

Delivering Evidence-based and Culturally-Competent Firearm Suicide Prevention Interventions in Clinical Settings

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

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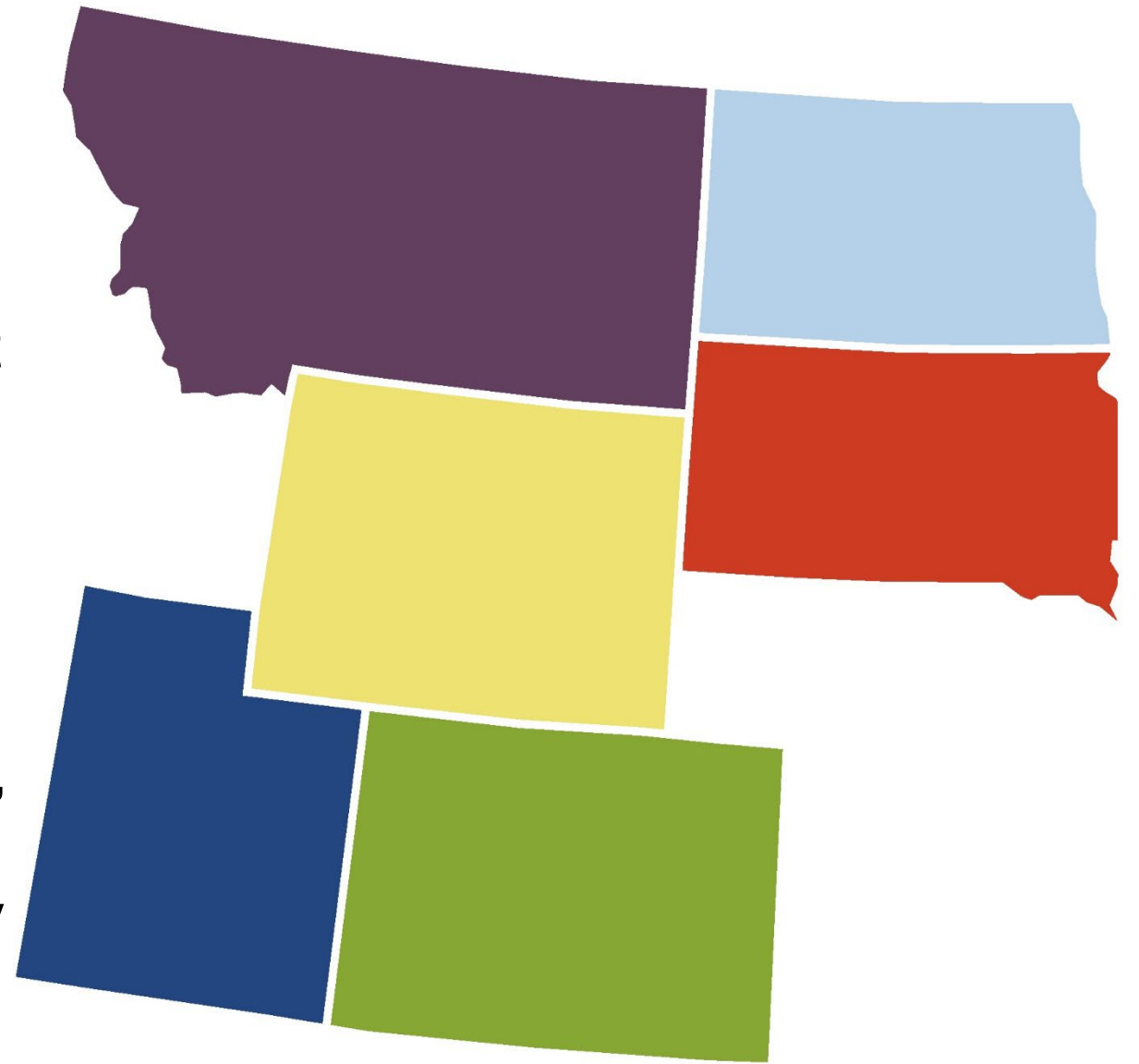
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

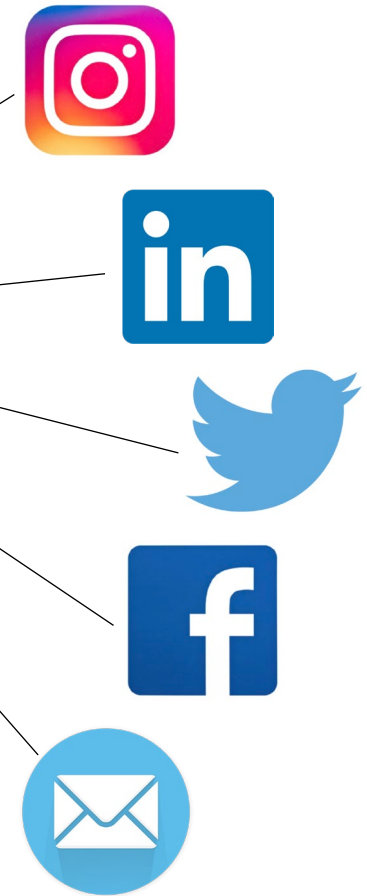
CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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SCAN ME



Delivering evidence-based and culturally-competent firearm suicide prevention interventions in clinical settings

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Disclaimer

- The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States Government



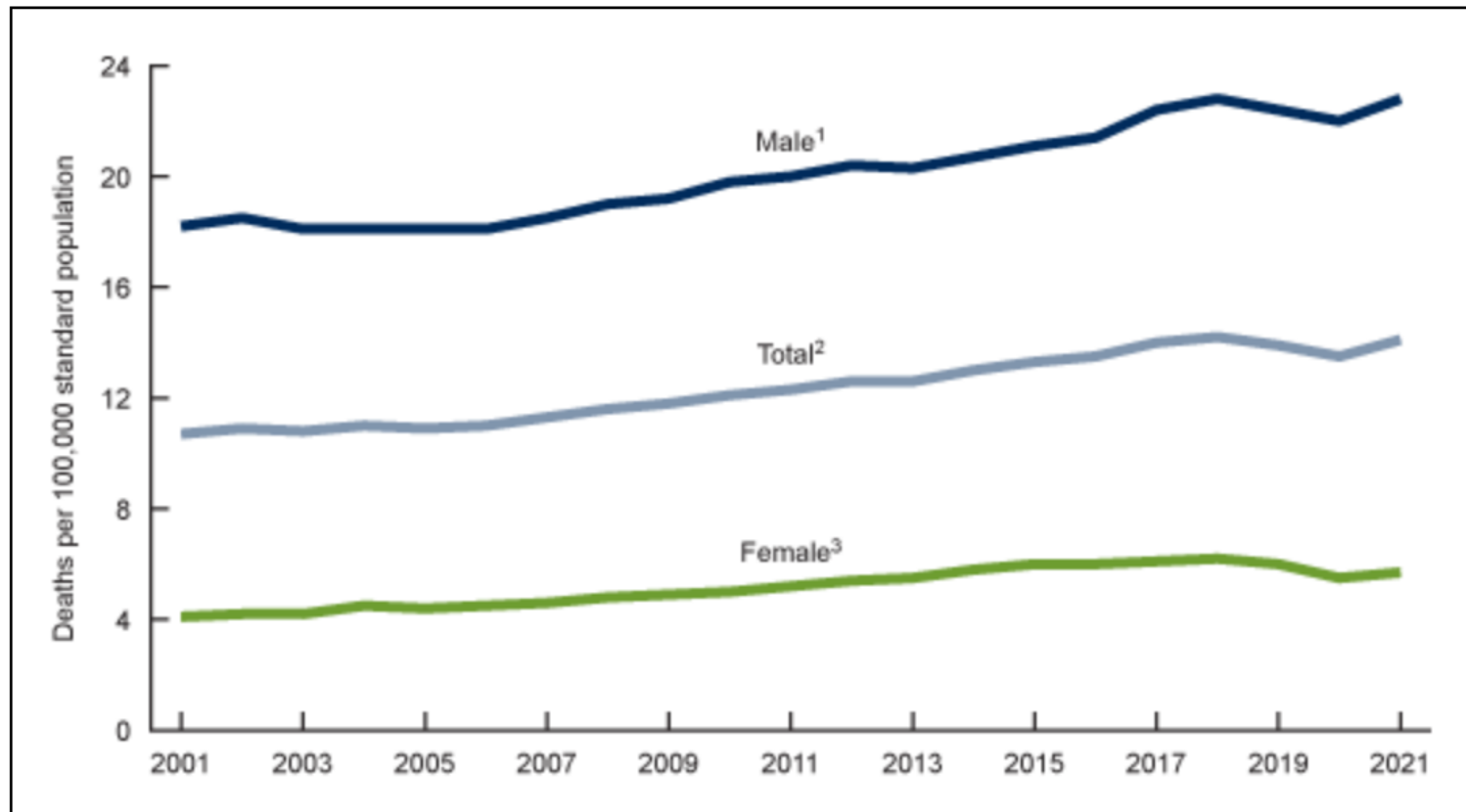


Outline

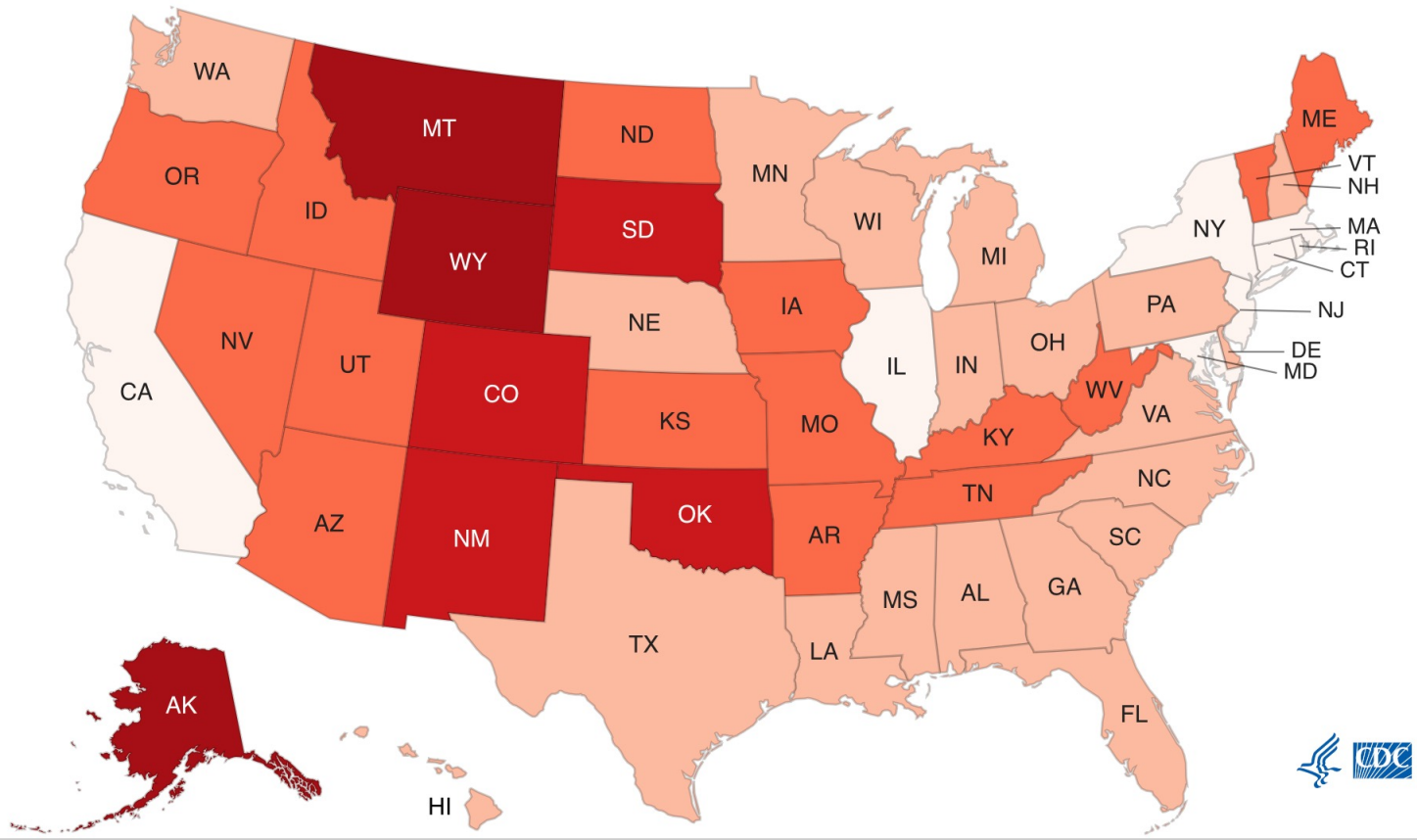
- Epidemiology
- Firearm access and suicide risk
- Storage recommendations
- Approaches
- Q&A



Age-adjusted suicide rates, 2001-2021



Suicide mortality by state, 2021

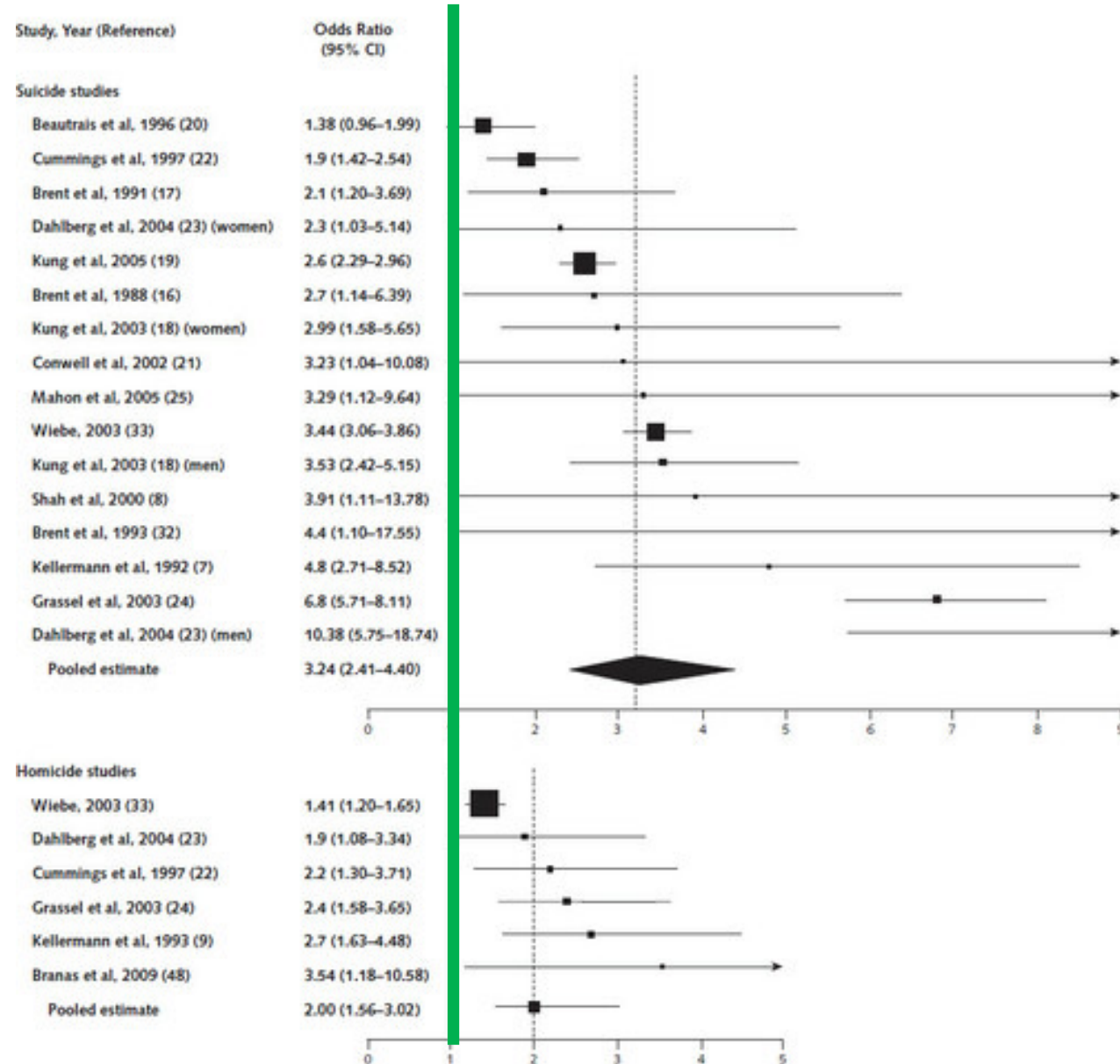


Age-Adjusted Death Rates¹



Firearm access as a risk factor for suicide

Anglemeyer *et al*, *Ann Intern Med*, 2014





But why?

- No evidence that firearm owners are more violent than non-owners
- Little evidence that those who reside in firearm households have higher suicide risk than others



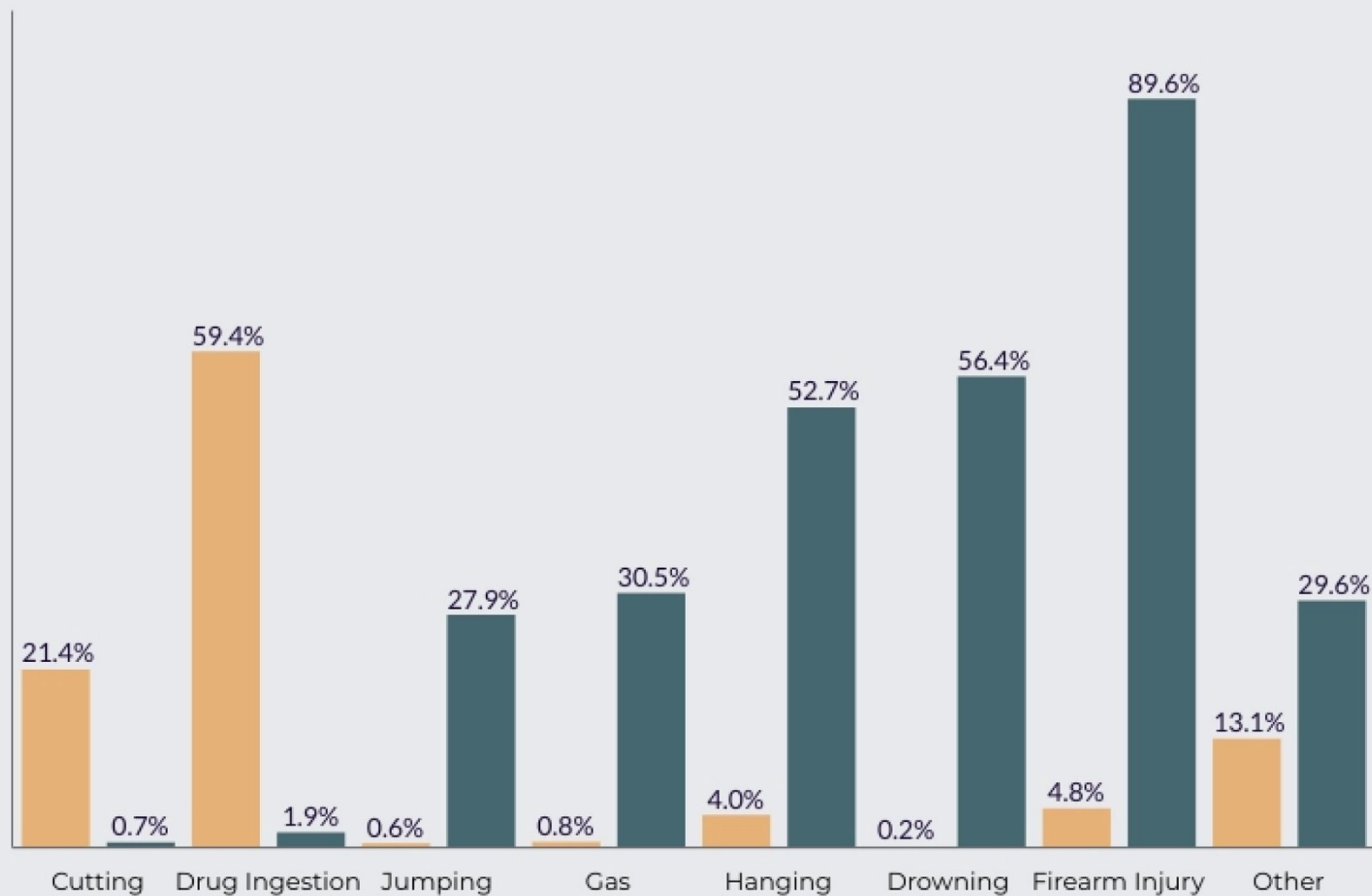
Time and space matter

- 153 survivors of nearly lethal suicide attempts
 - 47% said it took less than 1 hour between decision and attempt
 - 24% said it took less than 5 minutes



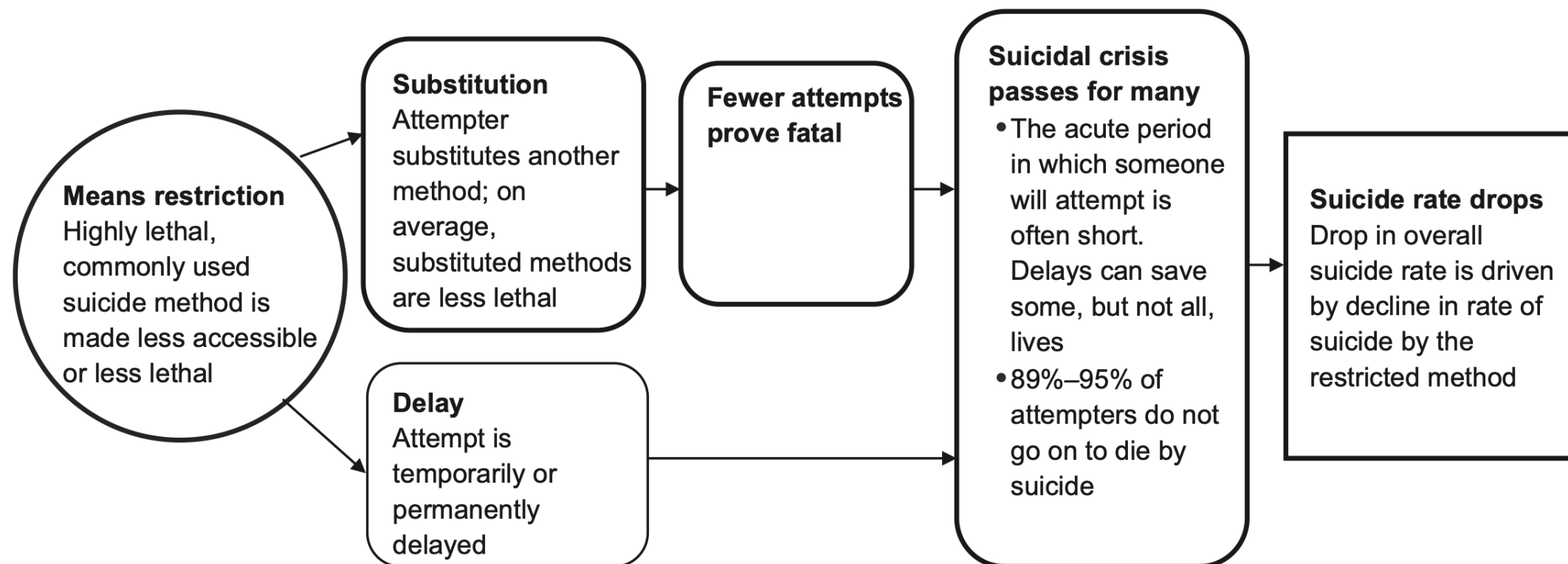
■ Proportion of all suicide attempts from all methods combined**

■ Case fatality of suicide attempts by individual method



Suicide attempt case fatality by method

Firearm access matters





Handgun acquisition and suicide in CA

- 26,000,000 California voters who were non-owners
- 676000 adults acquired their first handgun from 2004-16
- Suicide rate among male and female acquirers was 3X and 7x that of non-owners, respectively
 - Difference driven by firearm suicide
 - No substantial difference in non-firearm suicide between groups





Firearm suicide risk after acquisition

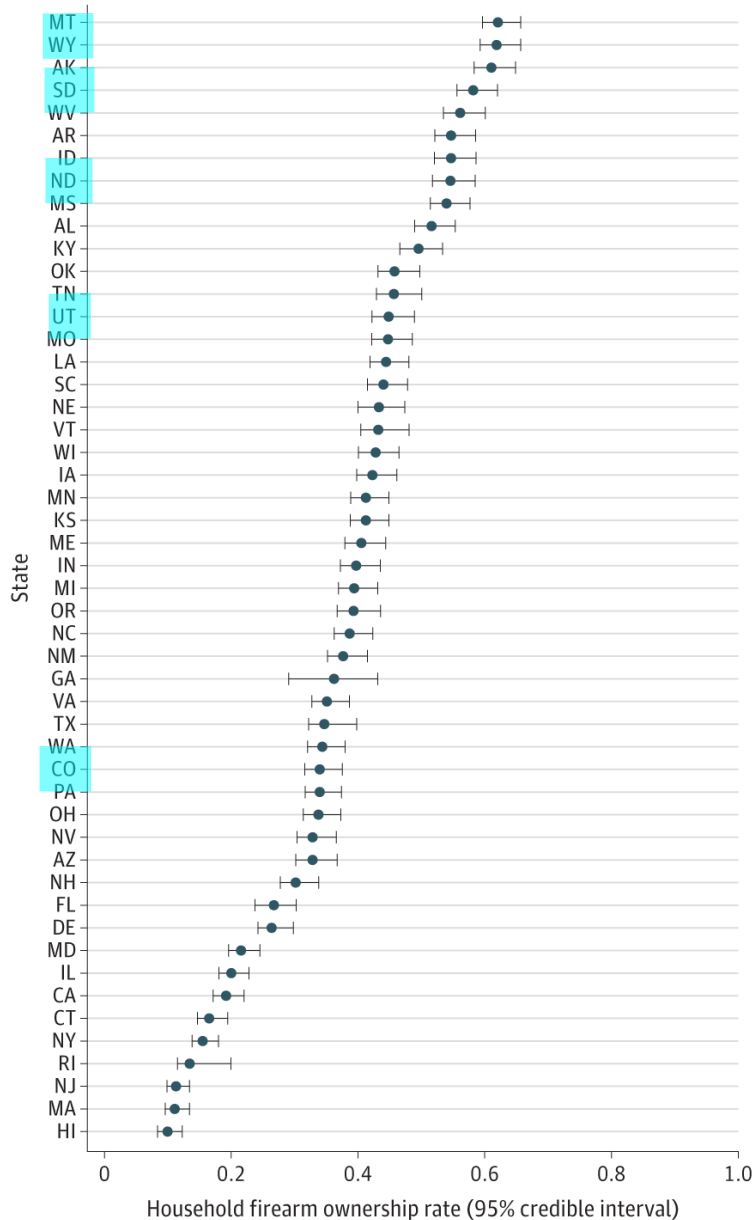
| | 1-10 days | 11-30d | 31-90d | 91d-1y | 1-3y | 4-6y |
|-------------|-----------|--------|--------|--------|------|------|
| Adjusted HR | 4.6* | 100 | 16 | 12 | 5.4 | 1.6 |

*n=1, CI 0.8-26

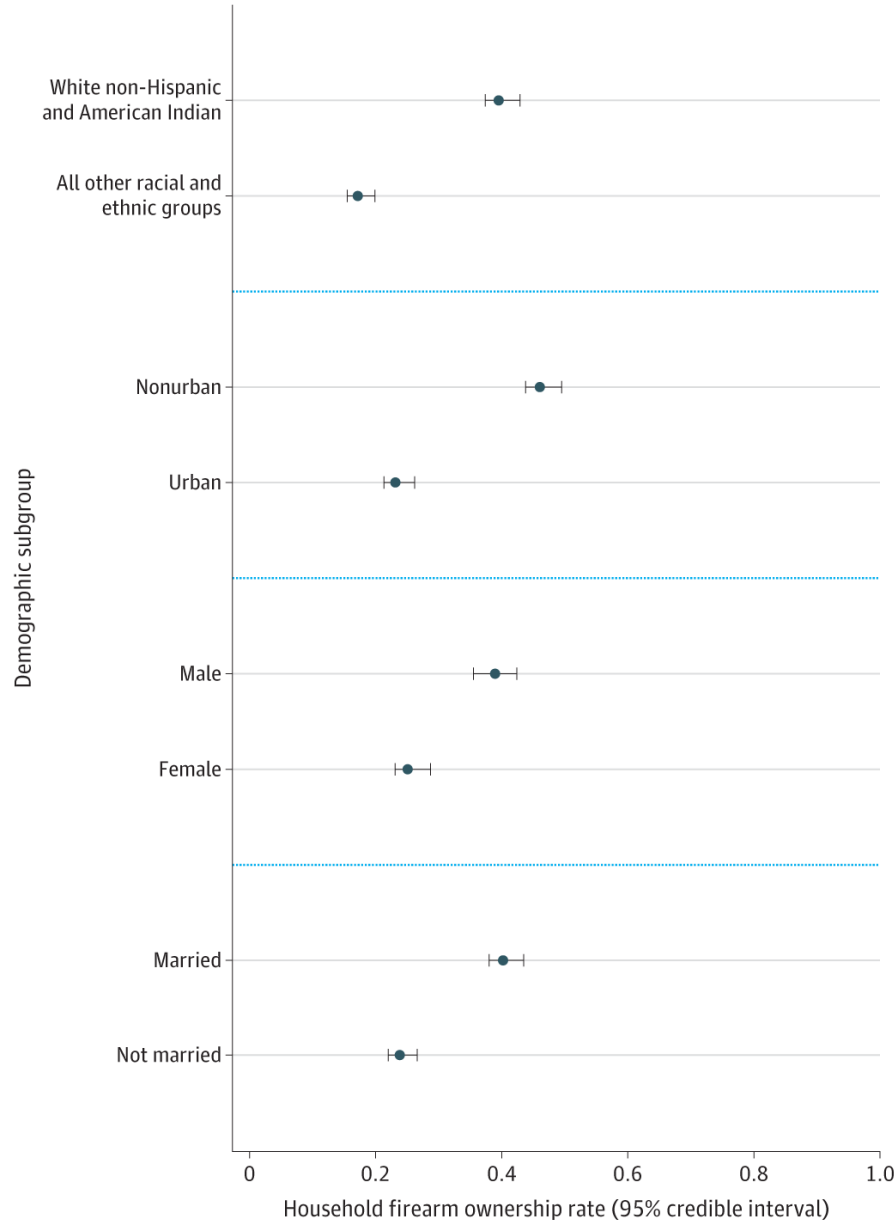




A By state



B By demographic subgroup



State-level firearm ownership estimates, 2018

JAMA Netw Open. 2024;7(2):e240562.
doi:10.1001/jamanetworkopen.2024.0562

Secure firearm storage is recommended for...

- Everyone
- Anyone with 'risk factors'
- Certainly, anyone with kids





What should we recommend?





What's an evidence-based recommendation?

- Most of our LMS recommendations are based on studies comparing suicide risk between those with and without access to a specific method
 - So, recommendations to remove access are highest evidence
 - Recommendations to alter (but not eliminate) access are less so (or not at all)
 - Time matters
 - Different story for kids in comparison with adults



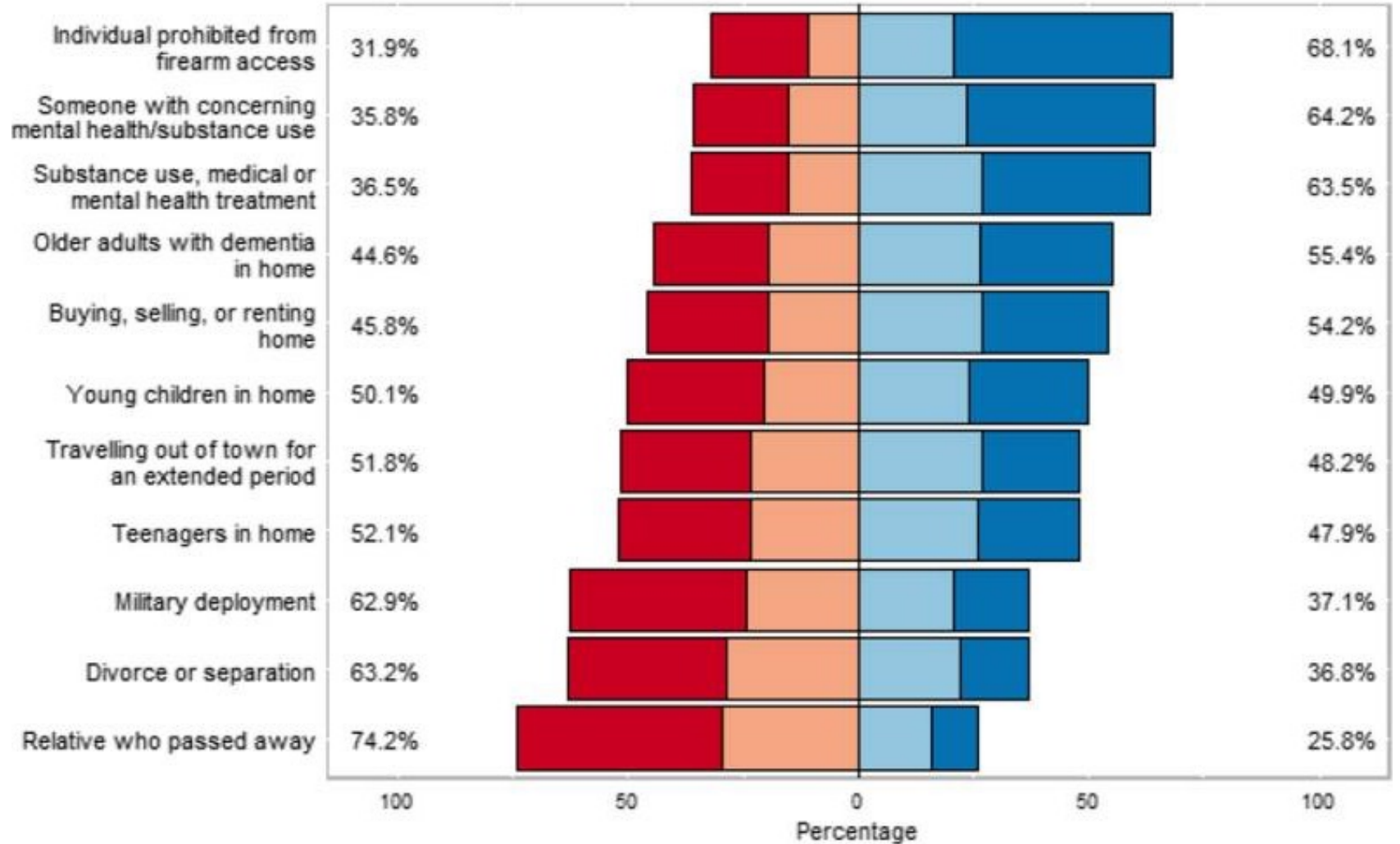
Removal of firearms from the home

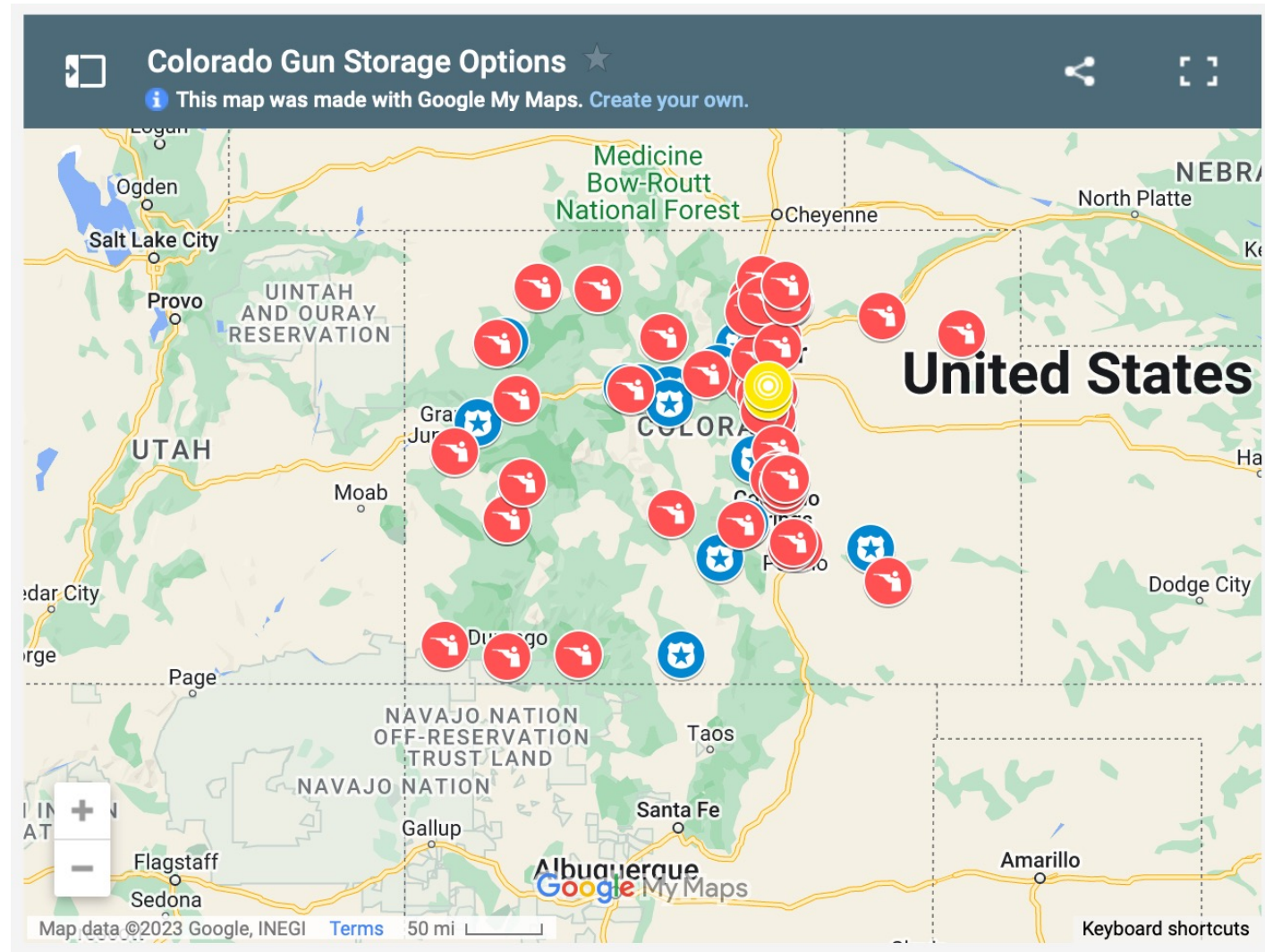
- Store with friend or family (legal caveats)
- Store elsewhere (storage facility, gun range, pawn)
- Store with the police
- Sell or pawn



Myth: People are not willing to consider storing firearms away from home

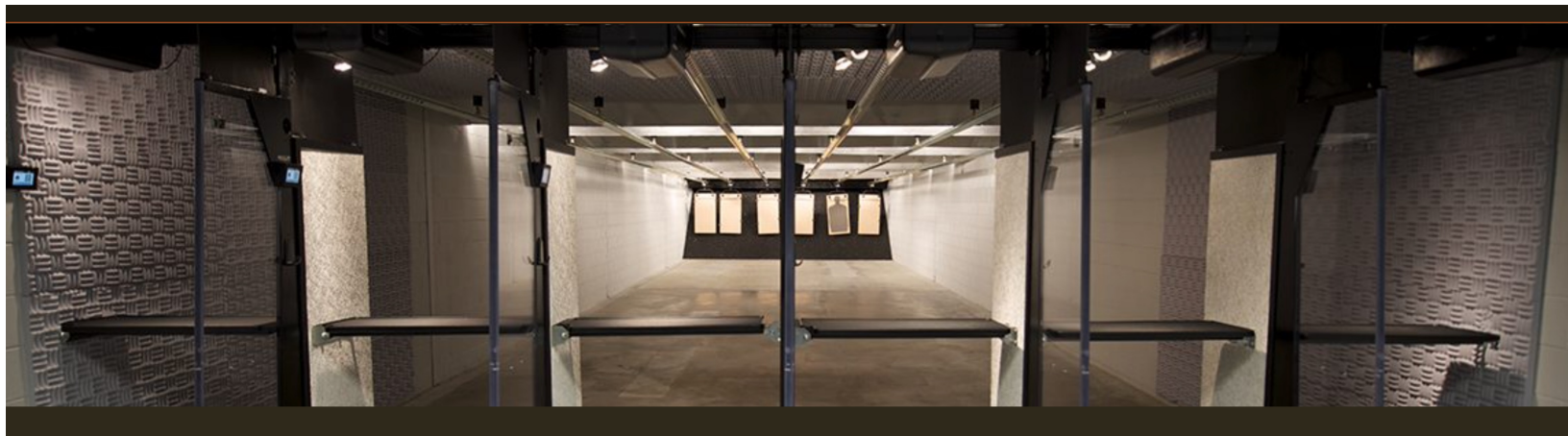
How likely would you be to store firearms away from home in these circumstances at home?







VetStore



THE SHOOT INDOORS DIFFERENCE

We've Been Busy

Here are the stats across all locations

293155

Range Visits



37462226

Rounds Downrange



2982

Training Hours





Maybe just as good?

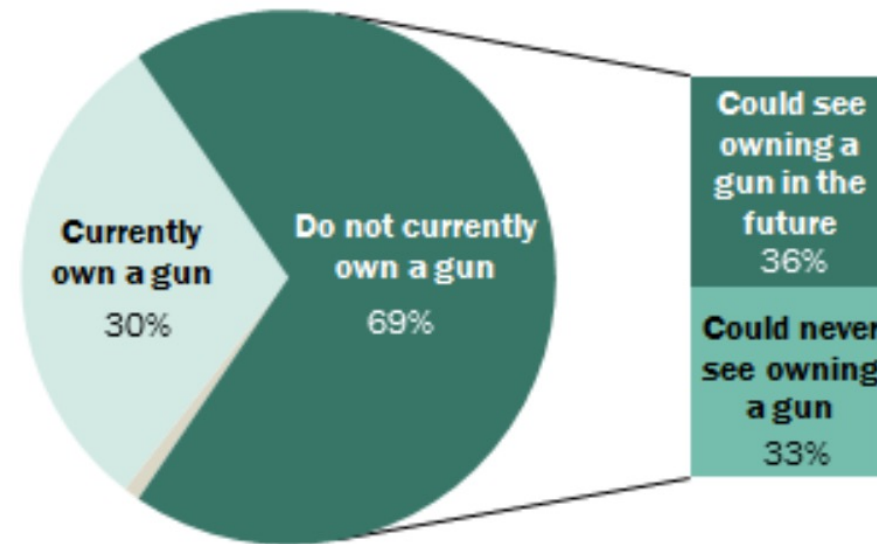
- Removal of ammunition from the home
- Removal of the firing pin
- “Enhanced” storage
 - Lock it up and given someone else the combo/key
- Changing biometric identifiers

Secure storage within the home



Many adults who don't currently own a gun could see themselves owning one in the future

% saying they...





Adobe Spark



Is it okay to talk about firearms?

Ideas and Opinions | 16 May 2017

Physicians, Patients, and Firearms: The Courts Say “Yes” FREE

Marian E. Betz, MD, MPH , Megan L. Ranney, MD, MPH, and Garen J. Wintemute, MD, MPH

[Author, Article, and Disclosure Information](#)

<https://doi.org/10.7326/M17-0489>

Should clinicians ask about firearms?

- 79% - when someone is at risk of suicide
- 88% - when someone has a mental health or behavioral problem
- 86% - when someone is having trouble with drugs or alcohol
- 85% - when someone is a victim of domestic violence

Find your own language...

1. Be informed
2. Be respectful
3. Focus on harm reduction
4. Be individualized

The BulletPoints Project

Clinical tools for
preventing firearm injury

Finding your own language

- “I know you’re going through a hard time right now. Is it okay if we talk about some things you can do to stay safe while you’re getting treatment.”
- “Kids are curious and accident prone, so during these visits, I often do a quick review of some of the safety measures in the home. Are the kids able to access any firearms in house?”

Messaging examples

- *“Lots of folks have guns at home. What some in your situation have decided to 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?”*
- *“If that’s not an option for you, perhaps we can discuss some alternative ways to keep you safe until you’re doing better?”*
- *“What are some ways you think we could keep you safe until you’re feeling better?”*

Messaging examples

- *“Lots of folks have guns at home. What some in your situation have decided to 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?”*

Normalize

Temporary

Autonomy

Permission

- *“If that’s not an option for you, perhaps we can discuss some alternative ways to keep you safe until you’re doing better?”*

- *“What are some ways you think we could keep you safe until you’re feeling better?”*

Shared decision
making; the
patient as the
expert





Value





Value





Safety

- About 2/3rds of Americans (including veterans) keep firearms for protection
- Defensive gun use nationally
 - “Considerable uncertainty about the prevalence of defensive gun use”
- Within the home (King County, WA)
 - For each case of self-defense homicide, there were 0.9 unintentional deaths, 7.3 criminal homicides, and 44.1 suicides in the home
- *Have I ever said any of this to a patient?*









Motivational Interviewing & LMSC (Frances Aunon, PhD)

- Rapport, autonomy, respect
- Recognizing change vs. sustain talk
- Avoiding directive statements
- Seeing the long game



**What does a
successful
conversation look
like?**





Feedback, questions, or patient questions?

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