



Maryland Suicide Prevention and Early Intervention Network Newsletter

WITH HELP COMES HOPE

Wanted: Public Input on State Suicide Prevention Plan

The Governor's Commission on Suicide Prevention is seeking input from the public on the November 2018 state suicide prevention plan goals and objectives. The Commission is responsible for developing and submitting a state suicide prevention plan to the Governor every two years.

The [2018 Suicide Prevention Plan](#) provides current data and information on resources and initiatives taking place in Maryland. The goals and objectives align with goals and objectives of the National Strategy for Suicide Prevention (NSSP). The four goals of the plan, with corresponding objectives, are offered to guide suicide prevention efforts in the state.

Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings;

Goal 2: Develop, implement, and monitor effective programs that

promote wellness and prevent suicide and related behaviors;

Goal 3: Promote suicide prevention as a core component of health care services and promote the adoption of zero suicides as an aspirational goal by health care and community support systems that provide services and support to defined patient populations; and

Goal 4: Increase the timeliness and usefulness of surveillance systems relevant to suicide prevention and improved the ability to collect, analyze, and use this information for action.

At the next Commission meeting on Wednesday, March 20 from 1 – 3 p.m., a public forum will be held to gather the public's input on which objectives the Commission should focus on over the next two years. Additionally, input can be provided [online](#). Find additional meeting details [here](#).



MARYLAND
Department of Health
Maryland's Commitment to Veterans

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 at **877-770-4801**.

Suicide Prevention

Visit our [website](#) for archived webinars, training opportunities, archived newsletters, resources and fact sheets.

For additional support, guidance and assistance, call 211, and select option 1; or text your zip code to 898-211.

Mental Health Confession: (How Your Words Left a Mark on My Life)

By: Jada Carrington

You called me weird and said I would never fit in and I believed you, you used my timidness against me so I started isolating myself to prevent myself from getting hurt, you told me that what I had to say didn't matter and so I stopped saying anything at all, you picked on me almost every day and I laughed it off but I never once thought it was funny, you told me I had no reason to be depressed so I pretended not to be, you told me that cutting myself was attention seeking and

only for crazy people so I never spoke of it and started cutting myself in places no one would see, you told me to kill myself but never realized how much I really wanted to, you made me feel so worthless that when they told me I was important I didn't believe it, now I'm left to clean up the mess in my life that you made, so now I have something to tell you, I'm not mad at any of you anymore because all of the pain made me stronger and it made me appreciate all of the kind things that they told me even more, but I do hope you choose to use

your words a little more carefully, I hope that you treat people a little more kind, I hope you don't push anyone over the edge like you almost did me, what you say matters and could make or break someone, so from now on I'm begging you, please.....WATCH YOUR WORDS!!



May is Mental Health Month

May 2019 marks the 70th year that Mental Health America has been celebrating Mental Health Month. Since 1949, MHA has been raising awareness about Mental Health Month through partnerships with other organizations, media, events and screenings.

This year, MHA will focus on strategies to improve mental health and wellness, including animal companionship, work-life balance, recreation and social connections. MHA will release a [2019 Mental Health Month toolkit](#) in March. Check out toolkits from past years [here](#).

Several organizations observe Mental Health Month and encourage others to get involved to spread awareness. The National Council for

Behavioral Health developed materials to make outreach easier.

The materials include infographics on mental health, "Seven Super Skills to Help a Friend" and "Average Teen or Warning Sign". Check out the materials and sample social media posts [here](#).

Some other ideas for outreach activities during the month of May:

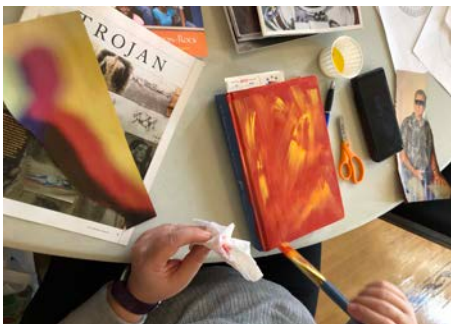
- Ask your mayor or other local official to declare May as Mental Health Month — find a sample proclamation [here](#)
- Organize a community event such as an awareness run or walk for mental health

- Host an educational event or training on mental health such as Mental Health First Aid, safeTALK, or More Than Sad
- Host a mental health screening or encourage people to take an online mental health screening at mhascreening.org

TRAINING SNAPSHOT

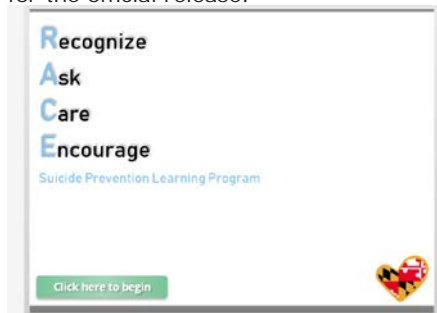
Learning Art-Based Techniques for Reducing Suicide Risk

On Jan. 10, MD-SPIN hosted a workshop on Art-Based Techniques as a Clinical Intervention for Suicidal Clients. Participants learned how to make an altered book and got to practice hands-on! Check out our other [events](#).



New Online Training

For the past six months, MD-SPIN has been developing a new online suicide prevention training. The online learning module is in the final stages of development and will be ready for use in the next month. Keep an eye out for the official release!



FAST FACTS

47%

47 percent of the U.S. population has known someone who died by suicide.

FOR MORE INFORMATION

[Responding to Grief, Trauma and Distress After a Suicide: U.S. National Guidelines](#)

Postvention as Prevention: Supporting Suicide-Loss Survivors

Suicide postvention is one of the three phases of suicide prevention but is not highlighted as often as prevention or intervention. Postvention, or providing care to those affected by suicide attempt or loss, plays an integral role in suicide prevention.

Studies estimate that on average, each suicide impacts at least 115 people. Of course, there are suicides that have a farther reach than 115 people — notably celebrities who have died by suicide and receive extensive media coverage. Additionally, 47 percent of the U.S. population has known someone who has died by suicide. The need for suicide postvention is important — losing a first degree relative to suicide increases a person's chance of suicide by about threefold.

On Feb. 21, Sarah Montgomery, LCSW-C, presented a lunch and learn entitled 'Postvention as Prevention: Supporting Suicide-loss Survivors,' Montgomery explained the varying effects of suicide exposure and how to support loss-survivors across the life span.

There are four categories of suicide exposure: suicide exposed, suicide affected, suicide bereaved short-term, and suicide bereaved long-term.

Anyone who has a connection to the death or deceased is considered suicide exposed. Suicide exposure can include first responders responding to the scene of the death or someone who has read media coverage or received news about the suicide death.

"Suicide affected" applies to anyone who experienced a reaction — no matter how mild or severe — to the suicide exposure.

Suicide bereaved describes people who had an attachment with the deceased. Their bereavement could

be short-term, meaning they adapted to the loss over time, or their bereavement could be long-term, causing significant negative impacts in different aspects of their life.

Suicide-loss survivors want social support from family and friends, interaction with other suicide-loss survivors, assistance with helping children cope with the loss, and professional support. Unfortunately, suicide-loss survivors may not receive the support they need because of stigma or uncertainty about how to help from those around them.

Montgomery shared key tips on how to support suicide-loss survivors, which are summarized below:

- Focus on more than the end of the person's life and how they died
- Understand that loss survivors may feel guilt or blame themselves for the death, anger, and struggle with "why?"
- When talking with children, remind them that their feelings are valid and that nothing they said or did caused this death
- Talk with children and others about memories of the person while they were alive
- Use a building blocks approach by clarifying what they understand about the death

For more information on supporting suicide-loss survivors, visit the [American Association for Suicidology website](#).

Updates from the Field

Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk and Sexual Risk Behaviors Among High School Students

According to national data, 35 percent of transgender high school students have attempted suicide in the past year. The Centers for Disease Control and Prevention (CDC) surveyed students in 10 states and nine large urban school districts. [Read more.](#)

Governor's Challenge to Prevent Suicide

Arizona, Colorado, Kansas, Montana, New Hampshire, Texas and Virginia will participate in the Governor's Challenge to Prevent Suicide among Service Members, Veterans and their families. The initiative is being launched by the U.S. Department of Veterans Affairs (VA) and Substance Abuse and Mental Health Services Administration (SAMHSA). [Read more.](#)

Lethal Means Assessment Among Emergency Department Patients

Following a review of patient charts from an urban emergency department, researchers found that of the 800 patients who screened positive for suicide risk, only 18 percent of charts had documentation of a lethal means assessment conducted by a provider. [Read more.](#)

A National Comparison of Suicide Among Medicaid and Non-Medicaid Youth

Thirty-nine percent of youth suicide deaths occurred among youth enrolled in Medicaid. Additionally, the suicide rate for Medicaid-enrolled youth was significantly higher for youth aged 10-14 years old, females and youth who died by hanging. [Read more.](#)

Zero Suicide Outcome Stories

The Suicide Prevention Resource Center (SPRC) released a new series highlighting the implementation and

impact of the Zero Suicide framework in health care systems. [Read more.](#)

Prescription Opioid or Benzodiazepine Abuse and Suicidal Ideation in Older Adults

Researchers estimated that prescription opioid abuse in the past year is associated with an 84 percent increase in the likelihood of suicidal ideation among older U.S. adults. [Read more.](#)

The Corps' Suicide Rate Is at a 10-Year High — This Is How the Marines Plan to Address It

To address increasing suicide rates, the Marine Corps will begin studying the risk factors among Marines who died by suicide in 2018 and update its suicide prevention program to include more guidance on prevention and postvention efforts. [Read more.](#)

Five Reasons to Take Suicide Prevention Resource Center's Updated Counseling on Access to Lethal Means (CALM) Course

[Read a blog post](#) published by the National Suicide Prevention Lifeline about the five reasons to take the updated and redesigned online CALM course.

Lived Experience as Lived Expertise

People who have experienced a suicide attempt, thoughts of suicide, or a suicide loss bring critical insights about prevention efforts. [Read more](#) about incorporating lived experience into suicide prevention work.

Crisis Bed Registries to Assist People with Urgent Mental Health Needs

A shortage of inpatient beds is a barrier to effective care for people with urgent mental health needs. Maryland is among one of the states working with the SAMHSA and the National Association of State Mental Health Program Directors (NASMHPD) to develop a registry of crisis intervention beds for people with serious mental illness. [Read more.](#)

Announcements

New Publication: TIP 61: Behavioral Health Services for American Indians and Alaska Natives

SAMHSA's new Treatment Improvement Protocol (TIP), "TIP 61: Behavioral Health Services for American Indians and Alaska Natives" ([TIP 61](#)), provides practical and culturally relevant guidance on how best to provide effective behavioral health services to clients in this population.

SPRC Releases New Video Series on Strategic Communication Planning

SPRC is excited to announce the release of a new video series on [strategic communication planning](#) for suicide prevention. This series includes five-to-six-minute webinar clips that feature expert advice on developing a communication plan, understanding your audience and evaluating your efforts.

New Fact Sheet and Recorded Webinar Available

MD-SPIN's *Best Practices for Suicide Prevention with LGBTQ Youth* webinar recording and *Engaging Youth and Young Adults in Suicide Prevention* fact sheet are now available [here.](#)

Grants to Support New Investigators in Cross-Cutting Violence and Opioid Overdose Prevention

The CDC is accepting [applications for grants](#) to support new investigators in cross-cutting violence and opioid overdose prevention. Applications are due April 1.

Maryland's 31st Annual Suicide Prevention Conference - Call for Presentations

The deadline for presentation proposals has been extended to April 1. Submit the [application](#) online.

Events

March

March 14	Narcan Training at Glen Burnie Library	Register
March 16	Trilogy of Trauma: Black Girl Magic Starts with Your Mental Health First	Register
March 19	Mind Your Health: Community-Centered Solutions to Mental Health Issues	Register
March 19	Ethical Considerations in the Face of an Opioid Crisis	Register
March 19	Mind Health: Shop Talk ~ Mental Health as We Age	Register
March 20	Governor's Commission on Suicide Prevention	Information
March 21	Resources for Caregivers in Service to Our Men and Women Who've Served	Register
March 21	Recognizing, Responding and Resources for Brain Injury in Crisis	Register
March 22	Mental Health America Conference	Register
March 23	#IWillListen – Mental Health Campaign for Baltimore County	Register
March 27	Healing Strings and Yoga	Register
March 28	Consent: Creating Safe Space and Setting Boundaries with Nate Couser	Register

April

April 1	CE Training: ADHD and Executive Functioning in Kids and Adolescents	Register
April 1	Question Persuade Refer (QPR) Suicide Prevention Gatekeeper Training	Register
April 4	Screening for Suicide Risk and an Update on the Neurobiology of Suicide	Register
April 4	Evidence-Based Programs: Standards of Practice Forum	Register
April 4	Healing Through Art: Open Studio	Register
April 4	Military Sexual Trauma Summit	Register
April 5	Supporting Grieving Couples	Register
April 6	Speak to My Heart Seminar Part 2	Register
April 7	Where's My Casserole?	Register
April 9	Understanding the Opioid Epidemic: Providers' Role in The Treatment of Opioid Use Disorders	Register
April 9	DMV Perinatal Mental Health Symposium	Register
April 10	Defying the Verdict: the Bipolar Life of Charita Cole Brown	Register

April 11	Baltimore City Health Department Naloxone Training	Register
April 11	Narcan Training at Glen Burnie Library	Register
April 12	Trauma/Stress Resolution Workshop, 28 CE's, April 12 - 15, 2019	Register
April 13	Straight Talk: Cultural Perspective on Mental Illness for African-Americans	Register
April 13	Question Persuade Refer (QPR) Suicide Prevention Gatekeeper Training	Register
April 14	Tension and Trauma Release Exercises (TRE): Introductory Workshops	Register
April 16	Authentic Strength-Based Practice in Autism: Changing Our Behavior	Register
April 17	AWARE For All	Register
April 18	More Than Sad	Register
April 19	Social Skills Group	Register
April 23	Attachment-Based Family Therapy Workshop	Register
April 25	New Mom Support Group for post partum depression	Register
April 26	Suicide Risk Management	Register

May

May 1	Here But Not Here, Not Here But Here: Understanding Ambiguous Loss	Register
May 1	Question Persuade Refer (QPR) Suicide Prevention Gatekeeper Training	Register
May 3	Mental Health First Aid Training	Register
May 3	Cultural Humility in a Clinical Context	Register
May 5	Grief 101	Register
May 9	Baltimore City Health Department Naloxone Training	Register
May 10	Anxiety, Depression and Irritability in Children and Adolescents	Register
May 15	Talk Saves Lives: An Introduction to Suicide Prevention	Register
May 16	The Relationship of Bullying and Suicide	Register
May 16	Question Persuade Refer (QPR) Suicide Prevention Gatekeeper Training	Register
May 16	New Mom Support Group for Post Partum Depression	Register
May 16	Ethics in a Crisis	Register
May 17	Question Persuade Refer (QPR) Suicide Prevention Gatekeeper Training	Register
May 18	Adult Mental Health First Aid Course	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 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.

