

Messages of Hope

Promoting Wellness to Prevent Suicide
in Alaska, 2023-2027 Statewide Suicide
Prevention Plan

hope



I see you and hear you,

You are not alone.

Messages of Hope- Alaska’s Statewide Suicide Prevention Plan 2023-2027

Executive Summary

Suicide is a complex public health issue that impacts all Alaskans, regardless of age, culture, race, region, or socio-economic background. Suicide rates continue to be a concern across the United States, and Alaska has one of the highest of any state, at more than double the national average in 2021.

A message of hope for all Alaskans is that suicide is preventable and early intervention, prevention and postvention supports can reduce suicide attempts and deaths. The State of Alaska has a role in bringing hope to Alaskans by promoting and supporting collaborative efforts that reduce suicide risk and help Alaskans build their resiliency to stress and trauma.

“Messages of Hope” is a five-year plan to fulfill Alaska’s Statewide Suicide Prevention Council (SSPC) statutory duty to create a statewide suicide prevention plan (AS 44.29.305). This plan provides recommendations to inform statewide suicide prevention efforts at the State of Alaska. It also identifies ways Alaskans can help prevent suicide and offers resources and referral information on prevention, services, supports and crisis care. The goals and strategies for this plan are summarized as follows:

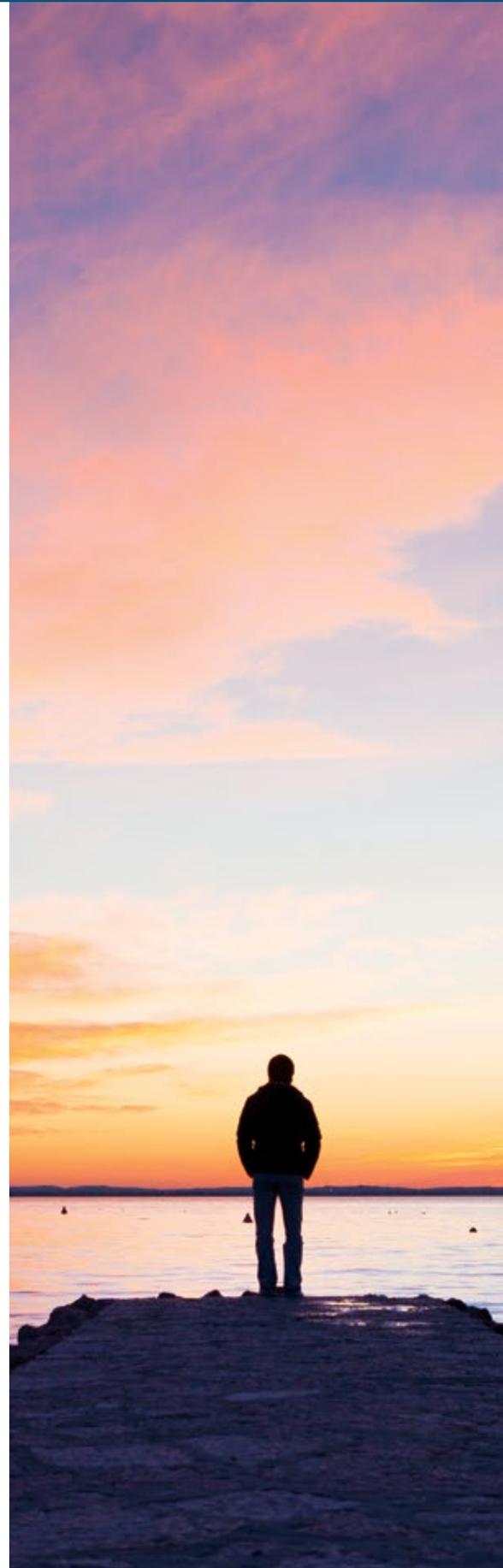
Goal # 1: Address Upstream Factors that Impact Suicide 12

Strategy 1.1: Understand and Educate Alaskans about the Impacts of Trauma 12

Strategy 1.2: Align Upstream Prevention Activities with the Understanding of Shared Risk and Protective Factors 13

Strategy 1.3: Address Social and Economic Determinants of Health 14

Strategy 1.4: Promote Projects and Programs that Build Resiliency 15





Goal #2: Implement a Broad-Based Public Health Response to Suicide 15

Strategy 2.1: Reduce the Impact of Alcohol and Substance Misuse Disorders	16
Strategy 2.2: Address Stigma around Suicide	16
Strategy 2.3: Ensure Collaborative and Streamlined Suicide Prevention Activities, Resources and Infrastructure Across Departments	17
Strategy 2.4: Support Suicide Prevention Coalitions and Organizations across Alaska	18
Strategy 2.5: Support Adoption of Culturally Appropriate and/or Evidence-Based Models for Suicide Prevention	19
Strategy 2.6: Support Promotion of the Zero Suicide Framework	20
Strategy 2.7: Support Efforts to Promote Comprehensive and Integrated Health Care Services	21
Strategy 2.8: Promote and Encourage Peer Support Models of Care	22
Strategy 2.9: Encourage Alaskans to Prevent and Mitigate the Impact of Factors Contributing to Suicide	22

Goal #3: Reduce Access to Lethal Means 23

Strategy 3.1: Promote Lethal Means Safety	24
Strategy 3.2: Address Special Populations about Safe Gun Storage	24

Goal #4: Enhance Alaska’s Crisis Continuum of Care 25

Strategy 4.1: Support Promotion of the Crisis Now Initiative	25
Strategy 4.2: Continue to Support Statewide Crisis Call Centers	26

Strategy 4.3: Increase Access to Services
in Rural Communities 26

**Goal #5: Address Special Considerations
for Alaskan Youth, Seniors and Elders,
Veterans and Military Families 27**

Strategy 5.1: Target Suicide Prevention Programs
and Initiatives for Alaskan Youth 27

Strategy 5.2: Address Special Considerations
for Transitional-Age Youth 28

Strategy 5.3: Work Collaboratively with Senior
and Elder Serving Agencies on Mental Health Supports
and Services 29

Strategy 5.4: Target suicide prevention and stigma
reduction activities for Veterans and military families 30

**Goal #6: Improve the Quality of Data
and Research for Suicide Prevention
Efforts 30**

Strategy 6.1: Improve Data Collection and Data
Sharing within the State of Alaska 31

Strategy 6.2: Improve Data Analysis, Communication and
Coordination with Stakeholders that Informs Policies and
Programs 32

Strategy 6.3: Continue to Work with Tribes,
Tribal Health and Universities on Data and Research 32

Conclusion 33

Resources and Referral Information 34

**Preventing Suicide Upstream
Checklist — for All Alaskans 39**



Current Council Members:

(as of November 2022)

Barbara Franks, Chairperson, Survivor –Fairbanks

Monique Andrews, Vice-Chair, Military –Eagle River

Sharon Fishel, Secretary/Treasurer, Education and Early Development –Juneau

Brenda Moore, Officer-at-Large, Alaska Mental Health Board – Anchorage

Roberta Moto, Rural member off the road system –Deering

Diane Fielden, Advisory Board on Alcoholism and Drug Abuse –Soldotna

Terese Kashi, Secondary schools –Soldotna

Kevin Chen, Youth Member –Anchorage

Cynthia Erickson, Public –Tanana

Justin Pendergrass, Youth Organization- Wasilla

Marcus Sanders, Clergy –Anchorage

Senator Gary Stevens –Kodiak

Senator Tom Begich –Anchorage

Representative Sara Hannan –Juneau

Representative David Nelson –Anchorage

VACANT, Alaska Federation of Natives

Eric Morrison, SSPC Staff

Introduction

Alaska's Statewide Suicide Prevention Council

The State of Alaska's Statewide Suicide Prevention Council (SSPC) was established by the Alaska State Legislature in 2001 (AS 44.29.300) and serves as an advisory council to the Legislature and Governor regarding suicide awareness and prevention.

The duties of the Council are to:

- Improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities.
- Broaden the public's awareness of suicide and the risk factors related to suicide.
- Enhance suicide prevention services and programs throughout the state.
- Develop healthy communities through comprehensive, collaborative, community-based, and faith-based approaches.
- Develop and implement a statewide suicide prevention plan.
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

The Council is located within the Alaska Department of Health and includes 17 council members, of which 13 are voting members. There are 2 non-voting members representing the Alaska State House of Representatives and 2 representing the Alaska State Senate. The governor appoints the 13 voting members from designated stakeholder groups. The Senate President and the Speaker of the House appoint the 4 non-voting members.





Core Values of the Statewide Suicide Prevention Council

The core values of the Statewide Suicide Prevention Council help frame the guiding principles recommended for how the State of Alaska and others, implement the recommendations in this five-year plan.

The Council values reducing suicides in Alaska, and increasing access to help, programs and services that Alaskans need to live healthy and productive lives.

The Council values adopting compassion for others and a sense of urgency to improve suicide prevention programs and services in Alaska.

The Council recognizes that culturally based and traditional practices are just as important for preventing suicide in Alaska as evidence-based suicide prevention programs.

The Council supports trauma-informed initiatives that do not traumatize or re-traumatize Alaskans who have historical, generational and childhood trauma.

The Council believes that working together is essential for promoting efforts to reduce suicides. Federal and state agencies, Tribes, health care providers, schools, faith-based agencies, communities and others should collaborate and connect with each other to support and promote suicide prevention activities in Alaska.

Planning Process

SSPC Chair Barbara Franks created a subcommittee in August 2021 to begin the process of developing a new five-year statewide suicide prevention plan. The subcommittee includes Council members and staff, as well as a diverse group of representative stakeholders from across the state.

Statewide Planning Subcommittee members include:

- Monique Andrews, Statewide Suicide Prevention Council (SSPC), Alaska Mental Health Board (AMHB)/ Advisory Board on Alcoholism Drug Abuse (ABADA)
- Senator Thomas Begich, Alaska Legislature and SSPC

- Eric Boyer, Alaska Mental Health Trust Authority (The Trust)
- Barbara Franks, SSPC Chair
- Charity Lee, Division of Behavioral Health (DBH)
- Brenda Moore, SSPC/AMHB
- Roberta Moto, SSPC and Maniilaq Association
- Dustin Morris, American Foundation for Suicide Prevention- Alaska Chapter (AFSP-AK)
- Eric Morrison, SSPC
- Rae Romberg, Alaska Network for Domestic Violence and Sexual Assault (ANDVSA)
- Carrie Rowland, Alaska Native Tribal Health Consortium (ANTHC)
- Adam Rutherford, Department of Corrections
- Beverly Schoonover, Executive Director AMHB/ABADA/ SSPC
- Ingrid Stevens, ANTHC
- Lesley Thompson, Alaska Commission on Aging
- Leah Van Kirk, DBH
- Jenny Weissaupt, AMHB/ABADA
- Alysa Wooden, DBH
- Angela “Tupilak” Young, Southcentral Foundation

The subcommittee began meeting in November 2021 and made recommendations on goals, strategies and action items to improve statewide prevention efforts and initiatives.

In addition to the subcommittee work there were dedicated community engagement and outreach efforts to hear from Alaskans what they think are the best ways to address suicide prevention statewide.

- A statewide survey was conducted to receive feedback on the goals of the plan.
- The SSPC presented opportunities for public comment at in-person events, including the Alaska Federation of Natives conference, the Alaska Mental Health Trust Improving Lives conference, and the Out of Darkness walk in Anchorage sponsored by the American Foundation for Suicide Prevention Alaska Chapter.





- The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse reviewed the goals and strategies in the plan and provided their recommendations.
- The SSPC held a final round of formal public comment during the last two weeks of January 2023.

While this planning process is a uniquely Alaskan endeavor, it is aligned with the Surgeon General's 2021 Call to Action to Implement the National Strategy for Suicide Prevention. This alignment helps the Council evaluate the implementation of the plan compared to national standards and other states' efforts.

Progress Made since "Recasting the Net" Alaska's Suicide Prevention Plan 2018-2022

Since the publication of the previous five-year statewide suicide prevention plan in early 2018, the following identifies statewide efforts towards reducing suicides in Alaska:

- Congress passed a bill in 2020 to create a new three-digit suicide prevention hotline (988), which launched officially in July 2022. The Alaska Division of Behavioral Health (DBH) received a 988-planning grant in 2021 and facilitated a statewide planning effort to ensure a smooth transition to the new crisis number. Council members and staff joined planning teams that addressed coordination, capacity, funding, and communications strategies foundational to the launching of 988 in Alaska.
- The Alaska Statewide Violence and Injury Prevention Partnership (ASVIPP) added suicide prevention as a focus area in their public health surveillance and planning work in FY21. Staff of the SSPC participate in this DPH workgroup to use data and health analytics to identify key programs and services for suicide prevention.
- As part of the work of ASVIPP, ANTHC and DBH staff began hosting the Suicide Prevention Community of Practice in 2021. The goals of this collaborative work are to connect and build community amongst practitioners working to prevent suicide in Alaska, to learn about meaningful trends and insights from qualitative research and to learn about innovative prevention efforts.

- Zero Suicide is a comprehensive approach for the healthcare system to respond to suicide risk. It is an evidence-based framework for universal suicide screenings, brief interventions and referral to behavioral health treatment and services. The Trust partnered with DBH to implement the Zero Suicide framework in Alaska in 2021. Council staff serve on the statewide steering committee and the Community of Practice for this statewide system change initiative.
- The Department of Health and the Trust are working together to implement improvements to Alaska’s system of care that responds to individuals experiencing a behavioral health crisis using the nationally recognized Crisis Now model as a framework. The Crisis Now model is a continuum of three components that are working in many communities to prevent suicide, reduce the inappropriate use of emergency rooms and correctional settings, and to provide the best supports for individuals in crisis. Council members and staff participate in the ongoing stakeholder and planning work for this statewide system change initiative.

Plan Implementation and Assessment

This plan provides recommendations and strategies to inform statewide suicide prevention efforts at the State of Alaska. The overall goal of this plan is to reduce suicides and suicide attempts in Alaska. Implementation of this plan relies on the Governor, the Alaska Legislature, leadership at each department and others to immediately begin working on these recommended action items in collaboration with diverse stakeholders, Tribes, and community members who work in this area.

The SSPC will develop an annual implementation plan to address these action items at the statewide level. For the next five years, the SSPC will report to the Governor and Alaska State Legislature on its accomplishments. This information will be used to track success of the current plan and used to inform the next update of the statewide suicide plan in 2027.





Goals, Strategies, and Recommended Actions

Goal # 1: Address Upstream Factors that Impact Suicide

Investments in upstream prevention efforts are needed to reduce suicide attempts and deaths in Alaska. This includes promoting health and wellness at the statewide level, reducing health risk factors, promoting protective factors, and addressing health and economic inequities.

Strategy 1.1: Understand and Educate Alaskans about the Impacts of Trauma

Adverse Childhood Experiences (ACEs) have been extensively studied since the mid 1990's. The original study focused on a list of ten stressors for youth from birth to age 18, which included sexual, physical, and emotional abuse, physical and emotional neglect, and five types of household stressors including mental illness, substance misuse, an incarcerated family member, divorce or separation, and witnessing violence in the home. This study and hundreds of subsequent ones have found links between ACEs and poor health, economic, social and educational outcomes for both children and adults at a population level. In Alaska, adults were surveyed about their experiences beginning in 2014 and it was found that approximately 2/3 of Alaskans surveyed reported at least one ACE.

Research also shows that historical trauma has generational impacts on the health and wellness of Indigenous Alaskans that can be attributed to land loss, land displacement and cultural devastation. The State of Alaska has a role to address the historical and generational trauma that has resulted from colonization in our state and educate others on the connection between historical and childhood trauma and health outcomes.

Recommended Actions for Strategy 1.1

Action 1: In collaboration with stakeholders, Tribes and other partners, develop statutory language that requires trauma-

informed practices be embedded within Alaska's health and social service system.

Action 2: Require training and education for State of Alaska employees who provide health and social services to Alaskans on understanding the impacts of trauma and trauma-informed practices.

Action 3: Continue supporting state-funded efforts such as the Division of Public Health's ALCAN Link surveillance system and the Division of Behavioral Health supported Alaska Advanced Trauma Training Institute to better understand the impacts of trauma on Alaskans.

Action 4: Align state resources towards gaining a better understanding and promoting protective factors that can help reduce the impacts of historical and generational trauma on indigenous Alaskans.

Strategy 1.2: Align Upstream Prevention Activities with the Understanding of Shared Risk and Protective Factors

Suicide can be prevented through increased awareness, education, and targeted interventions to reduce risk factors that impact health and wellness and to promote protective factors that support healthy Alaskans. Some risk factors for suicide include childhood trauma, domestic violence, substance misuse, mental health, economic insecurity, chronic illness, lack of health care, among others. Protective factors can include having a strong cultural identity, feeling connected to others, access to healthcare, among others.

Recommended Actions for Strategy 1.2

Action 1: In collaboration with the Alaska Statewide Violence and Injury Prevention Partnership (ASVIPP), the Department of Health and Department of Family and Community Services should develop a framework on shared risk and protective factors for coordinated planning, programing and prevention activities.

Action 2: Work with partners and Tribes to obtain ongoing feedback and input on the State of Alaska's shared and risk protective factors framework.

What We Heard from Alaskans about Goal #1

Through surveys and other targeted outreach efforts during the planning process, Alaskans shared their suggestions about how the State of Alaska can address upstream factors for suicide prevention. A summary of these recommendations include:

Prevent adverse childhood experiences to prevent suicide and other negative health outcomes.

Address historical trauma statewide, focus on cultural connectedness and emphasize elder knowledge and cultural pride in Alaska Native communities.

Increase infant and early childhood interventions, mental health supports in schools and mental health education and training in schools.

Increase prevention programs for drug and alcohol misuse prevention and increase behavioral health treatment and supports statewide.

Other suggestions included addressing stigma around mental health, promoting the new 988 crisis number, promoting holistic healthcare including nutrition and exercise, increase screenings for traumatic and acquired brain injuries and promoting gun safety.

Action 3: Utilize existing state plans to adopt process measures to understand the impact of coordinated planning, program and prevention activities.

Action 4: Promote training and education for State of Alaska grantees and contractors on the shared risk and protective factors framework.

Strategy 1.3: Address Social and Economic Determinants of Health

Along with risk and protective factors, social and economic determinants of health can also contribute to the health and wellness of Alaskans. The World Health Organization defines social determinants of health as “conditions or circumstances in which people are born, grow, live, work, and age”. These conditions are shaped by political, social, and economic forces. Some negative social and economic determinates of health include homelessness, joblessness, food insecurity, substance misuse, neglect, domestic and sexual violence, chronic disease, and disability.

Recommended Actions for Strategy 1.3

Action 1: Support education and ongoing advocacy to policymakers and State leadership on what social and economic determinants of health are, how they impact suicide prevention efforts, and how investment in projects and programs to improve the social and economic determinants of health can be more cost-effective.

Action 2: Identify and acknowledge projects and programs that improve social and economic determinants of health in the State of Alaska’s operating and mental health budget narratives.

Action 3: Promote training and education for State of Alaska grantees and contractors on social and economic determinants of health.

Action 4: Prioritize state funding and other resources on projects and programs that address health inequities.



Strategy 1.4: Promote Projects and Programs that Build Resiliency

Resiliency is the ability to recover from or adjust easily to adversity or change. There are many ways resiliency is supported at all ages of life and ways that resiliency efforts can be targeted towards youth for overall wellness and suicide prevention.

Recommended Action for Strategy 1.4

Action 1: Identify best management practices and other evidence-informed programs that promote resiliency and offer training and resources to promote those efforts statewide.

Action 2: Encourage state funded health agencies to conduct environmental scans that include identifying social and economic determinants of health in electronic health records.

Action 3: Support activities and funding that promote healthy school climates; including social and emotional learning, emotional regulation, coping skills, problem solving and trauma-informed approaches.

Action 4: Create statewide educational guidelines on culturally based wellness, physical health and mental health for youth.

Goal #2: Implement a Broad-Based Public Health Response to Suicide

Public health is defined by the CDC as “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals”. Many departments and divisions at the State of Alaska respond to community health issues through public health strategies. Implementing a broad-based public health response means taking a collaborative and comprehensive approach to improving public health that engages all Alaskans.





Strategy 2.1: Reduce the Impact of Alcohol and Substance Misuse Disorders

The impacts of alcohol and substance misuse must be addressed at the individual and community level to effectively address suicide. Substance misuse by parents or caretakers can create an environment in which a child cannot grow up safely or lead to adverse childhood experiences. A person with an undiagnosed mental illness could self-medicate with drugs or alcohol to feel better but inadvertently increases their risk of suicide. The misuse of drugs or alcohol could decrease the natural inhibitions or judgement that would prevent someone from acting on a suicidal impulse. Whatever the case, the role of alcohol and substance misuse impacts public health and suicide rates in Alaska.

Recommended Actions for Strategy 2.1

Action 1: Develop and fund a full continuum of care for alcohol and substance misuse disorders, from prevention and early intervention to treatment and services that increase the likelihood of long-term recovery and well-being.

Action 2: Utilize new and ongoing data at the state and community level to better understand the relationship between substance misuse and suicide.

Action 3: Offer trainings and other resources to behavioral health providers to support suicide screenings and referral to treatment in behavioral health settings.

Action 4: Listen and learn from local communities to understand the impact and effects of alcohol on their community and what local solutions and projects have worked to support Alaskans with substance misuse disorders.

Strategy 2.2: Address Stigma around Suicide

Stigma is not just a major barrier to accessing mental health care, it prevents people from reaching out to someone they suspect might be thinking of suicide or experiencing mental illness or substance misuse. Stigma can also prevent a suicide survivor from talking about what happened or asking for help, because they are afraid of being judged when they need help

most. Positive messaging, community conversations and media efforts can help change social norms and perceptions about mental illness, addiction, depression and suicide. Normalizing discussions of suicide prevention should be encouraged and not seen as a taboo subject in Alaska, or anywhere.

Recommended Actions for Strategy 2.2

Action 1: Build communication campaigns with diverse stakeholders and partners to develop key messaging about stigma, dispel myths about suicide and reduce stigma regarding access to care.

Action 2: Integrate stories about suicide, suicide survivors and recovery into stigma reduction communication campaigns.

Action 3: Support youth to develop key messages about reducing stigma, develop trainings around social media and how to respond to friends or classmates being bullied, feeling depressed and anxious, or are thinking of suicide.

Strategy 2.3: Ensure Collaborative and Streamlined Suicide Prevention Activities, Resources and Infrastructure Across Departments

To truly move the needle on statewide suicide rates, the State of Alaska should coordinate all suicide prevention efforts across all departments and divisions. Department leadership can work collaboratively to create a long-term vision of centralized suicide prevention efforts at the State of Alaska and identify ways to improve staffing, resource allocation, data collection, training, communications and decision-making to improve outcomes for all Alaskans.

Recommended Actions for Strategy 2.3

Action 1: Department leadership should commit time and resources to complete the Suicide Prevention Resource Center's (SPRC) Infrastructure Recommendations to assess the State of Alaska's suicide prevention infrastructure.

What We Heard from Alaskans about Goal #2

Through surveys and other targeted outreach efforts during the planning process, Alaskans shared their suggestions about how the State of Alaska should use a broad-based public health approach to reducing suicide. A summary of these recommendations include:

Address stigma around access to behavioral health care and suicide, including public messaging and media campaigns.

Expand crisis services in Alaska.

Understand the role the State of Alaska has in addressing social determinants of health.

Improve the State's postvention support and response, including deploying counselors and suicide prevention staff to communities' post-suicide.

Send a survey to rural counselors and/or local community members to 'tap into their knowledge' on local culture, traditions and attitudes about suicide and ideas for local suicide prevention efforts.

Encourage State investment of resources and ongoing funding for public health programs and activities.

Increase infant and early childhood interventions, mental health supports in schools and mental health education and training in schools.



Action 2: Using the assessment findings, develop inter-Departmental commitment to encourage cross-discipline collaboration and integration of suicide prevention programs and resources.

Action 3: Work across divisions and departments to build standard training plans for suicide prevention for State of Alaska employees who have ongoing engagement with the public; including social workers, correctional officers, court system staff, probation officers, public safety staff, senior and assisted living staff, and medical reception and admissions staff.

Strategy 2.4: Support Suicide Prevention Coalitions and Organizations across Alaska

Given the “web of causality” underlying suicide, it is important that the State of Alaska supports local suicide prevention efforts. There are numerous suicide prevention and wellness coalitions and organizations across Alaska and funding and other resources should be targeted towards these local entities. Resources such as shared risk and protective factors, or other educational materials at the State of Alaska, should be shared with regional suicide prevention coalitions and entities. Communities should identify and promote programs and infrastructure that work for their community, because what works for a village in Southeast Alaska may not be effective in the interior of the state.

Recommended Actions for Strategy 2.4

Action 1: Support existing suicide prevention coalitions and organizations in Alaska, including offering capacity building opportunities for coalition leadership.

Action 2: Encourage new and sustainable suicide prevention coalitions in underserved communities and that represent every region in the state.

Action 3: Continue to host suicide prevention conferences and offer travel resources to allow Alaskans from rural communities to attend.

Action 4: Utilize the existing ASVIPP Suicide Prevention

Community of Practice as a resource and convening body for local and regional suicide prevention coalitions.

Action 5: Crisis Now coordinators across the state should be encouraged to help support and engage with suicide prevention coalitions.

Strategy 2.5: Support Adoption of Culturally Appropriate and/or Evidence-Based Models for Suicide Prevention

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. Promoting use of evidence-based practices will help spread effective suicide prevention programs and interventions throughout Alaska, benefiting more communities and families.

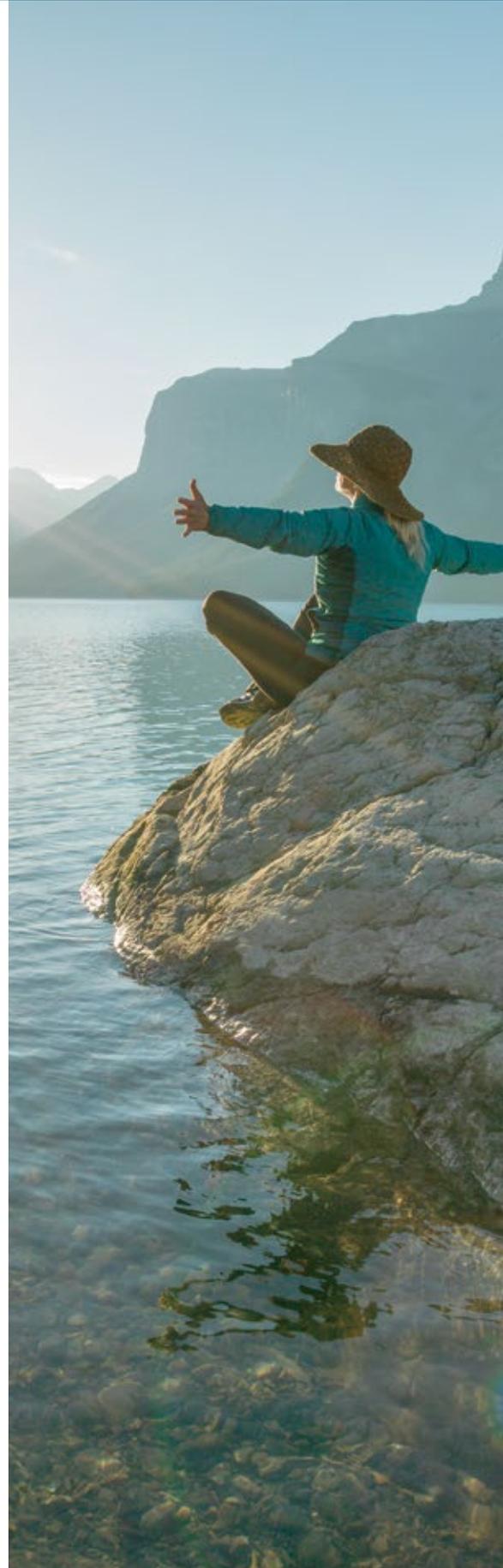
It is equally important to recognize the value of suicide prevention activities that are evidenced in the historic and diverse knowledge and experience of Alaska's communities, especially in indigenous populations. Alaska requires a broader definition of 'evidence based' to allow for local and traditional knowledge that has been cultivated and shared since time immemorial. Experts may include Tribal elders or others who obtain local wisdom, traditional knowledge, skills and practices that have been proven through time to contribute to health and wellness for their village population, Tribe or region.

Recommended Actions for Strategy 2.5

Action 1: The State of Alaska and its partners will continue to identify and promote evidence-based suicide prevention and intervention models.

Action 2: Find opportunities to support innovative suicide prevention activities, including those that are culturally-based and draw upon the traditional knowledge and strengths of indigenous Alaskans.

Action 3: Encourage and prioritize programs and services that are strength-based, connect Alaskans to their culture and that support protective factors to reduce suicides.





Strategy 2.6: Support Promotion of the Zero Suicide Framework

According to the Suicide Prevention Resource Center, people who die by suicide often are more likely to see their primary care providers within the previous month of taking their lives than any other health care provider. A visit to a primary care provider may be the only access to needed care for someone at risk of suicide. Primary care providers (including doctors, nurses, physician's assistants, health aides, etc.) are on the front lines when it comes to preventing suicide. Unfortunately, few primary care providers receive training in suicide prevention as part of their initial and ongoing education.

Zero Suicide is a transformational approach to comprehensive and integrated suicide care within diverse healthcare settings. In order to save people who might fall through the cracks of a healthcare system, Zero Suicide is a model that encourages organizational commitment to safer suicide care for all patients in order to identify those at risk. Full integration and maintenance of these practices throughout Alaska requires commitment from the State to support and expand this work.

Recommended Actions for Strategy 2.6

Action 1: Promote the Zero Suicide model to primary care providers.

Action 2: Establish a permanent position at the State of Alaska for Zero Suicide coordination to continue statewide promotion of the program.

Action 3: Collect initial and ongoing data and share data on Zero Suicide implementation.

Action 4: Integrate Zero Suicide best practices in policy initiatives, regulations and grantee funding.

Action 5: Continue and expand training about Zero Suicide to providers and along multi-treatment modalities.

Strategy 2.7: Support Efforts to Promote Comprehensive and Integrated Health Care Services

There is a natural intersect when Alaskans seek physical health care to also support their mental and behavioral health needs. Some Tribal health care providers in Alaska already provide integrated health services, however, planning for system changes and resource investment is needed to encourage increased integration statewide. Optimal integration would need a long-term system change initiative developed collaboratively by the State of Alaska, Tribal health and other physical health care providers.

Recommended Actions for Strategy 2.7

Action 1: Incentivize Community Behavioral Health Clinics and Federally Qualified Health Care centers to strengthen integration of physical and behavioral health services.

Action 2: Strengthen funding and regulations to support implementation and sustainability of integrated physical health and behavioral health services, including Medicaid and Medicare services.

Action 3: Encourage universal suicide screenings in primary care settings and continue to expand training about suicide risk and prevention to primary care providers.

Action 4: Improve discharge planning and care coordination between hospitals and inpatient psychiatric settings, to include warm hand offs to community-based care and supports and medication management.

Action 5: Explore ways to engage the Alaska Pharmacy Association to help promote suicide prevention initiatives.

Action 6: Implement continuing education requirements for behavioral health associates, community behavioral health aides and community health aides.

Action 7: Build an understanding through data and lived experience, to understand the extent that traumatic and acquired brain injuries are a contributing factor to poor mental health and suicides.





Action 8: Explore and support evidence-based practices for physical health providers to implement telephonic or mail “caring contacts” post-visit or discharge.

Strategy 2.8: Promote and Encourage Peer Support Models of Care

Peer support professionals are Alaskans who can have lived experience with a mental health diagnosis, are in recovery from a substance misuse disorder, are a suicide survivor, are involved with the criminal justice system, or they can be a family member of someone who meets those definitions.

Peer support can take many forms. It can involve crisis triage, one-on-one counseling and support, group support, case management, referral to treatment, advocacy, mentorship, training, among many other types of peer support services. Peer support services are an evidence-based practice recognized for promoting effective treatment for recovery from mental health and substance misuse disorders.

Recommended Actions for Strategy 2.8

Action 1: Continue to develop and fund peer-to-peer supports as an integral part of behavioral health, wellness, recovery and suicide prevention.

Action 2: Continue to identify and reduce barriers for the peer support workforce, including a more streamlined process for waivers for justice-involved peers to enter the state funded behavioral health workforce.

Strategy 2.9: Encourage Alaskans to Prevent and Mitigate the Impact of Factors Contributing to Suicide

Suicide impacts all Alaskans. Alaskan families, communities, and local governments must take ownership of their role in preventing suicide. If every Alaskan learned about the risk factors and protective factors involved with suicides, and how to find national and international best-practices resources to prevent suicides, Alaska would be better prepared to prevent suicide in our families and communities.

Recommended Actions for Strategy 2.9

Action 1: Promote free trainings and programs that help Alaskans identify when someone is at risk of suicide, and how to respond appropriately when someone is thinking of suicide.

Action 2: Research and promote new and innovative suicide prevention programs statewide.

Action 3: Continue to update Alaska's Suicide Postvention Guide and support communities to develop policies and practices for post-suicide response, including in the event of a suicide cluster or contagion.

Action 4: Support efforts at the local level to develop suicide prevention trainings and protective supports at agencies, faith-based organizations, schools and other community entities.

Action 5: Build the network of Alaskans who are suicide survivors to help promote suicide prevention messaging and initiatives in local communities.

Goal #3: Reduce Access to Lethal Means

Many suicide attempts occur with little planning during a short-term crisis. When someone feels overwhelmed in a crisis, impulsive actions and access to lethal means (such as firearms or prescription medicine) could mean a life lost to suicide. Research shows that separating individuals thinking of suicide from a variety of lethal means can help prevent suicide. It can provide valuable time for suicide risk and ideation to lessen and for someone to intervene with mental health support and resources. Firearms continue to be the leading means of suicide in Alaska, and properly educating people about safe and responsible gun storage can greatly reduce someone's odds of dying by suicide. Firearms are the most lethal among suicide methods, so it is particularly important that during a crisis they are removed until things improve at home or they are locked very securely.

What We Heard from Alaskans about Goal #3

Through surveys and other targeted outreach efforts during the planning process, Alaskans shared their suggestions about how the State of Alaska can help reduce access to lethal means. A summary of these recommendations include:

Outreach and education on gun safety and storage.

Expand gun lock, gun safe/cabinet, drug take back and medication disposal bag programs.

Work with communities to help temporarily remove guns from those who are in crisis until they access mental health supports.

Background checks, gun registration and waiting periods for new firearm purchases.



Strategy 3.1: Promote Lethal Means Safety

Part of preventing suicide is preventing access to lethal means of suicide. The American Association of Suicidology recommends supervision of youth by parents and communities, maintaining drug and alcohol-free homes, and safely storing firearms as universal means of preventing suicide. Effectively preventing access to the most common lethal means of attempting suicide includes looking widely for partners to help raise awareness and promote safety.

Recommended Actions for Strategy 3.1

Action 1: Work with the Alaska Department of Fish and Game and other hunting education programs to identify ways to address safe storage of guns in their youth hunting and training programs.

Action 2: Promote safe drug storage initiatives of the Division of Public Health, Office of Substance Misuse and Addiction Prevention.

Action 3: Partner with the Department of Education and Early Development, Office of Children’s Services and the Division of Juvenile Justice to promote lethal means safety.

Action 4: Promote efforts in rural communities that address lethal means safety, including ongoing efforts by the Alaska Tribal health system, Promoting Community Conversations About Research to End Suicide (PC CARES), safe medication and drug disposal, and others.

Strategy 3.2: Address Special Populations about Safe Gun Storage

In 2020, Alaska’s rate of suicide deaths by firearm was more than twice the national average. Gun owners should understand that during emotional or stressful times, limiting access to their firearms could prevent suicide. A locked firearm can mean the difference between a tragic outcome and a life saved for someone in crisis.

According to the Alaska Division of Public Health’s Epidemiology Section, of the 1289 suicide deaths attributed to firearms from 2011 to 2021, 84.9% of those who died were

men. During that same timeframe 29% of the total suicide deaths were Alaskans aged 20-29. This data points towards the need for targeted safe gun storage messaging in Alaska.

Recommended Actions for Strategy 3.2

Action 1: Work with gun shops, gun advocacy and industry groups to identify ways to promote safe gun storage messaging and media campaigns to reduce stigma about mental health support.

Action 2: Identify ways to promote safe storage of guns and reduce lethal means of suicide targeted for younger Alaskans aged 20-29. This could include working with industries that engage younger Alaskans including universities, military, mining, fishing, guiding and construction work.

Action 3: Identify ways to promote safe gun storage via employers and industry human resource groups or programs.

Goal #4: Enhance Alaska's Crisis Continuum of Care

The Alaska Mental Health Trust Authority, the Department of Health, Tribes, stakeholders and partners are working together to implement improvements to Alaska's system of care that responds to individuals experiencing a behavioral health crisis. Alaska needs a high-quality and integrated crisis response system, that ensures access to the right services at the right time in the right setting.

Strategy 4.1: Support Promotion of the Crisis Now Initiative

Crisis Now is a nationally recognized model to prevent suicide, reduce the inappropriate use of emergency rooms and correctional settings, and to provide the best supports for individuals in crisis. The components of the Crisis Now model include a regional or statewide crisis call center, 24/7 mobile crisis teams and 23-hour and short-term crisis stabilization.

What We Heard from Alaskans about Goal #4

Through surveys and other targeted outreach efforts during the planning process, Alaskans shared their suggestions about how the State of Alaska can enhance Alaska's continuum of care. A summary of these recommendations include:

Expand crisis services statewide; including telehealth, mobile crisis services, crisis call centers, crisis intervention, and crisis stabilization centers.

Develop mental health rehabilitation or respite facilities for Alaskans for follow-up supports and services.

Develop and maintain a strong infrastructure for high-speed internet in rural and remote villages.

Provide counselors or behavioral health support in Alaskan schools and universities.



Recommended Actions

Action 1: Promote and support efforts to develop a coordinated crisis system in Alaska based on National Guidelines for Behavioral Health Crisis Care.

Action 2: Promote and support the development of mobile crisis, crisis receiving and stabilization infrastructure and services in rural and hub communities.

Action 3: Encourage primary care providers to engage with the crisis care continuum through education and outreach.

Action 4: Work with communities to develop specific crisis services for youth.

Strategy 4.2: Continue to Support Statewide Crisis Call Centers

Crisis call center services are an integral pillar of crisis response and suicide prevention in Alaska. Operating since 2002, the Alaska Careline is the only crisis call center in Alaska that is currently accredited by the American Association of Suicidology and is a member of the National Suicide Prevention Lifeline. Some individual providers and university campuses have their own crisis call lines. During the COVID-19 pandemic, additional crisis care lines were developed in Alaska by behavioral health providers to respond to emerging instances of depression and anxiety.

Recommended Actions

Action 1: Identify long term and sustainable state funding to support crisis call center services.

Action 2: Support crisis call center services integration with behavioral health providers to offer warm hand-offs and referrals to care, as well as follow up services.

Strategy 4.3: Increase Access to Services in Rural Communities

Rural Alaskans face many challenges regarding access to health care in their communities. Lack of health care providers, transportation to health care facilities, and workforce

challenges all contribute to limited access to services in rural Alaska. Ongoing support for rural providers and innovative solutions are needed to increase access to rural populations.

Recommended Actions

Action 1: Support existing systems of health and behavioral health care in rural areas, including Behavioral Health Aides (BHAs) and linkages to care which pair BHAs with clinicians via telehealth.

Action 2: Continue to expand grant and Medicaid funded telehealth services, including telephone-based services.

Goal #5: Address Special Considerations for Alaskan Youth, Seniors and Elders, Veterans and Military Families

Suicide prevention activities should be developed using both qualitative and quantitative data to assess key populations and target prevention strategies. Current populations of concern for targeted suicide prevention efforts include Alaskan youth, Alaskan seniors and elders, and Alaskan veterans and military families.

Strategy 5.1: Target Suicide Prevention Programs and Initiatives for Alaskan Youth

According to 2021 vital statistics reports, suicide was the leading cause of death for Alaskan youth ages 15-24 years. Youth suicide in Alaska is also higher than the national average. Adolescent deaths by suicide have increased nationwide over the past decade, including in Alaska, and continues to be an area of great concern to mental health providers that needs more resources to address the growing problem. The State of Alaska should mobilize and dedicate staff and resources on targeted suicide prevention initiatives for Alaskan youth.

Recommended Actions for Strategy 5.1

Action 1: Increase access and availability of youth focused behavioral health supports, including multi-tiered school





supports and services in early childhood and school-based settings.

Action 2: Provide training for school counselors and other support services school staff on evidenced based, culturally relevant and peer supported suicide prevention programs and services.

Action 3: Support efforts to offer free, statewide suicide prevention trainings for teens and their parents/caregivers, especially those families involved with the Division of Juvenile Justice and Office of Children’s Services.

Action 4: Identify sustainable funds to support current youth programming statewide, especially programs that are evidence based and/or culturally informed.

Action 5: Provide training to Office of Children’s Services and Division of Juvenile Justice staff on evidenced-informed, culturally relevant and peer supported suicide prevention programs and activities.

Action 6: Identify and support school-based suicide screenings and referrals to intervention and treatment supports.

Action 7: Identify and support school-based youth and peer activities or groups targeted at preventing suicide risks and promoting resilience and protective factors.

Strategy 5.2: Address Special Considerations for Transitional-Age Youth

According to a 2020 vital statistics report, Alaskans aged 20-24 are the highest risk group for suicide. While communities and states have invested heavily in the adolescent mental health system, there are service gaps for youth transitioning to adulthood. Many youth and young adults experiencing a behavioral health disorder face increased stress and risks during this time. This age group can see increased life stressors and often less resources than they might be accustomed to during this transitional period, including entering the workforce, relocating to new homes, relationship struggles, having legal access to alcohol, and others.

Recommended Actions for Strategy 5.2

Action 1: Work with the alcohol and marijuana industry in Alaska to promote suicide and mental health awareness education and outreach.

Action 2: Support efforts to increase youth and young adult service organizations that offer adult and peer social support, job coaching, life skill training, housing and housing supports and/or vocational trainings.

Action 3: Work with youth and young adult serving organizations to understand the impacts of suicide on LGBTQA identifying Alaskan youth and how prevention efforts can be targeted to this population.

Action 4: Support university suicide prevention programs.

Strategy 5.3: Work Collaboratively with Senior and Elder Serving Agencies on Mental Health Supports and Services

Alaskans over age 65 continues to be an at-risk population for suicide. Many people think depression is just part of “getting old” but that is stigmatizing. Feeling lonely, hopeless, or worthless should not become normalized for any Alaskan, at any age. Neglecting to pay attention to the mental and emotional well-being of Alaska’s 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.

Recommended Actions for Strategy 5.3

Action 1: Provide trainings and resources to senior and elder service agencies on suicide prevention and mental health wellness.

Action 2: Work with senior and elder service agencies to develop trainings for family caregivers to understand the warning signs of suicide.

What We Heard from Alaskans about Goal #5

Through surveys and other targeted outreach efforts during the planning process, Alaskans shared their suggestions about how the State of Alaska can address special considerations for Alaskan youth, seniors and elders, veterans and military families. A summary of these recommendations include:

Increase outreach and education efforts on risk factors, signs of suicide, suicide prevention strategies, and reduce stigma as much as possible for better access to care.

Provide more information and resources to caretakers, military members and those who have regular contact with these populations.

Strengthen crisis response, postvention services for families and improve responding agency coordination post-suicide.

Expand elder protection efforts such as engaging elders in community events and activities, training elder advocates, training for caretakers, and reduce stigma for elders and seniors seeking behavioral health care.

Increase mental health supports and mental health education in schools.

Information, intervention and prevention activities should be specific and meaningful to each demographic.

Develop real world, effective pilot projects to address the challenges of these high-risk populations. Utilize successful pilot projects to reach more high-risk population groups.

LGBTQA youth are at highest risk for suicide because of how they are mistreated and stigmatized in society. Start collecting suicide attempt and completion data on LGBTQA youth.

Increase access to behavioral health treatment and promote resources so Alaskans know where to go when they need support.

Strategy 5.4: Target suicide prevention and stigma reduction activities for Veterans and military families.

According to the Veterans Administration, 13% of Alaska’s adult population are military Veterans and there were 20,715 active military members serving in Alaska in 2021. Along with their family members, this is a sizeable population of concern for statewide suicide prevention efforts. Active military and Veteran suicide deaths continue to be a significant nationwide issue, as well as in Alaska, which saw a record number of active Army suicide deaths stationed in the state in 2021.

Action 1: Support the efforts of the State of Alaska’s Military and Veterans Affairs and other military-serving agencies to improve the methods of identifying Veterans and military families in rural and underserved communities who can be connected to appropriate resources.

Action 2: Support statewide awareness campaigns to promote resources available to Veterans and military families.

Action 3: Support statewide campaigns on lethal means safety best practices.

Goal #6: Improve the Quality of Data and Research for Suicide Prevention Efforts

The State of Alaska should prioritize a culture of data-driven decision-making that includes data sharing, data analysis, and management to link support services across divisions and departments.

Strategy 6.1: Improve Data Collection and Data Sharing within the State of Alaska

Suicide attempt and mortality data at the State of Alaska is collected through the Alaska Division of Public Health Trauma Registry and the Health Analytics & Vital Records section, as well as through emergency department syndromic surveillance, and the Alaska Violent Death Registry System. 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 Youth Risk Behavior Survey, and Behavioral Risk Factor Surveillance System. The data, being available from only a few sources, should be correlated, collectively analyzed and shared with the public.

Recommended Actions for Strategy 6.1

Action 1: Explore funding to create a central suicide data dashboard hosted at the State of Alaska.

Action 2: Support improved data policy and procedures, prioritizing strength-based data, fostering innovation, and enacting purpose-driven data collection and data analysis.

Action 3: Plan for regularly analyzing and using data to inform suicide prevention policies, regulations, and resource and program allocations.

Action 4: Continue to fund existing suicide prevention data analysis efforts, including the Maternal and Child Death Review.

Action 5: Encourage State investment of resources and ongoing funding to support including all poisoning-related injuries in the Alaska Trauma Registry data set.

Strategy 6.2: Improve Data Analysis, Communication and Coordination with Stakeholders that Informs Policies and Programs

To fully understand the populations at risk of suicide in Alaska and how socioeconomic and social determinants of health impact suicide attempts and deaths, it is important to have data equity.

The State of Alaska also has a role to understand how to communicate suicide data to Alaskans in a way that does not marginalize or stigmatize certain populations or traumatize Alaskans who are suicide survivors or have lost someone to suicide. Focusing on strength-based protective factors, resiliency, and how local communities are working to reduce suicide risk is an important prevention strategy.

What We Heard from Alaskans about Goal #6

Through surveys and other targeted outreach efforts during the planning process, Alaskans shared their suggestions about how the State of Alaska can improve the quality of data and research for suicide prevention efforts. A summary of these recommendations include:

Contract with an experienced and nationally recognized firm who knows how to do research and collect suicide data.

Create a publicly facing and regularly updated data dashboard.

Engage more with Tribal health organizations in gathering accurate data for rural communities.

Work on improving local level data. Community readiness assessments at the local level will give communities the information they need to develop their own approaches to preventing suicide.



Recommended Actions for Strategy 6.2

Action 1: Work with local communities and agencies to understand how they are tracking and using local suicide data to inform and improve statewide planning and data collection initiatives.

Action 2: Explore funding opportunities to support regional data coordinators to assist with statewide suicide prevention data analysis and data sharing efforts.

Action 3: Increase educational and training efforts at the state and local level to discuss how to talk about suicide in Alaska and what data is most important to collect and assess for improved outcomes.

Strategy 6.3: Continue to Work with Tribes, Tribal Health and Universities on Data and Research

While it is known that many factors can lead someone to consider suicide, the field of suicide research is ongoing. Alaska is home to a high-quality university system with access to researchers, such as those at the Center for Alaska Native Health Research, with experience working with Alaskans and Alaskan issues. There are also robust programs at the Alaska Native Tribal Health Consortium and the State of Alaska Division of Public Health Epidemiology section.

By bringing Tribes and partners involved in data collection, analysis, reporting, and utilization together to coordinate the way Alaska uses data to drive decision making, the State of Alaska can improve the suicide prevention surveillance system for all users.

Recommended Actions for Strategy 6.3

Action 1: Continue to support Alaska's institutions and universities to build on the work already being done to improve the science related to suicide.

Action 2: Research and study should comply with rigorous protections for the people involved and must be conducted and used in a way that benefits all Alaskans.

3. Conclusion

The Statewide Suicide Prevention Council will continue to work with the State of Alaska, in partnership with local suicide prevention groups, suicide survivors, partners, and other stakeholders to implement the goals and strategies in this statewide suicide prevention plan.

Both upstream and primary prevention efforts are needed to reduce suicide in Alaska, with a strong focus on young adults and other populations of concern. Strong state leadership, dedicated program efforts, collaboration and long-term sustainable resources are needed to address suicide in Alaska and the 'web of causality' that impacts the health and well-being of Alaskans.



4. Resources and Referral Information

Emergency Services

In case of an emergency call 9-1-1

In case of a mental health emergency call 9-8-8

Alaska Native Medical Center

<https://anmc.org>

4315 Diplomacy Drive, Anchorage, AK 99508

(907) 563-2662

Alaska Psychiatric Institute (API)

<https://dfcs.alaska.gov/api/Pages/facilities/API-civil.aspx>

3700 Piper Street, Anchorage, AK 99508-4677

(907) 269 7100

Bartlett Regional Hospital

<https://www.bartletthospital.org/services/psychiatric-services/mental-health-unit>

3260 Hospital Dr., Juneau, AK 99801

(907) 796-8430

Fairbanks Memorial Hospital

<https://www.foundationhealth.org>

1650 Cowles St., Fairbanks, AK 99701

(907) 452-8181

Mat-Su Regional Medical Center

<https://www.matsuregional.com/behavioral-health-services>

2500 South Woodworth Loop

Palmer, AK 99645

(907) 861-6000

North Star Behavioral Health System

<https://northstarbehavioral.com>

2530 DeBarr Road, Anchorage AK 99508

(907) 258-7575 or (800) 478-7575 (toll-free)

Providence Alaska Medical Center

Adult Inpatient Mental Health Unit

<https://www.providence.org/locations/ak/alaska-medical-center/adult-inpatient-mental-health-unit>

3200 Providence Drive, Anchorage, AK 99508

Alaska Tribal Health Organizations

Alaska Native Health Board

<https://www.anhb.org>

4000 Ambassador Drive, Suite 101, Anchorage, AK 99508

(907) 729-7510

Alaska Native Tribal Health Consortium

<https://www.anthc.org/what-we-do/behavioral-health/suicide-prevention>

(907) 729-3751

Aleutian Pribilof Islands Association

<https://www.apiai.org/services/health-care/behavioral-health>

(844) 375-2742

Arctic Slope Native Association

<https://arcticslope.org>

(907) 852-2762 or (800) 478-3033 (toll free)

Bristol Bay Area Health Corporation

https://www.bbahc.org/behavioral_health_center

(907) 842-1230 or (800) 510-1230 (toll free)

Chickaloon Native Village

<https://www.chickaloon-nsn.gov/health-social-services>

(907) 745-0704

Chitina Traditional Village Council

<https://www.chitina.org/clinic.html>

(907) 823-2213

Chugachmiut

<https://www.chugachmiut.org/social-services/behavioral-health>

(907) 562-4155 or (800) 478-4155 (toll free)

Cook Inlet Tribal Council

<https://citci.org>

(907) 793-3600

Council of Athabaskan Tribal Governments

<https://www.catg.org/health-services/behavioral-health>

(907) 662-2462 or (800) 478-7425 (toll free)

Copper River Native Association

<https://crnative.org/behavioral-health>

(907) 822-5241

Eastern Aleutian Tribes

<https://www.eatribes.org/services/behavioral>

(844) 870-1750 (toll free)

Native Village of Eklutna

<http://eklutna-nsn.gov>

(907) 688-6020

Native Village of Eyak

<https://www.eyak-nsn.gov>

(907) 424-7738

Fairbanks Native Association

<https://www.fairbanksnative.org/our-services/behavioral-health>
(907) 452-6251

Karluk IRA Tribal Council

(907) 241-2208

Kenaitze Indian Tribe

<https://www.kenaitze.org/denaina-wellness-center/behavioral-health>
(907) 335-7300

Ketchikan Indian Community

<https://www.kictribe.org/healthcare/behavioral-health>
(907) 228-9203

Knik Tribal Council

<https://kniktribe.org>
(907) 373-7991

Kodiak Area Native Association

<http://kodiakhealthcare.org>
(907) 486-9800

Native Village of Kwinhagak

(907) 556-8171

Maniilaq Association

<https://www.maniilaq.org/behavioral-health>
(907) 442-7640

Metlakatla Indian Community

<https://www.metlakatla.com>
(907) 886-4441

Mt. Sanford Tribal Consortium

<http://www.mstc.org>
(907) 822-5399

Ninilchik Village Tribe

https://www.ninilchiktribe-nsn.gov/health/#behavioral_health
(907) 567-3970

North Slope Borough

<https://www.north-slope.org/departments/health-social-services>
(907) 852-0344

Norton Sound Health Corporation

<https://www.nortonsoundhealth.org/bhs>
(907) 443-3344

Seldovia Village Tribe

<https://svt.org/svt-health-wellness>
(907) 234-7898

Southcentral Foundation

<https://www.southcentralfoundation.com/services/behavioral-health>
(907) 729-4955

Southeast Alaska Regional Health Consortium

<https://searhc.org/service/behavior-health>
(907) 364-4487

St. George Traditional Council

(907) 859-2205

Tanana Chiefs Conference

<https://www.tananachiefs.org/services/behavioral-health>

(907) 459-3800

Valdez Native Tribe

<https://valdeznativetribe.org>

(907) 835-4951

Yakutat Tlingit Tribe

<https://yakutattingittribe.org>

(907) 784-3238

Yukon Kuskokwim Health Corporation

<https://www.ykhc.org>

(907) 543-6000

Alaska Resources

Advisory Board on Alcoholism and Drug Abuse (ABADA)

<https://health.alaska.gov/abada>

(907) 465-8920

Alaska Behavioral Health Association

<https://alaskabha.org>

Alaska Careline

Suicide Prevention and Someone to Talk to Line

<https://carelinealaska.com>

9-8-8 or

1-877-266-4357

Alaska Department of Education & Early Development

Suicide Awareness, Prevention, & Postvention (SAPP) Program

<https://education.alaska.gov/tls/suicide>

(907) 465-2800

Alaska Department of Health

Division of Behavioral Health

<https://health.alaska.gov/dbh>

(907) 465-3370

Alaska Mental Health Board (AMHB)

<https://health.alaska.gov/amhb>

(907) 465-8920

Alaska Mental Health Trust Authority

<https://alaskamentalhealthtrust.org>

(907) 269-7960

American Foundation for Suicide Prevention (AFSP) Alaska Chapter

<https://afsp.org/chapter/alaska>

alaska@afsp.org

Arctic Resource Center for Suicide Prevention

<https://www.arcsp.org>

(907) 987-6829

National Alliance on Mental Illness (NAMI) Alaska

<https://namialaska.org>

NAMI Anchorage (907) 272-0227

NAMI Fairbanks (907) 371-1355

NAMI Juneau (907) 463-4251

Statewide Suicide Prevention Council

<https://health.alaska.gov/suicideprevention>

(907) 465-6518

National Resources

American Association of Suicidology

<https://suicidology.org>

American Foundation for Suicide Prevention

<https://afsp.org>

Centers for Disease Control and Prevention

<https://www.cdc.gov/suicide>

Indian Health Services (IHS) Suicide Prevention

<https://www.ihs.gov/suicideprevention>

Institute on Aging

Center for Elderly Suicide Prevention

<https://www.ioaging.org/services/psychological-services/center-for-elderly-suicide-prevention>

National Action Alliance for Suicide Prevention

<https://theactionalliance.org>

988 Suicide & Crisis Lifeline

<https://988lifeline.org>

9-8-8

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov>

Suicide Awareness Voices of Education (SAVE)

<https://save.org>

Suicide Prevention Resource Center

<https://www.sprc.org>

The Trevor Project

For Young LGBTQ Lives

<https://www.thetrevorproject.org>

U.S. Department of Veterans Affairs

Suicide Prevention Services

https://www.mentalhealth.va.gov/suicide_prevention

5. Preventing Suicide Upstream Checklist — For All Alaskans

Individuals/Families

- Take a suicide prevention training, including those offered online by the Alaska Training Cooperative and the Department of Education and Early Development.
- Attend a Statewide Suicide Prevention Council meeting.
- Attend a local prevention coalition meeting.
- Lock up your guns.
- Store ammunition separately from firearms.
- 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. Find one online: <https://findtreatment.gov>
- Call the Careline (877-266-HELP) if you or someone you love needs help. Share the 9-8-8 number with people you meet.
- Attend an Out of Darkness walk.
- Attend/host an International Suicide Survivor Day event.
- Ask the elders in your life if they feel depressed or thinking of suicide (and connect them to services if they say yes). Visit them regularly or look into services that do outreach.
- Get (and read) a copy of the Alaska Suicide Postvention Guide at: <https://health.alaska.gov/SuicidePrevention/Pages/default.aspx>.

Communities

- Join a local suicide prevention or wellness coalition.
- Create an anti-stigma campaign or host an event.
- Host a suicide prevention training.
- Establish a parenting class or support service.
- Coordinate an anti-bullying campaign.
- Implement evidence-based screening for suicide risk in schools & senior centers.
- Implement a means restriction program (limiting access to possible means of suicide such as guns and medications.)
- Ensure youth have treatment and support services after age 18/21.
- Work with local spiritual and religious leaders to encourage them to be trauma-informed and support and promote suicide prevention activities.
- Volunteer at a local homeless shelter or food kitchen.
- Attend a “Coffee with a Veteran” event or develop these local events in your community.



State of Alaska
Governor Mike Dunleavy

Department of Health
Heidi Hedberg, Commissioner

Statewide Suicide Prevention Council (SSPC)

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