

# TSPN CALL TO ACTION

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## TENNESSEE SUICIDE PREVENTION NETWORK



### TENNESSEE HAS ONE OF NATION'S HIGHEST RATES FOR MENTAL ILLNESS

Tennessee has the ninth-highest percentage of adults suffering from mental illness, according to a study by the National Survey of Drug Use and Health (NSDUH), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA).

The report, issued October 6, estimates that 21.5% of all adults aged 18 years or older had experienced a mental illness during the past year, based on NSDUH's 2008 and 2009 national surveys. Only eight other states had higher levels of mental illness as estimated by the surveys.

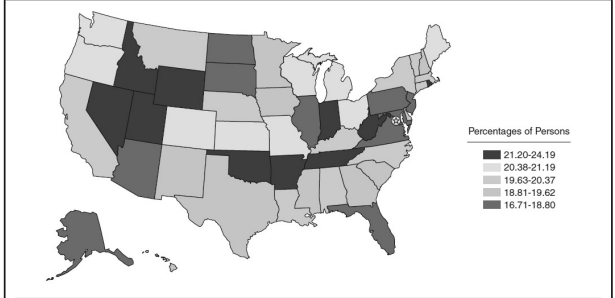
The figures were generated from data from over 160,000 responses to the two surveys mentioned previously, in which participants answered questions about their mental state—moods, thoughts, behavior, etc.—over a 12-month period. Researchers compared their responses to diagnostic criteria in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Later the data were separated by state to generate information on state-by-state levels of mental illness.

The NSDUH report included findings on both participants who experienced any mental illness whatsoever over a 12-month period and those who demonstrated symptoms of a serious mental illness (SMI)—one that had an extreme effect on one more aspects of the subject's daily life. 5% of Tennessee participants met the criteria for severe mental illness, for a ranking of 18<sup>th</sup> out of 50 states.

The study estimates that 44.5 million Americans over the age of 18 suffered from some form or mental illness over the past year, accounting for 19.7% of the general population. State rates ranged as high as 24.2% (Rhode Island) to 16.7% (Maryland). The report puts the national rate for SMI at 4.6% of the population, or 10.4 million people. State rates ranged from 7.2% (again, Rhode Island) to 3.5% (Hawaii and South Dakota).

The full report is available on the SAMHSA website ([http://oas.samhsa.gov/2k11/078/WEB\\_SR\\_078\\_HTML.pdf](http://oas.samhsa.gov/2k11/078/WEB_SR_078_HTML.pdf)). Readers may also be interested in reviewing the 2009 NSDUH survey summary, which includes details about the survey's methodology and metrics. This report is also available at the SAMHSA website ([www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHRResults.pdf](http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHRResults.pdf)).

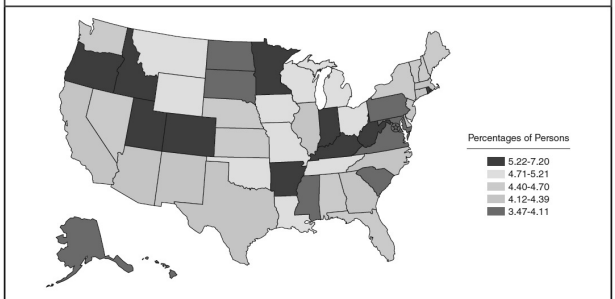
Figure 2. Any Mental Illness in Past Year among Persons Aged 18 or Older, by Location: Percentages, Annual Averages Based on 2008 and 2009 NSDUHs



Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

The figures above and below were taken directly from the NSDUH report and show the percentages of mental illness by state as determined by NSDUH's 2008 and 2009 surveys.

Figure 1. Serious Mental Illness (SMI) in Past Year among Persons Aged 18 or Older, by Location: Percentages, Annual Averages Based on 2008 and 2009 NSDUHs



Source: 2008 and 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

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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

## FAITH LEADERS RECONVENE FOR SUICIDE PREVENTION CONFERENCE

Approximately 200 people attended the Suicide Prevention and the African-American Faith Communities Conference held October 17 at St. James Missionary Baptist Church in Nashville.

The conference was a follow-up to a highly successful event held last year, where members of faith communities across Middle Tennessee developed suicide prevention plans for their members. This month's event was intended to showcase the work done in the area of African-American suicide prevention outreach since last year, build additional partnerships between community leaders, and explore additional avenues for implementation of suicide prevention strategies.

The event included remarks by Howard Burley, MD, Medical Director of TDMH's Division of Clinical Leadership, and Rev. George T. Brooks, Sr., Pastor of St. James, regarding the problem of suicide within the African-American church and progress made since last year's conference. Also included were plenary sessions by Burley and by Vedavyasa Biliyar, MD, Medical Director of the Adolescent Psychiatry Unit at Skyline Madison Campus.

Bishop William Young and Pastor Dianne Young of the Healing Center, co-founders of the semi-annual Suicide and the Black Church Conference, spoke at the conference luncheon. The afternoon included workshops on topics such as suicide among older adults, effects of PTSD and traumatic brain injury, the interaction between depression and religious faith, and the psychological effects of childhood bullying. The conference also offered a youth track for teens participating at the event.

The conference closed with a series of strategy development groups in which participants worked with local clergy and mental health experts to develop and refine plans for suicide prevention and crisis intervention within their communities of worship.

The Network wishes to extend its thanks to the many excellent speakers who presented during this event, the churches and corporate sponsors whose support made the event possible, and to St. James Missionary Baptist Church for taking the lead in helping Nashville's African-American community address the problem of suicide. Thanks are also due to the conference co-chairs: Gwen Hamer, TDMH's Director of Clinical Leadership, and Angie Thompson, Director of Behavioral Health within the Metro Public Health Department.



Conference speakers and organizers pose for a photo at the Suicide Prevention and the African American Faith Communities conference held October 17. Front row, left to right: conference co-chairs Gwen Hamer and Angie Thompson. Back row, left to right: Dr. Howard Burley of TDMH; Pastor Dianne Young of the Healing Center; Dr. Sherry Molock of George Washington University; TSPN Executive Director Scott Ridgway; and Bishop William Young of the Healing Center (Photo courtesy of Gwen Hamer).

## MC: "PREVENTING ANTI-GAY BULLYING AND SUICIDE"



About 30 people participated in "Preventing Anti-Gay Bullying and Suicide", a special suicide prevention training workshop organized and co-sponsored by TSPN on October 3.

The event was held at OutCentral ([www.outcentral.org](http://www.outcentral.org)), a cultural center for GLBTQI (gay, lesbian, bisexual, transgendered, questioning, and intersexed) people and interests in Nashville. Mid-Cumberland Regional Chair Stephanie Barger facilitated a training session in sensitivity to issues affecting GLBTQI youth, including those that could lead to depression and suicide. The session also included information on youth suicide prevention and information on current state regulations related to bullying in schools.

OutCentral assisted in promoting and organizing the event, alongside the Nashville Grizzlies rugby team ([www.grizzliesrugby.org](http://www.grizzliesrugby.org)). The workshop was a repeat of one held last year in the wake of several high-profile youth suicides and hate crimes.

"Locally there has been an outpouring of support from people who want to raise awareness of the potential effects of anti-gay bullying on youth," said Scott Ridgway, TSPN's Executive Director. "Many people want to tell their own stories about how such harassment affected them growing up."

The TSPN website offers a fact sheet on suicide and GLBTQI youth in "Suicide and Population Groups" section ([www.tspn.org/suicideand-population-groups](http://www.tspn.org/suicideand-population-groups)). If you or someone you know is struggling with anti-gay harassment and may be at risk for suicide, contact the Trevor Project (1-866-4U-TREVOR) or the National Suicide Prevention Lifeline (1-800-273-8255).



## TLC SELECTS NEW PROJECT DIRECTOR

TSPN extends its sincerest welcome to Michele A. Daniel, BBA, MA, who was selected as Project Director for the Tennessee Lives Count (TLC) Project. She started in the position last month.

Daniel takes over from Jason Padgett, who left TLC for the position of Task Force Liaison for the National Action Alliance on Suicide Prevention, a public-private partnership developed to guide the implementation of the goals and objectives in the National Strategy for Suicide Prevention. The post will allow him to work from home and spend more time with his family, which includes daughter Natalie born this March.

Prior to her work with TLC, Daniel was a mental health clinician, program consultant, and trainer within the Vanderbilt Institute for Public Policy Studies' Center for Psychotherapy Research & Policy. Here she developed and supervised implementation of program materials and lesson plans for elementary-level social skills, character education, and behavior modification programs. She also provided individual and group counseling for elementary school students and their families. She has also worked as a family therapist and student advisor for the Carlbrook School in Halifax, Virginia, where she coordinated postvention services following the suicide death of a student, and at the Three Springs Outdoor Therapeutic program in Centerville.

Daniel was also a Senior Mental Health Case Manager at Dede Wallace Center Mental Health Agency (now Centerstone) from 1997 to 2002, ultimately serving as Team Leader and named Counselor of the Year. While working as a Family Literacy Coordinator for Americorps's Read, Inc., program, she was elected by her peers to represent the agency at conferences and mediate corps conflict issues. Additionally, Daniel is certified in the CPI nonviolent crisis intervention program, Quantum Learning Training, and the Bullies to Buddies Program.

Daniel graduated *magna cum laude* from the Counseling Psychology master's program at Trevecca Nazarene University, and she also holds a bachelor's degree in Business Administration from Belmont University. She is a member of the Nashville Psychotherapy Institute and the Tennessee Psychological Association.

Daniel may be reached at [mdaniel@tspn.org](mailto:mdaniel@tspn.org) or at (615) 312-3115.



## SPRC ISSUES REVISED GUIDE TO RISK AND PROTECTIVE FACTORS



The Suicide Prevention Resource Center has revised its primer on suicide risk and protective factors.

“Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide, 2011” offers an overview of major factors influencing suicide risk. It makes the point that suicide risk factors and suicide warning signs, often confused and lumped together, are separate and distinct phenomena: “Warning signs indicate an immediate risk of suicide, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk”, according to the primer. The primer covers the psychological and environmental factors that may increase or reduce suicide risk not just within individuals, but for entire communities.

The report also explains how community action and involvement in suicide prevention projects oriented towards risk reduction, such as depression screening by primary care physicians and suicide barriers on bridges, can reduce area suicide rates. It features recommendations for how community stakeholders can use what they know about risk and protective factors to develop community-wide suicide prevention projects.

The primer is available for free download on the SPRC website ([www.sprc.org/library/RandPPrimer.pdf](http://www.sprc.org/library/RandPPrimer.pdf)).

## COMMON PTSD MEDICATION FAILS IN CLINICAL TRIAL

*"Here we have the situation where one of the most commonly prescribed medications for the treatment of PTSD turns out not to be effective..."*

Risperidone, an antipsychotic medication commonly used to ease symptoms of post-traumatic stress disorder (PTSD), failed to outperform a placebo in a recent Yale University study.

All of the approximately 300 patients in the six-month controlled trial were veterans who suffered from PTSD for an extended period of time or who failed to get relief from antidepressants. The patients in the risperidone control group did not experience a significant reduction in symptoms relative to those getting a sugar pill. Also, the patients receiving the actual medication reported no real reduction in depression or anxiety—although they were more likely to experience side effects such as weight gain, sleepiness, and drowsiness.

Dr. John H. Krystal, lead author of the risperidone study, was taken aback by the results. "(H)ere we have the situation where one of the most commonly prescribed medications for the treatment of PTSD turns out not to be effective in reducing the overall severity of PTSD or improving other types of outcomes, such as quality of life," said Krystal, who chairs the psychiatry department at Yale University and is also director of the clinical neuroscience division of the Veterans Administration National Center for PTSD. He provided the above remarks in an August 2 MSNBC.com article on the study.

Risperidone, better known under its trade name Risperdal, is routinely prescribed to patients with bipolar disorder or schizophrenia, and it has been found to reduce irritability in people with autism disorders. Additionally, risperidone and other second-generation antipsychotics are often prescribed to people with PTSD diagnoses, including veterans.

The study authors acknowledge that risperidone might help patients with high levels of psychosis, who were not included in the Yale study. Even so, other experts hope the report demonstrates to the public that medication should not be the only component of a PTSD treatment regimen. "(M)edications aren't, by and large, as effective as psychotherapy and they come with a lot of side effects," said Dr. Steven Berkowitz, associate professor of clinical psychiatry at the University of Pennsylvania and director of the Penn Center on Child and Family Trauma Response and Recovery, in the MSNBC.com report.

## STUDY TRACES LINK BETWEEN SUICIDALITY, DOMESTIC VIOLENCE

A study out of Rutgers University indicates that adult women who experience intimate partner violence are at greater risk for suicidal behavior, a danger that increases as the violence worsens.

Researchers used data obtained from the Risk Assessment Validation Study, which reviews methods of predicting the likelihood of death or additional injury among women who have violently attacked by a spouse or other partner. Specifically, they reviewed case histories from 662 female survivors of domestic violence from a variety of racial and ethnic groups.

Overall, 23% of the women studied had attempted or threatened suicide, but some groups of women were more likely to do so than others. For example, the women in the study who were found to be at "high" or "extreme" danger of being killed by their domestic partner were more likely to threaten or attempt suicide. Additionally, women who had been sexually assaulted by their partners were at greater risk. Women who had chronic illnesses or disability or whose partners had a past history of suicide threats and/or attempts were also more likely to threaten or attempt suicide.

*"Overall, 23% of the women studied had attempted or threatened suicide, but some groups of women were more likely to do so than others."*

In regards to demographics, younger victims of intimate partner violence were at greater risk than their older counterparts. White women were more likely to threaten or attempt suicide than the Hispanic or African-American women studies.

The study authors theorize that women who experience intimate partner violence may use suicide threats or attempts to maintain some kind of control over their situation. They also suggest that the trauma associated with extreme violence can lead to suicidal tendencies. The authors of the study say their findings demonstrate the immediate need for crisis intervention and mental health services for female survivors of intimate partner violence, especially those with the additional risk factors previously mentioned.

The citation for this study is as follows: Cavanaugh, C.E., et al. (2011). *Suicide and Life Threatening Behavior* 41(4): 372-383.

# TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates in **bold** and in **insignia 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  
November 17 and December 15

## Memphis/Shelby County Region

monthly, 3rd Tuesday, 11:00 AM  
The Community Foundation of Greater Memphis, 1900 Union Avenue, Memphis, 38104  
November 15

## Mid-Cumberland Region

monthly, 2nd Thursday, 9:30 AM  
Goodwill Industries of Middle Tennessee, Inc., 937 Herman Street, Nashville, 37208  
November 10, December 8, January 12, February 9, March 8, April 12, May 10, June 14, July 12, August 9, September 13, October 11, and November 8

## Northeast Region

monthly, 4th Tuesday, 10:30 AM  
Boone's Creek Christian Church, 305 Boone's Creek Road, Gray, 37615  
November 22

## Rural West

monthly, 3rd Wednesday, 10:30 AM  
Behavioral Health Initiatives, 36C Sandstone Circle, Jackson, 38305  
November 16 and December 21

## South Central

monthly, 2nd Monday, 10:00 AM  
Conference Room A, South Central Regional Health Office, 1216 Trotwood Avenue, Columbia, 38401  
November 14 and December 12

## Southeast Region

monthly, 1st Thursday, 10:00 AM  
Volunteer Behavioral Health Care Services, 413 Spring Street, Chattanooga, 37405  
November 3, December 1, January 5, February 2, March 1, April 5, May 3, June 7, July 5, August 2, September 6, October 4, November 1, and December 6

## Upper Cumberland Region

monthly, 4th Thursday, 9:00 AM  
Volunteer Behavioral Health Care Systems, 1200 Willow Avenue, Cookeville, 38502  
November 22 and December 22

## 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)  
March 7, August 8, and November 7

## Advisory Council

February 8 (Metro Nashville Hermitage Precinct, 3701 James Kay Lane, Hermitage)  
June 6-7 (tentative dates for retreat at Montgomery Bell State Park, Burns)  
September 12 (tentative date for Suicide Prevention Awareness Day, location TBA)

## 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  
December 2, January 6, February 3, March 2, **April 13**, May 4, June 1, July 6, August 3, September 7, October 5, November 2, and December 7

## Davidson County Suicide Prevention Task Force

monthly, 4th Wednesday, 3:00 PM  
**November 30**

## Giles County Suicide Prevention Task Force

quarterly, 3rd Monday, 1:30 PM  
Giles County Career Center, 125 South Cedar Lane, Pulaski, 38478  
November 14

## 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  
October 28, **November 18**, and December 16



This billboard, located within the 800 block of Murfreesboro Pike in Nashville, is one of several erected on side streets throughout Nashville and Memphis. TSPN is working with area call centers to track calls generated by the billboards, and the Network is also tracking hits to the URL dedicated to the project ([tspn.org/hope](http://tspn.org/hope)). The billboards are one of several marketing projects funded by the Tennessee Lives Count (TLC) Project with funding from the Garrett Lee Smith Memorial Act (Photo courtesy of Scott Ridgway).

# 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@healthassistn.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

