



## Guide suicide risks to get help

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We have now come to the final chapter in our four part series on suicide prevention. In the last three articles we've discussed the local versus national suicide statistics and their impact on families and our community; how to identify the warning signs of suicide; how to ask a person if they are suicidal; how to identify behavioral clues individuals may be showing to indicate suicide ideation and how to persuade an individual, once you've identified that he is indeed at risk of hurting himself, to get the services and treatment needed.

Our most important step in the suicide prevention model is now upon us, refer. When we feel that we are now ready to refer the individual who has thoughts of suicide to seek appropriate treatment, we need to remember the following:

- 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 complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.

Suicidal people can sometimes believe that they cannot be helped or that no one cares. Reminding an individual that "I want you to live," or

"I'm on your side...we'll get through this," can help ensure the individual that you really have their best interest at mind.

Helping an individual who is suicidal can be challenging at times. You may go back and forth with the individual over a period of time where you recognize more warning signs he is exhibiting.

The individual may say they want help but convincing them to receive it isn't easy; and you may lose sleep and worry about the person's safety and intentions.

Continuing to help, even though it may seem unmanageable at times, is the best way to show a person that someone does care, even though the suicidal person may not be able to recognize your support at the time.

Try not to do all of this on your own; rather, work to get others involved. Ask the person who else might be able to help such as family, friends, brothers, sisters, pastors, priest, rabbi, bishop, or physician.

These articles are an abbreviated version of an educational course that is offered free to our community called QPR (Question, Persuade and Refer).

It is our hope that after following this suicide prevention series, you now feel that you can apply some of the QPR tactics we've discussed.

There never is a wrong or right way of using the QPR method. The important thing is your willingness to help save a life. When you apply the QPR model you plant a seed of hope and hope helps prevent suicide.

At the end of this series Southwestern Healthcare will offer a

free QPR community workshop that goes into more depth about suicide, and we hope that you'll walk away feeling that you could help save a life.

The workshop will be held in the Welborn Room at 410 Mulberry Street in downtown Evansville on Tuesday, May 25, 2010 from 6:00 p.m. to 7:00 p.m. Please call 812.436.4221 to register to attend.

Do take care of your mental health as well during the process of helping an individual who has suicide ideation.

Local help is available and ready to assist in your time of need.

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