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"Saving Lives in Tennessee"



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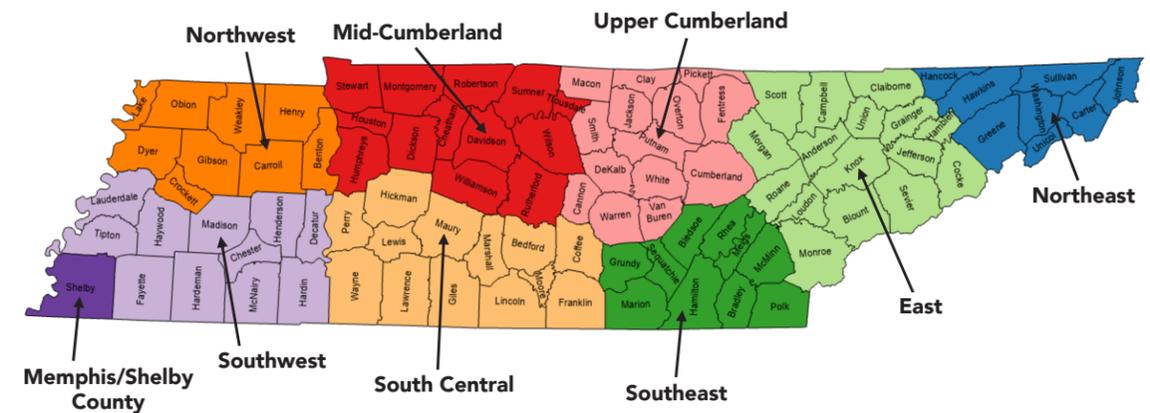
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TSPN REGIONAL MAP

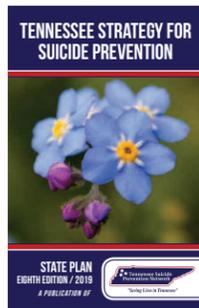
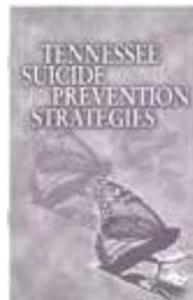
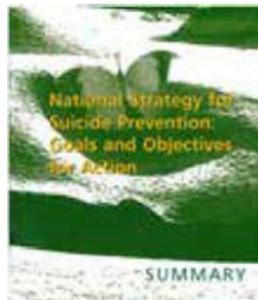
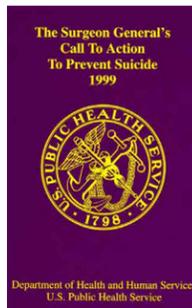




The Tennessee Suicide Prevention Network (TSPN) has its origins in two landmark events in the field of suicide prevention: the 1998 SPAN-USA National Suicide Prevention Conference in Reno, Nevada, which spurred the development of a statewide suicide prevention movement, and the U.S. Surgeon General’s Call to Action to Prevent Suicide in 1999, which acknowledges suicide as a major public health problem and provided a framework for strategic action.

The movement in Tennessee was spearheaded by Dr. Ken Tullis and his wife, Madge, who attended the 1998 conference. They subsequently launched a campaign to “SPAN the State of Tennessee in 1998.” By convening a panel of local mental health and suicide prevention experts, the Tennessee Strategy for Suicide Prevention was developed, responding to each of the fifteen points in the Surgeon General’s Call to Action.

At the first statewide Tennessee Suicide Prevention Conference in 1999, the Tennessee Strategy for Suicide Prevention was endorsed by mental health, public health, and social service professionals and presented to state leaders. The foundation of a statewide suicide prevention network was an outgrowth of the collaborative movement of this conference. Nine regional networks were established for local community action on the Tennessee Strategy for Suicide Prevention under the coordination of a statewide Executive Director and a gubernatorially appointed Advisory Council consisting of regional representatives. An Intra-State Departmental Group consisting of representatives from state departments and agencies was established to advise the Network and build inter-agency partnerships for the implementation of the Tennessee Strategy for Suicide Prevention.



Above, from left to right:

The cover of The Surgeon General’s Call to Action to Prevent Suicide and the National Strategy for Suicide Prevention issued by the Office of the U.S. Surgeon General; the Tennessee Suicide Prevention Strategy responds to the goals and objectives outlined in these documents; the covers of the first edition of the Tennessee Suicide Prevention Strategy, published in 1999, alongside the most recent version published in 2019.

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Note regarding statistics in this report:

All national data is courtesy of the Centers for Disease Control and Prevention
 All state data is from the Tennessee Department of Health’s Office of Healthcare Statistics.

THE YEAR 2018 SAW THE ACHIEVEMENT OF SEVERAL LONG-TERM OBJECTIVES FOR TSPN, AS WELL AS INNOVATIONS IN LOCAL SUICIDE PREVENTION OUTREACH AT A TIME WHEN OUR STATE NEEDS IT MOST.

It was our most successful year yet in terms of training sessions and general outreach. Record numbers of Tennesseans received suicide prevention materials at community exhibits, learned about TSPN through newspaper articles and mentions on local news programs, participated in one of the free suicide prevention training curricula our agency provides, or received postvention/debriefing services from TSPN staff and volunteers in the wake of a suicide death in their community.

TSPN’s gubernatorially appointed Advisory Council, led by the Executive Committee, established two new task forces to oversee new approaches to the problem of suicide in our state. The Tennessee Veterans Suicide Prevention Task Force has partnered with the Tennessee Department of Veteran Services to create and carry out action items to best help the at-risk population of Veterans. Veteran serving organizations and other agencies serving the Veteran population are in a unique position to offer assistance and reach Veterans and their families in matters related to suicide prevention/intervention/postvention efforts. The Tennessee Farmers Suicide Prevention Task Force, a partnership with the Tennessee Department of Agriculture, will work to proactively address the issue of suicide in Tennessee with this population.

TSPN thanks Governor Bill Lee and his staff for their continuing commitment to TSPN. Commissioner Marie Williams has also been a strong supporter of TSPN as Commissioner of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), and we are ever grateful for the Department’s support.

Our staff and volunteers look forward to working with you during the next year and those to come to prevent suicide and save lives in Tennessee.



Anne Stamps
Anne Stamps, MA
 Chair, TSPN Advisory Council



Misty Leitsch
Misty Leitsch, BBA, BSW
 Interim Director,
 Zero Suicide Director TSPN

EACH DAY IN TENNESSEE, AN AVERAGE OF THREE PEOPLE DIE BY SUICIDE.

As of 2018, suicide is the third leading cause of death for young people (ages 10 - 19) in Tennessee, with one person in this age group lost to suicide every week. We lose one person between the ages of 10-24 every four days, and every day we lose at least one person over the age of 45 – with midlife and older adults remaining at higher risk.

In 2018 – the latest year for which state-specific figures are available – there were 1,159 recorded suicide deaths in Tennessee, at a rate of 17.1 per 100,000. These figures represent a slight decrease from the previous year, which registered 1,163 suicide deaths at a rate of 17.3 per 100,000.

Suicide rates remain elevated among people in midlife, especially white males. Tennesseans aged 45 - 64 are more than three times more likely to die by suicide than those aged 10 - 19, typically the age group that attracts most of the attention when it comes to suicide prevention efforts.

Firearms remain the most common means of suicide death and attempts in Tennessee, accounting for roughly two-thirds of the suicides in our state in any given year.

This year, TSPN invested heavily in staff trainings. All TSPN staff are now trained in Adverse Childhood Experiences, Applied Suicide Intervention Skills Training, and Question Persuade Refer Suicide Prevention trainings.

We were very fortunate to receive foundation grants alongside our state and federal funding. With this funding, we were able to rebrand several of our publications.

TSPN also added a new region in 2019. In the Grand Region of West TN, we now have 3 regions: Memphis/Shelby County Region, Southwest Region, and the Northwest Region. Regional directors are located within each region allowing TSPN to reach more communities.

In 2019, TSPN also started to connect county data, such as the county in which a training was provided or booth was displayed. We hope to identify trends using county-level data.

In addition to reporting on the facts and figures related to suicide in Tennessee, this report also summarizes TSPN’s suicide prevention efforts, with special attention given to the efforts of our Task Forces, focusing on the needs of different at risk groups in our state.

With the generous addition of funding provided by Governor Lee, TSPN was able to hire Regional Directors across the state allowing us to expand our efforts. Now more than ever, TSPN stands ready to educate the public about suicide prevention and offer resources for those in crisis, with the aim of preventing suicide and saving lives in Tennessee. Comparing our training numbers in 2019 to our training numbers in 2018, we already see a major increase in the number of individuals reached via various media outlets. You will notice a slight decrease in the number of individuals trained. This is a result of TSPN staff taking time to be trained in various suicide prevention curriculums. However, this did not hinder our ability to reach the masses at exhibits and other outreach opportunities. We recognize there is quite possibly some duplication in the numbers reported for individuals reached in Media.

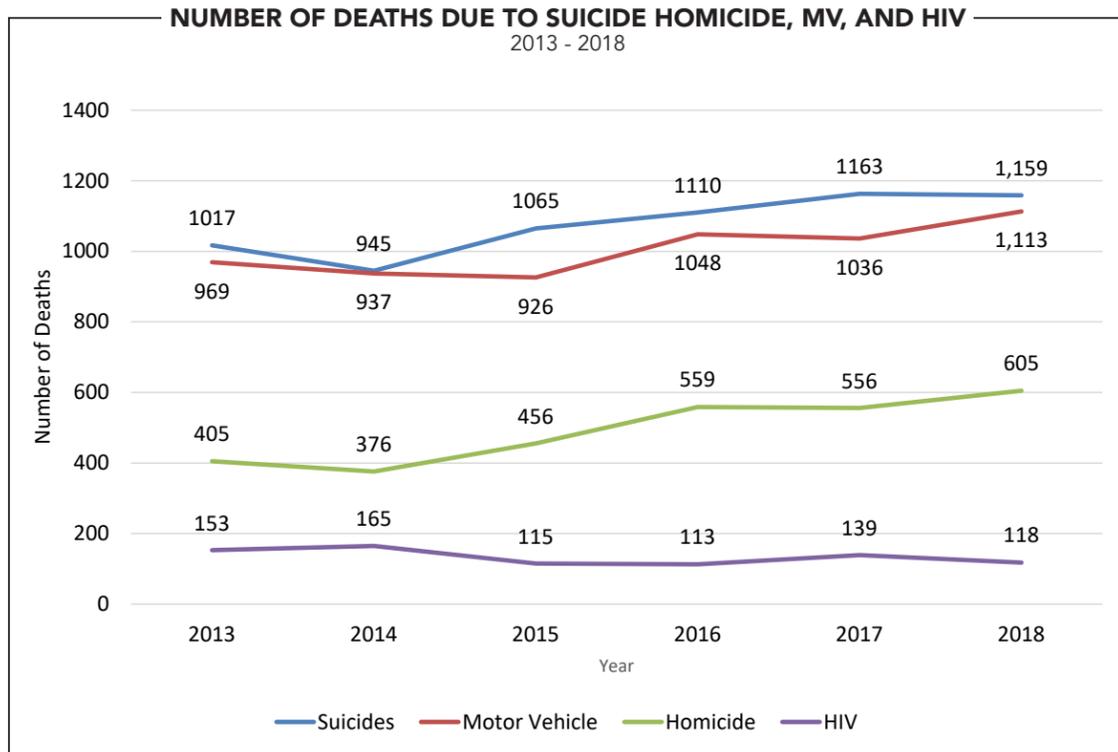
TSPN DATA 2018

| | Media | | Trainings | | Postvention | | Outreach | | Total # Reached, not including Postvention |
|--------------------|-------|------------|-----------|-----------|----------------|----------------|----------|-----------|--|
| | Count | # Reached | Count | # Trained | # Consultation | # Facilitation | Count | # Reached | |
| Calendar Year 2018 | 145 | 16,890,452 | 836 | 30,982 | 24 | 14 | 318 | 48,927 | 16,970,361 |
| Calendar Year 2019 | 180 | 64,021,512 | 861 | 25,318 | 18 | 18 | 313 | 170,910 | 64,217,740 |

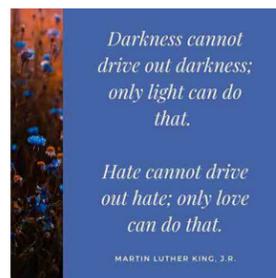
HISTORICALLY, MOTOR VEHICLE ACCIDENTS HAVE BEEN THE LEADING CAUSE OF INJURY DEATH FOR PEOPLE IN TENNESSEE.

That number has dropped both statewide and nationally because of a combination of factors: improvements in vehicle and road safety, stronger seat belt and child safety seat legislation, the adoption of graduated driver's license privileges for younger drivers, and better messaging about common causes of traffic accidents (driving under the influence, distracted driving, etc.). Also, the number of fatalities tends to decline during economic downturns such as the recession several years back – people try to conserve gas money by not driving as much.

Meanwhile, the same economic reversal that aided the decline in motor vehicle deaths had the opposite effect on suicide. It is well documented that suicides increase during depressions and recessions, and a 2012 study in the Lancet, a British medical journal, observed that the U.S. suicide rate increased four times faster between 2008 and 2010 than it did in the eight years prior to the recession. The study authors concluded that there were 1,500 excess suicide deaths each year than would have been indicated by prior rates. In 2008, suicide officially entered the top 10 leading causes of death as determined by the CDC and has remained there ever since.



Messages of Hope for Those Encouraging Others and Themselves



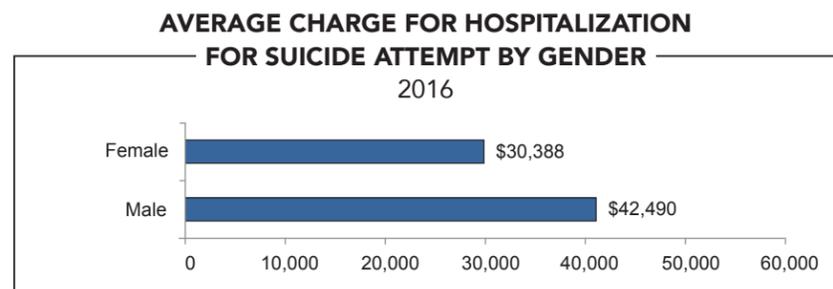
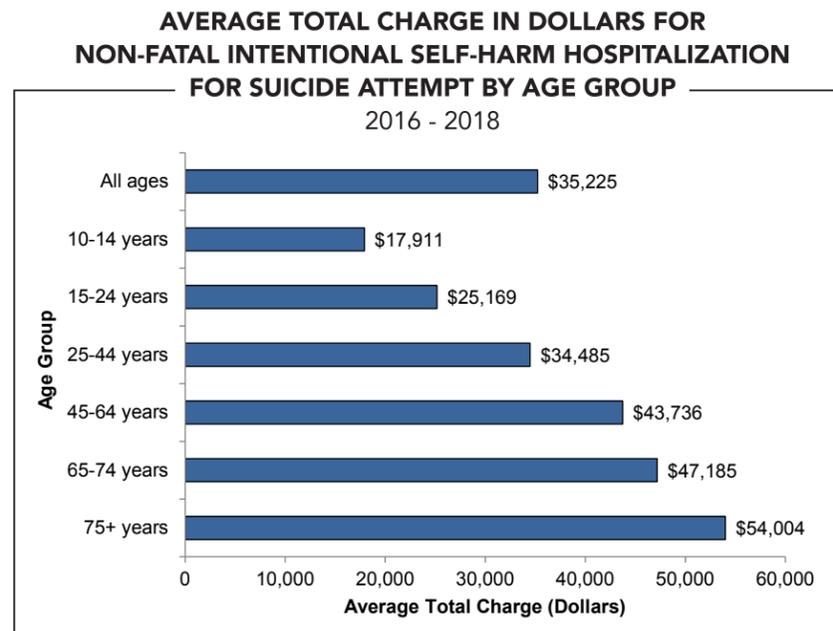
THE COST OF SUICIDE GOES FAR BEYOND LOST LIVES, TRAUMATIZED LOVED ONES, BROKEN FAMILIES, AND DISRUPTED COMMUNITIES – ALTHOUGH THIS WOULD BE MORE THAN ENOUGH. SUICIDE ALSO HAS A FINANCIAL AND ECONOMIC COST.

In addition to the emotional trauma associated with receiving care for intentional self-harm injury or suicidal ideation, medical treatment for these issues incurs a significant financial cost. Care for intentional self-harm injuries tended to be more expensive on average, with total charges being \$5,995 for an ED visit and \$35,225 for an inpatient hospitalization. Significant costs were also associated with treatment for suicidal ideation: \$4,104 on average for an ED visit and \$28,220 for an inpatient hospitalization. Together, the total cost associated with all intentional self-harm ED visits and hospitalizations in 2018 was over \$150 million, and the total cost of ED visits and hospitalizations of patients with suicidal ideation was over \$500 million.

The total charge for medical care differed substantially depending on the age of the patient. Figure 16 demonstrates the average total charge for an intentional self-harm injury hospitalization by age group. For each successive age group, the average total charges climbed higher, reaching a peak of \$54,004 for hospitalizations of patients 75 and older. This amount was three times the average charge associated with hospitalizations of patients in the youngest age category, which included individuals aged 10 to 14. The higher average charge for hospitalizations of older patients is related to the fact that these individuals also remained in the hospital for longer: the average length of stay for patients aged 75 and older was approximately seven days, compared to two days for patients aged 10 to 14. This increased cost and length of hospital stay stem from the heightened fragility and greater likelihood of medical complications associated with injuries of older individuals.

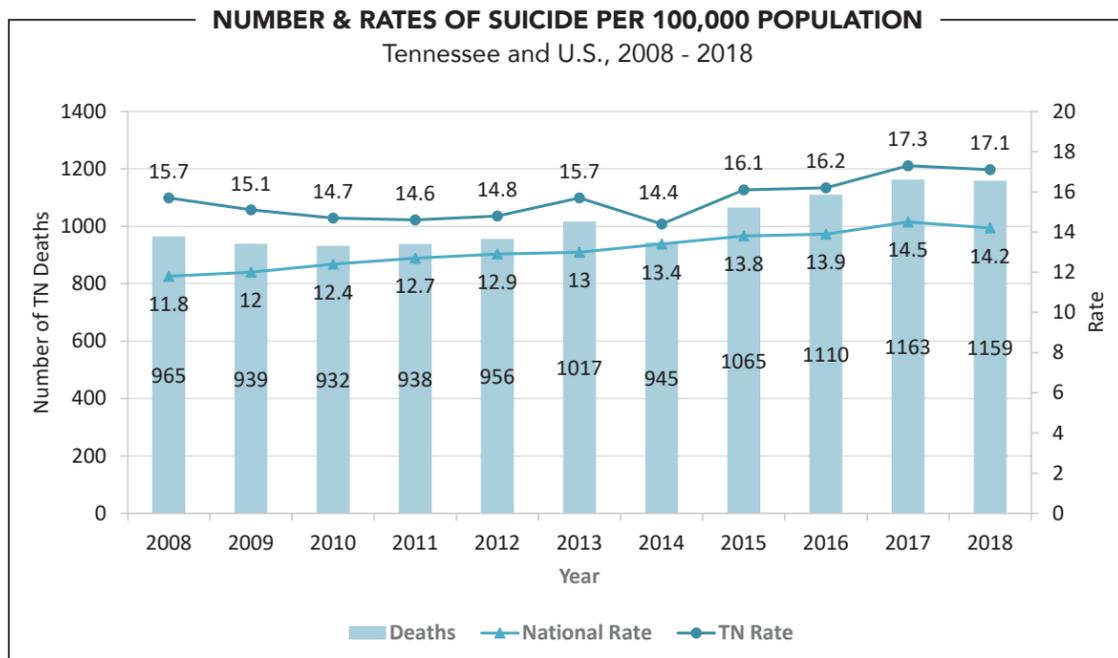
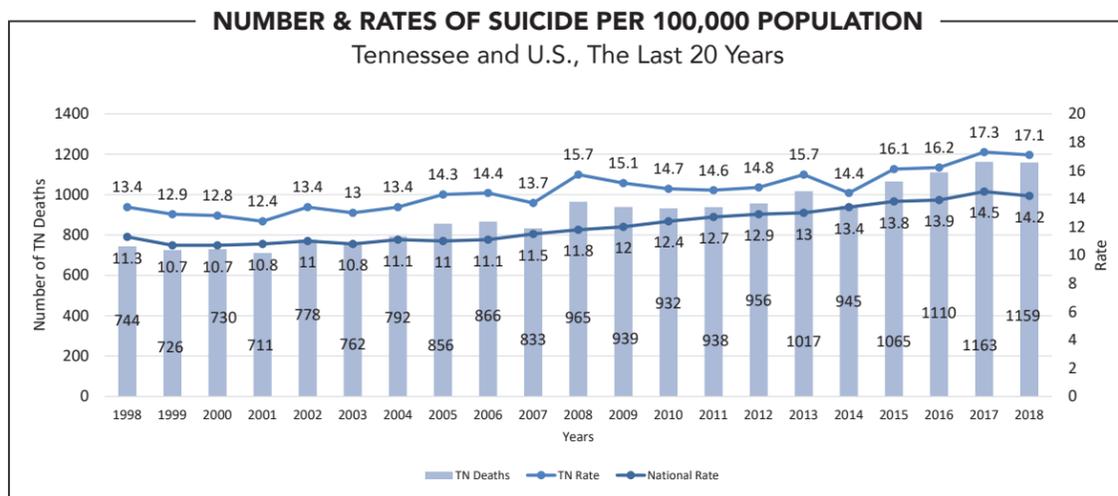
The charts provide additional insight into these costs. Note that the average charge for hospitalization for a suicide attempt is higher for males. Generally speaking, females typically use less violent means in attempting suicide such as drug overdose and suffocation. These methods cause less catastrophic, more survivable injuries than firearms or hanging – means of suicide typically used by males.

Also note that hospital costs are higher and hospital stays are longer for the very young and the very old who attempt suicide – not because of their choice of means, but because they are more physically delicate and often suffer greater injury than an adult would.



WHILE THE SUICIDE RATE IN TENNESSEE HAS FLUCTUATED SOMEWHAT, IT HAS INCREASED CONSIDERABLY OVERALL IN RECENT YEARS, WITH NOTABLE SPIKES IN 2008, 2013 AND 2017.

In 2018, Tennessee experienced a slight decrease while the Nation continues to see an increase.

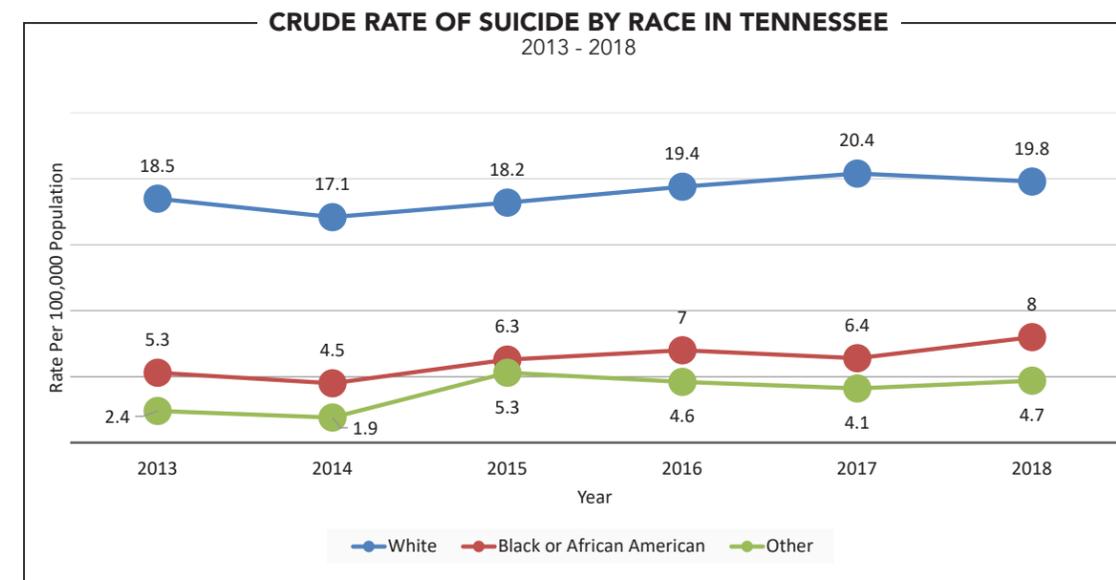
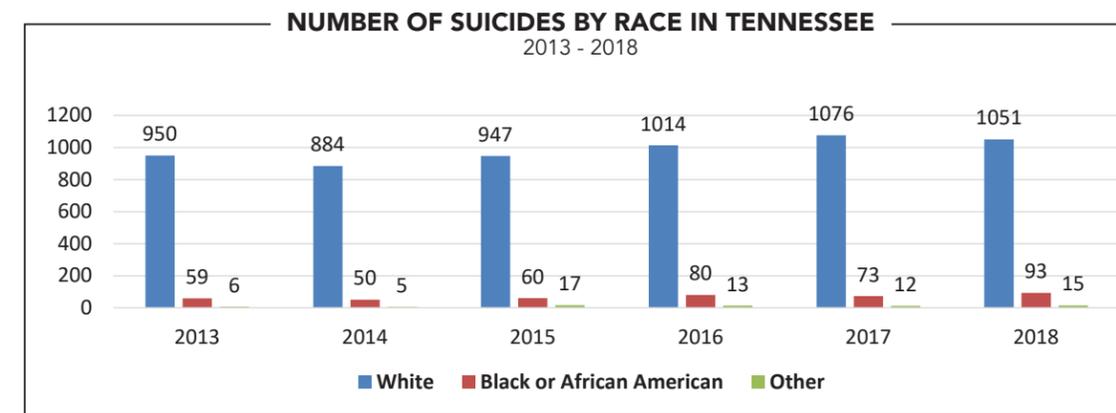


Messages of Hope for Those Encouraging Others and Themselves



SUICIDE RATES FOR WHITE NON-HISPANICS IN TENNESSEE ARE GENERALLY AT LEAST THREE TIMES HIGHER THAN OTHER ETHNIC GROUPS.

According to the United States Census Bureau, non-Hispanic whites made up 79% of Tennessee's population in 2017. However, they accounted for 91% of all reported suicide deaths in the state that year.

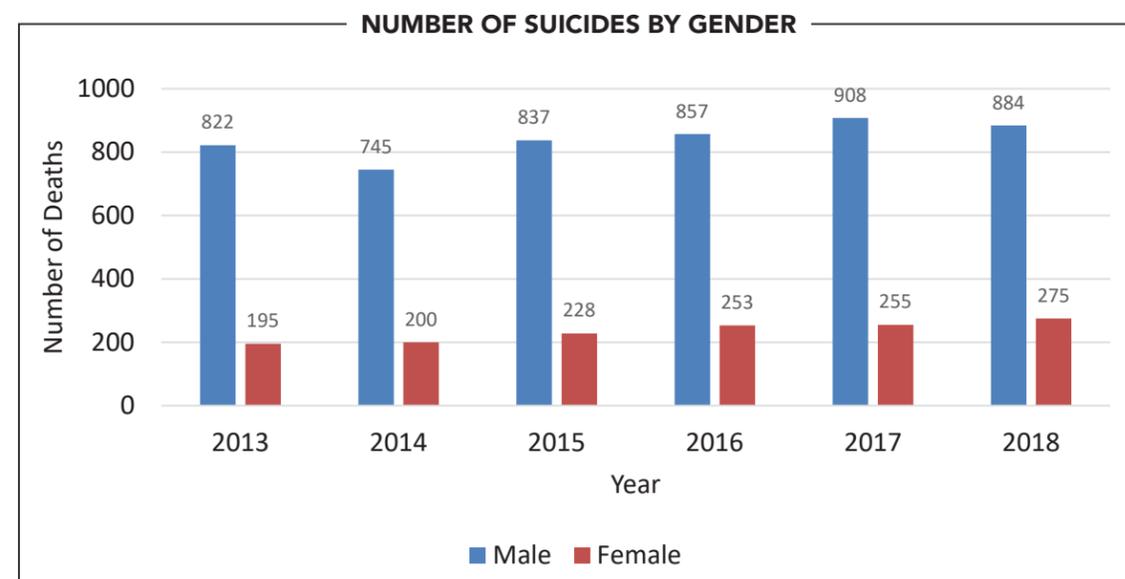
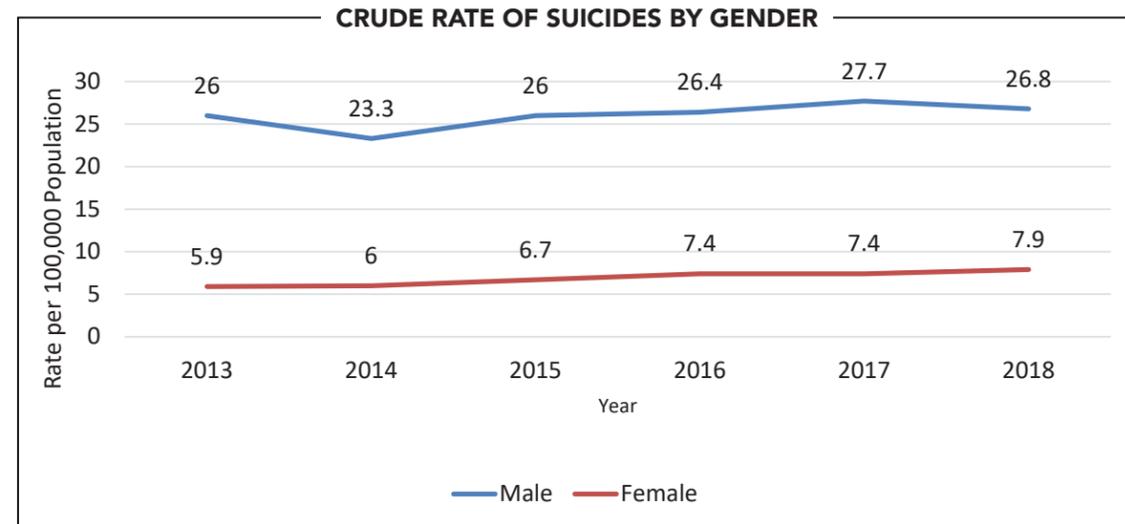


Messages of Hope for Those Encouraging Others and Themselves



SUICIDE RATES FOR MALES ARE GENERALLY AT LEAST THREE TO FOUR TIMES HIGHER THAN FOR FEMALES IN TENNESSEE, A TREND REPLICATED WITHIN EACH RACIAL GROUP.

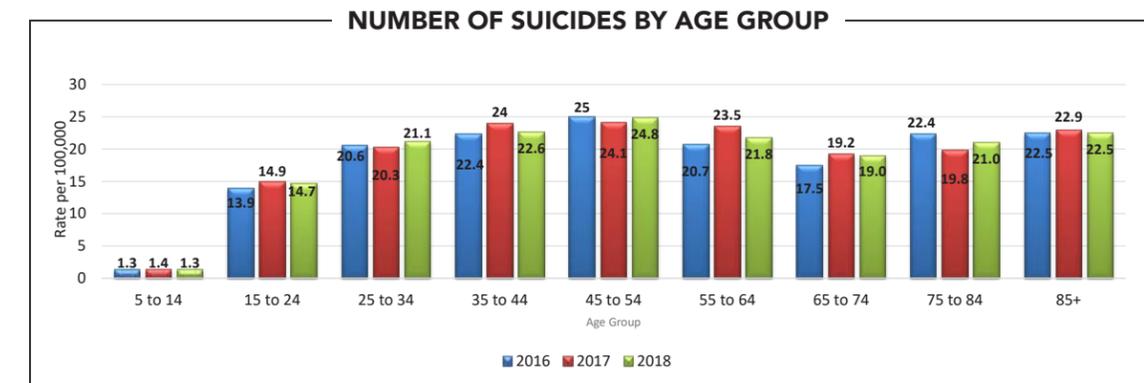
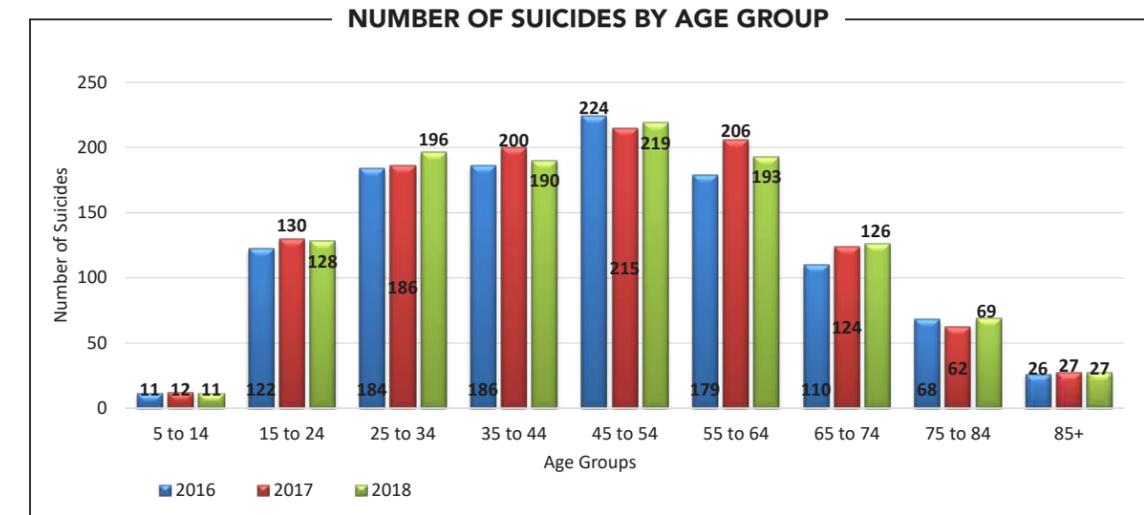
Generally speaking, females typically use less violent means in attempting suicide such as drug overdose and suffocation. These methods cause less catastrophic, more survivable injuries than firearms or hanging – means of suicide typically used by males.



GENERALLY, THE NUMBER OF SUICIDES AND THE SUICIDE RATE IN TENNESSEE INCREASE WITH AGE THROUGH THE 45-54 AGE GROUP, THEN LEVEL OFF BEFORE SPIKING AGAIN AFTER AGE 75.

In 2018, Tennessee lost more people aged 25 to 34 than in previous years and experienced a decrease in the number of lives lost in the 35 to 44 age range. When we look at individuals aged 45 to 54, again we see an increase in the number of lives lost compared to previous years, along with a decrease of suicide deaths in the 55 to 64 age range.

Overall, suicide rates have slightly decreased or remained relatively the same for all age groups except for the 25 to 34, 45 to 54, and 75 to 84 age ranges.



Note: We have labeled these charts in such a way that the year with the highest numbers/rates value is placed at the top of the column. This allows us to easily and quickly identify trends by age group.

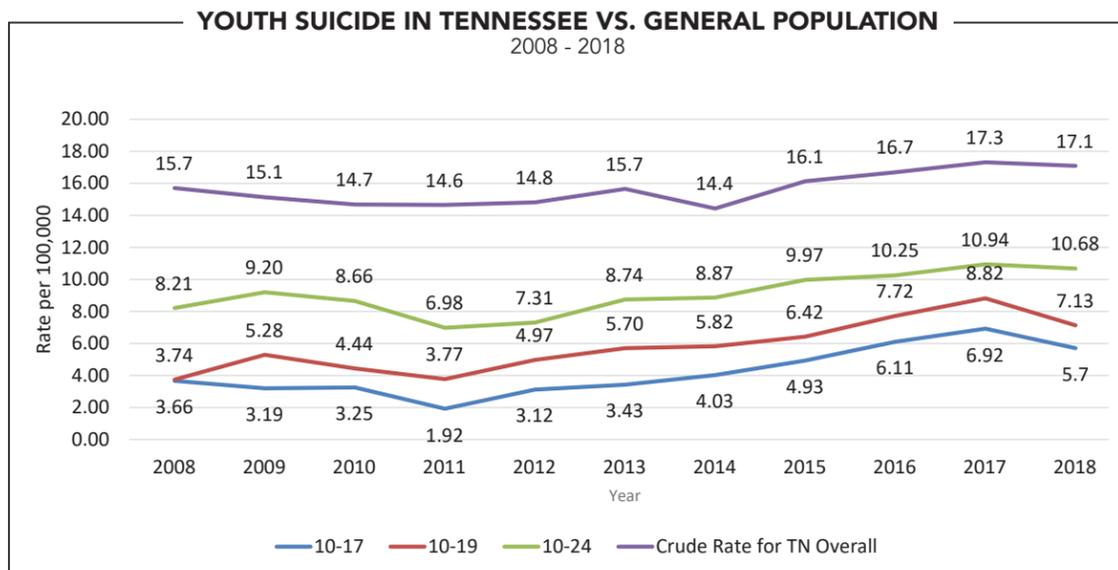
AS OF 2018, SUICIDE IS THE THIRD-LEADING CAUSE OF DEATH FOR YOUNG PEOPLE (AGES 10-19) IN TENNESSEE.

In any given year, more teenagers and young adults die by suicide than from cancer and heart disease combined, and far more than from higher profile causes of death such as birth defects, HIV infection, and meningitis. In Tennessee, there were 138 deaths among persons aged 5-24 recorded in 2018. This figure maintains a steady rise in both raw numbers and the suicide rate since 2011. Even though suicide rates are lower for this age group than others, even one young person lost to suicide is too many.

While suicide is a tragedy regardless of age, it is especially alarming when it involves a child or a young adult. Hence, youth suicide gets the most attention from mental health agencies, mass media, and the general public. While TSPN's suicide prevention efforts address suicide across the lifespan, the Network takes a particular interest in teens and young adults.

| Year | Ages 10-17 | | Ages 10-19 | | Ages 10-24 | | TN Overall | | US Overall | |
|------|------------|------|------------|------|------------|-------|------------|------|------------|------|
| | # | Rate | # | Rate | # | Rate | # | Rate | # | Rate |
| 2015 | 33 | 4.93 | 54 | 6.42 | 131 | 10.04 | 1,065 | 15.6 | 44,193 | 13.3 |
| 2016 | 41 | 6.11 | 65 | 8.82 | 133 | 10.94 | 1,110 | 16.7 | 44,965 | 13.9 |
| 2017 | 51 | 6.92 | 75 | 7.72 | 142 | 10.25 | 1,163 | 17.3 | 47,137 | 14.5 |
| 2018 | 39 | 5.7 | 61 | 7.13 | 139 | 10.68 | 1,159 | 17.1 | 48,334 | 14.2 |

TSPN has a longstanding partnership with the Jason Foundation, Inc. (JFI), a nationally regarded youth suicide prevention agency operating out of Hendersonville. We would like to thank JFI President Clark Flatt for his ongoing support of and involvement with TSPN. More information about JFI is available via its website jasonfoundation.com.

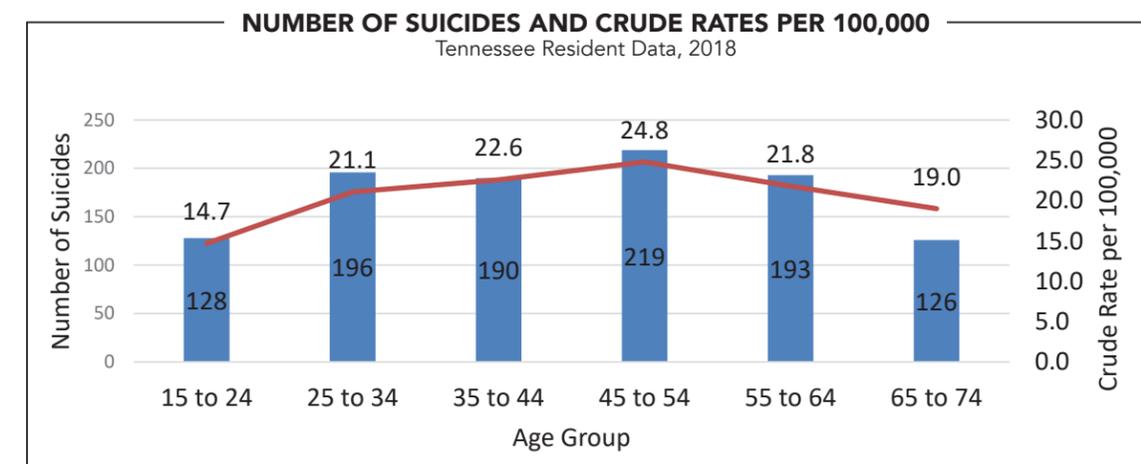
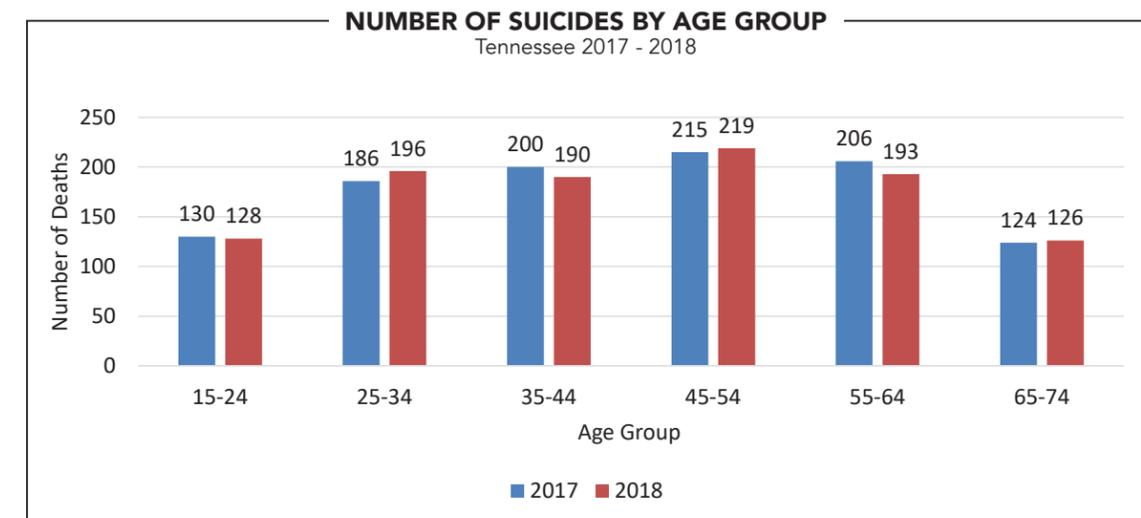


Note: The Rates for 10-17 and 10-24 age groups cited in the chart are age-adjusted rates. The "TN Overall" rate is the crude rate, unadjusted for age.

WHILE YOUTH SUICIDE HAS TRADITIONALLY ATTRACTED MORE MEDIA ATTENTION, ADULTS IN MIDLIFE ARE ACTUALLY AT HIGHER RISK.

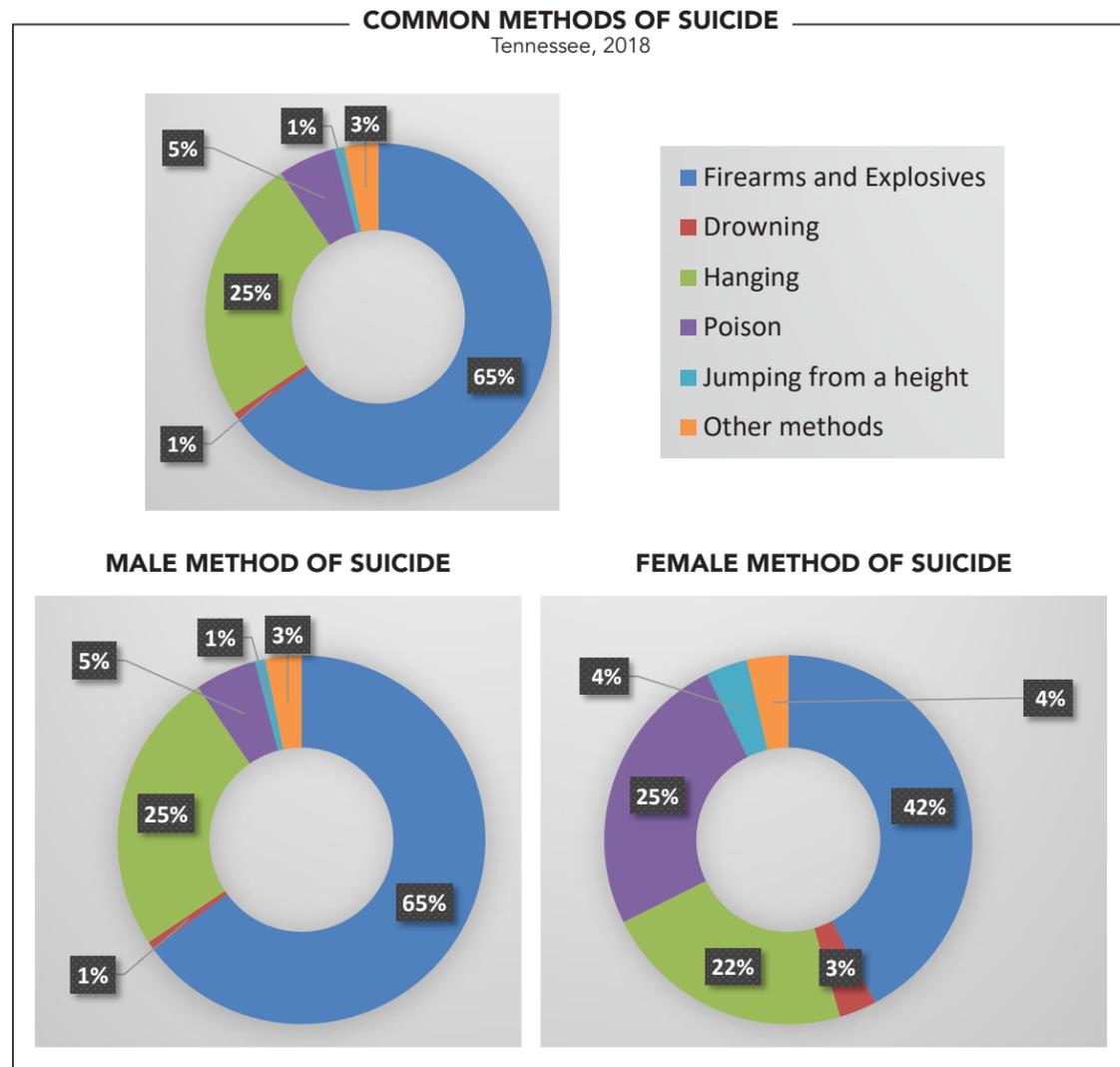
In a nationwide study published in a 2008 issue of the American Journal of Preventive Medicine, researchers from Johns Hopkins University discovered an overall increase in suicides by 0.7% each year between 1999 and 2005, driven primarily by rising suicide rates among white individuals aged 40 - 64. These findings, along with actual suicide data on this group within Tennessee, have prompted the Network's current focus on outreach and education among adults in midlife.

The second chart demonstrates the elevated suicide rates among middle-aged Tennesseans compared to population groups. As discussed previously, white males of any age are at significantly higher suicide risk.



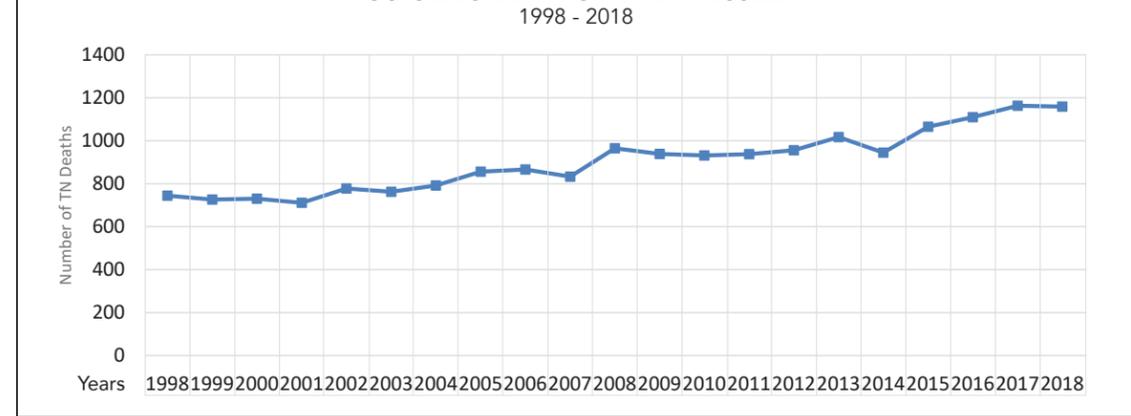
FIREARMS WERE THE MOST COMMON METHOD OF SUICIDE DEATH.

Between 2013 and 2018, two-thirds of suicides involved firearms, with hanging and poisoning also common. While firearms were the most common method of suicide for both sexes and most races, some groups have a higher propensity for them than others. For example, males were more likely to use firearms than females. The second most common method for women was poisoning, while for men it was hanging.



During 2018, TSPN continued outreach related to its Gun Safety Project. This statewide program shares materials, developed by and for firearm retailers and range owners, on ways they can help prevent suicide. Participating gun store/firing range owners receive information about how to avoid selling or renting a firearm to a possibly suicidal customer and agree to display and distribute suicide prevention materials tailored to their customers. It also distributed copies of “Suicide-Proofing Your Home: The Parent’s Guide to Keeping Families Safe” and “Steps Towards a Safer Home: A Guide to Keeping Your Family Safe,” two brochures which provide families with recommendations such as locking up firearms in secure locations and disposing of unneeded medications. This year, TSPN established a relationship with Tennessee Firearm Safety Alliance which works to reduce firearm-related injuries and deaths through firearm safety education and promotion of responsible and law-abiding practices of gun ownership. More information about Tennessee Firearm Safety Alliance is available at tnfirearmsafety.org.

SUICIDES DEATHS IN TENNESSEE



| YEAR | DEATHS | RATE |
|------|--------|------|
| 1998 | 744 | 13.4 |
| 1999 | 726 | 12.9 |
| 2000 | 730 | 12.8 |
| 2001 | 711 | 12.4 |
| 2002 | 778 | 13.4 |
| 2003 | 762 | 13.0 |
| 2004 | 792 | 13.4 |
| 2005 | 856 | 14.3 |
| 2006 | 866 | 14.4 |
| 2007 | 833 | 13.7 |
| 2008 | 965 | 15.7 |
| 2009 | 939 | 15.1 |
| 2010 | 932 | 14.7 |
| 2011 | 938 | 14.6 |
| 2012 | 956 | 14.8 |
| 2013 | 1,017 | 15.7 |
| 2014 | 945 | 14.4 |
| 2015 | 1,065 | 16.1 |
| 2016 | 1,110 | 16.2 |
| 2017 | 1,163 | 17.3 |
| 2018 | 1,159 | 17.1 |

These figures were obtained from the Web-based Injury Statistics Query and Reporting System (WISQARS), an interactive database system maintained by the Centers for Disease Control and Prevention (CDC). WISQARS provides customized reports of injury-related data. These figures may differ from those in other TSPN rate charts, which were created using data from the Tennessee Department of Health.

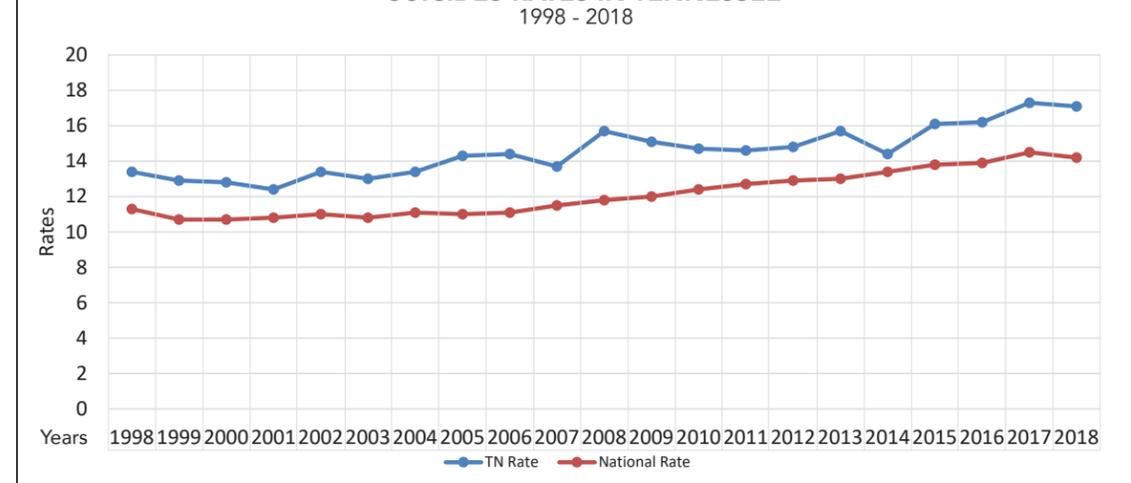
WHAT DO THE NUMBERS MEAN?

The above chart gives the raw number of reported suicides for each year, while the chart below breaks the numbers down using rate per 100,000 – a common statistical measure – to demonstrate relative frequency.

WHY HAVE THE NUMBERS GONE UP?

Often, the stigma surrounding suicide and mental illness resulted in family members claiming a suicide death was an accident or natural causes, often with the approval of local doctors or medical examiners. But as this stigma gradually ebbs and record-keeping practices improve, more suicide deaths are being correctly classified. While this phenomenon produces an apparent increase in numbers and rates, it also guarantees that the numbers are more accurate.

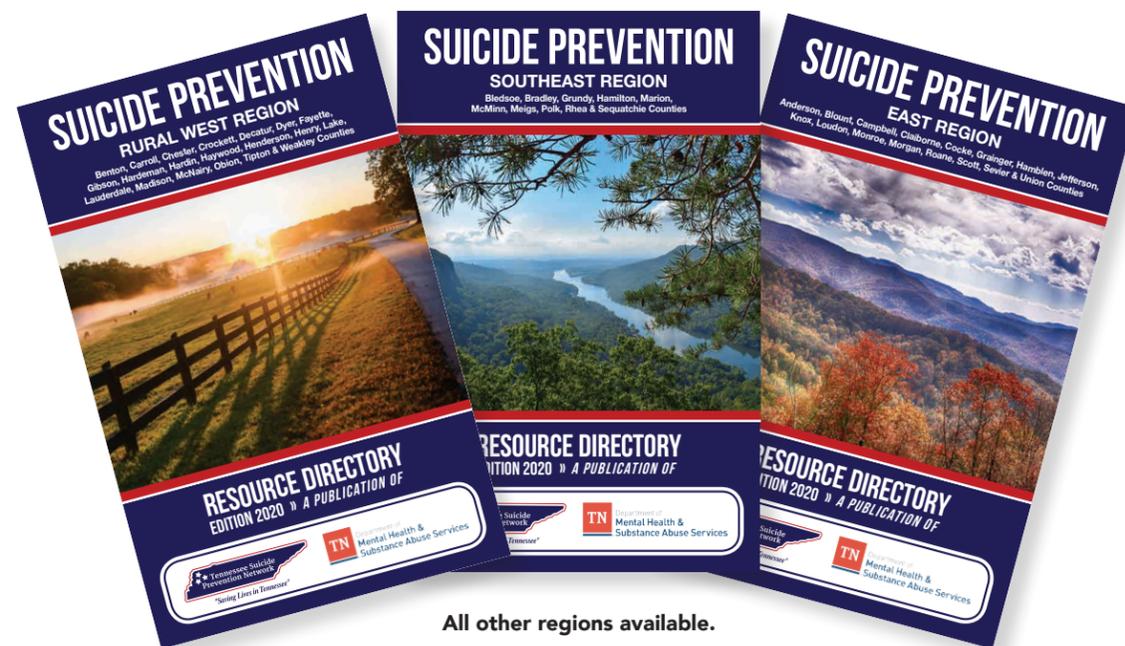
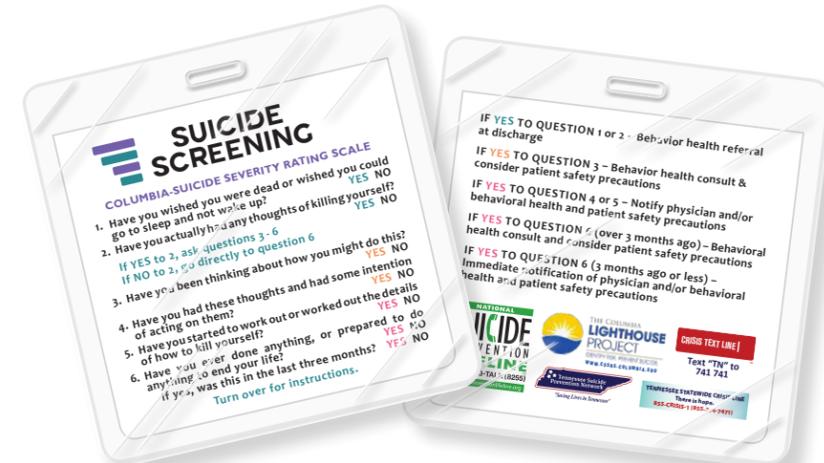
SUICIDES RATES IN TENNESSEE



Note: These charts use crude suicide rates rather than the age-adjusted suicide rates used in other graphs in this report.

TSPN CONTINUES TO MOVE FORWARD WITH THE TIMES.

In doing so, we have worked to rebrand our brochures and our Regional Resource Directories, giving them a fresh and updated look. These brochures, as well as other publications are available for download on the tspn.org website.



All other regions available.

SUICIDE IS MORE COMMON IN SOME PARTS OF TENNESSEE THAN OTHERS.

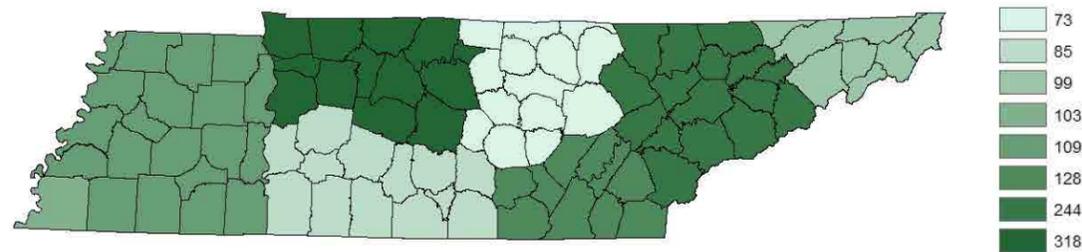
Rural areas often lack mental health resources such as clinics, therapists, or hospitals with psychiatric units. Even when these resources exist, people may be reluctant to use them. If they live in small, close-knit communities, they may be afraid of being labeled or shunned by their relatives and neighbors. TSPN members work to overcome both the logistical issues involved with reaching these areas and the stigma surrounding mental health resources.

When a single county experiences a spike in suicides or several years of suicide rates above the state average, TSPN may seek to establish a county specific task force. The taskforce seeks to have TSPN staff and volunteers working with the county health department, the county medial examiner, the mayor's office, mental health professionals, and other advocates to implement intensive suicide prevention projects on the local level.

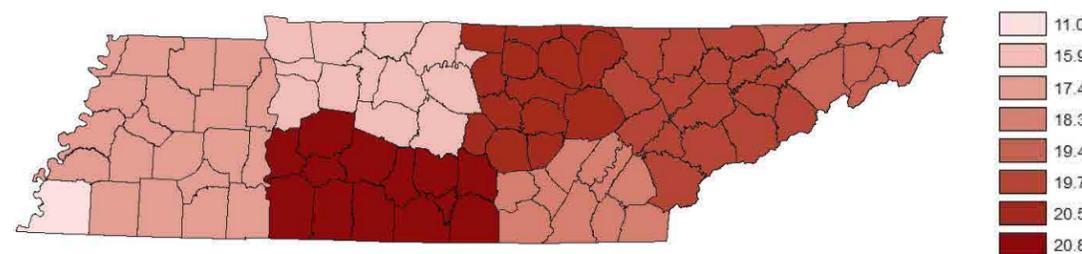
The first task force, Blount County Mental Health and Suicide Prevention Alliance, was founded in 2002 after county Medical Examiner David M. Gilliam, MD, noticed an unusually large number of suicides in Blount County. He sought out the editor of the Maryville Times, the county's largest newspaper, to draw attention to this problem. TSPN was engaged in the effort and helped concerned citizens organize a county-wide suicide prevention campaign. Task forces are currently active in 14 counties across the state (Blount, Bradley, Hickman, Lincoln, McMinn, McNairy, Meigs, Montgomery, Houston, Humphreys, Robertson, Stewart, Perry, and Polk). Often these task forces act as springboards for reaching other counties with high rates; for example, the Hickman group expanded to cover neighboring Perry County.

BY REGION

NUMBER OF DEATHS FROM SUICIDE
Tennessee Resident Data, 2018



RATE OF DEATHS FROM SUICIDE PER 100,000 POPULATION
Tennessee Resident Data, 2018



BY REGION

- Continued -

NUMBER OF DEATHS FROM SUICIDE
WITH RATES PER 100,000 POPULATION
Tennessee Resident Data, 2018

| Region | COUNT | Rate |
|------------------|-------|------|
| Northeast | 99 | 19.4 |
| East | 244 | 19.7 |
| Southeast | 128 | 18.3 |
| Upper Cumberland | 73 | 20.5 |
| Mid-Cumberland | 318 | 15.9 |
| South Central | 85 | 20.8 |
| Rural West | 109 | 17.4 |
| Shelby County | 103 | 11.0 |

Source: Tennessee Department of Health, Division of Vital Records and Statistics

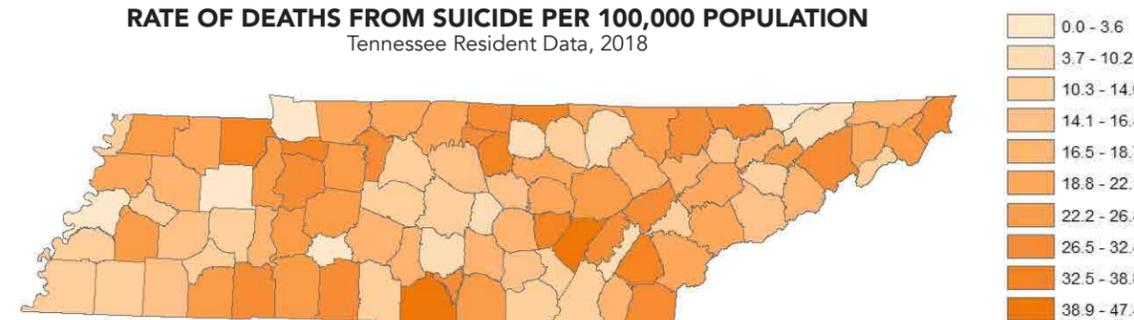
**Tennessee Department of Health Regions vary slightly from TSPN Regions, therefore some numbers may not match exactly. This represents the TN Department of Health Regions and not TSPN Regions.

BY COUNTY

NUMBER OF DEATHS FROM SUICIDE
Tennessee Resident Data, 2018



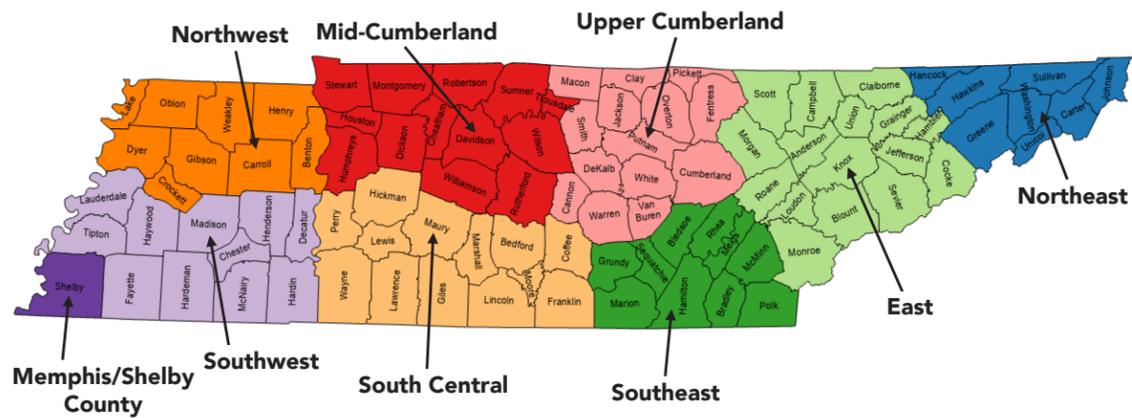
RATE OF DEATHS FROM SUICIDE PER 100,000 POPULATION
Tennessee Resident Data, 2018



**EACH CELL IN THE CHARTS ON THIS AND THE FOLLOWING 3 PAGES
LISTS THE RAW NUMBER OF DEATHS RECORDED IN
EACH COUNTY IN THE SPECIFIED YEAR.**

The number in parentheses represents the rate per 100,000 population.
The color of the row header indicates the TSPN region serving the county.

TSPN REGIONAL MAP



| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------------|-------------------------|-------------------|-------------------------|---------------------|-------------------------|---------------------|
| Tennessee | 1,017 (15.7) | 945 (14.4) | 1,065 (16.1) | 1,110 (16.2) | 1,163 (17.3) | 1,159 (17.1) |
| Anderson | 19 (25.1) | 9 (11.9) | 16 (21.1) | 17 (22.4) | 11 (14.4) | 13 (17.0) |
| Bedford | 4 (8.7) | 6 (12.9) | 7 (14.8) | 7 (14.7) | 11 (22.9) | 5 (10.2) |
| Benton | 5 (30.7) | 5 (31.0) | 5 (31.0) | 5 (31.2) | 3 (18.8) | 4 (24.7) |
| Bledsoe | 4 (31.2) | 2 (14.4) | 7 (48.4) | 1 (6.8) | 2 (13.6) | 7 (47.4) |
| Blount | 25 (20.0) | 15 (11.9) | 14 (11.0) | 27 (21.0) | 29 (22.3) | 27 (20.6) |
| Bradley | 13 (12.8) | 12 (11.7) | 15 (14.4) | 14 (13.4) | 13 (12.3) | 20 (18.7) |
| Campbell | 8 (19.9) | 6 (15.0) | 6 (15.1) | 7 (17.6) | 10 (25.2) | 12 (30.3) |
| Cannon | 1 (7.3) | 2 (14.5) | 4 (28.8) | 3 (21.4) | 5 (35.2) | 1 (6.9) |
| Carroll | 6 (21.0) | 7 (24.7) | 10 (35.8) | 4 (14.2) | 3 (10.8) | 1 (3.6) |
| Carter | 14 (24.4) | 7 (12.3) | 7 (12.4) | 11 (19.5) | 7 (12.4) | 13 (23.1) |
| Cheatham | 3 (7.6) | 8 (20.1) | 15 (37.7) | 7 (17.6) | 10 (24.8) | 12 (29.7) |

Note: These charts use crude suicide rates rather the age-adjusted suicide rates used in other graphs in this report.

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------------|-------------------------|-------------------|-------------------------|---------------------|-------------------------|---------------------|
| Tennessee | 1,017 (15.7) | 945 (14.4) | 1,065 (16.1) | 1,110 (16.2) | 1,163 (17.3) | 1,159 (17.1) |
| Chester | 2 (11.5) | 3 (17.3) | 3 (17.2) | 1 (5.7) | 2 (11.7) | 2 (11.6) |
| Claiborne | 10 (31.7) | 8 (25.3) | 8 (25.2) | 11 (34.6) | 6 (19.0) | 9 (28.4) |
| Clay | 1 (12.9) | 3 (38.6) | 4 (51.4) | 4 (51.7) | 4 (51.9) | 3 (38.8) |
| Cocke | 6 (16.9) | 7 (19.8) | 13 (37.0) | 8 (22.7) | 6 (16.9) | 6 (16.8) |
| Coffee | 15 (28.1) | 9 (16.8) | 15 (27.6) | 12 (21.9) | 13 (23.6) | 10 (18.0) |
| Crockett | 2 (13.7) | 2 (13.6) | 1 (6.8) | 3 (20.8) | 4 (27.6) | 2 (14.0) |
| Cumberland | 6 (10.4) | 14 (24.1) | 13 (22.3) | 18 (30.7) | 16 (27.1) | 15 (25.1) |
| Davidson | 91 (13.8) | 88 (13.2) | 92 (13.6) | 110 (16.1) | 92 (13.3) | 92 (13.3) |
| Decatur | 3 (25.7) | 0 (N/A) | 2 (17.1) | 2 (17.0) | 1 (8.5) | 2 (17.1) |
| DeKalb | 3 (15.7) | 3 (15.6) | 5 (26.1) | 8 (41.3) | 3 (15.1) | 3 (14.9) |
| Dickson | 16 (31.8) | 9 (17.8) | 10 (19.4) | 10 (19.2) | 14 (26.5) | 14 (26.2) |
| Dyer | 8 (20.9) | 1 (2.6) | 5 (13.2) | 4 (10.6) | 10 (26.7) | 8 (21.4) |
| Fayette | 6 (15.5) | 7 (17.9) | 8 (20.4) | 5 (12.6) | 4 (10.0) | 5 (12.3) |
| Fentress | 2 (11.2) | 5 (28.0) | 3 (16.7) | 1 (5.5) | 2 (11.0) | 1 (5.5) |
| Franklin | 9 (21.9) | 4 (9.7) | 6 (14.5) | 7 (16.8) | 11 (26.4) | 10 (23.9) |
| Gibson | 10 (20.2) | 8 (16.2) | 7 (14.2) | 11 (22.3) | 9 (18.3) | 9 (18.3) |
| Giles | 10 (34.8) | 5 (17.3) | 5 (17.3) | 12 (41.0) | 8 (27.2) | 4 (13.6) |
| Grainger | 3 (13.2) | 6 (28.3) | 3 (13.1) | 5 (21.7) | 1 (4.3) | 4 (17.3) |
| Greene | 14 (20.5) | 12 (17.6) | 7 (10.2) | 12 (17.5) | 16 (23.3) | 20 (28.9) |
| Grundy | 4 (29.7) | 3 (22.4) | 2 (14.9) | 2 (15.0) | 2 (15.0) | 2 (15.0) |
| Hamblen | 16 (25.4) | 6 (9.5) | 19 (30.0) | 21 (32.9) | 10 (15.6) | 16 (24.8) |
| Hamilton | 53 (15.2) | 38 (10.8) | 50 (14.1) | 42 (11.7) | 68 (18.8) | 50 (13.7) |
| Hancock | 3 (45.1) | 3 (45.2) | 1 (15.3) | 3 (45.7) | 2 (30.4) | 0 (N/A) |
| Hardeman | 4 (15.2) | 1 (3.9) | 4 (15.6) | 0 (N/A) | 5 (19.6) | 4 (15.9) |
| Hardin | 9 (34.6) | 5 (19.3) | 1 (3.9) | 3 (11.7) | 9 (34.8) | 7 (27.2) |
| Hawkins | 12 (21.1) | 7 (12.3) | 10 (17.7) | 8 (14.1) | 9 (15.9) | 5 (8.8) |
| Haywood | 0 (N/A) | 3 (16.5) | 1 (5.5) | 1 (5.6) | 3 (17.1) | 4 (23.1) |
| Henderson | 5 (17.8) | 2 (7.1) | 9 (32.1) | 4 (14.4) | 4 (14.4) | 3 (10.8) |
| Henry | 9 (27.9) | 9 (27.9) | 12 (37.3) | 10 (30.9) | 9 (27.7) | 12 (37.1) |
| Hickman | 4 (16.5) | 3 (12.3) | 3 (12.3) | 2 (8.2) | 8 (32.2) | 6 (24.0) |
| Houston | 3 (36.2) | 0 (N/A) | 1 (12.2) | 1 (12.3) | 1 (12.2) | 3 (36.3) |
| Humphreys | 4 (21.9) | 4 (22.0) | 2 (11.0) | 3 (16.3) | 4 (21.6) | 6 (32.4) |
| Jackson | 1 (8.7) | 4 (34.6) | 4 (34.8) | 0 (N/A) | 3 (25.7) | 1 (8.5) |
| Jefferson | 5 (9.6) | 4 (7.6) | 6 (11.3) | 9 (16.8) | 9 (16.7) | 7 (13.0) |
| Johnson | 5 (27.8) | 7 (39.2) | 5 (28.0) | 4 (22.5) | 5 (28.3) | 5 (28.1) |

Note: These charts use crude suicide rates rather the age-adjusted suicide rates used in other graphs in this report.

EACH CELL IN THE CHART LISTS THE RAW NUMBER OF DEATHS RECORDED IN EACH COUNTY IN THE SPECIFIED YEAR.

The number in parentheses represents the rate per 100,000 population. The color of the row header indicates the TSPN region serving the county.

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------------|---------------------|-------------------|---------------------|---------------------|---------------------|---------------------|
| Tennessee | 1,017 (15.7) | 945 (14.4) | 1,065 (16.1) | 1,110 (16.2) | 1,163 (17.3) | 1,159 (17.1) |
| Knox | 57 (12.8) | 66 (14.7) | 67 (14.8) | 72 (15.8) | 83 (18.0) | 90 (19.3) |
| Lake | 2 (25.9) | 3 (39.3) | 1 (13.2) | 1 (13.2) | 2 (26.8) | 1 (13.5) |
| Lauderdale | 3 (10.8) | 7 (25.6) | 4 (14.8) | 4 (14.9) | 3 (11.9) | 0 (N/A) |
| Lawrence | 6 (14.3) | 8 (18.9) | 8 (18.8) | 8 (18.6) | 6 (13.8) | 14 (32.0) |
| Lewis | 6 (50.2) | 4 (33.6) | 2 (16.9) | 8 (67.2) | 6 (49.9) | 0 (N/A) |
| Lincoln | 2 (5.9) | 4 (11.9) | 11 (32.6) | 7 (20.8) | 10 (29.6) | 15 (44.0) |
| Loudon | 6 (11.9) | 12 (23.6) | 11 (21.5) | 4 (7.8) | 6 (11.5) | 6 (11.3) |
| McMinn | 10 (19.1) | 10 (19.0) | 6 (11.4) | 9 (17.0) | 13 (24.6) | 18 (33.8) |
| McNairy | 10 (38.3) | 6 (22.8) | 4 (15.3) | 5 (19.3) | 10 (38.4) | 6 (23.2) |
| Macon | 5 (22.0) | 3 (13.0) | 6 (25.9) | 8 (34.1) | 8 (33.2) | 7 (28.9) |
| Madison | 12 (12.2) | 11 (11.2) | 15 (15.4) | 15 (15.4) | 20 (20.5) | 16 (16.4) |
| Marion | 8 (28.2) | 6 (21.1) | 3 (10.5) | 9 (31.6) | 3 (10.6) | 4 (14.0) |
| Marshall | 5 (16.1) | 6 (19.2) | 6 (19.0) | 6 (18.6) | 4 (12.1) | 6 (17.8) |
| Maury | 13 (15.5) | 13 (15.2) | 12 (13.7) | 15 (16.7) | 14 (15.2) | 17 (18.0) |
| Meigs | 2 (17.2) | 2 (17.1) | 3 (25.4) | 1 (8.3) | 2 (16.6) | 1 (8.1) |
| Monroe | 7 (15.5) | 6 (13.3) | 11 (24.0) | 13 (28.3) | 8 (17.3) | 9 (19.4) |
| Montgomery | 21 (11.4) | 37 (19.5) | 40 (20.7) | 30 (15.3) | 42 (21.0) | 44 (21.4) |
| Moore | 2 (31.7) | 1 (15.8) | 0 (N/A) | 1 (15.8) | 1 (15.7) | 2 (31.1) |
| Morgan | 3 (13.7) | 2 (9.2) | 6 (27.9) | 7 (32.5) | 4 (18.5) | 4 (18.5) |
| Obion | 7 (22.5) | 4 (12.9) | 3 (9.8) | 9 (29.4) | 2 (6.6) | 8 (26.4) |
| Overton | 10 (45.3) | 1 (4.5) | 2 (9.0) | 8 (36.3) | 7 (31.8) | 3 (13.6) |
| Perry | 3 (38.1) | 5 (64.0) | 2 (25.2) | 2 (25.1) | 1 (12.5) | 2 (24.8) |
| Pickett | 3 (59.1) | 1 (19.6) | 1 (19.5) | 1 (19.5) | 0 (0.0) | 1 (19.8) |
| Polk | 3 (18.0) | 3 (17.9) | 7 (41.7) | 4 (23.9) | 5 (29.8) | 5 (29.6) |
| Putnam | 13 (17.7) | 11 (14.8) | 17 (22.8) | 24 (31.6) | 13 (16.7) | 16 (20.3) |
| Rhea | 6 (18.5) | 8 (24.5) | 7 (21.5) | 8 (24.7) | 6 (18.4) | 9 (27.2) |
| Roane | 16 (30.2) | 9 (17.1) | 14 (26.5) | 12 (22.7) | 19 (35.8) | 17 (32.0) |
| Robertson | 13 (19.2) | 13 (19.1) | 15 (21.9) | 13 (18.8) | 13 (18.5) | 15 (21.1) |
| Rutherford | 24 (8.5) | 40 (13.8) | 35 (11.7) | 41 (13.3) | 49 (15.4) | 38 (11.7) |
| Scott | 2 (9.1) | 6 (27.3) | 5 (22.8) | 9 (41.0) | 9 (40.9) | 5 (22.7) |
| Sequatchie | 2 (13.6) | 6 (40.8) | 4 (27.0) | 4 (26.9) | 3 (20.4) | 2 (13.4) |
| Sevier | 16 (17.1) | 19 (20.0) | 18 (18.8) | 20 (20.7) | 29 (29.7) | 16 (16.3) |
| Shelby | 89 (9.5) | 81 (8.6) | 88 (9.4) | 82 (8.8) | 94 (10.0) | 103 (11.0) |

Note: These charts use crude suicide rates rather the age-adjusted suicide rates used in other graphs in this report.

EACH CELL IN THE CHART LISTS THE RAW NUMBER OF DEATHS RECORDED IN EACH COUNTY IN THE SPECIFIED YEAR.

The number in parentheses represents the rate per 100,000 population. The color of the row header indicates the TSPN region serving the county.

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------------|---------------------|-------------------|---------------------|---------------------|---------------------|---------------------|
| Tennessee | 1,017 (15.7) | 945 (14.4) | 1,065 (16.1) | 1,110 (16.2) | 1,163 (17.3) | 1,159 (17.1) |
| Smith | 5 (26.2) | 2 (10.5) | 1 (5.2) | 4 (20.6) | 4 (20.4) | 7 (35.1) |
| Stewart | 6 (44.9) | 7 (52.7) | 6 (45.2) | 3 (22.8) | 3 (22.5) | 0 (N/A) |
| Sullivan | 28 (17.9) | 22 (14.0) | 28 (17.9) | 33 (21.1) | 29 (18.5) | 29 (18.4) |
| Sumner | 33 (19.5) | 19 (11.0) | 22 (12.5) | 41 (22.8) | 37 (20.2) | 38 (20.3) |
| Tipton | 9 (14.6) | 8 (13.0) | 15 (24.2) | 14 (22.8) | 11 (17.9) | 8 (13.0) |
| Trousdale | 0 (N/A) | 3 (37.5) | 3 (37.3) | 1 (12.1) | 2 (19.8) | 3 (27.3) |
| Unicoi | 5 (27.7) | 3 (16.7) | 2 (11.2) | 3 (16.9) | 2 (11.3) | 2 (11.3) |
| Union | 5 (26.2) | 6 (31.4) | 2 (11.2) | 9 (47.0) | 4 (20.6) | 3 (15.2) |
| Van Buren | 0 (N/A) | 1 (17.9) | 1 (17.7) | 2 (35.3) | 1 (17.5) | 2 (34.8) |
| Warren | 7 (17.5) | 9 (22.5) | 7 (17.3) | 7 (17.3) | 7 (17.2) | 7 (17.1) |
| Washington | 16 (12.7) | 17 (13.5) | 16 (12.7) | 20 (15.7) | 24 (18.8) | 25 (19.4) |
| Wayne | 2 (11.8) | 3 (17.7) | 4 (23.9) | 2 (12.0) | 3 (18.1) | 4 (24.2) |
| Weakley | 10 (12.9) | 6 (17.5) | 9 (26.5) | 5 (14.9) | 9 (27.0) | 7 (20.9) |
| White | 10 (38.1) | 8 (30.4) | 6 (22.6) | 4 (15.0) | 5 (18.7) | 6 (22.1) |
| Williamson | 26 (13.1) | 22 (10.7) | 29 (13.7) | 21 (9.6) | 28 (12.4) | 31 (13.4) |
| Wilson | 12 (9.8) | 23 (18.3) | 31 (24.0) | 21 (15.8) | 22 (16.1) | 22 (15.6) |

Note: These charts use crude suicide rates rather the age-adjusted suicide rates used in other graphs in this report.

4 OUT OF 95 (4%) COUNTIES EXPERIENCED NO LOSS TO SUICIDE BASED ON THIS DATA.

57 OUT OF 95 (60%) COUNTIES EXPERIENCED A SUICIDE RATE GREATER THAN OR EQUAL TO THE TENNESSEE SUICIDE RATE.

LET'S LOWER THE NUMBERS.

REQUEST A FREE TRAINING AT TSPN.ORG

Data on county suicide rates dating back to the last ten years is available on the TSPN website at tspn.org/suicide-statistics-2. For figures earlier than 2000, contact the Tennessee Department of Health's Office of Health Statistics at (615) 741-4939 or healthstatistics.health@tn.gov

**CALLS INITIATED FROM TENNESSEE BASED PHONE NUMBERS
TO THE NATIONAL SUICIDE PREVENTION LIFELINE
(1-800-273-8255)***

*For information about call types, please see notes at bottom of the next page.

FOR MORE INFORMATION ABOUT THIS DATA CONTACT

Matt Taylor, Director of Network Development,
National Suicide Prevention Lifeline via:
mtaylor@vibrant.org

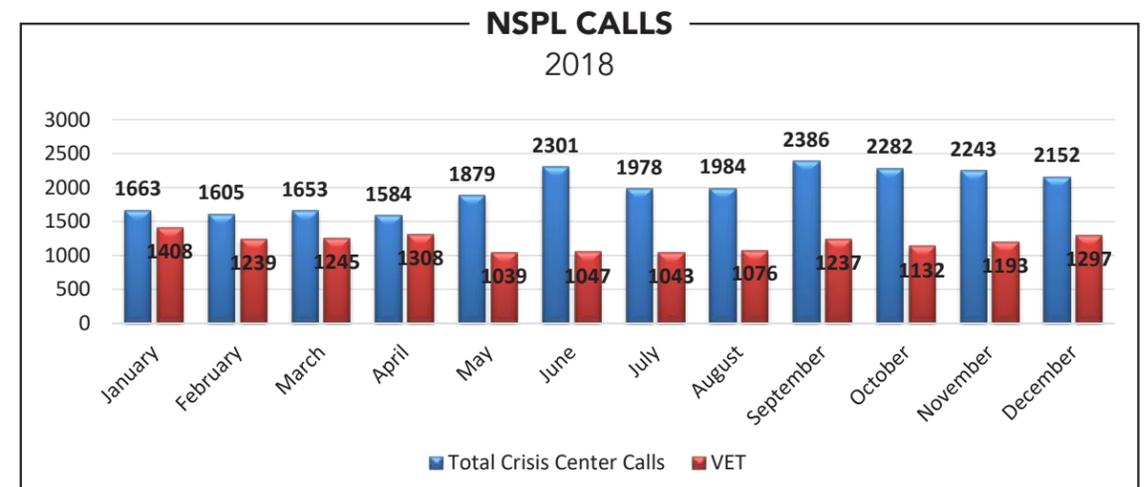


| County | 2016 initiated calls | 2017 initiated calls | 2018 initiated calls |
|------------|----------------------|----------------------|----------------------|
| Anderson | 57 | 90 | 77 |
| Bedford | 195 | 187 | 168 |
| Benton | 34 | 58 | 58 |
| Bledsoe | 6 | 8 | 10 |
| Blount | 50 | 57 | 81 |
| Bradley | 177 | 296 | 299 |
| Campbell | 68 | 121 | 122 |
| Cannon | - | - | - |
| Carroll | 48 | 55 | 90 |
| Carter | 79 | 106 | 86 |
| Cheatham | 11 | 12 | 29 |
| Chester | 18 | 40 | 71 |
| Claiborne | 27 | 36 | 44 |
| Clay | 3 | 7 | 3 |
| Cocke | 114 | 90 | 89 |
| Coffee | 155 | 234 | 288 |
| Crockett | 15 | 19 | 32 |
| Cumberland | 122 | 156 | 135 |
| Davidson | 3,936 | 5,442 | 6,732 |
| Decatur | 12 | 35 | 39 |
| DeKalb | 55 | 58 | 76 |
| Dickson | 25 | 38 | 46 |
| Dyer | 101 | 98 | 124 |
| Fayette | 10 | 17 | 24 |
| Fentress | 9 | 3 | 8 |
| Franklin | 44 | 70 | 88 |
| Gibson | 79 | 132 | 146 |
| Giles | 37 | 119 | 145 |
| Grainger | 13 | 11 | 4 |
| Greene | 272 | 264 | 427 |
| Grundy | 2 | 9 | 12 |
| Hamblen | 121 | 181 | 240 |
| Hamilton | 1,086 | 1,860 | 1,959 |
| Hancock | 8 | 8 | 11 |

| County | 2016 initiated calls | 2017 initiated calls | 2018 initiated calls |
|------------|----------------------|----------------------|----------------------|
| Hardeman | 33 | 50 | 73 |
| Hardin | 84 | 62 | 69 |
| Hawkins | 39 | 53 | 95 |
| Haywood | 97 | 64 | 56 |
| Henderson | 59 | 70 | 72 |
| Henry | 50 | 77 | 100 |
| Hickman | 52 | 45 | 85 |
| Houston | 3 | 4 | 2 |
| Humphreys | 35 | 49 | 73 |
| Jackson | 43 | 73 | 73 |
| Jefferson | 10 | 25 | 17 |
| Johnson | 23 | 12 | 23 |
| Knox | 2,197 | 3,677 | 3,727 |
| Lake | 21 | 6 | 11 |
| Lauderdale | 19 | 79 | 54 |
| Lawrence | 131 | 154 | 167 |
| Lewis | 55 | 37 | 56 |
| Lincoln | 65 | 75 | 116 |
| Loudon | 20 | 55 | 70 |
| Macon | 28 | 60 | 72 |
| Madison | 191 | 304 | 418 |
| Marion | 14 | 19 | 21 |
| Marshall | 26 | 33 | 34 |
| Mauzy | 177 | 295 | 289 |
| McMinn | 134 | 200 | 229 |
| McNairy | 42 | 105 | 203 |
| Meigs | 8 | 5 | 7 |
| Monroe | 154 | 134 | 172 |
| Montgomery | 589 | 711 | 953 |
| Moore | 8 | 23 | 45 |
| Morgan | 3 | 3 | 5 |
| Obion | 65 | 135 | 112 |
| Overton | 11 | 25 | 28 |
| Perry | 2 | 3 | 1 |

| County | 2016 initiated calls | 2017 initiated calls | 2018 initiated calls |
|------------|----------------------|----------------------|----------------------|
| Pickett | 1 | - | - |
| Polk | 24 | 77 | 48 |
| Putnam | 187 | 270 | 398 |
| Rhea | 21 | 10 | 24 |
| Roane | 74 | 86 | 126 |
| Robertson | 29 | 41 | 69 |
| Rutherford | 579 | 742 | 1,117 |
| Scott | 53 | 50 | 83 |
| Sequatchie | 1 | 6 | 12 |
| Sevier | 26 | 26 | 49 |
| Shelby | 2,877 | 4,184 | 5,131 |
| Smith | 19 | 34 | 56 |
| Stewart | 17 | 44 | 21 |
| Sullivan | 340 | 428 | 593 |

| County | 2016 initiated calls | 2017 initiated calls | 2018 initiated calls |
|----------------------|----------------------|----------------------|----------------------|
| Sumner | 35 | 37 | 74 |
| Tipton | 14 | 42 | 26 |
| Trousdale | 14 | 19 | 44 |
| Unicoi | 34 | 44 | 41 |
| Union | 30 | 58 | 60 |
| Van Buren | 14 | 24 | 53 |
| Warren | 58 | 80 | 89 |
| Washington | 335 | 415 | 404 |
| Wayne | 13 | 32 | 32 |
| Weakley | 59 | 62 | 66 |
| White | 10 | 16 | 17 |
| Williamson | 61 | 88 | 97 |
| Wilson | 24 | 48 | 29 |
| Yearly Total* | 16,426 | 23,602 | 28,050 |



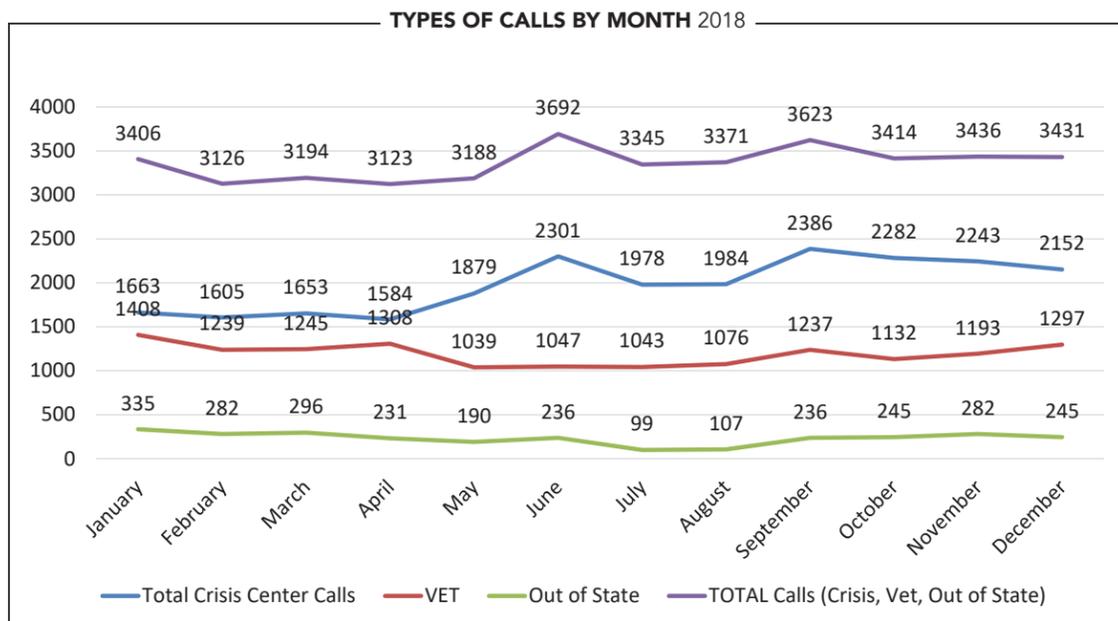
*** Note:**

Call types are non-veteran, non-Spanish speaking. Veterans and Spanish speaker calls are answered by the independently operated Veterans Crisis Line and the Lifeline-affiliated **Spanish Language sub by the network**. Both call types are automatically routed out of state and are not answered by Tennessee-based Lifeline-affiliated call centers. Such calls also do not contribute to Tennessee's Lifeline in-state answer rate. Above data also excluded are "fast abandon" calls where the caller hung up during the Lifeline's initial 30 second greeting.

| | Total Crisis Center Calls | VET | Out of State | TOTAL Calls (Crisis, Vet, Out of State) |
|----------------|---------------------------|------|--------------|---|
| January 2018 | 1663 | 1408 | 335 | 3406 |
| February 2018 | 1605 | 1239 | 282 | 3126 |
| March 2018 | 1653 | 1245 | 296 | 3194 |
| April 2018 | 1584 | 1308 | 231 | 3123 |
| May 2018 | 1879 | 1039 | 190 | 3188 |
| June 2018 | 2301 | 1047 | 236 | 3692 |
| July 2018 | 1978 | 1043 | 99 | 3345 |
| August 2018 | 1984 | 1076 | 107 | 3371 |
| September 2018 | 2386 | 1237 | 236 | 3623 |
| October 2018 | 2282 | 1132 | 245 | 3414 |
| November 2018 | 2243 | 1193 | 282 | 3436 |
| December 2018 | 2152 | 1297 | 245 | 3431 |

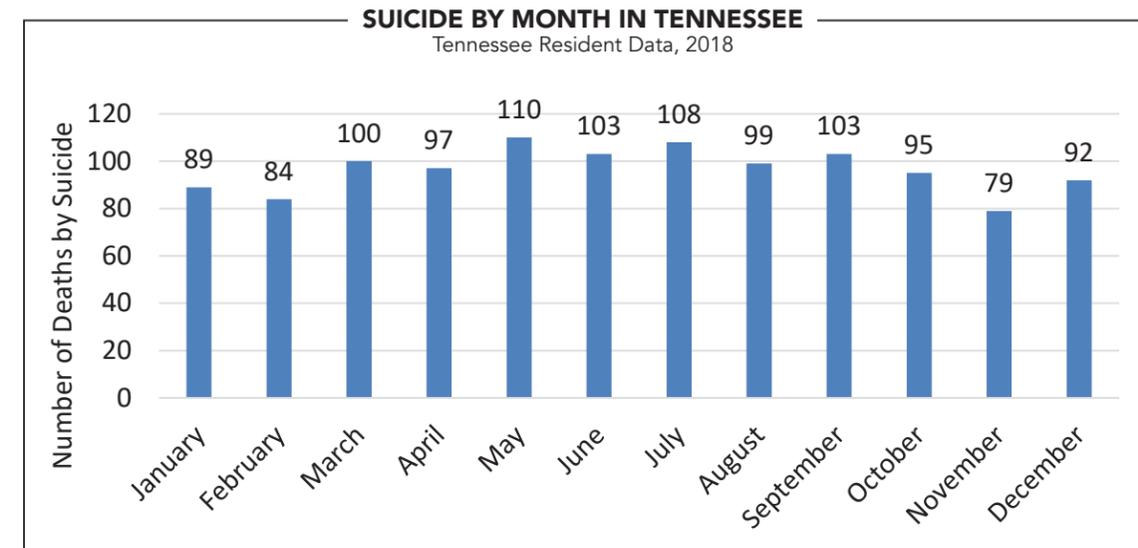
VET = calls referred to Veteran's Crisis Line

Out of State = calls referred to other centers outside Tennessee

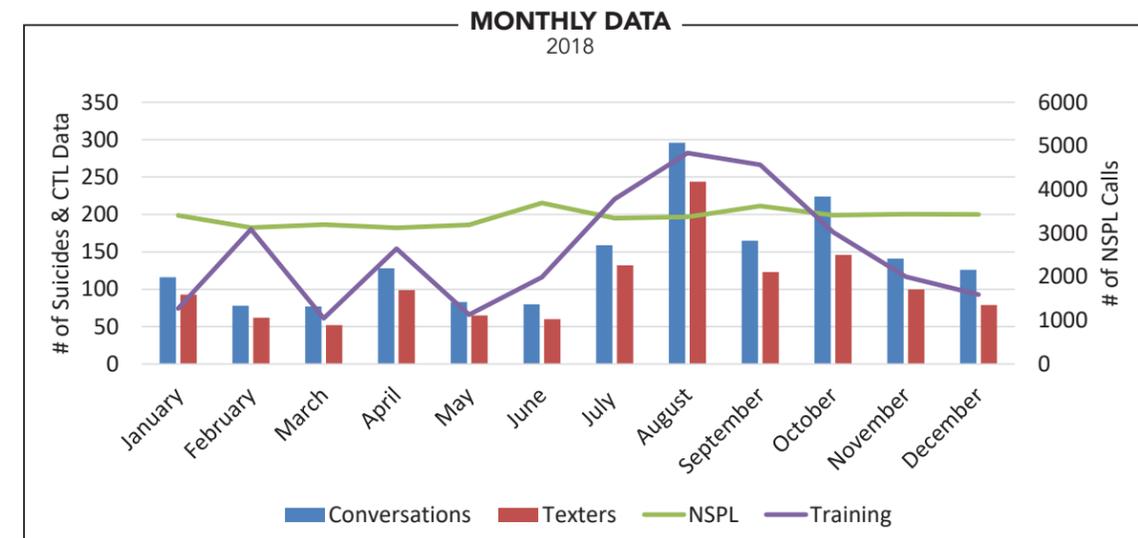


THE TENNESSEE SUICIDE PREVENTION NETWORK IS MORE COMMITTED TO USING READILY AVAILABLE DATA THAN EVER BEFORE.

Careful consideration and studying of the data will allow us to identify trends which will direct our prevention efforts. We see from this data there is an increase in the number of suicides in May and July, however June experienced an increase in National Suicide Prevention Lifeline callers, while August experienced a large spike in the number of individuals contacting the Crisis Text Line. More specific Crisis Text Line data is available on the following page.



Data Source: Death Statistic System, 2018, Nashville, TN Office of Healthcare Statistics Division of Vital Records and Vital Statistics, Tennessee Department of Health.

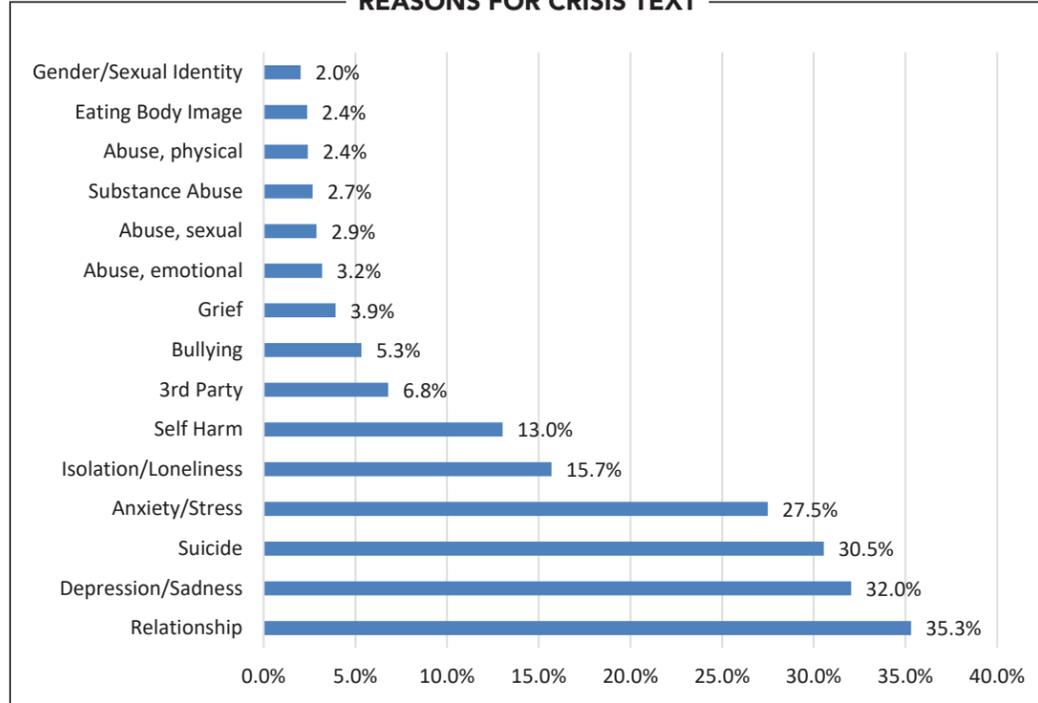


THE CRISIS TEXT LINE WAS BUILT FROM THE GROUND UP AROUND TECHNOLOGY AND DATA WITH THE GOAL OF HELPING PEOPLE THRIVE.

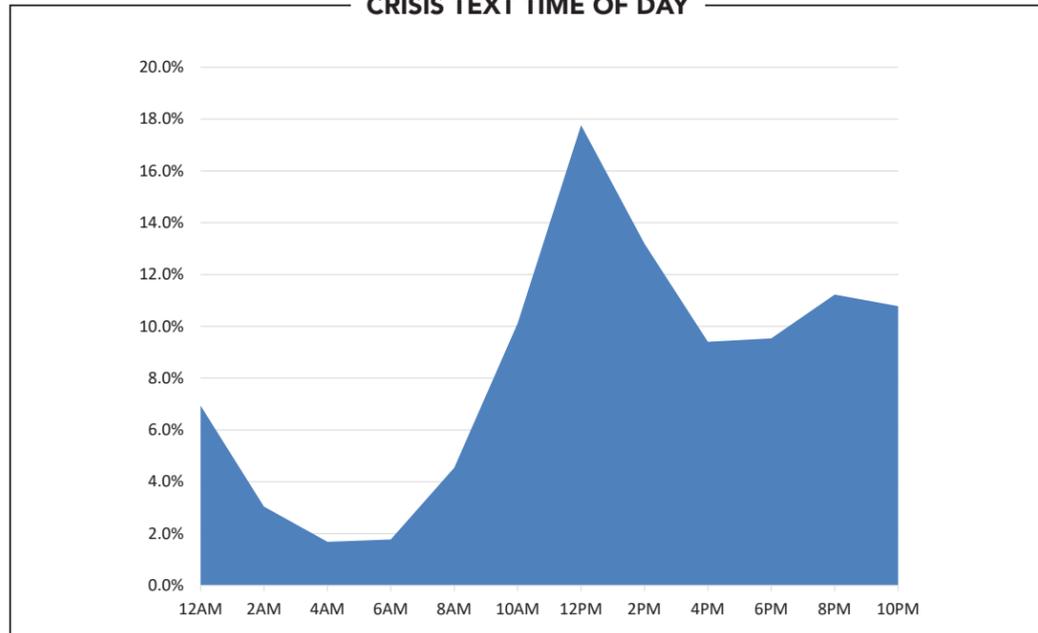


TSPN partnered with the Crisis Text Line in November 2016. This data highlights how many Tennesseans have accessed the Crisis Text Line using the keyword “TN” since the partnership was created.

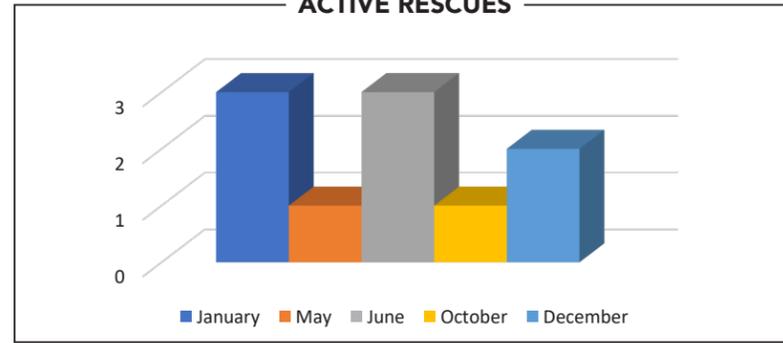
REASONS FOR CRISIS TEXT



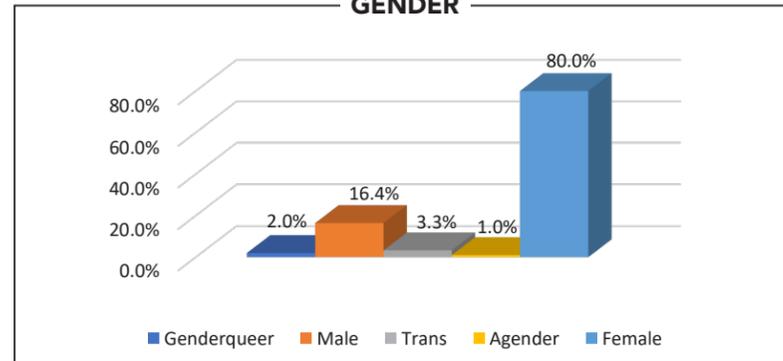
CRISIS TEXT TIME OF DAY



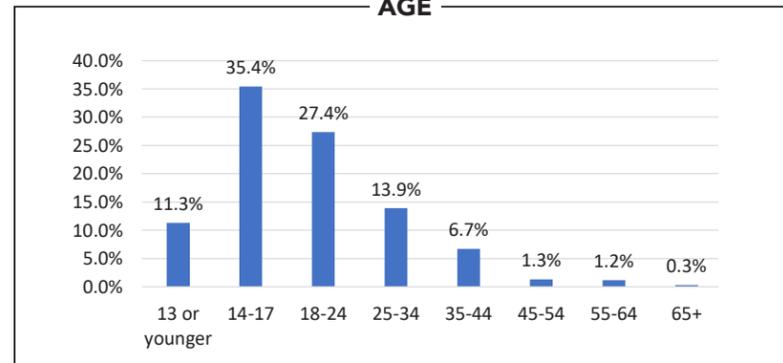
ACTIVE RESCUES



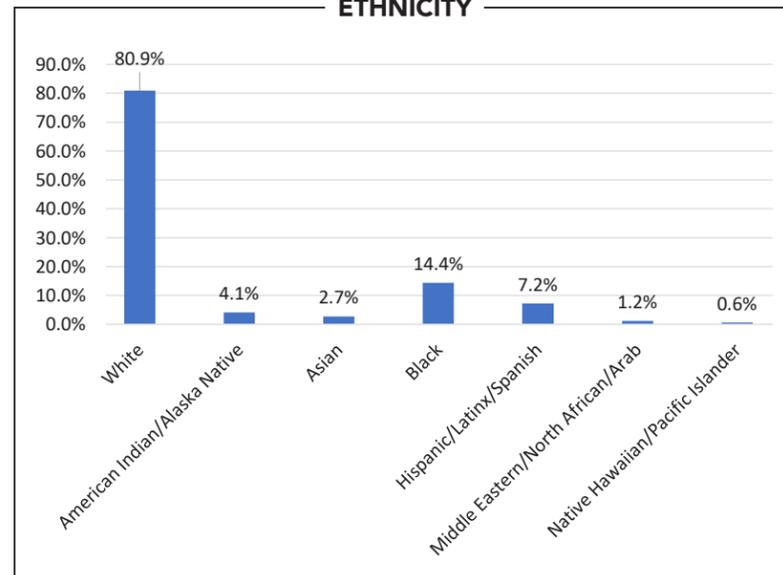
GENDER

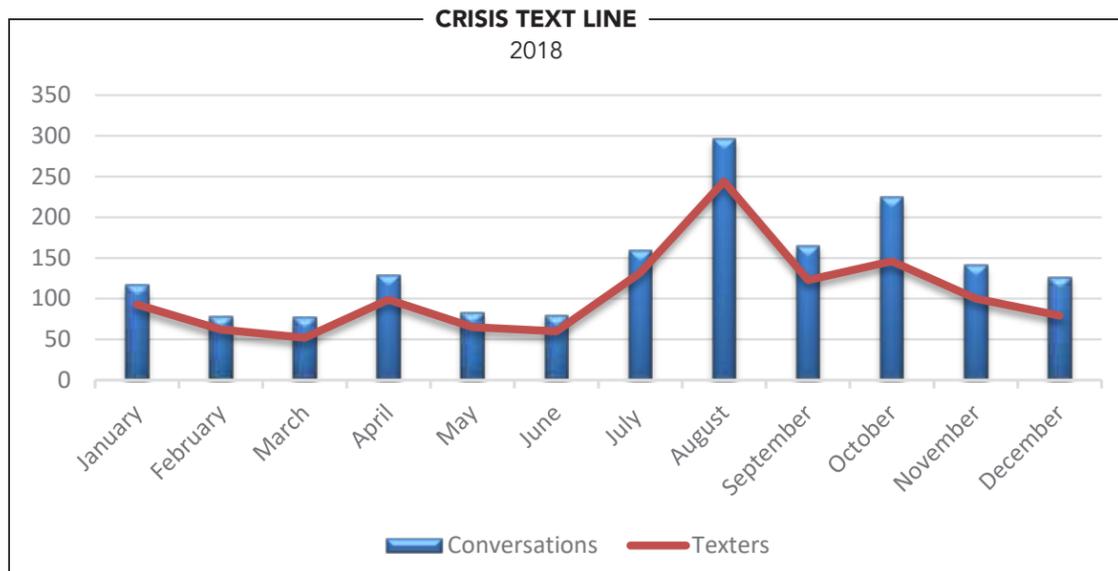
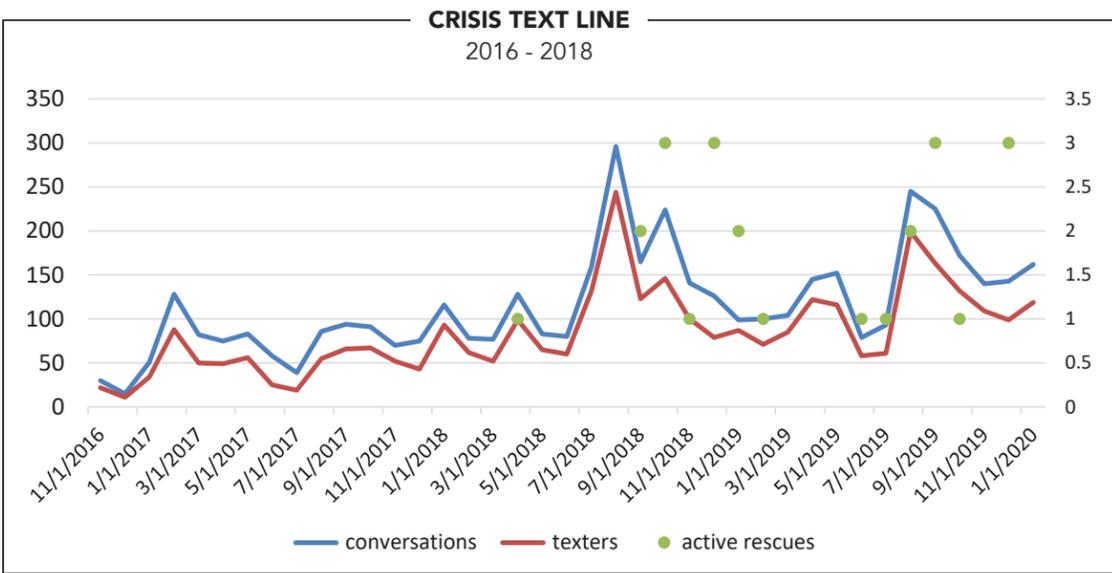


AGE



ETHNICITY





CRISIS TEXT LINE |

**Text "TN" to
741 741**

**THANKS TO OUR PARTNERSHIP WITH THE CRISIS TEXT LINE,
WE NOW UNDERSTAND THE TOP REASONS
INDIVIDUALS REACH OUT FOR HELP.**

**WITH THIS INFORMATION, WE CAN BEGIN CUSTOMIZING SUICIDE
PREVENTION TRAININGS TO SPECIFICALLY ADDRESS THE MAJOR ISSUES.**

TN RESIDENT DEMOGRAPHIC SUICIDE DEATH DATA
2014 - 2018

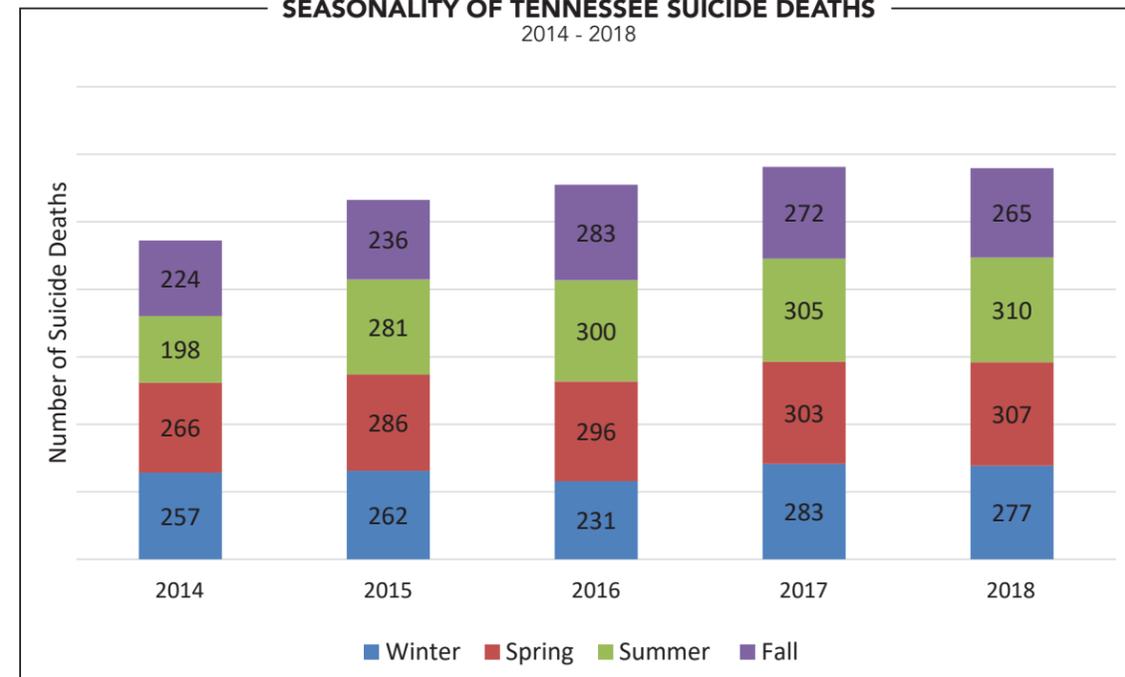
MARITAL STATUS

| | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------------------------|------|------|------|------|------|
| MARRIED | 370 | 367 | 412 | 413 | 410 |
| NEVER MARRIED | 256 | 325 | 320 | 367 | 391 |
| DIVORCED (NOT REMARRIED) | 236 | 271 | 254 | 277 | 247 |

EDUCATIONAL LEVEL

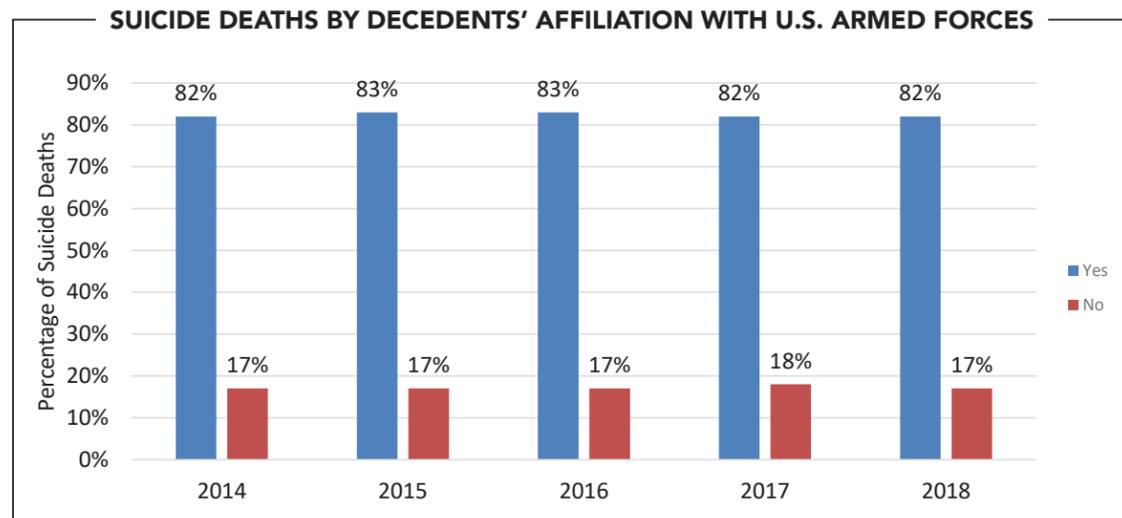
| EDUCATIONAL LEVEL | 2014 | 2015 | 2016 | 2017 | 2018 |
|------------------------|------|------|------|------|------|
| NO GED/NOT HS GRAD | 193 | 212 | 209 | 243 | 198 |
| HS GRAD | 371 | 467 | 488 | 469 | 519 |
| SOME COLLEGE/ASSOCIATE | 212 | 225 | 258 | 272 | 261 |
| BACHELORS OR HIGHER | 151 | 150 | 149 | 167 | 165 |

SEASONALITY OF TENNESSEE SUICIDE DEATHS
2014 - 2018



A TOTAL OF 321 ACTIVE-DUTY MEMBERS TOOK THEIR LIVES DURING THE YEAR, INCLUDING 57 MARINES, 68 SAILORS, 58 AIRMEN, AND 138 SOLDIERS.

These 321 deaths equal the total number of active-duty personnel who died by suicide in 2012, the record since the services began closely tracking the issue in 2001. The Marine Corps' 57 active-duty deaths represent a 25 percent increase from 2017, the highest number of suicides since the service began closely tracking them in 2001. The Marine Corps also lost 18 Reserve members in 2018 to suicide, second only to 2016, when 19 Marine reservists took their own lives. The service began tracking such deaths in the reserve component in 2012. The number of Navy suicides – 68 sailors in 2018, up from 65 in 2017 – also was a record and marked a steep increase in the suicide rate among active-duty military. According to Air Force officials, 58 active-duty airmen took their lives, while three Reserve members died by suicide. The number represents a decline from previous years, down from 63 in 2017. The Defense Suicide Prevention Office notes that 138 Army soldiers died as the result of suicide in 2018. Those deaths mark the highest number of suicides in the active-duty Army since 2012, when 165 soldiers died by suicide.



Messages of Hope for Those Encouraging Others and Themselves



SERVICE MEMBER DATA SUMMARY - CY* 2018

The section below summarizes annual suicide counts and unadjusted rates (per 100,000 population) for the Active Component, Reserve, and National Guard for calendar year (CY) 2016 - 2018 (Table 1). Data for CY 2018 include all known or suspected suicides (both confirmed and pending) as of March 31, 2019, for both the Active and Reserve Components. In accordance with DoDI 6490.16, rates are not reported when the number of suicide deaths is under 20.

TABLE 1. ANNUAL SUICIDE COUNTS AND RATES PER 100,000 SERVICE MEMBERS BY DOD COMPONENT AND SERVICE, CY 2016 - 2018

| DoD Component/Service | Count | Rate | Count | Rate | Count | Rate |
|-------------------------|------------|-------------|------------|-------------|------------|-------------|
| Active Component | 280 | 21.5 | 285 | 21.9 | 325 | 24.8 |
| Army | 130 | 27.4 | 114 | 24.3 | 139 | 29.5 |
| Marine Corps | 37 | 20.1 | 43 | 23.4 | 58 | 31.4 |
| Navy | 52 | 15.9 | 65 | 20.1 | 68 | 20.7 |
| Air Force | 61 | 19.4 | 63 | 19.6 | 60 | 18.5 |
| Reserve | 80 | 22 | 93 | 25.7 | 81 | 22.9 |
| Army Reserve | 41 | 20.6 | 63 | 32.1 | 48 | 25.3 |
| Marine Corps Reserve | 19 | - | 10 | - | 19 | - |
| Navy Reserve | 10 | - | 9 | - | 11 | - |
| Air Force Reserve | 10 | - | 11 | - | 3 | - |
| National Guard | 122 | 27.1 | 133 | 29.8 | 135 | 30.6 |
| Army National Guard | 108 | 31.3 | 121 | 35.5 | 118 | 35.3 |
| Air National Guard | 14 | - | 12 | - | 17 | - |
| Total | 482 | | 511 | | 541 | |

Source(s): AFMES.
Suicide rates for the SELRES include all Service members irrespective of duty status.
Per DoDI 6490.16, rates for groups with fewer than 20 suicides are not reported due to statistical instability.

There were 541 suicide deaths confirmed or pending classification for CY 2018. There were 325 suicide deaths among Service members in the Active Component, 81 deaths in the Reserve, and 135 deaths in the National Guard, respectively.

The CY 2018 suicide rate in the Active Component was 24.8 suicide deaths per 100,000 Service members. Across the Military Services, suicide rates ranged from 18.5 to 31.4 per 100,000 Active Component Service members. For the Reserve and National Guard, the rates were 22.9 and 30.6 suicide deaths per 100,000 Service members, respectively. The suicide rate in the Army Reserve was 25.3 suicide deaths per 100,000 Reservists, and the rate for the Army National Guard was 35.3 suicide deaths per 100,000 National Guard members. Per DoD policy, all other Service-specific CY 2018 rates for Reserve and National Guard were not reported due to low counts. Note that the CY 2018 rates were consistent with CY 2016 and CY 2017 rates for all Services and Components.

*CY = Calendar Year



EACH SEPTEMBER, TSPN OBSERVES SUICIDE PREVENTION AWARENESS MONTH IN TENNESSEE THROUGH A SERIES OF PRESENTATIONS, MEMORIAL EVENTS, SEMINARS, AND EDUCATIONAL OPPORTUNITIES ACROSS THE STATE.

TSPN staged or co-sponsored and supported 33 events across the state of Tennessee as part of its annual Suicide Prevention Awareness Month observance, with an estimated 24,811 participants, up from the previous year's 2,972 participating (no, that is not a typo). The highlight of the observance was the statewide Suicide Prevention Awareness Day event held at Trevecca Community Church on September 11th, with more than 300 people in attendance. Vanderbilt Behavioral Health sponsored a catered luncheon with Jameson K. Norton, Chief Executive Officer, Vanderbilt Psychiatric Hospital and Clinics. Regional award winners were announced and recognized for their hard work and dedication throughout the year. Zero Suicide agencies from all across the state were recognized for their continued efforts in creating a patient centered safety culture within their workplace. Also, we received 124 Suicide Prevention Awareness Month proclamations during 2019, representing 91 of Tennessee's 95 counties.

TSPN's monthly E-newsletter, TSPN Call to Action, is published and circulated to an estimated 24,000 people each month, not including forwards by readers. Each issue features information on local and national suicide prevention projects and perspectives from both survivors of suicide loss and suicide attempts.

The TSPN website (tspn.org) is updated regularly with information on regional meetings, support groups, resources, and information about TSPN projects. The website registered 46,865 hits during 2019, with over 20,000 visitors. TSPN is responsible for around 145 profiles, appearances, and/or references on local TV and radio stations and newspapers across Tennessee in 2019, reaching more than 16 million individuals.

During 2019, TSPN reached approximately 30,000 people through suicide prevention training sessions, presentations, and workshops. These events provided information to first responders, public school staff, and faith-based communities, as well as members of the media within and outside Tennessee. These include the Suicide and the Black Church Conference, which convenes semi-annually in Memphis, and the Suicide and the African American Faith Communities Conference in middle Tennessee, as well as TSPN's Statewide Suicide Prevention Symposium.

TSPN cultivates public/private partnerships with agencies across the state to provide awareness and educational opportunities within a wide variety of organizations. These include NAMI Tennessee, the Tennessee Department of Health's Commissioner's Council on Injury Prevention, the Tennessee Department of Health's Child Fatality Statewide Review Board, the Tennessee Coalition of Mental Health and Substance Abuse Services (TCMHSAS), the Tennessee Commission on Children and Youth (TCCY), the Council on Children's Mental Health, the Tennessee Conference on Social Welfare (TCSW), the Tennessee Co-Occurring Disorders Coalition, the Tennessee Mental Health Statewide and local Planning Councils, and Tennessee Voices for Children.

During 2019, Network members have provided support for more than 35 major postvention efforts, including technical assistance and onsite debriefings. Most of these occurred at public schools that lost students to suicide. In several cases, the Network staged awareness events or town hall meetings for the general public in the affected areas.

TSPN ADVISORY COUNCIL MEMBERS 2018

THE COUNCIL COORDINATES IMPLEMENTATION OF THE TENNESSEE SUICIDE PREVENTION STRATEGY AND GUIDES THE REGIONAL NETWORKS AND TASK FORCES IN RAISING COMMUNITY AWARENESS OF SUICIDE PREVENTION.

- Anne Young, MS LADAC II, CAS** Program Director, Women's Program, Young Adult Program, and Recovery Renewal Program, Cornerstone of Recovery (Advisory Council Chair/Executive Committee Chair)
- Anne Stamps, MA** Center Director, Volunteer Behavioral Health- Plateau Mental Health Center/Dale Hollow Mental Health Center (Advisory Council Co-Chair/Upper Cumberland Regional Chair)
- Jack Stewart, MA** President, NAMI Greene County (Advisory Council Secretary)
- Eve Nite** Director of Business Development, Omni Community Health (Advisory Council Vice-Chair)
- Tim Tatum, MBA, MA, LPC-MHSP** Director of Business Development, Focus Treatment Centers (Advisory Council Past Chair / Bradley, McMinn, Meigs, and Polk (BMMP) Counties Suicide Prevention Task Force Chair)
- Phillip Barham** Sales Manager, Lakeside Behavioral Health (Rural West Regional Chair)
- John B. Averitt, Ph.D.** Upper Cumberland Psychological Associates/Police Psychological Officer, Cookeville Police Department
- Richard Bogle** MSW Community Advocate (Behavioral Health and Wellness Initiative Taskforce for Hickman-Perry Counties Co-Chair)
- Vickie Bilbrey** Community Education Manager, Livingston Regional Hospital, Oakpoint Behavioral Health
- Joseph Chatman III, LBSW, MSW** Community Advocate (Montgomery-Houston-Humphreys-Robertson-Stewart County Suicide Prevention Task Force Chair)
- Audrey Elion, Ph.D.** Supervisor for Evaluation and Referral Section, Shelby County Juvenile Court (Memphis/Shelby County Chair)
- Sherri Feathers, LCSW** Senior Vice President of Specialty Services, Frontier Health
- Brenda Harper** Community Advocate (Mid-Cumberland Chair and Outreach Committee Chair)
- Mary Jones** Executive Director, Children and Family Services
- Jon S. Jackson, LADAC II, NCAC I, QCS** Chief Operations Officer, Harbor House Inc.
- Robb Killen, Ed.D.** Supervisor of Counseling and Mental Health, Maury County Public Schools (South Central Regional Chair)
- Wanda Mays** CIT Coordinator, Hamilton County Sheriff's Office
- Daniel Wolfshadow** Trauma Specialist, American Addiction Centers, Co-Chair, Behavioral Health and Suicide Prevention for Hickman-Perry Counties
- Bellis May, BS** School Counselor, Pickwick Southside School
- Mike LaBonte** Executive Director, Memphis Crisis Center
- Patsy Crockett, BSW** Case Manager IV, Tennessee Department of Children's Services
- Tricia Henderson, LPC-MHSP** Assistant Director, Office of the Dean of Students, University of Tennessee Chattanooga, Southeast Tennessee Regional Chair
- Cynthia W. Lynn, RN, PhD, GC-C** Faculty, Gibbs High School, Knox County School System
- Matt Magrans-Tillery** Director of Outreach & Development, TN Valley Coalition for the Homeless
- Sandra Perley, Ed.D, MSN, RN** Associate Professor of Nursing, Columbia State Community College
- Heatherly Sifford, BS** Trauma Injury Prevention Program Coordinator, Johnson City Medical Center, (Northeast Tennessee Regional Chair)
- Sharon Phipps, BS** Public Health Educator II, Hawkins County Health Department
- Stephenie Robb** Executive Director, Behavioral Health Initiatives, Inc.
- Ursula Bailey, JD MBA** Attorney, Private Practice
- Becky Stoll, LCSW** Vice President of the Crisis and Disaster Management, Centerstone
- Katie Valentino, BS** CPRS Behavioral Health Outreach Coordinator, BlueCare Tennessee (East Tennessee Regional Chair)

TSPN ADVISORY COUNCIL MEMBERS EMERITUS

The Members Emeritus are distinguished former members of the Advisory Council who advise the sitting Council and support special Network projects.

- Teresa Kimbro Culbreath** Community Advocate (Intra-State Departmental Group Member, Emeritus)
- Anna Shugart, MSSW** Director, Emotional Health & Recovery Center, Blount Memorial Hospital (Blount County Mental Health & Suicide Prevention Alliance Chair, Emeritus Past Chair) Sabrina Anderson, Boys and Girls Club of Jackson (Rural West Regional Chair, Emeritus)
- Pam Arnell** Ed.D, Arnell's Counseling Service (Advisory Council Co-Secretary, Emeritus)
- Stephanie Barger** Community Advocate, (Mid-Cumberland Regional Chair, Emeritus)
- Jodi Bartlett, Ed.S, LPC-MHSP** Community Advocate (Upper Cumberland Regional Chair, Emeritus)
- Karyl Chastain Beal, M. Ed.** Community Advocate, (Advisory Council Co-Chair, Emeritus)
- Sam Bernard, Ph.D.** President, Bernard & Associates, PC, the PAR Foundation (Advisory Council Chair, Emeritus)
- Kathy A. Benedetto, SPE, LPC, LMFT** Frontier Health (Advisory Council Member, Emeritus)
- Granger Brown**, Community Advocate (Substance Abuse Outreach Coordinator, Emeritus)
- Renee Brown, LCSW, BCD, CAFAE** Memphis Veterans Affairs Section Chief, Mental Health Social Work & Recovery Programs, REACH VET Facility Coordinator/ Suicide Prevention Program
- Carol Burroughs, MSCPS** Counselor, Lexington High School (Rural West Regional Chair, Emeritus)
- Teresa Kimbro Culbreath** Community Advocate (Intra-State Departmental Group Member, Emeritus)
- Adam Graham, LPC-MHSP** Director of Emergency Psychiatric Services, Mental Health Cooperative (Advisory Council Vice Chair, Emeritus)
- Clark Flatt** President, the Jason Foundation, Inc. (Advisory Council Member, Emeritus)
- Benjamin Harrington, CEO** The Mental Health Association of East Tennessee, Knoxville (Advisory Council Chair, Emeritus)
- Jennifer Harris** St. Thomas Hickman Hospital (Advisory Council Chair, Emeritus)
- Anne Henning-Rowan** Community Advocate (Rural West Regional Chair, Emeritus)
- Harold Leonard, MA, LPC-MHSP** Cognitive Behavioral Specialists of the Tri-Cities (Advisory Council Chair, Emeritus)
- Claudia Mays** CM Counseling Service (Advisory Council Member, Emeritus)
- Kim Rush, Ed.S., LPC-MHSP** Volunteer Behavioral Health Care System (Advisory Council Member, Emeritus)
- Kenneth F. Tullis, MD** The Psychological Trauma & Wellness Center / Co-Founder, TSPN (Strategies/Outcomes/Evaluations Committee Chair, Emeritus)
- Madge Tullis** Co-Founder and Past Advisory Council Chair, TSPN (Advisory Council Chair, Emeritus)

TSPN INTRA-STATE DEPARTMENTAL GROUP

MEMBERS WORK TO IMPLEMENT THE TENNESSEE STRATEGY FOR SUICIDE PREVENTION WITHIN THEIR RESPECTIVE DEPARTMENTS/AGENCIES AND SERVE ON THE ADVISORY COUNCIL ON AN EX-OFFICIO BASIS.

Terrence (Terry) Love, MS, CPC (Intra-State Departmental Group Chair), Injury Prevention Manager, Division of Family Health and Wellness, Injury and Violence Prevention, Tennessee Department of Health

Michelle Bauer Suicide Prevention Program Manager, Tennessee National Guard

Cathy V. Blakely Victim Services Coordinator, Tennessee Bureau of Investigation

Sirena Y. Bragg-Wilson Training and Professional Development Projects Manager, Tennessee Department of Children's Services

Maria Bush, LPC-MHSP Assistant Director, Office of Crisis Services and Suicide Prevention, Tennessee Department of Mental Health and Substance Abuse Services Jennifer Dudzinski, State Nursing Director, Community Health Services, Office of Nursing, Tennessee Department of Health

Shannon Hall, MA Assistant Director of Talent Management, Tennessee Department of Safety and Homeland Security

Gwen Hamer, MA Director, Education and Development, Tennessee Department of Mental Health and Substance Abuse Services

Tatum Johnson, RN Assistant State Public Health Nursing Director, Tennessee Department of Health

Diana Kirby, MS Project Director TLC-Connect & TARGET, Office of Crisis Services and Suicide Prevention, Tennessee Department of Mental Health and Substance Abuse Services

Sherlean Lybolt, MA Mental Health Programs Coordinator, Tennessee Department of Correction

Carol Coley McDonald Assistant Commissioner, Department of Agriculture

Melissa McGee Council on Children's Mental Health Director, Tennessee Commission on Children and Youth

Morenike Murphy, LPC-MHSP Director, Crisis Services and Suicide Prevention, Division of Mental Health Services, Tennessee Department of Mental Health and Substance Abuse Services

Joanne Perley, MHP Project Director of Suicide Prevention Grants, Office of Crisis Services and Suicide Prevention, Tennessee Department of Mental Health and Substance Abuse Services

Thom Roberts, RID-CI Deaf Services Specialist, Tennessee Department of Human Services, Tennessee Rehabilitation Center

James A. Saunders, Ed.S., CFLE, CH, MAJ Resilience & Risk Reduction Program Coordinator, Squadron Chaplain, 2/278th ACR, Tennessee Army National Guard Jacqueline Talley, Treatment Specialist, Division of Alcohol and Substance Abuse Services, Tennessee Department of Mental Health and Substance Abuse Services Janet Watkins, Training Director, AWARE Tennessee, Tennessee Department of Education

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U.S. Public Health Service (1999). *The Surgeon General's Call to Action to Prevent Suicide*. Retrieved from <http://www.sprc.org/sites/sprc.org/files/library/surgeoncall.pdf> Wintemute G.J., et al. (1999). Mortality among recent purchasers of handguns. *The New England Journal of Medicine*, 341:1583-1589.

Data sources: Tennessee Department of Health; Division of Policy, Planning and Assessment; Hospital Discharge Data System (HDDS), Death Statistical System, and population estimates based on interpolated data from the U.S. Census's Annual Estimates of the Resident Population. Analyses were restricted to Tennessee residents.

Please note that on October 1, 2015, the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) replaced the Ninth Revision (ICD-9-CM) for coding diagnoses and other information in hospital discharge data (1). The ICD-10-CM classification has been expanded to capture more detail, and contains almost 5 times the number of codes compared to ICD-9-CM. This is particularly problematic when it comes to injury, where the number of relevant codes has jumped from 2,600 in ICD-9-CM to 43,000 in ICD-10-CM (2). In addition, the code structure, specificity, and what is captured in some diagnosis codes has changed, impacting how these codes are categorized for injury surveillance purposes.

ICD-10-CM coded injury data are not comparable to ICD-9-CM coded injury data. The ICD-10-CM coded data offer more specific information. Because of this, some of the categories within the external cause matrix are different from previous years. The injury community is still convening on this topic. Case definitions and external cause categories being used for surveillance are subject to change.

In particular, the coding of self-harm or possible suicidal behavior changed significantly with the transition from ICD-9-CM to ICD-10-CM. Diagnoses of self-inflicted injury or poisoning have been demonstrated to increase abruptly with the introduction of ICD-10-CM (3). Because of this, increases in measured rates of suicide hospitalizations or ED visits in 2016 relative to earlier years are likely to be coding artifacts and not real trends.

1. Safe States (2016). *The Transition from ICD-9-CM to ICD-10-CM (ISW9)*. Retrieved from http://c.yumcdn.com/sites/www.safestates.org/resource/resmgr/isw9/ISW9_FINAL_Report.pdf
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3. Stewart, Christine, et al. "Changes in Coding of Suicide Attempts or Self-Harm With Transition from ICD-9 to ICD-10." *Psychiatric Services*, vol. 68, no. 3, Mar. 2017, p. 215.

**THIS YEAR'S REPORT IS DEDICATED TO ALL THE HARD WORKING
AND AMAZING TSPN STAFF AND INCREDIBLE VOLUNTEERS
ALL ACROSS OUR GREAT STATE.**

WE THANK YOU!

NORTHWEST REGION



Director
Tosha Gurley
tgurley@tspn.org
731-415-3812



Northwest Regional Director, Tosha Gurley, pictured with several regional volunteers from Rural West Tennessee. From left to right: Stacie Fernandez, Sean Jones, Northwest Regional Chair and Dana Cobb.



Megan Gaylord and Glen Gaugh, supporting the documentary "Suicide the Ripple Effect" at the Huntingdon Court Theater October 8, 2019.



Carroll County Mayor, Joseph G. Butler providing welcoming remarks for the documentary "Suicide the Ripple Effect".



ASIST training held at Bethel University, with Trainers Tosha Gurley, Northwest Regional Director and Will Taylor.



Tosha Gurley, Northwest Regional Director pictured with Stephanie Archer-Bolin, Survivor of Suicide Loss shared her journey with attendees at "Suicide the Ripple Effect" held October 8, 2019.



Be a Hero (Help Everyone Reach Out) Art Competition held at Bethel University, 1st Place Winner, Jeremiah Olson with his family.

SOUTHWEST REGION



Director
Lindsey Carr
lcarr@tspn.org
731-988-6813



Lindsey Carr, Southwest Regional Director, and Jaime Harper co-facilitated an ASIST Training in Jackson, TN in December 2019. Pictured right are Amy Bechtol, Jaime Harper, Tyler Carr, Kristen Wilson, and Lindsey Carr.



Eileen Wallach and Lindsey Carr pose near the "Your Heart on Art" display at the Adamsville event, "No One Stands Alone" in September 2019.



Staff members of Behavioral Health Initiatives in Jackson, TN participate in the "Speak Up, Save Lives" campaign for Suicide Prevention Awareness Month.



Local QPR Presentations in Southwest, TN led by Lynn Julian and Lindsey Carr!

MEMPHIS/SHELBY COUNTY REGION



Director
Justin Johnson
jjohnson@tspn.org
901-515-7940



Pictured in the center is TSPN Memphis/Shelby County Regional Chair Dr. Audrey Elion posing with regional members during her region's September conference.



Kay Witherspoon, Renee Brown, and Memphis/Shelby County TSPN Advisory Council member Jon Jackson traveled to Nashville to attend the TSPN statewide symposium.



Each September, regional members in Memphis/Shelby County host a conference during National Suicide Awareness Month. Pictured is September's 2019 conference, "Live to Tell: Saving Lives in Memphis/Shelby County".

MID-CUMBERLAND REGION



Director
Grace Eakin
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865-617-1301

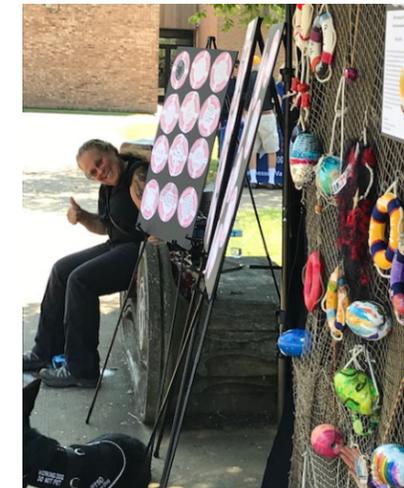


MHRS Chairman Joseph Chatman, III with Representative Jason Hodges and Misty Leitsch at the annual PAIIE Conference. Perspectives and Understanding Suicide Experiences, Races and Cultures Exploring Suicide



The International Wall of Suicide Dedication Ceremony. TSPN's Advisory Council Chair Anne Stamps with Karyl and Ronnie Chastain-Beal.

Trousdale County event, known as Trousdale Remembers, held in September 2019. Pictured are Melody Bowers and Debbie Martin, both survivors.



Break the Silence event on campus of Volunteer State in Gallatin. Eileen Wallach offering her support.

SOUTH CENTRAL REGION



Director
 Mary Anne Christian
 mchristian@tspn.org
 931-629-2746



Pinewood Springs Grand Opening in Columbia, TN. Mary Anne Christian, SC Regional Director, Jennifer Harris, Advisory Council, Emeritus, Kathy Watts, Maury Regional Medical Center, and Kelly Tucker, SC Regional Chair.



Tullahoma City Schools Counselors received training on the Columbia Suicide Severity Rating Scale (C-SSRS).



Living in Friendship and Togetherness, Lincoln County (LIFT-LC), a student led organization shared their message of positivity and hope to their fellow students at Lincoln County High School.

UPPER CUMBERLAND REGION



Director
 Michael Anderson
 manderson@tspn.org
 931-261-5386



Regional Chair, Anne Stamps, and Mike Anderson met with State Representatives Kelly Keisling (left), Ryan Williams (right) and John Mark Windle (not pictured) in April, to advise them on the effect of suicide upon the Region.



The Region participated in the Cookeville Christmas Parade as "Frosty & Friends" to raise awareness throughout the Region. From left: Mike Anderson, India Akins, Anne Stamps, Brenda Harper, Randi Finger and Greg Staton (not pictured).



Stephanie Voris and Mike Anderson (at left) greet attendees to the Region's annual Light to Hope Event in September. The event (at right) received the largest attendance in its fourteen year history.



The Region had successful outreach with mutiple schools and youth-specific organizations. Volunteers from John and Laura St.Clair's B.E.D.S. Teen Outreach Center of McMinnville meet for a Question, Persuade, Refer Suicide Prevention Training.

SOUTHEAST REGION



Director
 Rachel Gearinger
 rgearinger@tspn.org
 614-315-4818



Send Silence Packing display by Active Minds at University of Tennessee at Chattanooga in October 2019



Southeast Regional Advisory Council chair speaks at the Saving Those Who Save first responder conference in September 2019.

Hamilton county mayor Jim Coppinger presents the September 2019 Suicide Prevention Awareness Month proclamation at the Those Who Save Conference.



Centerstone staff Rachel Hatchett and Lauren Young gather around McMinn county mayor John Gentry as he signs the proclamation making September 2019 Suicide Prevention Awareness Month.



Emeritus Advisory Council member Sam Bernard and Southeast Regional Director Rachel Gearinger pass out information at Tennessee Valley Pride in October 2019.

EAST REGION



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Pellissippi State Community College Counseling Services staff and East Tennessee Regional Director, Sarah Walsh, gather around President Dr. L. Anthony Wise, Jr. as he signs a proclamation making September 2019 Suicide Prevention Awareness Month.



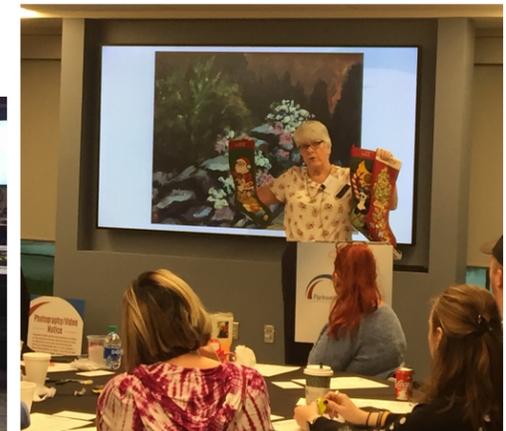
Mental Health Association of East Tennessee staff shown wearing their "Speak Up, Save Lives" shirts. From left to right: Ben Harrington, Toby Lopez, Tina Wilder, and Caitlin Ensley.



Local Artists perform at Open Chord in Knoxville for the Third Annual TSPN Benefit Concert in September 2018.



Survivors of Suicide Loss Day November 2019: Individuals who have lost someone to suicide joined in observance of support and healing to hear stories of sorrow and strength. The presenters included Nancy McGlasson (shown right), Christinea Beane, East Tennessee Regional Director Sarah Walsh, and Jamie Tworowski, Founder of To Write Love on Her Arms.



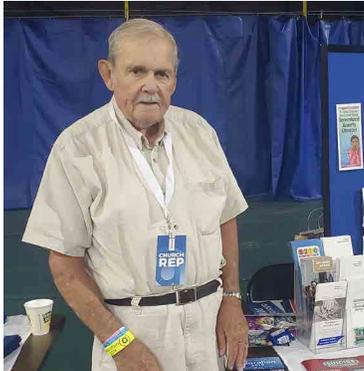
NORTHEAST REGION



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NORTHEAST REGION



Advisory Council member Jack Stewart provides information and resources at Adoration 2019 in Johnson City.



Dr. Drew Turner presenting a QPR training at East Tennessee State University.



Miss Carter County USA Chesnie Cox at a TSPN exhibit at a Johnson City Cardinals baseball game in August 2019.



2019 Suicide Prevention Awareness and Memorial Walk held at East Tennessee State University.



Jason Abernathy educates community members at a Tennessee Day of Hope event on March 10th, 2020.



Northeast Regional Director Molly Colley facilitates a Question, Persuade, Refer Training for students at Bill Gatton College of Pharmacy.



A Northeast Regional TSPN Meeting at Johnson City Medical Center.