



Date:06/24/2024

Time: 10 AM until 12 PM

Location: 1750 West 103rd Street Chicago IL,60643

Virtual info:

Meeting ID: 83457129193

Password: 553998

Phone Number: 312-626-6799

Guest Speaker: DeShara Shells BSM, CPC, RC, RCP

Community Topic: Suicide prevention QPR Gatekeeper training

Resources: 988 suicide and crisis lifeline

Chat online: 988lifeline.org

Vets4warriors: 1-855-838-8255

LGBTQ CRISIS SERVICES: 1-866-488-7386

Trans-lifeline:1-877-565-8860

QPR: QUESTION, PERSUADE, REFER

What is Suicide/suicidology: the taking of one's own life/ the study of taking of one's own life

What is the purpose of QPR:

- QPR is NOT intended to form counseling or treatment
- QPR is intended to offer hope through positive action

Suicide facts:

- If a person in crisis gets help, they may never be suicidal again.
- Asking someone directly about suicidal intent lowers anxiety, open communication, and lower risk
- Most people considering suicide communicate their intent sometime during the week preceding their effort
- People who talk about suicide may try or even complete an act of self-destruction.
- Suicide is the most preventable kind of death.

How can you help?

Pay attention to suicide clues and warning signs

Observation:

- **Direct Verbal Clues:** Example: individual voices out loud: I want to kill myself, "I'm going to end it all, I'm going to commit suicide, if such and such don't happen, I will kill myself, etc.
- **Indirect verbal clues:** Example: An individual may say: I'm tired of life, my family would be better off without me, I won't be around much longer, I want out, etc.
- **Behavioral Clues:** An individual may show clues through their actions. Example: Any previous suicide attempt, acquiring a gun or pills, co-occurring depression, giving away prized possessions, drug or alcohol abuse, etc.
- **Situational Clues:** An individual does not have to have a mental illness to become suicidal. However, at that moment they had POOR mental health. Example: Death of a loved one or close friend, relationship loss, financial hardship, etc.
-

TAKE ACTION

QUESTION:

Tips for asking the question:

- If in doubt don't wait. Ask the question!
- If a 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
- Have your resources handy, the QPR card, phone numbers, counselor name, and any other information that might help.

Remember: How you ask the question is not as important... But it is important to ask the question!

Important if you can't ask the question find someone who can!

How not to ask the 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 are not thinking about suicide.

Remember: You never want to pass judgment.

DON'T GIVE UP

PERSUADE:

Persuading someone to stay alive

- Listen to the problem and then 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

Then ask for permission:

- Will you go with me to get help
- Will you let me help you get help
- What can we do to keep you safe for now

LET THEM KNOW THEY ARE NOT ALONE: help is on the way

REFER

Referral Options:

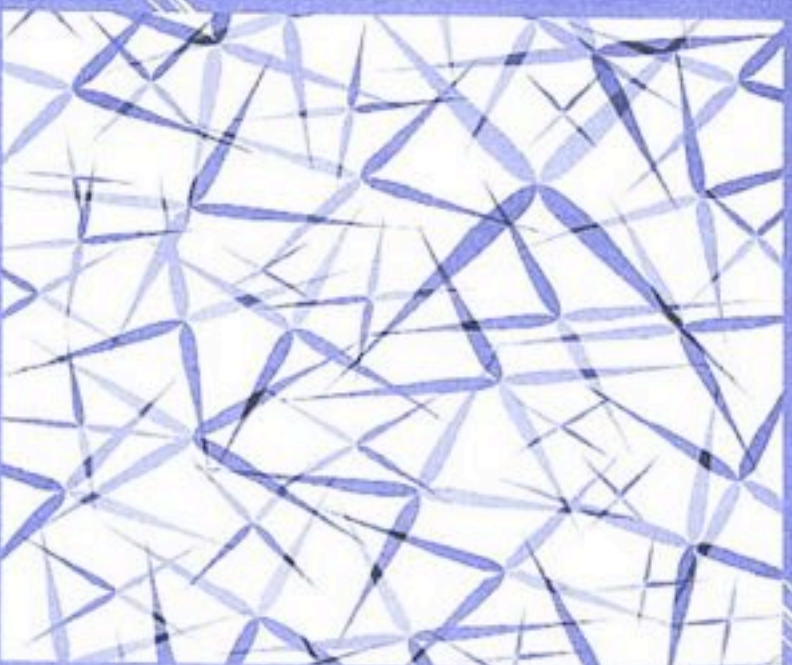
1. Taking the individual to the place for help **(the best referral option)**
2. Getting a commitment from them to accept help and then making the arrangements to get help. **(next best referral best option)**
- 3 Give the referral information and try to get a good faith commitment not to complete or attempt suicide.

SUICIDE PREVENTION

De'Shara L. Shells BSM, CPC, RC, RCP,

Executive Director

Certified Suicide Prevention Instructor



What to expect

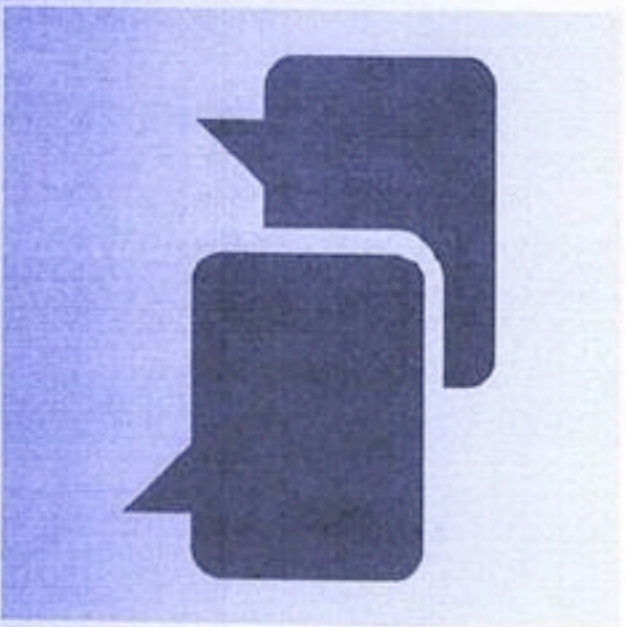
- ▶ The information presented is fact-checked and evidence-based.
- ▶ Information used in this presentation is from the QPR Institute, SAMHSA, Etc.
- ▶ This is an open interactive training, the audience will be asked to engage, and participate.
- ▶ This is a FREE, SAFE ZONE and NO JUDGEMENT educational training. Everyone opinion, thought and question is important, so please be respectful.
- ▶ You will be challenged to step out of your comfort zone.
- ▶ You will not walk out of this training the same way you came in!

House Keeping Rules

- ▶ Write down any questions you have and save them for the end. There will be time for questions-and-answers.
- ▶ If you are on Zoom please mute your computers/phones unless you are speaking.
- ▶ Please put phones on vibrant if you need to take a call please step out and return once you are done.
- ▶ All watching via zoom please put your contact information in the chat box.
- ▶ All who are in person please leave a business card.

Disclaimer

- ▶ If you or anyone you know has been affected by the acts of suicide, please use the resources given today to assist in saving a life.
- ▶ Community agencies, hospitals, and TEECH Foundation are additional resources for mental health, substance misuse, clinical therapy, case management, and effective coaching.
- ▶ **Please note:** This training was put in place to objectively spread awareness, through experience and education to assist in saving a life! None of the material used is meant to hurt, single out, confuse, or offend. If at anytime you need to take break or take a moment due to the information given on today. Please excuse yourself if you need to and return once you are ready. It is OK! YOU ARE OK!



1. What is Suicide/ Suicide-ology.
2. What are some of the leading contributing factors of suicide.
3. Who are at risk.

Facts/Recorded History

- ▶ 1832 in London philosophers characterized and began to write down Suicide as a human phenomenon and worthy of examination. The last crossroad of burial.
- ▶ 1774 London Royal Humane v Society began the first humane suicide prevention program
- ▶ There was no organized field of scientific inquiry associated with suicide as a particular issue by mental health professionals.
- ▶ Until 1949 Dr Edwin Shneidman one of the Founders of the American Association of Suicidology linked suicide with DEPRESSION
- ▶ First record of suicide according to QPR institute tracks back to 600BC in efforts to stop the epidemic they ushered in FEAR..... Any soldier that kills themselves would be crucified.

Suicide and culture

- ▶ Egyptian's view: No recorded religious or social prohibitions against suicide in Egypt. People were feeling hopeless, and suicide was common.
- ▶ Pre-Christian Scandinavia states suicide guaranteed you a place in Viking paradise. Similar, to many in the Roman Empire, suicide proved you were an example of "Glorious" wisdom.
- ▶ Japanese's hero's down through history includes many deaths by suicide.
- ▶ 17th century France: suicides were hanged upside down and dragged. England: You commit suicide the government got paid! The body was later buried a public crossroad with a STAKE driven through the heart.
- ▶ Early Christian theology and belief DID NOT condemn suicide, it is recorded there are 8 suicides in the bible some 10 according to QPR manual. However, St. Augustine shaped that belief into SIN. He characterized it as a mortal sin and was later viewed as a crime against the state.

Number One Contributing Factor

Depression #1

Wishing you where DEAD is a common symptom of untreated depression which is a sign of Poor Mental health not necessarily diagnosed with a mental illness.

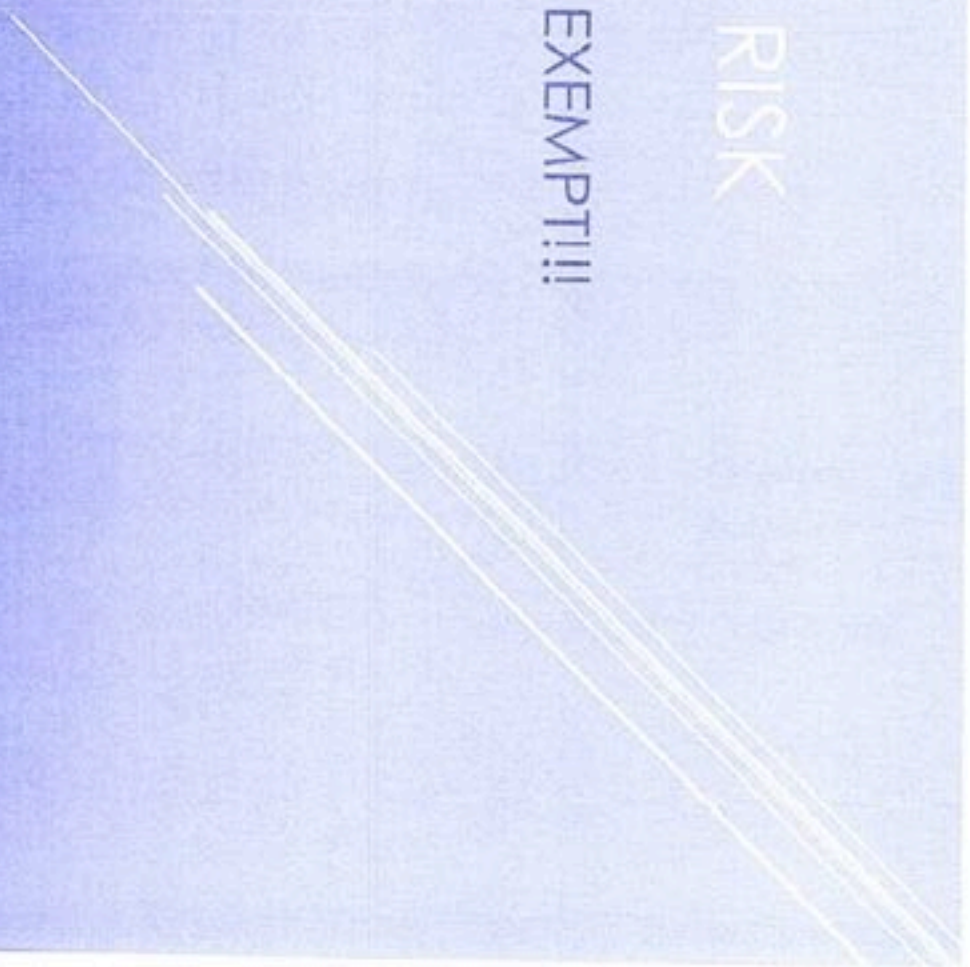
Situational circumstances:#2

Death, life changing events, lost of job, chronic illness

Medical diagnoses Mental illness : #3 less to commit Suicide

WHO ARE AT RISK

EVERYONE...NO ONE is EXEMPT!!!

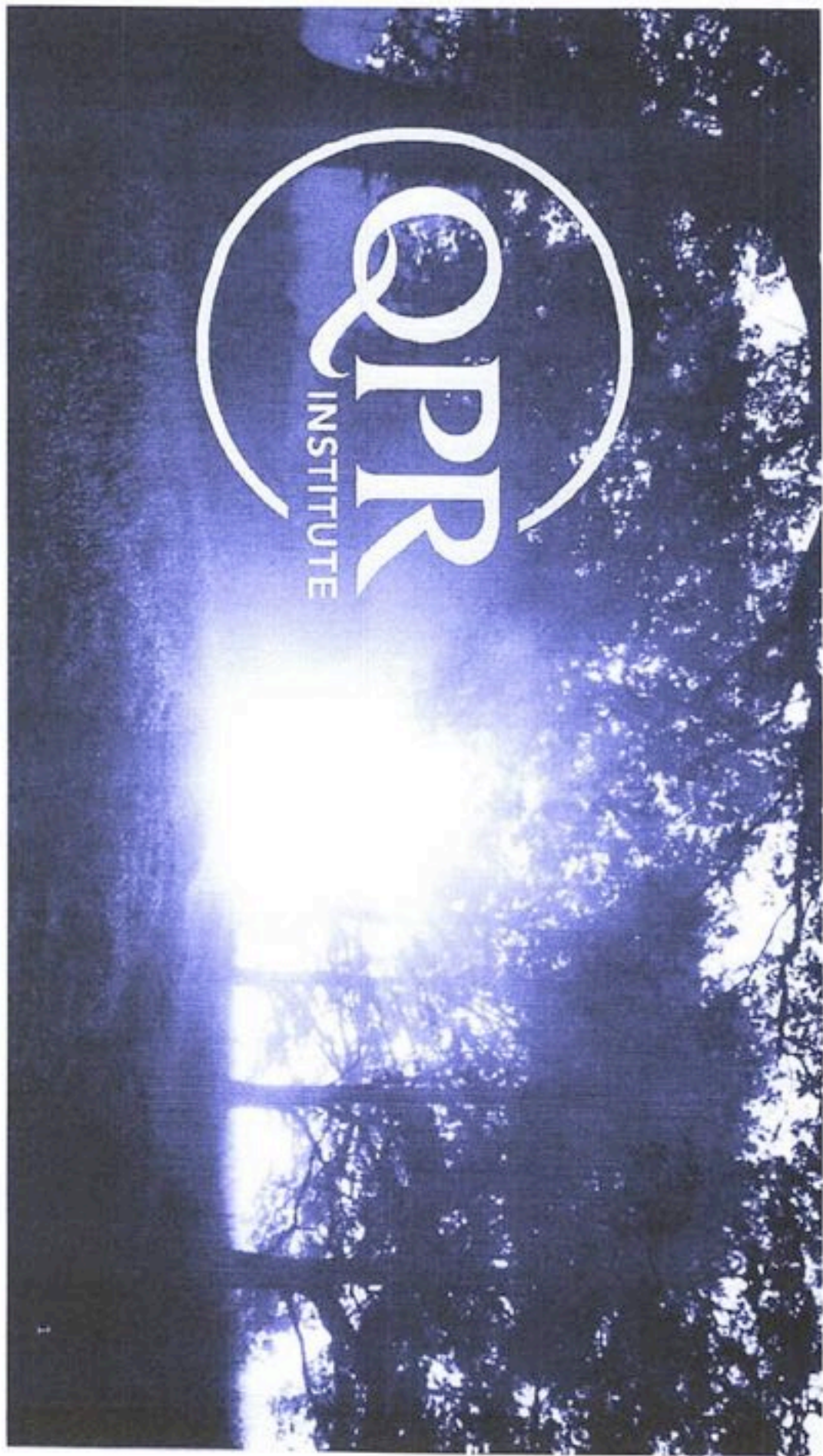


Introduction to QPR Training

QPR - Question, Persuade, and Refer (QPR)

▶ The Chicago Department of Public Health (CDPH) is taking on suicide prevention by building community, connection, and knowledge. A team of diverse CDPH public health professionals have joined together to become certified. Instructors through the [QPR Institute](#) to provide free in-person and virtual QPR Gatekeeper training in and across Chicago's communities..

▶ QPR is a recognized approach that trains everyday people from all walks of life to recognize suicide warning signs, take immediate steps to mitigate risk of a suicide attempt, and make referrals to competent professional care. QPR training is one way to build community, connectedness, and knowledge to understand the issues concerning suicide and mental health, help others in crisis, and change the conversation around suicide





Ms. De'Shara Shells BSM, CPC, RCP
Certified Suicide Prevention Instructor

Ask A Question,
Save A Life.

QUESTION. PERSUADE. REFER.



What is the Purpose of QPR?

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

QPR is intended to offer hope through positive action.



Suicide Myths & Facts



Myth #1
No one can stop a suicide; it is inevitable.

Myth #2
Asking a person about suicide will only make them angry and increase the risk of suicide.

Myth #3
Only Experts can prevent suicide.

Myth #4
People considering suicide keep their plans to themselves.

Myth #5
Those who talk about suicide, do not do it.

Myth #6
Once a person decides to complete suicide there is nothing anyone can do to stop them.



Fact #1
If people in a crisis get the help, they need they may never be suicidal again.

Fact #2
Asking someone directly about suicidal intent lowers anxiety, opens communication and lowers the risk of a suicide attempt.

Fact #3
Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.

Fact #4
Most people considering suicide communicate their intent sometime during the week of preceding their attempt.

Fact #5
People who talk about suicide may try, or even complete, an act of self-destruction.

Fact #6
Suicide is the most preventable kind of death, and almost any positive action may save a life.

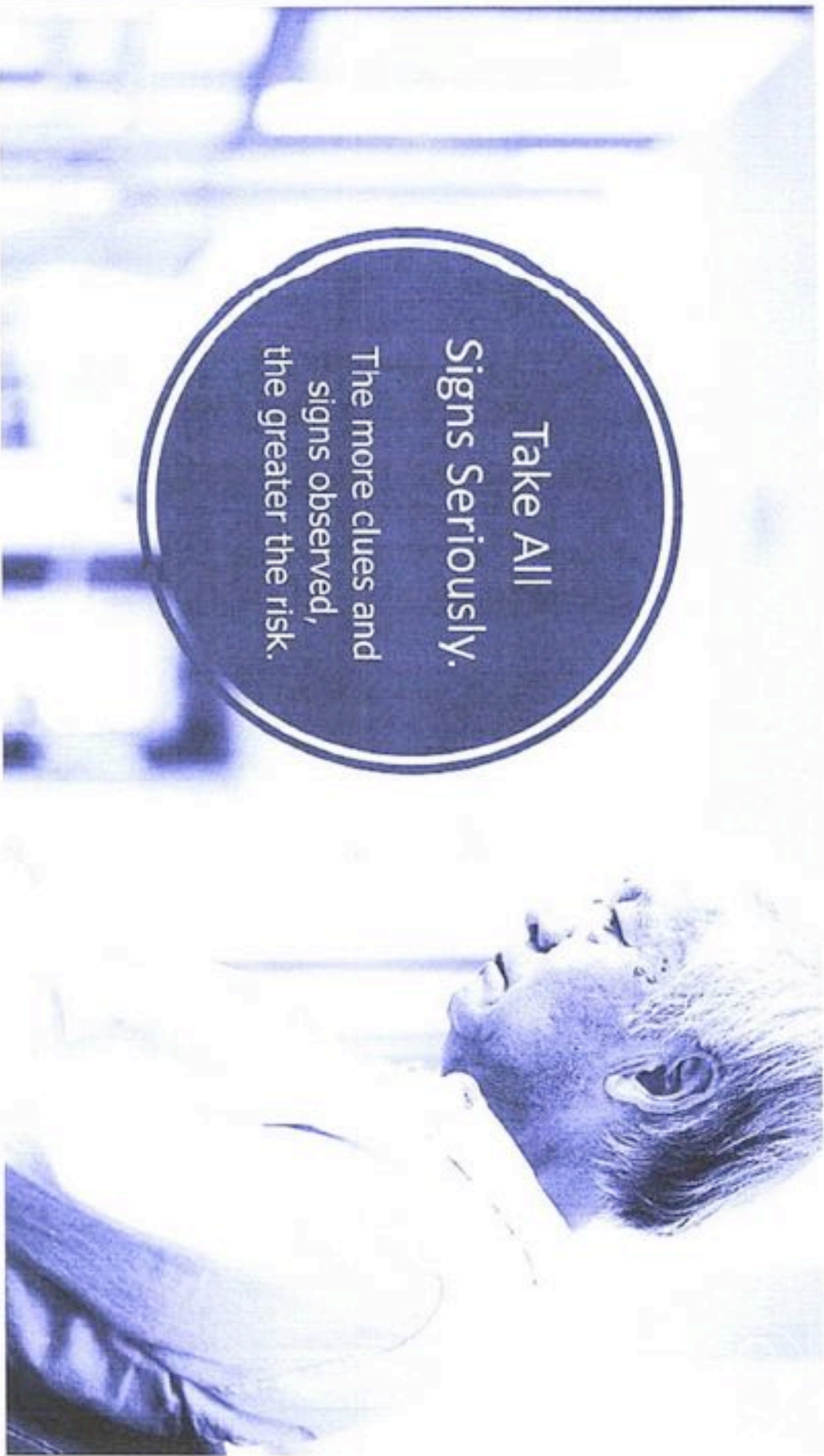




How can I help?



Suicide Clues and Warning Signs



**Take All
Signs Seriously.**

The more clues and
signs observed,
the greater the risk.



Direct
Verbal Clues



Indirect Verbal
Clues



Behavioral Clues

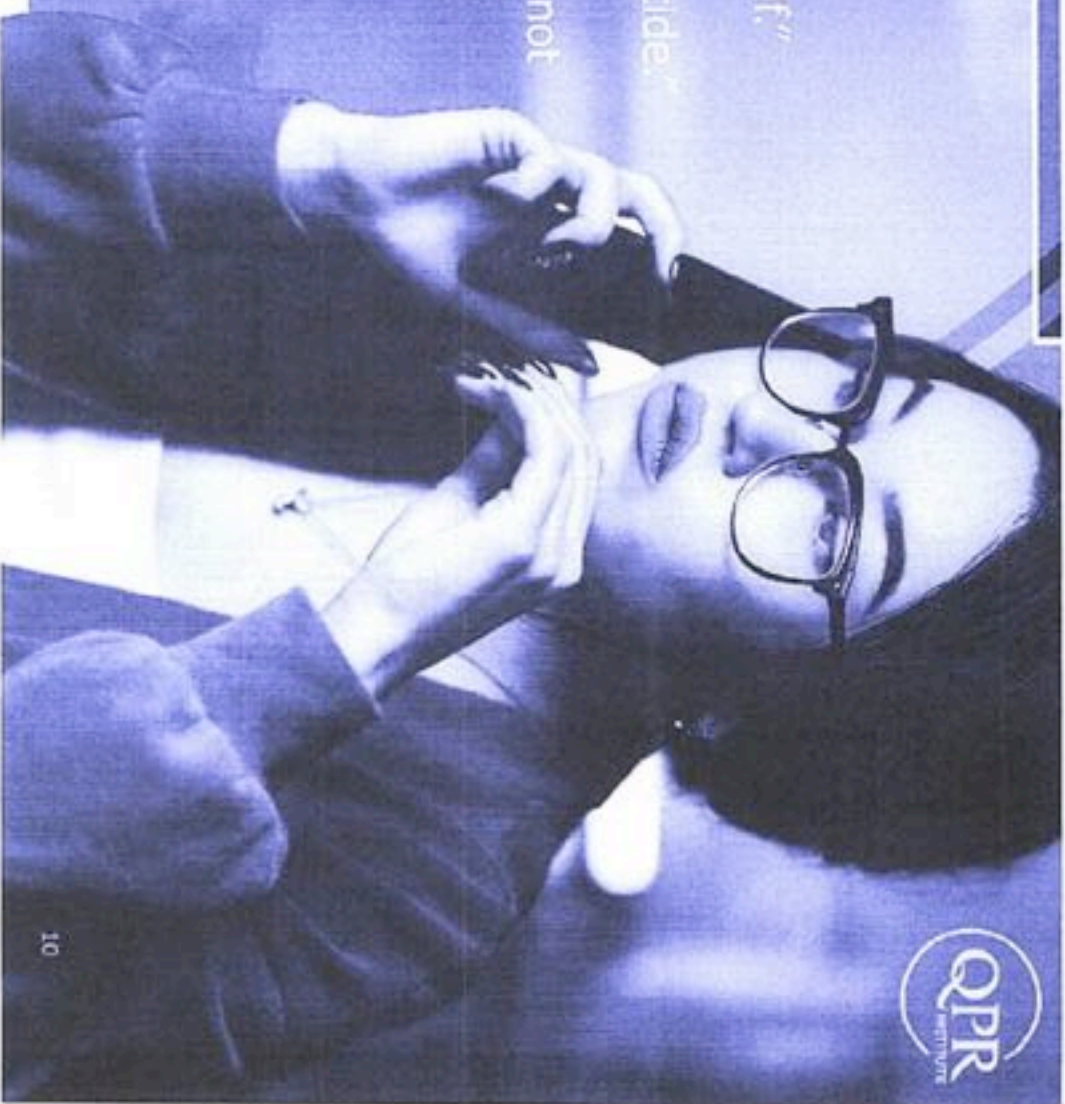



Situational
Clues



Direct Verbal Clues

- "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) does not happen, I'll kill myself."



A photograph of a woman with long, wavy blonde hair, wearing a dark jacket. She is looking down and to the right with a sad or thoughtful expression. The background is blurred, suggesting an indoor setting with large windows.

Indirect Verbal 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."

Behavioral Clues

- Any previous suicide attempt
- 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

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend—especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others



Suicide Questions

Tips for Asking the Question

- 1 If in doubt, don't wait. Ask the Question!
 - 2 If the person is reluctant, be persistent.
 - 3 Talk to the person alone in a private setting.
 - 4 Allow the person to talk freely.
 - 5 Give yourself plenty of time.
 - 6 Have your resources handy: the QPR Card, phone numbers, counselor's name and any other information that might help.
-





REMEMBER:
How you ask the question is less important
than that you ask it.

The QPR Institute offers a 3-step intervention plan

- Approach: Direct or Indirect
- Identifying questions to avoid

Less Direct Approach

- "Have you been unhappy lately?"
- "Do you ever wish you could go to sleep and never wake up?"
- "Are you okay?"

Direct Approach

- "Hey, you don't seem like yourself lately, are you thinking about killing yourself?"
- "Are you thinking about hurting yourself?"



IMPORTANT:

If you cannot ask the question, find someone who can.

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 are not thinking about suicide?"





P

PERSUADE

Persuading Someone to Stay Alive

- 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.

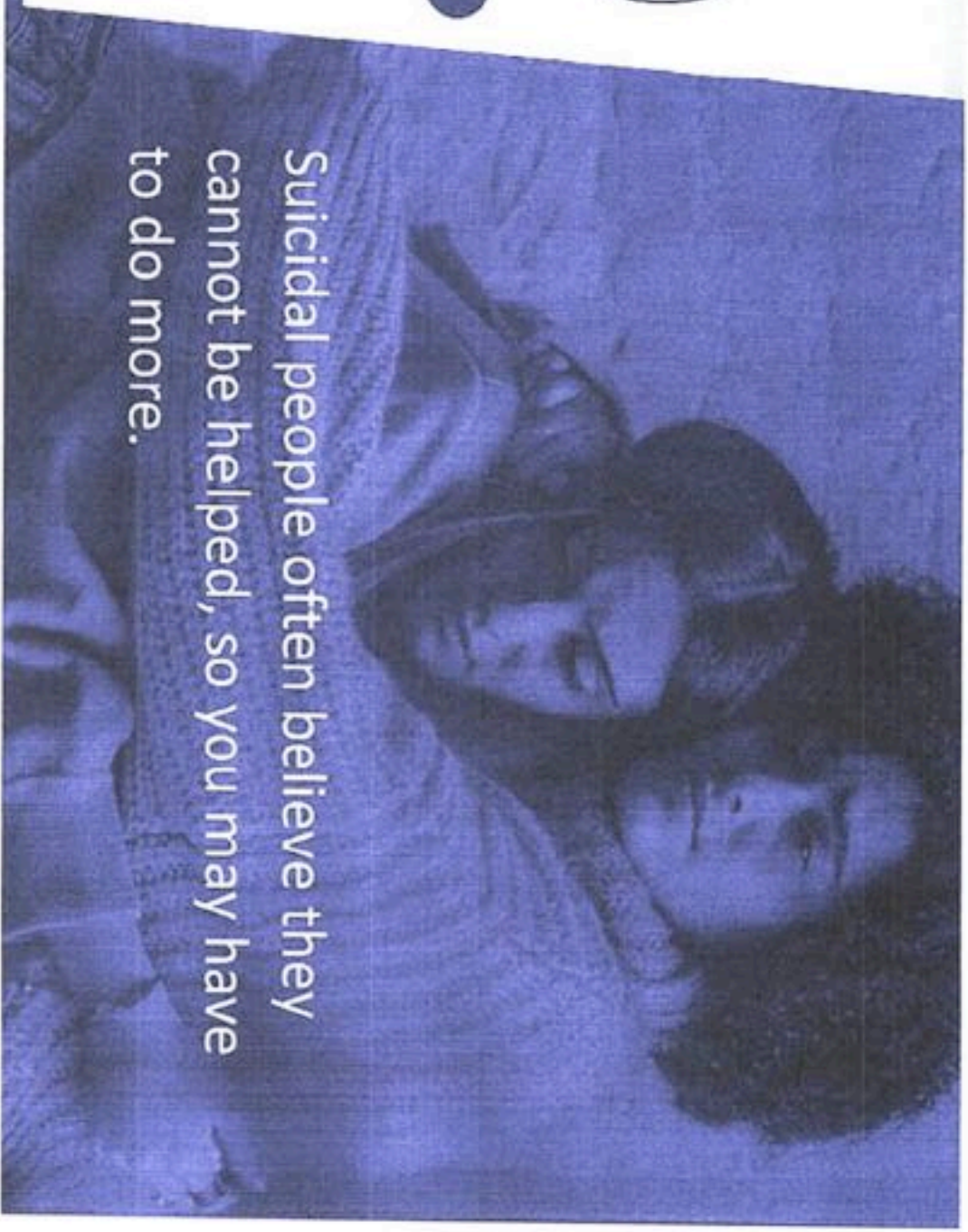


Then, ASK:

- "Will you go with me to get help?"
- "Will you let me help you get help?"
- "What can we do to keep you safe for now?"

R

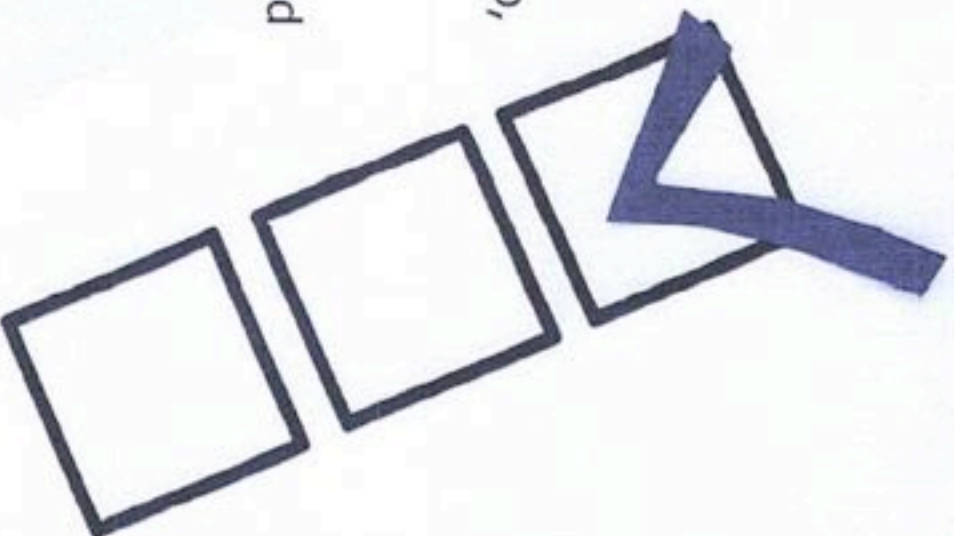
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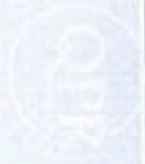


Suicidal people often believe they cannot be helped, so you may have to do more.

Referral Options

- *** 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.



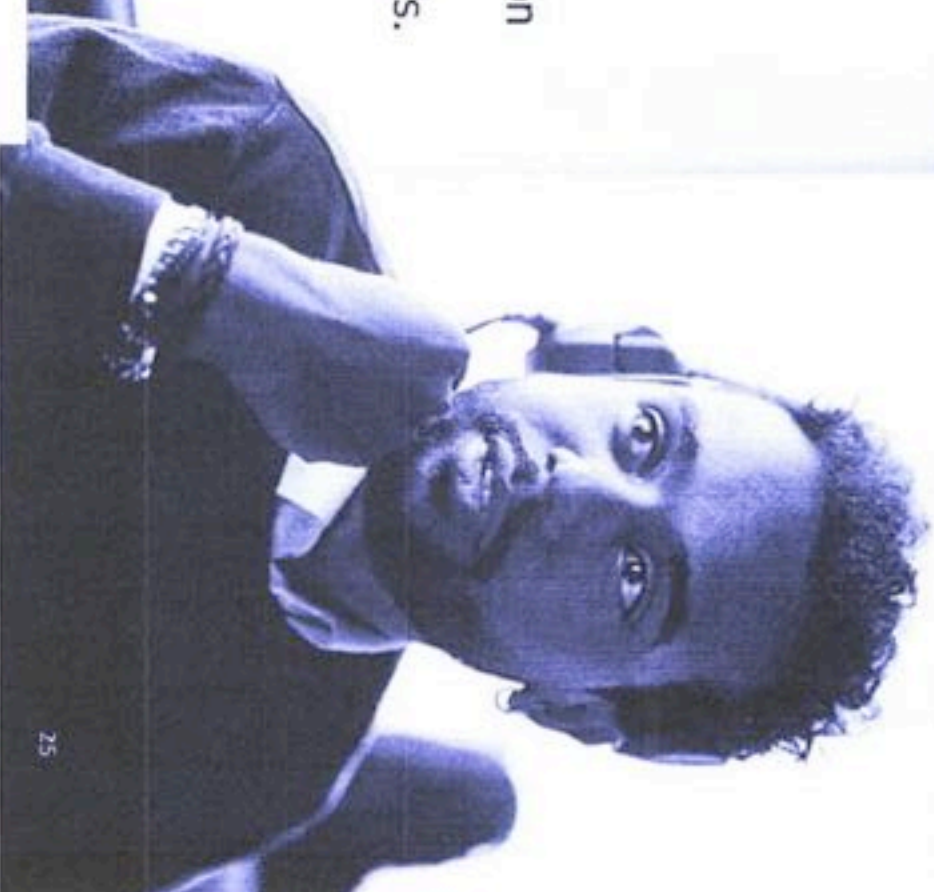


Any willingness to accept help at some time, even if in the future, is a good outcome.



Pro Tips for Effective QPR

- Offer encouragement, such as:
 - “I want you to live”
 - “I’m on your side... We’ll get through this.”
- Get others involved. Ask the person who else might help.
 - Family. Friends. Brothers. Sisters. Pastors. Priest. Rabbi. Bishop. Physician. Counselor.



A woman with short dark hair, wearing a headset with a microphone and glasses, is looking down at a document. The image is split vertically by a large, semi-transparent blue circle. The left side shows her in profile, and the right side shows her from a slightly different angle, still looking at the document. The background is a bright, out-of-focus window.

More Pro Tips

- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you.
- Let the person know you care about what happens to them. 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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