Tennessee Working to End Youth Suicide

Mental health is an important, but sometimes forgotten, pillar of child well-being and health. According to the Centers for Disease Control and Prevention (CDC), in any given year, one in five children ages 9 to 17 experience symptoms of mental illness severe enough to cause impairment. More than 80 percent did not receive mental health treatment. Even so, the annual cost of treating children with mental illness is from $11 billion to $14 billion. Even more costly are the societal impacts of untreated mental illness: violence, school dropout, family dysfunction, juvenile incarcerations, alcohol and other drug use, and unintentional injuries.

Suicide is frequently associated with mental illness. Based on 2007 figures, suicide is the third leading cause of death for youth ages 15 to 24 and ranks within the top five causes for all age cohorts between ages 10 and 54.

The Tennessee Lives Count (TLC) project has contributed to a reduction of the suicide rate for children ages 10 to 19 from 5.7 per 100,000 in 2000 to 3.7 in 2008. This success of Tennessee’s prevention efforts has been improved by the use of research to formulate programs.

Increasingly, funding for social programs require using programs with a proven track record. The CDC maintains registries of evidence-based programs at http://www.cdc.gov/healthyyouth/AdolescentHealth/registries.htm.

Source: Depression is Real Coalition
Tennessee Lives Count Project Refunded

In August, Tennessee was again awarded $1.4 million dollars for the Tennessee Lives Count project. The funds will be distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA) over the next three years. TLC will adopt a larger role in its “gatekeeping” duties by expanding suicide prevention training to more parents and professionals in the medical, education, youth development and juvenile justice fields. Gatekeeping programs such as TLC have been statistically proven to be effective in transforming attitudes, knowledge and beliefs regarding suicide and suicide prevention.

Additional activities to be evaluated by TLC for this grant cycle include a follow-up study on young people identified as being at risk for suicide. Youth Villages will identify at risk young people for the follow up services to increase referral retention, enhance hope and promote connectedness. The program also plans to focus more on crisis intervention strategies and postvention plans, especially in schools. TLC also aims to increase awareness of available resources such as the National Suicide Prevention Lifeline (1-800-273-TALK) among 10- to 24-year olds by utilizing social marketing strategies.

Suicide Warning Signs

Take action if you or someone is exhibiting the following behaviors:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself;
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means;
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person;
- Feeling hopeless;
- Feeling rage or uncontrolled anger or seeking revenge;
- Acting reckless or engaging in risky activities - seemingly without thinking;
- Feeling trapped - like there is no way out;
- Increasing alcohol or drug use;
- Withdrawing from friends, family and society;
- Feeling anxious, agitated, or unable to sleep or sleeping all the time;
- Experiencing dramatic mood changes;
- Seeing no reason for living or having no sense of purpose in life.

Developed by the U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA).
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By Lauren Kissinger
TCCY Intern

In the past decade, Tennessee has made significant progress in reducing the prevalence of adolescent suicides. Between 2004 and 2008, the state saw a 34.2 percent decline amongst the 10-to-19 age bracket. As encouraging as the statistics may be, much work remains in the fight to end youth suicide. Fortunately, living in an era of mass technology provides us with various forms of media that have proven to be an effective means of outreach for both adolescents and their loved ones. Through websites, online communication services and electronic PSAs, audiences are exposed to helpful resources such as crisis hotlines, support chats and messages promoting public awareness.

In the past decade, the Internet has become perhaps the most widespread source of information and communication. Following the trend, many websites and online programs have used the World Wide Web as a forum to acknowledge the problem of youth suicide and to inform youth of the resources available. Popular social media sites such as Facebook and MySpace have groups dedicated to public awareness, and group members, including survivors, are invited to provide words of encouragement for those considering suicide. Twitter chats have been created as a medium for discussion of strategies that would act as a buffer against depression and suicidal ideation. Online counseling sites allow adolescents to communicate anonymously with counselors via email and instant messaging. Celebrities such as Gary Sinise and the casts of One Tree Hill and The Real Housewives are taking a stand against suicide through YouTube, appearing in video PSAs and podcasts to encourage young adults to reach out for help when feeling hopeless. Additionally, some search engines have contributed to the fight by adopting a feature that displays a link to a prevention hotline when searches include terms or phrases that suggest consideration of suicide.

Research conducted by academic scholars and national health institutions has proven these online forums effectively contributed to the decline of adolescent suicide. The Internet allows young people to bypass feelings of embarrassment through anonymity: rather than visiting a therapist in an office, youth can remain a faceless, nameless participant while still receiving necessary support through email. These resources also offer 24-hour care. Crises happen at all hours; Internet assistance is available even when “real-world” options are not. Additionally, cyber services provide a greater geographic span. Young adults in rural areas who may not have human help readily accessible in their area can simply log on to their computers and find encouragement and psychological advice without the inconveniences of travel. The benefits of Internet outreach are numerous. As online resources continue to expand, so does the hope for an end to suicide among our youth.

New Tools for Reaching Out to Young People about Suicide

Source: Samaritans, UK
Tennessee has made reducing youth suicide a priority in its anti-suicide fight. However, the state faces barriers in its continued prevention efforts.

Tennessee has been successful in its efforts to reduce youth suicide through the efforts of its eight regional networks across the state and its collaboration with Tennessee Lives Count, whose youth gatekeeper training program brings suicide prevention information to target populations throughout the state. However, it faces challenges, some that impact other age groups more. The Tennessee Suicide Prevention Network’s report *Status of Suicide in Tennessee 2010* identified challenges to be overcome to reach the state’s suicide prevention goals:

**The ongoing recession and the related rise in unemployment.** Unemployment and related financial difficulties are major suicide risk factors. At the same time, the recession is also creating financial pressures on state and local governments, resulting in cutbacks to vital social service agencies and organizations invested in suicide prevention.

Mental health experts report hospitalizations of people who have never sought mental health services but who are overcome by challenges instigated by the financial crisis. SAMHSA has resources on its website to help those dealing with economic and financial stress ([www.samhsa.gov/ECONOMY/](http://www.samhsa.gov/ECONOMY/)).

**Lack of resources in rural communities.** Rural areas often lack mental health resources such as clinics, therapists or hospitals with psychiatric units. Even when these resources exist, people are reluctant to use them. The ongoing stigma attached to suicide and mental illness prevents people from reaching out for help.

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As recently as the 1960s, cancer had a stigma. Patients and families feared for their neighbors and friends to learn they had the disease. Improvements in treatment and understanding and the courage of advocates helped overcome the stigma.

Despite improvements in treatment and understanding of the brain and of human behavior and the ongoing efforts of advocates, the stigma that has long been attached to mental illness, continues to discourage people from seeking help.

Most research about stigma, Vanderbilt researchers’ review of literature on stigma found, focuses on adults, with fewer articles dealing with stigma and children. The research revealed young children already have negative views of mental illness. The powerless of children could add a dimension.

Acceptance by opinion leaders is one way of overcoming stigma. Tipper Gore, a founder of Tennessee Voices for Children; Catherine Zeta Jones; Brooke Shields; Nobel prize winner for economics John Nash (whose life inspired the movie “A Beautiful Life”); Paula Deen; and football player Herschel Walker are among the list of people admired and respected for their accomplishments who have dealt with mental illnesses.

The way people with mental illnesses are described in the media can contribute to stigma. TSPN informs journalists of appropriate guidelines for covering suicides as news. Work to influence the media portrayal of mental illness also continues.

- **Resistance to safe storage of firearms.** Sixty-three (63.1) percent of the suicide deaths reported in Tennessee in 2008 involved firearms. Studies show that people who attempt suicide, especially on an impulse, use whatever means are readily available. Safe storage of firearms—keeping them locked and unloaded, out of access to children, and temporarily removing them from areas where someone is actively suicidal or severely depressed—will prevent suicides.

Suicide rates for people living in homes where guns are present are from double to 10 times higher than those for the general population, according to a review of literature reported on in the New England Review of Medicine (2008). This increased risk applies to the gun owner as well as other family members. Studies have linked safe gun storage to prevention of youth suicide.

### Fighting Stigma

- **Use respectful language.**
  Put the person before the illness – use phrases such as “a person with schizophrenia.” Never use terms like crazy, lunatic, psycho, retarded, and correct people who do so.

- **Provide professional development opportunities for staff, regarding diversity, mental health issues, and fostering an inclusive work environment.**
  Include mental illness in discussions about acceptance of diversity, just as you would discuss cultural diversity, religious beliefs, physical disability, and sexual orientation.

- **Become an advocate.**
  Create awareness by writing letters to newspapers and lawmakers. Speak out and challenge stereotypes portrayed in the media. Take it upon yourself to inform your community about the truth of mental illness.

- **Teach others about mental illness.**
  Spread understanding that these are illnesses like any other.

*Source: National Alliance on Mental Illness*
Southeast and Upper Cumberland Regions Get New Coordinators

TCCY’s regional coordinators are the agency’s face in communities and regions across the state, and its arms and legs as well. During the past few years, the agency has been lucky to have a generally consistent team of coordinators. However, things change, and people move on to new challenges.

TCCY is welcoming two new regional coordinators: John Rust, new Upper Cumberland regional coordinator, and Rosalyn Leavell-Rice, new Southeast regional coordinator.

**John Rust**

is making a change, although his commitments to the Upper Cumberland Council on Children and Youth continues. He went from being the council’s president to being its staff person. As president, however, he was called upon to provide leadership to maintain the organization over the past months. He is not new to the council. The council named him its advocate of the year in 2009.

Prior to his employment with TCCY, Rust was Middle Tennessee site coordinator for the Tennessee Community Services Agency. His other roles with the agency include serving as development coordinator and special projects coordinator. He also worked with the Upper Cumberland Community Health Agency and in other roles in the child welfare, juvenile justice and other child-serving systems.

**Rosalyn Leavell-Rice**

comes to TCCY from the Tennessee Department of Children’s Services, where she worked as a program specialist coordinating Independent Living Services to transitioning foster care youth. She has a master’s in public administration from Jacksonville State University in Alabama. Prior to working with DCS, she was employed in Alabama’s child welfare system, including in residential settings.

Leavell-Rice impressed TCCY staff with her warm personality and her commitment to effective programming. She has one daughter and three grandchildren. She reported, “I am a military “brat,” who was born at Ft. McClellan, Alabama, and have lived in or been to 41 out 50 states and Washington, D.C., and two foreign countries.”

Leavell-Rice and Rust join a stellar group of coordinators statewide: Diane Wise, Northeast Region; Lindsey Cody, East Region; April Swoner, Mid-Cumberland Region; Elaine Williams, South Central Region; Dana Cobb, Northwest Region; Rodger Jowers, Southwest Region; and Gwen Wright, Memphis-Shelby County Region.

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New TCCY Commission Members Appointed

Each year, members of TCCY’s oversight Commission are appointed or reappointed to three-year terms. Governor Haslam has appointed five new members and made one reappointment (Stokes). Commission members may be reappointed to three consecutive terms. The new members join a team of effective advocates for children.

**Kelly Drummond** is the vice president of Human Resources and Grant Projects with the Boys and Girls Clubs of the Tennessee Valley in Knoxville, managing more than $4 million in funded programs. She is a member of the At-Risk Advisory Board for Knox County Schools, Knox County Drop-Out Prevention Summit Committee and Knox County Juvenile Court Foster Care Review Board and works with the Gang Taskforce and the Knox Adolescent Pregnancy Prevention Initiative. Drummond received a master’s degree in Organization and Management from Capella University and bachelor’s degree in political science and criminal justice from Old Dominion University. Kelly is also president of the East Tennessee Council on Children and Youth.

**Lynne Fugate** is executive vice president of CapitalMark Bank & Trust and also serves on the Knox County Board of Education. Fugate directed Nine Counties. One Vision, the largest citizen-driven, long-range strategic planning effort in the southeastern United States, for five years. She is currently the president of the YWCA Knoxville Board of Directors and serves on the boards of the Knoxville Museum of Art, YMCA of East Tennessee and the Holston Conference Foundation. Frequently honored for her community service, she is a graduate of Leadership Knoxville and East Tennessee Regional Leadership. A native of Greenville, South Carolina, Fugate received a bachelor’s degree in business administration from the University of Tennessee.

**Billy Posey** is executive vice president and CEO with Greystone Servicing Corporation. He also serves on the Fannie Mae Multifamily DUS Advisory Board. Posey is an Elder at Hope Presbyterian Church and serves on the Board of Bethany Christian Services of Memphis, an adoption and foster care agency. He is a graduate of Rhodes College.

**Christy C. Sigler**, a native Knoxvillian, practices law in Murfreesboro, specializing in representing juveniles and families in juvenile court. She is a graduate of the University of Mississippi and the University of Memphis (U of M) Cecil C. Humphreys School of Law, where her accomplishments included receiving the Dean’s Distinguished Service Award and writing for the Tennessee Journal of Practice and Procedure. Prior to attending law school, Sigler served in the U.S. Army as a Signals Intelligence analyst, earning two Army Commendation Medals, three Army Achievement Medals and a Good Conduct Medal.

**Wendy Shea**, a native Memphian, is a graduate of Vanderbilt University and the (U of M) Cecil C. Humphreys School of Law. She is the incoming executive director of CASA (Court Appointed Special Advocates) of Memphis & Shelby County, a voice in the juvenile court system for neglected and abused children. Shea’s community activities include service on the board of directors of the Women’s Foundation for a Greater Memphis, as a member of the Department of Children’s Services Independent Community Advisory Board and as co-chair of the Memphis and Shelby County Juvenile Court Foster Care Review Board. She previously served as General Counsel for St. Jude Children’s Research Hospital.

**Judge Dwight E. Stokes** serves as the Sevier County General Sessions and Juvenile Court judge. Prior to being elected to the bench in 1998, he practiced civil and criminal law in Sevier County for more than 20 years. Stokes is a member of state and national judicial groups, including the Tennessee Council of Juvenile and Family Court Judges and a regular speaker on areas of the law. He was appointed by the Tennessee Supreme Court to serve on the Tennessee Court of the Judiciary. He is a graduate of Carson-Newman College and the University of Tennessee School of Law. He also serves as vice chairman of TCCY’s Disproportionate Minority Contact Statewide Task Force. Stokes has served on the Commission since 2005.