



# Maryland Suicide Prevention and Early Intervention Network Newsletter

WITH HELP COMES HOPE

## The Psychological Toll of COVID-19

The outbreak of the novel coronavirus (COVID-19) has disrupted many facets of everyday life. As we continue to adjust to our new normal, many people around the world are left feeling uncertain about the future.

As nonessential businesses closed, many Marylanders were laid off or furloughed and worried about financial obligations. Maryland saw a surge in unemployment claims and the [Maryland Health Connection](#) opened a special enrollment period until June 15 to assist those who suddenly found themselves uninsured.

Social isolation became a growing problem as social distancing measures inhibited many of us from receiving in-person social support from loved ones. In an effort to emphasize the importance of maintaining social connections, mental health experts began reframing “social distancing” as “[physical distancing](#).” Staying connected via phone calls, texts, and video chats became as vital as ever.

The cumulation of this widespread impact on society has led to serious consequences for our mental health. For some, COVID-19 may have activated a fight-or-flight response. [Grieving our losses](#) (whatever they may be), experiencing numbness to the news, and [feeling angry](#) are a few common reactions right now.

Stressful life events, financial troubles, difficulty accessing adequate mental health care, and isolation can play a role in [increased](#) risk for suicide. Here are [six things](#) you can do right now if you or someone you know is having thoughts of suicide:

1. Be compassionate to yourself.
2. Reach out to friends and family regularly.
3. Talk to a [mental health professional](#).
4. Reduce access to [lethal means](#).
5. Contact [crisis](#) support.
6. Create a [safety plan](#).



### Need to talk?

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](#).

# 211

Maryland

Get connected. Get help.  
Call 211, press 1

# Addressing Suicide Risk in the LGBTQ+ Community

Understanding your identity can be confusing for many people, but for some, the process of self-discovery comes with its own unique set of challenges. While society today is largely more accepting of lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) identities than in decades past, many LGBTQ+ people still face discrimination and prejudice that may increase their risk for suicide.

In a [national study](#) of 34,000 LGBTQ+ youth, 18% of respondents attempted suicide in the past year and 39% seriously considered making an attempt. An even greater number of transgender and non-binary people report experiencing a suicidal crisis. 54% of transgender and non-binary people had seriously considered suicide, compared to 31% among their cisgender counterparts.

The same study also found links between LGBTQ+ youths' experiences of rejection and suicide. Nearly three quarters of those surveyed have encountered discrimination based on their sexual orientation or gender identity. This discrimination often takes the form of bullying, rejection, and harassment, all of which are [risk factors](#) for suicide.

Youth who underwent conversion therapy or had someone in their lives try to convince them to change their sexual orientation or gender identity were also more likely to attempt suicide than those who did not have those experiences.

Experts say that [emphasizing resilience and other protective factors](#) can help mitigate this heightened risk. Helping the LGBTQ+ community to cope during stressful situations, showing acceptance, affirming identities, and



Image courtesy of [Canva](#).

building supportive relationships are ways to show allyship.

For more information, read [Best Practices in Suicide Prevention among LGBTQ+ Youth](#).

## Resource Spotlight: The Trevor Project

The 1994 Oscar-winning short film *Trevor* depicts a young gay teenager in the throes of coming of age. He faces bullying and rejection because of his identity and later attempts suicide. Four years after the premiere, the filmmakers launched the [Trevor Project](#), named after the title character.

The Trevor Project is a national nonprofit serving the mental health needs of LGBTQ+ youth. They aim to end suicide among this population by offering crisis resources and

advocating for public education and policies that meet these needs.

The Trevor Project offers 24/7 crisis intervention services for LGBTQ+ youth that may be thinking about suicide via the [TrevorLifeline](#). Youth in need can call 1-866-488-7386, text "START" to 678678, or [chat](#) with a trained counselor to receive support, guidance, and information to help them get through difficult times.

[TrevorSpace](#), the organization's social networking platform, provides a supportive, identify-affirming community of peers and allies to share advice and trade stories about their mental health journeys.

The Trevor Project also offers a host of additional [resources and online trainings](#) for school personnel, adults, and other groups that work with LGBTQ+ youth to educate them on how they can support this community.

## TRAINING SNAPSHOT

### Taking Care of Your Mental Health During COVID-19

On April 2, we hosted a webinar on self-care strategies during COVID-19. Local experts on depression, anxiety, OCD, and domestic violence discussed common reactions to the pandemic and practical ways to manage your mental health. Watch it anytime on our [website](#).



### Evidence-Based Response to Suicidal Crisis

On April 23, Ted Bonar, PsyD presented to 72 clinicians on the Safety Planning Intervention and Crisis Response Plan, two collaborative, cognitive behavioral therapy (CBT)-based interventions for managing acute suicide risk.



## FAST FACTS

1:3

Only one out of every three black Americans who require mental health care receives it.

## FOR MORE INFORMATION

Read the American Psychiatric Association's [Mental Health Disparities](#) fact sheets.

# The Rising Number of Black Youth in Crisis

Although suicide is the second [leading cause of death](#) among youth and young adults ages 10-34, black youth have not historically been considered as high risk. Recently, an alarming new trend has emerged: the rate of black youth suicide is [rising faster](#) than the rate of youth suicide among any other racial or ethnic group.

According to national data from the [Youth Risk Behavior Survey](#) (YRBS), black youth suicide attempts increased 73% between 1991 and 2017. Rates of injuries resulting from suicide attempts rose 122% among black male youth during that same time period. Another [study](#) concluded that black children ages 5-12 died by suicide at roughly twice the rate of white children of the same age.

These data highlight a growing need to examine and address the problem at its roots. Unique risk factors, stigma, and disparities in mental health care access position suicide as an important issue among this community, yet black youth have rarely been a focus of suicide prevention efforts.

In a [sample](#) of black youth living in an urban setting, family conflict, lack of parental support, problems at school, having unmet needs (such as food or clothing), and homosexual activity were found to correlate with suicidal ideation and behaviors. Other studies have linked [alcohol use](#), [parental separation](#), [parental mental illness](#), [violent behavior](#) (such as fighting or carrying a weapon), and [watching traumatic, race-related events online](#) to suicide risk and poor mental health outcomes in this community.

In addition, black Americans have generally been found to report [symptoms](#) of psychological distress, depression, and posttraumatic stress disorder (PTSD) – all of which may increase [suicide risk](#) – more often than white Americans.

Black Americans also face a great amount of stigma related to mental health and seeking help. [Certain common attitudes](#) about mental health can lead to feelings of embarrassment and shame that may result in a delay of individuals seeking treatment when needed.

But even when they overcome stigma and make the decision to begin treatment, many black Americans are denied or delayed access to adequate mental health care. A recent [study](#) concluded that black Americans are offered therapy appointments less often than white Americans, suggesting that some providers are biased against accepting new patients that are “identifiably black.”

Given these considerable barriers, how can we ensure that black youth are receiving the mental health care that they need? In [Ring the Alarm: The Crisis of Black Youth Suicide in America](#), the Congressional Black Caucus recommends addressing trauma, educating youth about mental health to reduce stigma, cultivating protective factors such as familial support and positive self-esteem, and offering peer support to youth in need.

# Updates from the Field

## Substance Use Disorders and Suicide Risk

A recent [study](#) found that people diagnosed with a substance use disorder (SUD) were more likely to die by suicide than those without SUD. Significant differences were also found among the types of substances used.

## Restricting Suicidal Patients' Access to Drugs with High Case Fatality Rates Vital to Suicide Prevention

In research on the [Incidence and Lethality of Suicidal Overdoses by Drug Class](#), researchers suggested that restricting access to certain substances can be an effective tool for preventing suicide.

## Suicide Mortality in the United States, 1999-2018

The Centers for Disease Control (CDC) released a [data brief](#) on suicide rates national suicide rates between 1989-2018, highlighting a 35% increase in this period.

## Circumstances of Suicide Deaths in Maryland, 2003-2017

The Maryland Department of Health has released an updated [data packet](#) on the circumstances surrounding suicide deaths in Maryland, using data from the Maryland Violent Death Reporting System.

## VA Success Story – New Veterans Answering Calls Checking In

The U.S. Department of Veterans Affairs (VA) has provided support to more than 16,000 veterans in a new program, [Solid Start](#). Solid Start representatives contact veterans three times in the first year after separation from service and will refer them to helpful services, including those for mental health and suicide prevention.

## Lethal Means & Suicide Prevention: A Guide for Community & Industry Leaders

The National Action Alliance for Suicide Prevention released a new [report](#) on strategies that communities utilize to reduce access to lethal means.

## As Suicide Rates Climb, Crisis Centers Expand

Several states are using a model developed in Arizona to rely on crisis centers for care of people in a suicide or substance-related crisis. Instead of being taken to emergency departments by police, people in crisis will instead be dropped off at crisis centers for further care. [Read more.](#)

## Creating a Stronger Data Infrastructure for Suicide Prevention

An [archived webinar](#) from the Suicide Prevention Resource Center discusses recommendations for developing a data-driven state suicide prevention infrastructure.

## Law Students Say They Don't Get Mental Health Treatment for Fear It Will Keep Them from Becoming Lawyers. Some States Are Trying to Change That.

During state bar applications, law students must answer questions about their mental health status. Some states have moved to remove these questions from applications in order to encourage students to seek treatment if needed. [Read more.](#)

## Firearm Suicide and COVID-19: Mitigating Risk During a Pandemic

The Educational Fund to Stop Gun Violence released a new [report](#) on the risk factors for suicide related to COVID-19 and interventions that can be used to mitigate firearm suicide risk.

# 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.

## Be Part of Maryland's 32<sup>nd</sup> Annual Suicide Prevention Conference

The Suicide Prevention Conference Planning Committee is seeking vendors for this year's conference on October 7. To complete an application, contact us by July 1 by emailing [mdh.suicideprevention@maryland.gov](mailto:mdh.suicideprevention@maryland.gov)

## 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](#).

## Call for Submissions: Novel Approaches to Suicide Prevention

The *International Journal of Environmental Research and Public Health* is accepting [submissions](#) to include in a special issue on "Novel Approaches to Suicide Prevention: Protective Factors and Clinical Interventions." The deadline for submissions is August 1.

## SAVE Award for Excellence in Reporting on Suicide

Suicide Awareness Voices of Education (SAVE) is accepting [nominations](#) for its Award for Excellence in Reporting on Suicide that recognizes responsible media reporting of mental health and suicide. Nominations are due July 15.

# Events

## June

June 3	<b>Caring for Mental Health and Substance Use in Primary Care</b>	<a href="#">Register</a>
June 3	<b>Considering Culture in the Diagnosis of Mental Health Disorders Among Guatemalan Children, Youths, and Families</b>	<a href="#">Register</a>
June 4	<b>An Introduction to Written Exposure Therapy for PTSD - A Brief Treatment Approach</b>	<a href="#">Register</a>
June 4	<b>Assessing Military Clients for Trauma and Post-Traumatic Stress Disorder</b>	<a href="#">Register</a>
June 4	<b>Transitional Age Youth, Part 2: Medication Self-Management Among Young Emerging Adults Transitioning from the Foster Care System</b>	<a href="#">Register</a>
June 5	<b>Question, Persuade, and Refer (QPR) Gatekeeper Training</b>	<a href="#">Register</a>
June 9	<b>Grief and Loss: Guiding and Supporting Individuals with Intellectual, Developmental and Other Disabilities Through the Experience</b>	<a href="#">Register</a>
June 10-11	<b>Cognitive Processing Therapy</b>	<a href="#">Register</a>
June 12	<b>Walking the Red: Working With Urban Native Americans</b>	<a href="#">Register</a>
June 16	<b>Mind Health: Shop Talk - PsychoHairapy</b>	<a href="#">Register</a>
June 24-25	<b>Online Prolonged Exposure for PTSD</b>	<a href="#">Register</a>
June 26	<b>Intimate Partner Violence: An Overview of Assessment and Response with Military-Connected Clients</b>	<a href="#">Register</a>
June 26	<b>What All Clinicians Should Know Working with Problem Gamblers</b>	<a href="#">Register</a>

## July

July 14	<b>Understanding Neuropsychological Assessment and Developmental Disorders: Assessment and Treatment Considerations</b>	<a href="#">Register</a>
July 15	<b>Governor's Commission on Suicide Prevention Meeting</b>	<a href="#">Register</a>
July 28	<b>Opioid Use Within the Sexual and Gender Diverse Populations</b>	<a href="#">Register</a>
July 29	<b>Caring for Mental Health and Substance Use in Primary Care</b>	<a href="#">Register</a>
July 30	<b>Parent Workshop: Being the Best Advocate for Your Child at School and in the Community</b>	<a href="#">Register</a>

# Keep Up With Us

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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).

## 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.

