

I had the opportunity to attend a Suicidal Prevention Training delivered by the Tennessee Suicide Prevention Network. This training helped me develop my own framework through which I can identify when students are experiencing suicidal ideations.

Here are a couple of facts I learned during this training:

- Someone dies by suicide approximately every 11 minutes in the US (Youth – 1 every 90 minutes)
- For every 1 documented suicide death there are 25 attempts
- Risk Factors include:
 - Prior suicide attempts
 - Misuse or abuse of alcohol or other drugs
 - Mental disorders, particularly depression and other mood disorders
 - Access to lethal means
 - Knowing someone who died by suicide, particularly a family member
 - Social isolation
 - Chronic disease and disability
 - Lack of access to behavioral health care
- Youth at higher risk:
 - African American Youth
 - LGBTQ+
 - Suicide loss survivors
 - History of mental health or addiction
 - Youth involved in the child welfare and/or juvenile justice system
- Signs:
 - Rejection
 - Change in eating a sleeping habit
 - Unusual neglect of personal appurtenance
 - Withdrawal from friends, family, and regular activities
 - Drug and alcohol use
 - Marked personality change
 - Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
 - Frequent complaints about physical symptoms, often related to emotions such as stomach aches, headaches, fatigue, etc.
 - Not tolerating praise or rewards
- Protective factors:
 - Cultural, religious beliefs, or personal beliefs that discourage suicide
 - Support through ongoing health and mental health care relationships
 - Coping/Problem solving skills
 - Resiliency, self-esteem, direction, mission, determination, perseverance, optimism, empathy
 - Reasons for living
 - Sense of social support
 - Connecters to family, community, individuals, and social institutions
 - Access to effective mental care and support for help seeking
 - Skills to recognize and respond to signs of risk

The specific framework we discussed is QPR (Question, Persuade, Refer). This framework was very beneficial for me to learn about because it discusses how to approach these situations. QPR says to take all signs seriously, the more signs, the greater the risk. We also learned about different clues.

Here are examples of each:

- Direct Verbal Clues:
 - “I have decided to kill myself”
 - “I wish I were dead”
 - “I am going to commit suicide”
 - “I am going to end it all”
- Indirect Verbal Clues:
 - “I am 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”
- Behavioral Clues:
 - 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
- Situation 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 or punishment
 - Anticipated loss of financial security
 - Loss of cherished therapist, counselor or teacher
 - Fear of becoming a burden to others

Gaining this knowledge will not only help me in my career, but also as a person. I feel more comfortable asking someone if they are thinking about suicide and knowing what to do if the person says they are thinking about it.

Based on all this information and additional information received during the training, I plan to adhere by the following framework:

1. If in doubt, don't wait, ask the question (Be direct so there is no confusion, you are asking about suicide will not make anyone want to do it if they were not thinking about it previously)
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 (Do not ask leading questions, let the person answer freely without fear of judgement)
5. Have resources ready; QPR card, phone numbers, counselors, and any other helpful information