

State of Alaska, Department of Health and Social Services, Division of Behavioral Health

www.hss.state.ak.us/dbh/prevention 877-393-2287 (statewide toll-free)

First Thoughts 1

Alaska Suicide Follow-back Study

Points of Interest 1-4

Alaska Suicide Prevention Council's 2007 Report

A Struggle for Hope

Letter from SSPC Chair

Relevant Research 4-6

Suicide Fact Sheet

Community Corner 6-9

Old Harbor Tribal Council

Ouzinkie Tribal Council

This Month's Quote 9

"Tell us thy troubles and speak freely. A flow of words doth ever ease the heart of sorrows; it is like opening the wasted where the mill dam is overfull."

Robin in The Merry
Adventures of Robin Hood

first thoughts

Alaska Suicide Follow-back Study Final Report

On March 21, 2007 the Department of Health and Social Services, in partnership with the Alaska Statewide Suicide Prevention Council and the Alaska Mental Health Trust Authority released a new study on suicide in Alaska. The three-year study, completed by the Alaska Injury Prevention Center, documents the circumstances and family perceptions surrounding the 426 suicides that occurred in Alaska from 2003 to 2006. Of the 426 suicides during this time period, follow-back interviews were conducted for 56 cases.

This study, the first of its kind in Alaska, is a critical step to better understand the underlying behavioral risk factors leading to suicide. With this information, we can truly analyze the issues facing Alaskans that lead to suicidal thoughts as well as completed suicides. It also will guide our development of better interventions, strategies and services to both prevent suicide and to intervene earlier in the lives of individuals feeling that suicide is their only choice.

Study results show an average annual suicide rate for the three year study period was 21.4 per 100,000. Males out-numbered females 4 to 1 and the age-group 20-29 had the greatest number of suicides. The leading mechanism of death was firearms (63%) and alcohol or drug use was a factor in a majority of cases.

The Alaska Follow-back Study provides a wealth of information that can and must be used to better focus our efforts on reducing suicide in Alaska. For a copy of the complete study go to www.hss.state.ak.us/suicideprevention.

points of interest

Alaska Suicide Prevention Council's 2007 Report

The Annual Report to the Legislature on suicide prevention has just been updated and is available at the council's



website: www.hss.state.ak.us/suicideprevention

This report is very important to our suicide prevention community-based efforts being implemented by DBH prevention grantees. Please take time to read this report to better understand the importance that each community makes to decrease the incidents of suicide and non-lethal suicidal behaviors in Alaska.

A Struggle for Hope

"After generations of displacement, forced assimilation, poverty and neglect, many American Indians are trapped in a cycle of hopelessness that often leads to substance abuse, violence and in many cases suicide." New prevention programs funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), are implementing programs that are culturally appropriate for American Indian populations. To read more please go to: <http://www.apa.org/monitor/feb07/astruggle.html>

Letter from the Statewide Suicide Prevention Council's Chair

Dear community-based grantees:

I am writing to share the Suicide Prevention Council's concern about the high rates of suicide in our Alaska communities. The council has supported data collection so that Alaskans can become more aware and support prevention programs. For the past decade, Alaska has had the second highest rate of suicide in the United States; twice the national average. In the North Slope and West Coast regions of our state, the suicide rate is five times our average state rate. And what's worse, our highest rate of suicide is among those ranging in age from 15 to 24 years old.

The council recognizes that suicide knows no culture, income, religion, age, or gender. Yet we know from research that Alaska Natives commit suicide at two to three times the rate of non-Natives in Alaska. Suicide is the fourth leading cause of death among Alaska Natives, accounting for almost one of every 12 deaths.

As an Alaska Native leader, I have become convinced that my people must go back and study the lessons given us by our ancestors. Our families and clans were central to our lives and still today, have a big part in training children in learning the basic facts of life. While my stance may not make me very popular, I am convinced tribal leaders must set an example for our people by abstaining from alcohol. Whether or not alcohol

3 PREVENTION ENOTES!

Between 2003 and 2006 Alaska Natives had a significantly higher average rate of suicide than the non-Native population--51.4 per 100,000 compared to 16.9 per 100,000.

The Alaska Suicide Follow-back Study, March 2007

is a problem for us as individuals, we leaders need to demonstrate to our people that alcohol is the cause of most of our social problems. Alcohol magnifies our hurts many times over to the point that many of us can see no reason to go on living. Once depression sets in, we try to escape the hurt by drinking more which has a snowball effect from which too many of us cannot recover.

Suicides in a community tend to go in streaks, and I think I know why. I believe there can be a "copycat effect" that is encouraged by how we talk about people after they kill themselves. For example, at a funeral for someone who has committed suicide, we celebrate the life of that individual by saying only good things about him or her. We don't talk critically about the self-defeating choices made that end in the ultimate self-defeat – suicide. Some youngster attending the funeral may hear all this and ask himself, "is this all I need to do to have them say nice things about me and be appreciated?" We need to talk to our young people before this happens. We need to praise their good qualities while they are living. Natives don't usually openly demonstrate day-to-day affection and love for our children because of some of our cultural ways – we just don't do that. We need to change this; our Native cultures are living entities to be shaped by us, the Natives alive today.

One of our regions hit hard by suicide, the Yukon – Kuskokwim Delta, through the Association of Village Council Presidents (AVCP), has organized a plan called "Kinguliamta Ciunerkaat" which means "Securing a Future for our Children". Its mission is to create a "well community" in which all entities work together under the direction of the Elders to restore a healthy community strong in its culture and language".

Likewise, my own Juneau Tlingit and Haida Community has developed a program that involves Native teachers in button-blanket making, weaving, and carving to pass on the knowledge to our youth. This has shown to be a great success in bringing back Native pride and Native values, the key defense mechanisms against hopelessness and depression that can lead to suicide. These youth are blossoming because they have a regular opportunity to simply talk with and learn from their Elders.

We are making progress, slow though it might be. The 10-year average of 42.7 suicides per 100,000 for Alaska Natives has reduced to 41.0 in just the last year. This may not seem like much, but it's a start.

The Suicide Prevention Council has offered a plan to prevent suicide. While no one answer fits every one of our many cultures, we believe there are tools that make suicide



For suicide information,
resources or just to talk call:

Careline Crisis Intervention
877-266-4357
(in Alaska)
800-273-8255
(National Suicide Prevention
Lifeline)

preventable. Our job is to find, shape, and promote those tools. Our work plan combines an analysis of the problem with words of wisdom from our Alaskan elders. Please visit our website to learn more about how to be a part of this plan:

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

Thank you for allowing me to present my thoughts and if there is anything the Suicide Prevention Council can do, please don't hesitate to call upon us.

Regards,

Bill Martin, Chair - SSPC
February 21, 2007

relevant research

Suicide: Fact Sheet

Occurrence

Most popular press articles suggest a link between the winter holidays and suicides (Annenberg Public Policy Center of the University of Pennsylvania 2003). However, this claim is just a myth. In fact, suicide rates in the United States are lowest in the winter and highest in the spring (CDC 1985, McCleary et al. 1991, Warren et al. 1983).

- Suicide rates are generally higher than the national average in the western states and lower in the eastern and Midwestern states (CDC 1997).
- In 2001, 55% of suicides were committed with a firearm (Anderson and Smith 2003).
- Males are four times more likely to die from suicide than females (CDC 2004).
- Suicide rates (nationally) are highest among Caucasians and second highest among American Indian and Native Alaskan men (CDC 2004).
- Women report attempting suicide during their lifetime about three times as often as men (Krug et al. 2002).

Youth

The overall rate of suicide among youth has declined slowly since 1992 (Lubell, Swahn, Crosby, and Kegler 2004). However, rates remain unacceptably high. Adolescents and young adults often experience stress, confusion, and depression from situations occurring in their families, schools, and communities. Such feelings can overwhelm young people and lead them to consider suicide as a "solution." Few schools and communities have suicide

prevention plans that include screening, referral, and crisis intervention programs for youth.

- Suicide is the third leading cause of death among young people ages 15 to 24 (Anderson and Smith 2003).
- Of the total number of suicides among ages 15 to 24 in 2001, 86% (n=3,409) were male and 14% (n=562) were female (Anderson and Smith 2003).
- American Indian and Alaskan Natives have the highest rate of suicide in the 15 to 24 age group (CDC 2004).
- In 2001, firearms were used in 54% of youth suicides (Anderson and Smith 2003).

Featured Resources

- ▶ [Preventing Suicide: Program Activities Guide](#)
- ▶ [WISQARS](#)
Allows you to form reports on injury mortality and nonfatal injury for a wide range of age groups
- ▶ [Injury Maps](#)
Allows you to create maps of U.S. injury mortality rates
- ▶ [NEW CDCynergy: Violence Prevention Edition](#)
Develop a comprehensive communication plan on violence prevention issues.

The Elderly

Suicide rates increase with age and are very high among those 65 years and older. Most elderly suicide victims are seen by their primary care provider a few weeks prior to their suicide attempt and diagnosed with their first episode of mild to moderate depression (DHHS 1999). Older adults who are suicidal are also more likely to be suffering from physical illnesses and be divorced or widowed (DHHS 1999; Carney et al. 1994; Dorpat et al. 1968).

Risk Factors: The first step in preventing suicide is to identify and understand the risk factors. A risk factor is anything that increases the likelihood that persons will harm themselves. However, risk factors are not necessarily causes. Research has identified the following risk factors for suicide (DHHS 1999):

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide
- Family history of child maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people

Protective Factors: Protective factors buffer people from the risks associated with suicide. A number of protective factors

have been identified (DHHS 1999):

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Strong connections to family and community support
- Restricted access to highly lethal means of suicide
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation



community corner

The **Old Harbor Tribal Council** has successfully administered a Division of Behavioral Health Prevention grant for several years. Their success is due in part to the continued support from the council, community members, and the commitment and dedication of our village staff. Their belief in promoting long term change is that prevention must start within the community and with support from regional service agencies.

DBH is one of several grants that support this program and the activities which focus on at-risk youth and families. The Old Harbor community Care Team, as the planning coalition, consists of Prevention staff, the Regional Corporation Behavioral Health Aide, Tribal Youth staff, ICWA Worker, school personnel, clergy, and local law enforcement. The Care team meets weekly and provides support for youth, families, each other, and provides case management ensuring that those youth and families in need are linked to the appropriate services.

As a remote community of fewer than 300, Old Harbor is faced with many of the same trials and tribulations as other Alaskan communities; a high rate of suicide, substance abuse, low economic base, and the many issues that result in these destructive behaviors.

Planned strategies include several week long remote summer camps, cultural activities, subsistence gathering and preparation, as well as prevention education. They are presently developing a youth leadership group to involve them in the development of activities, to offer youth-led activities for younger members, and to assist in measuring the effectiveness of those activities. The

The saying, "it takes a village to raise a child", holds true in Old Harbor. Many adults in the village are committed to making a difference in the lives of children.

Gwen Christiansen, Old Harbor Tribal Council

Care Team is planning to further develop effective activities through the use of two model programs; Across Ages and Project Venture.

Short term outcomes are that community norms will reflect positive changes, people will trust one another more, and become involved in healthy activities through offering more alternative choices.

Long-term outcomes are to decrease the harmful effects of substance abuse, decrease suicides and suicidal ideation, and increase community members' connectedness, resiliency and/or life skills.

Outcomes recognized thus far are an increase in youth participating in healthy activities and an increase in youth connecting to adults through planned program activities. For more information you may contact Gwen Christiansen, Grants Administrator at ohtribal@hotmail.com



Ouzinkie Tribal Council

Ouzinkie is a small rural coastal community of 200 Alutiiq people. The community relies on subsistence in a poor economic setting on Kodiak Island. Ouzinkie has substance abuse and suicidal problems. Three years ago the community had several meetings to discuss these problems truthfully and openly. They came up with several ways to raise public awareness and to heal the community. Through a community needs assessment done with adults, junior and high school students the following risk and protective factors were identified as priorities for Ouzinkie:

- **Risk factors** - favorable attitudes towards substance abuse and community norms favorable towards drug abuse
- **Protective factors** – youth engaged and involved in community and youth bonded to other adults in community

The following components are healing this community: Using the strategy of Prevention Education, Marie Skonberg works with middle school, 6 – 8th grades as a focus group. She delivers a health prevention class twice a week. The teachers are a big part of planning a healthier community and work together with community members very well. These classes are started with a discussion of where each child fits within the community. Each student is assured that every one is unique, special, and the hope and future of Ouzinkie. Each child is assisted to show their potential in a positive caring manner. Children learn and know their value within their community.

Substance abuse information is taught in this class along with the

8 PREVENTION ENOTES!

*"One person can do a whole lot
but when you have several
people working together
towards a common goal, it goes
so much easier."*

Marie Skonberg, Ouzinkie Tribal
Council

systems of the body and their functions. For example, the respiratory system from nose to lungs was studied along with the harmful effects of tobacco, inhalants, and meth. The youth are aware of the dangers of using drugs and what it does to their bodies.

The strategy of Alternative Activities is implemented through Ouzinkie's prevention program. Family activities bring families together in a substance-free environment. These activities increase community participation and increase adult and youth relationships. Each month the community has different activities including substance-free dances, parties, karaoke night, games and competitions with lots of fun and laughter and renewing relationships.

Alternative Activities are also implemented through community services that teach youth the skill of how to give to the community while having fun and interacting with other adults in a positive way. Ouzinkie has a salmon derby in the fall with prizes for various categories of salmon. The youth are taught how to jar and cook salmon using a pressure cooker. They then donate the cases of jarred salmon to the senior citizen meals.

Cultural Alternative Activities include the Ouzinkie Alutiiq dance group. All of the children, K – 12, dance and perform locally at potlucks, tribal and Ouzinkie Native Corporation meetings. The regalia and headdresses are made by adults and youth working together. Alutiiq week at the school brings the community members together doing work and play; story telling bonds youth with their elders.

Spruce Island Development Corporation (SIDCO) was formed by the Ouzinkie Native Corporation, Ouzinkie Tribal Council and the City of Ouzinkie; the governing entities. SIDCO is funded by a grant that brings the community together with much planning and positive growth. There have been classes on possible economic growth in areas of fishing quotas, fish processing, tourism, transportation, and behavioral health. Youth and adults attend these classes and discuss all ways of positive growth for the community. Everyone is working together towards a common goal – a healthier community to live in. The awareness factor is at an all time high and hope has replaced hopelessness.

With all of the strategies, including SIDCO as a planning and support council, the prevention program has assisted Ouzinkie in becoming a healthier place to live. Pre and post surveys have been developed to evaluate the education program. The short term outcomes of engaging youth in the community and decreasing community norms being favorable towards drug abuse are definitely occurring.

If you would like further information about this program contact Marie Skonberg, Ouzinkie Tribal Council, P.O. Box 130, Ouzinkie, AK 99644.



Karleen Jackson, Ph.D.
Commissioner

this issue's quote

"As a society, we may well not be able to eliminate all the risk factors that increase the potential for suicidal behavior. However, as community members (clinicians and public health workers), we all can surely agree that the enhancement of resilience or protective factors is at least as essential as risk reduction in preventing suicide."

- From Adolescent Suicide: Assessment & Intervention - Berman, Jobes, and Silverman, 2006.

"Partners Promoting Healthy Communities"

Prevention eNotes is a publication of

DHSS, Division of Behavioral Health
Prevention and Early Intervention Staff

Stacy Toner, Acting Director, DBH
L. Diane Casto, Manager, Prevention & Early Intervention Services
877-393-2287

www.hss.state.ak.us/dbh/prevention/