

TSPN CALL TO ACTION

VOLUME 7, ISSUE 12
DECEMBER 2011

TENNESSEE SUICIDE PREVENTION NETWORK



TENNESSEE SUICIDE RATES CONTINUED DECLINE IN 2010; AAS RELEASES STATE RANKINGS

Tennessee's suicide rate dropped slightly in 2010 but still remains elevated compared to past years, according to the Tennessee Department of Health (TDOH). Meanwhile, Tennessee's record-high 2008 suicide rate placed it in the top 10 in the national rankings published by the American Association of Suicidology (AAS).

There were 932 recorded suicide deaths in 2010, down from 939 the previous year. The suicide rate dropped to 14.7 per 100,000 compared to the 2009 rate of 15.1 per 100,000. TSPN Executive Director Scott Ridgway is pleasantly surprised by the modest decline in the death rate. "Considering the effects of the lingering recession and that year's flood, the decrease is an unexpected and welcome development," he said.

Deaths among youth aged 10-19 were down from 44 to 38, with a suicide rate decrease of 17% (from 5.3 to 4.4). In regards to method, firearms accounted for 581, or 62%, of the suicide deaths in 2010. 19% of the deaths (176) were hangings or suffocations and 14% of the deaths (94) were poisonings, with drowning and falls accounting for 1% each (12 deaths each).

Whites account for 78% of the general population of Tennessee but 92% (859) of the suicide deaths. Males are also disproportionately represented, making up 49% of the population but 77% (718) of the suicide deaths recorded in 2010.

Suicide rates varied considerably by county in 2010. Trousdale County had the highest rate in Tennessee, at 63.5 per 100,000 (representing five recorded suicide deaths). In counties with small populations like Trousdale (estimated population 7,870 according to the U.S. Census Bureau), even a few suicide deaths may produce a very high suicide rate. Meanwhile, no suicides were recorded in Haywood, Lake, or Pickett Counties in 2010. Neither Haywood nor Pickett has had a suicide death since 2007. The graphs accompanying this article provide further details about suicide deaths in 2010 and trends over the past five years.

In other news, AAS has released its 2008 suicide rankings, in which Tennessee's suicide rate that year (15.7 per 100,000) tied it with Oklahoma for 9th place overall and the highest suicide rate in the South. Tennessee had been ranked 20th in 2007. It should be noted that 2008 saw a record high number of suicide deaths in Tennessee (965). If Tennessee's 2010 rate were incorporated into the 2008 figures, the state would rank 16th—possibly lower considering that Tennessee's rate has declined since 2008 and anecdotal reports suggests suicide deaths are up nationally.

Nationally, there were 36,035 suicide deaths in the U.S. in 2008, at a rate of 11.8 per 100,000. This comes out to 98.5 suicide deaths each day and one death every 14.6 minutes. Suicide is the 10th-leading cause of death in the United States and is responsible for 1.5% of all deaths recorded in 2008. Firearms were the leading mode of death, involved in 18,223 suicide deaths, or 51% of the total.

The complete set of national figures and state rankings is available via the AAS website (www.suicidology.org/web/guest/stats-and-tools/statistics).

County	Region	Number of deaths	Suicide rate
Trousdale	Mid-Cumberland	5	63.5
Houston	Mid-Cumberland	5	59.3
Hancock	Northeast	4	58.7
Henry	Rural West	14	43.3
Hamblen	East Tennessee	26	41.6
Stewart	Mid-Cumberland	5	37.5
DeKalb	Upper Cumberland	7	37.4
Polk	Southeast	6	35.7
Claiborne	East Tennessee	11	34.1
Meigs	Southeast	4	34

Above: Tennessee counties with the highest suicide rates in 2010, according to TDOH's Office of Health Statistics.

Below: Tennessee counties with the highest five-year (2006-10) average suicide rates as derived from TDOH statistics.

County	Region	Average
Jackson	Upper Cumberland	35.42
Hancock	Northeast	35.34
Benton	Rural West	33.8
Henry	Rural West	33.64
DeKalb	Upper Cumberland	28.88
Stewart	Mid-Cumberland	26.88
Grundy	Southeast	26.36
Perry	South Central	25.8
Van Buren	Upper Cumberland	25.18
Claiborne	East Tennessee	25.16

INSIDE THIS ISSUE:

Holiday Suicide Myth	2
Tennessee YRBS	3
New TLC Project Trainer	3
International Survivors of Suicide Day	4
"Making the Connection"	4
TSPN Regional Calendar	5
Advisory Council Contact Information	6

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

WIDESPREAD HOLIDAY SUICIDE MYTH OBSCURES REAL CAUSES OF SUICIDE AND DEPRESSION

Mental health experts continue to battle the widespread myth that suicides are more common during the holiday season, a belief that distorts and oversimplifies the root causes of suicide.

According to the National Center for Health Statistics within the Centers for Disease Control and Prevention (CDC), the month of December typically posts the lowest suicide rate compared to the other months. More suicides tend to occur in the spring and fall months. More importantly, suicide can occur during any time of the year, a point typically overlooked in media reports on the alleged holiday suicide phenomenon.

However, the myth persists despite the best efforts of mental health experts. A 2010 analysis by the Annenberg Public Policy Center (APPC) found that 38% of news articles published over the previous three-month "holiday period" (November through January 2009) referencing both suicide and the holiday season repeated the false notion that suicides increase during this time of year.

Part of the myth's staying power may lie in the genuine stress and anxiety that plagues some people during the holidays. This is especially true for people who have recently lost a loved one and are facing holidays and other special observances without them. The recent recession and its aftermath may place an additional burden on some people and families. Finally, people who suffer from seasonal affective disorder experience worsening symptoms as the days grow shorter.

Experts argue that repeating this myth could do more harm than good. It may make people with suicidal tendencies and their loved ones unnecessarily nervous. Furthermore, people who are considering suicide may assume that they may as well go through with an attempt. "You don't want to convey the message that this is acceptable or that there's a good reason to do it," explains Dan Romer, the APPC researcher who compiled the holiday suicide myth study, explained in a November 29, 2009 article on the phenomenon.

Finally, the myth obscures the fact that many people suffer from chronic depression or mental illness, conditions far more likely to lead to suicide than passing "blue" periods.

As a service to its readers, TSPN would like to provide suggestions for helping yourself and your loved ones deal with holiday stress and holiday blues (see inset).

We wish you all the best during this holiday season and thank you for all your support during one of TSPN's 10th anniversary year. We look forward to seeing and working with you during the year to come.

Tips for Dealing with Holiday Blues

- Establish realistic goals and expectations. Do not assume the season will fix all your past problems.
- Don't feel obliged to feel festive, especially when you don't. Your feelings are valid, and you should not feel obligated to "cheer up".
- If you have recently experienced a tragedy, death, or romantic break-up, feel free to tell people about your loss and what you need from them.
- Express your feelings honestly and openly. If you need to confront someone, begin your sentences with "I feel..." rather than "You are..."
- Know your budget and stick to it. Enjoy holiday activities that are free, such as driving around to look at holiday decorations or window shopping.
- Limit your alcohol intake, especially if you suffer from depression or angry moods.

If someone you know is experiencing holiday blues:

- Try to involve that person in holiday activities, but don't force them.
- Be a good listener. If people feel depressed, hopeless, or worthless, or express suicidal thoughts, be supportive. Let them know you are there for them and are willing to connect them with the help they need. . Never issue challenges or dares.
- Familiarize yourself with resources such as local mental health centers, counseling centers, and hotlines.
- If the depressed person is chronically ill, make it clear that you realize that the holidays do not cure the illness.
- Holidays can be difficult for people, especially when reality doesn't measure up to their expectations. Help them understand what is realistic and what is not.

If you believe that you or someone you know is experiencing seasonal affective disorder or from depression, anxiety, or fatigue not connected to the holidays, contact your primary care physician for an appointment.

YRBS SHOWS MIXED TRENDS IN STUDENT DEPRESSION, SUICIDALITY

The latest Youth Risk Behavior Survey (YRBS) released by the Tennessee Department of Education (TDOE) suggests rising numbers of high school students who have considered suicide. Fortunately, this has not translated into higher numbers of suicide plans and attempts.

TDOE conducts the Youth Risk Behavior Survey (YRBS) during each odd-numbered year. The data is weighted and the results can be generalized to all students in Tennessee public schools in grades 9-12. The results are incorporated into the national YRBS published by the Centers for Disease Control and Prevention (CDC). Tennessee has participated in the YRBS since the first study in 1991. Approximately 2,200 students participated in this year's survey.

Compared to 2009, fewer students reported experiencing a period of sadness or hopelessness for two weeks or more severe enough to pull them away from their usual activities during a twelve-month period. However, more students also considered suicide during that period. In spite of this, the number who went so far as to make a suicide plan or who actually attempted suicide decreased.

Not all students are affected equally by depression and suicidal tendencies. Hispanic youth were far more likely than their peers to suffer from the aforementioned down periods (43.7% versus 26.4% for white students and 22.0% for black youth), consider suicide (17.8% versus 15.4% white and 11.6% black), plan a suicide attempt (12.5% versus 11.9% white and 8.4% black), and require medical attention for a suicide attempt (6.9% versus 2% white and 1% black). Females of all races were more likely to consider and plan suicide attempts, but males were more likely to attempt it.

This year's YRBS was the first to include questions on cyberbullying. 13.9% of students surveyed reported being a victim of cyberbullying over the past twelve months. The phenomenon was more common among younger teens and those in lower grades. Girls were twice as likely to be harassed than boys (19.6% versus 8.5%).

Tennessee YRBS data going back to 1999 is maintained on the TDOE website (www.state.tn.us/education/yrebs). For more information about the YRBS, contact Mark Bloodworth at (615) 532-9450 or mark.bloodworth@tn.gov.

Students who reported...	2009	2011
Feeling sad or hopeless	27.6%	25.9%
Considering suicide	13.6%	14.7%
Making a suicide plan	11.7%	11.1%
Making a suicide attempt	7.1%	6.2%
Requiring medical attention for injuries resulting from a suicide attempt	2.2%	2.2%

Responses to questions on the Tennessee YRBS survey regarding suicide and depression from 2009 and 2011. (Source: Tennessee Department of Education).

TLC WELCOMES NEW PROJECT TRAINER

The Tennessee Lives Count (TLC) Project proudly announces the selection of Stephanie Chadwell, MS, as its new Project Trainer, who will assist TLC with objectives related to its third grant cycle.

Chadwell will lead suicide prevention training workshops for schools, churches, and hospitals across the state, with a focus on emergency department education and LGBT youth suicide risk. She will help develop TLC's postvention education training program for middle and high schools, which will include a training component for school administrators and staff on how to respond after a suicide death and follow-up consultations for affected schools. Additionally, Chadwell will guide fifty tenured college faculty and long-term staff of colleges through the QPR instructor certification process so that they can lead training sessions for their campus communities.



A Nashville native, Chadwell formerly served as a therapist and case manager at Centerstone, where she provided counseling and case management to students within Metro Nashville Public Schools. She also worked for three years at Oasis Center Emergency Shelter in Nashville, a nationally recognized community center for youth experiencing homelessness and/or substance abuse. She started as a social work intern and ultimately became a clinical therapist, providing counseling services and crisis resources to teens and their families. Chadwell also completed internships at Youth Encouragement Services, Lakeshore Wedgewood, and the Imagine College/Gear Up program within W. A. Bass Middle School.

Chadwell holds a Bachelors of Science in Social Work from Lipscomb University, a Masters of Science in Social Work from UT-Nashville, and membership within the Phi Alpha Honor Society. She is also certified in the ACRA program and the GAIN assessment, leads weekly adult ESL courses at Grandview Church of Christ, and volunteers with youth groups at Granny White Church of Christ.

TLC is a statewide project designed to reduce suicides and suicide attempts for youth (ages 10-24). TLC plans to build on the successes of its first two grant cycles through continued gatekeeper training projects, while adding components related to youth access to mental health and crisis services and the implementation of postvention plans in primary and secondary schools. TLC operates as a program of the Mental Health Association of Middle Tennessee (MHAMT), funded by the Tennessee Department of Mental Health (TDMH) via a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of the Garrett Lee Smith Memorial Act of 2004. More information about TLC is available on the TSPN website at www.tspn.org/tlc.



INTERNATIONAL SURVIVORS OF SUICIDE DAY OBSERVED NOVEMBER 19

Survivors of suicide in Tennessee and across the globe participated in viewing sessions for this year's International Survivors of Suicide Day broadcast, held on November 19.

Each year on the Saturday before Thanksgiving, the American Foundation for Suicide Prevention (AFSP) hosts a panel discussion featuring experienced survivors and mental health professionals. The 90-minute program is broadcast via satellite to independently organized local conference sites.

An Internet simulcast of the program aired on the AFSP website (www.afsp.org) with a live online chat immediately following. The program will be available for free online viewing until November of next year.

Events were hosted in 49 states, Washington, D.C., and the U.S. Virgin Islands. Internationally, Guatemala, Malta, and Nepal joined the list of countries hosting screening events this year. Other countries and territories participating were Australia, Canada, Chile, Colombia, Costa Rica, the Czech Republic, Ghana, Hong Kong, India, Italy, Japan, Kenya, Namibia, South Africa, and the United Kingdom.

Within Tennessee, events were held at the Memorial Hospital in Chattanooga, the Vineyard Church of Franklin, and the Germantown Church of Christ. The Network would like to thank Hylda Bevans, Heather Emens, and Tonia Howell respectively for facilitating the events.



VA HELPING VETS "MAKE THE CONNECTION"



The U.S. Department of Veterans Affairs has launched a nationwide public awareness campaign to encourage veterans and their families to make use of available mental health resources.

The "Make the Connection" project is centered on a website (www.maketheconnection.net) that features a large collection of video testimonials by veterans who struggled with and ultimately overcame mental health issues. All branches of the armed forces, including members or regular and reserve/National Guard units, are represented in the project. The veterans featured talk about their lives in the military, the psychological issues that affected them, how they got help, and their journey towards recovery. Users can view all the videos and resources available on the site, or filter the content according to their military background and combat experience.

"This is an example of a 'contact' approach to reducing stigma that was developed after extensive audience research," explains David A. Litts, OD, Director of Science and Policy for the Suicide Prevention Resource Center, in a November 14 posting to the American Psychological Association's suicidology mailing list. "The campaign seeks to make it easy for veterans to 'make the connection' between what they are experiencing and the kinds of resources and services that can help them get on a better track. It does this by providing information, but much more importantly, it allows Veterans to 'contact' others who have made 'the Connection', sought services/treatment, and found an improved quality of life."

While the website's main thrust is the video testimonials and personalized resources, Making the Connection also offers information about signs and symptoms of physical conditions, mood disorders, and compulsions common to combat veterans. The National Suicide Prevention Lifeline (1-800-273-TALK) is one of numerous resources and hotlines available to site visitors.

TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates in **bold** and in **electric ultramarine** 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
January 19, February 16, March 15, April 19, May 17, June 21, July 19, August 16,
September 20, October 18, and November 15

Memphis/Shelby County Region

monthly, 3rd Tuesday, 11:00 AM
The Community Foundation of Greater Memphis, 1900 Union Avenue, Memphis, 38104
January 17, February 21, March 20, April 17, May 15, June 19, July 17, August 21, September 18, October 16, and November 20

Mid-Cumberland Region

monthly, 2nd Thursday, 9:30 AM
Goodwill Industries of Middle Tennessee, Inc., 937 Herman Street, Nashville, 37208
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
January 24, February 28, March 27, April 24, May 22, June 26, July 24, August 28, September 25, October 23, and November 27

Rural West

monthly, 3rd Wednesday, 10:30 AM
Behavioral Health Initiatives, 36C Sandstone Circle, Jackson, 38305
January 18, February 15, March 21, April 18, May 16, June 20, July 18, August 15, September 19, October 17, and **November 14**

South Central

monthly, 2nd Monday, 10:00 AM
Conference Room A, South Central Regional Health Office, 1216 Trotwood Avenue,
Columbia, 38401
December 12, January 9, February 13, March 12, April 9, May 14, June 11, July 9, August 13, September 10, **October 15**, **November 5**, and December 10

Southeast Region

monthly, 1st Thursday, 10:00 AM
Johnson Mental Health Center, 420 Bell Avenue Chattanooga, 37405
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
Shoney's, 800 Jefferson Avenue, Cookeville, 38501-December 22
Volunteer Behavioral Health Care Systems, 1200 Willow Avenue, Cookeville, 38502
January 26, February 23, March 25, April 26, May 24, June 28, July 26, August 23, September 27, October 25, and **November 15**

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
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
January 25, February 22, March 28, April 25, May 23, June 27, July 25, August 22, September 26, October 24, and November 28

Giles County Suicide Prevention Task Force

quarterly, 3rd Monday, 1:30 PM
Giles County Career Center, 125 South Cedar Lane, Pulaski, 38478
March 16, June 15, September 21, and December 21

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
December 16, January 27, February 24, March 23, April 27, May 25, June 22, July 27, August 24, September 28, October 26, and **November 16**



Last month West Middle School in Tullahoma accepted a suicide prevention banner to display at school sporting events. Pictured displaying the banner are (left to right): WMS teacher Nicki Warren, WMS principal Dr. Greg Carter, TLC Project Coordinator Michele Daniel, and WMS teacher Brittany Cleveland.

Banners like this one are being provided to schools and colleges across the state. If you know of a school that might be interested in the project, contact the TSPN/TLC central office at (615) 297-1077 or tlc@tspn.org.

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

