



# MISSISSIPPI

## Suicide **Prevention** Plan

FY17-FY19

FY18 PROGRESS REPORT



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# Introduction

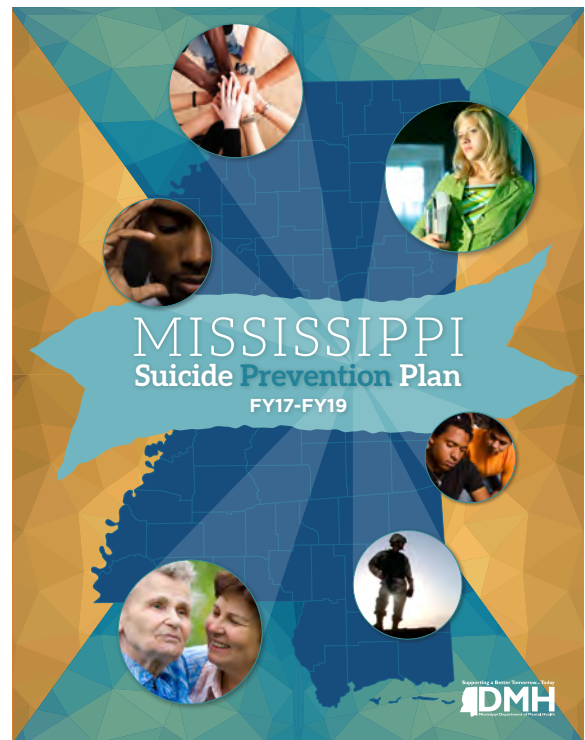
*The Mississippi Suicide Prevention Plan Workgroup was formed in April 2016 to finalize the state's efforts in developing a formal plan to help combat a public health issue that affects people of all ages, races, and gender — suicide.*

*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 July 2017 – June 2018.*

*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

## Mississippi Suicide Prevention Plan Workgroup Members

### Wendy Bailey

Department of Mental Health  
Bureau of Outreach, Planning  
and Development

### Dr. John Bartkowski

Evaluator  
University of Texas San Antonio

### Connie Board

Department of Education  
State School Nurse Consultant

### Kathy Burk

Mississippi Department of Health

### Jackie Chatmon

Department of Mental Health  
Division of Children and Youth Services

### Glenda Crump

Mississippi Public Health Institute

### Sidney Ferris

Department of Mental Health  
Bureau of Alcohol and Drug Services

### Buddy Hall

The Jason Foundation

### Liz Ketchum

Families First for Mississippi

### Adam Moore

Department of Mental Health  
Director of Communications

### Teresa Mosley

Chair, Board of Mental Health  
and Family Representative

### Lauren Parker

Student, University  
of Southern Mississippi

### Sandra Parks

Department of Mental Health  
Division of Children and Youth

### Molly Portera

Department of Mental Health  
Bureau of Outreach, Planning  
and Development

### Kimberly Ramsey

Mississippi Department of Health

### Sherry Sheffield

Mississippi Chapter of the American  
Foundation for Suicide Prevention

### Tameka Tobias

National Alliance on Mental Illness

### Linda Vasquez

DREAM of Hattiesburg

### Chandrea Walker

Mississippi Department of Education  
Counseling & Support Services

### Thia Walker

Department of Mental Health  
State Epidemiological Outcomes  
Workgroup Coordinator

### Estelle Watts

MS Department of Education  
Health Science Specialist

### Jeanie Whaley

Mississippi National Guard

### Nena Williams

Region 8 Mental Health Services

# Letters of Support

## 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,

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".

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,

A handwritten signature in blue ink that reads "Jim Hood".

Jim Hood  
Attorney General

WALTER SILLERS BUILDING • POST OFFICE BOX 220 • JACKSON, MISSISSIPPI 39205-0220  
TELEPHONE (601) 359-3680 • TELEFAX (601) 359-3441

# 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

### Action

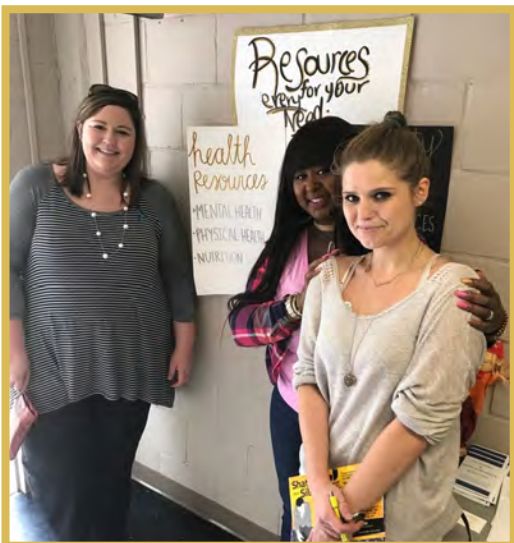
A workgroup was developed in 2016 and consists of members from other state agencies, suicide survivors, non-profits, and schools. The workgroup communicates regularly and meets quarterly. In the past year, the workgroup has grown to include a representative from the National Alliance on Mental Illness, a local Community Mental Health Center, Families First for Mississippi, the Mississippi Public Health Institute, the American Foundation for Suicide Prevention, and the University of Southern Mississippi. In April 2018, First Lady Deborah Bryant attended the second quarter meeting to receive updates about progress made around suicide prevention awareness for youth.

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 Week in September 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 Workgroup by providing the welcome at the First Annual Suicide Prevention Symposium. The First Lady also discussed the state's efforts at the Children's Mental Health Summit in May.

Governor Bryant signed a proclamation for September as Suicide Prevention Month. Since Mississippi's First Lady is very supportive of the state's suicide prevention efforts, she attended the proclamation



# 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

signing. In attendance were three DMH staff, a family member who lost a loved one to suicide, and the Governor and First Lady. A photograph was taken and a press release was submitted statewide.

In September 2017, DMH hosted the state's first Suicide Prevention Symposium. 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.

In February 2017, DMH presented to 60 state agency Wellness Champions, providing statistics, facts about suicide prevention, and resources.

DMH was asked to present at the Mississippi Association of School Resource Officers Conference in June 2018. More than 100 School Resources Officers received information about suicide risk factors, warning signs, and prevention resources.

DMH was also asked to present at the 2018 American Association of Physicians of Indian Origin in Ohio to highlight Mississippi's efforts.

Additional collaboration, coordination, and resource sharing has occurred with the Boys and Girls Club, Department of Health, Department of Education, Department of Human Services, 14 Community Mental Health Centers, Tugaloo College, University of Mississippi, MS State University, and Jones County Junior College.

# 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 three evidence-based and best practices related to suicide prevention: Columbia Suicide Severity Rating Scale, Collaborative Assessment and Management of Suicidality, and 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.

DMH will collect data on evidence-based and best practices the Community Mental Health Centers are implementing in FY19.

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, the Suicide Prevention Workgroup will review results from the CDC's State of the State survey to identify and add unmet needs.

# 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

Mississippi currently tracks the following data: Suicide mortality by cause of death; Years of potential life lost; Youth substance use; Youth mental health and treatment; and Adult mental health and treatment.

A full inventory of existing data sources will be conducted in FY19.

In 2017, House Bill 263 passed that requires in the 2017-2018 school year all Mississippi school district employees, and new employees thereafter, be trained in two hours of suicide prevention. A focus group of educators, mental health professionals, and suicide survivors was comprised and reviewed professional development curriculums that met the requirements of House Bill 263.

The focus group provided feedback and recommended two online professional development curriculums—The Society for the Prevention of Teen Suicide’s Act on Facts for Certified staff and the Jason Foundation’s Youth Suicide: A Silent Epidemic for Classified staff. In addition, the American Foundation of Suicide Prevention’s curriculum More Than Sad could be used to meet the requirement. According to the MS Department of Education, as of June 30, 2018, a total of 63,057 staff had been trained with 17 more school districts left to report.

With the assistance of the focus group, DMH also provided a Model School District Policy on Suicide Prevention based on the policy developed by the Trevor Project, American School Counselor Association, American Foundation for Suicide Prevention, and National Association of School Psychologists to meet requirements of House Bill 263.

An implementation guide for both the online professional development curriculums and the Model Policy for Suicide Prevention were provided to MDE for distribution via their website.

In January 2018, DMH participated in three presentations for educators at MDE that addressed implementation of the online curriculums and model policy.

During FY19, the Workgroup will advocate for a mandatory refresher training for school district staff.

# 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

From July 1, 2017 to June 30, 2018, there were 122 trainings in which 6,613 people were trained on how to recognize warning signs and refer people at risk for suicide. These participants included: school nurses, School Resource Officers, law enforcement, students, respite providers, children's mental health service providers, healthcare employees, parents, and others.

In addition, 63,057 school district staff have been trained in suicide prevention as of June 30, 2018 with 17 school districts left to report according to MDE.

The Department of Mental Health employs seven 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 FY18, there were 112 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 for Public Safety to be included in the full-time basic training program. There are seven academies approved by the Board that provide full-time basic training for the purpose of law enforcement certification. The academies are mandated by the Board to include this training beginning January 2019.



# 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 2.2** 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 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

The Board encouraged the academies to offer this training at their next class, most starting around September, if at all possible. DMH and several of the Community Mental Health Centers will partner with the Department of Public Safety to provide the training.

A more comprehensive inventory of the state's trainers of evidence-based and best practice suicide prevention gatekeeper training will be conducted in FY19.

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 will be required to obtain three of their 10 hours of continuing education credits for renewal in suicide prevention training.

In FY18, there were 629 people trained in evidence-based 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).

Additionally, DMH and the University of Southern Mississippi submitted separate applications for SAMHSA's Mental Health Awareness Training grant in an effort to train more individuals in Mental Health First Aid. Award notifications are expected in September 2018.

# 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 delivered throughout the year. The DMH Helpline and Suicide Prevention Lifeline phone numbers are displayed during all presentations. Information is disseminated at events across the state.

This information will be added to the recently updated Think Again! About Mental Health campaign materials and presentations in FY 19.

The University of Southern Mississippi will begin sharing suicide prevention information through their Active Minds and NAMI chapters during FY19.

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.

Additionally, state agency Public Relations directors received daily suicide prevention awareness infographics during September 2017 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 follow-up 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 workgroups 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?

# Suicide Prevention Goals + Outcomes

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

**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

- In the past 30 days, how often did you feel hopeless?
- In the past 30, days how often did you feel worthless?

In FY19, DMH will explore adding questions related to suicide prevention and risk factors to the Consumer Satisfaction Survey.

A list of free screening tools through Mental Health America has been added to the DMH website under the Get Help link on the homepage. Promotion of these tools to other state agencies will begin in September 2018.

An assessment of state survey instruments will begin in FY19.

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

An assessment of screening tools will begin in FY19.

DMH submitted an article in the Fall 2017 edition of *Mississippi Hospitals* magazine that educated readers about suicide prevention and how to link patients to providers. DMH presented at the Mississippi Hospital Association's meeting in September 2017 and will submit 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.

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

During Suicide Prevention Awareness Month in September 2017, DMH shared daily infographics via Facebook and e-mail with stakeholders including state agencies, schools,

# 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



## Action

planning councils, employees, peer specialists, healthcare providers, and the overall public. Each infographic contained information about the NSPL.

In FY18, DMH had several opportunities to promote the NSPL through public media outlets such as radio, television and newspapers. DMH developed a press release that was shared with daily and weekly newspapers statewide during September. Television and radio interviews were also conducted statewide and featured people who had lost loved ones to suicide. Media outlets were targeted to raise awareness of a proclamation declaring September as Suicide Prevention Month in Mississippi. The NSPL was promoted through 29 interviews in FY18.

The NSPL is highlighted as resource in all Mental Health First Aid trainings. In FY18, there were 415 people trained in MHFA.

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%.

The Department of Education requires that all school district employees receive two hours of suicide prevention education in the 2017-2018 school year. The online professional development curriculums selected advertise the NSPL as a resource. As of July 31, 2018, 60,197 school district employees had been trained.



# 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

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. In FY18, 54 schools requested materials. In FY18, there were 77 presentations made to 4,012 youth.

Suicide Prevention Awareness Month provided an opportunity for DMH to share prevention messaging with a variety of age groups, racial and ethnic populations through dissemination of suicide prevention infographics during each day of the month. These infographics targeted, youth and young adults, people who identify as LGBTQ, and older adults. Infographics were shared via Facebook 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, 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.

# 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

In FY18, a total of 4,012 students from Mississippi's high schools and colleges received information about suicide prevention warning signs, risk factors, and resources through 77 presentations including Shatter the Silence and I Got U.

A letter from DMH was distributed by the Mississippi Department of Education promoting Shatter the Silence materials and presentations to more than 800 school nurses, health science teachers, and counselors in Mississippi school districts. The letter was distributed at the beginning of the fall and spring semesters. During FY18, 5,973 suicide prevention materials were distributed to colleges and schools across the state.

A Shatter the Silence youth suicide prevention app that provides information on warning signs, risk factors, and resources is currently being developed and will be promoted in FY19.

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.

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.



# 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

## Action

DMH continues to work with partners and non-profit agencies to include Shatter the Silence suicide prevention information in workshops, caregiver support groups, and other venues.

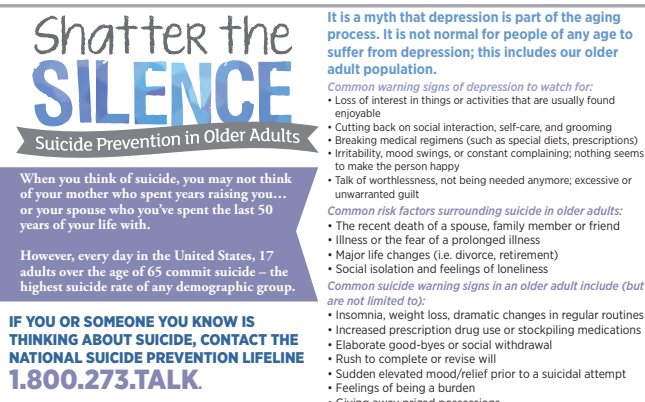
During FY18, there were a total of 12 Shatter the Silence presentations for older adults with 931 participants.

Information was integrated into the law enforcement training academies focusing on older adults with 18 presentations being made to 511 cadets.

In 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. The app contains information related to resiliency, risk reduction, and suicide prevention and is available at no cost by searching "MSNG Outreach Services" in all mobile app stores.

Additionally, 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 will further engage the National Guard to promote Operation Resiliency and provide Mental Health First Aid training for families of active duty military.



**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

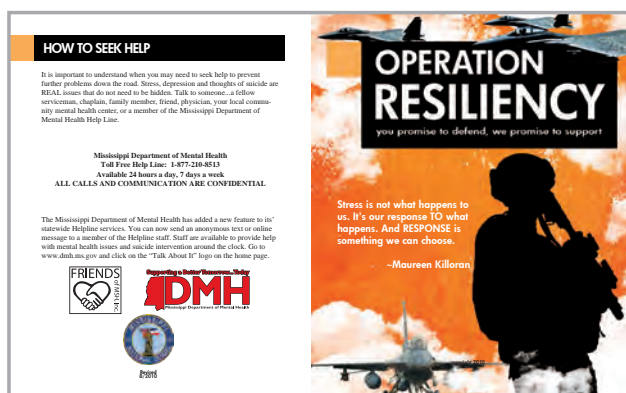
*Common risk factors surrounding suicide in older adults:*

- 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



**HOW TO SEEK HELP**

It is important to understand when you may need to seek help to prevent further problems down the road. Stress, depression and thoughts of suicide are REAL issues that do not need to be hidden. Talk to someone – a fellow serviceman, chaplain, family member, friend, physician, your local community mental health center, or a member of the Mississippi Department of Mental Health Help Line.

Mississippi Department of Mental Health  
Toll Free Help Line: 1-877-288-8513  
Available 24 hours a day, 7 days a week.  
**ALL CALLS AND COMMUNICATION ARE CONFIDENTIAL.**

The Mississippi Department of Mental Health has added a new feature to its statewide Helpline services. You can now send an anonymous text or online message to a member of the Helpline staff. Staff are available to provide help with mental health issues and suicide intervention around the clock. Go to [www.dmh.ms.gov](http://www.dmh.ms.gov) and click on the "Talk About It" logo on the home page.

**OPERATION RESILIENCY**  
you promise to defend, we promise to support

Stress is not what happens to us. It's our response TO what happens. And RESPONSE is something we can choose.

—Maureen Killoran

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



## Action

In addition to progress that has been highlighted in other objectives, DMH hosted the First Annual Suicide Prevention Symposium with 125 attendees in September 2017. The second annual Symposium will be held in September 2018.

Additionally, DMH has been added to two of the Department of Health's UpRoot campaign workgroups—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 listserves, and newsletters.

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. DMH will expand this initiative in FY19.

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

# 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. A similar project will begin at DMH’s four state hospitals in FY19.

DMH participated in a call with the Suicide Prevention Resource Center in March 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 FY19.

**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



**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH**

1101 Robert E. Lee Building  
239 N. Lamar Street  
Jackson, MS 39201

Phone: 601.359.1288  
Fax: 601.359.6295  
TDD: 601.359.6230  
Toll-Free Helpline: 1.877.210.8513