Lethal Means Counseling in Emergency Departments

MARIAN (EMMY) BETZ, MD, MPH
ASSOCIATE PROFESSOR OF EMERGENCY MEDICINE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

Background: Why do we need to talk about guns?

Disclosures
- Consultant for American Foundation for Suicide Prevention & Suicide Prevention Resource Center
- Serve on Colorado Suicide Prevention Commission
- 
  - Funding:
  - American Foundation for Suicide Prevention
  - NIMH ED-SAFE trial
  - NIA Beeson K23 Career Development Award

Overview of today
- talk about guns when we
  - Why we need to talk about suicide
  - Why we need to talk about suicide

Do we
- talk about guns when we
  - Why we need to talk about suicide
  - Why we need to talk about suicide

How
- talk about guns when we
  - Why we need to talk about suicide
  - Why we need to talk about suicide

historical example
- Israeli military:
  - Most suicides by gun, on weekends
  - 2006: Required soldiers to leave weapons on base
  - Suicide rates dropped 40%
**why?**

1. impulsivity
   The final decision to attempt suicide often occurs within only minutes

2. prognosis
   The majority of people with suicidal thoughts or behavior do not later die by suicide

3. lethality
   85-90% of people who use a gun to attempt suicide die

**time between deciding to attempt suicide and taking action**

*The Houston Study: Nearly Lethal Suicide Attempts - N=153 (15-34 year olds)*

- 30% in <5 min
- 25% in 5-20 min
- 20% in 20-60 min
- 15% in 1-8 hours
- 10% in >8 hours

**suicide methods in the US**

*Fatal suicides*

- Firearm
- Suffocation
- Poisoning
- Jump
- Cut
- Other

*Nonfatal suicide attempts*

**where there are more guns, there are more suicides**

- States with more firearms have higher suicide rates
  - Differences in state suicide rates better explained by levels of household gun ownership than by mental health problems, suicidal ideation, or suicide attempts

- Gun in the home → >3x risk of completed suicide (Odds ratio, 3.24)

- Adults in households with firearms are not more depressed or suicidal...yet far more likely to die by suicide
why ask about guns?

- Access to lethal means matters
- Large numbers of ED patients evaluated for suicide risk
  - ED visits for mental health reasons rising
  - 39-43% of suicide decedents visit an ED in the year before death
  - Multiple ED visits may indicate elevated suicide risk

why ask about guns?

- **Goal** is to reduce access to lethal means
  - Access to lethal means may affect overall risk assessment
  - Lethal means counseling as part of safety planning for discharged emergency department patients

Current state: Do we talk about guns?

![Chart showing suicide rates and gun access](image-url)

"I often/almost always ask if there are firearms at home"

<table>
<thead>
<tr>
<th>Suicidal in past month, not now*</th>
<th>Suicidal today, without plan*</th>
<th>Suicidal with plan, does involve gun*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In ED for overdose, no longer suicidal*</td>
<td>Suicidal with plan doesn't involve gun*</td>
</tr>
</tbody>
</table>

P<0.001 under Pearson chi-square test.

![Chart showing percentage of MD and RN responses](image-url)
"I often/ almost always ask if there are firearms at home" (by study phase)

<table>
<thead>
<tr>
<th>Percent</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>40</td>
<td>47</td>
<td>60</td>
</tr>
</tbody>
</table>

ED-SAFE cohort: ED patients with SI/attempt in past 2 weeks (N=1358)

- Research staff asked about firearm access (part of baseline questionnaire)
  - 11% told research staff they had ≥1 gun at home (site range: 6-26%)
  - 25% had unlocked & loaded
  - 54% had easy access

- Research staff reviewed ED record from that same day
  - 50% of charts had documentation of lethal means assessment

Barriers to asking
- Ignorance, inadequate training
- Fear of alienating patient
- No time! No resources!
- How should we ask?
- What if they say yes?

who did we miss?

ED disposition (n=1358)

- Lethal means assessment in ED medical record (among those discharged; n=337)

- Self-reported firearms (among those discharged & with assessment; n=185)
  - Yes
  - No

- ≥1 firearm at home
- No firearm at home

Recommendations:
How should we talk about guns?
**Limited prior empirical work**
- Much active work in this area – please join us!

**what do patients want?**
- “Patient-centered care”
  - Nonjudgmental, respectful, empathetic education
- Provider “cultural competence” already expected (eg., for ethnic heritage, religious beliefs, sexual orientation)
- Counseling that is both **individualized** and **routine**

**Colorado Firearm Safety Coalition**

**basic messages**
- Reduce firearm access for those at risk of suicide
  - Store firearms outside of home
  - Store inside home (inaccessible to person at risk)
  - (Also option to get rid of firearm permanently)
- Ideally, safe storage is a long-term practice
  - But even short-term changes can save lives
- This is not about confiscation of firearms!

**“gag laws”: you can ask**
- Florida law: health practitioners “should refrain” from asking about firearms or ammunition and “may not intentionally enter” information about firearms into medical records
- **EXCEPTION:**
  - A practitioner who “in good faith believes that this information is relevant to the patient’s medical care or safety; or the safety of others” may ask
  - Only information that “is not relevant to the patient’s medical care or safety, or the safety of others” must be kept out of medical records

---

**Reasons Americans Own Guns**
(open-ended Gallup survey); Oct 3-6, 2013

- Personal protection: 20%
- Hunting: 10%
- Recreation: 10%
- Target shooting: 8%
- 2nd Amendment right: 4%
- Use in work: 2%
- Animal control: 1%
- Other: 47%
suggested language

- How you raise the issue with a person at risk of suicide can make a difference:
  - A—Lots of people have guns at home. What some people in your situation do 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.
  - B—Do you have guns at home? They should be removed for your safety.

sample small handgun safes

- $22 (key)
- ~$100 (combination)
- $250+ (fingerprint or bracelet)

larger safes

in-home safe storage options

- $5 (cable lock)
- $10 (trigger lock)

relevant Colorado laws

- With family? YES
- With friends/neighbors? 72 HOURS
- At a gun shop? YES*
- With police? YES*
Colorado: storage with non-family

- Universal background check law
  - Background checks required for firearm sales from a federally licensed dealer and also for private sales
  - Must be completed before any transfer (check is on proposed transferee); check often run by a licensed dealer
  - ~$7, takes ~15 minutes
- Exception: No background checks required for temporary transfer <72 hours

Colorado: storage with police

- Colorado lists police departments as potential repositories for firearms when they are surrendered (e.g., as a result of a domestic violence restraining order)
- Police departments are not required to accept firearms
  - Likely agency specific
  - Concerns about liability (proper storage, return to owner)

questions about 72 hour window

- Can a family member, friend, or other non-owner of a firearm transfer a firearm?
- Can the transferee subsequently transfer the firearm to a safer space?
- Can the 72-hour transfer be restarted?
- What should the transferee do with the firearm if the transferor doesn’t claim it after 72 hours?

overview of today

- Why we need to talk about guns when we talk about suicide
- Do we talk about guns when we talk about suicide?
- How we need to talk about guns when we talk about suicide

Colorado: storage at gun shop

- Firearm retailers are not required to accept firearms
  - Concerns about liability (proper storage, return to owner)
- Varying views of retailers (support suicide prevention, but may not want to store)
  - In Denver area, most do not offer storage

Thank you!

MARIAN.BETZ@UCDENVER.EDU
Joint Commission NPSG 15

- Identify patients at risk for suicide
  - Applies to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals, including EDs
- Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
- Address the patient's immediate safety needs and most appropriate setting for treatment.
- When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.

Population Suicide Risk Factors

<table>
<thead>
<tr>
<th>Situational factors</th>
<th>Most attempts are within a crisis or psychiatric illness exacerbation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric illness</td>
<td>Depression, schizophrenia, panic disorder, personality disorder</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Drugs or alcohol</td>
</tr>
<tr>
<td>Gender</td>
<td>Female 3x as likely to attempt, but males 3x as likely to complete</td>
</tr>
<tr>
<td>Age</td>
<td>Older men at highest risk (55-65 years-old)</td>
</tr>
<tr>
<td></td>
<td>Women younger at attempts (25-35 years old)</td>
</tr>
<tr>
<td>Access to lethal means</td>
<td>Presence of a firearm in the home increases suicide risk 5-10x</td>
</tr>
<tr>
<td>Marital status</td>
<td>Separated, divorced, widowed</td>
</tr>
<tr>
<td>Medical conditions</td>
<td>Chronic pain, chronic illness</td>
</tr>
<tr>
<td>Family history of suicide</td>
<td></td>
</tr>
</tbody>
</table>

Resources

- “Means Matter” Website from the Harvard School of Public Health
  - For providers: information about lethal means counseling
  - For families: safety tips, what to do with guns
  - Plus additional information about the research underpinning a means restriction approach to suicide prevention
  - [http://www.hsph.harvard.edu/means-matter/](http://www.hsph.harvard.edu/means-matter/)
- National Hotline
  - 1-800-273-TALK
  - (1-800-273-8255)