

# TSPN CALL TO ACTION

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TENNESSEE SUICIDE PREVENTION NETWORK



## SUICIDE PREVENTION IS EVERYONE'S BUSINESS IN 2016

Tennessee's suicide rate ranked 27th in the nation in 2014, the second-lowest ranking ever posted in years of record keeping by the American Association of Suicidology (AAS).

Each year, AAS releases a ranking of the states by suicide rate, alongside the latest national data on suicide data by age, race, and method. The higher a state ranks, the higher its suicide rate is relative to other states. Ever since the rankings were first released in 1990, Tennessee has typically placed in the top 20, on one occasion (2008) tied for 9th place. The current ranking is the lowest recorded for Tennessee since AAS began ranking state suicide rates in 1987, when Tennessee came in at number 33. Even so, Tennessee's suicide rate remains above the national average, at 14.5 deaths per 100,000 population (compared to the national rate of 13.4).

The state rankings were released alongside national suicide data for the year 2014 by the Centers for Disease Control and Prevention (CDC). On the whole, there were 42,773 suicide deaths in the United States in 2014, at a rate of 13.4 deaths per 100,000 population. This translates to 117 deaths a day, and one death every 12 minutes. To a large degree, suicides in Tennessee mirror national trends. 77% of the decedents at the national level were male and 90% were white—proportions similar those within Tennessee (78% and 94%, respectively). Both nationally and in Tennessee, suicide rates among older adults (those over 65) and adults in midlife (45-64) continue to exceed the national rate. Suicide is the tenth-leading cause of death both nationally and Tennessee. Nationally, suicide was the second-leading cause of death in the 10-24 age group; in Tennessee it was the third-leading cause.

One area where Tennessee significantly deviates from national trends is in method. 63% of suicide deaths in Tennessee in 2014 involved a firearm, whereas only 50% did on the national level. Firearms are still the leading suicide method nationally—hanging and suffocation is a distant second, accounting for 27% of all suicide deaths. Poisoning was the third-leading method at 16%. (Hanging/suffocation and poisoning accounted for 19% and 14% of Tennessee suicide deaths, respectively).

This year's national suicide figures are available on the AAS website (<http://www.suicidology.org/resources/facts-statistics>) along with statistics going back to 2011 and breakdowns by age and race. Additional information about state suicide rankings is available at the homepage of John L. McIntosh, Ph.D. of Indiana University South Bend (<http://pages.iu.edu/~jmcintos>). McIntosh, a professor of psychology at the University (as well as its Associate Vice Chancellor for Academic Affairs), is a well-regarded researcher and author on suicide. Each year, he compiles the state rankings for AAS using the data released by CDC.

State and Ranking	2014 suicide rate per 100,000 population
1. Montana	24.5
2. Alaska	22.7
3. New Mexico	21.5
4. Wyoming	20.5
5. Colorado	20.2
27. Tennessee	14.5
Nation	13.4
47. Maryland	10.1
48. Massachusetts (tie)	8.8
48. New Jersey (tie)	8.8
50. New York	8.6
51. District of Columbia	7.9

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TSPN partnered with the American Foundation for Suicide Prevention (AFSP) to stage a series of "Out of the Darkness" Community Walks in September and October. This photo is from the one held in Nashville's Owen Bradley Park, attended by roughly 1,000 people. TSPN looks forward to future partnerships with AFSP and other local and national organizations to raise awareness about suicide prevention.

## SPOTLIGHT: YOUR HEART ON ART, INC.

Coming off of one of its most successful years, Your Heart on Art, Inc. (YHOA) is planning new projects and increased outreach in 2016.

YHOA is a 501(c)3 nonprofit that promotes emotional healing through therapeutic art workshops. It offers people struggling with grief, fear, pain and anger, a new way to express these emotions with creativity and color. Facilitators utilize both structured and non-structured approaches to encourage change and well-being, using a variety of artistic media. Its work is supported primarily through foundations, grants, corporate and private donors.

The agency's founder, Eileen Wallach, is a member of the National Association of Social Workers, the Association for Applied and Therapeutic Humor, the National Speakers Association and is a certified facilitator of the Art4Healing® method. Wallach founded YHOA after the suicide death of her husband Rick, and combines these and life experiences with over 30 years of work in the human services field to help others past trauma, addiction, loss, illness or pain through the power of art. "By helping people communicate through creating, each participant experiences a catharsis of relief that benefits them and the community at large, YHOA offers participants safe and non-threatening artistic methods to process their emotions," Wallach explains. "Our approach emphasizes individual expression and has a proven track record of results through evidence based research."

Plans for 2016 include a new travelling art project that deals with suicide, survivors of suicide loss and suicide attempts, and societal stigma. This year's project promises to be YHOA's largest and most powerful to date. The project will begin in March and will be ready for display in late summer.

Dates and registration for all workshops is available via the YHOA website (<http://yourheartonart.com/registration>). Upcoming workshops include one specifically for survivors of suicide attempts and/or ideation, scheduled for 6-9 PM on Thursday, March 17. A \$45 payment is required with registration. Other scheduled courses include ones for people dealing with the loss of a child and for the deaf and hard or hearing. All courses, unless otherwise noted, are held at the YHOA studios at 265 White Bridge Road in Nashville, ZIP 37209.



YHOA course participants explore emotional and mental health issues through a variety of art forms, such as collage, clay, painting, and masking (all photos courtesy YHOA).

## RESOURCES FOR NATIONAL SCHOOL COUNSELING WEEK



The American School Counselor Association (ASCA) has proclaimed February 1-5 as National School Counseling Week is February 1-5. This week is intended to promote the impact school counselors have in helping students achieve academic success and plan for a career. It is also an opportunity to reflect on how counselors support students with social or personal challenges, up to and including struggles with mental illness and suicidal ideation. TSPN joins ASCA and school districts across Tennessee in thanking school counselors for looking out for both the personal and the academic needs of our state's children.

In consideration of this year's observance, the Network would like to provide the following links that may be helpful to school counselors working with troubled children and teens:

- "Student Suicide: Legal and Ethical Implications": an article from ASCA's online blog on ethical standards and obligations of school counselors regarding suicidal students, including references to several court cases. <http://bit.ly/1RPFhvO>
- Online depression screening, courtesy of the Mental Health Association of Middle Tennessee. <http://www.mentalhealthamerica.net/mental-health-screen/patient-health>
- "Talking with Kids About News": recommendations from PBS Parents on how to talk to children about potentially traumatic incidents such as community violence, natural disasters, etc.. <http://www.pbs.org/parents/talkingwithkids/news/>
- "Helping Children Understand": resources from the American Foundation for Suicide Prevention (AFSP) on how to talk to children and teens about suicide loss. [bit.ly/1POTfZf](http://bit.ly/1POTfZf)

Additional resources are available from the ASCA website at <http://schoolcounselor.org>, although some of these links may be restricted to members only.

Finally, TSPN offers free suicide prevention training to individuals, schools, and school districts. More information about TSPN's available training curricula are available on the TSPN website (<http://tspn.org/training-and-education>). TSPN is also available to assist with suicide postventions—debriefings following the death of a student or staff member—as needed; for more information or to place a request, send an e-mail to [tspn@tspn.org](mailto:tspn@tspn.org).

## MEDIA GUIDELINES FOR REPORTING ON SUICIDE

The media can play a powerful role in educating about suicide prevention, highlight how to prevent suicide and how to help someone who is feeling suicidal. But stories in the media also have the potential to do harm, possibly contributing to suicide contagion or “copycat” suicides.

As part of its ongoing efforts to educate the community regarding suicide risk and prevention, TSPN presents this summary of recommendations for media outlets covering suicide incidents. These guidelines are taken from “Recommendations for Reporting on Suicide”, a short handout from the National Suicide Prevention Lifeline.

This handout, along with additional information on this subject, may be found on the TSPN website (<http://tspn.org/for-the-media>). We encourage you to share these with local print and broadcast outlets and refer back to them when responding to potentially damaging portrayals of suicide in the media.



### Minimize coverage of suicide and avoid sensationalism.

- Avoid normalizing, romanticizing or idealizing suicide. Prominent coverage or dramatizing suicide through descriptions or pictures may encourage persons at risk to see suicide as a way of getting attention or retaliation.
- Avoid details or pictures of the method, location, site or the funeral. Such details may encourage vulnerable individuals to imitate it.
- Avoid presenting suicide as the inexplicable act of an otherwise promising, healthy or high-achieving person to discourage identification with the victim. Reports of community expression of grief should also be minimized.
- Using adolescents on TV or in print media to tell stories of their suicide attempts may be harmful and may encourage other vulnerable young people to seek attention in this way.
- Describe the deceased as having “died by suicide” rather than as “a suicide” or having “committed suicide.” The latter two expressions reduce the person to the mode of death or connote criminal or sinful behavior.

### Use specific language and phrasing when reporting on suicide.

- Referring to “non-fatal” suicide attempts is preferable to using terms such as “unsuccessful” or “failed” suicide attempts.
- Referring to a “rise” in suicide rates is usually more accurate than calling such a rise an “epidemic.”
- Avoid describing a suicide as unexplainable (e.g. “He had everything going for him.”), romanticized (e.g. “We want to be together for all eternity.”) or simplistic (e.g. “Boy commits suicide because he has to wear braces.”).

### The way the story is presented could be unintentionally triggering.

- Print the story on an inside page whenever possible, preferably below the fold.
- Avoid the word “suicide” in the headline.
- Avoid printing a photo of the person who died by suicide.
- Present alternatives to suicide (e.g. calling a suicide prevention center, obtaining counseling, etc.)
- When possible, present examples of positive outcomes of people in suicidal crises.
- List helpful community resources such as the Crisis Intervention Center, Mental Health Association, community mental health centers, etc.
- Include warning signs of suicide and ways readers can help those in need, ideally in a sidebar like the one found alongside this article.

### Be careful when interviewing surviving relatives and friends.

- If interviewing grieving family members or friends is necessary, exercise caution. During the period immediately after a death by suicide, those left behind have difficulty understanding what happened: responses may be extreme, problems may be minimized and motives may be complicated.
- Accounts based upon initial reactions are often unreliable. In the first shocked reaction, friends and family may find a loved one’s death by suicide inexplicable or they may deny that there were warning signs.
- Some informants may suggest that a particular individual such as a family member, a school, or a health service provider in some way played a role in the victim’s death by suicide. However, there are usually multiple causes for suicide.

The following “Warning Signs” and “How to Help” lists should be included in the article, possibly in a sidebar.

#### Warning Signs

- Threats of suicide or statements revealing a desire to die.
- Previous suicide attempts or self harm.
- Depression (crying, changes in sleeping/eating patterns, hopelessness, loss of interest in hobbies/activities).
- Final arrangements (e.g. giving away prized possessions).
- Drastic changes in personality or behavior.

#### How to Help

- Keep calm and take it seriously. Do not minimize the threat or assume it is a joke or a way of getting attention.
- Discuss suicide openly and directly.
- Listen. Show your support and concern.
- If possible, remove objects such as guns or pills that could be used to inflict self harm.
- Consider getting professional help.



As a rule, stories on suicide should always include the National Suicide Prevention Lifeline (1-800-273-TALK) (8255) as a ready reference for readers concerned about themselves or others.

## TAMHO ISSUES WHITE PAPER ON SUBSTANCE ABUSE

TSPN and its community partners applaud the Tennessee Association of Mental Health Organizations (TAMHO) for its recent publication of a white paper on substance abuse/addiction treatment in Tennessee, suitable for distribution to community groups and the general public.



The paper explains that the state of Tennessee "is in the midst of a serious substance abuse epidemic that has led to devastating outcomes". It argues that while legislative efforts such as the Prescription Safety Act of 2012 and the "Prescription for Success" public awareness campaign are positive developments, Tennessee is still in need of a comprehensive approach to the problem, one that includes state funding for addiction prevention and treatment. This is in contrast to relying on federal funding tied to national objectives that do not necessarily correspond to the realities of substance abuse in Tennessee.

The paper goes on to point out certain facts about Tennessee's substance abuse epidemic, such as the fact that only 4% of Tennessee adults in need of addiction treatment actually receive treatment. The state currently ranks 7th in the nation for prescription drug overdoses and 8th for drug overdose deaths. (This point is particularly relevant to TSPN, since suicides are often confused with accidental overdoses, and people with substance abuse issues have been known to overdose intentionally as a means of suicide.)

Prescription opioids have surpassed alcohol as the most commonly abused substance among people receiving state funded treatment. Young adults are at particular risk for prescription opioid abuse; according to the "Prescription for Success" campaign, adults age 18-25 use this variety of drugs at a rate 30% higher than the national average. Abuse of prescription opioids is having a ripple effect, in regards to heroin. Admission to state-funded treatment facilities related to heroin addiction increased by 157% between 2011 and 2014.

The white paper is available for download on the "Recovery is Real" page on the TAMHO website (<http://www.tamho.org/recovery>), which promotes the appropriation of \$30 million in state funding for addiction treatment services. It includes links for contacting local legislators about the issue as well as a short video outlining major talking points.

## MH ACTIVISTS OBJECT TO OBAMA'S EXECUTIVE ACTIONS

Mental health and disability advocates are disputing some of President Obama's executive actions related to gun control, arguing that they suggest an erroneous link between gun violence and mental illness.

"By linking mental health issues with gun violence, the President exacerbates the discrimination and prejudice associated with mental health conditions and drives people away from seeking treatment," said Daniel B. Fisher, M.D., Ph.D., board president of the National Coalition for Mental Health Recovery (NCMHR), in a January 8 press release.

Fisher also suggests that one executive action in particular violate the Americans with Disabilities Act (ADA). At issue is the mandate that the Social Security Administration report information about people who use representative payees to manage their Social Security benefits to the gun background check database.

"(L)inking the need for a representative payee with a presumption of incapacity to exercise any right sets a dangerous precedent that undermines the goals of the ADA: equality of opportunity, full participation, independent living, and economic self-sufficiency... (P)ublicizing the names of individuals in identified populations constitutes a gross violation of their privacy rights and a dangerous marginalization of an already oppressed group," Fisher said.

The American Association of People with Disabilities, the Autistic Self-Advocacy Network, and the Bazelon Center for Mental Health Law have also come out with statements objecting to the mental health aspect of the executive orders. All of these statements are available on these agencies' respective websites ([www.ncmhr.org](http://www.ncmhr.org), [www.aapd.com](http://www.aapd.com), [autisticadvocacy.org](http://autisticadvocacy.org), and [www.bazelon.org](http://www.bazelon.org)).

Fisher points out that people with severe mental health conditions account for only 3-5% of violent crimes, and are in fact are more than 10 times more likely to be victims of violence than the general population.



Screenshot from President Obama's January 7 press conference during which he announced his executive orders to creating stricter gun control legislation, courtesy of [whitehouse.gov](http://whitehouse.gov).

# TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates marked in **bold** and in **Caribbean green** 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

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

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

TSPN Central Office, 446 Metroplex Drive, Suite A-224, Nashville, 37211

February 18 (held at Mental Health Cooperative), 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), and December 8 (held at Family & Children's Services)

## Northeast Region

monthly, 4th Tuesday, 10:30 AM

Room 10, Boone's Creek Christian Church, 305 Christian Church Road, Gray, 37615 (Entrance B recommended)

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

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

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

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

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

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

monthly, 4th Tuesday, 3:00 PM

Large Conference Room at Mental Health Cooperative, 275 Cumberland Bend Drive, Nashville 37228

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

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, 3rd Friday, 9 AM

Youth Villages, 651 Stowe Court, Clarksville, 37040

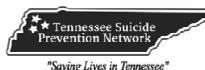
February 19, March 18, April 15, May 20, June 17, July 15, August 19, September 16, October 21, November 18, and December 16

## Rutherford County Suicide Prevention Coalition

monthly, 1st Tuesday, 5:15 PM

TrustPoint Hospital, 1009 North Thompson Lane, Murfreesboro, 37129

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

[anneyoung@cornerstoneofrecovery.com](mailto:anneyoung@cornerstoneofrecovery.com)

**Memphis and Shelby County**

Pastor Waring Porter  
(901) 233-2175

[wporter@allsaintspres.com](mailto:wporter@allsaintspres.com)

**Mid-Cumberland region**

Samantha Nadler, LMSW (acting)  
(615) 312-3116  
[snadler@tspn.org](mailto:snadler@tspn.org)

**Northeast region**

Jack Stewart, MA  
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[bluespringdc@yahoo.com](mailto:bluespringdc@yahoo.com)

**Rural West region**

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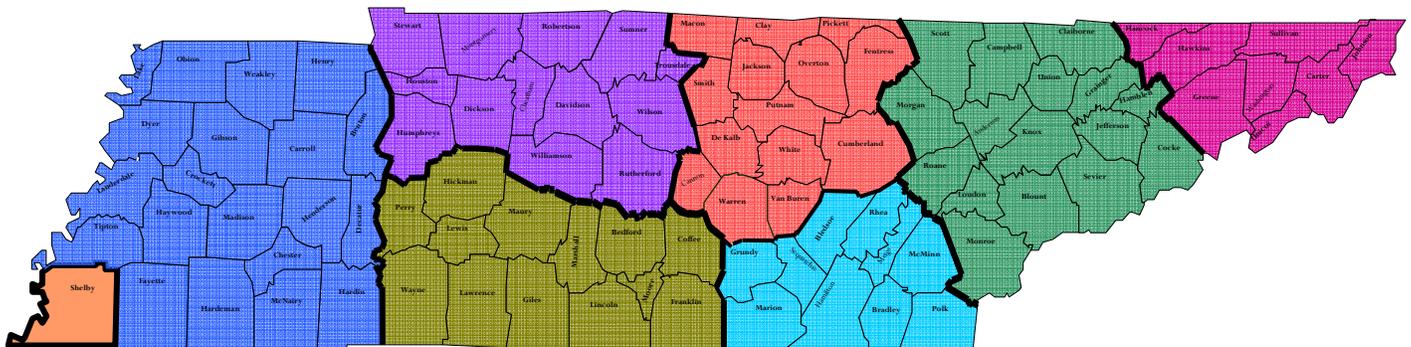
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