



Maryland Suicide Prevention and Early Intervention Network Newsletter

WITH HELP COMES HOPE

September is Suicide Prevention Awareness Month

In 2008, the month of September was declared National Suicide Prevention Awareness Month, a time to honor and remember the [48,000 lives](#) lost each year to suicide and raise awareness of preventative strategies and resources. Last year, Governor Hogan issued a similar proclamation, recognizing



Maryland's Suicide Prevention Awareness Month Proclamation from 2019

Suicide Prevention Awareness Month in Maryland.

This September, you can make a difference and support those impacted by suicide. Here are a few ways you can participate:

- [Download our toolkit](#) and change the conversation about suicide.
- Educate yourself and others about the [warning signs](#) of suicide.
- Take a [suicide prevention gatekeeper training](#).
- Encourage your county leaders to declare Suicide Prevention Month in September locally.
- Participate in an [Out of the Darkness Event](#) and raise funds for suicide prevention.
- Share information about [resources](#) that can help survivors after a suicide loss.



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

Maryland's 32nd Annual Suicide Prevention Conference is Going Virtual

Each October, Maryland Department of Health (MDH) Behavioral Health Administration (BHA) organizes a conference that brings together hundreds of Maryland's leaders in suicide prevention, from behavioral health professionals, researchers, students, and government officials to individuals and families impacted by suicide.

In its 32nd year, this year's conference on October 7 was originally planned to be held at Martin's West in Baltimore. But with the outbreak of the novel coronavirus (COVID-19), many organizations were forced to transition their conferences and events to an online format. In order to ensure the continued safety of all participants, BHA has similarly decided to host their suicide prevention conference completely virtually for the first time ever.

Keynote speaker Dr. Paul Nestadt will present on "Suicide and Access to Lethal Means," bridging the gap between suicide prevention, and firearm communities. Access to lethal means represents an intervention target which has a solid evidence base for reducing our worsening suicide rate.

Registration opened on August 15th on the University of Maryland School of Medicine's Training Center's [website](#).



Opening remarks during the 2019 conference

Reduced registration fees of \$15 for students and \$30 for all other attendees will also be offered. Scholarships will be available for those who need financial assistance.

The theme of this year's conference, "Breaking Down Silos," calls on the shared responsibility of suicide prevention and encourages Marylanders to effect change by connecting and working collaboratively with others in various roles.

For organizations and companies that would like to be a vendor at this year's conference [registration](#) is available. Our vendors will have a tiered system, allowing different levels of contribution and advertisement options.

Resource Spotlight: Naloxone

Did you know that naloxone is a safe and effective way to quickly reverse the effects of an opioid overdose?

Naloxone is a prescription medication that healthcare professionals have used safely for decades. It can be injected into a muscle (intramuscularly) or vein (intravenously) or sprayed into the nose (intranasally). It will not enable someone's opioid addiction or give the user a "high." Naloxone should be administered when someone is experiencing symptoms of an opioid overdose, such as pale/gray skin,

slowed or stopped heartbeat, and unresponsiveness.

To get naloxone, ask your doctor for a prescription if you are an opioid user or will likely be in contact with someone who is. Maryland has also issued a standing order allowing Marylanders to obtain naloxone at the pharmacy without a prescription.

Maryland's [Overdose Response Program](#) also provides free trainings to the public on the correct way to administer naloxone.

For more information, visit howtoadministernaloxone.maryland.gov.

SAVE A LIFE WITH NALOXONE

WHAT IS NALOXONE?
Naloxone is a prescription medicine that safely and effectively reverses an opioid overdose. Doctors and paramedics have used it for decades. Naloxone is sprayed up the nose.

OPIOID OVERDOSE RESPONSE STEPS

Recognize the Signs of an Opioid Overdose

- Loud snoring
- Lips or fingertips turning blue
- Pale/grayish skin
- Unresponsiveness
- A very limp body
- Shallow, slow, or stopped breathing
- Slow or stopped heartbeat

Know Your Rights
Maryland's Good Samaritan Law protects people assisting in an emergency overdose situation from arrest, as well as prosecution, for certain crimes. To learn more, visit BeforeItsTooLateMD.org.

STEP 1: GET THEIR ATTENTION
Firmly rub your knuckles up and down the middle of the person's chest.

STEP 2: CALL 911
Tell them your location and the person's symptoms.

STEP 3: GIVE NALOXONE
1. Peel back the package to remove the device.
2. Place tip of nozzle in either nostril until your fingers touch the bottom of the person's nose.
3. Press the plunger firmly to release dose into nose.
4. Give second dose if first dose does not work within 1-3 minutes.

STEP 4: SUPPORT BREATHING
1. Lay the person on their back.
2. Tilt the chin back. Remove anything blocking airway.
3. Pinch the person's nose closed and cover their mouth with your mouth.
4. Blow 2 regular breaths, then give 1 breath every 5 seconds.
5. Do chest compressions if trained in CPR.

STEP 5: CARE FOR THE PERSON
Stay with the person until medical help arrives.
Place the person in recovery position: face and head turned to the side, top hand placed under head, and top knee bent to support the body.

USED YOUR NALOXONE? LET US KNOW!
Maryland Poison Center
1-800-222-1222

TRAINING SNAPSHOT

Question, Persuade, Refer

In June, we offered three Question, Persuade, Refer (QPR) trainings to staff at the Department of Labor to assist employees in recognizing and responding to Marylanders that may be at increased risk for suicide when filing for unemployment benefits.



Supporting Mental Health and Well-Being Following Highly Circulated Racial Incidents, Police Brutality, Racial Profiling

We partnered with the Black Mental Health Alliance to provide two trainings on coping with racial trauma for community members on July 2, 2020 and for behavioral health providers on July 10, 2020. Both recordings of the webinars are available [here](#).

FAST FACTS

10%

Drug-related poisonings accounted for 10% of all suicides in 2018.

FOR MORE INFORMATION

Read [Lethal Means & Suicide Prevention: A Guide for Community & Industry Leaders](#).

The Link Between Opioid Use and Suicide

Before September was declared National Suicide Prevention Awareness Month in 2008, the month of September was recognized solely as National Recovery Month. Since 1989, National Recovery Month has been observed as a time to raise awareness of treatment services for substance use and mental health disorders and to promote the wellbeing of those living with these challenges. Each September, providers, peers, individuals, and families across the country gather to share stories of success and spread the message that recovery is possible.

Addiction has been a growing problem in America in recent decades. The Centers for Disease Control and Prevention (CDC) reported that in 2018 alone, more than [67,000 Americans](#) died of a drug overdose. In almost 70% of these deaths, opioids (such as heroin, fentanyl, and oxycodone) were involved.

People who use opioids are at greater risk of experiencing a comorbid physical or mental health condition as well, including [chronic pain](#), [depression](#), and suicide. In fact, suicide risk among opioid users is [13 times](#) higher than among the general population.

This link between the aptly named “deaths of despair” may be explained by shared vulnerabilities among both populations. Stressful life events such as trauma and abuse, lack of social support, and mental health conditions can increase someone’s risk both for [using opioids](#) and [attempting suicide](#). Substance use alone is also a risk factor for suicide.

Strengthening this connection is the prevalence of suicides by overdose where opioids were involved. Historically, overdoses have been difficult to classify as suicides because intent is not always clear, leaving many deaths ruled as undetermined manner. In the study, produced from a partnership between Johns Hopkins School of Medicine and a high school student from Utah, researchers taught a computer algorithm to account for suicide risk factors to determine that up to 30% of opioid overdoses were [likely suicides](#).

This research leaves open an important opportunity for the prevention of both opioid overdoses and suicides. Restricting someone’s access to the lethal means used in suicide attempts, such as medications, can [delay or prevent an attempt](#) or accidental overdose. Locking up medications and safely disposing of unused prescriptions are effective ways to practice means safety.

In addition to engaging in means safety, here are some other ways you can participate during National Recovery Month to raise awareness of overdose and recovery:

- Share positive [messages](#) of recovery on social media.
- Encourage your local leaders to [declare](#) Recovery Month in your area.
- Share information about naloxone and keep it on hand if you are close to someone who uses opioids.
- Organize a walk or run for recovery.

Updates from the Field

Veteran and Armed Forces Member Suicides in Maryland Annual Report 2019

The Maryland Department of Health released an [annual report](#) on suicide by age, gender, and method among those who served in the Armed Forces.

Maryland Safe Storage Map

The Johns Hopkins Bloomberg School of Public Health and Marylanders to Prevent Gun Violence partnered to develop a [map](#) of sites in Maryland that offer temporary safe storage of firearms.

Mental Health Disparities Among Hispanic and Latino Populations

The National Hispanic and Latino Mental Health Technology Transfer Center (MHTTC) has released a new [resource](#) that outlines culturally appropriate and evidence-based recommendations to improve mental health outcomes for Hispanics and Latinos.

State Suicide Prevention Plans and Leadership Guidance

The Suicide Prevention Resource Center (SPRC) has released a [document](#) to help state leaders develop and implement an effective state suicide prevention plan that includes key elements. The document should be used in conjunction with the SPRC's [Recommendations for State Suicide Prevention Infrastructure](#).

Acceptance by Peers Reduced Risk of Suicide Attempts among API LGBTQ Youth, Report Finds

New [research](#) from the Trevor Project found that peer acceptance of LGBTQ Asian Pacific Islander (API) youth reduced suicide rates among these youth by 50%.

Framework for Quality Improvement and Innovation in Child Safety: A Guide to Implementing Injury and Violence Prevention Strategies and Programs

The Children's Safety Now Alliance has developed a new [white paper](#) on evidence-based strategies and resources for preventing violence and injury to children, including the prevention of youth suicide.

COVID-19: The Mental Health Impact on People of Color and Minority Groups

Racial and ethnic minorities are at a greater risk for contracting the novel coronavirus (COVID-19) and developing collateral mental health conditions due to disparities in access to healthcare. [Read more](#).

Suicide Mortality and Coronavirus Disease 2019 - A Perfect Storm?

Health interventions to reduce the spread of COVID-19 could increase the prevalence of risk factors for suicide, according to an [article](#) published in the Journal of the American Medical Association. During this time, there are still opportunities to prevent suicide via meaningful social connections, telehealth services, and brief contact interventions.

Suicide Risk and Prevention during the COVID-19 Pandemic

An [article](#) published in Lancet Psychiatry highlights targeted and universal interventions that can be used to prevent suicide during the current pandemic.

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 [webpage](#), along with additional mental health and substance use resources.

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](#).

Suicide Prevention in Primary Care Toolkit

Our new [toolkit](#) supplies primary care providers (PCPs) with the tools and resources they need to assess and manage suicide risk among their patients. The toolkit includes screening and assessment tools, risk reduction strategies such as safety planning and reducing access to lethal means, and a list of trainings to help build additional skills and competency.

Extreme Risk Protection Order Informational Toolkit

We've developed a new [toolkit](#) for professionals, individuals, and families with resources and information about Maryland's Extreme Risk Protection Order (ERPO) law. The toolkit includes an informational brochure and postcard that outlines the process to file an ERPO, as well as our archived webinar, Extreme Risk Protection Orders: A Health Intervention for Preventing Firearm Suicide.

Safe Reporting on Suicide: Media Toolkit

A new [toolkit](#) with guidelines, best practices, and a checklist for reporting on suicide in the media.

Events

September

September 3-4	MHA 2020 Annual Conference (virtual)	Register
September 12	Carroll County Out of the Darkness Experience	Register
September 15	Racism and Mental Health Symposium	Waitlist
September 16	Governor's Commission on Suicide Prevention Meeting	Register
September 19	Annapolis Out of the Darkness Experience	Register
September 20	Montgomery County Out of the Darkness Experience	Register
September 26	Mid-Shore Out of the Darkness Experience	Register
September 26	Ocean City Out of the Darkness Experience	Register

October

October 7	BHA 32nd Annual Suicide Prevention Conference	Register
October 14	Governor's Commission on Suicide Prevention Meeting	Register
October 16	38th NAMI Maryland Annual Conference	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).

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.

