

# TSPN CALL TO ACTION

VOLUME 10, ISSUE 6  
JUNE 2014

TENNESSEE SUICIDE PREVENTION NETWORK



## TSPN TO PARTICIPATE IN ZERO SUICIDE ACADEMY AHEAD OF STATEWIDE PREVENTION PROJECT

TSPN is pleased to announce that it has been accepted as a participant in the National Action Alliance's Zero Suicide Academy, to be held in Washington, D.C., on June 29-30. The Network was one of 13 applications accepted out of the 29 submitted.

Participants will learn how to implement the increasingly popular "zero suicide" concept within their state and regional suicide prevention coalitions. TSPN intends to use the information gained from the Academy to implement the protocol within health, behavioral health, and substance abuse treatment settings across Tennessee.

A three-person team from TSPN will attend the Academy; delegates include Kathy Benedetto, LPC, SPE, LMFT, Senior Vice-President of Tennessee Child and Youth Services for Frontier Health; TSPN Executive Director Scott Ridgway, MS; and Anne Young, MS, CAS, director of the Young Adult and Residential Relapse Recovery Program within Cornerstone of Recovery.

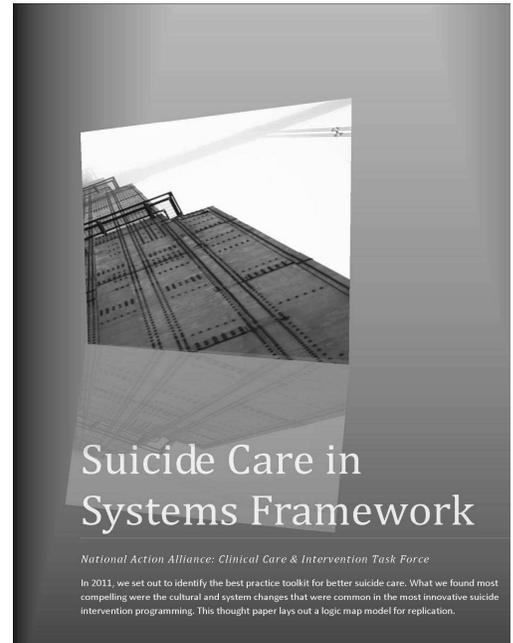
The "zero suicides" concept emerged out of the publication of *Suicide Care in Systems Framework* by the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention in 2011. The document summarizes a multi-year study of best-practice suicide prevention efforts within four different programs. An outgrowth of this analysis was the concept of "zero suicides": the idea that suicide can be eliminated (not merely reduced) in healthcare settings through an ongoing process of improving access and quality.

The report goes on to recommend that healthcare and crisis response services take proactive system-wide measures, specifically the implementation of evidence-based clinical care measures, to eliminate the possibility of suicide within their client base.

In 2012, TSPN's Strategies/Outcomes/Evaluations Committee began review of *Suicide Care in Systems Framework*, and the following year they developed an implementation plan for statewide promotion of the "zero suicides" concept across the state of Tennessee. At the February 12, 2014, Advisory Council meeting, the Council authorized creation of a Zero Suicide Initiative Task Force patterned after the Clinical Care and Intervention Task Force which developed the original document. Our state is the first to attempt implementation of the "zero suicides" protocol on the statewide level, in line with TSPN's established history as a pioneer in the area of state-supported suicide prevention.

Several agencies have already committed to the project, agreeing to implement the concept within their own facilities. They include Carey Counseling Center, Centerstone, Cornerstone of Recovery, Frontier Health, and SkyRidge Medical Center. Similar agencies will also be solicited for participation later. Members of the Zero Suicides Initiative Task Force will be announced on July 1.

More information about the "zero suicide" concept and the Zero Suicide Initiative Task Force is available on the TSPN website (<http://tspn.org/zero-suicides>).



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NATIONAL  
**SUICIDE**  
PREVENTION  
LIFELINE<sup>TM</sup>  
1-800-273-TALK (8255)  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

## TDMHSAS SHIFTS YOUTH CRISIS SERVICES TO LOCAL PROVIDERS

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has announced the regionalization of the crisis services it provides to children and teens.

"The provision of consistent, high-quality crisis services for children and youth across the State of Tennessee is a high priority for us," TDMHSAS Commissioner E. Douglas Varney said in a May 13 press release. "We feel that regional service providers have better knowledge of the total array of residential and inpatient services available in their community, as well as improved collaboration/partnerships with other local systems involved in the care of children and youth."

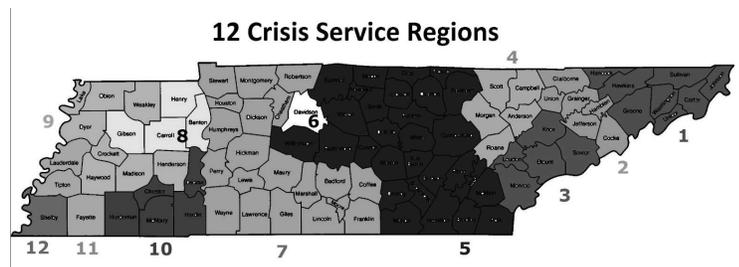
TDMHSAS began taking applications from regional mental health centers in January, and after reviewing the applications the review committee awarded contracts to the agencies it considered best equipped to respond to local needs. Eight of the twelve Crisis Service regions will be administered by Youth Villages satellites.

The transfer of youth crisis response to regional agencies will require changes in contact information for the various regions. But at present, the following numbers for Tennessee's toll-free Youth Statewide Crisis Telephone Line should be used until further notice:

- Nashville Region: 1-866-791-9221
- Rural Middle Tennessee: 1-866-791-9222
- Upper Cumberland: 1-866-791-9223
- Knoxville Region: 1-866-791-9224
- Southeast Tennessee: 1-866-791-9225
- Memphis Region: 1-866-791-9226
- Rural West Tennessee: 1-866-791-9227
- Northeast Tennessee: 1-866-791-9228

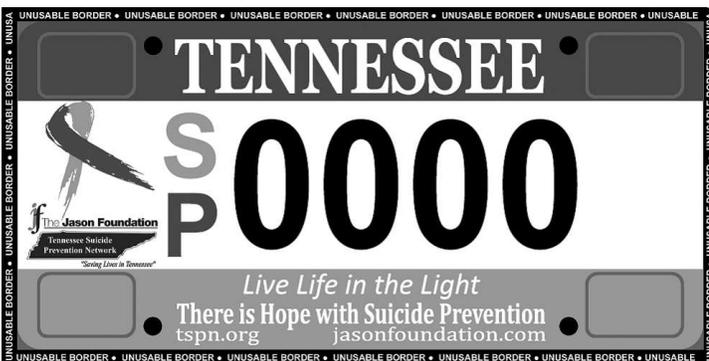
TDMHSAS's assignments for youth crisis services are as follows:

- Region 1: Frontier Health
- Region 2: Youth Villages
- Region 3: Helen Ross McNabb
- Region 4: Youth Villages
- Region 5: Youth Villages
- Region 6: Mental Health Cooperative
- Region 7: Youth Villages
- Region 8: Youth Villages
- Region 9: Youth Villages
- Region 10: Youth Villages
- Region 11: Youth Villages
- Region 12: Youth Villages



## SUICIDE PREVENTION LICENSE PLATES STILL AVAILABLE

TSPN and the Jason Foundation, Inc. are still gathering signatures for the official specialty license plate promoting suicide prevention authorized by state legislation.



The final design for the suicide prevention license plate.

This license plate will be the first one in the country devoted to the cause of suicide prevention. A share of the proceeds from the sale of these plates will fund suicide prevention efforts in our state.

We need your help to make this project a reality. Specifically, we need 1,000 signatures from people who plan to purchase this plate in order to justify its production by the Tennessee Department of Revenue. The deadline for collecting these signatures is June 30.

You may pre-order one of these plates at [sp-license-plate.eventbrite.com](http://sp-license-plate.eventbrite.com) at a cost of \$35. You may select any number between "0001" and "1000", although your first choice may already be reserved.

We encourage you to go ahead and pre-order a plate today so you can ensure the viability of this project. These license plates will lead to unprecedented exposure for the cause of suicide prevention in Tennessee and the agencies working to prevent suicide in our state.

## ACCREDITING BODY WARNS OF SUICIDE RISK IN HOSPITALS, EDS

The latest report from the Joint Commission finds that suicide remains a major cause for concern within America's hospitals and emergency departments.



The Joint Commission (TJC), formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is a non-profit which accredits health care organizations and programs in the U.S. Its accreditation requirements and recommendations are considered baseline standards for healthcare facilities, and most states require accreditation by TJC for state licensure and Medicaid reimbursement. In addition to its accreditation efforts, the Joint Commission also publishes information on what it calls Sentinel Events—"an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof".

TJC's most recent Sentinel Event Data report cited 775 suicide deaths in American hospitals, clinics, and emergency rooms between 2004 and 2013. This number is likely an underestimate since reporting Sentinel Events is not mandatory. Suicides were actually more common than higher-profile incidents like medication errors or wrong-patient surgeries. In 80% of the deaths, one or more staff members failed to assess the decedent for suicide risk or mishandled said assessment. "In many of the suicides with which I am familiar... the clinical staff comment that they had no idea that the patient was actively having suicidal ideations immediately before the event occurred," said James M. Hunt, AIA, president of Behavioral Health Facility Consulting, LLC, in an editorial published on Behavioral Healthcare ([www.behavioral.net](http://www.behavioral.net)), an online newsletter for mental health professionals. "This is not an indictment of the staff. It is a statement that we have yet to identify ways of identifying all of the patients who are on the verge of ending their own life," he said.

The physical environment of the facility—unsecured doors, dangerous items left in rooms, etc.—was a contributing factor in 42% of the deaths.

The Tennessee Suicide Prevention Network is partnering with the Tennessee Department of Mental Health and Substance Abuse Services and the Tennessee Lives Count (TLC) Project to develop an e-learning course on the subject of suicide in the emergency department. The targeted roll-out date for the course is this July.

The full report from TJC is available on the agency's website (<http://bit.ly/RXCcwr>).

## USA TODAY CONFRONTS AMERICA'S MENTAL HEALTH CRISIS

USA TODAY began a series on mental health care shortfalls with a stark analysis of the cost, both economic and psychological, of de-funding or undersourcing care for people with serious mental illness.



Karen Kelley of Burlington, Vermont, shares her struggle with severe depression in the USA TODAY piece. Kelley's psychiatrist tried to have her admitted to a hospital, but her state's only psychiatric hospital was destroyed in Tropical Storm Irene and no replacement facility was ever opened (Photo by Ryan Mercer of USA TODAY).

The first installation of the series, published May 12, explored how state governments have cut mental wellness and behavioral health care programs—by \$5 billion between 2009 and 2012—to the point that 40% of adults with severe mental illnesses go a full year or more without treatment. People seeking treatment often find there are no available psychiatric beds or facilities in their community—in fact, more than half the counties in the U.S. are without any practicing psychiatrists, psychologists, social workers, according to the U.S. Department of Health and Human Services. Instead, people in need of psychiatric care are often end up living on the streets, in and out of emergency rooms, incarcerated after they commit violent crimes, or dying by suicide.

Thomas Insel, Director of the National Institute of Mental Health, estimates that untreated mental illness costs the American people upwards of \$444 billion a year in medical costs, lost wages and productivity, and disability payments. Factoring in lost earnings by caregivers taking care of relatives with mental illness and the cost of building prisons, this figure is probably far higher. "The way we pay for mental health today is the most expensive way possible," Insel said in an interview of the article. "We don't provide support early, so we end up paying for lifelong support."

However, both research and the results of existing programs demonstrate that appropriating funds to mental health programs can have a positive financial impact. One study of a program in Massachusetts that provides wraparound services to people with mental illness in the criminal justice system vastly reduced the number of days spent in the hospital and in jail. It cost the state about \$400,000 to start, and it saved the state \$1.3 million in medical and incarceration costs in its first year.

The full article is available on the USA TODAY website at <http://usat.ly/1iLDJQQ>. TSPN thanks our contacts at NAMI Davidson County for bringing this article to our attention.



## SPOTLIGHT: VIRTUAL HOPE BOX



The Virtual Hope Box (VHB) is a free smartphone application that provides readily accessible custom content to help people in therapy develop healthy coping skills and behaviors.

VHB was created by the National Center for Telehealth and Technology, a US Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury. It features tools the patient can consult in between clinic visits or therapy sessions. (The app is intended for use by people in treatment with a behavioral health provider and is not intended to replace actual therapy.)



The client and therapist can select from available materials and subprograms to help the patient relax, manage stress and emotions, distract them from problem thought patterns, and develop positive thinking. These include audio and video files, pictures, games, mindfulness and relaxation exercises, inspirational quotes, and activity planning. Patients and therapists can add programs as needed. The patient can add personal files such as family photos, messages from loved ones, music that calms or encourages them, or affirmations of self-worth.

VHB may prove especially useful to clients with suicidal ideation. A pilot program funded by the Military Suicide Research Consortium founded that the app was particularly helpful to patients at particularly high risk for suicide.

The VHB is available for download at the app's website ([www.t2.health.mil/apps/virtual-hope-box](http://www.t2.health.mil/apps/virtual-hope-box)). The site also contains guides to the app for both clinicians and users.

A screenshot of the Virtual Hope Box's controlled breathing program. Additional screenshots are available at the app's website.

## NATURAL DISASTERS MAY CAUSE DELAYED EMOTIONAL TRAUMA

A recent paper published by Canada's Centre for Suicide Prevention (CSP) explores the inconsistent relationship between natural disasters, PTSD, and suicide, suggesting a potential for delayed reactions that might not be apparent in the immediate aftermath.



Studies of the incidence of PTSD and/or suicide following natural disasters have produced varied results. Some researchers noted an obvious relationship between the two phenomena—for example, a 2008 study found elevated rates of suicide and PTSD diagnoses in effect within the New Orleans metro area for up to two years after Hurricane Katrina in 2005. Others have found little to no PTSD concerns in other affected populations—this was most notable conducted in Sri Lanka and the Philippines following the 2004 tsunami and Typhoon Haiyan in 2013, respectively. In these latter studies one or more protective factors were noted, such as a sense of social connectedness and interdependence that is more prevalent in some cultures than others. In some cases the suicide rate has actually gone down during the months and years following a disaster, or the increase is only apparent in a certain population group (middle-aged males seem particularly susceptible).

Recent studies have noted that often, suicide rates and crisis calls will drop in the immediate aftermath of a major disaster, but ramp up in the months following. This delayed onset of emotional distress may be the result of what North Dakota State University psychologist Kathryn H. Gordon calls a "pulling together" effect. People may feel a sense of unity and belongingness in the effort to respond to the disaster, putting aside or ignoring pre-existing emotional concerns. But in a few months, this feeling of connectedness wears off, and the realities of life after the disaster—economic or personal losses, reduced availability of community health and mental health resources, etc.—combine with problems or factors that were in effect before the disaster, and people within the community start reaching their personal tipping points.

As an example, the CSP researcher who compiled this analysis reviewed crisis calls received by a crisis center in Calgary, Alberta, following the flash floods that devastated southern Alberta in June 2013. In the first few weeks after the floods, most of the calls were about housing issues and financial concerns. But from July onwards crisis calls increased dramatically, and by the end of September they made up over a third of all flood-related calls received.

The citation for the CSP analysis is as follows: Olson, R. (2014). Natural disasters and rates of suicide: a connection? *iE: InfoExchange*. Available URL: <http://bit.ly/1tv5sHa>.

# TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates marked in **bold and in carmine** 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 19, July 17, August 21, September 18, October 16, and November 20

Memphis/Shelby County Region

monthly, 3rd Tuesday, 11:30 AM  
Memphis Crisis Centers Training Facility, 70 North Pauline, Memphis, 38105  
June 17, July 15, August 19, September 16, October 21, and November 18

Mid-Cumberland Region

monthly, 2nd Thursday, 9:30 AM  
Tennessee Voices for Children, 701 Bradford Avenue, 37204  
June 12, July 10, August 14, September 11, October 9, November 13, and December 11

Northeast Region

monthly, 4th Tuesday, 10:30 AM  
Boone's Creek Christian Church, 305 Christian Church Road, Gray, 37615  
June 24, July 22, August 26, September 23, October 28, and November 25

Rural West

monthly, 3rd Wednesday, 10:30 AM  
Behavioral Health Initiatives, 36C Sandstone Circle, Jackson, 38305  
June 18, July 16, August 20, September 17, October 15, and November 19

South Central

monthly, 1st Wednesday, 11:00 AM  
Conference Room A, South Central Regional Health Office, 1216 Trotwood Avenue, Columbia, 38401  
June 4, July 2, August 6, September 3, October 1, November 5, and December 3

Southeast Region

monthly, 1st Thursday, 10:00 AM  
Johnson Mental Health Center, 420 Bell Avenue, Chattanooga, 37405  
June 5, July 3, August 7, September 4, October 2, November 6, and December 4

Upper Cumberland Region

monthly, 4th Thursday, 9:00 AM  
Volunteer Behavioral Health, 1200 Willow Avenue, Cookeville, 38502  
June 26, July 24, August 28, September 25, October 23, **November 20**, and **December 18**

Intra-State Department Meetings

Volunteer Room, Tennessee Department of Labor and Workforce Development, 220 French Landing Drive, Nashville, 37243 (2:00 PM)  
August 6 and November 5

Advisory Council

June 4 (Metro Nashville Police Department Hermitage Precinct, 3710 James Kay Lane, Hermitage)  
September 10 (Trevecca Community Church, 335 Murfreesboro Pike, Nashville)

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 6, **July 11**, August 1, September 5, October 3, November 7, December 5

Giles County Suicide Prevention Task Force

quarterly, 3rd Monday, 1:30 PM  
Giles County Career Center, 125 South Cedar Lane, Pulaski, 38478  
June 16, September 15, December 15

Hickman-Perry County Suicide Prevention Task Force

monthly, 4th Friday, 1:30 PM  
Senior Care Building, Hickman Community Hospital, 135 East Swan Street, Centerville, 37033  
**June 20**, July 25, August 22, September 26, October 24, and **November 21**

Montgomery-Houston-Humphreys-Stewart Suicide Prevention Task Force

monthly, 1st Tuesday, 9 AM  
Youth Villages, 651 Stowe Court, Clarksville, 37040  
June 3, July 1, August 5, September 2, October 7, November 4, and December 2

Rutherford County Suicide Prevention Coalition

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



Members present at our May 8 Mid-Cumberland regional meeting helped assemble gift bags for our exhibit at the Nashville Sounds home game on May 22.



Brenda Harper (left) and India Akins of Cumberland Mountain/Dale Hollow Mental Health Centers managed an exhibit on TSPN's behalf at the 6th Annual Upper Cumberland Adult Abuse Coalition Summit, held at the River Community Church in Cookeville on May 13 (photo courtesy of Anne Stamps).

# 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

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Memphis and Shelby County

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Mid-Cumberland region

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Northeast region

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