

Recommendations for Communities and Suicide Prevention Groups

At the state and local level, we can work to ensure that every suicidal person and their loved ones hear the message that keeping firearms out of reach during a suicidal crisis can save lives.

Four practical steps:

1. [Change policy](#) – Add “Lethal means counseling” protocols to providers’ and gatekeepers’ existing suicide prevention protocols.
2. [Train providers](#) and gatekeepers how to conduct lethal means counseling.
3. [Change information systems](#) to cue providers to educate families.
4. [Expand options](#) in the community for temporary storage or disposal of firearms for families requesting these services.

Change policy.

Encourage statewide and local professional groups and institutions to add a “[lethal means counseling](#)” policy to their current suicide prevention protocols to ensure that all suicidal or at-risk patients and their families are counseled about reducing access to guns at home. Examples of state associations to target: state hospital association, social workers’ association, school psychologist association, truancy officer association, etc. Examples of local agencies to target: mental health agencies, emergency departments, schools, employee assistance groups, etc. In most cases your job will be to add lethal means counseling policies to existing suicide prevention policies. If a group doesn’t have basic suicide prevention policies, try to work with them (or ask your state suicide prevention coalition) to work with them to adopt basic suicide prevention policies as well as lethal means counseling policies.

Train providers.

Train providers who come into contact with people at risk for suicide and their families on how to talk about reducing access to firearms at home. Most currently do not. A good training model is New Hampshire’s [CALM Training](#) (Counseling on Access to Lethal

Means), which trains mental health providers, emergency department personnel, and primary care providers. The training covers three general areas (the public health approach to suicide prevention, firearm safety basics, and clinical skills in speaking with families about reducing access to firearms and lethal medications at home). Suicidal people—particularly those who use a firearm—often don't seek out care by a mental health provider. Think about other types of providers with whom they may come into contact, such as police, counselors providing services to domestic abusers, defense attorneys, substance abuse counselors, school truancy officers, primary care providers, etc. See other examples of [means reduction programs](#).

Change Information Systems.

One way to ensure that at-risk patients and their families receive lethal means counseling is to build reminders into an agency's information system. For example, a health care institution with electronic patient charting software can add a flag to indicate whether the patient is considered at risk for suicide. Checking off the patient as "at risk" would trigger the software to remind the provider to talk with the patient and his/her family about firearms and lethal medications at home, in addition to following the agency's existing protocols for responding to suicidal risk. Standard paper forms (for example, intake forms for new psychiatric patients, suicide assessment forms used by school psychologists, etc.) could also include check-off boxes cueing the provider to ask about firearms at home.

Expand options.

Work with local police and other public safety groups to expand options for families who want to permanently or temporarily remove their guns. Many police departments currently have no policy or protocols in place to dispose of or store firearms and aren't able to help families. Work with them to explore [some feasible options](#). If you come up with some good options (such as getting a local shooting range to offer storage lockers), please [contact us](#) and let us know so that we can spread the word.