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Lethal Means Safety with Veterans

Military Culture and Suicide Prevention Summits

2019

I’m Good….

https://www.youtube.com/watch?v=YPFo9EvUUvA#action=share

Why Lethal Means Safety?

- Reducing access to lethal suicide methods is one of the few population level interventions that has been shown to decrease suicide rates.
- Building in time and space between the impulse to act and the means to harm one's self saves lives because:
  - While some suicidal crises last a long time, most last minutes to hours. In one study of suicide attempt survivors:
    - *47 percent said it took **less than one hour** between their decision to attempt suicide and their actual attempt.*
    - *24 percent said it took **less than five minutes** for them to act.*
- About **90 percent** of people who survive a suicide attempt do not go on to die by suicide.
- If we can collaborate with Veterans ahead of time to help them survive a suicidal crisis, we have likely prevented their suicide for the rest of their lives.

What Is Lethal Means Safety?

- In the context of suicide prevention, safe storage of lethal means is any action that builds in time and space between a suicidal impulse and the ability to harm oneself.
- Effective lethal means safety education and counseling is collaborative and Veteran-centered. It respects the important role that guns and medications may play in Veterans' lives and is consistent with their values and priorities.

Lethality of Firearms

CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

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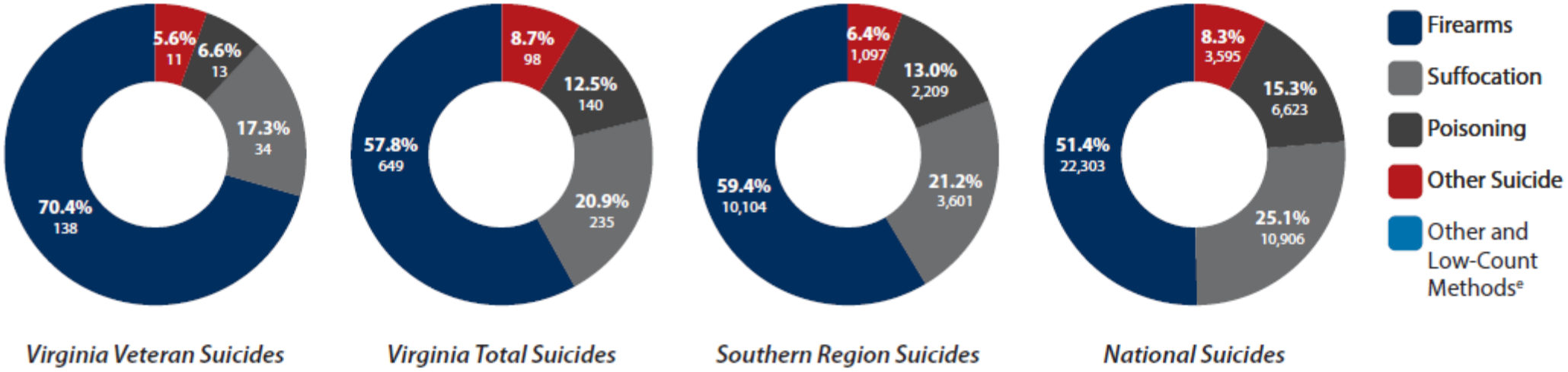
Lethal means safety vs. gun safety

Virginia Veteran and Total Virginia, Southern Region, and National Suicide Deaths by Method,[d] 2016



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Tools

- Suicide Prevention Safety Plans
  - Making the environment safe
- Temporary removal from home, gun locks, trigger locks, gun safes
- Medication take back events
- Medication removal boxes
- Medication mail back envelopes
- Counseling on Access to Lethal Means (CALM) on SPRC
- VA Rocky Mountain MIRECC for Suicide Prevention- Suicide Risk Management Consultation Program
- Virginia- pilot program state for the NSSF/AFSP/VA gun safety initiative

Veterans' Access to Firearms

- Veterans have a high degree of familiarity with firearms and are more likely than members of the U.S. general population to have access to firearms.
  - ***Half*** *of Veterans own at least one firearm.*
    - ***One-third*** *store a firearm loaded and unlocked.*
- Many case-controlled and cross-sectional studies have found that firearm access is an independent risk factor for suicide.
  - Access to firearms, independent of underlying rates of suicidal behavior or mental health diagnosis, largely determines variations in suicide mortality.

Reducing Risk for Firearm Suicide

- Temporary off-site storage options include with family members, friends, police departments, gun shops, shooting clubs, pawn shops.
  - In some states, Veterans may need to undergo a background check before reclaiming their firearms.
- Safe storage options in the home — preferably while giving key or safe combination to a loved one — include:
    - Cable lock
    - Trigger lock
    - Lock box
    - Life jacket
    - Gun safe / cabinet
- Just storing ammunition separately from guns reduces suicide risk.

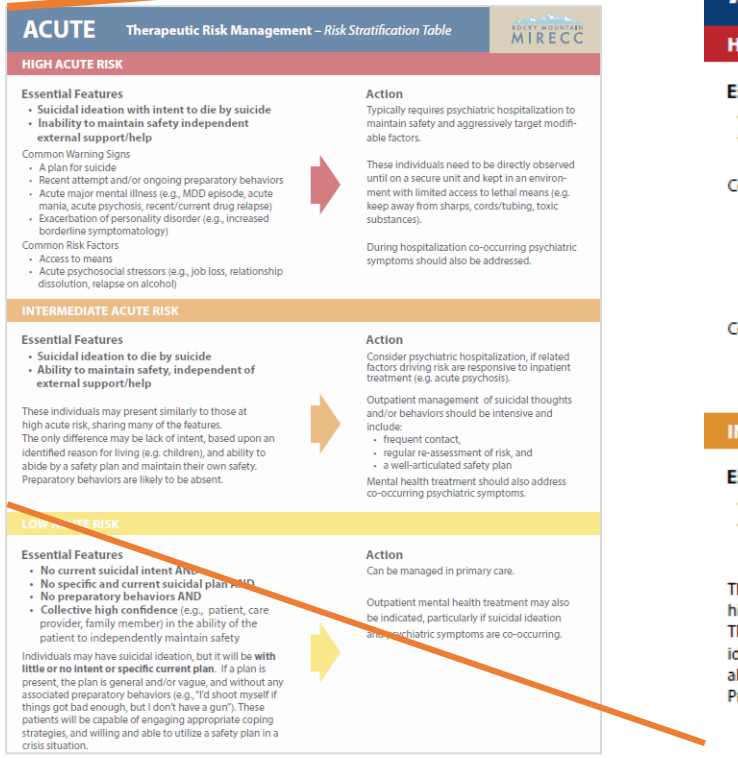
Disseminating Lethal Means Safety

- Everyone has a role to play in promoting lethal means safety.
- Health care and social service providers are in a unique position to educate Veterans at risk, as well as their loved ones, about the importance of safe storage of lethal means.
- For non-VA providers, additional information and training can be found in the Suicide Prevention Resource Center's Counseling on Access to Lethal Means (CALM) (sprc.org).
- Template Safety Planning Tool available HERE
- Firearm owners, dealers, shooting clubs, hunting organizations, and others can also help promote firearm safety and increase involvement in suicide prevention. Reach out to them!

Lethal Means Safety Counseling

- LMSC is a patient-centered, rather than one-size-fits-all, intervention.
- Effective LMSC involves careful consideration of language and approach. Whenever possible, it is an ongoing conversation that includes a Veteran's loved ones.
- Factors that may affect your approach include:
  - Your relationship with the Veteran
  - Your knowledge about their access to firearms or lethal medications; their reasons for firearm ownership or the necessity of their medications
  - Your knowledge of and comfort with firearms or other means
  - The urgency of the situation
  - The Veteran's willingness to consider changes
- We still have a lot to learn about what constitutes effective LMSC for Veterans.

When to Talk About Lethal Means Safety



ACUTE Therapeutic Risk Management – *Risk Stratification Table*

ROCKY MOUNTAIN MIRECC

HIGH ACUTE RISK

Essential Features
- **Suicidal ideation with intent to die by suicide**
- **Inability to maintain safety independent external support/help**

Common Warning Signs
- A plan for suicide
- Recent attempt and/or ongoing preparatory behaviors
- Acute major mental illness (e.g., MDD episode, acute mania, acute psychosis, recent/current drug relapse)
- Exacerbation of personality disorder (e.g., increased borderline symptomatology)

Common Risk Factors
- Access to means
- Acute psychosocial stressors (e.g., job loss, relationship dissolution, relapse on alcohol)

Action

Typically requires psychiatric hospitalization to maintain safety and aggressively target modifiable factors.

These individuals need to be directly observed until on a secure unit and kept in an environment with limited access to lethal means (e.g. keep away from sharps, cords/tubing, toxic substances).

During hospitalization co-occurring psychiatric symptoms should also be addressed.

INTERMEDIATE ACUTE RISK

Essential Features
- **Suicidal ideation to die by suicide**
- **Ability to maintain safety, independent of external support/help**

These individuals may present similarly to those at high acute risk, sharing many of the features. The only difference may be lack of intent, based upon an identified reason for living (e.g. children), and ability to abide by a safety plan and maintain their own safety. Preparatory behaviors are likely to be absent.

Action

Consider psychiatric hospitalization, if related factors driving risk are responsive to inpatient treatment (e.g. acute psychosis).

Outpatient management of suicidal thoughts and/or behaviors should be intensive and include:
- frequent contact,
- regular re-assessment of risk, and
- a well-articulated safety plan

Mental health treatment should also address co-occurring psychiatric symptoms.

LOW ACUTE RISK

Essential Features
- **No current suicidal intent AND**
- **No specific and current suicidal plan AND**
- **No preparatory behaviors AND**
- **Collective high confidence** (e.g., patient, care provider, family member) in the ability of the patient to independently maintain safety

Individuals may have suicidal ideation, but it will be **with little or no intent or specific current plan**. If a plan is present, the plan is general and/or vague, and without any associated preparatory behaviors (e.g., "I'd shoot myself if things got bad enough, but I don't have a gun"). These patients will be capable of engaging appropriate coping strategies, and willing and able to utilize a safety plan in a crisis situation.

Action

Can be managed in primary care.

Outpatient mental health treatment may also be indicated, particularly if suicidal ideation and psychiatric symptoms are co-occurring.

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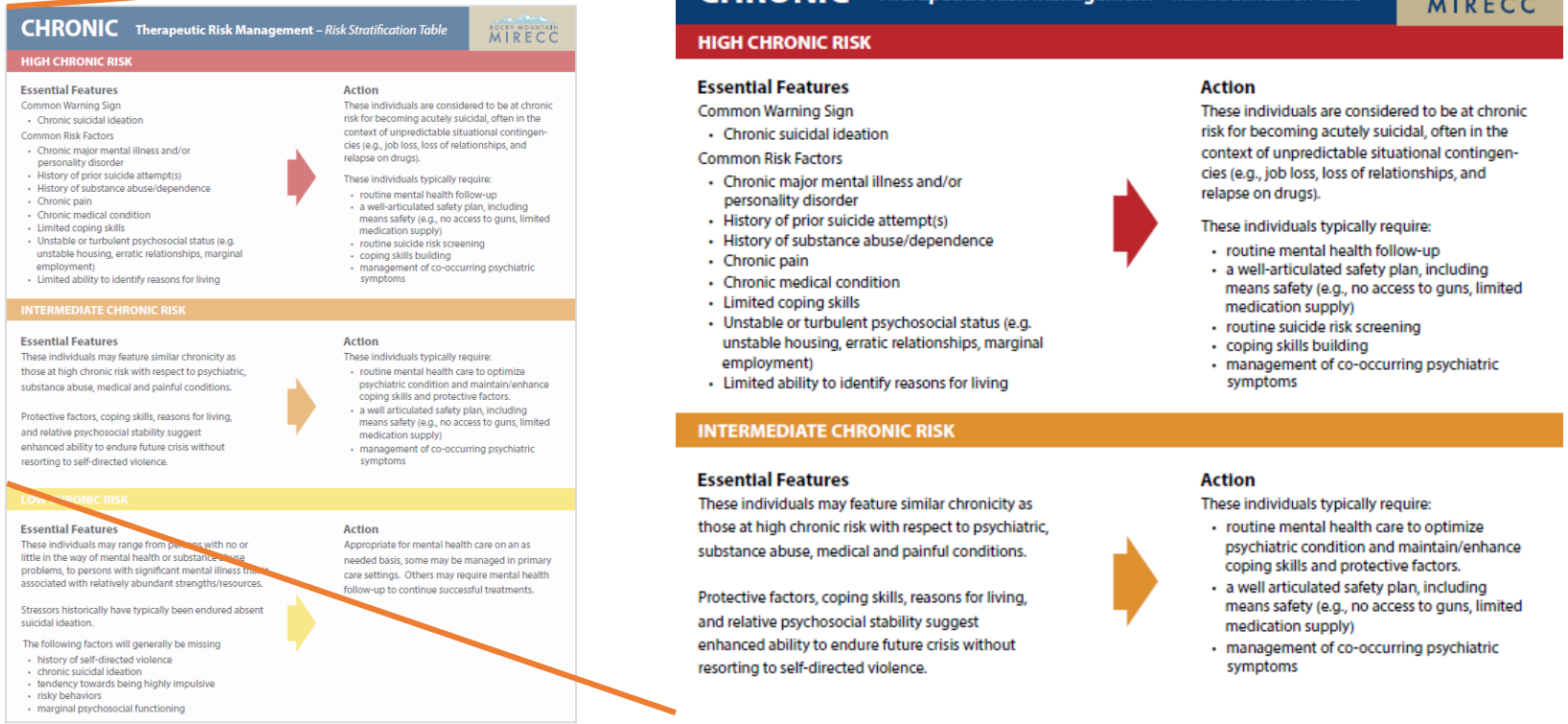

CHRONIC Therapeutic Risk Management – *Risk Stratification Table*

ROCKY MOUNTAIN MIRECC

HIGH CHRONIC RISK

Essential Features

Common Warning Sign

- Chronic suicidal ideation

Common Risk Factors

- Chronic major mental illness and/or personality disorder
- History of prior suicide attempt(s)
- History of substance abuse/dependence
- Chronic pain
- Chronic medical condition
- Limited coping skills
- Unstable or turbulent psychosocial status (e.g. unstable housing, erratic relationships, marginal employment)
- Limited ability to identify reasons for living

Action

These individuals are considered to be at chronic risk for becoming acutely suicidal, often in the context of unpredictable situational contingencies (e.g., job loss, loss of relationships, and relapse on drugs).

These individuals typically require:

- routine mental health follow-up
- a well-articulated safety plan, including means safety (e.g., no access to guns, limited medication supply)
- routine suicide risk screening
- coping skills building
- management of co-occurring psychiatric symptoms

INTERMEDIATE CHRONIC RISK

Essential Features

These individuals may feature similar chronicity as those at high chronic risk with respect to psychiatric, substance abuse, medical and painful conditions.

Protective factors, coping skills, reasons for living, and relative psychosocial stability suggest enhanced ability to endure future crisis without resorting to self-directed violence.

Action

These individuals typically require:

- routine mental health care to optimize psychiatric condition and maintain/enhance coping skills and protective factors.
- a well articulated safety plan, including means safety (e.g., no access to guns, limited medication supply)
- management of co-occurring psychiatric symptoms

LOW CHRONIC RISK

Essential Features

These individuals may range from persons with no or little in the way of mental health or substance abuse problems, to persons with significant mental illness that is associated with relatively abundant strengths/resources.

Stressors historically have typically been endured absent suicidal ideation.

The following factors will generally be missing

- history of self-directed violence
- chronic suicidal ideation
- tendency towards being highly impulsive
- risky behaviors
- marginal psychosocial functioning

Action

Appropriate for mental health care on an as needed basis, some may be managed in primary care settings. Others may require mental health follow-up to continue successful treatments.

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LMSC and Veterans With PTSD

- Many VA providers report that safe storage of firearms is particularly difficult for some Veterans with active symptoms of PTSD.
- For Veterans with PTSD, firearms may bring a sense of safety. Clinicians should focus first on collaborative safe storage practices and not immediately challenge them on a possible avoidance strategy.
  - Veterans with PTSD may have heighted concerns related to trust and safety that should be considered.
- Cognitive and exposure therapies can address trauma-related beliefs and physiological reactions regarding firearms and safety.

Messaging Matters

"Lots of Veterans have guns at home. What some Veterans in your situation have done is store their guns away from home until they're feeling better, or lock them and ask someone they trust to hold onto the keys. If you have guns at home, I'm wondering if you've thought about a strategy like that. If temporarily storing them elsewhere is not an option, perhaps we can discuss some alternative ways to keep you safe until you're feeling better."

- Acknowledge their experience.
- Emphasize safety and autonomous choice.

Principles of Motivational Interviewing

- **Evocation:** The Veteran already possesses the critical elements of change (desire, ability, motivation, and need); it is up to the provider to draw these out.
- **Collaboration:** The Veteran is the expert and the provider is a resource; best results happen when these two work together.
- **Autonomy:** The Veteran, not the provider, must decide to change and to provide the motivation for it.

What to Say

- “How do you currently store your firearms/medications?”
- “What concerns do you have about storing them more safely?”
- “What would your friend tell you if s/he knew you were going through this?”
- “Who could hold the key to your gun lock/set the combination to your gun safe for awhile, until this rough part is over?”
- “How can you help keep yourself safe from substances that can make things worse (e.g., by removing alcohol or deleting a dealer’s number)?”
- “Who else can help support you during a difficult time? Are you interested in talking to someone else about this (e.g., discussing lethal means safety and other clinical resources with a peer)?”
- If the Veteran doesn’t want to take steps toward safe storage now: “How will we know when it’s time to take extra steps or do something differently?”
- “Let’s make a plan for following up on this.”
- “Can you think of anything else you could do to increase your safety during this tough time?”

What to Say

- *"If I get rid of my guns, I will just use another method to kill myself."*
  - "Data suggest that this doesn't happen very often."
  - "Since firearms are so lethal, you're still probably safer even if you do attempt with another method."
- *"I need my guns for self-defense."*
  - "In a study using data from the National Crime Victimization Survey, people reported that they defended themselves with a firearm in less than 1 percent of crimes."
  - "What are the risks vs. benefits of having an unsafely stored firearm (e.g., harming yourself, harming someone else, the danger to children in the home vs. likelihood of defending yourself)?"
  - "Are there other ways to defend yourself and your family (e.g., home alarm system, automatic light system, big dog)?"

Are Firearm Owners Just More Suicidal Than Nonowners?

Are people who live in homes with guns more likely to have …		
… experienced a mental health problem?	Yes	No
… seriously considered suicide?	Yes	No
… attempted suicide?	Yes	No

Sorenson et al. 2008. *EvaluatioInjury Prevention,* 15:183-187; Betz et al. 2011. *Suicide and Life-Threatening Behavior*, 41(4): 384-391*n Review*, 32: 239-256; Ilgen et al. 2008. *General Hospital Psychiatry*, 30(6): 521-527; Miller et al. 2009.

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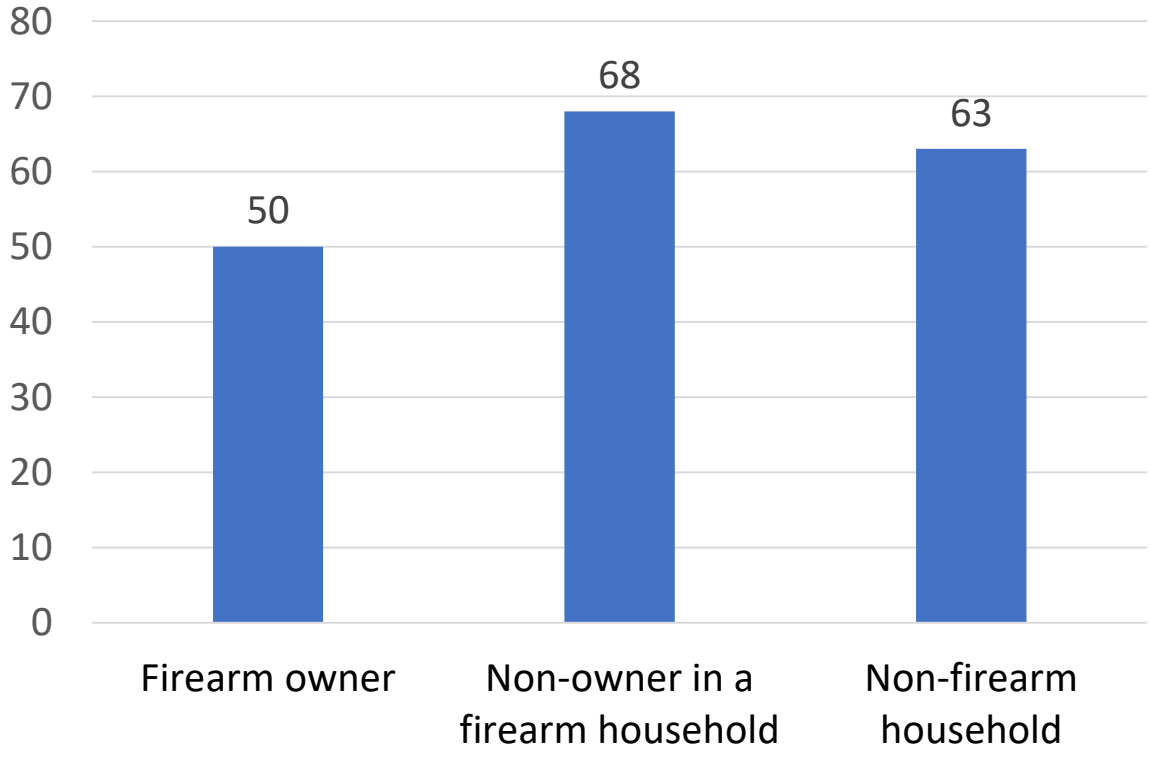
Veterans' Perspectives: 2015 National Firearm Survey

Percent of respondents reporting that it is " … *at least sometimes* appropriate to talk about this with a health care provider"



Betz et al. *Annals of Intern Med.* 2016;165(8).

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Locking Options

- Cable lock
- Trigger lock
- Lock box
- Lifejacket
- Gun safe / cabinet

HOW TO WORK THE LOCK

1. With the key in the clockwise position, insert the loose end of the cable into the padlock.
2. Turn the key counterclockwise to engage the lock and then remove the key.
3. Always double-check to confirm the cable is locked and secure.
4. Store the key to the firearm cable lock separately from both firearms and ammunition, and in a place that children can't find.

BASIC SAFETY TIPS

NEVER PUT THE CABLE LOCK WITHIN THE TRIGGER GUARD.

Do not use the firearm with the cable lock in place.

BASICS OF SAFE HANDLING INCLUDE:

- ✓ Point the firearm in a safe direction
- ✓ Keep fingers off the trigger
- ✓ Keep unloaded when not in use

Remember to keep firearms locked and unloaded when not in use.

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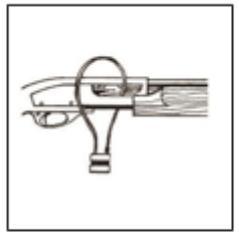
How to install cable lock into a firearm

Make sure ALL firearms are UNLOADED before they are put away.

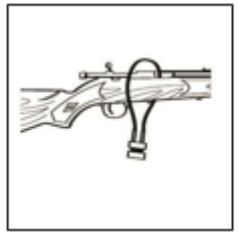
SEMI AUTOMATIC PISTOLS: remove the magazine, and with the slide back, insert the cable part through the ejection port and out of the magazine well.

REVOLVERS: open the cylinder and insert the cable part through the barrel or through an empty chamber.

MODERN SPORTING RIFLE: With the charging handle and bolt locked back and the magazine removed, insert the cable through the ejection port and out the magazine well.



SEMI AUTOMATIC or PUMP- ACTION SHOT FIREARMS: put the bolt in the open position and insert the cable part through the ejection port and out of the loading port.



BOLT ACTION RIFLES: open the action or remove the bolt from the rifle. Then remove the magazine and insert the cable through the ejection port and out of the magazine well or the receiver assembly.

This cable lock can be used with many different firearms.

Veterans and Access to Lethal Medications

- About 98 percent of overdose attempts are not fatal.
- *In 2016, **10 percent of male Veteran** and **32 percent of female Veteran** suicides were due to intentional poisoning.*
- Most attention (appropriately) is now on opiate medications, both prescribed and unprescribed, and particularly for patients receiving both opiates and benzodiazepines.
- Other medications that are commonly implicated include:
  - Acetaminophen
  - Antipsychotics
  - Antidepressants
  - Antiseizure medications

Reducing Risk for Overdose

- During periods of elevated suicide risk, options for preventing intentional or unintentional overdose include:
  - Having a family member or friend administer medication in the correct dosage
  - Asking a doctor or pharmacist to limit the number of refills or the quantity of pills prescribed
  - Portioning out pills for a few days and locking the rest away or giving them to a trusted family member or friend
  - Disposing of unused medication at a pharmacy or using safe home disposal kits
  - Opioid Safety and Education and Naloxone distribution, targeted for those prescribed opioid medications, and for illicit opioid or heroin use

Medication Disposal Boxes at VAMC's

- Med Safe program
  - Administered by VA Police Services
  - 2-5 unused medications can be disposed of at one time
  - No sharps or liquids
- Community-based programs
  - Periodic medication take-back programs held in various localities, hosted by local law enforcement

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Mail-Back Envelope Marketing

Opioid Safety

- **Background of the Virginia Opioid Addition Crisis**
- In November 2016, State Health Commissioner Marissa J. Levine, MD, MPH, FAAFP, declared the Virginia opioid addiction crisis a public health emergency.

- **Obtaining Naloxone**
- In response to the public health emergency, and in partnership with Virginia's Board of Pharmacy, Department of Health Professions and Department of Behavioral Health and Developmental Services, Dr. Levine has issued a *standing order that allows all Virginians to obtain the drug naloxone*. The standing order serves as a prescription written for the general public, rather than specifically for an individual, removing a barrier to access. The standing order does not remove the cost of the drug if residents obtain naloxone through a private pharmacy.

Support

SUICIDE RISK MANAGEMENT Consultation Program

FOR PROVIDERS WHO SERVE VETERANS

Why worry alone?

The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

Common consultation topics include:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

#NeverWorryAlone

To initiate a consult email:
SRMconsult@va.gov

www.mirecc.va.gov/visn19/consult

Resources

Rocky Mountain MIRECC for Suicide Prevention Firearm Safety Webpage. This webpage provides additional information to Veterans and their families about firearm safety for suicide prevention, and the ability to request additional firearm safety cable locks for free. Safe Storage Matters. www.mirecc.va.gov/visn19/lethalmeanssafety/

Veterans Crisis Line

1-800-273-8255 PRESS 1

Text to 838255

Veterans/Military Crisis Line. If you or someone you know is in crisis, call **1-800-273-8255** (press **1** for Military or Veterans) to be connected with qualified, caring responders 24 hours a day, 7 days a week. Many counselors are Veterans themselves, providing confidential support on the toll-free hotline, online chat, and text-messaging service. Text to **838255** or chat online at **www.VeteransCrisisLine.net/Chat**

AMERICAN FOUNDATION FOR Suicide Prevention

American Foundation for Suicide Prevention. AFSP encourages suicide prevention education and the use of safe firearm storage options. **https://afsp.org/about-suicide/firearms-suicide-prevention/**

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Resources

Suicide Prevention Lifeline. When you dial **1-800-273-TALK (8255)**, you are calling the crisis center in the Lifeline network closest to your location. You will be helped by a skilled, trained crisis worker who will listen to your problems and will tell you about mental health services in your area. Your call is confidential and free.

Prevencion del Suicidio. Una persona capacitada le escuchará y hablará con usted. Si es necesario, podrá darle información sobre recursos o servicios existentes en su comunidad que podrán prestarle ayuda después de la llamada. Siempre puede usted volver a llamar al número **1-888-628-9454** si lo necesita o lo desea.

Make the Connection. Connect with Veterans and find information, support and inspiration to overcome challenges. **www.maketheconnection.net**

Suicide Prevention Coordinator. Contact your local VA Suicide Prevention Coordinator for additional information and firearm safety materials. **www.VeteransCrisisLine.net/ResourceLocator**

Means Matter.
The Harvard Injury Control Research Center Means Matter campaign is dedicated to activities that promote safety and prevent firearm injury by reducing a suicidal person's access tolethalmeans.**www.hsph.harvard.edu/means-matter/**

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Thank you

Local VA and Suicide Prevention Resource Locator:
https://www.veteranscrisisline.net/get-help/local-resources

#Be There www.bethereforveterans.com

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Department of Veterans Affairs Suicide Prevention Coordinator Points of Contact, by region:

Hampton VA Medical Center:
Susan Lawver (757) 722-9961 ext. 3355 Susan.Lawver@va.gov

Martinsburg VA Medical Center:
Jill Finkle (304) 263-0811 ext. 3624 Jill.Finkle@va.gov

Mountain Home VA Medical Center:
Laura Rasnake (423) 926-1171 ext. 7703 Laura.Rasnake@va.gov

Richmond VA Medical Center:
Laura Pond (804) 675-5000 ext. 4554 Laura.Pond@va.gov

Salem VA Medical Center:
Alicia Dudley (540) 982-2463 ext. 2436 Alicia.Dudley@va.gov

Washington VA Medical Center:
Valerie Ajuonuma (202) 745-8000 ext. 54999 Valerie.Ajuonuma@va.gov