

# CHANGES...

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BEHAVIORAL HEALTH SERVICES NETWORK

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## Eastern Shore Ops returns to Affiliated Santé Group

To care for others, one first must practice self-care.

Keonia Greene says she has come to understand this while manning the phones and assisting others with crises during her tenure at Eastern Shore Operations Center. And this understanding of balance is key as she and Center Coordinator Lynn Gurley, LCSW-C, prepare to transition from oversight by Mid-Shore Mental Health Systems, Inc. to management under Affiliated Santé Group.

The change comes nearly three years after Mid-Shore Mental Health brought the center in-house to bolster clinical operations and improve outcomes for those who use the 24-hour crisis line.

“It’s heavy work and it can weigh on you,” Greene said about her work at the Operations Center. “No one wants to have schizophrenia or anxiety or bi-polar disorder. I just figure if you reach one person, you’re making a difference.”

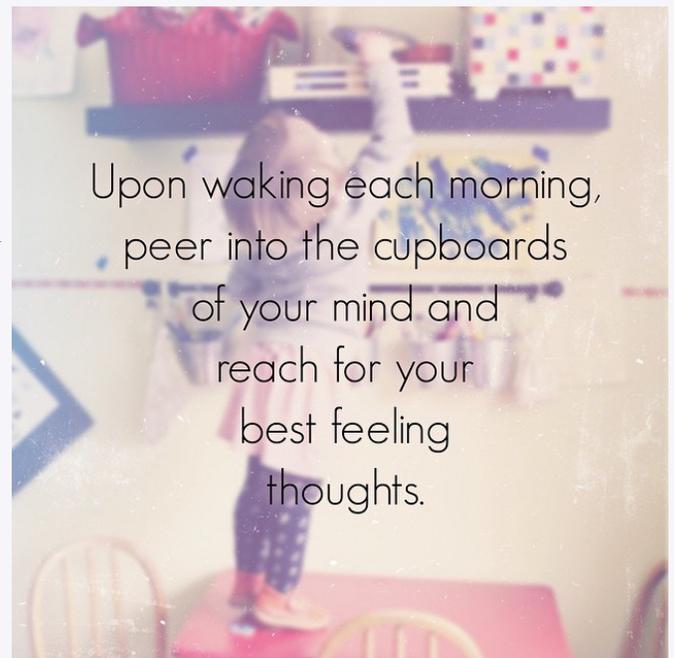
Gurley’s and Greene’s job is to conduct behavioral health triage over the telephone, contact first responders when people are in crisis, and dispatch Mobile Crisis Teams to locations in eight of nine counties on the Eastern Shore. From their two-room office, the women answer the phones from sunup to sundown. Some callers are suicidal, some are manic, others are having family problems, while others are depressed. There are those who call regularly for support, which the Operations Center staff provide.

Operations Center staff has recently completed orientation with Affiliated Santé Group while continuing work in the faced-paced and ever-changing crisis landscape alongside Eastern Shore Mobile Crisis in Cambridge. Their work, combined with that of crisis teams, has resulted in enhanced service for consumers in crisis, enabling many to secure behavioral health appointments within 72 hours and avert hospitalization when appropriate.

This was the idea when Mid-Shore Mental brought the Operations Center from Anne Arundel County to the mid-shore. Back then, the Operations Center fielded an average of four calls daily—about 1,400 annually. Gurley headed the transition and quickly discovered that the center needed more than one person to handle incoming, outgoing and follow-up calls, along with dispatches. As demand increased, Mid-Shore Mental Health staff provided back-up and on-call overnight support until Greene was hired in December of that year.

The center then moved in 2014 from Mid Shore Mental Health to its current Cambridge office. The move created stronger partnership and collaboration with Mobile Crisis. Demand continued increasing in fiscal year 2013 to about 2,100 calls; that number nearly doubled the following year. Calls have surpassed the 5,000 mark this fiscal year.

Meanwhile, Mobile Crisis teams have increased from two to four—located in Dorchester, Kent and Cecil counties—resulting in decreased response time and increased capacity. As for the call center joining Affiliated Santé Group, Director of Eastern Shore Mobile Crisis, said she welcomed the transition and sees it as “a tremendous opportunity.”



Upon waking each morning,  
peer into the cupboards  
of your mind and  
reach for your  
best feeling  
thoughts.



## Updates from the shore

**Dri-Dock Wellness and Recovery Center** is leading efforts on the Eastern Shore in the Sunday, Oct. 4 “Unite to Face Addiction” event in Washington, D.C. John Winslow, program director of Dorchester County Addictions Program, seeks assistance from individuals and area agencies to bolster attendance and form partnerships. The idea behind the event is to raise awareness about addiction and recovery as well as to bring about a national discussion. There are numerous ways to partner, organize and help. Learn more about this event, its mission and how each individual and agency may help by going to <http://www.facingaddiction.org/>.

**Maryland Choices** is hiring a Care Coordinator who would be based in Easton and required to travel throughout Maryland’s mid shore. The individual would be responsible for completing comprehensive strengths-based assessments; work in partnership with team members to develop plans of care, oversee implementation of plans, identify service providers or family-based resources, facilitate monthly community team meetings, make regular home visits, monitor all services authorized for client care, and authorize all care to maintain fiscal accountability. The Care Coordinator assures care is delivered in a manner consistent with strength-based, family-centered, and culturally competent values, offers consultation and education to all providers regarding the values of the model, monitors progress toward treatment goals, and assures that all necessary data for evaluation is gathered and recorded.

Learn more about this position and apply online at [www.ChoicesTeam.org](http://www.ChoicesTeam.org).

### Our Mission

To continually improve the provision of mental health services for residents of Caroline, Dorchester, Kent, Queen Anne’s and Talbot Counties through effective coordination of services in collaboration with consumers, family members, providers and community leaders. We believe that the mental health system should assure quality, cost-effective services that meet the needs of our consumers. Consumers are the focus of MSMHS, and it is our goal through partnership with other agencies to develop a full array of easily accessible services for the consumer. We strongly believe in the empowerment of individuals, consumers, and family members to help develop their fullest potential.

To develop a model rural

### Our Vision

mental health delivery system with a continuum of mental health services that are culturally diverse. These services assure consumer empowerment, have a community focus, are cost-effective for the system and are integrated to serve the community as a whole, private and public sector, regardless of cultural or ethnic background.



# Suicide rate of female veterans dubbed “staggering”

By Alan Zarembo

*Courtesy of the LA Times*

New government research shows that female military veterans commit suicide at nearly six times the rate of other women, a startling finding that experts say poses disturbing questions about the backgrounds and experiences of women who serve in the armed forces.

Their suicide rate is so high that it approaches that of male veterans, a finding that surprised researchers because men generally are far more likely than women to commit suicide.

“It’s staggering,” said Dr. Matthew Miller, an epidemiologist and suicide expert at Northeastern University who was not involved in the research. “We have to come to grips with why the rates are so obscenely high.”

Though suicide has become a major issue for the military over the last decade, most research by the Pentagon and the Veterans Affairs Department has focused on men, who account for more than 90 percent of the nation’s 22 million former troops. Little has been known about female veteran suicide.

The rates are highest among young veterans, the VA found in new research compiling 11 years of data. For women ages 18 to 29, veterans kill themselves at nearly 12 times the rate of nonveterans. In every other age group, including women who served as far back as the 1950s, the veteran rates are between four and eight times higher, indicating that the causes extend far beyond the psychological effects of the recent wars.

## The suicide gap

Suicide rates vary by gender and veteran status, based on an analysis of nearly 174,000 suicides in 23 states between 2000 and 2010.

■ Women ■ Men

### Annual number of suicides per 100,000 population

Among people who never served in the military, women kill themselves far less often than men.



Among veterans, the suicide rates are much higher, but also much closer.



Source: U.S. Department of Veterans Affairs

played a role. Whatever the causes, the consistency across age groups suggests a long-standing pattern.

“We’ve been missing something that now we can see,” said Michael Schoenbaum, an epidemiologist and military suicide researcher at the National Institute of Mental Health who was not part of the work. The 2011 death of 24-year-old Katie Lynn Cesena is one of a dozen cases The Times identified in Los Angeles and San Diego counties. Cesena’s death highlights two likely factors in the rates.

Read this story in its entirety at <http://www.latimes.com/nation/la-na-female-veteran-suicide-20150608-story.html#page=2>

The data include all 173,969 adult suicides — men and women, veterans and nonveterans — in 23 states between 2000 and 2010.

It is not clear what is driving the rates. VA researchers and experts who reviewed the data for The Times said there were myriad possibilities, including whether the military had disproportionately drawn women at higher suicide risk and whether sexual assault and other traumatic experiences while serving



**Sara Leatherman in Iraq in 2006. A back injury forced her to leave the military in 2009. She also suffered from post-traumatic stress disorder. Leatherman was 24 in 2010 when she hanged herself in her grandmother’s shower.**



## How To Stop Absorbing Other People's Negative Energy

By [Jesse Herman](#) and [Steven Bancarz](#)

Empathy is the ability to recognize and feel other peoples' emotions. Sympathy is feeling compassion for other people. Often times to be an "empath" means that you are absorbing much of the pain and suffering in your environment, which can sacrifice your own ability to function at a high level.

If you have ever been in a room with a negative person, you know just how toxic their energy can be. Learning to stop absorbing other people's energies is such a great spiritual skill to have.

See five ways to stop absorbing other people's energy at: <http://www.spiritscienceandmetaphysics.com/how-to-stop-absorbing-other-peoples-negative-energy/>

*Courtesy Spirit Science and Metaphysics*



### Millions of seniors struggle to eat nationwide

Nearly one in six senior citizens face the threat of hunger in the United States. Charity and food stamps reach some of these vulnerable Americans, but limited resources and isolation mean many are struggling without receiving help. Special correspondent Sarah Varney reports.

Listen online at:

<http://www.pbs.org/newshour/bb/number-hungry-seniors-doubled-since-2001-going-get-worse/>



## July 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 <b>MSMHS Closed</b>	4 <b>Independence Day</b>
5	6	7	8	9 <b>BHSN C &amp; A 3-4</b>	10	11
12	13	14 <b>Roundtable on Homelessness 1:30 Consumer Council 3 @ CVI</b>	15	16	17 <b>Brown Bag Training Consumer Support</b>	18
19	20	21 <b>BHSN Aging 11-12</b>	22 <b>BHSN Quarterly @ 10 a.m. Lower Shore BHSN Integration 2 @ MSMHS</b>	23	24	25
26	27	28	29	30	31	

### My Reflection

Every time I see your face, it makes me want to cry.  
And when you start acting like a fool, sometimes I'd wish you'd die.

I often wonder what could it be, that's really on your mind?  
That makes you sit around all day and waste your precious time.  
And if you're wondering why it is that I won't let you be,  
It's because, every time I look at you, it's my reflection that I see.

—Thomas Hicks, of H.O.P.E. Wellness and Recovery Center

### My Journey

My journey down the road of life had many twists and turns.  
The road I travel had lots of bridges of which most of them I burn.

Although at times the road seems rough one thing is very clear,  
No matter how hard that journey was, that journey lead me here.

—Thomas Hicks, of H.O.P.E. Wellness and Recovery Center

### Cannabinoids for Medical Use:

### A Systematic Review and Meta-analysis

*Courtesy of JAMA*

Researchers conducted a systematic review of the benefits and adverse events (AEs) of cannabinoids.

A total of 79 trials (6,462 participants) were included; four were judged at low risk of bias. Most trials showed improvement in symptoms associated with cannabinoids but these associations did not reach statistical significance in all trials. Compared with placebo, cannabinoids were associated with a greater average number of patients showing a complete nausea and vomiting response, reduction in pain, a greater average reduction in numerical rating scale pain assessment, and average reduction in the Ashworth spasticity scale. There was an increased risk of short-term AEs with cannabinoids, including serious AEs. Common AEs included dizziness, dry mouth, nausea, fatigue, somnolence, euphoria, vomiting, disorientation, drowsiness, confusion, loss of balance, and hallucination.

Read this article in its entirety at <http://jama.jamanetwork.com/article.aspx?articleid=2338251#>

**Mid-Shore Mental Health Systems, Inc. is located at 28578 Mary's Court, Easton, MD 21601. You are invited to join us in our work to improve services on the Eastern Shore by joining the BHSN workgroups tasked with improving services pertaining to integration; child and adolescents; long-term care; and crisis response. Email [kstevens@msmhs.org](mailto:kstevens@msmhs.org) for information.**