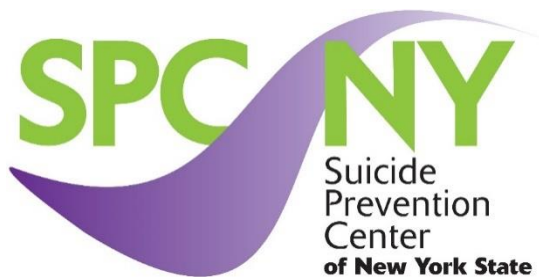




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## Why Means Matter-presentation for NYSARH November 19, 2020



**Presenter: Garra Lloyd-Lester, Director of Community and Coalition Initiatives at SPCNY**

**[Garra.Lloyd-lester@omh.ny.gov](mailto:Garra.Lloyd-lester@omh.ny.gov) or 518-810-1453**



## Office of Mental Health

Traditionally suicide prevention has  
been focused on who takes their  
life, when, where and especially  
*why*





## Office of Mental Health

We are beginning to understand that **how** people attempt suicide plays a crucial role in whether they live or die





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# Topics covered:

- Why Means Matter
- Changing the Discourse; Partnering with Gun Owners
- Other Lethal Means



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# Why Means Matter

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# Pesticides and Sri Lanka

- Mid-1990s: Sri Lanka - one of the top suicide rates in the world.
- Pesticides leading method.
- The most highly human-toxic pesticides banned in mid-'90s.
- Suicide rate dropped 50% from 1996 to 2005.
- The drop was driven by a drop in pesticide suicides.
- Other methods didn't drop. Nor did nonfatal pesticide attempts.
- The *behavior* didn't change. The lethality of the behavior changed.





## Office of Mental Health

# Firearms and Israeli Defense Force (IDF)

- Early 2000s, IDF focused on suicide—most by firearm, many on weekends while soldiers were on leave.
- 2006: soldiers must leave weapons on base during weekend leaves.
- Suicide rate decreased by 40%.
- Weekend suicides dropped significantly.
- Weekday suicides did not.





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**WHY???**

How could such a simple change save lives? Why didn't suicides go up on Monday, or hangings go up on weekends? After all, if you remain committed to ending your life, you can eventually find a way.





# Why Means Matter

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1. Acute phase of suicidal crisis is often brief.
- 2.
- 3.



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# Suicidal Crises

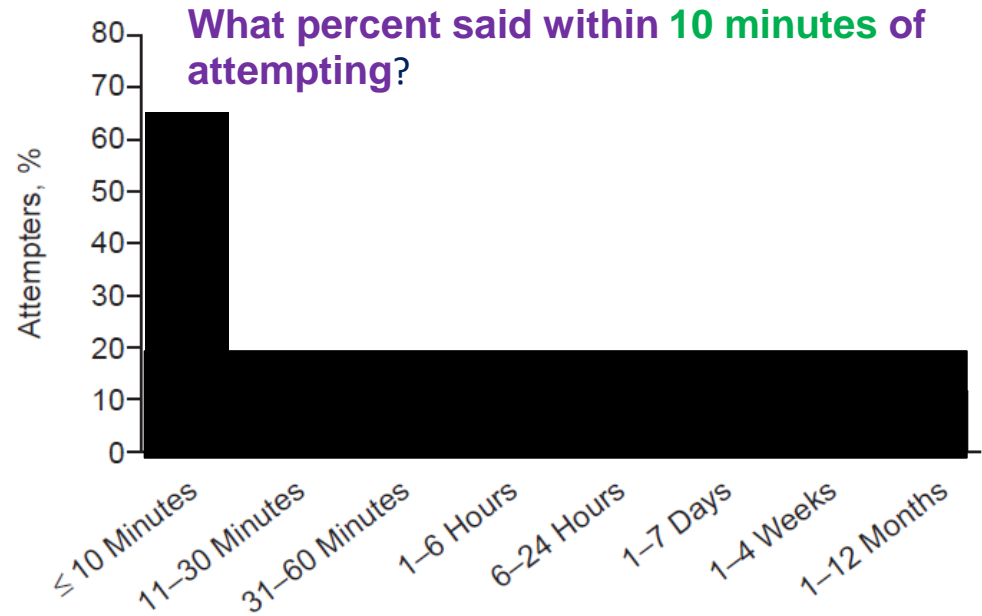
- Acute phase—when you're actually ready to pull the trigger or swallow the poison—is often brief.
- Overwhelming impulse to die often fades. May never recur or may flare up episodically. Rarely a chronic state.
- Escalation from misery to ideation to attempt can be fast. Hard to predict; may be triggered by external event.
- Period of vulnerability may last a while; but acute suicidal flare-ups are typically brief.



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People seen in the hospital following a suicide attempt were asked when they had *first* started thinking about making that attempt.

# Suicidal Crises

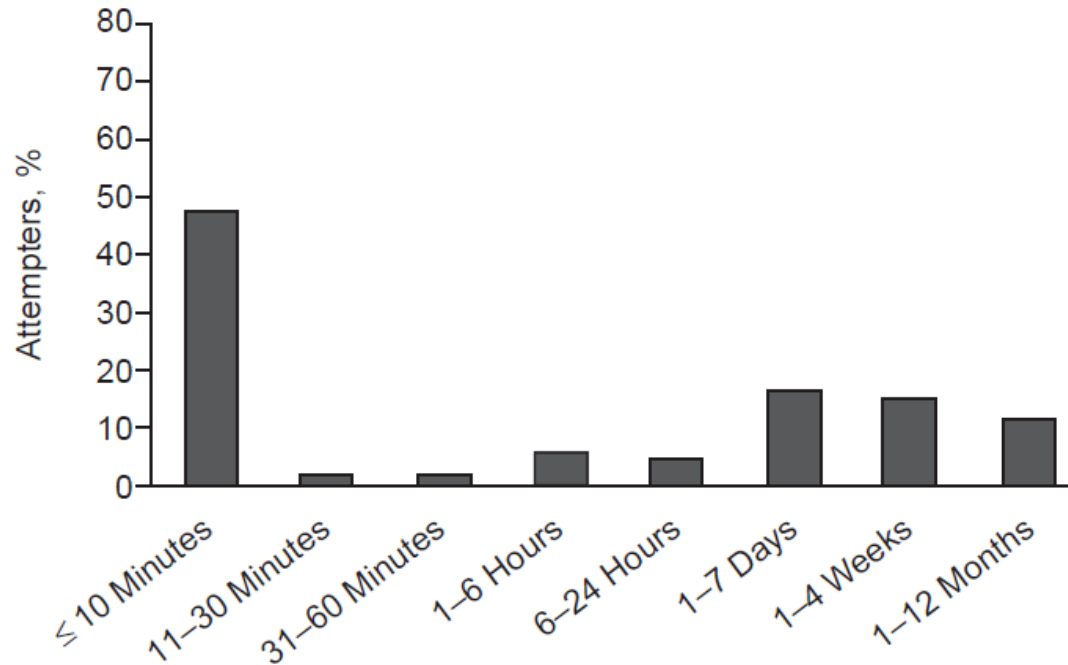




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48% said within **10 minutes**  
**of attempting.**

Most people who become suicidal have struggled with ongoing, underlying problems. The movement from suicidal idea to attempt can be rapid and unpredictable.





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## Why Means Matters for health care providers...

- **Characteristics of Completed Suicides**-70% were seen by a primary care or mental health provider within 30 days of suicide. Other estimates are as high as 83% for health care contacts\*
- lethal means counseling may occur for less than half of ED patients with suicide risk\*\*

\*<https://www.psychiatrictimes.com/view/characteristics-completed-suicides>

\*\* <http://www.ncbi.nlm.nih.gov/pubmed/26989850>



- Interventions by healthcare providers can affect a patient's storage of firearms which in turn can substantially reduce risk for suicide or other firearm-related injury\*
- Patients who received a physician's verbal or written recommendation were three times more likely to make safe changes in firearms storage practices than patients who did not receive counseling\*\*
- For every 2.5 gun-owning parents who received a pediatrician's counseling and free cable locks, one parent reported using the cable locks six months later\*\*\*

\*Grossman, D. C., Mueller, B. A., Riedy, C., Dowd, M. D., Villaveces, A., Prodzinski, J., et al. (2005). Gun storage practices and risk of youth suicide and unintentional firearm injuries. *JAMA*, 293(6), 707-714

\*\*Albright, T. L. & Burge, S. K. (2003). Improving firearm storage habits: Impact of brief office counseling by family physicians. *The Journal of the American Board of Family Practice*, 16(1), 40-46.

\*\*\*Barkin, S. L., Finch, S. A., Ip, E. H., Scheindlin, B., Craig, J. A., Steffes, J., et al. (2008). Is office-based counseling about media use, timeouts, and firearm storage effective? Results from a cluster-randomized, controlled trial. *Pediatrics*, 122(1), e15-e25.



## Office of Mental Health

**A Suicide...** Robert is a 27 year-old with a drug problem. He recently moved back in with his parents after his girlfriend kicked him out of their apartment. When he stopped going to work, his parents contacted a mental health center and urged him to see a counselor. He refused.

He called his girlfriend, hoping to get back together, but she wouldn't speak to him. Feeling desperate, he went to the gun cabinet...

...but the guns were gone. He slashed his wrists. His mother took him to the hospital, and he recovered. **...or a Life Saved?**



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# Why did he survive?

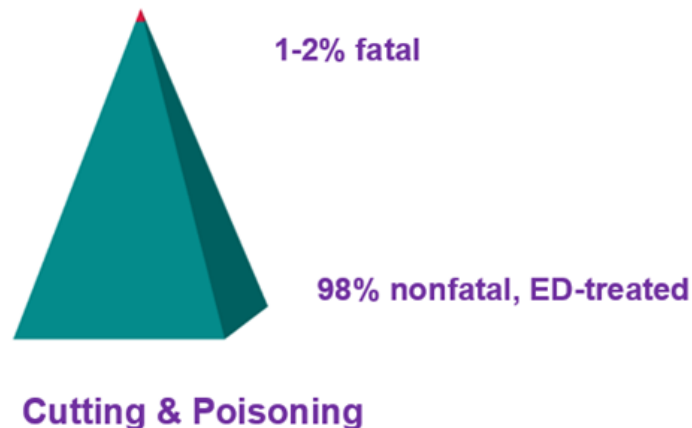
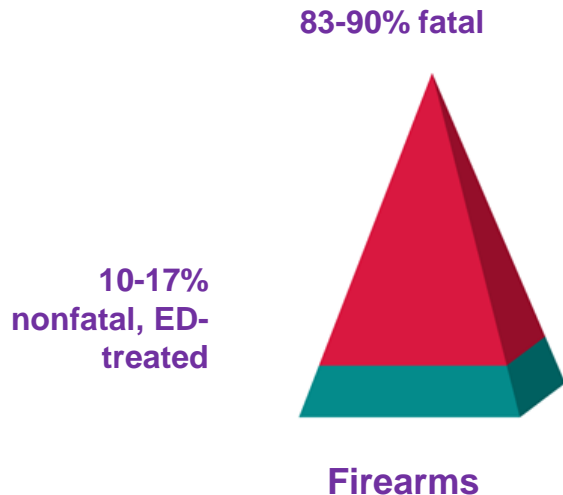




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If Robert had used a gun, his odds of dying would have been 9 out of 10.

What are the odds using sharps or overdose?



Spicer & Miller, 2000 Based on data from emergency departments and death certificates.

**NOTE: We caution against broadly disseminating these specific numbers to the general public. People's perception that overdose and cutting are more lethal than they usually are probably saves many lives.**



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# Why Means Matter

1. The acute phase of a suicidal crisis is often brief.
2. Some methods are far more lethal than others.
- 3.

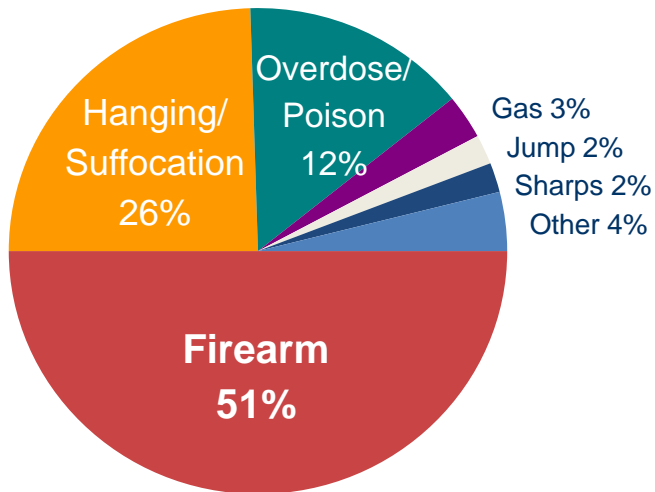


- Method of attempt: one of biggest factors governing whether the person lives or dies.
- Intent matters; but means also matter.
- As in Robert's case, the method choice was governed by both intent and ***ready access***.
- Ready access is particularly important when attempts occur rapidly with little or no planning.

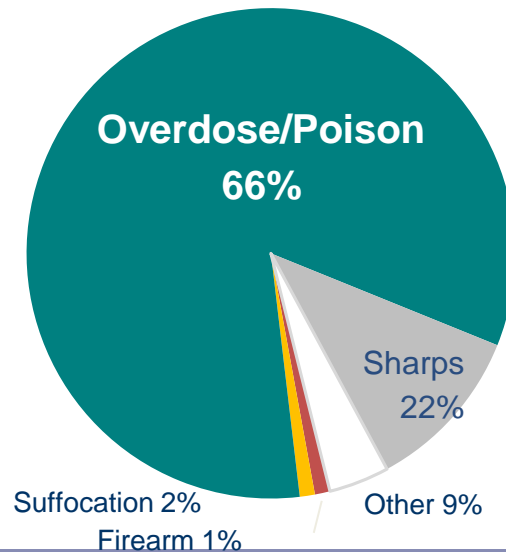


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## Methods of Self-Harm, U.S.



**Fatal**



**Nonfatal**

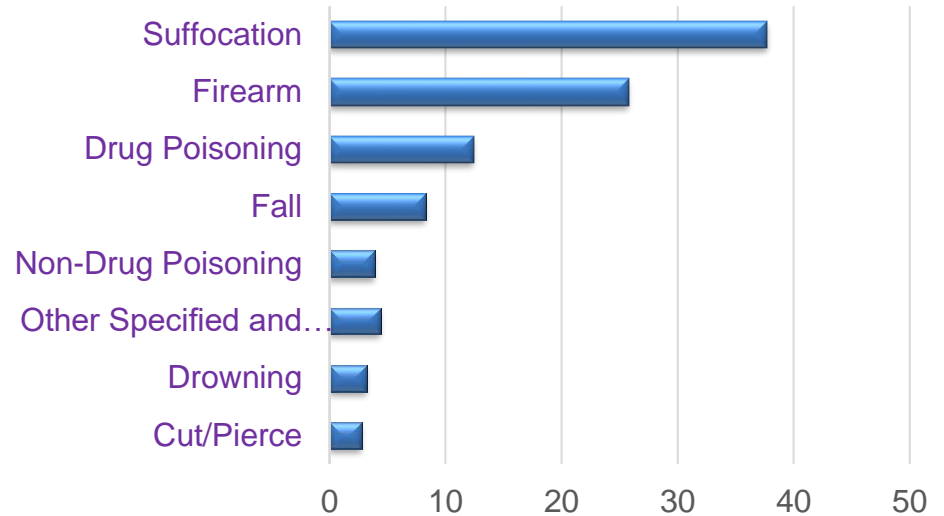
Fatal (Suicide): [CDC WONDER \(2016\)](#) 54%  
firearm in Oregon Nonfatal: Canner 2016



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# Suicide in New York State (2018) by mechanism

## Percent of Deaths by Mechanism



Data source: NCHS Vital Statistics System for numbers of deaths, Bureau of Census for population estimates. <https://www.cdc.gov/nchs/nvss/deaths.htm>



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# Lethality of Suicide Method

HIGH  
Lethality

Firearm  
Jump from very great  
height

Carbon monoxide  
Hanging/suffocation

LOW  
Lethality

Overdose/poisoning  
Cutting



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## But Did We Truly Save Robert's Life?

- History of suicide attempt is a risk factor for suicide.
- What proportion of people who attempt suicide & survive eventually go on to die by suicide?

75%    45%    25%    10%



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# Why Means Matter

1. The acute phase of a suicidal crisis is often brief.
2. Some methods are far more lethal than others.
3. >90% of those who attempt will not go on to die by suicide

...A life saved in the short run is usually a  
**life saved.**





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Putting time and distance between a suicidal person and a highly lethal method—***especially a gun***—can save a life.



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# Why Firearms Matter Most

- **Leading U.S. method.**
- **Highly lethal.**
- **Easily accessible** if stored at home.
- **Culturally “acceptable.”** Some methods, like fire, are accessible but unacceptable to most U.S. attempters.
- **Fast, irreversible.** No chance for rescue or change of heart once the trigger is pulled. For nearly all other methods except jumps there is an opportunity.
- **Risk factor.** Every U.S. case control study that has examined the issue (15+) finds firearm access a risk factor.



# Office of Mental Health

	High Gun Ownership States*	Low Gun Ownership States**
Population	31.5 million	31.3 million
% homes with firearms	50%	15%
Suicide attempts (est.) 2008-2009	246,000	303,400
Suicides 2008-2009		
Non-firearm suicides	4,397	4,341
Firearm suicides	?	?
Total suicides	?	?

\* LA, UT, OK, IA, TN, KY, AL, MS, ID, ND, WV, AR, AK, SD, MO, WY

\*\* HI, NJ, MA, RI, CT, NY

Miller, Barber, Azrael, White. Am J Epi 2013, State level attempts from NSDUH; HH gun ownership from 2002 BRFSS



# Office of Mental Health

	High Gun Ownership States*	Low Gun Ownership States**
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% homes with firearms	50%	15%
Suicide attempts (est.) 2008-2009	246,000	303,400
Suicides 2008-2009		
Non-firearm suicides	4,397	4,341
Firearm suicides	7,492	1,697
Total suicides	11,889	6,038

\* LA, UT, OK, IA, TN, KY, AL, MS, ID, ND, WV, AR, AK, SD, MO, WY

\*\* HI, NJ, MA, RI, CT, NY

Miller, Barber, Azrael, White. Am J Epi 2013.

State-level attempts from NSDUH; HH gun ownership from 2002 BRFSS.



## Office of Mental Health

- An NVISS study\* of firearm suicides among youths ages 17 and under occurring over a two-year period in four states and two counties found that 82% used a firearm belonging to a family member, usually a parent.
- When storage status was noted, about two-thirds of the firearms had been stored unlocked.
- Among the remaining cases in which the firearms had been locked, the youth knew the combination or where the key was kept or broke into the cabinet.

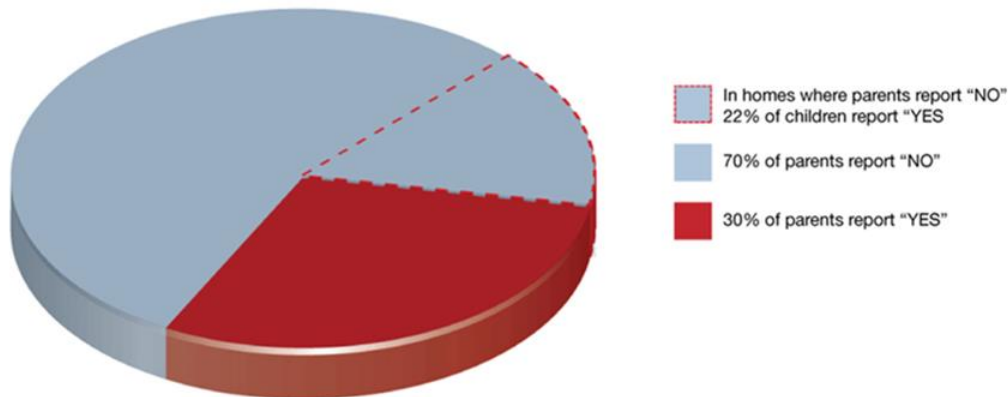
\*  
<http://www.hsph.harvard.edu/hicrc/nviss/documents/Suicide%20Summary%202001.pdf>



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# How do young suicide victims get a gun?

Response to the question: "Has your child handled your gun in your home?"\*

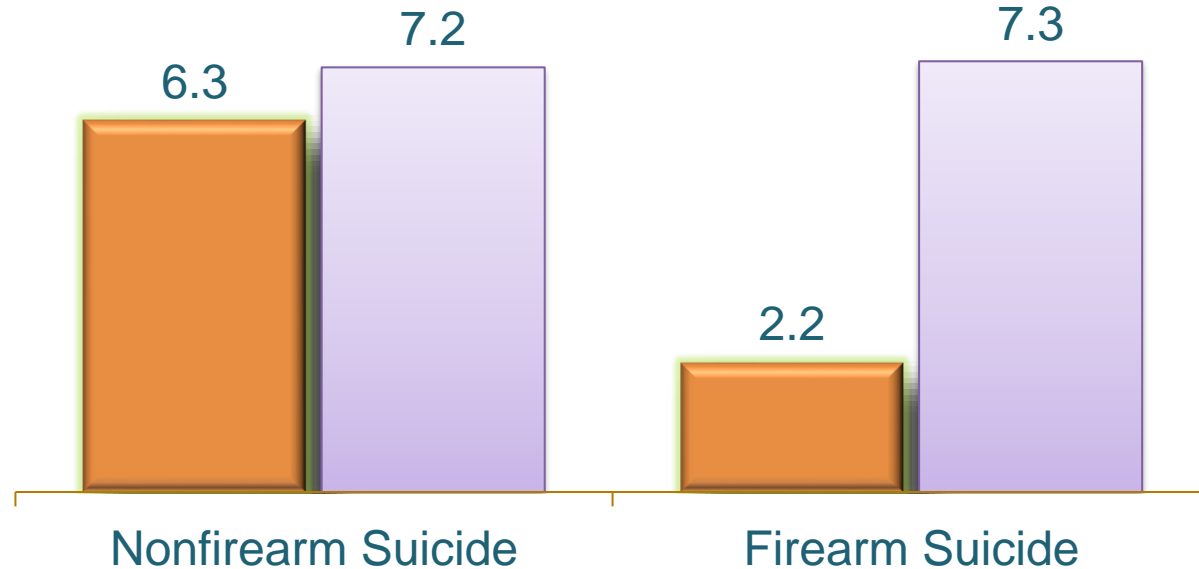


\* Baxley F, Miller M. Parental misperceptions about children and firearms. Arch Pediatr Adolesc Med. 2006;160(5):542-7.



## Office of Mental Health

# NY and US Suicide Rates\*, 2017



\* <https://wisqars-viz.cdc.gov/>



## Office of Mental Health

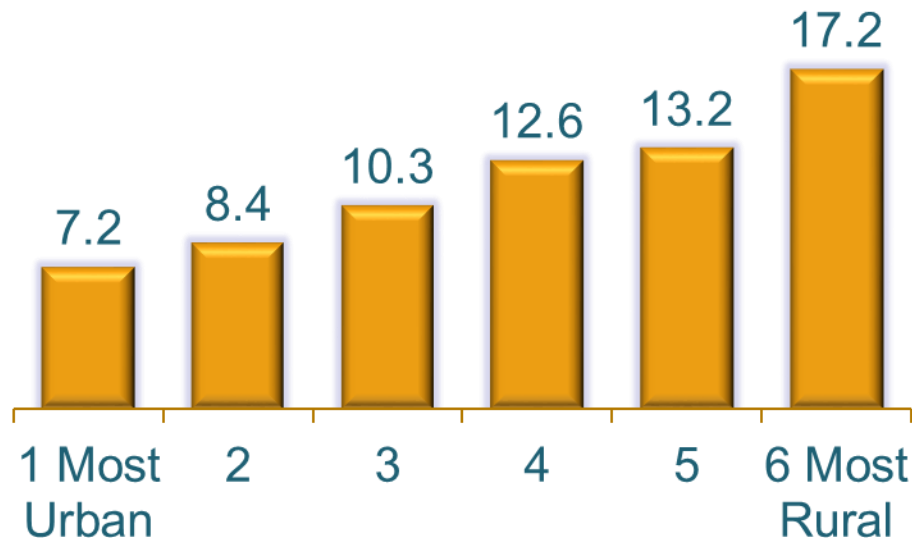
### Method (2017)

Suffocation	40%
Firearm	26%
Meds/Drugs	13%
Fall	8%
Other	13%

### \*Households w/ Guns (BRFSS- early 2000s)

US	33%
NY	18%

### \*\* NY County Suicide Rate by Level of Urbanization, 2013-2017



\*<https://www.cdc.gov/brfss/index.html>

\*\*<https://wonder.cdc.gov/>





## Office of Mental Health

# Suicide in NY, 2013-2017

NY County **Firearm** and **Non-Firearm** Suicide Rate by  
Level of Urbanization





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- Why Means Matter
- **Changing the Discourse;  
Partnering with Gun Owners**
- Other Lethal Means



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# Engaging Gun Owners

- Ten years ago, most suicide prevention groups weren't talking about guns and most gun groups weren't talking about suicide.
- And yet gun-owning families were dying by suicide at higher rates than non-gun owners.
- They're not more likely to have a mental illness or to be suicidal; they are more likely to die should they become suicidal.



## Office of Mental Health

- How do we reach gun owners at risk of suicide?
- With an anti-gun agenda? No
- That's like sending an anti-gay group to do a suicide prevention campaign in the gay and lesbian community.
- **If you don't trust the messenger, you don't trust the message.** And you're likely to get the message wrong.



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# What's the Message?

**Man to his primary care during office visit:** “I’m really worried about what happens next; I’m in this funk and it isn’t getting any better, and now with this second DUI, I’m worried my partner might leave me and I could loose my job. I’m thinking maybe I should just pack it in, disappear...permanently.”

After a brief conversation where the PC confirms the patient is considering suicide

**Doctor:** “thank you for sharing that, it takes a lot of courage to share that information. You have mentioned to me in the past that you like to hunt. Is there somewhere you can store your guns away from home for now, or make them inaccessible until things improve?”



## Office of Mental Health

**Think about other public health messages. What is some messaging around drunk driving?**

- Years ago “designated driver” and “friends don’t let friends drive drunk” were unknown concepts.
- How do we get that same reach and friends-protecting-friends approach to lethal means safety?



## Office of Mental Health

## Disseminating the Message to targeted audiences

- Clinicians & Healthcare providers
- Gatekeepers
  - Clergy, social workers, rehab, divorce/defense attorney, etc.
- Gun-owning Community

Lethal Means Counseling (**build it into the system**)

Expand firearm safety to include suicide prevention



## Office of Mental Health

# Building It Into the System

Change policies & information systems

State Social  
Work  
Association

State Hospital  
Association

Hospital  
Administration

Graduate School

*Emergency Dept. Social Worker*





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# Messaging

## *Pop Quiz:*

Is the headline on your brochure:

- A “Bringing Down the Deadly Toll of Firearms”
- B “Gun Owners Leading the Way on Safety”



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# Pushing on an Open Door





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Utah PSA



<https://vimeo.com/175761640>




## Office of Mental Health

## Utah PSA

- Tale of resilience and recovery.
- Gun-friendly.
- Speaks to middle-aged and older white male gun owners.
- Normalizes storing guns away from home when struggling.
- Doesn't wait for disclosure of suicidality; catches people further upstream when they're struggling.
- It doesn't rely on the distressed person asking for help.
- Solid “bro” way to support and protect a friend in crisis.



# Office of Mental Health



A photograph showing two men sitting at a wooden table. The man on the left is wearing a green t-shirt and white shorts, and the man on the right is wearing a grey shirt. A handgun is visible on the table between them. The man on the right is gesturing with his hand towards the man on the left.

## CONCERNED ABOUT A FAMILY MEMBER OR FRIEND?

### ARE THEY SUICIDAL?

- Depressed, angry, impulsive?
- Going through a relationship break-up, legal trouble, or other setback?
- Using drugs or alcohol more?
- Withdrawing from things they used to enjoy?
- Talking about being better off dead?
- Losing hope?
- Acting reckless?
- Feeling trapped?

### SUICIDES IN NY

for out-of-hospital homicides


### FIREARMS ARE THE LEADING METHOD

### ATTEMPTS WITH A GUN ARE MORE DEADLY

than attempts with other methods

### HOLD ON TO THEIR GUNS

- Putting time and distance between a suicidal person and a gun may save a life.
- For other ways to help, call the National Suicide Prevention Lifeline: 1-800-273-TALK (4255)



www.nysomh.org



## Office of Mental Health

# Gun Groups Getting Involved

- Maryland Licensed Firearm Dealers Association
- Utah Shooting Sports Council
- Vermont Federation of Sportsmen's Clubs
- National Shooting Sports Foundation
- Second Amendment Foundation
- NRA
- Individual firearm instructors, retailers, competitive shooters, etc.



- **Healthcare providers and gatekeepers**– mentioning firearm access is second nature and comfortable for both the clinician and the patient.
- **Gun-owning community** – every firearm safety class, website, brochure, etc., mentions suicide prevention (“Be alert to signs of suicide risk in loved ones and help keep firearms from those at risk until they have recovered.”)



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How do we keep your families safe?  
*Recommendations for families:*

- *Weigh the pros & cons*
- *Move guns out of the home*
- *Store guns securely*





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How do we keep your families safe?  
*Recommendations for families:*

*If you have firearms at home and a household member is suicidal or at risk (e.g. an impulsive teen, a person struggling with depression or drug/alcohol problems or someone going through difficulties like divorce or arrest) consider removing the guns*



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How do we keep your families safe?  
*Recommendations for families:*

***Store guns securely:*** not having guns at home is safest. But if that isn't an option,

- ***Store guns locked and unloaded***
- ***Store ammunition locked separately***
- ***Keep the key or combination secure***

***Remember, most teenagers know the parents hiding places***



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**How do we keep communities safe?**  
*Recommendations for suicide prevention groups:*

- *Educate providers*
- *Change policy*
- *Expand options*



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How do we keep communities safe?  
*Recommendations for suicide prevention  
groups:*

### ***Educate providers***

*Train providers on how to counsel suicidal or at risk people and their families about guns at home. Many provides currently do not. Visit the [means matter](#) website for information about lethal means counseling*



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How do we keep communities safe?  
*Recommendations for suicide prevention  
groups:*

### ***Change Policy***

- *Ensure that all suicidal patients and their families are counseled about access to guns*
- *Do this by encouraging professional groups (e.g. state social workers associations, state hospital association etc.) to add lethal means counseling to current suicide prevention protocols*



## Office of Mental Health

# How do we keep communities safe? *Recommendations for suicide prevention groups:*

### ***Expand options***

- *Work with local police, public safety group and others to expand options for families who want to temporarily remove guns either permanently or temporarily*
- *Many police departments currently have no policy in place to dispose of or store weapons. Work with them to explore feasible options*



## Office of Mental Health

- Why Means Matter
- Changing the Discourse;  
Partnering with Gun Owners
- **Other Lethal Means**



## Office of Mental Health

# Lethality of Suicide Method

**HIGH  
Lethality**

Firearm  
Jump from very great height



Reduce access

Carbon monoxide  
Hanging/suffocation



Reduce toxicity

Reduce acceptability  
& knowledge

**LOW  
Lethality**

Overdose/poisoning  
Cutting



**Reduce access to  
most lethal**





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## **Some common Medicines used in Overdose Deaths**

- Opioids (e.g., oxycodone, methadone, morphine)
- Benzodiazepines (anti-anxiety)
- Psychiatric medications (antidepressants, antipsychotics, mood stabilizers)
- Sleeping medication (diphenhydramine [Benadryl] and prescription)
- Over-the-counter pain relievers and cough suppressants



## Office of Mental Health

# Messaging Quandary

- ***Lock them all?***
  - Easy to message; no technical training
  - But hard to actually carry through on (think people who may legitimately need one or more Rx)
  - Logical possibility of greater harm by substituting more lethal method
- ***Lock some?***
  - Less risk of lethal substitution
  - Remember, a few hundred thousand attempters! If even 5% shifted to a more lethal method: thousands more deaths
  - Trickier to message; requires technical knowledge

## A Resources

- [Breaking Through Barriers: The Emerging Role of Healthcare Provider Training Programs in firearm suicide prevention](#)
- [HEALTH SYSTEM TARGETS GUN SAFETY TO PREVENT SUICIDE](#)
- The [Means Safety Messaging for Clinical Staff](#) pocket card provides medical professionals with easily digestible information for talking with Veteran patients about safe storage
- [Managing Suicide Risk and Access to Firearms: Guidelines for Providers](#)
- [AFSP's Firearms and Suicide Prevention education program](#)
- [Lethal Means Safety Counseling](#)
- **NYS firearm laws:** <https://www.nraila.org/gun-laws/state-gun-laws/new-york/>, <https://lawcenter.giffords.org/gun-laws/state-law/new-york/>, <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/127/2018/09/State-Laws-Pertaining-to-Temporary-Firearm-Transfer-to-Protect-Persons-At-Risk.pdf>



## Additional Resources-Veterans and Military focused

- [New resources to help Veterans understand lethal means safety](#)
- The [Reducing Firearm & Other Household Safety Risks for Veterans and Their Families](#) brochure provides best practices for safely storing firearms and medications, along with advice for Veterans' loved ones on how to talk to Veterans about safe storage.
- [AFSP's Firearms and Suicide Prevention education program](#)
- [Veterans, Firearms, and Suicide- THE IMPORTANCE OF LETHAL MEANS SAFETY AS A PREVENTION STRATEGY](#)
- [Means Matter | Harvard T.H. Chan School of Public Health](#)
- [Utah projects-'Is your Safety On?' Teen PSA](#)
- [Utah Firearm Suicide Prevention Video](#)





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# Questions?

For more information on suicide prevention efforts across NYS feel free to contact me at:

Garra Lloyd-Lester, Director of Community and Coalition Initiatives at SPCNY  
[Garra.Lloyd-lester@omh.ny.gov](mailto:Garra.Lloyd-lester@omh.ny.gov) or 518-810-1453