



Office of Suicide Prevention Newsletter

WITH HELP COMES HOPE

2021 Legislative Session

The Maryland General Assembly opened its 2021 session on January 13. The assembly considered approximately 3,000 bills, many of which significantly impact the quality and access of mental health and behavioral health for Marylanders.

The persistent behavioral health workforce shortage has made it increasingly difficult for behavioral health service providers to meet the growing needs of Marylanders, especially in communities of color and other high-risk populations. The coronavirus pandemic has added another challenge to the growing demand for mental health care as many people are experiencing loss of income, mourning loved ones, and facing extreme isolation. Some of the bills being examined cover insurance coverage for telehealth visits, implicit bias training, involuntary admissions and emergency petitions, insurance reimbursement and parity issues, firearm access, and suicide prevention.

In an age of technology dependence, telehealth has become the number one way for us to perform our jobs, sustain social connection and access health care. Telehealth is essential for providing mental and behavioral health care during the coronavirus pandemic. The legislature will consider two key bills, [SB 3 Preserve Telehealth Access Act of 2021](#) and [SB 393 Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services](#). These bills would expand access to audio-only telehealth, aid in providing telehealth access to those experiencing homelessness and reimburse providers for telehealth services at the same rate as in-person care and reimburse behavioral health programs for telehealth services delivered by paraprofessionals. If you would like to review these [bills](#) yourself you can do so through the Maryland General Assembly's website at <http://mgaleg.maryland.gov>.



BHA Referral Services

Maryland's Helpline offers 24/7 call, chat, and text support for Marylanders in need of help, guidance, and information related to a behavioral health concern. Trained call specialists can provide crisis intervention, risk assessment for suicide, homicide or overdose prevention, and assistance linking to community behavioral health providers and accessing community resources.

To get connected to Maryland's Helpline, call 211 and press 1, text your zip code to 898-211, or visit 211md.org.



Get connected. Get help.
Call 211, press 1

April is Alcohol Awareness Month

April is Alcohol Awareness Month which the [National Council for Alcoholism and Drug Dependence \(NCADD\)](#) sponsors to increase awareness and understanding of the causes and treatment of one of the top public health concerns: alcoholism. Campaigns during the month of April draw attention to the causes of alcoholism, the signs and effects of the condition, [how to talk to a loved one about a drinking problem](#), and how to find treatment options. National Alcohol Screening Day (NASD) is an initiative first launched in 1999 by the National Institutes of Health (NIH). This year, National Alcohol Screening Day is on April 7. The first screening day in 1999, saw over 50,000 people visit the 1,500 screening centers throughout the United States for advice. Local resources for alcohol and substance misuse can be found at [211 Maryland](#).

The association between suicide and alcohol use or misuse has been studied for years, but with the continued rise in the suicide rate, understanding the influence of alcohol has become imperative. Individuals who are dependent on substances often have a number of other risk factors for suicide, such as social and financial problems. Common outcomes of untreated alcohol abuse and dependence include social withdrawal, breakdown of social bonds, and social marginalization, which are also warning signs associated with suicide. Alcohol use may lead to suicidality through disinhibition, impulsiveness, impaired judgment, and other high-risk behaviors that result in self-harm, but it may also be used as a means to ease the distress associated with committing an act of suicide. Alcohol misuse/dependence itself could be viewed as a version of self-harm:

alcohol is estimated to cause about 20–30% of cases of esophageal cancer, liver cancer, cirrhosis of the liver, homicide, epilepsy, and motor vehicle accidents. In fact, psychiatrist Karl Menninger conceptualized addiction itself both as a form of *chronic suicide* and as a factor involved in *focal suicide* (deliberate self-harming accidents) in his book *Man Against Himself*. According to the Substance Abuse and Mental Health Service Administration (SAMHSA), a diagnosis of alcohol misuse or dependence is associated with a suicide risk that is 10 times greater than those in the general population. [Data](#) shows that in individuals medically treated after a suicide attempt, alcohol use disorders were found to be a significant factor, with acute alcohol intoxication present in about 30% to 40% of cases. For particular groups at risk, such as Native Americans and Alaskan Natives, depression and alcohol use and misuse are the most common risk factors for completed suicide.

During the COVID-19 pandemic, concern has developed around the potential impact of increased use of alcohol and substances. An [article](#) from September 2020 details the changes in adult alcohol use seen during the pandemic. There was a reported 54% increase in national sales of alcohol for the week ending March 21, 2020, compared to the year prior and online sales increased 262% from 2019. A recent [study](#) conducted in May 2020, found that 60% of participants reported increased drinking, with 34.1% reported binge drinking and 7% reported extreme binge drinking. Participants reported the reasons for increased drinking included increased stress (45.7%), increased alcohol availability (34.4%), and boredom

(30.1%). The impact of COVID-19 is ongoing and data is still being collected but ongoing awareness of the impact of alcohol on our physical and mental health is necessary.

If you or someone you know is struggling with alcohol use, substance use, suicide, or is in crisis, please reach out. Maryland's helpline is available 24/7 by calling 211 and pressing 1, texting 898-211, or visiting online at pressone.211md.org.mental health journeys.



TRAINING SNAPSHOT

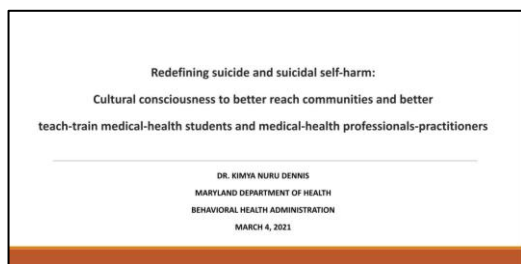
Save the Shore Farmer Lunch & Learn

On March 18, we hosted a Lunch & Learn that investigated the reasons for rising suicide rates in the agricultural community, discusses the risk factors and warning signs of a suicidal crisis that are unique to this demographic, and presents resources that are acceptable to, and designed for, a community that is highly stigmatized about mental illness. Watch it anytime on our [website](#).



Redefining Suicide and Suicidal Self Harm

This presentation on March 4, part of the Racism and Mental Health Series, addressed how the lack of cultural consciousness contributes to the inability to reach demographically and culturally diverse groups.



FAST FACTS

Borderline personality disorder (BPD) has been identified as a strong risk factor for suicidal behavior, including suicide attempts.

FOR MORE INFORMATION

Read the JAMA Psychiatry [article](#).



Mental Health Awareness Month

May is Mental Health Awareness Month with World Maternal Mental Health Day being recognized on May 6 and National Children's Mental Health Awareness Day being recognized on May 9. Mental Health Month was established in 1949 through advocacy work by Mental Health America and other civic organization, and created to increase awareness of the importance of mental health and wellness in Americans' lives and to celebrate recovery from mental illness.

Recovery is possible, it is estimated between 70 and 90% of individuals with a mental health diagnosis have a significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports. Awareness of the importance of mental health and wellness has grown in the past year in light of the collective trauma we have experienced due to COVID-19. During the pandemic, about four in ten adults in the U.S. have reported symptoms of anxiety or depressive disorder which is up from one in ten adults who reported these symptoms from January to June 2019. Also, the [survey](#) from July 2020 found specific negative impacts on mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. A larger than average share of young adults (ages 18-24) reported symptoms of anxiety and/or depressive disorder (56%). Compared to all adults, young adults are more likely to report substance use (25% vs. 13%) and suicidal thoughts (26% vs. 11%). Another ongoing data source is

the online screening tools for common mental health problems from Mental Health America that allows individuals to self-report and independently seek information on their symptoms. Nearly 2.5 million people took an online mental health screening in 2020 which compares to the 1 million people who completed a screening in 2019. The number of people screened who had signs of depression increased dramatically, more than 2,500 people a day indicated signs of depression. Nearly 85 percent of those screened had moderate to severe depression. The percentage was even higher during the last quarter of 2020, specifically in November and December 2020 were the two months with the highest percentages of people with moderate to severe depression during the 24 months from January 2019 through December 2020. As we continue to fight COVID-19, social distancing will continue as will the negative side effects: isolation, withdrawal, and loneliness. There is an abundance of tips on how to combat the negative effects of social isolation: exercising, learning something new, volunteering or adopting a pet.

Finding what works for you might be challenging, what worked last month might not work this month, but keep trying! Most importantly keep talking, to family, to friends, to a counselor, any social support is beneficial. Having a conversation about mental health can feel uncomfortable or overwhelming, but have a safe space to talk and be honest about how you are feeling. For more tips on talking about mental health check out this [guide](#) by AFSP.

Resource Spotlight: Operation Courage

This new support services program is designed to address the growing and long-term mental health care needs of essential workers during the COVID-19 pandemic. [Operation Courage](#) offers a free online assessment followed by a free consultation, which includes an initial 15-20 minute conversation and de-escalation for people experiencing an immediate crisis.



June is LGBTQ+ Pride Month

June is Pride Month, when people come together to celebrate the LGBTQ+ community and raise awareness for the injustices that still stand today. Pride Month was established in 1969, after police raided a gay bar in New York called The Stonewall Inn. Marsha P. Johnson, a Black American activist and advocate, is credited for the birth of Pride Month. Marsha resisted arrest at the Stonewall Inn and in the following days, led protests and riots, inspiring others to fight for equality and gay rights. A month after the protests, the first openly gay march took place in New York, bookmarking a pivotal moment for the gay and transgender community. This uprising marks the beginning of a movement to outlaw discriminatory laws and practices against LGBTQ Americans.

As we observe and celebrate Pride month, it is vital to draw attention to the health and wellness needs of the LGBTQ+ population. [Research](#) suggests LGBTQ+ identifying individuals face health disparities linked to societal stigma, discrimination, and denial of

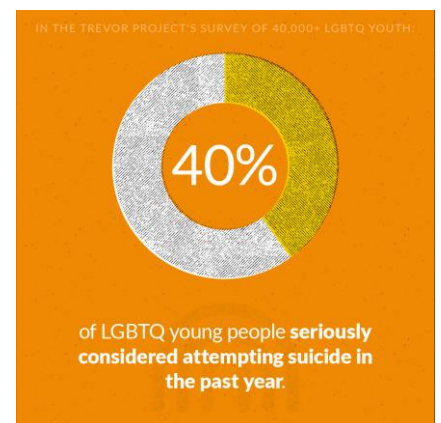
their civil and human rights. Discrimination against LGBTQ+ people has specifically been associated with high rates of psychiatric disorders, substance abuse, and suicide.

LGBTQ+ youth suicide rates are disproportionately high. From 2009 to 2017, [Researchers](#) found that teens who identified as a sexual minority are more than three times as likely to attempt suicide compared to their heterosexual counterparts.

[The 2020 National Survey of LGBTQ+ Youth](#), conducted by The Trevor Project, studied the experiences of over 40,000 LGBTQ youth ages 13-24 across the United States and is the largest survey of LGBTQ youth mental health ever conducted, offers critical insights around LGBTQ youth mental health disparities, discrimination, barriers to affirming health care, treatment, and support. The survey discloses that 40% of respondents seriously considered attempting suicide in the past 12 months. These staggering numbers serve as a wakeup call to build supportive and healing communities and structures to protect

our youth. [Studies](#) show that building resilience in LGBTQ people can set them on a path to better mental health and life adjustment. Factors that strongly protect LGBTQ youth from depression and suicidal behavior include acceptance by family of origin; having a supportive social network made up of LGBTQ friends allies, and family of choice; and access to and use of LGBTQ inclusive medical and mental health.

The Maryland Health Department Suicide Prevention Program offers a number of free [toolkits](#) for both youth and adults at risk of death by suicide.



Updates from the Field

The Maryland Suicide Fatality Review Committee

This Senate bill, [SB 168](#), establishes a program to review Maryland suicide deaths, make determinations regarding the factors that contribute to suicide deaths and develop strategies to prevent future suicide deaths. The third reading on March 2nd passed the Senate (46-0). Visit the Maryland General Assembly website for more information.

The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention

The Surgeon General's [Call to Action](#) highlights six actions to advance implementing the nationwide roadmap to suicide prevention:

- Action 1. Activate a broad-based public health response to suicide
- Action 2. Address upstream factors that impact suicide
- Action 3. Ensure lethal means safety
- Action 4. Support adoption of evidence-based care for suicide risk
- Action 5. Enhance crisis care and care transitions
- Action 6. Improve the quality, timeliness, and use of suicide-related data

Mental health professionals are the ones taking care of us: Who's taking care of them?

This USA Today [article](#) features our very own Janel Cabbage! Mental Health professionals are helping patients navigate anxiety and stress among the COVID-19 pandemic while battling their own suffering. Who helps the helpers?

Behavioral Health Coalition announces 2021 legislative priorities

Several states are using a model The Maryland Behavioral Health Coalition

calls on our elected officials and agency leaders to take [action](#) to:

- Invest equitably in the brain and the body
- Invest smartly to ensure quality care
- Address racial inequities in the delivery of behavioral health care
- Expand access by meeting people where they are
- Provide supports and services to those most at-risk

Recommendations for State Suicide Prevention Infrastructure

To reach the national goal of reducing suicide 20% by 2025 Suicide Prevention Resource Center encourages states and communities to apply these [Infrastructure Recommendations](#), which lay out six essential infrastructure elements for advancing state suicide prevention efforts.

Military Child Education Series

Maryland's Commitment to Veterans will be hosting three day-long workshops in April to promote the learning of most current and effective ways to assist our constantly transitioning military-connected children and youth. The virtual workshops will be held from 9 a.m. to 4 p.m. Wednesday, April 7, 21, and 28. The purpose is to enhance the current capabilities, competency and awareness of professionals who serve and support military-connected children and youth. This training is intended for primary school teachers and staff (CEUs available for minimal cost) as well as professionals working with military age children. For more information on upcoming trainings please text "MDCCom2Vets" to 898-211

The Center for Disease Control and Prevention (CDC) has just released new data from 2019 regarding suicide.

This [report](#) highlights trends in suicide rates from 1999 through 2019.

Announcements

COVID-19 Frequently Asked Questions

BHA has released FAQ guides to help behavioral health treatment providers navigate challenges brought on by COVID-19. The FAQs can be found on BHA's coronavirus [website](#), along with additional mental health and substance use resources.

Governor's Commission 2021

The 2021 Commission meeting schedule is available, and you can look at past meeting agendas and minutes.

Request for Proposals: 33rd Annual Suicide Prevention Conference

Do you have insights or expertise in suicide prevention? Are you leading impactful community interventions or innovative research initiatives in mental health? The Maryland Department of Health is now accepting presentation proposals for the 33rd Annual Suicide Prevention Conference. The proposal deadline is April 28, 2021. To submit a proposal application, please complete this [form](#).

2nd Annual Racism & Mental Health Symposium

Submit your proposal for the 2nd Racism & Mental Health Symposium by May 21, 2021. Last year's presentations included: effects of racial oppression, cultural humility, and Black youth suicide. To submit a proposal application complete this [form](#).

Sign Up to Receive the Weekly Suicide Prevention Scoop

Every Friday, we send out the Weekly Scoop with news about our program, training opportunities, new research from the field, and more. Sign up [here](#).

Events

April

4/1/2021	Racism & Mental Health Series: Sounds About White	Information
4/2/2021	Finding Solutions for Substance-Using Suicidal Youth	Register
4/9/21	Positive Psychology, Part 1: A Strength-Based Approach to Working with Gamblers	Register
4/21-4/24/21	American Association of Suicidology Annual Conference	Register
4/30/21	Positive Psychology, Part 2: A Strength-Based Approach to Working with Gamblers	Register

May

5/5/2021	Behavioral Health Administration Annual Conference	Register
5/6/2021	Racism & Mental Health Series: Mental Health Challenges in the South Asian Communities	Information
5/14/2021	Awareness and Prevention of Problem Gambling Behaviors in Women	Register
5/19/2021	Governor's Commission on Suicide Prevention	Register
5/20/2021	Lunch & Learn Series: Veteran Suicide	Information
5/28/2021	Don't Forget About the Power of the Unconscious: A Psychodynamic Approach to Working with Problem Gamblers.	Register

June

6/11/21	Motivational Interviewing with the Problem Gambler	Register
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About Office of Suicide Prevention

Maryland Department of Health's Office of Suicide Prevention 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.

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.

