QPR INSTITUTE

Kristopher Thompson LCSW
Associate Executive Director
Crisis Services
Lenape Valley Foundation
Bucks County Suicide Prevention Task Force Tri-Chair

Before we get started!!!

- Suicide is a difficult topic
- First and Foremost, take care of yourself
- If you need a break, please take it!
- But please be sure to come back!
- If you need to talk, we will be here after class!

Welcome to QPR training

If you are going to have a heart attack in a public place, and not in front of a hospital emergency department, in what city or county do want to be in?

Why we're here today

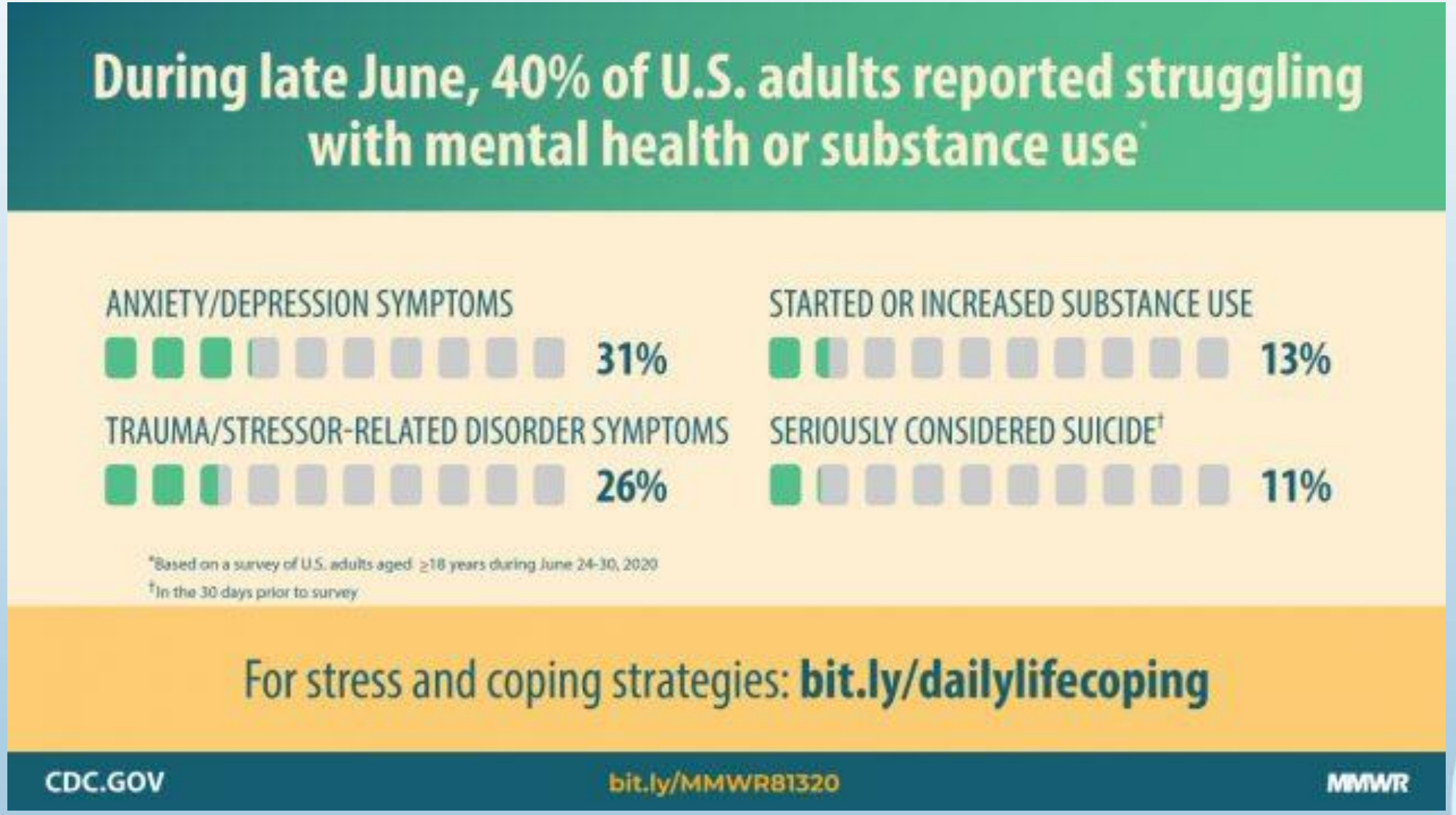
Answer

- **Seattle, King Country, Washington, where 1 in 4 adults know CPR – bystander rescue leads to 30% survival rate… In most cities in the US, survival rate is less than 5%. The goal of QPR is to train one adult per family or one in four adults. You are about to be part of that training effort.**

46,000 deaths annually attributed to suicide

2020	45,979
2019	47,511
2018	48,344
2017	47,173
2016	44,965
2015	44,193
2014	42,733
2013	41,149
2012	40,600

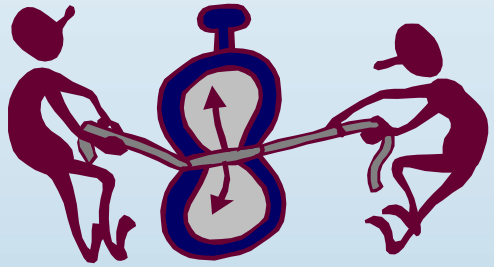
COVID Related Statistics



6,062 young people

(age 15-24)

die by suicide each year (2020)



At a rate of 1 death every 2 hours

*Youth suicide deaths have TRIPPLED since 1960

U.S.A. SUICIDE: 2019 OFFICIAL FINAL DATA

	Number	Per Day	Rate	% of Deaths
Nation	47,511	130.2	14.5	1.7
Males	37,256	102.1	23.0	2.5
Females	10,255	28.1	6.2	0.7
Whites	41,935	114.9	16.4	1.7
Nonwhites	5,576	15.3	7.6	1.2
Blacks/African American	3,309	9.1	7.1	0.9
Older Adults (65+ yrs.)	9,173	25.1	17.0	0.4
Young (15-24 yrs.)	5,954	16.3	13.9	20.0
Middle Aged (45-64 yrs.)	16,250	44.5	19.5	3.0

Group (Number of Suicides)	Rate
White Male (32,964)	26.1
White Female (8,971)	7.0
Nonwhite Male (4,292)	12.2
Nonwhite Female (1,284)	3.4
Black/African American Male (2,638)	11.8
Black/African American Female (671)	2.8
Hispanic/Latino (4,331)	7.2
Native Americans/Alaska Natives (658)	13.8
Asian/Pacific Islanders (1,609)	7.4

AMERICAN ASSOCIATION OF SUICIDOLOGY

In the United States…

1 suicide every 11 minutes

or

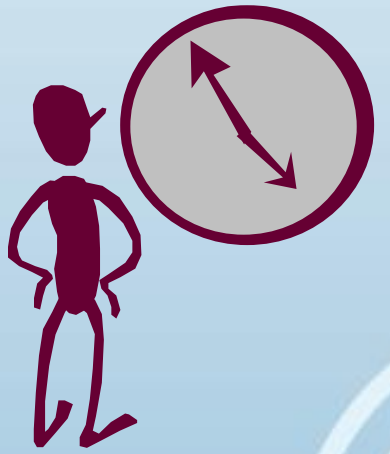
126 suicides every day

2019

12 million Americans seriously considered suicide

3.5 million planned an attempt

1.4 million attempted



Suicide is a leading cause of death 2020

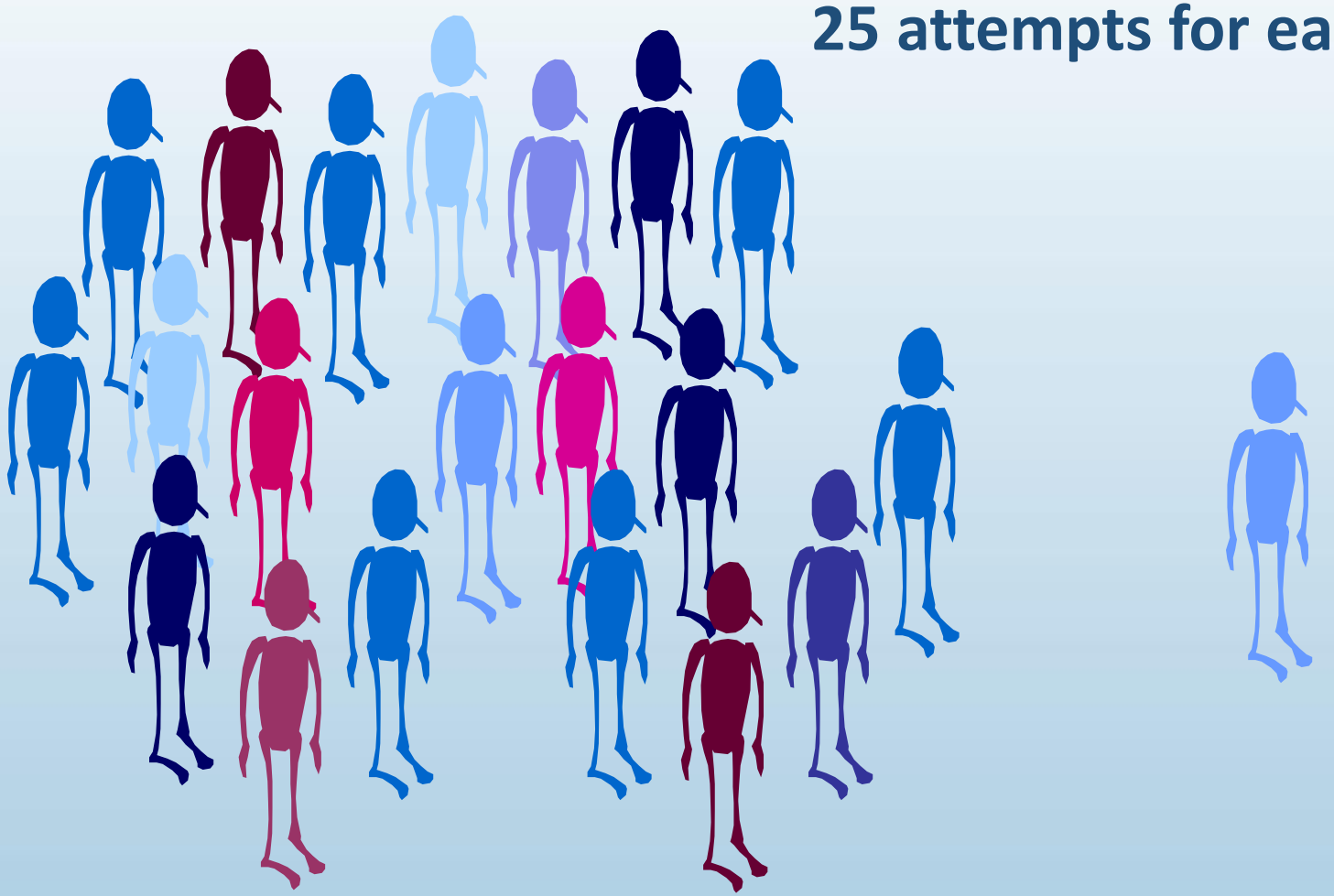
Rank & Cause	***Number of deaths***
1. Diseases of the heart	696,692
2. Malignant neoplasms (cancer)	602,350
3. COVID-19	350,831
4. Accidents (unintentional injuries)	200,955
5. Cerebrovascular diseases (stroke)	160,264
6. Chronic lower respiratory diseases	153,657
7. Alzheimer disease	134,242
8. Diabetes mellitus (diabetes)	102,188
9. Influenza & pneumonia	53,544
10. Nephritis, nephrosis (kidney disease)	52,547
11. Chronic liver disease and cirrhosis	51,642
12. Suicide (Intentional Self-Harm)	45,979
16. Homicide (Assault)	24,576

Local Statistics

- Suicide is the **11th leading cause of death** in Pennsylvania (2018)
- In 2018, suicide was in the Top 5 Leading Causes of Death for these age groups:
  - Ages 10-34 (#2) | Ages 35-54 (#4)
- On average, 1 person dies by suicide every **five hours** in the state.
- Firearms are the **#1 suicide method** in the state of Pennsylvania. 2016
- Bucks County Statistics (as reported by the County Coroner):
  - 2016 - 76 suicide deaths | 2018- 93 suicide deaths
  - 2017 - 73 suicide deaths | 2019- 94 suicide deaths
  - 2020 - 69 suicide deaths

Estimates of attempted suicide

25 attempts for each documented death



(Note: 46,000 suicides translates into 1,150,000 attempts annually)

Numbers of those impacted by and exposed to suicide

- Impacts especially severe in small, tight-knit communities.
- Suicide risk is greater in survivors (e.g., 4-fold increase in children when a parent dies by suicide)
  disruption.
- If roughly 48,000+ Americans die by suicide each year over ONE MILLION people suffer devastating effects on their life and/or suffer a major life

Number of Suicide Survivors

A "suicide survivor" is someone who has lost a loved one to death by suicide

- 6 blood relatives directly affected by each suicide

Inclusive of blood relatives, Julie Cerel at the University of Kentucky has reported the following additional impacts from a single death by suicide:

- 135 are exposed
- 53 have short term disruption in life
- 25 have a major life disruption
- 11 have devastating effects on their life

- 1 of every 62 of us is a survivor
- 20% of us will have a suicide in our immediate family
- 60% of us will personally know someone who dies by suicide
- There is no typical suicide victim – individuals of all creeds, races, incomes, ages, and educational levels die by suicide

The Many Paths to Suicide

Fundamental Risk Factors

Biological

- Genetic Load
- Sex
- Race
- Age

Personal/Psychological

- Child Abuse
- Loss of Parent
- Culture Shock/ Shift
- Values Religion Beliefs
- Drugs or Alcohol

Environmental

- Season of year
- Geo-graphy
- Urban vs. Rural
- Model for Suicide

Proximal Risk Factors

"Triggers or Final Straws"

- Crisis in Relation
- Loss of Freedom
- Fired/ Expelled
- Illness
- Major Loss
- ?

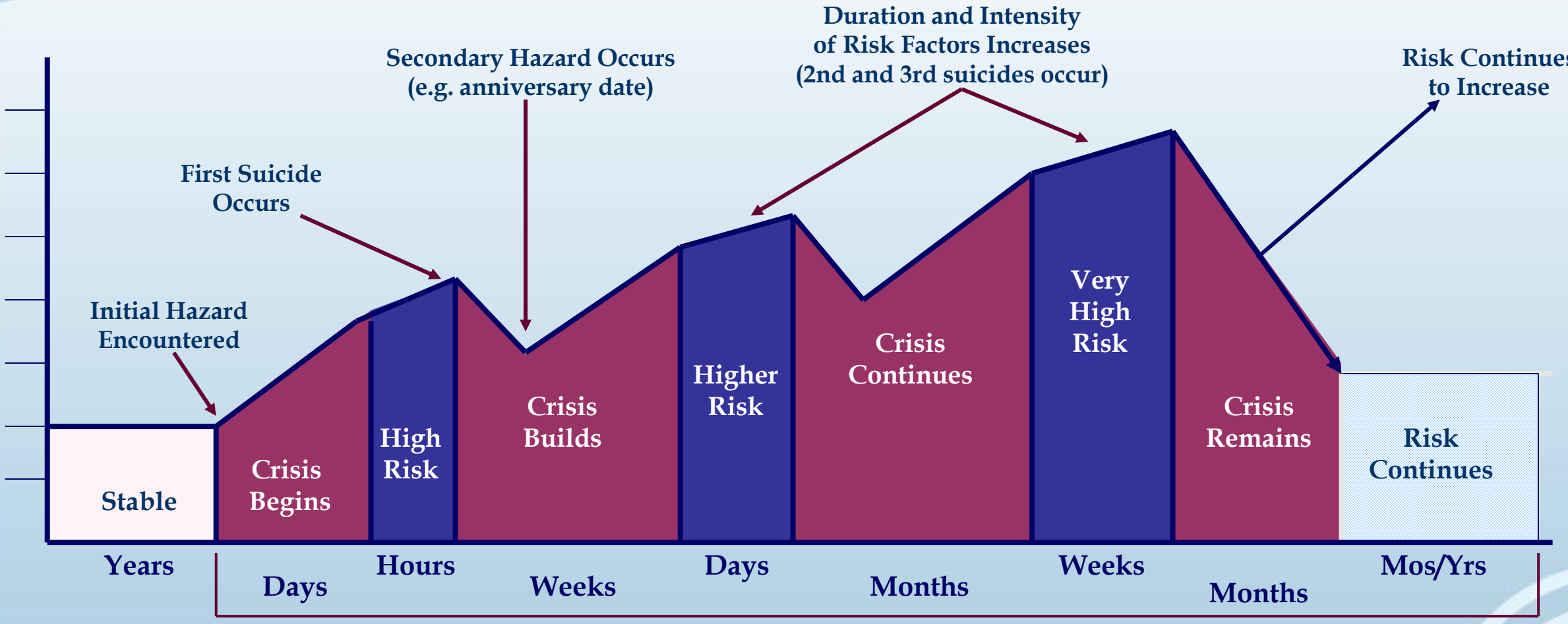
Increasing Hopelessness Contemplation of Suicide as Solution

WALL OF RESISTANCE

Cause of Death

- Poison
- Gun
- Hanging
- Autocide
- Jumping
- ?

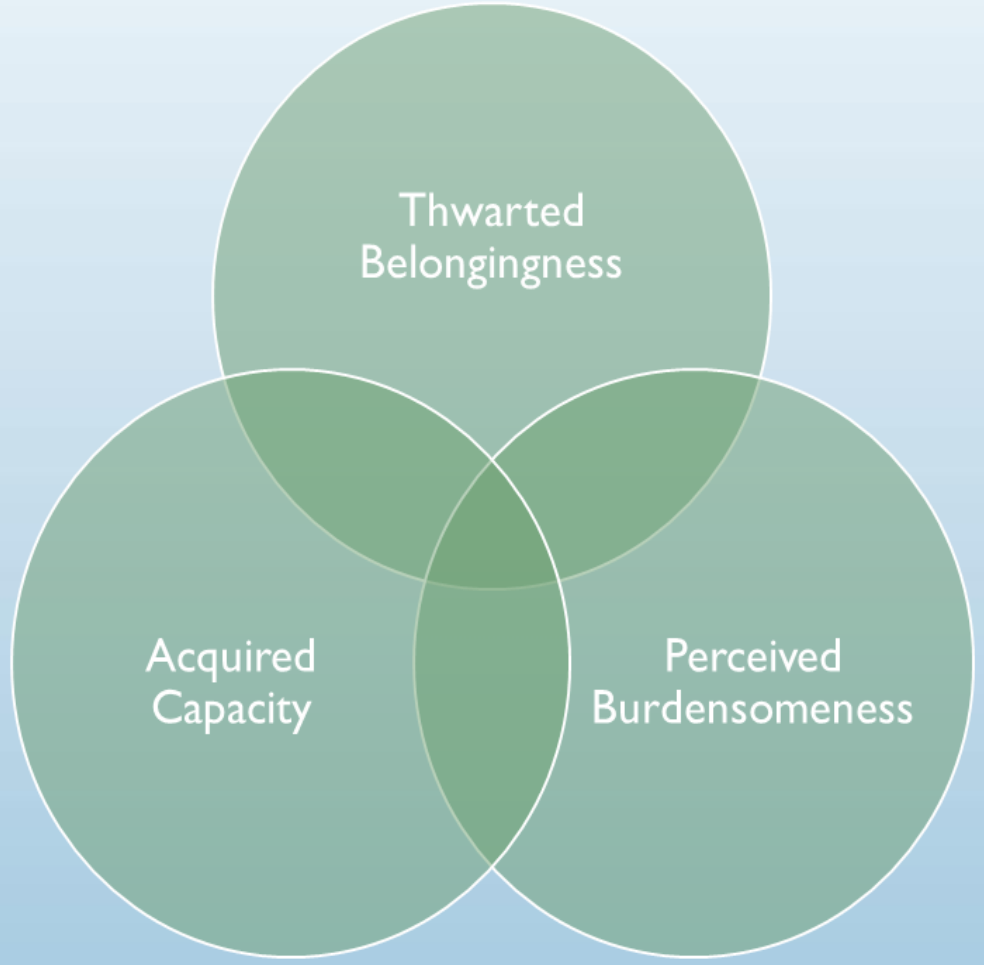
- All "Causes" are real.
- Hopelessness is the common pathway.
- Break the chain anywhere = prevention.



Due to mounting losses, increasing frequency of anniversary dates, role-modeling effects, and building stress, the risk for additional suicides can remain present for months and even years.

VW/1998

Dr. Thomas Joiner



Risk Factors

Risk Factors

Increasing HOPELESSNESS, feeling of being a BURDEN and Contemplation of Suicide as the Solution

Access to Means

Why now?

- National Suicide Prevention Strategy
- Advances in effective treatments
- Military experience (US Air Force story)
- Suicide survivor movement
- Federal and state leadership
- International Association of Chiefs of Police and Sheriffs leadership

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

Ask A Question, Save A Life

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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.

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

Suicide Myths and Facts

- **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…

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.”

Direct 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
- 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
- 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 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 not to 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.

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?

For Effective QPR

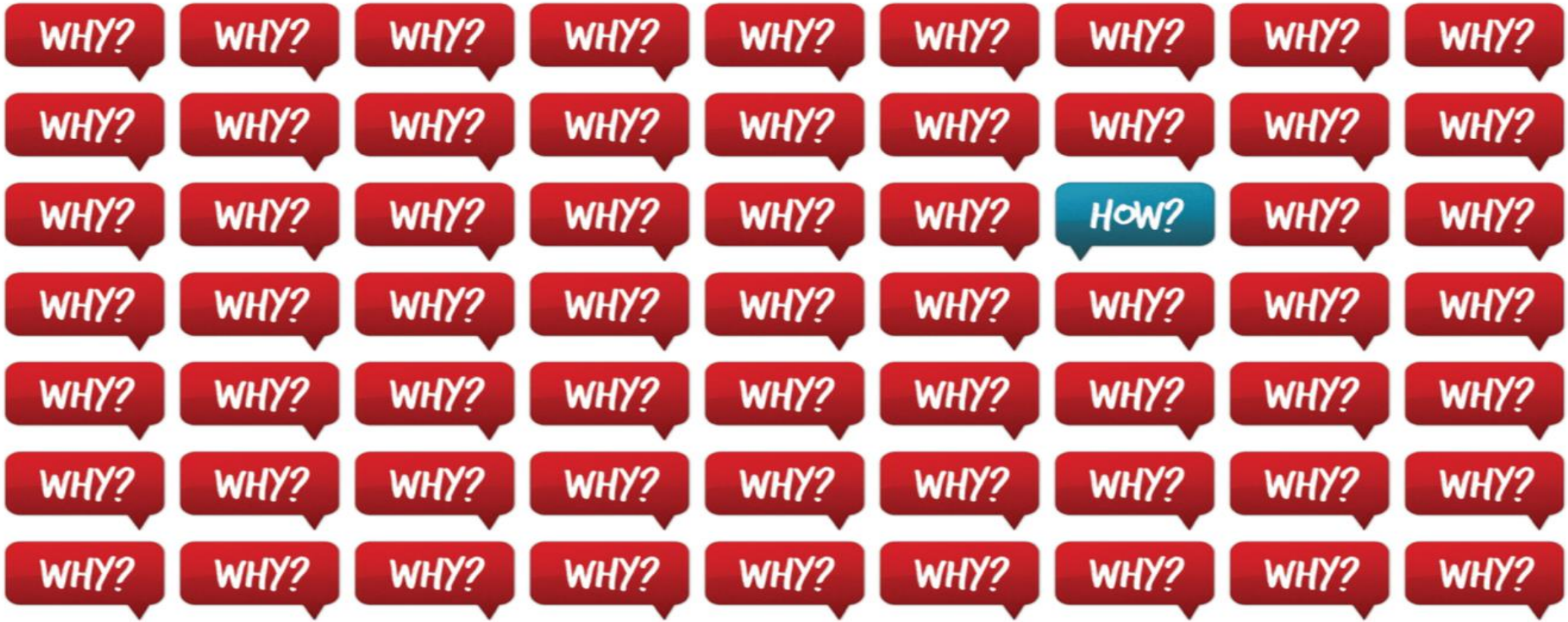
- Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.

- 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.

REMEMBER

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

Traditionally suicide prevention has focused on who takes their life, when, where, and especially why.



We are beginning to understand that <u>how</u> people attempt suicide plays a crucial role in whether they live or die.

Restricting Access to Means

- **The probability of individuals attempting suicide decreases when they are precluded from implementing a preferred method[10]**
- **—ie, suicide attempts are often method-specific. Moreover, if a highly lethal method is not available and some individuals do not defer their attempt, they frequently use less lethal, more common ones (eg, drug overdose).**

Is your home Suicide-Proof?

Sri Lanka & Pesticides

- Pesticides are the leading suicide method in Sri Lanka.
- Restrictions were placed on sales of the most highly human-toxic pesticides in the mid to late 1990s.
- Suicide rates dropped 50% from 1996 to 2005.
- Nonfatal poisonings and suicide by other methods did not drop.

Gunnell 2007. Int'l J of Epidemiology.

United Kingdom & Domestic Gas

- Before 1960, domestic gas was the leading method of suicide in the United Kingdom.
- By 1970, almost all domestic gas in the UK was non-toxic.
- Suicide rates dropped by nearly a third.
- The drop was driven by a drop in gas suicides; non-gas suicides increased slightly.

Source: Kreitman 1976, Brit J Prev Soc Med.

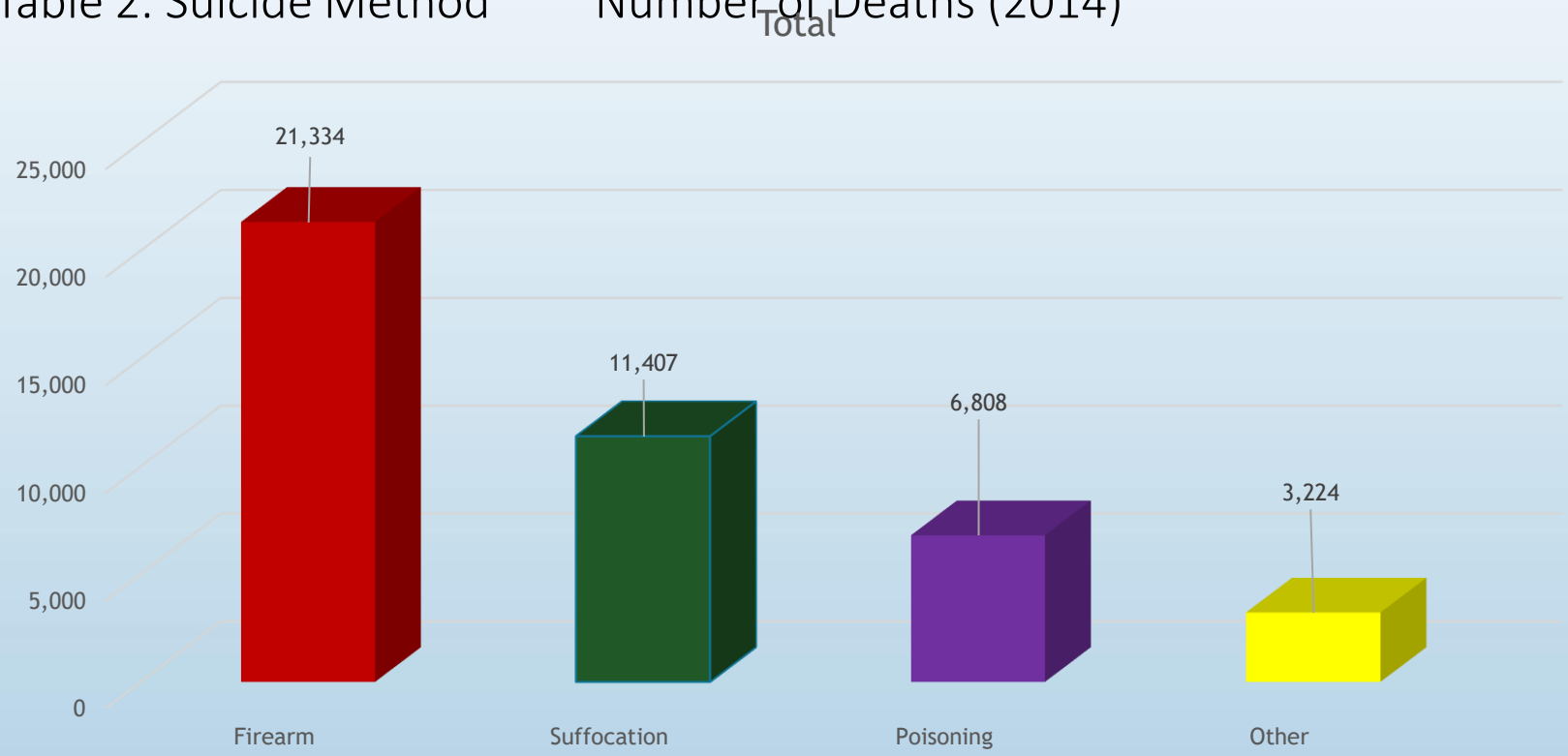
Why Does Reducing Access to Lethal Means Prevent Some Suicides?

Why Means Matter

- Suicidal crises are often relatively brief.
- Suicide attempts are often undertaken quickly with little planning.
- Some suicide methods are far more deadly than others ("case fatality" ranges from 1% for some methods to 85-90% for the most deadly, like firearms).
- 90% of those who survive even nearly-lethal attempts do not go on to later die by suicide.

See: www.meansmatter.org for studies examining each of these concepts.

Table 2. Suicide Method Number of Deaths (2014)



National Institute of Mental Health

Data courtesy of CDC

Firearms in the Home

- **An NVISS study of firearm suicides among youths ages 17 and under occurring over a two-year period in four states and two counties found that 82% used a firearm belonging to a family member, usually a parent. When storage status was noted, about two-thirds of the firearms had been stored unlocked. Among the remaining cases in which the firearms had been locked, the youth knew the combination or where the key was kept or broke into the cabinet.**

Why Focus on Firearms

- Firearms are the leading suicide method in the U.S.
- Gun owners and their families are at about 3 times higher risk of suicide than non-gun owners.
- This isn't because they're more suicidal. Gun owners are NO more likely to be mentally ill, to think about suicide, or to attempt suicide than non-gun owners.
- Rather, they're more likely to die in a suicide attempt because guns are more lethal than most other methods.

Sources:

- Betz M, Suicide Life Threat Behavior, 2011. Miller M, Injury Prevention, 2009. Ilgen M, Psychiatr Serv, 2008. Sorenson & Vittes, Eval Rev, 2008.

Reducing a Suicidal Person's Access

- A simple step to increase a suicidal person's safety is to reduce access to firearms at home.
- Many counselors and providers and family members of at-risk people don't think to do this.
- This temporary safety intervention is not anti-gun.

Making a Difference

- Family and friends can protect a suicidal person by temporarily storing all firearms away from home.
  - Have a trusted person outside the home hold onto them until the situation improves.
  - Some storage facilities, police departments, gun clubs, and gun shops will store guns.
- If off-site storage isn’t an option:
  - Lock the guns at home with new locks or combinations.
  - Keep ammunition out of the home or locked separately.
  - Or, remove a key component of the guns, e.g., the bolt.

To keep him safe…

… when, as a young man, Abraham Lincoln was depressed and suicidal, a friend said of him, "Lincoln told me that he felt like committing suicide often."

Seeing suicide warning signs, Lincoln's neighbors mobilized to keep him safe, watching over him, and removing his knives and pistol. They pulled together the same kind of safety net QPR gatekeepers can build today – and which included making sure our President did not have access to the means of suicide.

It was said that when he again became depressed later in life he "dared not carry even a pocket knife… "

Source: *Lincoln's Melancholy*, A.W. Shenk, Houghton, Mifflin, Co. 2005

For more information

Means Matter website: www.meansmatter.org

Take CALM-Online—free, online course on Counseling on Access to Lethal Means http://training.sprc.org/

Request technical assistance from Means Matter cbarber@hsph.harvard.edu

Request an in-person CALM training elaine.m.frank@dartmouth.edu

Thank You

- Kristopher Thompson LCSW
- kris.thompson@lenapevf.org
- **Kristopher Thompson LCSW**@LVFCrisis
- Crisis lines:
  - CB: 215-345-2273
  - LB: 215-785-9765
  - Lodge 267-893-5555