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## Calendar of Events

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

## Tennessee Commission on Children and Youth

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## September is Suicide Prevention Month

September is a popular month for designation for special causes. Most of the month is after Labor Day, and school has started, so summer seems over — even though the celestial calendar tells us otherwise. There are no major shopping holidays to take away from the cause of the month.

In addition to being Suicide Prevention Month, September has been named Disaster Preparedness Month and Ovarian Cancer Awareness Month. In Hawaii it is Women's Health Month; in Indiana it is Archeology Month; and in Pennsylvania, Mushroom Month. In fact, someone named it Shameless Self Promotion Month.

Although advocates for children and youth support Backpack Safety Month, College Savings Month, Pediatric Cancer Month, and Eye Safety Month, this issue of *The Advocate* will address Suicide Prevention Month in Tennessee.

## Suicide Prevention Month

September has been named Suicide Prevention Month to bring this tragic problem into the open and focus on efforts to prevent it. In Tennessee during 2005, suicide was the third leading cause of death for youth ages 15 to 24. In fact, more people die from suicide than from homicide.

## Tennessee Suicide Prevention Network

Tennesseans have organized through the Tennessee Suicide Prevention Network strategize solutions to this problem. The network has offices in Nashville and regional organizations in eight regions of the state. Blount, DeKalb, Giles and Hickman have county organizations that meet regularly.

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Organizing activities began in the late 1990s, with the rise of national community and governmental efforts, with the Tennessee Strategy for Suicide Prevention.

## Tennessee Lives Count

Contemplating the anguish that causes someone to reject life and the loss of that life is always heartrending. This is especially true when a young person dies, losing decades of work, relationships and productivity.



The Tennessee Suicide Prevention Network, in cooperation with the Tennessee Department of Mental Health and Developmental Disabilities, is well into implementing Tennessee Lives Count, a program to prevent suicides in young people. The program is funded by a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). The program will be evaluated by Centerstone.

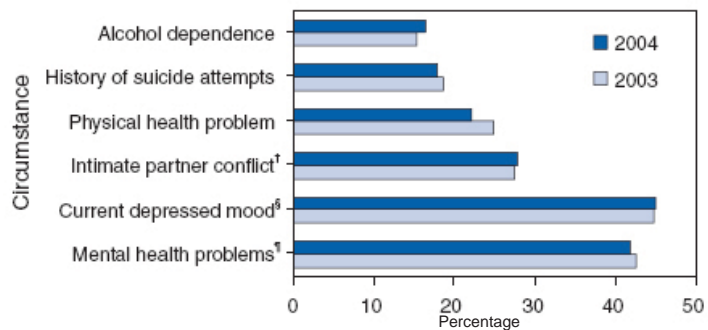
The Tennessee Suicide Prevention Network goals to be completed by the Tennessee Lives Count project by 2009 include:

- ❖ 14,000 gatekeepers, including 200 university faculty and 1,000 students trained in QPR (Question, Persuade, and Refer) and lethality assessment, who will impact the lives of at least 180,000 high-risk youth;
- ❖ State agency memorandum of understanding (MOU) mandating gatekeeper training;
- ❖ Development and distribution of resource directories and materials tailored to specific regions of the state;
- ❖ Statewide task force completion of a needs assessment with policy/legislative recommendations;
- ❖ Education of at least 15 professional organizations and five state advisory boards/commissions;
- ❖ Involvement of the Youth Suicide Prevention Task Force throughout the project;
- ❖ Development of a continuation plan; and
- ❖ Completion of three project evaluations, coordinated with SAMHSA's national evaluation.

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For more information on Tennessee suicide statistics, see <http://www.tspn.org/facts.htm>.

**Percentage of Suicide Cases, by Selected Circumstances**  
National Violent Death Reporting System, 2003 & 2004




\* Percentages might total to more than 100% because certain incidents involve multiple circumstances.  
 † Includes separation, major argument, or violence.  
 § Current depressed mood was based on the family or friends' impression of the decedent's mood.  
 ¶ Includes any mental illness diagnosis of the decedent (e.g., clinical depression, dysthymia, bipolar disorder, or schizophrenia).

Source: Morbidity and Mortality Weekly, July 7, 2006 / 55(26);721-724

# Suicide Rate for Teens Increased between 2003 and 2004

TSPN reports that depression is the leading risk factor for suicide. However, controversy has centered on the relationship between antidepressants and suicide, especially in young people. In March 2004 the FDA issued an advisory regarding concerns about increased suicide ideation and behavior after starting antidepressants. In October 2004 FDA required makers of antidepressants to include package warnings. One review of 10,000 people identified a problem in people under 25. However, subsequent studies of more than 100,000 case files found that suicide attempts were highest in the month before treatment begun and continue high during the first week of treatment before going down.

The Centers for Disease Control just reported that suicides among girls ages 10 to 19 years old increased between 2003 and 2004. Suicides by boys ages 15 to 19 also rose, in contrast to generally falling rates. Suicide rates among people 25 and younger had dropped by 28 percent since 1990, but rose by 8 percent during the one year period.

Analysts suggested that the earlier drop and the current increase were related to changes in treatment. Antidepressants, like Prozac, came into widespread use during the late 1980s. 




## New Law Requires Teacher Training on Suicide Prevention

A bill known as the Jason Flatt Act of 2007 requiring school systems to provide two hours of training in suicide prevention as part of the annual in-service for all school personnel has become law. Sen. Diane Black, the bill's primary sponsor, cited studies indicating troubled students were more likely to share problems with teachers rather than parents.

*The Advocate* is published by the Tennessee Commission on Children and Youth as an information forum on children's issues. The Tennessee Commission on Children and Youth, an independent state agency, serves as an advocacy agency and information resource for planning and coordination of policies, programs, and services on behalf of the state's children and youth. The 21-member Commission, appointed by the governor, works with other agencies and with regional councils on children and youth in each development district to collect information and solve problems in children's services. To receive *The Advocate*, sign up on the website at [www.state.tn.us/tccy/listserv.html](http://www.state.tn.us/tccy/listserv.html) or contact Fay L. Delk, Publications Editor, Tennessee Commission on Children and Youth, 710 James Robertson Parkway, 9th Floor, Nashville, TN 37243-0800. Phone: (615) 741-2633. Fax: (615) 741-5956. E-mail: [fay.delk@state.tn.us](mailto:fay.delk@state.tn.us).

Although Sen. Black consulted with Clark Flatt of the Jason Flatt Foundation, the legislation allows schools to choose from suicide prevention programs, including the foundation's materials, Suicide Awareness Voices of Education (SAVE) and the Yellow Ribbon International Suicide Prevention program. Any accredited mental health or suicide prevention training can fulfill the requirement, which will be in effect beginning with school year 2008-09.

The bill specifically targets public schools, and questions remain about whether it applies to charter schools.

Currently, schools are required to provide five days of in-service training. Schools are required to provide 180 days of instruction, 10 days of vacation and one day of parent-teacher conferences. In addition to requiring staff development and teaching competencies, state guidelines specifically require education on the Juvenile Offender Act, with provisions regarding loss of drivers' licenses for youth convicted of status and criminal offenses and mandate two days of training on preventing and intervening behavioral and emotional disorders. 

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## Stigma: A Special Mental Health Problem

What if a person failed to seek treatment for a broken arm? Would their friends approve, view it as a sign of character and goodness and tell them to stop feeling sorry for themselves?

Sadly many people do not seek help for emotional and mental problems and do not get the support of their family, friends and co-workers because of the perceived stigma associated with mental health and substance abuse problems.


In December 2006 National Public Radio ran a series of stories about soldiers returning from Iraq, where they were exposed to incredible amounts of stress for lengthy periods. Even when experiencing symptoms of post traumatic stress disorder, they were discouraged from seeking services because of the stigma.

Increased understanding of brain chemistry and a better understanding of the relationship between physical and mental health have made these attitudes even more unconscionable.

Depression has long been found to be high among the chronically ill, and recent longitudinal studies have found an increase in chronic health problems among the chronically depressed. Habits that contribute to good physical health – good nutrition and exercise – have also been found to contribute to improved mental health.

In addition to discouraging people from seeking help, stigma may deter them from getting the best help available. A Rand Foundation study found primary care physicians, who are not associated with the stigma, do not provide uniformly high quality services, yet they prescribe the majority of psychotropic medications.

Although well-known public figures, actresses Patty Duke, Brooke Shields and Jane Pauley, have publicly shared their experiences living with mental illness, the stigma continues. An even longer list of successful people who lived prior to the modern understanding of mental health — Alexander the Great, Abraham Lincoln, Charles Dickens, Ludwig von Beethoven and Isaac Newton — are reported to have experienced symptoms associated with mental illness.

The National Alliance on Mental Illness, the Carter Center, the National Institute for Mental Health, and the Tennessee Department of Mental Health and Mental Retardation, Tennessee Voices for Children and the Mental Health Association of Tennessee all have programs to help end the stigma associated with seeking mental health treatment. 



Memory Quilt