



Suicide Prevention Month

September 2021

Stories of Hope



Suicide Prevention Awareness Month 2021: Stories of Hope Toolkit Guide

Thank you for downloading our toolkit for 2021's Suicide Prevention Awareness Month. The National Alliance on Mental Illness (NAMI) initiated National Suicide Prevention Awareness Month in September 1975. Suicide Prevention Awareness Month calls all mental health advocates, prevention organizations, survivors, allies, and community members to unite to promote suicide prevention awareness. We can do this by connecting with loved ones, sharing resources, researching suicide data, warning signs, and coping skills, and sharing our own stories of hope and resilience.

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Introduction

This toolkit provides resources and action steps that you can take to participate in Suicide Prevention Awareness Month. In this toolkit, you will find:

- Sample Suicide Prevention Awareness Social Media Messaging
- Suicide Prevention Awareness Month Calendar and Events
- #StoriesofHope Social Media Campaign Overview
- Proclamation
- Take Five Activity
- Factsheets:
 - Supporting People with Lived Experience
 - Warning Signs of Suicide
 - Risk Factors of Suicide
 - Health Risk Factors of Suicide
 - Protective Factors of Suicide
 - Groups at Elevated Risk of Suicide
 - R.A.C.E. for Suicide Prevention
 - Lethal Means Safety

Sample Suicide Prevention Awareness Social Media Posts

We have developed several social media posts for you to share on your Facebook, Instagram, or Twitter accounts to help spread awareness during Suicide Prevention Awareness Month. Please help us amplify on your own channels by resharing #StoriesofHope and #MACSP33 from @PrevSuicideMD on all platforms. Download all post graphics from the attached file.

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Facebook/ Instagram/Twitter

It's more important than ever that we all take part in the conversation about suicide prevention. Encourage your friends, family, and communities to get involved this #SuicidePreventionAwarenessMonth #StoriesofHope

In recognition of #SuicidePreventionAwarenessMonth, we're encouraging everyone to fight stigma about suicide by talking about suicide.
#TalkAboutSuicide #StoptheStigma #MACSP33 #StoriesofHope

Contrary to popular belief, talking about suicide doesn't make a person more at risk. It is ok to talk about suicide. Help prevent suicide by sharing your personal stories of resilience and recovery.

Want to get involved this #SuicidePreventionMonth? Wear yellow to work September 10 for suicide prevention awareness! Tweet us your photos!
#TalkAboutSuicide #StoptheStigma #MACSP33 #StoriesofHope

Stories of survival and coping with suicidal thoughts have been shown to have a positive effect on people at risk of suicide.

Suicide Prevention Awareness Month Events and Calendar for 2021

Sunday, September 5 – Saturday, September 11

National Suicide Prevention Week is the Sunday through Saturday surrounding World Suicide Prevention Day. It's a time to share resources and stories, as well as promote suicide prevention awareness.

September 10

World Suicide Prevention Day

It's a time to remember those affected by suicide, to raise awareness, and to focus efforts on directing treatment to those who need it most. This day is celebrated in order to provide worldwide commitment and action to prevent suicides, with various activities around the world since 2003. Wear yellow to show your support.

October 6

The Maryland Department of Health's Office of Suicide Prevention will be hosting the 33rd Annual Suicide Prevention Conference via Zoom. Please consider joining this event and sharing it with your friends, family, neighbors, teachers, etc. After the first of September, check out our website for details about how to access the conference.

September

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10 <i>World Suicide Prevention Day</i>	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

National Suicide Prevention Week

Campaign Overview: #StoriesofHope

This September for Suicide Prevention Awareness Month, we're uplifting the voices of the brave people who have lived experience of suicide. We rarely get to hear directly from those who have experienced suicidal ideation, survived a suicide attempt, or from those who have lost someone to suicide.

#StoriesofHope Actions

Suicide is a heavily stigmatized topic, but it doesn't have to be. When we begin to normalize talking about suicide, we create safe spaces for people to reach out for help, provide resources, and connect with others who can provide support. Share your personal story of hope. Submit a short written submission of life after the loss of a loved one or life after lived experience of suicidal crisis. Help prevent suicide and support others who may be going through a tough time.

Tell us about your hope and resiliency during or after a lived experience of suicide, and/or what a "Story of Hope" means to you. You can submit a written story (400-700 words) or a three-minute video [here](#). Please see the end of the document for submission guidelines and the media consent form that must accompany each submission.

Your story could be featured in the 33rd Annual Maryland Suicide Prevention Virtual Conference on October 6. Because we all prefer to be supported and celebrated in different ways, you can opt to keep your story anonymous. Not all submissions may be used on our social media, @PrevSuicideMd, or at our conference.

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Take Five Activity

Take five minutes to complete five action items developed by the National Council for Suicide Prevention for their Take 5 to Save Lives campaign:

1. Learn the signs
2. Do your part
3. Practice self-care
4. Reach out
5. Spread the word

Learn more: take5tosavelives.org/take-5-steps

2021 National Suicide Prevention Week Proclamation provided by the American Foundation of Suicide Prevention (ASFP)

In Recognition of the 2021 National Suicide Prevention Week

This Proclamation recognizes suicide as a national and statewide public health problem, and suicide prevention as a national and statewide responsibility, and designates September 5 through September 11 as "National Suicide Prevention Week" in Maryland. This week overlaps World Suicide Prevention Day, September 10th, recognized internationally and supported by the World Health Organization.

- WHEREAS, suicide remains the 10th leading cause of death in the United States and the 2nd leading cause of death among individuals between the ages of 10 to 34;
- WHEREAS, in the United States over 47,000 people died by suicide in 2019 (Centers for Disease Control);
- WHEREAS, suicide rates have increased 30% over the last two decades, with suicide rates finally decreasing 2.1% between 2018 and 2019;
- WHEREAS, it is estimated that in 2019, there were 1.38 million suicide attempts;
- WHEREAS, in 2019, suicide was the 11th leading cause of death in Maryland (Centers for Disease Control);
- WHEREAS, in 2019, 657 people died by suicide in Maryland (Centers for Disease Control);
- WHEREAS, over 90% of the people who die by suicide have a diagnosable and treatable mental health condition, although often that condition is not recognized or treated;
- WHEREAS, organizations such as the American Foundation for Suicide Prevention are dedicated to saving lives and bringing hope to those affected by suicide, through research, education, advocacy and resources for those who have lost someone to suicide or who struggle, and urge that we:
 1. Recognize suicide as a preventable national and state public health problem and declare suicide prevention to be a priority.
 2. Acknowledge that no single suicide prevention program or effort will be appropriate for all populations or communities.
 3. Address the disparity in access to mental healthcare for underrepresented groups, and advocate for ending these disparities.
 4. Fund new suicide research to support culturally-informed and evidence-based mental health care and services.
 5. Encourage initiatives based on the goals contained in the National Strategy for Suicide Prevention and the 2020 Maryland Suicide Prevention Plan.
 6. Promote awareness that there is no single cause for suicide, and that suicide most often occurs when stressors exceed the coping abilities of someone struggling with a mental health condition.
 7. Develop and implement strategies to improve and increase access to quality mental health, substance abuse, and suicide prevention services and programs.

Therefore, be it resolved that, I, [NAME of County Official], of [County], do hereby designate September 5 - 11, 2021 as "National Suicide Prevention Week" in Maryland.

How to Support those with Lived Experience of Suicide

People with lived experience are individuals who have experienced suicidal thoughts and feelings, survived a suicide attempt, or experienced a suicide loss. Some people may fit into more than one of these categories.

The importance of involving individuals with lived experience in suicide prevention

- People who have attempted suicide or have been affected by a suicide death are more likely to die by suicide. Engaging them in their own care has been shown to reduce suicide risk.
- People with lived experience can serve as models of hope and resiliency for others at risk for suicide and who have lost someone to suicide.
- The insights of people with lived experience are extremely valuable in prevention planning, treatment, and education. This leads to improved care, enhanced safety, reduced suicide attempts and deaths, and improved support for loss survivors.
- Involving people with lived experience in suicide prevention efforts can help providers and professionals better tailor their approaches to meet the needs of the groups they are working with.

Core Values for Supporting People with Lived Experience

- 1 Foster hope and help people find meaning and purpose in life
- 2 Preserve dignity and counter stigma, shame, and discrimination
- 3 Connect people to peer supports
- 4 Promote community connectedness
- 5 Engage and support family and friends
- 6 Respect and support cultural, ethnic, and/or spiritual beliefs and traditions
- 7 Promote choice and collaboration in care
- 8 Provide timely access to care and support

What You Can Do

- Hire people with lived experience to contribute to your suicide prevention efforts by being actively engaged in the planning and implementation of prevention efforts.
- Involve people with lived experience in decisions about their own treatment and care.
- Engage people with lived experience to provide peer support for people at risk for suicide and affected by a suicide.
- Partner with peer support services and organizations operated by people with lived experience, especially if your organization provides crisis and emergency services.

Warning Signs for Suicide

Warning signs can be indicators that a person may be thinking about attempting suicide and may urgently need help:

- Talking or writing about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs



- Losing interest in activities
- Acting anxious or agitated; behaving recklessly and irrationally
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Sharp drop in performance
- Giving away possessions

How to Help Someone in Crisis

1. **Ask Directly** Asking someone directly, "are you thinking of suicide?" can be the open door to a conversation that they've been needing.
2. **Be an Active Listener** Be there to listen with compassion and empathy. Avoid judgmental or dismissive statements that might make someone recede from the conversation.
3. **Keep Them Safe** Do not leave someone alone if they are thinking about suicide. If you think the person is in immediate danger, call 911 or take them to the nearest emergency room.
4. **Connect Them to Help** Find out who they can reach out to for help, whether it's a therapist, a doctor, friends or family. Help them feel supported and offer resources to get professional assistance. For additional support, call 911 or your local suicide hotline.
5. **Check-In Again** Follow-up with the person in the days and weeks after the crisis to let them know you're thinking of them.

Risk Factors of Suicide

Risk factors are characteristics that make it more likely a person will think about, attempt, or die by suicide. For example, studies suggest that some health conditions are associated with an increased risk of suicide, like having a traumatic brain injury. Risk factors do not cause or predict suicide.



Individual:

- Previous suicide attempt
- Mental health and/or substance use disorders, such as depression
- Social isolation
- History of incarceration
- Financial issues
- Impulsive or aggressive tendencies
- Job problems or loss
- Legal problems
- Serious illness
- Substance use disorder
- Changes in use of alcohol and drugs should be added
- Adverse childhood experiences such as child abuse and neglect
- Bullying
- Family history of suicide
- Relationship problems such as a break-up, violence or loss
- Sexual violence

Societal:

- Stigma associated with mental illness or help-seeking
- Easy access to lethal means among people at risk (e.g., firearms, medications)
- Unsafe media portrayals of suicide

Community:

- Barriers to health care
- Cultural and religious beliefs (e.g., a belief that suicide is noble) resolution of a personal problem
- Suicide cluster in the community

Protective Factors of Suicide

Protective factors are characteristics a person has that provide protection from suicide risk:

- Easy access to a variety of clinical interventions
- Effective clinical care for mental, physical and substance use disorders
- Skills in problem solving, conflict resolution and handling problems in a non-violent way
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Cultural and religious beliefs that discourage suicide and support self-preservation
- Reduced access to highly lethal means of suicide



Health Risk Factors for Suicide

Certain health factors play a major role in suicide risk:

- Mood disorders – particularly bipolar and depression
- Depression
- Schizophrenia
- Antisocial and borderline personality disorders
- At greatest risk in the period just following release from mental health treatment
- Substance misuse
- Serious physical health conditions including pain
- Traumatic brain injury



Groups at Elevated Risk of Suicide

Suicide is a major public health problem and a leading cause of death in the United States. Thoughts of suicide can touch any person anywhere, but certain groups are disproportionately impacted by suicide and/or have a higher risk of suicide compared to the general population due to many different reasons.

The risk for suicidal behavior is complex. Research suggests that people who attempt suicide may react to events, think, and make decisions differently than those who do not attempt suicide. These differences happen more often if a person also experiences any of the following:

- Prior suicidal behavior – most important factor in estimating the likelihood of further suicidal acts, risk increases by 40%
- Individuals with a current suicide plan
- Individuals with mental disorders
- Recent divorcees (especially males)
- Recently unemployed individuals
- Any individual who has experienced loss or change
- Individuals in rural areas and those with limited access to resources
- Individuals with life stress and mental pain
- Family history – modeling
- LGBTQ individuals
- The highest suicide rates in the US are among people who are white, American Indian and Alaska Native.



R.A.C.E. for Suicide Prevention

Recognize warning signs
Ask directly about suicide
Care
Encourage them to seek help

If you think someone may be contemplating suicide, the following recommendations have been shown to reduce the risk.

- Find a time to privately let the person know what you have observed and express your concern. Stay calm and listen carefully to learn what they are thinking and feeling.
- Be supportive but direct; ask them if they are considering taking their own life. If they express a sense of hopelessness or suicidal thoughts, be sympathetic, but realize the person needs professional help. Do not leave them alone or promise confidentiality.
- Attempt to reach agreement on a safety plan that may include the following:
 - Offer to eliminate access to lethal means, firearms, pills, etc.
 - Convince them to seek professional help and be willing to accompany them.
 - Convey to them a sense of hope and remind them that suicide is a permanent solution to a temporary problem.
- Talk to a family member to ensure they are aware of the risk.
- Once the person is safe, follow up to see how they are doing.

Studies and experts in the field generally agree these recommendations tend to reduce the risk of suicide.

Please visit our [website](#) for resources, suicide prevention trainings and webinars, and to use the SAMHSA Behavioral Health Treatment Services Locator.



Sources:

suicideispreventable.org

jamanetwork.com/journals/jama/fullarticle/2778234

LETHAL MEANS SAFETY

Lethal means are objects (e.g., medications, firearms, sharp instruments) that can be used to inflict self-directed violence. Lethal Means Safety is an intentional, voluntary practice to reduce one's suicide risk by limiting access to lethal means.

Reducing access to lethal means is an important part of a comprehensive approach to suicide prevention.

Why It's Important

- Many suicide attempts take place during a short-term crisis, so it is important to consider a person's access to lethal means during these periods of increased risk.
- Access to lethal means is a risk factor for suicide.
- Reducing access to lethal means saves lives.
- Firearms are the most lethal among suicide methods.

What Can We Do

Families, organizations, health care providers, and policymakers can take many actions to reduce access to lethal means of self-harm. Some of these are general household health and safety precautions that should be used regardless of suicide risk. Examples include limiting access to medications and storing firearms safely when not in use.

Other actions may be more appropriate when a person is at risk for suicide. If someone in the home is feeling suicidal, has recently attempted suicide, or is experiencing a crisis, it is safest to remove lethal means from the household entirely until the situation improves. For example:

- Store firearms with law enforcement (if allowed), or lock up firearms and put the key in a safe deposit box or give the key to a friend until the crisis has passed.
- Ask a family member to store medications safely and dispense safe quantities as necessary.

Some communities also focus means restriction efforts on local suicide "hotspots," such as bridges. As part of strategic planning, states, tribes and communities should examine their data to identify what suicide means they should address.

LETHAL MEANS SAFETY

Action Steps

- Educate family members and others about ways to limit access to lethal means during a crisis.
- Train mental health professionals in lethal means counseling.
- Train nontraditional providers in lethal means counseling, for example, divorce and defense attorneys, probation/parole officers, and first responders.
- Educate the community about options for temporary storage of a firearm outside of the home during a crisis.
- Collaborate with others in your community to increase safety.
- Institute lethal means counseling policies in health and behavioral health care settings and train health care providers in these settings.
- Work collaboratively with gun retailers and gun owner groups on suicide prevention efforts.
- Distribute free or low-cost gun locks or gun safes.
- Ensure that bridges and high buildings have protective barriers.

Resources

Learn more by checking out the following websites:

- [Means Matter website](#)
Harvard T. H. Chan School of Public Health
- [Zero Suicide](#)
- [Maryland Safe Storage Map](#)

Submission Guidelines

We acknowledge that the realities of suicide loss or attempt are challenging, and it may be difficult and take some time to find a hopeful message. Please take a minute to consider whether your story can provide hope, support, and guidance to those who have considered suicide or who have recently lost a loved one to suicide.

If you're ready to share how you found peace or persevered in the aftermath of a suicide loss or attempt, please share your story of hope. Follow the submission guidelines closely and note that submitting your story does not guarantee it will be posted to our social media accounts. Thank you for your bravery and willingness to share and help others.

Disclaimer: Not all submissions may be used during our conference or on our social media. Selected submissions will be notified via email.

Why are there guidelines?

Certain types of content related to suicide can increase the likelihood of suicide in vulnerable individuals. Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death. For this reason, we have provided evidence-based guidelines to help you draft your story in a way that is helpful to readers and minimizes risk of further suicides. **Entries must be three (3) minutes or less in length and submitted before or by 11:59pm EST on September 30, 2021.** If you are sharing regarding a suicide attempt, you must be at least one year post your suicide attempt to submit a story.

By submitting your video via this google form, you agree to the Submission Guidelines outlined below.

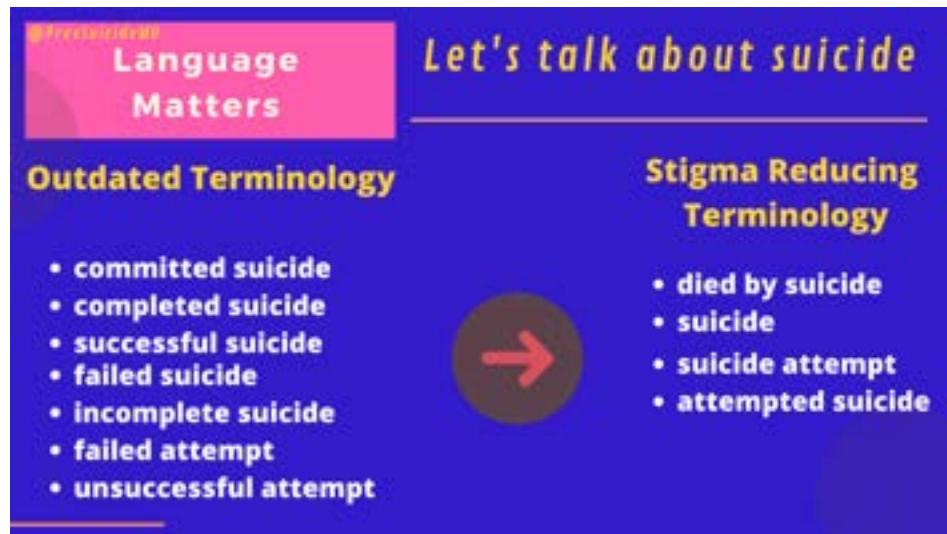
1. Answer one of the following questions within your allotted 3 minutes:

- a. Tell us about how you were able to cope with the loss of a loved one or ways in which you have been able to proceed through the grieving process.
- b. Tell us about how you or someone you know was able to prevent suicide by identifying the problem and getting help.
- c. What does hope or resilience mean to you?

2. Follow suicide messaging safety guidelines:

- a. Avoid showing or describing suicide methods or locations. We will not share your story if you include this!
- b. Do not include overly personal details of your loved one or yourself.

- c. Do not glorify or romanticize suicide. Suicide is not honorable or heroic.
- d. Do not try to explain suicide as the result of one cause or as inexplicable. Provide any clues or warning signs you observed. Provide context to the story and if mental illness was present.
- e. Please avoid using outdated terminology that can perpetuate stigma, including "committed suicide." See more examples:



- f. Make sure enough time has passed and that you are mentally and emotionally ready to share your story. Sharing your story before you are ready can be retraumatizing and may ultimately be harmful to your mental health.
3. **Share positive outcomes to educate or inspire hope.** Stories of hope means someone has recovered, sought help, or has begun to heal after a loss. Think of the best way to get your message of hope across.
 4. **Share any resources** you used and provide those details where possible.
 5. **Sign the Media Consent Form** to grant us permission to share this video, if applicable, on our social media page and at our Suicide Prevention Conference. *Not all submissions may be used. Selected submissions will be notified via email.

Video Quality Tips

- Videos can be submitted in the form of a video or audio (MP3) file. We recommend using a high-resolution file.
- Prior to recording, ensure good lighting is available and that you are recording in a quiet space.
- No copyrighted music, video, or images may be used.



MEDIA CONSENT RELEASE

Named Person: _____

Minor Under Age 18 (check one): Yes ____ No ____

Project: _____

I hereby give to the Maryland Department of Health or its authorized representatives permission to edit, copy, exhibit, distribute, or publish in print, via digital platforms, or via video/audio-recorded productions, including on the World Wide Web, this material to promote the above Project and the Maryland Department of Health's activities, without limitation or reservation. I acknowledge that I will not receive any compensation for the use of this media.

This is a full release of all claims whatsoever I or my heirs, executors, administrators, or assignees now or hereafter have against the State of Maryland, Maryland Department of Health, or its employees, in regard to any use that may be made by them of said print or digitally-published material, video/audio-recorded productions, or other media.

I have read this entire document, understand the contents, and I have willingly agreed to the above conditions.

PLEASE SIGN ON THE APPROPRIATE LINE.

Named Person's Signature and Email Address

Parent or Guardian Signature and Email Address (if Named Person is a Minor Under Age 18)

Witness

Date