



Agricultural Community QPR for Farmers and Farm Families

Assisting farmers in crisis using the Question, Persuade
& Refers approach (QPR)

Welcome & Introductions



Resources



Carey Portell and Linda Emanuel RN, certified QPR trainers are your presenters today.



Should any part of this webinar become personally distressing to you, please reach out to Linda Emanuel or Carey Portell. Feel free to leave the room if needed. We will follow up to provide support.



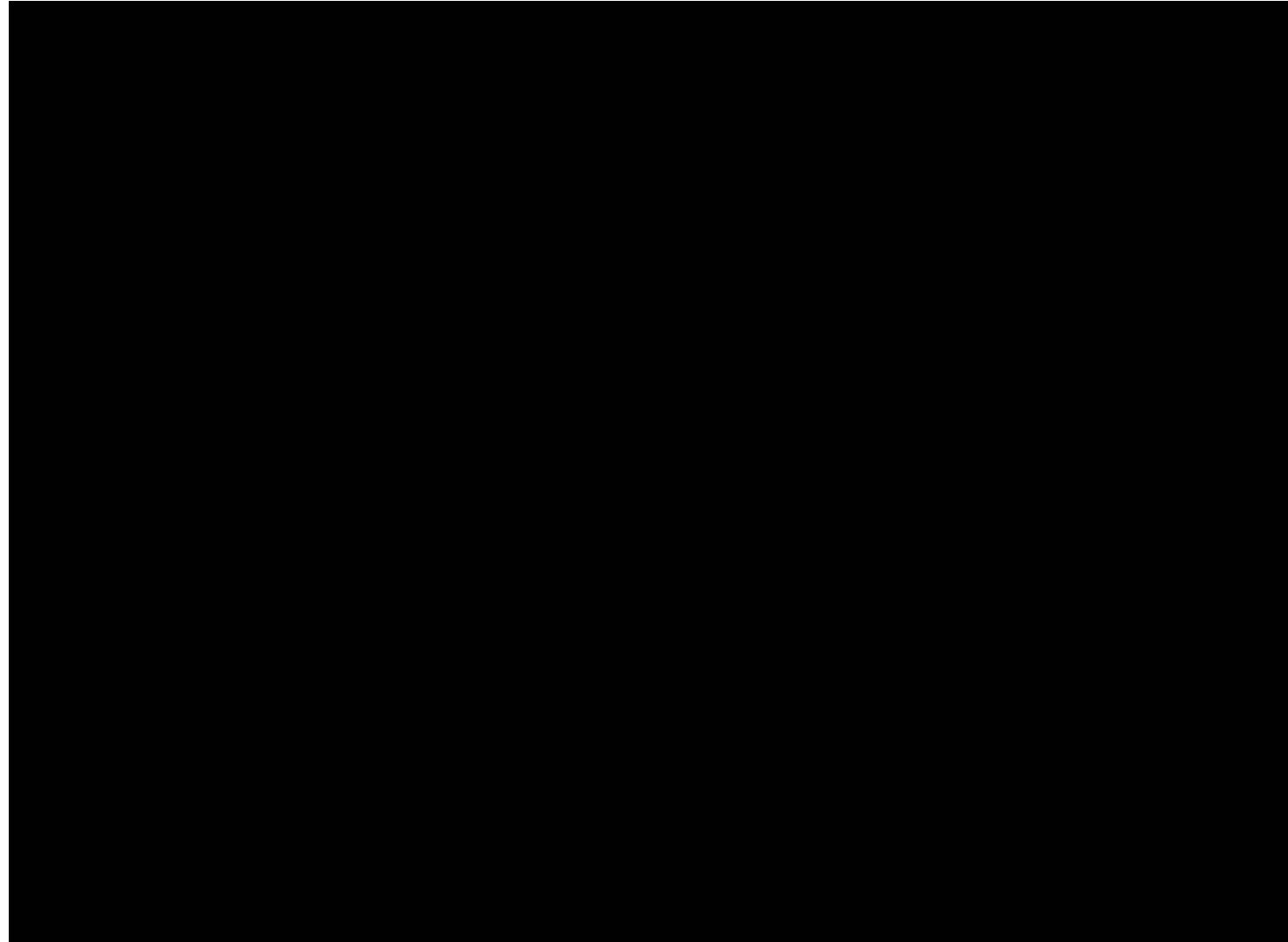
Please complete the sign-in sheets circulating about the room. Your information will connect you with additional QPR resources and evaluation.



We will open the floor intermittently throughout the presentation for Q & A.

Pierson Farm Video

*The need for QPR in
our farming
communities.*



Contextualizing QPR for Farmers & Farm Families

Linda Emanuel RN
Community Health Director,
AgriSafe Network

*Providing Culturally
Competent Care for
Farmers and Farm
Families, With Emphasis
on Mental Well-Being*

01

Understand

- Have a greater understanding of the agrarian culture.

02

Apply

- Apply key concepts of the culture when providing healthcare for farmers and farm families.

03

Identify

- Identify barriers of seeking mental wellness in a rural, agricultural community.

The issue

Alarming rates of stress, depression and suicide among production farmers.



Unique Aspects of Agrarian Culture

- Way of life
- Strong attachment to the land
- Patriarchal
- Strong work ethic
- Conservative views
- Traditional gender roles
- Self-reliant, independent^{8,9,10}



Unique factors contributing to farmers' stress

- Work and live, usually in the same place.
- Many share burden of the farm work with family members.
- Long hours
- Physically demanding
- Unpredictable income
- Some aspects out of the farmer's control (weather, insects, crop disease, government regulation)
- Off-farm job
- May be geographically, socially, occupationally isolated^{5,11,12,13,14}

How is all of this related?

Increased pressure to 'keep' the farm in family for generations

Loss of identity

May delay/resist help-seeking

May present with a physical complaint



This Photo by Unknown Author is licensed under [CC BY-SA-NC](https://creativecommons.org/licenses/by-sa/4.0/)

Spouse (wife) may identify symptoms first

Effects of gender roles^{15,16,17,18,19,20,21,22}

Barriers:

Lack of providers

Lack of transportation time

Close-knit community

Stigma



Suggestions

Be familiar with the culture

Develop a rapport of loyalty and trust (takes time)

Listen

Small talk/pleasantries/acknowledgment of occupational position

Use indirect versus direct questioning

Alternative Resources & Suggestions

- Church, pastors
- Community-based interventions
- Outreach programs
- Wide-spread social support events
- Increasing mental health literacy among the community^{23,24}

Female Farm Operators

The focus on farmer suicide is often on the at-risk group of white males.

However more women are entering farming as the primary operators and will be experiencing all the previously noted stressors of farm life.



What does the future hold?



Stressors likely will continue and may increase



Type of farming may change, which may change the stressors



Continued research is necessary

In the meantime...

- Publicly support and appreciate farmers.
- Be a friend who listens.
- Increase public awareness about what farmers do and deal with on a day to day basis.
- Increase our own knowledge of factors contributing to stress, depression and suicide.
- Disseminate this knowledge to the public.
- Know what resources are available for mental health.
- Don't hesitate to do something if you feel there is a need..



Keep in mind these aspects of farm life and culture as you participate in this QPR Suicide Prevention Training.

Knowing the stressors associated with farm life and culture should inform how you Question, Persuade and Refer anyone you may speak with about their mental health or suicidal ideations.



We will now begin the official QPR Institute Training.

Carey Portell,
Communications Specialist,
AgriSafe Network
Certified QPR Trainer

Assisting farmers in crisis using a Question,
Persuade & Refers approach

QPR

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

QPR is intended to offer hope through positive action.



QPR

Suicide Myths and Facts

- **Myth** Suicide prevention is a private matter for family and close friends of the person in crisis.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.
- **Myth** Asking a person about suicide will only make them angry and increase the risk of suicide.
- **Fact** Asking someone directly about suicidal intent lowers anxiety, opens communication and lowers the risk of an act of self-destruction.
- **Myth** Only experts can prevent suicide.
- **Fact** Research shows that not only experts, but also non-professionals, can be effective interventionists.

QPR

Suicide Myths and Facts

- **Myth** People considering suicide keep their plans to themselves.
- **Fact** Most people considering suicide communicate their intent sometime during the week preceding their attempt.
- **Myth** Those who talk about suicide don't do it.
- **Fact** People who talk about suicide may try, or even complete, an act of self-destruction.
- **Myth** Once a person decides to complete suicide, there is nothing anyone can do to try to stop them.
- **Fact** Any positive action may save a life.

QPR Suicide Clues And Warning Signs

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

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.”

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.”

“Pretty soon you won’t have to worry about me.”

Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Farewell notes
- Insomnia
- Neglect of personal hygiene
- Neglect of the farm
- Unexplained anger, aggression and irritability

Situational Clues

- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Anticipated loss of financial security
- Loss of a close counselor or mental health care provider
- Fear of becoming a burden to others
- Loss of the farm
- Crop failures
- Extreme weather conditions

Tips for Asking the Suicide Question

- If in doubt, don't wait. Ask the question.
- If the person is reluctant, be persistent.
- Talk to the person alone in a private setting.
- Allow the person to talk freely.
- Give yourself plenty of time.
- Be prepared with potential referral information.
- *Remember: How you ask the questions is less important than the fact that you are asking the question.*

QUESTION

Less Direct Approach

- “Have you been 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 never wake up?”

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?”
- “It sounds like you are going through a really hard time. Have you been having any thoughts about suicide?”

NOTE: If you cannot ask the question, find someone who can.

QUESTION

*How to NOT
ask the
question*

“You’re not suicidal, are you?”

Discussion

Questions

- What sorts of questions could you imagine asking a coworker or family member to encourage disclosure of suicidal ideation or planned attempt?
- A farmer in your local community?

PERSUADE

HOW TO PERSUADE SOMEONE TO STAY ALIVE

- Listen to the problem and give them your full attention.
- Remember, suicide is not the problem, only the solution to a perceived unsolvable problem.
- Do not rush to judgment.
- Offer hope in any form.

PERSUADE

Then Ask:

- “Will you go with me to get help?”
- “Will you let me help you get help?”
- “What can we do to keep you safe for now?”

YOUR WILLINGNESS TO LISTEN
AND TO HELP CAN REKINDLE HOPE
AND MAKE ALL THE DIFFERENCE.

Discussion

Questions

- What methods of persuasion might a coworker or family member be more apt to be moved to get help?
- A farmer that you work with?
- What sorts of barriers might they see to pursuing help and how might you help them overcome these obstacles?
- A farmer?

REFER

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help or getting them on the phone with someone who can help.

REFER

- The next best referral is getting a commitment from them to accept help, then making the arrangements for them to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide.
- Any willingness to accept help at some time, even if in the future, is a good outcome.

Discussion

Question

- How might you follow up with someone after a disclosure to check-in on their well-being?

FOR EFFECTIVE QPR

- Say: "I want you to live," or "I'm here to help you."
- Get others involved. Ask the person who else might help. Family? Friends? Brothers? Sisters? Another farmer? Someone you are really close to? Clergy member? Physician?

FOR EFFECTIVE QPR

- Be available. Show you care.
- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.
- Offer to help. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.

REMEMBER

WHEN YOU APPLY QPR, YOU
PLANT THE SEEDS OF HOPE.
HOPE HELPS PREVENT SUICIDE



Story of Help and Hope

How employing QPR can make a difference in someone's life.

Warren's Story

Stories of Hope and Help





Resources

For referral and support

Nebraska &
Iowa
Toll Free
Hotlines

The Nebraska Rural Response
Hotline

1-800-464-0258

M-F 8:00AM-5:00PM

Iowa Concern Hotline

1-800-447-1985

24/7 Phone Support

National Suicide Prevention Lifelines

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

NATIONAL

SUICIDE
PREVENTION
LIFELINETM

1-800-273-TALK (8255)

suicidepreventionlifeline.org

RED NACIONAL

de
PREVENCIÓN
del
SUICIDIO

1-888-628-9454

prevenciondelsuicidio.org

Veterans
Crisis Line



1-800-273-8255
PRESS 1

Disaster Distress Helpline

a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster



Disaster Distress Helpline

PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Línea de Ayuda

Para Los Afectados Por Catástrofes

TELÉFONO: 1-800-985-5990 MENSAJE SMS: "Hablanos" al 66746

8 WARNING SIGNS OF DISASTER DISTRESS

If you find yourself or a loved one experiencing some of the feelings and reactions listed below for 2 weeks or longer, you can always #TalkWithUs at 1-800-985-5990. We want to help you through.

1. Crying spells or bursts of anger
2. Difficulty eating
3. Difficulty sleeping
4. Losing interest in things
5. Increased physical symptoms, such as headaches or stomachaches
6. Fatigue
7. Feeling guilty, helpless or hopeless
8. Avoiding family and friends



Disaster Distress Helpline
PHONE: 1-800-985-5990 TEXT: "TalkWithUs" to 66746

Crisis Text Line

Free 24/7 support for those in crisis. Text from anywhere in the US to text with a trained Crisis Counselor.



In crisis?

Text **HELLO** to
741741 and speak
anonymously with a
Crisis Counselor.

CRISIS TEXT LINE |

Free, 24/7 support for people in crisis.

WarmLines

Unlike a hotline for those in immediate crisis, warmlines provide early intervention with emotional support that can prevent a crisis. The lines are free, confidential peer-support services.

Need Someone to Talk To?

If it's not a Crisis,
Call a WarmLine.



www.WarmLine.org



LGBTQI+ Suicide Prevention Lifelines

Free 24/7 support for those who are LGBTQI+.

Text or call from anywhere in the US to text with a trained Crisis Counselor.

GET HELP 24/7:

 TrevorText Text START to 678678	 TrevorChat TrevorChat.org	 TrevorLifeline 866.488.7386
--	--	---

THE TREVOR PROJECT
Saving Young LGBTQ Lives

The first U.S. transgender suicide hotline is up and running! Spread the word for someone who needs it:

Trans Lifeline
1-877-565-8860

LGBTQ+
Suicide Prevention Resources

-  **National Suicide Prevention Lifeline**
1-800-273-TALK (8255)
Veterans: Press 1
-  **Trans Lifeline**
Support for transgender people, by transgender people
1-877-565-8860
-  **Text TALK to 741741**
Text with a trained counselor from the Crisis Text Line for free, 24/7
-  **SAGE LGBT Elder Hotline**
Peer-support and local resources for older adults
1-888-234-SAGE
-  **The Trevor Project**
Phone, chat, and text support for LGBTQ+ youth
thetrevorproject.org/get-help-now/

 **American Foundation for Suicide Prevention**
afsp.org/lgbtq



HOW WE HELP



ABOUT



DONATE

HELP STARTS HERE

211 is a vital service that connects millions of people to help every year. To get expert, caring help, simply call 211 today or search for your local 211 below.

FIND YOUR LOCAL 211

ZIP CODE

OR

CITY

AND

STATE



SEARCH

Not sure where to turn? We are here for you.

COVID-19 (CORONAVIRUS) PANDEMIC

CRISIS AND



- Now we would like you to practice applying what you have learned so far.
- You will be asked to respond to a text message to someone that is in distress through a series of choices.
- At anytime you feel overwhelmed with a situation, you should reach to someone to help you, safety is a priority for everyone involved.
- We understand that communicating over text is challenging and the best form of communication is face to face. But this individual has reached out to you via text.

Let's practice...



You receive this text message....

“I’m just letting you know I won’t be back to work. Ever. My doctor can’t fix me this time. I really don’t want to talk on the phone, so don’t call me, and don’t come to see me. Or if you must come to see me, meet me at the morgue. Tell everyone goodbye. ”

What do you text back?

- A. Come on. Call me! We can't talk by texting.
- B. Have you seen your doctor?
- C. I'm concerned about you. Are you driving a vehicle?
- D. Where can I meet you?

Your friend texts back:

“No, I’m sitting at my kitchen table.”

What do you text back?

- A. Are you alone?
- B. I’m coming right over!
- C. Good! I trust you’re not thinking about suicide.
- D. Can you tell me more about what’s happening?

Your friend texts back,

“I guess so. Are you sure you have time for me?”

Your reply.....

- A. Where do you have to go in five minutes?
- B. Have you been drinking?
- C. Yes, I sure do. But before we get started, are you safe right now?

Your friend texts back:

“I’m OK right now. Thanks. It’s just that things are over for me.”

You text again,

“I’m glad you’re OK now. I just needed to know you’re safe. Now what’s going on?”

Your friend texts back:

“I’ve been living in hell. You know Cindy’s leaving me? You know that right? She’s already gone. I got back from work and all her stuff was gone. She didn’t even leave me a note.”

“I’ve got no energy. I can’t sleep, and even when I do fall asleep I wake up with nightmares. After last night, I say screw it! Who needs it. What’s the point?

Just let me go to sleep and never wake up.”

What do you text back?

- A. You sound depressed. Is this the first time you've ever felt this bad?
- B. Who else knows how badly you're feeling?
- C. Go to sleep and never wake up? Have you been thinking about suicide?
- D. Have you talked with any helping professional about this?

Your friend texts:

“Yep. Wouldn’t you? They don’t make pills big enough to cut into this pain.”

What do you text back?

- A. Listen. I mean really listen! I'm running out of heros, and I need you....., we need you. But you need to help me help you. Even though I can't know what life's like for you right now, how about you fill me in about what's been going on? I got all kinds of time!
- B. I'm sorry to hear things are not going well, but can you tell me if you've decided to kill yourself?
- C. Sorry you're feeling so bad, but most people get over a depression or break up like this, and I'm glad you've decided not to kill yourself.
- D. Suicide seems like a permanent solution to a temporary problem. There are plenty of women out there.



Department of Behavioral
Health & Developmental
Disabilities

Cabinet for Health
and Family Services



Governor's Office of
Agricultural Policy



Evaluation

Please complete the *Agricultural Community QPR for Farmers and Farm Families* evaluation. All responses are anonymous.



Credits

Content: Dr. Joan Mazur, SCAHIP; Dr. Cheryl Witt, U of L, Dr. Susan Jones & Dr. Kim Link, WKU, Carolyn Oldham, MS/UK S-FRSAN Project, Warren Beeler, Danny Prince

Videography & Graphic Design: Alexander Sabad, SCAHIP

Graduate Student Assistants: Keyera Jackson, UK College of Education, Danny Prince, UK College of Agriculture, Food, Environment.

Funding For this KY- QPR for Farmers Training Presentation:

Central Appalachian Regional Educational Research Center (CARERC) through Grant 6T42OH010278. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NIOSH/CDC.

Agrisafe: U.S. Department of Agriculture (USDA). Southern Farmer Rancher Stress Assistance Network (S-FRSAN) Sub-award Pilot Study: Farmer Suicide Prevention Community-based Network.



Questions or Comments?

Thank you for your participation in *Agricultural Community
QPR for Farmers and Farm Families.*