SB 137

<TARGET><BILL>SB 137</BILL><SUBJECT>SB 137</SUBJECT><COMM>HEDC27</COMM></TARGET>

HOUSE COMMITTEE REPORT

(7)
Date Referred to Committee: February 15, 2012 **FURTHER REFERRALS: Finance**

Date of Committee Action: 3-16-12

The EDUCATION Committee considered: **SB 137**

SENATE BILL NO. 137
"An Act requiring suicide awareness and prevention training for certain school personnel."
SB 137–SUICIDE AWARENESS & PREVENTION TRAINING

Recommends it be replaced with [X] HCS *or* **[ ] CS** *for* SB 137 (EDC)
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR_____ [X] Same Title [ ] New Title

[ ] attach amendments
[ ] add new referral to _____Committee
[ ] Letter of Intent_____Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
DHS
LWF
LAW
LEG
MVA
DNR
DPS
REV
DOT
UA

NEW FISCAL NOTES
*FN# is assigned by Chief Clerk's Office

*FN#	List by Dept(s):	Fiscal	Indet.	Zero

PREVIOUS FISCAL NOTES

FN#	List by Dept(s):	Fiscal	Indet.	Zero
	EED			✓

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
	Pruitt	X			
	Cissna	X			
	SEATON	X			
					X
Chair:		X			
Chair:					

HOUSE CS FOR SENATE BILL NO. 137(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SEVENTH LEGISLATURE - SECOND SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered:
Referred:

Sponsor(s): SENATORS DAVIS, Ellis, Dyson, Coghill, McGuire, Meyer, Stedman, Menard, Paskvan, Egan

A BILL

FOR AN ACT ENTITLED

"An Act requiring suicide awareness and prevention training for certain school personnel."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** The uncodified law of the State of Alaska is amended by adding a new section to read:

SHORT TITLE. This Act may be known as the Jason Flatt Act.

*** Sec. 2.** AS 14.20 is amended by adding a new section to read:

Sec. 14.20.690. Mandatory youth suicide awareness and prevention training; immunity. (a) A school district, regional educational attendance area, and the department shall annually provide youth suicide awareness and prevention training approved by the commissioner to each teacher, administrator, counselor, and specialist who is employed by the district, regional educational attendance area, or department to provide services to students in grades seven through 12 in a public school in the state at no cost to the teacher, administrator, counselor, or specialist.

(b) The commissioner shall approve youth suicide awareness and prevention training provided under this section if the training is not less than two hours each year, meets standards for professional continuing education credit in the state, and is periodically reviewed by a qualified person or committee for consistency with generally accepted principles of youth suicide awareness and prevention. The training may be offered through videoconferencing or an individual program of study of designated materials.

(c) A person may not bring a civil action for damages against the state or a school district, or an officer, agent, or employee of the state or a school district for a death, personal injury, or property damage that results from an act or omission in performing or failing to perform activities or duties authorized under this section. This subsection does not apply to a civil action for damages as a result of intentional misconduct with complete disregard for the safety and property of others. In this subsection, "school district" has the meaning given "district" in AS 14.17.990.

(d) The training provided or the failure to provide training under this section may not be construed to impose a specific duty of care on any person.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

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Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM February 17, 2012

SUBJECT: Immunity for suicide prevention training (SB 137 amendment)
(Work Order No. 27-LS0994\M.1)

TO: Senator Bettye Davis
Chair of the Senate Health and Social Services Committee
Attn: Tom Obermeyer

FROM: Jean M. Mischel
Legislative Counsel

You have asked whether the amendment providing for limited immunity from suits resulting from the training or lack of training for suicide prevention awareness required by the above-referenced bill as suggested by the Anchorage School District is necessary. AS 09.50.250 and 09.50.253 already cover tort immunity for state employees, and AS 09.50.253(g)(2)(A)(ii) includes "a person appointed to a board or commission of state government." AS 09.65.070(d)(2) grants immunity to municipalities and their agents and employees for performing or failing to perform a ""discretionary function." The case law on what constitutes a "discretionary function" is extensive and complicated; I could not say with certainty that it would immunize a municipal school district and its employees in all cases.

The issue of whether school districts and their employees are immune from suit for an alleged violation of federal law as an "arm of the state" under the 11th amendment of the United States Constitution was decided against an Alaska municipal school district in *Holz v. Nenana City Public School District,* 347 P.3d 1176 (9th Circuit) (Alaska 2003). In that case, an applicant for a position with a city school district was allowed to sue the district and district officials for alleged violations of federal civil rights laws. In contrast, the United States District Court for the District of Alaska had previously decided in an unappealed decision that a regional educational attendance area in Alaska was an "arm of the state" for immunity purposes.

Although this amendment will not affect federal immunity, the more specific language proposed in amendment M.1 will provide additional state law protections from liability for damages that may be alleged to have been caused by a failure to provide the training required by the bill or the failure to prevent injury or death from a suicide. While the proof needed to find a causal connection is difficult, the amendment makes it clear that only intentional misconduct resulting in death, injury, or damage may be actionable.

JMM:ljw:plm
12-133.ljw

Enclosure

27-LS0994\M.1
Mischel
2/16/12

AMENDMENT

OFFERED IN THE HOUSE

TO: SB 137

Page 1, line 9, following "**training**":

Insert "**; immunity**"

Page 2, following line 7:

Insert new subsections to read:

"(c) A person may not bring a civil action for damages against the state or a school district, or an officer, agent, or employee of the state or a school district for a death, personal injury, or property damage that results from an act or omission in performing or failing to perform activities or duties authorized under this section. This subsection does not apply to a civil action for damages as a result of intentional misconduct with complete disregard for the safety and property of others. In this subsection, "school district" has the meaning given "district" in AS 14.17.990.

(d) The training provided or the failure to provide training under this section may not be construed to impose a specific duty of care on any person."

SENATE BILL NO. 137

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SEVENTH LEGISLATURE - SECOND SESSION

BY SENATOR DAVIS

Introduced: 1/6/12
Referred: Prefiled

A BILL

FOR AN ACT ENTITLED

"An Act requiring suicide awareness and prevention training for certain school personnel."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** The uncodified law of the State of Alaska is amended by adding a new section to read:

SHORT TITLE. This Act may be known as the Jason Flatt Act.

*** Sec. 2.** AS 14.20 is amended by adding a new section to read:

Sec. 14.20.690. Mandatory youth suicide awareness and prevention training. (a) A school district, regional educational attendance area, and the department shall annually provide youth suicide awareness and prevention training approved by the commissioner to each teacher, administrator, counselor, and specialist who is employed by the district, regional educational attendance area, or department to provide services to students in grades seven through 12 in a public school in the state at no cost to the teacher, administrator, counselor, or specialist.

(b) The commissioner shall approve youth suicide awareness and prevention training provided under this section if the training is not less than two hours each year, meets standards for professional continuing education credit in the state, and is periodically reviewed by a qualified person or committee for consistency with generally accepted principles of youth suicide awareness and prevention. The training may be offered through videoconferencing or an individual program of study of designated materials.

Alaska State Legislature

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Senator_Bettye_Davis@legis.state.ak.us
http://www.akdemocrats.org

Senator Bettye Davis

SB 137, 27-LS0994\M – "An Act requiring suicide awareness and prevention training for certain school personnel."

SPONSOR STATEMENT

This bill, short titled the Jason Flatt Act, requires mandatory youth suicide awareness and prevention training approved by the Commissioner, Department of Education and Early Development to each teacher, administrator, counselor, and specialist who is employed by a school district, regional educational attendance area, or department each year for services to students in grades 7-12. Training is important because suicide is the 3rd leading cause of death for ages 10-24 and the number one cause of death for Alaskans under the age 50 years.

Awareness and education are key to prevention. Tying suicide prevention efforts into teacher training has proved very helpful in other states in reducing teen suicides. Most young people contemplating suicide show clear warning signs prior to the attempt. It is imperative that educators know how to recognize signs of at-risk youth and are prepared to intervene when they identify a problem.

Recognizing that Alaska has by far the highest rate of suicide per capita in the country, particularly among teens, young men, and Alaska Natives, the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse, in partnership with the Statewide Suicide Prevention Council, the Alaska Association of Student Governments, the University of Alaska, and the Jason Foundation have established goals, training programs, and resources for teachers, coaches, and staff in suicide prevention.

The Alaska Bureau of Vital Statistics 2000-2009 reported the following suicide facts and statistics:

- 21.8 suicides per 100,000 Alaskans; vs. 11.5 suicides per 100,000 nationwide
- 56.1 suicides per 100,000 Alaskan young men ages 15-24, and 141.6 Native young men and 50.3 young women in same age group.
- 1369 suicides in 176 Alaska communities between 2000 and 2009; 11 per month; 2.6 per week

- 78% of suicides were committed by men and 22% by women who made twice as many but many more failed attempts
- 90% of suicide victims experience depression or have diagnosable and treatable mental health or substance abuse disorders

The 2011 Youth Risk Behavior Survey revealed that in the last 12 months:

- 12.8% Alaska High School students reported they seriously considered suicide
- 8.7% Alaska High School Students actually attempted suicide one or more times
- 2.7% Alaska High School Students –attempted suicide resulting in injury, poisoning, or overdose treated by a doctor or nurse

Just as "it takes a village to raise a child," it takes parents, teachers, mentors, and communities to support efforts to reduce suicides by developing environments of respect and connectedness among youth and adult role models. This will create in youth the needed hope, promise, and optimism to build healthy and appropriate relationships and behaviors. By requiring – and making resources available for – suicide prevention training for educators and school staff through this bill, the state of Alaska can ensure that youth at risk of suicide are more likely to be identified and receive help.

Alaska has many state agencies, non-profits, private citizens, health care providers, and policy makers working on this problem with programs and materials. This bill is but one part of suicide prevention which has proven successful in other states. The Jason Foundation which was named after the tragic loss of the founder's son to suicide has made available to Alaska and a limited number of other states its library of suicide awareness and prevention training materials free of charge.

Not only will this bill and community efforts reduce suicides, particularly among vulnerable youth, but it will also reduce the number of self-inflicted injuries occasioned in over 1200 hospitalizations per year due to suicide attempts at cost of $9,000 per case excluding physicians' and specialists' fees, as researched and reported by the Alaska Mental Health Trust Authority in 2001-2002. The same research found 75% of the costs of Alaska suicide hospitalizations were paid through public funding sources and 15% were written off as losses by hospitals.

Suicides and attempted suicides have taken an incalculable toll on individuals and families in Alaska. The burden of this tragedy is shared by society as a whole. With all of our efforts the numbers have not decreased very much over the years. This bill, admittedly not a solution by itself, will help reduce the "silent epidemic" of youth suicide through educational and awareness programs that equip young people, educators and parents with the tools and resources to help identify and assist at-risk youth.

FISCAL NOTE

STATE OF ALASKA cost ≠ codes
2012 LEGISLATIVE SESSION

Bill Version **SB137**
Fiscal Note Number
Publish Date

Identifier (file name) SB137-EED-SSA-1-30-12
Title An Act requiring suicide awareness and prevention
Sponsor Senator Davis
Requester Senate Education Committee

Dept. Affected Education & Early Development
Appropriation Teaching and Learning Support
Allocation Student & School Achievement
OMB Component Number 2796

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY13**	**FY13**	**FY14**	**FY15**	**FY16**	**FY17**	**FY18**
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants, Benefits							
Miscellaneous							
TOTAL OPERATING	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

FUND SOURCE		(Thousands of Dollars)						
1002	Federal Receipts							
1003	GF Match							
1004	GF							
1005	GF/Prgm (DGF)							
1037	GF/MH (UGF)							
1178	temp code (UGF)							
TOTAL		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

POSITIONS							
Full-time							
Part-time							
Temporary							

CHANGE IN REVENUES							

Estimated SUPPLEMENTAL (FY12) operating costs _____ *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs _____ *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Why this fiscal note differs from previous version (if initial version, please note as such)

As there are existing trainings modules available at no cost to school districts, regional educational attendance areas and the department, there will be no need for additional funding. Therefore, the Department has reduced the fiscal impact to zero.

Prepared by Cynthia Curran, Director — Phone 465-2857
Division Teaching and Learning Support — Date/Time 1/30/2012 2:45pm
Approved by Mike Hanley — Date 1/30/2012
Commissioner

(Revised 8/17/2011 OMB)

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

BILL NO. SB137

Analysis

The legislation would require annual two hour suicide awareness and prevention training for each teacher, administrator, counselor and specialist who is employed by a district, regional educational attendance area, or department teaching grades 7-12.

The short title of SB 137 is Jason Flatt Act, which is a reference to a student who committed suicide in Tennessee. Jason's father then created the Jason Foundation. The foundation is a non-profit suicide prevention organization. The Jason Flatt Foundation currently has four modules available free online with each module being two hours long.

Additionally there are other commercially available products that the Department would consider for approval if school districts are interested in using them. One available product, that the Department will approve, is Kognito At-Risk, an evidence based and rigourousl y evaluated best practice training.

LEGAL SERVICES

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MEMORANDUM January 24, 2012

SUBJECT: Sectional Summary (SB 137 (Work Order No. 27-LS0994\M))

TO: Senator Bettye Davis
Attn: Tom Obermeyer

FROM: Jean M. Mischel
Legislative Counsel

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Requires public school districts, regional educational attendance areas, and the Department of Education and Early Development to provide approved youth suicide awareness and prevention training to school personnel. Specifies standards for training approval by the Commissioner of Education.

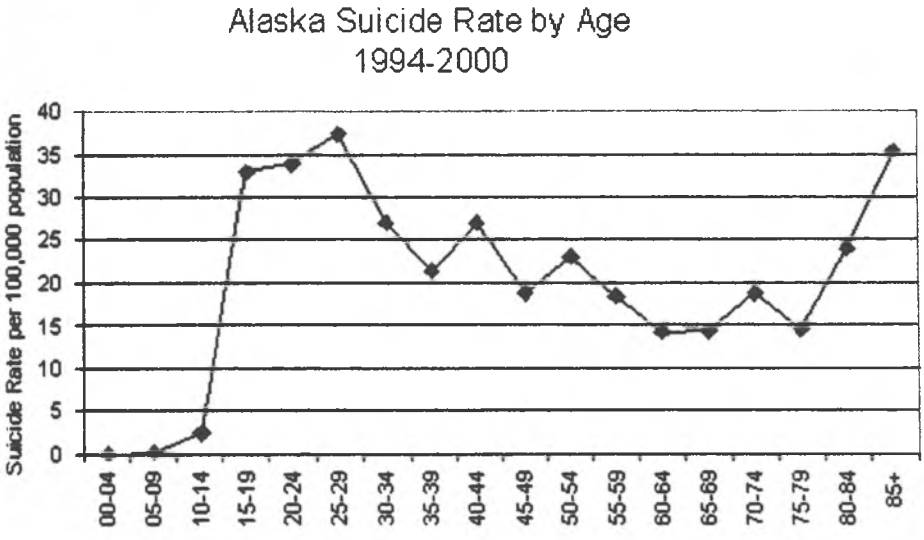
JMM:plm
12-042.plm

Alaska Suicide Facts and Statistics

- Alaska has the highest rate of suicide per capita in the country.
- The rate of suicide in the United States was 11.5 suicides per 100,000 people in 2007. In 2007, **Alaska's rate was 21.8 suicides per 100,000 people.** The rate of suicide among Alaska Native peoples was 35.1 per 100,000 people in 2007.
- **Alaska had 1,369 suicides between 2000 and 2009**, an average of 136 deaths by suicide per year. The highest number of suicides, 167, occurred in 2008. The lowest number, 123, occurred in 2003. That is an average of about 2.6 suicides in Alaska every week, or more than 10 a month.
- At least one suicide occurred in **176 Alaskan communities** between 2000 and 2009.
- About 78% of suicides in Alaska are committed by men and 22% are committed by women, according to the Suicide Prevention Resource Center.
- Alaska Native men between the ages of 15-24 have the highest rate of suicide among any demographic in the country, with an average of **141.6 suicides per 100,000 each year between 2000 and 2009.**
- Youth who are exposed to suicide or suicidal behaviors are more at-risk for attempting suicide, according to the American Association of Suicidology.
- Suicide deaths consistently outnumber homicide deaths by a margin of three to two, according to the American Association of Suicidology.
- More than 90% of people **who die by suicide have depression or another diagnosable, treatable mental or substance abuse disorder**, according to American Association of Suicidology.

Information is from the Alaska Bureau of Vital Statistics unless otherwise specified.

Alaska Suicide Rate by Age



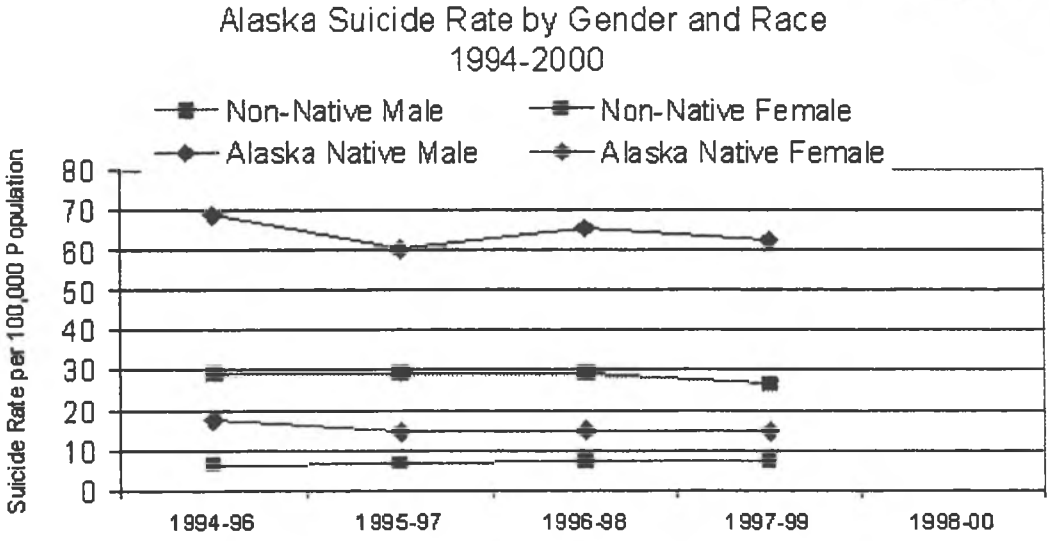
Note: Suicide rates are age-adjusted. Source: CDC WISQARS Injury Mortality Report

Alaska Suicide Rates by Sex

ALASKA SUICIDE BY SEX

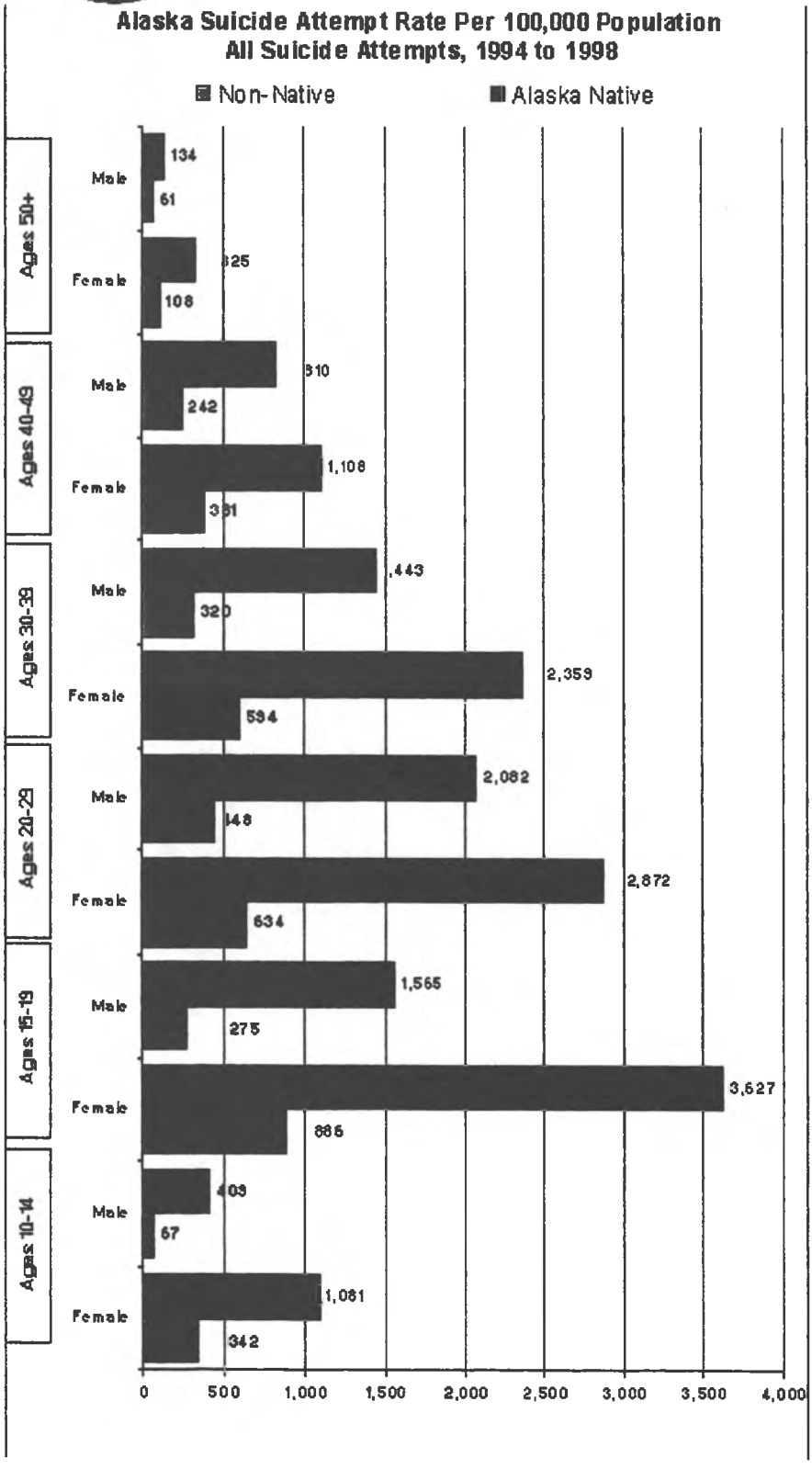
1996-2005

Alaska Suicide Rates by Gender and Race



Note: Age-adjusted rates per 100,000 US 2000 standard population. Rates by race are unavailable.
Source: Alaska Bureau of Vital Statistics

Alaska Suicide Attempts



RECOMMENDATIONS FOR REPORTING ON SUICIDE

IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Suicide Contagion or "Copycat Suicide" occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS:	DO THIS:
• Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").	• Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
• Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.	• Use school/work or family photo; include hotline logo or local crisis phone numbers.
• Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.	• Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
• Describing a suicide as inexplicable or "without warning."	• Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
• "John Doe left a suicide note saying...".	• "A note from the deceased was found and is being reviewed by the medical examiner."
• Investigating and reporting on suicide similar to reporting on crimes.	• Report on suicide as a public health issue.
• Quoting/interviewing police or first responders about the causes of suicide.	• Seek advice from suicide prevention experts.
• Referring to suicide as "successful," "unsuccessful" or a "failed attempt."	• Describe as "died by suicide" or "completed" or "killed him/herself."

AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.

SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

MORE INFORMATION AND RESOURCES AT:
www.ReportingOnSuicide.org

HELPFUL SIDE-BAR FOR STORIES

WARNING SIGNS OF SUICIDE

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.

WHAT TO DO

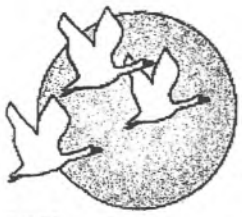
If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

THE NATIONAL SUICIDE PREVENTION LIFELINE
800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255)



Council Members

If you would like to reach any of the SSPC Council Members, please contact Kate Burkhart.

- **William Martin, Chair,** Alaska Federation of Natives — Juneau
- **Meghan Crow, Vice-Chair, LCSW, Secondary schools** — Bethel
- **Christine Moses, Officer at-Large,** Rural Member off the road system — Bethel
- **Melissa Stone, Recorder/Treasurer, DHSS** — Anchorage
- **Barbara Jean Franks,** Suicide Loss Survivor — Anchorage
- **Phyllis Carlson,** Education and Early Development — Juneau
- **Brenda Moore,** Alaska Mental Health Board — Anchorage
- **Anna Sappah, ABADA** — Anchorage
- **Teressa Baldwin,** Youth Member — Sitka
- **Alana Humphrey, Statewide youth organization** — Anchorage
- **Sharon Norton, MSN, RN, Public** — Homer
- **Pastor Lowell W. Sage Jr., Clergy** — Kivalina
- **Senator Johnny Ellis** — Anchorage
- **Senator Fred Dyson** — Eagle River
- **Representative Anna Fairclough** — Eagle River
- **Representative Berta Gardner** — Anchorage

Suicide Prevention Council Coordinators

- **Eric Morrison, Assistant**
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  Juneau, Alaska 99801
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  Toll free: 1-888-464-8920
  Fax: 907-465-4410

- **J. Kate Burkhart, Executive Director**
  431 North Franklin Street, Suite 200
  Juneau, Alaska 99801
  Office: 907-465-6518
  Toll free: 1-888-464-8920
  Fax: 907-465-4410

The **Jason Foundation**

- **The Jason Flatt Act** (we request each state name this legislation as such to help us build a national awareness about this legislation – much like the "Amber Alert" legislation) – is a legislative action that builds within a state's current In-Service Training / Certification requirements two hours training in youth suicide awareness and prevention. It is important to note, this does not increase the number of hours required – only shifts hours from what would be "elective subject hours" to "required subject hours".
- **The Jason Flatt Act** has had the endorsement from the Teacher's Association and Department of Education in every state it has passed.
- **The Jason Flatt Act** has been passed in Tennessee; Mississippi; California; Louisiana; Illinois; Arkansas.
- If passed as proposed / outlined, **The Jason Flatt Act** can be passed as a mandatory requirement without a fiscal note or any cost to the educator, school, school district or state for the training. The Jason Foundation will provide at no-cost to the participants / state access to their On-Line In-Service Training Library that will satisfy the requirements of the law and acts as a "fail-safe" safety net to insure access to training by all educators without cost. (will be glad to discuss why "mandatory" is an important part to assure all youth have benefit of a teacher who has been trained).
- Although The Jason Foundation offers its On-Line In-Service Training Library as a resource, **The Jason Flatt Act <u>does not</u>** require any specific program be utilized. We have found, as we have foretold, that many groups such as NAMI, MHA, Crisis Response Centers and Suicide Prevention Coalitions have eagerly offered to provide such training to schools at no-cost.
- In a recent national survey of educators who had satisfied their requirement utilizing The Jason Foundation's On-Line In-Service Training Library (we don't have access to other organization's records) – almost 90% of the educators reported now feeling more confident in reaching out to a student whom they feel may be struggling with issue of suicidal ideation or more confident should a student come to them for help.
- As to an argument that some have utilized – "not putting any other responsibility on our teachers": The Child Abuse Statute that most states have adopted already specifically names "teachers" as "First Reporters" in issues that deal with physical or emotional abuse (suicidal ideation is such a sign). It can be argued that teacher's are already legally responsible to report signs of suicidal ideation, they just have not been trained which could raise legal questions.

- Over a five-year period (2004-2008) in Tennessee, It was reported by the Department of Health that although suicide rates increased overall 15% - youth suicide continued its decrease...31.4% over 5 years. Two of these years The Jason Flatt Act was active in TN, but the previous three years – although not mandated – JFI had trained several thousand educators. Since this training was one of the only differences of resources

provided across Tennessee's population – we believe the importance is easily seen in the training of educators as an impact on lowering suicide attempts and suicide deaths.

- Providing training to our educators is also listed as one of the "Goals" of the National Strategy for Suicide Prevention – a model most states utilize for the state plans.

Jason Flatt
1981 - 1997

The Jason Foundation, Inc.

Youth Suicide: The "Silent Epidemic"

Alaska

Statistics from the Youth Risk Behavioral Survey conducted by the Center for Disease Control (CDC)

When young people were asked:

"Have you experienced the feeling of hopelessness and sadness for a constant period of two weeks or greater during the past twelve months (possible beginning of clinical depression)?"

25.2% answered YES or **Over 1 out of every 4** young people. **Compared to Nationally – 26.1%**
This equates to **15,579** youth in the state that have these feelings.

"Have you seriously considered suicide in the past twelve months?"

13.9% answered YES or **Almost 1 out of every 7** young people. **Compared to Nationally – 13.8%**
This equates to **8,593** youth in the state that will consider suicide in the next 12 months.

"Have you made a plan to commit suicide in the past twelve months?"

11.7% answered YES or **Over 1 out of every 9** young people. **Compared to Nationally – 10.9%**
This equates to **7,233** youth in the state that will make a plan.

"Have you attempted suicide in the past twelve months?"

8.5% answered YES or **Over 1 out of every 12** young people. **Compared to Nationally – 6.3%**
This equates to **5,255** youth in the state that will make an attempt in the next 12 months.
This is an average of **14** per day.

"Suicide is one of the LEADING causes of PREVENTABLE death in our nation today"
-Dr. David Satcher, former U.S. Surgeon General

*Projected using the National and State 2009 YRBS, 2007/2008 School Population

Alaska Association of Student Governments
Resolution #5 (PASSED)
Requirement for Teachers to receive Suicide Prevention Training
By Donald Handeland and Tessa Baldwin

Be it resolved by the Alaska Association of Student Governments:

1. Whereas, Alaska has the highest suicide rates in the nation,
2.Whereas, people between the ages of 15-22 commit the majority of the
3.suicides which is the age group that are in high school
4.Whereas the signs of potential suicide can be unrecognizable,
5.Whereas, in Alaska most teachers are not required to get suicide
6.prevention training,
7.Whereas, teachers interact with students on a daily basis,
8.Whereas, the State of Alaska doesn't require teachers to receive suicide
9.prevention training,
10.Whereas, resources are available for training, like Kognito online training,
11.Whereas, schools usually provide grief counseling immediately after a
12.suicide, but its tends to eventually be discontinued,
13.Therefore be it resolved by the Alaska Association of Student
14.Governments that the State of Alaska look into developing a system to
15.require all teachers in Alaska to participate in a suicide prevention
16.program.

Action statement: if passed by the Alaska Association of Student Governments, this resolution will be sent to the Statewide Suicide Prevention Council as well as the State Board of Education and Early Development.

Sources

Statewide suicide prevention council website http://www.hss.state.ak.us/suicideprevention/
Kognito website http://website.kognito.com/
Alaska Commissioner of Education and Early Development

ALASKA SCHOOL COUNSELOR ASSOCIATION

February 5, 2012

Senator Bettye Davis
State Capitol Room 30
Juneau, Alaska 99801

Re: Letter of support for Senate Bill (SB) 137 – Suicide Awareness and Prevention Training

Dear Senator Davis,

On behalf of the Alaska School Counselor Association (AkSCA), we whole heartedly support SB 137, requiring two hours of training for certain educators and school personnel.

School Counselors know that thoughts of suicide are present at school on a regular basis. School Counselors are trained to intervene during a crisis, to include suicide ideation, suicide intervention, as well as aftermath of a crisis. School Counselors need other school personnel to help identify students at risk of suicide. The AkSCA board believes educating our school staff in identifying a student at risk of suicide and properly intervening by engaging and connecting the student to the appropriate help will save lives.

Nationally, suicide is the third leading cause of death for young people ages 10-19. In our state, suicide is the second leading cause of death for this same age group. While some suicides occur without any outward warning, *most* people who are suicidal *do* give clear warning signs. With educators having such a direct connection with our young people, they are in a prime position to recognize the signs of suicide and make the appropriate referrals for the next step of intervention. By training our educators to recognize these signs and to have an action plan in place, young lives will ultimately be saved.

Our students spend about a third of their life at school. The school staff needs to know that staff can learn skills to keep students alive and that keeping students alive is part of education and student success. Student safety is everyone's duty.

Thank you for your time, we fully support SB 137. If you would like to contact AkSCA, please feel free to email or call Sheila Beardsley, president at 907-401-0929 sbeardsley@yksd.com or Eric Kelly, past president at 907-852-3880 eric.kelly@nsbsd.org.

Sincerely,

Sheila Beardsley
AkSCA President

Sincerely,

Eric W. Kelly

Eric Kelly
AkSCA Suicide Prevention Chair

cc: AkSCA Board

John Atchak

P.O. Box 157

Chevak, AK 99563

February 13, 2012

Dear Senator Bettye Davis,

Thank you for your valuable sponsorship on this important bill. I have been waiting on this bill to be sponsored by someone like you. This bill is very important to me and my fellow citizens in the rural areas of the small villages along the Yukon-Kuskokwim area where poverty and suicide go hand in hand.

Sorry to inform you, but we had another 17-year-old suicide victim at our neighboring village of Hooper Bay on February 12, 2012. The victim was transported to Anchorage for autopsy.

You're a champion to our region in Western Alaska for sponsoring SB 137, even if you're representing Anchorage residents. Along with people around the Yukon-Kuskokwim area, we fully support your sponsorship of SB 137 and thank you for that. I could've easily emailed you this information but I wanted to hand-deliver this message of support as it might be more effective this way and I wanted to meet you personally.

Again, I want to thank you on behalf of my people for your hard for representing all Alaskans on our needs. You're most welcome to visit our small town at Chevak, Alaska anytime to meet our people, or any of your staff. Please feel free to contact me at my email address at johnatchak@yahoo.com or any of your staff. I can go on and on thanking you but I know you're very busy and thanks for your time on this important bill and also thank your staff for their hard work.

Keep up the good work!

JOHN ATCHAK

John Atchak

APOA
ALASKA PEACE OFFICERS ASSOCIATION

FEB 1 3 2012

February 10, 2012

Senator Bettye Davis
Alaska State Senate
State Capitol
Juneau AK 99801-1182

Dear Senator Davis:

On behalf of the Alaska Peace Officers Association (APOA), I would like to thank you for introducing Senate Bill 137; an act requiring suicide awareness and prevention training for certain school personnel.

The APOA State Board of Directors recently reviewed this proposed legislation and decided to unanimously support this bill. APOA is committed to increased awareness and education in combating suicide among the youth of Alaska.

We thank you for addressing this issue. Please contact the APOA office in Anchorage at 277-0515, if there is anything our organization can do to assist in the passage of this bill.

Sincerely,

John Lucking, Jr.
State President

PO Box 240106
Anchorage AK 99524

t 907 277 0515
f 907 272 5355

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

STATEWIDE SUICIDE PREVENTION COUNCIL

SEAN PARNELL, GOVERNOR

P.O. BOX 110608
431 N. Franklin Street, Suite 200
JUNEAU, ALASKA 99811-0608
PHONE: (907) 465-8920
FAX: (907) 465-4410
TOLL FREE: (888) 464-8920

January 20, 2012

Senator Bettye Davis
State Capitol Room 30
Juneau, Alaska 99801

Re: Letter of Support for Senate Bill 137 – Suicide Awareness and Prevention Training

Dear Senator Davis,

On behalf of the Statewide Suicide Prevention Council, I express support for SB 137, a Jason Flatt Act, requiring two hours of training for certain educators and school personnel. As you know, one of the groups of Alaskans most at risk for suicide are youth age 15-24.[1] To connect with this high-risk group, suicide prevention must be part of the education system.

Research shows that, when educators and staff are equipped with the skills and support to identify when a student is at risk and properly intervene, lives are saved. This is why the Council endorsed the state suicide prevention strategy mandating training for **all school district personnel.** Children and youth interact with more than just their teachers at school -- coaches, cafeteria staff, maintenance staff, librarians, and others all have the chance to support a student and save a life. By requiring suicide prevention training, SB 137 will help ensure that youth experiencing depression, hopelessness, and other risk factors associated with suicide are identified and connected with the help they need before they attempt suicide.

There are many resources available to support this effort. Some are even available at little or no cost to school districts. The Jason Foundation offers training and resources for school personnel at no cost to the school or teachers. The Division of Behavioral Health offers Gatekeeper trainings, also at no cost. In the FY13 proposed budget, there is funding to support a three year pilot for evidence-based training through a web-based program. Kognito Interactive offers interactive online training, At-Risk, for high school and university educators and staff (as well as other health education training).

The Council supports SB 137 and the policy of requiring suicide awareness and prevention training for school personnel. We thank you for your work on behalf of Alaskans, especially our youth.

Sincerely,

J. Kate Burkhart
Executive Director

cc: William Martin, Chairman

[1] The age-adjusted rate of suicide for young men age 15-24 in Alaska between 2000-2009 was 56.1/100,000.

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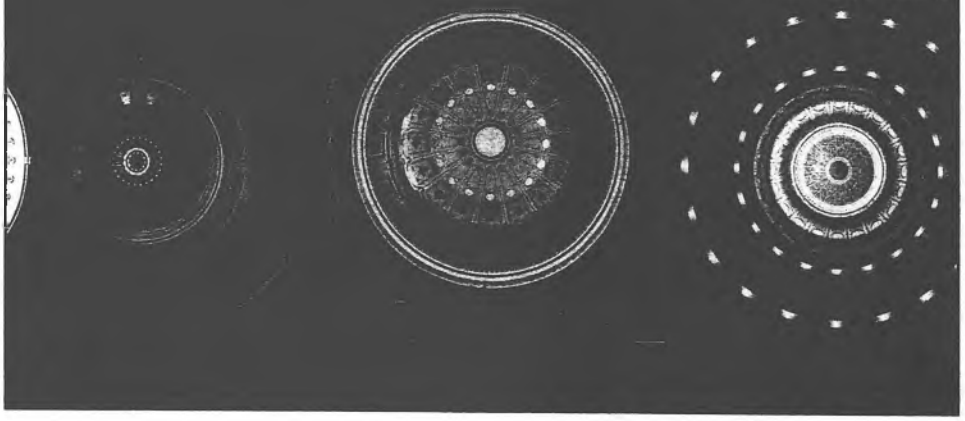
Presentation to the Alaska State Legislature: Suicide Rates and Options for Prevention

Hollie Hendrikson
National Conference of State Legislatures



10 Leading Causes of Fatal Injuries in Alaska, by Age Group (2005-2009)

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-64	55-64	65-74	75-84	85+
1	[illegible] 41	MV Traffic 5	Drowning 3	MV Traffic 12	Suicide 179	Suicide 130	Suicide 122		Suicide 82	Suicide 26		
2	Assault 6			Suicide 7	MV Traffic [illegible]			Suicide 136	MV Traffic 32	MV Traffic [illegible]	Suicide 13	Suicide 10
3			MV Traffic 4			MV Traffic [illegible]	MV Traffic [illegible]	MV Traffic [illegible]	Drowning 14		[illegible]	[illegible] 4
4					[illegible] 50	[illegible] 41	[illegible] 41	[illegible] 39	[illegible] 23		MV Traffic 5	
5					Drowning 15	Drowning 18	Drowning 10	Drowning 7	Accident 11		Homicide 5	
6					Fire/burn injury 10	Natural causes 7	Natural causes 11	Natural causes 9				
7						Drowning 10			Unintentional Injury 10			
8					Hypothermia/Exposure 12		Unintentional Poisoning 11					
9						Accident 7						
10					Accident 6		Accident 6	Natural causes 6				

Source: Division of Public Health, Dept. of Health & Social Services, Alaska Bureau of Vital Statistics; occurrences less than 5 not listed. * ATV and snow machine deaths may be included in drowning death totals; pedestrian, bicycle, ATV, and snow machine deaths may be included in MV Traffic death counts. Poisonings include accidental poisoning by exposure to alcohol. Created January 4, 2011

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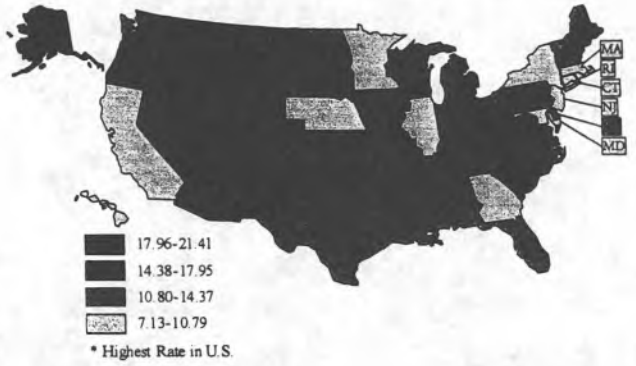
Suicide Rates, per 100,000 (2004-2009)



Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ncipc/wisqars.

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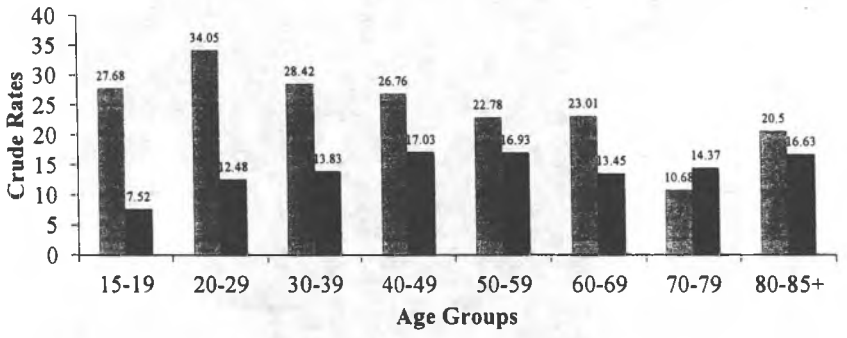
Suicide Rates, All Ages, by Age Group per 100,000 (2004-2009)



*Rates based on 20 or fewer deaths may be unstable.
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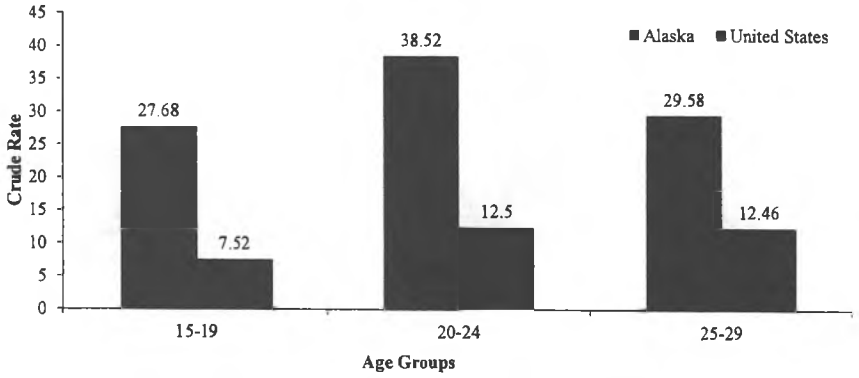

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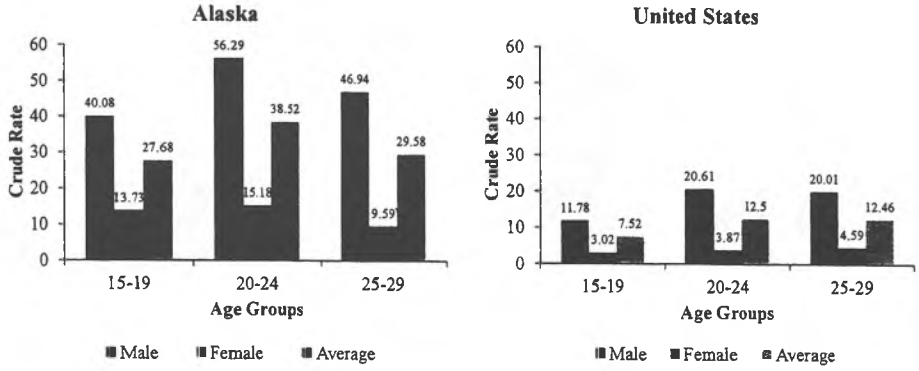
Suicide Rates, by Age and Sex per 100,000 (2004-2009)



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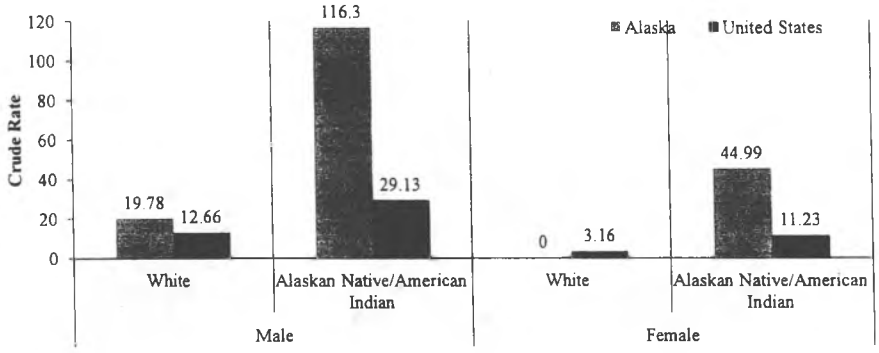
Suicide Rates, Ages 15-19, by Sex and Race/Ethnicity, per 100,000 (2004-2009)



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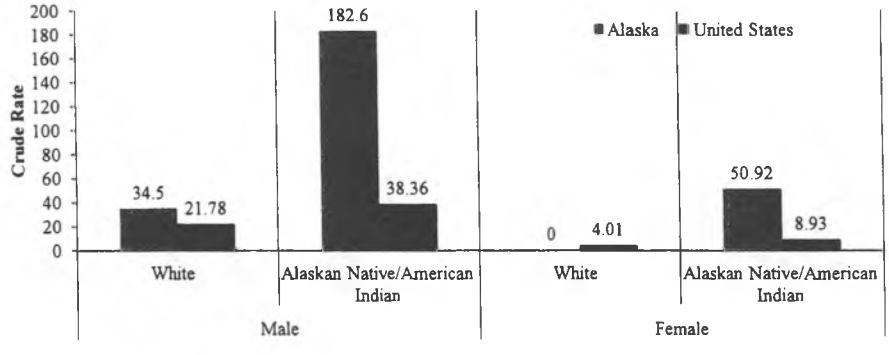
Suicide Rates, Ages 20-24, by Sex and Race/Ethnicity, per 100,000 (2004-2009)



*Rates based on 20 or fewer deaths may be unstable.
Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ncipc/wisqars.

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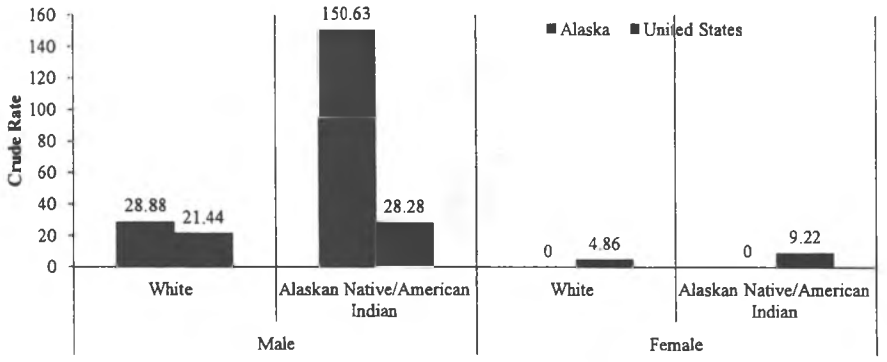
Suicide Rates, Ages 25-29, by Sex and Race/Ethnicity, per 100,000 (2004-2009)



*Rates based on 20 or fewer deaths may be unstable.
Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ncipc/wisqars.

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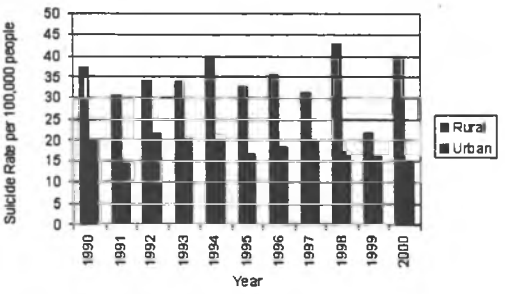
Rural and Urban Suicide Rates for Alaskans, per 100,000 (1990-2000)



Source: Alaska Suicide Prevention Council; Alaska Bureau of Vital Statistics.

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Alaska Suicide Rate, by Region per 100,000 (2009)

Source: Alaskan Suicide Prevention Council; Alaska Bureau of Vital Statistics.

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Suicide Attempts: Alaska Suicide Hospitalization Study 2001-2002

- The Alaska Injury Prevention Center conducted a thorough analysis of the 1,223 hospitalized suicide attempts in Alaska for 2001 and 2002.
- This analysis looks at the epidemiology and costs associated with hospitalizations for self inflicted injuries
  - http://www.alaska-ipc.org/documents/Hospital_Suicide_report.pdf

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A few facts revealed by this study:

- The average age for the patients was 30 years.
- The average length of hospital stays was 4 days.
- The average hospital costs per year were $5,508,363.
- The average cost per case was $8,986.
- Over 75% of the hospital costs were paid through public funding sources.
  - More than $4 million in "public funds" is spent each year to pay for hospitalizations for suicide attempts.
- The hospital cases were over-represented by people from rural communities.

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Learning from Others: Policy Options to Prevent Suicide

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State Laws: Gatekeeper Training for Key School Personnel

- At least 19 states have laws that either mandate or encourage some type of gatekeeper training.
  - Laws in KY, LA, MS, and TN require a 2-hour annual in-service training for certain school personnel on suicide prevention (*Jason Flatt Act)*.
  - Laws in AR, CT, IL, IN, NJ, and WI require similar training, but not on an annual basis.
  - CA, CO, MA, MI, MO, NV, NY, TX, and VA encourage suicide prevention training, sometimes as an option for professional development.

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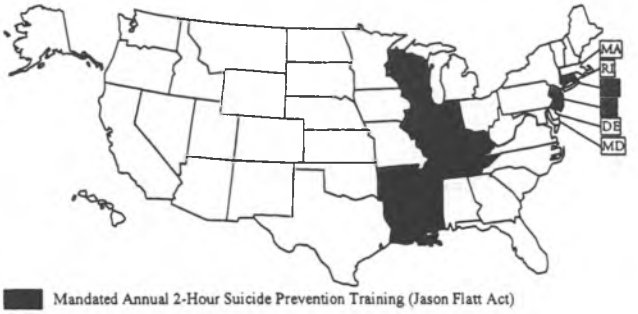
State Laws: Gatekeeper Training



Mandated Annual 2-Hour Suicide Prevention Training (Jason Flatt Act)
Required Suicide Prevention Training (not Annual)
Encourages Suicide Prevention Training

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State Laws: Suicide Prevention Education Required in School Curriculum

- At least seven states have laws that require school curriculum to include suicide prevention education or awareness.
  - IA, ME, MD, NH, RI, VT, and WA
- Controversy?
  - "Many experts share the view that it is unwise to teach young people about suicide explicitly."

-World Health Organization, 2000

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State Laws: Gatekeeper Training and Suicide Prevention in Curriculum

- Mandated Annual 2-Hour Suicide Prevention Training (Jason Flatt Act)
- Required Suicide Prevention Training (not Annual)
- Encourages Suicide Prevention Training
- Suicide Prevention Required in School Curriculum

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Other Examples of State Laws Addressing Suicide Prevention

- Appropriations: in 2011 at least 10 state legislatures appropriated funding for suicide prevention activities.
- Delaware: requires the Department of Transportation to display on variable message signs information regarding missing senior citizens, suicidal persons, or persons with a disability (2011).
- Colorado: allows taxpayers to contribute a part of their state income tax refund to the Families in Action for Mental Health Fund.

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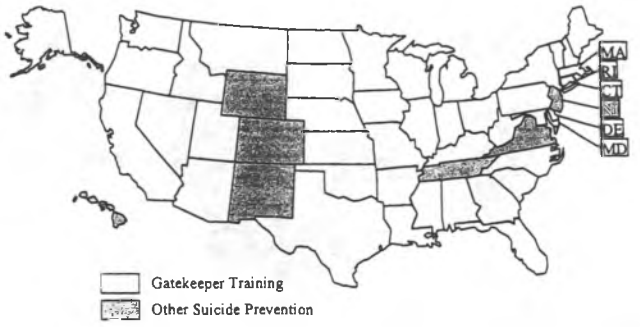
Suicide Prevention Proposed Legislation: 2012



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Suicide Risk Factors

- About 90 percent of people who kill themselves have a diagnosable and treatable psychiatric illness
- Access to mental health services
- Alcohol or drug abuse, particularly when combined with depression
- Posttraumatic Stress Disorder, or some other anxiety disorder
- Past History of Attempted Suicide
- Family history of suicide, suicide attempts, depression or other psychiatric illness.
- Demographics

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Reinventing the Wheel?
Suicide Prevention Resources

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Alaska Suicide Prevention Resources

- Alaska Department of Health and Social Services' Statewide Suicide Prevention Council
  - http://www.hss.state.ak.us/suicideprevention/default.htm
- 5-year Suicide Prevention Plan
  - http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/SSPC_2012-2017.pdf
- Alaska Injury Prevention Center
  - Alaska Suicide Follow-back Study
  - Alaska Suicide Hospitalization Study 2001-2002

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Federal Suicide Prevention Resources

- The National Action Alliance for Suicide Prevention was launched in Sept 2010 by HHS Secretary Sebelius and Defense Secretary Gates
  - http://actionallianceforsuicideprevention.org/
  - American Indian/Alaskan Native Task Force
    - Goal: In partnership with Tribes, the American Indian/Alaska Native (AI/AN) Task Force will implement suicide prevention strategies to reduce the rate of suicide in AI/AN communities.

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Indian Health Service Suicide Prevention Initiative

- The National Suicide Prevention Initiative addresses the tragedy of suicide in American Indian and Alaska Native communities.
- The IHS National Suicide Prevention Initiative builds on the foundation of the HHS "National Strategy for Suicide Prevention" and the 11 goals and objectives for the Nation to reduce suicidal behavior and its consequences, while ensuring we honor and respect Tribal traditions and practices.
  - Available at: www.ihs.gov/MedicalPrograms/Behavioral

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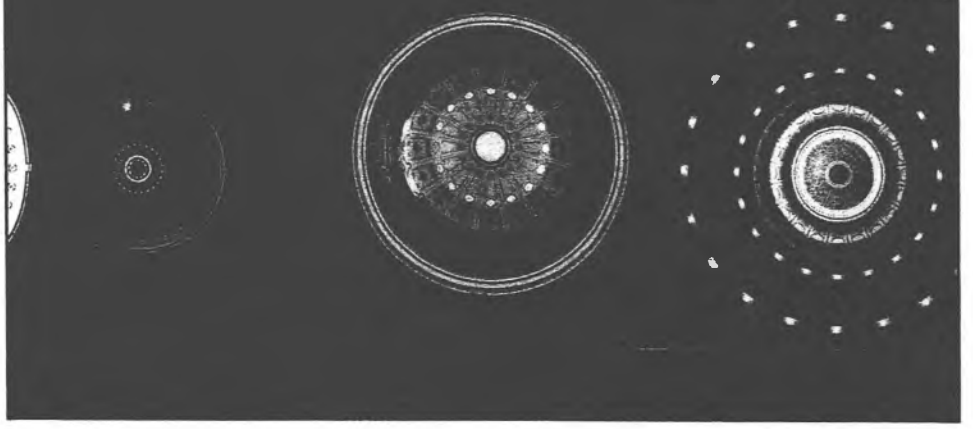
Thank You!
Hollie Hendrikson
Hollie.Hendrikson@ncsl.org
303-856-1525



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Presentation to the Alaska State Legislature: Suicide Rates and Options for Prevention

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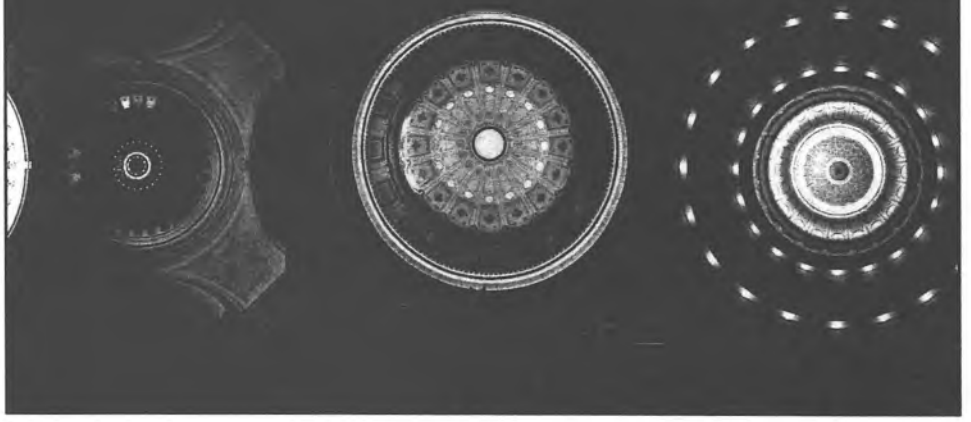

10 Leading Causes of Fatal Injuries in Alaska, by Age Group (2005-2009)

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Suffocation 11	MV Traffic 5	Drowning 5	MV Traffic 12	Suicide 179	Suicide 130	Suicide 132		Suicide 82	Suicide 26		
2	Assault 6			Suicide 7	MV Traffic 77			Suicide 136	MV Traffic 79	MV Traffic 22	Suicide 13	Suicide 10
3			MV Traffic 5			MV Traffic 77	MV Traffic 74	MV Traffic 94	Drowning 15		Suffocation 5	Suffocation 6
4					Assault 47	Assault 36	Assault 41	Assault 29	Assault 13		MV Traffic 5	
5					Drowning 17	Drowning 19	Drowning 19	Drowning 17	Assault 11		Hypothermia/ Frostbite 5	
6					Suffocation 9	Assault 17	Suffocation 15	Hypothermia/ Frostbite 23				
7						Hypothermia/ Frostbite 10			Hypothermia/ Frostbite 7			
8					Hypothermia/ Frostbite 12		Hypothermia/ Frostbite 11					
9						Assault 5						
10					Assault 5		Assault 9	Assault 5 Suffocation 5				

Source: Division of Public Health, Dept. of Health & Social Services, Alaska Bureau of Vital Statistics, occurrences less than 5 not listed. * ATV and snow machine deaths may be included in drowning death counts; pedestrian, bicycle, ATV, and snow machine deaths may be included in MV Traffic death counts. Percentages include accidental poisoning by exposure to alcohol. Created January 4, 2011

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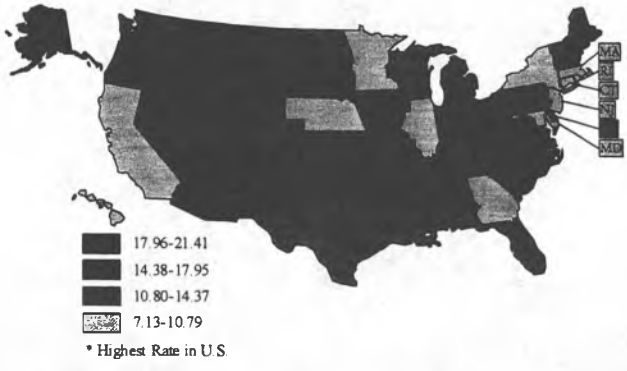
Suicide Rates, per 100,000 (2004-2009)



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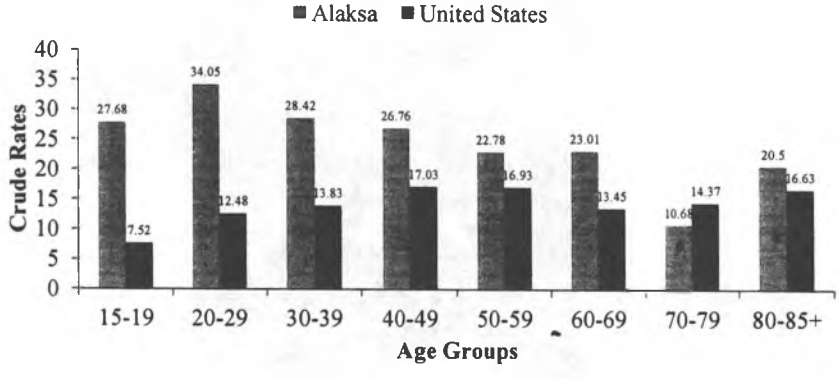
Suicide Rates, All Ages, by Age Group per 100,000 (2004-2009)



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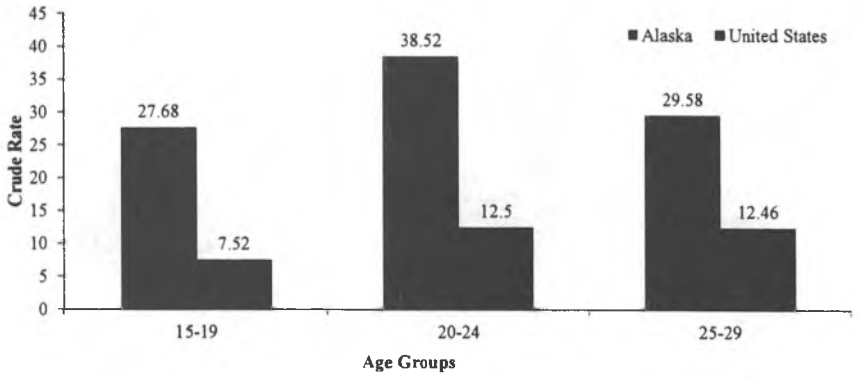
Suicide Rates, All Ages, by Age Group per 100,000 (2004-2009)



Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ncipc/wisqars.

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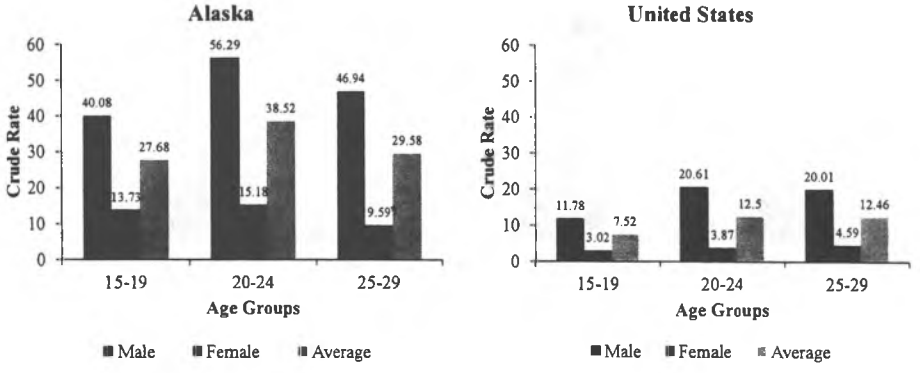
Suicide Rates, by Age and Sex per 100,000 (2004-2009)



*Rates based on 20 or fewer deaths may be unstable.
Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ncipc/wisqars.

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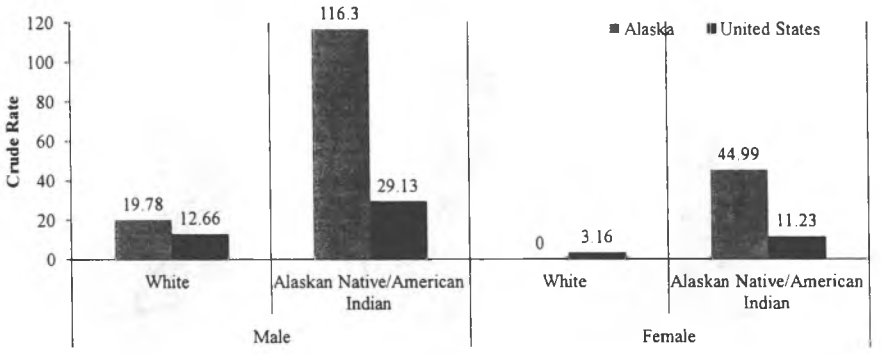
Suicide Rates, Ages 15-19, by Sex and Race/Ethnicity, per 100,000 (2004-2009)



*Rates based on 20 or fewer deaths may be unstable.
Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ncipc/wisqars.

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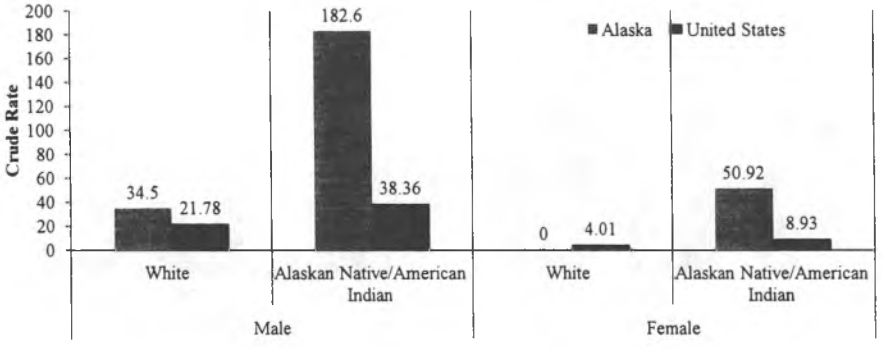
Suicide Rates, Ages 20-24, by Sex and Race/Ethnicity, per 100,000 (2004-2009)



*Rates based on 20 or fewer deaths may be unstable.
Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ncipc/wisqars.

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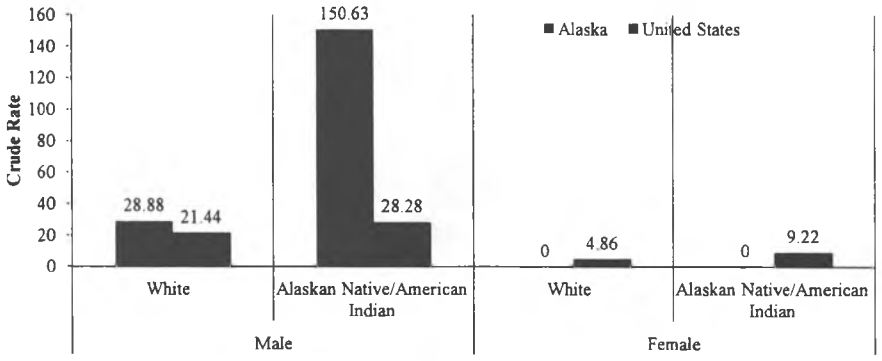
Suicide Rates, Ages 25-29, by Sex and Race/Ethnicity, per 100,000 (2004-2009)



*Rates based on 20 or fewer deaths may be unstable.
Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/ncipc/wisqars.

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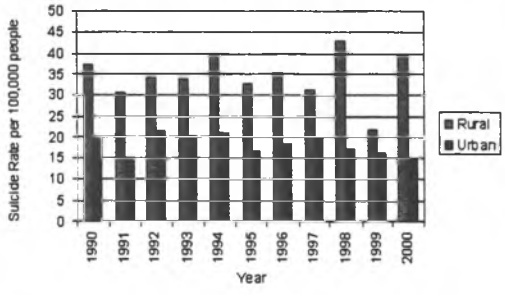
Rural and Urban Suicide Rates for Alaskans, per 100,000 (1990-2000)



Source: Alaska Suicide Prevention Council; Alaska Bureau of Vital Statistics.

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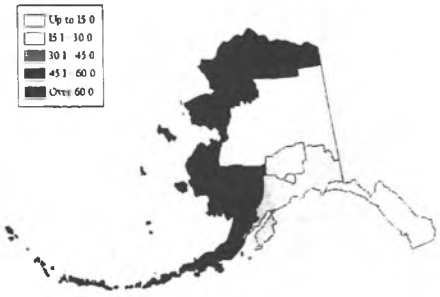
Alaska Suicide Rate, by Region per 100,000 (2009)



Source: Alaskan Suicide Prevention Council; Alaska Bureau of Vital Statistics.

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Suicide Attempts: Alaska Suicide Hospitalization Study 2001-2002

- The Alaska Injury Prevention Center conducted a thorough analysis of the 1,223 hospitalized suicide attempts in Alaska for 2001 and 2002.
- This analysis looks at the epidemiology and costs associated with hospitalizations for self inflicted injuries
  - http://www.alaska-ipc.org/documents/Hospital_Suicide_report.pdf

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A few facts revealed by this study:

- The average age for the patients was 30 years.
- The average length of hospital stays was 4 days.
- The average hospital costs per year were $5,508,363.
- The average cost per case was $8,986.
- Over 75% of the hospital costs were paid through public funding sources.
  - More than $4 million in "public funds" is spent each year to pay for hospitalizations for suicide attempts.
- The hospital cases were over-represented by people from rural communities.

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Learning from Others: Policy Options to Prevent Suicide

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State Laws: Gatekeeper Training for Key School Personnel

- At least 19 states have laws that either mandate or encourage some type of gatekeeper training.
  - Laws in KY, LA, MS, and TN require a 2-hour annual in-service training for certain school personnel on suicide prevention (*Jason Flatt Act).*
  - Laws in AR, CT, IL, IN, NJ, and WI require similar training, but not on an annual basis.
  - CA, CO, MA, MI, MO, NV, NY, TX, and VA encourage suicide prevention training, sometimes as an option for professional development.

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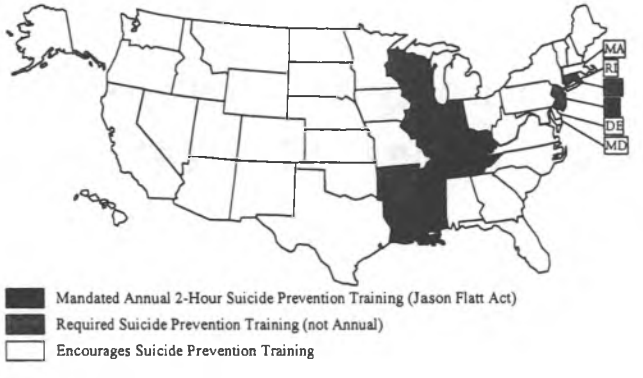
State Laws: Gatekeeper Training



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State Laws: Suicide Prevention Education Required in School Curriculum

- At least seven states have laws that require school curriculum to include suicide prevention education or awareness.
  - IA, ME, MD, NH, RI, VT, and WA
- Controversy?
  - "Many experts share the view that it is unwise to teach young people about suicide explicitly."

    -World Health Organization, 2000

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State Laws: Gatekeeper Training and Suicide Prevention in Curriculum

Mandated Annual 2-Hour Suicide Prevention Training (Jason Flatt Act)
Required Suicide Prevention Training (not Annual)
Encourages Suicide Prevention Training
Suicide Prevention Required in School Curriculum

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Other Examples of State Laws Addressing Suicide Prevention

- Appropriations: in 2011 at least 10 state legislatures appropriated funding for suicide prevention activities.
- Delaware: requires the Department of Transportation to display on variable message signs information regarding missing senior citizens, suicidal persons, or persons with a disability (2011).
- Colorado: allows taxpayers to contribute a part of their state income tax refund to the Families in Action for Mental Health Fund.

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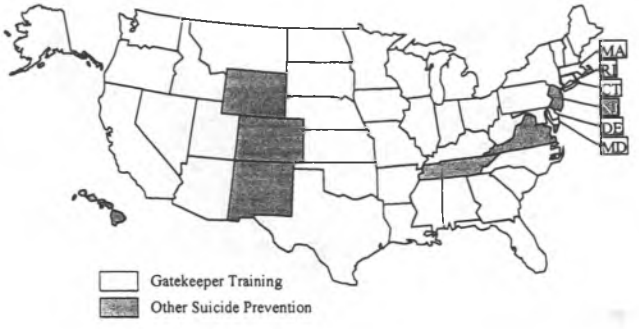
Suicide Prevention Proposed Legislation: 2012



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Suicide Risk Factors

- About 90 percent of people who kill themselves have a diagnosable and treatable psychiatric illness
- Access to mental health services
- Alcohol or drug abuse, particularly when combined with depression
- Posttraumatic Stress Disorder, or some other anxiety disorder
- Past History of Attempted Suicide
- Family history of suicide, suicide attempts, depression or other psychiatric illness.
- Demographics

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Reinventing the Wheel?
Suicide Prevention Resources

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Alaska Suicide Prevention Resources

- Alaska Department of Health and Social Services' Statewide Suicide Prevention Council
  - http://www.hss.state.ak.us/suicideprevention/default.htm
- 5-year Suicide Prevention Plan
  - http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/SSPC_2012-2017.pdf
- Alaska Injury Prevention Center
  - Alaska Suicide Follow-back Study
  - Alaska Suicide Hospitalization Study 2001-2002

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Federal Suicide Prevention Resources

- The National Action Alliance for Suicide Prevention was launched in Sept 2010 by HHS Secretary Sebelius and Defense Secretary Gates
  - http://actionallianceforsuicideprevention.org/
  - American Indian/Alaskan Native Task Force
    - Goal: In partnership with Tribes, the American Indian/Alaska Native (AI/AN) Task Force will implement suicide prevention strategies to reduce the rate of suicide in AI/AN communities.

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Indian Health Service Suicide Prevention Initiative

- The National Suicide Prevention Initiative addresses the tragedy of suicide in American Indian and Alaska Native communities.
- The IHS National Suicide Prevention Initiative builds on the foundation of the HHS "National Strategy for Suicide Prevention" and the 11 goals and objectives for the Nation to reduce suicidal behavior and its consequences, while ensuring we honor and respect Tribal traditions and practices.
  - Available at: www.ihs.gov/MedicalPrograms/Behavioral

10 Leading Causes of Fatal Injuries in Alaska by Age Group, 2005-2009

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Suffocation 41	MV Traffic 6	Drowning 8	MV Traffic 12	Suicide 179	Suicide 130	Suicide 132	Poisoning 156	Suicide 82	Suicide 26	Falls 31	Falls 15
2	Assault 6	Fire 8	Fire 7	Suicide 7	MV Traffic 87	Poisoning 93	Poisoning 118	Suicide 136	MV Traffic 39 Poisoning 39	MV Traffic 25	Suicide 13	Suicide 10
3			MV Traffic 6	Poisoning 5	Poisoning 59	MV Traffic 57	MV Traffic 51	MV Traffic 56	Drowning 13	Falls 15	Suffocation 8	Suffocation 6
4					Assault 47	Assault 36	Assault 41	Assault 29	Assault 12	Poisoning 12	MV Traffic 7	
5					Drowning 27	Drowning 28	Drowning 39	Drowning 27	Aircraft 11 Falls 11	Fire 5	Hypothermia/ Frostbite 5 Poisoning 5	
6					Snow machine 19	Snow machine 17	Snow machine 14	Hypothermia/ Frostbite 22	Pedestrian 8			
7					ATV 16	Falls 10 Fire 10 Hypothermia/ Frostbite 10	ATV 13	Falls 15	Hypothermia/ Frostbite 7 --- Suffocation 7			
8					Hypothermia/Frostbite 12	Avalanche/ Landslides 7	Hypothermia/ Frostbite 11	Fire 13	Fire 6			
9					Fire 7	Aircraft 6	Pedestrian 10	Pedestrian 12				
10					Aircraft 6		Aircraft 9	Aircraft 8 Snow machine 8				

Source: Division of Public Health, Dept. of Health & Social Services, Alaska Bureau of Vital Statistics, occurrences less than 5 not listed. * ATV and snow machine deaths may be included in drowning death counts; pedestrian, bicycle, ATV, and snow machine deaths may be included in MV Traffic death counts. Poisonings include accidental poisoning by exposure to alcohol. Created January 4, 2011

CASTING THE NET UPSTREAM: PROMOTING WELLNESS TO PREVENT SUICIDE

Alaska State Suicide Prevention Plan

Statewide Suicide Prevention Council
William Martin, Chairman
Sean Parnell, Governor

Acknowledgements and Appreciation

This state plan for reducing suicide in Alaska is truly the result of statewide effort by individuals and organizations all over our state. We would like to thank the following people for their contributions, expertise, wisdom, and support throughout this planning process:

James Sipary • Dr. Rita Blumenstein • Sam Trivette • Gayle Trivette • Paul O'Brien • Kimberlee Jones • Bernard Gatewood • Alvin Jimmie • Audrey Saganna • Dr. Mark Erickson • Thomas Chard • Ella Craig • Dr. James Allen • Susan Soule • Iva Greywolf • Andrew Jessen • Patrick Sidmore • Margaret "Peggy" West • Phyllis Rhodes • Matt Sena • Bryson Corbett • Dr. Jay Butler • Doug Harris • Kyla Hagan • Eric Boyer • Gary Ferguson • Lt. Kris Sell • Michelle Woods • Bridie Trainor • Jessie Dybdahl • Brendan Kiernan • Barbara Martin • Col. Audie Holloway • Michael Kerosky • Eric Holland • Jim Biela • Carol Waters • Nina Allen • Amanda Murdoch • Chris Gunderson • Officer Wendi Shackelford • Scott Saxon • Ian Erlich • Amber Latham • TJ Wocasek • Russell Overman • Karen Forrest • Randall Burns • Dr. Ephraim Palermo • William Hogan • Patricia Harding • Mary Russell • Bob Curtis • Liz Moore • Elizabeth Hensley • Matt Lazarus • Doug Modig • Bruce Alver • Rep. Reggie Joule • Linda Joule • Sgt. Duane Stone • Stan Hawling • Brian Laurent • Renee Schofield • Mary Sullivan • Hillary Strayer • Ariel Zlatkovski • Geordie Sherrick • Ann Brainerd • Larry Ledoux • Patrick Hefley • Jim Henkelman • Joan Boltz • Reynold Okitkun • Sally Rue • Patrick Anderson • Sarah Dewane • Richard Nault • Karen Shaff • Chris Washko • Kalynn Peak • Mindy Cason • Stephanie McPeeks • Cynthia Erickson • Dr. Kathy Graves • Francine Harbour • Marlene Adams • Katie Baldwin-Johnson • Patty Owen • Diane Casto • James Gallanos • Wilbur Brown • Sharon Fishel • Christian Montean • Joe Yates • Paul John • Kendra Kloster • Desiree Compton • Joe Davis • Joseph Felix • Larson King • Thomas Jumbo • John Abraham • Suzy Walter • Mr. Pete Peter • Bobbi Outten • Myron P. Naneng, Sr. • Dr. Stacy Rasmus • Bill Charles • Diane Bensen • Glen Ramos • Doreen Shumacher • Beth Smart • Laura Brooks • Jeanine Sparks • Christian Stettler • Michelle Faison • Brian Houston • Lance Brown • Scott Ciambor • Teri Tibbett • Brittany Arey

Letter from William Martin, Chairman

Statewide Suicide Prevention Council

Friends,

Suicide is such a painful, personal issue that it is often too hard to think about, which makes solving the problem of suicide seem impossible. I am so grateful that brave people from all over our great state are speaking openly about suicide and how it affects our families and communities. Thanks to this more open and honest conversation about suicide, Alaska has a new state plan of action for preventing suicide.

We started the process of updating Alaska's state suicide prevention plan in January 2010 with the *Mending the Net* Statewide Suicide Prevention Summit. The work that was done at that summit, and for months after, helped us see that our suicide prevention system had just as many strengths as it did weaknesses. Together, we were able to start to build a more coordinated and comprehensive approach to preventing suicide. And we were able to bring the excellent work of our tribal organizations and the suicide prevention efforts of state and local organizations together in a new way. This was the foundation for a broad and inclusive planning process driven by the **people of Alaska**.

We call this plan *Casting the Net Upstream* because, in addition to helping someone in crisis, Alaskans have to focus on what is happening during life that can lead a person to being at risk for suicide. It is based on an idea – a prevention parable – long used in public health systems. The further up the wellness stream you go to intervene, the more likely you are to avoid serious health problems like suicide.

Casting the Net Upstream is a **plan of action.** Every single Alaskan has a job to do if we are going to prevent suicide in our families, schools, work places, and communities. We have provided resources and information to help individuals, communities, and the State of Alaska take action to achieve these goals and objectives. We hope that you will read the plan, and then you will use it to help build stronger, healthier communities.

Every life matters. Your life matters. And you are not alone.

Together, we can prevent suicide and save lives.

Statewide Suicide Prevention Council

Members, 2012

Teressa Baldwin
Phyllis Carlson
Meghan Crow
Sen. Fred Dyson
Sen. Johnny Ellis
Rep. Anna Fairclough
Barbara Franks
Rep. Berta Gardner
Alana Humphrey
William Martin
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Sharon Strutz Norton

Staff:

J. Kate Burkhart, Executive Director
Eric Morrison, Council Assistant

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The Parable of the River

There once was a village along a river. The people there were good and kind, and life was good there. One day, a villager noticed someone floating down the river. He quickly dove into the river, swimming out to rescue the person from drowning. He dragged the person onto the bank, saving a life.

The next day, the same villager noticed two people floating down the river. He called for help. Another villager came running. Together they saved both people from the river. The next day, there were four people caught in the river, and the next day, eight people!

The good and kind villagers organized themselves to save as many of the people as possible. They built a watchtower, to better see the people rushing by in the river. They trained their strongest villagers to swim through the swift waters. Soon, they had watchers and rescue teams working all day and all night. And yet, each day more and more people came down the river.

The good and kind villagers rescued many people, but there were just too many coming down the river. Not every person was saved, though the villagers felt they were doing good work to save as many as they could each day. For many weeks, life continued this way. One day, someone asked, "Where are these people coming from, anyway?" The villagers looked to each other, but no one had an answer. Being good and kind and very efficient, the villagers organized a group to go upstream to find out why the people were ending up in the river. Because it might be a long and hard journey, they decided their strongest members would go.

The village leaders objected: "If our strongest rescuers go upstream to find this out, who will save the people from the river here? We need everyone here."

Some villagers argued in favor of sending a group upstream: "If we find out why they are ending up in the river, we can stop whatever is happening and save everyone! By going upstream, we can solve the problem."

The leaders weren't convinced, and so the villagers continued to rescue the people from the river as they passed by the village. The number of people continued to grow each day, and while the villagers managed to save a few more people each day, there were more and more they did not save.

This parable is used to describe the difference between a system focused on intervention – rescuing people from the river – and one that emphasizes prevention. We are **all of us** villagers with an opportunity to save lives. The State of Alaska and its partners have spent the last two years "mending the net" of our suicide prevention systems. It's time now to cast that net "upstream," to determine why Alaskans are at risk for suicide and to help strengthen our peoples, families and communities.

Introduction

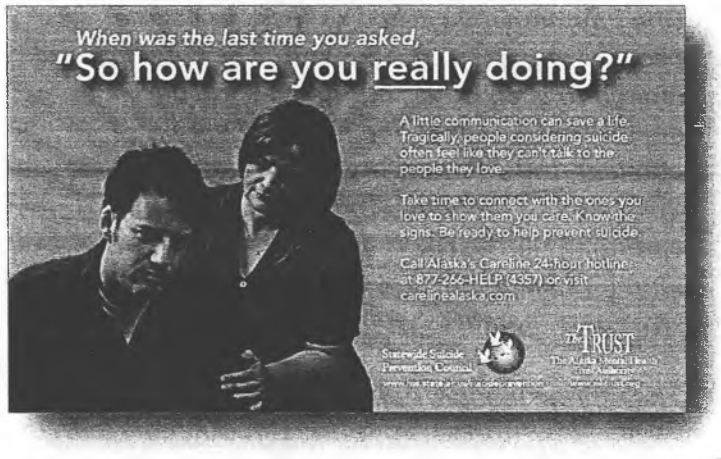
The Statewide Suicide Prevention Council ["Council"] was established by the Alaska Legislature in 2001. After a legislative audit in 2008, it was extended by the Legislature to June 30, 2013. The Council is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, improving public awareness of suicide and risk factors, enhancing suicide prevention efforts, working with partners and faith-based organizations to develop healthier communities, creating a statewide suicide prevention plan and putting it in action, and building and strengthening partnerships to prevent suicide.

Casting the Net Upstream: Promoting Wellness to Prevent Suicide in Alaska is offered to fulfill the Council's statutory duty to create a statewide suicide prevention plan. It is an update of the Council's 2004 plan. Unlike the previous plan, this is a five year plan with specific measures (indicators) that will be evaluated to ensure that the state suicide prevention system is effective – or to allow for further development if the expected results are not achieved. It is based on extensive public input and stakeholder efforts to create a suicide prevention plan that responds to the unique needs of our communities and benefits from the creativity and culture of Alaska's people.

This is a call to action. Specific strategies have been identified to achieve the goals and objectives of the suicide prevention system. These strategies were developed from the wisdom and experience of Alaskans all over our state. They are based on the most current and credible data and research available. These strategies are ways that individuals, communities, and the State of Alaska can act together to prevent suicide. Examples of programs and initiatives that fit within these strategies are provided. However, these are not all of the ways Alaskan communities are working to prevent suicide. Tribes, tribal health organization, teachers, school districts, and individuals are all working together to prevent suicide in unique and creative ways.

This is a uniquely Alaskan endeavor, though is aligned with the National Strategy for Suicide Prevention and the American Indian and Alaska Native National Suicide Prevention Strategic Plan (2011-2015). This will help us evaluate our system against national standards and other states' efforts. The Council and its partners will be able to offer annual scorecards and implementation reports, highlight the successes of evidence-based suicide prevention programs as well as emerging and innovative prevention efforts, and foster better coordination and communication among suicide prevention providers.

The plan is organized to reflect the most current research and understanding of the "web of causality" of suicide. Suicidal behavior results from a combination of genetic, developmental, environmental, physiological, psychological, social, and



cultural factors operating in complex, and often unseen, ways. Human beings are innately resilient but the events and experiences of a lifetime can weaken that resiliency to a point when a person becomes at risk of suicide. The warning signs of suicide are provided in Appendix A.

The Council has stressed the need to mend the net of services and supports in place to prevent suicide. In this plan, the Council is encouraging Alaskans to cast that net in a way that promotes physical, emotional, and mental wellness and strengthens personal and community resilience – to prevent suicide by promoting the health of our people, families, and communities. Over the next five years, Alaskan individuals, families, communities, and state government will be challenged to take responsibility for the entire spectrum of suicide prevention.

It starts with Wellness Promotion, the overall health and environmental condition that can increase or decrease the risk of suicide. The next layer is Suicide Prevention, universal efforts to improve awareness and understanding about suicide among all Alaskans.

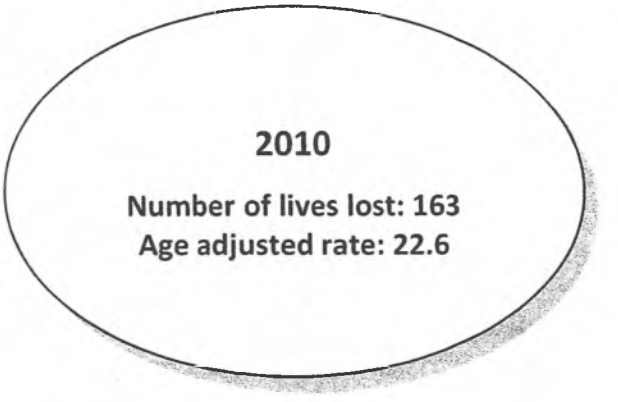
Then there is Crisis Intervention, the services and supports provided to a person who is experiencing a mental or emotional crisis that creates a serious risk of suicide. Finally, there is Postvention. This is a term that includes the ways that we respond after a suicide occurs to prevent further loss, and how we support survivors of a loss to suicide as they grieve and heal. The Council calls for postvention in Alaska to include how we support the person who survives an attempted suicide and his or her family and community in preventing further attempts.

The plan is organized to make it easy to see who can act and how. There are six (6) goals. You will learn about the specific strategies that individuals and families can use to reach these goals. You will also learn what practices communities and organizations can adopt in prevention efforts, and how the State of Alaska can improve the effectiveness of suicide prevention system.

Because *Casting the Net Upstream* is a call to action, it references but does not include a comprehensive look at the data or a historic perspective of the problem of suicide in Alaska. The Council's FY2010 Annual Report, *Mending the Net: Suicide Prevention in Alaska*, provides an extensive review of the data and funding information related to suicide in Alaska since 2000. Additional data and research resources are available on StopSuicideAlaska.org, the State's suicide prevention portal, and the Council's website. A bibliography and resource guide is included in Appendix B.

Goal 1: Alaskans Accept Responsibility for Preventing Suicide

Preventing suicide is every Alaskan's responsibility. Like any other public health problem, suicide can be prevented through increased awareness, education, and targeted interventions to reduce and address risk. In order for these efforts to be successful, Alaskan individuals, families, communities, and governments must take ownership of the problem – and the solution.



Strategy 1.1 ~ Alaskans learn and understand that suicide is preventable.

Suicide is preventable. While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the "web of causality" – the multiple social, emotional, environmental, and health factors – involved. If every one of us learned about suicide, and the risk factors and protective factors involved, we would be better prepared to prevent suicide in our families and communities.

How can Alaskans learn about suicide and how it is prevented?

Resources:

1. Go to StopSuicideAlaska.org and read through the resources provided there.

2. Go to the Council's website and read:
   - annual reports tracking suicide and suicide prevention in Alaska since 2002;
   - the 2007 Alaska Follow-Back Study; and
   - newsletters and periodic updates on research, data, and practices.

3. Attend a meeting of the local suicide prevention or wellness coalition.

4. Explore national suicide prevention organizations' resources:
   - American Association of Suicidology www.suicidology.org;
   - American Foundation for Suicide Prevention www.afsp.org;
   - Suicide Prevention Resource Center www.sprc.org;
   - Indian Health Service www.ihs.gov/NonMedicalPrograms/nspn;
   - National Action Alliance for Suicide Prevention www.actionallianceforsuicideprevention.org/; and
   - Substance Abuse and Mental Health Services Administration Suicide Prevention Section www.samhsa.gov/prevention/suicide.aspx

5. Attend a Council meeting (in person or by telephone).

Learning about suicide will allow Alaskans to talk openly with their families, friends, and neighbors about suicide and how to prevent it.

Indicator: 1.1.a. Number of unique visits to StopSuicideAlaska.org: 11,306 (2010-2011)

Strategy 1.2 ~ Alaskan adults and elders choose healthy, responsible lifestyles in order to serve as role models for younger generations.

Throughout the planning process, Alaskan youth shared the profound need for healthy role models at home and in their communities. Substance abuse by parents and community leaders was identified by stakeholders young and old as a major contributor to suicide. Given the evidence that substance abuse is involved in many reports of harm to Alaskan children, and research shows how adverse childhood experiences[1] increase the risk of suicide in adulthood, it is important that every Alaskan adult make healthy and responsible lifestyle choices and model those choices for others.

Alaskans seeking to make healthy choices and overcome addictions and negative behaviors can learn more about treatment and support services from their medical provider, health educator, or community health/behavioral health aide. Mental health and substance abuse treatment options vary from community to community. Information about what is available is provided by Alaska 2-1-1, community behavioral health centers, health corporations, Careline, and the Advisory Board on Alcoholism and Drug Abuse.

Research shows that mental and emotional health can be improved and maintained just like physical health. Mental health promotion is as simple as adding five things to your life: exercise, social connection, acts of giving, self-awareness, and learning.

[1] Extensive research on the impact of child abuse, parental addiction, and other negative events during childhood has been documented by the Adverse Childhood Experiences Study (ACES). This is a longitudinal study by the Centers for Disease Control and Prevention and Kaiser Permanente, tracking the consequences of adverse childhood events in over 17,000 people. Information about the study and its findings are available at http://acestudy.org/.

Promoting mental and emotional wellness in your life and the lives of your family members is directly related to reducing the risk of suicide. Nationally, the data reflects a distinct link between depression and risk of suicide. The American Association of Suicidology reports that about 66% of people who complete suicide are depressed at the time of their deaths.[2] The risk of suicide in people with major depression is about 20 times that of the general population.[3] Depression can be prevented in some cases, and in others, it can be mitigated and managed, through proactive lifestyle changes that improve or maintain health.

Resources:

To find a mental health treatment provider in your community, call Alaska 2-1-1 or the Alaska Mental Health Board at 1-888-464-8920.

To find a substance abuse treatment provider in your community, call Alaska 2-1-1 or the Advisory Board on Alcoholism and Drug Abuse at 1-888-464-8920.

To find a primary care provider in your community, call Alaska 2-1-1 or the Alaska Primary Care Association at (907) 929-2722.

To learn more about how to improve and maintain mental and emotional health, talk to your medical provider, health educator, or community health/behavioral health aide or visit the *Sound Minds in Sound Bodies* project at http://hss.state.ak.us/abada/sound.htm.

[2] American Association for Suicidology, *Some Facts About Suicide and Depression* at 2 (online at http://www.suicidology.org/c/document_library/get_file?folderId=232&name=DLFE-246.pdf).

[3] *Id.*

Indicators:

1.2.a. Rate of adult binge drinking: 17.9% (BRFSS, 2009)

1.2.b. Child seeing violence or physical abuse in person: 4% (CUBS, 2009)

Strategy 1.3 ~ Alaskan youth seek out healthy and appropriate relationships with role models in their community

Just as it is important that Alaskan adults and elders become good role models, it is important that young people seek out healthy role models of their own. Not every child or young person has the benefit of a family member who can model resiliency and wellness. That should not mean that there is no one for youth to look up to.

Young people consistently cited the value of school social workers, coaches, teachers, ministers, and other trusted adults in their lives. These adults are a source of support and guidance. Young people can establish healthy and appropriate relationships with adults by getting involved in sports and clubs at school, cultural activities, scouting, church/faith-based organization activities, and mentoring programs that promote connectedness and other protective factors.

Resources:

Facing Foster Care in Alaska is a group of foster care youth and alumni (over age 15) focused on improving Alaska's foster care system. Facing Foster Care offers the added benefit of youth supporting each other through shared experience and education. For more information, call (907) 230-8237.

Juneau Youth is a community coalition sponsored by United Way of Southeast Alaska. Through its website and social media, Juneau Youth provides a clearinghouse of opportunities to participate in healthy activities and connect with appropriate adults (coaches, teachers, etc.) in the community. Visit www.juneauyouth.org for the activity clearinghouse, or email: compass@unitedwayseak.org for more information about the coalition.

Big Brothers Big Sisters is a nationally recognized mentoring program. Children and youth are matched with adults through community-based mentorship (long-term, traditional matches) or site-based mentorship (at school or through a youth program). Big Brothers Big Sisters of Alaska also has a Native American Mentoring Initiative to strengthen programs in rural Alaska, a mentoring program for youth at McLaughlin Youth Center (a juvenile justice facility), Operation Bigs for children of military families and military members seeking to be a big brother or sister, and the Amachi program for children with a parent in prison.

To learn more about how to enroll a child in Big Brothers Big Sisters or how to become a mentor, email info@bbsak.org or call your local office.

Youth can also connect with healthy and responsible adults through their communities of faith, scouting programs, and school programs. Student government, Boy Scouts, Girls Scouts, Campfire, sports teams,

and church youth groups are all excellent opportunities to find positive role models.

Indicators: 1.3.a. Traditional high school students participating in organized after-school activities 2 or more days a week: 44% (YRBS, 2011)
1.3.b. Alternative high school students participating in organized after-school activities 2 or more days a week: 64.9% (YRBS, 2011)

Strategy 1.4 ~ Communities will develop environments of respect, value, and connectedness for all members.

Risk factors for suicide include low self-esteem, psychological pain in response to loss or rejection, and lack of personal or familial acceptance of sexual orientation.

Shame, guilt, hopelessness, and purposelessness are also risk factors.[4] These risk factors often develop as a result of racism, discrimination, and exclusion based on cultural and personal differences.

Bullying, including "cyberbullying," is rampant in American schools. Studies have found that 32-65% of high school students have reported being bullied in school because of "their perceived or actual appearance, gender, sexual orientation, gender expression, race/ethnicity, disability, or religion."[5] Bullying is associated with increased depression and risk of suicide among victims.[6]

Research has shown connections between experienced and/or perceived racism and negative health consequences, especially regarding mental health.[7] Experienced and perceived racial discrimination can have physiological consequences, as well as result in the "adaptation and maladaptation of the individual to the circumstances of life."[8] This means that, when someone is discriminated against, it has a real impact on his or her life and health.

Lack of acceptance, bullying, discrimination and exclusion from familial and community relationships have been cited as contributing

[4] The American Association of Suicidology has compiled a list of chronic and acute risk factors based on the current research (online at http://www.suicidology.org/web/guest/current-research).

[5] *Suicide and Bullying Issue Brief*, Suicide Prevention Resource Center (2011).

[6] *Id.* citing "Association between Bullying and Psychosomatic Problems: A Meta-Analysis," G. Gini & T. Pozzoli, *Pediatrics*, 123(3), 1059–1065 (2009); "Bullying and Suicide: A Review," Y. Kim & B. Leventhal, *International Journal of Adolescent Medicine and Health*, 20(2), 133–154 (2008); "Cyber and Traditional Bullying: Differential Association with Depression," J. Wang, T. Nansel, & R. Iannotti, *Journal of Adolescent Health*, 48(4), 415–417 (2010).

[7] While there are significant limitations to this emerging area of health research, notably the focus on a single population of color (African-Americans), the field is progressing to include standardized measurement of experienced racism by indigenous peoples. "Development and Validation of the Measure of Indigenous Racism Experiences (MIRE)," Y. C. Paradies and J. Cunningham, *International Journal for Equity in Health* (2008). (Online at http://www.equityhealthj.com/content/pdf/1475-9276-7-9.pdf.)

[8] "Protective and Damaging Effects of Mediators of Stress," B.S. McEwen and T. Seeman, *Annals of the New York Academy of Science* 896: 31 (1999) (cited in *Undoing Racism in Public Health: A Blueprint for Action in Urban MCH*, D. Barnes-Josiah (2004) (online at http://webmedia.unmc.edu/community/citymatch/CityMatCHUndoingRacismReport.pdf).

factors to higher rates[9] of suicide among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals.[10]

The Centers for Disease Control and Prevention's Strategic Direction for Prevention of Suicidal Behavior proposes to prevent suicide by "building and strengthening connectedness or social bonds within and among persons, families and communities."[11] That feeling of connectedness or belonging has been proven to be highly protective against suicidal thoughts and behaviors.[12] Communities can promote equality, inclusion, respect, and acceptance by:

- coordinating and supporting efforts to create safe, inclusive, respectful environments for all members of the community;
- emphasizing the strengths and contributions of different cultures in the community;
- instituting school and workplace policies that encourage inclusiveness and prohibit bullying and discrimination.

Resources:

The PACER National Center on Bullying Prevention was founded in 2006 to unite, engage, and educate communities to address bullying. It provides creative and interactive resources, like Kids Against Bullying (for younger children) and Teens Against Bullying. These are interactive and age-appropriate websites designed to educate about bullying and encourage action to prevent it.

PACER provides classroom resources and peer advocacy tools. PACER coordinates National Bullying Prevention Month in October each year. Visit PACER's National Bullying Prevention Month Facebook page or http://www.PACER.org/bullying for more information about the event and how to participate.

Indicators: 1.4.a. Traditional high school students reporting being bullied in the past 12 months: 23% (YRBS, 2011)
1.4.b. Alternative high school students reporting being bullied in the past 12 months: 16.8% (YRBS, 2011)
1.4.c. Traditional high school students who agree/strongly agree that they feel they matter to people in the community: 64% (YRBS, 2011)
1.4.d. Alternative high school students who agree/strongly agree that they feel they matter to people in the community: 46% (YRBS, 2011)

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[9] Since 1990, population-based surveys of American adolescents that have included questions about sexual orientation have consistently found rates of suicide attempts reported by LGBTQ youth 2-7 times higher than average. "Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations," A. P. Haas et al., *Journal of Homosexuality* (Jan. 2011) (available online at http://www.informaworld.com/smpp/section?content=a931819675&fulltext=713240928).

[10] *Id.* "Over the past decade, consensus has grown among researchers that at least part of the explanation for the elevated rates of suicide attempts and mental disorders found in LGB people is the social stigma, prejudice and discrimination associated with minority sexual orientation (Cochran, Mays & Sullivan, 2003; de Graaf at al., 2006; King et al., 2008; Mays & Cochran, 2001; McCabe, Bostwick, Hughes, West, & Boyd, 2010)."

[11] "Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior," Centers for Disease Control and Prevention (online at http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf).

[12] *Id.* at 4.

Strategy 1.5 ~ Communities will engage parents and other mentors important in the lives of children and youth in health promotion efforts.

In order for Alaskan youth to build healthy and appropriate relationships with adult role models, communities must engage parents and other mentors to be involved in the lives of children and youth. A 1995 impact study of Big Brothers Big Sisters programs documented a positive impact on the lives of children and youth served over several life domains implicated in suicide risk.[13] Reduced likelihood of initiating drug or alcohol use, reduced incidence of violent/antisocial behaviors, improved academic performance, and improved connection and relationships with parents and peers were all included.[14] This sort of change can be achieved through other efforts to connect youth with healthy mentors and role models. Anchorage United for Youth is an example of how a community can do this.

Anchorage United for Youth, led by United Way of Anchorage, is a community coalition focused on increasing opportunities for, and providing supportive adult relationships to, youth. It supports families and works to change community norms to promote positive lifestyle choices by youth.

Anchorage United for Youth was formed in 2007. In less than five years, this coalition and its partners have helped improve the graduation rate in the Anchorage School District by over 6% and reduced youth substance use.

Even the smallest village can assemble a group of healthy role models to help youth thrive. By encouraging parents, elders, and other adults to get involved in the lives of youth, every community can promote healthy lifestyles and connections with family and friends.

Resources:

United Way has shown success in engaging community members in all sorts of endeavors. In Juneau and Anchorage, the local United Ways have helped connect parents and mentors with health promotion efforts (*see also* Strategy 1.3). To find out how, contact United Way of Anchorage at (907) 263-3803 or Juneau Youth at United Way of Southeast Alaska at (907) 463-5530.

Indicator: 1.5.a. Students who would feel comfortable seeking help from one or more adults (besides their parents) if they had an important question affecting their life: 85% (YRBS, 2011)

Strategy 1.6 ~ Communities will prioritize building protective factors and resiliency in all comprehensive prevention efforts.

Some Alaskan communities are already engaged in collaborative prevention efforts to help children and youth thrive. Others are not. While prevention efforts that target people in crisis or at risk of suicide are effective, they focus on "fixing a problem" rather than building personal and community strength. By increasing protective factors in their youth and families, communities can prevent suicide – as well as violence, substance abuse, academic failure, and other social problems – far "upstream."

The Alaska ICE Initiative of the Alaska Association of School Boards is an example of how a concerted effort to promote connectedness and inclusion can have positive outcomes on many of the life domains (academic success, alcohol/drug

[13] *Making a Difference, An Impact Study of Big Brothers Big Sisters*, Public/Private Ventures at iii (2000 re-issue) (http://www.ppv.org/ppv/publications/assets/111_publication.pdf).
[14] *Id.*

use, personal safety) implicated in suicide risk.[15] The Anchorage Youth Development Coalition is a group of 60 youth-serving organizations working together to promote resiliency and health among Anchorage's children and youth. They offer intensive evidence-based training for people working with Anchorage's youth. This ensures that people working with youth have the tools and skills needed to help build protective factors and resiliency.

Alaskan communities can promote resiliency and protective factors against suicide risk. Focusing on the strength and talents of our children and youth can, over time, protect them from many of the underlying risks associated with suicide.

Resources:

The 40 Assets, part of the Developmental Assets framework developed by the Search Institute of Minnesota, provides concrete, common sense, and positive qualities essential to healthy development.

The Association of Alaska School Boards and Department of Health and Social Services created *Helping Kids Succeed – Alaskan Style.* This handbook is for parents, teachers, coaches, aunties, uncles, and community members. You can purchase a copy from the Association of Alaska School Boards for $15, or call the Council (which has a limited number of free copies).

Indicator: 1.6.a. Student Overall Connectedness (statewide, weighted): 3.49 (on a 1-5 scale)(SCCS, 2010).

Strategy 1.7 ~ Communities will participate in efforts to de-stigmatize suicide and accessing treatment for mental health crises.

The stigma associated with mental illness creates a significant barrier to accessing services. People are afraid of being judged or treated differently if they go to see a mental health professional. Stigma is especially serious among older Alaskans, a population with high rates of suicide.[16] Senior services providers have reported that it is often difficult to engage seniors in behavioral health services because of stigma. Veterans, active duty military, ethnic minorities, and youth are other groups for whom stigma is a barrier to accessing the help they need.

It is important for communities to explicitly address this stigma and to support people seeking help for depression, grief, and mental health disorders as part of suicide prevention efforts. Communities can develop their own anti-stigma efforts, or participate in ongoing efforts like Mental Health Awareness Week and the National Day Without Stigma, Mental Health Month, World Suicide Prevention Day, Children's Mental Health Awareness Day, and other widely recognized public awareness events.

Events such as the Walk for Life, television and radio public service announcements, and educational efforts can be as complex or as simple as a community's readiness and resources permit.

Resources:

Successful campaigns involve simple messages of hope: "Treatment Works and Recovery Happens," "It Gets Better," "What a Difference a Friend Makes," "Reach Out,"

[15] The Alaska Association of School Boards Initiative for Community Engagement is focused on creating positive school and community environments for Alaska's children. www.alaskaice.org

[16] From 2000 to 2009, the rate of suicide among Alaskans over age 85 (34.4/100,000) was almost as high as for adolescents and young adults. The actual number of suicides was low (13) but this is an alarming trend that bears further attention.

"Live to Ride, Call to Live." The Substance Abuse and Mental Health Services Administration offers a **FREE** tool to help develop an anti-stigma campaign: *Developing a Stigma Reduction Initiative* helps with planning, recruiting partners, and outreach. It includes public service announcement scripts.

SAVE (Suicide Awareness Voices of Education) is a national organization that offers many public education and anti-stigma materials. While these are not free, they can be customized. Visit www.SAVE.org for more information about the organization and the resources available.

Indicator: 1.7.a. Alaskans comfortable with a family member, coworker, guest, or neighbor experiencing mental illness: 77.3% (AMHTA, 2010)

Strategy 1.8 ~ Community organizations will offer supports to promote healthy families.

There are many ways a community can support families and promote healthy relationships. In some communities, there are agencies and coalitions specifically focused on providing these supports. Supports and skills are provided through a variety of community parenting classes offered by tribal health corporations and village clinics, hospitals, domestic violence shelters, churches/faith-based organizations, mental health centers, and other organizations.

Alaska's early childhood learning program, *thread,* offers supports and services, as well as local referrals, statewide. For more information, visit www.threadalaska.org.

In some communities, there are specialized services and supports for families with high risk situations. Examples of these programs include Alaska Youth and Family Network, helping families and youth engaged in mental health services, and Fairbanks Native Association, providing case management services to families engaged with the Office of Children's Services to help parents successfully engage in substance abuse treatment.

Unfortunately, not all communities have readily accessible parenting classes and supports, especially those designed for young parents, parents from other cultures, or parents with disabilities. In order for all Alaskan children to grow up protected from risk of suicide, communities must offer ways for families to build the skills necessary to help their children grow up healthy.

Resources:

The Alaska Association for the Education of Young Children (AEYC) offers a wide variety of services and supports for families and communities. In Southeast Alaska, they have partnered with Partnerships for Families and Children to offer an interactive calendar of parent and family events and resources organized by community. Find community programs at www.southeastfamilies.org or contact the coordinator at (907) 789-1235 to learn about how the partnership was formed and the resource developed.

In Anchorage, the public library offers the Ready to Read Resource Center, dedicated to promoting early literacy. This is a **statewide** resource for anyone working with infants and toddlers. The Resource Center has over 200 reading kits that can be loaned to child care centers, health clinics, churches/faith-based organizations, and other early childhood providers. Call (907) 343-2970 for more information.

Indicator: 1.8.a. Number of communities offering parenting/caregiver classes (new)

Strategy 1.9 ~ The State of Alaska will support peer-to-peer wellness promotion and supports as an integral part of health promotion and suicide prevention.

Peer support is an effective and affordable way to help people achieve and maintain recovery from all manner of illnesses, from cancer and diabetes to mental health and substance use disorders. Peer support is also an effective tool in promoting overall wellness and preventing suicide.

Peer support can take many forms. It can involve one-on-one counseling and support, or group support. Peer support can help someone cope with a chronic disease, like diabetes or mental illness, or overcome a periodic or temporary issue like grief.

The Natural Helpers and Youth Leaders peer programs in the Lower Kuskokwim and Northwest Arctic school districts are an excellent example of how youth mentoring and supporting youth can reduce risk of suicide. Peer-identified natural helpers receive training and guidance from teachers and school staff to share positive coping skills, peer counseling, and support with other students. These programs also provide a way for youth who have experienced a loss to suicide to support each other (a form of postvention).

While some communities, like Anchorage and Juneau, have active peer support networks, not all communities do. Peer support is a cost-effective and locally available way of helping promote physical, emotional, and mental wellness to reduce risk of suicide. The State of Alaska has begun efforts to expand peer support services in rural communities.[17] This commitment supports communities as they develop local peer support resources.

Resources:

The Alaska Peer Support Consortium is the statewide coalition of peer support providers offering technical assistance to help communities plan and develop local peer support services. Call (907) 258-2772 for more information.

The Alaska Mental Health Trust Authority's Beneficiary Project Initiative also provides technical assistance to peer support organizations. Call (907) 269-7960 for more information. The Division of Behavioral Health can also provide support to communities developing peer support resources. Contact the Vocational Specialist at (907) 269-2051.

Indicator: 1.9.a. Number of Alaskans receiving state funded peer support services (new)

[17] Annualized funding ($225,000 GF/MH) for rural peer support services was appropriated for FY12.

Goal 2: Alaskans Effectively and Appropriately Respond to People at Risk of Suicide

Strategy 2.1 ~ Alaskans know how to identify when someone is at risk of suicide, and how to respond appropriately to prevent a suicide.

Understanding the warning signs of suicide is the first step in helping someone in crisis. Appendix A includes an explanation of the warning signs and a pocket card you can carry with you.

There are many types of trainings available to help Alaskans better identify when someone is at risk of suicide. These trainings provide the skills and tools needed to help. Mental Health First Aid, Applied Suicide Intervention Skills Training, and SafeTALK are internationally recognized intervention models that are all available here in Alaska. We have people trained in these models in communities statewide, and the opportunity to be trained in them ourselves. We also have a Gatekeeper model developed right here in Alaska by the Department of Health and Social Services and University of Alaska.

Mental Health First Aid educates people about mental health disorders and crises and provides skills to identify and help when someone is developing a disorder or experiencing a crisis. It teaches how to respond and how to connect someone in crisis with professional help. It is a 12-hour training designed for everyone, not just mental health professionals. Mental Health First Aid teaches people how to help someone experiencing a wide range of mental health emergencies, including thoughts of suicide. Mental Health First Aid is coordinated through the Trust Training Cooperative, a state-funded health care workforce trainer. The cost is currently $85.00. Call (907) 264-6228 for more information.

ASIST stands for Applied Suicide Intervention Skills. It is a two-day training that increases understanding about suicide and provides skills to recognize suicide risk and intervene to prevent suicide. The Alaska Native Tribal Health Consortium coordinates ASIST trainings statewide. ASIST trainers have trained nearly 1,000 teachers, health aides, counselors, clergy, and others in communities from Barrow to Klawock, King Cove to Tok.[18] To learn more about hosting an ASIST training, contact Alaska Native Tribal Health Consortium Behavioral Health and Rural Services at (907) 729-3751.

safeTALK complements ASIST. It is a half-day training for anyone over age 15. safeTALK provides education about how to respond when someone expresses thoughts of suicide, how to identify a person at risk of suicide, and how to connect a person thinking about suicide to the resources to keep them safe. The TALK steps are Tell, Ask, Listen, and Keep Safe. The person at risk "tells" someone they are thinking about suicide. The

[18] A map of communities with local ASIST trainers is available at from ANTHC online at http://www.anthc.org/chs/wp/injprev/upload/Map-of-ASIST-Trainers-6-11.pdf.

safeTALK trained person "asks" the person what's going on and then really "listens" to the person. The last step is to connect the person with resources, like an ASIST trained intervention caregiver, so the person can "keep safe." To learn more about hosting an safeTALK training, contact Alaska Native Tribal Health Consortium Behavioral Health and Rural Services at (907) 729-3751.

Alaska Gatekeeper Training is designed to educate people about suicide and help them identify warning signs and risk factors for suicide as well as protective factors that could help someone get through a crisis. Gatekeepers learn active listening skills and how to develop a safety plan that includes referral to appropriate community resources. Call (907) 465-8536 for more information.

The Jason Foundation, which opened an Alaska affiliate in Fall 2011, offers students, parents, and teachers/youth workers the tools and resources to identify and help at-risk youth. This is accomplished through a series of programs and services that focus on information about the awareness and prevention of youth suicide. For more information, contact the Jason Foundation affiliate at (907) 264-4304.

Indicator: 2.1.a. Number of Alaskans trained in suicide prevention/intervention (new)

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

Even without special training, you can always encourage someone who you think is at risk of suicide to call Careline, Alaska's statewide suicide prevention and crisis intervention hotline. There is also a national Suicide Prevention Lifeline, a Veterans Suicide Prevention Hotline, and the Trevor Project hotline for lesbian, gay, bisexual, transgender and questioning youth. All of these are 24/7 confidential call lines. Some communities have a local or regional call line. A wallet card with all these numbers is provided in Appendix A. You are encouraged to cut it out and keep it in your wallet so you can share it with anyone who might need it.

Indicators: 2.2.a. Number of calls to Careline annually: 5,507 (2010)
2.2.b. Alaskans who report knowing how to access services for suicide prevention: 69.6% (AMHTA, 2010)

Strategy 2.3 ~ Providers of services to veterans will prioritize suicide prevention screenings and effective interventions.

Veterans are at a higher risk for suicide, with an annual rate that increased 50% between 2001-2008.[19] Research about suicide by members of the armed forces indicates that gender (male), depression, substance abuse, and relationship difficulties (divorce, infidelity, etc.),[20] as well as prior attempts, traumatic brain injury, access to firearms, and loss of a close friend or loved one to suicide are all contributors to suicide.[21] Also an issue is homelessness, which sadly many Alaskan veterans face – 7% of Anchorage homeless identified in the 2010 Project Homeless Connect were veterans.

As with any population, veterans and military service members benefit from programs that identify risk factors and address them with

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[19] *See* The War Within: Preventing Suicide in the US Military, Rand Corporation (2011).
[20] James LC, Kowalski TJ. Suicide prevention in an army infantry division: a multi-disciplinary program. Mil Med 1996; 161:97-101.
[21] Summary of The War Within: Preventing Suicide in the US Military, Rand Corporation, at 8-9 (2011).

effective – usually evidence-based – practices. The U.S. Air Force designed and implemented a universal, multi-layer suicide prevention program that involved many disciplines and engaged with service members throughout their system.[22] The result was a 33% decrease is the suicide rate over 6 years.[23]

The Veterans Administration has a robust suicide prevention program that includes a crisis line, specialized media tools and resources, local suicide prevention coordinators at every Veterans Administration Medical Center, an online clearinghouse, the "Ask, Care, Escort" model for identifying and connecting at risk veterans to services, and other tools.

Providers of services to Alaska's veterans should prioritize screening and early identification of warning signs/risk factors for suicide. This should include promotion of self-care and awareness. Evidence-based interventions should be chosen to specifically address the special needs of Alaska veterans – including homelessness, geographical barriers to accessing veterans health care services, stigma, and cultural differences. Use of telemedicine (through the systems provided by Alaska Native Tribal Health Consortium and Alaska Psychiatric Institute) should be encouraged and reimbursed so that veterans in rural Alaska have better access to mental health and substance abuse treatment service. Restriction of lethal means (Strategy 3.1) and effective postvention supports are also key to reducing suicide among Alaska's veterans.[24]

Resources:

The Anchorage Veterans Health Care Facility has a suicide prevention coordinator who works with mental health providers in the VA system to address suicide risk and responses. Call 907-257-4824 for more information.

The Department of Defense and Veterans Administration online clearinghouse is www.suicideoutreach.org. Outreach and awareness resources and education materials are available here. There is also a local resource center at the Anchorage Veterans Health Care Facility. Call 907-257-4824 for more information.

A national crisis line is available for veterans: 1-800-273-8255 and press 1. Veterans can also have a confidential online "chat" with trained staff at http://veteranscrisisline.net/.

The Veterans Health Care Administration offers Telehealth Services programs for some Alaskan veterans with chronic health disorders, including depression and PTSD. This program is not available to all veterans.

The AFHCAN System is the tribal health system's telemedicine program. This

[22] *See* Knox KL, Litts DA, Talcott GW, Feig JC, Caine ED. Risk of suicide and related adverse outcomes after exposure to a suicide prevention program in the US Air Force: cohort study. BMJ 2003; 327:1376

[23] *Id.*

[24] After an extensive review of research and program evaluations, the Rand Corporation identified best practices for preventing veteran suicide. These include: raising awareness and self-care, identification of those at risk, improving access to and providing quality care, restricting access to lethal means, and responding to suicides appropriately. *See* Summary of The War Within: Preventing Suicide in the US Military, Rand Corporation, at 10-11 (2011).

connects tribal health corporation clients to specialized services – including behavioral health services – not available in their local community. This system is not limited to clinical services; it can be used to deliver training to providers in remote communities.

Alaska Psychiatric Institute also coordinates tele-psychiatry services for the publicly funded behavioral health system. Like the AFHCAN system, the API Tele-behavioral Health Care Program can used for training.

Indicator: 2.3.a. Number of suicides among Alaska veterans (new)

Strategy 2.4 ~ Spiritual leaders will encourage suicide prevention awareness and training in their communities of faith/belief.

Many people considering suicide turn to a minister, clergy member, or spiritual leader for help.[25] This may be due to an existing relationship of trust with the spiritual leader or the lack of stigma associated with pastoral counseling (unlike that attached to mental health treatment services). In order for leaders of faith based groups to be prepared to help individuals at risk of suicide, they need to be trained to recognize suicidal tendencies and have the resources and abilities to intervene.

In addition to helping someone in crisis, spiritual leaders have an opportunity to encourage entire congregations to learn about the issues and warning signs of suicide, basic gatekeeper and advanced intervention skills, and how to support community members and families after a suicide occurs.

Spiritual leaders have an important role in responding when someone expresses thoughts of suicide directly, as well as in identifying when a congregant displays signs of risk of suicide. This does not mean ministers and spiritual leaders must become mental health professionals. Instead, by learning how to be a gatekeeper – someone who helps identify when someone is in crisis and then connects them to appropriate services – they can help prevent suicide among the members of their community of faith. Expanding that awareness and preparedness to include the entire congregation can strengthen the faith of a community and have a wider "ripple effect" through an entire region.

Resources:

Alaska Gatekeeper Training teaches about suicide and how to identify warning signs and risk factors, as well as protective factors that could help someone get through a crisis. Call (907) 465-8536 for more information. Other trainings are available (*see* Strategy 2.1 for more information).

The Suicide Prevention Resource Center has a catalog of more than 100 resources for clergy: Resource Scan of Faith-Based Materials Addressing Suicide Prevention. Brochures, prayers, web sites, and other training-related materials on topics including stigma, raising awareness of suicide, and depression are included. Most of these resources are available at little or no cost. Recommendations for leading suicide prevention efforts are also presented.

The Iason Foundation offers training and education resources for Christian youth groups. Contact the Jason Foundation affiliate in Alaska at (907) 264-4304.

[25] Suicide Prevention Resource Center, *The Role of Clergy in Preventing Suicide* (citing Goldsmith, S. K., et al. (Eds.). ***Reducing Suicide: A National Imperative (2002)).***

Indicator: 2.4.a. Number of spiritual leaders trained as Gatekeepers (new)

Strategy 2.5 ~ The primary health care system will prioritize suicide prevention screenings in practices.

People considering suicide often visit their primary care providers within days or weeks of taking their lives.[26] Primary care providers (doctors, nurses, physicians assistants, health aides, etc.) are on the front lines when it comes to preventing suicide. Unfortunately, few primary care providers receive training in suicide prevention as part of their education.

Rural primary care providers face additional challenges: a hectic practice, complicated by geography, lack of access to mental health services, and stigma. Stigma and discrimination regarding mental health is pervasive in many rural areas and hampers efforts to treat behavioral health problems.

There are resources for primary care providers. The Suicide Prevention Resource Center (SPRC) has developed a free tool kit with information and tools to allow primary care providers to implement a practice-wide suicide prevention practice that is connected with local and statewide resources. In addition to this free toolkit, technical assistance is available from the Council and Suicide Prevention Resource Center.

Suicide Prevention Toolkit for Rural Primary Care

http://www.sprc.org/pctoolkit/index.asp

Contact Kate Burkhart, Statewide Suicide Prevention Council, for more information about using the tool kit. (907) 465-6518.

[26] According to the Alaska Suicide Follow-back Study, 64% of the cases reviewed involved people who had seen their physician within 6 months of committing suicide. (Follow-Back Study at 38). This is confirmed as a trend among people who commit suicide nationwide by the Suicide Prevention Resource Center.

There are other practice models that focus more specifically on depression. IMPACT, a model developed at the University of Washington, has been implemented by the Anchorage Neighborhood Health Center and other Alaska providers to help identify adults with co-morbid depression and then offer care. The evaluation of IMPACT in other states shows positive outcomes for patients and providers, reducing risk of suicide by improving physical and mental well-being.[27]

Primary care providers can also implement standards of care and practices that promote wellness. Patient education about nutrition, Vitamin D, exercise, stress management, chronic disease management, prescription medications, and other health issues can help individuals better manage their health.

Indicators: 2.5.a. Number of practices implementing suicide prevention protocols (new)
2.5.b. Number of practices implementing IMPACT (new)

Strategy 2.6 ~ School districts will implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide (substance use, violence, depression, etc.).

Signs of Suicide and other school based screenings have been implemented in Alaska school districts with success. The Matanuska Susitna Borough School District has been actively screening and responding to students

[27] Learn more about the research and evaluation of IMPACT at http://impact-uw.org/about/research.html.

at risk for several years, reporting successful outcomes for students and teachers. The Juneau Douglas School District has tailored a student-centered response around the Signs of Suicide screening. Students receive wrap-around services to address all the problems (substance abuse, domestic violence, teen parenting, poverty) they face that contribute to suicide risk. The Lower Kuskokwim School District is also using evidence-based school screenings, to help address the youth suicide problem in their region.

Interested in how school-based screenings might work in your school district?

Contact the Department of Education and Early Development Suicide Prevention Coordinator at (907) 465-6523.

With these successes, and the strong research base[28] that shows how effective school-based screenings can be, Alaskan school districts have a foundation for expanding school screenings so that no student is left vulnerable to suicide. Screenings can be done in a way that balances student health with privacy and parental notification concerns while engaging parents and the community to protect youth from suicide.

Indicator: 2.6.a. Number of school districts implement evidence-based screening: 5 (2011).

[28] See "An Outcome Evaluation of the SOS Suicide Prevention Program," R. Aseltine, Jr. and R. DeMartino, (*Am. J. Public Health*, March 2004); see also the NREPP overview of Signs of Suicide for additional research/ evaluation (available online at www.nrepp.samhsa.gov/ViewIntervention.aspx?id=53).

Strategy 2.7 ~ Senior services providers will implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide (substance abuse, violence, depression, etc.), too.

There has been an alarming increase in suicide among Alaskans over age 65 since 2000.[29] Many people think depression is just part of "getting old," but it's not. Nor is feeling lonely, hopeless, or worthless. Neglecting to pay attention to the mental and emotional well-being of Alaskan seniors increases the risk of suicide. Just like schools are a primary environment for addressing youth suicide, senior centers and senior services providers are a primary environment in which to address suicide among seniors.

While every senior services provider may not be able to screen older Alaskans for suicide risk or contributing factors, there are many ways that senior services providers can help identify and respond when a senior is at risk of suicide. Nursing homes conduct basic periodic screenings, asking residents if they are feeling suicidal. Some medical practices are using IMPACT (*see* Strategy 2.3), SBIRT,[30] and other integrated care models to help identify seniors at risk of depression and/or suicide.

[29] See *Mending the Net*, FY10 Annual Report at 9 (http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/2010SSPCAnnualReport.pdf).

[30] Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care. For more information, visit http://www.samhsa.gov/prevention/SBIRT/index.aspx.

Resources:

In 2011, the Council provided copies of *Promoting Emotional Health and Preventing Suicide, A Toolkit for Senior Living Communities* to senior centers statewide.

This is a free toolkit, available online, that can help senior living communities promote the mental health of clients and prevent suicide. It contains resources for an agency to conduct in-service style training for staff. For more information about the toolkit, or help using it, call the Council at (907) 465-6518.

Indicator: 2.7.a. Rate of suicide, Alaskans age 65-84: 18.8 (2000-2007, crude rate, AABVS)[31]

Strategy 2.8 ~ The State of Alaska and its partners will engage village police and public safety officers in developing tailored community-based responses and protocols for responding to crises.

Anchorage, Fairbanks, and Juneau have Crisis Intervention Team[32] (CIT) trained officers to help respond appropriately to suicide emergencies. These trainings are made possible through a partnership between the municipalities, NAMI, and the Alaska Mental Health Trust Authority. Communities with CIT officers report positive outcomes for mental health consumers and officers, with crises more often averted than escalating.

[31] The crude rate average for 2000-2007 is used due to the small sample size. The average crude rate for individuals over age 84 was not included, due to the very small *n* of the sample. However, this population will continue to be monitored for upward or downward trends.

[32] The Crisis Intervention team model was developed by the police department in Memphis, Tennessee. It is a community partnership to ensure effective and appropriate law enforcement responses to situations involving mental health consumers. Learn more at http://www.memphispolice.org/crisis%20intervention.htm.

Cynthia Erickson and Alaska Wildlife Trooper Jon Simeon, part of the Live to Ride, Call to Live suicide prevention campaign in 2011. (Photograph courtesy of Beth Ipsen, Department of Public Safety)

CIT training is not offered as a standard part of training offered to public safety officers or village law enforcement. It may be that an essentially urban community policing model is not best suited for the everyday situations faced by Alaska's rural law enforcement officers. Instead, a tailored community-based response and protocol that provides support to the often only officer in a community may be a better tool for preventing suicide in Alaska's villages and rural towns.

This community-based model should include elements of postvention and critical incident stress management, to ensure that first responders to a suicide in a small community have the supports needed to deal with the experience.

Resources:

Information about the Crisis Intervention Team model is available from the Memphis Police Department, online or from the CIT Coordinator (901) 636-3700. For information about developing a CIT training, contact NAMI-Fairbanks at (907) 456-4704.

For information about Critical Incident Stress Management and other postvention

trainings, contact the Alaska Police and Fire Chaplains' Ministries at (907) 272-3100.

Indicators: 2.8.a Number of officers attending CIT trainings annually (new)

2.8.b Number of communities with Emergency Response Plans that include responding to a suicide (new)

Goal 3: Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts

Strategy 3.1 ~ Communities will partner with non-traditional organizations to raise awareness about limiting access to lethal means (guns, drugs, alcohol, etc.).

From 2003-2008, 55% of Alaskan suicides were by firearm.[33] The number of suicide attempts and deaths by poisoning (drugs, alcohol, prescription medication, etc.) is increasing. In 2005, the Alaska Trauma Registry published a review of suicide hospitalizations for 2001-2002. During that time, 77% of hospital visits resulting from suicide attempts (or other self-harm) involved an overdose on medications. Of those medication overdoses, 64% were prescription medications. Tylenol was the most common medication on which children age 0-19 years overdosed.[34] The Alaska Violent Death Reporting System reported that 20.1% of suicides in 2003-2008 were by hanging.[35]

Preventing suicide means preventing access to means of suicide.[36] The American Association of Suicidology recommends supervision of youth by parents and communities, maintaining drug and alcohol free homes, and safely storing guns as a universal means of preventing suicide.[37] Effectively preventing access to the most common lethal means includes looking widely for partners to help raise awareness and promote safety.

Communities in the Bristol Bay region have a unique relationship with the local housing authorities – not a usual partner in suicide prevention – to help prevent suicide in Dillingham and the region's villages. Bristol Bay Area Health Corporation, Bristol Bay Housing Authority, and the Alaska Native Tribal Health Consortium partnered to install gun lockers in village homes in the region. This project was so successful that it expanded from one region in 2009 to two regions in 2010 and four regions in 2011.[38] These programs have proven, in Alaska and elsewhere, to help reduce the number of suicides in communities where implemented.

Promoting effective and safe prescription drug disposal is another way of reducing

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[33] *Alaska Violent Death Reporting System Report 2003–2008*, August 2011 at 11 (available online at http://www.epi.hss.state.ak.us/injury/akvdrs/assets/AKVDRS.pdf).

[34] *Alaska Suicide Hospitalizations 2001-2002*, Alaska Injury Prevention Center at 4 (2005) (available online at http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/SuicideHospitalizations.pdf).

[35] *Supra* n. 25 at 11.

[36] See *Consensus Statement on Youth Suicide by Firearms*, American Association of Suicidology (1998) (online at http://www.suicidology.org/c/document_library/get_file?folderId=235&name=DLFE-44.pdf).

[37] *Id.* at 3.

[38] Alaska Native Tribal Health Consortium has participated as a partner in all these gun locker projects. More information about the project is available at http://www.anthc.org/chs/wp/injprev/suicide-and-suicide-attempt-prevention.cfm. A similar project implemented in Norway resulted in reduction of firearm suicides by almost half (more information at http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/#norway).

lethal means. The Senior Behavioral Health Coalition began assembling partners to conduct disposal events in 2009. These events continue to grow and are usually held in conjunction with the National Drug Take Back Initiative. Ketchikan's Wellness Coalition. of which the local suicide prevention task force is a part, helped establish a permanent way for people to safely dispose of their unused medications by partnering with the local police department.

These are just two examples of how Alaskan communities are working to restrict access to lethal means. There are other ways. Some are as simple as locking away prescription and over-the-counter medications. Keeping liquor cabinets locked is another way of limiting access to the means of suicide. Other strategies include evidence-based education and intervention models,[39] partnering with medical schools to train new doctors on lethal means restriction, and implementing prescription drug monitoring systems.

Interested in learning how to start a gun locker project in your community?

Contact the Injury Prevention Program at the Alaska Native Tribal Health Consortium (907) 729-3799.

Go to Means Matter, from the Harvard School of Public Health, for more information and examples of effective restriction programs.

[39] The Emergency Department Means Restriction Education model is part of the SAMHSA evidence-based practice registry, available online at: http://nrepp.samhsa.gov/ViewIntervention.aspx?id=15.

Indicator:

3.1.a. Rate of suicides by firearm: 55% (AKVDRS, 2003-2008)

3.1.b. Rate of suicide by poisoning/overdose: 22% (AKVDRS, 2003-2008)

Strategy 3.2 ~ The State of Alaska and its partners will make training in evidence-based suicide prevention and intervention models accessible to all interested Alaskans.

Training in several suicide prevention and intervention models is available to Alaskans. Some are evidence-based and some are not. Some are more expensive than others, which means that some Alaskans can't afford to be trained to help someone in crisis.

Mental Health First Aid. is coordinated through the Trust Training Cooperative. a state-funded health care workforce trainer. The cost of the training is currently $85.00. Call (907) 264-6228 for more information.

Applied Suicide Intervention Skills Training (ASIST) is coordinated by the Alaska Native Tribal Health Consortium. The training cost is currently $35.00 per trainee plus costs of the trainers' travel expenses. To learn more about hosting an ASIST training, contact Alaska Native Tribal Health Consortium Behavioral Health and Rural Services at (907) 729-3751.

Gatekeeper Training is offered through the Department of Health and Social Services Division of Behavioral Health and is **FREE.** Call (907) 465-8536 for more information.

The Iason Foundation offers students, parents, and teachers/youth workers the tools and resources to help at-risk youth. These programs are offered at no cost. Call (907) 264-4304 for more information.

One way to ensure that all Alaskans have access to training and ongoing support would

be to enhance Alaska's Gatekeeper program. The Gatekeeper program could be tailored to meet the level and areas of need for specific groups if a more robust pre-training process of assessing current competencies, goals for the training, and plans for implementing the skills learned was undertaken.

This pre-training process would need to include a complete assessment of available resources for someone in crisis. This would help Gatekeepers learn where to refer someone at risk of suicide and how to access those services. If Gatekeeper trainings were coordinated with local suicide/wellness coalitions, Gatekeepers would have a local source of support and resources to help them use their skills more confidently and effectively in the community.

While many Alaskans have been trained as Gatekeepers, there is no capacity for ongoing support or periodic "refresher" trainings. If all trained Gatekeepers were connected through a StopSuicideAlaska.org online community, they could provide support and share resources more effectively. They could also create and make use of a learning network through StopSuicideAlaska.org (*see* Strategy 4.4).

These intensive suicide prevention trainings are very valuable, but they are not the only options. In an effort to make suicide prevention training accessible and affordable, the Juneau Suicide Prevention Task Force and local NAMI affiliate developed a video-based training that is offered monthly to the public.

By responding to the opportunity presented during a 2010 visit from a grief and bereavement expert, Dr. Bob Baugher, the local coalition and its partners were able to develop a video and curriculum – *Building Intervention Skills* – that can be offered at no cost to attendees. This sort of community led education and awareness building is a key component to preventing suicide.

Want to learn more about the Building Intervention Skills training?

Contact NAMI Juneau at (907) 463-4251

The State of Alaska can ensure that every Alaskan who seeks to be trained to prevent a suicide has access to training by a) providing adequate funding to support scholarships/ sliding fee scales for the intensive trainings like ASIST and b) providing flexible grant funding for community coalitions and organizations seeking to develop culturally and/or locally relevant and accessible trainings.

Indicator: 3.2.a. Number of Alaskans trained in suicide prevention/intervention (new)

Strategy 3.3 ~ The State of Alaska will mandate evidence-based suicide prevention and intervention training for all school district personnel.

In Alaska, the suicide rate for young men age 15-24 is 56.1 per 100,000; for young women, it is 16.6 per 100,000.[40] For Alaska Natives, the rate for this age group is 141.6 per 100,000 for young men and 50.3 per 100,000 for young women.[41] To connect with this high-risk group, suicide prevention must be

[40] Data is for the period 2000-2009, provided by the Bureau of Vital Statistics.
[41] *Id.*

part of the education system. Research shows that, when educators and staff are equipped with the skills and support to identify when a student is at risk and properly intervene, lives are saved.

The Alaska Association of Student Governments (AASG), a statewide organization of student leaders, recognizes the importance of teachers and school staff being trained in suicide prevention. They passed a resolution calling for teachers to receive suicide prevention training in 2011. The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse, in partnership with the Council and AASG, have advocated for funding to make training available for all Alaskan secondary school educators and staff.

By requiring – and making resources available for – suicide prevention training for educators and school staff, the State of Alaska can ensure that youth experiencing depression, hopelessness, and other risk factors associated with suicide are identified and connected with the help they need before they attempt suicide.

Resources:

The Iason Foundation offers training and resources for teachers, coaches, etc. Call (907) 264-4304 for more information. Kognito Interactive offers interactive online training for high school and university educators and staff (as well as other health education training). School personnel can also take advantage of other training opportunities (*see* Strategy 2.1 for more information).

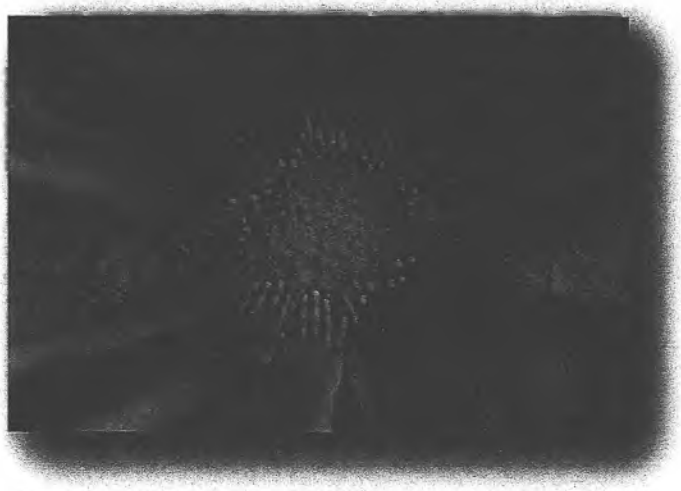
Indicator: 3.3.a. Number of school districts offering suicide prevention training to educators/staff (new)

Strategy 3.4 ~ Communities will develop wellness coalitions that include suicide prevention in their mission/area of focus.

Given the "web of causality" underlying suicide, it is important that local efforts to prevent substance abuse, violence, school drop outs, etc. are coordinated with health promotion efforts. Blending efforts to build protective factors and reduce risk factors will more comprehensively address the many factors involved in suicide.

Some communities, like Juneau, Bethel, Fairbanks, and Barrow, have active suicide prevention coalitions. Other communities have coalitions that include, but are not focused on, suicide. Ketchikan has ensured that suicide prevention is linked to health promotion and other prevention efforts in the community by making their suicide prevention coalition, SPEAK, a sub-committee of the umbrella wellness coalition. This has helped coordinate the community's overall prevention and health promotion efforts over several years, increasing their impact throughout Ketchikan.

It only takes one or two champions to start a health or wellness coalition, as long as the community is ready to come together to address the specific concerns facing their people. In other communities, coalitions form to address a serious issue under the



leadership of a respected person or agency.

For some communities, a planning process is necessary to identify those concerns. The Mobilizing for Action through Planning and Partnerships (MAPP) and COMPASS II (q United Way of America community assessment tool) planning frameworks have seen success in Homer, Fairbanks, Juneau, and other Alaskan communities.

Whether starting a new coalition or expanding an existing coalition to address suicide, Alaskan communities must provide a meaningful role and opportunity for leadership to youth, survivors of an attempted suicide, and survivors of a loss to suicide. By including these important stakeholders, coalitions can support the strategies in Goals 1 and 4. They can also engage the people in their community with the most to share with and learn from the coalition.

Resources:

You can connect with Alaska coalitions and learn from their experience. This has worked well for Ketchikan and Juneau, communities where the coalitions have shared to inform each other's efforts.

The Suicide Prevention Resource Center provides a list of resources, as well as technical assistance, to communities developing suicide prevention coalitions. Visit these resources online at www.sprc.org/taking_action/build.asp.

The National Highway Traffic Safety Administration has a "how to" guide for coalition building. Community Anti-Drug Coalitions of America (CADCA) offers a host of resources, publications, webinars, and trainings to help people create, grow, and maintain community coalitions. These resources focus on substance abuse prevention, but are very helpful. CADCA also offers training and tools for youth leaders and youth-led coalitions (http://www.cadca.org/training-events).

Indicator: 3.4.a. Number of active wellness and suicide prevention coalitions (new)

Strategy 3.5 ~ Community suicide prevention efforts will expressly address the contributing factor of substance abuse.

Alcohol and drugs play a role in the suicide problem in Alaska but they are not a cause of suicide.[42] In some cases, the addiction of a parent or parents creates an environment in which a child cannot grow up safely. In some cases, a person with an undiagnosed mental illness self-medicates with drugs or alcohol to feel better but inadvertently increases the risk they will commit suicide. In some cases, the use of drugs or alcohol decreases the natural inhibitions that would prevent someone from acting on a suicidal impulse. Whatever the case, the role of drugs and alcohol in suicide in Alaska is clear.

In order for a community to effectively address suicide, the contributing factor of substance abuse must also be addressed. This can be done through a single comprehensive wellness coalition, coordination of substance abuse and suicide prevention efforts through an organization like the Ketchikan Wellness Coalition, or through regular and consistent partnerships between existing prevention groups.

Implementing this strategy might be hard in communities that have made possession and use of alcohol unlawful. It might be difficult to deal with substance abuse openly when there are legal consequences, as well as

[42] For discussion of the data related to drugs, alcohol, and suicide, go to *Mending the Net*, FY10 Annual Report at 10 (http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/2010SSPCAnnualReport.pdf).

issues of reputation and stigma. However, it is important to recognize that, even in "dry" communities, drugs and alcohol are contributors to suicide.

There are resources to help coalitions bring suicide and substance abuse prevention together. Because the State of Alaska focuses on comprehensive prevention programs based on the Strategic Prevention Framework, the Division of Behavioral Health is an excellent resource. The Advisory Board on Alcoholism and Drug Abuse can also provide technical assistance. The Suicide Prevention Resource Center has specialized tribal technical assistance as well as general support for community coalition building.

Indicators: 3.5.a. Rate of adult binge drinking: 17.9% (BRFSS, 2009)
3.6.b. New mothers reporting that someone close to them had a bad drinking/drug problem: 13.1% (CUBS, 2009)

Suicide Prevention Resources

Division of Behavioral Health
(907) 465-8536

Statewide Suicide
Prevention Council
(907) 465-6518

Advisory Board on Alcoholism and
Drug Abuse
(907) 465-8920

Suicide Prevention
Resource Center
1-877-438-7772

Strategy 3.6 ~ The State of Alaska will coordinate all prevention efforts across all departments and divisions, to ensure that Alaska has a comprehensive prevention system that recognizes the "web of causality" implicated in suicide, substance abuse, domestic violence, bullying, child abuse, teen risk behaviors, poor school performance, etc.

The factors involved in suicide include a wide range of personal and environmental issues: depression and mental illness, poverty, sexual assault, bullying, lack of education, unemployment, historic trauma and loss of culture, alienation, grief, victimization and exploitation, alcohol abuse, addiction, and others. By addressing these factors in a unified and cohesive way through health, education, employment, and community development efforts, the State of Alaska could reap far reaching benefits with greater efficiency.

The National Prevention Strategy, released in June 2011, emphasizes the need for broad collaborations between state, tribal, and community organizations involved in prevention. States are encouraged to support truly comprehensive prevention efforts that involve all governmental departments and broad groups of stakeholders in creating healthy and safe communities, improving community and clinical prevention, empowering individuals to make good health and lifestyle decisions, and eliminating health disparities. Alaska employed this sort of model at the community level with the Alaska Tobacco Prevention and Control Program – and successfully reduced the amount of cigarette sales to adults by almost 50%, to a

level below the national average.[43] (It is important to note that this success took significant investment of resources and over 15 years to achieve.)

Resources:

Alaska has already undertaken this sort of interdepartmental collaboration with the Criminal Justice Working Group. The commissioners of Health and Social Services, Corrections, Public Safety, and Education and Early Development, as well as the Chief Justice of the Alaska Supreme Court, work through this group on joint efforts to prevent crime and reduce recidivism.

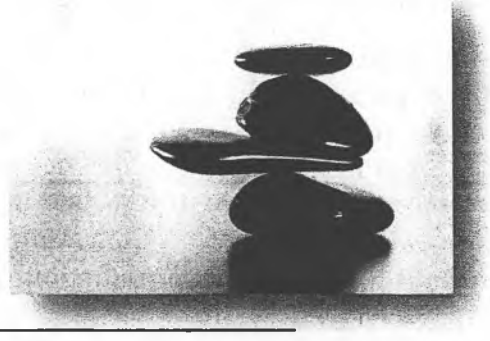
A similar sort of interdepartmental collaboration is involved in Governor Parnell's Choose Respect initiative to end domestic violence and sexual assault in Alaska.

Indicator: 3.6.a. Number of executive agencies and partners engaged in a comprehensive prevention workgroup (new)

Strategy 3.7 ~ The State of Alaska will balance the policy of comprehensive and integrated prevention with the use of evidence-based practices to achieve verifiable outcomes reducing the impact of suicide, substance abuse, violence, sexual abuse, and mental illness on communities.

An evidence-based practice is a prevention program or intervention shown to be effective through strong scientific research. Evidence-based practices have been evaluated and peer reviewed to ensure quality and integrity. When available and used with fidelity in an appropriate context, an evidence- based practice ensures that the intervention will achieve the desired outcomes. Promoting use of evidence-based practices will help spread effective suicide prevention programs and interventions throughout Alaska, benefiting more communities and families. Use of evidence-based practices is part of the National Strategy for Suicide Prevention (NSSP),[44] which includes a specific objective of increasing the number of evidence-based suicide prevention programs in schools, colleges and universities, work sites, correctional institutions, aging programs, and family, youth, and community service programs.

Part of requiring that grantees use evidence-based practices is providing the support and technical assistance needed to implement them effectively. The State of Alaska has provided this sort of technical assistance to prevention grantees, particularly those funded by the Strategic Prevention Framework State Incentive Grant. However, technical assistance resources are limited and do not always meet grantees' needs.



[43] Between FY96 and FY09, the number of cigarette packs sold per adult in Alaska dropped 48%, from 128.6 packs to 67.4 packs per adult. This drop in cigarette sales translates to 405 million fewer cigarettes sold in Alaska in 2009 compared to 1996. (*Tobacco Prevention & Control in Alaska Annual Report: 2009 Update*, Alaska Department of Health and Social Services, http://www.hss.state.ak.us/dph/chronic/tobacco/PDF/TobaccoARFY09.pdf).

[44] The National Strategy for Suicide Prevention Goals and Objectives for Action: Summary is available online at http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp.

By coordinating with the Council, Alaska Native Tribal Health Consortium, and other in-state providers of technical assistance – as well as the Suicide Prevention Resource Center, Substance Abuse and Mental Health Services Administration (SAMHSA), and other national sources of technical assistance, the State of Alaska can expand the supports available to prevention providers. This will enhance the delivery of suicide prevention services, having greater impact statewide.

Resources:

The National Registry of Evidence-based Programs and Practices is a searchable online database of more than 200 peer reviewed interventions in mental health promotion, substance abuse prevention, and mental health and substance abuse treatment (www.nrepp.samhsa.gov/).

The Best Practices Registry for Suicide Prevention is a searchable online database from the Suicide Prevention Resource Center. It includes evidence-based suicide prevention interventions, expert statements, and other less rigorously evaluated practices that are aligned with the objectives of the National Strategy for Suicide Prevention (www2.sprc.org/bpr/index).

Indicator: 3.7.a. Percentage of state grantees using evidence-based practices (new)

Strategy 3.8 ~ The State of Alaska will provide financial and technical support for innovative, research-based suicide prevention practices.

While there are many evidence-based practices that can be implemented in Alaska to help prevent suicide, we must recognize that our state is unique: geographically, culturally, economically, and spiritually. Our people are smart, creative, and dedicated to improving the lives of our neighbors so that no one feels that suicide is the only option. With these strengths and talents, Alaskans can – and have– created promising suicide prevention programs and interventions.

The Qungasvik Project was developed through inclusive and participatory research by the Center for Alaska Native Health Research, Alakanuk, and another Southwestern village, with substantial support through a National Institutes of Health grant. Qungasvik is founded on traditional Alaska Native values and traditions, to build protective factors and resiliency while healing any hurt. They were able to create a suicide prevention practice that resonated with community members and met rigorous evaluation and review standards.[45] One participant, Marvin Kelly, described the Qungasvik Project as "celebrating life" instead of "suicide prevention" – taking a strength based approach to resolving the underlying contributors to suicide. In FY12, the State of Alaska provided an additional $1.5 million to extend this project in Southwest Alaska.

Creating, testing, and evaluating an Alaskan suicide prevention practice takes time,

[45] Read about the Qungasvik Project in *Aurora Magazine*, Fall 2009 (http://www.uaf.edu/aurora/archives/fall-2009/canhr/). Contact the Center for Alaska Native Health Research at (907) 474-5528 for more information about this and other participatory research efforts.

expertise, and funding. There is no consistent source of funding or resources for developing innovative, research-based practices. By providing financial and technical support to develop research-based practices, the State of Alaska will enrich our suicide prevention system and help every Alaskan take responsibility for preventing suicide (Goal 1).

Resources:

The Center for Alaska Native Health Research (CANHR) and University of Alaska Anchorage Center for Behavioral Health Research and Services have experience and credibility in this field. The CANHR focus on collaborative research in partnership with local people is very well suited to Alaska's cultural differences and traditions. The Center for Behavioral Health Research and Services has been active in the evaluation of suicide prevention projects in Alaska.[46]

Indicator: 3.8.a. Number of Alaskan research-based suicide prevention practices receiving state funding/technical assistance: 2 (2011).

Strategy 3.9 ~ The State of Alaska will coordinate and support stigma reduction efforts around mental illness, addiction, depression, and suicide.

Stigma is not just a major barrier to accessing mental health care. It prevents people from reaching out to someone they suspect might be suicidal or experiencing a mental illness or addiction. Stigma can also prevent a survivor from talking about what happened or asking for help, because he or she is afraid of being judged – often when they need help most.

The Council's 2011 media campaign *How Are You Really Doing?* was designed to educate about suicide and encourage action to help someone at risk of suicide. The Alaska Mental Health Trust Authority partners with the Council, Advisory Board on Alcoholism and Drug Abuse, and Alaska Mental Health Board to educate people about the realities of suicide and behavioral health disorders. The *You Know Me* and *Treatment Works, Recovery Happens* campaigns are part of these anti-stigma efforts. It is important that the State of Alaska continue these efforts and broaden them to reach every Alaskan. Research shows that knowledge of mental illness and suicide is not enough to eradicate stigma. Effective campaigns include direct contact with people who experience or have experienced suicidal thoughts, depression, or mental illness and with people who have experienced a loss to suicide.[47] Effective anti-stigma campaigns do not just educate – they transform fear and ignorance into concern and compassion.

Resources:

The Council, Department of Health and Social Services, and Alaska Mental Health Trust Authority partner with organizations in anti-stigma campaigns. Contact the Council at (907) 465-6518 for more information.

Indicator: 3.9.a. Alaskans comfortable with a family member, coworker, guest, or neighbor experiencing mental illness: 77.3% (AMHTA, 2010)

[46] Read about active and completed evaluation projects at the Center for Behavioral Health Research and Services website (http://www.uaa.alaska.edu/cbhrs/).

[47] For a more in depth discussion of the roots of stigma and research about effective ways to address it, see *Mental Health: A Report of the Surgeon General*, Chapter 1 (US Department of Health and Human Services, 1999).

Goal 4: Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services They Need

Strategy 4.1 ~ Alaskans know who to call and how to access help — and then ask for that help — when they feel like they are in crisis and/or at risk of suicide.

Part of preventing suicide in Alaska is being aware of when we ourselves are potentially at risk – and then reaching out for help. Periodically ask yourself if you have any of the warning signs (there is a wallet card in Appendix A you can cut out and keep handy). If you answer yes, **ASK FOR HELP!** Your life is precious, and you are not alone.

Resources:

If you do not have someone you feel comfortable talking to, or you aren't sure who to talk to, help really is just a phone call away.

Indicator: 4.1.a. Number of calls to Careline annually: 5,507 (2010)

Strategy 4.2 ~ Community behavioral health centers will provide outreach to ensure that community members know what services are available and how to access them.

In order for Alaskans to know where to go for help, community behavioral health centers must provide outreach. In some communities, the behavioral health center is a partner in the wellness or suicide prevention coalition. However, this is not true of all communities.

Providing outreach and information about how to access services is key to effectively preventing suicide. Alaskans experiencing depression and other mental health disorders need to know where to go for help – before they experience a crisis and become at risk for suicide.

CARELINE
CRISIS INTERVENTION

1-800-273-8255
www.carelinealaska.com

Resources:

Outreach can be as simple as creating a Facebook page and linking it to the local coalition's page and StopSuicideAlaska.org. Outreach can include having booths at local health fairs, public markets, and other venues. It can involve a free public service announcement on the radio or scanner channel (often very effective in rural communities). However the community behavioral health center engages in outreach, the message should include Careline information, what services are available locally, and how to get help when someone is having thoughts of suicide.

Indicator: 4.2.a. Number of community behavioral health centers reporting outreach (new)

Strategy 4.3 ~ Community health providers will offer bridge services for young people identified as experiencing serious emotional disturbance or other behavioral health disorders after age 18/21.

Youth and young adults are Alaska's highest risk group for suicide, with rates up to five times the national average.[48] While communities and states have invested heavily in the adolescent mental health system, the services for youth transitioning to adulthood are not always seamless. Many youth and young adults experiencing a behavioral health disorder face increased stress and risks during this time. Community health providers need to partner to provide bridge services to maintain mental and emotional stability – and sobriety, sometimes – so that youth can effectively move into adulthood. Southcentral Foundation's Denaa Yeets' program offers case management, information and referrals to services for young adults at risk of suicide and their families. In order to expand these sorts of programs, the State of Alaska must prioritize resources for these bridge services (which currently aren't always paid for by parents' or public insurance programs).

Resources:

The State of Alaska has invested in services for transition-age youth. Grant funds for programs for youth coming out of foster care, tuition waivers, job training services, and transitional housing have increased.

Indicator: 4.3.a. Number of Alaskans age 18-24 experiencing serious behavioral health disorders who receive mental health services (new)

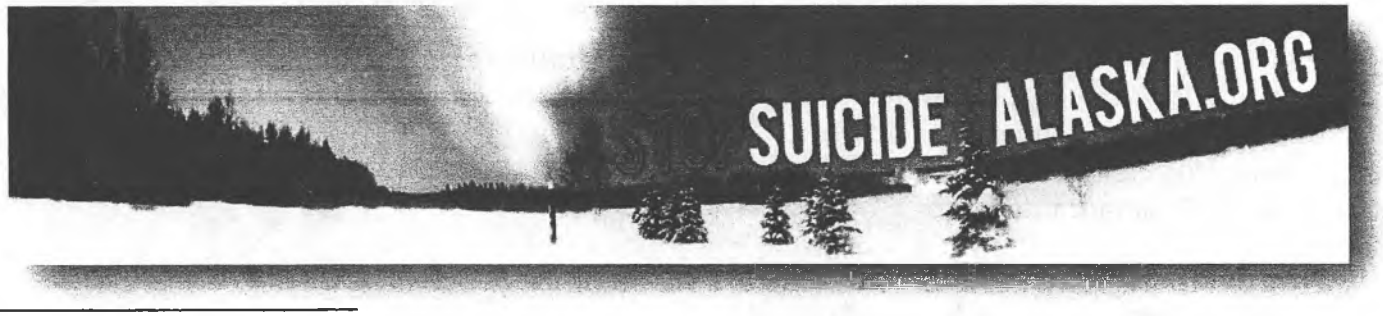
Strategy 4.4 ~ The State of Alaska and its partners will, through StopSuicideAlaska.org, create and support a learning network among communities to share ideas and strategies that work.

Many resources are provided in this Plan, and many more exist here in Alaska and from national and other states' organizations. We learn how to prevent suicide through education, experience, and sometimes, heartache. Sharing that wisdom effectively requires having a central learning network where every Alaskan can access information and resources (at low or no cost) to help prevent suicide.

Resources:

StopSuicideAlaska.org provides an excellent platform for this learning network, but it requires partners to give life to the learning network. Interested in helping? Contact the Council at (907) 465-6518.

Indicator: 4.4.a. Number of active group administrators on StopSuicideAlaska.org (new)



[48] *Mending the Net*, FY10 Annual Report at 9 (http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/2010SSPCAnnualReport.pdf).

Goal 5: Alaskans Support Survivors in Healing

Survivors include individuals who have experienced a loss to suicide and those who have attempted suicide

Strategy 5.1 ~ Survivors of a loss to suicide know about suicide prevention resources and how to participate in suicide prevention efforts that support their own healing.

Survivors of a loss to suicide need their own forms of support and help. Just like with any grieving process, what a particular survivor needs can be as unique as the person. Survivors' support groups are one way that people can find help, but there are others. Cultural activities, healing circles, therapy, or counseling – all are sources of support.

Not every community in Alaska has a survivors' support group. In addition to formal survivors' support groups, survivors can support other survivors informally. Whether it's by reaching out through local suicide prevention coalitions or one-on-one, establishing informal networks to help survivors, or incorporating cultural traditions to help healing, individuals can share their experiences and support ongoing healing.

Resources:

- Survivors can connect through support groups in Fairbanks. Contact Fairbanks Counseling and Adoption at (907) 456-4729.
- Survivors can also connect informally through StopSuicideAlaska.org and its social media outlets. There is a map of active groups on StopSuicideAlaska.org.
- The American Foundation for Suicide Prevention has a database you can search for online and in-person groups, as well as a Survivor Outreach Program.

Indicator: 5.1.a. Number of survivor support groups with contact information available on StopSuicideAlaska.org: 1 (2011)

Strategy 5.2 ~ The State of Alaska will provide resources, tools, and technical support for community postvention efforts, with emphasis on natural, organic responses developed in the community.

The Council and Division of Behavioral Health developed the Postvention Resource Guide. This guide provides tools, information, and resources for use after a suicide occurs.

Resources:

- The Postevention Resource Guide is available online on the Council's website. You can also request a printed copy from the Division of Behavioral Health. Call (907) 465-8536 for a copy.
- Training on the Postvention Resource Guide was provided in June, 2011; on-going technical assistance is available from the Division of Behavioral Health. Call (907) 465-8536 for information.

Indicator: 5.2.a. Number of Alaskans trained in the Postvention Resource Guide: 70 (2011)

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

Strategy 6.1 ~ The State of Alaska will improve statewide suicide data collection efforts, employing epidemiological standards/models to ensure quality reporting, analysis, and utilization for timely data-driven policy decisions.

Suicide attempt and completion data is collected through the Alaska Trauma Registry and the Bureau of Vital Statistics. These surveillance systems provide data based on the information collected by acute care hospitals and emergency services providers, as well as through cause of death information provided on death certificates. The surveillance system is supplemented by data collected through the Alaska National Violent Death Reporting System,[49] Youth Risk Behavior Survey, and Behavioral Risk Factor Surveillance System. The data, being available from only a few sources, can be correlated and collectively analyzed.

The current surveillance system relies on third party reports of suicide attempts and certifications of cause of death. Suicide attempts that do not result in treatment at an emergency department are not counted. Suicide attempts that are attributed to "accident" are not counted.

Deaths are not always investigated. Some deaths attributed to accident may be undocumented suicides. The Alaska Violent Death Reporting System does investigate **potential** violent deaths to collect data from different sources and determine whether the death was a "violent death" (suicide, homicide, undetermined intent, accidental firearm, legal intervention, or terrorism) and why. For this reason, the Alaska Violent Death Reporting System is a valuable source of information in tracking suicide data.

Data on suicide and suicide attempts is reviewed, analyzed, and used by state, tribal, and community organizations to guide and evaluate suicide prevention efforts. The efforts are uncoordinated – with even internal sections of the Department of Health and Social Services releasing differing reports or analysis. This hinders planning at the statewide and local level and prevents any meaningful attempts to address data gaps. It also makes pursuit of long-term data collection efforts, such as follow-back studies (also known as psychological autopsies), a lower priority. By bringing all the partners involved in data collection, analysis, reporting, and utilization together to coordinate the way Alaska uses data to drive decision making, the State of Alaska can improve the surveillance system for all users.

Resources:

The Strategic Prevention Framework State Incentive Grant workgroup structure brought many partners together to identify, validate, and analyze data from a wide range of sources. This ensured that the multi-year, multi-million dollar grant was aimed at the most pressing prevention issues.[50] With this recent experience, the State of Alaska and its tribal health partners can transform the suicide surveillance system.

Indicator: 6.1.a. Data sources available on StopSuicideAlaska.org: 3 (2011)

[49] Alaska is one of 18 states participating in the National Violent Death Reporting System. Learn more at http://www.cdc.gov/ViolencePrevention/NVDRS/index.html.

[50] For more information about the SPF SIG Epidemiology Workgroup and how it informed the overall project, visit http://hss.state.ak.us/dbh/prevention/programs/spfsig/EPIwrkgrp.htm.

Strategy 6.2 ~ The State of Alaska will partner with tribal and academic organizations to continue to explore and research the "web of causality" of suicide, prioritizing the health and environmental factors affecting high-risk populations.

While we know there are many factors that can lead someone to consider suicide, the field of suicide research is still developing. Add to that our state's significant indigenous population, an ethnically diverse overall population, a unique geography, weather patterns and frequent natural disasters, historic and current social issues related to historic and personal trauma, and many other "Alaskan" characteristics (positive and negative). There is much we do not know (or do not know we know) about suicide and protecting our people from it.

Alaska is home to a high-quality university system with access to researchers, such as those at the Center for Alaska Native Health Research, with experience working with Alaskans and Alaskan issues. The Alaska Native Tribal Health Consortium's and the State of Alaska's epidemiology programs are robust. However, because Alaska has many pressing health concerns, suicide is not always a priority for funding and resources.

Alaska's institutions and universities should build on the work already being done with Alaskan communities to improve the science related to suicide and understanding of the issue. Research and study must comply with rigorous protections for the people involved, and must be conducted and used in a way that benefits all Alaskans.

In addition to academic and health research, the State of Alaska should prioritize rigorous and thorough study of suicide through "follow-back studies" (also known as psychological autopsies).[51] Follow-back studies are considered a best practice in documenting and understanding a death by suicide, helping to answer the painful question of "why?" These studies can also improve overall prevention efforts. They are complex, multi-dimensional investigations that require careful planning and thoughtful implementation. A long-term study through which investigation and interviews are conducted contemporaneously – yet respectfully – could provide a more thorough understanding of suicide as it occurs in Alaskan communities.

The follow-back study of Alaskan suicides occurring between 2003-2006 was a study of deaths already certified as being by suicide. Data was reviewed on 426 cases, but survivor interviews – a crucial component of the follow-back study protocol – were conducted for only 56 cases. Thus, the information gleaned from those interviews (71 in total) is for 13% of the total study population. Thus, the results are illustrative but not sufficient to serve as any basis for drawing broad conclusions.

[51] For an overview of psychological autopsies, see *Suicide: Psychological Autopsy, A Research Tool for Prevention*, INSERM Collective Expert Reports, 2005 (a synthesis of international scientific literature and recommendations by an expert advisory group) available online through the U.S. National Library of Medicine, National Institutes of Health (http://www.ncbi.nlm.nih.gov/books/NBK7126/).

Resources:

Conducting ethical and effective health science research takes time, expertise, and money. There are state and national resources to support these undertakings. There are federal and philanthropic sources of funding for research and study.

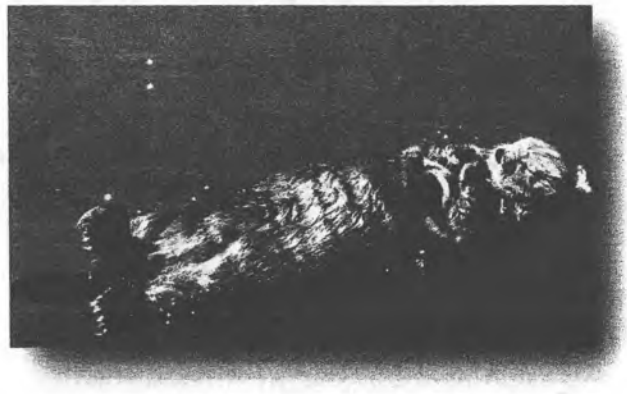
Examples of agencies and organizations that fund research projects include the National Institutes of Health (including the National Institute of Mental Health), the American Foundation for Suicide Prevention, and the Agency for Healthcare Research and Quality. Resources supporting inclusive and participatory research include *Research that Benefits Native People: A Guide for Tribal Leaders*. This was developed by the National Congress of American Indians, the First Americans Land-Grant College and Organization Network, National Indian Child Welfare Association, Administration for Native Americans to address that fact that indigenous Americans are underrepresented in data collection and analysis (and have too often had negative experiences with outside research of their peoples).

Alaska's universities, and the Alaska Native Medical Center, have institutional review boards that can be engaged to ensure that the study complies with all research standards and protects the participants from harm. The American Association on Suicidology offers training and certification in the best practices of follow-back study investigations, so that investigators have the tools and understanding necessary to conduct an effective and respectful study.[52]

Indicator: 6.2.a. Number of follow-back studies completed since 2011 (new)

Strategy 6.3 ~ The State of Alaska, with its partners, will evaluate the effectiveness of crisis intervention models and responses in use in Alaska.

The State of Alaska and other organizations and communities have worked in suicide prevention for decades. However, there has been no systemic evaluation of the effectiveness of the interventions and programs implemented in our communities. While some organizations employ evidence-based practices, others rely on cultural or locally developed programs. With this wide array of suicide prevention efforts, and varying success from community to community, we need a guide as to what works best in Alaska.



There is precedent for reviewing prevention models and determining the practices – or the elements of practices – that have proven effective in Alaska. Through the Strategic Prevention Framework State Incentive Grant, a wide group of Alaskan practitioners and experts on substance abuse prevention came together to review the field of evidence-based prevention practices. They worked together to determine what evidence-based practices have worked, or could be expected to work, well in Alaskan communities. They were careful to consider that some practices would work in a large urban community, while others would work better in a small village or within a cultural community.

This process helped ensure that the programs funded by the Strategic Prevention Framework State Incentive Grant had the information and

[52] For more information about the training and certification program, visit the American Association on Suicidology at http://www.suicidology.org/web/guest/psychological-autopsy-investigator.

resources to choose a prevention strategy that best suited their goals and the population they served. We can do the same service for communities engaged in preventing suicide.

There has been preliminary evaluation of the Gatekeeper suicide prevention trainings, and evaluation of ASIST by the Alaska Native Tribal Health Consortium has begun.

Resources:

Evaluations of assessment tools, prevention programs, and other research are available to help in this quality improvement effort. For example, the American Association of Suicidology has completed a review suicide assessment measures for adults, older adults, and youth.[53]

Evaluation and research done by outside organizations could supplement a review of Alaskan programs and practices, to ensure a comprehensive look at how well our efforts to prevent suicide are working – and how our successes can spread.

Indicator: 6.3.a. Number of suicide prevention programs evaluated by the State of Alaska and/or its partners (new)

Conclusion

Casting the Net Upstream, Promoting Wellness to Prevent Suicide in Alaska is a call to every Alaskan to prevent suicide. In ways big and small, we can work together to prevent suicide. By improving the health and well-being of our children, our elders, our families, and our communities, we can reduce the rate of suicide in Alaska.

Over the life of this plan, the Council and its partners will provide annual reports on the progress being made. That progress will be weighed against the indicators in the plan. While the Council isn't solely responsible for moving the needle on most of these indicators, these population outcomes and performance measures will help show whether we are in fact making progress. In order to do this, we need every Alaskan to act. Review the checklist on the next page and start checking off all the ways that you, your family, your community, and your state can help to prevent suicide.

Overall Indicators: Rate of suicide: 22.6/100,000 (AABVS, 2010)
Rate of suicide attempt: 98.11/100,000 (Trauma Registry, 2001-2008)

[53] Available at www.suicidology.org/web/guest/current-research.

CASTING THE NET UPSTREAM CHECKLIST

Individuals/Families

- ☐ Visit StopSuicideAlaska.org
- ☐ Attend a Council meeting
- ☐ Attend a prevention coalition meeting
- ☐ Print out Appendix A & put it in your wallet
- ☐ Get trained in suicide prevention
- ☐ Lock up your guns
- ☐ Lock up your medicines
- ☐ Lock up your liquor
- ☐ Get help to overcome unhealthy behaviors (drinking, drugs, etc.)
- ☐ Feeling depressed? Talk to a mental health provider.
- ☐ Join an after-school program (as a participant or leader)
- ☐ Call Careline if you or someone you love need help
- ☐ Have you lost someone to suicide? Reach out for help.
- ☐ Get (& read) *Helping Kids Succeed – Alaskan Style*
- ☐ Ask the elders in your life if they feel depressed or suicidal (and connect them to services if they say yes)
- ☐ Get (and read) a copy of the Postvention resource Guide

Communities

- ☐ Set up a coalition
- ☐ Create a webpage on StopSuicideAlaska.org for your coalition
- ☐ Create an anti-stigma campaign or host an event
- ☐ Host a suicide prevention training
- ☐ Start an after-school program
- ☐ Establish a parenting class or support service
- ☐ Adopt an anti-bullying rule at school/at work
- ☐ Coordinate an anti-bullying campaign
- ☐ Contact United Way Anchorage or Southeast about starting a youth prevention coalition in your community
- ☐ Implement the 40 Assets
- ☐ Implement suicide prevention in your medical practice
- ☐ Implement evidence-based screening for suicide risk in schools & senior centers
- ☐ Implement a means restriction program
- ☐ Ensure youth have treatment and support services after age 18/21

State

- ☐ Promote and coordinate prevention programs across disciplines
- ☐ Encourage research and study of suicide in Alaska
- ☐ Mandate suicide prevention training for teachers
- ☐ Promote evidence and research based practices
- ☐ Evaluate effectiveness and outcomes of suicide prevention programs
- ☐ Create and implement suicide prevention, intervention and postvention for rural police and public safety officers
- ☐ Improve data and surveillance systems related to suicide
- ☐ Fund a long-term follow back study
- ☐ Ensure every Alaskan has access to suicide prevention training, regardless of means
- ☐ Fund innovative research based prevention models
- ☐ Create a learning network via StopSuicideAlaska

Appendix A – Warning Signs

Warning Signs of Suicide

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. Seek help as soon as possible by contacting a mental health professional or by calling Careline at **1-800-266-HELP (4357)** if you or someone you know exhibits any of the following signs:

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- New or increased use of alcohol or drugs.
- Acting anxious or agitated.
- Behaving recklessly or taking more risks than usual.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

(from the National Suicide Prevention Lifeline)

Know the Signs of Suicide: IS PATH WARM?

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Changes

www.stopsuicidealaska.org

(from the American Association of Suicidology)

Suicide Prevention Resources – Where to Get Help

Alaska

Careline	1-877-266-4357	24/7 crisis line
	www.carelinealaska.com	
SEARHC	1-877-294-0074	24/7 help line
Identity, Inc.	907-258-4777 (ANC)	GLBTQ help line
	1-888-901-9876 (statewide)	

National

Suicide Prevention Lifeline 1-800-273-8255
Press 1 for Veterans Crisis Line
www.suicidepreventionlifeline.org

The Trevor Project 1-866-488-7386
GLBTQ crisis hotline
www.thetrevorproject.org

Appendix B – Bibliography and Resources

Bibliography

Consensus Statement on Youth Suicide by Firearms, American Association of Suicidology Youth Suicide by Firearms Taskforce (1998)
"A Way from Despair," D. Campbell, *Aurora Magazine*, Fall 2009
"An Outcome Evaluation of the SOS Suicide Prevention Program," R. Aseltine, Jr. and R. Demartino, *American Journal of Public Health* (March, 2004)
Alaska Suicide Follow-back Study, Alaska Injury Prevention Center (2007)
Alaska Suicide Hospitalizations 2001-2002, Alaska Injury Prevention Center (2005)
Alaska Violent Death Reporting System Report, 2003–2008 (August 2011)
Developing a Stigma Reduction Initiative, U.S. Department of Health and Human Services (SAMHSA Pub. No. SMA-4176, 2006)
Making a Difference, An Impact Study of Big Borthers Big Sisters, Public/Private Ventures (1995, 2000 re-issue)
Mending the Net: Suicide Prevention in Alaska, Statewide Suicide Prevention Council Annual Report FY2010 (2011)
"Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior," Centers for Disease Control and Prevention
"Protective and Damaging Effects of Mediators of Stress," B.S. McEwen and T. Seeman, *Annals of the New York Academy of Science*, 896:31 (1999)
"Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations," A.P. Haas et al., *Journal of Homesexuality* (Jan. 2011)
Suicide: Psychological Autopsy, A Research Tool for Prevention, INSERM Collective Expert Reports (2005)
Tobacco Prevention and Control in Alaska Annual Report: 2009 Update, Alaska Department of Health and Social Services
Undoing Racism in Public Health: A Blueprint for Action in Urban MCH, D. Barnes-Josiah (2004)

Resources

Alaska Bureau of Vital Statistics (AABVS)
Alaska/National Violent Death Reporting System (NVDRS)
American Association of Suicidology, www.suicidology.org
American Foundation for Suicide Prevention, www.afsp.org
American Indian and Alaska Native National Suicide Prevention Strategic Plan, 2011-2015, Indian Health Service Division of Behavioral Health
Childhood Understanding Behaviors Survey, 2009 (CUBS)
Community Anti-Drug Coalitions of America, www.cadca.org
Behavior Risk Fact Surveillance System, 2009 (BRFSS)
National Registry of Evidence-Based Programs and Practices, www.nrepp.samhsa.gov
National Strategy for Suicide Prevention Goals and Objectives for Action, U.S. Department of Health and Human Services, 2001
Postvention Resource Guide, Alaska Department of Health and Social Services Division of Behavioral Health (2011)
School Climate and Connectedness Survey (SCCS)
Suicide Awareness Voices of Education, www.save.org
Suicide Prevention Resource Center, www.sprc.org
The Trevor Project, www.thetrevorproject.org
Youth Risk Behavior Survey, 2011 (YRBS)

Appendix C - Contact List, 2012

Part of equipping Alaskans to take action and implement *Casting the Net Upstream* is ensuring that you can quickly contact the right person for the specific information you need. This list is provided so that you can do that. Because we know that people change jobs, retire, get promoted and move, the Council will publish an updated contact list with each annual implementation report.

For information about:

Help for a friend in crisis	**Careline** **1-877-266-4357** **National Suicide Prevention Lifeline** **1-800-273-8255**
40 Developmental Assets Alaska ICE	Alaska Association of School Boards www.alaskaice.org
Anchorage United for Youth	Sarah Sledge, United Way of Anchorage (907) 263-3803
ASIST Training	Barbara Franks, Alaska Native Tribal Health Consortium (907) 729-3751
Big Brothers Big Sisters	Anchorage (907) 433-4600 Bethel (907) 543-1496 Fairbanks (907) 452-8110 Haines (907) 766-2151 Homer (907) 235-8391 Hoonah (907) 945-3600 Juneau (907) 586-3350 Ketchikan (907) 247-3350 MatSu (907) 357-2227 Sitka (907) 747-3500
Building Intervention Skills Training	Christopher Cairns, NAMI-Juneau (907) 463-4251
Childhood learning programs	*thread* (800) 278-3723 www.threadalaska.org Association for the Education of Young Children (907) 789-1235
Crisis Intervention Teams	NAMI-Fairbanks (909) 456-4704
Critical Incident Stress Management	Chaplain Bert McQueen, Alaska Police and Fire Chaplains' Ministries (907) 272-3100
Domestic violence shelters	Alaska Network on Domestic Violence and Sexual Assault (907) 586-3650 www.andvsa.org

Drug Take Back/Disposal	Marti Pausback, Akeela, Inc. (907) 565-1214
Facing Foster Care	Amanda Metivier (907) 230-8237
GLBTQ Help/Crisis Lines	Identity, Inc. (Anchorage based help line) Anchorage (907) 258-4777 statewide (888) 901-9876 The Trevor Project (national 24/7 crisis hotline) (866) 488-7386 www.thetrevorproject.org
Gatekeeper Training	James Gallanos, Division of Behavioral Health (907) 465-8536
Gun Locker Programs	Hillary Strayer, Alaska Native Tribal Health Consortium Injury Prevention (907) 907-729-3513
IMPACT (Depression Screening)	Katie Baldwin-Johnson, Alaska Mental Health Trust Authority (907) 269-7960
Jason Foundation, Inc.	Ann Shaack, Northstar Behavioral Health (907) 264-4304
Lead the Change	Amanda Murdoch, Southcentral Foundation Dena'a Yeets Program (907) 729-4923
Means Restriction	Hillary Strayer, Alaska Native Tribal Health Consortium Injury Prevention (907) 907-729-3513 Means Matter, Harvard School of Public Health (617) 432-0085
Mental Health First Aid	Jill Ramsey, Trust Training Cooperative (907) 264-6228
Mental Health Services	Lance Brown, Alaska Mental Health Board (907) 465-8920
Parenting Supports	Alaska Youth and Family Network (907) 770-4979 Association for the Education of Young Children (907) 789-1235
Peer Support Programs	Michelle Woods, Northwest Arctic Borough School District mjwoods@nwarctic.org Robyn Priest, Alaska Peer Support Consortium (907) 258-2772 Katie Baldwin-Johnson, Alaska Mental Health Trust Authority (907) 269-7960 Yvonne Jacobson, Division of Behavioral Health (907) 269-2051
Qunasvik Program	Dr. Stacy Rasmus, Center for Alaska Native Health Research (907) 474-7352

Rural Primary Care Suicide Prevention Toolkit	Margaret West, Suicide Prevention Resource Center (206) 362-2179 *To order a copy:* Tamara DeHay, Western Interstate Commission for Higher Education tdehay@wiche.edu
safeTALK	Barbara Franks, Alaska Native Tribal Health Consortium (907) 729-3751
School Climate and Connectedness Survey	Lori Klein, Alaska Association of School Boards lklein@aasb.org
Signs of Suicide Programs	Sharon Fishel, Department of Education and Early Development (907) 465-6523
Social Services	Alaska 211 (for information, referrals) 2-1-1
StopSuicideAlaska.org	Thomas Chard, Alaska Mental Health Board & Advisory Board on Alcoholism and Drug Abuse (907) 465-8920
Substance Abuse Treatment	Lance Brown, Advisory Board on Alcoholism and Drug Abuse (907) 465-8920
Suicide Data	Eric Morrison, Statewide Suicide Prevention Council (907) 465-6518 Hillary Strayer, Alaska Native Tribal Health Consortium Injury Prevention (907) 907-729-3513 Also, go to www.StopSuicideAlaska.org to create your own reports.

Casting the Net Upstream: Promoting Wellness to Prevent Suicide FY 2012-2017

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