

Talking about Lethal Means Safety in Health Care Settings

December 14, 2018



News Type: Director's Corner

Author: Elly Stout, MS, SPRC Director, Education Development Center

With [new CDC data](#) [1] showing continued increases in suicide rates over the past 18 years, the public conversation is focusing more and more on how to reverse this trend. While our field has learned a lot about [effective suicide prevention](#) [2] in recent years, limited funding and fragmented health and social service networks can make it a challenge to translate knowledge into practice. But evidence-based prevention can in some cases be simpler than we think. One brief intervention with significant evidence of effectiveness is lethal means counseling in health and behavioral health care settings—it's up to all of us to promote these conversations as a critical part of safer suicide care around the country.

Reducing access to lethal methods, such as medications or guns, when someone is in a suicidal crisis is an [evidence-based strategy](#) [3] for suicide prevention. Health care systems can play an important role in that effort. Recently released [national standard care recommendations](#) [4] and the [Zero Suicide model](#) [5] emphasize how important it is for health care professionals to talk with people at risk about lethal means safety. Lethal means counseling is also a key part of [safety planning](#) [6], which is a collaborative process between patients or clients and clinicians to create a written list of coping strategies and supports to use when suicidal thoughts arise. Collaborative safety planning was [recently shown](#) [7] to dramatically reduce risk of suicidal behavior among people discharged from the emergency department after a suicide attempt.

[Recent data](#) [8] show that the majority of those who die by suicide don't have a mental health diagnosis. That means many people at risk are more likely to be seen in non-behavioral health care settings like primary care and emergency departments. Lethal means counseling should be a core part of every health care professional's toolbox to support people at risk, but many clinicians haven't been trained how to have this sensitive conversation. [Zero Suicide Workforce Survey](#) [9] results from 2018 show that over 90 percent of staff had not been trained in lethal means counseling, even though about half included it in their suicide risk assessments. Furthermore, only a third of providers responding to the survey felt very familiar with organizational workflows for safety planning, assessing lethal means, and documentation.

So, what can clinicians and leaders in health care systems do to ensure that conversations about lethal means are



Suicide Prevention Resource Center

happening?

If you work in any health care setting, you will encounter people who are at risk for suicide. Collaborative conversations with them about reducing access to lethal methods can save lives. Visit SPRC's free and recently updated [Counseling on Access to Lethal Means \(CALM\)](#) [10] online course to learn more about the information and skills you need to have this important dialogue. Developed for mental health professionals, this course offers tips and conversation starters for any kind of health care professional, including how to ask patients and clients about access to lethal methods and how to work with them to develop strategies for staying safe in a suicidal crisis.

If you are an administrator or leader within a health care organization, consider how your system or department can embed lethal means counseling as standard practice. Ask yourself these questions:

- How can the system best equip and support clinicians to build collaborative lethal means safety conversations into their busy routines?
- What policies could reinforce the importance of having these conversations with all people at risk for suicide?
- What training do clinicians and other staff need to identify people at risk and talk with them effectively about access to lethal methods?
- What reminders and supports do clinicians need to ensure these conversations happen consistently?

You can also visit the [Zero Suicide Toolkit](#) [11] for resources to help implement lethal means counseling and safety planning as part of standard care in your organization.

Since many people who die by suicide see a health care provider in the year before their death, all health care settings need to be prepared to talk with those at risk about how they can stay safe. If you are a health care professional, we hope you will explore SPRC's CALM course, learn more about safety planning, or pursue other training to help prepare you to have these conversations. If you are an administrator or leader, we hope you will make lethal means counseling an integral part of the care offered by your health care organization. If these collaborative conversations can become the standard across health care systems of all kinds, we have the potential to save many lives.

Links within this resource

[1] <https://www.cdc.gov/nchs/products/databriefs/db330.htm>

[2] <http://www.sprc.org/micro-learning/effective-suicide-prevention>

[3] <http://www.sprc.org/comprehensive-approach/reduce-means>

[4] <https://theactionalliance.org/resource/recommended-standard-care>

[5] <http://zerosuicide.sprc.org/toolkit>

[6] <http://www.sprc.org/micro-learning/vince-watts-collaborating-safety-plans>

[7] <https://www.npr.org/sections/health-shots/2018/07/11/628029412/a-simple-emergency-room-intervention-can-help-cut-future-suicide-risk>

[8] <https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf>

[9] <http://zerosuicide.sprc.org/resources/zero-suicide-workforce-survey-resources>

[10] <https://training.sprc.org/enrol/index.php?id=3>

[11] <https://zerosuicide.sprc.org/toolkit>

Printed on 05/29/2020 from <http://www.sprc.org/news/talking-about-lethal-means-safety-health-care-settings>



Suicide Prevention Resource Center

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.

Copyright © 2002-2019 by Education Development Center, Inc. All Rights Reserved.

