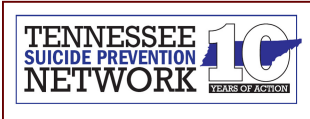


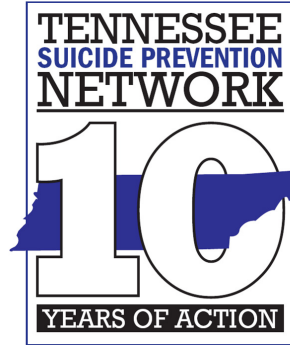
TSPN CALL TO ACTION

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TENNESSEE SUICIDE PREVENTION NETWORK



PREPARATIONS CONTINUE FOR TSPN 10TH ANNIVERSARY SYMPOSIUM



TSPN continues its preparations for its 10th Anniversary Symposium scheduled for April 29 at Trevecca Community Church, located at 335 Murfreesboro Road in Nashville.

The Network recently confirmed Sally Spencer-Thomas, Executive Director of the Carson J. Spencer Foundation and Executive Secretary of the National Action Alliance for Suicide Prevention, as a speaker at the event. The National Action Alliance for Suicide Prevention was established last year to update and advance the National Strategy for Suicide Prevention, developing approaches to engage and educate the public and examining ways to target high-risk populations.

Others invited to this event include Governor Bill Haslam, Speaker of the House Beth Harwell, and Lieutenant Governor Ron Ramsey. Also, several commissioners of state departments will participate in a panel discussion.

The keynote luncheon will feature a presentation on the latest grant cycle of the Tennessee Lives Count (TLC) Project, a federally funded youth suicide prevention program. TLC recently concluded a three-year suicide prevention education initiative for caseworkers and other staff in the state's juvenile justice facilities. The project included a peer support suicide awareness and resiliency curriculum for youth in the juvenile justice system.

115 seats have already been reserved, so early registration is important. You have the option of submitting a copy of the registration form (available at www.tspn.org, see left sidebar) along with your \$45 check to the Mental Health Association of Middle Tennessee, 295 Plus Park Boulevard, Suite 201, Nashville, TN, 37217. All forms must be received no later than 5 PM CDT on Friday, April 22. You also have the option of registering for the event by credit card via Eventbrite (www.tspn10.eventbrite.com).

Any questions about the symposium should be directed to the TSPN central office at Scott Ridgway, Executive Director, at tspn@tspn.org or (615) 297-0177.

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Breakout Sessions Offered at 10th Anniversary Symposium

Morning Breakout Sessions (10:15 – 11:45 AM)

- A: "Compassion Satisfaction & Compassion Fatigue: Taking Care of Yourself in Challenging Times"
- B: "Geriatric Dual-Diagnosis Patients: Suicide Risks"
- C: "From Saints to Sinners: The Role of Religion in Suicide Prevention Across the Ages"
- D: "Suicide and the LGBTQ Community"
- E: "Tools and Strategies to Prevent Suicide on a College Campus"

Afternoon Breakout Sessions (1:45 – 3:15 PM)

- A: "Mental Health Matters in the Workplace"
- B: "Options for Working with Communities of Faith"
- C: "Suicide 101: Basics of Suicide Prevention"
- D: "VA Initiatives in Suicide Prevention for Returning Iraq and Afghanistan Veterans"

295 PLUS PARK BOULEVARD,
SUITE 201
NASHVILLE, TN 37217
PHONE: (615) 297-1077
FAX: (615) 269-5413
E-MAIL: TSPN@TSPN.ORG
WWW.TSPN.ORG

NATIONAL
**SUICIDE
PREVENTION
LIFELINE**
1-800-273-TALK (8255)
suicidepreventionlifeline.org

TSPN would like to thank all the groups and agencies who have committed to sponsoring our symposium thus far.

COMMISSIONER VARNEY ADDRESSES ADVISORY COUNCIL

Commissioner Doug Varney, the new head of the Tennessee Department of Mental Health (TDMH), addressed the Advisory Council during its February 9 business meeting at the Metro Nashville Hermitage Precinct.

The Commissioner outlined plans for negotiating anticipated departmental budget cuts while preserving vital services. At present the state of Tennessee stands to lose \$1.5 million in federal funding as of fiscal 2012 and it is uncertain how the state will make up the difference. Governor Bill Haslam is expected to present his budget for TDMH and other departments before a joint session of the Tennessee General Assembly on March 14.

Varney also took questions from Advisory Council members regarding TennCare, state Veterans Affairs services, and alternatives for colleges in dealing with severely disturbed and possibly violent students. He welcomed additional questions from members of TSPN and the general public via e-mail (doug.varney@tn.gov).

In other developments, the Strategies/Outcomes/Evaluations Committee revised the Youth Suicide Prevention Plan (originally developed in 2003) and set new Network goals relative to this work. Specifically, the new plan calls for the reduction of the ten-year average suicide attempt rate for youth aged 10-24 to 7.0 per 100,000 population by the year 2020. Also by that year, 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.

The Special Activities Committee reviewed plans for the upcoming 10th Anniversary Symposium (see front page) and the annual Suicide Prevention Awareness Day event. The Advocacy Committee reviewed a joint resolution submitted to State Speaker of the House Beth Harwell and Lt. Gov. Ron Ramsey for presentation at the 10th Anniversary Symposium.

The next retreat has been confirmed for June 8-9 at Montgomery Bell State Park Inn in Burns. More information is available from the TSPN central office at tspn@tspn.org.



TDMH Commissioner Doug Varney (second from left) addresses TSPN's Advisory Council. Also pictured, from left to right: TDMH Assistant Commissioner Marie Williams, Advisory Council Co-Chair Jennifer Harris, and Advisory Council Secretary Tim Tatum.

TDMH ANNOUNCES NEW STATEWIDE CRISIS HOTLINE

1-855-CRISIS-1

1-855 (274-7471)

The following is the text of a press release issued February 17 by the Tennessee Department of Mental Health. More information about the new crisis number is available from Sarah Lingo at (615) 532-6597.

TSPN wishes to thank Becky Cassell, Health Educator within the Unicoi County Health Department, for bringing this matter to our attention.

NASHVILLE – The Tennessee Department of Mental Health (TDMH) announced a new statewide number for mental health and substance use crisis services in an effort to create a more user-friendly service. The new number, 1-855-CRISIS-1 (1-855-274-7471), is replacing the state's existing toll-free number and will continue to route callers to their local crisis provider.

"Many times, interaction with crisis services is an individual's first introduction to mental health or substance use services," said Doug Varney, TDMH Commissioner. "Promoting the safety and emotional stability of individuals with mental illness or in emotional crisis is one of the major goals of the department and the hotline service, and we hope that a more easily remembered number will lead to greater accessibility for Tennesseans experiencing a mental health or substance use crisis."

The state's mental health crisis system includes a 24-hour, seven days a week, toll-free telephone hotline, mobile crisis services, crisis stabilization units, crisis respite services, medically monitored crisis detoxification units, mandatory pre-screening agent services and peer support services. State certified peer support specialists work with crisis specialists to assist adults in alleviating and stabilizing crises and to promote the recovery process.

A behavioral health crisis is any mental health and/or substance use issue perceived to be a crisis by an individual. The crisis can extend to include family members or others who are closely observing the individual.

For more information about crisis services, or for more information about mental health and substance use disorders, please contact the Tennessee Department of Mental Health at (615) 253-4812 or www.tn.gov/mental.

TENNESSEE TEEN REACHES OUT TO OTHERS THROUGH FACEBOOK

A teenager in Mount Juliet has started a Facebook group for youth struggling with suicidal impulses. The group is attracting members from across the country and was recently profiled by WTVF Newschannel 5 in Nashville.

Austin Watson, a recent graduate of Mt. Juliet High School, suffered from depression for most of his life and lost two close friends to suicide. (As reported by WTVF in its February 24 report, there have been three teen suicide deaths in Mt. Juliet over the past year.) "I thought about shooting myself, or taking pills... I couldn't see a future for me. I couldn't see any potential and so I thought I don't belong in this world," Watson explained in an interview with WTVF's Nick Beres.

Ultimately Watson received the help and treatment he needed. But he never forgot the feelings of isolation he experienced, primarily because he thought his parents, teachers, and the other adults in his life would not understand. He believes that all too many adults are willing to write off teenage depression and suicidality as a passing phase, not listening or seeking help until it is too late. "What do adults not understand about what teens are going through?" Watson asked during the WTVF segment.

This idea led Watson to start the Facebook group "We All Matter" (www.facebook.com/WeAllMatter) as a way for teenagers to share their problems and their stories without the risk of judgment or stigma, and to support others experiencing the same struggles. "This page is meant for peer to peer counseling," explains the page description. "We've all dealt with struggles... (s)ome are just too overwhelming for us to handle alone. Everyone needs support at some point in time. That's what this page is for. We All Matter, so why should any of us feel alone?" The number for the National Suicide Prevention Lifeline (1-800-273-TALK) is included on the page, and was also promoted on the WTVF website alongside the story about the group.

The group already had members from across the United States, but in the day after the WTVF interview membership ballooned to over 400 friends.

TSPN would like to thank Austin Watson, Tammy Watson, and Taylor Wilson-Primm for their participation in the WTVF segment, as well as Ron Gash of WTVF for bringing the story to our attention.



NEW STREET DRUGS MAY TRIGGER SUICIDE ATTEMPTS, VIOLENCE



A sample of mephedrone confiscated during a drug raid in Oregon in 2009 (photo courtesy of the U.S. Department of Justice).

Street drugs marketed as "legal cocaine" or "legal speed" have recently been implicated in suicide crises and attempts in parts of the Southeast, including Tennessee.

Mephedrone and methylenedioxypyrovalerone (the latter of which is usually called MDPV or "Cloud 9") have been found for sale in headshops, convenience stores, and truck stops, as well as over the Internet and on the street. They are often packaged as bath salts, insect repellent, or fertilizer.

According to a December 23 MSNBC.com article, even hardened drug users are showing up in emergency rooms after attempting suicide, assaulting other people, or suffering from hallucinations, paranoia, hypertension, and arrhythmia. Sometimes these symptoms and behaviors persist for days after first snorting or smoking these drugs, which users describe as far more powerful than cocaine.

Poison control centers in six southern states and Utah had fielded calls about MDPV or mephedrone as of the time of the MSNBC.com report, and at least one suicide death in Louisiana is being blamed on MDPV. Both substances are usually missed by standard drug screens, which has been part of the drugs' appeal. Both drugs are currently legal in the United States but have been outlawed or listed as controlled substances in other countries. Additionally, the states of Louisiana and Florida have declared MDPV a controlled substance, and North Dakota has taken steps to ban both drugs.

The White House Office of National Drug Control Policy has issued a statement on these stimulants, particularly the ones marketed as bath salts under the names "Ivory Wave" and "Purple Wave". "Although we lack sufficient data to understand exactly how prevalent the use of these stimulants are, we know they pose a serious threat to the health and well-being of young people and anyone who may use them," said Director Gil Kerlikowske.

TSPN wishes to thank Terry Grinder, D.Ph., Acting Director of the Tennessee Board of Pharmacy, for his contributions to this article.

UPDATED JAIL SUICIDE STUDY SHOWS RATES DROPPED SINCE 1980S

Suicides in county jails have decreased considerably in the past twenty years, according to a study issued by a division of the U.S. Justice Department.

In *National Study of Jail Suicide: 20 Years Later*, the National Center on Institutions and Alternatives (NCIA) puts the 2010 suicide rate within county jails at 38 per 100,000 inmates. While this rate is still much higher than the rate for the U.S. population at large (11.1 per 100,000 as of 2007), it represents a profound decrease from the figure of 107 per 100,000 inmates reported by the Justice Department in 1986.

The drop in jail suicides may be attributed to better standards for suicide prevention within correctional facilities, including more training for corrections staff, better assessment of risk factors during intake, and more surveillance of at-risk inmates.

However, suicide is still a leading cause of death among incarcerated persons, and the report offers observations regarding major suicide risk factors (see inset on page 5). The study also notes striking changes in the characteristics of inmates who die by suicide. For example, intoxication was previously viewed as a major risk factor, involved in 60% of all jail suicides recorded in 1985-86. But recent figures suggest intoxication is less of an element in suicide deaths. Also, suicide immediately after incarceration has become less common, with deaths more likely to occur within the first two weeks rather than the first 24 hours.

“Although our knowledge base continues to increase... much work lies ahead,” says Lindsay M. Hayes, NCIA Project Director and the study’s author. “(B)ecause roughly the same number of deaths occurred within the first several hours of custody as occurred during more than a few months of confinement, intake screening for the identification of suicide risk upon entry into a facility should be viewed as time limited... (T)he biggest challenge for those who work in the corrections system is to view the issue as requiring a continuum of comprehensive suicide prevention services aimed at the collaborative identification, continued assessment, and safe management of inmates at risk for self-harm.”

National Study of Jail Suicide: 20 Years Later is available for review at the NCIA website (www.ncianet.org/suicideprevention/suicide.asp) or through the National Institute of Corrections (<http://nicic.gov/Library/O24308>).

DEATH OF NFL STAR HIGHLIGHTS RISKS OF TRAUMATIC BRAIN INJURY

The recent suicide death of former NFL star Dave Duerson is focusing attention on a degenerative brain condition which has been implicated in the deaths of other professional football players.

Chronic traumatic encephalopathy (CTE) is typically caused by multiple concussions and brain trauma incidents. It has been associated with sudden acts of violence and erratic behavior.

CTE is becoming increasingly common among athletes, especially football players. “There’s a three-fold increase in risk of depression among ex-NFL players if they’ve had three or more concussions during their careers and a five-fold increase in risk of mild cognitive impairment,” explains Kevin Guskiewicz, a neuroscientist at the University of North Carolina, in a January 31 *TIME* article on the aftereffects of concussive injuries. Guskiewicz is leading a multi-year study on the effects of these injuries using accelerometers installed in football helmets.

Duerson had been experiencing headaches and blurred vision prior to his death, and he apparently suspected he might have CTE—his suicide note specifically requested that his brain be donated to a brain bank maintained by the NFL and Boston University that is researching CTE and other types of brain injuries. More than twenty deceased football players have been diagnosed with CTE based on the brain banks studies of their brain tissue, including three who died by suicide or accident.

It is estimated that 3.8 million concussions are diagnosed in the U.S. each year, and many others are never recorded because of a lack of obvious symptoms.

TSPN wishes to acknowledge Jeffrey Kluger’s February 23 TIME article on CTE, as well as the research of Ryan Hopkins, a Middle Tennessee State University public communications major who is interning with TSPN.

Other football players posthumously diagnosed with CTE:

- Owen Thomas, University of Pennsylvania, 2010: died by suicide
- Chris Henry, Cincinnati Bengals, 2009: fell out of a moving pick-up truck during a domestic dispute with his wife
- Justin Strzelczyk, formerly of the Pittsburgh Steelers, 2004: car accident during a police pursuit

TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates in **bold and in red** indicate alternate meeting dates intended to accommodate state holidays or other previously scheduled events.

East Tennessee Region

monthly, 3rd Thursday, 12:00 PM

Mental Health Association of East Tennessee, Inc., 9050 Executive Park Drive, Suite 104-A, Knoxville, 37923
March 17, April 21, May 19, June 16, July 21, August 18, September 15, October 20, and November 17

Memphis/Shelby County Region

monthly, 3rd Tuesday, 11:00 AM

The Community Foundation of Greater Memphis, 1900 Union Avenue, Memphis, 38104
March 15, April 19, May 17, June 21, July 19, August 16, September 20, October 18 and November 15

Mid-Cumberland Region

monthly, 2nd Thursday, 9:30 AM

Non-Profit Conference Center, 293 Plus Park Boulevard, Suite 201, Nashville, 37217
March 10, April 14, May 12, June 9, July 14, August 11, September 8, October 13, November 10, and December 8

Northeast Region

monthly, 4th Tuesday, 10:30 AM

Boone's Creek Christian Church, 305 Boone's Creek Road, Gray, 37615
March 22, April 26, May 24, June 28, July 26, August 23, September 27, October 25, and November 22

Rural West

monthly, 3rd Wednesday, 10:30 AM

Behavioral Health Initiatives, 36C Sandstone Circle, Jackson, 38305
March 16, April 20, May 18, June 15, July 20, August 17, September 21, October 19, and November 16

South Central

monthly, 2nd Monday, 10:00 AM

Conference Room A, South Central Regional Health Office, 1216 Trotwood Avenue, Columbia 38401
March 14, April 11, May 9, June 13, July 11, August 8, September 12, October 10, November 14, and December 12

Southeast Region

monthly, 1st Thursday, 10:00 AM

Downtown Chattanooga YMCA, 301 West Sixth Street, Chattanooga, 37402
March 3, April 7, May 5, June 2, July 7, August 4, September 1, October 6, November 3, and December 1

Upper Cumberland Region

monthly, 4th Thursday, 9:00 AM

Volunteer Behavioral Health Care Systems, 1200 Willow Avenue, Cookeville, 38502
March 24, April 28, May 26, June 23, July 28, August 25, September 22, October 27, and **November 17**

Intra-State Department Meetings

Tennessee Department of Mental Health and Developmental Disabilities, Third Floor Conference Room, Cordell Hull Building, 425 Fifth Avenue North, Nashville, 37243 (3:00 PM)
April 20, July 20, and October 19

Advisory Council

June 8-9 (Montgomery Bell State Park Inn, Burns)
September 7 (location to be announced)

Blount County Mental Health Awareness and Suicide Prevention Alliance

monthly, 1st Friday, 12:00 PM

Blount County Health Department Conference Room, 302 McGhee Street, Maryville, TN 37801
March 4, April 1, May 6, June 3, July 1, August 5, September 2, October 7, November 4, and December 2

Davidson County Suicide Prevention Task Force

monthly, 4th Thursday, 3:00 PM

March 24, May 26, June 23, July 28, August 25, September 22, October 27, and **November 17**

Giles County Suicide Prevention Task Force

quarterly, 2nd Monday, 1:30 PM

Giles County Career Center, 125 South Cedar Lane, Pulaski, 38478
April 11, July 11, and October 10

Hickman-Perry County Suicide Prevention Task Force

monthly, 4th Friday, 1:30 PM

Hickman Community Hospital, Senior Care Building, 135 East Swan Street, Centerville, 37033
March 25, April 22, May 27, June 24, July 22, August 26, September 23, October 28, and **November 18**

Risk Factors for Jail Suicide

All figures courtesy of *National Study of Jail Suicide: 20 Years Later*
(see page 3)

Of the 696 jail suicides reported in 2005-06:

- 93% of the decedents were male, 67% were white, and 42% were single. The average age at death was 35.
- 43% were being held for violent crimes and/or crimes against people (as opposed to property crime or violations of local ordinances).
- 47% had a history of substance abuse, 38% had a history of mental illness, and 34% had a history of suicidal behavior. However, only 20% were intoxicated at the time of their deaths.
- Deaths were evenly distributed throughout the year; certain seasons and/or holidays did not account for more suicides.
- 24% occurred within the first 24 hours, 27% between 2 and 14 days, and 20% between 1 and 4 months.
- 93% of the victims used hanging as the method.
- 66% of the victims used bedding as the instrument of death.
- 35% of deaths occurred close to the date of a court hearing, with 69% occurring in less than 2 days before.
- 22% occurred close to the date of a telephone call or visit, with 67% occurring in less than 1 day after.
- Only 8% of the victims were on suicide watch at the time of death, and only 13% of the deceased had signed no-harm contracts.
- CPR was not administered in 37% of incidents.

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

Anne Young, MS, CAS
(865) 216-9884

anneyoung@cornerstoneofrecovery.com

Memphis and Shelby County

Madge Tullis
(901) 767-1469
mwtullis@aol.com

Mid-Cumberland region

Stephanie Barger, M.Div.
(270) 519-2352
stephanie@healthassisttn.org

Northeast region

Harold Leonard, MA, LPC-MHSP
(423) 245-5608
hleonard@centurylink.net

Rural West region

Anne Henning-Rowan, MS
(731) 421-8880
annerowan@hughes.net

South Central region

Karyl Chastain Beal, MEd, CT
(931) 388-9289
karylcb@bellsouth.net

Southeast region

Tim Tatum, MA
(423) 339-4351
tim_tatum@chs.net

Upper Cumberland region

Jodi Bartlett, Ed. S, LPC-MHSP
(931) 423-7866 or
(931) 423-4123, ext. 166
jbartlett@vbhcs.org

Advisory Council Chair

Madge Tullis
(901) 767-1469
mwtullis@aol.com

Executive Director

Scott Ridgway, MS
(615) 297-1077
sridgway@tspn.org

Advisory Council Chair Emeritus

Sam Bernard, PhD, FAAETS, DABCEM
(423) 322-3297
sam@sambernard.info

