



NORTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY  
PREVENT. PROTECT. PREPARE



# WE CARE

WELLNESS EDUCATION COMMITTED TO  
ASSISTING AND REACHING OUR EMPLOYEES



## WE CARE - DEFINED

**WE CARE - Wellness Education Committed to  
Assisting and Reaching our Employees.**

- A philosophy created by the North Carolina Department of Public Safety (NCDPS) to address employees' overall wellness.
- Coordinated and supported by the NCDPS Employee Wellness and Resilience Committee.



North Carolina Department of Public Safety

NCDPS Employee Wellness and Resilience Committee



## **WE CARE - PURPOSE**

**WE CARE** seeks to provide all NCDPS employees with positive reinforcements through multiple avenues, and to offer support when employees face adverse situations, professionally or personally.



## **WE CARE - MISSION**

- ▶ To offer physical, mental, and emotional support to all NCDPS employees during adverse situations, and
- ▶ To provide opportunities to address issues that may impact their job performance, career development and well-being.

**WE CARE for the whole person!**





## **WE CARE - VISION**

**To create a positive and caring work environment for all NCDPS employees  
(WE CARE)!**



## **WE CARE – AREAS OF FOCUS**

- ▶ **PHYSICAL WELLNESS**
- ▶ **MENTAL WELLNESS**
- ▶ **EDUCATION**
- ▶ **LEADERSHIP**





## **WE CARE INITIATIVES**

### **PHYSICAL WELLNESS**

**OSDT Fitness Instructor Training Program:** provides the training and skills required for Instructors to conduct the Correctional Officer Physical Abilities Test (COPAT).

- Instructors are introduced to fitness and wellness as they relate to the COPAT Assessment and essential job functions.
- Instructors learn about coronary risk factors and cardiovascular health, human anatomy, exercise safety, flexibility training, nutrition training and behavior change as they relate to the overall physical fitness.



## **WE CARE INITIATIVES**

### **PHYSICAL WELLNESS**

**OSDT Wellness Instructor Training Program:** provides training and skills necessary for Field Instructors to deliver In-service Employee Fitness and Wellness training.

- Instructors are introduced to fitness and wellness as they relate to coronary risk factors and cardiovascular health, human anatomy, exercise safety, flexibility training, nutrition training and behavior change.
- Instructors also learn how to develop a Wellness Program at their respective work locations which assists NCDPS employees in meeting their wellness goals and essential job functions.





## **WE CARE INITIATIVES** **MENTAL WELLNESS**

**Question, Persuade, Refer (QPR) Gatekeeper Suicide Prevention Training Program:** teaches NCDPS employees how to recognize a potentially fatal mental health emergency among co-workers, friends and family, and how obtain immediate help for that at-risk person.

- Training is coordinated by OSDT and delivered by Cardinal Innovations Healthcare.
- Approximately 1780 NCDPS personnel statewide have attended QPR training from July 2014 to May 2016.



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## **WE CARE INITIATIVES** **MENTAL WELLNESS**

**Question, Persuade, Refer (QPR) Gatekeeper Suicide Prevention Training Program - 2016 Schedule:**

- JUNE 06 & 07, 2016 - PIEDMONT COMMUNITY COLLEGE, 1715 COLLEGE DRIVE, ROXBORO NC, CLASSROOM # D101
- JULY 13 & 14, 2016 - JULY 13 @ SOUTHWESTERN CC IN SYLVA NC & JULY 14 @ BUNCOMBE COUNTY PUBLIC SAFETY TRAINING CENTER IN ASHEVILLE NC
- AUGUST 2016 - (DATES & EXACT LOCATION PENDING) - CAPE FEAR COMMUNITY COLLEGE, WILMINGTON NC



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## WE CARE INITIATIVES MENTAL WELLNESS

### **Corrections Fatigue to Fulfillment Training Program (CF2F)**

This eight-hour, end-user training program is available to all DACJJ employees on a voluntary and monthly basis at all OSDT regional training centers. This curriculum is offered in specific versions for each of the key disciplines within DACJJ (Community Corrections, Juvenile Justice, and Prisons).

- Defines “Corrections Fatigue” and presents strategies for countering its negative effects.
- Training provides staff with the self-awareness, knowledge and skills to obtain professional fulfillment and personal growth.
- Staff can register for the training via LMS by searching “CF2F”.



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## WE CARE INITIATIVES

**NC Military Pipeline:** an initiative to transition veterans leaving military service into positions with NCDPS, focusing on Correctional Officer and Highway Patrol employment.

- NCDPS representatives attend hiring events at military bases where active-duty service members can apply and interview for NCDPS employment.
- Qualified individuals may receive same-day conditional employment offers.
- Correctional Officer Physical Abilities Test (COPAT) is waived and other parts of the hiring process are streamlined.
- Service members can attend Basic Correctional Officer training (on-post/on-duty) prior to military separation.
  - \* Significant cost savings for NCDPS (payroll, per diem, uniforms, facilities).
  - \* Employee is certified prior to beginning work.
  - \* Financial strain on new employee greatly reduced during transition.
  - \* Keeps prior military members in NC rather than them leaving the state.



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## WE CARE INITIATIVES

**NCDPS Apprenticeship Program:** This program provides an incentive for veterans to work for NCDPS and may assist the agency in retaining them for the first two years with the intent of them becoming a career employee.

- Participants may receive VA educational benefits (GI Bill) in addition to regular salary contingent upon veteran accepting employment as a Correctional Officer or State Trooper trainee.
- Estimated VA benefit (nontaxable, paid directly from VA to veteran) is as much as \$18,000 during first 24 months of service. Prisons employees should speak with their facility Career Readiness Coach for additional information.



## WE CARE INITIATIVES EDUCATION

### **Academic/Educational Pathways - NCDPS Staff**

#### **Wake Technical Community College**

- 9 SHC for BCO completion toward AAS in CJ degree.

#### **NC Community College System**

- Is currently developing a statewide articulation agreement between DPS and the 56 NC Community Colleges.

#### **North Carolina Wesleyan College**

- Approximately 40 DACJJ employees currently enrolled online.





## **WE CARE INITIATIVES** **EDUCATION**

### **Academic/Educational Pathways - NCDPS Staff**

#### **Columbia Southern Univ. & Waldorf College (100% online)**

- 6 SHC for BCO completion toward Bachelor's degree.
- Textbooks provided at no cost to employee.
- Significant tuition reduction / No application fee.

#### **North Carolina Central University**

- Is currently developing a statewide articulation agreement between DPS OSDT and NCCU.



## **WE CARE INITIATIVES** **EDUCATION**

### **Academic/Educational Pathways - NCDPS Staff**

#### **Methodist University**

- Master of Justice Administration program consists of 36 credit hours, or a total of 12 courses.
- Students attend three 15-week terms each year, taking two classes per term
- Classes are held at the NC Justice Academy - East Campus (Salemberg) and NC Justice Academy - West Campus (Edneyville). Classes meet Friday evenings through Sunday afternoons, one weekend per month during the course of the term.





## **WE CARE INITIATIVES EDUCATION**

### **Kaplan University - DPS Program, Degrees Offered:**

- 2 Associate degrees offered (AAS in Criminal Justice and Criminology and AAS in Public Safety and Security)
- 5 Bachelor degrees (BS in Corrections, BS in Criminal Justice, BS in Fire and Emergency Management, BS in Human Services Administration and BS in Psychology – Addictions).
- Costs (undergraduate programs only) Tuition: \$199/quarter credit, Books: included, Technology fees: waived (normally \$295/term), Can withdraw in first 3 weeks of first term with no financial commitment).



## **WE CARE INITIATIVES EDUCATION**

### **Kaplan University - DPS Program, Credit Offered:**

- Credit for BCOT: 17 quarter credits
- Credit for Train-the-Trainer: 4 additional quarter credits
- Military & veterans: review military training for applicability for Experiential credit
- Open courses always available
- 20 courses self-taught, only fees are the ones charged to Kaplan and include life skills (financial management) and basic skills (math)





## **WE CARE INITIATIVES** **EDUCATION**

### **Kaplan University - Personal Financial Management Online**

#### **Course:**

- This self-paced, undergraduate course teaches the importance of good financial planning, financial goal-setting and how to create financial statements and prepare budgets.
- **COURSE AT A GLANCE** - divided into four (4) modules:
  1. The Financial Planning Process
  2. Consumer Credit
  3. Insurance, Investments, and Savings
  4. Retirement and Beyond
- **PRICE: FREE!!**



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## **WE CARE INITIATIVES** **LEADERSHIP**

### **NCDPS ACJJ Institute for Credible Leadership Development (ICLD)**

- Dedicated to leadership development of ALL DACJJ employees.
- Facilitates use of 21st century professional leadership practices throughout NCDPS DACJJ.
- Addresses relevant topics and presents proven theories, allowing the employee to practice and master concepts and skills to promote organizational excellence and positive community outcomes.
  - \* 120 total training hours.
  - \* Two (2) phases consisting of twenty-seven (27) modules.
  - \* Five (5) required supplemental readings.



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## WE CARE INITIATIVES LEADERSHIP

### ICLD Phase I: Foundation & Principles (60 Hours)

1. Leadership Principles
2. Lincoln on Leadership – Supplemental reading: *“Lincoln on Leadership: Executive Strategies for Tough Times”* by Donald T. Phillips
3. First Line Supervision
4. Mid-Level Supervision
5. Leadership and Ethics for Law Enforcement
6. Leadership and Change
7. Personal Leadership



## WE CARE INITIATIVES LEADERSHIP

### ICLD Phase I: Foundation & Principles (60 Hours) cont'd

8. It's Your Ship – Supplemental reading: *“It's Your Ship: Management Techniques from the Best Damn Ship in the Navy”* by Captain D. Michael Abrashoff
9. Leadership Theories and DiSC Styles (Decision-making)
10. Leadership & Power
11. Active Listening
12. Effective Communication
13. Military Leadership





## WE CARE INITIATIVES

### LEADERSHIP

#### ICLD Phase II: Theories & Practices (60 Hours)

14. Founding Fathers on Leadership – Supplemental reading: *“The Founding Fathers On Leadership: Classic Teamwork In Changing Times”* by Donald T. Phillips
15. Generations
16. It’s Our Ship – Supplemental reading: *“It’s Our Ship: The No-Nonsense Guide to Leadership”* by Captain D. Michael Abrashoff
17. Emotional Intelligence
18. Good to Great
19. Proactive Communication



## WE CARE INITIATIVES

### LEADERSHIP

#### ICLD Phase II: Theories & Practices (60 Hours) cont’d

20. Conflict Management
21. Cultural Sensitivity
22. Action Leadership
23. Reflective Leadership
24. Start With Why – Supplemental reading: *“Start With Why: How Great Leaders Inspire Everyone To Take Action”* by Simon Sinek
25. Legacy Leadership
26. Succession Planning
27. Human Capital Management





## WE CARE INITIATIVES

### The Correctional Peace Officers (CPO) Foundation:

- A national, non-profit charitable organization created in 1984.
- Membership open to Prisons, Probation and Juvenile Justice employees.
- Primary function is to preserve and support families who suffer a Correctional Officer Line of Duty Death (LODD).
- Disaster assistance is also available.
- Additional information can be obtained via: <http://cpof.org>



## WE CARE INITIATIVES

### Miscellaneous Resources – Housing

- ▶ The North Carolina Housing Finance Agency - offers programs to assist home buyers and provides funding for rehabilitation and repair for low-income homeowners through local groups. Additional information can be obtained via: <http://nchfa.com/Homebuyers/index.aspx>
- ▶ US Department of Agriculture (USDA) - Rural Development operates over fifty financial assistance programs for a variety of rural applications. Additional information can be obtained via: <http://www.rd.usda.gov/programs-services>





## WE CARE SUMMARY

Additional information concerning  
**WE CARE** and related content can be  
located via:

<https://www2.ncdps.gov/Index2.cfm?a=000002,003100>



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# QPR

*Ask A Question, Save A Life*

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# QPR

*Question, Persuade, Refer*

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## *Rate of Suicides*

<b>Year</b>	<b>All Suicides</b>	<b>Youth (15-24)</b>	<b>Youth (10-14)</b>
2006	33,300	4189	216
2007	34,598	4140	180
2008	36,035	4298	215
2009	36,909	4371	259
2010	38,364	4600	267
2011	39,518	4822	282
2012	40,600	4872	306
2013	41,149	4878	386

### 10 Leading Causes of Death by Age Group, United States – 2013

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,758	Unintentional Injury 1,315	Unintentional Injury 746	Unintentional Injury 775	Unintentional Injury 11,619	Unintentional Injury 15,209	Unintentional Injury 15,354	Malignant Neoplasms 46,185	Malignant Neoplasms 113,324	Heart Disease 488,156	Heart Disease 611,105
2	Short Gestation 4,202	Congenital Anomalies 476	Malignant Neoplasms 447	Malignant Neoplasms 448	Suicide 4,878	Suicide 6,948	Malignant Neoplasms 11,349	Heart Disease 35,167	Heart Disease 72,568	Malignant Neoplasms 407,558	Malignant Neoplasms 584,881
3	Maternal Pregnancy Comp. 1,595	Homicide 337	Congenital Anomalies 179	Suicide 386	Homicide 4,329	Homicide 4,236	Heart Disease 10,341	Unintentional Injury 20,357	Unintentional Injury 17,057	Chronic Low Respiratory Disease 127,194	Chronic Low Respiratory Disease 149,205
4	SIDS 1,563	Malignant Neoplasms 328	Homicide 125	Congenital Anomalies 161	Malignant Neoplasms 1,496	Malignant Neoplasms 3,673	Suicide 6,591	Liver Disease 8,785	Chronic Low Respiratory Disease 15,942	Cerebrovascular 109,602	Unintentional Injury 130,557
5	Unintentional Injury 1,156	Heart Disease 189	Chronic Low Respiratory Disease 75	Homicide 152	Heart Disease 941	Heart Disease 3,258	Homicide 2,581	Suicide 8,621	Diabetes Mellitus 13,061	Alzheimer's Disease 83,786	Cerebrovascular 128,978
6	Placenta Cord, Membranes 953	Influenza & Pneumonia 102	Heart Disease 73	Heart Disease 100	Congenital Anomalies 362	Diabetes Mellitus 684	Liver Disease 2,491	Diabetes Mellitus 5,899	Liver Disease 11,951	Diabetes Mellitus 53,751	Alzheimer's Disease 84,767
7	Bacterial Sepsis 578	Chronic Low Respiratory Disease 64	Influenza & Pneumonia 67	Chronic Low Respiratory Disease 80	Influenza & Pneumonia 197	Liver Disease 676	Diabetes Mellitus 1,952	Cerebrovascular 5,425	Cerebrovascular 11,364	Influenza & Pneumonia 48,031	Diabetes Mellitus 75,578
8	Respiratory Distress 522	Septicemia 53	Cerebrovascular 41	Influenza & Pneumonia 61	Diabetes Mellitus 193	HIV 631	Cerebrovascular 1,687	Chronic Low Respiratory Disease 4,619	Suicide 7,135	Unintentional Injury 45,942	Influenza & Pneumonia 56,979
9	Circulatory System Disease 458	Benign Neoplasms 47	Septicemia 35	Cerebrovascular 48	Complicated Pregnancy 178	Cerebrovascular 508	HIV 1,246	Septicemia 2,445	Septicemia 5,345	Nephritis 39,080	Nephritis 47,112
10	Neonatal Hemorrhage 389	Perinatal Period 45	Benign Neoplasms 34	Benign Neoplasms 31	Chronic Low Respiratory Disease 155	Influenza & Pneumonia 449	Influenza & Pneumonia 881	HIV 2,378	Nephritis 4,947	Septicemia 28,815	Suicide 41,149

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.  
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.




*Timing of USA suicides*

**1 suicide every 13 minutes**

**OR**

**111 suicides every day**



*4872 young people*

(age 15-24)

commit suicide each year (2012)

at a rate of

one suicide every two hours



*National ranking and rate of suicide, 2012*

01 Wyoming	29.7	18 Florida	15.5	36 Wisconsin	12.6
02 Montana	23.2	19 New Hampshire	15.3	37 Nebraska	12.5
03 Alaska	23.0	20 Missouri	15.2	38 Iowa	12.5
04 New Mexico	21.2	21 Tennessee	15.2	39 Louisiana	12.3
05 Colorado	20.3	22 Washington	15.1	40 Minnesota	12.2
06 Utah	19.3	23 Alabama	15.0	41 Georgia	11.8
07 Nevada	19.0	24 North Dakota	15.0	42 Texas	11.7
08 Idaho	18.6	25 Indiana	14.4	43 Connecticut	10.3
09 Oregon	18.6	26 South Carolina	14.3	44 California	10.2
10 Arizona	17.7	27 Vermont	13.9	45 Illinois	10.0
11 Oklahoma	17.6	28 Mississippi	13.7	46 Rhode Island	10.0
12 West Virginia	17.6	29 Hawaii	13.7	47 Maryland	9.9
13 Kansas	17.4	30 Delaware	13.6	48 Massachusetts	9.1
14 South Dakota	16.9	31 Ohio	13.4	49 New York	8.7
15 Kentucky	16.5	<b>32 North Carolina</b>	<b>13.2</b>	50 New Jersey	7.7
16 Arkansas	16.4	33 Virginia	13.0	51 Washington, DC	5.8
17 Maine	15.7	34 Pennsylvania	12.9		
		35 Michigan	12.8		

USA Total Rate 12.9



## *Number of suicide survivors*

It is estimated that there are

**6 survivors**  
**for each death by suicide**

*Note: A “suicide survivor” is someone who has lost a loved one to death by suicide*



## *Demographics*

- ◆ Late spring/early summer: highest rates
- ◆ Rates rise with age: highest among white males in their 70's and 80's
- ◆ More teens (10-24) people use guns than drugs
  - ◆ Firearm – 45%
  - ◆ Suffocation – 40%
  - ◆ Poisoning – 8%
  - ◆ Availability = increased risk



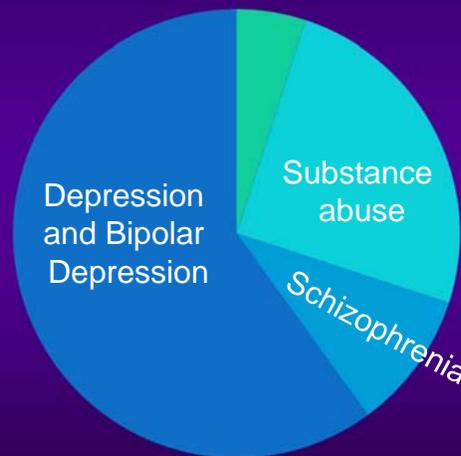
## *Demographics (continued)*

- ◆ Females attempt more, males complete more
- ◆ More rural than urban
- ◆ Most do not leave notes
- ◆ U.S. rate - median
  - ◆ U.S. - 12 per 100,000
  - ◆ Lithuania 42, Russia 35, Hungary 33
- ◆ Increase after natural disasters



## *90-95% of suicides have identifiable brain illness*

- Depression
- Bipolar disorder
- Schizophrenia
- Substance abuse
- Anxiety disorder;  
Borderline Personality



Cavanagh et al 2003; NIMH, 2010



# QPR

- ◆ QPR is not intended to be a form of counseling or treatment.
- ◆ QPR is intended to offer hope through positive action.

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## *Suicide Myths and Facts*

- ◆ **Myth** No one can stop a suicide, it is inevitable.
- ◆ **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- ◆ **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- ◆ **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- ◆ **Myth** Only experts can prevent suicide.
- ◆ **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

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## Myths And Facts About Suicide

- ◆ **Myth** Suicidal people keep their plans to themselves.
- ◆ **Fact** Most suicidal people communicate their intent sometime during the week preceding their attempt.
- ◆ **Myth** Those who talk about suicide don't do it.
- ◆ **Fact** People who talk about suicide may try, or even complete, an act of self-destruction.
- ◆ **Myth** Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- ◆ **Fact** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...

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## *Suicide Clues And Warning Signs*

*The more clues and signs observed, the greater the risk. Take all signs seriously.*

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## 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) doesn’t happen, I’ll kill myself.”

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- ◆ “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.”

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## 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

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## 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

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## Tips for Asking the Suicide Question

- ◆ If in doubt, don't wait, ask the question
- ◆ If the 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; 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

©



# Q

## QUESTION

### Less Direct Approach:

- ◆ “Have you been unhappy lately?  
Have you been very unhappy lately?  
Have you been so very unhappy lately that you've been thinking about ending your life?”
- ◆ “Do you ever wish you could go to sleep and never wake up?”

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# Q

## QUESTION

### Direct Approach:

- ◆ “You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”
- ◆ “You look pretty miserable, I wonder if you’re thinking about suicide?”
- ◆ “Are you thinking about killing yourself?”

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

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## *How Not to Ask the Question*

“You’re not suicidal, are you?”

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# P

## PERSUADE

### HOW TO PERSUADE 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

©



# P

## PERSUADE

### Then Ask:

- ◆ “Will you go with me to get help?”
- ◆ “Will you let me help you get help?”
- ◆ “Will you promise me not to kill yourself until we’ve found some help?”

YOUR WILLINGNESS TO LISTEN AND TO HELP  
CAN REKINDLE HOPE, AND MAKE ALL THE  
DIFFERENCE.

©



# R

## REFER

- ◆ 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.

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## *Who do you call?*

- ◆ Managed Care Organization (see map)
- ◆ Get to know if there are local walk-in behavioral health clinics
- ◆ 24-Hour Mobile Crisis Services (Contact MCO)
- ◆ National Suicide Prevention Lifeline: (800) 273-TALK
- ◆ Employee Assistance Program



## *REMEMBER*

*Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.*

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## For Effective QPR

- ◆ Say: “I want you to live,” or “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?

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## For Effective QPR

- ◆ Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.
- ◆ 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.

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## REMEMBER

WHEN YOU APPLY QPR,  
YOU PLANT THE SEEDS OF  
HOPE. HOPE HELPS  
PREVENT SUICIDE.

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