



QPR Gatekeeper Training

- Larry McNabb MRC, CRC
 Certified QPR Suicide Prevention Gatekeeper Master Trainer
 Kentucky Suicide Prevention Group, Inc. Board Member
 Vice-Chair of the Executive Committee for KSPG
 Board Certified Mental Health Coach- American Association of Christian Counselors

- Board Certified Mental Health Coach American Association of Christian Counselors
 CALM (Counseling against Lethal Means) Trained
 Adult Mental Health First Aid Trained
 Trained in Assessing and Managing Sucide Risk (AMSR)
 Certified of PRR School Health Professional
 Trained in the Soul Shop Movement for Faith-based Suicide Prevention

QPR Gatekeeper Training

- Re-entry and Offender Employment Specialist with the U.S. Department of Justice (A National Institute of Corrections Curriculum)
- Volunteer Leader of the First Church of Christ in Burlington, KY of the Bereavement Ministry
- Facilitator of Bereavement Support Groups: GriefShare and Founder, Facilitator of the Christian Survivors of Suicide
- I am a survivor of severe depression and general anxiety with panic attacks
- Certified QPR Triage
- Certified QPR EMS/Firefighter Suicide Prevention

QPR Gatekeeper Training

 Kentucky Career Center/Office of Vocational Rehabilitation- Blind Services
 1324 Madison Avenue

Covington, KY 41011 859-292-6513 or 1-866-380-3450

Fax: (859) 371-0379

E-mail: Larry.McNabb@ky.gov

Website: https://kcc.ky.go//Vocational-Rehabilitation/Pages/Kentucky-Office-of-Vocational-Rehabilitation.aspx



Questions

- How many people here have had a loved one(s)/someone close to you end his/her life by suicide?
- How many people here have had a loved one(s)/someone close to you attempt to end his/her life by suicide?
- How many people here have a loved one(s)/Someone close to you suffer with depression and/or other mental health disorder(s)?

Questions (cont.)

- How many people here have a loved one(s)/someone close to you that has a drug and/or alcohol problem?
- How many people here have a loved one(s)/someone close to you that has had a life changing incident/trauma happen to him/her?

Scope of the Problem

- 47,511 deaths in U.S. 2019
- On average just over 130 deaths per day
- 1,187,775 annual attempts with just less than half requiring hospitalization
- Current rates for +85 have increased in 2019
- The rate for +85 suicides per 100,000 population has the highest rate for any age group.
- Males: 75% of suicides
- Suicides now exceed deaths by car crash.
 - AAS

Suicide In Kentucky 2019

- 756 deaths
- 16.9 rate 22nd ranking
- 2nd leading cause of death for ages 15-24
- $\mathbf{4}^{th}$ leading cause of death for ages 35-44
- Males represent 80% of deaths
- Guns leading method for males 69%
- Three times more likely to die by suicide than by homicide

AAS

Origins of Developing Suicidal Thinking

- External Stressors- death or loss, rejection by a significant other, public humiliation, serious illness, war, you name it (small stressors matter)
- Internal Conflict or Cognitive Distortions with or without mental illness
- Neurobiological Dysfunction-Internal causes or External toxins

Shawn Shea M.D. The Art of Suicide Assessment

"The person most likely to prevent us from taking our own life is someone we already know." Dr. Paul Quinnett

Psychological Pain

"Stripped down to its bones, In almost every case, suicide is caused by pain, the pain of excessively felt shame, guilt, anguish, loneliness humiliation, burdensomeness, or not belonging, a certain kind of psychological pain I call "psychache," which can become lethal when deemed by that person to be unbearable."

Examples: Edwin S. Shneidman The Suicidal Mind

It Can Happen to Anyone

 "I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I can not tell; I awfully forebode I shall not. To remain as I am is impossible; I must die or be better, it appears to me."

•-Abraham Lincoln, January 23, 1841

We Can No Longer Be Silent

I am a silent killer. I am indiscriminate and i can strike without warning. I not only kill, but i destroy the lives of those that are left behind. I cause chaos and trauma. Those that have not come into contact with me are frightened to utter my name for fear i will touch their lives. They don't realise that the only way i can be stopped is to talk about me.

I am DEPRESSION - I am SUICIDE. RAISE AWARENESS. STOP the STIGMA.

The Why Question

"Death by one's own hand is far too much a final gathering of unknown motives, complex psychologies, and uncertain circumstances."

Dr. Kay Jamison Night Falls Fast

The Major Risk Factors For Anyone Anywhere • Mental Illness - Any psychiatric disturbance including, clinical depression, schizophrenia, anxiety and personality disorders, PTSD • Acohol abuse especially when depressed • Repeated victim of, or exposure to physical/mental violence • The TOP major risk factor is a previous suicide attempt • More than one attempt raises the risk to moderate for life Research shows that 80-90% of persons that died by suicide suffered from psychiatric disturbance, often major depression often coupled with substance abuse











QPR

- QPR is <u>not</u> intended to be a form of counseling or treatment.
- •QPR <u>is</u> intended to offer hope through positive action.

QPR

QPR

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

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 selfdestruction..
- 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 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.

QPR

 Fact Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide



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."

QPR

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."

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
 Guidden interact or disinteract is polici.
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

QPR

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

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

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





Question

How NOT to ask the suicide question:

QPR

QPR

- "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 REWINDLE HOPE, AND MAKE ALL THE DIFFERENCE.

More Examples

- "Are you considering ending your life?"
- "Have you thought about suicide in the past?" (Sometimes suicidal people will tell you about how they felt last week, but not today.)
- Follow up "Are you thinking about suicide now?"
- "With all you're going through, have you experienced thoughts of killing yourself?"

Another question to Persuade...

• "If you were able to find a way to reduce your pain, would you be willing to agree to live longer?"

R Refer

QPR

 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.













THE PREFRONTAL CORTEX ATTACK

In a new report, Yale researchers examine how the pandemic is affecting our brains—in particular the prefrontal cortex, the part of the brain that is involved in decision making, impulse control, and emotional regulation. For 44 to 66 million disadvantaged Americans, the researchers say, the pandemic is exacerbating existing stressors—including financial insecurity and systemic racism—which impairs prefrontal cortical performance that is critical for regulating emotions and coping, among other functions.

Mental Health and the COVID-19 Pandemic

- Federal surveys show that 40 percent of Americans are now grappling with at least one mental health or drug-related problem. But young adults have been hit harder than any other age group, with 75 percent struggling.
- The Centers for Disease Control and Prevention recently asked young adults if they had thought about killing themselves in the past 30 days, 1 in 4 said they had.
- Prior to 2019, Even as suicide rates have <u>fallen globally</u>, they have climbed every year in the <u>United States</u> since 1999, increasing <u>35 percent</u> in the past two decades. Still, funding and <u>prevention efforts</u> have continued to lag far behind those for all other leading causes of death.
 Since the crisis began, <u>\$175</u> billion in emergency funding has been allocated to hospitals and other medical facilities, but less than 1 percent of that has gone specifically to mental health and substance abuse services.

Mental Health and the COVID-19 Pandemic

- One of the few actions undertaken by U.S. leaders this fall after a decade of discussion — was to authorize a three-digit number, similar to 911, for people to call during a mental crisis. But the 988 number won't take effect until July 2022. And crisis centers in charge of those calls are facing severe cuts because the pandemic has decimated state and local budgets.
- In the years after the 1918 flu pandemic, suicides appeared to rise, but records from that era are sparse and unreliable. Studies of natural disasters have been similarly inconclusive.
- Immediately after a crisis, suicides sometimes decrease briefly because of a "pulling-together effect." In the first six months after the <u>Sept. 11, 2001</u>, terrorist attacks, suicide rates among New Yorkers declined.

Mental Health and the COVID-19 Pandemic

- But countries that track suicides more closely than the United States said they are starting to see sharp upticks. Japan said suicides in August increased <u>15 percent</u>. Nepal has similarly reported increases. Thailand recently said its suicides have risen 22 percent compared with the year before. Thailand's Health Ministry has directed police to monitor social media to find people in distress and is setting up a reporting system to get suicide statistics faster. "We definitely cannot wait," a ministry spokesman said said.
- Studies have established strong correlations between suicide and financial pressures such as unemployment, eviction and displacement all of which have risen sharply during the pandemic.
 In the two years after the 2008 Great Recession, America's suicide rate increased four times as fast as in the eight years before.

QPR 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.



QPR

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.

How responsible are we to take action?

- Paul Quinnett: "We are only responsible to do what we know how to do when it needs to be done not for something we will learn to do in the future."
- Once you have the knowledge and skills, it increases your "responseability"











