

QPR Gatekeeper Training

Ask a Question, Save a Life

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Overview

- What is QPR and who should be trained?
- Statistics and risk factors
- Myths and facts
- Clues and warning signs
- How to use QPR

QPR = Question, Persuade, Refer

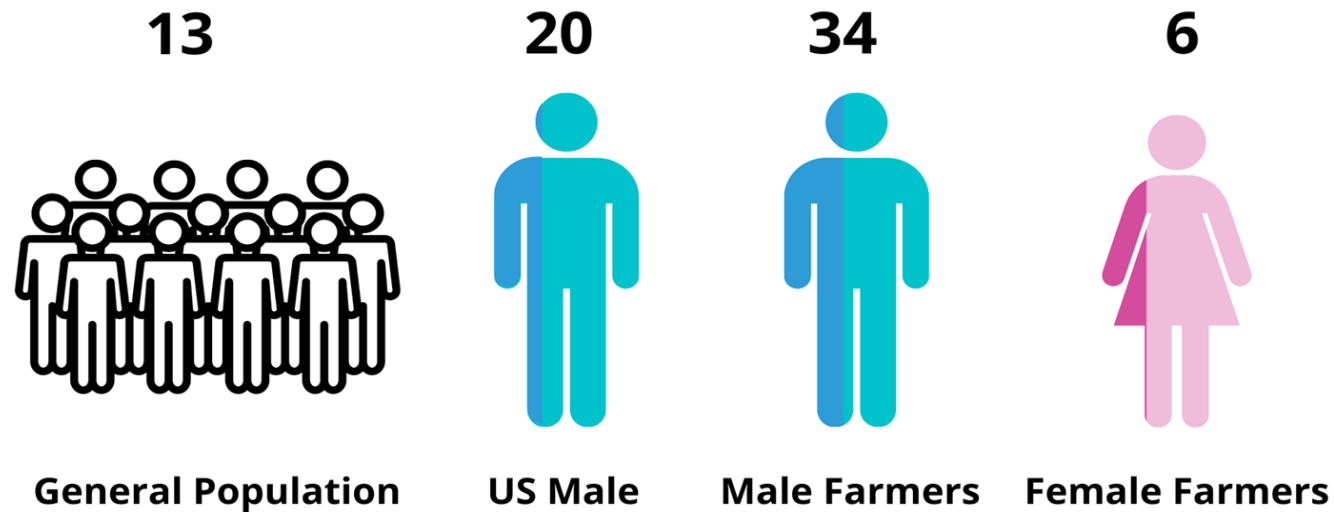
- Awareness
- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.

Who should be trained in QPR?

- Family, friends, employers
- Medical providers (including dentists, promotores, paraprofessional staff)
- Faith leaders, community leaders
- Bankers, loan officers, financial counselors, Farm Service Agency employees
- Cooperative extension offices (harvest experts, nutrition)
- Farm equipment dealers, FLC, and maintenance techs, veterinarians, anyone who has an ongoing relationship with a farmer, rancher, or farmworkers

Facts

- Suicide rates are higher in rural areas



Deaths per 100,000 people a year

Sources:

Browning, Westneat & McKnight, 2008 (Idaho famers)
Centers for Disease Control and Prevention, 2019

Social Determinants of Health (SDOH) for FW

Education Access and Quality

- Educational attainment among farmworkers is low (~9th grade)
 - Impacts health and safety

Healthcare and Quality

- Access impacted by ethnicity, citizenship, labor and housing
- Less preventive medicine screening, robust treatment and insurance despite ailments, more adverse health outcomes

Social and Community Context

- Social context in working and living conditions influence health by employment, housing, ethnicity and citizenship

Economic Stability & Neighborhood/Built Environment

- Near, at or below poverty levels.
- Leads to food insecurity and income instability



Work Psychosocial Factors

- Social and cultural isolation among immigrant workers
- Language and cultural barriers
- Lack of mental health resources, culture
- Substance use and misuse



Research Highlights

- Physical injuries on a daily basis. ³
- Work through musculoskeletal discomfort, injury, and illness. ¹
- Barriers to seek care. ²
- Psychiatric distress from acculturative stress. ⁴
- Injured on-the-job 7x more likely to be depressed. ⁵
- Depression and *nervios* were 5x and 2x more likely among injured FW. ⁶
- WSH 8/10 women in ag
- Mental Health, 2020 CA
 - 20% feel nervous, anxious or on edge
 - 10% diagnosed with anxiety
 - 7% diagnosed with depression

Nature of Farm Work



Risk Factors Impacting Farmer Mental Health

- Extreme / unpredictable weather
- Disease outbreaks (livestock or crops)
- Health issues
- Financial (i.e. market prices, equipment and supply costs)
- Work/life balance
- Economics
- Language/culture of farming
- Exposure to pesticides / farm chemicals / grain dust

Risk Factors Impacting Agricultural Worker Mental Health

- Stigma
- Trauma history (e.g. loss of significant other or exposure to trauma)
- Social isolation
- Substance misuse
- Access to lethal means (i.e. firearms)
- Mental illness (e.g. anxiety, depression, bipolar disorder)
- Limited accessibility to mental health services (e.g. psychiatry)

Males are at Higher Risk

- Being male is a barrier to health care
- More reluctant to ask for help
- Limited access to male mental health providers
- Men tend to work longer hours and in isolation
- More access to lethal means (e.g. firearms)
- Higher rates of substance misuse (e.g. alcohol)

Agricultural workers are not stubborn; they are ag workers and ...

- Raised to be independent, protect family
- Trained to be self-sufficient and self-reliant



Suicide Myths and Facts

Myth No one can stop a suicide, it's inevitable

Fact If people in crisis get the help they need, suicide can be prevented

Myth Confronting a person about suicide will only make them angry and increase the risk of suicide

Fact Asking someone directly opens communication & lowers the risk of an impulsive act

Myth People thinking about suicide keep their plans to themselves

Fact Most people having thoughts about suicide communicate their intent

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.”
- “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.”
- “I won’t be around much longer.”

Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, unexplained anger, aggression and irritability, hopelessness
- Putting personal affairs in order / giving away prized possessions
- Suddenly no interest, no response
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery

Situational Clues

- Loss of the farm or ranch, eviction
- Loss of job
- Natural disaster aftermath
- Death of a spouse, child, or best friend, especially if by suicide
- Family loss (divorce, end of relationship, family estrangement)
- Sudden disability / injury or diagnosis of a serious illness
- Fear of becoming a burden to others

Tips for Talking about Suicide

- 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
- Have your resources handy (phone numbers, counselor's name, etc.)

Question

Less Direct Approach:

- “Have you been unhappy lately?”
- “You don’t seem like yourself lately, what’s going on?”

Direct Approach:

- “Are you thinking about suicide?”

Question (cont.)

How NOT to ask the suicide question

- “You’re not thinking of killing yourself, are you?”
- “You wouldn’t do anything stupid would you?”
- “Suicide is a dumb idea. Surely, you’re not thinking about suicide?”

Persuade

How to Persuade someone to seek help

- Listen to the problem and give them your full attention
- Do not rush to judgment
- Offer hope in any form

Then Ask

- “Will you go with me to get help?”
- “Will you let me help you get help?”

Refer

- Best referral = taking the person directly to help
- Next best = making arrangements to get help
- Third best = Give referral information

Refer (cont.) - Get Others Involved

- Ask the person who else they feel might help
 - Family
 - Friends
 - Clergy
 - Physician or therapist
- Follow up with a visit, a phone call or a card

Resources



www.californiahealthplus.org



www.988lifeline.org
Call or Text 988



www.growmentalwellness.org



www.farmaid.org
1-800-FARM-AID
(1-800-327-6243)



www.suicidepreventionlifeline.org
1-800-273-TALK (1-800-273-8255)



Phone (800) 377-9968
Whatsapp (737) 414-5121

Thank you!

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