



*Casting the Net
Upstream*

*Alaska
Statewide Suicide
Prevention Council
FY2011-FY2012
Annual Reports*

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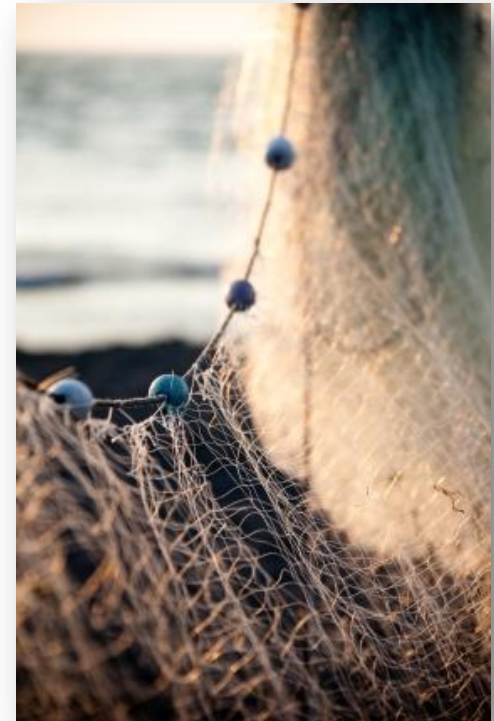
May, 2012

Introduction

The Statewide Suicide Prevention Council was established by the Alaska Legislature in 2001 and extended by the Legislature to June 30, 2013. The Council is responsible for advising legislators and the Governor on ways to improve Alaskans' health and wellness by reducing suicide, improving public awareness of suicide and risk factors, enhancing suicide prevention efforts, working with partners and faith-based organizations to develop healthier communities, creating a statewide suicide prevention plan and putting it in action, and building and strengthening partnerships to prevent suicide.¹

Each year, the Council provides an annual report on its activities and the impact of suicide prevention efforts over the past year. The FY2011-2012 reports take their title from the five-year state suicide prevention plan created and implemented over the past two years – *Casting the Net Upstream: Promoting Wellness to Prevent Suicide*.²

This report is different from the comprehensive data and suicide prevention system review provided in the [FY2010 Annual Report](#). This report's focus is the work of the Council over the past two years. The majority of Council activities in FY2011 involved development of the 2012-2017 state suicide prevention plan. In FY2012, the Council finalized the plan and commenced implementation.



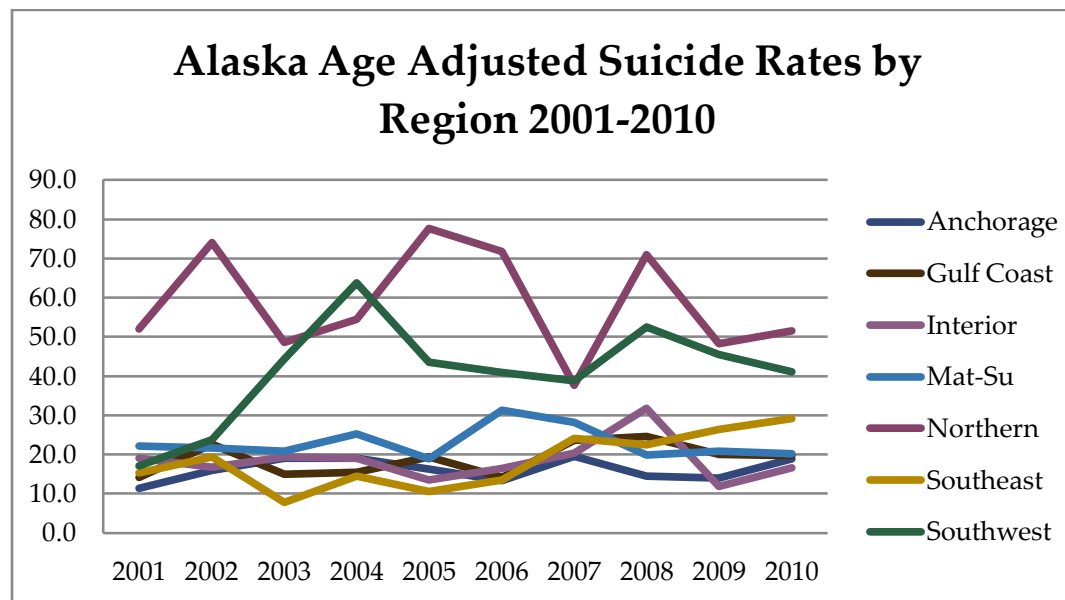
¹ AS 44.29.350. The Council's statutory authority is included in Appendix A.

² The plan is available online at http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/SSPC_2012-2017.pdf.

Incidence of Suicide

Alaska continues to have a suicide rate twice the national average. In 2010, the age-adjusted rate was 23/100,000.³ The actual number of lives lost to suicide in 2010 was 163.⁴

A look at the age-adjusted rates over time helps provide a better picture of how Alaskan communities are affected by suicide.



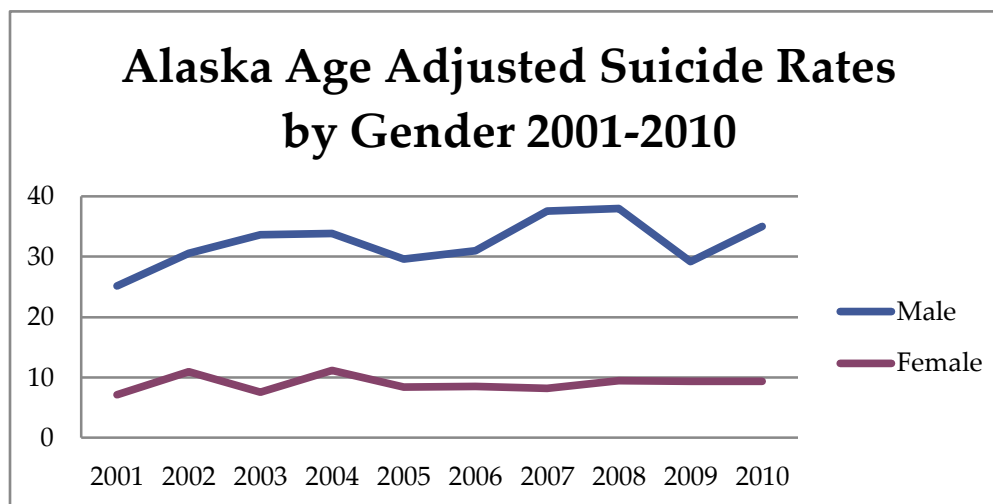
Source: Alaska Bureau of Vital Statistics (January 19, 2012)

³ Data provided by the Alaska Bureau of Vital Statistics.

⁴ Data provided by the Alaska Bureau of Vital Statistics.

It is important to note that the story behind suicide rates is not the same as the story behind suicide numbers. Alaska's rural regions have the highest rates of suicide, because the population of most communities is small. One suicide in a small community has not only a huge emotional and social impact, but also affects the statistical rates of the community and region. Alaska's largest metropolitan area, Anchorage-Wasilla-Palmer, has had the highest number of suicides for several years. The statistical impact may not be as great, due the concentrated population, but the loss to families and communities is still substantial.

Alaskan men continue to have a higher incidence of suicide, while suicide rates for Alaskan women remain relatively flat.



Source: Alaska Bureau of Vital Statistics (January 19, 2012)

Alaskan youth continue to show higher rates of suicide than other age groups. In 2010, the rate for youth age 15-24 was 46/100,000.⁵ For adults over age 25, the rate dropped significant to a range of 24.4-28.1 per 100,000.⁶

Suicide attempts occur at a higher rate than completed suicides. In 2007 (the most recent year's data available from the Alaska Trauma Registry), the suicide attempt rate was 99.3/100,000 people.⁷ More recent data from the 2011 Youth Risk Behavior Survey shows that, among high school students surveyed, 14.5-21.2% of students reported considering suicide in the past year and 8.7-13.2% reported attempting suicide in the past year.⁸

Risk Factors for Suicide

Suicide is the result of a complex confluence of events and experiences. The “web of causality” must be recognized in order for prevention efforts to be effective.

There are many warning signs and risk factors that can indicate that someone is at risk of suicide. Not every person will present with the same signs, but there are common indications of risk that can help in identifying when someone is at risk and intervening to prevent suicide.

⁵ Data provided by the Alaska Bureau of Vital Statistics.

⁶ Data provided by the Alaska Bureau of Vital Statistics. This range does not include the rate for age groups in which there were fewer than 20 suicides (ages 35-44 and ages 65-74).

⁷ Data provided by the Alaska Trauma Registry, Division of Public Health.

⁸ 2011 Alaska Youth Risk Behavior Survey Highlights (DHSS), comparing traditional and alternative high school students surveyed, at 2.

Risk factors for suicide include:

- ❖ Depression or other mental illness;
- ❖ A suicide attempt in the past;
- ❖ Having been exposed to the suicide of another person;
- ❖ Needing but not receiving mental health care;
- ❖ Increasing use of drugs or alcohol, including binge drinking; and
- ❖ Access to a firearm or other means in the home.⁹



Warning signs for suicide include:

- ❖ Talking about wanting to die or to kill oneself;
- ❖ Looking for a way to kill oneself, such as searching online or buying a gun;
- ❖ Talking about feeling hopeless or having no reason to live;
- ❖ Talking about feeling trapped or in unbearable pain;
- ❖ Talking about being a burden to others;
- ❖ New or increased use of alcohol or drugs;
- ❖ Acting anxious or agitated;
- ❖ Behaving recklessly or taking more risks than usual;
- ❖ Sleeping too little or too much;
- ❖ Displaying extreme mood swings or changes in mood (whether happier or sadder).¹⁰

⁹ Information provided by the American Association of Suicidology, www.suicidology.org.

¹⁰ Information provided by the National Suicide Prevention Lifeline.

A history of [adverse childhood experiences](#) can also contribute to risk for suicide. Adverse childhood experiences include child abuse and neglect, parental mental illness, parental substance abuse, death of a parent, incarceration of a parent, and other traumatic events.¹¹

Extensive research has been conducted on the mental and physical consequences of adverse childhood experiences.¹² A link has been documented between adverse childhood experiences and suicide, with the risk for suicide increasing by two (2) to five (5) times, regardless of the nature of the adverse childhood experience that occurred.¹³

Adverse childhood experiences also increase the risk for mental and physical health problems that contribute to the web of causality for suicide. Research has shown a link between multiple adverse childhood experiences and substance abuse and addiction, depression, risk for intimate partner violence (domestic violence), and risky sexual behaviors.¹⁴

¹¹ A complete list of adverse childhood experiences is available at <http://www.cdc.gov/ace/prevalence.htm#ACED>.

¹² The Centers for Disease Control and Prevention provide information about the original study as well as subsequent research into adverse childhood experiences at <http://www.cdc.gov/ace/index.htm>.

¹³ *Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study*, Shanta R. Dube, MPH et al., *Journal of the American Medical Association* (2001; 286(24):3089-3096).

¹⁴ For an overview of the findings from the ACE Study, see *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*, Felitti VJ, et al., *American Journal of Preventative Medicine* (1998 May; 14(4):245-58). A bibliography of published research on adverse childhood experiences and health outcomes is available from the Centers for Disease Control and Prevention online at <http://www.cdc.gov/ace/outcomes.htm>.

Creating the State Suicide Prevention Plan



The Council is responsible for developing the state plan to guide Alaska’s suicide prevention efforts.¹⁵ The 2012-2017 plan was developed based upon a “popular planning” model, which emphasized community and public input.

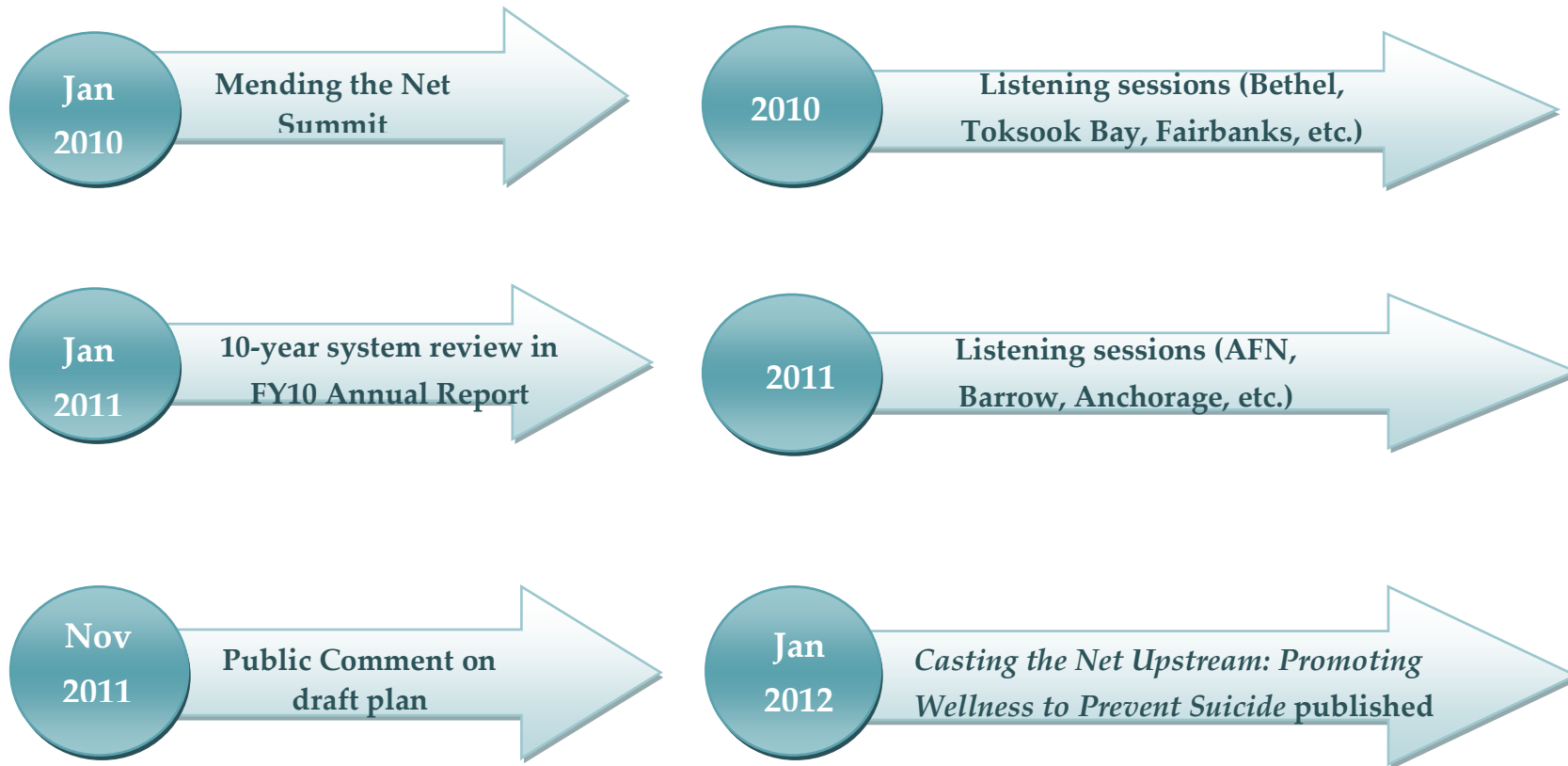
The Council started the process of updating Alaska’s state suicide prevention plan in January 2010 with the *Mending the Net* Statewide Suicide Prevention Summit. The work that was done at that summit, and for months after, helped show that Alaska’s suicide prevention system has just as many strengths as it does weaknesses. Together with stakeholders from all over the state, the Council has been able to start to build a more coordinated and comprehensive approach to preventing suicide. This was the foundation for a broad and inclusive planning process driven by the **people of Alaska**.

The state plan is titled *Casting the Net Upstream* because, in addition to helping someone in crisis, Alaskans must focus on what is happening during life that can lead a person to being at

¹⁵ See A.S.44.29.350(5).

risk for suicide. It is based on an idea – a prevention parable – long used in public health systems. The further up the wellness stream we go to intervene, the more likely we are to avoid serious health problems like suicide.

Planning Timeline 2011-2012



Unlike the previous plan, *Casting the Net Upstream* is a five year plan with specific measures (indicators) that will be evaluated to ensure that the state suicide prevention system is effective – or to allow for further development if the expected results are not achieved. It is based on extensive public input and stakeholder efforts to create a suicide prevention plan that responds to the unique needs of our communities and benefits from the creativity and culture of Alaska’s people.

Specific strategies have been identified to achieve the goals and objectives of the suicide prevention system. These strategies were developed from the wisdom and experience of Alaskans all over our state. They are based on the most current and credible data and research available. These strategies are ways that individuals, communities, and the State of Alaska can act together to prevent suicide. Tribes, tribal health organization, teachers, school districts, and individuals are all working together to prevent suicide in unique and creative ways.

Casting the Net Upstream is a uniquely Alaskan endeavor, though is aligned with the [National Strategy for Suicide Prevention](#) and the [American Indian and Alaska Native National Suicide Prevention Strategic Plan \(2011-2015\)](#). This will help evaluate the system against national standards and other states’ efforts. The Council and its partners will be able to offer annual scorecards and implementation reports, highlight the successes of evidence-based suicide prevention programs as well as emerging and innovative prevention efforts, and foster better coordination and communication among suicide prevention providers.

The plan is organized to reflect the most current research and understanding of the “web of causality” of suicide. Suicidal behavior results from a combination of genetic, developmental, environmental, physiological, psychological, social, and cultural factors operating in complex, and often unseen, ways.

In this plan, the Council is encouraging strategies that promote physical, emotional, and mental wellness and strengthen personal and community resilience – to prevent suicide by promoting the health of our people, families, and communities.

The plan is organized to make it easy to see who can act and how. There are six (6) goals to be achieved through individual, community, and state strategies.

Goal 1: Alaskans Accept Responsibility for Preventing Suicide

Goal 2: Alaskans Effectively and Appropriately Respond to People at Risk of Suicide

Goal 3: Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts

Goal 4: Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services They Need

Goal 5: Alaskans Support Survivors in Healing

Goal 6: Quality Data and Research is Available and Used for Planning, Implementation, and Evaluation of Suicide Prevention Efforts

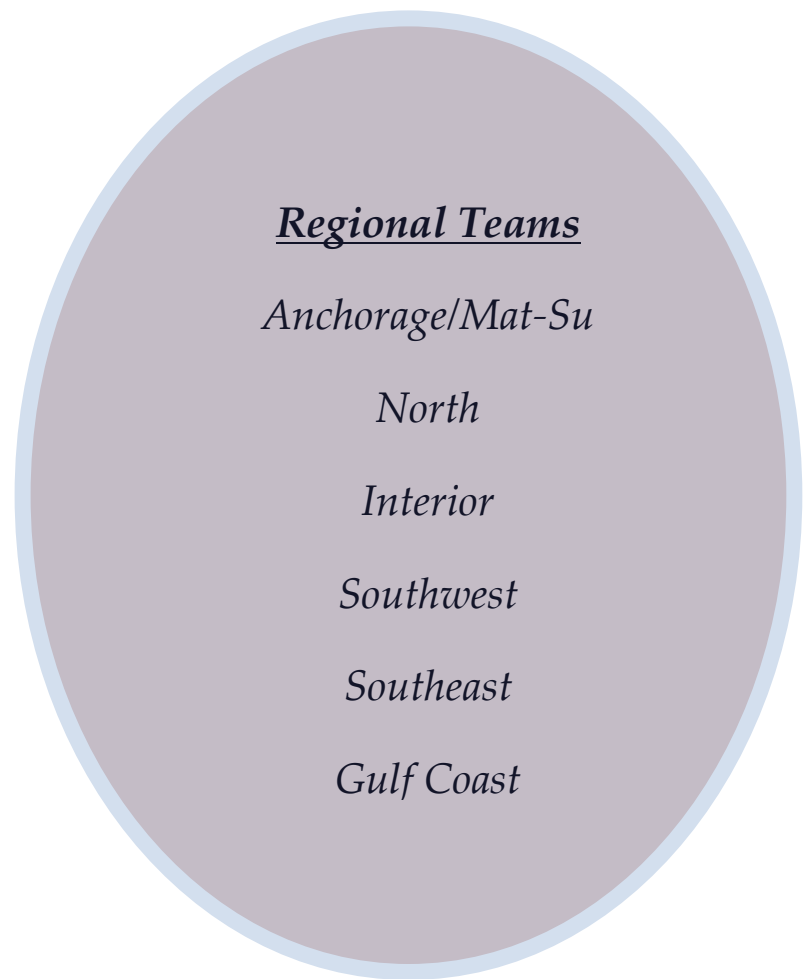
Implementing the State Suicide Prevention Plan

Casting the Net Upstream was published January, 2012. While the first official implementation effort was a training summit for regional suicide prevention teams that same week, many parts of the plan were in motion prior to that.

The Council and Division of Behavioral Health (Alaska Department of Health and Social Services) convened a training summit to which multi-disciplinary suicide prevention teams were invited from six regions statewide. Each team included representatives from law enforcement and emergency services, mental health providers, youth, elders, school personnel, and community coalition members.

To ensure immediate and consistent implementation of the state plan objectives, the regional teams were trained in the six goals and many strategies of the plan. They then worked together to develop action plans with short-, medium-, and long-term goals specific to the needs and resources of their communities.¹⁶

¹⁶ All the regional action plans are posted on www.StopSuicideAlaska.org.



Since January's training summit, the Anchorage/Mat-Su regional team has established a local coalition that is conducting a system assessment. Representatives from the Southwest, Gulf Coast, and other teams worked with statewide advocacy efforts to pass legislation mandating teacher training in suicide prevention awareness.

Council Activities FY2011

Beginning in FY2011, the Council was co-located with the Alaska Mental Health Board (AMHB) and Advisory Board on Alcoholism and Drug Abuse (ABADA). This has facilitated the sharing of expertise and resources to further common goals. Coordination of effort has resulted in more consistent and professional work by the Council on behalf of the people of Alaska.

The primary focus of the Council in FY2011 was developing the state plan (as discussed above). The Council met in Kotzebue (August 2010), Fairbanks (October 2010), Juneau (January 2011), and Anchorage (April 2011). At all of these meetings, the Council solicited public input in the planning process. More than twenty-five individuals shared their ideas and experiences at these meetings. This formal public comment was complemented by the presentations and panels provided by stakeholders such as the Juneau Police Department, Family Wellness Warriors (a program of Southcentral Foundation), Mat-Su School District, Anchorage Police Department, Tanana Chiefs Conference and others

The Council also engaged in a strategic planning process for its own activities in January 2010. The focus of this strategic plan is strengthening the Council's statewide policymaking role and establishing its place as a clearinghouse for information, data, and technical assistance for suicide prevention providers.



The first Iron Dog media campaign was developed in FY2011. Thanks to the ideas and contributions of Cynthia Erickson, a suicide prevention advocate from Tanana, the Council partnered with the Iron Dog race organization, Department of Health and Social Services, Alaska Native Tribal Health Consortium, Alaska Brain Injury Network, and others to create sports card style education and awareness tools featuring Chris Olds and Tyler Huntington (veteran racers and two-time winners). The campaign focused on resilience and protective factors rather than risk factors, in order to better engage youth in villages along the race route.

In partnership with the Alaska Mental Health Trust Authority, the Council developed print ads to promote help-seeking when at risk of suicide. This coordinated communication strategy is the cornerstone of the Council's public education efforts.



The Council also worked with the Division of Behavioral Health to develop a postvention resource for Alaska communities. [*Helping Our Communities Heal*](#) is a resource guide that includes information and resources to help communities and individuals react to suicide in a way that prevents additional suicides and promotes healing. In June, 2011, the Division of Behavioral Health hosted a training on the resource guide, attended by more than seventy people from around Alaska.

StopSuicideAlaska.org and its companion Facebook page were both expanded in FY2011, becoming the central location for suicide prevention resources, event information, and daily support for suicide prevention providers and survivors statewide. In addition to the Iron Dog campaign and web-based outreach, the Council provided information and education at a variety of events, including the Alaska Federation of Natives Convention and Elders and Youth Conference in Fairbanks.



The Council presented on the use of a web-portal to encourage and coordinate communication among suicide prevention stakeholders at the 2011 Annual Conference of the American Association of Suicidology. Other educational presentations were made at the annual Alaska Federation of Natives Convention and the annual Pride Conference in Anchorage.

During the 2011 legislative session, council members Anna Fairclough and Berta Gardner (members of the House of Representatives) filed a bill to expand membership of the Council to include a representative from the military and a young person up to age 24. This bill was signed into law May 23, 2012. Proposed on behalf of the Council, this is a response to the comments received from stakeholders interested in addressing veteran suicide and youth suicide. The Council also made several presentations

to legislative committees during the session, educating members about the incidence of suicide in Alaska and laying the foundation for the action-oriented state plan to come in FY2012.

Council Activities FY2012

The major activity of the first half of FY2012 was finishing and publishing *Casting the Net Upstream*. A series of public comment periods and revisions occupied the Summer and Fall of 2011, leading to the official release and publication of the plan in January 2012 (see the planning timeline at page 10).

The Council continued to partner with the Alaska Mental Health Trust Authority in its public awareness media outreach. Outreach and education about Alaska Careline, the statewide crisis line, was provided at multiple meetings and venues (including those not specifically focused on suicide prevention).

The Department of Health and Social Services, in partnership with the Iron Dog race organization and the Council, created another Iron Dog suicide prevention campaign. The 2012 campaign featured Archie Agnes and Arnold Marks of Tanana. This campaign continues the message “Life is a Team Effort,” promoting help-seeking and Alaska Careline resources.

The Council provided educational presentations at the Elders and Youth Conference, to the Alaska BIA Tribal Providers



Conference, the Alaska Psychiatric Association, and the Alaska Legislature. The Council presented on the new “popular planning model” used to create *Casting the Net Upstream* at the 2012 Annual Conference of the American Association of Suicidology.

Council members participated in a postvention workgroup, along with other stakeholders, to assist the Division of Behavioral Health in ongoing postvention efforts. This group worked to develop and host an Alaska training based upon the NAMI-New Hampshire CONNECT suicide prevention and intervention model.

The Council partnered with the Jason Foundation, Inc., the Alaska Association of Student Governments, and the Alaska chapter of the American Foundation for Suicide Prevention in coordinated advocacy related to legislation mandating teacher and school staff training in suicide prevention and awareness. Senator Bettye Davis proposed a bill mandating two (2) hours of annual training for teachers and other staff in grades 7-12. This legislation was passed with wide support and signed into law May 23, 2012.



*Council Members and Staff with Governor Sean Parnell
Bill Signing, HB 21 and SB 137
Photo courtesy of Noah Hanson*

Additional funding for evidence-based school suicide prevention programs was appropriated in FY2012 (to begin in FY2013). This funding will be administered by the Department of Education and Early Development in partnership with the Council. Also funded, beginning in FY2013, is a pilot project through which all Alaska high school teachers and staff will have access – at no cost – to the evidence-based training, At-Risk from Kognito, Inc. The Council and Department of Education and Early Development will partner in the oversight of this pilot project so that it complements the new mandate for teacher training in suicide prevention and awareness.

The Council met in Barrow in October, 2011. Council member Tessa Baldwin delivered a presentation to the Barrow High School student body, followed by an activity to identify reasons for living (protective factors). The Council also met in Anchorage twice in FY2012.



Conclusion

The Council prioritized developing the state suicide prevention plan in FY2011 and implementation of the plan in FY2012. The use of a popular planning model, emphasizing the contributions of individuals and communities throughout Alaska, resulted in a strong foundation upon which to provide guidance for statewide, as well as community and individual, suicide prevention efforts.

The progress made in FY2011-2012 is due to the increased partnerships and collaborations between the Council and community suicide prevention organizations. In every community, there are people with a passion and dedication for saving friends, family, and neighbors from suicide. We thank them all for their perseverance and inspiration.

Special thanks go to the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse for their support of the Council's work. Patrick Sidmore, research analyst for the boards, and Thomas Chard, health planner for the boards, both provided extensive support during the state planning process. Thanks also go to the Alaska Mental Health Trust Authority and the Department of Health and Social Services for their support and collaboration in the Council's public education efforts. These partnerships have resulted in creative and effective campaigns that reach Alaskans statewide.

If you or someone you know is considering or at risk of suicide, call Careline at 1-877-266-4357.

For more information about how you can get involved in preventing suicide, visit www.StopSuicideAlaska.org.

Helpful Links and Resources

Alaska Statewide Suicide Prevention Council

<http://www.hss.state.ak.us/suicideprevention/>

Casting the Net Upstream: Promoting Wellness to Prevent Suicide

http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/SSPC_2012-2017.pdf

Alaska Careline

1-877-266-4357

<http://carelinealaska.com/>

Find Mental Health and/or Substance Abuse Treatment

Call 211 or go to Alaska 211 at <http://alaska211.org/>

SAMHSA Treatment Locator at <http://www.samhsa.gov/treatment/>

Suicide Prevention Resource Center

www.sprc.org



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