

**MISSISSIPPI**

**SUICIDE PREVENTION PLAN**

**FY 2020-2022**

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"Because of the stigma that surrounds mental illness, I didn't get help until it was almost too late. I thought my life was hopeless and not worth going on. But after I got help, I know now that life is very hopeful, and I know what to do to keep myself from ever getting to that dark place again." -Lauren

# ACKNOWLEDGEMENTS

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"When studying suicide, we like to look at statistics; however, those statistics don't really make it real. It's real when you love one of the numbers."

—TERESA

# ACKNOWLEDGEMENTS

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# INTRODUCTION

*The Mississippi Suicide Prevention Workgroup* was formed in April 2016 to finalize the state's efforts in developing a formal plan to help end a public health issue that affects people of all ages, races, and genders - suicide. Though strides have been made in developing awareness and increasing knowledge about suicide in recent years, there is still significant progress to be made. In 2017, 447 Mississippians, including 55 under the age of 25 years old, took their own lives - more than one person a day. Suicide is now the third leading cause of death among adolescents and young adults ages 10 to 24 in Mississippi. Unfortunately, adults are not immune to suicide, with more than 54% of suicide deaths occurring for people between the ages of 25 and 54. No matter the age, any person who feels the need to take his or her own life is one too many.

Professionals in the fields of mental health, education, strategic planning and more began meeting as a work group in 2016 with the goal of establishing a formal statewide plan to reduce suicide deaths in Mississippi. That work has continued throughout the past three years, and the work group will move forward with updated and new initiatives presented in this plan. The Assessment portion of the plan gathers data that addresses demographic information about our state and trends in the mental health field that have occurred over the years. The Goals and Objectives are data-driven targets that point to the progress we hope to make with this plan. Since the inception of the Suicide Prevention Plan in 2016, the work group has released yearly progress reports which outline the status and accomplishments of the goals from the first plan. These are available for review at [dmh.ms.gov](http://dmh.ms.gov).

This plan is here to make sure people are aware of the risk factors, warning signs, and resources available to bring help to those who need it. *Thank you to everyone who contributed to this plan.*

# RISK FACTORS & WARNING SIGNS

## RISK FACTORS FOR SUICIDE

A combination of individual, relational, community, and societal 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 illness, particularly clinical depression
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- 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 means
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders and 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 use 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

# 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

### MOOD

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

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

### BEHAVIOR

Specific behaviors to look for include:

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

# ASSESSMENT OF MISSISSIPPI

## ➤ State Population

Mississippi has the 32nd largest population among US states and territories. Mississippi's population increased from 2,844,658 in 2000 to 2,968,103 in 2010 and was estimated at 2,986,530 in 2018<sup>1</sup>. July 2018 estimates report **23.9% of the Mississippi population is under 18 years old** and **15.5% is age 65 or older**, leaving **60.6% between the ages of 18 and 65 years**<sup>1</sup>.

Females account for 51.5% of Mississippi's population and males account for 48.5%. Approximately 56.7% of Mississippi's population is non-Hispanic white, and 37.8% is African American, with the latter as the highest proportion of any state. Mississippi has one federally recognized tribe, the Mississippi Band of Choctaw Indians, with approximately 10,000 members<sup>2</sup>. Only 3.9% of Mississippians speak languages other than English at home.

There are 82 counties and 297 incorporated cities, towns and villages in the state, with 51% of residents living in designated rural areas. Rural living magnifies the documented negative impact that poverty, lack of education and insufficient healthcare resources have on the prevention and treatment of substance use and mental health disorders<sup>1</sup>.

## ➤ American Human Development Project

Mississippi has the second lowest state ranking on the Human Development (HD) Index, a numerical measure of health, education, and income indicators. On a scale of 0-10 (0 = lowest development), **Mississippi's current HD Index of 4.05 is developmentally lower than the United States' score of 5.21** and even below the US total score of 4.89 for 2005<sup>3</sup>.

- Mississippi has the lowest Health Index rating of 3.69 compared to 5.57 for the country. This statistic explains in part that **Mississippi has the lowest life expectancy of any state at 74.8 years** compared to a national rate of 79.3 years<sup>3</sup>.
- **Mississippi has the lowest average per capita income** (\$28,149 in 2018) and **the highest poverty rate**, with a **an estimated 22.0% of the state's population living in poverty** compared to a national estimate of 14.7%.<sup>3</sup>



# ASSESSMENT OF MISSISSIPPI

## Child Well-being Indicators Statistics Annie E. Casey Foundation's 2018 KIDS COUNT5

	U.S. Stats	MS Stats	Change from previous report
% of children in poverty (2016)	19%	30%	Better
Teen births per 100,000 (2016)	20%	33%	Better
Child and Teen deaths per 100,000 (2016)	26%	40%	Worse
% of children in single-parent families (2016)	35%	45%	Better
% of teens not attending school and not working (Ages 16-19) (2016)	7%	9%	Better
% of highschool students not graduating on time (2015-16)	16%	18%	Better
Overall child well-being state rank		48%	Better
Economic well-being state rank		48%	Better
Education well-being state rank		44%	Better
Health well-being state rank		47%	Better
Family & Community well-being state rank		50%	Unchanged

## Adult Well-being Indicators University of Wisconsin Population Health Institute County Health Rankings 2018

	U.S. Stats	MS Stats
Premature Death (Years of potential life lost before age 75 per 100,000 population)	6,900	10,400
Poor or fair health (Percentage of adults reporting fair or poor health)	16%	22%
Poor physical health days (Average # of physically unhealthy days reported in past 30 days)	3.7%	4.4%
Poor mental health days (Average number of mentally unhealthy days reported in past 30 days)	3.8%	4.4%
Uninsured (% of population under age 65 without health insurance)	10%	14%
Sexually transmitted infections (# of newly diagnosed chlamydia cases per 100,000 population)	497.3	672.1
Unemployment (% of population aged 16 and older unemployed but seeking work)	4.4%	5.1%
Violent crime (# of reported violent crime offenses per 100,000 population)	386	279
Severe housing problems (% of households with overcrowding, high housing costs, or lack of plumbing facilities)	18%	16%

# ASSESSMENT OF MISSISSIPPI

## Number of deaths by suicide in Mississippi counties<sup>6</sup>

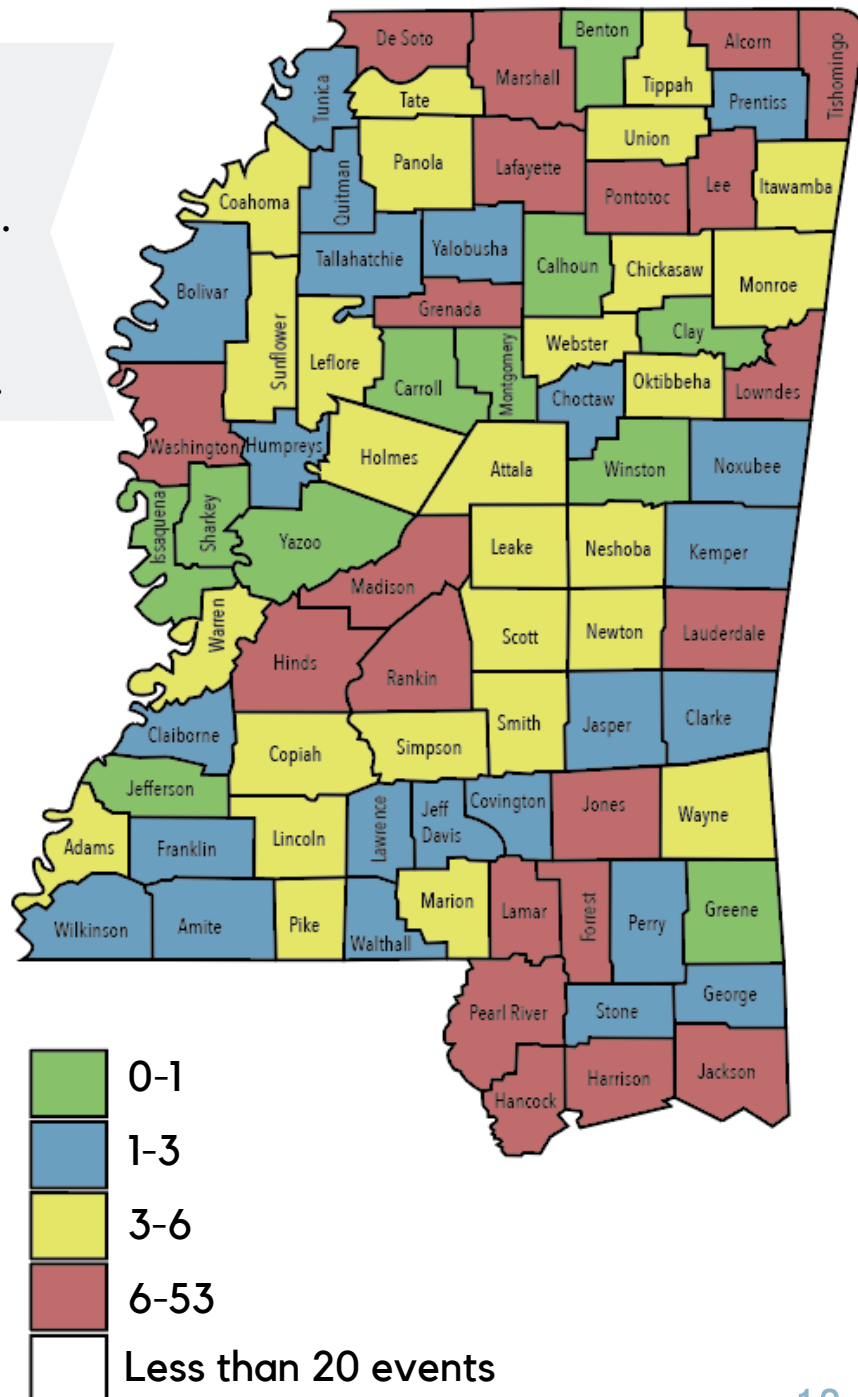
### SUICIDE STATISTICS

-Suicide is the **12th leading cause of death** in Mississippi. In 2017, **47,173 Americans died by suicide** in the United States. **447 of those were Mississippians.**

-Three times as many people died by suicide in Mississippi in 2017 than in alcohol-related motor vehicle accidents<sup>4</sup>.



*"Suicide has no prejudices. It occurs in all ages, races, sexes, sexual orientations, and in all socioeconomic situations. It is a devastating act. Unless you are a suicide survivor, you have no idea how someone else feels." - Teresa*



# ASSESSMENT OF MISSISSIPPI

Mississippi  
is  
ranked  
**31<sup>ST</sup>**  
among  
US states  
for per capita  
suicide death  
rate for  
2017<sup>5</sup>.

Rank	STATE	RATE	DEATHS	Rank	STATE	RATE	DEATHS
1	MT	28.9	311	26	SC	16.3	838
2	AK	27	200	27	WI	15.4	926
3	WY	26.9	157	28	HI	15.2	227
4	NM	23.3	491	29	LA	15.2	720
5	ID	23.2	392	30	IA	15	479
6	UT	22.7	663	31	MS	15	447
7	SD	22.5	191	32	PA	15	2,030
8	WV	21.1	393	33	OH	14.8	1,740
9	AR	20.8	631	34	NE	14.7	275
10	CO	20.3	1,181	35	NC	14.3	1,521
11	NV	20.3	627	36	MI	14.1	1,457
12	ND	20.1	154	37	FL	14	3,227
13	KS	19.1	553	38	MN	13.8	783
14	OK	19.1	756	39	GA	13.6	1,451
15	OR	19	825	40	TX	13.4	3,778
16	ME	18.9	274	41	VA	13.4	1,179
17	NH	18.9	265	42	RI	11.8	129
18	MO	18.5	1,151	43	DE	11.6	112
19	VT	18.3	1,151	44	IL	11.2	1,474
20	AZ	18.2	1,327	45	CA	10.5	4,312
21	KY	16.9	770	46	CT	10.5	405
22	WA	16.9	1,297	47	MD	9.8	630
23	TN	16.8	1,166	48	MA	9.5	682
24	AL	16.6	836	49	NJ	8.3	795
25	IN	16.3	1,092	50	NY	8.1	1,696

# ASSESSMENT OF MISSISSIPPI

In 2017, there were **447** suicide deaths in Mississippi. Of those suicides, **80% were males, 54% were persons between 25-54 years of age, and 66% involve firearms**.<sup>6</sup>

## YOUTH

Suicide is the **3rd** leading cause of death in Mississippi teens, with 516 deaths between 2008-2017.<sup>6</sup>

In 2017, 62 Mississippians under the age of 25 died by suicide, which represents 14% of all suicide deaths in the state. Of those, 56% involved firearms and 40% involved hanging, strangulation, or suffocation.<sup>6</sup>

## ADULTS

Suicide is the **4th** leading cause of death for Mississippians ages 25-34 and the **5th** leading cause of death for ages 35-44.<sup>6</sup>

In 2017, 299 Mississippians between the ages of 25-64 died by suicide, which represents 67% of all suicide deaths in the state. Of those, 62% involved firearms, 22% involved hanging, strangulation, or suffocation, and 12% involved poisoning.<sup>6</sup>

## OLDER ADULTS

In 2017, 86 people age 65 and older in Mississippi died by suicide, which represents 19% of all suicide deaths.

Of those, 92% involved firearms and 3% involved hanging, strangulation, or suffocation.<sup>6</sup>

## MILITARY

From 2006-2016, 680 active duty military personnel in Mississippi died by suicide.<sup>7</sup>

In 2016, the national rate of suicide (per 100,000) by branch was reported as follows: Navy (15%), Air Force (19%), Marine (21%), and Army (26%).<sup>7</sup>

# STRATEGIC GOALS & OBJECTIVES

## GOAL 1

Engage and empower Mississippians to help prevent suicide by increasing awareness of suicide as a public health crisis and knowledge of prevention efforts

### STRATEGY 1.1

Increase the number of people trained to provide Shatter the Silence presentations in Mississippi by hosting train-the-trainer sessions

### STRATEGY 1.2

Increase the number of professional and community organizations that receive suicide prevention knowledge in their organizational cultures by promoting help-seeking behaviors, mental wellness, resiliency, and training in identification of and referral to treatment with emphasis on high-risk populations such as the military, law enforcement and first responders, older adults, correctional settings, and youth

### STRATEGY 1.3

Encourage faith-based groups to include suicide prevention as a topic of discussion

### STRATEGY 1.4

Increase awareness about reducing access to lethal means

### STRATEGY 1.5

Increase the number of legislative, licensing, certification and/or training measures that incorporate mandatory suicide prevention activities

### STRATEGY 1.6

Increase awareness about safe and responsible suicide reporting and messaging within schools of journalism and mass communication outlets in the state

### STRATEGY 1.7

Increase awareness of postpartum depression and suicidal ideation

# STRATEGIC GOALS & OBJECTIVES

## GOAL 2

Promote identification, intervention, and care for people at risk for suicide utilizing evidence-based and best practices to improve clinical and community prevention services

### STRATEGY 2.1

Increase the number of Mississippians trained in evidence-based or best practice gatekeeper trainings designed to teach participants to recognize risk and protective factors and warning signs of suicide and how to assist someone seek help for suicidal ideation

### STRATEGY 2.2

Support DMH Certified Peer Support Specialists in obtaining at a minimum three hours of continuing education credits in suicide prevention for certification renewal

### STRATEGY 2.3

Develop a standardized Memorandum of Understanding to be utilized by DMH certified providers and mental health facilities in providing mental health services to local school districts to include standardized screening and referral protocols and procedures

### STRATEGY 2.4

Provide online training for appropriate school personnel to conduct initial behavioral health screenings of students experiencing or exhibiting behavioral stress or at risk of harming themselves or others

### STRATEGY 2.5

Support primary care providers with integration of suicide-risk screening and follow up contacts into existing care coordination models

### STRATEGY 2.6

Explore creation of a central repository of contact information and standard protocols for DMH programs and DMH-certified providers' crisis staff to initiate follow-up calls to persons post-discharge from inpatient/residential facility and/or who previously attempted suicide and/or drug overdose

### STRATEGY 2.7

Host an interactive training targeted to master's level and licensed mental health clinicians who provide counseling and/or assessment in a variety of settings highlighting the importance of suicide risk assessment and demonstrating ways clinicians can recognize, assess, and intervene when working with at-risk clients

# STRATEGIC GOALS & OBJECTIVES

## GOAL 3

Develop postvention services to care for and support individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides

### STRATEGY 3.1

Develop sustainable funding sources for implementing and evaluation of suicide prevention, intervention, and crisis response/aftercare programs in Mississippi to save more lives

### STRATEGY 3.2

Adopt treatment guidelines for effective comprehensive support for people affected by suicide and promote throughout the state

### STRATEGY 3.3

Involve suicide attempt survivors and loss survivors in suicide prevention planning including the development of protocols for suicide attempt/loss provider support groups

### STRATEGY 3.4

Adopt policies and procedures for organizations and communities to respond effectively to suicides and suicide contagion within their communities and support implementation of these policies with education, training, and consultation



"I have learned to keep a close watch on my own feelings of depression, talk to others, and take measures to not get consumed. I know today that suicide is a permanent solution to a temporary problem." –Amy



# CURRENT PROGRAMS, PARTNERSHIPS, & ACTIVITIES

## HOUSE BILL 263

In 2017, House Bill 263 was passed, requiring all school district staff to receive two (2) hours of suicide prevention training during the 2017-2018 school year, and the same training for new school district staff hired thereafter. The Mississippi Department of Mental Health and Mississippi Department of Education worked closely with a focus group comprised of school and mental health professionals, parents, and teachers to review and select the most appropriate training curriculum. As of June 30, 2019, more than 65,000 staff have been trained.



MISSISSIPPI  
DEPARTMENT OF  
EDUCATION

Ensuring a bright future for every child

## NATIONAL SUICIDE PREVENTION LIFELINE



The Mississippi Department of Mental Health was approached by the National Suicide Prevention Lifeline in 2008 to become a network provider due to the fact that only seven counties in Mississippi were being covered by a provider in Mississippi. Before DMH was selected as a network provider, calls from other counties were sent to call centers in other states. Coverage is provided 24/7 to individuals in need of crisis support or emergency care. To reach the National Suicide Prevention Lifeline, call 1-800-273-8255.

## MOBILE CRISIS RESPONSE TEAMS

Mobile Crisis Response Teams provide community-based crisis services that deliver solution-focused and recovery-oriented behavioral health assessments and crisis stabilization in the location where the individual is experiencing the crisis. Mobile Crisis Response Teams work hand-in-hand with local law enforcement, Chancery Judges and Clerks, and Crisis Stabilization Units to ensure a seamless process. The teams ensure individuals have follow-up appointments with their preferred providers and monitor the individuals until the appointments take place.

Mobile Crisis Response Teams are coordinated through the local Community Mental Health Centers. To find out more about Mobile Crisis Response Teams, visit [dmh.ms.gov](http://dmh.ms.gov) or call the DMH Helpline at 1-877-210-8513.





# CURRENT PROGRAMS, PARTNERSHIPS, & ACTIVITIES

## YOUTH MENTAL HEALTH FIRST AID

During the summer of 2018, the Department of Mental Health hosted Youth Mental Health First Aid (YMHFA) for 260 Mississippi educators. YMHFA is a training that teaches participants knowledge about common mental health problems that youth face and how to recognize that a youth may be at risk for developing a mental health or substance use problem. In September 2018, DMH was awarded a three-year Mental Health Awareness Training (MHAT) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to train educators, parents and caregivers, and school resource officers in YMHFA. DMH plans to train a total of 450 school resource officers and 1,800 educators as well as hold nine parent/caregiver trainings throughout the course of the grant.



## NATIONAL GUARD OPERATION RESILIENCY & YELLOW RIBBON EVENTS



In 2019, the Mississippi Department of Mental Health developed a military version of the Shatter the Silence presentation and was asked to be a part of recurring National Guard Yellow Ribbon events held across the state to welcome returning military and their families. Yellow Ribbon events provide military families with information about local resources to assist with transitioning back into their communities from deployment.

## FAITH-BASED INITIATIVE

In 2019, in partnership with Pinelake Church, DMH created two faith-based Shatter the Silence presentations for adults and youth with language and graphics appropriate for small groups and Sunday school sessions. The presentations are designed in 10-minute modules that can be delivered at the start of normally-scheduled group sessions. In August 2019, church pastoral ministers will be trained to deliver the material so Shatter the Silence can be shared among the Pinelake campuses and introduced in other church communities statewide.



# CURRENT PROGRAMS, PARTNERSHIPS, & ACTIVITIES

## MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY

In 2018, DMH developed a partnership with the DPS to address the national trend of more law enforcement officers dying by suicide than in the line of duty. A representative from DPS was added to the state's Suicide Prevention Workgroup and a formal Shatter the Silence presentation was developed specifically for the Mississippi Highway Patrol (MHP). This presentation was delivered to cadet class 62 upon its annual reunion meeting in March 2019, and to cadet class 63 prior to trooper school graduation in May 2019. Shatter the Silence will be incorporated into every trooper school going forward and current officer training will continue with MHP officers disseminating the information within all nine of their patrol districts.

In addition, DMH had the opportunity to provide suicide prevention information to the Mississippi Retired Troopers Association in January 2019. A partnership was formed and DMH was invited to create a website landing page specifically for mental health and suicide prevention messaging. This website page was launched in March 2019 and DMH staff will be presenting Shatter the Silence at the annual Mississippi Retired Troopers event September 19, 2019.



## REDUCING ACCESS TO LETHAL MEANS CAMPAIGN

In March 2019, info cards with statistics, risk factors and warning signs to promote gun safety to reduce suicides were developed. In partnership with the Department of Public Safety, the cards will be distributed throughout nine Mississippi Highway Patrol (MHP) districts and given to persons who visit MHP offices to apply for gun permits and firearm instructor applications, of which approximately 9,000 are given each year.

# CURRENT PROGRAMS, PARTNERSHIPS, & ACTIVITIES

## SHATTER THE SILENCE

In early 2019, DMH developed several versions of the Shatter the Silence presentation to target specific groups including: youth, adults, older adults, law enforcement, military, faith-based, and correctional officers. The presentation provides information on mental health awareness, risk factors and warning signs associated with suicide, and how to help a person who is thinking about suicide.



In the fall of 2019, DMH will hold a train-the-trainer session to train the Community Mental Health Center Co-occurring Disorder Specialists to present Shatter the Silence. The Co-occurring Disorder Specialists will be available to promote the Shatter the Silence campaign throughout their respective catchment areas to all target audiences including schools, churches, Mississippi Department of Corrections, National Guard Yellow Ribbon events, local law enforcement (including Crisis Intervention Teams), and local community organizations.

## I GOT U! HEALTHY LIFE CHOICES FOR TEENS



For more information about any of the activities highlighted, call the Mississippi Department of Mental Health at 601-359-1288 or visit our website at [dmh.ms.gov](http://dmh.ms.gov)

I Got You! Healthy Life Choices for Teens (IGU) is a health outreach program developed by Central Mississippi Residential Center in partnership with area schools, local law enforcement, Mississippi State University Extension Service, Care Lodge Domestic Violence Shelter, the Department of Mental Health and Attorney General's Office in Mississippi. The National Registry of Evidenced-based Programs and Practices has given IGU an evidence rating of "promising," meaning that evaluation data has produced sufficient evidence of a favorable effect.

I Got You! teaches students how to better cope with challenging situations, why it is important to seek help, and what resources are available. Schools that have participated in IGU have observed an improvement in academic performance and an increase in coping skills as well as a decrease in office-related referrals. For more information about I Got You! Healthy Life Choices for Teens, contact Central Mississippi Residential Center at 601-683-4210.

# 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 these signs.

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.

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 have been trained in suicide prevention, spread the word about the value of such training.

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 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 to find resources available in your community at **1-877-210-8513** or visit **[dmh.ms.gov](https://dmh.ms.gov)**.

# REFERENCES & APPENDICES

1. UNITED STATES CENSUS, QUICK FACTS, MISSISSIPPI (2018)  
<https://www.census.gov/quickfacts/MS>
2. MISSISSIPPI BAND OF CHOCTAW INDIANS, HISTORY (2016)  
<https://www.choctaw.org/aboutMBCI/history/index.html>
3. MEASURE OF AMERICA OF THE SOCIAL SCIENCE RESEARCH COUNCIL, MAPPING AMERICA  
<https://measureofamerica.org/maps/>
4. AMERICAN FOUNDATION FOR SUICIDE PREVENTION, STATE FACT SHEETS, MISSISSIPPI  
<https://afsp.org/about-suicide/state-fact-sheets/#Mississippi>
5. CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, SUICIDE MORTALITY BY STATE (2019)  
<https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>
6. MISSISSIPPI STATE DEPARTMENT OF HEALTH, MISSISSIPPI STATISTICALLY AUTOMATED HEALTH RESOURCE SYSTEM  
<http://mstahrs.msdh.ms.gov/forms/morttable.html>
7. U.S. DEPARTMENT OF VETERANS AFFAIRS, VETERAN SUICIDE DATA  
[https://www.mentalhealth.va.gov/mentalhealth/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp)



*Supporting a Better Tomorrow...One Person at a Time*

***For more information, call the DMH Helpline at  
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