



# MISSISSIPPI Suicide Prevention Plan FY17-FY19

FY17 PROGRESS REPORT



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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.*

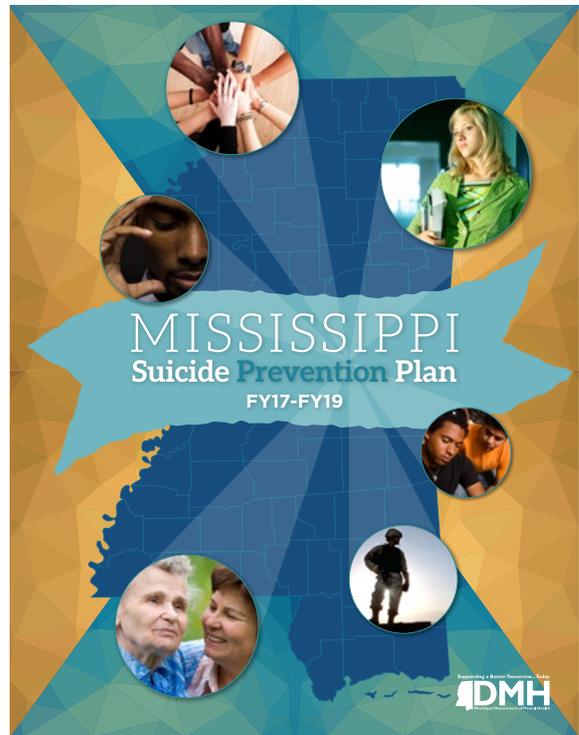
*Mississippi’s State Suicide Prevention Plan was released in September 2016. The three-year plan was divided into four main sections – Assessment, Capacity, Goals and Objectives, and Stories. The Assessment portion of the plan gathered data that addressed demographic information about our state and trends 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 fiscal year, 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 2017.*

*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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Bureau of Outreach, Planning and  
Development

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# Letters of Support

## DEPARTMENT OF MENTAL HEALTH State of Mississippi

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1101 Robert E. Lee Building  
Jackson, Mississippi 39201



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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.

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

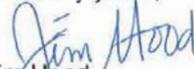
Dear Ms Bailey :

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

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# 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 Workgroup 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

**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

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

## Action

A workgroup has been developed and consists of 25 members - including state agencies, family members, non-profits, schools, and others. The workgroup communicates regularly and meets quarterly.

Topics concerning suicide prevention have been presented at the Mississippi Prevention Network, the State Epidemiological Outcomes Workgroup, and other statewide coalitions and workgroups.

[ Inventory will be done in FY18. ]

[ Survey will be conducted in FY18. ]

The Mississippi Department of Mental Health (DMH) will work with the Department of Health in FY18 to review existing data. Currently the following is tracked: 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.

# Suicide Prevention Goals + Outcomes

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

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

Suicide is the **10th** leading cause of death in the US

Each year **42,773** Americans die by suicide

For every suicide there are **25** attempts

Suicide costs the US **\$44 Billion** annually

## Action

DMH and the Mississippi Department of Education (MDE) met in June to discuss House Bill 263. MDE's Office of Healthy Schools will require local school districts conduct the in-service training on suicide prevention for all school district employees during the 2017-2018 school year. This will be verified through the monitor visit process. Questions will be added to the monitoring tool if needed. In addition, a checklist will be provided to all school districts to ensure they are aware of the requirements.

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 workgroup is considering using this as Mississippi's model policy for school districts to use as a template to assist districts in adopting their own specific policies.

DMH is exploring the use of two online professional development series as the training required for all school district employees. This would be at no cost and would not require travel. There is also a certificate that can be printed for proof of completion.

A PowerPoint presentation and joint training between MDE and DMH is being developed to provide an overview of HB 263, the requirements for school districts, model policy information, and additional resources. This presentation will also be shared at the 1st Suicide Prevention Symposium on September 19th in Jackson.

Plans related to HB 263 will be discussed with the full Suicide Prevention Workgroup at the July meeting to get feedback and suggestions as we move forward.

Source: American Foundation for Suicide Prevention, <http://afsp.org/about-suicide/suicide-statistics/>

# 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

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

## Action

In FY17, there were 258 presentations reaching 10,589 participants. These participants received suicide prevention information through a variety of trainings including ASIST, QPR, Mental Health First Aid, Shatter the Silence, and others. Participants included: school nurses, law enforcement, students, healthcare employees, parents, and others. Information included risk factors, protective factors, warning signs, and referral information.

DMH and DREAM of Hattiesburg partnered with MDE's Office of Healthy Schools and trained 289 school nurses in six-hour presentations on suicide awareness and intervention.

DMH also partnered with the Rankin County School District and facilitated 13 suicide prevention trainings to all school teachers, coaches and administrators.

[An comprehensive inventory of trainers and trainings offered will be gathered in FY18.]

[Two suicide prevention training courses have been selected through Relias. The information will be provided to all CPSSs during the first quarter of FY18.]

# 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 2.4** 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

**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

The development/use of a formal training for providers will be explored in FY18. In FY17, there were a total of 55 trainings for providers with 2,155 participants.

Suicide prevention education is integrated in workshops delivered throughout the year. The DMH Helpline and/or Suicide Prevention Lifeline is displayed during all presentations. Information is disseminated at events across the state.

DMH is working with the State Employee Worksite Wellness Program at the Department of Health to coordinate sharing a flyer with every state agency that has a wellness program. Those agencies can include the flyer in their internal communication with staff. The flyer will be developed and shared during the first quarter of FY18.

## 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 across the lifespan

**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

**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

**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

[To begin in FY18.]

[To begin in FY18.]

[ A free screening tool through Mental Health America has been added to the DMH website under the Get Help link on the homepage. ]

[To begin in FY18.]

[ Implementing EIRF will be explored in FY18. ]

[ Screening tools are being researched and recommendations will be made in FY18. ]

[ DMH met with the Mississippi Hospital Association to discuss outreach activities with emergency rooms/hospitals. DMH will submit an article in the Fall edition of Mississippi Hospitals educating readers about suicide prevention and how to link patients to providers. ]

# 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 in Mississippi

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

## Action

The National Suicide Prevention Lifeline is currently included on Shatter the Silence materials (cards, billboards, posters, presentations), Operation Resiliency materials, DMH's website and Facebook page, and other outreach. This information was included on Shatter the Silence billboards across the state during FY17. In FY18, DMH will work with state agencies and other providers to include the contact information on their outreach tools.

Specific messaging will begin in FY18 and continue into FY19.



# 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

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

## Action

Suicide prevention information is presented to students statewide through Shatter the Silence presentations and the I Got U program. During FY17, 6,964 students including middle school, high school, college, and nursing students were reached through these campaigns.

In February, DMH partnered with DOE to send a letter to all school nurses and counselors offering Shatter the Silence materials (cards and posters) and presentations.

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.

## 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:**

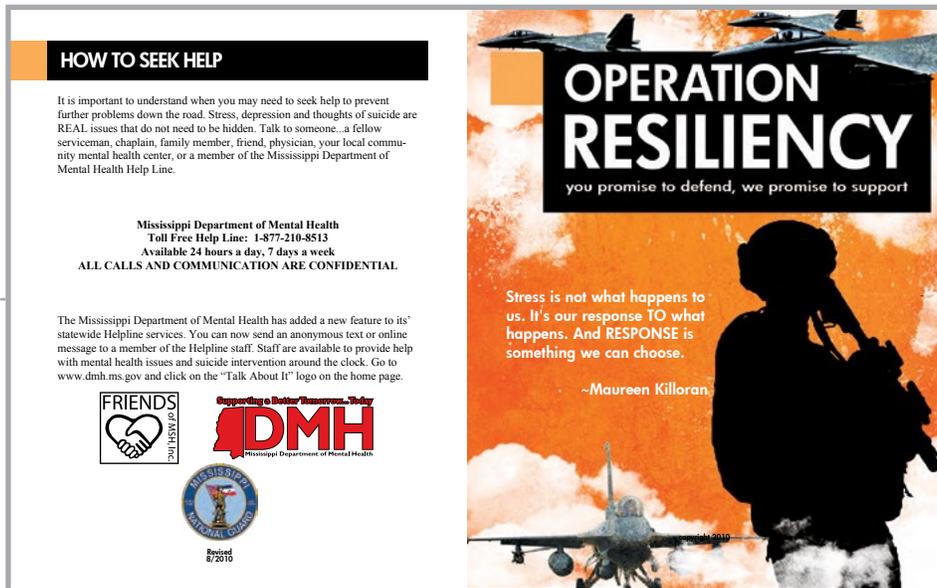
- The recent death of a spouse, family member or friend
- Illness or the fear of a prolonged illness
- Major life changes (i.e. divorce, retirement)
- Social isolation and feelings of loneliness

**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



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

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

## Action

DMH met with the Mississippi National Guard in April to discuss ways to expand Operation Resiliency and suicide prevention efforts. DMH provided 150 copies of the Operation Resiliency materials. DMH will offer Mental Health First Aid training and QPR training to the National Guard in FY18. DMH also sent a letter and 50 copies of the Operation Resiliency information to all VA Centers in Mississippi.

In addition to the progress highlighted in previous objectives, DMH and the Suicide Prevention Workgroup is hosting the state's 1st Suicide Prevention Symposium on September 19, 2017. This is an effort to engage other health, mental health, state agencies, and substance use prevention partners.

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

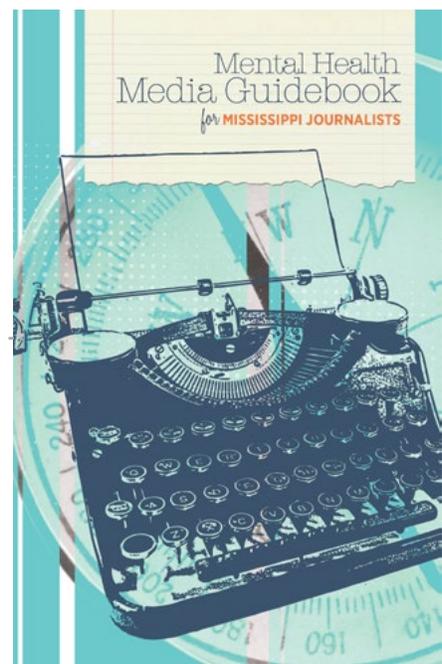
**Objective 4.8** Promote the adoption of “Zero Suicides” (National Strategy for Suicide Prevention) as a goal of Mississippi’s health care and community support systems

## Action

DMH attended a media forum at the annual NAMI conference with several members of local media in attendance. DMH shared copies of the mental health media guidebook with everyone in attendance, and journalists took guidebooks to their newsrooms. Approximately 50 guidebooks were distributed.

DMH shared 500 of the media guidebooks with journalism students at the University of Mississippi during a diversity week event that was held on the campus. The books were made available for everyone who attended the event throughout the week.

The promotion of “Zero Suicides” and research for how other states are utilizing it will be addressed in FY18.



# 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**

Supporting a Better Tomorrow...Today



**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH**

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