



Maryland Suicide Prevention and Early Intervention Network Newsletter

WITH HELP COMES HOPE

FEATURES

Maryland's Extreme Risk Protective Order Law

House Bill 1302 (HB1302), the Extreme Risk Protective Order law, is effective Monday, Oct. 1. The bill is a new measure in Maryland to promote public safety, whether there is a threat of harm to self or others.

What is HB1302?

HB1302 is Maryland's new Extreme Risk Protective Order law. The law allows a petition to be filed with the District Court or the District Court commissioner for an extreme risk protective order if an individual poses immediate and present risk to themselves or others by possessing a firearm.

Who can file a petition?

Law enforcement officers (LEOs) and specified health professionals may file a petition. In addition to LEOs and certain health professionals, family members may also file petitions if they are the individual's spouse, cohabitant, relative by blood, marriage, adoption, or if they have a child in common with the individual, are dating or are intimate with the individual, or are a current

or former legal guardian of the individual.

What information is needed to file a petition?

To file a petition, the following information must be included: The number, types, and location of any known firearms possessed by the individual; supporting documents or information regarding any act or threat of violence the individual has made against themselves or others; and the petition must be signed and sworn to by the petitioner under penalty of perjury.

Want to learn more about HB1302?

On Wednesday, Oct. 24 from 1 to 2 p.m., there will be a seminar entitled "Maryland's Extreme Risk Protective Order: A New Tool for Preventing Suicide." Check out the Events page for more information and registration.



Maryland's Commitment to Veterans (MCV) is a program devoted to total wellness for veterans and their families.

MCV provides training to the community about veteran-specific topics to improve awareness of available behavioral health resources. Regional resource coordinators provide assistance to veterans and their families to support a healthy transition to civilian life.

To connect to a regional resource coordinator, call the MCV referral line, **877-770-4801**.

Maryland Crisis Connect

Maryland Crisis Connect is available 24/7 to provide support, guidance, and assistance.

Please call 211 and select option 1, text your zip code to 898-211, or visit **MDCrisisConnect.org**.

First Responders and Suicide

In 2017, more police officers and firefighters died by suicide than in the line of duty.

While the suicide rate in the United States for the general population is 13.42 per 100,000, the suicide rate for police officers is 17 per 100,000 and for firefighters is 18 per 100,000. It is estimated that even at these rates, suicides of first responders are largely under-reported.

Suicide has a number of contributing factors and our first responders are exposed to many of them due to the nature of their work. First responders are often put into dangerous situations every day, and while we recognize the bravery and courage it takes for first responders to do their job, we often do not think about the toll it takes on their mental health.

One study found that first responders witness 188 critical incidents during their careers. Witnessing devastation, injury, and death at the rate first responders do increases the likelihood for firefighters and police officers to develop conditions such as depression or Post-Traumatic Stress Disorder (PTSD).

One challenge to addressing the mental health and suicide prevention needs of first responders lies in the shame and stigma about mental health in professions that heavily rely on bravery and self-reliance. In addition to stigma, only 3 to 5 percent of law enforcement agencies throughout the country have suicide prevention training programs.



First responders in need of support are encouraged to call Copline, a 24/7 hotline answered by peer support counselors. Copline can be reached by calling 800-267-5463.

MORE INFORMATION

[Read the white paper on first responder suicide.](#)

Platoon 22 Memorial

The Platoon 22 Boot Memorial is a profound visual representation of the estimated number of veterans that die by suicide each day.

The memorial is currently making its way around the state of Maryland. It was on display at the Travis Manion Foundation 9/11 Heroes Run on Sept. 16 and will be displayed at the American Foundation of Suicide Prevention Out of the Darkness Walk on Saturday Sept. 22 and at Maryland's 30th Annual Suicide Prevention Conference on Wednesday, Oct. 3.

When the Veterans Affairs (VA) originally released data on veteran suicide in the United States, it was estimated that 22 veterans were

dying by suicide each day. The VA released [a recent report](#) on veteran suicide and estimates that 20 veterans die by suicide each day, 14 of which were not receiving care from the Veterans Health Administration.

Veterans in need of assistance can contact MCV at 877-770-4801 or call the Veteran's Crisis Line, 800-273-8255 and press option 1.



Loved ones and veterans interested in learning signs of psychological distress, ways to support someone experiencing a mental health crisis, and how to encourage someone to seek care, are invited to take a free, online training at familyofheroes.com/Maryland.

TRAINING SNAPSHOT



PCPs and Suicide Prevention

Primary care providers can play a critical role in identifying people who are experiencing suicidal ideation.



The Role of Primary Care Providers in Suicide Prevention

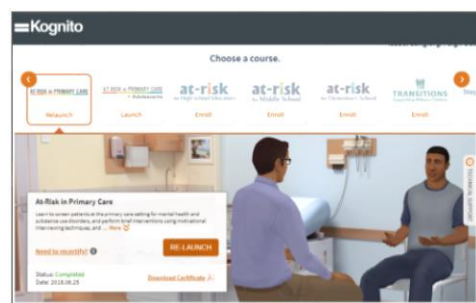
Primary care providers (PCPs) can play a critical role in preventing suicide because PCPs are in an ideal position to recognize warning signs since patients with mental distress often seek help from a medical facility rather than from mental health services (American Academy of Child and Adolescent Psychiatry, 2001). Both preventive and sick visits present prime opportunities to screen patients for suicidal thoughts, substance abuse problems, and other mental health concerns. It is important that PCPs learn common risk factors and warning signs for suicidal behaviors so that they can adequately screen youth. Kognito’s *At-Risk for Primary Care Providers*, and *At-Risk for Primary Care Providers — Adolescents* are free, 45 minutes to one-hour online training simulations tailored to health professionals to teach the signs of psychological distress.

for brief emotional and behavioral assessment with scoring and documentation. After a positive ASQ screen, PCPs should initiate a comprehensive risk assessment, such as the Columbia Suicide Severity Rating Scale ([C-SSRS](#)), to determine the extent of suicidality (i.e., plan, access to means, and intention).

Once the severity of suicide risk is assessed, PCPs should engage the patient in creating a [safety plan](#) that outlines what the patient can do to stay safe when they are in distress. “My 3” is a suicide prevention and [safety planning app](#) that is also available. A critical component of safety planning is reducing access to lethal means (firearms, medications, etc.). PCPs can learn more about means safety counseling by taking the [Counseling on Access to Lethal Means online training](#).

If referrals to behavioral health providers are made, it is crucial for PCPs to stay informed of progress and consult with behavioral health providers to provide well-integrated care that addresses the patient’s mental and physical health needs.

For more information, please contact Janel Cubbage at janel.cubbage@maryland.gov or Lorraine Bernstein at lbernste@som.umaryland.edu.



Online Training for PCPs

Kognito’s At-Risk for PCPs is a free, 45 minute to one-hour online training simulation available at md.kognito.com.

Free Continuing Medical Education (CME) credit is available for this simulation that enables PCPs to learn about suicide prevention, the warning signs of psychological distress, and practice identifying potential suicide risk.

FAST FACTS

64%

64 percent of people who attempt suicide visit their doctor during the month before their suicide attempt.

FOR MORE INFORMATION

Visit www.sprc.org/settings/primary-care/toolkit to see the suicide prevention toolkit for primary care practices.

Screening tools can also be utilized to identify patients with thoughts of suicide. One commonly used evidence-based tool, the Ask Suicide — Screening Questions survey ([ASQ](#)), is a brief screener, in which a “yes” answer to any of the four questions indicates that the patient may be at risk for suicide. Use of this screening tool can be reimbursable with an average of \$6 for CPT Code 96127, the billing code

Updates from the Field

Using Electronic Health Records to Predict Suicide Attempts and Deaths in Outpatient Care

Prediction models are unable to replace clinical judgment; however, using electronic health record data may be a useful tool to prevent suicide among patients at-risk. [Read more.](#)

Firearms Storage in Homes with Children at Risk for Self-Harm

A national [study](#) found that only one-third of homes with children and firearms practice safe storage guidelines.

Teen Suicide Risk May be Lower with Intense Team-Based Therapy

After six months of intensive dialectical behavior therapy, a [study](#) found that adolescents with a history of self-harm and suicidal behavior were 70 percent less likely to attempt suicide and 67 percent less likely to self-harm.

Law Enforcement Agencies Use New Tool to Prevent Officer Suicide

Law enforcement agencies in North Dakota have implemented the American Foundation for Suicide Prevention's Interactive Screening Program (ISP), which allows officers to anonymously complete an online questionnaire to screen for signs of depression and other mental health conditions. Learn more about the [Interactive Screening Program](#). [Read more](#) about the implementation of the ISP with North Dakota law enforcement agencies.

Garrett Lee Smith National Outcomes Evaluation

The Substance Abuse and Mental Health Services Administration (SAMHSA) released its national [outcomes evaluation](#) of the Garrett Lee Smith (GLS) grants. Maryland is a recipient of a GLS grant, which funds the Maryland Suicide Prevention and Early Intervention Network (MD-SPIN).

10 Things Suicide Attempt Survivors Want You to Know

"My going out there publicly and saying I've attempted suicide and survived — I am living proof that things can be different." says Diana Cortex Yanez. Suicide attempt survivors share their experience to share hope with those who are struggling. [Read more.](#)

Doctors Face High Suicide Rate in Their Ranks

An estimated 300–400 doctors die by suicide each year. This [article](#) explores suspected circumstances that may be contributing to the profession's higher suicide rate.

Characteristics of Crisis Line Users Who Died by Suicide

Among Northern Ireland's crisis line users, receiving check-in calls and using the service for a longer duration may lower the risk of suicide death. These extra supports may be particularly important for users with substance dependence or those who have made a prior suicide attempt. [Read more.](#)

Six Ways to Help Someone Who Lost a Loved One to Suicide

To help a suicide loss survivor feel less alone, be physically and emotionally present for them. To help reduce feelings of guilt, remind them that suicide is complex and they are not to blame for the death of their loved one. [Read more.](#)

President Trump Signs Law Giving Suicide Lifeline a Makeover

A new law aims to upgrade the National Suicide Prevention Lifeline. The National Suicide Hotline Improvement Act requires government agencies to examine the feasibility of reducing the Lifeline's phone number from 10 digits to 3, similar to 911. [Read more.](#)

Autism Can Mask the Warning Signs of Suicide

Efforts are increasing to better understand and address suicide risk among people with autism. Some findings suggest that autism can increase the risk of suicide and mental health issues. Researchers are examining this link more closely, trying to identify risks that may be unique to this population, such as social challenges and communication difficulties. [Read more.](#)

Announcements

American Association of Suicidology Annual Conference Call for Papers

The American Association of Suicidology (AAS) will hold its next annual conference in Denver, Colo. from April 25 to 27, 2019. AAS has issued a [call for papers](#). Submissions are due Wednesday, Oct. 31.

Call for Presentations for Maryland's 2019 Suicide Prevention Conference

The Suicide Prevention Conference Planning Committee is [accepting presentation proposals](#) for Maryland's 2019 Annual Suicide Prevention Conference.

New Lunch and Learn Series Begins in October

MD-SPIN is launching a new Lunch and Learn series that begins this October with a presentation entitled, "Talk Saves Lives: An Introduction to Suicide Prevention." There will be a presentation held on the third Thursday of each month from 12 to 1 p.m. [Check out the other available presentations.](#)

Online Community for Suicide Prevention Trainers

An online community for Maryland suicide prevention trainers recently launched. [Join the community.](#)

Events

December

Dec. 5	Connected Care Information Session	Register
Dec. 6	Preventing Burn-Out : Self Care for Counselors	Register
Dec. 8	World of Possibilities disABILITIES Expo	Register
Dec. 12	Opioid Overdose Reversal Class	Register
Dec. 13	Webinar : Suicide Prevention in the Holiday Season	Register
Dec. 13	What Are The Differences Between Attachment Theory and Family Systems Theory	Register
Dec. 20	Interactive Screening Program	Register

January

Jan. 3	CarePro Family Caregiver Wellness Group	Register
Jan. 24	Save A Life – Narcan Training at Glen Burnie Library	Register

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About MD-SPIN

Maryland’s Suicide Prevention and Early Intervention Network (MD-SPIN) provides a continuum of suicide prevention training, resources, and technical assistance to advance the development of a comprehensive suicide prevention and early intervention service system for youth and young adults. MD-SPIN will increase the number of youth, ages 10-24, identified, referred and receiving quality behavioral health services, with a focus on serving high risk youth populations (LGBTQ, transition age, veterans and military families, youth with emotional and behavioral concerns) and in target settings (schools, colleges/universities, juvenile services facilities, primary care, emergency departments).

Maryland Behavioral Health Administration Mission

The Maryland Department of Health's Behavioral Health Administration will develop an integrated process for planning, policy and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions. The BHA will, through publicly-funded services and support, promote recovery, resiliency, health and wellness for individuals who have or are at risk for emotional, substance related, addictive, and/or psychiatric disorders.

