

# QPR

*Ask A Question, Save A Life*

# QPR

*Question, Persuade, Refer*



# Current Statistics on Youth Suicide

- Suicide is the **2<sup>nd</sup>** leading cause of death both nationally and in Ohio in the **10-24 year old demographic** (CDC, 2016)
- In this demographic, 81% of suicidal deaths were male and 19% were female. (Ibid)
- **Racial/Cultural Impact:** (1) Native American / Alaskan Native, (2) White, (3) Black / African American, (4) Hispanic (Jason Foundation, 2018)
- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24. (NAMI, 2018)

# ***Cuyahoga County Youth Risk Behavior Survey (YSRB) Data – High School Students***

*“Seriously considered attempting suicide (During the 12 months before the survey.)”*

2009 = **12%**

2017 = **17%**

*“Attempted suicide (One or more times during the 12 months before the survey.)”*

2009 = **9%**

2017 = **12%**

# ***So...Where Does the Hope Come In?***

***“Suicide Prevention is effectively occurring daily:  
For every one person who tragically dies by  
suicide in the U.S., there are approximately 278  
people who have moved past serious thoughts  
about killing themselves, and nearly 60 who have  
survived a suicide attempt - the overwhelming  
majority of whom will go on to live out their lives.”***

(Natl. Action Alliance for Suicide Prevention, “Response to CDC Report” 2016)

# So...Where Does the Hope Come In?

- Most suicidal people don't really want to die; they simply want their pain to end.
- Research tells us that approximately 80% of people who have died by suicide have given definite signs or talked about suicide prior to their death.
- **“Ambivalence”** re: suicidal thoughts is often expressed in warning signs/behaviors giving us the opportunity to engage, discuss reasons for living and dying; reinforce hope and offer connection to help.
- We've learned the importance of sharing stories of people with “lived experience” who've gone on to live healthy lives.





# Deconstructing Stigma: A Major Barrier to Reducing the Suicide Rate

- Suicide perceived as a sign of **Weakness / Shameful**
- Suicide perceived as **Failure**
- Suicide perceived as **Sinful**

Depressed individuals considering suicide frequently don't ask for help because they are ashamed and fear being judged.

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- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.

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## *Suicide Myths and Facts*

**Myth** No one can stop a suicide, it is inevitable.

**Fact** If people in a crisis get the help they need, they will probably never be suicidal again.

**Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.

**Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.

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**Myth**

Suicidal people keep their plans to themselves.

**Fact**

Most suicidal people communicate their intent sometime during the week preceding their attempt.

**Myth**

Those who talk about suicide don't do it.

**Fact**

People who talk about suicide may try, or even complete, an act of self-destruction.

**Myth**

Once a person decides to complete suicide, there is nothing anyone can do to stop them.

**Fact**

Suicide is the most preventable kind of death, and almost any positive action may save a life.

**Myth**

If a suicidal adolescent tells a friend, their friend will get help.

**Fact**

Most youth do NOT talk to an adult after a friend discloses.

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## *Suicide Clues And Warning Signs*

The more clues and signs observed, the greater the risk. Take all signs seriously!

# ***Strongest Predictors of Escalated Risk***

- Previous suicide attempt
- Current talk of suicide / making a plan
- Strong wish to die / preoccupation with death (e.g.: music, reading, thoughts)
- Substance use
- Recent attempt by friend or family member

# *Additional Signs of Concern in Adolescents*

- Change in interactions with friends/family
- Recent disappointment or rejection
- Sudden decline or improved academic performance
- Physical symptoms: eating, sleep, headaches, stomach issues etc.
- Increased apathy

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## Direct Verbal Clues

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.”
- “I’m going to end it all.”
- “If (such and such) doesn’t happen, I’ll kill myself.”



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## Indirect Verbal Clues

- “I’m *tired* of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”

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## Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Impulsivity / increased risk-taking
- Giving away prized possessions
- Onset self-harm (cutting, burning etc.) *or* an increase in NSSI
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability
- Chronic truancy, running away

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## Situational Clues

- Being expelled from school / fired from a job
- Family problems / alienation
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Sudden unexpected loss of freedom / fear of punishment
- Anticipated loss of financial security
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying

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## Tips for Asking the Suicide Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

**How you ask the question is less important than that  
you ask it with one caveat...**

# How Not to Ask the Suicide Question:

“You’re not suicidal, *are you?*”

# Q QUESTION

## Less Direct Approach:

- “Have you been unhappy lately?  
Have you been very unhappy lately?  
Have you been so very unhappy lately that you’ve been thinking about ending your life?”
- “Do you ever wish you could go to sleep and never wake up?”

# Q QUESTION

## Direct Approach:

- “You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”
- “You look pretty miserable, I wonder if you’re thinking about suicide?”
- “Are you thinking about killing yourself?”

***If you cannot ask the question, find someone who can.***

# *P* PERSUADE

## How to Persuade Someone to Stay Alive:

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope in any (honest) form



# *P* PERSUADE

## Then Ask:

- Will you go with me to get help?”
- “Will you let me help you get help?”
- “Will you promise me not to kill yourself until we’ve found some help?”

*YOUR WILLINGNESS TO LISTEN AND TO HELP CAN KINDLE HOPE, AND MAKE ALL THE DIFFERENCE.*

# *P* PERSUADE

- The strongest barrier between a suicidal person and hopelessness is **engagement and hope**.
- People feeling suicidal often feel alone/alienated and burdensome; **reiterate you are on their side and that they deserve a chance to get help**.



# R REFER

- Suicidal people often believe they cannot be helped, so you may have to be very proactive.
- The **best referral** involves taking the person directly to someone who can help.
- The second best referral involves getting a commitment from the person that they will accept help; then assisting them in making arrangements to get that help.
- The third best referral option is to provide referral information and ask the for the person's commitment *not* to attempt or complete suicide. Willingness to accept help at some time, even if in the future, is still considered a good outcome.

# *For Effective QPR*

- Say: “I want you to live,” or “I’m on your side...we’ll get through this.”
- Get others involved: **Ask “*Who else might help?*”** Consider the following:  
Parent/Guardian,, Grandparents, Aunts/Uncles,  
favorite Teacher, Physician, Mental Health  
Provider (current or by history), Faith Leader...

# *For Effective QPR*

- **Join the Team:** Offer to work with crisis interventionists, therapists, and/or psychiatrists...whomever is going to provide the counseling or treatment.
- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them.  
**Caring may save a life.**

## **REMEMBER:**

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, **don't hesitate to get involved or take the lead.**

# The Mobile Crisis Team

## *FrontLine Service*

- Mental Health Crisis and Referral and Information Hotline, 24 hrs/day; 365 days/year

**(216) 623-6888**

- Provide Community and Office-Based Assessments
- 24 hour/day on-site Program Manager

# Additional Resources

- **National Alliance on Mental Illness (NAMI)** - offers *free* education, advocacy and support for people with brain disorders (mental illnesses) and their families; [www.namiohio.org](http://www.namiohio.org)
- **American Association of Suicidology** – discusses warning signs, risk factors, protective factors and national statistics, [www.suicidology.org](http://www.suicidology.org)
- **National Suicide Prevention Lifeline** – National Suicide Prevention Hotline (1-800-273-8255) and Crisis Chat (visit their website) comprised of a national network of over 160 local crisis centers, combining custom local care and resources with national standards and best practices; [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- **Kognito At-Risk for Middle / High School Educators** - One-hour, online, interactive gatekeeper training program that teaches high school teachers/other educators how to (1) identify students exhibiting signs of psychological distress and thoughts of suicide; (2) approach students to discuss their concern; and (3) make a referral to school support services. [www.sprc.org/resources-programs](http://www.sprc.org/resources-programs)
- **Crisis Text Line** available 24/7 by texting **4HOPE** to **741741**; [www.crisistextline.org](http://www.crisistextline.org)
- **QPR Institute** [www.qprtinstitute.org](http://www.qprtinstitute.org)