QPR

Ask A Question, Save A Life

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QPR
Question, Persuade, Refer

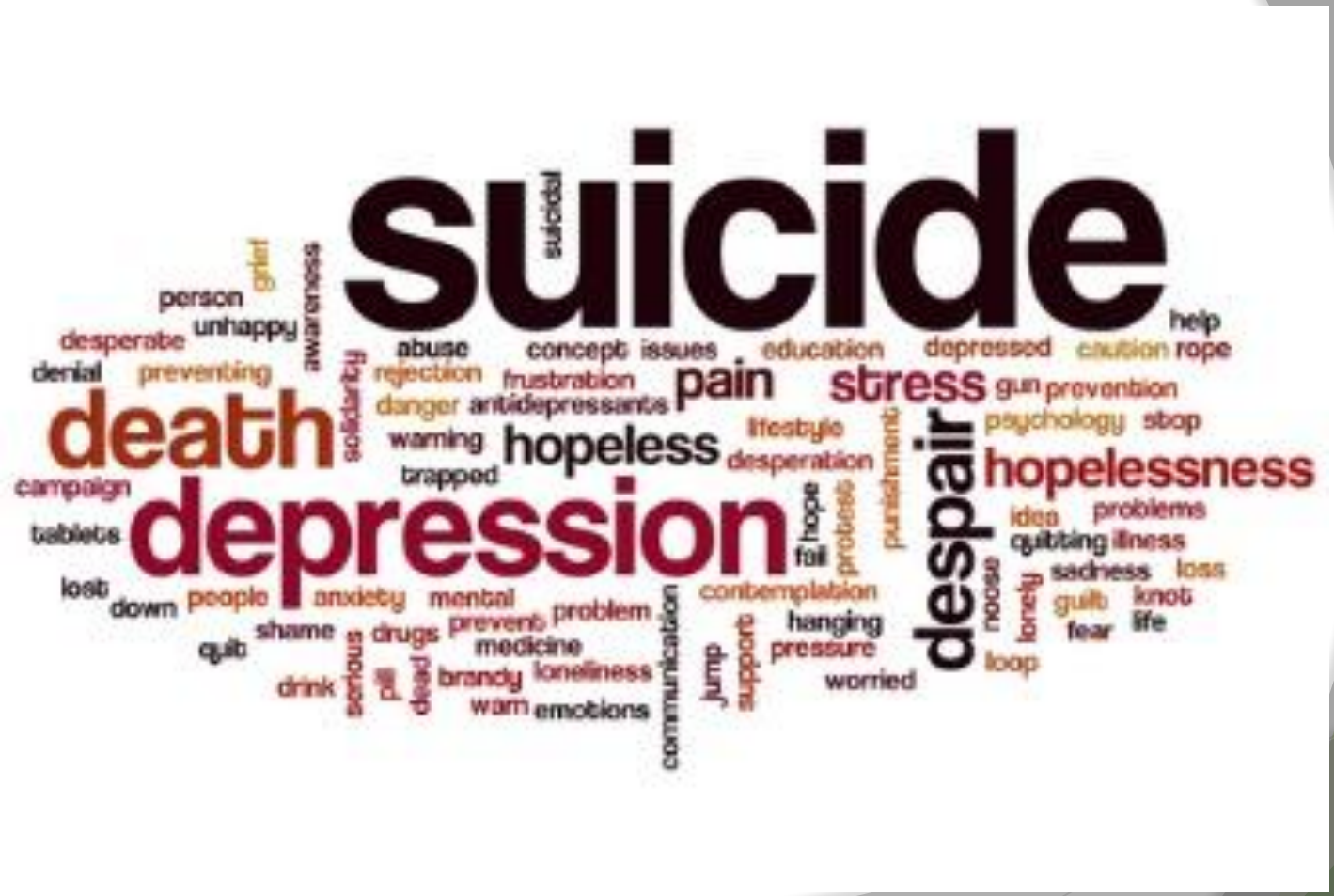
Objectives:

1. Recognize someone at risk for suicide
2. Demonstrate increased knowledge of intervention skills
3. Describe knowledge of referral resources and how to refer someone to help

QPR

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

What is the magnitude of the problem?



Current Statistics on Youth Suicide

- Suicide is the ***2nd*** 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 (YRBS) Data – High School Students

- About 30% of students experience depressive symptoms- Feelings sad or hopeless almost every day for at least two weeks that they stopped doing some usual activities**.**
- I in 6 students seriously consider attempting suicide. (SAMHSA, 2016).
- *"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%**

Timing of USA Suicides

1 suicide in every 12 minutes

OR

120 suicides every day

Impact of Suicide

- Inclusive of blood relatives, Julie Cerel of University of Kentucky has reported the following additional impacts from a single death by suicide:
  - 115 are exposed
  - 53 have short term disruption in life
  - 25 have a major life disruption
  - 11 have devastating effects on their life

Impacts especially severe in small, tight-knit communities.

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.

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Suicide Myths and Facts Activity

- Read each statement and decide if it is a myth or a fact.
  - Myth = Not True
  - Fact - True
- 10 minutes to complete.

Suicide Prevention: MYTH or FACT

1. **People who talk about suicide don't do it- suicide happens without warning.**

MYTH : People who talk about suicide may try, or even complete, an act of self-destruction. Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act. Most suicidal people communicate their intent sometime during the week preceding their attempt.

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2. Talking about suicide may give someone the idea.

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

3. There are more adult homicide than suicides.

FACT Suicide is the 8th leading cause of death among adults in the US. There are twice as many suicides as homicides.

4. Suicide rates are higher for people of low income.

MYTH Suicide shows little prejudice to economic status. It is representative proportionally among all levels of society.

5. More men die by suicide than women.

FACT Although women attempt suicide twice as often as men, men die by suicide twice as often as women. Approx. 75-80% of suicide deaths are by men.

6. Most suicidal people are undecided about living or dying, and they gamble with death, living it to others to save them.

FACT Suicidal people are often undecided about living or dying right up to the last minute; some gamble that others will save them.

7. Once a person is suicidal, he or she is suicidal forever.

MYTH People who want to kill themselves will not always feel suicidal or constantly be at a high risk for suicide if they get the help they need. They feel that way until the crisis period passes.

8. If a person really wants to kill him or herself, no one has the right to stop him or her.

MYTH No suicide has only one victim; family members, friends, and loved ones all suffer from the loss of a life. You would try to save someone if you saw them drowning. Why is suicide any different?

9. Most suicides are caused by a single dramatic and traumatic event.

MYTH Precipitating factors may trigger a suicidal decision; but, more typically, the person has suffered long periods of unhappiness and depression, lack of self respect, has lost the ability to cope with their life, and has no hope for the future.

10. There is no genetic predisposition to suicide.

FACT There is no genetic predisposition to suicide – it does not "run in the family." Family history is a risk factor, but suicide is not a genetic predisposition.

11. Improvement following a serious personal crisis or serious depression means that the risk of suicide is over.

MYTH The risk of suicide may be the greatest as the depression lifts. The suicidal person may have new energy to carry out their suicide plan.

12. It's unhelpful to talk about suicide to a person who is depressed.

MYTH Suicidal individuals often exhibit physical symptoms as part of their depression and might seek medical treatment for their physical ailments. Often, suicidal individuals seek counseling, but are frustrated when they do not see immediate results.

13. People who died by suicide have not sought medical help prior to their attempt.

MYTH Depressed persons need emotional support and empathy; encouraging them to talk about their suicidal feelings can be therapeutic as a first step.

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

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

VIDEO:
KEVIN HINES

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*.

Protective Factors to Prevent Suicide

Protective factors reduce the likelihood of suicide; they enhance resilience and may serve to counterbalance risk factors.

TABLE DISCUSSION

- NAME SOME PROTECTIVE FACTORS
- TABLE EXERCISE
- 5 Minutes

Protective Factors to Prevent Suicide

- Healthy Practices
- High Self-esteem
- Good Problem-Solving Skills
- Feeling of Control in their own life
- Spirituality
- Avoid Alcohol, Tobacco and other drugs
- Consistent home/family routine
- Parental/familial support
- Monitoring of youth's activities
- Regular school attendance and academic performance
- Having a good social support system
- Economic security
- Availability of constructive recreation
- Community bonding
- **Feeling close to at least one adult**


PAVEMENT
ENDS


HILL


STREET
CLOSED
AHEAD
ROAD
CLOSED
½MILE


DEAD END
ROAD
NO TURN
AROUND
DEAD
END

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Suicide Clues And Warning Signs

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

BE AWARE OF THE WARNING SIGNS

- Break into groups
- Identify warning signs of a suicidal student

Warning Signs of Acute Risk:

Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and or, Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or, Talking or writing about death, dying or suicide, when these actions are out of the ordinary

Expanded Warning Signs:

- **Anxiety**, agitation, unable to sleep or sleeping all of the time
- No reason for living; no sense of **purpose** in life
- Increased **substance** (alcohol or drug) **use**
- Feeling **trapped** - like there's no way out
- **Hopelessness**
- **Withdrawal** from friends, family and society
- Rage, uncontrolled **anger**, seeking revenge
- Acting **reckless** or engaging in risky activities, seemingly without thinking
- Dramatic **mood changes**

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/death 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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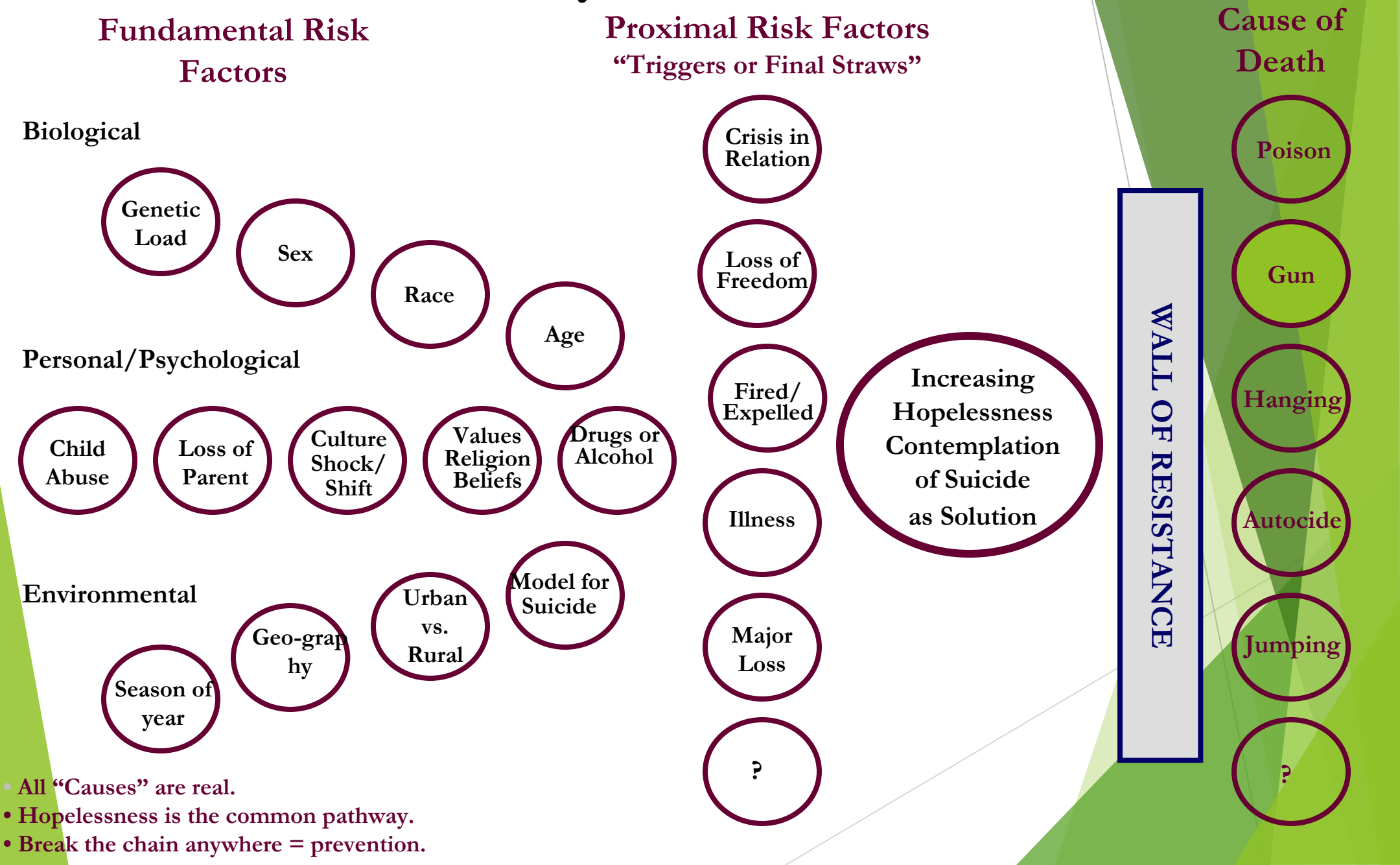
Situational Clues

- 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

The Many Paths to Suicide



- All "Causes" are real.
- Hopelessness is the common pathway.
- Break the chain anywhere = prevention.

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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 <u>that</u>

you ask it with one caveat…

How Not to Ask the Suicide Question:

"You're ***not*** suicidal, *are you*?"

Or

"You're just kidding about killing yourself, right?

Or

"You're not thinking about suicide, 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.**

Group Exercise

- Applied QPR
- 10-15 minutes
- One volunteer from each table
- There are items on the sheet that are not to share with the entire table
- Job for all others is to decide if application of QPR is warranted.

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
- **American Association of Suicidology** – discusses warning signs, risk factors, protective factors and national statistics, 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
- **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
- **Crisis Text Line** available 24/7 by texting **4HOPE to 741741; www.crisistextline.org**
- **QPR Institute** www.qprtinstitute.org

WHEN YOU APPLY QPR, YOU PLANT THE SEEDS OF HOPE. HOPE HELPS PREVENT SUICIDE.

Questions & Answers

For Follow-Up Questions, Please Contact:

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