STATUS OF SUICIDE IN TENNESSEE

2016
The Tennessee Suicide Prevention Network (TSPN) has its origins in two landmark events in the field of suicide prevention: the 1998 SPAN-USA National Suicide Prevention Conference in Reno, Nevada, spurring the development of a statewide suicide prevention movement, and the U.S. Surgeon General’s Call to Action to Prevent Suicide in 1999, acknowledging suicide as a major public health problem and provided a framework for strategic action.

The movement in Tennessee was spearheaded by Dr. Ken Tullis and his wife Madge, who attended the 1998 conference. They subsequently launched a campaign to “SPAN the State of Tennessee in 1998”. By convening a panel of local mental health and suicide prevention experts, the Tennessee Strategy for Suicide Prevention was developed, responding to each of the fifteen points in the Surgeon General’s Call to Action.

At the first statewide Tennessee Suicide Prevention Conference in 1999, the Tennessee Strategy for Suicide Prevention was endorsed by mental health, public health, and social service professionals and presented to state leaders. The foundation of a statewide suicide prevention network was an outgrowth of the collaborative movement of this conference. Eight regional networks were established for local community action on the Tennessee Strategy for Suicide Prevention under the coordination of a statewide Executive Director and a gubernatorially appointed Advisory Council consisting of regional representatives. An Intra-State Departmental Group consisting of representatives from state departments and agencies was established to advise the Network and build inter-agency partnerships for the implementation of the Tennessee Strategy for Suicide Prevention.
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Note regarding statistics in this report:

All national data is courtesy of the Centers for Disease Control and Prevention; all state data is from the Tennessee Department of Health’s Office of Healthcare Statistics.
Looking back, this past year presented TSPN with some unique challenges, but plenty of opportunities to innovate, to shine, and, perhaps most importantly, to save lives. 2016 promises further triumphs now that the hurdles of 2015 have been cleared.

In the past year we staged a major statewide symposium that brought in locally and nationally regarded speakers, and which gave us an opportunity to support the work of documentarian Lisa Klein and her foray into the world of mental illness. Thanks to your support, Ms. Klein’s latest project, “The S Word”, has been fully funded and is poised to change the national conversation about living through a suicide attempt.

Our Gun Safety Project continued to make inroads and impacts, especially in West Tennessee. In May this project was spotlighted in the Memphis Commercial-Appeal, in a report that was carried in several other local newspapers. On a related note, we entered into a partnership with the Brady Campaign to Prevent Gun Violence to customize their youth brochure “Suicide-Proofing Your Home: The Parent’s Guide to Keeping Families Safe”. We would like to also thank TSPN Southeast Chair Eve Nite, the designer of the adult version of the brochure, alongside Zero Suicide Coordinator Misty Leitsch and the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) (especially Melissa Sparks, Director of the Office of Crisis Services and Suicide Prevention, and Morenike Murphy, TLC Connect & TARGET Project Director) for their valuable input. These brochures are available on the TSPN website and made available for distribution across the state of Tennessee.

17 mental health and managed care agencies across the state are participating in Tennessee’s Zero Suicide Initiative, which aims to eliminate (not merely reduce) suicide within their client base. They are all moving forward with aggressive yet achievable action plans incorporating best-practice prevention and intervention strategies, researching agency needs and training their management and staff accordingly. We anticipate us bringing in several additional facilities into the Initiative during 2016.

The Advisory Council and Intra-State Departmental Group remain extremely active. At a retreat held this August, members of the Intra-State Departmental Group brainstormed how they could implement suicide prevention, intervention, and postvention policies and procedures for the people they serve and for their employees. Each of the departments represented within the Group has formed or is forming a committee to study what changes can be made and how. Special mention must also be made of Terry Love, Injury Prevention Manager, within the Tennessee Department of Health’s Division of Family Health and Wellness, for engaging state departments and agencies in a comprehensive review of intra-departmental suicide prevention policies. We are also indebted to the Tennessee Departments of Children’s Services, Correction, Education, Finance and Administration, Human Services, Safety and Homeland Security, and Veteran Services, as well as the Tennessee Army National Guard, the Tennessee Bureau of Investigation, the Tennessee Commission on Children and Youth, and the Tennessee Council on Aging and Disability for their enduring support of our local and statewide projects.

Finally, TSPN extends its sincerest appreciation to Governor Bill Haslam and his office for their continuing commitment to TSPN. We would also like to thank the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and Commissioner E. Douglas Varney for their patronage and their enthusiastic endorsement of our efforts.

If you are not actively involved with TSPN, this is perfect opportunity to start. Come to one of our regional meetings as listed on our website—go to our regional information page (http://tspn.org/regional-information) and click on the region corresponding to your part of the state to see dates and times. Review our free brochures or arrange for a free training session for your business or agency. Above all, learn the warning signs of suicide and don’t be afraid to speak up when you see someone in crisis. You may be afraid of what will happen if you say something, but the results could be far worse than if you don’t.

TSPN wishes you all a healthy and happy 2016, and we look forward to working with you to prevent suicide and save lives in Tennessee.

Scott Ridgway, MS
Executive Director, TSPN

Tim Tatum, MA, LPC-MHSP
Chair, TSPN Advisory Council
In any given day, three people in Tennessee die by suicide. As of 2014, suicide is the third-leading cause of death for young people (ages 10-19) in Tennessee, with one person in this age group lost to suicide every week. We lose one person between the ages of 10-24 every four days, and every day we lose at least one person over the age of 45—midlife and older adults are actually at higher risk.

This edition of the Status of Suicide in Tennessee report, an annual publication of the Tennessee Suicide Prevention Network (TSPN) notes with quiet satisfaction an apparent decline in the state’s suicide rate in 2014—the latest year for which state-specific figures are available.

In 2014, both the raw number of suicide deaths and the rate per 100,000 had backed away from the all-time high noted the previous year. There were 945 recorded suicide deaths, at a rate of 14.4 per 100,000.

However, suicide rates remain elevated among people in midlife, especially white males. Tennesseans aged 45-64 are over three times more likely to die by suicide than those aged 10-19--typically the age group that attracts most of the attention when it comes to suicide prevention efforts.

We also note that firearms are the most common means of suicide death and attempts in Tennessee. In any given year, roughly two-thirds of the suicides in our state involve a firearm.

In addition to reporting on the facts and figures related to suicide in Tennessee, this report also summarizes TSPN’s suicide prevention efforts, with special attention given to efforts to address suicide in midlife, as well as our efforts to incorporate suicide prevention into existing firearm safety efforts. We also provide an update on Tennessee’s Zero Suicide Initiative, through which TSPN and its community partners seek to eliminate suicide among clients of our state’s behavioral health programs.

TSPN staff pose a photo with Dr. Paul Quinnett, founder of the QPR suicide prevention curriculum and head of the QPR Institute (third from right), during a free moment at the American Association of Suicidology conference in Atlanta on April 16, 2015.

Also pictured from left to right: TSPN Executive Director Scott Ridgway, West Tennessee Regional Coordinator Amy Dolinky, Zero Suicide Coordinator Misty Leitsch, East Tennessee Regional Coordinator Scott Payne, and Middle Tennessee Regional Coordinator Samantha Nadler.

In September, Payne left TSPN to accept the position of Executive Director of the Metropolitan Drug Commission in Knoxville. TSPN applauds his past efforts and continuing involvement with the Network and thanks Dolinky for taking over the post of East Tennessee Regional Coordinator.

TSPN was a proud partner and supporter of this year’s “Out of the Darkness” Community Walks, staged by the American Foundation for Suicide Prevention (AFSP). Over 1,000 people came out to the Nashville Music Row Walk at Nashville’s Owen Bradley Park on September 12. TSPN had an exhibit at the event, displaying our “Love Never Dies” Quilts at the event. TSPN was well-represented among the walkers present, who raised over $70,000 for AFSP.

TSPN also staged exhibits at walks held in Chattanooga, Knoxville, and Memphis during October.
Historically, motor vehicle accidents have been the leading cause of injury death for people in Tennessee. But that number has dropped both statewide and nationally due to a combination of factors: improvements in vehicle and road safety, stronger seat belt and child safety seat legislation, and the increasing adoption of graduated drivers license privileges for younger drivers, and better messaging about common causes of traffic accidents (driving under the influence, distracted driving, etc.). Also, the number of fatalities tends to decline during economic downturns such as the recession several years back—people try to conserve gas money by not driving as much.

Meanwhile, the same economic reversal that aided the decline in motor vehicle deaths had the opposite effect on suicide. It is well-documented that suicides increase during depressions and recessions, and a 2012 study in the *Lancet*, a British medical journal, observed that the U.S. suicide rate increased four times faster between 2008 and 2010 than it did in the eight years prior to the recession. The study authors concluded that there were 1,500 excess suicide deaths each year than would have been indicated by prior rates. In 2008, suicide officially entered the top 10 leading causes of death as determined by the CDC, and remained there through 2010—the last year for which national data is available.

It is telling that in ten years, the difference between motor vehicle and suicide deaths in Tennessee narrowed to the point that they are practically equal.

A group photo from the Applied Suicide Intervention Skills Training (ASIST) instructor course held in Nashville, taken at the close of the week-long course on October 9. Participants completing the course were certified to lead ASIST sessions of their own for professionals at community and state mental health centers.

*Find out more about ASIST on the TSPN website ([http://tspn.org/asist2](http://tspn.org/asist2)).*
The Economic Impact of Suicide

The cost of suicide goes far beyond lost lives, traumatized loved ones, broken families, and disrupted communities—although this would be more than enough. Suicide also has a financial and economic cost.

To begin with, every suicide death means the loss of the wages and productivity that person would contribute to the workforce had he or she lived out their natural lifespan. The American Association of Suicidology estimates that suicide results in an estimated $34.6 billion in combined medical and work loss costs nationally each year.

Furthermore, we must consider the time and resources needed by emergency departments and hospitals to treat suicide-related injuries. In Tennessee, the total charges for inpatient hospitalization associated with suicide attempts amounted to $96.5 million in 2014. The total charges for emergency-department visits related to suicide attempts that year was $39.3 million. That adds up to $135.7 million a year.

The average cost of a suicide attempt hospitalization in Tennessee in 2014 was $26,975; the average cost of an ED visit was $5,043. These sudden expenditures are often beyond an individual or family’s ability to pay outright, so they are often covered by public and private insurance costs. These costs, in turn, flow over to the general public in the form of higher taxes and insurance rates.

The charts below provide additional insight into these costs. Note that the average charge for hospitalization for a suicide attempt is higher for males. Generally speaking, females typically use less violent means in attempting suicide such as drug overdose and suffocation. These methods cause less catastrophic, more survivable injuries than firearms or jumping—means of suicide typically used by males.

Also note that hospital costs are higher and hospital stays are longer for the very young and the very old who attempt suicide—not because of their choice of means, because they are more physically delicate and often suffer greater injury than an adult would.

![Average Charge for Hospitalization for Suicide Attempt by Gender, 2014](image)

![Suicide Hospitalizations by Age Group in Tennessee, 2014](image)

TSPN's "Survivors of Suicide" features suggestions for people who have lost a loved one to suicide and contact points for suicide loss support groups across the state. (These listings are also available at [http://tspn.org/for-survivors-of-suicide](http://tspn.org/for-survivors-of-suicide).)

This brochure and others featured in this publication are all available for free download from TSPN’s online archive ([http://tspn.org/brochures-2](http://tspn.org/brochures-2)).
Time Trends

As shown here, Tennessee’s suicide rates are consistently higher than those of the country as a whole.

While the suicide rate in Tennessee has fluctuated somewhat, it has increased considerably overall in recent years. In 2008, the rate jumped roughly 14.6% (from 13.7 per 100,000 in 2007 to 15.7 in 2008). Rates have generally declined since, outside of a spike in 2013. Meanwhile, national rates in the last five years have been on a steady increase.
Suicide rates for white non-Hispanics in Tennessee are generally at least three times higher than other ethnic groups.

According to the United States Census Bureau, non-Hispanic whites made up 79% of Tennessee’s population in 2014. However, they accounted for 94% of all reported suicide deaths in the state that year.
Suicide rates for males are generally four times higher than for females in Tennessee, a trend replicated within each racial group.

Generally speaking, females typically use less violent means in attempting suicide such as drug overdose and suffocation. These methods cause less catastrophic, more survivable injuries than firearms or jumping—means of suicide typically used by males.

TSPN offers a half-page insert suitable for inclusion in church bulletins and other programs, which is routinely provided to houses of worship across Tennessee. Custom versions have been developed for distribution in other states.

The church bulletin is available alongside other TSPN brochures on the TSPN website.
Age Trends

Generally the number of suicides and the suicide rate in Tennessee increase with age through the 45-54 age group, with their suicide rate more than five times the teen rate. Rates drop somewhat during middle age and plateau after age 65. It should be noted, however, that rates for Tennesseans in this latter group are still higher than those for youth.

The lived experience movement within suicide prevention deals with involving people who have survived suicide attempts and/or struggled with suicidal ideation in awareness and outreach efforts, encouraging them to share their stories, participated in events, and advise mental health professionals on prevention strategies.

Also pictured (left to right) are TSPN Middle Tennessee Regional Coordinator Samantha Nadler, who facilitated the panel; artist and community advocate Jacqueline Mitchell; Gloria Gorss, facilitator of Suicide Anonymous-Knoxville; and Justin Ridley, a former chaplain at Johnson City Medical Center.

Three other brochures available on the TSPN website: one on suicide among older adults, one on suicide within the GLBT community, and one on suicide and African-Americans.
As of 2014, suicide is the third-leading cause of death for young people (ages 10-19) in Tennessee. In any given year, more teenagers and young adults die by suicide than from cancer and heart disease combined, and far more than from higher-profile causes of death such as birth defects, HIV infection, and meningitis. In Tennessee there were 49 deaths among persons aged 10-19 recorded in 2014. This figure maintains a steady rise in both raw numbers and the suicide rate since 2011. Even though suicide rates are lower for this age group than others, even one young person lost to suicide is too many.

While suicide is a tragedy regardless of age, it is especially alarming when it involves a child or a young adult. Hence, youth suicide gets the most attention from mental health agencies, mass media, and the general public. While TSPN’s suicide prevention efforts address suicide across the lifespan, the Network takes a particular interest in teens and young adults.

TSPN has a longstanding partnership with the Jason Foundation, Inc. (JFI), a nationally regarded youth suicide prevention agency operating out of Hendersonville. We would like to thank JFI President/CEO Clark Flatt for his ongoing support of and involvement with TSPN. More information about JFI is available via their website (www.jasonfoundation.com).

Emoni Wilkins, known from NBC’s “The Sing Off” (at left) joins guitarist Clinton Babers at the #UMatter Gala Black Tie Event, held on September 10 at Houston Station in Nashville.

TSPN in helped organize this benefit for #UMatter, a local collective of musicians seeking to use the power of music to raise awareness of suicide prevention and mental health issues. About $3,000 was raised to support #UMatter’s art/music therapy and mental health outreach efforts in the Nashville area.
In contrast to the decrease in Tennessee youth, suicide among middle-aged and older adults increased over the last ten years. This is particularly true among the “baby boom” generation, which roughly corresponds to the 55-64 age cohort pictured above.

In a nationwide study published in a 2008 issue of the *American Journal of Preventive Medicine*, researchers from Johns Hopkins University discovered an overall increase in suicides by 0.7% each year between 1999 and 2005, driven primarily by rising suicide rates among whites aged 40-64. This study argues suicide in midlife needs more attention from public and mental health experts, as well as the general public. These findings along with the current numbers of suicide in this age group suggest the Network’s primary suicide prevention priority should be outreach and education among middle-aged adults.
The above chart demonstrates the elevated suicide rates among middle-aged white males in Tennessee compared to population groups. As discussed previously, white males of any age are at significantly higher suicide risk.

The Mamaws’ Posse from Windlands South Retirement Residential Community in Nashville assembled 500 Suicide Prevention Awareness Month ribbons for distribution statewide. Coordinated by Carolyn Brown (mother of retired Substance Abuse Outreach Coordinator Granger Brown, far left), they and other residents at Windlands South meet weekly to work on other suicide prevention and mental health projects among residents and staff.

Zero Suicide Coordinator Misty Leitsch poses for a photo with Ollie Otter, mascot of the Tennessee Highway Patrol, at the Homeland Security Employee Appreciation Event held May 22 at the headquarters of the Tennessee Department of Safety and Homeland Security in Nashville. The Department is one of several state agencies represented on TSPN’s Intra-State Departmental Group, and moved forward with ambitious suicide prevention training and education plans in 2015.

The brochures “Suicide-Proofing Your Home: The Parent’s Guide to Keeping Families Safe” and “Steps Towards a Safer Home: A Guide to Keeping Your Family Safe” are both available on the TSPN website. See page 15 for more information about these brochures.
Methods of Suicide Death

Firearms were the most common method. Between 2010 and 2014, almost two-thirds of suicides involved firearms, with poisoning and suffocation also common.

While firearms were the most common method of suicide for both sexes and most races, some groups have a higher propensity for them than others. For example, males were more likely to use firearms than females.

The second most common method for women was poisoning, while for men it was suffocation or hanging. Suffocation was also the second most common mechanism for blacks compared to poisoning for whites. Methods such as jumping, cutting/piercing, and drowning/submersion were relatively uncommon among Tennesseans compared to the rest of the country.

During 2015, TSPN continued outreach related to its Gun Safety Project. This statewide program shares materials, developed by and for firearm retailers and range owners, on ways they can help prevent suicide. Participating gun store/firing range owners receive information about how to avoid selling or renting a firearm to a possibly suicidal customer, and agree to display and distribute suicide prevention materials tailored to their customers.

Additionally, TSPN worked with the Brady Center to Prevent Gun Violence to develop the brochure “Suicide-Proofing Your Home: The Parent’s Guide to Keeping Families Safe”. The brochure provides families with recommendations such as locking up firearms in secure locations and disposing of unneeded medications. The Brady Center was also consulted in the development of the similarly themed “Steps Towards a Safer Home: A Guide to Keeping Your Family Safe” for adults. TSPN also established a partnership with the newly established Safe Tennessee Project, a grassroots organization dedicated to addressing gun-related injuries and gun violence in our state.

At left: the “11 Commandments of Gun Safety” brochure TSPN provides to gun shops and firing ranges. It offers suggestions for safe handling and storage from gun safety experts, along with the suggestion for locking up or temporarily removing guns to protect potentially suicidal individuals.

At right: TSPN Executive Director Scott Ridgway (seated at center) speaks about TSPN’s Gun Safety Project during the Brady Campaign to Prevent Gun Violence & American Public Health Association Summit, held October 22-27, 2015, in Washington, DC. (Photo courtesy of the Safe Tennessee Project).
Suicide is more common in some parts of Tennessee than others. Rural areas often lack mental health resources such as clinics, therapists, or hospitals with psychiatric units. Even when these resources exist, people may be reluctant to use them. If they live in small, close-knit communities, they may be afraid of being labeled or shunned by their relatives and neighbors. TSPN members work to overcome both the logistical issues involved with reaching these areas and the stigma surrounding mental health resources.

When a single county experiences a spike in suicides or several years of suicide rates above the state average, TSPN may seek to establish a county-specific task force. The taskforce seeks to have TSPN staff working with the county health department, the county medical examiner, the mayor’s office, mental health professionals, and other advocates to implement intensive suicide prevention projects on the local level.

The first task force, the Blount County Mental Health and Suicide Prevention Alliance, was founded in 2002 after county medical examiner David M. Gilliam noticed an unusually large number of suicides in Blount County. He sought out the editor of the Maryville Times, the county’s largest newspaper, to draw attention to this problem. TSPN was engaged in the effort and helped concerned citizens organize a county-wide suicide prevention campaign.

Task forces are currently active in 11 counties across the state (Blount, Davidson, DeKalb, Giles, Hickman, Lawrence, Montgomery, Houston, Humphreys, Perry, and Stewart). Often these task forces act as springboards for reaching other counties with high rates—for example, during 2011 the Hickman group expanded to cover neighboring Perry County, and the task force in Giles began staging operations in nearby Lawrence County.
These figures were obtained from the Web-based Injury Statistics Query and Reporting System (WISQARS), an interactive database system maintained by the Centers for Disease Control and Prevention (CDC). WISQARS provides customized reports of injury-related data. These figures may differ from those in other TSPN rate charts, which were created using data from the Tennessee Department of Health.

**What do the numbers mean?**
The above chart gives the raw number of reported suicides for each year, while the other chart breaks the numbers down using rate per 100,000—a common statistical measure—to demonstrate relative frequency.

**Why have the numbers gone up?**
Often, the stigma surrounding suicide and mental illness resulted in family members claiming a suicide death was an accident or natural causes, often with the approval of local doctors or medical examiners. But as this stigma gradually ebbs and record-keeping practices improve, more suicide deaths are being correctly classified. While this phenomenon produces an apparent increase in numbers and rates, it also guarantees that the numbers are more accurate.
Suicide in Tennessee by Counties

Each cell in the chart lists the raw number of deaths recorded in each county in the specified year. The number in parentheses represents the rate per 100,000 population.

The color of the row indicates the TSPN region serving the county.

Data on county suicide rates dating back to 2002 is available on the TSPN website (www.tspn.org/facts.htm). For figures dating back to 1981, contact the TSPN central office. For figures earlier than 1981, contact the Tennessee Department of Health’s Office of Health Statistics at (615) 741-4939 or healthstatistics.health@tn.gov.

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Tennessee’s Zero Suicide Initiative

Tennessee’s Zero Suicide Initiative Task Force is working to implement the concept of “zero suicides” within behavioral health and substance abuse treatment settings across Tennessee. Members appointed to the Task Force, in concert with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), the Tennessee Suicide Prevention Network (TSPN), and the Suicide Prevention Resource Center (SPRC) are working to help these agencies eliminate suicides and suicide attempts within their client base through an aggressive yet achievable action plan incorporating best-practice prevention and intervention strategies.

In 2011, the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention released Suicide Care in Systems Framework, a summary of a multi-year study of best-practice suicide prevention efforts within four different programs. The document outlined the concept of “zero suicides”. As defined in Suicide Care in Systems Framework, this concept is “the belief and commitment that suicide can be eliminated in a population under care... by improving service access and quality and through continuous improvement (rendering suicide a “never event” for these populations).

The document also recommended that health care services, behavioral health agencies, and crisis services adopt the “zero suicides” concept, and in doing so take system-wide measures that aggressively work towards the eliminate of suicide within their client base. This involves the implementation of evidence-based clinical care measures.

Following the Advisory Council’s review of Suicide Care in Systems Framework in 2014, the Council authorized creation of the Zero Suicide Initiative Task Force to pursue statewide promotion of the “zero suicides” concept within in health, behavioral health, and substance abuse treatment settings across Tennessee.

The Task Force was patterned after the Clinical Care and Intervention Task Force which developed the Suicide Care in Systems Framework. It has taken the lead in working with behavioral health and managed care organizations to help them set up an implementation plan, beginning with analysis of staff and leadership needs related to suicide prevention, risk assessment, and crisis intervention. Based on these findings, partner agencies will set up training sessions in best-practice suicide prevention protocols for any and all personnel who may come in contact with suicidal persons, from executives to support staff. New staff will ideally receive this training during employee orientation, and annual refresher courses will be provide for current staff.

The implementation plan will also include customized action plans that outlines which staff members are responsible for counseling and/or referral, and aftercare plans that involves regular follow-up and connection to suicide attempt survivor support groups.

Tennessee is one of the first states to attempt implementation of the “zero suicides” protocol on the statewide level, in line with TSPN’s established history as a pioneer in the area of state-supported suicide prevention.

TSPN wishes to acknowledge Melissa Sparks, MSN, RN, Director of Crisis Services and Suicide Prevention within TDMHSAS’s Division of Mental Health Services, for her leadership and commitment to suicide prevention as co-chair of the Zero Suicide Initiative Task Force.
Notable TSPN Achievements

Major achievements during the calendar year 2015 are as follows:

- TSPN hired an East Tennessee Regional Coordinator in January, and the Zero Suicide Coordinator came on board in March.
- TSPN hosted the Psychological Autopsy Certification Training (PACT) course presented by the American Association of Suicidology (AAS) on February 18-19.
- The entire TSPN website was re-designed during the month of April to ensure better compatibility with mobile devices and the inclusion of more current resources. The redeveloped website is designed with mobile devices in mind, in light of the fact that 65% of all online searches are conducted on phones and tablets. The page has links to all TSPN’s social media accounts and incorporates the running feed from our Facebook page.
- A profile of the Gun Safety Project ran in the May 9 edition of the Memphis Commercial-Appeal and was reprinted in several other local papers, as well papers in other states. Additionally, TSPN staff and volunteers appeared on the NewsChannel 5+ “OpenLine” program in Nashville to promote the Gun Safety Project and the Network as a whole.
- Over 300 people attended the dinner and TSPN Suicide Prevention Symposium held on July 28-29 in Nashville, which included a variety of breakout sessions, presentations on emerging developments within the suicide prevention movement. The theme of this year’s event was “TSPN Leading the Way: Advocacy, Connection, Education”. It began on the evening of the 28th with a catered dinner and a screening of the documentary “Of Two Minds”. A discussion with Lisa Klein, co-director/writer/producer of the film, followed. Klein also provided details about her newest project, “The S Word”, during the main part of the symposium on the day of the 29th. The main portion of the event on the 29th included an informational session on Tennessee’s Zero Suicide Initiative. That day’s proceedings also included a panel of survivors of suicide attempts who discussed the lived experience concept.
- The Network began its partnership working with the Tennessee Department of Education on TSPN’s “Connecting Youth to Hope” project. This statewide project will help school systems develop comprehensive suicide prevention, intervention, and postvention policies/procedures. The project brings together people from each school system (school nurses, SROs, counselors, administrators, etc.) to attend a session to develop prevention, intervention, and postvention plans. Part of the prevention aspect includes available free curricula such as the Jason Foundation curriculum, Mental Health 101, Mental Health First Aid, and I.C. Hope. Plans are to introduce this program to all public schools in the state over the course of the next year.
- Approximately 2,360 people across the state participated in one or more of the 17 Suicide Prevention Awareness Month events held during September. The highlight of these was the annual Suicide Prevention Awareness Day event held in Nashville on September 9. The event was emceed by Bob Sellers, anchor/reporter with WZTV-Fox 17 News, and featured remarks from Bill William D. Petrie, Ph.D., faculty member of Vanderbilt Behavioral Health and Director of Geriatric Psychiatry Outpatient Program within the Vanderbilt School of Medicine. Vanderbilt Behavioral Health sponsored this year’s event and the luncheon that followed. TSPN issued a special award to TDMHSAS Commissioner E. Douglas Varney for his past support of TSPN and suicide prevention efforts in Tennessee.
- During the month of October, TSPN staged a series of train-the-trainer sessions made possible via additional grant funding from the Tennessee Department of Mental Health and Substance Abuse Services. These allowed TSPN to embed certified trainers in community mental health centers. The trainees included:
  - 15 new trainers in the Assessing and Managing Suicide Risk (AMSR) curriculum in a session held in Nashville. These trainees will conduct sessions for clinical staff and at community mental health centers across the state.
  - 24 new instructors in the Applied Suicide Intervention Skills Training (ASIST) curriculum via a session held in Nashville. These trainees will work out of community and state mental health centers.
  - 54 trainers in the “Question, Persuade, and Refer” (QPR) curriculum in training sessions held in Jackson, Knoxville, Nashville. The sessions included delegates from Zero Suicide Initiative partner agencies, state departments, and colleges and universities involved in the Tennessee Higher Education Suicide Prevention Network (THESPN).
  - 3 trainers to a training session in the new “suicide2Hope” training curriculum held in Denver, Colorado. These instructors will provide the curriculum for clinical staff working directly with suicidal individuals in outpatient settings.

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@TSPNorg tspnorg.tumblr.com
Each September, TSPN observes Suicide Prevention Awareness Month in Tennessee through a series of presentations, memorial events, seminars, and educational opportunities across the state. The highlight of this observance is the presentation of the Governor’s Suicide Prevention Awareness Month proclamation, which is presented at a ceremony in Nashville. Also, we received 133 Suicide Prevention Awareness Month proclamations during 2015, representing 89 of Tennessee’s 95 counties.

TSPN’s monthly newsletter, the TSPN Call to Action, is published and circulated to an estimated 13,000 people each month, not including forwards by readers. Each issue features information on local and national suicide prevention projects, major developments in the field, and late-breaking scientific studies related to suicide and mental health. The Network also publishes two bi-monthly specialty newsletters: Out of the Shadows for people who have lost loved ones to suicide, and can you hear me? for survivors of suicide attempts.

The TSPN website (www.tspn.org) is updated regularly with information on regional meetings, support groups, resources, and information about TSPN projects. The website registered 385,407 hits during 2015, an 18% increase over the past year.

The following is a summary of noteworthy TSPN projects and activities during the last five years:

TSPN has distributed over 500,000 church bulletin inserts to a variety of Tennessee churches; these inserts feature the warning signs of suicide and the National Suicide Prevention Lifeline number (1-800-273-TALK(8255)). Additionally, members of the Network have distributed approximately:

- 45,000 brochures promoting local survivor support groups
- 46,000 brochures on suicide among older adults
- 70,000 brochures on saving teen and young adult lives
- 92,000 regional/county resource directories
- 42,000 brochures on suicide and veterans
- 54,000 brochures on suicide and substance abuse
- 59,000 brochures on suicide and bullying
- 53,000 brochures on suicide in midlife
- 41,000 brochures on suicide and the GLBT community (since development in July 2011)
- 31,000 brochures on suicide and African-Americans (since development in July 2011)

TSPN is responsible for about 300 profiles, appearances, and/or references on local TV and radio stations and newspapers across Tennessee.

During the past five years, TSPN reached approximately 51,000 people through suicide prevention conferences, training sessions and workshops. These events provided information to first responders, public school staff, faith-based communities, as well as members of the media within and outside Tennessee. These include the Suicide and the Black Church Conference, which convenes semi-annually in Memphis and the Suicide and the African American Faith Communities Conference in middle Tennessee, as well as TSPN’s biannual statewide Suicide Prevention Symposia.

TSPN cultivates public/private partnerships with agencies across the state to provide awareness and educational opportunities within a wide variety of organizations. These include the Tennessee Department of Health’s Commissioner’s Council on Injury Prevention, the Tennessee Department of Health’s Child Fatality Statewide Review Board, the Tennessee Coalition of Mental Health and Substance Abuse Services (TCMHSAS), the Tennessee Commission on Children and Youth (TCCY), the Council on Children’s Mental Health, the Tennessee Conference on Social Welfare (TCSW), the Tennessee Co-Occurring Disorders Coalition, the Tennessee Mental Health Planning Council, and Tennessee Voices for Children.

Network members have provided support for 85 major postvention efforts, including technical assistance and onsite debriefings. Most of these occurred at public schools that lost students to suicide. In several cases, the Network staged awareness events or town hall meetings for the general public in the affected areas.
TSPN Statewide Leadership

TSPN Advisory Council
The council coordinates implementation of the Tennessee Suicide Prevention Strategy and guides the regional networks and task forces in raising community awareness of suicide prevention.

Tim Tatum, MA, LPC-MHSP, Pine Ridge Treatment Center, Cleveland (Advisory Council Chair)
Karyl Chastain Beal, M. Ed., Community Advocate, Columbia (Advisory Council Co-Chair)
Anne Stamps, Cumberland Mountain Mental Health Center / Dale Hollow Mental Health Center, Livingston (Advisory Council Secretary)
Renee Brown, Suicide Prevention Coordinator, Memphis VA Medical Center, Memphis (Advisory Council Co-Secretary)
Jennifer Harris, MS, Past Chair, Hickman Community Hospital, Centerville
Sabrina Anderson, Boys and Girls Clubs of Jackson-Madison County, Jackson
John B. Averitt, Ph.D., Upper Cumberland Psychological Associates/Police Psychological Officer, Cookeville Police Department, Cookeville
Ursula Bailey, JD, MBA, Attorney, Private Practice, Knoxville
Kathy Benedetto, LPC, SPE, LMFT, Director, Tennessee Child and Youth Outpatient Services, Frontier Health, Johnson City
Vickie Bilbrey, Livingston Regional Hospital, Livingston
Patsy Crockett, BSW, Case Manager IV, Tennessee Department of Children’s Services, Paris
Lisa Daniel, Chief Executive Officer, Memphis Mental Health Institute, Memphis
Adam Graham, LPC-MHSP, Supervisor of Diversion Services, Mental Health Cooperative (Chair, Davidson County Suicide Prevention Task Force)
Brenda S. Harper, Retired/Community Advocate, Mt. Juliet
Kelly S. Haught, MA, LPC-MHSP, Division Director, Specialty Services, Frontier Health, Johnson City
Emily Hill, Tennessee Career Center at Columbia
Cindy Johnson, Community Activist, Clarksville
Mike LaBonte, Executive Director, Memphis Crisis Center, Memphis
Harold Leonard, MA, LPC-MHSP, Cognitive Behavioral Specialists of the Tri-Cities, Kingsport
Rita McNabb, Coordinated School Health Director, Cocke County Schools, Newport
Debra K. Moore, Community Representative, Bradford Health Services, Chattanooga
Christopher Morris, Ed.S, Assistant Principal, North Side High School, Jackson
Eve Nite, Business Development Specialist, Mental Health Cooperative, Chattanooga
Sandra Perley, Ed.D, MSN, RN, Associate Professor of Nursing, Columbia State Community College, Columbia
Waring Porter, Pastor, All Saints Presbyterian Church, Memphis
Stephnie Robb, Executive Director, Behavioral Health Initiatives, Inc., Jackson
Katie Rosas, Community Outreach Specialist, Focus Treatment Centers, Knoxville
Kim Rush, M.Ed., LPC-MHSP, Volunteer Behavioral Health Care System, Murfreesboro
Kandi Shearer, Youth Villages, Johnson City
Jack Stewart, MA, President, NAMI Greene County, Greenville
Becky Stoll, LCSW, Vice President, Crisis and Disaster Management, Centerstone, Nashville
Ellen Stowers, Contact Lifeline, Tullahoma
Angie Thompson, Director of Behavioral Health, Metro Public Health Department, Nashville
Christen Thorpe, MS, CRC, CATSM, Child and Adolescent Therapist, Pastoral Counseling Centers of Tennessee, Nashville
Tabi R. Upton, Community Advocate, Chattanooga
Anne Young, MS, CAS, Cornerstone of Recovery, Knoxville
Anita Bertrand, MS, State of Tennessee, Nashville (Past Advisory Council Chair)
Benjamin T. Harrington, MA, Mental Health Association of East Tennessee, Knoxville (Past Advisory Council Chair)

TSPN Advisory Council Members Emeritus
The Members Emeritus are distinguished former members of the Advisory Council who advise the sitting Council and support special Network projects.

Jodi Bartlett, Ed.S, LPC-MHSP, Volunteer Behavioral Health, Cookeville (Upper Cumberland Regional Chair, Emeritus / Emeritus Chair)
Pam Arrell, Ed.D, Giles Co. Juvenile Court, Pulaski (Advisory Council Co-Secretary, Emeritus)
Sam Bernard, Ph.D., the PAR Foundation, Chattanooga (Advisory Council Chair, Emeritus)
Carol Burroughs, Lexington County Schools, Lexington (Rural West Regional Chair, Emeritus)
Barbara Dooley, Retired, Memphis (Advisory Council Co-Secretary, Emeritus)
Clark Flatt, President/CEO, the Jason Foundation, Inc., Hendersonville (Advisory Council Member, Emeritus)
Anne Henning-Rowan, Retired, Jackson (Rural West Regional Chair, Emeritus)
Judith Johnson, community advocate, Winchester (Advisory Council Co-Secretary, Emeritus)
Claudia Mays, CM Counseling Service, Nashville (Advisory Council Member, Emeritus)
Anna Shugart, Director, Emotional Health & Recovery Center, Blount Memorial Hospital, Maryville (Blount County Mental Health and Suicide Prevention Alliance Chair, Emeritus)
Kenneth F. Tullis, MD, The Psychological Trauma & Wellness Center / Co-Founder, TSPN, Memphis (Strategies/Outcomes/Evaluations Committee Chair, Emeritus)
Madge Tullis, Co-Founder and Past Advisory Council Chair, TSPN Memphis (Advisory Council Chair, Emeritus)
TSPN Intra-State Departmental Group

Members work to implement the Tennessee Strategy for Suicide Prevention within their respective departments/agencies and advise the Network regarding public policy on an ex officio basis.

Terrence (Terry) Love, MS, CPC, Injury Prevention Manager, Division of Family Health and Wellness, Injury and Violence Prevention, Tennessee Department of Health (Intra-State Departmental Group Chair)

John Allen, Director of Behavioral Health Services, Tennessee Department of Finance and Administration

Michelle Bauer, Suicide Prevention Program Manager, Tennessee National Guard

Jackie Berg, Training Specialist and Worker’s Compensation Coordinator, Tennessee Department of Labor and Workforce Development

Cathy V. Blakely, Victim Services Coordinator, Tennessee Bureau of Investigation

Mark Breece, Deputy Commissioner, Tennessee Department of Veterans Services

Jacquelyn S. Bruce, Planning and Grants Management Supervisor, Tennessee Commission on Aging and Disability

Wendell Cheek, Deputy Commissioner, Tennessee Department of Veterans Affairs

Michael Cull, Deputy Commissioner, Child Health, Tennessee Department of Children’s Services

Teresa Kimbro Culbreath, Litter Grant Program, Statewide Coordinator, Highway Beautification Office, Tennessee Department of Transportation

Shannon Hall, MA, Grants & Special Projects Director, Tennessee Department of Safety and Homeland Security

Gwen Hamer, MA, Director, Education and Development, Tennessee Department of Mental Health and Substance Abuse Services

Sherlean Lybolt, MA, Mental Health Programs Coordinator, Tennessee Department of Correction

Melissa McGee, Council on Children’s Mental Health Director, Tennessee Commission on Children and Youth

Morenike Murphy, LPC-MHSP, Project Director, TLC Connect & TARGET, Office of Crisis Services and Suicide Prevention, Tennessee Department of Mental Health and Substance Abuse Services

Michelle Ramsey, RN, MPH, State Public Health Nursing Director, Tennessee Department of Health

1st Lt. Noel Riley-Philpo, Risk Reduction, Resilience, and Suicide Prevention Manager, Joint Force Headquarters, Tennessee National Guard

Lori Paisley, Associate Executive Director, Office of Coordinated School Health, Tennessee Department of Education

Delora Ruffin, MA, Program Specialist, Division of Child Health, Tennessee Department of Children’s Services

Melissa Sparks, MSN, RN, Director, Crisis Services and Suicide Prevention, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services

Jacqueline Talley, Treatment Specialist, Division of Alcohol and Substance Abuse Services, Tennessee Department of Mental Health and Substance Abuse Services

Janet Watkins, Training Director, AWARE Tennessee, Tennessee Department of Education

TSPN Staff

Scott Ridgway, MS, Executive Director, Nashville

Amy Dolinky, BA, East Tennessee Regional Coordinator, Knoxville

Vladimir Enlow, MTS, Executive Assistant, Nashville

Misty Leitsch, BBA, BSW, Zero Suicide Coordinator, Nashville

Samantha Nadler, LMSW, Middle Tennessee Regional Coordinator, Nashville

Kendra Taylor, BS, West Tennessee Regional Coordinator, Jackson

A group photo of the staff of TSPN, taken after an Advisory Council meeting.

Pictured from left to right: Misty Leitsch, Zero Suicide Coordinator; Samantha Nadler, Middle Tennessee Regional Coordinator; Scott Ridgway, Executive Director; Amy Dolinky, East Tennessee Regional Coordinator; Kendra Taylor, West Tennessee Regional Coordinator; and Vladimir Enlow, Executive Assistant (photo courtesy of Terry Love).
Bibliography


About 150 people attended “Diversity in Faith: Perspectives on Suicide”, held at South College’s Parkside Campus in Knoxville on September 17. Rev. Howard Bowlin of St. Thomas Episcopal Church (at podium at center) moderated included a panel of representatives from local faith communities who spoke about their traditions’ approach to mental health and suicide.
Author and suicide prevention activist Kevin Hines (center) was the keynote speaker at the annual TAMHO conference.

At left: TSPN Executive Director Scott Ridgway. At left: Becky Stoll, Vice President of Crisis and Disaster Management at Centerstone (also a member of TSPN’s Advisory Council).

The Suicide Prevention Symposium featured an interactive art project organized by Your Heart on Art, Inc. Guests of the symposium were invited to add elements to a pastel collage commemorating the event (photo courtesy of Eileen Wallach, Your Heart on Art’s CEO).

At left: during TSPN’s Suicide Prevention Awareness Day event, Makayla Dalton accepted this year’s Suicide Awareness and Prevention Service Award on behalf of the Marion County High School girls’ softball team. Dalton and her teammates organized a suicide prevention awareness event during a game in April which included PSAs read off during the game, an exhibit featuring brochures and materials from TSPN and local mental health agencies, and a bake sale to benefit the Network.

At right: these specially designed T-shirts promoting the Zero Suicide Initiative have been provided to staff and volunteers to wear at sporting and other events where TSPN has an exhibit. The shirts made their debut during the AAS conference in Atlanta in April 2015 (photo courtesy of Ken Norton).

TSPN had an exhibit at the #22TooMany event held at Perk’d Coffeehouse in Murfreesboro on April 22, 2015. The name refers to the fact that 22 veterans die by suicide each day in the United States.

The event was staged by local veteran support organization Reveille Joe to raise awareness about the problem of suicide among our nation’s veterans. Outreach to veterans’ organizations was a rising priority of TSPN this past year.

Harpist Judith Sullivan was a unique and popular addition to the annual “Light of Hope” awareness/memorial event, held in Cookeville on September 1, 2015. (photo courtesy of Anne Stamps).

This document is dedicated in memory of Jared Martin and in honor of Kelsey Neeley for her leadership in suicide prevention within the Jared’s Keepers Foundation at Harpeth High School.