

Statewide Suicide Prevention Council



Sarah Palin GOVERNOR

Karleen K. Jackson COMMISSIONER

Alaska needs:

- A committed person to take initiative, a core leadership group and active volunteers
- A partnership involving multiple levels of the community
- Support from school district administrations
- A foundation of mental health, substance abuse and emergency/crisis services
- Training, knowledge of best practices and materials
- A plan with realistic goals and strategies
- Appropriate funding
- Media focus on the issue

(adapted from June 2004 Group Health Community Foundation Evaluation)

Council — Historical Overview

By statute the Statewide Suicide Prevention Council consists of 15 members, 11 appointed by the governor and four by the Legislature. The governor appoints two executive branch state employees; one member of the Advisory Board on Alcoholism and Drug Abuse; one member of the Alaska Mental Health Board; a designee from the Alaska Federation of Natives, Inc.; a counselor in a secondary school; an adult active in a statewide youth organization; a person who has experienced a family member's death by suicide; one person who resides in a rural community not connected by a road or Alaska marine highway to the state's main road system; a member of the clergy; and a youth under 18. The senate president appoints one majority member of the Senate; the speaker of the House appoints one majority member and one minority member of the House.

The council serves in an advisory capacity to the Legislature and governor with respect to what actions can and should be taken to:

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

broaden the public's awareness of suicide and the risk factors related to suicide;

enhance suicide prevention services and programs throughout the state;

develop healthy communities through comprehensive, collaborative, community-based approaches;

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.

RISK FACTORS THAT A PERSON MIGHT BE SUICIDAL

- Talks about suicide — seriously or “just kidding.”
- Has attempted suicide before.
- Has trouble eating or sleeping.
- Prepares for death — makes out a will and final arrangements.
- Gives away prized possessions.
- Has had recent severe losses; lost someone to suicide
- Drastic changes in behavior.
- Withdraws from friends, social activities.
- Loses interest in hobbies, work, school.
- Takes unnecessary risks.
- Loses interest or dramatic change in personal appearance.
- Increases use of alcohol or drugs.

WAYS YOU CAN HELP

Be willing to listen.
Allow expression of feelings.
Accept the feelings.

Be nonjudgmental.
Don't lecture the value of life.

Don't dare someone to do it.

Don't be sworn to secrecy.
Connect with services specializing in crisis intervention.

Offer to accompany the person in need.

Pay attention when a person "just kids" about ending it all.

Offer hope that alternatives are available, but don't offer glib reassurances.

Take action. Remove means, such as guns or stockpiled pills.

Performance Measures	3
Alaska Suicides per Region	6-7
Alaska Suicide Follow Back Study	14
Alaska Suicide Information and Data	15
Council Members	back cover

Statewide Suicide Prevention Council Performance Measures — Fiscal Year 2007 Report on Activities

In response to the 2005 legislative Suicide Prevention Council sunset extension hearings, Council members drafted the following performance measures to guide their work over the next several years. These measures were chosen to respond directly to the legislative audit findings and, more important, to reflect the Council's concern with Alaska's high suicide rate.

¹ In an effort to get Alaska off the national list of the "top ten" states with the highest suicide rates for the first time since 1991, the Statewide Suicide Prevention Council will partner with the Division of Behavioral Health to reduce the three-year average rate of Alaska suicides from 21 deaths per 100,000 population to 15 per 100,000, representing a 29 percent decrease from the current rate, over a seven-year period.

The three-year average rate for 2002–2004 = 21.1/100,000

21.1	x	5%	=	1.05	=	20.1	/100,000
20.1	x	5%	=	1.01	=	19.1	/100,000
19.1	x	5%	=	0.95	=	18.14	/100,000
18.14	x	5%	=	.91	=	17.23	/100,000
17.23	x	5%	=	.86	=	16.37	/100,000
16.37	x	5%	=	.82	=	15.55	/100,000
15.55	x	5%	=	.78	=	14.78	/100,000

The current three-year average Alaska suicide rate for 2003–2005 is 20.86/100,000. This is a decrease from the previous three-year average of 21.1/100,000. There were 131 suicides in 2005, giving Alaska a fatality rate of 19.7/100,000. This rate is well ahead of our scheduled decreases, but it is more accurate to rely on the three-year averages due to the annual fluctuation in rates.

² On a yearly basis, review and update the Statewide Suicide Prevention Plan as indicated by community feedback and Council members' recommendations.

Council members are currently reviewing the Statewide Suicide Prevention Plan for revisions to be made during FY07. The FY07 version will include an introductory letter from William Martin, Council chair.

Through the Follow-Back Study and other data sources, consistently review data and information in an effort to identify trends, make analysis and forward recommendations to the department regarding prevention, education and services needed statewide. This information may assist in:

- understanding the suicidal mind more clearly;
- understanding who decedents thought of as "gatekeepers," (i.e., who they confided in or who may have been able to recognize the ideation);
- designing new intervention and prevention programs to help suicidal individuals and suicide survivors;
- bringing new money into the state to combat suicide;
- providing a better understanding of the age groups and racial groups involved;
- discovering and providing information on risk and protective factors that can be prevented or enhanced;
- access and use of behavioral health services;
- ideation communicated to others;
- prescription medication being used; and,
- recent encounters with law enforcement or medical staff.

The Alaska Injury Prevention Center (AIPC) and our research partners (American Association of Suicidology and the Critical Illness and Trauma Foundation) have collected data on suicides in Alaska from Sept. 1, 2003, through Dec. 31, 2006. A preliminary analysis of data from this three-year period has been completed and submitted to the Alaska Suicide Prevention Council. The final analysis and report of the Follow-Back Study (personal interviews) should be completed in February 2007.

The Alaska Injury Prevention Center presented the suicide data at an international suicide prevention conference in Durban, South Africa (September 2005); at the Alaska Health Summit (December 2005); for the Alaska Native Medical Center, Southcentral Foundation; and to several other small groups. The Follow-Back Study and data were instrumental in the formation of the Mat-Su Valley survivors group. Limited data from the study have been made available to Native health corporations for grant requests, to police chaplains, and to other groups to assist in suicide prevention or coping program design.

Support and assist Alaskans in starting a SPAN-Alaska (Suicide Prevention Awareness Network) affiliate. This grassroots community effort enlists the support of individuals to:

- establish a group that will oversee the SPAN-Alaska affiliate by becoming a 501 (c) 3 nonprofit; draft Articles of Incorporation and bylaws;

- sign up a minimum of 150 new members; and

- develop a Survivor Support Group list,

- gather baseline data on the number of Survivor Support Groups, and

- track the increase of Survivor Support Groups.

While the grassroots community members researching the feasibility of becoming a SPAN affiliate decided not to proceed, they have continued to be active in their work toward suicide prevention and awareness and, more important, as support to other survivors of suicide. Statewide Suicide Prevention Council member Stan Tucker volunteered as liaison between the Council and these community members.

- 5 Support the Division of Behavioral Health in its efforts to increase the number of communities that can recognize the warning signs of suicide by tracking the number of community-based Suicide Prevention grantees that align their community suicide prevention funding with the Statewide Suicide Prevention Plan by:

conducting eight community trainings on the use of the Statewide Suicide Prevention Plan; and

tracking the number of trainings provided from July 1, 2005–June 30, 2006.

The Division of Behavioral Health Request for Proposals required all grantees to align their suicide prevention efforts with the Statewide Suicide Prevention Plan. At the statewide meeting for prevention grantees (September 2006), the division created a presentation on community-based planning for implementing effective strategies aligned with the statewide plan. The Council with the division has provided two trainings on use of the statewide plan and assessing community readiness for decreasing suicide and non-lethal suicidal behaviors. These trainings took place at the Full Lives Conference (April 2006) and the Rural Behavioral Health Providers Conference (June 2006).

- 6 Assist the Division of Behavioral Health in its SAMHSA Garrett Lee Smith Memorial Act youth suicide prevention application, and if awarded, in its implementation.

The Council supported the state's Garrett Lee Smith Memorial Act youth suicide prevention application. Alaska's application was not awarded funding; however, some of the activities that were included in the response, such as Gatekeeper training and extending the Follow-Back Study, will continue to be funded through other avenues. It is planned to apply again at the next opportunity.

- 7 Provide technical assistance to Boys & Girls Clubs of Alaska statewide youth suicide prevention initiative, Project LEAD (Leadership, Education, Acceptance and Determination). Project LEAD builds protective factors in youth through academic and leadership programming, along with alcohol and substance abuse prevention programming.

Project LEAD empowers Boys & Girls Clubs Instructors to network with mental health and medical providers, school counselors, cultural leaders, churches and parents to identify and serve at-risk and in-crisis youth. In 2005, due to a lapse in essential grant funding, Project LEAD sites fell from 22 communities to 16. Prevention specialists in these communities intervened with 43 youth in crisis and tracked another 301 youth who exhibited one or more risk factors. Staff continue to seek partnership and grant support for suicide prevention efforts and continue to train front-line professionals in first-response intervention skills. Ninety-five current front-line employees are trained in suicide intervention and prevention.

The Suicide Prevention Council provides technical support to the program via research and best practice updates and referral resources, and training and conference opportunities. In April 2005, the Council sponsored the Project LEAD Coordinator's travel and registration to the National Suicide Prevention and Awareness Conference in Seattle, Wash.; and at the Council's recommendation, Boys & Girls Clubs Director of Staff Development received training and certification as a Gatekeeper Trainer.

- 8 Gather data from the Division of Behavioral Health on the Substance Abuse and Mental Health Services-funded Gatekeeper Training:

number of trainings held; and

number of attendees.

Alaska

Suicides per 100,000 per Region for the last ten years

RATE	REGION
More than 70	Northwest Arctic Nome Census area
50-70	Wade Hampton Bethel Census area
30-50	North Slope Borough Dillingham Bristol Bay Lake Borough Peninsula Borough
Less than 30	Kodiak Island Aleutians Mat-Su Borough Anchorage Kenai Peninsula Valdez-Cordova Census area Fairbanks Southeast Fairbanks Denali Yukon-Koyukuk Census area Southeast

KEY TO NUMBERS ON THE MAP

00.0 RATE PER 100,000
(0) REGIONAL COUNT

71.7
(65)

55.3
(126)

10.9
(10)

Suicides (and numbers) per Region

44.8
(33)

71.5
(50)

21.5
(202)

17.3
(616)

16.4
(19)

13.7
(98)

31.3
(21)

12.3
(16)

STATEWIDE TOTALS

20.5
(1256) TOTAL COUNT

SSPC Performance Measures *(continued from page 5)*

From Oct. 1, 2005, to Sept. 30, 2006, implementation of Targeted Gatekeeper Training of Trainers (TOT) was completed. Phase II was completed in July 2006. Following the regional TOT's there was a follow-up meeting for all gatekeeper trainers in August to allow them to meet each other, share what is working, and discuss ideas for further expansion of the gatekeeper training program. The trainers have a listserv that enhances their ability to share and support one another.

TABLE ONE Targeted Gatekeeper Testing of Trainers Sessions

SCHEDULED FOR 2007	LOCATION	TARGET AUDIENCE	NUMBER OF PARTICIPANTS
April 21	Anchorage	Northern	7
April 21	Anchorage	Southcentral	8
April 21	Anchorage	Southeastern	8
April 21	Anchorage	Statewide	18

The Statewide Suicide Prevention Council Board members set performance measures for themselves to help them stay involved in spreading the word about the work of the Council. Some of the effort is represented above. The Statewide Suicide Prevention Plan was presented at numerous conferences, health fairs, and health entity gatherings. Board members also participated in talking to their legislators, chairing committee meetings, submitting letters to the editor and participating in suicide awareness efforts in a variety of settings. See Table Two.

TABLE TWO Council Members' Performance Measures

SCHEDULED TASKS	ACCOMPLISHED TASKS
Present statewide suicide prevention plan in two public venues.	★★★★★★★
Submit two digital photographs and one written article of member or constituent activity relevant to suicide prevention awareness of activities for the legislative report.	★★★★★
Arrange and attend at least two meetings with legislators, other than council members who are legislators, to discuss the Council's mission, activities and performance measures.	★★★★★★★
Submit one Letter to the Editor to a newspaper of member choice addressing suicide prevention awareness and Council activities.	★★★
Demonstrate meaningful participation in a statewide or worldwide suicide prevention effort (i.e., Worldwide Suicide Prevention Awareness Day, Sept. 10).	★★★★★
The above items may be substituted for leadership on a significant Council priority/project that impacts the visibility, longevity and/or financial sustainability of the Council.	★★

The Council has various suicide prevention material available free of charge. Please contact Kathy Craft at

kathryn_craft@health.state.ak.us

if you would like to receive items that are available.

Posters

Pens

Magnets

Statewide Suicide Prevention Plans

Annual Reports

You KNOW Me Posters

Ramy Brooks trading cards

Statewide Resource Guides

Radio Public Service Announcements on CD

Ramy Brooks DVD with Study Guide

McDowell Report on the Economic Costs of Alcohol and Other Drug Abuse in Alaska, 2005 Update.

"You KNOW Me," The Alaska Mental Health Trust Authority's coordinated communication campaign, has used print, radio, and television announcements to reduce stigma and increase awareness that treatment works. The Trust also provided the Statewide Suicide Prevention Council with funds to continue statewide suicide prevention and awareness focus through their coordinated communications and advocacy work.

The Trust's daily Web site activity has significantly increased from the year prior to the campaign. Average daily visits are up 50 percent, and page views up 31 percent.

Calls to the Statewide Suicide Prevention toll-free Careline (877-266-HELP) increase when the number appears in print ads. In some months, calls have gone up from 300 to 400, coming from all over the state.

We suspect that there is similar activity on local 24-hour hotlines. (Because the lines are run by volunteers, reports are sporadic.)

Fiscal 2007 Statewide Suicide Prevention Council Highlights and Accomplishments

“Live Your Dream”— Youth Prevention Focus

As part of the Live Your Dream campaign, silicone bracelets with the message “Live Your Dream” have been distributed free of charge to Alaska middle and high school youth. The positive outer message links to a resource on the inside — “To talk, call 1-877-266-HELP.” The bracelets are given to schools accompanied by a letter giving ideas of prevention activities such as:

Government/Tribal

Declare a Suicide Prevention Awareness Day or Week; the national Yellow Ribbon Week is in September each year.

Host a communitywide scavenger hunt for protective factors (i.e., Youth embark with a “Prevention Passport” and receive stamps from elders, health professionals, coaches, school officials, clergy and businesses).

Encourage local businesses, schools and community agencies to give discounts or free items to youth wearing their bracelets during that week/day.

Schools/Youth Agencies

Ask the high school students to arrange activities or an assembly to discuss suicide prevention.

Hold a “Life” cereal-eating contest for the younger students.

Organize a “Life” board game tournament.

Create a banner “Celebrating Life” with pictures of friends/families involved in healthy activities/hobbies.

Parents/Clergy

Coordinate a “Celebration of Life” event with musicians/bands, dance, art, poetry readings/slams, or photography exhibits that support prevention.

Hold a community/family night with activities and information about prevention and have bracelets available.

Signs of Suicide Curriculum Evidenced-Based Model Program

The Signs of Suicide (SOS) curriculum is rated by the Substance Abuse and Mental Health Services Administration as an evidence-based Model Program. The goal of the SOS program is to teach students the action steps — ACT (Acknowledge, Care and Tell). ACT helps students develop instinctual and familiar skills to respond to signs of suicide. SOS is a school-based program that offers a curriculum to raise awareness of suicide and its related issues combined with a brief screening for depression and other risk factors. This enables students to recognize depression and suicidal thoughts and behaviors in themselves and others, and prompts them to seek assistance.

The Council has 10 copies of the SOS curriculum, five for middle-school and five for high-school ages, available for distribution to selected communities that can demonstrate they are open to the issue of suicide prevention. This is assessed by a community readiness survey, through a planning team supporting this strategy, and through letters of support from key community members who will be able to continue to offer their support through the first two years of implementation.

Because ACT enables students to better recognize depression and suicidal thoughts, each applicant must also document the availability of an on-site referral system for students who need and ask for assistance.

Where Do We Go From Here?

We believe that every Alaskan should understand that while suicide is a problem, there is something that can be done about it.

To enhance public awareness... children as young as sixth grade should be taught to recognize the warning signs for depression and suicide. They need to know how to help a friend who is exhibiting signs, and the resources for help.

Parents need to know about community resources and should be encouraged to push through obstacles to asking for help.

Clergy, community leaders, first responders, teachers and school personnel need to develop crisis plans that encourage staff to respond to suicidal behavior.

To enhance skills and knowledge of gatekeepers... all educators, physicians and health care providers need to be trained to ask directly about suicidal thoughts.

To enhance community-based safety nets... community members need to address the stigma associated with mental illness, substance use disorders and increase the accessibility of crisis resources. Communities should also support funding for community day and evening programs that provide meaningful activities.

Division of Behavioral Health Corner

The Statewide Suicide Prevention Council (SSPC), in partnership with the DBH Section of Prevention & Early Intervention Services, has targeted the reduction of suicide and non-lethal suicidal behaviors in Alaska's communities as one of its long-term outcomes. In FY06, DBH offered a three-year funding opportunity, which combined the Community-Based Suicide Prevention Program with Substance Abuse Prevention funds, FASD funding, and Youth Resiliency funds to reflect an integrated approach to these services. In all, 25 communities received funding under the umbrella of suicide prevention programming. The overall goal for all grantees is "To Promote a Healthy Community Utilizing Effective Practices and Partnerships." Grantee communities receive ongoing technical assistance in implementing effective practices and outcomes measurements to achieve one of three long-term community impacts by:

reducing the harmful effects of substance abuse in one or more communities;
reducing incidents of suicide and nonlethal suicidal behaviors in one or more communities; and/or
increasing community members' connectedness, resiliency and life skills in one or more communities.

Together, the Statewide Suicide Prevention Council and DBH trained grantees on the Statewide Suicide Prevention Plan, which they incorporated in their programmatic goals, and provided an update of the Gatekeeper Suicide Prevention Training (to be completed by September 2006).

During fiscal year 2006, a total of 65,268 contacts were made through our community-based suicide prevention grantees. Nineteen of the programs delivered activities at the universal level of prevention (focusing on the entire population) and six programs focused activities at a selective level (focusing on populations indicated at high risk).

Using the federal Center for Substance Abuse Prevention's six prevention strategies, DBH suicide prevention grantees employed the following strategies:

five used dissemination of information;
14 used prevention education;
19 used alternative activities;
12 used community-based practices;
two used environmental approaches; and
five used identification and referral.

We celebrate our program's success with our grantees in their community:

"Alternative activities with the coordinator/mentor have taken place, resulting in increased sobriety and outdoor cultural skills acquisition (men and boys are learning trapping and other related skills). Participants are in a positive, alcohol- and drug-free setting and are mutually supporting each other at the same time."

"The verbal feedback from Council members, community members, participants of the activities and the elders have all been positive and they are happy that there is a place to go to do these important cultural and community enhancing activities."

Partners in Prevention

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

AND

THE ALASKA MENTAL HEALTH BOARD

In helping Alaskans stay healthy and free from self-harm, the State Suicide Prevention Council has a partnership with other behavioral health agencies — including the Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Substance Abuse (ABADA).

Why are AMHB and ABADA partners in suicide prevention?

According to an October 2006 report by the World Health Organization (WHO), more than 90 percent of all individuals with completed suicides also had depression, schizophrenia, or alcoholism — or some combination of mental health and substance abuse problems. The WHO looked at completed suicide in 14 countries and found that, in the most rural countries (or, as in Alaska, the most rural regions of a state or country), around 80 percent of individuals with serious behavioral health challenges had not received treatment in the year before the suicide. The WHO Acting Director, Anders Nordstroem, said, “All too often, suicide represents a tragic consequence of failing to diagnose and treat serious mental illness.”

The mission of both the AMHB and ABADA is to plan, educate, coordinate, evaluate, and advocate for adequate mental health and substance abuse services for all Alaskans. These services should include early intervention and effective treatments for individuals with depression and alcohol abuse, particularly with the most vulnerable Alaskans, who are often our youth in rural areas.

The WHO report on suicide worldwide points to the same challenges the SSPC, AMHB, and ABADA face — although a great deal is known about how to effectively help individuals with depression and substance abuse, there are gaps in treatment availability and resources. But through partnerships, such as the SSPC has with AMHB and ABADA, Alaskans can strive to reduce rates of suicide, a preventable form of death, by improving mental health and substance abuse services to vulnerable Alaskans.

Alaska Suicide Follow-Back Study — Alaska Injury Prevention Center

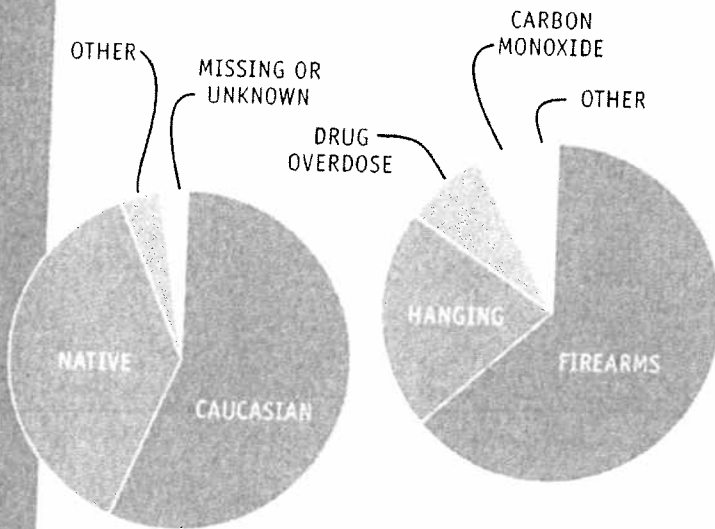
September 1, 2003 through August 31, 2006

In three years of collected data, there were 426 suicide deaths in Alaska as reported by the state Medical Examiners Office for an annual average of 142 deaths. Of those 426 suicides:

88 were female, 338 were male;
58 were younger than 20;
120 were in their 20s;
77 were in their 30s;
86 were in their 40s;
50 in their 50s; and
35 were 60 or older.

To date, 70 follow-back interviews have been completed with some still in process. Analysis of all the interview data will be completed in Spring of 2007, and the richer research information from the interviews will be analyzed and available.

The three years of suicide data that we have compiled for deaths taking place between Sept. 2003–Aug. 2006 in Alaska include (not all data are finalized):



ETHNIC DEMOGRAPHICS

241 Caucasian
158 Native
17 Other
10 Missing or Unknown

METHOD OF SUICIDE

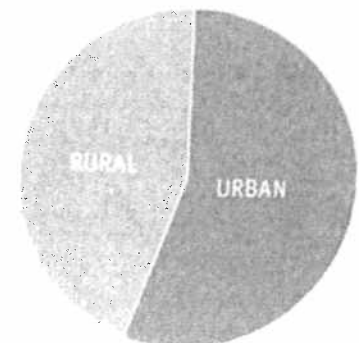
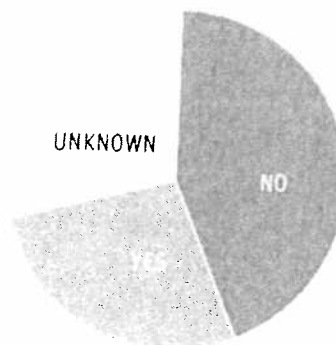
270 Firearms
90 Hanging
34 Drug Overdose
12 Carbon Monoxide
20 Other methods

ALCOHOL OR DRUGS INVOLVED

122 No
186 Yes
118 Unknown

LOCATION OF DEATH

237 Urban
55% of cases and 54% of population
189 Rural
45% of cases and 46% of population

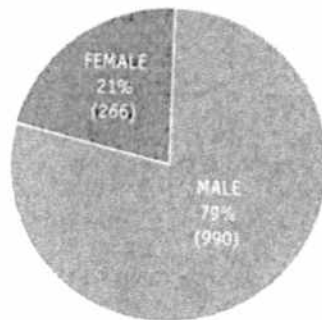


Alaska Suicide Information and Data

From the Department of Health and Human Service's Bureau of Vital Statistics

ALASKA SUICIDE BY SEX

1996-2005



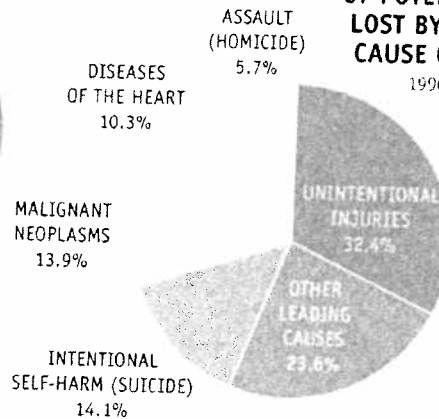
ALASKA AGE-ADJUSTED SUICIDE RATES BY SEX

1996-2005



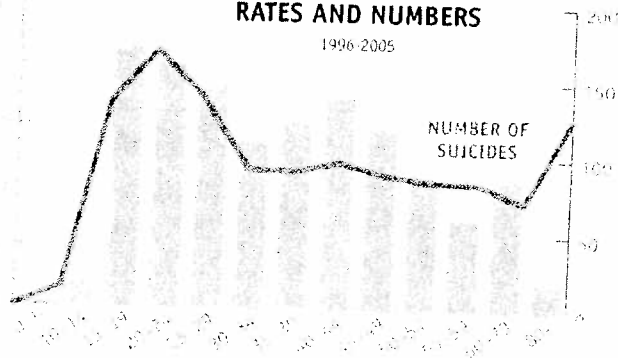
ALASKAN YEARS OF POTENTIAL LIFE LOST BY LEADING CAUSE OF DEATH

1996-2005

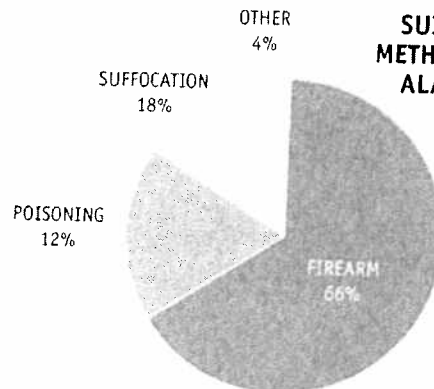


ALASKA AGE-SPECIFIC SUICIDE RATES AND NUMBERS

1996-2005

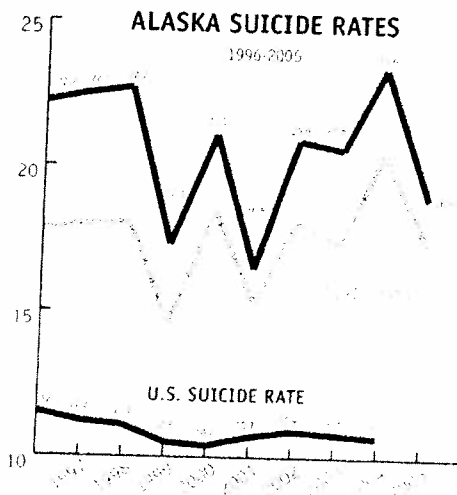


SUICIDE METHODS IN ALASKA



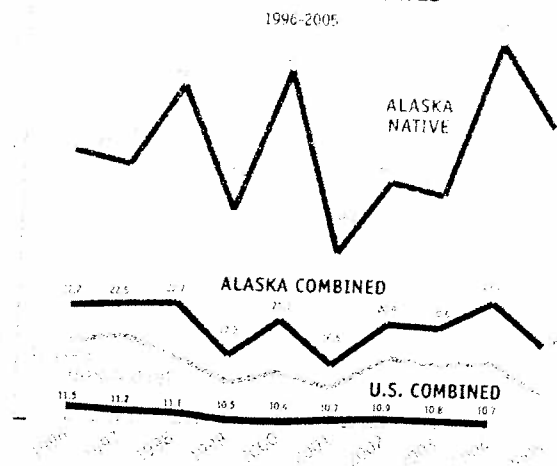
ALASKA SUICIDE RATES

1996-2005



ALASKA NATIVE, ALASKA NON-NATIVE AND U.S. SUICIDE RATES

1996-2005



www.hss.state.ak.us/suicideprevention

Rates are age-adjusted per 100,000 population.
 * The Alaska rate and lives lost rate for 2005 are preliminary.
 ** US rate for 2004 is preliminary and the US rate for 2005 is unavailable at the time of publication.

Rates are age-adjusted per 100,000 population.
 * The Alaska rate for 2005 is preliminary.
 ** US rate for 2004 is preliminary and the US rate for 2005 is unavailable at the time of publication.

Suicide Prevention Council

William Martin
Mario Gatto
Noelle Hardt
Stan Tucker
Charles Jones
Brenda Moore
Arthur Hansen, DDS
Bill Hogan
Renee Gayhart
Sen. Ben Stevens
Sen. Kim Elton
Rep. Nancy Dahlstrom
Rep. Woodie Salmon
Mandee Collins
Hilma Kameroff

Kathy Craft

Scheduled Meetings

September 20, 2006	Statewide Teleconference
November 6-7, 2006	Anchorage
February 12-13, 2007	Juneau
April 30-May 1, 2007	Kotzebue

Alaska (Statewide)	Suicide Prevention Careline 1-877-266-HELP (4357)
Fairbanks	Suicide Prevention Careline 452-4357
National	Lifeline 1-800-273-TALK (8255)

www.hss.state.ak.us/suicideprevention