



"Saving Lives in Tennessee"

Youth Suicide Prevention Plan

Revised February 14, 2018

The Tennessee Suicide Prevention Network (TSPN) was created to spearhead suicide prevention efforts on a statewide level. While suicide is the tenth cause of death among all ages, it is the second-leading cause of death among youth aged 10-24. The objective of the TSPN Youth Initiative is to lower the rate of fatal and nonfatal suicidal behaviors among youth. To accomplish this, each state region will engage in activities that address the public's attitudes and knowledge about suicide and mental illness as well as suicide intervention skills.

Objectives:

The objective of the Tennessee Suicide Prevention Network's Youth Initiative is to lower the rate of these fatal and nonfatal suicidal behaviors among youth aged 10-24. By 2020, this program aims to reduce the ten-year average suicide attempt rate for youth aged 10-24 from 7.7 per 100,000 population to 7.0 per 100,000 population. The rate of inpatient and outpatient treatment for suicide attempt-related injuries among youth aged 10-24 will be reduced to less than 200 per 100,000 population as reflected by hospital discharge data.

Approach:

The Tennessee Suicide Prevention Network (TSPN) will address the problem of suicidal behavior in youth through Statewide efforts by:

1. Creating up-to-date list of existing suicide education programs which can be distributed to all school personnel, colleges, mental health providers, crisis centers, faith-based communities, juvenile courts, and social service providers.
2. Reducing the stigma and addressing barriers to treatment associated with being a consumer of mental health, substance abuse, and/or suicide prevention services through billboard campaigns and by developing teams of survivors and professionals in each of the eight regions to train and speak to groups of professionals and gatekeepers who encounter youth.
3. Maintaining Tennessee Suicide Prevention Resource Directories for each of the eight regions of the state and distributing this information to key stakeholders such as school personnel, colleges, mental health providers, crisis centers, faith-based communities, juvenile courts, and social service providers, as well as making these directories available through the TSPN website.

The Tennessee Suicide Prevention Network (TSPN) will address the problem of suicidal behavior in youth through Regional efforts by:

1. Distributing an up-to-date list of existing suicide education programs to all school personnel, colleges, mental health providers, crisis centers, faith-based communities, juvenile courts, and social service providers.
2. Training college personnel, middle school, and high school personnel, youth pastors, and students about the warning signs and signs of concern about suicide. The training program(s) would be of their choosing from the list created and distributed by TSPN in approach #1 above.
3. Collaborating and networking with existing professional conferences to include youth suicide prevention workshops.
4. Helping each school and college write a suicide intervention plan and follow-up services for those at immediate risk using best-practice protocols (Suicide Behavioral Checklist and Protocol).
5. Training staff and clients of child-serving agencies (including Department of Children's Services staff, contracted agencies, and foster parents) in suicide prevention strategies.
6. Creating and building of regional response teams to provide postvention services (short-term grief counseling and aftercare services) to schools where a suicide has occurred in each of the eight regions, using postvention guidelines of the American Association of Suicidology (AAS).
7. Stressing the importance of enhancing resiliency for youth and young adults as a strategy to prevent youth suicide (Adverse Childhood Experiences).
8. Providing education to emergency department personnel regarding the warning signs of suicide and appropriate aftercare.
9. Including approaches tailored to youth of diverse races, ethnicities, sexual orientations, and backgrounds into all outreach and educational efforts.

Evaluation:

Program objectives will be measured by tracking data from Tennessee Youth Risk Behavior Studies, the Centers for Disease Control and Prevention, the American Association of Suicidology, the Tennessee Department of Health's Office of Health Statistics, hospital discharge data, and other sources. Client and consumer feedback, surveys, interviews, and anecdotal evidence will also be continually reviewed by the Statewide Suicide Coordinator and the chairs of each of the state's eight regions.

Results will be posted on the TSPN website (www.tspn.org), exhibit displays at conferences, and the TSPN newsletter.



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YEAR	Ages 10-17		Ages 10-18		Ages 10-19		Ages 10-24		TN Overall		US Overall	
	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
2005	13	1.95	(8) 21	2.81	(16) 37	4.46	(55) 92	7.39	855	14.3	32,637	11.0
2006	17	2.52	(5) 22	2.90	(15) 37	4.40	(61) 98	7.85	861	14.4	33,300	11.2
2007	13	1.92	(8) 21	2.75	(11) 32	3.78	(64) 86	6.82	833	13.7	34,598	11.5
2008	24	3.54	(2) 26	3.39	(5) 31	3.63	(72) 103	8.13	965	15.7	36,035	11.9
2009	21	3.11	(11) 32	4.18	(13) 45	5.26	(72) 117	9.16	939	15.1	36,909	12.0
2010	22	3.25	(7) 29	3.79	(8) 37	4.32	(74) 111	8.66	932	14.7	38,364	12.4
2011	14	2.07	(11) 25	3.28	(8) 33	3.89	(58) 91	7.05	938	14.6	39,518	12.7
2012	21	3.11	(9) 30	3.95	(12) 42	4.97	(55) 97	7.45	956	14.8	40,600	12.9
2013	23	3.42	(8) 31	4.10	(17) 48	5.71	(68) 116	8.90	1,017	15.7	41,149	13.0
2014	27	3.99	(6) 33	4.35	(16) 49	5.82	(69) 118	9.02	945	14.4	42,773	13.0
2015	33	4.93	(6) 39	5.17	(15) 54	6.42	(77) 131	10.04	1,065	16.1	44,193	13.3
2016	41	6.11	(12) 53	7.01	(12) 65	7.72	(68) 133	10.25	1,110	16.2	44,965	13.9

The numbers in parentheses show the additional deaths included with expanded age ranges. For example, in 2016 there are 12 additional deaths included from ages 10-17 to ages 10-18, showing 12 youths aged 18 died by suicide that year.

All rates shown are age-adjusted rates per 100,000 population, except for "TN Overall", which uses crude rates unadjusted for age.



Source: Division of Health Statistics,
Office of Policy, Planning and Assessment,
Tennessee Department of Health, 10/1/17