

Perspectives on Suicide Prevention: What School Counselors Need to Know

**Satellite Conference and Live Webcast
Tuesday, February 20, 2007
1:00 - 3:00 p.m. (Central Time)**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

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Program Objectives

- Describe the size and scope of the problem of youth suicide in America.
- Identify key elements of the National Strategy for Suicide Prevention, 2001.
- Describe three program options for reducing suicide attempts and completions in school settings.

Program Objectives

- Describe the implications for training and practice in the assessment and referral of care of at-risk youth.
- Describe QPR theory and a systems approach to creating safer schools for at-risk youth.

Youth Suicide in America

**“Suicide is a national public health problem.” David Satcher, M.D.
Surgeon General of the United States**

Overview

- Scope of the problem
- Youth (10-19 years of age)
- Why now?
- Why us?
- With what goal(s)?
- With what tools?
- With what results?
- What's next?

Scope Of The Problem

- 14% of American youths 12-17 (3.5 million youth) experienced at least one episode of major depressive disorder (SAMSHA, 2004)
- Over 7% (est. 1.8 million youths) thought about killing themselves at the time of their worst or most recent episode of MDD

Scope Of The Problem

- Est. 712,000 youths tried to kill themselves during their worst or most recent major depressive episode (2.9% of all with MDD)
- 15-24 year olds 1st, 2nd, 3rd cause of death (Utah, Idaho, College, Nation)
- 20% of teens seriously considers suicide each year (Grunbaum, 2002); 10% of college population (CHS)

A Few More Numbers

- Boys die four times as often as girls
- Girls attempt more than boys (3X)
- Boys use firearms more, girls OD more
- Lethality of method contributes to outcomes
- 90% of youth who die by suicide are suffering from an Axis I mental disorder (mood disorder, substance abuse and often both)

Youth Especially At Risk?

- Highest suicide rate in US?
 - Native American males
- Greatest increasing rate?
 - African American males (up 200%)
- Highest rate of suicide attempts?
 - Hispanic youth (males & females)
- Highest rate of suicide attempts of any group?
 - Hispanic females

All The Numbers (CDC)

- Think, plan, attempt, die (last 12 months)
- 19% of all high school students (1 in 5) thought seriously about suicide
- 14% made suicide plan
- 8.3% made an attempt
- 2,000+ die each year
- First choice: firearm (both sexes)

Do the Math in Your School

- Of 1,000 students this year:
 - 200 will think seriously about suicide.
 - 140 will plan how to kill themselves.
 - 80 will make a suicide attempt.
- Let's work to make sure none die!

Summary

More teenagers died from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined.

Why Now? Developing Social Policy

- President's Freedom Commission on Mental Health: suicide prevention is the top priority

Why Now? Developing Social Policy

- National Strategy for Suicide Prevention (2001):
 - Goal 4 "... Increase the number of evidence-based suicide prevention programs in schools, colleges and universities..."
 - Goal 6: Implement training..."Key gatekeepers include teachers and school personnel"

What's Different Now?

- The problem isn't going away
- Who and the burden of suffering
- Since 9/11, 150,000 have died
- 900,000 new survivors since 9/11
- If you've lost a loved one you have a political voice....
- The movement has begun... 40 marches and beyond

Why Are We Not Saving More Lives?

- We know how big the problem is.
- We know the causes.
- We have good data and theories.
- We have the tools (and these are improving).
- But in my home state an estimated 100 young people will die this year. 71 of them could be saved. (WA State Child Fatality Review Team, 2000)

The National Strategy Goals and Objectives

- Prevent premature deaths due to suicide across the life span.
- Reduce the rates of other suicidal behaviors.
- Reduce the harmful after-effects associated with suicidal behaviors and their impacts on others.

The National Strategy Goals and Objectives

- Promote opportunities and settings to enhance resiliency, resourcefulness, respect and interconnectedness for individuals, families and communities.

Major Goals

- Promote awareness that suicide is a preventable public health problem.
- Develop broad support for suicide prevention.
- Develop and implement SP strategies for consumers of health services.

Major Goals

- Develop and implement SP programs.
- Promote means restriction.
- Implement training for recognition of at-risk behavior and delivery of effective treatment.
- Develop and promote effective clinical care.

Major Goals

- Improve access to services.
- Improve reporting in the media.
- Promote and support research.
- Improve and expand surveillance systems.

A Vision for the Future

- Why does Homer Simpson work in an nuclear power plant?
- What is the IHI initiative?
- If not student safety, what matters more?
- What is an HRO?

Highly Reliable Organization (HRO) Karl E. Weick, Ph.D.

- Failure is not an option/people die.
- Mindfulness and detection of weak signs.
- Non response to trouble fosters disaster.
- Every warning sign requires decisive action (confront the unexpected).
- Fixation on failure is good.
- Bottom-to-top staff input into safety.

Highly Reliable Schools (HRS)

- How is a school like....
 - A hospital operating room?
 - An aircraft carrier flight crew?
 - A nuclear power plant?
 - An air traffic control center?
 - A NASA launch crew?

Highly Reliable Schools

- Are not fooled by success
- Trust their experts (the front line people in daily contact with students)
- Train everyone to identify and report possible problems
- Have a smooth, practiced, crisis response plan when a student is identified as in trouble
- Has a smooth, practiced, crisis response plan when something bad happens

Historical School-Based Suicide Prevention Programs

- Educate teachers, school counselors, and parents about suicide warning signs.
- Raise student awareness, encourage self-referral, train peers to recognize and refer.
- Identify highest risk students through combination of screenings, multi-stage assessments, and education of school staff.

Current Options and Solutions

- Screen out?
- Screen those already in? (TeenScreen, Jed Foundation)
- Enhance resiliency.
- Teach help-seeking skills?

Current Options and Solutions

- Educate students about signs, symptoms and who to go to. (SOS)
- Train gatekeepers to identify, intervene and complete referral to professional. (QPR)

Major Barrier: Talking about suicide will encourage the behavior...

'Not so!'

- Studies now show that discussion of suicide with young people does not increase suicidal ideation or behaviors.

–Gould, JAMA, 2005

Do These Programs Work? Evaluation Problems

- Operational definitions and methods of assessment vary widely.
- Lack of consensus regarding warning signs or what should be taught.

Do These Programs Work? Evaluation Problems

- Concerns regarding large group impacts.
- Cannot randomly assign high risk kids to either participate in a prevention program or a control condition.

Do These Programs Work? Evaluation Problems

- Low base rates of completed suicide require huge samples to evaluate whether there is an impact on suicide completion.
- No one wants to do research in their school or college as it suggests they have a problem.

Meta Analysis of 12 Studies

- Gutierrez and Konick looked at data from 12 published studies and five dissertations through mid-2004 (N=7,300 participants)

Meta Analysis of 12 Studies

- Outcomes for most programs:
 - Knowledge gain (yes)
 - Attitude change (negligible)
 - Levels of self-reported SI (negligible)
 - No rise in suicidal ideation among students
- Reduce number of suicides or attempted suicides? (Data not available)

Good Clinical News: Once Students Are Identified They Benefit From Care

- Cognitive therapy reduces suicide attempts by 50%.
- Youth suicide rates lower in counties with high SSRI use.

Our Challenge

Most youth don't get treatment because they don't self-refer or don't even know they're depressed.

So, how do we find and help them before they make a suicide attempt?

Public Health Interventions

- Support resiliency building programs
- Restrict access to alcohol
- Safe gun storage
- What is a HRH (highly reliable home)?
 - Questions...

Introduction to QPR Gatekeeper Training for Suicide Prevention

- QPR stands for Question, Persuade and Refer, an emergency mental health intervention that teaches lay and professional Gatekeepers to recognize and respond positively to someone exhibiting suicide warning signs and behaviors.

Why QPR?

- Each letter in QPR represents an idea and an action step.
- QPR intentionally rhymes with CPR – another universal emergency intervention.
- QPR is easy to remember.
- Asking Questions, Persuading people to act and making a Referral are established adult skills.

QPR Theory

- Assumption: passive systems don't work.
- Those most at risk for suicide:
 - Tend not to self-refer for treatment.
 - Tend to be treatment resistant.
 - Often abuse drugs and/or alcohol.
 - Dissimulate their level of despair.
 - Go undetected.
 - Go untreated and remain at risk.

QPR Theory

- Most suicidal people send warning signs.
- Warning signs can be taught.
- Gatekeepers can be trained to a) recognize suicide warning signs and, b) intervene with someone they know.
- Gatekeepers must be fully supported by policy, procedure and professionals in their community.

Goals for QPR Gatekeeper Training

- Be alert to the possibility of suicide.
- Know suicide risk factors.
- Recognize symptoms of distress and depression.
- Recognize suicide warning signs.
- Know what to say, when to say it, and what to do.

The QPR Chain of Survival

- 4 links...
 - Early recognition of warning signs
 - Early application of QPR
 - Early referral to professional care
 - Early assessment and treatment

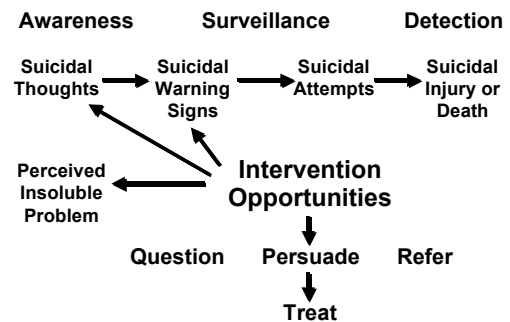
Knowledge + Practice = Action

Seven Life Saving Goals

- Detection of suicidal persons
- Active intervention
- Alleviation of immediate risk factors
- Accompanied referral
- Access to treatment
- Accurate diagnosis
- Aggressive treatment

“Ask the question, save a life.”

QPR Prevention Strategy

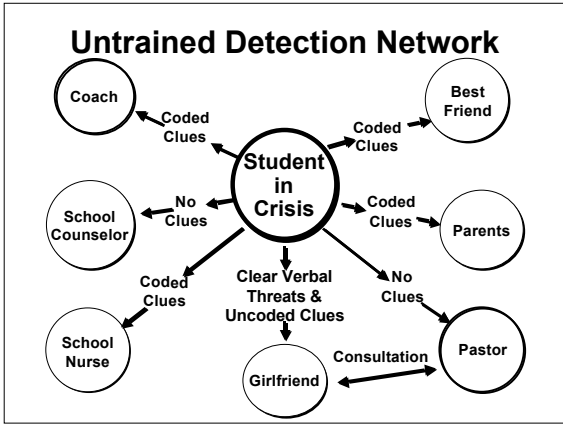


A Simple Truth

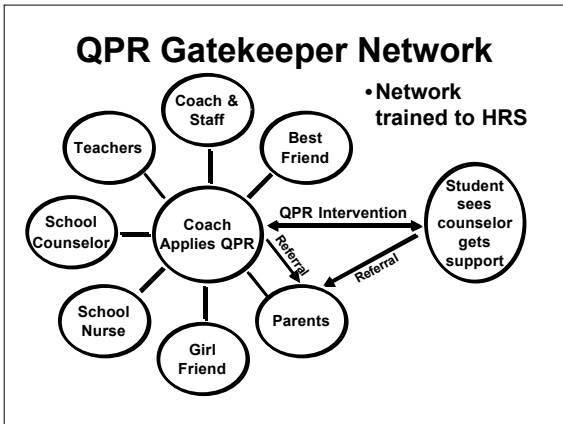
- The person most likely to prevent you from taking your own life is someone you already know.

Untrained Detection Network

- Scenario:
 - Depressed 21-year-old
 - PFC in crisis over poor work performance review, girlfriend leaving him and recent DUI



- ### Untrained Detection Network
- Self-referral unlikely
 - Hotline call unlikely
 - Intervention unlikely



- ### QPR Gatekeeper Network
- Question asked
 - Persuaded
 - Referral Completed
 - Suicide attempt averted

- ### Highly Reliable School
- Training matches level of duty
 - Everyone is trained
 - Training is mandatory
 - Competency must be demonstrated



To Create a Highly Reliable School

- **100% training required at all levels:**
 - QPR Gatekeeper Training online or by Certified QPR Instructors
 - QPR Suicide Triage Training for school counselors and nurses
- **QPRT Suicide Risk Assessment training for health care professionals accepting referrals**

QPR Research

- **Aim: to test QPR gatekeeper training in large school system using a random clinical trial design (four to seven year project)**
- **Randomized clinical trial (First of its kind)**
- **55,000 student school district**

QPR Research

- **Joint project with the Georgia state legislature, the school district, NIMH, U of R and U of SF, and QPR**
- **External design review, U of Washington, DPH**

Aims of Research Design

- **Does gatekeeper training increase accurate detection by school of youth at high risk for suicide and referral for evaluation?**
- **Does training enhance knowledge, attitudes, 'gatekeeper' behaviors?**
- **Which staff benefit and how?**

Unique Features

- **Motivation? Time Magazine cover story**
- **Leadership? Full support (School Superintendent is retired Air Force General)**
- **Baseline data? Youth risk data for past 10 years**

Unique Features

- **Back up? Same day crisis service**
- **Community participation? 70 providers/2 MHCS**
- **Training delivered? Distance learning + T4T**

Research Questions: Does QPR Training Produce....

- Changes in knowledge, attitude, perceived self-efficacy among adults (students not trained)?
- Changes in detection rates?
- Changes in referral sources?
- Changes in health risk survey data?
- Changes in service utilization (crisis response and outside providers)?

Wait-Listed Randomized Trial

- 32 schools (100% of eligible) 55,000 students
 - 12 High Schools
 - 20 Middle Schools

Wait-Listed Randomized Trial

- Stratified on
 - High / Middle School
 - Number of school referrals last year
 - 1/2 of schools receive QPR training in 1st phase; remainder in 2nd phase
- Trial began in January 2004

3,600 School Staff Trained in QPR

- 76% of all staff trained in 16 early intervention schools (Jan 04 – May 05)
- 50% of trained staff received refresher training
- Annual refresher training: 30-40 minutes

Student survey data... “If overwhelmed by life I would...”

'Strongly agree' or 'agree' with -->	Would talk to counselor	Believe counselor could help	Friends would want me to talk to adult	Family would want me to talk to adult
Reported suicide attempt	20%	25%	35%	36%
None	38%	47%	45%	53%

If Overwhelmed by Life

- Students with suicide attempts were 2 to 3 times less likely to endorse help-seeking w/ school staff.
- Conclusion: those students at highest risk, and the most hopeless, are the least likely to ask for help!
- Solution? We must go to them!

Many Suicidal Students Can Be Identified by School System

- Of the 3,600 students reporting a suicide attempt in a given year in this school system, only 200 are identified and evaluated...
– 3,400 go undetected!

Many Suicidal Students Can Be Identified by School System

- Even in a school district with strong suicide prevention programming, many suicidal youth remain undetected.
- Population-based gatekeeper training should lead to higher detection and referral. Wyman, et al, 2006.
- Major research papers due in 2007-08

To Achieve Highly Reliable School Status, Training Must

- Population-based
- Competency-based
- Mandated
- Comprehensive
- Based on scientific evidence
- Monitored and sustained at 95-100%

We Feel That Suicide Prevention Training Should

- Match level of training with level of duty
- Be delivered in a standardized fashion
- Provide measurable outcomes
- Be designed for busy adult learners

We Feel That Suicide Prevention Training Should

- Embrace technology
- Be culture-sensitive and acceptable to learners
- Be low-cost, compared to other options

Current Status of Delivery System

- 3,000+ QPR Instructors nationwide
- Traditional classroom model 15-35
- 5-10,000 gatekeepers trained each month
- More than 300,000 since inception
- While good, this is not great...

Ultimate Goal

- **Suicide prevention training...**
 - When you want it
 - Where you want it
 - How you want it
 - When you need it
 - Saturation training (95-100%)
- **Digital distribution is easy, ubiquitous, and inexpensive....and the learning outcomes are better than classroom**

New EWU-QPR Online!

- **Multi-media, interactive, broadband delivery**
- **Self-paced learning from work or home**
- **Annual refresher training**
- **Crisis driven on demand access 24/7**
- **Simplified tracking of staff participation**

New EWU-QPR Online!

- **Data base management to measure outcomes**
- **Program content updated with new research**
- **Unique identifier and individual certificate**
- **“Just in time” training is for new hires**

New EWU-QPR Online!

- **Saturation training at low cost**
- **Culturally competent options (e.g. Indian Health Service, NOPCAS/Howard U.)**
- **Customization of referral/crisis response**
- **Approval for clock hours?**

What About Face-to-Face? Blended Approach

- **Blend 1-hour QPR online training with 45-minute face-to-face follow up session for:**
 - Q&A
 - Roleplays and rehearsals
 - Crisis response planning

What About Face-to-Face? Blended Approach

- **Internal and external referral networks**
- **Sessions provided by existing school personnel**
- **Supported by web based program and technical support**

Ultimate Goal?

- Suicide prevention training...
 - When you want it
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- Digital distribution is easy, ubiquitous, and inexpensive....and the learning outcomes are better than classroom

Advanced Online Training for School Counselors, Psychologists, Nurses and Social Workers From EWU

- Suicide risk detection, assessment and management training
- University based - CEU or college credit
- APA approved (6 hours)

Advanced Online Training for School Counselors, Psychologists, Nurses and Social Workers From EWU

- Blended DVD, study guide, + online
- Certificate
- \$159, discount for volume
- Contact EWU via www.qprinstitute.com

Prepare For

- More referrals to school counselors/nurses
- More family counseling 1st appointments
- More youth on medications
- Fewer youth jailed (drug abuse as self Rx)

Prepare For

- More crisis interventions
- More psychiatric hospitalizations
- Fewer suicide attempts and completions by students, staff and their families

Educational Benefits

- Improved intellectual performance
- Improved athletic performance
- Fewer school dropouts
- Reduced absenteeism
- Better test scores
- Higher admission-to-graduation ratios

Health Benefits

- Earlier detection and treatment
- Fewer episodes of post traumatic stress following non-fatal and fatal suicide attempts
- Fewer incidents of negative press and public relations problems following student suicides

Health Benefits

- Reduction in other forms of violence, (e.g. bullying and even school shootings [M-S])
- Improved staff mental health and use of EAP

Evidence

- US Air Force Suicide Prevention Program impacts:
 - 33% drop in suicides
 - 51% drop in homicides
 - 18% drop in accidental deaths
 - 54% drop in severe domestic violence
 - 30% drop in moderate domestic violence
- QPR is being tested in the AF model

New Initiatives and The Future

- QPR as classroom clinical lab or assignment
- Undergraduate and graduate college credits and Continuing Education Unit (CEUs) via distance learning
- SP Certificate program on campus at Eastern Washington University

New Initiatives and The Future

- Outcome data base management options for large organizations, (e.g. training status reports)
- Research on role-play (simulation) effectiveness in Gatekeeper skill acquisition and maintenance

What's Next?

- Mandatory suicide prevention training, (e.g., New Jersey)
- More lawsuits
- Available evidence-based practices
- Continued federal funding
- More funding?
- The tipping point is coming soon, and our world will change

Coming in 2007

- QPR-Korea – launched and will grow
- QPR Spanish edition
- QPR-Australia
- QPR Foundation
- QPR for Cops/Firemen/EMTs/Agents
- Research on role-play, new video content
- Subscription service
- QPR for business

Accreditations/Endorsements

- QPR programs are officially endorsed and used by the health and mental health leadership in the following states: Virginia, Tennessee, Kentucky, Montana, Georgia, Oklahoma, Oregon, South Carolina, Colorado, Wisconsin, Alaska, Florida, Missouri and others.

Accreditations/Endorsements

- QPR is currently taught on more than 75 college and university campuses in US and Canada
- Official gatekeeper program for US Army... elements of Air Force, Marines, and Navy

Our Belief

- We must train hundreds to save one, thousands to save hundreds, and millions to save thousands... only faith, hope, and technology can get us there...

Contact Information

- Paul Quinnett: www.qprinstitute.com
- Please visit our web site and download the free e-book: Suicide: the Forever Decision
- Share it widely