STATEWIDE SUICIDE PREVENTION COUNCIL

FY 2003 ANNUAL REPORT

ALASKANS SPEAK ON SUICIDE PREVENTION

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

"One suicide in a community is too many."

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

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

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

COUNCIL GOALS FOR 2003-2004

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

Alaska Suicide Prevention Plan

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

Additional Actions

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

COUNCIL ACCOMPLISHMENTS FY '02

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

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

1. Establish a more clear, comprehensive and detailed picture of the problem of suicide in Alaska;
2. Conduct listening sessions in which the general public, survivors, and professionals have an opportunity to provide information to the Council about suicide issues, prevention and treatment in local communities;
3. Create a detailed Council work plan with the goal of drafting a comprehensive, coordinated Alaska Suicide Prevention Plan;
4. Develop the statewide suicide prevention plan, using input from Alaskans, best practice data, and other state plans;
5. Inform the public about suicide, suicide prevention, and the Council's activities, emphasizing that suicide is a preventable public health problem and decreasing the stigma associated with seeking help; and
6. Establish an easily accessible Council office and website as a statewide resource for all Alaskans.

Goals accomplished as of February, 2003:

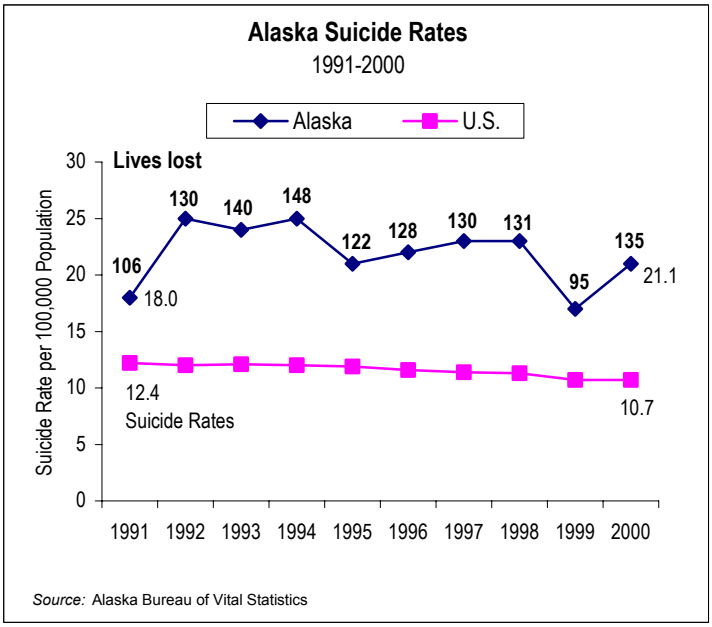
1. Follow-back study prepared for anticipated March, 2003 release
2. Listening sessions in rural and urban Alaska
3. Work Plan outlined
4. Statewide Suicide Prevention Plan drafted for public comment distribution March, 2003
5. Over 20 workshop and organization presentations
6. Office established and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

What We Know About Suicide in Alaska

In 2000, 135 Alaskans died by suicide.

From 1991-2000, there were 1,265 completed suicides.

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



Alaska consistently ranks among the highest states in the nation for suicide. While suicide rates decline nationwide, Alaska had the highest rate in the nation in 2000, at 21.1 per 100,000, twice the national rate of 10.7 and twice the *Healthy Alaskan 2010* goal.

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

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

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

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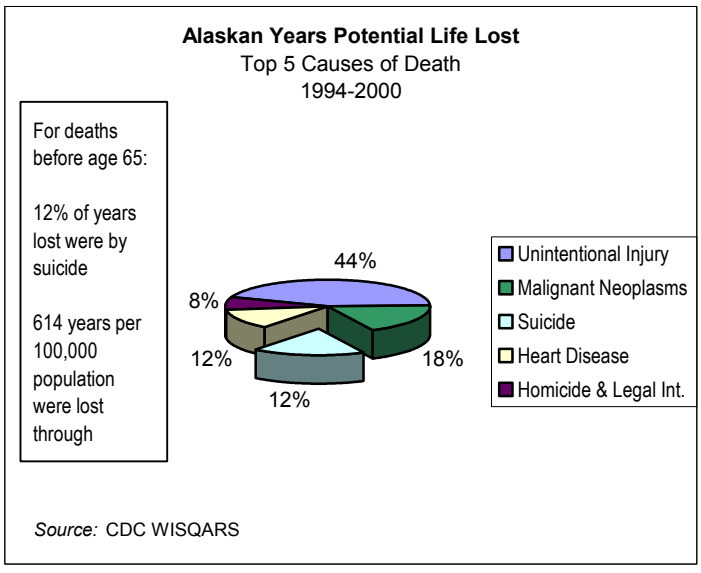
Suicide is the third leading cause of years potential life lost in Alaska.

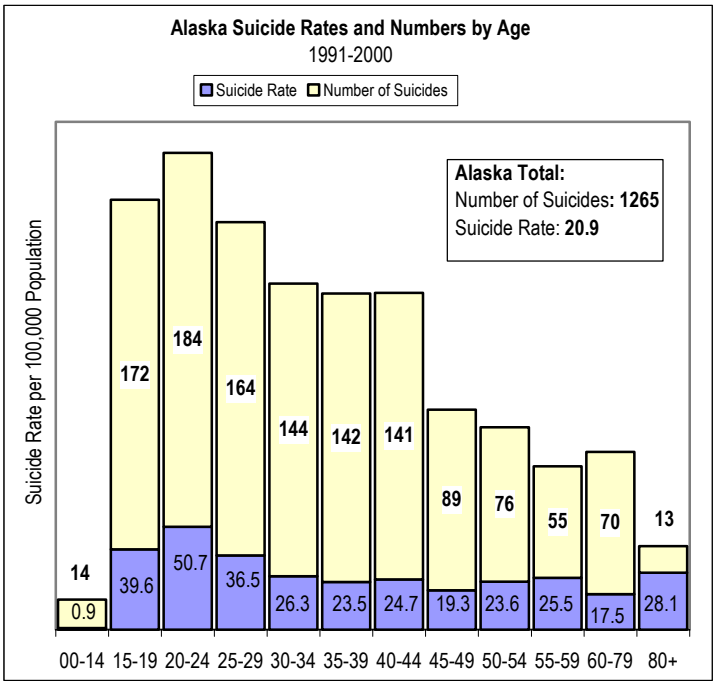


If they had reached age 75 (the approximate life expectancy in the U.S), the over 600 Alaskans who died by suicide since 1994 would have had 32,764 more years to live.

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

Suicide rates are highest in young Alaskan adults between 15 and 29, with the highest rates between the ages of 20-24.

Suicide attempts (not shown) are most frequent among those ages 20-39.



Sources: Alaska Bureau of Vital Statistics; Alaska Dept. of Labor, Research & Analysis

Over the past decade, 29% of suicides occurred before age 30; 34% in ages 30 to 44; and 24% in ages 45 and older.

Attempted suicide was the 2nd leading cause (13%) of non-fatal injuries for children 0-19. 53% of all suicide attempts were among individuals ages 20-39.

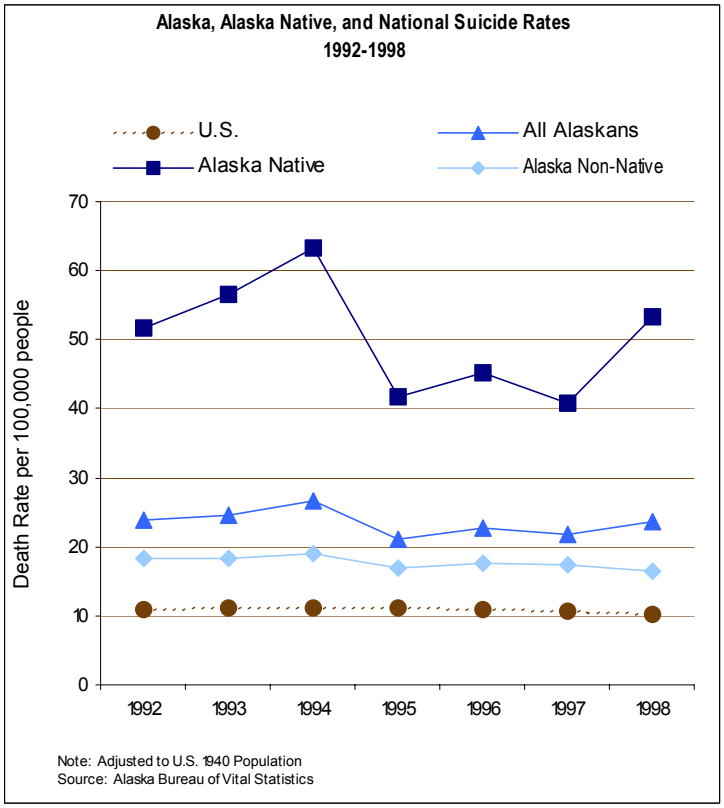
"We need to know how we got to such a place that our people, especially the young people, have decided that suicide is the only alternative. Then we need to talk among ourselves, the villages, individuals and whole regions, have to discuss what it is we need to do to become whole."

--Harold Napoleon
AFN Wellness Consultant

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

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

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

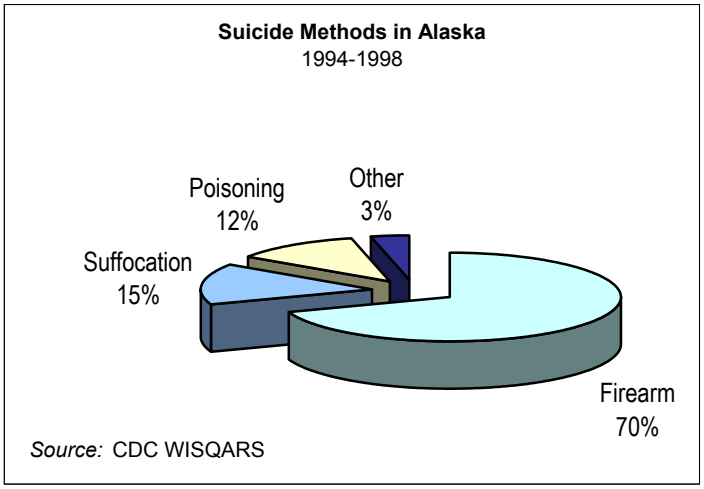


Alaska Native suicide rates average 42.9 per 100,000 population, four times the national rate of 10.7.

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

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

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



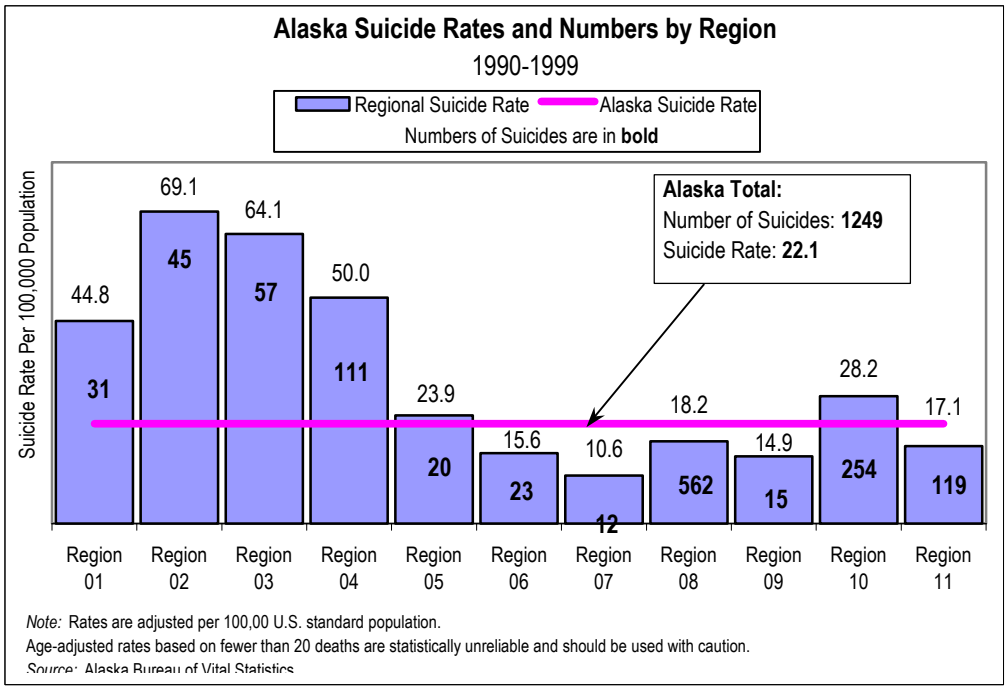
Suicide by firearm accounts for 70% of suicides in Alaska and 60% of suicides nationwide. Firearm is the most frequent method of suicide for all ages.

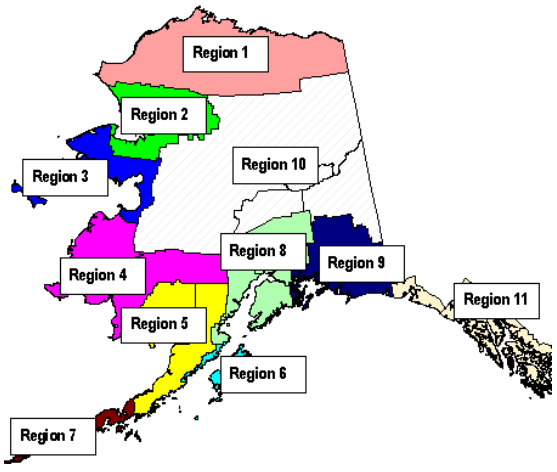
National evidence suggests that presence of a gun increases the risk of suicide 5 times. As many as 92% of suicides with a firearm result in fatality.

Suicide rates are highest in the western and northern regions.

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

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





MYTHS AND FACTS ABOUT SUICIDE IN ALASKA

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

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

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

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

Myth: Alaskan males are more likely to be suicidal than females.

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

Myth: Suicide affects only the person who dies.

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

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

Myth: Depression and alcohol are not related to suicide.

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

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

The Children's Safety Network Economics and Insurance Resource Center estimates the cost of alcohol-attributable youth suicide (ages 0-20) in Alaska to be $10,144,300 per year. This includes $489,800 medical, $2,556,200 in lost work, and $7,098,300 in quality of life. These figures do not include the economic impact of Alaskan adult lives lost.

For more facts about suicide in general, see:

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

www.psych.org/public_info/teen.cfm

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

www.childrensdatabank.org

THEMES OF THE ALASKA SUICIDE PREVENTION PLAN

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

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

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

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

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

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

TIMELINE FOR COMPLETION OF ALASKA SUICIDE PREVENTION PLAN

March, 2003

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

March-May, 2003

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

June, 2003

Draft Alaska State Prevention Plan public comment period ends.

July-Sept., 2003

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

Sept. 25-26, 2003

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

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

-- Alaska Natives Commission

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

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

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

DRAFT ALASKA SUICIDE PREVENTION PLAN:

GOALS AND SAMPLE ACTION ITEM

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

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

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

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

Recommendation:

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

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

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

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

Recommendation:

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

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

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

Recommendation:

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

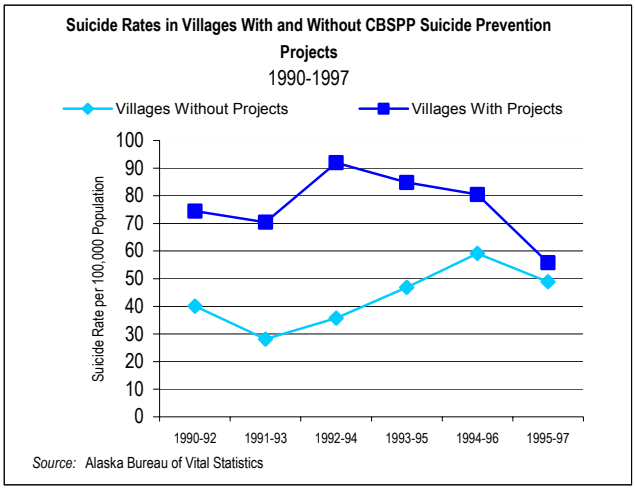
"Do not divert your attention to promoting wellness or healthy communities or strong families … It is all too tempting to focus on something so positive rather than face suicide head on, but it is a temptation I hope you will resist … What can we do to identify psychologically fragile people and intervene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

Recommendation:

We cannot delay or suspend prevention efforts.

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

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



Recommendation:

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

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

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

Table 1.
Suicide Attempt Hospital Admissions, 1994-98

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

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

Table 2.
Current State-Funded Suicide Prevention Efforts

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

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

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

STATEWIDE SUICIDE PREVENTION COUNCIL MEMBERS

FEBRUARY, 2003

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

NOELLE HARDT ANCHORAGE	Senior Director of Community Outreach and Development for the Boys and Girls Clubs of Southcentral Alaska.
REP. MARY KAPSNER BETHEL	Representative for the Lower Kuskokwim and Upper Bristol Bay regions in the Alaska State Legislature since 1998
JULIE KITKA ANCHORAGE	President of the Alaska Federation of Natives
SEN. GEORGIANNA LINCOLN RAMPART	Representative for 93 communities throughout Alaska in the Alaska State Legislature since 1990
THE RT. REV. MARK MACDONALD FAIRBANKS	Episcopalian Bishop of Alaska and president of the Alaska Christian Conference, MacDonald travels extensively throughout Alaska
KAREN PERDUE FAIRBANKS	Former Commissioner of Health and Social Services, currently Associate Vice President for Statewide Health Programs, University of Alaska
CAROL SEPPILU NOME	A survivor of a teen-aged suicide attempt who has been instrumental in organizing a teen suicide prevention group in her region
SUSAN SOULE ANCHORAGE	Program Manager of Treatment and Rural Services, Division of Alcoholism and Drug Abuse, Department of Health and Social Services
JEANINE SPARKS EAGLE RIVER	Guidance counselor at Wasilla High School, Sparks has an extensive background in crisis counseling and working with adolescents at risk for suicide

ALASKA MENTAL HEALTH BOARD POSITION
VACANT

STATE EXECUTIVE BRANCH POSITION
VACANT

ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE POSITION
VACANT

SENATE MAJORITY POSITION
VACANT

PUBLIC RURAL POSITION
VACANT

HOUSE MAJORITY POSITION
VACANT

COUNCIL WEBSITE

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

Statewide Suicide Prevention Council:	Information	Links and Resources

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

SUICIDE PREVENTION IN THE MAT-SU VALLEY:

SUCCESSFUL COLLABORATIONS PROVIDE ONE MODEL FOR COMMUNITY ACTION

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

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

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

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

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

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

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

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

Working together, we can save lives, the most precious resource we have.

A Growing Clergy-Clinician Dialogue

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

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

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

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

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

How May We Help You?

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

Frank H. Murkowski Governor

Joel Gilbertson Commissioner, Department of Health and Social Services

This publication was authored and designed by Merry Carlson and Statewide Suicide Prevention Council members, and released by the Council. Its purpose is to provide the legislature and the public with an annual reference guide. Full color copies of this report were printed in Anchorage, Alaska by at a cost of $1.65 per copy. This cost block is required under AS 44.99.210. To purchase copies, please contact us (see above).
This report can also be accessed at the SSPC website, http://www.hss.state.ak.us/suicideprevention.

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