

# You're Invited



## UPPER CUMBERLAND SUICIDE PREVENTION NETWORK MEETING

Volunteer Behavioral Health Care Systems  
1200 South Willow Avenue  
Cookeville, ZIP 38502

Meetings convene at **9 AM** on the **fourth Thursday of each month**, allowing for holidays. For details, check the TSPN meeting schedule on the website.

The Upper Cumberland Region serves the counties of Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, and White.

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

For more information, contact **TSPN** at [tspn@tspn.org](mailto:tspn@tspn.org) or (615) 297-1077.

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# Upper Cumberland Region



# Resource Directory



**(615) 297-1077**  
**tspn.org**

# 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:

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

Number (Rate per 100,000 residents)

COUNTY	2011	2012	2013	2014	2015	2016
Cannon	2 (14.6)	4 (28.9)	1 (7.3)	2 (14.5)	4 (28.9)	3 (21.4)
Clay	3 (38.6)	0 (N/A)	1 (12.9)	3 (38.6)	4 (51.4)	4 (51.7)
Cumberland	6 (10.6)	16 (28.1)	6 (10.4)	14 (24.1)	13 (22.9)	18 (30.7)
DeKalb	5 (26.5)	3 (15.9)	3 (15.7)	3 (15.6)	5 (26.1)	8 (41.3)
Fentress	6 (33.3)	4 (22.3)	2 (11.2)	5 (28.0)	3 (16.7)	1 (5.5)
Jackson	6 (52.8)	3 (26.2)	1 (8.7)	4 (34.6)	4 (34.8)	0 (NA)
Macon	6 (26.7)	4 (17.8)	5 (22.0)	3 (13.0)	6 (25.9)	8 (34.1)
Overton	2 (9.0)	4 (18.0)	10 (45.3)	1 (4.5)	2 (9.0)	8 (36.3)
Pickett	1 (19.6)	1 (19.7)	3 (59.1)	1 (19.6)	1 (19.5)	1 (19.5)
Putnam	10 (13.7)	7 (9.6)	13 (17.7)	11 (14.6)	17 (22.8)	24 (31.6)
Smith	2 (10.4)	8 (41.9)	5 (26.2)	2 (10.5)	1 (5.2)	4 (20.6)
Van Buren	2 (36.6)	0 (N/A)	0 (N/A)	1 (17.9)	1 (17.7)	2 (35.3)
Warren	4 (10.0)	3 (7.5)	7 (17.5)	9 (22.5)	7 (17.3)	7 (17.3)
White	11 (42.1)	0 (N/A)	10 (38.1)	8 (30.4)	6 (22.6)	4 (15.0)
TENNESSEE	938 (14.6)	956 (14.8)	1,017 (15.7)	945 (14.4)	1,065 (16.1)	1,110 (16.2)

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.

Volunteer Behavioral Health Care Systems (VBHCS) provides a continuum of services to meet the mental health needs of the Upper Cumberland area.

## Crisis Services

The goal of VBHCS is to provide the most appropriate level of care to adults and their families during a behavioral health crisis. The crisis team provides intervention 24 hours a day, seven days a week, in the most natural setting possible and assists patients and/or families in coping with the crisis. These include urgent outpatient appointments, medication management, partial hospitalization, acute hospitalization, respite services, or referrals to the Crisis Stabilization Unit.

Crisis Services provides services to Clay, Cumberland, DeKalb, Fentress, Jackson, Overton, Pickett, Putnam, Van Buren, Warren, and White Counties.

## Crisis Mobile Services

Crisis Mobile Services is able to respond to the patient's location whether it be a personal residence, doctor's office, ER, jail, or other referral service.

## Crisis Stabilization Unit

The Crisis Stabilization Unit (CSU) is a voluntary mental health unit available to people age 18 and up regardless of insurance who are experiencing a mental health emergency.

Staff is present 24 hours a day, 7 days a week to ensure a monitored environment for individuals who might otherwise be hospitalized. Respite assessment is available to any person over the age of 18 regardless of insurance coverage. No referral is necessary.

CSU is a ten-bed in-patient unit. Referral by Crisis Services is required to utilize CSU.

**VBHCS and the Crisis Walk-In Center is located at Plateau Mental Health, 1200 South Willow Avenue in Cookeville. For non-emergency first-time appointments, call (877) 567-6051; for emergencies call (800) 704-2651.**

# 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 2011 and 2016, suicides among veterans in Tennessee, made up 10% 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.

## 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.

To contact the Tennessee Valley VA hospital , call (615) 327-4751.



# 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



[www.tspn.org](http://www.tspn.org)



## RECOGNIZE THESE SYMPTOMS?

Changes in energy level and sleep patterns

Frequent thoughts of death or suicide

Loss of interest or pleasure in activities

Noticeable restlessness or irritability



Difficulties with concentration or decision making

Changes in appetite, eating habits, or weight

Feeling sad, empty, hopeless, worthless, or guilty

MHA  
Mental Health America  
B4Stage4

## SCREENING TO SUPPORTS (S2S) is now **LIVE in Beta**

Taking a mental health screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition. Mental Health conditions, such as depression or anxiety, are real, common and treatable. **AND recovery is possible!**

### Screenings Available for:

Depression  
Anxiety  
Bipolar  
PTSD  
Youth Test

Alcohol or Substance Abuse  
Psychosis  
Eating Disorder  
Work Health Survey  
Parent Test (for child)

### Take a Screening Today:

<http://tspn.org/free-mental-health-screening>

# Need Training?

More information about all these programs is available in the Training and Education section of the TSPN website ([www.tspn.org](http://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. <http://tspn.org/qpr-training>

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. <http://tspn.org/c-ssrs>



**CALM: Counseling on Access to Lethal Means**

**CALM** 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. <http://tspn.org/curricula>



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. <http://tspn.org/free-mental-health-screening>



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. <http://tspn.org/curricula>

# 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 (Ilgen 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](mailto:tspn@tspn.org).

# Mental Health Crisis Hotlines

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.

**Crisis Text Line**  
text TN to 741741

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

<b>Mental Health Cooperative</b>	<b>(866) 816-0433 (NOTE: not available in Fentress County)</b>
<b>Volunteer Crisis Services (18 and older)</b>	<b>(800) 704-2651</b>
<b>Youth Villages (17 and under)</b>	<b>(866) 791-9223</b>

In the event of an emergency, **call 911** or go to your nearest emergency room (dial the numbers below for directions)

Riverview Regional Medical Center - Carthage	(615) 735-1560
Cookeville Regional Hospital - Cookeville	(931) 528-2541
Cumberland Medical Center - Crossville	(931) 484-9511
Cumberland River Hospital -Celina	(931) 243-3581
DeKalb Hospital - Smithville	(615) 215-5400
Highlands Medical Center - Sparta	(931) 738-9211
Jamestown Regional Medical Center - Jamestown	(931) 879-3314
Livingston Regional Hospital - Livingston	(931) 823-5611
Macon County General Hospital - Lafayette	(615) 666-2147
River Park Hospital - McMinnville	(931) 815-4000
Stones River Hospital - Woodbury	(615) 563-4001



## UPPER CUMBERLAND COMMUNITY RESOURCES

Adult Protective Services	1-888-277-8366
Alcoholics Anonymous	1-800-559-2252
Camelot Care (family counseling and prevention services)	(931) 261-4303
Cheer Mental Health Center	(931) 473-9649
Child Abuse Hotline	1-877-237-0004
Christian Counseling Center (adults and children)	(931) 707-8200
Crisis Intervention Center	1-800-704-2651
Cumberland Mountain Mental Health Center	(931) 484-8020
Dale Hollow Mental Health Center	(931) 823-5678
Department of Children's Services	(931) 646-3000
Department of Human Services	(931) 528-7487
Highlands Senior Care Sparta (inpatient geriatric psych)	1-800-553-7133
Genesis House	1-800-707-5197
Generations Mental Health	(931) 528-8593
GLBT National Help Center	1-888-THE-GNRC (843-4564)
Haven of Hope Counseling	(615) 597-4673
Heart of the Cumberland	(931) 525-2600
Health Connect America, Algood office	(931) 526-6042
Jason Foundation	1-888-881-2323
Legal Aid Society	1-800-262-6817
LifeCare Family Services	(866) 964-1063
Mental Health Cooperative	(866) 816-0433
Oak Point-Livingston Regional Hospital (inpatient geriatric psych)	(931) 403-2167
Plateau Mental Health Center	(931) 432-4123
Poison Control	1-800-222-1222
Reflections at Jamestown (older adult care)	(931) 879-3308
Renewal Center-Carthage (inpatient geriatric psych)	1-800-360-2029
Rolling Hills Hospital	(615) 628-5700
Sexual Assault Center	(615) 259-9055
24-hour crisis line	(800) 879-1999
Senior Care-Celina	1-800-777-8533
Ten Broeck Tennessee at Cookeville Regional Medical Center (adult inpatient)	(855) 828-8111
Tennessee Redline	800-889-9789
TrustPoint Hospital of Murfreesboro (18 and up)	(615) 848-5850
TennCare Advocacy Program	1-800-722-7474
TennCare Transportation	1-800-209-9142
The Trevor Project (GLBT youth crisis hotline)	1-866-4-U-TREVOR (488-7386)
Trans Lifeline	(877) 565-8860
Upper Cumberland Area Agency on Aging and Disability	(931) 432-4111
Upper Cumberland Human Resource Agency	(931) 528-1127
Valley Ridge Mental Health Center	(615) 666-8070
Youth Villages (17 and under)	1-866-791-9223



# On-Line Resources



**tspn.org**

American Association of Suicidology	<a href="http://suicidology.org">suicidology.org</a>
American Foundation for Suicide Prevention (AFSP)	<a href="http://afsp.org">afsp.org</a>
Depression and Bipolar Support Alliance	<a href="http://dbsalliance.org">dbsalliance.org</a>
The Jason Foundation	<a href="http://tspn.org/curricula">http://tspn.org/curricula</a>
The Jed Foundation	<a href="http://jedfoundation.org">jedfoundation.org</a>
kidcentral tn	<a href="http://tspn.org/more-resources-2">http://tspn.org/more-resources-2</a>
Lifeline for Attempt Survivors	<a href="http://lifelineforattemptsurvivors.org">lifelineforattemptsurvivors.org</a>
Mental Health America	<a href="http://nmha.org">nmha.org</a>
National Alliance on Mental Illness (NAMI)	<a href="http://nami.org">nami.org</a>
Mental Health America of Middle Tennessee: Online Depression Screenings	<a href="http://ichope.com">ichope.com</a>
National Organization for People of Color Against Suicide (NOPCAS)	<a href="http://nopcas.com">nopcas.com</a>
Parents of Suicide	<a href="http://parentsofsuicide.com">parentsofsuicide.com</a>
Siblings Survivors of Suicide	<a href="http://siblingsurvivors.com">siblingsurvivors.com</a>
Suicide Prevention and Resource Center (SPRC)	<a href="http://sprc.org">sprc.org</a>
SAMHSA's National Mental Health Information Center - Center for Mental Health Services	<a href="http://mentalhealth.org">mentalhealth.org</a>
Tennessee Mental Health Consumer's Association	<a href="http://tspn.org/more-resources-2">http://tspn.org/more-resources-2</a>
Tragedy Assistance Program for Survivors	<a href="http://taps.org">taps.org</a>
U.S. Department for Veteran's Affairs	<a href="http://va.gov">va.gov</a>
World Health Organization (WHO)	<a href="http://who.int/en">who.int/en</a>

**“Journey” Grief Support Groups at Heart of the Cumberland**  
 Available for adults, teens, and children  
 Held periodically, call or e-mail for next course date  
 (931) 525-2600 or [info@heartofthecumberland.org](mailto:info@heartofthecumberland.org)  
 More information available at [heartofthecumberland.org/services.html](http://heartofthecumberland.org/services.html)