



THE CENTENNIAL BRIEFING



CHEYENNE · ELBERT · KIT CARSON · LINCOLN · LOGAN · MORGAN · PHILLIPS · SEDGWICK · WASHINGTON · YUMA

Our mission is to achieve excellence in the provision of behavioral health services that lead to optimal health and well being

WE THE PROFESSIONALS

MATERNAL SUICIDE AWARENESS WEEK

September 6th-10th

is Maternal Suicide Awareness Week

This information from Dr. Freda is intended to help guide the content in clinical notes and in communications with med providers. Please feel free to contact him with questions as he would welcome further discussion!



Part 11:

Why now?

It's not necessarily providing more detail. It's dealing with THINKING about the question. If you're coming to see me now because you're depressed, and I ask you why now . . . telling me it's NOW because you're not engaging with the family only perpetuates the question needing answered: Ok, but why have you stopped engaging with the family NOW??

Question: Why are you asking for help now?

Answer: I've been emotionally shutdown, isolating myself.

Question: OK, why have you been doing that now? Nowadays?

Answer: Because I have terminal flatulence.

Question: Since when have you had this problem?

Weeks/days/months?

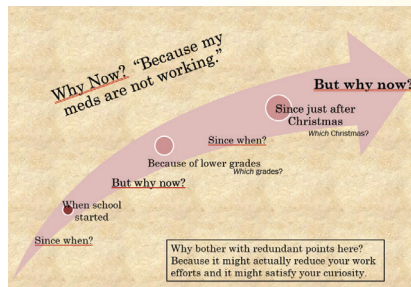
Answer: About 5 or 6 months.

Question: Sooooo if it's been that long, why has it only now caused you to isolate yourself?

Answer: Oh, well, sniff, my dog just died and . . . " Ohhhhh! THAT'S why now!!!!

"Why seeking help now?" - The statements there need to answer the crucial question of why now.

In other words, is there an internal or an external force compelling the client to NOW seek help. If we focus on the meaning of the question and its true purpose--namely to get into the client's head and heart regarding the true motivator for seeking help at this time--we might better understand how to answer the question of why now. The question helps predict the client's ability to form a valid therapeutic alliance with us. An internal motivator is a much better engine for true change than an external one.



This week is to remember moms lost to maternal suicide and to raise awareness about maternal suicide, the leading cause of maternal mortality. Some facts about Maternal Suicide:

1. Maternal suicide deaths are more common than maternal deaths caused by postpartum hemorrhage or hypertensive disorders.
2. Suicide accounts for up to 20% of postpartum deaths.
3. Maternal Suicide is most frequently completed between 6-12 months postpartum.
4. Complications during pregnancy are associated with having thoughts about suicide during the postpartum period.

September 10th at 5:30 pm PT there will be a #MomsAreNotImmune Remembrance Candle Light Vigil.

Join the vigil live at 5:30pm PT on:

Facebook: <https://www.facebook.com/2020Mom/>,

Youtube: https://www.youtube.com/channel/UCTGtKfxti_d2q3yK-nUB3BFw.

While watching we encourage viewers to read the names of the mothers lost on our Remembrance Wall:

<https://www.2020mom.org/remembrance-wall>

If you or someone you know is in a mental health crisis please contact:

- National Crisis Text Line: Text HOME to 741741 from anywhere in the USA, anytime, about any type of crisis.
- National Suicide Prevention Hotline and Website: 1-800-273-8255 or www.suicidepreventionlifeline.org
- 911 or your local emergency number

If you or someone you know needs non-crisis help with a Maternal Mental Health (MMH) concern: The Postpartum Support International (PSI) warmline can be reached at 1-800-944-4773 (4PPD) press 1 for Spanish or press 2 for English. You can also send a text message to 971-420-0294 for Spanish-speakers or 503-894-9453 for English-speakers. Volunteers offer encouragement, information, and treatment resources in your community. (NOTE: Postpartum Support International is not a crisis hotline and does not handle emergencies. For emergencies, please contact your nearest emergency service, hospital, or dial 911.)