

meet & greet



The Intellectual
and Developmental
Disabilities Council
of Tarrant County



Take this opportunity to introduce yourself to new faces in the room.

- ◆ Who are you with?
- ◆ How can you (or your agency) assist?
- ◆ What do you or your agency need assistance with?

WELCOME!



The
Jordan Elizabeth Harris
Foundation

VISION

A world where suicide is never the choice.

MISSION

To eradicate suicide by funding depression research, creating awareness through education, erasing the stigma, and providing hope to those who are struggling in silence.

VALUES

*Compassion
Integrity
Dedication
Impact*



The Jordan Elizabeth Harris Foundation



JORDAN'S STORY

22-year-old scholarship student Jordan Harris was, by all accounts, succeeding in life. She achieved everything she set out to do — from graduating as valedictorian of her high school class to supporting causes and relationships she was passionate about, and winning a scholarship to the University of Michigan. However, Jordan Harris was unable to conquer her next challenge: facing a life with depression.

Only four months after diagnosis, just before college graduation, Jordan took her own life. Sadly, her story is not uncommon. While conversations are crucial to changing a story like Jordan's, the stigma that surrounds mental illness and a lack of research related to young adult depression is keeping the issue a silent epidemic.

To honor their daughter, and break the silence surrounding the topic of mental illness, Tom and Ellen Harris created the Jordan Elizabeth Harris Foundation.



OUR PROGRAMS

Depression Research

Over the last four years, our Foundation has funded \$265,0000 for depression research grants to the UT Southwestern Medical Center for Depression Research and Clinical Care.

QPR

Question, Persuade, Refer

A 3-step, gatekeeper training where individuals can learn the tools to save a life in only 60-90 minutes. By the end of the training, a person will have the competence and confidence to help someone at risk for suicide.

HOPE SQUAD

As a Peer-to-Peer program, Hope Squads are the eyes and ears of the school, comprised of students trained to recognize the signs that a student is in distress.

OUR PROGRAMS



Beyond the Qube provides customized QPR workplace suicide prevention training and can be adapted for businesses and corporations.



These free, suicide prevention training sessions include tacos and are designed to give every person in our community the confidence and competence to help someone at risk for suicide.



Unite For Light is a train-the trainer suicide prevention model creating strategic partnerships with Tarrant County nonprofit organizations, municipal agencies, and academic Institutions.

QPR



**QUESTION
PURSUADE
REFER**





TRAINING GOALS

If someone you knew was showing signs of suicide, you would directly raise the question with them.

If a person's words and/or behaviors suggest the possibility of suicide, you would ask the person directly if he/she was thinking about suicide.

If someone told you they were thinking of suicide, you would intervene.

You believe suicide is preventable.

You feel confident in your ability to help someone thinking about suicide.

You feel competent to help a person at risk for suicide.

SUICIDE: FACTS & FIGURES

Basic Facts

On average, **129 Americans** died by suicide each day. *



1.4 million Americans attempted suicide. *



90% of those who died by suicide had a diagnosable mental health condition at the time of their death.

Firearms accounted for more than half (**51%**) of all suicide deaths. *



Demographics

Men died by suicide **3.5x** more often than women. Women were **1.4x** more likely to attempt suicide. *



47,173 Americans died by suicide. Suicide was the **10th leading cause of death** in the United States. *

- **2nd** leading cause of death for ages 15-34 *
- **4th** leading cause of death for ages 35-54 *
- **1.6x** higher rate among American Indian/Alaska Native adolescents and young adults *

In 2016, the suicide rate was **1.5x higher** for veterans than for non-veteran adults.



Cost

950,000+ years

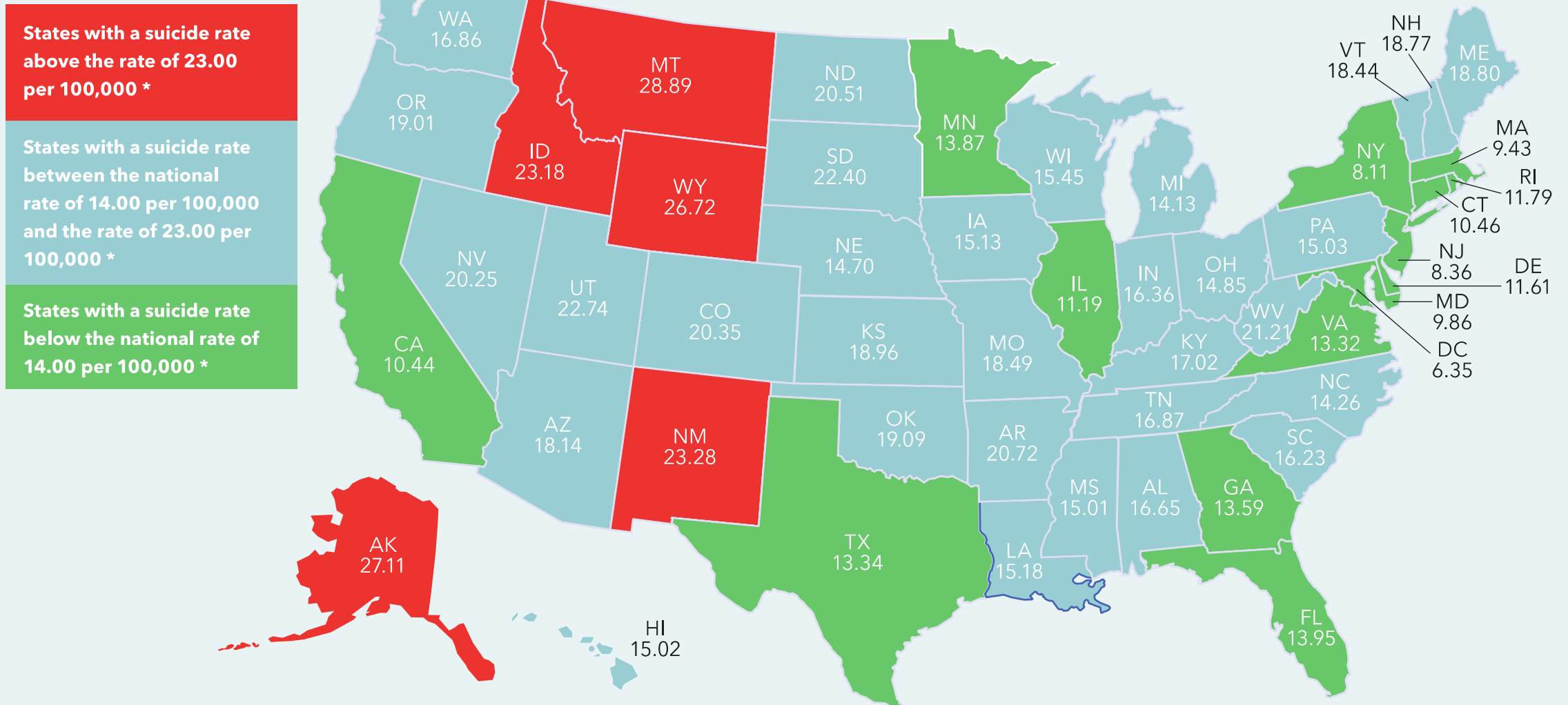
The number of years of potential life that were lost to suicide before age 65. *



\$69 billion

The combined medical and work loss costs in the United States in 2015. *

SUICIDE: FACTS & FIGURES



*Data from the Centers for Disease Control and Prevention, 2017. Find additional citation information at afsp.org/statistics.

SUICIDE: TEXAS 2018 FACTS & FIGURES



On average, **one person** dies by suicide every **two hours** in the state.

More than twice as many people died by suicide in Texas in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 84,679 years of potential life lost (YPLL) before age 65.



Suicide cost Texas a total of **\$3,516,245,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,216,273 per suicide death**.

*Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.



leading cause of death in Texas

2nd leading

cause of death for ages 15-34

4th leading

cause of death for ages 35-44

5th leading

cause of death for ages 45-54

9th leading

cause of death for ages 55-64

17th leading

cause of death for ages 65 & older

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Texas	3,778	13.34	40
Nationally	47,173	14.00	

SUICIDE IN TARRANT COUNTY



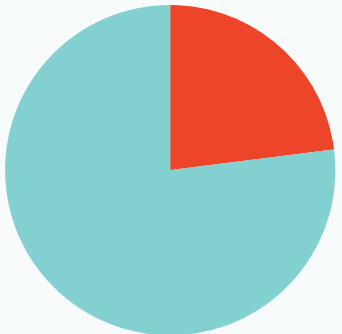
30%

CDC reports a 30% increase in suicide **nationally**.



55%

In **Tarrant County**, we've had a 55% increase.



DFW suicides are **18%-23%** of all Texas suicides.



Since 2012, the Tarrant County suicide rate has risen:

- **66% faster** than the U.S. rate
- **27% faster** than the Texas rate
- **34% faster** than the DFW metroplex rate.

Tarrant County population has increased by 41% since 1999, but the per population Tarrant County suicide rate has increased 14% faster than the population rate (55% increase).

SUICIDE IN TARRANT COUNTY

Students Reporting Suicidal Thoughts and Behaviors out of
146,000 Tarrant County 14-18 year olds



51,100

Sad &
Hopeless



25,696

Considered
Suicide



17,835

Attempted
Suicide



???

Unreported

SUICIDE ATTEMPTS

No complete count is kept of suicide attempts in the U.S.

CDC gathers hospital data on non-fatal injuries from self-harm:

- **505,507 people** visited a hospital for injuries due to self-harm
- Surveys suggest at least **one million people** in the U.S. engage in intentionally inflicted self-harm each year

As with suicide deaths, rates of attempts vary considerably among demographic groups.

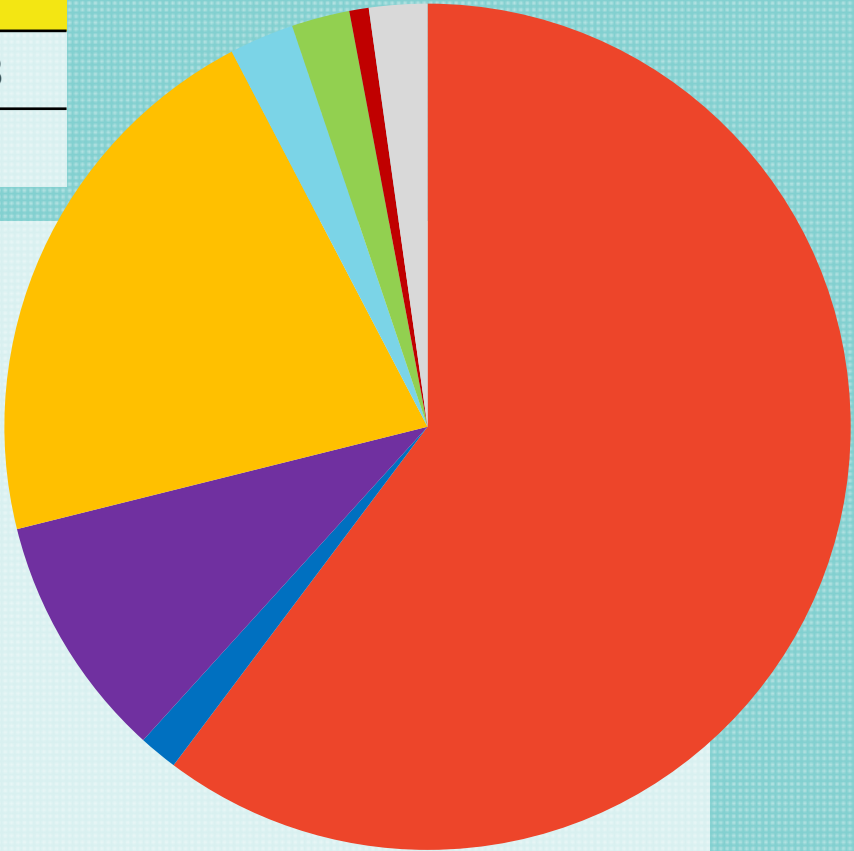
Males are 4x more likely to die by suicide than females, yet females attempt suicide 3x as males.

Ratio of suicide attempts to death in youth is estimated to be about 25:1, compared to about 4:1 in older adults.

TARRANT COUNTY DATA

Manner of Death	2012	2013	2014	2015	2016	2017
Natural	818	900	1006	1060	1200	1230
Accidental	506	513	579	530	637	663
Suicide	222	222	214	235	245	267
Homicide	104	127	85	105	134	143
Undetermined	64	68	75	79	76	60

Method of Suicide	Tarrant	Denton	Johnson	Parker	TOTAL	%
Firearms	152	64	17	11	244	60%
Asphyxiation	4	2	0	0	6	1%
Drugs	26	10	1	1	38	9%
Hanging	65	12	2	7	86	21%
Jumping	6	4	0	0	10	2%
Sharp Force	7	2	0	0	9	2%
Motor Vehicle	2	1	0	0	3	1%
Other	5	3	1	0	9	2%
TOTAL	267	98	21	19	405	



FORT WORTH HOSPITAL DATA



Centered in Care
Powered by Pride

17,231

psychiatric emergency visits

30,383

psychiatric inpatient days

32,196

psychiatric outpatient visits

(2017)



2,793 Emergency Department
Behavioral Health Assessments

504 Inpatient Admissions

360 Partial Hospitalization Program Admissions

4,038 Clinical Therapist Hours
*(patients with primary medical condition
or suicide attempt patients on medial
units receiving psychotherapy)*

(2017)



20,320

primary psychiatric encounters

7,253

primary alcohol/drug encounters

3,114

encounters for dependence
(addiction)

(2017)

QPR

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

is intended to offer HOPE through positive action.



MYTHS & FACTS

MYTH

No one can stop a suicide, it is inevitable.

FACT

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

MYTH

Only experts can prevent suicide.

FACT

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

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.

MYTHS & FACTS

MYTH

Talking or asking about suicide will put the idea into someone's head.

FACT

THIS JUST DOESN'T HAPPEN!
People are not that susceptible and talking directly about suicide actually reduces anxiety.

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.

How can I help? Ask the question.

QPR

SUICIDE CUES AND WARNING SIGNS

What you **HEAR**
Verbal Cues



What you **SEE**
Behavioral Cues



What you **KNOW**
Situational Cues



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

QPR

WHAT YOU HEAR:

Direct
Verbal Cues



“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 _____ doesn’t happen,
I’ll kill myself.”*

QPR

WHAT YOU HEAR:

Indirect
Verbal Cues



“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.”

QPR

WHAT YOU SEE:

Behavioral Clues



Irritability



Isolation



Drug/Alcohol
abuse



Reckless
behavior



Feeling
hopeless
about the future



QPR

WHAT YOU KNOW:

Situational Clues



- Being expelled from school /fired from job
- Family problems/alienation
- Loss of any major relationship
- Death of a friend or family member, especially if by suicide
- Diagnosis of a serious or terminal illness
- Financial problems (either their own or within the family)
- Sudden loss of freedom/fear of punishment
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying

QPR

IMPORTANT RISK FACTORS FOR SUICIDE



Previous Suicide Attempts



Losing a Friend
or Family Member
to Suicide



History of Substance
Abuse or a Mental Health
Condition



Ongoing Exposure
to Bullying
Behavior



Physical Disability
or Illness



Access to
Harmful Means



Relationship
Problems



Recent Death of a Family
Member or Close Friend

QPR

PROTECTIVE FACTORS

Counselor or therapist		Duty to others		Others?	
Good health	Medication Compliance				Fear
Job Security or Job Skills		Responsibility for children		Support of significant other(s)	
Difficult Access to means		A sense of HOPE		Positive Self-esteem	
Pet(s)	Religious Prohibition		Calm Environment		AA or NA Sponsor
Best Friend(s)		Safety Agreement		Treatment Availability	
-- Sobriety --					

REMEMBER

ASK YOURSELF:

*Am I hearing, seeing,
or know anything about
this person that could
possibly be a cause for
concern about his/her
safety?*

**If the answer is YES
then proceed with
the QPR steps**



QPR

QUESTION



HOW TO ASK THE SUICIDE QUESTION

Remember, it's OK
if you're feeling nervous...

ASK THE QUESTION!

The words you use
are not as important as –

JUST ASKING THE QUESTION!

QPR

QUESTION



TIPS FOR ASKING THE 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

Remember: The words you use are not as important as just asking it!

QPR

QUESTION



EXAMPLES OF THE DIRECT APPROACH

“You know, when people are as upset as you seem to be, they sometimes think about suicide. I’m wondering if you’re feeling that way, too?”

“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.

QPR

QUESTION



EXAMPLES OF THE LESS DIRECT APPROACH

1

“Have you been unhappy lately?”

2

“Have you been so unhappy that you’ve been thinking about ending your life?”

1

“Do you ever wish you could go to sleep and never wake up?”

2

“Have you thought about ending your life?”

QPR

QUESTION

HOW **NOT** TO ASK THE SUICIDE QUESTION

“You’re not suicidal, are you?”

*“You wouldn’t do anything
STUPID or CRAZY would you?”*

*“You’re NOT THINKING about killing
yourself are you?”*



QPR

QUESTION



ADDITIONAL TIPS FOR ASKING THE QUESTION

- Before you ask the question, take a moment to reflect on why you are concerned... take a calming breath.
- Summarize to the person what they have said or done that makes you worry that they might be thinking about suicide.
- Then ASK the question in a caring and supportive way.



HOW TO PERSUADE SOMEONE TO STAY ALIVE

(by persuading them to get help)

Remember,
Suicide is not the problem;
It is only a perceived solution
to a perceived unsolvable problem.





HOW TO PERSUADE SOMEONE TO STAY ALIVE

(by persuading them to get help)

Remember,
If given the chance to talk,
most people with thoughts of suicide
will talk themselves out of
performing any suicidal behaviors.



QPR

PERSUADE

HOW TO PERSUADE SOMEONE TO GET HELP

Your willingness to **LISTEN** and **HELP** can rekindle **HOPE**, making all the difference.

Don't be Judgmental:

Listen to the problem and give them your full attention

Express your concern for the person:

"I want you to live"

"This is serious, I'm worried about you"

Offer hope in ways such as:

"I'm on your side"

"We'll get through this together"





THEN ASK:

“Will you go with me to get help?”

“Will you let me help you get help?”

“Will you trust me to find some help?”

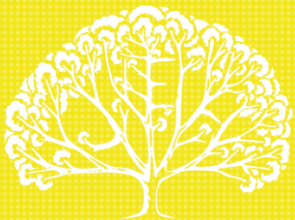


QPR

REFER

- Suicidal people often believe they cannot be helped, so you may have to do more than just give them referral information.
- The best referral involves taking the person directly to someone who can help.
- If the person refuses, you may need to get others involved.
- You could always call the suicide prevention lifeline and stay with them while they are on the phone.

While arranging for help, stay with the person



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.



COMMUNITY RESOURCES



CONGRATULATIONS!
YOU'RE A
GATEKEEPER!



The Jordan Elizabeth Harris Foundation

The Jordan Elizabeth Harris Foundation is
100% DONOR FUNDED
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If you found value in today's training, we'd be honored
for you to consider a gift to The Foundation.
In your packet you will find a donation envelope
for your convenience. Thank you!



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