

## *Question. Persuade. Refer. (QPR) Suicide Prevention Training*

### The Situation

In a recent study, ranking how states handle mental health needs, Kansas received the overall ranking of dead last out of all 50 states and the District of Columbia (Reinert et al., 2022). In the report, Kansas ranked 48th for both the percentage of “Adults with Any Mental Illness” (26.02%) and the percentage of “Adults with Serious Thoughts of Suicide” (6.44%).

Suicide is a public health crisis across the nation and in Kansas. Suicide was the 9<sup>th</sup> leading cause of death in Kansas in 2019 and the 10<sup>th</sup> leading cause of death in the United States (about suicide. KSPHQ. 2021, April 27), and the suicide rates have been increasing. The suicide rate in Kansas increased by 70% between 2000 (12.02 per 100,000 persons) and 2018 (18.6 per 100,000 persons). Suicide is the 2<sup>nd</sup> leading cause of death following unintentional injuries for those age 15-34 years in Kansas (Kansas suicide prevention plan 2021-2025).

The rural nature of Kansas has had a detrimental effect on the rate of suicide across the state. Between 2014-2018 Kansas experienced an increase in suicide of 57% in 20 “frontier” counties. This was attributed to “growing isolation, greater economic pressures, and an increase in untreated mental illness” in our rural population. Over the last several years, the unique stressors of the typical farm and ranch family have been compounded by the volatile state of the agricultural economy. The suicide rate in Kansas increased by 70% between 2000 and 2018 (KSDADS, 2020). Suicide rates for males in farmers, ranchers, and other agricultural managers are double that of the general population (Peterson et al., 2020). Among Kansas civilian population 16 years and older, males in the farm, forest or fishing group had the highest suicide rate compared to the rest of the Kansas population (KSDADS, 2020). The public health emergency has significantly increased the economic and emotional burden on the agricultural community in Kansas. Additional stressors include geographical isolation, limited access to mental health resources, and loss of income from agricultural market volatility. There is a high demand for additional mental health/stress resources to support this population.

#### Sources:

CDC, 2018 Fatal Injury Reports

Kansas Department of Aging & Disability Services (December 2020). “KS Suicide Prevention Plan 2021-2025.”

Peterson, C., Sussell, A., Li, J. et al. (January 2020). “Suicide Rates by Industry and Occupation — National Violent Death Reporting System, 32 States, 2016.” MMWR Morb Mortal Wkly Rep 2020;69

Reinert, M., Fritze, D. & Nguyen, T. (October 2022). “The State of Mental Health in America 2023.” Mental Health America, Alexandria VA.

## What We Did

Eleven Stress and Resiliency Team members became certified Question. Persuade. Refer. (QPR) Suicide Prevention Instructors and facilitated fourteen sessions (reaching over 200 individuals) during 2021 and 2022. Approximately 200 individuals in Question, Persuade, and Refer (QPR) is an evidence-based suicide prevention training designed to educate people from all walks of life on how to recognize the warning signs of suicide. QPR training helps people get comfortable asking the question "Are you thinking about suicide?" and then helping others get appropriate help. 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.

## Outcomes

The following statistics were determined from those who participated in the QPR training and completed the pre- and post-survey:

- Before taking the training, only 17% of participants rated their knowledge of the warning signs of suicide as high. After completing the QPR training, 66% of participants rated their knowledge of the warning signs of suicide as high.
- Only 18% of participants thought that it was always appropriate to ask someone about suicide before taking the training. That percentage increased to 71% after taking the training.
- Before completing the training, 63% of participants felt they knew how to help someone thinking about suicide (55% had medium knowledge; 8% high knowledge). After completing QPR training, 96% of participants said they had the knowledge on how to get help for someone with suicidal ideations (36% medium knowledge; 60% high knowledge).
- 57% of participants didn't know about local resources to help with suicide prior to taking the QPR training. That percentage decreased to 8% after completing the training.
- 94% of respondents would recommend QPR training to others.

## Contacts

### Stress and Resiliency Co-Leaders

#### ***Alicia Boor***

District Agent, Agriculture and Natural Resources  
Cottonwood District, Great Bend Office  
3007 10<sup>th</sup> Street  
Great Bend, KS 67530  
620.793.1910  
aboora@ksu.edu

#### ***Rachael Clews, MA, MS, CFLE***

Extension Specialist, Family and Consumer Sciences  
Southwest Research-Extension Center  
4500 E. Mary Street  
Garden City, KS 67846  
620.275.9164  
[rclews@ksu.edu](mailto:rclews@ksu.edu)

#### **Rebecca McFarland**

District Director and Family and Community Wellness Agent  
Frontier District  
1418 South Main, Suite 2  
Ottawa, KS 66067  
785.229.3520  
[Rmcfarla@ksu.edu](mailto:Rmcfarla@ksu.edu)