

Suicide Prevention: Interprofessional Development of a QPR Resource Guide to Increase Community Awareness

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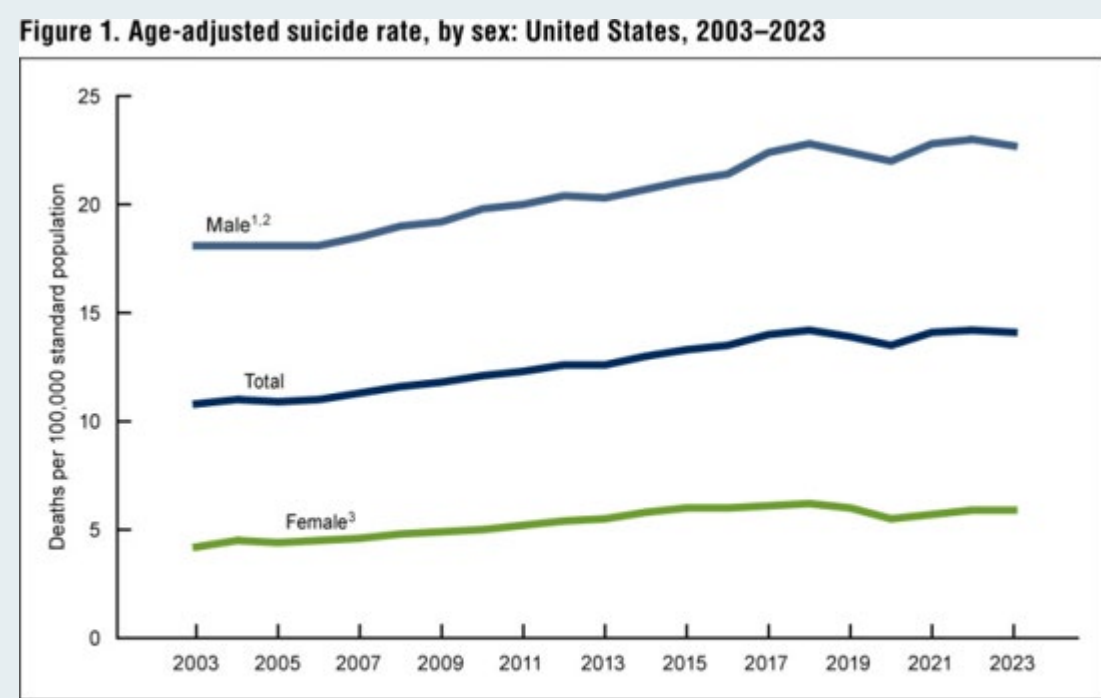


Objectives

- Enhance interdisciplinary collaboration through exploration of harm reduction principles and suicide prevention in community-based settings.
- Examine behavioral health issues, including principles of addiction medicine, in populations with low health literacy to better understand barriers to care and promote equitable, patient-centered interventions.
- Promote stigma reduction and compassionate communication by integrating trauma-informed and culturally-responsive approaches into suicide risk conversations.
- Facilitate interactive discussion on harm reduction principles with QPR (Question, Persuade, Refer) training and motivational interviewing workshops as an intervention.
- Develop a digital brochure that tailors the QPR framework into an accessible, interprofessional tool to identify warning signs and normalize conversations about suicide risk as an early intervention.

Background

The Urban Service Track Behavioral Health Interest Group (BHIG) is a student-oriented initiative composed of interprofessional future healthcare professionals with four health professions. Within this specific interest group, we are committed to advancing harm reduction with a focus on behavioral health and informed suicide prevention.



- National and State Statistics:
- In 2023, suicide was the 11th leading cause of death overall in the United States, claiming the lives of over 49,300 people.
 - In Connecticut, the suicide rate has increased 45.2 %, higher compared to the national rate of 30%, between 1999 and 2022.
 - On average, 45% of suicide victims had contact with primary care providers within 1 month of suicide.

QPR (Question, Persuade, Refer) is an evidence-based suicide prevention training that equips individuals to recognize warning signs and respond to those at risk. The QPR deliverable can enhance awareness of warning signs and risk factors for self-harm/suicide and help healthcare professionals facilitate interventions with vulnerable community members.

Methods

The BHIG held monthly meetings from November 2025 to April 2026, involving interactive learning events and speakers:

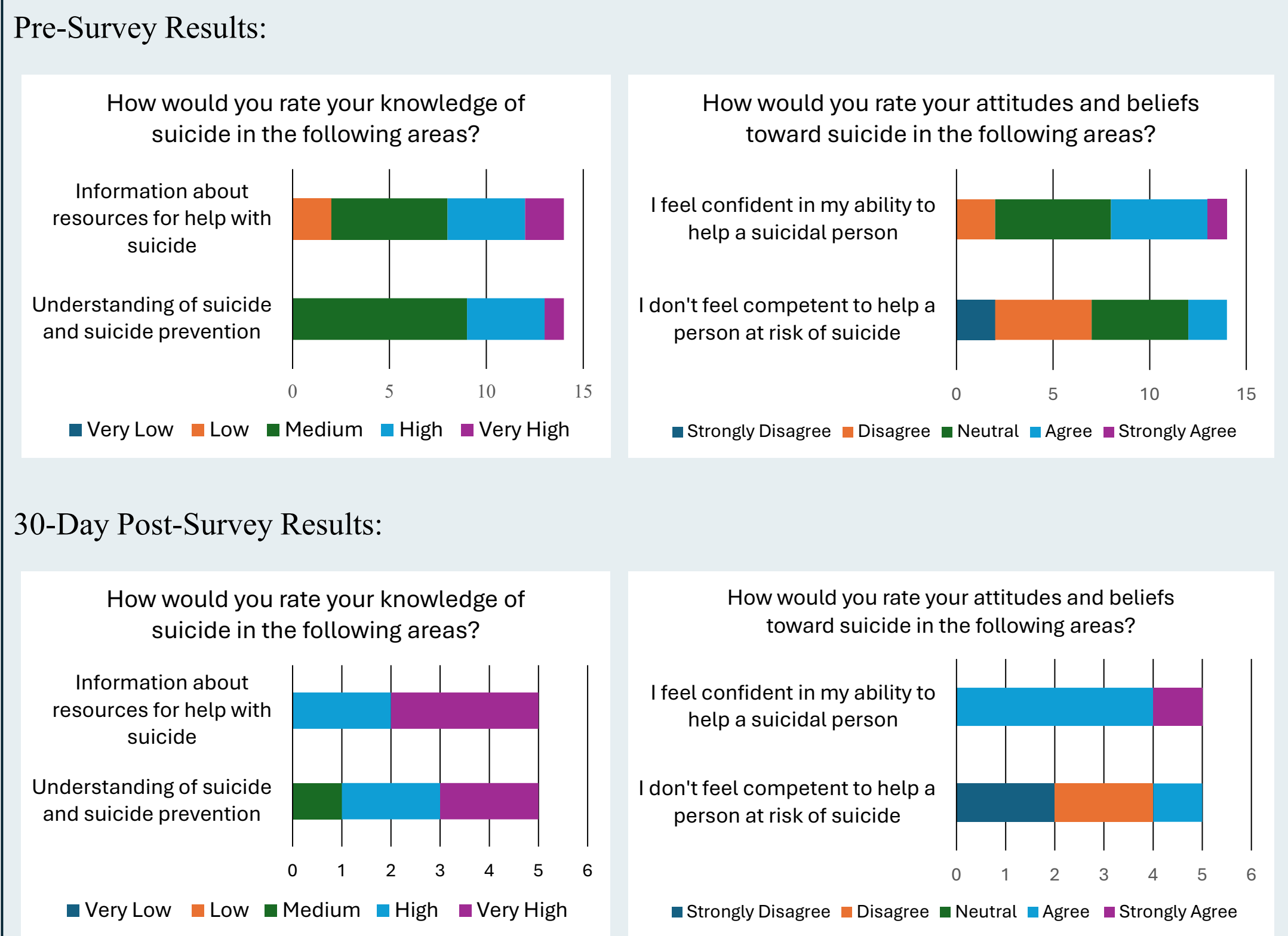
- November: Discussion on Harm Reduction Principles
- December: Motivational Interviewing
- January: QPR Training with Natalie Crino (Eastern AHEC Director)
- February: Addiction Medicine with Dr. Cara Zimmerman
- March: Preventing Burnout in Healthcare: Self-Care & Provider Resources

Prior to the meetings, BHIG members were assigned distinct roles (e.g., poster presenters, poster developers, BHIG representative) to promote structured engagement and maximize the effectiveness of group contributions.

IG members were asked to complete a pre-survey on the QPR primer and 30-day post-survey regarding how the training was used in our work.

Results

QPR pre-training and 30-day post-training surveys were administered to all members of the interest group to evaluate changes in their knowledge and attitudes before and after the QPR training, based on participant feedback.



- Findings:
- After QPR training, the BHIG members shifted from predominantly "Medium" responses to majority "High" and "Very High" across both suicide resources and prevention knowledge.
 - The post-survey results shows stronger agreement with feeling confident helping suicidal individuals and slightly stronger agreement with feeling competent assisting individuals at risk. This shows improvement in the capability to intervene.
 - Overall, while the sample size decreased from the pre-survey (n=14) to the post-survey (n=5), the internal consistency of the 30-day follow-up group is high.

Deliverable

The deliverable is a student-developed QPR resource guide designed for both healthcare professionals and community members, providing practical tools for harm reduction-informed suicide prevention.

Scan to View QPR Deliverable:

Discussion & Future Direction

- Through the Behavioral Health Interest Group, we try to shift the traditional approach to suicide prevention by integrating the QPR framework with harm reduction principles. This suggests several key takeaways:
- Primary focus: We can normalize conversations surrounding suicide risk and provide early intervention by using an interdisciplinary model that equips students with practical tools in Motivational Interviewing and Addiction Medicine.
 - Community engagement: The accessible digital brochure can be used as a clinical tool for the public, utilizing trauma-informed communication to bridge the gap between primary care settings and vulnerable populations.
 - Equity: Encouraging interdisciplinary collaboration to better serve underserved and high-risk communities emphasizes inclusive and patient-centered care by addressing stigma and recognizing structural barriers.
 - Limitations: Limited generalizability due to small sample size and voluntary participation, time constraints and variability in attendance, and reliance on self-reported reflection data.
- After conducting a reflection survey from the meetings, group members felt they were able to:
- Approach community members with empathy.
 - Engage in conversations on stigma and suicide prevention because of enhanced knowledge in harm reduction and addiction medicine.
 - Recognize signs of suicidality and communicate effectively with at-risk individuals.
- Future efforts will focus on evaluating the long-term retention of these skills and expanding the digital resource guide to include more local community-specific referral networks.

Acknowledgments

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References

Scan to View Resources:

A full list of materials cited for this project and QPR deliverable may be accessed using the provided QR code.