

Creating and Using Partnerships to Reduce Access to Lethal Means: Part 2

July 15, 2020, 2-3:30pm ET

- ✓ Welcome! Our meeting will begin shortly!
- ✓ Before we begin, please chat in ***Name, Organization, and Who You Would Pick as a Fictional Best Friend***
- ✓ If you're having technical difficulties, please let us know in the chat.

Creating and Using Partnerships to Reduce Access to Lethal Means for Suicide Prevention: Part 2

July 15, 2020



Funding and Disclaimer



The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 5U79SM062297.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

Technical Tips

- ✓ Audio is being provided over your speakers.
- ✓ If you do not have speakers dial **877-259-3257**. Lines will be muted for the duration of the webinar.
- ✓ Please type any questions, comments or tech issues into the chat box located on the left.
- ✓ Click  on the upper right to make the presentation **larger**.
- ✓ Click  again to return to **normal** view.
- ✓ The recording and slides will be made available after the presentation.

SPRC Content Leads

Bonnie Lipton



Senior Prevention Specialist
Waltham, MA
she/her/hers

Rachael Kenter



Prevention Specialist
Columbus, OH
she/her/hers

SPRC Technology Leads

Keri Lemoine



Webinar Specialist
Waltham, MA
she/her/hers

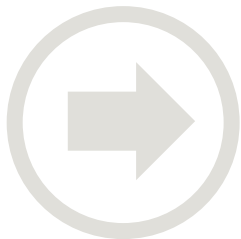
Shannon Cassidy



Project Associate
Waltham, MA
she/her/hers

Agenda

- ✓ Welcome
- ✓ Review Homework
- ✓ Discussion: Mobilizing on Current Events
- ✓ Presentation from Danette Gibbs, Ph.D.
- ✓ Presentation from Eileen Zeller, MPH
- ✓ Wrap up



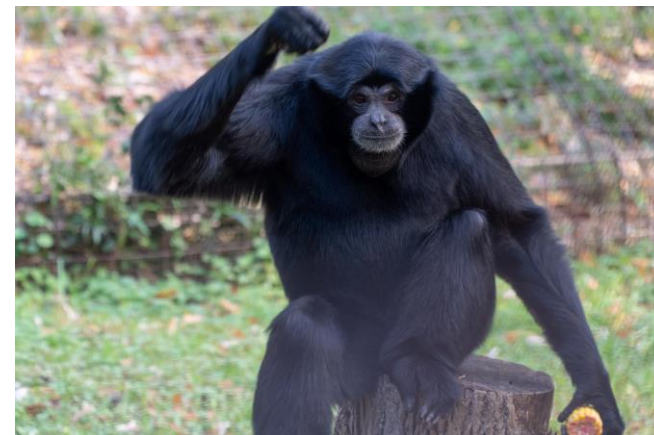
Group Norms

- ✓ Be respectful and compassionate to each other
- ✓ Be respectful of other's views – we may disagree, but we have a shared vision of reducing deaths by suicide
- ✓ Avoid/explain acronyms and jargon
- ✓ Be mindful of the time
- ✓ Be present



Recap—What We Learned Last Time

- ✓ Overview on reducing access to lethal means
- ✓ Information on building partnerships
- ✓ Susan Keys presentation on working with PCPs on discussing firearm access with suicidal patients
- ✓ Discussed how COVID-19 is affecting suicide prevention work around lethal means



Identify Synergy with Partner Priorities Review

- ✓ What goals could you align with a new prospective partner?
- ✓ What challenges can you foresee when working with the new prospective partner?
- ✓ What listening do you need to do to make your partnership more effective?

Poll #1

What is one of your next steps? (Select one)

- Identify a new partner for a specific lethal means reduction outcome
- Approach a new partner for this outcome
- Create a shared goal with existing partner(s)
- Other (write in chat)

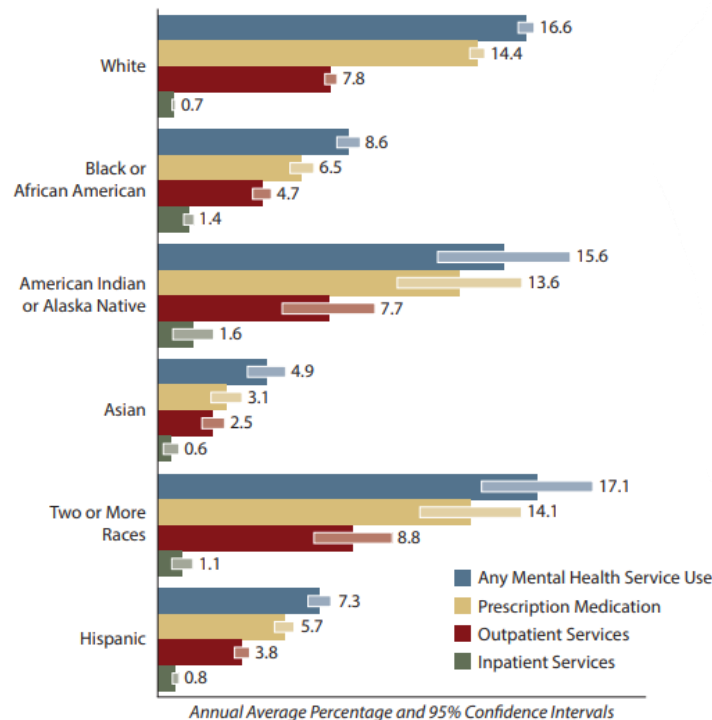




Equity and Suicide Prevention

3.2 Racial/Ethnic Differences in Past Year Mental Health Service Use among Adults

FIGURE 3.1 Mental Health Service Use in the Past Year among Adults, by Race/Ethnicity and Service Type, 2008-2012²⁹



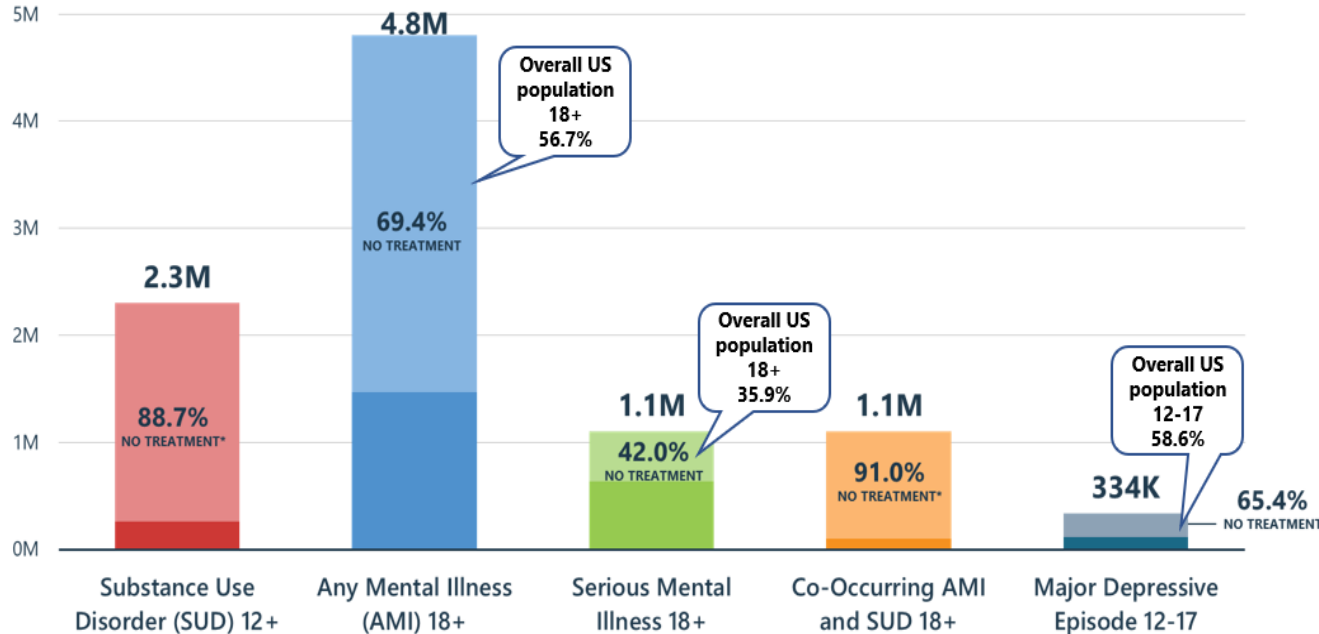
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2012 (2008-2010 Data – Revised March 2012).

Source: Racial/Ethnic Differences in Mental Health Service Use Among Youth (SAMHSA, 2015).

<https://store.samhsa.gov/product/Racial-Ethnic-Differences-in-Mental-Health-Service-Use-among-Adults/sma15-4906>

Despite Consequences and Disease Burden, Treatment Gaps among African Americans Remain Vast

PAST YEAR, 2018 NSDUH, African American 12+

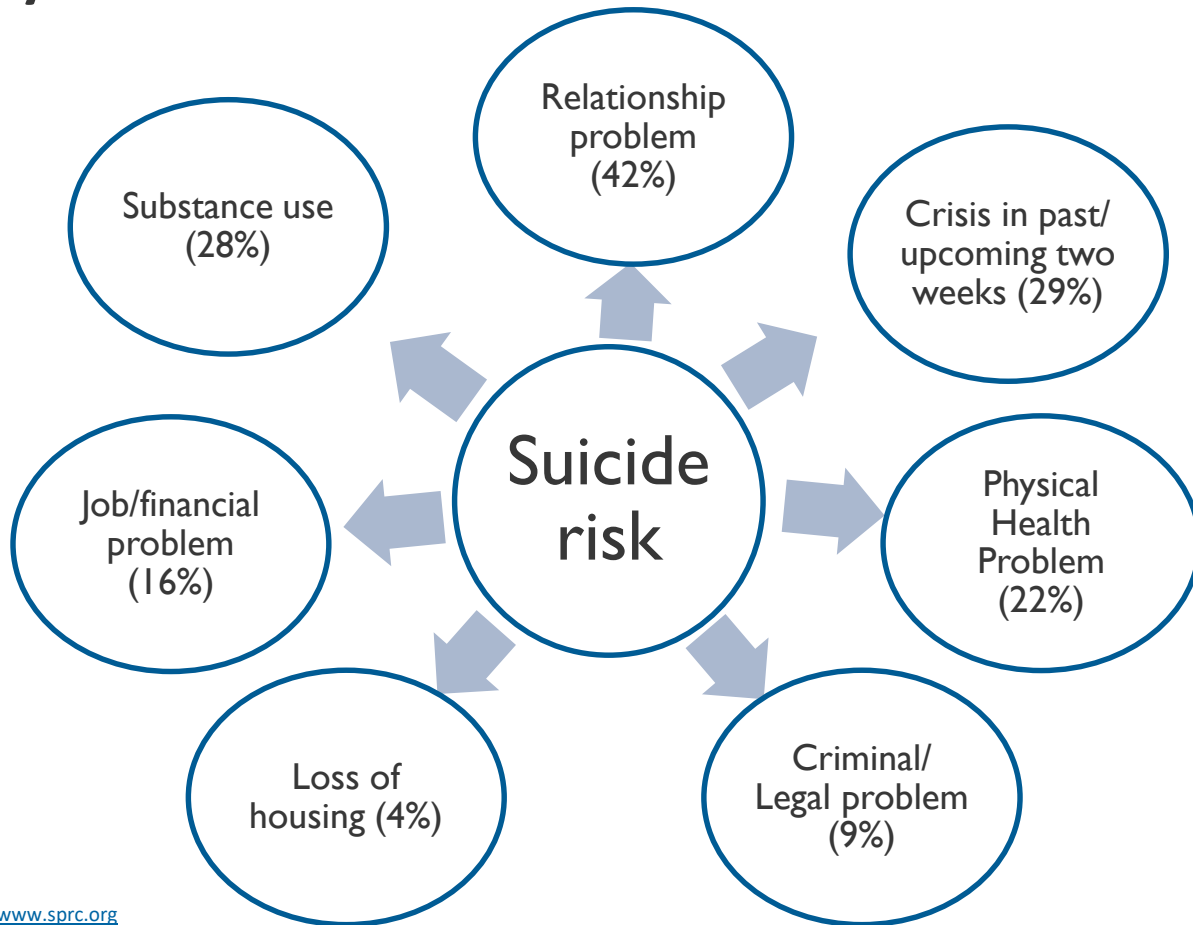


Source: 2018 National Survey On Drug Use And Health: African Americans (SAMHSA, 2018).
<https://www.samhsa.gov/data/report/2018-nsduh-african-americans>

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.



Beyond Mental Health



More than half (54%) of people who died by suicide did not have a known mental health condition

Source: CDC Vital Signs, June 2018. Accessed online at:

<https://www.cdc.gov/vital-signs/pdf/vs-0618-suicide-H.pdf>

Let's Hear From You

- ✓ What are partnerships you currently have and/or could build to address equity and suicide?
- ✓ What resources have you found that have been helpful in this area?
 - [Widening the Lens Toolkit](#) (MA Coalition for Suicide Prevention)
 - [Equity in Mental Health Framework](#) (Steve Fund/Jed Foundation)



Guest Presenter: Danette Gibbs



Danette Gibbs, Ph.D.

Director of Research and Strategic Planning

Reston, VA

gibbsd@jmu.edu



The Campus Suicide
Prevention Center
of Virginia

Means Safety on a College Campus

Danette Gibbs, PhD

What Can Campuses Do?

Identify hotspots and conduct an environmental scan

Train providers/crisis responders/student service personnel.



Educate and address the campus culture

– Drunk driving analogy

Means specific strategies...

Firearms



Medications



www.sprc.org

DEA NATIONAL ^{Rx}
TAKEBACK



Poisoning



Hanging



www.sprc.org



Heights



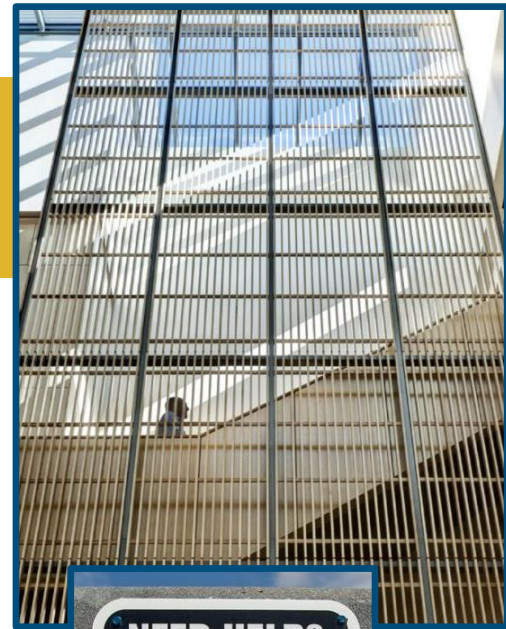
**YOU
MATTER**

THERE IS HELP

National Suicide Prevention Hotline
(800) 273-TALK (8255)

Northeastern University Police Department
(617) 373-3333 or call 911

MAKE THE CALL



**NEED HELP?
PLEASE CALL**

Call (800) 273-8255
Text "Talk" to 741741
National Suicide Prevention Lifeline

Call (734) 996-4747
Psychiatric Emergency Services

Call (734) 662-2222
Ozone House Youth & Family Services

**AVAILABLE
24/7/365**

Heights



Heights



Advocating for Means Safety Work

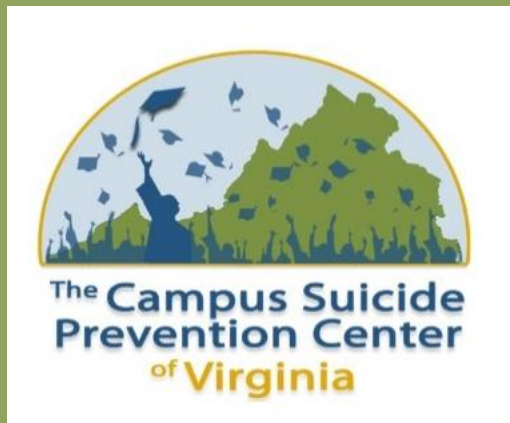
Explain the need.

Speak their language.

Identify the win-wins.

Start out with simple steps.

Gather data to show progress.



Danette Gibbs, PhD
gibbsd@jmu.edu

www.CampusSuicidePreventionVA.org



Q&A: Danette Gibbs, Ph.D.

gibbsdc@jmu.edu

Poll #2

What is your dream superpower? (Select one)

- Teleportation
- Flight
- Invisibility
- Time travel
- Super strength
- Other (please write in chat!)



Applying Strategies to Other Environments

- ✓ Think of a campus as a microcosm of a state, county, town, community

- ✓ Advocacy lessons can be widely applied



Guest Presenter: Eileen Zeller



Eileen Zeller, MPH

Consultant

Clarksville, MD

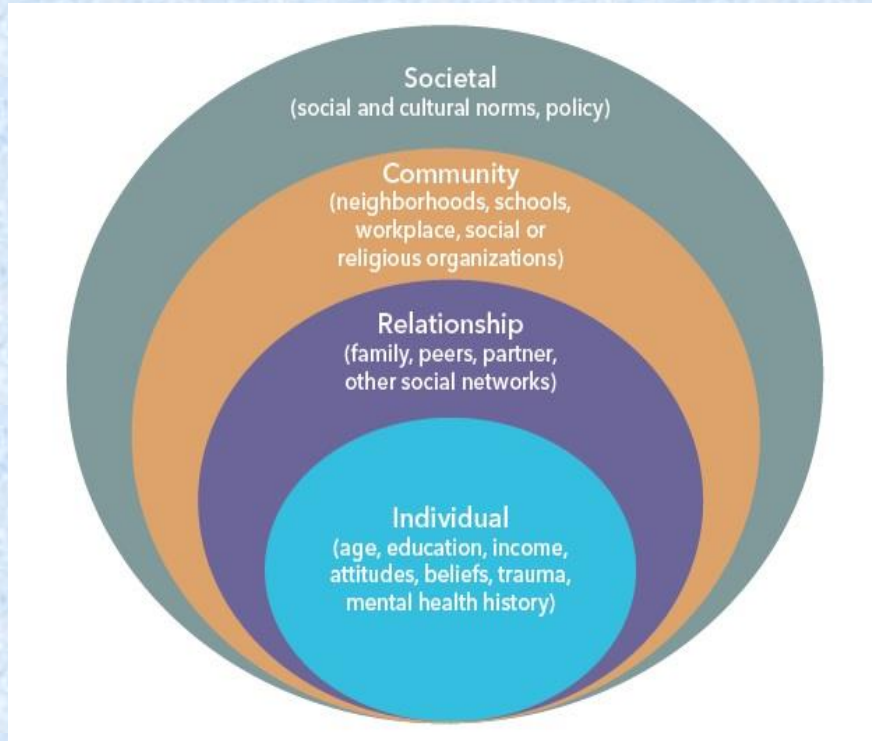
ezeller62@gmail.com

Extreme Risk Protection Orders

Eileen Zeller, MPH

July 15, 2020

Social Ecological Model



Firearm Suicide Prevention Interventions	
Level	Intervention
Societal	Extreme risks laws
	Voluntary self-prohibitions
	Policies that reduce availability of firearms
Community	Gun shop projects
Relationship	Family/friends holding onto firearms
	Lethal means safety counseling
Individual	Safer storage

Educational Fund to Stop Gun Violence

What is an Extreme Risk Law?

A state law that provides law enforcement and families – and in some states health professionals and/or school personnel – with a formal legal process for asking a court to temporarily

(1) remove firearms from, and

(2) prevent the purchase of firearms by

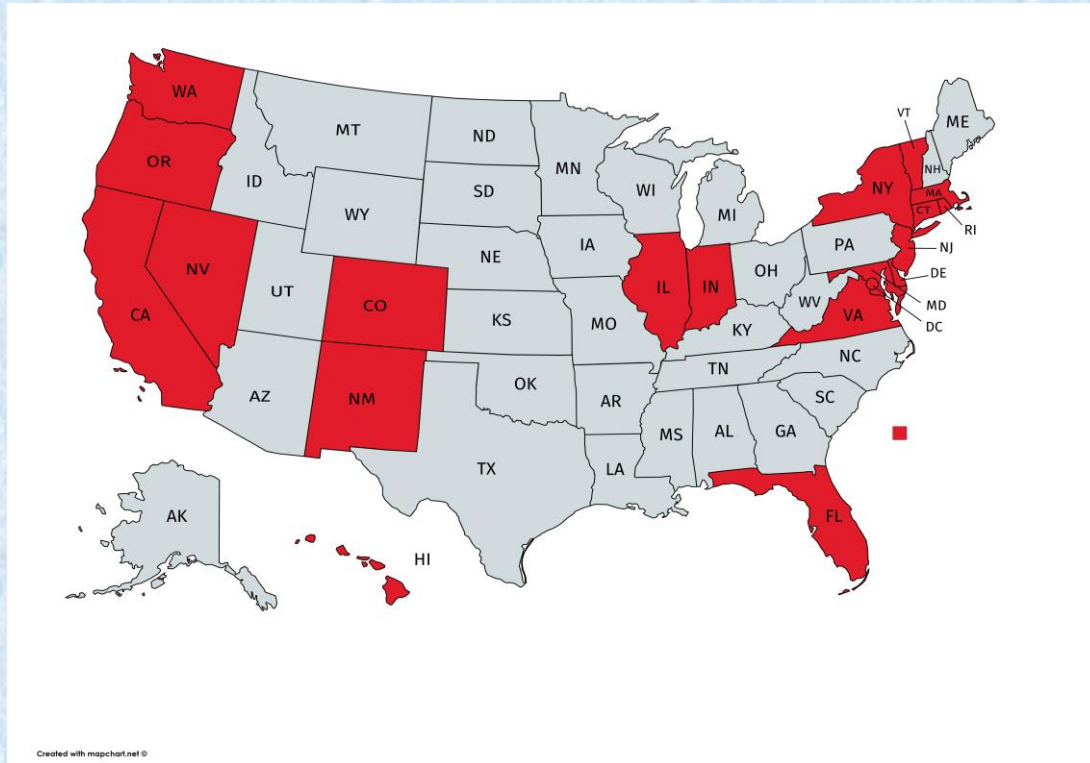
a person who is at risk of violence to self or others.

ERPO Components

- **Emergency intervention**
- **Temporary (can't possess or purchase)**
- **Due process**
- **Does not result in a criminal record**
- **Is not triggered by a mental health diagnosis**

States with ERPOs

(July 1, 2020)



ANALYSIS OF ERPO SUCCESS IN CONNECTICUT

Police found firearms in 99% of cases, removing an average of seven guns per warrant.

Nearly one-third of respondents received mental health and/or substance abuse treatment after a risk-warrant was issued.

ESTIMATE: FOR EVERY
10-20 WARRANTS ISSUED
1 LIFE SAVED.

IMPLEMENTATION AND EFFECTIVENESS OF
CONNECTICUT'S RISK-BASED GUN REMOVAL
LAW: DOES IT PREVENT SUICIDES?



Issues

- **Second Amendment**
- **Historically marginalized communities**
 - **BIPOC**
 - **LGBTQ, esp. transgender people and Black transgender people**
 - **People with mental illness**
 - **Attempt survivors**
- **Stigmatization**

Building Partnerships



Building Partnerships



<https://bit.ly/2OaaOv9>



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Bloomberg American Health Initiative

HOME STATE LAWS ERPO FAQ VOICES RESOURCES ABOUT

EXTREME RISK PROTECTION ORDER:

A TOOL TO SAVE LIVES

ERPO laws are helping to prevent gun deaths and protect communities. Their implementation – in 19 states and the District of Columbia – is part of a national effort to reduce the daily loss of life due to firearm violence, including gun suicide.

This evolving resource will be frequently updated to help implementers take action – and save lives.

(at three
man who grabbed a
no threatened to kill himself, his wife, and their young child. When his wife had overheard him distraught and cry
ol. A 28-year-old man who grabbed a gun case and threatened suicide. When his ex-girlfriend tried to call for help, he grabbed h
head into a wall. Police seized two handguns, two rifles, and a shotgun. A 38-year-old man who locked his wife in a car with him,
Department arrived on the scene and searched the car, they found a meth pipe along with two loaded firearms that did not belong to
dgun. A 38-year-old man with a small arsenal and a history of domestic violence, whose wife suffered a serious laceration to her for
a pistol, a Mosquito semi-automatic pistol, a Ruger .22, a Springfield .48 caliber pistol, a Remington rifle, a Mossberg shotgun, and an
a by text message that he wanted to shoot her in the head, then visited his fiancé's ex-boyfriend and threatened to kill him while hol
j a handgun and an AR-15, the semi-automatic rifle frequently used by mass shooters. A 23-year-old ex-Marine who had developed a parani
nto an auto parts store with a loaded handgun, but called police before shooting anyone. A 38-year-old man who, while intoxicated (at t
ting at raccoons and rats in his backyard. Terrified neighbors called police as bullets flew into their backyards. A 68-year-old man who
is family discovered he was molesting his grandchild. The man was arrested with the gun in his vehicle. A 68-year-old man who threatened
to him. His wife had overheard him distraught and crying in the bathroom, and cocking his .48 caliber pistol. A 28-year-old man
nd tried to call for help, he grabbed her by her hair, threw her on the ground, and pushed her head into a wall. Police
man who locked his wife in a car with him, threatening her with a loaded firearm. When the Police Department arriv
two loaded firearms that did not belong to him. He later surrendered a Glock
he suffered a serious laceration to her forehead. A 28-year-old man who
ll, a Ruger rifle, a Mossberg shotgun, and an un
-year-
-boyfriend and threatened to kill him v
le holdi
t bar
ere. A 23-year-old ex-Marine who had de
y's pu
s v
ng anyone. A 38-year-old man who, while
sted v
le
ullets flew into their backyards. A 68-ye
to wh
vo
with the gun in his vehicle. A 68-year-old m
hreat
msr
nd e
room, and cocking his .48 caliber pistol. A 28
ad e
rew her on the ground, and pushed her he
n a wall. Police seized two
with a loaded firearm. When the Police
rived on the scen
on surrendered a Glock 9mm and a .38 B
ed he might kill her. The man owned a f
d handgun. A 48-year-old man who told hi
a knife behind his back. The man surren
that all males wanted to harm him. He mar
(at three times the legal limit), believ
n who grabbed a .38 revolver and fled hi
and to kill himself, his wife, and their
man who grabbed a gun case and threaten
all. Police seized two handguns, two rif
arrived on the scene and searched the of

Questions?

Thank you!

**Eileen Zeller, MPH
ezeller62@gmail.com**



Q&A: Eileen Zeller, MPH

ezeller62@gmail.com

Poll: Write In

Write in Poll:

What would you like to learn in the future about reducing access to lethal means?

Wrap-up

Coming to you via email:

- ✓ Follow-up resources and notes from this meeting



Thank you!

Rachael Kenter
rkenter@edc.org

Bonnie Lipton
blipton@edc.org

EDC Headquarters
43 Foundry Avenue
Waltham, MA 02453

edc.org