

QPR

Ask A Question, Save A Life

QPR Presented By:

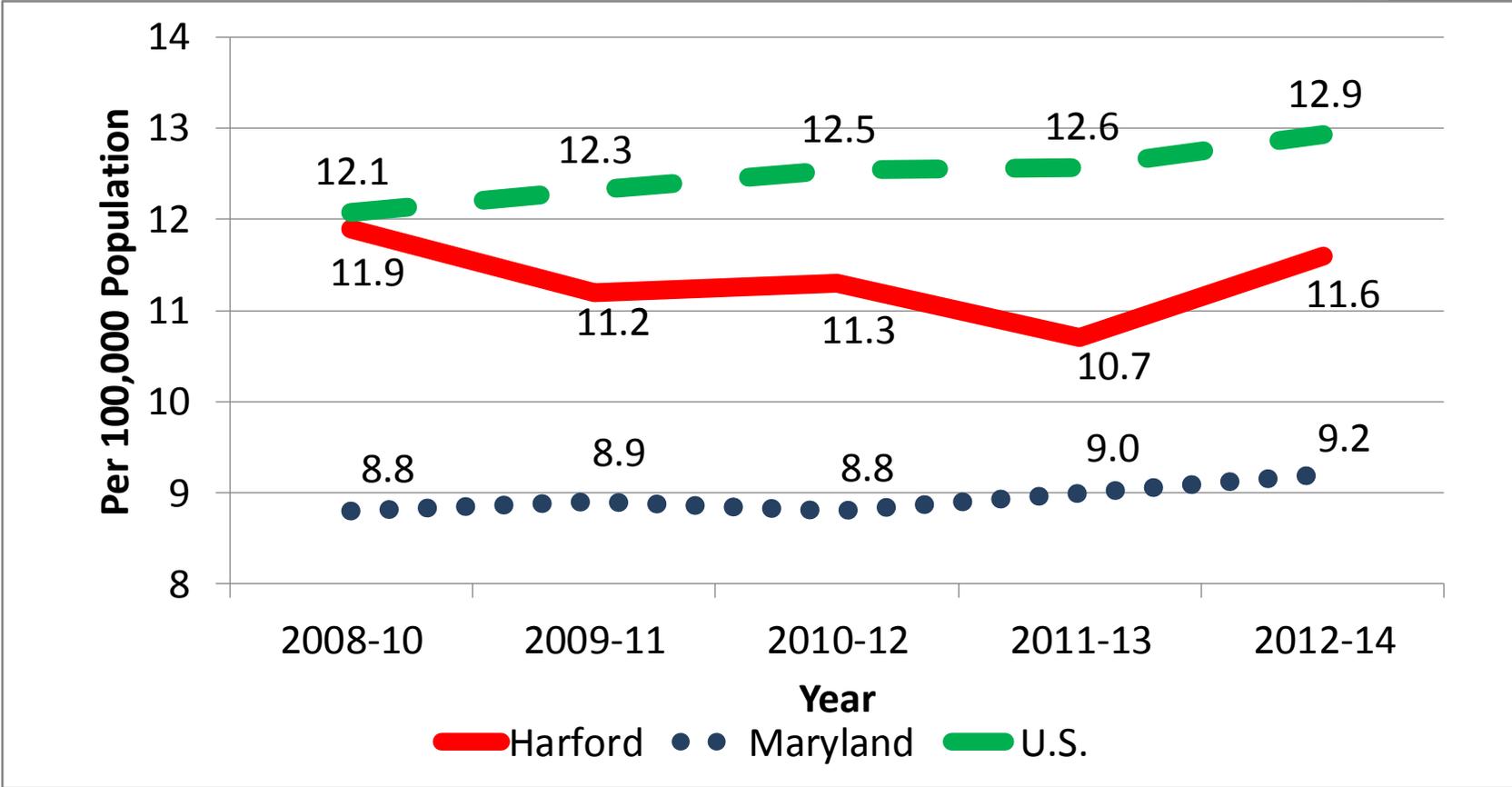
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Background

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, with some extending towards the center. The overall composition is clean and modern, with a white background.

Suicide Mortality Rates, 2010-2014

U.S., Maryland & Harford County



* Age-Adjusted Rates
 Source: Maryland Vital Statistics Reports
 Source: afsp.org based on CDC data

A Few Facts to Consider

- ▶ In 2013 among adults 18 and over in the US, an estimated 9.3 million people (3.9% of adult population) reported having suicidal thoughts in the past year with 2.7 million of them having made a plan about how they would attempt suicide
- ▶ In the same year, 1.3 million US adults attempted suicide with 1.1 million reporting making suicide plans and with 0.2 million attempting without making suicide plans.

Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services, 2014. Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHmhfr2013/NSDUHmhfr2013.pdf>.

A Few More Suicide Facts to Consider

- ▶ Based on 2010 data about suicides in the National Violent Death Reporting System, 33.4% of suicide decedents tested positive for alcohol, 23.8% for antidepressants, and 20.0% for opiates including heroin and prescription pain killers.
- ▶ According to the CDC, firearms are the most commonly used method of suicide among males (56.9%), and poisoning is the most common method of suicide for females (34.8%).

10 Leading Causes of Death by Age Group, United States – 2013

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,758	Unintentional Injury 1,316	Unintentional Injury 746	Unintentional Injury 775	Unintentional Injury 11,619	Unintentional Injury 16,209	Unintentional Injury 15,354	Malignant Neoplasms 46,185	Malignant Neoplasms 113,324	Heart Disease 488,156	Heart Disease 611,105
2	Short Gestation 4,202	Congenital Anomalies 476	Malignant Neoplasms 447	Malignant Neoplasms 448	Suicide 4,878	Suicide 6,348	Malignant Neoplasms 11,349	Heart Disease 35,167	Heart Disease 72,568	Malignant Neoplasms 407,558	Malignant Neoplasms 584,881
3	Maternal Pregnancy Comp. 1,595	Homicide 337	Congenital Anomalies 179	Suicide 386	Homicide 4,329	Homicide 4,236	Heart Disease 10,341	Unintentional Injury 20,357	Unintentional Injury 17,057	Chronic Low. Respiratory Disease 127,194	Chronic Low. Respiratory Disease 149,205
4	SIDS 1,563	Malignant Neoplasms 328	Homicide 125	Congenital Anomalies 161	Malignant Neoplasms 1,496	Malignant Neoplasms 3,673	Suicide 6,551	Liver Disease 8,785	Chronic Low. Respiratory Disease 15,942	Cerebro-vascular 109,602	Unintentional Injury 130,557
5	Unintentional Injury 1,156	Heart Disease 169	Chronic Low. Respiratory Disease 75	Homicide 152	Heart Disease 941	Heart Disease 3,258	Homicide 2,581	Suicide 8,621	Diabetes Mellitus 13,061	Alzheimer's Disease 83,786	Cerebro-vascular 128,978
6	Placenta Cord. Membranes 953	Influenza & Pneumonia 102	Heart Disease 73	Heart Disease 100	Congenital Anomalies 362	Diabetes Mellitus 684	Liver Disease 2,491	Diabetes Mellitus 5,899	Liver Disease 11,951	Diabetes Mellitus 53,751	Alzheimer's Disease 84,767
7	Bacterial Sepsis 578	Chronic Low. Respiratory Disease 64	Influenza & Pneumonia 67	Chronic Low Respiratory Disease 80	Influenza & Pneumonia 197	Liver Disease 676	Diabetes Mellitus 1,952	Cerebro-vascular 5,425	Cerebro-vascular 11,364	Influenza & Pneumonia 48,031	Diabetes Mellitus 75,578
8	Respiratory Distress 522	Septicemia 53	Cerebro-vascular 41	Influenza & Pneumonia 61	Diabetes Mellitus 193	HIV 631	Cerebro-vascular 1,687	Chronic Low. Respiratory Disease 4,619	Suicide 7,135	Unintentional Injury 45,942	Influenza & Pneumonia 56,979
9	Circulatory System Disease 458	Benign Neoplasms 47	Septicemia 35	Cerebro-Vascular 48	Complicated Pregnancy 178	Cerebro-vascular 508	HIV 1,246	Septicemia 2,445	Septicemia 5,345	Nephritis 39,080	Nephritis 47,112
10	Neonatal Hemorrhage 389	Perinatal Period 45	Benign Neoplasms 34	Benign Neoplasms 31	Chronic Low. Respiratory Disease 155	Influenza & Pneumonia 449	Influenza & Pneumonia 881	HIV 2,378	Nephritis 4,947	Septicemia 28,815	Suicide 41,149

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

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Question, Persuade, Refer

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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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Myths And Facts About Suicide

- ▶ **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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But first ... Let's review:
Suicide Clues And Warning Signs

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

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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
- ▶ 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

Q = QUESTION

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, counselor's name, phone numbers and any other information that might help

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

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?”

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

How *Not* to Ask the Suicide 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; it is only the solution to a perceived insoluble problem
- ▶ Do not rush to judgment
- ▶ Offer hope in any 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 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 to not complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.

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.

Statewide Resources

▶ **Maryland Crisis Hotline: 1-800-422-0009.**

▶ Available 24 hours a day, 365 days a year.

▶ **Veterans Crisis Line: 1-800-273-8255, Press 1.**

▶ Note: This is the 1-800-273-TALK line. (#1 is for Veterans)

Other Resources to Consider

- ▶ The person's spouse, parent, sibling, friend
- ▶ The Primary Care Provider or other medical doctor
- ▶ The person's mental health / behavioral health counselor
- ▶ The person's church, synagogue, mosque or faith community
- ▶ The person's Employee Assistance Program through work
- ▶ The person's school or college counseling center
- ▶ Another crisis program or outreach program located in the county where the person resides or works
- ▶ Online: American Foundation for Suicide Prevention www.afsp.org

For Effective QPR

- ▶ Tell the Person: “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 and reach out to them.
(Family? Friends? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician? Counselor?)

For Effective QPR

- ▶ Join the 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.

Remember

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

HOPE HELPS PREVENT SUICIDE.