

Counseling on Access to Lethal Means (CALM) to Prevent Suicide

Developed in coordination with the Utah Psychiatric Association

ED NOTE: The UMA House of Delegates adopted a resolution at its 2022 meeting (Resolution B5) encouraging all Utah physicians to participate in training re: Counseling on Access to Lethal Means. The resolution also required that the following fact sheet on the issue be published in the *Utah Physician* magazine, and on the UMA website.

Why “Means Matter”

- A suicidal crisis is often brief with little to no planning, can escalate quickly, and is hard to predict
 - 48% of respondents in one survey attempted <10 minutes after initial thought
- Some methods are far more lethal (firearms 85% lethal vs sharps or overdose <15%)
 - 53% of fatal suicides in US can be attributed to firearms; odds ratio of dying from an attempt with a firearm is 140 compared to other methods
 - Firearms are the leading suicide method in Utah, where about 48% of homes contain firearms; men who attempt are more likely to use firearms
- The myth that “those who want to die will find eventually find a way” is false
 - >90% of those who survive a suicide attempt will NOT end up dying by suicide
- Reducing access to lethal means has worked in other countries
 - In Sri Lanka, suicide rates dropped by 50% from 1996 to 2005 after the most human-toxic pesticides were banned (common lethal method in Sri Lanka)

→ **Putting time and distance between a suicidal person and highly lethal methods saves lives**

Conducting Lethal Means Counseling

1. Assess suicide risk, and consider counseling for anyone at elevated risk for suicide
 - a. Not just those with current SI, plan, or intent since these come and go and are not directly predictive of an attempt
2. Explain that even if the patient not currently suicidal, reducing access to lethal means can help the patient stay safe since a suicidal crisis is usually brief but unpredictable
3. Make a plan to reduce access to firearms and other methods the patient is focused on
 - a. Firearms
 - i. Use normalizing stance/language, ex: “Lots of us in Utah have guns at home. What some people in your situation will do is store their guns away from the home until they’re feeling better. Would that be okay?”
 - ii. Safest storage for firearms = away from home (friend, family, gun locker, or with law enforcement under Utah’s Safe Harbor Law)
 - iii. Next best = in-home storage safe or lock box where patient does not have access to keys/code with ammunition separate; can also use trigger/cable/clamshell locks
 - iv. “Hiding” is not recommended, especially with children
 - b. Medications
 - i. Advise family to dispose of or lock up extra medications, including OTC (especially acetaminophen)
 - ii. Reduce fill quantities of more lethal medications
4. Agree on roles and timetable and document plan in the chart
5. Follow up regarding plan

Visit <https://www.train.org/utah/course/1081014/> for the full training module.