

The logo for QPR Institute features the letters 'QPR' in a large, dark red, serif font. Below 'QPR' is the word 'INSTITUTE' in a smaller, black, sans-serif font. The entire logo is set against a light blue background with a large, faint, circular graphic element.

QPR INSTITUTE



Included in SAMHSA's
National Registry of
Evidence-based
Programs and Practices

Ask A Question, Save A Life

QPR

Question, Persuade, Refer

QPR

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

Intro to QPR





- There are many emotional reactions that we all may have to suicide: confusion, fear, shock, sadness, disbelief, anger, reluctance to get involved, etc...
- All of these reactions are completely normal and valid. Allow yourself to feel whatever feeling you have regarding the issue.
- What is most important, is that no matter what your personal feelings are regarding the situation, try to understand where the suicidal person is coming from: (i.e. a history of anxiety/depression/other mental health issues, a history of physical abuse, substance abuse, bullying, relationship issues, gambling issues , etc.). There is almost always some kind of history there that leads to risk of suicide.

SUICIDE IN WASHINGTON STATE

255 VETERAN
DEATHS

87 YOUTH DEATHS
(UNDER THE AGE OF 19)

77 DEATHS WITHIN
CONSTRUCTION INDUSTRY

7,782 NEW SUICIDE
LOSS SURVIVORS

W FOREFRONT
SUICIDE PREVENTION

*Source: WA Department of Health, 2017:
Washington State suicide deaths by means*

In 2017, **1,292** residents died by suicide, making it the eighth leading cause of death overall in Washington state. The state's suicide rate ranks 21st highest in the nation at **17.5 deaths** per 100,000 people, higher than the national suicide rate of **14.5**.

Suicide Facts & Figures: Washington 2019*



On average, one person dies by suicide every seven hours in the state.

More than seven as many people died by suicide in Washington in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 25,767 years of potential life lost (YPLL) before age 65.



Suicide cost Washington a total of **\$1,114,435,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,164,509 per suicide death.**

*Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.



8th leading cause of death in Washington

2nd leading
cause of death for ages 15-34

3rd leading
cause of death for ages 35-44

4th leading
cause of death for ages 45-54

8th leading
cause of death for ages 55-64

16th leading
cause of death for ages 65 & older

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Washington	1,297	16.86	23
Nationally	47,173	14.00	

More WA
State
Statistics

High Risk Groups

- Youth
- Elderly
- Veterans
- LGBTQ individuals
- Ethnic minorities

All categories of these individuals attend our colleges and universities. Not one of our institutions are immune.

Other Factors

- Family history of suicide
- Family history of child abuse
- Previous suicide attempt(s)
- History of mental health disorders, particularly clinical depression
- Substance abuse
- Gambling
- Feelings of hopelessness
- Relationship conflicts
- Unacceptable losses
- Isolation, a feeling of being cut off from other people
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

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, chances greatly improve of never becoming 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.

Suicide Myths and Facts

Myth Suicidal people keep their plans to themselves.

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

Myth Those who talk about suicide don't do it.

Fact People who talk about suicide may attempt an act of self-destruction.

Myth Once a person decides to attempt 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...

Suicide Clues And Warning Signs

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

Take all signs seriously.

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.”

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.”

Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order

More Behavioral Clues:

- 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

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

Situational Clues *(continued)*:

- 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

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

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.

Q Question

How NOT to ask the suicide question:

- “You’re not thinking of killing yourself, are you?”
- “You wouldn’t do anything stupid would you?”
- “Suicide is a dumb idea. Surely you’re not thinking about suicide?”

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 unsolvable 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.

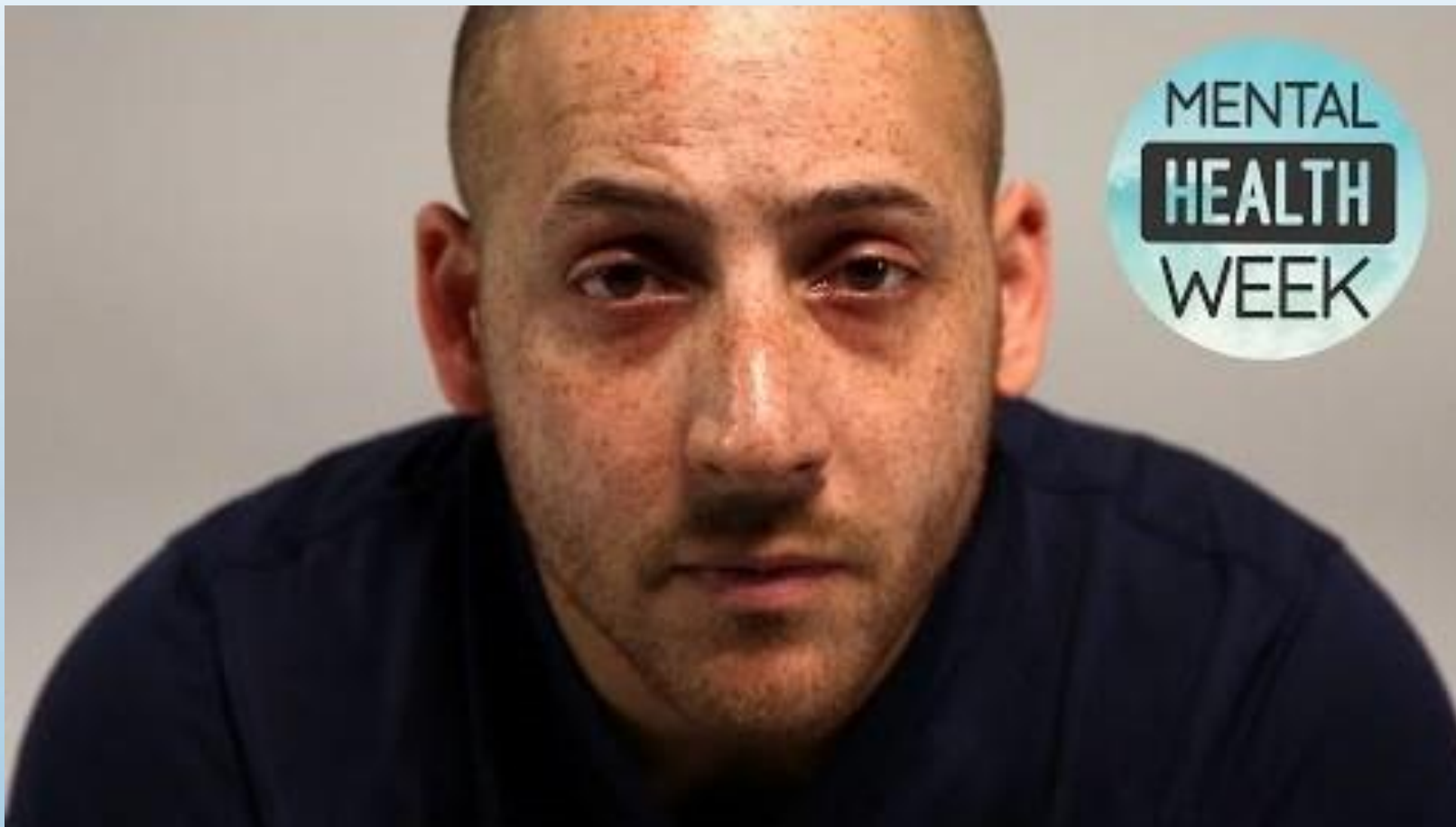
R Refer

- 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 not to 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.

Video Clip-Kevin Hines



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? Imam? Rabbi? Bishop? Physician?

For Effective QPR

- Put up resource posters in/around your office/campus (that say something like: if you or someone you know are considering suicide, please call the Suicide Prevention Lifeline: 1-800-273-8255. Trans Lifeline: 1-877-565-8860, etc...). Leave flyers and cards with resources on desks/tables in lobbies/on bulletin boards/in classrooms/waiting areas.
- Create a suicide prevention task force in your office/on your campus. List the names of the “safe” people that students can talk to.
- Ask your school to invest a bit of money for certain people to receive professional suicide prevention training so that they too can teach awareness to others on your campus (message me for more information on QPR training). Or, invest in bringing a professional in to speak to your students, faculty and staff.
- 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.

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Seriously.....no question is too big or too small.

QUESTIONS?