

# **Alaska Suicide Hospitalizations 2001 - 2002**

**Alaska Injury  
Prevention Center**



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**Anchorage, Alaska  
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## EXECUTIVE SUMMARY

### INTRODUCTION

In 2002, nearly 32,000 people took their own lives in the United States, and estimates indicate that 20 times that number sought treatment for self-inflicted injuries. Alaska had the highest age adjusted suicide rate of all the states in 2002 at 21.12, which is nearly double the U.S. rate of 10.99 per 100,000 population. An average of 125 people die from suicide each year in Alaska, making it the number one cause of death for Alaskans under the age of 50 years (if unintentional injuries are examined individually instead of grouped). The epidemiology for suicide deaths is very different from the epidemiology for suicidal acts that result in hospitalization. This analysis looks at the epidemiology and costs associated with hospitalizations for self inflicted injuries.

### RESULTS

Using data supplied by the Alaska Trauma Registry (ATR) and funding from the Alaska Mental Health Trust, the Alaska Injury Prevention Center (AIPC) conducted a thorough analysis of the 1,223 hospitalized suicide attempts in Alaska for 2001 and 2002. The epidemiology and hospital costs associated with this injury group are reported below.

A few of the interesting facts revealed by this study for Alaska's suicide attempts:

- ✓ The average age for the patients was 30 years.
- ✓ The average length of each hospital stay was 4 days, with a range of 1 to 366.
- ✓ The average hospital costs per year were \$5,508,363.
- ✓ The average cost per case was \$8,986.
- ✓ Over 75% of the hospital costs were paid through public funding sources.

More than \$4 million in "public funds" is spent each year to care for suicide attempts, and those are just the documented hospital costs. Physician's fees and other specialist's fees are usually not included in the hospital costs. Also not included in hospital costs are self-inflicted injuries that result in death or long-term disabilities. These suicidal acts take a huge toll on individuals and families and are very difficult to quantify.

### CONCLUSIONS

The *Alaska Suicide Hospitalizations* analysis makes a compelling case for the prevention of suicide, and gives new insights into this dramatic public health problem. Hospitals must accept the loss of at least 15% of the costs due to the patients' inability to pay.

# **Alaska Suicide Follow-back Study Final Report**

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**Study period September 1, 2003 to August 31, 2006**

**Prepared for the:**

**Alaska State-wide Suicide Prevention Council  
Alaska Department of Health and Social Services  
Alaska Mental Health Trust Authority**

**Submitted by the:**

**Alaska Injury Prevention Center  
Critical Illness and Trauma Foundation, Inc.  
American Association of Suicidology**

## **Acknowledgements**

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**Alaska Statewide Suicide Prevention Council**

**Office of the Alaska State Medical Examiner**

**Alaska Department of Health and Social Services**

**Alaska Mental Health Trust Authority**

**Alaska Dept. of Public Safety – Alaska State Troopers**

**Anchorage Police Department**

**Other local police departments**

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## **Executive Summary**

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### **Goals**

There were two goals for the study: (1) to do an in-depth demographic analysis of the suicides in Alaska for three years from September 1, 2003 through August 31, 2006 and (2) to conduct interviews with key informants for as many suicide cases as possible. This report is divided into two sections, Section 1 addressing the epidemiological data and Section 2 addressing the data derived from the interviews.

### **Purpose**

The purpose of the data gathering, reporting, and analysis was to better understand the etiology and antecedents of suicide among Alaskans, in order to identify potential points of intervention and strategies to reduce the rate of suicide.

### **Methods**

Death certificates attributed to suicides occurring in Alaska between September 1, 2003 and August 31, 2006 were reviewed retrospectively. Information from the Alaska State Medical Examiner, State Troopers, and other law enforcement agencies was collated and reviewed for each suicide death. A cadre of Native and non-Native interviewers was trained in how to use the interview protocol and how to conduct follow-back interviews with survivors of the decedents. All information was entered into a secure database. All efforts to protect confidentiality were in accordance with the Institutional Review Board requirements of the Alaska Native Medical Center, the University of Alaska – Anchorage, and the National Institutes of Health (Certificate of Confidentiality).

### **Results**

There were 426 suicides during the 36 month study period. The average annual suicide rate for the three year study period was 21.4/100,000 (U.S. Census, 2005 estimated population). Males out-numbered females 4 to 1. The age-group of 20 to 29 had both the greatest number of suicides and the highest rate per 100,000 population. Alaska Natives had a significantly higher average rate of suicide than the non-Native population (51.4/100,000 compared to 16.9/100,000). The leading mechanism of death was firearms, accounting for 63% of the suicides. The use of handguns was more prevalent in the non-Native population whereas long guns were used more often by Alaska Natives. The EMS region with the greatest number of Native suicides was Region 4, which includes Bethel and the Yukon-Kuskokwim Delta. Region 2, which includes the Northwest Arctic census area had the highest overall rate of suicide deaths. Follow-back interviews were conducted with 71 informants for 56 of the suicide decedents. Reported alcohol/drug use was the same for Urban as for Rural Native decedents. The same alcohol/drug use pattern was seen for Urban and for Rural non-Native decedents. Toxicology results were received for 33% of all the suicide cases. Alcohol was found in 44% of the toxicology tests and THC (marijuana) was found in 15%.

### **Conclusion**

This study adds volumes of information to our existing knowledge of suicide in Alaska. More in-depth studies are already in progress, which will continue to add to our knowledge base while bringing in additional resources for prevention and treatment. The report also highlights the need for better death data collection, to quantify alcohol and drug involvement and other contributing factors.

## Our Mission

The Statewide Suicide Prevention Council advises the governor and legislature on issues relating to suicide. In collaboration with communities, faith-based organizations, and public-private entities, the Council works to improve the health and wellness of Alaskans by reducing suicide and its effect on individuals and communities.

- The meaning of our logo
- **Alaska Suicide Follow-back Study Final Report - Feb. 2007**  
*Alaska Injury Prevention Center, Ron Perkins*
- **The Lifeline National Number**
- Alaska Suicide Attempt Hospitalizations, 2001-2002 (pdf)  
*Alaska Injury Prevention Center, Ron Perkins*
- **Moving Forward**, the DHSS Comprehensive Integrated Mental Health Plan (CIMHP), can be downloaded at the following website address:
- Discussion Assistance for Ramy's DVD

## 30 Second Radio Spots:

- Suicide Hurts (mp3)
- Tell Someone (mp3)
- Video Game (mp3)

## Associated in-state links

- The Alaska Mental Health Board
- The Advisory Board on Alcoholism and Drug Abuse
- The Alaska Mental Health Trust Authority
- ASIST - Applied Suicide Intervention Skills Training

## Annual Reports

- 2008 Annual Report (689 Kb pdf file)
- 2007 Annual Report (550 Kb pdf file)
- 2006 Annual Report (1.2 MB pdf file)
- 2005 Annual Report (561 Kb pdf file)
- 2004 Annual Report (1.2 Mb pdf file)
- 2003 Annual Report (515 Kb pdf file)
- 2002 Annual Report (291 Kb pdf file)

## Alaska State Suicide Prevention Plan

- Download the State Plan (611 Kb)

## Scheduled Meetings

### Upcoming Meeting

- Statewide Suicide Prevention Council February 4-5, 2009 (Goldbelt Hotel, In Juneau)





## Alaska Suicide-Related Resources

Alaska Suicide-Related Resources  
Alaska Directories and Information Resources  
Suicide, Mental Health and Related Issues in Alaska Native and American Indian Populations

## National and International Resources

National Suicide Prevention Plans  
National/International Suicide Prevention Organizations  
National Youth Suicide Prevention Organizations  
Suicide Prevention Resource Center *NEW!*  
Center for Safe and Responsible Internet Use *NEW!*  
Substance Abuse and Mental Health Services Administration (SAMSA)

## Alaska State Suicide Prevention Plan

Alaska Suicide Prevention Plan (*611 Kb pdf file*)

## Organizations Addressing Depression and Suicide

Suicide Training and Curricula/Programs  
Clinical Resources

## Looking for Help?

If you are feeling down or are looking for help for yourself or others, please talk to someone. Here are some resources.

**National Suicide  
Prevention Lifeline**  
1 800-273-8255

Alaska Community  
Mental Health Centers

CARELINE  
1-877-266-HELP