legislature.

- ★ Chairman William Martin, Alaska Federation of Natives
- ★ Randall Burns, interim director Division of Behavioral Health, DHSS
- ★ Kathryn Casello, youth
- ★ Meghan Crow, Vice Chairperson, secondary school
- ★ Cynthia Erickson, public
- ★ Sharon Fishel, Department of Education and Early Development
- ★ Barbara Jean Franks, survivor of suicide loss
- ★ Alana Humphrey, statewide youth organization
- ★ Alavini Lata, Advisory Board on Alcoholism and Drug Abuse
- ★ Brenda Moore-Beyers, Alaska Mental Health Board
- ★ Lowell Sage, Jr., clergy
- ★ Robert Sanderson, Jr., rural/off the road system
- ★ Linda Sheridan, military
- ★ Representative Ben Nageak, Representative Geran Tarr
- ★ Senator Anna MacKinnon, Senator Berta Gardner

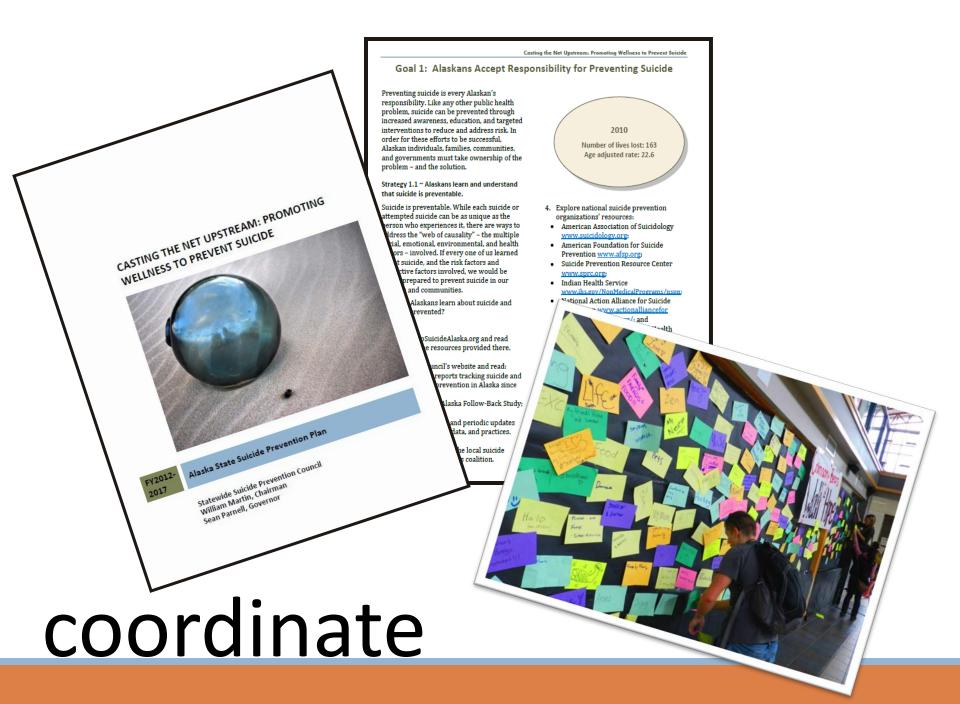
The Council is an advisory group responsible for guiding the Governor, legislators, and communities in suicide prevention:

 Improve health and wellness throughout the state by reducing suicide and its effects on individuals, families and communities;

 Broaden Alaskans' awareness of suicide and the role of risk and protective factors in suicide;

- Enhance Alaska's suicide prevention services and programs;
- Develop healthy communities through comprehensive, collaborative, community-based and faith-based approaches implemented at the community level and supported by regional, state, and federal resources;
- Develop and implement a statewide suicide prevention plan; and
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

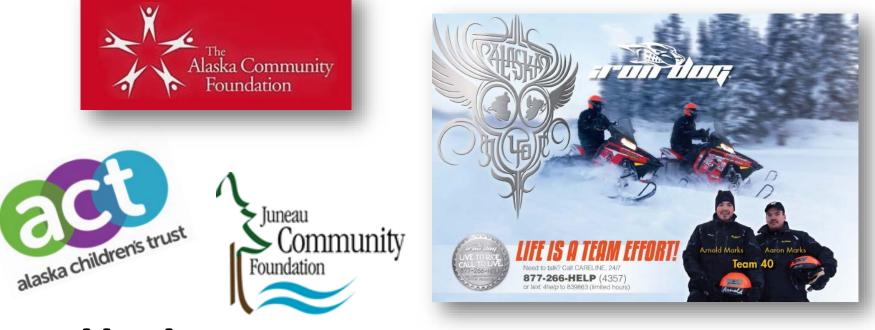
A.S. 44.29.350





THE ALASKA Training Cooperative





collaborate



These are common warning signs that someone is at risk of suicide:

Threatening to hurt or kill him or herself, or talking about wanting to hurt or kill him or herself.

Looking for ways to kill himself or herself by seeking access to firearms, pills or medications, or other means.

Talking or writing about death, dying or suicide when these actions are out of the ordinary for the person.

Acting recklessly or engaging in risky activities — seemingly without thinking.

- Experiencing dramatic mood changes.
- Expressing feelings of purposeless or seeing no reason for living.

Information is from the American Association of Suicidology

warning signs

Casting the Net Upstream is a plan of action.

"Every single Alaskan has a job to do if we are going to prevent suicide in our families, schools, work places, and communities. We have provided resources and information to help individuals, communities, and the State of Alaska take action to achieve these goals and objectives. We hope that you will read the plan, and then you will use it to help build stronger, healthier communities."

Every life matters. Your life matters. And you are not alone. Together, we can prevent suicide and save lives.



casting the net upstream

The state suicide prevention plan and strategies are based on the idea that suicide is the result of many causal factors:

- Mental health disorders
- Depression
- Alcohol and drug use, misuse
- ➤ Trauma
- Sudden loss
- ➤ Grief
- Economics
- Social and physical isolation
- Access to health care
- Chronic health conditions
- Lack of/loss of connection to culture, heritage, and/or spiritual tradition
- Lack of social and family supports

web of causality



Goal 1: Alaskans Accept Responsibility for Preventing Suicide



Goal 2: Alaskans Effectively and Appropriately Respond to People at Risk of Suicide



Goal 3: Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts



Goal 4: Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services They Need

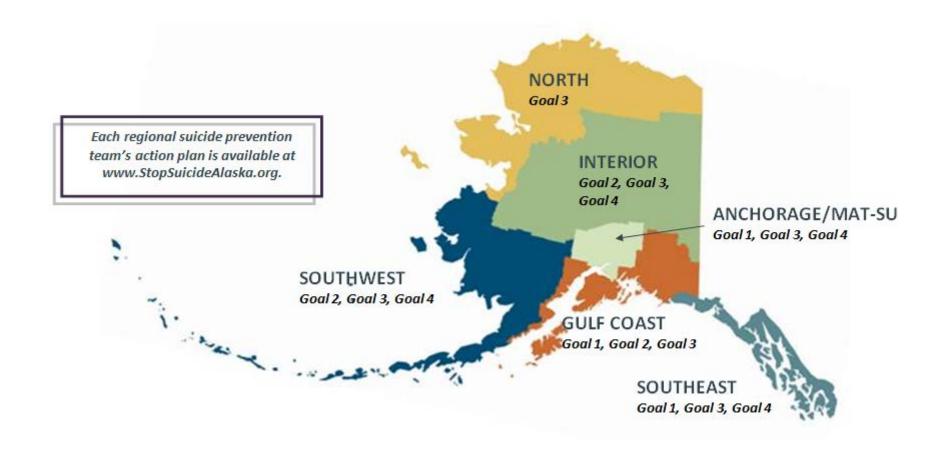


Goal 5: Alaskans Support Survivors in Healing



Goal 6: Quality Data and Research is Available and Used for Planning, Implementation, and Evaluation of Suicide Prevention Efforts

goals



regional teams

Data from the Bureau of Vital Statistics shows that 167 Alaskans died by suicide in 2014, resulting in an annual rate of 22.7/100,000.

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Rate	20.2	22.9	19.2	19.6	22.6	24.0	19.6	22.6	19.5	22.8	23.4	22.7
Number	123	154	127	132	149	167	140	163	141	167	171	167

The Bureau of Vital Statistics collects data on veteran status for death certificates. Of deaths by suicide of Alaska residents occurring within Alaska in 2014, 11 were confirmed veterans (6.5% of the total of 167 deaths by suicide, compared to 30/171 in 2013).

suicide data



"ALASKA'S SUICIDE PREVENTION AND SOMEONE-TO-TALK TO LINE" Careline is Alaska's nationally certified statewide suicide prevention and crisis call line.

Careline receives thousands of calls every year. Based in Fairbanks and staffed by trained Alaskans, Careline provides information, support, and crisis intervention services in a way that makes sense to people in Alaska. 95% of calls received are answered by Alaskans in Fairbanks. The remaining calls – calls that come in when all staff are already engaged with callers – are transferred to accredited crisis call centers with the <u>National Suicide Prevention Lifeline</u> network.

Careline reports over 80% of callers disclose a mental health and/or substance use disorder.

crisis intervention

Strategy 3.2 ~ The State of Alaska and its partners will make training in evidence-based suicide prevention and intervention models accessible to all interested Alaskans.

Indicator: 3.2.a. Number of Alaskans trained in suicide prevention/intervention: at least 8,899 — *compare to est. 5,010 adults and youth in 2014*

Evidence-Based Suicide Prevention and Intervention Trainings, 2015

Agency	Training	Number Trained
Alaska Native Tribal Health	ASIST	24 adults
Consortium	safeTALK	35 adults & youth
Alaska Training Cooperation	Youth Mental Health First Aid	958 adults
Division of Behavioral Health	QPR/Gatekeeper	4,019 adults & youth
Dept. of Education & Early Development	e-Learning	3,863 adults



Adverse Childhood Experiences (ACEs) are traumatic events that occur during childhood adolescents. These include:

abuse \blacklozenge neglect \blacklozenge domestic violence \blacklozenge household mental illness household substance abuse \blacklozenge divorce of parents \blacklozenge incarceration of a parent

The 2014 Behavioral Risk Factor Surveillance Survey (BRFSS) data on ACEs in Alaska showed that <u>68%</u> of Alaskan adults surveyed had experienced at least one ACE, and <u>32%</u> had experienced three or more ACEs. (The increase since 2013 reflects the addition of a question about childhood neglect.)

Alaskans reporting four or more ACEs were far more likely to report "fair to poor" physical health, and were more likely to report "frequent mental distress" and higher numbers of days of poor mental health each month.

A complete overview of the BRFSS data and analysis is available <u>online</u>.

childhood trauma

Suicide risk grows with increased number of ACEs experienced.

An ACE score of 7 or more increased the risk of suicide attempts **51-fold** among children/adolescents and **30-fold** among adults (Dube et al, 2001).

<u>Nearly two-thirds</u> (64%) of suicide attempts among adults were attributable to ACEs and <u>80%</u> of suicide attempts during childhood/adolescence were attributed to ACEs.

Linda Chamberlain, PhD MPH, **An Early Pathway to Preventing Suicide: The Role of Adverse Childhood Experiences,** Founding Director, Alaska Family Violence Prevention Fund, <u>http://www.instituteforsafefamilies.org/early-pathway-preventing-suicide-role-adverse-</u> <u>childhood-experiences</u>

childhood trauma

School Based Suicide Prevention



The Council and Department of Education and Early Development (DEED) partner to offer the **Suicide Awareness and Prevention Program** in 10 school districts. This is part of the broader school health and wellness **Safe, Supportive, and Successful Schools Initiative**. This initiative is supported by the Positive Behavioral Interventions and Supports, School Safety and Health, Youth Risk Behavior Survey, Suicide Awareness and Prevention, and eLearning efforts, among others. This comprehensive approach to student wellness furthers the objectives of Alaska's youth suicide prevention efforts and the overarching goals of *Casting the Net Upstream*. DEED, with the support of a grant from the Department of Health and Social Services, provides the **Promoting Health Alternative Schools and Community Partnerships Initiative**.

The evidence-based **Natural Helpers/Youth Leaders** program is a student-to-student program (supported by adult mentors) to prevent suicide and promote peer support and help-seeking. Lower Yukon School District, Northwest Arctic School District, Bering Straits School District, Nome Public Schools,

School Based Suicide Prevention

The Juneau Suicide Prevention Coalition and Juneau School District offer **Sources of Strength**, an evidence-based peer leadership and resiliency building model, in the 3 high schools and 1 middle schools. Approximately 90 peer leaders and 15 adult advisors participated in Sources of Strength in 2014.

Lower Kuskokwim School District has provided the evidence-based **Signs of Suicide** Training and Education for many years. This program helps students understand the warning signs of suicide in themselves and their peers, and helps students at risk connect to help. Essential to LKSD's success is the long-standing **Social Work Department** (est. 1985).

Access to effective services for behavioral health disorders is a key protective factor against suicide.

Culturally relevant prevention and wellness promotion programs, like the **Qungasvik Project and Elluam Tungiinun Project** in Southwest Alaska, have been found to strengthen protective factors and resiliency to suicide.

With support from a multi-year federal grant from the Substance Abuse and Mental Health Services Administration, the Department of Education and Early Development has provided resources for mental health counselors in schools in the Kenai, Anchorage and Mat-Su School Districts. **Project AWARE** includes the specific of objective of increasing the number of students referred to and accessing community behavioral health services by 25%.

Alaska Native Tribal Health Consortium funds a **Rural Aftercare Coordinator** at Alaska Psychiatric Institute to support patients admitted for suicidality to access treatment and support services in their home community after discharge.

DEED's Project AWARE includes **Youth Mental Health First Aid**, mental health awareness and response training for adults working with youth. Since April 1, 2015, the Alaska Training Cooperative has trained over 900 Alaskans. The skills taught are being used:

I received a call from one of our church youth [16 years old, recently hospitalized for suicide attempt]. After determining that she was stable enough at the church to wait for me, I drove . . . there, loaded her in the car, went to get her something to eat and over a meal we worked out the rest of the [YMHFA] process. I asked a series of questions to assess her risk (eating, sleeping, risky behavior, grades, activities, relationships) including asking her if she was suicidal. She was not.

I was so grateful for the tools. Especially the [listening]. . . Everything in me wanted to FIX this because she was so distressed, but I just listened until she had exhausted everything within her. Knowing what to do kept me calm. I then spoke words of hope to her pointing out that she had had the strength to resist the unhealthy choices she wanted to make (self-medicating with illegal drugs) but had instead gone to the church seeking help from known safe adults (using her resources wisely). We discussed the resources she had at her disposal and the coping strategies she had learned and created a plan for follow-up. I asked for permission to be one of the resources and to stay engaged on a weekly basis and she indicated a desire to spend one afternoon a week together. So I will be picking her up after school and checking on her progress as well making sure that the follow-up plan is being followed.

Without the recent MHFA training, I think I would have inserted myself too much into the process which would have cut short her need to dialog about her turmoil and would have robbed her of ownership of her solutions.

Continued Implementation of Casting the Net Upstream

- ✓ Increase Access to Evidence-Based Suicide Prevention Training for all Alaskans
- ✓ Develop, Support Evidence-Based Suicide Prevention Training for Professionals
- ✓ Support Integration of Behavioral Health and Primary Care Services
- ✓ Encourage Suicide Screening, Intervention in Primary Care Practices
- ✓ Support Services, Resources for Parents and Families
- ✓ Expand the Suicide Knowledge and Research Base in Alaska
- ✓ Refine Communication Strategies, Taking Advantage of Emerging Outlets
- ✓ Evaluate Statewide Suicide Prevention Efforts in Preparation for Next Planning Phase

Review and Update of Casting the Net Upstream

- ✓ Engage stakeholders in review of progress, planning for future
- ✓ Refine strategies for 2017-2022
- ✓ Publish updated state plan January 2017

what's next

Questions? Comments?

thank you

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