Reach Out!

Suicide Prevention Using QPR (Question, Persuade, Refer)

By Leah Rosa

hy do people avoid reaching out for help when they need it most? Is it because 1) they are afraid of expos ure and vulnerability, 2) they have feelings of hopelessness, or 3) they do not know how to find a trustworthy ally?

Why don't people reach out to others who are in need? Is it because 1) of a lack of concern, 2) of a lack of compassion, or 3) they do not know how to help?

The suicide prevention process called "QPR" (Question, Persuade, Refer) offers a guideline for helping those who may be at risk for suicide.

Suicide occurs in every culture, race, religion and socioeconomic class. To people experiencing good mental health, it seems unfathomable why someone would make the choice to commit suicide. When people are tasked with facing the same problem day after day, and none of their attempts to solve it are effecting positive change, they may resort to desperate solutions. For people in tremendous psychological pain, suicide is the solution to a problem they perceive as unsolvable. They may start to believe that the annihilation of the emotional pain they are experiencing is necessary, even if it means annihilation of the self.

Most of the time suicidal ideations are the primary symptom of an untreated mood disorder. More than 90 percent of people who die by suicide are suffering from a major psychiatric illness at the time of their deaths. The good news — mood disorders, like depression and substance abuse disorders, are highly treatable conditions.

Cultural attitudes are shifting as people become more educated about mental health issues that increase risk factors for suicide. For instance, the Golden Gate Bridge will soon have anti-suicide nets. Many believe that this progressive step represents the evolution of public attitudes toward the suffering of others. The nets represent empathy and compassion for those who are contemplating ending their lives. Moreover, this gesture sends the fundamental message that someone cares.

There are some common factors that increase the risk for suicide. Some of these

factors include grief caused by a significant and recent loss, maximum stress levels for an extended period of time with no relief in sight, and poor adjustment after significant life changes.

Paul Quinnette, Ph.D., founder or the QPR Institute, says, "The only thing worse than change is sudden change." This reminds people that sudden life changes can catapult a person into overwhelming emotional distress. When people have no time to prepare or acclimate to a new circumstance, the dissonance caused can be very painful. Even highly anticipated, welcomed events like moving, marriage, the birth of a child or retirement can cause unexpected sadness. This can be compounded with feelings of confusion, guilt, shame and hopelessness.

When a peer, co-worker or family member is going through a rough time and just does not seem like himself/herself anymore, people can be hesitant to reach out. Even when friends, family members and colleagues are concerned, they are afraid to offend or overstep and often opt to "mind their own business." Suicide prevention specialists suggest that if the word suicide has crossed your mind about someone who seems depressed, then it has probably crossed that person's mind, too.

One highly prevalent myth is the belief that if someone is going to commit suicide, there is nothing anyone can do to stop him/ her. We know that suicide is, in fact, the most preventable cause of death. Sometimes people are fearful that talking to someone about suicide will only make them angry and increase the risk of suicide, when actually the opposite is true. Asking someone about his/ her suicidal intent has been shown to lower the person's anxiety and open up communication, which lowers the risk of an impulsive act. People also may believe that only a professional can prevent suicide, but loved ones are ideal candidates for persuading a suicidal person to seek professional help.

QPR offers a framework for aloved one to intervene with some confidence. It is a highly effective method for suicide prevention and intervention that is simple and requires minimal training. QPR is essentially the CPR of mental health. It requires training

and a willingness to step in immediately with bravery in the face of a frightening situation. When a person takes part in a QPR intervention, he/she is only required to help the person until professionals arrive. Instead of chest compressions and rescue breaths, QPR provides active listening and support.

The QPR method focuses on active listening, rather than on changing the suicidal person's feelings. A QPR intervention is an opportunity to allow a suffering person to feel heard and connected. It is important to recognize that one of the most painful emotions surrounding depression and suicide is the sense of isolation and the belief that there is no solution. Having someone willing to reach out and simply sit and listen with an open and compassionate heart can be the inflection point where a suicidal person finds hope.

QPR (Question, Persuade, Refer) is a process that requires appropriate training before jumping in. It is important to understand that QPR is not intended to be used in place of counseling or as treatment for someone who is suicidal. It is an intervention for the specific purpose of identifying someone in need of help and getting that person to an appropriate point of contact. Becoming QPR-trained gives everyone the ability to reach out to someone in need.

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