



STATUS OF SUICIDE IN TENNESSEE

2019



"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, which spurred the development of a statewide suicide prevention movement, and the *U.S. Surgeon General's Call to Action to Prevent Suicide* in 1999, which acknowledges 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 2016 and printed in 2017.

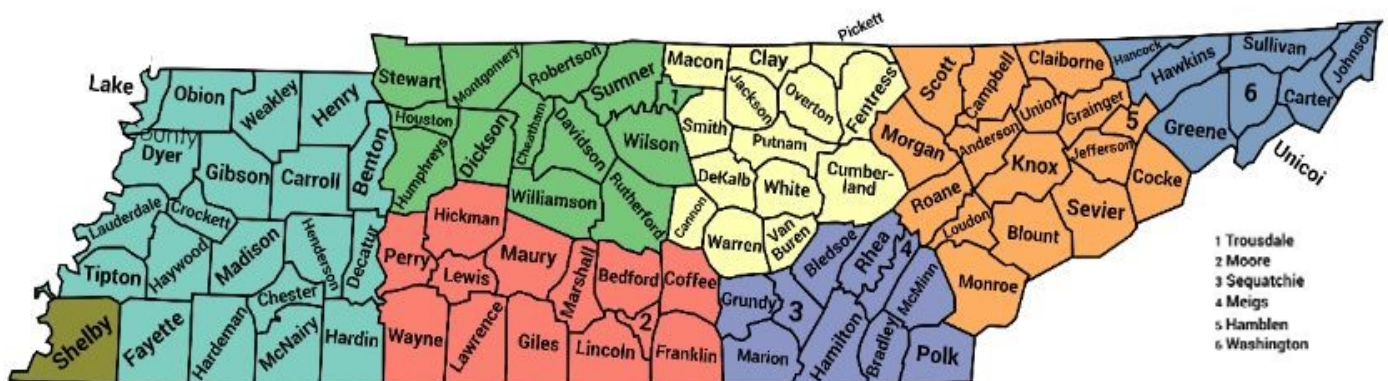


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The 2018 Proclamation, with Governor Bill Haslam declaring September Suicide Prevention Awareness Month for the State of Tennessee. All City and County Mayors are asked to do the same for their areas, which resulted in 128 proclamations, representing 87 counties.

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 2018 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 9,256 hours of time across Tennessee during the 2017-18 fiscal year to these ends, saving the state of Tennessee \$201,688.

The symposium held in April filled Trevecca Community Church wall-to-wall, as *The S Word* documentary was screened, and presented by the director herself, Lisa Klein, as well as the keynote presentation by renowned suicidologist, Dr. Thomas Joiner. Roughly 400 people from across Tennessee and out of state came to both view the documentary and hear Dr. Joiner's theories and expertise in the field.

TSPN had another legislative success, the signing of the Suicide Prevention Act of 2018 into law, which authorizes the Commissioner of Health to create the Tennessee suicide prevention program. This team, appointed by the Commissioner of the Tennessee Department of Health will address the growing number of adult suicides in Tennessee. TSPN is proud to have played a part in the adoption of this bill and is indebted to the support of Senator Rusty Crowe, Representative Bob Ramsey, and the General Assembly for taking the first steps for adopting this legislation.

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 Tennessee Veterans Suicide Prevention Task Force has partnered with the Tennessee Department of Veteran Services to create and carry out action items to best help the at-risk population of veterans. Veteran serving organizations and other agencies serving the Veteran population pose a unique problem for suicide prevention/intervention/postvention efforts. The Tennessee Farmers Suicide Prevention Task Force, a partnership with the Tennessee Department of Agriculture, will work to proactively address the issue of suicide in Tennessee with this population.

TSPN thanks Governor Bill Haslam and his staff for their continuing commitment to TSPN. Commissioner Marie Williams has also been a strong supporter of TSPN 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.



A handwritten signature in black ink that reads "Scott Ridgway".

Scott Ridgway, MS
Executive Director, TSPN

A handwritten signature in black ink that reads "Anne Stamps".

Anne Stamps, MA
Chair, TSPN Advisory Council



Executive Summary



(LEFT) TSPN recognized the leadership of Commissioner Marie Williams, of the Department of Mental Health and Substance Abuse Services, at the annual Statewide Suicide Prevention Day. (RIGHT) Anne Young was also recognized at this event for completing her term as Chair for the Advisory Council, which is now held by Anne Stamps.



Each day in Tennessee, an average of three people die by suicide. As of 2017, 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 2017—the latest year for which state-specific figures are available—there were 1,163 recorded suicide deaths in Tennessee, at a rate of 17.3 per 100,000. These figures represent a slight increase from the previous year, which registered 1,110 suicide deaths at a rate of 16.2, 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 more than 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.

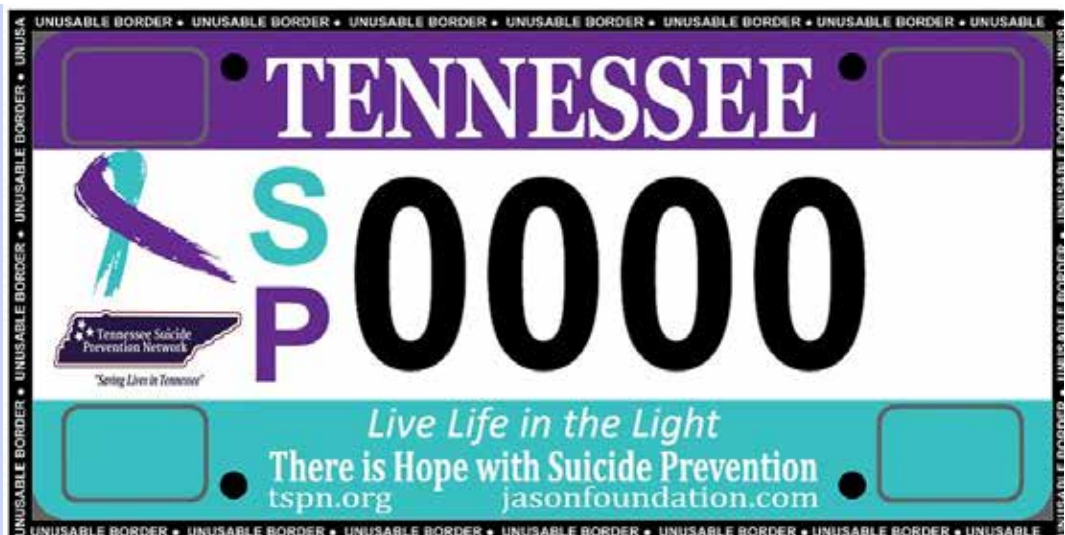
Firearms remain the most common means of suicide death and attempts in Tennessee, accounting for roughly two-thirds of the suicides in our state in any given year.

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 our efforts to our Task Forces, focusing on the needs of different at risk groups in our state of Tennessee.

Even one death by suicide is too many, and the recent increase only inspires us to double 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.

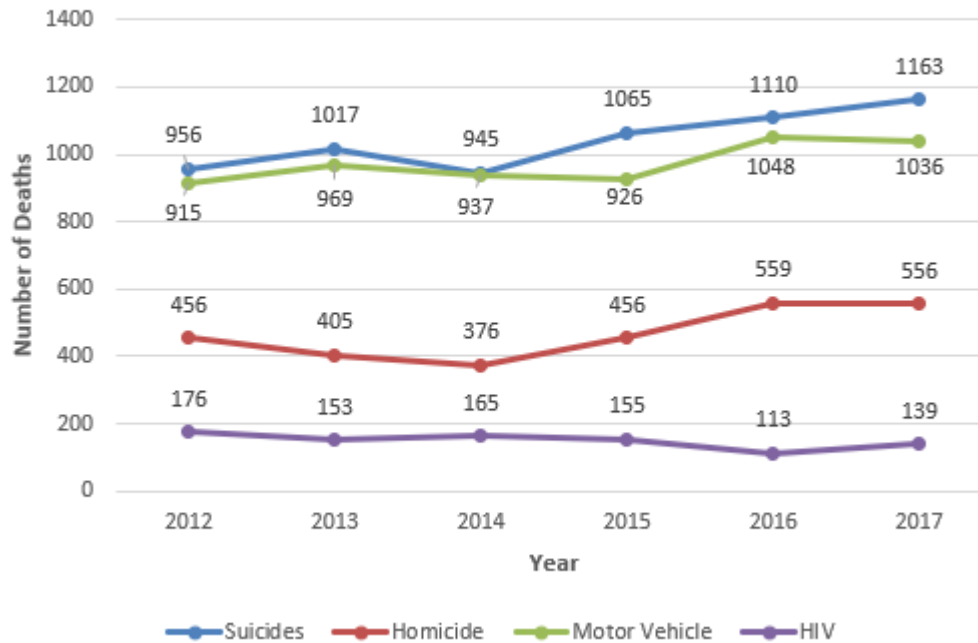
TSPN and the Jason Foundation, Inc. are officially gathering signatures for an official specialty license plate promoting suicide prevention authorized by state legislation.

This license plate will be the first one in the country devoted to the cause of suicide prevention. A share of the proceeds from the sale of these plates will fund suicide prevention efforts in our state.



Suicide: A Leading Cause of Death

Number of Deaths Due to Suicide, Homicide, MV, HIV in Tennessee 2012-2017



Historically, motor vehicle accidents have been the leading cause of injury death for people in Tennessee. That number has dropped both statewide and nationally because of 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.



Advisory Council members participated in a Q&A with Gubernatorial Candidates at the annual Advisory Council Retreat, held at Montgomery Bell State Park, on June 6-7. All Gubernatorial Candidates were invited.

The Economic Impact of Suicide

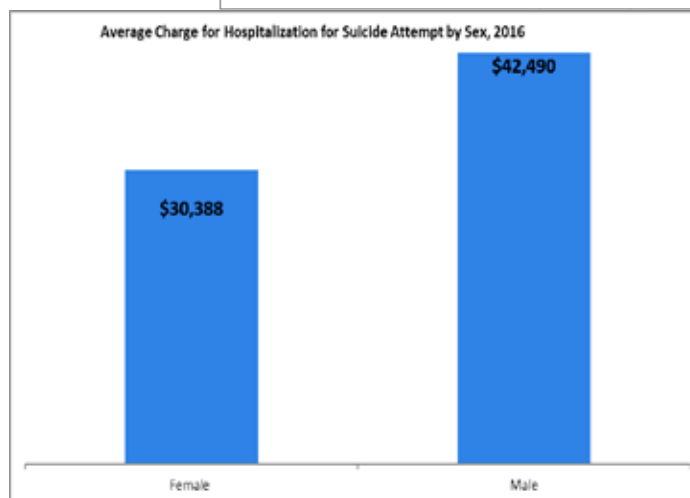
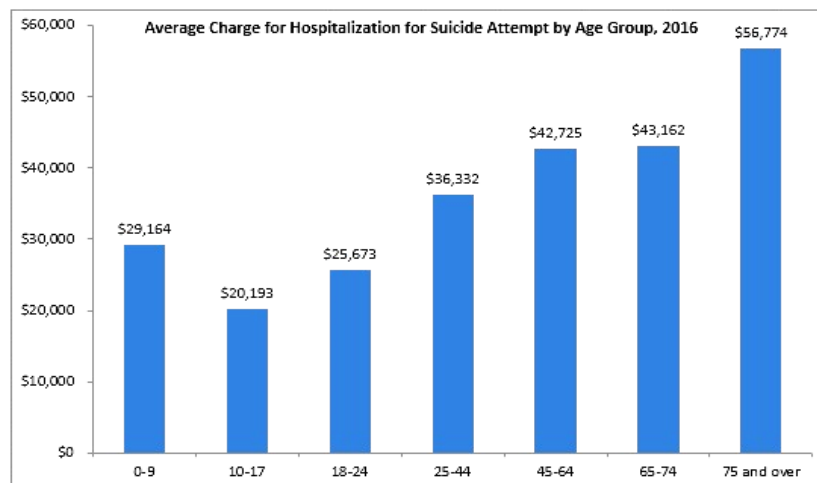
The cost of suicide goes far beyond lost lives, traumatized loved ones, broken families, and disrupted communities—although this would be more than enough. Suicide also has a financial and economic cost.

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 his/her 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.

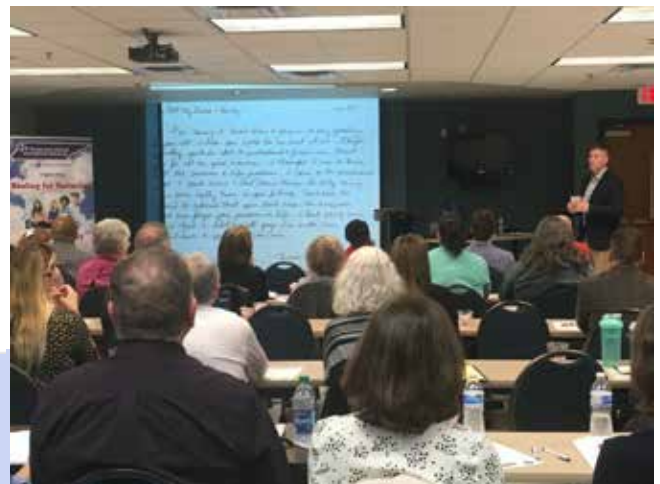
The average cost of a suicide attempt hospitalization in Tennessee in 2016 was \$35,300; the average cost of an ED visit was \$5,662. These sudden expenditures are often beyond an individual or family's ability to pay outright, so they are often covered by public and private insurance costs. These costs, 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, but because they are more physically delicate and often suffer greater injury than an adult would.

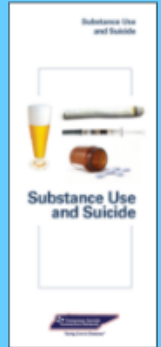
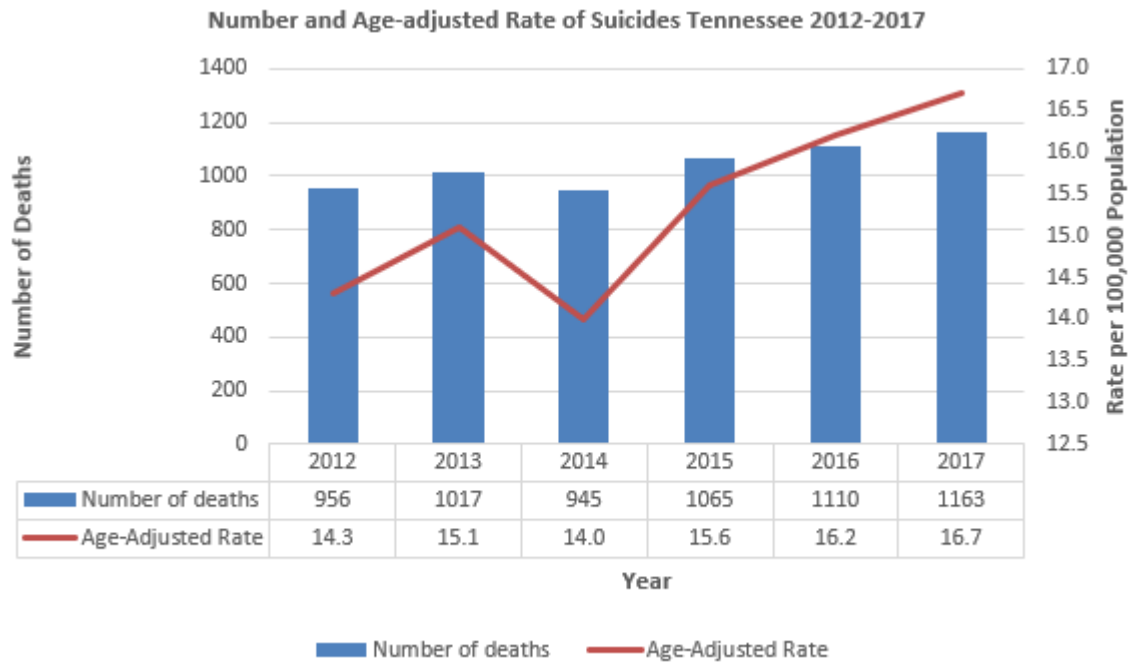


Major Shawn Jenkins, Director of Operations of the 32nd Student Squadron, Squadron Office College, Maxwell Air Force Base presented at the South Central conference, February 23, 2018. As keynote he explored his experiences as a loss survivor and involvement in prevention.



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 2017. Meanwhile, national rates in the last five years have been on a steady increase.



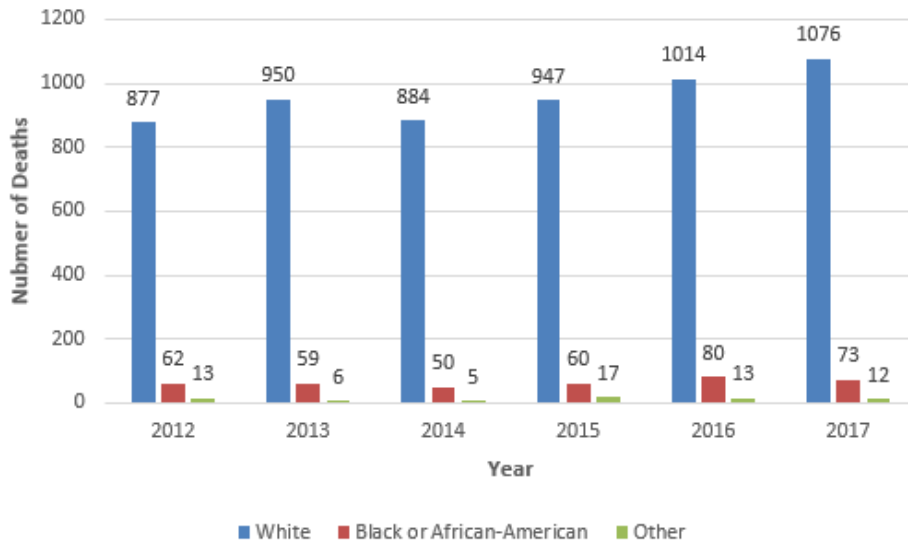
This brochure addressing the relationship between suicide and substance abuse is available on the TSPN website: tspn.org.



The Regional Suicide Prevention Awards were established by TSPN co-founders Madge and Ken Tullis, MD to recognize innovations and excellence in Tennessee's suicide prevention awareness movement. This year's winners (from left to right): Intra-State Departmental Suicide Prevention Award: Jenny Dudzinski, Memphis/Shelby County Region: Lori Kent, Rural West Region: Dana Townsend, South Central Region: Richard Bogle, Madge and Ken Tullis, MD, Suicide Prevention Award and Southeast Region: Jim Lewis, Mid-Cumberland Region: Joseph Chatman III, Upper Cumberland Region: Lena Higgins, East Tennessee Region: Katie Valentino, Northeast Region: Sharon Phipps.

Racial Trends

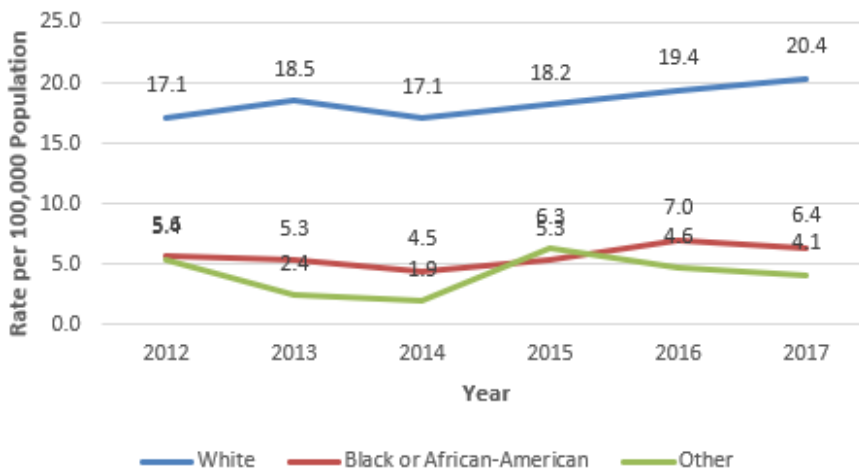
Number of Suicides by Race Tennessee, 2012-2017



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.

Crude Rate of Suicides by Race Tennessee, 2012-2017



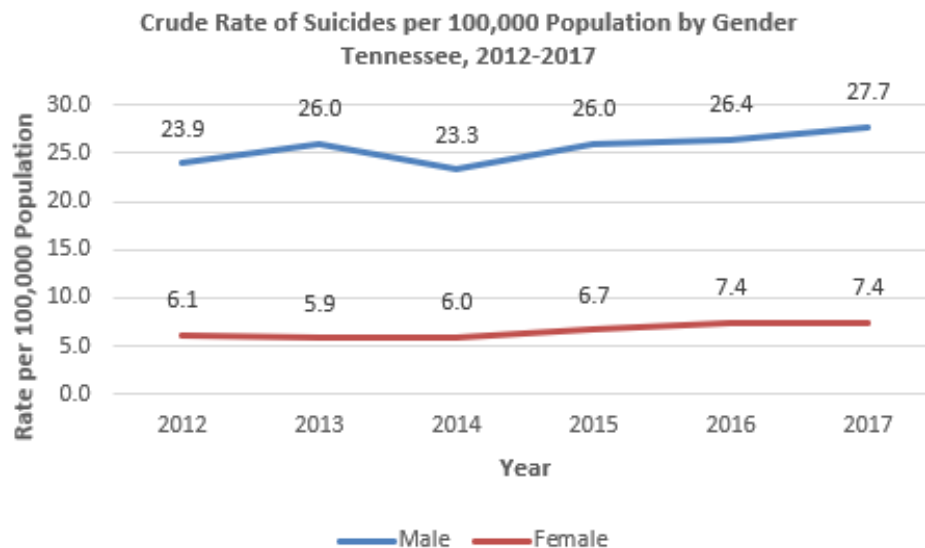
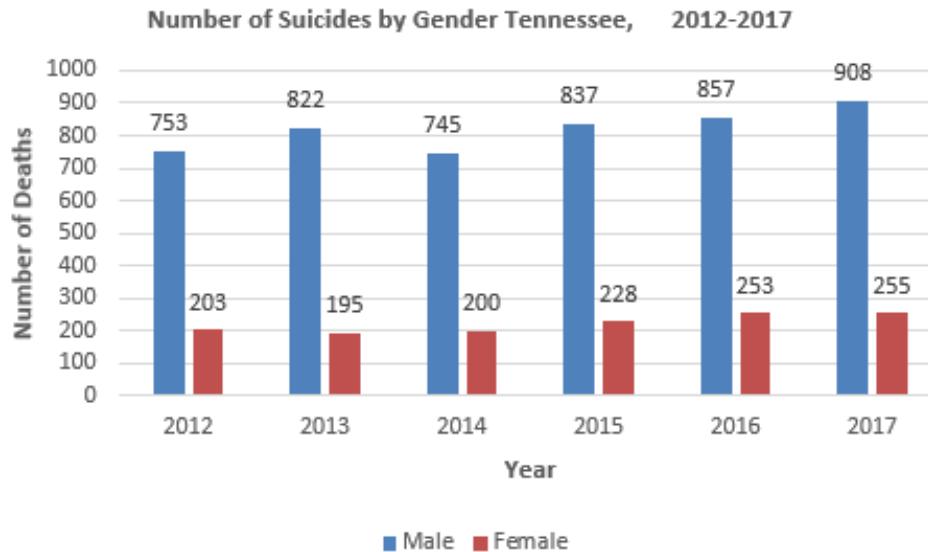
(LEFT) Samantha Nadler, LMSW, speaks on her lived experience and how all can work to prevent suicide at the Statewide September event.
(RIGHT) Director of the 'S-Word' documentary, Lisa Klein, addresses questions from the audience at the evening event of the 2018 TSPN Symposium.



Gender Trends

Suicide rates for males are generally at least three to 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

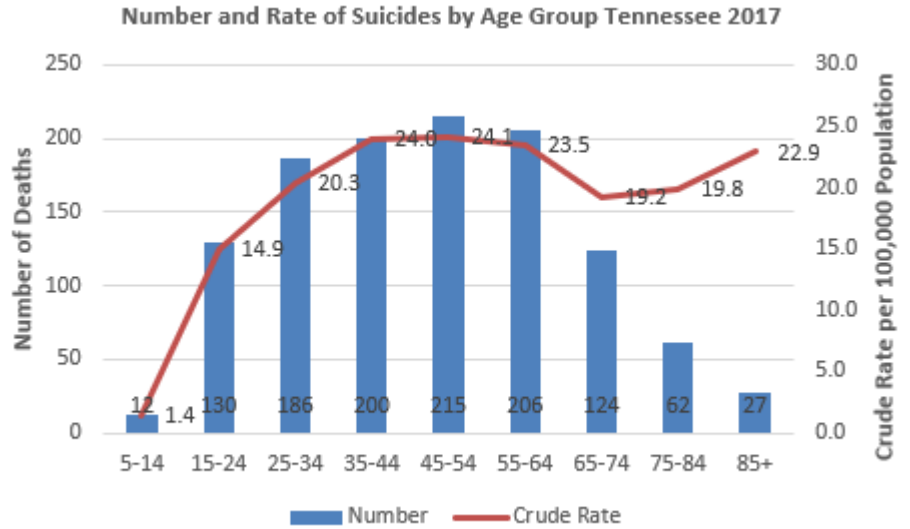
Through grant funding from the Clarksville Community Health Foundation, TSPN was able to have 10 billboards in Clarksville and the surrounding area.



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 older had the highest suicide rate, but lately the 45-54 age cohort has surpassed them.



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.



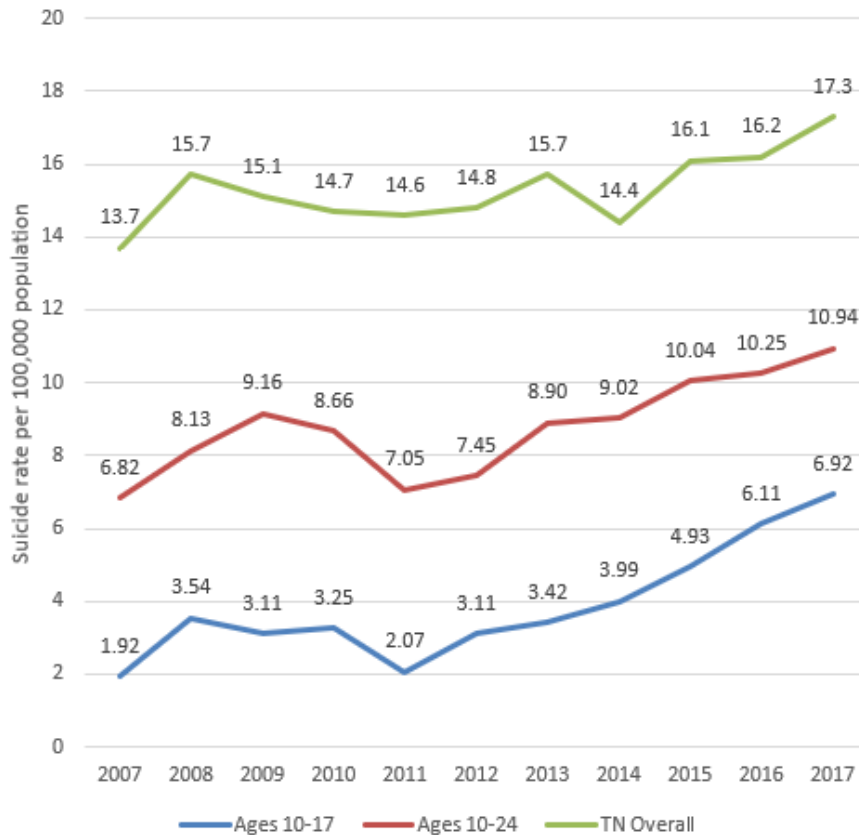
Numerous Colleges, Universities, and Communities screened the film *Suicide: The Ripple Effect* across Tennessee. The film features the story of Kevin Hines and his journey towards hope following his attempt from the Golden Gate Bridge.



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, 2007-2017



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

As of 2017, 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 75 deaths among persons aged 10-19 recorded in 2017. 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.

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 its website (www.jasonfoundation.com).

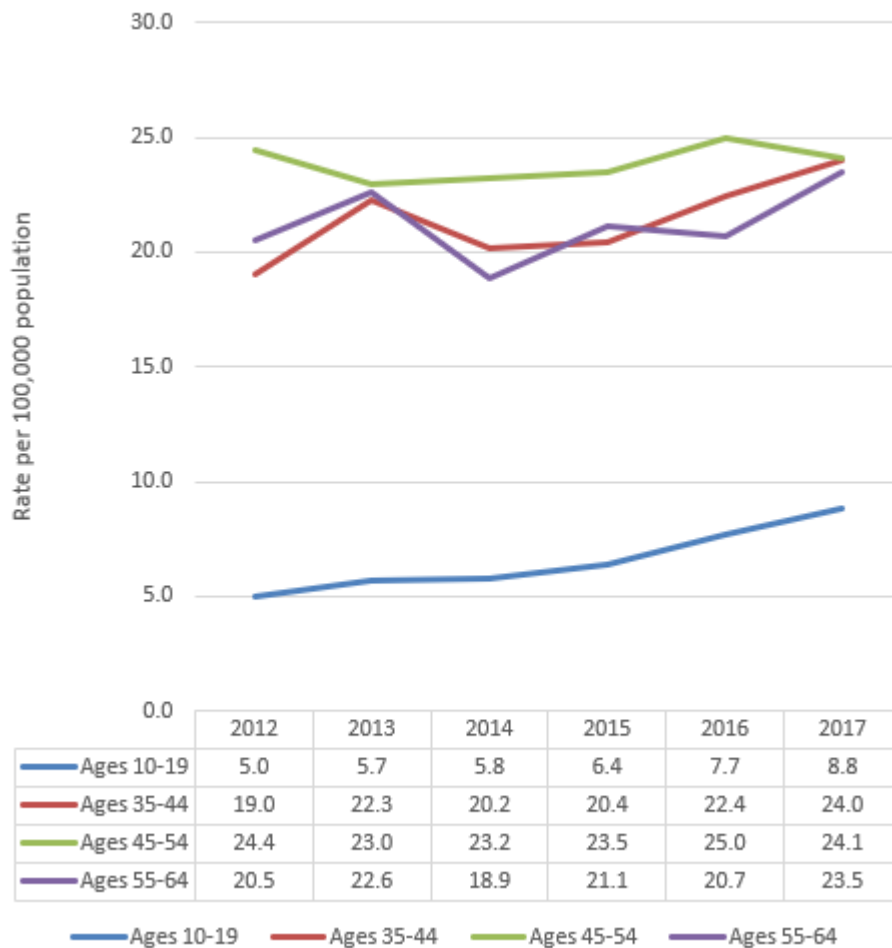
	Ages 10-17		Ages 10-19		Ages 10-24		TN Overall		US Overall	
YEAR	#	RATE	#	RATE	#	RATE	#	RATE	#	RATE
2015	33	4.93	54	6.42	131	10.04	1,065	15.6	44,193	13.3
2016	41	6.11	65	8.82	133	10.94	1,110	16.7	44,965	13.9
2017	51	6.92	75	7.72	142	10.25	1163	17.3	47,137	14.5



TSPN's own Misty Leitsch and Scott Ridgway attend the dedication ceremony of the Memorial Tree Garden, the Eagle Scout project of David Keesler (pictured far left) to recognize those lost to suicide. Clarkville mayor, Kim McMillan, and Advisory Council member, Joseph Chatman III, and Chair of Montgomery, Houston, Humphreys, Robertson, Stewart Suicide Prevention Task Force, were also present for this dedication.

Suicide in Midlife

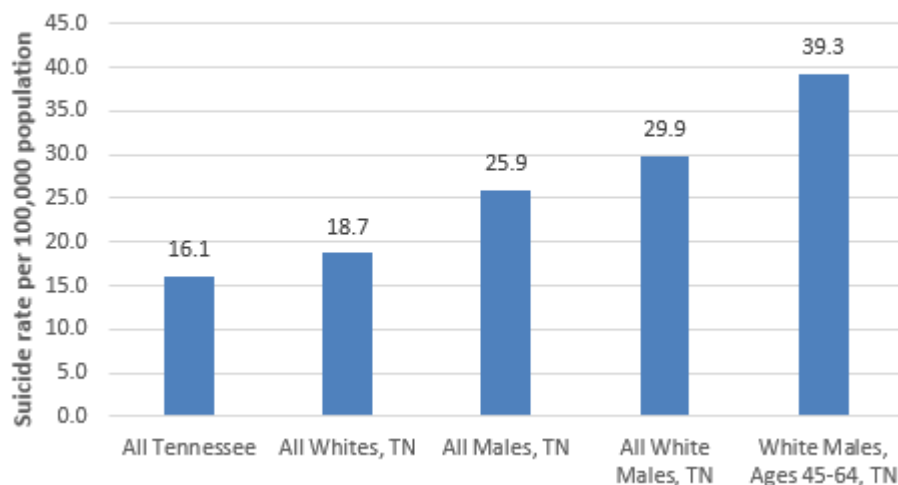
Suicide Rates for Select Age Groups in Tennessee, 2012-2017



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 actual suicide data on this group within Tennessee, has prompted the Network's current focus on outreach and education among adults in midlife.

Aggregate Suicide Rates, 2013-2017



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.





Right: The 2nd Annual 'Running with the Law' event took place on September 15, 2018, for Suicide Prevention Awareness Month in Paris, TN. Thanks to the efforts of Lydia Owens Wofford and all of her hard work to make this event a success each year. Also pictured is the Sherriff of Henry County, Monte Belew, and his wife, along with Tosha Gurley and Scott Ridgway.



Above: At the No One Stands Alone, First Annual Music Festival held on July 21, 2018, in McNairy County, with all proceeds being donated to TSPN. Pictured are Crystal Dye Brewer, (Rural West Advisory Council member) the heart and organizer of this event and Sherriff of McNairy County, Guy Buck, at Buford Pusser Memorial Park.

Below: Volunteer Behavioral Health Care Services and Mental Health Cooperative show their enthusiasm for suicide prevention during the 2018 Speak Up Save Lives event. Thousands of shirts were distributed across Tennessee and beyond to spread awareness for September 2018 Suicide Prevention Awareness Month.

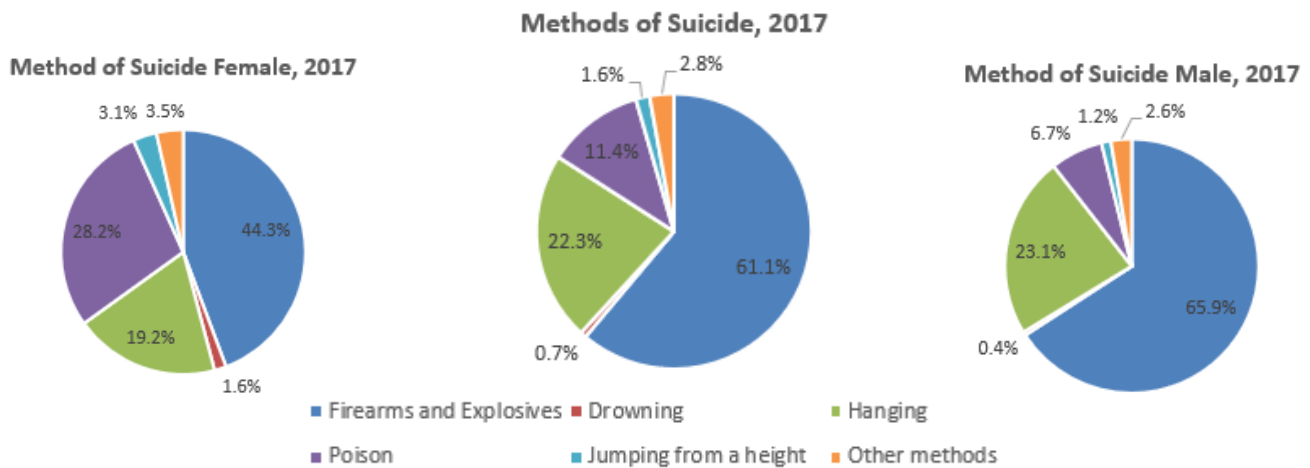


Below Left: TSPN Staff, Dr. Mani Hull, Scott Ridgway, and Joanne Perley, speak on suicide prevention in Tennessee on Morning Line.

Right: (Top) One of many screenings of 'Suicide: The Ripple Effect' at UT Martin. (Bottom) A view of the Nashville Metro Court House illuminated in purple and teal for September 2018 as Suicide Prevention Awareness Month.

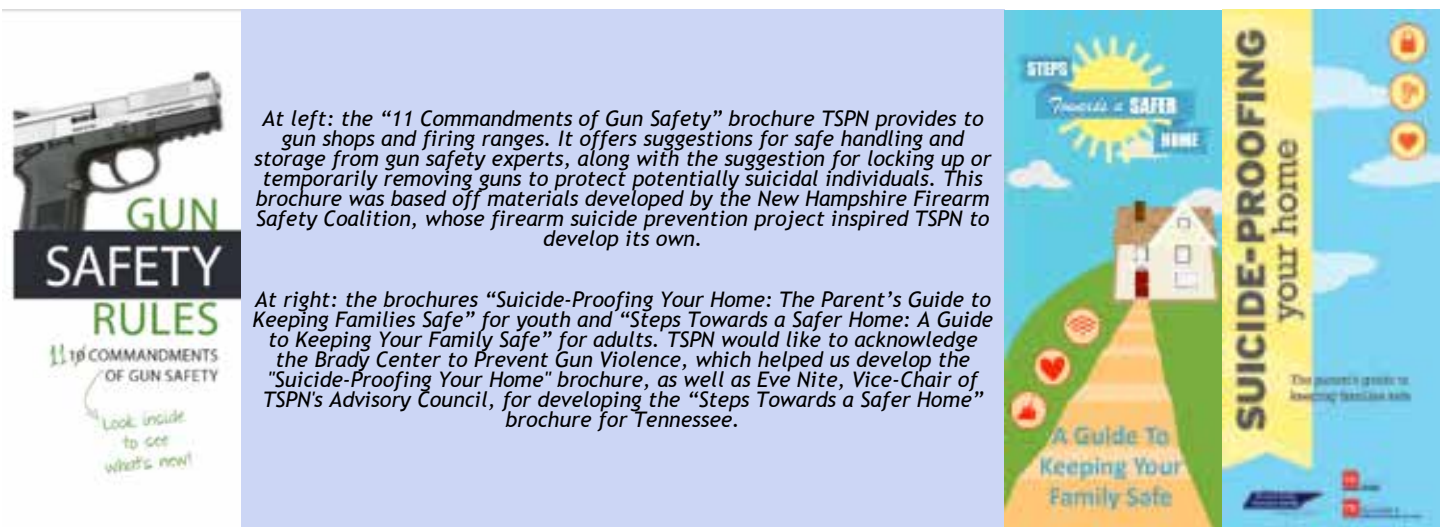


Methods of Suicide Death



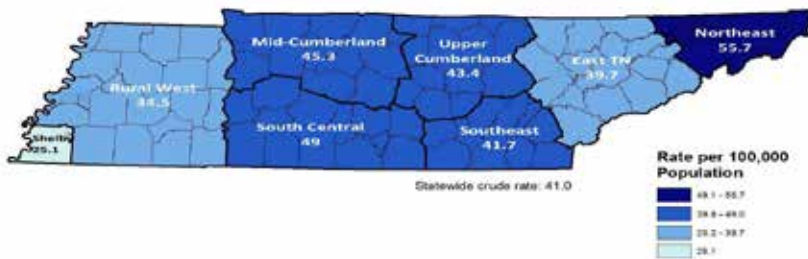
Firearms were the most common method of suicide death. Between 2012 and 2017, almost two-thirds of suicides involved firearms, with poisoning and suffocation (which usually involves hanging) also common. While firearms were the most common method of suicide for both sexes and most races, some groups 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 2018, 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 provide 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 grass-roots 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 safetennesseeproject.org.



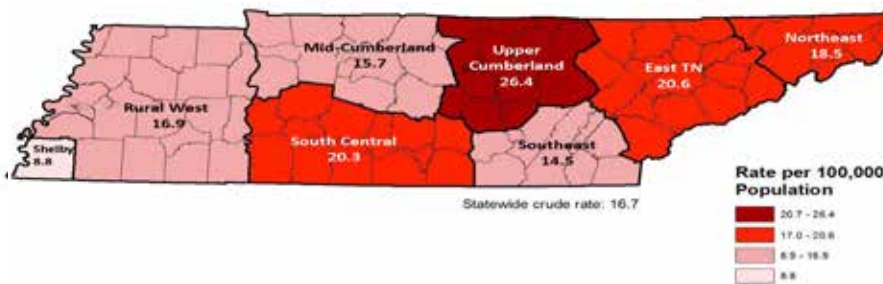
Geographical Differences

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



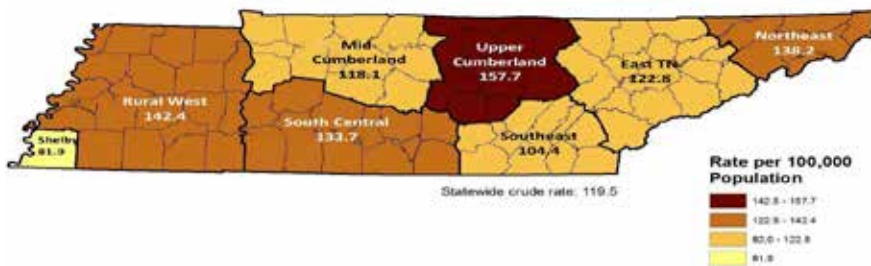
Suicide is more common in some parts of Tennessee than others. Rural areas often lack mental health resources such as clinics, therapists, or hospitals with psychiatric units. Even when these resources exist, people may be reluctant to use them. If they live in small, close-knit communities, they may 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.

Rate of Suicide Hospitalizations in Tennessee Region, 2016



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.

Rate of Suicide ED Visits in Tennessee Region, 2016



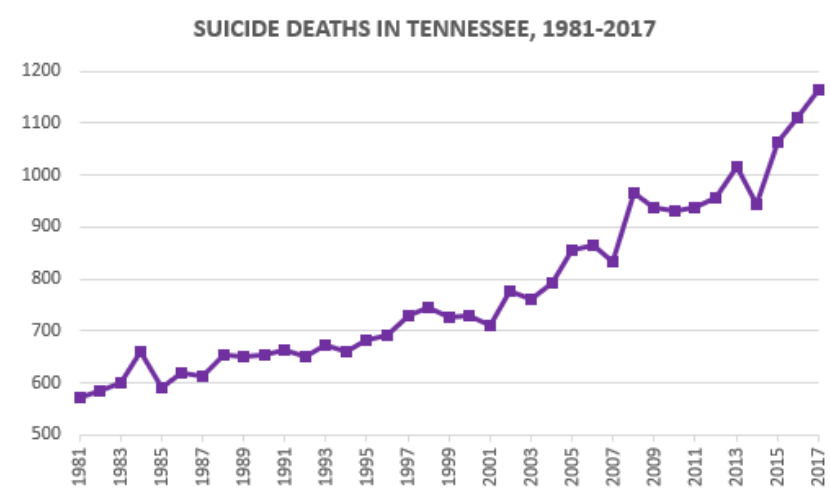
The first task force, the Blount County Mental Health and Suicide Prevention Alliance, was founded in 2002 after county medical examiner David M. Gilliam, MD, noticed an unusually large number of suicides in Blount County. He sought out the editor of *The Maryville Times*, the county's largest newspaper, 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 12 counties across the state (Blount, Bradley, Hickman, 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.



The rate of suicide hospitalization and rate of suicide ED visits in Tennessee represent the most up to date/recent numbers available.

An onlooker at the Annual September Statewide event, that took place September 12, 2018, at Trevecca Community Church. The event features numerous installations with a focus on those lost to suicide, such as our veterans and active military.

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.

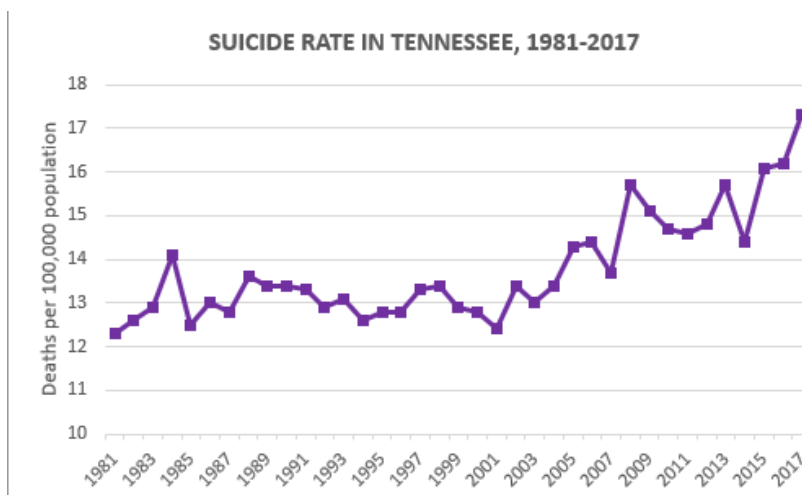
What do the numbers mean?

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 the 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
2017	1,163	17.3

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.

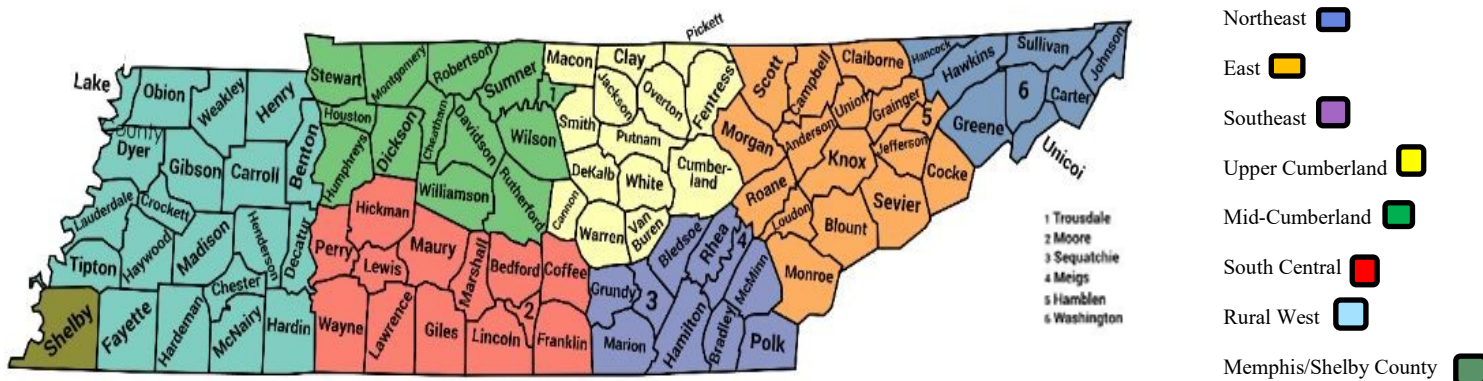
Data on county suicide rates dating back to the last ten years is available on the TSPN website

<http://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 the age-adjusted suicide rates used in other graphs in this report.



	2012	2013	2014	2015	2016	2017		2012	2013	2014	2015	2016	2017
Tennessee	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)	1,163 (17.3)	Tennessee	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)	1,163 (17.3)
Anderson	8 (10.6)	19 (25.1)	9 (11.9)	16 (21.1)	17 (22.4)	11 (14.4)	Claiborne	8 (25.2)	10 (31.7)	8 (25.3)	8 (25.2)	11 (34.6)	6 (19.0)
Bedford	10 (21.9)	4 (8.7)	6 (12.9)	7 (14.8)	7 (14.7)	11 (22.9)	Clay	0 (N/A)	1 (12.9)	3 (38.6)	4 (51.4)	4 (51.7)	4 (51.9)
Benton	4 (24.4)	5 (30.7)	5 (31.0)	5 (31.0)	5 (31.2)	3 (18.8)	Cocke	7 (19.7)	6 (16.9)	7 (19.8)	13 (37.0)	8 (22.7)	6 (16.9)
Bledsoe	2 (15.6)	4 (31.2)	2 (14.4)	7 (48.4)	1 (6.8)	2 (13.6)	Coffee	13 (24.4)	15 (28.1)	9 (16.8)	15 (27.6)	12 (21.9)	13 (23.6)
Blount	14 (11.3)	25 (20.0)	15 (11.9)	14 (11.0)	27 (21.0)	29 (22.3)	Crockett	1 (6.8)	2 (13.7)	2 (13.6)	1 (6.8)	3 (20.8)	4 (27.6)
Bradley	15 (14.8)	13 (12.8)	12 (11.7)	15 (14.4)	14 (13.4)	13 (12.3)	Cumberland	16 (28.1)	6 (10.4)	14 (24.1)	13 (22.3)	18 (30.7)	16 (27.1)
Campbell	6 (14.8)	8 (19.9)	6 (15.0)	6 (15.1)	7 (17.6)	10 (25.2)	Davidson	72 (11.1)	91 (13.8)	88 (13.2)	92 (13.6)	110 (16.1)	92 (13.3)
Cannon	4 (28.9)	1 (7.3)	2 (14.5)	4 (28.8)	3 (21.4)	5 (35.2)	Decatur	1 (8.6)	3 (25.7)	0 (N/A)	2 (17.1)	2 (17.0)	1 (8.5)
Carroll	3 (10.6)	6 (21.0)	7 (24.7)	10 (35.8)	4 (14.2)	3 (10.8)	DeKalb	3 (15.9)	3 (15.7)	3 (15.6)	5 (26.1)	8 (41.3)	3 (15.1)
Carter	9 (15.7)	14 (24.4)	7 (12.3)	7 (12.4)	11 (19.5)	7 (12.4)	Dickson	7 (13.9)	16 (31.8)	9 (17.8)	10 (19.4)	10 (19.2)	14 (26.5)
Cheatham	14 (35.6)	3 (7.6)	8 (20.1)	15 (37.7)	7 (17.6)	10 (24.8)	Dyer	3 (7.8)	8 (20.9)	1 (2.6)	5 (13.2)	4 (10.6)	10 (26.7)
Chester	4 (23.3)	2 (11.5)	3 (17.3)	3 (17.2)	1 (5.7)	2 (11.7)	Fayette	1 (2.6)	6 (15.5)	7 (17.9)	8 (20.4)	5 (12.6)	4 (10.0)

Suicide in Tennessee by Counties (cont.)

	2012	2013	2014	2015	2016	2017		2012	2013	2014	2015	2016	2017
Tennessee	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)	1,163 (17.3)	Tennessee	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)	1,163 (17.3)
Fentress	4 (22.3)	2 (11.2)	5 (28.0)	3 (16.7)	1 (5.5)	2 (11.0)	Meigs	3 (25.6)	2 (17.2)	2 (17.1)	3 (25.4)	1 (8.3)	2 (16.6)
Franklin	7 (17.2)	9 (21.9)	4 (9.7)	6 (14.5)	7 (16.8)	11 (26.4)	Monroe	9 (19.9)	7 (15.5)	6 (13.3)	11 (24.0)	13 (28.3)	8 (17.3)
Gibson	10 (20.1)	10 (20.2)	8 (16.2)	7 (14.2)	11 (22.3)	9 (18.3)	Montgomery	33 (17.9)	21 (11.4)	37 (19.5)	40 (20.7)	30 (15.3)	42 (21.0)
Giles	9 (31.0)	10 (34.8)	5 (17.3)	5 (17.3)	12 (41.0)	8 (27.2)	Moore	1 (15.8)	2 (31.7)	1 (15.8)	0 (N/A)	1 (15.8)	1 (15.7)
Grainger	7 (30.9)	3 (13.2)	6 (28.3)	3 (13.1)	5 (21.7)	1 (4.3)	Morgan	9 (19.9)	3 (13.7)	2 (9.2)	6 (27.9)	7 (32.5)	4 (18.5)
Greene	15 (21.8)	14 (20.5)	12 (17.6)	7 (10.2)	12 (17.5)	16 (23.3)	Obion	5 (16.0)	7 (22.5)	4 (12.9)	3 (9.8)	9 (29.4)	2 (6.6)
Grundy	0 (N/A)	4 (29.7)	3 (22.4)	2 (14.9)	2 (15.0)	2 (15.0)	Overton	4 (18.0)	10 (45.3)	1 (4.5)	2 (9.0)	8 (36.3)	7 (31.8)
Hamblen	9 (14.3)	16 (25.4)	6 (9.5)	19 (30.0)	21 (32.9)	10 (15.6)	Perry	1 (12.8)	3 (38.1)	5 (64.0)	2 (25.2)	2 (25.1)	1 (12.5)
Hamilton	49 (14.2)	53 (15.2)	38 (10.8)	50 (14.1)	42 (11.7)	68 (18.8)	Pickett	1 (19.7)	3 (59.1)	1 (19.6)	1 (19.5)	1 (19.5)	0 (0.0)
Hancock	1 (14.9)	3 (45.1)	3 (45.2)	1 (15.3)	3 (45.7)	2 (30.4)	Polk	2 (12.0)	3 (18.0)	3 (17.9)	7 (41.7)	4 (23.9)	5 (29.8)
Hardeman	5 (18.8)	4 (15.2)	1 (3.9)	4 (15.6)	0 (N/A)	5 (19.6)	Putnam	7 (9.6)	13 (17.7)	11 (14.8)	17 (22.8)	24 (31.6)	13 (16.7)
Hardin	7 (27.0)	9 (34.6)	5 (19.3)	1 (3.9)	3 (11.7)	9 (34.8)	Rhea	6 (18.6)	6 (18.5)	8 (24.5)	7 (21.5)	8 (24.7)	6 (18.4)
Hawkins	11 (19.4)	12 (21.1)	7 (12.3)	10 (17.7)	8 (14.1)	9 (15.9)	Roane	13 (24.3)	16 (30.2)	9 (17.1)	14 (26.5)	12 (22.7)	19 (35.8)
Haywood	0 (N/A)	0 (N/A)	3 (16.5)	1 (5.5)	1 (5.6)	3 (17.1)	Robertson	12 (17.9)	13 (19.2)	13 (19.1)	15 (21.9)	13 (18.8)	13 (18.5)
Henderson	3 (10.7)	5 (17.8)	2 (7.1)	9 (32.1)	4 (14.4)	4 (14.4)	Rutherford	37 (13.5)	24 (8.5)	40 (13.8)	35 (11.7)	41 (13.3)	49 (15.4)
Henry	7 (21.6)	9 (27.9)	9 (27.9)	12 (37.3)	10 (30.9)	9 (27.7)	Scott	4 (18.1)	2 (9.1)	6 (27.3)	5 (22.8)	9 (41.0)	9 (40.9)
Hickman	5 (20.7)	4 (16.5)	3 (12.3)	3 (12.3)	2 (8.2)	8 (32.2)	Sequatchie	3 (20.8)	2 (13.6)	6 (40.8)	4 (27.0)	4 (26.9)	3 (20.4)
Houston	2 (23.8)	3 (36.2)	0 (N/A)	1 (12.2)	1 (12.3)	1 (12.2)	Sevier	17 (18.4)	16 (17.1)	19 (20.0)	18 (18.8)	20 (20.7)	29 (29.7)
Humphreys	5 (27.4)	4 (21.9)	4 (22.0)	2 (11.0)	3 (16.3)	4 (21.6)	Shelby	84 (8.9)	89 (9.5)	81 (8.6)	88 (9.4)	82 (8.8)	94 (10.0)
Jackson	3 (26.2)	1 (8.7)	4 (34.6)	4 (34.8)	0 (N/A)	3 (25.7)	Smith	8 (41.9)	5 (26.2)	2 (10.5)	1 (5.2)	4 (20.6)	4 (20.4)
Jefferson	9 (17.2)	5 (9.6)	4 (7.6)	6 (11.3)	9 (16.8)	9 (16.7)	Stewart	4 (30.1)	6 (44.9)	7 (52.7)	6 (45.2)	3 (22.8)	3 (22.5)
Johnson	3 (16.6)	5 (27.8)	7 (39.2)	5 (28.0)	4 (22.5)	5 (28.3)	Sullivan	31 (19.8)	28 (17.9)	22 (14.0)	28 (17.9)	33 (21.1)	29 (18.5)
Knox	77 (17.4)	57 (12.8)	66 (14.7)	67 (14.8)	72 (15.8)	83 (18.0)	Sumner	22 (13.2)	33 (19.5)	19 (11.0)	22 (12.5)	41 (22.8)	37 (20.2)
Lake	0 (N/A)	2 (25.9)	3 (39.3)	1 (13.2)	1 (13.2)	2 (26.8)	Tipton	6 (9.7)	9 (14.6)	8 (13.0)	15 (24.2)	14 (22.8)	11 (17.9)
Lauderdale	3 (10.8)	3 (10.8)	7 (25.6)	4 (14.8)	4 (14.9)	3 (11.9)	Trousdale	0 (N/A)	0 (N/A)	3 (37.5)	3 (37.3)	1 (12.1)	2 (19.8)
Lawrence	7 (16.6)	6 (14.3)	8 (18.9)	8 (18.8)	8 (18.6)	6 (13.8)	Unicoi	4 (22.0)	5 (27.7)	3 (16.7)	2 (11.2)	3 (16.9)	2 (11.3)
Lewis	3 (25.2)	6 (50.2)	4 (33.6)	2 (16.9)	8 (67.2)	6 (49.9)	Union	5 (26.2)	5 (26.2)	6 (31.4)	2 (11.2)	9 (47.0)	4 (20.6)
Lincoln	5 (14.9)	2 (5.9)	4 (11.9)	11 (32.6)	7 (20.8)	10 (29.6)	Van Buren	0 (N/A)	0 (N/A)	1 (17.9)	1 (17.7)	2 (35.3)	1 (17.5)
Loudon	8 (16.1)	6 (11.9)	12 (23.6)	11 (21.5)	4 (7.8)	6 (11.5)	Warren	3 (7.5)	7 (17.5)	9 (22.5)	7 (17.3)	7 (17.3)	7 (17.2)
McMinn	9 (17.2)	10 (19.1)	10 (19.0)	6 (11.4)	9 (17.0)	13 (24.6)	Washington	26 (20.8)	16 (12.7)	17 (13.5)	16 (12.7)	20 (15.7)	24 (18.8)
McNairy	3 (11.5)	10 (38.3)	6 (22.8)	4 (15.3)	5 (19.3)	10 (38.4)	Wayne	1 (5.9)	2 (11.8)	3 (17.7)	4 (23.9)	2 (12.0)	3 (18.1)
Macon	4 (17.8)	5 (22.0)	3 (13.0)	6 (25.9)	8 (34.1)	8 (33.2)	Weakley	6 (17.2)	10 (12.9)	6 (17.5)	9 (26.5)	5 (14.9)	9 (27.0)
Madison	15 (15.2)	12 (12.2)	11 (11.2)	15 (15.4)	15 (15.4)	20 (20.5)	White	0 (N/A)	10 (38.1)	8 (30.4)	6 (22.6)	4 (15.0)	5 (18.7)
Marion	3 (10.6)	8 (28.2)	6 (21.1)	3 (10.5)	9 (31.6)	3 (10.6)	Williamson	25 (13.0)	26 (13.1)	22 (10.7)	29 (13.7)	21 (9.6)	28 (12.4)
Marshall	8 (25.9)	5 (16.1)	6 (19.2)	6 (19.0)	6 (18.6)	4 (12.1)	Wilson	15 (12.6)	12 (9.8)	23 (18.3)	31 (24.0)	21 (15.8)	22 (16.1)
Maury	13 (15.9)	13 (15.5)	13 (15.2)	12 (13.7)	15 (16.7)	14 (15.2)							

Tennessee's Suicide Prevention Task Forces

This year, TSPN strove to continue efforts of suicide prevention by focusing on some key areas and demographics that are at risk for suicide. The following Task Forces met continually throughout 2018 toward their individual aims.



Tennessee Higher Education Suicide Prevention Task Force

This task force, an appointed task force created and approved by the TSPN Advisory Council appointed by the Governor on June 8, 2017, will hereto serve to unite colleges/universities throughout Tennessee toward the goal of suicide prevention. The task force has been meeting to create and carry out action items to best help the at-risk population of college students. Colleges and universities pose a unique problem for suicide prevention/intervention/postvention efforts. It is the hope that this effort will expand to other colleges and universities throughout the state, creating suicide safer campuses throughout Tennessee.

Tennessee Veterans Suicide Prevention Task Force

This task force, an appointed task force created and approved by the TSPN Advisory Council appointed by the Governor on June 7, 2018, and partnership with Tennessee Department of Veteran Services, will hereto serve to unite veteran serving organizations throughout Tennessee toward the goal of suicide prevention. The task force has been meeting to create and carry out action items to best help the at-risk population of veterans. Veteran serving organizations and other agencies serving the Veteran population pose a unique problem for suicide prevention/intervention/postvention efforts. By employing the expertise of the appointed task members, it is the hope that this effort will expand throughout the state, creating cohesive safe spaces throughout Tennessee.



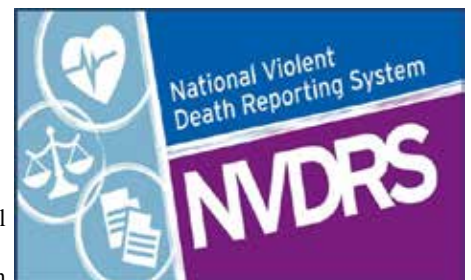
Tennessee Farmers Suicide Prevention Task Force

This task force, an appointed task force created and approved by the TSPN Advisory Council appointed by the Governor on June 7, 2018, will hereto partner with the Tennessee Department of Agriculture. With this partnership, the task force will work to proactively address the issue of suicide in Tennessee. The task force has been meeting to create and carry out action items to best help the at-risk population of Farmers. It is the hope that this effort will expand to other entities throughout the state, creating atmospheres of safety and suicide awareness for Tennessee's Farmers.



Medical Examiner Task Force

The Medical Examiner Task Force was formed by the Advisory Council appointed by the Governor on February 13, 2017, will hereto partner with the Tennessee Department of Health's Medical Examiner's Office. 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. TSPN continues to partner with the Medical Examiner's Office in different capacities. The State of Tennessee was awarded the National Violence Death Reporting System (NVDRS), to discuss how to best partner with this effort. The goal of this system is to capture information from multiple sources on all violent deaths. The Executive Director will serve on the state TNNVDRS Advisory Committee. TSPN is working with the Division of Injury and Violence Prevention to assist with formulating the Mortality Review Board based on the legislation passed, the Suicide Prevention Act of 2018.



TSPN Accomplishments



Left: Dr. Thomas Joiner, Robert O. Lawton Distinguished Professor of Psychology at Florida State University, Director of the FSU Psychology Clinic, and renowned suicidologist, provided the keynote speech at the 2018 Spring Symposium. Roughly 325 people from across Tennessee came to Trevecca Community Church in Nashville on April 10-11 for "Hearts and Minds: Making the Connection," TSPN's spring symposium. This year's symposium easily set the record for attendance at a TSPN event. Not only was *The S Word* documentary screened, with Q&A with the Director Lisa Klein.

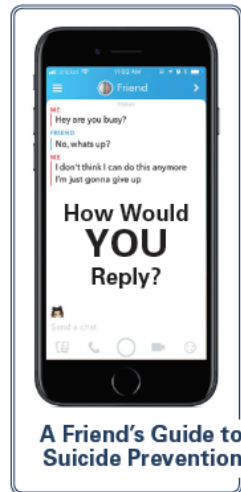


Left: TSPN is working to offer training for all Nashville Metro employees in an effort to help identify and provide assistance to persons in crisis. The more Tennesseans who are trained in suicide prevention, the more lives we can save in our state. Pictured are Scott Ridgway and Nashville Mayor Briley. TSPN is working with other areas in the state to encourage the similar training across county/city government.



Above: Kevin Hines, renowned suicide prevention advocate and lived experience speaker, shared his story at the September 2018 event in Chattanooga in partnership with The University of Tennessee at Chattanooga. TSPN purchased the film *Suicide: The Ripple Effect* and partnered with numerous colleges and universities across the state.

A Friend's Guide to Suicide Prevention



A Friend's Guide to Suicide Prevention

Left: The Network introduced a new brochure for statewide distribution, "A Friend's Guide to Suicide Prevention," which explains how to respond to a friend who may be thinking a suicide, with a focus of youth.



Above: TSPN Staff are present at the 51st Annual American Association of Suicidology Conference in Washington DC #AAS18 — with Misty Leitsch, Amy Dolinky, Scott Ridgway, Tosha Gurley and Joanne Perley.

Right: Onlookers view the screening of the *S-Word* documentary at the 2018 Symposium, held April 10-11 at Trevecca Community Church. Following the screening, on the evening of the 10th, those present participated in a Q&A with the Director, Lisa Klein.



Above: Congratulations to innovative Tennessee efforts recognized by Mental Health America at its 2018 conference. TN Suicide Prevention Network, a public-private partnership, garnered an Innovation in Programming Award for MHAMT. — with Commissioner Marie Williams, TDMHSAS, Scott Ridgway and Tom Starling.

TSPN Accomplishments (cont.)

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 and supported 23 events across the state of Tennessee as part of its annual Suicide Prevention Awareness Month observance, with an estimated 2,972 people participating. The highlight of the observance was the statewide Suicide Prevention Awareness Day event held at Trevecca Community Church on September 13th, with more than 325 people in attendance. Vanderbilt Behavioral Health sponsored a catered luncheon with the TDMHSAS Commissioner Marie Williams, Stephan Heckers, MD MSc, Chair of the Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, Psychiatrist-in-Chief at Vanderbilt Psychiatric Hospital, and presenting awards to TSPN Tullis Award, Zero Suicide, and regional award winners. Also, we received 126 Suicide Prevention Awareness Month proclamations during 2018, representing 87 of Tennessee's 95 counties.

TSPN's monthly E-newsletter, *TSPN Call to Action*, is published and circulated to an estimated 24,000 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 2018, a 4% increase over the past year. TSPN is responsible for around 150 profiles, appearances, and/or references on local TV and radio stations and newspapers across Tennessee in 2018, reaching more than 12 million individuals.

During 2018, TSPN reached approximately 28,000 people through suicide prevention training sessions, presentations, and workshops. These events provided information to first responders, public school staff, and 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.

During 2018, Network members have provided support for more than 50 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.

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

TSPN has distributed more than 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:

- 46,000 flyer promoting local survivor support groups
- 43,000 brochures on suicide among older adults
- 72,000 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
- 65,000 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
- 25,000 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)



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

At bottom: the logo for the TSPN App, an iPhone application with instructions 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).



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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 Stamps, MA, Center Director, Plateau Mental Health Center, Cookeville / Dale Hollow Mental Health Center, Livingston,

Volunteer Behavioral Health Care Services (Advisory Council Chair)

Brenda S. Harper, Retired/Community Advocate, Mt. Juliet (Advisory Council Co-Chair and Mid-Cumberland Regional Chair)

Eve Nite, Southeast Regional Director, Erlanger Behavioral Health, Chattanooga (Advisory Council Vice-Chair)

Heatherly Sifford, BS, Trauma Injury Prevention Program Coordinator, Johnson City Medical Center, (Advisory Council Secretary and Northeast Regional Chair)

Anne Young, MS, CAS, LADAC II, Program Director, Young Adult and Residential Relapse Recovery Program, Cornerstone of Recovery (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

Phillip Barham, Lakeside Behavioral Health, Medina (Rural West Regional Chair)

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

Richard Bogle, Chair, Behavioral Health and Suicide Prevention Hickman and Perry Counties, Nunnally

Crystal Brewer, Advanced Emergency Medical Technician, Henderson

Joseph Chatman III, LBSW, MSW, Montgomery-Houston-Humphreys-Robertson-Stewart County

Suicide Prevention Task Force, Clarksville, (Chairman)

*Patsy Crockett, Team Lead, Department of Children's Services, Henderson

Audrey A. Elion, Ph.D., Mental Health Clinician, Private Practice, Cordova (Memphis/Shelby Co. Regional Chair)

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

Nora Fielding, Community Advocate, Fayetteville

Tricia Henderson, LPC-MHSP, Assistant Director, Alcohol, Other Drug, & Mental Health Education,

Office of the Dean of Students, University of Tennessee-Chattanooga, (Southeast Regional Chair)

Jon S. Jackson, NCAC I, LADAC II, QCS, Harbor House Inc., Arlington

*Mary Jones, Children and Family Services, Covington

Lynn Landrum Julian, MA, Business Development Liaison, Crestwyn Behavioral Health, Jackson

Robb Killen, Ed.D., Maury County Public Schools, Columbia, (South Central Regional Chair)

Mike LaBonte, Executive Director, Memphis Crisis Center, Memphis

Jim Lewis, Dir. of Christian Formation and Family Ministry, Hixson United Methodist Church, Hixson

Cynthia W. Lynn, RN, PhD, GC-C, Gibbs High School, Knox County School System, Jefferson City

*Wanda Mays, Hamilton County Sheriff's Office, Chattanooga

Matthew Magrans-Tillery, Knoxville Leadership Foundation, Knoxville

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

Sharon A. Phipps, BS, Hawkins County Health Department, Rogersville

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

Captain Jeff Shepard, North Precinct Commander, Jackson Police Department, Jackson

Jack Stewart, MA, President, NAMI Greene County, Greeneville

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

Tim Tatum, MBA, MA, LPC-MHSP, Focus Healthcare, Chattanooga

Katie Valentino, BS, Behavioral Health Outreach Coordinator, BlueCare Tennessee, Knoxville (East TN Regional Chair)

Vickie Wilson, Nurse Clinical Liaison, NHC Home Care Sparta/ Cookeville Offices

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.

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

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

Stephanie Barger, Community Advocate, (Mid-Cumberland Regional Chair, Emeritus)

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

Karyl Chastain Beal, M. Ed. Community Advocate, (Advisory Council Co-Chair, Emeritus)

Sam Bernard, Ph.D., President, Bernard & Associates, PC, 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)

Adam Graham, LPC-MHSP, Director of Emergency Psychiatric Services, Mental Health Cooperative (Advisory Council Vice Chair, 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)

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)



NOTE: Those with asterisk (*) prior to their name rotated off of the Advisory Council at some point during the 2018 calendar year.



TSPN Statewide Leadership (cont.)

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 an 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

Sirena Y. Bragg-Wilson, Training and Professional Development Projects Manager, Tennessee Department of Children's Services

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., Deputy Commissioner of Clinical Services, Tennessee Department of Intellectual and Developmental Disabilities

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

Melisa Fuhrmeister, Executive Director, Coordinated School Health, Tennessee Department of Education

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

Tatum Johnson, RN, Assistant State Public Health Nursing Director, Tennessee Department of Health

Diana Kirby, MS, Project Director TLC-Connect & TARGET, 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

Carol Coley McDonald, Assistant Commissioner, Department of Agriculture

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

*Lucy E. Utt, MSSW, LAPSW, CIRS, Aging Program Consultant, Tennessee Commission on Aging and Disability

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



TSPN Staff

Michael Anderson, Upper Cumberland Regional Director, Cookeville

Kelli Craig, MA, MHC, Southeast Regional Director, Chattanooga

Amy Dolinky, BA, East Tennessee Regional Director, Knoxville

Tosha Gurley, BA, West Tennessee Regional Director, Jackson

Mani Hull, Ed.D., Middle Tennessee Regional Director, Nashville

Misty Leitsch, BBA, BSW, Director of the Zero Suicide Initiative, Nashville

Joanne Perley, MPH, Director of Statewide Initiatives and Development, Nashville

Scott Ridgway, MS, Executive Director, Nashville



Anne Young (Director, Young Adult and Residential Relapse Recovery Program, Cornerstone of Recovery, Advisory Council (Past Chair), Rob Cotterman, (Assistant Commissioner for Mental Health Services Division of Mental Health Services), Morenike Murphy (Director, Crisis Services and Suicide Prevention, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services), Misty Leitsch (Director of the Zero Suicide Initiative), and Scott Ridgway (TSPN Executive Director) present the annual Zero Suicide recognitions at the September 2018 Awareness Event.

Bibliography

- American Association of Suicidology (2018). "U.S.A. Suicide: 2017 Official Final Data." Retrieved from <http://www.suicidology.org/resources/facts-statistics>
- Cummings P., *et al.* (1997). The association between the purchase of a handgun and homicide and suicide. *American Journal of Public Health* 87(6): 975.
- Domestic Public Health Achievements Team, Centers for Disease Control and Prevention (2011). Ten great public health achievements: United States, 2001—2010. *Morbidity and Mortality Weekly Report* 60(19):619-623. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm?s_cid=mm6019a5_w
- Goldsmith, S.K., Pellmar, T.C., Kleinman, A.M., and Bunney, W.E., eds. (2002). *Reducing Suicide: A National Imperative*. Washington, DC: The National Academies Press.
- Keel, P.K., *et al.* (2003). Predictors of mortality in eating disorders. *Archives of General Psychiatry* 60:179-183.
- Maris, R., Berman, A., and Silverman, M. (2000). *Comprehensive textbook of suicidology*. New York, NY: The Guildford Press.
- National Center for Injury Control and Prevention. *WISQARS fatal injuries: mortality reports* [Data file]. Retrieved from <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>
- National Highway Traffic Safety Administration. Fatality Analysis Reporting System (FARS) Encyclopedia. Retrieved from <http://www-fars.nhtsa.dot.gov/Main/index.aspx>
- New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America. Executive Summary*. DHHS Pub. No. SMA-03-3831.
- Reeves, A., *et al.* (2012). Increase in state suicide rates in the USA during economic recession. *The Lancet* 380(9856): 1813-14.
- Shepard, D.S., *et al.* (2015). Suicide and Suicidal Attempts in the United States: Costs and Policy Implications. *Suicide and Life-Threatening Behavior* 46(3): 352-362.
- Tennessee Department of Health (2018). *Tennessee Death Certificate Data 2017*. Nashville, TN: TDOH Office of Health Statistics and Research.
- Tennessee Suicide Prevention Network (2018). *Tennessee Suicide Prevention Strategy*. Retrieved from <http://tspn.org/strategies-for-suicide-prevention>
- U.S. Census Bureau. (2018) : State and County QuickFacts. Retrieved from <http://www.census.gov/quickfacts>
- U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, September 2012.
- U.S. Public Health Service (1999). *The Surgeon General's Call to Action to Prevent Suicide*. Retrieved from <http://www.sprc.org/sites/sprc.org/files/library/surgeoncall.pdf>
- Wintemute G.J., *et al.* (1999). Mortality among recent purchasers of handguns. *The New England Journal of Medicine*, 341:1583-1589.

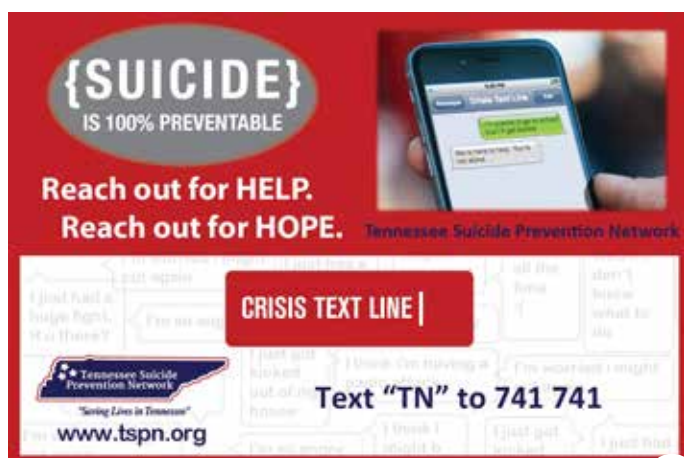
Data sources: Tennessee Department of Health; Division of Policy, Planning and Assessment; Hospital Discharge Data System (HDDS), Death Statistical System, and population estimates based on interpolated data from the U.S. Census's Annual Estimates of the Resident Population. Analyses were restricted 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
2. Hedegaard, H., Johnson, R., Warner, M., & Chen, L. (2016). Proposed framework for presenting injury data using the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes. *National Health Statistics Reports*, 89, 1-20. Retrieved from <https://www.cdc.gov/nchs/data/nhsr/nhsr089.pdf>
3. Stewart, Christine, et al. "Changes in Coding of Suicide Attempts or Self-Harm With Transition from ICD-9 to ICD-10." *Psychiatric Services*, vol. 68, no. 3, Mar. 2017, p. 215.



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.



Left: Southeast Region partnered with community agencies and supports to pack bags provided to 10 area counties for those in need of crisis support during the Winter holidays.



Above: Amy Dolinky (East TN Regional Director) speaking with Adam Brown, President of the TN School of Beauty, following the presentation of a check to TSPN from its organization.

Below: Lori Kent being presented with the regional award for the Memphis/Shelby County Region, with Advisory Council members for the Memphis/Shelby Co. Region, Jon Jackson, Mike LaBonte, and Audrey Elion.



Left: Emeritus Member Granger Brown and Intra-State Departmental Member Logan Grant lead those present at the 2018 Symposium in an exercise on how to best engage the gun community towards gun safety and suicide prevention.



Below: The Upper Cumberland Regional group participated in this year's Cookeville Christmas parade, 'Twas the Night Before Christmas.'

Right: TSPN and Mental Health America staff celebrate the Winter Holiday and many successes of 2018.



*This year's report is
dedicated in the memory of **Terence Lake**
and with thanks to the **Tennessee School of Beauty**
and its efforts to support TSPN*

