Summary of Key Findings from Means Matter Survey

Between May 2006 and March 2007, the Harvard Injury Control Research Center conducted 1) telephone interviews with a leader of the group or agency responsible for statewide suicide prevention policy in each of the 50 states (identified via the Suicide Prevention Resource Center's State Contact List), and 2) content analysis of written statewide suicide prevention plans. (See page 5 for a table listing demographic characteristics of interview respondents.)

State Suicide Prevention Group Activities

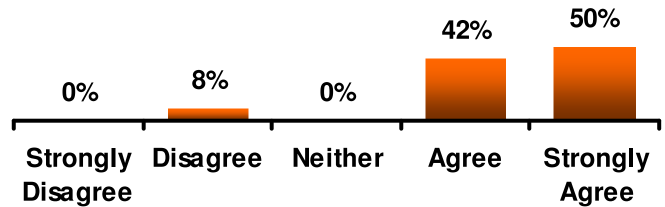
Most state groups had published a statewide suicide prevention plan (88%) or were in the process of doing so (8%). Among the written plans, 84% called for reducing access to lethal means. However, only nine state groups (IN, ME, MT, NH, NM, NY, OR, TX, WY) had implemented activities aimed at reducing suicidal people's access to firearms (see page 5 for descriptions of their work and contact information).

Status of statewide suicide prevention plan…	
Published	41
Part of state injury prevention plan	3
In process (as of 2006)	4
No state plan	2
State plan calls for reducing access to lethal means	84%
Planning group is actively implementing any type of suicide prevention activity (e.g., gatekeeper training, screening, etc.)	33
Planning group sponsoring firearm means reduction activities	9

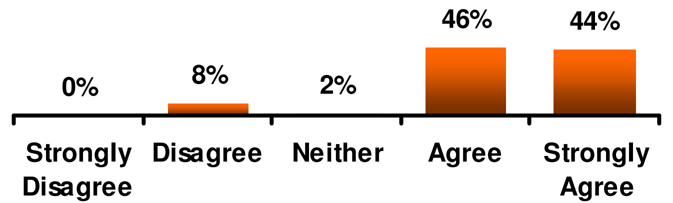
Views on Suicide and Firearms

The vast majority of suicide prevention leaders agreed that a gun in the home increases the risk of suicide for teens as well as adults, and that families are not safer if there's a loaded, unlocked gun in the home. However, responses to questions about how intent a suicidal person is on dying, how effective means restriction may be as a suicide prevention strategy, and how carefully those who make fatal attempts plan their suicides were more varied.

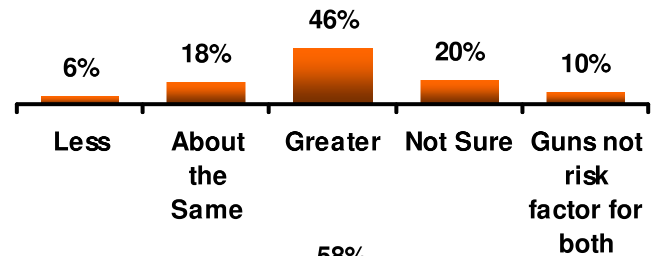
A gun in the home increases a teenager's risk for suicide.



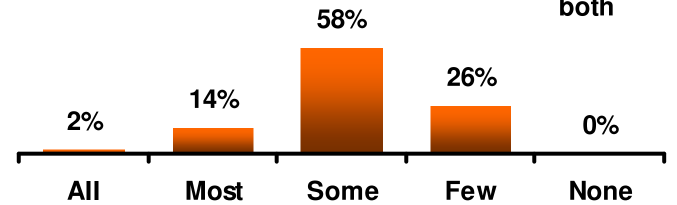
A gun in the home increases an adult's risk for suicide.



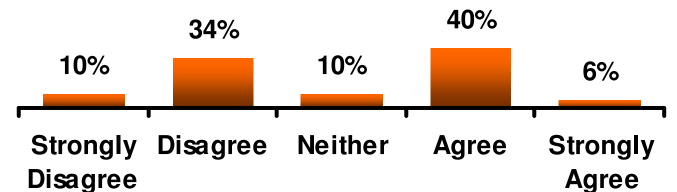
Is the increased risk greater, less, or about the same for teens as for adults?



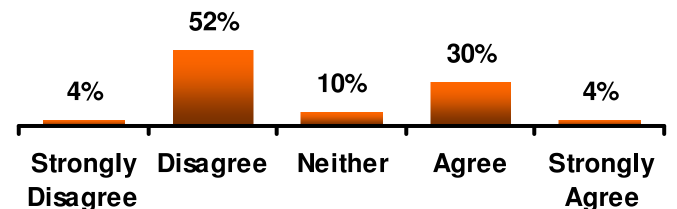
Over a thousand people have leapt to their death from the Golden Gate Bridge in San Francisco. If a bridge barrier were in place that prevented them from jumping, how many do you think would have killed themselves by other means?



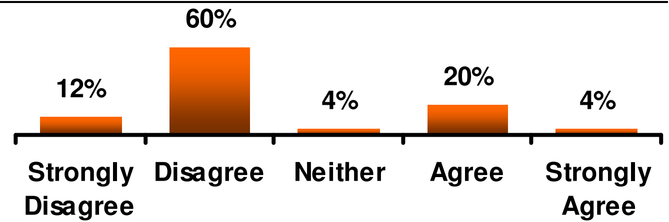
Almost all people who kill themselves with a gun were very determined to die.



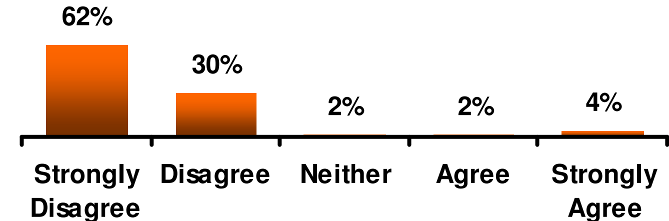
Among people who kill themselves with a gun, if no gun were available they would have killed themselves using another means.



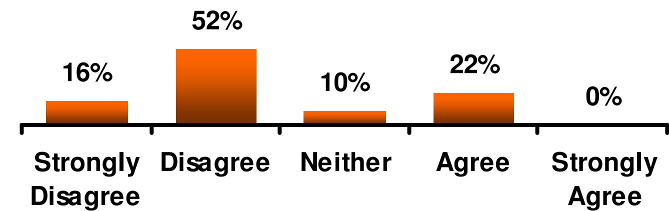
The biggest difference between people who make a fatal vs. a nonfatal suicide attempt is how determined they were to die.



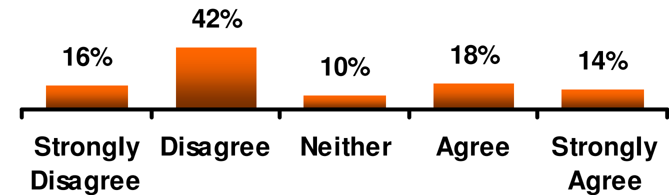
On balance, families are safer if there is a loaded, unlocked gun in the home that's easy to get to in an emergency.



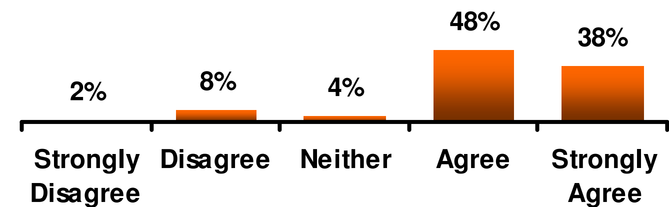
People who make fatal suicide attempts plan their attempts much more carefully than people who make nonfatal attempts.



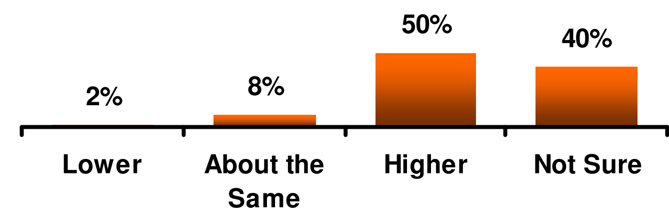
Most people who make a medically serious suicide attempt but survive **will not** go on to kill themselves.



This next statement applies only to homes with guns: Suicides are less likely to occur, on average, in homes where all guns are stored locked and unloaded than in homes where guns are stored unlocked and loaded.



In state A, 70% of suicides are committed with a firearm. In state B, 40% of suicides are firearm suicides. Without knowing anything else about the states, would you guess state A has a higher, lower, or about the same suicide rate as state B, or are you not sure?



Training

State leaders were asked to rate from 1 (low) to 4 (high) the degree to which their group needed or would be interested in training on suicide prevention in the following areas:

	Low Need		**High Need**		
	1	**2**	**3**	**4**	**Unk/NA**
Evidence-based approaches*	*1*	*5*	*11*	*31*	*2*
Means restriction*	*2*	*12*	*19*	*15*	*2*
Priority setting for implementing state plans*	*3*	*10*	*11*	*21*	*5*
Logic models/evaluation	*7*	*12*	*16*	*12*	*3*
Public health approach	*9*	*12*	*12*	*15*	*2*
Coalition-building	*5*	*11*	*12*	*14*	*8*
Improving group structure	*7*	*14*	*18*	*8*	*3*
Presenting data	*6*	*17*	*10*	*15*	*2*
Identifying high-risk populations	*11*	*13*	*12*	*12*	*2*

*Over 60% rated this training need 3 or 4

Means restriction was second to evidence-based approaches to suicide prevention as a leading area of interest to these groups.

Conclusion

The gap between the number of states whose suicide prevention plan calls for reducing access to lethal means and the number of states actively implementing any type of firearm means reduction activities needs to be closed. Some leaders stated that the political contentiousness of the issue prevented their addressing it. However, several states are taking a promising and non-controversial approach to means restriction by training health professionals to talk with patients at risk for suicide, and their families, about reducing access to guns and lethal medication at home.

Appendix

Demographics of State Suicide Prevention Group Coordinators (n=50)

Characteristic	N (%)	Characteristic	N (%)
Gender		*Gun Owner*	
Male	16 (32)	No	37 (75)
Female	34 (68)	Yes	12 (25)
Mean Age	49 (100)		
Years in Suicide Prevention		*Occupation*	
0-4 years	14 (28)	Public health professional	25 (50)
5-9 years	16 (32)	Public Administrator	10 (20)
10-19 years	10 (20)	Social Worker/mental health clinician	8 (16)
20+ years	10 (20)	Nurse, educator, other	7 (14)
Education level			
Associates degree	2 (4)		
Bachelors degree	11 (22)		
Masters degree	34 (68)		
Doctoral degree	3 (6)		

List of State Means Restriction Activities

1. New Hampshire
Contact: Elaine Frank
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The Counseling on Access to Lethal Means Project (CALM) is the result of a partnership between the state Suicide Prevention Council, Injury Prevention Center (Children's Hospital at Dartmouth), and New Hampshire Department of Health and Human Services, with additional funding from the Gutin Family Foundation. Its goal is to train mental health care providers to conduct firearm safety counseling with parents of their young clients, and to reduce at-risk youth's access to firearms and medications as a preventive strategy for suicide. During the two-hour training workshop, mental health care providers are introduced to 1) the public health approach to suicide prevention; 2) the epidemiology of suicide and 3) the importance of reducing at-risk youth's access to firearms and medications as a prevention strategy. Upon completing the training, participants 1) have substantial knowledge of the association between access to lethal means and youth suicide; 2) understand the importance of and have positive attitudes toward counseling parents about reducing access to lethal means; 3) understand how counseling on reducing access to lethal means relates to state and national objectives for suicide prevention. The training includes a video depicting a reenactment of family counseling scenario. The Harvard School of Public Health has evaluated the training, and plans are currently underway to expand CALM trainings to emergency department and primary care health providers.

2. Indiana
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www.ippvid.org

The Indiana Partnership to Prevent Violent Injury and Death (IPPVID) is located at Riley's Children's Hospital and funded formerly by the Joyce Foundation and now by the Indiana University Medical School and Clarian Health Promotion. They utilize their data surveillance system to plan their educational/prevention programs around suicide and injury prevention. The majority of their means reduction activities are firearm focused as Indiana has a high rate of gun ownership. IPPVID recently completed a two-year project to educate faith leaders about firearm suicide and violence in Marion County. This program helped provide faith leaders with resources that help them better determine who is at risk and how to intervene with those at risk for firearm suicide and injury. In addition, IPPVID has produced and conducted a medical resident training curriculum around counseling patients and their families about the risk of having a gun in the home. This is done with 4th year pediatric residents at Indiana University Medical School. It is a one-hour program that is now a mandatory part of their curriculum.

3. Maine
Contact: Cheryl DiCara
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www.mainesuicideprevention.org

Maine's means reduction activities focus on guns, pills and rope. In 1996 7/10 suicides were the result of firearm and last year 5/10 suicides were from guns. In the early 2000's they created a video titled "Kids and Guns: Making the Right Choice" which addresses suicide prevention and means reduction. The video is geared towards 6th-8th graders, but can be used for a wider audience. The video has been widely distributed to police, schools, health educators, hospitals and child care providers. It is often distributed at health fairs, and the Suicide Prevention Coordinator often promotes the video and means reduction at health fairs. There is a brochure on means reduction (developed with the "5-minutes can save a life" model) that accompanies the video as well. They have conducted two firearm safety conferences in the past couple of years, which were well-received. In 2005 their lethal means committee met to discuss goals and activities. Members of this committee are from various backgrounds including law enforcement, doctors, child care providers, hunting & fishing officials and survivors. Their goals include the following:

- Provide education to ED staff about counseling on lethal means (guns, pills, ropes) in the house. The feedback the committee has gotten from providers is that ER doctors are reluctant to do means reduction counseling because it is not a billable service.
- Conduct grand rounds on means reduction as a form of suicide prevention.
- Develop a protocol for law enforcement to remove guns from the home if a person is suicidal or making suicidal threats.
- Develop a program similar to CALM for elderly.

Over the past year, there has been much organizational restructuring in Maine's injury prevention program, and the lethal means committee has not been meeting. Currently, Maine is planning to

reconvene this committee and develop a protocol for law enforcement at local, county and state levels regarding the removal of lethal means.

4. Montana
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Out of 12 local sites Montana has funded, two are currently engaging in means restriction activities. These sites are focusing specifically on firearms. One site is using Project Safe Child in cooperation with law enforcement to provide gun locks at community events such as health fairs. The other site is working with law enforcement to train communities on safe storage practices through public service announcements. Both of these sub-grantees are using the **QPR** (Question, Persuade, Refer) Program as part of their suicide prevention activities.

5. Oregon
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http://www.oregon.gov/DHS/ph/ipe/ysp/spubs.shtml

Oregon's means reduction activities generally focus on all lethal means as opposed to just firearms. They promote means restriction on an individual level as opposed to family or school level. One activity includes promoting information for health care providers on screening for access to lethal means among their potentially suicidal patients. They are currently collaborating with Oregon Health Sciences University to produce written materials geared towards white males. They also hope to get educational information on lethal means restriction to health care providers of the elderly. Their website is extensive and includes means restriction information.

6. New Mexico
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http://www.nmsuicideprevention.org/index.php

New Mexico's Department of Public Health has given the suicide prevention coalition money to distribute gun boxes. Please contact the coalition for more information.

7. New York
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NY state has only recently begun implementing aspects of its state-wide strategy. New York originally had a plan to train providers in four emergency departments in NYC to work with suicidal patients. This plan fell through because they could not distribute the money to develop the training in EDs. The state remains interested in finding ways to support means reduction activities.

8. Texas
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Texas originally had a contract with Harris County Hospital to counsel parents of youth who come into the mental health clinic with depression/suicidal behavior to provide a gun lock and information. Harris County Hospital was going to procure and distribute the gun locks, but then no state funding was allocated to this prevention component. As a result, the contract with Harris County Hospital fell through and, as of the interview date, Texas is no longer planning any means reduction activities.

9. Wyoming
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During the past year approximately 2500 gun locks have been distributed through the state task force and county coalitions. Counties decide how to distribute the gun locks, most often at health fairs, schools and by law enforcement. The gun locks were donated to the state by a national organization; no state funding has been spent on means reduction. In fall 2008, Wyoming is hoping to distribute gun locks during suicide prevention week. They are planning to collaborate with the NRA as well as with the hunting and fishing industry in the state. Their hope is to distribute information on means reduction with the gun locks that they disseminate.