

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
SUICIDE PREVENTION COUNCIL

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The Honorable Sean Parnell
Alaska State Capitol
PO Box 110001
Juneau AK 99811-0001

Alaska State Legislators
Alaska State Capitol
Juneau AK 99811

Dear Governor Parnell and Alaska State Legislators:

This letter and accompanying attachment represents the submission of the Statewide Suicide Prevention Council Annual Report for FY10¹. According to AS 44.29.360, the Statewide Suicide Prevention Council (SSPC) is required to submit an annual report in order to fulfill its advisory role and responsibilities to both the governor and legislature. This report is due on March 1st. In the report, the Council helps to advise the legislature on:

- suicide prevalence including national as well as statewide and local data and research
- identify the causal factors or contributors to suicide as well as protective factors that prevent suicidal behaviors,
- what resources, projects or services are currently being implemented,
- what strategies or practices are most effective to begin to turn the tide away from the high rates that have plagued the state for the past two decades, and
- what the Council is doing, including its partner boards, state departments and Tribal organizations, as well as stakeholders, to address the problem over the next several years.

The SSPC has experienced several challenges over the past several years. I regret to inform you that last year, the SSPC was not able to complete the FY09 annual report, however, several developments have taken place. Below is a summary of those circumstances including key challenges and areas of progress.

LACK OF STAFF SUPPORT

The Council has not had a dedicated staff person to help assist and manage the business responsibilities of the Council for several years. Staff coordination has fallen to interim coordinators and for the past year, has been directed by the Division of Behavioral Health, Prevention and Early Intervention Services staff. Recent attempts to hire staff to work part time for the Council has failed. The Council is budgeted for a part time staff person, however has not had any increase in funding to support a salary commensurate with the scope of responsibilities related to the position.

¹ For more complete report including statistics and information see the SSPC FY08 Annual Report at <http://health.hss.state.ak.us/suicideprevention>.

A letter has been sent from SSPC to the Commissioner of the Department of Health and Social Services requesting the SSPC staff be housed with the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse. The aim is to gain collaborative efficiencies through leveraged resources in order to rectify the situation.

MEMBER COMPOSITON AND VOTING

According to the last Council legislative audit conducted in 2008, it was determined that the Council struggled with obtaining a quorum, assembling members and conducting the business of the Council. This made it extremely difficult to meet many of the goals, objectives and performance measures that the Council had established in previous years. An amendment was added to last year's sunset extension language to adjust and broaden the membership composition, adding an additional member (16), and make legislative appointees non-voting ex-officio members.

MOVING FORWARD

Despite these difficulties the Council has experienced, the Department of Health and Social Services, Division of Behavioral Health has prepared a fact sheet (*see attached*) in order to highlight areas of interest related to suicide including key facts, figures and developments that will help to both educate as well as inform the legislature.

The Council had also participated in a strategic retreat in April of 2009 to revisit the Council's core purpose and values and to begin to craft a strategic planning effort over the next several years. This would help to guide the Council's work and set realistic expectations among Council member's activities. The core purpose and core values of the Council are: **Core Purpose**, *A Voice for Suicide Prevention in Alaska*, **Core Values** *Life, Community, Culture*.

Since the Council's role is primarily advisory, the plan had to incorporate targeted efforts that were realistic, achievable and measurable. It was determined that suicide would not be decreased by the Councils efforts alone and that the Council would best be served in targeted efforts that can be universally applied to a broad range of audiences to include statewide leaders, health providers, key partners including, public, private, Tribal organizations, youth organizations and faith-based organizations as well as stakeholders of health services such as individuals, families, parents, and youth themselves. Some of the short-term targeted strategies the Council has acted on and will be working over the next year are:

- **Beginning the conversation of suicide in Alaska Native communities among Tribal leaders.**

As many Alaska Elders have acknowledged, it starts with ownership of the problem in order to begin healing from suicide with a path toward hope and increased awareness of those who are continuing the struggle with suicide. The Council planned and sponsored a Southeast Suicide Prevention Symposium inviting all tribal leaders in the region on June 1-2, 2009. Future plans are underway to support these efforts statewide including the next Council meetings' outreach visit to TokSook Bay on Nelson Island in the Bethel region in May, 2010.

- **Held Statewide Suicide Prevention Summit, January 11-13, 2010. “Mending the Net”.**
The Council will continue to leverage resources as much as possible in order to continue the goal of “Mending the Net”, to increase capacity, align resources and work hard at better integrating the State and Tribal health systems that are targeted to those who are most at risk as well as those who may be experiencing early signs of depression, substance abuse, problems with relationships or those who are just trying to make ends meet in our hurting economy and job market.
- **Write legislation for a suicide prevention bill and get it passed.**
The Council will explore the possibility of legislation that will influence policies, practices and social norms and attitudes associated with suicide and suicide prevention.
- **High school and middle school students receive prevention education on depression and suicide including use of early identification, screening and referral programs.**
The Council wants to increase prevention and mental health education in the classroom and use of screening, identification and referral practices among schools for mental health and suicide risk.
- **Increase ongoing partnerships with like-minded organizations.**
Only through partnerships with like minded organizations will the Council be effective in its goal to support capacity for suicide prevention at both statewide and the community levels.

Please join us as we move forward over the next year to address this serious public health problem. Our commitment is strong but our actions will need to be demonstrated over the next few months and years as there are several efforts underway to bring statewide attention to this matter. As a reminder, suicide hurts everyone...and in working together... we are all part of the solution.

Brenda Moore

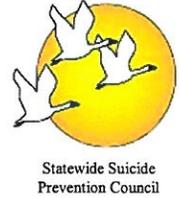
Brenda Moore, SSPC Chair



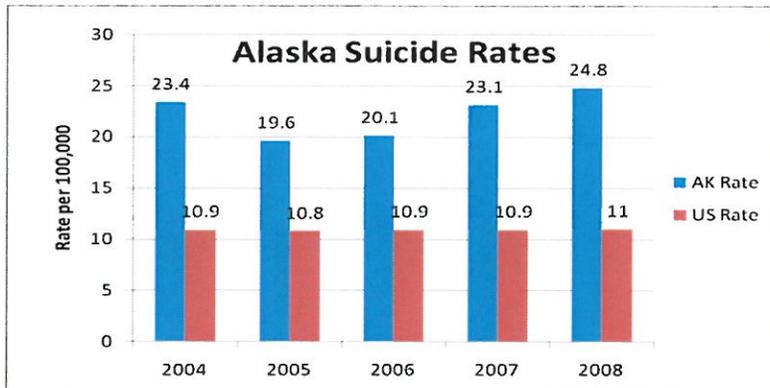
Enclosure



Alaska Suicide Prevention FY 2010



According to a 2006 national study of suicides in the United States, Alaska ranks second among states with the highest suicide rate in the country. Alaska had approximately 167 suicides in 2008. Suicide is the second leading cause of death among Alaskans under age 50. According to the 2009 Youth Risk Behavior Survey, approximately 9 percent of high school students had attempted suicide in the past 12 months. Historically, the majority of suicides are occurring among our young people ages 20-29 years and are equally represented among both rural and urban communities. During 2008, there were also a high number of suicides among veterans, accounting for 27 deaths.



Since 2005, Alaska has seen an increase in suicides.

In 2008, there were 167 reported suicides in Alaska

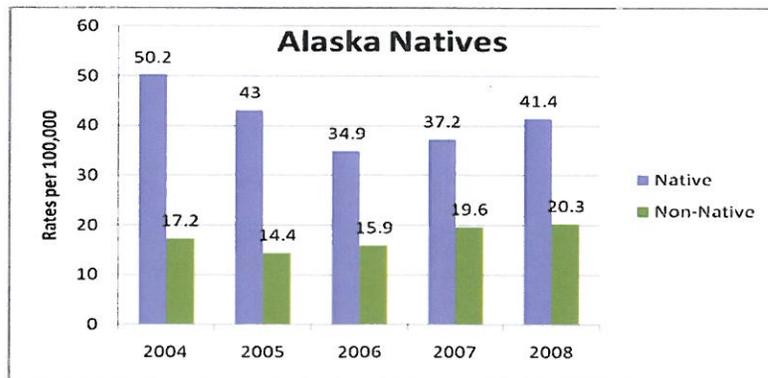
Alaska Bureau of Vital Statistics

The Alaska Bureau of Vital Statistics, Last updated Nov. 17th, 2009 *2008 rates are preliminary.

The distribution of suicide by ethnicity shows Alaska Natives comprise 16% of the population, however they account for 39% of the suicides. The highest rate of suicide in Alaska is among Alaska Native male teens and young adults between 15 – 29 years of age. Older adults and gay, lesbian and transgender youth are also at an increased risk as well as those with chronic medical illness, trauma, past sexual abuse, substance abuse and mental illness most commonly, depression.

Alaska Natives have rates more than double that of non-Natives in Alaska. Non-Natives have a rate of 1 ½ - 2 times the U.S. rate.

Alaska Bureau of Vital Statistics



Alaska Bureau of Vital Statistics, Last updated Nov. 17th, 2009 *2008 rates are preliminary.

Recent Accomplishments

Statewide Suicide Prevention Summit, "Mending the Net" January 11-13, 2010

Approximately 70 people from all over Alaska gathered in Anchorage in order to network and align resources to build and strengthen local, regional and statewide capacity for suicide prevention. Future meetings are planned for further integration between State and Tribal health systems including leveraging of partnerships and resources to support communities.

On May 16th, 2009, hundreds of people gathered for the "Walk For Life" to end Inupiat suicide in Kotzebue and Bering Straits Region

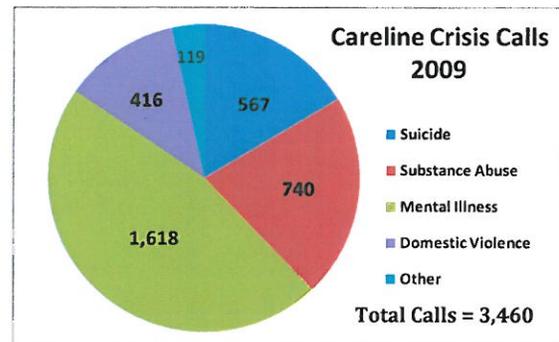
The Rural Suicide Prevention Planning Grant Project and the Alaska Youth Suicide Prevention Project are two projects coordinated by the Division of Behavioral Health, Prevention and Early Intervention Services section. The State awarded \$550,000 for the development of Regional Suicide Prevention Teams that will create and develop strategic plans including the **Alaska Gatekeeper Suicide Prevention Training Program** which trains instructors in the delivery of suicide prevention awareness, education and intervention approaches to a wide variety of both professional and community based health providers. Regions awarded include Nome, Kotzebue, Dillingham and Akiachak and surrounding Bethel area villages, Southeast Alaska, Fairbanks and surrounding communities. These regions are continuing to plan and implement key strategies including use of evidence-based and other best practices to address suicide in their villages, communities and regions.

Comprehensive Behavioral Health Prevention and Early Intervention Services Grant. The Division of Behavioral Health, Prevention and Early Intervention Services section also is coordinating the program which includes **Alaska Careline**, www.carelinealaska.com, 24/7 crisis hotline and community-based suicide prevention projects and grant programs throughout the state in both urban rural/remote communities throughout the state.

Over 500 people were trained as Gatekeepers in 2009

Recent Challenges:

- Socio-Economic Impact in Alaska causing financial stress, unemployment and loss of productivity.
- Alaska Military Veterans and their families have an even greater risk due to depression, PTSD and other suicide risk factors.
- Need for accurate surveillance and suicide data collection for state, regional and local communities continues to be a key challenge (Alaska Follow Back Study Report 2007)



Local and community data help us understand community based processes may rely on informal supports or services that often bridge the gap between medical models based on disease prevention and community public health models. We must also recognize the value Alaska Native traditional healing and meaningful alternative strategies which increase protective factors and promote health, wellness, connectedness and resiliency among all Alaskans.

Next Steps:

Alaska Division of Behavioral Health is working to strengthen partnerships with the Statewide Suicide Prevention Council, the Alaska Mental Health Trust and partner boards, Alaska schools, Alaska Native groups and organizations, as well Alaska's Veterans organizations. Doing a better job of monitoring higher risk populations and developing proper and adequate early identification, screening and referral resources including gatekeeper training are necessary to avert suicide crises. These initiatives and strategies are aimed at balancing identified needs and resources with the understanding that:

- 1.) *Suicide prevention requires a multi-faceted approach, integrated into Alaska's continuum of care*
- 2.) *Efforts must be targeted simultaneously at the community, family and individual level*
- 3.) *For any of these efforts to be successful, there must be community involvement. That may require an assessment of readiness to address suicide prevention at the community level.*

Through capacity development at both the community and regional level, we can expect suicide prevention strategies that utilize effective practices that will be both culturally responsive and sustainable in the long-term thereby reducing suicide in Alaska