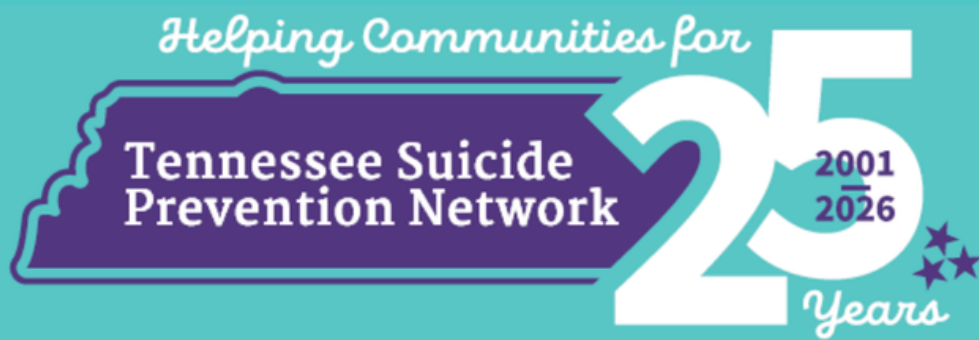




# Status of Suicide in Tennessee 2026



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# A Brief History of TSPN

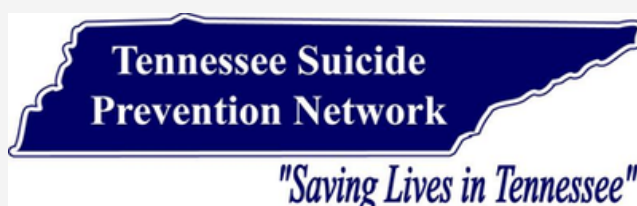
TSPN's story begins with Dr. Ken Tullis, an award-winning Memphis-based psychiatrist, and his wife Madge. Dr. Tullis is a survivor of seven suicide attempts and multiple addictions. He and his loyal wife Madge struggled with the paradox of his suffering from the same mental health issues he sought to resolve in his patients. He chronicled his journey into and out of mental illness in two books, and he co-founded Suicide Anonymous, the first-ever twelve-step program for people struggling with suicidal ideation and impulses.



In the late 1990s, the Tullises joined a nationwide movement to realign America's approach to suicide prevention on both national and local levels. This movement included the National Suicide Prevention Conference held in 1998 (which the Tullises attended), then-U.S. Surgeon General David Satcher issuing the Surgeon General's Call to Action to Prevent Suicide the next year. These developments inspired the Tullises's work to create a Tennessee-based suicide prevention movement. They coordinated a panel of mental health experts to build on the Call to Action by creating the Tennessee Strategy for Suicide Prevention, a local framework for suicide prevention outreach, education, and advocacy.

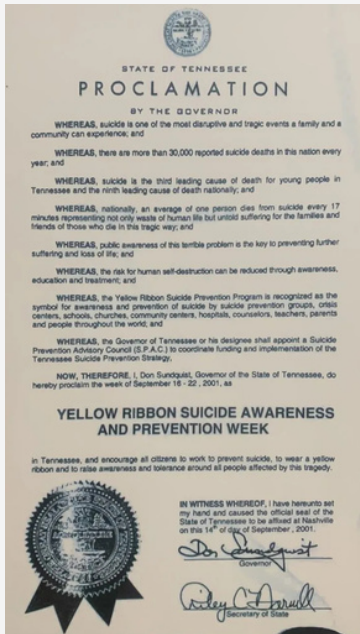
The ratification of the Tennessee Strategy for Suicide Prevention at the statewide Tennessee Suicide Prevention Conference in 2000 cleared the way for the formal establishment of TSPN in 2001. A gubernatorially appointed Advisory Council managed TSPN's volunteers across eight (later ten) administrative regions while an Executive Director coordinated statewide operations. In 2002, TSPN established an Intra-State Departmental Group consisting of delegates from state departments and agencies to advise TSPN on public policy and implement organization objectives at the state department level.

The Crisis Intervention Center (now Family and Children's Services) provided TSPN with administrative and back-office support via a contract with the Tennessee Department of Mental Health and Developmental Disabilities (now the Tennessee Department of Mental Health and Substance Abuse Services, or TDMHSAS). The Crisis Intervention Center held this contract until 2005, when it was reassigned to the Mental Health Association of Middle Tennessee (now Mental Health America of the Mid-South). The Tennessee Association of Alcohol, Drug, and other Addiction Services (TAADAS) assumed the contract in 2020.



*The original logo used by TSPN.*

# A Brief History of TSPN



*The proclamation issued by Gov. Don Sundquist in 2001 was the precursor to the annual Suicide Prevention Awareness Month proclamations issued by state and local governments.*

TSPN quickly established itself in terms of visibility and programmatic impact. It began offering suicide prevention training to community members across the state, co-organized the first Suicide and the Black Church Conference, and participated in Project Tennessee's creation of a school-based suicide prevention curriculum. It began marking Suicide Prevention Awareness Month in September with advertisements, billboard campaigns, and collecting official proclamations from city and county governments. It established its own website ([tspn.org](http://tspn.org)) and monthly newsletter, the *TSPN Call to Action*, to provide volunteers and the public with updates on TSPN projects and emerging suicide prevention resources.

Perhaps most critically, it promoted passage of the Garrett Lee Smith Memorial Act of 2004, through which TSPN secured a grant to establish the Tennessee Lives Count (TLC) Project, a statewide early intervention/ prevention project intended to reduce suicides and suicide attempts for youth aged 10-24 with an emphasis on suicide prevention gatekeeper training.

In 2006 TSPN, along with the state of Tennessee itself, received the Allies for Action Award from the Suicide Prevention Advocacy Network/United States of America (SPAN USA), the first time the organization ever bestowed the award on a collective body rather than an individual. That same year TSPN introduced the first of the “Love Never Dies” Memorial Quilts and established the Regional Suicide Prevention Awards to recognize unique local contributions to suicide prevention.

TSPN proved influential in the passage of the Jason Flatt Act of 2007 in Tennessee, which mandated the inclusion of two hours of youth suicide prevention training for all public school teachers. At the time of its passage, it was the most intensive youth suicide prevention education law in the nation, and it provided the framework for Jason Flatt Acts in other states. The “Jared’s Law” expansion in 2016 to all Tennessee public school staff.



*At left: the original logo used for the Tennessee Lives Count Project.*

*At right: a group photo of TSPN volunteers and supporters taken following Gov. Phil Bredesen's signing of the Jason Flatt Act of 2007.*

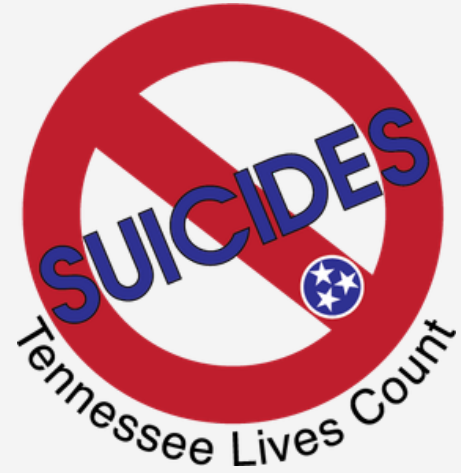




# A Brief History of TSPN

In 2009, TLC concluded its first grant cycle, having provided training to thousands of people across the state. In its next grant cycle, it focused on training for staff of juvenile justice facilities. The outcomes of this grant cycle ultimately led to the development of Shield of Care, an evidence-based suicide prevention and intervention training curriculum for juvenile justice staff.

Going into the 2010s, TSPN established a variety of suicide prevention outreach and education projects directed at groups such as older adults, Veterans, emergency rooms, and firearm retailers. It formally endorsed the Zero Suicide Initiative and formed the Zero Suicide Initiative Task Force to coordinate its implementation within the state's behavioral health facilities. It hired its first Regional Coordinators (the precursor of today's Regional Directors) to oversee regional TSPN projects.



*The logo used for TSPN's Zero Suicide Initiative.*

In 2016, a nationwide webinar sponsored by the Injury Control Research Center for Suicide Prevention (ICRC-S) spotlighted TSPN as an example of a successful statewide suicide prevention program, focusing on its collaboration with the Centerstone Research Institute (CRI) and the Tennessee Department of Health (TDH) as well as its successes in implementing a statewide suicide prevention strategy.

TSPN promoted the Kenneth and Madge Tullis, MD, Suicide Prevention Training Act of 2017, a.k.a. the Tullis Act, which requires licensed counselors in Tennessee to complete two hours of suicide prevention training every five years. The following year TSPN helped secure the passage of the Suicide Prevention Act of 2018, which authorized the TDH Commissioner to create a suicide prevention program within the Department.

In 2019, Tennessee became the steward and curator of the International Suicide Memorial Wall following its relocation from its previous base in Columbia and held a formal dedication ceremony. TSPN housed panels of the wall at its Nashville central office, transporting them from Mental Health America to TAADAS when the vendor contract changed and TSPN moved offices.

*On September 18, 2021, TSPN hosted a ceremony for the re-dedication of the International Suicide Memorial Wall following its installation within the TAADAS/TSPN central office in Nashville.*



# A Brief History of TSPN

TSPN established the First Responder Task Force in 2020 to help law enforcement, fire department, and emergency medical service personnel respond to suicides and suicidal ideation among the people they serve and their colleagues. Feedback from this group eventually led to the establishment of "Answering the Call", the annual conference of the Tennessee First Responders Foundation Suicide Prevention Task Force.

Starting in 2021, TSPN began accepting state and federal funding from both TDMHSAS and TDH. The TDH grant funded a Zero Suicide Coordinator and the position that eventually became the Youth Program Manager. The Youth Program Manager would ultimately assume responsibility for TDH's statewide rollout of the Sources of Strength program to rural Tennessee schools starting in 2024. Additionally, TDH grant funding later expanded to include an ESSENCE Alert Director, charged with assisting TDH with the use of the ESSENCE system to monitor weekly trends in suicidal behavior and identify regions/counties seeing increased incidents of persons reporting to an emergency department for suicide-related behavior. Tennessee's ESSENCE system would later form the subject of a national case study by the Suicide Prevention Resource Center (SPRC) in 2025.

Currently, TSPN employ ten Regional Directors, a Reports Analyst, a Community Initiatives Director, and an Executive Director. Select TAADAS employees provide TSPN with support in administration, finance management, human resources, and communications. Each of its regional networks meets monthly, either in-person or virtually. Over 20,000 people were on its organizational mailing list as of July 2026.

An outcomes report covering the years 2018 through 2025 found that TSPN had reached 44 million people through its outreach efforts, ranging from education and training about suicide prevention to postvention support and referrals. 108,893 people had received suicide prevention training from TSPN, including 15,567 school personnel since 2021.



*TSPN's gubernatorially appointed Advisory Council meets three times a year to plan and review current statewide projects. This photo is from the meeting held February 10, 2025, in Nashville.*



# TSPN Advisory Council

The TSPN Advisory Council is an independent, non-partisan, voluntary group of people, organizations, and agencies (public and private) who promote community awareness of the signs of suicide and intervention strategies for the prevention of suicide. The TSPN Advisory Council provides recommendations and advisement that support TSPN's overall mission.

Council membership consists of survivor of suicide loss and suicide attempts, private health care professionals, clergy, teachers, correctional workers, family members, older adults professional, day care workers and advocates. Members representing each of the ten TSPN regions are appointed by the Governor to staggered terms ranging from one to three years.

Brief biographies of all current Advisory Council members are available at <https://tspn.org/ac-bios>.

## Current Members

- Scott Payne (Advisory Council Chair), Contact Careline (East)
- Anne Young (Zero Suicide Initiative Task Force Co-Chair/ Advisory Council Vice-Chair), Metro Drug Coalition (East)
- Audrey Elion, Ph.D. (Advisory Council Secretary), Private Practice (Greater Memphis)
- John Averitt, Ph.D., Cookeville Regional Medical Center/Cookeville Police Department (Upper Cumberland)
- Amy Bechtol, CommonSpirit Health (Southwest)
- Kelly Bombardiere, Centerstone (Greater Nashville)
- Joseph Chatman III, LBSW, MSW, Montgomery-Houston-Humphreys, Robertson, Stewart County Suicide Prevention Task Force (Mid-Cumberland)
- Stephanie D.H. Evans, Ph.D., LPC-MHSP, NCC, Private Practice (Mid-Cumberland)
- Sherri Feathers, Frontier Health (Northeast)
- Stacie Fernandez, Perimeter Healthcare (Northwest)
- Megan Gaylord, LPC-MHSP, Youth Villages (Northwest)
- Brenda Harper, BSW, Community Advocate (Mid-Cumberland)
- Sean Jones, LCSW (Advisory Council Past Chair), Carey Counseling Center, Inc. (Northwest)
- Charmaine Kromer (Advisory Council Treasurer), Youth Villages (Greater Nashville)
- Jim Lewis, Hixson United Methodist Church (Southeast)
- Sarah Mays, Jackson-Madison Prevention Coalition (Southwest)
- Kristi Paling, Tennessee Commission on Children and Youth (Upper Cumberland)
- Brandy Rice, Frontier Health (Northeast)
- Tyler Sanders, LMSW, Centerstone (South Central)
- Christy Sentell, CommonSpirit Health (Southeast)
- Heatherly Sifford, BSPH, Johnson City Medical Center (Northeast)
- Anne Stamps, Volunteer Behavioral Health-Cumberland Mountain Mental Health Center / Dale Hollow Mental Health Center (Upper Cumberland)
- Sheldon Walker, Metro Public Health Department (Greater Nashville)
- Allison White, Methodist Le Bonheur Healthcare (Greater Memphis)
- Amber Marisa Whitsett, Alliance Healthcare Services (Greater Memphis)

# TSPN Emeritus Group

TSPN Advisory Council established the Emeritus Group in 2014 to recognize TSPN Advisory Council members who had rotated off the group but still wanted to remain actively involved with TSPN projects and activities, and to honor Council members who had provided outstanding service to TSPN and to suicide prevention efforts within our state.

The title of “Emeritus” is given to select former Advisory Council members and staff who have shown dedication and distinguished service to TSPN over two years and/or one gubernatorial appointment to the Advisory Council. The title of “Emeritus” may be given upon rotation off the Advisory Council.

## **Current Members (active roster)**

- Karyl Chastain Brazier (Chair), Community Advocate
- Sabrina Anderson, Boys and Girls Club of Jackson
- Dr. Pam Arnell, 22ZERO
- Stephanie Barger, Monroe Harding
- Kathy Benedetto, Community Advocate
- Renee Brown, Lt. Col. Luke Weathers, Jr. (Memphis) VA Medical Center
- Mary Anne Christian, Tennessee Education Association (South Central Regional Director Emeritus)
- Nora Fielding, Community Advocate
- Adam Graham, TBD Solutions Inc.
- Ben Harrington, Mental Health Association of East Tennessee
- Jennifer Harris, St. Thomas Health Services
- Carol Kelly-Burroughs, Henderson County Schools
- Teresa Kimbro Culbreath, Community Advocate
- Kim Rush King, NAMI Tennessee
- Becky Stoll, Centerstone
- Jacqueline Talley, Community Advocate (Intra-State Departmental Group Member Emeritus)



*Karyl Chastain Beal, Chair of TSPN's Emeritus Group, presents the latest version of the "Love Never Dies" Memorial Quilt during the 2025 annual Survivors of Suicide Loss Day event, held November 1 of that year at the Ed Jones Auditorium in Nashville.*

*TSPN established the "Love Never Dies" project in 2006, dedicating the first of these quilts that year and at least one new quilt every year since 2008.*

# TSPN Intra-State Departmental Group

The Intra-State Departmental Group is an assembly of appointed representatives of the state departments, commissions, and councils that provide supplementary guidance to the Advisory Council on an *ex officio* basis.

The Intra-State Departmental Group meets virtually prior to regularly scheduled TSPN Advisory Council meetings but may also meet during these gatherings. Members of this group attend Advisory Council meetings but do not vote on proposals.

The Intra-State Department Group has coordinated several suicide prevention projects within and across state departments throughout TSPN's history. The most notable of these was the establishment of the "Be the One" suicide prevention training program for state employees. The program, open to employees of all state departments, teaches staff how to spot the warning signs of suicide within the people they serve and each other. It also explains where these employees can get help for people at suicide risk.

In 2026, the Group reorganized and welcomed several new members, some of them representing state departments not currently represented. This latest iteration of the Group met during TSPN's spring retreat to select officers and review ongoing suicide prevention training initiatives within their respective departments. We believe the revitalization of the Intra-State Departmental Group will keep TSPN consistently connected to the state government priorities ahead of an incoming gubernatorial administration.



*Members of TSPN's Intra-State Departmental Group met during TSPN's spring retreat on June 1, 2026, held at the Embassy Suites Hilton Nashville Airport. They discussed suicide prevention and mental health initiatives active within their respective departments and commissions*



# TSPN Intra-State Departmental Group

## **Current Members**

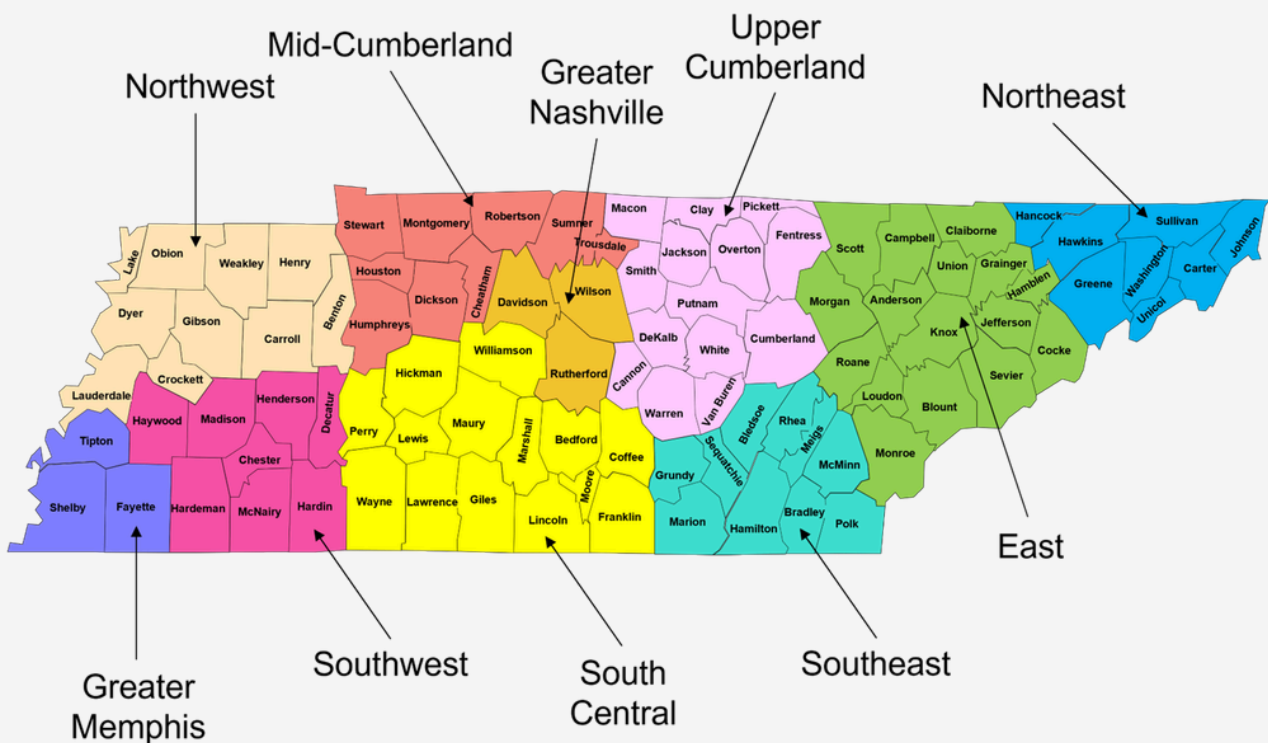
- Melissa Muñoz, BA, Program Director, Suicide Prevention, Division of Family Health and Wellness, Tennessee Department of Health
- Jennifer J. Armstrong, LPC-MHSP, Director, Office of Crisis Services and Suicide Prevention, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services
- Elizabeth Davis, Ed.S, Program Manager, TN AWARE, Tennessee Department of Education
- Melisa Fuhrmeister, Data & Fiscal Coordinator, Tennessee Department of Education
- Gwen Hamer, MA, CPC, Director, Education and Development, Tennessee Department of Mental Health & Substance Abuse Services
- Uduakobong Ikpe, Ph.D., J.D. Psychology Director, Middle TN Regional Office, Licensed Psychologist – Health Service Provider, Tennessee Department of Disability and Aging
- Tatum Johnson, RN, Assistant State Public Health Nursing Director, Tennessee Department of Health
- Terrence (Terry) Love, MS, CPC (Chair), Injury Prevention Manager, Division of Family Health and Wellness, Tennessee Department of Health
- Sherlean Lybolt, MA, LSPE, Behavioral Health Programs Coordinator, Tennessee Department of Correction
- Melissa McGee, Children's Mental Health Advocacy Director, Tennessee Commission on Children and Youth
- Sgt. Willis Moore, Tennessee Highway Patrol
- Travis Murphy, Assistant Commissioner, Appeals and Accreditation, Tennessee Department of Veterans Services
- Maria Ramsey, Assistant Commissioner, Public Affairs, Tennessee Department of Agriculture
- Rachel Russell, Deputy Counsel for Operations, Tennessee Bureau of Investigation
- Dewayne Scott, Deputy Commissioner, Tennessee Department of Labor and Workforce Development

# TSPN Staff

- Whitney Jenkins, Executive Director
- Harper-Grace Rice, Community Initiatives Director / Deputy Director
- Mike Anderson, Upper Cumberland Regional Director
- Bryan Barks, Southeast Regional Director
- Darrell Bouldin, Mid-Cumberland Regional Director
- Emily Bushart, Northwest Regional Director
- Kearee Jackson, Greater Nashville Regional Director/Central Tennessee Team Lead
- Cori Johnson, Northeast Regional Director/East Tennessee Team Lead
- Justin Johnson, Greater Memphis Regional Director/West Tennessee Team Lead
- Emily Lunn, Southwest Regional Director
- Taylor Murmann, East Regional Director
- Jessica Rackley, South Central Regional Director

Additionally, the following people work for the Tennessee Association of Alcohol, Drug & other Addiction Services (TAADAS), which is the fiscal agent for TSPN.

- Administration: TAADAS Executive Director Mary Linden Salter
- Human Resources: TAADAS Deputy Director Laura Durham
- Finances: TAADAS Chief Financial Officer April Ramsey
- Communications: TAADAS Communications Director Alisa LaPolt and TSPN/TAADAS Communications Assistant Vladimir Enlow



# Regional Strategy Briefs



TSPN's **East Region** serves Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, and Union Counties.

This report was submitted by **Taylor Murmann, BA**, Regional Director.

The East Region has focused heavily on two elements of the Tennessee Strategy for Suicide Prevention:

- Strategy 2: “Promote awareness that suicide is a public health problem that can be preventable” and
- Strategy 6: “Promote efforts to reduce access to lethal means of suicide and methods of self-harm among individuals with identified suicide risk.”

Implementation has been at the forefront of all regional activities, and we look forward to the continuation of efforts to mitigate suicide risk in our area.

Regarding Strategy 2, members of the East Region dedicated their efforts to education and outreach directly affecting higher-risk groups while also bringing attention to this public health issue to the attention of the community at large. Specific examples include joining the first Senior Outreach team in Anderson County to train volunteers who will conduct regular visits with vulnerable older adults in the community. Additionally, members coordinated events and trainings with a wide range of community members: people struggling with substance use, substance use counselors, first responders, students, educators, counselors-in-training, clergy, government employees, and beyond. We will continue this work with presentations on the crossover between substance use/suicide, continued efforts in postvention education, and our annual collection of Suicide Prevention Awareness Month proclamations.

As for Strategy 6, regional members collaborated with BeSMART to provide education on lethal means security for community members. Additionally, East Region members have promoted updated language when discussing lethal means (i.e., “gun safety vs gun security”. Finally, local volunteers have proposed a regional summit to promote conversations among firearm owners around lethal means security and suicide prevention. Coinciding with these efforts, members continue providing gun locks to community groups while maintaining a presence in spaces where firearm owners are likely to be, such as Veterans groups.



# Regional Strategy Briefs



TSPN's **Greater Memphis Region** serves Fayette, Shelby, and Tipton Counties.

This report was submitted by **Justin Johnson, MSW**, Regional Director/West Tennessee Team Lead.

The Greater Memphis Region continues to strengthen suicide-prevention education, collaboration, and community engagement. Its monthly regional meetings attract an average of 30–40 participants and provide a valuable forum for professionals, advocates, community partners, and individuals with lived experience to exchange information and coordinate local prevention efforts. Meetings are held on the third Tuesday of each month from 11:30 AM to 1 PM at Hope Church, with a virtual option available and a complimentary lunch provided by community sponsors.

The region's annual conference, "Continuum of Hope: Celebrating 25 Years of Suicide Prevention, Resilience, and Community Impact in Tennessee," will be held September 18 at Hope Church. Dr. Ken Tullis, founder of TSPN, will attend this milestone celebration. Keynote speakers will include Jennifer J. Armstrong, LPC-MHSP, Director of the TDMHSAS Office of Crisis Services and Suicide Prevention, and Jamie Harper, MS, LPC-MHSP, NCC, CPRS, TDMHSAS Director of Faith-Based Initiatives.

Throughout 2026, the region is expanding training, education, and outreach opportunities that help community members recognize suicide warning signs and respond effectively. For 2026–2027, the region will focus on strengthening existing partnerships, developing new collaborations, and expanding its network throughout Fayette and Tipton Counties.

The region selected Objective 7.4: "Communicate stories of help, hope, and healing using safe messaging strategies" as its leading strategic priority. At every regional meeting, attendees actively work toward this objective by discussing safe-messaging practices, sharing appropriate stories and resources, and identifying opportunities to communicate hope throughout their organizations and communities. Through responsible storytelling, education, training, and collaboration, Greater Memphis TSPN is working to reduce stigma, increase awareness, and ensure more Tennesseans know that help, hope, and healing are possible.

# Regional Strategy Briefs



TSPN's **Greater Nashville Region** serves Davidson, Rutherford, and Wilson Counties.

This report was submitted by **Kearee Jackson, BA**, Regional Director/Central Tennessee Team Lead.

The region continues to support comprehensive community-based suicide prevention by implementing Sources of Strength in schools and youth-serving agencies. The Greater Nashville Regional Director serves as a Sources of Strength Trainer, provides technical assistance, and promotes Sources of Strength as an evidence-based suicide prevention program for youth in Tennessee. The region trains individuals in Question, Persuade, Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and Sources of Strength (SOS).

Members integrate suicide prevention into the culture of the workplace and other community settings by disseminating resources including the Columbia Suicide Severity Rating Scale (C-SSRS), gunlocks, and materials that promote 988. The region supports people with suicide-centered lived experience by working with schools and agencies to form postvention teams that can support families if a loved one dies by suicide. Also, members participate in the annual Survivors of Suicide Loss Conference and promote the "Love Never Dies" Memorial Quilt project, helping families honor those they have lost while providing them with resources and support.

The Greater Nashville Region partners and collaborates with schools, agencies, businesses, churches, and coalitions to support their suicide prevention efforts. Notable partnerships include those with the Rutherford County Prevention Coalition, Tennessee State University, the Tennessee Commission on Children and Youth, the Davidson County Mental Health Coalition, the Suicide Prevention in the African American Faith Community Coalition (SPAAFCC), and the Metro Department of Health.

# Regional Strategy Briefs



TSPN's **Mid-Cumberland Region** serves Cheatham, Dickson, Houston, Humphreys, Montgomery, Robertson, Stewart, Sumner, and Trousdale Counties.

This report was submitted by **Darrell Bouldin, BA**, Regional Director.

Regional members focused on two objectives within the Tennessee Strategy for Suicide Prevention. The first of these was Objective 1.1: “Create and sustain public-private partnerships and coalitions at the national, state, and local levels, representing diverse populations, perspectives, and broad suicide centered lived experiences to extend reach and strengthen suicide prevention outcomes.” During the past fiscal year, the Mid-Cumberland continued its established relationships with Austin Peay State University, Centerstone, Youth Villages, and Volunteer Behavioral Health.

The region also expanded partnerships with the Drug Free Dickson Coalition, the Cheatham County Community Enhancement Coalition, and the Stewart County Prevention Coalition. These partnerships resulted in multiple Question, Persuade, Refer (QPR) suicide prevention trainings across the region, increasing community members' ability to recognize and respond to individuals at risk for suicide.

Regional members also maintained strong working relationships with local health departments and health educators. These partnerships serve as an important foundation for increasing community awareness, and identifying new opportunities for collaboration.

The second strategy members selected for further attention was Objective 13.2: “Increase awareness and understanding of the unique barriers and challenges of rural communities to better inform and improve suicide prevention activities.” The Regional Director continued engagement with regional health councils, particularly in rural counties, to understand local mental health challenges and opportunities. These visits strengthened relationships with community leaders and increased awareness of barriers affecting access to resources.

The Region has also recruited volunteers and community partners in every Mid-Cumberland county, ensuring greater local representation. These local contacts strengthen TSPN's presence by assisting with local awareness activities and partnership development. Recent outreach efforts include establishing a relationship with the Tennessee Farm Bureau state office and contacting all local Farm Bureau chapters to increase awareness of suicide prevention resources within agricultural communities. These efforts enhance the region's understanding of rural communities and support the development of community-informed suicide prevention strategies.



# Regional Strategy Briefs



TSPN's **Northeast Region** serves Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington Counties.

This report was submitted by **Cori Johnson, BA**, Regional Director/East Tennessee Team Lead.

For this fiscal year, TSPN's Northeast Region specifically focused on the following strategies in the Tennessee Suicide Prevention Strategy:

First, Objective 3.1: “Train community members and implement effective ways to reduce access to lethal means among people at risk.” We are promoting the TSPN Lethal Means Safety training to our regional partners, developing a one-page flyer highlighting lethal means safety for statewide distribution. We are collaborating with local suicide prevention partners at the Veterans Administration to launch a Northeast Tennessee Lethal Means Safety Coalition focused on educational opportunities and awareness around lethal means safety.

Next, Objective 4.5: “Support suicide prevention and whole person health among health care workers and other occupational groups who experience traumatic exposure to suicide risk, such as first responders, health care providers, and crisis workers.” TSPN Northeast has provided QPR and general suicide prevention training to police departments during their scheduled Crisis Intervention Training (CIT) for First Responders. TSPN conducted these presentations in partnership with NAMI and Northeast State Community College.

We will continue to work with existing CIT programs and connect with additional departments for additional CIT presentations. We also plan to attend and exhibit at the Northeast Tennessee First Responders Conference this fall. In addition, we will partner with East Tennessee State University's Quillen College of Medicine for an event for their medical students and continue to promote trainings through the Northeast Tennessee Healthcare Providers Collaborative.

Last, Objective 8.9: “Strengthen TSPN presence at substance use events.” Earlier this year, we participated in an overdose Tabletop Exercise with the Hawkins County Health Department and other substance abuse partners. We continue to collaborate with our regional Drug Prevention Coalitions and substance abuse partners to increase awareness and education around co-occurring mental health and substance abuse disorders. We plan to participate in several International Overdose Awareness Day events throughout the region, invite drug prevention coalitions to provide medication lock boxes and other resources during our QPR and general suicide prevention trainings, and promote available substance abuse trainings provided by our regional partners alongside requests for suicide prevention training.

# Regional Strategy Briefs



TSPN's **Northwest Region** serves Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Lauderdale, Obion, and Weakley Counties.

This report was submitted by **Emily Bushart, BSN**, Regional Director.

Northwest TSPN has done many things over the past year to “promote awareness that suicide is a public health problem that can be preventable”, in line with Objective 2 within the Tennessee Strategy for Suicide Prevention. Our region has strengthened partnerships with community councils and coalitions, faith-based organizations, and school systems to enhance our suicide prevention efforts through training and innovative approaches to sharing resources and educational materials.

In 2026, our mantra was "HOPE can look like anything". We certified 22 houses of worship as S.A.F.E. (Suicide Awareness is For Everyone) congregations. We planned hospitality rooms for local government, courts, and law enforcement to promote mental health resources for the criminal justice system. We partnered with local businesses, colleges and universities, and sports teams for events such as “Popsicles and Prevention”, “Hope and Hot Cocoa”, “Cups of Hope”, and “Mind on the Ball”. Finally, we developed more cohesive strategies for providing technical support to our area school systems.

Our members promote suicide prevention and mental health awareness during the local parade and festival season by building, decorating, and pulling our own “Suicide Prevention Parade Float” at the World’s Biggest Fish Fry in Paris, the Trenton Teapot Festival, and the West Tennessee Strawberry Festival in Humboldt. Our presence at these events highlighted county-based partners and resources, as well as the Zero Suicide initiative and the narratives of volunteers with lived experience willing to share their own relationship with suicide loss or suicide attempt survivorship. We reached more than 150,000 people over three weekends and won second place at the Trenton Teapot Festival.

Meanwhile, members created an extensive crisis intervention safety checklist for area law enforcement and first responders. It includes ways to safeguard one's home, options for lethal means restriction, and resources to connect people in crisis to the most suitable community resources based on their physical and mental health needs.

Additionally, we are thrilled to partner with Perimeter Behavioral Health Hospital, thanks to Advisory Council member Stacie Fernandez, to provide additional TSPN resources and materials for the sensory kits for graduates of law enforcement academies across the state.

# Regional Strategy Briefs



TSPN's **South Central Region** serves Bedford, Coffee, Franklin, Giles, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Hickman, Perry, Wayne, Williamson Counties.

This report was submitted by **Jessica Rackley, BSW, LPN**, Regional Director.

The South Central Regional Network focused on promoting and implementing effective clinical and professional practices for screening, assessing, and treating individuals identified as being at risk for suicidal behaviors. The region identified opportunities to strengthen these practices for people with autism spectrum disorder (ASD), intellectual and developmental disabilities (IDD), and traumatic brain injury (TBI). These populations often face unique challenges related to risk identification, crisis response, and access to appropriate supports and services.

A survey sent out by the South Central Regional Director revealed that while services such as crisis intervention, counseling, and case management are available throughout the region, they are not always adapted to meet the unique needs of individuals with ASD, IDD, and TBI. Challenges identified include inconsistent crisis response approaches, unclear referral pathways, and limited ongoing supports in some communities. Partners also reported a need for additional workforce training, stronger cross-system coordination, and more accessible resources for families and caregivers.

To address these gaps, the South Central Regional Network is implementing several targeted strategies. Efforts include enhancing the regional resource guide by verifying provider information, identifying agencies that serve ASD, IDD, and TBI populations, and expanding information on crisis supports and referral pathways, including TN START. The network is also identifying training needs and connecting providers to specialized resources and suicide prevention training designed to improve screening, assessment, and intervention practices for individuals with ASD, IDD, and TBI. In addition, regional partners are working with subject matter experts like TN START and the Tennessee Disability Coalition to share educational materials that can help caregivers recognize warning signs, understand available services, and navigate systems of care.

These efforts support the region's goal of strengthening suicide prevention practices, improving early identification of risk, enhancing coordinated responses to behavioral health crises, and increasing access to appropriate services and supports. By building provider capacity, improving resource navigation, and expanding education for families and caregivers, the South-Central Regional Network is working to create a more responsive system of care for individuals with ASD, IDD, and TBI who may be at risk for suicidal behaviors.

# Regional Strategy Briefs



TSPN's **Southeast Region** serves Bradley, Bledsoe, Hamilton, Marion, McMinn, Meigs, Grundy, Polk, Rhea, and Sequatchie Counties.

This report was submitted by  
**Bryan Barks, MHS**, Regional Director.

TSPN Southeast's primary strategic focus is reducing access to lethal means among people at risk of suicide. We offer a 30-minute community lethal means security presentation developed by the Southeast Regional Director. She has provided this training health care providers, first responders, mental health professionals, and other community partners across the region. Through this training, we educate people about the role that lethal means play in suicide prevention, explore factors that influence the lethality of different means, debunk myths about method substitution, and present effective ways to securely store lethal means, including firearms, medication, sharps, ligatures, household chemicals, and alcohol.

We hope to train additional presenters in the near future, expanding the number of people this training can reach. We are also developing a 60-minute version of this presentation for opportunities that will include more data, examples, and theory behind lethal means security as well as a myths-versus-facts activity.

In addition to our lethal means training, we have worked to promote the Suicide Prevention Resource Center's Counseling on Access to Lethal Means (CALM) free online training curriculum. We promote this resource during QPR trainings and other speaking and training opportunities throughout the region. We also refer community members to Be SMART as appropriate, as the organization focuses on secure storage of firearms and preventing youth access to firearms. Be SMART has been a regular partner at our regional events.

The Southeast Region also distributes gun locks at every tabling event, and these gun locks are the most popular item we distribute. In recent months, we have partnered with local coalitions to offer medication lock boxes as well. As part of our lethal means security efforts, we maintain a presence at regional events focused on substance use prevention and recovery, educating communities about safe ways to dispose of medication. We also refer attendees to our regional partners as appropriate.

In the future, we will work to establish relationships with firearm retailers and gun clubs and provide educational materials for such settings. We will also work with the newly established lethal means committee to create new educational materials on means security for a variety of audiences.



# Regional Strategy Briefs



TSPN's **Southwest Region** serves Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, Madison, and McNairy Counties.

This report was submitted by **Emily Lunn, BA**, Regional Director.

## Southwest Region

The Southwest Region has worked diligently to stage an annual conference focused on a specific aspect of suicide prevention. Past events have addressed issues such as race and resilience within communities, youth and adolescents, community health and wellness, and high-risk populations within the Southwest Region. Hosting these conferences has built stronger partnerships and new ways to provide outreach and prevention.

Our region has taken a more intentional approach towards youth and adolescents. Local school districts perennially invite our members to train their students in suicide prevention. Our goal here is to inform students about their age group's high-risk status, demonstrate the importance of prevention measures, create a space for introspection, and promote school and community resources.

As a result of this work, we have seen a greater sense of hope and belonging within participating school systems. The number of students who share their personal testimonies after each training demonstrates the value of youth-specific outreach and trainings. Our communities' young people have shown a desire to offer hope and a sense of belonging to their vulnerable friends and neighbors.

# Regional Strategy Briefs



TSPN's **Upper Cumberland Region** serves Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, and White Counties.

This report was submitted by **Michael Anderson**, Regional Director.

## Upper Cumberland Region

The Upper Cumberland Region has deepened its outreach initiatives in 2025/26, focusing on the National Suicide and Crisis Lifeline (988) and additional resources to support communities within the Region.

Collaborative efforts with historic partners have been bolstered and renewed by new friends of TSPN, bringing fresh perspectives and new ideas for engagement opportunities. Regional volunteers have determined that using 988-branded materials in innovative ways is more important than ever before. Actively recruiting servers, restaurateurs, doctors' offices, pharmacies, and other businesses to replace their existing pen caches with TSPN's 988-branded pens has raised visibility and given a new voice to the message of hope.

Suicide prevention awareness, through training initiatives, has also remained a strong focus for the Region. Through valuable partnerships, TSPN volunteers have achieved incredible results. Due to the hard work of our representatives and partners, Cookeville Regional Medical Center nursing staff now receive, as a matter of employment, training on the Columbia Suicide Severity Rating Scale (C-SSRS), affording these clinicians a more fundamental insight and structured response method to the emergent needs of individuals experiencing thoughts of suicide. Additionally, Tennessee Technological University has begun hosting regularly scheduled Living Works ASIST trainings, with scholarships available. Hundreds are expected to complete the training.

Simply stated, the Upper Cumberland Region's membership is represented in every outcome. The appreciation for our volunteers and esteemed Advisory Council members cannot be overstated, for their hard work and dedication to this great State of Tennessee endures.



## Advocacy Priorities for Tennessee

### BUILDING A STRONGER Tennessee!

TSPN has and continues to advocate for Tennesseans by:

Teaching EVIDENCE-BASED PREVENTION such as Applied Suicide Intervention Skills Training (ASIST) and QPR Gatekeeper Training (Question, Persuade, Refer) to communities throughout the state to enhance recognition of crisis and people suffering of suicidal ideation.

SUPPORT TENNESSEE'S STUDENTS by coordinating with local educators to ensure school suicide prevention policies serve students and their communities.

Also, implementing youth-focused prevention programs such as Sources of Strength which is an evidence-based, peer-led wellness program designed for schools and youth communities. It focuses on building resilience, changing community norms, and strengthening youth connections before a crisis ever occurs.

TSPN also continues to:

- Expand access to prevention resources in underserved communities.
- Strengthen local partnerships and community-based prevention efforts.
- Promote awareness and utilization of the 988 Suicide & Crisis Lifeline.
- Strengthen postvention services for schools, workplaces, and communities following a suicide loss.

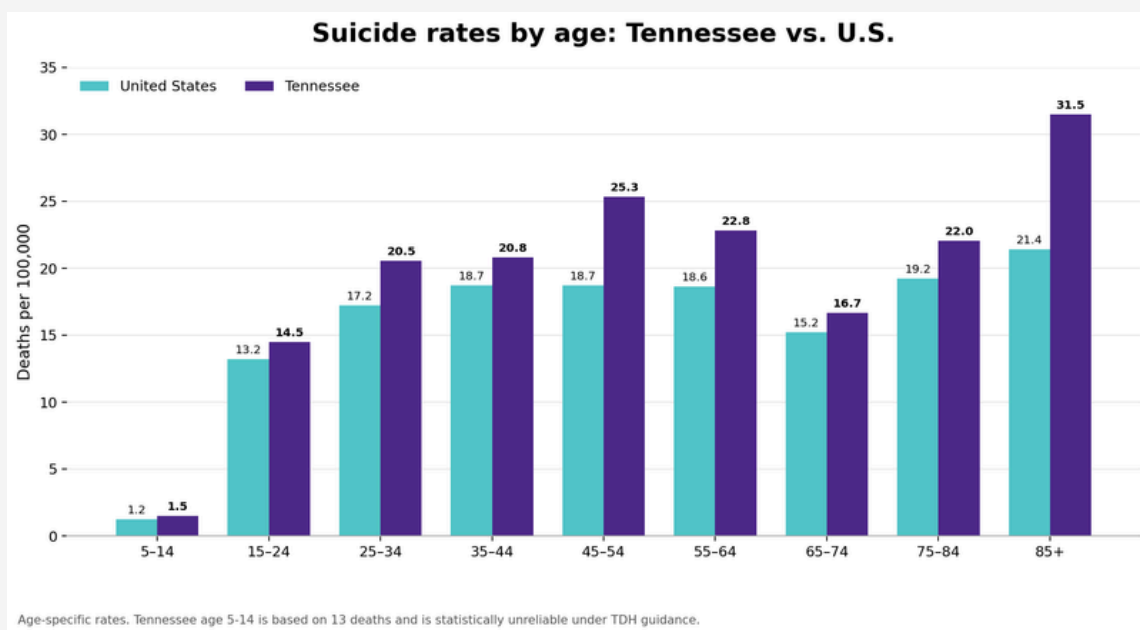
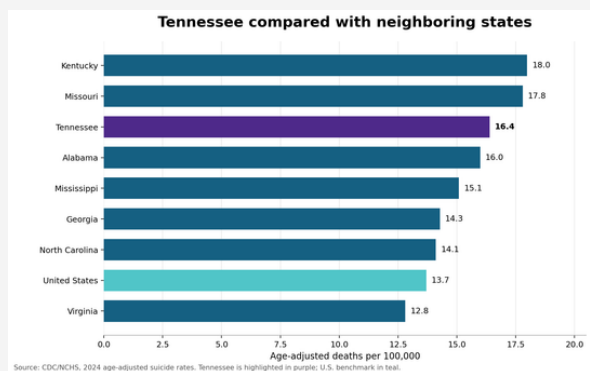
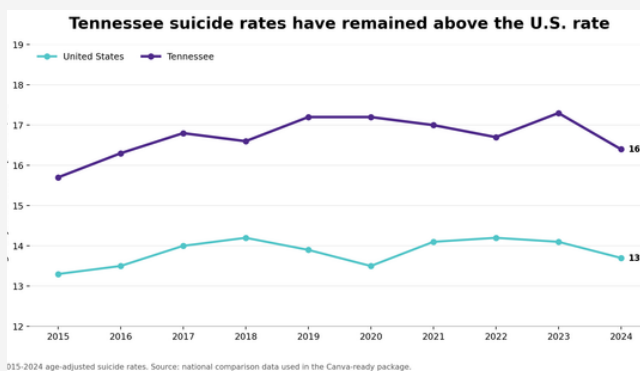
Investing in suicide prevention is investing in healthier families, stronger communities, and safer Tennessee. Prevention. Intervention. Postvention.

As a new Governor and administration commences in early 2027, TSPN looks to partner with newly elected and appointed officials to continue the strong partnerships that have supported TSPN's goals and pursuits over the past 25 years. We will work with our staff and volunteers to inform and support the endeavors of these new and current leaders to address suicide rates and the resilience factors needed to prevent and address suicide attempts and deaths in our state.

# Suicide Prevention in Tennessee: A Public Health Imperative

Tennessee continues to experience a suicide burden that is both substantial and persistently higher than the nation as a whole. In 2024, 1,229 Tennesseans died by suicide. Tennessee's age-adjusted suicide rate was 16.39 deaths per 100,000, compared with 13.7 nationally - nearly 20% higher. Tennessee has remained above the U.S. rate throughout the past decade and remains in the higher-burden tier among neighboring states. This is a persistent public health challenge, not a one-year anomaly.

The burden is not evenly distributed. Tennessee's age-specific rates exceed national rates across the comparable age groups shown, with especially pronounced gaps among adults ages 45-54 and age 85 and older. Sex disparities are also significant: Tennessee's 2024 age-adjusted rate was 26.7 per 100,000 for males versus 6.8 for females; both were above national rates of 22.3 and 5.6. These patterns require targeted prevention alongside accessible crisis and treatment services.



Sources: Tennessee Department of Health, Tennessee Death Statistical File, 2024; CDC/NVSS state suicide data; national comparison sources identified in the accompanying charts. Rates are per 100,000. Tennessee age 5-14 is based on 13 deaths and is statistically unreliable under TDH guidance.

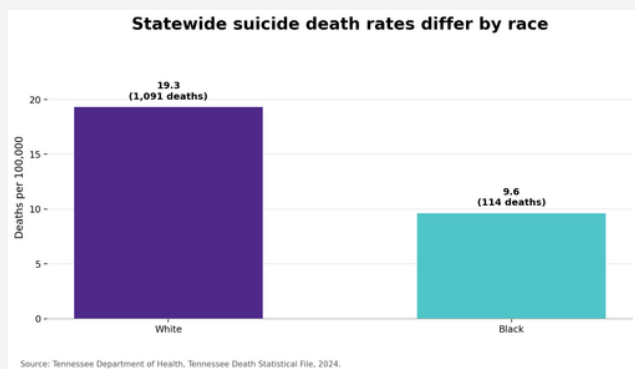
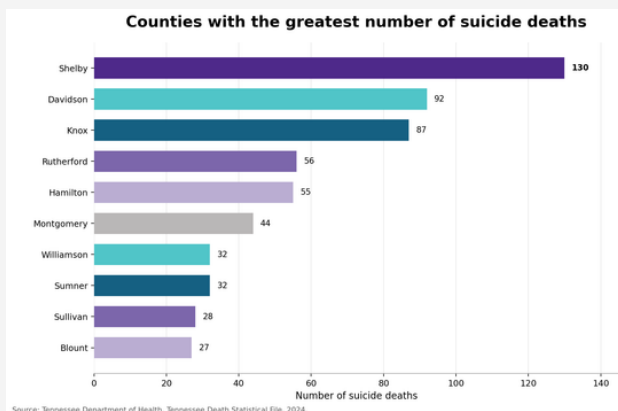
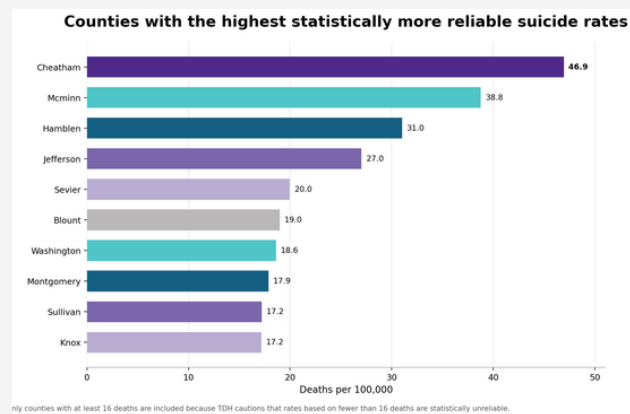
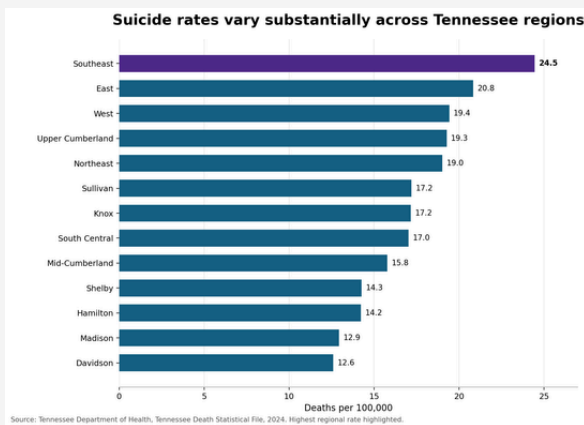


# Why continued funding matters: prevention must move upstream

Suicide prevention is a public health issue, and an effective public health response must extend upstream. Crisis lines, emergency response, and clinical treatment are essential, but they intervene after risk has intensified. Upstream prevention works earlier - strengthening protective factors and reducing the conditions that allow suicide risk to develop or escalate. This includes community connectedness, school and workplace prevention, early identification and referral, lethal-means safety, support for high-risk populations, responsible postvention, provider training, surveillance, and local coalitions that can respond to community-specific patterns.

Tennessee data demonstrate why a one-size-fits-all approach is insufficient. The Southeast region recorded a 2024 suicide rate of approximately 24.5 per 100,000, well above the statewide rate of about 17.0. Among counties with at least 16 deaths - the threshold TDH uses for more statistically reliable rates - Cheatham County had the highest rate at approximately 46.9 per 100,000. At the same time, counties with the greatest numbers of deaths face a different but equally important service burden. Statewide race data also show meaningful differences that should be monitored and addressed with culturally and locally responsive prevention strategies.

Sustained funding allows Tennessee to maintain the prevention infrastructure that produces continuity: reliable data, trained community partners, evidence-informed programs, coordinated referral pathways, public education, and targeted interventions for populations and places at greatest risk. Short-term or episodic funding makes it difficult to build that capacity and evaluate what works. Continued investment should support the full continuum - from upstream prevention and early intervention through crisis response, treatment, and postvention - with resources directed by timely state and local data. Preventing suicide requires more than responding to individual crises; it requires building communities in which fewer people reach a suicidal crisis in the first place.



County rates based on fewer than 16 deaths should be interpreted with caution; the county-rate chart includes only counties meeting that reliability threshold.

# TSPN Trainings



**Question, Persuade, Refer (QPR)** suicide-prevention training is a 1-2 hour training that helps both professionals and lay caregivers become more comfortable, competent, and confident when talking with people at risk for suicide. Participants learn how their own attitudes about suicide can affect their efforts to help. They gain the knowledge and skill to recognize and estimate suicide risk, and learn how to intervene through role-playing and supervised simulations and how to create crisis networks out of existing local resources.

**Applied Suicide Intervention Skills Training (ASIST)** is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and estimate suicide risk, and learn how to intervene to prevent the immediate risk of suicide. ASIST trainings are designed to help all caregivers become more comfortable, competent, and confident when supporting persons at risk of suicide.



**SafeTALK** is a 4 hour, evidence-based suicide-prevention training that equips participants to prevent suicide by recognizing signs, engaging those at risk of suicide, and connecting them to an intervention resource for further support. safeTALK focuses on increasing suicide alertness, creating a network of safety to provide support and breaking down stigma to encourage open, direct conversation about suicide.

**Mental Health First Aid (MHFA)** teaches participants how to help adults who are experiencing mental health or addictions challenges. MHFA introduces common mental health challenges for adults and teaches a 5-step action plan for how to help in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders. MHFA is designed for adults who interact with other adults in their respective role and personal lives.



**TSPN General Suicide Prevention Presentations** are available that highlight the work of TSPN; general suicide data in Tennessee and the U.S.; common warning signs, risk factors, and protective factors related to suicide risk; and more. TSPN Presentations can be tailored to include information on lethal means safety, high-risk populations, co-occurring disorders, and other topics.





**The Columbia Suicide Severity Rating Scale (C-SSRS)** is a short questionnaire to estimate someone's suicide risk and provide options for support. Anyone can administer it, even without formal mental health training. TSPN offers a set of free quick-reference badges featuring the C-SSRS questions. Add it to your lanyard with your other badges, or keep it in your wallet. You can complete a free, online training course on utilizing the C-SSRS tool by visiting <https://cssrstraining.com/courses/cssrs/>.

**Counseling on Access to Lethal Means (CALM)** is a 2-hour, online course teaching strategies for keeping at-risk individuals safer by using means security approaches. This training is appropriate for all members of the community.



**Sources of Strength (SOS)** is a research-informed, upstream prevention program focused on promoting resiliency, bullying, substance abuse, and violence among our state's children, teens, and young adults. Sources of Strength is unique in its use of peer leaders within the youth organizations hosting to promote and build the protective factors that help prevent suicide. Scroll down to find out how to bring this program to your community.

**Youth Mental Health First Aid (YMHFA)** teaches participants how to help adolescents (ages 12-18) who are experiencing mental health or addictions challenges. YMHFA is designed for adults who regularly interact with young people in their respective role or personal lives. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.



# Our Leadership

TSPN recently brought on a new Executive Director, Whitney Jenkins. Whitney's passion for suicide prevention is rooted in both her professional background and her personal journey. As someone with lived experience, including surviving multiple suicide attempts and finding hope in recovery, she brings empathy, authenticity, and an unwavering belief that healing is possible. She believes that every person's story matters and that hope, connection, and timely support can save lives. Whitney has more than a decade of experience developing innovative programs, building strategic partnerships, securing resources, and leading initiatives that improve the well-being of individuals and communities.

She is joined by Harper-Grace Rice, who will continue in a leadership role as the TSPN Deputy Director. Before joining TSPN, she served as the Zero Suicide Initiative Director at Mental Health America of the MidSouth, overseeing its multi-year SAMHSA grant until its conclusion. She has also worked with the Tennessee Department of Health in the Office of Strategic Initiatives, where she oversaw the redesign and implementation of the Tennessee Vitality Toolkit. Having lost her brother and father to suicide, Harper-Grace is a fierce advocate for upstream suicide prevention efforts and is excited to bring her skills and passion to the TSPN team every day.

# Who We Train

TSPN's suicide prevention training reaches a broad cross-section of Tennesseans, reflecting the understanding that suicide prevention is a shared community responsibility. Trainings are delivered to professionals and community members who are uniquely positioned to recognize risk, connect individuals to support, and strengthen protective factors within the populations they serve.

Audiences include K-12 schools and higher education, healthcare providers, first responders, behavioral health professionals, government agencies, faith communities, veterans and military-connected populations, LGBTQIA+ communities, court and correctional systems, businesses, media, substance use prevention and treatment organizations, and community-based organizations, among others. TSPN also engages general community members, ensuring that suicide prevention knowledge extends beyond traditional healthcare and behavioral health settings.

This diverse reach is central to an upstream, public health approach to suicide prevention. By equipping people across multiple sectors with the knowledge and skills to identify warning signs, promote help-seeking, connect people to appropriate resources, and foster supportive environments, TSPN helps build a statewide network of prevention that reaches Tennesseans where they live, learn, work, worship, and receive services.



# Training Data

The following charts illustrate TSPN's ongoing efforts to provide suicide prevention education and training in communities across Tennessee. Raw data was not available for years that are not represented in the charts; therefore, gaps should not be interpreted as years in which trainings did not occur. Rather, the charts reflect the years for which complete historical data were available for analysis.

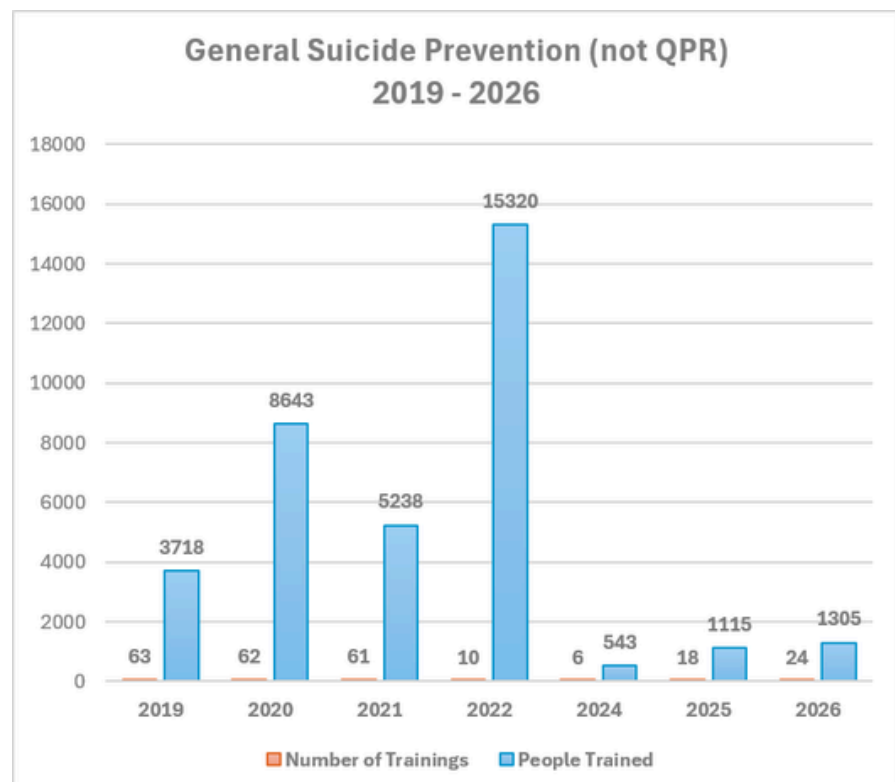
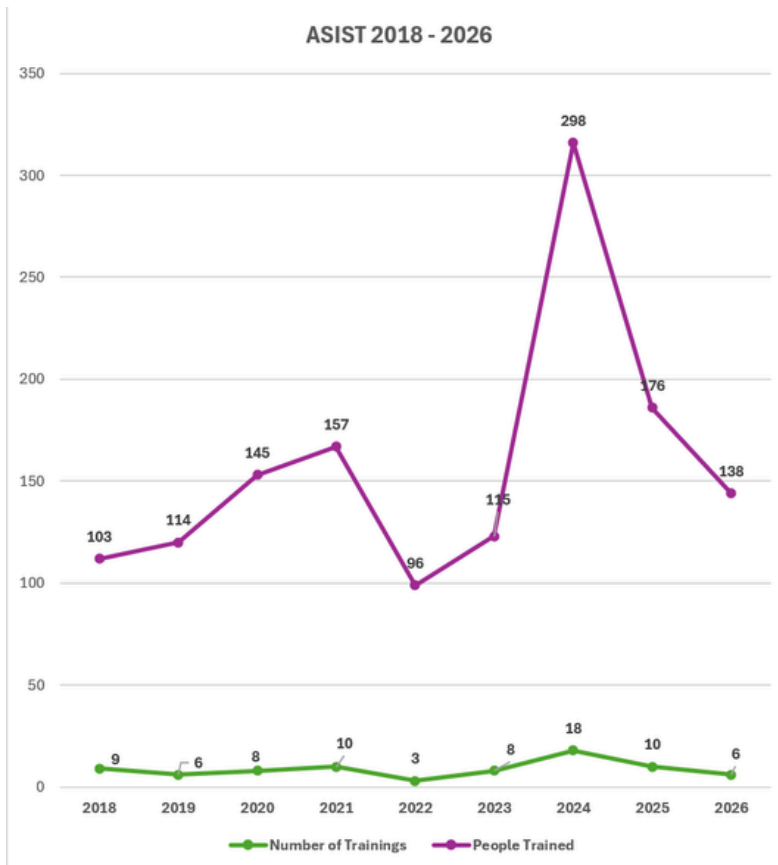
Following the COVID-19 pandemic, TSPN experienced an increase in demand for training, including increased requests from professionals seeking opportunities that provided continuing education credits. This heightened demand reflects both the growing recognition of suicide prevention as an important component of professional development and an increased need for prevention knowledge and skills within Tennessee communities.

Importantly, TSPN's training activities are community-driven rather than based on a predetermined annual distribution of training types. The number and types of trainings provided in any given year reflect the needs and requests received from communities, organizations, schools, healthcare and behavioral health professionals, first responders, and other partners across the state. As community needs change, TSPN responds accordingly. Therefore, year-to-year variations among individual training programs should be understood as a reflection of community demand and TSPN's ability to adapt prevention efforts to meet Tennesseans where the need exists.

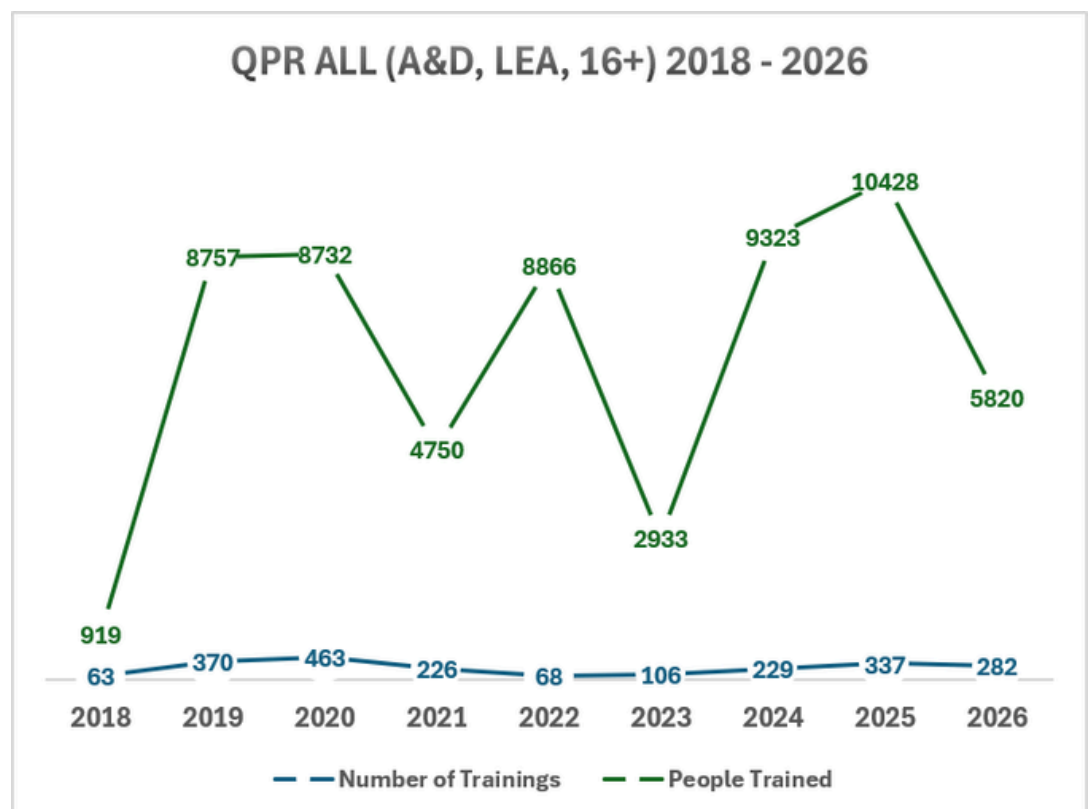
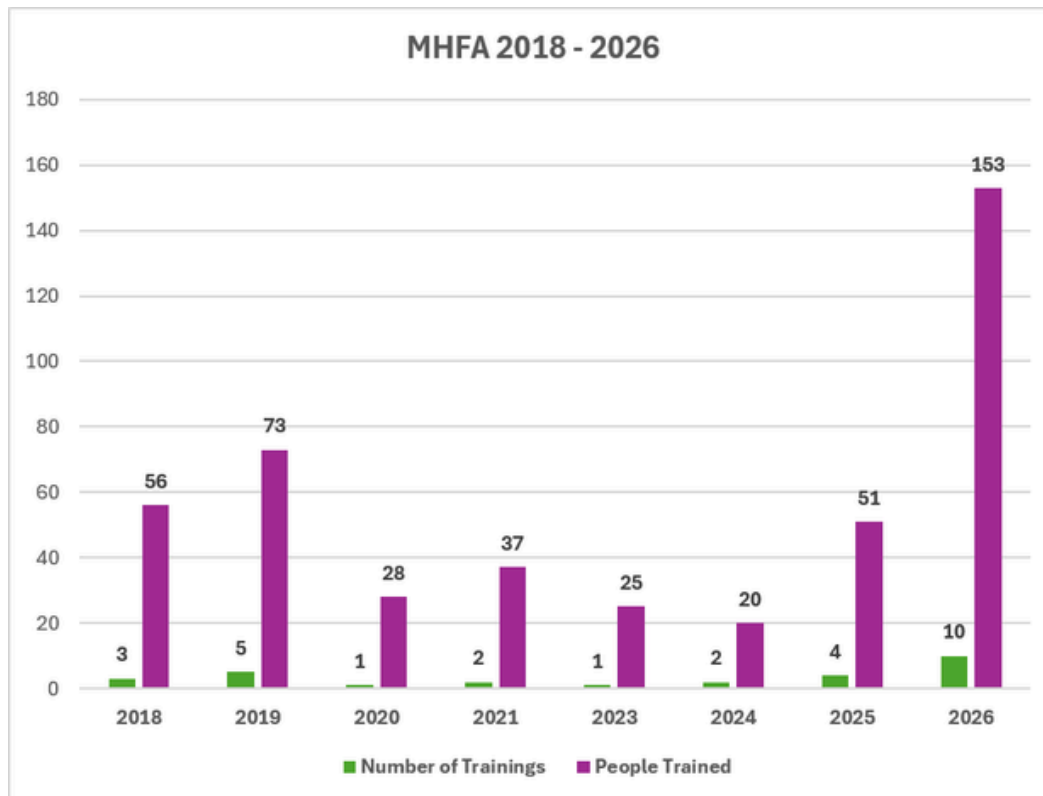
TSPN has also expanded its repertoire of available training over the years - recently adding Mental Health First Aid, Sources of Strength, safeTALK and parity training. All these trainings are defined on pages 25-26. Trainings can be requested through a local regional director or by contacting us through our website. Training to become a trainer in many of these modalities is also available.

Following the seven historical training charts, two additional pages provide a closer look at TSPN's training and outreach activities during FY 2025–2026. These pages illustrate the breadth of TSPN's current statewide reach, including the variety of audiences engaged through training, education, outreach, and prevention activities. Together, these current-year snapshots complement the historical training data by demonstrating how TSPN continues to translate statewide suicide prevention infrastructure into direct community engagement across Tennessee.

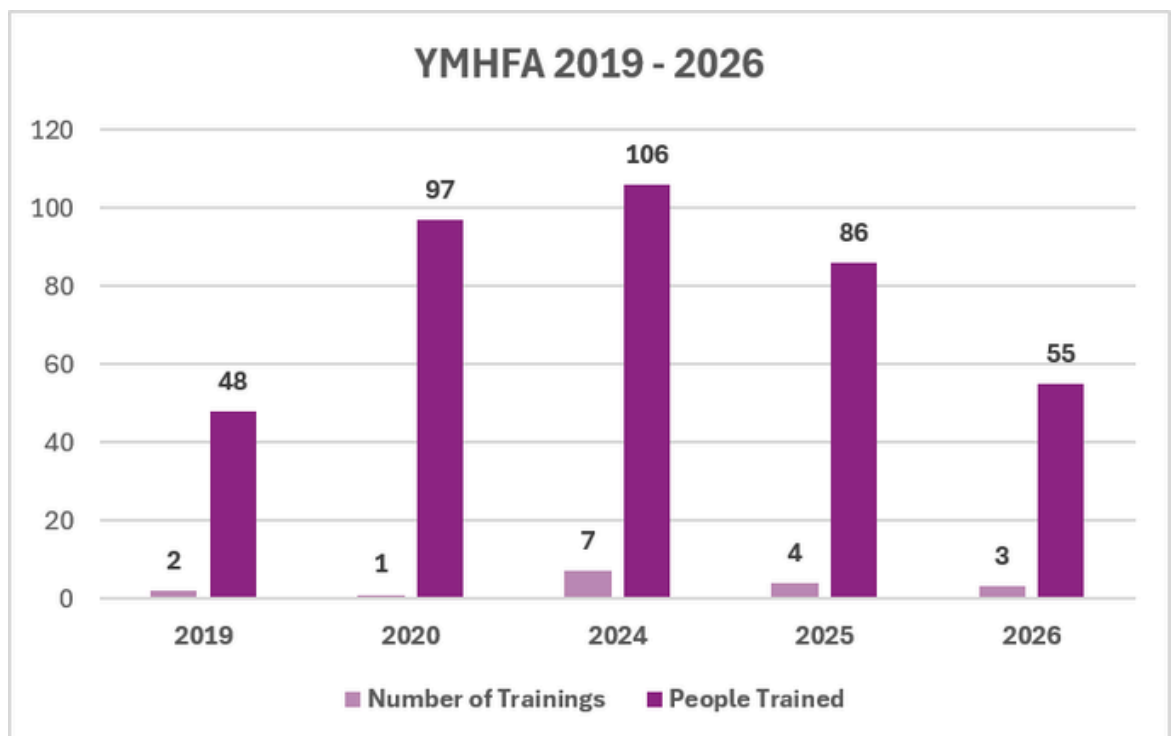
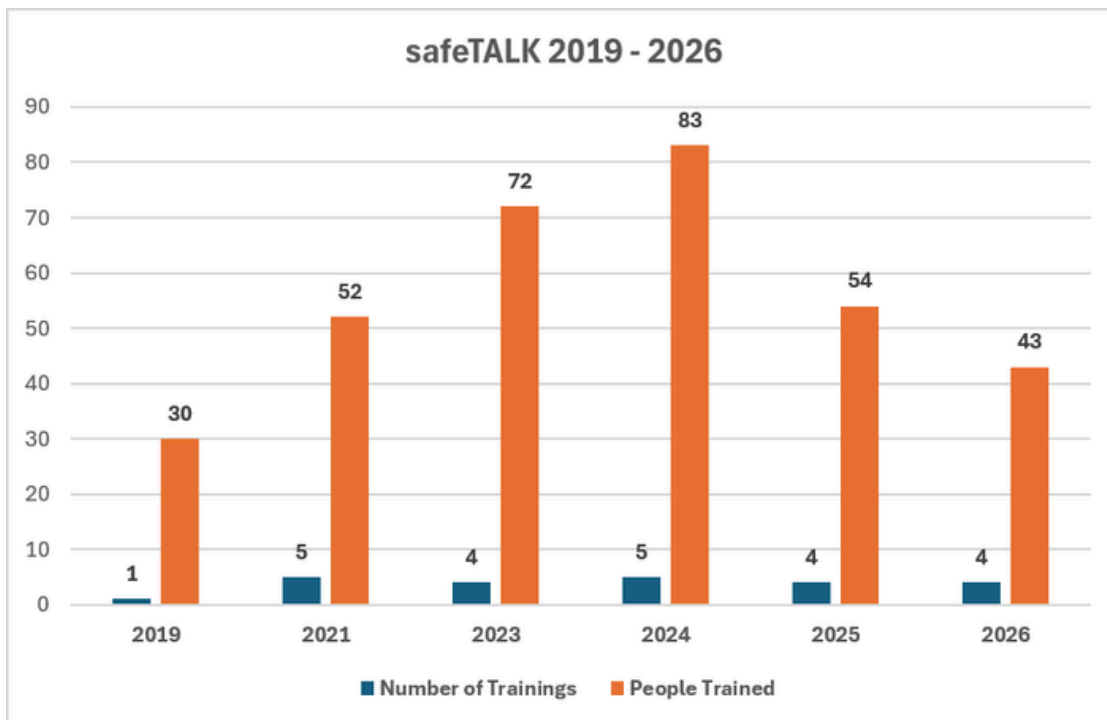
## 2018 - 2026 Statewide Training Events & People Trained



## 2018 - 2026 Statewide Training Events & People Trained



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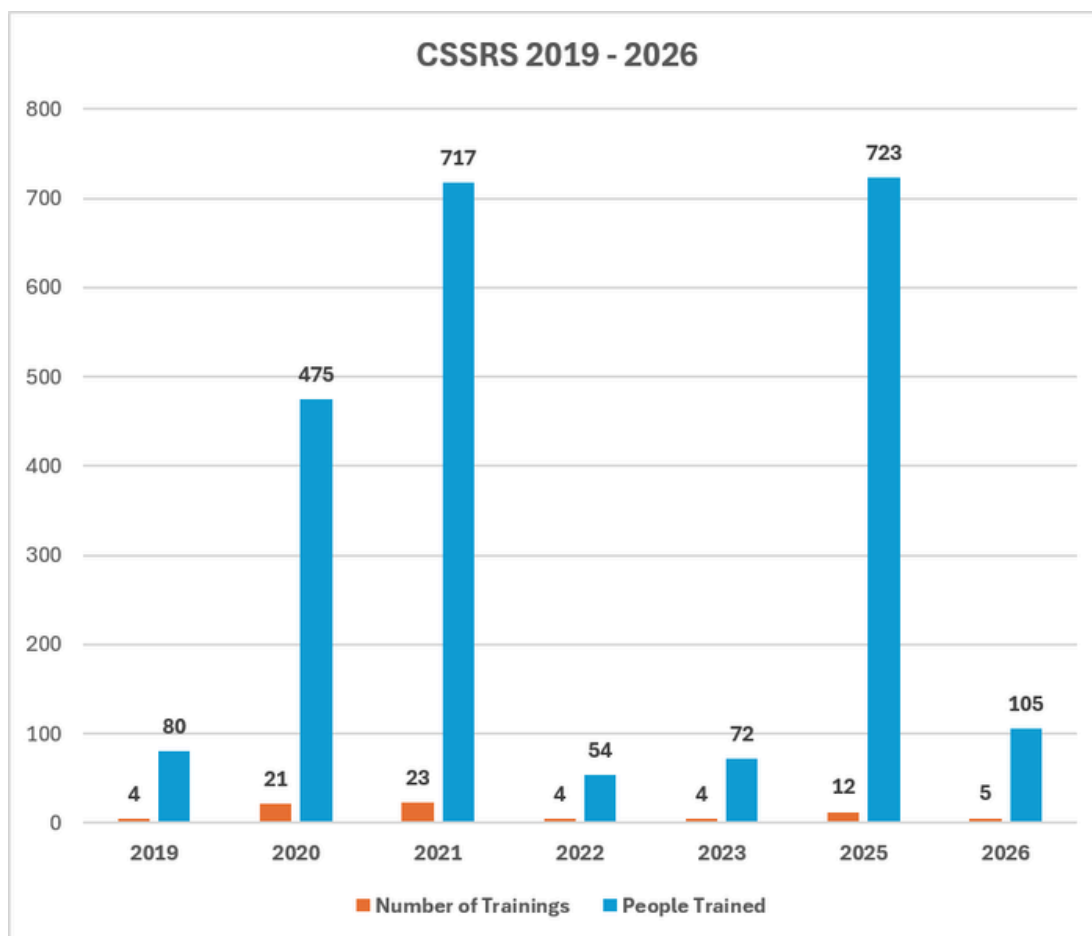




## Training Events & People Trained

The Columbia-Suicide Severity Rating Scale (C-SSRS) is rapidly becoming the national and global standard in suicide risk assessment, proving more effective than other screening mechanisms previously introduced. C-SSRS is the only screening tool that assesses the full range of evidence-based ideation and behavior items, with criteria for next steps (e.g., referral to mental health professionals); thus, the C-SSRS can be exceptionally useful in initial screenings. Additionally, no formal mental health training is required to administer it.

Since its debut in 2007, C-SSRS has been endorsed by the National Action Alliance for Suicide Prevention, and the Centers for Disease Control and Prevention has formally adopted its definitions of suicidal ideation. Additionally, C-SSRS has been requested or recommended by several federal and international agencies, including the Food and Drug Administration, the World Health Organization, the Joint Commission, and the American Medical Association.



# TENNESSEE SUICIDE PREVENTION NETWORK

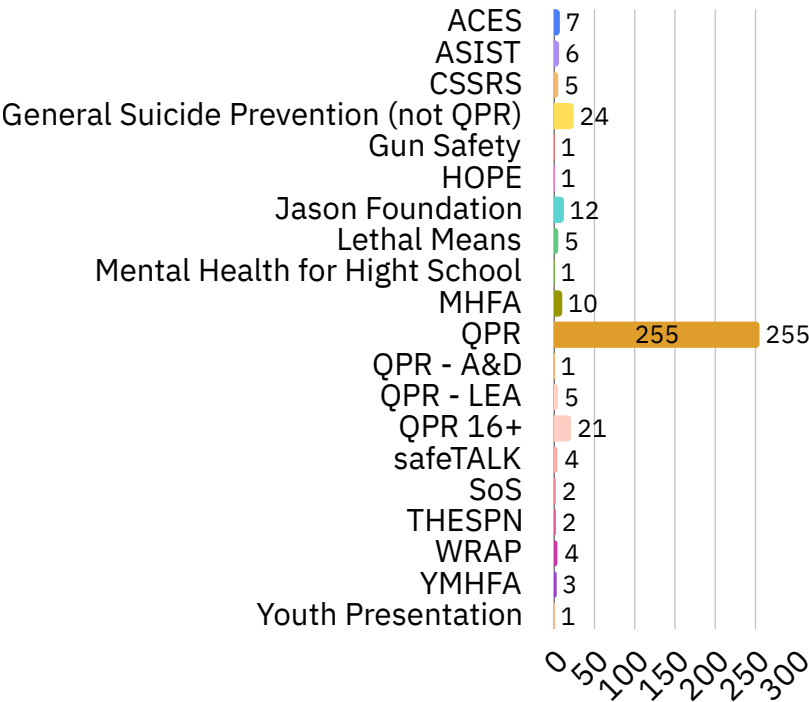
## 2025 - 2026 TDMHSAS Year End Report



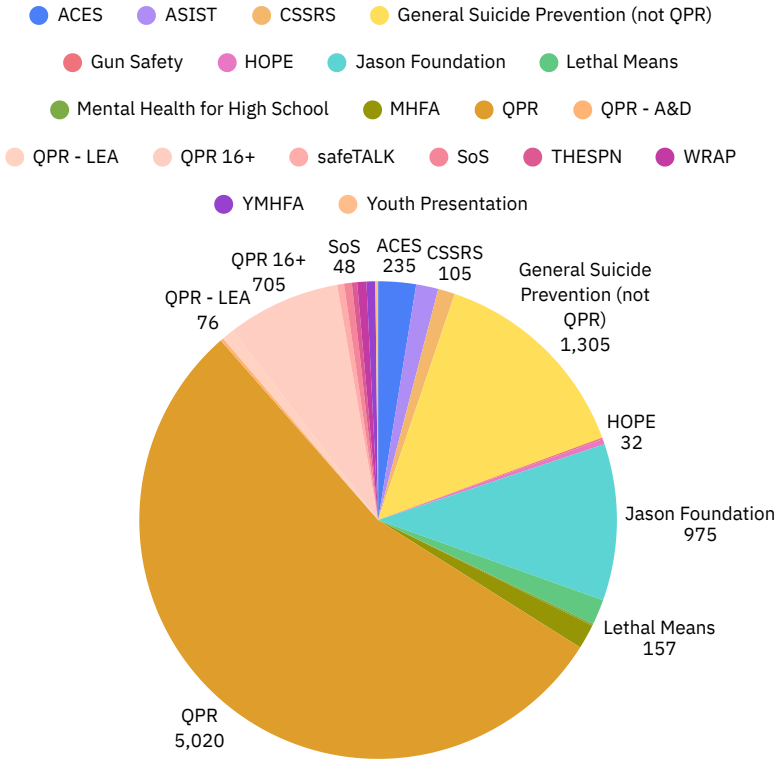
### Statewide

### TRAINING BREAKDOWN

370  
trainings  
conducted



9,195  
people trained



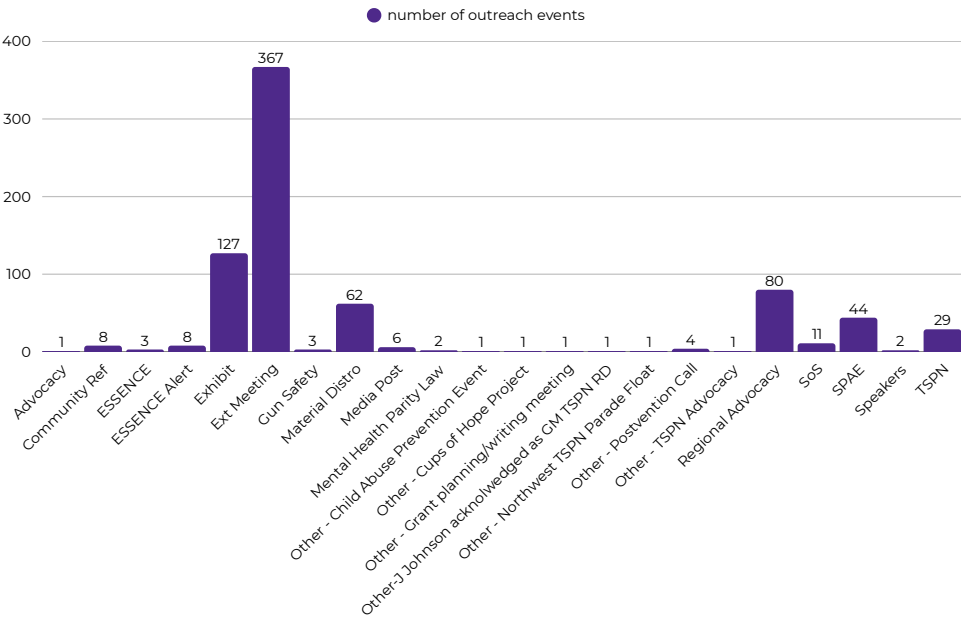
TENNESSEE SUICIDE PREVENTION NETWORK  
2025 - 2026 TDMHSAS Year End Report



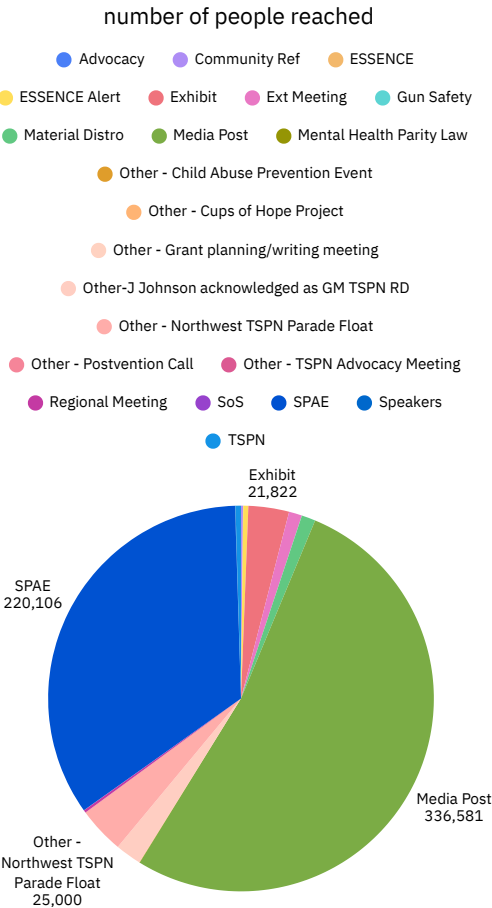
Statewide

OUTREACH  
BREAKDOWN

763  
events  
conducted



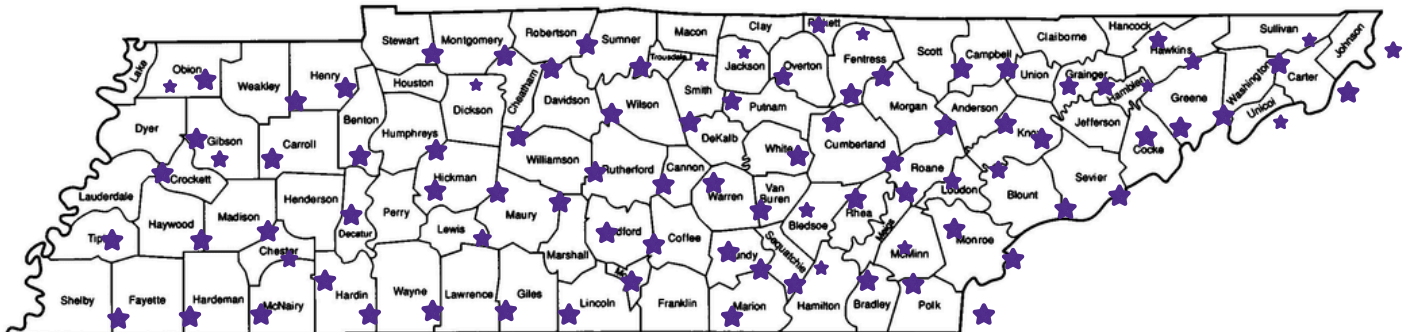
640,850  
people reached



# 2025 - 2026 TDMHSAS

## Year-End Report

### TOTAL EVENTS BY COUNTY (OUTREACH, TRAININGS & POSTVENTIONS)



County

| Anderson | 15 | 657              | Cumberland | 2  | 155  | Hardeman   | 2  | 250   | Lawrence   | 12 | 101  |
|----------|----|------------------|------------|----|------|------------|----|-------|------------|----|------|
| Bedford  | 4  | 456              | Davidson   | 20 | 1024 | Hardin     | 6  | 62    | Lincoln    | 4  | 435  |
| Bledsoe  | 5  | Number of Events | Dickson    | 17 | 524  | Hawkins    | 4  | 1244  | Loudon     | 5  | 800  |
| Blount   | 8  | 153              | Dyer       | 20 | 1481 | Haywood    | 2  | 66    | Macon      | 6  | 591  |
| Bradley  | 7  | 169              | Fayette    | 3  | 50   | Henderson  | 10 | 931   | Madison    | 24 | 561  |
| Campbell | 6  | 64               | Fentress   | 6  | 420  | Henry      | 18 | 26039 | Marion     | 6  | 374  |
| Cannon   | 2  | 30               | Franklin   | 2  | 40   | Hickman    | 3  | 264   | Marshall   | 4  | 78   |
| Carroll  | 7  | 197              | Gibson     | 22 | 1234 | Houston    | 8  | 96    | Maury      | 10 | 258  |
| Carter   | 10 | 985              | Giles      | 4  | 89   | Humphreys  | 7  | 95    | McMinn     | 4  | 93   |
| Cheatham | 15 | 266              | Grainger   | 7  | 72   | Jackson    | 3  | 65    | McNairy    | 2  | 34   |
| Chester  | 3  | 140              | Greene     | 9  | 164  | Jefferson  | 11 | 128   | Meigs      | 8  | 99   |
| Clay     | 2  | 35               | Grundy     | 12 | 359  | Johnson    | 10 | 181   | Monroe     | 20 | 1138 |
| Cocke    | 4  | 45               | Hamblen    | 3  | 48   | Knox       | 59 | 956   | Montgomery | 18 | 328  |
| Coffee   | 4  | 69               | Hamilton   | 47 | 730  | Lake       | 5  | 154   | Morgan     | 3  | 31   |
| Crockett | 12 | 468              | Hancock    | 6  | 216  | Lauderdale | 3  | 332   | Obion      | 8  | 217  |

# TOTAL EVENTS BY COUNTY Statewide Continued

## (OUTREACH, TRAININGS & POSTVENTIONS)



|                               |     |        |                                                                        |    |        |                                                                      |    |       |
|-------------------------------|-----|--------|------------------------------------------------------------------------|----|--------|----------------------------------------------------------------------|----|-------|
|                               |     |        |                                                                        |    |        |                                                                      |    |       |
| Out of State<br>Miami<br>Dade | 1   | 60     | Several<br>Counties<br>(Carter,<br>Greene,<br>Sullivan)                | 1  | 1000   | Van Buren                                                            | 3  | 530   |
| Overton                       | 4   | 296    | Several<br>Counties<br>(Carter,<br>Sullivan)                           | 1  | 600    | Various<br>Southeast<br>Counties                                     | 6  |       |
| Perry                         | 2   | 84     | Several<br>Counties<br>(Bedford,<br>Franklin,<br>Lincoln,<br>Marshall) | 1  | 3      | Virtual<br>(Cocke,<br>Grainger,<br>Greene,<br>Hamblen,<br>Jefferson) | 8  | 75    |
| Pickett                       | 2   | 40     | Sevier                                                                 | 2  | 35     | Virtual<br>(Cocke,<br>Grainger,<br>Greene,                           | 1  | 10    |
| Polk                          | 3   | 31     | Shelby                                                                 | 77 | 122799 | Virtual<br>(Cocke,<br>Grainger,<br>Hamblen)                          | 1  | 10    |
| Putnam                        | 9   | 145    | Smith                                                                  | 9  | 330    | Virtual<br>(Hickman,<br>Lewis,                                       | 1  | 16    |
| Regionwide                    | 193 | 386255 | Statewide                                                              | 66 | 7669   | Virtual<br>(Phone,<br>Fax)                                           | 1  | 1     |
| Rhea                          | 4   | 53     | Stewart                                                                | 7  | 81     | Warren                                                               | 3  | 66    |
| Roane                         | 6   | 94     | Sullivan                                                               | 28 | 2214   | Washington                                                           | 41 | 2265  |
| Robertson                     | 16  | 386    | Sumner                                                                 | 10 | 241    | Wayne                                                                | 2  | 44    |
| Rutherford                    | 3   | 155    | Tipton                                                                 | 10 | 62278  | Weakley                                                              | 21 | 13152 |
| Scott                         | 6   | 452    | Trousdale                                                              | 11 | 182    | White                                                                | 4  | 225   |
| Sequatchie                    | 2   | 29     | Unicoi                                                                 | 9  | 758    | Williamson                                                           | 5  | 94    |
|                               |     |        | Union                                                                  | 8  | 65     | Wilson                                                               | 8  | 802   |



# Bibliography and Resources

The following reports, position papers, websites, and databases were consulted in the preparation of this publication. TSPN is especially indebted to the Tennessee Department of Health, especially the Prevent Suicide Tennessee program within the Department, for the provision and confirmation of state- and county-level suicide death and injury data.



Over the course of its existence, TSPN has supported and promoted 1-800-SUICIDE created by the Kristin Brooks Hope Center, the National Suicide Prevention Lifeline supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Tennessee Statewide Crisis Line.

Today TSPN proudly promotes the 988 Suicide and Crisis Lifeline, the revisioning of the National Suicide Prevention Lifeline. TSPN includes the number on our website, our social media channels, and the marketing items we distribute at our events.

If you or a loved one facing is struggling with mental health or substance abuse issues, or emotional distress, call or text "988" for connection to a trained counselor. You can also chat with a counselor at [988lifeline.org](https://988lifeline.org).

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The National Strategy for Suicide Prevention, a.k.a. the National Strategy) was first issued by the Office of the U.S. Surgeon General in 2001. It represented the first time the federal government specifically recognized suicide as a major public health issue requiring a national response. TSPN used the National Strategy to create a localized version in 2002, which still guides the work of TSPN statewide and regionally.

The Office of the U.S. Surgeon General worked with the National Action Alliance for Suicide Prevention in 2012 on a comprehensive update of the National Strategy. For its part, TSPN's staff and Advisory Council periodically reviews the Tennessee Strategy for Suicide Prevention, updating it inline with changes to the National Strategy and local priorities. The Advisory Council approved the eighth edition of the Tennessee Strategy in 2023.

The current version of the National Strategy is available at <https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf>. The Tennessee Strategy is available for review on the TSPN website (<https://tspn.org/tennessee-strategy-for-suicide-prevention>).

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Finally, we invite you to explore the TSPN website itself ([tspn.org](https://tspn.org)) to learn more about our meetings, our ongoing projects, upcoming conferences and training sessions, and how you can support the work we do personally and financially. Email [tspn@tspn.org](mailto:tspn@tspn.org) to sign up for our monthly newsletter, the *TSPN Call to Action*, and for the mailing lists for specific TSPN regions.

# Acknowledging our State-Level Supporters



TSPN and its administration through TAADAS want to acknowledge our grant funding through two Tennessee state departments. The support of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has been in place since the creation of TSPN. That department has shepherded much of TSPN's growth and change. In 2021, the Tennessee Department of Health reached out to support TSPN's training efforts and to begin new programs related to ESSENCE alerts and Sources of Strength. Their combined financial support along with their recognition of the need for quality suicide prevention programming provides the foundation for all our current work.

TSPN staff has grown over the years as they went from one staff person, an Executive Director, to now having 13 staff. TSPN grew gradually from that one staff person to funding for three regional directors and an assistant, then five regional directors with an additional Zero Suicide Director. TSPN had grown to nine regional directors by 2020 when the contract came to TAADAS.

At this time, TSPN has ten Regional Directors, a Reports Analyst, a Deputy Director and an Executive Director. Additionally, there are two communications staff in addition to the accounting and human resources positions that support TSPN's work. The recent addition of the TSPN Deputy Director is a direct result of new TDMHSAS funding.

We appreciate our state-level partners in this work and send them a big...

*Thank you!*