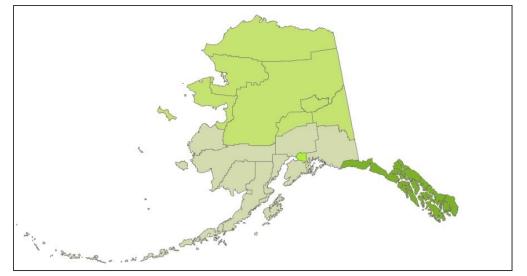
Suicide in Alaska: Data, Research and Community Prevention Strategies



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December, 2009

Alaska overview: Facts

State suicide rate is among highest in nation; nearly twice the national average
In 2008, suicide accounted for two-thirds (68.6%) of all violent deaths in Alaska.
Alaska's suicide rate is among highest in U.S.: 22.2 per 100,000
Wide disparities: by region, age, gender, Alaska Native/non-Native

Regional Rates

Over 70

Region 02: Northwest Arctic Borough

50-70

Region 03: Nome

Region 04: Wade Hampton, Bethel

30-50

Region 01: North Slope Borough

Less than 30

- Region 05: Dillingham, Bristol Bay Borough, Lake and Peninsula
- Region 06: Kodiak Island Borough
- Region 07: Aleutians East Borough, Aleutians West
- Region 08: Matanuska-Susitna Borough, Municipality of Anchorage, Kenai Peninsula Borough

Region 09: Valdez-Cordova

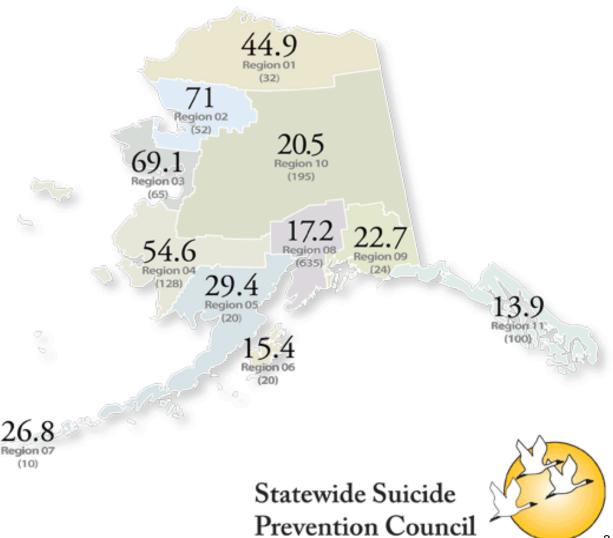
Region 10: Yukon-Koyukuk, Fairbanks North Star Borough, Southeast Fairbanks, Denali Borough

Region 11: Haines Borough, Juneau Borough, Ketchikan Gateway Borough, Sitka Borough,

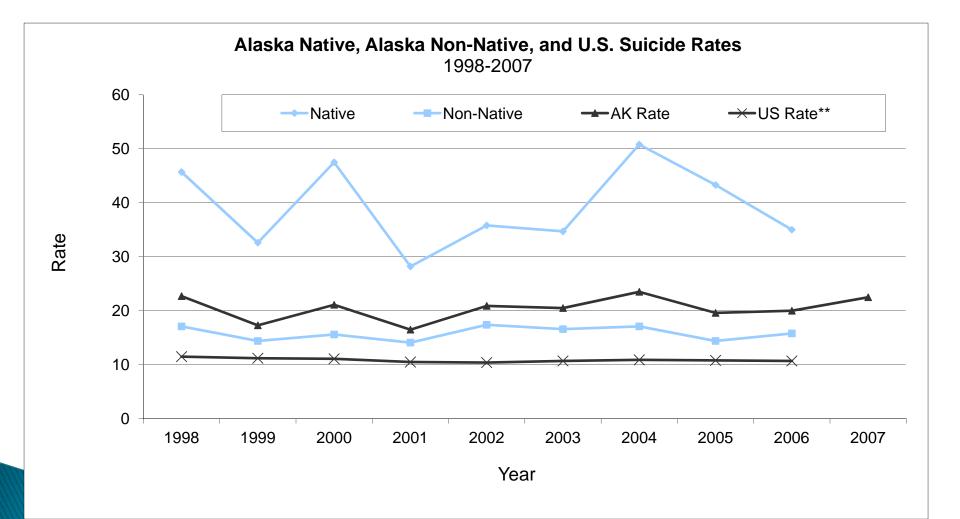
Wrangell-Petersburg, Prince of Wales-Outer Ketchikan, Skagway-Hoonah-Angoon, Yakutat Borough

Statewide Totals 20.5 RATE PER 100,000 (1281) TOTAL NUMBER OF SUICIDES

Alaska Suicide Rates and Total Number of Suicides per Region 1998-2007



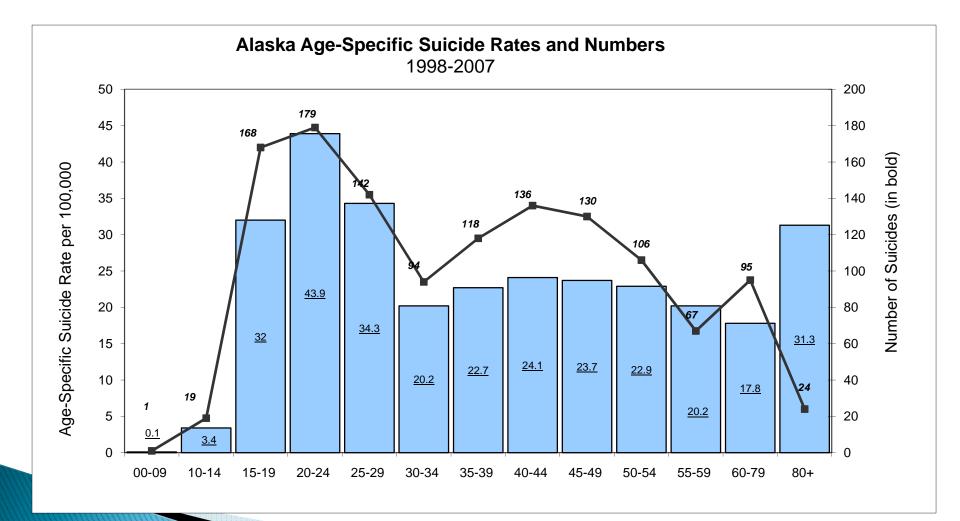
What the data tell us...



What the Data Tell Us...

- Highest rates by age: 15-24, 25-29
- Rate of youth "suicide attempts," grades 9–12, rising
- Female youth attempt more often; males complete more often.
- Alaska Native male teens highest rates
- Rates also high among oldest Alaskans

What the Data Tell Us...



Understanding & applying data

- In 2007 the Alaska Injury Prevention Center released the Alaska Suicide Follow Back Study.
- Interviews with family and friends of decedents indentified specific factors that influence suicide in Alaska:
 - Post traumatic stress disorder
 - Abused as children
 - Substance use problems
 - Problems with law enforcement
 - Loss of job or unemployed

Means Matter study: guns raise risk

- Medical needs not being met
- Traumatic brain injury
- Family/relational problems
- Financial stress

Understanding & applying data

- Wealth of information directs planning process;
- We base our strategies on stories the data is telling
- Directs community planning process

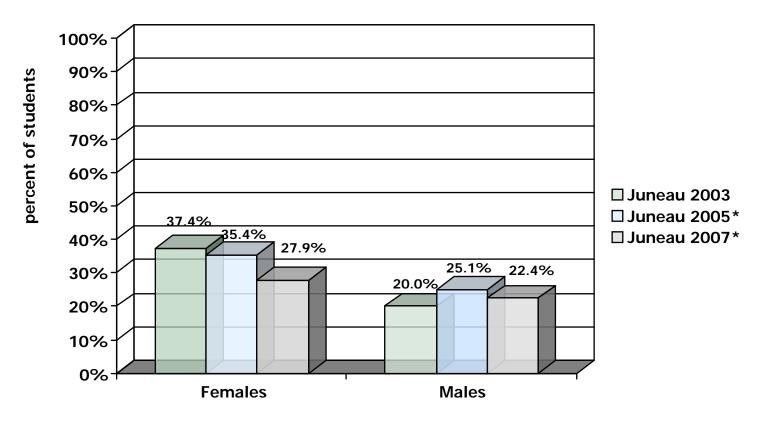


Youth Risk Behavior Survey

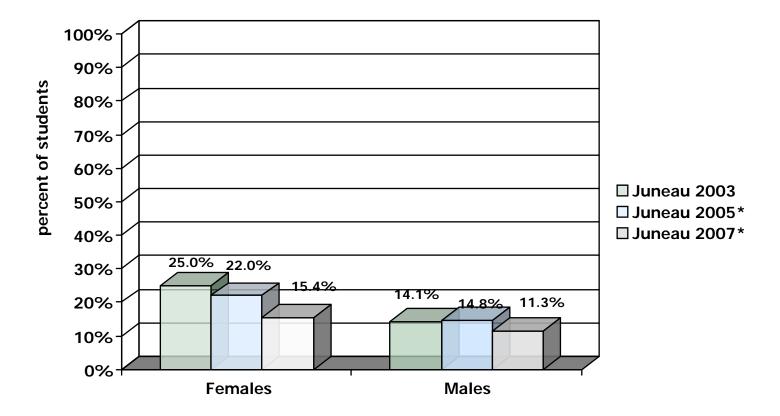
Review of data from 2003, 2005 & 2007 Juneau School District

> Presented for Juneau Teen Health Center Executive Committee Planning Session on October 3, 2007

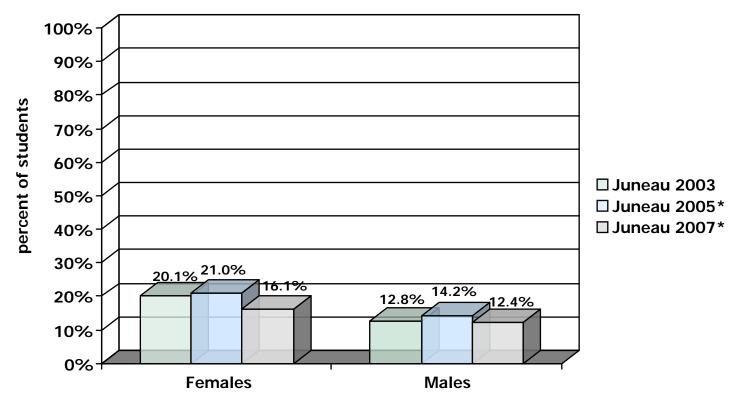
Students who felt sad or hopeless almost every day for two weeks or more in a row – Stopped doing some usual activities during the past 12 months



Students who seriously considered attempting suicide during the past 12 months

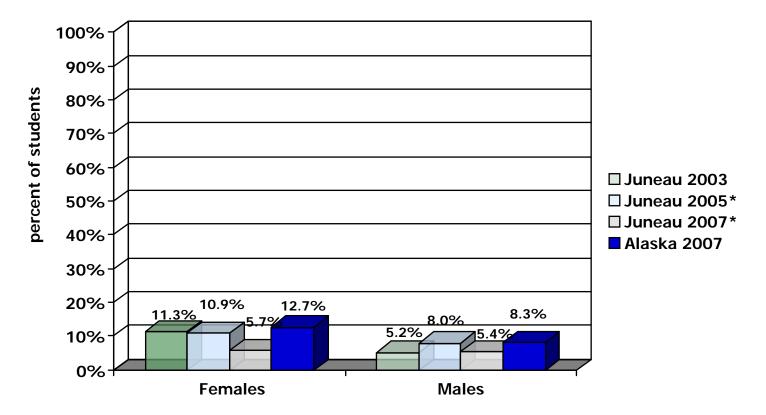


Students who made a plan about how they would attempt suicide during the past 12 months



Students who attempted suicide one or more times during the past 12 months

1



Challenges

- Complexity of problem; so many factors
- No single solution
- Stigma: secrecy; people may not reveal suicidal thoughts, may not be taken seriously (hard to hear)
- Community readiness a factor
- Research is limited, but helpful

Risk factors for suicide

- Basic characteristics
- Lifestyle and personal traits
- Social influences
- Family dynamics
- History of trauma/abuse
- Financial stress/unemployed
- Psychiatric and medical history
- Psychological factors
- Recent physical changes

Warning Signs

- Suicidal thinking
- History of suicide
- Closure behaviors
- Suicide plan
- Precipitating or triggering factors

Protective factors

- Positive, non-stressful family commitments
- Effective coping and problem-solving skills
- Commitment to mental health treatment
- Meaningful religious or cultural beliefs
- Strong positive social support
- Purpose for and joy in living
- Connection with a meaningful life

Community Planning

- Local solutions for local challenges Building community partnerships is the foundation of regional efforts
- Regional team development: on-going town hall meetings, focus groups, key informant interviews and community readiness assessments; identifies regional, cultural or other factors unique to the region.
- Regional teams customize strategic prevention plans

Alaska

"Standard intervention protocols are built upon ideas of selfhood, life and suicide that are NOT necessarily shared by Inupiat."

> - Lisa Wexler, 2006 Studied Inupiat suicide in NW

Community Planning

- Beginning the conversation
- Assessing needs, resources, readiness and capacity (SPF, MAPP)
- Alaska Suicide Prevention Plan
- Effective practices
 - NREPP/SPRC
- Culturally driven approaches
 - Native Aspirations (AILS)
 - People Awakening Project (UAF)
 - ANTHC



• Statewide network of regional prevention teams, within an overall state plan, will:

Act across spectrum:
 Prevention – Intervention – Postvention
 Individual – Family – Community

Use Strategic Prevention Framework
 Plan, Organize, Evaluate

Alaska's Community Prevention Strategies

- Garret Lee Smith Memorial Act
 - Alaska Youth Suicide Prevention Project
 - Project Life
 - Bering Strait Youth Suicide Prevention Project
 - Southcentral Foundation
 - 3-year, \$1.5 million for youth suicide prevention
 - Indian Health Services
 - Funding for suicide prevention

Alaska's Community Prevention Strategies

- Statewide programs strengthen, complement local efforts:
 - Careline 24-hour crisis line
 - Video/teleconferenced behavioral health services, trainings
 - o "first responder" mental health trainings
 - Alaska Gatekeeper Suicide Prevention
 - *ASIST*
 - Mental Health First Aide

Next Steps

- Expand Careline
- More Gatekeeper trainers
- Expand online resources: providers and public
- More research and data surveillance



Contact

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 - <u>http://hss.state.ak.us/dbh/prevention/default.htm</u>