

AMHWG

Arctic Mental Health Working Group



GROUP MISSION: *To strengthen systems of care to prevent suicide and improve mental health in the circumpolar North via the promotion of indigenous knowledge, research, and evidence-based early intervention and primary prevention efforts.*

Suicide is a devastating event, with a web of causality encompassing social, emotional, environmental, and other health factors. In Alaska, the suicide rate is almost twice the US national suicide rate, with even more disproportionate statistics reported from Native Alaskan communities (Figure 1).¹

Similarly, high rates of suicide exist across the Arctic² where remote indigenous communities are adapting to the social, political, economic, and environmental changes that characterize rapid modernization. Many of these communities have also experienced historical trauma through early interactions with Western cultures. These pressures, and the myriad ways in which they impact access to resources and the perceived future prospects of young people, are manifest in the health disparity of Arctic indigenous youth suicide.^{3,4}

The US Arctic Research Commission coordinates the Arctic Mental Health Working Group (AMHWG), which aims to work collaboratively with tribes, healthcare providers, and other stakeholders to promote research on, and raise awareness of, the significant mental and behavioral health disparities that exist between Arctic and non-Arctic populations. As an initial focus, AMHWG has chosen to address suicide prevention in Arctic communities with a specific emphasis on early intervention approaches for children and youth.

Research has shown that early intervention and prevention programs are critically important in reducing the risk and occurrence of suicide.^{5,6} Promoting wellness, developing protective factors, and raising awareness of suicide risk factors are examples of early interventions that can provide support to individuals and communities before a crisis situation arises.^{5,6}

FOCUS AREAS

AMHWG focuses on the following topics:

- Strengthening mental health protective factors and resilience in children and youth
- Emphasizing the importance of follow-up contact when patients are discharged from psychiatric services
- Raising awareness about unmet mental health provider needs in Alaska
- Encouraging research needed to better understand and address the instability of the mental health care provider workforce
- Promoting improved information technology infrastructure to support data integration and analysis
- Supporting the forensic review of suicides to refine prevention strategies and provide support to communities

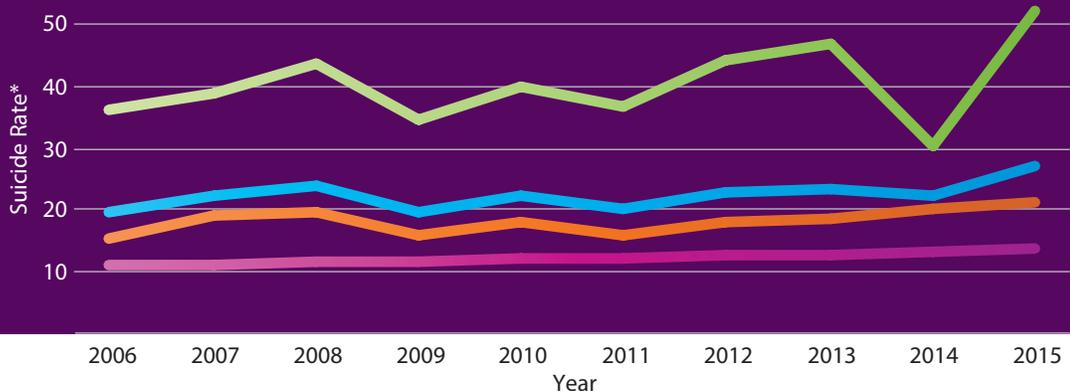


FIGURE 1. Age-adjusted suicide rate: United States, State of Alaska, Alaska Natives, and Alaska Non-Native. Data source: Alaska Bureau of Vital Statistics as of October 28, 2015.

* Age-adjusted per 100,000 individuals.

- Alaska Native
- Alaska Non-Native
- Alaska (Overall)
- US

¹ Alaska State Suicide Prevention Council, http://dhss.alaska.gov/SuicidePrevention/Pages/Statistics/aksuiciderate_nativenonnative96-05.aspx.

² Young, T.K, B. Revich, and L. Soininen. 2015. Suicide in circumpolar regions: An introduction and overview. *International Journal of Circumpolar Health* 74:27349, <http://dx.doi.org/10.3402/ijch.v74.27349>.

³ Suicide Prevention Resource Center. 2013. *Suicide Among Racial/Ethnic Populations in the U.S.: American Indians/Alaska Natives*. Education Development Center, Inc., Waltham, MA.

⁴ U.S. Department of Health and Human Services. 2010. *To Live To See the Great Day that Dawns: Preventing suicide by American Indian and Alaska Native youth and young adults*. Substance Abuse and Mental Health Services Administration, Rockville, MD.

⁵ Borowsky, I.W., M.D. Resnick, M. Ireland, and R.W. Blum. 1999. Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatrics & Adolescent Medicine* 153(6):573–580.

⁶ Mackin, J., T. Perkins, and C. Furrer. 2012. The power of protection: A population-based comparison of Native and non-Native youth suicide attempters. *American Indian and Alaska Native Mental Health Research* 19(2):20–54.

Did you know?

Suicide is the leading cause of death for ages 15–24 in Alaska.⁷

In 2015, 33.6% of Alaskan high school students reported feeling sad or hopeless almost every day for two weeks or more during the past 12 months.⁸

To promote increased capacity and strengthened systems of care⁹, AMHWG encourages the following research and activities:

1. Collect, integrate, and analyze data to improve our understanding of the epidemiology of mental and behavioral health issues, including suicidality.

Effort in this area will improve communication among the various agencies addressing mental and behavioral health issues. Specifically, AMHWG will highlight how enhanced sharing of information and data will enable current health care systems to better identify and provide earlier assistance to those needing care. A focus on data collection at the community level also supports locally based actions, which can often be more effective. AMHWG will encourage improving information technology infrastructure to better support data integration and analysis and will support greater forensic review of suicides to further understand their epidemiology.

2. Improve mental and behavioral health workforce capacity in Alaska.

An obvious and critical component of systems of care is a well-trained cadre of mental health care providers. AMHWG will encourage measures to ensure that there are a sufficient number of qualified individuals in rural communities available to assist with mental health and wellness promotion, prevention, and treatment. The working group will gather information on, and raise awareness of, the level of unmet mental health provider needs in rural Alaska. AMHWG will also promote research needed to understand and address the observed instability in this workforce.

3. Strengthen mental health protective factors of children and youth with a focus on community-based efforts.

AMHWG will encourage research into the mental and behavioral health of children and youth, including family, cultural and community protective factors that support and enhance healthy development. Additionally, the group will emphasize the importance of community-based early intervention and follow-up support for children and youth at risk.

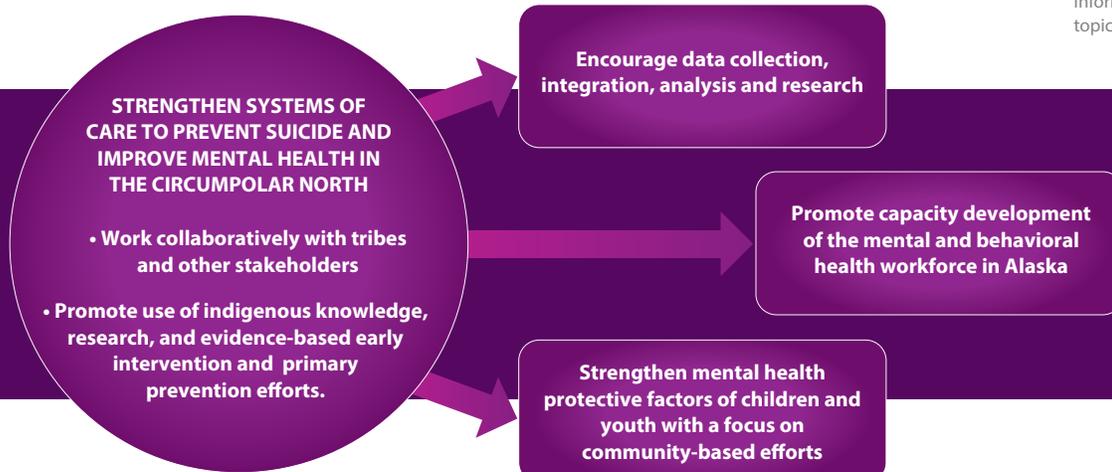


FIGURE 2. AMHWG has identified three specific foci.

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⁷ American Foundation for Suicide Prevention

⁸ 2015 Youth Risk Behavior Survey

⁹ Systems of care are a service delivery approach that builds partnerships to create a broad, integrated process for meeting families' multiple needs (Children's Information Gateway; <https://www.childwelfare.gov/topics/management/reform/soc>).