

*Casting the Net Upstream:
Promoting Wellness to Prevent Suicide in Alaska*

Alaska State Suicide Prevention Plan
FY2012-2017



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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 in the village 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.

This parable is used to describe the difference between a system focused on intervention – rescuing people from the river – and one that emphasizes prevention. 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 people, families and communities to prevent suicide.

Introduction

The Statewide Suicide Prevention Council [“Council”] was established by the Alaska Legislature in 2001, and, after a legislative audit in 2008, extended by the legislature to June 30, 2013.¹ The Council is responsible for advising legislators and the Governor on ways to improve [Alaskans’ 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.²

Casting the Net Upstream: Promoting Wellness to Prevent Suicide in Alaska is offered in fulfillment of the Council’s 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 (population outcomes) that will be evaluated to ensure that the suicide prevention system here in Alaska is effective.

This plan 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. The planning process began with the Statewide Suicide Prevention Summit in January 2010. From there, public comment and expert input was solicited from around the state. In the Fall of 2010, the Council invited over 100 stakeholders to participate in workgroups to review the information collected and narrow it to specific goals and strategies. Based on these, the Council developed this plan.

Casting the Net Upstream: Promoting Wellness to Prevent Suicide in Alaska is a call to action. To achieve the goals and objectives of the suicide prevention system, specific strategies have been identified in this plan. These strategies were developed from the wisdom and experience of Alaskans all over our state and 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.

Casting the Net Upstream: Promoting Wellness to Prevent Suicide in Alaska is a uniquely Alaskan endeavor built on the [National Suicide Prevention Strategies](#) and the [American Indian and Alaska Native National Suicide Prevention Strategic Plan](#). It will help policymakers and communities better evaluate our system against the 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.

¹ HB123, sponsored by Representative Anna Fairclough, passed in April 2009 and was signed into law on August 5, 2009.

² AS 44.29.350

Casting the Net Upstream: Promoting Wellness to Prevent Suicide in Alaska 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.³ Human beings are innately resilient, but events and experiences can weaken that resilience to the point that a person becomes at risk of suicide. The Council has stressed the need to mend the net of services and supports in place to prevent suicide. In this plan, the Council encourages Alaskans to cast that net further upstream to promote physical, emotional and mental wellness and strengthen 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, starting with **Wellness Promotion**, the overall health and environmental condition that can increase or decrease the risk of suicide. Next is **Suicide Prevention**, the universal efforts to improve awareness and understanding of 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. Under each of the six (6) goals of the plan, you will learn about the specific strategies that individuals and families can use, that communities and organizations can adopt in prevention efforts, and that the State of Alaska can employ to improve the effectiveness of suicide prevention system.

Over the next five years, the Council will review and evaluate progress under the plan. Indicators – ways of measuring performance – have been identified for each goal. The Council will report annually what progress is being made, based on these indicators.

Because *Casting the Net Upstream: Promoting Wellness to Prevent Suicide in Alaska* 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 extensive review of the data and funding information related to suicide in Alaska since 2000. Additional data and research resources are available on the Council’s website and on StopSuicideAlaska.org, the state’s suicide prevention online portal. A bibliography and resource guide is also provided in Appendix B.

³ *Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies*, World Health Organization (1996).

Goal 1: Alaskans Accept Responsibility for Preventing Suicide

Preventing suicide is everyone'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 in 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?

1. Go to StopSuicideAlaska.org and read through the resources provided there.
2. Go to the [Council website \(http://www.hss.state.ak.us/suicideprevention/\)](http://www.hss.state.ak.us/suicideprevention/) and read:
 - a. Annual Reports tracking suicide and suicide prevention in Alaska since 2002;
 - b. the 2007 Alaska Follow-Back Study; and
 - c. newsletters and periodic updates on research, data, and prevention practices.
3. Attend a meeting of the local suicide prevention or wellness coalition.
4. Explore national suicide prevention organizations' resources:
 - a. American Association on Suicidology www.suicidology.org;
 - b. American Foundation for Suicide Prevention www.afsp.org;
 - c. Suicide Prevention Resource Center www.sprc.org;
 - d. Indian Health Service Suicide Prevention Program www.ihs.gov/NonMedicalPrograms/nspn; and
 - e. 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).

Measuring Progress: Are Alaskans taking action to learn and understand that suicide is preventable?

Indicator: 1.1.a. Unique visits to StopSuicideAlaska.org
1.1.b. Unique visits to Statewide Suicide Prevention Council site

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 and desire for strong and 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 up to 70% of reports of harm to Alaskan children, and the research that shows how adverse childhood experiences⁴ 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 the community behavioral health centers, tribal health corporations, Alaska 211, Careline, the Alaska Mental Health Board, and the Advisory Board on Alcoholism and Drug Abuse.

*5 Things to
Promote Mental
Health:
Exercise
Social
Connection
Acts of Giving
Self-Awareness
Learning*



Research shows that mental and emotional health can be improved and maintained just like physical health often by the very same means. Mental health promotion is as simple as adding five things to your life: exercise, social connection, acts of giving, self-awareness, and learning.⁵ These same lifestyle activities are recommended to reduce the risks associated with cardiovascular disease, Alzheimer’s Disease, hypertension, diabetes, and a host of other health conditions.⁶

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 for Suicidology reports that about 66% of people who complete suicide are depressed at the time of their deaths.⁷ The risk of suicide in people with major depression is about 20 times that of






⁴ 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://acesstudy.org/>.

⁵ This model is based on research conducted by The New Economics Foundation for the UK Government’s Foresight Project on Mental Capital and Well-being (2008). Research from 400 scientists worldwide was reviewed to determine how governmental entities can promote wellness for the population served. The “Five Ways to Wellbeing” model was developed to achieve population-wide mental health promotion objectives. The report is available online at <http://www.neweconomics.org/publications/five-ways-to-wellbeing>.

⁶
⁷ 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).

the general population.⁸ 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 the Alaska Mental Health Board at 1-888-464-8920 or visit the [Treatment Locator](#) at www.samhsa.gov.
-  To find a substance abuse treatment provider in your community, call the Advisory Board on Alcoholism and Drug Abuse at 1-888-464-8920 or visit the [Treatment Locator](#) at www.samhsa.gov.
-  To find a primary care provider in your community, call the Alaska Primary Care Association at (907) 929-2722.
-  Alaska 211 is a social service referral call line provided by United Way. Dial 2-1-1 and explain what sort of help (health care, child care, housing assistance, food bank, etc.) you need. You can also find referral information online at www.alaska211.org.
-  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 and visit the *Sound Minds in Sound Bodies* project at <http://hss.state.ak.us/abada/sound.htm>.

Measuring Progress: Are Alaskan adults making responsible lifestyle choices?

Indicators:	1.2.a.	Rate of adult binge drinking (BRFSS)	17.9% (2009)
	1.2.b.	Days per month of poor mental health (BRFSS)	2.6 (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 serve as good role models, it is important that young people seek out strong and 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, but that should not mean that there is no one to look up to. Young people consistently cited the value of school social workers, coaches, teachers, ministers, and other trusted adults in their lives as 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, church/faith organization activities, scouting, and mentoring programs that promote connectedness and other protective factors.

Resources:

-  For youth in foster care (over age 15), [Facing Foster Care in Alaska](#) is a group of foster care youth and alumni who have the primary focus of improving Alaska’s foster care

⁸ *Id.*

system – with the added benefit of supporting each other through shared experience and education. For more information, contact Amanda Metivier at (907) 230-8237.

- ✿ [Juneau Youth](#) is a community coalition sponsored through the United Way of Southeast Alaska, focused on supporting children’s health through positive activity for children, youth and families. Through its website and social media, Juneau Youth provides a clearinghouse of opportunities for youth to engage 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.
- ✿ [Boys and Girls Club Alaska](#) offers a variety of programs for youth, including organized sports programs, arts, education, and career development. These programs provide youth with an opportunity to build healthy relationships with peers and adult role models. Leadership programs promote peer-to-peer mentoring and healthy lifestyles. There are [clubhouses](#) in 33 Alaskan communities. To learn more about Boys and Girls Club programs in your community, visit www.bgcalaska.org or call 907-248-5437.
- ✿ Big Brothers Big Sisters is a nationally recognized mentoring program. Children and youth are matched with adults through community-based mentorship (long-term, traditional match) or a 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 focused on 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, church youth groups – all of these are opportunities to find positive role models.

Measuring Progress: Are youth seeking out community activities with health role models?

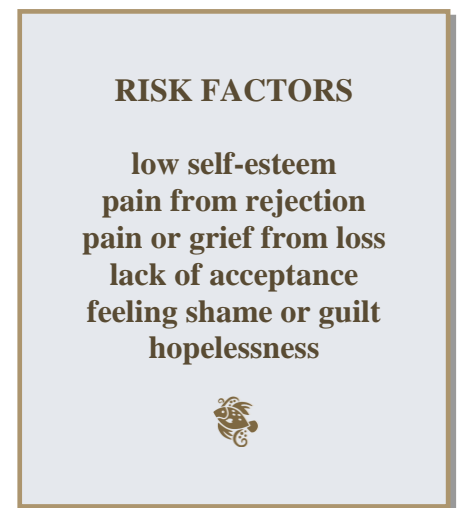
Indicator: 1.3.a. Students participating in organized after-school activities
2 or more days a week (YRBS) 39.9% (2009)

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. Feelings of shame, guilt, hopelessness and purposelessness are also risk factors.⁹ 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.”¹⁰ Bullying (whether on the basis of gender, race, disability, religion, sexual orientation, physical appearance, or otherwise) is associated with increased depression and risk of suicide among victims.¹¹

Research has shown a connection between experienced and/or perceived racism and negative health consequences, especially regarding mental health.¹² 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.”¹³ Lack of acceptance, bullying, discrimination and exclusion from familial and community relationships have been cited as contributing factors to higher rates¹⁴ of suicide among lesbian, gay, bisexual and transgender (LGBT) individuals.¹⁵



⁹ 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>).

¹⁰ *Suicide and Bullying Issue Brief*, Suicide Prevention Resource Center (2011).

¹¹ *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).




¹² 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>.)

¹³ “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>)).

¹⁴ Since 1990, population-based surveys of American adolescents that have included questions about sexual orientation have consistently found rates of suicide attempts reported by LGBT youth 2-7 times higher than average.

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.”¹⁶ That feeling of connectedness or belonging has been proven to be highly protective against suicidal thoughts and behaviors.¹⁷ And yet, no one feels connected or included in a family, school or community where they are treated differently – or worse yet, targeted for humiliation and harm – simply because they are different.

Communities can promote equality, inclusion, respect and acceptance by:

-  Coordinating and supporting individual and organizational efforts to create safe, inclusive, respectful educational, work, and public 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 Bullying Prevention Center was funded 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 bullying. It also provides classroom resources and peer advocacy tools. It coordinates National Bullying Prevention Month in October each year. Visit <http://www.PACER.org/bullying> or the PACER’s National Bullying Prevention Month Facebook page for more information about the event and how to participate.

Alaska’s schools provide examples of anti-bullying policies for students. For example, the Juneau Douglas School District has enacted a [policy prohibiting bullying and hazing](#) that broadly defines bullying to include physical, oral and written acts of harassment or abuse, expressly including cyberbullying.¹⁸ The policy applies to students, staff, parents and others. It also

“Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations,” A. P. Haas et al. Jan. 2011 *Journal of Homosexuality* (online at <http://www.informaworld.com/smpp/section?content=a931819675&fulltext=713240928>).

¹⁵ *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 et al., 2006; King et al., 2008; Mays & Cochran, 2001; McCabe, Bostwick, Hughes, West, & Boyd, 2010).”

¹⁶ “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).

¹⁷ *Id.* at 4.

¹⁸ The Juneau Douglas School District Policy 5560 states: “Students, staff members, parents, volunteers and all other persons are prohibited from engaging in any form of bullying while on school property, in transit to or from school

prohibits passive participation in bullying (witnessing but not intervening in acts of bullying). [Anchorage School District's policy](#) is similar; it is found within its Student Rights and Responsibilities.¹⁹

For employers, information about workplace anti-bullying policies is available from a variety of sources. The Washington State Department of Labor and Industries published a report in April 2011 describing what employers need to know to prevent workplace harassment and bullying.²⁰

Measuring Progress: Are communities developing environments of respect and connectedness?

Indicator: 1.4.a. Youth reporting being bullied in the past year (YRBS) 27.8% (2009)



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:

- reduced likelihood of initiating drug or alcohol use;
- reduced incidence of violent/antisocial behaviors;

or a school activity, at the bus stop, or at school activities. Bullying that occurs off school property and outside the context of a school activity is also prohibited if it substantially disrupts school operations, creates a hostile educational or work environment, or interferes with a student's ability to access educational opportunities at school. Students who engage in an act of bullying are subject to appropriate disciplinary action, up to and including expulsion. Employees who engage in an act of bullying are also subject to appropriate disciplinary action, up to and including termination. Other individuals who engage in bullying are subject to sanctions appropriate to their status or relationship with the school district."

¹⁹ Anchorage School Board Policy, Appendix A, §A.12.

²⁰ Washington State Department of Labor and Industries Report#87-2-2011 includes information, action steps and resources for employers. It is available online at <http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf>.

- 🌱 improved academic performance; and
- 🌱 improved connection and relationships with parents and peers.²¹

This sort of impact 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, along with supporting families and changing community norms to promote positive lifestyle choices by youth. It was formed in 2007 and is built on volunteerism and collaborative effort. 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.²²

Even the smallest village can assemble a corps of healthy role models to help youth thrive. By encouraging parents and elders and other adults to get involved in the lives of youth to help promote healthy lifestyles and connections with family and friends, every community can achieve the sorts of improvements in youth development already being seen in Alaska.

Resources:

United Way has proven to be successful 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 United Way of Southeast Alaska (907) 463-5530.

Measuring Progress: Are communities engaging parents and mentors in health promotion efforts?

Indicator: 1.5.a. Students who would feel comfortable seeking help from 3 or more adults (besides their parents) if they had an important question affecting their life (YRBS) 44.6% (2009)

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,

²¹ *Making a Difference, An Impact Study of Big Brothers Big Sisters*, Public/Private Ventures (1995) at iii (2000 re-issue) (available online at http://www.ppv.org/ppv/publications/assets/111_publication.pdf).

²² For information about how Anchorage United for Youth formed and goes about its work, contact Sarah Sledge at (907) 263-3803.

communities can prevent suicide – as well as violence, substance abuse, academic failure, and other social problems – far “upstream.”

Orutsararmiut Native Council in Bethel has developed a program to build resilience and protective factors based on Yup’ik culture. The Healthy Families Program is founded on the principle that children learn by observing adults around them, making adults a child’s first teachers. Through weekly meetings, participants learn traditional ways of parenting that promote self-esteem, self-control, and learning. For more information about the Health Families Program, call (907) 543-2608.

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 use, personal safety) implicated in suicide risk.²³ 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. By offering intensive evidence-based training for people working with Anchorage’s youth, the coalition provides tools and skills to youth development professionals help build protective factors and resiliency.

Whether it’s through the local schools, a coalition of individuals and organizations, or in a single agency, 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 have created the Alaskan assets, available in *Helping Kids Succeed – Alaskan Style*. This handbook is for parents, teachers, coaches, aunts, 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).



²³ 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

Measuring Progress: Are communities building youth resilience and connectedness with the community?

Indicator:	1.6.a. Youth motivated to achieve at school (SCCS) ²⁴	79.6% (2010)
	1.6.b. Youth connectedness with community adults (SCCS) ²⁵	64.6% (2010)

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

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. Especially among older Alaskans, a population with high rates of suicide,²⁶ stigma is a barrier. Senior service providers have reported that it is often difficult to engage seniors in behavioral health services because of stigma. Veterans, active military, ethnic minorities, and youth are other groups for which stigma is a barrier to accessing services.



Juneau Walk for Life 2011

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, public service announcements, and educational efforts can be as complex or as simple as a community’s readiness and resources permit.

Stigma-reduction efforts become more effective when paired with other prevention efforts, such as domestic violence or child abuse prevention. Encouraging people to overcome trauma and

²⁴ This indicator is based on results of the School Climate and Connectedness Survey (SCCS) question “I try hard to do well at school.” It corresponds to the developmental asset “achievement motivation” from the 40 Assets. See the 2010 Statewide Report (November 2010) for all survey questions and results, available online at http://alaskaice.org/wordpress/wp-content/uploads/2010/11/SCCS-2010-Statewide-Report-November-30_web.pdf.

²⁵ This indicator is based on results of the SCCS question “I can name at least five adults who really care about me.” It corresponds to the developmental asset “community values youth” from the 40 Assets. See the 2010 Statewide Report (November 2010) for all survey questions and results.

²⁶ 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.

pain caused by abuse **by seeking mental health services** helps de-stigmatize the consequences of victimization and the services that address them.

Resources:

Successful campaigns involve simple messages of hope: “Treatment Works and Recovery Happens,” “[It Gets Better](#),” “[What a Difference a Friend Makes](#),” “Reach Out,” “[Live to Ride, Call to Live](#).” SAMHSA offers a **FREE** tool to help develop an anti-stigma campaign. [Developing a Stigma Reduction Initiative](#) helps with planning, recruiting partners, and outreach, and it includes PSA 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.

Measuring Progress: Are communities participating in anti-stigma efforts?

Indicator: 1.7.a. Number of communities participating in organized anti-stigma campaigns



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. Examples of these programs include Anchorage United for Youth, which provides parent navigation services to increase access to social services; [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.

Supports and skills are provided through a variety of community parenting classes offered by tribal health corporation and village clinics, hospitals (like Bartlett Regional Hospital in Juneau), domestic violence shelters, churches, mental health centers, and other organizations. Alaska’s early childhood learning program, *thread*, offers supports and services, as well as local referrals, statewide.²⁷ 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.

²⁷ Go to www.threadalaska.org for more information.

Resources:

-  The [Alaska Association for the Education of Young Children \(AEYC\)](http://www.alaskaassociation.org) offers a wide variety of services and supports for families and communities. In Southeast Alaska, AEYC and Partnerships for Families and Children have an interactive calendar of parent and family events (and many other resources) organized by community. Go to www.southeastfamilies.org to find community programs, 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, faith-based organizations, and other early childhood providers. Call the Ready to Read Resource Center at (907) 343-2970 for more information.

Measuring Progress: Are community organizations promoting health families?

Indicator: 1.8.a. Parents connected with social supports through EI/ILP²⁸ 68.5%

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 deal with grief. Some peer support providers, like Polaris House in Juneau, teach job skills and help with housing. Alaska Mental Health Consumer Web in Anchorage offers healthy lifestyle classes, like cooking. The Wellness Innovations Center in Anchorage offers supportive employment opportunities through peer-run businesses.

²⁸ This indicator is based on the results of Question 13 of the 2011 Family Outcomes Survey administered to families engaged in Alaska's Early Intervention/Infant Learning Program: "There are people we can talk with any time we want to help us deal with problems or celebrate when good things happen." See the entire survey and report on results at <http://hss.state.ak.us/ocs/InfantLearning/resources/pdf/2011FOSreport.pdf>.

The Natural Helpers Program in the Lower Yukon School District and the [Teck-John Baker Youth Leaders](#) program in the Northwest Arctic School District 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 to 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 – which helps reduce risk of suicide. In order to be integrated in suicide prevention efforts, peer support must be available throughout Alaska. The State of Alaska has begun efforts to expand peer support services in rural communities.²⁹ This commitment from the State of the Alaska supports communities as they develop local peer support resources.

Resources:

-  The Alaska Peer Support Consortium is the statewide coalition of peer support providers that can provide technical assistance to help communities plan and develop local peer support services. Contact the consortium at (907) 258-2772 for more information.
-  The Alaska Mental Health Trust Authority's Beneficiary Project Initiative provides technical assistance to peer support organizations. Contact the coordinator at (907) 269-7960. The Division of Behavioral Health can also provide support to communities developing peer support resources; contact the division at (907) 269-2051.
-  Hospice organizations like [Hospice of Anchorage](#) and [Hospice of Juneau](#) offer bereavement and grief support. Find a local hospice organization by calling Alaska 211 or online at the National Hospice and Palliative Care Organization, www.nhpc.org. The American Foundation for Suicide Prevention, www.afsp.org, has a directory of suicide bereavement support groups, as well as online support groups.

Measuring Progress: Does the State of Alaska support peer-to-peer supports and services?

Indicator: 1.9.a. Number of communities with active peer support programs

²⁹ 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.

Mental Health First Aid, Applied Suicide Intervention Skills Training, and safeTALK are all internationally recognized intervention models – and all are available here in Alaska. Not only do we have people trained in these models in communities statewide, we have the opportunity to become 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, an internationally recognized evidence-based model that educates people about mental health disorders and crises and provides skills to identify when someone is developing a disorder or experiencing a crisis, how to respond, and how to connect them 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. Contact Jill Ramsey at (907) 264-6228 for more information.

- ✿ ASIST stands for Applied Suicide Intervention Skills. ASIST training provides the information and skills to help someone who is at immediate risk of suicide. 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 and Alaska National Guard coordinate 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.³⁰ To learn more about hosting an ASIST training, contact ANTHC Injury Prevention at (907) 729-3799.

- ✿ safeTALK complements ASIST. It is a half-day training for anyone over age 15. safeTALK provides education about how to respond when someone express 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 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 ANTHC Injury Prevention at (907) 729-3799.

³⁰ A map of communities with local ASIST trainers is attached in the Appendix ?.

- ❁ [Alaska Gatekeeper Training](#) is designed for general populations. This model educates people about suicide and prepares them to 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, how to assess risk of suicide, and how to develop a safety plan that includes referral to appropriate community resources. Call the Gatekeeper coordinator at (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 possibly 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. Contact the Jason Foundation affiliate at (907) 264-4304.
- ❁ [Signs of Suicide \(SOS\)](#) is a school based screening and education program. SOS is considered a "best practice" for middle school and high school students for suicide prevention programs. It is very reasonably priced and simple to use, with materials available in English and Spanish. There is a "booster" program for seniors focused on life after high school. SOS is being used in several Alaska school districts.

Measuring Progress: Do Alaskans know how to identify someone at risk of suicide and how to respond appropriately?

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

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, 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.


CARELINE
1-877-266-4357

SEARHC HELP LINE
1-877-294-0074

NATIONAL LIFELINE
1-800-273-8255

VETERANS LIFELINE
1-800-273-8255 press 1

TREVOR PROJECT
1-866-488-7386



Measuring Progress: Do Alaskans know about and use Careline and other crisis hotlines?

Indicator: 2.2.a. Number of calls to Careline annually

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 2001-2008.³¹ Research of suicides by members of the armed forces indicates that gender (male), depression, substance abuse, and relationship difficulties (divorce, infidelity, etc.),³² as well as prior attempts, traumatic brain injury, access to firearms and loss of a close friend or loved one to suicide.³³ 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 effective (usually evidence based practices). For example, 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.³⁴ The result was a 33% decrease in the suicide rate over 6 years.³⁵

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. Efforts 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

³¹ See *The War Within: Preventing Suicide in the US Military*, Rand Corporation (2011).

³² James LC, Kowalski TJ. Suicide prevention in an army infantry division: a multi-disciplinary program. *Mil Med* 1996; 161:97-101.








³³ Summary of *The War Within: Preventing Suicide in the US Military*, Rand Corporation, at 8-9 (2011).

³⁴ 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

³⁵ *Id.*

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.³⁶

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.
-  There is 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 chat confidentially online with trained crisis line staff at <http://veteranscrisisline.net/>.
-  The Department of Defense and Veterans Administration online clearinghouse is www.suicideoutreach.org. All sorts of resources and education materials are available here.
-  The Veterans Health Care Administration offers [Telehealth Services](#) programs, in which there are enrolled 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 allows Alaska Natives to connect with 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](#) is also used for delivering training.

Measuring Progress: Are providers of services to veterans prioritizing suicide prevention screenings and interventions?

Indicator: 2.3.a. Number of suicides among Alaska veterans



³⁶ 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).

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.³⁷ 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 and identify suicidal tendencies and have the resources and abilities to intervene. There is also an opportunity to encourage entire congregations to learn about issues and warning signs of suicide, basic gatekeeper and advanced intervention skills, and how to support the affected community members and families after a suicide occurs. It is key for these early, trusted spiritual leaders to understand the lasting impacts of suicidal thoughts and actions.

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 in understanding suicide and building basic skills for suicide prevention, strengthens the faith of a community and can 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. Gatekeepers learn active listening skills, how to assess risk of suicide, and how to develop a safety plan that includes referral to appropriate community resources. Call (907) 465-8536 for more information. Other trainings are available (*see* Strategy 2.1 for more information).
-  The Suicide Prevention Resource Center also 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, and 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.

³⁷ Suicide Prevention Resource Center, *The Role of Clergy in Preventing Suicide* (citing Goldsmith, S. K., et al. (Eds.). *Reducing Suicide: A National Imperative* (2002)).



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

Measuring Progress: Are spiritual leaders encouraging suicide prevention awareness and training in their communities of faith/belief?

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

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

People considering suicide often visit their primary care providers – family doctors, nurse practitioners, and other general practitioners – within days or weeks of taking their lives.³⁸ Primary care providers are, therefore, 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 efforts to treat behavioral health problems may not be supported.

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 SPRC.

There are other practice models. In Juneau, family practitioners have developed a screening tool for young patients. There are also primary care 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. It helps identify adults with co-occurring depression and then provide 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.³⁹

Measuring Progress: Are primary care practices using suicide prevention screenings?

Indicator: 2.5.a. Number of practices implementing suicide prevention protocols
2.5.b. Number of practices implementing IMPACT

³⁸ According to the Alaska Suicide Followback 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 a national trend among people who died by suicide, according to the Suicide Prevention Resource Center.

³⁹ Learn more about the research and evaluation of IMPACT at <http://impact-uw.org/about/research.html>.

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 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.

With these successes, and the strong research base⁴⁰ 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.

Resources: To learn how school-based screenings could be used as part of your school district's suicide prevention efforts, contact one of these Alaska districts:

- 🌿 Lower Kuskokwim School District Social Work Department (907) 543-4874
- 🌿 Juneau Douglas School District Student Services Office (907) 780-2063
- 🌿 Mat-Su Borough School District Office of the Superintendent (907) 746-925

Measuring Progress: Are schools using broad screenings and interventions to prevent suicide?

Indicator: 2.6.a. School districts implementing evidence-based screening 5 (2011)

⁴⁰ See *An Outcome Evaluation of the SOS Suicide Prevention Program*, Robert Aseltine, Jr. PhD and Robert DeMartino, MD (Am. J. Public Health, March 2004); see also the NREPP overview of Signs of Suicide for additional research/evaluation (<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=53>).

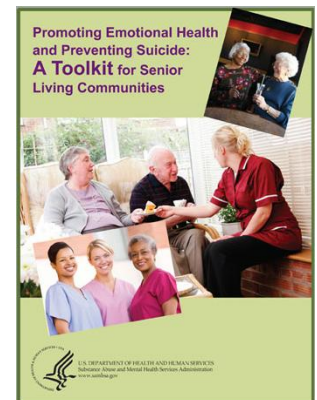
Strategy 2.7 ~ Senior services providers will implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide (substance abuse, violence, depression, etc.).

An alarming increase in suicide among Alaskans over age 65 has been seen since 2000.⁴¹ 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 service providers are a primary environment in which to address suicide among seniors.

There are no system-wide expectations that senior service providers will screen older Alaskans for suicide risk or contributing factors, nor are senior service agencies’ staff consistently trained in suicide prevention. Yet, there are many ways that a senior service provider can help identify and respond when a senior is at risk of suicide. Some Alaska nursing homes conduct basic periodic screenings, asking residents if they are feeling suicidal. Some medical practices are using IMPACT (see Strategy 2.3), **SBIRT**,⁴² and other integrated care models to help identify seniors at risk of depression and/or suicide.

Resources:

In Summer, 2011, the Council provided copies of the SAMHSA resource, *Promoting Emotional Health and Preventing Suicide, A Toolkit for Senior Living Communities* to senior centers statewide. This is a free toolkit, available online. This information and these tools help staff at senior living communities promote the mental health of clients and prevent suicide. It contains resources for an agency to conduct an in-service style training for staff. For more information about the toolkit, or for assistance in using it, call the Council at (907) 465-6518.



Measuring Progress: Are senior services providers screening older Alaskans for risk factors for suicide?

Indicator: 2.7.a Rate of suicide, Alaskans over age 65

⁴¹ See *mending the Net*, FY10 Annual Report at 9 (http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/2010SSPCAnnualReport.pdf).

⁴² 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>.





Strategy 2.8 ~ The State of Alaska and its partners will engage first responders in developing tailored community based responses and protocols for responding to crises.

Anchorage, Fairbanks, and Juneau have [Crisis Intervention Team](#)⁴³ (CIT) trained officers to help respond appropriately to suicide emergencies. These trainings are made possible through a public/private partnership between the municipalities, NAMI, and the Alaska Mental Health Trust. Communities with CIT officers report positive outcomes for mental health consumers and officers, with crises more often averted than escalating.

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

The State of Alaska can provide better resources and tools to rural law enforcement and emergency responders by engaging these officers in designing community based responses to suicide. Part of this community response should include components of post-incident stress management, such as the [Critical Incident Stress Management](#) program coordinated by the Alaska Police and Fire Chaplains' Ministries. When a suicide occurs in a small community, the first responders are responsible for the dealing with the aftermath, despite often being related or closely connected to the person who committed suicide.

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.
-  Employee assistance programs (EAPs) offer support to officers and first responders in times of crisis. Contact your human resources department to find out what your employee assistance program offers.
-  For information about Critical Incident Stress Management and other postvention trainings, contact Chaplain Bert McQueen at (907) 272-3100.

Measuring Progress: Has the State of Alaska engaged first responders in designing community responses for rural communities?

Indicator: 2.8.a Number of tailored community responses developed

⁴³ 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>.

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

Strategy 3.1 ~ Communities will raise awareness about limiting access to lethal means (guns, drugs, alcohol, etc.).

Between 2003-2008, 55% of Alaskan suicides were by firearm.⁴⁴ The numbers of suicide attempts and deaths by poisoning (drugs, alcohol, prescription medications) and by hanging are also concerning. 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.⁴⁵ Reports of suicide deaths by hanging are also increasing.

Preventing suicide means preventing access to means of suicide.⁴⁶ The American Association on Suicidology recommends supervision of youth by parents and communities, maintaining drug and alcohol free homes, and safe storage of guns as universal means of prevention of suicide.⁴⁷ 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 and North Slope Borough have engaged projects to reduce access to firearms. Bristol Bay Area Health Corporation, Bristol Bay Housing Authority, and 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 2011.⁴⁸ In Barrow and the surrounding villages, projects to provide gun lockers and trigger locks have reduced access to firearms. These programs have proven, in Alaska and elsewhere, to help reduce the number of suicides in communities where implemented.

⁴⁴ *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>).

⁴⁵ Alaska Suicide Hospitalizations 2001-2002 at 4.

⁴⁶ See 1998 Consensus Statement on Youth Suicide by Firearms, American Association on Suicidology (http://www.suicidology.org/c/document_library/get_file?folderId=235&name=DLFE-44.pdf).

⁴⁷ *Id.* at 3.

⁴⁸ 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>).

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

Similar to prescription drug disposal events, efforts to provide medication reconciliation for seniors and others transitioning from hospitals and long-term care facilities help reduce inappropriate access to medications. Specialized packaging like medisets also help limit access to medications, preventing intentional poisonings.

Research has shown the effectiveness of firearm and medication restriction efforts.⁴⁹ However, experts caution that a possible outcome of restricting one means is the substitution of another means of self-harm. The Centers for Disease Prevention and Control reported that, between 1992 and 2001, as rates of adolescent suicide by firearms and poisoning decreased, the rate of suicides by suffocation (which includes hanging) increased.⁵⁰ Restriction of lethal means of suffocation is possible in institutional settings, such as psychiatric hospitals and treatment centers, jails and juvenile detention centers, and residential programs.⁵¹ However, given the ease with which means of suffocation are available, community based restriction strategies are less effective.⁵²

Alaskan communities are working together 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 or otherwise secured is another way of limiting access to the means (or facilitators) of suicide. Other ways include evidence based education and intervention

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](#).



⁴⁹ See e.g. *Restrictions in Means for Suicide: An Effective Tool in Preventing Suicide*, Nordencroft M. et al., *Suicide Life Threat Behav.*(2007) 37(6):688-97.

⁵⁰ Centers for Disease Control and Prevention, *Methods of Suicide Among Persons Aged 10-19 Years, United States, 1992-2001*, *Mortality and Morbidity Weekly Review (MMWR)*, June 11, 2004/53 (22); 471-474

⁵¹ See *Means Restriction for Suicide Prevention*, The Institute of Health Economics Report, Alberta, Canada (January 2010); available online at <http://www.ihe.ca/documents/IO%20Final%20Feport%20Jan%202010.pdf>.

⁵² *Id.*

models,⁵³ partnering with medical schools to train new doctors on lethal means restriction, implementing prescription drug monitoring systems, and more.

Measuring Progress: Are communities reducing access to lethal means?

Indicator: 3.1.a Rate of suicides by firearm (AKVDRS)
3.2.a Rate of suicide by poisoning/overdose (BVS)

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 interested in becoming trained to help someone in crisis do not get trained.

- ✿ [Mental Health First Aid](#), is coordinated through the [Trust Training Cooperative](#), a state-funded health care workforce trainer. The cost is \$85.00. Contact the Trust training Cooperative at (907) 264-6228 for more information.
- ✿ [Applied Suicide Intervention Skills Training \(ASIST\)](#), a LivingWorks product, must be used in fidelity to the evidence based practice. ASIST is coordinated by Alaska Native Tribal Health Consortium. The cost is \$35.00 per trainee plus costs of the trainers' travel expenses. To learn more about hosting an ASIST training, contact ANTHC Injury Prevention at (907) 729-3799.
- ✿ [Gatekeeper](#) is an Alaskan program based on the Question, Persuade and Refer model. It 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 Jason Foundation](#) offers students, parents and teachers/youth workers the tools and resources to 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. These programs are offered at no cost. Contact Anne Schaack at (907) 264-4304 for more information.
- ✿ [safeTALK](#) is a training for anyone over age 15. It provides education about how to respond when someone express 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. To learn more, call ANTHC Injury Prevention at (907) 729-3799.

⁵³ The Emergency Department Means Restriction Education model is part of the SAMHSA evidence based practice registry, <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=15>.

One way to ensure that all Alaskans have access to training and ongoing support would be to enhance Alaska's Gatekeeper program. Gatekeeper could be tailored to meet the level and areas of need for the specific group of people being trained if a more robust process of assessing current competencies, goals for the training, and plans for implementing the skills learned was undertaken **before the training occurred**. This process would need to include a complete assessment of available resources for someone in crisis, so that Gatekeepers learned 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 then 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 "refreshers" 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 durable 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 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.

Measuring Progress: Is evidence-based suicide prevention training available to all interested Alaskans?

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

Strategy 3.3 ~ School districts and universities will mandate evidence-based suicide prevention and intervention training for all personnel.

In Alaska, the suicide rate for young men age 15-24 is 56.1/100,000 and for young women is 16.6/100,000.⁵⁴ For Alaska Natives, the rate for this age group is 141.6/100,000 for young men and 50.3/100,000 for young women.⁵⁵ 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.

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 Statewide Suicide Prevention 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 at risk of suicide are more likely to be identified and receive help.

Alaska's university system recognizes the importance of suicide prevention for students, faculty and staff. The University of Alaska Anchorage (UAA) received a state-funded suicide prevention grant to conduct a systems assessment, which identified the need for suicide prevention training. UAA is a FFY2012 recipient of a federal Garrett Lee Smith Grant. Gatekeeper training for students and faculty is a planned grant activity under that three year grant.

Resources:

- 🌿 [The Jason Foundation](#) offers training and resources for teachers, coaches, etc. Contact Anne Schaack at (907) 264-4304 for more information.
- 🌿 [Kognito Interactive](#) offers interactive online training, At-Risk, for high school and university educators and staff (as well as other health education training).
- 🌿 School personnel can also take advantage of ASIST, Gatekeeper, and Mental Health First Aid trainings (*see* Strategy 2.1 for more information).

⁵⁴ Data is for the period 2000-2009, provided by the Bureau of Vital Statistics.

⁵⁵ Data is for the period 2000-2009, provided by the Bureau of Vital Statistics.

Measuring Progress: Are Alaska’s school districts and universities providing evidence-based suicide prevention training for all personnel?

- Indicator:**
- 3.3.a. Number of school districts offering suicide prevention training to educators/staff
 - 3.3.b. Number of universities offering suicide prevention training to educators/staff

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 to 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 [MAPP](#) and COMPASS planning frameworks have seen success in Homer, Fairbanks, Juneau, and other Alaskan communities. Coordinating with existing Community Action Planning groups (organized around state behavioral health grantees) and domestic violence prevention coalitions will increase the reach of the wellness coalition while reducing duplication of effort in community prevention projects.

Whether starting a new coalition, or expanding an existing coalition to address multiple factor related to 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, the coalition can support the strategies in Goals 1 and 4 and the people in their community with the most to share with and learn from the coalition.

Resources:

- ❁ The [Suicide Prevention Resource Center](http://www.sprc.org/taking_action/build.asp) provides a list of resources, as well as technical assistance, to communities developing suicide prevention coalitions. Visit these resources online at http://www.sprc.org/taking_action/build.asp;
- ❁ [Community Anti-Drug Coalitions of America](http://www.cadca.org/training-events) (CADCA) offers a host of resources, publications, webinars, and trainings to help people create, grow, and maintain community coalitions. These resources are focused 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>);
- ❁ The National Highway Traffic Safety Administration has a “how to guide” for coalition building. It is focused on underage drinking, but many of the ideas are helpful. (http://www.nhtsa.gov/people/injury/alcohol/Community%20Guides%20HTML/Book1_CoalitionBldg.html);
- ❁ Connect with another Alaska coalitions and learn from their experience. This has worked well for Ketchikan and Juneau, communities where the coalitions have supported and informed each other’s efforts.

Measuring Progress: Are community wellness coalitions addressing suicide prevention?

Indicator: 3.4.a. Number of community coalitions connected with StopSuicideAlaska.org

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.⁵⁶ 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 (discussed above), 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.

⁵⁶ For discussion of the data related to drugs, alcohol, and suicide, refer to *Mending the Net*, FY2010 Annual Report at 10 (online at http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/2010SSPCAnnualReport.pdf).

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 issues of reputation and stigma. However, it is important to recognize that, even in “dry” communities, drugs and alcohol are a contributor to the risk of 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 staff of the Division of Behavioral Health are an excellent resource. The Advisory Board on Alcoholism and Drug Abuse and Statewide Suicide Prevention Council can also provide technical assistance. The Suicide Prevention Resource Center has specialized tribal technical assistance as well as general support for community coalition building.


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



Measuring Progress: Are suicide prevention coalitions addressing substance abuse?

Indicator: 3.5.a. Rate of adult binge drinking (BRFSS) 17.9% (2009)

Strategy 3.6 ~ The State of Alaska will coordinate all prevention efforts across all departments and divisions, to ensure that Alaska has a truly 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 – the web of causality – 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 from broad collaborations between state, tribal and community organizations involved in prevention. Whether in creating healthy and safe communities, improving community and clinical prevention, empowering individuals to make good health and lifestyle decisions, or eliminating health disparities, states are encouraged to support truly comprehensive prevention efforts that involve all governmental departments and broad groups of stakeholders. Alaska employed this sort of model at the community level with the [Alaska Tobacco Prevention and Control Program](#) – and (after a marathon effort over 15 years) successfully reduced the amount of cigarette sales to adults by almost 50%, to a level below the national average.⁵⁷

Resources:

Alaska has already undertaken this sort of inter-departmental collaboration with the [Criminal Justice Working Group](#). The commissioners of Health and Social Services, Corrections, Public Safety and Education, as well as the Chief Justice of the Alaska Supreme Court, all work through this group on joint efforts to prevent crime and reduce recidivism. A similar sort of inter-departmental collaboration is involved in Governor Parnell’s [Choose Respect](#) initiative to end domestic violence and sexual assault in Alaska.

Measuring Progress: Is the State of Alaska coordinating all prevention efforts across department and divisions?

Indicator: 3.6.a. Number of cross-departmental prevention initiatives

⁵⁷ Between FY1996 and FY2009, 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>).

Strategy 3.7 ~ The State of Alaska will balance the policy of comprehensive and integrated prevention with the use of evidence based practices.

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 in an appropriate context, an evidence based practice ensures that the intervention, when implemented with fidelity, 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),⁵⁸ 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 program.

Part of requiring evidence based practices of grantees is providing the support and technical assistance needed to implement them effectively. The State of Alaska has undertaken to provide 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. By coordinating with the Council, ANTHC, and other in-state providers of technical assistance – as well as the Suicide Prevention Resource Center, 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, a searchable online database of more than 200 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment reviewed by SAMHSA (<http://www.nrepp.samhsa.gov/>).
- 🌿 The Best Practices Registry for Suicide Prevention, a searchable online database from the Suicide Prevention Resource Center containing 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 reviewed by the Suicide Prevention Resource Center (<http://www2.sprc.org/bpr/index>).

Measuring Progress: Is the State of Alaska prioritizing evidence-based practices in prevention programs?

Indicator: 3.7.a. Number of grantees implementing evidence-based prevention practices

⁵⁸ The National Strategy for Suicide Prevention Goals and Objectives for Action: Summary is available online at <http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp>.

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, 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 Qungvasik 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. Qungvasik 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 the community members and met rigorous evaluation and review standards.⁵⁹

Creating, testing, and evaluating an Alaskan suicide prevention practice takes time, expertise, support, and funding. Some organizations have managed to undertake this effort with federal or local support, but 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 encourage every Alaskan to 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.⁶⁰

Measuring Progress: Is the State of Alaska supporting innovative, research-based suicide prevention?

Indicator: 3.8.a. Number of research-based innovative programs funded

⁵⁹ Read about the Qungvasik 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.

⁶⁰ Read about active and completed evaluation projects at the Center for Behavioral Health Research and Services website (<http://www.uaa.alaska.edu/cbhrrs/>).

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 people who they suspect might be suicidal or experiencing a mental illness or addiction. Stigma can also prevent a survivor of a loss to suicide from talking about what happened or asking for help, because he or she is afraid of being judged. For survivors of an attempt to commit suicide, the fear of judgment and shame can prevent them from seeking help and support – often when they most need it.



The Alaska Mental Health Trust Authority partners with the Statewide Suicide Prevention 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* campaign and public education that *Treatment Works, Recovery Happens* are part of these anti-stigma efforts. The Suicide Prevention Council’s 2011 media campaign *How Are You Really Doing?* was designed to not just educate about suicide, but to encourage action based on that improved understanding of how to help someone at risk of suicide.

We all have challenges.
One in four Alaskans struggles with a treatable mental health condition.

It could be someone you know, a loved one, co-worker, friend or neighbor. It might be the person you least expect. It might even be you. But fear of being labeled can be as challenging as the disease itself. Help break the stigma associated with mental illnesses and addiction.

You know me....

JOE
I work at The Wellness Innovations Center and I'm active in my community. In my early 20's I lost my job and apartment and ended up in a state mental hospital. I was diagnosed with schizoaffective disorder. It has been tough, but with treatment and services my life is back on track.

KALYNN
Today, my family is together and strong, but we weren't always that way. When I was young, I experienced a traumatic brain injury. At 11, I started using drugs and alcohol and by 14 was sent out of state for mental health and substance abuse treatment. Now I am back home with access to the treatment and support I need.

ALYNN
I am a productive tax-paying citizen. I work as an employment specialist with Anchorage Community Mental Health Services, but for a long time I couldn't work or support myself. With help from Alaska Psychiatric Institute and others, I was diagnosed and found support and resources that helped me on the road to recovery.

ALEXANDRIA
My life on the autism spectrum has pros and cons. I can memorize anything that interests me with little effort. But often I feel overwhelmed and disorganized. I had a lot of trouble learning what to say and do in certain settings and was seen as a ward in school. To fit in, I experimented with drugs and alcohol. Since then, I've learned to cope by educating myself about my disorder. I will think and do things differently than most people, but that's okay. I may be quirky, but I'm lovable, too.

SHARON
I'm a single mom and my son is the love of my life. I have a bachelor's degree in Criminal Justice and I'm looking forward to a bright future. During my childhood though, my future was dark. I endured repeated abuse and in adulthood was diagnosed with post traumatic stress disorder. The right diagnosis, treatment and support from my peers have helped me achieve recovery.

MINDY
I graduated from the University of Alaska with a degree in Human Services. Many people thought I wouldn't succeed because I have a fetal alcohol spectrum disorder (FASD). I was successful because I learned about FASD and found the right services and supports. I am a testament to the different abilities of people affected by FASD. We are capable.

**Treatment works.
 Recovery happens.
 Resources are available.**

It is important that the State of Alaska not just continue these efforts, but broaden them to reach every Alaskan. Research shows that knowledge of mental illness and suicide is not enough to eradicate stigma. Effective campaigns to reduce stigma include not just public education, but also advocacy and 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.⁶¹ Effective anti-stigma campaigns do not just educate – they transform fear and ignorance into compassion and concern.

Resources: The Council and its partners can provide support for community based stigma-reduction efforts. The Suicide Prevention Resource Center has research about stigma and how to address it, to help you tailor your campaign. SAMHSA’s stigma-busting clearinghouse, www.stopstigma.samhsa.gov, provides information, tools, and support for anti-stigma efforts. These are organized by audience, so you can choose from information designed for youth, elders, mental health providers, families, etc.

Measuring Progress: Is the State of Alaska coordinating and supporting stigma reduction efforts?

Indicator: 3.9.a. Number of stigma reduction efforts

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 of suicide – 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.

⁶¹ 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).

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

SAMHSA ADS Center
1-800-540-0320



Resources:

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

careline	1-877-266-4357
search help line	1-877-294-0074
national lifeline	1-800-273-TALK
	veterans PRESS 1
find mental health services	1-888-464-8920
find substance abuse services	1-888-464-8920
find social services/general help	2-1-1

Measuring Progress: Are Alaskans calling for help?

- Indicator:** 4.1.a. Number of calls to Careline annually
4.1.b. Number of calls to Alaska 211 annually

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 so that people know they can help. In some communities, the behavioral health center is a partner in the wellness or suicide prevention coalition. But not every behavioral health center does.

Resources:

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

Measuring Progress: Are behavioral health centers providing outreach?

- Indicator:** 4.2.a. Number of behavioral health centers reporting outreach efforts

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

Youth and young adults are Alaska’s highest risk group for suicide, with rate up to five times the national average.⁶² 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 risk 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. Part of that requires that the State of Alaska 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. Access to grant funds for mentoring programs for youth coming out of foster care, tuition waivers, job training services, and transitional housing have all been increased. Programs like [Juneau Youth Services](#) and [Covenant House Alaska](#) in Anchorage provide specialized services to youth experiencing serious emotional disturbance and other behavioral health needs. The Alaska Youth and Parent Foundation’s POWER [Teen Center](#) in downtown Anchorage offers limited reproductive health services to homeless and at-risk teens. While offering valuable services to high-risk youth, these programs have limited capacity to provide the bridge services many young adults need.

Measuring Progress: Are community health providers offering bridge services for at-risk young adults?

Indicator: 4.3.a. Number of homeless age 15-21

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

⁶² *Mending the Net*, FY10 Annual Report at 9 (http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/2010SSPCAnnualReport.pdf).

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 help assemble and maintain the libraries of information and give life to the learning network. Interested in helping? Contact the Council at (907) 465-6518.

Measuring Progress: Is the State of Alaska providing an effective learning network through StopSuicideAlaska.org?

- Indicator:**
- 4.4.a. Number of training/education contributors to StopSuicideAlaska.org
 - 4.4.b. Number of training/education tools accessed via StopSuicideAlaska.org



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.

Experiencing a loss to suicide is in itself a risk factor for suicide. Access to support and services after a loss to suicide can help prevent additional suicides in a family or community. Survivors of a loss to suicide need their own forms of support and help in order to heal – and, 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 – there are many sources of support.

Not every community in Alaska has a survivors’ support group. In addition to formal survivors’ support groups, survivors of a loss can support other survivors of a loss informally. Whether it’s by reaching out through local suicide prevention coalitions or one-on-one, establishing informal

networks to help survivors of a loss, or incorporating culturally traditions to help healing, individuals can share their experiences and support ongoing healing.

Resources:

-  Survivors of a loss to suicide can connect through support groups in Fairbanks. Contact Fairbanks Counseling and Adoption at (907) 456-4729.
-  Survivors of a loss to suicide 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](#).



Measuring Progress: Do survivors know about suicide prevention resources and how to get involved?

Indicator: 5.1.a. Number of active survivors support groups

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 Statewide Suicide Prevention Council and Division of Behavioral Health developed a Postvention Resource Guide in 2011. This guide provides information, tools and resources for all Alaskans to use after a suicide occurs. This guide is only as effective as the people who read it and but the information and tools to work.

Resources:

-  The [Postvention Resource Guide](#) is available online at StopSuicideAlaska.org. You can also request a printed copy from the Division of Behavioral Health. Call (907) 465-8536 to request a copy.
-  Training on the Postvention Resource Guide was provided in June, 2011. Ongoing technical assistance is available from the Division of Behavioral Health. Call (907) 465-8536 for more information.

Measuring Progress: Is the State of Alaska providing supports and resources for community postvention efforts?

Indicator: 5.2.a. Number of postvention resource guides provided
5.2.b. Number of Alaskans trained on the postvention guide

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](#),⁶³ [Youth Risk Behavior Survey](#) and [Behavioral Risk Factor Surveillance System](#). The data, being available for 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 which are attributed to “accident” are not counted. Deaths are not always investigated, and so some deaths attributed to accident may be undocumented suicides. The Alaska Violent Death Reporting System does investigate **potential** violent deaths in order to collect data from different sources and make a finding as to 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.

It 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 the suicide prevention system, the State of Alaska can improve the surveillance system for all users.

⁶³ 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>.

Resources:

The DHSS Strategic Prevention Framework State Incentive Grant workgroup structure, in which many of these same partners worked together to identify, validate, and analyze data from a wide range of sources to help ensure that a multi-year, multi-million dollar grant was directed to the most pressing prevention issues.⁶⁴ With this recent experience, the State of Alaska – with its partners in tribal health – can transform the suicide surveillance system to better serve our communities.

Measuring Progress: Is the State of Alaska improving the statewide suicide surveillance system?

Indicator: 6.1.a. Time delay in data accessible for policymaking/
planning

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 that there are many factors that can lead someone to consider suicide, the field of suicide research is still developing. Add to that the fact that Alaska has a 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), and 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](#), experienced in working with Alaskans and Alaskan issues. The Alaska Native Tribal Health Consortium’s epidemiology program is robust, as is the State of Alaska’s. 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 our 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

⁶⁴ For more information about the SPF SIG Epidemiology Workgroup, and how its efforts informed the overall SPF SIG project, visit <http://hss.state.ak.us/dbh/prevention/programs/spfsig/EPIwrkgrp.htm>.



autopsies).⁶⁵ Follow-back studies are considered a best practice in documenting and understanding a death by suicide, helping to answer the painful question of “why?” that survivors ask while also improving 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 based on statistically significant data.

The follow back study done for Alaskan suicides occurring between 2003-2006 was a study of those 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 (making the results illustrative but not sufficient to serve as any basis for major conclusions to be drawn).

Resources:

Conducting ethical and effective health science research takes time, expertise, and money. There are resources, in Alaska and from outside, to support these undertakings. Alaska’s universities in Fairbanks and Anchorage have Institutional Review Boards (IRB) that can be engaged to ensure that the study complies with all research standards and protects the participants from harm. There is also an Alaska Area IRB through the tribal health system focused on research involving Alaska Native peoples. The [Center for Alaska Native Health Research](#) is another resource, with a cohort of researchers experienced in participatory research – a collaborative model where “responsible research means staying for tea.” The [Center for Behavioral Health Research and Services](#) at the University of Alaska Anchorage provides a host of research services.

There are federal and philanthropic sources of funding for research and study. Examples of agencies/organizations that fund research projects include the National Institutes of Health (including the National Institute of Mental Health), 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](#), 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

⁶⁵ 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/>).

their peoples). 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.⁶⁶

Measuring Progress: Are the State of Alaska and its partners promoting research into suicide and its causes and the special factors affecting high-risk populations?

Indicator: 6.2.a. Suicide-related research projects being conducted by Alaska researchers

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

There is a precedent for reviewing the effectiveness of 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 (SPF SIG), 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 best in a small village or within a cultural community.

This process helped ensure that the programs funded by the SPF SIG had the information and resources to choose a prevention strategy that best suited their goals and the population they serve. We can do the same service for communities engaged in preventing suicide. There has been preliminary evaluation of the Gatekeeper suicide prevention trainings, and a planned evaluation of ASIST by Alaska Native Tribal Health Consortium staff.

⁶⁶ 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:

Evaluations of assessment tools, prevention programs, and other research are available to help in this quality improvement effort. For example, the American Association on Suicidology has completed a review of suicide assessment measures for adults, older adults and youth.⁶⁷ 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.

Measuring Progress: Are the State of Alaska and its partners evaluating the effectiveness of crisis intervention models and responses?

Indicator: 6.3.a. Evaluation projects being conducted by Alaska researchers

⁶⁷ Available online at <http://www.suicidology.org/web/guest/current-research>.

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, our communities, we can ensure that Alaskans no longer die by suicide. Review the checklist below and start checking off all the ways that you, your family, your community, and your state will prevent suicide.

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
- Join an after-school program (as a participant or leader)
- 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.org