

MISSISSIPPI

SUICIDE PREVENTION PLAN

FY 2020-2022

FY2021 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 2019, 436 Mississippians, including 59 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 15 to 24 in Mississippi. Unfortunately, adults are not immune to suicide, with almost 50% 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 five 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

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TERESA MOSLEY

Family Representative



"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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To End Suicide



SUPPORT LETTER

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Wendy D. Bailey - 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 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 suiciding and stressed the importance of sharing with other 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, appearing to read "Wendy Bailey".

Wendy Bailey
Executive Director

RISK FACTORS

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

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

If a person is displaying these warning signs and is experiencing a suicide crisis, get help immediately by dialing 911.

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 Suicide Prevention Presentations in MS by hosting train-the-trainer sessions.



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

ACTION

The Mississippi Department of Mental Health (DMH) hosted four train-the-trainer sessions for Shatter the Silence during FY 21 expanding the total number of trainers to 108. Seven staff from the Injury and Violence Prevention Bureau with Mississippi State Department of Health were trained on October 7, 2020. Eleven Co-Occurring Disorder Specialists (CODS) from Community Mental Health Centers in the state, and other professionals were trained on December 9, 2020. Seventeen staff from Region 2 Communicare were trained on January 22, 2021, and seven CODS were trained February 11, 2021, in the Shatter the Silence Postpartum Depression training. In each of these sessions, people of various professional backgrounds were trained to present Shatter the Silence Suicide Prevention Trainings in their communities.

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 FY21, Shatter the Silence suicide prevention presentations were presented to 5,379 Mississippians. 1,786 people were trained in the youth presentation, 2,574 in general adult, 564 in faith based, 21 in law enforcement and first responders, and 434 in military. DMH also provides evidence-based suicide prevention training in Applied Suicide Intervention Skills Training, and Mental Health First Aid. 259 people were trained in these evidence-based trainings during FY21. DMH hosted its 4th Annual Suicide Prevention Symposium, the topic was Fitting Suicide Into Our Changing Time. A total of 595 attendees participated.



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

In 2019, DMH developed a faith-based version of Shatter the Silence Suicide Prevention training. Since then, 7 churches have begun including mental health wellness and suicide prevention as a topic of discussion in their places of worship. These include Askew Grove Church, Greater Northside M.B. Church, Morning Star Baptist Church, Pinelake Church, St. Mark's United Methodist Church, Koinonia Baptist Church, and Zion Baptist Association. These faith-based organizations receive Shatter the Silence Suicide Prevention information to share with their members and training presentations.



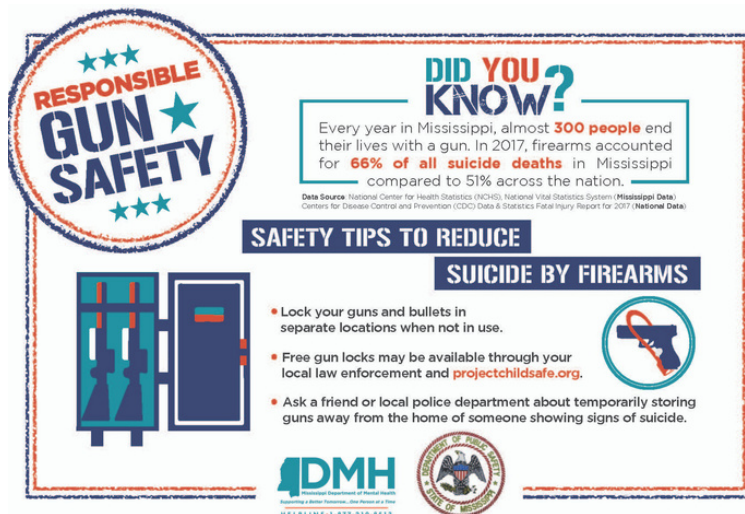
STRATEGIC GOALS & OBJECTIVES

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 2019, 71% of deaths by suicide in Mississippi involved firearms. DMH partnered with DREAM of Hattiesburg (DOH), Boondocks Firearms Training Academy (BFTA), and the Mississippi Department of Public Safety (DPS) Bureau of Investigation to raise awareness of safe storage of firearms to reduce access to lethal means for individuals in suicidal crisis by distributing educational brochures and displaying posters. In FY21, DOH distributed 110 informational cards at a local Academy sporting goods store in Hattiesburg. BFTA distributed 100 lethal means informational cards and displayed posters. The DPS distributed 27,377 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 train-

ings and provided their recommendations to MDE. In 2019, DMH received a Garrett Lee Smith Youth Suicide Prevention (GLS) grant aimed at reducing youth suicides through provision of mental health screenings, expanded suicide awareness and gatekeeper training for families, schools, communities, and youth-serving organizations statewide. Shatter the Silence Suicide Prevention training and The Alliance Project and Post-Vention trainings have effectively trained 11,940 families, schools, communities, and youth-serving organizations statewide in FY21.

STRATEGIC GOALS & OBJECTIVES

GOAL 1

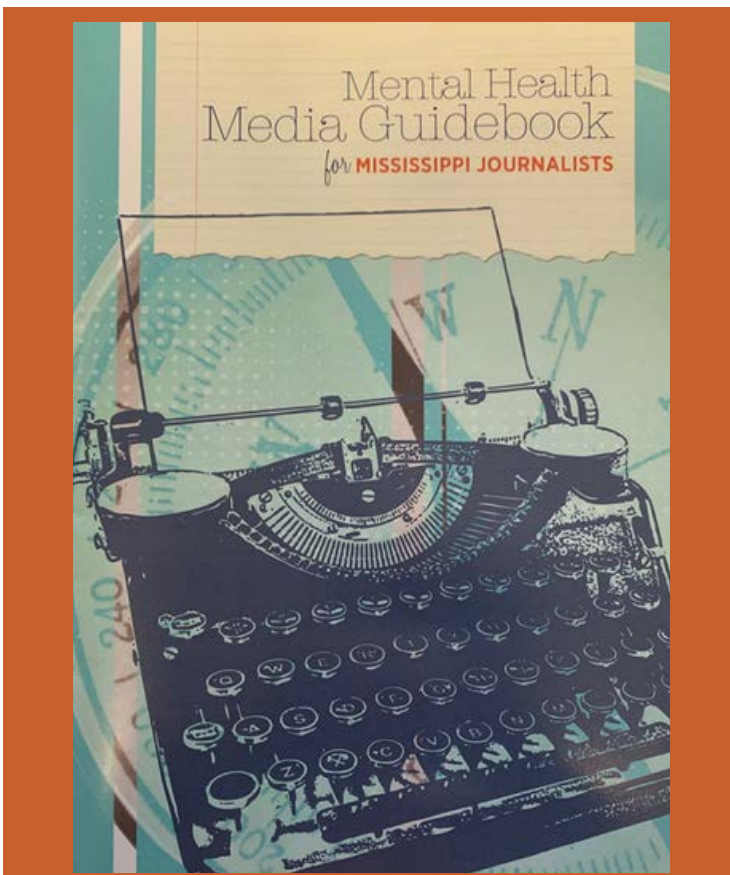
Engage and empower Mississippians to help prevent suicide by increasing awareness of suicide as a public health crisis and knowledge of prevention efforts

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 journalists that they can provide a valuable public service by helping increase understanding and awareness of mental health and suicide prevention. In FY22, DMH will work with media outlets and journalism programs at Mississippi colleges and universities to distribute the guide and bring awareness to help professionals in the state 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.

Participants will learn:

- Symptoms of the Baby Blues
- Symptoms of Postpartum Depression
- Risk Factors for Postpartum Depression
- Truths About Postpartum Depression
- How to help new mothers
- Treatment for Postpartum Depression
- Postpartum Depression Risk for Suicide
- How to manage after childbirth

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. 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 FY21, Dr. Mallory Malkin provided a Postpartum Depression training to 7 Co-Occurring Disorder Specialists (CODS). As a result of the training, a Shatter the Silence version for PPD was developed. This training will be provided in communities around the state to educate Mississippians about the differential diagnosis of the baby blues, and postpartum depression.

The Baby Blues
Vs.
Postpartum
Depression

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



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.

ACTION

In FY21, there were a total of 6,807 people trained in evidenced-based curriculum to treat people at risk of suicide. 259 people were trained in Mental Health First Aid, and 6,548 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; Interventions for Suicide Risk and Postvention for Suicide Loss Survivors; and Identification, Prevention, and Treatment of Suicidal Behavior for Service Members and Veterans.

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 FY21.

Improving the Mental Health of Mississippi's Children & Youth



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 2.4 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.

ACTION

The Garrett Lee Smith Youth Suicide Prevention (GLS) grant partners with Region 8 Mental Health Services to provide mental health screenings in Rankin, Simpson, and Copiah county school districts. In FY21, 698 screenings were provided. The number of screening will expand in FY22.

DMH is a partner in the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF). The Governor's Challenge is an ongoing effort and requires Strategy 2.5 be promoted through each of its three priority areas. DMH will continue to work for inclusion of suicide, risk screening, and follow up contacts in existing care in FY22.

In FY21, DMH received funding to prepare for transitioning the National Suicide Prevention Lifeline from its current ten-digit number to 988 by July 2022. A requirement of the infrastructure grant is to standardize protocols for follow-up

between the person in crisis and the DMH Program or Certified Provider post-discharge. DMH will continue to expand these efforts in FY22.

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

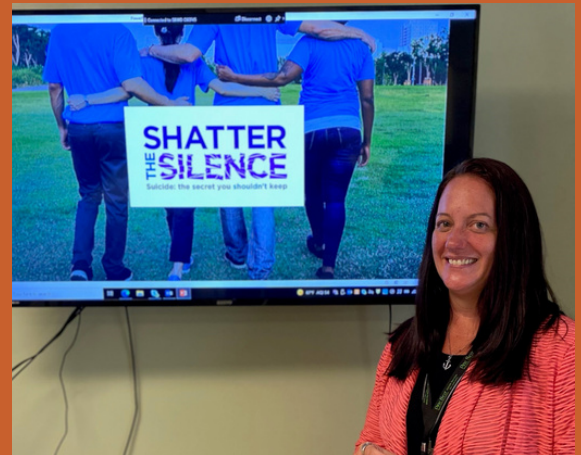
STRATEGY

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

DMH provided Shatter the Silence training to a variety of master's level and licensed Mental Health Clinicians in FY21. These include 7 Mississippi State Department of Health Injury and Violence Prevention Staff, 25 Co-Occurring Disorder Staff (CODS) and staff from Community Mental Health centers across the state of Mississippi, and 24 master's level and licensed clinicians. Seven CODS were also trained in the Post-Partum Depression version of Shatter the Silence.



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 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) to provide The Alliance Project suicide prevention gatekeeper training as well as a postvention training to assist communities after a death by suicide.



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 FY22.

The Mississippi Suicide Prevention Workgroup began to establish protocols for suicide attempt/loss provider support groups in FY20 and will continue in FY22. 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 continue to work and formalize these in FY22.

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.

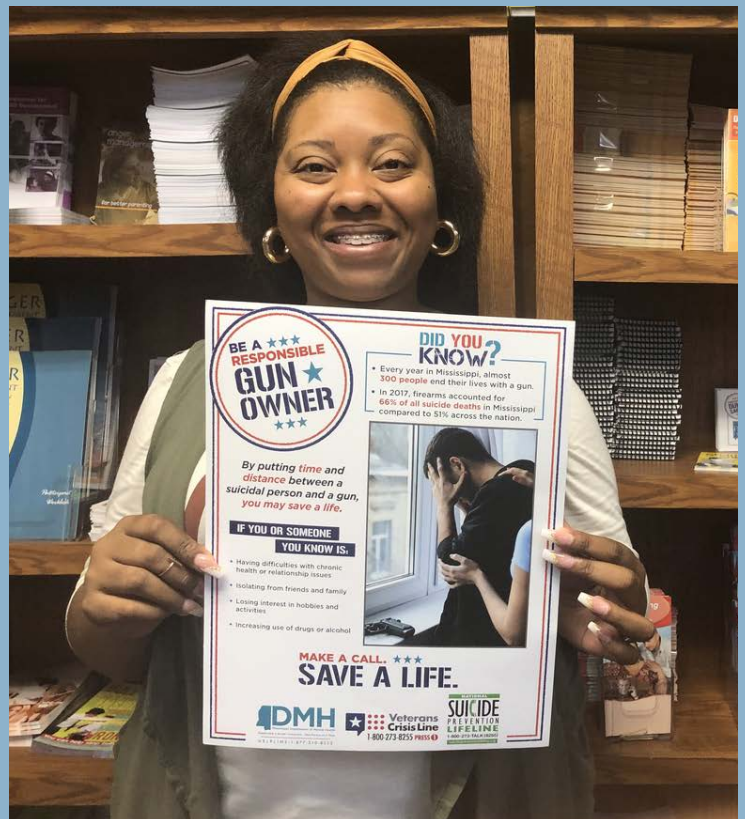
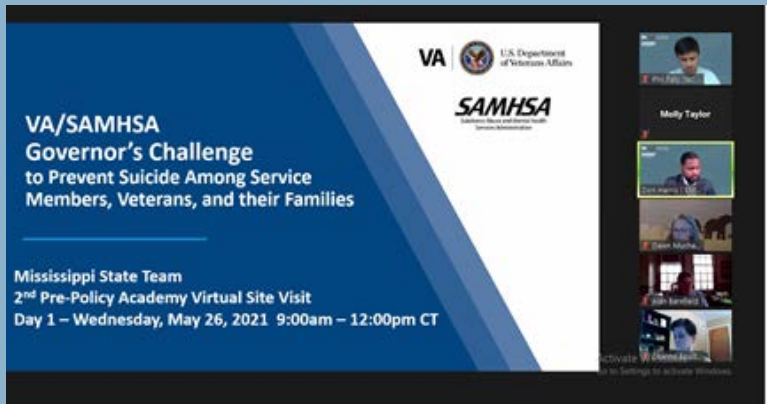
If you haven't been trained in suicide prevention, contact the Mississippi Department of Mental Health to learn about training options available in your area.

If you or someone you know needs help, call the National Suicide Prevention Lifeline at [1-800-273-8255](tel:1-800-273-8255).

Call the Mississippi Department of Mental Health to find resources available in your community at [1-877-210-8513](tel: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