



ASK A QUESTION, SAVE A  
LIFE

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## Red Lake Comprehensive Health Services

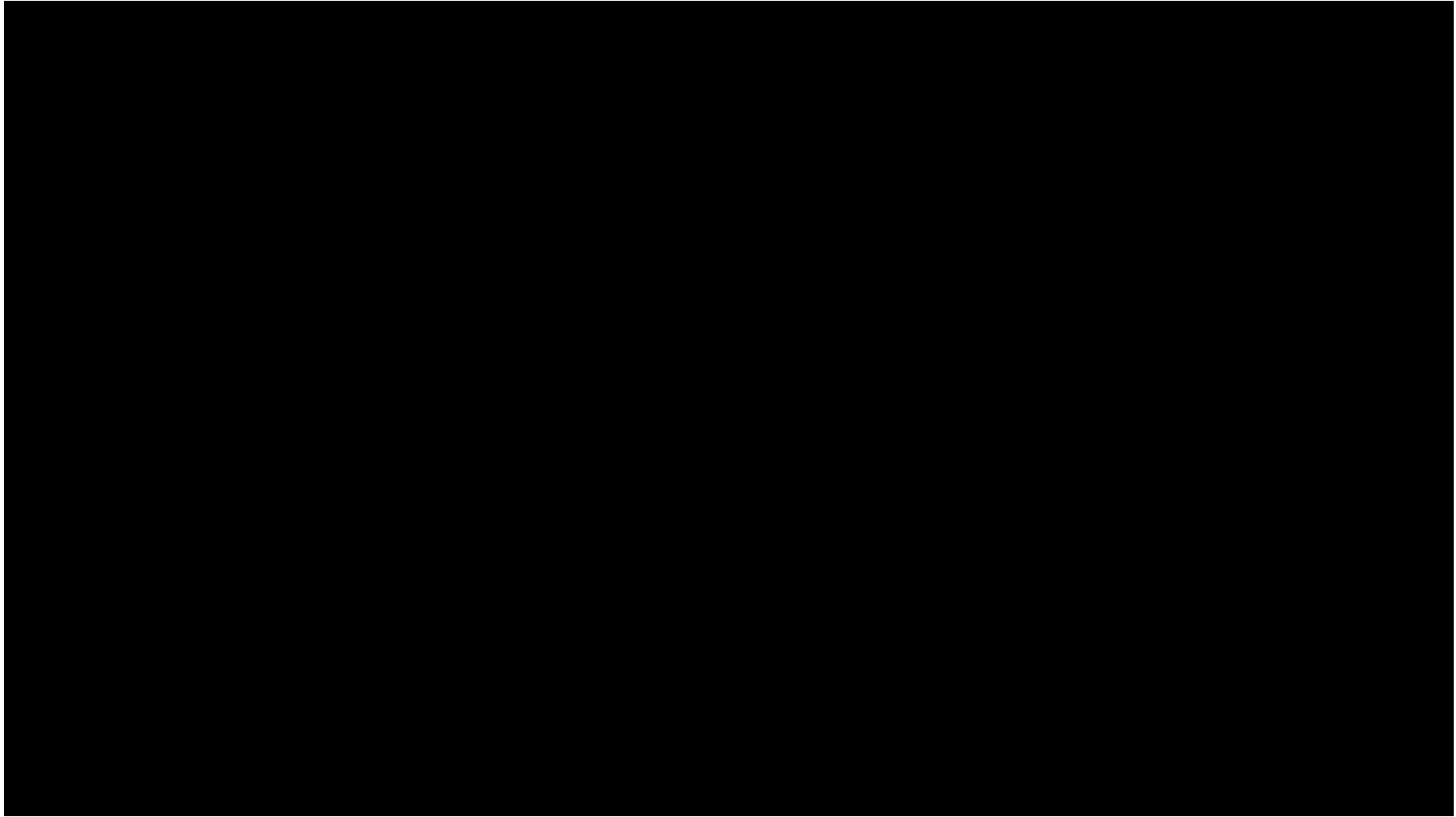
- Suicide Prevention Coordinator
- School Based “Wellness Counselor” + Therapist
- Mobile Crisis Practitioner



# QPR Institute's Mission

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To save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.



# What is QPR?

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**Q**uestion, **P**ersuade, **R**efer

QPR is NOT intended to be a form of counseling or treatment.

QPR IS intended to offer hope through positive actions

Similar to CPR

# Suicide is a Leading Cause of Death

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In 2018, suicide was the 10<sup>th</sup> leading cause of death (CDC/NIH)

- Claimed the lives of over 48,000 individuals
- There were more than 2.5x more deaths by suicide than there were homicides
- More people lose their lives to suicide than natural disasters, war, and homicide **combined** (AFSP)
- Suicide was the **second** leading cause of death among individuals age 10-34 and **fourth** leading cause of death among individuals aged 35-54

Nationally, the suicide rate has increased 25% from 1999 to 2016

# Pyramid of Suicidal Behaviors (Adults)



Source: \* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2017). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Available from: [www.cdc.gov/injury/wisqars/index.html](http://www.cdc.gov/injury/wisqars/index.html).

\*\*Substance Abuse and Mental Health Services Administration, *Results from the 2016 National Survey on Drug Use and Health*, 2017.

# Suicide Among Populations (America's Health Ranking)

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Males have a suicide rate 3.7 times higher compared to females

AI/AN individuals have the highest suicide rates in the nation

Older adults have a higher suicide rate compared to younger adults + adolescents

Veterans have a suicide rate 1.5 times higher than non-veterans

Individuals who live in rural areas have higher suicide rates than those in urban areas

LGBTQ+ individuals (adults + youth) have higher suicide rates than their heterosexual counterparts



# Suicide Disproportionately Affects Native Americans

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Native American's have the highest rates of suicide of any racial and ethnic group in the country

8<sup>th</sup> leading cause of death

Suicide rates have been increasing since 2003 (CDC)

- The largest increase occurred for Native females at 139%
- Native males increased by 71%

In 2015, suicide rates were more than 3.5x higher than the national average

- \*Among the 18 states participating National Violent Death Reporting System

In 2017, suicide was the second leading cause of death for Native Americans for individuals aged 10-34 (CDC/Minority Health)

Suicide rates of females ages 15-19 are three times higher than non-Hispanic white females in the same age groups

- Native teens experience the highest rate of suicide
- 2<sup>nd</sup> leading cause of death

# Common Suicide Myths and Facts

# Common Myths + Facts

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## “Talking about suicide may give someone the idea”

Asking someone directly about suicide:

- Lowers anxiety
- Opens up communication
- Lowers the risk of the impulsive act

**Relief Instead of Intrusion**

**“An open discussion of suicidal thoughts can provide a platform from which a person’s long endured silence about suicide can be broken. The resulting experience of openly discussing the topic turns it from something to be hidden to a problem to be solved”**

# Common Suicide Myths

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## **“Those who talk about suicide won’t do it, they are just looking for attention”**

- People who talk about suicide may be reaching out for help or support (WHO)
- A significant number of people contemplating suicide are experiencing anxiety, depression, and hopelessness and may feel that there is not other option (WHO)

## **“Once someone decides to complete suicide, there is nothing anyone can do to stop them”**

- Active suicidal ideation is often short-term and situation-specific (NAMI/WHO)
- “The act of suicide is often an attempt to control deep, painful emotions and thoughts” (Aetna)
- “Torn between a desire to live and a desire to die” (Aetna)

# Common Suicide Myths

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“Only experts can prevent suicide”

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

“Suicidal people keep their plans to themselves”

- Most people (80%) who have died by suicide, communicated their intent sometime preceding their attempt
- Many will tell when asked, though might not volunteer it.

# Suicide Clues + Warning Signs

THE MORE CLUES/SIGNS OBSERVED, THE GREATER THE RISK

TAKE ALL SIGNS SERIOUSLY

# Strongest Predictors

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- **Any previous suicide attempt**
- Current talk of suicide/making a plan
- Strong wish to die/preoccupied with death (i.e., thoughts, music, reading, online searching)
- Depression (hopelessness, withdrawal)
- Substance use
- Recent suicide attempt by friend or family member

**There is no single cause for suicide.**

**Suicide occurs when stressors exceed current coping abilities**



# Behavioral Clues

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- Past suicide attempt or rehearsal behavior
- Acquiring means (gun, pills)
- Talking about feeling trapped/unbearable pain
- Impulsivity/increased risk taking/recklessness
- Chronic truancy, running away
- Perfectionism
- Unexplained anger, aggression, irritability
- Self-Injurious behavior **without** suicidal intent
- Extreme mood swings

# Behavioral Clues

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Co-occurring depression, moodiness, hopelessness

Putting personal affairs in order

Saying goodbyes

Giving away prized possessions

Changes in sleeping

Drug/alcohol abuse, or relapse

Withdrawing or isolating

Sudden (dis)interest in religion

# Situational Clues

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- Being expelled/suspended/fired
- Sudden unexpected loss of freedom/fear of punishment
  - Arrest/jail
- Anticipated loss of financial security
- Family problems/alienation
- Diagnosis of a serious/terminal illness
- Fear of becoming a burden to others
- A recent unwanted move

# Situational Clues

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- Traumatic event
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying
- Loss of any major relationship
- Death of spouse, child, best friend, sibling
  - Especially if by suicide
- Loss of a cherished therapist, counselor, teacher, etc.

# Other Related Clues

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- Change in interaction with family and friends
- Recent disappointment or rejection
- Sudden decline or improvement in academic performance
- Physical symptoms: eating disturbances, changes in sleep, chronic headaches, stomach problems, menstrual irregularities
- Increased apathy

# Direct Verbal Cues

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“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.”

Text messages, social networks, etc

# Indirect or “Coded” Verbal Cues

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“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.”

“The pain is unbearable”

# Question



# Tips for Asking the Suicide Question

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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

If in doubt, don't wait to ask the question

Have your resources handy

- QPR Card
- Phone Numbers
- Counselor/Therapist/Support Professional's Information
- Any other information that might help

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

## Question: Less Direct Approach



“Have you been 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 again?”

## 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 seem to be having a tough time lately, 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*

When you ask someone the question, it shows you  
understand their level of pain

# Question

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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?”
- “You’re just kidding about killing yourself, right?”

Asking in this way encourages a negative response from the individual. It may also imply that you are frightened by the intensity of their feelings

# Persuade

# Persuade

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How to Persuade someone to stay alive:

- Listen to the problem & make sure to give them your full attention
- Listen for the feeling, acknowledge you have heard and understand their suffering
- Remember, suicide is the solution to a perceived insoluble problem. Suicide is not the problem
- Do not rush to judgment
- Offer hope in any form

# Persuade

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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



Refer

# Refer

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Suicidal people often believe they can't 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

The third best referral is to give referral information and try to get a good faith commitment not attempt/complete suicide

- Any willingness to accept help, is a good outcome

# Refer

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Since almost all efforts to persuade someone to live instead of attempt suicide will be met agreement and relief, do not hesitate to get involved or take the lead

# For Effective QPR

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Say:

- “I want you to live”
- “I’m on your side, we’ll get through this”
- “I understand that things are hard, but we will get through this”

Get others involved:

- Ask the individual who else might help
  - Family, friends, siblings, counselor/therapist, trusted adult, etc
- Communicate with others *when necessary/appropriate*

Follow up:

- Visit with them or give them a call
- Let the individual know you care about them and what happens to them
- Acts of caring may save a life

Remember

When you apply QPR, you plant the  
seeds of hope.

Hope helps prevent suicide.

# Thank You

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