

Restricting Access to Lethal Means at Colleges and Universities

Contributed by the *Suicide Prevention Resource Center*



Restricting access to lethal means is one strategy in a [comprehensive approach](#) to reducing the risk of suicide on a college campus. Colleges and universities should consider the following steps to assess and implement means restriction:

- 1.) Gathering information
- 2.) Engaging the entire campus and community
- 3.) Changing policies and practices
- 4.) Working with the media

Gathering Information

Each campus should review its own data on suicide attempts and fatalities to identify the type of means used and to determine if there are trends or patterns in the use of specific methods. State and national injury and mortality data are available for college students or for 18-24 year olds. National data sources include the [National Violent Injury Statistics Systems \(2001 pilot\)](#), the [National Violent Death Reporting System \(NVDRS\)](#) and [Web-based Inquiry Statistics Query and Reporting System \(WISQARS\)](#). Means data from the [National Research Consortium of Counseling and Psychological Services in Higher Education](#) detailing types of means considered by college students will be available in the upcoming year.

Common lethal means used by college-aged students are firearms, jumping, poisoning, suffocation, drowning and hanging.^{1,2} Therefore, administrators and staff should conduct a scan of the campus environment for access to building rooftops, balconies, windows, and bridges. They should look for places where students, faculty, and staff might gain access to toxic substances like chemicals found in laboratories.

This step should also include a review of campus policies related to possible means: gun possession on campus; high-risk alcohol and drug use among students (particularly those at elevated risk for suicide); and access to laboratories and/or toxic substances. The review may include student conduct policies, residence hall regulations, and campus safety procedures.

Finally, clinical administrators should review procedures and training for health services, mental health services, and counseling center staff to ensure that it includes discussion of how to talk with suicidal students and their friends, roommates, and family members about whether there are firearms and other lethal means available.

Engaging the Campus and Community

Convening a group of high level administrators -- president, provost, deans of students and student affairs - along with counselors, residence life, health services, campus safety, and academic deans will establish broad-based support for means restriction. This group should be able to identify potential solutions for lethal means restriction, act quickly in the event of a suicide, and implement means restriction strategies to prevent contagion.

Campuses should work toward restricting means with community partners, including local hospitals, gun clubs/firing ranges, and local and state police. These partners can assist campuses in assessing the means available, restricting access to firearms, screening for depression in primary care settings, and establishing linkages to the campus health and counseling centers when a student who has made an attempt is released from the hospital.

Changing Policies and Protocols

After analyzing data and reviewing existing policies and protocols, administrators should enact changes to increase protective factors and reduce risk factors. Campuses should think about how policies established by residence life, judicial affairs, campus safety, and the health and counseling centers could contribute to a safer campus.

Actions administrators could take include:

- Restricting access to high places (See [Guidance on Action to be Taken at Suicide Hot Spots](#)).
- Prohibiting firearms on campus.
- Offering lockers for gun owners to store their firearms.
- Tracking, monitoring, and controlling access to toxic substances found in laboratories, pharmacies, and other departments that are accessible to students, staff, and faculty.
- Establishing guidelines about transporting an intoxicated or overdosed student to the hospital.

For example, one campus restricted access to tall buildings, windows, and balconies after several students died by jumping. Senior administrators decided to alarm the doors leading to rooftops, install telephones that dial directly to campus safety, and post crisis hotline numbers at all roof exits.

A campus is working with campus safety to look into providing gun lockers so that students can responsibly store firearms. This practice would increase the length of time between the potential impulse of a student to harm himself or herself and the opportunity to use a firearm to attempt suicide.

Another campus reached out to purveyors of firearms in the community to discuss their common interests -- student safety and preventing loss of life. When administrators are concerned about a student accessing firearms, they can call local gun clubs and firing ranges to find out if the student has been to their establishments or purchased a firearm. Likewise, after being alerted about a particular student, gun clubs and firing ranges can contact administrators to let them know if the student has been to their business or tried to purchase a firearm.

Working with the Media

The media portrayal of suicide and overly detailed descriptions of the means a person used to die could contribute to contagion, so campuses should [work with local and student media](#) to ensure that [safe messaging guidelines](#) are used when [reporting about suicide](#).

References

1. Miller M, Azrael D, & Hemenway D. (2004). The epidemiology of case fatality rates for suicide in the northeast. *Annals of Emergency Medicine* 43(6), 723-30.
2. Suicide Prevention Resource Center & Harvard Injury Control Research Center. (2007). *Young Adult Suicide & Student Status. Findings from the pilot for the National Violent Death Reporting System.*
3. Drum DJ, Brownson C, Denmark AB, Smith S. New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice.* 2009; 40(3):213-222.

4. [Schwartz AJ](#). Rate, relative risk, and method of suicide by students at 4-year colleges and universities in the United States, 2004-2005 through 2008-2009. *Suicide Life Threat Behav.* 2011 Aug;41(4):353-71.

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