Suicide Prevention Resource Center

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

July 15, 2020

Resources shared during webinar:

- [Racial Ethnic Differences in Mental Health Service Use among Adults](#) (SAMHSA)

- [2018 National Survey On Drug Use And Health: African Americans](#) (SAMHSA)

- [CDC Vital Signs: Suicide Risking Across the US (CDC)](#)

- [Widening the Lens Toolkit](#) (MA Coalition for Suicide Prevention)

- [Equity in Mental Health Framework](#) (Steve Fund/Jed Foundation)

- [US Dept. of Veterans' Affairs Healthcare Equity Index](#)

- [Counseling on Access to Lethal Means training (CALM)](#)

- [Drug Enforcement Administration National Drug Take-Back Day](#)

- [Extreme Risk Protection Order Toolkit](#) (Johns Hopkins University)

- [Guns and Suicide](#) by Mike Anestis

- **Discussion: Identify Synergy with Partner Priorities Worksheet Review**
  - What goals could you align with a new prospective partner?
    - Common goals with your local Poison Control center include data collection and use of the data to move projects forward.
    - Our coalition includes gun clubs and ranges, community mental health, American Foundation for Suicide Prevention, and medical professionals.
  - What were 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 *(50%)*
  - Approach a new partner for this outcome *(12%)*
  - Create a shared goal with existing partner(s) *(35%)*
  - Other (write in chat) *(3%)*

- **Discussion: Equity and Suicide Prevention**

  (see PowerPoint slides for statistics and charts)
  - It's important to think about equity and put an equity lens on our work in suicide prevention. Before we focus on reducing access to lethal means, let's take a moment to zoom out and talk about equity in mental health/suicide prevention overall.
  - Looking at graph: <u>Mental Health Service Use in the Past Year among Adults, by Race/Ethnicity and Service Type,</u> (SAMHSA, 2015). Major points:
    - Black/African-American, Asian, and Hispanic adults less likely to access mental health services
      - Reasons included cost/lack of insurance coverage, low perceived need, concerns over prejudice/discrimination, confidentiality concerns, structural barriers, structural barriers to service use such as lack of transportation or no time, and concerns over efficacy.
        - Another issue is the time of year families need care (Jan -June) if families haven't met their deductible on their health plans to make receiving mental health care affordable.
    - Although African Americans may have lower suicide rates based on national statistics, those data do not tell the whole story, as rising rates among Black youth and the undue burden of trauma and inequity receive little attention.
  - Now, let's focus on equity issues in reducing access to lethal means. What are some areas that equity issues come into play?
    - Extreme Risk Protection Orders (ERPO)—BIPOC may feel uncomfortable going to the police for help due to concerns about their safety
    - <u>Access to treatment</u>: severe treatment gaps exist for African Americans for SUD and mental illness.
      - Also, Black people are often under-prescribed pain medication, given less powerful pain medications, and receive less days of pain medication (i.e. 5 days vs. 7 days).
    - But it's more than just mental health: an important point that often gets overlooked is that many people who die by suicide do not have a known mental health condition.
    - <u>CDC data</u> shows that there are numerous factors that lead to suicide risk and many are not health-related—such as job/financial issues, loss of housing, legal issues, and relationship problems.

- As we know, suicide is a complex social issue that does not have one single solution. Effective suicide prevention strategies require a combination of efforts that work together to address different aspects of the problem.
  - We're not just talking about suicide as a public health issue, but we're talking about actions can be taken to help communities
- Unfortunately COVID will further complicate many of these issues (crisis, substance use, job/financial problems, loss of housing)

  o What are partnerships you currently have and/or could build to address equity and suicide?
    - Partnering with our campus Black Student Union
    - Working with campus affinity groups-- alliances and equity initiatives on campus are very helpful
    - National Alliance on Mental Illness (NAMI)
  o 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)
    - US Dept. of Veterans' Affairs Healthcare Equity Index

- **Speaker: Danette Gibbs Ph.D., Director of Research and Strategic Planning, Campus Suicide Prevention Center of VA at James Madison University**
  o What can campuses do to reduce access to lethal means?
    - Prohibit firearms on campuses
    - Identify hotspots and conduct an environmental scan
    - Provide training to staff, faculty and crisis responders such as Counseling on Access to Lethal Means training (CALM)
    - Educate and address the campus culture
  o Means specific strategies
    - Provide free gun locks to the community
    - Some campus police departments offer safe storage for staff or student firearms
    - Provide free medication lock boxes
    - Drug Enforcement Administration National Drug Take-Back Day can be an important campus-wide event
    - Local water management and environmental protection groups may be interested in partnering to reduce the amount of harmful chemicals that enter the water – partnering around a shared goal

- Hanging deaths are difficult to prevent but it's important for suicide prevention advocates to be on committees that design new dormitories and other campus buildings
  - Break-away shower rods, curtain rods are options
- Heights
  - Safety nets
  - Install signs with suicide prevention Lifeline or other help information
  - Best practice is to refrain from using the words suicide or crisis because you don't want to help people associate a place, instead use words like help and hope
- Install cameras, lights, or signs that the area is under surveillance to create a sense of being monitored – that may be a deterrent for some people
- Install awnings from parking garage sides to create a barrier between a person jumping and their access to hard pavement
- Amtrak is willing to put up suicide prevention signs along railroad tracks of hotspots
  - Offer to provide training to Amtrak staff on suicide prevention as a great way to begin a partnership

o How to advocate for means safety work

- Explain the need—i.e. the pandemic is increasing risk factors for suicide
- Speak in the language of the audience you're trying to motivate—i.e. are they data folks? Then speak in statistics
- Identify shared wins or goals
- Start with simple steps
- Track data to show your accomplishments

o Discussion:
- Using National Violent Death and Reporting System (NVDRS) data and death review data we identified that several students had died using Helium gas. We reached out to several schools about adding helium tanks to their list of prohibited items from residence halls which was easy to do without raising any red flags around advertising "means" to other students.
- VA Medical Centers are often willing to provide gun locks to local law enforcement and others who work with Veterans.
- Some pharmacies will also do delivery of certain medications so that only a small supply is available to the person at a time

- **Speaker: Eileen Zeller MPH, Consultant; Former Lead Advisor, Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - Firearm suicide prevention interventions using the social ecological model
    - <u>Societal Level</u>: Extreme risk laws, voluntary self-prohibitions, policies that reduce availability of firearms
    - <u>Community Level</u>: Gun shop projects
    - <u>Relationship Level:</u> Family/friends holding onto firearms, lethal means safety counseling
    - <u>Individual Level:</u> Safer storage
  - 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 remove firearms from, and prevent the purchase of, firearms by a person who is at risk of violence to self or others.
  - Extreme Risk Protection Order (ERPOs) are one strategy of many to reduce suicide deaths
  - ERPO Components:
    - Emergency intervention
    - Temporary (usually up to a year)
    - Respect due process—always a court hearing, individual always has opportunity to appear and prove not a threat to themselves or others
    - Civil action, not criminal--does not result in a criminal record
    - Issuing of orders is based on behavior and not triggered by a mental health diagnosis
      - Most people with mental health diagnoses do not pose a threat and are more likely to be a victim than a perpetrator of violence
  - As of July 1 2020, 19 states have ERPOs, but no 2 states extreme risk laws are alike!
    - They are: CA, CO, CT, DC, DE, FL, IL, IN, MA, MD, NJ, NM, NV, NY, OR, RI, VA, VT, WA
    - ERPOs usually are enacted as response to mass shootings
      - Often assailants in mass shootings are known by family, law officials, health professionals, and others to be at high risk for violence
  - Connecticut was the first state to pass an ERPO law. A recent study found that for every 10-20 warrants issued, one life was saved
    - Indiana saw a 7.5% decrease in state suicide rate after enacting ERPO law, estimate 1 suicide was averted for every 10 guns removed.
    - Research is still in its infancy regarding effectiveness of ERPOs.

- ERPO Issues:
  - Constitutional rights—does this legislation infringe on the 2nd amendment (right to bear arms), and 4th amendment (unreasonable search and seizure)
  - Historically marginalized communities
    - BIPOC—Deep mistrust of law enforcement due to issues of systemic racism and police brutality towards BIPOC, so may not feel ERPOs are safe strategy
    - LGBTQ, esp. transgender people and Black transgender people
    - People with mental illness
      - Accounts of law enforcement using excessive and fatal force against people with mental illness
      - People with untreated mental illness 16 times more likely to be killed by law enforcement
      - Sometimes extreme risk laws are called "red flag laws"—this term is offensive and stigmatizing for people with mental illness
    - Attempt survivors
      - Issues of removing people's agency without their consent
  - Stigmatization
- Building partnerships:
  - Embedded ERPOs in framework of suicide prevention and lethal means reduction
    - Domestic violence advocates are key partners when discussing ERPOs
    - Other partners—clinicians, firearm loss survivor, law enforcement, AFSP, NAMI, Moms Demand Action, National Sports Shooting Foundation (NSSF)
  - Provide CEUs to providers for attending ERPO workshops—good way to get participation
- [Extreme Risk Protection Order Toolkit:](#) helpful resource out of Johns Hopkins
- Discussion:
  - If someone doesn't have a permit for their guns that are taken, do they not get them back? Are there any legal ramifications / charges in these situations? It seems like this would be a barrier.
    - It's different for every state. In MD, before you get firearms back you have to go through firearms check. If you were prohibited person and shouldn't have received them in the first place you won't get them back.
  - Have there been any studies that examine the demographic characteristics of the individuals who are subject to ERPOs?

- One study found that it tends to be demographic that is highest risk for suicide—middle aged and older white men, many of whom have a history of domestic abuse.
  - But this was a study of 2 states—every state is different so can't really make inferences.
- What are the main reason ERPO laws don't pass in some states?
  - Gun laws are very contentious and polarizing.
  - Recommend reading Guns and Suicide by Mike Anestis