SAVING LIVES THROUGH EXCELLENCE IN EDUCATION

The QPR Institute offers comprehensive suicide prevention training programs, educational and clinical materials for the general public, professionals, and institutions.

Courses • QPR for Organizations • Training Options • QPR Instructor Resources

WHAT IS QPR?

QPR stands for Question, Persuade, and Refer -- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying "Yes" to saving the life of a friend, colleague, sibling, or neighbor. QPR can be learned in our Gatekeeper course in as little as one hour

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IN ONE HOUR YOU CAN BECOME A GATEKEEPER

According to the Surgeon General's National Strategy for Suicide Prevention (2001), a gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide.

As a QPR-trained Gatekeeper you will learn to:

- recognize the warning signs of suicide
- know how to offer hope
- know how to get help and save a life

HOW IS QPR LIKE CPR?

CPR stands for cardio pulmonary resuscitation, an emergency medical intervention created by Peter Safar and first described in his 1957 book the ABC of resuscitation (A for airway, B for Breathing, C for Circulation).

QPR stands for Question, Persuade and Refer, an emergency mental health intervention for suicidal persons created by Paul Quinnett, and first described in 1995 in a number of presentations and publications by the QPR Institute.

CPR is part of what is called the "Chain of Survival," a term first coined in 1987 by Mary Newman, a founding member of the Citizen CPR Foundation. According to the Chain of Survival model of emergency cardiac care, the likelihood that a victim will survive a cardiac arrest increases when each of the following four links is connected:

- **Early Recognition and Early access**. The sooner 9-1-1 or your local emergency number is called the sooner early advanced life support arrives.

- **Early CPR**. Application of early CPR helps circulate blood that contains oxygen to the vital organs.
- **External Defibrillator (AED)** is ready for use or advanced medical personnel arrive.
- **Early Advanced Life Support.** This is given by trained medical personnel who provide further care and transport to hospital facilities.

With QPR, the following Chain of Survival elements must also be in place:

- **Early recognition of suicide warning signs**. The sooner warning signs are detected and help sought, the better the outcome of a suicide crisis will be.
- **Early QPR**. Asking someone about the presence of suicidal thoughts and feelings opens up a conversation that may lead to a referral for help.
- **Early intervention and referral**. Referral to local resources or calling 1-800-Suicide for evaluation and possible referral is critical, as most people thinking about suicide are suffering from an undiagnosed and/or untreated mental illness or substance abuse disorder for which excellent treatments exist. Also, the offering of hope and social and spiritual support can often avert a suicide attempt
- **Early professional assessment and treatment.** As with any illness, early detection and treatment results in better outcomes and fewer lives lost to suicide.

> We cannot overemphasize the need for early recognition of suicide warning signs. In a cardiac crisis, the difference between recognizing and acting where there is chest discomfort before it becomes crushing chest pain can mean the between life and death.
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> In a suicide crisis, the difference between recognizing and acting where there are vague ideas of suicide before these lead to a self-inflicted injury, can mean the difference between life and death.

Please note: a well-executed, strong and positive response to the early warning signs of a pending suicide event may render subsequent links in the Chain of Survival unnecessary. Just as the prompt recognition of the scream of a smoke detector can eliminate the need to suppress a raging fire, so can the early recognition of suicide warning signs, confirming their presence, and opening a supporting dialogue with a suicidal person - while securing a consultation from 1-800-SUICIDE and/or or a professional - may prevent the need for an emergency room visit or inpatient psychiatric hospitalization.

WARNING SIGNS OF PENDING A CRISIS… HOW ARE THEY DIFFERENT?

In CPR the general public is educated about the classic signs of a heart attack: pressure, fullness, squeezing and pain in the center of the chest, sweating, and other symptoms, and how to respond.

In QPR the general public is educated about the known warning signs of a suicide crisis (AAS, 2003): expressions of hopelessness, depression, giving away prized possessions, talking of suicide, securing lethal means and how to respond.

WHO NEEDS TRAINING?

In 2002 the American Heart Association estimated that over the past 35 years some 250 thousand CPR instructors have trained several millions of US citizens in CPR. As a result, lives are saved that might otherwise have been lost.

As many people know the city of Seattle, Washington and surrounding King County has trained more citizens in CPR per capita than any other region in the country. As result, CPR-trained citizens are more likely to

respond to perceived medical emergencies in Seattle than in any other city in the United States, which leads to more favorable survival rates.

According to Sanddal and his colleagues (Sanddal, 2003), "In the Seattle cardiac care system it is estimated that one in four persons has been exposed to CPR training. One can conjecture that the recognition of, and survival from, an acute suicide event would be more likely if one in four persons were trained as a suicide lay gatekeeper."

At the end of 2003, an estimated 250,000 American citizens have been trained in QPR by Certified QPR Instructors. Because of the nature of suicidal warning signs, and who is most likely to recognize and respond to them, we at the QPR Institute strongly concur with the goal of one in four persons trained a basic gatekeeper role for suicide prevention in the United States and in other countries. Because suicides happen in families – where emergency interventions are more likely to take place - we believe that AT LEAST ONE PERSON PER FAMILY UNIT should be trained in QPR.

BUT WHAT ABOUT MY LIABILITY?

If you become trained in QPR you should have no liability for attempting to intervene in a suicide crisis. In fact, many professionals already have a duty to respond, and may not know how. As regards intervening in medical emergencies, and according to the Good Samaritan Act of 1985, a layperson or professional who does not have a legal duty to respond to a stranger's emergency, and who is acting in "good faith" and is not being compensated, and who is not guilty of Gross Negligence (deliberately careless conduct), is immune from liability. There are no recorded cases against a Good Samaritan since 1985 (ProCPR, 2003).

SUMMARY

QPR is a simple educational program that teaches ordinary citizens how to recognize a mental health emergency and how to get a person at risk the help they need. It is also an action plan that can result in lives saved. Our research and evaluations to date have shown positive results, some of which are available on this web site.

WHAT YOU CAN DO…

- Become a Certified QPR Gatekeeper Instructor click here. We offer this training on site and through a self-study program.
- To locate a Certified QPR Gatekeeper Instructor in your area contact us and ask if one is available.
- Learn QPR through online QPR Online Gatekeeper Training.
- For institutional subscriptions click here.

Sources and References

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