GILES COUNTY SUICIDE PREVENTION TASK FORCE

Pulaski Police Department
205 South First Street
Pulaski, TN 38478

Meetings convene at 10:30 AM on the third Monday of the month, quarterly. For details, check the TSPN meeting schedule on the website.

For more information, contact TSPN at tspn@tspn.org or (615) 297-1077.

The Network works to eliminate the stigma of suicide, educate the community about the warning signs of suicide, and ultimately reduce the rate of suicide in our state.

The Network goals are to coordinate and implement the Tennessee Suicide Prevention Strategies, based on the U.S. Surgeon General’s “Call to Action to Prevent Suicide.”

Who should be there?
- People concerned about family and friends
- Council members, police and law enforcement staff
- Advocates and community volunteers
- Workers in health, welfare or justice
- Emergency service workers
- Counselors, teachers and church workers
- Mental health practitioners
- Representatives from state departments

The printing of this booklet was made possible thanks to the generous contributions of the Tennessee Suicide Prevention Network.
Tennessee Suicide Facts

Suicide is the tenth-leading cause of death in Tennessee, killing more people on an annual basis than homicide, drunk driving, or AIDS. Each year in Tennessee about 1,000 people including every age group, race, geographic area, and income level end their lives due to suicide. Tennessee’s suicide rate is usually 20 percent higher than the national average.

Rural areas of Tennessee generally experience higher suicide rates than metropolitan or urban areas due to lower levels of social integration and reduced availability and access to public and mental health resources.

While all suicide occurs within all age groups, people 65 and older have a suicide rate far above the state average, with the highest rates among those 85 and older.

Local Suicide Statistics

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (Rate per 100,000 residents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4 (13.5)</td>
</tr>
<tr>
<td>2010</td>
<td>7 (23.7)</td>
</tr>
<tr>
<td>2011</td>
<td>9 (30.6)</td>
</tr>
<tr>
<td>2012</td>
<td>9 (31.0)</td>
</tr>
<tr>
<td>2013</td>
<td>10 (34.8)</td>
</tr>
<tr>
<td>2014</td>
<td>5 (17.3)</td>
</tr>
<tr>
<td>2015</td>
<td>5 (17.3)</td>
</tr>
<tr>
<td>2016</td>
<td>12 (41.0)</td>
</tr>
</tbody>
</table>

This number includes only reported suicides and may actually be somewhat higher.

Surviving family members not only suffer the loss of a loved one to suicide, but are also themselves at higher risk of suicide and emotional problems.

Substance Abuse and Suicide

- According to the International Handbook of Suicide and Attempted Suicide (John Wiley and Sons, Ltd., 2000), between 25 and 55 percent of suicide victims have drugs and/or alcohol in their systems at the time of their deaths. The rise in drug abuse observed during the past thirty years is believed a contributing factor to the increase in youth suicide, particularly among males.
- Contrary to popular belief, major depression is more likely to develop after someone develops alcoholism rather than before.
- Psychological autopsies of suicide victims with substance abuse problems have shown that:
  - four-fifths had previously communicated suicidal intent through words and/or behavior
  - two-thirds also suffered from a major depressive disorder
  - half were unemployed
  - half had serious medical problems
  - and roughly one-third had attempted suicide previously (Murphy, 2000).
- A study published in the American Journal of Epidemiology found that the effects of substance use disorders on suicide attempts were not entirely due to the effects of co-occurring mental disorders, suggesting that substance abuse in and of itself is a suicide risk factor (Borges et al, 2000).
- Substance abuse can involve legal drugs, such as prescriptions, and misuse of these drugs has been linked to increased suicide risk—especially if combined with alcohol or illegal drugs (Harris and Barraclough, 1998).
- Teens who engage in high-risk behaviors (use of drugs, alcohol, and tobacco, along with sexual activity) report significantly high rates of depression, suicidal thoughts, and suicide attempts, according to a 2004 report funded by the National Institute of Drug Abuse. The report suggests that primary care physicians who find their adolescent patients are engaging in drugs or sex should consider screening them for depression and suicide risk.
- Men with a substance abuse disorder are 2.3 times more likely to die by suicide than those without one. Women with a substance abuse disorder are 6.5 times more likely to die by suicide than those without (Igen et al., 2010).
- Additionally, binge drinking among teens has been identified as a predictive factor of actual suicide attempts as compared to suicidal thoughts, even after accounting for high levels of depression and stress—possibly because binge drinking episodes frequently precede serious suicide attempts (Windle et al, 2004).
- Up to 7 percent of alcoholics will eventually die by suicide, with middle-aged and older alcoholics at especially high risk (Conner and Duberstein, 2004).
- Both suicide and substance abuse have been noted as contributing factors to rising mortality rates among middle-aged Caucasians in the U.S. (Case and Deaton, 2015).

What to Do

- When substance abuse co-occurs with depression and/or suicidal tendencies, both the depression and the addiction need to be treated—one affects the other.
- Interpersonal crises and financial difficulties are common here and should be taken very seriously—this population is already at high suicide risk.
- There is a real possibility of a suicide attempt while the person is intoxicated. Careful monitoring, removal of lethal means, or arrangement for an inpatient stay may head off a possible attempt.

For more information on the sources quoted in this section, please contact TSP-N’s central office at tspn@tspn.org.
Veterans’ Resources

The Tennessee Suicide Prevention Network is working with Veteran’s Administration across the state to address suicide prevention among veterans and other members of the military community.

Between 2009 and 2013, there were 952 suicides among veterans in Tennessee, making up 20% of the total number of suicide deaths in our state. Suicide deaths have increased among all branches of the U.S. military since the beginning of the Iraq and Afghanistan conflicts, but the Army has been especially hard-hit.

The 2013 Department of Defense Suicide Event Report found that roughly 40% of military personnel who died by suicide had at least one psychiatric disorder at the time of their death.

Suicide Signs Unique to Veterans

Experts on suicide prevention say for veterans there are some particular signs to watch for:

- Calling old friends, particularly military friends, to say goodbye
- Cleaning a weapon that they may have as a souvenir
- Visits to graveyards
- Obsession with news coverage of current military operations
- Wearing their uniform or part of their uniform, boots, etc., when not required
- Frequent talking about how honorable it is to be a soldier
- Sleeping more (sometimes the decision to commit suicide brings a sense of peace of mind, and potential victims sleep more to withdraw)
- Becoming overprotective of children
- Standing guard over the house; this may take the form of staying up while everyone is asleep staying up to watch over the house, or obsessive locking of doors and windows
- Stopping dosage of prescribed medication or hoarding medications
- Hoarding alcohol; this may include wine as well as hard alcohol
- Sudden spending sprees, buying gifts for family members and friends "to remember me by"
- Defensive speech: “you wouldn’t understand,” etc.
- Failure to talk to other people or make eye contact

Where to Get Help

Veterans who need help immediate counseling should call the hotline run by Veterans Affairs professionals at 1-800-273-TALK and press “1”, identifying themselves as military veterans. Staff members are specially trained to take calls from military veterans and its staffed 24 hours a day, everyday. While all operators are trained to help veterans, some are also former military personnel.

You may also contact Leslie Murray, Suicide Prevention Coordinator at the Tennessee Valley VA hospital at (615) 873-6074 or Leslie.Murray@va.gov.

The Tennessee National Guard, in coordination with the Jason Foundation, Inc., and E4 Health, has created the “Guard Your Buddy” phone app to give the men, women, and families in the Tennessee National Guard immediate access to critical life resources, on-demand counselling, and on-call suicide prevention. You can download the app at http://guardyourbuddy.com.

Untreated depression is the #1 cause of suicide.

Warning Signs

Know the signs. You can make a difference.

- Threatening or talking of wanting to hurt or kill him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide
- Displaying hopelessness
- Expressing rage or uncontrolled anger
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Expressing feelings of being trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends and family
- Exhibiting anxiety and/or agitation
- Experiencing disturbances in sleep patterns (e.g., unable to sleep or sleeping all the time)
- Displaying dramatic mood changes
- Giving away prized possessions
- History of previous suicide attempts or suicidal behaviors

Frequently, suicidal persons:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat, or work
- Can't get out of the depression
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control
Please feel free to use the depression screening tool below to see if you or a loved one needs help. Make as many copies as needed.

### The Hands Screening Tool
adapted from
The Harvard Department of Psychiatry/National Depression Screening Day Scale

<table>
<thead>
<tr>
<th>Scoring</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the past two weeks how often have you:</td>
<td>None</td>
<td>Some</td>
<td>Most</td>
<td>All the time</td>
</tr>
<tr>
<td>1 been feeling low in energy, or slowed down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 been blaming yourself for things, feeling guilty?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 had a poor appetite?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 had difficulty falling asleep, staying asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 been feeling hopeless about the future?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 been feeling blue?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7 been feeling no interest in things or activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 had feelings of worthlessness?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9 thought about or wanted to commit suicide?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 had difficulty concentrating or making decisions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add your score in each column. Add your total score. Total Points:

If total score is nine (9) or above, contact your doctor and/or mental health professional.

**NOTE:** Further evaluation is suggested for any individual who scores 1 or more on question 9, regardless of the total score.

For more information about depression, visit the Mental Health Association of Middle Tennessee at ichope.com.

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### Need Training?
More information about all these programs is available in the Training and Education section of the TSPN website (www.tspn.org).

#### Programs for Adults

**QPR (Question, Persuade, Refer) training** helps both professionals and lay caregivers become more comfortable, competent and confident when dealing with persons at risk. Participants learn how their own attitudes about suicide can affect their efforts to help. They gain the knowledge and skill to recognize and estimate suicide risk, and learn how to intervene through role-playing and supervised simulations and how to create crisis networks out of existing local resources.

The Columbia Suicide Severity Rating Scale (C-SSRS) is a reliable, scientifically proven, and easily administered suicide risk assessment tool for use in a wide variety of settings with both adults and adolescents. It assesses the full range of evidence-based ideation and behavior, and requires no mental health training in order to use it.

**CALM: Counseling on Access to Lethal Means** is a 2-hour workshop designed to teach mental health counselors how to help clients at risk for suicide, as well as their families, be safer by reducing their access to lethal means, particularly (but not exclusively) firearms.

**Programs for Youth**

The Jason Foundation, Inc. (JFI) is a nationally recognized provider of educational curricula and training programs for students, educators, youth workers and parents. JFI’s programs build an awareness of the national health problem of youth suicide, educate participants in recognizing the “warning signs or signs of concern”, provide information on identifying at-risk behavior and elevated-risk groups, and direct participants to local resources to deal with possible suicidal ideation. JFI’s student curriculums are presented in the “third-person” perspective—how to help a friend.

The Erasing the Stigma program of Mental Health America of Middle Tennessee (MHAMT) provides educational and interactive presentations for children and youth to address concerns such as bullying, body image and self esteem, stress and depression, and other mental health and wellness-related topics. It offers several age-appropriate mental health and wellness models (some involving I.C. Hope, the program’s ambassador and mascot), available free of charge for schools, churches, or clubs.

Tennessee Voices for Children offers free and voluntary mental health screenings to youth in Middle Tennessee via its Youth Screen program. This user-friendly, voluntary, and confidential computer-based screening instrument helps screeners identify mental health, suicide, and substance abuse risks that could interfere with health, well-being, and overall functioning.

For information on arranging a training session for your agency, contact Pam Arnell, Task Force Chair, at (931) 638-7131 or via e-mail at angel1@energize.net.
Survivors of Suicide Loss

Advice For Survivors

- Even if you feel that you cannot survive, know that you can.
- Feelings of shock, guilt, blame, anger, relief, depression, and isolation are common responses to grief. These emotions can be overwhelming but know that they are normal.
- Each survivor grieves in his own way and at his own pace.
- Seek out people who are willing to listen without judging.
- Remember that many people are affected by suicide.
- Seek professional help if needed.
- Take care of yourself—physically, mentally, emotionally, and spiritually.
- This is the hardest thing you will ever do. Be patient and do not try to do it by yourself.
- Remember that HEALING TAKES TIME.

SOSL Can Help

- Survivors of Suicide Loss group meetings are open to anyone who has lost a loved one through suicide or who is helping someone who has lost a loved one through suicide.
- Survivors need a safe place to explore their feelings of grief and anger, to raise questions and doubts.
- We are here whenever the survivor is ready for us and for as long as he or she needs us.
- We understand that the grieving process is hard work.
- Members have all been there and are often the only ones who can truly understand the survivor.
- Survivors can attend an SOSL meeting the day of the funeral, a few months after, or even years later.
- Survivors are free to talk or just listen.

Columbia: Grief After SuicideS (GRASS) ; 1st Thursdays at 6:30 PM; (931) 388-9299; grief-after-suicide.com
Spring Hill: Finding Hope After Suicide; 2nd and 4th Thursdays at 7 PM; (615) 435-9621; findinghopeaftersuicide.com
Winchester: GriefShare; (931) 636-1120

Mental Health Emergency Resources

If you or someone you know is experiencing a suicidal crisis and needs immediate help please call one of these resources. All are available 24 hours a day, 7 days a week.

Toll-Free Adult Statewide Crisis Telephone Line
1-855-CRISIS-1 or (1-855-274-7471)

<table>
<thead>
<tr>
<th>Centerstone (adults only)</th>
<th>(800) 681-7444</th>
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<tbody>
<tr>
<td>Mental Health Cooperative</td>
<td>(866) 816-0433</td>
</tr>
<tr>
<td>Youth Villages (ages 5-17)</td>
<td>(866) 791-9222</td>
</tr>
</tbody>
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Regional Psychiatric Resources

Hillside Hospital (931) 363-7531

COUNSELING RESOURCES

Amell’s Counseling
Office (931) 424-8802
Cell (931) 638-7131
Centerstone: Giles County (931) 363-3573
(outpatient counseling, adolescents and adults)
Dr. James Cooper (931) 424-8802
David Daniels, LCSW (931) 424-8802
Dr. Rodrick Gregory (931) 363-1414
Lifespring (inpatient senior care unit) (931) 363-9335

This is not an all-inclusive list, but a general guideline.
On-Line Resources
tspn.org

American Association of Suicidology  suicidology.org
American Foundation for Suicide Prevention (AFSP)  afsp.org
Depression and Bipolar Support Alliance  dbssalliance.org
Faces of Suicide  facesofsuicide.com
The Jason Foundation  jasonfoundation.com
kidoentraltn.com
National Alliance on Mental Illness (NAMI)  nami.org
National Mental Health Association (NMHA)  nmha.org
National Organization for People of Color Against Suicide (NOPCAS)  nopcas.com
Parents of Suicides - Friends & Families of Suicides Internet Community  pos-ffos.com
Sibling Survivors of Suicide  siblingsurvivors.com
Suicide Prevention and Resource Center (SPRC)  sprc.org
SAMHSA's National Mental Health Information Center - Center for Mental Health Services  mentalhealth.org
Suicide Grief Support Forum  suicidegrief.com
Suicide Memorial Wall  suicidememorialwall.com
Tennessee Mental Health Consumer’s Association  tmhca-tn.org
Tragedy Assistance Program for Survivors  taps.org
U.S. Department of Veterans Affairs  va.gov
World Health Organization (WHO)  who.int/en

GILES COUNTY COMMUNITY RESOURCES

Police/EMS
911

Adult Protective Services
1-888-APS-TENN
1-877-426-8330

Alcoholics Anonymous (Jackson West Tennessee Intergroup)
1-888-836-6678

Area Agency on Aging & Disability
(931) 424-8802
(931) 756-5427

Amell’s Counseling Service
(615) 462-6673

Buffalo Valley Incorporated
(931) 375-5000

Camelot Care (family counseling and prevention services)
(931) 363-5506

Community Services Agency
(931) 363-6610

Community Services Agency
(931) 363-0858

Giles County Health Department
(931) 363-5506

Giles County Senior Center
(931) 363-6610

Giles County Triad
(931) 363-0858

GLBT National Help Center
(888) THE-GNHC (843-4564)

The HELP Center
(931) 363-8655

The Hope House
(931) 381-8580

Jason Foundation
(931) 363-81-2323

Legal Aid Society
1-800-238-1443

Local Human Resource Agency
(931) 363-5382

Mental Health America of Middle Tennessee
1-866-535-4564

Mental Health Cooperative
(866) 816-0433

Options
1-866-836-6678

Sexual Assault Center
(615) 259-9055
(800) 879-1999

The Shelter, Inc.
1-800-762-4115
(domestic violence response, shelter service and court advocacy)

TennCare Advocacy Program
1-800-722-7474

TennCare Transportation
1-800-209-9142

Tennessee Department of Children Services
(931) 424-4004 or
1-877-237-0004

Tennessee Department of Human Services
(931) 424-4001 or
1-888-277-8366

Tennessee Partners Advocacy Line
1-800-758-1638

The Trevor Project (GLBT youth crisis line)
(666) 4-U TREVOR (488-7386)

Victim Assistance Program
(931) 424-4030
(domestic violence, court advocacy)