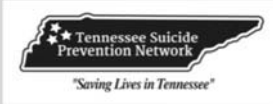


TSPN CALL TO ACTION

VOLUME 13, ISSUE 1
JANUARY 2017

TENNESSEE SUICIDE PREVENTION NETWORK



SUE KLEBOLD TO HEADLINE TSPN SPRING SYMPOSIUM SET FOR APRIL 19

Tennessee Suicide Prevention Network is proud to announce "Steps Toward a Safer Tennessee", a statewide symposium planned for Wednesday, April 19, at Trevecca Community Church, located at 335 Murfreesboro Pike in Nashville, ZIP 37210.



Photo of Sue Klebold by Aaron Ontiveros of the Denver Post.

Our keynote speaker will be Sue Klebold, mother of one of the students involved in the Columbine High School incident. Since then, Mrs. Klebold has become a mental health and violence prevention advocate, and is the author of *A Mother's Reckoning: Living in the Aftermath of Tragedy*. (The date of the symposium is one day before the 18th anniversary of Columbine.)

"Between 2010 and 2015, 4,921 men, women, and children in the state of Tennessee have died by suicide. Meanwhile, the problem of other-directed violence has become a major concern within Tennessee and nationally. The two issues are more tightly connected than they first appear—in any given year, nearly two-thirds of the of the suicide deaths mentioned earlier, and about half of those nationally, involved firearms," explains TSPN Executive Director Scott Ridgway. "It is our belief that educating the public, especially those who use firearms, about suicide risk and safe storage is the key to preventing future tragedies and reducing the incidence of suicide."

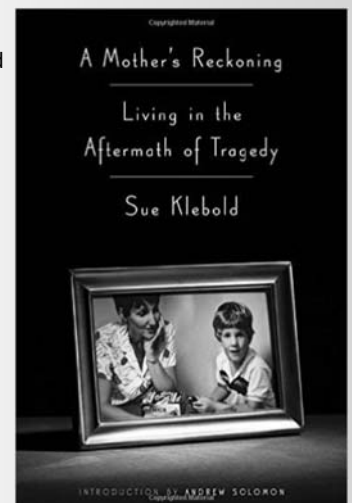
"I am pleased to announce that Granger Brown, MSW, LMSW, TSPN's former Substance Abuse Outreach Coordinator, has agreed to chair this upcoming symposium and has invested financially in its success," Ridgway added. "A retired therapist and longtime mental health advocate, it was Brown's recommendation to have a suicide prevention symposium focused on violence prevention. Granger is not only a longtime supporter of TSPN, but a truly dedicated mental health professional."

The event is expected to draw approximately 400 people, primarily healthcare professionals, mental health advocates, survivors of suicide and those with lived experience, and state department employees. Several companies/organizations have already committed to sponsoring this event; they are showcased on page 2 of this publication. TSPN is currently seeking additional sponsors for this event; sponsorship levels and benefits are outlined on the sponsorship form (<http://bit.ly/2hvyqXvF>).

Registration for those wishing to attend will be opened sometime this week and will be announced over TSPN's Constant Contact mailing list.

This forthcoming symposium will address emerging issues not only in suicide prevention, but also personal and public safety. We look forward to having you as our guests at this event and partners in the effort to help create a safer Tennessee.

A Mother's Reckoning was published last February by Crown and features an introduction by author and mental health activist Andrew Solomon.



INSIDE THIS ISSUE:

| | |
|--------------------------------------|---|
| TSPN Symposium Sponsors | 2 |
| "Moment of Remembrance" | 2 |
| Message from NIMH Director | 3 |
| Global Study on Depression Treatment | 3 |
| Veteran Suicide Risk | 4 |
| Long-Term Recovery Analysis | 4 |
| TSPN Regional Calendar | 5 |
| Advisory Council Contact Information | 6 |

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SPONSORS FOR “STEPS TOWARD A SAFER TENNESSEE”



TSPN would also like to recognize Granger Brown, MSW, LMSW, who has not only agreed to chair the 2017 symposium but is also a major sponsor.

BHSP OBSERVES ANNUAL “MOMENT OF REMEMBRANCE”

Behavioral Health and Suicide Prevention (BHSP) of Hickman and Perry Counties held its annual “Moment of Remembrance” event on November 17 at the East Hickman Community Center in Lyles.

This long-running annual vigil is the most notable recurring event in TSPN’s South Central Region not associated with Suicide Prevention Awareness Month. Each year, families and friends lost to suicide come to honor their loved ones and connect with each other.

This year’s theme was “Share the Hope” and featured a welcome and opening prayer by Hickman County Mayor Shaun Lawson. Local BHSP member Elizabeth Tibbs and grief counselor Bill McDonald provided reflections during the event, followed by Pam Hinson’s rendition of “I’ll Stand by You” and a candlelight vigil. The regional memorial quilt was displayed and commemorative candleholders were provided to guests.

“This long-running event demonstrates the passion and commitment of people in Hickman and Perry Counties to suicide prevention outreach and survivor support. Behavioral Health and Suicide Prevention Hickman and Perry Counties is to be commended for their ongoing support of this observance.”

During this event, BHSP leaders announced the plans for the Garden of Hope, a joint project of BHSP and the Town of Centerville. In September, the town aldermen voted to establish a place of remembrance and recovery within Centerville RiverPark, honoring those who have died by suicide and people overcoming substance abuse. The garden will include native trees, shrubs, and plants, with several area horticulturalists volunteering their time to plan the layout. Further details will be provided on how to support the Garden of Hope, either by donations of helping create the garden itself.



Bill McDonald leads guests at the “Moment of Remembrance” event in the candlelight vigil segment of the program (photo courtesy of Jennifer Harris).

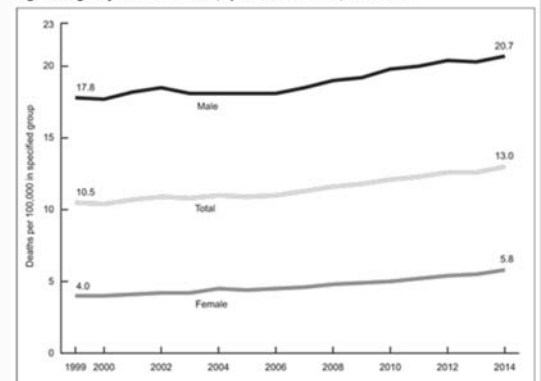
NIMH DIRECTOR URGES “PUSH” FOR SUICIDE PREVENTION

The new director of the National Institutes for Mental Health addressed suicide prevention in his latest Director’s Message, urging reinvigorated research efforts on what he calls “psychiatry’s biggest killer”.

Joshua Gordon, MD, Ph.D. observes in his December 5 posting that the U.S. suicide rate has risen consistently over the past 15 years, and this year suicide overtook motor vehicle accidents for children aged 10-14. “The reduction in automobile accidents is due, in large part, to successful prevention efforts, like improved structural design and additional safety features,” Gordon said. “I believe the time is right for a similar push for suicide prevention.”

He argues that the statistics should be the guide in assessing where and how to locate at-risk individuals. Since almost half of all suicides involve a firearm, research and outreach should focus on reducing access to lethal means for at-risk individuals. Also, studies show that half of all suicide victims are seen in a healthcare setting within the 30 days before their death, so more needs to be done to help healthcare professionals understand suicide risk. Gordon also advocated for more efforts to help professionals in correctional and military settings identify persons at risk.

Figure 1. Age-adjusted suicide rates, by sex: United States, 1999–2014



This graphic of suicide rates over the past 15 years, composed using data from the Centers for Disease Control and Prevention, accompanied Gordon’s blog posting.

Gordon recapped prior and ongoing studies to research the identification and mediation of suicide risk. He closes by noting a recent modeling project from the American Foundation for Suicide Prevention which estimates that evidence-based interventions such as screening modules and lethal means reduction could reduce the U.S. suicide rate by 20 percent if put in widespread practice. “We now have a chance to bend the curve on suicide rates, to save the lives of thousands of individuals... We owe it to them to give it our best effort.”

The full text of Gordon’s December 5 Director’s Message is available on the NIMH website (<http://bit.ly/2hbrAYj>).

UNDERTREATMENT OF DEPRESSION A GLOBAL PROBLEM

An international research project finds that even in the world’s wealthiest countries, a relatively few number of people with depression receive adequate treatment. The problem is naturally worse in poorer countries.

The findings come out of a study by researchers at the King’s College London, Harvard Medical School and the World Health Organization (WHO). They suggest a global misunderstanding by both people with depression and health professionals about the seriousness of a problem that affects roughly 350 million people around the world.

The study compared responses from people in 21 countries who participated in health surveys administered by WHO. Only one in five people with depression in the wealthiest subset of countries studied reported what the study termed “minimally adequate treatment”—at least one month of medication plus four or more visits to a doctor or at least eight visits with any professional including a religious or spiritual adviser, social worker or counsellor. In the lower-class countries studied, the number of people who received this level of treatment was as low as 1 in 27.

People in poorer countries were also less likely to believe they needed treatment in the first place—nearly half of people with depression in the poorer countries did not believe they needed treatment for their depression. This compares to a little more than half in mid-range income countries and about two-thirds in the richer countries.

The findings are consistent with prior studies on the effects of income disparity on treatment of chronic health conditions such as diabetes, heart disease, and asthma. The study also observes that it was only last year that mental health coverage and treatment was included in the United Nations’ statement of sustainable development goals.

The citation for this study is as follows: Thornicroft, G., et al. (2016). Undertreatment of people with major depressive disorder in 21 countries. *The British Journal of Psychiatry* Dec 2016, *bjp.bp.116.188078*; DOI: 10.1192/bjp.bp.116.188078



FIRST YEAR OUT OF THE SERVICE RISKIEST FOR VETERANS

The first year after leaving the armed forces may be the riskiest for veterans in terms of suicide, according to a study out of the Naval Postgraduate School.

Researchers reviewed data on all 3.8 million U.S. military personnel who served between 2001 and 2011—a period spanning Operations Enduring Freedom and Iraqi Freedom. Suicide among soldiers leaving the military was most likely to occur in the first year afterwards, with a higher risk than the general population for the next several years. The risk was especially acute for soldiers with depression, bipolar disorder, substance abuse issues, or a tendency towards self-injury.

The study also noted that soldiers were at lower risk of suicide while deployed overseas, but the chances of dying by suicide actually increased once they came home.



The current study supports prior research that suggests soldiers are at greater risk after they leave the service or return home from a combat deployment. The study authors conclude that veterans should be monitored closely by physicians, family, and the community to help them adjust to civilian life and work through traumatic events on and off the battlefield. Medical personnel treating veterans should consider their past deployment history, and further efforts are required by communities and organizations to support those who have served.

The citation for this study is as follows: Shen Y., et al. (2016). Time-varying associations of suicide with deployments, mental health conditions, and stressful life events among current and former US military personnel: a retrospective multivariate analysis. *Lancet Psychiatry* 3(11): 1039-1048.

See page 5 for a list of clinical care resources for veterans in Tennessee.

CONFIDANTS CRITICAL TO LONG-TERM RECOVERY



Research out of Canada finds that roughly 2 out of 5 people who seriously consider suicide go on to experience a long-term recovery without further suicide thoughts or actions. Of all the factors involved with the recovery process, the most critical factor was the presence of a supportive friend or loved one.

The study authors, both based out of the University of Toronto's Factor-Inwentash Faculty of Social Work, reviewed responses from the 2012 Canadian Community Health Survey-Mental Health, specifically data on about 3,000 adults with a history of suicidal ideation and/or attempts. The authors compared those who had been suicidal over the past year with those who had not, and searched for correlations with demographic factors, amount of sleep, substance use, or existing mental health issues.

Formerly suicidal persons were more than seven times more likely to make what the authors termed a complete recovery—no suicidal ideation or behavior over the past 12 months—when they had someone in their lives that they trusted, confided in, and knew would be there for them if they needed help.

The research also identified other factors previously identified as contributing to recovery from suicidal ideation, such as higher income and a strong religious/spiritual faith, as well as complicating factors like chronic pain and substance abuse.

"The concerns I have heard from social supports are that if I talk about suicide and I engage my loved one in a conversation about their thoughts of suicide, then I am condoning or encouraging them to consider suicide," explains Michelle Roley, a clinical psychology doctoral candidate at the University of Toledo in Ohio who provided commentary for the HealthDay News report. "Having a close other to say 'I hear you, right now you are struggling, these things, X, Y, Z, are not going well for you. I can see how you've come to consider suicide as an option. It probably is hard to see other options. Let me help you come up with other options. Remember, your pain is not going to last forever.' That can be incredibly helpful."

The citation for this study is as follows: Baiden, P., and Fuller-Thomson, E. (2016). Factors associated with achieving complete mental health among individuals with lifetime suicidal ideation. *Suicide and Life-Threatening Behavior* 46(4):427-446.

TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates marked in **bold and in hunter 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
January 19, February 16, March 16, April 20, May 18, June 15, July 20, August 17, no meeting in September, October 19, November 16, 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 17, February 21, March 21, April 18, May 16, June 20, July 18, August 15, no meeting in September, October 17, November 21, no meeting in December

Mid-Cumberland Region

monthly, 2nd Thursday, 9:30 AM
TSPN central office, 446 Metroplex Drive, Suite A-224, Nashville, 37211
January 12, February 9, March 9, April 13, May 11, June 8, July 13, August 10, no meeting in September, October 12, November 16, and December 14

Northeast Region

monthly, 4th Thursday, 9:00 AM
Accounting Conference Room, Frontier Health, 1167 Spratlin Park Drive, Gray, 37615
January 26, February 23, March 23, April 27, May 25, June 22, July 27, August 24, no meeting in September, October 26, and **November 30**, no meeting in December

Rural West

monthly, 3rd Wednesday, 10:30 AM
Behavioral Health Initiatives (BHI), 15 Executive Drive, Jackson, 38305
January 18, February 15, March 15, April 19, May 17, June 21, July 19, August 16, no meeting in September, October 18, November 15, no meeting in December

South Central

monthly, 1st Wednesday, 11:00 AM
February 1, May 3, August 2, and November 1
Conference call line (641) 715-0861; access code: 403540#
March 1, June 7, September 6, and December 6
Conference Room A, South Central Regional Health Office, 1216 Trotwood Avenue, Columbia, 38401

Southeast Region

monthly, first Thursday, 11:30 AM
Omni Community Health, 1635 Chestnut Street, Chattanooga, 37408
January 5, February 2, March 2, April 6, May 4, June 1, July 6, August 3, no meeting in September, October 5, November 2, and no meeting in December

Upper Cumberland Region

monthly, 4th Thursday, 9:00 AM
Volunteer Behavioral Health, 1200 Willow Avenue, Cookeville, 38502
January 26, February 23, March 23, April 27, May 25, June 22, July 27, August 24, no meeting in September, October 26, **November 16**, and **December 14**

Intra-State Department Meetings

2 PM-4 PM
TSPN central office, 446 Metroplex Drive, Suite A-224, Nashville, TN 37211
January 11, May 10, August 9, and November 8

Advisory Council

February 8 (location TBA)
June 7-8, 2017 (Montgomery Bell State Park Inn, 1000 Hotel Avenue, Burns, 37029)
September 13 (Trevecca Community Church, 335 Murfreesboro Pike, 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 6, February 3, March 3, April 7, May 5, June 2, July 7, August 4, no meeting in September, October 6, November 3, and December 1

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

monthly, 2nd Wednesday, 11:30 AM
United Way of the Ocoee Region, 85 Ocoee Street Southeast, Cleveland, 37211
January 11, February 8, March 8, April 12, May 10, June 14, July 12, August 9, no meeting in September, October 11, November 8, and no meeting in December

Davidson County Suicide Prevention Task Force

monthly, 2nd Thursday, 10:30 AM
TSPN central office, 446 Metroplex Drive, Suite A-224, Nashville, 37211
January 12, February 9, March 9, April 13, May 11, June 8, July 13, August 10, no meeting in September, October 12, and November 16

Giles County Suicide Prevention Task Force

quarterly, 3rd Monday, 10:30 AM
Pulaski Police Department, 205 South First Street, Pulaski, 38478
March 20, June 19, and December 18

Behavioral Health and Suicide Prevention for Hickman-Perry Counties

monthly, 3rd Friday, 12:00 PM (lunch served at 11:30 AM)
Conference Room, St. Thomas Hickman Hospital, 135 East Swan Street, Centerville, 37033
January 20, February 17, March 17, April 21, May 19, June 16, July 21, August 18, no meeting in September, October 20, November 17, and no meeting in December

Montgomery-Houston-Humphreys-Rutherford-Stewart Suicide Prevention Task Force

monthly, 3rd Friday, 9 AM
Youth Villages, 651 Stowe Court, Clarksville, 37040
January 20, February 17, March 17, April 21, May 19, June 16, July 21, August 18, no meeting in September, October 20, November 17, and December 15

Rutherford County Suicide Prevention Coalition

monthly, 1st Tuesday, 5:15 PM
TrustPoint Hospital, 1009 North Thompson Lane, Murfreesboro, 37129
January 3, February 7, March 7, April 4, May 2, June 6, **July 11**, August 1, no meeting in September, October 3, November 7, and December 5



Jeremy Fleenor of Volunteer Behavioral Health operates a table and greets guests at the Upper Cumberland Senior Expo held in Cookeville on October 20.

Clinical Care Resources for Veterans

TN Veterans Administration Medical Centers
Nashville Campus: 1-800-228-4973
Murfreesboro: 1-800-876-7093
Memphis: 1-800-636-8262
Mountain Home - Johnson City: 1-877-573-3529

For outpatient clinics, Community Based Outpatient Clinics, and Vet Centers, see the US Department of Veteran Affairs website.

Returning Service Members (OEF/OIF/OND)
Clarksville / Ft. Campbell / Hopkinsville:
(615) 815-5226 or (270) 956-0458
Chattanooga: (423) 893-6500, ext. 27060
Memphis: 1-800-636-8262, ext. 7319
Johnson City/Mountain Home: (423) 926-1171 ext. 2231
Murfreesboro/Nashville: (615) 873-8638
Tullahoma: (615) 225-3937

Also see:
Centerstone Military Services (counseling): (866) 781-8010
Wounded Warrior Project (Nashville office): (615) 782-7226

VA Returning Combat Veteran Site:
www.oefoif.va.gov

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

Katie Rosas
(865) 292-3967
catherine_rosas@bcbst.com

Memphis and Shelby County

Pastor Waring Porter
(901) 276-1478
wporter@allsaintspres.com

Mid-Cumberland region

Eileen Wallach, LCSW, C-GC
(615) 456-3777
eileen@yourheartonart.org

Northeast region

Jack Stewart, MA
(423) 787-1663
bluespringsdc@yahoo.com

Rural West region

Bellis May, BS
(731) 632-3301
bellisalexander@hotmail.com

South Central region

Karyl Chastain Beal, MEd, CT
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karylcb@bellsouth.net

Southeast region

Eve Nite
(423) 697-5952
enite@omnicommunityhealth.com

Upper Cumberland region

Anne Stamps, MA
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jstamps@vbhcs.org

Advisory Council Chair

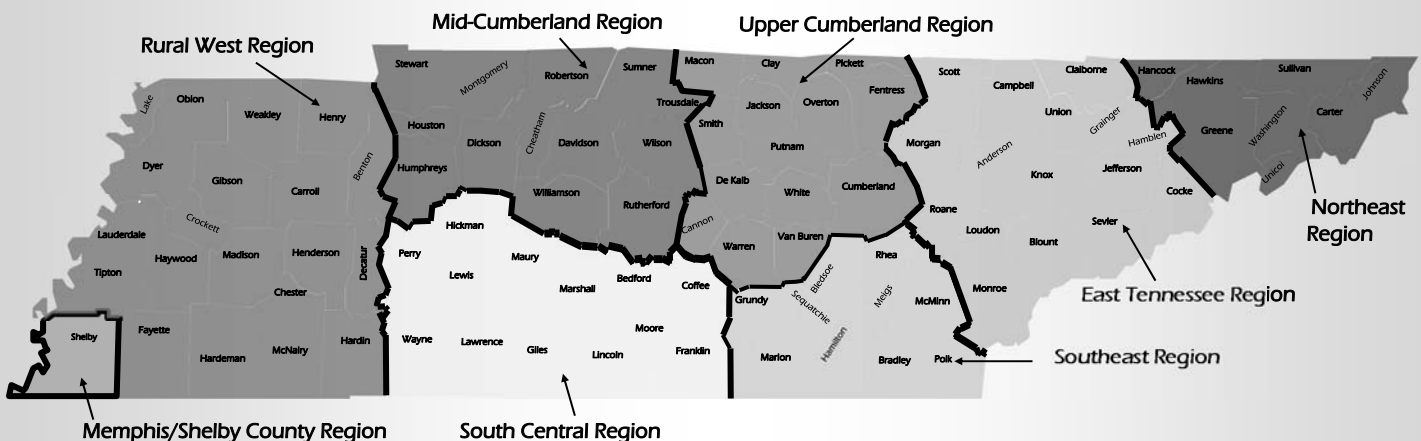
Anne Young, MS, CAS
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Scott Ridgway, MS
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sridgway@tspn.org

Advisory Council Emeritus Group Chair

Anna Shugart
(865) 981-2306
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 Vladimir Enlow, MTS, Executive Assistant: (615) 297-1077 or vladimire@tspn.org