



Tennessee Suicide Prevention Network

MARY ANNE CHRISTIAN, ED.S.

SOUTH CENTRAL REGIONAL DIRECTOR



Pre-Survey



“Saving Lives in Tennessee”

- Today's Date: 11/28/2023
- Which Gatekeeper Training: SP
- Trainer's Name: Mary Anne Christian





GOALS





Who is TSPN?



"Saving Lives in Tennessee"

The Tennessee Suicide Prevention Network (TSPN) is a statewide organization working tirelessly to eliminate the stigma of suicide. Implementing the Tennessee Strategy for Suicide Prevention as defined by the 2001 National Strategy for Suicide Prevention, our efforts date back twenty years.

Prevention

- Suicide Prevention Trainings
- Advocacy / Public Policy
- Suicide Awareness and Outreach
- Task Forces Specific to Demographics that are at Risk

Intervention

- Crisis Direction and Counseling
- 911/Police/EMS
- Walk-In Centers
- Crisis Stabilization Units
- Hospitalization
- Detox

Postvention

- Support Groups and Online Groups
- Work with Media
- Works with Schools and Businesses
- Debriefing and Providing Resources



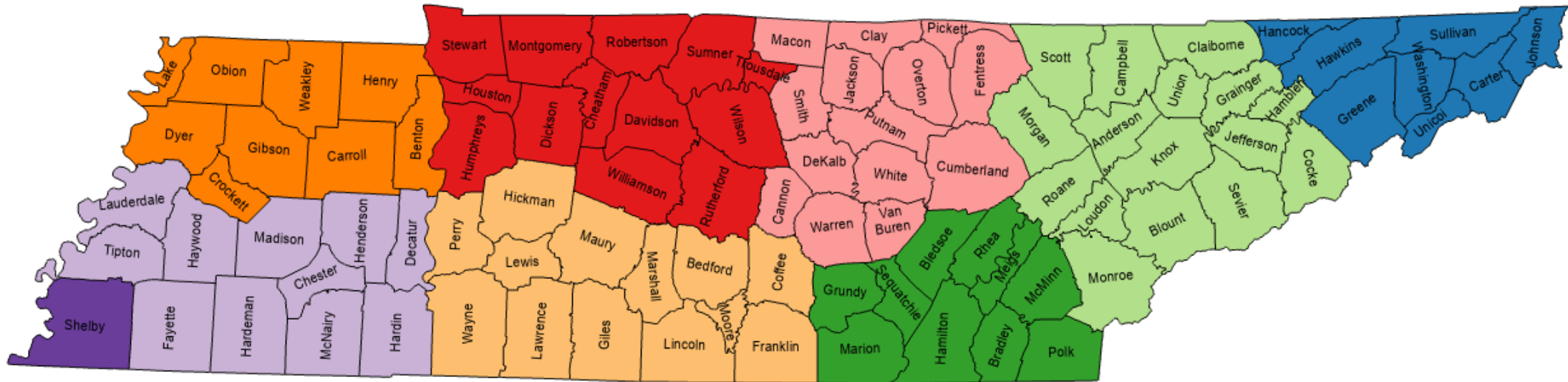
"Saving Lives in Tennessee"



Who is TSPN?

Tennessee Suicide
Prevention Network

"Saving Lives in Tennessee"



WEST TENNESSEE

Northwest Region

Emily Oswald

eoswald@tspn.org

Southwest Region

Emily Lunn

elunn@tspn.org

Memphis/Shelby County Region

Justin Johnson

jjohnson@tspn.org

MIDDLE TENNESSEE

Mid-Cumberland Region

South Central Region

Mary Anne Christian

mchristian@tspn.org

Upper Cumberland Region

Michael Anderson

manderson@tspn.org

EAST TENNESSEE

Southeast Region

East Region

Emily Hager

ehager@tspn.org

Northeast Region

Executive Director

Anna Sever

asever@tspn.org

629-333-5013



Facts About Suicide

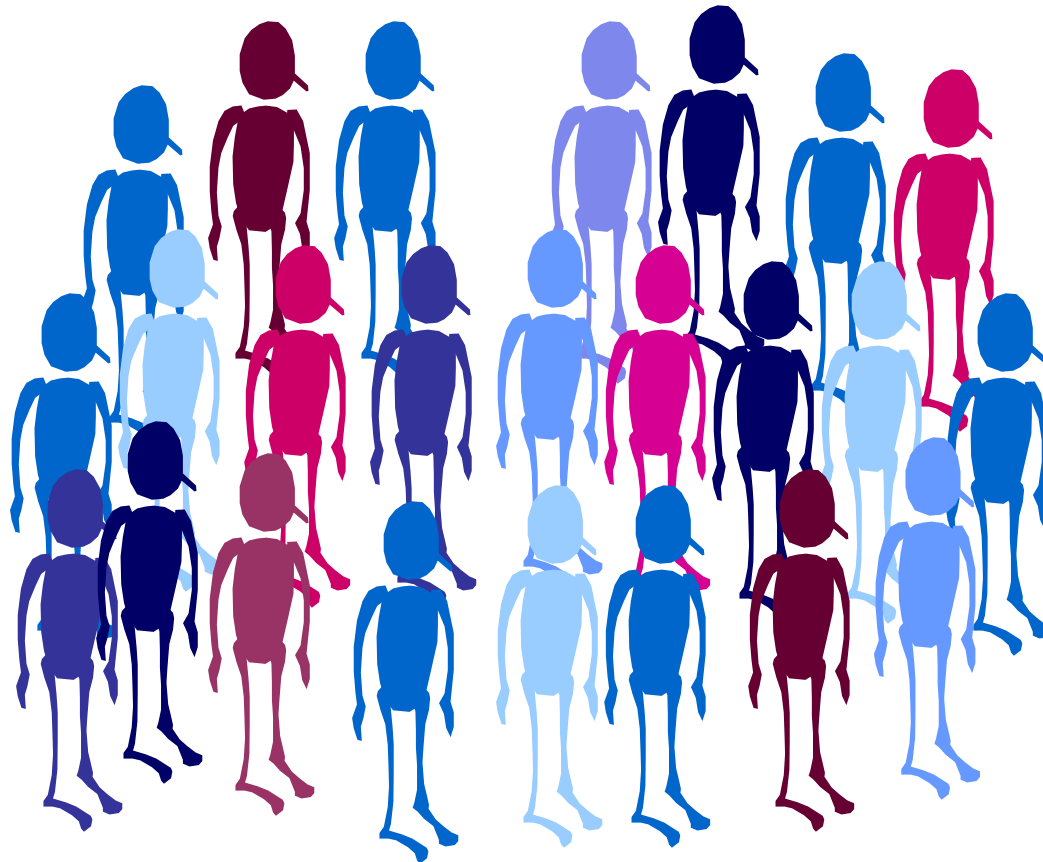


“Saving Lives in Tennessee”

- **49,449** people died by suicide in 2022 in the United States.
- **1,219** reported suicide deaths in TN in 2021.
- Suicide is the **11th** leading cause of death for all age groups in the US.
- **10,433 (8.1%)** of suicides were ≥ 65 and older.
- **2.6%** increase of people died by suicide compared to 2021.
- According to SAMSHA, there were an estimated **1.9 million** suicide attempts in 2021.



ESTIMATES ON ATTEMPTS



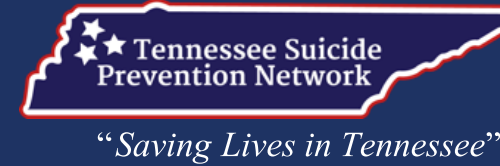
For every ONE documented death by suicide.....



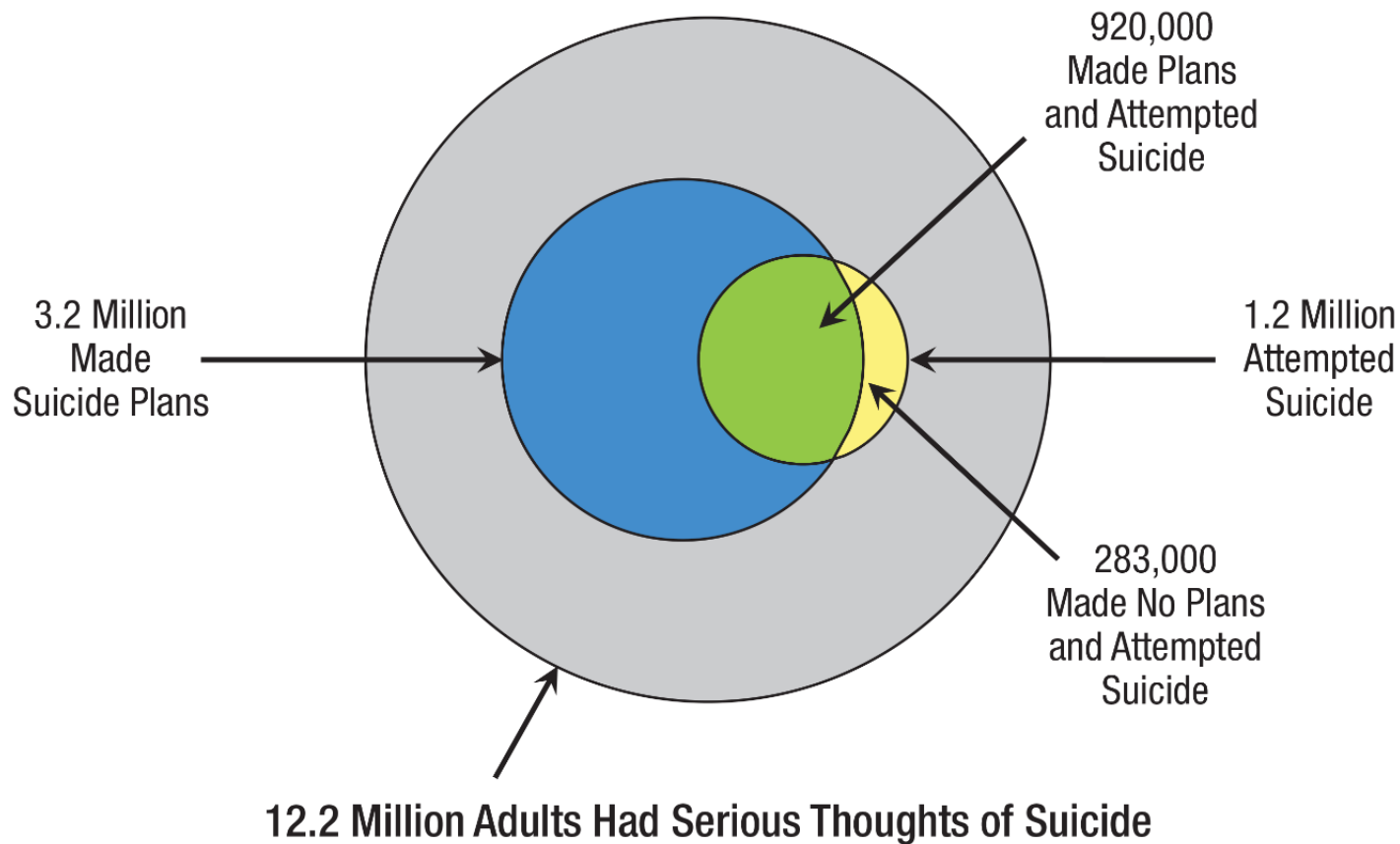
there are 25 attempts



Suicidal Thoughts and Behaviors



Adults aged 18 or older with serious thoughts of suicide, suicide plans, or suicide attempts in 2020.



U.S Department of Health and Human Services. Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health. HHS Publication No. PEP21-07-01-003 2021



Number of Survivors of Suicide Loss



“Saving Lives in Tennessee”

It is estimated that there are

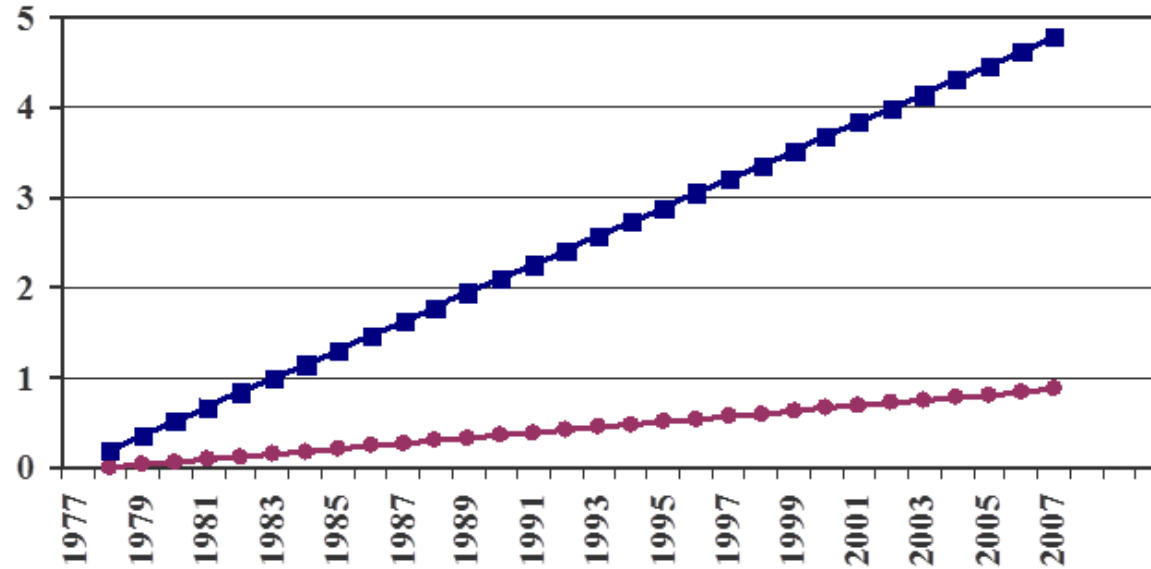
18 survivors

for each death by suicide

Note: A “survivor of suicide loss” is someone who has lost a loved one to death by suicide and experiences a major life disruption as a result



Survivors in the U.S. population



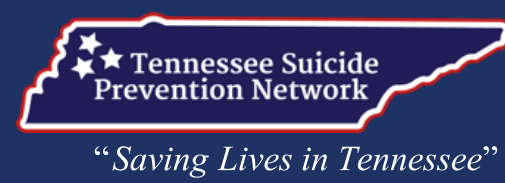
838,373 deaths by suicide in the past 25 years (1990-2014)...

15.1 million survivors of suicide... number grew by 769,914 in 2014

**1 of every 21 Americans
is estimated to be a survivor of suicide loss**



Language and Removing Stigma

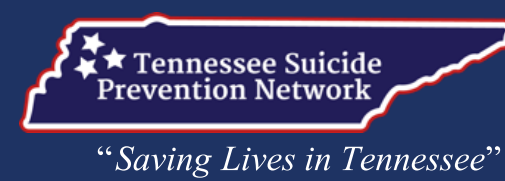


A quick guide for discussion of suicide in our daily lives is:

- Use “to die by suicide” or “took their life” rather than “commit suicide”
- Use “suicide attempt” or “nonfatal suicide attempt”
- Use “suicided” rather than “successful suicide”



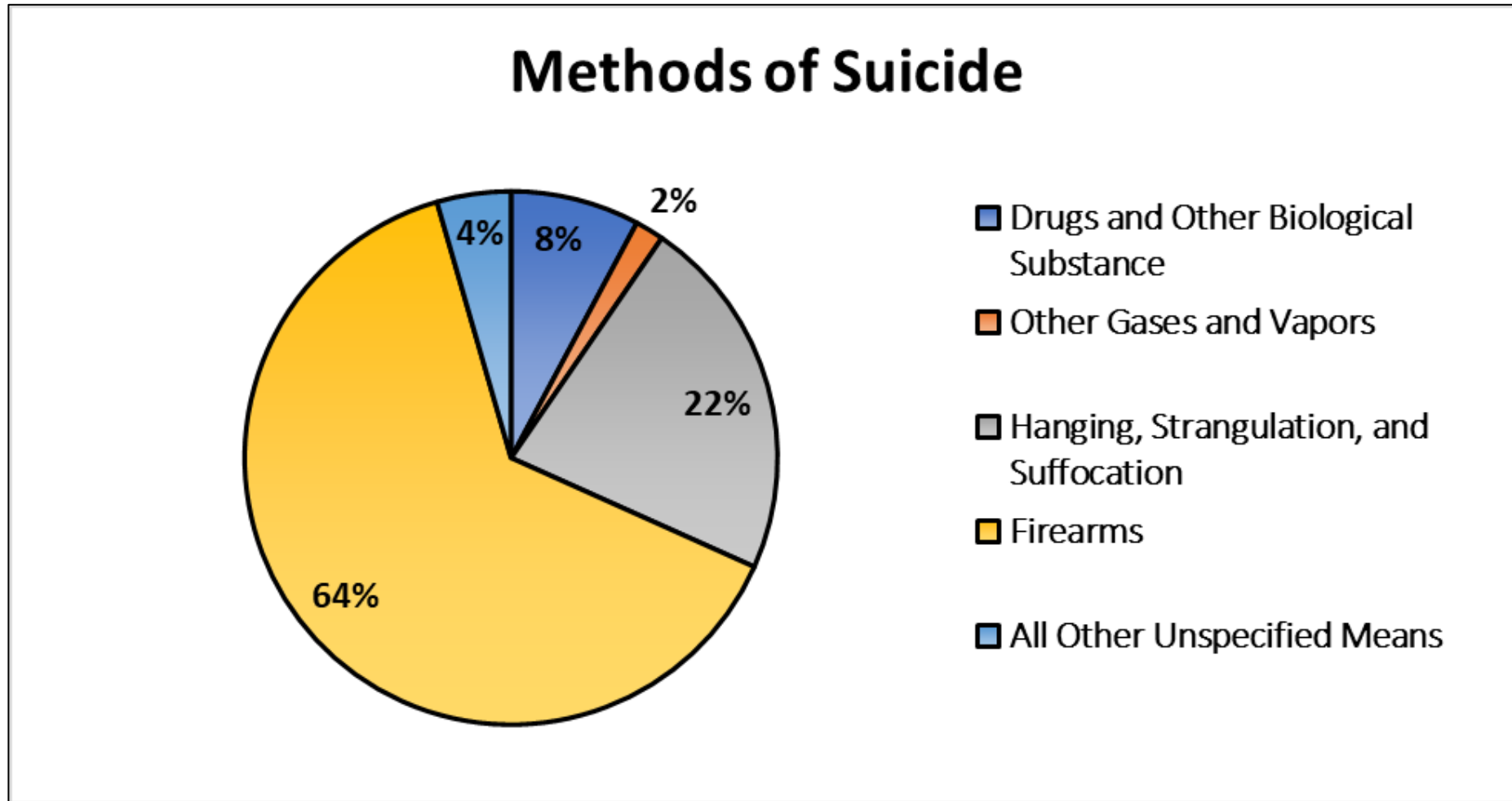
Statistics on Suicides Attempts



- Who do you think is more likely to die by suicide?
 - Males or Females?
- Males are 3.9x more likely to die by suicide than females
- Who do you think is more likely to attempt suicide?
 - Males or Females?
- Females attempt suicide 3x as often as males.
- Firearms are the most common method for males.
- Poisoning is the most common method for females.



Suicide Methods in Tennessee



Firearms remain the primary means of suicide followed by hanging, strangulation or suffocation.



Aging Adults Facts



“Saving Lives in Tennessee”

- Over one third of the people who died by suicide were 55 or older.
- Males 65 face the highest overall rate of suicide.
- While older adults comprise 12% of the population, they make up approximately 18% of suicides.
- 1 out of 4 older adults die compared to 1 out of 200 for young adults – WHY?
- 1/3 of older people live alone; 2/3 live with or near family.
- Rates of chronic illness are 46% for those >65 compared with only 12% for those <65.

<https://www.cdc.gov/nchs/data/vsrr/VSRR016.pdf>

<https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know>



Adult Aging Population

- According to the U.S. Census Bureau, there are 75.4 million baby boomers - If elderly suicide rates remain the same, that means that more than 11,000 lives will be lost to suicide annually as baby boomers reach 65 and older.
- The number of older adults is expected to double within the next 25 years
- By 2030 about 1 in 5 Americans (72 million people) will be >65
- The age group >85 is now the fastest growing age population





Aging Adults Attempts



“Saving Lives in Tennessee”

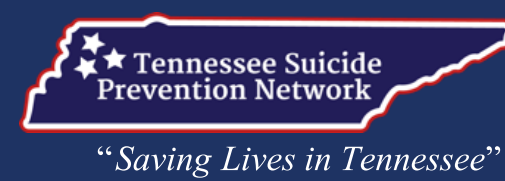
Attempts in senior citizens are more likely to end in death more often than in the young

- Older people tend to plan carefully
- Older people use highly lethal means
- Older adults are less likely to be discovered and rescued
- The physical frailty of older adults means they are less likely to recover from an attempt

<https://www.sprc.org/populations/older-adults>



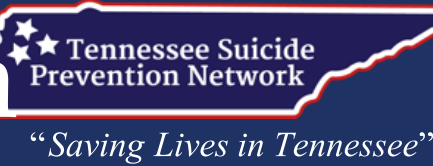
Suicide attempts in late life



- When older adults make a suicide attempt it is *always* serious and should never be minimized as a “gesture” or “attention seeking.”
- The method may fail, but older adults most often *intend* to die in their attempt.
- In people over age 65, there are only 4 attempts for every death by suicide.



Gender and suicide ideation/death



- Elderly white men are the most at risk for death by suicide
- The Centers for Disease Control and Prevention noted that roughly 51 of 100,000 white males 65 or older die by suicide
- Why men?

There is no one, cut-and-dried answer -- it is true that gender roles were more rigid and enforced when today's seniors grew up

- Believing that they cannot show emotion, equating emotion with weakness, or needing to “be strong” for others may stop older men from seeking help or voicing their feelings of loneliness and depression.

<https://www.cdc.gov/nchs/data/vsrr/VSRR016.pdf>



Risk Factors for Aging Adults

- **Loneliness**
- **Loss of self-sufficiency**
- **Chronic illness/pain**
- **Depression** and/or co-occurring mental health disorders
- **Sleep problems**
- **Hopelessness and/or worthlessness**
- **Limited Social Support**
- **Family history of suicide**
- **Experiencing or expecting a significant personal loss (spouse or other)**
- **Psychosocial: Isolation, Financial Issues, Hoarding, Cognitive Decline/Dementia**
- **Alcohol or substance misuse**
- **Previous suicide attempt**
- **Major life changes**





Three important risk factors for older adult suicide

Tennessee Suicide Prevention Network

“Saving Lives in Tennessee”



The elderly are particularly vulnerable to social **isolation** and **loneliness** owing to loss of friends, family, income, and mobility.



Depression is not a normal part of aging, a sign of weakness, or a character flaw.

If you think you or a loved one might have depression, talk to a health care provider.



www.nimh.nih.gov/depression

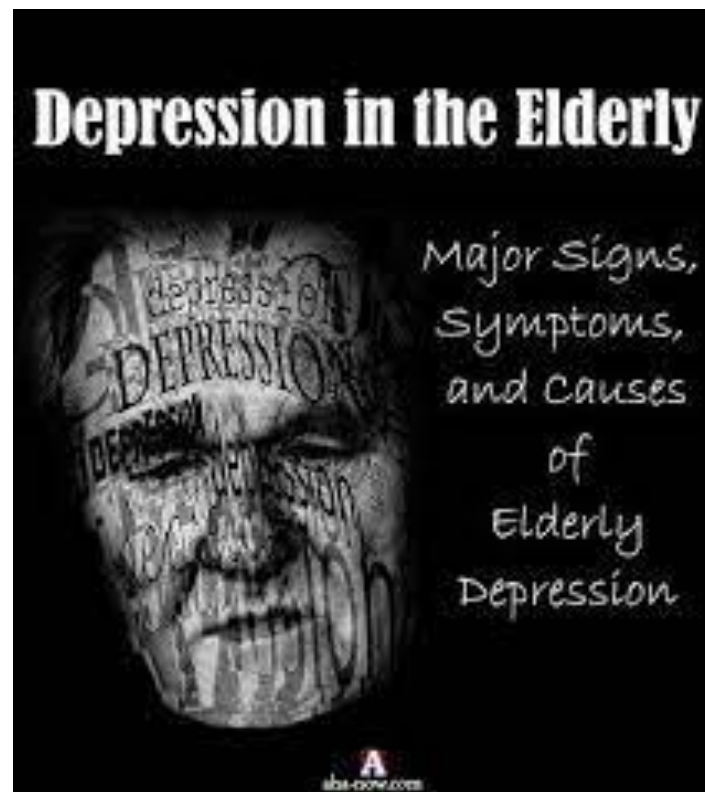


Signs of depression may include:

Tennessee Suicide
Prevention Network

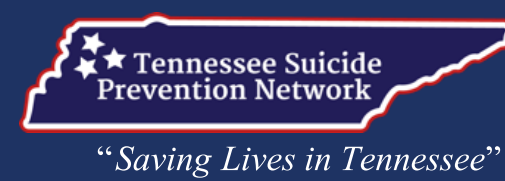
"Saving Lives in Tennessee"

- Persistent sadness, feelings of emptiness, and anxiety
- Hopeless or pessimistic attitude
- Guilt
- Feelings of helplessness or worthlessness
- Irritable mood
- Lack of interest in activities you used to enjoy
- Fatigue
- Trouble with memory or concentrating
- Changes in sleep
- Changes in appetite
- Thoughts of death or suicide
- Pain or other symptoms that cannot be explained by a medical condition





Depression is associated with:



- Longer medical hospital stays, particularly for older adults
- Increased emergency department use for suicide-related injuries, disproportionate hospital admissions
- An increased likelihood of rehabilitation needs
- Inpatient death
- Without treatment, depression can get worse over time and end tragically, so early detection and continuous treatment once diagnosed is vital
- Depression rarely is solely responsible for suicide It is usually paired with alcohol or drug abuse --- Substance abuse increases suicide rates



Depression and men



“Saving Lives in Tennessee”

- Evidence is growing that men are equally vulnerable to depression as are women
- Men’s depression, however, remains unidentified, undiagnosed, and untreated
- Men appear to be less willing to seek professional help – more reluctant to seek help even from friends
- Male depression is often a result of – Combined effects of biological predisposition, early childhood loss and trauma, gender-role restrictions in behavior, life disappointments, unresolved grief, poor social support, and a growing awareness of mortality
- Because of stigma, men allow their pain to burrow deeper and further from view



Substance Misuse

- With advancing age, there is an increase in chronic diseases and disability
- With disease and disability comes an increase in the use of prescription and OTC medicines
- More than 80 percent of older patients (aged 57 to 85 years) use at least one prescription medication on a daily basis
- Poor adherence (compliance) to medication taking instructions may be intentional or unintentionally
- Forgetting whether a medication has been taken, risks doubling up on dosage, whether intentional or not
- Over the counter medications in addition to prescription
- Alcohol and how it reacts with medication





Warning Signs



- Putting affairs in order, giving things away, or making changes in wills
 - Stock-piling medication or obtaining other lethal means
 - Exhibiting a preoccupation with death
 - Talking about being trapped or being in unbearable pain
 - Acting anxious or agitated; behaving recklessly
-
- Loss of interest in things or activities that are usually found enjoyable and/or isolation
 - Avoiding social activities
 - Extreme mood swings
 - Breaking medical regimens (such as going off diets, prescriptions)



What might signs look like?



"Saving Lives in Tennessee"

- Unexplained headaches
- Unexplained stomach issues
- Increased apathy
- Eating disturbances
- Changes in sleep patterns
- Chronic Headaches
- Changes in personality including appearance and normal activities
- What else?



Protective Factors

- Cultural and religious beliefs
- Support through ongoing health and mental health care relationships
- **Coping/problem solving skills**
- Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy
- Reasons for living
- **Family cohesion**
- **Interconnectedness**
- **Access to comprehensive health care and mental healthcare**
- **Social support, close relationships**
- Respect for help-seeking behavior
- Skills to recognize and respond to signs of risk
- Structure and routine in daily life
- Engaging in activities that provide pleasure or meaning
- Sense of belonging; purpose

**Increase protective factors
and you reduce risk.**





Myth



Confronting a person about suicide will only make them angry and increase the risk of suicide.

Fact

Asking someone directly about suicide lowers anxiety, opens communication, and lowers the risk of an impulsive act.



Myth

Only experts can prevent suicide.



Fact

Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.



Myth



Suicidal people keep their plans to themselves.

Fact

Most suicidal people communicate their intent in the week before their attempt.



Myth

Those who talk about suicide don't do it.

Fact

People who talk about suicide may try, or even complete, an act of self-destruction.



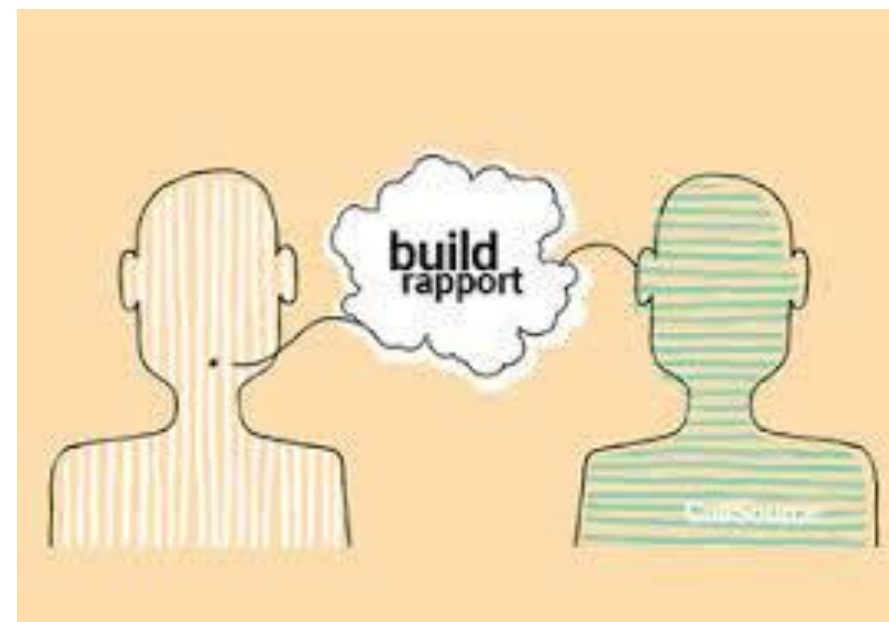
How to ask about suicide

- **Ask about their feelings**

- Do you feel tired of living?
- Have you been thinking about ending your life?
- Have you been thinking about suicide?

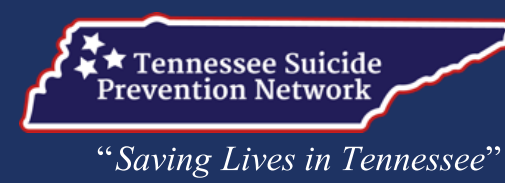
- **Ask about their reasons to live**

- What has kept you from ending your life?
- Who or what makes life worth living?





Be There & Keep Them Safe



- Be physically present if possible
 - Phone or video calls
- Work with them to identify others who may be willing to help
- Do not make promises you are unable to keep
- Listen to their story



<https://www.ncoa.org/article/suicide-and-older-adults-what-you-should-know>



Refer them to appropriate professionals

Tennessee Suicide
Prevention Network

“Saving Lives in Tennessee”



- Connect them with a team of supports
 - Medical and/or mental health care providers
 - Social service providers
 - Clergy
 - Family members
 - Friends
 - Other community members



Connect Them With Resources



"Saving Lives in Tennessee"

CRISIS TEXT LINE |

I just got kicked out of my house

I think i'm having a panic attack

I'm worried about my

all the time :(

dc kr w dc

Text "TN" to 741 741

988
SUICIDE & CRISIS LIFELINE

THE TREVOR lifeline
866.488.7386

YOU ARE NEVER ALONE

TheTrevorProject.org

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

 **Veterans Crisis Line**
DIAL 988 then PRESS 1



Follow Up



- Phone call
- Text message
- Card
- Visit
- Ask if there is anything else you can do to help



What is working



“Saving Lives in Tennessee”

- Talking about suicide
- Human contact
- Medical and psychiatric help
- Exercise
- Physical well-being
- Regular visits to primary care providers
- Hydration
- Raising awareness that suicide is preventable
- **Connection**



What Can You Do



“Saving Lives in Tennessee”

- Do not assume physical illness is a reason for depression and suicide.
- Know that untreated depression is the major risk factor, as well as loneliness, hopelessness and despair.
- Statements of fear of becoming a “burden” to others should trigger an intervention.
- Become trained in suicide prevention
 - QPR, ASIST, safeTALK, CALM, CSSRS, and other Mental Health Trainings
- Speak Up Saves Lives
- **Check on your elderly friends and neighbors**



Suicide prevention efforts depend on appropriate identification & screening

Developed by leading experts
collaboration with Beck’s group

Evidence-based

Short administration time

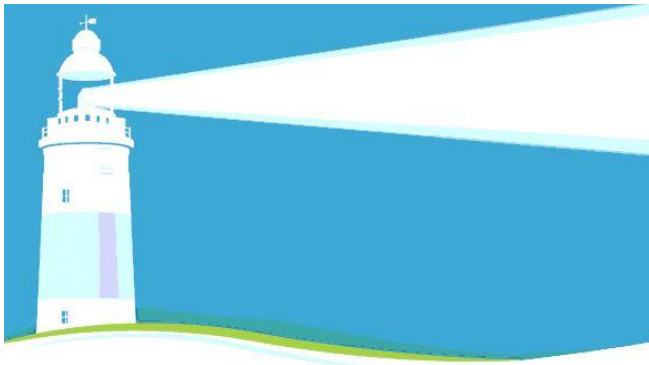
Assesses *both* behavior and ideation

Comprehensive measure

*includes only the most necessary suicidal characteristics (i.e., the
most essential, evidence-based items needed in a thorough
assessment)*

Can be **predictive**

114 Country-specific languages





WHAT TO DO

- Take the risk factors and signals seriously. If you think someone is considering suicide, ASK HIM OR HER “Are you suicidal?” or “Do you want to kill yourself?” If the answer is “yes,” GET HELP.
- Show interest in the person and be supportive.
- Offer hope that there are alternatives to suicide.
- Take action. Remove methods he or she might use to kill him or herself.
- Seek help from his or her family, friends, physician, clergy, etc.
- Allow the person to express thoughts and accept their feelings.
- IMMEDIATELY contact a person or organization that specializes in crisis intervention or suicide prevention for help. (See the back of this brochure).
- Talk directly about suicide, and get specifics. The more specific the plan, the greater the risk.
- There is a real possibility of a suicide attempt while the person is under the influence. STAY WITH THE PERSON.

WHAT TO AVOID

- Avoid acting shocked or judgmental, or lecturing the person on reasons to live.
- Avoid giving advice or false reassurances, or offering easy answers.
- Avoid dismissing problems or minimizing the threat.
- Never keep a person’s suicidal thoughts a secret. Remember - saving a life is more important than keeping a promise. Silence can be DEADLY!

WHERE TO GET HELP



www.tspn.org

If you or someone you know is thinking about suicide, call 1-800-273-TALK (8255). The National Suicide Prevention Lifeline will automatically connect you with a certified local crisis center 24 hours a day, 7 days a week.



Get the TSPN App:
Available on Apple
and Android



615-297-1077 • www.tspn.org

TN Department of
Mental Health &
Substance Abuse Services

www.tennessee.gov/behavioral-health
1-855-CRISIS-1 or 1-855-274-7471



Funding for this brochure was provided under grant numbers 1H705M060217 and 1U07SM061764-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



SUBSTANCE USE AND SUICIDE IN TENNESSEE



- Resources
- Brochures
- Trainings
- Regional meeting information
- Survivor of Suicide Loss support group information

Post Survey







Connect Them With Others



"Saving Lives in Tennessee"

CRISIS TEXT LINE |

I just got kicked out of my house

I think i'm having a panic attack

I'm worried about my

all the time :(

dc kr w dc

Text "TN" to 741 741

988
SUICIDE & CRISIS LIFELINE

THE TREVOR lifeline
866.488.7386

YOU ARE NEVER ALONE

TheTrevorProject.org

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

 **Veterans Crisis Line**
DIAL 988 then PRESS 1



Contact Information

44



“Saving Lives in Tennessee”

Mary Anne Christian

629-246-8900

mchristian@tspn.org

Tennessee Suicide Prevention Network

1321 Murfreesboro Pike #155

Nashville TN 37217

615-297-1077–main line

Twitter: @TSPNorg

Facebook: [facebook.com/TSPNorg](https://www.facebook.com/TSPNorg)



Disclaimer



"Saving Lives in Tennessee"

This flyer/brochure/website/poster, power point or other presentation etc. was developed [in part] under grant numbers SM061764 and SM080217 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



"Saving Lives in Tennessee"