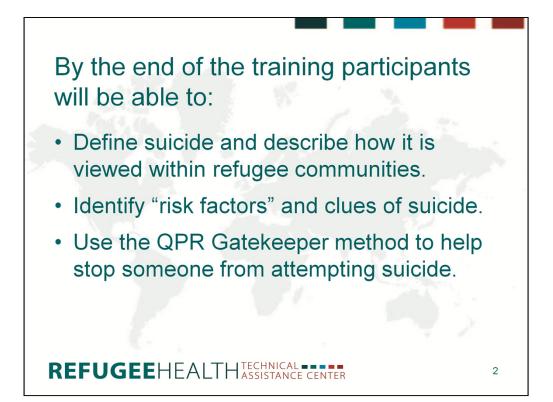
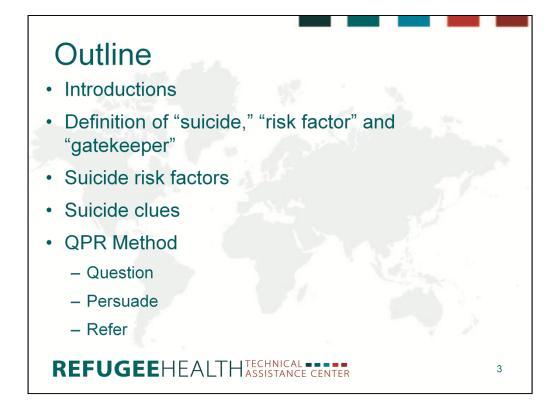
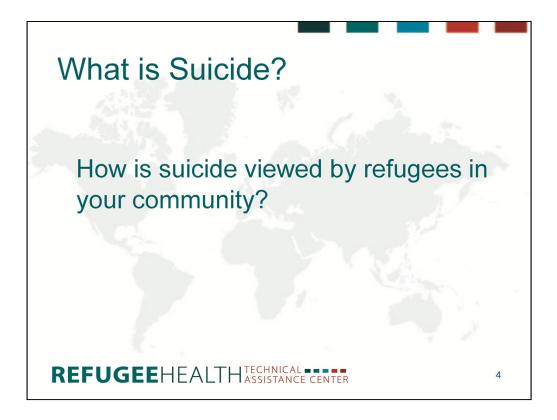


Once we know about the problem, we will teach you how you can help



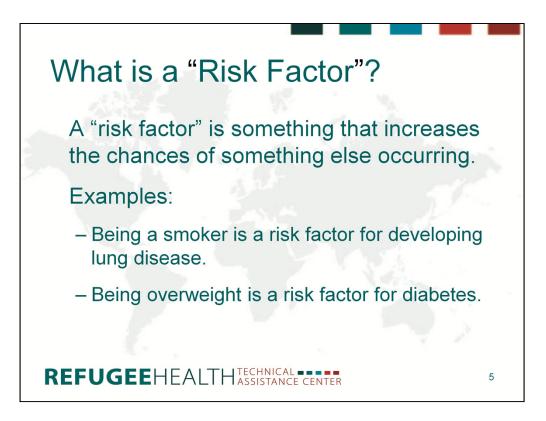


**Introductions:** Have each participant introduce him/herself including where s/he works, position, refugee groups s/he works with, and what s/he hopes to get out of training.

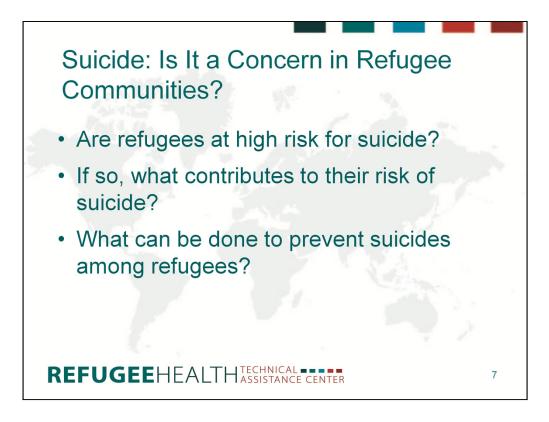


**Large group discussion:** Explain to the group that suicide can be defined and viewed in different ways by different refugee groups and across cultures.

Ask: How is suicide viewed by refugees in your community?

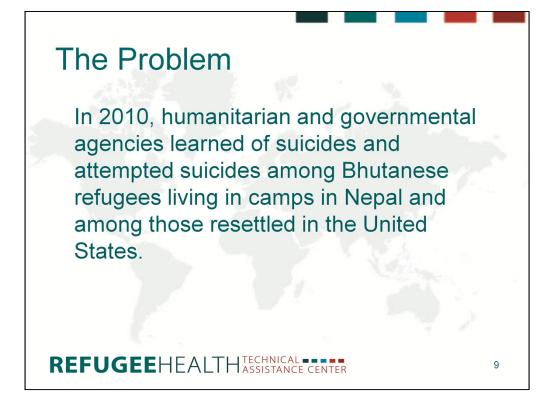






We will discuss these three questions during this training.

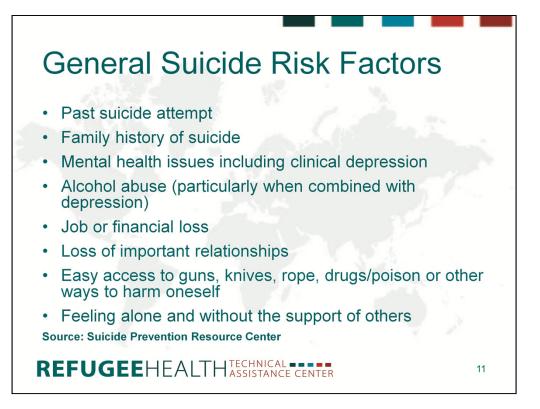




#### Introduction

Many refugee groups are at increased risk of attempting suicide. This training will explore the experiences of **all** refugee groups that may contribute to suicide or attempted suicide.





**Source:** This list of Suicide Risk Factors was taken from: U.S. Public Health Service, *The Surgeon General's Call To Action To Prevent Suicide.* Washington, DC: 1999

Quickly review these risk factors.

**ADD:** Refugees might experience these risk factors, but when you add on the stressors of resettlement, refugees may be at even greater risk for suicide.



**Facilitator Notes:** The violence and trauma a refugee is likely to have witnessed, either directly or indirectly, during the course of their migration may increase the person's capacity for or consideration of suicide. Greater exposure to violence may lower the threshold for considering an act of violence against oneself.

## LARGE GROUP DISCUSSION:

**Ask:** Do you think suicide among refugees in your community may be related to their experience of violence and trauma? In what ways?



Suggested time: 15 minutes



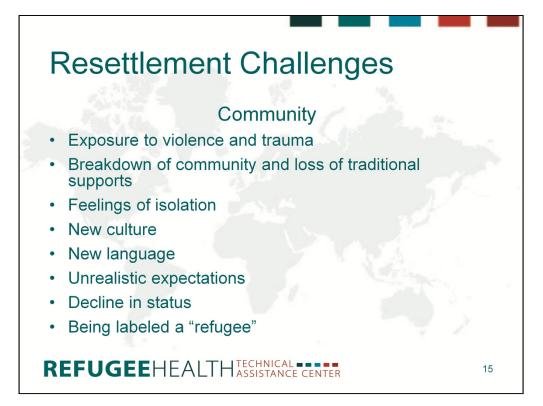
**Facilitator Notes:** With this and the next two slides, the focus will be on participants sharing about the experiences and challenges refugees face that may cause them to be at risk for suicide.

**Small Group Discussion**: Break the large group into smaller groups (three to four to a group) and have each group discuss the question "*What are the challenges refugees face as they resettle in the U.S.?*".

Each group should choose a **recorder** to write down major points of discussion and a **spokesperson** who will report one idea/thought back to the large group.

**Facilitator Notes:** This is a good opportunity for story-telling. Encourage groups to be specific and if possible share some of the challenges they or others have faced.

**Large Group Debrief**: Each group's spokesperson will share one idea/thought with the large group. Record responses on a flipchart.



**Facilitator Notes:** Compare the list that participants brainstormed with this list. Point out similarities/differences between the two lists. Share the following points if they do not come up in discussion.

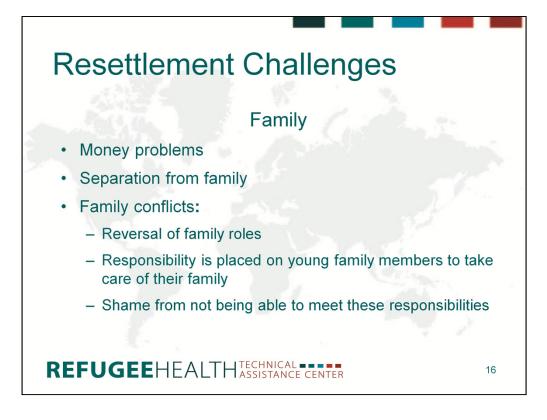
## Suggested points to cover:

**Unrealistic expectations**: Refugees often arrive in the U.S. believing that their troubles are behind them and that they will have a wonderful life right away. Refugees may be disillusioned when they face financial problems or feel isolated. Refugees may expect that they will be supported financially until they get a job.

**Linguistic isolation**: Most (but not all) refugees have limited English proficiency. Children are often the first to learn the language and then must interpret/translate for parents leading to parent/child role reversal.

**Family separation**: The reality of refugee processing and admissions often means that families are separated, even if all are expecting to be resettled in the U.S.

**Family dynamics**: Resettlement introduces new stressors in families, including role changes and reversals for parents and children, elders and younger family members, women and men. These stressors may be more pronounced for elders. Examples include elders who came to the U.S. for the sake of their children. Because of their inability to speak English, they are often no longer breadwinners or heads of families; elders feel disrespected and dependent on children who in turn feel overwhelmed and stressed by their new responsibilities



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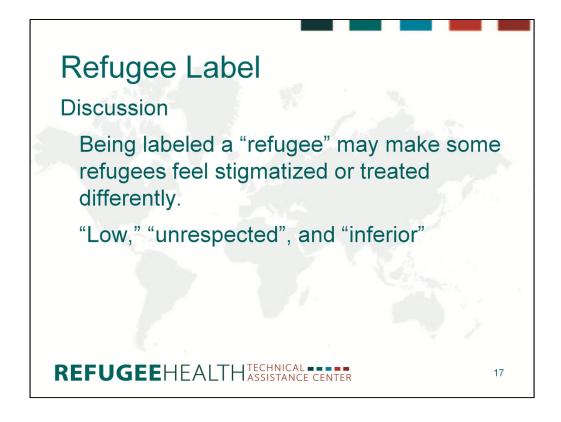
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**Large group discussion:** Being labeled a "refugee" by the larger community can be a stressor for many refugee groups. Is this true of the refugee community you work with? Why? Why not?

Note: To stigmatize" is to make something seem bad or disgraceful. The terms "low", "unrespected", and "inferior" were used by Bhutanese gatekeepers during their QPR training.



Now let's learn QPR





Note to trainer: It is important to stress here that this is the basic QPR training that has been successfully taught all over the world but that it has been adapted so that it can be used in refugee communities.

Suicide Clues And Warning Signs

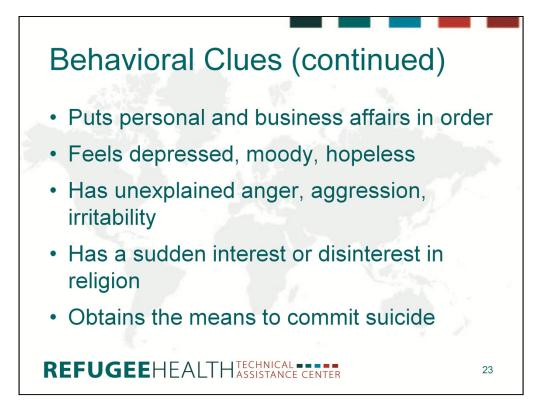
The more clues and signs you see, the greater the risk. Take all signs <u>seriously!</u>

**REFUGEE**HEALTH ASSISTANCE CENTER

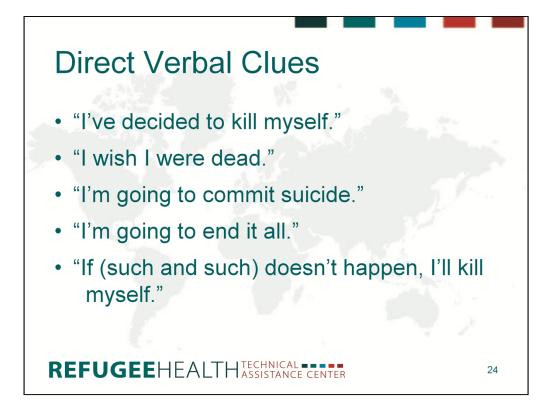
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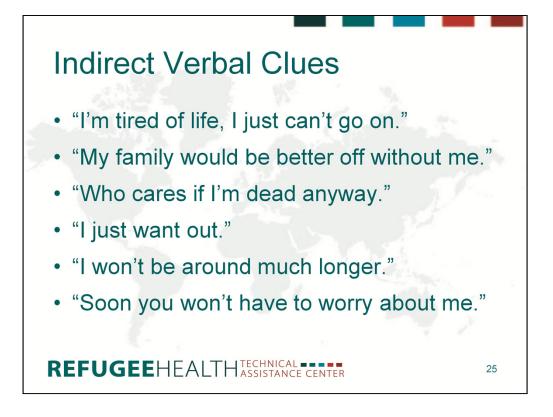
People thinking about suicide often act in certain ways. Here are some behavioral warning signs. **Ask:** Are these typical ways at- risk refugees would act? Why? Why not? Are there additional behaviors that are not listed?



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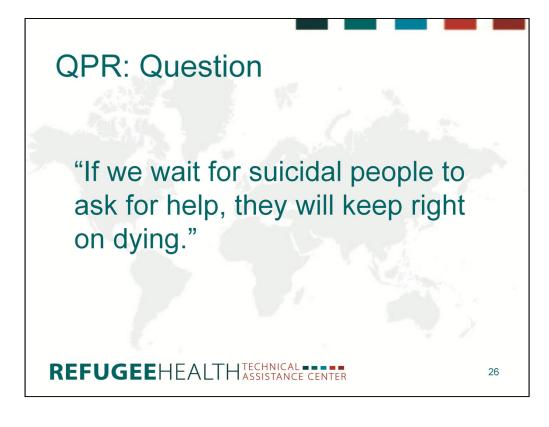


We've talked about suicide risk factors and clues or warning signs, now let's talk about what an at-risk person might say to make you think they are thinking about suicide. Review the list of direct verbal clues.

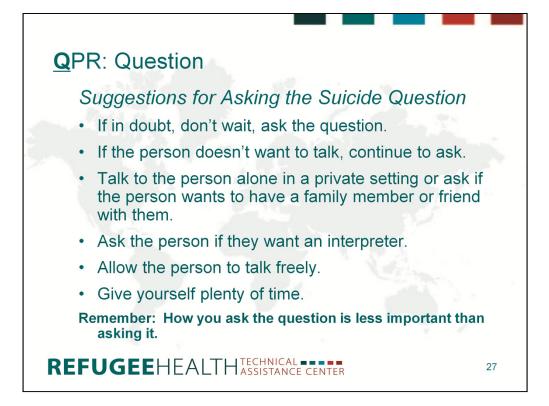


Sometimes people use less direct ways to let others know they are thinking about killing themselves. Review the list.

**Ask:** How might a refugee express their idea to kill themselves? Would you expect to hear direct or indirect verbal clues?



The first QPR step is to ask someone if they are thinking about killing themselves because if we wait for suicidal people to ask for help, they will keep right on dying. As a gatekeeper working with refugees, you must be prepared to ask the question even though it often won't be easy.

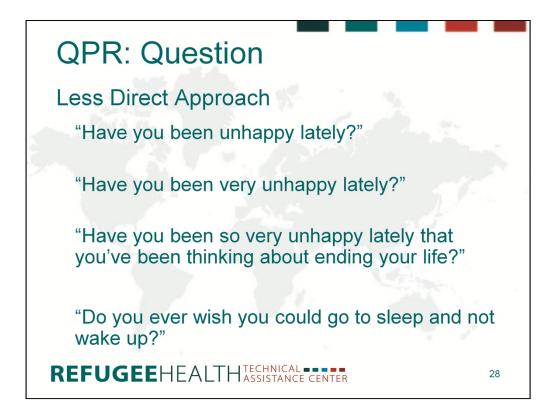


Here are some tips for asking the suicide question. Read the list.

Potential problem: Refugee clients may want to talk privately with you because they are talking about suicide. However, in many refugee cultures, this is not encouraged and family members expect to be part of the meeting, especially with women. So, if possible, you should ask the client whether s/he would like to speak in private or with a family member present.

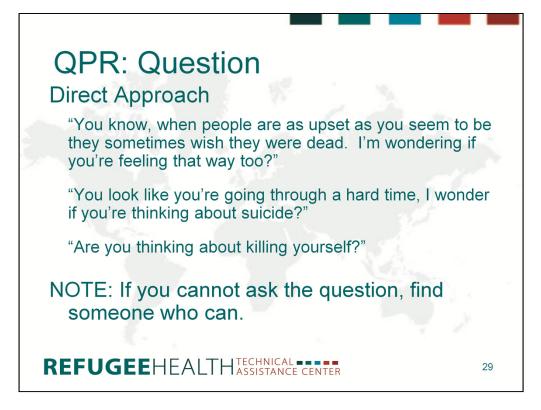
You also need ask whether the person would like to have an interpreter because some clients may feel uncomfortable talking about their problems and feelings with an interpreter present.

Make sure you have plenty of time for the conversation because of language barriers and different perceptions of time in other cultures.



As we've said, it can be very difficult to ask someone if they are thinking about killing themselves. However, there are different ways you can ask the question. One way is to be less direct.

Facilitator Notes: Review questions on the slide.



Or you can ask the person directly.

Facilitator Notes: Review questions on the slide.

Ask: Would you ask a refugee client these questions about suicide?



Talking about suicide and asking someone if s/he is thinking about killing himself/herself is very difficult for everyone, but it may be especially hard for those working with refugees.

Have a large group discussion on the two questions posed on the slide:

How would you lead up to asking a person if they are thinking about suicide?

What words or phrases could you use?

To become comfortable helping a person who may be suicidal, it is very important to practice QPR. The goal of this practice session is to give you the opportunity to practice listening to the problems that cause people to think about suicide and to ask them if they are planning on suicide in a frank and compassionate manner.

## Role Play: Asking the Question

## Instructions Time: 10 minutes for each role play practice

Break up into pairs. If possible, pair individuals who speak the same language.

One person will be the at-risk individual and the other will be the gatekeeper.

There are four role play scenarios. Hand out one role play scenario to each pair.

Have pairs review "script" for role play.

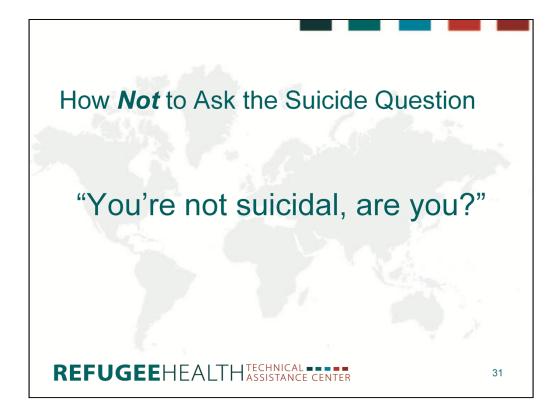
Begin role play. Tell participants to stop after asking the question.

Hand out another role play scenario and have each pair switch roles and practice with this role play.

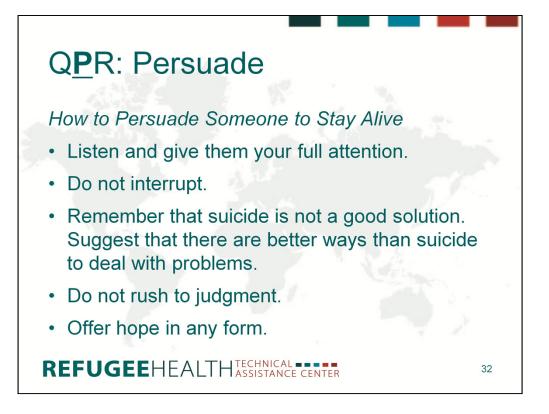
Note: Two of the role plays are gender specific (married middle aged man and married

middle aged woman). If pairs are mixed gender, have the male practice the married man role and the female practice the married woman role.

Debrief: Have each pair report back on their discussion and include the actual question the Gatekeeper chose to use.



Ask: Why would you not want to ask this question?



Do not attempt to argue someone out of suicide. Rather, let the person know you care, that he/she is not alone, and that suicidal feelings are temporary.



#### **Role Play: Persuade**

#### Instructions

### Time: 10 minutes for each role play practice

Same pairs with same role play scenarios to continue the conversations started in the previous role plays. This time with a focus on practicing the persuade step.

One person will be the at-risk individual and the other will be the gatekeeper.

Gatekeeper: Use the suggestions on the slide to persuade the at-risk individual to seek help.

Switch roles and practice another role play.

**Facilitator Note:** Two of the role plays are gender specific (married middle aged man and married middle aged woman). If pairs are mixed gender, have the male practice the married man role and the female practice the married woman role.

**Debrief:** Have each pair report back on their discussion and include the key points the Gatekeeper chose to use to persuade the at-risk person to seek help.

# QPR: Persuade

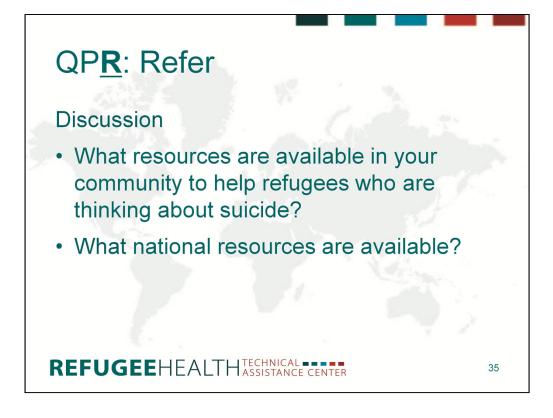
Ask:

- "Will you go with me to get help?"
- "Will you let me help you?"
- "Will you promise me not to kill yourself until we've found some help?"

Your willingness to listen and to help can create hope, and make all the difference.

**REFUGEE**HEALTH ASSISTANCE CENTER

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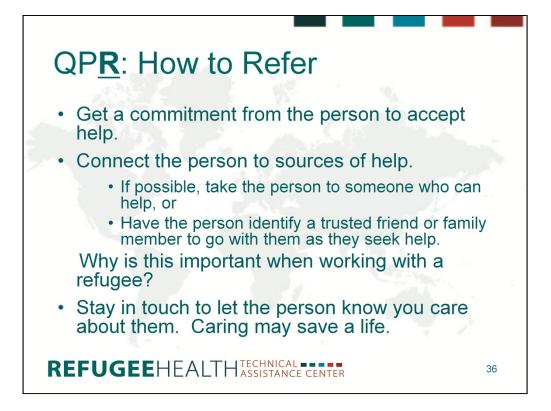


If you are going to be able to refer someone for help, you need to have identified beforehand a list of referrals in your community.

## Exercises: Identifying Sources of Help and Support:

Gatekeepers can help refugees at risk for suicide by identifying social supports as well as local referral resources. Have participants fill in the **Social Support Worksheet** to identify resources available in the refugee's immediate circle of family and friends as well as help from their ethnic community and the community at large. Encourage them to think outside the formal system of support. Through this activity, they are identifying a team of people to help support the refugee.

Have participants start to fill out the **Suicide Prevention Referral Worksheet** with specific information about local referral resources

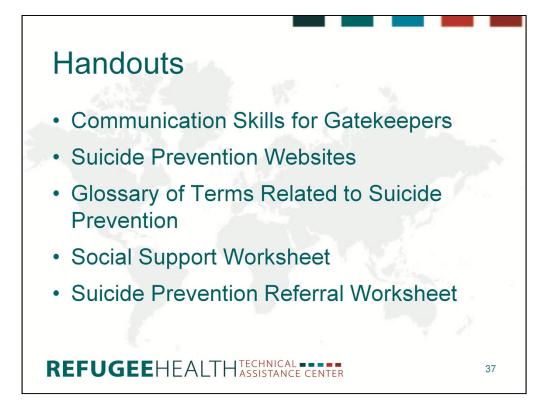


**Suggested point to cover:** Don't just hand the person a list of referrals. Instead, with an at-risk person, identify a trusted friend or family member who may accompany them through the referral process.

## LARGE GROUP DISCUSSION

# Ask: How might you connect the person with a trusted friend or family member for immediate support?

**Ask:** How would you stay in touch with the person to ensure that they made contact with the recommended referral?



Review the list of handouts and discuss how participants can use them.

