



# Hope, Heart, Healing:

Alaska's Suicide Prevention  
System

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# The Statewide Suicide Prevention Council

collaborate, coordinate, create, communicate



The Statewide Suicide Prevention Council was established by the Legislature in 2001. There are 13 volunteer members appointed by the Governor and 4 legislative members.

The Council is an advisory group responsible for guiding the Governor, legislators, and communities in suicide prevention:

- Improve health and wellness throughout the state by reducing suicide and its effects on individuals, families and communities;
- Broaden Alaskans' awareness of suicide and the role of risk and protective factors in suicide;
- Enhance Alaska's suicide prevention services and programs;
- Develop healthy communities through comprehensive, collaborative, community-based and faith-based approaches implemented at the community level and supported by regional, state, and federal resources;
- Develop and implement a statewide suicide prevention plan;
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

A.S. 44.29.350

# Barbara Franks

I come from the Tlingit tribe. There are two moieties in the Tlingit tribe, the Raven and the Eagle. Under the two moieties are clans.

I am of the Coho clan. I follow my mother's line, and my children follow my line.

My Tlingit name is "Neech Tlaa" which means, "Mother of the Shoreline." Before my Auntie passed away two years ago she shared with me "Your Tlingit name is a gift. Think of yourself standing at the edge of the beach near the water, the tide comes in, and it brings people to you. Do not get too attached to them because then the tide will go back out and take them away from you. But understand this – they were meant to meet you for a reason."

I share this with each presentation I give.

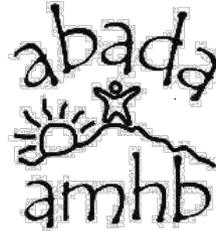
Like some of you, and like many people you know, I am a survivor of a loss to suicide.



# Kate Burkhardt



**Advisory Board on Alcoholism  
and Drug Abuse**



**Alaska Mental Health Board**



**State of Alaska  
ombudsman**

Data from the Bureau of Vital Statistics shows that **167** Alaskans died by suicide in 2012, resulting in a statewide suicide rate of **22.8/100,000**. While the decrease in the number of lives lost in 2011 was promising, it is important to note that Alaska's annual number of deaths by suicide has ranged from 103 in 2001 to 167 in 2008 and 2012.

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
16.4	20.7	20.2	22.9	19.2	19.6	22.6	24.0	19.6	22.6	19.5	22.8
103	131	123	154	127	132	149	167	140	163	141	167

**Source:** Department of Health and Social Services, Bureau of Vital Statistics

# Warning Signs

These are common warning signs that someone is at risk of suicide:

- ❖ Threatening to hurt or kill him or herself, or talking about wanting to hurt or kill him or herself.
- ❖ Looking for ways to kill himself or herself by seeking access to firearms, pills or medications, or other means.
- ❖ Talking or writing about death, dying or suicide when these actions are out of the ordinary for the person.
- ❖ Acting recklessly or engaging in risky activities — seemingly without thinking.
- ❖ Experiencing dramatic mood changes.
- ❖ Expressing feelings of purposeless or seeing no reason for living.

*Information is from the American Association of Suicidology*

**Crisis Intervention Services:**

**Careline**

**1-877-266-4357**

**National Lifeline**

**1-800-273-8255**

**Veterans Lifeline**

**press 1**

Crisis Respite Centers

**Clinical Services:**

Community Behavioral Health Centers

Tribal Health Corporations

behavioral health aides, village based counselors

Local Hospitals

emergency departments

mental health units in Juneau, Fairbanks, Ketchikan,

Anchorage

Alaska Psychiatric Institute

**Community Services:**

School Social Workers/Counselors, School-Based Mental

Health Professionals

Private mental health professionals

Pastoral counselors

## **Safety is the first concern!**

Individuals who have attempted suicide are at heightened risk for another attempt, not just immediately after the first attempt but for months later.

## **Don't pretend that nothing happened, or make up an alternate explanation.**

This contributes to shame and stigma and can prevent help-seeking in the next crisis.

## **Restrict lethal means.**

Encourage and assist the person, their family in removing or securing means of self-harm. This includes firearms, medicines, weapons, alcohol and drugs, etc. Note the special considerations for reducing access to lethal means of strangulation.

## **Encourage and assist the person to schedule, attend appointments with mental health providers.**

The best case scenario is that an appointment with a community provider is scheduled before discharge from the ER or hospital. If it isn't, help the person get and keep an appointment as soon as possible.

## **Take care of caregivers.**

Be available to family members and other caregivers who will need support throughout their loved one's recovery. Practice self-care and support your colleagues' self-care.

<http://www.suicidology.org/suicide-survivors/suicide-attempt-survivors>

### The single most important and helpful thing you can do: LISTEN.

Listen without judgment, criticism, or prejudice. Address any preconceptions you may have about suicide by educating yourself about suicide.

Because of the stigma surrounding suicide, survivors of a suicide loss may be hesitant to share their story and express their feelings. They may not be ready to talk, wanting to grieve privately before asking for or accepting help.

Common emotions experienced by survivors of a loss to suicide:

Shock ♦ Denial ♦ Pain ♦ Numbness ♦ Rage ♦ Shame ♦ Despair ♦ Disbelief ♦  
Depression ♦ Stress ♦ Sadness ♦ Guilt ♦ Loneliness ♦ Abandonment

Listening to the person share these intense emotions may make you uncomfortable. Remember that the survivor of a suicide loss is in great pain – and is at risk of suicide himself – so the compassion and care you share is very important. Be patient. Repetition is part of healing, and as such you may hear the same story multiple times. Also remember that grief is a unique and personal experience, and it takes as long as it takes to heal.

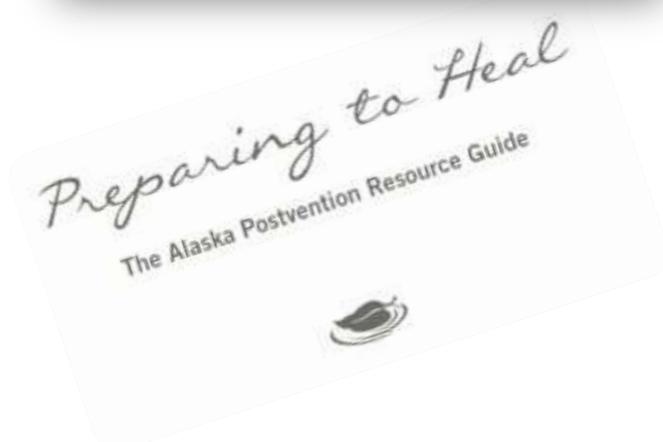
How a community reacts to a suicide and supports healing afterward is called **POSTVENTION**



Preparing ahead of time, and providing structure and information in a time of crisis reduces feelings of fear and insecurity. Clear, factual communication reduces stigma and increases access to help. Always follow safe messaging guidelines in all communications.

Grief is as unique as the person experiencing it. There is no set way or duration to grieve. Respect the personal and cultural nature of grief and support ways of grieving that lead to healing.

Traumatic loss can affect people that you would not expect to be affected. Be mindful of the possible impact of loss and the community grief and healing process after a suicide. Watch for signs of heightened risk factors and warning signs.



# YOU CAN . . .

Carry the Careline card with you or program it in your phone.

Get educated about suicide, whether through conferences or CE.

Get trained in an evidence based suicide prevention or postvention model.

Get trained to provide bereavement support.

Develop relationships with mental health providers in your organization or community, so that you can make referrals and warm hand-offs more easily.

Watch for and mitigate secondary trauma to yourself and your colleagues.  
Promote self-care and caring for caregivers.

Participate in community prevention and postvention efforts.

Reduce stigma by sharing your own story about how suicide has affected you or your family.



**Questions?**

**Comments?**

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***thank you***