OVERVIEW: SUICIDE PREVENTION COUNCIL, 2/26/03

Alaska Suicide Prevention Council

FY 2002 Annual Report

The Problem

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

— Anonymous, Sitka

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

— Anonymous, Sitka

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

— Anonymous, Sitka

"Over the past few years, a large number of people took their lives and caused a lot of pain to our friends and family. We try to move on in our lives but the pain never leaves."

— Kyle M., Galena

Tony Knowles Governor

Jay Livey Commissioner, Department of Health & Social Services

Sitka Youth Share Ideas About Suicide Prevention

The Suicide Prevention 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. Their comments, along with those of other students, 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 their problems or seek adequate help.

Sitka-based agencies noted that prevention programs are needed in younger grades to address suicidal thinking 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; and

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

Council Priorities for Fiscal Year 2003

Since its members were appointed in the fall of 2001, the Council has held four meetings to organize its work plan. During the next fiscal 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 that will describe specific causal factors;
- 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 Suicide Prevention plan;
- To develop that statewide suicide prevention plan, using input from Alaskans, best practice data, and other state plans;
- Inform the public about suicide, suicide prevention, and the Council's activities. Emphasize that suicide is a preventable public health problem and decrease the stigma associated with seeking help; and
- Establish an easily accessible Council office and website as a statewide resource for all Alaskans.

Suicide Prevention 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*** and an 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 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, a family member battles with suicidal ideation and has spent a year in a treatment facility.

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.

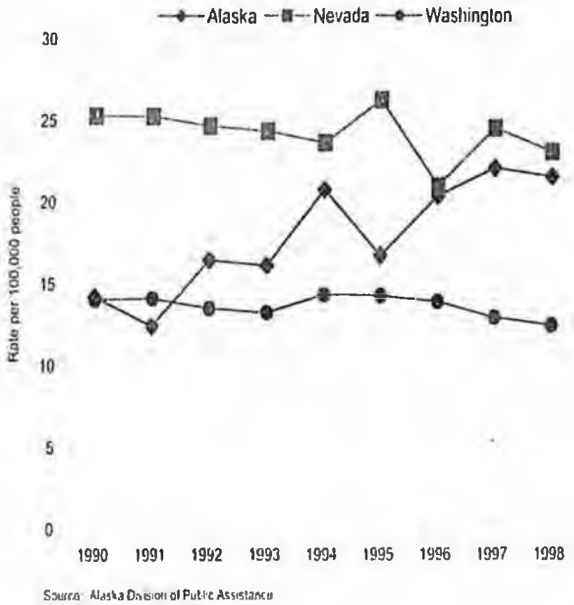
For information on potential strategies and interventions on suicide prevention suggested by agencies across the state, please see the article on page 7.

Scope of the Problem: Suicide in Alaska

The rate of suicide in Alaska is consistently twice that of the United States. Few, if any, Alaskans have not been touched by the grief, anger, pain, confusion, and loss of suicide. According to *In-Step*, Alaska's comprehensive integrated 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.

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

Suicide Deaths in Alaska, Nevada, and Washington State



Source: Alaska Division of Public Assistance

Suicides sometimes occur in clusters, the occurrence close together in time and location of multiple suicides, which is greater than the number of suicides than one would predict statistically. Suicide clusters tend to occur predominantly among adolescents and young adults, under the age of 25 years. They are thought to occur by imitation or contagion, the process by which one suicide facilitates the occurrence of a subsequent suicide.

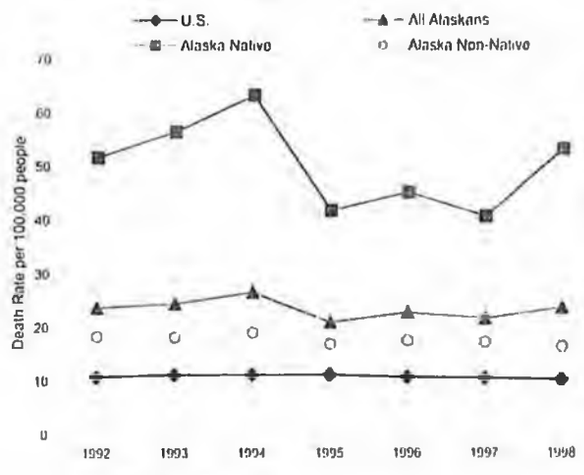
Because of the smallness of even our largest cities, each suicide powerfully affects communities, particularly when a region experiences an apparently inexplicable cluster of suicides and suicide attempts.

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 comparable 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.

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

Alaska Suicide Rates

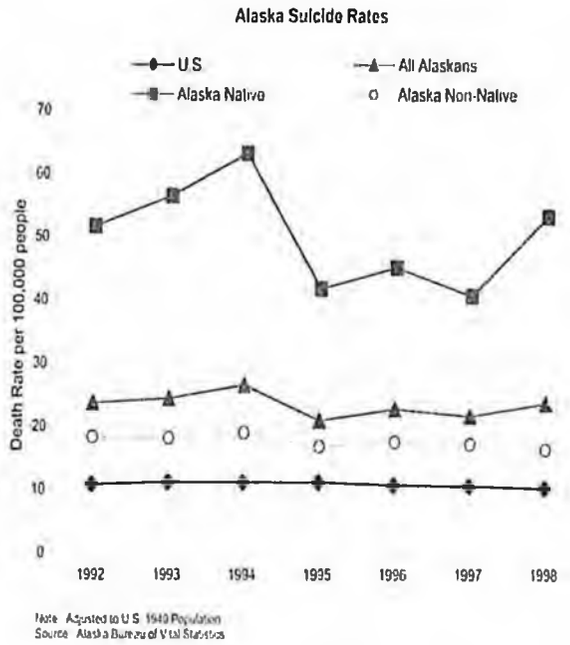


Note: Adjusted to U.S. 1940 Population
Source: Alaska Bureau of Vital Statistics

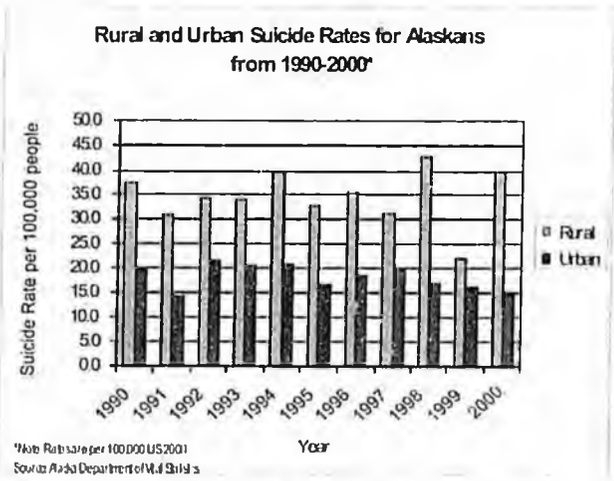
At 37.8 deaths per 100,000 population, the suicide rate for Alaskan youth age 15-19 exceeds the national rate by almost four times. More than one-fourth of all suicides in Alaska were committed by youth between the ages of 15 and 24. Among Alaska Natives, where the rate of suicide is more than four times 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.

Suicide in Alaska [continued]

Suicide rates in Alaska are twice those for the United States as a whole, although rates climbed in 1994 to five times the national average. Alaska Native males between the ages of 15 and 39 are consistently at the greatest risk.



A comparison of rural and urban suicide rates in Alaska, where urban is defined as Anchorage, Fairbanks, Kenai, Mat-Su, and Juneau census areas, reveals that age-adjusted suicide rates are much higher



in rural areas. The effect of geography and subsequent isolation, resources, and other factors, is difficult to separate from the consistently higher rates of suicide among Alaska Natives, given the larger proportion of Alaska Native residents in rural areas.

(continued on page 6)

The Solution

Alaska Youth Speak

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

— Anonymous, Sitka

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

— Anonymous, Sitka

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

— Anonymous, Sitka

"I think that talking to people and letting others know how you feel is the best way to prevent suicide. If you don't let others know how you feel, then how will they help you? ... Suicide is a very big issue for me, because I have lost a very close family member to it ... I know that he was very unhappy, and maybe there wasn't anything I could do, but there is always something that someone can do even if it is just listening."

— Heather H., Galena

"I keep thinking we weren't put on this earth to die. We were put on this earth to live!"

— Jory B., Galena

"The most responsible way to prevent a suicide from taking place is to take action. Be a friend. Listen carefully ... It becomes easier to get up every morning when you know you might be able to make a difference in someone's life."

—Heather W., Galena

"So far in my short life, I have seen many people throw their lives away by drinking and committing suicide ... I think that the Galena Suicide Prevention Program will really help our community. Talking to the person who is considering suicide will definitely help. Other ways of preventing [suicide] are sporting events."

— Student of GCSD, Galena

"There are plenty things in the bush community that a kid can do. They just have to go and find it. But first they have to realize that drugs and alcohol will only take them down the wrong road. Make the right choices."

— A Senior at GCSD, Galena

Suggestions from Mt. Edgecumbe students:

- ✓ Structured treatment with predictable consequences
- ✓ Educate the whole village
- ✓ Change attitudes
- ✓ Reduce shame and stigma attached to getting help
- ✓ Weekly gatherings so kids can connect with elders
- ✓ Outdoor activities
- ✓ Trips ☺

Suicide in Alaska [continued]

Suicide attempts (where the person tries to harm him- or herself but the attempt does not result in death) far outnumber actual suicides. People usually attempt suicide to block unbearable emotional pain caused by a wide variety of problems; they are often so distressed that they are unable to see that they have other options.

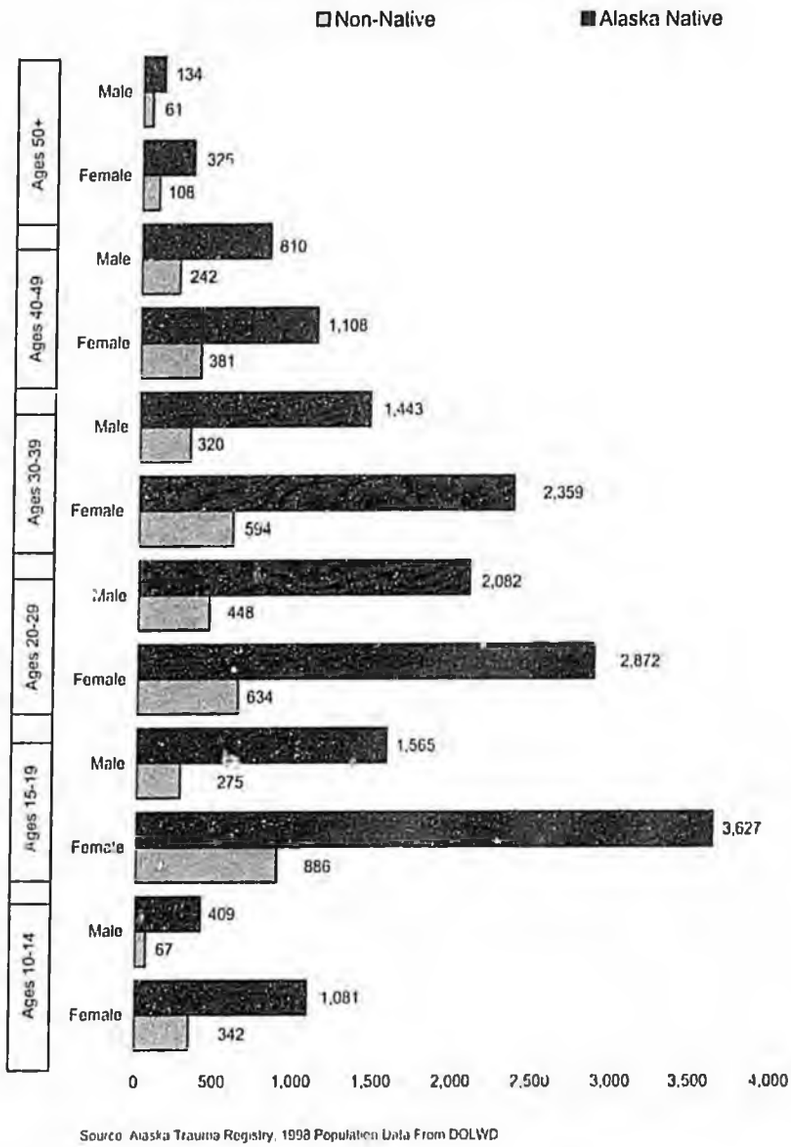
Suicide attempts (where the person tries to harm him- or herself but the attempt does not result in death) far outnumber actual suicides.

Suicide attempters would frequently choose differently if they were not in great distress and were able to evaluate their options objectively. Most suicidal people give warning signs in the hope that they will be rescued, because they are intent on stopping their emotional pain, not on dying. A suicide attempt is often a cry for help and many suicide attempts are carried out in a manner or setting that makes rescue possible and suicide prevention an attainable goal.

The method of suicide attempt varies from relatively nonviolent methods (such as poisoning, overdose, or inhaling car exhaust) to violent methods (such as shooting or cutting oneself). Males are more likely to choose violent methods, which may account for the fact that suicide attempts by males are more likely to be successful. Among youth in the state approximately half the suicides are committed by Alaska Native males.

As *In-Step* reports, demographic patterns of suicide attempts reveal the need for prevention and early intervention focused on high risk groups, as shown in the graph below. Only suicide attempts that resulted in hospital admissions are included; therefore, data significantly underrepresent actual suicide attempts. Available data suggest that (1) the rate of suicide attempts is higher for females than males in every age group, regardless of race; (2) Alaska Natives, both male and female, are at higher risk of suicide attempts than are non-Natives; and (3) attempts are most common among youth and young adults between the ages of 10 and 39. Young female rates are substantially higher than male, with young Alaska Native women having the highest rate of suicide attempts.

Alaska Suicide Attempt Rate Per 100,000 Population
All Suicide Attempts, 1994 to 1998



Source: Alaska Trauma Registry, 1998 Population Data From DOLWD

Council strategies to decrease suicide and suicide attempts include the development and implementation of a statewide suicide prevention plan; follow-back studies and other research; dissemination of suicide-related research; training and readily available protocols and resources in screening and early intervention skills for those most likely to come in contact with individuals at high risk, including law enforcement; public education; and support for school crisis response plans.

Council Recognizes Value in Follow-Back Studies

Current suicide prevention efforts are based on our 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 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

- 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 programs
- Involve tribal councils in training suicide prevention coordinators
- Link village coordinators to regional mental health agencies; improve referral system
- Consistent training standards

Community Training / Outreach

- 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 Interventions / Council Changes

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

A Preliminary Inventory & History of

Alaska Suicide Prevention Activities

Suicide is not well-understood nationwide; however, in Alaska, many factors make understanding and then reducing suicide and its effect on individuals, families and communities particularly complex. Alaska's population is incredibly varied; geography creates rural and urban differences that affect transportation and resource availability; economic, cultural, and other realities contribute to unique communities within the rural population; and lack of understanding and the stigma associated with suicide lead to underreporting of suicide. Shown below are a number of programs that have done a great deal to develop and maintain a broad-based awareness of the problem of suicide in our state. Suicide prevention programs have been hampered by inconsistent funding; lack of resources; and support for individual programs without a cohesive statewide suicide prevention plan.

Committee/Report/Program	Result / Findings
1988 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 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, *1989-present*	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 program. Peer or Natural Helper programs continue to operate in many high schools throughout Alaska.
Department of Education & Early Development (DEED) crisis response & suicide containment plans	Crisis response and suicide containment plans 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. *(continued on page 9)*

Alaska Suicide Prevention Council Timeline

2000 - 2001

Suicide clusters in Matanuska and the Yukon-Koyukuk region lead to 18 suicides and 28 suicide attempts

March, 2001

DHSS Commissioner Karen Perdue requests budget support to support communities and examine Alaska's suicide prevention strategies

May 7, 2001

Passage of SB 198, "an act establishing the Statewide Suicide Prevention Council"

Sponsors: Senator(s) Halford, Lincoln, Olson, Hoffman, Ward, Green, Ellis, Davis, Taylor, Kelly, Elton, Austerman, Therriault, Cowdery; Representative(s) Porter, Stevens, Morgan, Croft, Kapsner, Murkowski, McGuire, Crawford

Oct. 1, 2001

Governor Knowles announces all but one of his Council appointments (see back page for list of Council members)

Nov. 12, 2001

First Council meeting held in Anchorage. Jay Livey, DHSS Commissioner, elected Chair; Agnes Sweetsir of Galena elected Vice-Chair

Committee/Report/Program [continued]	Result / Findings
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.
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 Conference, Inc.	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 & Youth Services, Juvenile Justice, Public Health, and Alcoholism & 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

Health corporations, substance abuse, mental health, and other agencies asked to provide ideas on suicide prevention

Jan. 24, 2002

Second Council meeting in Juneau. Subcommittee formed to hire Council Coordinator; reviewed current state and national suicide prevention efforts

Feb. 21, 2002

Third Council meeting in Sitka. Testimony taken from Mt. Edgecumbe students and local agencies

March 21, 2002

Suicide Prevention Council Coordinator, Merry Carlson, begins work

April 11, 2002

Fourth Council meeting in Juneau; Annual Report to the Legislature

Alaska Suicide Prevention Council Members

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. and Chief of Staff of the Alaskan Federation of Natives
Rep. Mary Kapsner Bethel	Representative for the Lower Kuskokwim and Upper Bristol Bay regions 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, MacDonald 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

Suicide Prevention Council Outreach Calendar of Events

One of the Suicide Prevention Council's goals is to conduct outreach through participation in existing conference; sponsorship of workshops and training; and visits to rural and urban communities throughout the state. Look for one or more members of the Alaska Suicide Prevention Council members (listed on the opposite page) at the following events. Call the SPC office at 269-4615 for additional information regarding additional activities, including possible visits to your community.

February

24 — Testimony taken from Mt. Edgecumbe students
Sitka

April

11 — Testimony taken at Suicide Prevention Council meeting
Juneau

24-26 — AFN Wellness Conference
Anchorage

May

1 — Tanana Chiefs Conference
Fairbanks

6-8 — Annual School on Addiction
Anchorage

20-21 — NSHC Suicide Prevention Conference
Nome

21-23 — TCC Wellness Conference
Fairbanks

21-23 — Advisory Board on Alcoholism and Drug Abuse
Fairbanks

22-23 — Clergy & Clinician Conference

27-31 — Rural Providers Conference
Kotzebue

June

3-7 — El Denakkaanaga Conference
Fairbanks

10 — **Suicide Prevention Council Meeting**
8:30-5:00pm
Public Testimony @ 4:30
3601 C Street
Suite 880
Anchorage

12-13 — University of Rochester Center for Study & Prevention of Suicide: Suicide Prevention in Later Life
Washington, DC

3-7 — Alaska Mental Health Board
Ketchikan

July

14-16 — State Planners Meeting
Arlington, Virginia

E-mail us if you would like to invite a Council member to attend an event:
Merry_Carlson@health.state.ak.us

Alaska Suicide Prevention Council

Alaska Department of Health & Social Services
PO Box 240249
Anchorage, AK 99524

For information, resources, and referrals, please contact SPC Coordinator:

Merry Carlson Merry_Carlson@health.state.ak.us
907-269-4615 (office) 907-227-9119 (cell) 907-561-1308 (fax)

The Alaska Suicide Prevention Council

would like to hear from you

- What can be done in your community to help prevent suicide?
- What activities related to suicide prevention, or promoting health and wellness, are taking place now in your area?
- What do you believe are the most important factors leading to someone attempting or committing suicide?

Agencies: Please email us at Merry_Carlson@health.state.ak.us if your agency provides services related to suicide prevention. Your agency will be added to a database that will be made available statewide.

Alaska Suicide Prevention Council

Alaska Department of Health & Social Services
PO Box 240249
Anchorage, AK 99524

STATEWIDE SUICIDE PREVENTION COUNCIL

FY 2003 ANNUAL REPORT

ALASKANS SPEAK ON SUICIDE PREVENTION

Anchorage, Dillingham, Fairbanks, Galena, Juneau, Kodiak, Nome, Sitka, Wasilla

"One suicide in a community is too many."

"The track record of Western therapies and programs indicates that they are not the answer and it is obvious that we need new tools to find our way back to the path of traditional integrity – our values."

"Consider regional, local, village level [media approaches] because each area is different and has its own needs and has a solution that works for that village."

Comments from stakeholders during public testimony used in development of the Alaska Suicide Prevention Plan

COUNCIL GOALS FOR 2003-2004

The Statewide Suicide Prevention Council 2003 goals build upon the goals successfully completed in 2002 (see box below for additional details).

Alaska Suicide Prevention Plan

- Develop SSPC Advisory Group to review final ASPP draft
- Release and distribute Alaska Suicide Prevention Plan (ASPP) for public comment
- Finalize and distribute Plan
- Develop five year action plan based on the Plan
- Assist three regions in the development or refinement of regional suicide prevention plans

Additional Actions

- Develop Youth Advisory Group
- Design and launch suicide prevention awareness campaign
- Initiate and monitor follow-back study

COUNCIL ACCOMPLISHMENTS FY '02

Summarized below are the Council's accomplishments related to its central work priorities for FY '02-03 in the 10 months since the last report to the Legislature, April 2002. Specific findings and additional activities of the Council are detailed throughout this Annual Report.

The Council's central work priorities for FY '02-03 were as follows:

1. Establish a more clear, comprehensive and detailed picture of the problem of suicide in Alaska;
2. 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;
3. Create a detailed Council work plan with the goal of drafting a comprehensive, coordinated Alaska Suicide Prevention plan;
4. To develop that statewide suicide prevention plan, using input from Alaskans, best practice data, and other state plans;
5. 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; and
6. Establish an easily accessible Council office and website as a statewide resource for all Alaskans.

Goals accomplished as of February, 2003:

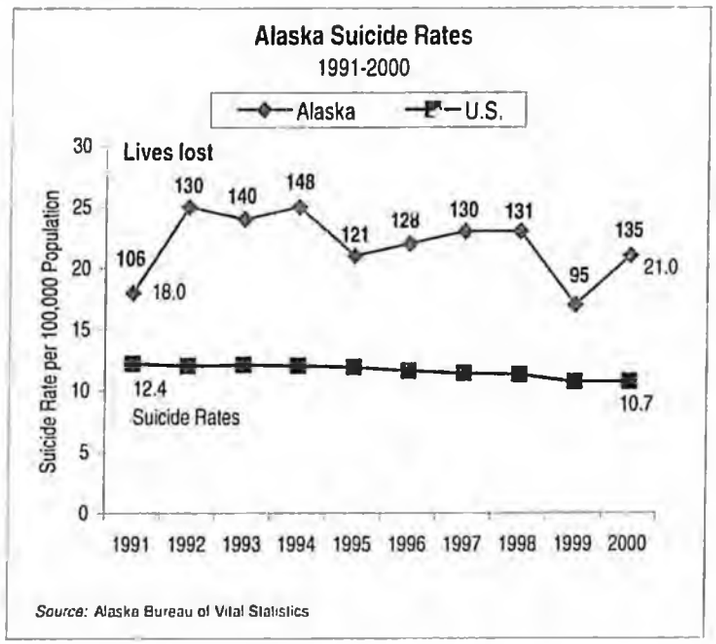
1. Follow-back study prepared for anticipated March, 2003 release
2. Listening sessions in rural and urban Alaska
3. Work Plan outlined
4. Statewide Suicide Prevention Plan drafted for public comment distribution March, 2003
5. Over 20 workshop and organization presentations
6. Office established and website created with links to state and National resources

What We Know About Suicide in Alaska

In 2000, 135 Alaskans died by suicide.

From 1991-2000, there were 1,264 completed suicides.

For every completed suicide in Alaska, there are more than 4 attempts serious enough to require hospitalization.



Alaska consistently ranks among the highest states in the nation for suicide. While suicide rates decline nationwide, Alaska had the highest rate in the nation in 2000, at 21.0 per 100,000, twice the national rate of 10.7 and twice the *Healthy Alaskan 2010* goal.

There were 3,266 non-fatal hospitalized suicide attempts from 1994-1999 – almost 550 attempts per year.

To those not suffering from depression or another mental illness, suicide is fundamentally an incomprehensible act – but for others it is all too real.

-- Steven E. Hyman, M.D., Director, National Institute of Mental Health

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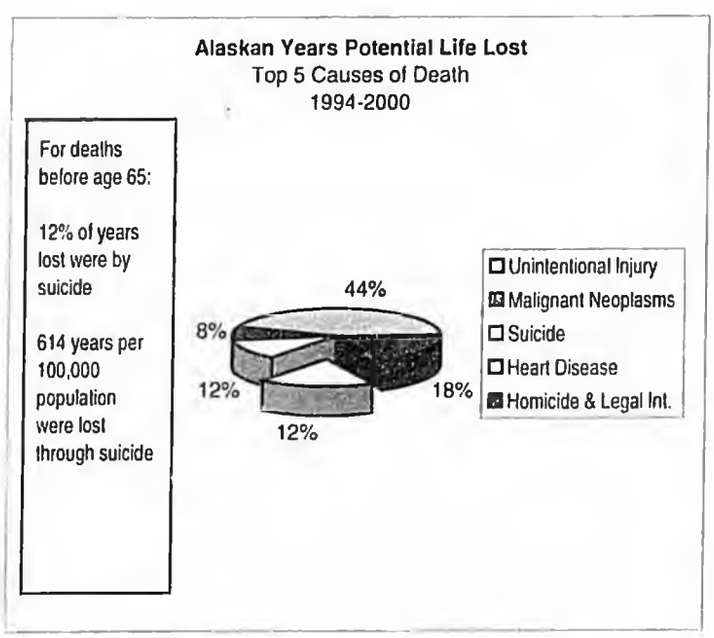
Suicide is the third leading cause of years potential life lost in Alaska.

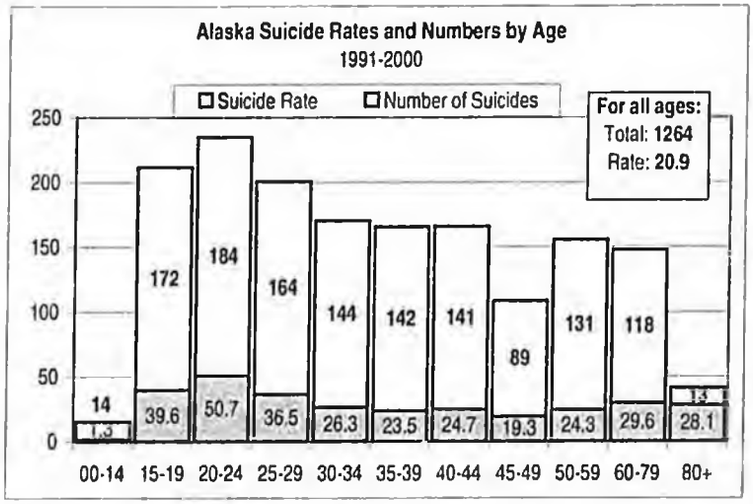


If they had reached age 75 (the approximate life expectancy in the U.S), the over 600 Alaskans who died by suicide since 1994 would have had 32,764 more years to live.

Years Potential Life Lost measures the number of years of life potentially lost by someone who dies prematurely, before an expected age. *Source:* CDC WISQARS.

Suicide rates are highest in young Alaskan adults between 15 and 44.

Suicide attempts are most frequent among those age 20-39.



Source: Alaska Bureau of Vital Statistics

From 1994-98, suicide accounted for one-fifth (21%) of deaths while attempted suicide was the 2nd leading cause (13%) of non-fatal injuries for children 0-19 .

53% of all suicide attempts were among individuals age 20-39.

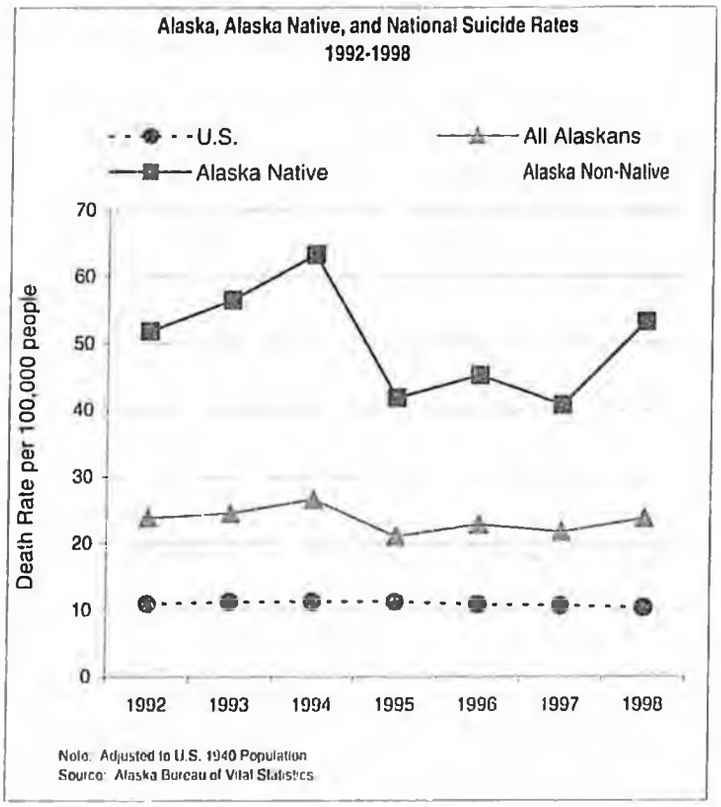
"We need to know how we got to such a place that our people, especially the young people, have decided that suicide is the only alternative. Then we need to talk among ourselves, the villages, individuals and whole regions, have to discuss what it is we need to do to become whole."

--Harold Napoleon
AFN Wellness Consultant

Alaska Natives have one of the highest suicide rates in the nation, four times the national average.

Alaska Native males are at particular risk, with a suicide rateof 68.5 per 100,000, more than 6 times the national average.

Alaska Natives attempt suicide requiring hospitalization at rates four times that of non-Natives.

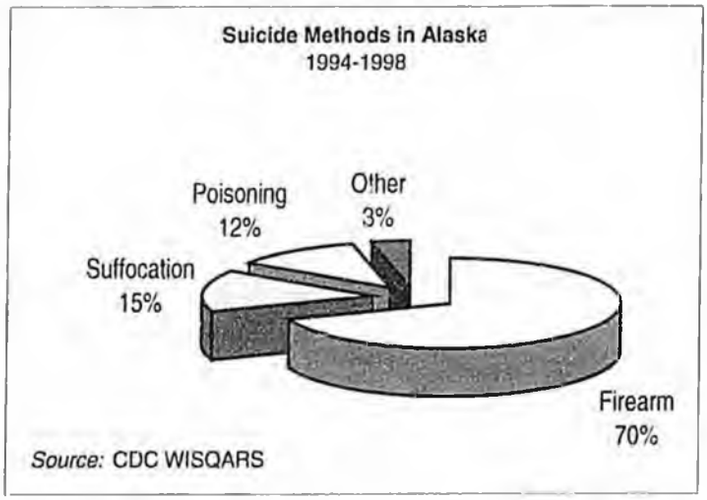


Alaska Native suicide rates average 42.9 per 100,000 population, four times the national rate of 10.7.

Between 1994 and 2000, 286 of 834 suicides were by Alaska Natives. Alaska Natives account for 16% of the state's population, and one-third (34%) of the suicides in Alaska.

From 1994-99, 42% of suicide attempts requiring hospitalization were by Alaska Natives.

The majority of completed suicides are by firearm – 417 suicides in the five years between 1994 and 1998.



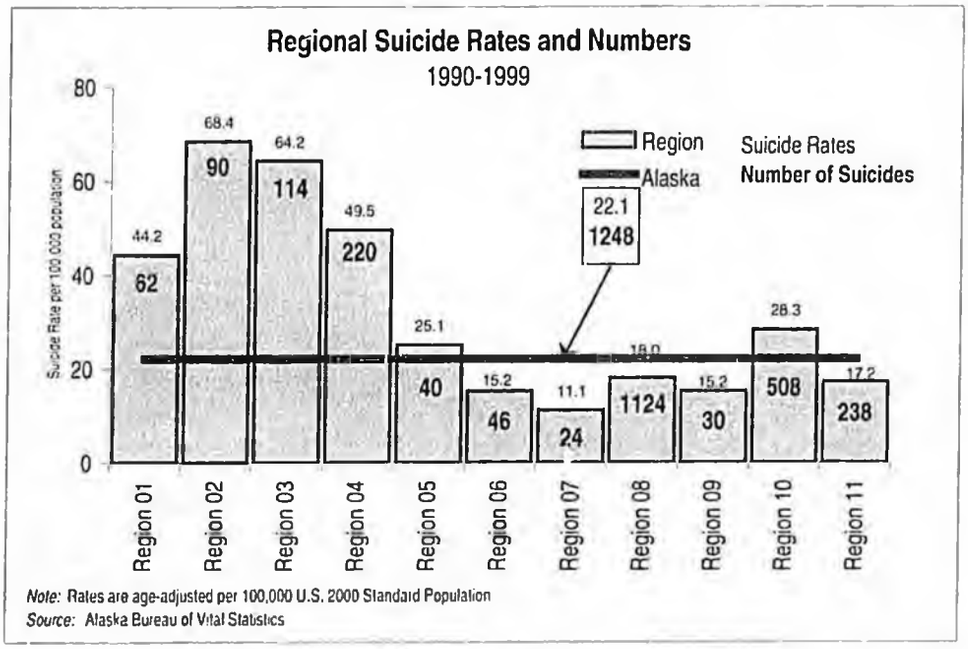
Suicide by firearm accounts for 70% of suicides in Alaska and 60% of suicides nationwide. Firearm is the most frequent method of suicide for all ages.

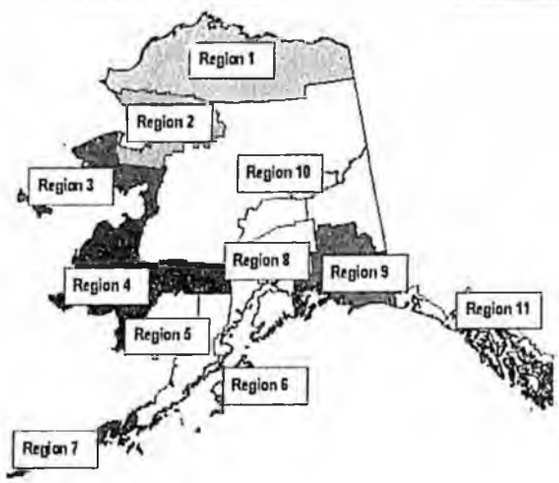
National evidence suggests that presence of a gun increases the risk of suicide 5 times. As many as 92% of suicides with a firearm result in fatality.

Suicide rates are highest in the western and northern regions.

Five regions, all southern, have suicide rates below Alaska's suicide rate.

Suicidal injuries in children were in the top five injury categories for all 14 EMS regions in Alaska, 1994-1998.





Myths and Facts about Suicide

Myth: More lives in Alaska are lost through homicide or motor vehicle accidents than by suicide.

Fact: From 1989 to 1998, more than **twice** as many lives were lost to suicide (102/year) as homicide (43/year). Fewer people died in car crashes (85/year) than by suicide. In fact, both homicide and motor vehicle death rates in Alaska were *below* the national rate, while Alaska's suicide rates (17.9) were far *above* the national rate (12.0).[1] In 2000, CDC data showed Alaska had the highest suicide rate in the nation, 22.0 per 100,000 population.[2]

Myth: When you look at the numbers, suicide doesn't affect many lives.

Fact: In 2000, 135 Alaskan lives were lost to suicide.[3] For every completed suicide in Alaska, there are 4.3 suicide attempts so severe they required hospitalization. In the six years between 1994-99, there were 753 completed suicides and 3,266 suicide attempts so serious they required hospitalization.[4] National estimates for suicide attempts indicate there are as many 25 attempts for every death by suicide.[5] By these figures, there were an estimated 3,425 suicide attempts by Alaskans in the year 2000.

Myth: Alaskan Males are more likely to be suicidal.

Fact: In Alaska, four times as many males as females commit suicide. However, females attempt suicide four times more often than men and report higher rates of depression. Alaskan males are 80% more likely (35.8 vs. 19.99 per 100,000) and Alaskan females are twice as likely (8.7 vs. 4.4 per 100,000) as their peers nationwide to commit suicide.

Myth: Suicide affects only the person who dies.

Fact: Suicide contagion is the exposure to suicide or suicidal behaviors in family, friends, peer group, or media – and all increase the risk for suicide, particularly adolescents and young adults. National estimates are that for every person who completes suicide, six individuals are directly affected. In Alaska's small villages, these numbers are much higher.

Suicide risk through direct exposure can be minimized by evaluation of affected persons by mental health professional. Suicide risk through media exposure is minimized by factual and concise media reporting.

Myth: Depression and alcohol have nothing to do with suicide risk.

Fact: True! Depression and alcohol are two of the most important risk factors. Younger persons who kill themselves often have a substance abuse disorder in addition to being depressed. States with lower minimum-age drinking laws have higher youth suicide rates. Adults who drink alcohol think about suicide more often.

Many persons reporting suicide attempts report either or both depression and substance abuse. In Alaska, alcohol is a significant related factor: 16% of all alcohol-related deaths are by suicide. A majority of individuals are intoxicated at the time of suicide.

The Children's Safety Network Economics and Insurance Resource Center estimates the cost of alcohol-attributable youth suicide (ages 0-20) to be $10,144,300 per year. This includes $489.800 medical, $2,556,200 in lost work, and $7,098,300 in quality of life.

For more facts about suicide in general, see:

www.ninch.nih.gov/research/suifact.htm

www.psych.org/public_info/teen.cfm

www.acap.org/publications/factsfam/suicide.htm

www.childrensdatabank.org

THEMES OF THE ALASKA SUICIDE PREVENTION PLAN

1 **Suicide prevention is everyone's responsibility.** Suicide is not "just a mental health issue." As the fifth leading cause of death among Alaskans, suicide affects families and communities across the state. To be effective, programs must involve people, agencies, and organizations of the community. In order to engage communities in suicide prevention and community wellness, this plan presents a wide range of ideas, specific actions, and concrete resources so that specific activities can be developed to fit each region and its community members, as well as the various professional groups and individuals who provide related services.

2 **Successful suicide prevention requires local plans and actions, supported by, and integrated with, regional, state, and national resources.** Local autonomy and the cultural appropriateness of activities is key. Local planning should be informed by the current knowledge of suicide risk and protective factors, best practices, statistics, and other information. Local plans are likely to be most effective when activities complement existing efforts and resources and are part of a comprehensive, integrated strategy. Prevention activities are more effective when programs are long-term, with repeated opportunities to reinforce targeted attitudes, behaviors, and skills in settings where people normally spend their time: schools, community events, faith communities, and the workplace.

3 **Suicide is related to many other problems facing Alaska's communities and cannot be addressed alone.** Suicide prevention programs should coordinate with other prevention efforts such as those designed to help reduce substance abuse. New and ongoing health, mental health, substance abuse, education, and human services activities in naturally occurring settings such as schools, workplaces, clinics, medical offices, correctional and detention centers, elder facilities, faith communities, and community centers should be part of an integrated approach to suicide prevention. Reducing Alaska's suicide rate will require substantial, long-term, system wide changes that expand and enhance prevention services. Suicide will not be reduced through implementation of short term, one-time efforts. Prevention efforts must occur in the context of a comprehensive mental health services system.

4 **Suicide prevention efforts should target at-risk populations.** Young adult Native males are at most risk but interventions should address all disparities due to race, age, geographic location or other factors. These may vary by region and should be assessed locally and at a statewide level.

5 **To prevent suicide, we need to develop healthy communities across Alaska.** We can do this through coordinated prevention planning with a local focus. Each community needs to develop its own suicide prevention plan that is tailored to meet local needs and build on local strengths. Any activity that promotes community wellness and individual and community strengths may potentially contribute to lower suicide rates.

6 **Successful suicide prevention will require sufficient resources.** Statewide capacity building for activities will ensure the resources, skills, training, collaboration, and evaluation necessary for success. Suicide is complex and has many contributing factors. Emphasize early interventions to promote protective factors and reduce risk factors for suicide. The higher the level of risk, the stronger the suicide prevention effort must be and the earlier it should begin.

TIMELINE FOR COMPLETION OF ALASKA SUICIDE PREVENTION PLAN

March, 2003

Draft Alaska Suicide Prevention Plan released for public comment. Drafts sent to: Mental health and substance abuse grantees; state agencies; Native health corporations; non-profit, public, faith-based organizations; advocacy groups; and others. Available at website: www.hss.state.ak.us/suicideprevention

March-May, 2003

Public testimony hearings continue. Draft Plan available at select major events, workshops, and meetings. Telephonic and other focus groups convened. Statewide Suicide Prevention Council Youth Group organizes and provides input.

June, 2003

Draft Alaska State Prevention Plan public comment period ends.

July-Sept., 2003

Alaska State Suicide Prevention Plan finalized, printed and readied for distribution.

Sept. 25-26, 2003

Alaska State Suicide Prevention Plan released at 1st Annual Alaska Suicide Prevention Forum.

To see a reversal of self-destructive tendencies among Alaska Natives, there needs to be a comprehensive approach by the federal and state governments and the Alaska Native people themselves. With all, and just not some, aspects of Alaska Native society seemingly at breaking point, any piecemeal attempts will fail.

-- Alaska Natives Commission

Inspire and empower young people to prevent suicide and celebrate life!

If you are a teen, or know a teen, who wants to make a difference … Or who would benefit from the experience of being on an advisory board …

Apply or nominate a youth for the new Statewide Suicide Prevention Council Youth Advisory Board

DRAFT ALASKA SUICIDE PREVENTION PLAN:

GOALS AND SAMPLE ACTION ITEM

OVERALL	**Encourage effective use of evidence-based prevention and awareness programs throughout Alaska**	Develop a plan of action for helping at-risk students that reduces risk factors and increases protective factors.
UNIVERSAL	**Increase belief that suicide is preventable in Alaskan communities**	Produce regional PSAs, news articles, billboards, and public speaking opportunities
	Develop broad-based support for suicide prevention in Alaska	Expand the number and kind of organizations offering suicide prevention information
	Improve availability and accessibility of culturally competent, locally based, and holistic mental health, substance abuse, and other relevant services	Develop and utilize traditional healers, natural helpers, and traditional ways of healing
	Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services	Partner with existing programs to reduce stigma (Mental Illness Awareness Week, Mental Health Month, Yellow Ribbon Week)
	Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media	Develop public service announcements with positive depictions of consumers of mental health and substance abuse services
	Promote gun safety efforts and other means to create safer environments	Educate parents of youth with substance abuse/mental health issues re increased risk of guns & other means of self-harm
SELECTIVE	**Implement training for recognition of at-risk behavior and delivery of effective treatment**	Hold trainings such as QPR and ASIST recognition and response programs to range of community members & youth, professionals, & paraprofessionals
INDICATED	**Develop and promote effective clinical and professional practices**	Provide support to survivors& family members of persons receiving mental health, substance abuse, and prevention services
EVALUATION	**Promote and support research on suicide and suicide prevention**	Establish a program registry of strategies proven effective in Alaska
	Improve and expand surveillance systems	Develop community indicators for progress in suicide prevention/ community wellness

SUICIDE PREVENTION IN THE MAT-SU VALLEY:

SUCCESSFUL COLLABORATIONS PROVIDE ONE MODEL FOR COMMUNITY ACTION

Last year's SSPC Annual Report provided data on suicide clusters recently experienced across Alaska. Council member Jeanine Sparks provides this follow-up report with actions taken by Mat-Su Valley residents who experienced 32 deaths by suicide between 1999 and 2001, 11 of those by youth under the age of 18 and responded to the tragedy.

The Mat-Su Valley has proactively responded to the alarming increase of suicide it has experienced in the past few years. A community's response to suicide should be comprehensive, and the Mat-Su has successfully collaborated with many social institutions, public and private, to address this issue.

Sharing what one community is doing with other communities is a key strategy to promote suicide prevention, encourage effective interventions and, hopefully, to reduce suicide in the state. As an educator and guidance counselor at Wasilla High School, I think education and training are the best investments and proactive comprehensive approaches to suicide prevention.

In 2001, the Mat-Su Suicide Prevention Committee was formed, with members including surviving parents, concerned citizens, and professionals from schools, mental health, law enforcement, and churches. This committee first identified community needs concerning suicide prevention, and then found funding and community support to sustain its efforts. Two research-based programs were promoted through the committee, and funded through grants and donations.

The first training, QPR (Question, Persuade, Refer) Gatekeeper Training provided about 15 community members (including several teenagers), with the resources they needed to recognize and respond to those in crisis. They, in turn, have gone on to train hundreds of others in QPR. After I and a required co-trainer, Susan Steel, became certified Applied Suicide Intervention Skills (ASIST) trainers, over 250 community members have completed the 2-day ASIST training, including educators, ministers, safety officers, dispatch operators, probation officers, and many others from the community. These two broad based trainings are wonderful examples of proactive approaches to suicide prevention.

Another example of the community's efforts can be found in the Mat-Su School District, where a suicide intervention protocol has been established. This protocol was established for school psychologists, nurses, counselors, and administrators to use with students at risk for suicide. In addition to this protocol, there are many other programs to help educate students about suicide. The Signs of Suicide - Act Now (SOS) program has educated hundreds of students in several high schools by school psychologists and counselors. Peer Helpers educate other youth on suicide and suicide prevention, and the National Yellow Ribbon Campaign is celebrated every year at several high schools.

The challenge for the Mat-Su, as well as all communities in Alaska, is to maintain broad based prevention efforts, as well as effective intervention and referral sources. These resources need to be sustained as a matter of priority, not in response to increased suicides.

Suicide is a complex matter in urban areas, yet even more complex in rural and bush areas of Alaska. Each community would benefit from sharing what is working for them, so that we might learn from each other. The Statewide Suicide Prevention Council is an effective tool for linking communities together and creating locally relevant programs that create a statewide web of suicide prevention. Working together, we can save lives, the most precious resource we have.

RECOMMENDATIONS TO THE GOVERNOR AND THE LEGISLATURE
STATEWIDE SUICIDE PREVENTION COUNCIL, 2003

Preventing suicide is possible.
Alaska has not always experienced high rates of suicide.
Alaskan communities can be healthy.

In 2000, Alaska's suicide rate was highest in the nation. Alaska's citizens of all ages and races have told us they are concerned. Many are willing to act but are not sure what to do. Although suicide is a complex behavior, multiple risk and protective factors provide many appropriate points for suicide prevention initiatives. Increasing public knowledge about suicide is essential.

Recommendation:

Educate the public about suicide, its warning signs, and specific risk and protective factors.

Communities have begun to proactively address issues of suicide and community wellness. Suicide rates in Kake have been increasing since the 1980s. Talking Circles and other broad community efforts, outlined in *Healthy Alaskans 2010: I, II*, are strategies Kake has adopted to reverse this trend.

Norton Sound Health Corporation and Kawerak have made suicide their joint priority for this year, following a regional conference in which the SSPC provided technical assistance. Small communities such as Minto have coordinated their own conferences on suicide. Each community and region actively addressing suicide has crafted solutions based on local needs and resources.

The Council is a statewide resource through which communities can share knowledge gained and access Alaska-relevant information, resources, and support. Funding initial efforts to develop local suicide prevention plans expands community capacity to develop long-term low- and no-cost options and strategies to maximize existing resources.

Recommendation:

Fund local suicide prevention plans and actions, supported by, and integrated with, regional, state, and national resources.

The effectiveness of suicide prevention is difficult to assess. Available statewide data lags two years behind any intervention; suicide rate data normally varies from year to year; small populations make conclusions and generalizations difficult; and achieved effects may be evident only in the long term. Therefore, even successful projects may not be identified immediately. Furthermore, increased suicide surveillance may reveal higher suicide rates because some suicides had not classified as such.

Specific evidence-based suicide prevention programs are limited. The *National Strategy for Suicide Prevention* emphasizes the importance of research and evaluation to ensure appropriate action. This is particularly important for Alaska, where "imported" programs may not address our unique cultural, linguistic, and geographic factors.

Recommendation:

Continue funding research for follow-back and other studies to determine effective prevention and intervention strategies in Alaska.

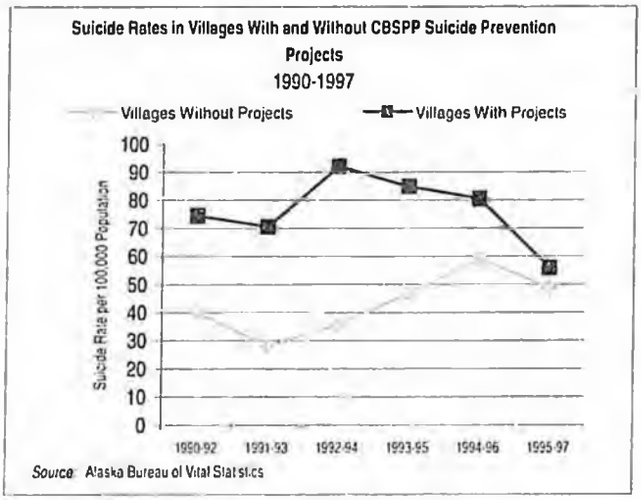
"Do not divert your attention to promoting wellness or healthy communities or strong families ... It is all too tempting to focus on something so positive rather than face suicide head on, but it is a temptation I hope you will resist ... What can we do to identify psychologically fragile people and intervene in an effective way to build them a safety net that protects their lives? That is the question we must answer." — *Public Testimony*

Recommendation:

We cannot delay or suspend prevention efforts.

We have evidence that prevention works *in Alaska* and that, without prevention, Alaska's suicide rate continues to escalate (*see* Figure 1, page 2.). The following figure shows that communities with Community Based Suicide Prevention Programs began with higher suicide rates than those without programs.

Those communities have shown decreased suicide rates over time, while communities without such programs continue to experience increased suicide rates, accounting in part for the overall continuing escalation of suicide in Alaska.



Recommendation:

Fund ongoing prevention programs and research at current levels. Where possible, provide increased funding for existing and new programs.

Suicide prevention is cost-effective.
Nationally, prevention efforts saves six dollars for every dollar expended, but no cost analysis will ever address the impact of lives lost and lives saved. Some financial estimates do exist. The Children's Safety Network Center for Economics and Insurance Resources Center estimates the costs of completed and medically treated youth suicides (ages 0-20; about 15% of suicides in Alaska) to be 103,000,000 per year, $6M in medical; $19M in future earnings, and $78M in quality of life.

Using just *one* indicator of suicide-related cost available through the Alaska Trauma Registry shows costs of care after unsuccessful but serious suicide attempts far exceed costs of prevention (Tables 1, 2).

Table 1.
Suicide Attempt Hospital Admissions, 1994-98

Means of Suicide Attempt	No. of Hospital Admissions	Total Est. Cost	Approx. Cost Per Admit	% Medicaid	% Uninsured
Firearm	134	$2.7 M	$20 K	16%	11%
Poisoning	2,718	$18.2 M	$6.7 K	22%	16%
Other	447	$3.0 M	$6.7 K	22%	13%
TOTAL	**3,299**	**$23.7 M**	**$7.2K ag**	**$3.95 M/year**	
Per Capita		**$37.32**	**—**	**$6.22 / year**	

The average suicide attempt has hospital costs of $7,200, about half that of funding one Community Based Suicide Prevention Program for a year. To recoup costs, a program need only prevent two suicide *attempts*. Table 2 shows total current prevention costs. Per capita costs for prevention are $2.40 per resident, while hospitalization for serious attempts costs $6.22 per resident.

Table 2.
Current State-Funded Suicide Prevention Efforts

Suicide Prevention Effort	Cost	Approx. Cost per Capita
Community-Based Suicide Prevention Program	$907,238	$1.43
Statewide Suicide Prevention Council	$217,728	$0.34
Follow-back Study	$400,000	$0.63
PREVENTION	**$1.52 M/year**	**$2.40**
HOSPITALIZATION	**$3.95 M/year**	**$6.22**

"I remember when there was the first suicide in our village. I couldn't believe someone would take their own life." — Public Testimony

Preventing suicide is possible.
Alaska has not always experienced high rates of suicide.
Alaskan communities can be healthy.

STATEWIDE SUICIDE PREVENTION COUNCIL MEMBERS

FEBRUARY, 2003

By statute, the Statewide Suicide Prevention Council consists of 15 members, 11 appointed by the Governor and 4 by the Legislature. The governor appoints: two executive branch State employees (one position currently vacant); one member of the Advisory Board on Alcoholism and Drug Abuse (vacant); one member of the Alaska Mental Health Board (vacant); a recommendee of 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 the death by suicide of a member of the person's family; one person who resides in a rural community that is not connected by road or the Alaska marine highway to the state's main road system; a member of the clergy; and a youth under eighteen. The senate president appoints one majority (vacant) and one minority member of the Senate; the speaker of the house appoints one majority (vacant) and one minority member of the House.

NOELLE HARDT ANCHORAGE	Senior Director of Community Outreach and Development for the Boys and Girls Clubs of Southcentral Alaska.
REP. MARY KAPSNER BETHEL	Representative for the Lower Kuskokwim and Upper Bristol Bay regions 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
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

ALASKA MENTAL HEALTH BOARD POSITION VACANT	**STATE EXECUTIVE BRANCH POSITION** VACANT	**ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE POSITION** VACANT
SENATE MAJORITY POSITION VACANT	**PUBLIC RURAL POSITION** VACANT	**HOUSE MAJORITY POSITION** VACANT

COUNCIL WEBSITE

The Statewide Suicide Prevention Council website is http://www.hss.state.ak.us/suicideprevention Our vision is that the website will serve as a centralized, accessible resource for Alaska suicide prevention information, Alaska suicide data, Alaska referral sources, and current events relating to suicide prevention at the local, regional, state, and national levels

Statewide Suicide Prevention Council:	Information	Links and Resources

• Membership roster
• Mission and goals
• History and enabling legislation
• Meeting Calendar & Minutes
• Contact Information
• Draft Alaska Suicide Prevention Plan
	• Alaska suicide statistics
	  • National comparisons
	  • Overall statistics
	  • Adult statistics
	  • Youth statistics
	  • Regional statistics
		• What to do and where to go in a crisis
		• Alaska Mental Health Centers
		• Alaska Suicide Prevention Programs
		• Alaska and national organizations
		• National statistics and facts
		• Resources relating to suicide

A Growing Clergy-Clinician Dialogue

Facilitating new partnerships to address suicide, including faith-based ones, is one function of the SSPC. On May 22, 2002, clergy and clinicians representing many facets of Alaskan life -- bush and urban, Native and non-Native -- gathered at Meier Lake to explore ways they might effectively partner. The event was convened by the SSPC and funded by the Community Based Suicide Prevention Program.

Clergy and clinicians often deal with the same people and problems, but come from different perspectives that can present barriers to collaboration. A gathering at Meier Lake provided a forum to explore ways to eliminate the barriers. At the outset, each group introduced their perspective, described the kinds of problems encountered in their work, and the barriers to creating working partnerships with the other group.

In the discussion that followed, participants expressed appreciation for the different but complementary perspectives they heard on a number of common themes – healing, relationships, connection, and hope.

A foundation of relationship and professional respect began to emerge. The ways in which the roles were complementary became more clear and clergy and clinicians developed specific strategies for referral and follow-up and for ways in which they could work together on such things as healing religious services and coordinated community wellness strategies. Many individuals stated plans to meet with their counterparts in their communities upon their return home. Most expressed a desire for similar gatherings in the future.

The event's success has inspired other communities to act. At January's Fairbanks SSPC Public Testimony, a Fairbanks group formed to develop and host a similar event for that region. Information will be available in the near future regarding this and similar events.

How May We Help You?

Call	our Coordinator, Merry Carlson, at	**(907) 269-4615**
Visit	us at	**Suite 578** **3601 C Street** **Anchorage, AK 99503**
Write	us at	**PO Box 240249** **Anchorage, AK 99524**
Fax	us at	**(907) 561-1308**
E-Mail	us at	**suicideprevention@health.state.ak.us** **Merry_Carlson@health.state.ak.us**
Get to know	us at our website	**http://www.hss.state.ak.us/suicideprevention**
Give	us your feedback and ideas on the Alaska Suicide Prevention Plan	**http://www.hss.state.ak.us/suicideprevention**

Frank H. Murkowski Governor

Joel Gilbertson Commissioner, Department of Health and Social Services

This publication was authored and designed by Merry Carlson and Statewide Suicide Prevention Council members, and released by the Council. Its purpose is to provide the legislature and the public with an annual reference guide. Full color copies of this report were printed in Anchorage, Alaska at a cost of $4.75 per copy. This cost block is required under AS 44.99.210. To purchase copies, please contact us as listed above. This report can also be accessed at the SSPC website, http://www.hss.state.ak.us/suicideprevention.

[1] CDC. Injury Mortality Maps of the United States, 1989-1998. Atlanta, GA, 2001.
[2] CDC. National Vital Statistics Reports, 50(15). Atlanta, GA, 2002.
[3] CDC. National Vital Statistics Reports, 50(15). Atlanta, GA, 2002. Alaska Bureau of Vital Statistics report rates of 21.0/100,000
[4] Alaska Trauma Registry (suicide attempts requiring hospitalization); Alaska Bureau of Vital Statistics (suicide deaths)
[5] CDC. National Vital Statistics Reports, 50(15). Atlanta, GA, 2002.

Statewide
Suicide
Prevention
Council

Annual Report to the Legislature

February 26, 2003

Status of Goals for FY '02

Goal	Status
• Establish a more clear picture of the problem of suicide in Alaska	• Follow-back study RFP scheduled for release March, 2003
• Conduct listening sessions for the public, survivors, and professionals	• Listening sessions held in Sitka, Nome, Kodiak, Juneau, Fairbanks, Anchorage

Statewide
Suicide
Prevention
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Status of Goals for FY '02 (continued)

Goal	Status
• Create Council Work Plan	• Work Plan developed and by-laws drafted
• Develop statewide suicide prevention plan	• Alaska Suicide Prevention Plan drafted and scheduled for release March, 2003

Statewide Suicide Prevention Council

Status of Goals for FY '02 (continued)

Goal	Status
• Inform the public about suicide	• Over 20 presentations at conferences, workshops, agencies
• Establish Council office and website	• Office established and website to be advertised along with Draft Plan

www.hss.state.ak.us/suicideprevention

Statewide Suicide Prevention Council

Goals for 2003-2004

Alaska Suicide Prevention Plan

- Distribute Alaska Suicide Prevention Plan for public comment
- Develop SSPC Advisory Group to review Draft
- Finalize and distribute Plan
- Develop five year action plan based on the Plan
- Assist three regions in the development or refinement of regional suicide prevention plans

Statewide Suicide Prevention Council

Goals for 2003-2004 (continued)

Additional Goals

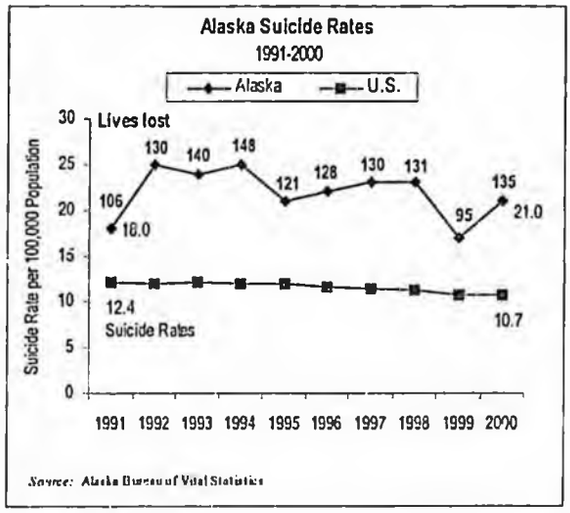
- Develop Youth Advisory Group
- Design and launch suicide prevention awareness campaign
- Initiate and monitor follow-back study

Statewide Suicide Prevention Council

In 2000, 135 Alaskans died by suicide.

From 1991-2000, there were 1,264 completed suicides.

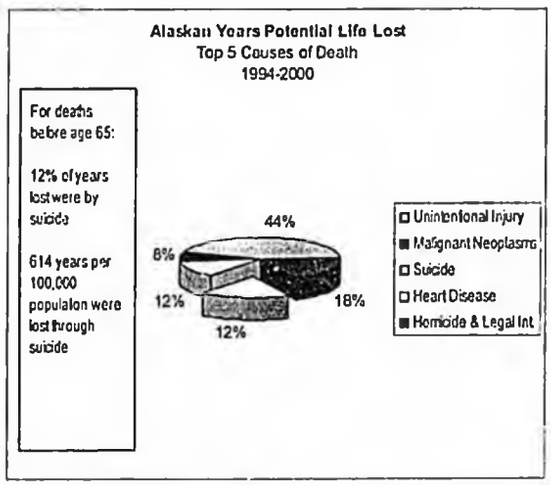
For every completed suicide, there are more than 4 attempts serious enough to require hospitalization.



Statewide Suicide Prevention Council

Suicide is the third leading cause of years potential life lost in Alaska.

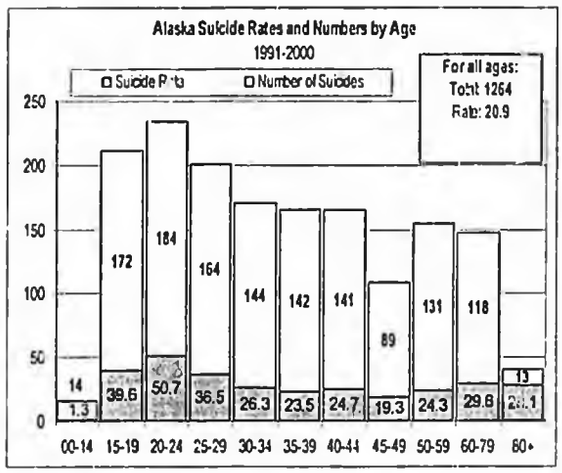
If they had reached age 75 (the approximate life expectancy in the U.S), the over 600 Alaskans who died by suicide since 1994 would have had 32,764 more years to live.



Statewide Suicide Prevention Council

Suicide rates are highest in young Alaskan adults between 15 and 44.

Suicide attempts are most frequent among those age 20-39.

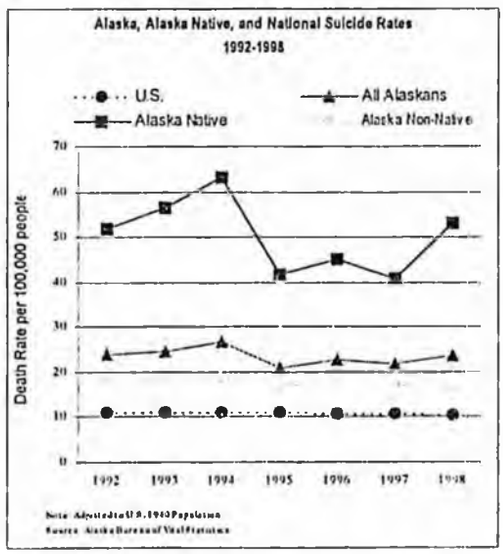


Statewide Suicide Prevention Council

Alaska Natives have suicide rates four times the national average.

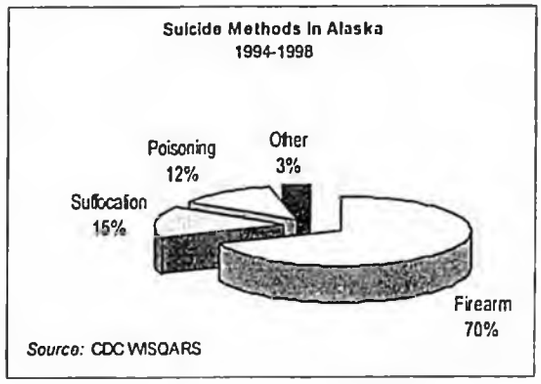
Alaska Native males are at particular risk, with a suicide rate of 68.5 per 100,000, more than 6 times the national average.

Alaska Natives attempt suicide requiring hospitalization at rates four times that of non-Natives.



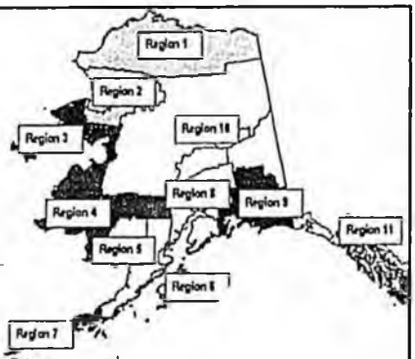
Statewide Suicide Prevention Council

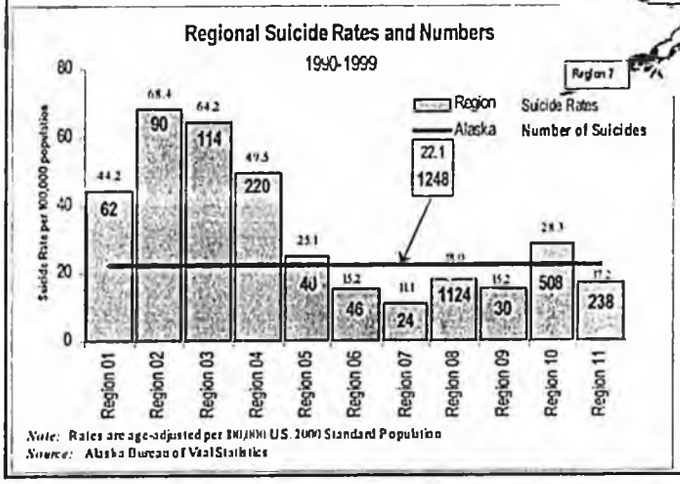
The majority of completed suicides are by firearm – 417 suicides in the five years between 1994 and 1998.



Statewide Suicide Prevention Council

Suicide rates are highest in the western and northern regions.





Five regions, all southern, have suicide rates below Alaska's overall suicide rate.

DRAFT

Themes of the Alaska Suicide Prevention Plan

Suicide prevention is everyone's responsibility.

Successful suicide prevention requires local plans and actions, supported by, and integrated with, regional, state, and national resources.

Suicide is related to many other problems facing Alaska's communities and cannot be addressed alone.

Suicide prevention efforts should target at-risk populations.

To prevent suicide, we need to develop healthy communities across Alaska.

Successful suicide prevention will require sufficient resources.

Statewide Suicide Prevention Council

DRAFT

The Alaska Suicide Prevention Plan Goals Were Developed Using:

National Strategy for Suicide Prevention

Testimony from the public, survivors, and professionals

Statewide Suicide Prevention Council

Best Practices

Recommendations to the Governor and the Legislature

Educate the public about suicide, its warning signs, and specific risk and protective factors.

Fund local suicide prevention plans and actions, supported by, and integrated with, regional, state, and national resources.

Statewide Suicide Prevention Council

Recommendations to the Governor and the Legislature

Continue funding research for follow-back and other studies to determine effective prevention and intervention strategies in Alaska.

We cannot delay or suspend prevention efforts.

Statewide Suicide Prevention Council

Recommendations to the Governor and the Legislature

Fund ongoing prevention programs and research at current levels. Where possible, provide increased funding for existing and new programs.

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"I remember when there was the first suicide in our village. I couldn't believe someone would take their own life."
— Public Testimony

Preventing suicide is possible.

Alaska has not always experienced high rates of suicide.

Alaskan communities can be healthy.

Statewide Suicide Prevention Council

2/26/03

Report to the Legislature

My name is Carol Seppilu, I'm from Savoonga, Alaska & I'm 20 years old. I've been impacted by suicide far too many times in my young life. I've lost 8 close friends to suicide just in the past 4 years. & all were young beautiful youths. All but 2 were under the influence of alcohol & I think all of them used guns. I also shot myself 3 1/2 years ago while under the influence of alcohol. It was a terrible mistake & it damaged me both physically & emotionally but the thing that keeps me going is the miracle that happened that horrifying night, the miracle is that I survived. That's why I'm here today & that's why I'm involved in suicide prevention I'm really happy for the Alaska Suicide Prevention Council because Alaska needs a change & I believe that this council will do great things to reduce the rate of suicide. My job is to make plans of things that could help prevent suicide & I also attend workshops to tell my own personal story to spread the suicide prevention awarness to the youth. Since I'm the younger one on the council I mainly focus on the youth. I think that education is the best way to help prevent these youth suicide tragedies. Education about a variety of positive things like confidence & whatever helps a kid to grow up in a positive way. I grew up in a domestic violence home & no one taught me

about believing in myself. Sure teachers taught me the basics of education + I was one of the top students getting all sorts of academic awards. But inside I was crumbling down fading away from life + sinking down into depression. I didn't know how to get out of it because I didn't have confidence + other skills that help you get through depression. The outcome of not knowing these skills was a near death experience for me. I shot myself while I was blacked out drunk + it was too late to get help. Our kids need to know these skills just as lawmakers need to know the law to make good decisions. If our kids can't learn these skills from parents where will they recieve them? I thought that maybe they could learn in school like in a class. And not just a once or twice a year class but an everyday class where all kids could learn. School can be very stressing + hard on the kids + it would be nice to have a class where you could relax yet learn how to become a positive person. I think that the more positive youths we have the less suicides there will be in the future. Thank you for your time + an extra thanks to those of you who support the suicide prevention council. This team is strong + they give their time to make the council strong. Together we could help our people be strong enough to live.

Statewide Suicide Prevention Council

speakers:
- Merry Carlson, Coordinator (Power Point)
- Georgianna Lincoln
- Carol Seppilu
- Jeanine Sparks

Susan Soule

Rt. Rev. Mark MacDonald

Mary Kapsner