STATUS OF SUICIDE IN TENNESSEE

2015
2014 was perhaps one of the most productive and innovative years in the history of the Tennessee Suicide Prevention Network. Our outcomes, outreach, and volunteer efforts reached all-time highs this year. We distributed more information than ever before; held more training sessions for schools, civic groups, and the general public; raised our social media profile; reached record numbers of people through this year’s Suicide Prevention Awareness Month and associated events; and hired new staff who will help us expand our capabilities across the state in the coming year.

But as this report shows, this is no time for TSPN to rest on its laurels. The recent increase in Tennessee’s suicide rate may, to an extent, be the result of better reporting. And yet these numbers are cause for a redoubling of efforts and a renewed commitment to the cause of suicide prevention.

Towards that end, TSPN’s Advisory Council has endorsed the Network’s participation in two emerging movements within the national suicide prevention movement. The first of these is the Zero Suicide Initiative and its imperative to eliminate (not merely reduce) suicide within populations under care through comprehensive and continuous improvement in suicide prevention protocols. TSPN’s Zero Suicide Initiative Task Force held its first meeting this year, and participating behavioral health agencies are already working to assess staff educational needs ahead of agency-wide suicide prevention training efforts.

Our other emphasis for 2015 is a concept TSPN has been promoting for years, and which the suicide prevention movement at large has only recently addressed. The lived experience movement focuses on the involvement of survivors of suicide attempts not only in telling their stories, but also providing insights into suicide prevention policy and messaging. The Network has involved suicide attempt survivors in its planning and projects from its inception, but now that the rest of the nation is following our lead, we can promote this concept even more, using it to develop more effective and engaging projects and to tear down the stigma surrounding suicide and mental illness.

As always, 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. Special mention must also be made of the Tennessee Commission on Children and Youth, the Tennessee Commission on Aging and Disability, Tennessee Department of Education, the Tennessee Department of Health, the Tennessee Department of Human Services, and the Tennessee Department of Veteran Affairs for their enduring support of our local and statewide projects.

Suicide remains a major public health threat in the state of Tennessee. As such, TSPN remains at the ready to educate the people and dispel the stigma attached to suicide and mental health issues. We will be there to comfort those in pain, encourage them to tell their stories, and empower them to take action. We will be there to give the gatekeepers, the ones in the best position to save lives, the knowledge, skills, and confidence to do so. We hope this report will inspire you to join us in merging hard-won experience with proven strategy to create life-changing, life-saving change for the people of Tennessee.
Table of Contents

Introduction ................................................................. 2
Executive Summary ...................................................... 4
Suicide: A Leading Cause of Death ................................... 5
Time Trends ................................................................. 6
Age Trends .................................................................. 7
Racial and Gender Trends ............................................... 8
Method of Suicide Deaths ............................................... 10
Youth Suicide ............................................................... 11
Suicide in Midlife ......................................................... 12
Geographical Differences ............................................... 14
Suicide in Tennessee Over the Years .............................. 15
Suicide in Tennessee by Counties .................................... 16
Notable TSPN Achievements .......................................... 18
TSPN Statewide Leadership ........................................... 20
A Brief History of TSPN .................................................. 22
Bibliography ................................................................ 23

A group photo of all the Regional Suicide Prevention Awards honored during TSPN’s Suicide Prevention Awareness Day event, held September 10 at Trevecca Community Church in Nashville.

Top row, left to right: Freida Herron of Maryville (East Tennessee winner), Ellen Stowers of Tullahoma (South Central winner), Sharon Phipps (Northeast winner), Lamar Frizzell of Memphis (Memphis/Shelby County winner), Rachel Moore of Nashville, Karen Rogers of Centerville, and Danny Rogers of Centerville (Suicide Awareness and Prevention Service Award winners).

Bottom row, left to right: John Rust of Sparta (Upper Cumberland winner), Kris Moore of Martin (Rural West winner), Advisory Council Chair Jennifer Harris of Centerville, TSPN co-founder Ken Tullis of Memphis, Samantha Nadler of Nashville (Mid-Cumberland winner/Ph.D. Suicide Prevention Award winner), TSPN co-founder Madge Tullis of Memphis, TSPN Executive Director Scott Ridgway of Nashville, Deanna Doran of Chattanooga (Southeast winner), and Terry Love of Franklin (Intra-State Departmental Group winner) (photo courtesy of Mike Machak).

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.
The logo for TSPN's Zero Suicide Initiative was based on designs freehanded by members of the Zero Suicide Initiative Task Force, then refined by the marketing team at Centerstone.

The Network is particularly indebted to Michael Rivera of Centerstone's marketing team for his work in developing the logo.
Suicide: A Leading Cause of Death

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, the increasing adoption of graduated drivers license privileges for younger drivers. 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 (1,017 suicide deaths in 2013 compared to 1,008 motor vehicle deaths).

**Figure 1: Suicide compared with other causes of death in Tennessee, 2004-13.**

At left: Karen Rogers helps coordinate the balloon release towards the end of the Hickman-Perry County Suicide Prevention Task Force’s 4th Annual Awareness & Prevention Walk, held on September 13 in Centerville (photo courtesy of Jennifer Harris).

At right: Brenda Harper (center with microphone) addresses guests at “Macon Memories” on September 9 at Key Park in Lafayette. Harper organized this event as well as the three “Love Never Dies” events held across Middle Tennessee in late September (photo courtesy of the Macon County Times).
A comparative trend analysis of suicide data for Tennessee and the United States is presented in Figure 1. Tennessee’s suicide rates are consistently higher than those of the country as a whole.

Nationally, suicide rates have steadily increased over the last ten years. 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 leveled off after that but a marked upswing in 2013 put the rates back to their 2008 levels.

Figure 2: Suicide rates per 100,000 in Tennessee and the United States, 2004-2013.

TSPN Advisory Council Co-Chair Karyl Chastain Beal (at rear center) addresses participants at the June 4 Advisory Council meeting, held at the Metro Nashville Police Department’s Hermitage Precinct. The Advisory Council welcomed nine new members at this meeting.

TSPN’s Advisory Council meets three times each year to report on local developments and plan statewide projects.
Age Trends

![Graph showing suicide rates per 100,000 population by age group in Tennessee, 2008-12.](image)

Figure 7: Average suicide rates in Tennessee for select age groups, 2008-12.

Generally the suicide rate in Tennessee increases 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 the 10-19 and 20-24 age groups.

About 150 people attended “How to Save a Life: A Community Response to Suicide”, a regional conference held at St. James Missionary Baptist Church in Nashville on March 20. The event was organized by TSPN’s Mid-Cumberland Region and the Suicide and the African-American Faith-Based Initiative.

A panel of leaders from three local houses of worship discussed their respective faith-traditions’ approaches to mental health and suicide. Pictured, from left to right: Rev. Joseph Patrick Breen, pastor at St. Edward’s Catholic Church; Zia U. Wahid, MD, representing the Islamic Center of Nashville; Rabbi Shana R. Mackler of the Temple-Congregation Ohbaal Sholom; Pastor George T. Brooks, Sr., of St. James Missionary Baptist Church, and TSPN Executive Director Scott Ridgway.

Country music artist April Kry performed her single “Beauty Queen” at the Middle Tennessee Suicide Prevention Awareness Month event, held on September 10 in Centennial Park in Nashville. This photo is a live shot from her Twitter feed (@AprilKryMusic).
Suicide rates for white non-Hispanics are generally two times higher than other ethnic groups. According to the United States Census Bureau, non-Hispanic whites made up 78% of Tennessee’s population in 2013. However, they accounted for 93% of all reported suicide deaths in the state that year (950 out of 1,017), according to the Tennessee Department of Health.

Figure 3: Aggregate suicide rates in Tennessee for assorted racial groups for the years, 2009-13, as derived from Centers for Disease Control and Prevention data. (AA/PI = Asian-American/Pacific Islander; OTHER = persons of more than one race or race uncertain.)

Figure 4: Tennessee suicide rates for whites and blacks compared to the overall rate, as derived from Tennessee Department of Health data. (NOTE: the Department does not track rates for non-white, non-black races.)
Suicide rates for males are generally four times higher than for females in Tennessee (Figure 5), a trend replicated within each racial group (Figure 6). Generally speaking, females typically use less violent means in attempting suicide such as drug overdose and suffocation. These methods cause less catastrophic damage than firearms or jumping—means of suicide typically employed by males.

Figure 5: Suicide rates in Tennessee by sex, 2009-13.

Figure 6: Aggregate suicide rates in Tennessee broken down by race and gender, 2009-13. (AA/PI = Asian-American/Pacific Islander; OTHER = persons of more than one race or race uncertain.)
Firearms were the most common method. Between 2009 and 2013, 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. 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.

In response to the problem of firearm suicide in Tennessee, TSPN has developed the Gun Safety Project, a statewide program intended to share materials, developed by and for firearm retailers and range owners, on ways they can help prevent suicide. Members of the Network are sharing guidelines with gun store/firing range owners about how to avoid selling or renting a firearm to a suicidal customer. They are also encouraging these establishments to display and distribute suicide prevention materials tailored to their customers. More information about the Gun Safety Project is available on the TSPN website (http://tspn.org/gun-safety-project).

Figure 11: Suicide methods used in recorded Tennessee suicide deaths, 2009-13.

The “SUFFOCATION” category refers to any death involving a cutoff of the air supply, including both hanging and suffocation by other means.

The “OTHER” category refers to deaths involving intentional jumping from a high place, jumping or lying in front of moving objects, motor vehicle crashes, fires, explosions, consequences of self-injury, and suicide deaths by uncertain means.
As of 2013, suicide is the second-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 48 deaths among persons aged 10-19 recorded in 2013. This figure is up from last year (42 deaths) and 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.

According to the Tennessee Youth Risk Behavior Survey published in 2013 by the Tennessee Department of Education, 28.3% of high school students—approximately one in four—surveyed reported experiencing a period of sadness or hopelessness for two weeks or more that was severe enough to pull them away from their usual activities during a twelve-month period. 15.2%, or one in seven, actually considered suicide during that period. One in seven (13.5% of survey respondents) planned out how they would do it. One in 11 (9.0%) actually tried to take their own lives—this figure is up considerably from the 2011 survey (6.2%). Of those who attempted suicide, approximately 48% of them required medical attention for injuries related to their attempt—up from 35% in the 2011 survey.

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 the 10-19 age group.

TSPN has a longstanding partnership with the Jason Foundation, Inc. (JFI), a nationally regarded youth suicide prevention agency operating out of Hendersonville, and the Tennessee Lives Count (TLC) Project, a youth suicide prevention initiative funded by the Garrett Lee Smith Memorial Act and maintained by TDMHSAS. Our alliance with JFI and TLC has provided TSPN with unprecedented access to teachers, counselors, and others who work with youth, allowing us to teach them how to help our youngest and most vulnerable citizens. We contend this partnership is already having an effect—in 2011, the state’s suicide rate for youth aged 10-19 dropped for the third consecutive year. We would like to thank JFI President/CEO Clark Flatt, former TLC Principal Investigator Lygia Williams, and Melissa Sparks, Director of TDMHSAS’s Office of Crisis Services and Suicide Prevention, for their ongoing support of and involvement with TSPN.

![Figure 8: Suicide rates for the 10-19 age group in Tennessee as compared to the population at large, 2004-13.](image-url)
In contrast to the decrease in Tennessee youth, suicide among middle-aged and older adults increased over the last ten years. As Figure 9 illustrates, this is particularly true among the “baby boom” generation (ages 55-64). Note also the rates for certain senior age groups have increased steadily over the last several years. As detailed in Figure 7, the proportion of suicides among adults, especially the “baby boom” generation, has risen steadily over the past few years.

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.

![Figure 9: Suicide rates for select age ranges in Tennessee, 2009-2013.](image-url)
Figure 10 examines the relationship between age, race and sex. Only whites and blacks were included in this analysis due to unstable numbers within the other racial groups. As discussed previously, white males of any age are at significantly higher suicide risk, especially after age 75. Disparity between white males and other sex-race subgroups analyzed increases substantially beyond the 10-19 age bracket.

Jerry Gist, Mayor of the City of Jackson (far left) presents members of TSPN’s Rural West Region with a Suicide Prevention Awareness Month proclamation during “Saving Lives in Rural West Tennessee”, a regional conference held on September 5 at the Jackson-Madison County Regional Health Department.

Also pictured, from left to right: Patsy Crockett, Rural West Chair Sabrina Anderson, TSPN Executive Director Scott Ridgway, Stephenie Robb, and Madison County Mayor Jimmy Harris.

Members of the Tennessee delegation to the 47th Annual Conference of the American Association of Suicidology (AAS), held April 9-12 in Los Angeles, smile for a quick photo.

From left to right in the first row: Jennifer Lockman, Centerstone Research Institute; Scott Payne, Family and Children’s Services (FCS) in Nashville; TSPN Executive Director Scott Ridgway; Jessica Thibodeaux, FCS; Mary Anne Solokowski, FCS; and Tennessee Lives Count (TLC) Project Coordinator Christen Thorpe.
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. Their efforts paid off—the suicide rate dropped by 38% the following year and by 2005 was down by more than half.

Task forces are currently active in 11 counties across the state (Blount, Davidson, DeKalb, Giles, Hickman, Lawrence, Montgomery, Houston, Humphreys, Perry, and Stewart). Counties where task forces have been started have seen their local suicide rates drop by as much as 40%. 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.

To find out more about establishing a task force or coalition in your area, contact the TSPN central office at (615) 297-1077 or tspn@tspn.org.
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.
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.
<table>
<thead>
<tr>
<th>Tennessee</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humphreys</td>
<td>965</td>
<td>0.17</td>
<td>939</td>
<td>0.17</td>
<td>932</td>
<td>0.17</td>
</tr>
<tr>
<td>Lauderdale</td>
<td>938</td>
<td>0.18</td>
<td>956</td>
<td>0.18</td>
<td>1,017</td>
<td>0.18</td>
</tr>
<tr>
<td>Meigs</td>
<td>295</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Franklin</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Gibson</td>
<td>2009</td>
<td>0.17</td>
<td>2010</td>
<td>0.17</td>
<td>2011</td>
<td>0.17</td>
</tr>
<tr>
<td>Giles</td>
<td>3(0.2)</td>
<td>0.16</td>
<td>15(1.9)</td>
<td>0.17</td>
<td>15(1.9)</td>
<td>0.17</td>
</tr>
<tr>
<td>Grainger</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Greene</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Grundy</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Hamblen</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Hamilton</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Hancock</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Hardeman</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Hardin</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Hawkins</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Haywood</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Henderson</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Henry</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Hickman</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Houston</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Humphreys</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Jackson</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Jefferson</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Johnson</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Knox</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Lake</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Lauderdale</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Lawrence</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Lewis</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Lincoln</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Loudon</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>McMinn</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>McNairy</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Macon</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Madison</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Marion</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Marshall</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
<tr>
<td>Maury</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
<td>216</td>
<td>0.17</td>
</tr>
</tbody>
</table>
Notable TSPN Achievements

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

TSPN has distributed an estimated 154,000 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). Additionally, members of the Network have distributed approximately:

- 39,000 brochures promoting local survivor support groups
- 40,000 brochures on suicide among older adults
- 64,000 brochures on saving teen and young adult lives
- 98,000 regional/county resource directories
- 36,000 brochures on suicide and veterans
- 47,000 brochures on suicide and substance abuse
- 49,000 brochures on suicide and bullying
- 45,000 brochures on suicide in midlife
- 34,000 brochures on suicide and the GLBT community (since development in July 2011)
- 25,000 brochures on suicide and African-Americans (since development in July 2011)

TSPN is responsible for about 250 profiles, appearances, and/or references on local TV and radio stations and newspapers across Tennessee.

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 326,826 hits during 2014, a 24% increase over the past year.

During the past five years, TSPN reached approximately 60,000 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.

TSPN provides materials and logistical assistance to the Tennessee Lives Count (TLC) Project, which concluded its third three-year grant cycle in 2014. During TLC’s past three grant cycles (2006-08, 2009-11, and 2012-14), suicide prevention training was provided to over 25,000 people associated with child-serving agencies, including staff and youth within higher education and the juvenile justice system.

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 Tennessee Conference on Social Welfare (TCSW), the Tennessee Co-Occurring Disorders Coalition, the Tennessee Mental Health Planning Council, Tennessee Voices for Children, the Council on Children’s Mental Health, and the Association of Tennessee Contact/Crisis Centers.

Network members have provided support for 73 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.
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 approximately 100 Suicide Prevention Awareness Month proclamations during 2014, representing 88 of Tennessee’s 95 counties and 130 county and city governments.

Approximately 2,400 people across the state participated in one or more of the 19 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 10. The event was emceed by Scott Couch, anchor/reporter with WZTV-Fox 17 News, and featured remarks from Bill Parsons, Ph.D., Chief Administrator at Vanderbilt Psychiatric Hospital, local suicide prevention activist Annette Lake; and Janice Johnson-Brown, Ph.D., the first coordinator of the state’s suicide prevention grant.

At its February 12 business meeting, TSPN’s Advisory Council formally adopted the “zero suicides” concept recommended by its Strategies, Outcomes, and Evaluations Committee, and authorized the creation of a committee devoted to broad statewide promotion of the framework. The “zero suicides” concept involves the implementation of suicide prevention and intervention protocols at every level of a given agency, from the executive level down to support staff. The idea is to equip everyone in the organization with the ability to identify potentially suicidal persons and connect them with life-saving assistance. TSPN staff and members attended the Zero Suicide Academy staged by the National Action Alliance for Suicide Prevention on June 29-30 in Washington, D.C. The delegation learned how to implement the “zero suicide” concept within their state and regional suicide prevention coalitions. The Zero Suicide Initiative Task Force held its inaugural meeting on September 19 to orient members regarding the project. Members included representatives of all the state’s managed care organizations and several behavioral health facilities. Two follow-up sessions were held during the remainder of the year to discuss implementation thus far.

TSPN arranged for the introduction of the Kenneth and Madge Tullis, MD, Suicide Prevention Training Act of 2014 into the Tennessee General Assembly. The proposed legislation would require training in suicide prevention protocols as part of the certification process for professional counselors, social workers, and occupational therapists in the state of Tennessee. The bill is modeled after similar legislation passed in other states. Ultimately the bill was withdrawn for some necessary changes in wording, but there are plans to reintroduce it in 2016.

In May, TSPN was awarded a grant from the Injury Control Research Center for Suicide Prevention (i.e., ICRC-S) at the University of Rochester Medical Center to advance the science and practice of the Network. Specifically, the purpose of the ICRC-S grant awarded to TSPN is to better understand the elements that help the TSPN network function effectively, engage its members, and the degree to which activities conducted by TSPN contribute to saved lives in Tennessee. The grant funded travel for two team members to attend a Research Training Institute at the University of Rochester Medical Center in New York state. TSPN’s research team completed a series of presentations on TSPN, engaged in workgroup sessions with RTI faculty and mentors, and made modifications to the TSPN evaluation plan.

As part of efforts to expand Network outreach, TSPN hired a Middle Tennessee Regional Coordinator on July 16 and a West Tennessee Regional Coordinator on November 17. The Regional Coordinators will be responsible for facilitating suicide prevention training sessions associated with TSPN's Substance Abuse Outreach Program, the Tennessee Higher Education Suicide Prevention Network, the Columbia Suicide Severity Rating Scale (C-SSRS) and the Applied Suicide Intervention Skills Training (ASIST). The Regional Coordinators also arrange for presentations and speakers at local conferences, workshops, and training sessions; coordinate regional TSPN meetings and projects; and assist with postvention operations at schools, businesses, and other agencies affected by recent suicide deaths.

TSPN joined the nation’s mental health community in its reaction to the suicide death of Robin Williams on August 11, responding both to the outpouring of public grief and media reports that came out following this loss. The Network published a press release regarding available mental health and crisis resources, and several regional members appeared on local television and radio stations to promote these resources.

TSPN is regarded as one of the nation’s foremost state-supported suicide prevention networks and is an example of how government entities, professional agencies, private partners, and community activists can come together to produce tangible, real-time social change.
TSPN Advisory Council

The council coordinates implementation of the Tennessee Suicide Prevention Strategy and guides the Network in the community awareness of suicide prevention.

Tim Tatum, MA, Chair, Pine Ridge Treatment Center, Chattanooga
Karyl Chastain Beal, M. Ed., Co-Chair, Community Advocate, Columbia
Anne Stamps, Secretary, Cumberland Mountain Mental Health Center / Dale Hollow Mental Health Center, Livingston
Renee Brown, Co-Secretary, Suicide Prevention Coordinator, Memphis VA Medical Center
Jennifer Harris, MS, Past Chair, Hickman Community Hospital, Centerville
Sarabina 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
Nancy L. Badger, Ph.D., Director, Counseling Center, University of Tennessee at Chattanooga
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 Billrey, 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
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
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 of Chattanooga
Waring Porter, Pastor, All Saints Presbyterian Church, Memphis
Stephanie Robbins, Executive Director, Behavioral Health Initiatives, Inc., Jackson
Katie Rosas, Community Outreach Specialist, Focus Treatment Centers
Kim Rush, M.Ed., LPC-MHSP, Volunteer Behavioral Health Care System, Murfreesboro
Kandi Shearer, Youth Villages, Johnson City
Becky Stoll, LCSW, Vice President, Crisis and Disaster Management, Centerstone, Nashville
Ellen Stowers, Contact Lifeline, Tullahoma
Angie Thompson, Director of Behavioral Health, Metro (Nashville) Public Health Department
Christen Thorpe, MS, CRC, CATSM, Child and Adolescent Therapist, Pastoral Counseling Centers of Tennessee, Nashville
Anne Young, MS, CAS, Cornerstone of Recovery, Knoxville
Anita Bertrand, MS, Past Chair, State of Tennessee, Nashville
Benjamin T. Harrington, MA, Past Chair, Mental Health Association of East Tennessee, Knoxville

TSPN Advisory Council Members Emeritus

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

Pam Arnell, MA, Ed.D., Arnell’s Counseling Service, Pulaski
Jodi Bartlett, Ed.S., LPC-MHSP, Volunteer Behavioral Health Care Services, Cookeville (Emeritus Group Chair)
Sam Bernard, PhD, FAAETS, DABCEM, The PAR Foundation, Chattanooga (Chair Emeritus)
Carol Burroughs, MSCPS, Lexington High School, Lexington
Barbara Dooley, Ph.D.
Clark Flatt, the Jason Foundation, Inc., Hendersonville
Anne Henning-Rowan, MS, Retired/Community Advocate, Denmark
Judith Johnson, AAS, CC, Community Advocate, Smyrna
Claudia M. Mays, LCSW, BCD, CM Counseling & Consulting Service, Nashville
Anna Shugart, LCSW, Blount Memorial Hospital, Maryville
Ken Tullis, MD, Lakeside Behavioral Health Center, Memphis
Madge Tullis, Community Advocate, Memphis (Chair Emeritus)
Misty Leitch, BBA, BSW, Anixter, Inc., Brentwood
Intra-State Departmental Group

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

Terrence (Terry) Love, MS, CPC (Intra-State Departmental Group Chair), Injury Prevention Manager,
Division of Family Health and Wellness, Injury and Violence Prevention, Tennessee Department of Health
John Allen, Director of Behavioral Health Services, Tennessee Department of Finance and Administration
Jackie Berg, Training Specialist and Worker’s Compensation Coordinator,
Tennessee Department of Labor and Workforce Development
Jacquelyn S. Bruce, Planning and Grants Management Supervisor, Tennessee Commission on Aging and Disability
Wendell Cheek, Deputy Commissioner, Tennessee Department of Veterans Affairs
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
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

TSPN Staff
Scott Ridgway, MS, Executive Director
Amy Dolinky, BS, West Tennessee Regional Coordinator
Samantha Nadler, BS, Middle Tennessee Regional Coordinator
Scott Payne, M.Div., East Tennessee Regional Coordinator
Vladimir Enlow, MTS, Executive Assistant
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.
Bibliography


TDMHSAS Commissioner Doug Varney (left) provides then-Advisory Council Chair Jennifer Harris (center) and TSPN Executive Director Scott Ridgway with this year’s Suicide Prevention Awareness Month proclamation (photo courtesy of Mike Machak).

TSPN Upper Cumberland Regional Chair Anne Stamps delivers opening remarks at the Ninth Annual “Light of Hope” event on September 18 in Cookeville. One of the “Love Never Dies” quilts is in the background (photo courtesy John Rust).

A photo of the crowd at the “Suicide and Trauma” seminar in Cordova on September 16. Guests filled the chapel at Hope Church to capacity. The registration ceiling, originally set at 200, had to be raised to 270 due to overwhelming demand for this event.

About 50 people came out to the Rain Teen Center in Decherd on April 2 for “Saving Lives in South Central Tennessee”, a project of TSPN’s South Central Region. Here, conference organizers pose for a photo from left to right: Karyl Chastain Beal, TSPN South Central Regional Chair; Ellen Stowers, Contact Lifeline; TSPN Executive Director Scott Ridgway; Jennifer Harris, chair of the Hickman-Perry County Suicide Prevention Task Force; Emily Hill, Community Education Director at Behavioral Healthcare Center-Columbia; and Jennifer Loh of the Family Counseling Center (photo courtesy of Bri Stowers).

The Suicide Prevention Program at permitted the use of this display at several TSPN events during Suicide Prevention Awareness Month in September. It is intended to demonstrate the toll that suicide takes on our nation’s armed forces.

We are greatly indebted to Maj. Joseph W. Varney, USA (ret.), Suicide Prevention Program Manager at Fort Campbell, for making the display available to the Network.

We are greatly indebted to Maj. Joseph W. Varney, USA (ret.), Suicide Prevention Program Manager at Fort Campbell, for making the display available to the Network.

Printing of this document was made possible due to a generous donation in memory of Charles William Dugger (1930-2013) by Diane Rohrer.