

# Addressing the Root Cause of Suicide

Patrick M. Anderson, Executive Director  
Chugachmiut  
August 2, 2011

# Suicide Among Alaska Natives

# The Facts

40.9 suicides per 100,000 population

★Northern Alaska had 65 suicides per 100,000 population

★Southeast Alaska had 16.3 suicides per 100,000 population

Suicide ideation and attempts are likely much higher than U.S. figures as well as actual suicides.

**OUR PROBLEM IS EXTREMELY SERIOUS**

# Anchorage Daily News Story

## Suicide rate remains high in Alaska, especially among Natives

By RACHEL D'ORO The Associated Press  
January 13th, 2011

“Suicide remains an epidemic in Alaska despite millions of dollars in program funding and substantial efforts by communities and organizations in the state over the past decade, a new report says.”

# Anchorage Daily News Article

Our view: Suicide in Alaska—Antidote is hope, connections, steady mending of the net

*(09/09/10)*

“The numbers are grim. Alaska continues to suffer suicide rates much higher than the national average -- in the period 1996-2004, the overall Alaska rate ran as much as 80 percent higher than the U.S. average. In the same period, the rate for Alaska Natives was spiked at almost 500 percent higher than the U.S. average.

The numbers have not changed much since.

This isn't news and it isn't good.”

# Suicide Among U.S. Residents

Suicide ideation is relatively rare among adults: overall 3% of adult population will think about committing suicide.

The 2008 SAMHSA National Survey on Drug Use and National Health shows that suicide ideation is not a large global problem. About 8 million adults think about suicide, and even fewer make suicide plans, and even fewer attempt suicide.

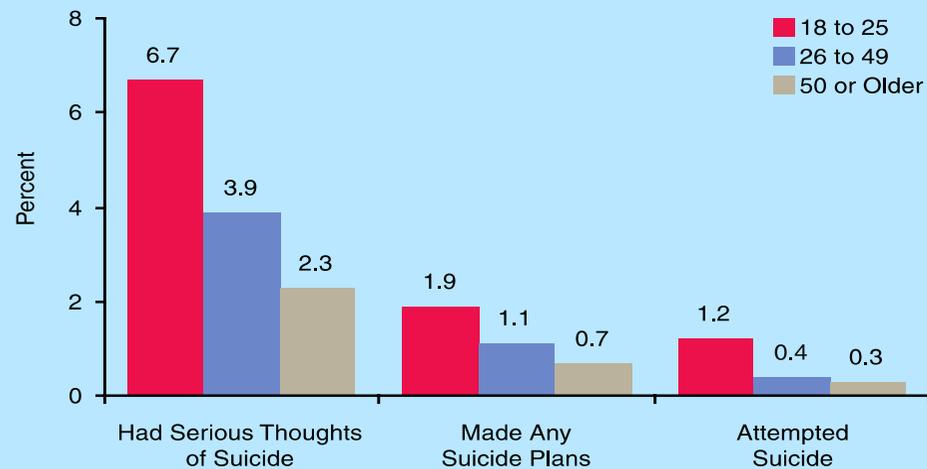
**Table 1. Suicidal Thoughts and Behaviors in the Past Year among Adults: 2008**

Suicidal Thoughts and Behavior	Number (in Millions)
<b><i>Serious Thoughts of Suicide</i></b>	8.3
<i>Made Suicide Plan</i>	2.3
Made Suicide Plan and Made Suicide Attempt	0.9
Made Suicide Plan but Did Not Make Suicide Attempt	1.4
<i>Did Not Make Suicide Plan</i>	6.0
Did Not Make Suicide Plan but Made Suicide Attempt	0.2
Did Not Make Suicide Plan and Did Not Make Suicide Attempt	5.8

Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).

Young adults (18-25) are at twice the risk of the Adult population for ideation.

**Figure 1. Suicidal Thoughts and Behaviors in the Past Year among Adults, by Age Group: 2008**

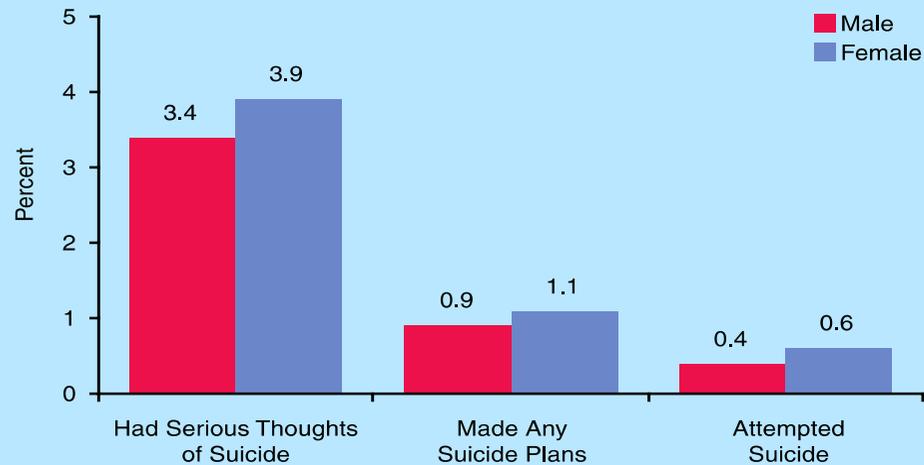


Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).

6.7% of the young adult population from 18 to 25 are at a higher risk for thinking about suicide, making suicide plans and attempting suicide—especially at attempting suicide which they are 3 times more likely to do than older adults.

## Women are a slightly higher risk for ideation, planning and attempting suicide

**Figure 2. Suicidal Thoughts and Behaviors in the Past Year among Adults, by Gender: 2008**



Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).

But women are less successful than men in actually committing suicide.

The Root Cause of Most Suicides

The Adverse Childhood Experience  
Study (ACES)

The Centre for Suicide Prevention in Calgary, Canada, in its 2003 study titled *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*.

“We know that there are a wide range of general risk factors that have been shown to contribute to suicide in all adolescents, regardless of their cultural background. Examples of such risk factors include: depression, alcohol and substance abuse, a family history of suicide, social isolation, and access to firearms. However, in the case of Aboriginal young people, we can argue that they face, on average, a greater number of these risk factors at once or that the risk factors are more severe in nature.

# A look at the Adverse Childhood Experience Study (ACES)

The ACES was conducted between 1992 and 1994 by Kaiser Permanente (San Diego) and the Centers for Disease Control. 17,400 KP patients were questioned about any Adverse Childhood Experiences they had as children (birth to 18).

## The 10 Adverse Childhood Experiences studied were:

### ***Abuse of a Child***

- Psychological abuse
- Physical abuse
- Contact sexual abuse

### ***Trauma in Child's Household Environment***

- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- Absent biological parent from the household

### ***Neglect of Child***

- Emotional Neglect
- Physical neglect

# The ACE Study

## Summary of Findings:



- Adverse Childhood Experiences (ACEs) are very common, but largely unrecognized.
- ACEs are in fact the basis for much of adult medicine and of many common public health problems.
- ACEs are strong predictors of later social functioning, well-being, health risks, disease, and death.
- Adverse childhood experiences are interrelated, not solitary.
- This combination makes ACEs *the leading* determinant of the health and social well-being of our nation.

# Prevalence of Adverse Childhood Experiences

---

	Prevalence (%)
Abuse, by Category	
Psychological (by parents)	11%
Physical (by parents)	28%
Sexual (anyone)	22%
Neglect, by Category	
Emotional	15%
Physical	10%
Household Dysfunction, by Category	
Alcoholism or drug use in home	27%
Loss of biological parent < age 18	23%
Depression or mental illness in home	17%
Mother treated violently	13%
Imprisoned household member	6%

# Adverse Childhood Experiences Score

Number of categories (not events) is summed...

<i>ACE Score</i>	<i>Prevalence</i>
0	33%
1	25%
2	15%
3	10%
4	6%
5 or more	11%*



- Two out of three experienced at least one *category* of ACE.
- Women are 50% more likely than men to have ACE Score >5.
- If any one ACE is present, there is an 87% chance *at least* one other ACE category is present, and a 50% chance of 3 others.

# ACES in Indian Country

While no nationwide ACE Study of American Indians or Alaska Natives has been conducted, in the study cited below, 33% of American Indians surveyed among seven Indian tribes experienced 4 or more Adverse Childhood Experiences.

This rate is approximately double the rate of the general U.S. population.

Koss, M., Polacca, M., Yuan N., et al “Adverse Childhood Exposures and Alcohol Dependence Among Seven Tribes” *American Journal of Preventative Medicine*, 2003, pp. 238-244

# Adoption of Negative Behaviors

Age 3, child starts eating for comfort

Age 4, child starts to bully smaller children

Age 6, child sneaks sips of alcohol from parent stash

Age 11, child starts smoking

Age 12, child starts drinking and smoking more frequently

Age 13, teenager starts having sex

Age 13, teenager experiences first bout of severe depression

Age 13, teenager uses drugs and continues use

Age 14, teenage boy strikes girlfriend or girl is beaten for the 1<sup>st</sup> time

Age 15, teenager is pregnant

Age 16, teenager drops out of high school

Age 17, teenager contracts STD

Age 18, teenager attempts suicide

# One Individual's Lifetime Journey With Trauma

Born into an alcoholic family

From birth to age 4 ½, 9 to 12, witnessed domestic violence

From age 4 ½ to age 18 had absent biological parent

Age 8 to 12 experiences emotional abuse

Age 9 to 11 experiences physical neglect

Age 8 to 17 experiences depression in a family member

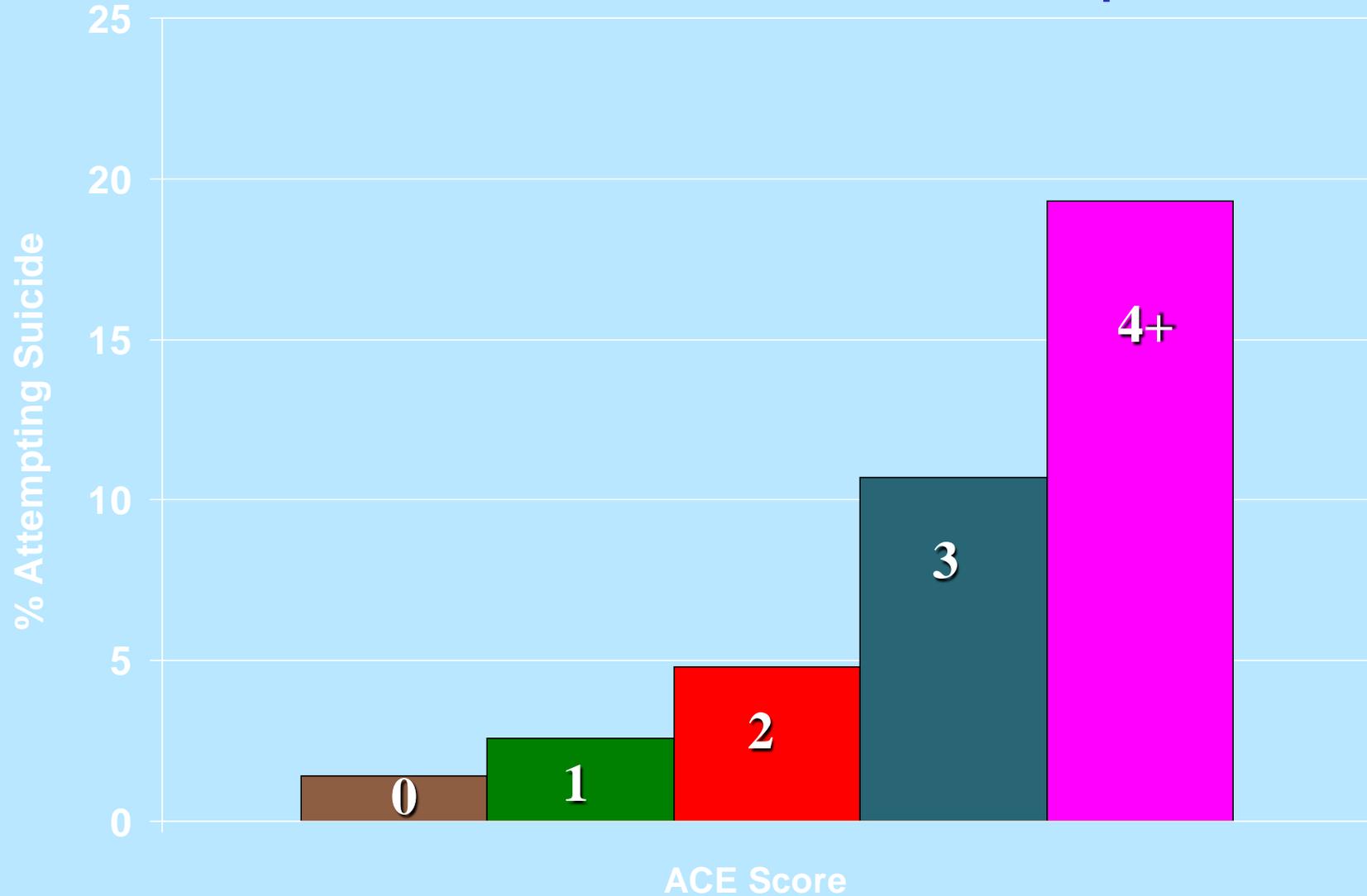
Age 4 to 13 experiences physical abuse

Negative outcomes experienced by child generation of this individual (7 ACES)

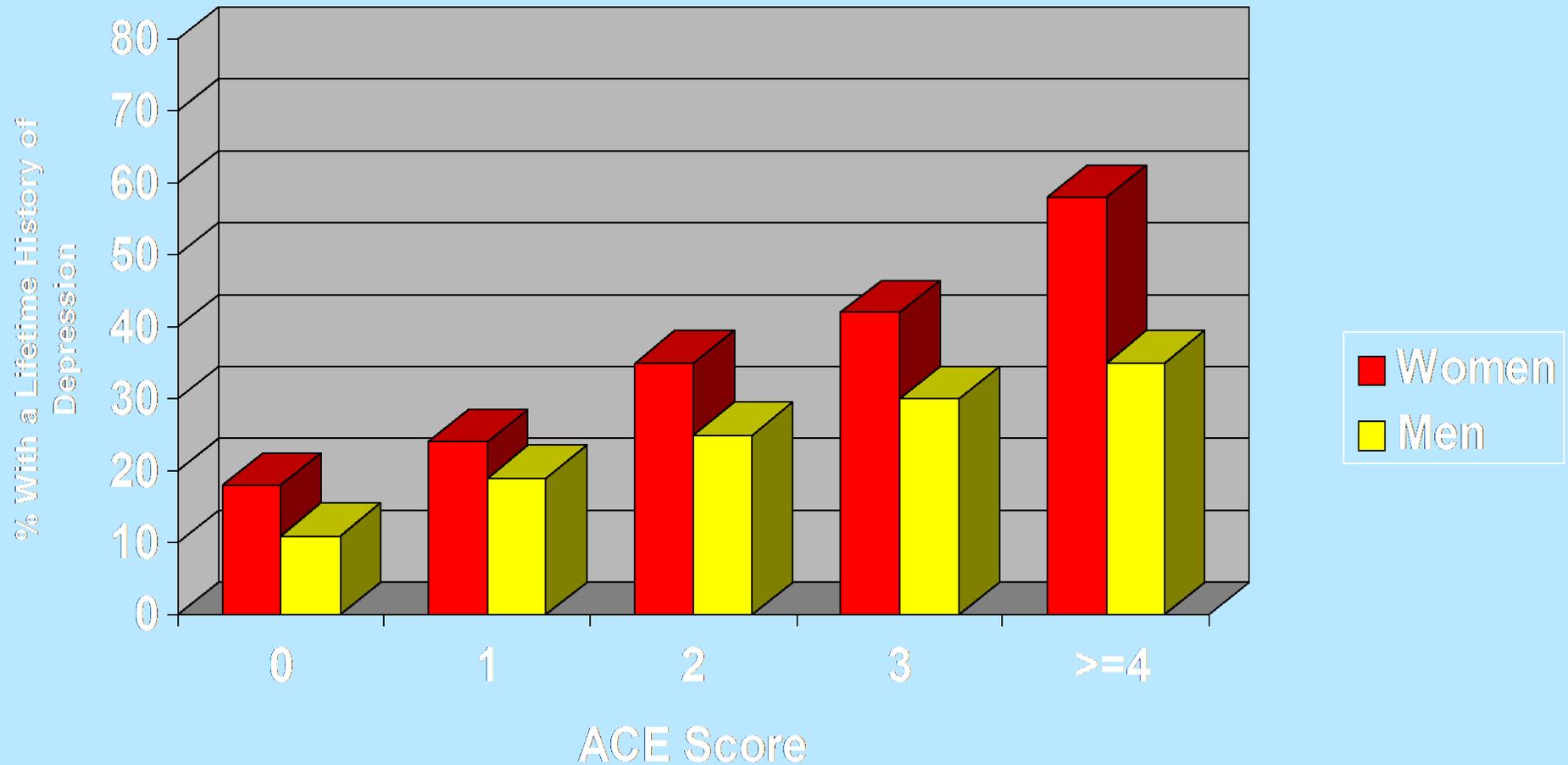
-Teen pregnancy, school drop out, smoking, substance abuse, alcohol abuse, promiscuity, STD's, diabetes II, obesity, victims of domestic violence, depression, perpetrator of domestic violence, suicide attempts, and premature death (before age 50).

HOW MANY FAMILIES DO YOU KNOW THAT ARE LIKE THIS?

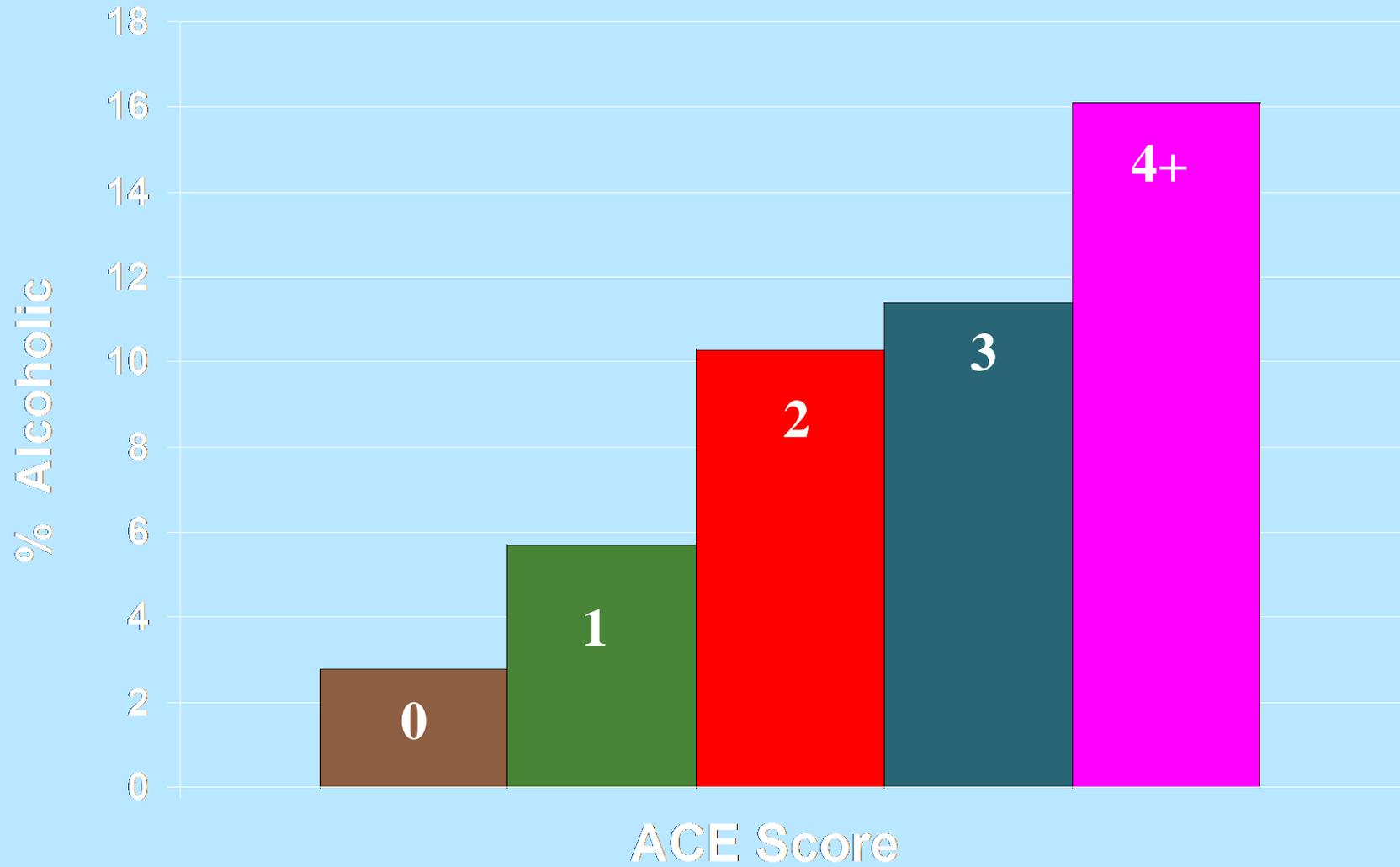
# Childhood Experiences Underlie Suicide Attempts



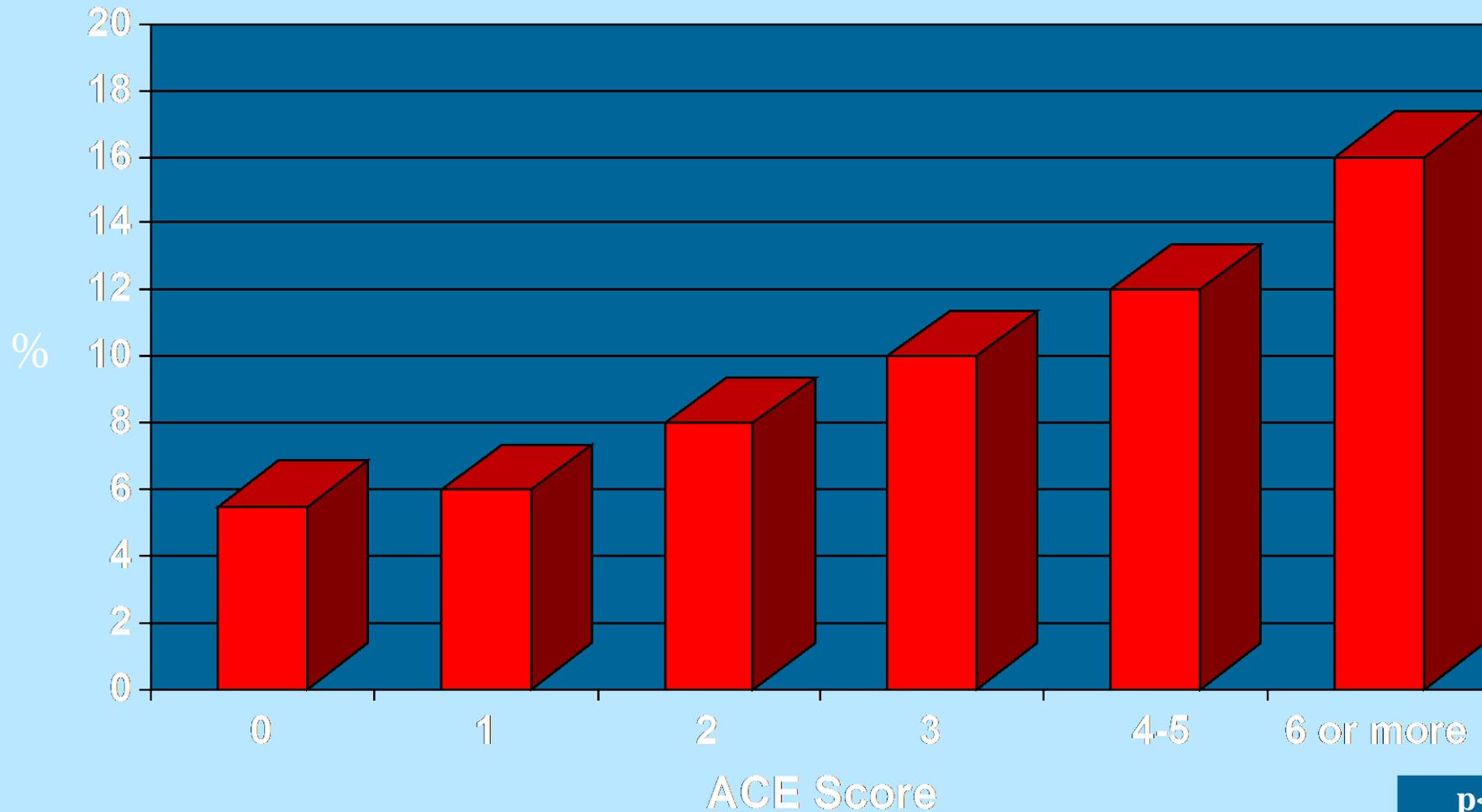
# Childhood Experiences Underlie Chronic Depression



# Childhood Experiences vs. Adult Alcoholism



# Adverse Childhood Experiences vs. Smoking as an Adult



Addiction is the unconscious,  
compulsive use of psychoactive  
materials or agents.

*“It’s hard to get enough of something  
that almost works.”*

The Traditional Concept:

“Addiction is due to the characteristics intrinsic in the molecular structure of some substance.”

The ACE Study shows that:

Addiction highly correlates with characteristics intrinsic to that individual's childhood experiences.

# Estimates of the Population Attributable Risk\* of ACEs for Selected Outcomes in Women

	<b>PAR</b>
Alcoholism	65%
Drug abuse	50%
IV drug use	78%

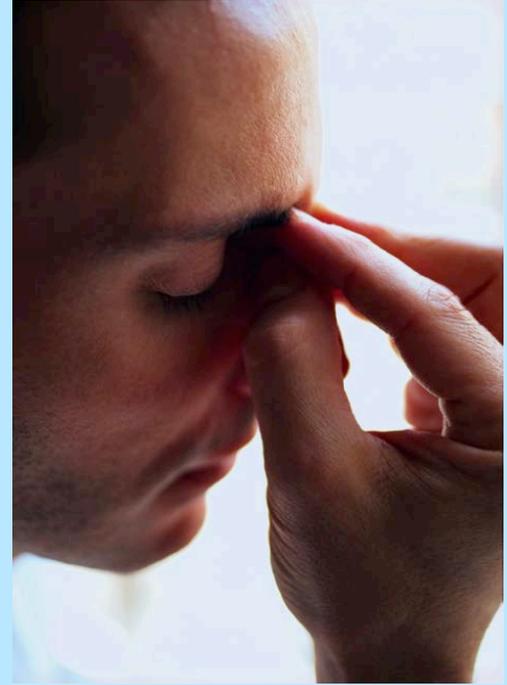
\*That portion of a condition attributable to specific risk factors

## Depression:

Most say depression is a disease.

Many say depression is genetic.

Some say it is due to a chemical imbalance.



What if depression were *not* a disease,  
but rather a  
*normal response*  
to abnormal life  
experiences?



# Estimates of the Population Attributable Risk\* of ACEs for Selected Outcomes in Women

<b>Mental Health</b>	<b>PAR</b>
Current depression	54%
Chronic depression	41%
Suicide attempt	58%

\*That portion of a condition attributable to specific risk factors

Many chronic diseases  
in adults are determined  
decades earlier, in  
childhood.

The risk factors  
for these chronic disease  
are *also* reliable markers  
for earlier problems.

*“In my end is my beginning.”*

T.S. Eliot - Quartets

Dismissing health risks as “bad habits” or “self-destructive behavior”  
*comfortably*  
hides  
their  
functionality.



“Don’t ever take a fence down until you know why it was put up.”

G.K. Chesterton

Smoking cessation, substance abuse treatment, treating depression, domestic violence programs, “choose respect” campaigns, and other types of interventions, without healing the trauma, may worsen problems.

# Healing our Tribes and Preventing Suicide Behaviors

# A Hawthorne Effect

## Restorative Integral Support Model

<p>Levels and Lines of development Emotion, thoughts, And interior experiences</p> <p>Individual: self and development model Adverse Childhood Experiences</p> <p style="text-align: center;">I</p>	<p>Behaviors Physical organism Physical health</p> <p>What shows up: negative behaviors (coping strategies) and exterior problems (health impacts)</p> <p style="text-align: center;">IT</p>
<p style="text-align: center;">WE</p> <p>Group values pertaining to: Family Community Sub-culture Larger culture</p> <p>Shared Values and World Views</p>	<p style="text-align: center;">ITS</p> <p>Physical trauma, neglect and abuse Family Relational system Rules, guidelines, regulations, Policies, laws, systems School System Health-care system Legal or other systems</p> <p>Social Systems and response</p>

# Healing our Tribes

Use a holistic, spiritual, tribally based approach

Useful concept in the “Restorative Integral Support Model”

I Quadrant: Individual, self and development model (ACES)

IT Quadrant: External appearance-negative behaviors and problems

WE Quadrant: Shared Values and World View (Tribes & Culture)

ITS Quadrant: Social Systems and Response

# Preventing Trauma in Children

Help Grandparent and Parent Generation heal

- Resolving Trauma after it has already affected us

- Learn about the impact of ACE's on our behavior

- Adopt appropriate Treatment options (CBT, DBT, EFT, EMDR, Somatic Experiencing)

- Parent training, relationship training, stress reduction

- Treat the fire, not the smoke

- Learn to recognize unresolved childhood trauma

# Preventing Trauma in Children

Reduce the Stigma of Negative Behaviors and Therapy

- Lots of us have behavioral issues

- Foster a no blame, no shame culture

- Require accountability and responsibility

- Educate our tribal members about the prevalence of ACE's

- Learn to intervene in a positive way

- Integrate behavioral biopsychosocial evaluations into Primary Care

# Preventing Trauma in Children

Focus Single mindedly on Preventing Trauma in Children

- Let's lean not to blame the parent and grandparent generation
- Provide family services starting with Traveling Nursing during pregnancy
- Teach parenting and relationship skills
- Intervene quickly to reports of traumatizing events
- Learn how to forgive, to ask for forgiveness and apologize
- Develop wholesome community activities.

Start Treating the Whole Person Including  
their Mind and Spirit

Adverse Childhood Experiences  
determine the likelihood of the  
ten most common causes of  
death in the United States.

Top 10 Risk Factors: smoking, severe obesity, physical inactivity,  
depression, suicide attempt, alcoholism, illicit drug use, injected drug use,  
50+ sexual partners, h/o STD.

# A Public Health Paradox

Many of our most common and intractable public health problems are unconsciously attempted solutions to personal problems dating back to childhood and buried in time and concealed by time, by shame, and by social taboo.

With an ACE Score of 0, the majority of adults have few, if any, risk factors for these diseases.

With an ACE Score of 4 or more,\*  
the majority of adults have  
multiple risk factors for these  
diseases or the diseases themselves.

\* One in six persons

# Improving the Future



Child  
health  
and  
well-being  
as it  
stands  
today.

Acknowledgment that  
the problem exists.

Recognition of cases  
in medical practice.

Adult  
health  
and  
well-being  
as it  
could be.

# What Can We Do Today?

- Routinely seek a history of adverse childhood experiences from all patients, by questionnaire.
- Acknowledge their reality by asking, “*How has this affected you later in life?*”
- Develop systems to help with current problems.
- Develop systems for early prevention.

# Benefits of a Biopsychosocial Preventive Approach

Biomedical evaluation: 11% reduction in DOVs, subsequent year.  
(700 patient sample)

Biopsychosocial evaluation: 35% reduction in DOVs subsequent year.  
(120,000 patient sample)

# Practice Implications of the ACE Study

- A biopsychosocial and trauma-oriented approach to medical care has been demonstrated to be feasible, affordable, and acceptable.
- It may be possible to rescue Primary Medical Care from its current symptom-reactive mode of practice, start dealing with basic causes, and also reduce the social burden of medical care costs.
- A novel concept of Preventive Medicine is proposed as the standard entry mechanism into all ongoing medical care.

# Final Insights from the ACE Study

- Adverse childhood experiences are common but typically unrecognized.
- Their link to major problems later in life is strong, graded, and logical.
- They are the nation's *most basic* public health problem.
- It is comforting to mistake intermediary mechanism for basic cause.
- What presents as the 'Problem' may in fact be an attempted solution.
- Treating the solution may be threatening and cause flight from treatment.
- Primary prevention is presently the only feasible population approach.
- The resistance to introducing these changes is major.