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Suicide in Tennessee Health Disparities

Tennessee Health Disparities Task Force – September 7, 2023

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Statements of Acknowledgement

- **Content warning: This presentation contains references to themes of suicide, self-injurious behavior, and suicidal ideation, which some people may find distressing. In response, we encourage you to take the necessary steps for your emotional safety. This may include stepping away while some or all of this content is being presented. If you or someone you know is struggling, 24/7 help is available.**



Call 855-274-7471



Text TN to 741741

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National Suicide Prevention Week – September 10 – 16, 2023

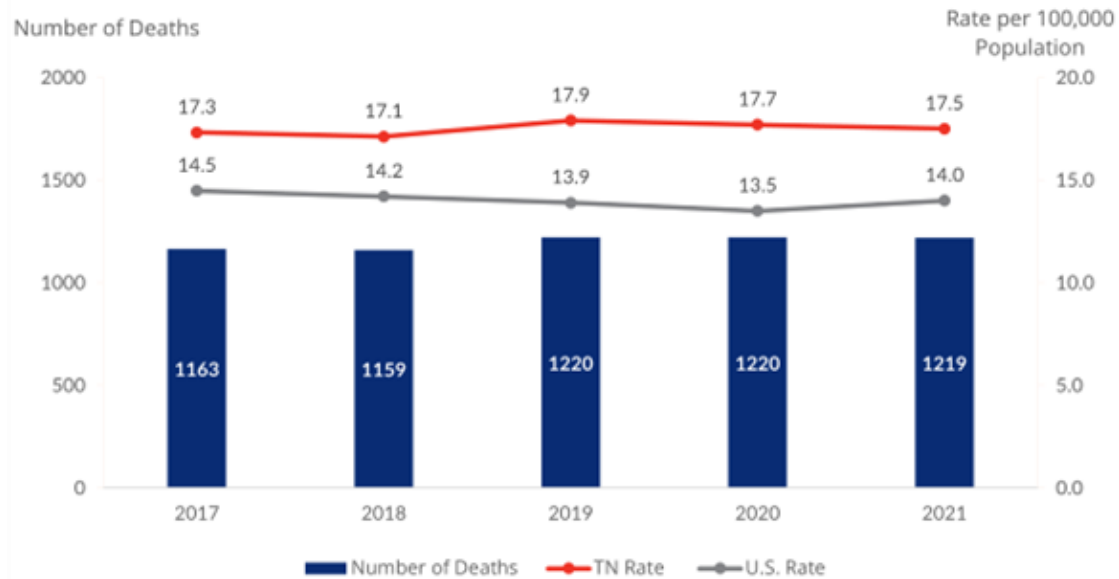


TN Department of
Health

National Suicide Prevention Week

www.preventsuicidetn.com

Suicide Fatalities 2017-2021



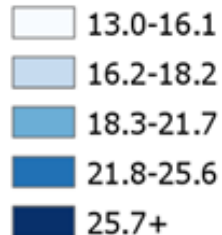
Number and rates of suicide per 100,000 population, Tennessee and United States

Rates of Suicide by Region, 2021



Suicide in TN 2021

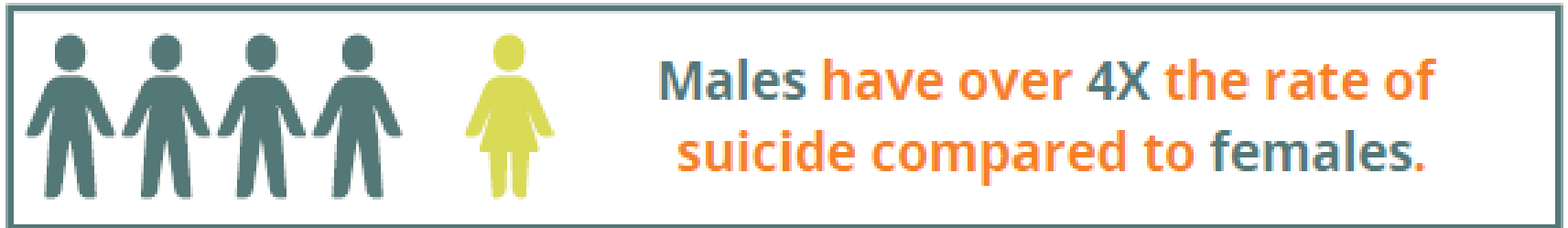
Deaths per 100,000



Individuals living in rural areas died by suicide at a rate 1.5x higher than those in metro areas.

Suicide by Gender, 2017 - 2021

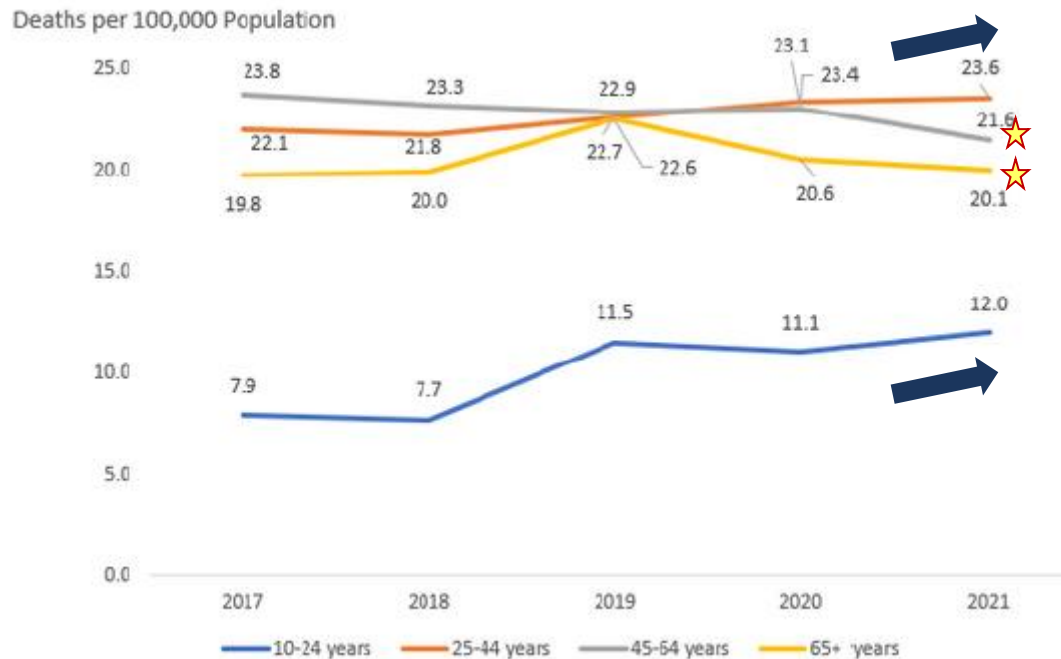
- In 2021, the suicide rate for males in Tennessee was 28.7 deaths per 100,000 males compared to 6.7 deaths per 100,000 females.



Number and rates of suicide per 100,000 population, Tennessee and United States

Suicide by Age, 2017 - 2021

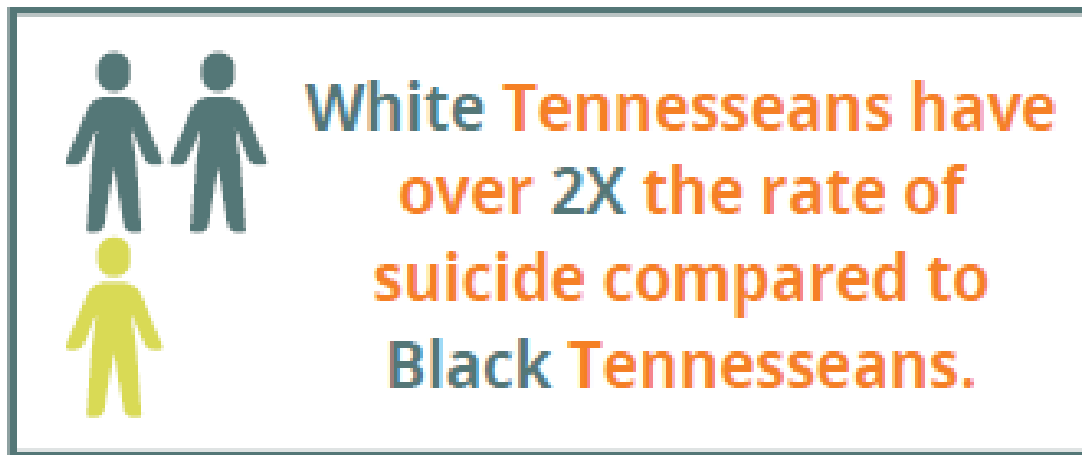
- Suicide has increased for ages 25-44 and 10-24 and decreased slightly for 45-64 and 65+ from 2020 to 2021.



Number and rates of suicide per 100,000 population, Tennessee and United States

Suicide by Race, 2017 - 2021

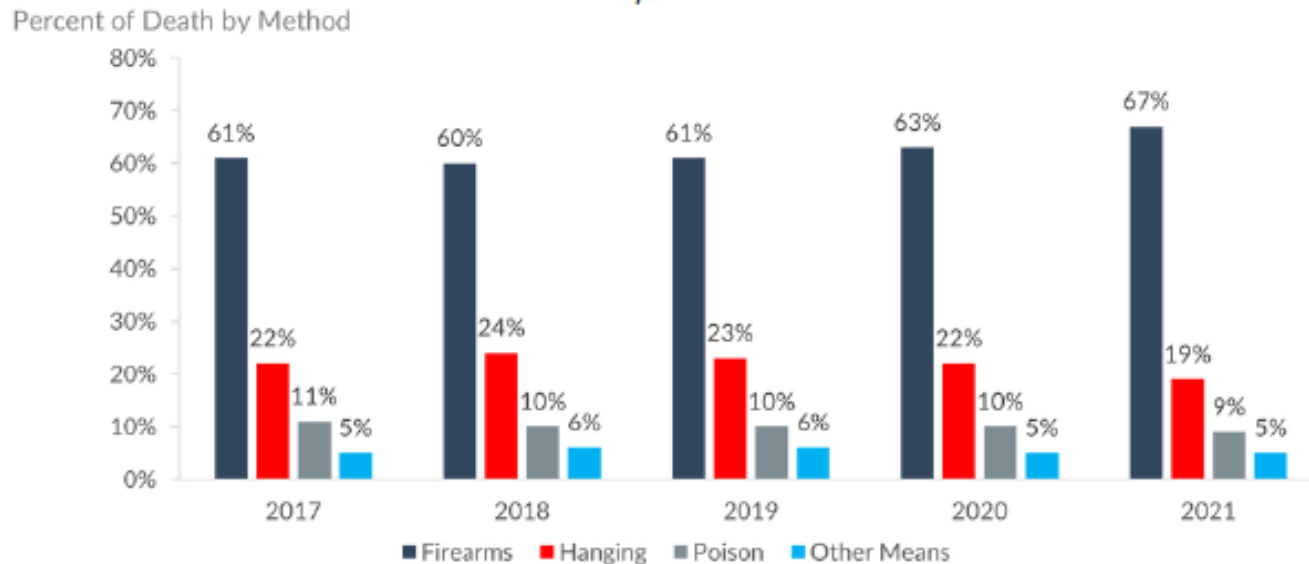
- Between 2017 and 2021, the rate of suicide for White Tennesseans increased from 18.2 to 19.9 deaths per 100,000 and increased from 5.3 to 9.5 deaths per 100,000 for Black Tennesseans.



Number and rates of suicide per 100,000 population, Tennessee and United States

Suicide by Method, 2017 - 2021

- Firearms are the most prevalent means of suicide, accounting for 2 out of 3 (67%) suicides in 2021.



Number and rates of suicide per 100,000 population, Tennessee and United States

Suicide Attempts and Ideation

- Non-fatal intentional self-harm includes intentional injuries from poisoning, firearms, toxic substances, hanging, sharp objects, and other means.



1,219
Deaths by Suicide



2,259
Nonfatal Intentional
Self-harm
Hospitalizations

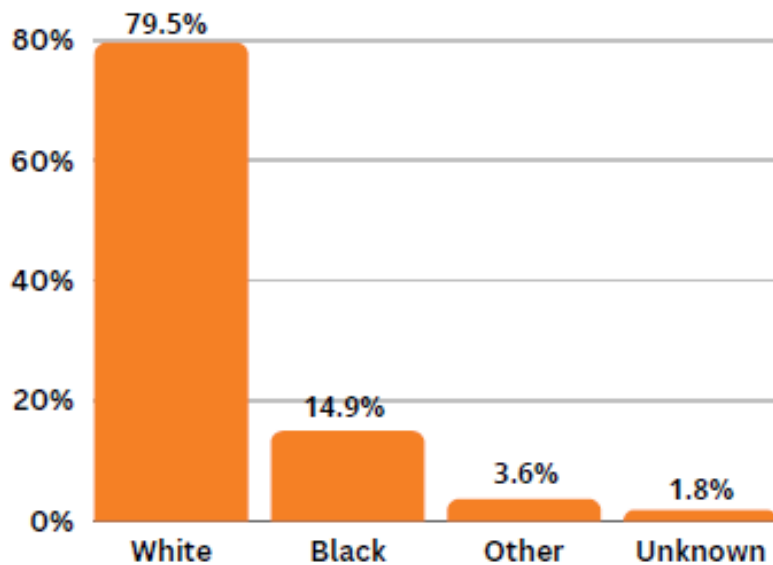


6,753
Nonfatal Intentional
Self-harm ED Visits

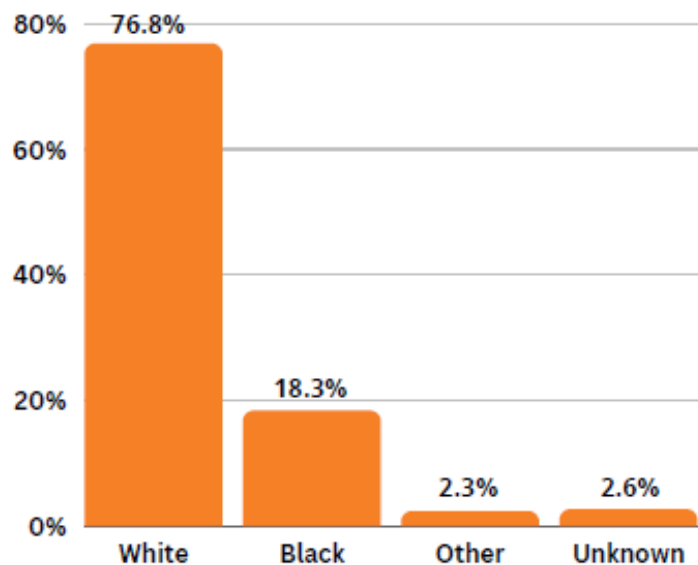
Data Sources: Tennessee Department of Health, Division of Population Health Assessment, Hospital Discharge Data System; Office of Vital Records and Statistics, Death Statistical File.

Non-fatal Intentional Self-harm and Suicidal Ideation by Race

Non-fatal Intentional Self Harm



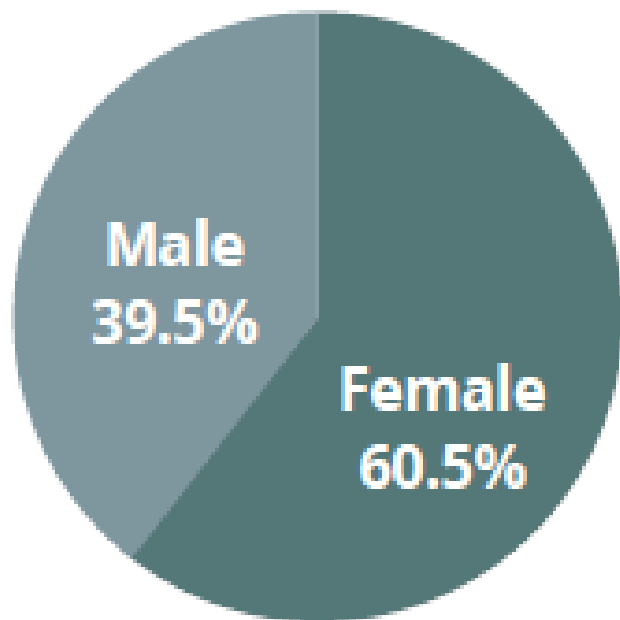
Suicidal Ideation



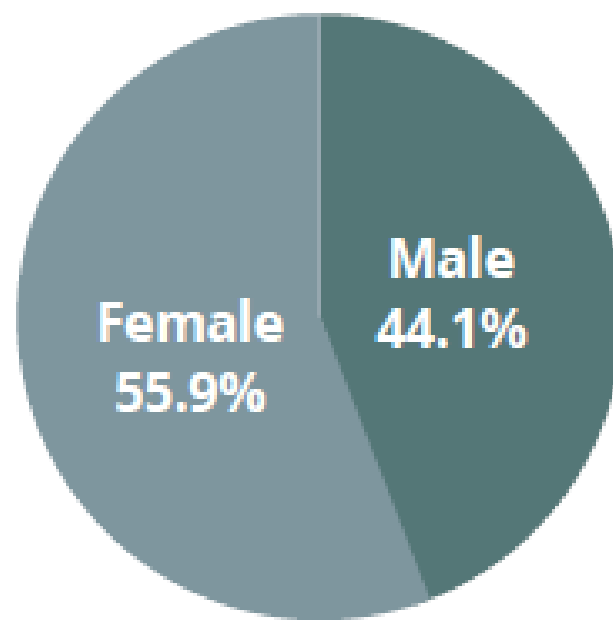
Data Sources: Tennessee Department of Health, Division of Population Health Assessment, Hospital Discharge Data System; Office of Vital Records and Statistics, Death Statistical File.

Non-fatal Intentional Self-harm and Suicidal Ideation by Gender

Non-fatal Intentional Self-harm



Suicidal Ideation



Data Sources: Tennessee Department of Health, Division of Population Health Assessment, Hospital Discharge Data System; Office of Vital Records and Statistics, Death Statistical File.



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Comprehensive Suicide Prevention Program

Mission Statement

- The CSP aims to **enhance, support, and strengthen** Tennessee's suicide prevention infrastructure through implementation of data-driven approaches (community-based, healthcare-related, and upstream interventions) to achieve a 10% reduction in suicide morbidity and mortality by 2025.

Comprehensive Suicide Prevention Grant

- TDH receives \$883,000 per year from CDC to accomplish the following goals:
 - Create a coordinated partnership plan.
 - Use existing data to understand the circumstances of suicide.
 - Create an inventory of suicide prevention programs.
 - Implement evidence-based strategies utilizing healthcare, community and upstream interventions (ex: Zero suicide, gatekeeper training, telehealth training, Sources of Strength, mental health parity law education).
 - Develop and implement a communications and evaluation plan.
 - Utilize ESSENCE data to monitor suicide trends and improve prevention responses in high-risk counties.

ESSENCE ALERTS – SYNDROMIC SURVEILLANCE FOR SUICIDE



Suicide-Related ESSENCE Alerts for the week of June 18 - 24, 2023

To find more information about suicide-related syndromic surveillance efforts in Tennessee, please view an infographic describing efforts [here](#).

NOTE: ESSENCE alerts are generated by county of residence.

ESSENCE alerts for youth 5-17 years: Hamilton County.

ESSENCE alerts for adults 18-24 years: Giles and Marshall Counties.

ESSENCE alerts for adults 25-44 years: Bradley, Knox, McMinn, and Rhea Counties.

ESSENCE alerts for adults 45-64 years: Anderson, Blount, Cannon, Cocke, Cumberland, Greene, Loudon, Roane, Sevier, Warren, and Washington Counties.

ESSENCE alerts for adults 65+: Bedford, Madison, and Maury Counties.

Current Trends: Week of 6/18/2023 to 6/24/2023

- The Hamilton metro alerted for the 5-17 age group.
- The South Central region alerted for ages 18-24, entirely white.
- The Knox metro and Southeast alerted for ages 25-44, mostly white females.
- The East Tennessee, Northeast, and Upper Cumberland regions alerted for ages 45-64, all white and mostly male.
- The Madison metro and South Central region alerted for ages 65+.

Additional diagnoses/concerns seen during this period that can increase the risk of a child or adult attempting or dying by suicide include:

- Risk Factors for ages 5-17: Depression.
- Suicidal Behavior: Intentional overdose.

- Risk Factors for ages 18-24: Depression and substance abuse.
- Suicidal Behavior: None specified.

- Risk Factors for ages 25-44: Depression, substance abuse, anxiety, bipolar disorder, schizophrenia, PTSD, and homelessness.
- Suicidal Behavior: None specified.

- Risk Factors for ages 45-64: Depression, substance abuse, hallucinations, anxiety, bipolar disorder, schizophrenia, homelessness, seizures, and previous suicide attempt.
- Suicidal Behavior: Intentional overdose.

- Risk Factors for age 65+: Depression, anxiety, and substance abuse.
- Suicidal Behavior: Intentional overdose and use of firearms.

As a reminder, suicide-related ESSENCE alerts are generated when a specific county/region is showing an increase in the number of individuals presenting to an emergency department for suicide-related behavior, including visits for suicide attempts, intentional self-harm, and/or suicidal thoughts and feelings. These alerts are generated based on the county of residence.

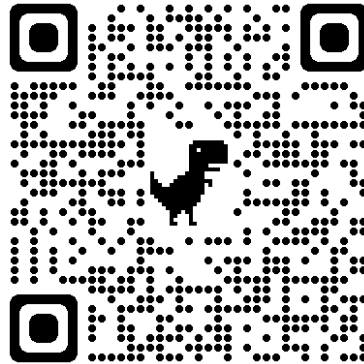
To find more information about suicide prevention programs and services available across Tennessee, including free training on how to identify and support those at-risk, please visit www.preventsuicidetn.com. You can also consult the [2021-2022 Mental Health and Suicide Prevention Resource Directory](#).

Questions or comments about ESSENCE Alerts may be directed to William Thomson, Epidemiologist within the Division of Family Health and Wellness of the Tennessee Department of Health, at 615-532-6084 or William.T.Thomson@tn.gov.

Suicide Prevention Training & Resources



Education and Training



Counseling on Access to Lethal Means (CALM)



Resource Directory

Suicide Prevention Information



Electronic
Surveillance
Systems for the
Early
Notification of
Community-based
Epidemics



[PreventSuicideTN
Newsletter](#)



[Suicide Prevention
Task Force](#)



[Sign Up for
ESSENCE Alerts](#)

988 Crisis Lifeline

Talk with us.



24/7 CALL, TEXT, CHAT

988 LÍNEA DE
PREVENCIÓN DEL
SUICIDIO Y CRISIS

988 SUICIDE & CRISIS
LIFELINE





**Tennessee Department of Health
Suicide Prevention Program
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Questions?