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At left: the suicide prevention license plate available for reservation with the Tennessee Department of Revenue.

TSPN honored three winners in our license plate design contest held in the fall of 2013...

Bottom left: Brandon Anderson of Rossview High School in Clarksville (fourth from right) receives the first-place award on November 22.

Bottom center: Andrew Lawless is recognized as the second place winner on December 4 at E. B. Wilson High School in Gallatin.

Bottom right: Johnna Snyder from Quebeck is honored as the third-place winner at White County High School in Sparta on December 2.
This year’s *Status of Suicide in Tennessee* finds TSPN at an ideal point for reflection. Our state’s suicide rate is stable despite a slow economic recovery, and our outreach and educational efforts across the state are paying dividends in the form of additional training sessions, increased publicity, and record-high involvement. Also, we’ve improved our grasp on emerging technologies and social media to make suicide prevention resources available to the public like never before.

Last but certainly not least, we approved a large-scale revision of the Tennessee Strategies for Suicide Prevention in February, based on revisions made to the National Strategy for Suicide Prevention. We also created a quantified set of desired outcomes associated with the new Strategies—the first evaluation piece in the country that sets goals for state-level suicide prevention advocacy based on the new National Strategy.

TSPN would like extend our sincerest thanks to Governor Bill Haslam and his office for their continuing commitment to TSPN. We would also like to thank the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and Commissioner E. Douglas Varney for their patronage and their enthusiastic endorsement of our efforts. Special mention must also be made of the Tennessee Commission on Children and Youth, the Tennessee Commission on Aging and Disability, Tennessee Department of Education, the Tennessee Department of Health, the Tennessee Department of Human Services, and the Tennessee Department of Veteran Affairs for their enduring support of our local and statewide projects.

The assistance of these groups and our members across the state has helped us reach critical goals, but the fight is hardly over. In any given year, there are over 900 recorded suicide deaths in the state of Tennessee... about 100 involving teens and young adults. Our goal is not merely fewer suicides, it is **zero suicides**. Suicide remains a major public health threat in the state of Tennessee. As such, TSPN remains at the ready to educate the people and dispel the stigma attached to suicide and mental health issues. We will be there to comfort those in pain, encourage them to tell their stories, and empower them to take action. We hope this report will inspire you to join us in the ongoing effort to make zero suicides not just an objective, but a reality for the people of Tennessee.

Sincerely,
Scott Ridgway, MS, Executive Director
Jennifer Harris, MS, TSPN Advisory Council Chair

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**Introduction**

A photo from the Suicide Prevention Awareness Day Event held September 11, featuring winners of the Regional Suicide Prevention Awards. From left to right: TSPN Executive Director Scott Ridgway, Teresa Culbreath, TSPN Advisory Council Chair Jennifer Harris, Christina Mick (Upper Cumberland winner), Sabrina Anderson (Rural West winner), Tricia Henderson (Southeast winner), Madge Tullis, Dr. Ken Tullis, Donna Finley (Mid-Cumberland winner), Renee Brown (Memphis/Shelby County winner), Debra Cohan (East Tennessee winner), Regina Peery (South Central winner and recipient of the Madge and Ken Tullis, MD, Suicide Prevention Award), and Dana Cea (Northeast winner).
The Tennessee Suicide Prevention Network (TSPN) has its origins in two landmark events in the field of suicide prevention: the 1998 SPAN-USA National Suicide Prevention Conference in Reno, Nevada, spurring the development of a statewide suicide prevention movement, and the U.S. Surgeon General’s Call to Action to Prevent Suicide in 1999, acknowledging suicide as a major public health problem and providing a framework for strategic action.

The movement in Tennessee was spearheaded by Dr. Ken Tullis and his wife Madge, who attended the 1998 conference. They subsequently launched a campaign to “SPAN the State of Tennessee in 1998.” By convening a panel of local mental health and suicide prevention experts, the Tennessee Strategy for Suicide Prevention was developed, responding to each of the fifteen points in the Surgeon General’s Call to Action.

At the first statewide Tennessee Suicide Prevention Conference in 1999, the Tennessee Strategy for Suicide Prevention was endorsed by mental health, public health, and social service professionals and presented to state leaders. The foundation of a statewide suicide prevention network was an outgrowth of the collaborative movement of this conference. Eight regional networks were established for local community action on the Tennessee Strategy for Suicide Prevention under the coordination of a statewide Executive Director and a gubernatorially appointed Advisory Council consisting of regional representatives. An Intra-State Departmental Group consisting of representatives from state departments and agencies was established to advise the Network and influence state policy around the Tennessee Strategy for Suicide Prevention.

Above, from left to right:
- The cover of the National Strategy for Suicide Prevention issued by the Office of the U.S. Surgeon General in 1999. The Tennessee Suicide Prevention Strategy responds to the goals and objectives outlined in this document.
- A commemorative medal given to all recipients of TSPN’s Pioneer Awards in 2008, commemorating the 10th anniversary of the foundation of the national suicide prevention movement.
- The official logo used by the Network during its 10th anniversary observance in 2008.

A map of TSPN’s eight regional networks.
Recent Notable TSPN Achievements

The following is a summary of noteworthy TSPN projects and activities during the last five years:

TSPN’s monthly newsletter, the TSPN Call to Action, is published and circulated to an estimated 12,000 people each month, not including forwards by readers. Each issue features information on local and national suicide prevention projects, major developments in the field, and late-breaking scientific studies related to suicide and mental health.

TSPN has distributed an estimated 155,000 church bulletin inserts to a variety of Tennessee churches; these inserts feature the warning signs of suicide and the National Suicide Prevention Lifeline number (1-800-273-TALK).

Additionally, members of the Network have distributed approximately:

- 38,000 brochures promoting local survivor support groups
- 40,000 brochures on suicide among older adults
- 63,000 brochures on saving teen and young adult lives
- 107,000 regional/county resource directories
- 36,000 brochures on suicide and veterans (since development in 2009)
- 45,000 brochures on suicide and substance abuse (since development in 2009)
- 44,000 brochures on suicide and bullying (since development in 2010)
- 43,000 brochures on suicide in midlife (since development in 2010)
- 31,000 brochures on suicide and the GLBT community (since development in July 2011)
- 23,000 brochures on suicide and African-Americans (since development in July 2011)

TSPN is responsible for about 200 profiles, appearances, and/or references on local TV and radio stations and newspapers across Tennessee.

The TSPN website (www.tspn.org) is updated regularly with information on regional meetings, support groups, resources, and information about TSPN projects. The website registered 264,058 hits during 2013, a 67% increase over the past year.

During the past five years, TSPN reached approximately 66,000 people through suicide prevention conferences, training sessions and workshops. These events provided information to first responders, public school staff, faith-based communities, as well as members of the media within and outside Tennessee. These include the Suicide and the Black Church Conference, which convenes semi-annually in Memphis and the Suicide and the African American Faith Communities Conference in middle Tennessee.

TSPN provides materials and logistical assistance to the Tennessee Lives Count (TLC) Project, now in its third three-year grant cycle. During TLC’s past two grant cycles (2006-08 and 2009-11) suicide prevention training was provided to over 20,000 people associated with child-serving agencies, including staff and youth within the juvenile justice system. During the first year of the new grant cycle, TLC staff trained more than 1,100 people, presenting more than 200% of the goal for the first year. In 2013, TLC staff facilitated eight postventions in schools in various parts of the state following the deaths of students or faculty.

TSPN cultivates public/private partnerships with agencies across the state to provide awareness and educational opportunities within a wide variety of organizations. These include the Tennessee Department of Health’s Commissioner’s Council on Injury Prevention, the Tennessee Department of Health’s Child Fatality Statewide Review Board, the Tennessee Coalition of Mental Health and Substance Abuse Services (TCMHSAS), the Tennessee Conference on Social Welfare (TCSW), the Tennessee Commission on Children and Youth (TCCY), Tennessee Voices for Children, the Council on Children’s Mental Health, and the Association of Tennessee Contact/Crisis Centers.

Network members have provided support for 71 major postvention efforts, including technical assistance and onsite debriefings. Most of these occurred at public schools that lost students to suicide. In several cases, the Network staged awareness events or town hall meetings for the general public in the affected areas.
Each September, TSPN observes Suicide Prevention Awareness Month in Tennessee through a series of presentations, memorial events, seminars, and educational opportunities across the state. The highlight of this observance is the presentation of the Governor’s Suicide Prevention Awareness Month proclamation, which is presented at a ceremony in Nashville. Also, we received approximately 100 Suicide Prevention Awareness Month proclamations during 2013, representing 86 of Tennessee’s 95 counties.

TSPN is regarded as one of the nation’s foremost state-supported suicide prevention networks and is an example of how government entities, professional agencies, private partners, and community activists can come together to produce tangible, real-time social change.

Major achievements during the calendar year 2013 are as follows:

- Executive Director Scott Ridgway presented at the inaugural meeting of the Governor’s Council for Armed Forces, Veterans, and Their Families, held February 28 at Tennessee Tower in Nashville. This group was created by Governor Bill Haslam to reflect a renewed focus on three core problems affecting today’s veterans: suicide prevention, PTSD, and homelessness. Additionally, TSPN has provided regular consultation to the Governor’s Council as it works to meet the needs of veterans in Tennessee. TSPN was represented at a related policy academy staged by the Substance Abuse and Mental Health Services Administration (SAMHSA) in Baltimore in September.
- TSPN rolled out its Gun Safety Project, a statewide project intended to address firearm suicide deaths in Tennessee. The Network developed brochures, pamphlets, and posters based on those used by the New Hampshire Firearm Safety Coalition (NHFSC), whose own firearm safety project had received statewide and national accolades. These materials included guidelines for firearms retailers and firing range owners about how to avoid selling or renting a firearm to a suicidal customer. TSPN volunteers and interns distributed project materials to firearms retailers and firing ranges across the state, covering most of the targeted establishments by the end of the summer. Most of these targets agreed to take some of the materials for provision to their customers, and many were enthusiastic about the opportunity to prevent suicide.
- Over 270 people attended TSPN’s statewide Suicide Prevention Symposium held at Trevecca Community Church in Nashville on May 9. Jason H. Padgett, MPA, MSM, Task Force Liaison for the National Action Alliance for Suicide Prevention, was the featured speaker at the event; he discussed the revision of the National Strategy for Suicide Prevention the previous year. Lieutenant Governor Ron Ramsey also provided brief remarks at the event. Five state departments were represented during the panel segment, and between the panel and the Lieutenant Governor’s appearance, it represents the largest delegation of Cabinet-level state government officials at any event in TSPN’s twelve-year history.
- The Network created “TSPN on Tumblr” as an additional promotional tool for TSPN projects and events. The blog, available at tspnorg.tumblr.com, was created on May 20. It features messages and articles about suicide prevention, as well as announcements about TSPN events.
- A specialty license plate promoting the cause of suicide prevention was created by an act of the Tennessee General Assembly, signed into law by Governor Bill Haslam on May 31. The proceeds of these plates were to benefit TSPN and the Jason Foundation, a nationally regarded youth suicide prevention agency headquartered in Hendersonville. After the license plate was officially authorized, the Network began taking reservations for plates in order to fill the required pre-order. TSPN also staged a design contest for the plate, ultimately receiving 40 entries from high school students across the state.
- TSPN launched two newsletters for survivors of suicide and survivors of suicide attempts. The first edition of Out of the Shadows (the survivor newsletter) was published in July. can you hear me?, a publication for survivors of suicide attempts, debuted in October. Each edition of these bimonthly newsletters includes articles and poetry associated with the grief and recovery process, and also artwork from various sources. Priority is given to content submitted by people within the state of Tennessee.
- The Executive Director contributed an editorial to the Tennessean on August 30 in which he articulated the problem of suicide among teens and middle-aged adults. He also articulated the “zero suicides” concept newly adopted by the Network.
- A total of 20 events across the state were staged or supported by TSPN during Suicide Prevention Awareness Month in September. The most notable of these was the Suicide Prevention Awareness Day event held at Trevecca Community Church in Nashville on September 11, attended by approximately 150 people. Guest speakers included the Hon. Jeremy Faison of the Tennessee House of Representatives as well as Janice Johnson-Brown, Ph.D., the first coordinator of the state’s suicide prevention grant (which eventually became TSPN). The latest “Love Never Dies” Memorial Quilt—ninth in the series—debuted at this event.
- In September, the Network debuted the TSPN App, available for free download on iTunes (http://bit.ly/1em1gET). This smartphone application gives users immediate information about common warning signs and recommendations for how to approach someone who is suicidal or severely depressed, as well as instructions on how to contact the National Suicide Prevention Lifeline or other crisis intervention services. The app also provides users with basic information about suicide and mental illness. It includes information about community mental health and social services resources, and basic information about TSPN and its work across the state of Tennessee.
- TSPN participated in a memorial tree-planting ceremony in Nashville within Nashville’s Bicentennial Mall State Park on September 30. The Network was joined by representatives of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHAS) and the National Alliance of Mental Illness (NAMI Tennessee) for the tree-planting and the installation of a commemorative plaque dedicating the tree to survivors of suicide attempts.
Additional Graphics and Data

The iris: the state flower of Tennessee. Copyright © 2009 by Stephen J. Danko.

Note regarding statistics in this report:

All national data is courtesy of the Centers for Disease Control and Prevention; all state data is from the Tennessee Department of Health.
Suicide: A Leading Cause of Death

Historically, motor vehicle accidents have been the leading cause of injury death for people in Tennessee. But that number has dropped both statewide and nationally due to a combination of factors: improvements in vehicle and road safety, stronger seat belt and child safety seat legislation, the increasing adoption of graduated drivers license privileges for younger drivers. Also, the number of fatalities tends to decline during economic downturns such as the recession several years back—people try to conserve gas money by not driving as much.

Meanwhile, the same economic reversal that aided the decline in motor vehicle deaths had the opposite effect on suicide. It is well-documented that suicides increase during depressions and recessions, and a 2012 study in the *Lancet*, a British medical journal, observed that the U.S. suicide rate increased four times faster between 2008 and 2010 than it did in the eight years prior to the recession. The study authors concluded that there were 1,500 excess suicide deaths each year than would have been indicated by prior rates. In 2008, suicide officially entered the top 10 leading causes of death as determined by the CDC, and remained there through 2010—the last year for which national data is available.

It is telling that in ten years, the difference between motor vehicle and suicide deaths in Tennessee narrowed to the point that they were practically equal (958 motor vehicle deaths in 2012 versus 956 suicide deaths).

![Figure 1: Suicide compared with other causes of death, 2003-12.](image)

The Suicide Prevention Symposium hosted by TSPN in Nashville on May 9 featured a panel of state department commissioners and representatives. Five state departments were represented during the panel segment, and between the panel and remarks by Lieutenant Governor Ron Ramsey earlier in the program, it represents the largest delegation of state government officials at any event in TSPN’s twelve-year history.

Pictured from left to right: John Dreyzehner, Commissioner of the Tennessee Department of Health; Kevin Huffman, Commissioner of the Tennessee Department of Education; TSPN Executive Director Scott Ridgway; Raquel Hatter, Commissioner of the Tennessee Department of Human Services; Wendell Cheek, Deputy Commissioner of the Tennessee Department of Veterans Services; and Doug Varney, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services.
A comparative trend analysis of suicide data for Tennessee and the United States is presented in Figure 1. Tennessee’s suicide rates are consistently higher than those of the country as a whole.

While the suicide rate in Tennessee has fluctuated somewhat, it has increased considerably overall in recent years—especially in 2008, where the rate jumped roughly 14.6% (from 13.7 per 100,000 in 2007 to 15.7 in 2008). While rates have leveled off since then, they still remain elevated when compared before 2008.

Figure 2: Suicide rates per 100,000 in Tennessee and the United States, 2002-2012. (Note: national data not available beyond 2010.)

Melissa Sparks, MSN, RN, Director of the Office of Crisis Services and Suicide Prevention (right), addresses Advisory Council members during the Council’s June 5 business meeting. Also pictured are TSPN Advisory Council Co-Chair Karyl Chastain Beal (left) and TSPN Advisory Council Secretary Tim Tatum.

At bottom: About 30 members of different sororities from Belmont University pose for a group photo in the courtyard outside the TSPN office. They volunteered with TSPN as part of the university’s Greek Week Service Day on April 13. They assembled TLC packets for future training sessions, bundled TSPN materials for easier access and documentation, and reorganized TSPN’s on-site storage.
Suicide rates for white non-Hispanics are generally two times higher than other ethnic groups. According to the United States Census Bureau, non-Hispanic whites made up 79% of Tennessee’s population in 2012. However, they accounted for 92% of all reported suicide deaths in the state that year (877 out of 956), according to the Tennessee Department of Health.

Figure 3: Aggregate suicide rates in Tennessee for assorted racial groups for the years, 2006-10, as derived from Centers for Disease Control and Prevention data. (AA/PI = Asian-American/Pacific Islander; OTHER = persons of more than one race or race uncertain.)

Figure 4: Tennessee suicide rates for whites and blacks compared to the overall rate, as derived from Tennessee Department of Health data. (NOTE: the Department does not track rates for non-white, non-black races.)
Suicide rates for males are generally four times higher than for females in Tennessee (Figure 5), a trend replicated within each racial group (Figure 6). Generally speaking, females typically use less violent means in attempting suicide such as drug overdose and suffocation. These methods cause less catastrophic damage than firearms or jumping—means of suicide typically employed by males.

![Figure 5: Suicide rates in Tennessee by sex, 2008-12.](image)

![Figure 6: Aggregate suicide rates in Tennessee broken down by race and gender, 2006-10. (AA/PI = Asian-American/Pacific Islander; OTHER = persons of more than one race or race uncertain.)](image)
Figure 7: Average suicide rates in Tennessee for select age groups, 2008-12.

Generally the suicide rate in Tennessee increases with age through the 45-54 age group, with their suicide rate more than five times the teen rate. Rates drop somewhat during middle age and plateau after age 65. It should be noted, however, that rates for Tennesseans in this latter group are still higher than the 10-19 and 20-24 age groups.

Approximately 330 people turned out for “Preventing Tragedy, Promoting Hope” on September 25, filling the ballroom at the Crowne Plaza Downtown in Knoxville to capacity.

TSPN was a sponsor of this event, which was organized by the East Tennessee Council on Children and Youth. Other sponsors besides TSPN included the Cornerstone of Recovery, K-Town Youth Empowerment Network, and the Tennessee Chapter of the National Association of Social Workers.

Mike Seal, co-founder of the Daniel Seal Suicide Prevention Foundation, addresses the crowd at the Eighth Annual “Light of Hope” event held August 27. About 200 people—an all-time high for this event—attended this event, an annual project of TSPN’s Upper Cumberland Region (photo courtesy of Justin Sweatman).
Youth Suicide

Suicide is the third-leading cause of death for young people (ages 10-19) in Tennessee. In any given year, more teenagers and young adults die by suicide than from cancer and heart disease combined, and far more than from higher-profile causes of death such as birth defects, HIV infection, and meningitis. In Tennessee there were 32 deaths among persons aged 10-19 recorded in 2011. While this is down from last year (38 deaths), even one death is too many.

According to the Tennessee Youth Risk Behavior Survey published in 2011 by the Tennessee Department of Education, 25.9% of high school students—approximately one in four—surveyed reported experiencing a period of sadness or hopelessness for two weeks or more that was severe enough to pull them away from their usual activities during a twelve-month period. 14.7%, or one in seven, actually considered suicide during that period. One in nine (11.1% of survey respondents) planned out how they would do it. One in 16 (6.2%) actually tried to take their own lives. Of those who attempted suicide, approximately 35% of them required medical attention for injuries related to their attempt.

The 2011 report from the State Child Fatality Review Team notes most youth suicide deaths occurred in the child’s home and involved a firearm; this data is consistent with reports from previous years.

While suicide is a tragedy regardless of age, it is especially alarming when it involves a child or a young adult. Hence, youth suicide gets the most attention from mental health agencies, mass media, and the general public. While TSPN’s suicide prevention efforts address suicide across the lifespan, the Network takes a particular interest in the 10-19 age group.

TSPN has a longstanding partnership with the Jason Foundation, Inc. (JFI), a nationally regarded youth suicide prevention agency operating out of Hendersonville, and the Tennessee Lives Count (TLC) Project, a youth suicide prevention initiative funded by the Garrett Lee Smith Memorial Act and maintained by TDMHSAS. Our alliance with JFI and TLC has provided TSPN with unprecedented access to teachers, counselors, and others who work with youth, allowing us to teach them how to help our youngest and most vulnerable citizens. We contend this partnership is already having an effect—in 2011, the state’s suicide rate for youth aged 10-19 dropped for the third consecutive year. We would like to thank JFI President/CEO Clark Flatt, former TLC Principal Investigator Lygia Williams, and Melissa Sparks, Director of TDMHSAS’s Office of Crisis Services and Suicide Prevention, for their ongoing support of and involvement with TSPN.

Figure 8: Suicide rates for the 10-19 age group in Tennessee as compared to the population at large, 2003-12.
In contrast to the decrease in Tennessee youth, suicide among middle-aged and older adults increased over the last ten years. As Figure 9 illustrates, this is particularly true among the “baby boom” generation (ages 55-64). Note also the rates for certain senior age groups have increased steadily over the last several years. As detailed in Figure 7, the proportion of suicides among adults, especially the “baby boom” generation, has risen steadily over the past few years.

In a nationwide study published in a 2008 issue of the *American Journal of Preventive Medicine*, researchers from Johns Hopkins University discovered an overall increase in suicides by 0.7% each year between 1999 and 2005, driven primarily by rising suicide rates among whites aged 40-64. This study argues suicide in midlife needs more attention from public and mental health experts, as well as the general public. These findings along with the current numbers of suicide in this age group suggest the Network’s primary suicide prevention priority should be outreach and education among middle-aged adults.

**Figure 9: Suicide rates for select age ranges in Tennessee, 2008-2012.**

*Tim Tatum, chair of TSPN’s Southeast Region and Director of Behavioral Health at Pine Ridge, discusses the mental health challenges faced by middle-aged men—a particularly high-suicide-risk population group—during the Network’s “Saving Lives in Southeast Tennessee” conference held October 3 at the AIM Center in Chattanooga.*
Figure 10 examines the relationship between age, race and sex. Only whites and blacks were included in this analysis due to unstable numbers within the other racial groups. As discussed previously, white males of any age are at significantly higher suicide risk, especially after age 75. Disparity between white males and other sex-race subgroups analyzed increases substantially beyond the 10-19 age bracket.
Firearms were the most common method. Between 2008 and 2012, almost two-thirds of suicides involved firearms, with poisoning and suffocation also common.

While firearms were the most common method of suicide for both sexes and most races, some groups have a higher propensity for them than others. For example, males were more likely to use firearms than females.

The second most common method for women was poisoning, while for men it was suffocation. Suffocation was also the second most common mechanism for blacks compared to poisoning for whites. Methods such as jumping, cutting/piercing, and drowning/submersion were relatively uncommon among Tennesseans compared to the rest of the country.

Figure 11: Suicide methods used in recorded Tennessee suicide deaths, 2008-12.

The “SUFFOCATION” category refers to any death involving a cutoff of the air supply, including both hanging and suffocation by other means.

The “OTHER” category refers to deaths involving intentional jumping from a high place, jumping or lying in front of moving objects, motor vehicle crashes, fires, explosions, consequences of self-injury, and suicide deaths by uncertain means.

Three other brochures available on the TSPN website: one on suicide among older adults, one on suicide within the GLBT community, and one on suicide and African-Americans. The latter two were introduced in the fall of 2011.
Geographical Differences

Suicide is more common in some parts of Tennessee than others. Rural areas often lack mental health resources such as clinics, therapists, or hospitals with psychiatric units. Even when these resources exist, people may be reluctant to use them. If they live in small, close-knit communities, they may be afraid of being labeled or shunned by their relatives and neighbors. TSPN members work to overcome both the logistical issues involved with reaching these areas and the stigma surrounding mental health resources.

When a single county experiences a spike in suicides or several years of suicide rates above the state average, TSPN may seek to establish a county-specific task force. The taskforce seeks to have TSPN staff working with the county health department, the county medical examiner, the mayor’s office, mental health professionals, and other advocates to implement intensive suicide prevention projects on the local level.

The first task force, the Blount County Mental Health and Suicide Prevention Alliance, was founded in 2002 after county medical examiner David M. Gilliam noticed an unusually large number of suicides in Blount County. He sought out the editor of the Maryville Times, the county’s largest newspaper, to draw attention to this problem. TSPN was engaged in the effort and helped concerned citizens organize a county-wide suicide prevention campaign. Their efforts paid off—the suicide rate dropped by 38% the following year and by 2005 was down by more than half.

Task forces are currently active in 11 counties across the state (Blount, Davidson, DeKalb, Giles, Hickman, Lawrence, Montgomery, Houston, Humphreys, Perry, and Stewart). Counties where task forces have been started have seen their local suicide rates drop by as much as 40%. Often these task forces act as springboards for reaching other counties with high rates—for example, during 2011 the Hickman group expanded to cover neighboring Perry County, and the task force in Giles began staging operations in nearby Lawrence County.

To find out more about establishing a task force or coalition in your area, contact the TSPN central office at (615) 297-1077 or tspn@tspn.org.

A photo from Dr. Bernard’s “School Community Crisis Response” presentation at Hope Church in Cordova on September 17. This presentation is designed to help instructors, administrators, and other staff of K-12 and post-secondary institutions respond to major crises affecting their communities, such as suicide, homicide, mass casualty events, and natural disasters. Bernard presented this program at three events across the state during the fall of 2013.

During the 8th Annual Northeast Region Memorial Walk at Warrior’s Path State Park on September 29, Dana Cea (second from left) with the Northeast Regional Suicide Prevention Award, one of a set of awards given each year to people who have made notable contributions to suicide prevention in their communities. Cea was recognized for her promotional efforts on behalf of the Tri-Cities Survivors of Suicide support group.

Here, Granger Brown (far left), TSPN’s Substance Abuse Outreach Coordinator, presents Cea with her award. Also pictured are Linda Phipps Harold (second from right), founder of the Memorial Walk, and Ed Jefferies, Chaplain for the Washington County Police Department, who spoke at the event.
These figures were obtained from the Web-based Injury Statistics Query and Reporting System (WISQARS), an interactive database system maintained by the Centers for Disease Control and Prevention (CDC). WISQARS provides customized reports of injury-related data. These figures may differ from those in other TSPN rate charts, which were created using data from the Tennessee Department of Health.

What do the numbers mean?
The above chart gives the raw number of reported suicides for each year, while the other chart breaks the numbers down using rate per 100,000—a common statistical measure—to demonstrate relative frequency.

Why have the numbers gone up?
Often, the stigma surrounding suicide and mental illness resulted in family members claiming a suicide death was an accident or natural causes, often with the approval of local doctors or medical examiners. But as this stigma gradually ebbs and record-keeping practices improve, more suicide deaths are being correctly classified. While this phenomenon produces an apparent increase in numbers and rates, it also guarantees that the numbers are more accurate.
Bibliography


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Each cell in the chart lists the raw number of deaths recorded in each county in the specified year. The number in parentheses represents the rate per 100,000 population.

The color of the row indicates the TSPN region serving the county.

Data on county suicide rates dating back to 2002 is available on the TSPN website (www.tspn.org/facts.htm). For figures dating back to 1981, contact the TSPN central office. For figures earlier than 1981, contact the Tennessee Department of Health’s Office of Health Statistics at (615) 741-4939 or healthstatistics.health@tn.gov.

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Suicide in Tennessee by the Numbers

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TSPN Statewide Leadership

TSPN Advisory Council
The council coordinates implementation of the Tennessee Suicide Prevention Strategy and guides the Network in the community awareness of suicide prevention.

Jennifer Harris, MS, Chair, Hickman Community Hospital, Centerville
Karyl Chastain Beal, M. Ed., Co-Chair, Community Advocate, Columbia
Tim Tatum, MA, Secretary, Pine Ridge Treatment Center, Chattanooga
Pam Arnell, MA, Ed.D., Co-Secretary, Arnell’s Counseling Service, Pulaski
Sabrina Anderson, Boys and Girls Clubs of Jackson-Madison County, Jackson
Nancy L. Badger, Ph.D., Director, Counseling Center, University of Tennessee at Chattanooga
Jodi Bartlett, Ed.S., LPC-MHSP, Volunteer Behavioral Health Care Services, Cookeville
Stephanie Barger, M. Div., Monroe Harding, Nashville
Kathy Benedetto, LPC, SPE, LMFT, Director, Tennessee Child and Youth Outpatient Services, Frontier Health, Johnson City
Vickie Bilbrey, Livingston Regional Hospital, Livingston
Renee Brown, Suicide Prevention Coordinator, Memphis VA Medical
Brenda S. Harper, Retired/Community Advocate, Mt. Juliet
Emily Hill, Community Education Director, Behavioral Healthcare Center at Columbia
Linda Phipps Harold, Community Advocate, Jonesborough
Anne Henning-Rowan, MS, Retired/Community Advocate, Denmark
Harold Leonard, MA, LPC-MHSP, Cognitive Behavioral Specialists of the Tri-Cities, Kingsport
Tina R. Mitchell, GCDF, Executive Director, CrossBridge, Inc./Compassionate Ministries Pastor, Trevecca Community Church, Nashville
Rita McNabb, Coordinated School Health Director, Cocke County Schools, Newport
Monica Middlebrooks, MSCJ, CIT Coordinator, Hamilton County Sheriff’s Office
Micky Roberts, Knox County Health Department, Knoxville
Kim Rush, M.Ed., LPC-MHSP, Volunteer Behavioral Health Care System, Murfreesboro
Kandi Shearer, Youth Villages, Johnson City
Sandy Smith, Community Advocate, Chattanooga
Anne Stamps, Cumberland Mountain Mental Health Center / Dale Hollow Mental Health Center, Livingston
Anna Shugart, LCSW, Blount Memorial Hospital, Maryville
Sheila R. Ward, West Tennessee Business College, Jackson
Anne Young, MS, CAS, Cornerstone of Recovery, Knoxville
Anita Bertrand, MS, Past Chair, State of Tennessee, Nashville
Benjamin T. Harrington, MA, Past Chair, Mental Health Association of East Tennessee, Knoxville

TSPN Advisory Council Members Emeritus
The Members Emeritus are distinguished former members of the Advisory Council who advise the sitting Council and supervise special Network projects.

Sam Bernard, PhD, FAAETS, DABCEM, The PAR Foundation, Chattanooga (Chair Emeritus/Emeritus Group Chair))
Carol Burroughs, MSCPS, Lexington High School, Lexington
Barbara Dooley, Ph.D.
Clark Flatt, the Jason Foundation, Inc., Hendersonville
Judith Johnson, AAS, CC, Community Advocate, Smyrna
Claudia M. Mays, LCSW, BCD, CM Counseling & Consulting Service, Nashville
Ken Tullis, MD, Lakeside Behavioral Health Center, Memphis
Madge Tullis, Community Advocate, Memphis (Chair Emeritus)
Misty Yarbrough, BBA, BSW, New Transitions, Inc., Nashville
Intra-State Departmental Group

*Members work to implement the Tennessee Strategy for Suicide Prevention within their respective agencies and advise the Network regarding public policy on an ex officio basis.*

Dustin Keller, LPC-MHSP, Ph.D, Director, Council on Children’s Mental Health, Tennessee Commission on Children and Youth (Intra-State Departmental Group Chair)
John Allen, Director, Employee Assistance Program, Tennessee Department of Finance and Administration
Jackie Berg, Training Specialist and Worker’s Compensation Coordinator, Tennessee Department of Labor and Workforce Development
Wendell Cheek, Deputy Commissioner, Tennessee Department of Veterans Affairs
Teresa Kimbro Culbreath, Statewide Coordinator, Litter Grant Program, Highway Beautification Office, Tennessee Department of Transportation
Gwen Hamer, MA, Director, Education and Development, Tennessee Department of Mental Health and Substance Abuse Services
Deborah Hardin, BS, RN, State Public Health Nursing Director, Tennessee Department of Health
Rachel Heitmann, MS, Director, Injury Prevention and Detection, Division of Family Health and Wellness, Tennessee Department of Health
Sumita Keller, Customer Services Administrator, Tennessee Department of Human Services
Terrence (Terry) Love, MS, CPC, Injury Prevention Manager, Division of Family Health and Wellness, Injury and Violence Prevention, Tennessee Department of Health
Lori Paisley, Director of Special Projects, Tennessee Department of Education
1st Lt. Noel Riley-Philpo, State Suicide Prevention Program Manager, Joint Force Headquarters, Tennessee National Guard
Thom Roberts, Executive Director, Tennessee Council for the Deaf-Blind and Hard of Hearing
Delora Ruffin, MA, Program Specialist, Division of Child Health, Tennessee Department of Children’s Services
Sara Smith, State Coordinator, Office of Coordinated School Health, Tennessee Department of Education
Melissa Sparks, MSN, RN, Director, Crisis Services and Suicide Prevention, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services
Linda Spradlin, Program Specialist, Adult Protective Services, Tennessee Department of Human Services
Jacqueline Talley, Treatment Specialist, Division of Alcohol and Substance Abuse Services, Tennessee Department of Mental Health and Substance Abuse Services
Lucy E. Utt, Supervisor, Community Services, Tennessee Commission on Aging and Disability
Sharon Wolfenbarger, Mental Health Program Manager, Tennessee Department of Correction

TSPN Staff
Scott Ridgway, MS, Executive Director
Granger Brown, MSW, LMSW, Substance Abuse Outreach Coordinator
Vladimir Enlow, MTS, Executive Assistant
At left: TSPN Executive Director Scott Ridgway (second from right in foreground) joins other dignitaries at a tree-planting ceremony at Bicentennial Mall on September 30. The event was intended to commemorate Suicide Prevention Awareness Month and highlight the start of Mental Health Awareness Week. The tree was marked with a plaque dedicating it to survivors of suicide attempts.

Also pictured, from left to right: Dick Baxter, President of NAMI Tennessee; TDMHSAS Commissioner Doug Varney; and NAMI Tennessee Executive Director Jeff Fladen.

The 101st Airborne Division (Air Assault) Honor Guard from Fort Campbell performed a drill during the Middle Tennessee Suicide Prevention Awareness Month event in Centennial Park on September 12.

TSPN dedicated its latest “Love Never Dies” during the Suicide Prevention Awareness Day event on September 11. Everyone who contributed a panel received a framed copy of the square honoring their loved one.

Above: Morgan County Executive Don Edwards (center) signs his county’s Suicide Prevention Awareness Month proclamation, one of many received as part of the 2013 campaign. Also pictured are county EMS Director Matthew Brown (left) and Morgan County Director of Schools Dr. Edd Diden (photo courtesy of the Morgan County News).

TSPN launched two major social media projects in 2013. Above: a sample screenshot of the “TSPN on Tumblr” blog, taken on December 11. Below: the TSPN App launched on iTunes in September.

TSPN Executive Director Scott Ridgway (rear left) joins Jason Foundation President/CEO Clark Flatt (rear right) for a photo with panelists from the segment “Beyond Our Pain: Survivors of Suicide Speak Out” during the Suicide Prevention Symposium held on May 9 in Nashville.

Panelists from left to right: Karyl Chastain Beal, Facilitator, Parents of Suicides / Friends and Families of Suicides (POS-FFOS; Jacky Jessop, Facilitator, POS-FFOS Australia/New Zealand Chapter; Cindy Johnson, Regional Director of Marketing for Tennessee Health Management; and Annette Lake, US Logistics Manager for Avaya Global Logistics.

Printing of this document was made possible due to generous donations in memory of Sally Afflick (1960-2013.)

TSPN would also like to thank Mental Health America of Middle Tennessee for its ongoing administrative oversight of the Network.

Also from the Suicide Prevention Symposium: Tennessee Lieutenant Governor Ron Ramsey addresses guests as TSPN Advisory Council Chair Jennifer Harris looks on.