

## QPR Gatekeeper Training

- ◆ Welcome
- ◆ Introduction

## Information about Depression

- ◆ Up to 25% of all Americans experience an episode of clinical depression during their lifetimes.
- ◆ Majority of depressed young adults don't receive treatment.
- ◆ Untreated depression is **the #1 cause of suicide**.
- ◆ Depression is **treatable**.

## Symptoms of Depression

- ◆ Changes in sleep patterns (either more or less)
- ◆ Changes in appetite (either more or less)
- ◆ Decrease in self-esteem
- ◆ Increase in social isolation
- ◆ Decrease in concentration
- ◆ Decrease in energy and motivation
- ◆ Increase in alcohol and other substances

## Symptoms of Depression (cont.)

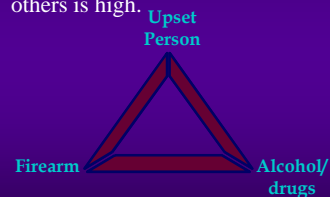
- ◆ Increase in irritability (especially in adolescents!)
- ◆ Increase in worrying and brooding
- ◆ Increase in tearfulness
- ◆ Less enjoyment of previously pleasurable activities
- ◆ Hopelessness; pessimistic outlook
- ◆ Thoughts of death, suicide, or self harm

## Mental Illness and Suicide

- ◆ About 90% of all people who die by suicide are suffering from a major psychiatric illness:
  - ◆ Depression
  - ◆ Addiction
  - ◆ Anxiety
- ◆ These deaths are most often due to **untreated** or **under-treated** brain disorders.

## The Deadly Triad

When these three are present, the risk of violence to self or others is high.



If you eliminate or resolve any side of the triangle, the immediate risk of violence to self or others is reduced!



## *Triggers or Last Straws*

Loss of an idealized or important relationship  
The “unacceptable wound”  
Sudden sobriety and painful reality  
Drug or alcohol relapse  
Threat of loss  
Health issues or concerns



## *Triggers or Last Straws (cont.)*

Discharge phenomenon  
Fear of becoming a burden to others  
Lifting of depression  
Contagion effect  
Anything that “winks out the last ray of hope”



## *Increasing Hopelessness*

- ◆ Hopelessness is the “final common pathway”
- ◆ The association between suicidality and hopelessness is stronger and more stable than the association of suicidality with depression and substance use disorders.



## *Epidemiology*

- ◆ 3.7 male deaths by suicide for each female death.
- ◆ Populations at greatest risk
  - white males (especially elderly and those ages 40-59)
  - Native American (ages 10-39)
  - LGBT Youth
  - Veterans – 2 times as likely to die by suicide than not veterans



## *Considerations Regarding Methods/Mean*

- ◆ Suicide attempts by guns are **nearly always fatal** (versus 5% of the time by cutting and 23% by overdosing).
- ◆ To complete suicide by **hanging**, one does not have to be suspended.
- ◆ To complete suicide by **jumping**, one does not have to jump out of a multiple story building.



## *QPR Gatekeeper Training*

- ◆ Suicide is Preventable!!



# QPR

*Ask A Question, Save A Life*


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# QPR

*Question, Persuade, Refer*


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# QPR

- ◆ 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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# QPR

## *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.
- ◆ **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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## **Myths And Facts About Suicide**

- ◆ **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.

How can I help? Ask the Question...

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## *Suicide Clues And Warning Signs*

*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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- ◆ “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
- ◆ 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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### Situational 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
- ◆ Loss of a cherished therapist, counselor or teacher
- ◆ Fear of becoming a burden to others

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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

Remember: How you ask the question is less important than that you ask it

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## 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?”

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## 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?”

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



## *How Not to Ask the Question*

“You’re not suicidal, are you?” ©




## 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 form

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## 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 REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.** ©



## R REFER

- ◆ Suicidal people often believe they cannot be helped, so you may have to do more.
- ◆ The best referral involves taking the person directly to someone who can help.
- ◆ The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- ◆ The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.

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## 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.* ©



## For Effective QPR

- ◆ Say: “I want you to live,” or “I’m on your side...we’ll get through this.”
- ◆ Get Others Involved. Ask the person who else might help. Family? Friends? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician?

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## For Effective QPR

- ◆ Join a Team. Offer to work with clergy, therapists, psychiatrists or 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.

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## REMEMBER

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

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