



## **Breaking Through Barriers:**

### ***The Emerging Role of Healthcare Provider Training Programs in Firearm Suicide Prevention***

#### **EXECUTIVE SUMMARY**

Suicide is a growing public health crisis in the United States (US).<sup>1</sup> Firearms make up half of all US suicides and take an average of 20,000 lives each year - over 50 every single day.<sup>2</sup> These firearm suicide deaths also constitute 6 of every 10 US firearm deaths.<sup>3</sup> Firearms are among the most lethal suicide attempt methods, with approximately 9 out of 10 firearm suicide attempts resulting in death.<sup>4</sup> Temporarily removing firearms from individuals during or in anticipation of a suicidal crisis makes it less likely an individual will die during a suicide attempt, as other means are less lethal.

#### **What is Lethal Means Safety Counseling?**

Lethal means safety counseling is a form of anticipatory guidance, the provision of preventive advice by an expert (often a healthcare provider) to a patient or their guardian to prepare them for an “anticipated developmental and/or situational crisis.”<sup>5</sup> Specifically, lethal means safety counseling is the process that healthcare providers undertake to: (a) determine if an individual at risk for suicide has access to lethal means of suicide attempt; and (b) work with the individual and their family or friends to reduce access until the risk of suicide decreases.

#### **Who Should Receive Lethal Means Safety Counseling?**

Any patient at an elevated risk for suicide should receive counseling, especially if they have disclosed suicidal ideation or attempt, even if the individual does not have access to a firearm at the time of the clinical interaction. Instituting safety measures before a crisis occurs is preferred over addressing means safety once a crisis is already underway, particularly since suicidal crises can have a sudden onset. Broader information on firearms safety is recommended for all.

#### **Who Should be Trained in Lethal Means Safety Counseling?**

Lethal means safety counseling training should be provided to all trainees in medicine, mental health, nursing, and related clinical healthcare fields. Additional in-depth training should reach providers in the following settings:

- Primary care (family medicine, internal medicine, pediatrics, geriatrics, and OB-GYN)
- Emergency and urgent care, as well as crisis centers
- Behavioral health

The types of providers receiving training should include:

- Physicians
- Physician assistants
- Nurses and nurse practitioners
- Psychologists
- Counselors
- Social workers



## **What Should Lethal Means Safety Counseling Training Include?**

Lethal means safety counseling training should include evidence to address common misconceptions, an overview of best counseling techniques, information about firearms, tools for providers for when a patient indicates that they do have access to a firearm, and important legal information regarding firearms laws at the local, state, and federal levels. Training should be parsimonious, relevant to providers' work with a clear benefit, engaging for participants, practice-oriented, and supplemented with resources that providers can refer to later.

## **The Consortium for Risk-Based Firearm Policy's Recommendations**

Lethal means safety counseling should be an essential part of comprehensive provider-based suicide prevention programs. Most providers receive little to no formal training on how to speak to their patients or clients about firearm safety. Those who are engaged in curricula development for and training of healthcare providers have an opportunity to shift the landscape of firearm suicide prevention by developing, implementing, and evaluating lethal means safety training programs at every level and stage of clinical education and practice.

The Consortium for Risk-Based Firearm Policy endorses and supports efforts among training programs that will equip healthcare providers to deal tactfully, respectfully, and directly with the issue of firearms and suicide. Provider training programs should include lethal means safety counseling training, either as a standalone module or integrated into existing curriculum on suicide risk assessment. This training should be offered to all trainees and repeated throughout the lifecycle of clinical practice. The Consortium strongly supports and encourages additional research to further elucidate best practices on lethal means safety counseling and best practices for training healthcare providers on how to provide the most effective method of counseling.

---

Adelyn Allchin, MPH and Vicka Chaplin, MA, MPH, Public Health Analysts at the Educational Fund to Stop Gun Violence, wrote and developed this report on behalf of the Consortium for Risk-Based Firearm Policy.

For more information, please contact: Adelyn Allchin at [aallchin@efsgv.org](mailto:aallchin@efsgv.org) and Vicka Chaplin at [vchaplin@efsgv.org](mailto:vchaplin@efsgv.org).

---

<sup>1</sup> National Center for Injury Prevention and Control, CDC. 1999-2015 US Suicide Deaths and Rates per 100,000. Fatal Injury Reports, 1999-2015. Retrieved May 15, 2017, from <http://www.cdc.gov/injury/wisqars/nonfatal.html>.

<sup>2</sup> National Center for Injury Prevention and Control, CDC. 2006-2015 US Firearm Suicide Deaths and Rates per 100,000. Fatal Injury Reports, 1999-2015. Retrieved May 15, 2017, from <http://www.cdc.gov/injury/wisqars/nonfatal.html>.

<sup>3</sup> National Center for Injury Prevention and Control, CDC. 2006-2015 US Firearm Deaths and Rates per 100,000. Fatal Injury Reports, 1999-2015. Retrieved May 15, 2017, from <http://www.cdc.gov/injury/wisqars/nonfatal.html>.

<sup>4</sup> Azrael D. & Miller M. (2016). Reducing suicide without affecting underlying mental health: Theoretical underpinnings and a review of the evidence base linking the availability of lethal means and suicide. In R. C. O'Connor & J. Pirkis (Eds.), *The International Handbook of Suicide Prevention, Second Edition* (pp. 637-662). West Sussex, England: John Wiley & Sons.

<sup>5</sup> Butcher, H. K., Bulechek, G. M., Dochterman, J. M. M., & Wagner, C. (2013). Nursing interventions classification (NIC). Elsevier Health Sciences. p 83.