

# QPR – ASK A QUESTION, SAVE A LIFE

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## Learning Objectives

1. Participate in formal QPR Gatekeeper suicide awareness training.
2. Understand myths and facts about suicide.
3. Recognize clues and warning signs with individuals considering suicide.
4. Learn about suicide awareness resources.
5. Tips and practice surrounding “asking the question”.

## Proceedings

QPR. Question. Persuade. Refer. QPR is not treatment. If questions come about liability for using the intervention, say, “More than 3 million people have been trained over the past two decades with no report of incidents or lawsuits. Good Samaritan laws appear to protect Gatekeepers who intervene in an attempt to save a life.”

There are many myths and facts about suicide. You might hear that “no one can stop suicide”, or “confronting a person about suicide will only make them angry and increase the risk of suicide”. Another myth you might hear includes “only experts can prevent suicide”. However, through research, it has been found that many of these statements are exactly what they are...myths. If people in a crisis can get the help they need, they may never be suicidal again. Asking someone directly about suicidal intent lowers anxiety, opens communication, and lowers the risks of impulsive acts. Suicide prevention is everyone's business, and anyone can help prevent the tragedy of suicide. There are so many more myths and facts about suicide not listed, but these have been chosen as effective truths in combating many pre-existing false beliefs. Preventing a suicide attempt is as good of an outcome as we can hope for because we don't know if a suicide attempt will lead to death.

First in Gatekeeper training, we must discuss, learn from, and recognize suicide clues and warning signs individuals might be giving us. If they may be thinking about suicide, the more clues and signs that we observe, the greater the risk, so we must take all signs seriously. We use the word “clues” because many people communicating their desire to attempt suicide use hints and indirect language about their intentions. Suicide warning signs may be sent to multiple people in the person's social network, to only a few, perhaps to only one person, or even no one. Research on this question is ongoing. There are direct verbal cues, indirect verbal cues, behavioral cues, and situational clues, all of which can help us understand the “why” behind someone thinking about suicide as a solution.

Once we recognize these clues, we then must “ask the question”. Privacy is a rare commodity these days; Thus, getting someone into a private setting is critical to full disclosure of suicidal thoughts, feelings, and plans. **The “Q” in QPR means question.** We can use a less direct approach or a more direct approach. A less direct approach includes, “Have you been unhappy lately?” or “Do you ever wish you could go to sleep and never wake up?”. More direct questions include, “You look pretty miserable. I wonder if you're thinking about suicide.” or “Are you thinking about killing yourself?”. Acknowledge fear and anxiety about asking this more difficult, direct question. However, there are ways to not ask the suicide question. Examples include, “You're not thinking about killing yourself, are you?” or “You wouldn't do anything stupid, would you?”. We never pass judgment on a person thinking about suicide, and we never tell them to not tell us the truth.

**“P” stands for persuade.** We must listen to the problem and give them our full attention. Remember that suicide is not the problem, only the solution to the perceived unsolvable problem. Do not rush to judgment and offer hope in any form. All of this involves active listening. Active listening is a defined skill set. If people don't know how to do this, training is available online and elsewhere. It is the most critical of skills to master to help people in distress. Examples of using persuasion include, “Will you go with me to get help?” or “Will you let me help you get help?”. Please note: this is not a no-suicide contract. Historically used by health professionals, no-suicide contracts have been found to be ineffective in preventing suicide attempts and deaths by suicide.

Lastly, **“R” stands for refer.** Suicidal people often believe they cannot be helped, so you may have to do more in order to help them find the help they need. 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. It is not always possible to get a referral to a professional. There are places in the world where a professional referral is simply not available, or the person will simply never go to a mental health or other professional. This is where we will have to be creative. In every culture, every village, every social system, there are go-to people who may be able to help someone in severe distress.

Since almost all efforts to persuade someone to live instead of attempting suicide will be met with agreement and relief, don't hesitate to get involved or take the lead. When you apply QPR, you plant the seeds of hope. Hope helps prevent suicide.