

Suicide Prevention

Support state funding for statewide awareness, prevention & postvention in Alaska

Suicide is a serious public health issue in Alaska that affects all Alaskans, regardless of age, culture, race, region, or socio-economic background. While suicide rates continue to rise across the United States, Alaska has one of the highest of any state, at nearly double the national average.¹

Snapshot of Alaska's Suicide Rates

- 1,728 Alaskans died by suicide between 2009 and 2018, accounting for 4.2% of all Alaskan deaths, and making suicide the 6th leading cause of death in that time period;
- In 2018, Alaska's suicide rate was 24.9 per 100,000, compared to the national average of 14.2 per 100,000;
- In 2018, suicide was the leading cause of death for youth and young adults age 15 to 24 (44.2 per 100,000);
- Alaska Natives and American Indians (AN/AI) continue to be one of the most at-risk populations for suicide in Alaska, with a rate of more than three times the national average (41.9 per 100,000) in 2018. The rate among Alaska Native youth age 15-24 years was 119.6 per 100,000, more than double the rate of all Alaskans in that age group.²

How Trust Beneficiaries Are Impacted

Alaska Mental Health Trust beneficiaries³ are among the most at-risk populations for dying by suicide.

Of 562 suicide deaths between 2015 and 2017 that underwent toxicology testing, 394 (70%) tested positive for alcohol or other drugs (opiates, amphetamines, marijuana).⁴

Between 2012 and 2017, 37% of the people who died by suicide had a current mental health disorder; 36% had been treated for a mental health disorder during their lifetime; and 22% were being treated for a mental illness at the time of their death.⁵

Suicide continues to be a risk in Alaska's aging population as well. Between 2009 and 2018, Alaskans aged 60 to 79 had the third highest number of suicides of any age demographic. Older males are at an even greater risk, with a rate of 70.3 per 100,000 for Alaska men between 70 and 74 years old.⁶

Well-designed studies are scarce on the topic of suicide within the Intellectual-Developmental Disabilities (IDD) population, but literature suggests an equal if not higher incidence of suicide among people with IDD compared to the general population. A national study of Medicare beneficiaries between the years 2012 and 2017, suggested that suicide attempts were 6.5 to 10 times more common in beneficiaries with autism.⁷ A review of 56 Alaskan cases of suicide found that 54% experienced an illness or disability that made normal daily routines difficult.⁸

National and international research suggests that people with a history of Traumatic Brain Injury (TBI) have an increased rate of death by suicide, with the most severely injured being up

to 4.05 times more likely to die by suicide than the general population.⁹

How is Alaska Addressing Suicide?

Alaskans are working together through public, private, and tribal partnerships that address suicide prevention, intervention, and postvention (activities that reduce risk and promote healing after a suicide death or attempt).

The Statewide Suicide Prevention Council (SSPC) is a citizen council of members impacted by suicide working with communities and state agencies to provide information, training, and advocacy on policies and funding that impact victims, family members, service providers, and communities.

The SSPC works in partnership with the Department of Education and Early Development (DEED), through funding allocated by the Alaska State Legislature for the Suicide Awareness, Prevention & Postvention (SAPP) school grant program. Funding supports training, curriculum development, evidence-based peer-to-peer, and culturally relevant programming and has served 22,675 students, school staff, and community stakeholders since its inception in 2012. Reported outcomes from grantees include higher rates of students seeking help, increased attendance, and higher

graduation rates. In addition, in FY19, 7,826 individuals across Alaska used DEED's suicide eLearning modules created with SAPP program funding.¹⁰

In 2020, the Governor's budget proposes eliminating the remaining \$400,000 of state funding for these prevention grants. The Trust and partner advisory boards support continued funding for the SAPP program because it is one of the few suicide prevention programs funded by the State of Alaska.

After 20+ years of flat-funding and grant reductions for community behavioral health services, most Alaskan communities have no suicide prevention or intervention resources. This places a heavy burden on law enforcement, hospital emergency rooms, tribal and state governments, and families.

The Statewide Suicide Prevention Council also works on:

- ✓ Programs that reduce access to lethal means through gunlock distribution and medication disposal programs;
- ✓ Promoting *Careline*, Alaska's 24-hour, toll-free crisis hotline;
- ✓ Developing and distributing the statewide postvention guide and resources; and
- ✓ Public Service Announcements that promote prevention and stigma reduction

The Trust and partner advisory boards support efforts to expand suicide prevention efforts for Alaska's most at-risk populations, including full funding of the Suicide Awareness, Prevention, & Postvention (SAPP) grant program. ❖

¹ Division of Public Health, Alaska Health Analytics and Vital Records Section, Alaska Vital Statistics 2016 & 2018 age-adjusted data.

² Ibid.

³ Alaska Mental Health Trust beneficiaries include people with mental illness, substance use disorders (SUD), intellectual-developmental disabilities (IDD) including fetal alcohol spectrum disorders (FASD), Alzheimer's disease and related dementia (ADRD), and traumatic brain injury (TBI).

⁴ Alaska Suicide Toxicology Project Summary, State of Alaska Epidemiology Bulletin, January 2, 2019.

⁵ "AKVDRS Suicide Death Update – Alaska, 2012-2017," State of Alaska Epidemiology Bulletin, January 2, 2019.

⁶ Division of Public Health, Alaska Health Analytics and Vital Records Section, Report to Statewide Suicide Prevention Council, August 2019.

⁷ Hand, B.N., Benevides, T.W. & Carretta, H.J. J Autism Dev Disord (2019). <https://doi.org/10.1007/s10803-019-04345-x>

⁸ Ron Perkins (MPH), Teri L. Sanddal, Marcia Howell, Nels D. Sanddal & Alan Berman (2009) Epidemiological and follow-back study of suicides in Alaska, International Journal of Circumpolar Health, 68:3, 212-223, DOI: 10.3402/ijch.v68i3.18334.

⁹ Simpson, Grahame & Tate, Robyn. (2008). Suicidality in people surviving a traumatic brain injury: Prevalence, risk factors and implications for clinical management. Brain injury: [BI]. 21. 1335-51. 10.1080/02699050701785542.

¹⁰ Suicide Awareness, Prevention, & Postvention Grant Program FY19 Report to Statewide Suicide Prevention Council, Department of Education & Early Development, October 2019.

For more information, go to: www.alaskamentalthtrust.org/jointadvocacy