MARYLAND SPIN

Suicide Prevention and Early Intervention Network

CSMH Center for School Mental Health

Virtual Town Hall: Preventing Suicide Through Means Safety

Link to Webinar: https://csmh.adobeconnect.com/pv0ol2n7r7zq/

What is the role of families in means restriction to prevent suicide?

Since firearms are the leading means of suicide deaths, families must first look to safely securing firearms. 80% of youth who complete suicide by firearms used a gun from their family home. Therefore, families play a critical role in restricting access to firearms. Families should use gun lockboxes, gun safes, and store ammunition in a separate location. Even when there is no perceived threat, families should restrict access to firearms.

How long should means restriction be and how do you know when it is okay to take away the restriction?

This answer will vary based on the person – the only universal answer to this question is that access to means should be restricted until the person is safe and no longer at risk of suicide. As a clinician, working with a client that is suicidal, you should be assessing their suicide risk on an ongoing basis because things can improve or deteriorate rapidly. If you are a family member, it is good to have a release signed so you can communicate with your loved one's behavioral health or healthcare provider regarding their risk before making a decision about lethal means.

For college campuses, what means restrictions strategies have proven effective? What concerns might campuses need to address that are different from households?

The most basic step that a college should take is to ensure that students have access to high quality mental health care, with prompt and nonjudgmental avenues to treatment. College students happen to be in precisely the age range that the most serious psychiatric illnesses begin to present. Another effective strategy is the joint training (such as training offered by the International Association of Campus Law Enforcement Administrators) for counselors, faculty, campus security, and police. There needs to be consistency and collaboration among all professionals. Also, there needs to be a much quicker response collectively when a risk is identified. It is important that the response that is sustained confidentiality, so there is less threat of having your name known.

Colleges should examine data from their own campuses to uncover any patterns in past student suicides, with an eye on chosen methods. If firearms are found to be a common culprit, that should be addressed as a matter of policy. This may mean prohibitions on firearms on campus, or it may simply mean offering lockers for gun owners to more safely store their weapons. If a suicide has occurred, college administrators should immediately reach out to Postvention experts in order to maintain an open and appropriately phrased discussion about the nature of suicide, avoiding normalizing it. To prevent contagion, increased advertising for student mental health options is appropriate. Finally, community members, from students through provosts, should be acutely aware of the dangers of high-risk alcohol and drug use, as use of intoxicants is one of the strongest suicide risk factors.

What can crisis lines do to help promote means restriction?

Our focus is on the safety of the individual at risk so we promote means safety on a case by case basis. We want to put distance between the person at risk and the identified means of suicide. If there is an immediate concern, we ask the person to create distance from the means. For example, we ask the person to move to another location away from the identified means. For a less immediate concern, we work on safety planning, which might include removing medications, firearms, or ammunition. Often, we will hear from a friend or family member who is concerned about a person at risk. In this situation, we also want to talk about any potential access to a method and how the person can safely block access to the person at risk, such as removal of the means to another location, locked cabinets, removal of ammunition.

What can peers or friends do to help support means restriction?

First, if peers suspect that a friend is contemplating suicide, they should ask direct questions: "Are you thinking of killing yourself?" "Do you have a plan?" We know that asking about suicide does not increase the risk of suicide. Then, peers should try to obtain their friend's permission to get rid of any accessible means. For example, friends can offer to store means until the person is no longer at risk for suicide. In addition to asking about suicide directly, friends can ask: "Is there a way I can help?" and "Would you like to talk to a mental health professional? Can I help you find a counselor or mental health professional?" As a friend, it is difficult to be an at-risk individual's 24/7 response. Therefore, it is also important to encourage the individual at-risk to reach out to other friends/family, seek professional help, and call the crisis hotline if the individual is in a crisis.

What recommendations do you have for law enforcement to encourage means restriction?

We should not give law enforcement just an orientation to suicide, but rather, police officers should get continuous training about suicide prevention and means restriction. Additionally, we should increase the number of crisis intervention teams and increase the collaboration between police officers and mental health professionals. Police officers can provide free gun locks to community members, and also, follow-up to see if people are using gun locks. Police officers can establish 1-on-1 turn in programs. When police officers are talking to individuals or families, at the end of the call or meeting, police officers should ask: "Do you have any guns or drugs that you want to turn in?" This practice would encourage people to turn in guns/drugs without the stigma of coming into the police department. Law enforcement should work closely with emergency department staff, especially given that ED staff have information about the intent and possible means. Police officers should also collaborate with gun dealerships to promote gun safety.

Is safety planning an effective way to reduce access to lethal means by youth and young adults experiencing suicidal ideation?

Counseling on and reducing access to lethal means is an important component of safety planning. Safety planning includes the person identifying their triggers, warning signs, available supports to them, coping skills, and addresses access to lethal means. While it is important to be aware of access to lethal means and talk to your client about safe storage, the conversation should not end there. It is always

good practice to include a family member, friend, or significant other in the conversation about means safety to increase the likelihood that access to lethal means will be reduced. Also, the outside support will likely play a key role in reducing access whether they will store firearms for their loved one, hold medication, and administer medication. It is critical that safety planning is collaborative and done "with," rather than "to," the person at risk. It can also be helpful to provide the safety plan in writing for the individual at-risk. Additionally, the My3 app can assist individuals and counselors with safety planning. Individuals can identify their supports in the app, and they can also call supports and dial 911 directly from the app.

Is there a way for a person at-risk for suicide to be identified to their doctor or pharmacy to prevent their access to large prescription refill amounts?

If you are concerned that a friend or family member may be dangerously depressed or at high risk for suicide, you can and should always tell their doctor. Due to privacy laws, doctors cannot provide you with information on the patient or even legally acknowledge that the patient is indeed their patient, without permission. However, doctors can and should accept any information that can help. In a true life threatening emergency, privacy laws are also more flexible. The Prescription Drug Monitoring Program in Maryland also allows doctors and pharmacies to see if patients are combining potentially fatal prescriptions form multiple providers in order to stockpile and overdose. If you are extremely concerned about a loved one, and they are not willing to voluntarily seek help due to the hopelessness of their depression, you can always call 911 and 'emergency petition' them to a psychiatric evaluation.

What advice do you have for families related to means restriction prior to their loved one leaving an inpatient hospitalization?

Since we know that people are frequently released from inpatient hospitalizations while still remaining at great risk to themselves, it is essential that families plan ahead for discharge. Make sure that firearms are inaccessible and that all medications are secure. Families can dispense the medications in appropriate quantities. It is also helpful for individuals to create safety plans. Individuals and families can also create a mental health advance directive, which is a written document that describes what a person wants to happen if there is a crisis. For example, you can add information that would allow families to speak with the concerned person's clinical team if there is a crisis. It is important to involve families in the process of discharge, because families feel marginalized when they do not know their role. Even if families cannot receive information, it is important for families to know that they can always share information.

There continues to be stigma attached to seeking mental health care, specifically in the veteran community. This community is also sensitive to firearm ownership. What do you recommend telling veterans?

The military and veteran community is a unique population with high rates of firearm ownership and they are also more likely to die by suicide from a firearm. It is important to keep in mind the relationship of gun ownership with the military/veteran community when discussing firearm safety. Encouraging veterans to store weapons unloaded, use gun locks, store firearms in a locked safe or trusted friend, and lock ammunition separately or not have in the house at all. Ensure the keys or combinations are not

accessible to the person at risk. If veterans are not agreeable to storing firearms outside of the house, locking up firearms is also an option, though it is not the safest option. The VA provides free gun locks with the Veteran's Crisis Line on them. Cover Me Veterans creates custom gun skins to veterans and military members – all they have to do is provide a photo of their loved one or reason for living and the photo will be printed on their gunskins to be placed on the firearm.

How would you suggest that school campuses better work with law enforcement around means restriction?

One important aspect of this issue is getting public school officials to change policies and play down the talk about zero tolerance. Peers do not want to come forward about a friend at-risk because they are afraid their friend will get suspended or expelled. Accordingly, school campuses should minimize negative consequences for both the peers and individual at-risk when they come forward with information. Additionally, there should be in-depth training of school resource officers. Students often come to school resource officers with information they do not share with teachers, administrators, and counselors, and there are ways school resource officers can intervene beyond the traditional law enforcement role. We have to train uniform patrol officers about effective ways to intervene with individuals at risk, when they have schools in their beats.

What can be done to protect medication that needs to be in the house?

For high risk patients, the best strategy is to have a loved one distribute the medication as needed, keeping it fully locked up in a lockbox or safe otherwise. The doctor can advise how much can safely be given out at once. For instance, a patient can safely be given a week's supply of SSRI antidepressants, like sertraline or citalopram, but should be restricted to daily doses of more easily overdosable medications like lithium, or pain or sleep medicines. Ideally, the patient should take the medication in the distributer's presence to avoid stockpiling. If no one is able to distribute medications in this way, and the medication is too dangerous for weekly prescription from their psychiatrist, you may want to consider psychiatric hospitalization during the acute risk phase. Unnecessary drugs should simply be removed during crisis periods.

Where does means restriction end? With all the possibly dangerous items in a house (ie. Cleaning products, laundry detergent, insecticides, medication, etc.) how far should means restriction go to protect someone at risk?

Some people have the idea that someone who is suicidal will find another method or means if their first method choice is unavailable. However, this notion comes from the underlying belief that suicide isn't preventable. Suicide IS preventable. Studies actually show that persons typically have a preference for a specific means of suicide, and it is unlikely they will substitute the method if their preferred method is unavailable. The actual decision of an at-risk individual to take their life is often an impulsive one as the result of a short-lived crisis; therefore, restricting access to a specific method should not lead to an increase in the substitution of another means. Means restriction works because it delays an attempt until the high-risk period passes.

What are strategies you give to a suicidal person to help them move beyond the crisis stage?

For most persons at risk, moving beyond the crisis stage involves reaching out to others that can help get past the most critical moments when thoughts of suicide are all consuming. We find that just by spending time listening to the person at risk, we can help that person move closer to safety. Some of the most powerful words are "tell me more about what's going on." We need to make sure that individuals need to realize they are at risk to their own safety before we safety plan. There is a tendency to provide solutions and fix the problem thinking to reduce the thoughts of suicide. But if we really listen, we often find that the person at risk will identify their own solutions. All of us are more likely to follow a plan of our own making than one someone else imposes on us.

We are in a rural area where hunting is prevalent and there are many households with firearms. Are there mechanisms in place wherein school staff advises parents/guardians to remove weapons from the home when youth are identified at risk?

There are no formal mechanisms for schools to communicate with families about means restriction. However, conversations are a good place to start. If a school identifies a student at risk, school personnel should communicate with the families. It is essential that schools make sure parents know about the importance of restricting access to lethal means and ways that parents can restrict access to lethal means. Means can be stored with police officers, friends, or pawn shops. Even if families do not have someone at risk for suicide, if they have a child under 18 it is important to store firearms safely. A study reported less than half of homes reporting firearm ownership and children under the age of 18 store their firearms safely.

At the same time, it is important overcome families' concerns about gun safety in rural areas. Parents might be concerned that you are trying to take away their guns. Schools should explain to families about safety procedures that would allow still allow rapid access to guns in the case of an emergency. For example, there is smart gun technology in which only one person is allowed access to the gun.

How does a clinician know if he or she should create a safety plan and if the safety plan should include means restriction?

If a client is at-risk of suicide you should create a safety plan. Risk can be assessed by using an assessment such as the Columbia Suicide Severity Rating Scale (C-SSRS). There is a free training for using the C-SSRS online. This assessment has a built-in triage that details whether a person needs to be further assessed. Even if your client does not have active suicidal ideation, if they are experiencing a mood disorder and/or stressful life events/loss, it is good practice to create a safety plan. Safety plans should always include discussion about means safety. If the client has a plan to use specific means, safety planning and means restriction should be incorporated to address the specific method. If a client does not have a plan or specific means, it is still good to discuss means restriction and the idea that firearms and medication should be stored outside of the home until they are no longer at-risk. It also may be important to reframe means restriction as "means safety." People may be more receptive to the term "means safety" because they do not like to be restricted. It is also important to educate people about how medications can be lethal. For example, ensuring safe protections for over-the-counter medications like Tylenol is an important aspect of means restriction.

Is there data that specifically demonstrates that access to guns is a critically important risk factor for adolescent suicide?

There is a lot of data demonstrating the increased suicide risk in adolescents with access to guns, Matt Miller had a classic study that showed an almost doubling of the <18 year old suicide rate in areas with more guns, controlling for most other differences. His group also released a study, earlier this month, which found that household firearms were present in 43.5% of homes with children who had a history of self-harm risk factors. In general, only 35% of gun owning parents stored their guns safely (locked and unloaded), and among parents of high risk children, that number was still 32% for unsafe storage.