ARCTIC COUNCIL

Arctic Council SAO plenary meeting (eDocs code: ACSAOUS201)
21-22 October 2015, Anchorage, Alaska, U.S.A.

Document Title

Project Proposal: Reducing the Incidence of Suicide in Indigenous Groups – Strengths United through Networks (RISING-SUN)

Agenda item number

Due to fact that the agenda has not yet been finalized, an agenda item number is not yet available for all documents. This section will be revised as information becomes available.

7.5

Submitted by

SDWG

Document filename

EDOCS-2811-v1-ACSAOUS201_Anchorage_2015_7-5_Rising_Sun_Mental_Health_Proposal

Number of pages, not including this cover sheet

5

Status (e.g. draft, final if approved, etc.)

Project Proposal

Project Title: Reducing the Incidence of Suicide in Indigenous Groups –Strengths United through Networks (RISING-SUN)	**Lead Country:** United States **Project leader(s)** Pamela Collins, Beverly Pringle, Catherine Roca, and Roberto Delgado, U.S. National Institute of Mental Health (NIMH); Richard McKeon, Angela Mark, and Winnie Mitchell, U.S. Substance Abuse and Mental Health Services Administration (SAMHSA); Alex Crosby, U.S. Centers for Disease Control; Joshua Glasser, U.S. State Department; Ashley Knotts, HHS/OGA; **Co-sponsors**: Solfrid Johansen, Norwegian Institute of Public Health; Christina Larsen, Institute of Public Health, Denmark; Anthony Phillips, Canadian Institutes of Health Research; and ICC.
Total Estimated Cost of Project: $500,000 (largely in-kind contributions; see activities section for details)	**Relationship to other AC Working Groups:** None at this time

Objective of Project:

To create common metrics for evaluating suicide prevention efforts in the Arctic as a key component of scaling up and evaluating interventions across the circumpolar region.

Rationale:

RISING SUN (Reducing the Incidence of Suicide in Indigenous Groups-- Strengths United through Networks) is designed as a follow-on activity to the Canadian-initiated mental wellness project of 2013-2015. Whereas the Canadian-initiated project focused on best practices from the literature and community-based interventions, RISING SUN is designed to take the next logical step: creating a common, science-based set of metrics to evaluate the key correlates and outcomes associated with suicide prevention interventions, across Arctic states. Common metrics, developed through an on-going engagement with Permanent Participants and community leaders, as well as mental health experts, will facilitate data sharing and pooling, evaluation, and interpretation of interventions across service systems. These metrics will aid health workers to better serve the needs of their communities while helping policymakers measure progress, evaluate the scale up of interventions, and identify impediments to implementation and cultural adaptability challenges. Arriving at common metrics and reporting

systems is especially important in the Arctic, where the vast geography, significant number of remote communities, and breadth of cultural diversity, pose challenges for systematic approaches to suicide prevention.

Activities, Timing, and Outcomes:

The core of RISING SUN will be a series of three meetings, during which we will move sequentially through the steps needed to arrive at a toolkit with common metrics for Arctic suicide prevention efforts:

- **Meeting One (September 2015)** will be a gathering for key stakeholders such as service providers; Permanent Participants and community leaders; researchers, survivors and families; and sub-national and national government officials. Participants will review the suicide prevention landscape and the accomplishments of the Canadian project, review the aims of the RISING SUN initiative, and elicit feedback on efforts (U.S.-based and otherwise) to develop metrics. Further input will be sought between Meetings One and Two.

- **Meeting Two (first half of 2016)** will convene participants to review stakeholder feedback, come to consensus on the best metrics available, specify gaps in available metrics that may require further development, and identify potential implementation challenges (e.g., linguistic & cultural differences).

- **Meeting Three (late 2016/early 2017)** will focus on review of the toolkit and implementation options. Results of the expert-level meeting will be presented, and participants will address potential challenges (e.g., linguistic differences) and identify avenues for future, trans-boundary collaborations on research.

Meetings One and Three will be especially critical for **communicating** with stakeholders and the broader public about RISING SUN and its aims. The United States will host one of these three meetings, and co-sponsors will host the others. We also warmly welcome co-sponsors committed to the aims of the project and able to participate in the three meetings described.

If successful, the project will result in a toolkit of common measures for suicide prevention efforts, applicable across the Arctic, which could expand Arctic states' capacity to evaluate the implementation of evidence-based interventions to combat suicide. A final report synthesizing results from the described activities will be delivered by the end of the U.S. chairmanship, highlighting the work done through this project and laying out options for coordinated implementation of the toolkit and evaluation of efforts to scale-up effective interventions during future Arctic Council chairmanships, at the discretion of Arctic Council member states and their respective mental health stakeholders.

Budget: The key cost associated with this project will be the convening of the three meetings and preparing the final report. It is envisioned that Arctic Council member states would pay for the travel associated with their respective delegations to each meeting, while the meeting host would cover the costs associated with the meeting itself (facilities, food and drink during the meetings, etc.) We estimate total contributions to be worth approximately $500,000, though we

anticipate that the vast majority of this total will come in the form of in-kind contributions (venue, participant travel, staff time, etc.).

Traditional Local Knowledge

How will the project incorporate TLK? Community members, many of whom may be TLK holders, will be invited and strongly encouraged to participate in all three meetings. Meeting announcements will go out at an early date and will be disseminated through Permanent Participants and the Arctic Human Health Expert Group (AHEG), in addition to national governments. As appropriate, we will also reach out to subnational stakeholders, such as the Alaska Department of Health and Social Services, which is closely networked with communities across the state. Time will be allotted at each of the three meetings for facilitated discussions that ensure that viewpoints of TLK holders, scientists, and other stakeholders are acknowledged and incorporated into the consensus-building process.

Why is it important to include TLK? TLK strongly informs all three meetings in the sequence we have described. The role of TLK in Meeting One (community consultation) is self-evident and indispensable. Community members with suicide prevention experience – many of who are likely to TLK holders – will also bring key contributions to Meeting Two (expert consultation), which is designed to solicit experience from the most reputable experts in the world. Lastly, community members will be invaluable in Meeting Three (implementation) because of their deep understanding of local conditions and historical experience. They will help provide key contextual information that informs ideas about implementation, i.e., what will be workable on the ground. Overall, community engagement, especially from TLK holders, will be critical for ensuring that this project stays on track, for ensuring that sensitivities are respected, and for ensuring that the results are implementable and action-oriented.

Background:

Political, scientific, and community leaders from across the Arctic have described mental health – especially suicide – as one of the region's most pressing public health problems. Despite the best efforts and considerable expenditures of our respective governments, the problem of suicide continues to be a barrier to health and development in the North. Approximately 41,149 suicides occurred within the United States in 2013, and rates of suicide in the United States increased 17% from 2002 to 2012[1]. The 2014 report of the Research Prioritization Task Force of the National Action Alliance for Suicide Prevention set a target of reducing suicides by 20% over the next 5 years and by 40% over the next 10 years in the United States, in part through the full implementation of research that is relevant and actionable for achieving these aims.[2]

[1] Centers for Disease Control. Injury Prevention & Control: Dta & Statistics (WISQARS) (2013). http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html

[2] National Action Alliance for Suicide Prevention: Research Prioritization Task Force. (2014). A prioritized research agenda for suicide prevention: An action plan to save lives. National Institute of Mental Health and the Research Prioritization Task Force. http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Agenda.pdf

Specific communities, however, merit attention because they experience disproportionately high morbidity and mortality from suicide. A regional analysis of suicide from 1999- 2009 among Alaska Native and American Indian populations showed increasing mortality due to suicide during this timeframe, and particularly high rates among Alaska Native communities.[3] Suicides among people under the age of 44 were five times the rate of White Americans. Young Alaska Native men have particularly high mortality, and analysis of this subpopulation reveals that living in a more isolated community contributes to risk.[4] Conversely, access to income and a link to a strong cultural environment appear to be protective.

Alaskan communities share this elevated suicide-related mortality with other Arctic communities. To identify existing interventions that promote well-being and prevent suicide, the Canadian Institutes of Health Research (CIHR) published a funding opportunity announcement in November 2013 calling for research on wellness and suicide prevention in Arctic communities. This initiative – which included a participants meeting in May 2014 and a synthesis conference in March 2015 – assessed efforts over the last decade to promote mental wellness and resilience in circumpolar communities. The project proposed here builds upon the CIHR-led initiative by identifying intervention components and outcome measures – essential metrics as we begin to facilitate pragmatic scale-up of promising interventions identified in the Canadian-initiated project and elsewhere.

Alongside the Canadian and U.S. Arctic Council initiatives, the U.S. National Institute of Mental Health supported an analysis of NIH research investments in mental health and substance abuse research in Alaska, along with SAMHSA's investments in suicide prevention programs in Alaska. The identified studies constitute a broad body of research upon which new activities can be built.

Risk for suicide appears to be particularly elevated in remote, rural villages. The geographic isolation, cultural diversity, and small populations that characterize many circumpolar communities also pose challenges for assessing the effectiveness of interventions. It is also possible that risk profiles for suicide differ among these communities, thereby requiring different intervention approaches. In this context / with these factors in mind, several questions arise:

- Has the community completed a community readiness assessment that indicates how ready the entire community is to address suicide?
- What data are available and accessible at the community level to inform community members, policymakers, and researchers of risk and protective factors for suicide?
- What data are available and accessible at the community level to inform community members, policymakers, and researchers of the impact of local interventions?
- Given small population numbers, could lessons on the impact of interventions be learned across a variety of Arctic communities if common intervention components and measures were selected for use in collaboration with communities?

[3] Herne MA, Bartholomew ML, & Weahkee RL. (2014). Suicide mortality among American Indians and Alaska Natives, 1999-2009. American Journal of Public Health, 104 Suppl 3:S336-342.

[4] Berman M. (2014). Suicide among Alaska Native men: community risk factors and alcohol control. American Journal of Public Health, 104 Suppl 3:S329-335.

- What are the common components of effective interventions? What constructs (i.e., underlying themes) are most frequently measured across these interventions?

The use of common intervention components and measures is particularly crucial for learning about public health phenomena, such as suicide, that have relatively low base rates, many risk factors, and many subgroups that may require tailored intervention. Two recent national reports – the Prioritized Research Agenda for Suicide Prevention[5], from the National Action Alliance for Suicide Prevention, and the National Research Action Plan[6] prepared in response to a presidential directive – have challenged the field to identify and use common data elements in suicide research. In response, a working group of researchers and liaisons from the Centers for Disease Control and Prevention, Department of Defense, National Institute of Mental Health, and the Department of Veterans Affairs have compiled a draft set of common data elements to be collected as part of suicide research studies and to be used to combine, share, and compare data across different studies. The proposed common data elements are currently held in an electronic database and have been made available to the research community (see http://grants.nih.gov/grants/guide/notice-files/NOT-MH-15-009.html).

More than 300 suicide researchers across the globe were invited to critique the proposed data elements; the response was encouraging. The working group will review information from SAMHSA's cross-site evaluation of its suicide prevention programs in Alaska and from "track indicators" that SAMHSA monitors on a quarterly basis to measure suicide prevention awareness; training; workforce development; early identification, referral, and follow-up for youth at risk for suicide; and relevant partnerships and collaborations. The results of this review will be presented to members of the RISING SUN team, and relevant elements will be utilized for the priority-setting exercise.

[5] National Action Alliance for Suicide Prevention: Research Prioritization Task Force. (2014). A prioritized research agenda for suicide prevention: An action plan to save lives. National Institute of Mental Health and the Research Prioritization Task Force.
http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Agenda.pdf

[6] Department of Defense, Department of Veterans Affairs, Department of Health and Human Services, and Department of Education. (2013). National research action plan: Improving access to mental health services for veterans, service members, and military families.
http://www.whitehouse.gov/sites/default/files/uploads/nrap_for_eo_on_mental_health_august_2013.pdf