THE STATEWIDE SUICIDE PREVENTION COUNCIL

coordinate, collaborate, create, communicate

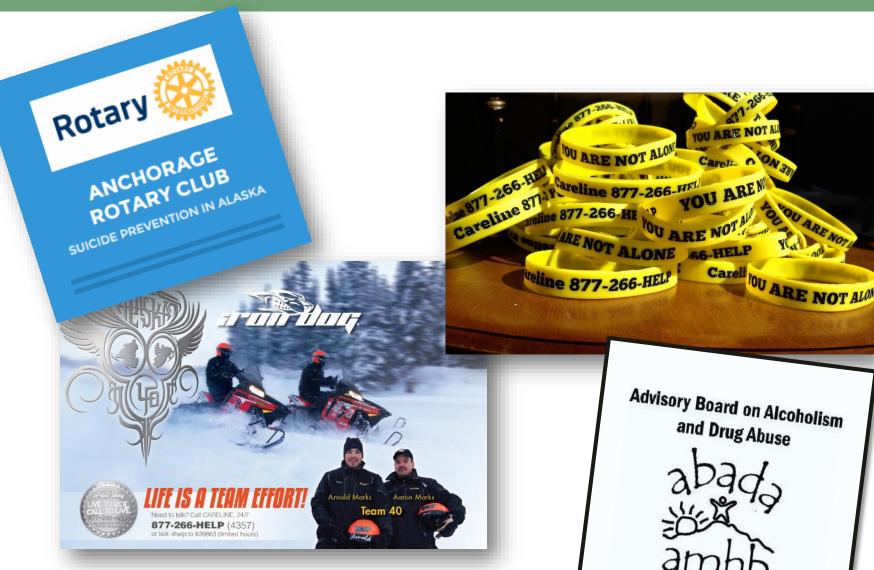
The Statewide Suicide Prevention Council was established by the Legislature in 2001. There are 13 volunteer members appointed by the Governor and 4 *ex officio* members appointed by the Legislature.

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





Alaska Mental Health Board

collaborate



communicate

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



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

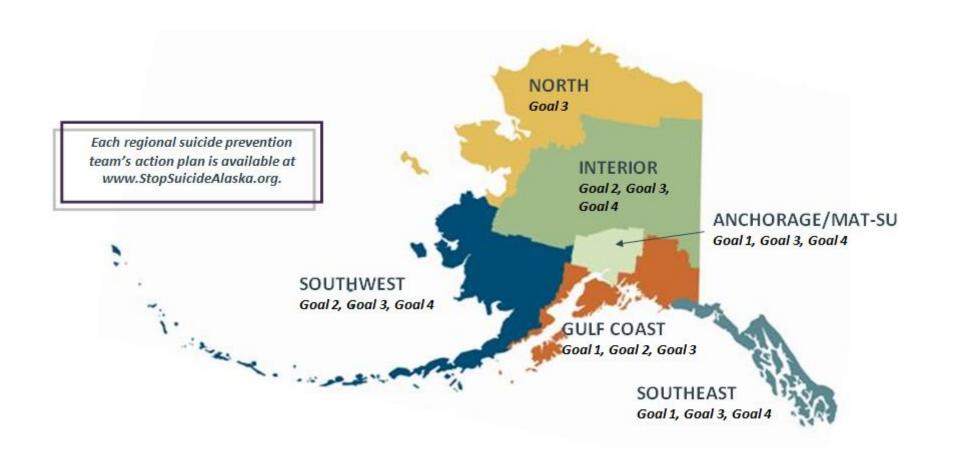


Goal 5: Alaskans Support Survivors in Healing



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





regional teams

Data from the Bureau of Vital Statistics shows that 171 Alaskans died by suicide in 2013, resulting in an annual rate of 23.4/100,000.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Rate	20.7	20.2	22.9	19.2	19.6	22.6	24.0	19.6	22.6	19.5	22.8	23.4
Number	131	123	154	127	132	149	167	140	163	141	167	171

The Bureau of Vital Statistics collects data on veteran status on death certificates. Of deaths by suicide of Alaska residents occurring within Alaska in 2013, 30 were confirmed veterans (17.5% of the total of 171 deaths by suicide, slightly less than in 2012).

suicide data

Strategy 2.2 ~ Alaskans know about Careline and other community crisis lines, and can share that information with others.

Indicator: 2.2.a. Number of calls to Careline annually: 10,187 compare to 6,487 in 2013

Careline is Alaska's statewide suicide prevention and crisis call line.

Careline received over 10,000 calls in 2014, compared to 6,487 calls in 2013 (a 54% increase in call volume). Of these calls, 95% were answered by trained Alaskans in Fairbanks. The remaining 561 calls were transferred to accredited crisis call centers with the National Suicide Prevention Lifeline network, because Careline staff were already responding to a call.

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 5,010 — *compare to est. 3,365 adults and youth in 2013*

Evidence-Based Suicide Prevention and Intervention Trainings, 2014

Agency	Training	Number Trained
Alaska Native Tribal	ASIST	49 adults
Health Consortium	safeTALK	73 adults & youth
Trust Training	Mental Health First Aid	759 adults
Cooperation		
Division of Behavioral	QPR/Gatekeeper	1,388 adults & youth
Health	Connect Postvention	28 adults
Dept. of Education &	Gatekeeper Train the Trainer	85 adults
Early Development	e-Learning	2,606 adults
	Other	22 adults

training

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
- ➤ Lack of/loss of connection to culture, heritage, and/or spiritual tradition
- Lack of social and family supports

web of causality

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

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

The 2013 Behavioral Risk Factor Surveillance Survey (BRFSS) data on ACEs in Alaska showed that <u>64%</u> of Alaskan adults surveyed had experienced at least one ACE, and <u>27.4%</u> had experienced three or more ACEs.

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 online.

childhood trauma

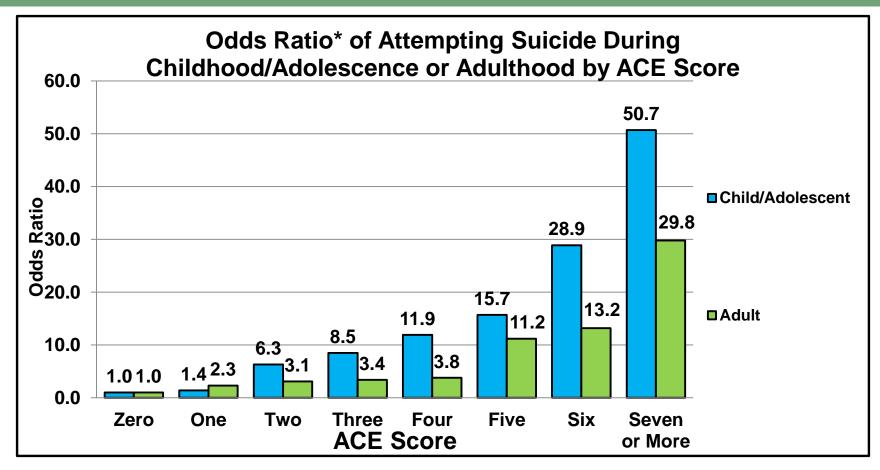
Suicide risk grows with increased number of ACEs experienced.

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).

Nearly two-thirds (64%) of suicide attempts among adults were attributable to ACEs and 80% 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, http://www.instituteforsafefamilies.org/early-pathway-preventing-suicide-role-adverse-childhood-experiences

childhood trauma



^{*} Odds ratio adjusted for sex, race, education level and age at survey.

Source: 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; Robert F. Anda, MD, MS; Vincent J.
Felitti, MD; Daniel P. Chapman, PhD; David F. Williamson, PhD; Wayne H. Giles, MD, MS, JAMA. 2001;286(24):3089-3096.

doi:10.1001/jama.286.24.3089.

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.

Northwest Arctic School District maintains its **Teck-John Baker Youth Leaders Program**. This model has proved successful in other districts, and is being implemented by the Bering Straits School District this year.

what's working

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.

what's working

Access to Mental Health Care Services

Access to effective clinical 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. Alaska Native Tribal Health Consortium, with funding from the Department of Health and Human Services, has developed a culturally relevant suicide prevention training and resource guide – *Doorway to a Sacred Place*.

Lower Kuskokwim School District (through its social work department), Petersburg School District (with Petersburg Mental Health), Haines School District (with Lynn Canal Counseling), and Juneau School District (with Juneau Youth Services) have expanded access to clinical mental health services for atrisk students.

what's working

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

what's next

Questions?

thank you

Comments?

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