



MISSISSIPPI

SUICIDE PREVENTION PLAN

FY 2020-2022

FY2020 PROGRESS REPORT

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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

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 2018, 422 Mississippians, including 55 under the age of 25 years old, took their own lives - more than one person each 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 4% 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 four years, and the work group has moved forward with updated and new initiatives like those 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 each plan.

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.

ACKNOWLEDGEMENTS

The Mississippi Department of Mental Health Suicide Prevention Workgroup Members

DR. MICHAEL ANESTIS

The University of
Southern Mississippi

WENDY BAILEY

Mississippi Department
of Mental Health

DR. JOHN BARTKOWSKI

Mississippi Department
of Mental Health

CONNIE BOARD

Mississippi Department
of Education

KATHY BURK

Mississippi State
Department of Health

DONNA BURRIS

United States Air Force

JACKIE CHATMON

Mississippi Department
of Mental Health

DARBY DAMON

Mississippi Department
of Mental Health

JILL GORDON

Enrich MS

BUDDY HALL

The Jason Foundation

JEFF HOLLAND

Pinelake Church

DR. LAURIE LAWSON

The Clinton Community
Christian Corporation

TASHA LOCK

Mississippi State
Department of Health

MELODY MADARIS

Communicare

BRAD MARTIN

Mississippi State
Department of Health

ADAM MOORE

Mississippi Department
of Mental Health

TERESA MOSLEY

Board of Mental Health and
Family Representative

JA'QUILA NEWSOME

Mississippi Department
of Mental Health



"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

Mississippi Suicide Prevention Workgroup Members

HEATHER NORTON

Clinton Public School District

MOLLY PORTERA

Mississippi Department of
Mental Health

CAPT. JOHN POULOS

Mississippi Department of
Public Safety

STEPHANIE RAINES

Pine Grove Behavioral Health

SHERRY SHEFFIELD

The American Foundation
for Suicide Prevention

JESSICA THOMAS

Mississippi Public Health
Institute

KATHY VAN CLEAVE

The MIND Center

DR. LINDA VASQUEZ

DREAM of Hattiesburg

CHANDREA WALKER

Mississippi Department of
Education

DR. ESTELLE WATTS

Mississippi Department of
Education

SSG JEAN WHALEY

Mississippi Army National
Guard

CHRISTIANE WILLIAMS

Mississippi Department
of Corrections

NENA WILLIAMS

Region 8 Mental Health
Services

VICKI WINSLETT

Mississippi Alliance
To End Suicide



SUPPORT LETTER

DEPARTMENT OF MENTAL HEALTH State of Mississippi

239 North Lamar Street
1101 Robert E. Lee Building
Jackson, Mississippi 39201



(601) 359-1288
FAX (601) 359-6295
TDD (601) 359-6230

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,

A handwritten signature in blue ink that reads "Diana S. Mikula".

Diana S. Mikula
Executive Director

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
- History of trauma
- 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 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
- 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

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

Strategy 1.1 Increase the number of people trained to provide Shatter the Silence presentations in the state by hosting train-the-trainer sessions.



ACTION

The Mississippi Department of Mental Health (DMH) hosted 4 train-the-trainer sessions for Shatter the Silence during FY20. This included 15 staff from Pinelake Church were trained on August 26, 2019, 8 Co-Occurring Disorder Specialists (CODS) from Community Mental Health Centers in the state were trained on October 18, 2019, 23 people from various professional backgrounds including human services and social work were trained on November 7, 2019, and 13 members of St. Mark's United Methodist Church in Flowood were trained on February 8, 2020. In the sessions, people of various professional backgrounds were trained to present Shatter the Silence Suicide in their community-based settings.

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

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.



ACTION

In FY20, Shatter the Silence suicide prevention presentations were presented to 8,167 Mississippians. 5,615 people were trained in the youth presentation, 861 in general adult, 418 in older adult, 31 in faith based, 137 in law enforcement and first responders, and 1,105 in military. DMH also provides evidence-based suicide prevention training in Applied Suicide Intervention Skills Training and Mental Health First Aid. 599 people were trained in these evidence-based trainings.



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

Strategy 1.3 Encourage faith-based groups to include suicide prevention as a topic of discussion.



ACTION

Pinelake Church, St. Mark's United Methodist Church, Koinonia Baptist Church, and Zion Baptist Association have begun including mental wellness and suicide prevention as a topic of discussion. In FY20, these faith-based organizations received Shatter the Silence Suicide Prevention training presentations, and in some cases, had staff trained as instructors of Shatter the Silence. On September 24, 2019, DMH hosted its 3rd Annual Suicide Prevention Symposium, the topic was Mental Health, Suicide, and Faith. Leaders from the faith community discussed the strategies they are currently using to involve mental wellness and suicide education in their church organization with the goal of inspiring attendees to

integrate mental health in their own places of worship. A total of 215 attendees participated in the symposium. The fourth annual Suicide Prevention Symposium will be held September 29, 2020.

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

Strategy 1.4 Increase awareness about reducing access to lethal means.

ACTION

In 2018, 74% of deaths by suicide in Mississippi involved firearms. DMH partnered with DREAM of Hattiesburg (DOH), and the Mississippi Department of Public Safety (DPS) Bureau of Investigation to work towards reducing deaths by suicide. DOH distributed 110 lethal means informational cards and posters at a local Academy sporting goods store in Hattiesburg. DPS distributed 7,797 lethal means informational cards to individuals applying for firearm permits.



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

Strategy 1.5 Increase the number of legislative, licensing, certification and/or training measures that incorporate mandatory suicide prevention activities.



ACTION

House Bill 263 was passed in the 2017-2018 school year and requires that all school district employees receive suicide prevention training in the 2017-2018 school year, and new employees thereafter. In 2019, House Bill 1283, entitled "The Mississippi School Safety Act Of 2019" required local school districts to conduct, every two years, refresher training on mental health and suicide prevention for all school employees and personnel, including all cafeteria workers, custodians, teachers, and administrators. In November 2019, a focus group of school district staff, and representatives from the Mississippi Department of Education (MDE) and DMH met to review and select trainings and provided these recommendations to MDE.

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

Strategy 1.6 Increase awareness about safe and responsible suicide reporting and messaging within schools of journalism and mass communication outlets in the state.

ACTION

DMH developed the Mental Health Media Guidebook for Mississippi Journalists. It was created as a tool and resource to help Mississippi journalists in their effort to seek truth and provide a fair and comprehensive account of events and issues involving mental health. The brochure informs journalist that they can provide a valuable public service by helping increase understanding and awareness of mental health and suicide prevention. In FY21, DMH will work with media outlets and journalism programs throughout Mississippi to distribute the guide and bring awareness to help Mississippi professionals and student journalists navigate in the covering of mental illness and suicide.



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

Strategy 1.7 Increase awareness of postpartum depression and suicidal ideation.



ACTION

In FY20, DMH began bringing awareness to postpartum depression (PPD) and suicide by developing social media infographics and a video of a mother sharing her personal account of postpartum depression were developed.

On October 30, 2019, DMH partnered with the State Department of Health to host a talk on postpartum depression by Dr. Mallory Malkin. The day-long event was attended by 161 people from the medical, social work, and mental health fields. DMH developed an info-card that was printed to be distributed at outreach events. The card explains the difference between PPD and “Baby Blues” and encourages people to seek help if they or someone they know are experiencing symptoms.

DMH established a Postpartum Depression Advisory Workgroup and its first meeting included representatives from area hospitals, mental health providers, medical associations, and public health. In June 2020, the Mississippi Board of Nursing published “Coping During the COVID-19 Pandemic: Pregnancy and Postpartum Depression” written by Dr. Mallory Malkin in their quarterly publication that is distributed to 53,000 nurses, hospital administrators and nursing school administrators in the state.

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

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.

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.

ACTION

In FY20, there were a total of 8,722 people trained in evidenced-based curriculum to treat people at risk of suicide. 558 people were trained in Mental Health First Aid, 8,164 were trained in The Alliance Project, a suicide prevention gatekeeper training developed by the Mississippi State University, Department of Psychology. COVID-19 halted the ability to provide in-person evidence-based trainings, but the programs have shifted to virtual platforms to allow for the trainings to continue.

Two suicide prevention training courses have been selected as recommended courses for suicide prevention training for certification renewal. These include: Suicide Risk Factors, Screenings, and Assessments; Overview of Adolescent Suicide; Community-Based Suicide Prevention;

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

Strategy 2.3 Develop a standardized Memorandum of Understanding (MOU) 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.



ACTION

In 2019, House Bill 1283, entitled "The Mississippi School Safety Act of 2019" required local school districts to conduct, every two years, refresher training on mental health and suicide prevention for all school employees and personnel, including all cafeteria workers, custodians, teachers, and administrators. Additionally, the legislation required that DMH develop a standardized Memorandum of Understanding (MOU) to be utilized by the Mississippi Department of Mental Health certified mental health providers in providing mental health services to local school districts. This MOU was developed with input from DMH certified providers, Community Mental Health Centers (CMHC), and the Mississippi Department of Education (MDE) and made available to MDE and CMHCs in FY20.

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

ACTION

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.

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 will begin in FY21.

Strategy 2.5 Support primary care providers with integration of suicide-risk screening and follow up contacts into existing care coordination models.

Strategies to support primary care providers with integration of suicide-risk screening and follow up contacts into existing care coordination models will begin in FY21.

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.

DMH will explore the 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 in FY21.

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

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 demonstrate ways clinicians can recognize, assess, and intervene when working with at-risk clients.



ACTION

On July 29, 2019, the Southeast Mental Health Technical Training Collaborative provided "Suicide Risk Assessment Training" to 41 master's level and licensed mental health clinicians from community mental health providers and universities across Mississippi. On October 18, 2019, 8 Co-occurring Disorders Staff (CODS) from community mental health centers in Mississippi were trained to provide the suicide prevention presentation, Shatter the Silence: The Secret You Shouldn't Keep. On October 30, 2019, DMH held Shatter the Silence: Postpartum Depression Screening Training at Mississippi Department in partnership with the State Department of Health, training 161 master's level and licensed mental health clinicians, medical staff, and social workers who provide counseling and/or assessments.

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

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.



The Alliance Project
Postvention Services

The Alliance Project is funded by subaward to Mississippi State University from the Mississippi Department of Mental Health as part of their larger SAMHSA suicide prevention grant.

WHAT ALLIANCE POSTVENTION OFFERS

What is Postvention?

Postvention refers to activities which reduce risk and promote healing after a suicide death.

Why Postvention?

It is estimated that 115 people are exposed to each suicide death, with 1 in 5 reporting experiencing devastating impacts or major life disturbances.

Response Services

Response to communities when a death by suicide has occurred of a youth. Licensed clinician can assist with Postvention services, support the crisis response team, and assist with identified needs.

All Alliance Project Services are FREE

Postvention Training Components:

- Who should be on your crisis response team?
- What role does each member play on your team?
- How to manage outside influences such as the media.
- Best practices for memorializing students/youth.
- How to build a supportive and healing community environment.
- Practicing your team's approach and updating your response policy.

Please feel free to distribute this information to anyone throughout Mississippi. For more information about services offered by The Alliance Project please contact the Licensed Training & Response Clinician for more details:

Rachel-Clair Franklin, LPC-S, BC-TMH, CHES

662-325-8127 or 662-325-0621 • rfranklin@psychology.msstate.edu

SAMHSA
Substance Abuse and Mental Health
Services Administration

MISSISSIPPI STATE
UNIVERSITY

DMH
Mississippi Department of Mental Health
Supporting a Better Tomorrow...One Person at a Time

ACTION

In FY20, DMH received a Garrett Lee Smith (GLS) Youth Suicide Prevention grant. The grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the grant is to support the state with implementing youth suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child and youth-serving organizations. DMH has partnered with Mississippi State University (MSU) in providing postvention training's throughout the state. Postvention refers to activities which reduce risk and promote healing after a suicide death.



MISSISSIPPI STATE
UNIVERSITY™

DEPARTMENT OF PSYCHOLOGY

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

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 with their communities and support implementation of these policies with education, training, and consultation.

ACTION

In FY20, Mississippi State University (MSU) developed the Postvention Services training. DMH will work with the Mississippi Suicide Prevention Workgroup to develop guidelines in FY21.

The Mississippi Suicide Prevention Workgroup began to establish protocols for suicide attempt/loss provider support groups in FY20 and will continue in FY21. The workgroup includes family and friends who have lost a loved one to suicide.

Policies and procedures for organizations and communities to respond effectively to suicides and suicide contagion with their communities are addressed in The Alliance Project Postvention Services

training which is part of DMH's Garrett Lee Smith Youth Suicide Prevention grant. The Suicide Prevention Workgroup will formalize these in FY21.

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**.

Call the Mississippi Department of Mental Health to find resources available in your community at **1-877-210-8513** or visit **www.mentalhealthms.com**

The **Shatter the Silence app** is available to download at no cost in both the Apple and Google Play stores. The app contains risk factors and warning signs for suicide as well as what to say and not say and resources to help someone who is in suicidal crisis.

PROGRESS IN ACTION: SNAPSHOTS





*For more information, call the DMH Helpline at
1-877-210-8513 or visit dmh.ms.gov.*

Follow us on Facebook and Instagram @DMHMississippi