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QPR PRACTICE IN SUICIDE PREVENTION AND ENSURING THE WELL-BEING OF ADOLESCENTS AND YOUTH: IMPLEMENTATION EXPERIENCE IN THE REPUBLIC OF KAZAKHSTAN

Research on suicide and its prevention is one of the key topics in modern science. Studies of effective and scalable prevention strategies aimed at reducing the risk of suicide among young people are becoming particularly significant. QPR ("Question, Persuade, Refer") is one of the scalable approaches to suicide prevention, which involves training "gatekeepers" from among ordinary people who are able to recognize signs of suicidal behavior and establish dialogue with potential suicidal individuals in such a way as to encourage them to seek professional help. This approach has demonstrated effectiveness in global practice and has also been implemented in Kazakhstan.

The aim of this study is to analyze the effectiveness of implementing the QPR method for suicide prevention and ensuring the well-being of adolescents and young people in Kazakhstan Republic. The researchers conducted an evaluation of the application of the method in educational institutions. The authors analyzed supervision reports of specialists who were trained in the QPR methodology and received support during its implementation in practice. The study identified both the challenges faced by those who applied the QPR method in their professional activities and the outcomes they observed.

The authors conclude that gatekeepers evaluated the method positively. However, since in some regions of the country, during the period of project implementation, there were no services to which potential suicidal individuals could be referred, the application of the QPR method could not be fully realized. Stigma and the negative perception by the population of the professional's qualifications who could receive high-risk individuals also often hinder the effectiveness of gatekeepers' work using the QPR method. The authors also revealed specific features of the work of educational institution services, which may also affect the effectiveness of suicide prevention projects.

The presented analysis is intended to assist those involved in the development and implementation of suicide prevention programs to take into account the challenges and contextual factors that may influence the course and effectiveness of projects aimed at addressing the problem of suicide among adolescents and young people in Kazakhstan Republic.

Keywords: suicide, suicide prevention, well-being, QPR method, assessment of suicidal risks.

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Жасөспірімдер мен жастардың әл-ауқатын қамтамасыз ету үшін суицидтің алдын алу және QPR әдісі: Қазақстан Республикасында жүзеге асыру тәжірибесі

Суицидті және оның алдын алу әдістерін зерттеу қазіргі ғылымның өзекті тақырыптарының бірі болып табылады. Жастар арасындағы өз-өзіне қол жұмсау қаупін азайту үшін тиімді және ауқымды профилактикалық стратегияларды зерттеу ерекше маңызды болып келеді. «QPR» («Сұрақ қою, көндіру, сілтеме жасау») суицидтің алдын алудың ауқымды тәсілдерінің бірі болып табылады, ол суицидтік мінез-құлық белгілерін тани алатын және оларды іздеуге ынталандыру үшін ықтимал суицидтермен диалог құра алатын қарапайым адамдардан (міндетті түрде мамандар емес) қақпашыларды оқытуды көздейді. Тәсіл халықаралық тәжірибеде тиімді екендігі көрсетілді және Қазақстанда енгізу тәжірибесі бар.

Бұл зерттеудің мақсаты – Қазақстан Республикасындағы жасөспірімдер мен жастардың әл-ауқатын арттыруда және суицидтің алдын алуда QPR әдісінің тиімділігін талдау. Зерттеушілер оқу орындарының мамандарының әдісті қолдануды бағалауына талдау жасады. Авторлар QPR

әдістемесі бойынша оқудан өткен және оны тәжірибеде енгізуде қолдау алған мамандардың бақылау есептерін талдады. Мамандардың QPR әдісін тәжірибеге енгізуде кездесетін қиындықтары және әдісті енгізу барысында мамандар алған әсерлері анықталды.

Зерттеу авторлары мамандар бұл әдісті оң бағалады деген қорытындыға келді, бірақ жобаны жүзеге асыру кезінде елдің кейбір аймақтарында мамандар ықтимал суицидке сілтеме жасай алатын қызметтер болмағандықтан, QPR әдісін қолдану толық жүзеге асырылмады. Суицид қаупі жоғары адамдарды жатқызуға болатын мамандардың біліктілігін халықтың стигма және теріс бағалауы да QPR әдісін қолданатын қақпашылардың жұмысының тиімділігіне жиі кедергі жасайды. Сондай-ақ авторлар суицидтің алдын алу жобаларының тиімділігіне әсер етуі мүмкін білім беру мекемелерінің қызметтерінің ерекшеліктерін де анықтады. Ұсынылған талдау өз-өзіне қол жұмсаудың алдын алу бағдарламаларын әзірлеуге және іске асыруға қатысатын тұлғаларға Қазақстан Республикасындағы жасөспірімдер мен жастар арасындағы суицид проблемасын шешу бойынша жобалардың барысы мен тиімділігіне әсер етуі мүмкін күрделілік пен ерекшеліктерді ескеруге көмектесуге арналған.

Түйін сөздер: суицид, суицидтің алдын алу, әл-ауқат, QPR тәжірибесі, суицид қаупін бағалау.

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Практика «QPR» по предотвращению суицида для обеспечения благополучия подростков и молодежи: опыт реализации в Республике Казахстан

Исследования самоубийств и методов их предотвращения является одной из ключевых тем современной науки. Особенно значимыми становятся исследования эффективных и масштабируемых стратегий профилактики, направленных на снижение риска суицида среди молодежи. «QPR» («Question, Persuade, Refer») – один из доступных к масштабированию подходов по предотвращению суицидов, который предполагает подготовку привратников («gatekeeper») из числа обычных людей, способных распознавать признаки суицидального поведения и выстраивать диалог с потенциальными суицидентами таким образом, чтобы способствовать их обращению к специализированной помощи. Подход показал эффективность применения в мировой практике и имел опыт реализации в Казахстане.

Целью данного исследования является анализ эффективности внедрения метода QPR для предотвращения суицида и обеспечения благополучия подростков и молодых людей в Республике Казахстан. Исследователями был проведен анализ оценки применения метода в учебных заведениях. Авторы проанализировали отчеты супервизий специалистов, которые были обучены методике QPR и получили сопровождение при внедрении ее в практику. Были выявлены сложности, с которыми столкнулись те, кто внедрял метод QPR в практическую деятельность и эффекты, которые они отметили.

Авторы исследования делают вывод о том, что привратники позитивно оценили метод, но, поскольку в некоторых регионах республики на период реализации проекта по внедрению отсутствовали службы, в которые они могли бы перенаправлять потенциальных суицидентов, применение метода QPR не могло быть полноценно реализовано. Стигма и негативная оценка населением квалификации профессионалов, к которым можно было бы направить лиц с высоким суицидальным риском, так же зачастую препятствуют эффективности работы привратников по методу QPR. Авторами так же выявлены особенности деятельности служб учебных заведений, которые тоже могут сказываться на эффективности проектов по превенции суицидов. Представленный анализ призван помочь тем, кто занимается разработкой и реализацией программ превенции суицида учитывать сложности и особенности, которые могут оказывать влияние на ход и эффективность проектов, призванных решить проблему суицида среди подростков и молодежи Республики Казахстан.

Ключевые слова: суицид, превенция суицида, благополучие, метод «QPR», оценка суицидальных рисков.

Introduction

Adolescents and young people in Kazakhstan Republic have been a priority group for suicide prevention programs for a considerable period of time. The projects implemented within this period have demonstrated numerous strengths and statistically supported advantages of the methods used to prevent self-destructive tendencies among youth. However, it must be acknowledged that, to this day, the issue of adolescent and youth suicide in the country remains acute. In 2024, 453 completed suicides among minors were officially recorded in the country (General Prosecutor's Office, 2024). Unfortunately, these statistics continue to draw the attention of domestic researchers and practitioners to the urgent need for solutions to this important and complex issue. Certainly, the use of the other countries experiences and the adaptation of methods that have been tested elsewhere is of great value. However, it is important to understand that the effectiveness of implementing international practices largely depends on the conditions in which they are applied (Nasir, 2016). This article describes the experience of implementing the QPR (Question, Persuade, Refer) suicide prevention practice, which was carried out within the framework of the project “*Community Power: Strengthening Community Capacity in Addressing Youth Suicide*” in 2021–2022 by the *Just Support* foundation with the support of the U.S. Diplomatic Mission in Kazakhstan Republic.

QPR (Question – Persuade – Refer) is a registered methodology that has been implemented since 1995 in the United States. Its essence lies in training people who are capable to recognize and respond to signs of suicidal behavior (Condrón, 2014). Such “gatekeepers” can identify individuals at high risk of suicide and refer them to specialized assistance. A gatekeeper can be any person, regardless of education or professional background. The QPR method is designed to be applied by anyone and is based on the principle that every person can save a life from suicide.

The first step in applying the QPR methodology is asking a direct or indirect question about suicide. If a person confirms having suicidal thoughts or intentions, the second step of the method is applied, which involves persuading the person to choose life. This does not require highly professional skills from the person applying QPR. It is sufficient to show empathy, avoid dismissing the experiences of the

person expressing suicidal intent, allow them to talk openly, listen to the problems they believe suicide would solve, and offer help and hope for another solution. QPR training equips individuals with these empathic counseling skills, enabling them to obtain agreement or a promise from the person to stay alive until professional help is provided. In this sense, QPR is similar to providing first aid to a physical trauma victim – temporary support given to sustain life until professional medical teams arrive. Similarly, the basic skills of a QPR-trained gatekeeper are intended to sustain the life of a psychologically distressed person until they are connected with professional help. Bringing a person to someone who can help them (a psychiatrist, psychotherapist, law enforcement officer, crisis center, etc.) is, in fact, the third step of the methodology.

The QPR program has a number of undeniable advantages. First of all, it is accessible to everyone. The methodology is designed for broad coverage of users, which ensures its effectiveness in suicide prevention. Its simplicity of learning makes it possible to train as many QPR gatekeepers as needed to provide large-scale, timely identification and assistance to those who may require it. Additionally, the program is based on the natural human capacity and need for empathy, which makes it easy to integrate into everyday life and any environment, whether it be an educational institution, leisure or sports clubs, healthcare facilities, retail outlets, and so on. The program also teaches a holistic view of the socio-psychological situation in each specific case. The methodology is evidence-based, and its materials were written and reviewed by experts in public health and mental health. Awareness of suicide warning signs, risk factors, and protective factors allows practitioners of the method to assess a potentially dangerous situation in terms of the interconnectedness of all these aspects. Furthermore, QPR makes it possible to involve a wide circle of people, including relatives and close ones, in caring for the individual, which often helps overcome the isolation into which a person has fallen under the influence of adverse factors.

At the same time, several limitations in the use of the QPR method have been noted. Firstly, there is the subjectivity of suicide risk assessment, given that the practitioner may have no experience or knowledge that could ensure greater competence in forecasting. At present, there are no algorithms that make it possible to correlate protective and risk

factors according to their significance and impact – only a simple listing of them is suggested. Secondly, QPR is easier to apply for people for whom empathy comes naturally. However, as practice shows, empathy is not an innate ability. It is a skill that develops. Some manage to develop it more due to communication experience, role models in their environment, or individual predisposition, while others less so. Nevertheless, empathy can be practiced and, regardless of age or individual traits, it can be trained easily. Another limitation of QPR is the fear which many people have in asking the questions about suicide. Some are afraid to ask direct questions about suicide and find it difficult to overcome this fear. The QPR training program for gatekeepers includes work on overcoming this fear by presenting arguments, providing rationale, informing trainees of research findings, addressing objections, and using other methods. During QPR training, participants receive special preparation in how to ask questions about suicide correctly, and role-playing with training cases is conducted. Further practice and experience in asking direct and indirect questions about suicide allow not only overcoming this fear but also reinforcing knowledge about the effectiveness of such questions with accumulated positive examples.

Therefore, the QPR method has a number of features that are important to consider when implementing it. It is also essential to take into account the specificity of the environment and cultural context when the method begins to be applied in new settings. The experience of using the QPR method in Kazakhstan Republic became the focus of the study presented in this article. The subject of the study was the evaluation of the method's application by the project participants. The aim of the study was to analyze the success of applying the QPR method and to identify conditions that facilitate or hinder the effectiveness of its implementation in Kazakhstan Republic. The research tasks included identifying the nature of the judgments about the method made by those who applied it, analyzing their interpretations of the method, assessing the degree of their understanding of the method and the correspondence of their behavior to the steps it prescribes, as well as identifying the difficulties they encountered in the implementation process and the effects they observed. We analyzed supervision reports with individuals who applied the QPR method. We used a

qualitative approach to obtain a contextual picture of the method's implementation and to describe the conditions of its realization. The results obtained in the course of the study make it possible to evaluate the prospects for using the method in Kazakhstan and to identify the specifics that need to be taken into account when implementing QPR or other suicide prevention programs in the region.

Literature review

Suicide is a deliberate act of taking one's own life, driven by a complex set of factors, among which researchers highlight biological, psychological, social, and behavioral components. Modern psychological and interdisciplinary science views suicidal behavior as the result of a complex interaction of these elements, which requires a comprehensive approach to its study and prevention (Kolves, 2021). This approach is particularly relevant in light of alarming trends: according to the World Health Organization (WHO), suicide ranks third among the causes of death in the 15–29 age group. Moreover, there has been a steady increase in suicidal behavior among young people over the past 15 years, largely influenced by global stressors, including the COVID-19 pandemic (Barzilay, 2022).

Against this backdrop, special attention is given to the development and implementation of effective prevention strategies that must be both evidence-based and scalable. One such approach involves gatekeeper training programs – individuals capable of recognizing signs of suicidal risk in others in a timely manner and referring them to professional help. These programs are typically implemented in educational institutions and local communities, engaging teachers, peers, social workers, and other key figures in young people's social environment. Research shows that gatekeeper initiatives help foster a more resilient social environment in which the likelihood of suicidal behavior decreases. Gatekeeper training programs not only increase participants' knowledge of suicide (Adams, 2018), but also their willingness to talk about it, their intention to use acquired knowledge, and their confidence in their skills (Lipson, 2014; Rein, 2018). Moreover, such programs reduce stigma associated with suicide (Indelicato, 2011) and increase referrals of at-risk individuals to mental health or crisis services (Lipson, 2014).

Theoretical models describing how gatekeeper training programs bring about changes in participant behavior have been proposed, such as by Burnette et al. (Burnette, 2015). This model suggests that such programs lead to increased knowledge about suicide, the development of adaptive beliefs and attitudes toward suicide prevention, reduced stigma and reluctance to intervene, and greater self-efficacy in intervention – all of which ultimately lead to increased “intervention behavior,” that is, actions that help prevent suicide.

One of the most well-known and widely implemented gatekeeper training programs is the QPR (Question, Persuade, Refer) method. Empirical evidence confirms its effectiveness: QPR training improves knowledge, fosters positive attitudes, and boosts confidence in one’s ability to prevent suicide (Isaac, 2009). Meta-analyses and quantitative studies (Gould, 2005; Wyman, 2008) show consistent positive effects, including immediate improvements in competencies and their retention over the long term (Litteken, 2018). The program has demonstrated strong results across different contexts, including educational settings (Mitchell, 2013) and among volunteers (Keller, 2009; Holmes, 2019).

Comparative studies have revealed that QPR can yield results comparable to, or even surpassing, other gatekeeper training programs (Hangartner, 2019). Furthermore, its adaptability and effectiveness in various cultural and ethnic contexts have been confirmed, making the program flexible and suitable for implementation across diverse social groups (Bartkowski, 2024; Wood, 2022).

QPR training can also be effectively delivered not only in offline but also in online formats. In the study by Kreuze et al. (Kreuze, 2025), a comparative analysis of two online gatekeeper training programs – QPR and *Making Educators Partners in Youth Suicide Prevention (MEP)* – was conducted. Both programs showed positive results in enhancing participants’ knowledge and self-efficacy.

It is important to note that the sustainability of the positive effects of gatekeeper training programs depends on ongoing support and community involvement. Without regular knowledge updates and skill practice, initial improvements may diminish over time. A number of authors emphasize the importance of sustained support from educational institutions and the wider community to ensure long-term learning outcomes and prevent regression in

knowledge and motivation among participants.

Therefore, the literature highlights the significant potential of preventive programs such as QPR, provided they are integrated into a broader psychosocial support strategy and accompanied by ongoing supervision. Programs must not only be evidence-based but also culturally sensitive, with their implementation supported by appropriate resources and institutional backing. It is crucial to monitor how QPR training is conducted, how the practice is implemented in real-life application, and to supplement the method’s introduction with other activities aimed at maintaining its effectiveness.

Materials and methods

To assess the effectiveness of implementing the QPR method in Kazakhstan Republic, we applied a qualitative approach. We conducted an analysis and synthesis of supervision reports from gatekeepers who had completed training and received support in the implementation of QPR within the framework of the project “*Community Power: Strengthening Community Capacity in Addressing Youth Suicide.*” The project was implemented in Kazakhstan from September 6, 2021, to June 30, 2022.

During the interviews, 10 regional project supervisors were selected from the school and college psychological support system (methodologists, heads of psychological support centers, and NGO staff working in education). Each supervisor then selected groups of regional representatives from among school psychologists to participate in the project.

The supervisors received QPR methodology training through an online workshop delivered by an American specialist. Afterwards, the supervisors conducted QPR trainings for the regional representatives. The project coordinator and director attended these trainings and monitored their implementation.

Following this, trained gatekeepers applied the methodology when working with adolescents and young people at elevated suicidal risk, as well as organized training sessions and consultations for parents, children, school teachers, and grandparents in their respective regions.

Table 1 presents the total number of trained gatekeepers by region, along with the number of consultation sessions they conducted.

Table 1 – Number of Trained Specialists and Consultation Sessions by Region

Region	Number of Specialists	Number of Consultations
Almaty	10	50
Shymkent	8	40
Turkestan region	10	50
Kyzylorda region	13	65
East Kazakhstan Region	10	60
West Kazakhstan Region	12	50
North Kazakhstan Region	11	55
Pavlodar Region	8	40
Kostanay Region, Group 1	11	50
Kostanay Region, Group 2	11	55
Total	104	515

The project involved gatekeepers and beneficiaries from the cities of Almaty and Shymkent, as well as from East Kazakhstan, West Kazakhstan, North Kazakhstan, Kostanay, Kyzylorda, Turkistan, and Pavlodar regions. It also engaged such partner organizations as the Regional Center for Psychological Support and Supplementary Education of Kostanay Region, the M.M. Kataev Palace of Schoolchildren in Pavlodar, the Information Support for the Development of Society Foundation in Ust-Kamenogorsk, the Mental Health Center of the Health Department of the Akimat of North Kazakhstan Region in Petropavlovsk, the “Zhayyk Tany” Public Association in Uralsk, the “Community of Youth Workers” Public Association in Kyzylorda, the Bilim Foundation in Almaty, the Methodological Center of the Human Potential Development Department of Turkistan Region, and the Methodological Center of the Education Department of Shymkent.

Between February and March–April 2022 (depending on the region), trained gatekeepers applied the QPR method with adolescents and young people who showed signs of suicidal behavior. Supervisors provided gatekeepers with supervisory support, while gatekeepers submitted reports on their “watchkeeping” activities to the supervisors. The supervisors consolidated these reports and then submitted the processed reports to the project director. By compiling reports, supervisors recorded gatekeepers’ descriptions of their work with adolescents and young people, as well as with their

surrounding environment. The reports reflected evaluative judgments expressed about the method, the challenges faced by the gatekeepers, and the reactions they observed in response to applying various aspects of the QPR method to adolescents and young people who raised concerns of suicidal risk. All reports were consolidated and analyzed by us. We recorded the nature of the evaluations regarding the method, the degree of its understanding, all statements about difficulties and positive effects, comments, as well as recurring themes in the participants’ remarks, and the appropriateness of using certain strategies of interaction with those being counseled.

Results and discussion

A three-month monitoring of the application of the methodology, based on the analysis of supervision reports, demonstrated that gatekeepers trained in Kazakhstan evaluated the QPR method positively. Many noted that the methodology enabled them to build dialogue more effectively, initiate an important and necessary conversation, and provide adolescents with an opportunity to share their feelings and thoughts. For example, one supervision report stated:

“The first consultation with an adolescent made it possible, through a direct question, to identify suicidal intent and consideration of means (jumping into a river from a cliff or from the 4th floor).”

– *What was the adolescent’s reaction to the direct question?*

– *I cannot say it was calm. Rather, it seemed akin to surprise, as if someone had looked into her soul and discovered what was not meant to be known.*

– *Did this ‘close her off’?*

– *I used empathy, which helped to build trust with the adolescent.”*

In some supervision reports, it was noted that individuals would sometimes begin to cry after being asked a direct question about suicide, which provided them with an opportunity to release overwhelming emotions and discuss their need for help. For example:

“...a woman approached me with problems. She is currently on maternity leave and in a depressive state. Through empathy and indirect questioning, I managed to gain her trust. Her response to empathy was intense crying. She had kept so much inside, unspoken. Once she cried it out, she felt much better. Even her voice became softer and calmer. She admitted that she had no one she could entrust with her inner experiences... she realized herself that she had been accumulating everything for too long without ‘letting off steam.’”

The analysis revealed that a significant proportion of gatekeepers had not previously used suicide risk assessment, protective factors, or warning signs when working with school students and college youth, despite the availability of relevant educational materials in Kazakhstan (Altynbekov, 2009; Sadvakassova, 2011; Sklyar, 2017; Aimagambetova, 2020). In this sense, QPR training addressed an important professional need—enhancing specialists’ awareness of suicide-related issues.

Another unexpected finding during QPR training was that some specialists had previously underestimated the importance of building rapport and applying empathic listening skills when working with adolescents and young people. For them, learning the QPR methodology also entailed acquiring the skill of empathic listening, the use of which many described as a positive outcome of working with QPR.

At the same time, it should be noted that the project also involved instructors without formal psychological education or prior professional experience. However, supervision reports from the psychologists whom they had trained in QPR indicate that the method was applied appropriately to its in-

tended objectives, and assessments of its effectiveness clearly reflected the specific features of the methodology.

During the adoption of the QPR practice by Kazakhstani gatekeepers, a number of systemic issues were revealed within the services responsible for the psychological and mental health of adolescents and youth, which reduce the effectiveness of QPR implementation.

First, there are difficulties with referral to specialists capable of providing necessary assistance to individuals at high suicide risk. Often, school psychologists do not possess sufficient competencies to deliver the required support themselves, nor do they redirect those in need to other services. In some regions, such services may either not exist at all, or the level of professionals working there is such that they cannot provide specialized psychotherapy, limiting their intervention to prescribing antidepressants and referring the individual back to the school psychologist. Many psychologists attempted to use QPR as an independent method of problem-solving with clients, applying only the first and second steps of QPR while ignoring the third step, which requires transferring the person at risk to specialists who can provide adequate assistance. Supervision reports in such cases included descriptions showing that, after direct or indirect questions about suicide and empathic listening, adolescents and young people felt relieved. However, gatekeepers—who themselves were psychologists—did not always implement the necessary range of measures required to reduce suicide risk, ensure therapeutic impact, and address underlying problems, focusing instead on relieving emotional tension in the moment. They neither provided this support themselves nor referred cases to other services or specialists. A similar problem arose in cases where psychologists neither assessed nor referred children to psychiatric services when suicidal tendencies could have been linked to clinical diagnoses. On the other hand, there were also psychologists whose case descriptions demonstrated their ability to conduct a preliminary assessment of the need for further evaluation and to refer children to appropriate specialists. This suggests the absence of unified standards regulating the activities and competencies of school psychologists across Kazakhstan, creating conditions in which not all at-risk children can access the necessary diagnostics and appropriate care. Outcomes largely depend

on the level of professionalism of the psychologist in each particular educational institution.

The project also revealed that high staff turnover among school psychologists contributes to inconsistent knowledge and skills. Some are familiar with general knowledge about suicide—such as warning signs, risk factors, and protective factors—while others were introduced to this knowledge only during QPR training and sought to integrate it into their practice for the first time within the project. Those who had worked in schools for a longer period possessed basic knowledge on suicide prevention, often gained through earlier national projects. However, such knowledge is not embedded in regulatory documents governing psychologists' activities and is lost when trained staff leave their positions, without being transferred either to new specialists at the local level or to supervisory bodies.

This gap could become a serious issue if QPR is further disseminated and training extends beyond psychologists. In such cases, there is a risk that adolescents or young people might simply be redirected to specialists who are not competent in suicide prevention, and who would neither be able to provide the necessary assistance themselves nor engage other services. Therefore, while the application of QPR may be technically correct and effective, the broader system of specialists and services does not necessarily guarantee suicide prevention.

One of the positive effects described in the reports of some school psychologists who applied QPR within the project was the effect of shared responsibility. It can be assumed that this occurred because, when implementing the QPR steps, gatekeepers among school psychologists had more opportunities to engage the school staff, administration, parents, and other services in addressing the problems of a particular child. This was possible because they could present to all stakeholders a confirmed response from the child to the direct question about suicide, which they obtained during the first step of the QPR process. In this sense, it should be noted that this effect points less to the advantages of the method itself and more to the shortcomings of the current system of responsibility placed on school psychologists, where cooperation and engagement among all participants in the school process are not always sufficient. It is important that a consolidated response from the school community should not depend on extreme manifestations of distress on the part of the child.

Many reports on the application of QPR during the project also highlighted the difficulty of asking adolescents about suicide. One of the reasons for this difficulty, according to school psychologists, was the lack of ability to guarantee confidentiality in the event of a positive answer from the child. Both psychologists and students recognize the problem of trust in school psychologists, since psychologists are obliged to report suicide risk to the administration and the child's parents, who may in turn react inappropriately or misuse the information. For this reason, some psychologists devoted several meetings solely to establishing rapport with the child before asking the suicide-related question. Similar difficulties may also arise for any teacher who undergoes QPR training and seeks to apply the method. This is because, at present, the role of teachers in schools is often associated with that of an evaluator and, at times, a disciplinarian who penalizes students with grades or remarks for inappropriate behavior or poor academic performance. It is unlikely that middle and high school students would be willing to share such sensitive information with a teacher, even if the teacher was very empathetic and sincere in applying QPR. This consideration should be taken into account when deciding who should be trained in the method.

Some gatekeepers working with QPR noted that adolescents or young people often faced difficulties in accessing the necessary help due to stigma. Parents—or the young people themselves—often believed that such assistance should be provided exclusively by the school psychologist and refused to seek help from neuropsychiatric dispensaries or similar institutions. With regard to diagnostics and treatment provided by psychologists or therapists in primary healthcare clinics, it was noted that parents tended to show distrust toward the quality of services and the qualifications of specialists.

Overall, based on the results of QPR implementation, psychologists and teachers reported a tendency to approach suicide prevention in a more systemic way. They began to pay greater attention to analyzing protective factors when assessing the reasons for adolescents' psychological difficulties and to focus on strengthening adolescents' resilience to adverse life circumstances. In the development of corrective programs, the role of working with protective factors significantly increased after the introduction of QPR.

Our study generally aligns with findings from international research on the effectiveness of the QPR method. We documented changes not only in knowledge but also in the willingness of trained specialists to act as gatekeepers and in their attitudes toward suicide.

In conclusion, it can be stated that the use of the QPR method may be effective, but not in all regions of the Republic. It is crucial to take into account whether there are specialists in the region to whom individuals identified through QPR can be referred. If such specialists are absent or lack training in working with individuals at high suicide risk, the QPR method will not produce the desired effect in that region. In such cases, it is necessary either to ensure the availability of qualified professionals in every region or to select alternative suicide prevention methods that can achieve effectiveness locally under conditions where referral is not possible.

The experience of scaling QPR during the project also demonstrated that, to ensure its effectiveness in working with adolescents and young people in Kazakhstan, its implementation should be accompanied by the following measures:

1. Developing and clarifying referral protocols for school staff on how to direct children at high suicide risk to specialists who can provide competent help.
2. Establishing standards and regulations for assessing the need for clinical psychological or psychiatric evaluation among students.
3. Involving the school community—teachers, social workers, psychologists, administrators, and parents—in programs that support and assist children at high suicide risk.
4. Developing practical guidelines for psychologists and homeroom teachers on supporting at-risk adolescents experiencing life circumstances that may trigger maladaptation (e.g., transition to a new learning format, a new school or class, serious illness, parental divorce, relocation, or the loss of parents).

Conclusion

We conducted a study based on the analysis of supervision reports from gatekeepers who applied the QPR method in their work within three months in 10 regions of Kazakhstan Republic in order to assess the effectiveness of the method, identify factors that facilitated or hindered its successful implementation, and determine what should be considered in future suicide prevention programs for adolescents and young people in the country. By study's results it suggested that the use of the QPR method in Kazakhstan's youth suicide prevention system appears to be highly promising. However, in regions lacking specialists trained to work with individuals at high suicide risk, it is essential either to ensure the availability of qualified personnel before introducing QPR or to implement other, more suitable, suicide prevention programs. At the national level, it is also required to address the insufficient level of training among existing professionals who are expected to provide assistance to high-risk individuals once referred. In addition, our study revealed the persistence of stigma associated with seeking help from professionals specializing in suicide prevention, which often prevents adolescents and young people from accessing the necessary care. Therefore, measures to reduce and overcome this stigma are crucial. The results obtained in this study should be taken into account when planning future suicide prevention programs, ensuring that chosen methods are tailored to local specificities and supported by institutional measures that guarantee their effective implementation.

Conflict of interest

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