OVERVIEW

AK SUICIDE PREVENT COUNCIL

DRAFT

Alaska Suicide Prevention Council

APRIL 11, 2002 REPORT TO THE LEGISLATURE

THE PROBLEM

ALASKA YOUTH SPEAK

"If my problems are so small, why do I feel so bad?"

-- An Alaskan Youth

"Would anybody care or miss me if I died? Does my life matter?"

-- An Alaskan Youth

"I want to make a difference. How can I make a difference if I am dead?"

-- An Alaskan Youth

Tony Knowles Governor

Jay Livey Commissioner, Department of Health & Social Services

SITKA YOUTH SHARE IDEAS ABOUT SUICIDE PREVENTION

The Council met at Mt. Edgecumbe High School on February 21, 2001 in order to hear from students and staff. The Council also reviewed videotaped interviews with students who had been suicidal.

The students openly shared their feelings and opinions about suicide prevention. Comments from this and other sources are highlighted throughout this report.

Common themes included the need to reduce stigma attached to seeking help and the difficulty in getting parents or other adults to understand or seek adequate help.

Sitka-based agencies noted that prevention programs are needed in younger grades to address the suicidal thinking seen in younger children.

Agencies also focused on the need for training and support for those in contact with youth: teachers, VPSOs, village-based providers, and those who work with survivors. ☙

COUNCIL RESPONSIBILITIES

SENATE BILL 198

In 2001, the passage of SB 198 established the Alaska Suicide Prevention Council, determined Council membership, and established Council responsibilities as outlined in the Alaska Statutes (AS 44.29.350).

The 15-member council -- four members of the Legislature and 11 appointed by governor -- is charged with "advising the legislature and the governor with respect to what actions can and should be taken to:

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

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

(3) enhance suicide prevention services and programs throughout the state;

(4) develop healthy communities through comprehensive collaborative community-based and faith-based approaches;

(5) develop and implement a state suicide prevention plan;

(6) strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state. ☙

COUNCIL PRIORITIES FOR FY '03

Since its members were appointed in the fall of 2001, the Council has held three meetings to organize its work plan. During the next year, the Council's central work priorities are:

- Establish a more clear, comprehensive and detailed picture of the problem of suicide in Alaska, including the part of the iceberg below the surface;
- Conduct listening sessions in which the general public, survivors, and professionals have an opportunity to provide information to the Council about suicide issues, prevention and treatment in local communities;
- Create a detailed Council work plan with the goal of implementing a comprehensive, coordinated Alaska State Suicide Prevention plan;
- Develop a statewide suicide prevention plan, using input from Alaskans, best practice data, and other state plans; and
- Inform the public about suicide, suicide prevention, and the Council's activities, emphasizing that suicide is a preventable public health problem and decreasing the stigma associated with seeking help.
- Establish an easily accessible Council office and website. ❧

Council activities accomplished or in process as of March, 2002:

- ✓ Coordinator hired
- ✓ Review of National Suicide Prevention Strategy and Alaska suicide data
- ✓ Preliminary inventory of Alaska suicide prevention activities
- ✓ Statewide solicitation of ideas and initiatives to address suicide prevention
- ✓ Initial listening session conducted in Sitka, February, 2002 ❧

FACTORS AFFECTING SUICIDE

Suicide is a complex behavior. It is more likely in individuals who have a high number of ***risk factors*** in the absence of ***protective factors***. Researchers have identified a number of risk factors associated with a higher risk for suicide, along with protective factors that may reduce the likelihood of suicidal behavior. The importance of risk and protective factors vary by age, gender, and ethnicity.

Some risk factors can be reduced by interventions (such as treatment for depression). Risk factors that cannot be changed (such as a previous suicide attempt) can alert others to the heightened risk of suicide under stress.

RISK FACTORS
for suicide completion include:

- Previous suicide attempts
- Mental disorders or co-occurring mental and alcohol or substance abuse disorders
- Family history of suicide
- Stressful life event or loss
- Easy access to lethal methods, especially guns
- Exposure to the suicidal behavior of others
- Incarceration (suicide in juvenile detention and correctional facilities runs four times greater than youth suicide overall)

PROTECTIVE FACTORS
for suicide prevention include:

- Learned skills in:
  - problem solving;
  - impulse control;
  - conflict resolution; and
  - nonviolent handling of disputes
- Family and community support;
- Access to effective and appropriate mental health care
- Support for help-seeking
- Restricted access to highly lethal methods of suicide
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts. ❧

Out of the Darkness:
An Alaskan Participates in a National Suicide Awareness Walk

Over 1,900 walkers, including at least one Alaskan, have registered for "Out of the Darkness," the 26-mile overnight walk to bring greater awareness to the problem of suicide. The positive response reflects the increased concern about suicide in this country. It has also given a voice to the many family members and friends affected by suicide and depression every year.

The suicide awareness walk will take place August 17-18, 2002 in the Washington, D.C. area, culminating on the National Mall in front of the U.S. Capitol building. The event will begin with an opening ceremony at dusk, with participants walking through the night and ending with a closing ceremony at sunrise.

When former park ranger Brenda Bussard of Denali Park learned of *Out of the Darkness*, she knew she had to walk 'because I'm an Alaskan who's dedicated to eliminating the 'option' of suicide. Alaska thrives by the hands of rugged individualists who value triumph over hardship, self-reliance, and making-do. Not only can great distances separate our tiny communities, but our diverse cultures can further isolate us."

Her personal experience parallels that of many Alaskans. "Just deciding to seek mental health services can seem impossible, but once we have, the services we need are often not even available in our communities. Since untreated depression is the biggest cause of suicide, it's no wonder Alaska frequently has the highest suicide rate in the United States." ☙

"I'm lucky that even from the depths of the recurrent depressions I've faced, I've always known that I'd feel well again. For me, this knowledge steadily outweighs the likelihood that I'll also feel that badly again. For too many Alaskans the scale tips the other way; I'm walking Out of the Darkness for them and all those who love them.

As I train for the walk and raise money for AFSP, I'll be talking to people in my community and throughout the state. I hope I can inspire Alaskan communities to become stronger in their ability to prevent suicide, through the promotion of mental health services and the nurturing of social ties that leave no one behind."

-- Brenda Bussard
Denali Park

Suicide Prevention Council Coordinator Hired

Suicide Prevention Council Coordinator Merry Carlson began work March 21, 2002 after selection by the Hiring Committee and approval of the Council. She shares her background below.

My interest in suicide prevention began in college as a psychology major and as a residential advisor, working with other students who were considering or had attempted suicide. After college, I was a crisis line worker in Vancouver, Washington.

Most recently, as the Deputy Director of Behavioral Health for the North Slope Borough, three of my programs served suicidal clients: Mental Health, Substance Abuse, and Children and Youth Services. Despite our local success of reducing suicide by 30% in 10 years, our communities are still very much affected by suicides, with Point Hope experiencing two suicides in the past six months. One week before I was hired as the coordinator, we had two suicidal adolescents with no psychiatric beds available in the state. On a personal level, my 12-year old former foster daughter battles with suicidal ideation and has been in a treatment facility since June, 2001.

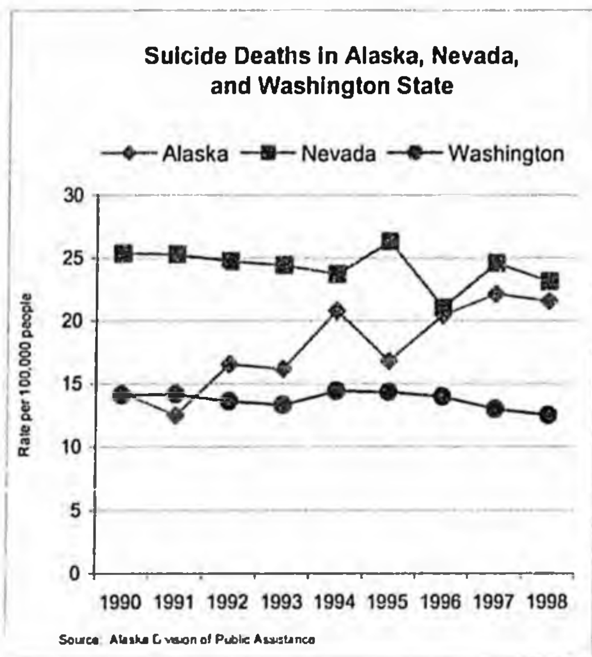
I will work diligently to decrease the suicide rate across the state through policy development, alliance building and integration and implementation of suicide prevention strategies, and other means as directed by the Council. ☙

For information on potential strategies and interventions on suicide prevention suggested by agencies across, the state, please see the article on page 8.

SCOPE OF THE PROBLEM: SUICIDES IN ALASKA

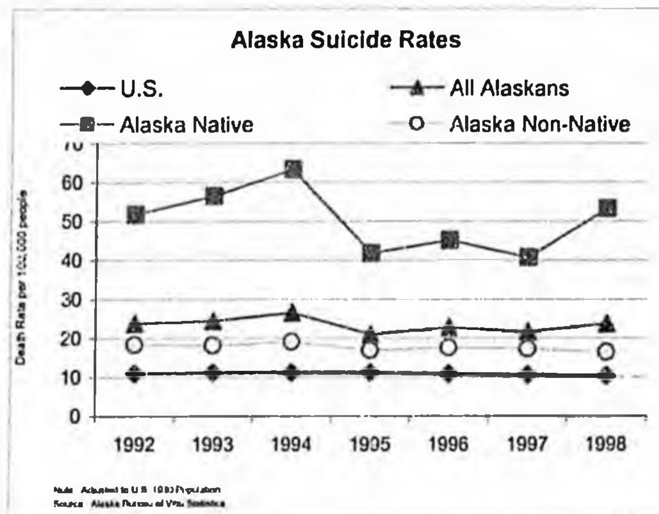
According to ***In-Step***, the comprehensive integrated DHSS mental health plan for FY 2001-2006, more than 180 Alaskan communities were affected by suicide between 1990 and 1998, with at least one suicide in 50-60 communities.

Suicide was the fifth leading cause of death in the state and the ninth leading cause of death in the nation. Alaska averages 130 suicides per year, with a rate of 21.5 suicide deaths per 100,000 population in 1998, exceeded only by Nevada.

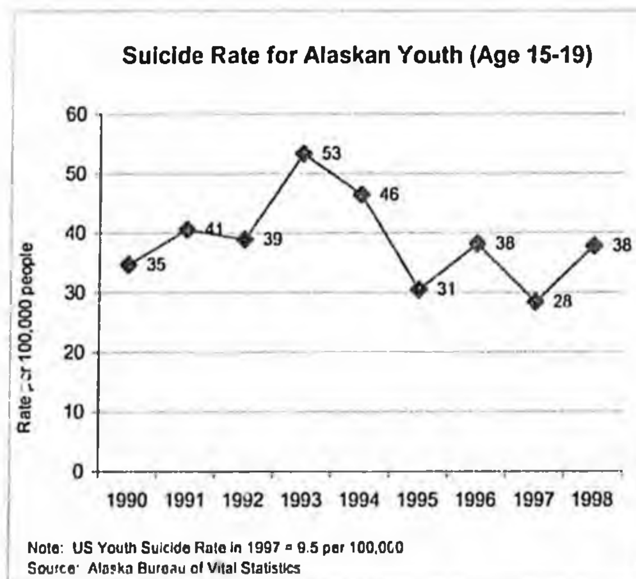


The rate of suicide in Alaska is consistently twice that of the United States. Among Alaska Natives, where the rate of suicide is more than four times that of the United States, and among young Alaskans aged 15-24 where the rate escalates to five times that of their national peers, the pain of suicide is not just individual, but collective. Because of the smallness of even our largest cities, each suicide powerfully affects communities, particularly when a region experiences an apparently inexplicable cluster of suicides and suicide attempts.

Surviving friends and loved ones suffer from the traumatic emotional effect of suicide. The impact is even greater in small villages because of the face-to-face nature of social relations and strong traditional values of interdependence. Everyone in the community is affected emotionally, physically, socially, politically, economically, and spiritually. Suicide attempts, like completed suicides, reflect the poor mental health of individuals and communities. – In-Step, 2001

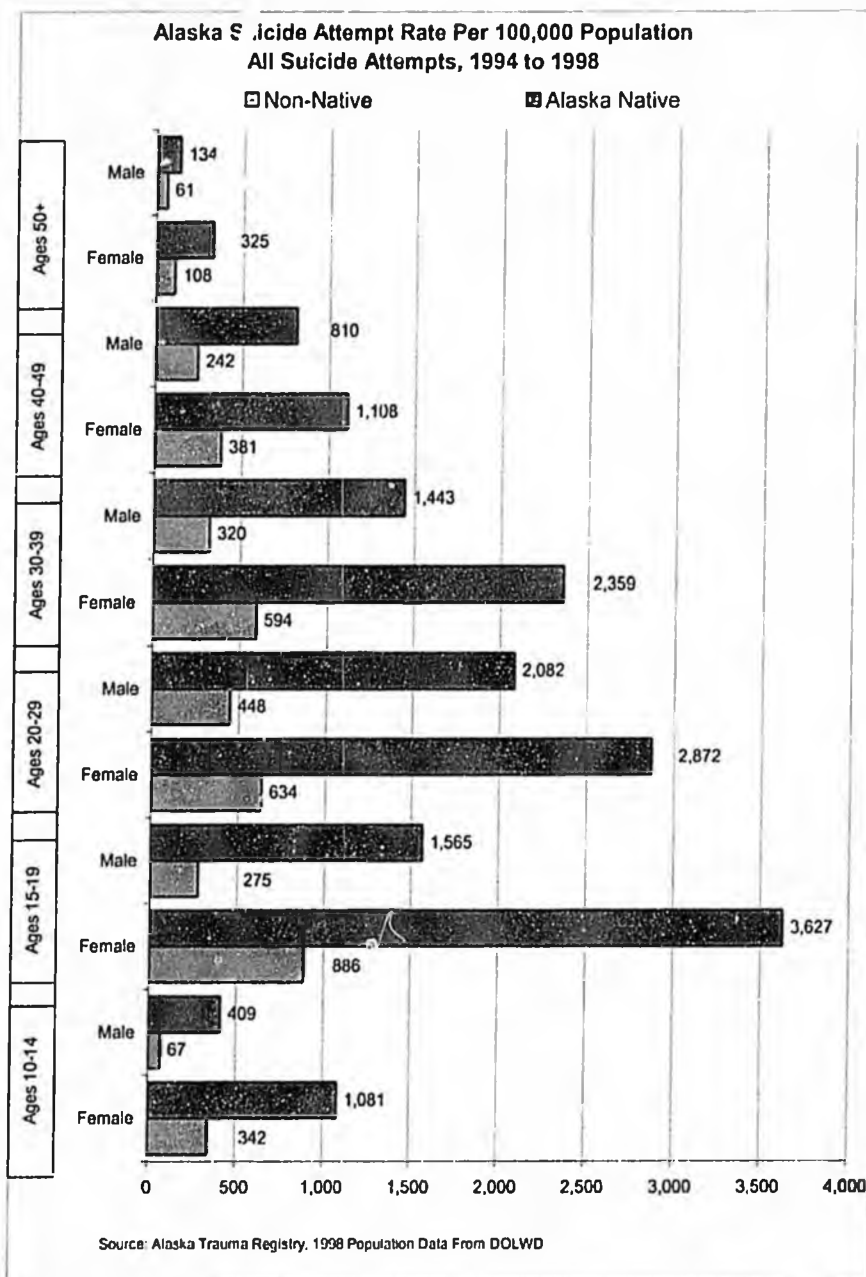


In 2000-2001 clusters of suicide in two quite different regions of the state caught the attention of the Governor and the Legislature. In 13 months the communities in the Matanuska Valley experienced the suicides of 11 young people and an additional 28 people were hospitalized for suicide attempts. In a similar timeframe, roughly 400 miles to the northwest in the Yukon-Koyukuk region, a similar phenomenon was taking place. There were 14 deaths among the 1,700 people living in the six villages of the region. Half of those deaths were by suicide, all but two by persons under 25. This exceeds the state average, where more than one-fourth of all suicides were committed by youth between the ages of 15 and 24.



Note: US Youth Suicide Rate in 1997 = 9.5 per 100,000
Source: Alaska Bureau of Vital Statistics

The other high risk group is Alaska Native men, who, at the rate of 210 suicides per 100,000 people, committed about half the suicides statewide during the most recent five year period. Demographic patterns of suicide attempts reveal the need for prevention and early intervention focused on high risk groups. The rate of suicide attempts is higher for females than males in every age group, regardless of race. Alaska Natives are at higher risk of suicide attempts than are non-Natives and attempts are most common among youth and young adults between the ages of 10 and 39.



THE SOLUTION

ALASKA YOUTH SPEAK

"Just be there."
"Be there for a friend."
"It helps to know people really care."

-- Alaskan Youth

"If alcohol comes before you, the child, you feel very small. My goal is to NOT be like my parents"

-- An Alaskan Youth

"My asking for help was the first step back."

-- An Alaskan Youth

Suggestions from students included:

- ✓ Treatment that is structured and has predictable consequences
- ✓ Educate the whole village
- ✓ Change attitudes
- ✓ Reduce the shame and stigma attached to getting help
- ✓ Weekly gatherings so kids can connect with elders
- ✓ Outdoor activities
- ✓ Trips

A Preliminary Inventory & History of Alaska Suicide Prevention Activities

Committee / Report / Program	Result / Findings
1998 Senate Select Committee on Suicide Prevention, Senator Willie Hensley, Chair	Recommendations for community, school and agency programs to prevent suicide, which led to the development of the Community-Based Suicide Prevention Program (CBSPP) and the Peer Helper Program (see below). The Hensley report also spoke to the need for more accurate data about suicide and suicide attempts and in Alaska. and in the years since the report was issued the DHSS Bureau of Vital Statistics has maintained as accurate data as possible.
Community-Based Suicide Prevention Program (CBSPP), administered by the Division of Alcoholism and Drug Abuse	The CBSPP provides small grants to 40 – 60 villages annually to design and implement locally determined suicide prevention projects. A project evaluation indicated that villages that have maintained projects for three or more years have declining rates of suicide relative to other communities.
Peer Helper Program, originally begun as a distinct grant program	Identified and trained natural helpers to provide support and referral for their troubled peers. Peer or Natural Helper Programs continue to operate in many high schools throughout Alaska. A lack of staff resources led to its incorporation into a more general substance abuse prevention grant program.
Department of Education & Early Development (DEED) crisis response and suicide containment plans	Crisis response and suicide containment plans are designed to reduce the likelihood of contagion, with one suicide triggering additional attempts. While plans still exist, technical assistance, monitoring and annual crisis response training supported by DEED, have diminished in the face of other priorities and limited staff time.
Rural Human Services System Project	Funds health corporations and other agencies to train and employ village-based counselors who provide village support and crisis intervention.
Division of Mental Health and Developmental Disabilities	Funded Community Mental Health Centers provide emergency mental health services, outpatient care, community interventions and outreach to outlying communities. They assist communities in mobilizing resources to help cope with the trauma following a suicide and provide 24 hour telephone access.
Department of Public Safety (DPS): Alaska State Troopers and Village Public Safety Officers	A study of the agencies that youth who committed suicide as young adults came in contact with prior to their deaths indicated these youth showed up more frequently in law enforcement records than in the records of mental health, DFYS or any other agency. However, training in DPS suicide prevention is limited and a great deal more could be done, especially for VPSOs.

Table continues on following page

Alaska Suicide Prevention Council Timeline

2000-2001	March 2001	July 20, 2001	Oct. 1, 2001	Nov. 12, 2001
Suicide clusters in Matanuska and the Yukon-Koyukuk region lead to 18 suicides and 28 suicide attempts	*DHSS Commissioner Karen Perdue requests budget support to support communities and examine Alaska's suicide prevention strategies*	*Passage of SB 198, "an act establishing the Statewide Suicide Prevention Council"*	*Governor Knowles announces all but one of his Council appointments (see back page for list of Council members)*	*First Council meeting held in Anchorage. Jay Livey, Commissioner, elected Chair; Agnes Sweetsir of Galena elected Vice-Chair*

Division of Public Health Community Health and Emergency Medical Services Section (CHEMS)	CHEMS used federal funding to develop a screening tool for suicide risk. It supported an Alaskan Gatekeeper training program to teach a wide variety of people, particularly those who are most likely to come in contact with teens – those considered 'first responders' – to recognize and respond appropriately to the warning signs of suicide and depression. CHEMS or other support for these efforts has been difficult after the end of the federal grant.
Department of Corrections (DOC)	Mental health staff provides suicide prevention training to all correctional staff at 13 state correctional facilities and to contract jails throughout the state. The DOC Training Academy includes suicide prevention in the curriculum for correctional officers, probation officers and support staff. The DOC also provides a range of mental health treatment services, from screenings within 24 hours of arrest to inpatient treatment. There is an Inmate Substance Abuse Treatment (ISAT) Program in each of DOC's institutions and the Pt Mackenzie Rehabilitation Center. For inmates at deemed at-risk, there are cells equipped with cameras to help ensure their safety.
Norton Sound Health Corporation	Operates a Mobile Adolescent Treatment team that focuses on providing crisis intervention to youth of the Bering Straits Region. Preliminary reports suggest the program is effectively providing support to youth where and when they need it.
Maniilaq Association	Works with Northwest Arctic villages to develop their own suicide prevention programs utilizing federal grant dollars.
Tanana Chiefs Council	has established a suicide prevention committee and plans a series of meetings to solicit ideas for suicide prevention. The villages of the Yukon-Koyukuk sub-region have begun their own suicide prevention effort beginning with a training in community readiness. Building on that training, Galena has begun work on a detailed suicide prevention plan for the community.
Alaska Federation of Natives	Utilizing federal substance abuse prevention funds for Alaskan suicide prevention.
National Alliance for the Mentally Ill	Promoting in-school screening of teens for depression and suicide.
Alaska Injury Prevention Center	Centers for Disease Control grant to look at and develop screening tools appropriate for use in school and clinical settings in Alaska.
Divisions of Family and Youth Services, Juvenile Justice, Public Health, and Alcoholism and Drug Abuse.	Programs in DHSS, while not specifically designed as suicide prevention programs, clearly play a role in the suicide prevention effort. All have programs and/or staff in roles in which they identify and assist troubled youth, adults, and families ☙

ALASKA SUICIDE PREVENTION COUNCIL TIMELINE (continued)

Dec. 10., 2001	Jan. 24, 2002	Feb. 21, 2001	March 21, 2002	April 11, 2002
Health corporations, substance abuse, mental health, and other agencies asked to provide ideas on suicide prevention	*2nd Council meeting in Juneau. Subcommittee formed to hire Council Coordinator; reviewed current state suicide prevention efforts*	*3rd Council meeting in Sitka. Testimony taken from Mt. Edgecumbe students and local agencies*	*Suicide Prevention Council Coordinator, Merry Carlson, begins work*	*Third Council meeting scheduled for Juneau report to the Legislature* ☙

COUNCIL RECOGNIZES VALUE IN FOLLOW-BACK STUDIES

Current suicide prevention efforts are based on our current understanding of the state of mind of a person at risk for suicide and our understanding of the relationship between the person and the community. Follow-back studies, sometimes called psychological autopsies or retrospective profiles, are designed to deepen our understanding and enable us to design more effective suicide prevention, intervention, and treatment programs.

A follow-back study is a thorough retrospective examination of the life history of a person who has died. It includes a review of information about the person from public agencies (including education, law enforcement, family services, and other human service agencies) and, with family consent, medical and psychiatric records.

The heart of the study, again with family consent, is a series of in-depth structured interviews with family, friends, and community members who had a close relationship with the deceased. These interviews generally occur four to nine weeks following the suicide. Because these survivors often struggle to understand the dynamics of the suicide, family and friends are often very willing to participate in follow-back studies.

The Council has requested funding for Alaskan follow-back studies. With an Alaskan suicide rate that is twice that of the United States, with the rate for 15-24 year old males five times that of their national peers, it is imperative that Alaska conduct a series of follow-back studies to better understand the factors upon which the most effective prevention strategies should be based.

These studies require a team of at least two interviewers, with one member of the team of the same culture as the village involved in the study, who are well-trained to conduct the studies with sensitivity and respect. The cost to conduct a follow-back study is estimated to be $4,000 per individual case study.

Follow-back studies contribute to more effective suicide prevention programs by:

- Increasing understanding of the dynamics of suicide at the individual level;
- Enabling the more accurate identification of groups and individuals at high risk;
- Identifying those who recognized the deceased had problems prior to the death (these individuals are potential gatekeepers who could be trained to better recognize signs of suicide and seek appropriate assistance);
- Identifying barriers that kept the deceased from getting help;
- Facilitating understanding, acceptance and healing among family members, friends and the community. Because unresolved grief appears to play a role in future suicidal behavior, this too contributes to suicide prevention. ☙

ALASKAN AGENCIES SUGGEST SUICIDE PREVENTION EFFORTS

On December 10, 2001, Council Chair Livey requested recommendations to the Council from human service providers, health administrators, and health corporation officers. Fourteen responses have been received to date The following table summarizes strategies suggested by respondents. ☙

Models / Provider Training	Community Training / Outreach	Family Interventions / Council Changes
• Recognize the many reasons people attempt suicide, including alcohol use • Develop models that rely on strong local leadership • Resolve underlying issues that cause Native people to commit suicide • Village-driven, coordinated and sustained suicide prevention and intervention program • Involve tribal councils in training suicide prevention coordinators • Link village coordinators to regional mental health agencies; improve referral system • Consistent training standards	• Formal crisis team in each village • Mobile adolescent treatment teams for village youth • Promote youth education in traditional values and spiritual practices • Encourage communities to celebrate life and living • Develop local community wellness committees like that in New Stuyahok • Educate communities about coping with grief and loss • Establish a statewide hotline • Improve screenings and referrals • Support peer helpers/asset building	**Family Intervention:** • Work with families as a whole • Develop a residential family treatment center • Provide support for family members of people who complete suicide • Improve follow-up with people placed at high risk by the suicide of someone close to them **Council Changes:** • Add youth and Elders to Council • Train Council in wraparound process and gatekeeper training

MEMBERS OF THE ALASKA SUICIDE PREVENTION COUNCIL

JAY LIVEY, *CHAIR* JUNEAU	Commissioner of the Department of Health and Social Services
AGNES SWEETSIR, *VICE-CHAIR* GALENA	A lifelong resident of Galena, Sweetsir is currently involved in leading suicide prevention efforts in her community and also serves on the State Advisory Board on Alcoholism and Drug Abuse
DANIEL BILL BETHEL	Mental health clinician for Yukon Kuskowim Health Corporation Community Mental Health Center, Bill serves on the Alaska Mental Health Board
SEN. RICK HALFORD CHUGIAK	Representative of the Chugiak and Matanuska Valley area in the Alaska State Legislature since 1978; currently the President of the Alaska State Senate
NOELLE HARDT, ANCHORAGE	Director of Grants and Government Relations for the Boys and Girls Clubs of Southcentral Alaska, a position she has held since 1998
MIKE IRWIN JUNEAU	Chairman of Doyon, Ltd., Irwin also works with the First Alaskans Foundation, which is conducting a study of suicide among Alaska Natives
REP. MARY KAPSNER BETHEL	Representative for Bethel in the Alaska State Legislature since 1998
JULIE KITKA ANCHORAGE	President of the Alaska Federation of Natives
SEN. GEORGIANNA LINCOLN RAMPART	Representative for 93 communities throughout Alaska in the Alaska State Legislature since 1990
THE RT. REV. MARK MACDONALD FAIRBANKS	Episcopalian Bishop of Alaska and president of the Alaska Christian Conference, McDonald travels extensively throughout Alaska
KAREN PERDUE FAIRBANKS	Former Commissioner of Health and Social Services, currently Associate Vice President for Statewide Health Programs, University of Alaska
REP. BRIAN PORTER ANCHORAGE	Representative of midtown Anchorage in the Alaska State Legislature since 1992; Porter is currently Speaker of the Alaska House of Representatives
CAROL SEPPILU NOME	A survivor of a teen-aged suicide attempt who has been instrumental in organizing a teen suicide prevention group in her region
SUSAN SOULE ANCHORAGE	Program Manager of Treatment and Rural Services, Division of Alcoholism and Drug Abuse, Department of Health and Social Services
JEANINE SPARKS EAGLE RIVER	Guidance counselor at Wasilla High School, Sparks has an extensive background in crisis counseling and working with adolescents at risk for suicide

My name is Carol Seppilu, I'm 19 years old, and I live in Nome but am originally from St. Lawrence Island. Two and 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.