# SUICIDE PREVENTION MID-CUMBERLAND REGION

Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson & Wilson Counties



# **RESOURCE DIRECTORY** EDITION 2020 » A PUBLICATION OF

Tennessee Suicide Prevention Network



Department of Mental Health & Substance Abuse Services

"Saving Lives in Tennessee"

### **TENNESSEE SUICIDE FACTS**

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.

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.

COUNTY	2014	2015	2016	2017	2018
Cheatham	8 (20.1)	15 (37.7)	7 (17.6)	10 (24.8)	12 (29.7)
Davidson	88 (13.2)	92 (13.6)	110 (16.1)	92 (13.3)	92 (13.3)
Dickson	9 (17.8)	10 (19.4)	10 (9.2)	14 (26.5)	14 (26.2)
Houston	0	1 (12.2)	1 (12.3)	1 (12.2)	3 (36.3)
Humphreys	4 (22.0)	2 (11.0)	3 (16.3)	4 (21.6)	6 (32.4)
Montgomery	37 (19.5)	40 (20.7)	30 (15.3)	42 (21.0)	44 (21.4)
Robertson	13 (19.1)	15 (21.9)	13 (18.8)	13 (18.5)	15 (21.1)
Rutherford	40 (13.8)	35 (11.7)	41 (13.3)	49 (15.4)	38 (11.7)
Stewart	7 (52.7)	6 (45.2)	3 (22.8)	3 (22.5)	0
Sumner	19 (11.0)	22 (12.5)	41 (22.8)	37 (20.2)	38 (20.3)
Trousdale	3 (37.5)	3 (37.3)	1 (12.1)	2 (19.8)	3 (27.3)
Williamson	22 (10.7)	29 (13.7)	21 (9.6)	28 (12.4)	31 (13.4)
Wilson	23 (18.2)	31 (24.0)	21 (15.8)	22 (16.1)	22 (15.6)
TENNESSEE	945 (14.4)	1,065 (16.1)	1,110 (16.2)	1,163 (17.3)	1,159 (17.1)
NATIONAL	42.773 (13.0)	44,193 (13.26)	44,965 (13.9)	47,137 (14.0)	48,334 (14.2)

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.

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.

### **WARNING SIGNS**

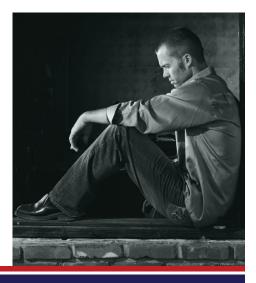
## UNTREATED DEPRESSION IS The #1 Cause of Suicide.

#### 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



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

	Scoring	0	1	2	3
	Over the past two weeks how often have you:	None	Some	Most	All the time
1	been feeling low in energy, or slowed down?				
2	been blaming yourself for things, feeling guilty?				
3	had a poor appetite?				
4	had difficulty falling asleep, staying asleep?				
5	been feeling hopeless about the future?				
6	been feeling blue?				
7	been feeling no interest in things or activities?				
8	had feelings of worthlessness?				
9	thought about or wanted to die by suicide?				
10	had difficulty concentrating or making decisions?				
	Add your score in each column.				
	Add your total score.		Tota	Il 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, <u>regardless of the total score.</u>

For more information about online depression and mental health screenings, visit ichope.com



I.C. Hope ® Don't Duck Mental Health ©

### **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

or look for your county in the list below:

Centerstone		(800) 681-7444	Entire South Central Region	
Mental Health Cooperative		(615) 726-0125	Entire Mid-Cumberland Region	
The Crisis Center		(615) 244-7444	Entire Mid-Cumberland Region	
TN Crisis Line		(855) 274-7471	Entire Mid-Cumberland Region	
Volunteer Behavioral Health Care System		(800) 704-2651	Rutherford, Sumner, Williamson, and Wilson Counties	
Youth Villages	ages 5-17	(866) 791-9221	Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Stewart, and Sumner Counties	

#### **Other Regional Resources**

(615) 449-0500	Lebanon	adults
(615) 902-7400	Donelson	18 and up
(800) 832-0388	Franklin	13 and up
(615) 222-2189	Nashville	over 65
(877) 342-1450	Nashville	18 and up
(877) 342-1450	Madison	13 and up
(615) 848-5850	Murfreesboro	18 and up
(615) 327-7000	Nashville	4 and up
	(615) 902-7400 (800) 832-0388 (615) 222-2189 (877) 342-1450 (877) 342-1450 (615) 848-5850	(615) 902-7400       Donelson         (800) 832-0388       Franklin         (615) 222-2189       Nashville         (877) 342-1450       Nashville         (877) 342-1450       Madison         (615) 848-5850       Murfreesboro

#### CRISIS TEXT LINE

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



Text "TN" to 741 741

# **COMMUNITY RESOURCES**

2-1-1 Information and Referral Services	211
Adult Protective Services	
Alcoholics Anonymous	
Catholic Social Services	
Centerstone (intake)	
Child and Adolescent Psychiatry - Vanderbilt	(615) 327-7709
Cumberland Heights Outpatient - Thompson Lane location	(615) 353 / 305
Daystar Counseling Ministries	
Depression, Bipolar and Manic Depressive Alliance	(615) 238 4810
Family and Children's Service	(615) 220-4010
Foundations Outpatient	(615) 220-0391
GLBT National Help Center	
Healing Hearts of Tennessee	
Health Assist Tennessee (care for uninsured and underinsured)	
Health Assist Tennessee (care for uninsured and underinsured)	
Jason Foundation	1-000-001-2323
Jewish Family Services Center	
Legal Aid Society	
LifeCare Family Services Mental Health Association of Middle Tennessee	(877) 811-0359
Mental Health Cooperative	
Metropolitan Public Health Behavioral Health Services	
Nashville Alliance for Mental Illness (NAMI) - Tennessee	
Nashville Alliance for Mental Illness (NAMI) - Davidson County	
Nashville CARES (AIDS and HIV support)	
Nashville Psychotherapy Institute	
National Addictions Referral Network	
Oasis Center (youth services)	(615) 327-4455
Obsessive Compulsive Disorder Support Group	
Park Center (mental health recovery)	
Pastoral Counseling Centers of Tennessee - Nashville office	(615) 383-2115
Pathways Counseling	
Reconnect Nashville (peer support center)	
Sexual Assault Center	
SperoHealth - Clarksville	
SperoHealth - Dickson	
SperoHealth - Smyrna	
TennCare Transportation	
Tennessee Association of Alcohol, Drug, & Other Addiction Services	(IAADAS) 1-800-889-9789
Tennessee Department of Children Services	
Tennessee Mental Health Consumer's Association	
Tennessee Voices for Children	
The Trevor Project (LGBTQI youth crisis hotline)	366-4-U-IREVOR (488-7386)
TriStar Centennial Medical Center Parthenon Pavilion (inpatient)	
Vanderbilt Community Mental Health Center	
Your Heart on Art	(615) 456-3777
Youth Villages - Nashville office, general information	(615) 250-7200

# **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 Sc	reeningsichope.com
National Alliance on Mental Illness (NAMI)	nami.org
National Organization for People of Color Against Suicide (NOPCA	S)nopcas.org
Parents of Suicide	parentsofsuicide.com
SAMHSA's National Mental Health	
Information Center - Center for Mental Health Services	
Sibling Survivors of Suicide	siblingsurvivors.com
Suicide Prevention and Resource Center (SPRC)	sprc.org
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

### **REGIONAL HEALTH DEPARTMENTS**

Cheatham County Health Department	cheathamcountytn.gov
	c Health Deptnashville.gov/Health-Department.aspx tn.gov/health
Mid-Cumberland Regional Office	tnpublichealth.org
	tn.gov/health/health-program-areas/localdepartments.html tn.gov/health/health-program-areas/localdepartments.html
	health.rutherfordcountytn.gov orth Rutherford health.rutherfordcountytn.gov
Sumner County Hendersonville Clinic	sumnertn.org/offices/health sumnertn.org/offices/health sumnertn.org/offices/health
Trousdale County Health Department	trousdalecountytn.gov/government/county_departments/ health_department.php
Williamson County Fairview Clinic	williamsoncounty-tn.gov/120/Health-Department williamsoncounty-tn.gov/120/Health-Department wilsoncountytn.gov/departments/health-department

# **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 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
- · Parents of Suicide
- Sibling Survivors of Suicide
- Suicide Free online resources
- Find a support group



Pos-ffos.com ParentsofSuicide.com SiblingSurvivors.com SuicideFree.org tspn.org/for-survivors-of-suicide



## **NEED TRAINING?**

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**

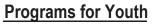
**QPR (Question, Persuade, Refer)** training helps both professionals and lay caregivers become more comfortable, competent and confident when dealing with persons at risk. Participants learn how their own attitudes about suicide can affect their efforts to help. They gain the knowledge and skill to 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** 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.

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



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 Mid-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 partici-

pants in recognizing the "warning signs or signs of concern", and direct participants to local resources to deal with possible suicidal ideation.







LIGHTHOUSE





CALM: Counseling on Access to Lethal Means

## **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.

### 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 & support for Veteransmaketheconnection.net
State of Tennessee Department of Veterans Servicestn.gov/veteran.html or (615) 741-2435
Tennessee Valley VA Hospital

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





veteranscrisisline.net/get-help/chat

### SUBSTANCE MISUSE 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 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 longterm 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 for more information.



# ABOUT THE TENNESSEE SUICIDE PREVENTION NETWORK

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)





