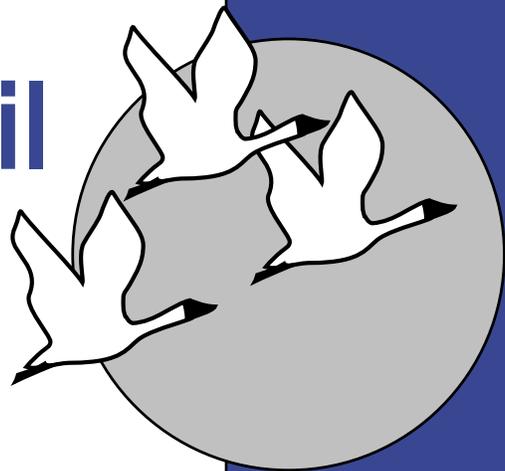


# Statewide Suicide Prevention Council

## ANNUAL REPORT TO THE LEGISLATURE: 2005



**B**y statute the Statewide Suicide Prevention Council consists of 15 members, 11 appointed by the Governor and 4 by the Legislature. The Governor appoints: two executive branch state employees; one member of the Advisory Board on Alcoholism and Drug Abuse; one member of the Alaska Mental Health Board; a designee from the Alaska Federation of Natives, Inc.; a counselor in a secondary school; an adult active in a statewide youth organization; a person who has experienced a family member's death by suicide; one person who resides in a rural community not connected by a road or Alaska marine highway to the state's main road system; a member of the clergy; and a youth under eighteen. The senate president appoints one majority member of the Senate; the speaker of the house appoints one majority and one minority of the House.

The Council shall serve in an advisory capacity to the legislature and governor with respect to what actions can and should be taken 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 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.

### **Legislative Budget and Audit Committee recommends that the termination date of the Statewide Suicide Prevention Council be extended to June 30, 2009.**

In accordance with Titles 24 and 44 of the Alaska Statutes, the activities of the Statewide Suicide Prevention Council (SSPC) were reviewed and the determination was made that supported a demonstrated public need for the Council to continue its operation. The two objectives of the audit were to determine if the termination date of the Statewide Suicide Prevention Council should be extended and if the council was operating in the public's interest. The Office of Legislative Budget and Audit reviewed the activities of the council and determined that it had fulfilled a public need and should continue.

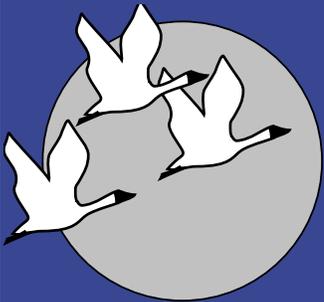
The audit process consisted of a review and evaluation of the following: applicable statutes and regulations; budget documents; session laws and other legislative information related to the council's operation; council meeting minutes; bylaws and website; annual reports to the legislature and governor; financial reports; the Statewide Suicide Prevention Plan; the Follow-Back Study reports to the Council; and the Surgeon General's



**Frank H. Murkowski,**  
Governor

**Joel Gilbertson,**  
Commissioner

April 2005



# Suicide Prevention Council

Call to Action to Prevent Suicide. In addition, interviews were conducted with various SSPC members; Department of Health and Social Services staff; and Executive Directors from the Alaska Mental Health Trust Authority, the Alaska Mental Health Boards, and the Governor's Advisory Board on Alcoholism and Drug Abuse. Directors from suicide prevention programs in Washington, Oregon, Montana and Wyoming were also interviewed. Auditors also attended the June and September 2004 SSPC meetings observing the proceedings and interaction of the board with the public.

The Findings from Legislative Budget and Audit Committee are:

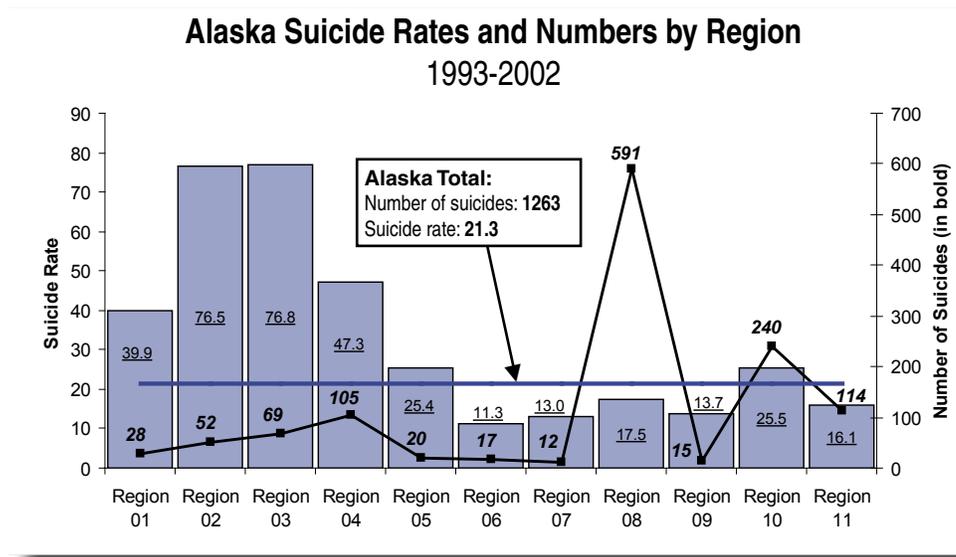
1. The Division of Behavioral Health Community-based Suicide Prevention Program Coordinator should ensure prevention programs conform to the

Statewide Suicide Prevention Plan.

2. The Administrative Manager for DHSS Boards and Commissions and the Statewide Suicide Prevention Council coordinator should develop a more formalized, informative system of reporting financial information to the council.
3. The council should ensure it provides public notice of all council meetings.
4. The Office of the Governor should make appointments to the council in a timely manner.

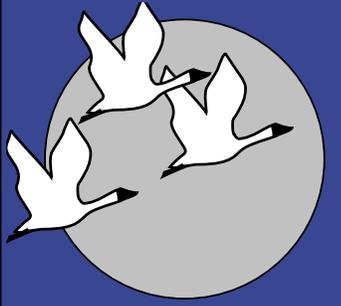
Jeanine Sparks, SSPC Chair, expressed her appreciation for the role the audit played in assisting the council with future direction and accountability. The report was found to be supportive, accurate and helpful.

## Suicide Statistics



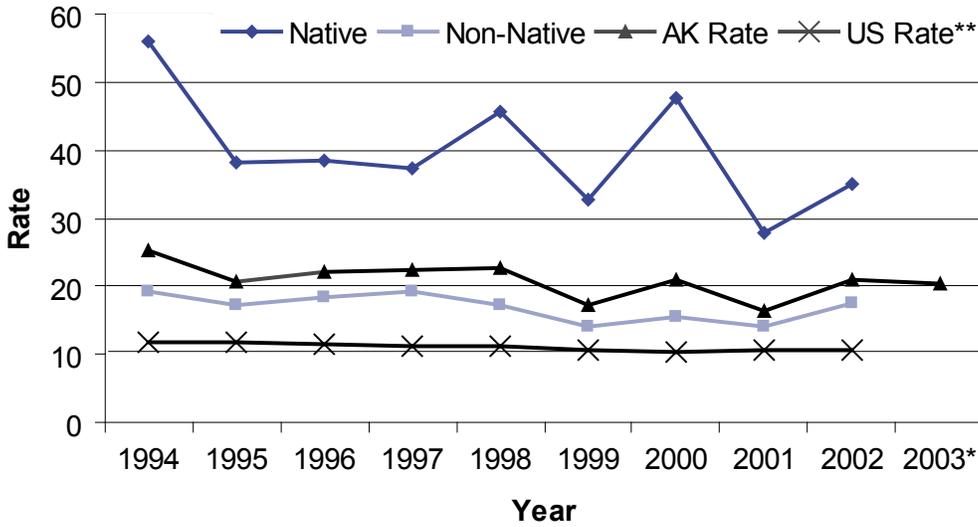
- Region 01:** North Slope Borough
- Region 02:** Northwest Arctic Borough
- Region 03:** Nome census area
- Region 04:** Wade Hampton census area, Bethel census area
- Region 05:** Dillingham census area, Bristol Bay Borough, Lake and Peninsula Borough
- Region 06:** Kodiak Island Borough
- Region 07:** Aleutians East Borough, Aleutian West census area
- Region 08:** Mat-Su Borough, Municipality of

- Anchorage, Kenai Peninsula Borough
- Region 09:** Valdez-Cordova census area
- Region 10:** Yukon-Koyukuk census area, Fairbanks/North Star Borough, Southeast Fairbanks census area, Denali Borough
- Region 11:** Haines Borough, Juneau Borough, Ketchikan Gateway Borough, Sitka Borough, Wrangell-Petersburg census area, Prince of Wales-Outer Ketchikan census area, Skagway-Hoonah-Angoon census area

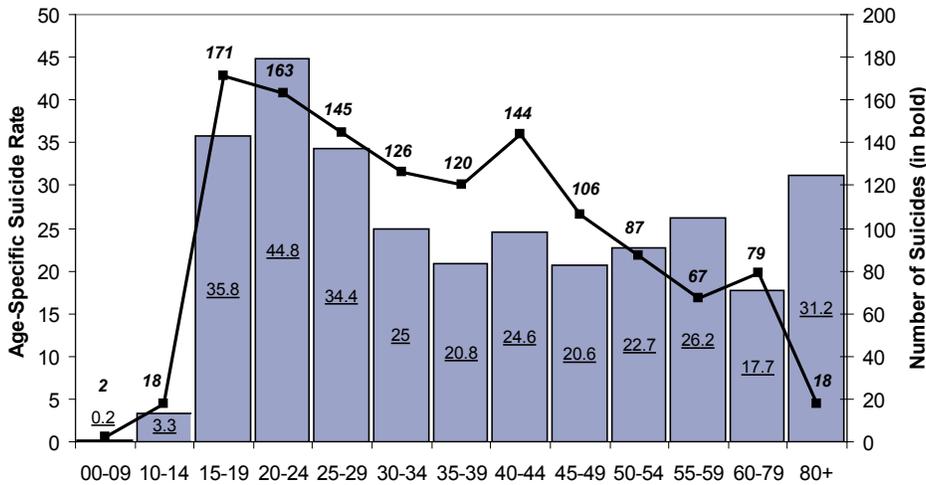


# Report to the Legislature

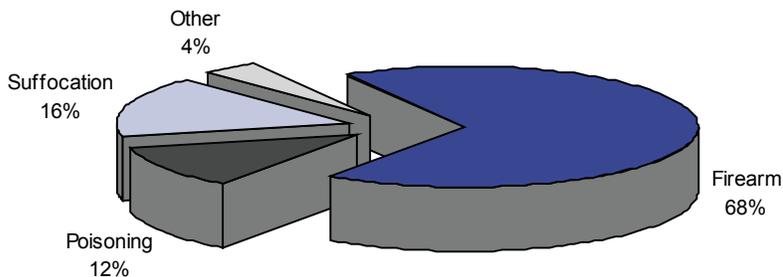
**Alaska, Alaska Native, and National Suicide Rates  
1994-2003**

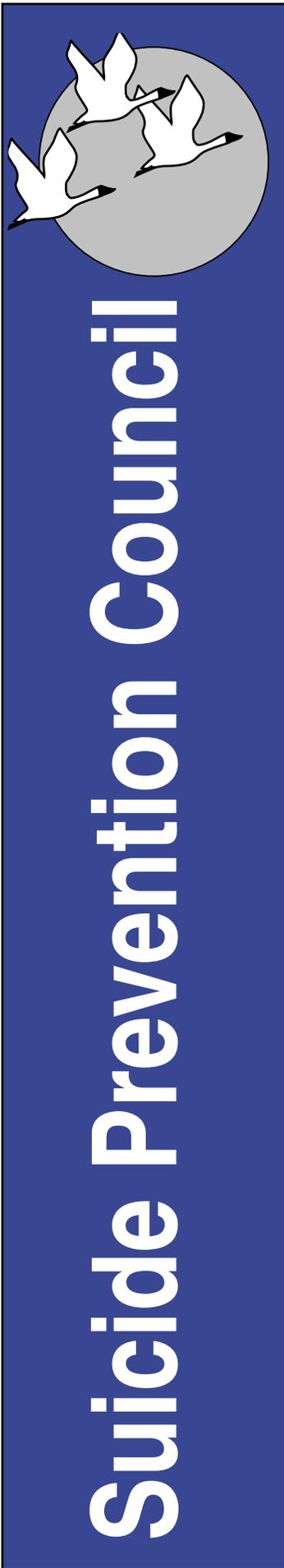


**Alaska Age-Specific Suicide Rates and Numbers  
1994-2003**



**Suicide Methods in Alaska  
1994-2003**





## 2005 Highlights & Accomplishments

### Alaska Statewide Suicide Prevention Plan

The Statewide Suicide Prevention Council released the Alaska Suicide Prevention Plan on Friday, September 10, 2004 at the Anchorage Town Square and announced its media and print campaign, **“Suicide Hurts. It Doesn’t Have to Happen.”** The event was scheduled as a part of World Suicide Prevention Day and the second day of the Suicide Prevention Council Meeting. Along with this event the Council hosted a Gathering of Suicide Survivors on Thursday, September 9, 2004. This community gathering was held to honor the common journey of those who had lost someone to suicide or those who have survived their own attempt.

Alaska has one of the highest rates of suicides, and with our many cultures and communities there is not a “one size fits all” approach to suicide prevention. The statewide plan was developed with the Council’s conviction that prevention is up to all communities – whether the community is a small town, a religious congregation, a corporation, a school district, a city, or any group of people with a common goal or history. In other words, suicide prevention is up to each one of us. With this in mind, the Council offers the Statewide Suicide Prevention Plan to all Alaskans. The plan can be found at <http://www.hss.state.ak.us/suicideprevention/>.

The Alaska Suicide Prevention Plan is meant to educate and inform individuals and communities about the issue of suicide in Alaska, and to help guide them in creating a suicide prevention plan for their community. Often the aftermath of completed suicides leave people and communities feeling helpless and overwhelmed. The Plan provides information that can help communities respond to suicide attempts and completions in appropriate ways. This plan includes statistical data, goals, recommendations and resources. Finally, this plan is meant to be a working document. As more is learned through research and experience, this plan will be updated.

### Prevention Plan Goals

#### Universal Prevention Goals (aimed at the general public):

1. Alaskans understand that suicide is a preventable problem.
2. Suicide prevention has broad-based support.
3. Alaskans recognize that mental illness, substance use disorder and suicidality respond to specific treatments and are a part of health care. Any stigma associated with these disorders will be eradicated.
4. Alaskans store firearms and other potential items of self-harm safely and insure that Alaskans especially youth, are educated about their safe management.
5. Alaskan communities support the development or protective factors and resiliency across the entire life span.

#### Selective Prevention Goals (aimed at specific vulnerable groups):

6. Alaskans recognize the warning signs for suicide risk and respond appropriately.
7. People who work in institutions and groups that serve or work with high risk populations are able to identify warning signs and respond appropriately.

#### Indicated Prevention Goals (interventions specific to the individual’s needs):

8. Behavioral health programs will promote mental health and prevent substance abuse, and relevant social services are available to all Alaskans.
9. Alaskan Behavioral Health Programs treat suicidality effectively using appropriate current practice guidelines.
10. Alaskan Behavioral Health Programs include an appropriate on-going continuum of services for suicidal

individuals from identification through treatment.

11. Alaskan communities respond appropriately to suicide attempts and suicide completion.

### Program Evaluation and Surveillance Goals:

12. Alaska suicide prevention and intervention research is supported and on-going.

13. Alaska has a surveillance system that provides data necessary for planning services, targeting interventions and evaluating progress.

## Alaska Suicide Follow Back Study

The Council contracted with the Alaska Injury Prevention Center (AIPC) to conduct a follow-back study. AIPC performs voluntary interviews with family and friends whose lives have been affected by suicide to gain the family's perspective and additional information pertaining to suicide. The 2004 Alaska suicide data while not yet complete

showed that:

▶ The primary methods used were firearms (60 percent), hanging (24 percent), drug overdose (11 percent), and other (6 percent). The methods for youth ages 10-18 were firearm (55 percent), hanging (30 percent), and drug overdose (15 percent).

▶ For completed suicides, males accounted for 80 percent and females 20 percent. For the youth under 19 years old, 65 percent were male and 35 percent female.

▶ Alcohol or other drug use were documented in 73 percent of the case histories; while 62 percent were positive for alcohol or drug use when suicide was completed. For the youth under 19 years old, alcohol/drug use was positive in 50 percent of the cases.

▶ Alaska Natives make up 19 percent of the state population, however, they accounted for 41 percent of the suicides.

AIPC has completed thirty in-depth survivor interviews and has several more scheduled. The study will end June 30, 2005.

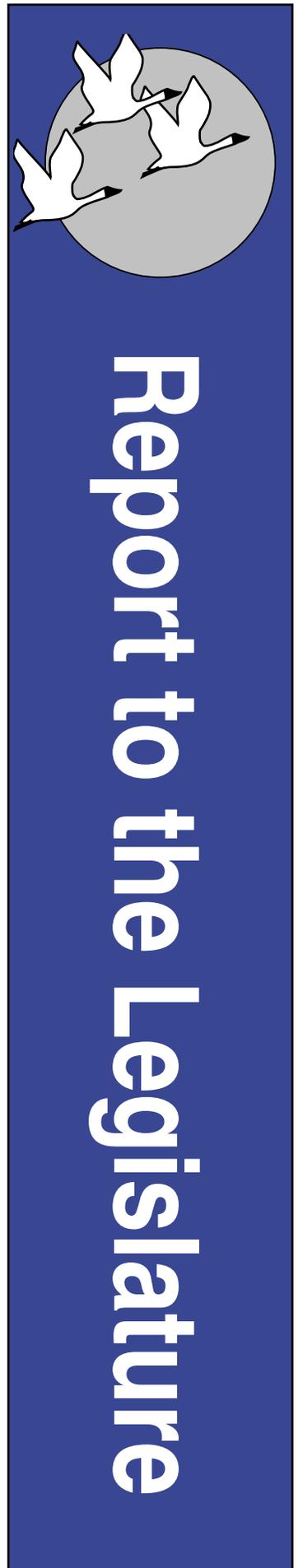
## Council Unveils Suicide Prevention Public Relations and Media Campaign



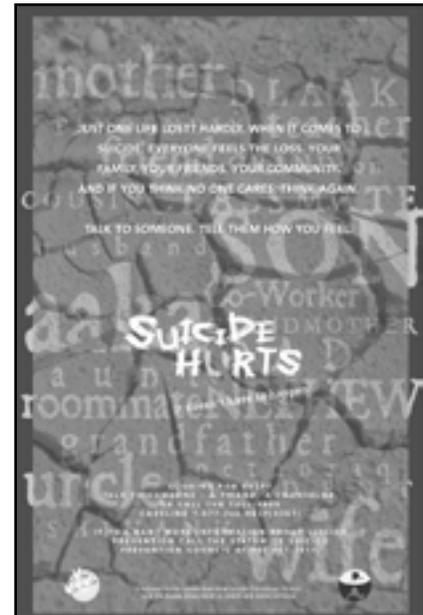
The Statewide Suicide Prevention Council supports reducing the stigma of asking for help and has identified, as its main focus, the recognition that suicide is a preventable problem. This is reflected in the National Strategy for Suicide Prevention and the Alaska Suicide Prevention Plan, both of which have goals related to removing stigma.

The Statewide Suicide Prevention Council chose to address the goal that suicide is a preventable problem, through a statewide public awareness campaign. The Council contracted with a public relations firm and developed posters; refrigerator magnets; and both radio and television public service announcements, all of which relate to the theme **“Suicide Hurts. It doesn’t have to happen.”**

Please contact Kathy Craft if you would like copies of this material ([kathryn\\_craft@health.state.ak.us](mailto:kathryn_craft@health.state.ak.us)).



# *Suicide Hurts. It doesn't have to happen.*



Poster designs for the Suicide Prevention Council's public relations and media campaign.

## Advisory Committees

### Suicide Survivor Advisory Committee

On September 9th the SSPC sponsored a community gathering of suicide survivors. The wisdom, passion, and very important perspective that survivors bring will help the Council in the task of suicide prevention. With this in mind, a Suicide Survivor Advisory Committee is being formed. This Committee will have the task of helping the Council in assisting suicide survivors in a manner that is proactive, preventable, and supportive. For example, the Committee will help establish suicide support groups, speak at public and education forums, talk with first responders about their experiences, and assist others impacted by suicide.

The Suicide Survivor Advisory Committee will be extremely helpful to the Council through their grass-roots efforts and their desire to make a difference. Their voice is

\* Alaska Injury Prevention Center Follow-Back Study 2004.

important and will assist the Council in the direction of suicide prevention.

### Youth Advisory Committee Key To Unlock Secrecy

From September 2003 to October 2004, 32 young people under the age of 19 completed suicide. Forty-five percent of these youth tested positive for alcohol or drugs at the time, and sixty-one percent of the deaths were by firearm. Indeed, youth make up the second highest age group rate for suicide, behind 20 to 29 year olds.\* In recognition of these devastating statistics, the Council has prioritized developing a Youth Advisory Committee in 2005 to combat the secrecy of youth depression and suicidal behavior.

The Youth Advisory Committee will be

charged with advising the Council on prevention, intervention and post-vention needs for young Alaskans. The seven-member statewide committee will be comprised of four teens and three adult representatives from a youth agency, school and faith-based organization. Kelsi Ivanoff, a Council member and student in Unalakleet and Noelle Hardt, a Council member and Senior Director at Boys & Girls Clubs of Alaska will serve on the committee.

The Council anticipates that in cooperation with the Advisory Committee, it can

provide awareness and support of programs building hope and opportunity for young people. Programs such as Boys & Girls Clubs of Alaska's Project LEAD (Leadership, Education, Acceptance and Determination), identify early warning signs of suicidal youth, network with community support services and enrich young lives through leadership, academic and job skills training. Organizations and individuals taking bold steps to eliminate the secrecy around suicide and forge meaningful relationships with young people, are Alaska's hope in reducing adolescent suicide.

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## Council Funding History

Alaska Statute 44.29.300-390 created the Statewide Suicide Prevention Council, with FY02 as the first year of funding. The following table shows the progressive decline of funding for the work of the council.

**FY02 Authorized:** 225.5 (100.5 GF/MH; 125.0 Mental Health Trust Authority)

**FY03 Authorized:** 225.5 GF/MH

In FY04, these funds were transferred from the Commissioner's Office budget to a separate component called Suicide Prevention Council. Those budget figures are shown below.

**FY04 Authorized:** 179.8 GF/MH

**FY05 Authorized:** 118.8 GF/MH

**FY06 Gov's Budget:** 119.0 GF/MH

During the tenure of the Council, its funding has continued to decrease making the Council's current goals and activities difficult to accomplish. These difficulties are more apparent now that the Statewide Prevention Plan is complete and the community prevention efforts warrant additional training prior to implementation.

## FY06 Statewide Suicide Council Goals and Activities

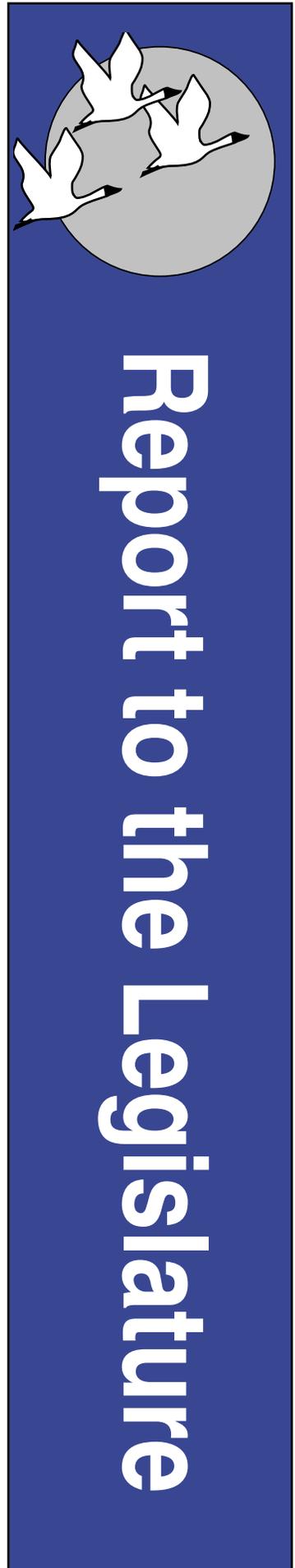
1. Support and assist Alaskans in starting a SPAN (Suicide Prevention Awareness Network) Alaska affiliate in association with SPAN USA;

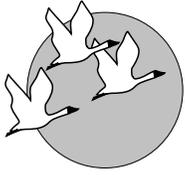
2. Work with the Division of Behavioral Health (DBH) to: **a)** assist Community-based Suicide Prevention grantees in making the connection between their community grant response and the statewide suicide prevention plan; **b)** draft Prevention Request for Proposals (RFP); **c)** assist with the Program evaluate community-based suicide prevention grant proposals; **d)** conduct 8 community trainings on the Statewide Suicide Prevention Plan; **e)** apply for Garrett Lee Smith Memorial Act funding proposals; complete the Gatekeeper Training grant;

3. Continue to implement the media campaign by: **a)** producing the radio and television scripts; **b)** and, airing the public service announcement on radio and television;

4. Finalize the Statewide Suicide Prevention Plan training ensuring it can be adapted to the targeted audience whether rural health aides, college resident advisors, legislators, or survivors; and

5. Continue to partner with the Alaska Mental Health Trust Authority, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, Governor's Council on Disabilities and Special Education, the Alaska Traumatic Brain Injury Association and the Faith Based and Community Initiative Board on shared issues and concerns.





**Suicide Prevention Council**  
**Department of Health and Social Services**  
**751 Old Richardson Hwy., Suite 100-A**  
**Fairbanks, AK 99701-7802**

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## 2005 Suicide Prevention Council Members

**Jeanine Sparks, Chair**  
Secondary School Counselor

**Judith Lethin, Chair-Elect**  
Advisory Board on Alcoholism and Drug Abuse

**William Martin, Recorder/Treasurer**  
Alaska Federation of Natives

**Bill Hogan, Member-at-Large**  
Division of Behavioral Health Director

**Tracy Barbee,**  
Alaska Mental Health Board

**Noelle Hardt,**  
Statewide Youth Organization

**Kelsi Ivanoff,**  
Student

**Charles Jones,**  
Public

**Rep. Mary Kapsner**

**Rep. Pete Kott**

**Former Sen. Georgianna Lincoln**

**Karen Perdue,**  
Public

**Susan Soule,**  
Division of Behavioral Health

**Sen. Ben Stevens,**  
Senate Majority Leader

**Stan Tucker,**  
Clergy

**Kathy Craft,**  
Suicide Prevention Council Coordinator  
(907) 451-2017  
Email: [kathryn\\_craft@health.state.ak.us](mailto:kathryn_craft@health.state.ak.us)

The Council would like to thank and extend their heartfelt appreciation to Susan Soule for her dedication and support throughout her tenure on the council.

**Alaska Suicide Prevention CARELINE: 1-877-266-4357, In Fairbanks 452-4357**  
**LIFELINE: 1-800-273-8355**

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[www.hss.state.ak.us/suicideprevention](http://www.hss.state.ak.us/suicideprevention)