SUICIDE PREVENTION
UPPER CUMBERLAND REGION
Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren & White Counties

RESOURCE DIRECTORY
EDITION 2020 » A PUBLICATION OF

Tennessee Suicide Prevention Network
"Saving Lives in Tennessee"

Department of Mental Health & Substance Abuse Services

Photo by Brenton Rogers from Cumberland Gap, TN
Psychological autopsies of suicide victims with substance abuse problems

There is a real possibility of a suicide attempt while the person is half were unemployed half had serious medical problems. A study published in the Interpersonal crises and financial difficulties are common here and should be addressed. Teens who engage in high substance use are at higher risk. Additionally, binge drinking among teens has been identified as a predictive factor of actual suicide attempts as well. Contrary to popular belief, major depression is more likely to develop after the onset of substance use. Teens who engage in high substance use are at higher risk. According to 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. -

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 suicide occurs within all age groups, the suicide rate is highest among those in midlife (ages 45-54). In addition, three times the amount of men die by suicide in Tennessee compared to women. 

Suicide is the tenth-leading cause of death in the United States, killing more people on an annual basis than homicide, drunk driving, or AIDS. Each year in Tennessee, over 1,100 people including every age group, race, geographic area, and income level end their lives due to suicide. Tennessee's suicide rate is typically 20 percent higher than the national average.

TENNESSEE SUICIDE FACTS

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<table>
<thead>
<tr>
<th>COUNTY</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannon</td>
<td>2 (14.5)</td>
<td>4 (28.9)</td>
<td>3 (21.4)</td>
<td>5 (35.2)</td>
<td>1 (6.9)</td>
</tr>
<tr>
<td>Clay</td>
<td>3 (38.6)</td>
<td>4 (51.4)</td>
<td>4 (51.7)</td>
<td>4 (51.9)</td>
<td>3 (38.8)</td>
</tr>
<tr>
<td>Cumberland</td>
<td>14 (24.1)</td>
<td>13 (22.9)</td>
<td>18 (30.7)</td>
<td>16 (27.1)</td>
<td>15 (25.1)</td>
</tr>
<tr>
<td>DeKalb</td>
<td>3 (15.6)</td>
<td>5 (26.1)</td>
<td>8 (41.3)</td>
<td>3 (15.1)</td>
<td>3 (14.9)</td>
</tr>
<tr>
<td>Fentress</td>
<td>5 (28.0)</td>
<td>3 (16.7)</td>
<td>1 (5.5)</td>
<td>2 (11.0)</td>
<td>1 (5.5)</td>
</tr>
<tr>
<td>Jackson</td>
<td>4 (34.6)</td>
<td>4 (34.8)</td>
<td>0 (NA)</td>
<td>3 (25.7)</td>
<td>1 (8.5)</td>
</tr>
<tr>
<td>Macon</td>
<td>3 (13.0)</td>
<td>6 (25.9)</td>
<td>8 (34.1)</td>
<td>8 (33.2)</td>
<td>7 (28.9)</td>
</tr>
<tr>
<td>Overton</td>
<td>1 (4.5)</td>
<td>2 (9.0)</td>
<td>8 (36.3)</td>
<td>7 (31.8)</td>
<td>3 (13.6)</td>
</tr>
<tr>
<td>Pickett</td>
<td>1 (19.6)</td>
<td>1 (19.5)</td>
<td>1 (19.5)</td>
<td>0 (NA)</td>
<td>1 (19.8)</td>
</tr>
<tr>
<td>Putnam</td>
<td>11 (14.6)</td>
<td>17 (22.8)</td>
<td>24 (31.6)</td>
<td>13 (16.7)</td>
<td>16 (20.3)</td>
</tr>
<tr>
<td>Smith</td>
<td>2 (10.5)</td>
<td>1 (5.2)</td>
<td>4 (20.6)</td>
<td>4 (20.4)</td>
<td>7 (35.1)</td>
</tr>
<tr>
<td>Van Buren</td>
<td>1 (17.9)</td>
<td>1 (17.7)</td>
<td>2 (35.3)</td>
<td>1 (17.5)</td>
<td>2 (34.8)</td>
</tr>
<tr>
<td>Warren</td>
<td>9 (22.5)</td>
<td>7 (17.3)</td>
<td>7 (17.3)</td>
<td>7 (17.2)</td>
<td>7 (17.1)</td>
</tr>
<tr>
<td>White</td>
<td>8 (30.4)</td>
<td>6 (22.6)</td>
<td>4 (15.0)</td>
<td>5 (18.7)</td>
<td>6 (22.1)</td>
</tr>
<tr>
<td>TENNESSEE</td>
<td>945 (14.4)</td>
<td>1,065 (16.1)</td>
<td>1,110 (16.2)</td>
<td>1,163 (17.3)</td>
<td>1,159 (17.1)</td>
</tr>
<tr>
<td>NATIONAL</td>
<td>42,773 (13.0)</td>
<td>44,193 (13.3)</td>
<td>44,965 (13.9)</td>
<td>47,137 (14.0)</td>
<td>48,334 (14.2)</td>
</tr>
</tbody>
</table>

Local Suicide Statistics NUMBER (rates per 100,000 residents). 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.

If you or someone you know is fighting to stay alive, battling against suicidal thoughts, don’t fight alone. Call 855-CRISIS-1 (855-274-7471) and speak with a trained crisis counselor for free. You can also text “TN” to 741 741 and text with a trained crisis counselor for free. You can remain anonymous if you want.
SUICIDE is the tenth-leading cause of death in the United States, killing more people on an annual basis than homicide, drunk driving, or AIDS. Each year in Tennessee, over 1,100 people take their own lives. Tennessee’s suicide rate is typically 20 percent higher than the national average. Suicide is a state average, with the highest rates among those 85 and older. Urban areas due to lower levels of social integration and reduced availability and access to mental health resources.

Robertson 12 (17.9) trained crisis counselor for free. You can remain anonymous if you want. Don’t fight alone. Call 855-CRISIS-1 (855-274-7471) to speak with a crisis counselor. Know the signs. You can make a difference.

**WARNING SIGNS**

**UNTREATED DEPRESSION IS THE #1 CAUSE OF SUICIDE.**

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
- Can’t ask directly for help

For more information on the sources quoted in this section, please contact National Institute of Drug Abuse. The report suggests that primary care physicians who find their adolescent teens who engage in high substance use are at higher risk of suicide and emotional problems. Additionally, binge drinking among teens has been identified as a predictive factor of actual suicide attempts as well as a risk factor for future substance abuse problems. There is a real possibility of a suicide attempt while the person is under the influence of alcohol, and suicide attempts were not entirely due to the effects of co-occurring mental disorders. Men with a substance abuse disorder are 2.3 times more likely to die by suicide than those without one. Women also themselves at higher risk of suicide and emotional problems. The rise in drug abuse observed during the past thirty years is believed a risk (Conner and Duberstein, 2004). Substance abuse in and of itself is a suicide risk factor (Borges et al, 2000). Between 25 and 55 percent of suicide occurs with depression and/or suicidal thoughts, even after accounting for high levels of depression and stress. Psychological autopsies of suicide victims with substance abuse problems have shown that:

- Half had serious medical problems
- Three-quarters had difficulty managing anger
- Two-thirds also suffered from a major depressive disorder
- Thought of committing suicide was common
- A large number expressed hopelessness
- More than one-third had attempted to harm themselves
- 

According to the International Handbook of Suicide and Attempted Suicide, between 25 and 55 percent of suicide occurs with depression and/or suicidal thoughts, even after accounting for high levels of depression and stress. Psychological autopsies of suicide victims with substance abuse problems have shown that:

- Half had serious medical problems
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- A large number expressed hopelessness
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-
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>
<th>All the time</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>Total Points:</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>been feeling low in energy, or slowed down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>been blaming yourself for things, feeling guilty?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>had a poor appetite?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>had difficulty falling asleep, staying asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>been feeling hopeless about the future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>been feeling blue?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>been feeling no interest in things or activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>had feelings of worthlessness?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>thought about or wanted to die by suicide?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>had difficulty concentrating or making decisions?</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Add your score in each column.
Add your total score.

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 online depression and mental health screenings, visit ichope.com
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
or look for your county in the list below:

- Mental Health Cooperative (866) 816-0433 All Counties Excluding Fentress
- TN Crisis Line (855) 274-7471 Entire Upper Cumberland Region
- Volunteer Crisis (800) 704-2651 Entire Upper Cumberland Region 18 and older
- Youth Villages (866) 791-9223 Entire Upper Cumberland Region ages 5 - 17

Regional Psychiatric Hospitals

NOTE: There are None
Volunteer/Plateau Mental Health Center is the only CSU in the Region

TENNESSEE STATEWIDE CRISIS LINE
There is hope.
855-CRISIS-1 (855-274-7471)

Veterans Crisis Line
1-800-273-8255 PRESS 1

CRISIS TEXT LINE | Text “TN” to 741 741
<table>
<thead>
<tr>
<th>Community Resources</th>
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</thead>
<tbody>
<tr>
<td><strong>Adult Protective Services</strong></td>
</tr>
<tr>
<td><strong>Alcoholics Anonymous</strong></td>
</tr>
<tr>
<td><strong>Camelot Care (family counseling and prevention services)</strong></td>
</tr>
<tr>
<td><strong>Centerstone Mental Health Clinic</strong></td>
</tr>
<tr>
<td><strong>Cheer Mental Health Center</strong></td>
</tr>
<tr>
<td><strong>Child Abuse Hotline</strong></td>
</tr>
<tr>
<td><strong>Christian Counseling Center (adults and children)</strong></td>
</tr>
<tr>
<td><strong>Crisis Intervention Center</strong></td>
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<tr>
<td><strong>Cumberland Heights</strong></td>
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<tr>
<td><strong>Cumberland Mountain Mental Health Center</strong></td>
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<tr>
<td><strong>Dale Hollow Mental Health Center</strong></td>
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<tr>
<td><strong>Department of Children's Services</strong></td>
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<tr>
<td><strong>Department of Human Services</strong></td>
</tr>
<tr>
<td><strong>Highlands Senior Care Sparta (inpatient geriatric psych)</strong></td>
</tr>
<tr>
<td><strong>Generations Mental Health</strong></td>
</tr>
<tr>
<td><strong>Genesis House</strong></td>
</tr>
<tr>
<td><strong>GLBT National Help Center</strong></td>
</tr>
<tr>
<td><strong>Haven of Hope Counseling</strong></td>
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<tr>
<td><strong>Health Connect America - Algood office</strong></td>
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<tr>
<td><strong>Heart of the Cumberland</strong></td>
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<tr>
<td><strong>Jason Foundation</strong></td>
</tr>
<tr>
<td><strong>Legal Aid Society</strong></td>
</tr>
<tr>
<td><strong>LifeCare Family Services</strong></td>
</tr>
<tr>
<td><strong>Mental Health Cooperative</strong></td>
</tr>
<tr>
<td><strong>Oak Point-Livingston Regional Hospital (inpatient geriatric psych)</strong></td>
</tr>
<tr>
<td><strong>Plateau Mental Health Center</strong></td>
</tr>
<tr>
<td><strong>Poison Control</strong></td>
</tr>
<tr>
<td><strong>Renewal Center - Carthage (inpatient geriatric psych)</strong></td>
</tr>
<tr>
<td><strong>Rolling Hills Hospital</strong></td>
</tr>
<tr>
<td><strong>Senior Care - Celina</strong></td>
</tr>
<tr>
<td><strong>Sexual Assault Center</strong></td>
</tr>
<tr>
<td><strong>Ten Broeck TN at Cookeville Regional Medical Center (adult inpatient)</strong></td>
</tr>
<tr>
<td><strong>TennCare Advocacy Program</strong></td>
</tr>
<tr>
<td><strong>TennCare Transportation</strong></td>
</tr>
<tr>
<td><strong>Tennessee Redline</strong></td>
</tr>
<tr>
<td><strong>The Trevor Project (LGBTQI youth crisis hotline)</strong></td>
</tr>
<tr>
<td><strong>Trans Lifeline</strong></td>
</tr>
<tr>
<td><strong>TrustPoint Hospital of Murfreesboro (18 and up)</strong></td>
</tr>
<tr>
<td><strong>Upper Cumberland Area Agency on Aging and Disability</strong></td>
</tr>
<tr>
<td><strong>Upper Cumberland Family Justice Center</strong></td>
</tr>
<tr>
<td><strong>Upper Cumberland Human Resource Agency</strong></td>
</tr>
<tr>
<td><strong>Valley Ridge Mental Health Center</strong></td>
</tr>
<tr>
<td><strong>Youth Villages (17 and under)</strong></td>
</tr>
</tbody>
</table>
ON-LINE RESOURCES

American Association of Suicidology ................................................................. suicidology.org
American Foundation for Suicide Prevention (AFSP) ........................................... afsp.org
Depression and Bipolar Support Alliance ......................................................... dbsalliance.org
The Jason Foundation ....................................................................................... jasonfoundation.com
The Jed Foundation ......................................................................................... jedfoundation.org
kidcentral tn ..................................................................................................... kidcentraltn.com
Lifeline for Attempt Survivors .......................................................................... lifelineforattemptsurvivors.org
Mental Health America ..................................................................................... nmha.org
Mental Health America of Middle Tennessee: Online Depression Screenings .......... ichopec.com
National Alliance on Mental Illness (NAMI) ....................................................... nami.org
National Organization for People of Color Against Suicide (NOPCAS) ............... nopcas.org
Parents of Suicide ........................................................................................... parentsofsuicide.com
SAMHSA’s National Mental Health Information Center
Center for Mental Health Services ..................................................................... mentalhealth.org
Sibling Survivors of Suicide ............................................................................. siblingsurvivors.com
Suicide Prevention and Resource Center (SPRC) ............................................... sprc.org
Tennessee Mental Health Consumer’s Association .............................................. tmhca-tn.org
Tennessee Statewide 2-1-1 Resource Network .................................................. 211tn.org
Tragedy Assistance Program for Survivors ..................................................... taps.org
U.S. Department of Veterans Affairs .................................................................. va.gov
World Health Organization (WHO) ................................................................... who.int/en
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 their own way and at their 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.

Resources

- Families and Friends of Suicide Loss Pos-ffos.com
- Parents of Suicide ParentsofSuicide.com
- Sibling Survivors of Suicide SiblingSurvivors.com
- Suicide Free online resources SuicideFree.org
- Find a support group tspn.org/for-survivors-of-suicide
More information about all of these programs is available in the Training and Education section of the TSPN website - tspn.org/curricula.

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

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. This 8-hour training gives adults who work with youth the skills they need to reach out and provide initial support to adolescents (ages 12-18) who may be developing a mental health or substance use problem and help them connect to the appropriate care.

Programs for Youth

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 the Upper Cumberland Region via its Youth Screen program. This user-friendly, voluntary, and confidential computer-based screening instrument helps screeners identify mental health, suicide, and substance misuse risks that could interfere with health, well-being, and overall functioning.

The Jason Foundation, Inc. (JFI) is a provider of educational curricula and training programs for students, educators, youth workers and parents. JFI’s programs build an awareness of youth suicide, educate participants in recognizing the “warning signs or signs of concern”, and direct participants to local resources to deal with possible suicidal ideation.
Suicide Signs Unique to Veterans

- Calling old friends, particularly military friends, to say goodbye
- Cleaning a weapon that they may have as a souvenir
- Visits to graveyards
- Obsessions 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 attempt 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 immediate counseling should call the hotline run by Veterans Affairs professionals at 1-800-273-8255, and press “1”, identifying themselves as Military Veterans. Staff members are specially trained to take calls from Military Veterans and are available 24 hours a day, everyday. While all operators are trained to help Veterans, some are also former military personnel.

Make the Connection for shared experiences and support for Veterans................................. maketheconnection.net

State of Tennessee Department of Veterans Services................................. tn.gov/veteran.html or (615) 741-2435

Tennessee Valley VA Hospital........................................................................................................... (615) 327-4751

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 counseling, and on-call suicide prevention. You can download the app at guardyourbuddy.com

Veterans Service Offices

To locate your county Veteran Service Officer, please visit:

Tennessee County Veterans Service Officer Association - tcvsoa/directory
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 misuse observed during the past thirty years is believed to be 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 misuse 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 misuse in and of itself is a suicide risk factor (Borges et al, 2000).

Substance misuse 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 behaviours (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 misuse disorder are 6.5 times more likely to die by suicide than those without one. Women with a substance misuse 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 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 misuse has 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 misuse co-occurs with depression and or suicidal tendencies, both the depression and the addiction need to be treated – one affects the other.
- You can contact the RedLine at **1-800-889-9789**
- You can also reach out to Tennessee Recovery Navigators - individuals in long-term recovery who meet patients who have recently overdosed and connect them with the substance misuse treatment and recovery services they need. Visit [tn.gov/behavioral-health/substance-abuse-services/treatment---recovery.html](http://tn.gov/behavioral-health/substance-abuse-services/treatment---recovery.html) for more information.
TSPN is a grass-roots association which includes counselors, mental health professionals, physicians, clergy, journalists, social workers, and law enforcement personnel, as well as survivors of suicide and suicide attempts. TSPN works across the state to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate intention of reducing suicide rates in the state of Tennessee.

We seek to achieve these objectives through organizing and promoting regular regional activities, providing suicide prevention and crisis intervention training to community organizations, and conducting postvention sessions for schools and organizations after suicides occur.

Please check the TSPN website for our calendar of regional meetings happening every month across the state.

For non-crisis suicide prevention information, contact

"Saving Lives in Tennessee"

at (615) 297-1077 or refer to our website at tspn.org.

If you or someone you know is feeling desperate, alone or hopeless... we can help.

TENNESSEE STATEWIDE CRISIS LINE
There is hope.
855-CRISIS-1 (855-274-7471)

Text “TN” to 741 741
Suicide Prevention TEXT LINE
www.crisistextline.org