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Engage: Reducing Access to Lethal Means

Reducing access to lethal means is an essential step in safety planning.

Overview: Reducing Access to Lethal Means Works

A key component of Zero Suicide and other effective suicide prevention strategies is reducing access to methods that could be used for suicidal acts and, if possible, restricting access during an acute suicidal crisis. Reducing access to lethal means—particularly those with greater lethality—is essential in safety planning.

Studies around the world have demonstrated that the overall rate of suicide drops when access to commonly-used, highly lethal suicide methods is reduced.[1,2,3] In the late 1950s, the United Kingdom switched from coal gas to natural gas, which is free from carbon monoxide.[1] Suicide deaths decreased, saving thousands of lives over the next 10 years. A study in Australia found a decrease in suicide by firearms and in the overall national suicide rate following a 1998 ban on private gun ownership.[3]

Every safety plan should address reducing access to any lethal means that are available to the patient. Limiting access to medications and chemicals and removing or securing firearms, other weapons, and ligatures are important actions to keep patients safe. This is particularly important in light of findings about the impulsivity of many suicide attempts. Among people who made near-lethal suicide attempts, 24 percent reported taking less than five minutes between the decision to kill themselves and the actual attempt. 70 percent took less than an hour.[4]

Based on this evidence, it is clearly possible to increase the chance of surviving an attempt if an individual at risk for suicide has reduced access to lethal means in their moment of crisis. This also has longer term implications for these individuals. 90 percent of individuals who attempt suicide will not go on to die by suicide at a later time.[5] Even with underlying or chronic risk factors, a person's suicidal crisis is often of short duration and a treating team can significantly help an at-risk individual by limiting access to lethal means.[1,6] Additional evidence supports that availability of method influences choice of method. If a favored method becomes less available, individuals do not necessarily engage in means substution.[6]

Recommendation: Establish Specific Protocols and Effective Policies

Reducing access to possible methods of suicide may be one of the most challenging tasks a clinician faces with an individual at risk for suicide. The **Counseling on Access to Lethal Means (CALM)** online training is offered free of charge by the Suicide Prevention Resource Center.[7] The training is designed to increase knowledge of the association between access to lethal means and suicide and the role of means restriction in prevention. The course is also intended to increase a provider's skills and confidence to assess and reduce a patient's access to lethal means.

Research shows that mental health providers demonstrated an increase in knowledge and skills regarding lethal means reduction counseling and sustained change in beliefs and attitudes about the importance of lethal means restriction following a CALM training.[7] At 6-week follow-up from a CALM training, 65 percent of providers reported already counseling on means reduction.[8]

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As a part of the Zero Suicide approach, it is recommended that this training—paired with site-specific policies about reducing access to lethal means—be required of all clinical and, in some cases, non-clinical staff members. Specific attention should be paid to protocols about reducing access to firearms. Firearms are the most common method of suicide in the U.S., and more people die by suicide via this method than all other methods combined.[1] Every U.S. study that investigated the relationship between firearms and suicide has found that access to firearms is a risk factor for suicide.[1]

Organizational policies should clearly state what clinicians are expected to do regarding lethal means. Policies should include the protocol to follow in the event that a patient brings a weapon or other lethal means into a clinical setting. Policies and training should reflect specific steps that clinical and non-clinical staff can take to reduce access to lethal means. These include the process for securing weapons and medications and the conditions under which they may be returned.

Conclusion: Reducing Access to Lethal Means is an Essential Step

It is essential to assist patients through a crisis by actively engaging them to reduce their access to lethal means. Engagement also means developing an individualized collaborative safety plan, encouraging active participation in treatment, and providing patients with a clear roadmap to their care. Using these approaches, clients are more likely to get through their short-term suicidal crisis safely and experience long-term recovery.

Citations

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