


Youth Suicide in Alaska

Leah Van Kirk, Division of Behavioral Health
Carrie Rowland, Alaska Native Tribal Health Consortium

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OBJECTIVES

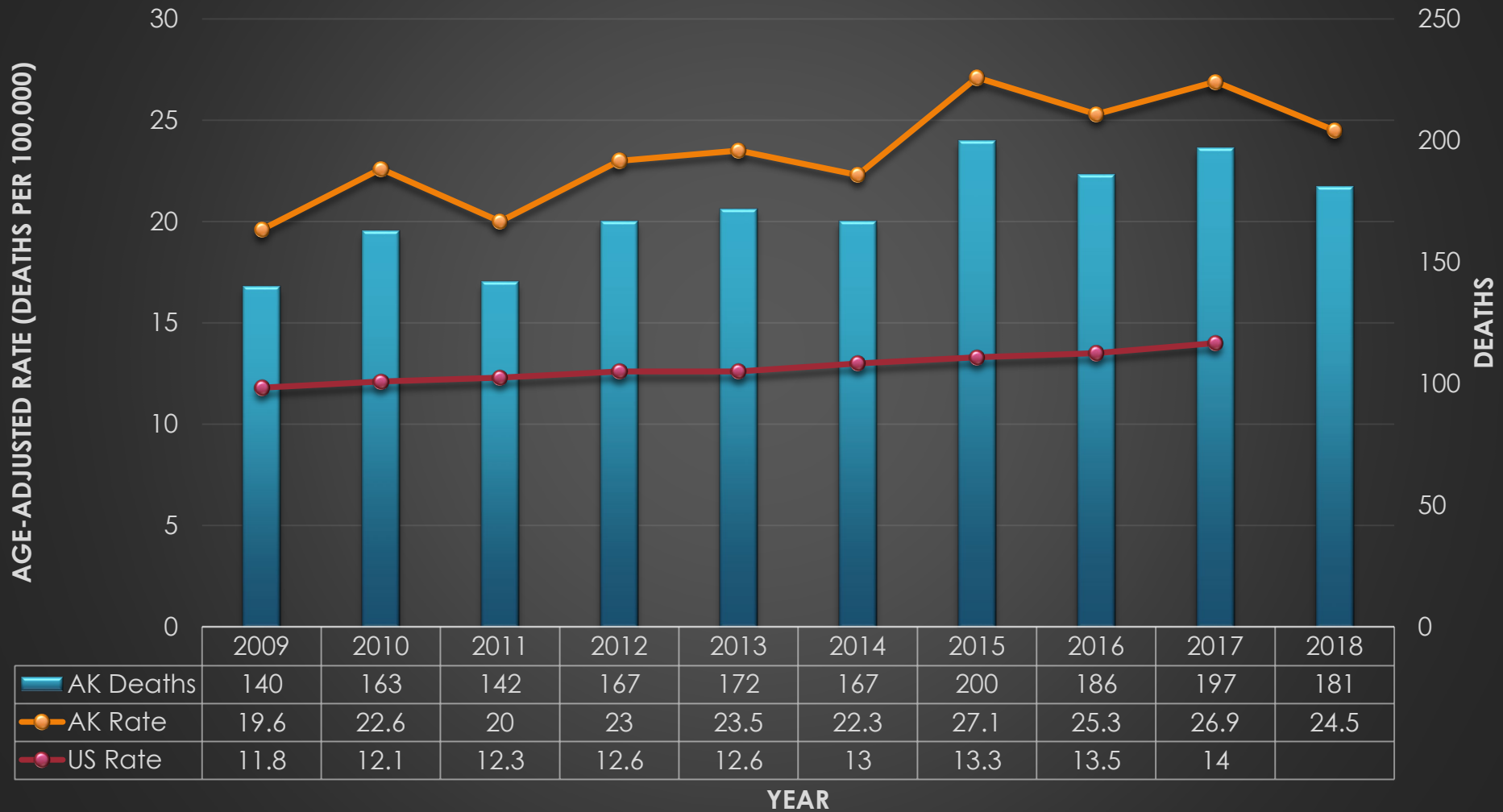
- **Alaska's Suicide Data**
 - **State Suicide Prevention Infrastructure**
 - **Prevention Spectrum**
 - **Who is working on Suicide Prevention and what are they doing?**
 - **Lethal means in Alaska**
 - **Risk and protective factors for Suicide**
 - **Social Media and Youth Mental Health**
 - **Prevention Moving Forward**
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ALASKA'S SUICIDE DATA



Alaska's Suicide Data by Region

Intentional Self-Harm (Suicide) Mortality by Year Alaska Residents and United States (2009-2018)



Source:

AK Data: Alaska Health Analytics and Vital Records Section

US Data: CDC/National Center for Health Statistics/Vital Statistics Cooperative Program

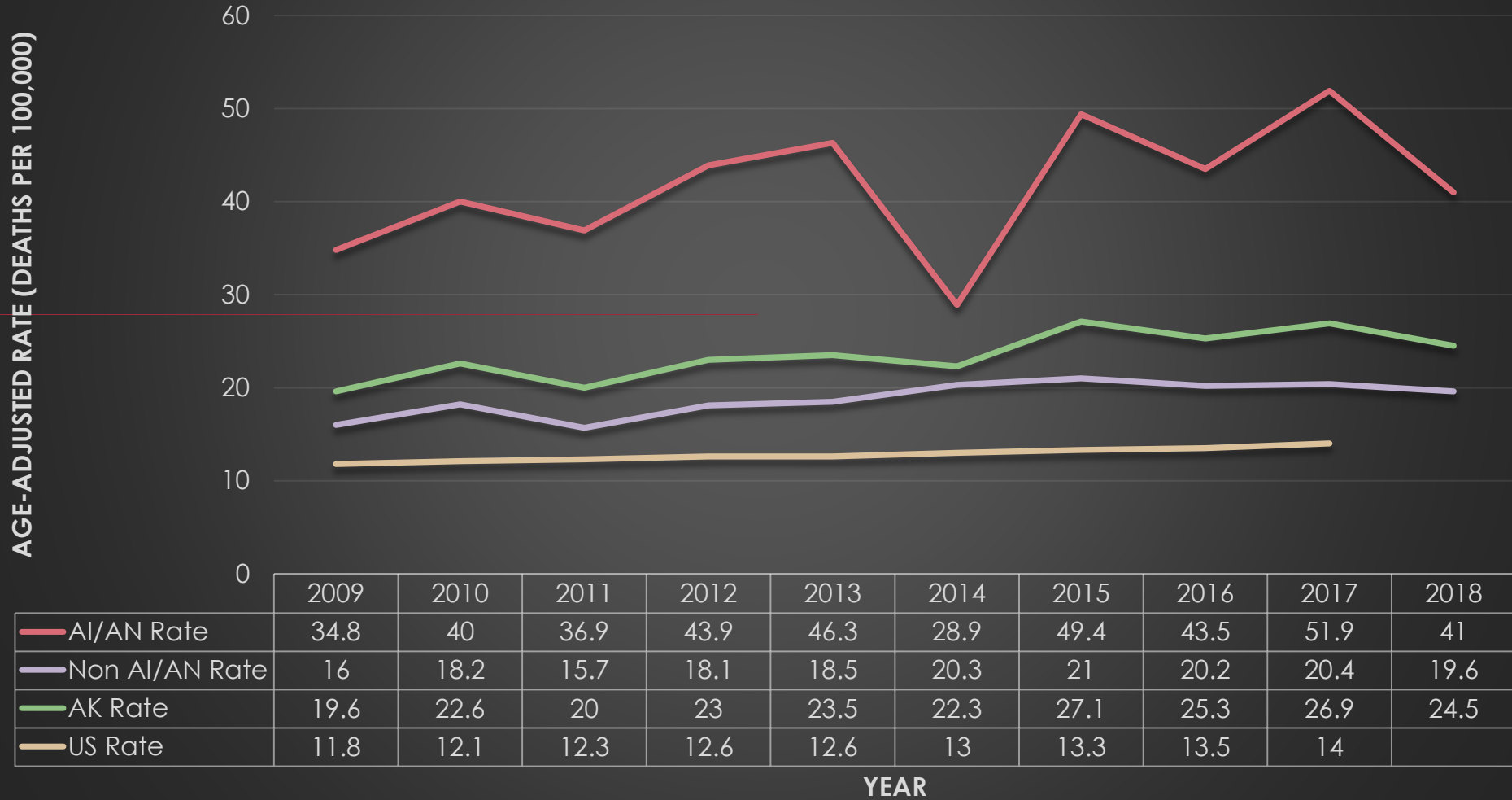
**In 2018, there was a decrease
in the number of people who
died by suicide.**

**This is the lowest number since
2014.**

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Intentional Self-Harm (Suicide) Mortality by Year and Race

Alaska Residents and United States (2009-2018)




Source:

AK Data: Alaska Health Analytics and Vital Records Section

US Data: CDC/National Center for Health Statistics/Vital Statistics Cooperative Program

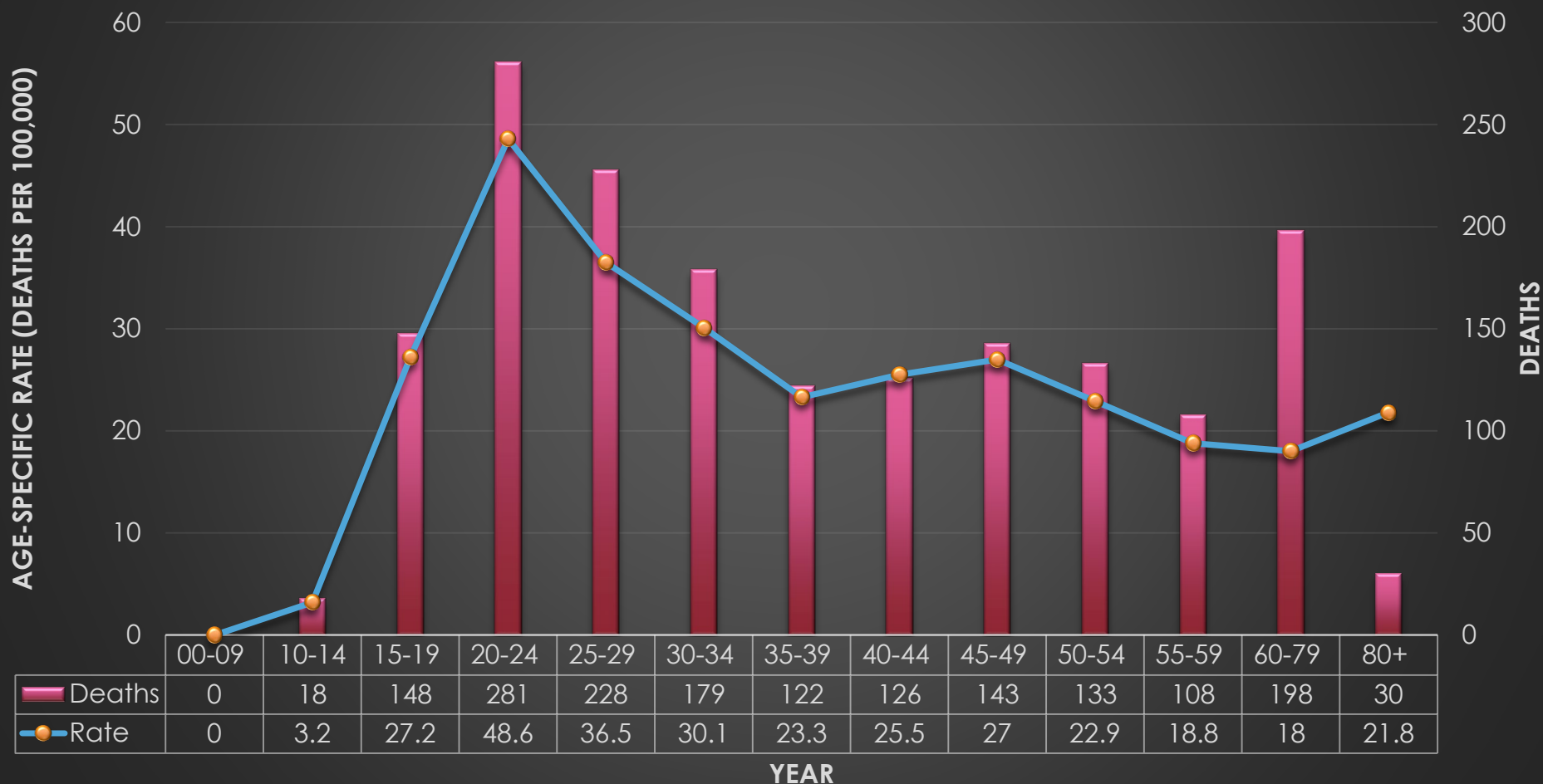
In 2018, there was a significant decrease in the suicide rates for AI/AN.

Although there was a decrease in the overall Alaska rate and the non AI/AN rates, the largest decrease was in our AI/AN population.



Intentional Self-Harm (Suicide) Mortality by Age Group

Alaska Residents (2009-2018)



Source:

AK Data: Alaska Health Analytics and Vital Records Section

US Data: CDC/National Center for Health Statistics/Vital Statistics Cooperative Program



You are not alone.

Need to talk? Call CARELINE, 24/7

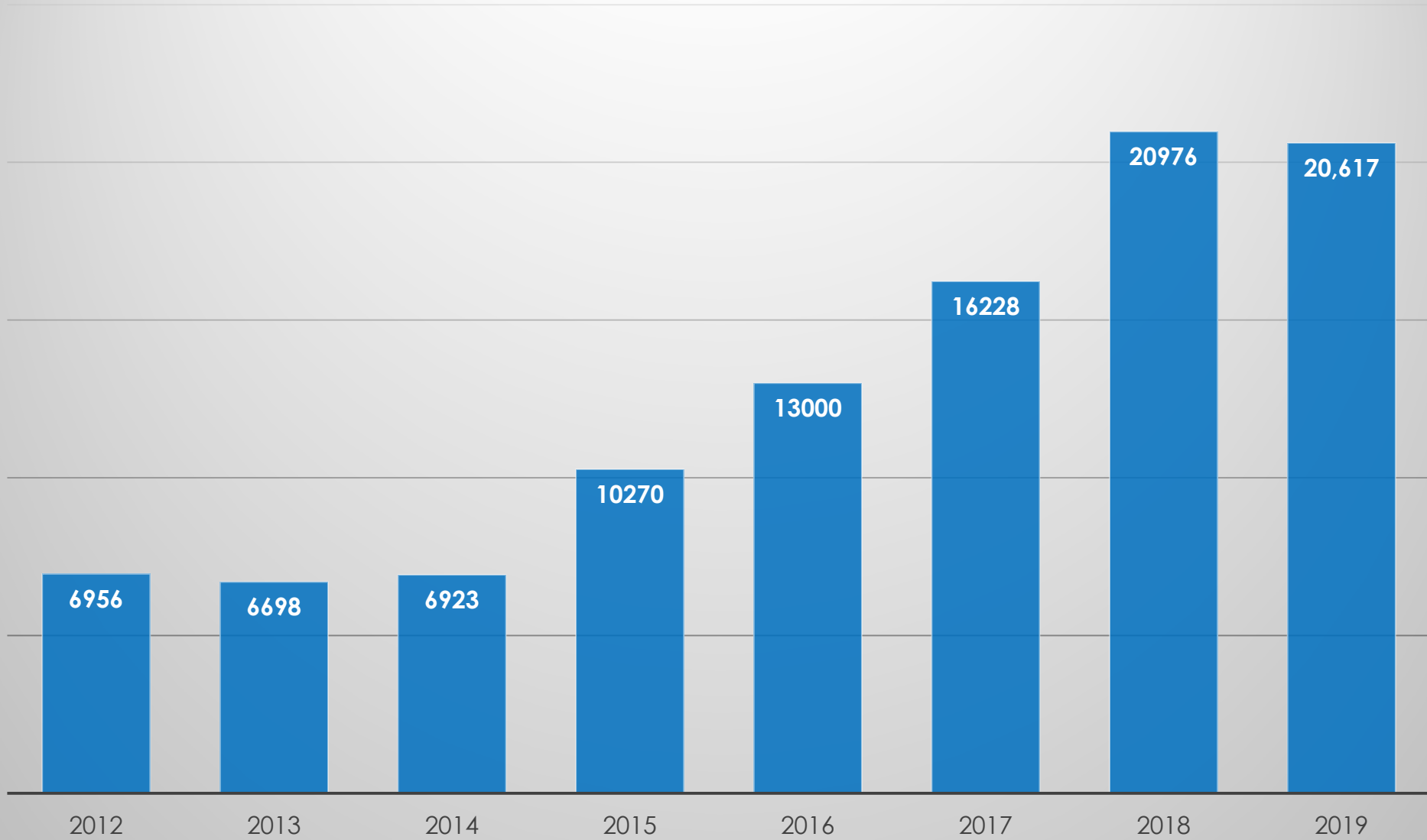
877-266-4357 (HELP)

Alaska's suicide prevention and someone-to-talk-to line.

www.carelinealaska.com



Careline Call Volume



Source: Careline

Of the 20,617 calls answered by the Careline in FY19, how many do you think required 9-1-1 dispatch?

212



In 2017, suicide was the 5th leading cause of death in Alaska.

During 2017, in Alaska, suicide was the leading cause of death for youth and young adults, age 15-24.

This is the only age group in Alaska where suicide is the leading cause of death.

35 to 45 percent of high school students reported feeling so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some of their usual activities

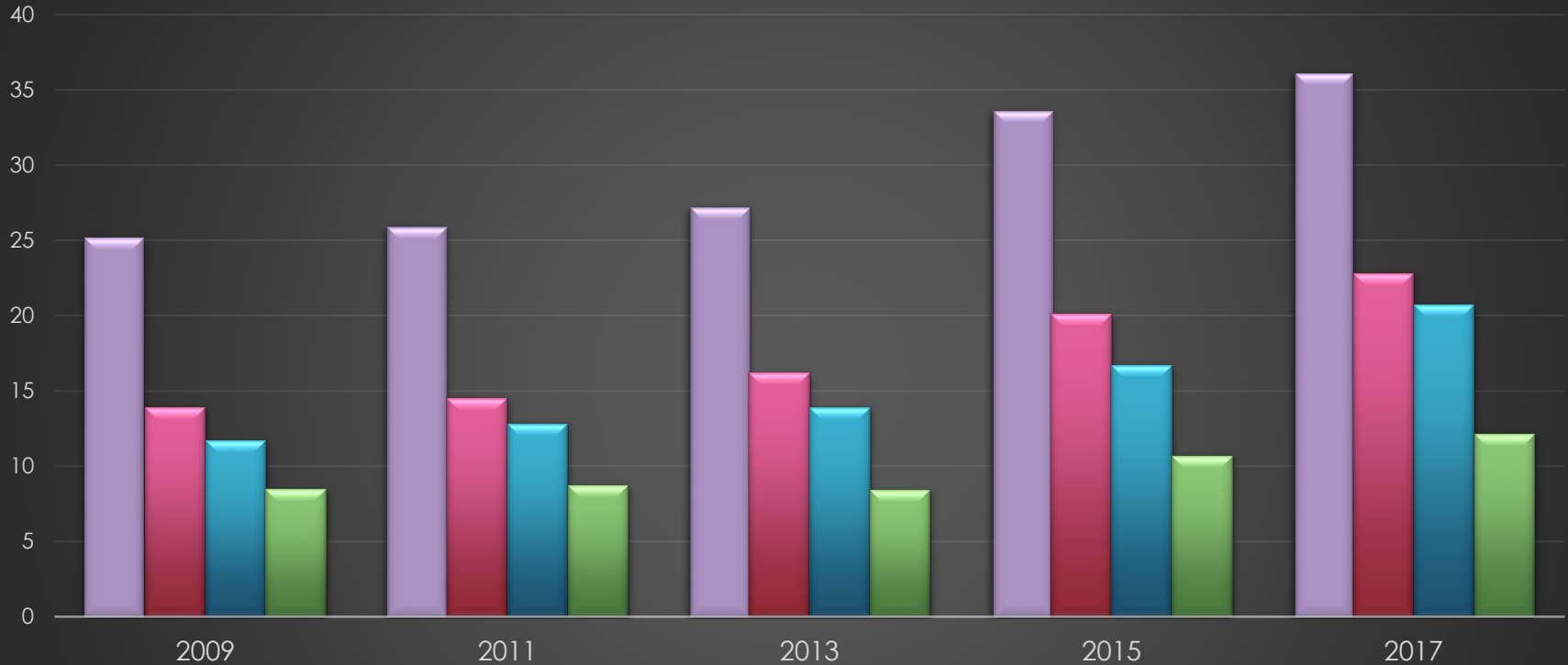
Of school-age children who receive behavioral and mental health services, 70 to 80 percent receive those services at school

Alaska's high rates of adverse childhood experiences mean our students are at risk of many health problems including addiction, depression, and poorer physical health.

Alaska Youth Risk Behavior Survey

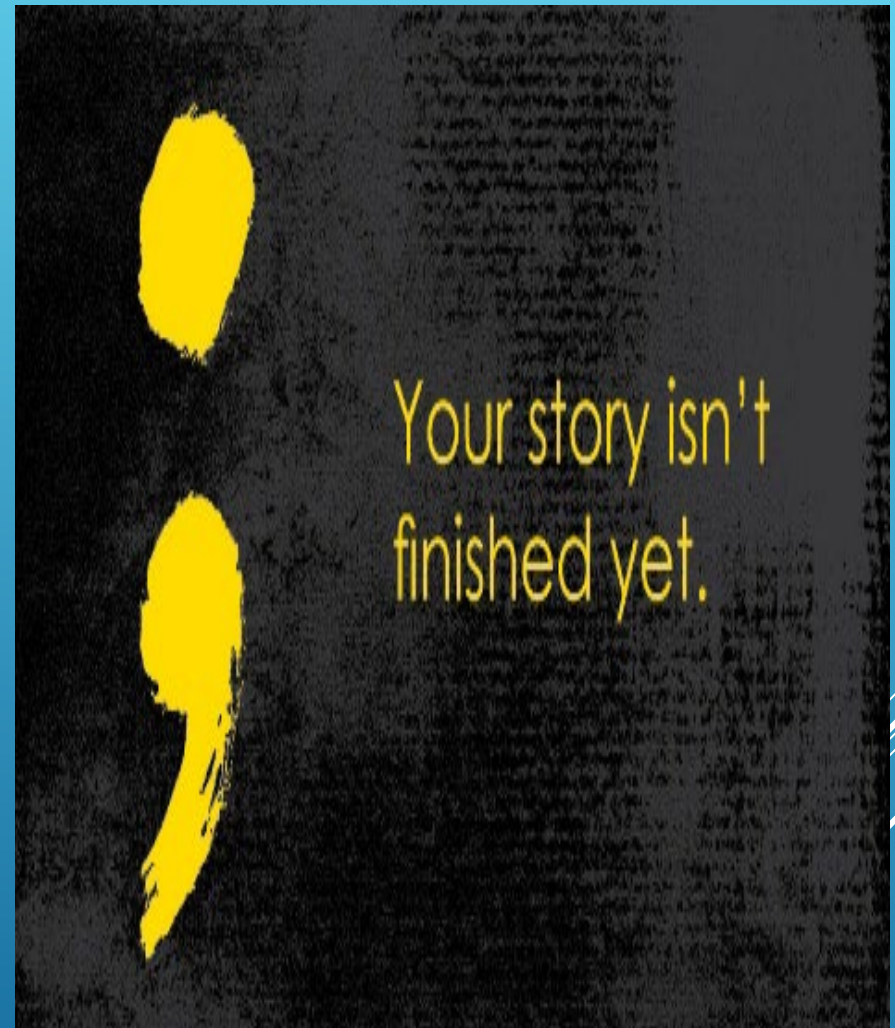
2009, 2011, 2013, 2015, 2017

Data Source: Alaska Youth Risk Behavior Surveillance System, Alaska Department of Health and Social Services



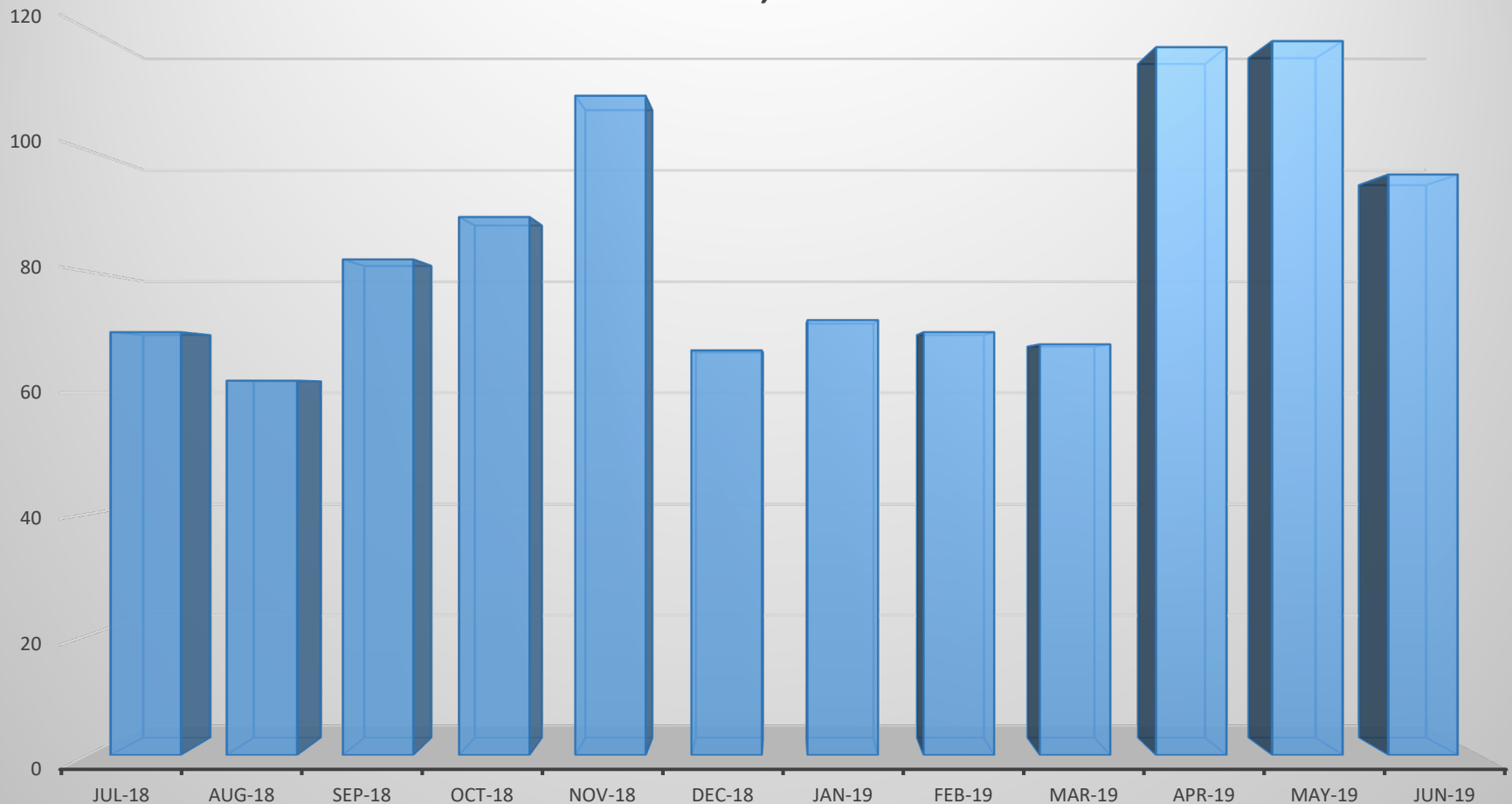
- Felt so sad or hopeless for 2+ weeks in the past year that they stopped doing their usual activities
- Seriously considered a suicide attempt in the past year
- Made a suicide plan in the past year
- Attempted suicide in the past year

Among students who have considered, planned, or attempted suicide during the past year, 46.8% have talked to someone about suicide.



Careline Contacts Age: 0-20 years old

Monthly Call Volume FY19
Total Count: 1,020 calls



Careline Contacts Age: 0-20 years old

The youngest caller during this reporting period was 5 years old.

5-11 y/o:	26
12-14 y/o:	144
15-17 y/o:	380
18-20 y/o:	470

Careline Contacts Age: 12-20 years old

TOP FIVE PRESENTING ISSUES (not an unduplicated count):

- 1. Anxiety (372)**
- 2. Relationships (362)**
- 3. Depression (355)**
- 4. Crisis (295)**
- 5. Lonely (243)**

STATE SUICIDE PREVENTION
INFRASTRUCTURE



SSPC ANNUAL MEETING WASILLA, AK OCTOBER 2019

The Statewide Suicide Prevention Council (SSPC) is authorized by AS 44.29.350 to serve in an advisory capacity to the legislature and governor regarding suicide awareness and prevention.

The Council includes 17 council members total with 13 voting members, 2 non-voting members representing the Alaska House of Representatives and 2 representing the Alaska Senate.



Promoting
wellness
to prevent
suicide in
Alaska



State of Alaska Suicide Prevention Plan

2018-2022

Sharon Fishel, Chairperson
Bill Walker, Governor

CARELINE
877-268-HELP
or text 4help to 638863

RECASTING THE NET PROMOTING WELLNESS TO PREVENT SUICIDE IN ALASKA STATE OF ALASKA SUICIDE PREVENTION PLAN 2018-2022

The duties of the SSPC are to:

Improve health and wellness throughout the state by reducing suicide and its effect on individuals, families, and communities;

- Broaden the public's awareness of suicide and the risk factors related to suicide;
- Enhance suicide prevention services and programs throughout the state;
- Develop healthy communities through comprehensive, collaborative, community based, and faith-based approaches;
- Develop and implement a statewide suicide prevention plan; and
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

ALASKA STATE SUICIDE PREVENTION GOALS

Goal 1

- Alaskans Accept Responsibility for Preventing Suicide

Goal 2

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

Goal 3

- Alaskans Communicate, Cooperate, and Coordinate Suicide Prevention Efforts

Goal 4

- Alaskans Have Immediate Access to the Prevention, Treatment, and Recovery Services they need

Goal 5

- Alaskans Support Survivors in Healing

Goal 6

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

PREVENTION SPECTRUM

Wellness Promotion

- Overall Health and environmental condition that can increase or decrease the risk of suicide.

Suicide Prevention

- Universal efforts to improve awareness and understanding about suicide among all Alaskans.

Crisis Intervention

- Services and supports provided to a person who is experiencing a mental or emotional crisis that creates a serious risk of suicide.

Postvention

- The ways 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.
- Postvention is prevention.

WHO IS INVOLVED IN SUICIDE PREVENTION IN ALASKA

State of Alaska – Statewide Initiatives, grants

- Department of Health and Social Services
- Department of Education and Early Development
- Department of Corrections

Alaska Mental Health Trust Authority

Alaska Careline

University of Alaska

Alaska Native Tribal Health Consortium

Alaska Native Tribes and Health Organizations

Federal Grants

Research – UAF Center for Alaska Native Health Research, PC-Cares

Law Enforcement

Suicide Prevention Coalitions/Task Forces/Partnerships/Collaboratives

Faith Organizations

School Based Programs – Peer to Peer Programs

Community Mental/Behavioral Health Providers

Hospitals and Clinics

Armed Services

Alaska Department of Military and Veterans Affairs

Suicide Prevention is Everyone's Business

EVIDENCE BASED, PROMISING PRACTICES, AND CULTURAL APPROACHES TO SUICIDE PREVENTION IN ALASKA

▶ Wellness promotion - upstream preventions:

Calricaraq, Natural Helpers, Sources of Strength, YANA, We R Native, Healthy Native Youth, CRESEL, Trauma-informed – The Alaska Blanket Exercise, History and Hope, Shared Risk and Protective Factors

▶ Suicide prevention – building a community:

SafeTALK, ASIST, Mental Health First Aid, Youth Mental Health First Aid, QPR, “Qungasvik” “Toolbox for Life, PC-Cares, Campus initiatives, Lethal Means Reduction Campaign

▶ Crisis intervention:

Alaska Careline, National Suicide Prevention Lifeline, Your Life Your Voice (Teen Crisis Line), CIT officers, Community Mental/Behavioral Health Providers, Psychiatric Emergency Departments, expanded services through the Medicaid 1115 Demonstration Waiver

▶ Postvention:

Doorway to a Sacred Place, Alaska Suicide Postvention Guide Preparing to Heal, Connect Postvention Community Planning, Alaska Department of Education and Early Development “Responding to Suicide-Postvention Guidelines,” e-Learning Postvention Module

RISK AND PROTECTIVE FACTORS FOR SUICIDE

Major risk factors for suicide include the following:

- Prior suicide attempt(s)
- Substance misuse
- Mood disorders
- Access to lethal means

Major protective factors include the following:

- Effective mental health care
- Connectedness to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

Lethal Means in Alaska

Number of Homicides vs. Suicides in Alaska from 2013-2017 for youth and young adults, ages 15-24

Total Homicides: 59

Total Suicides: 230

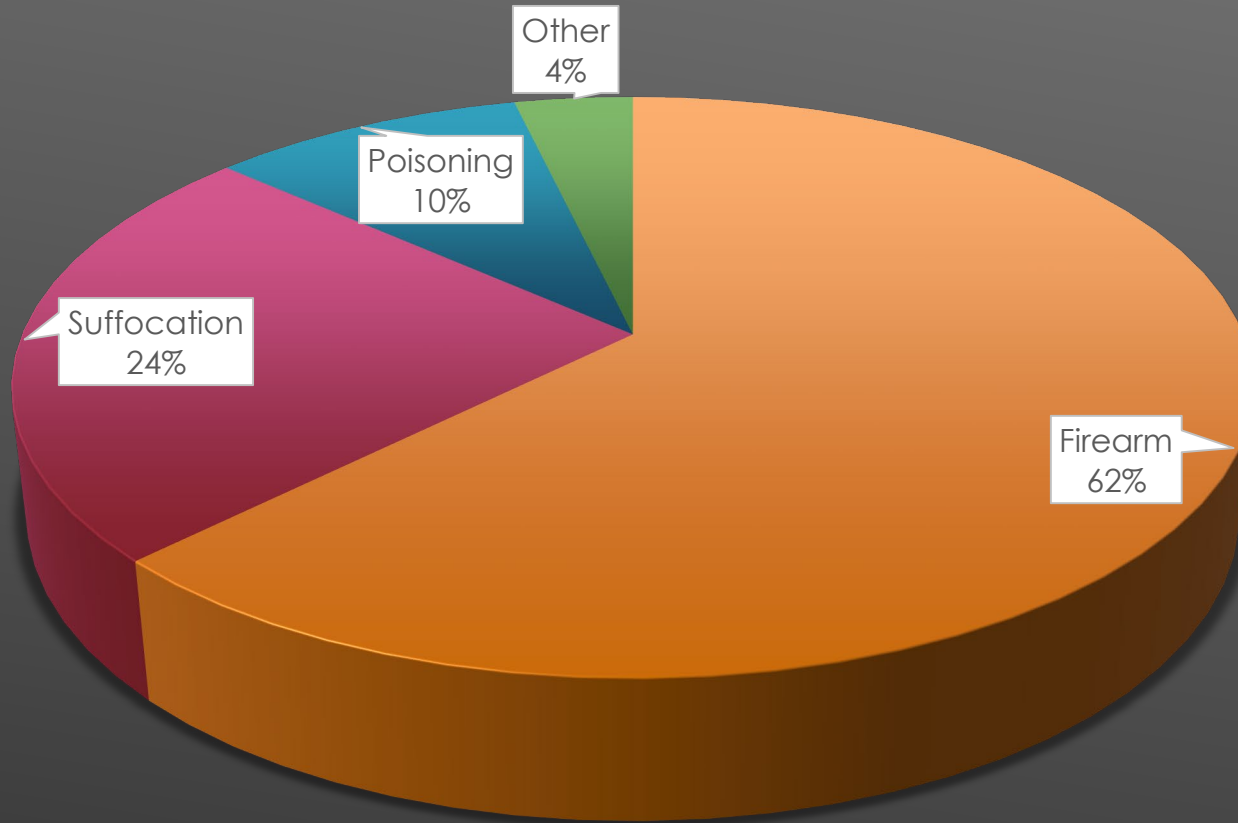
Homicides by firearm: 47

Suicides by firearm: 149

Data Accessed: 01/02/2019

Source: Alaska Division of Public Health, Vital Statistics, Mortality.

Intentional Self-Harm (Suicide) Deaths by Method Alaska Residents (2009-2018)



■ Firearm ■ Suffocation ■ Poisoning ■ Other

A Suicide

A 20-year old with a drug problem moved back in with his parents after his girlfriend broke up with him. When he stopped going to work, his parents contacted a mental health center and urged him to see a counselor. He refused. He called his girlfriend hoping to get back together, but she wouldn't speak to him. He felt desperate. He went to his father's gun cabinet and removed a loaded gun. He died within seconds.

A Life Saved

A 20-year old with a drug problem moved back in with his parents after his girlfriend broke up with him. When he stopped going to work, his parents contacted a mental health center and urged him to see a counselor. He refused. He called his girlfriend hoping to get back together, but she wouldn't speak to him. He felt desperate. He went to his father's gun cabinet, but the guns were gone. He attempted suicide with less lethal means. His parents found him an hour later and brought him to the hospital where he was treated and agreed to get help.

The Difference?

In both scenarios the parents contacted a mental health center, concerned that their son might be suicidal. They got good information about ways to help him through this difficult period.

However, the clinician in the second story also asked the parents about guns in the home and advised them, as a precaution, to temporarily remove any or lock them very securely. The second family avoided a tragedy because the clinician had been trained to screen for access to lethal means of suicide.



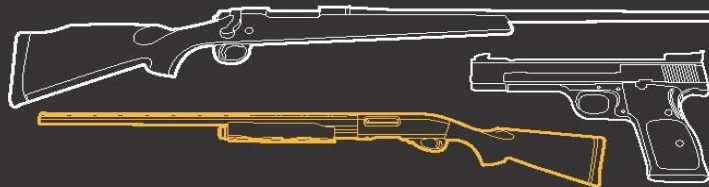
Even the
longest, darkest
night ends with
a sunrise.

ALASKA, FIREARMS AND SUICIDE

- ❖ Firearms are the most lethal and most common suicide method. Suicide attempts with a firearm are almost always fatal, while those with other methods are less likely to result in death.
- ❖ Alaska has a high number of firearm fatalities, with a mortality rate nearly double the national rate
- ❖ Of the 1,000 firearm fatalities in Alaska between 2009-2015, 75% were deaths by suicide, 15% were homicide, and the remaining 10% were due to unintentional injury, legal interventions or were undetermined.
- ❖ Nearly 1/3 of all suicide deaths by firearm in Alaska are by someone who has experienced at least one mental health condition such as depression, anxiety disorder, or bipolar disorder.

Keep Them Safe

Alaska is number one in the US in gun deaths



Separating suicidal individuals from lethal means is proven to reduce suicides

- ❖ During high risk periods, temporary off-site storage of firearms may be the safest option.
- ❖ It can provide valuable time for suicidal risk and ideation to lessen and for someone to intervene with mental health support and resources.
- ❖ When off-site storage is not an option, any step that increases the time and distance between a suicidal impulse and a firearm will reduce suicide risk.
- ❖ Gun owners have multiple options for safely storing and protecting firearms when they're not in use: cable locks, lock boxes, gun cases and full size gun safes.
- ❖ CALM – Counseling on Access to Lethal Means
<http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>

Nine out of ten people who survive an attempt do not go on to die by suicide later.

By separating a suicidal person from their firearm even temporarily, you increase their chances of survival.

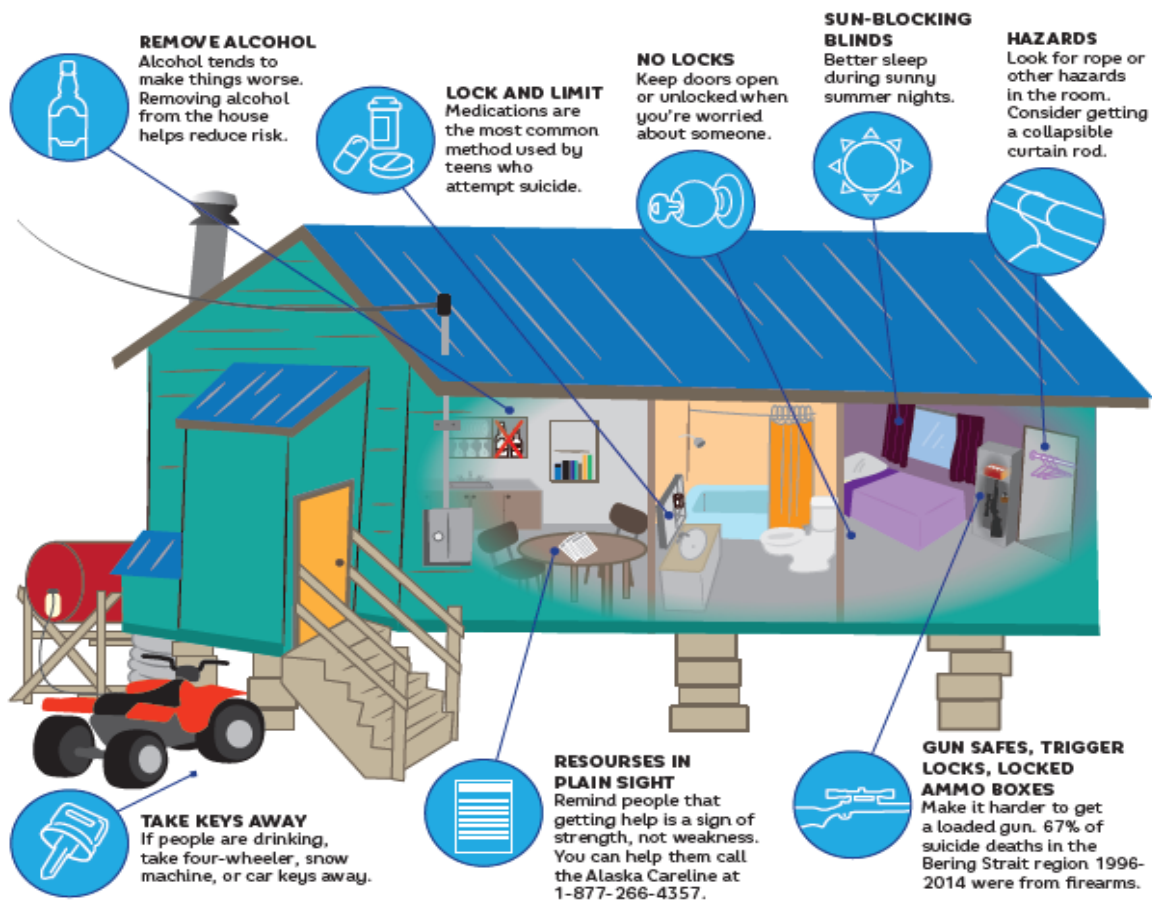
By working with family members and care providers to reduce a suicidal person's access to guns, we help ensure that more people get a second chance at life.



What we know about effective prevention...

#1 10 MINUTES CAN SAVE A LIFE. Research shows that making it harder for someone to find a loaded gun, a private place, pills, a bridge, alcohol, a snow machine keys... **CAN SAVE A LIFE!**
Even a few-minute delay can prevent suicide.

#2 SIMPLE CHANGES TO THE HOME can help someone we're worried about. Here's how...

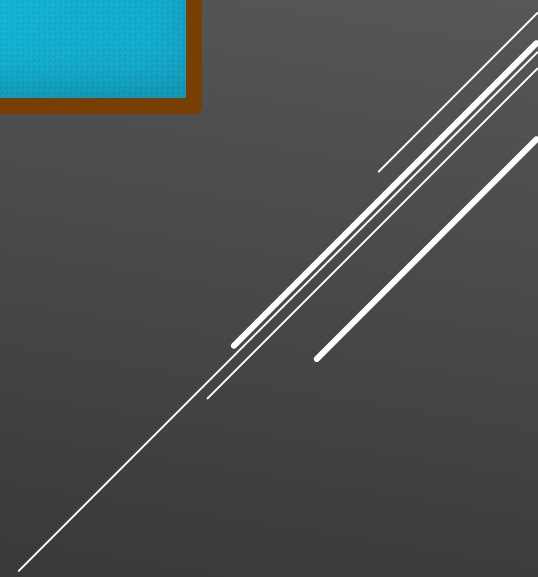


For more information about PC CARES, go to: <http://www.pc-cares.org/>

For more information about PC CARES evaluation outcomes, read: Wexler, L., Rataj, S., Ivanich, J., Plavin, J., Mullany, A., Moto, R., ... & Dombrowski, K. (2019). Community mobilization for rural suicide prevention: Process, learning and behavioral outcomes from Promoting Community Conversations About Research to End Suicide (PC CARES) in Northwest Alaska. *Social Science & Medicine*, 232, 398-407.



THE IMPACT AND ROLE OF SOCIAL MEDIA



PEW RESEARCH SAYS

YouTube, Instagram, and Snapchat are the most popular online platforms among teens. Fully 95% of teens have access to a smartphone, and 45% say they are online “almost constantly, and another 44% say they go online several times a day, in total, almost 90%.”

(Anderson and Jiang, 2018)

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Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among US Youth

Question Is time spent using social media associated with mental health problems among adolescents?

Findings In this cohort study of 6595 US adolescents, increased time spent using social media per day was prospectively associated with increased odds of reporting high levels of internalizing and comorbid internalizing and externalizing problems, even after adjusting for history of mental health problems.

Meaning Adolescents who spend more than 3 hours per day on social media may be at heightened risk for mental health problems, particularly internalizing problems.

Internalizing Problems:

anxiety, depression, suicidal ideation, withdrawal, loneliness

Externalizing Problems:

inattention, acting out, rule breaking, impulsivity, violent behavior, physical aggression, conduct disorder, oppositional defiant disorder

Increases in Depressive Symptoms, Suicide-Related Outcomes, and Suicide Rates Among U.S. Adolescents After 2010 and Links to Increased New Media Screen Time

- “Adolescents low in in-person social interaction and high in social media use reported the highest levels of depressive symptoms. Among those low in in-person social interaction, social media use had a significant effect on depressive symptoms, but among those high in in-person social interaction, social media did not have a significant effect.”
- “The only activities that predicted lower depressive symptoms are in-person social interaction, print media use, and sports/exercise.”
- “Thus, the increases in new media screen activities and the decreases in nonscreen activities may explain why depression and suicide increased among U.S. adolescents since 2010: Teens have spent more time on activities associated with increased risk of mental health issues and less time on activities associated with decreased risk of mental health issues.”

Dr. Joiner Talks Screen Time and How Teens Need Diverse Activities

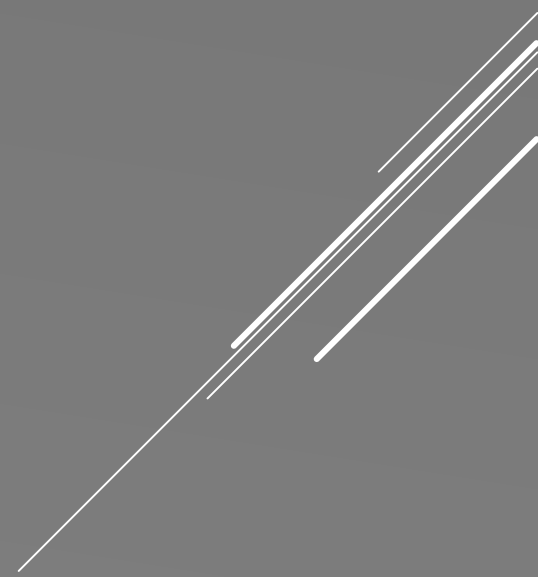
- Increased use of electronic devices and social media, what Dr. Joiner and his colleagues call *new media*, correlates with higher levels of depressive symptoms and suicide related outcomes.
- It isn't social media or screen time per se that's the problem, but a lack of diverse activities may be.

“Dr. Joiner says teens with moderate screen usage are doing quite well. They are diverse in their activities, and that may be the most crucial finding of all. “Yes, these teens play on their technology, but they're also hanging out with friends, going outside in the sunlight, and getting physical activity. They're getting off their screen at night and going to sleep. They are doing what we already know is good for them.”



SUICIDE PREVENTION MOVING
FORWARD

Suicide Prevention Moving Forward

- ❖ Alaska Suicide Prevention Alliance
 - ❖ Youth Focused Initiatives-Collaborative partnerships
 - ❖ Text line for Youth
 - ❖ Annual Summit
 - ❖ Support Peer to Peer Models through DEED
 - ❖ Suicide Data Surveillance System
 - ❖ Zero Suicide
 - ❖ Lethal Means Reduction Campaign
- 

Contact Information

Leah Van Kirk

Leah.vankirk@Alaska.gov

Department of Health & Social Services

Division of Behavioral Health

(907)465-8536

Carrie Rowland

cmrowland1@anthc.org

Alaska Native Tribal Health Consortium

(907) 729-3751

Need to talk? Call CARELINE, 24/7

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877-266-4357 (HELP)

or text *4help* to 839863
most evenings

www.carelinealaska.com