

TSPN CALL TO ACTION

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TENNESSEE SUICIDE PREVENTION NETWORK



LOOKING AHEAD TO 2016: A LETTER FROM THE TSPN EXECUTIVE DIRECTOR

The following is an open letter from TSPN Executive Director Scott Ridgway, MS.

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. Soon, these brochures will be added to the TSPN website and made available for distribution across the state of Tennessee.

TSPN, Mental Health America of Middle Tennessee (MHAMT), and TDMHSAS rolled out an online suicide prevention curriculum in November. "Suicide Prevention in the Emergency Department" teaches doctors, nurses, and others working in the field of emergency care how to prevent suicides on the premises and among the people they treat. The course, available at <http://tinyurl.com/tspn-ed>, is being offered to all hospitals across the state along with a set of brochures and other materials that will help them work with patients who have attempted suicide or have suicidal thoughts.

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. I anticipate us bringing in several additional facilities into the Initiative during 2016.

The Advisory Council and Intra-State Departmental Group remain active, the latter particularly so. 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. Also, TSPN is working with the Tennessee Department of Education on our "Connecting Youth to Hope" initiative, which will help public school districts proactively develop their own prevention, intervention, and postvention plans.

All of these achievements and more were made as TSPN, along with MHAMT (which provide TSPN with administrative oversight), negotiated the search for a new office space, which left TSPN staff working without a physical office space for nearly three months and presented serious logistical challenges. We at TSPN used this as an opportunity to streamline both our operations and develop new, better, and faster ways of getting resources distributed, events planned, and outcomes recorded.

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LETTER FROM THE EXECUTIVE DIRECTOR (CONTINUED)

TSPN's plans for 2016 involve further and deeper action on all the projects mentioned thus far, as well as new ones as opportunities arise. One major forthcoming change is the redesign of our website, scheduled to take place early this year.

However, all our work past, present, and future, is and will continue to depend on the support of our regular members—the professionals and activists who volunteer their knowledge, time, and resources to making TSPN a national example of state-supported suicide prevention outreach.

If you are not actively involved with TSPN, the start of the new year is the 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. Read our *Status of Suicide in Tennessee* report (<http://tspn.org/sost>) and watch for the new one that will come out in the early part of this year. 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.



TSPN welcomed several new staff members in 2015, including West Tennessee Regional Coordinator Kendra Taylor (third from left), Zero Suicide Coordinator Misty Leitsch (third from right), and East Tennessee Regional Coordinator Amy Dolinky (second from right).

Also pictured, from left to right: Executive Assistant Vladimir Enlow, Middle Tennessee Regional Coordinator Samantha Nadler, and Executive Director Scott Ridgway.

NPR PROFILES ZERO SUICIDE WITHIN HENRY FORD HEALTH SYSTEM

A recent NPR report profiled the “zero suicide” concept as adopted by a growing number of medical and mental health systems.

The report, which aired on *Morning Edition* on November 3, detailed efforts within the Henry Ford Health System (headquartered in Detroit and serving southeast Michigan), to eliminate suicide within its client base. The plan involves switching from a purely reactive model—providing assistance to patients who are immediately suicidal—to a proactive approach which attempts to identify patients who are depressed or otherwise at risk for suicide. Once identified, these patients can be connected them with mental health resources before reaching the point of acute crisis and possible suicide.



The Henry Ford model, called “perfect depression care”, involves asking every primary care patient about their mood and the amount of pleasure they get out of doing things. Follow-questions may focus on changes in sleep and eating patterns, as well as thoughts of self-harm. Patients considered at risk are assigned to cognitive behavioral therapy, drugs, group counseling, or hospitalization, and the results of the screenings are entered into patient's medical records. The process involves all levels of staff: therapists help patients come up with safety plans and enlist patients' families in removing means of self-harm from the home. Clerical and administrative staff follow up to make sure appointments are kept. Finally, all staff members are trained to become more comfortable asking patients about suicidal thoughts.

Thanks to this strategy, Henry Ford Health System reduced the rate of suicide in its mental health programs by 80 percent, and in some years there were no suicides at all—a feat previously considered impossible. Since then, this plan has been adapted by other health systems, including Centerstone, which estimates the plan has saves the people of Tennessee over \$400,000 annually in emergency room visits and hospitalizations.

“(I) f you say we're OK with five (suicides) a year, one of those might be your brother or your friend,” explains Doree Anne Espiritu, acting head of Henry Ford's zero suicide program. “We aim for zero because it reminds all of us of what we would want for ourselves.”

The report is available in text and audio form on the NPR website (<http://n.pr/10iFvtK>).

MANTHERAPY ADDS LINKS AND RESOURCES FOR VETERANS

ManTherapy, a free and interactive mental health website for men, has added new content for veterans and military service members.

Links to resources such as the Civilians for Veterans Fund, Give an Hour, Make the Connection, and the Wounded Warrior Project are included in the site's "Gentle Mental Health 101" section.

"Rich's List", the site's mental health resource directory, connects site visitors with information on the transition from military to civilian life, problems like stress and disordered sleep commonly experienced by combat veterans, more serious concerns like traumatic brain injury and post-traumatic stress disorder, and as sports and recreation programs and camps developed especially for veterans. Information is also available for families of veterans in crisis.

Finally, the site's crisis hotline section has been updated with both the Veterans Crisis Line (1-800-273-8255, then press 1) and the Confidential Veterans Chat available through the hotline.

ManTherapy (available at mantherapy.org) specializes in presenting mental wellness resources for men in a straightforward, approachable, and often humorous format. It represents a multi-agency effort guided primarily by the Carson J. Spencer Foundation; Cactus, an ad agency specializing in health and wellness issues, and the Office of Suicide Prevention within the Colorado Department of Public Health and Environment (CDPHE). TSPN was one of several suicide prevention agencies that was consulted in its development. Since its launch, ManTherapy has won several public service advertising awards, and it has spun off Australian version of the site (www.mantherapy.org.au).



Tony, a veteran, talks about discusses his recovery from substance abuse and his work with peer recovery groups in one of ManTherapy's new testimonials.

NEW YORK TIMES EXPLORES SUICIDE IN RURAL AMERICA

A *New York Times* article published in November analyzes the problem of suicide in rural communities and the reasons behind it.

The piece published in the November 3 edition delves into the concept through interviews with several suicide survivors in Wyoming, which has one of the highest suicide rates in the U.S.. (22.1 per 100,000 in 2013 according to the CDC, compared to Tennessee's rate of 14.4.). The CDC reports that suicide rates in rural counties rose by 20% between 2004 and 2013, compared to 7% in urban counties. The higher rates are consistent across sex, race, and age groups.

Bobbi Barrasso, wife of U.S. Senator John Barrasso of Wyoming, suggested a reason for Wyoming's high suicide rate at a meeting of mental health activists in Casper earlier this year: "(People in Wyoming are) resourceful, we're resilient, we cowboy up. And of course, I've learned it's those very things that have led to a high incidence of suicide in our state." Many mental health experts support this theory. "Rather than say, 'I need help,' they keep working and they get overwhelmed. They can start to think they are a burden on their family and lose hope", explains Emily Selby-Nelson, a psychologist at Cabin Creek Health Systems in West Virginia.

Other contributing factors identified in the article include social isolation and easier access to firearms. Mental health care is not always available—55% of U.S. counties, all classified as rural, have no mental health or social workers—and in rural areas where it is, people are afraid of other people finding out they used those services.

The *Times* article includes information on what people in Wyoming are doing to reverse the trend and save lives. Specifically, it mentions Prevention Management Organization of Wyoming, a non-profit which offers suicide prevention education and training to business, churches, and civic groups. Its efforts have been connected to increased referrals to available mental health services. Primary care offices are attempting to incorporate mental health screening and treatment into their repertoire, encouraged by the Affordable Care Act's emphasis on "whole patient" coverage.

The *Times* article is available in full at <http://nyti.ms/1maR5uS>.



Kim Morin of Laramie, who lost her daughter Monica to suicide in February, was interviewed for the *Times* article (Photo by Hilary Swift for the *New York Times*).

“SUICIDE PREVENTION GUIDE FOR LAW ENFORCEMENT”

Suicide Awareness Voices of Education (SAVE), in partnership with Facebook and Instagram, has released the *Suicide Prevention Guide for Law Enforcement*, a four-page guide intended to help those in law enforcement be able to recognize a fellow officer who might be at risk of suicide and how to take action to help them.

The *Guide* was developed in partnership with the assistance of leading law enforcement agencies and crisis organizations—Badge of Life, Copline, the International Association of Chiefs of Police (IACP), National Police Suicide Foundation, Safe Call Now, The Pain Behind the Badge, and the Barbara Schneider Foundation.

Written in language familiar to law enforcement personnel, the *Guide* addresses issues specific to officers including confidentiality and disclosures, cultural differences, and distressing content posted on Facebook. It also provides suggested resources specific to law enforcement.

The *Guide* is available online at <http://fb.me/LESafetyGuide>. Free hard copies are available from SAVE, along with wallet cards with the website suitable for distribution within local police departments. Interested parties may contact Daniel J. Reidenberg, PsyD, Executive Director of SAVE, directly at dreidenberg@save.org.

Facts about Police Suicide

- Police officers are two to three times more likely to die by suicide than to be killed in the line of duty by a suspect or criminal.
- According to the National Study of Police Suicides, released in 2012, 91% of officers who died by suicide were men between the ages of 40 and 44, with an average of 16 years on the force. 63% of the officers were single.

Additional Resources

People who work with or in law enforcement may also be interested in “Breaking the Silence: Suicide Prevention in Law Enforcement”, a half-hour video presentation on preventing suicide among law enforcement officers. The IACP assisted in the development of the video, which comes with a facilitation training guide as a companion piece. (More information about the video is available in the November 2015 edition of the *TSPN Call to Action*.) The video is available for viewing on YouTube (<https://youtu.be/fBjbo7mnnBs>). The guide is available for free download at the website of the Carson J. Spencer Foundation (<http://bit.ly/1j9frDH>), which also assisted with the project.

In addition to the National Suicide Prevention Lifeline (**1-800-273-TALK**), police officers also have the option of calling CopLine (**1-800-267-5463**), the first national law enforcement officer’s hotline, manned by retired law enforcement officers and licensed therapists.

They can also try Safe Call Now (**(206) 459-3020**), a referral service for public safety employees, emergency services personnel and family members. This line is operated by current and former law enforcement officers, public safety professionals and/or mental healthcare providers experienced with the work of first responders.

STUDY ANALYZES CHANGES IN SUICIDE WEB CONTENT



Researchers in the United Kingdom have discovered that pro-suicide web content—content that encourages people to kill themselves and/or offers recommendations on doing so—has become increasingly accessible in the past eight years.

In 2007, the researchers tested search terms related to suicide methods within four leading search engines, then reviewed the content of the top ten search results. They did so again in 2014. They found that blogs and discussions forums on suicide accounted for only 3% of the top results in 2007 but 18.5% in 2014. General information sites, including ones that suggest suicide methods, were also more prominent (9% of results in 2007 to 21.7% in 2014). As a whole, 54% of the top search results from the 2014 analysis included details about high-lethality suicide methods which could be used to ensure the fatality of the attempt.

The study did not search for suicide prevention websites to assess the balance of suicide-promoting and suicide-preventing websites on the Internet as a whole. Nor did they analyze the content of social media, which was far less prominent in 2007 and beyond the scope of the study. However, the research team did recommend that suicide prevention and mental health advocates work with ISPs and search engines to arrange for better promotion of suicide prevention websites and content. They also recommended working with forum moderators to institute and promote mechanisms for reporting suicidal content on their sites.

The citation for this study is as follows: Biddle, L, et al. (2015). Suicide and the Internet: changes in the accessibility of suicide-related information between 2007 and 2014. *Journal of Affective Disorders* (190) 370–375.

TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates marked in **bold and in ultramarine** indicate alternate meeting dates intended to accommodate state holidays or other previously scheduled events.

East Tennessee Region

monthly, 3rd Thursday, 12:15 PM
Third Floor Conference Room, Cherokee Health Systems, 2018 Western Avenue, Knoxville, 37921
January 21, February 18, March 17, April 21, May 19, June 16, July 21, August 18, no meeting in September, October 20, November 17, no meeting in December

Memphis/Shelby County Region

monthly, 3rd Tuesday, 11:30 AM
Memphis Crisis Centers Training Facility, 70 North Pauline, Memphis, 38105
January 19, February 16, March 22, April 19, May 17, June 21, July 19, August 16, no meeting in September, October 18, November 15, no meeting in December

Mid-Cumberland Region

monthly, 2nd Thursday, 9:30 AM
Tennessee Voices for Children, 701 Bradford Avenue, 37204
January 14, February 11 (held at Family & Children's Services), March 10, April 14, May 12 (held at Your Heart on Art), June 9, July 14, August 11 (location TBD), no meeting in September, October 13, November 10 (location TBD), December 8

Northeast Region

monthly, 4th Tuesday, 10:30 AM
Room 10, Boone's Creek Christian Church, 305 Christian Church Road, Gray, 37615 (Entrance B recommended)
January 26, February 23, March 22, April 26, May 24, June 28, July 26, August 23, September 27, October 25, and **November 15**

Rural West

monthly, 3rd Wednesday, 10:30 AM
Fourth Floor, West Tennessee Healthcare Building, 1804 Highway 45 Bypass, Jackson, 38305
January 20, February 17, March 16, April 20, May 18, June 15, July 20, August 17, no meeting in September, October 19, November 16

South Central

monthly, 1st Wednesday, 11:00 AM
Conference Room A, South Central Regional Health Office, 1216 Trotwood Avenue, Columbia, 38401
January 6, February 3, March 2, April 6, May 4, June 1, July 6, August 3, no meeting in September, October 5, November 2, December 7

Southeast Region

monthly, first Thursday, 11:30 AM
Mental Health Cooperative of Chattanooga, 801 North Holtzclaw Avenue, Suite 101, Chattanooga, 37404
January 7, February 4, March 3, April 7, May 5, June 2, July 7, August 4, September 1, October 6, November 3, and December 1

Upper Cumberland Region

monthly, 4th Thursday, 9:00 AM
Volunteer Behavioral Health, 1200 Willow Avenue, Cookeville, 38502
January 28, February 25, March 24, April 28, May 26, June 23, July 28, August 25, no meeting in September, October 27, **November 17**, and December 22

Intra-State Department Meetings

2 PM–4 PM
TSPN central office, 446 Metroplex Drive, Suite A-224, Nashville, TN 37211
January 13, May 11, August 10, and November 9

Advisory Council

February 10, 2016 (Community Room, Metro Nashville Police Department Hermitage Precinct, 3701 James Kay Lane, Hermitage, 37076)
June 8, 2016 (Community Room, Metro Nashville Police Department Hermitage Precinct, 3701 James Kay Lane, Hermitage, 37076)
September 14, 2016 (Trevecca Community Church, 335 Murfreesboro Road, Nashville, 37210)

Blount County Mental Health Awareness and Suicide Prevention Alliance

monthly, 1st Friday, 12:00 PM
Boys and Girls Club Meeting Room, Fort Craig Elementary School, 520 South Washington Street, Maryville, 37804
January 8, February 5, March 4, April 1, May 6, June 3, Executive Committee meeting in July, August 5, September 2, October 7, November 4, and December 2

Davidson County Suicide Prevention Task Force

bi-monthly, 4th Tuesday, 3:00 PM
Large Conference Room at Mental Health Cooperative, 275 Cumberland Bend Drive, Nashville 37228
January 26, February 23, March 22, April 26, May 24, June 28, July 26, August 23, no meeting in September, October 25, **November 15**, no meeting in December

Giles County Suicide Prevention Task Force

quarterly, 3rd Monday, 1:30 PM
Giles County Career Center, 125 South Cedar Lane, Pulaski, 38478
March 21, June 20, September 19, and December 19

Behavioral Health and Suicide Prevention for Hickman-Perry Counties

monthly, 4th Friday, 12:00 PM (lunch served at 11:30 AM)
Conference Room, St. Thomas Hickman Hospital, 135 East Swan Street, Centerville, 37033
January 22, February 26, **March 18**, April 22, May 27, June 24, July 22, August 26, no meeting in September, October 28, **November 18**, no meeting in December

Montgomery-Houston-Humphreys-Stewart Suicide Prevention Task Force

monthly, 1st Tuesday, 9 AM
Youth Villages, 651 Stowe Court, Clarksville, 37040
January 5, February 2, March 1, April 5, May 3, June 7, July 5, August 2, September 6, October 4, November 1, and December 6

Rutherford County Suicide Prevention Coalition

monthly, 1st Tuesday, 5:15 PM
TrustPoint Hospital, 1009 North Thompson Lane, Murfreesboro, 37129
January 5, February 2, March 1, April 5, May 3, June 7, July 5, August 2, September 6, October 4, November 1, and December 6



ADVISORY COUNCIL CONTACT INFORMATION

If you are interested in getting involved with TSPN on a local level or have other questions, contact the chairperson of your region as indicated by the map provided below:

East Tennessee region

Anne Young, MS, CAS
(865) 216-9884

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Memphis and Shelby County

Pastor Waring Porter
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Mid-Cumberland region

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Northeast region

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Southeast region

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Upper Cumberland region

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