# May is Mental Health Awareness Month

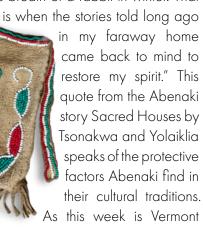
Everyone has "mental health." It is how we think, feel, and act in our daily life. It is how we look at ourselves, our lives, and the people we know and care about. Mental health is part of our overall health, at every stage of life, and it can change throughout our life.

It is especially important now, as we have experienced a year of social distancing and living through a global pandemic, that we care for our mental health. We want to help our children and youth learn that caring for their mental health is a vital part of living a healthy, fulfilling life, and that experiencing mental health challenges during their lifetime is not uncommon (1 in 5 children or youth have mental health challenges) and that it is not just ok, but it is important, to ask for help when they do. Help can come from loved ones, friends, and other trusted adults such as primary care providers, teachers, coaches, school counselors, and mental health providers, to name a few.

It is important for each of us to offer acceptance, support and respect for others who have mental health challenges in their lives and communities. That's part of what strengthens our communities. And it's what will help us as we emerge from the pandemic.

### May 1–5, 2021 is Vermont Abenaki Recognition and Heritage Week

" have felt that my life was so small that it could fit inside an acorn and that I was as tenuous as the white breath of a rabbit in winter. That



Abenaki Recognition and Heritage Week, we wanted to acknowledge the importance of heritage and culture in building resilience for indigenous youth.

# School Mental Health Update

This past year filled with uncertainty and limited social engagement has taken a large toll on students' mental health. It has equally impacted school staff as they have made heroic efforts to completely change their operations while constantly trying to reach their students. Skilled mental health supports are available in schools through our local designated mental health agencies. Accessing these supports improves readiness to learn, can identify family needs, and provide access to increased services. The Department of Mental Health and Agency of Education are coordinating efforts to strengthen social emotional learning, support inclusionary practices, and increase mental health resources to meet the needs of everyone in the school buildings as we all work to recover from this pandemic.

#### Resources

<u>Vermont Family Network's Puppets In Education</u> - created a <u>school</u> <u>program focused on anxiety</u> (now available virtually).

<u>Vermont Afterschool</u> - <u>has quality summer opportunities</u> available to youth in every Vermont community

DMH School MH Services

Culture of Staff Wellness

<u>Effective-School-Comm-Partnerships-to-support-SMH-Final.pdf</u> (schoolmentalhealth.org)

Additional resources from DMH

# May is Maternal Mental Health Awareness Month

Expecting & caring for a baby can be an exciting, life-changing time. It can also be really challenging. Perinatal Mood & Anxiety Disorders (PMADs) can occur any time during pregnancy or the first year after childbirth, making it the leading complication of childbearing. Both common & treatable, as many as 1 in 5 women are affected by these conditions. There is evidence that fathers, partners, foster/adoptive parents, & other caregivers are similarly at risk from the stress of welcoming a baby.

It's not just postpartum & it's not just depression; there is a wide spectrum of emotional distress that can present with PMADs. Symptoms include feeling overwhelmed, irritable, weepy, empty, loss of interest, exhausted but unable to sleep, having scary or unwanted thoughts, &/or just not feeling like yourself. Left untreated, PMADs can have a profound & lasting impact on entire families. Universal screening for PMADs is a critical step in identifying individuals in need of treatment.

In 2018, VT was awarded a five-year cooperative agreement by HRSA to address perinatal mental health. The Screening, Treatment & Access to Mothers & Perinatal Partners (STAMPP) program was developed to improve the mental health & well-being of pregnant & postpartum women, their children & families, by developing & sustaining a coordinated system of mental health supports. For more info, please visit- Resources for Perinatal Mental Health During the Corona virus Outbreak | Department of Mental Health (vermont.gov).

# Recovery/Resiliency/Action-Oriented Section

Just as it was a transition for us to adjust to social distancing and health practices in the early phases of the pandemic, it will also be a transition to return to more typical activities. As we start to change our habits, this can make us uncomfortable. This is a type of positive stress that can actually promote resilience for the child going forward.

Analogies can help kids understand taking incremental steps. For youth: like the deep-sea diver returning to the surface, we may benefit from taking small steps toward re-entry after social isolation. For a younger child: think about how you approach going into cold water, do you just jump in (and feel the shock), or do you dip a toe first, then go in up to your ankles, until eventually you adjust and swim. Explore what those steps might look like in reconnecting socially and getting re-engaged in activities. It will help children and youth to know that you believe in them and they have support to step out of their comfort zone. Taking small risks is healthy and okay now.

### **Activities**

- For summer programming opportunities, check out Vermont Afterschool's Summer Matters link: <a href="https://www.vermontafterschool.org/summermatters/">https://www.vermontafterschool.org/summermatters/</a>
- Activities for Families (NFFCMH): <a href="https://www.ffcmh.org/cmha-activites-for-youth">https://www.ffcmh.org/cmha-activites-for-youth</a>
- Summit: the annual event that brings more than 200 LGBTQ and allied youth <a href="http://www.outrightvt.org/no-summit-not-summit/">http://www.outrightvt.org/no-summit-not-summit/</a>

### Resources

- USA Today: <u>Scaffold Parenting in a post-pandemic world</u>
- For young children: What Comes Next: Back to Child Care Following Shelter-in-Place
- The Atlantic: How to get our kids back on track
- Self Magazine: What Is Resilience, and Can It Help Us Bounce Back From This?



# **Workforce Appreciation Spotlight**

The Vermont Department of Mental Health (DMH) wants to extend our gratitude to Vermont's child, youth, and family mental health providers. During this unprecedented time, you have provided vital in-person supports in the community and congregate care settings. Your service and dedication are immeasurable; DMH and Vermonters thank you!

# There is need for LGBTQ+ responsiveness in VT mental health providers

Since 2016, the majority (53%) of individuals who utilized the VT Crisis Textline identified as LGBTQ+. Of all VT texters, 8% identified as trans, genderqueer, or agender. If you are seeking support, text VT to 741741.

**Everyone can help!** The Trevor Project lists the research-supported protective factors that bolster wellness for youth and young adults who identify as LGBTQ+1:

PROTECTIVE FACTOR	ACTION STEPS FOR EVERYONE
Having strong social supports	<ul> <li>Respect an individual's name &amp; pronouns</li> <li>Share your pronouns when introducing yourself</li> <li>Invite conversations about sexual orientation and gender identity</li> </ul>
Visibility of and access to positive examples of adults who identify as LGBTQ+/ mentors	<ul> <li>Share affirming media</li> <li>Support organizations that increase LGBTQ+ visibility or run groups for those in community</li> <li>Support LGBTQ+ owned businesses</li> </ul>
Having supportive environments- including policies, physical spaces, and reduction/elimination of microaggressions	<ul> <li>Advocate for affirming/protective policies</li> <li>Ensure physical spaces have accommodations such as single stall bathrooms</li> </ul>
Development of coping strategies	<ul><li>Actively seek LGBTQ+ resources</li><li>Make your allyship visible in space you occupy</li></ul>

**Trainings options are available to VT providers.** Outright VT recently created and delivered a webinar series for providers focusing on provider best practices when serving individuals who identify as LGBTQ+. Currently, the Center for Health and Learning with support by Outright VT and the Department of Mental Health, is developing a training for healthcare providers focusing on Suicide Prevention for Youth and Young Adults who identify as LGBTQ+. For additional support, Outright VT, the Pride Center of Vermont, and the Center for Health and Learning offer options for training, workshops, and advising.

**Resources are available for Individuals who identify as LGBTQ+ and their families.** Any of the organizations linked here are great resources to start with.

**Sending Clear Messages of Support Through Policy Change:** DMH commends sponsors Rep. Taylor Small and Rep. Mari Cordes for helping Vermont to become the first state to unanimously pass a bill that bans the use of the 'panic defense' when the target's sexual orientation or gender identity as the reason for a violent crime (H.128). This strengthens Vermont's position as one of the states with the most policy protections for individuals who identify as LGBTQ+, according to the <u>Movement Advancement Project</u>.

<sup>1</sup> (2019, May 30). Research Brief: Fostering the Mental Health of LGBTQ Youth. The Trevor Project. <a href="https://www.thetrevorproject.org/2019/05/30/research-brief-fostering-the-mental-health-of-lgbtq-youth/">https://www.thetrevorproject.org/2019/05/30/research-brief-fostering-the-mental-health-of-lgbtq-youth/</a>



Trans in Trumpland investigates the impact of anti-trans policies on the lives of four transgender Americans. Told through a road trip narrative across remote parts of the United States, the series explores the trans experience in Texas, North Carolina, Mississippi, and Idaho". It includes powerful messages of the impact of policy, individual resilience, and hope for the future.

## Understanding the impact: Better data accuracy needed

Over the last year, a core group of DMH staff have been meeting twice monthly to combat racism in our sphere of influence. We have learned that data on race and ethnicity is collected inconsistently between providers and entities in our system of care, complicating our ability to identify areas of need. Fortunately, DMH is working with our partners across the Agency of Human Services to identify where and how data is collected, form a common list of categories, communicate changes to providers, and increase data accuracy moving forward

### DMH Anti-Racism Group: Turning Words into Meaningful Action

DMH recognizes that both silence and the use of insensitive language are harmful to individuals whose identities are not part of the dominant group. Talking about racial injustice and actively seeking out pejorative or discriminatory language and changing it allows us to confront implicit and explicit racism and to reclaim its power. The DMH Antiracism Group formed in June 2020 as an internal space for staff to seek ongoing education around racial equity both as individuals and as part of the healthcare system and to identify and work toward specific areas of action. We intentionally discuss racial justice issues such as inclusive language and the concept and experience of microaggressions and identify concrete changes that we can make in our language, policies, and practices. This dual focus on education and action has allowed us individually and collectively to start making changes that might be initially small, but which we believe will have increasingly more powerful and positive ripple effects in the mental health system of care.

# Culturally and Linguistically Responsive Training Will be Offered at DMH This Summer:

At the beginning of the year, DMH put forth a Request for Proposals for culturally and linguistically competent training and consultation to staff and community partners. Two of the core intentions in the Department's Vision 2030 are that our policies and practices are socially just and that we build more equitable healthcare services and access to those services. The goal in seeking this training is to increase staff's understanding of experiences of individuals who identify as part of non-dominant racial and ethnic groups, to improve understanding of mental health models of treatment that may be more culturally appropriate than the traditional medical model, to build cultural competence, and to learn about working effectively with interpreters. A local organization will be offering four different two-hour trainings to varied numbers of DMH and AHS staff throughout the summer. Please stay tuned for more information.

#### Resources

- How are Vermont Abenaki youth doing and what can we do as members of the mental health system of care to support them? Check out this article to find out more: <a href="https://www.alnobaiwi.org/blog/culture-is-connection">https://www.alnobaiwi.org/blog/culture-is-connection</a>.
- Do you identify as BIPOC? State program standing committees that advise DMH are recruiting new members! For more information visit the DMH website or contact <a href="mailto:Eva.Dayon@vermont.gov">Eva.Dayon@vermont.gov</a>.
- Have feedback for DMH regarding Anti-Racism? We'd love to hear from you. Contact <a href="Eva.Dayon@vermont.gov">Eva.Dayon@vermont.gov</a>.

# Workforce Appreciation Spotlight

The Vermont Department of Mental Health (DMH) wants to extend our gratitude to all those working to advance anti-racism and equity work across the state including staff at Designated and Specialized Services Agencies, hospitals, community partners, and other state agencies. We acknowledge there are many competing priorities for your time, and we thank you for centering the challenging task of creating a more just community.

# Suicide is a Public Health Crisis

n Vermont, a person dies by suicide on average every three days, resulting in significant ripple effects on families, schools, communities, first responders, health care communities and systems overall.

We can reduce suicide rates if we work together to promote connection and community based supports, and reduce stigma that can keep people from talking about their mental health and asking for help when needed. Suicidal ideation is treatable, and suicide deaths are generally preventable.

# Suicide and the COVID-19 Pandemic

ermont has struggled with high suicide rates that have been increasing over the past decade. Over the past ten years the US suicide death rate has increased by 23%, while the Vermont rate has increased by 43%.

The COVID-19 pandemic and resulting quarantine has increased common suicidal risk factors for our population, including increases in social isolation, financial and social stressors, grief and loss, and relationship issues. Vermonters have shown incredible resiliency throughout the pandemic resulting in stable suicide rates thus far. However, we still have a long road to recovery, and the mental health impact of this pandemic is expected to peak later than the physical one. Therefore, it is imperative Vermonters continue to support one another and maintain a focus on bolstering awareness and supports for those at risk.

# At Risk Groups

Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for

Suicide is the 8th leading cause of death in Vermont, and the 2nd cause for young people 15-34 years old, across all ages. Risk factors can vary by age group, culture, sex, and other characteristics. For example:

- suicide attempts among lesbian, gay, bisexual, and transgender (LGBT) youth. • The historical trauma suffered by American Indians and Alaska Natives (resettlement, destruction of
- cultures and economies) contributes to the high suicide rate in this population. • For men in the middle years, that challenge traditional male roles, such as unemployment and
- In 2019, 13.4% of youth reported the had made a plan about how they would attempt suicide. Those concerns were higher among females and among lesbian, gay or transgender youth. About 1 in 6 female youth reported they made a suicide plan and about 1 in 12 attempted suicide at least once. In the same year, almost half of transgender youth made a suicide plan and about 1 in 3 attempted suicide at least once (YRBS 2019).

Risk and Protective Factors | Suicide Prevention Resource Center (sprc.org)

divorce, have been identified as important risk factors.

# What Can You Do to Help?

#### What Can You Do:

- Check on your neighbors and your loved ones. If you know or suspect someone who has struggled with mental health in the past, reach out. Let them know you care and offer connection.
- Choose kindness. You never know what someone else is going through. A simple act of acknowledging another person who seems distressed can save a life. Small Talk Saves Lives | Samaritans Campaigns
- Understand that asking someone if they are feeling suicidal does not plant the thought in their head. Instead, it shows them you are open to having a direct conversation and enables clear communication
- Listen non-judgmentally offer support and validation rather than advice or attempting to minimize their experience
- Connect them to supportive help through professional, peer or natural supports. For more information on how you can #BeThe1To help save a life visit — <u>#BeThe1To</u>

Seize the Awkward | Talk With A Friend About Mental Health

**Means Matters** 

# Reduce access to lethal means.

In 2020, of the 75 people who died by firearm in Vermont, 67 of those were death by suicide. Firearms have continuously been the most prevalent means for suicide with over 50% of suicide deaths resulting from this method.

Although firearms are the most prevalent means for suicide deaths, they are not the most common method for attempts. Intentional poisoning is the most common suicide attempt method, accounting for 57% of intentional self-harm

hospital visits. Safe storage of firearms and medications during times of increased suicide risk is one of the most important factors in saving a life.

During a suicidal or mental health crisis, you have options for temporarily storing potentially dangerous things, like firearms or

medicines. For more information visit: Suicide Prevention | Vermont Department of Health (healthvermont.gov)

### he Department of Mental Health supports approaches that will strengthen our existing suicide prevention efforts in Vermont"

**Zero Suicide** 

like the Zero Suicide Program. Zero Suicide is a 7-pronged approach to building resilient communities and improving suicide safe care across our state, for young and older Vermonters. Want to get involved? Join the Vermont Suicide Prevention Coalition:

#### The Vermont Suicide Prevention Coalition consists of over 70 representatives from public health, education, state agencies, suicide prevention advocacy groups, youth leadership, mental health services and survivors throughout the state.

Our mission is to create communities of hope throughout Vermont in which schools, agencies and people of all ages are given

Our strategies include: Promoting the message that suicide across the lifespan is preventable

## Equipping health care and community based providers with the knowledge and

skills to respond effectively to anyone in distress

the knowledge, attitudes, skills and resources to respond effectively to suicidal behavior.

- Increasing public awareness of the importance of addressing mental health issues and the characteristics of mental health wellness
- Establishing a broad-based suicide prevention, intervention and postvention program throughout Vermont Sponsoring a public information campaign to reduce the stigma associated with being a consumer of mental
- of mental health wellness Promoting positive youth development and life-long mental health Developing a five-year strategic plan to ensure long-term and sustainable approaches to prevention and early intervention

health, substance abuse and suicide prevention services and to increase connectedness and the promotion

For more information, please visit <u>VTSP Coalition | VTSPC</u> or contact <u>info@healthandlearning.org</u>

Attend the Suicide Prevention Symposium (Save the Date below)

#### If you or someone you know is having thoughts of suicide, help is available. Call 1-800-273 TALK to reach the suicide

Resources

Prevention into Focus prevention Lifeline 24/7. Text the letters "VT" to 741741 for free, confidential text support. Or contact 211 to find a local counselor near you.



**V**ERMONT

CARE PARTNERS

Text **VT** to **741741** 



SUICIDE LIFELINE

1-800-273-TALK (8255)



### Symposium • August 4, 2021

**Activities** 

Vermont Suicide Prevention Symposium — Bringing



**Vermont Suicide Prevention** 

Workforce Appreciation Spotlight

he Department of Mental Health wants to acknowledge the extensive commitment of the <mark>Desig</mark>nated Agencies who have signed on to implement Zero Suicide in their organizations. Zero Suicide is a set of evidence-based principles and practices for preventing suicide within health and mental health systems. Seven agencies in Vermont have joined the Zero Suicide initiative. In response to the COVID-19 pandemic, six of those Designated Agencies partnered with their local primary care offices to develop safe pathways to care for individuals needing support for suicidality. These efforts included bolstering awareness and identification of suicidal risk factors, developing protocols for triage and referral, and training in Counseling on Access to Lethal Means (CALM) an evidence-based practice for communicating with individuals at risk of suicide about how to effectively reduce their access to fatal means during times of suicidal crisis. This project benefited from the participation of 17 Primary Care Practices across Vermont and was supported by leadership from the Blueprint for Health.