

TSPN CALL TO ACTION

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TENNESSEE SUICIDE PREVENTION NETWORK



TSPN PUBLISHES *STATUS OF SUICIDE IN TENNESSEE 2016*

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

The latest edition of the *Status of Suicide in Tennessee* report, published annually by TSPN, highlights major innovations within the Network's outreach and awareness efforts during the past year as well as the recent drop in the state's suicide rate.

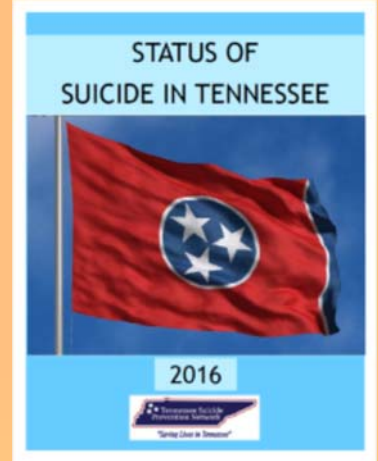
In 2014, the latest year for which state-specific figures are available, both the raw number of suicide deaths and the rate per 100,000 had backed away from the all-time high noted the previous year. There were 945 recorded suicide deaths, at a rate of 14.4 per 100,000 people, down from 15.7 suicide deaths per 100,000 and 1,017 deaths reported.

However, suicide rates remain elevated among people in midlife, especially white males. Tennesseans aged 45-64 are over three times more likely to die by suicide than those aged 10-19—typically the age group that attracts most of the attention when it comes to suicide prevention efforts. Non-Hispanic whites made up 79% of Tennessee's population in 2014 but accounted for 94% of all reported suicide deaths in the state that year (747 out of 945).

Over the course of the lifespan, white males in Tennessee experience suicide rates several times higher than any other race-sex subgroup, and this distinction is especially pronounced in midlife and old age. Attention is also given to the nature of non-fatal versus fatal attempts and common suicide methods—almost two-thirds of all suicides in Tennessee involve a firearm.

"While the recent decline in suicide rates is encouraging, we at TSPN realize that even one death by suicide is too many," explains TSPN Executive Director Scott Ridgway in the Executive Summary. "With the publication of this report, TSPN rededicates itself to the cause of preventing suicide and saving lives in Tennessee."

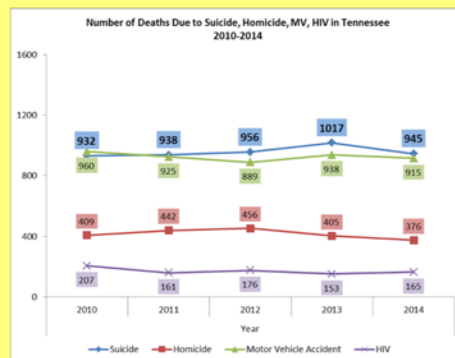
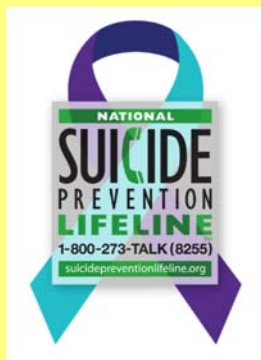
This year's *Status of Suicide in Tennessee* report includes several new and redeveloped sections. One new addition highlights the economic cost of suicide, not just in terms of deaths but also non-fatal injuries. In 2014 alone, the total charges for inpatient hospitalization and emergency-department visits associated with suicide attempts in Tennessee amounted to \$135.7 million. The section on methods of suicide death includes updated on TSPN's work in the area of lethal means reduction, by way of its Gun Safety Project and new brochures on suicide-proofing private residences. The new report also includes data on regional variations in suicide rates and attempts.



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The latest edition of the *Status of Suicide in Tennessee* report, along with past versions, is available online via the TSPN website (www.tspn.org/sost).

As shown by this chart included in this year's *Status of Suicide in Tennessee* report, suicide has overtaken motor vehicle accidents as a cause of death in Tennessee. In any given year, there are twice as many suicides as homicides.

ADVISORY COUNCIL CONSIDERS RESEARCH, LEGISLATION, AND PROCEDURE DURING LATEST MEETING

TSPN hosted two guest speakers during the recent Advisory Council meeting held on February 10 at the Metro Nashville Police Department's Hermitage Precinct.

Sandra Perley, Ed.D, MSN, RN, Associate Professor of Nursing, Columbia State Community College, presented a summary of her doctoral dissertation, entitled "Suicide Prevention Strategies in Tennessee Community Colleges: A Case Study". Perley's research analyzed suicide prevention resources within Tennessee's community colleges (see details on page 2).

The meeting also hosted Kelsey Neeley, Director of Student Outreach for the Jared's Keepers Foundation, a suicide prevention awareness foundation founded in Tennessee. Neeley, a senior at Harpeth High School, Neeley began by talking about her friend Jared Martin, who died by suicide in June 2014. After his death, Neeley reached out to Debby Martin, Jared's mother, about what she could do to prevent suicide. She spoke in promotion of a bill the Keepers helped to develop that would require LEAs in Tennessee to maintain a suicide prevention policy and mandate suicide prevention training for all public school staff. More information about this legislation and the Kenneth and Madge Tullis, MD, Suicide Prevention Act of 2016, another bill TSPN is promoting, is available on page 2.



Kelsey Neeley of the Jared's Keepers Foundation addresses the Council about the need for legislation requiring school policies on suicide prevention, intervention, and postvention, and legislation co-developed by her agency on this issue.

These presentations highlighted a busy Advisory Council meeting with several floor votes. The Network's approved changes recommended by the Emeritus Committee that will streamline nominations of former Advisory Council members and others to the group. Effective as of this meeting, nominations may now be submitted to the Chair of the Emeritus Group as well as the Executive Director or the Chair of the Advisory Council. These nominations will now be reviewed by the Emeritus Group with the consultation of the Executive Director, instead of TSPN's Executive Committee. In addition to these changes, the Council accepted three new nominees—Kathy Benedetto, Jennifer Harris, and Harold Leonard—to the TSPN Advisory Council Emeritus Group.

In other developments, TSPN's Advocacy Council recommended and voted to endorse the "Rebuilding for Recovery" white paper issued by the Tennessee Coalition for Mental Health and Substance Abuse Services (TCMHSAS), which calls for earmarking \$30 million in recurring funds for the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) to make up for previous budget cuts. The Strategies/Outcomes/Evaluation Committee reviewed and approved a new TSPN brochure, "Saving College Student Lives in Tennessee", which will be sent to the printer. The Outreach Committee discussed activities and programming for the next meeting of the TSPN Advisory Council retreat planned for June 29-30 at Montgomery Bell State Park Inn.



Two members of the Network received special recognition during the Advisory Council meeting:

At top: TSPN Advisory Council Chair Tim Tatum presents Gwen Hamer, Director of Education and Development within TDMHSAS, with a plaque commemorating her 16 years of service to TSPN. Hamer is a charter member of TSPN who serves on its Intra-State Departmental Group, as well as the Suicide Prevention and the African-American Faith Community Coalition, and the Rutherford County Suicide Prevention Coalition.

At bottom: Shannon Hall, Grants & Special Projects Director for the Tennessee Department of Safety and Homeland Security and a member of TSPN's Intra-State Departmental Group, was recognized for training nearly 300 people in the "Question, Persuade, and Refer" since going through the instructor course in October. She was presented with a certificate officially recognizing her as a QPR Trainer.



TSPN PROMOTING TWO BILLS IN GENERAL ASSEMBLY



Following his testimony before the House Education Administration & Planning Subcommittee on behalf of SB 1992 on February 17, Sen. Roberts (far right) met with delegates from the Jared's Keepers Foundation at the Tennessee State Capitol.

TSPN is advocating on behalf of two suicide prevention bills currently under consideration by the Tennessee General Assembly.

Tennessee SB 1992 / HB 2071, an extension of the Jason Flatt Act of 2007, mandates that all employees of each LEA attend annual in-service training sessions in suicide prevention or equivalent training. The bill also requires each LEA to adopt a policy on student suicide prevention developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts. To assist in this, TDE would establish a model policy. The Senate portion of the bill cleared the Senate by a vote of 28-0 on February 24, and as of this writing the House version has been recommended for passage by its Education, Administration and Planning Subcommittee.

Kelsey Neeley, Director of Student Outreach for the Jared's Keepers Foundation and head of the local Foundation chapter at Harpeth High School in Kingston Springs, spoke about the bill during this month's Advisory Council meeting (see page 2) ahead of its formal endorsement by the Advisory Council. The Keepers secured the cooperation of State Senator Kerry Roberts (R-Springfield) in drafting the bill with the help of the American Foundation of Suicide Prevention (AFSP) and the Jason Foundation, Inc., (JFI), which developed the original Flatt Act.

Meanwhile, TSPN has resubmitted the Kenneth and Madge Tullis, MD, Suicide Prevention Act (a.k.a. Tennessee SB 2372 / HB 2317) to the General Assembly. The bill would require licensed mental health professionals to have two hours of suicide prevention training annually.

TSPN wishes to acknowledge the members of the General Assembly sponsoring these bills:

- Sen. Roberts, Sen. Thelma Harper (D-Nashville), Rep. Mary Littleton (R-Dickson), and Rep. Debra Moody (R-Covington) for their sponsors of the LEA legislation.
- Speaker pro Tempore Bo Watson (R-Hixson), Sen. Harper, Rep. Dan Howell (R-Georgetown), and Rep. Joe Pitts (D-Clarksville) for their sponsors of the Tullis Act.

ADVISORY COUNCIL MEMBER RESEARCHES COMMUNITY COLLEGES

During the recent Advisory Council meeting, newly appointed member Dr. Sandra Perley presented original research on suicide prevention policy and procedures within Tennessee community colleges (see page 2). She found that most such institutions have no deliberate or organized educational or technological efforts to increase suicide awareness, and their contingency plans for suicidal students are in need of development.

Dr. Perley collected available information from 13 community colleges within the Tennessee Board of Regents system in the form of surveys, institutional web sites, and interviews with institutional personnel. She found that only about half of the institutions offer suicide prevention information to students. Technology is rarely used to educate, screen, or provide suicide referral information. Only six institutions have policies that specifically address suicide, although personnel at most institutions identified area agencies that serve as resources for students.

Most colleges theoretically had a plan to address suicidal students, secondary to "harm to self/others" in policies, but only half of those plans explicitly addressed suicide in their policies. Most colleges had intervention teams, but they were focused on preventing students from harming others and had little, if any protocols for working with students in danger of self-harm. While colleges usually had disciplinary policies to address disruptive students, they had nothing specifically to deal with suicidal ideation.

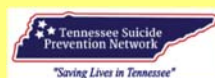
Dr. Perley characterized community college students as an under-reached yet high-risk population group. Studies Perley reviewed suggest community college students are at higher suicide risk than traditional college students, and experience unique stressors. They are often first-generation students, unfamiliar with academic culture and have no family who can guide them through the process. As a group, they are more ethnically and racially diverse than most college students—a strong association has been noted between academic problems and suicidal ideation in college students from ethnic-minority backgrounds. They often come from lower-income backgrounds and work while attending college, and are often unprepared for the academic rigors of college life, requiring learning support courses.

More information about Dr. Perley's research is available from the author at (931) 540-2598 or perley@columbiastate.edu.

Educational Strategies (of the 13 community colleges)

Gatekeeper Training	5
Curriculum Infusion	7
Trained Peer Leaders	1
Info distributed in newsletters	7
Info on campus signage/posters	5
Info at health fairs, events, brochures	6

A Powerpoint slide from Dr. Perley's research summary as presented during the February 10 Advisory Council meeting.



JOINT COMMISSION ISSUES SENTINEL EVENT ALERT ON SUICIDE



The Tennessee Suicide Prevention Network wishes to announce the publication of "Sentinel Event Alert #56: Detecting and Treating Suicide Ideation in All Settings" as issued by the Joint Commission (TJC), a non-profit responsible for accrediting health care organizations and programs in the United States. (Most state governments

recognize Joint Commission accreditation as a condition of licensure and the receipt of Medicaid reimbursement, so any announcements and recommendations it makes are taken very seriously by hospitals and health care facilities.)

This development is a critical milestone event for suicide prevention and the National Action Alliance for Suicide Prevention. It fulfills recommendation #3 in the Suicide Care in Systems Framework document used as the basis for the national Zero Suicide Initiative and the Tennessee counterpart currently being implemented by TSPN, the Tennessee Department of Mental Health and Substance Abuse Services, and partner agencies across the state.

The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care. Suicide prevention experts have observed that the alert falls short on providing direction and recommendations for supporting patients in the gap that exists between discharge and clinic engagement gap. Even so, the document offers many suggestions for improving assessment and treatment in inpatient and outpatient settings. The full document is hosted on the TSPN website (bit.ly/1KNRWgC).

This latest alert could prove revolutionary for suicide care, given TJC's dominant accreditation role with hospitals and health systems. TSPN recommends circulating Sentinel Event Alert #56 to any and all contacts within the healthcare profession to keep them informed on this late-breaking development in the effort to integrate suicide prevention and intervention procedures into our nation's hospitals and healthcare facilities.

NEW STUDY DISCUSSES SUICIDAL TENDENCIES IN PRESCHOOLERS

New research suggests that suicidal thoughts or behavioral can manifest in children as young as 3 years old and that they can persist into middle childhood.



The JOURNAL of ADVANCED PRACTICE NURSING®

Researchers studied about 300 children enrolled in the Preschool Depression Study, which follows preschool children diagnosed with depression and/or other mental illnesses as they progress through early and middle childhood. They found that 11% of the children studied displayed some form of suicidal ideation when they were 3-7 years old—for example, a child hiding a knife under his pillow and telling adults he does not deserve to live, or repeatedly asking to "go to heaven" to join a relative. Of these children, 75% of them would display suicidal ideation during a follow-up about four years later, when they were 7 to 12 years of age.

These trends persisted even after controlling for past and current mental health diagnoses, demographics, and mental illness in the mother (a common element among children with suicidal ideation, especially among boys). Children with ADHD or oppositional defiant disorder/conduct disorder (ODD/CD) were also more likely to report suicidal ideation.

The study authors concede that experts are unsure what to make of expressions of suicidality among young children. The current study did not go into children's understanding of death as permanent, it focused on children who had already been diagnosed with mental health issues, and it relied primarily on parental reports on children's behavior which might be incomplete or subject to reporter bias. Also, the number of children experiencing suicidal ideation is admittedly small to begin with.

Despite these limitations and qualifiers, the study authors still say that when a child expresses suicidal intent, it should still be noted as a risk factor for later suicidality. "(D)ata indicate that death/suicidal statements, behaviors, and actions among young children are strongly associated with distress and psychopathology as well as later suicidal ideation at school age, underscoring the need to attend to this symptom as an important marker of risk," the researchers write.

Additional information about the study is available on the website of the *Journal of Advanced Practical Nursing*, which first announced the results (bit.ly/1PbNcfZ).

TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates marked in **bold and in denim** 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
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
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
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 Thursday, 9:00 AM
Frontier Health, 1167 Spratlin Park Drive, Gray, 37615
March 24, April 18, May 26, June 23, July 28, August 25, no meeting in September, October 27 and **November 17**

Rural West

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

South Central

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

Southeast Region

monthly, first Thursday, 11:30 AM
Mental Health Cooperative of Chattanooga, 801 North Holtzclaw Avenue, Suite 101, Chattanooga, 37404
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
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
May 11, August 10, and November 9

Advisory Council

June 29-30 (Montgomery Bell State Park Inn, 1000 Hotel Avenue, Burns, 37029)
September 14 (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
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
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

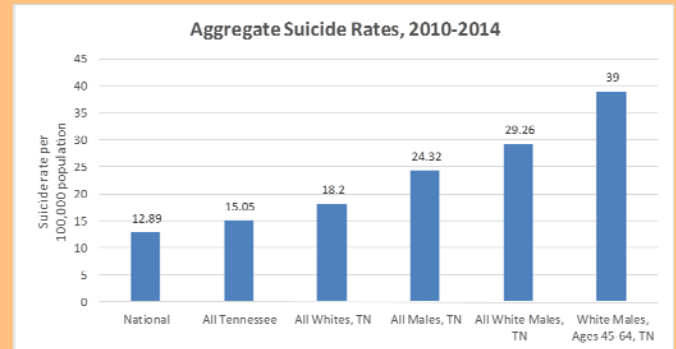
monthly, 4th Friday, 12:00 PM (lunch served at 11:30 AM)
Conference Room, St. Thomas Hickman Hospital, 135 East Swan Street, Centerville, 37033
March 18, April 22, May 27, June 24, August 26, no meeting in September, October 28, **November 18**, no meeting in December

Montgomery-Houston-Humphreys-Stewart Suicide Prevention Task Force

monthly, 3rd Friday, 9 AM
Youth Villages, 651 Stowe Court, Clarksville, 37040
March 18, April 15, May 20, June 17, July 15, August 19, September 16, October 21, November 18, December 16

Rutherford County Suicide Prevention Coalition

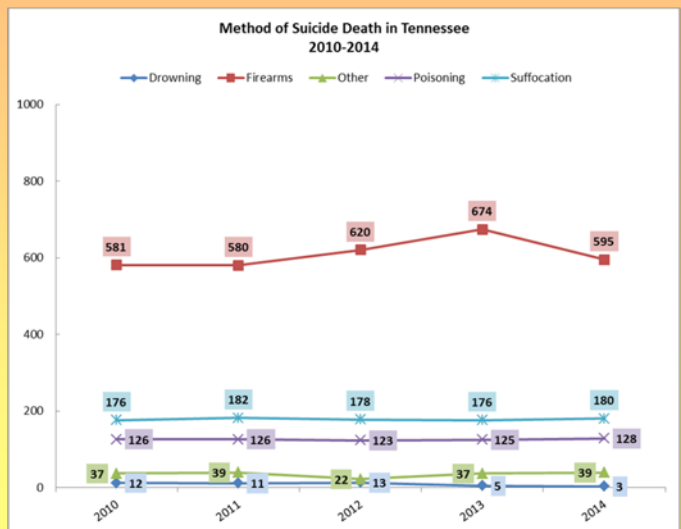
monthly, 1st Tuesday, 5:15 PM
TrustPoint Hospital, 1009 North Thompson Lane, Murfreesboro, 37129
March 1, April 5, May 3, June 7, July 5, August 2, September 6, October 4, November 1, and December 6



Two other charts from this year's *Status of Suicide in Tennessee* demonstrate trends in suicide deaths in our state.

Above: a bar chart highlighting the elevated suicide rates among white middle-aged males.

Below: a line graph illustrating common methods of suicide death in Tennessee. Firearms are involved in almost two-thirds of suicides in our state.



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

Memphis and Shelby County

Pastor Waring Porter
(901) 233-2175

wporter@allsaintspres.com

Mid-Cumberland region

Eileen Wallach
(615) 456-3777

eileen@yourheartonart.org

Northeast region

Jack Stewart, MA
(423) 787-1663

bluespringsdc@yahoo.com

Rural West region

Sabrina Anderson
(731) 422-2008

sanderson@bgcjmc.org

South Central region

Karyl Chastain Beal, MEd, CT
(931) 388-9289

karylcb@bellsouth.net

Southeast region

Eve Nite

(423) 697-5952

enite@mhc-tn.org

Upper Cumberland region

Anne Stamps
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jstamps@vbhcs.org

Advisory Council Chair

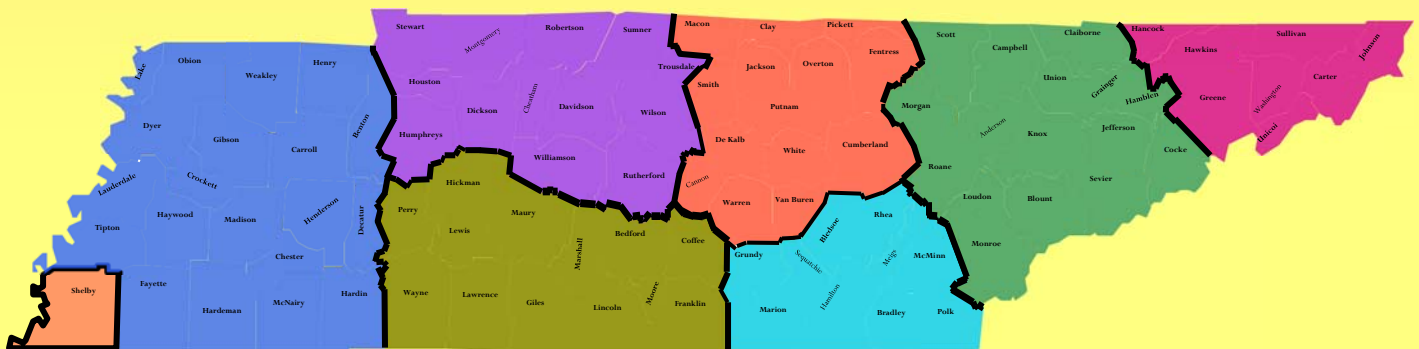
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