CARE
Crisis and Recovery Enhancement

The CARE Quarterly

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WHAT'S INSIDE.

WELCOME.

We all play a vital role in saving lives and creating communities where anyone who needs help can find it. In recognition of September as National Suicide Prevention Awareness Month, this edition of the CARE TA Center magazine includes articles and stories highlighting effective prevention strategies, supports, and recommendations from those with lived experience.

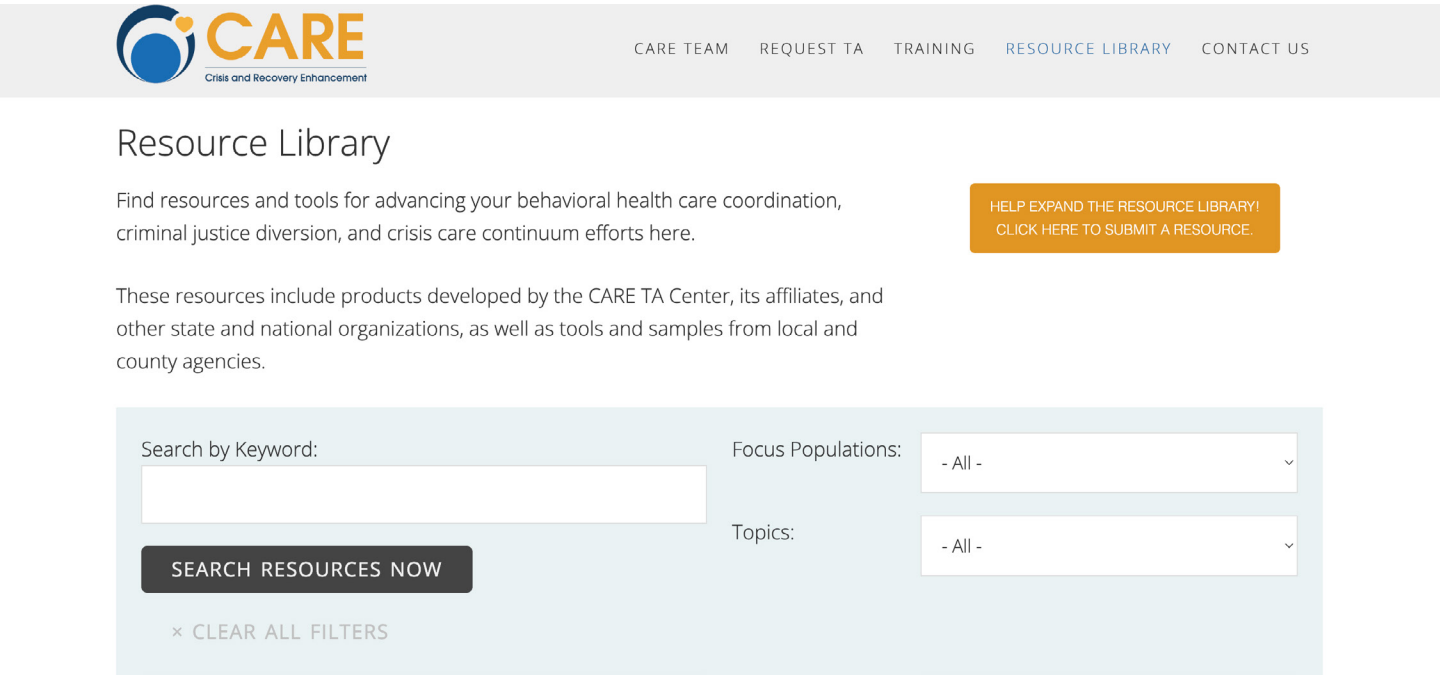
Preventing suicide and promoting healing requires a robust and accessible system of care that includes the whole community. A key component of suicide prevention is ensuring that all people in crisis have timely access to effective, inclusive, and culturally-responsive supports and coordinated systems of care. Drawing on our varied perspectives and experiences, we can work together to design a continuum of care that protects individuals from suicide by offering appropriate services that meet them where they are.

Everyone deserves access to quality mental health care when they need it. Appropriate mental health care is suicide prevention. We invite you to learn more about suicide prevention and join together in the ongoing efforts to strive for zero suicides in our communities.

With gratitude,
The CARE TA Center

CARE Resource Library

The CARE TA Center library contains a comprehensive selection of resources and tools for advancing your behavioral health care coordination efforts, including suicide prevention and crisis care continuum resources. These resources include products developed by the CARE TA Center, its affiliates, and other state and national organizations, as well as tools and samples from local and county agencies.



National Suicide Prevention Resources

To learn more about suicide prevention, including risk and protective factors, prevention strategies, and other resources, please visit:

- Centers for Disease Control https://www.cdc.gov/suicide/index.html
- American Federation for Suicide Prevention https://afsp.org/

Need Help Right Now?

If you are experiencing mental health-related distress or are worried about a loved one who may need crisis support, contact the free 988 Suicide and Crisis Lifeline available 24/7:

- Call or text 988
- Chat at 988lifeline.org

Now More Than Ever

from Keon Lewis, MHSA Health Equity Consultant, C4 Innovations

September marks the observation of Suicide Prevention Awareness Month. With emphasis being made on hosting events during the week of September 10-16 (National Suicide Prevention Week), collective efforts will soon be made to increase dialogue around mental health, and to better understand what roles we play in helping save lives. Most recently the Centers for Disease Control and Prevention released its latest report[1] which indicated that the overall number of deaths by suicide increased 2.6% from 48,183 (2021) to 49,449 (2022). As we disaggregate this data, what lies within tells a horrific tale of the disproportionate rates that suicide impacts specific populations. These populations include our veterans, Native Hawaiian and other Pacific Islanders, African Americans, Native Americans, and individuals over the age of 65. In response to this data, our nation has launched 988 as the official mental health crisis hotline and invested over $432 million to "scale crisis center capacity and ensure all Americans have access to help during mental health crises."[2] Although these efforts are significant, the data has proven that there is still much work that lies ahead.

Since 2016 I've answered the call and joined volunteers for the American Foundation for Suicide Prevention (AFSP) in taking a bold leap to advance the mission of saving lives and bringing hope to those impacted by suicide.[3] As an individual who has had the privilege of matriculating through AFSP, first as an Out of the Darkness Community Walk Chair, to now serving as a State Board of Directors Chair, I've observed first-hand the importance of utilizing equity-based strategies to address the mental health needs of our communities. Leadership at all levels is now intentionally developing strategies that focus on areas ranging from community engagement to volunteer recruitment. An understanding has been reached that indicates our greatest tool is to build upon the expertise of an individual's experience. By gaining insights from these hidden voices, it further supports the ability to develop more comprehensive action plans.

Saving lives and becoming an anchor of hope to those who suffer in silence should never be limited to specific mental health organizations. All professional fields, in some capacity, should express an interest in joining efforts to create communities that have smarter dialogue about suicide prevention. Our ability to sustain fair and just policies must become a critical measure in pushing the needle forward to achieve unbiased access to mental health resources. Now more than ever, the fight against suicide is one that cannot be won alone. It is going to require diverse partnership across all spectrums of professions. We must continue developing inclusive platforms for those who suffer in silence and find innovative ways to invest in expanding accessibility of mental health resources. As a Health Equity Consultant for C4 Innovations, I recognize that we are strong believers of this mantra. We understand that collaborative partnerships support our ability to identify gaps and redesign daily practices and systems. As we seek to fulfill our mission, our hope is that we can contribute to the suicide prevention fight by closing gaps on disparities and opening paths for equity.

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I Choose Me

from RI International

"Dear God, please don't have me wake up tomorrow. But also please don't let my mommy find me because it would crush her."

I'm seven years old, and this is my nightly prayer. I felt like nothing but a burden to my family and I was certain they would be better off without me.

I had been diagnosed with Juvenile Rheumatoid Arthritis as a baby, and the disease progressed quickly throughout my childhood, worsening with each passing year. There were some days when I needed constant care. When it was in my legs I couldn't walk; when it was in my jaw I couldn't talk or eat. I hurt everywhere. I couldn't go outside and play with the other kids. On the days I did manage to go to school, I often needed crutches or other aides but was unable to participate in activities with my peers. All I wanted was to be normal. Between constant doctor's visits, medications, physical therapy, and the constant pain, life was already unmanageable.

In fifth grade I started drinking alcohol and quickly discovered that it made me feel better. My body felt warm and pain free, and I felt more confident. Finally--a way to fit in with my peers. Everything that felt heavy seemed a bit easier.

By the time I reached high school, I was drinking heavily. Still plagued with feelings of not fitting in, I was ready to do anything just to be accepted. My use progressed to pills and then to drugs. Before long I was stealing jewelry from my mom and participating in home invasions and other criminal activity with my drug dealer and others. It all seemed fun at the time but quickly got very serious and even dangerous. The next day I would always wonder what I was doing…this all seemed against my morals and values, who I thought I was, and who I wanted to be.

I spiraled further downward. I began purging to control my weight, and this quickly became yet one more thing I couldn't stop. Everything felt out of control, and I started self-harming as a way to regain some sense of that control again. I was filled with pain, shame, and hopelessness. I was at a place where I didn't see a light anymore, and my only solution was to remove the common denominator: me. At 16 years old, I attempted to take my life.

Although I survived that day, I still felt dead inside. I felt like a failure: I couldn't even do that right! Nothing had actually changed in my life. I got in trouble at school and was expelled, and my parents grounded me as a result. I moved in with a guy I had been dating, and before long I was drinking and using again. The relationship was toxic and I felt increasingly lonely and isolated. I found myself in the same place I was before: overwhelmed by pain, shame, hopeless, and the pervasive feeling of not being good enough. One night I found out he was cheating and immediately had the thought that I wanted to die. I called my Dad and said, "I need to go somewhere."

When I got out I returned to drinking and continued to heavily use drugs. But this time it was different: I wanted to quit. A lot of people say "we don't pick our clean date," but I had 2/22 in my mind. On the night of 2/21, I was sitting at a bar, thinking about how I needed to make a stop for more alcohol on my way home. My boss had surgery that week, and I decided to make a quick stop to check in on her. While I was there, her husband began talking about what his life had been like and how he began his recovery journey. I resonated with his story and for the first time felt a seed of hope growing inside me. It was then I realized that the following day was 2/22. He said to me, "All you have to do is get through tonight."

The next day I woke up to "Day 1." Wow, I did it! I felt confident and hopeful.I tried again just to stay clean and sober for that day, moment by moment. Then came Day 2, then 3, 4, 5…I started to feel like I could actually do this. I still had legal troubles to attend to, of which one was having a court-ordered assessment at a treatment center. When I got there, I felt like I was in the right place. I began attending 12 step meetings and I got a sponsor. I attended my treatment religiously and even forgot that it was "court-ordered!" I felt so safe there that I continued to attend, even after the court order ran out. I got out of the relationship and began choosing me again. For so long I had been choosing everyone else, trying to please others, trying to fit in and be liked.

I began trying to accept myself and my life for what it is. I started setting small goals—at first it was to make my bed every day. Then I progressed to bigger goals, like finishing my Associate's Degree. I started rebuilding my confidence by doing achievable things that made me feel better about myself.

A lot of healing began happening once I was in recovery. In fact, instead of "hope" being more of a verb in my life ("I hoped for a better life"), it actually became a noun. I had HOPE for the future! I was able to look at myself in the mirror again and I stopped being my biggest enemy. I found out how loving, caring, and helpful I am. I also found out that I am not alone; although the details of someone else's story may be different, our emotions are often shared. The most powerful words I have heard are "Me Too."

At three months clean, I met someone at a meeting who told me about peer support. I couldn't believe there was a job where all my pain and hardship might actually help someone else walk through it. I soon got a job as a Peer Support Specialist and eventually ended up working in a facility similar to the one I had spent time in as a young adult. As a Peer Support Specialist, I was able to "hold the hope" for someone else—what a gift that is. I realized that it's the sharing of stories that becomes the gift. MY story was a gift! The hard times, the recovery process, all make up the gift. I started to accept my life and my story. I wanted to share it from the mountaintops! This was one of the most empowering tools I have ever experienced. Helping others helped me to pull out all the traits in myself that I always wanted to have. In fact, they were there all along.

I'd love to say that I am now exempt from pain and suicidal thoughts, but I'm not. Last year I got married and we had our first baby. As soon as I delivered, I began suffering from postpartum depression. This carried a different type shame, though—I felt like I had no right to feel as bad as I did, with so much I had in my life worth living for. I have a beautiful life—why can't I feel it? Once again, I felt like a burden to my husband. I started thinking that he and my daughter would be better off with anyone else but me. But this time I recognized these old familiar feelings quickly. I realized that with all the excitement of the wedding and the baby, I had stopped doing some of the things that had been filling my cup. Somewhere along the way I had stopped choosing me. I needed to go back to the basics of armoring my mental health and started with getting into therapy.

Today, I have six and a half years clean. The days are light again. I am a mother, wife, daughter, sister, employee, and friend. Although I've just begun this journey with a therapist, I'm already learning new tools that are invaluable. With a glimmer back in my eyes and hope in my heart, I think—death didn't win.

I choose me.

Suicide Risk in Reentry

Nimisha Narayanan, Research Analyst, Impact Justice

Suicide has been the leading cause of death in jails every year from 2000-2019, according to data from the Justice Department.[1] In prisons, it is the leading unnatural cause of death (more than homicides, intoxication, and accidents), and its number has increased 85%.[2]

A majority of incarcerated people enter the carceral system with health issues (a significant indicator for suicide/self-harm), which are often exacerbated during their time inside. More than two-thirds of all people who have been incarcerated have substance use disorders,[3] and a majority have mental health disorders.[4]

Research also shows that even upon release, having been previously incarcerated is a risk factor for suicide. In fact, one study published by ScienceDaily stated that a previously incarcerated person was 18 times[5] more likely to die by suicide – and another stated that suicide risk was 62% more likely.[6] In addition to that staggering increase, people with one placement in solitary confinement are 55% more likely to die by suicide.[7] In creating suicide prevention, it's necessary to understand the spectrum of individual and societal factors that drive up one's suicidal ideation post-incarceration.

The risk of suicide is not often thought of when considering reentry needs for those reintegrating back into their communities. However, existing and exacerbated mental health issues are often not treated before or during the process of reentry. Access to mental health services during reentry can be incredibly difficult. People leaving prison after long periods of time often leave without identification documentation and are often estranged from family or any support system they may have had prior to their incarceration. Current community integration programs are likely to be insufficient in providing services to repair community disruption. A criminal record makes people 10x more likely to be homeless compared to

the general population and 50% less likely to obtain employment (the effect is doubled for Black American applicants). The cumulative effect of pre-existing health conditions plus barriers to re-entry lead to social isolation, a significant indicator for suicidal ideation.[8]

Interventions for suicide prevention, specifically for those suffering from mental illness beforehand are often sporadic with minimal wrap-around services. A study published in 2021 in the Journal of Correctional Health Care detailed the length and the components of the ideal reentry program.

- Must be long term, and start before release: 3 months pre-release and at least 3 months post-release
- Detailed survey/assessment at the beginning of treatment on emotional triggers and relapse potential (for people with substance use issues) to track maladaptive coping mechanisms
- Ability to shift to a higher or lower level of care (medication compliance and management for severe mental illness) as needed
- Reach out to individual's existing family/community to facilitate regular meet-ups (plus find other activities for the individual to build community)[9]

Clearly, incarceration is a public health issue, one that has severe impacts even once an individual is released. Programs should focus on building community relationships and supports once the program participant is released from incarceration. Beyond integrating an individual's existing community into safety planning and regular relationship building, program staff should also find treatment groups and other social healing practices to minimize isolation. An important component woven into successful programs is relapse prevention and gradual discharge. Services are slowly diminished over the course of 6 months to ensure that the individual can successfully facilitate the community and care built over time.

Suicide prevention is an intersectional issue, which prompts its solution to be wrap-around and long-term.

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ABOUT US.

The Crisis and Recovery Enhancement (CARE) Technical Assistance (TA) Center provides training and technical assistance to Mental Health Services Act (MHSA) funded counties and city-jurisdictions to strengthen crisis care continuum and criminal justice diversion efforts to improve behavioral health care coordination for a flexible and seamless care delivery system for youth and adults at greater risk of mental health crisis, including people experiencing homelessness.

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