

Means Restriction

Figure 1. Suggested approach for means restriction counseling

I. Raise the issue
<ol style="list-style-type: none">1. Suicide desire can increase very rapidly. When suicidal, controlling emotions and solving problems can be very difficult.2. Having access to lethal means can therefore be very dangerous.3. The patient's primary goal in treatment is to reduce mental pain and suffering.4. Restricting access to means can reduce the chance of bad outcomes during crises.5. Developing a means restriction plan provides sufficient safety to achieve the goal of reducing pain.
II. Conduct means restriction counseling
<ol style="list-style-type: none">1. Availability of means increases the chance that a suicide attempt will be fatal.2. Provide menu of options for restricting access to means:<ol style="list-style-type: none">a. Complete removal through disposalb. Complete removal by giving to a significant otherc. Restricting access by locking up in secured manner inaccessible to patient3. Utilize motivational enhancement strategies to increase the patient's willingness to have means completely removed or restricted from access, but do not argue with the patient about any particular method.4. For firearms: If complete removal of firearms is unacceptable, additional options:<ol style="list-style-type: none">a. Dismantle firearm and give critical piece to significant other;b. Store firearm in tamper-proof safe secured by significant other;c. Complete removal of ammunition.5. The safest option is to completely remove the means (especially firearms) from the home until the situation improves.6. Hiding unlocked means (especially firearms) is discouraged since they can be found.7. In the case of joint custody situations for child or adolescent patients, ensure lethal means are secured in all homes where the patient might reside.
III. Wherever possible enlist the support of a significant other
<ol style="list-style-type: none">1. Provide means receipt2. Invite patient to identify significant other for Crisis Support Plan

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Figure 2. Sample means receipt

Means Receipt	
Questions? Contact your provider:	_____
Emergencies call: 911	
Patient Name:	_____
Support's Name:	_____
Support's Address:	_____
Support's Email:	_____
Support's Phone:	_____
Type of means:	_____
Safety Measures:	<input type="checkbox"/> Remove (Describe: _____)
	<input type="checkbox"/> Secure (Describe: _____)
Release Terms:	_____
Support's signature:	_____
(To be signed upon completion of means restriction)	

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Figure 3. Sample Crisis Support Plan

Patient's Name: _____ Date: _____

I understand that suicide risk is to be taken very seriously. I want to help _____ find new ways to manage stress in times of crisis. I realize there are no guarantees about how crises resolve, and that we are all making reasonable efforts to maintain safety for everyone. In some cases hospitalization may be necessary.

I agree to assist _____ by doing the following:

1. Providing encouragement and support in the following specific ways:
 -
 -
 -
2. Helping _____ use his/her Crisis Response Plan
3. Increase the safety of the environment by doing the following:
 - Remove all firearms and ammunition
 - Remove or lock up:
 - All knives, razors, and other sharp objects
 - All prescription and over-the-counter drugs (including vitamins & aspirin)
 - All alcohol, illegal drugs, and any related paraphernalia
 - Make sure someone is available to provide personal support and monitor the patient at all times during a crisis and afterwards as needed.
 - Pay attention to the patient's stated method of suicide / self-injury / intent to harm others and restrict access to vehicle, ropes, flammables, etc., as appropriate
 - Limit / restrict access to vehicle / car keys as appropriate
 - Minimize contact with individuals who are upsetting
 - Encourage choices and behaviors that promote health, such as good nutrition, exercise, and rest

If I am unable to continue to provide these supports, or if I believe that the Crisis Response Plan is not helpful or sufficient, I will contact the patient's treatment provider to express my concerns.

- If I believe _____ is a danger to self or others, I agree to:
- Call his/her mental health treatment provider: _____
 - Take him/her to a hospital
 - Call 911

Support signature

Patient signature

Provider signature