



Best Practices in Suicide Prevention for Youth

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Maternal and Child Health Conference
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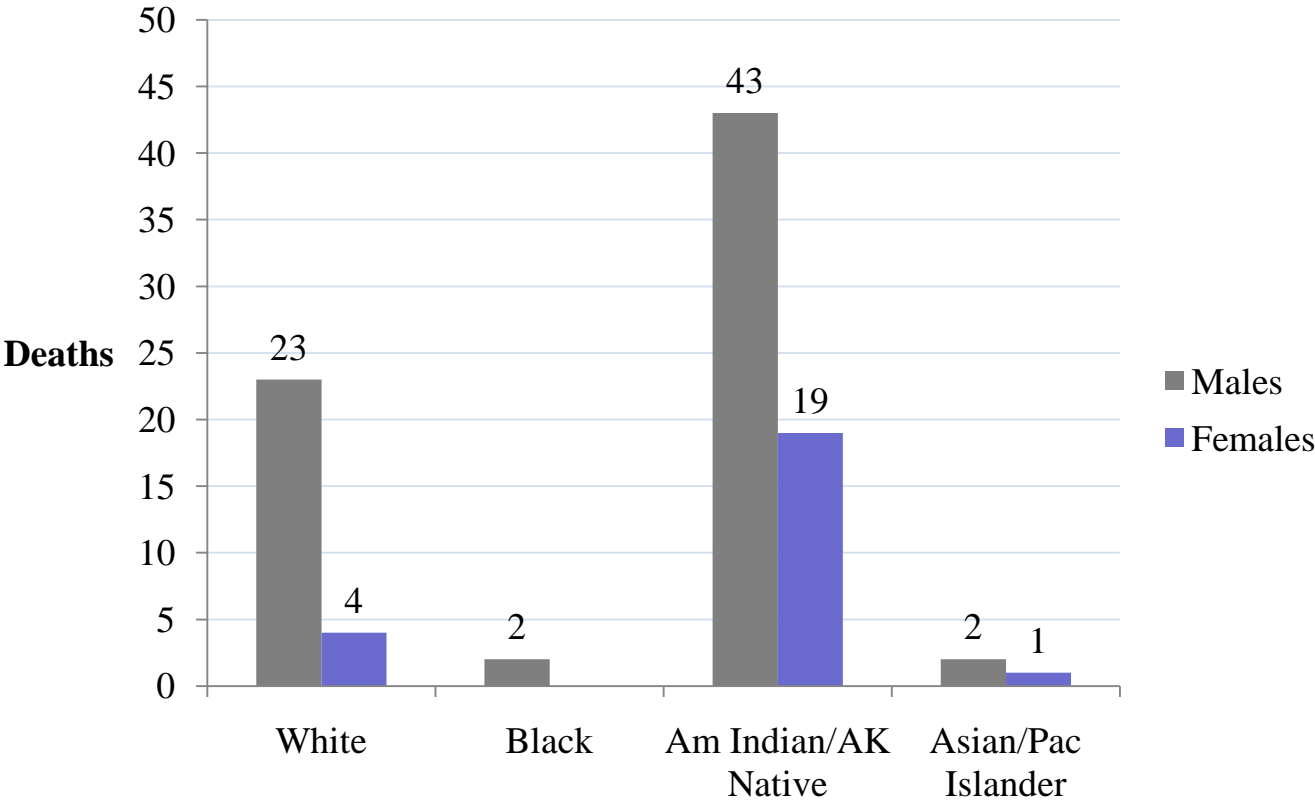
Leading Causes of Death Alaskans, 10-19 Years of age, 2003-2007

	Cause	Deaths
1.	Suicide	94
2.	Motor Vehicle Traffic	73
3.	Homicide	40
4.	Unintentional Poisoning	20
5.	Drowning	17



Suicide Deaths 10-19 year olds, Alaska 2003-2007

Data Source: CDC WISQARS



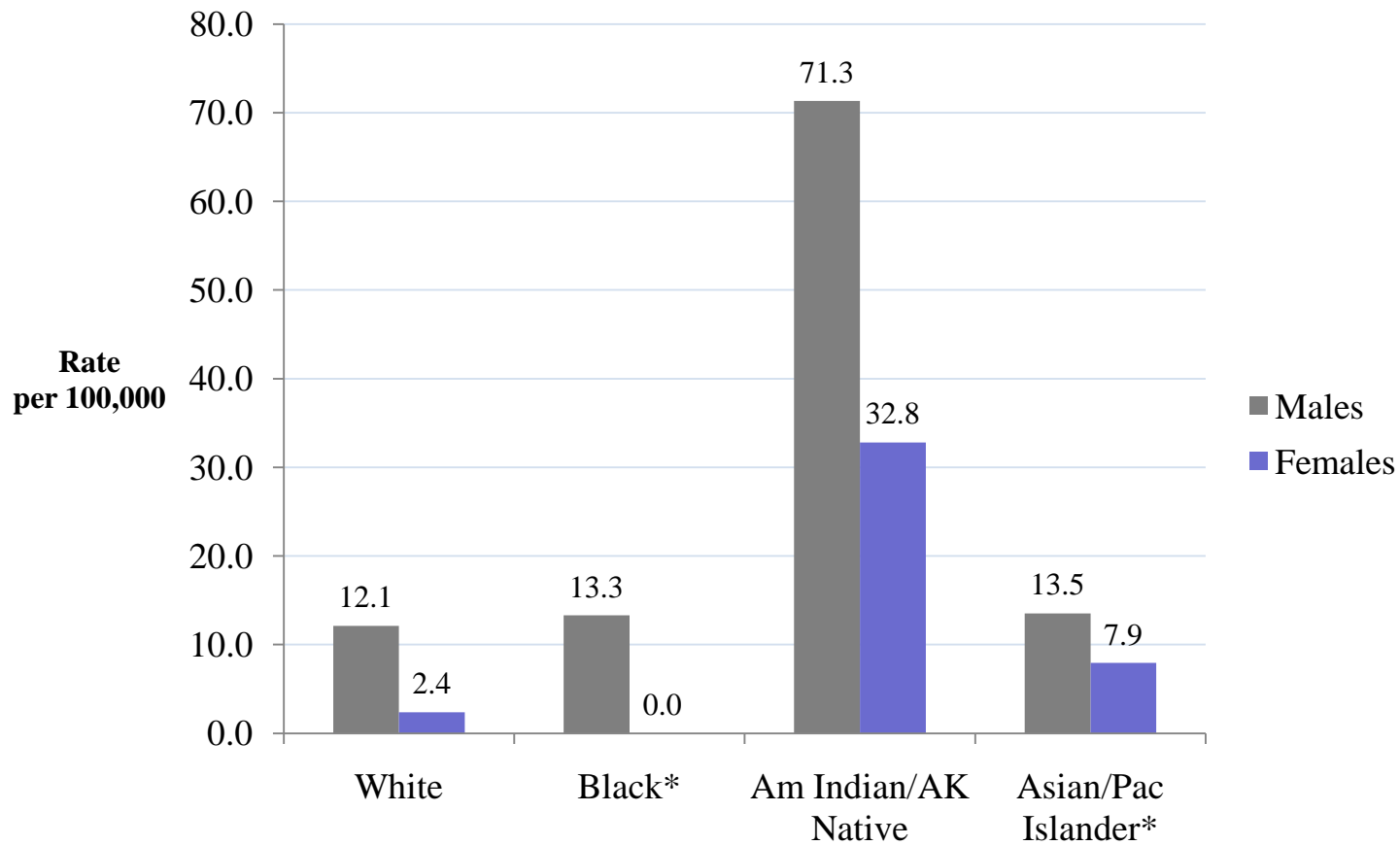
Suicide Rate

10-19 year olds, Alaska

2003-2007

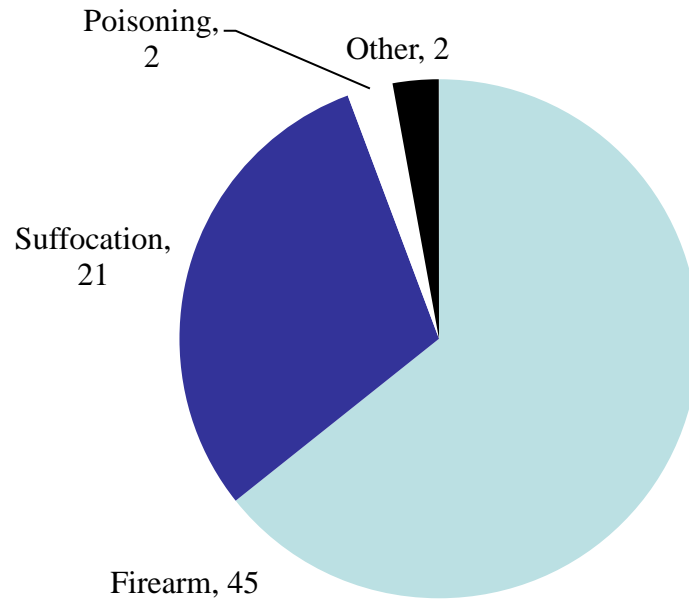
Data Source: CDC WISQARS

*Small number- lend to unstable rate

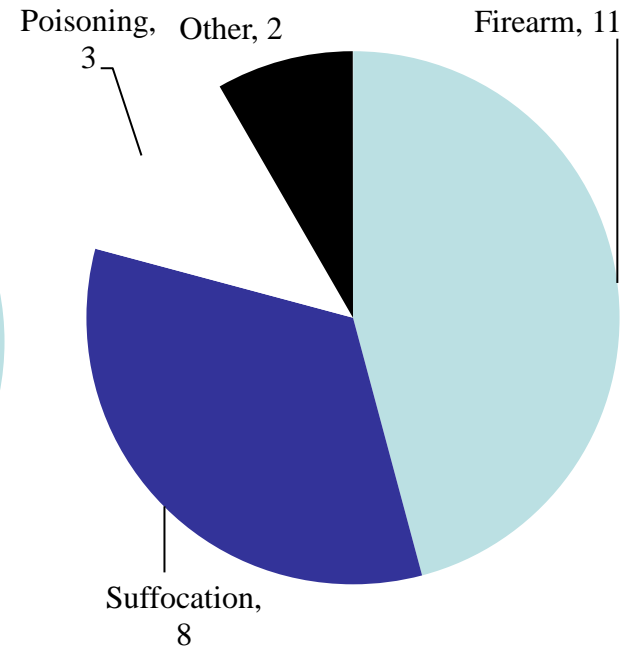


Means Used

Males



Females

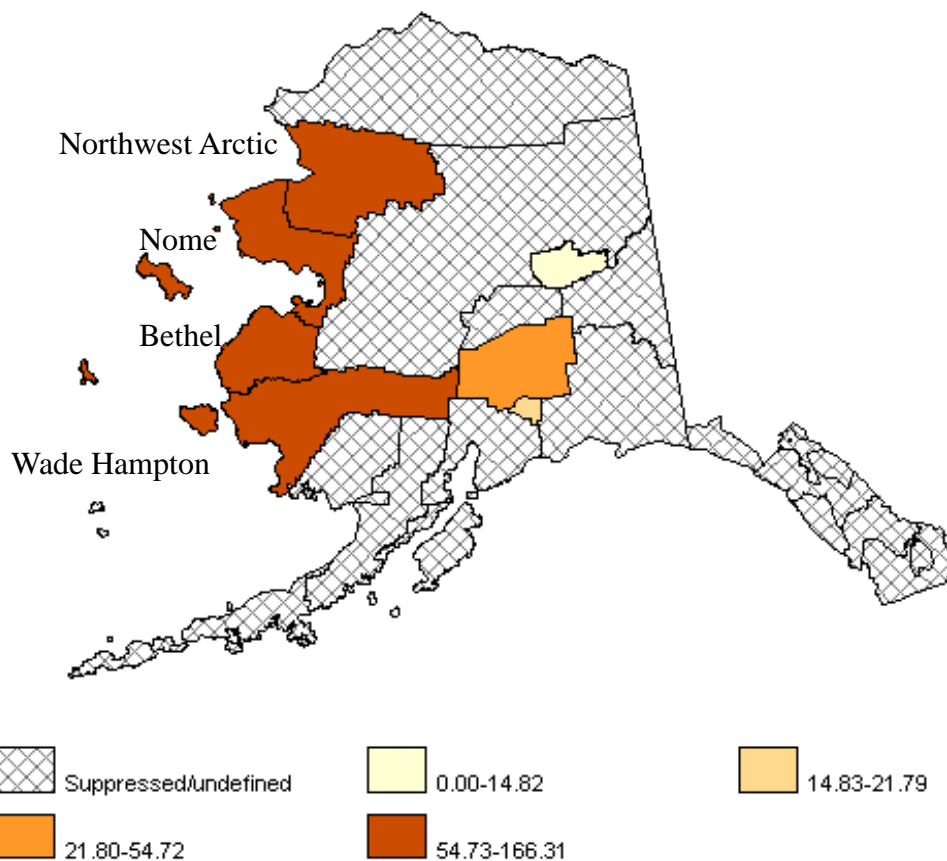


2000-2006, Alaska

Death Rates per 100,000 Population

All Injury, Suicide, All Races, All Ethnicities, Both Sexes, Ages 10-29 Years

Annualized Crude Rate for Alaska: 26.00



Reports for All Ages include those of unknown age.

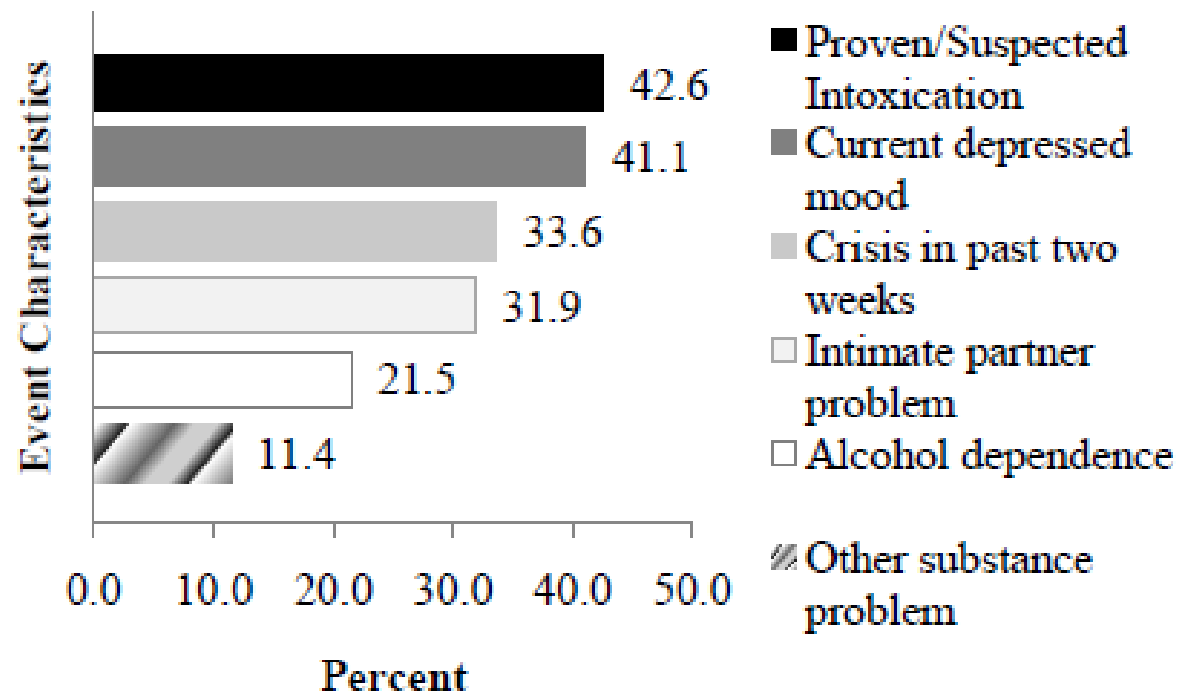
* Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above); such rates in the title have an asterisk.

Produced by: Office of Statistics & Programming, National Center for Injury Prevention & Control, CDC

Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

Suicide Epidemiology Update — Alaska, 2004–2008

Figure 1. Event Characteristics of Suicides (N=740) — Alaska, 2004–2008



Data Source: VDRS



Contact with Health Care

- Retrospective case control study of Alaska Native males in Northern Alaska
- Suicide cases were:
 - 2.75 times as likely to have contact with medical staff.
 - 3.3 times as likely to be treated for an injury.
 - 22.2 times as likely to be treated for an alcohol-related event.

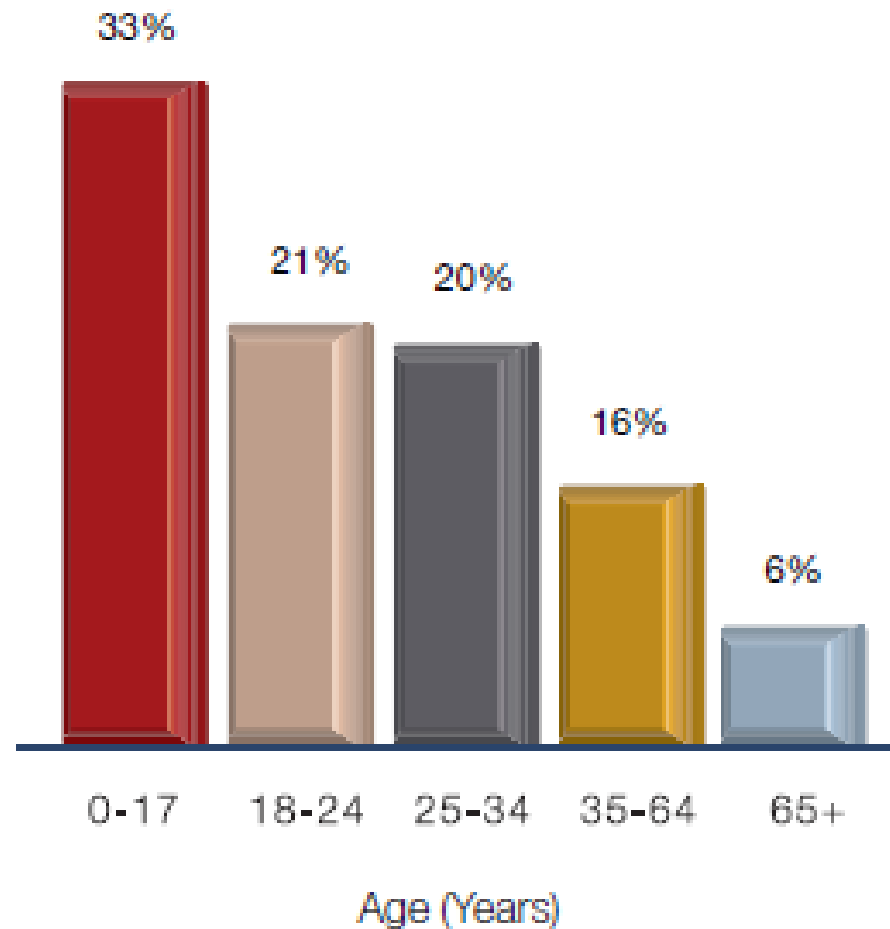


Risk Factors for Youth Suicide

- More than 90% have had at least one psychiatric disorder (depression)
- Substance Abuse/Exposure to drugs and alcohol
- History of prior suicide attempts (Increased risk 3-17 times) or family history
- Hopelessness, feelings of being alone
- Poor interpersonal problem solving ability
- Aggressive/impulsive behavior
- Abnormality of serotonin function
- Non-intact family and potentially impaired parent/child relationships



Percentage of Suicides with a Crisis on the Day of Suicide (by age)⁵



⁵Harvard Injury Control Research Center, National Violent Injury Statistics System (NVISS). 2001 suicide data summary. Available at: <http://www.hsph.harvard.edu/hicrc/nviss/documents/Suicide%20Summary%202001.pdf>



Environmental and Other Factors

- No relationship with socioeconomic status
- Availability of Lethal Means
- Amount, duration and prominence of media coverage
- Suicide contagion (minimal beyond 24 years of age)

Other:

- Stressful life events (break ups, bullying)
- Physical abuse and child sexual abuse
- Stigma associated with help seeking
- Intergenerational Trauma



Protective Factors

- Family cohesion- (3.5 to 5.5 times less likely to be suicidal)
- Religiosity or spirituality (association documented, but not without confounders)
- Strong cultural identity or cultural spiritual orientation.



Prevention Strategies

3 Domains:

- School
- Community
- Health Care Systems

2 Goals:

- Case finding and treatment
- Risk factor reduction/protective factor promotion



Community-Based Prevention Programs

- Crisis Centers and Hotlines: Little information: 14-18% of suicidal youth have used hotlines
- Restriction of lethal means: locking cabinets/gun laws
- Media education: Guidelines exist (front page coverage, treatment resources listed)
- Gatekeeper trainings
- Culturally relevant programs



Health Care-Based Prevention Programs

- Educational Training Programs about suicide and depression for Primary Care Physicians and Pediatricians and other health care professionals: Increases identification of suicidal patients by 130%.
- ER procedures: Education to parents about ‘sanitizing’ homes from lethal means.



ANTHC/Alaska Tribal Health System Activities

- *Gatekeeper training: ASIST, SafeTalk*
- *Restricting lethal means: locking cabinet distribution/education*
- *Reducing stigma: CARELine radio spots, Digital Storytelling, coalitions*



What is ASIST



ASIST

- Applied Suicide Intervention Skills Training
- ASIST is a two day training designed to help caregivers become more comfortable and confident in suicide intervention skills
- Referred to Suicide First Aid: CPR Analogy
- SafeTALK is a one-day version for communities with ASIST already



Restricting access to firearms

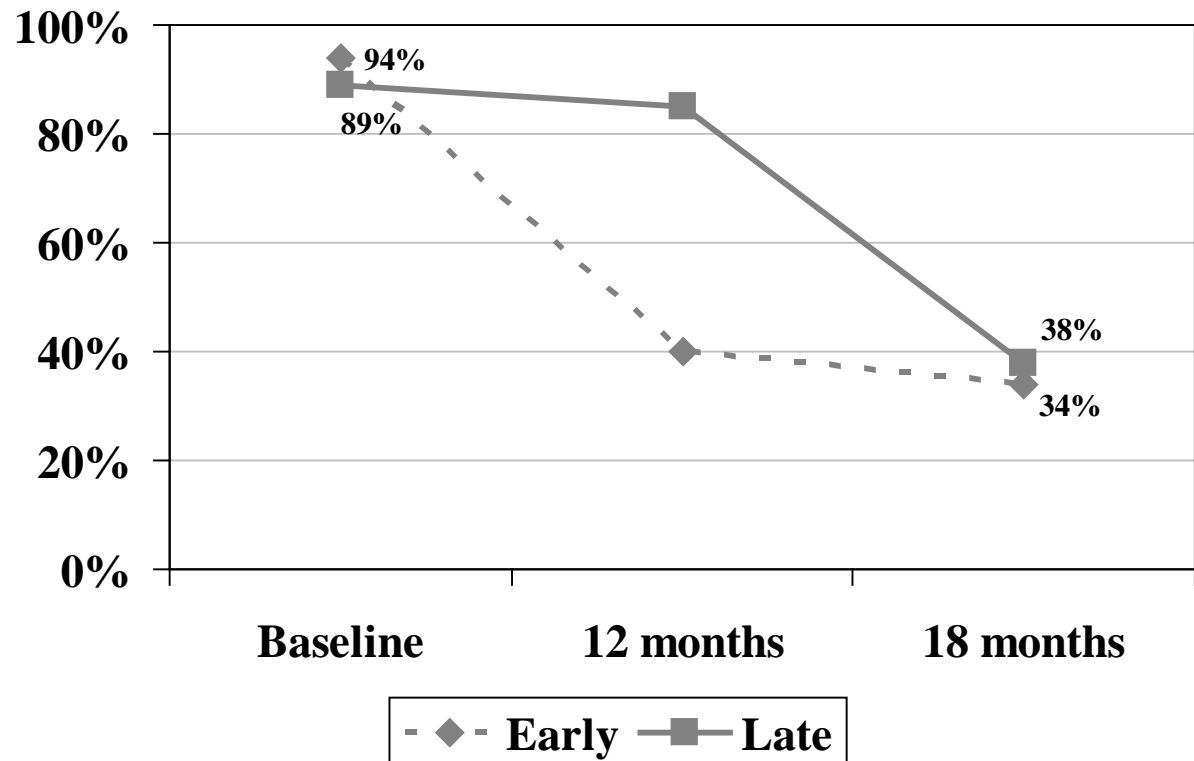
- Intervention in 6 villages in southwest alaska:
 - Installed free gun cabinet(s) in home and had homeowner place all guns inside (one locker per seven long guns)
 - Educate residents about potential benefits of locking guns in cabinet
- Same Gun Storage Survey in all homes was conducted
 - “early” and “late” homes
 - At 12 months and 18 months



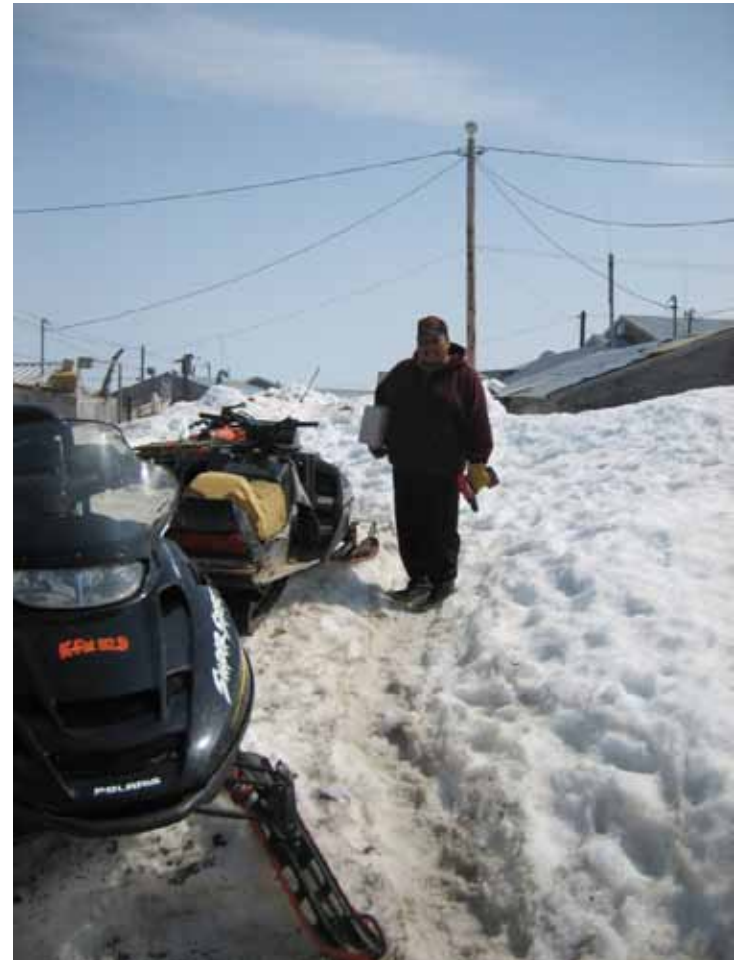
Unsafe storage practice



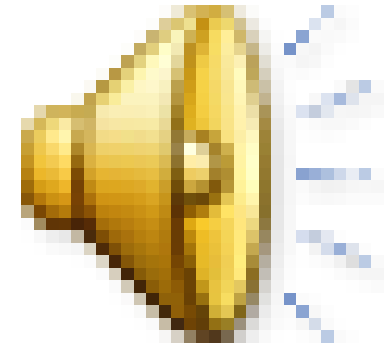
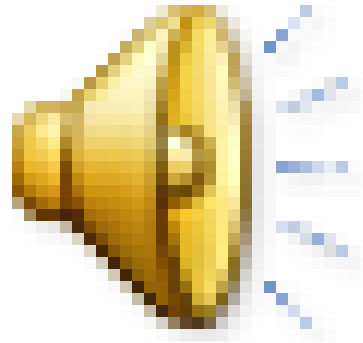
Any guns unlocked?



Locking Medicine Cabinets an option as well.



Decreasing Stigma- CALL, SHARE, LIVE



Calls to Careline from Rural Communities

- Up 35% in May 2010 from May 2009
- Up 70% in June 2010 from June 2009



Compatibility View: websites designed for older browsers will often look better, and problems such as out-of-place menus, images, or text will be corrected.

CARELINE CRISIS INTERVENTION

HOME HELP PERSONAL STORIES MIND TOOLS INFO CCI

Help!

Some answers about stuff | Newsletter | Prevention at work | Printouts | Book Lists | Web Links



CHAT LIVE

LIVE HELP ONLINE

SUPPORT

>> Click Here



WHATS NEW 1/6

Stand Up, Speak Up!
For youth: Six Steps for Healthy Relationships

Stop Suicide Alaska
A great new Facebook page!

Coping with Depression

POLL

DOES ADVICE FROM OLDER PEOPLE MATTER MORE TO YOU?

YES.

NO.

DEPENDS ON THE ELDER.

What you can do as a health professional

In The Clinic-

- Ask patients directly about suicide.
- Counsel patients about safe access to guns and medicines.
- Get trained in ASIST/ Host an ASIST/SafeTalk.
- Print suicide prevention materials for your facility.

In the Community

- Pay attention to stories about suicide and educate your media using guidelines.
- Join a coalition



Counseling Patients about lethal means and asking about suicide

- Surveys in SW Alaska show that 95% of homes have guns; an average of 7 per home.
- Lockers are accessible in urban areas; in rural areas, be creative to help them to identify lockable location.
- Talking about suicide does not plant idea in their head.
- Everyone has some reason for living .



Resources

- ANTHC Injury Prevention or Behavioral Health Program <http://www.anthc.org/chs/wp/injprev/>
Barbara Franks: 729-3751 or Hillary Strayer: 729-3513
- Alaska Careline: 1-877-266-HELP
<http://carelinealaska.com/>
- American Foundation for Suicide Prevention
www.afsp.org (Recommendations for the media)
- Harvard “Means Matter” campaign
<http://www.hsph.harvard.edu/means-matter/>
- Suicide Prevention Resource Center
<http://www.sprc.org/>



Thank You

Questions?

