



MODEL BILL TO EFFECTIVELY REDUCE THE SUICIDE RATE IN ALASKA

While training communities to identify the signs of suicide risk is important, it is not enough to effectively reduce the suicide rate. Legislation must be passed that requires all mental health professionals and primary care physicians to receive training in evidence-based, assessment, management, intervention, and treatment of suicide risk. Because, everyone deserves a life worth living.

Bill Title: Training for Health Professionals in Suicide Assessment, Treatment and Management

WHEREAS, Alaska is ranked 4th in the nation for its high suicide rate and throughout the state suicide is the: 1st leading cause of death for ages 10-24, 2nd leading cause of death for ages 25-34, 3rd leading cause of death for ages 35-44, and 5th leading cause of death for ages 45-64. Overall, suicide is the 6th leading cause of death in Alaska.

WHEREAS, Over 90% of people who die by suicide have a diagnosable mental health disorder at their time of death and will often come into contact with health professionals during their time of suicide risk. Of people who die by suicide, 45% of individuals had contact with their primary care provider in the month before, and 77% of individuals had contact with their primary care provider in the year before death.

WHEREAS, Despite the comorbidity of mental health disorders and suicide, the vast majority of mental health professionals—a group that includes psychiatrists, psychologists, social workers, licensed counselors, and psychiatric nurses— do not typically receive routine training in suicide assessment, treatment, or risk management.

WHEREAS, A key national strategy in suicide prevention is the implementation of a minimum amount of scientifically proven (randomized controlled trials) training for health care providers in suicide risk assessment and treatment of suicidal ideation and behaviors.

WHEREAS, Training mental health professionals in current suicide prevention standards not only increases professional confidence in treating suicidal people but also updates professionals on the most effective, evidence-based treatment options.

WHEREAS, Suicide-specific training enhances the level of care that people who experience mental illness and suicide risk receive while also increasing provider competence and ability to provide effective, life-saving treatment.

WHEREAS, Mandating standards for suicide prevention treatment ensures that health professionals maintain competency and consistency when treating their most vulnerable patients who deserve adequate service.

NOW THEREFORE, It is the intent of the legislature to help lower the suicide rate in Alaska by requiring certain health professionals to complete evidence-based training in suicide assessment, treatment, and management as part of their continuing education, continuing competency, or recertification requirements.

* Source: American Foundation for Suicide Prevention

Insert into the Alaska Mental Health Act:

(1)(a) Each of the following professionals certified or licensed under AK Code, Art. Health Occupations, shall, at least once every two years, complete training in suicide assessment, treatment, and management that is approved, in rule, by the relevant disciplining authority:

- (i) Psychologists;
- (ii) Social Workers;
- (iii) Professional Counselors and Therapists;
- (iv) Physicians;
- (v) Physician Assistants;
- (vi) Occupational Therapists;

(b) The training required by this subsection must be at least six hours in length.

(c) Beginning July 1, 2021, the training required by this subsection must be on the model list developed under subsection (5) of this section. Nothing in this subsection (1)(c) affects the validity of training completed prior to July 1, 2021.

(2)(a) A professional listed in subsection (1)(a) of this section must complete the first training required by this section by the end of the first full continuing education reporting period after July 1, 2021, or during the first full continuing education reporting period after initial licensure or certification, whichever occurs later.

(b) A professional listed in subsection (1)(a) of this section applying for initial licensure may delay completion of the first training required by this section for six years after initial licensure if he or she can demonstrate successful completion of the training required in subsection (1) of this section no more than two years prior to the application for initial licensure.

(3) The hours spent completing training in suicide assessment, treatment, and management under this section count toward meeting any applicable continuing education or continuing competency requirements for each profession.

(4) Beginning July 1, 2021, the training required by this subsection must be on the model list developed under subsection (5)(a) of this section.

(5)(a) The Secretary of Health and the disciplining authorities shall work collaboratively to develop a model list of training programs in suicide assessment, treatment, and management.

(b) The secretary and the disciplining authorities shall update the list at least once every two years.

(c) By January 1, 2022, the department shall adopt rules establishing minimum standards for the training programs included on the model list. The minimum standards must require that six-hour trainings (provided in one six-hour block or spread among shorter trainings) include content that is evidence-based through rigorous scientific methods and suicide-specific. The content must include the assessment of issues related to imminent harm via lethal means, stabilization planning, crisis response plan and suicide-specific treatment aimed at providing the patient a life beyond suicide risk. When adopting the rules required under this subsection (5)(c), the department shall:

(i) Consult with the affected disciplining authorities, public and private institutions of higher education, educators, experts in suicide assessment, treatment, and management, the Alaska department of veterans affairs, and affected professional associations; and

(ii) Consider standards related to the best practices registry of the American foundation for suicide prevention and the suicide prevention resource center.

(d) Beginning July 1, 2021:

(i) The model list must include only trainings that meet the minimum standards established in the rules adopted under (c) of this subsection;

(ii) The model list must include six-hour trainings in suicide assessment, treatment, and management; and

(iii) A person or entity providing the training required in this section may petition the department for inclusion on the model list. The department shall add the training to the list only if the department determines that the training meets the minimum standards established in the rules adopted under (c) of this subsection.

(6) Nothing in this section may be interpreted to expand or limit the scope of practice of any profession regulated under Alaska Code, Art. Health Occupations.

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