Shattering the Silence: Suicide Prevention Efforts in Mississippi

Supporting a Better Tomorrow…One Person at a Time.
Attitudes and Beliefs

- What are your perceptions of mental illness and suicide?
How To Change Things

Change our words
Stigma: Alive and Well

Despite decades of public information campaigns costing tens of millions of dollars, Americans may be as suspicious of people with mental illness as ever.
THE MENTAL HEALTH STIGMA

Although Americans are increasingly likely to view mental illness as a biological condition, rather than a character flaw, they are no more willing than in the past to associate with someone who suffers from mental illness. But Americans are more likely to see the mentally ill as violent.

HOW PEOPLE DESCRIBE MENTAL ILLNESS

<table>
<thead>
<tr>
<th>Schizophrenia</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>It's a mental illness</td>
<td>85% 72%</td>
</tr>
<tr>
<td>It's a chemical imbalance</td>
<td>78% 80%</td>
</tr>
<tr>
<td>It's a genetic problem</td>
<td>61% 64%</td>
</tr>
<tr>
<td>It's part of normal ups and downs of life</td>
<td>40% 78%</td>
</tr>
<tr>
<td>It's a sign of bad character</td>
<td>31% 38%</td>
</tr>
<tr>
<td>It reflects the way someone was raised</td>
<td>40% 45%</td>
</tr>
</tbody>
</table>

Source: American Journal of Psychiatry, 2010

INTERACTIONS WITH MENTAL ILLNESS

<table>
<thead>
<tr>
<th>Schizophrenia</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will work closely with them</td>
<td>56% 46%</td>
</tr>
<tr>
<td>Will have them as a neighbor</td>
<td>34% 23%</td>
</tr>
<tr>
<td>Will socialize with them</td>
<td>46% 45%</td>
</tr>
<tr>
<td>Will make friends with them</td>
<td>30% 23%</td>
</tr>
<tr>
<td>Will have them marry into your family</td>
<td>65% 57%</td>
</tr>
<tr>
<td>Seen as violent to themselves</td>
<td>81% 73%</td>
</tr>
<tr>
<td>Seen as violent to others</td>
<td>54% 33%</td>
</tr>
</tbody>
</table>

Source: American Journal of Psychiatry, 2010
How Common Is It?

- One in five people will experience a mental illness during their lifetime.
- One in 25 Americans live with a serious mental illness, and young adults have the lowest numbers of help-seeking behavior.
Not seeking help for mental illness can lead to feelings of:

- Loneliness
- Depression
- Hopelessness
- Suicide
Nationwide

- More young people die by suicide than cancer, heart disease, AIDS, birth defects, stroke, pneumonia/flu and lung disease combined.

- For every 1 suicide, there are 25 attempts.

- On average, there are 45,000 suicides per year in the United States.
On average, 123 people die by suicide each day in the United States.

That is the equivalent of a 747 airplane crashing every 4 days.
<table>
<thead>
<tr>
<th>Ranking</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
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<tbody>
<tr>
<td>1</td>
<td>Unintentional Injury 847</td>
<td>Unintentional Injury 13,895</td>
<td>Unintentional Injury 23,984</td>
<td>Unintentional Injury 20,975</td>
<td>Malignant Neoplasms 41,291</td>
<td>Malignant Neoplasms 116,364</td>
<td>Heart Disease 507,118</td>
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<tr>
<td>2</td>
<td>Suicide 436</td>
<td>Suicide 5,723</td>
<td>Suicide 7,366</td>
<td>Malignant Neoplasms 10,903</td>
<td>Heart Disease 34,027</td>
<td>Heart Disease 78,610</td>
<td>Malignant Neoplasms 422,927</td>
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<tr>
<td>3</td>
<td>Malignant Neoplasms 431</td>
<td>Homicide 5,172</td>
<td>Homicide 5,376</td>
<td>Heart Disease 10,477</td>
<td>Unintentional Injury 23,377</td>
<td>Unintentional Injury 21,860</td>
<td>Chronic Lower Respiratory Disease 131,002</td>
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<tr>
<td>4</td>
<td>Homicide 147</td>
<td>Malignant Neoplasms 1,431</td>
<td>Malignant Neoplasms 3,791</td>
<td>Suicide 7,030</td>
<td>Suicide 8,437</td>
<td>Chronic Lower Respiratory Disease 17,810</td>
<td>Cerebrovascular Disease 121,630</td>
</tr>
<tr>
<td>5</td>
<td>Congenital Anomalies 146</td>
<td>Heart Disease 949</td>
<td>Heart Disease 3,445</td>
<td>Homicide 3,369</td>
<td>Liver Disease 8,364</td>
<td>Diabetes Mellitus 14,251</td>
<td>Alzheimer’s Disease 114,883</td>
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<tr>
<td>6</td>
<td>Heart Disease 111</td>
<td>Congenital Anomalies 388</td>
<td>Liver Disease 925</td>
<td>Liver Disease 2,851</td>
<td>Diabetes Mellitus 6,267</td>
<td>Liver Disease 13,448</td>
<td>Diabetes Mellitus 56,452</td>
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<tr>
<td>7</td>
<td>Chronic Lower Respiratory Disease 75</td>
<td>Diabetes Mellitus 211</td>
<td>Diabetes Mellitus 792</td>
<td>Diabetes Mellitus 2,049</td>
<td>Cerebrovascular Disease 5,353</td>
<td>Cerebrovascular Disease 12,310</td>
<td>Unintentional Injury 53,141</td>
</tr>
<tr>
<td>8</td>
<td>Cerebrovascular Disease 50</td>
<td>Chronic Lower Respiratory Disease 206</td>
<td>Cerebrovascular Disease 1,851</td>
<td>Chronic Lower Respiratory Disease 4,307</td>
<td>Suicide 7,759</td>
<td>Influenza &amp; Pneumonia 42,479</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Influenza &amp; Pneumonia 39</td>
<td>Influenza &amp; Pneumonia 189</td>
<td>HIV 546</td>
<td>HIV 971</td>
<td>Septicemia 2,472</td>
<td>Septicemia 5,941</td>
<td>Nephritis 41,095</td>
</tr>
<tr>
<td>10</td>
<td>Septicemia 31</td>
<td>Complicated Pregnancy 184</td>
<td>Complicated Pregnancy 472</td>
<td>Septicemia 897</td>
<td>Homicide 2,152</td>
<td>Nephritis 5,650</td>
<td>Septicemia 30,405</td>
</tr>
</tbody>
</table>

Source: WISQARS Leading Causes of Death Reports, 1999-2016
Suicide and Homicide Rates in the United States, 2000–2016

Source: WISQARS Fatal Injury Reports, 1999–2016
17.8% increase in deaths by suicide from 1999 to 2016.

Less than the overall national increase of 25.4%
Mississippi High School Students

- 15% reported they had seriously considered suicide in the last year

- 13% reported they had attempted suicide once or twice in the last year
  - 6% had to receive medical treatment due to injury during the attempt.

2015 Youth Risk Behavior Survey
Females attempt suicide more often than males. Males are more likely to complete suicide.
Although suicide rates are lower among younger age groups than older adults, suicide is one of the top four causes of death among people ages 44 and younger. (SPRC)

Figure 7

Mississippi Suicide Rates by Age Group and Race
2010-2014 Average Annual Rate

Source: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System (MSTAHRS)
Risk Factors for suicide:

- Diagnosed mental health illness
- Previous suicide attempt
- Family history of suicide attempt
- Stressful life events
- Serious chronic health conditions/pain
- Substance use problems
- Lack of support
Warning Signs

- Talking, writing, or thinking about suicide
- Feeling hopeless, helpless, or worthless
- Past history of suicide in family
- Loss of interests
- Generally feeling bad
- Withdrawal
What is the best way to know if someone is thinking about suicide?
Ask them!

- Don’t be afraid to ask!

- The most important thing to know about helping someone is that asking a person whether they are suicidal will not make them suicidal.

- Asking directly whether the person is thinking about suicide lets them know that you care.

Asking may save a life!
How to ask the hard questions

- “You seem really depressed lately – how are you handling that? Getting help?”
- “Do you think about hurting yourself?”
- “What do you think about your future?”
- “Are you feeling hopeless?”
- “Have you thought about doing something about that?”
Here's what you can do:

- Encourage the person to call a suicide hotline number.
  - National Suicide Prevention Lifeline at 1-800-273-TALK (800-273-8255)
- Encourage the person to seek treatment.
- Encourage the person to communicate with you.
- Be respectful and acknowledge the person's feelings. Don't be patronizing or judgmental.
- Offer reassurance that things can get better.
- Remove potentially dangerous items from the person's home, if possible.
What Not To Do

- Keep it a secret
- Think it will go away
- Leave
- Dare
- Argue
- Think nothing can be done
- Think you can fix it alone
Prevention
"I am standing by the shore of a swiftly flowing river and hear the cry of a drowning man. I jump into the cold waters. I fight against the strong current and force my way to the struggling man. I hold on hard and gradually pull him to shore. I lay him out on the bank and revive him with artificial respiration. Just when he begins to breathe, I hear another cry for help. I jump into the cold waters. I fight against the strong current, and swim forcefully to the struggling woman. I grab hold and gradually pull her to shore. I lift her out on the bank beside the man and work to revive her with artificial respiration. Just when she begins to breathe, I hear another cry for help. I jump into the cold waters. Fighting again against the strong current, I force my way to the struggling man. I am getting tired, so with great effort I eventually pull him to shore. I lay him out on the bank and try to revive him with artificial respiration. Just when he begins to breathe, I hear another cry for help. Near exhaustion, it occurs to me that I’m so busy jumping in, pulling them to shore and applying artificial respiration that I have no time to see who is upstream pushing them all in..."

-Irving Kenneth Zola
American activist and writer in medical sociology and disability rights
Without a doubt...
We must respond to suicide prevention in a manner that allows us to treat those at the rivers edge.

But...

We have to intervene much earlier at the same to prevent suicide from occurring in the first place.
Supporting a Better Tomorrow...One Person at a Time.

What's being done?
Suicide Prevention Workgroup

- Established April 2016

- 30 Members include:
  - Other state agencies
  - Non-profit organizations
  - Family members effected by suicide
  - Student
  - School district employees
Published in September 2016

Formalized efforts and brings together in one document those that are already taking place in Mississippi.

Set a series of goals and objectives for us to follow as we partner with other agencies to help curb suicide.
Shatter the Silence: Suicide - The Secret You Shouldn’t Keep

If your friend tells you they are having thoughts of suicide...

**WHAT TO DO:**
- Be honest and express your concern
- Listen and offer support
- Take them seriously
- Offer to accompany them to seek help

**WHAT NOT TO DO:**
- Think it will go away
- Keep it a secret
- Think nothing can be done
- Think you can fix it all by yourself

**WARNING SIGNS:**
- Talking, thinking or writing about suicide
- Talking about feeling worthless or hopeless
- Losing interest in activities
- Using or increasing use of drugs or alcohol
- Any changes from typical behavior

Talking through feelings with your friends and trusted adults can help you realize the need for help. By showing concern and support, you can encourage your friend to talk to their parents or another trusted adult about getting help.

**WHERE TO GO FOR HELP OR INFORMATION**
- Go to the nearest emergency room
- Call 911
- Visit www.dmhl.ms.gov
- Call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255)
- Call the Department of Mental Health at 1.877.210.8513
I Got You! Healthy Life Choices for Teens
- Teaches students to better cope with challenging situations, why it’s important to seek help, and what resources are available.

Mental Health First Aid
- Youth and Adult versions
- Teaches basic approaches of how to help a person who may be experiencing a crisis.
- 8 hour course

Applied Suicide Intervention Skills Training (ASIST)
- Two-day interactive workshop in suicide first aid.
- Teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.
- 2 day course

Psychological First Aid
- Evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism.
- 2 hour training
Youth Mental Health First Aid

MISSISSIPPI EDUCATORS

- Do you know how to recognize the signs of mental illness in a young person?
- Would you know how to respond if you did?
- What if there was something you could do to help youth in your school?

YOUTH MENTAL HEALTH FIRST AID

- FREE TRAINING
- Space is limited (see map for details of training in your area)
- Lunch on your own
- This training has applied for 8 hours of CEUs in Education.

For more information contact:
Molly Portera
(601) 359-1288
Molly.Portera@dmh.ms.gov
Partnerships:

- **Clinton Christian Community Corporation**
  - September 29 - Youth and Young Adults
  - October 2 - Parents

- **Families First for Mississippi- Healthy Teens Council**
  - September 10 - World Suicide Prevention Day
    - White Out Suicide rallies in schools across Mississippi
    - Distributing Shatter the Silence materials in 26 schools

- **The University of Southern Mississippi**
  - September 21 – Mental Health Awareness Week
    - Shatter the Silence presentation with students
2017 House Bill 263

- Passed in the 2017 Legislative session
  - Representatives Boyd, Karriem, and Sykes
  - Senator Wiggins

1. MS Department of Education shall require all school districts to adopt a policy on student suicide prevention.

2. Requires all school district employees be trained in suicide prevention curriculum in the 2017-2018 school year.
   - This includes bus drivers, cafeteria staff, coaches, superintendents, custodians, teachers, nurses, etc.
   - After 2017-18 school year, only new employees will be trained.

3. DMH responsible for selecting the curriculum.
Development of Model Policy

- DMH selected the *Model School District Policy on Suicide Prevention* developed by:
  - The American Foundation for Suicide Prevention (AFSP)
  - The American School Counselor Association (ASCA)
  - The National Association of School Psychologists (NASP)
  - The Trevor Project

- From the Model Policy, DMH and MDE developed a policy template in consultation with:
  - School and community stakeholders
  - School-employed mental health professionals
  - Suicide prevention experts
At a minimum, the policy must address:

- **Suicide Prevention**
  - Designating a district suicide prevention coordinator selected by the Superintendent.
  - Responsible for planning and implementing policy in the school district.
  - School Principal designates a school suicide prevention coordinator to act as a point of contact in the school for issues related to suicide.
  - Professional development recommended annually for all school district staff as refresher on warning signs, risk factors, protective factors, response procedures, referrals, postvention, and resources.
Intervention

- When a student is identified as potentially suicidal
  - Seen by a mental health professional within the same day. (school employed or local CMHC)
  - Student is continuously supervised to ensure safety.
  - Parents contacted and student referred to mental health services.

Postvention - Activities which reduce risk and promote healing after a suicide death.
Curriculum Selection

DMH formed a Focus Group comprised of:
- MDE staff
- School nurse
- Health Science teacher
- School district administrator
- Mental health professional
- DMH staff
- Mother of person who died by suicide
- Friend of person who died by suicide

Focus Group Purpose
- Participate in the online curriculums
- Provide feedback on which they recommend
- Contribute to the development of Model Policy
Curriculum Selection

Certified staff
• Teachers
• Administrators
• Principals
• Coaches
• Counselors
• School Nurses

Classified staff
• Bus drivers
• Custodians
• Cafeteria workers
• Security staff

DMH and MDE developed an implementation guide for school districts to help train all staff in 2017-2018 school year and new staff thereafter.
The Jason Foundation for the Awareness and Prevention of Youth Suicide
Youth Suicide: “A Silent Epidemic” (Module 5)

2 HOUR MODULE OVERVIEW

Youth Suicide: “A Silent Epidemic”: JFI suggests that you begin with this training if you have not completed any form of youth suicide awareness and prevention training previously. This training module is presented by Clark Flatt, President of JFI and Jason’s dad. It’s an introduction to the national health issue of youth suicide and provides information about warning signs, elevated risk factors and other important supporting materials.

Mental Health Issues Surrounding Suicidal Ideation: An in-depth study of youth suicide including how educators/youth workers can make a difference by using tools of observation, identification and intervention.

Prevention is the Key: A guide to being proactive in establishing the best possible attributes for the prevention of youth suicide or suicide attempts including suggestions for designing protocols promoting a safe environment and actions teachers and schools can take.
Society for the Prevention of Teen Suicide
Making Educators Partners in Youth Suicide Prevention: Act on Facts

Supporting a Better Tomorrow...One Person at a Time.
American Foundation for Suicide Prevention
More Than Sad

- Additional evidence based program available for school districts.

- Recommended for Classified Staff.

- Schools can contact AFSP to order curriculum materials.
Positive Outcomes from HB 263

- 63,321 school district employees trained (with 16 more districts still to report).

- School districts as a whole are more prepared for potential suicide situation.

- Broad partnerships among MDE, DMH, local school districts, and Community Mental Health Centers are being developed.

- Raising awareness for suicide prevention!
Resources available

Mississippi’s 14 Community Mental Health Center Regions

*CMHCs receive DMH Certification, but are privately run agencies.
Community Mental Health Centers info-sheet

- Lists counties served by region.
- Provides contact number for main office in each region.
- DMH Helpline listed for other certified providers in your area.

FOR INFORMATION ABOUT OTHER DMH CERTIFIED PROVIDERS IN YOUR AREA, CALL THE DMH HELPLINE AT 1-877-310-6513.
### Community Mental Health Centers info-sheet

**Mobile Crisis Response Teams (MCeRT)**

- **Phone number listed for each Region’s MCeRT**
  - Therapist on staff
  - Available 24/7

### Community Mental Health Centers

#### Mobile Crisis Response Teams (MCeRT)

<table>
<thead>
<tr>
<th>Region</th>
<th>Agency Crisis Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>1-866-404-8002</td>
</tr>
<tr>
<td>Region 2</td>
<td>1-866-837-7521</td>
</tr>
<tr>
<td>Region 3</td>
<td>1-866-255-9986</td>
</tr>
<tr>
<td>Region 4</td>
<td>1-888-287-4443</td>
</tr>
<tr>
<td>Region 5</td>
<td>1-866-453-6216</td>
</tr>
<tr>
<td>Region 6</td>
<td>1-888-943-3022</td>
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<tr>
<td>Region 7</td>
<td>1-877-667-4098</td>
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<td>601-955-6381</td>
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<td>1-877-353-8689</td>
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<td>Region 12</td>
<td>1-888-330-7772</td>
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<td>Region 13</td>
<td>1-800-681-0798</td>
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<tr>
<td>Region 14</td>
<td>1-856-497-0690</td>
</tr>
<tr>
<td>Region 15</td>
<td>601-638-0031</td>
</tr>
</tbody>
</table>

#### WHAT TO DO IF SOMEONE YOU CARE ABOUT MAY BE CONSIDERING SUICIDE:

**ACT®: ACKNOWLEDGE, CARE, AND TREATMENT**

- **ACKNOWLEDGE**
  - Take warning signs seriously.

- **CARE**
  - Be willing to listen.
  - Let the person know you understand and that they are not alone.

- **TREATMENT**
  - Encourage them to get help immediately.
  - You can contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). You can also call 911 or assist them with getting to the nearest emergency room.
• Trained counselors available to help you or someone you know who is thinking about suicide.

• Available 24/7.

• Available to provide information and referrals about mental health, substance use, and IDD services.

• Available 24/7.
Questions?
Thank you!

Wendy Bailey
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Mississippi Department of Mental Health
601-359-6251
wendy.bailey@dmh.ms.gov