

TSPN CALL TO ACTION

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TENNESSEE SUICIDE PREVENTION NETWORK



DRAMATIC INCREASE IN SUICIDE RATES OVER LAST 15 YEARS ALARMS PUBLIC HEALTH EXPERTS

America's suicide rate increased by 24% over the past 15 years, according to a National Center for Health Statistics report. Increases among middle-aged adults and preteen girls are especially acute, although almost all demographics saw an increase in suicides over the period studied.

"These data underscore why suicide prevention must remain a national public health priority," the National Action Alliance for Suicide Prevention declared in an April 22 press release on the study. "While more is being done now than ever before to prevent suicides in the United States, greater efforts must occur to reverse this disturbing trend in a preventable cause of death."

The report covers the years 1999 through 2014, during which the U.S. suicide rate rose from 10.5 to 13 per 100,000. As of 2014, the national suicide rate was at its highest since 1986. The increase was particularly acute beginning in 2006, when the rate rose by 2% a year, double the annual rise in the earlier period. Suicide rates rose for every race-sex subgroup except for black males and every age group above 75.

Of particular note was the increase among women aged 45-64 (up 63%) and men that same age (up 43%). Also worth noting that suicides among girls ages 10 to 14, tripled—from 50 suicides at a rate of 0.5 per 100,000 to 150 and 1.7, according to a National Public Radio (NPR) report on the study.

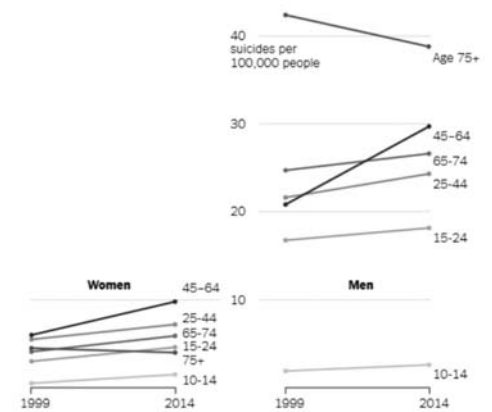
"It's really stunning to see such a large increase in suicide rates affecting virtually every age group," said Katherine Hempstead, senior adviser for health care at the Robert Wood Johnson Foundation, in a *New York Times* interview on the findings. Sally Curtin, an NCHS statistician and co-author of the study, noted there are far more suicide attempts than deaths. "The deaths are but the tip of the iceberg," she was quoted as saying the NPR report.

The study also found that people who die by suicide are more likely to use suffocation or hanging as a method. In 1999 suffocation accounted for 19% of suicides (according to the Centers for Disease Control and Prevention); in 2014 they made up 27% of the total. Although firearms have a higher lethality rate, suffocation is harder to prevent because the means are more easily accessible.

While experts are hesitant to cite any one factor as the cause, researchers have suggested connections to the economic reversals of the time period studied—specifically, the Great Recession and the lesser periods of economic stagnation that preceded and followed it. Last year Hempstead co-authored a study that connected suicide in midlife to increasing difficulties in employment and finances.

Experts also noted that suicide prevention efforts within hospitals and health systems are inconsistent, even as better treatments and screening tools become available. "We have to figure out how to bake them into health care systems so they are used more automatically," said Dr. Jane Pearson, chair of the Suicide Research Consortium within the National Institute of Mental Health in the *New York Times* piece. "We've got bits and pieces, but we haven't really put them all together yet."

Within Tennessee, the suicide rate increase was less pronounced—up 14%, from 12.8 in 1999 to 14.7 in 2014. But increases among middle-aged adults in Tennessee are disturbing, with suicide death rates of middle-aged women up 76% (compared to a 29% among similarly-aged men). The increase in suffocation deaths in Tennessee also parallels national trends—they accounted for 10% of suicide deaths in Tennessee in 1999 but 20% in 2014.



This graphic accompanying the April 22 *New York Times* report on the NCHS study shows the rising rates of suicide among various sex-age groups. Note that suicide rates among males have always been far higher than among females.

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ST. JAMES MISSIONARY BAPTIST CHURCH HOSTS CONFERENCE

Roughly 150 people attended the Suicide Prevention Conference held at St. James Missionary Baptist Church on May 16. The event was organized by the Suicide Prevention and the African American Faith Communities Committee.

The theme of this conference was “Empowering Faith Communities to Foster Resilience: Promoting Safe Stable Nurturing Relationships and Environments”. This conference focused on the impact of Adverse Childhood Experiences (ACEs) on children's development and included a panel discussion of the issue led by members of the Nashville Steering Committee for All Children Excel within Healthy Nashville, which is itself an initiative of the Metro Public Health Department. The All Children Excel Program seeks to reduce child maltreatment and delinquency risk factors and builds resiliency in Metro Nashville families and children. The event also included a community action panel that included Nashville area child and family welfare experts.



TSPN wishes to thank the sponsors who helped to this event possible: BlueCare Tennessee, the Metro Nashville Public Health Department, the Tennessee Department of Mental Health and Substance Abuse Services, UnitedHealthcare, Vanderbilt Behavioral Health, and the Middle Tennessee chapter of the American Foundation for Suicide Prevention. Several other agencies also had exhibits at the event: Compass Intervention Center, Family and Children's Services, NAMI Davidson County, Tennessee Voices for Children, and the Tennessee Association of Alcohol, Drug & other Addiction Services.

A repeat of this conference is scheduled for 8 AM - 3 PM on Saturday, June 11, at the Fleming Training Center, located at 2022 Blanton Drive in Murfreesboro, ZIP 37129. Registration is available online at spc051616.eventbrite.com.

THERAPY APP DONATES 500 MONTHS OF FREE SERVICES



TalkSpace, a smartphone app that connects mental health consumers and therapists, is donating 500 month's worth of free services for a year as part of its "Therapy for All" initiative beginning in July.

Typically, TalkSpace clients pay between \$19 and \$25 a week for connection with one of its contracted therapists. The service provides these clients with unlimited texts and asynchronous audio and video messaging. (This compares to the \$75 to \$150 per session charged by most therapists, according to GoodTherapy.org.)

However, company co-founders have noted that some lower-income clients still have trouble paying for the service. This was the motivation behind the current promotion, explained TalkSpace co-founder Roni Frank in an address given at its April 7 clinical conference in New York City. "Mental health care is not a privilege for the rich. It is a right," she said.

According to the 2014 National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration, 45.4% of people who need mental health services do not seek them due to financial hardship.

More information about "Therapy for All" is available on the TalkSpace website (www.talkspace.com/online-therapy/500-months-of-therapy).

ACTION ALLIANCE REPORT DEMANDS CRISIS SERVICES REFORM



The Crisis Services Task Force within the National Action Alliance for Suicide Prevention has released a report calling for substantial change in behavioral health crisis care.

Crisis Now: Transforming Services Is Within Our Reach describes crisis intervention services in the U.S. as “inconsistent and inadequate”, resulting in rising suicide rates, “boarding” of psychiatric patients in emergency rooms, and the processing of people with mental illness by law enforcement and the criminal justice system. The report calls for the development of comprehensive crisis care as part of larger mental health reform efforts already in progress.

Having reviewed notable instances of crisis response system reform efforts in various parts of the country, the Task Force isolated four common elements recommended for universal implementation: 1) installation of regional and/or statewide crisis call centers; 2) a centrally deployed mobile crisis system available on a 24/7 basis; 3) residential crisis stabilization programs for short-term “sub-acute” care; and 4) commitment to essential crisis care principals such as orientation to recovery, embrace of the zero suicide concept, and collaboration with law enforcement. The report also covers the financing crisis care, with a discussion of current payment and financing models.

The full report is available on the Action Alliance’s website (<http://bit.ly/1YX06FT>). The Action Alliance also offers an archived webinar with supplementary information about the report and its recommendations (<http://bit.ly/1qushHx>).

AFSP RESEARCHERS PARTICIPATE IN ONGOING VIDEO SERIES

The American Foundation for Suicide Prevention (AFSP) is rolling out a series of informative videos on suicide prevention for researchers and experts. The first one discusses how to talk to a child who displays suicide warning signs.

The videos were co-sponsored by the International Academy of Suicide Research and were filmed during the International Summit on Suicide Research held in New York City in October. AFSP-funded researchers will be featured in each video. Each video is roughly three minutes in length.

The first video in the series, “Are You Okay?” was posted on the AFSP website (bit.ly/1qqnSOY) on April 4. Topics to be addressed in later videos include safety planning, converting research findings to treatment options, the connection between suicide and underage drinking, and incorporating social media and technology into suicide prevention efforts.

Release of future videos will be announced on AFSP’s Facebook page (<https://www.facebook.com/AFSPnational>) and Twitter account (@afspnational).



Matthew Wintersteen, Ph.D., Associate Professor and Director of Research within the Department of Psychiatry and Human Behavior at Thomas Jefferson University, narrates the first video in the series.

CAMS REPRESENTS NEW APPROACH TO PREVENTING RE-ATTEMPTS

A recent profile on the news aggregator website Good spotlights Collaborative Assessment and Management of Suicidality (CAMS), a suicide prevention program that helps therapists work with patients to develop a crisis management plan to prevent repeat attempts.

David Jobes, the creator of CAMS, talks about how he developed the program in response to “no-harm” contracts many therapists once required patients to sign in exchange for release from inpatient facilities—a practice now considered ineffective by most experts. Instead, CAMS engages both the counselor and the patient in finding the root causes of suicidal behavior and developing a response plan that addresses those triggers. “It’s a connecting relationship,” Jobes explains in the article, published on the Good website on April 20. “It forms an alliance, and it focuses on what to do next instead of what *not* to do.”



David Jobes is a Professor of Psychology at The Catholic University of America in Washington, DC. He also maintains a private clinical and forensic practice (photo courtesy of cams-care.com).

Clinical trials have found that patients participating in CAMS had significantly fewer suicidal thoughts over a twelve-month period than a control group in a traditional treatment program.

The article also profiles a similar program developed in Switzerland. Preliminary research on the Attempted Suicide Short Intervention Program indicates that it can decrease the rate of repeat suicide attempts by as much as 80%.

The full article is available at <https://www.good.is/articles/suicide-reform>. Further information about CAMS itself is available on the program website (cams-care.com).

EUROPEAN STUDY ADDRESSES “INVISIBLE” RISK FACTORS IN YOUTH

Certain behaviors among adolescents, often perceived as innocuous by adults, may actually be hidden indicators of suicidal risk.

Researchers in Europe found associations between sedentary behavior, low amounts of sleep, and high use of media such as television, cell phones, etc., and increased incidence of depression, anxiety, and suicide ideation. These connections held across analysis of over 12,000 young people in 11 countries.

The study authors describe these as “invisible” risk factors, in that they are seemingly harmless and less prominent than other risk factors like substance abuse or altered performance in school. “While most parents, teachers and clinicians would react to an adolescent using drugs or getting drunk, they may easily overlook adolescents engaging in unobtrusive behaviors such as watching too much TV, not playing sports, or sleeping too little,” the study authors explain.

The researchers subdivided the youth studied into three groups: a high-risk cohort that displayed conventional suicide risk factors, an “invisible risk” group that did not have the conventional factors but did engage in the behaviors mentioned above, and a low-risk group that did neither. The study found that the rate of suicide attempts among the “invisible” group (5.9%) was squarely between that of the high-risk and low-risk groups (10.1% and 1.7%).

“The causality of the relationships between these risk behaviors and psychopathology remains unclear. However, common psychiatric disorders, such as depression, are already known to often show bidirectional relationships with reduced sleep, low levels of activity and high media consumption,” the study authors observe in the conclusion. They recommend watching for these “invisible” risk factors as well as the more obvious ones.

The citation for this study is as follows: Carli, V., et al. (2014). A newly identified group of adolescents at “invisible” risk for psychopathology and suicidal behavior: Findings from the SEYLE study. *World Psychiatry* 13(1): 78-86. The full study is also available online at <http://onlinelibrary.wiley.com/doi/10.1002/wps.20088/full>.

Saving and Empowering Young Lives in Europe (SEYLE)

The data for this study was sourced from SEYLE, a randomized controlled study funded by the European Union to assess and develop suicide prevention strategies in schools. The study comprises 11,000 adolescents from randomly selected schools in 10 European countries: Austria, Estonia, France, Germany, Hungary, Ireland, Italy, Romania, Slovenia, Spain, and Sweden. Israel, while not technically part of Europe, was also included in the study.

TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates marked in **bold** and in chestnut 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
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
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
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 Sprattin Park Drive, Gray, 37615
May 26, June 23, July 28, August 25, September 22, October 27, and November 17

Rural West

monthly, 3rd Wednesday, 10:30 AM
Fifth Floor, West Tennessee Healthcare Building, 1804 Highway 45 Bypass, Jackson, 38305
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
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
Omni Community Health, 1635 Chestnut Street, Chattanooga, 37408
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
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
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
June 3, Executive Committee meeting in July, August 5, September 2, October 7, November 4, and December 2

Bradley-McMinn-Meigs-Polk Counties Suicide Prevention Task Force

monthly, 2nd Wednesday, 11:30 AM
Pine Ridge Treatment Center, Tennova Healthcare, 2800 Westside Drive Northwest, Cleveland, 37312
June 8 and July 13

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
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, 10:30 AM
Giles County Career Center, 125 South Cedar Lane, Pulaski, 38478
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
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
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
June 7, July 5, August 2, September 6, October 4, November 1, and December 6



During Suicide Prevention Awareness Month in 2005, TSPN installed a memorial in Nashville's Centennial Park for those lost to suicide. It includes the pictured bench, a tree that was planted by TSPN staff and members, and a memorial cenotaph pictured in greater detail below.

These photos were taken by TSPN Zero Suicide Coordinator Misty Leitsch during a visit to the park on April 23. You are invited to visit the memorial within Centennial Park—it is located on the edge of 28th Avenue North, in between the rose garden and the Children's Memorial Garden.



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:

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