



Suicide Prevention Coalition of NCW QPR Gatekeeper Training

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Webinar aired May 16, 2018 for the Health Home Program



Physician & Healthcare
CONSULTING, LLC



Moment by Moment
— SUICIDE PREVENTION —

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WHO Data Global Suicide Information

800,000 people die each year globally

2nd leading cause for 15 - 29 yo

78% of suicides occur in low-middle income countries (2015)

http://www.who.int/gho/mental_health/suicide_rates/en/

Countries With Highest Rates (per 100K)

Mongolia,
E. Asia - 48.2

Kazakhstan,
E. Asia - 48.1

Guyana,
S. Africa -
46.0

Suriname,
S. Africa -
41.6

Russian
Federation -
32.2

http://www.who.int/gho/mental_health/suicide_rates/en/

Countries With Lowest Rates (per 100K)

Pakistan -
2.5

Iran/Iraq -
4.2/4.8

Guatemala-
4.2

Indonesia -
4.5

Egypt- 4.5

http://www.who.int/gho/mental_health/suicide_rates/en/

U.S. Suicide Data

43,000 per year

13.5 per 100K

1 every in 13 min

10th leading cause of death



Suicide Prevention

BE KIND
for
EVERYONE
 YOU MEET *is*
FIGHTING
 a HARD BATTLE

Responsibility of the community as a whole

- Medical - 50%
 - Mental Health - 6 - 20%
- Identification & prevention of high risk groups
 - Teens, Veterans, seniors, LGBT, homeless, addicted
- Employer practices
 - Layoffs, terminations
 - Investigations
 - Employee engagement
- Homelessness
- Opioid Crisis



Shift in Attitude

Zero tolerance for suicide within our community through prevention efforts, training, education, & reducing the stigma.

This requires a shift in community attitudes

Current State of Care

- ▶ Pts present to medical provider for help (may or may not disclose)
- ▶ Pts sent to Emergency Dept
- ▶ ED places pt in fish bowl
 - ▶ Special clothes,
 - ▶ Special guard,
 - ▶ Special treatment
 - ▶ Several hour wait,
 - ▶ Not detained due to lack of immanency

Goal: Perfect Suicidal Patient Medical Care

- ▶ Patient presents to medical provider (may/may not disclose)
- ▶ RN/MA provides routine screen
- ▶ If positive for suicidality
 - ▶ RN further assesses the patient & works to instill hope
 - ▶ RN creates safety plan & provider signs off
 - ▶ Set up next steps and follow up

Goal: Perfect Medical Care

- ▶ If patient is clearly severe or imminent - then patient is sent to ED and meets with Mental Health Professional (DCR previously DMHP) to determine if involuntary detention is necessary
- ▶ ZERO Suicides within our system of care or span of control

Goal: Perfect Mental Health Care

- ▶ The 95+% of suicidal people that are not imminent, but struggling... they are able to see a mental health provider versed in suicidality within 30 min of need
- ▶ The <5% that are imminent they receive respectful & knowledgeable care when referred on to the ED & DCR.
- ▶ ZERO Suicides within our system of care or span of control

2016 Chelan County WA Crisis Data

- ▶ 1,000 people helped in ED with mental health diagnosis
- ▶ 700 opioid overdoses
 - ▶ Unclear how many were intentional
- ▶ 2,500 - 3,000 crisis team contacts per yr

Physician Suicide

- ▶ Physicians are more than 2x as likely to kill themselves as non-physicians
- ▶ Female physicians 3x more likely than their male counterparts
- ▶ 400 doctors commit suicide every year
- ▶ Second leading cause of death for medical students

Physician Suicide

- ▶ Significantly higher suicide completion rate than other populations
- ▶ Females generally have lower rate, but female physicians match rate of males (2.5-4x gen population)
- ▶ Under reporting by sympathetic colleagues may skew numbers

PRANAY SINHA, 2014

Healthcare Workers & Suicide

- ▶ A female nurse is 4x more likely to commit suicide than other women
- ▶ RNs have a higher rate than the general public
- ▶ Highest risk when high stress at work and at home
- ▶ Highest risk when medical errors occur

Healthcare Workers

- ▶ Have a higher rate of substance abuse and suicide in response to stress
- ▶ Need support during work or family issues

Healthcare - Mental Health

- ▶ Study of 800 psychologists
 - ▶ 61% reported at least one depressive episode
 - ▶ 29% reported suicidal ideation
 - ▶ 4% had attempted
- ▶ Study of 1000 psychologists
 - ▶ 62% identified as depressed
 - ▶ 42% of those depressed thought of suicide

Prof Psychol Res Pr . 2011 June 1; 42(3): 244-251. doi:10.1037/a0022805

Why the Higher Rate?

- ▶ Slow to understand their anguish
- ▶ Code of silence
- ▶ Stigma/shame
- ▶ Pressure / lack of sleep
- ▶ Lack of confidential resources
- ▶ Lack of self-care
- ▶ Self-selection - certain types choose certain occupations

Why the Higher Rate?

- ▶ Second victims - Medical mistakes
- ▶ Lack of support
- ▶ Fear admission of thoughts will affect work
- ▶ Difficult to get time off
- ▶ Poor work life balance
- ▶ Sense of failure work / home

Why the Higher Rate?

- ▶ More knowledge on lethal means
- ▶ Access to means
- ▶ Fearlessness about death
 - ▶ Desensitized overtime
 - ▶ Habituated to trauma

Professions With High Rates

Rates Fluctuate Yearly

- ▶ Construction Workers
- ▶ Police Officers
- ▶ Firefighters
- ▶ Military
- ▶ Dentists

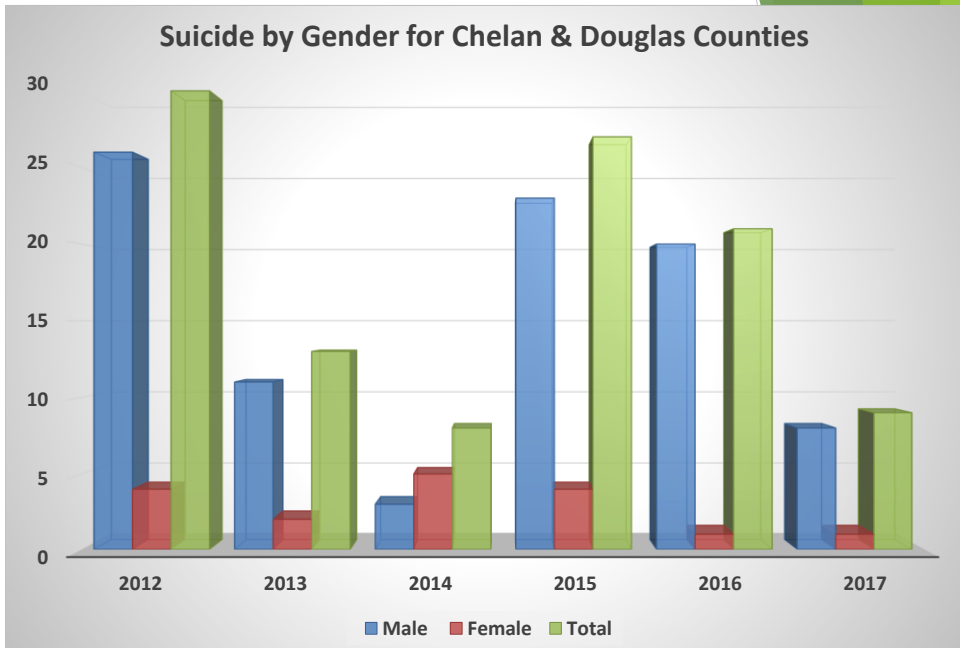
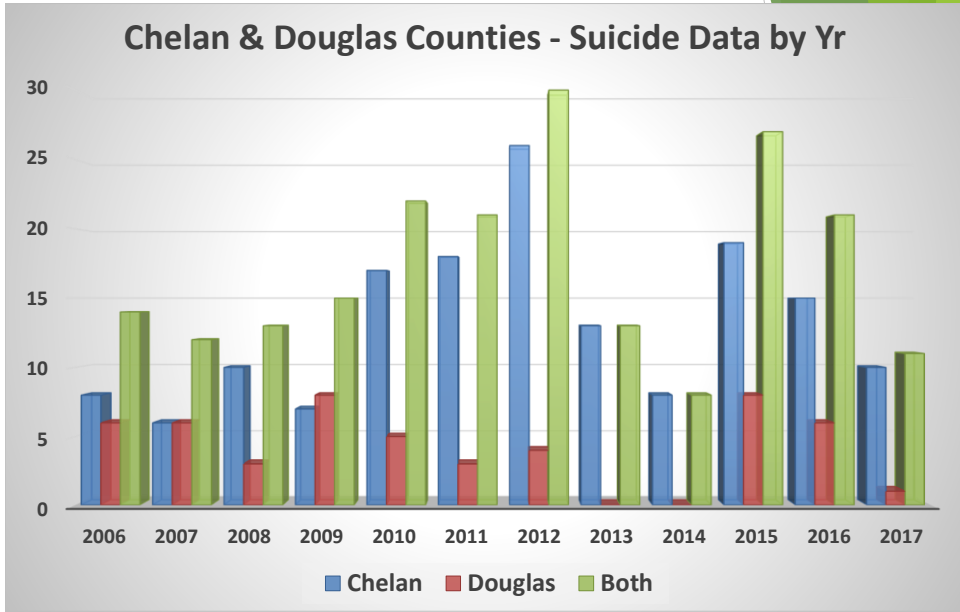
What Helps?

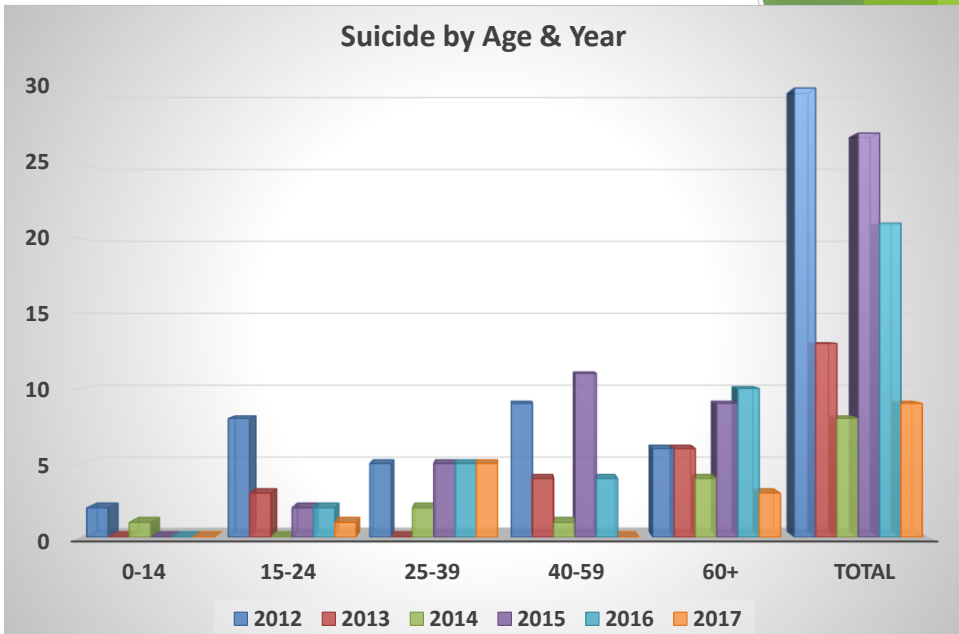
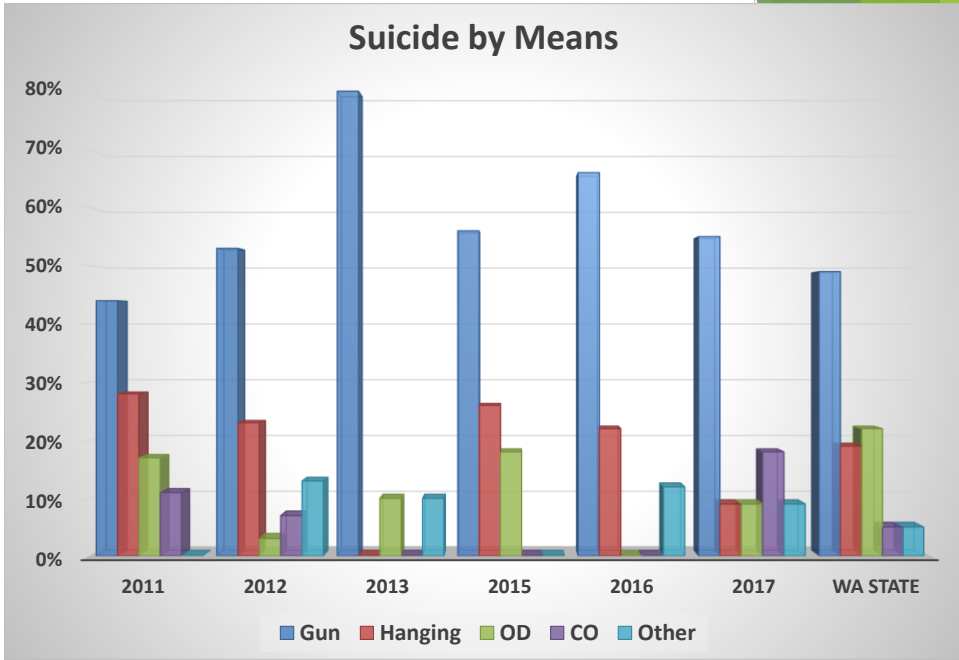
- ▶ Second Victim Programs
- ▶ Support
- ▶ Self-care
- ▶ Telling their stories of struggles
- ▶ Talking about the problem/s
- ▶ Dispel the stigma of seeking help
- ▶ Check in with colleagues that are struggling

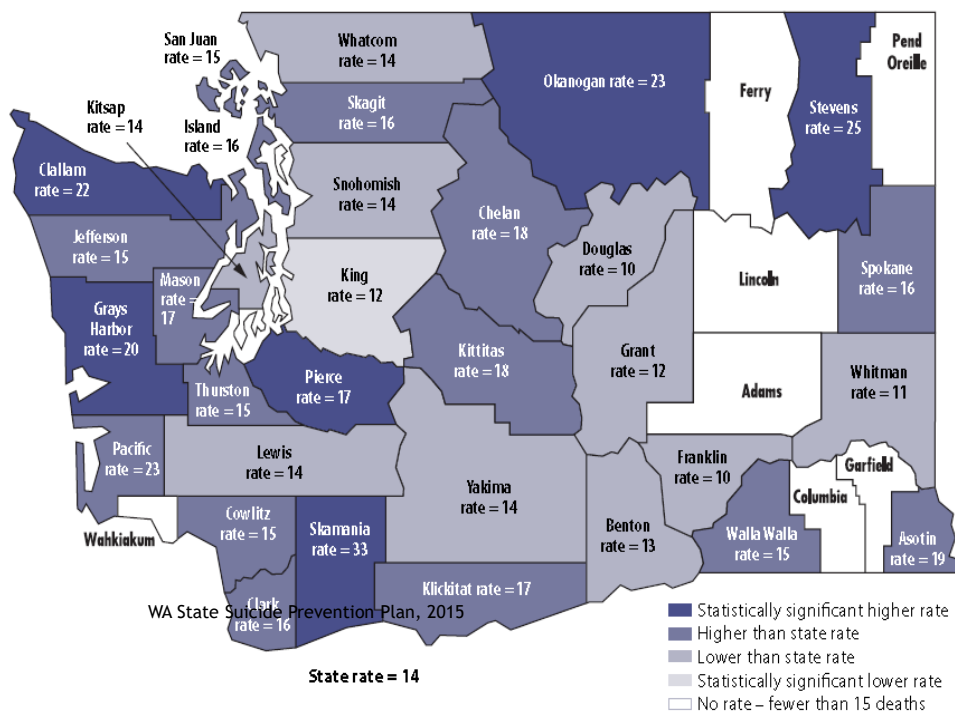
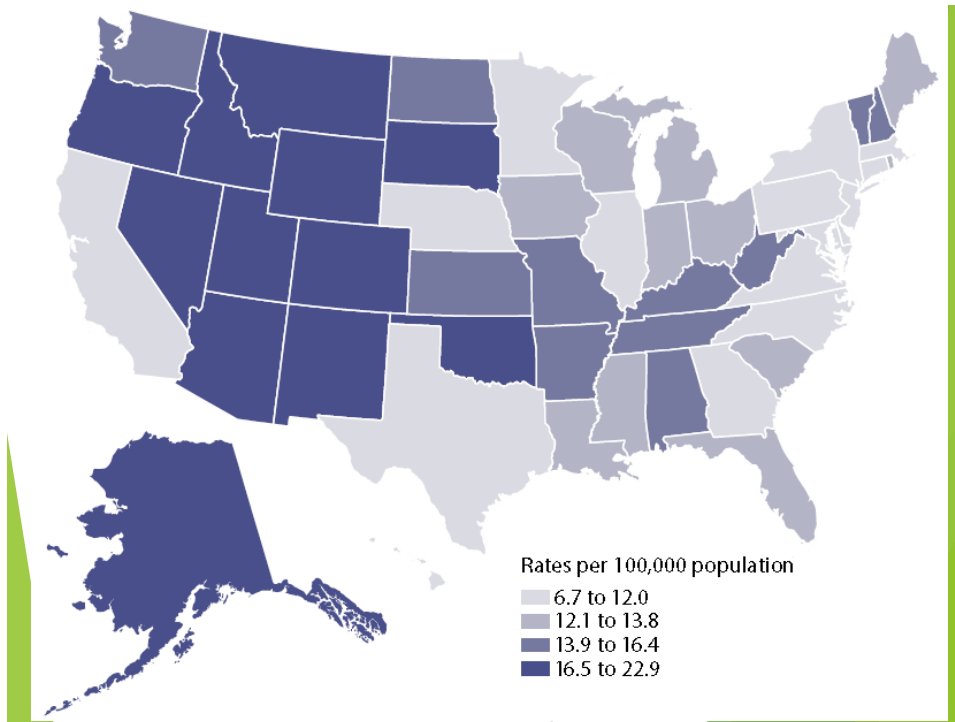
What Helps?

- ▶ Know warning signs and risk factors
- ▶ Safe work environment to disclose
- ▶ Buddy system or the peer to peer system
- ▶ Treat mental health issues

Scope of the Problem









The Message...

Help is available, but
you have to know
where to get it

People who access help
get better

Suicide is permanent
solution for a
temporary problem

People trained in suicide
prevention - save lives!



QPR

Ask A Question, Save A Life

Content by Paul Quinnett, PhD
QPR Institute Inc.



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.



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.



QPR

Myths And Facts About Suicide

- ▶ **Myth - Only experts can prevent suicide.**

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

- ▶ **Myth - Suicidal people keep their plans to themselves.**

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



QPR

Myths And Facts About Suicide

▶ **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...



QPR

Suicide Clues And Warning Signs

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

Take all signs seriously!

WARNING



QPR

Direct Verbal Clues:

- ▶ “I’ve decided to kill myself.”
- ▶ “I wish I were dead.”
- ▶ “I don’t plan on being here to worry about.”
- ▶ “I’m going to end it all.”
- ▶ “If (such and such) doesn’t happen, I’ll kill myself.”
- ▶ “I just want to die!”



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.”
- ▶ “I want to run away.”



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
- ▶ 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



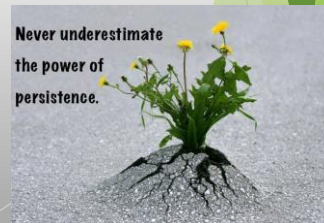
Situational Clues:

- ▶ Sudden unexpected loss of freedom/fear of punishment
- ▶ Anticipated loss of financial security
- ▶ Fear of becoming a burden to others
- ▶ Transitions of care – provider leaving/retiring, changing facilities, leaving inpatient unit



Tips for Asking the Suicide Question

- ▶ If in doubt, don't wait, ask the question
- ▶ If the person is reluctant, be persistent





QPR

Tips for Asking the Suicide Question

- ▶ 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 asking the question!



Q - QUESTION

Less Direct Approach:

- ▶ “Have you been unhappy lately?
Have you been so 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 down, 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?”

“You weren’t thinking about doing something stupid were 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 insolvable problem
- ▶ Do not rush to judgment
- ▶ Offer hope in any form



P - PERSUADE

Barriers to Completing Suicide

- ▶ Religion
- ▶ Animals
- ▶ Loved ones
- ▶ Unfinished projects or important dates
- ▶ Lack of available means
- ▶ Kids



P - PERSUADE

Then Ask:

- ▶ “Will you go with me to get help?”
- ▶ “Will you let me help you find someone to 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.



R - REFER

- ▶ The third best - is to give referral information and try to get a good faith commitment not to complete or attempt suicide.
- ▶ Never be the only person that knows someone is suicidal. At work you must tell a supervisor or consult.
- ▶ 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 be helpful. Family? Friends? Brothers? Sisters? Pastors? Coach? Teacher? Provider? Mental Health Provider?



For Effective QPR

- ▶ Check in on progress. Being accountable helps people stick with goals.
- ▶ 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.

Reducing a Suicidal Person's Access to Firearms

Recommendations for Gatekeepers on Reducing Gun Violence

The QPR Institute wishes to thank Elaine Frank and Cathy Barber of Dartmouth and Harvard Universities for their contributions to this QPR gatekeeper training program!

What you are about learn is an approved derivative program from Means Matter and from Counseling on Access to Lethal Means (CALM) - an AFSP/SPRC Registered Best Practice training program.



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



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

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 only 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.

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. Igen 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.



REMEMBER

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



Where to get help for Suicidal Thinking...

Non-Imminent (Non-crisis) Suicidality

- **Call for an appointment. Same day is best.**
 - Mental Health Providers
 - Psychologists, psychiatrists, therapists/counselors
 - Private practitioners
 - Group practices
 - Medical Providers



Where to get help for Suicidal Thinking...

National Crisis Line
800-273-8255

National Crisis Text Line
741741

Veterans Crisis Line
888-457-4838
Text MIL1 to 839863



Imminent Risk

- ▶ **Stay with the person or tag out. Do not leave them alone if they cannot keep safe**
- ▶ **Let someone else know - don't own this burden alone**
- ▶ **Take them to walk-in psychiatric appointment or Emergency Dept.**
- ▶ **Call 911 if you need assistance**

Questions



Websites

QPR Institute: www.qprinstitute.org

Means Matter website:

www.meansmatter.org

Take CALM-Online – free, online course
on Counseling on Access to Lethal

Means <http://training.sprc.org/>



Certificate of Completion

Gatekeeper Training for Suicide Prevention

Presented by
Julie A. Rickard, PhD
Physician & Healthcare Consulting, LLC

*Webinar aired on: May 16, 2018 in Lacey, Washington
for Health Home Care Coordinators and Allied Staff*

Training Credit of 1 Hour

Please sign and date to attest that you reviewed this PowerPoint

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