



The Bridge

A Pathway of Hope, Knowledge, Awareness, and Empowerment

Vol I 2019

Sept/Oct

Update from MAtES President

Dear Friends,

Our Lord has moved Mississippi Alliance to End Suicide (MAtES) forward in unbelievable ways. He moves mountains, and we believe He is removing the stigma of mental health. MAtES is so dependent on the help, dedication, prayers, and donations from passionate individuals, partners, sponsors, organizations, and our communities who share our mission in the fight to end suicide. We are bringing hope and light upon a dark subject.

On July 27, 2019, Vertical Church (Madison, MS) helped host and facilitate an art fundraiser and suicide awareness and prevention concert: **Project Light, "Unmasking the Darkness."** We were able to reach out during the concert to share verses, inspiring quotes, and information on how to be the one to save a life.

We were honored and give many thanks to the following for helping to make the event a success:

Vertical Church: Philip Thurman, Pastor, and the Vertical Church Family;

Special Sponsor: We were honored and blessed to have Cups and their employees donate \$1500 in memory of Jacob Little;

Performers: Given Grace and CandyLee Dobbs brought amazing talent to all present;

Artists and Others: Many from across the United States donated their art and items for this event. They shared their work and part of their souls to support our mission and cause.

Artists: Feixue Yang and Yi Ping donated their art and their time to share Chinese Calligraphy talents at the event;

Speaker: Peyton Johnson gave his testimony of overcoming suicidal ideation and his continued recovery.

Special thanks to the **MAtES team**, our **volunteers**, our **partners**, and the **suicide loss survivors** who helped make the event a success. You inspire hope in a future of ending suicide and the striking pain it leaves behind.

On September 28, 2019, we will be hosting our **2nd Annual Suicide Awareness and Prevention Music Fest: Project Hope, "Lean on Me."** Our chairpersons, Rhonda and David Blanks, lost their son Justin to suicide. They have made a commitment to serve their community by educating and empowering others to recognize the signs of suicidal ideation, to take someone to the next level of care, and to support those who have lost loved ones to suicide.

The event **Project Hope, "Lean on Me"** will be at Bonita Lakes Park, Meridian, MS, from 3-7 pm. We will have many individuals and mental health partners participating, sponsoring, and helping with this event. **Project Hope, "Lean on Me"** will bring knowledge and awareness to Meridian and the surrounding communities in helping to end suicide.

We have an amazing line up of talented **performers** all dedicated to celebrating hope: Bryan Culpepper, The Firehouse Church Gospel Choir, Britt Gully, Scott McQuaig, and My Savior's Story.

This will be a celebration of community empowerment, a celebration of the memories of those we have lost, and a celebration of the lives we hope to save.

It takes all of us to make a difference in this fight to end suicide. Please join us. You can and will make a difference.

May you be blessed in the greatness of our Lord and His purpose He shines within you.

Blessings,
Vickie Winslett

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Mission:

We exist to be proactive in the fight to end suicide by providing assistance and networking throughout the continuum of prevention, intervention and postvention. We feel called to undertake this challenge and we will accomplish this with partners who share our vision and passion for helping to end these preventable deaths and the striking pain they leave behind.

Contact Us:

Telephone 601-573-4195

115 Homestead Drive

Madison, MS 39110

Web Site

Endingsuicides.org

Email

mates@endingsuicides.org

**National Suicide
Prevention Lifeline**

1-800-273-8255

Suicide: The Hidden Truth by Dr. Damien Thomas, NCC, LPC-S, IACAADC, ACS, BC-TMH / Mississippi College, Clinton, MS

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Facts about Suicide

According to the National Institute of Mental Health, Suicide is the leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), suicide rates have increased in nearly every state in the U.S. from 1999 through 2016. Approximately 45,000 lives were lost in the United States due to suicide. The CDC indicates that more than half of people who died by suicide did not have any known mental health condition. This is contrary to popular belief that people who die by suicide had a known mental health disorder.

Research suggests that factors associated with suicide are complex and are not associated with any single factor. However, current research describes suicide to be multilayered and may be associated with any of the following: substance abuse, unexpected crisis, legal issues, financial problems, job related issues, medical problems, relationship problems, and loss of housing.

Although research suggests that factors associated with suicide are not associated with any single factor, predictors of future suicide ideation are well documented. Predictors of future suicides include but are not limited to prior suicide attempts, prior psychiatric hospitalizations and prior suicidal ideation. Warning signs for suicide include but may not be limited to: making plans for suicide (e.g. giving away valuables), sleep disturbance, actively seeking a means to commit suicide, social isolation, talking about and/or

making posts on social media about wanting to die, increased substance use, mood swings, expression of hopelessness or helplessness, recurring depressive symptoms, and an increase in anxiety levels.

Treatment

Addressing suicidal thoughts and related concerns are available. Professional treatments that have shown reliability to decrease suicidal behaviors are two specific talk therapies known as cognitive behavioral therapy and dialectical behavioral therapy. Cognitive behavioral therapy (CBT) is a form of psychotherapy that addresses dysfunctional thinking that influence behavior. CBT is used with various populations, conditions & settings and has demonstrated reliability in clinical trials. Dialectical behavioral therapy (DBT) although originally developed as a cognitive behavioral treatment for client meeting criteria for borderline personality disorder with a history of suicidal behaviors, it has been used in treating various conditions ranging from depression to substance abuse. DBT provides clients with skills to manage difficult emotions and helps in addressing interpersonal relationships. Since 2018, over a dozen randomized controlled trials have studied the effectiveness of DBT.

Support for loved ones of suicide loss and support to suicide survivors

Suicide prevention requires a community oriented approach. Bringing awareness to the fundamental factors associated with suicide should be a first

step. At minimum, local citizens in any community should know that anyone can be effected by suicide, have access to information on how to identify warning signs, and how to get help for those that are at risk. Other actions may include establishing partnerships with local medical providers. Seeking partnerships with medical providers would be ideal as research has indicated that for many individuals that have committed suicide, have also had some form of contact with their primary care provider in the prior months leading up to the suicide. Unfortunately, discussion related to suicidal thoughts are may not be discussed during medical visits as physical concerns are generally the primary emphasis. Therefore, if a loved one is experiencing thoughts of suicide, it is encouraged to share this information with your health care provider. Identification of local resources for mental health treatment at various levels of care (e.g. outpatient, inpatient, etc.) is also encouraged. Clinics and facilities have direct access to tools that would be used to assess suicide risk and assist citizens with getting the appropriate care. The National Suicide Prevention Lifeline is also a frequently used resource 1-800-273-TALK (8255). This confidential service is available 24 hours a day, 7 days a week and is available to everyone.



NATIONAL SUICIDE PREVENTION MONTH



We can all help prevent suicide. Every year, the National Suicide Prevention Lifeline and other mental health organizations and individuals across the U.S. and around the world raise awareness of suicide prevention during September, National Suicide Prevention Month.

About National Suicide Prevention Month:

September is National Suicide Prevention Month. All month, mental health advocates, prevention organizations, survivors, allies, and community members unite to promote suicide prevention awareness.

National Suicide Prevention Week is the Monday through Sunday

surrounding World Suicide Prevention Day. It's a time to share resources and stories, as well as promote suicide prevention awareness.

World Suicide Prevention Day is September 10. It's a time to remember those affected by suicide, to raise awareness, and to focus efforts on directing treatment to those who need it most.

#BeThe1To

#BeThe1To is the National Suicide Prevention Lifeline's message for National Suicide Prevention Month and beyond, which helps spread the word about actions we can all take to prevent suicide. The Lifeline network and its partners are working to change the conversation from suicide to suicide prevention, to actions that can promote healing, help and give hope.

Ask

Research shows people who are having thoughts of suicide feel relief when someone asks after them in a caring way. Findings suggest acknowledging and talking about suicide may reduce rather than increase suicidal ideation.

Keep Them Safe

A number of studies have indicated that when lethal means are made less

available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline.

Be There

Individuals are more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by after speaking to someone who listens without judgment.

Help Them Stay Connected

Studies indicate that helping someone at risk create a network of resources and individuals for support and safety can help them take positive action and reduce feelings of hopelessness.

Follow Up

Studies have also shown that brief, low cost intervention and supportive, ongoing contact may be an important part of suicide prevention, especially for individuals after they have been discharged from hospitals or care services.

Learn More

Get message kits, resources, events and more at the official website.

<https://suicidepreventionlifeline.org/promote-national-suicide-prevention-month/>

World Suicide Prevention Day

World Suicide Prevention Day (WSPD) is an awareness day observed on 10 September every year, in order to provide worldwide commitment and action to prevent suicides, with various activities around the world since 2003.^[1] The International Association for Suicide Prevention (IASP) collaborates with the World Health Organization (WHO) and the World Federation for Mental Health (WFMH) to host World Suicide Prevention Day.^[2] In 2011 an estimated 40 countries held awareness events to mark the occasion.^[3] According to WHO's Mental health Atlas released in 2014, no low-income country reported having a national suicide prevention strategy,

while less than 10% of lower-middle income countries, and almost a third of upper-middle and high-income countries had.^[4]

As of recent WHO releases, challenges represented by social stigma, the taboo to openly discuss suicide, and low availability of data are still to date obstacles leading to poor data quality for both suicide and suicide attempts: "given the sensitivity of suicide – and the illegality of suicidal behavior in some countries – it is likely that under-reporting and misclassification are greater problems for suicide than for most other causes of death."^{[6][7]}

Suicide has a number of complex and inter-related and underlying contributing factors ... that can contribute to the feelings of pain and hopelessness. Having access to means to kill oneself – most typically fire-arms, medicines and poisons – is also a risk factor.

https://en.wikipedia.org/wiki/World_Suicide_Prevention_Day

Teens are increasingly depressed, anxious, and suicidal. How can we help?

There are good research-backed solutions to prevent suicide among young people.

By Brian Resnick Jul 11, 2019

“We’re seeing in the schools a lot more kids having mental health difficulties, whether that’s anxiety, trauma, depression, eating disorders, emotional difficulties, a lot more.” *Getty Images/Room RF*

After a steep drop in the late 1990s, the number of suicide deaths among young people (as measured in deaths per 100,000 people) began climbing around 2008 before reaching a new high in 2017, according to the Centers for Disease Control and Prevention.

Suicide rates lately have been increasing in all age groups in America, in almost every state. But the epidemic of youth suicide is particularly stymying, even for experts who study it.

There are plenty of hypotheses about what’s driving it floating around. They include the changing way teens interact with each other in digital spaces, economic stress and fallout from the 2008 recession, increasing social isolation, suicide contagion, and the fact that teens can more easily look up suicide methods online.

Two other enormous public health issues of our time are at play too. Children of opioid users appear to be more at risk for suicide. Same goes for young people who live in a house with a gun.

But the bottom line is that no one really knows why. That doesn’t mean more suicides can’t be prevented, however.

For a leading cause of death (suicide is second among youth, 10th overall), the research on suicide prevention policies isn’t as robust and well-funded as one might hope. Out of 295 disease research areas the National Institutes of Health funds, suicide prevention ranked 206th in 2018. Research on West Nile virus, which kills around 137 people a year, is ranked higher.

But I’ve been talking with several mental health researchers, and they all say we don’t need to know the exact causes of the teen suicide trends to be able to help.

These solutions aren’t easy: Some require political momentum that the country may not be able to muster. But I found that there are many concrete ways parents, mental health clinicians, and schools can help. Importantly, there are also policy solutions that can potentially contribute.

But first, I think it’s useful to go through the scope of what’s happening.

Suicide deaths are just the tip of the iceberg

Suicide is a hard topic to write about. And it’s not just because of the pain and sadness that comes with contemplating so much loss. It’s because if we’re not careful in writing about it, we can potentially make the problem worse. (Indeed, you might have seen a recent example: There’s some conclusive research that the Netflix show *13 Reasons Why* led more kids to suicide by, presumably, glamorizing and normalizing it.)

So that’s why it’s important to state outright: While suicide rates are on the rise, that does not mean suicide is normal or common. (Learning that suicide is “normal” could make someone feel more comfortable with doing it themselves.) It’s still rare. In 2017, 6,241 suicide deaths occurred in people ages 15 to 24. Most were male, but an increasing number of young women are dying this way too.

Overall, around 16 percent of adolescents, the CDC reports, consider suicide in a given year. “That’s an epidemic,” says Mitch Prinstein, the director of clinical psychology at the University of North Carolina Chapel Hill. And the deaths are just the tip of a sorrowful iceberg. Beneath it is a rising tide of pain in young people.

For instance, the number of teens diagnosed with clinical depression grew 37 percent between 2005 and 2014. And suicide attempts — which are not always fatal — are on the rise as well. Here’s an unsettling example of that. A recent paper in the *Journal of Pediatrics* estimated that in 2018, close to 60,000 girls ages 10 to 18 tried to poison themselves. In 2008, that figure was closer to 30,000. Very few of these poisonings were fatal, but they represent an enormous amount of emotional trauma.

“We’re seeing in the schools a lot more kids having mental health difficulties, whether that’s anxiety, trauma, depression, eating disorders, emotional difficulties, a lot more,” says James Mazza, a University of Washington youth suicide researcher. “Only a few of those are going to result in a death due to suicide. ... Our schools need to be focusing much more on mental wellness or providing kids and youth with skills to deal with the emotion dysregulation they’ll experience during adolescence.”

So, how to act?

I’ll be clear: The following solutions are not an exhaustive list. Instead, they were the most commonly mentioned in my conversations and the broadest in scope, and seem to have the most robust research in support of their effectiveness.

Restricting access to weapons and drugs can clearly prevent suicide

The simplest, bluntest, most wide-reaching policy tool to reduce suicide deaths is also the one that’s the most rarely used: simply reducing access to lethal means. If people can’t access tools like firearms and drugs to harm themselves, there will be fewer deaths. In the United States, that means gun control.

We hear a lot in the news about how guns cause incidents of mass murder or homicide. But guns are implicated in more suicides than homicides every year. “Youth who live in a home with access to a firearm are significantly more likely to die by suicide,” says Jonathan Singer, the president of the American Association of Suicidology and a professor of social work at Loyola University Chicago.

There’s good evidence that stricter gun control would save lives in regard to suicides. After New Zealand passed strict gun control laws in 1992, “firearm-related suicides significantly decreased, particularly among youth,” a 2006 study found. The rates dropped among those ages 15 to 24 from four in 100,000 in the late 1980s to around one in 100,000 in the early 2000s. (And overall, research finds that when gun suicides drop, those deaths are not offset by suicides by other lethal means.)

“As a population level intervention, reducing access to firearms is one of the best solutions,” Singer says. “Does the country want to do that? No.”

Another, simpler option is something called “lethal means restriction counseling” for families who have a child who may be at risk for suicide. That counseling, which usually takes place in a hospital setting after a psychiatric emergency, involves discussing with parents how much access their kids have to firearms or poison, and then suggesting ways to make their homes safer.

Yet many kids (perhaps more than half, according to one study) are discharged from the hospital without their families receiving such counseling. And many are discharged into homes that contain lethal drugs and firearms.

Reducing access to lethal means isn’t just limiting access to firearms. It could also mean limiting access to lethal drugs.

Confronting the opioid epidemic could mean reducing access to pills to potentially overdose on. Just having opioid drugs in the home — prescribed to any family member — is associated with an increased risk of overdose.

Continued p 5

Cont. Teens from Page 4

But it's not just prescription drugs that are potentially dangerous. Research indicated it would also be helpful to change how certain over-the-counter drugs are packaged. In the UK, when a popular over-the-counter painkiller was repackaged in blister packs (where pills have to be popped out one by one) instead of bottles (which make it easy to pour out many pills at once), it resulted in fewer overdose deaths from that drug.

Though these measures would save lives, Singer says, they don't necessarily help make people feel like they have "lives worth living." But for that, there are some potential interventions too.

Just asking a teen if they're feeling suicidal can help

Perhaps the most obvious place to implement policies to save the lives of young people is in schools.

For teens, "a third of their day is spent in the classroom," Samuel Brinton, the head of advocacy and government affairs at the Trevor Project, says. Teachers "have the most likely chance of seeing the warning signs and being able to intervene appropriately," he says.

Ideally, Brinton outlines, schools would have three levels of prevention programs: programs to help prevent suicide broadly in the student body, programs to identify struggling kids and intervene, and also, importantly, strategies to deal with the aftermath of a suicide or tragedy in a school to help kids cope and to make sure a suicide contagion doesn't begin.

Is there a perfect off-the-shelf program to address all of these areas? Unfortunately, no. "There isn't one program," says Jane Pearson, chair of the Suicide Research Consortium at the National Institute of Mental Health. "The field is trying to figure out how to put these things together, and figure out what's efficient for schools to do."

That said, simply asking kids if they're feeling okay, and screening them for suicide, can help.

"There has long been a myth that simply asking a child whether they are suicidal might put an idea into their head and increase risk," Prinstein says. "And we know now that's completely not true."

Screening teens involves asking them direct questions like: Have you felt sad more days than not in the past couple of weeks? Have you ever wished you were dead? Have you had thoughts of ending your own life in the past couple of weeks?

The teens who respond "yes" may be referred to additional counseling (in particu-

lar, dialectical behavior therapy appears to be useful in helping people deal with suicidal thoughts). A study evaluating screenings in a group of 1,000-plus ninth-graders in Connecticut found that such a screening, paired with mental health education, can reduce the number of suicide attempts in the following three months.

"Now, that's only one study," Singer stresses. "One of the challenges with talking about, 'Well, what's the evidence, what's the data,' is that we're really only in the early years of that. It takes time for programs to be developed, it takes time for school districts to be willing to do something that doesn't have an evidence base, and then it takes time and money to get the research that demonstrates that it works, or that it doesn't work."

Gatekeeper training can help teachers identify students in need

So many people who die by suicide have had no contact with mental health services. Schools can be a way to fill in some of the gaps.

But it's a challenge. One hurdle is that schools are run locally. Each district would need to implement programs individually. And unfortunately, not all school districts have the money or resources to do so. Also, not all parents might be comfortable with the idea of their schools asking their children about suicide. Some states have laws mandating suicide prevention training for schools and staff, but not all do.

Which is a shame because of another promising potential intervention: gatekeeper training. This is where teachers and school staff are trained to look out for and recognize students who may be at risk, and try to get them further counseling.

There's actually some good nationwide data on gatekeeper training, thanks to a piece of federal legislation called the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program. It's named after a US senator's son who died by suicide in 2003. The program provides grant money schools can use to implement many types of suicide prevention programs.

Overall, the program seems to have helped, regardless of what the schools spend the money on. "Studies have found that counties that received those grants had lower rates of youth suicide attempts and deaths by suicide than matched counties that did not receive funding," a recent review article published by the American Psychological Association points out.

But in particular, data from the Garrett Lee Smith grants find that counties that employed

gatekeeper training saw a one-year reduction in suicide deaths and attempts.

"Unfortunately," a recent review of suicide prevention evidence in *Current Opinion in Psychology* explains, the impacts "were not maintained; rates of suicide and suicide attempts did not differ ... two years after the training."

Which means additional, ongoing trainings might be necessary, or just that it's just hard to remain vigilant for such a long period of time. Again, the research here doesn't spell out a perfect answer. But it's at least optimistic.

Again, there are other intervention options. And no single intervention needs to be used in isolation. Schools also should know there's research that finds simply having a gay-straight alliance — a club that promotes inclusion of LGBTQ youth in schools, and in general, safe spaces for anyone — can reduce suicide risk in both teens who identify as LGBTQ (who are at higher risk for suicide than their straight peers) and those who do not. Which shows that inclusive, supportive environments matter.

Parents and adults in communities can be empowered to act too

Policies don't just need to target young people. They could also target their parents and other adults in communities to form protective safety nets.

"Every parent should be talking to their child about suicide," Prinstein says.

Kathryn Gordon, a clinical psychologist and researcher who recently left her academic job for a private practice, says parents can learn to "listen in a nonjudgmental fashion." Just listening, she says, can be a first step.

As a parent, she says, it's easy to want to jump in and start solving the problem immediately. "But kids often view that as dismissive or discomfort[ing]," she says. "If you're open and listen, often children and adolescents can start to problem solve on their own, or they'll ask for help."

Continued p 6



Cont. Teens from Page 5

One of the most hopeful studies — which could potentially also inform policy — to be published recently on suicide prevention recently showed that adults can indeed make a difference in saving lives, though the results may not appear immediately.

The study involved teens who had been brought to a hospital after a suicide attempt. Those teens were asked to nominate up to four caring adults, who were then educated in how to talk to suicidal teens and how to make sure they're adhering to treatment. After an in-person training, the adults got support over the phone for a few months to help them work through the challenges of helping a teen in trouble.

More than a decade after the intervention, the researchers checked back in on their participants by looking up death records. It turned out the teens who got the interventions more than a decade ago were less likely to have died. "To our knowledge, no other intervention for suicidal adolescents has been associated with reduced mortality," the study authors wrote. The results were modest, and need to be replicated.

Cheryl King, the University of Michigan suicide prevention researcher who created the intervention, suspects what makes the intervention effective is that the kids were the ones to nominate the adults. Perhaps that makes them think about the connections they have with others — and opens a door to strengthening them.

The intervention also instigates the adults — not all of whom are the child's parents — to be more proactive. "The truth is it's not very easy for adults to go there, to reach out, to talk to and try to help suicidal teens," King says. "We were always reassuring that their role was just to be a caring person, and they weren't responsible for whatever choices the teen made." Perhaps more programs could target parents and adults in the community to better protect youth.

Overall, I think the lesson is simple. Teens can be reminded that there are people in their lives who care about them. They feel that care at home, or at school, or ideally everywhere they go. And it can help.

<https://www.vox.com/science-and-health/2019/7/11/18759712/teen-suicide-depression-anxiety-how-to-help-resources>

Warning signs of suicide:

These behaviors are indicators that a person may be in acute danger and may urgently need help.

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or being in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated, or reckless
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Worried about a teen's mental well-being?

Here are some online resources to learn more about symptoms, treatment strategies, and how to help.

Effective Child Therapy is a resource from the Society of Clinical Child and Adolescent Psychology. The website has comprehensive information on the emotional concerns, symptoms, and disorders that commonly impact teens (divorce, bullying, body image issues, anxiety, depression, and more) — and the evidence-based therapies that can help.

The American Academy of Child and Adolescent Psychiatry has information for parents on how to spot symptoms of mental health issues, and where to seek help.

The Clay Center for Young Healthy Minds has educational articles on mental health issues, as well as many links for where to turn when searching for particular support groups, programs, and therapies.

The Crisis Text Line is a text messaging-based service for people enduring "any type of crisis." And the **National Suicide Prevention Lifeline** is a phone-based service.



**Project Hope, "Lean on Me"
2nd Annual Suicide Awareness
and Prevention Music Fest**

Saturday, September 28, 2019

3-7 pm

**Bonita Lakes Park
Meridian, Mississippi**



Celebrating saving lives, celebrating the memory of the ones we've lost,
celebrating the hope in ending suicide, and
ending the stigma of talking about our mental health.

Performers and Musicians

The Firehouse Church Gospel Choir

Britt Gully

Scott McQuaig

Bryan Culpepper

Our Savior's Story

Mental Health Partners and Sponsors will be onsite with information and materials.

Refreshments will be available for purchase, and there will be activities for the family.

**Contact: Vickie Winslett, Mississippi Alliance to End Suicide, for more
Information and volunteering**

mates@endingsuicides.org 601-573-4195



Your Trusted Servants

President: Vickie Winslett

Vice President: CJ Caufield

Treasurer: Larry Coleman

Secretary: Elizabeth Sikora

Board Members:

Johnny Gilmore

Stephanie Raines

Joni Shaw

2019 Calendar of Events

Sept 10

Monthly Suicide Loss Survivors' Support Group
6:30 pm; For Madison location, please email
mates@endingsuicide.org

Sept 10

World Suicide Prevention Day

Sept 28

**Project Hope: "Lean on Me" Suicide Awareness
and Prevention Music Fest**

Bonita Lakes, Meridian, MS; 3pm-7pm

Oct 1

Monthly Suicide Loss Survivors' Support Group
6:30 pm; For Madison location, please email
mates@endingsuicide.org

KNOW THE WARNING SIGNS:

- ◆ Talks about committing suicide
- ◆ Has trouble eating or sleeping
- ◆ Hopelessness
- ◆ Exhibits drastic changes in behavior
- ◆ Withdrawal/isolation from friends or social activities
- ◆ Loses interest in school, work or hobbies
- ◆ Prepares for death by writing a will and making final arrangements
- ◆ Gives away prized possessions
- ◆ Has attempted suicide before
- ◆ Takes unnecessary risks
- ◆ Recent trauma or life crisis
- ◆ Seems preoccupied with death and dying
- ◆ Loses interest in his or her personal appearance
- ◆ Sudden calmness

Please **share your personal stories** of hope, knowledge, awareness, and empowerment. Also let us know **what you would like to see** in upcoming issues. Email to info@endingsuicides.org

KNOW WHERE TO FIND HELP:

I want to commit suicide. I have a plan, and I don't think I can stop myself.

Call 911. Don't worry you will not be arrested. The 911 operator will get you the help you need.

I have no one to talk to about my feelings.

There is someone available to listen 24/7. Call the **National Suicide Prevention Lifeline at 800-273-8255**. They also have an online chat open all day, every day. You can also text CONNECT to 741741, and a trained crisis counselor at the **National Suicide Hotline** will text you back, to listen and help create a plan to keep you safe and alive.

I worry that my child may feel suicidal. Where can I find help?

The **Society for the Prevention of Teen Suicide** has an excellent online resource for parents who think their child may be at risk. You can also call the **National Suicide Prevention Lifeline at 800-273-8255** to find help in your area.



Please mail your DONATIONS to
Mississippi Alliance to End Suicide
115 Homestead Drive
Madison, MS 39110

MATES welcomes any donation amount.

MATES is a Non-Profit 501c3 organization that relies on donations to help end suicide in MS and, hopefully, worldwide.