

EVALUATION OF THE ALASKA STATE YOUTH SUICIDE PREVENTION PROJECT (2012-2015)

▶ WHO IS MOST AT RISK FOR SUICIDE?



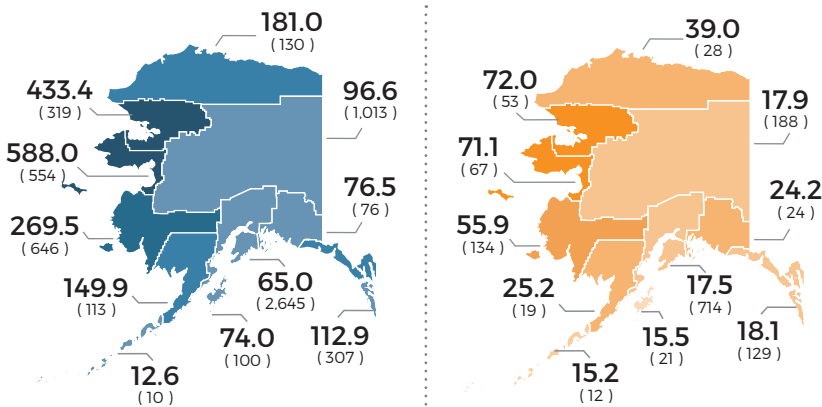
YOUTH
AGES
15-24
PARTICULARLY
MALES

- INDIVIDUALS IN NORTHWESTERN ALASKA
- ALASKA NATIVE MALES
- VETERANS/ACTIVE DUTY SERVICE MEMBERS

Alaska's suicide rates continued to be highest among males, young adults, Alaska Native individuals, and persons living in rural regions of the state. (*Epi Bulletin No.3, January 14, 2013*).

AVERAGE ANNUAL RATES PER 100,000 POPULATION, 2001-2010

(TOTAL RAW NUMBER OVER 10 YEARS)



Alaska Statewide Rates

96.0

ATTEMPTS

(6,431) TOTAL

20.7

DEATHS

(1,389) TOTAL

Source: Alaska Trauma Registry

Source: Alaska Bureau of Vital Statistics

▶ SUICIDE PREVALENCE 2013

	United States	Alaska
Suicide as Cause of Death		
All Ages	10th	6th
12-24	2nd	1st
Rate of Suicide per 100,000		
All Ages	12.6	23.3
15-24	10.9	38.2
Female	4.5	8.3*
Male	17.0	59.8

Data sources: Alaska Bureau of Vital Statistics & National Data Sources from CDC's WISQARS last updated 1/22/2015

*2011-2013 average used to reach adequate sample size for an estimate

▶ PROJECT GOAL

The primary goal of the **Alaska Youth Suicide Prevention Project** is to ensure Alaskans effectively and appropriately respond to people at risk of suicide. To help meet this goal, **Alaska Gatekeeper QPR Trainings** were deployed statewide to expand the safety net for youth at risk.

Alaska Gatekeeper Training Project funded by SAMHSA to the Alaska Department of Health and Social Services, Division of Behavioral Health.

▶ WHAT IS THE ALASKA GATEKEEPER QPR TRAINING?

QUESTION PERSUADE REFER

Brief, evidence-based trainings adapted by trainers to meet the needs of diverse audiences



▶ RESEARCH SUPPORTS GATEKEEPER TRAININGS TO REDUCE YOUTH SUICIDE

Counties implementing **gatekeeper trainings** had **significantly lower suicide rates among aged 10 to 24 years** than similar counties that did not implement trainings
(1.33 fewer deaths per 100,000; $p=.02$).*

“Training implementation made more of a difference in smaller and more rural counties.”

EVIDENCE ALSO POINTS TO ADDITIONAL TRAINING NEED

No evidence of an effect beyond 1 year after training implementation, indicating the need for ongoing training and booster trainings.

Certified Alaska Gatekeeper QPR trainers in Alaska also desired in-person refreshers or booster trainings to keep their skills fresh.

* Walrath, C. et. al (2015). Impact of the Garret Lee Smith Youth Suicide Prevention Program on Suicide Mortality, American Journal of Public Health, 105, 896-993.

▶ ALASKA GATEKEEPER QPR TRAININGS ENGAGE A WIDE RANGE OF COMMUNITY GATEKEEPERS WHO INTERACT WITH YOUTH

198 trainings delivered from June 2013 - June 2015

178 TRAINERS CERTIFIED

3,812 INDIVIDUALS TRAINED



2,874

Adults 18+



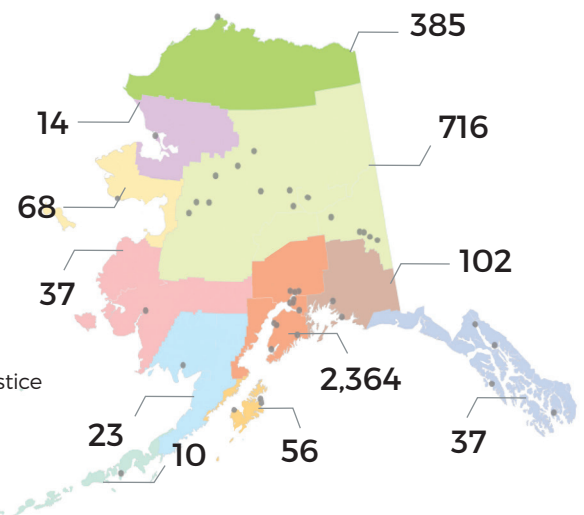
938

Youth

45
COMMUNITIES

3,812
INDIVIDUALS

- Schools
- University campuses
- Child welfare
- Division of Juvenile Justice
- Health agencies
- Military
- Communities



“This Gatekeeper training was the most relevant mental health training I have ever been to.”

- Participant

▶ **ALASKA GATEKEEPER QPR TRAINING EXPANDED THROUGH STRONG INFORMAL AND FORMAL PARTNERSHIPS AND COMMUNITY COLLABORATIONS**



▶ **ALASKA GATEKEEPER QPR TRAININGS INCREASE SKILLS AND CONFIDENCE OF TRAINEES TO INTERVENE WITH YOUTH AT-RISK FOR SUICIDE**

85%

FELT CONFIDENT IN THEIR ABILITY TO HELP A SUICIDAL PERSON.

90%

WOULD DIRECTLY RAISE THE QUESTION OF SUICIDE WITH SOMEONE SHOWING SIGNS OF SUICIDE

PRE AND POST TRAINING SURVEY RESULTS (n=885)

- Perceived knowledge about suicide prevention
- Confidence to intervene with someone at risk of suicide
- Intentions to intervene

“The very day I received training I spoke to a youth who was suicidal. I was able to say the right things and figure out if he had a plan for suicide. The training gave me the confidence to speak with this person and get him help.”
- Participant

▶ **GATEKEEPER QPR TRAINEES USED SKILLS TO INTERVENE WITH YOUTH AT RISK**

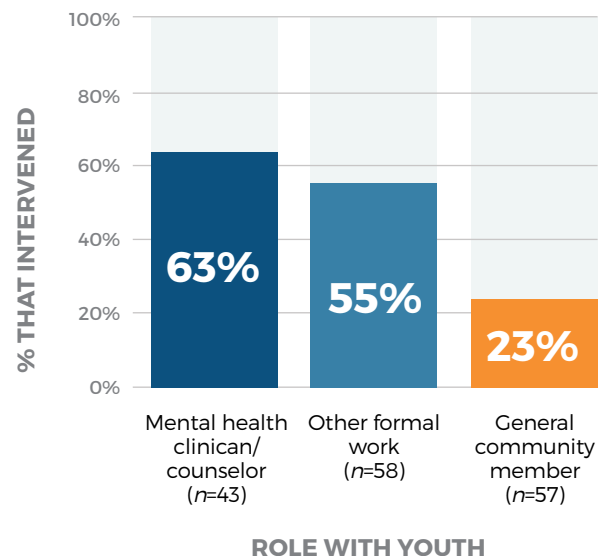
3 MONTH FOLLOW-UP SURVEY RESULTS (n = 177)

>90%

AGREED THAT AFTER THREE MONTHS THEY STILL HAD THE KNOWLEDGE TO IDENTIFY, INTERVENE, AND GET HELP FOR SOMEONE AT RISK OF SUICIDE

48%

USED INFORMATION TO IDENTIFY AND INTERVENE WITH AT LEAST ONE YOUTH



Among youth who were referred and received services

85%

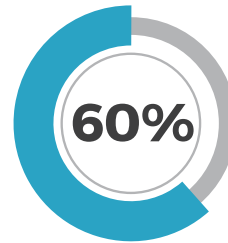
OF PARTICIPANTS FELT THAT ACTIONS TAKEN BASED ON THE TRAINING WERE EFFECTIVE

▶ **GATEKEEPER QPR TRAINEES EXPANDED THE SAFETY NET IN ALASKA**

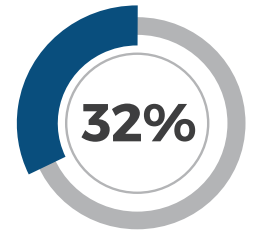
3 MONTH FOLLOW-UP SURVEY RESULTS (n = 177)



Have informal conversations about suicide / prevention with youth and others



Monitor youth who may be at risk for suicide



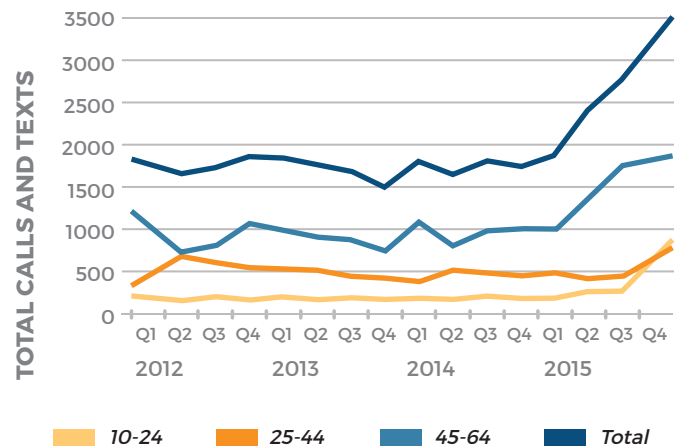
Formally publicize information about suicide prevention or mental health resources

▶ **TRAININGS AND OTHER OUTREACH EFFORTS INCREASED ALASKA CARELINE ACTIVITY**



The Alaska Careline crisis call center saw its call volume **nearly double** from **1,752 calls** in 2012 to **3,277 calls** per quarter in 2015 across all age groups and ethnicities.

“We have limited [local] resources, but we always give out the [Alaska] Careline number.”
- Alaska Gatekeeper QPR trainer



▶ **CHANGE CAN HAPPEN THROUGH COLLECTIVE IMPACT AND A MULTI-TIER TRAINING APPROACH**

FUTURE TRAINING SUGGESTIONS

A multi-tiered effort is recommended to help bridge the gap between formal and informal suicide prevention efforts to support youth at risk of suicide. All levels of the community system must be prepared to identify, support, and ensure appropriate care for individuals at risk for suicide through developmentally and culturally appropriate methods. The next goal for the Alaska State Youth Suicide Prevention Project is to expand trainings to health care-related professionals such as: first responders, mental health clinicians, counselors, and other health care providers.



MAKE SUICIDE PREVENTION A CORE PRIORITY AMONG ALASKA ORGANIZATIONS AND HEALTH CARE SYSTEMS

- ▶ Engage Alaska health care systems, key leaders and stakeholders.
- ▶ Assess health care policy, systems, settings and environments that influence and mitigate the risk of suicide.
- ▶ Advance skills and practices among health providers with suicide prevention trainings.
- ▶ Implement enhanced screening for depression / suicide risk and data sharing protocols across providers.
- ▶ Employ suicide specific assessment, treatment and routine follow-up care.
- ▶ Continue to disseminate Alaska Careline information.
- ▶ Prevent and reduce suicide and suicide attempts in Alaska.