



## **Tennessee Strategy for Suicide Prevention Evaluation**

The Tennessee Strategy for Suicide Prevention builds upon the goals published in “[National Strategy for Suicide Prevention: Goals and Objectives for Action](#)” printed by the Department of Health and Human Services, United States Public Health Service, Rockville, MD, in 2001, and revised in 2012.

TSPN’s response to the National Strategy document was drafted in the fall of 2002 and revised in 2004, 2006, and 2007. Following the revision of the National Strategy in 2012, a new version of the Tennessee Strategy was approved by TSPN’s Advisory Council on February 13, 2013 and revised in 2016 with approval by the Advisory Council on September 14, 2016.

### **The Preamble to the Tennessee Strategy for Suicide Prevention**

Suicide prevention must recognize and affirm the cultural diversity, value, dignity and importance of each person.

Suicide is not solely the result of illness or inner conditions. The feelings of hopelessness that contribute to suicide can stem from societal conditions and attitudes. Therefore, everyone concerned with suicide prevention shares a responsibility to help change attitudes and eliminate conditions of oppression, racism, homophobia, discrimination, and prejudice.

Suicide prevention strategies must be evidenced based and clinically sound. They must address diverse populations that are disproportionately affected by societal conditions and are at greater risk for suicide.

Individuals, communities, organizations, and leaders at all levels should collaborate in the promotion of suicide prevention.

The success of this strategy ultimately rests with the individuals and communities across the State of Tennessee.

### **1. Develop broad-based support for suicide prevention.**

*Tennessee Response:*

A. Form and sustain public-private partnerships with the widest variety possible of community partners in suicide prevention activities, up to and including state departments and agencies.

- The Executive Director, Regional Coordinators, and regional members will recruit, per region, at least one new ally during each quarter, with a delegate from said agency in attendance at a regional or statewide meeting.
- One new agency, per region, will join their respective TSPN Regional members as a result of this annual outreach

B. Continue to engage state, county, and city government in suicide prevention efforts including the annual Suicide Prevention Awareness Month proclamation effort.

- Regional members will contact governmental officials regarding the proclamation effort and secure their participation in same, securing promotions in at least 80% of all Tennessee counties.
- Regional members will work with county/city governments to develop plans for suicide prevention efforts to include community and more targeted efforts (employers, faith-based entities, etc.).

C. Advocate within the General Assembly and state departments around efforts such as improved access to community-based mental health and substance abuse services and legislation on provider's suicide care competency.

- The TSPN central office will organize at least three regular meetings of the Intra-State Departmental Group each year.
- The Executive Director will identify vacancies within the Intra-State Departmental Group and invite delegates from these groups to meetings.
- TSPN will release an annual *Status of Suicide in Tennessee* report, providing copies to members of the General Assembly.
- The TSPN central office will invite members of the General Assembly from each Grand Region to at least one regional meeting or conference each year.

D. Educate stakeholders about state budgets and legislation that could negatively affect mental health and substance abuse services and encourage an active role in advocating for suicide prevention efforts.

- Regional members and community stakeholders will conduct letter-writing and e-mail campaigns to members of the General Assembly to promote full funding for mental health and substance abuse services whenever said funding is threatened or deemed insufficient.

E. Coordinate with other suicide prevention organizations in Tennessee, such as the American Foundation for Suicide Prevention Tennessee chapters, towards more unified efforts of suicide prevention.

- Regional members and community stakeholders will attend the annual "Mental Health Day on Capitol Hill" event in conjunction with other identified suicide prevention entities.
- The Executive Director will work with all other suicide prevention entities on coordinating suicide prevention efforts throughout the state.

F. Recruit public figures and prominent organizations to promote the cause of suicide prevention and the use of mental health and substance abuse services.

- Compile/maintain a list of public figures as potential spokespersons for mental health and/or suicide prevention awareness campaigns.
- Contact at least 10% of these individuals annually regarding possible involvement in mental health and/or suicide prevention awareness campaigns.
- Secure one new individual/organization annually willing to work with TSPN on suicide prevention efforts

G. Coordinate with community stakeholders to provide trainings, awareness events, and materials throughout the three main regions of Tennessee. Coordinate of trainings, events, and materials will be discussed at each TSPN regional meeting with our community partners.

## **2. Promote awareness that suicide is a public health problem that is preventable.**

### *Tennessee Response:*

A. Promote the National Suicide Prevention Lifeline (1-800-273-TALK (8255)) along with the statewide suicide prevention hotline (1-855-CRISIS-1) and support all local crisis centers in Tennessee which are part of the statewide crisis intervention infrastructure.

- Assure the availability of the National Suicide Prevention Lifeline throughout the state of Tennessee, with at least one call center serving each TSPN Grand Region.
- Advertise the National Suicide Prevention Lifeline in at least one
  - regional newspaper per quarter
  - local television station per year
  - exhibits at an event in each region per quarter
  - social media update per quarter
  - and in any and all state departmental websites.

B. Encourage adequate funding of local crisis call centers and publish their phone numbers on the TSPN website and in regional suicide prevention directories.

- Work with local, state, and federal officials to support funding.

C. Secure the cooperation of radio and television stations, newspapers, billboard companies, and all other appropriate media in promoting crisis hotlines and suicide prevention services.

- Develop a media plan for each region.
- Document regional coverage to be reported out quarterly.

D. Encourage the cooperation of faith-based alliances to publicize suicide prevention services.

- Identify/approach at least two ministerial alliances or houses of worship within each Grand Region annually for suicide prevention outreach.

E. Maintain updated region-specific resource directories that reference relevant community resources.

- Annually update each regional resource directory with new resources and information.
- Distribute the resource directory to at least one community stakeholder (legislators, first responders, educators, faith community, etc.) per region per quarter

F. Update the TSPN website to aid in communication with the people of Tennessee on at least a quarterly basis.

- Update the website at least quarterly with new resources and information.

G. Promote the use of social media in suicide prevention through communication of TSPN efforts and training community stakeholders in its use.

- Provide at least one crisis center per region per year with information on available social media resources.
- Maintain media flyer to reflect updated applications and media outlets.
- Utilize TSPN media such as Facebook and Twitter.

H. Conduct statewide or regional conferences and symposia to raise public awareness for suicide prevention.

- Organize and stage at least one statewide conference annually.
- Organize and stage at least one conference per grand region annually.

**3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.**

*Tennessee Response:*

A. Produce public service messages for television and radio in order to reduce the stigma associated with mental health and substance use disorders while promoting the concept of recovery.

- Support Regional Coordinators as they promote the Network's 15-, 30-, and 60-second PSAs to local TV and radio stations.

B. Arrange for suicide loss survivors, survivors of suicide attempts, and professionals to offer training (including risk and protective factors) and speak to groups and individuals who come into contact with at-risk individuals.

- Stage and organize at least one statewide conference each year that includes a suicide prevention training session and is attended by at least 50 people.
- Each region will offer two trainings per year to gatekeepers and the community at large.

**4. Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.**

*Tennessee Response:*

A. Monitor references to suicide in locally originating television, radio, news media, and online content, in coordination with the national suicide prevention community, to promote better and more accurate depictions of suicide and mental illness, and to recognize portrayals that observe recommended guidelines in the depiction of suicide and mental illness.

- Submit at least one letter or e-mail to one regional media outlet per year promoting the American Association of Suicidology/CDC Media Guidelines.
- Provide feedback and/or guidance to media outlets regarding their coverage of suicide.

B. Promote guidelines for responsible coverage of suicide and mental illness to journalism and mass communication schools and to news agencies.

- Maintain links to the American Association of Suicidology/CDC Media Guidelines on the TSPN website.
- Annually contact at least one college-level journalism class regarding an educational session on the guidelines.
- Promote the guidelines via the TSPN newsletter and social media platforms in at least one article or post per year.

C. Promote guidelines on the safety of online content for new and emerging communication technologies and applications.

- Annually stage one statewide or Grand Regional workshop to educate media content providers about the American Association of Suicidology/CDC Media Guidelines.

**5. Develop, implement, and monitor effective programs that promote suicide prevention and general wellness.**

*Tennessee Response:*

A. Encourage the adoption of a suicide risk screening/assessment mechanism by mental health and substance abuse providers, first responders, clergy, educators, and others who may come in contact with high-suicide-risk persons.

- Ongoing promotion of evidence-based best-practice screening/assessment tools to at least 100 of the aforementioned entities each year.

B. Encourage development of suicide prevention programs in psychiatric hospitals, substance abuse treatment programs, community service programs, peer support centers, and similar facilities that work with high-suicide-risk population groups.

- Distribute information about available suicide prevention programs and curricula to at least one hospital in each Grand Region each year.
- Promote the TIP 50 curriculum within substance abuse programs and train professionals in the protocol.

C. Serve as a resource for agencies that work with young people and elderly, providing suicide prevention education and links to other agencies that promote mental wellness.

- Maintain a list of existing educational programs addressing mental health and/or suicide prevention for younger and older adults and other high-risk populations, updating it at least once a year.

D. Work with teachers in public and private schools and with others who work with children to implement Jared's Law and suicide prevention programs.

- Work closely with ten school districts throughout the state to coordinate and implement Jared's Law through training and policy development.
- Approach at least one private school or academy in each Grand Region per year to offer suicide prevention training to staff and faculty.

E. Encourage the implementation of suicide prevention training in Tennessee colleges and universities, and the inclusion of suicide prevention training in professional licensure requirements.

- Contact at least one college in each region per quarter regarding the provision of suicide prevention to students, faculty, and support staff.
- Contact at least one professional licensure board regarding the provision of suicide prevention training.

**6. Promote efforts to reduce access to lethal means of suicide and methods of self-harm among individuals with identified suicide risk.**

*Tennessee Response:*

A. Encourage health care providers, especially those involved in inpatient care, home care, and discharge planning, to assess patients' access to lethal means.

- Provide a presentation on lethal means restriction to at least four health care providers per region per year.
- Promotion of CALM training curriculum.

B. Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

- Promotion of firearm safety recommendations, with an emphasis on suicide prevention, to at least one firearms retailer or firing range in each region per quarter.
- Outreach to one firearms retailer per quarter per region to ascertain if provided materials are being displayed/used.

C. Encourage discussions of lethal means and safe storage practices in well-child care encounters and in educational programs for young people, parents, and gatekeepers.

- Identify and distribute educational materials on lethal means and safe storage practices, promoting these to health care settings and schools at least once a year through the TSPN newsletter, website, social media platforms, and/or health fairs attended.

D. Partner with local drug coalitions, law enforcement agencies and civic organizations, to develop and/or implement existing educational materials to make people aware of safe ways of storing, dispensing, and disposing of medications.

- Partnering with coalitions, law enforcement, and communities to disseminate information.

## **7. Encourage effective clinical and professional practices regarding suicide prevention for community and clinical service providers.**

*Tennessee Response:*

A. Provide training on suicide prevention to community service provider groups that have a role in the prevention of suicide and related behaviors.

- Provide at least one clinical suicide prevention training session per region per quarter to a community service agency.

B. Promote crisis intervention, suicide prevention training, and collaborative suicide risk management for teachers in the school systems, police officers, first responders, and other community groups that have a role in the prevention of suicide and related behaviors.

- Provide at least one suicide prevention training session per region per quarter to one of the following entities:
  - school systems
  - police departments
  - first responders
  - and other community groups

C. Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.

- Provide at least one suicide prevention training session per Grand Region per quarter to a mental health and/or substance abuse provider agency.

D. Develop and/or promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professionals, including those in graduate and continuing education and persons seeking credentialing and accreditation.

- Support suicide prevention trainings provided to graduate schools or continuing education programs while working with trainers in communities to offer these trainings.

E. Include focused education in suicide risk management and prevention at regional workshops and conferences.

- Include at least one segment on suicide risk management and prevention for professionals during each regional or statewide workshop.

F. Encourage crisis centers, faith communities, community counseling centers, and community helpers throughout the state to implement effective training programs for family members of those at risk.

- Provide at least one suicide prevention training session per Grand Region per quarter to clients and family members served by crisis or counseling centers, church ministries, and/or other community agencies.

G. Encourage emergency departments to refer persons treated for trauma, sexual assault, physical abuse, or domestic violence for mental health services.

- Encourage and promote emergency departments to disseminate information and materials concerning follow up services.
- Provide materials promoting the Network and the National Suicide Prevention Lifeline to one agency specializing in domestic violence, physical abuse, sexual assault, bullying, and trauma per region per quarter.

**8. Promote the assessment and treatment of people at risk for suicide as a core component of health care services.**

*Tennessee Response:*

A. Promote the adoption of “zero suicides” as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.

- Include the “zero suicides” concept in any and all presentations to health care and community support systems.

B. Adopt, disseminate, and implement guidelines for the assessment of suicide risk and continuity of care for people at suicide risk in all health care and substance abuse treatment settings.

- Stage at least one presentation per quarter per year for a health care or substance abuse treatment facility on the subject of suicide risk assessment and continuity of care.

C. Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.

- Include the concept of suicide attempt response as an indicator of quality care in any and all presentations to health care and community support systems.

D. Establish links, collaboration, and coordination of services between providers of mental health and substance abuse services, community-based and/or peer support programs, health care systems, local crisis centers, and the families of patients to create a comprehensive and seamless network of care for people at risk for suicide.

- Establish links with at least one of the aforementioned agencies per quarter per year, arranging for a delegate of said group to attend one or more regional meetings.

E. Develop and/or promote guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.

- Provide literature on the assessment and treatment of suicide risk to at least one health care and community support system per region per year.

**9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.**

*Tennessee Response:*

A. Create protocols for postvention response following suicide deaths and with the potential for traumatizing survivors.

- Designate at least one member within each region who can respond to situations requiring postvention efforts, providing resources, advising key stakeholders, and conducting debriefing sessions.

B. Promote the availability of postvention services by TSPN and others to the general public and institutions that may require such services, up to and including schools, colleges, and businesses.

- Provide information about the postvention process and its value to the recovery process through engagement to at least one community stakeholder per region per quarter.

**10. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.**

*Tennessee Response:*

A. Encourage the development of support groups for survivors of suicide loss, survivors of suicide attempts, and support group facilitators, and engage the support of these groups by community partners.

- Strive for a 5% annual increase in support group meeting attendance across the state.
- Maintenance of a promotional brochure for support groups across the state, updating it at least once a year.
- Distribution of said brochure to at least one community stakeholder per region per quarter, including but not limited to the following categories:
  - first responders
  - educators
  - faith communities
  - and funeral homes



B. Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context.

- Provide the TSPN postvention guide to at least one agency recently affected by suicide per year.
- Maintain the TSPN postvention guide on the TSPN website and promote its availability through
  - Correspondence with at least one community stakeholder per region per quarter
  - At least one profile in a TSPN publication per year
  - At least one profile on a TSPN social media platform per year

C. Provide and/or promote appropriate postvention response to health care providers, first responders, and others affected by the suicide death of a patient.

- Establish, maintain, and promote a statewide network of clinical survivors of suicide available for consultation by agencies and individuals.

## **11. Increase the timeliness, viability, and scope of statewide surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.**

*Tennessee Response:*

A. Improve the timeliness and usefulness of suicide-related vital records data from state medical examiners, coroners, and hospitals.

- Assess the possibilities for working with medical examiners to improve the accuracy and timeliness of suicide reporting.
- Engage physicians and health departments in performing needs assessments related to actively and potentially suicidal clients.
- Contact at least one regional medical examiner or coroner each year regarding the importance of accurate and timely reporting.

B. Support the establishment of local task forces that use vital records data to develop targeted prevention efforts.

- Arrange for review of and report on vital records by at least one group or task force per Grand Region per year.

C. Advocate for Tennessee's inclusion in the National Violent Death Reporting System.

- Correspondence with at least one public official on the state or national level to support increased funding for the National Violent Death Reporting System and Tennessee's inclusion therein.

## **12. Promote and support research on suicide and suicide prevention.**

*Tennessee Response:*

A. Encourage Tennessee colleges, universities, hospitals, and clinics to intensify research related to suicide, including cultural-specific risk factors, interventions, and protective factors, and to present their results at regional, state, and national conferences, as well as publish such results.

- Encourage at least one college, university, or clinic per Grand Region per year to encourage scientific evaluation and studies of new or existing suicide prevention interventions.

B. Encourage and promote evaluations of suicide prevention programs in Tennessee, both those originating within TSPN and those of other agencies.

- Consultation with regional mental health and suicide prevention agencies within Tennessee at least once a year regarding current projects.
- Annual publication of the *Status of Suicide in Tennessee* report, pending availability of viable statistical data.

### **13. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.**

*Tennessee Response:*

A. Disseminate information about effective suicide prevention programs and encourage their implementation across the state.

- Promote at least one emerging suicide prevention program or curricula through social media or print publications each year.

B. Evaluate the impact and effectiveness of the Tennessee Strategy for Suicide Prevention in reducing suicide morbidity and mortality.

- Conduct an evaluation, led by the Strategies/Outcomes/Evaluations Committee within the Advisory Council, regarding the effectiveness of the Tennessee Strategy for Suicide Prevention, including recommendations for better implementation or amendment of the document itself.