

2024-2028

Missouri Suicide Prevention Plan

A statewide plan to help Missourians prevent and lower the risk of suicide in their family and community

Together, we can all help prevent suicide!



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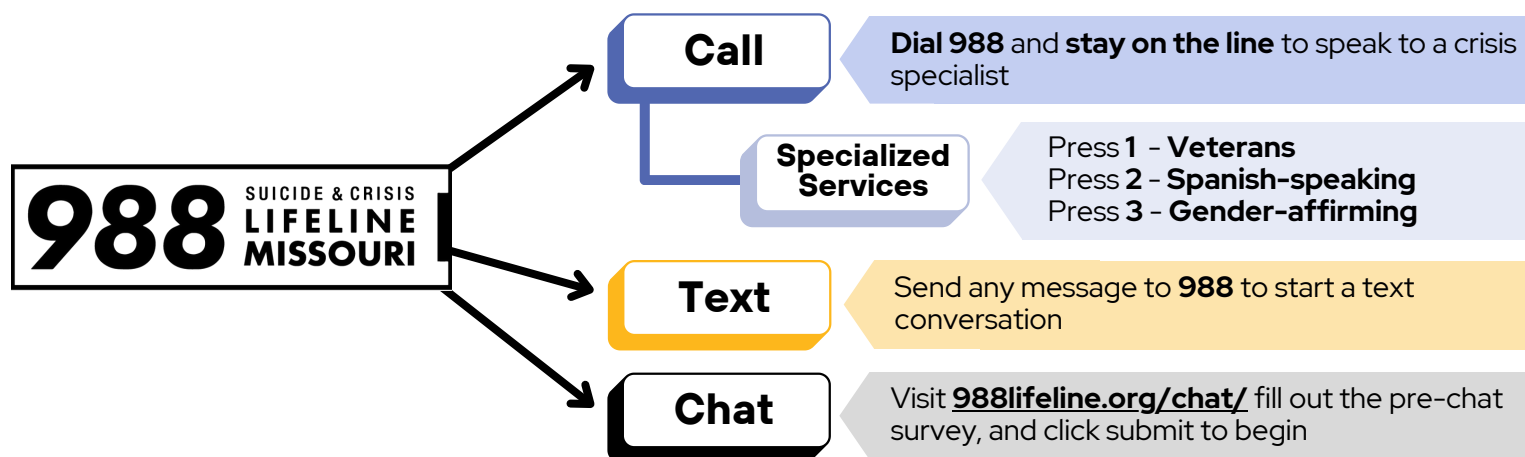
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In a crisis or need support now? Call, text, or chat 988

Reach out in ***whatever*** way is most comfortable for you



Summary

Missouri continues to have a higher suicide rate compared to the national average. The MSPP is a way to face this issue and save lives.

Who is this plan for?

Every Missourian plays a role in preventing suicide. The MSPP is for those who want to learn about our state's plan for preventing suicide at the community level. This includes steps toward raising awareness about suicide and helping communities create suicide prevention programs and policies.

Our state is made up of different communities, cultures, and backgrounds. Suicide prevention must engage people of different:

- Ages
- Abilities
- Countries of origin
- Socioeconomic status (*how well-off or not well-off a person or group of people are in terms of money, education, and jobs*)
- Sexual orientation and gender identity
- Race and ethnicity
- Religious and spiritual beliefs
- Veteran or military status

What is the purpose?

The purpose of the plan is to save lives. The goal is to share strategic, evidence-based ways any Missourian can use to prevent suicide, give hope, and ensure equal access to care.

What you can do now

Every Missourian can make a difference. Here are simple actions anyone can take to help prevent suicide.

911: When every second counts

Life or death emergencies require immediate action from emergency responders because every second counts.

Call 911 now if:

- You or someone you know has a self-injury that needs immediate medical attention
- Someone tells you they have recently taken an overdose or made another suicide attempt
- A person is unresponsive

988: When there is time to talk, call, text, or chat

A mental health crisis may not require emergency responders but does require compassionate mental health assistance.

A person may be having a mental health crisis when they:

- Tell you they plan to end their life or hurt themselves
- Have a self-injury, but it does not require immediate medical attention
- Are at risk for suicide and under the influence of alcohol or drugs
- Are at risk for suicide and emotionally upset, depressed, angry, or anxious
- Cannot guarantee their own safety

Get trained:

MO Ask Listen Refer (MO-ALR) Suicide Prevention Training Program

Visit moasklistenrefer.org and complete the MO-ALR, a 30-minute online training to learn:

- How to tell when someone is at risk for suicide
- How to keep someone safe from suicide
- The warning signs of suicide
- How to respond to and get help for people at risk for suicide

Additional suicide prevention trainings

Visit mospn.org/about-8 for a complete list of trainings and resources

Spread the word:

Talk about 988 with your family and friends

Visit missouri988.org for more information and materials to download and share with family, friends, and your community.

Learn more about:

- **988 in Missouri:** missouri988.org provides information on how to get help for yourself or others, access videos, graphics, and more
- **Warning signs of suicide:** **Appendix B** of this plan lists warning signs, what puts someone at risk, and what may keep someone safe from suicide
- **Crisis services in Missouri:** dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/crisis-services
- **How to use this plan to prevent suicide:** mospn.org
- **The closest community mental health center to you:** dmh.mo.gov/mental-illness/help/community-mental-health-centers

MSPP priorities and goals

Priority areas:

Priority 1

Raise public awareness about suicide risk and prevention

Priority 2

Support community-led efforts to promote suicide prevention, intervention, and postvention care (care for family, friends, and a community after a suicide)

Priority 3

Help diverse groups and organizations create suicide prevention programs, systems, and policies

The new MSPP is a 5-year plan (2024-2028). This is extended from a 3-year timeframe to help build partnerships and make progress toward goals.

The Missouri Suicide Prevention Network (MSPN) is available to support all Missouri communities in preventing suicide. If you or your community needs help putting these priorities into practice, the MSPN can help; email admin@mospn.org.

Priority 1: Raise public awareness about suicide risk and prevention:

Many people do not know about the resources available to help if someone is having suicidal thoughts or thinking of suicide.

Purpose: *To make sure Missourians know about available resources and how to find the information they need to build communities that are safer from suicide.*

Short-term goals (1-2 years):

- Review the current suicide prevention trainings available in the community
- Create a public-facing guide to help people find and share suicide prevention trainings
- Create a 988-awareness survey to assess awareness of 988 and how Missourians are using it to prevent suicide
- Promote evidence-based wellness activities that address mental health and suicide prevention

Medium-term goals (2-4 years):

- Create a network of Missouri suicide prevention trainers
- Create a plan to provide online and in-person suicide prevention trainings to various communities in Missouri
- Create culturally relevant materials for different communities, such as suicide prevention trainings, resources, and 988 promotional materials
- Send 988 promotional materials to Missouri areas most impacted by suicide
- Expand these promotional activities to reach people who are at a higher risk of suicide, which recent data includes:
 - Construction and manufacturing workers
 - Veterans
 - LGBTQ+ communities
 - Rural Missourians
 - White men
 - Older adults
 - Black and brown youth
 - Persons with firearms in their home
- Send out the 988-awareness survey to assess awareness of 988
- Provide education on safety and how to limit access to lethal means (any object that can be used to carry out self-directed violence, such as medicines, firearms, sharp objects, or bridges)

Long-term goals (up to 5 years):

- Implement the plan to provide online and in-person suicide prevention trainings to various communities in Missouri
- Analyze 988 awareness survey results to track successes and find ways to improve promotional efforts
- Create a program to identify local suicide prevention leaders and champions who share 988 as a resource
- Create materials to promote:
 - Survivor groups (support groups for suicide attempt survivors and support groups for those who have lost someone to suicide)
 - Postvention care (care for family, friends, and a community after a suicide)
 - Culturally responsive efforts, which are suicide prevention efforts proven to work well in specific communities, such as Soul Shop for Black Churches
 - Continue to create more suicide prevention and awareness campaigns, such as a youth-led social media campaign
 - Zero Suicide (a way to improve suicide care within health and behavioral health systems)

Priority 2: Support community-led efforts to promote suicide prevention, intervention, and postvention care:

People across Missouri are working in coalitions to prevent suicide in their communities. A coalition is a group of people from different backgrounds who work toward a shared goal or cause. Many of these people have been impacted by suicide and know the unique needs of their communities. Rather than working alone, we can learn from each other, share information, and work together, even as each group keeps its focus local.

Purpose: *Work together to learn and share information on strategies to prevent suicide at the state and local levels.*

Short-term goals (1-2 years):

- Host listening sessions with community coalitions and share data to strengthen feedback between coalitions and MSPN
- Find and share suicide prevention training opportunities with the MSPN network and community coalitions
- Map existing community coalitions, including who and where they serve, find gaps in suicide prevention efforts, and explore opportunities to address these gaps

Medium-term goals (2-4 years):

- Work with community coalitions to conduct assessments to determine needs and readiness to engage in suicide prevention efforts in their community
- Support ongoing suicide prevention training opportunities with community coalitions, such as the Suicide Prevention Coalition Academy, to help develop new coalitions and strengthen existing coalitions
- Continue to expand outreach to partner with community coalitions
- Identify and engage other stakeholders, such as community organizations and social service providers, who may be interested in suicide prevention

Long-term goals (up to 5 years):

- Create and maintain opportunities for community coalitions and other suicide prevention stakeholders to engage in peer learning and networking
- Create a comprehensive vision and strategy, in partnership with community coalitions, to support and maintain community suicide prevention efforts in Missouri

Priority 3: Help diverse groups and organizations create suicide prevention programs, systems, and policies:

Diverse groups and organizations can be strong partners to help prevent suicide when they understand why it matters and what they can do to help.

Purpose: *Identify and partner with diverse groups and organizations, including those who have been impacted by suicide, to lower the fear of discrimination and raise awareness that talking about suicide can help prevent it from happening.*

Short-term goals (1-2 years):

- Identify underserved communities impacted by suicide and communities least aware of suicide prevention strategies
- Identify and work with those who have an interest in suicide prevention, also called stakeholders and champions, to reach populations of increased risk:
 - Construction and manufacturing workers
 - LGBTQ+ communities
 - White men
 - Black and brown youth
 - Veterans
 - Rural Missourians
 - Older adults
 - Persons with firearms in their home

Medium-term goals (2-4 years):

- Strengthen partnerships with existing groups and organizations in communities adversely affected by suicide, which have not been previously prioritized
- Promote culturally responsive toolkits and evidence-based programs to reach specific communities in a relevant, sensitive way
- Create a plan to distribute toolkits
- Invite champions from these groups, institutions, and organizations to participate in community coalitions and the MSPN

Long-term goals (up to 5 years):

- Implement the plan to distribute toolkits
- Normalize discussions of mental health and suicide safety to help reduce stigma, especially in populations who feel isolated or in cultures where such discussions are rare

Facts about suicide in Missouri

Why the MSPP is needed:

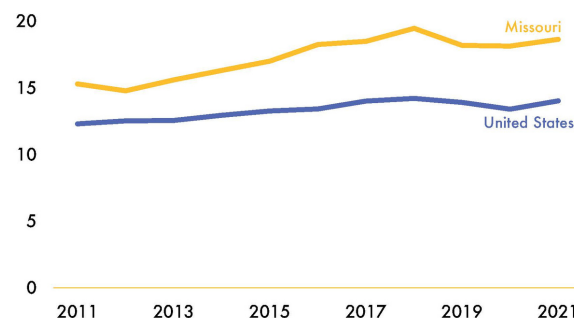
Suicide rates in Missouri are:

- Higher than U.S. national rates – in 2022, there were 1,215 suicides, which is more than the number of deaths from car accidents and murders ¹
- On the rise – in the past 10 years, suicide rates have continued to go up ¹

For Missourians, suicide is:

- The 10th leading cause of death
- The 3rd leading cause of death for people aged 10-17
- The 2nd leading cause of death for people aged 18-34

Missouri and U.S. Suicide Rates: 2011–2021
(Rate per 100,000)

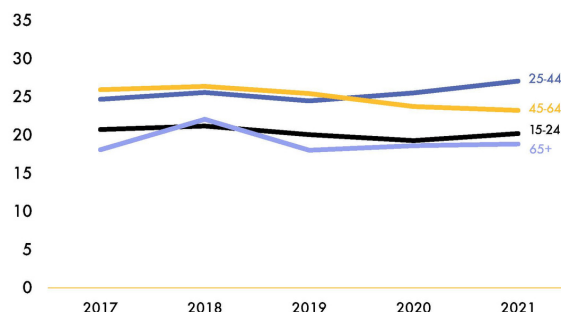


Age, race, and gender:

Suicide in Missouri:²

- It is highest for people aged 25-44
- It is highest among White men, though the number of suicides among Black men has risen 24% since 2018, and the number of suicides among White women has decreased by 28%³
- It is four times higher among men (80%) than women

Suicide Rates by Age: 2017-2021
CDC 2023



Suicidal ideation among students:

- Based on recent surveys, many students have seriously considered suicide in the past year:^{4,5}
 - 1 in 10 middle school students
 - 1 in 8 high school students
 - 1 in 4 college students
- LGBTQ students are much more likely to have had suicidal thoughts than their non-LGBTQ peers^{4,6}

Suicide and firearms:

In 2022:

- 66% of suicide attempts in Missouri used firearms compared to other means
- Firearm-related suicides went up from 61% in 2017 to 66%
- Of those who died from firearm-related suicide, 89% were male
- 54% of all firearm-related deaths in Missouri are suicides

Sources:

1. MO Department of Health and Senior Services (DHSS), 2022
2. CDC, 2021
3. WISQARS, 2023

4. Missouri Student Survey (MSS), 2022
5. Missouri Assessment of College Health Behaviors (MACHB), 2021
6. Missouri Assessment of College Health Behaviors (MACHB), 2023

Acknowledgments

The Missouri Suicide Prevention Network (MSPN) created this suicide prevention plan. The MSPN is an independent, non-partisan (objective) volunteer group of individuals, organizations, and agencies (public and private) that lead statewide suicide prevention efforts.

A special thanks to these representatives for their role in creating the MSPP:

- Rick Strait, Substance Use Division Director and Suicide Prevention Coordinator, Community Counseling Center and MSPN Chair
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- Casey Muckler, Crisis Services Coordinator, Missouri Department of Mental Health
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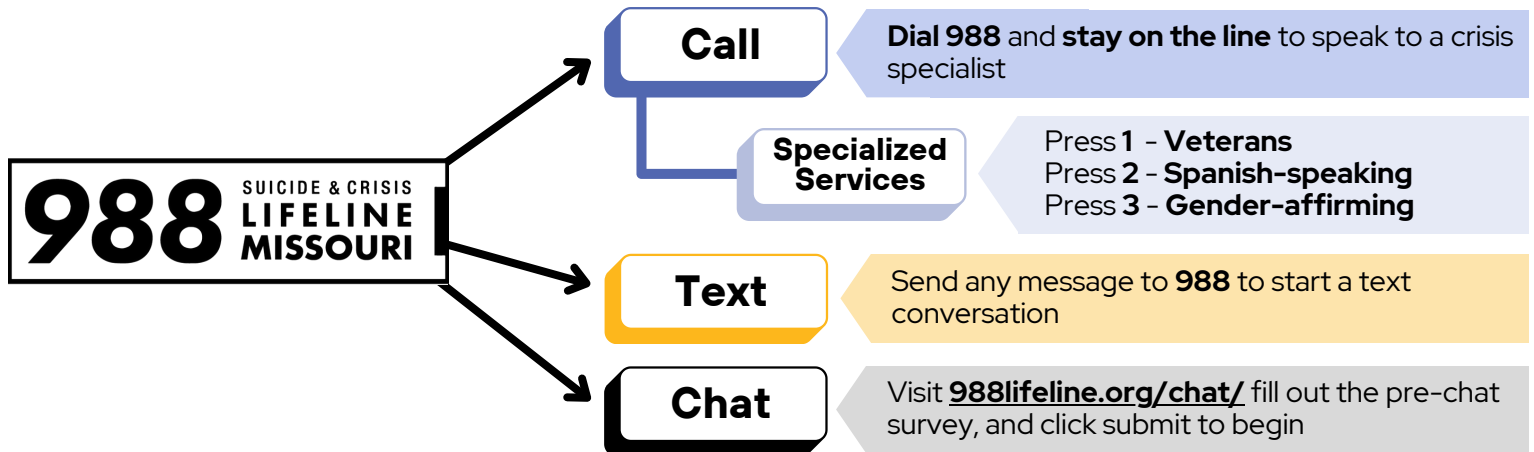
Appendix A: Revised Statutes of Missouri, RSMo Section 632.020

Per Section 632.020, RSMo, The Missouri Advisory Council for Comprehensive Psychiatric Services shall act as an advisory body to the Missouri Department of Mental Health, Division of Behavioral Health, and shall provide input on state suicide prevention activities. More information on the State Advisory Council is available at revisor.mo.gov/main/OneSection.aspx?section=632.020.

Appendix B

In a crisis or need support now? Call, text, or chat 988

Reach out in ***whatever*** way is most comfortable for you



These signs might mean someone needs help:

Emotional warning signs:

- Feeling hopeless or as if there is no reason to live
- Anxiety or mood swings
- Trouble sleeping
- Feeling a lot of guilt, shame, or a sense of failure
- Unusual outbursts of rage or anger

Physical warning signs:

- Poor appearance and personal hygiene, such as not bathing or brushing teeth
- Looking sad or depressed most of the time

Behavior warning signs:

- Impulsive or risky behavior
- More alcohol or drug misuse
- Losing interest in hobbies, work, or school
- Wanting to be alone and withdrawing from family and friends
- Violent behavior, like punching a hole in the wall or getting into fights
- Giving away meaningful personal items
- Getting affairs in order, such as writing a will

What is a suicide risk and protective factor?

- **A suicide risk factor** is something that makes it more likely for someone to think about or attempt suicide
- **A suicide protective factor** is something that makes it less likely for someone to think about or attempt suicide – these things can protect them from suicide

Risk factors:

Health-related risk factors:

- New to mental health services or changing from one service to another
- Mental health conditions
- Substance use disorders
- Serious or chronic (ongoing) pain or health conditions, such as diabetes or heart disease
- Terminal illness (an illness that cannot be cured and will likely lead to death)
- Side effects from medicines
- Problems with sleep
- Lack of health insurance or healthcare, or avoiding healthcare due to stigma around suicide and mental health

Environmental risk factors:

- Stressful events, such as divorce, loss of a loved one, or job loss
- Long-term stressors, such as harassment, bullying, relationship problems, or unemployment
- Isolation or feeling like they don't belong
- Seeing another person die by suicide
- Losing a friend or loved one from suicide
- Access to "lethal means," such as a firearm
- Lack of support from friends and family

Historical risk factors:

- Past suicide attempts
- Family history of suicide attempts
- History of acting without thinking (being impulsive)

Protective factors:

Internal protective factors (a person's qualities):

- Ability to adapt to change
- A sense of purpose
- Religious, spiritual, or cultural beliefs
- Coping skills, such as knowing how to manage stress or doing favorite hobbies

External protective factors (a person's environment):

- Feeling responsible for caring for others, such as children or pets
- Positive relationship with a therapist or mental health professional
- Positive relationships with friends and family

Visit to learn more:

- [mospn.org](https://www.mospn.org)
- [missouri988.org](https://www.missouri988.org)

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