



Statewide Suicide Prevention Council



Sarah Palin GOVERNOR

Karleen K. Jackson COMMISSIONER

Alaska Follow-Back Study

Understanding the risk and protective factors is the key to effective suicide intervention

In an effort to decrease suicide in Alaska the Division of Behavioral Health, the Alaska Statewide Suicide Prevention Council and the Alaska Mental Health Trust Authority released the Alaska Suicide Follow-Back Study. The three-year study, completed by the Alaska Injury Prevention Center, documents the circumstances surrounding the 426 documented suicides that occurred in Alaska from 2003 to 2006.

The Alaska Department of Health and Social Services believes that by researching the underlying researched-based behavioral protective and risk factors leading to suicide, more effective suicide reduction strategies can be implemented.

In Alaska, the 20–29 age group has the highest rates for suicide. This varies from national statistics that suggest older Americans over 80 are most likely to end their lives. Understanding the reasons, mental state and methods used by target populations to choose suicide is imperative in developing appropriate programs that reach out to those groups.

National statistics and Alaska-specific data regarding suicide differ. Families of Alaska suicide victims were surveyed in the study. The results indicated that suicide victims binge drank at three times the national rate and used marijuana at four times the national rate. Alcohol or drug use was found in 72 percent of the cases tested. The rate for alcohol and drug use by Alaska Natives was exactly the same as for non-Natives. However, the suicide rate for Alaska Natives was more than twice as high as would be expected and disproportionate to their percentage of the population.

To view the complete Alaska Suicide Follow-Back Study, visit the Web: www.hss.state.ak.us/suicideprevention. For more information on community-based suicide prevention programs, contact the Division of Behavioral Health at www.hss.state.ak.us/dbh or call (907) 465-3033.

RISK FACTORS THAT A PERSON MIGHT BE SUICIDAL

Talks about suicide — seriously or “just kidding.”

Has attempted suicide before.

Has trouble eating or sleeping.

Prepares for death — makes out a will and final arrangements.

Gives away prized possessions.

Has had recent severe losses; lost someone to suicide

Drastic changes in behavior.

Withdraws from friends, social activities.

Loses interest in hobbies, work, school.

Takes unnecessary risks.

Loses interest or dramatic change in personal appearance.

Increases use of alcohol or drugs.

WAYS YOU CAN HELP

Be willing to listen.
Allow expression of feelings.
Accept the feelings.

Be nonjudgmental.
Don't lecture the value of life.

Don't dare someone to do it.

Don't be sworn to secrecy.
Connect with services
specializing in crisis
intervention.
Offer to accompany the
person in need.

Pay attention when a person
"just kids" about ending it all.

Offer hope that alternatives
are available, but don't
offer glib reassurances.

Take action. Remove
means, such as guns
or stockpiled pills.

Statewide Suicide Prevention Council

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Performance Measures — Board Members

Statewide Suicide Prevention council members set for themselves personal performance measures to help them stay involved in spreading the word about the work of the council. Some of the effort is represented below. The statewide suicide prevention plan was presented at numerous conferences, health fairs, and health entity gatherings. Board members also participated in talking to their legislators, chairing committee meetings, submitting letters to the editor and participating in suicide awareness efforts in a variety of settings.

<p>1 Present statewide suicide prevention plan in two public venues.</p>	
<p>2 Submit two digital photographs and one written article about member or constituent activity relevant to suicide prevention awareness of activities for the legislative report.</p>	
<p>3 Arrange and attend at least two meetings with legislators, other than council members who are legislators, to discuss the council's mission, activities and performance measures.</p>	
<p>4 Submit one Letter to the Editor to a newspaper of member choice addressing suicide prevention awareness and council activities.</p>	
<p>5 Demonstrate meaningful participation in a statewide or worldwide suicide prevention effort (e.g., Worldwide Suicide Prevention Awareness Day, September 10.)</p>	
<p>6 The above items may be substituted for leadership on a significant council priority/ project that impacts the visibility, longevity and/ or financial sustainability of the council.</p>	

Suicide Prevention Council Outcome Measures Performance Measures — Fiscal Year 2008 Report on Activities

In response to the 2005 legislative Suicide Prevention Council sunset extension hearings, council members drafted the following performance measures to guide their work over the next several years. These measures were chosen to respond directly to the legislative audit findings and, more importantly, to reflect the council's concern with Alaska's high suicide rate.

- 1 In an effort to get Alaska off the national list of the “top ten” states with the highest suicide rates for the first time since 1991, the Statewide Suicide Prevention Council will partner with the Division of Behavioral Health to reduce the three-year average rate of Alaska suicides from 21 deaths per 100,000 population to 15 per 100,000, representing a 29 percent decrease from the current rate, over a seven-year period. The three-year average rate for 2002–2004 = 21.1/100,000

2006	21.1	x	5%	=	1.05	=	20.1	per 100,000
2007	20.1	x	5%	=	1.01	=	19.1	per 100,000
2008	19.1	x	5%	=	0.95	=	18.14	per 100,000
2009	18.14	x	5%	=	.91	=	17.23	per 100,000
2010	17.23	x	5%	=	.86	=	16.37	per 100,000
2011	16.37	x	5%	=	.82	=	15.55	per 100,000
2012	15.55	x	5%	=	.78	=	14.78	per 100,000

Progress. The current three-year average Alaska suicide rate for 2004–2006 is 21.26/100,000. There were 155 deaths by suicide in 2004 which continues to influence Alaska's three year average. Alaska has been unable to turn the curve and reduce its suicide rates as presented above.

- 2 On a yearly basis, review and update the Statewide Suicide Prevention Plan as indicated by community feedback and council member's recommendations.

Progress. SSPC members are currently reviewing the Statewide Suicide Prevention Plan for revisions to be made during fiscal year 2008. The FY08 version will include an introductory letter from Mario Gatto, SSPC Chair.

3 Through the Follow-Back Study and other data sources, consistently review data and information in an effort to identify trends, make analyses and forward recommendations to the department regarding prevention, education and services needed statewide.

This information may assist in:

- a** Understanding the suicidal mind more clearly;
- b** Understanding who the deceased thought of as “gatekeepers”, (i.e., who they confided in or who may have been able to recognize the suicide ideation);
- c** Designing new intervention and prevention programs to help suicidal individuals and suicide survivors;
- d** Bringing new money into the state to combat suicide;
- e** Providing a better understanding of the age and ethnicity of people most at risk;
- f** Discovering and providing information on risk prevention and enhancing protective factors that can be prevented or enhanced;
- g** Accessing and using of behavioral health services;
- h** Communicating ideation (e.g. talking about dying by suicide) to others;
- i** Identifying prescription medication being used; and,
- j** Relating the rate of suicide or attempts to recent encounters with law enforcement or medical staff.

Progress. The Alaska Injury Prevention Center (AIPC) and the council’s research partners (American Association of Suicidology and the Critical Illness and Trauma Foundation) have collected data on suicides

in Alaska from Sept. 1, 2003, through Aug. 31, 2006. The final report, a thorough analysis of data from this three-year period has been completed and submitted to the Alaska Suicide Prevention Council In February 2007.

AIPC presented the suicide data at an international suicide prevention conference in Durban, South Africa (September 2005); at the Alaska Health Summit (December 2005); for the Alaska Native Medical Center, South Central Foundation; rural community health directors, and to several other groups in 2007. The Follow-Back Study and data were instrumental in the formation of the Mat-Su Valley survivors group. Limited data from the study have been made available to Native health corporations for grant requests, to police chaplains, and to other groups to assist in suicide prevention or coping program design.

Some of the salient recommendations of the Follow-Back Study called for additional research into the possible links between marijuana use and suicide, determination of the reasons for high rates of non-compliance in taking mental health medications, and for an increase ratio of drug/alcohol screening for decedents. The Follow-Back Study recommended suicide screening for medical patients, greater coordination between physicians and mental health practitioners in depression treatment, and greater follow-up contact for suicide attempters. The full text of the report can be found at www.alaska-ipc.org.

4 Support and assist Alaskans in starting a SPAN-Alaska (Suicide Prevention Awareness Network) affiliate. This grassroots community effort enlists the support of individuals to:

- a** Establish a group who will oversee the SPAN-Alaska affiliate by becoming a 501(c)(3) nonprofit; draft Articles of Incorporation and bylaws;
- b** Sign up a minimum of 150 new members
- c** Survivor Support Groups

- Develop a Survivor Support Group list
- Gather baseline data on the number of Survivor Support Groups
- Track the increase of Survivor Support Groups

Progress. While the grassroots community members researched the feasibility of becoming a SPAN affiliate the decision was made to maintain their autonomy. The Alaska Suicide Prevention Action Coalition (ASPAC) was incorporated. The coalition’s mission is to provide information to those interested in preventing suicide. It will provide training in suicide prevention, work towards a compassionate understanding of the unique needs of survivors, and share knowledge with Alaskan communities. Its goals include:

- 1 Providing support, education, training and advocacy for the prevention of suicide;
- 2 Establishing a coalition of individuals and organizations in Alaska that promote suicide prevention;
- 3 Providing information, suggestions and recommendations to the Alaska Statewide Suicide Prevention Council; and
- 4 Encouraging the preparation and implementation of community based suicide prevention plans around Alaska, developed according to the Alaska Suicide Prevention Plan.

ASPAC has conducted the following activities this year: established a Web site, www.alaskaspac.com;; Started YANA, “You are Not Alone” support group; held the Believe in Your Song suicide prevention workshop and vigil; and applied for a grant through the state of Alaska Faith-Based and Community Initiatives program.

5 Support Behavioral Health in its efforts to increase the communities who can recognize the warning signs of suicide by tracking the number of community-based suicide prevention grantees who align their community suicide prevention funding with the Statewide Suicide Prevention Plan

- a Conduct eight community trainings on the use of the Statewide Suicide Prevention Plan
- b Track the number of trainings provided from July 1, 2005 – June 30, 2006

Progress. Department of Health and Social Services, Behavioral Health, Office of Prevention and Early Intervention is in its final year of the fiscal years 2006–08, three-year grant cycle for both the Comprehensive Prevention Grants as well as the Rural Human Student Services (RHSS) grants. Behavioral Health has recently implemented performance-based progress assessments for all grantees including those providing suicide prevention activities. These activities range from “alternative activities,” such as Native arts and crafts, culture camps and teen centers to the state’s only suicide prevention call center (Careline) that provides screening, assessment and referral for all Alaskans. Careline has recently implemented a new suicide assessment and screening tool that is used for all nationally certified Lifeline call centers. This new assessment tool was recently presented during a workshop at the annual National Association of Social Work conference. The grantees also receive technical assistance from Behavioral Health staff to help support their planning efforts, e.g., collecting data and gathering research on suicide, strategies on increasing community readiness, identifying best practices in the field of suicide prevention and establishing outcome measures for program evaluation purposes. All grantees are required to have a coalition or planning team that gives direction and support to the grant project and are also required to plan for sustainability and implement culturally competent programs and practices in their community.

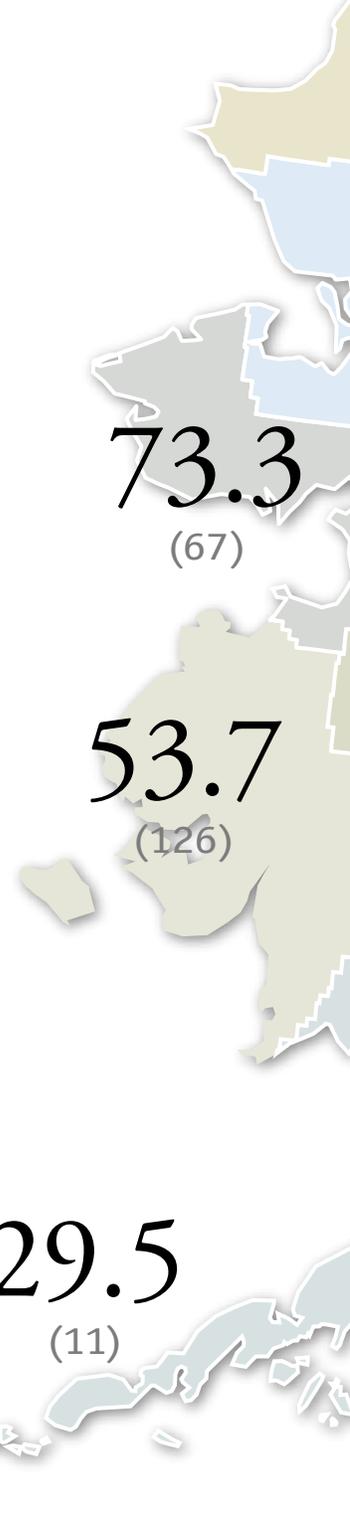
Suicides per 100,000 per Region for the last ten years

RATE	REGION
More than 70	Nome Census area
50–70	Bethel Census area Northwest Arctic Wade Hampton
30–50	Bristol Bay Dillingham Lake Borough North Slope Borough Peninsula Borough
Less than 30	Aleutians Anchorage Denali Fairbanks Kenai Peninsula Kodiak Island Mat-Su Borough Southeast Southeast Fairbanks Valdez-Cordova Census area Yukon-Koyokuk Census area

KEY TO NUMBERS ON THE MAP

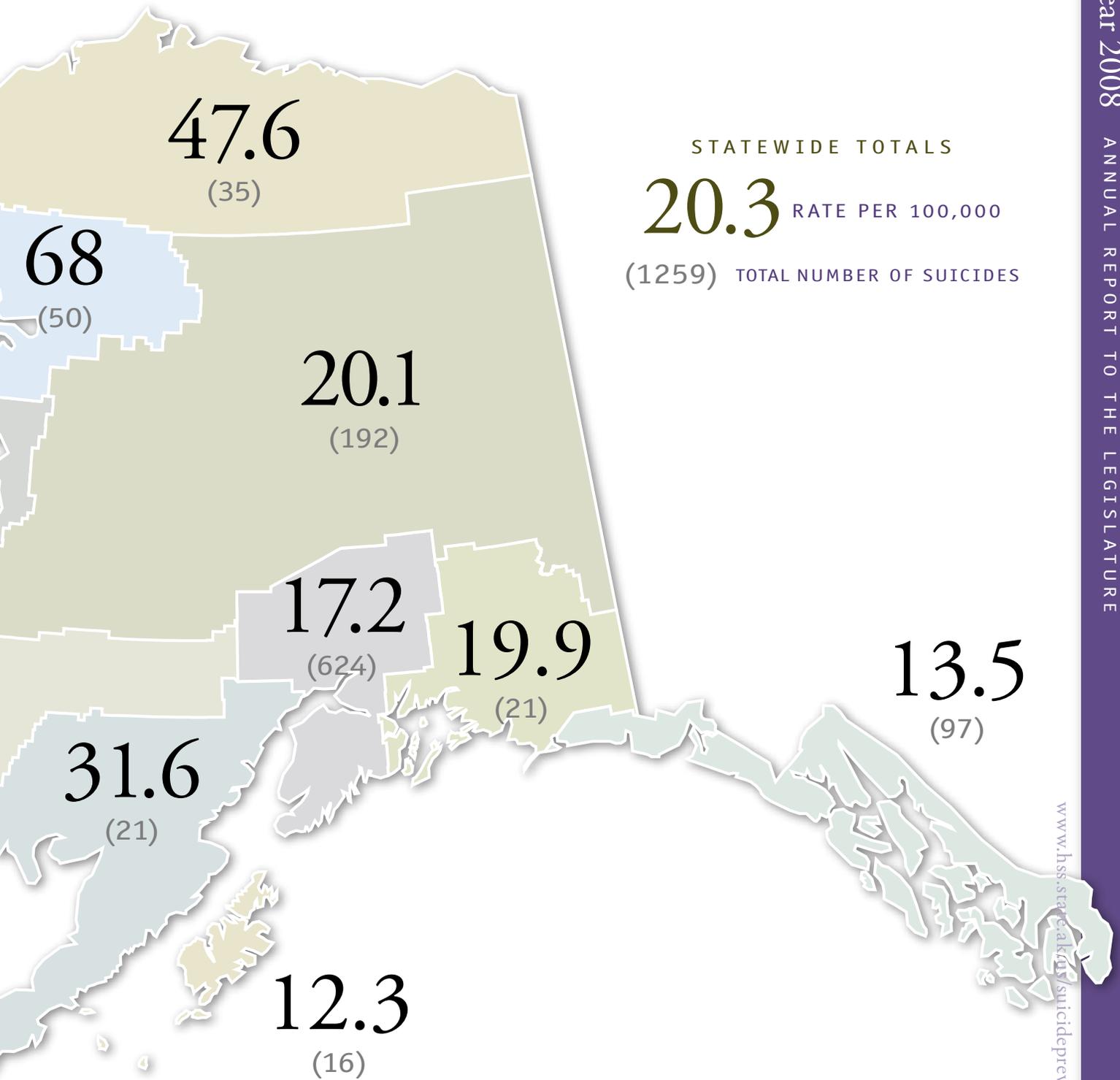
00.0 RATE PER 100,000

(0) NUMBER OF SUICIDES PER REGION



Rates and Total Number of Suicides per Region

1997-2006



STATEWIDE TOTALS
20.3 RATE PER 100,000
(1259) TOTAL NUMBER OF SUICIDES

www.hss.state.ak.us/suicideprevention

- 6** Assist the Division of Behavioral Health in their SAMHSA Garrett Lee Smith Memorial Act youth suicide prevention application and if awarded in its implementation.

Progress. The Garrett Lee Smith Memorial Act youth suicide prevention application was not awarded funding by the state last year. However, the Office of Prevention and Early Intervention plans to apply for this grant in federal fiscal year 2008. The RFP was announced early in November 2007. This grant will allow the state to focus on youth populations where suicide rates are exceedingly high, especially among Alaska Native youth. Specific program and training geared toward this population such as Signs of Suicide (SOS) school-based curriculum, the American Indian Life Skills (AILS) curriculum, or further development of the Targeted Gatekeeper Training that contains a youth module will enhance the state's suicide prevention efforts.

- 7** Provide technical assistance to Boys & Girls Clubs of Alaska statewide youth suicide prevention initiative, Project LEAD (Leadership, Education, Acceptance and Determination). Project LEAD builds protective factors in youth through academic and leadership programming, along with alcohol and substance abuse prevention programming.

Progress. Project LEAD is targeted towards at-risk and in-crisis youth in Clubhouse communities throughout urban and rural Alaska. The project empowers Instructors in 10 communities to network with mental health and medical providers, school counselors, cultural leaders, churches and parents to identify and serve at-risk and in-crisis youth. The Suicide Prevention Council provides technical support to the program via research and best practice updates and referral resources, and training and conference opportunities. This support is essential to the success of the Club professionals trained in suicide intervention and prevention, and the 162 at-risk and in-crisis Club members currently being monitored.

- 8** Gather data from the Division of Behavioral Health on the SAMHSA-funded Gatekeeper Training.

- a** Number of trainings held
- b** Number of attendees

Progress. On Sept. 6, 2007, the Gatekeeper Suicide Prevention training curriculum was transferred as of the University of Alaska Anchorage, Behavioral Health Research and Services to the Department of Health and Social Services, Office of Prevention and Early Intervention Services. This transfer completes the grant agreement with UAA and the state of Alaska to develop a suicide prevention curriculum. James Gallanos, L.C.S.W., is the new project coordinator who will oversee the implementation of this training statewide. The plan is to enhance the delivery of the curriculum by implementing Gatekeeper training throughout the state, develop regional suicide prevention networks in hub communities, and develop a system for delivering gatekeeper training so that it also reaches outlying rural communities where suicide rates are most impacted. Trainer of Trainers (TOT) gatekeeper workshops will also be essential in order to increase the number of certified trainers. There are currently 24 trainers throughout the state in several regions. However, there are currently no capacity, resources or requirement for the trainers to implement this training beyond the scope of their own agency or practice settings. An evaluation component was also developed to accompany this training and will be useful in gathering data on the effectiveness of the Gatekeeper Suicide Prevention Training and its potential to reduce the overall rates and incidences of suicide in Alaska.

Careline — Alaska's Suicide and Crisis Center Hotline 1-877-266-HELP (4357)

Careline Crisis Intervention is Alaska's only statewide, toll-free 24-hour crisis hotline. Careline is accredited by the American Association of Suicidology and is a member of the National Suicide Prevention Lifeline Network. In fiscal year 2007, Careline received 3,290 calls from Alaskans who were experiencing crisis, isolation, depression or thoughts of suicide. Careline implemented risk assessment for each of these callers, and provided crisis intervention, support, suicide prevention, referral and appropriate follow-up to each of these callers.

Careline's suicide calls this year range from 22 percent to 42 percent of its call volume. Careline involves emergency responders in less than 2 percent of its suicide calls. The remaining calls are de-escalated and the caller's risk of suicide is reduced from imminent to non-imminent.

Many suicidal callers are experiencing situational depression and their risk of suicide decreases when they are provided ongoing support, compassion and appropriate resources. These callers tend to use Careline's services actively for a short time, and then their suicide risk lessens as they learn to cope with to their circumstances. Other suicidal callers are experiencing acute mental illness. Their risk of suicide ranges from moderate to imminent, depending on life circumstances, social support, medication, and availability of mental health treatment. Some of these callers have threatened homicide as well as suicide, and Careline has taken seriously its responsibility to warn the intended victim and to notify law enforcement of the credible threat.

Recent statistics indicate that 30 percent of Careline's callers are struggling with addiction. It is a difficult task to provide many of these callers sufficient referrals to centers providing treatment. Many callers report back that there are long waiting lists, financial restrictions and a lack of available resources. These callers tend to, at least temporarily, give up seeking treatment and call

the Careline for continued support. This has placed Careline in the role of primary support provider. Some of these callers try to "go it alone" and bravely battle the illness of addiction on their own, without treatment.

Additional recent statistics indicate that 47 percent of Careline's callers are experiencing mental illness. Careline has recently began receiving calls from people in Fairbanks who are homeless and who are experiencing mental illness. Many of these callers will not qualify for available housing because they lack the skills necessary to exist outside of residential mental health centers. Some of these callers have threatened suicide and/or homicide because of their mental illness and homelessness.

Careline has been complimented for being one of the top two crisis centers in the nation for its suicide risk assessment; its training materials are requested by crisis centers nationwide, and the program is pleased with its outcomes.

Sadly, because of a lack of staffing, approximately 80 calls per month roll over to the National Suicide Prevention Lifeline and are answered by an accredited center in Missouri. Careline is funded by the United Way of the Tanana Valley for one interventionist, the Division of Behavioral Health for one interventionist, and by a pass-through grant for one interventionist. This grant will expire the end of December 2007. Careline received a \$10,000 grant from the Alaska Mental Health Trust Authority. Careline's biggest challenges this year lie in staffing the hotline. Many nonprofits are experiencing a shortage of applicants for paid positions. Careline has exhausted volunteer resources; the war in Iraq has taken a toll on volunteer recruitment; and suicide prevention is not a topic that attracts many volunteers. Careline only asks for what it needs; an additional \$80,000 to \$100,000 will staff the hotline 24/7.

Community Highlight: Boys & Girls Clubs of the Matanuska-Susitna Valley

At the Mat-Su Clubhouse during fiscal year 2007, 268 unduplicated youth participated in programs designed to build their sense of belonging, usefulness, influence and competence — all protective factors against youth suicide. One such program is the Club's work readiness and financial literacy programming for teens, but this also includes the Torch Club leadership group and the Power Hour homework help programs. Through Project LEAD, Club staff worked to involve more youth ages 13–18 in Club programs because teens are at higher risk for depression and suicide. Seventy-four unduplicated teens were served by the Mat-Su Club this fiscal year. Additionally, LEAD staff tracked 35 youth who were considered at-risk or actually in crisis and ensured they were receiving the additional support they needed. A total of eight separate suicide interventions were conducted in fiscal year 2007. Parents of members who were being tracked by LEAD staff were asked at the end of the year to complete a survey. Fifteen parents returned the surveys and 100 percent of respondents indicated the Club met their expectations “pretty well” or “very well”; 95 percent reported their child attends the Club five or more hours per week; 75 percent felt their child's attitude and/or behavior had improved since they began attending the Club; none of the respondents reported seeing any negative changes.

The SSPC youth committee is currently collaborating with Boys & Girls Clubs Alaska in a statewide suicide prevention art contest. The council was promoted through presentations, resource materials and prizes at Clubhouses statewide. Planning for 2008 testimonials and awareness campaign with Northwest Strategies will begin in December.

Boys & Girls Clubs led Yellow Ribbon Week, youth suicide prevention awareness week, Sept. 17, 2007,

in Fairbanks, Eagle River, the Matanuska-Susitna Valley, Kotzebue and four neighborhood Clubhouses in Anchorage. The council was promoted via presentations, resource materials and prizes.

Maniilaq Project LIFE

Project Life is a three-year (2006-2009) youth suicide prevention program that is part of Maniilaq Behavioral Health Services. It is funded through appropriations under the Garrett Lee Smith Memorial Act for youth suicide prevention, and administrated through SAMHSA (Substance Abuse and Mental Health Services Administration). The grant allowed Maniilaq Association to hire three staff to ensure suicide prevention is a top priority.

Suicide is viewed as a symptom of a lack of well-being and Project Life intends to reduce this symptom by promoting holistic wellness through knowing and living Inupiat values.

Inupiat Ilitqusiatic presents a cultural wisdom that is not compatible with suicide. If Inupiat Ilitqusiatic is understood, internalized, and lived, the cause of suicide and other symptoms of a lack of wellness will naturally decrease.

The overall goal of Project Life (PL) is to facilitate a decrease in the number of suicides and suicide attempts through a variety of interventions:

- 1 Project Life will create a media campaign that emphasizes positive aspects of life and living Inupiat values. The campaign will also stress that suicide is not a normal or inevitable response to life stressors. Creation of the campaign will be collaboration between Project Life staff and community members, who will contribute artwork, photographs, voice recordings, etc.

- The media campaign will be presented on the radio, Internet, and in print publications.
- 2 Project Life will promote cultural continuity and resilience of Inupiat youth through educational classes (life skills, communication skills, interpersonal skills, coping skills, self-care) and facilitating the creation of digital stories. The telling of individual stories will help foster a sense of cultural continuity, identity, and help motivate communities towards collective cultural well-being. Project Life will also promote the strengthening of meaningful relationships between Inupiat youth and elders, and Project Life has made elder collaboration a top priority.
 - 3 Project Life will provide suicide prevention/intervention trainings to youth and adults so that ordinary community members know how to recognize elevated suicide risk, and how to respond appropriately, including appropriate referrals to professional helpers.
 - 4 Project Life will provide suicide prevention/intervention trainings specific to “gatekeepers” (persons and agencies that serve youth such as medical and school personnel, pastors, behavioral health employees, youth court, juvenile justice, family services staff, etc.). Project Life will facilitate the establishment of suicide prevention protocols in agencies that serve youth.
 - 5 Project Life will facilitate the development of community responsibility for wellness. Grassroots community responsibility is the key to sustainability of suicide prevention. Community members will know to respond to a suicide threat, attempt, or death. Community members will intervene appropriately when a person is identified to be at risk for suicide, including referrals to professional helpers.

- 6 Project Life will provide additional support to persons who have attempted suicide by sending non-demanding support letters to these individuals. This intervention has been shown to foster youth help-seeking behavior and reduce future suicide attempts.

Yukon Kuskokwim Health Center Bethel, Alaska

Yukon Kuskokwim Health Center is in the process of developing regional suicide prevention and intervention activities specific to villages focused on healing needs around suicide. YKHC has also been working with the University of Alaska Fairbanks, supporting the university’s program and grants in the villages of Alakanuk and Emmonak. There has also been an agreement to apply for a grant together with the university to cover Hooper Bay.

Behavioral Health Corner

The Statewide Suicide Prevention Council, in partnership with the Behavioral Health Section of Prevention and Early Intervention Services, has targeted the reduction of suicide and non-lethal suicidal behaviors in Alaska’s communities as one of its long-term outcomes. In fiscal year 2006, Behavioral Health offered a three-year funding opportunity which combined the Community-Based Suicide Prevention Program with Substance Abuse Prevention funds, Fetal Alcohol Spectrum Disorder funding, and Youth Resiliency funds to reflect an integrated approach to these services. In all, 25 communities received funding under the umbrella of suicide prevention programming. The overall goal for all grantees is “To Promote a Healthy Community Utilizing Effective Practices and Partnerships.” Grantee communities receive ongoing technical assistance in implementing effective practices and outcomes measurements to achieve one of three long-term community impacts:

- 1** Reduce the harmful effects of substance abuse in one or more communities;
- 2** Reduce incidents of suicide and non-lethal suicidal behaviors in one or more communities; and/or
- 3** Increase community members' connectedness, resiliency and life skills in one or more communities.

Together, the Statewide Suicide Prevention Council and Behavioral Health trained grantees on the Statewide Suicide Prevention Plan, which the grantees incorporated in their programmatic goals. The council and Behavioral Health provided an update of the Gatekeeper Suicide Prevention Training which will be identified as a program strategy in the RFP for the fiscal year 2009–11 grant cycle.

Nineteen of the programs delivered activities at the universal level of prevention (focusing on the entire population) and six programs focused activities at a selective level (focusing on populations indicated at high risk).

Using the federal Center for Substance Abuse Prevention's six prevention strategies, DBH suicide prevention grantees employed the following strategies:

- 5 used dissemination of information
- 14 used prevention education
- 19 used alternative activities
- 12 used community-based practices
- 2 used environmental approaches
- 5 used identification and referral

Program Highlights include:

Two of Alaska's rural school districts, Yupiit and Iditarod, have recently implemented new performance measures that will help to demonstrate positive outcomes in their suicide prevention work. The Office of Prevention and Early Intervention staff are partnering with the schools utilizing community planning tools to help implement best practices and strategies, and also to develop outcome measures or indicators that will help to show positive results. Examples of these indicators include:

- 1** Increasing the effectiveness and quality of youth programs;
- 2** Increasing the number of community service projects the youth participate in and increase the number of adult volunteers in the youth program;
- 3** Increasing positive perception of youth in the community from "Youth being the problem to the youth becoming active problem solvers";
- 4** Increasing the number of positive youth-adult interactions;
- 5** Increasing the resilience among Akiak youth;
- 6** Increasing participation of high-school-age youth in Teen Center activities;
- 7** Increasing number of inter-generational or parent-involved activities sponsored by the Teen Center; and
- 8** Increasing developmental assets and resilient qualities among participants of the Teen Center.

Several evaluation tools are being used to collect this data such as pre- and post-surveys that measure youth resiliency, life skills, social competencies, positive relationships, school connectedness, maintenance of health/wellness, and positive perceptions of youth among adults. This valuable information will reveal more about how well services are being delivered and ultimately if these programs are making a difference in the lives of student's.

In addition to the important work that these schools are involved with in charting outcomes, the Mat-Su Peer Helpers, Juvenile Assessment Center Prevention Program, has partnered with the Mat-Su School District as well as several other agencies including Boys & Girls Club, Smart Moves, Valley Pathways, Mat-Su Health Services and others in the Matanuska-Susitna borough region to lower suicide rates among adolescents.

According to reports, the suicide rate has dropped during the 06/07 school year to zero, as compared to the 99/00 school year, during which there were 12 suicides within an 18-month period of mostly enrolled students.

The Smart Moves program is also showing an increase in students' knowledge after attending the substance abuse curriculum as shown in pre- and post-test results between 10 percent and 25 percent.

The peer helper program along with the substance abuse curriculum, school-sponsored parent forums, and related health services being offered in the community appear to be making a difference in stemming the tide of suicides in this region.

Another recent grantee highlight occurred in September 2007 when Arnold Thomas, a member of the Shoshone Paiute Tribes of the Duck Valley Indian Reservation in Owyhee, Nevada, spoke to the Native village of Shaktoolik about his own personal experience of attempting suicide and how it affected his life. He also used his survival as a way to encourage others to seek alternatives, reach out to others who care, and to pursue meaningful life goals such as going to college or giving back to the community. For the past 15 years, Arnold has consulted with communities throughout North America and has a powerful message to share. Arnold has been involved in developing curricula for substance abuse and suicide prevention and intervention programs on the local and national levels. Shaktoolik is also organizing a whaling camp in the spring where village elders will teach youth traditional Malemiut Eskimo subsistence skills and address the problems of suicide in their community and the region. Shaktoolik's hope that once youth are able to feel safe and openly talk about these issues, they will be better prepared to reach out to one another when they are thinking or having feelings related to suicide.

Advisory Board on Alcoholism and Drug Abuse/Alaska Mental Health Board — Partners in Prevention

The Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board have met together during fiscal year 2007 for all three of their yearly scheduled meetings. There is a better understanding of behavioral health because of this collaboration, and members recognize and agree that substance abuse and mental illness, either as a sole risk or co-occurring, are leading factors of suicide or thoughts of suicide.

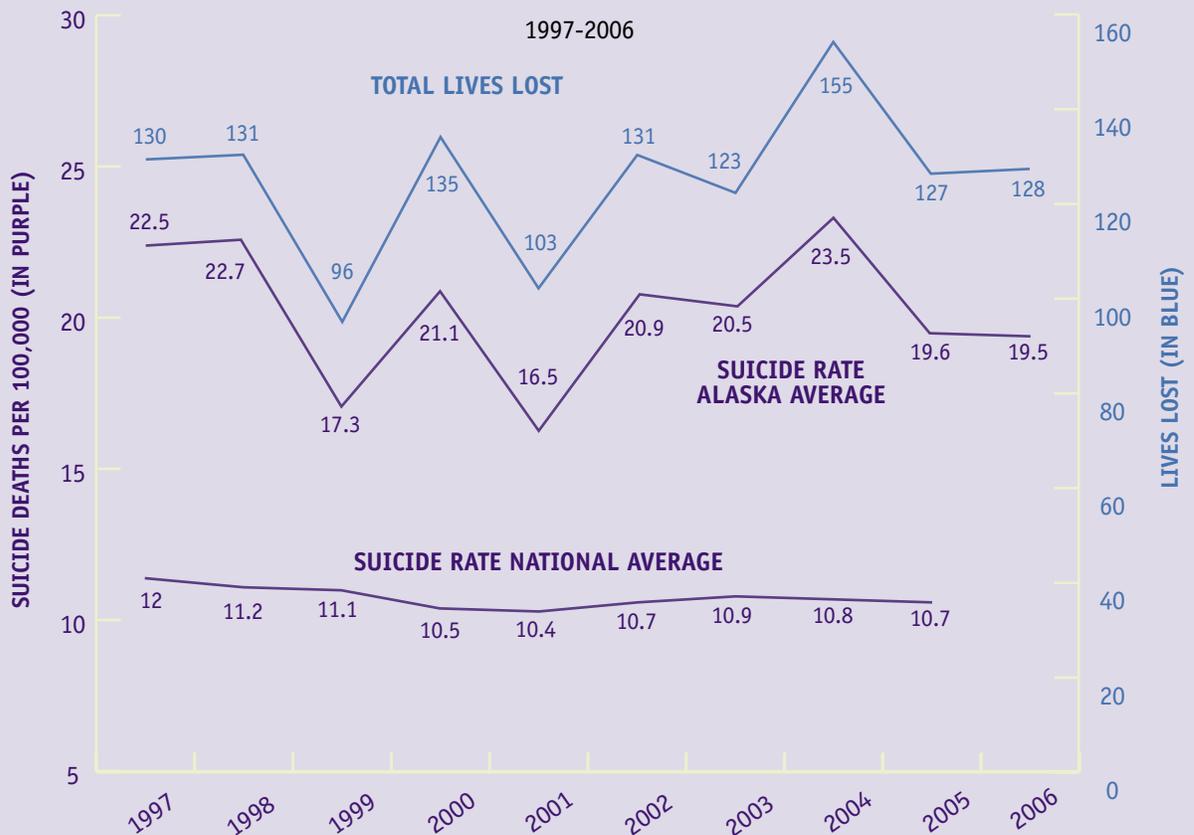
The boards also recognize and are working to decrease the perceptions and stigma many people have about individuals who have a substance use disorder or a mental illness. Research shows that these individuals are more often unable to maintain their needs of basic living resources such as employment, housing, good nutrition, keeping out of legal problems, and healthy connections with family or others. These factors, of course, further complicate a person's life and put them at much higher risk of suicide.

Access to behavioral health services has been severely reduced over the past decade and the boards are advocating for several measures to change this. One of the most exciting is the increase Alaskans have for implementing effective prevention services across Alaska. Board staff have worked closely with the Behavioral Health section of prevention and early intervention in fiscal year 2008, to assist in their efforts of funding and giving technical assistance to community-based programs. Board staff will continue in this process as well as to update the statewide suicide prevention plan.

ALASKA AGE-SPECIFIC SUICIDE RATE AND TOTAL NUMBERS OF SUICIDE DEATHS



NUMBER OF ALASKANS LOST TO SUICIDE



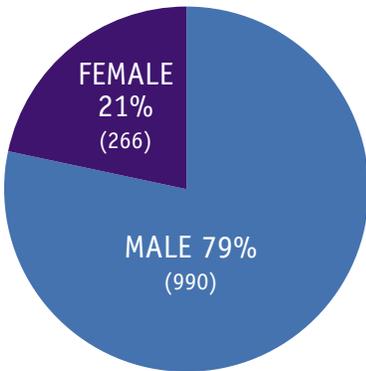
ALASKA AGE-ADJUSTED SUICIDES BY SEX

1997-2006



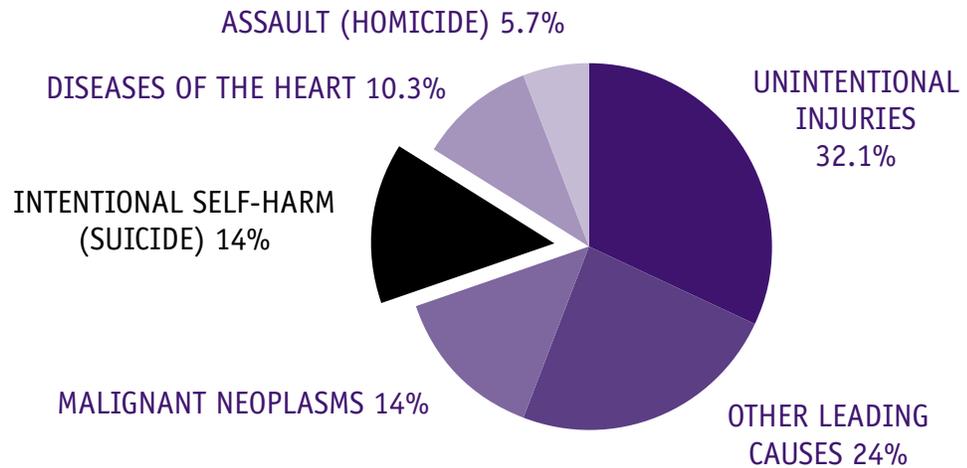
SUICIDE BY SEX

1997-2006

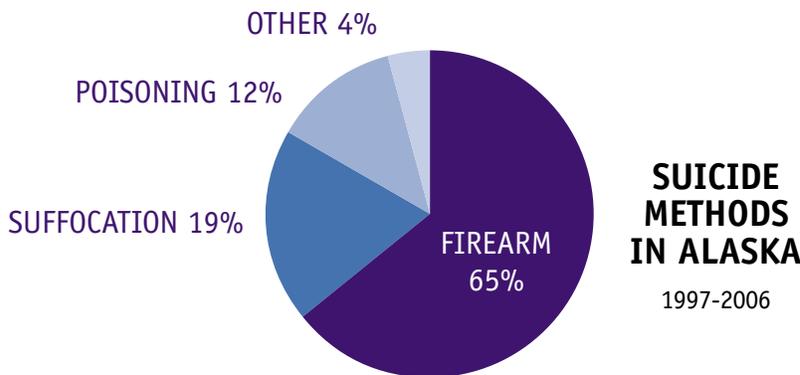
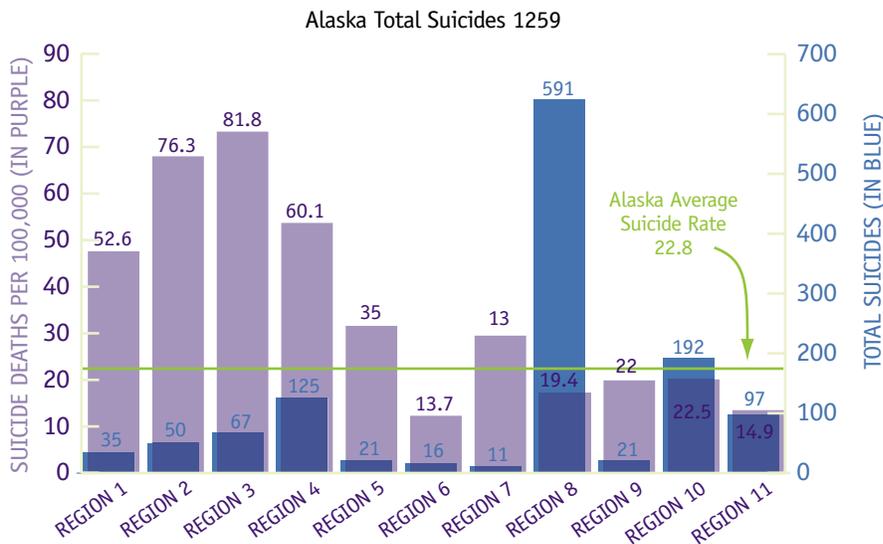


ALASKAN YEARS OF POTENTIAL LIFE LOST BY LEADING CAUSE OF DEATH

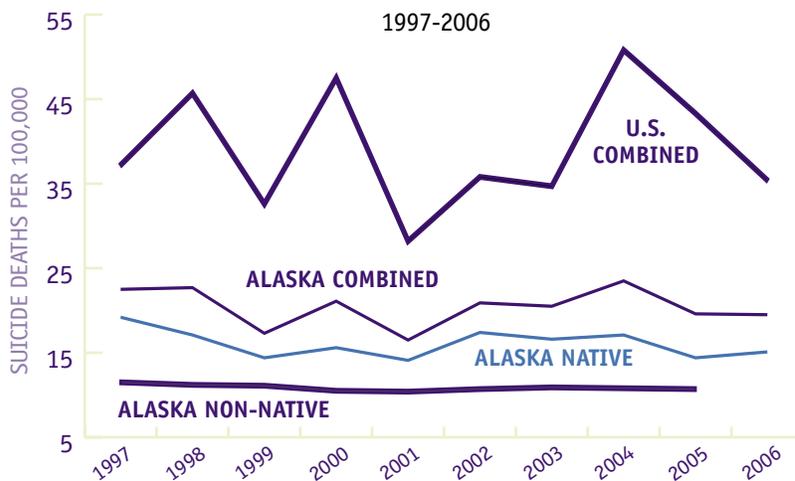
1996-2005



REGIONAL SUICIDE RATES AND TOTALS BY REGION 1997-2006



ALASKA NATIVE, ALASKA NON-NATIVE AND NATIONAL SUICIDE RATES



Rates are age-adjusted per 100,000 population.
 * The Alaska rate for 2005 is preliminary.
 ** US rate for 2005 is preliminary and the US rate for 2006 is unavailable at the time of publication.

Alaska Regions

- Region 1** North Slope Borough
- Region 2** Northwest Arctic Borough
- Region 3** Nome Census Area
- Region 4** Wade Hampton Census Area
- Region 5** Dillingham Census Area
Bristol Bay Borough
Lake Peninsula Borough
- Region 6** Kodiak Island Borough
- Region 7** Aleutians East Borough
Aleutian West Census Area
- Region 8** Mat-Su Borough
Municipality of Anchorage
Kenai Peninsula Borough
- Region 9** Valdez-Cordova Census Area
- Region 10** Yukon-Koyukuk Census Area
Fairbanks/North Star Borough
Southeast Fairbanks Census Area
Denali Borough
- Region 11** Haines Borough
Juneau Borough
Ketchikan Gateway Borough
Sitka Borough
Wrangell-Petersburg Census Area
Prince of Wales-Outer Ketchikan Census Area
Skagway-Hoonah-Angoon Census Area

Suicide Prevention Council Fiscal Year 2008

Mario Gatto, Chair	Secondary School
Brenda Moore, Chair-Elect	Alaska Mental Health Board
Noelle Hardt, Secretary/Treasurer	Statewide Youth Organization
Stan Tucker, Member-at-Large	Clergy
Charles Jones	Public
Mandee Collins	Youth
William Martin	Alaska Federation of Natives
Arthur Hansen, DDS	Advisory Board on Alcoholism and Drug Abuse
Bill Hogan	DHSS Deputy Commissioner
Renee Gayhart	DHSS Tribal Health Manager
Public (off the road system)	Vacant
Senator Johnny Ellis	Alaska State Legislature
Senator Kim Elton	Alaska State Legislature
Representative Reggie Joule	Alaska State Legislature
Representative Woodie Salmon	Alaska State Legislature

Kathy Craft DHSS Office of the Commissioner
Statewide Suicide Prevention Council Coordinator
907-451-2017, kathryn.craft@alaska.gov

Scheduled Meetings Fiscal Year 2007/2008

September 17-18, 2007	Fairbanks
February 6-7, 2008	Juneau
April 28-29, 2008	Sitka

Alaska (Statewide) Suicide Prevention **Careline** 1-877-266-HELP (4357)
Fairbanks Suicide Prevention **Careline** 452-4357
National **Lifeline** 1-800-273-TALK (8255)
hss.state.ak.us/suicideprevention

This publication is released by the Statewide Suicide Prevention Council through the Department of Health and Social Services and is intended to provide data and information to the public about suicide prevention and awareness. It was produced at a cost of \$2.69 per copy and printed in Anchorage, Alaska. A portion of this document was funded through the Alaska Mental Health Trust Authority.