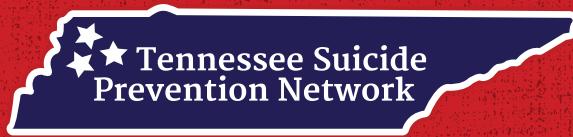




STATUS OF SUICIDE IN TENNESSEE

2018



"Saving Lives in Tennessee"

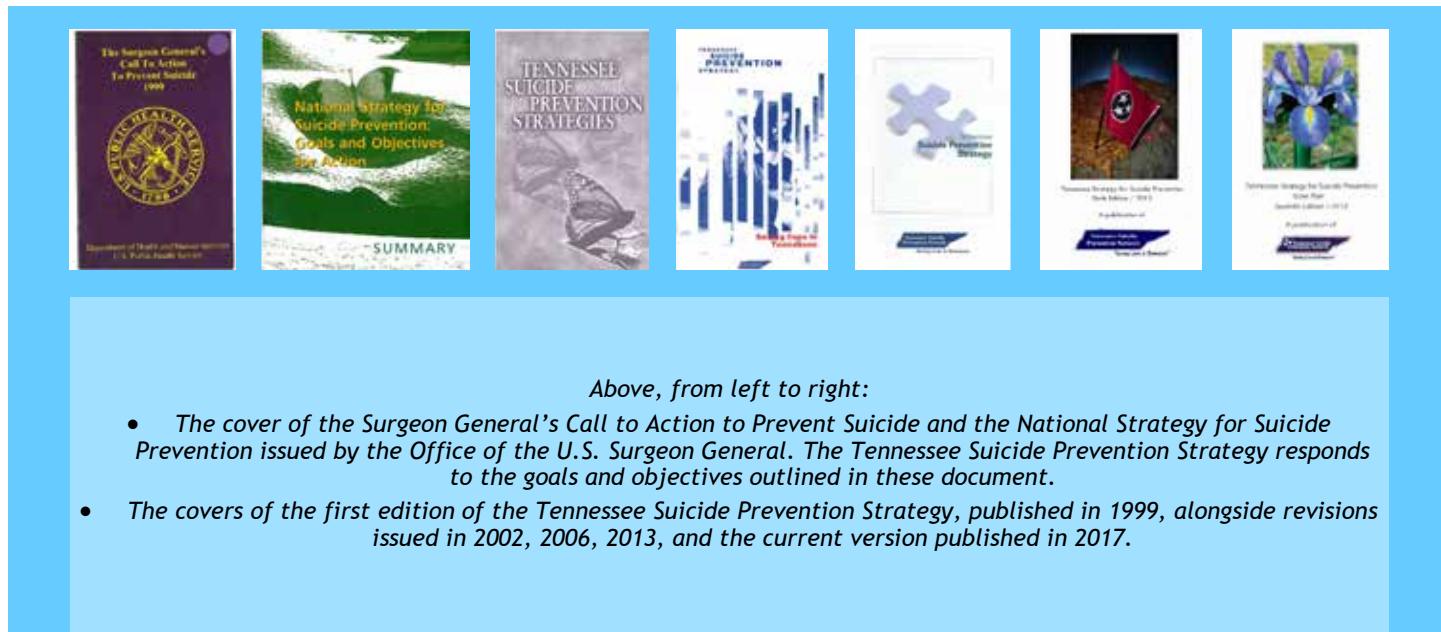


A Brief History of TSPN

The Tennessee Suicide Prevention Network (TSPN) has its origins in two landmark events in the field of suicide prevention: the 1998 SPAN-USA National Suicide Prevention Conference in Reno, Nevada, spurring the development of a statewide suicide prevention movement, and the *U.S. Surgeon General's Call to Action to Prevent Suicide* in 1999, acknowledging suicide as a major public health problem and provided a framework for strategic action.

The movement in Tennessee was spearheaded by Dr. Ken Tullis and his wife Madge, who attended the 1998 conference. They subsequently launched a campaign to "SPAN the State of Tennessee in 1998". By convening a panel of local mental health and suicide prevention experts, the Tennessee Strategy for Suicide Prevention was developed, responding to each of the fifteen points in the *Surgeon General's Call to Action*.

At the first statewide Tennessee Suicide Prevention Conference in 1999, the Tennessee Strategy for Suicide Prevention was endorsed by mental health, public health, and social service professionals and presented to state leaders. The foundation of a statewide suicide prevention network was an outgrowth of the collaborative movement of this conference. Eight regional networks were established for local community action on the Tennessee Strategy for Suicide Prevention under the coordination of a statewide Executive Director and a gubernatorially appointed Advisory Council consisting of regional representatives. An Intra-State Departmental Group consisting of representatives from state departments and agencies was established to advise the Network and build inter-agency partnerships for the implementation of the Tennessee Strategy for Suicide Prevention.



Above, from left to right:

- The cover of the *Surgeon General's Call to Action to Prevent Suicide* and the *National Strategy for Suicide Prevention* issued by the Office of the U.S. Surgeon General. The Tennessee Suicide Prevention Strategy responds to the goals and objectives outlined in these documents.
- The covers of the first edition of the Tennessee Suicide Prevention Strategy, published in 1999, alongside revisions issued in 2002, 2006, 2013, and the current version published in 2017.

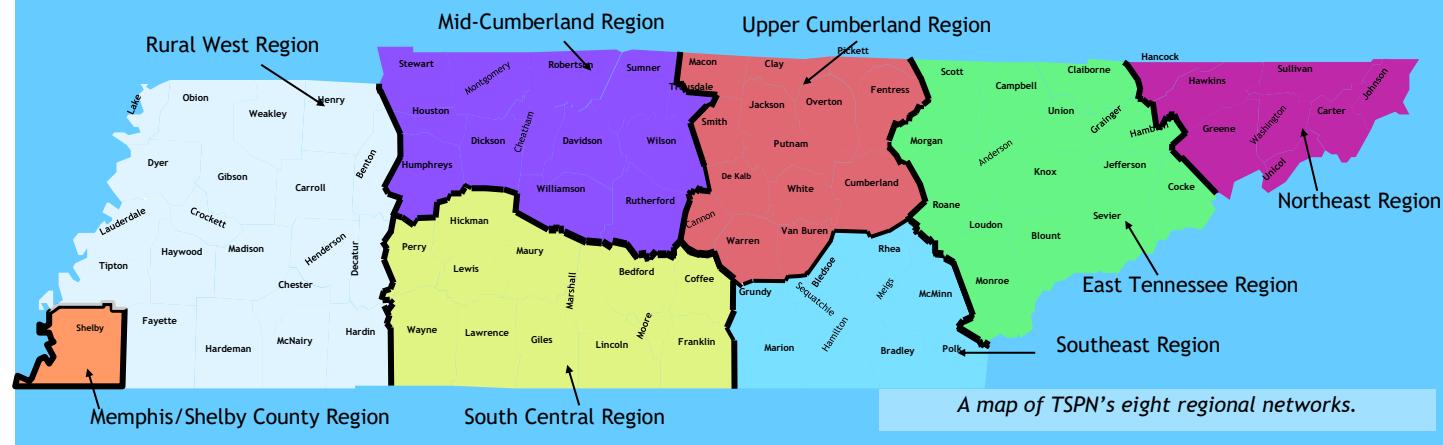
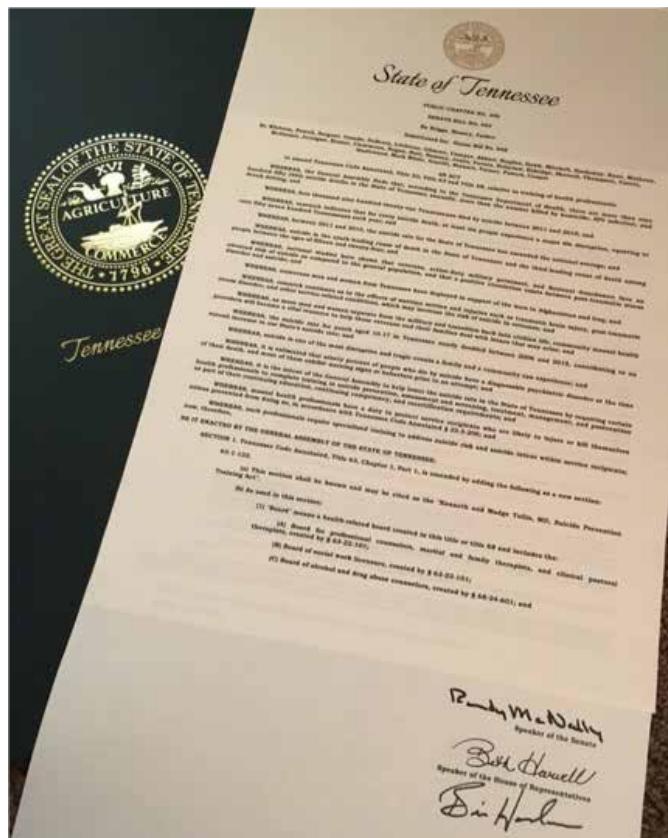


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A signed copy of the Kenneth and Madge Tullis, MD, Suicide Prevention Training Act of 2017, as provided by the Governor's Office. The bill was signed into law by Governor Bill Haslam on June 21.

The legislation requires licensed counselors in Tennessee to complete two hours of suicide prevention training every five years. The bill represents a longtime goal of TSPN to ensure that counselors in Tennessee are trained in suicide prevention, intervention, and postvention protocols.

The legislation is named for Kenneth Tullis, MD, an award-winning psychiatrist and survivor of several suicide attempts, and his wife Madge. The Tullises co-founded TSPN in 2001 as part of a local response to the release of the National Strategy for Suicide Prevention from the Office of the U.S. Surgeon General and a growing national suicide prevention movement. Passage of this bill represents the achievement of a longtime goal by both the Tullises and TSPN at large.

Note regarding statistics in this report:

All national data is courtesy of the Centers for Disease Control and Prevention; all state data is from the Tennessee Department of Health's Office of Healthcare Statistics.

Introduction

The year 2017 saw the achievement of several long-term objectives for TSPN, as well as innovations in local suicide prevention outreach at a time when our state needs it most.

It was our most successful year yet in terms of training sessions and general outreach. Record numbers of Tennesseans received suicide prevention materials at community exhibits, learned about TSPN through newspaper articles and mentions on local news programs, partook of one of the free suicide prevention training curricula our agency provides, or received postvention/debriefing services from TSPN staff and volunteers in the wake of a suicide death in their community. TSPN volunteers donated roughly 8,903 hours of time across Tennessee during the 2016-17 fiscal year to these ends, saving the state of Tennessee \$194,007.

The symposium held in April filled Trevecca Community Church wall-to-wall, mostly due to the presence of mental health and suicide prevention activist Sue Klebold. Roughly 400 people from across Tennessee and out of state came to hear Ms. Klebold's powerful story of loss, trauma, healing, and ultimately a resolution to help stop the cycle of self- and other-directed violence.

For years TSPN has worked to introduce and promote the Ken and Madge Tullis Suicide Prevention Act, which was signed into law on June 21, 2017. This was a thrilling moment for our members across Tennessee, as well as the Tullis' who co-founded TSPN in 2001 and were the namesakes for the bill.

TSPN's gubernatorially appointed Advisory Council, led by the Executive Committee, established two new task forces to oversee new approaches to the problem of suicide in our state. The Medical Examiner's Task Force, established this June, aims to assist the Office of the Medical Examiner for the State of Tennessee with obtaining more accurate suicide death data from county medical examiners, with the intent of developing targeted real-time suicide prevention strategies and activities. The Tennessee Higher Education Suicide Prevention Task Force, which first met in October, brings together delegates of 22 Tennessee colleges and universities, including the Tennessee Board of Regents and the Tennessee Higher Education Commission, to explore new ways of promoting mental health and suicide prevention within our state's college communities. Meanwhile, the Gun Safety Project Task Force was formed with new members and new plans for reaching people who own and sell guns in Tennessee with information on safe storage and lethal means reduction.

TSPN thanks Governor Bill Haslam and his office for their continuing commitment to TSPN. Commissioner Marie Williams has also been a strong supporter of TSPN during her first year as Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), and we are ever grateful for the Department's support.

Our staff and volunteers look forward to working with you during the next year and those to come to prevent suicide and save lives in Tennessee.



Scott Ridgway

Scott Ridgway, MS
Executive Director, TSPN



Anne Young, MS, CAS
Chair, TSPN Advisory Council

Executive Summary



TDMHSAS Commissioner Marie Williams, Tennessee Department of Mental Health and Substance Abuse, (holding sign, second from right) joins TSPN staff and members of the Network's Advisory Council, Intra-State Departmental Group, and Emeritus Group in a promotional photo for the Crisis Text Line during the Advisory Council meeting held February 8 in Nashville.

The Network wishes to recognize Chelsea Brandon (holding sign at center) for her initial design work on the poster.

Each day in Tennessee, an average of three people die by suicide. As of 2016, suicide is the second-leading cause of death for young people (ages 10-19) in Tennessee, with one person in this age group lost to suicide every week. We lose one person between the ages of 10-24 every four days, and every day we lose at least one person over the age of 45—with midlife and older adults remaining at higher risk.

In 2016—the latest year for which state-specific figures are available—there were 1,110 recorded suicide deaths in Tennessee, at a rate of 16.2 per 100,000. These figures represent a slight increase from the previous year, which registered 1,065 suicide deaths at a rate of 16.1, but still represents the highest number and rate recorded in the last 35 years.

Suicide rates remain elevated among people in midlife, especially white males. Tennesseans aged 45-64 are over three times more likely to die by suicide than those aged 10-19 typically the age group that attracts most of the attention when it comes to suicide prevention efforts.

Firearms remain the most common means of suicide death and attempts in Tennessee, accounting for roughly two-thirds of the suicides in our state in any given year.

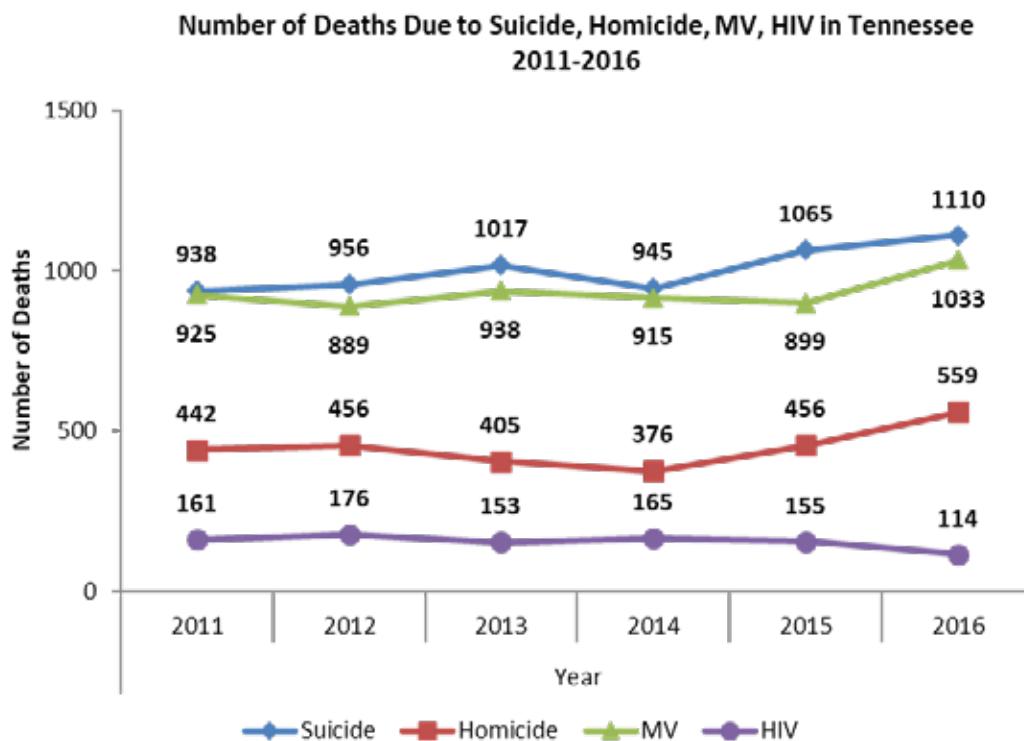
In addition to reporting on the facts and figures related to suicide in Tennessee, this report also summarizes TSPN's suicide prevention efforts, with special attention given to efforts to address suicide in midlife, as well as our efforts to incorporate suicide prevention into existing firearm safety efforts. We also provide an update on Tennessee's Zero Suicide Initiative, through which TSPN, the Tennessee Department of Mental Health and Substance Abuse Services, and its community partners seek to eliminate suicide among clients of our state's behavioral health programs.

Even one death by suicide is too many, and the recent increase only inspires us to redouble our efforts. Now more than ever, TSPN stands ready to educate the public about suicide prevention and offer resources for those in crisis, with the aim of preventing suicide and saving lives in Tennessee.



Every family who contributed a panel to this year's "Love Never Dies" Memorial Quilt (next to table) received a framed copy of the panel they submitted in memory of the person they lost, either during the Suicide Prevention Awareness Day event on September 13 in Nashville or hand-delivered by a TSPN staff member or volunteer.

Suicide: A Leading Cause of Death



Historically, motor vehicle accidents have been the leading cause of injury death for people in Tennessee. But that number has dropped both statewide and nationally due to a combination of factors: improvements in vehicle and road safety, stronger seat belt and child safety seat legislation, and the increasing adoption of graduated drivers license privileges for younger drivers, and better messaging about common causes of traffic accidents (driving under the influence, distracted driving, etc.). Also, the number of fatalities tends to decline during economic downturns such as the recession several years back—people try to conserve gas money by not driving as much.

Meanwhile, the same economic reversal that aided the decline in motor vehicle deaths had the opposite effect on suicide. It is well-documented that suicides increase during depressions and recessions, and a 2012 study in the *Lancet*, a British medical journal, observed that the U.S. suicide rate increased four times faster between 2008 and 2010 than it did in the eight years prior to the recession. The study authors concluded that there were 1,500 excess suicide deaths each year than would have been indicated by prior rates. In 2008, suicide officially entered the top 10 leading causes of death as determined by the CDC, and has remained there ever since.

Sue Klebold, mother of one of the perpetrators of the Columbine High School massacre and mental health/suicide prevention activist, was the keynote speaker at "Steps Toward a Safer Tennessee", held April 19 in Nashville. She spoke about about her experiences in the aftermath of the incident and her gradual involvement with mental health and suicide prevention outreach. She provided additional details during a Q&A following her remarks.

The Economic Impact of Suicide

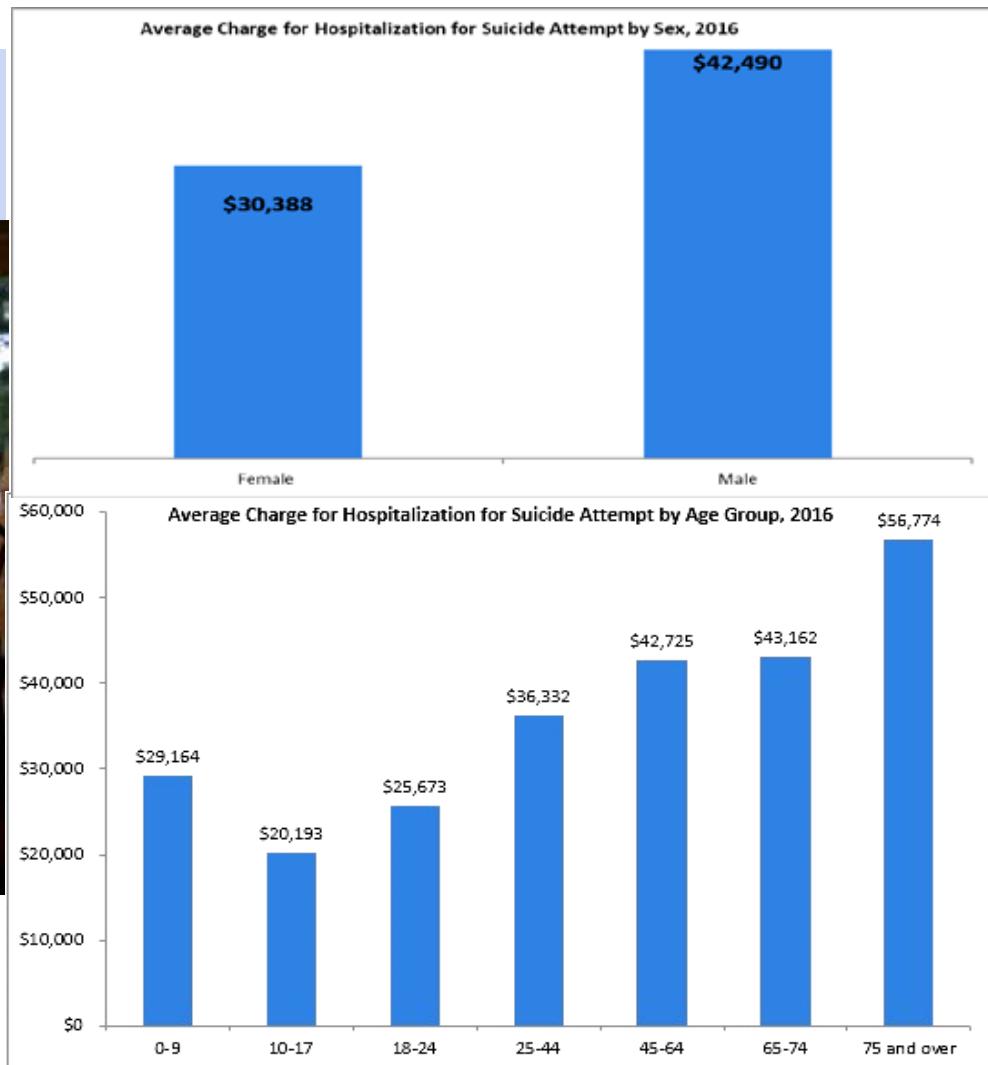
The cost of suicide goes far beyond lost lives, traumatized loved ones, broken families, and disrupted communities--although this would be more than enough. Suicide also has a financial and economic cost.

To begin with, every suicide death means the loss of the wages and productivity that person would contribute to the workforce had he or she lived out their natural lifespan. The American Association of Suicidology estimates that suicide results in an estimated \$34.6 billion in combined medical and work loss costs nationally each year. Furthermore, we must consider the time and resources needed by emergency departments and hospitals to treat suicide-related injuries. A 2015 study estimated the average cost of a single suicide death, in terms of medical treatment and lost productivity, as \$1,329,553. The total cost of suicides and suicide attempts was \$93.5 billion.

The average cost of a suicide attempt hospitalization in Tennessee in 2016 was \$35,300; the average cost of an ED visit was \$5,662. These sudden expenditures are often beyond an individual or family's ability to pay outright, so they are often covered by public and private insurance costs. These costs, in turn, flow over to the general public in the form of higher taxes and insurance rates.

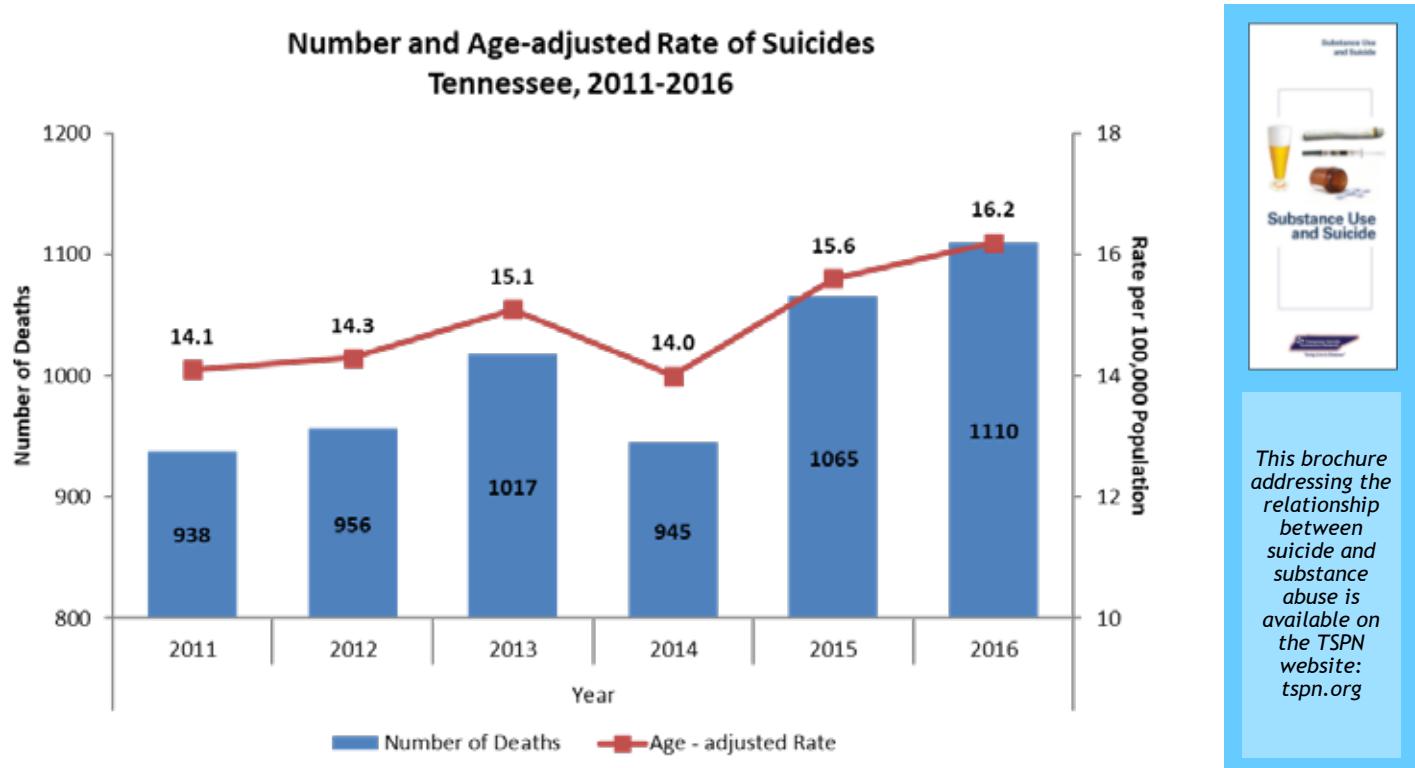
The charts below provide additional insight into these costs. Note that the average charge for hospitalization for a suicide attempt is higher for males. Generally speaking, females typically use less violent means in attempting suicide such as drug overdose and suffocation. These methods cause less catastrophic, more survivable injuries than firearms or jumping—means of suicide typically used by males.

Also note that hospital costs are higher and hospital stays are longer for the very young and the very old who attempt suicide—not because of their choice of means, because they are more physically delicate and often suffer greater injury than an adult would.



Time Trends

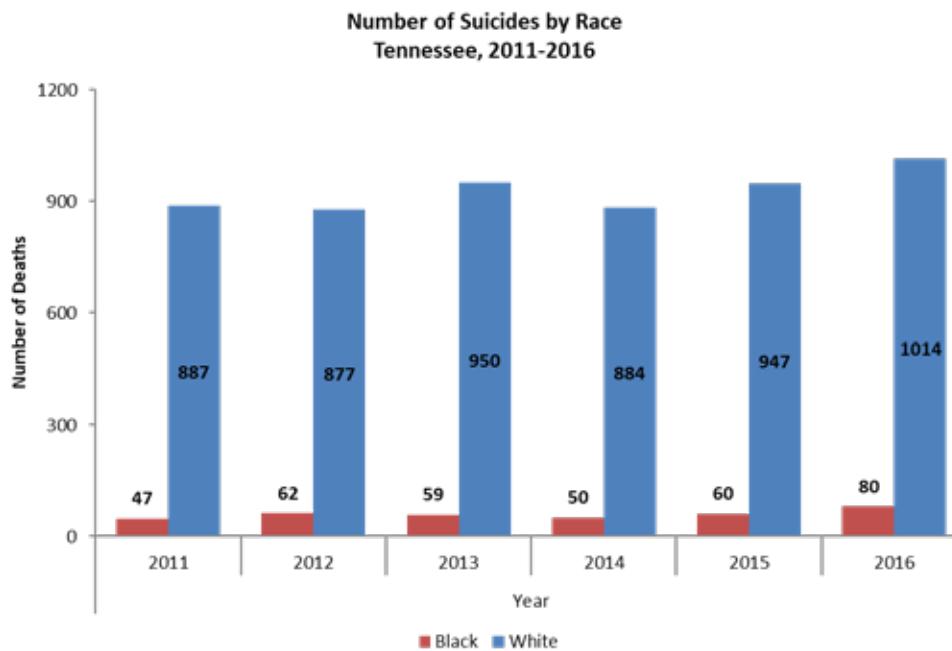
While the suicide rate in Tennessee has fluctuated somewhat, it has increased considerably overall in recent years, with notable spikes in 2013 and 2016. Meanwhile, national rates in the last five years have been on a steady increase.



The 2017 Ken and Madge Tullis, MD, Suicide Prevention Award went to Robert C. Killen, Ed.D., Supervisor of Counseling and Mental Health for Maury County Public Schools (third from left). Killen assisted TSPN in piloting its Suicide Behavior Procedure Checklist within the school system, helping enhance and streamline the protocol ahead of its statewide release. As such, he has helped schools across Tennessee improve their ability to react to and help students in crisis.

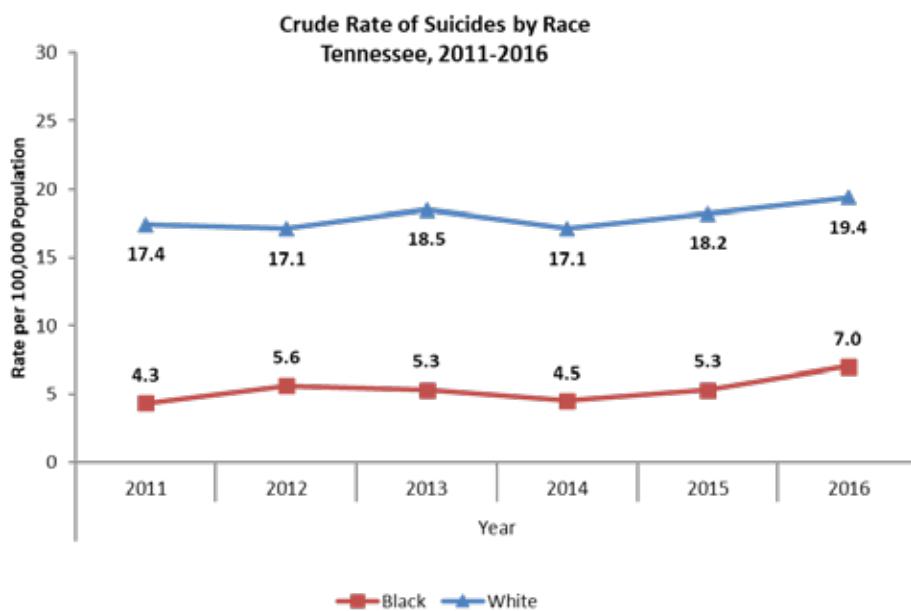
Also pictured are (left to right) TSPN Executive Director Scott Ridgway; TSPN Advisory Council Chair Anne Young; the Hon. Jim Henry, Deputy Governor of the State of Tennessee; Marie Williams, LCSW, Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services; and Jameson K. Norton, Chief Executive Officer of Vanderbilt Psychiatric Hospital and Clinics.

Racial Trends



Suicide rates for white non-Hispanics in Tennessee are generally at least three times higher than other ethnic groups.

According to the United States Census Bureau, non-Hispanic whites made up 79% of Tennessee's population in 2017. However, they accounted for 91% of all reported suicide deaths in the state that year.



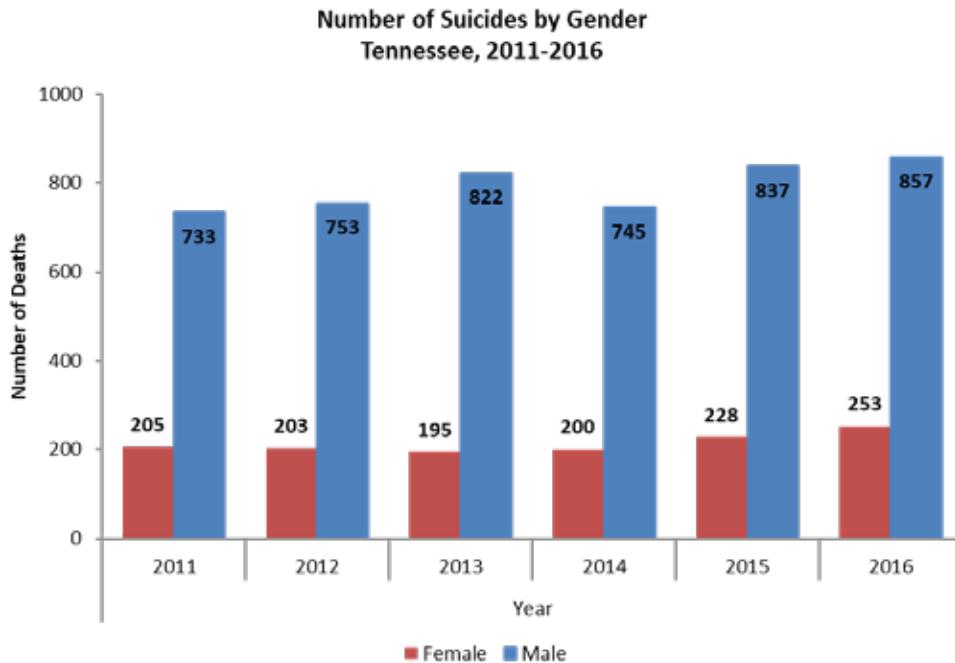
TSPN volunteer Annette Lake, who lost both her father and son to suicide, is interviewed for a May 24 WTVF report discussing her losses and the impact they have on her life and prevention efforts.



Gender Trends

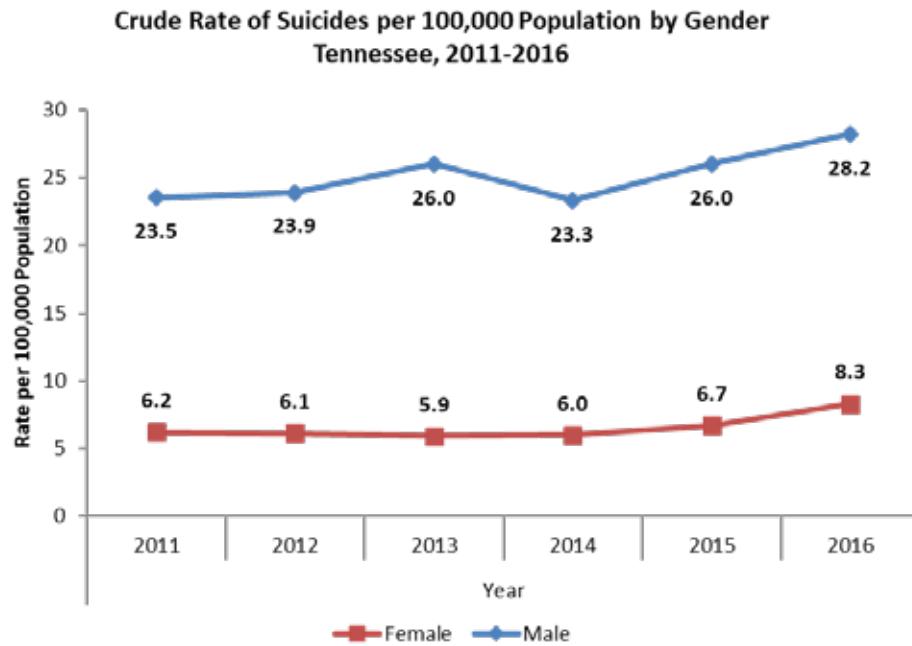
Suicide rates for males are generally at least three four times higher than for females in Tennessee, a trend replicated within each racial group.

Generally speaking, females typically use less violent means in attempting suicide such as drug overdose and suffocation. These methods cause less catastrophic, more survivable injuries than firearms or jumping—means of suicide typically used by males.



TSPN offers a half-page insert suitable for inclusion in church bulletins and other programs, which is routinely provided to houses of worship across Tennessee. Custom versions have been developed for distribution in other states.

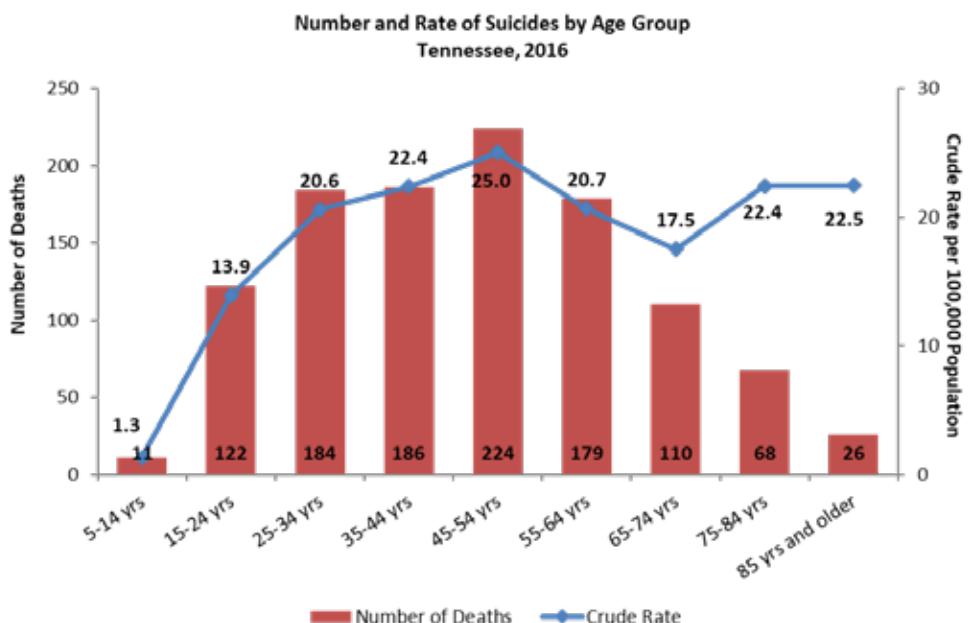
The church bulletin is available alongside other TSPN brochures on the TSPN website: tspn.org



Age Trends

Generally the number of suicides and the suicide rate in Tennessee increase with age through the 45-54 age group, then level off before spiking again after age 75.

Previously, adults 85 and over had the highest suicide rate, but lately the 45-54 age cohort has surpassed them.



On April 4, TSPN Executive Director Scott Ridgway presented at the Nashville chapter of the Construction Financial Management Association as part of a larger presentation on behalf of the Construction Industry Alliance for Suicide Prevention. Also pictured is Michelle Walker, CCIFP, SPHR, Vice President of Finance & Administration for Specialized Services Co., which organized the presentation. Find out more about CIASP at <http://www.cfma.org>.



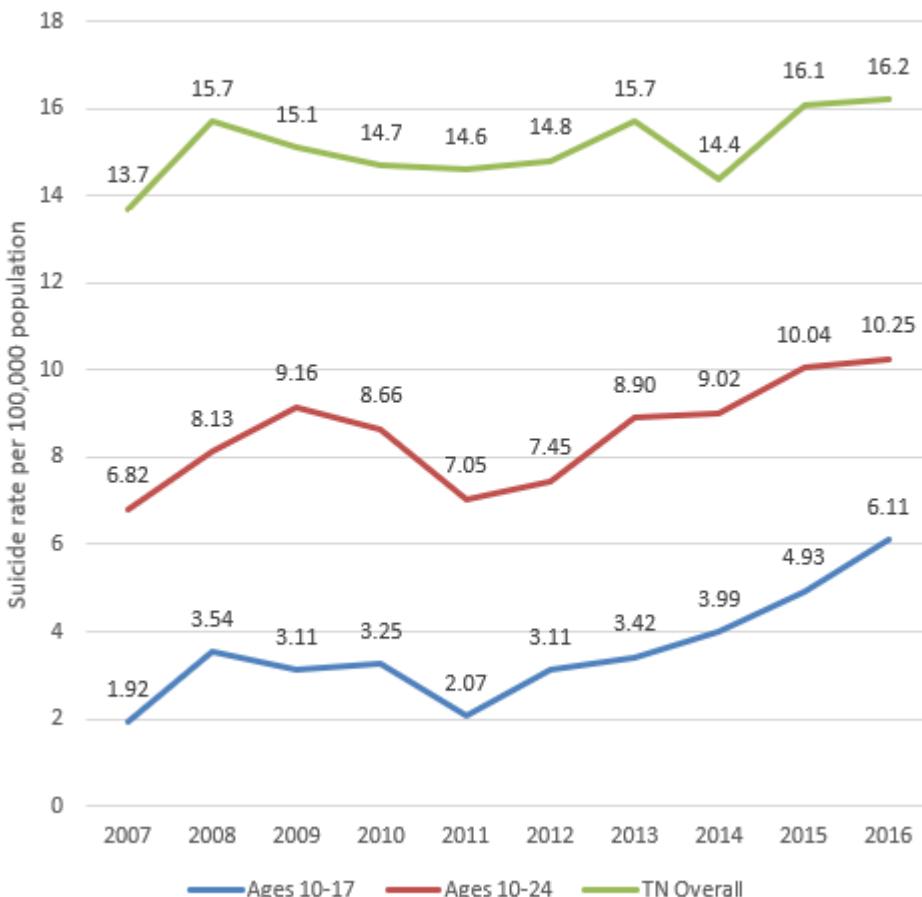
These brochures addressing suicide among teens, young adults, and college students are available on the TSPN website. The one on the right, which addresses suicidal content on social media, was introduced this past year along with a companion bookmark.



Three other brochures available on the TSPN website: one on suicide among older adults, one on suicide within the GLBT community, and one on suicide and African-Americans.

Youth Suicide

**Youth Suicide in Tennessee vs. General Population,
2007-2016**



NOTE: the rates for the 10-17 and 10-24 age groups cited in the above chart are age-adjusted rates. The "TN Overall" rate is the crude rate, unadjusted for age.

As of 2016, suicide is the second-leading cause of death for young people (ages 10-19) in Tennessee. In any given year, more teenagers and young adults die by suicide than from cancer and heart disease combined, and far more than from higher profile causes of death such as birth defects, HIV infection, and meningitis. In Tennessee there were 65 deaths among persons aged 10-19 recorded in 2016. This figure maintains a steady rise in both raw numbers and the suicide rate since 2011. Even though suicide rates are lower for this age group than others, even one young person lost to suicide is too many.

While suicide is a tragedy regardless of age, it is especially alarming when it involves a child or a young adult. Hence, youth suicide gets the most attention from mental health agencies, mass media, and the general public. While TSPN's suicide prevention efforts address suicide across the lifespan, the Network takes a particular interest in teens and young adults.

TSPN continues to facilitate meetings of the Youth Suicide Data Working Group,

which formed last year. This assembly of state departments and mental health professionals was called together by Dr. Michael Warren, Department of Health's Deputy Commissioner of Population Health, to respond to the ongoing increase in youth suicides in Tennessee. The Working Group is seeking to collect and cross-check data on youth suicide deaths and attempts in order to identify and respond to factors that are contributing to the increase.

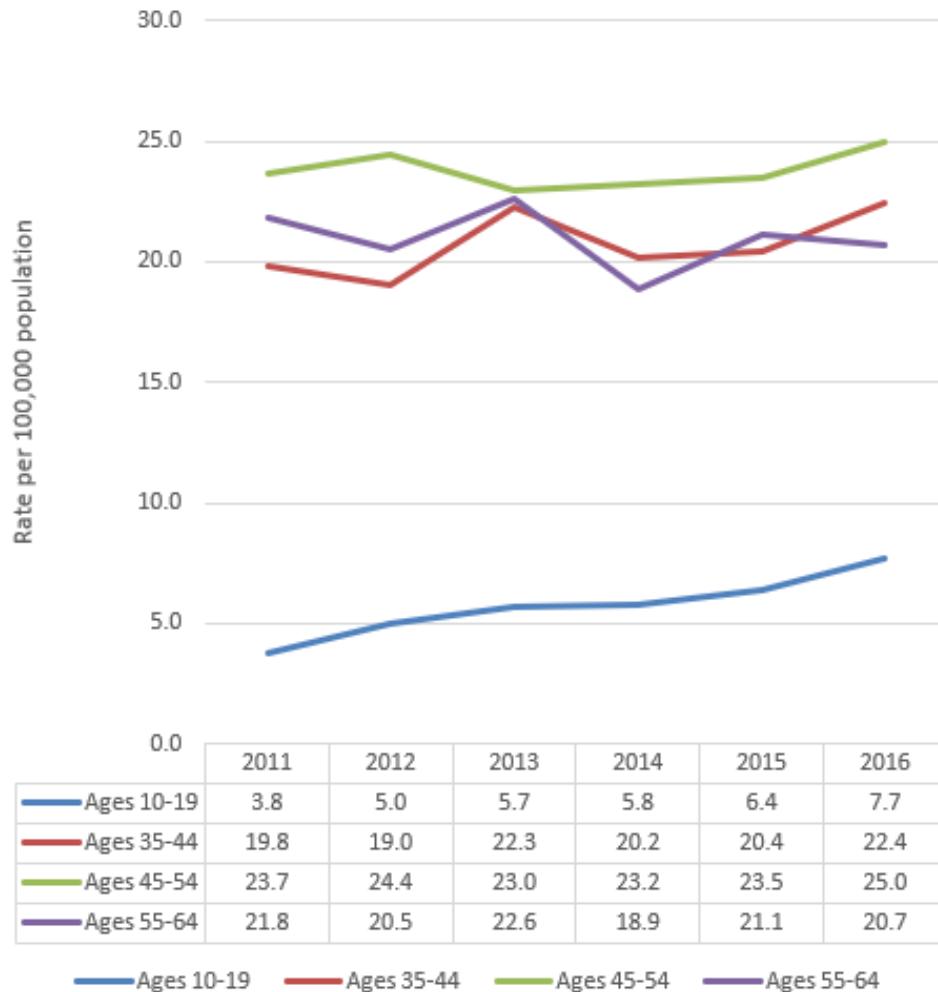
Meanwhile, TSPN has a longstanding partnership with the Jason Foundation, Inc. (JFI), a nationally regarded youth suicide prevention agency operating out of Hendersonville. We would like to thank JFI President Clark Flatt for his ongoing support of and involvement with TSPN. More information about JFI is available via their website (www.jasonfoundation.com).



On September 27, TSPN and the East Tennessee Council on Children and Youth co-hosted "What a Difference a Year Makes" to honor of the tenth anniversary of the passage of the Jason Flatt Act of 2007. Pictured here (from left to right) are Phil Fulmer, former football coach for the University of Tennessee and national spokesman for the Jason Foundation; TSPN Executive Director Scott Ridgway; and Jason Foundation President Clark Flatt.

Suicide in Midlife

Suicide Rates for Select Age Groups in Tennessee, 2012-2016



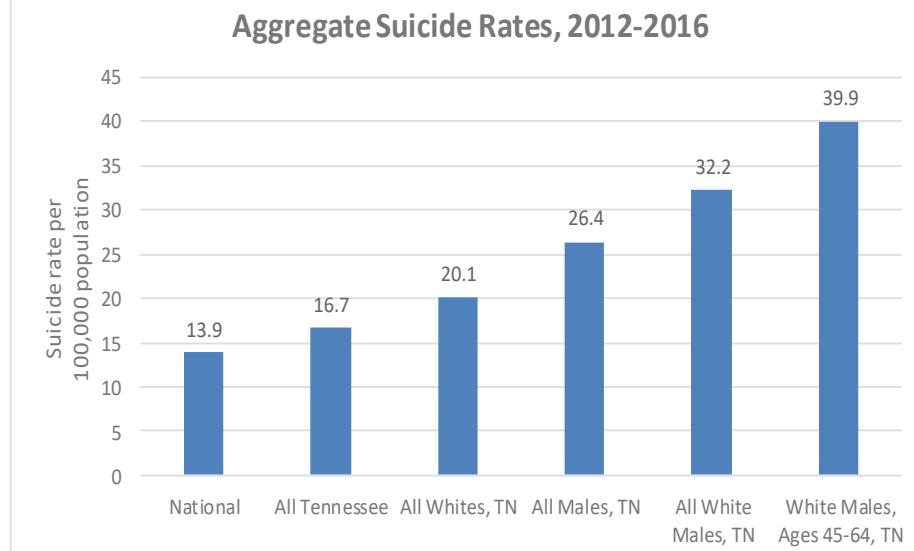
This brochure addressing suicide in midlife is also available on the TSPN website: tspn.org

While youth suicide has traditionally attracted more media attention, adults in midlife are actually at higher risk.

In a nationwide study published in a 2008 issue of the *American Journal of Preventive Medicine*, researchers from Johns Hopkins University discovered an overall increase in suicides by 0.7% each year between 1999 and 2005, driven primarily by rising suicide rates among whites aged 40-64. These findings, along with actual suicide data on this group within Tennessee, has prompted the Network's current focus on outreach and education among adults in midlife.

The second chart demonstrates the elevated suicide rates among middle-aged white males in Tennessee compared to population groups. As discussed previously, white males of any age are at significantly higher suicide risk.

Aggregate Suicide Rates, 2012-2016





This year's Suicide Prevention Awareness Month event, like previous ones, featured a military boot display from Fort Campbell, symbolizing the effects for suicide within our nation's armed forces. We appreciate Maj. Joe Varney, Suicide Prevention Program Manager at Fort Campbell, for making this display available to us.



The Tennessee Department of Safety and Homeland Security (Lisa Knight and Robert Bigham pictured here) ran one of the most popular tables at "Steps Toward a Safer Tennessee". Their table featured trigger locks for firearms, information on firearm safety and safe storage, and information on safety classes for CCW permits. Also pictured here is Terry Love with Injury and Violence Prevention Tennessee Department of Health.

Lethal means reduction, especially safe storage and handling of firearms, was a major theme of this year's symposium.



At left: the staff at Plateau Mental Health Center and Genoa Pharmacy pose for a photo with the "Wishing Upon a Star" exhibit created by Your Heart on Art. The installation appeared at several Suicide Prevention Awareness Month events across Middle Tennessee ahead of permanent installation at Volunteer Behavioral Health's Cookeville location.

We would like to thank Cecilia Davenport, manager at Plateau, for creating t-shirts for staff to demonstrate their commitment to suicide prevention (photo courtesy of Anne Stamps).



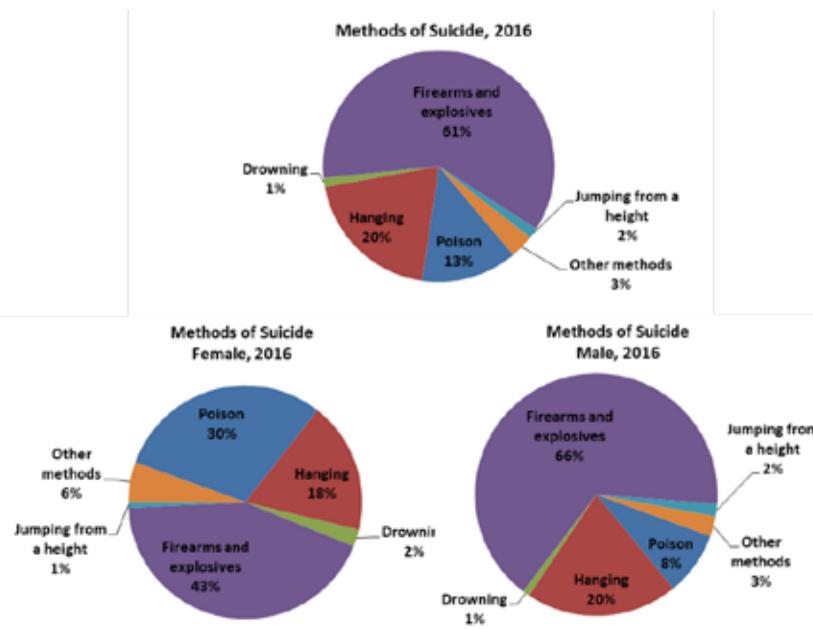
At right: about 100 people attended "Bridging the Gap for a Stronger Community in the Southeast Region" on September 15 at Hixson United Methodist Church. The event was this year's Suicide Prevention Awareness Month event for TSPN's Southeast Region, as well as for Recovery Month.



Above: the promotional poster for the TSPN benefit concert held at Walter State Community College in Tazewell on September 9, one of several events held across the state for Suicide Prevention Awareness Month.

At left: members of Behavioral Health & Suicide Prevention, Hickman and Perry Counties, break ground on the Garden of Hope at the Farmer's Market in Centerville on July 4. The Garden of Hope was planned earlier this year as a permanent home for the Suicide Memorial Wall, previously housed in Columbia.

Methods of Suicide Death



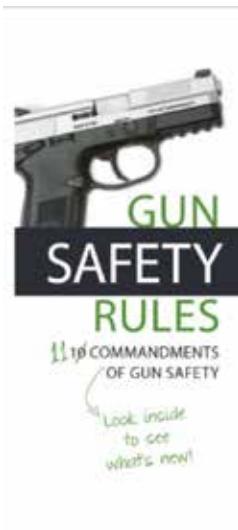
Firearms were the most common method. Between 2012 and 2016, almost two-thirds of suicides involved firearms, with poisoning and suffocation (which usually involves hanging) also common.

While firearms were the most common method of suicide for both sexes and most races, some groups have a higher propensity for them than others. For example, males were more likely to use firearms than females.

The second most common method for women was poisoning, while for men it was suffocation or hanging. Suffocation was also the second most common mechanism for blacks compared to poisoning for whites. Methods such as jumping, cutting/piercing, and drowning/submersion were relatively uncommon among Tennesseans compared to the rest of the country.

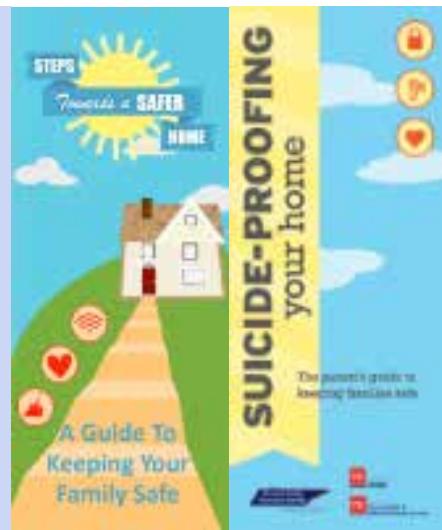
During 2017, TSPN continued outreach related to its Gun Safety Project. This statewide program shares materials, developed by and for firearm retailers and range owners, on ways they can help prevent suicide. Participating gun store/firing range owners receive information about how to avoid selling or renting a firearm to a possibly suicidal customer, and agree to display and distribute suicide prevention materials tailored to their customers. It also distributed copies of “Suicide-Proofing Your Home: The Parent’s Guide to Keeping Families Safe” and “Steps Towards a Safer Home: A Guide to Keeping Your Family Safe”, two brochures which provides families with recommendations such as locking up firearms in secure locations and disposing of unneeded medications.

This year TSPN established a relationship with Tennessee Firearm Safety Alliance which works to reduce firearm-related injuries and deaths through firearm safety education and promotion of responsible and law-abiding practices of gun ownership. We also continued our partnership with the Safe Tennessee Project, a grassroots organization dedicated to addressing gun-related injuries and gun violence in our state. More information about Tennessee Firearm Safety Alliance is available at tnfirearmsafety.org; the Safe Tennessee Project’s website is safetennessee-project.org.



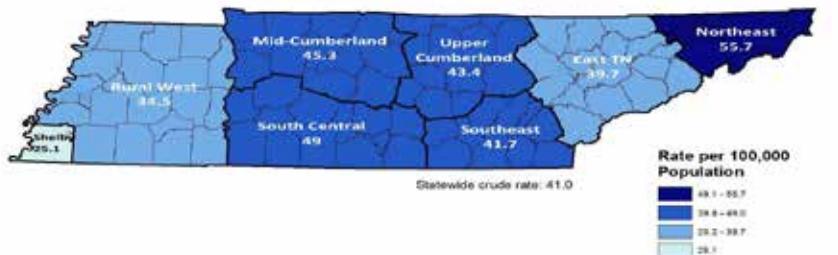
At left: the “11 Commandments of Gun Safety” brochure TSPN provides to gun shops and firing ranges. It offers suggestions for safe handling and storage from gun safety experts, along with the suggestion for locking up or temporarily removing guns to protect potentially suicidal individuals. This brochure was based off materials developed by the New Hampshire Firearm Safety Coalition, whose firearm suicide prevention project inspired TSPN to develop its own.

At right: the brochures “Suicide-Proofing Your Home: The Parent’s Guide to Keeping Families Safe” for youth and “Steps Towards a Safer Home: A Guide to Keeping Your Family Safe” for adults. TSPN would like to acknowledge the Brady Center to Prevent Gun Violence, which helped us develop the “Suicide-Proofing Your Home” brochure, as well as Eve Nite, Vice-Chair of TSPN’s Advisory Council, for developing the “Steps Towards a Safer Home” brochure for Tennessee.

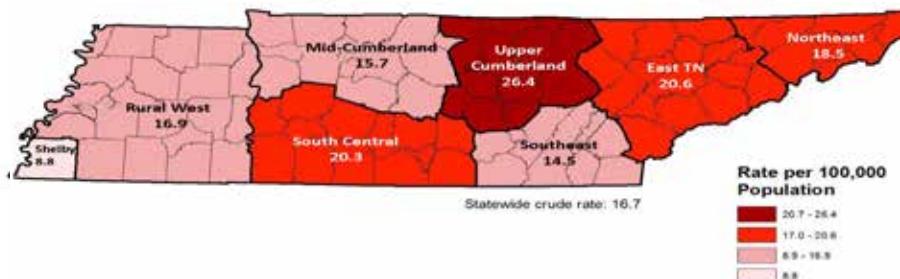


Geographical Differences

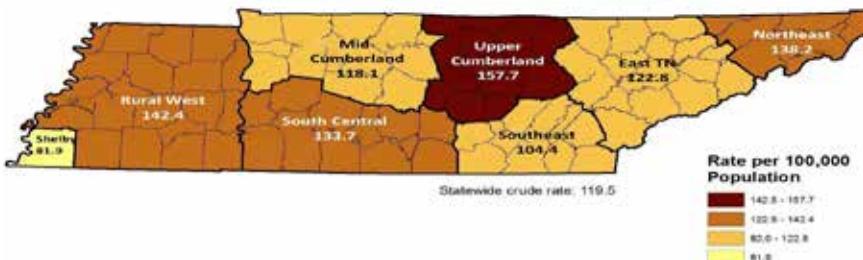
Rate of Suicide Rate of Suicide Deaths in Tennessee Region, 2016



Rate of Suicide Hospitalizations in Tennessee Region, 2016



Rate of Suicide ED Visits in Tennessee Region, 2016



A 5K Color Run was held in downtown Paris on September 16. TSPN Executive Director Scott Ridgway and West TN Regional Coordinator Tasha Gurley are presented a \$1,500 check from event co-founders Henry County Sheriff Monte Belew and Lydia Wofford. The photo is courtesy of Lydia Wofford, one of the co-founders of the local "Build a Bridge of Hope" awareness group.

Suicide is more common in some parts of Tennessee than others. Rural areas often lack mental health resources such as clinics, therapists, or hospitals with psychiatric units. Even when these resources exist, people may be reluctant to use them. If they live in small, close-knit communities, they may be afraid of being labeled or shunned by their relatives and neighbors. TSPN members work to overcome both the logistical issues involved with reaching these areas and the stigma surrounding mental health resources.

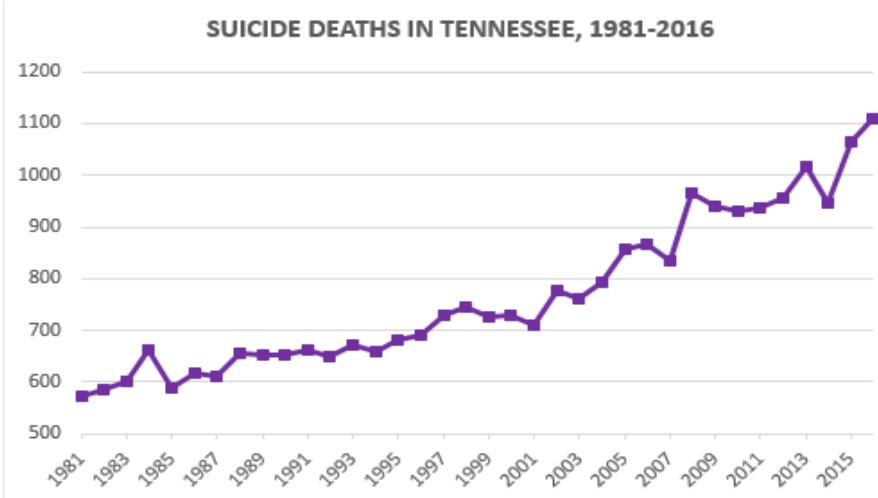
When a single county experiences a spike in suicides or several years of suicide rates above the state average, TSPN may seek to establish a county-specific task force. The taskforce seeks to have TSPN staff working with the county health department, the county medical examiner, the mayor's office, mental health professionals, and other advocates to implement intensive suicide prevention projects on the local level.

The first task force, the Blount County Mental Health and Suicide Prevention Alliance, was founded in 2002 after county medical examiner David M. Gilliam noticed an unusually large number of suicides in Blount County. He sought out the editor of the *Maryville Times*, the county's largest newspaper, to draw attention to this problem. TSPN was engaged in the effort and helped concerned citizens organize a county-wide suicide prevention campaign. Task forces are currently active in 15 counties across the state (Blount, Bradley, Davidson, DeKalb, Giles, Hickman, Lawrence, McNairy, Meigs, Montgomery, Houston, Humphreys, Perry, Polk, Robertson and Stewart). Often these task forces act as springboards for reaching other counties with high rates—for example, the Hickman group expanded to cover neighboring Perry County, and the task force in Giles also stages operations in nearby Lawrence County.



TSPN Past Advisory Council Chair Tim Tatum and Southeast Regional Chair Eve Nite appeared on the May 19 edition of WDEF's "Let's Chat" program to promote the Southeast Tennessee Suicide Prevention Forum, held May 23 in Cleveland.

Suicide in Tennessee Over the Years



These figures were obtained from the Web-based Injury Statistics Query and Reporting System (WISQARS), an interactive database system maintained by the Centers for Disease Control and Prevention (CDC). WISQARS provides customized reports of injury-related data. These figures may differ from those in other TSPN rate charts, which were created using data from the Tennessee Department of Health.

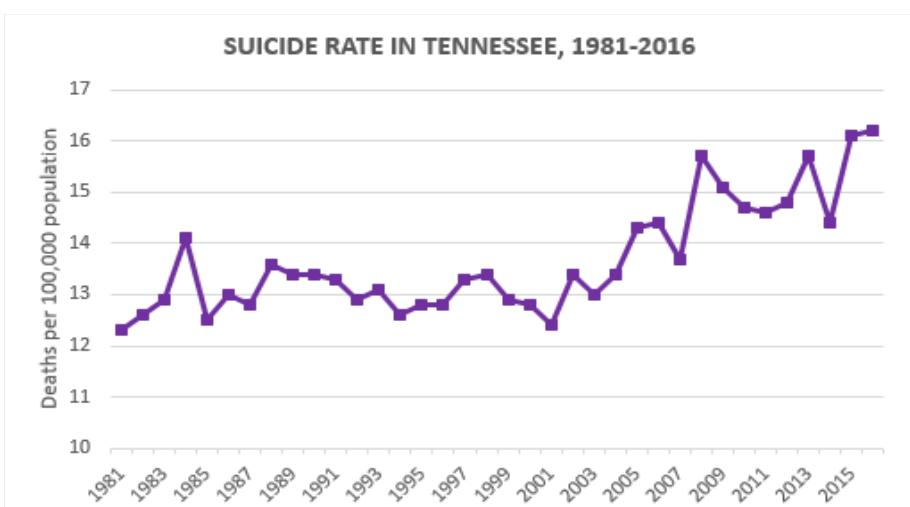
What do the numbers mean?

The above chart gives the raw number of reported suicides for each year, while the chart below breaks the numbers down using rate per 100,000—a common statistical measure—to demonstrate relative frequency.

Why have the numbers gone up?

Often, the stigma surrounding suicide and mental illness resulted in family members claiming a suicide death was an accident or natural causes, often with the approval of local doctors or medical examiners. But as this stigma gradually ebbs and record-keeping practices improve, more suicide deaths are being correctly classified. While this phenomenon produces an apparent increase in numbers and rates, it also guarantees that the numbers are more accurate.

Note: these charts use crude suicide rates rather than age-adjusted suicide rates used in other graphs in this report.

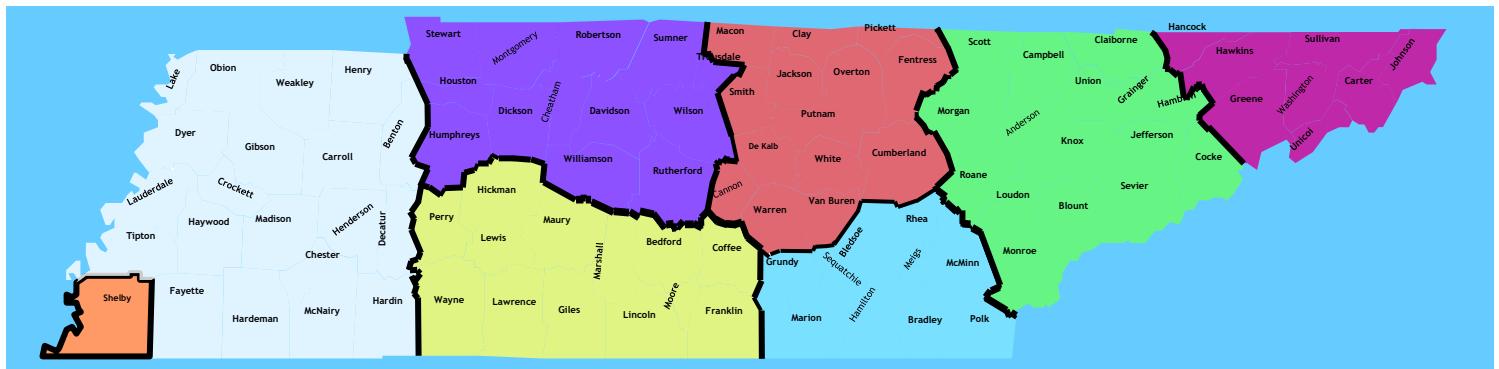


YEAR	DEATHS	RATE
1981	571	12.3
1982	586	12.6
1983	602	12.9
1984	661	14.1
1985	590	12.5
1986	618	13.0
1987	612	12.8
1988	655	13.6
1989	652	13.4
1990	653	13.4
1991	662	13.3
1992	650	12.9
1993	673	13.1
1994	660	12.6
1995	681	12.8
1996	691	12.8
1997	729	13.3
1998	744	13.4
1999	726	12.9
2000	730	12.8
2001	711	12.4
2002	778	13.4
2003	762	13.0
2004	792	13.4
2005	856	14.3
2006	866	14.4
2007	833	13.7
2008	965	15.7
2009	939	15.1
2010	932	14.7
2011	938	14.6
2012	956	14.8
2013	1,017	15.7
2014	945	14.4
2015	1,065	16.1
2016	1,110	16.2

Suicide in Tennessee by Counties

Each cell in the chart lists the raw number of deaths recorded in each county in the specified year. The number in parentheses represents the rate per 100,000 population.

The color of the row header indicates the TSPN region serving the county.



Data on county suicide rates dating back to the last ten years is available on the TSPN website
www.tspn.org/suicide-statistics-2

For figures earlier than 2000, contact the Tennessee Department of Health's Office of Health Statistics at
(615) 741-4939 or healthstatistics.health@tn.gov

Note: these charts use crude suicide rates rather than age-adjusted suicide rates used in other graphs in this report.

	2011	2012	2013	2014	2015	2016		2011	2012	2013	2014	2015	2016
Tennessee	938 (14.6)	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)	Tennessee	938 (14.6)	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)
Anderson	14 (18.6)	8 (10.6)	19 (25.1)	9 (11.9)	16 (21.1)	17 (22.4)	Claiborne	10 (31.1)	8 (25.2)	10 (31.7)	8 (25.3)	8 (25.2)	11 (34.6)
Bedford	15 (33.0)	10 (21.9)	4 (8.7)	6 (12.9)	7 (14.8)	7 (14.7)	Clay	3 (38.6)	0 (N/A)	1 (12.9)	3 (38.6)	4 (51.4)	4 (51.7)
Benton	1 (6.1)	4 (24.4)	5 (30.7)	5 (31.0)	5 (31.0)	5 (31.2)	Cocke	5 (14.1)	7 (19.7)	6 (16.9)	7 (19.8)	13 (37.0)	8 (22.7)
Bledsoe	1 (7.8)	2 (15.6)	4 (31.2)	2 (14.4)	7 (48.4)	1 (6.8)	Coffee	12 (22.6)	13 (24.4)	15 (28.1)	9 (16.8)	15 (27.6)	12 (21.9)
Blount	16 (12.9)	14 (11.3)	25 (20.0)	15 (11.9)	14 (11.0)	27 (21.0)	Crockett	1 (6.9)	1 (6.8)	2 (13.7)	2 (13.6)	1 (6.8)	3 (20.8)
Bradley	11 (11.0)	15 (14.8)	13 (12.8)	12 (11.7)	15 (14.4)	14 (13.4)	Cumberland	6 (10.6)	16 (28.1)	6 (10.4)	14 (24.1)	13 (22.3)	18 (30.7)
Campbell	6 (14.8)	6 (14.8)	8 (19.9)	6 (15.0)	6 (15.1)	7 (17.6)	Davidson	74 (11.6)	72 (11.1)	91 (13.8)	88 (13.2)	92 (13.6)	110 (16.1)
Cannon	2 (14.6)	4 (28.9)	1 (7.3)	2 (14.5)	4 (28.8)	3 (21.4)	Decatur	1 (8.6)	1 (8.6)	3 (25.7)	0 (N/A)	2 (17.1)	2 (17.0)
Carroll	7 (24.6)	3 (10.6)	6 (21.0)	7 (24.7)	10 (35.8)	4 (14.2)	DeKalb	5 (26.5)	3 (15.9)	3 (15.7)	3 (15.6)	5 (26.1)	8 (41.3)
Carter	5 (8.7)	9 (15.7)	14 (24.4)	7 (12.3)	7 (12.4)	11 (19.5)	Dickson	10 (20.0)	7 (13.9)	16 (31.8)	9 (17.8)	10 (19.4)	10 (19.2)
Cheatham	9 (23.0)	14 (35.6)	3 (7.6)	8 (20.1)	15 (37.7)	7 (17.6)	Dyer	7 (18.3)	3 (7.8)	8 (20.9)	1 (2.6)	5 (13.2)	4 (10.6)
Chester	2 (11.7)	4 (23.3)	2 (11.5)	3 (17.3)	3 (17.2)	1 (5.7)	Fayette	4 (10.4)	1 (2.6)	6 (15.5)	7 (17.9)	8 (20.4)	5 (12.6)

Suicide in Tennessee by Counties (cont.)

	2011	2012	2013	2014	2015	2016		2011	2012	2013	2014	2015	2016
Tennessee	938 (14.6)	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)	Tennessee	938 (14.6)	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)
Fentress	6 (33.3)	4 (22.3)	2 (11.2)	5 (28.0)	3 (16.7)	1 (5.5)	Meigs	0 (N/A)	3 (25.6)	2 (17.2)	2 (17.1)	3 (25.4)	1 (8.3)
Franklin	9 (22.0)	7 (17.2)	9 (21.9)	4 (9.7)	6 (14.5)	7 (16.8)	Monroe	8 (17.8)	9 (19.9)	7 (15.5)	6 (13.3)	11 (24.0)	13 (28.3)
Gibson	8 (16.0)	10 (20.1)	10 (20.2)	8 (16.2)	7 (14.2)	11 (22.3)	Montgomery	22 (12.5)	33 (17.9)	21 (11.4)	37 (19.5)	40 (20.7)	30 (15.3)
Giles	9 (30.6)	9 (31.0)	10 (34.8)	5 (17.3)	5 (17.3)	12 (41.0)	Moore	1 (15.6)	1 (15.8)	2 (31.7)	1 (15.8)	0 (N/A)	1 (15.8)
Grainger	8 (35.2)	7 (30.9)	3 (13.2)	6 (28.3)	3 (13.1)	5 (21.7)	Morgan	5 (22.9)	9 (19.9)	3 (13.7)	2 (9.2)	6 (27.9)	7 (32.5)
Greene	10 (14.4)	15 (21.8)	14 (20.5)	12 (17.6)	7 (10.2)	12 (17.5)	Obion	3 (9.4)	5 (16.0)	7 (22.5)	4 (12.9)	3 (9.8)	9 (29.4)
Grundy	6 (44.3)	0 (N/A)	4 (29.7)	3 (22.4)	2 (14.9)	2 (15.0)	Overton	2 (9.0)	4 (18.0)	10 (45.3)	1 (4.5)	2 (9.0)	8 (36.3)
Hamblen	12 (19.0)	9 (14.3)	16 (25.4)	6 (9.5)	19 (30.0)	21 (32.9)	Perry	2 (25.3)	1 (12.8)	3 (38.1)	5 (64.0)	2 (25.2)	2 (25.1)
Hamilton	55 (16.1)	49 (14.2)	53 (15.2)	38 (10.8)	50 (14.1)	42 (11.7)	Pickett	1 (19.6)	1 (19.7)	3 (59.1)	1 (19.6)	1 (19.5)	1 (19.5)
Hancock	5 (74.5)	1 (14.9)	3 (45.1)	3 (45.2)	1 (15.3)	3 (45.7)	Polk	1 (6.0)	2 (12.0)	3 (18.0)	3 (17.9)	7 (41.7)	4 (23.9)
Hardeman	5 (18.6)	5 (18.8)	4 (15.2)	1 (3.9)	4 (15.6)	0 (N/A)	Putnam	10 (13.7)	7 (9.6)	13 (17.7)	11 (14.8)	17 (22.8)	24 (31.6)
Hardin	4 (15.5)	7 (27.0)	9 (34.6)	5 (19.3)	1 (3.9)	3 (11.7)	Rhea	6 (18.7)	6 (18.6)	6 (18.5)	8 (24.5)	7 (21.5)	8 (24.7)
Hawkins	16 (28.2)	11 (19.4)	12 (21.1)	7 (12.3)	10 (17.7)	8 (14.1)	Roane	13 (24.1)	13 (24.3)	16 (30.2)	9 (17.1)	14 (26.5)	12 (22.7)
Haywood	3 (16.2)	0 (N/A)	0 (N/A)	3 (16.5)	1 (5.5)	1 (5.6)	Robertson	11 (16.4)	12 (17.9)	13 (19.2)	13 (19.1)	15 (21.9)	13 (18.8)
Henderson	5 (17.9)	3 (10.7)	5 (17.8)	2 (7.1)	9 (32.1)	4 (14.4)	Rutherford	26 (9.7)	37 (13.5)	24 (8.5)	40 (13.8)	35 (11.7)	41 (13.3)
Henry	11 (34.0)	7 (21.6)	9 (27.9)	9 (27.9)	12 (37.3)	10 (30.9)	Scott	5 (22.6)	4 (18.1)	2 (9.1)	6 (27.3)	5 (22.8)	9 (41.0)
Hickman	9 (32.8)	5 (20.7)	4 (16.5)	3 (12.3)	3 (12.3)	2 (8.2)	Sequatchie	2 (13.9)	3 (20.8)	2 (13.6)	6 (40.8)	4 (27.0)	4 (26.9)
Houston	1 (12.0)	2 (23.8)	3 (36.2)	0 (N/A)	1 (12.2)	1 (12.3)	Sevier	10 (10.9)	17 (18.4)	16 (17.1)	19 (20.0)	18 (18.8)	20 (20.7)
Humphreys	4 (21.6)	5 (27.4)	4 (21.9)	4 (22.0)	2 (11.0)	3 (16.3)	Shelby	88 (9.4)	84 (8.9)	89 (9.5)	81 (8.6)	88 (9.4)	82 (8.8)
Jackson	6 (52.8)	3 (26.2)	1 (8.7)	4 (34.6)	4 (34.8)	0 (N/A)	Smith	2 (10.4)	8 (41.9)	5 (26.2)	2 (10.5)	1 (5.2)	4 (20.6)
Jefferson	12 (23.2)	9 (17.2)	5 (9.6)	4 (7.6)	6 (11.3)	9 (16.8)	Stewart	4 (30.3)	4 (30.1)	6 (44.9)	7 (52.7)	6 (45.2)	3 (22.8)
Johnson	1 (5.5)	3 (16.6)	5 (27.8)	7 (39.2)	5 (28.0)	4 (22.5)	Sullivan	16 (10.2)	31 (19.8)	28 (17.9)	22 (14.0)	28 (17.9)	33 (21.1)
Knox	72 (16.5)	77 (17.4)	57 (12.8)	66 (14.7)	67 (14.8)	72 (15.8)	Sumner	19 (11.6)	22 (13.2)	33 (19.5)	19 (11.0)	22 (12.5)	41 (22.8)
Lake	2 (25.7)	0 (N/A)	2 (25.9)	3 (39.3)	1 (13.2)	1 (13.2)	Tipton	6 (9.8)	6 (9.7)	9 (14.6)	8 (13.0)	15 (24.2)	14 (22.8)
Lauderdale	5 (18.0)	3 (10.8)	3 (10.8)	7 (25.6)	4 (14.8)	4 (14.9)	Trousdale	2 (25.6)	0 (N/A)	0 (N/A)	3 (37.5)	3 (37.3)	1 (12.1)
Lawrence	11 (26.1)	7 (16.6)	6 (14.3)	8 (18.9)	8 (18.8)	8 (18.6)	Unicoi	3 (16.4)	4 (22.0)	5 (27.7)	3 (16.7)	2 (11.2)	3 (16.9)
Lewis	3 (24.7)	3 (25.2)	6 (50.2)	4 (33.6)	2 (16.9)	8 (67.2)	Union	4 (20.9)	5 (26.2)	5 (26.2)	6 (31.4)	2 (11.2)	9 (47.0)
Lincoln	3 (9.0)	5 (14.9)	2 (5.9)	4 (11.9)	11 (32.6)	7 (20.8)	Van Buren	2 (36.6)	0 (N/A)	0 (N/A)	1 (17.9)	1 (17.7)	2 (35.3)
Loudon	7 (14.2)	8 (16.1)	6 (11.9)	12 (23.6)	11 (21.5)	4 (7.8)	Warren	4 (10.0)	3 (7.5)	7 (17.5)	9 (22.5)	7 (17.3)	7 (17.3)
McMinn	11 (20.9)	9 (17.2)	10 (19.1)	10 (19.0)	6 (11.4)	9 (17.0)	Washington	18 (14.5)	26 (20.8)	16 (12.7)	17 (13.5)	16 (12.7)	20 (15.7)
McNairy	8 (30.7)	3 (11.5)	10 (38.3)	6 (22.8)	4 (15.3)	5 (19.3)	Wayne	4 (23.6)	1 (5.9)	2 (11.8)	3 (17.7)	4 (23.9)	2 (12.0)
Macon	6 (26.7)	4 (17.8)	5 (22.0)	3 (13.0)	6 (25.9)	8 (34.1)	Weakley	8 (22.9)	6 (17.2)	10 (12.9)	6 (17.5)	9 (26.5)	5 (14.9)
Madison	11 (11.2)	15 (15.2)	12 (12.2)	11 (11.2)	15 (15.4)	15 (15.4)	White	11 (42.1)	0 (N/A)	10 (38.1)	8 (30.4)	6 (22.6)	4 (15.0)
Marion	9 (31.9)	3 (10.6)	8 (28.2)	6 (21.1)	3 (10.5)	9 (31.6)	Williamson	18 (19.5)	25 (13.0)	26 (13.1)	22 (10.7)	29 (13.7)	21 (9.6)
Marshall	6 (19.4)	8 (25.9)	5 (16.1)	6 (19.2)	6 (19.0)	6 (18.6)	Wilson	8 (6.9)	15 (12.6)	12 (9.8)	23 (18.3)	31 (24.0)	21 (15.8)
Maury	8 (9.8)	13 (15.9)	13 (15.5)	13 (15.2)	12 (13.7)	15 (16.7)							

Tennessee's Zero Suicide Initiative



This past year marked the third year of Tennessee's Zero Suicide Initiative and the start of a new grant cycle. This milestone is a fitting occasion to review the achievements of the Initiative and opportunities for expansion.

Much of the work done during the past three years would never have been possible without the work of Tennessee's Zero Suicide Initiative Task Force. Members appointed to the Task Force, in collaboration with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), the Tennessee Suicide Prevention Network (TSPN), engaged with 21 partner agencies across Tennessee, including mental health centers, behavioral health care organizations, and local hospitals to implement best-practice suicide prevention and intervention strategies, with the ultimate goal of making suicide a "never event" with their client base.

86% of Zero Suicide Initiative agencies have conducted training in the "Question, Persuade, and Refer" (QPR) suicide prevention curriculum. Most agencies have embedded QPR instructors within their agency to lead trainings for employees at all levels of their respective organizational charts, from support staff to C-level executives. These agencies emphasize the importance of suicide prevention/intervention training to their employees, who are increasingly taking advantage of free training opportunities within their organization, in their community, and online. These trainings include QPR, Applied Suicide Intervention Skills Training (ASIST), Assessing and Managing Suicide Risk (AMSR), Counseling on Access to Lethal Means (CALM), and suicide2Hope.

During the course of the grant period, member agencies reported back to the Task Force on issues that impeded implementation—the time necessary for employees to participate in training sessions, the conflicting roll-out of other medical and behavioral health initiatives, the transition from paper to electronic health records, and acclimating physicians to the Columbia Suicide Severity Rating Scale (C-SSRS), the Initiative's recommended suicide risk assessment tool. Exploring solutions to these barriers ended up creating a breakthrough—the concept of our state's managed care organizations (MCOs) offering stipends and reimbursements for clinicians participating in Initiative-related suicide prevention training courses. At least one MCO has already committed to the project as of this writing, and Tennessee is likely one of the first states in the country to confirm such an arrangement.

The close of the first grant period for this Initiative finds our state's providers of behavioral health care far better prepared to work with people at risk for suicide, and committed to eliminating, not merely preventing, suicides among the people they serve. We expect the work done so far to pay off in life-saving dividends over the course of the next few years as we move forward with the next phase of the Zero Suicide Initiative.

In the meantime, we'd like to offer our thanks to the members of the Task Force who helped make the Initiative a reality:

Co-Chair-Morenike Murphy, Tennessee Department of Mental Health and Substance Abuse Services
Co-Chair-Scott Ridgway, TSPN
Candace Allen, Helen Ross McNabb Center
Kelly Askins, BlueCare Tennessee
Kathy Benedetto, Frontier Health
Renea Bentley, Amerigroup Community Care
Jonathan Billingham, UnitedHealthcare Community Plan
Dawn Ducote, Correct Care Solutions
Adam Graham, Mental Health Cooperative
Jennifer Harris, Sain Thomas Hickman Hospital
Sean Jones, Carey Counseling Center
Michael Myszka, Bureau of TennCare
Kim Parker, Pathways Behavioral Health
Stephenie Robb, Behavioral Health Initiatives, Inc.
Raquel Shutze, Youth Villages
Anne Stamps, Volunteer Behavioral Health Care System
Becky Stoll, Centerstone
Ellyn Wilbur, Tennessee Association of Mental Health Organizations
Tim Tatum, Focus Healthcare
Anne Young, Cornerstone of Recovery
Nathan Zeiger, Ridgeview Behavior Health
Misty Leitsch, Zero Suicide Coordinator, TSPN

At left: logos of current partners in Tennessee's statewide Zero Suicide Initiative. Delegates from these agencies attend regular meetings of the Zero Suicide Initiative Task Force. They also oversee Initiative implementation teams within their agencies which develop and enact plans for training, as well as counseling, referral, and follow-up for high-risk clients.

Full information about the history and goals of the Zero Suicide Initiative is available on the TSPN website (<http://tspn.org/zero-suicides>)



Notable TSPN Achievements

Major achievements during the calendar year 2017 are as follows:

The Network introduced a new brochure for statewide distribution, "Saving Lives on Social Media in Tennessee", which explains how to respond to expressions of suicidal intent on social media. A companion bookmark was also introduced.

Roughly 400 people from across Tennessee came to Trevecca Community Church in Nashville on April 19 for "Steps Toward a Safer Tennessee", TSPN's annual spring symposium. This year's symposium easily set the record for attendance at a TSPN event. The keynote address by Sue Klebold, mother of one of the students involved in the Columbine High School incident, was the highlight of the symposium. Mrs. Klebold is a mental health and violence prevention advocate, and the author of *A Mother's Reckoning: Living in the Aftermath of Tragedy*. Her presentation was followed by a Q&A session with Klebold, facilitated by Becky Stoll, LCSW, Vice President of Crisis & Disaster Management for Centerstone, and Scott Ridgway, MS, TSPN's Executive Director.

The symposium also included remarks by Granger Brown, MSW, Chair of the Planning Committee and a Co-Host supporter of the event. Linda O'Neal, Executive Director of the Tennessee Commission on Children and Youth, facilitated a panel discussion on the current and potential contributions of state departments, legislators, and employees to suicide prevention. Joanne Perley, MPH, TSPN's Middle Tennessee Regional Coordinator, and Tim Tatum, MBA, MS, LPC, Director of Business Development at Focus Healthcare (the Past Chair of TSPN's Advisory Council) led a presentation/tabletop exercise on the problem of suicide among men in midlife. The symposium closed with breakout sessions focusing on suicide risk screening tools, the creation of safety plans for people at risk for suicide, crisis intervention techniques, risk assessment within the workplace, suicide-proofing for homes and businesses, and the role of suicide prevention within firearm safety courses.

TSPN worked with mental health and suicide prevention advocates across the state to promote the Kenneth and Madge Tullis, MD, Suicide Prevention Training Act of 2017 within the Tennessee General Assembly, culminating in Governor Bill Haslam signing the bill into law on June 21. The legislation requires licensed counselors in Tennessee to complete two hours of suicide prevention training every five years. The bill represents a longtime goal of TSPN ensure that counselors in Tennessee are trained in suicide prevention, intervention, and postvention protocols.

The first meeting of the Higher Education Suicide Prevention Task Force was held on October 6 and meets quarterly. This group is the first instance of a statewide taskforce dedicated to this issue anywhere in the country. The Task Force includes a member of the Tennessee Board of Regents and the Tennessee Higher Education Committee, in addition to representatives from approximately 20 colleges and universities across Tennessee.

The Medical Examiner Task Force was also formed by the Advisory Council, with the first meeting being held June 21st and meets quarterly. This group's goals are to research legislation of other states regarding fatality review boards, research the existence of fatality review boards, as well as other states' legislation regarding oversight of state and county medical examiners. The Gun Safety Task Force has also been revitalized with monthly meetings following the 2017 Symposium.

During the spring of 2016, TSPN has fielded several inquiries from the public regarding Netflix's popular series "13 Reasons Why", based on the novel by Jay Asher. This show's portrayal of death by suicide and the aftermath aroused considerable debate within the mental health community, especially those who work in the field of suicide prevention. TSPN issued a press release detailing TSPN's concerns about the program, as well as a companion fact sheet. Both were widely republished and promoted in Tennessee newspapers and on local television stations. The TSPN Executive Director also submitted an editorial to the *Contributor*, a weekly "street newspaper" published in Nashville.

Additionally, during 2017 TSPN issued press releases regarding the death of a Metro Nashville Police Department officer during the rescue of a woman attempting suicide in February, the alleged threat posed by the "Blue Whale" social media challenge, and the death of Linkin Park lead singer Chester Bennington.

Panoramic view of the Advisory Council meeting held on February 8 at Goodwill Industries of Middle Tennessee in Nashville. The meeting included remarks from Marie Williams, LCSW, the newly appointed Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services (at podium).



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Notable TSPN Achievements

Each September, TSPN observes Suicide Prevention Awareness Month in Tennessee through a series of presentations, memorial events, seminars, and educational opportunities across the state. TSPN staged or co-sponsored a total of 24 events across the state of Tennessee as part of its annual Suicide Prevention Awareness Month 2017 observance, with an estimated 2,060 people participating. The highlight of the observance was the statewide Suicide Prevention Awareness Day event held at Trevecca Community Church on September 13, with about 300 people in attendance. The observance was officially closed out by the highly successful “Speak Out-Save Lives” social media campaign on September 29. Also, we received 133 Suicide Prevention Awareness Month proclamations during 2017, representing 91 of Tennessee’s 95 counties.

This year, TSPN’s three monthly or bi-monthly newsletters were consolidated into a single electronic version. The **TSPN Call to Action**, is published and circulated to an estimated 21,000 people each month, not including forwards by readers. Each issue features information on local and national suicide prevention projects and perspectives from both survivors of suicide loss and suicide attempts.

The TSPN website (www.tspn.org) is updated regularly with information on regional meetings, support groups, resources, and information about TSPN projects. The website registered 136,383 hits during 2017, a 4% increase over the past year.

The following is a summary of noteworthy TSPN projects and activities during the last five years:

TSPN has distributed over 1 million church bulletin inserts to a variety of Tennessee churches; these inserts feature the warning signs of suicide and the National Suicide Prevention Lifeline number (1-800-273-TALK(8255)). Additionally, members of the Network have distributed approximately:

- 42,000 brochures promoting local survivor support groups
- 43,000 brochures on suicide among older adults
- 69,000 brochures on saving teen and young adult lives
- 140,000 regional/county resource directories
- 42,000 brochures on suicide and veterans
- 68,000 brochures on suicide and substance abuse
- 62,000 brochures on suicide and bullying
- 40,000 brochures on suicide in midlife
- 49,000 brochures on suicide and the GLBT community
- 37,000 brochures on suicide and African-Americans
- 20,000 brochures on suicide among college students (since introduction in 2016)
- 14,000 brochures on agency services and activities (since introduction in 2016)
- 24,000 brochures on suicide-proofing (since introduction in 2016)
- 18,000 brochures on social media (since introduction in 2017)

TSPN is responsible for about 121 profiles, appearances, and/or references on local TV and radio stations and newspapers across Tennessee.

During the past five years, TSPN reached approximately 70,000 people through suicide prevention training sessions, presentations, and workshops. These events provided information to first responders, public school staff, faith-based communities, as well as members of the media within and outside Tennessee. These include the Suicide and the Black Church Conference, which convenes semi-annually in Memphis and the Suicide and the African American Faith Communities Conference in middle Tennessee, as well as TSPN’s statewide Suicide Prevention Symposia.

TSPN cultivates public/private partnerships with agencies across the state to provide awareness and educational opportunities within a wide variety of organizations. These include NAMI Tennessee, the Tennessee Department of Health’s Commissioner’s Council on Injury Prevention, the Tennessee Department of Health’s Child Fatality Statewide Review Board, the Tennessee Coalition of Mental Health and Substance Abuse Services (TCMHSAS), the Tennessee Commission on Children and Youth (TCCY), the Council on Children’s Mental Health, the Tennessee Conference on Social Welfare (TCSW), the Tennessee Co-Occurring Disorders Coalition, the Tennessee Mental Health Statewide and local Planning Councils, and Tennessee Voices for Children.

Over the past five years, Network members have provided support for 108 major postvention efforts, including technical assistance and onsite debriefings. Most of these occurred at public schools that lost students to suicide. In several cases, the Network staged awareness events or town hall meetings for the general public in the affected areas.



At top: the QR code for the TSPN website (www.tspn.org).

At bottom: the logo for the TSPN App, an iPhone application with quick access to information about crisis information, suicide statistics, and TSPN’s training and resources. The app is available for download via iTunes (apple.co/1L3BkRc).

TSPN Statewide Leadership

TSPN Advisory Council

The council coordinates implementation of the Tennessee Suicide Prevention Strategy and guides the regional networks and task forces in raising community awareness of suicide prevention.

Anne Young, MS, CAS, LADAC II, Program Director, Young Adult and Residential Relapse Recovery Program, Cornerstone of Recovery (Advisory Council Chair)
Anne Stamps, MA, Center Director, Cumberland Mountain Mental Health Center / Dale Hollow Mental Health Center, Livingston
(Advisory Council Co-Chair)

Eve Nite, Southeast Regional Director, Omni Community Health, Chattanooga (Advisory Council Vice-Chair)

Jack Stewart, MA, President, NAMI Greene County, Greeneville (Advisory Council Secretary)

Tim Tatum, MBA, MA, LPC-MHSP, Focus Healthcare, Chattanooga (Advisory Council Past Chair)

John B. Averitt, Ph.D., Upper Cumberland Psychological Associates / Police Psychological Officer,
Cookeville Police Department, Cookeville

Ursula Bailey, JD, MBA, Attorney, Private Practice, Knoxville

Vickie Lynn Bilbrey, Marketing Recruiting Coordinator, Oakpoint Center, Livingston Regional Hospital, Livingston

Richard Bogle, Co-Chair, Behavioral Health and Suicide Prevention Hickman and Perry Counties, Nunnelly

Karyl Chastain Beal, M.Ed., Retired/Community Advocate, Columbia

Joseph Chatman III, LBSW, MSW, Chairman, Montgomery-Houston-Humphreys-Robertson-Stewart County
Suicide Prevention Task Force, Clarksville

Patsy Crockett, BSW, Case Manager IV, Tennessee Department of Children's Services, Paris

Audrey A. Elion, Ph.D., Mental Health Clinician, Private Practice, Cordova

Sherri Feathers, LCSW, Division Director, Specialty Services, Frontier Health, Johnson City

Adam Graham, LPC-MHSP, Supervisor of Diversion Services, Mental Health Cooperative

Brenda S. Harper, Retired/Community Advocate, Mt. Juliet (Outreach Committee Chair)

Tricia Henderson, LPC-MHSP, Assistant Director, Alcohol, Other Drug, & Mental Health Education,
Office of the Dean of Students, University of Tennessee-Chattanooga

Mary Jones, Children and Family Services, Covington

Mike LaBonte, Executive Director, Memphis Crisis Center, Memphis

Cynthia W. Lynn, RN, PhD, GC-C, Adjunct Faculty, Carson-Newman University, Jefferson City

Bellis May, BS, School Counselor, Pickwick Southside School, Counce

Wanda Mays, Hamilton County Sheriff's Office, Chattanooga

Sandra Perley, Ed.D, MSN, RN, Professor of Nursing, Columbia State Community College, Columbia

Waring Porter, Pastor, All Saints Presbyterian Church, Memphis

Stephenie Robb, Executive Director, Behavioral Health Initiatives, Inc., Jackson

Heatherly Sifford, BS, Trauma Injury Prevention Program Coordinator, Johnson City Medical Center

Becky Stoll, LCSW, Vice President, Crisis and Disaster Management, Centerstone, Nashville

Katie Valentino, BS, Behavioral Health Outreach Coordinator, BlueCare Tennessee, Knoxville

Eileen Wallach, LMSW, C-GC, CEO/Founder, Your Heart on Art, Inc., Nashville

Daniel Wolfshadow Winkler, Freeman Recovery Center, LLC, Dickson

ex-officio -Tom Starling, Ed.D., President/CEO, Mental Health America of Middle Tennessee

TSPN Advisory Council Members Emeritus

The Members Emeritus are distinguished former members of the Advisory Council who advise the sitting Council and support special Network projects.

Anna Shugart, MSSW, Director, Emotional Health & Recovery Center, Blount Memorial Hospital (Blount County Mental Health and Suicide Prevention Alliance
Chair, Emeritus Chair)

Sabrina Anderson, Boys and Girls Club of Jackson (Rural West Regional Chair, Emeritus)

Pam Arnell, Ed.D, Arnell's Counseling Service (Advisory Council Co-Secretary, Emeritus)

Jodi Bartlett, Ed.S, LPC-MHSP, Community Advocate (Upper Cumberland Regional Chair, Emeritus)

Sam Bernard, Ph.D., President, Bernard & Associates, PC / Executive Director and Lead Clinician, the PAR Foundation (Advisory Council Chair, Emeritus)

Kathy A. Benedetto, SPE, LPC, LMFT, Frontier Health (Advisory Council Member, Emeritus)

Granger Brown, Community Advocate (Substance Abuse Outreach Coordinator, Emeritus)

Renee Brown, LCSW, BCD, CAFAE, Memphis VA Medical Center (Memphis/Shelby County Regional Chair, Emeritus)

Carol Burroughs, MSCPS, Counselor, Lexington High School (Rural West Regional Chair, Emeritus)

Teresa Kimbro Culbreath, Community Advocate (Intra-State Departmental Group Member, Emeritus)

Clark Flatt, President, the Jason Foundation, Inc. (Advisory Council Member, Emeritus)

Benjamin Harrington, CEO, the Mental Health Association of East Tennessee, Knoxville (Advisory Council Chair, Emeritus)

Jennifer Harris, St. Thomas Hickman Hospital (Advisory Council Chair, Emeritus)

Anne Henning-Rowan, Community Advocate (Rural West Regional Chair, Emeritus)

Judith Johnson, Community Advocate (Advisory Council Co-Secretary, Emeritus)

Harold Leonard, MA, LPC-MHSP, Cognitive Behavioral Specialists of the Tri-Cities (Advisory Council Chair, Emeritus)

Claudia Mays, CM Counseling Service (Advisory Council Member, Emeritus)

Kim Rush, Ed.S., LPC-MHSP, Volunteer Behavioral Health Care System (Advisory Council Member, Emeritus)

Kenneth F. Tullis, MD, The Psychological Trauma & Wellness Center / Co-Founder, TSPN
(Strategies/Outcomes/Evaluations Committee Chair, Emeritus)

Madge Tullis, Co-Founder and Past Advisory Council Chair, TSPN (Advisory Council Chair, Emeritus)



TSPN Statewide Leadership

TSPN Intra-State Departmental Group

Members work to implement the Tennessee Strategy for Suicide Prevention within their respective departments/agencies and serves on the Advisory Council on a ex-officio basis.

Terrence (Terry) Love, MS, CPC (Intra-State Departmental Group Chair), Injury Prevention Manager, Division of Family Health and Wellness, Injury and Violence Prevention, Tennessee Department of Health

Michelle Bauer, Suicide Prevention Program Manager, Tennessee National Guard

Cathy V. Blakely, Victim Services Coordinator, Tennessee Bureau of Investigation

Mark Breece, Deputy Commissioner, Tennessee Department of Veterans Services

Jacquelyn S. Bruce, MA, Planning and Grants Management Supervisor, Tennessee Commission on Aging and Disability

Maria Bush, LPC-MHSP, Assistant Director, Office of Crisis Services and Suicide Prevention, Tennessee Department of Mental Health and Substance Abuse Services

Bruce E. Davis, Ph.D., Director of Behavioral and Psychological Services, Tennessee Department of Intellectual and Developmental Disabilities

Jennifer Dudzinski, Assistant State Nursing Director, Community Health Services, Office of Nursing, Tennessee Department of Health

Ashley Fuqua, Legislative Liaison & Public Information Officer, Tennessee Department of Human Resources

Shannon Hall, MA, Assistant Director of Talent Management, Tennessee Department of Safety and Homeland Security

Gwen Hamer, MA, Director, Education and Development, Tennessee Department of Mental Health and Substance Abuse Services

Diana Kirby, Project Director, Office of Crisis Services and Suicide Prevention, Tennessee Department of Mental Health and Substance Abuse Services

Sherlean Lybolt, MA, Mental Health Programs Coordinator, Tennessee Department of Correction

Melissa McGee, Council on Children's Mental Health Director, Tennessee Commission on Children and Youth

Morenike Murphy, LPC-MHSP, Director, Crisis Services and Suicide Prevention, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services

Thom Roberts, RID-CI, Deaf Services Specialist, Tennessee Department of Human Services, Tennessee Rehabilitation Center

Delora Ruffin, MA, Program Specialist, Division of Child Health, Tennessee Department of Children's Services

James A. Saunders, Ed.S., CFLE, CH, MAJ, Resilience & Risk Reduction Program Coordinator, Squadron Chaplain, 2/278th ACR, Tennessee Army National Guard

Jacqueline Talley, Treatment Specialist, Division of Alcohol and Substance Abuse Services, Tennessee Department of Mental Health and Substance Abuse Services

Janet Watkins, Training Director, AWARE Tennessee, Tennessee Department of Education

TSPN Staff

Scott Ridgway, MS, Executive Director, Nashville

Amy Dolinky, BA, East Tennessee Regional Coordinator, Knoxville

Vladimir Enlow, MTS, Executive Assistant, Nashville

Tisha Gurley, BA, West Tennessee Regional Coordinator, Jackson

Misty Leitsch, BBA, BSW, Zero Suicide Coordinator, Nashville

Joanne Perley, MPH, Middle Tennessee Regional Coordinator, Nashville



A group picture of all this year's Regional Suicide Prevention Award winners with speakers and dignitaries from the event.

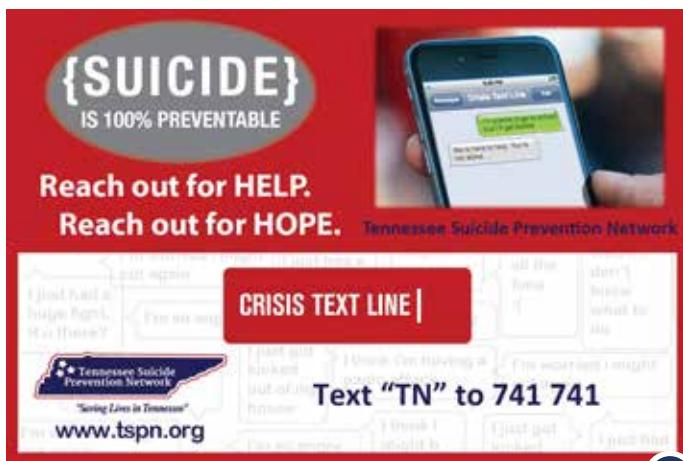
Scott Couch of WZTV Fox (left) was recognized by TSPN for several consecutive years emceeing our Suicide Prevention Awareness Day event. He was presented with this award by TSPN Executive Director Scott Ridgway.



Pictured from left to right: Matt Magrás-Tillery (East Tennessee winner); TSPN Advisory Council Chair Anne Young; TSPN Executive Director Scott Ridgway; Robert C. Killen, Ed. D. (South Central and statewide winner); TSPN Advisory Council Past Chair Tim Tatum (accepting on behalf of Southeast winner Wanda Mays); Tennessee Deputy Governor Jim Henry; Heatherly Sifford (Northeast winner); TDMHSAS Commissioner Marie Williams; Dr. John Averitt (Upper Cumberland winner); Melinda Hardin (accepting on behalf of Memphis/Shelby County winner Octavia Areas); Elvin "Woody" Woodruff (Mid-Cumberland winner); Michelle Bauer (Intra-State Departmental Award winner); Jameson K. Norton, Chief Executive Officer of Vanderbilt Psychiatric Hospital and Clinics; and Phillip Barham (Rural West winner).

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- Data sources:** Tennessee Department of Health; Division of Policy, Planning and Assessment; Hospital Discharge Data System (HDDS), Death Statistical System, and population estimates based on interpolated data from the U.S. Census's Annual Estimates of the Resident Population. Analyses were restricted to Tennessee residents.
- Please note that on October 1, 2015, the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) replaced the Ninth Revision (ICD-9-CM) for coding diagnoses and other information in hospital discharge data (1). The ICD-10-CM classification has been expanded to capture more detail, and contains almost 5 times the number of codes compared to ICD-9-CM. This is particularly problematic when it comes to injury, where the number of relevant codes has jumped from 2,600 in ICD-9-CM to 43,000 in ICD-10-CM (2). In addition, the code structure, specificity, and what is captured in some diagnosis codes has changed, impacting how these codes are categorized for injury surveillance purposes.
- ICD-10-CM coded injury data are not comparable to ICD-9-CM coded injury data. The ICD-10-CM coded data offer more specific information. Because of this, some of the categories within the external cause matrix are different from previous years. The injury community is still convening on this topic. Case definitions and external cause categories being used for surveillance are subject to change.
- In particular, the coding of self-harm or possible suicidal behavior changed significant with the transition from ICD-9-CM to ICD-10-CM. Diagnoses of self-inflicted injury or poisoning have been demonstrated to increase abruptly with the introduction of ICD-10-CM (3). Because of this, increases in measured rates of suicide hospitalizations or ED visits in 2016 relative to earlier years are likely to be coding artifacts and not real trends.
1. Safe States (2016). The Transition from ICD-9-CM to ICD-10-CM (ISW9). Retrieved from http://c.ymcdn.com/sites/www.safestates.org/resource/resmgr/isw9/ISW9_FINAL_Report.pdf
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In 2017, TSPN launched a partnership with the Crisis Text Line, a free, 24/7 text-messaging support line for people in crisis.

The Crisis Text Line provides access to a trained crisis counselor who can provide immediate support and referrals not just for suicidal thoughts, but also for anxiety, depression, child and domestic abuse, substance abuse, eating disorders, human trafficking and beyond. The Crisis Text Line will provide TSPN with trends in texts it receives from Tennessee for use in local outreach efforts.

People in Tennessee can text "TN" to 741-741 and connect with a crisis counselor. More information about the Crisis Text Line itself is available at www.crisistextline.org.



At left: TDMHSAS Commissioner Marie Williams (second from left) is presented with her own copy of this year's Suicide Prevention Awareness Month proclamation by Tennessee Deputy Governor Jim Henry (second from right) during the Suicide Prevention Awareness Day ceremony, as TSPN Advisory Council Anne Young (far left) and Executive Director Scott Ridgway look on.



At right: during a break at the symposium, Sue Klebold (right) posed for a photo with Karyl Chastain Beal, the facilitator of the Parents of Suicide/Friends and Families of Suicide online support group and a personal friend of Ms. Klebold.



Above: volunteers from HCA pose for a photo with Scott Ridgway during HCA's annual Community Day on September 12. They assembled approximately 2,000 packets for upcoming training sessions and about 5,000 Suicide Prevention Awareness Month ribbon cards for distribution during Suicide Prevention Awareness Month.

This year's report is dedicated in memory of Gabe Johns and Larry Roark, and in honor of TSPN's supporters in Macon County.

Below: while on a mission trip to Honduras in March, Octavio Areas, staff chaplain at Le Bonheur Medical Center in Memphis (and winner of this year's Memphis/Shelby County Regional Suicide Prevention Award) provided QPR to over 100 people, including military personnel, psychologists, and single mothers with special-needs children.



**SPEAK UP
SAVE LIVES**

WEAR YOUR PURPLE & GREY

SEPTEMBER 29th

JOIN THE MOVEMENT...

On Friday, September 29th, wear Purple or Grey to show your support for Suicide Prevention & Awareness in TN!

Then join the conversation by taking pictures of you & your peeps' in your Purple & Greys... Then post them on social media (FB, TW, Tumblr & Instagram) using...

#SpeakUpSaveLives17

Tennessee Suicide Prevention Network
Saving Lives in Tennessee!
Got Questions?... Email: tspn@tspn.org

TSPN.org

Above: the promotional poster for TSPN's statewide "Speak Up-Save Lives" social media campaign on September 29. Developed by East Tennessee Regional Coordinator Amy Dolinky, the event began last year as an observance for the East Tennessee Grant Region. The success of this project and its capability for reaching people across and beyond Tennessee led the Network to make this annual statewide event, starting this year.

