Recasting the Net

Promoting wellness to prevent suicide in Alaska

State of Alaska Suicide Prevention Plan

2018-2022

Sharon Fishel, Chairperson
Bill Walker, Governor

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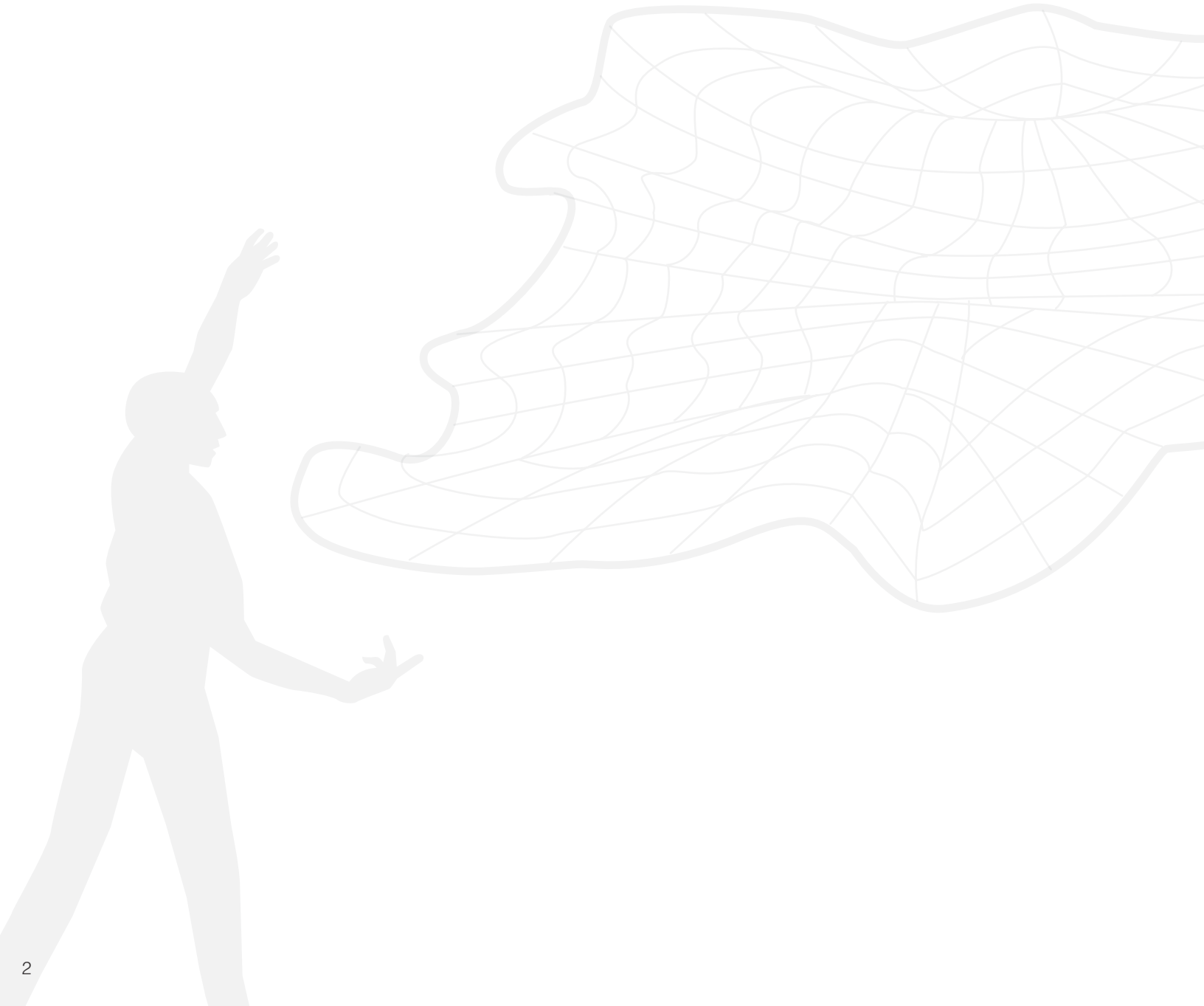

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As of January, 2018

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Introduction

The Statewide Suicide Prevention Council ("Council") was established by the Alaska Legislature in 2001. After a legislative audit in 2013, it was extended by the Legislature to June 30, 2019. 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.

Casting the Net Upstream: Promoting Wellness to Prevent Suicide was a five-year action plan for 2012-2017 created to fulfill the Council's statutory duty to create a statewide suicide prevention plan.

Many successes were achieved during the first iteration of the plan, including thousands more Alaskans being trained in suicide prevention, the creation of more wellness and suicide prevention coalitions across the state, and many more calls to Careline, the state's suicide prevention line. The number of calls to Careline has gone up from several thousand in 2012 to more than 15,000 in 2016.

Governor Bill Walker's Alaska Suicide Prevention Governor's Cabinet Workgroup endorsed the 2012-2017 plan during its extensive work in 2016. In order to build off of the momentum created by this plan, the Council decided to update it rather than create a new one from scratch.

This is Recasting the Net: Promoting Wellness to Prevent Suicide in Alaska, the 2018-2022 statewide suicide prevention plan.

The plan is comprised of six overarching goals, several strategies for reaching each goal, helpful resources for individuals and communities related to achieving each goal, and measurable benchmarks to evaluate progress.

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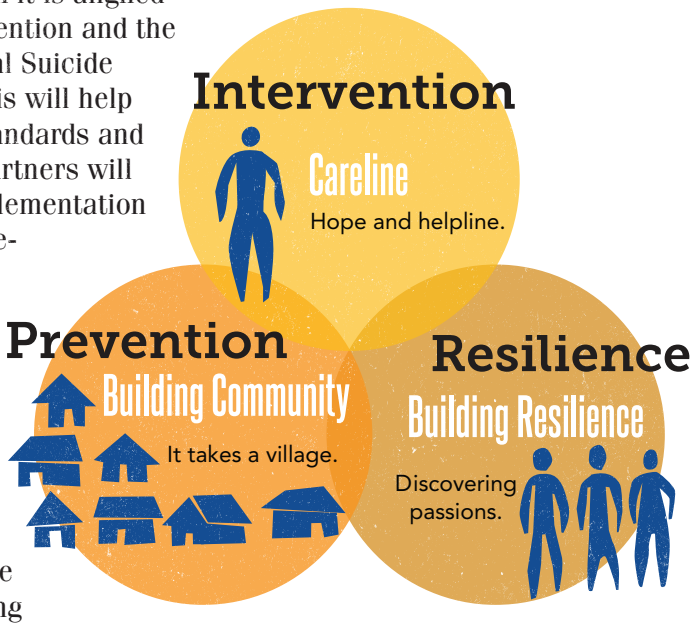
While many of the goals and strategies remain the same or similar in the 2018-2022 plan, others have been revised after careful consideration to better address the needs of Alaskans.

When data are given for the indicators, they are the most recent data available. Annual implementation reports on the plan will track progress by giving the updated numbers.

This revised five-year plan 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.

Once again, this is a call to action. The specific strategies identified to achieve the goals and objectives of the suicide prevention system 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.

This is a uniquely Alaskan endeavor, though it 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 us evaluate our 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 Council has stressed the need to mend the net of services and supports in place to prevent suicide and cast a wider net with the 2018-2022 version of the plan. In this plan, the Council is encouraging Alaskans to recast that net and continue to 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. Over the next five years, Alaskan individuals, families, communities, and state government will be challenged to take more responsibility for the entire spectrum of suicide prevention.

The prevention spectrum starts with Wellness Promotion, the overall health and environmental condition that can increase or decrease the risk of suicide. The next layer is Suicide Prevention, universal efforts to improve awareness and understanding about suicide among all Alaskans. Then there is Crisis Intervention, the services and supports provided to a person who is experiencing a mental or emotional crisis that creates a serious risk of suicide. Finally, there is Postvention. This is a term that includes the ways that we respond after a suicide occurs to prevent further loss, and how we support survivors of a loss to suicide as they grieve and heal. The Council calls for postvention in Alaska to include how we support the person who survives an attempted suicide and his or her family and community in preventing further attempts.

The Council hopes that all Alaskans will embrace the revised version of the plan and help Recast the Net in order to help promote wellness and prevent suicide in Alaska.

The Parable of the River

There once was a village along a river. The people there were good and kind, and life was good there. One day, a villager noticed someone floating down the river. He quickly dove into the river, swimming out to rescue the person from drowning. He dragged the person onto the bank, saving a life.

The next day, the same villager noticed two people floating down the river. He called for help. Another villager came running. Together they saved both people from the river. The next day, there were four people caught in the river, and the next day, eight people!

The good and kind villagers organized themselves to save as many of the people as possible. They built a watchtower, to better see the people rushing by in the river. They trained their strongest villagers to swim through the swift waters. Soon, they had watchers and rescue teams working all day and all night. And yet, each day more and more people came down the river.

The good and kind villagers rescued many people, but there were just too many coming down the river. Not every person was saved, though the villagers felt they were doing good work to save as many as they could each day. For many weeks, life in the village continued this way.

One day, someone asked, "Where are these people coming from, anyway?" The villagers looked to each other, but no one had an answer. Being good and kind and very efficient, the villagers organized a group to go upstream to find out why the people were ending up in the river. Because it might be a long and hard journey, they decided their strongest members would go.

The village leaders objected: "If our strongest rescuers go upstream to find this out, who will save the people from the river here? We need everyone here."

Some villagers argued in favor of sending a group upstream: "If we find out why they are ending up in the river, we can stop whatever is happening and save everyone! By going upstream, we can solve the problem."

The leaders weren't convinced, and so the villagers continued to rescue the people from the river as they passed by the village. The number of people continued to grow each day, and while the villagers managed to save a few more people each day, there were more and more they did not.

This parable is used to describe the difference between a system focused on intervention – rescuing people from the river – and one that emphasizes prevention. The Statewide Suicide Prevention Council cast its net "upstream" with the previous version of the state plan, and now is asking Alaskans to recast the net upstream to reduce risk factors, and to come to the aid of Alaskans at risk for suicide and to help strengthen our people, families and communities.

GOAL 1: ACCEPTING RESPONSIBILITY

Goals, strategies, resources and indicators

Goal 1: Alaskans Accept Responsibility for Preventing Suicide

Preventing suicide is every Alaskan's responsibility. Like any other public health problem, suicide can be prevented through increased awareness, education, and targeted interventions to reduce and address risk. In order for these efforts to be successful, Alaskan individuals, families, communities, and governments must take ownership of the problem — and the solution.

Strategy 1.1 ~ Alaskans learn and understand that suicide is preventable.

Suicide is preventable. While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the "web of causality" — the multiple social, emotional, environmental, and health factors — involved. If every one of us learned about suicide, and the risk factors and protective factors involved, we would be better prepared to prevent suicide in our families and communities.

How can Alaskans learn about suicide and how it is prevented?

Resources:

1. Go to StopSuicideAlaska.org and read through the resources provided there.
2. Go to the Council's website and read:
    - annual reports tracking suicide and suicide prevention in Alaska since 2002;
    - the 2007 Alaska Follow-Back Study; and
    - newsletters and periodic updates on research, data, and practices.
3. Attend a meeting of the local suicide prevention or wellness coalition.
4. Attend a Council meeting (in person or by telephone).
5. Explore national suicide prevention organizations' resources:
    - American Association of Suicidology www.suicidology.org
    - American Foundation for Suicide Prevention www.afsp.org
    - Suicide Prevention Resource Center www.sprc.org;
    - Indian Health Service Suicide Prevention www.ihs.gov/NonMedicalPrograms/nspn
    - National Action Alliance for Suicide Prevention www.actionallianceforsuicideprevention.org/; and
    - Substance Abuse and Mental Health Services Administration Suicide Prevention Section www.samhsa.gov/prevention/suicide.aspx

Learning about suicide will allow Alaskans to talk openly with their families, friends, and neighbors about suicide and how to prevent it.

Indicators: 1.1.a. Awareness of suicide prevention by Alaskans through state-funded surveys (New)

1.1.b. Number of Alaskans trained in suicide prevention/intervention: At least 15,200 in 2016 (SSPC)

Strategy 1.2 ~ Respected Alaskan adults and elders practice healthy, responsible lifestyles in order to serve as role models for younger generations.

Over the years, Alaskan youth have shared the profound need for healthy role models at home and in their communities. Substance abuse by parents and community leaders has been identified by stakeholders young and old as a major contributor to suicide. Given the evidence that substance abuse is involved in up to 70 percent of reports of harm to Alaskan children, and research shows that adverse childhood experiences[1]increase the risk of suicide in adulthood, it is important that every Alaskan adult make healthy and responsible lifestyle choices and model those choices for others.

Alaskans seeking to make healthy choices and overcome addictions and negative behaviors can learn more about treatment and support services from their medical provider, health educator, or community health/ behavioral health aide. Mental health and substance abuse treatment options vary from community to community. Information about what is available is provided by Alaska 2-1-1, community behavioral health centers, health corporations, Careline, and the Advisory Board on Alcoholism and Drug Abuse.

Research shows that mental and emotional health can be improved and maintained just like physical health. Mental health promotion is as simple as adding five things to your life: exercise, social connection, acts of giving, self-awareness, and learning.

Promoting mental and emotional wellness in your life and the lives of your family members is directly related to reducing the risk of suicide. Nationally, the data reflects a distinct link between depression and risk of suicide. The American Association of Suicidology reports that depression is present in at least 50 percent of all suicides.[2] The risk of suicide in people with major depression is about 25 times that of the general population.[3]Depression can be prevented in some cases, and in others, it can be mitigated and managed, through proactive lifestyle changes that improve or maintain health.

Resources:

To find a mental health treatment provider in your community, call Alaska 2-1-1 or the Alaska Mental Health Board at 907-465-8920.

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1 Extensive research on the impact of child abuse, parental addiction, and other negative events during childhood has been documented by the Adverse Childhood Experiences Study (ACES). This is a longitudinal study by the Centers for Disease Control and Prevention and Kaiser Permanente, tracking the consequences of adverse childhood events in over 17,000 people. Information about the study and its findings are available at acestudy.org. For information on how adverse childhood events impact Alaska, visit dhss.alaska.gov/abada/vace-ak.

2 American Association for Suicidology, Some Facts About Suicide and Depression at 2 (online at http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2011/DepressionSuicide2014.pdf.

3 Id.

To find a substance abuse treatment provider in your community, call Alaska 2-1-1 or the Advisory Board on Alcoholism and Drug Abuse at 907-465-8920.

To find a primary care provider in your community, call Alaska 2-1-1 or the Alaska Primary Care Association at 907-929-2722.

Indicator:

1.2.a. Rate of adult binge drinking: 20% (BRFSS, 2015)

Strategy 1.3 ~ Alaskan youth are connected to healthy relationships with respected role models in their community

Just as it is important that Alaskan adults and elders become good role models, it is important that young people connect with healthy and respected role models of their own. Not every child or young person has the benefit of a family member who can model resiliency and wellness. That should not mean that there is no one for youth to look up to.

Young people have consistently cited the value of school social workers, coaches, teachers, ministers, and other trusted adults in their lives. These adults are a source of support and guidance. Young people can establish healthy and appropriate relationships with respected adults by getting involved in sports and clubs at school, cultural activities, scouting, church/faith-based organization activities, and mentoring programs that promote connectedness and other protective factors.

Resources:

Facing Foster Care in Alaska is a group of foster care youth and alumni (over age 15) focused on improving Alaska's foster care system. Facing Foster Care offers the added benefit of youth supporting each other through shared experience and education. For more information, call 907-748-1845.

Big Brothers Big Sisters is a nationally recognized mentoring program. Children and youth are matched with adults through community-based mentorship (long-term, traditional matches) or site-based mentorship (at school or through a youth program). Big Brothers Big Sisters of Alaska also has a Native American Mentoring Initiative to strengthen programs in rural Alaska, a mentoring program for youth at McLaughlin Youth Center (a juvenile justice facility), Operation Bigs for children of military families and military members seeking to be a big brother or sister, and the Amachi program for children with a parent in prison.

To learn more about how to enroll a child in Big Brothers Big Sisters or how to become a mentor, email info@bbsak.org or call your local office.

Youth can also connect with healthy and respected adults through their communities of faith, scouting programs, and school programs. Student government, Boy Scouts, Girls Scouts, Camp Fire, Boys & Girls Club, sports teams, and church youth groups are all excellent opportunities to find positive role models.

Indicators:

1.3.a. Traditional high school students who agree/strongly agree that they feel they matter to people in the community: 52.7% (YRBS, 2015)

1.3.b. Alternative high school students who agree/strongly agree that they feel they matter to people in the community: 41.8% (YRBS, 2015)

1.3.c. Traditional high school students who feel alone in their lives: (New)

1.3.d. Alternative high school students who feel alone in their lives: (New)

Strategy 1.4 ~ Communities will cultivate environments of respectfulness and connectedness for all Alaskans.

Risk factors for suicide include low self-esteem, psychological pain in response to loss or rejection, and lack of personal or familial acceptance of sexual orientation.

Shame, guilt, hopelessness, and purposelessness are also risk factors.[4] These risk factors often develop as a result of racism, discrimination, and exclusion based on cultural and personal differences.

Bullying, including "cyberbullying," is rampant in American schools. Studies have found that 32-65 percent of high school students have reported being bullied in school because of "their perceived or actual appearance, gender, sexual orientation, gender expression, race/ethnicity, disability, or religion."[5] Bullying is associated with increased depression and risk of suicide among victims.[6]

Research has shown connections between experienced and/or perceived racism and negative health consequences, especially regarding mental health.[7] Experienced and perceived racial discrimination can have physiological consequences, as well as result in the "adaptation and maladaptation of the individual to the circumstances of life."[8] This means that when someone is discriminated against, it has a real impact on his or her life and health.

Lack of acceptance, bullying, discrimination and exclusion from familial and community relationships have been cited as contributing factors to higher rates[9] of suicide among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals.[10]

The Centers for Disease Control and Prevention's Strategic Direction for

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4 The American Association of Suicidology has compiled a list of chronic and acute risk factors based on the current research (online at http://www.suicidology.org/ncpys/warning-signs-risk-factors).

5 Suicide and Bullying Issue Brief, Suicide Prevention Resource Center (2011).

6 Id. citing "Association between Bullying and Psychosomatic Problems: A Meta-Analysis," G. Gini & T. Pozzoli, Pediatrics, 123(3), 1059–1065 (2009); "Bullying and Suicide: A Review," Y. Kim & B. Leventhal, International Journal of Adolescent Medicine and Health, 20(2), 133–154 (2008); "Cyber and Traditional Bullying: Differential Association with Depression," J. Wang, T. Nansel, & R. Iannotti, Journal of Adolescent Health, 48(4), 415–417 (2010).

7 While there are significant limitations to this emerging area of health research, notably the focus on a single population of color (African-Americans), the field is progressing to include standardized measurement of experienced racism by indigenous peoples. "Development and Validation of the Measure of Indigenous Racism Experiences (MIRE)," Y. C. Paradies and J. Cunningham, International Journal for Equity in Health (2008). (Online at http://www.equityhealthj.com/content/pdf/1475-9276-7-9.pdf.)

7 The American Association of Suicidology has compiled a list of chronic and acute risk factors based on the current research (online at http://www.suicidology.org/ncpys/warning-signs-risk-factors).

8 "Protective and Damaging Effects of Mediators of Stress," B.S. McEwen and T. Seeman, Annals of the New York Academy of Science, 896: 31 (1999) (cited in Undoing Racism in Public Health: A Blueprint for Action in Urban MCH, D. Barnes-Josiah (2004) (online at http://webmedia.unmc.edu/community/citymatch/CityMatCHUndoingRacismReport.pdf).

9 Since 1990, population-based surveys of American adolescents that have included questions about sexual orientation have consistently found rates of suicide attempts reported by LGBTQ youth 2-7 times higher than average. "Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations," A. P. Haas et al., Journal of Homosexuality (Jan. 2011) (available online at www.informaworld.com/smpp/section?content=a931819675&fulltext=713240928).

10 Id. "Over the past decade, consensus has grown among researchers that at least part of the explanation for the elevated rates of suicide attempts and mental disorders found in LGB people is the social stigma, prejudice and discrimination associated with minority sexual orientation (Cochran, Mays & Sullivan, 2003; de Graaf et al., 2006; King et al., 2008; Mays & Cochran, 2001; McCabe, Bostwick, Hughes, West, & Boyd, 2010).

Prevention of Suicidal Behavior proposes to prevent suicide by "building and strengthening connectedness or social bonds within and among persons, families and communities.[11]" A feeling of connectedness or belonging has been proven to be highly protective against suicidal thoughts and behaviors.[12] Communities can promote equality, inclusion, respect, and acceptance by:

- coordinating and supporting efforts to create safe, inclusive, respectful environments for all members of the community;
- emphasizing the strengths and contributions of different cultures in the community;
- instituting school and workplace policies that encourage inclusiveness and prohibit bullying and discrimination.

Resources:

The PACER National Center on Bullying Prevention was founded in 2006 to unite, engage, and educate communities to address bullying. It provides creative and interactive resources, like Kids Against Bullying (for younger children) and Teens Against Bullying. These are interactive and age-appropriate websites designed to educate about bullying and encourage action to prevent it.

- PACER provides classroom resources and peer advocacy tools. PACER coordinates National Bullying Prevention Month in October each year. Visit PACER's National Bullying Prevention Month Facebook page or www.PACER.org/bullying for more information about the event and how to participate.

Indicators:

1.4.a. Traditional high school students reporting being bullied in the past 12 months: 22.8% (YRBS, 2015)

1.4.b. Alternative high school students reporting being bullied in the past 12 months: 20.4% (YRBS, 2015)

1.4.c. Traditional high school students who agree/strongly agree that they feel they matter to people in the community: 52.7% (YRBS, 2015)

1.4.d. Alternative high school students who agree/strongly agree that they feel they matter to people in the community: 41.8% (YRBS, 2015)

Strategy 1.5 ~ Communities will engage parents and other respected adults in the promotion of healthy lifestyles with youth.

In order for Alaskan youth to build healthy and appropriate relationships with adult role models, communities must engage parents and other mentors to be involved in the lives of children and youth. A 1995 impact study of Big Brothers Big Sisters programs documented a positive impact on the lives of children and youth served over several life domains implicated in suicide risk.[13] Reduced likelihood of initiating drug or alcohol use, reduced incidence of violent/antisocial behaviors,

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11"Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior," Centers for Disease Control and Prevention (online at www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf).

12 Id. at 4.

13 "Making a Difference, An Impact Study of Big Brothers Big Sisters," Public/Private Ventures at iii (2000 re-issue) (http://www.ppv.org/ppv/publications/assets/111_publication.pdf).

improved academic performance, and improved connection and relationships with parents and peers were all included.[14] This sort of change can be achieved through other efforts to connect youth with healthy mentors and role models. Anchorage United for Youth is an example of how a community can do this.

Anchorage Youth Development Coalition, led by United Way of Anchorage, is a community coalition of 50 youth-serving organizations and community leaders focused on increasing opportunities for, and providing supportive adult relationships to, youth. It provides resources, training, coaching, networking, and public information to change community norms to promote positive lifestyle choices by youth. It works to ensure that youth are valued, involved, healthy, and connected members of the community.

Healthy Futures is another example. The statewide nonprofit encourages Alaska's children to build the habit of daily physical activity. The group partners with healthy role models like Olympians Kikkan Randall and Holly Brooks, and American Ninja competitor Nick Hanson. In a partnership with the Alaska Department of Health and Social Services, they support schools statewide to challenge students and their families to "Play Every Day" for three months.

Even the smallest village can assemble a group of healthy role models to help youth thrive. By encouraging parents, elders, and other adults to get involved in the lives of youth, every community can promote healthy lifestyles and connections with family and friends. Titles and achievements of volunteers are not as important as being a respected member of the community that promotes safe and healthy lifestyles.

Resources:

United Way has shown success in engaging community members in all sorts of endeavors. In Juneau and Anchorage, the local United Ways have helped connect parents and mentors with health promotion efforts (see also Strategy 1.3). To find out how, contact United Way of Anchorage at 907-263-3803 or Juneau Youth at United Way of Southeast Alaska at 907-463-5530.

To contact Healthy Futures about having your local school participate in the Healthy Futures Challenge, email info@healthyfuturesak.org.

Indicator: 1.5.a. Students who would feel comfortable seeking help from one or more adults (besides their parents) if they had an important question affecting their life: 85.6% (YRBS, 2015)

Strategy 1.6 ~ Communities will host conversations and share information about suicide prevention.

Alaskan communities from Ketchikan to Barrow have indicated that it is important for suicide prevention efforts to be spearheaded by their own communities and not outside partners. While the State of Alaska can provide resources and help facilitate community conversations, it has proven most effective in Alaska when those efforts are community driven. An important first step is for communities to openly talk and share information about suicide and suicide prevention.

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14 Id.

Many Alaskan communities have become more comfortable with hosting suicide prevention conversations in recent years. The Juneau Suicide Prevention Coalition hosted community conversations in 2015 and 2016 that had more than 150 participants each time. Those conversations helped the Coalition further develop its strategy for combating suicide in the state capital.

Communities can also develop their own suicide prevention efforts, or participate in ongoing efforts like Mental Health Awareness Week and the National Day Without Stigma, Mental Health Month, World Suicide Prevention Day, Children's Mental Health Awareness Day, and other widely recognized public awareness events.

Events such as the Walk for Life, television and radio public service announcements, and educational efforts can be as complex or as simple as a community's readiness and resources permit.

Resources:

Community conversations on suicide prevention and mental health can be difficult to organize. The Substance Abuse and Mental Health Services Administration created a guide in 2013, Community Conversations About Mental Health, to help facilitate hosting a community dialogue that builds support and awareness around the topic.

SAVE (Suicide Awareness Voices of Education) is a national organization that offers many public education and anti-stigma materials. While these are not free, they can be customized. Visit www.SAVE.org for more information about the organization and the resources available.

Indicator: 1.6.a. Alaskans comfortable with a family member, coworker, guest, or neighbor experiencing mental illness: 77.7% (AMHTA, 2014)

Strategy 1.7 ~ Community organizations will support and promote healthy families and lifestyles.

There are many ways a community can support families and promote healthy relationships. In some communities, there are agencies and coalitions specifically focused on providing these supports. Supports and skills are provided through a variety of community parenting classes offered by tribal health corporations and village clinics, hospitals, domestic violence shelters, churches/faith-based organizations, mental health centers, and other organizations.

In some communities, there are specialized services and supports for families with high risk situations. Examples of these programs include Alaska Youth and Family Network, helping families and youth engaged in mental health services, and Fairbanks Native Association, providing case management services to families engaged with the Office of Children's Services to help parents successfully engage in substance abuse treatment.

Unfortunately, not all communities have readily accessible parenting classes and supports, especially those designed for young parents, parents from other cultures, or parents with disabilities. In order for all Alaskan children to grow up protected from risk of suicide, communities must offer ways for families to build the skills necessary to help their children grow up healthy.

Resources:

The Alaska Association for the Education of Young Children (AEYC) offers a wide

variety of services and supports for families and communities.

Alaska's early childhood learning program, thread, offers supports and services, as well as local referrals, statewide. For more information, visit www.threadalaska.org.

In Anchorage, the public library offers the Ready to Read Resource Center, dedicated to promoting early literacy. This is a statewide resource for anyone working with infants and toddlers. The Resource Center has over 200 reading kits that can be loaned to child care centers, health clinics, churches/faith-based organizations, and other early childhood providers. Call 907-343-2970 for more information.

Indicator: 1.7.a. Number of Alaska organizations promoting healthy families (new)

Strategy 1.8 ~ The State of Alaska will enhance peer-to-peer supports as an integral part of wellness promotion and suicide prevention.

Peer support is an effective and affordable way to help people achieve and maintain recovery from all manner of illnesses, from cancer and diabetes to mental health and substance use disorders. Peer support is also an effective tool in promoting overall wellness and preventing suicide.

Peer support can take many forms. It can involve one-on-one counseling and support, or group support. Peer support can help someone cope with a chronic disease, like diabetes or mental illness, or overcome a periodic or temporary issue like grief.

You are Not Alone, Natural Helpers and Youth Leaders peer programs in the following school districts Matanuska Susitna Borough, Anchorage, Bering Straits, Northwest Arctic, Lower Yukon, and Lower Kuskokwim are an excellent example of how youth mentoring and supporting youth can reduce risk of suicide. Peer-identified natural helpers receive training and guidance from teachers and school staff to share positive coping skills, peer counseling, and support with other students. These programs also provide a way for youth who have experienced a loss to suicide to support each other (a form of postvention).

While some communities, like Anchorage and Juneau, have active peer support networks, not all communities do. Peer support is a cost-effective and locally available way of helping promote physical, emotional, and mental wellness — which helps reduce risk of suicide. In order to be integrated in suicide prevention efforts, peer support must be available throughout Alaska. The State of Alaska continues efforts to expand peer support services in 2018 in rural communities. This commitment supports communities as they develop local peer support resources.

Resources:

The Alaska Peer Support Consortium is the statewide coalition of peer support providers offering technical assistance to help communities plan and develop local peer support services. Call 907-258-2772 for more information.

The Alaska Mental Health Trust Authority's Beneficiary Project Initiative also provides technical assistance to peer support organizations. Call 907-269-7960 for more information. The state Department of Health and Social Services' Division of Behavioral Health can also provide support to communities developing peer support resources. Contact the vocational specialist at 907-269-2051.

Indicator: 1.8.a. Number of programs providing state-funded peer-to-peer support services (new)

Goal 2: Alaskans Prevent and Mitigate the Impact of Trauma, Substance Abuse, and Other Risk Factors Contributing to Suicide

Strategy 2.1 ~ Alaskans know how to identify when someone is at risk of suicide, and how to respond appropriately to prevent a suicide.

Understanding the warning signs of suicide is the first step in helping someone in crisis.

There are many types of trainings available to help Alaskans better identify when someone is at risk of suicide. These trainings provide the skills and tools needed to help. Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), and SafeTALK are internationally recognized intervention models that are all available here in Alaska. We have people trained in these models in communities statewide, and the opportunity to be trained in them ourselves. We also have trainings developed right here in Alaska. The Department of Health and Social Services and the University of Alaska, has developed a training called Gatekeeper QPR that is founded in an evidence-based model known as Question, Persuade, Refer. The Alaska Department of Education & Early Development has developed a series of 4 online eLearning models Suicide Awareness, Suicide Prevention, Suicide Intervention and Responding to Suicide-Postvention Guidelines.

Resources:

- Mental Health First Aid educates people about mental health disorders and crises and provides skills to identify and help when someone is developing a disorder or experiencing a crisis. It teaches how to respond and how to connect someone in crisis with professional help. It is a 12-hour training designed for everyone, not just mental health professionals. Mental Health First Aid teaches people how to help someone experiencing a wide range of mental health emergencies, including thoughts of suicide. Mental Health First Aid is coordinated through the Alaska Training Cooperative. Visit the cooperative's website for a schedule of trainings, or call 907-264-6228 for more information. Groups can also ask the cooperative to come provide a training at a time that's not previously scheduled.
- ASIST stands for Applied Suicide Intervention Skills. It is a two-day training that increases understanding about suicide and provides skills to recognize suicide risk and intervene to prevent suicide. The Alaska Native Tribal Health Consortium coordinates ASIST trainings statewide. To learn more about hosting an ASIST training, contact Alaska Native Tribal Health Consortium Injury Prevention at 907-729-3799.
- SafeTALK complements ASIST. It is a half-day training for anyone over age 15. SafeTALK provides education about how to respond when someone expresses thoughts of suicide, how to identify a person at risk of suicide, and how to connect a person thinking about suicide to the resources to keep them safe. The TALK steps are Tell, Ask, Listen, and Keep Safe. The person at risk "tells" someone they are thinking about suicide. The

SafeTALK trained person "asks" the person what's going on and then really "listens" to the person. The last step is to connect the person with resources, like an ASIST trained intervention caregiver, so the person can "keep safe." To learn more about hosting a SafeTALK training, contact Southcentral Foundation at (907) 729-5260.

- Alaska Gatekeeper QPR Training is a two-hour training designed to educate people about suicide and help them identify warning signs and risk factors for suicide as well as protective factors that could help someone get through a crisis. Gatekeepers learn active listening skills and how to develop a safety plan that includes referral to appropriate community resources. Call 907-465-8536 for more information.

  There is also a one-hour national QPR training available online at www.qprinstitute.com/individual-training

- The Alaska Department of Education & Early Development has an extensive list of eLearning courses available for educators in Alaska. The web-based, interactive training courses assist educators in complying with many of the state and federal laws requiring district staff training. The Suicide courses are an adaptation of Alaska Gatekeeper and have been tailored to help educator's list facts about the prevalence, research, and myths surrounding suicide, assess and evaluate youth risk and protective factors, recognize the clues and triggers for possible suicidal action in youth, and help identify and access resources available to assist a person in crisis. Courses can be accessed anytime, anywhere. All courses are self-paced with a certificate offered after completion. https://education.alaska.gov/ELearning

Indicator: 2.1.a. Number of Alaskans trained in suicide prevention/intervention: At least 15,200 in 2016 (SSPC)

Know the Signs of Suicide: **IS PATH WARM?**

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Changes

(from the American Association of Suicidology)

Strategy 2.2 ~ Alaskans know about Careline and other community crisis lines, and can share that information with others.

Even without special training, you can always encourage someone who you think is at risk of suicide to call Careline, Alaska's statewide suicide prevention and crisis intervention hotline. There is also a national Suicide Prevention Lifeline, a Veterans Suicide Prevention Hotline, and the Trevor Project hotline for lesbian, gay, bisexual, transgender and questioning youth. All of these are 24/7 confidential call lines. Some communities have a local or regional call line. You are encouraged to keep the Careline number (or other hotline) in your wallet so you have it and can share it with anyone who might need it.

Indicators: 2.2.a. Number of calls to Careline annually: 15,323 (2016)

2.2.b. Alaskans who report knowing how to access services for suicide prevention: 70% (AMHTA, 2012)

Strategy 2.3 ~ Providers of services to veterans and family caregivers will prioritize suicide prevention screenings and effective interventions.

Veterans continue to be at a high risk for suicide. Research about suicide by members of the armed forces indicates that gender (male), depression, substance abuse, and relationship difficulties (divorce, infidelity, etc.), as well as prior attempts, traumatic brain injury, access to firearms, and loss of a close friend or loved one to suicide are all contributors to suicide. Also an issue is homelessness, which sadly many Alaska veterans face.

As with any population, veterans and military service members benefit from programs that identify risk factors and address them with effective — usually evidence-based — practices. The Veterans Administration has a robust suicide prevention program that includes a crisis line, specialized media tools and resources, local suicide prevention coordinators at every Veterans Administration Medical Center, an online clearinghouse, the "Ask, Care, Escort" model for identifying and connecting at-risk veterans to services, and other tools.

Providers of services to Alaska's veterans should prioritize screening and early identification of warning signs/risk factors for suicide. This should include promotion of self-care and awareness. Evidence-based interventions should be chosen to specifically address the special needs of Alaska veterans – including homelessness, geographical barriers to accessing veteran's health care services, stigma, and cultural differences. Use of telemedicine (through the systems provided by Alaska Native Tribal Health Consortium and Providence Alaska Medical Center) should be encouraged and reimbursed so that veterans in rural Alaska have better access to mental health and substance abuse treatment service. Restriction of lethal means (Strategy 3.1) and effective postvention supports are also key to reducing suicide among Alaska's veterans.

Resources:

The Anchorage Veterans Health Care Facility has a suicide prevention coordinator who works with mental health providers in the VA system to address suicide risk and responses. Call 907-257-4824 for more information.

A national crisis line is available for veterans: Call 800-273-8255 and

press 1. Veterans can also confidentially "chat" online with trained staff at veteranscrisisline.net.

The Veterans Health Care Administration offers telehealth services programs for some Alaska veterans with chronic health disorders, including depression and PTSD. This program is not available to all veterans.

The AFHCAN System is the tribal health system's telemedicine program. This connects tribal health corporation clients to specialized services — including behavioral health services — not available in their local community. This system is not limited to clinical services; it can be used to deliver training to providers in remote communities.

Indicator: 2.3.a. Number of suicides among Alaska veterans: 33 in 2016 (BVS)

Strategy 2.4 ~ Spiritual leaders will encourage suicide prevention awareness and training in their communities of faith/belief.

Many people considering suicide turn to a minister, clergy member, or spiritual leader for help. This may be due to an existing relationship of trust with the spiritual leader or the lack of stigma associated with pastoral counseling (unlike that attached to mental health treatment services). In order for leaders of faith-based groups to be prepared to help individuals at risk of suicide, they need to be trained to recognize suicidal tendencies and have the resources and abilities to intervene.

In addition to helping someone in crisis, spiritual leaders have an opportunity to encourage entire congregations to learn about the issues and warning signs of suicide, basic gatekeeper and advanced intervention skills, and how to support community members and families after a suicide occurs.

Spiritual leaders have an important role in responding when someone expresses thoughts of suicide directly, as well as in identifying when a congregant displays signs of risk of suicide. This does not mean ministers and spiritual leaders must become mental health professionals. Instead, by learning how to be a gatekeeper — someone who helps identify when someone is in crisis and then connects them to appropriate services — they can help prevent suicide among the members of their community of faith. Expanding that awareness and preparedness to include the entire congregation can strengthen the faith of a community and have a wider "ripple effect" through an entire region.

Resources:

Alaska Gatekeeper Training teaches about suicide and how to identify warning signs and risk factors, as well as protective factors that could help someone get through a crisis. Call (907) 465-8536 for more information. Other trainings are available (see Strategy 2.1 for more information).

The Suicide Prevention Resource Center has a catalog of more than 100 resources for clergy: Resource Scan of Faith-Based Materials Addressing Suicide Prevention. Brochures, prayers, web sites, and other training-related materials on topics including stigma, raising awareness of suicide, and depression are included. Most of these resources are available at little or no cost. Recommendations for leading suicide prevention efforts are also presented.

The Alaska Postvention Guide has a section on speaking safely about suicide to minimize the risk of suicide contagion. For example, saying someone who has taken her or his own life is now at peace could unintentionally be interpreted by vulnerable listeners as protraying suicide as a viable solution to unbearable pain, whether physical or emotional.

Indicator: 2.4.a. Number of spiritual leaders trained as Gatekeepers as identified in training survey (new)

Strategy 2.5 ~ Alaskans come together in reconciliation and healing to restore what was lost due to historical trauma and colonization.

In 2015, the rate of Alaska Native males that died by suicide was 79.7 suicides per 100,000 people, more than six times the national average. These figures have remained consistent for many years in Alaska. While many efforts have been made across the state to address the disproportionately high rates among Alaska Natives, particularly the youth, there continues to be a need to address historical trauma in Alaska. The Council encourages all Alaskans to come together in reconciliation and healing and address the historical trauma that has resulted from colonization.

The Substance Abuse and Mental Health Services Administration's Gains Center for Behavioral and Justice Transformation recognizes that historical trauma, a multigenerational trauma experienced by a specific cultural group, is cumulative and collective and often overlooked. People that did not experience the original traumatic stressor, such as loss of language or assimilation to a new culture through boarding schools, can still exhibit symptoms and signs of trauma. Historical trauma that has not been adequately acknowledged, expressed, or ultimately resolved, can manifest itself as intergenerational grief that can result in myriad emotional and psychological hardships. Disenfranchised grief, a result of historical trauma when loss cannot be voiced publicly or is not openly acknowledged by the public, can also perpetuate social inequities such as poverty, substance use disorders, and suicide. It is time for Alaskans to publicly acknowledge the reality of historical trauma and work towards healing.

It is also important to note that many Alaska Native communities have important reservoirs of resilience and strength in their traditional values and elders. The suicide rate for Native elders is below the national average.

Resources:

The Adverse Childhood Experiences in Alaska website, dhss.alaska.gov/abada/ace-ak, and the report Adverse Childhood Experiences — Overcoming ACEs in

Alaska have information on the effects of historical trauma on Alaskans and their communities.

SAMHSA's Gains Center for Behavioral and Justice Transformation offers training for criminal justice professionals and trauma-informed response training that can help address historical trauma in Alaska.

The W.K. Kellogg Foundation (WKKF) Truth, Racial Healing & Transformation (TRHT) framework grants. TRHT is a comprehensive, national and community-based process to plan for and bring about transformational and sustainable change, and to address the historic and contemporary effects of racism, according to its website. First Alaskans Institute received a $1.5 million grant in 2017 that will expire in 2020, to support the TRHT framework in Alaska.

Indicator: 2.5.a. Suicide rate of Alaska Natives (new)

Strategy 2.6 ~ Health care providers understand how to recognize the signs of suicide risk, talk with/screen patients about suicide, and connect patients to appropriate treatment and support services.

People considering suicide often visit their primary care providers within days or weeks of taking their lives. Primary care providers (doctors, nurses, physician's assistants, health aides, etc.) are on the front lines when it comes to preventing suicide. Unfortunately, few primary care providers receive training in suicide prevention as part of their education.

Rural primary care providers face additional challenges: a hectic practice, complicated by geography, lack of access to mental health services, and stigma. Stigma and discrimination regarding mental health is pervasive in many rural areas and hampers efforts to treat behavioral health problems.

The good news is that there are resources for primary care providers. The Suicide Prevention Resource Center (SPRC) has developed a free tool kit with information and tools to allow primary care providers to implement a practice-wide suicide prevention practice that is connected with local and statewide resources. In addition to this free toolkit, technical assistance is available from the Council and Suicide Prevention Resource Center. There are other practice models that focus more specifically on depression.

Primary care providers can also implement standards of care and practices that promote wellness. Patient education about nutrition, Vitamin D, exercise, stress management, chronic disease management, prescription medications, and other health issues can help individuals better manage their health.

According to the Sentinel Event Alert released on February 24, 2016 by the Joint Commission, an independent non-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States, detecting and treating suicidal ideation should be a primary responsibility for all health care providers. The alert includes the provision that health providers regularly, "Screen all patients for suicide ideation, using a brief, standardized, evidence-based screening tool". For example, a study using the Patient Health

26. Simon GE, et al: Do PHQ depression questionnaires completed during outpatient visits predict subsequent suicide attempt or suicide death? Psychiatric Services, December 1, 2013;64(12):1195–1202.
31. Simon GE, et al: Does response on the PHQ-9 depression questionnaire predict subsequent suicide attempt or suicide death? Psychiatric Services, December 2013;64(12):1195-1201.
33. Patient Health Questionnaire-9 (PHQ-9). Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues (accessed Aug. 17, 2015).

Questionnaire (PHQ-9)[33] found that "…those who expressed thoughts of death or self-harm were 10 times more likely to attempt suicide than those who did not report those thoughts"[26,31].

The Joint Commission also suggests that health providers "Review screening questionnaires before the patient leaves the appointment or is discharged" in order to determine the "proper immediate course of treatment" or "utilize a secondary screener" that includes the Suicide Prevention Resources Center's Decision Support Tool[38] and the Columbia-Suicide Severity Rating Scale (C-SSRS)[40] used for in-depth screening and assessment.

Resources:

The Suicide Prevention Resource Center (SPRC) has developed a free tool kit with information and tools to allow primary care providers to implement a practice-wide suicide prevention practice that is connected with local and statewide resources.

The U.S. Substance Abuse and Mental Health Services Administration also has resources. Here is a link to several SAMHSA resources, including screening tools and a training for primary care providers: www.integration.samhsa.gov/clinical-practice/suicide-prevention.

Technical assistance is available from the Council and Suicide Prevention Resource Center. There are other practice models that focus more specifically on depression.

Indicators: 2.6.a. Number of hospitals and Federal Qualified Health Centers doing suicide prevention screenings (new).

2.6.b. Number of hospitals and Federal Qualified Health Centers providing referrals (new).

Strategy 2.7 ~ All Alaskans, senior services providers, and family caregivers understand how to recognize and act on the signs of suicide risk and other factors for suicide (substance abuse, violence, depression, etc.), to protect the health of seniors.

Alaskans over age 65 continues to be an at-risk population for suicide. Many people think depression is just part of "getting old," but it's not — nor is feeling lonely, hopeless, or worthless. Neglecting to pay attention to the mental and emotional well-being of Alaska seniors increases the risk of suicide. Just like schools are a primary environment for addressing youth suicide, senior centers and senior services providers are a primary environment in which to address suicide among seniors.

For example, nursing homes conduct basic periodic screenings, asking residents if they are feeling suicidal. Primary care providers can also ask about emotional health.

While every senior services provider may not be able to screen older Alaskans for suicide risk or contributing factors, there are many ways that senior services providers can help identify and respond when a senior is at risk of suicide. They can share the Careline number and encourage seniors to share the number if they are concerned for someone else. They can also share information that influences emotional wellbeing such as the fact that alcohol has a stronger effect

38. Caring for Adult Patients with Suicide Risk. A consensus guide for emergency departments. Suicide Prevention Resource Center. 2015 Education Development Center, Inc. All rights reserved.
40. Columbia University Medical Center. Columbia-Suicide Severity Rating Scale (C-SSRS) (accessed Aug. 17, 2015).

as individuals age. They can also host peer support groups for people who have lost friends and family, and refer seniors to other grief support resources, such as groups hosted by hospice agencies around the state.

It is also important that family caregivers, as well as all Alaskans, understand the warning signs of suicide. More and more families are providing homecare for elderly family members and should be familiar with the warning signs and how to access help for their loved ones that might be in crisis.

Resources:

The Substance Abuse and Mental Health Services Administration toolkit Promoting Emotional Health and Preventing Suicide, A Toolkit for Senior Living Communities provides a comprehensive guide on how to help prevent suicide and promote emotional health at senior centers.

This is a free toolkit, available online, that can help senior living communities promote the mental health of clients and prevent suicide. It contains resources for an agency to conduct in-service style training for staff. For more information about the toolkit, or for assistance in using it, call the Council at 907-465-6518.

The Aging and Disabilities Resource Centers can help seniors problem-solve a solution if they are becoming isolated because they no longer drive or for some other reason: 877-625-2372 (877-6AK-ADRC).

The Institute on Aging offers a 24-hour toll-free Friendship Line for people age 60 and older, and adults living with disabilities: 800-971-0016. While calls are limited to 10 minutes, responders will refer callers to other resources if they need to talk longer. And, of course, Careline is always available for Alaskans who need emotional support: 877-266-4357 (877-266-HELP).

Indicator: 2.7.a. Rate of suicide, Alaskans over age 60-79: 19.9 (2006-2015, BVS)

Strategy 2.8 ~ The State of Alaska will expand evidence-based crisis intervention training and supports to the entire public safety system (law enforcement, village police/public safety officers, EMTs, firefighters, etc.).

Anchorage, Fairbanks, and Juneau have Crisis Intervention Team-trained officers to help respond appropriately to suicide emergencies. CIT trainings are made possible through a partnership between the municipalities, NAMI (National Alliance on Mental Illness), and the Alaska Mental Health Trust Authority. Communities with CIT officers report positive outcomes for mental health consumers and officers, with crises more often averted than escalating.

CIT training is not offered as a standard part of training offered to public safety officers or village law enforcement. It may be that an essentially urban community policing model is not best suited for the everyday situations faced by Alaska's rural law enforcement officers. Instead, a tailored community-based response and protocol that provides support to the often only officer in a community may be a better tool for preventing suicide in Alaska's villages and rural towns.

This community-based model should include elements of postvention and critical incident stress management, to ensure that first responders to a suicide in a small community have the supports needed to deal with the experience.

Additionally, a goal of the Department of Health and Social Services is to build stronger capacity and infrastructure for the delivery of trainings and postvention resources to Alaska community crisis response teams. The Connect postvention training developed by NAMI New Hampshire, is a National Best Practice Program designated by the Suicide Prevention Resource Center and the American Foundation of Suicide Prevention and has been implemented in Alaska with law enforcement and other crisis response teams. For more information on the Connect model, contact the Alaska Training Cooperative at 907-264-6257 or the Alaska Division of Behavioral Health at 907 465-8536.

Resources:

Information about the Crisis Intervention Team model is available from the Memphis Police Department, online or from the CIT Coordinator 901-636-3700. For information about developing a CIT training, contact NAMI-Fairbanks at 907-456-4704.

For information about Critical Incident Stress Management and other postvention trainings, contact the Alaska Police and Fire Chaplains' Ministries at 907-272-3100.

Indicators: 2.8.a Number of officers attending CIT trainings annually, collected by the Alaska Police Standards Council (new)

2.8.b Number of law enforcement officers attending Mental Health First Aid trainings annually, collected by the Alaska Training Cooperative (new)

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

Strategy 3.1 ~ Communities will partner with diverse organizations to raise awareness about limiting access to lethal means of suicide

From 2009-2015, 64 percent of Alaska suicides were by firearm. During the same period, 23 percent of Alaska suicides were by suffocation and 10 percent were by poisoning.

Part of preventing suicide is preventing access to means of suicide. The American Association of Suicidology recommends supervision of youth by parents and communities, maintaining drug- and alcohol-free homes, and safely storing guns as universal means of preventing suicide. Effectively preventing access to the most common lethal means of attempting suicide includes looking widely for partners to help raise awareness and promote safety.

Safe handling and storage of firearms continues to be a priority for suicide prevention in Alaska. Yukon Kuskokwim Health Corp. and Bristol Bay Area Health Corp. have shown success in the past by installing gun lockers in village homes in their regions. The Alaska State Troopers continue to offer free gun locks and have partnered with organizations to help prevent access to lethal means, including the Kenaitze India Tribe's Yinihugheltani Program. These programs have proven, in Alaska and elsewhere, to help reduce the number of suicides in communities where implemented.

Promoting effective and safe prescription drug disposal is another way of reducing access to lethal means. The Senior Behavioral Health Coalition began assembling partners to conduct disposal events in 2009. These events continue to grow and are usually held in conjunction with the National Drug Take Back Initiative. The Drug Take-Back Day program expanded to 15 sites in Alaska in 2016, collecting 4,162 pounds of medication.4 Alaskan communities are encouraged to partner with law enforcement to continue to increase disposal events.

These are just two examples of how Alaskan communities are working to restrict access to lethal means. There are other ways. Some are as simple as locking away prescription and over-the-counter medications. Keeping liquor cabinets locked is another way of limiting access to a contributing factor to, or possibly a means of, a suicide attempt. Other strategies include evidence-based education and intervention models, partnering with medical schools to train new doctors on lethal means restriction, and implementing prescription drug monitoring systems.

Resources:

The National Drug Take Back Initiative

U.S. Food & Drug Administration: https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm

Indicators:

3.1.a. Rate of suicides by firearm: 64% (BVS, 2009-2015)

3.1.b. Rate of suicide by poisoning/overdose: 10% (BVS, 2009-2015)

Strategy 3.2 ~ The State of Alaska and its partners will make training in evidence-based suicide prevention and intervention models accessible to all interested Alaskans.

Training in several suicide prevention and intervention models is available to Alaskans. Some are evidence-based and some are not. The number of Alaskans that have been trained in suicide prevention models has increased dramatically in the past decade, with more than 15,000 people trained in 2016 alone.

The State of Alaska can ensure that every Alaskan who seeks to be trained to prevent a suicide has access to training by a) providing adequate funding to support intensive trainings like Alaska Gatekeeper QPR and b) providing flexible grant funding for community coalitions and organizations seeking to develop culturally and/or locally relevant and accessible trainings.

Resources:

The Alaska Native Tribal Health Consortium continues to be a leader in suicide prevention trainings in Alaska. The ANTHC Suicide Prevention Program coordinates Applied Suicide Intervention Skills Training (ASIST), a two-day intensive workshop that teaches effective suicide intervention skills, and safeTALK, a half-day training that teaches participants to recognize basic suicide warning signs and ways to connect at-risk individuals to intervention services. safeTALK is for anyone 15 and older. To learn more about hosting an ASIST or safeTALK training, contact Alaska Native Tribal Health Consortium Suicide Prevention Program at 907-729-3751.

The Alaska Training Cooperative, administered under the University of Alaska Anchorage, College of Health's Center for Human Development, offers multiple prevention trainings based off the Mental Health First Aid (MHFA) model. Those trainings include the Adult MHFA Curriculum, MHFA for Higher Education, MHFA for Older Adults, MHFA for Public Safety, and Youth MHFA. Call 907-264-6228 for more information or to arrange a training in your community or agency.

The Department of Health and Social Services, Division of Behavioral Health, in coordination with the Alaska Training Cooperative, offers the Alaska Gatekeeper Suicide Prevention Course with a QPR Approach. The Alaska Gatekeeper Training now uses the QPR method (Question, Persuade, and Refer), a simple education model for the average citizen to learn how to recognize a mental health emergency and how to get an at-risk person the help they need. Call 907-465-8536 for more information or to arrange a Gatekeeper QPR training in your community or agency.

Alaska Department of Education and Early Development has 2 eLearning models specific to Suicide Prevention & Intervention with youth. The Suicide Prevention course has been tailored to help educators learn how to create a supportive relationship and environment for youth, learn how to speak directly to a suicidal youth, teach others how to become listeners and to be able to give a concerned response to a suicidal individual, learn how to ask the right questions about suicidal risk factors, be able to intervene with a suicidal youth, and help identify and access resources available to assist a person in crisis. The Suicide Intervention has been tailored to help educators assess and evaluate youth risk and protective factors, recognize the clues and triggers for possible suicidal action in youth, be able to intervene with a suicidal youth, and to assist in developing a safety plan. https://education.alaska.gov/ELearning

Indicator: 3.2.a. Number of Alaskans trained in suicide prevention/ intervention: At least 15,200 in 2016 (SSPC)

Strategy 3.3 ~ Communities will include suicide prevention in their wellness coalitions' missions.

Given the "web of causality" underlying suicide, it is important that local efforts to prevent substance abuse, violence, school drop outs, etc. are coordinated with health promotion efforts. Blending efforts to build protective factors and reduce risk factors will more comprehensively address the many factors involved in suicide.

Some communities, like Juneau and Anchorage, have active suicide prevention coalitions. Other communities have coalitions that include, but are not focused on, suicide. The Division of Behavioral Health continues to fund comprehensive behavioral health prevention grants that require creating community coalitions that focus on data-driven prevention activities related to wellness. Coalitions are active in villages like Nulato and Hooper Bay, as well as larger communities like Nome and Seward.

It only takes one or two champions to start a health or wellness coalition, as long as the community is ready to come together to address the specific concerns facing their people. In other communities, coalitions form to address a serious issue under the leadership of a respected person or agency. For some communities, a planning process is necessary to identify those concerns. The Mobilizing for Action through Planning and Partnerships (MAPP) and COMPASS II (a United Way of

America community assessment tool) planning frameworks have seen success in Homer, Fairbanks, Juneau, and other Alaskan communities.

Whether starting a new coalition or expanding an existing coalition to address suicide, Alaskan communities must provide a meaningful role and opportunity for leadership to youth, survivors of an attempted suicide, and survivors of a loss to suicide. By including these important stakeholders, coalitions can support the strategies in Goals 1 and 4. They can also engage the people in their community with the most to share with and learn from the coalition.

Resources:

You can connect with Alaska coalitions and learn from their experience. This has worked well for Ketchikan and Juneau, communities where the coalitions have shared to inform each other's efforts.

The Suicide Prevention Resource Center provides a list of resources, as well as technical assistance, to communities developing suicide prevention coalitions.

The Prevention Institute created the Eight Steps to Effective Coalition Building, a framework for engaging stakeholders, community members, and public officials in building effective community coalitions.

The National Highway Traffic Safety Administration has a "how to" guide for coalition building. Community Anti-Drug Coalitions of America (CADCA) offers a host of resources, publications, webinars, and trainings to help people create, grow, and maintain community coalitions. These resources focus on substance abuse prevention, but are very helpful.

Indicator: 3.3.a. Number of active wellness and suicide prevention coalitions: At least 19 (DBH)

Strategy 3.4 ~ Community suicide prevention efforts will expressly address the contributing factor of substance abuse.

In order for a community to effectively address suicide, the contributing factor of substance abuse must also be addressed.

Alcohol and drugs are not a cause of suicide per se, but they play a role in the suicide problem in Alaska. In some cases, the addiction of a parent or parents creates an environment in which a child cannot grow up safely. In some cases, a person with an undiagnosed mental illness self-medicates with drugs or alcohol to feel better but inadvertently increases the risk they will attempt suicide. In some cases, the use of drugs or alcohol decreases the natural inhibitions that would prevent someone from acting on a suicidal impulse. Whatever the case, the role of drugs and alcohol in suicide in Alaska is clear.

Addressing substance misuse can be done through a single comprehensive wellness coalition, coordination of substance abuse and suicide prevention efforts through an organization like the Fairbanks Wellness Coalition, or through regular and consistent partnerships between existing prevention groups.

Implementing this strategy might be hard in communities that have made possession and use of alcohol unlawful. It might be difficult to deal with substance misuse openly when there are legal consequences, as well as issues of reputation and stigma. However, it is important to recognize that, including in "dry" communities, drugs and alcohol can be contributors to suicide.

Resources:

There are resources to help coalitions bring suicide and substance abuse prevention together. Because the State of Alaska focuses on comprehensive prevention programs based on the Strategic Prevention Framework, the Division of Behavioral Health is an excellent resource. The Advisory Board on Alcoholism and Drug Abuse can also provide technical assistance. The Suicide Prevention Resource Center has specialized tribal technical assistance as well as general support for community coalition building.

National Alliance on Mental Illness, Anchorage www.namianchorage.org
Nation Council on Alcoholism and Drug Dependence www.ncadd.org

Indicators: 3.4.a. Rate of adult binge drinking: 20% (BRFSS, 2015)

Strategy 3.5 ~ The State of Alaska will coordinate all prevention efforts across all departments and divisions, to ensure that Alaska has a comprehensive prevention system that recognizes the connections between suicide, substance abuse, domestic violence, bullying, child abuse, teen risk behaviors, poor school performance, etc.

The factors involved in suicide include a wide range of personal and environmental issues: depression and mental illness, poverty, sexual assault, bullying, lack of education, unemployment, historic trauma and loss of culture, alienation, grief, victimization and exploitation, alcohol abuse, addiction, and others. By addressing these factors in a unified and cohesive way through health, education, employment, and community development efforts, the State of Alaska could reap far reaching benefits with greater efficiency.

The National Prevention Strategy, released in June 2011, emphasizes the need for broad collaborations between state, tribal, and community organizations involved in prevention. States are encouraged to support truly comprehensive prevention efforts that involve all governmental departments and broad groups of stakeholders in creating healthy and safe communities, improving community and clinical prevention, empowering individuals to make good health and lifestyle decisions, and eliminating health disparities. Alaska employed this sort of model at the community level with the Alaska Tobacco Prevention and Control Program and successfully reduced the amount of cigarette sales to adults by almost 50 percent, to a level below the national average. (It is important to note that this success took a significant investment of resources and over 15 years to achieve.)

Resources:

Alaska has already undertaken this sort of interdepartmental collaboration with the Criminal Justice Working Group. The commissioners of Health and Social Services, Corrections, Public Safety, and Education and Early Development, as well as the Chief Justice of the Alaska Supreme Court, work through this group on joint efforts to prevent crime and reduce recidivism.

A similar sort of interdepartmental collaboration was involved in Governor Walker's Alaska Suicide Prevention Governor's Cabinet Workgroup in 2016, which included public outreach and increasing suicide prevention training for all State of Alaska employees and the public.

Alaska's Strategies to Prevent Underage Drinking offers an overview of what existing literature describes as being effective and specific actions the committee believes are possible to implement in Alaska. Increasing the use of these recommendations and specific actions will help to build a stronger foundation in the statewide effort to prevent underage drinking.

Indicator: 3.5.a. Number of executive agencies and partners engaged in a comprehensive prevention workgroup: All State of Alaska Departments (SSPC 2016)

Strategy 3.6 ~ The State of Alaska will provide financial and technical support for innovative implementation of 1) evidenced-based prevention and 2) research-based suicide prevention practices that provide a sense of hope and opportunity.

An evidence-based practice is a prevention program or intervention shown to be effective through strong scientific research. Evidence-based practices have been evaluated and peer reviewed to ensure quality and integrity. When available and used with fidelity in an appropriate context, an evidence- based practice ensures that the intervention will achieve the desired outcomes. Promoting use of evidence-based practices will help spread effective suicide prevention programs and interventions throughout Alaska, benefiting more communities and families. Use of evidence-based practices is part of the National Strategy for Suicide Prevention (NSSP), which includes a specific objective of increasing the number of evidence-based suicide prevention programs in schools, colleges and universities, work sites, correctional institutions, aging programs, and family, youth, and community service programs.

Part of requiring that grantees use evidence-based practices is providing the support and technical assistance needed to implement them effectively. The State of Alaska has provided this sort of technical assistance to prevention grantees, particularly those funded by the Strategic Prevention Framework Partnerships for Success. However, technical assistance resources are limited and do not always meet grantees' needs. By coordinating with the Council, Alaska Native Tribal Health Consortium, and other in-state providers of technical assistance — as well as the Suicide Prevention Resource Center, Substance Abuse and Mental Health Services Administration (SAMHSA) and other national sources of technical assistance — the State of Alaska can expand the supports available to prevention providers. This will enhance the delivery of suicide prevention services, having greater impact statewide.

It is equally important to recognize that in a community's effort to achieve outcomes that are drawn from evidence take into account the diverse and unique needs of Alaska's communities, people i.e. culture, language, and geographical location being served. Therefore, Alaska communities require a broader definition of "evidence based" is "determined by a process in which experts, using commonly agreed upon criteria for rating interventions, come to a consensus that evaluation research findings are credible and can be substantiated"1. Experts may include tribal Elders or others who obtain local wisdom, traditional knowledge, skills and practices that has been proven through time to contribute to health and wellness for their village population, tribe or region.

One approach of a regional effort to broaden understanding of the connection between evidence based research and practice in Alaska Native communities is the: Promoting Community Conversations about Research to End Suicide (PC CARES). PC CARES uses popular education strategies to build a "community of practice" among local and regional service providers, friends, and families that fosters personal and collective learning about suicide prevention in order to spur practical action on multiple levels to prevent suicide and promote health2. This approach relies heavily on the "practical, effective, ecological, and decolonizing approaches to indigenous suicide prevention" in Alaska and North American tribal communities.

Resources:

The National Registry of Evidence Based Programs and Practices is a searchable online database of more than 200 peer reviewed interventions in mental health promotion, substance abuse prevention, and mental health and substance abuse treatment: www.nrepp.samhsa.gov.

The Best Practices Registry for Suicide Prevention is a searchable online database from the Suicide Prevention Resource Center. It includes evidence-based suicide prevention interventions, expert statements, and other less rigorously evaluated practices that are aligned with the objectives of the National Strategy for Suicide Prevention.

Indicator: 3.6.a. Percentage of state DBH and DEED grantees using evidence-based practices: 100% (DBH/DEED, 2016)

Strategy 3.7 ~ The State of Alaska will support positive messaging, community conversations and media efforts to change social norms and perceptions about mental illness, addiction, depression and suicide, and promote seeking treatment and recovery.

Stigma is not just a major barrier to accessing mental health care. It prevents people from reaching out to someone they suspect might be suicidal or experiencing a mental illness or addiction. Stigma can also prevent a survivor from talking about what happened or asking for help, because he or she is afraid of being judged — often when they need help most. Promoting stigma reduction through positive messaging, community conversations and media efforts can help change social norms and perceptions about mental illness, addiction, depression and suicide.

The Alaska Mental Health Trust Authority partners with the Statewide Suicide Prevention Council, Advisory Board on Alcoholism and Drug Abuse, and Alaska Mental Health Board to educate people about the realities of suicide and behavioral health disorders. The You Know Me campaign and public education that Treatment Works, Recovery Happens are part of these anti-stigma efforts. The Council works annually on public outreach to help people seek treatment and recovery.

The Council continues to partner with the Iron Dog, Department of Health and Social Services and the Department of Public Safety on the Iron Dog Suicide Prevention Campaign since 2011. The campaign has worked to promote positive messaging to rural Alaskans along the trail of "The World's Longest Toughest

Snowmobile Race," with Alaska State Troopers sharing resources and promoting Careline in numerous Alaskan villages.

It is important that the State of Alaska continue these efforts and broaden them to reach every Alaskan. Research shows that knowledge of mental illness and suicide is not enough to eradicate stigma. Effective campaigns to reduce stigma include public education, advocacy, and direct contact with people who experience or have experienced suicidal thoughts, depression, or mental illness and with people who have experienced a loss to suicide. Effective anti-stigma campaigns do not just educate, they transform fear and ignorance through positive messaging into concern and compassion.

Resources:

The Council, Department of Health and Social Services, and Alaska Mental Health Trust Authority partner with organizations in anti-stigma campaigns. Contact the Council at 907-465-6518 for more information.

Indicator: 3.7.a. Alaskans comfortable with a family member, coworker, guest, or neighbor experiencing mental illness: 77.7% (AMHTA, 2014)

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

Strategy 4.1 ~ Alaskans know who to call and how to access help — and then ask for that help — when they feel like they are in crisis and/or at risk of suicide.

Part of preventing suicide in Alaska is being aware of when we ourselves are potentially at risk — and then reaching out for help. Periodically ask yourself if you have any of the warning signs. If you answer yes, ASK FOR HELP! Your life is precious, and you are not alone.

Resources:

If you do not have someone you feel comfortable talking to, or you aren't sure who to talk to, help really is just a phone call away. Call Careline at 877-266-4357(HELP). The confidential call to trained Alaskans is toll-free. You can also reach Careline by text most evenings (3-11 p.m. Tuesday through Saturday, as of October 2017.) Text 4help to 839863.

Indicator: 4.1.a. Number of calls to Careline annually: 15,323 (2016)

Strategy 4.2 ~ Community health providers offer appropriate services to Alaskans in crisis when they need them and as close to home as possible.

In order for Alaskans to know where to go for help, community health providers must provide outreach. In some communities, the behavioral health center or hospital is a partner in the wellness or suicide prevention coalition. However, this is not true of all communities. It is important that all health providers know how to appropriately respond when someone is experiencing a mental health crisis.

Providing outreach and information about how to access services is key to effectively preventing suicide. Alaskans experiencing depression and other mental health disorders need to know where to go for help — before they experience a crisis and become at risk for suicide.

While services may be more readily available in larger Alaskan communities, finding appropriate services close to home can be very difficult in some communities. The Alaska Native Tribal Health Consortium has partnered with the Alaska Psychiatric Institute (API) to help address this issue by creating a rural aftercare coordinator. The coordinator provides continuing care for rural Alaskans when they return to their communities by supporting follow-through work of a social work discharge plan. The goal is to reduce unnecessary readmissions to API and suicidality by helping these at-risk Alaskans stay connected to resources while living in their community. Call 907-269-7154 for more information on rural aftercare coordination.

Resources:

There are many behavioral health resources available across Alaska, but finding one close to home can be a challenge.

For a list of community mental health centers around Alaska, visit http://dhss.alaska.gov/SuicidePrevention/Pages/Resources/mhcenters.aspx. They provide emergency mental health services 24-hours a day, seven days a week. Your local community mental health center can provide the services you need or provide referrals to Alaska programs that can help.

Another resource is the Alaska Behavioral Health Association. The nonprofit trade organization represents more than 50 community health and substance abuse treatment providers across the state. They work to connect Alaskans to quality, cost-effective behavioral health treatment throughout Alaska. Call 907-523-0376 for more information.

Indicator: 4.2.a. Number of active community behavioral health centers in Alaska (new)

Strategy 4.3 ~ Community health providers will offer bridge services for young adults experiencing serious behavioral health disorders after age 18/21.

Youth and young adults are Alaska's highest risk group for suicide, with rates up to five times the national average. While communities and states have invested heavily in the adolescent mental health system, the services for youth transitioning to adulthood are not always seamless. Many youth and young adults experiencing a behavioral health disorder face increased stress and risks during this time. Community health providers need to partner to provide bridge services to maintain mental and emotional stability — and sobriety, sometimes — so that youth can effectively move into adulthood. Part of that requires that the State of Alaska prioritize resources for these bridge services (which currently aren't always paid

for by parents' or public insurance programs).

Resources:

The State of Alaska has invested in services for transition-age youth. Access to grant funds for mentoring programs for youth coming out of foster care, tuition waivers, job training services, and transitional housing have all been increased.

Indicators: 4.3.a. Number of Alaskans age 18-24 experiencing serious behavioral health disorders who receive mental health services (new)

4.3.b. Number of behavioral health providers offering bridge services to Alaskans age 18-24 experiencing serious disorders (new)

Goal 5: Alaskans Support Survivors in Healing

Strategy 5.1 ~ Survivors of a loss to suicide know about ongoing support and suicide prevention resources and how to share their lived experience in suicide prevention efforts that support their own healing.

Survivors of a loss to suicide need their own forms of support and help. Just like with any grieving process, what a particular survivor needs can be as unique as the person. Survivors' support groups are one way that people can find help, but there are others. Cultural activities, healing circles, therapy, or counseling – all are sources of support.

Not every community in Alaska has a survivors' support group. In addition to formal survivors' support groups, survivors can support other survivors informally. Whether it's by reaching out through local suicide prevention coalitions or one-on-one, establishing informal networks to help survivors, or incorporating cultural traditions to help healing, individuals can share their experiences and support ongoing healing.

Resources:

- Survivors can connect through support groups in Fairbanks. Contact the Arctic Resource Center for Suicide Prevention at 907-987-6829.
- Survivors can also connect informally through StopSuicideAlaska.org and its social media outlets.
- The American Foundation for Suicide Prevention has a database you can search for online and in-person groups, as well as a Survivor Outreach Program.

Indicators: 5.1.a. Number of active suicide survivor support groups in Alaska (New)

5.1.b. Number of Alaska Regional Health Corporations providing postvention resources (New)

Strategy 5.2 ~ The State of Alaska will provide resources, tools, and technical assistance for locally-directed postvention efforts when invited by communities.

The Council and Division of Behavioral Health updated the Alaska Suicide

Postvention Guide: Preparing to Heal in 2014. This guide provides tools, information, and resources for use after a suicide occurs. A video version of the guide was also produced as an additional resource for Alaskans that is available on DVD and on the internet.

It is important to note that there is not a one-size-fits-all "best" model that is a 100-percent-effective approach to suicide prevention or response in Alaska or elsewhere. Each Alaskan community is unique and has its own strengths and challenges when it comes to responding to a death by suicide. Communities are encouraged to prepare an action plan in case of a suicide so that the response is locally directed to best help community members heal and reduce the risk of more suicides. The Council and the Division of Behavioral Health can help provide postvention tools, information, and resources when invited by communities to do so.

Resources:

- The Alaska Suicide Postvention Guide: Preparing to Heal is available online on the Council's website. You can also request a printed copy and/or DVD from the Division of Behavioral Health. Call (907) 465-8536 for a copy.
- The video guide can be found on the Council's YouTube page as well as on stopsuicidealaska.org.
- On-going technical assistance on the Alaska Suicide Postvention Guide: Preparing to Heal is available from the Division of Behavioral Health. Call (907) 465-8536 for information.
- Alaska Department of Education and Early Development course "Responding to Suicide-Postvention Guidelines" has been tailored to help educators implement a coordinated crisis response plan in the event of a suicide. Educators will learn strategies to help students cope, work with community partners and leaders, guidelines for appropriate memorialization, identify students at risk of suicide contagion, and how to move forward after a school suicide. https://education.alaska.gov/ELearning

Indicators: 5.2.a. Number of Alaskans trained in the e-Learning Postvention Module (New)

5.2.b. Number of Alaska Postvention Resource Guides distributed annually by DBH (New)

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

Strategy 6.1 ~ The State of Alaska will improve statewide suicide data collection efforts, employing epidemiological standards/models to ensure quality reporting, analysis, and utilization for timely data-driven policy decisions.

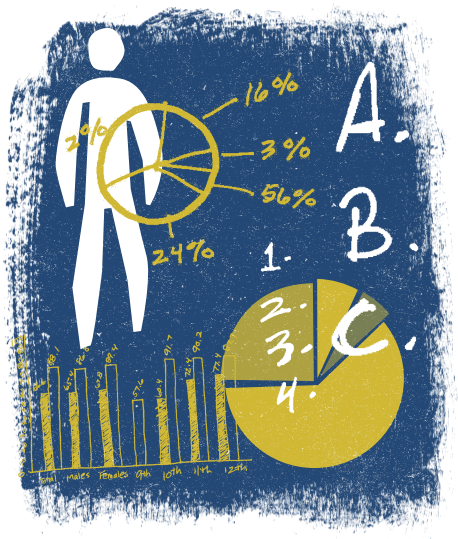
Suicide attempt and completion data is collected through the Alaska Trauma Registry and the Health Analytics & Vital Records (formerly the Bureau of Vital Statistics). These surveillance systems provide data based on the information collected by acute care hospitals and emergency services providers, as well as

through cause of death information provided on death certificates. The surveillance system is supplemented by data collected through the Alaska National Violent Death Reporting System, Youth Risk Behavior Survey, and Behavioral Risk Factor Surveillance System. The data, being available from only a few sources, can be correlated and collectively analyzed.

The current surveillance system relies on third party reports of suicide attempts and certifications of cause of death. Suicide attempts that do not result in treatment at an emergency department are not counted. Suicide attempts that are attributed to "accident" are not counted.

Deaths are not always investigated. Some deaths attributed to accident may be undocumented suicides. The Alaska Violent Death Reporting System does investigate potential violent deaths to collect data from different sources and determine whether the death was a "violent death" (suicide, homicide, undetermined intent, accidental firearm, legal intervention, or terrorism) and why. For this reason, the Alaska Violent Death Reporting System is a valuable source of information in tracking suicide data.

Data on suicide and suicide attempts is reviewed, analyzed, and used by state, tribal, and community organizations to guide and evaluate suicide prevention efforts. The efforts are uncoordinated – with even internal sections of the Department of Health and Social Services releasing differing reports or analysis. This hinders planning at the statewide and local level and prevents any meaningful attempts to address data gaps. It also makes pursuit of long-term data collection efforts, such as follow-back studies (also known as psychological autopsies), a lower priority. By bringing all the partners involved in data collection, analysis, reporting, and utilization together to coordinate the way Alaska uses data to drive decision making, the State of Alaska can improve the surveillance system for all users.



Resources:

Health Analytics & Vital Records, under the Alaska Department of Health and Social Services Division of Public Health, provides a variety of statistical health information, including statistics on deaths by suicide. Reports can be generated on regional suicide rates, methods, and age-specific rates, and more. Council staff can help facilitate information requests. Call 907-465-6518 for more information.

Indicator: 6.1.a. Number of State of Alaska departments coordinating on suicide data collection (New)

Strategy 6.2 ~ The State of Alaska will partner with tribal governments, Alaska Native corporations, and academic organizations to continue to explore and research the multiple dimensions of risk factors for suicide, prioritizing the health and environmental factors affecting high-risk populations.

While we know there are many factors that can lead someone to consider suicide, the field of suicide research is still developing. Add to that our state's significant indigenous population, an ethnically diverse overall population, a unique geography, weather patterns and frequent natural disasters, historic and current social issues related to historic and personal trauma, and many other "Alaskan" characteristics (positive and negative). There is much we do not know (or do not know we know) about suicide and protecting our people from it.

Alaska is home to a high-quality university system with access to researchers, such as those at the Center for Alaska Native Health Research, with experience working with Alaskans and Alaskan issues. The Alaska Native Tribal Health Consortium's and the State of Alaska's epidemiology programs are robust. However, because Alaska has many pressing health concerns, suicide is not always a priority for funding and resources.

Alaska's institutions and universities should build on the work already being done with Alaskan communities to improve the science related to suicide and understanding of the issue. Research and study must comply with rigorous protections for the people involved, and must be conducted and used in a way that benefits all Alaskans.

In 2017 the University of Alaska Fairbanks launched the Alaska Native Collaborative Hub for Resilience Research (ANCHRR), a five-year project funded by the National Institute of Mental Health to help Alaska Native communities share knowledge, guide research, and identify culturally-relevant suicide prevention strategies. The goals of the ANCHRR grant are to: establish a central hub in Alaska that anchors and supports our collective efforts to reduce Alaska Native youth suicide; use scientific methods and understand Alaska Native community-level strengths and protections that reduce suicide and other harmful behaviors, and translate this information into community tools for wellness; and, develop capacity to conduct and use research findings to promote Alaska Native youth and community wellbeing.

In addition to academic and health research, the State of Alaska should prioritize rigorous and thorough study of suicide through "follow-back studies" (also known as psychological autopsies). Follow-back studies are considered a best practice in documenting and understanding a death by suicide, helping to answer the painful question of "why?" These studies can also improve overall prevention efforts. They are complex, multi-dimensional investigations that require careful planning and thoughtful implementation. A long-term study through which investigation and interviews are conducted contemporaneously – yet respectfully – could provide a more thorough understanding of suicide as it occurs in Alaskan communities.

The follow-back study of Alaskan suicides occurring between 2003-2006 was a study of deaths already certified as being by suicide. Data was reviewed on 426 cases, but survivor interviews – a crucial component of the follow-back study protocol – were conducted for only 56 cases. Thus, the information gleaned from those interviews (71 in total) is for 13% of the total study population. Thus, the results are illustrative but not sufficient to serve as any basis for drawing broad conclusions.

Resources:

Conducting ethical and effective health science research takes time, expertise,

and money. There are state and national resources to support these undertakings. There are federal and philanthropic sources of funding for research and study.

Alaska's universities, and the Alaska Native Medical Center, have institutional review boards that can be engaged to ensure that the study complies with all research standards and protects the participants from harm. The American Association on Suicidology offers training and certification in the best practices of follow-back study investigations, so that investigators have the tools and understanding necessary to conduct an effective and respectful study.

Indicator: 6.2.a. Number of follow-back studies completed since 2011: 0

Strategy 6.3 ~ The State of Alaska, with its partners, will evaluate the effectiveness of crisis intervention models and responses in use in Alaska.

The State of Alaska and other organizations and communities have worked in suicide prevention for decades. However, there has been no systemic evaluation of the effectiveness of the interventions and programs implemented in our communities. While some organizations employ evidence-based practices, others rely on cultural or locally developed programs. With this wide array of suicide prevention efforts, and varying success from community to community, we need a guide as to what works best in Alaska.

There is precedent for reviewing prevention models and determining the practices – or the elements of practices – that have proven effective in Alaska. Through the Strategic Prevention Framework State Incentive Grant, a wide group of Alaskan practitioners and experts on substance abuse prevention came together to review the field of evidence-based prevention practices. They worked together to determine what evidence-based practices have worked, or could be expected to work, well in Alaskan communities. They were careful to consider that some practices would work in a large urban community, while others would work better in a small village or within a cultural community.

This process helped ensure that the programs funded by the Strategic Prevention Framework State Incentive Grant had the information and resources to choose a prevention strategy that best suited their goals and the population they served. We can do the same service for communities engaged in preventing suicide.

Resources:

Evaluations of assessment tools, prevention programs, and other research are available to help in this quality improvement effort. For example, the American Association of Suicidology has completed a review suicide assessment measures for adults, older adults, and youth. Evaluation and research done by outside organizations could supplement a review of Alaskan programs and practices, to ensure a comprehensive look at how well our efforts to prevent suicide are working – and how our successes can spread.

Indicator: 6.3.a. Number of suicide prevention programs evaluated by the State of Alaska (New)

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31 Available at www.suicidology.org/web/guest/current-research.

Conclusion

Recasting the Net Upstream: Promoting wellness to prevent suicide in Alaska is a call to every Alaskan to prevent suicide. In ways big and small, we can work together to prevent suicide. By improving the health and well-being of our children, our elders, our families, and our communities, we can reduce the rate of suicide in Alaska. Review the checklist on the next page and start checking off all the ways that you, your family, your community, and your state can help to prevent suicide.

Overall Indicator: Rate of suicide: 25.3/100,000 (BVS, 2016)

RECASTING THE NET UPSTREAM CHECKLIST

Individuals/Families

- ☐ Take a suicide prevention training
- ☐ Visit StopSuicideAlaska.org
- ☐ Attend a Council meeting
- ☐ Attend a prevention coalition meeting
- ☐ Lock up your guns
- ☐ Lock up your medicines
- ☐ Lock up your liquor
- ☐ Get help to overcome unhealthy behaviors (drinking, drugs, etc.)
- ☐ Feeling depressed? Talk to a mental health provider.
- ☐ Join an after-school program (as a participant or leader)
- ☐ Call Careline if you or someone you love needs help. Share the number with people you meet.
- ☐ Have you lost someone to suicide? Reach out for help to Careline or some other resource. Hospice of Alaska offers grief groups, and many employers have employee assistance lines.
- ☐ Get (& read) Helping Kids Succeed – Alaskan Style
- ☐ Ask the elders in your life if they feel depressed or suicidal (and connect them to services if they say yes). Visit them regularly, or look into services that do outreach (see Goal
- ☐ Get (and read) a copy of the Alaska Suicide Postvention Guide

Communities

- ☐ Set up a coalition
- ☐ Create a webpage on StopSuicideAlaska.org for your coalition
- ☐ Create an anti-stigma campaign or host an event
- ☐ Host a suicide prevention training
- ☐ Start an after-school program
- ☐ Establish a parenting class or support service
- ☐ Adopt an anti-bullying rule at school/at work
- ☐ Coordinate an anti-bullying campaign
- ☐ Contact United Way Anchorage or Southeast about starting a youth preventioncoalition in your community
- ☐ Implement the 40 Assets
- ☐ Implement suicide prevention in your medical practice
- ☐ Implement evidence-based screening for suicide risk in schools & senior centers
- ☐ Implement a means restriction program (limiting access to possible means of suicide such as guns and medications.)
- ☐ Ensure youth have treatment and support services after age 18/21

State

- ☐ Promote and coordinate prevention programs across disciplines
- ☐ Encourage research and study of suicide in Alaska
- ☐ Promote evidence- and research-based practices

- ☐ Evaluate effectiveness and outcomes of suicide prevention programs
- ☐ Create and implement suicide prevention, intervention and postvention training programs for rural police and public safety officers
- ☐ Improve data and surveillance systems related to suicide
- ☐ Fund a long-term follow back study with enough participants to be statistically meaningful
- ☐ Ensure every Alaskan has access to suicide prevention training, regardless of means
- ☐ Fund innovative research-based prevention models
- ☐ Create a learning network via StopSuicideAlaska