

Lethal Means Counseling: Recommendations for Providers



What is lethal means counseling?

Lethal means counseling is a vital part of safety planning. It is a process to first assess whether patients are at risk for suicide, and then to work with them to restrict access to lethal means. Lethal means may include firearms, prescription medications, and lethal objects that could be used for suicidal self-directed violence.

When should I use lethal means counseling?



- When patients currently have suicidal thoughts.
- When patients in distress have attempted suicide in the past.
- When patients are struggling with mental health or substance use issues and are exhibiting risk factors, such as hopelessness, withdrawal or lacking reasons for living.
- When patients are struggling with stressful life events that may serve as triggers for suicidal behavior, such as financial, occupational or relationship problems.

Routine Safe Storage Options

Medications: Most common method of suicide attempts



- Safely dispose of medications no longer in use.
- Keep only small quantities on hand. Consult a pharmacist for safe dosing practices and safety packaging as appropriate.
- Lock up abuse-prone medicines, such as opiates, benzodiazepines, sedatives or hypnotics.

Firearms: Most common method of suicide



- Store firearms unloaded in a locked gun safe.
- Store ammunition separately from firearms.
- Ensure locking device on firearms (cable locks or trigger locks).
- Store disassembled firearms.

A collaborative approach for addressing lethal means:

Raise the issue:

- Assess how lethal means such as firearms and medications are currently stored at home.



Develop a plan and recommend safe storage practices:

- Engage the support of family members when possible.
- Safely store firearms until the patient recovers.
- Reduce availability of medications.
- Reduce access to any other method about which a patient has expressed ideation.

Document and follow up:

- Be specific about roles and timeframe.
- Document the plan for safety and next steps.
- Confirm that the plan for safety was implemented.

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Am I allowed to ask my patients about firearms?

Yes. Federal law, DoD, and VA policies allow providers who are worried about suicidal behaviors to inquire about the patient's access to firearms and make recommendations to reduce suicide risk¹.

Am I allowed to inform commanders about suicide risk?

Yes, a service member's chain of command has a "need to know" regarding suicide risk status, and such disclosures are authorized by DoD regulations in compliance with the Military Command Exception to the HIPAA Privacy Rule². This also applies to National Guard and Reserve service members while on active duty or actively drilling.

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Firearms Means Safety Suggestions for Providers³



What are some options I can recommend to temporarily restrict access to firearms?

These options should be considered temporary. Patients should be reassured that the purpose of restriction is not to remove firearms permanently. Patients should be afforded the opportunity to get firearms back.

- Ask a relative or friend to take possession of firearms.
- Store firearms in a self-storage rental unit if permissible.
- Store firearms at a shooting range with available lockers.
- Store firearms at a gun shop or pawn shop for short period of time.
- Ask law enforcement to take possession of firearms.
- Personally owned firearms may be stored in military unit arms rooms.



Do

- Ask direct questions and let the patient know that other people have similar thoughts and feelings.
- Engage relevant parties, including family members and commanders, in the process of means restriction counseling when recommending firearms restriction.
- Assess access to both military-issued and privately-owned firearms as a core component of risk assessment and safety planning.
- Be aware of state-specific and federal laws regarding the temporary transfer of firearms between individuals.
- Collaborate with all involved parties in the process of firearms restriction and process of removing firearms from the home when patient is at risk of suicide.
- Be aware of the potential impact of firearms restriction on unit readiness, deployability, and sense of self, and take care to use the least-restrictive method to ensure safety.
- Forge relationships with local Veteran Service Organizations as a potential mechanism for voluntary, short-term transfer of firearms to a trusted peer.



Don't

- Take possession of firearms.
- Encourage patient to bring firearms to medical clinics.
- Tell patients to "give away" their firearms.
- Imply that a patient is incapable of carrying a firearm.
- Imply that a patient is "mentally unsound" from a legal perspective.

Resources



U.S. Department of Veterans Affairs Suicide Prevention

Contains resource links for free provider consultation regarding lethal means safety and counseling
mentalhealth.va.gov/suicide_prevention/



Suicide Prevention Resource Center

A national site for suicide prevention resources, including training and tools for lethal means counseling
sprc.org



Center for Deployment Psychology

Online training course titled Lethal Means Safety Counseling to Reduce Suicide Risk
deploymentpsych.org/Lethal_Mean_Safety_Archive



National Shooting Sports Foundation Safety Resources

nssf.org/safety

References:

¹The Assessment and Management of Patients at Risk for Suicide Work Group, Department of Veterans Affairs & Department of Defense. (2019). VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide. Version 2.0.

²HIPAA Privacy Rule, 45 CFR § 164.512(k) (2002).

³Hoyt, T. & Duffy, V. (2015). Implementing firearms restriction for preventing U.S. Army suicide. *Military Psychology*, 27, 384–390.