



THE MISSISSIPPI SUICIDE PREVENTION PLAN

FY 2024-2027



HELP IS AVAILABLE

If you or someone you know is struggling, please utilize these resources.

988 Suicide and Crisis Lifeline: call or text 988, or chat at <https://988lifeline.org/chat>

Línea de Prevención del Suicidio y Crisis: llama al 988 o envía un texto al **988** o chat via <https://988lifeline.org/chat> (en inglés).

Deaf and Hard of Hearing: for TTY users, use your preferred relay service or dial **711** then press **988**.

Crisis Text Line: **HOME** to **988**.

The Trevor Project (LGBTQ youth): call **1-866-488-7386**, text **START** to **678678**, or visit **Trevor Chat** (<https://www.thetrevorproject.org/webchat>)

Trans Lifeline: call **1-877-565-8860** or visit <https://transgender.support>

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

Veterans Crisis Line: call **988** and **Press 1** or text **838255**.

All of the resources above provide confidential help and are available 24 hours a day, seven days a week. Suicide risk assessment is a collaborative and transparent process between the person at risk and the person conducting the assessment. Working together, support services and referral options are identified based on risk and need.

CONTENTS

Dedication	4
Introduction	5
Mississippi Suicide Prevention Workgroup	6
Proclamation from the Governor of Mississippi	7
Letter from the Mississippi Department of Mental Health	8
Statistical Assessment	9
Strategic Goals & Strategies	12
Protective & Risk Factors	19
Action Steps	20
Suicide Prevention Trainings	21

DEDICATION

This plan is dedicated to the lives that have been lost to suicide, individuals who are experiencing suicidal behavior, their family, friends, and communities that have been affected. The Mississippi Department of Mental Health would like to express its sincere thanks to those who contributed to the development of this plan. We would like to extend a special thank you to The Department of Mental Health Suicide Prevention Workgroup members. We appreciate the time, effort, and commitment that you devoted into exploring the challenges and solutions surrounding efforts to prevent suicide in our state.

The goal of this State Plan is to prevent individuals from dying by suicide in Mississippi and improve the lives of those who are struggling, so they know that they are not alone.

Help and resources are available.



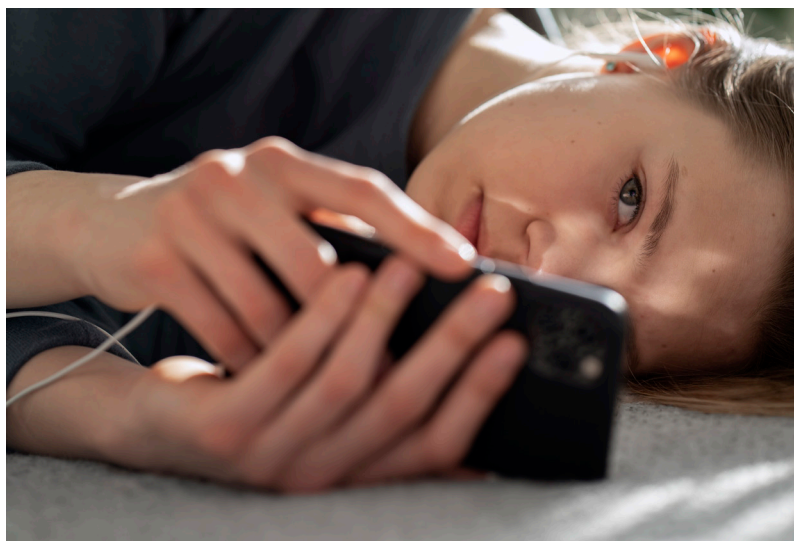
INTRODUCTION

In 2021, 480 Mississippians, including 65 under the age of 25 years old, took their own lives. 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 53% 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.

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 Strategies are data-driven targets that point to the progress we hope to make with this 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.



MISSISSIPPI SUICIDE PREVENTION WORKGROUP

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. The workgroup has over 30 members. The workgroup consists of individuals from both the private and public sectors, state agency professionals in the field of mental health, education, suicide survivors, and institutions across the State of Mississippi.

The workgroup meets quarterly to develop, implement, and evaluate the State Plan. The workgroup develops strategies to empower communities to collaborate and implement comprehensive suicide prevention. The hope is that by educating communities about suicide prevention, Mississippi becomes a place where everyone works together to reduce suicide. In addition to implementing strategic goals and strategies, the workgroup provides feedback and advice on the implementation and evaluation of the State Plan. Though strides have been made in developing awareness and increasing knowledge about suicide in recent years, there is still significant progress to be made.

MISSISSIPPI SUICIDE PREVENTION WORKGROUP MEMBERS

Dr. Michael Anestis

NEW JERSEY GUN VIOLENCE
RESEARCH CENTER

Wendy Bailey

MISSISSIPPI DEPARTMENT
OF MENTAL HEALTH

Dr. John Bartkowski

BARTKOWSKI & ASSOCIATES
RESEARCH TEAM

Dr. Gwen Bouie-Haynes

NATIONAL ASSOCIATION OF SOCIAL
WORKERS-MS CHAPTER

Christopher Clark

MISSISSIPPI DEPARTMENT OF HEALTH

Jennifer Crutchfield

MISSISSIPPI COLLEGE

Rachel-Clair Franklin

MISSISSIPPI STATE UNIVERSITY

Katrina Johnson

INFUSION METRO-HINDS
BEHAVIORAL HEALTH SERVICES

Jeff Holland

PINELAKE CHURCH

Frankie Johnson

MISSISSIPPI DEPARTMENT OF HEALTH

Melody Lanke

MISSISSIPPI ALLIANCE TO END SUICIDE

Dr. Laurie Lawson

THE CLINTON COMMUNITY
CHRISTIAN CORPORATION

Courtney Littleton

MISSISSIPPI DEPARTMENT
OF MENTAL HEALTH

Tasha Lock

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Melody Madaris

COMMUNICARE

Brad Martin

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Teresa Mosley

FAMILY REPRESENTATIVE

Dr. Michael Nadorff

MISSISSIPPI STATE UNIVERSITY

Ja'Quila Newsome

MISSISSIPPI DEPARTMENT
OF MENTAL HEALTH

Kysia Owens

FAMILY REPRESENTATIVE

John A. Poulos

MISSISSIPPI DEPARTMENT
OF PUBLIC SAFETY

Sara J. Scott

PINE BELT MENTAL HEALTH RESOURCES

Dr. Mangle Shanks

BUILDING HEALTHY MILITARY COMMUNITIES

Henry Thompson Jr.

JACKSON STATE UNIVERSITY
METRO JACKSON COMMUNITY
PREVENTION COALITION

Sherry Sheffield

THE AMERICAN FOUNDATION FOR
SUICIDE PREVENTION

Patricia Thornton

COMMUNITY COUNSELING SERVICES

Kathy Van Cleave

UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

Dr. Linda Vasquez

DREAM OF HATTIESBURG

Chandrea Walker

MISSISSIPPI DEPARTMENT OF EDUCATION

Dr. Estelle Watts

MISSISSIPPI COLLEGE

Christiane Williams

MISSISSIPPI DEPARTMENT OF CORRECTION

Vickie Winslett

MISSISSIPPI ALLIANCE TO END SUICIDE

Dr. Lei Zhang

UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

STATE OF MISSISSIPPI

Office of the Governor



PROCLAMATION

WHEREAS, the loss of life by suicide is a public health issue that affects people of all ages, races, and backgrounds; and

WHEREAS, according to the American Foundation for Suicide Prevention, suicide is the 11th leading cause of death in the United States. In 2021, 48,183 Americans died by suicide, equating to one death every 10.9 minutes; and

WHEREAS, according to Suicide Awareness Voices of Education, each person's death by suicide intimately affects at least six other people, with more than 289,000 loss survivors a year throughout the country; and

WHEREAS, it is estimated that a quarter million people in the United States have lost a loved one to suicide; and

WHEREAS, in Mississippi, suicide is the third leading cause of death for 15-24-year-olds, and is the 15th leading cause of death for people of all ages; and

WHEREAS, from 2014 through 2021, nearly 3400 Mississippians died by suicide, and several thousand friends and family members were changed forever by losing those people; and

WHEREAS, the stigma associated with mental illness and suicide often discourages persons at risk for suicide from seeking life-saving help and further traumatizes survivors of suicide; and

WHEREAS, statewide suicide prevention efforts have been developed and encouraged through the Mississippi Suicide Prevention Plan; and

WHEREAS, the Mississippi Department of Mental Health and its partners in the Mississippi Suicide Prevention Plan are dedicated to reducing the frequency of suicide attempts and deaths, the pain of survivors affected by suicides of loved ones, and the further development and implementation of suicide prevention and early intervention activities in communities throughout the state; and

WHEREAS, the Mississippi Department of Mental Health has launched **988 Suicide & Crisis Lifeline**, the new three-digit dialing code in Mississippi that will route callers to the National Suicide Prevention Lifeline and is now active across the United States (Lifeline (988lifeline.org)). Additionally, the previous Lifeline phone number (1-800-273-8255) will also remain available to people in emotional distress or suicidal crisis; and

WHEREAS, far too many Mississippians die by suicide each year, and, each death by suicide is a death that is preventable. By simply asking questions, checking in with our friends and families, and letting people know that it's OK to seek help, we can avoid tragedy.

NOW, THEREFORE, I, Tate Reeves, Governor of Mississippi, do hereby proclaim September 2023 as

Suicide Prevention Awareness Month

in the state of Mississippi and urge all the people of Mississippi to raise awareness of suicide prevention, and to encourage all those in need to access quality mental health, substance abuse, and suicide prevention services and programs available.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Mississippi to be affixed.

DONE in the City of Jackson, on the 28th day of August in the year of our Lord, two thousand and twenty-three, and of the Independence of the United States of America, the two hundred and forty-eighth.




TATE REEVES
GOVERNOR

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

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 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, appearing to read "Wendy Bailey".

Wendy Bailey
Executive Director



STATISTICAL ASSESSMENT

POPULATION DENSITY

As of July 1, 2022, Mississippi's population estimates at 2,940,057. It is the 32nd largest state in the United States, that spans over 48,430 square miles.

Population density is consistent with its size. It is the 31st most populous state.

Mississippi has the country's 4th largest rural population with 51.2% of Mississippians still living in rural areas. Hinds County has the largest population with 217,730 people.

Nationally, 1 in 5 people in the country are classified as living in rural areas.

Rural living magnifies the documented negative impact that poverty, lack of education and insufficient healthcare resources have on the prevention and treatment of substance use and mental health disorders.



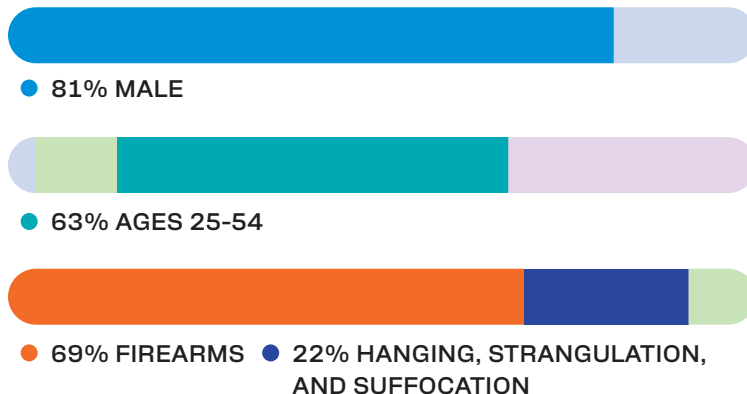
SUICIDE STATISTICS

In 2021, there were 480 suicide deaths in Mississippi.



Overall, suicide is the 15th leading cause of death in the state.

Of all Mississippi suicides:

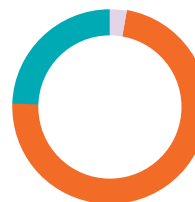


YOUTH



Suicide is the 3rd leading cause of death for Mississippians age 15-24.

In 2021, 65 Mississippians under the age of 25 died by suicide, which represents 14% of all deaths by suicide in the state.



- 72% FIREARMS¹
- 25% HANGING, STRANGULATION, AND SUFFOCATION

ADULTS

Ages 25-34

5TH leading cause of death.



- 53% FIREARMS
- 44% HANGING, STRANGULATION, AND SUFFOCATION

Ages 35-44

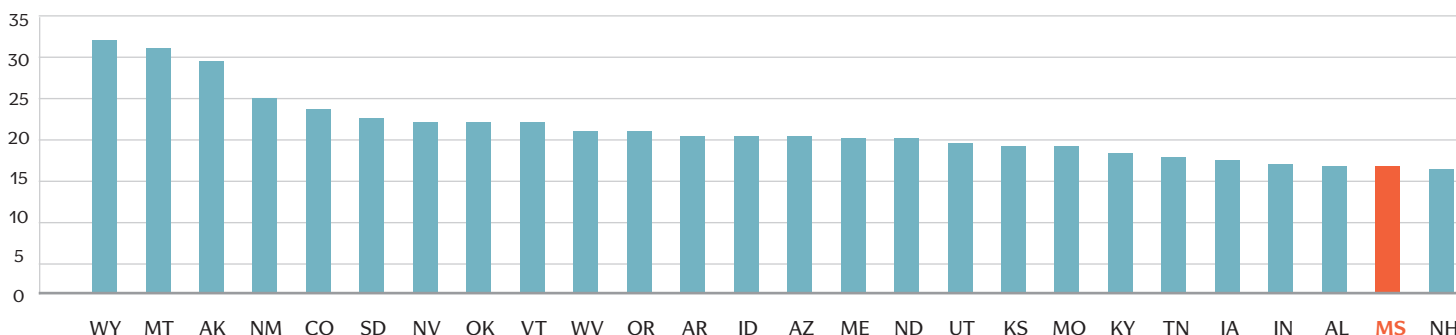
6TH leading cause of death.



- 70% FIREARMS
- 27% HANGING, STRANGULATION, AND SUFFOCATION

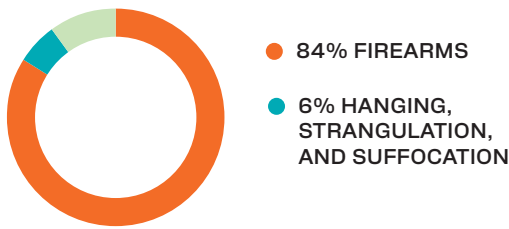
SUICIDE RATES BY STATE

Deaths by suicide, per 100,000 residents



OLDER ADULTS

In 2021, 109 Mississippians under the age 65 and older died by suicide, which represents 23% of all deaths by suicide in the state.



VETERANS

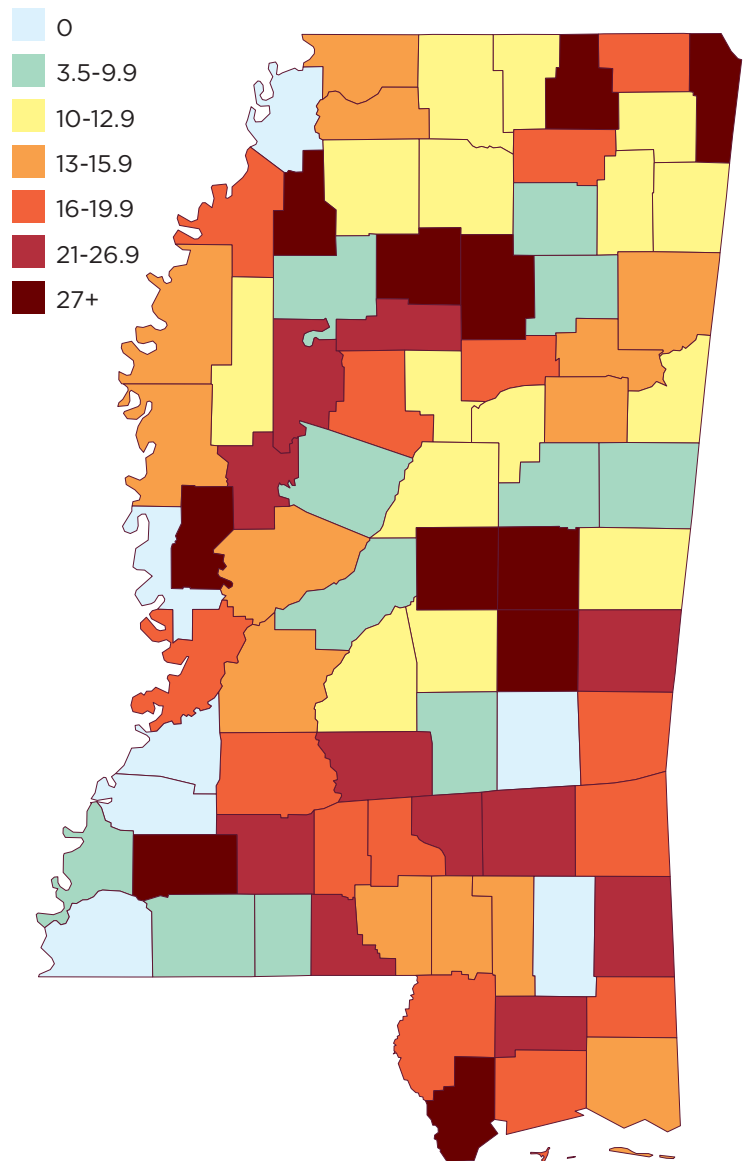


Mississippi Veterans died by suicide in 2020.

This represents 13.9% of the 410 deaths by suicide in 2020.

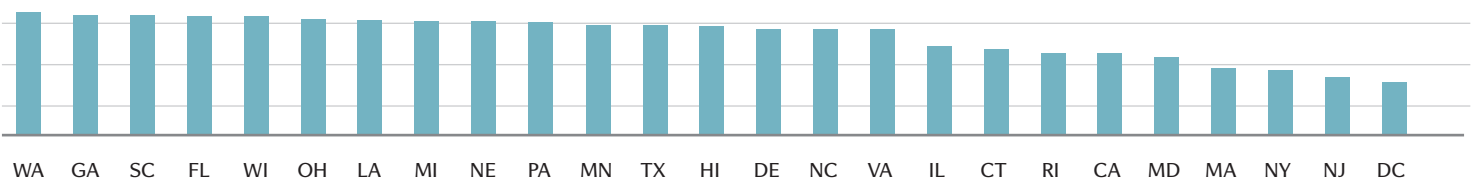
SUICIDE RATE BY MISSISSIPPI COUNTY

Deaths by suicide, per 100,000 residents



SUICIDE RATES BY STATE CONTINUED

Deaths by suicide, per 100,000 residents





STRATEGIC GOALS & STRATEGIES



GOAL 1

Engage and empower Mississippians to enhance suicide awareness by recognizing the risk factors and warning signs of suicide, how to respond appropriately and available resources.

STRATEGY 1.1

Expand and sustain membership of Mississippi Suicide Prevention Workgroup with leadership from state agencies, the private sector, and communities committed to collaboration, coordination, and resource-sharing.

STRATEGY 1.2

Increase the number of professionals 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 and special populations such as veterans and military members, law enforcement and first responders, older adults, correctional settings, males, and youth.

STRATEGY 1.3

Increase the number of individuals who become aware of the Mobile Crisis Response Team services, and the 988 Suicide and Crisis Lifeline.

STRATEGY 1.4

Expand and sustain public-private partnerships to advance suicide awareness and prevention in the schools, faith-based communities, and workplaces.

STRATEGY 1.5

Enhance awareness of postpartum depression and suicidal ideation.



STRATEGY 1.6

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

STRATEGY 1.7

Promote the work of community partners and programs within the state who are implementing mental health and suicide awareness through community conferences, webinars, and other activities.

GOAL 2

Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

STRATEGY 2.1

Promote the Lethal Means campaign to increase awareness about safe storage of firearms, medication, and other lethal means.

STRATEGY 2.2

Develop and sustain partnerships with firearm training academies and firearm dealers to incorporate suicide awareness as a basic value of firearm safety and responsible firearm ownership.

STRATEGY 2.3

Increase the number of Mississippians that complete lethal means training.



GOAL 3

Encourage responsible media reporting of suicide.

STRATEGY 3.1

Create partnerships with schools of journalism at Mississippi colleges/universities to increase awareness about safe and responsible suicide reporting and messaging.

STRATEGY 3.2

Continue to develop and promote positive stories of hope in suicide prevention through “Real Mississippians. Real Stories.” in media outlets throughout the state.



GOAL 4

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

STRATEGY 4.1

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

STRATEGY 4.2

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

STRATEGY 4.3

Utilize the Memorandum of Understanding with DMH certified providers and mental health facilities in providing mental health services to local school districts to include standardized screenings and referral protocols and procedures.

STRATEGY 4.4

Continue to host an annual interactive conference 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.

GOAL 5

Promote prevention and postvention suicide services and training to support individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.

STRATEGY 5.1

Provide prevention and postvention training on suicide to community groups that have a role in the prevention of suicide and related behaviors.

STRATEGY 5.2

Provide postvention training to mental health professionals, clinicians/clinical supervisors, first responders, crisis staff, and others providing care and management for a person with suicidal ideation.

STRATEGY 5.3

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

STRATEGY 5.4

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



PROTECTIVE AND RISK FACTORS



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.

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 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.

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

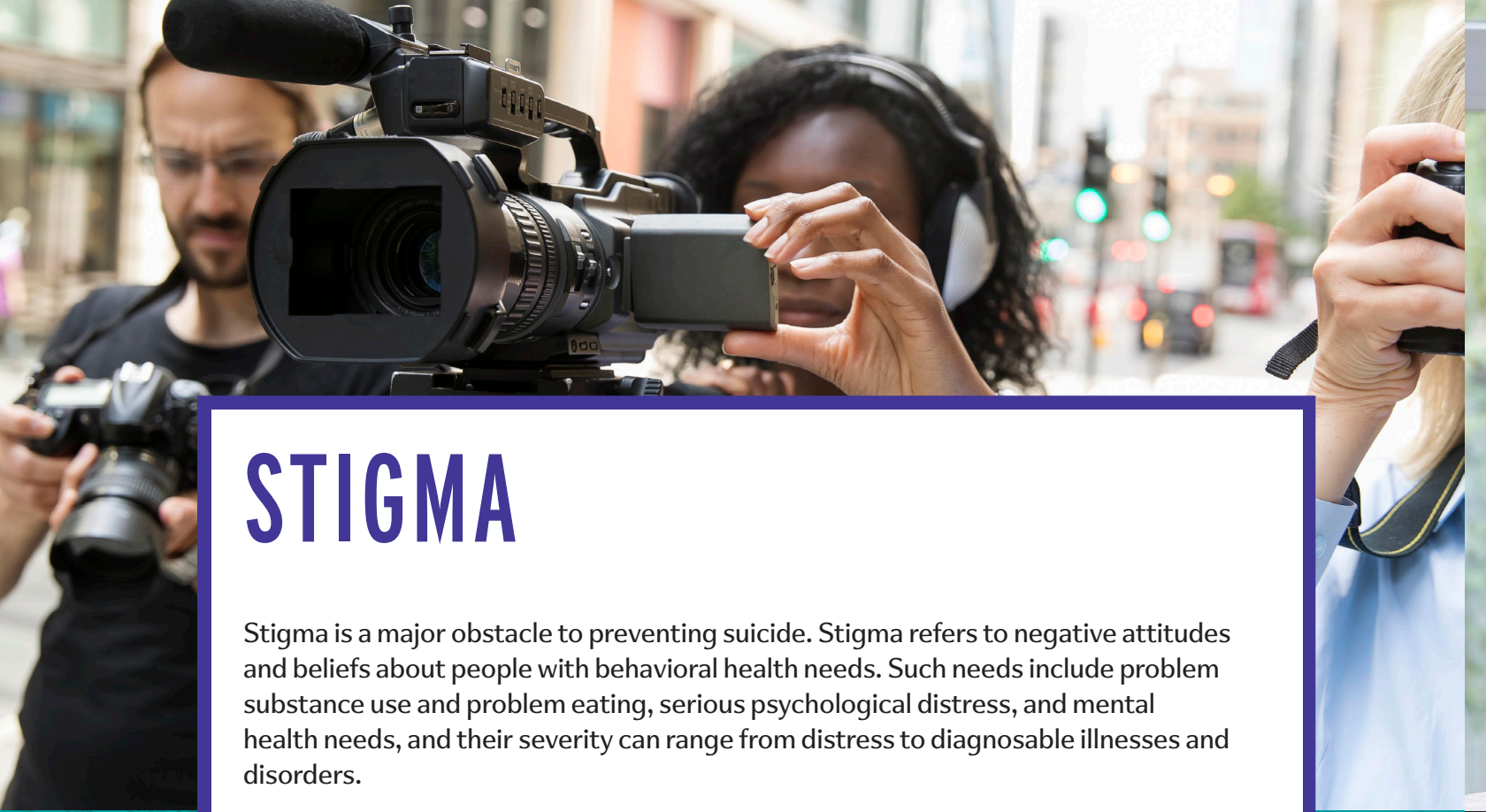
Barriers to accessing mental health treatment

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



STIGMA

Stigma is a major obstacle to preventing suicide. Stigma refers to negative attitudes and beliefs about people with behavioral health needs. Such needs include problem substance use and problem eating, serious psychological distress, and mental health needs, and their severity can range from distress to diagnosable illnesses and disorders.

Stigma not only discourages people from seeking help, but also can prevent people, families, and communities from becoming connected with meaningful support.

Stigma also affects the reporting and recording of suicides and the circumstances leading up to a suicide, such as a previous attempt or death in the family. Consequently, prevention efforts are stymied by the underreporting of suicidal behavior.

To demonstrate one tactic that can combat stigma, the Commission uses non-stigmatizing language throughout this plan. Stigmatizing language includes the phrases committed suicide, completed or successfully completed suicide, suicidal person, unsuccessful or failed suicide attempt, and mentally ill.

STIGMATIZING:

- Committed Suicide
- Suicidal Person
- Mentally Ill Person

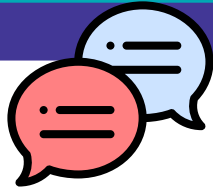
NON-STIGMATIZING:

- Died by Suicide
- Person at Risk of Suicide
- Person Living with Mental Health Needs



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

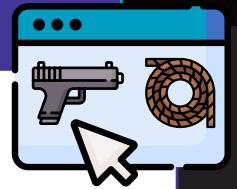
MOOD



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



ACTION STEPS

If Someone is Showing Warning Signs, Take the Following Steps:

1. ASK

“Are you thinking about suicide or feeling that life may not be worth living?” and assess the person’s safety by asking if the person has a specific plan and any intent to act on that plan. Ask if the person has already begun acting on these thoughts or made a suicide attempt.

Risk of death by suicide increases significantly as people put more pieces of a plan in place.

2. EXPRESS COMPASSION

The desire to die by suicide can be a frightening and isolating experience. Express compassionate care to emphasize that help is available, including confidential resources and resources in your community (faith communities, workplaces, schools, parent-teacher, and associates).

3. REACH OUT

for support by calling 988 Suicidal and Crisis Lifeline to be connected to resources. All crisis lines are available for people in crisis AND individuals supporting people in crisis.

4. FOLLOW-UP

by calling, texting, or visiting to ask how the person is doing and if additional support is needed.

If you have not been trained in suicide prevention, contact the Mississippi Department of Mental Health to learn about training options that are available in your area.

SUICIDE PREVENTION TRAININGS

The Mississippi Department of Mental Health and partners offer various suicide prevention trainings.



SHATTER THE SILENCE: SUICIDE—THE SECRET YOU SHOULDN'T KEEP (STS)

is a suicide prevention training that educates about mental health, stigma related to mental illness, resources to help someone who has a mental illness, warning signs for suicide, what to and not to do when someone has thoughts of suicide, and where to go for help, or information.

The training is available at no cost and has several versions, including youth, adult, older adult, military, correctional officers, faith-based, law enforcement and first responders.



APPLIED INTERVENTION SKILLS TRAINING (ASIST)

The Applied Intervention Skills Training (ASIST) is offered frequently throughout the State. This training provides a learning opportunity to those working with youth, community, family, and friends to increase their capacity and develop a pathway to care, to refer those at-risk for help.



MENTAL HEALTH MATTERS, "I GOT YOU!" HEALTHY LIFE CHOICES FOR TEENS

is a program developed by Central Mississippi Residential Center to educate teens on how to cope with topics such as mental health, suicide prevention, domestic violence, alcohol, and drug usage. The program also educates teens about the importance of seeking help through available resources.



MENTAL HEALTH FIRST AID (MHFA)

based training program administered by the National Council for Mental Wellbeing that teaches participants how to initiate help when a person is experiencing a mental health or substance-use challenge or crisis.



THE ALLIANCE PROJECT

is a suicide prevention gatekeeper training as well as a postvention training to assist communities after a death by suicide which is offered by our partners at Mississippi State University.

SUICIDE PREVENTION EFFORTS SUPPORTED THROUGH FEDERAL FUNDING

In June 2019, the Mississippi Department of Mental Health (DMH) received the Garrett Lee Smith (GLS) Youth Suicide Prevention grant through the Substance Abuse and Mental Health Service 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 is utilizing the grant to focus on Mississippi youth, ages 10 to 18, and is aimed at reducing youth suicides by providing expanded suicide awareness and gatekeeper training for families, schools, communities, and youth-serving organizations statewide. The grant activities are serving an estimated 32,130 Mississippians in some capacity during its five-year period.

The grant is also working to improve identification and clinical services for at-risk youth and developing rapid response services to help families and communities recover after a suicide has occurred.



REFERENCES

Centre for Addictions and Mental Health. Page 18.

<https://www.camh.ca/-/media/files/words-matter-suicide-language-guide.pdf>

Mississippi Population 2023 (Demographics, Maps, Graphs). (n.d.). World Population by Country 2023 (Live). Page 9.

<https://worldpopulationreview.com/states/mississippi-population>

MSTAHRs Mortality Table Query. (n.d.). MSTAHRS - Mississippi STatistically Automated Health Resource System. Pages 10-11.

<https://mstahrs.mshd.ms.gov/forms/morttable.html>

Risk and Protective Factors | Suicide | CDC. (n.d.). Centers for Disease Control and Prevention. Page 17.

<https://www.cdc.gov/suicide/factors/index.html>

Risk factors, protective factors, and warning signs. (n.d.). American Foundation for Suicide Prevention. Page 19.

<https://afsp.org/risk-factors-protective-factors-and-warning-signs/>

U.S. Census Bureau QuickFacts: Mississippi. (n.d.). Census Bureau QuickFacts.

<https://www.census.gov/quickfacts/fact/table/MS#>

U.S Department of Veterans Affairs, Veteran Suicide Data. Page 11.

www.mentalhealth.va.gov/docs/data-sheets/2020/2020-State-Data-Sheet-Mississippi-508.pdf

Warning Signs of Suicide – Suicide Prevention Resource Center. (n.d.). Suicide Prevention Resource Center. Page 19.

<https://sprc.org/warning-signs-for-suicide/>



Mississippi Department of Mental Health

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

