

# You're Invited

Tennessee Suicide  
Prevention Network

*"Saving Lives in Tennessee"*

## RURAL WEST SUICIDE PREVENTION NETWORK MEETING

Behavioral Health Initiatives, Inc.  
36C Sandstone Circle  
Jackson, TN 38305

Meetings convene at **10:30 AM** on the **third Wednesday of each month**, allowing for holidays. For details, check the TSPN meeting schedule on the website.

For more information, contact **Anne Henning-Rowan**, Regional Chair, at (731) 421-8880 or [annerowan@hughes.net](mailto:annerowan@hughes.net).

TSPN's Rural West Region serves the counties of Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Madison, Obion, Tipton, and Weakley.

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

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

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# Rural West Region

## 2013 Suicide Prevention Resource Guide

NATIONAL  
**SUICIDE**  
PREVENTION  
LIFELINE™  
**1-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

# Mental Health Crisis Hotlines

## ADULTS (Over 18):

FOR  
Crockett, Dyer, Haywood,  
Henderson, Lake, Madison,  
Obion, and Weakley Counties

**1-800-372-0693**

FOR  
Hardeman, Madison, McNairy,  
Hardin, Chester, Henderson  
and Decatur Counties

**1-800-467-2515**

FOR  
Benton, Carroll, Gibson,  
Henry, Fayette, Tipton,  
and Lauderdale Counties

**1-800-353-9918**

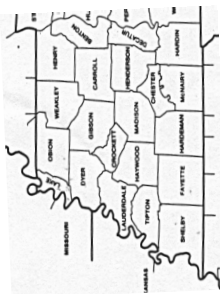
## Youth Villages Adolescents/Children (Under 18):

For Fayette, Shelby, and Tipton Counties

**1-866-791-9226**

For All Other Western Tennessee Counties:

**1-866-791-9227**

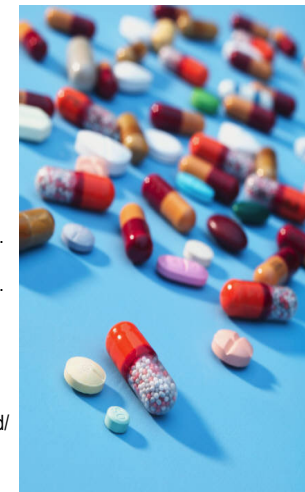


Provided Courtesy of:



## 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.
- 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).



## 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 TSPN's central office at [tspn@tspn.org](mailto:tspn@tspn.org).



# Veterans' Resources

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

During 2011, there were 166 confirmed or suspected suicides among active-duty members of the U.S. Army and 116 confirmed or suspected suicides among Army National Guard and Army Reserves soldiers. 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 Army Suicide Event Report issued in 2007 found that roughly one-quarter of suicide victims 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 Renee Brown, Suicide Prevention Coordinator at the Memphis VA hospital at (901) 523-8990, extension 5873 or renee.brown3@va.gov.



# Tennessee Suicide Facts

Suicide is the ninth-leading cause of death in Tennessee, killing more people on an annual basis than homicide, drunk driving, or AIDS. Each year in Tennessee more than 900 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. Among those at greatest risk of suicide are people in the following groups:

- On average, rural areas of Tennessee experience a suicide rate 12% higher than in metropolitan or urban areas. Rural areas typically have higher suicide rates due to lower levels of social integration and reduced availability and access to public and mental health resources.
- People 65 and older have a much higher suicide rate than the state average. The 85+ age group has the highest rate of all.

Number (Rate per 100,000 residents)

COUNTY	2007	2008	2009	2010	2011
Benton	7 (42.5)	8 (48.5)	5 (30.2)	3 (18.2)	1 (6.1)
Carroll	4 (13.7)	10 (34.1)	8 (27.1)	1 (3.5)	7 (24.6)
Chester	2 (12.4)	3 (18.4)	1 (6.1)	5 (29.2)	2 (11.7)
Crockett	2 (13.8)	2 (13.7)	1 (6.8)	1 (6.9)	1 (6.9)
Decatur	2 (17.5)	0 (NA)	6 (52.3)	1 (8.5)	1 (8.6)
Dyer	1 (2.6)	5 (13.1)	5 (13.0)	4 (10.4)	7 (18.3)
Fayette	5 (13.7)	5 (13.5)	3 (8.0)	9 (23.4)	4 (10.4)
Gibson	9 (18.5)	11 (22.6)	12 (24.6)	5 (10.1)	8 (16.0)
Hardeman	5 (17.5)	2 (6.9)	1 (3.4)	4 (14.7)	5 (18.6)
Hardin	5 (19.1)	4 (15.2)	5 (18.8)	8 (30.7)	4 (15.5)
Haywood	5 (25.7)	0 (NA)	0 (NA)	0 (NA)	3 (16.2)
Henderson	4 (14.9)	1 (3.7)	7 (25.6)	3 (10.8)	5 (17.9)
Henry	12 (37.6)	12 (37.4)	9 (27.6)	14 (43.3)	11 (34.0)
Lake	0 (NA)	1 (12.6)	3 (40.5)	0 (NA)	2 (25.7)
Lauderdale	3 (11.1)	2 (7.3)	4 (14.5)	6 (21.6)	5 (18.0)
Madison	18 (18.6)	16 (16.4)	11 (11.2)	3 (3.1)	11 (11.2)
McNairy	3 (11.6)	5 (19.3)	9 (34.6)	5 (19.2)	8 (30.7)
Obion	4 (12.4)	1 (3.1)	8 (24.6)	5 (15.7)	3 (9.4)
Tipton	8 (13.7)	7 (11.8)	11 (18.3)	5 (8.2)	6 (9.8)
Weakley	5 (14.9)	5 (14.9)	7 (20.8)	7 (20.0)	8 (22.9)
TENNESSEE	833 (13.7)	965 (15.7)	939 (15.1)	932 (14.7)	938 (14.6)

## Local Suicide Statistics

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.

# UNTREATED DEPRESSION IS THE #1 CAUSE OF SUICIDE.

## Warning Signs

**Know the signs. You might 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



# Need Training?



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 intervene and gain the knowledge and skill to recognize and estimate suicide risk. They learn how to intervene through role-playing and supervised simulations and how to create crisis networks out of existing local resources. Consult the QPR profile on the TSPN website ([www.tspn.org/qpr.htm](http://www.tspn.org/qpr.htm)) or call (615) 297-1077 for a list of QPR trainers in your area.

The Tennessee Lives Count Project currently offers QPR as part of its youth suicide prevention and early intervention training. The goal of the TLC Project is to train "gatekeepers" (those who serve at-risk youth) across the state how to recognize the warning signs of suicide and how to intervene and save a life. CEU's and contact hours are available upon request. For more information, refer to the TLC webpage at <http://tspn.org/tlc> or call (615) 297-1077.

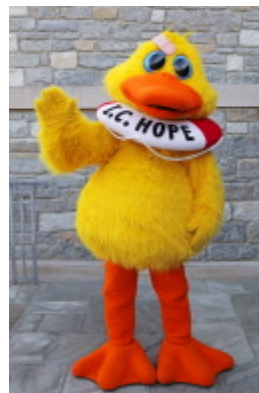


**The Jason Foundation, Inc.**

Keeping More Than  
Dreams Alive

The Jason Foundation, Inc. (JFI) is a nationally recognized provider of educational curriculums 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 curricula are presented in the "third-person" perspective – how to help a friend. For more information, refer to TSPN's JFI webpage at <http://tspn.org/jason-foundation> or call 1-888-881-2323.



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/grade-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. Introducing the topic of mental health to children and youth in a way that is not overwhelming or scary helps to reduce the stigma of mental illness, which is one of the main obstacles to treatment. More information about Erasing the Stigma is available from the program's page on the MHAMT website (<http://www.ichope.com/erasingthestigma.htm>) or at (615) 269-5355, extension 259.

For information on arranging a training session for your agency, contact Anne Henning-Rowan, Regional Chair, at (731) 421-8880 or [annerowan@hughes.net](mailto:annerowan@hughes.net).

## RURAL WEST TENNESSEE COMMUNITY RESOURCES

Police	911
Adult Protective Services	1-888-APS-TENN (1-888-277-8366)
Alcoholics Anonymous (Jackson / West Tennessee Intergroup )	(877) 426-8330
Area Agency on Aging & Disability	(901) 324-6333
Delta Medical Center, Behavioral Health	(800) 285-9502
GLBT National Help Center	1-888-THE-GNHC (843-4564)
Jason Foundation	1-888-881-2323
Lakeside Behavioral Health Systems	(901) 377-4733 or 1-800-323-5253
Legal Aid Society	1-800-238-1443
Tennessee Mental Health Consumers' Association	(888) 539-0393
Tennessee Department of Children Services	1-877-237-0004
Tennessee Partners Advocacy Line	1-800-758-1638
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)

### Area Psychiatric Hospitals

Behavioral Healthcare Center-Martin (geriatric)	(731) 588-2830
Delta Medical Center, Behavioral Health	1-800-285-9502
Lakeside Behavioral Health System	(901) 377-4733
Memphis VA Medical Center	1-800-636-8262 ext. 7221, or 1-800-636-8262, option 8
St. Francis Hospital, Behavioral Health	(901) 765-1400
Western Mental Health Institute	(731) 228-2000

# Rural West Regional Survivors of Suicide

Call 1-800-353-9918  
for more information

## RURAL WEST REGION COMMUNITY MENTAL HEALTH CENTERS

Carey Counseling Center	Pathways Behavioral Health	Professional Care Services	Quinco Mental Health Centers
<b>ADULT CRISIS</b> 800-353-9918	<b>ADULT CRISIS</b> 800-372-0693	<b>ADULT CRISIS</b> 800-353-9918	<b>ADULT CRISIS</b> 800-467-2515
<b>Access</b> 800-611-7757	<b>Access</b> 800-587-3854	<b>Brownsville</b> (731) 772-9002	<b>Access</b> 800-532-6339
<b>Camden</b> (731) 584-6999	<b>Bolivar</b> (731) 659-3854	<b>Covington</b> (901) 476-8967	<b>Bolivar</b> (731) 658-6113
<b>Huntingdon</b> (731) 986-4411	<b>Brownsville</b> (731) 772-4685	<b>Dyersburg</b> (731) 287-1794	<b>Decaturville</b> (731) 852-3112
<b>Trenton</b> (731) 855-2871	<b>Dyersburg</b> (731) 285-1393	<b>Millington</b> (901) 873-0305	<b>Henderson</b> (731) 989-3401
<b>Paris</b> (731) 642-0521	<b>Lexington</b> (731) 968-8197	<b>Ripley</b> (731) 635-3968	<b>Jackson</b> (731) 664-2083
<b>Union City</b> (731) 885-8810	<b>Jackson</b> (731) 935-8200, extension 541	<b>Somerville</b> (901) 465-9831	<b>Lexington</b> (731) 967-8803
	<b>Martin</b> (731) 587-3854		<b>Savannah</b> (731) 925-5054
	<b>Milan</b> (731) 723-1327		<b>Selmer</b> (731) 645-5753
	<b>Tiptonville</b> (Thursday Only) (731) 253-7780		
	<b>Union City</b> (731) 885-9333		

# Depression Screening Tool

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 <u>two weeks</u> 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 commit suicide?				
10	had difficulty concentrating or making decisions?				
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  
[www.ichope.com](http://www.ichope.com)

# On-Line Resources



Tennessee Suicide  
Prevention Network

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

American Association of Suicidology	<a href="http://www.suicidology.org">www.suicidology.org</a>
American Foundation for Suicide Prevention (AFSP)	<a href="http://www.afsp.org">www.afsp.org</a>
Depression and Bipolar Support Alliance	<a href="http://www.dbsalliance.org">www.dbsalliance.org</a>
GLBT National Help Center	<a href="http://glbtnationalhelpcenter.org">glbtnationalhelpcenter.org</a>
The Jason Foundation	<a href="http://www.jasonfoundation.org">www.jasonfoundation.org</a>
National Alliance on Mental Illness (NAMI)	<a href="http://www.nami.org">www.nami.org</a>
National Mental Health Association (NMHA)	<a href="http://www.nmha.org">www.nmha.org</a>
National Organization for People of Color Against Suicide (NOPCAS)	<a href="http://www.nopcas.com">www.nopcas.com</a>
Mental Health Association of Middle Tennessee: Online Depression Screenings	<a href="http://www.ichope.com">www.ichope.com</a>
Parents of Suicide	<a href="http://www.parentsofsuicide.com">www.parentsofsuicide.com</a>
Sibling Survivors of Suicide	<a href="http://www.siblingsurvivors.com">www.siblingsurvivors.com</a>
Suicide Prevention and Resource Center (SPRC)	<a href="http://www.sprc.org">www.sprc.org</a>
SAMHSA's National Mental Health Information Center - Center for Mental Health Services	<a href="http://www.mentalhealth.org">www.mentalhealth.org</a>
Tennessee Mental Health Consumer's Association:	<a href="http://www.tmhca-tn.org">www.tmhca-tn.org</a>
The Trevor Project (GLBT youth crisis hotline)	<a href="http://www.thetrevorproject.org">www.thetrevorproject.org</a>
World Health Organization (WHO)	<a href="http://www.who.int/en">www.who.int/en</a>