Reducing a Suicidal Youth’s Access to Firearms and Other Lethal Means: A Role for Emergency Providers

Online Course (Learning Management System – CO.TRAIN.org)

The following is a transcription of the audio text from the Reducing a Suicidal Youth’s Access to Firearms and Other Lethal Means: A Role for Emergency Providers. Slide numbers align with the online course.

Introduction
1. Welcome to the online training on Reducing a Suicidal Youth’s Access to Lethal Means. Suicide is the 2nd leading cause of death among youth in Colorado. As an emergency department provider, you can play a key role in educating families about protecting youth at risk for suicide by reducing their access to firearms and lethal means. This course explains why and how.
2. This training is divided into 4 modules. Module 1 – Why “means matter”; Module 2 – How to educate families on reducing access to lethal means; Module 3 – Short video of an education session; and Module 4 – Patient scenarios (or virtual “role plays”). A full transcription will be available for download at the end of this course to meet ADA compliance. Let’s get started.

Module 1: Why “Means Matter”
3. Module 1 explains how reducing access to lethal means (or ‘means reduction’) can save lives.
4. Traditionally suicide prevention focuses on why people take their lives.
5. We are beginning to understand that how people attempt suicide plays a crucial role in whether they live or die.
6. Please take the time to read this case study of suicide attempt.
7. Now read a slightly different version of the case study.
8. So what made the difference? Lauren was seen in the ED for alcohol poisoning and her parents expressed concern about her recent behavior. While conducting a psych assessment, the social worker learned that Lauren was having suicidal thoughts. As a result, the social worker provided Lauren a referral for counseling and recommended to her parents that all household firearms be stored away from the home temporarily. Had it not been for the social worker intervening with the parents, the outcome could have been very different.
9. Now let me walk you through three examples from other parts of the world that demonstrate that reducing a suicidal person’s access to lethal means saves lives. Click on the boxes to learn about three success stories at the population level.
10. Although it’s hardly ever used in the U.S., in Sri Lanka, as in most of rural Asia, swallowing pesticides is the most common suicide method. The most human-toxic pesticides were banned in the mid-to late-90s. Over the
next ten years, suicides dropped by an astonishing 50%, saving 20,000 lives over the period. Nonfatal attempts with pesticides didn’t drop, nor did suicides by other methods. So the behavior wasn’t changing and people weren’t less suicidal. Rather, they were less likely to die when they were suicidal because they now used a less lethal method.

11. A similar phenomenon happened in the United Kingdom. The leading suicide method in the UK before 1960 was domestic gas by putting one’s head in the oven. After a cheaper, nontoxic source of gas was discovered, the toxicity of domestic gas was gradually reduced to virtually zero by 1970. The suicide rate dropped by a third, driven by a drop in gas suicides. Non-gas suicides rose somewhat.

12. In Israel, in the early 2000s, the leadership of the Israeli Defense Force focused on preventing suicide. The leading suicide method among soldiers were firearms, with many occurring on weekends while the soldiers were on leave. Beginning in 2006, soldiers were required to leave their weapons on base during the weekends. The suicide rate dropped by 40%. While weekend suicides dropped significantly, weekday suicides did not.

13. There are three key reasons why means matter.

14. The first reason is that the acute phase of a suicidal crisis is often (not always) but often brief.

15. In a study conducted among college and university students who seriously considered suicide in the past 12 months, 56% of students had suicidal thoughts that lasted 24 hours or less.

16. Now let’s test your knowledge of how quick the decision can be to make an attempt. Read the question and click on a box to select an answer. Following your selection, an explanation of the correct answer will appear.

17. Data from a pilot for the National Violent Death Reporting System shows that among people dying by suicide, youth are more likely than adults to have had a crisis like an arrest, family argument, or relationship break-up within 24 hours of the suicide. We know that youth are often more impulsive than adults and can rapidly move from decision to action.

18. Therefore, putting time and distance between a suicidal person and a highly lethal method can save a life.

19. The second reason means matter is that the case fatality varies greatly by method. The lethality of the method easily at hand during a suicidal crisis plays a role in whether the person lives or dies.

20. We know that if Lauren had used a gun, the odds are about 9 out of 10 that she would have died, based on combining emergency department data with death certificate data. That’s no surprise. But using those same data sources, what are the odds that she would have died using a blade or pills?

21. In comparison, only 1-2% of self-harm incidents involving sharp instruments or poisoning result in death. The large majority, almost 98%, are nonfatal and treated in an emergency department. But are all of these serious suicide attempts? Click on this questions to learn the answer.
22. In the U.S., more suicides are by firearm than all other methods combined. The second leading method is suffocation, largely hanging or ligature. The third leading method is poisoning, usually by a pill overdose. In non-fatal incidents, the number one method by far is overdose, with sharps a distant second.

23. Similar to the national trend, in Colorado, 49% of suicide deaths are caused by firearms, 26% by suffocation, and 16% by overdose or poison. Among youth, 5-17 years of age, 34% of suicide deaths are caused by firearms and 59% by suffocation. In the 18-24 age category, 49% of suicide deaths are caused by firearms, and 35% by suffocation.

24. Lauren was heading to the gun cabinet and in that moment was intent on suicide. Yes, she survived her wrist slash, but did we really save her life over the long haul or simply delay an eventual suicide. What proportion of serious attempters eventually die by suicide? Select an answer.

25. No narration (Answer for previous slide)

26. The fact that 90% of those who attempt suicide and survive do not eventually take their life is the third reason Means Matter.

27. Please take the time to read a summary of why “means matter.”

28. Now what if Lauren were a very different sort of person—someone who was very deliberative and whose acute suicidal feelings were sustained? Limiting her access might not save her life. In public health, if we have a vaccine that protects everyone, we use it. But if we don’t, we work incrementally, finding different strategies for different groups.

29. There is a hierarchy among suicide methods. In the ED, we work hard to ensure that a young person doesn’t get on the suicide ladder at all. But if they do attempt, they are far safer the lower down on the ladder they are. Click on the suicide method on the right to learn about it.

30. Click on the boxes for more information on why firearms are the focus of lethal means reduction.

31. Suicide rates vary by state. Sometimes when we talk about rates we lose sight that these are human lives. This table compares the 31 million people who live in the states with the highest gun ownership rates with those who live in states with the lowest gun ownership rates. Non-firearm suicides are about the same in the two groups, as are suicide attempts. Take a guess as to what firearm suicides and total suicides are, then click on the question marks to see the answers.

32. Maybe it’s not the guns. Perhaps the higher suicide risk has nothing to do with gun access. Take a guess as to whether people who live in homes with guns more likely to have 1-experienced a mental health problem, 2-seriously considered suicide, or 3-attempted suicide. Select yes or no for each question.

33. The evidence from four studies suggests people who live in homes with guns aren’t more likely to feel suicidal or to attempt suicide. But they are more likely to use a gun in an attempt, and therefore more likely to die.

34. Whether you’re pro-gun, pro-gun control, or somewhere in the middle, everyone agrees that giving a suicidal youth access to a gun is unwise.
U.S. gun owner groups have a strong safety culture. Some focus not just on preventing deaths from firearm accidents (600-800/yr in U.S.) but have recently begun tackling firearm suicides (19,000/yr). Check out a new item on the National Shooting Sports Foundation website.

35. ED providers have a significant role to play in this effort because 1- they see families when their child has attempted suicide or disclosed suicidal thoughts, 2- families are motivated to act in a time of crisis, 3- and ED visits are powerful, teachable moments.

36. Unfortunately, for the vast majority of suicidal patients in the ED, ED providers don't talk about guns. It is only when a patient is suicidal today and has a plan involving a gun, that almost two-thirds of providers will ask about guns at home. But if the patient is suicidal without a plan, or their plan doesn’t call for a gun, or they were suicidal recently but not today, most providers don’t ask. We can do better!

37. According to one study, 43% of suicide attempters did not have their suicide attempt planned in advance. Therefore, it is crucial for providers to ask about access to lethal means regardless of whether the patient indicates that they have a plan.

38. Reducing a suicidal person’s access to lethal means is considered an evidence-based suicide prevention practice. Click on the three links to learn more about means restriction as a suicide prevention strategy.

39. Lethal means counseling is quick, acceptable to families and effective. Click on the boxes to learn why.

Module 2: Conducting Lethal Means Counseling

40. Module 2 will walk you through how to conduct lethal means counseling with the parent or guardian of a suicidal youth.

41. This flow chart outlines how lethal means counseling can take place during an ED visit. Click on each box to expand the flowchart.

42. Listed here are the five steps for conducting lethal means counseling. Click on the boxes for an overview of each step.

43. How you raise the issue of firearms is important. Choose the approach you think a gun-owning family will feel more comfortable with.

44. When working with a family with guns in the home, listed here are things to consider when working together to identify safe storage options.

45. The safest option is to store all household firearms away from the home while the patient is still feeling suicidal. Families should consider storing the firearms with a friend or relative, a storage facility, gun stores or gun clubs, police departments, or pawn shops. Click on the boxes for more information on each storage option.

46. If off-site storage isn’t an option, listed here are things to consider when using firearm locking devices.

47. It is important that the language you use while speaking with families is clear and to their level, and that you’re collaborative in your approach.” Listed here are tips on how you might explore options for temporary removal of guns from the home.
48. Talking about firearms can feel like “picking on guns.” If parents or caregivers ask why you’re focusing on guns in particular, explain that they’re a leading method, they’re the most lethal method, and kids have a better chance of surviving an attempt by any other method.

49. Medication overdose is the most common method of suicide attempt among all ages, especially youth. Overdose infrequently ends in death; however some medications are more dangerous than others, especially in combination (like opioids, benzodiazepines, and alcohol). To reduce the chance of serious harm in an attempt, recommend reducing the youth’s access to medications.

50. To reduce access to medications, recommend the safe disposal of unused, expired and unwanted meds; advise the storage of all household medications in a locked container; and if the patient takes medications, suggest that the parent dispenses the medication to the patient.

51. If the patient’s ideation focuses on methods other than firearms or medications, work with the family to reduce access. For instance, alcohol can be a lethal suicide method particularly in combination with certain drugs.

52. Although it’s not possible to reduce access to all methods, especially hanging and suffocation, adult supervision becomes even more critical while the youth is still suicidal. Take the time to read this example to learn how you might discuss the need for closer supervision until suicidality passes.

Module 3: Sample Counseling Session
53. Module 3 is a 7 minute video of a lethal means counseling session. Please click on the arrow in the photo to begin.

Module 4: Sample Patient Scenarios
54. Module 4 will walk you through 3 sample patient scenarios and demonstrate effective communication strategies for each scenario. Click on the photographs to launch the role play scenarios. After reading the scenario, select a response for each question associated with the scenario. An explanation of the correct answer will appear after you make your selection.

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68. Congratulations on completing the training! We hope that you've found it useful! You've learned why reducing a suicidal youth’s access to lethal means can save lives, how to educate parents of at-risk youth to reduce access to lethal means at home, and that while providing this education, collaboration and respect for parents is crucial.

Optional Module 5: Firearms 101
69. Module 5 is optional. It is designed for people who are very unfamiliar with firearms who would like to learn some basic vocabulary and ‘anatomy.’ It is used with permission by its creators – the Harvard Injury Control Research Center at Harvard School of Public Health, the Suicide Prevention Resource Center at Education Development Center, Inc., the Injury Prevention Center at Dartmouth College, and the Developers of the original Counseling on Access to Lethal Means (CALM) in-person workshop: Elaine Frank and Mark Ciocca.

Acknowledgments
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References and Resources
71. Listed here are resources that were referred to throughout the course. If you would like to access these resources at a later time, you can download and save them to your computer now.

Post-Test Course
72. Please take the time to complete the post-course test.

Feedback Survey
73. Please take the time to complete the post-course test.