

Talk Saves Lives

Just like CPR, QPR is an emergency response to someone in crisis and can save lives.

CPR	QPR
Warning signs of heart attack <ul style="list-style-type: none"> • Chest tightness • Pain in the arm or neck • Sweating • Collapse 	Warning signs of suicide <ul style="list-style-type: none"> • Clinical depression • Statements of hopelessness • Giving away prized possessions
Actionable Steps <ul style="list-style-type: none"> • Clear - airways • Push – Chest compressions • Rescue – breathing 	Actionable Steps <ul style="list-style-type: none"> • Question – How feeling • Persuade – offer hope, help • Refers – to assistance

Facts about Suicide

- If people in a crisis get the help they need, they will probably never be suicidal again.
- Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act
- Most suicidal people communicate their intent sometime during the week preceding their attempt.
- People who talk about suicide may attempt an act of self-destruction.
- Suicide is the most preventable kind of death, and almost any positive action may save a life.

Suicide Clues and Warning Signs (Examples)

The more clues and signs observed, the greater the risk. **Take all signs seriously.**

Direct Verbal Clues	<ul style="list-style-type: none"> • “I’ve decided to kill myself.” • “I wish I were dead.” • “I’m going to end it all.” • “If (such and such) doesn’t happen, I’ll kill myself.”
Indirect Verbal Clues	<ul style="list-style-type: none"> • “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.” • “If anything happens to me, call...”
Behavioral Clues	<ul style="list-style-type: none"> • Any previous suicide attempts • 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	<ul style="list-style-type: none"> • Diagnosis of a serious or terminal illness • Sudden unexpected loss of freedom/fear of punishment • Anticipated loss of financial security • Loss of a significant other, mentor, counselor, teacher • Fear of becoming a burden to others

Remember QPR

Q = Question	<p>Direct Approach</p> <ul style="list-style-type: none"> • “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 right now?” • “You look pretty miserable; I wonder if you’re thinking about suicide?” • “Are you thinking about killing yourself?” <p>How NOT to ask the suicide question:</p> <ul style="list-style-type: none"> • “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	<p>How to persuade someone to stay alive:</p> <ul style="list-style-type: none"> • 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 • Create time and space (for suicidal thinking to subside; space from the plan) <p>Then Ask:</p> <ul style="list-style-type: none"> • “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?”
R = Refer	<ul style="list-style-type: none"> • 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 attempt suicide. Any willingness to accept help at some time, even in the future, is a good outcome.

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
- Explore their ambivalence – “I want to live/I don’t want to live” and remind them of their value
- Give yourself plenty of time
- Remember to have resources handy

Non-Stigmatizing language for suicide

Don’t say	Do Say
*Committed Suicide; successful suicide; failed suicide attempt; completed suicide	“non-fatal suicide attempt”, “suicide attempt”, “death by suicide”, “died by suicide”, “suicide”

*Committed has a negative connotation referring to committing a sin or a crime, as suicide was illegal in times past. Phrases like “completed suicide”, “successful suicide” or “failed suicide attempt” use a positive slant when suicide is carried through and a negative slant when a suicide is attempted but does not result in death.

Terms to use to describe individuals, family members and friends, of someone who has died by suicide

- Suicide loss survivor
- Survivor of suicide loss
- Suicide bereaved

Term used when referring to a person who has made a suicide attempt or has struggled with suicidal thoughts

- Lived experience

Seek Help – Know the Resources

Visit	<ul style="list-style-type: none"> • Primary care provider • Psychiatric hospital • Walk-in clinic • Emergency department • Urgent care provider
Find a Mental Health Provider	<ul style="list-style-type: none"> • www.mhanational.org/finding-help
Suicide Prevention Lifeline	<ul style="list-style-type: none"> • www.suicidepreventionlifeline.org • 1-800-273-TALK (8255)
Crisis Text Line	<ul style="list-style-type: none"> • Text TALK to 741 741
Crisis Chat	<ul style="list-style-type: none"> • Visit www.CrisisChat.org
Call for emergencies	<ul style="list-style-type: none"> • 911 or 211 for Mobile Crisis Unit

NOTE: In response to a growing suicide epidemic across the U.S., the federal government has approved a new national three-digit number 988, similar to 911, that will connect callers with lifesaving resources in times of mental crisis.

The Federal Communications Commission (FCC) is requiring all phone service providers to direct all 988 calls to the National Suicide Prevention Lifeline crisis center by July 16, 2022. The current number is a traditional length, 800-273-8255 (TALK).

The two-year transition period will allow widespread network changes and give the National Suicide Prevention Lifeline time to prepare for an expected increase in calls, the FCC says.