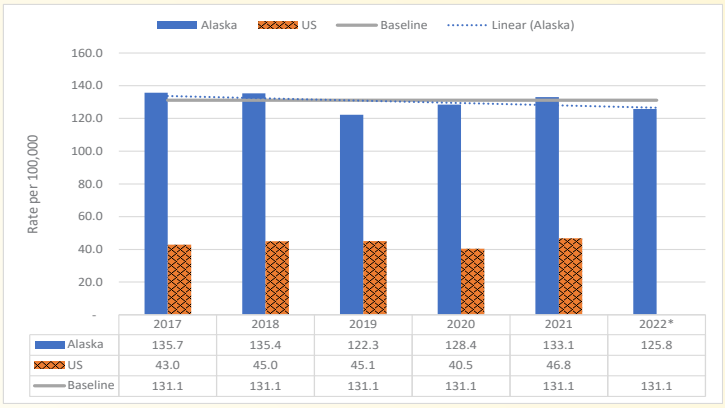
SUICIDE PREVENTION

INDICATOR 14: Rate of intentional self-harm/suicide attempt emergency department visits (rate per 100,000; age-adjusted)

Story Behind the Baseline

Suicide impacts all Alaskans, no matter their age. Suicide is one of the leading causes of death for youth and young adults, and they are attempting suicide at higher rates than any other age group in Alaska. Every year, many more people think about or attempt suicide than die by suicide. In addition to the number of people who are injured or die, suicide also affects the health of others and the community. When people die by suicide, their family and friends can experience shock, trauma, anger, guilt, and depression. The economic toll of suicide on society is also immense. Suicide and suicide attempts cost the nation almost $70 billion per year in lifetime medical and work-loss costs alone. While the presence of a mental health condition may contribute to increased suicide risk, it is important to note that the majority of people who live with mental health



	2017	2018	2019	2020	2021	2022*
Alaska	135.7	135.4	122.3	128.4	133.1	125.8
US	43.0	45.0	45.1	40.5	46.8	
Baseline	131.1	131.1	131.1	131.1	131.1	131.1

Population: Alaska and U.S.

Data Sources:

- Alaska Division of Public Health, Health Analytics and Vital Records Section
- Center for Disease Control and Prevention, CDC WISQARS

Data Source Contact:

- Research Unit, Health Analytics and Vital Records;
  Division of Public Health, Department of Health
  Email: healthanalytics@alaska.gov

***Note:**

- U.S. data not available at the time of publication.

conditions will not die by suicide. Research tells us that nine out of ten people who attempt suicide and survive will not go on to die by suicide at a later date.

Many people are impacted by knowing someone who dies by suicide or who experiences suicidal thoughts. Several life factors can increase the risk for suicide, while some life factors protect against it. For example, suicide risk is higher among people who have experienced violence, including child abuse, bullying, or sexual violence. Childhood trauma and historical trauma, often referred to as Adverse Childhood Experiences (ACEs), puts certain individuals at a higher risk of suicide. Protective factors, like family and community support or "connectedness," and easy access to healthcare can decrease the risk for suicidal thoughts and behavior.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Barometer: Alaska, Volume 6, the annual average percentage of serious thoughts of suicide among young adults, ages 18 to 25 in Alaska, in the past year increased between 2008–2010 and 2017–2019 from 5.9% to 17.4%. During 2017–2019, the annual average prevalence of past-year serious thoughts of suicide in Alaska was 17.4% (or 12,000), higher than both the regional average (13.4%) and the national average (11.1%). In Alaska, emergency department data shows that individuals who die by suicide most commonly use a firearm. This data also shows that while women are attempting suicide at a higher rate, men die by suicide at a much higher rate than women. Additionally, women are attempting suicide at a higher rate and at different times during the year than their male counterparts.

What Works?

Suicide has no single determining cause and it cannot be prevented by any single strategy. Instead, suicide occurs in response to multiple biological, psychological, interpersonal, environmental, and societal influences that interact with one another, often over time. The social-ecological model is a useful framework for viewing and understanding suicide risk and protective factors across four levels of focus: individual, relationship, community, and societal. The relevance of each risk factor can vary by age, race, gender, sexual orientation, residential geography, and socio-cultural and economic status.

Utilizing data can help support upstream prevention and intervention strategies targeted toward vulnerable populations identified through evaluating suicide attempt data. Evidence-based interventions should be chosen to specifically address the unique needs of Alaskans, taking into account homelessness, geographical barriers to accessing healthcare services, stigma, and cultural differences. It is important to have a comprehensive suicide prevention system that addresses not only risk factors representative of those who have died by suicide but also, those who are attempting or struggling with ideation. Early detection and adequate

treatment are key to reducing suicide risk. Staying connected to others and taking care of overall health are all ways to support mental health.

Access to behavioral healthcare services and resources are improving within Alaska. The launch of 988 and crisis services has expanded the crisis continuum of care. Utilizing best practices for crisis care in Alaska has been a collaborative effort involving many state partners. The 1115 Medicaid Demonstration Waiver created new billable crisis services to support this work.

Implementation of the Zero Suicide framework, a systematic framework for comprehensive suicide care in healthcare settings, is an important commitment for patient safety. This framework includes universal screening for suicide risk, collaborative and connected care, and supported transitions through care settings. Zero Suicide work is active in Alaska with initiatives led by the Department of Health and tribal entities aimed at improving suicide care practices in Alaska's healthcare system. Mobile crisis units are active in Anchorage, Fairbanks, and Juneau, and the Restore Hope in Linkage to Care Collaboration grant is working to connect individuals to services and treatments. There are active efforts to develop mobile crisis outreach within Alaska, with some teams operating within larger communities in the state.

Both upstream and primary prevention efforts are needed to reduce suicide in Alaska and should have a strong focus on adolescents, young adults, seniors/elders, and American Indian/Alaska Native people. 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.

Sources:

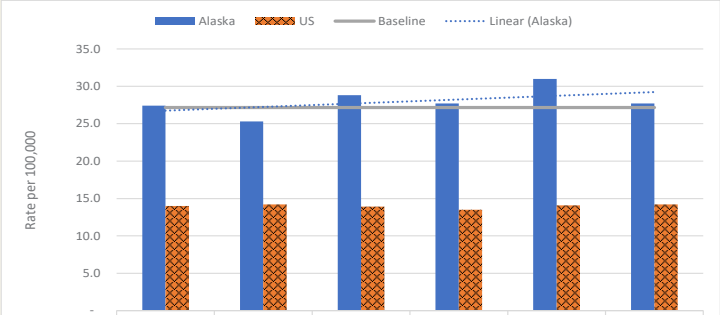
- CDC Division of Violence Prevention. Preventing Suicide: A Technical Package of Policy, Programs, and Practices
- CDC Violence Prevention: Preventing Suicide
- American Foundation for Suicide Prevention
- Statewide Suicide Prevention Council
- Healthy Alaskans

SUICIDE PREVENTION

INDICATOR 15: Rate of intentional self-harm/suicide deaths (rate per 100,000; age adjusted)

Story Behind the Baseline

Suicide is preventable. According to the American Foundation for Suicide Prevention, there is no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety, and substance use problems, especially when unaddressed, increase the risk for suicide, yet it's important to note that most people who actively manage their mental health conditions go on to engage in life. Efforts to reduce suicide focus on mending the support system through the entire continuum of wellness promotion, suicide prevention, crisis intervention, and postvention programs.
If every Alaskan learned about suicide and the risks and protective factors involved, they would be better prepared to prevent suicide in families and communities.



	2017	2018	2019	2020	2021	2022
Alaska	27.4	25.3	28.8	27.7	31.0	27.7
US	14.0	14.2	13.9	13.5	14.1	14.2
Baseline	27.2	27.2	27.2	27.2	27.2	27.2

Population: Alaska and U.S.

Data Sources:

- Alaska Division of Public Health, Health Analytics and Vital Records Section
- Center for Disease Control and Prevention, CDC Wonder Data

Data Source Contact:

- Research Unit, Health Analytics and Vital Records;
  Division of Public Health, Department of Health
  Email: healthanalytics@alaska.gov

What Works?

Providers of healthcare services to Alaskans should prioritize screening and early identification of warning signs and risk factors for suicide. Evidence-based

interventions should be chosen to specifically address the special needs of Alaskans – including homelessness, geographical barriers to accessing healthcare services, stigma, and cultural differences. Use of telemedicine should be encouraged and reimbursed so that Alaskans in rural communities have better access to mental health and substance use disorder treatment services. Clinical intervention should focus on suicide specific psychotherapies, as they have demonstrated greater efficacy in reducing suicide than treatment as usual. Restriction of lethal means and effective postvention supports are also key to reducing suicide.

Implementation of the Zero Suicide framework, a systematic framework for comprehensive suicide care in healthcare settings, is an important commitment for patient safety. This framework includes universal screening for suicide risk, collaborative and connected care, and supported transitions through care settings. Zero Suicide work is active in Alaska with initiatives led by the Department of Health and tribal entities aimed at improving suicide care practices in Alaska's healthcare system. Mobile crisis units are active in Anchorage, Fairbanks, and Juneau, and the Restore Hope in Linkage to Care Collaboration grant is working to connect individuals to services and treatments. There are active efforts to develop mobile crisis outreach within Alaska, with some teams operating within larger communities in the state.

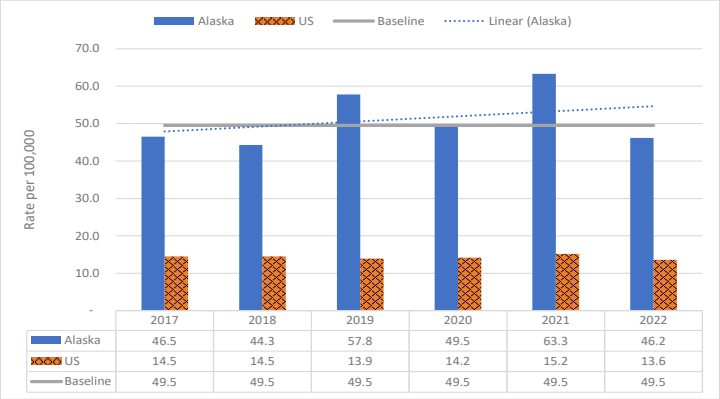
Sources:

- CDC Division of Violence Prevention. Preventing Suicide: A Technical Package of Policy, Programs, and Practices
- CDC Violence Prevention: Preventing Suicide
- American Foundation for Suicide Prevention
- Statewide Suicide Prevention Council
- CDC Division of Violence Prevention the Relationship Between Bullying and Suicide: What We Know and What it Means for Schools
- Healthy Alaskans

SUICIDE PREVENTION

INDICATOR 16: Rate of intentional self-harm/suicide deaths (rate per 100,000; ages 15-24)

Story Behind the Baseline



	2017	2018	2019	2020	2021	2022
Alaska	46.5	44.3	57.8	49.5	63.3	46.2
US	14.5	14.5	13.9	14.2	15.2	13.6
Baseline	49.5	49.5	49.5	49.5	49.5	49.5

Population: Alaska and U.S. (Ages 15 to 24)

Data Sources:

- Alaska Division of Public Health, Health Analytics and Vital Records Section
- Center for Disease Control and Prevention, CDC Wonder Data

Data Source Contact:

- Research Unit, Health Analytics and Vital Records;
  Division of Public Health, Department of Health
  Email: healthanalytics@alaska.gov

Alaska experiences some of the highest rates of youth and young adult suicide in the nation. Suicide is consistently a leading cause of death for Alaska's young people, frequently rising above mortality rates for accidents and homicides. Furthermore, mental health and suicide related crisis amongst Alaska's youth appear to be increasing. In 2021, suicidal ideation accounted for a quarter of all discharge diagnoses for child and adolescent emergency department treatment episodes within Alaska. This is a 6% increase from the previous year (Alaska's Health Facilities Data Reporting, 2022). Suicide intervention for youth can be especially challenging to access, with limited in-state options for inpatient psychiatric care and rural and geographical barriers to accessing outpatient behavioral health services.

Results from the 2019 Youth Risk Behavior Survey (YRBS) show the percentage of adolescents feeling sad and hopeless is on the rise (1 out of 3). The percentage of students attempting suicide during the past year nearly doubled, from 10.7% in 2007 to 19.7% in 2019. In fact, this measure increased significantly even from 2017 (12.1%). In 2021, suicide was the leading cause of death for youth and young adults, ages 15 to 24 in Alaska, with 63.3 deaths per 100,000. Alaska Native and American Indian people (AN/AI) continue to experience social and economic inequities that contribute to suicide risk.

What Works?

Programs, services, and opportunities in schools help increase protective factors impacting adolescent depression and suicide. These protective factors include supportive adults and connections, student activities that promote feeling valued, social-emotional competence and self-regulation skills, attending a school with a positive climate, participating in quality after-school activities and structured meaningful activities, a sense of cultural identity and connection, and regular physical activity.

Statewide education on how to talk about and recognize the signs of suicide enables all Alaskans to work together to prevent and mitigate risk factors contributing to suicide. Risk factors include ACEs, easy access to firearms, use of substances (alcohol and/or other drugs), prior suicide attempts, and exposure to violence.

Funding provided through the Statewide Suicide Prevention Council for the Suicide Awareness, Prevention & Postvention (SAPP) program to the Alaska Department of Education and Early Development (DEED) supports online trainings for Alaskan educators and direct grants to school districts that help implement suicide prevention programming throughout the state.

The Division of Behavioral Health, Prevention & Early Intervention provides grant funding throughout the state, serving both urban and rural service areas. The Comprehensive Behavioral Health Prevention and Early Intervention (CBHPEI) grant focuses on population-based strategies, the prevention of substance misuse and suicide, and the promotion of comprehensive wellness across Alaska, with an "upstream" approach. Prevention efforts are community driven and coalition led, with stakeholders representing the diversity of the community or service area.

DEED also provides statewide support by having staff that can respond to district requests for support during a crisis (for example: mental health, suicide prevention, crisis counseling support, and technical assistance). While DEED offers a collection of professional development resources to all districts, by far the largest and most popular are the online suicide prevention courses created since fiscal year 2016 (FY16) with SAPP funding. To date, 37,000 courses have been completed.

Improving and maintaining access to behavioral healthcare services and resources, including 988, community-based crisis interventions (e.g., 1115 Waiver, Crisis Now model), and safer suicide care practices in all healthcare settings is critical for community intervention. Promoting and expanding Zero Suicide efforts throughout Alaska will improve the

identification of those experiencing suicidal thoughts and behaviors and ensure subsequent safe and supported suicide care.

Sources:

- State of Alaska Epidemiology Adolescent Suicide Death, AKVDRS Update- Alaska 2016-2019
- CDC Division of Violence Prevention. Preventing Suicide: A Technical Package of Policy, Programs, and Practices
- CDC Violence Prevention: Preventing Suicide
- American Foundation for Suicide Prevention
- Statewide Suicide Prevention Council
- CDC Division of Violence Prevention the Relationship Between Bullying and Suicide: What We Know and What it Means for Schools
- Healthy Alaskans
- Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide: Findings From the Adverse Childhood Experiences Study