

TSPN CALL TO ACTION

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TENNESSEE SUICIDE PREVENTION NETWORK



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 news report 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 page 2).

We wish you all the best during this holiday season and thank you for all your support during the past year. We look forward to seeing and working with you during the year to come.

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Donating to TSPN

While you have many options for donating to charity this holiday season, we would appreciate it if you considered a gift to TSPN.

TSPN is under the administrative oversight of the Mental Health Association of Middle Tennessee (MHAMT), a 501(c)3 non-profit registered with the Tennessee Department of Revenue.

Donations received by TSPN through MHAMT are used to:

- subsidize the printing of TSPN resource directories and other publications to be distributed at suicide prevention training sessions, health fairs, school assemblies, civic group presentations, and other venues.
- support the continued operation of 13 regional support groups for survivors of suicide and survivors of suicide attempts.
- finance the recruitment and training of new suicide prevention instructors who will spread the message of suicide prevention across Tennessee.

Your support can help us bring suicide prevention and mental health awareness to communities across Tennessee, possibly saving lives. We can arrange for you or someone you designate to receive notice of the donation and the person it honors or memorializes.

Full information about donating to TSPN is available on our website: <http://tspn.org/donate-to-tspn>.



DEALING WITH THE HOLIDAY BLUES

TSPN would like to offer the following tips for dealing with the stress and “blue” periods during the holidays:

- 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 feeling down or upset this holiday season:

- 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.

“PLEDGE TO PREVENT SUICIDE” PROJECT RUNS THROUGH YEAR'S END

TSPN's “Pledge to Prevent Suicide” project has roughly 2,000 signatures and will be active through the end of this calendar year.

The pledge, hosted at Change.org (www.change.org/petitions/pledge-to-prevent-suicide-in-tennessee), is an opportunity for TSPN members and others to express their commitment to suicide prevention through educating themselves and others, and to their intent to share those ideals with family, friends, legislators, and community.

It articulates the idea that awareness, education, and understanding about suicide and mental illness is the key to prevention, starting with knowledge about suicide warning signs and community mental health resources. People taking the pledge also promise to keep the National Suicide Prevention Lifeline (1-800-273-TALK) on hand for easy access, to review opportunities for getting involved via the TSPN website (www.tspn.org), and to talk about suicide prevention and mental health with family, friends, colleagues, and public officials.

Within the first 24 hours of the pledge's announcement on TSPN's Facebook page in July, 106 people signed the petition, and there were approximately 900 signatures to the pledge by the end of the month. “We are very impressed with the response to this campaign by the general public, but we are not completely surprised,” explains Scott Ridgway, MS, TSPN's Executive Director. “We know that people are interested in mental health and suicide prevention, even if they aren't always confident about voicing those priorities or what to do about them. This petition gives them that chance.”

TSPN plans to present the signatures to the Tennessee General Assembly when it reconvenes in January as a testament to public support for suicide prevention and mental health policy.

The Pledge to Prevent Suicide was intended as an advance promotion for the many events planned across the state in August and September in association with Suicide Prevention Awareness Month. Full details about TSPN activities during this observance are available in the October edition of the *TSPN Call to Action*, available in the newsletter's online archive (<http://tspn.org/newsletter>).



MTSU ATO AND TWLOHA HOST “TRUE BLUE CANDLELIGHT VIGIL”

The Alpha Tau Omega (ATO) chapter at Middle Tennessee State University joined forces with the campus chapter of To Write Love on Her Arms (TWLOHA) to stage the second annual True Blue Candlelight Vigil, a suicide prevention memorial and awareness event held November 7 on the MTSU campus.



This photo from the “True Blue Candlelight Vigil” accompanied a November 8 *Daily News–Journal* article on the event (photo by John A. Gillis of the *News–Journal*).

Suicide prevention has been a major focus of MTSU’s ATO chapter ever since the death of fraternity member Brandon Johnson in 2009. His mother, Cindy Johnson, has since become a local suicide prevention activist and currently heads up TSPN’s Montgomery-Houston-Humphreys-Stewart County Task Force based in Clarksville. A banner signed by event participants will be presented to Ms. Johnson in Brandon’s memory and as a gesture of campus support for suicide prevention.

Donations were accepted for both TSPN the MTSU branch of TWLOHA, a nationally active non-profit which works to encourage people suffering with suicidal thoughts, self-injury, mental illness, and substance abuse. TWLOHA also connects people with treatment and recovery options and raises money to support mental health and substance abuse treatment facilities.

The event, which was covered by the *Daily News Journal* out of Murfreesboro, included speakers from the local TWLOHA group, a candlelight vigil, and a suicide prevention awareness walk.

More information about TWLOHA is available at the group’s website (www.twloha.com).

STUDY DIRECTLY ASSOCIATES U.S. RISE IN SUICIDE WITH RECESSION

A study published last month by a prominent medical journal discusses the dramatic rise in the U.S. suicide rate in the years after the recession.

The report, which appeared on the website of the British medical journal the *Lancet* on November 5, found that the suicide rate increased more quickly during the recession years. Between 1997 and 2007, the suicide rate rose by an average of 0.12 deaths per 100,000 population. But between 2008 and 2010, the rate went up by an average of 0.51 deaths per 100,000 people. According to the study authors, this translates into roughly 4,750 additional deaths during the latter timeframe than would have been expected had the fluctuation in suicide rates remained constant.

Additionally, a comparison of year-to-year state suicide data from the Centers for Disease Control and Prevention (CDC) with unemployment figures from the Bureau of Labor Statistics revealed an association between the data. Essentially, for every 1% increase in the U.S. unemployment rate, the suicide rate went up by 0.99%—a figure also consistent with studies in Greece, Italy, Spain, and United Kingdom following their own economic reversals.

However, the study authors argue that a suicide increase during an economic downturn is not inevitable. “Active labour market programmes—projects that immediately help the unemployed find social support and new work opportunities (even part time)—and mental health prevention programmes seem to mitigate significantly the negative mental health effects of recessions,” the study authors conclude. They cited countries like Sweden where the suicide rate actually declined even as their economy shrunk.

“Essentially, for every 1% increase in the U.S. unemployment rate, the suicide rate went up by 0.99%...”

The citation for this study is as follows: Reeves, A., et al (2012). Increase in state suicide rates in the USA during economic recession. *Lancet* Correspondence. Available URL: [http://dx.doi.org/10.1016/S0140-6736\(12\)61910-2](http://dx.doi.org/10.1016/S0140-6736(12)61910-2).

SEX DIFFERENCES MAY AFFECT ABILITY TO RECOGNIZE DEPRESSION

A recently published study in the United Kingdom suggests that people’s ability to determine if a person is depressed is affected by gender—not only the sex of the person being assessed, but also that of the person observing them.

The study, published on November 14 by the online interdisciplinary research journal *PLoS ONE*, was conducted by Viren Swami, a researcher at the University of Westminster. Survey respondents were presented with one of two vignettes about a person experiencing a loss of interest in regular activities, lack of concentration, and a persistent “flat, heavy feeling”—in other words, symptoms of depression. In one vignette the subject was named “Jack” and in the other the subject was named “Kate”; otherwise they were identical. Respondents were asked if they thought the person being described had a mental health issue and whether they would recommend professional help for him/her.

Male and female respondents were just as likely to suggest Kate had a mental health disorder, but men were less likely to make the same identification about Jack. Meanwhile, men and women were equally likely to suggest that Jack needed help, but women were less likely to say that Kate needed help. Women were more likely to identify Jack’s symptoms as “distressing” than men were, and they were also more sympathetic to Jack’s case in general, but there was no such difference between respondents who read the Kate vignette. Both respondents believed that Kate’s case would be harder to treat.

Survey respondents were also asked questions that measured their attitude towards seeking help for mental health problems, their skepticism towards psychiatry, and their attitudes towards contemporary science in general. Generally speaking, the respondents who had more negative views on these subjects demonstrated less sympathy with the case subjects, were not as distressed by the descriptions, and were less likely to recommend help.

Swami’s findings match previous observations about gender roles and mental health attitudes—namely, that stereotypes about men being tougher and stronger than women may lead people to miss symptoms of depression and mental health distress and to have less sympathy for men with depression. Swami also suggests that people with low opinions of psychiatry or science are less likely to help people even when confronted with an obvious case of someone in mental distress. Programs that showcase the benefits of psychiatry and improve people’s scientific literacy may make them more likely to recommend and seek help when needed.

The citation for this study is as follows: Swami, V. (2012). Mental health literacy of depression: gender differences and attitudinal antecedents in a representative British sample. Available URL: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0049779>

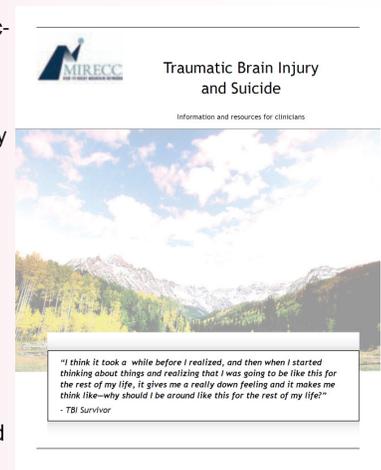
SPOTLIGHT: “TRAUMATIC BRAIN INJURY AND SUICIDE”

The Suicide Prevention Resource Center (SPRC) offers a guide for medical professions about the connection between suicide and traumatic brain injury (TBI), and how to help TBI patients who exhibit suicide warning signs.

“Traumatic Brain Injury and Suicide: Information and Resources for Clinicians” was published in 2009 by Veterans Integrated Service Network (VISN) 19 within the Mental Illness Research, Education and Clinical Centers (MIRECC), a division of the Veterans Administration (VA) that conducts mental health research on behalf of the VA and recommends improvements in clinical practices based on its findings. VISN 19, headquartered in Denver, specializes in research related to suicide prevention.

The publication provides basic information about suicide (including warning signs) and TBI, and a summary of findings about the increased risk of suicide for people suffering from TBI. It points out that suicide and TBI have certain risk factors in common, such as a history of substance abuse and aggressive behavior, and explains how the interplay between TBI and psychological and environmental stressors can lead to a suicide attempt. The guide suggests tools for inquiring about a patient’s suicide risk and treatment recommendations based on interviews with TBI patients and their families and based on prior research on TBI.

The guide is available for free download at the SPRC website: http://www.sprc.org/sites/sprc.org/files/library/TBI_Suicide.pdf



TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates in **bold and in ruby** 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 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

Benjamin L. Hooks Central Library, 3030 Poplar Avenue, Memphis, TN 38111

January 15, February 19, March 19, April 16, May 21, June 18, July 16, August 20, 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

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

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

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

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

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

January 24, February 28, March 28, April 25, May 23, June 27, July 25, August 22, September 26, October 24, and **November 21**

Intra-State Department Meetings

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

February 13, May 1, August 7, and November 6

Advisory Council

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

June 5-6 (Montgomery Bell State Park Inn, 1000 Hotel Avenue, Burns)

September 11 (location TBA)

Blount County Mental Health Awareness and Suicide Prevention Alliance

monthly, 1st Friday, 12:00 PM

Boys and Girls Club Meeting Room, Fort Craig Elementary School, 520 South Washington Street, Maryville, 37804

December 7, January 4, February 1, March 1, April 5, May 3, June 7, August 2, September 6, October 4, November 1, December 6

Davidson County Suicide Prevention Task Force

monthly, 4th Wednesday, 3:00 PM

Metro Public Health Department, 201 23rd Avenue North, Nashville, 37203

To be announced

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

January 25, February 22, March 22, April 26, May 24, June 28, July 26, August 23, September 27, October 25, and **November 29**

Montgomery-Houston-Humphreys-Stewart Suicide Prevention Task Force

monthly, 1st Tuesday, 9 AM

Behavioral HealthCare Center at Clarksville, 930 Professional Park Drive, Clarksville, 37040

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

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

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:

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