



Suicide Prevention in Tennessee

2025 ANNUAL REPORT



Department of
Health

DIVISION OF FAMILY HEALTH AND WELLNESS

Released May 2025

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ACKNOWLEDGEMENTS

The Tennessee Department of Health (TDH) expresses its gratitude to the agencies and individuals who have contributed to this report, including the members of the Tennessee Suicide Prevention Advisory Group.

It is with deepest sympathy and respect that we dedicate this report to the memory of those Tennesseans who have died by suicide, and to their loved ones.

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EXECUTIVE SUMMARY

This report summarizes suicide surveillance and programmatic data collected by the Tennessee Department of Health (TDH). Through a comprehensive review of existing data and resources, along with input from key partners, this report identifies specific, actionable, and community-informed strategies and best practices for the prevention of deaths by suicide in Tennessee.



Suicide-related surveillance data is collected on a calendar year. **Reporting reflects January 2023 - December 2023**, the most recent year of final data available.



The TDH Suicide Prevention Program activities are reported on the program's grant funding cycle, **September 2023 - August 2024**.

KEY HIGHLIGHTS

Suicide Surveillance Data

- Although not statistically significant, **Tennessee's suicide rate increased slightly from 17.7 to 17.9 deaths per 100,000** between 2022 and 2023.
- **Between 2019 and 2023, the suicide rate among children and youth aged 10–17 rose by 47%**, from 4.5 to 6.6 deaths per 100,000, a statistically significant increase.
- **Firearm-related suicides among youth increased by 80%** during this period, a statistically significant rise.
- In 2023, the rate of **hospital visits for intentional self-injury among non-Hispanic Black Tennesseans increased slightly from 126.7 to 127.4 per 100,000**, surpassing the rate for non-Hispanic White Tennesseans (124.8 per 100,000) for the first time in five years.

Programmatic Accomplishments

- A campaign targeting rural men in Tennessee raised awareness of the 988 Suicide & Crisis Lifeline, generating **over 2 million impressions** across TV, streaming, and digital platforms.
- Social media efforts delivered **over 400,000 impressions and reached 270,000+ users** with messages encouraging help-seeking behavior among those at risk.
- **8,800+** individuals completed Question, Persuade, Refer (QPR) Gatekeeper Training.
- **1,200+** licensed and pre-licensed behavioral health **providers in Tennessee received training on best practices for utilizing telehealth**.
- **175+** individuals received Applied Suicide Intervention Skills Training (ASIST).
- **Sources of Strength**, a youth-focused suicide prevention program, was **implemented in three high schools and one faith-based organization** in Tennessee.

2025 RECOMMENDATIONS

HEALTHCARE PROVIDERS AND HEALTHCARE SYSTEMS

- **Implement the Zero Suicide** framework to improve care and safety.
- **Screen all patients** using CSSR or ASQ; screen youth ages 12+.
- **Add the 988 Suicide & Crisis Lifeline** to email signatures and voicemails.
- **Inform patients of their rights** under the Mental Health Parity Act.
- **Use the Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES)** consult line and participate in pediatric behavioral health trainings.
- **Screen and treat pregnant/postpartum patients** using evidence-based care.

COUNTY HEALTH COUNCILS

- **Create and follow** county-level ESSENCE Rapid Response Plans.
- **Share suicide data** with local partners.
- Join the **Tennessee Suicide Prevention Advisory Group** to stay informed.

COMMUNITY, FAITH-BASED ORGANIZATIONS, SCHOOLS

- **Train staff and community members** using Applied Suicide Intervention Skills Training (ASIST) and Question, Persuade, Refer (QPR) training.
- **Equip clergy** through programs like LivingWorks Faith.
- **Incorporate ESSENCE Rapid Response** action steps into suicide prevention protocols.
- **Use Sources of Strength** to build youth resilience.
- Promote safe firearm storage by hosting a **Be SMART™ webinar**.
- **Partner with nonpartisan, nonprofit coalitions** like Voices for a Safer Tennessee.

SERVICE MEMBER AND VETERAN-SERVING ENTITIES

- **Complete free suicide prevention trainings** from VA Train or Psych Armor.
- Promote the VA's **Keep It Secure** campaign for firearm safety.

ALL TENNESSEANS

- **Learn to recognize and respond** to suicide warning signs.
- Safely store and dispose of medications.
- Adopt **safe firearm storage practices by following the Be SMART™ steps** and encourage others to do the same.
- **Take suicide first-aid** training (ASIST or QPR).
- In crisis? **Call/text 988, then press 0** for 24/7, free, confidential help.
- Explore local resources at www.preventsuicidetn.com.

*A more detailed listing of the 2025 Recommendations and links to all of the Suicide Prevention Program's initiatives, screening tools and guidelines may be accessed in the **Appendices** of the report, beginning on page 22.*

INTRODUCTION

Suicide remains a pressing public health challenge in Tennessee, affecting individuals, families, and communities across the state. With over 1,000 lives lost each year, Tennessee's suicide rate exceeds the national average, underscoring the need for urgent action.

In 2023, suicide was the 11th leading cause of death in Tennessee and nationally.¹ With a mortality rate 22% higher than the national rate in 2023, suicide continues to be a growing public health concern in Tennessee. However, the impact of suicide is not measured in deaths alone, and data on deaths by suicide represent only a small part of the full spectrum of suicidality.

This report provides a comprehensive overview of suicide-related data, trends, and prevention efforts statewide. By highlighting data-driven strategies and fostering collaboration among multi-sectoral partners, TDH's Suicide Prevention Program aims to promote high-quality, coordinated, and actionable solutions that save lives and build a healthier, more resilient Tennessee for all.

REPORT GOALS

To present a comprehensive overview of suicide data and prevention resources available in Tennessee.

To identify the groups of people most at risk for suicide by analyzing trends in suicidality by demographic factors, including sex, age, race/ethnicity, and geographic area of residence.

To demonstrate the impact of TDH's Suicide Prevention Program through a summary of programmatic accomplishments.

To provide recommendations on evidence-based strategies and best practices for the prevention of deaths by suicide in Tennessee.

SUICIDE PREVENTION PROGRAM

Established in January 2019, the Suicide Prevention Program is housed within the Tennessee Department of Health's Division of Family Health and Wellness. The program exists to enhance, support, and strengthen Tennessee's suicide prevention infrastructure through the implementation of data-driven approaches, including community-based, healthcare-based, and upstream interventions to reduce suicide morbidity and mortality among all Tennesseans, including those in underserved areas and communities.

Suicide Prevention Act of 2018

TCA § 68-3-701 to 703

- Recognized suicide as a serious public health issue in Tennessee.
- Provided the Commissioner of Health authorization to create a suicide prevention program within the Department of Health.
- Formally sunset on June 30, 2021.

January 2019

- TDH Suicide Prevention Program was established to increase the department's capacity to provide data-driven recommendations and support the implementation of statewide suicide prevention strategies and programs.

August 2020

- TDH was awarded a 5-year grant from the Centers for Disease Control and Prevention (CDC) to implement a comprehensive public health approach to suicide prevention across Tennessee.
- This 5-year cycle of funding ends on August 31, 2025.

July 2024

TCA § 68-1-120

- TDH directed to publish an annual report by May 31 each year detailing the number of attempted and completed suicides in Tennessee from the previous year, and to electronically submit the report to all Tennessee General Assembly members within seven days of its release.

Comprehensive Suicide Prevention Grant

With the CDC Comprehensive Suicide Prevention grant funding, the Tennessee Department of Health employs a multi-level, multi-sectoral approach to suicide prevention. Implemented strategies include:

- Early identification and support for individuals at risk for suicide through widespread community suicide prevention training;
- Strengthened delivery and access to suicide care for all Tennesseans, including underserved communities;
- Youth-focused social-emotional learning programs that promote healthy coping and problem-solving skills.

TRENDS IN SUICIDE FATALITIES, 2019-2023

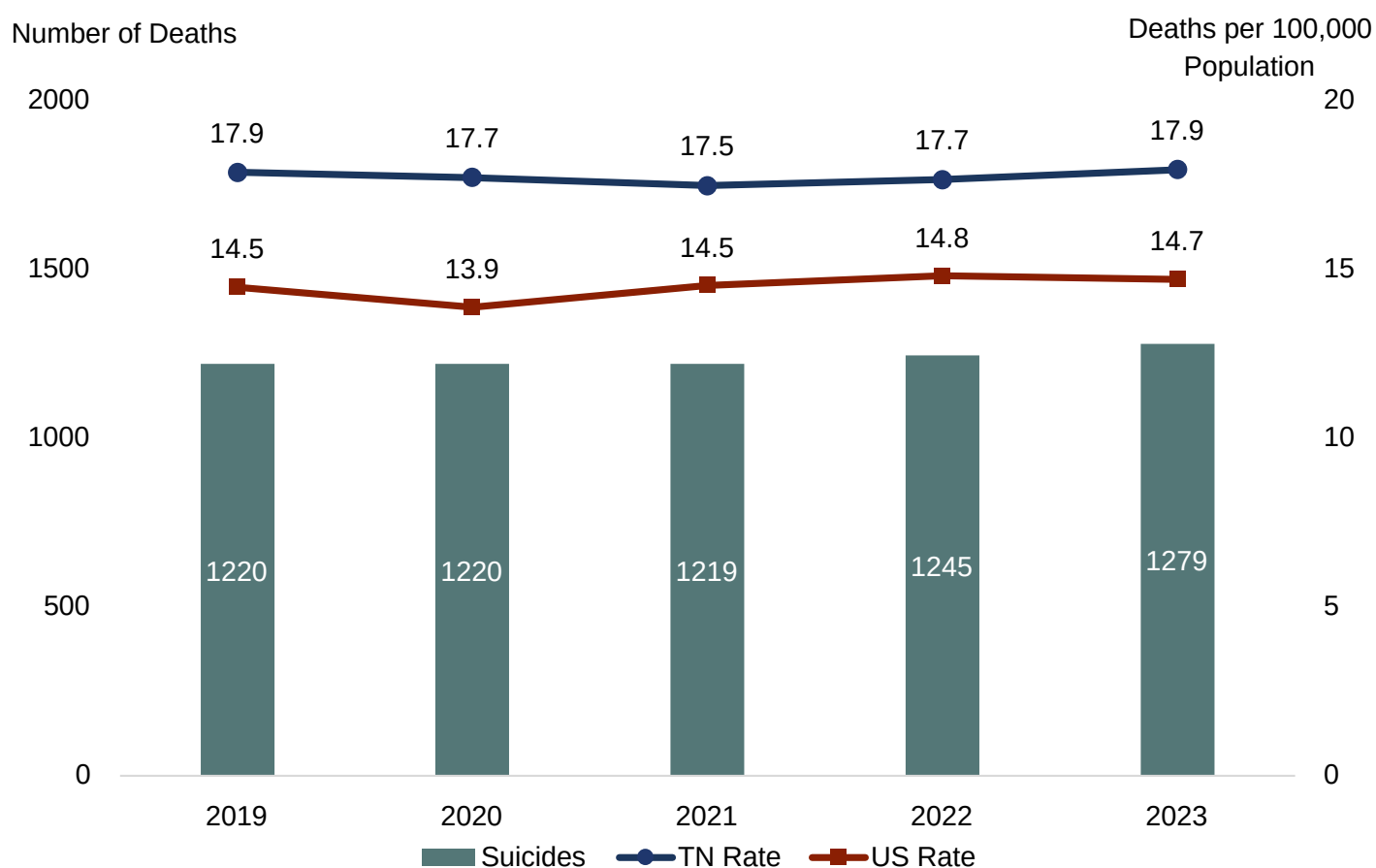
IMPACT OF SUICIDE IN TENNESSEE

Routine analysis of suicide-related data is essential to understanding its impact in Tennessee and enables the Suicide Prevention Program to identify emerging trends and guide prevention strategies.

This section includes data on deaths by suicide, analyzed by factors including method, sex, age race/ethnicity, and geographic area of residence. The most recent year of final data available is 2023.

SUICIDE FATALITIES, 2019-2023^{1, 2}

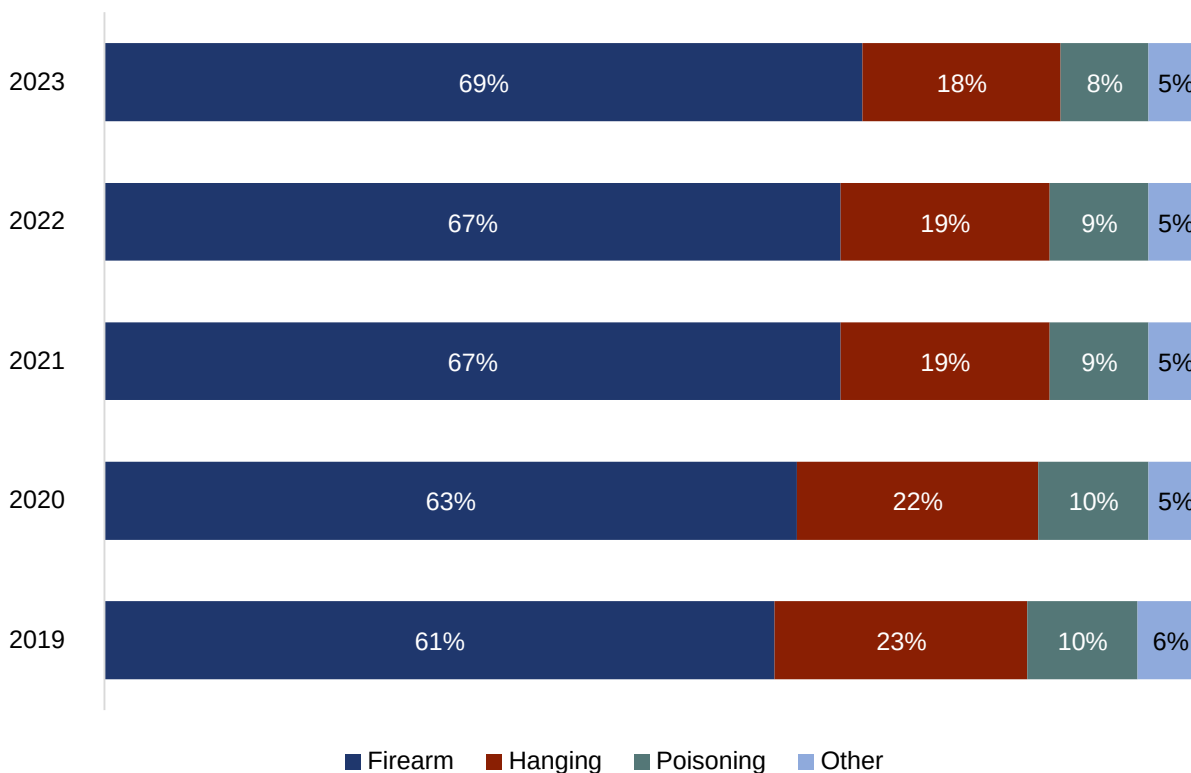
Number and rate of suicide per 100,000 population, Tennessee and United States



In 2022, **1,279 Tennesseans died by suicide**. From 2022 to 2023, **Tennessee's suicide rate rose slightly** from 17.7 to 17.9 per 100,000 population, 22% above the national rate of 14.7.

SUICIDE BY METHOD, 2019-2023²

Rates of suicide in Tennessee by method



Between 2019 and 2023, the percentage of **suicides involving a firearm increased by 8%** while those that involved hanging and poisoning decreased by 8% and 2%, respectively.

DISTRIBUTION OF METHODS, 2023²

878

Suicides by
firearm

229

Suicides by
hanging

107

Suicides by
poisoning

65

Suicides by
other methods*

*Other methods include: jumping from a height, drowning, and unspecified means.

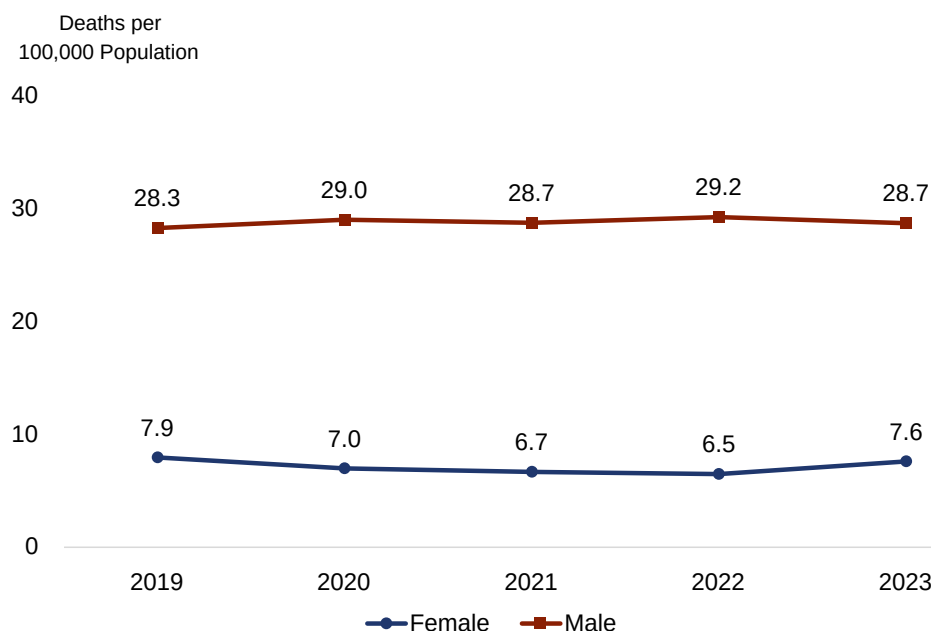


**Prevention
Recommendation**

**Create safe environments by implementing safe storage
practices for firearms and prescription medications.**

SUICIDE BY SEX, 2019-2023²

Rates of suicide per 100,000 population in Tennessee



The **suicide rate among men is over 3.8 times higher** than for women and has remained stable for the past five years.

From 2022 to 2023, **suicide rates among women (except ages 10-17) rose slightly for the first time since 2019**, driven mainly by increases among those aged 25 to 64. Rates rose from 7.6 to 9.1 per 100,000 for ages 25 to 44 and from 9.8 to 12.1 for ages 45 to 64.

Pregnancy-related suicide is an increasing concern in Tennessee. While Vital Statistics data does not fully capture the scope of suicides among pregnant and postpartum women, additional information is available in the **Maternal Mortality in Tennessee 2024 Annual Report**.³

DISTRIBUTION OF METHODS BY SEX, 2023²

In 2023, 73% of suicides among men and 52% of suicides among women involved a firearm.

5x

More men than women died by **firearm**

4.2x

More men than women died by **hanging**

1.6x

More women than men died by **poisoning**

2.3x

More men than women died by **other methods***

*Other methods include: jumping from a height, drowning, and unspecified means.

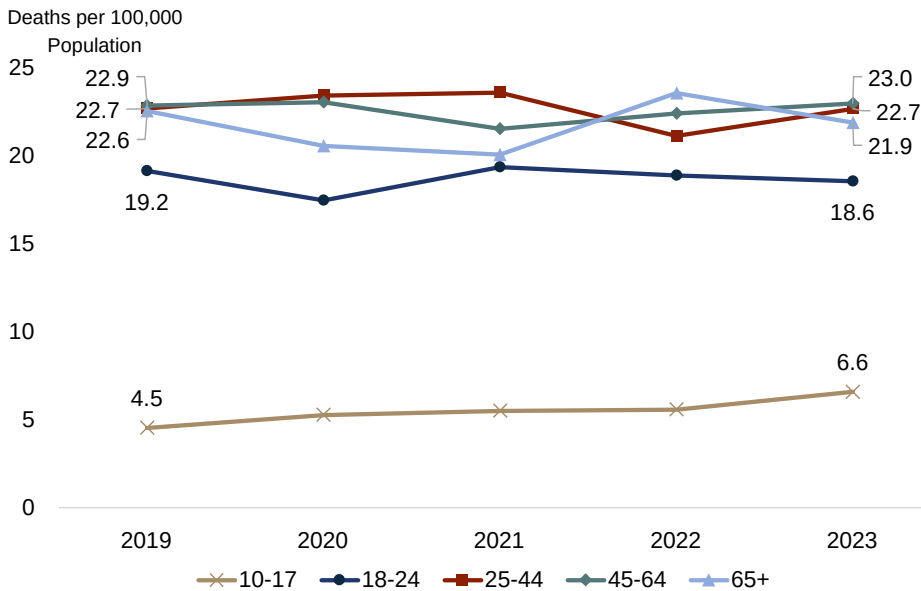


Prevention Recommendation

Provide suicide prevention training for public-facing staff and community members using evidence-based courses such as the Applied Suicide Intervention Skills Training (ASIST) and Question, Persuade, Refer (QPR) training.

SUICIDE BY AGE, 2019-2023²

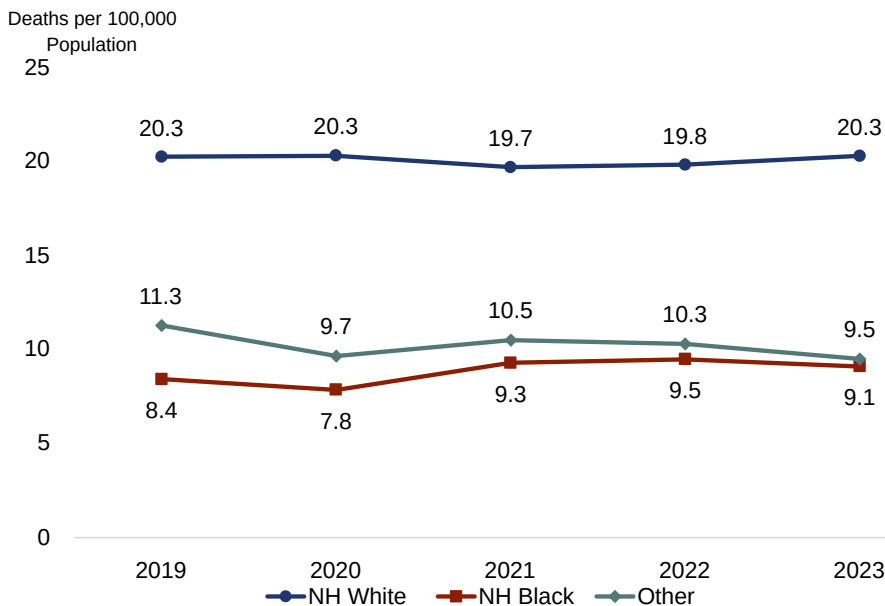
Rates of suicide per 100,000 population in Tennessee



While adult suicide rates have fluctuated, the rate among youth aged 10 to 17 has steadily increased since 2019, highlighting the **need for enhanced mental health support and targeted preventive measures** for this age group.

SUICIDE BY RACE/ETHNICITY, 2019-2023²

Rates of suicide per 100,000 population in Tennessee



Non-Hispanic White Tennesseans died by suicide at a rate **more than 2.2 times** that of non-Hispanic Black Tennesseans.



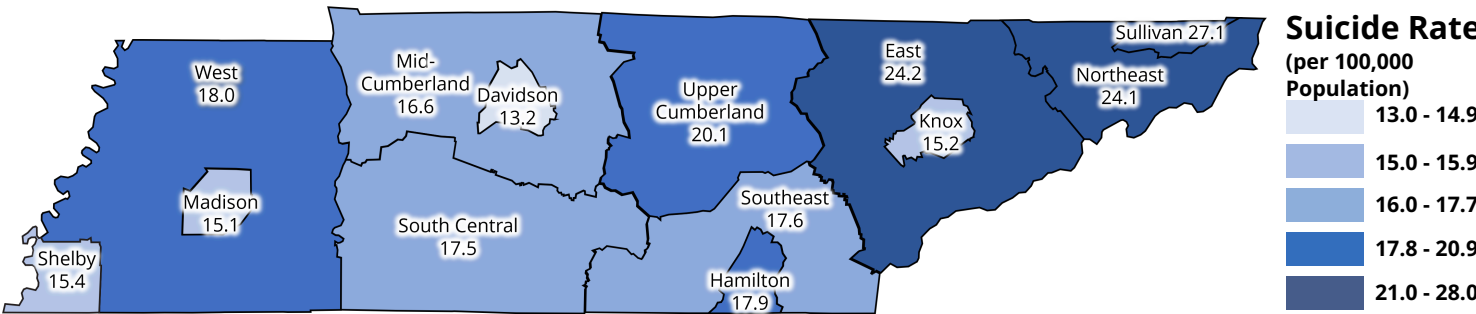
**Prevention
Recommendation**

Reduce stigma, misinformation, and shame around suicide by learning how to recognize and respond when someone in your community may be at risk.

SUICIDE BY GEOGRAPHY*, 2023²

Rates of suicide per 100,000 population in Tennessee

The Tennessee Department of Health divides the State into 13 Health Regions. Of these 13 regions, 7 are considered rural regions, and Tennessee’s 6 larger urban counties are referred to as metros.⁴



*A table showing suicide rate changes by region is available in the Appendix on page 27.

Between 2022 and 2023, several regions experienced changes in suicide rates. **Hamilton County experienced the most notable increase**, rising by 56%. The **largest decreases were observed in Upper Cumberland and Knox County**, which saw a 25% and 24% decrease, respectively.

In 2023, **Sullivan County** had the highest suicide rate with 27.1 suicides per 100,000 population. Among Tennessee’s rural regions, the **East Region** had the highest rate, with 24.2 suicides per 100,000 population.

From 2019 to 2023, the suicide rate in **Southeast Region** has declined the most overall, though rates have varied from year to year.

Suicide-Related Syndromic Surveillance in Tennessee

Understanding what drives suicidality is key to addressing it. The Tennessee Department of Health uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) to monitor real-time emergency department visits related to suicidal behavior. By capturing symptoms before a diagnosis is confirmed, ESSENCE helps identify high-risk areas and populations, enabling faster, targeted responses.



ESSENCE
Information

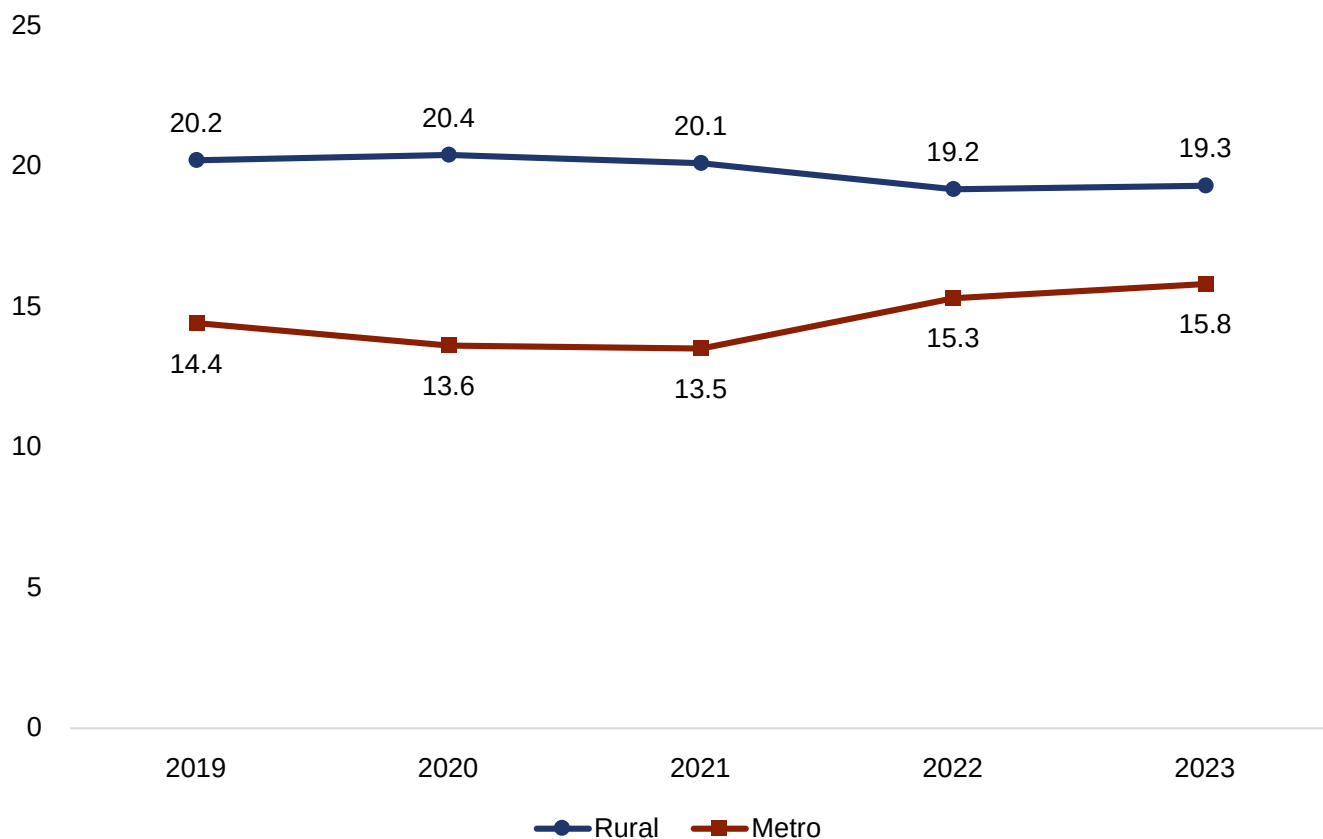


Prevention
Recommendation

Disseminate county- and state-level suicide data to local partners.

SUICIDE AMONG RESIDENTS OF RURAL VERSUS METRO COUNTIES, 2023²

Rates of suicide per 100,000 population in Tennessee



- **Rural residents died by suicide at a rate 1.2 times higher** than those living in metros.
- **Suicide rates among males in rural counties have declined since 2020**, although the change is not statistically significant.
- While there were no statistically significant increases in rates, **suicide rates in metro regions have consistently increased since 2021**. Rural rates decreased between 2020 and 2022, lessening the gap between rural and metro regions.



**Prevention
Recommendation**

Incorporate action steps from TDH's ESSENCE Rapid Response Plans into organizational suicide prevention protocols.

TRENDS IN NON-FATAL SUICIDE-RELATED BEHAVIORS, 2019-2023

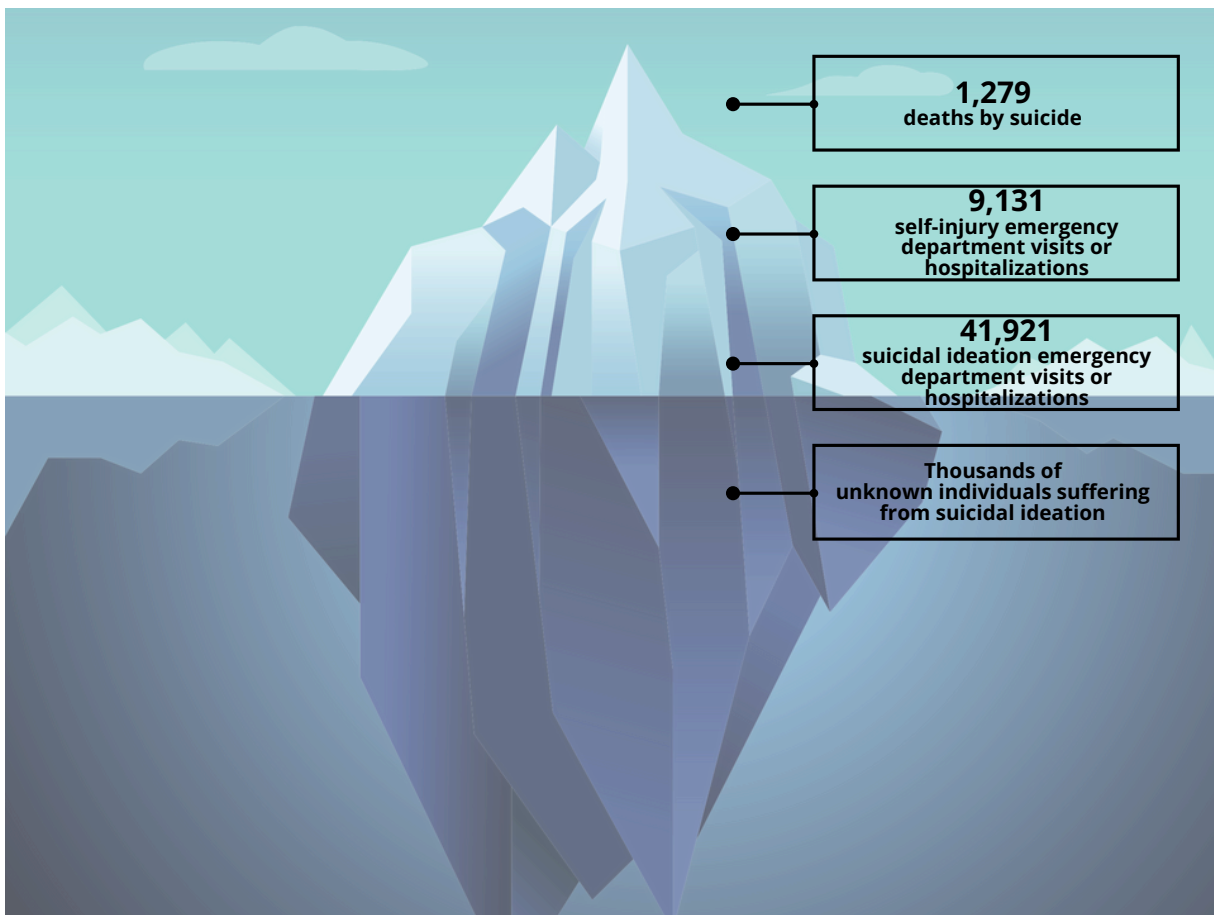
THE SPECTRUM OF SUICIDALITY

Suicide prevention often focuses on deaths, but fatality data alone does not fully reflect the full picture of suicide-related experiences. The suicidality iceberg metaphor⁵ illustrates the differences between visible and hidden aspects of suicidal behavior. At the tip of the iceberg are completed suicides, which are the most visible and usually documented. Self-injury, which results in emergency department visits or hospitalizations, is a common and visible indicator of suicide risk. Beneath the surface lies the more prevalent, hidden portion, suicidal ideation.

While there are over a thousand individuals who die by suicide in Tennessee annually, thousands more engage in self-injury or experience suicidal thoughts, and even more never seek help. This model underscores the importance of creating comprehensive prevention efforts to address the broader spectrum of mental health challenges, as most individuals struggling with suicidality remain unseen and unsupported.

THE SUICIDALITY ICEBERG, 2023

Hospitalization and emergency department data is collected from all acute care hospitals in Tennessee.



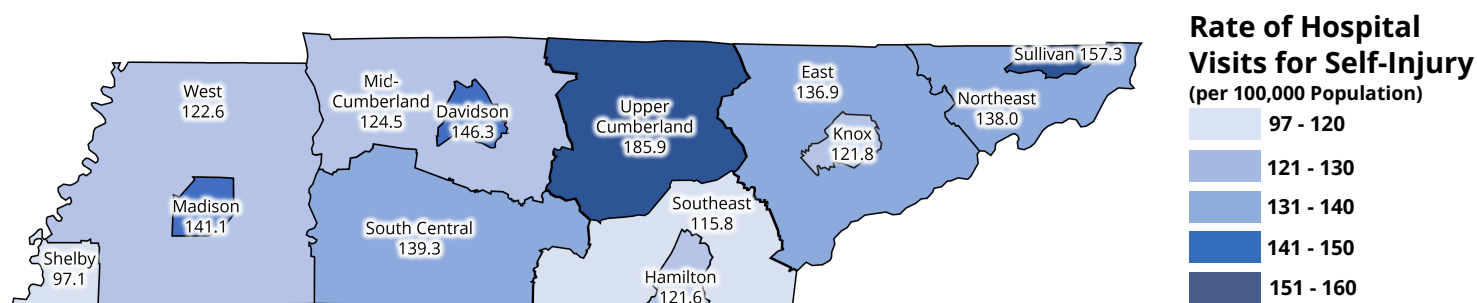
NON-FATAL INTENTIONAL SELF-INJURY, 2019-2023⁶

Inpatient and Outpatient

- **Intentional self-injury has decreased by 9.0% for all Tennesseans**, from 140.7 per 100,000 population in 2019 to 128.1 per 100,000 population in 2023.
- In 2023, the rate of hospital visits for intentional self-injury among **non-Hispanic Black Tennesseans surpassed that of non-Hispanic White Tennesseans**.
- While more men die by suicide annually, **the rate of hospital visits for intentional self-injury among women was more than 1.5 times the rate for men** in 2023.
- Between 2019 and 2023, the rate of hospital visits for **non-fatal intentional self-injury among youth aged 10-17 increased by 14%**. While not statistically significant, this was the only age group to experience an increase during the five-year period.

NON-FATAL INTENTIONAL SELF-INJURY BY GEOGRAPHY*, 2019-2023⁶

Inpatient and Outpatient



*A table showing non-fatal intentional self-injury rate changes by region is available in the Appendix on page 27.

Substantial changes in self-injury inpatient and outpatient visits were recorded across regions. Between 2022 and 2023, **Hamilton County** saw an 11% decrease, whereas **South Central** experienced a 14% increase.



**Prevention
Recommendation**

Use the Columbia-Suicide Severity Rating Scale (CSSR) and the Ask Suicide Screening Questions (ASQ) to screen all patients for referral to mental health services. For pediatric patients, universal screening for suicide risk for all youth ages 12 and above is recommended.

SUICIDAL IDEATION, 2019-2023⁶

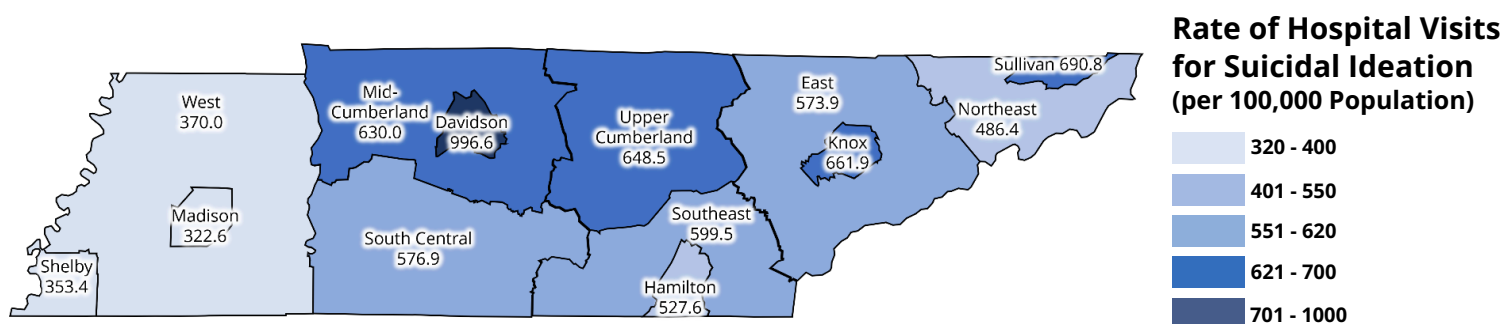
Inpatient and Outpatient

This report defines suicidal ideation as serious **suicidal thoughts, plans, or wishes** that result in hospitalization or an emergency department visit without an instance of intentional self-injury.

- **Suicidal ideation has remained relatively stable** with minor fluctuations for all Tennesseans, decreasing 3%, from 606.1 hospitalizations per 100,000 in 2019 to 588.2 hospitalizations per 100,000 in 2023.
- While more non-Hispanic White Tennesseans die by suicide annually, **non-Hispanic Black Tennesseans are the racial/ethnic group with the highest rate of reported suicidal ideation.**
- **Suicidal ideation is highest among Tennesseans aged 10-17** and has increased by 24%, from 936.2 per 100,000 population in 2019 to 1159.3 per 100,000 population in 2023.

SUICIDAL IDEATION BY GEOGRAPHY*, 2019-2023⁶

Inpatient and Outpatient



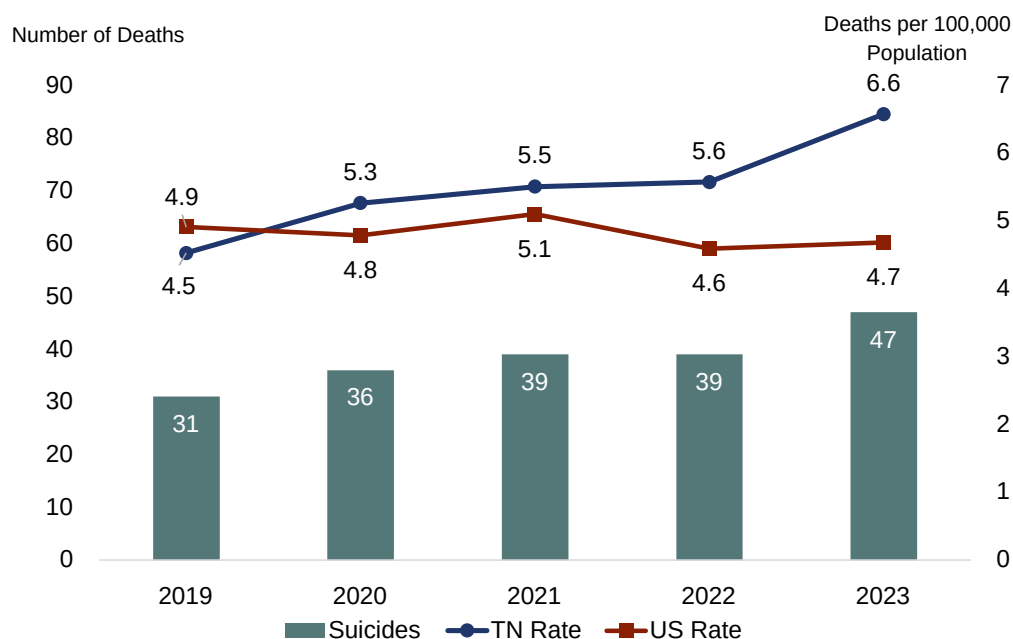
* A table showing suicidal ideation rate changes by region is available in the Appendix on page 27.

Suicidal ideation-related inpatient and outpatient visits rose in most regions from 2022 to 2023.

Hamilton County saw the largest increase at 19%, followed by Madison and Shelby with 12% each. **Mid-Cumberland**, however, saw a 9% decrease.

YOUTH SUICIDE (10-17) FATALITIES, 2019-2023^{1, 2}

Number and rate of youth (10-17) suicide per 100,000 population, Tennessee and United States



Between 2019 and 2023, **the suicide rate among youth aged 10-17 increased 47%** and was paired with an **80% rise in the use of firearms** in these deaths. **Males were more affected** than females, with no significant differences observed by race.

- ESSENCE data identified the most **common risk factors of suicidal ideation and self-harm as depression, anxiety, substance misuse, post-traumatic stress disorder (PTSD), and parental abuse.**
- The 2023 Tennessee Youth Risk Behavior Survey (YRBS) found that **42.7% of high school students reported feeling sad or hopeless**^{*} a 5.2% increase from 2019 (37.5%) and a 14.7% increase from 2015 (28.0 %).
- Additionally, **27.8% of high school students reported poor mental health most of the time**[^], down from 29.0% in 2021. This included 37.6% of females and 18.4% of males. **Rates were higher among Hispanic/Latino (33.1%) and non-Hispanic White students (31.6%), compared to 17.3% of non-Hispanic Black students**⁷.

^{*} Almost every day for ≥ 2 weeks in a row, so that they stopped doing some usual activities, ever during the 12 months before the survey.

[^] During the 30 days before the survey.



**Prevention
Recommendation**

Utilize the Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES) psychiatry consult line for support with treating behavioral health conditions among pediatric patients.

KEY PROGRAMMATIC ACCOMPLISHMENTS

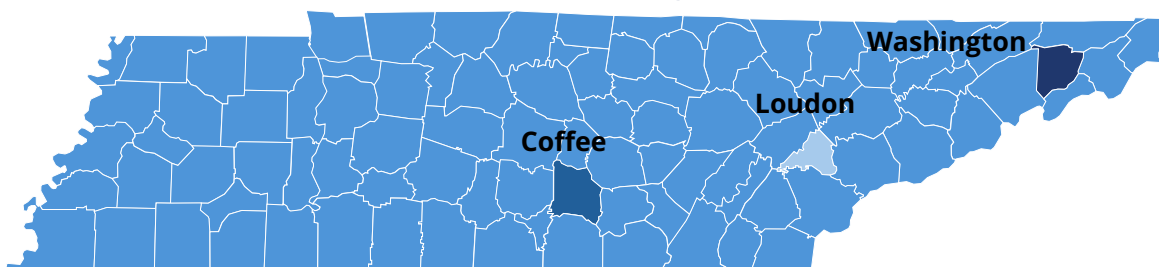
SOURCES OF STRENGTH IMPLEMENTATION

In 2024, Tennessee launched Sources of Strength. As an evidence-based youth suicide prevention program that can be tailored to schools and faith-based organizations, Sources of Strength seeks to enhance protective factors associated with reducing suicide risk at the school population level. The program engages middle and high school students through peer-led projects designed to increase help-seeking behaviors and foster strong connections between peers and caring adults.

Between July 2023 and June 2024, the TDH Suicide Prevention Program partnered with the Tennessee Suicide Prevention Network to implement Sources of Strength in three schools and one faith-based organization. A total of 82 individuals were trained, including 56 student peer leaders and 26 adult advisors.

The goal is to implement the program at 15 sites by August 31, 2025, the end of the grant period.

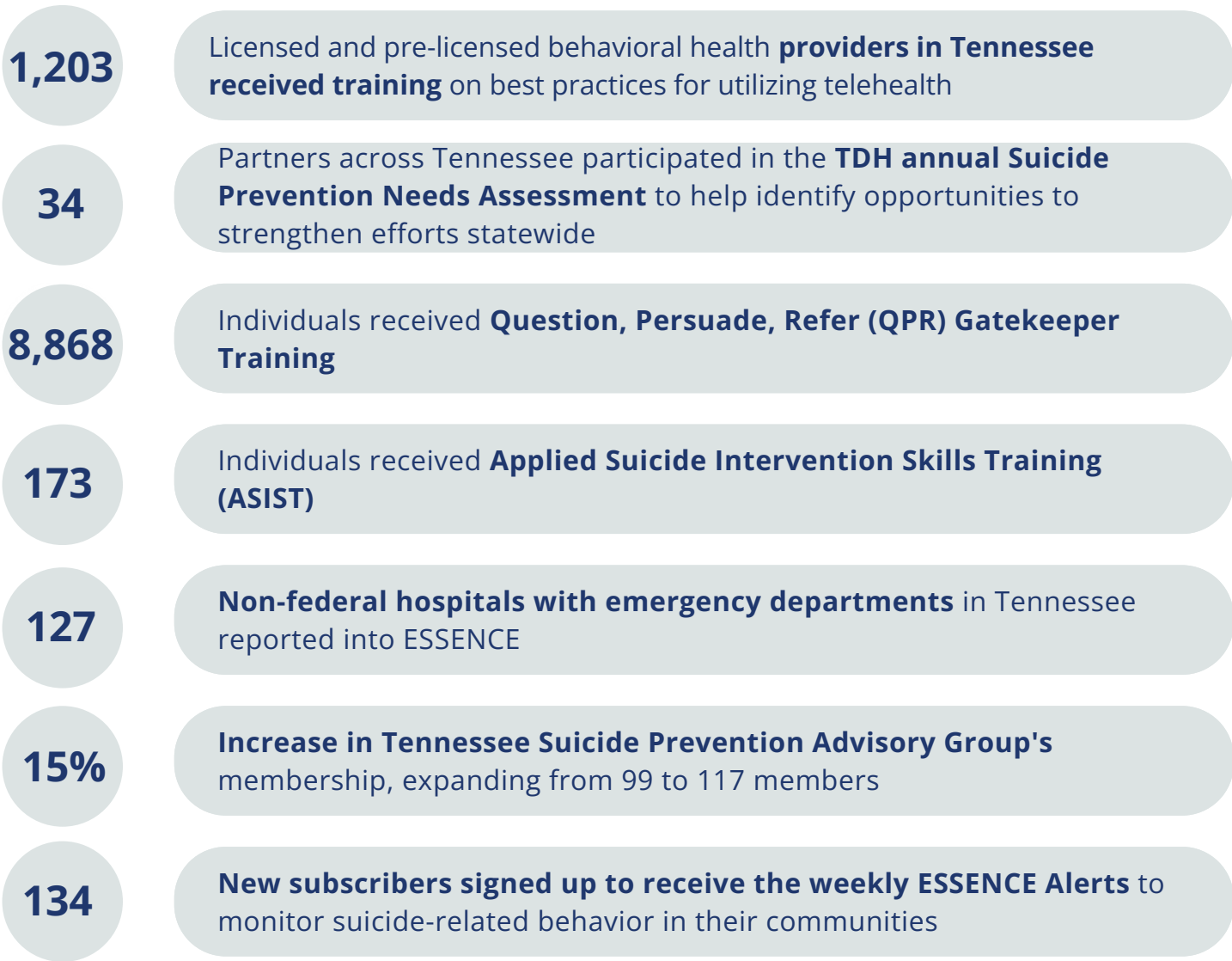
Sources of Strength Sites



Site	County	Implementation Start Date	Number of Student Peer Leaders Trained	Number of Adult Advisors Trained
High School 1	Loudon	February 2024	21	8
High School 2	Loudon	February 2024	10	8
High School 1	Coffee	March 2024	18	4
Faith-Based Org 1	Washington	April 2024	7	6

MULTI-SECTORAL PARTNERSHIPS

Suicide is a complex yet preventable health issue influenced by multiple factors across individual, community, and societal levels. Addressing it effectively requires strong leadership and collaboration across sectors. From September 2023 to August 2024, the Tennessee Department of Health Suicide Prevention Program—working alongside Centerstone of Tennessee, Centerstone’s Research Institute for Clinical Excellence and Innovation, the Tennessee Suicide Prevention Network, and the Tennessee Suicide Prevention Advisory Group—achieved a number of key accomplishments.



988 PUBLIC SERVICE CAMPAIGN

In March 2024, the TDH Suicide Prevention Program launched a multimedia suicide prevention campaign to **raise awareness of the 988 Suicide & Crisis Lifeline**, with a focus on men residing in Tennessee's rural counties.

Running from March through June 2024, the campaign **strategically placed ads** during high-profile sporting events and other widely viewed programming.

During the campaign period:

- **5,722 commercials** aired in English and Spanish across major networks and high-profile programs, delivering **2,028,888 impressions** through streaming services, traditional television, desktop, and mobile devices.
- **320,232 impressions** were delivered through Facebook, Instagram, and X.
- A veteran-focused commercial reached **43,145 veteran households** in Tennessee, primarily through live television.



[View PSA](#)



[View PSA](#)

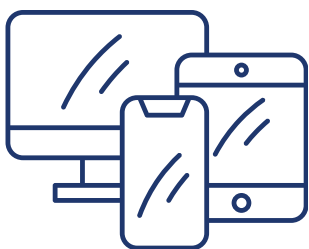


[View PSA](#)

COMMUNICATIONS

The TDH's Suicide Prevention Program uses a variety of communication channels to inform the public, share resources, and foster collaboration to strengthen suicide prevention efforts. From September 2023 to August 2024, the program raised awareness of the 988 Suicide & Crisis Lifeline, particularly among underserved areas and communities affected by suicide. Efforts also focused on improving risk identification and outreach to those in need. By promoting mental health and crisis resources, the program sought to connect individuals with essential support. Additionally, the Suicide Prevention Program expanded partners' understanding of suicide data and prevention programs to enhance strategies for reducing suicide rates.

KEY HIGHLIGHTS



- **High engagement across TV, streaming, and social media.**
- **Strong outreach to high-risk populations and statewide partners.**
- **Increased visibility of suicide and crisis resources through digital and traditional media.**

Publications

- Grew subscribers by **7%** and achieved an open rate of more than **50%** for the monthly newsletter, ***Prevent Suicide TN***.
- Generated over **2,333** website visits for **PreventSuicideTN.com**.
- Distributed **weekly** ESSENCE Alerts to inform statewide partners of suicide-related behavior in their communities.

Social Media Engagement

- Achieved more than **400,000** impressions and reached over **270,000** users with messages designed to increase help-seeking behavior among people at-risk.
- Created a **[social media toolkit](#)** focused on men and encouraged partners to share suicide prevention and mental health messages and graphics.
- Released a **[suicide prevention video message](#)**, featuring Tennessee Health Commissioner Ralph Alvarado MD, FACP.

APPENDICES

HEALTHCARE PROVIDERS AND HEALTHCARE SYSTEMS

- **Implement the Zero Suicide** framework, a holistic approach to suicide prevention within health and behavioral health care systems. Zero Suicide foundational elements include:
 - Leading system-wide culture change committed to reducing suicides.
 - Training a competent, confident, and caring workforce.
 - Identifying individuals with suicide risk via comprehensive screening and assessment.
 - Engaging all individuals at risk of suicide using a suicide care management plan.
 - Treating suicidal thoughts and behaviors directly using evidence-based treatments.
 - Transitioning individuals through care with warm hand-offs and supportive contacts.
 - Improving policies and procedures through continuous quality improvement.
- Use the Columbia-Suicide Severity Rating Scale (CSSR) and the Ask Suicide Screening Questions (ASQ) to **screen all patients for referral to mental health services**. For pediatric patients, universal screening for suicide risk for all youth ages 12 and above is recommended.
- **Include the 988 Suicide & Crisis Lifeline** on email signatures and outgoing voicemail messages.
- **Inform patients about their rights under the Mental Health Parity and Addiction Equity Act**, including how to file a complaint and/or appeal in the event of a possible violation.
- **Utilize the Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES)** psychiatry consult line for support with treating behavioral health conditions and participate in scheduled trainings to build long-term skills in managing common pediatric mental health concerns.
- **Screen all pregnant and postpartum patients for mental health conditions** in accordance with national guidelines and provide appropriate evidence-based treatments, including referral to psychotherapy and medication treatment, as indicated.

COUNTY HEALTH COUNCILS

- **Develop and implement a coordinated, county-level rapid response plan** for when an ESSENCE alert is received.
- **Disseminate county- and state-level suicide data** to local partners.
- Stay informed of evidence-based suicide prevention initiatives through participation in the **Tennessee Suicide Prevention Advisory Group**.

COMMUNITY, FAITH-BASED ORGANIZATIONS AND SCHOOLS

- **Provide suicide prevention training for public-facing staff** (teachers, clergy, youth leaders, social workers) **and community members** using evidence-based courses such as the Applied Suicide Intervention Skills Training (ASIST) and Question, Persuade, Refer (QPR) training.
- **Build capacity among clergy and faith leaders** by offering evidence-based training programs, such as LivingWorks Faith, to help create supportive environments where individuals feel safe seeking and offering help.
- **Incorporate action steps from TDH's ESSENCE Rapid Response Plans** into organizational suicide prevention protocols.
 - ESSENCE Rapid Response Plans are targeted community-level responses that can be initiated based on ESSENCE alerts that are released for specific age groups within a county.
- **Implement Sources of Strength**, an evidence-based peer-led suicide prevention program designed to enhance protective factors associated with reducing suicide at the community level, increase help-seeking behaviors, and promote connections between peers and caring adults.
- **Host a Be SMART™ webinar** to promote safe firearm storage.
- **Partner with nonpartisan, nonprofit coalitions like Voices for a Safer Tennessee**, “committed to advancing firearm safety policies and programs that both **protect our communities and respect the Second Amendment**”.

SERVICE MEMBER AND VETERAN-SERVING ENTITIES

- **Help keep Veterans safe by learning how to reduce suicide risk** through FREE, online, self-paced courses for health care providers. VA Train offers **Lethal Means Safety Training**, a 1-hour course with credit, and Psych Armor Institute offers **Firearms & Suicide in the Military-Connected Community: 5 Things Medical Professionals Need to Know**, a 25-minute course without credit.
- **Promote the U.S. Department of Veterans Affairs' Keep it Secure Campaign**, which provides veterans, their families, and communities with resources and information on secure firearm storage practices.

ALL TENNESSEANS

- Reduce stigma, misinformation, and shame around suicide by **learning how to recognize and respond when someone in your community may be at risk**.
- **Create safe environments by implementing safe storage practices** for firearms and prescription medications. For firearms, **follow the Be SMART™ steps and encourage others to do the same** by promoting the framework: Secure guns, Model safe behavior, Ask about unsecured firearms, Recognize the risks, and Tell others to do the same.
- Further commit to addressing the suicide crisis by becoming **certified in suicide first-aid through evidence-based courses** such as the Applied Suicide Intervention Skills Training (ASIST) and Question, Persuade, Refer (QPR) training.
- If someone is struggling with thoughts of suicide, they can **call or text the 988 Suicide & Crisis Lifeline and press 0 for 24/7 for free and confidential support**.
- Find additional resources and support at www.preventsuicidetn.com.

APPENDIX B | RESOURCES

TDH SUICIDE PREVENTION INITIATIVES

- Learn more about the **Zero Suicide** framework for health and behavioral healthcare agencies by visiting <https://zerosuicide.edc.org/toolkit>.
- To sign up for a **Gatekeeper training**, visit <https://tspn.org/events-training>.
 - **ASIST** training overview: <https://livingworks.net/training/livingworks-asist/>
 - **QPR** training overview: <https://qprinstitute.com/about-qpr>
- To learn more about **ESSENCE Alerts and ESSENCE Rapid Response Plans**, visit <https://tspn.org/essence>.
- To learn how to get involved in Tennessee's **Sources of Strength** Initiative, visit <https://www.tspn.org/sources-of-strength>.
- Learn more about **patients' rights to mental health and substance use treatment under state and federal laws** at <https://www.tspn.org/mental-health-parity-awareness>.
- The **Tennessee Child and Adolescent Psychiatry Education and Support (TCAPES)** psychiatry consult line (833-281-5020) is available for all primary care providers who care for pediatric patients in Tennessee. To learn more about the consult line and upcoming training opportunities, visit <https://www.tn.gov/health/health-program-areas/fhw/tcapes/about-tcapes.html>.
- Learn about **Perinatal Mental Health Screening** guidelines at <https://www.acog.org/programs/perinatal-mental-health/implementing-perinatal-mental-health-screening>.
- Learn more about the **TDH Suicide Prevention Advisory Group** at <https://www.tn.gov/health/health-program-areas/fhw/suicide-prevention/suicide-prevention-task-force.html>.
- Learn more about **LivingWorks Faith** at <https://livingworks.net/training/livingworks-faith/>.
- Register for online **Lethal Means Safety Courses** to reduce veteran suicide risk at <https://www.cacrep.org/wp-content/uploads/2023/07/LMS-Training-Flyer-060523.pdf>
- Find information and resources about the **Keep It Secure** campaign for secure firearm storage practices for veterans at <https://www.va.gov/reach/lethal-means/>.
- Learn more about the **Be SMART™** campaign, which offers guidance on discussing secure firearm storage in a respectful, non-partisan manner at <https://besmartforkids.org/>.

SUICIDE SCREENING TOOLS AND GUIDELINES

- The American Academy of Pediatrics recommends universal screening for suicide risk for all youth ages 12 and above.⁹ A combined PHQ-A and ASQ tool can be accessed at https://www.nimh.nih.gov/sites/default/files/documents/PHQ-A_with_depression_questions_and_ASQ_PDF.pdf.
- To learn more about clinical best practices and download evidence-based clinical screening tools for adults, visit <https://www.ruralhealthinfo.org/toolkits/suicide/2/screening-tools>.

APPENDIX C | RATE CHANGE TABLES, 2019-2023

SUICIDE

Rates per 100,000 population in Tennessee

Region	2019	2020	2021	2022	2023
Hamilton	16.6	13.5	13.0	11.5	17.9
East Tennessee	21.6	21.4	18.3	19.9	24.2
Madison	10.2	7.1	15.2	14.1	15.1
Knox	17.4	17.0	15.0	20.0	15.2
Shelby	11.7	11.4	11.2	12.4	15.4
Mid-Cumberland	16.6	17.8	18.1	16.2	16.6
Davidson	13.3	12.8	14.3	15.4	13.2
Northeast	25.4	24.8	20.8	21.1	24.1
South Central	20.8	23.8	21.8	21.9	17.5
Southeast	19.8	21.4	16.2	20.1	17.6
Sullivan	24.0	23.3	17.6	26.1	27.1
Upper Cumberland	22.2	21.1	25.7	26.9	20.1
West Tennessee	21.3	18.8	24.9	16.6	18.0

NON-FATAL INTENTIONAL SELF-INJURY HOSPITALIZATIONS

Rates per 100,000 population in Tennessee

Region	2019	2020	2021	2022	2023
Hamilton	124.5	110.6	124.1	137.2	121.6
East Tennessee	147.1	130.6	150.7	134.7	136.9
Madison	163.3	171.8	179.2	137.0	141.1
Knox	128.2	137.9	135.2	114.6	121.8
Shelby	103.8	92.6	99.4	95.7	97.1
Mid-Cumberland	149.3	136.1	142.2	136.0	124.5
Davidson	137.9	143.5	139.2	147.4	146.3
Northeast	147.0	148.9	151.0	133.3	138.0
South Central	158.8	130.8	132.2	121.7	139.3
Southeast	156.9	136.2	129.4	125.6	115.8
Sullivan	193.3	164.4	197.8	167.3	157.3
Upper Cumberland	194.0	151.7	176.4	157.0	158.9
West Tennessee	155.0	129.2	123.4	129.7	122.6

SUICIDAL IDEATION HOSPITALIZATIONS

Rates per 100,000 population in Tennessee

Region	2019	2020	2021	2022	2023
Hamilton	340.1	383.1	401.5	445.2	527.6
East Tennessee	564.5	542.6	584.2	567.4	573.9
Madison	239.8	275.5	312.9	289.2	322.6
Knox	631.7	635.8	678.3	658.7	661.9
Shelby	319.4	282.5	287.0	314.4	353.4
Mid-Cumberland	760.6	692.3	683.8	691.8	630.0
Davidson	1,044.6	1,025.2	952.0	1,039.5	996.6
Northeast	690.7	532.1	541.2	491.0	486.4
South Central	679.6	580.1	636.1	609.8	576.9
Southeast	644.0	584.9	556.6	577.6	599.5
Sullivan	1,039.5	738.9	773.0	733.7	690.8
Upper Cumberland	622.7	584.4	582.6	628.7	648.5
West Tennessee	324.9	296.2	328.9	363.6	370.0

APPENDIX D | REFERENCES

1. CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2019-2023 <http://wonder.cdc.gov/mcd-icd10-provisional.html>
2. Tennessee Department of Health, Office of Vital Records and Statistics, Death Statistical File, 2018-2022.
3. Maternal Mortality in Tennessee 2024 Annual Report: [https://www.tn.gov/content/dam/tn/health/program-areas/FINAL%20MMR%20REPORT%202024%20\(4\).pdf](https://www.tn.gov/content/dam/tn/health/program-areas/FINAL%20MMR%20REPORT%202024%20(4).pdf)
4. Local and Regional Health Departments: <https://www.tn.gov/health/health-program-areas/localdepartments.html>.
5. Incidence of suicide, hospital-presenting non-fatal self-harm, and community-occurring non-fatal self-harm in adolescents in England (the iceberg model of self-harm): a retrospective study; <https://www.sciencedirect.com/science/article/abs/pii/S2215036617304789>
6. Tennessee Department of Health, Division of Population Health Assessment, Hospital Discharge Data System.
7. 2023 Youth Risk Behavior Survey Results; Youth Risk Behavior Surveillance System: CDC: <https://www.cdc.gov/yrbs/results/2023-yrbs-results.html>.

If you or someone you know is struggling with thoughts of suicide, know that help is available.
Call or text 988 then press 0 for 24/7, free, and confidential support.

<https://988lifeline.org/>

CONTACT INFORMATION



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This publication was supported by the grant number 5 NU50CE002589-05-00 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the CDC or the Department of Health and Human Services.



Dept. of Health Authorization #MW8U76-1,
Electronic only, May 23, 2025.
This public document was promulgated at zero cost.