



## Youth Suicide is on the Decline Commitment and Efforts Must Remain Strong to Continue Trend

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### Contents

Youth Suicide .....	1
National Action Alliance....	4
Suicide Risk Factors .....	5
Second Look Commission	6

### Calendar of Events

Events relating to helping children are available at: [www.tn.gov/tccy/webcalen.pdf](http://www.tn.gov/tccy/webcalen.pdf).

### TCCY

For more information on the Tennessee Commission on Children and Youth and its programs, check out the website at [www.tn.gov/tccy](http://www.tn.gov/tccy).

### Tennessee Commission on Children and Youth

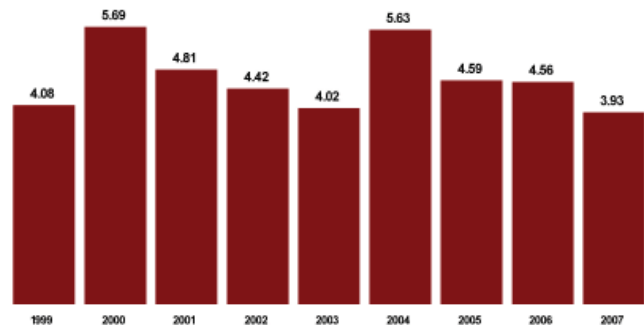
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Tennessee has worked diligently for more than a decade to combat the silent epidemic of youth suicide. A defining moment was the development of the Tennessee Suicide Prevention Network (TSPN) in 2001. TSPN is a coordinated network comprising eight regional groups throughout the state. Other notable statewide suicide prevention initiatives include assistance by the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) to the Jason Foundation in providing suicide prevention curricula in many Tennessee schools and Tennessee's role as the host state for the "National Suicide and the Black Church Conference" held in Memphis every two years, with the next one scheduled for 2011.

In Tennessee, an estimated 850 men, women and youth die by suicide each year – more than the number who die from homicide, AIDS or drunk driving combined. Each year in Tennessee 90 to 100 of these deaths, on average, are youth between the ages of 10 to 24. Despite an increase of 17 percent in the suicide rate for all

### Tennessee Youth Suicide Death Rates 1999 to 2007

Youth Ages 10 to 19, Rates Per 100,000



Source: Center for Disease Control, National Center for Injury Prevention.

Continued on Page 2.

## Youth Suicide

Continued from Page 1.

ages between 2004 and 2008, youth suicide has declined by more than one-third during the same time period.

Despite the decline, suicide continues to remain the third leading cause of death among youth and young adults ages 10 to 24 in Tennessee and throughout the entire nation. The rate of suicide in Tennessee is 14 per 100,000 individuals, higher than the national average of 11 per 100,000 individuals, placing Tennessee's suicide rate at 19th in the nation.

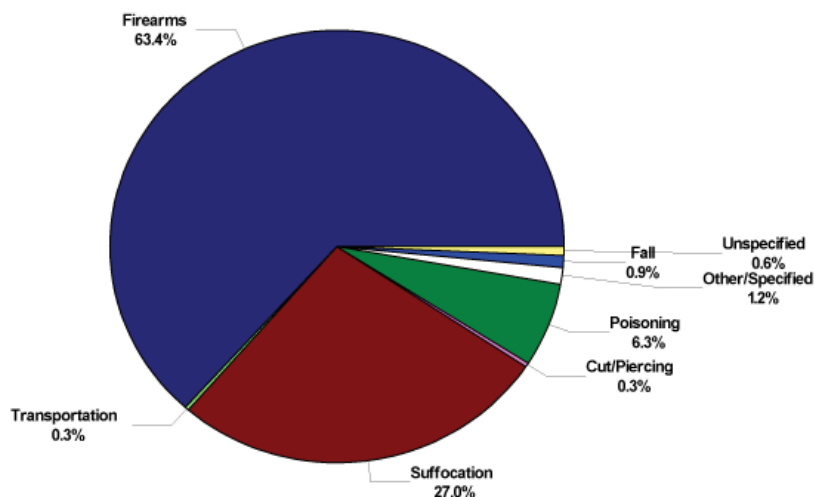


### Tennessee Lives Count

TDMHDD is also the federal grant recipient for the Tennessee Lives Count (TLC) project providing Gatekeeper Training to more than 19,000 adults who work with youth at high risk for suicide. Gatekeepers are trained to recognize the early warning signs of suicide and how to access community resources. The public service announcement for the TLC project doubled calls to the National Suicide Prevention Lifeline for Middle Tennessee (1-800-273-TALK or 8255).

TSPN and TLC actively promote the Lifeline in various ways. The Lifeline serves as a national prevention resource for those individuals who may be considering suicide and those wishing to help a friend or loved one. Callers to the toll-free number are routed to a local crisis center in their area providing support, resources and assistance 24 hours a day, seven days a week.

### Tennessee Suicides 1999 to 2007 by Method of Death Ages 10 to 19



Source: Center for Disease Control, National Center for Injury Prevention.

In Tennessee, more than 60 percent of youth suicides are caused by firearms. Researchers have found restricting a young person's access to firearms and other lethal means, such as prescription medicines, can prevent tragedy by reducing the possibility of the young person making an impulsive fatal decision. Substance use and abuse has also been noted in more than 50 percent of suicides and should be noted as a key risk factor. (See related article page 5.)

### Mental Illness and Suicide: Suicide is Preventable

Ninety percent of suicides result from unrecognized, untreated or poorly treated mental illness and can be said to be the terminal outcome of certain mental illnesses. Suicide is the leading cause of violent deaths worldwide, above homicide and death due to natural disasters.

Continued on Page 3.


# Youth Suicide

## Take 5 to Save Lives

The National Council on Suicide Prevention has recently started an online initiative to assist citizens in learning the warning signs and resources available to assist people in need and ultimately save lives. Visitors logging on to [www.take5tosavelives.com](http://www.take5tosavelives.com) are connected to resources available in their area and information about suicide warning signs. They are also prompted to share this information through various social media such as Facebook and Twitter.

Suicide does not discriminate; no community is immune. More suicides occur among the workforce than any other demographic, and the majority of those who die by suicide have seen their primary health care provider in the month prior to their death.

Despite the decline in youth suicides, the work is not complete. Tennesseans must stay the course and continue to work to eradicate youth suicide completely.




**Five Steps**

1. Learn the warning signs for suicide.
2. Join the online movement to prevent suicide.
3. Spread the word.
4. Support a friend.
5. Reach out if you need help.

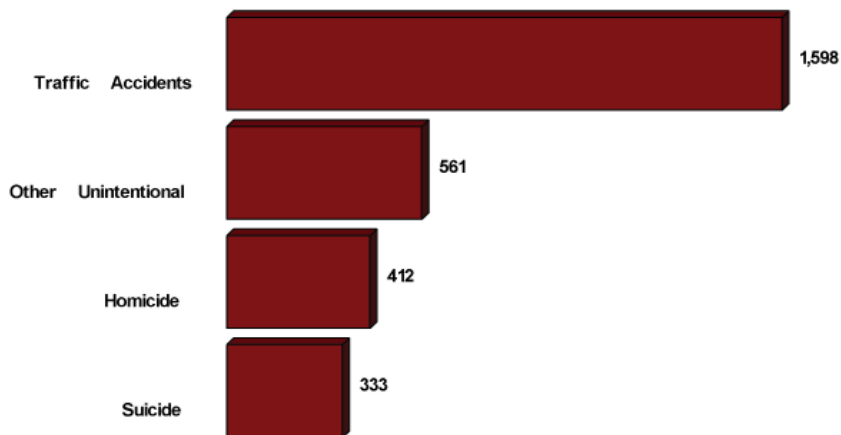
[www.take5tosavelives.com](http://www.take5tosavelives.com)

So take five minutes to learn about suicide, share the information with family and friends, and possibly save a life.

Suicide can be prevented, and education about mental health and mental illness is essential to ensure individuals seek early, effective and needed help for themselves or their loved ones. 

The Tennessee Commission on Children and Youth Cindy Durham, Chair Nashville	
Phil Acord Chattanooga	Trudy Hughes Maryville
Natasha Blackshear Nashville	Carlton Lewis Nashville
Sidney Bynum Nashville	Harold M. Love, Jr. Nashville
Leon Caldwell Collierville	Diane Neighbors Nashville
Lindsay Callahan Cookeville	Timothy A. Perry Kingsport
Janell Clark Cookeville	Mary Anne Poe Jackson
Joshua Conner Nashville	James Roland Reid Brownsville
Beverly Cosley Chattanooga	Colonel J.A. Robbins Nashville
Erica Gilmore Nashville	Tawny R. Spinelli Nashville
Tim Goldsmith Bartlett	Dwight Stokes Sevierville
Susan Lawless-Glassman Germantown	Joy Strickland Johnson City
Marti Herndon Martin	Nancy Williams Memphis
Denise Hobbs-Coker Shelbyville	Linda O'Neal Executive Director

## Top Causes of Death in Tennessee 1999 to 2007 Ages 10 to 19



Source: Center for Disease Control, National Center for Injury Prevention.



# U.S. Accelerates Suicide Prevention with National Action Alliance Leadership

Public-Private Collaboration Forges Next-Generation Partnerships to Address  
a Major Public-Health Threat in America

On September 10, 2010, World Suicide Prevention Day, Health and Human Services Secretary Kathleen Sebelius and Department of Defense Secretary Robert M. Gates announced an acceleration of efforts to respond to the most preventable public health tragedy in our nation: suicide. Together they announced the founding membership of the executive committee and public and private sector co-chairs of the National Action Alliance for Suicide Prevention. “This alliance gives us an opportunity to engage every sector of society – public, private and philanthropic,” said HHS Secretary Sebelius. “Now we will be able to work together more effectively than ever before to reach people at risk and help them stay safe.”



Secretary Robert M. Gates announces participation of the U.S. Department of Defense in the National Action Alliance for Suicide Prevention.

Secretary Gates added, “As Secretary of Defense, my top institutional priority is taking care of those who have borne the burden and paid the price for protecting our nation, including doing everything possible to prevent military suicides. It’s always a horrible tragedy to see a service member safely off of the battlefield only to lose them to this scourge – we can, must and will do better.”

Leading the Action Alliance as private sector co-chair is former U.S. Senator Gordon H. Smith, currently president and CEO of the National Association of Broadcasters in Washington, DC. Representing the public sector as a co-chair is the Secretary of the Army, John McHugh.

“The time has come for our country and its leaders to take seriously the threat of suicide. We have lost too many to suicide – young, old, current and former service members, and many others. I am honored to be the private sector co-chair of the Action Alliance, which will create the nation’s roadmap to ending suicide. As a father who lost his son, I am committed to seeing the Alliance succeed,” noted Senator Smith. The Garrett Lee Smith Memorial Act of 2004 (GLSMA) is named for Senator Smith’s son. Tennessee was one of the first 13 states to receive a GLSMA grant entitled the Tennessee Lives Count Project.

“The global problem of suicide deserves a unified approach to prevention,” said McHugh. “We may never completely eradicate suicide, but we will not be deterred from focusing our best efforts each and every day on preventing this tragedy.”



The National Action Alliance for Suicide Prevention provides an operating structure to catalyze planning, implementation and accountability for updating and advancing the National Strategy for Suicide Prevention. Out of this alliance will grow advancements for practitioners, policymakers, service providers, communities, families, agencies and other partners that play a vital role in reducing the burden of suicide in America.

Continued on Page 5.


## Action Alliance

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Creating the Action Alliance was a key recommendation of the National Strategy for Suicide Prevention (2001). The Action Alliance will build on noteworthy achievements reached thus far in national suicide prevention. These achievements include federal and state legislation that has advanced suicide prevention planning and programming; programs to improve detection of suicide risk and access to care; the establishment of the national Suicide Prevention Resource Center, a national Best Practices Registry for Suicide Prevention and the Suicide Prevention Lifeline (1-800-273-TALK); and development of the National Violent Death Reporting System.

Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD)

Commissioner Virginia Trotter Betts served


on the National Action Alliance Planning Group. This group worked to select co-chairs and other executive members of the Alliance. Prior to her role with TDMHDD, Commissioner Betts served with then Surgeon General Dr. David Satcher, who authored the initial call to action to prevent suicide, including the original National Strategy for Suicide Prevention. 

**NOTE:** Dustin Keller edited this report from the U.S. Department of Health and Human Services to include state information.

## Suicide Risk, Guns and Mental Illness

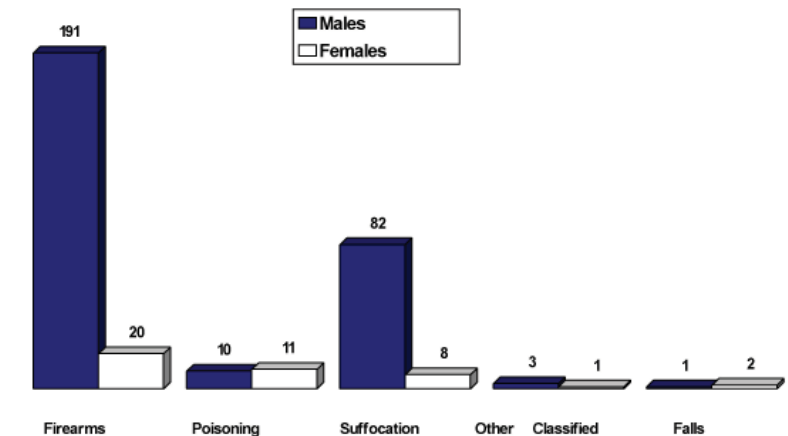
Research has also linked youth suicide to access to means of destruction, notably guns (<http://www.hsph.harvard.edu/means-matter/means-matter/risk/index.html>). However, research finding a correlation between two conditions does not show causation. A study of gun purchasers found the risk of death by suicide the first week after a purchase was 57 times that of the general population. In the year following their gun purchase, more than half the deaths of women ages 21 to 44 were by suicide.

Research has looked at other possible causes of this relationship. One study looked at the issue from the other perspective: Do owners of guns experience mental illness to a greater extent?

A study by University of Pennsylvania researcher (<http://erx.sagepub.com/content/32/3/239>) looked at two identified risk factors in suicide: mental illness and living in a household that contains a gun. Using the General Social Survey conducted by the National Opinion Research Center, it looked at self reports of mental health treatment seeking and mental health and household gun ownership. The study found no consistent relationship between reports of mental distress and gun access. These results reinforce the conclusion that access to lethal means, especially guns, the most common means of suicide, contributes to a higher risk of suicide. 

## Tennessee Suicides by Method and Gender

Ages 10 to 19, 1999 to 2007



Source: Center for Disease Control, National Center for Injury Prevention.



## TCCY Regional Councils

### Northeast Tennessee Council

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### Upper Cumberland Council

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### Mid-Cumberland Council

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### Southwest Tennessee Council

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### Memphis/Shelby Council

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## Creating Solutions Initiative Begins



TCCY Chair Cindy Durham welcomes participants in the initial Creating Solutions state budget policy forum. A subsequent planning session was held October 12, and another forum is scheduled for November 16 in Knoxville. For more information on the efforts, contact TCCY or [www.tennbudget.com](http://www.tennbudget.com).

## Second Look Commission Begins Work

TCCY has a new program intended to improve child protective services and keep children safer. The Tennessee Second Look Commission will view a sample of cases involving a second or subsequent incident of severe child abuse. The purpose of the review is to determine if victims of severe child abuse in Tennessee are provided adequate protection and recommend improvements.

Craig Hargrow, who has extensive experience working in child welfare, is the director of the Second Look Commission. Hargrow has served as a guardian ad litem (GAL) for children and a staff attorney for the Department of Children's Services. He most recently served as a part-time magistrate for Montgomery County Juvenile Court and practices law part-time, including some guardian ad litem (GAL) work.

In addition to examining the state's response to existing incidents of abuse, the group will also make recommendations about the causes of severe child abuse in Tennessee and any preventative measures that would reduce the number of severe child abuse cases in the state.

Membership in the Second Look Commission, according to the legislation creating it, will include the directors of the Tennessee Bureau of Investigation and the Administrative Office of the Courts; the executive directors of the Tennessee Commission on Children and Youth, the Select Committee on Children and Youth, the Tennessee Chapter of Children's Advocacy Centers; the commissioner of the Department of Children's Services (or their designees); two members of the House of Representatives; two state senators; two law enforcement officers; a district public defender, a district attorney general; a physician; an attorney; and two advocates for children from the nonprofit arena. The members all, because of their position or experience, have expertise in child welfare.

The first report to the Legislature is due before the end of the year, with more extensive recommendations due annually beginning in 2012. More information is available at <http://state.tn.us/sos/acts/106/pub/pc1060.pdf>