



Refugee Suicide Prevention Training Toolkit

April 2012

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www.refugeehealthta.org

Contents

The Refugee Suicide Prevention Training Toolkit is available on-line at <http://www.refugeehealthta.org/suicideprevention/>. The Toolkit is designed to provide resources for QPR instructors who are interested in training refugee gatekeepers. We suggest that instructors review the resources in Part I of the Toolkit (Orientation to Refugees) before conducting the adapted QPR training. The Toolkit includes the following resources:

I. Orientation to Refugees for QPR Trainers

Self-Study Webinar: *Adapting QPR Training to Incorporate Refugee Experiences*

Recording, slide set and transcript

Refugee Experiences: Stories from Bhutan, Burma, Eritrea, Iraq and Somalia

Glossary of Refugee Terms

Websites and Resources on Refugees

II. Materials for Classroom Training

Powerpoint Presentation: Adapted QPR Suicide Prevention Training for Refugee Gatekeepers with facilitator notes

Facilitator's Guide

Handouts

- Refugee-Focused Role Plays
- Social Support Worksheet
- Suicide Prevention Referral Worksheet
- Communication Skills for Gatekeepers
- Refugee Suicide Prevention Annotated Websites
- Glossary of Terms Related to Suicide Prevention
- Pre and Post Training Surveys

Acknowledgements

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Refugee Suicide Prevention Training Toolkit

Part I: Orientation to Refugees for QPR Trainers



**Self-Study Webinar:
Adapting QPR Training to Incorporate Refugee Experiences**

This educational webinar will provide QPR trainers with background information on the refugee migration process and resettlement in the U.S. The webinar also includes a Train-the-Trainer session on facilitating an adapted QPR classroom presentation designed for refugee gatekeepers.

The webinar recording, slides, and transcript are available online at:
<http://www.refugeehealthta.org/webinars/qpr>

Refugee Experiences: Stories from Bhutan, Burma, Eritrea, Iraq, and Somalia

The following pages contain stories told through the lens of individual refugees from Bhutan, Burma (Myanmar), Eritrea, Somalia, and Iraq. These examples of refugee experiences may raise awareness and increase knowledge among those new to the field of refugee health. Please note that these stories are not representative of all refugees from the specified country or ethnic group. For more information on the history and culture of resettled refugees, visit the Center for Applied Linguistics' Cultural Orientation Resource Center website at <http://www.cal.org/co/>.

Ask yourself the following questions while reading the Refugee Experience stories:

- What would you do if you were in the refugee's situation?
- How would the refugee's experience of fleeing his/her homeland, living in refugee camps, and resettling in the United States affect his/her:
 - physical health,
 - mental health, and
 - inter-personal relationships?
- How would past traumatic experiences affect a refugee's daily life?
- What would be your greatest hope if you were a refugee looking forward to a new start in the United States?
- What supports can help a resettled refugee adjust to life in America?

A Somali Bantu Refugee Story

Maganey is a woman in her mid-twenties and a refugee originally from southern Somalia. She and her family are members of the Bantu ethnic minority group. After Somalia gained independence from colonial rule in 1960, the Somali government systematically treated the Bantu as second-class citizens by marginalizing them in politics, education, and professional fields. In the early 1980s, the Somali government forcibly took away the small farm Maganey and her family depended on for food and income, thereby reducing them to farm laborers.

Hostility and violence against the Bantu people worsened in 1991 when the government regime ended and clans competed for power. During the subsequent civil war, Maganey, like many others in the country, suffered from food shortages. Bandits, rogue militias, and warlords attacked her family and other farmers in the region to steal crops and engaged in a campaign of rape and murder. To escape these atrocities, Maganey and her family fled to the Dadaab refugee camps in northeastern Kenya.

Discrimination against the Bantu continued in the refugee camp. Somali refugees belonging to other ethnic groups looked down upon Maganey and her family. The Bantu were denied education in the refugee camp and given no choice but to reside on the outskirts of the camp where bandits would often attack during the night. In addition, women were vulnerable to rape while collecting firewood outside of the camp. Each time Maganey set out to collect wood, she did so with a fearful heart.

After more than ten years in the refugee camp, Maganey and her family were excited to hear that the U.S. government was interviewing Somali Bantu refugees for third country resettlement. For most of her life, Maganey had only known war and instability. Resettlement offered her new hope. Maganey dreamt about her life in the U.S. where she would finally be able to go to school. In 2005, Maganey and her family were resettled in Ohio.

An Iraqi Refugee Story

Ali is an Iraqi refugee. He was a civil engineering graduate student attending a university in Baghdad when the Saddam Hussein regime fell in 2003. The political instability renewed historic tensions between the Sunnis and Shi'is, two Islamic sects, which led to fighting between the two groups. Innocent civilians on both sides were killed by suicide bombers and militias. University professors, students, and staff were afraid to leave their homes and come to campus because of the violence in the streets. Ali's studies were discontinued when the university suspended classes indefinitely due to the lack of security.

Ali and his family lived in a neighborhood that contained both Shi'i and Sunni residents. The two groups lived peacefully alongside each other for decades but mutual distrust took root when people were being kidnapped, murdered, and threatened. Ali saw that throughout Baghdad homes were burned and residents were forced to flee as neighborhoods became sectioned off into separate Sunni and Shi'i areas.

With no other job options and his family in dire financial straits, Ali joined the Iraqi police force. Their neighbors despised the police and viewed Ali as no longer on their side. One day, Ali's father found a note accompanied by a bullet on their doorstep that said they would be killed if they did not leave within three days. The family packed what they could carry and took a series of buses out of Iraq. During their escape, Ali feared militias would board the bus and kill the passengers.

In Syria, Ali and his family faced ongoing uncertainty. Applying for third country resettlement required multiple interviews with lawyers and government officials. After each step, there were long waiting periods of several months. Ali became disheartened when he heard that some Iraqi refugees had successfully passed the major steps in the resettlement application process but were still not accepted by a third country. In the meantime, he did what he could to support his family with little assistance. Ali and his family were constantly in fear of deportation by the host country. Thus, Ali could not go to Syrian authorities for help when a dishonest employer refused to pay him the wages he had earned.

After a year and a half of anticipation, Ali and his family received news that they would be resettled in the U.S. In 2009, they arrived in Massachusetts. Ali hoped to find work that would provide enough income to support his parents.

An Eritrean Refugee Story

Takala is a 32 year old refugee who is a member of a majority ethnic group in Eritrea called the Tigrinya. Throughout his lifetime, the neighboring countries of Eritrea and Ethiopia have been at war. Peace did not come even after Eritrea gained independence from Ethiopia in 1991; the new Eritrean government suppressed freedom of speech, assembly, movement within the country, and religion. Those accused of questioning the government's actions were sent to prison without trial. Prisoners were subjected to inhumane treatment such as torture, beatings, rape, inadequate food, and years of captivity underground without sunlight.

In 1998, a border dispute between Eritrea and Ethiopia caused open war to erupt once again. Young men were forcibly conscripted into the military for an indefinite amount of time. Takala did not want to be part of the unending war between Eritrea and Ethiopia. He had seen firsthand his classmates, male family members, and friends forced to become soldiers and then never return home. Caught between forced military service and imprisonment for not complying with government policies, Takala fled to northeastern Ethiopia for safety. He was 18 years old.

Takala made the dangerous journey to Ethiopia alone and arrived in a refugee camp without any family or friends. In the camp, he faced crowded living conditions in an environment with little water, food, or medicine. Takala and the other refugees from Eritrea lived in fear of deportation back to the conditions from which they had fled. With no way of communicating with his family, Takala often worried about their well being. The Ethiopian government restricted refugees to the confines of the camp and prohibited them from working for wages. Thus, Takala sometimes had to sell part of his food rations and go hungry in order to pay for necessary items. With no opportunities to work, receive a higher education, or obtain job training, Takala saw his life being wasted away.

Takala's hope was renewed when he learned in 2007 that Eritrean refugees would be resettled in the U.S. Takala looked forward to resettlement and the opportunities it would offer. After waiting two years, Takala was approved for resettlement and moved to northern California.

A Burmese Karen Refugee Story

Nuang Mari is a wife and mother in her early forties. She is a refugee from southern Burma who belongs to the Sgaw Karen ethnic minority group. For as long as she can remember, armed conflicts have devastated her country. For the past six decades, Nuang Mari's village and other farming communities have been caught in a continuous war between the Burmese military and ethnic minorities. Many Karen wanted self-determination and independence from the Burmese government. The Karen army and Burmese military fought for control of territory with civilians caught in the crossfire. Nuang Mari witnessed Burmese soldiers burning her village, kidnapping men for forced labor, and raping women. To escape the violence, Nuang Mari and her family walked for days through jungles to reach Thailand.

Nuang Mari and her husband did their best to raise their three children, two of whom were born in the refugee camp. For several years, Nuang Mari's husband worked as a day laborer in rice fields outside the camp. Then, the Thai government began strictly enforcing its prohibition against refugees leaving the camp. Nuang Mari's husband feared arrest by Thai police and deportation back to Burma if found outside the camp without permission. Lacking his income, the family was unable to purchase meat or fresh vegetables to supplement their food rations of rice and beans.

In 2006, Nuang Mari learned that refugees from Burma could apply for third country resettlement. By this time, she and her family had lived in the refugee camp for 18 years and some family members were uneasy about moving to another country. They discussed the possibility of resettlement and decided everyone in the extended family would apply to come to America. Nuang Mari waited anxiously and hoped the U.S. would find their need for resettlement compelling. Fortunately, Nuang Mari and her family were accepted for resettlement. A year later they were resettled in Texas.

A Bhutanese Nepali Refugee Story

Shekhar is a refugee from Bhutan and a widower in his early fifties. Like his ancestors who emigrated from Nepal to Bhutan in the late 1800s, Shekhar was a farmer in southern Bhutan. He and his family have always considered Bhutan their home. But in the 1980s, the Bhutanese government began to target Bhutanese people of Nepali ethnicity through policies called Bhutanization, which were designed to impose the ethnic majority's culture, religion, and language on all of the country's people. Shekhar's daughters were no longer allowed to speak Nepali at school and the government was depriving those of Nepali ancestry their Bhutanese citizenship.

Shekhar hoped the government would make an exception for him and his family because his brother had served in the Bhutanese military, but this did not come to pass. Shekhar joined protests against Bhutanization and appealed for democracy. In 1990, these protests were met with violent oppression from Bhutan's government forces. Shekhar witnessed troops arresting people who were suspected of being democracy activists or sympathetic to the democracy movement. After arrest, these individuals were imprisoned and often tortured. Fearing for their safety, Shekhar fled with his two daughters to a refugee camp in Nepal.

Shekhar and his daughters spent 16 years in a refugee camp where they lacked educational opportunities, faced food shortages, and feared the possibility of deportation back to Bhutan. They were eager to learn about resettlement when the U.S. government announced plans to resettle at least 60,000 Bhutanese refugees. By this time, both of his daughters were married and had children of their own. The younger generation was enthusiastic about resettlement. Shekhar's older daughter spoke of how her children would receive a better education in the U.S. compared to the refugee camp's school. Shekhar, on the other hand, was reluctant to leave Nepal because he longed to return to Bhutan and worried he would have a hard time adjusting to life in America.

Shekhar's family wanted him to apply for resettlement at the same time in the hope of keeping the family together. After much thought, he decided to leave Nepal with his family for the sake of his grandchildren. The year-long process included assembling the family's paperwork, verifying their identities, establishing their claim of refugee status, and interviews with U.S. immigration authorities. In 2008, Shekhar and his family were resettled in Washington.

Glossary of Refugee Terms

Source: These definitions are abridged and adapted from the training entitled *Strategies and Tools for Improving Infectious Disease Follow-Up in New Populations* produced by the Massachusetts Department of Public Health, Refugee and Immigrant Health Program.

Alien – as used in U.S. law, refers to a person who is not a citizen or national of the U.S.; term includes Lawful Permanent Resident (LPR).

Asylee – refers to persons who are in the U.S. and make their claim for refugee protection here, rather than from overseas. Derivative asylees may arrive directly from overseas to join immediate family members who are asylees in the U.S. Like refugees, asylees seek protection based on persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group.

Community-Based Organization (CBO) – a non-profit organization that serves the needs of the community within which it is located.

Cuban/Haitian Entrant - Cubans and Haitians who are granted special status or parole status under the U.S. immigration laws, have applied for asylum, or are in exclusion or deportation proceedings but have not received a final order of deportation. Cuban/Haitian Entrants are eligible for the same federal benefits as refugees.

Date of Entry - the date on which an individual becomes eligible for federal government benefits and services. For refugees, this is their date of arrival in the U.S. For Cuban/Haitian Entrants, this is the date they were granted Cuban/Haitian Entrant status. For asylees, this is the date of their final grant of asylum. For victims of a severe form of trafficking, this is the date of certification or eligibility, or the date they were granted a T visa.

Ethnic Community-Based Organization (ECBO) – a non-profit, community-based organization that is directed by and for an ethnic community. ECBOs are small grassroots organizations that work in specific communities and geographic areas.

Home Country – the refugee or asylee’s country of nationality.

Host Country – a country where refugees have sought temporary safety; it is often nearby to the refugees’ home country.

Immigrant – in U.S. law, refers to persons admitted to the U.S. as lawful permanent residents. They may be issued immigrant visas by the Department of State overseas or adjusted to permanent resident status by the U.S. Citizenship and Immigration Services in the U.S. Immigration preference is given to close family members of U.S. citizens and residents and to persons with needed job skills.

Immigration Status - the status under which a person is allowed to enter and remain in the U.S. and which determines the activities he/she is permitted to engage in while in the U.S. Examples of immigration status include Lawful Permanent Resident, refugee, Cuban/Haitian Entrant, visitor for business or pleasure, student, exchange visitor, specialized worker, temporary agricultural worker, crewmember, and parolee.

Integration – results from a long process of refugees successfully adapting to life in the U.S. Components of integration into American society include good psychological and social adjustment, self sufficiency, self confidence, sense of personal power and control, English language competence, good social support system, and well-functioning family.

Internally Displaced Persons (IDP) – persons who have been forced to flee their homes for the same reasons as refugees, but who have not left their own countries and are therefore not considered "refugees" under the United Nations High Commissioner for Refugees Statute.

International Organization for Migration (IOM) - the intergovernmental organization that arranges refugee travel and travel loans to the U.S. IOM also provides cultural orientation briefings and/or medical screenings in some overseas locations to refugees before resettlement.

Lawful Permanent Resident (also known as Permanent Resident) (LPR) – a person granted permission by U.S. Citizenship and Immigration Services to remain permanently in the U.S., evidenced by I-551 (green card). After one year in the U.S., refugees must apply for adjustment of status to LPR. After one year in the U.S., asylees are permitted, but are not required, to apply for adjustment of status to LPR. After five years in LPR status (four years for refugees), the LPR may file an application for naturalization to become a U.S. citizen. LPRs who obtained LPR status by marriage to a U.S. citizen are eligible to apply for citizenship in three years.

Migrant – a person who leaves his/her country to seek residence in another country.

Office of Refugee Resettlement (ORR) - the U.S. Department of Health and Human Services agency responsible for the domestic refugee resettlement program, refugees, asylees, Amerasians, Cuban/Haitian Entrants, victims of trafficking, survivors of torture, unaccompanied alien children, Lawful Permanent Residents who have held one of these statuses in the past, and Iraqi and Afghan Special Immigrant Visa holders, as well as the repatriation of U.S. citizens.

Parolee – refers to persons who normally would not be admissible to the U.S. but are allowed to enter temporarily for humanitarian, medical, or legal reasons. Parole does not constitute a formal admission to the U.S. and provides temporary admission status only. See information above on Cuban-Haitian Entrants, included in this category are Cuban and Haitian nationals with parole status.

Reception and Placement (R&P) - the initial resettlement services provided by resettlement agencies and their affiliates through cooperative agreements with the U.S. Department of State, to refugees upon their arrival in the U.S. These initial services cover basic food, clothing, shelter, orientation, referrals, and other services for the first 90 days after the refugee’s arrival in the U.S.

Refugee – refers to persons who are outside their country of nationality and who are unable or unwilling to return to that country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group. The term “refugee” may be used in reference to all persons eligible for Office of Refugee Resettlement-funded refugee benefits and assistance, including asylees, victims of trafficking, and Cuban/Haitian entrants.

Refugee Camps – enclosed areas that are not self-supporting and are restricted to refugees and those assisting them, where protection and assistance is provided until it is safe for the refugees to return to their homelands or to be resettled elsewhere. Refugee camps are usually intended to be temporary and are built accordingly. One of the most serious problems associated with many camps is the failure of local authorities to provide full protection for refugees, particularly since camps are often located in, or close to, conflict zones.

Refugee Resettlement Agency – public or private agencies that provide initial reception and placement (R&P) services to newly-arriving refugees under cooperative agreements with the U.S. Department of State. Local affiliates of these national agencies are responsible for providing initial R&P services covering basic food, clothing, shelter, orientation, referral, and other services for the first 90 days after arrival in the U.S. for refugees.

Refugee Resettlement Program - federally-funded program for the resettlement in the U.S. of refugees, asylees, Cuban/Haitian Entrants, Amerasians, and victims of trafficking, Lawful Permanent Residents who have held one of these statuses, and unaccompanied alien children, administered by the U.S. Office of Refugee Resettlement (ORR).

Refugee Social Services (RSS) – intensive social services provided to help refugees obtain employment, achieve economic self-sufficiency, and realize social adjustment once in the U.S. Programs that administer RSS services are funded through the U.S. Office of Refugee Resettlement (ORR), which provides both state grants and direct-service grants. The programs

provide services which may include employment assistance, job training, English language training, and social adjustment. Refugees and other ORR eligible populations are only eligible for this program for the first 60 months from their date of entry in the U.S.

Resettlement Support Center (formerly known as Overseas Processing Entity) - funded by the U.S. Department of State, Bureau of Population, Refugees and Migration, the Resettlement Support Center helps refugees complete applications for resettlement consideration by U.S. officials and also gathers information for organizations in the U.S. that offer sponsorship to those granted admission. The Resettlement Support Center also educates refugees living in refugee camps about the possibility of resettlement to the U.S.

Secondary Migrant - refugee who subsequently moves to a state that is different than where they were initially resettled upon arrival in the U.S.

Third Country – country to which refugees are resettled permanently. Third countries that admit large numbers of refugees include the U.S., Canada, and Australia.

Trafficking Victim (Victim of a Severe Form of Trafficking) - individual who is subjected to (1) Sex Trafficking, which is the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, which is induced by force, fraud, or coercion, or in which the person forced to perform such an act is under the age of 18 years; or (2) Labor Trafficking, which is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. Victims of trafficking are eligible for U.S. Office of Refugee Resettlement benefits and services and other federal benefits provided they have been certified as a victim of trafficking.

United Nations High Commissioner for Refugees (UNHCR) – international organization, headquartered in Geneva, Switzerland that, with host country authorization, provides services (directly or indirectly) in refugee camps including protection, assistance, medical services, registration of camp population, and referral for possible resettlement in the U.S. or other refugee-receiving country.

U.S. Citizenship and Immigration Services (USCIS, formerly INS) - agency within the Department of Homeland Security that oversees applications for immigration benefits, including employment authorization, refugee travel document and advance parole, adjustment of status to Lawful Permanent Resident, and naturalization to become a U.S. citizen.

Websites and Resources on Refugees

Office of Refugee Resettlement

<http://www.acf.hhs.gov/programs/orr/>

U.S. Department of Health and Human Services (DHHS) is responsible for the domestic refugee resettlement program. Within DHHS, the Office of Refugee Resettlement (ORR) provides refugees and other new arrivals in need with critical resources to assist them in becoming integrated members of American society.

Refugee Health Technical Assistance Center

<http://www.refugeehealthta.org>

Refugee Health Technical Assistance Center (RHTAC) is dedicated to improving the health and well-being of refugees. RHTAC provides a variety of resources on physical and mental health issues affecting refugees including suicide prevention.

Centers for Disease Control and Prevention, Division of Global Migration and Quarantine, Immigrant and Refugee Health

<http://www.cdc.gov/immigrantrefugeehealth/>

Centers for Disease Control and Prevention (CDC) provide guidelines for healthcare providers who see refugees at any point during the resettlement process. The guidelines aim to promote and improve the health of refugees, prevent disease, and familiarize refugees with the U.S. healthcare system.

Refugee Processing Center

<http://www.wrapsnet.org/Default.aspx>

Refugee Processing Center (RPC) is operated by the U.S Department of State, Bureau of Population, Refugees, and Migration. Data on the movement of refugees from various countries to the U.S. for resettlement is available through the RPC's interactive system called WRAPS. RPC's website also contains a directory of resettlement agencies and their affiliates that are located across the country.

<http://www.wrapsnet.org/Contacts/RPAgencyContacts/tabid/100/language/en-US/Default.aspx>

UN High Commissioner for Refugees

<http://www.unhcr.org/>

UN High Commissioner for Refugees (UNHCR) is mandated to lead and co-ordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees, which is implemented through programs such as food distribution and health care in refugee camps.

Websites of ORR-Funded Technical Assistance Centers

Asylee Hotline

Catholic Legal Immigration Network, Inc. (CLINIC)

<http://cliniclegal.org/>

Catholic Legal Immigration Network, Inc. (CLINIC) operates an asylee hotline that provides outreach and service access to individuals granted asylum. Multilingual operators are available to speak with asylees who may be uncertain about where to receive benefits and services.

Child Welfare

US Conference of Catholic Bishops, Bridging Refugee Youth and Children Services (BRYCS)

<http://www.brycs.org/>

Bridging Refugee Youth and Children Services provides technical assistance to support service providers for refugee children, youth, and their families. BRYCS provides one-on-one consultations, training and conference presentations, and access to the only website focused specifically on migration and child welfare.

Cultural Orientation

Center for Applied Linguistics (CAL)

<http://www.cal.org/co/index.html>

Cultural Orientation Resource (COR) Center at the Center for Applied Linguistics (CAL) offers workshops and trainings, resource development and publications, and facilitates the exchange of information among refugee and asylee-serving agencies and the larger community. COR's website includes cultural backgrounders on refugee populations resettled in the U.S.

Economic Development

ISED Solutions, Inc.

<http://www.isedsolutions.org/>

ISED Solutions, Inc. provides technical assistance to microenterprise development, individual development accounts, and refugee agriculture partnership grantees.

Employment

RefugeeWorks (Lutheran Immigration and Refugee Service)

<http://www.refugeeworks.org/>

RefugeeWorks provides technical assistance to address refugee employment needs.

English Language Training

Spring Institute for Intercultural Learning

<http://www.springinstitute.org/>

Spring Institute for Intercultural Learning provides English language training technical assistance.

Ethnic Community-Based Organizations

Project SOAR, International Rescue Committee (IRC)

<http://www.ethniccommunities.org/>

IRC's Project SOAR provides technical assistance to ethnic community-based organizations serving refugees. IRC's technical assistance focuses on resource development, financial management, board training, and capacity building.

Ethiopian Community Development Council (ECDC)

<http://www.ecdcinternational.org>

Ethiopian Community Development Council serves the African immigrant and refugee community in the U.S. through local and national programs. ECDC's provides technical assistance to Ethnic Community-Based Organizations and Mutual Assistant Associations.

Southeast Asia Resource Action Center (SEARAC)

<http://www.searac.org/>

Southeast Asia Resource Action Center provides training and technical assistance to Burmese and Bhutanese communities around the country. SEARAC's technical assistance helps to foster relationships between refugee communities and mainstream institutions.

LGBT Resource Center

Heartland Alliance for Human Needs & Human Rights

<http://www.heartlandalliance.org/>

Through their Rainbow Welcome Initiative, Heartland Alliance is working to create resource materials, trainings, and recommendations specific to developing capacity to meet the resettlement needs of lesbian, gay, bisexual, and transgender (LGBT) refugees and asylees.

Refugee Health

Refugee Health Technical Assistance Center

<http://www.refugeehealthta.org>

Refugee Health Technical Assistance Center (RHTAC) is dedicated to improving the health and well-being of refugees. RHTAC provides a variety of resources on physical and mental health issues affecting refugees, including suicide prevention.

Survivors of Torture

National Capacity Building Project for Specialized Torture Treatment Centers

<http://www.acf.hhs.gov/programs/orr/resources/cvt.htm>

Center for Victims of Torture offers national technical assistance through resources, training, and networking opportunities specifically targeted to specialized torture treatment centers.

National Partnership for Community Training for Immigrant Service Providers

<http://www.acf.hhs.gov/programs/orr/resources/npct.htm>

Gulf Coast Jewish Family & Community Services provides comprehensive community needs assessments and training in areas of the country where no torture treatment centers exist.

Refugee Suicide Prevention Training Toolkit

Part II: Materials for Classroom Training

A slide with a light gray world map background. At the top right, there are five colored squares: black, teal, blue, red, and dark red. The title is centered in a bold, dark teal font. At the bottom left is the logo for Refugee Health Technical Assistance Center, and at the bottom right is the number 1.

**QPR Suicide
Prevention Training for
Refugee Gatekeepers**

REFUGEEHEALTH TECHNICAL ASSISTANCE CENTER

1

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



By the end of the training participants will be able to:

- Define suicide and describe how it is viewed within refugee communities.
- Identify “risk factors” and clues of suicide.
- Use the QPR Gatekeeper method to help stop someone from attempting suicide.



Outline

- Introductions
- Definition of “suicide,” “risk factor” and “gatekeeper”
- Suicide risk factors
- Suicide clues
- QPR Method
 - Question
 - Persuade
 - Refer

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.

What is Suicide?

How is suicide viewed by refugees in your community?

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?



What is a “Risk Factor”?

A “risk factor” is something that increases the chances of something else occurring.

Examples:

- Being a smoker is a risk factor for developing lung disease.
- Being overweight is a risk factor for diabetes.



Who is a Gatekeeper?

- According to the Surgeon General's National Strategy for Suicide Prevention (2001), gatekeepers are:

Individuals who, in the course of their activities, come into frequent contact with refugees and are respected by communities.

- A gatekeeper for suicide prevention is anyone in a position to recognize a crisis and warning signs that someone may be thinking about suicide.

Who are gatekeepers in your community?



Suicide: Is It a Concern in Refugee Communities?

- Are refugees at high risk for suicide?
- If so, what contributes to their risk of suicide?
- What can be done to prevent suicides among refugees?

We will discuss these three questions during this training.

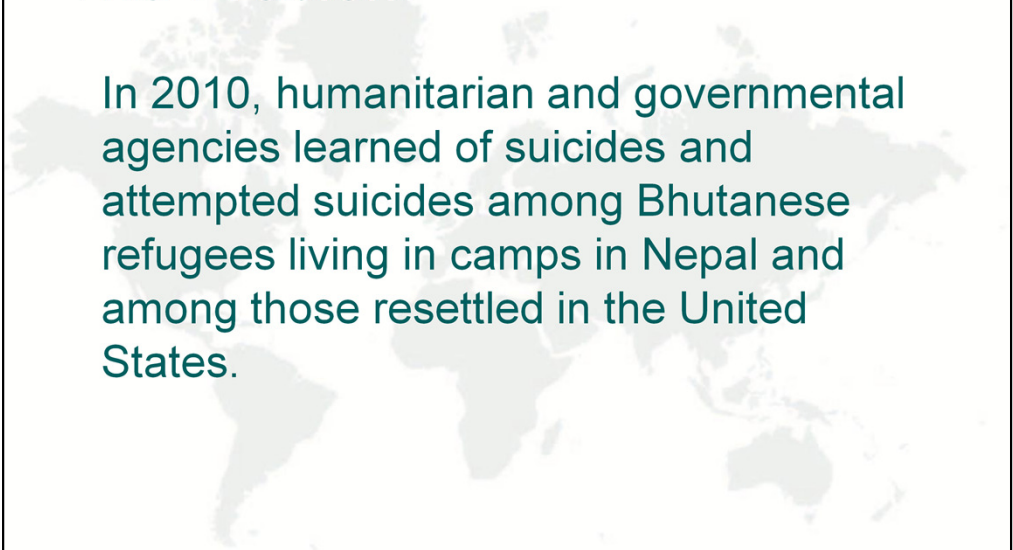
Background Information



REFUGEEHEALTH TECHNICAL ASSISTANCE CENTER



The Problem



In 2010, humanitarian and governmental agencies learned of suicides and attempted suicides among Bhutanese refugees living in camps in Nepal and among those resettled in the United States.

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.



Suicide Risk Factors

REFUGEEHEALTH TECHNICAL ASSISTANCE CENTER

10

General Suicide Risk Factors

- Past suicide attempt
- Family history of suicide
- Mental health issues including clinical depression
- Alcohol abuse (particularly when combined with depression)
- Job or financial loss
- Loss of important relationships
- Easy access to guns, knives, rope, drugs/poison or other ways to harm oneself
- Feeling alone and without the support of others

Source: Suicide Prevention Resource Center

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.



Additional Challenges for Refugees



History of violence and trauma

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?

Additional Challenges for Refugees

Resettlement

Suggested time: 15 minutes

Resettlement

Discussion

What are the challenges that refugees face as they resettle in the U.S.?

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.

Resettlement Challenges

Community

- Exposure to violence and trauma
- Breakdown of community and loss of traditional supports
- Feelings of isolation
- New culture
- New language
- Unrealistic expectations
- Decline in status
- Being labeled a “refugee”

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

Resettlement Challenges

Family

- Money problems
- Separation from family
- Family conflicts:
 - Reversal of family roles
 - Responsibility is placed on young family members to take care of their family
 - Shame from not being able to meet these responsibilities

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



Refugee Label

Discussion

Being labeled a “refugee” may make some refugees feel stigmatized or treated differently.

“Low,” “unrespected”, and “inferior”

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.



QPR

Ask A Question. Save A Life.

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Now let's learn QPR



QPR

- QPR is not counseling or treatment.
- QPR is intended to offer hope through positive action.



What Is QPR?


- Question
- Persuade
- Refer

“Question, Persuade, and Refer” is a set of skills that may help prevent suicide.

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 seriously!

Behavioral Clues

- Has made a suicide attempt in the past
- Substance abuse (especially alcohol)
- Domestic violence
- Withdraws from relationships
- Gives away important things
- Takes unnecessary risks

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?

Behavioral Clues (continued)

- Puts personal and business affairs in order
- Feels depressed, moody, hopeless
- Has unexplained anger, aggression, irritability
- Has a sudden interest or disinterest in religion
- Obtains the means to commit suicide

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?



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.”

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.



Indirect Verbal Clues

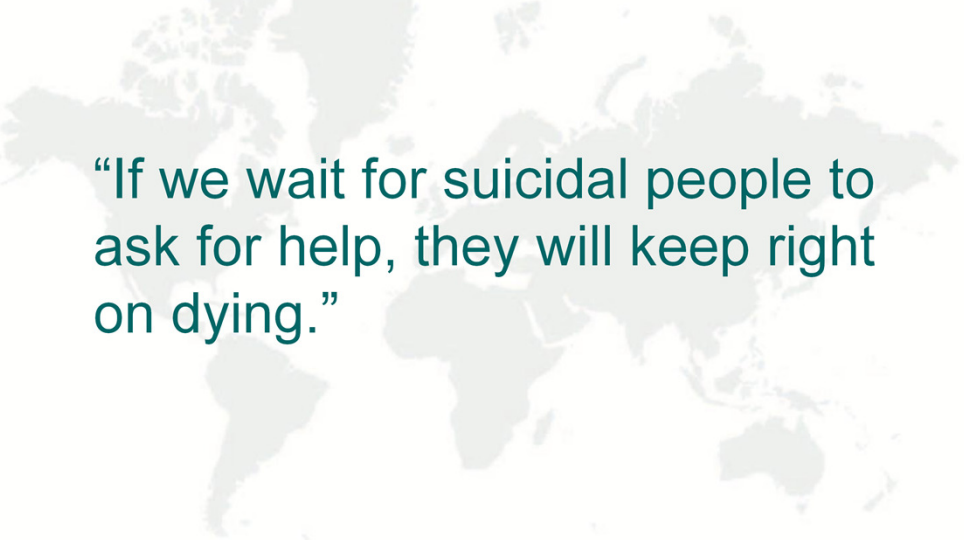
- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Soon you won’t have to worry about me.”

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?



QPR: Question



“If we wait for suicidal people to ask for help, they will keep right on dying.”

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.

QPR: Question

Suggestions for Asking the Suicide Question

- If in doubt, don't wait, ask the question.
- If the person doesn't want to talk, continue to ask.
- Talk to the person alone in a private setting or ask if the person wants to have a family member or friend with them.
- Ask the person if they want an interpreter.
- Allow the person to talk freely.
- Give yourself plenty of time.

Remember: How you ask the question is less important than asking it.

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.



QPR: 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 not wake up?”

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.



QPR: 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 like you’re going through a hard time, 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.

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?

QPR: Asking the Question about Suicide with Refugees

Discussion

- Before you ask the “suicide question,” how would you begin the conversation about suicide?
- What phrases would you use?

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.



How **Not** to Ask the Suicide Question

“You’re not suicidal, are you?”

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



QPR: Persuade

How to Persuade Someone to Stay Alive

- Listen and give them your full attention.
- Do not interrupt.
- Remember that suicide is not a good solution. Suggest that there are better ways than suicide to deal with problems.
- Do not rush to judgment.
- Offer hope in any form.

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.



QPR: Persuade

What would you say to encourage a refugee to seek help?

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.

QPR: Refer

Discussion

- What resources are available in your community to help refugees who are thinking about suicide?
- What national resources are available?

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

QPR: How to Refer

- Get a commitment from the person to accept help.
- Connect the person to sources of help.
 - If possible, take the person to someone who can help, or
 - Have the person identify a trusted friend or family member to go with them as they seek help.

Why is this important when working with a refugee?

- Stay in touch to let the person know you care about them. Caring may save a life.

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?



Handouts

- Communication Skills for Gatekeepers
- Suicide Prevention Websites
- Glossary of Terms Related to Suicide Prevention
- Social Support Worksheet
- Suicide Prevention Referral Worksheet

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



REMEMBER

*When you use QPR, you help plant the
seeds of hope.*

Hope helps prevent suicide.

Refugee Suicide Prevention Training Toolkit: Adapting QPR Training to Incorporate Refugee Experiences

Ask A Question. Save A Life.

Facilitator's Guide

April 2012

The Refugee Health Technical Assistance Center is funded by the [Office of Refugee Resettlement](#), Administration for Children and Families, U.S. Department of Health and Human Services (Grant number 90RB0042)

REFUGEEHEALTH TECHNICAL ASSISTANCE CENTER



www.refugeehealthta.org

Introduction

As a certified QPR instructor you are trained to teach the Refugee Suicide Prevention Training that adapts QPR to incorporate refugee experiences. The purpose of this Facilitator's Guide is to provide you with information on presenting QPR to gatekeepers in refugee communities. The Guide includes:

- A suggested training schedule;
- Speaker notes, which include suggested discussion questions and points to cover for the QPR training slides with refugee-specific information;
- Recommendations for large and small group discussions; and
- Instructions for role plays.

Why a QPR Gatekeeper Training focused on refugees?

In 2010, humanitarian and governmental agencies became aware of suicides and attempted suicides among Bhutanese refugees living in refugee camps in Nepal or resettled in the United States. The suicide rate among Bhutanese refugees may be more than three times higher than that of the U.S. population. Suicides have also been reported among other resettled refugee populations.

One of the major initiatives of the Refugee Health Technical Assistance Center (RHTAC) is to prevent suicide among refugees. To do this, RHTAC has worked with the QPR Institute to develop a refugee-focused QPR Gatekeeper training. As part of this effort, we seek to engage the network of QPR trainers across the U.S., strengthen their capacity to work with refugees, and facilitate QPR trainings for refugee gatekeepers. This training has been supported by the Office of Refugee Resettlement (ORR), U.S. Department of Health and Human Services, through funding to RHTAC.

Who are Refugee Gatekeepers?

Refugee gatekeepers may be refugees themselves or individuals who work with refugee communities. They are a diverse group and represent many countries of origin, ethnicities, and language groups. Many work for organizations that serve refugees including social service agencies, ethnic community-based organizations, religious groups, community health clinics, schools, and resettlement agencies. Resettlement agencies provide initial reception and placement services to newly-arriving refugees under cooperative agreements with the Department of State. These initial services include covering basic food, clothing, shelter, orientation, referral, and other services for the first 90 days after arrival for refugees. The Office of Refugee Resettlement (ORR) provides up to eight months of cash and medical assistance for all eligible, newly arrived refugees, as well as funding for formula and discretionary social services to help refugee populations for up to five years after their arrival.

QPR Adaptation

The Refugee Suicide Prevention Training is the basic QPR training adapted in three areas to increase its relevance to refugees. These are:

Adaptation I: Discussing how suicide is viewed in refugee communities;

Adaptation II: Recognizing additional challenges and risk factors faced by refugees - including history of violence and trauma experienced by refugees and resettlement challenges; and

Adaptation III: Adapting QPR for refugee gatekeepers

This Facilitator's Guide focuses on these three adaptations and how to carry them out.

Suggested Training Schedule

Follow the instruction in this Facilitator's Guide for conducting the bolded topics.

Topic	Time
Pre-training Survey and Introductions	20 minutes
Discussion: How is suicide viewed in refugee communities?	15 minutes
General Risk Factors for Suicide	5 minutes
Discussion: Additional Challenges - History of violence and trauma and resettlement challenges experienced by refugees	20 minutes
Behavioral Warning Signs	5 minutes
Verbal Clues	5 minutes
Adapting QPR for Refugee Gatekeepers	85 minutes
Review of Handouts	10 minutes
Post-training Survey	15 minutes

Total Time: 3 hours

Additional Materials/Handouts for Refugee Suicide Prevention Training

- Role Plays (refugee-focused)
- Social Support Worksheet
- Suicide Prevention Referral Worksheet
- Communication Skills for Gatekeepers Handout
- Glossary of Terms Related to Suicide Prevention
- QPR Booklet

Pre-Training Survey

There is a two page pre-training survey and a two page post-training survey that will need to be stapled together before the training. Hand out the surveys to participants as they come into the training. Instruct them to complete **only** the pre-training survey. Do not collect pre-training surveys because participants will complete the post-training survey at the end of the training.

Adaptation I: How is suicide viewed in refugee communities? (15 minutes)

This area of adaptation begins with Slide 4, shown below



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

LARGE GROUP DISCUSSION:

Ask: How is suicide viewed by refugees in your community? Is there a word or phrase for suicide? Is it something people will talk about? What might people say or think if they heard or thought that someone in their community had committed suicide?

Adaptation II: Additional Challenges- History of violence and trauma experienced by refugees and resettlement experience (20 minutes)

This area of adaptation begins with Slide 12- 17, shown below



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 a 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?

Slide 14



Facilitator Notes: With this and the next three slides, the focus will be on participants sharing experiences and challenges refugees face that may increase their risk for suicide.

SMALL GROUP DISCUSSION:

Break into groups of three to four. 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.

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

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

Slide 15

Resettlement Challenges

Community

- Exposure to violence and trauma
- Breakdown of community and loss of traditional supports
- Feelings of isolation
- New culture
- New language
- Unrealistic expectations
- Decline in status
- Being labeled a “refugee”

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER 15

Slide 16

Resettlement Challenges

Family

- Money problems
- Separation from family
- Family conflicts:
 - Reversal of family roles
 - Responsibility is placed on young family members to take care of their family
 - Shame from not being able to meet these responsibilities

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER 16

Facilitator Notes: Compare the list that participants brainstormed with these lists. Point out the similarities/differences between the 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 their parents, leading to parent/child role reversal.
- **Family separation:** The reality of refugee processing and admissions often means 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/reversals for parents and children, elders and younger family members, and

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, elders 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.

Slide 17

Refugee Label

Discussion

Being labeled a “refugee” may make some refugees feel stigmatized or treated differently.

“Low,” “unrespected”, and “inferior”

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER 17

LARGE GROUP DISCUSSION:

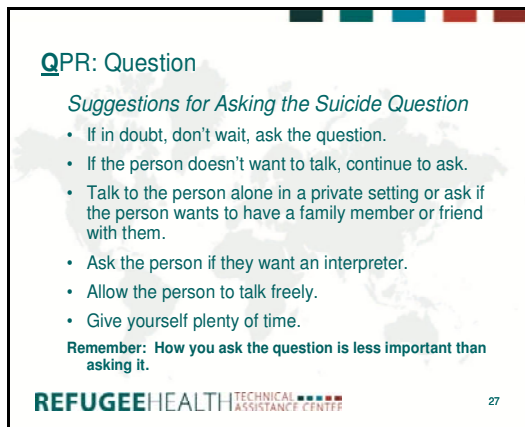
Being labeled a “refugee” by the larger community can be a stressor for many refugee groups. Is this true of the refugee community you work with? Why? Why not?

Adaptation III: Adapting QPR for Refugee Gatekeepers (85 minutes)

The QPR method is the cornerstone of the Gatekeeper Training. We believe the QPR method can be used successfully with at-risk refugees by including adaptations to increase its relevance to this population. For refugee gatekeepers, becoming comfortable in using each of the QPR steps may be challenging. We encourage you to provide time for discussion of the different ways and approaches for asking the Question, Persuading by offering hope, and Referral by encouraging the person to seek help. We have included role plays so participants can practice each of the QPR steps.

The Q of QPR - Asking the Suicide Question (30 minutes)

Slide 27



QPR: Question

Suggestions for Asking the Suicide Question

- If in doubt, don't wait, ask the question.
- If the person doesn't want to talk, continue to ask.
- Talk to the person alone in a private setting or ask if the person wants to have a family member or friend with them.
- Ask the person if they want an interpreter.
- Allow the person to talk freely.
- Give yourself plenty of time.

Remember: How you ask the question is less important than asking it.

REFUGEEHEALTH TECHNICAL ASSISTANCE CENTER 27

Facilitator Notes: Read the list of tips for asking the suicide question, note potential problems, and provide additional guidelines:

- 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. 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 to ask whether or not 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.

Slide 30

QPR: Asking the Question about Suicide with Refugees

Discussion

- Before you ask the “suicide question,” how would you begin the conversation about suicide?
- What phrases would you use?

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER

30

LARGE GROUP DISCUSSION:

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 s/he is thinking about suicide?
- What words or phrases could you use?

ROLE PLAY

Introduction to the Role Play: To become comfortable helping someone who may be suicidal, it is very important to practice the Question-Persuade-Refer (QPR) Gatekeeper method. The goal of this role play is to have you practice listening to a person and asking in a compassionate manner if they are considering suicide.

Role Play: Asking the Question

Instructions

Time: 10 minutes for each role play practice

- Break up into pairs. If possible, pair individuals together 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 the pairs review the role play “script”.
- Begin the 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 any 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. Ask each pair to report specifically how the “suicide Question” was asked/phrased.

The P of QPR – Persuade (30 minutes)

Slide 33



Introduction to the Role Play: The goal of this role play is to give you the opportunity to practice persuading the at risk person to seek help. Continue the role play with the same pairs. Instruct the gatekeeper to use the suggestions generated by the large group discussion of ways to persuade an at-risk person to seek help.

Role Play: Persuade

Instructions

Time: 10 minutes for each role play practice

- Keep the same pairs with the same role play scenarios to continue the conversations started in the previous role plays, but 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.

Note: Two of the role plays are gender specific (married middle-aged man and married middle-aged woman). If any 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.

The R of QPR – Refer (25 minutes)

Slide 35

QPR: Refer

Discussion

- What resources are available in your community to help refugees who are thinking about suicide?
- What national resources are available?

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER 35

Facilitator Notes: Explain that 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:

1. Gatekeepers can help refugees at risk for suicide by identifying social supports as well as local referral resources. Have participants fill in the **Identifying Support Resources Worksheet** to identify resources that are 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 participants to think outside the formal system of support. Through this activity, they are identifying a team of people to help support the refugee.
2. Have the participants start to fill out the **Suicide Prevention Referral Worksheet** with specific information about local referral resources.

Slide 36

QPR: How to Refer

- Get a commitment from the person to accept help.
- Connect the person to sources of help.
 - If possible, take the person to someone who can help, or
 - Have the person identify a trusted friend or family member to go with them as they seek help.

Why is this important when working with a refugee?

- Stay in touch to let the person know you care about them. Caring may save a life.

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER 36

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

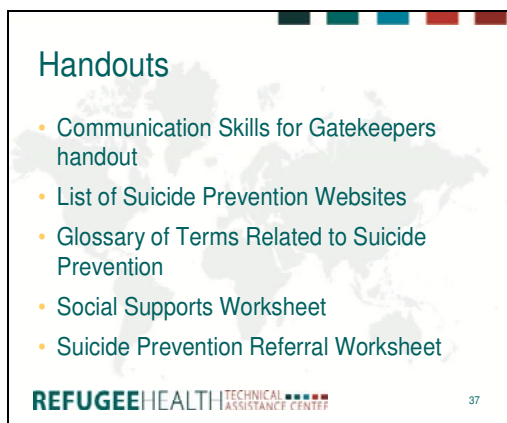
LARGE GROUP DISCUSSION

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

Ask: How would you follow-up with the person to ensure that they made contact with the recommended referral?

Handouts/Additional Resources (10 minutes)

Slide 37



Review the list of handouts on the slide and discuss how gatekeepers can use them after the training.

Post- training Survey (15 minutes)

Have participants complete the post-training survey and return both pre and post-training surveys to you. Give completed surveys to the organization hosting the training to mail back to RHTAC.

Role Plays

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER

Elder Role Play

To be better prepared to help someone who may be suicidal, it is very important to practice the Question-Persuade-Refer (QPR) Gatekeeper method. The goal of this role play is to have you practice listening to a person and asking in a compassionate manner if they are thinking about suicide.

Role: Elder

You are 70 years old.

You have come to the U.S. as a refugee with your son, his wife, and their three children. You felt too old to leave the refugee camp where your spouse died 2 years ago. But your family would not leave you behind.

You have been in the U.S. for about one year. You can't speak English and you feel alone, depressed, useless, and no longer respected as the elder of your family. Your worst fears have come true.

You are now talking to someone you know and trust (a gatekeeper). You are very emotional as you start to talk about your problems and feelings and you eventually say, "**I don't think life is worth living anymore.**"

_____ cut here _____

Elder Role Play

To be better prepared to help someone who may be suicidal, it is very important to practice the Question-Persuade-Refer (QPR) Gatekeeper method. The goal of this role play is to have you practice listening to a person and asking in a compassionate manner if they are thinking about suicide.

Role: Gatekeeper

You are meeting with an elder whom you know.

The elder's spouse died 2 years ago in a refugee camp. The elder did not want to leave the camp but his/her family would not leave the elder behind.

The elder came to the U.S. as a refugee with his /her son, the son's wife, and their three children about a year ago. The elder is still unable to speak English.

You have met with the elder before. You are concerned because you know the elder is having a really difficult time adjusting to his/her new life.

As you begin talking with the elder, encourage the elder to talk about his/her problems. Listen for a verbal "warning sign" or clue that may indicate suicide risk. When you hear it, find a way to ask the suicide question.

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER

High School Student Role Play

To be better prepared to help someone who may be suicidal, it is very important to practice the Question-Persuade-Refer (QPR) Gatekeeper method. The goal of this role play is to have you practice listening to a person and asking in a compassionate manner if they are thinking about suicide.

Role: High School Student

You are 17 years old and a high school student.

You came to the U.S. as a refugee with your parents, your grandparent, and 2 younger sisters about a year ago. You are learning English but not as quickly as you would like. Your parents and grandparent speak little or no English. They depend on you to interpret for them when they go to doctor's appointments, shopping, and other activities outside the home.

You are struggling in school. Your teachers told you today that you are failing three classes.

You have no time for homework or for yourself. You are feeling overwhelmed and angry with your family for being so dependent on you. However, you are also ashamed of not meeting your family's expectations.

You are now talking with someone you know and trust (a gatekeeper). You are very emotional as you start to talk about your problems and feelings and you eventually say, **"I'm not sure how much longer I can go on."**

cut here

High School Student Role Play

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Role: Gatekeeper

You are meeting with a 17-year old high school student. You have met with the student before. The student is a refugee and came with his/her parents, grandparent, and 2 younger sisters to the U.S. about a year ago. The student is learning to speak English but not as quickly as s/he would like. The student's parents and grandparent speak little or no English and they depend on the student to interpret for them. The student has no time for himself/herself or homework and is struggling in school.

As you begin talking with the student, encourage the student to talk about his/her problems. Listen for a verbal "warning sign" or clue that may indicate suicide risk. When you hear it, find a way to ask the suicide question.

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER

Middle-aged Married Woman Role Play

To be better prepared to help someone who may be suicidal, it is very important to practice the Question-Persuade-Refer (QPR) Gatekeeper method. The goal of this role play is to have you practice listening to a person and asking in a compassionate manner if they are thinking about suicide.

Role: Middle-aged Married Woman

You are a middle-aged married woman. You came to the U.S. as a refugee with your husband, his father, and your three children about a year ago. You had to leave your sisters, brothers, and their families behind in the refugee camp.

You are still unable to speak English. You must depend upon your teenage son to interpret for you.

Your husband is very depressed and angry because he can't get a job to support the family. He often drinks too much and beats you when he does.

You are feeling anxious, depressed, and worthless. You are worried about your children because they are struggling in school. You just found out that your son is failing three classes.

You are now talking to someone you know and trust (a gatekeeper). You are very emotional as you start to talk about your problems and feelings and you eventually say, "**I would just like to go to sleep and not wake up.**"

_____ cut here _____

Middle-aged Married Woman Role Play

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Role: Gatekeeper

You are meeting with a middle-aged married woman. You have met with her before. She came as a refugee to the U.S. with her husband, his father, and her three children.

She has been in the U.S. for about a year and is still unable to speak English. She depends on her teenage son to interpret for her.

She has told you that her husband is very depressed and angry because he can't get a job to support the family. He often drinks too much and beats her when he does.

As you begin talking with her, encourage her to talk about her problems. Listen for a verbal "warning sign" or clue that may indicate suicide risk. When you hear it, find a way to ask the suicide question.

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER

Middle-aged Married Man Role Play

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Role: Middle-aged Married Man

You are a middle-aged married man. You came to the U.S. as a refugee with your wife, your father, and your three children. You have been in the U.S. for about a year.

You are unable to speak English and must depend upon your teenage son to interpret for you.

You came to the U.S. to provide a better life for your family but you can't find a job. You feel that your wife and children do not respect you. You are depressed, angry, and drinking too much. You beat your wife when you are drunk and feel badly about it when you are sober.

Your landlord has just told you that if you can't pay the three months' rent that you owe, he will force you and your family to move out of the apartment.

You are now talking to someone you know and trust (a gatekeeper). You are very emotional as you start to talk about your problems and feelings and you eventually say, "**I think my family would be better off without me.**"

_____ cut here _____

Middle-aged Married Man Role Play

To be better prepared to help someone who may be suicidal, it is very important to practice the Question-Persuade-Refer (QPR) Gatekeeper method. The goal of this role play is to have you practice listening to a person and asking in a compassionate manner if they are thinking about suicide.

Role: Gatekeeper

You are meeting with a middle-aged married man. You have met with him before. He came as a refugee to the U.S. with his wife, his father, and his three children.

He has been in the U.S. for about a year and is still unable to speak English. He depends on his teenage son to interpret for him.

He came to the U.S. to provide a better life for his family but he can't find a job. He feels that his wife and children don't respect him. He often beats his wife when he's drunk and feels badly about it when he's sober.

As you begin talking with him, encourage him to talk about his problems. Listen for a verbal "warning sign" or clue that may indicate suicide risk. When you hear it, find a way to ask the suicide question.

Refugee Suicide Prevention Training Toolkit

The Refugee Suicide Prevention Training Toolkit is available on-line at <http://www.refugeehealthta.org/suicideprevention/>. The Toolkit is designed to provide resources for QPR instructors who are interested in training refugee gatekeepers. We suggest that instructors review the resources in Part I of the Toolkit (Orientation to Refugees) before conducting the adapted QPR training. The Toolkit includes the following resources:

I. Orientation to Refugees for QPR Trainers

Self-study webinar: *Introduction to Refugee Experiences* webinar recording, slide set, and transcript

Refugee Experiences: Stories from Bhutan, Burma, Eritrea, Iraq, and Somalia

Glossary of Refugee Terms

Websites and Resources on Refugees

II. Materials for Refugee Suicide Prevention Training

Powerpoint presentation: Adapted QPR Suicide Prevention Training for Refugee Gatekeepers with facilitator notes

Facilitator's Guide

Handouts

- Refugee-focused Role Plays
- Social Support Worksheet
- Suicide Prevention Referral Worksheet
- Communication Skills for Gatekeepers
- Refugee Suicide Prevention Annotated Websites
- Glossary of Terms Related to Suicide Prevention
- Pre and Post Training Surveys

REFUGEE HEALTH TECHNICAL ASSISTANCE CENTER

Elder Role Play

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Role: Elder

You are 70 years old.

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You have been in the U.S. for about one year. You can't speak English and you feel alone, depressed, useless, and no longer respected as the elder of your family. Your worst fears have come true.

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The elder's spouse died 2 years ago in a refugee camp. The elder did not want to leave the camp but his/her family would not leave the elder behind.

The elder came to the U.S. as a refugee with his /her son, the son's wife, and their three children about a year ago. The elder is still unable to speak English.

You have met with the elder before. You are concerned because you know the elder is having a really difficult time adjusting to his/her new life.

As you begin talking with the elder, encourage the elder to talk about his/her problems. Listen for a verbal "warning sign" or clue that may indicate suicide risk. When you hear it, find a way to ask the suicide question.

High School Student Role Play

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You are struggling in school. Your teachers told you today that you are failing three classes.

You have no time for homework or for yourself. You are feeling overwhelmed and angry with your family for being so dependent on you. However, you are also ashamed of not meeting your family's expectations.

You are now talking with someone you know and trust (a gatekeeper). You are very emotional as you start to talk about your problems and feelings and you eventually say, **"I'm not sure how much longer I can go on."**

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High School Student Role Play

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Role: Gatekeeper

You are meeting with a 17-year old high school student. You have met with the student before. The student is a refugee and came with his/her parents, grandparent, and 2 younger sisters to the U.S. about a year ago. The student is learning to speak English but not as quickly as s/he would like. The student's parents and grandparent speak little or no English and they depend on the student to interpret for them. The student has no time for himself/herself or homework and is struggling in school.

As you begin talking with the student, encourage the student to talk about his/her problems. Listen for a verbal "warning sign" or clue that may indicate suicide risk. When you hear it, find a way to ask the suicide question.

Middle-aged Married Woman Role Play

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You are still unable to speak English. You must depend upon your teenage son to interpret for you.

Your husband is very depressed and angry because he can't get a job to support the family. He often drinks too much and beats you when he does.

You are feeling anxious, depressed, and worthless. You are worried about your children because they are struggling in school. You just found out that your son is failing three classes.

You are now talking to someone you know and trust (a gatekeeper). You are very emotional as you start to talk about your problems and feelings and you eventually say, "**I would just like to go to sleep and not wake up.**"

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Middle-aged Married Woman Role Play

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Role: Gatekeeper

You are meeting with a middle-aged married woman. You have met with her before. She came as a refugee to the U.S. with her husband, his father, and her three children.

She has been in the U.S. for about a year and is still unable to speak English. She depends on her teenage son to interpret for her.

She has told you that her husband is very depressed and angry because he can't get a job to support the family. He often drinks too much and beats her when he does.

As you begin talking with her, encourage her to talk about her problems. Listen for a verbal "warning sign" or clue that may indicate suicide risk. When you hear it, find a way to ask the suicide question.

Middle-aged Married Man Role Play

To be better prepared to help someone who may be suicidal, it is very important to practice the Question-Persuade-Refer (QPR) Gatekeeper method. The goal of this role play is to have you practice listening to a person and asking in a compassionate manner if they are thinking about suicide.

Role: Middle-aged Married Man

You are a middle-aged married man. You came to the U.S. as a refugee with your wife, your father, and your three children. You have been in the U.S. for about a year.

You are unable to speak English and must depend upon your teenage son to interpret for you.

You came to the U.S. to provide a better life for your family but you can't find a job. You feel that your wife and children do not respect you. You are depressed, angry, and drinking too much. You beat your wife when you are drunk and feel badly about it when you are sober.

Your landlord has just told you that if you can't pay the three months' rent that you owe, he will force you and your family to move out of the apartment.

You are now talking to someone you know and trust (a gatekeeper). You are very emotional as you start to talk about your problems and feelings and you eventually say, "**I think my family would be better off without me.**"

cut here

Middle-aged Married Man Role Play

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Role: Gatekeeper

You are meeting with a middle-aged married man. You have met with him before. He came as a refugee to the U.S. with his wife, his father, and his three children.

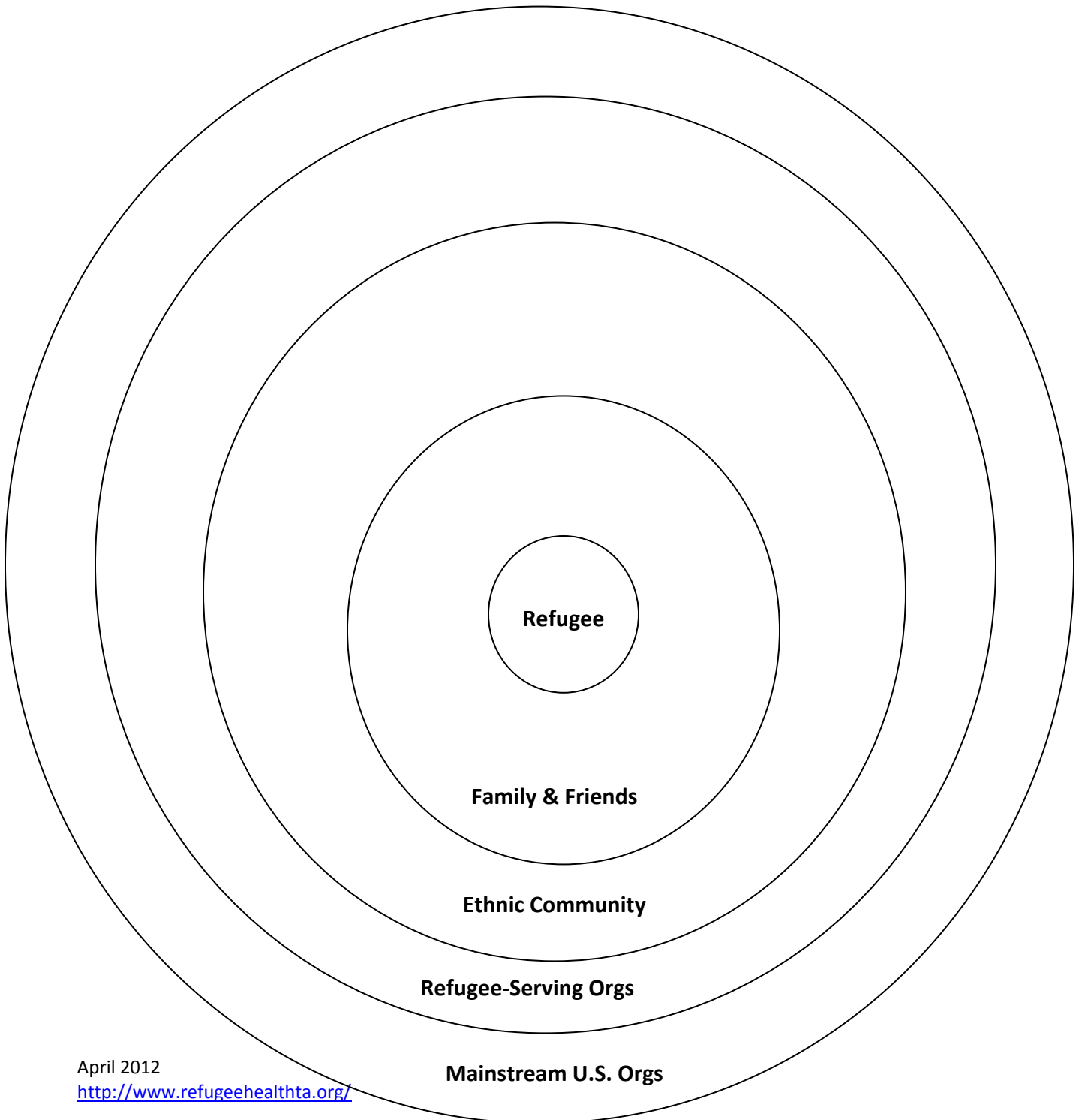
He has been in the U.S. for about a year and is still unable to speak English. He depends on his teenage son to interpret for him.

He came to the U.S. to provide a better life for his family but he can't find a job. He feels that his wife and children don't respect him. He often beats his wife when he's drunk and feels badly about it when he's sober.

As you begin talking with him, encourage him to talk about his problems. Listen for a verbal "warning sign" or clue that may indicate suicide risk. When you hear it, find a way to ask the suicide question.

Social Support Worksheet

As a gatekeeper, you can help refugees at risk for suicide by connecting them to social supports. Use the chart below to brainstorm the various social supports available to the resettled refugees you work with. By filling out this worksheet, you will discover a team of people who care about refugees and can help them through difficult times.



Suicide Prevention Referral Worksheet

As a gatekeeper, it is important for you to identify individuals and organizations to which you can refer people for help. There are many local community resources that can provide help including:

- Mental health counselors, therapists, mental health clinics
- Community health centers or clinics
- Social service agencies
- Teachers, guidance counselors, or coaches
- Family clinicians
- Religious/spiritual leaders
- Traditional healers
- Hospital emergency rooms
- Crisis help lines (e.g., Samaritans)

Note: These resources can provide help to those thinking about suicide. **If a person is in immediate risk of hurting themselves, do not leave them alone. Call for help or 911.**

For each of the resources you identify, please fill in the name of the contact person, his/her position/title, and phone number.

Contact Person/ Organization	Position/Title	Phone Number

Suicide Prevention Referral Worksheet

Contact Person/ Organization	Position/Title	Phone Number

National Resources

The National Suicide Prevention Lifeline is a nationwide network of crisis centers. If you are thinking of hurting yourself, or if you are concerned that someone else may be suicidal, call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**. The National Suicide Prevention Lifeline website at <http://www.suicidepreventionlifeline.org/> provides a list of crisis centers that you access either by state or zip code.

The Substance Abuse Mental Health Services Administration’s (SAMHSA) website at <http://store.samhsa.gov/mhlocator> includes a **Mental Health Services Locator**. Enter your zip code to get comprehensive information about mental health services and resources. The Locator is useful for professionals, consumers and their families, and the public.

Communication Skills for Gatekeepers

There are communication skills that a gatekeeper can use to encourage the at-risk person to talk about suicide and to persuade them to seek help. These include:

- The skill of asking questions
- The skill of listening
- The skill of attending (use of body language)

The Skill of Asking Questions

The ability to ask the right kind of questions will help you to:

- Encourage a person to talk about their feelings or share their story.
- Focus a conversation around specific concerns.
- Move a conversation closer to achieving solutions.

Use *open-ended questions* to encourage individuals to speak more freely and at greater length about the problems they face that are motivating them to commit suicide. Open-ended questions tend to begin with “What...”, “How...”, or “Why...”. Examples of open-ended questions include “How have you been feeling lately?” “What has been happening in your family?” “How is everyone getting along at home?” “How are things with your husband/children?”

Typically, open-ended questions are most appropriate at the beginning of a conversation. As the conversation progresses, try using closed questions to produce a specific agreement or plan.

Use *closed questions* to help persuade the person to seek help. Closed questions can be answered with a specific statement, often a *yes* or *no*.

Closed questions might begin with “Did you...”, “Are you...”, “Can you...”, “How many...”, “When are you...”, or “Where are you...”. Examples of closed questions include: “Can you talk to your daughter about this?” “How long have you not been feeling well?”

The Skill of Listening

Effective listening will help you to:

- Concentrate on what others are saying to facilitate a shared understanding and agreement about what needs to be done.
- Determine goals and action times.

How to be a good listener:

- DO use a warm, relaxed tone of voice.
- DO use questions to encourage others to say more.
- DO keep your own comments to a minimum. Remaining quiet and allowing the other person time to speak is the most important listening skill.

Use these specific listening skills to show that you understand what the speaker is saying:

Paraphrasing: Briefly restate in your own words the information the speaker has communicated. This gives the individual a chance to find out whether he or she is being heard correctly. Good paraphrasing sentences often start with a phrase such as “So what I hear you saying is...” or “So what I think you are saying is.....”

Reflective listening Briefly restate in your own words the feelings communicated by the speaker. It tells them that your intention is to understand what they said and how they felt. Reflective listening can be especially useful when talking with a person who is very emotional and thinking about committing suicide. Use a phrase such as “So it sounds like you are feeling...”

Barriers to Effective Listening

Try to avoid these barriers to effective listening.

- Instead of letting the other person finish speaking, we interrupt. **Don't interrupt.**
- Another common listening barrier is assuming you know what the other person is going to say even before she/he says it. **Don't assume.**
- We can't listen if we're busy rehearsing what we want to say. Some people craft whole conversations while appearing to listen. **Don't rehearse.**
- When we filter, we listen to some parts of the message and not others. We may also filter the message through our beliefs and values and so misinterpret what we've heard. **Don't filter.**
- If we prejudge someone as “crazy,” or “stupid,” we don't pay much attention to what they have to say. **Don't judge or label someone.**

The Skill of Attending (Use of Body Language)

Most messages we send out have three components: the words themselves, our tone of voice, and the body language we use. Did you know that:

- **7%** of communication is received/understood through **words**
- **38%** of communication is received/understood through **voice, tone, inflection**
- **55%** of communication is received/understood through **facial expressions and body language**

Attending is the use of body language to show you are listening. It is nonverbal communication that indicates that you are paying careful attention to the speaker.

Nonverbal communication (body language) includes:

- Position and posture
- Gestures
- Eye contact
- Facial expressions

People from different cultures often use body language in different ways. What is acceptable body language in one culture may be misunderstood or even insulting in another. It is impossible to be aware of all of the possible cultural differences in body language. However, here are some general recommendations that you can use when speaking with someone.

DO

- Position your body so you face the person you are speaking with
- Listen carefully while the person is talking
- Keep appropriate eye contact

DON'T

- Turn your back on the person
- Frown or look judgmental
- Shuffle papers or look at your watch while the person is talking

Refugee Suicide Prevention: Annotated Websites

General Suicide Prevention Information

American Association of Sociology

<http://www.suicidology.org/>

This website offers a variety of free resources including fact sheets about suicide, links to other websites, current research and best practices, and a list of suicide warning signs. Additionally, it provides lists of books and other publications and recommended videos that can be purchased through the website. It also provides a directory of AAS-Accredited Crisis Centers listed by state.

Languages: English, Spanish (some)

American Foundation for Suicide Prevention (AFSP)

http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=1

This website offers general information on suicide prevention as well as links to publications, lists of resources, summaries of projects that the ASFP funds, and downloadable power point presentations.

Languages: English, Spanish (some), French (some)

Center for Disease Control and Prevention (CDC): Violence Prevention

<http://www.cdc.gov/ViolencePrevention/suicide/>

This website provides links to selected publications and other resources about suicide as well as suicide definitions, national statistics, risk and protective factors, and prevention strategies.

Languages: English

International Association for Suicide Prevention (IASP)

<http://www.iasp.info/>

The IASP is a Non Governmental Organization (NGO) associated with the World Health Organization. Its website is a resource for information about international symposiums and conferences devoted to suicide prevention (e.g. the XXVII World Congress of IASP: Suicide Prevention in Five Countries in Oslo, Norway) as well as the global community involved with suicide prevention. The IASP publishes a bi-monthly journal on suicide prevention which can be subscribed to by becoming a member of the IASP (there is a fee).

Languages: English, Spanish, French, Chinese, (some offerings in other languages such as Polish, Japanese, Estonian, and Serbian)

Refugee Suicide Prevention: Annotated Websites

QPR Institute

<http://www.qprinstitute.com/>

The QPR Institute offers comprehensive suicide prevention training programs as well as educational and clinical materials for the general public, professionals, and institutions.

Languages: English

Refugee Health Technical Assistance Center (RHTAC)

<http://www.refugeehealthta.org/>

The Refugee Health Technical Assistance Center (RHTAC) is dedicated to improving the well-being of refugees by providing tools, resources, and support for health and mental health providers in order to better meet the needs of refugees in resettlement.

Languages: English

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov/>

This website has a variety of suicide prevention related brochures and informative guides as well as a mental health services locator at <http://store.samhsa.gov/mhlocator>.

Languages: English, Spanish

Suicide Prevention Resource Center

<http://www.sprc.org/>

This website has an extensive and easily navigated library of resources and publications on suicide prevention. Additionally, it provides a comprehensive overview of basic information about suicide, offers online trainings and webinars, and is home to the *Best Practices Registry* for suicide prevention.

Languages: English

Suicide Prevention for Minority Populations

Asian American Suicide Prevention and Education

<http://www.aaspe.net/>

This website offers general information about suicide prevention as well as some quick facts specifically regarding Asian Americans. There are educational resources in several languages as well as information regarding two films (one of which is free and is offered in 9 languages) that can be shown at trainings and for education regarding Asian American suicide and depression.

Languages: English, Chinese, Vietnamese, Korean, Japanese

Cultural Considerations in Treating Asians with Depression

<http://www.healthyplace.com/depression/articles/cultural-considerations-in-treating-asians-with-depression/>

This is a relatively short, informative article regarding depression in Asian Americans.

Languages: English

Refugee Suicide Prevention: Annotated Websites

National Association of People of Color against Suicide

<http://www.nopcas.org/>

This website is a resource on suicide prevention for people of color (particularly African American communities). The bibliography (located at the right of the homepage) lists a large number of relevant articles and publications.

Languages: English

Suicide Awareness and Prevention among Asian Americans

<http://www.sapasianamerican.org/>

This is a resource for professionals working with Asian Americans who may be at risk for depression or suicide. This website offers general information as well as information specifically applicable to the Asian American population. There are links to audios and visuals of stories related to suicide prevention among Asian Americans as well as relevant book chapters.

Languages: English

National Hotlines

National Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org/> **1-800-273-TALK (8255)**

This is a suicide prevention hotline available 24 hours a day/7 days a week and is funded by SAMHSA. The hotline is staffed by trained crisis counselors who provide information about mental health services available in the caller's area. Additionally, this website offers a variety of free materials such as quick reference wallet-cards for both counselors and people who are at risk and may want to call the hotline, posters, pre-made audio PSA announcements, magnets, and more.

TTY: 1-800-799-4TTY

Spanish Language Line: 1-888-628-9454

Languages: English, Spanish, and 148 other languages using telephone interpreters

LIFENET

http://www.nyc.gov/html/doh/html/cis/cis_lifenet.shtml **1-800-LIFENET(543-3638)**

LIFENET is a 24 hour/7 days a week hotline sponsored by the New York City Department of Health and Mental Hygiene that can be accessed by people living anywhere in the U.S. It offers services to both individuals experiencing a mental health or substance abuse crisis and their friends and family members. It is staffed by mental health professionals who find and refer individuals to mental health and substance abuse services.

TTY: 1-212-982-5284

Spanish LifeNet: 1-877-AYUDESE (298-3373)

Asian LifeNet: 1-877-990-8585

Languages: English, Spanish, Cantonese, Mandarin, Japanese, Korean, Fujianese, other languages using interpreters

Glossary of Terms Related to Suicide Prevention

Source: These definitions are abridged and adapted from the *National Strategy for Suicide Prevention: Goals and Objectives for Action*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2001 and from the Mayo Clinic On-Line Health Information website.

Description	How would you describe this idea in your own words?
<p>Anxiety is a state of uneasiness and apprehension, about future uncertainties. Common anxiety symptoms include feeling apprehensive or powerless; having a sense of impending danger, panic, or doom; having an increased heart rate; breathing rapidly; sweating; and feeling weak or fatigued. In some cases, anxiety is a diagnosable mental health condition that requires treatment. Generalized anxiety disorder, for example, is characterized by persistent worry about major or minor concerns. Other anxiety disorders - such as panic disorder, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD) - have more specific triggers and symptoms.</p>	
<p>Depression is a diagnosable mental health condition that causes a persistent feeling of sadness and loss of interest. Depression can also cause physical symptoms, such as insomnia. When a person is depressed, they may have trouble doing normal day-to-day activities. Depression may make a person feel as if life isn't worth living.</p>	
<p>Gatekeeper is an individual who, in the course of his/her activities, comes into frequent contact with and is respected by their communities.</p>	
<p>Insomnia is not being able to fall asleep or remain asleep for an adequate length of time.</p> <p>Common causes of insomnia include stress, anxiety, depression, and medical conditions that cause chronic pain. Insomnia may cause problems during the day, such as tiredness, difficulty concentrating, and irritability. Insomnia can sap not only an individual's energy level and mood but also affect their health, work performance, and quality of life.</p>	
<p>Means are the instruments or objects by which a self-destructive act is carried out (i.e., rope, firearm, poison, medication).</p>	

Description	How would you describe this idea in your own words?
<p>Mental illness refers to a wide range of mental health conditions - disorders that affect mood, thinking and behavior. Examples of mental illness include clinical depression and anxiety disorders.</p>	
<p>Post-traumatic stress disorder (PTSD) is a diagnosable mental health condition that develops after a traumatic event.</p> <p>Symptoms may include flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event. In some cases, the symptoms can get worse or last for months or years.</p>	
<p>Protective factors are factors that make it less likely that individuals will develop poor health outcomes. Protective factors may include biological, psychological, or social factors in the individual, family, and environment.</p>	
<p>Resilience is the capacity within a person to maintain mental health and well being in the face of hardships, losses, and trauma. Resilience provides protection from factors that might otherwise place that person at risk for poor health outcomes.</p>	
<p>Risk factors are factors that make it more likely that individuals will develop poor health outcomes. Risk factors may include biological, psychological, or social factors in the individual, family, and environment.</p>	
<p>Self-injury is the act of deliberately harming your own body (such as cutting or burning yourself) and is an unhealthy way to cope with emotional pain, intense anger, and frustration. While it may not be meant as a suicide attempt, self-injury comes with the possibility of inflicting serious and even fatal injuries.</p>	
<p>Screening is the administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.</p>	
<p>Stressors are situations and pressures that are experienced as a perceived threat to one's well being or position in life.</p>	
<p>Substance abuse is the use of alcohol, illegal drugs, prescription drugs, or other chemicals in a way that causes problems with a person's physical and mental health, relationships, employment, and the law.</p>	

Description	How would you describe this idea in your own words?
Suicidal ideations are thoughts of engaging in suicide-related behavior.	
Suicide is the voluntary and intentional taking of one's own life.	
Suicide attempt is a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself. A suicide attempt may or may not result in injuries.	
Suicide attempt survivors are individuals who have survived a prior suicide attempt.	
Suicide prevention gatekeepers are individuals trained to identify persons at risk of suicide and refer them to appropriate treatment or supporting services.	
Suicide survivors are family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide.	
Torture is the act of inflicting terrible physical or mental pain as punishment or revenge, as a means of getting a confession or information, or for sheer cruelty; a method of inflicting such pain.	
Trauma is a serious injury or shock to the body from violence or an accident; an emotional wound or shock that creates substantial, lasting damage to the psychological development of a person; an event or situation that causes great distress and disruption.	

**Refugee Health Technical Assistance Center
Suicide Prevention Pre-Training Survey**

As part of your participation in the Refugee Suicide Prevention Training, we would like you to complete this survey. Your responses are very important in improving this training.

1. Your Age: (circle one)
Under 20 20-29 30-39 40-49 50-59 60 years old
Years old Years old Years old Years old Years old or over

2. Your Gender: (check one)
 Male
 Female

3. What is your country of origin? _____

4. If you were born outside of the United States, what year did you come to the U.S.? _____

5. Do you work with or have direct contact with refugees? (check one)
 Yes
 No

6. If yes, on average how often do you work with or have direct contact with refugees?
(check one)
 Daily
 Weekly
 Monthly
 Other (please specify): _____

7. Where do you work or have direct contact with refugees? (check ALL that apply)
 Community
 Education, including English as a Second Language classes
 Employment, including small business development and financial literacy
 Health
 Resettlement
 Other (please specify): _____

8. Number of years you have worked with refugees: _____

TURN TO NEXT PAGE

Suicide Prevention Pre-Training Survey (continued)

Please indicate whether you agree or disagree with each of the following statements by putting a check mark (✓).

Statements		Agree	Disagree
9.	A person with a history of mental illness is less likely to attempt suicide.		
10.	People who really want to die will find a way. It will not help to try and stop them.		
11.	Alcohol or drug use may cause a person to be at higher risk of suicide.		
12.	You should not talk to people about suicide because it might give them the idea to try suicide.		

13. I am aware of local resources that can help a person who is at risk for suicide such as mental health services. (check one)
- Yes
 - No

Please rate the **level of confidence** you have in your ability to perform each of the following actions by putting a check mark (✓).
(select only one level of confidence of each action)

		Not confident	Somewhat confident	Confident	Very confident
14.	I can recognize suicide warning signs in a person.				
15.	I can ask a person if he/she is thinking about suicide.				
16.	I can convince a person who is thinking about suicide to seek help such as mental health services.				
17.	I can connect a person who is thinking about suicide to help such as mental health services.				

STOP! Do not turn the page until AFTER the training!

**Refugee Health Technical Assistance Center
Suicide Prevention Post-Training Survey**

Please indicate whether you agree or disagree with each of the following statements by putting a check mark (✓).

Statements		Agree	Disagree
1.	A person with a history of mental illness is less likely to attempt suicide.		
2.	People who really want to die will find a way. It will not help to try and stop them.		
3.	Alcohol or drug use may cause a person to be at higher risk of suicide.		
4.	You should not talk to people about suicide because it might give them the idea to try suicide.		

5. I am aware of local resources that can help a person who is at risk for suicide such as mental health services. (check one)

- Yes
 No

Please rate the **level of confidence** you have in your ability to perform each of the following actions by putting a check mark (✓).

(select only one level of confidence of each action)

		Not confident	Somewhat confident	Confident	Very confident
6.	I can recognize suicide warning signs in a person.				
7.	I can ask a person if he/she is thinking about suicide.				
8.	I can convince a person who is thinking about suicide to seek help such as mental health services.				
9.	I can connect a person who is thinking about suicide to help such as mental health services.				

TURN TO NEXT PAGE

Suicide Prevention Post-Training Survey (continued)

Please check off whether you agree or disagree with each of the following statements:

10. This program met the learning objectives presented at the beginning of the training.
 I disagree I am neutral I agree
11. The information presented was clear and well organized.
 I disagree I am neutral I agree
12. Opportunity for discussion and asking questions was provided and useful.
 I disagree I am neutral I agree
13. The training activities taught me new skills.
 I disagree I am neutral I agree
14. The handouts were useful.
 I disagree I am neutral I agree
15. What is your overall rating of this training?
 Poor Fair Good Excellent
16. In what specific ways did this training meet or not meet your expectations?
17. Do you think you might use the skills you practiced during the training in the next 3 months? If yes, please describe how you might use these skills.
18. Name one knowledge or skill that you'll take away from this training.
19. Is there anything you would change about the training? If yes, please explain.

Thank You!