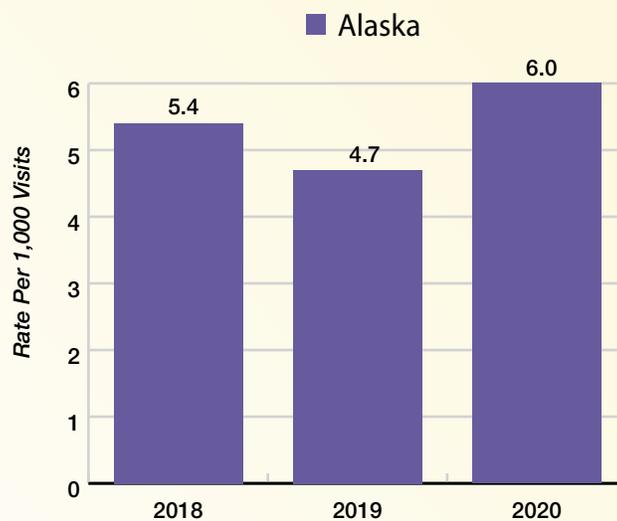


# SUICIDE PREVENTION

## INDICATOR 14: Rate of suicide attempts (rate per 1,000 emergency department visits)

### Story Behind the Baseline

Suicide affects all ages and is a problem throughout the life span of an individual. Suicide is the leading cause of death for young adults, and they are attempting suicide at higher rates than any other age group in Alaska. Every year, many more people think about or attempt suicide than die by suicide. In addition to the number of people who are injured or die, suicide also affects the health of others and the community. When people die by suicide, their family and friends can experience shock, trauma, anger, guilt, and depression. The economic toll of suicide on society is also immense. Suicide and suicide attempts cost the nation almost \$70 billion per year in lifetime medical and work-loss costs alone. While the presence of



**Population: Alaska Statewide**

**Data Source:**

- Alaska Syndromic Surveillance System, Division of Public Health, Department of Health and Social Services

**Data Source Contacts:**

- Anna Frick, Research Analyst III  
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a mental health condition may contribute to increased suicide risk, it is important to note that the majority of people who live with mental health conditions will not die by suicide. Research tells us that nine out of ten people who attempt suicide and survive will not go on to die by suicide at a later date.

Many people are impacted by knowing someone who dies by suicide or who experiences suicidal thoughts. Several life factors can increase the risk for suicide, while some life factors protect against it. For example, suicide risk is higher among people who have experienced violence, including child abuse, bullying, or sexual violence. Childhood trauma and historical trauma, often referred to as Adverse Childhood Experiences (ACEs), puts certain individuals at a higher risk of suicide. Protective factors, like family and community support or “connectedness,” and easy access to healthcare can decrease the risk for suicidal thoughts and behavior.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Barometer: Alaska, Volume 6, the annual average percentage of serious thoughts of suicide among young adults, ages 18 to 25 in Alaska, in the past year increased between 2008–2010 and 2017–2019 from 5.9% to 17.4%. During 2017–2019, the annual average prevalence of past-year serious thoughts of suicide in Alaska was 17.4% (or 12,000), higher than both the regional average (13.4%) and the national average (11.1%). In Alaska, emergency department data shows that individuals who die by suicide most commonly use a firearm. This data also shows that while women are attempting suicide at a higher rate, men die by suicide at a much higher rate than women. Additionally, women are attempting suicide at a higher rate and at different times during the year than their male counterparts.

## What Works?

Suicide has no single determining cause; it is not prevented by any single strategy. Instead, suicide occurs in response to multiple biological, psychological, interpersonal, environmental, and societal influences that interact with one another, often over time. The social-ecological model is a useful framework for viewing and understanding suicide risk and protective factors across four levels of focus: individual, relationship, community, and societal. The relevance of each risk factor can vary by age, race, gender, sexual orientation, residential geography, and socio-cultural and economic status.

Utilizing data can help support upstream prevention and intervention strategies targeted toward vulnerable populations identified through evaluating suicide attempt data. Evidence-based interventions should be chosen to specifically address the unique needs of Alaskans, taking into account homelessness, geographical barriers to accessing healthcare services, stigma, and cultural differences. It is important to have a comprehensive suicide prevention

system that addresses not only risk factors representative of those who have died by suicide but also, those who are attempting or struggling with ideation. Early detection and adequate treatment are key to reducing suicide risk. Staying connected to others and taking care of overall health are all ways to support mental health.

Improving and maintaining access to behavioral healthcare services and resources, including the Alaska Careline (877-266-HELP), community-based crisis interventions (e.g., 1115 Waiver, Crisis Now model), and universal screening are critical components of infrastructure for community intervention. Implementation of the Zero Suicide Framework, which identifies key components of safe care for individuals with suicidal thoughts and urges, will be an important commitment for patient safety.

Both upstream and primary prevention efforts are needed to reduce suicide in Alaska and should have a strong focus on adolescents, young adults, and American Indian/Alaska Natives. Strong state leadership, dedicated program efforts, collaboration, and long-term sustainable resources are needed to address suicide in Alaska and the “web of causality” that impacts the health and well-being of Alaskans.

**Sources:**

- [CDC Division of Violence Prevention. Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)
- [CDC Violence Prevention: Preventing Suicide](#)
- [American Foundation for Suicide Prevention](#)
- [Statewide Suicide Prevention Council](#)
- [Healthy Alaskans](#)

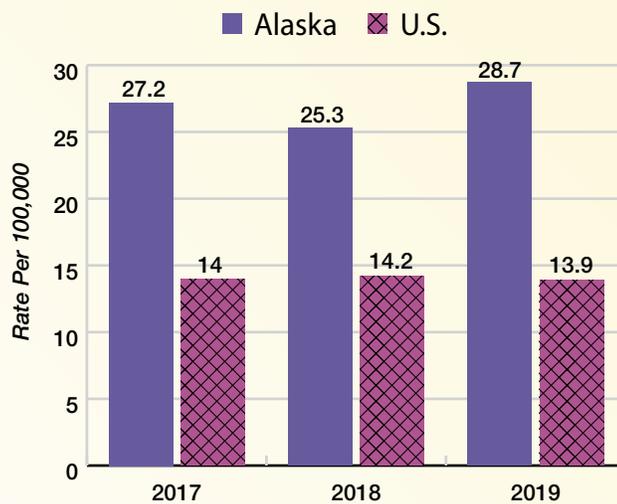
# SUICIDE PREVENTION

## INDICATOR 15: Rate of suicide (rate per 100,000; age adjusted)

### Story Behind the Baseline

Suicide is preventable. According to the American Foundation for Suicide Prevention, there is no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety, and substance use problems, especially when unaddressed, increase risk for suicide, yet it's important to note that most people who actively manage their mental health conditions go on to engage in life. Efforts to reduce suicide focus on mending the support system through the entire continuum of wellness promotion, suicide prevention, crisis intervention, and postvention programs.

If every Alaskan learned about suicide and the risks and protective factors involved, they would be better prepared to prevent suicide in families and communities.



#### Population: Alaska and U.S. (Age Adjusted)

#### Data Sources:

- Alaska  
[State of Alaska Department of Health and Social Services Alaska Vital Statistics 2019 Annual Report](#)
- U.S.  
[Center for Disease Control and Prevention, CDC WONDER Data](#)

#### Data Source Contact:

- Rebecca Topol, Chief Health Analytics and Vital Records;  
Division of Public Health, Department of Health and Social Services  
Email: [rebecca.topol@alaska.gov](mailto:rebecca.topol@alaska.gov)

## What Works?

Providers of healthcare services to Alaskans should prioritize screening and early identification of warning signs and risk factors for suicide. Evidence-based interventions should be chosen to specifically address the special needs of Alaskans – including homelessness, geographical barriers to accessing healthcare services, stigma, and cultural differences. Use of telemedicine should be encouraged and reimbursed so that Alaskans in rural communities have better access to mental health and substance use disorder treatment services. Restriction of lethal means and effective postvention supports are also key to reducing suicide.

Improving and maintaining access to behavioral healthcare services and resources including the Alaska Careline, community-based crisis interventions (e.g., 1115 Waiver, Crisis Now model), and universal screening is critical infrastructure for community intervention. Additionally, implementation of the Zero Suicide Framework, which identifies key components of safe care for individuals with suicidal thoughts and urges, will be an important commitment for patient safety.

### Sources:

- [CDC Division of Violence Prevention. Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)
- [CDC Violence Prevention: Preventing Suicide](#)
- [American Foundation for Suicide Prevention](#)
- [Statewide Suicide Prevention Council](#)
- [CDC Division of Violence Prevention the Relationship Between Bullying and Suicide: What We Know and What it Means for Schools](#)
- [Healthy Alaskans](#)



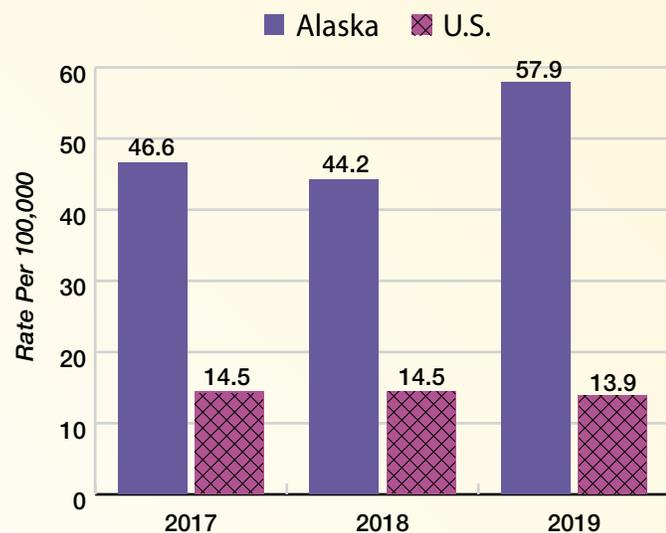
## SUICIDE PREVENTION

### INDICATOR 16: Rate of suicide (rate per 100,000; ages 15 to 24)

#### Story Behind the Baseline

Childhood trauma and historical trauma, often referred to as Adverse Childhood Experiences (ACEs), puts certain individuals at a higher risk of suicide. According to SR Dube's 2001 study published in the *Journal of the American Medical Association*, 80% of attempted suicides among adolescents were directly tied to an ACE. 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” for suicide, including the multiple social, emotional, environmental, and health factors involved.

Results from the 2019 Youth Behavioral Risk Factor Survey (YBRS) show the percentage of adolescents feeling sad and hopeless is on the rise (1 out of 3). The percentage of students attempting suicide during the past year nearly doubled, from 10.7% in 2007 to 19.7% in 2019. In fact, this measure increased significantly even from 2017 (12.1%). In 2019, suicide was the leading cause of death for youth and young adults, ages 15 to 24 in Alaska, increasing to 57.9 per 100,000. Alaska Natives and



Population: Alaska and U.S. (Ages 15 to 24)

#### Data Sources:

- Alaska  
[State of Alaska Department of Health and Social Services Alaska Vital Statistics 2019 Annual Report](#)
- U.S.  
[Center for Disease Control and Prevention, CDC WONDER Data](#)

#### Data Source Contact:

- Rebecca Topol, Chief Health Analytics and Vital Records;  
Division of Public Health, Department of Health and Social Services  
Email: [rebecca.topol@alaska.gov](mailto:rebecca.topol@alaska.gov)

American Indians (AN/AI) continue to be one of the most at-risk populations (with a rate of 145.5 per 100,000 amongst ages 15 to 24), more than double the rate of all Alaskans.

## What Works?

Programs, services, and opportunities in schools help increase protective factors impacting adolescent depression and suicide. These protective factors include supportive adults and connections, student activities that promote feeling valued, social-emotional competence and self-regulation skills, attending a school with a positive climate, participating in quality after-school activities and structured meaningful activities, a sense of cultural identity and connection, and regular physical activity.

Statewide education on how to talk about and recognize the signs of suicide enables all Alaskans to work together to prevent and mitigate risk factors contributing to suicide. Risk factors include ACEs, easy access to firearms, use of substances (alcohol and/or other drugs), prior suicide attempts, exposure to violence, and excessive screen time and/or social media usage.

Funding provided through the Statewide Suicide Prevention Councils for the Suicide Awareness, Prevention & Postvention (SAPP) program to the Alaska Department of Education and Early Development (DEED) supports online trainings for Alaskan educators and direct grants to school districts that help implement suicide prevention programming throughout the state.

The Division of Behavioral Health, Prevention & Early Intervention provides grant funding throughout the state, serving both urban and rural service areas. The Comprehensive Behavioral Health Prevention and Early Intervention (CBHPEI) grant focuses on population-based strategies, the prevention of substance misuse and suicide, and the promotion of comprehensive wellness across Alaska, with an “upstream” approach. Prevention efforts are community driven and coalition led, with stakeholders representing the diversity of the community or service area.

DEED also provides statewide support by having staff that can respond to district requests for support during a crisis (for example: mental health, suicide prevention, crisis counseling support, and technical assistance). While DEED offers a collection of professional development resources to all districts, by far the largest and most popular are the online suicide prevention courses created since fiscal year 2016 (FY16) with SAPP funding. To date, 18,000 Alaskans have received these lifesaving trainings.

Improving and maintaining access to behavioral healthcare services and resources, including the Alaska Careline, community-based crisis interventions (e.g., 1115 Waiver, Crisis Now model), and universal screening is critical infrastructure for community intervention. Additionally, implementation of the Zero Suicide Framework, which identifies key components of safe care for individuals with suicidal thoughts and urges, will be an important commitment for patient safety.

**Sources:**

- [State of Alaska Epidemiology Adolescent Suicide Death, AKVDRS Update- Alaska 2016-2019](#)
- [CDC Division of Violence Prevention. Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)
- [CDC Violence Prevention: Preventing Suicide](#)
- [American Foundation for Suicide Prevention](#)
- [Statewide Suicide Prevention Council](#)
- [CDC Division of Violence Prevention the Relationship Between Bullying and Suicide: What We Know and What it Means for Schools](#)
- [Healthy Alaskans](#)
- [Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide: Findings From the Adverse Childhood Experiences Study](#)