

**ALASKA STATE LEGISLATURE
JOINT MEETING
HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES STANDING COMMITTEE
SENATE HEALTH, EDUCATION AND SOCIAL SERVICES STANDING COMMITTEE**

April 11, 2002

3:03 p.m.

HOUSE MEMBERS PRESENT

Representative Fred Dyson, Chair
Representative Peggy Wilson, Vice Chair
Representative John Coghill
Representative Gary Stevens
Representative Vic Kohring
Representative Sharon Cissna
Representative Reggie Joule

HOUSE MEMBERS ABSENT

All members present

SENATE MEMBERS PRESENT

Senator Lyda Green, Chair
Senator Loren Leman, Vice Chair
Senator Gary Wilken
Senator Bettye Davis

SENATE MEMBERS ABSENT

Senator Jerry Ward

OTHER LEGISLATORS PRESENT

Representative Brian Porter
Representative Mary Kapsner
Senator Rick Halford
Senator Georgianna Lincoln

COMMITTEE CALENDAR

OVERVIEW: AK SUICIDE PREVENTION COUNCIL

PREVIOUS ACTION

No previous action to record

WITNESS REGISTER

SENATOR RICK HALFORD
Alaska State Legislature
Capitol Building, Room
Juneau, Alaska 99801
POSITION STATEMENT: Provided comments on suicide in Alaska.

REPRESENTATIVE BRIAN PORTER
Alaska State Legislature
Capitol Building, Room
Juneau, Alaska 99801
POSITION STATEMENT: Expressed his enthusiasm about the Alaska
Suicide Prevention Council.

AGNES SWEETSIR, Vice Chair
Alaska Suicide Prevention Council
(No address provided)
POSITION STATEMENT: Discussed suicide.

SUSAN SOULE, Member
Suicide Prevention Council;
Program Manager of Treatment and Rural Services
Division of Alcoholism and Drug Abuse
Department of Health and Social Services
POSITION STATEMENT: Discussed Alaska's suicide rate.

JEANINE SPARKS, Member
Alaska Council of Suicide Prevention;
Guidance Counselor, Wasilla High School
(No address provided)
POSITION STATEMENT: Discussed youth suicide.

CAROL SEPPILU
(No address provided)
POSITION STATEMENT: Ms. Seppilu's testimony was read by Ms.
Sweetsir.

MARY CARLSON, Coordinator
Alaska Suicide Prevention Council
(No address provided)
POSITION STATEMENT: Discussed the council's priorities for the
upcoming year.

ACTION NARRATIVE

TAPE 02-30, SIDE A

Number 001

CHAIR FRED DYSON called the joint meeting of the House Health, Education and Social Services Standing Committee and Senate Health, Education and Social Services Standing Committee to order at 3:03 p.m. Representatives Dyson, Coghill, Stevens, Cissna, and Joule and Senators Green and Davis were present at the call to order. Representatives Wilson and Kohring and Senator Wilken arrived as the meeting was in progress. Also in attendance were Representatives Porter and Kapsner and Senators Halford and Lincoln.

OVERVIEW: AK SUICIDE PREVENTION COUNCIL

CHAIR DYSON announced that the committees would hear from the Alaska Suicide Prevention Council. He acknowledged the presence of Senator Halford and Representative Porter.

Number 0093

SENATOR RICK HALFORD, Alaska State Legislature, thanked the committees for this hearing. He noted that [the Alaska Suicide Prevention Council] was a priority last year. One hundred and thirty Alaskans are lost [to suicide] a year. Suicide is probably one of the most underreported causes of death. Depending upon the category, statistics report that Alaska is losing people to suicide at a rate one to five times the national average. Alaska has not had an ongoing, coordinated suicide prevention council until the Alaska Suicide Prevention Council which is permanent.

Number 0240

REPRESENTATIVE BRIAN PORTER, Alaska State Legislature, informed the committee that his interest in this issue can be attributed to his background in law enforcement. In law enforcement, Representative Porter has been the first responder to many of these tragic events. He noted that he has been a board member of Crisis, Inc. in Anchorage, which was a crisis line for suicide. Representative Porter said he is enthused about the people involved in the council. He noted that there are some modest requests in the budget in order to fund the activities of the council, specifically a follow-up study.

Number 0350

AGNES SWEETSIR, Vice Chair, Alaska Suicide Prevention Council, thanked everyone for their interest and commitment to suicide prevention in the state. Ms. Sweetsir informed the committee that she has a personal interest in suicide prevention because she has lost three brothers and three nephews to suicide. In her life, she estimated that she has had 50 significant people commit suicide. Ms. Sweetsir announced that today's presentation would provide everyone with a picture of what the council is doing and intends to do as well as gain input from those present today. She noted that the committees should have a draft report.

Number 0530

SUSAN SOULE, Member, Suicide Prevention Council; Program Manager of Treatment and Rural Services, Division of Alcoholism and Drug Abuse, Department of Health and Social Services (DHSS), explained that discussions regarding suicide often refer to the suicide rate, which is the number of suicides per 100,000 people. The suicide rate is a way of comparing the State of Alaska with the United States as a whole. She said that 1998 there were 131 recorded deaths by suicide, which was a typical year for Alaska. However, the actual number may be two to three times that amount. The 131 deaths represent a suicide rate of 23.7 per 100,000 people. In the same year the rate in the United States as a whole was 11.3 per 100,000 people. Therefore, Alaska's suicide rate is about twice that of the United States as a whole. With regard to specific subgroups of Alaskans, the differences between the U.S. rates and Alaskan rates are even larger. The rate of suicide for Native males in 1998 was 73.5 per 100,000 people, which is approximately seven times the rate of suicide in the U.S. as a whole. The rate of suicide for youth, 15 to 24 year olds, in Alaska in 1998 was 53.8 per 100,000 people while the [youth] rate for the U.S. as a whole was 11.1. Therefore, Alaska is losing youth of all races at a suicide rate that is five times greater than that of the U.S. as a whole. This is hard to discuss, she said. Alaska needs to do better. The council, with the legislature's support, offers hope of improving those rates.

MS. SOULE pointed out that suicide isn't evenly distributed geographically and thus the rates in some areas are much higher than in other areas. There is three years of data available, 1995-1997. The suicide rates in the arctic coastal regions are far higher than suicide rates in other parts of the state. With an even closer review, one can see the pockets of high suicide rates in specific communities. When one thinks about suicide

prevention, the questions regarding who is most at risk and their location should be asked. The council offers the opportunity to learn such details, she pointed out.

Number 0820

JEANINE SPARKS, Member, Alaska Council of Suicide Prevention; Guidance Counselor, Wasilla High School; informed the committee that she has been involved with suicide for the last ten years. Ten years ago this week, her brother-in-law completed a suicide. Ms. Sparks offered her gratitude to be able to work on the council, to which she believes she can bring much experience with youth and the referral agencies. She informed the committee that in February she interviewed five students who have been suicidal and/or homicidal and have been hospitalized for that. Those interviews were recorded and the council listened to those recordings in order "to put a face" on this issue. Furthermore, a group of students from villages throughout the state spoke to the council. Some of the common themes from that group of students were the feeling of being alone and isolated. Although she felt that many of the feelings of those students were typical of adolescents, their feelings were extreme. Those students were without coping abilities and resources. A common theme related by the students was the need for someone who really cared to listen to them. Furthermore, gratefulness was expressed for those parents who came forward and helped. Some of the students in this group highlighted the great impact of alcoholism and addiction in their family life and village.

Number 0970

MS. SWEETSIR read Carol Seppilu's testimony as follows:

My name is Carol Seppilu, I'm 19 years old, and I live in Nome but am originally from St. Lawrence Island. Two-and-a-half years ago I attempted suicide while I was under the influence of alcohol. This devastated my family, friends, and I, because it was very preventable.

For two years now I've been working with many different people and in many different places on raising the awareness of suicide prevention. The reason why I do this is because I don't want others to go through what I've been going through for the past two years.

In my community and region I have been invited many times to make presentations about suicide prevention and about my experiences. I helped form a suicide prevention workshop in the Nome Beltz High School. There are a group of kids who volunteer to go to villages and talk about suicide prevention and right now they are still doing that, I think it's very successful.

I'm very grateful for this Suicide Prevention Council and I have great confidence in it. I hope that we will make a positive difference for our State of Alaska.

MS. SWEETSIR mentioned that the council has made a concerted effort to hear the voices of Alaska youth. Therefore, having Ms. Seppilu on the council has been very valuable. Ms. Sweetsir related her experience that youth are willing to discuss this problem in order to find solutions.

Number 1100

MARY CARLSON, Coordinator, Alaska Suicide Prevention Council, said that she would discuss the priorities set by the council for the coming year. The average of 130 completed suicides annually amounts to three completed suicides per week. Even with the knowledge regarding suicide, there is still the need to establish a more comprehensive and detailed picture of the problem of suicide in Alaska. "We need to understand why there are three completed suicides per week," she said. Most of those suicides are of Alaskans that are 25 years of age or younger. "If we can make a difference, we'll be making a difference in the life span of that individual of 15 more years," she said. The impact goes beyond the individual to the local community and state as a whole. In order to achieve this, there must be an understanding of the causal factors that lead people to attempt suicide. Furthermore, better statistics need to be developed. Therefore, the council will be conducting listening sessions during which the general public, survivors, and professionals have an opportunity to provide information to the council regarding suicide issues, prevention, and treatment in local communities. The council has stressed the need for each community to have a voice in the solutions implemented in their community. In fact, the cause of suicide may vary from region to region.

MS. CARLSON explained that part of what will occur is the development of a detailed council work plan with the goal of implementing a comprehensive and coordinated Alaska suicide prevention plan. Although Alaska has the second highest suicide rate, per capita, in the nation, Alaska doesn't have a statewide suicide prevention plan. Such a plan provides a framework from which to deal with this problem and pull together efforts from the various divisions and groups that would be involved. Furthermore, part of the council's role will be to find out what efforts are already available for suicide prevention. This knowledge will allow the council to identify gaps in service in order to address those gaps. Ms. Carlson said, "In the coming year we hope to develop a statewide suicide prevention plan that uses input from Alaskans, includes best practice data, ... and to use information from other state plans that may apply to our state but always realizing that Alaska is unique." At the same time this information is being gathered, the council will also inform the public about suicide, suicide prevention, and the council's activities. Throughout all the council's activities, it will emphasize that suicide is a preventable public health problem. Ms. Carlson said that decreasing the stigma associated with seeking help can decrease the suicide rate in Alaska. Therefore, the council would become a statewide resource for all Alaskans.

MS. SWEETSIR asked the other council members to introduce themselves. Mike Irwin, Mark MacDonald, Karen Perdue, and Jay Livey introduced themselves. Ms. Sweetsir offered to answer any questions.

Number 1359

CHAIR DYSON, from his limited experience, commented that survivors of attempted suicides and/or completed suicides suffer the rest of their lives. These people question what they could've done differently to change the situation. He asked Ms. Sweetsir to describe that situation.

MS. SWEETSIR informed the committee that she has a Master's degree in social work and she worked in child protection for 18-and-a-half years. Still, she has had many family members and children she has worked with through the Division of Family & Youth Services (DFYS) commit suicide. Therefore, she constantly questions what she could've done differently. Such situations haunt a person for the rest of their life. Many people don't have the opportunity or resources to turn it into something positive as she has. Therefore, many of these people become

alcoholics, drug addicts, victims or perpetrators of domestic violence. It's difficult to hold a family together [after something like this happens]. These situations are especially difficult in small communities that are traumatized [by suicide] over and over.

CHAIR DYSON surmised that there would be a significant correlation between those who attempt suicide and those who were abused, particularly those who were sexually abused as children. He suspected that there would also be a correlation between prenatal alcohol poisoning and suicide attempts. He requested that any such findings be related to him.

MS. SWEETSIR agreed to relate [any findings] to Chair Dyson.

CHAIR DYSON expressed the desire to have a more formal presentation next year before both the House and Senate Health, Education and Social Services Standing Committees as well as before the Children's Caucus.

Number 1565

REPRESENTATIVE STEVENS questioned how [the council] will know whether it has been successful or not if the true rate of suicide isn't known. He asked what can be done to ensure that reporting is accurate.

MS. SOULE remarked that an improvement in the data we do know would be a measure of success. However, she said that Vital Statistics is probably doing as good a job as possible in terms of accurately recording what is reported. The issue is that there is still a stigma attached to suicide deaths and thus suicide deaths are underreported. Education will help achieve more accurate reporting. [Once more accurate reporting occurs] it will look as if the problem is growing, she pointed out.

REPRESENTATIVE WILSON commended everyone on the council.

REPRESENTATIVE CISSNA noted that when she was working as a crisis line counselor, she experienced someone in her family committing suicide. She informed the committee, "The things that you read say that when someone has decided and you say all the right things and they are resolved, they protect themselves ... and they don't give you the information that would help you do what you need to do." She assumed that the aforementioned accounts for some of the underreporting. Representative Cissna related her belief that suicide is the ultimate cry for help for

an entire society. "It's a symptom of something really wrong," she said.

Number 1714

REPRESENTATIVE JOULE recalled a meeting he attended in Huslia, which he recalled as the first gender-specific meetings. He related his belief that such meetings go a long way [in addressing problems]. He pointed out that times are changing and thus people's roles are changing as well. Therefore, [gender-specific meetings] offer a situation in which groups can talk [freely] across the generations. He noted that how to adjust the "mental screws" plays a factor in that. With regard to survivors, Representative Joule pointed out that there are religious factors attached to the stigma of suicide. That issue has to be addressed in dealing with survivors. Representative Joule remarked that although the discussion is currently only about completed suicides, he suggested that the attempts are probably more alarming. The attempts can't be ignored [as this issue is addressed]. Of the utmost importance is that whatever is started now must continue.

CHAIR DYSON highlighted that three of the common denominators for those [attempting] suicide are people who felt alone and wanted attention and had very few tools to cope with that [loneliness]. These are areas in which individuals accomplish things better than the government. He encouraged everyone to seek out those lonely people that need someone to reach out to them. The other side of this are the common denominators with regard to those who don't commit suicide.

Number 1975

REPRESENTATIVE COGHILL said that Alaska has a wonderful way of celebrating remembrance of [those who have passed]. However, he questioned whether it's done too well because it may seem more glorifying to go out "that way" rather than stay and face the challenges of life. Representative Coghill expressed the need to address this situation.

MS. SWEETSIR remarked that much is left to learn with regard to the choice of suicide. Many who commit suicide are ill. Furthermore, there is a strong connection between alcoholism and suicide. All such connections need to be reviewed and addressed.

MS. CARLSON pointed out that page 2 of the draft report speaks to protective factors that are effective in suicide prevention.

CHAIR DYSON thanked the council for its work.

ADJOURNMENT

The committee took a brief at-ease at 3:42 p.m. in order to prepare for its regular meeting. [The minutes for the meeting following this overview can be found under the 3:43 p.m. minutes for this date.]