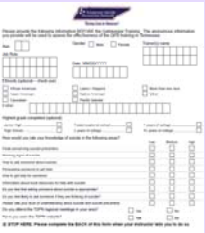





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GOOD MORNING! Before we begin...Please

Complete the **PRE-TRAINING** side of your survey and the demographic form.






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QPR: Question Persuade Refer Suicide Prevention Training

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Tennessee Department of Mental Health & Substance Abuse Services
Office of Crisis Services and Suicide Prevention
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Attitudes Inventory

Attitudes Inventory

Please answer these questions honestly based on your feelings and opinions about the statement presented. If you feel comfortable, you may be asked to share your opinion. There are no right or wrong answers.

Question	Agree	Neutral	Disagree
1. People who talk about suicide just want attention.			
2. I feel comfortable discussing suicide issues with people.			
3. Most people who try to kill themselves really want to die.			
4. People should not intervene unless they are sure a person is serious about suicide.			
5. People in my role are responsible for discussing suicide with people.			
6. It's normal for people who abuse substances to consider suicide at some point.			
7. If a person decides to kill themselves, there isn't much anyone can do to stop them.			
8. People who are seriously planning to kill themselves don't want my help.			
9. Asking people if they are thinking about suicide may give them the idea to try it.			
10. Suicide is a sin.			

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Attitudes & Opinions

- o Be aware of your beliefs
- o Acknowledge your personal values, attitude and opinions
- o Respect differences
- o Be non-judgmental




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The Golden Gate Bridge




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The Keys to Prevention start with awareness
Where is the Public Concern?

Approximately 117 people die by Suicide everyday





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The Keys to Prevention Starts with Understanding the Problem



- Someone dies by suicide approximately every **13** minutes.
- Someone aged 10-24 dies by suicide approximately every 1 hour and 35 minutes.
- Approximately 93% of all suicides are completed by persons with a mental illness.
- 90% of persons who die by suicide communicated their intention.
- Firearms are the most commonly used method of suicide.

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Facing the Facts: A National Picture

- 42,773 people died by suicide in 2014 in the US
- Suicide is the 10th leading cause of death for all age groups (2014).
- Suicide was the 2nd leading cause of death of ages 10-24 (2014).
- Males complete suicide at a rate four times that of females, but females attempt more often.
- Over 1 million people attempt suicide each year, according to a recent SAMHSA study.





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Facing The Facts: Suicide in Tennessee

- **945** people died by suicide in 2014 in Tennessee.
- Approximately **327,467** people had thoughts of suicide in Tennessee in 2014 (5% of population).

	2009	2010	2011	2012	2013	2014
Tennessee	939 (15.1)	932 (14.7)	936 (14.6)	956 (14.6)	1017 (14.8)	945 (14.4)
U.S.	36,929 (12.0)	38,364 (12.4)	39,518 (12.7)	40,603 (12.9)	41,149 (13.0)	42,773 (13.0)




Source: TDOH, 2015; CDC, 2014




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Estimates on Attempts



For every ONE documented death by suicide

There are 25 suicide attempts



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Risk Factors

What is a risk factor?

- Family history of suicide
- Family history of child cruelty
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs
- Social isolation
- Poor impulse control




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High Risk Populations

A "high risk population" is one that is characterized by having a high rate of multiple risk factors. What groups might you consider to be a "high risk" population?

- Native Americans: 2-4x more likely
- Survivors of Suicide Loss: 2-4x more likely
- Veterans/ Active Military: 2-5x more likely
- LGBT Youth: 2-7x more likely
- Sufferers of Mental Illness: 6-12x more likely
- Suicide Attempt Survivors: 7-14x more likely
- Youth in Juvenile Justice: 4x more likely





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Means of Suicide (2014)

United States	
Firearms	49.9%
Suffocation	26.7%
Poisoning	14.9%



All other means (cutting, jumping, etc.) are < 3%

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Preparing to Address Suicidality



- Individuals need basic knowledge about the roles of
 - Warning signs of suicide: *detectable observations associated with heightened risk for suicide*
 - Risk factors for suicide
 - Protective factors for suicide
- When interacting with people experiencing suicidal thoughts and behaviors, individuals should:
 - Be empathic & nonjudgmental,
 - Understand the impact of their own attitudes and experiences.

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QPR


Question, Persuade, Refer

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QPR


- Is intended to offer hope through positive action.
- Is **not** intended to be a form of counseling or treatment.
- The goal of QPR is to empower individuals as **GATEKEEPERS**.



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QPR: Suicide Myths & Facts

- **Myth** No one can stop a suicide, it is inevitable.
- **Fact** If people in a crisis get the help they need, there is an opportunity to instill hope & save a life.
- **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.
- **Myth** Only experts can prevent suicide.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide



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QPR: Suicide Myths & Facts

- **Myth** Suicidal people keep their plans to themselves.
- **Fact** Most suicidal people communicate their intent at some point 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.




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QPR: Warning Signs/Clues of Suicide

The more clues and signs observed, the greater the risk.

Take all signs seriously.




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QPR: 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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QPR: Indirect Verbal Clues

- "I'm done. Can't do this anymore. Checking out"
- "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."
- ❖ How does social media play into this?





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QPR: Behavioral Clues



- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

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QPR: Social Clues




- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Fear of becoming a burden to others

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QPR:


Time to ask
"THE QUESTION"

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QPR: 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 and any other information that might help




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Question: Less Direct Approach

- "Have you been unhappy lately?"
- "Have you been so unhappy lately that you've been thinking about hurting yourself?"
- "Do you ever wish you could go to sleep and never wake up?"
- "In the past week, including today, have you felt like life is not worth living?"
- "You know sometimes when people are feeling the same way that you say you are feeling, they also express that they wish they were not here anymore. Are you feeling that way?"




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Question: Direct Approach

- "Are you thinking about suicide?"
- "Are you thinking about killing yourself?"
- "In the past week, including today, have you wanted to kill yourself?"
- Some people mentally rehearse how they would kill themselves, have you done this at all? Have you purchased/obtained the items you would need to kill yourself?

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




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Question: How NOT to Ask.

- “You’re not suicidal, are you?”
- “You’re not thinking of doing something stupid, are you?”
- “Well I know you can’t be suicidal..right?”




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Persuade: How To Keep Someone Alive

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



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Persuade: Tools for Resistance

When persuading someone to stay alive, it can be important to find the right protective factor.

Counselor or Therapist	Duty to Others	Others?	
Good Health	Medication Compliance	Fear	
Job Security or Job Skills	Pets	Support of Significant Other	
Difficult Access to Means	Responsibility for Children	Hope	
Positive Self Esteem	Calm Environment	Religious Prohibition	
Best Friends	Safety Agreement	Treatment Availability	AA/NA

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Persuade: Get to YES

Express that you want the person to live.

- Show empathy
- Make it clear you're on their side
- Get others involved
- Never promise to keep secrets

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE AND SAVE A LIFE.



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Persuade: Get to YES

Once the person has acknowledged that they want or need to live, ask...

- "Will you go with me to get help?"
- "Will you let me help you get help?"
- "Do you feel safe with me while we find you help?"



YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE AND SAVE A LIFE.

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Refer: It's Not Over


- An agreement not to die by suicide is not the end to the conversation.
- Don't judge or try to give advice, merely offer hope then refer to appropriate support.
- Let your actions speak for you even when the crisis is over. Try to follow up and remain supportive.

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Refer: What are the Options?

Use the **National Suicide Prevention Lifeline** if...



- The individual is not in immediate danger and has no means to harm themselves.
- The person has identified strong protective factors that will keep them alive.
- You have a means of following up with the person and assuring that they keep appointments for support in the near future.

Learn the Warning Signs.



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Refer: What are the Options?

Use **Mobile Crisis** if...

- The person has indicated that they have strong and immediate desire to die by suicide.
- They have described a plan or vision for how they wish to die by suicide.
- The individual was reluctant to agree to seeking support and will likely NOT follow through with services if there is no immediate intervention.

Other considerations a walk-in center, CSU, or ER.



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Refer: What are the Options?

Use **911** if...

- The person is in an altered state of mind whether due to mental illness or substance use.
- The person has already initiated the harm to themselves (cuts, pills, etc).
- The person has a gun or other dangerous weapon
- The person has expressed a desire (and has means) to harm other people or commit dangerous crimes.

ASSURE the person that you are calling 911 for their immediate well-being, not to have them arrested.
 Considerations: Immigration status, homelessness, addiction, etc.

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QUESTIONS

Please complete the POST-TRAINING side of your survey.

Thank you!



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Disclaimer

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