



# MISSISSIPPI Suicide Prevention Plan FY17-FY19

CUMULATIVE  
PROGRESS REPORT



Supporting a Better Tomorrow...Today

**DMH**  
Mississippi Department of Mental Health

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# Introduction

The Mississippi Suicide Prevention Plan Workgroup was formed in April 2016 to finalize the state's efforts in developing a formal plan to help combat a public health issue that affects people of all ages, races, and gender – suicide.

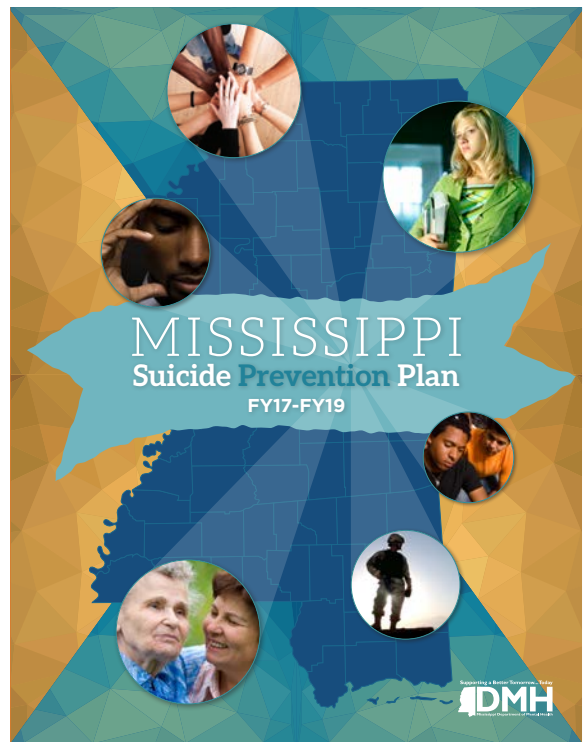
Mississippi's State Suicide Prevention Plan was released in September 2016. The three-year plan was divided into four main sections - Assessment, Capacity, Goals and Objectives, and Stories. The Assessment portion of the plan gathered data that addressed demographic information about our state and trends that have occurred over the years in the mental health field. The Capacity section examined current state resources that are available to address this public health issue at the current time. The Goals and Objectives were data-driven targets that point to the progress we hope to make with this plan. The Stories were included to help shatter the silence around suicide – thoughts of taking your own life are not thoughts that someone should keep inside.

Over the last year three fiscal years, the Mississippi Department of Mental Health and partners across the state have diligently worked to make progress with the objectives in the plan. This report highlights the state's efforts since September 2016 – June 2019.

While we are proud of the strides that have been made in developing awareness and increasing knowledge about suicide, there is still significant progress to be made. DMH and its partners will continue to make suicide prevention a priority.

Thank you to everyone who contributed to this report.

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# Acknowledgements

## Mississippi Suicide Prevention Plan Workgroup Members

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# Letters of Support

## DEPARTMENT OF MENTAL HEALTH State of Mississippi

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Diana S. Mikula - Executive Director

Mississippi's Suicide Prevention Plan represents an important step for our state to take as we work to ensure mental health and wellness for all citizens. Our public mental health system has worked for years at prevention efforts and to fight the stigma of mental illness. Whether we realize it or not, many of our friends and neighbors have been affected by mental illness or suicide.

Having good mental health is an essential component of good physical health, but in Mississippi, mental health problems are more common than many people realize. One in five people will experience a mental illness during their lifetime, and one family in four has a member who has a mental illness and who will require some type of treatment. Suicide is a leading cause of death in our nation and in our state, and it affects people of all ages, races and backgrounds. It is also a preventable cause of death.

Over the last several years, our agency has focused efforts on educating the public about the warning signs and risk factors of suicide. We have also educated young adults on shattering the silence surrounding suicide and stressed the importance of sharing with others when you experience suicidal feelings. Many survivors of suicide attempts tell us that in the moment after their attempts, they regretted their decision. They also share how they may have changed their minds if more people had recognized they needed help. That is why we are developing this plan. No matter what is happening in someone's life, there are people who care and who want to offer support and help however they can.

By collaborating, sharing resources, and working together towards common goals, we can prevent the tragedy of suicide. This plan would not be possible without the support and involvement of stakeholders from across the state and in numerous fields. Mental health professionals, state agencies, educators, and advocates have all helped in developing this plan. I would like to thank everyone for their participation and contributions. I look forward to seeing the results. I know this is an important step to take as we work to provide a better tomorrow for our state.

Sincerely,

Diana S. Mikula  
Executive Director

# Letters of Support

STATE OF MISSISSIPPI



*Office of the First Lady*

DEBORAH BRYANT  
JACKSON, MISSISSIPPI

Dear Readers,

The Mississippi Department of Mental Health's efforts to develop a Statewide Suicide Prevention Plan is a project I am proud to support. A variety of state agencies, family members, non-profits and other groups are partnering to look at ways our state can address the critical issue of suicide. Considerable challenges and opportunities lie ahead as our state leaders and agencies work together to help decrease the number of suicides in Mississippi. Each and every Mississippian is special and has value, and it is our job to help them realize their potential.

It is imperative that we encourage the citizens of Mississippi to change the way they think about mental health. We need to educate communities on the importance of shattering the silence that often surrounds suicide and encourage people to seek help. Many times, families feel alone in this fight, but the truth is no one is alone. One in five Mississippians are affected by a mental illness. Suicide is now the 12th leading cause of all deaths in the state of Mississippi, and the 3rd leading cause of death among people from the age 15 to 24 in Mississippi. We are all in this together.

Most likely, you know someone who has been affected by a mental illness or impacted by suicide. It touches families from one end of our great state to the other end – including my own family. I have seen first-hand the effect that suicide has on people's lives, and my hope is that we do all we can to prevent unnecessary deaths by suicide. By working together, we can strive to ensure that people are aware of the warning signs and risk factors of suicide. Then we can show them how to seek help if needed. With increased understanding, people will be more likely to reach out for assistance as they begin to see symptoms either in themselves or their loved ones.

Suicide affects people from all walks of life. It does not discriminate based on age, gender, race or any other factor. That is an important key to this Statewide Suicide Prevention Plan. People from all populations – young adults, military, older adults, males, and females – will be impacted by the goals and objectives in this Plan. An integrated and coordinated effort is essential to prevent suicide attempts and deaths, and to save the lives of those we love.

I greatly appreciate the hard work and dedication of those who helped develop the Plan. I want to thank you, who will continue to work on implementing the Plan. It is my hope that this Plan will help increase the number of conversations we have about the impact of suicide in our state. I am hopeful to continue to work with the Suicide Prevention Workgroup and to see the progress that will be achieved in the future.

God Bless the Great State of Mississippi!

A handwritten signature in blue ink that reads "Deborah Bryant". The signature is fluid and cursive, with a large loop at the beginning.

First Lady  
State of Mississippi

# Letters of Support

STATE OF MISSISSIPPI



**JIM HOOD**  
ATTORNEY GENERAL

July 21, 2016

Mississippi Department of Mental Health  
C/O Ms. Wendy Bailey  
239 North Lamar Street, Suite 1101  
Jackson, Mississippi 39201

Re: Letter of Support

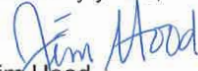
Dear Ms Bailey :

I am in full support of the Mississippi Department of Mental Health's implementation of the Mississippi Suicide Prevention Plan. Suicide is listed as the third leading cause of death among teens in Mississippi, and as the father of three, this is of grave concern to me. Over the years, our agency has worked closely with the Jason Flatt Foundation to raise awareness, and in 2009, the Attorney General's office assisted in passing the Jason Flatt Foundation Act.

The Mississippi Department of Mental Health has worked together with its many partners to protect families and prevent them from suffering the tragedy of suicide, the "Silent Epidemic." The Mississippi Suicide Prevention Plan is a comprehensive strategic plan that will address coordinating and accessing prevention activities; improving suicide prevention training opportunities; promoting identification, intervention and care for people at-risk for suicide; and improving suicide literacy. I appreciate the resilience and dedication of all who work to save precious lives and provide families with the help needed in addressing this silent killer.

We look forward to working with the Mississippi Department of Mental Health and other partners in this collaborative effort to prevent suicide.

Sincerely yours,

  
Jim Hood  
Attorney General

# Risk Factors & Warning Signs

## Risk Factors for Suicide

A combination of individual, relational, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes.

### Risk Factors

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

## Protective Factors for Suicide

Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors are, however, equally as important as researching risk factors.

### Protective Factors

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation



\*Information provided by:  
<http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>



# Risk Factors & Warning Signs

## Suicide Warning Signs

### Talk

If a person talks about:

- Being a burden to others
- Feeling trapped
- Experiencing unbearable pain
- Having no reason to live
- Killing themselves

### Behavior

Specific things to look out for include:

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression

### Mood

People who are considering suicide often display one or more of the following moods:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

\*Information provided by:  
[http://afsp.org/about-suicide/  
risk-factors-and-warning-signs/](http://afsp.org/about-suicide/risk-factors-and-warning-signs/)

# Suicide Prevention Goals + Outcomes

## Goal 1: Coordinate & Assess Suicide Prevention Activities/ Efforts Across State Agencies

**Objective 1.1** Develop a Mississippi Suicide Prevention Work Group to help implement the goals and objectives of the Mississippi Suicide Prevention Plan

**Objective 1.2** Increase the number of organizations that demonstrate a commitment to suicide prevention through collaboration, coordination, and resource-sharing

## Action

A work group was developed in 2017 and has grown to a total of 28 members from state agencies, family members, non-profits, schools/universities, military, law enforcement and faith communities. The work group communicates regularly and meets quarterly. In addition to the MS Departments of Mental Health, Health, Education and Public Safety, the work group includes representation from the National Alliance on Mental Illness, a local Community Mental Health Center, Families First for Mississippi, the Mississippi Public Health Institute, the American Foundation for Suicide Prevention, the University of Southern Mississippi, and Pinelake Church.

First Lady Deborah Bryant has supported the goals of the Suicide Prevention Work group by presenting at the Suicide Prevention Symposium and attending the April 2018 meeting to receive updates about progress made around suicide prevention awareness for youth.

Topics concerning suicide prevention have been presented at the Mississippi Prevention Network, the State Epidemiological Outcomes Workgroup, and other statewide coalitions and workgroups. In September 2017, an article highlighting Mississippi's Suicide Prevention Plan was published in the Mississippi Hospital Association's magazine, Mississippi Hospitals.

The University of Southern Mississippi hosted Mental Health Awareness Weeks in September 2017 and 2018 which provided opportunities to discuss suicide prevention and encourage students to Shatter the Silence.

First Lady Deborah Bryant has shown her support of the Suicide Prevention Work group by providing the welcome at the First and Second Annual Suicide Prevention Symposiums. Governor Bryant signed a proclamation for September 2017 and 2018 as Suicide Prevention Month.

In September 2017, DMH hosted the state's first Suicide Prevention Symposium. More than 130 attendees represented school districts, medical professionals, mental health professionals, law enforcement, and Department of Corrections staff. Speakers included a variety of topics stretching across demographics including military/veterans, school professionals, and healthcare providers. The keynote speaker discussed young adults and social media.



# Suicide Prevention Goals + Outcomes

## Goal 1: Coordinate & Assess Suicide Prevention Activities/ Efforts Across State Agencies

**Objective 1.2** Increase the number of organizations that demonstrate a commitment to suicide prevention through collaboration, coordination, and resource-sharing



## Action

The 2nd annual Suicide Prevention Symposium was held in September 2018 where “Suicide: The Ripple Effect,” a documentary about Kevin Hines, who was diagnosed with bipolar disorder and at age 19, attempted suicide by jumping from the Golden Gate Bridge, was shown. Following the documentary, a panel discussion with the film’s director, the Coast Guard officer who rescued Kevin after his attempt, suicide survivors, and researchers from the field took place. More than 350 attendees representing school districts, the faith base community, law enforcement, and mental health professionals were present.

DMH presented at the Mississippi Association of School Resource Officers (MASRO) Conference in June 2018. More than 100 School Resources Officers received information about suicide risk factors, warning signs, and prevention resources. DMH was asked back to the MASRO in June 2019 where School Resource Officers participated in Youth Mental Health First Aid, a course that teaches how to recognize that a young person may be having a mental health or suicidal crisis, and direct them to help.

To increase reach across distinct population segments, in 2019, the Shatter the Silence Suicide Prevention training presentation was customized to target different audiences including youth, adult, faith-based, military, older adults, MS Highway Patrol (MHP), local law enforcement, and correctional officers. As a result of these presentations, four strategic partnerships have been established and designed to change organizational culture with specific focus on mental wellness and suicide prevention within the MS Department of Public Safety (DPS), MS Army National Guard, Pinelake Church, and local Community Mental Health Centers (CMHCs).

- DPS has incorporated a 1-hour suicide prevention presentation into their MHP cadet training. In FY19, 140 MHP officers received Shatter the Silence training.
- The MS Army National Guard has included the military version of Shatter the Silence in their seven Yellow Ribbon events in May through September 2019. In FY19, 1,000 service men and women and 500 family members received Shatter the Silence training.
- Pinelake Church will be incorporating the faith-based Shatter the Silence into their small group sessions across all campuses during the fall of 2019.

# Suicide Prevention Goals + Outcomes

## Goal 1: Coordinate & Assess Suicide Prevention Activities/ Efforts Across State Agencies

**Objective 1.3** Conduct an inventory of evidence-based and best practices in suicide prevention being used in Mississippi

**Objective 1.4** Identify unmet needs, emerging, or undetected problems, and opportunities to use resources more efficiently and strategically

### Action

Survey results reflect that two DMH programs, East Mississippi State Hospital and Mississippi State Hospital, are utilizing the following three evidence-based and best practices related to suicide prevention:

- Columbia Suicide Severity Rating Scale
- Collaborative Assessment and Management of Suicidality
- Safety Planning in Suicide Prevention

North Mississippi State Hospital and South Mississippi State Hospital both utilize best practices through a Suicide Risk Factor Screening tool. South Mississippi State Hospital is working to implement the Columbia Suicide Severity Rating Scale in their program within the next year.

In FY18, DMH completed the State of the State, Territory, and Tribal (S/T/T) Suicide Prevention Survey from the Centers for Disease Control (CDC). DMH reported in the survey a desire to establish future suicide prevention opportunities with faith-based organizations, the state's Native American tribes, the Department of Veteran's Affairs, and Department of Child Protective Services. The workgroup will also work on strengthening relationships with the substance use treatment and recovery community, Mississippi National Guard, colleges and universities, and within private sector workplaces areas.

In FY19, nine customized Shatter the Silence training presentations were developed partly as the result of identifying unmet needs to reach specific higher-risk adult population subgroups based on demographic, occupational and cultural factors. Partnering with members of these subgroups for train-the-trainer dissemination of educational materials utilizes time, financial and human capital efficiently.

In June of FY19, DMH was awarded the Garrett Lee Smith Youth Suicide Prevention grant. The five year, \$3.6 million dollar grant will focus on providing postvention response in schools and communities in Mississippi, a focus that until now, has been left unmet.

# Suicide Prevention Goals + Outcomes

## Goal 1: Coordinate & Assess Suicide Prevention Activities/ Efforts Across State Agencies

**Objective 1.5** Conduct an inventory of existing data with respect to suicide ideation, suicide attempts, and suicide deaths with a focus on identifying gaps in existing data points (specific indicators or measures) and data sources (types of data)

**Objective 1.6** Review and assess legislation mandating suicide prevention for school professionals

## Action

The following data points are tracked currently: Suicide Mortality by Cause of Death in MS; Years of Potential Life Lost; Youth Substance Use; Youth Mental Health and Treatment; and Adult Mental Health and Treatment. The work group will continue to pursue grant funding to support expansion of data collection and analysis.

In 2019, DMH was asked to serve on the advisory board of the Violent Death Reporting System to look at data reporting in the state.

In the 2017 Legislative Session, lawmakers passed House Bill 263 which required that all school district employees receive two hours of suicide prevention training in the 2017-2018 school year, and new employees thereafter. DMH was required to recommend curriculum and the MS Department of Education (MDE) is required to ensure implementation within school districts.

DMH and MDE met in June 2017 to begin collaboration on this legislation. In August 2017, DMH held a focus group with participants from local school districts, suicide survivors, Suicide Prevention Work group members, MDE, DMH, and a local community mental health center to review curriculum and make official recommendation.

The group selected The Jason Foundation's "Youth Suicide: A Silent Epidemic" for classified staff and The Society for the Prevention of Teen Suicide's "Act on Facts" for certified staff. These curriculums are at no cost to the district. In addition, the American Foundation of Suicide Prevention's curriculum "More Than Sad" could be used to meet the requirement. Certificates can be printed for proof of completion. In January 2018, DMH participated in three presentations for educators at MDE that addressed implementation of the online curriculums and model policy. According to the MS Department of Education, as of June 30, 2019, a total of 65,484 staff had been trained in suicide prevention.

House Bill 263 also required that school districts adopt a policy for suicide prevention. DMH provided a Model School District Policy on Suicide Prevention developed by The Trevor Project, American School Counselor Association, American Foundation for Suicide Prevention, and National Association of School Psychologists. The focus group agreed to support this policy as Mississippi's model policy for school districts to use as a template to assist districts in adopting their own specific policies.

In December 2018, the Governor's School Safety Task Force made recommendations to the Governor that included a refresher training for all school district staff. During the 2019 Legislative Session, House Bill 1283 was passed that required mental health and suicide prevention refresher training for all school district staff every two years. DMH is required to select curriculums that meet this legislation, and MDE will ensure implementation. DMH will select curriculums through focus group participation in October 2019 and provide selected curriculums to MDE.

# Suicide Prevention Goals + Outcomes

## Goal 2: Improve the state's suicide prevention capacity through inter-organizational partnerships, trainings, and the use of evidence-based/best practices

**Objective 2.1** Increase the number of persons in organizations such as mental health, substance use, education, foster care systems, juvenile justice programs, hospitals, law enforcement, faith-based community, and workplaces trained to identify and refer people at risk for suicide

**Objective 2.2** Establish and sustain trainers of evidence-based/best practice suicide prevention gatekeeper training through existing health, mental health, and substance use prevention structures

## Action

Training to identify and refer people at risk for suicide has continued to increase over the last three years. These trainings include Shatter the Silence and evidence-based programs ASIST, Mental Health First Aid, and Psychological First Aid. In FY17, there were 258 presentations reaching 10,589 participants. In FY18, there were 122 trainings in which 6,613 people were trained. In FY19, 112 trainings were provided to 12,037 participants. Over the course of the last three years, 492 trainings were made to 29,239 Mississippians.

In addition, 65,484 school district staff have been trained in suicide prevention as a result of House Bill 263 as of June 30, 2019 according to the Mississippi Department of Education.

The Department of Mental Health employs 12 staff at Central Office who are trained to provide Mental Health First Aid, an 8-hour course designed to teach the general public how to help someone who may be on the verge, or is currently experiencing, a mental health or substance use crisis. According to the Mental Health First Aid website, as of the end of FY19, there were 173 instructors of MHFA in Mississippi.

Additionally, two DMH staff are trained to provide Applied Suicide Intervention Skills Training (ASIST), a 2-day interactive workshop in suicide first aid. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed.

Mississippi's Board on Law Enforcement Officer Standards and Training approved the 8-hour course, Mental Health First Aid to be included as an approved in-service training. Beginning in 2017, the Mississippi Department of Corrections has 9 Mental Health First Aid -Public Safety Trainers who provide this 8-hour course for all annual refresher trainings for probation/parole agents and institutional officers each year. With the Mississippi State Targeted Response to the opioid grant, 2 Madison County Sheriff Deputies were certified to train Mental Health First Aid Public Safety at MLEOTA and as needed for other Law Enforcement trainings.



# Suicide Prevention Goals + Outcomes

## Goal 2: Improve the state's suicide prevention capacity through inter-organizational partnerships, trainings, and the use of evidence-based/best practices

**Objective 2.3** Ensure Certified Peer Support Specialists receive suicide prevention training to recognize warning signs and risk factors

**Objective 2.4** Conduct trainings to increase the number of health, mental health, and substance use providers capable of utilizing evidence-based or promising practices to assess, manage and treat people at risk for suicide

### Action

Two suicide prevention training courses were selected through Relias in FY18. The following Relias courses were recommended to Certified Peer Support Specialists for their required continuing education: Suicide Risk Factors, Screening, and Assessment; Overview of Adolescent Suicide; Community-Based Suicide Prevention; Interventions for Suicide Risk and Postvention for Suicide Loss Survivors; and Identification, Prevention, and Treatment of Suicidal Behavior for Service Members and Veterans.

Beginning in FY19, Certified Peer Support Specialists were required to obtain three of their 10 hours of continuing education credits for renewal in suicide prevention training. On May 31, 2019, DMH presented the Shatter the Silence Suicide Prevention training to approximately 75 CPSSs attending the Peer Support Specialist Summit in Jackson, MS. In FY 20, Peers will be offered the opportunity to become trainers for the Shatter the Silence curriculum and help disseminate the training throughout the state.

In FY17, there were a total of 55 trainings for health, mental health, and substance use providers with 2,155 participants who were taught to utilize evidence-based or promising practices to assess, manage, and treat people at risk for suicide.

In FY18, there were 629 people trained in evidence based curriculums to treat people at risk for suicide. These trainings include Mental Health First Aid (415 people trained in 15 trainings), ASIST (36 people trained in two trainings), QPR (140 people trained in two trainings), and Psychological First Aid (210 people trained in four trainings).

In FY19, there were a total of 690 people trained in evidence-based curriculums to treat people at risk for suicide. 72 people were trained in ASIST, 150 people trained in Psychological First Aid, and 468 people trained in Mental Health First Aid.

Over the course of three years, 114 evidence-based trainings or promising practices to assess, manage, and treat people at risk for suicide were provided to 3,474 people.

# Suicide Prevention Goals + Outcomes

**Goal 2: Improve the state's suicide prevention capacity through inter-organizational partnerships, trainings, and the use of evidence-based/best practices**

**Objective 2.5** Integrate suicide prevention information in appropriate trainings for all populations

**Objective 2.6** Ensure that state agencies have information about suicide prevention and training opportunities

## Action

Suicide prevention education is integrated in workshops and presentations delivered throughout the year including Shatter the Silence, DMH Services Overview, Crisis Intervention Team, and Think Again! About Mental Health. The DMH Helpline and/or Suicide Prevention Lifeline is displayed during all presentations. Information and materials are disseminated at events across the state.

Suicide Prevention content was added to the recently updated Think Again! About Mental Health campaign materials and presentations in FY19.

DMH is working with the State Employee Worksite Wellness Program at the Department of Health to coordinate sharing a flyer with state agency wellness champions for further distribution within each respective agency. The flyer was developed and shared during the first quarter of FY18.

In February 2018, a presentation about suicide prevention and materials were shared with the State Employee Worksite Wellness Program at the Department of Health. This included 60 state agency wellness champions.

On May 22, 2019, DMH provided a brief suicide prevention presentation at the 2019 Healthy Workplaces, Healthy Communities Training with almost 30 state agency Wellness Champions in attendance. In June, 2019, DMH exhibited at the State Employee's Day at the Farmer's Market and provided suicide prevention and mental health awareness materials to state employees and the general public. Additionally, state agency Public Relations directors received daily suicide prevention awareness infographics during the month of September each year as part of Suicide Prevention Awareness Month.

## Economic Impact of Suicide in Mississippi



Suicide cost Mississippi a total of **\$456,045,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,175,372** per suicide death.

*Source: American Foundation for Suicide Prevention*



# Suicide Prevention Goals + Outcomes

## Goal 3: Promote identification, intervention, and care for people at risk for suicide

**Objective 3.1** Ensure that data systems are implemented to identify individuals at risk for suicide

**Objective 3.2** Expand the available cross-agency surveillance system, SmartTrack, to include additional survey questions related to youth suicide prevention and its risk factors

## Action

The DMH Operational Standards require specific documentation be gathered for people seeking mental health services from certified providers.

Documentation of suicidal ideation, attempts, and self-harm are captured during the Initial Assessment. The Trauma Assessment captures risk factors including death by suicide and/or attempts by anyone close to the individual.

The Pre-Evaluation Screening captures history of warning signs such as feelings of hopelessness and worthlessness and includes a suicide assessment. Additionally, Certified Holding Facilities are required to complete a suicide risk assessment upon admission to determine if a followup assessment by a nurse or physician is needed or if immediate suicide prevention actions must be instituted.

In FY18, the State Epidemiological Outcomes Workgroup and the Mississippi Prevention Network Work groups voted not to include additional questions related to suicide prevention in the SmartTrack survey. Questions related to suicide and mental wellness on the survey include:

- During the past 12 months, did you ever seriously think about committing suicide?
- During the past 12 months, how many times did you actually attempt suicide?
- During the past year, how many times did you visit a school counselor or other adult at school who helped you with personal issues, problems, or difficulties?
- During the past year, has a school counselor or other adult at school referred (directed) you to a health care professional who could assist you in resolving personal issues or difficulties (that is, a therapist or counselor not at school)?
- In the past 30 days, how often did you feel so sad that nothing could cheer you up?
- In the past 30, days how often did you feel worthless?

# Suicide Prevention Goals + Outcomes

## Goal 3: Promote identification, intervention, and care for people at risk for suicide

**Objective 3.3** Identify a free screening tool to link from state agency websites

**Objective 3.4** Increase the number of state survey instruments that include questions on suicide

**Objective 3.5** Require Mobile Crisis Response Teams to implement the Early Identification, Referral, and Follow-Up (EIRF) protocol

## Action

During FY17, a list of free screening tools through Mental Health America was added to the DMH website under the Get Help link on the homepage.

Promotion of these tools to other state agencies began in September 2018 through presentations at state agency Wellness Champion events.

The DMH Operational Standards require specific documentation be gathered for people seeking mental health services from certified providers. Documentation of suicidal ideation, attempts, and self-harm are captured during the Initial Assessment.

The Trauma Assessment captures risk factors including death by suicide and/or attempts by anyone close to the individual.

The Pre-Evaluation Screening captures history of warning signs such as feelings of hopelessness and worthlessness and includes a suicide assessment.

Additionally, Certified Holding Facilities are required to complete a suicide risk assessment upon admission to determine if a follow up assessment by a nurse or physician is needed or if immediate suicide prevention actions must be instituted.

Early Identification, Referral, and Follow-up (EIRF) forms were collected as part of a suicide prevention grant that ended in 2015. The forms are no longer collected by the Mobile Crisis Response Teams (MCeRTs). MCeRTs complete an assessment of the individual's risk and acuity using an assessment tool as required by DMH. The assessment includes, but is not limited to, current risk level related to suicide, substance abuse, mental status, current and past mental health diagnoses and treatment, coping skills and medical condition.



# Suicide Prevention Goals + Outcomes

## Goal 3: Promote identification, intervention, and care for people at risk for suicide

**Objective 3.6** Implement the use of an evidence-based suicide prevention screening tool within health, mental health, and substance use settings

**Objective 3.7** Ensure emergency room/hospitals are linked to outpatient providers

### Action

Evidence of implementation is captured in Objective 2.4.

During FY17, DMH met with the Mississippi Hospital Association to discuss outreach activities with emergency rooms/hospitals. DMH submitted an article in the Fall edition of Mississippi Hospitals magazine educating readers about suicide prevention and how to link patients to providers. DMH presented at the Mississippi Hospital Association's meeting in September 2017.

DMH submitted an article in the Fall 2018 edition of Mississippi Hospitals addressing suicide prevention in Emergency Rooms and encouraging participation in online professional development curriculums targeting Mississippi Emergency Room staff. More education with emergency room/hospitals will be conducted in FY 20.

## Goal 4: Improve mental health literacy through public information activities by increasing knowledge of suicide prevention and changing attitudes towards mental health and suicide

**Objective 4.1** Increase the promotion of the National Suicide Prevention Lifeline in Mississippi

### Action

The National Suicide Prevention Lifeline (NSPL) is currently included on Shatter the Silence materials (cards, billboards, posters, and presentations), Operation Resiliency materials, DMH's website and Facebook page, and will be added to the revised Think Again! campaign.

Over the course of three years, the NSPL has been disseminated in 492 trainings including Shatter the Silence presentations, ASIST, Mental Health First Aid, and Psychological First Aid trainings that were made to 29,239 Mississippians.

DMH will work with state agencies and other providers to include the contact information on their outreach materials.

# Suicide Prevention Goals + Outcomes

**Goal 4: Improve mental health literacy through public information activities by increasing knowledge of suicide prevention and changing attitudes towards mental health and suicide**

**Objective 4.1** Increase the promotion of the National Suicide Prevention Lifeline (NSPL) in Mississippi



## Action

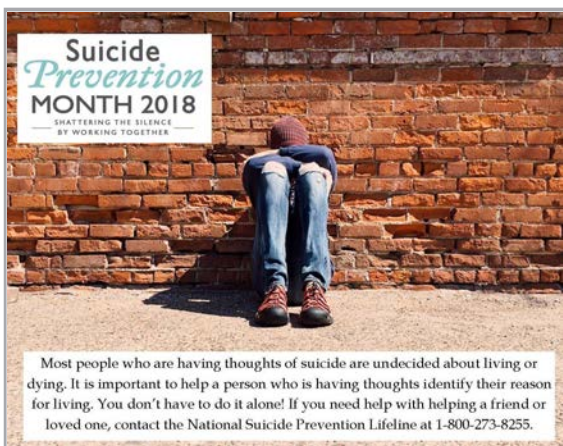
During Suicide Prevention Awareness Month in September DMH shared daily infographics via Facebook and e-mail with stakeholders including state agencies, schools, planning councils, employees, peer specialists, healthcare providers, and the overall public. Each infographic contained information about the NSPL.

Over the last three years, DMH has had several opportunities to promote the NSPL through public media outlets such as radio, television and newspapers. The NSPL was promoted through Media outlets were targeted to raise awareness of the Governor's proclamation declaring September as Suicide Prevention Month in Mississippi.

In October 2018, DMH received a State Capacity Building grant from the National Suicide Prevention Lifeline. The goal of the grant was to increase Mississippi's answer rate from 46% to 90% by September 30, 2018. At the end of FY18, the state's answer rate was reported at 80%.

House Bill 263 required that all school district employees receive suicide prevention training in the 2017-2018, and new employees thereafter. The NSPL is provided as a resource to school district employees in both The Jason Foundation's "Youth Suicide: A Silent Epidemic" and the Society for the Prevention of Teen Suicide's "Act on Facts" two-hour curriculums that were recommended to MDE for school districts to be trained in. As of June 30, 2019, 65,484 school district employees had been trained and received information about the NSPL.

Additionally, the NSPL was promoted to MS schools and colleges through Shatter the Silence materials and presentations. The MS Department of Education distributed letters to school nurses, health science teachers, and counselors advertising Shatter the Silence materials and presentations at no cost to schools. The NSPL is included on all of these materials and in presentations.



# Suicide Prevention Goals + Outcomes

**Goal 4: Improve mental health literacy through public information activities by increasing knowledge of suicide prevention and changing attitudes towards mental health and suicide**

**Objective 4.2** Develop suicide prevention messages targeting different age groups and racial and ethnic populations



**SHATTER THE SILENCE**  
Suicide: the secret you shouldn't keep

**WARNING SIGNS**

- Talking, thinking or writing about suicide
- Talking about feeling worthless or hopeless
- Losing interest in activities
- Using or increasing use of drugs or alcohol
- Any changes from typical behavior

**TALKING** through feelings with your friends and trusted adults can help you realize the need for **HELP**. By showing **CONCERN** and **SUPPORT**, you can **ENCOURAGE** your friend to talk to their parents or another trusted adult about getting help.

**WHERE TO GO FOR HELP OR INFORMATION**

- Go to the nearest emergency room
- Call 911
- Visit [www.dmh.ms.gov](http://www.dmh.ms.gov)
- Call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255)
- Call the Department of Mental Health at 1.877.210.8513

**If your friend tells you they are having thoughts of suicide...**

**WHAT TO DO**

- Be honest and express your concern
- Listen and offer support
- Take them seriously
- Offer to accompany them to seek help

**WHAT NOT TO DO**

- Think it will go away
- Keep it a secret
- Think nothing can be done
- Think you can fix it all by yourself

## Action

September is recognized as Suicide Prevention Awareness Month and over the last three years, DMH has shared prevention messaging with a variety of age groups, racial and ethnic populations through dissemination of suicide prevention infographics. These infographics targeted, youth and young adults, people who identify as LGBTQ, active duty military and veterans, older adults, and provided messages of hope from suicide attempt survivors. Infographics were shared via Facebook, Instagram, and e-mail with a variety of stakeholders including state agencies, schools, planning councils, employees, peer specialists, other providers, and the overall public.

In October 2018, DMH presented to staff at Hudspeth Regional Center, providing information about suicide risk factors, warning signs, and resources for people with intellectual and developmental disabilities.

During FY19, DMH launched an updated version of Shatter the Silence that included a redesign of the Shatter the Silence banner, flip card, and poster. DMH also began development of a Shatter the Silence app which was completed in June 2019. As part of this update, DMH developed and shared various infographics targeting postpartum depression for young mothers, youth, and military populations.

In April 2019, DMH presented Shatter the Silence Older Adult version for a group of approximately 30 Medicaid Navigators who serve older adults.

Shatter the Silence has been expanded to reach distinct populations with customized presentations that target youth, adults, faith-based youth and adult groups, military, MS Highway Patrol officers, law enforcement and Crisis Intervention Team officers, older adults, and corrections officers. See details in Objective 1.2.

# Suicide Prevention Goals + Outcomes

**Goal 4: Improve mental health literacy through public information activities by increasing knowledge of suicide prevention and changing attitudes towards mental health and suicide**

**Objective 4.3** Promote suicide prevention in high schools and colleges across the state through the Shatter the Silence youth suicide prevention campaign and other activities

## Action

Suicide prevention information is presented to students including middle and high school, college, and nursing students statewide through Shatter the Silence presentations and the I Got U program and to educators through Youth Mental Health First Aid. During FY17, 6,964 students and educators were trained. In FY18, there were 4,012 students and educators trained, and in FY19, there were 11,047 students and educators trained for a total of 22,023 students and educators receiving suicide prevention knowledge over the past three years. This doesn't include the additional 65,484 school district staff trained under House Bill 263.

In FY 17, DMH began partnering with the MS Department of Education to send a letter to school nurses, counselors, and health science teachers offering Shatter the Silence materials including cards, posters, and presentations each school year.

In 2018, as part of the University of Southern Mississippi's recognition of Mental Health Awareness Week, students held a backpack display representing the 21 college students per week who die by suicide throughout the country. The Student Government Association hosted a balloon release and provided Shatter the Silence information to students. Additionally, the University's Student Counseling Services has developed a wellness committee in partnership with the Office of Health Promotion in order to coordinate wellness events around suicide prevention. DMH had the opportunity to share Shatter the Silence information with USM students during Mental Health Awareness Week.

Families First for Mississippi hosted three Healthy Teens Rallies from September 2017 -March 2018 with 5,000 youth in attendance. The Say Something Assembly was one of the featured speakers on suicide awareness.

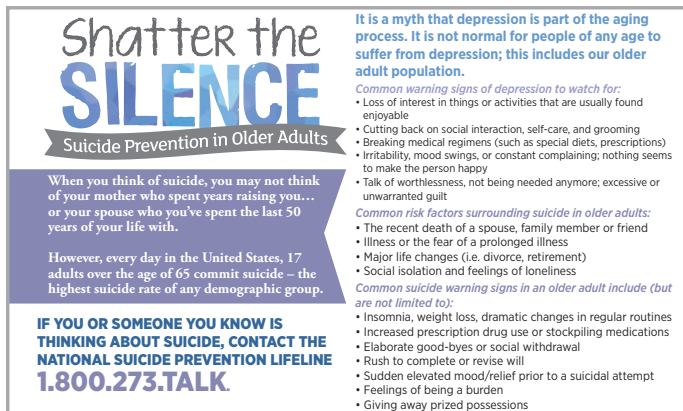
In June 2019, a Shatter the Silence mobile app was completed and made ready for download. The app provides information on risk factors, warning signs, how to help a friend who is thinking about suicide, and resources available. Promotion of the app began in FY20.



# Suicide Prevention Goals + Outcomes

**Goal 4: Improve mental health literacy through public information activities by increasing knowledge of suicide prevention and changing attitudes towards mental health and suicide**

**Objective 4.4** Expand the Shatter the Silence older adults suicide prevention campaign



**Shatter the SILENCE**  
Suicide Prevention in Older Adults

When you think of suicide, you may not think of your mother who spent years raising you... or your spouse who you've spent the last 50 years of your life with.

However, every day in the United States, 17 adults over the age of 65 commit suicide – the highest suicide rate of any demographic group.

**IF YOU OR SOMEONE YOU KNOW IS THINKING ABOUT SUICIDE, CONTACT THE NATIONAL SUICIDE PREVENTION LIFELINE 1.800.273.TALK.**

*It is a myth that depression is part of the aging process. It is not normal for people of any age to suffer from depression; this includes our older adult population.*

*Common warning signs of depression to watch for:*

- Loss of interest in things or activities that are usually found enjoyable
- Cutting back on social interaction, self-care, and grooming
- Breaking medical regimens (such as special diets, prescriptions)
- Irritability, mood swings, or constant complaining; nothing seems to make the person happy
- Talk of worthlessness, not being needed anymore; excessive or unwarranted guilt

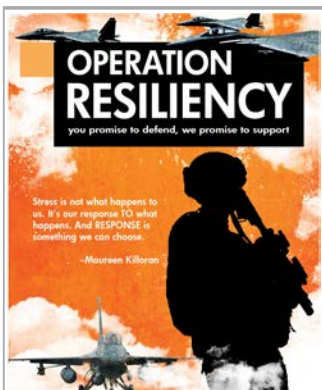
*Common risk factors surrounding suicide in older adults:*

- The recent death of a spouse, family member or friend
- Illness or the fear of a prolonged illness
- Major life changes (i.e. divorce, retirement)
- Social isolation and feelings of loneliness

*Common suicide warning signs in an older adult include (but are not limited to):*

- Insomnia, weight loss, dramatic changes in regular routines
- Increased prescription drug use or stockpiling medications
- Elaborate good-byes or social withdrawal
- Rush to complete or revise will
- Sudden elevated mood/relief prior to a suicidal attempt
- Feelings of being a burden
- Giving away prized possessions

**Objective 4.5** Enhance partnership with National Guard for Operation Resiliency Suicide Prevention Campaign for the military



## Action

DMH is working with partners and non-profit agencies to begin to include Shatter the Silence suicide prevention information in workshops, caregiver support groups, and other venues where it may be appropriate. DMH will work to collect data from these partners quarterly.

During FY17, there were 47 Shatter the Silence presentations for older adults with 935 participants. Information was integrated into the law enforcement training focusing on older adults with 13 presentations and 409 cadets trained. During FY18, there were a total of 12 Shatter the Silence presentations for older adults with 931 participants. Information was integrated into the law enforcement training academies focusing on older adults with 18 presentations being made to 511 cadets. In FY19, there were a total of three Shatter the Silence presentations that incorporated information about older adults made to 200 people. These included social workers, law enforcement, and the general public.

Over the course of three years there were 62 Shatter the Silence presentations to 2,066 people that addressed suicide in older adults.

In September 2017, SSG. Jean Whaley presented on Ask, Care, Escort (ACE): An Overview of Suicide Prevention in the Military at the First Annual Suicide Prevention Symposium. During the Symposium, SSG. Whaley also provided information about MSNG Outreach Services, a mobile app that is dedicated to providing essential statewide services and resources to improve the quality of life for service members and their families during all phases of military service.

In FY18, a total of 16 letters were mailed to Veteran's Affairs centers in Mississippi providing information about the Operation Resiliency campaign. Each letter contained 50 Operation Resiliency brochures, for a total of 800 materials distributed.

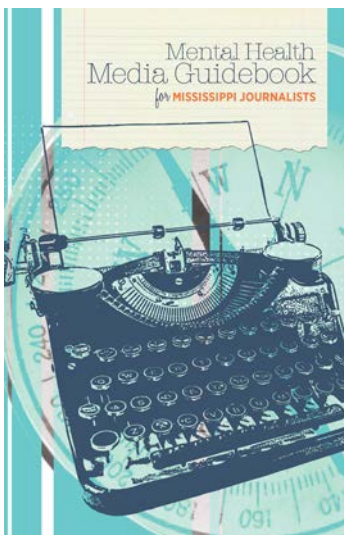
In FY19, DMH began participating in the National Guard Yellow Ribbon Events with a vendor table to distribute suicide prevention material and a brief presentation to the attendees. Through June 30, 2019, DMH reached approximately 1,000 service men and women and 500 family members during two events with plans to participate in additional events during FY20 and beyond. The National Guard is exploring offering Mental Health First Aid to servicemen and women and their families.

# Suicide Prevention Goals + Outcomes

## Goal 4: Improve mental health literacy through public information activities by increasing knowledge of suicide prevention and changing attitudes towards mental health and suicide

**Objective 4.6** Engage existing health, mental health, and substance use prevention structures to incorporate suicide prevention into their mission and activities

**Objective 4.7** Encourage media and journalism/communications students in higher education to responsibly cover the issues of suicide and mental health



## Action

In addition to progress that has been highlighted in other objectives, DMH and the Suicide Prevention Work group have hosted the two Suicide Prevention Symposiums with a total of 475 attendees in September 2017 and 2018. The third annual Symposium will be held in September 2019.

Additionally, DMH has been added to two of the Department of Health's UpRoot campaign work groups —Communications and Educational Attainment to promote mental health wellness and suicide prevention. DMH worked with the Department of Health to develop three UpRoot videos that focused on the importance of mental health wellness and suicide prevention. These videos were shared on social media, via e-mail list serves, and newsletters.

DMH has continuously worked with the Department of Health's State Employee Worksite Wellness Program by presenting at events for state agency Wellness Champions and distributing information on mental health wellness and suicide prevention via webinars and infographics.

NAMI Mississippi has hosted a panel of media representatives at their annual conferences to address how mental health and suicide prevention are covered in the media. DMH shared copies of the Think Again Media Guidebook with the panel.

In October 2017, outreach was conducted with professors at Jackson State University, University of Mississippi, Mississippi College, Belhaven University, Mississippi State University, Tougaloo College, and the University of Southern Mississippi offering the presentations and free copies of the Think Again Media Guidebook, which includes sections on mental health and on writing about suicide.

In April 2019, DMH presented Shatter the Silence and Think Again Media Guidebooks to a group of 60 high school journalism students on the Campus of Ole Miss.



# Suicide Prevention Goals + Outcomes

**Goal 4: Improve mental health literacy through public information activities by increasing knowledge of suicide prevention and changing attitudes towards mental health and suicide**

**Objective 4.8** Promote the adoption of “Zero Suicides” (National Strategy for Suicide Prevention) as a goal for Mississippi’s health care and community support systems

## Action

In FY18, Specialized Treatment Facility participated in the Zero-Suicide initiative’s Organizational Self Study to assess their agency’s current activities related to suicide prevention. As a result of the study, STF has provided additional staff training in suicide risk assessment, Youth Mental Health First Aid, as well as promoted the National Suicide Prevention Lifeline in their agencies handbook.

DMH participated in a call with the Suicide Prevention Resource Center in March 2018 to discuss implementing Zero Suicide in Mississippi. It was decided that due to limited staff and funding for the project, it is not feasible at this time. DMH will continue to look at the feasibility of implementing the Zero Suicide initiative in the future when required funding is secured.

**Zero Suicide Alliance** | Because **ONE** life lost is **ONE** too many

# Call to Action: What can you do?

- Remain aware of suicide warning signs, and don't hesitate to recommend mental health services to a family, friend, or colleague who exhibits them.
- Resist efforts to stigmatize mental health conditions and suicide. You wouldn't hesitate to seek help for a physical health problem, and you shouldn't hesitate to seek help for a mental health problem either.
- If you haven't been trained in suicide prevention, contact the Mississippi Department of Mental Health to learn about training options available in your area.
- If you have been trained in suicide prevention, spread the word about the value of such training.
- Consider resources in your community that could be enlisted in suicide prevention. These can include faith communities, workplaces, schools, parent-teacher associations, clinics, local support groups, and other community organizations.

**If you or someone you know needs help,  
call the National Suicide Prevention Lifeline at  
1-800-273-8255**

**You can also call the Mississippi Department of Mental Health at  
1-877-210-8513 for more information and resources for mental  
health, substance use prevention and treatment, and intellectual  
or developmental disabilities services in your area.**

# Progress in Action | Snapshots



Supporting a Better Tomorrow...Today



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