

# SUICIDE PREVENTION

## EAST REGION

Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson,  
Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier & Union Counties



## RESOURCE DIRECTORY

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*"Saving Lives in Tennessee"*



Department of  
**Mental Health &  
Substance Abuse Services**

# TENNESSEE SUICIDE FACTS

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

Rural areas of Tennessee generally experience higher suicide rates than metropolitan or urban areas due to lower levels of social integration and reduced availability and access to public and mental health resources.

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

COUNTY	2014	2015	2016	2017	2018
Anderson	9 (11.9)	16 (21.1)	17 (22.4)	11 (14.4)	13 (17.0)
Blount	15 (11.9)	14 (11.0)	27 (21.0)	29 (22.3)	27 (20.6)
Campbell	6 (15.0)	6 (15.1)	7 (17.6)	10 (25.2)	12 (30.3)
Claiborne	8 (25.3)	8 (25.2)	11 (34.6)	6 (19.0)	9 (28.4)
Cocke	7 (19.8)	13 (37.0)	8 (22.7)	6 (16.9)	6 (16.8)
Grainger	6 (26.3)	3 (13.1)	5 (21.7)	1 (4.3)	4 (17.3)
Hamblen	6 (9.5)	19 (30.0)	21 (32.9)	10 (15.6)	16 (24.8)
Jefferson	4 (7.6)	6 (11.3)	9 (16.8)	9 (16.7)	7 (13.0)
Knox	66 (14.7)	67 (14.8)	72 (15.8)	83 (18.0)	90 (19.3)
Loudon	12 (23.6)	11 (21.5)	4 (7.8)	6 (11.5)	6 (11.3)
Monroe	6 (13.3)	11 (24.0)	13 (28.3)	8 (17.3)	9 (19.4)
Morgan	2 (9.2)	6 (27.9)	7 (32.5)	4 (18.5)	4 (18.5)
Roane	9 (17.1)	14 (26.5)	12 (22.7)	19 (35.8)	17 (32.0)
Scott	6 (27.3)	5 (22.8)	9 (41.0)	9 (40.9)	5 (22.7)
Sevier	19 (20.0)	18 (18.8)	20 (20.7)	29 (29.7)	16 (16.3)
Union	6 (31.4)	5 (26.2)	9 (47.0)	4 (20.6)	3 (15.2)
TENNESSEE	945 (14.4)	1065 (16.1)	1,110 (16.2)	1,163 (17.3)	1,159 (17.1)
NATIONAL	42,773 (13.0)	44,193 (13.3)	44,965 (13.9)	47,137 (14.0)	48,334 (14.2)

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

*This number includes only reported suicides and may actually be somewhat higher.*



Surviving family members not only suffer the loss of a loved one to suicide, but are also themselves at higher risk of suicide and emotional problems.

If you or someone you know is fighting to stay alive, battling against suicidal thoughts, don't fight alone. Call **855-CRISIS-1 (855-274-7471)** and speak with a trained crisis counselor for free. You can also text "TN" to **741 741** and text with a trained crisis counselor for free. You can remain anonymous if you want.

# WARNING SIGNS

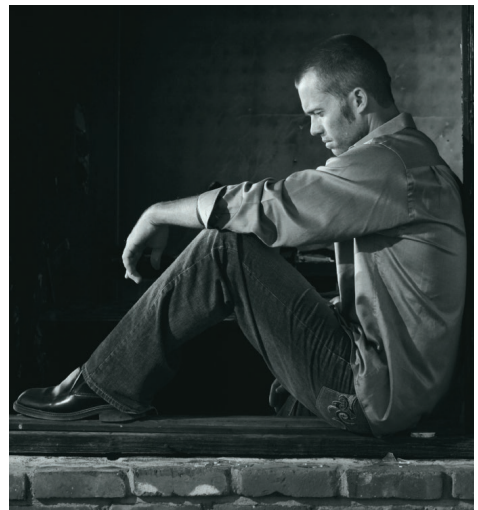
## UNTREATED DEPRESSION IS THE #1 CAUSE OF SUICIDE.

**Know the signs. You can make a difference.**

- Threatening or talking of wanting to hurt or kill him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide
- Displaying hopelessness
- Expressing rage or uncontrolled anger
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Expressing feelings of being trapped – like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends and family
- Exhibiting anxiety and/or agitation
- Experiencing disturbances in sleep patterns (e.g., unable to sleep or sleeping all the time)
- Displaying dramatic mood changes
- Giving away prized possessions
- History of previous suicide attempts or suicidal behaviors

### **Frequently, suicidal persons:**

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat, or work
- Can't get out of the depression
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control
- Can't ask directly for help



# DEPRESSION SCREENING TOOL

Please feel free to use the depression screening tool below to see if you or a loved one needs help. Make as many copies as needed.

## The Hands Screening Tool

*adapted from*

*The Harvard Department of Psychiatry/National Depression Screening Day Scale*

Scoring      0      1      2      3

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

If total score is nine (9) or above, contact your doctor and/or mental health professional.

**NOTE:** Further evaluation is suggested for any individual who scores 1 or more on question 9, regardless of the total score.

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For more information about online depression and mental health screenings, visit [ichope.com](http://ichope.com)



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

# MENTAL HEALTH EMERGENCY RESOURCES

*If you or someone you know is experiencing a suicidal crisis and needs immediate help please call one of these resources. All are available 24 hours a day, 7 days a week.*

## **Toll-Free Adult Statewide Crisis Telephone Line 1-855-CRISIS-1 or 1-855-274-7471**

or look for your county in the list below:

<b>Cherokee Health Systems</b> <i>Claiborne, Cocke, Grainger, Hamblen, Jefferson, and Union Counties</i>	(800) 826-6881	18 and older
<b>CONTACT Care Line</b> <i>Anderson, Blount, Grainger, Jefferson, Knox, Loudon, Roane, Sevier, and Union Counties</i>	(865) 584-4424	
<b>Helen Ross McNabb Center</b> <i>Blount, Knox, Loudon, Monroe, and Sevier Counties</i>	(865) 539-2409	All Ages
<b>Peer Recovery Call Center</b> <i>Entire East Tennessee Region</i>	(865) 584-9125	
<b>Ridgeview Behavioral Health Services</b> <i>Anderson, Campbell, Morgan, Roane, and Scott Counties</i>	(800) 870-5481	18 and older
<b>TN Crisis Line</b> <i>Entire East Tennessee Region</i>	(855) 274-7471	
<b>Youth Villages</b> <i>Anderson, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Morgan, Roane, Scott, and Union Counties</i>	(866) 791-9224	Ages 5-17

## **Regional Psychiatric Hospitals**

<b>Blount Memorial Hospital</b> <b>Emotional Health and Recovery Center</b> <i>Maryville</i>	(865) 981-2300	18 and older
<b>Peninsula Hospital</b> <i>Louisville</i>	(865) 970-9800	18 and older
<b>Ridgeview Behavioral Health</b> <i>Oak Ridge</i>	(800) 834-4178	18 and older

**CRISIS TEXT LINE |**

**Text "TN" to  
741 741**

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

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

# COMMUNITY RESOURCES

Police .....	911
Adult Protective Services .....	(888) 277-8366
Alcoholics Anonymous .....	(865) 522-9667
Blount United Way (trauma-based therapy).....	(865) 981-2000
Camelot Care Center .....	(865) 481-3972
Cherokee Health .....	(865) 670-9231
Cornerstone of Recovery .....	(865) 970-2189 or (855) 925-HOPE (4673)
Covenant Counseling (Christian & Clinical Counseling).....	(865) 337-7375
Department of Children's Services .....	(865) 329-8879
East Tennessee Council on Children and Youth .....	(865) 594-6658
Florence Crittenton Agency .....	(865) 602-2021
Focus Treatment Centers-Knoxville .....	(800) 675-2041
Forget You Not .....	(865) 208-3004
GLBT National Help Center .....	(888) THE-GNHC (843-4564)
Health Connect America.....	Knoxville (865) 247-7045 / Morristown (865) 839-2550
Helen Ross McNabb Center .....	(800) 255-9711
Hope Resource Center (pregnancy support) .....	(865) 525-4673
Jason Foundation .....	(888) 881-2323
Knox Area Rescue Ministries .....	(865) 673-6540
Knox County Health Department .....	(865) 215-5000
Mental Health Association of East Tennessee .....	(865) 584-9125
Metro Drug Coalition .....	(865) 588-5550
NAMI Tennessee .....	(800) 467-3589
Narcotics Anonymous .....	(865) 583-3536
Omni Community Health .....	(877) 258-8795
Peninsula Hospital.....	(865) 970-9800
Peninsula Outpatient Services .....	(865) 970-9800
Ridgeview Behavioral Health .....	(800) 834-4178
Runaway Shelter/Safe Place .....	(865) 523-2689
Sexual Assault Center of East Tennessee .....	(865) 522-7273
Senior Behavioral Health at Parkwest Medical Center .....	(865) 373-8187
System of Care Across Tennessee.....	(615) 532-6700
TennCare Advocacy Program .....	(800) 722-7474
TennCare Transportation .....	(800) 775-8726
Tennessee Department of Human Services.....	(865) 981-2350
Tennessee Partners Advocacy Line .....	(800) 758-1638
Tennessee Mental Health Consumer's Association.....	(888) 539-0393
The Trevor Project (LGBTQI youth crisis line) .....	(866) 4-U TREVOR (488-7386)
US DHHS Substance Abuse Treatment Locator .....	(800) 662-4357
Youth Villages .....	(866) 791-9224

# ON-LINE RESOURCES

American Association of Suicidology.....	<a href="http://suicidology.org">suicidology.org</a>
American Foundation for Suicide Prevention (AFSP) .....	<a href="http://afsp.org">afsp.org</a>
Depression and Bipolar Support Alliance .....	<a href="http://dbsalliance.org">dbsalliance.org</a>
The Jason Foundation.....	<a href="http://tspn.org/curricula">tspn.org/curricula</a>
The Jed Foundation.....	<a href="http://jedfoundation.org">jedfoundation.org</a>
kidcentral tn .....	<a href="http://kidcentraltn.com">kidcentraltn.com</a>
Mental Health Association of East Tennessee .....	<a href="http://mhaet.com">mhaet.com</a>
NAMI Tennessee .....	<a href="http://namitn.org">namitn.org</a>
National Organization for People of Color Against Suicide (NOPCAS) .....	<a href="http://nopcas.org">nopcas.org</a>
Parents of Suicide .....	<a href="http://parentsofsuicide.com">parentsofsuicide.com</a>
<b>SAMHSA's National Mental Health Information Center</b>	
Center for Mental Health Services .....	<a href="http://mentalhealth.org">mentalhealth.org</a>
Sibling Survivors of Suicide .....	<a href="http://siblingsurvivors.com">siblingsurvivors.com</a>
Suicide Prevention and Resource Center (SPRC) .....	<a href="http://sprc.org">sprc.org</a>
Tennessee Mental Health Consumer's Association.....	<a href="http://tmhca-tn.org">tmhca-tn.org</a>
Tennessee Statewide 2-1-1 Resource Network .....	<a href="http://211tn.org">211tn.org</a>
Tragedy Assistance Program for Survivors .....	<a href="http://taps.org">taps.org</a>
U.S. Department of Veterans Affairs .....	<a href="http://va.gov">va.gov</a>
World Health Organization (WHO).....	<a href="http://who.int/en">who.int/en</a>

## REGIONAL HEALTH DEPARTMENTS

Knox County Health Department.....	<a href="http://knoxcounty.org/health">knoxcounty.org/health</a>
All other East Tennessee Counties .....	<a href="http://tn.gov/health/health-program-areas/localdepartments.html">tn.gov/health/health-program-areas/localdepartments.html</a>

# SURVIVORS OF SUICIDE LOSS

## Advice For Survivors

- Even if you feel that you cannot survive, know that you can.
- Feelings of shock, guilt, blame, anger, relief, depression, and isolation are common responses to grief. These emotions can be overwhelming but know that they are normal.
- Each survivor grieves in their own way and at their own pace.
- Seek out people who are willing to listen without judging.
- Remember that many people are affected by suicide.
- Seek professional help if needed.
- Take care of yourself – physically, mentally, emotionally, and spiritually.
- This is the hardest thing you will ever do. Be patient and do not try to do it by yourself.
- Remember that HEALING TAKES TIME.

## SOSL Can Help

- Survivors of Suicide Loss group meetings are open to anyone who has lost a loved one through suicide or who is helping someone who has lost a loved one through suicide.
- Survivors need a safe place to explore their feelings of grief and anger, to raise questions and doubts.
- We are here whenever the survivor is ready for us and for as long as he or she needs us.
- We understand that the grieving process is hard work.
- Members have all been there and are often the only ones who can truly understand the survivor.
- Survivors can attend an SOSL meeting the day of the funeral, a few months after, or even years later.
- Survivors are free to talk or just listen.

## Resources

- Families and Friends of Suicide Loss
- Parents of Suicide
- Sibling Survivors of Suicide
- Suicide Free online resources
- Find a support group

[Pos-ffos.com](http://Pos-ffos.com)

[ParentsofSuicide.com](http://ParentsofSuicide.com)

[SiblingSurvivors.com](http://SiblingSurvivors.com)

[SuicideFree.org](http://SuicideFree.org)

[tspn.org/for-survivors-of-suicide](http://tspn.org/for-survivors-of-suicide)



# NEED TRAINING?

More information about all of these programs is available in the Training and Education section of the TSPN website - [tspn.org/curricula](https://tspn.org/curricula).

## Programs for Adults



**QPR (Question, Persuade, Refer)** training helps both professionals and lay caregivers become more comfortable, competent and confident when dealing with persons at risk. Participants learn how their own attitudes about suicide can affect their efforts to help. They gain the knowledge and skill to recognize and estimate suicide risk, and learn how to intervene through role-playing and supervised simulations and how to create crisis networks out of existing local resources.

The **Columbia Suicide Severity Rating Scale (C-SSRS)** is a reliable, scientifically proven, and easily administered suicide risk assessment tool for use in a wide variety of settings with both adults and adolescents. It assesses the full range of evidence-based ideation and behavior, and requires **no mental health training** in order to use it.



CALM: Counseling on Access to Lethal Means

**CALM** is a 2-hour workshop designed to teach mental health counselors how to help clients at risk for suicide, as well as their families, be safer by reducing their access to lethal means, particularly (but not exclusively) firearms.

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



## Programs for Youth



**Mental Health 101** is a free program offered through the Mental Health Association of East Tennessee. It teaches middle and high school students how to recognize when they or a friend are struggling with a mental health issue, coping skills, and how to get help.

**Tennessee Voices for Children** offers free and voluntary mental health screenings to youth in the East Region via its **Youth Screen** program. This user-friendly, voluntary, and confidential computer-based screening instrument helps screeners identify mental health, suicide, and substance misuse risks that could interfere with health, well-being, and overall functioning.



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



The Jason Foundation, Inc.

Keeping More Than Dreams Alive

# VETERANS' RESOURCES

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

## Suicide Signs Unique to Veterans

- Calling old friends, particularly military friends to say goodbye
- Cleaning a weapon that they may have as a souvenir
- Visits to graveyards
- Obsessions with news coverage of current military operations
- Wearing their uniform or part of their uniform, boots, etc., when not required
- Frequent talking about how honorable it is to be a soldier
- Sleeping more (sometimes the decision to attempt suicide brings a sense of peace of mind, and potential victims sleep more to withdraw)
- Becoming overprotective of children
- Standing guard over the house; this may take the form of staying up while everyone is asleep, staying up to watch over the house, or obsessive locking of doors and windows
- Stopping dosage of prescribed medication or hoarding medications
- Hoarding alcohol; this may include wine as well as hard alcohol
- Sudden spending sprees, buying gifts for family members and friends "to remember me by"
- Defensive speech: "you wouldn't understand," etc.
- Failure to talk to other people or make eye contact



**Text 838255**

Chat online:  
[veteranscrisisline.net/get-help/chat](https://veteranscrisisline.net/get-help/chat)

## WHERE TO GET HELP

Veterans who need immediate counseling should call the hotline run by Veterans Affairs professionals at **1-800-273-8255, and press "1"**, identifying themselves as Military Veterans. Staff members are specially trained to take calls from Military Veterans and are available 24 hours a day, everyday. While all operators are trained to help Veterans, some are also former military personnel.

**Make the Connection for shared experiences and support for Veterans**..... [maketheconnection.net](https://maketheconnection.net)

**State of Tennessee Department of Veterans Services**..... [tn.gov/veteran.html](https://tn.gov/veteran.html) or (615) 741-2435

**Knoxville VA Outpatient Clinic**..... (865) 545-4592

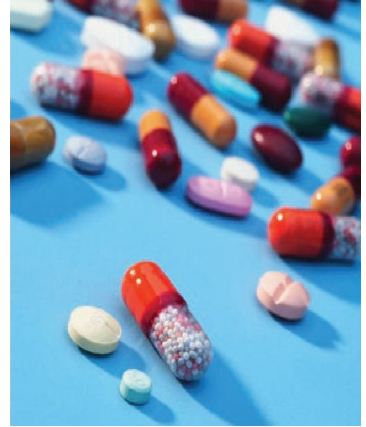
The Tennessee National Guard, in coordination with the Jason Foundation, Inc., and E4 Health, has created the "Guard Your Buddy" phone app to give the men, women, and families in the Tennessee National Guard immediate access to critical life resources, on-demand counseling, and on-call suicide prevention. You can download the app at [guardyourbuddy.com](https://guardyourbuddy.com)

## Veterans Service Offices

To locate your county Veteran Service Officer, please visit:  
Tennessee County Veterans Service Officer Association - [tcvsoa/directory](https://tcvsoa/directory)

# SUBSTANCE MISUSE AND SUICIDE

- According to the *International Handbook of Suicide and Attempted Suicide* (John Wiley and Sons, Ltd., 2000), between 25 and 55 percent of suicide victims have drugs and/or alcohol in their systems at the time of their deaths. The rise in drug misuse observed during the past thirty years is believed to be a contributing factor to the increase in youth suicide, particularly among males.
- Contrary to popular belief, major depression is more likely to develop after someone develops alcoholism rather than before.
- Psychological autopsies of suicide victims with substance misuse problems have shown that:
  - four-fifths had previously communicated suicidal intent through words and/or behavior
  - two-thirds also suffered from a major depressive disorder
  - half were unemployed
  - half had serious medical problems
  - and roughly one-third had attempted suicide previously (Murphy, 2000).
- A study published in the *American Journal of Epidemiology* found that the effects of substance use disorders on suicide attempts were not entirely due to the effects of co-occurring mental disorders, suggesting that substance misuse in and of itself is a suicide risk factor (Borges et al, 2000).
- Substance misuse can involve legal drugs, such as prescriptions, and misuse of these drugs has been linked to increased suicide risk – especially if combined with alcohol or illegal drugs (Harris and Barraclough, 1998).
- Teens who engage in high-risk behaviours (use of drugs, alcohol, and tobacco, along with sexual activity) report significantly high rates of depression, suicidal thoughts, and suicide attempts, according to a 2004 report funded by the National Institute of Drug Abuse. The report suggests that primary care physicians who find their adolescent patients are engaging in drugs or sex should consider screening them for depression and suicide risk.
- Men with a substance misuse disorder are 6.5 times more likely to die by suicide than those without one. Women with a substance misuse disorder are 6.5 times more likely to die by suicide than those without (Ilgen et al., 2010)
- Additionally, binge drinking among teens has been identified as a predictive factor of actual suicide attempts as compared to suicidal thoughts, even after accounting for high levels of depression and stress – possibly because binge drinking episodes frequently precede serious attempts (Windle et al, 2004).
- Up to 7 percent of alcoholics will eventually die by suicide, with middle-aged and older alcoholics at especially high risk (Conner and Duberstein, 2004).
- Both suicide and substance misuse has been noted as contributing factors to rising mortality rates among middle-aged Caucasians in the U.S. (Case and Deaton, 2015).



## WHAT TO DO

- When substance misuse co-occurs with depression and or suicidal tendencies, both the depression and the addiction need to be treated – one affects the other.
- You can contact the RedLine at **1-800-889-9789**
- You can also reach out to Tennessee Recovery Navigators - individuals in long-term recovery who meet patients who have recently overdosed and connect them with the substance misuse treatment and recovery services they need. Visit [tn.gov/behavioral-health/substance-abuse-services/treatment--recovery.html](https://tn.gov/behavioral-health/substance-abuse-services/treatment--recovery.html) for more information.



# ABOUT THE TENNESSEE SUICIDE PREVENTION NETWORK

TSPN is a grass-roots association which includes counselors, mental health professionals, physicians, clergy, journalists, social workers, and law enforcement personnel, as well as survivors of suicide and suicide attempts. TSPN works across the state to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate intention of reducing suicide rates in the state of Tennessee.

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

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

**For non-crisis suicide prevention information, contact**



*"Saving Lives in Tennessee"*

at (615) 297-1077 or refer to our website at [tspn.org](http://tspn.org).

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

**TENNESSEE STATEWIDE CRISIS LINE**

**There is hope.**

**855-CRISIS-1 (855-274-7471)**

