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TSPN CALL TO ACTION

TENNESSEE SUICIDE PREVENTION NETWORK

Tennessee Suicide Prevention Network
"Saving Lives in Tennessee"

INSIDE THIS ISSUE:

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TENNESSEE'S SUICIDE RATE STABLE IN 2011; YOUTH SUICIDE RATE CONTINUES DECLINE

Tennessee's suicide rate held steady in 2011, according to the figures released by the Tennessee Department of Health (TDOH) in November.

According to TDOH's Office of Health Statistics, there were 938 recorded suicide deaths in Tennessee in 2011. This is up slightly up from 932 the previous year. But the suicide rate itself actually dropped slightly, from 14.7 per 100,000 in 2010 to 14.6 per 100,000 in 2011.

The suicide rate in Tennessee still remains higher than the national average of 12.4 per 100,000 announced in 2010 by the American Association of Suicidology (AAS). That year, Tennessee's suicide rate ranked 18th in the nation, down from 9th place in 2009.

Deaths among youth aged 10-19 continued to drop in 2011, from 38 to 32, with a suicide rate decrease of 14% (from 4.4 per 100,000 to 3.8). In regards to method, firearms accounted for 580, or 62%, of the suicide deaths in 2011. 19% of the deaths (182) were hangings or suffocations and 11% of the deaths (104) were poisonings or overdoses.

Whites account for 80% of the general population of Tennessee but 95% (887) of the suicide deaths. Males are also disproportionately represented, making up 49% of the population but 78% (733) of the suicide deaths recorded in 2011.

Suicide rates varied considerably by county in 2011. Hancock County had the highest rate in Tennessee, at 74.5 per 100,000 (representing five recorded suicide deaths). In counties with small populations like Hancock (estimated population 6,737 according to the U.S. Census Bureau), even a few suicide deaths may produce a very high suicide rate. However, Hancock County also has the highest five-year average suicide rate in the state.

County	TSPN Region	Number of deaths	Suicide rate
Hancock	Northeast	5	74.5
Jackson	Upper Cumberland	6	52.8
Grundy	Southeast	6	44.3
White	Upper Cumberland	11	42.1
Clay	Upper Cumberland	3	38.6
Van Buren	Upper Cumberland	2	36.6
Grainger	East	8	35.2
Henry	Rural West	11	34.0
Fentress	Upper Cumberland	6	33.3
Bedford	South Central	15	33.0

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 (2007-11) average suicide rates as derived from TDOH statistics.

County	TSPN Region	Average
Hancock	Northeast	44.4
Henry	Rural West	36.0
Grundy	Southeast	32.5
Jackson	Upper Cumberland	32.1
DeKalb	Upper Cumberland	30.9
Stewart	Mid-Cumberland	30.0
Benton	Rural West	29.1
Claiborne	East	28.8
Fentress	Upper Cumberland	26.9
Lewis	South Central	26.8

Meanwhile, no suicides were recorded in Meigs County.
The graphs accompanying this article provide further details about suicide deaths in 2011 and trends over the past five years.

Nationally, there were 38,364 suicide deaths in the U.S. in 2010, the latest year national data is available from the Centers for Disease Control and Prevention. This comes out to 105.1 suicide deaths each day and one death every 13.7 minutes. Suicide is the 10th-leading cause of death in the United States and is responsible for 1.6% of all deaths recorded in 2008. Firearms were the leading mode of death, involved in 19,392 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).

MENTAL HEALTH COMMUNITY RESPONDS TO SANDY HOOK ELEMENTARY SCHOOL SHOOTING

Mental health agencies across the country responded to the public's search for answers and guidance in the wake of the Sandy Hook Elementary School shooting on December 14, while media outlets across the nation assessed the mental health resources available—or lack thereof—on national and local levels.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a new website specifically for helping people in the aftermath of mass casualty incidents and other traumatic events. "Coping with Violence and Traumatic Events" (www.samhsa.gov/trauma) offers resources from SAMHSA and other agencies appropriate for parents, teachers, students, health professionals, and the media. The site prominently features the Disaster Distress Helpline (DDH), available by phone at 1-800-985-5990 or by SMS (text "TalkWithUs" to 66746). DDH is the nation's first hotline for disaster crisis counseling. The line is available 24 hours a day, is free to all callers, and features multilingual support.

Only a few hours after the incident, Mental Health America issued a press release with guidelines for discussing the incident with their children (see page 2). MHA President/CEO Wayne W. Lindstrom, Ph.D., acknowledged the problem of gun violence in the United States, but argued that any proposed revision of the nation's gun control laws would be only part of the solution: "We have enough research evidence about the social determinants behind such violence, and yet we fail to apply what we know on a scale sufficient to truly make a difference. Let us all come together to create and sustain safe and nurturing school environments and communities. We know how; all we need is the will."

The National Alliance for Mental Illness also issued a press release about the incident on December 14. On December 20 it published an appeal to its members asking them to contact their Congressional representatives about funding for mental health screening, early intervention, treatment, and family education. Also on December 20, NAMI submitted letters to President Barack Obama and Vice-President Joe Biden outlining its recommended priorities for improving access to mental health care. Both letters are available on the NAMI website (www.nami.org).

On a related note, a December 19 *Huffington Post* article noted the role of wraparound mental health services in reaching troubled children and adults before their mental health concerns translate into acts of violence and self-harm. The article, contributed by reporter Jason Cherkis, referenced Tennessee-based non-profit Youth Villages and the Crisis Intervention Team model developed by the Memphis Police Department as an example of such programs.

Cherkis noted that over 80% of children referred to Youth Villages remain with their family one year after completing its in-home services program. The CIT model, which was put into practice in 1988, educates police officers on how to de-escalate situations involving emotionally disturbed persons without necessarily making an arrest. CIT officers within the Memphis Police Department field approximately 12,000 calls for assistance a year, and the program has been adapted by police departments in other states.

However, the article also points out that these wraparound services are often underfunded by state government or underutilized by the community. While Youth Villages has offices in 11 states and the District of Columbia, it only handled about 4,000 cases in 2010. "There's good science around what you are supposed to do," said Dr. Tim Goldsmith, Youth Villages' chief clinical officer, in the article. "There's really no question. People just don't do it. For some it's a lack of knowledge. For some it's a lack of skill. For some, it's a lack of funding. When you have a young adult in a mental-health system … it's going to be the luck of the draw with what you're going to get."

On December 27, the *Nashville City Paper* published an analysis of the state's mental health system and budgeting for the Tennessee Department of Mental Health and Substance Abuse Services. The article notes that TDMHSAS budget in fiscal year 2012 was about 6% higher than the previous year, but only because of new federal grants. Governor Bill Haslam is reportedly considering an increase in the Department's budget, but has concerns. "Everybody's always going to have their hand up saying, 'If you fund us more, we're doing this.' Because there's such a surplus of demand over available funds, we have to think, 'Where do we know we can make a difference?'" Haslam said.

ADDRESSING CHILDREN'S CONCERNS AFTER ACTS OF VIOLENCE

Children and youth are understandably upset when violent incidents occur in their communities or are reported in the media. The following guidelines were included in the press release Mental Health America issued immediately after the Sandy Hook Elementary School shooting. It may help you address the questions children will ask and the concerns they may have about their safety.

- Talk honestly about the incident, without graphic detail, and share some of your own feelings about it.
- Encourage young people to talk about their concerns and to express their feelings, and validate the young person's feelings and concerns.
- Limit television viewing. It can be difficult to process the images and messages in news reports.
- Recognize what may be behind a young person's behavior. They may minimize their concerns outwardly, but may become argumentative, withdrawn or allow their school performance to decline.
- Keep the dialogue going even after media coverage subsides. Continue to talk about feelings and discuss actions being taken to make schools and communities safer.
- Seek help when necessary. If you are worried about a young person's reaction or have ongoing concerns about his/her behavior or emotions, contact a mental health professional at their school or at your community mental health center. Your local Mental Health America Affiliate can direct you to resources in your community.

Mental Health America's website has a number of additional resources on its website that can provide support and perspective to people directly affected by war, natural or man-made disasters, and mass casualty incidents. MHA's "Coping with Disaster" page is available at www.mentalhealthamerica.net/go/information/get-info/coping-with-disaster.

HANGING AND SUFFOCATION DRIVE U.S. SUICIDE RATE INCREASE

Researchers at Johns Hopkins University attribute the rise in the U.S. suicide rate within the last decade to an increase in intentional hanging and suffocation deaths, particularly among middle-age adults.

In 2000, hanging/suffocation deaths accounted for 19% of all suicide deaths in the United States. By 2010 this share had increased to 26%. (Firearms remain the leading suicide method, accounting for 51% of the 2010 deaths.) Within adults aged 45-59, the rate of hanging/suffocation suicide deaths increased by 104%. This age group saw the greatest increase in suicide rates between 2000 and 2010: an increase of 39%.

"In 2000, hanging/ suffocation deaths accounted for 19% of all suicide deaths in the United States. By 2010 this share had increased to 26%."

Suicide deaths by poisoning were also up, and while the overall increase was slight (from 16% of all suicides in 2000 to 17% in 2010), the numbers conceal an 85% increase in poisoning suicide deaths in adults aged 60-69.

Study co-author Guoqing Hu of the School of Public Health at Central South University in China noted other important demographic shifts in a November 20 article on the study published by Health24, a health and lifestyle news service based in South Africa. "In addition to age, detailed examination revealed important differences across gender and race... Suicide rates are increasing faster for women than for men, and faster in whites than in non-whites," Hu said.

The Health24 article also included comments from the study's lead author, Susan P. Baker, MPH, founding director of the Johns Hopkins Center for Injury Research and Policy. She observes that understanding how people are dying by suicide is a critical part of suicide prevention. "Strategies that have demonstrated efficacy in inpatient settings such as installing break-away closet bars, lowering the height of anchor points, and increasing awareness of risk indicators should be given greater attention for their potential to reduce suicide in other settings," Baker said.

The study will be published in the *American Journal of Preventive Medicine*'s January issue; an advance copy is available at the following URL: http://www.ajpmonline.org/webfiles/images/journals/amepre/AMEPRE_3653%5B2%5D-stamped.pdf

CENTERVILLE OBSERVES "MOMENT OF REMEMBRANCE"

The Hickman-Perry County Suicide Prevention Task Force and the "Left Behind By Suicide" (LBBS) support group hosted the annual Moment of Remembrance program on November 29 at the Hickman Community Nursing Home in Centerville.

Emcee Rosa Newton provided remarks on the importance of remembering those who have died and their loved ones and spoke about the suicide grief and recovery process. Local Task Force member Kasey Tucker spoke about her own suicide attempt and the coping strategies that helped her return to mental wellness. Tammy Smith, who lost her son Allen to suicide, presented an original poem about her experiences as a mother and a survivor. The event closed with a candlelight vigil and a glow-in-the-dark balloon release in the parking lot, followed by refreshments.

The Moment of Remembrance is one of TSPN's most high-profile memorial events for survivors of suicide and a flagship project of LBBS and the Task Force. Membership in the Task Force is open to anyone interested in raising awareness of suicide prevention through education and outreach. The group meets at 1:30 PM on the fourth Friday of each month at the Hickman Community Hospital Senior Care Building, located at 135 East Swan Street in Centerville. More information is available from Task Force Chair Jennifer Harris at (931) 729-1941 or jennifer.harris@baptisthospital.com.

Rosa Newton (background, at right) and Tammy Smith address guests at the Moment of Remembrance event held November 29 in Centerville (photo courtesy of Jennifer Harris).

LBBS also meets at the Senior Care building, on the first Friday of each month at 5 PM. Additional information is available from Rosa Newton at (931) 729-1933 at rosa.newton@baptisthospital.com.

STUDY: NON-SUICIDAL SELF INJURY IS SUICIDE RISK FACTOR

A new study out of Cornell University addresses the concept of non-suicidal self-injury (NSSI) as a suicide risk factor. The study, which involved about 1,500 students at five U.S. colleges, revealed that people who engaged in NSSI—cutting, burning, biting, self-hitting, etc.—were three times as likely to have attempted or considered suicide.

"While we can't conclude that self-injury leads to later suicide attempts, it is a red flag that someone is distressed and is at greater risk," said lead author Janis Whitlock, Ph.D., in a December 5 interview with Medical Xpress, a web-based medical and health news service. "This is important because self-injury is a relatively new behavior that does not show up much in the literature as a risk factor for suicide. It also suggests that if someone with self-injury history becomes suicidal, having engaged in NSSI may make it much easier to carry out the physical actions needed to lethally damage the body."

Researchers derived their findings from mental health surveys given to students at participating colleges. The respondents were asked about any past history of NSSI or suicidal behavior, active protective and risk factors for suicide, and their demographic information. Review of the responses found that roughly 60% of the respondents with histories of NSSI had considered or attempted suicide at some point in their lives.

However, analysis of the surveys did reveal some protective factors. Respondents who had engaged in NSSI were less prone to suicidal behavior if they had talked with their parents about the issues which drove them to self-injury, or they believed their lives had meaning and purpose. "Meaning in life as a protective factor is not so surprising, because many who attempt suicide report that they feel a deep and often chronic lack of life meaning. However, considering that we studied a college population, it's a surprise that the parents emerged as having such a powerful influence in young adults' mental well-being, especially since we looked at respondents' relationships with all kinds of people, including therapists," Whitlock said in the Medical Xpress article. "Treatments for people at risk for suicide should focus on strengthening these relationships when feasible."

The citation for this article is as follows: Whitlock, J., et al. (2012). Nonsuicidal self-injury as a gateway to suicide in young adults. *Journal of Adolescent Health*. Available URL: www.jahonline.org/article/S1054-139X%2812%2900405-3/fulltext.

TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates in **bold and in forest green** 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
The Community Foundation of Greater Memphis, 1900 Union Avenue, Memphis, 38104
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
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
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
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
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 22

Montgomery-Houston-Humphreys-Stewart Suicide Prevention Task Force
monthly, 1st Tuesday, 9 AM
Behavioral HealthCare Center at Clarksville, 930 Professional Park Drive, Clarksville, 37040
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
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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