

FREQUENTLY ASKED QUESTIONS

The QPR Gatekeeper training program invariably generates many questions. If your question is not answered here, please contact 1-800-SUICIDE.

Question: *Is there any type of person that commits suicide?*

Answer: No. There is no “suicide type.” Suicide occurs in every social class, every culture and at all ages. The presence of suicide warning signs in someone should never be dismissed with, “Oh, he’s not the type.”

Question: *What is a safety agreement and how does it work?*

Answer: A safety agreement (often referred to as a “no-suicide contract”) is an agreement by the suicidal person not to attempt suicide until help is gotten. While there is little published research to support the use of such agreements by professionals, active listening, showing you care, and getting the person to recommit to life in a “promise” not to kill oneself may reduce anxiety and instill hope in someone in need of professional help. Applying QPR does not create a professional duty or responsibility for ordinary citizens and, therefore, no legal liability is incurred. Also, QPR is *not* a form of treatment.

A good safety agreement contains the following elements:

- An agreement to not harm oneself until help is gotten, or until some future date when the crisis will have passed.
- Since there is no safety without sobriety, the agreement should also request the person not drink or use drugs until help is gotten.
- Any safety agreement should include information as to how the person can reach others if things get worse: phone numbers, hotline numbers, 1-800-SUICIDE, directions to emergency rooms and other routes to safety.

One example of a safety agreement might be the following statement: “I promise that no matter what I won’t kill myself, accidentally or on purpose until I see a professional or call 1-800-SUICIDE in person.”

Question: *If I try to help someone suicidal, will I be legally liable?*

Answer: If you are a healthcare professional or certified or licensed counselor, the answer is “yes” – especially if you are already in a professional relationship with the person. If you are a lay citizen and simply trying to help avert a tragedy, the answer is “no.” (Note: these are not legal opinions, but based on consultations with attorneys familiar with this area of the law.)

Question: *Won’t asking them if they are suicidal put the idea in their head?*

Answer: No. Experts agree on this point. You cannot “put the idea of suicide” into someone’s head by talking about it. In fact, if the idea of suicide has crossed the Gatekeeper’s mind, it is very likely already in the mind of the person at risk, and action should be taken.

Question: Don't people have a right to die?

Answer: This is a very complex question. Certainly each of us can imagine a particular set of circumstances that might justify our choice to end life on our terms and in our own time. However, research has repeatedly shown that the vast majority of people who begin to think of suicide as a solution to one or more problems are suffering from treatable brain disorders, or psychological and emotional distress associated with physical illness. Thinking of suicide or wishing you were dead is such a common symptom of untreated depression that, should thoughts of suicide occur to someone, the very next question should be, "I wonder if I'm depressed?"

Becoming depressed is not automatic with growing older, facing a struggle with cancer, becoming HIV positive or even receiving a terminal diagnosis. Depression is a separate medical problem, a set of symptoms that respond extremely well to a variety of treatments. Therefore, while thinking of suicide may seem to "make sense" to someone, and perhaps even those around him or her, the more important question is, "Is this person suffering from untreated depression?"

Symptoms of depression may be obvious e.g., crying, impaired sleep, loss of interest in ordinary pleasures, etc., or they can be masked as anger, pessimism, physical complaints, or even unreasonable fears about illness. Recurrent and persistence thoughts of suicide, however, almost always point to an undiagnosed mood disorder. Since disorders of mood often impair the quality of one's thinking and one's ability to make good decisions, the trouble with "rational" suicide is that it may not be rational at all.

Question: What do you think causes suicide?

Answer: Suicide is the most complex of all human behaviors. No one thing can cause suicide. Rather, it is multi-determined behavior that defies any simple or single-cause explanation. The underlying reasons for suicide are deep and longstanding, and typically involve a wearing away of one's ability to cope. Feelings of worthlessness and hopelessness, untreated depression, substance abuse, family conflicts and many other "risk factors" can create suicidal crises. From the Surgeon General of the United States 2001 *National Strategy to Prevent Suicide*, some of the top risk factors include:

- Mental disorders, alcohol and other substance abuse disorders and some personality disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- Previous suicide attempt and family history of suicide
- Job, financial or relationship loss
- Stigma about seeking help, barriers accessing treatment, and exposure to negative media

