

Saving Lives in the Tri-State

Facts about Suicide and Learning QPR for Suicide Reduction: Part 3 of a Series

May is Mental Health Month. This year's theme is "Live Your Life Well" which challenges us to promote whole health and wellness in homes, communities and schools. In this four part series we too are challenging our readers to embrace this concept of maintaining the best mental health possible in order to prevent suicide ideation.

In last week's column we shared the myths and facts about suicide. Today we'll explore the first part, *Question*, of the QPR (Question, Persuade and Refer) educational course. But first, we must understand that QPR is not intended to be a form of counseling or treatment but is intended to offer hope through positive action. Therefore, we want others to realize that learning the QPR tactic can be helpful but if serious suicide intervention is needed, please seek professional assistance.

Basic concepts, which are important to be aware of, surround someone who is suicidal. These can include but are not limited to:

- Most suicidal people want to find a way to live
- Ambivalence (the desire to live) exists until the moment of death
- Suicidal clues and warnings are real. The more clues and signs observed, the greater the risk. Take all signs seriously.
- "The lethal triad." This term refers to three factors, that when all are present, can cause the risk of violence to one's self to be high. Factors include an upset person mixed with a combination of a "method" such as a firearm and either the use of drugs and alcohol.

One of the biggest clues a suicidal person may give to indicate their thoughts of suicide is the language they use with others. The following are direct verbal clues that you should pick up and act upon to get the person help:

- "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."

All of the above statements, except for "I wish I were dead," indicates that serious action needs to occur to help the suicidal person. The statement of "I wish I were dead," could be questionable and therefore you need to communicate with the person to see if the person is using this statement just a figure of speech or if they have real intentions, which leads us to our next point.

Not all clues are direct. Individual may give you indirect verbal clues that you mistake as common statements the person is making because they may be upset, stressed, sad or angry at the time. When in fact, these statements are just as powerful as the direct statements listed above. The following are examples of indirect 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.”

Be sure to explore these indirect statements with the individual by asking following up questions to ensure that the person does not plan on hurting themselves and will be safe.

Asking a person if they are suicidal can be very hard and uncomfortable. Individuals fear that they may be “over thinking” a person’s state of mind and are afraid to either ask the difficult questions or fear that by asking someone if they are suicidal that this will implant the idea into the person, which studies have shown is untrue.

You may be asking yourself, “How do I ask someone if they are suicidal?” The easiest thing to remember is that if you are in doubt about a person’s safety, don’t wait, ask the question. If the person is reluctant, be persistent. Talk to the person alone in a private setting and allow the person to talk freely. Be sure to give yourself and the person plenty of time to talk and have resources handy, such as the person’s immediate family member’s phone number or an emergency number (such as a local hospital’s number or 911).

There are two approaches that you can take when asking someone about their behavior and intentions: 1. a straight to the point direct ask or 2. a subtle, conversational ask that leads into the suicidal question. Regardless of how you ask, it is more important that you do ask so that you can get help immediately, if needed.

If you or someone you know is in need of medical treatment for a mental illness or are having suicidal thoughts, please call our 24 hour emergency/suicide hotline at 812.423.7791. Also, if you know of an organization interested in saving lives from suicide, we offer a free one-hour course on QPR. Classes can be arranged by calling Becky Glines, communications director, at 812.436.4221.