

# TSPN CALL TO ACTION

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## TENNESSEE SUICIDE PREVENTION NETWORK



### TSPN TO RESPOND TO REVISED NATIONAL STRATEGY FOR SUICIDE PREVENTION

Plans are underway for a revision of the Tennessee Strategy for Suicide Prevention in correspondence with the release of the revised National Strategy for Suicide Prevention (NSSP) last month.



Speakers at the National Strategy for Suicide Prevention press release on September 10, from left to right: Secretary of the Army John McHugh; Gordon Smith, President/CEO of the National Association of Broadcasters; U.S. Secretary of Health and Human Services Kathleen Sebelius; Pamela Hyde, Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA); U.S. Deputy Secretary of Veterans Affairs Scott Gould; U.S. Surgeon General Regina Benjamin; Marne Levine, Vice President of Global Public Policy for Facebook, Inc.; and Heyward Donigan, CEO of ValueOptions® (photo courtesy NAASP).

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The Tennessee Strategy for Suicide Prevention is the guiding document for TSPN projects and activities. It builds upon the nationwide goals and objectives set forth by the NSSP, issued by the Office of the U.S. Surgeon General in 2001.

The National Action Alliance for Suicide Prevention (NAASP) announced the publication of the revised document at a press conference held on September 10 at the Press Club in Washington, D.C.. The date was chosen to coincide with the United Nations' observance of World Suicide Prevention Day. (TSPN Executive Director Scott Ridgway was a member of the NAASP task force charged with developing the revised National Strategy.)

The press conference included remarks from the NAASP Co-Chairs—U.S. Secretary of the Army John McHugh, and Gordon H. Smith, former U.S. Senator and current President/CEO of the National Association of Broadcasters. (While in Congress, Smith created the Garrett Lee Smith Memorial Act of 2004 in memory of his late son; the act provides funding for youth suicide prevention projects across the country, including the Tennessee Lives Count Project.) Other speakers included U.S. Secretary of Health and Human Services Secretary Kathleen Sebelius, U.S. Surgeon General Regina Benjamin. A video of the press conference is available on the C-SPAN website (<http://www.c-spanvideo.org/program/ActionAI>).

The new NSSP features 13 goals and 60 objectives, focused on the goals of:

- fostering a positive public dialogue that counters mental health and suicide stigma, building public support for suicide prevention;
- addressing the needs of vulnerable groups and their unique cultural and situational contexts, eliminating any disparities in care and treatment;
- coordinating with existing health and behavioral health to ensure continuity of care;
- promoting changes in systems, policies, and environments that support and facilitate the prevention of suicide and related problems;
- uniting the public health and behavioral health spheres;
- promoting efforts to reduce access to lethal means among individuals with identified suicide risks;
- and developing and applying the most current knowledge base for suicide prevention.

While this is the first major revision of the national document, TSPN's Advisory Council has revised its Tennessee counterpart three times since its debut in 2002 to reflect shifts in regional priorities. At the Advisory Council meeting held September 12 in Nashville—immediately after the Suicide Prevention Awareness Day event—Council members formed a committee to examine the NSSP, compare it with the current Tennessee Strategy for Suicide Prevention, and determine what changes are necessary to bring the state document in line with the NSSP.

The Tennessee Strategy for Suicide Prevention Committee aims to present a working revision of the document at the next Advisory Council meeting on February 13, 2013. The committee is planning several conference calls and/or meet-ups to discuss various aspects of the document.

The full text of the revised National Strategy for Suicide Prevention is available on the NAASP website ([www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full\\_report-rev.pdf](http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf)). The current Tennessee Strategy for Suicide Prevention is on the TSPN website (<http://tspn.org/strategies-for-suicide-prevention>).

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## SUICIDE PREVENTION SYMPOSIUM PLANNED FOR MAY 9, 2013



Chamique Holdsclaw is slated to speak during the luncheon segment of next year's Suicide Prevention Symposium (photo courtesy of chamique-holdsclaw.com).

TSPN is making plans for its Suicide Prevention Symposium, scheduled for 8:30 AM - 3:15 PM on Thursday, May 9, 2013, at Trevecca Community Church, located at 335 Murfreesboro Pike in Nashville.

This year's theme is "Your Role in Suicide Prevention" and is intended to celebrate the release of the revised National Strategy for Suicide Prevention (see page 1). Chamique Holdsclaw, six-time WNBA All-Star and published author, has been confirmed as the keynote speaker for this event. Jerry Reed, Ph.D., Executive Director of the Suicide Prevention Resource Center, and U.S. Surgeon General Regina Benjamin have also been invited; Dr. Reed and the Surgeon General co-facilitated the recent revision of the National Strategy.

Anticipated breakout sessions during the event include suicide and substance abuse, suicide among older adults and within the LGBT population, and response to suicide crises within schools and universities.

Anyone who would like to lead a segment during the symposium may fill out and submit the application form, available on the TSPN homepage ([www.tspn.org](http://www.tspn.org)). We are also seeking sponsors for this event; more information is available on the sponsor application, also available on the homepage.

Registration for this event will be available online via Eventbrite within the month. Your \$45 registration fee for this event will include admission to all breakout sessions, a continental breakfast, a catered luncheon, and five contact hours for interested participants. We are also working with UT-Martin to arranged CEUs for interested participants.

Any questions about the symposium or mission of the Network may be addressed to [tspn@tspn.org](mailto:tspn@tspn.org) or (615) 297-1077. We look forward to seeing you in Nashville in May.

## INTERNATIONAL SURVIVORS OF SUICIDE DAY NOVEMBER 17

Survivors of suicide in Tennessee and across the globe will participate in viewing sessions for this year's 14<sup>th</sup> Annual International Survivors of Suicide Day broadcast, to be held on November 17.

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 will air on the AFSP website ([www.afsp.org](http://www.afsp.org)) with a live online chat immediately following. The program will be available for free online viewing until November of next year.

Currently events are scheduled in 44 states and Washington, D.C.. Internationally, events are planned in Australia, Canada, Costa Rica, Ghana, Guatemala, Hong Kong, India, Italy, and Taiwan.

Within Tennessee, events are scheduled at the following venues:

- Germantown Church of Christ, located at 8723 Poplar Pike in Germantown. For more information, contact Tonia Howell at [t.howell4afspmemphis@yahoo.com](mailto:t.howell4afspmemphis@yahoo.com).
- The D.P. Culp University Center on the campus of East Tennessee State University, located at 807 University Parkway in Johnson City. For more information, contact Dana M. Cea at [dana.m.cea@gmail.com](mailto:dana.m.cea@gmail.com). Information is also available on the Facebook page of the Tri-Cities Survivors of Suicide support group ([www.facebook.com/SOStricities](http://www.facebook.com/SOStricities)).

To organize a screening session in your community, refer to the AFSP's step-by-step online guide at [www.afsp.org/survivorconference](http://www.afsp.org/survivorconference).



Promotional graphic for this year's event, courtesy of the AFSP website.

## CLARKSVILLE CLERGY UNITE TO SUPPORT FORT CAMPBELL

A symposium on pastoral response to soldiers and military families in crisis is planned for November 17 at First Baptist Church, located at 435 Madison Street in Clarksville.

The event is sponsored by First Baptist Church and SAFE (Soldiers and Families Embraced), a Clarksville-based non-profit that offers counseling services for former and current military personnel and their families. Chaplains at Fort Campbell and clergy from off-base houses of worship are participating in and promoting the event.

The conference was occasioned by a recent series in Clarksville's *Leaf-Chronicle* newspaper describing the experiences of Sgt. Justin Junkin, who was based at Fort Campbell and died by suicide last September. The series, which ran in the paper between October 6-9, was followed up by a staff editorial on October 13 which raised the question of what the people of Clarksville could do to help soldiers with PTSD and war-related trauma. This coverage led to a meeting between on-post and off-post clergy in the Fort Campbell area on October 17, where participants began planning the proposed symposium.

The purpose of the symposium will be to establish communication and alliances between Fort Campbell chaplains and faith leaders within the Clarksville area, in order to provide a unified faith-based support system for soldiers and families at the base. "We have enough housing on post for maybe a third of the soldiers, and so most of our soldiers live off-post. Many, and maybe most, attend local churches. Those churches are ministering to those soldiers and families. My hope is that (the chaplains) can help the community understand the needs of those soldiers," explained Col. Jeff Houston, garrison chaplain at Fort Campbell, in an October 17 *Leaf-Chronicle* report on the event.



Local clergy gathered at the Wesley Center in Clarksville on October 17 to discuss involvement of local clergy in supporting soldiers at Fort Campbell. Pictured from left to right: Bill Graham of First Baptist Church; Pastor Willie Freeman of Greater Missionary Baptist Church; and Jodi McCullah, founder of the Lazarus Project (which recently merged with SAFE) (photo by Philip Grey and courtesy of the *Leaf-Chronicle*).

Additional information about the symposium is available from SAFE at [info@thesafenetwork.org](mailto:info@thesafenetwork.org) or (931) 591-3241.

## SUICIDE NOW U.S.'S LEADING CAUSE OF INJURY DEATH

A recent study published on the website of the *American Journal of Public Health* found that suicide is now the U.S.'s leading cause of injury death. While this is mostly the result of a steep decline in the number of automobile accidents—the previous leading cause—suicide rates have increased over the last decade.

"Death rates for unintentional traffic accidents went down by 25%... Meanwhile, the death rate for suicide went up by 15%..."

Researchers from nine universities in the United States and Austria reviewed injury death data from the Centers for Disease Control and Prevention for the years 2000 through 2009. They found that death rates for unintentional traffic accidents went down by 25% over that period due to far-reaching advances in traffic safety—improvements in road and vehicle design, passenger and pedestrian education, laws and regulations addressing traffic safety, and improved emergency response and trauma care. Meanwhile, the death rate for suicide went up by 15% during those years, causing suicide to overtake automobile accidents as the leading cause of injury death. (See the graphic on page 5 for an illustration of this trend.)

Furthermore, researchers pointed out that rates of unintentional poisoning—mostly involving prescription drugs—increased by 128% between 2000 and 2009, and that many of these poisoning deaths could actually be intentional. The true number of suicides during this timeframe may have been undercounted by as much as 20%. Study authors observed that determination of suicidal intent in injury death is complicated by several factors: a decline in clinical and forensic autopsies, underuse of psychological autopsies, and insufficient resources for death investigations at the local level.

The report concludes recognizes suicide as a "global public health problem", noting that the outpacing of traffic accidents by suicide as a cause of injury death in the U.S. has also occurred in Canada, the European Union, and the People's Republic of China. The researcher's findings led them to endorse a renewed focus on suicide prevention efforts as demonstrated by the revision of the National Strategy for Suicide Prevention (see page 1).

The paper is available online at the following URL: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2012.300960>. The citation is as follows: Rockett, I. R. H., et al. (2012). Leading causes of unintentional and intentional injury mortality: United States, 2000–2009. *American Journal of Public Health* 102(11): e84-e92.

## SPRC UPDATES FACT SHEETS FOR HIGH SCHOOL STAFF

The Suicide Prevention Resource Center (SPRC) has updated its customized information sheets for high school teachers and school mental health providers.

*The Role of High School Teachers in Preventing Suicide* and *The Role of High School Mental Health Providers in Preventing Suicide* are part of a set of customized fact sheets that feature resources and recommendations for school faculty dealing with high-risk students. The fact sheets also include common warning signs and sample scenarios involving suicidal youth. Finally, the fact sheets offer suggestions for engaging school staff in suicide prevention awareness and education projects.



Fact sheets are also available for a variety of gatekeeper roles, including clergy, corrections and law enforcement personnel, foster parents, employers, and survivors of suicide, . The full set is available in PDF format on the SPRC website ([www.sprc.org/basics/roles-suicide-prevention](http://www.sprc.org/basics/roles-suicide-prevention)) for free download. Users are allowed to reproduce and distribute the fact sheets, so long as SPRC's copyright information and website address are included.

Text from one of the sample scenarios provided in the fact sheet for high school teachers:

*Ms. Gomez, a high school social studies teacher, was concerned about her student Tia because she knew she had problems at home. One day she heard her telling a friend that she was totally depressed from being dumped by her boyfriend, had given up trying to pass math, and thought her friend who had taken his life recently had the right idea.*

*Ms. Gomez asked Tia if she would be willing to talk with her about what was going on, and she agreed. When they met, she talked with Tia about how she was feeling. Then she asked if she would go to see a school counselor right away, and Tia reluctantly agreed. Ms. Gomez walked with her to the counseling center, and Tia talked with a counselor. Later that day, Ms. Gomez met with the counselor to provide critical background information about Tia that could be used in assessing her degree of risk.*

## NIMH: SUICIDAL TEENS NOT GETTING NEEDED MENTAL HEALTH CARE



### National Institute of Mental Health

A study by the National Institutes of Mental Health (NIMH) finds that most suicidal teenagers do not receive recommended levels of mental health care. The study delves into the connections between suicidal behavior and other mental health issues, and it reiterates the need for suicide risk assessment during regularly scheduled physical and mental health check-ups.

NIMH researchers reviewed data from the National Comorbidity Survey-Adolescent Supplement (NCS-A), a survey of over 10,000 youth between the ages of 13 and 18. Specifically, they examined the part of the survey that asks participants if they had any suicidal thoughts or attempted suicide in the 12 months prior to the study. These responses were combined with the parts of the survey that asked not only about depression—the mental illness most commonly associated with suicide—but other mood disorders, as well as assorted anxiety, eating, substance abuse, and behavior disorders. Participants were also asked about their treatment for those disorders if applicable.

The study showed strong correlations between suicidal ideation and the aforementioned disorders—in other words, teens with mental health conditions other than depression were likely to have suicidal thoughts or attempt suicide. But while upwards of half of the youth at suicide risk had recently seen a therapist, social worker, or other mental health professional, most of them only saw this professional three times or less during the prior year.

Furthermore, the researchers determined that 67.3% of the participants with suicidal ideation never received the specialized mental health care necessary for legitimate management of their suicidal impulses or other mental health needs. These participants were either cared for by a general service provider, such as a family doctor, or received no care whatsoever. NCS-A participants who reported making a suicide plan or actually attempting suicide were more likely to see a mental health professional, but roughly half of these—54.5% with suicide plans and 56.9% who made suicide attempts—never did.

The report was published on the website of *Psychiatric Services*, a journal of the American Psychiatric Association (APA) in August. The citation for this study is Husky, M. et al. (2012). Twelve-month suicidal symptoms and use of services among adolescents: results from the National Comorbidity Survey. *Psychiatric Services*: doi: 10.1176/appi.ps.201200058.

# TSPN REGIONAL CALENDAR

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

## Memphis/Shelby County Region

monthly, 3rd Tuesday, 11:30 AM  
The Community Foundation of Greater Memphis, 1900 Union Avenue, Memphis, 38104  
November 20, January 15, February 19, March 19, April 16, May 21, June 18, July 16, August 20, September 17, October 15, and November 19

## Mid-Cumberland Region

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

## Northeast Region

monthly, 4th Tuesday, 10:30 AM  
Boone's Creek Christian Church, 305 Christian Church Road, Gray, 37615  
November 27, January 22, February 26, March 26, April 23, May 28, June 25, July 23, August 27, September 24, October 22, and November 26

## Rural West

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

## South Central

monthly, 2nd Monday, 11:00 AM  
Conference Room A, South Central Regional Health Office, 1216 Trotwood Avenue, Columbia, 38401  
**November 5**, January 14, February 11, March 11, April 8, May 13, June 10, July 8, August 12, September 9, October 14, and **November 18**

## Southeast Region

monthly, 1st Thursday, 10:00 AM  
Johnson Mental Health Center, 420 Bell Avenue, Chattanooga, 37405  
November 1, December 6, January 3, February 7, March 7, April 4, May 2, June 6, **July 11**, August 1, September 5, October 3, November 7, and December 5

## Upper Cumberland Region

monthly, 4th Thursday, 9:00 AM  
Volunteer Behavioral Health Care Systems, 1200 Willow Avenue, Cookeville, 38502  
**November 15**, January 24, February 28, March 28, April 25, May 23, June 27, July 25, August 22, September 26, and October 24, November 21

## Intra-State Department Meetings

Third Floor Conference Room, Tennessee Department of Mental Health, Cordell Hull Building, 425 Fifth Avenue North, Nashville, 37243 (3:00 PM)  
November 7

## Advisory Council

February 13, 2012 (Community Room, Metro Nashville Police Department Hermitage Precinct, 3701 James Kay Lane, Hermitage) (tentative)

## 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  
November 2 and December 7

## Davidson County Suicide Prevention Task Force

monthly, 4th Wednesday, 3:00 PM  
Metro Public Health Department, 201 23rd Avenue North, Nashville, 37203  
November 28

## Giles County Suicide Prevention Task Force

quarterly, 3rd Monday, 1:30 PM  
Giles County Career Center, 125 South Cedar Lane, Pulaski, 38478  
December 17, March 20, June 19, September 18, and December 18

## Hickman-Perry County Suicide Prevention Task Force

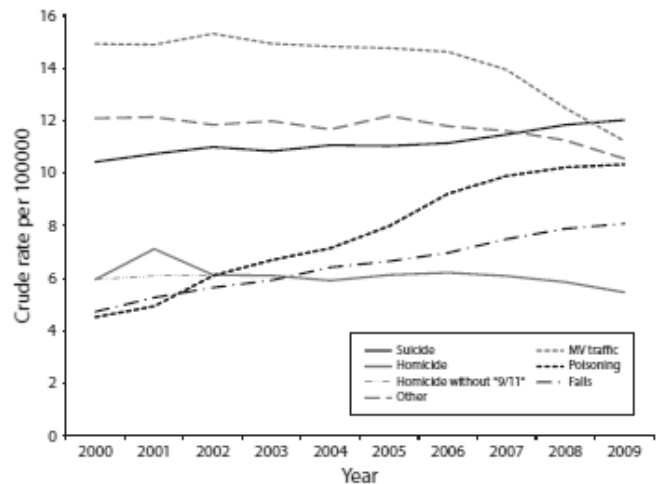
monthly, 4th Friday, 1:30 PM  
Senior Care Building, Hickman Community Hospital, 135 East Swan Street, Centerville, 37033  
**November 16**

## Montgomery-Houston-Humphreys-Stewart Suicide Prevention Task Force

monthly, 1st Tuesday, 9 AM  
Behavioral HealthCare Center at Clarksville, 930 Professional Park Drive, Clarksville, 37040  
November 6, December 4, **January 8**, February 5, March 5, April 2, May 7, June 4, July 2, August 6, September 3, October 1, November 5, and December 3

## Rutherford County Suicide Prevention Coalition

monthly, 1st Tuesday, 6 PM  
ITNOLAP Pallet & Crating, 651 Middle Tennessee Road, Murfreesboro, 37129  
November 6 and December 4



Note: MV = motor vehicle.

**FIGURE 2—Rates for leading causes of total unintentional and intentional injury mortality, United States, 2000-2009.**

This figure from the recent *American Journal of Public Health* injury mortality study (see page 3) shows how the marked decline in deaths from automobile accidents decrease between 2000 and 2009. During that same time period, the suicide rate increased, causing it to surpass the death rate for car accidents. Researchers believe that many of the accidental poisoning deaths recorded might have actually been intentional, so the U.S.'s actual suicide rate could actually be much higher (Figure courtesy of the *American Journal of Public Health*).



TSPN Upper Cumberland Chair Jodi Bartlett operates an exhibit on behalf of TSPN at the annual Caregiver Expo, held October 25 at the Hyder Burks Pavilion in Cookeville (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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[anneyoung@cornerstoneofrecovery.com](mailto:anneyoung@cornerstoneofrecovery.com)

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