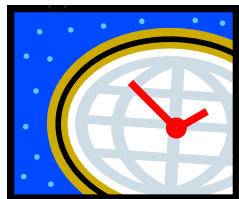


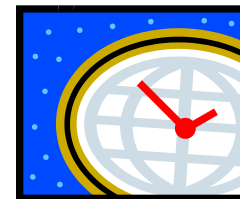
Take A Few Minutes to
CALM

Counsel on Access to Lethal Means

Developed by
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Elaine.frank@dartmouth.edu



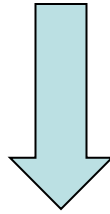
Before we begin



- Introductions
- What CALM is and isn't
 - Specific, effective PART of Suicide Prevention
 - Not suicide risk assessment
 - Not THE answer but should be included
- Suicide is **generally** preventable
- Safe messaging and self care
- **Anti-suicide not anti-gun or anti-drugs**

Reducing Access to Lethal Means

Make highly lethal means less accessible



Attempt suicide with less lethal means

or

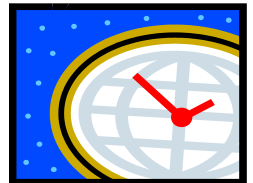
Delay suicide attempt





Why do it?

- Proven to be an effective intervention and many people will not switch to another means
- Part of the National Strategy for Suicide Prevention and the Texas State Plan
- Most suicidal people are ambivalent about death as they are about life
- The actual act of suicide is often made very quickly - particularly among young people
- WHY NOT?





“Natural (Gas) Case Study”

Self-asphyxiation by domestic gas, Great Britain

Pre-1957: Carbon Monoxide (CO) proportion of suicides = 40%

- 1957-1970: Transition from coal to natural gas: CO content went from 12% \longrightarrow 2%
- 1971: CO Proportion of suicides = 10%
- Overall suicide rate: \downarrow 26%



Pesticides – Sri Lanka

- Pesticides are the leading suicide method in Asia, with an estimated 300,000 deaths annually worldwide.
- In Sri Lanka, suicide rates rose 8-fold from 1950 to 1995.
- Restrictions were placed on sales of the most highly human-toxic pesticides in the late '90s.
- Suicide rates dropped 50% from 1996 to 2005.
- Nonfatal poisonings and other suicides did not.



Gunnell 2007. Int'l J of Epidemiology.

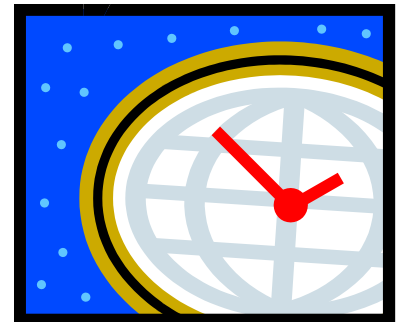
Preventability

- 90% of those who die by suicide had some form of mental illness and/or substance abuse – often undiagnosed but usually treatable
- 90% of those who survive a nearly lethal attempt do not go on to die by suicide
- 92% of those prevented from jumping off the Golden Gate Bridge did not die by suicide



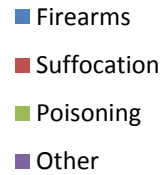
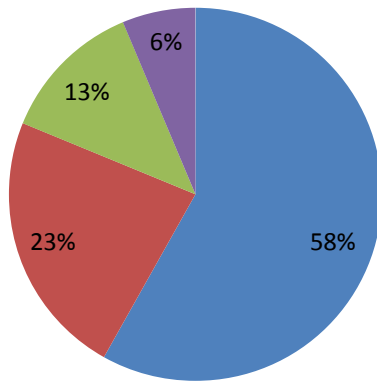
What Means to Focus On?

- * Frequency
- * Lethality
- * Decision Time
- * Availability
- * Cultural Differences

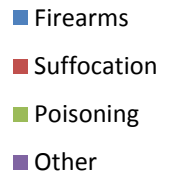
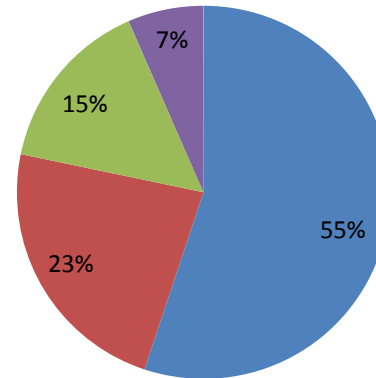


Suicide Methods by Age Group Texas – 2011

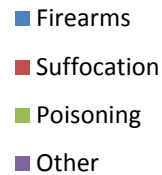
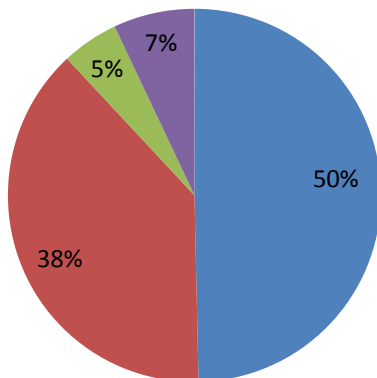
All Ages



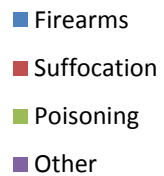
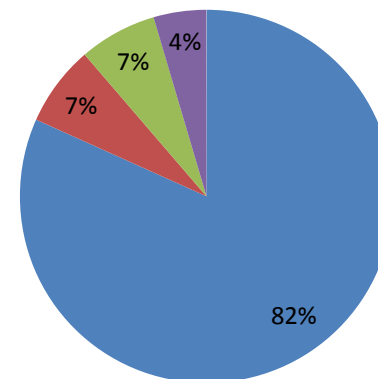
Ages 25 - 64



Ages < 24

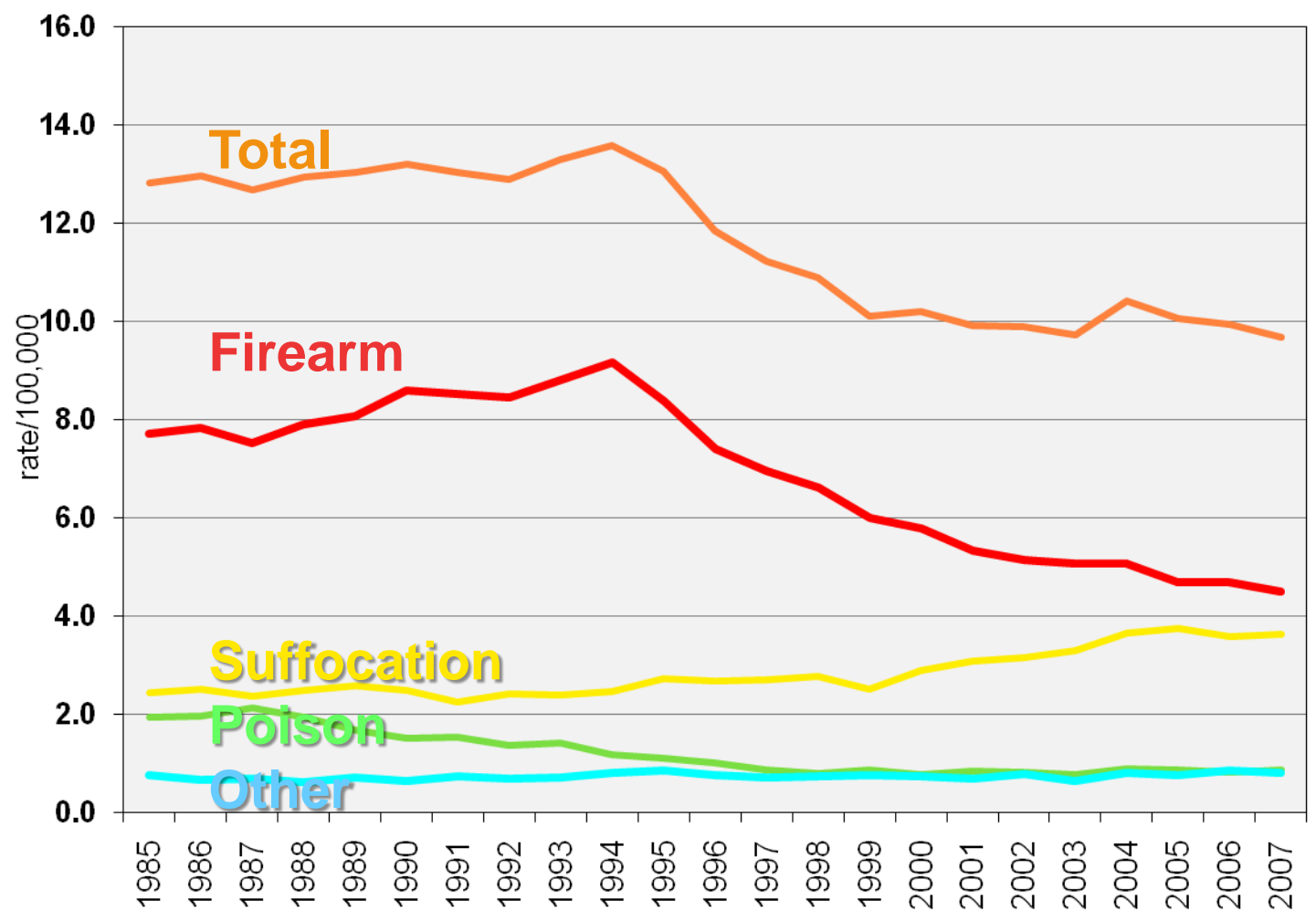


Ages 65 +

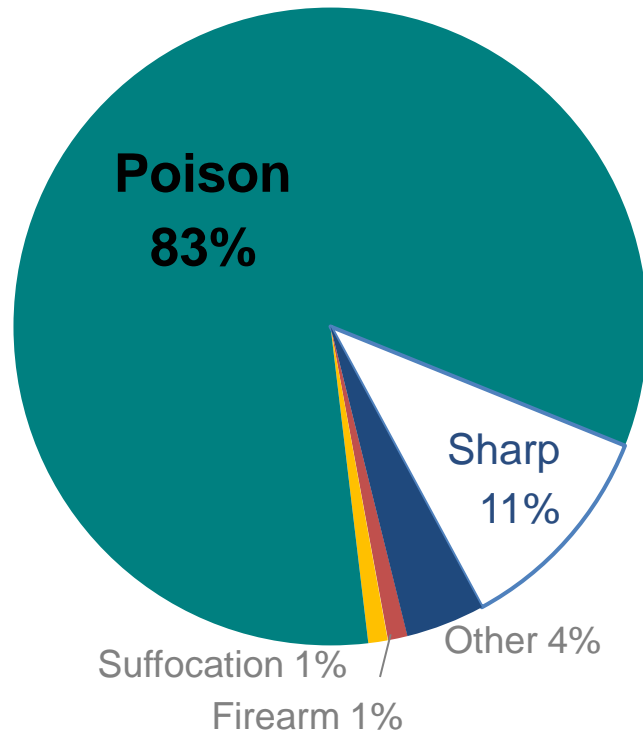




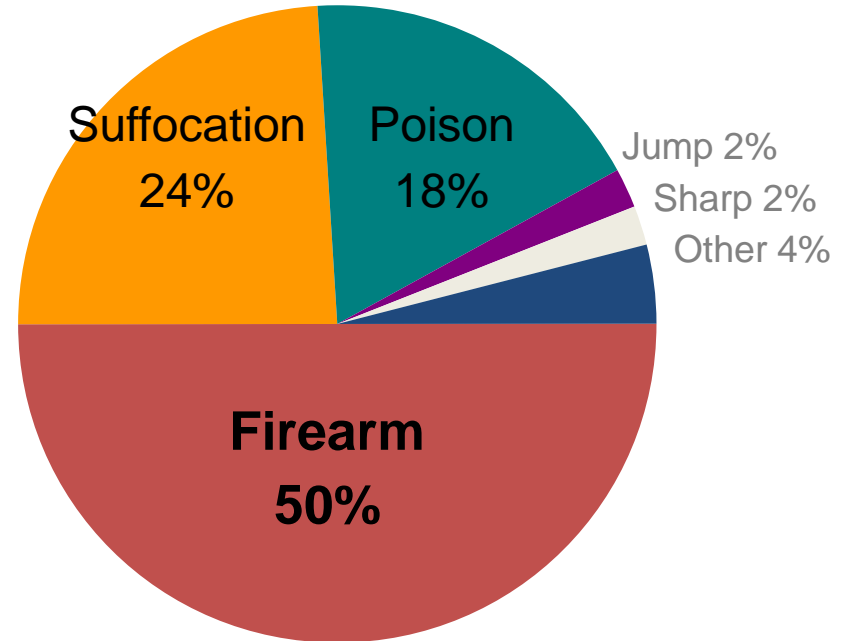
U.S. Youth Suicide, 15-24 year-olds



Methods of Self-Harm, U.S.



Nonfatal Self-harm



Suicide

Sources

Inpatient: HCUP-NIS (2005). Suicide: CDC WISQARS www.cdc.gov/ncipc/wisqars (2007)



Decision Time

Among survivors of near fatal suicides, when asked about time from their decision to complete suicide and the attempt:

- 24% said less than 5 minutes
- 47% more said an hour or less

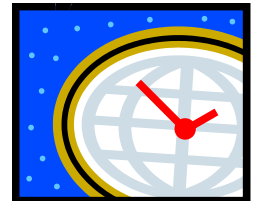
**Putting time and distance
between a suicidal person
and lethal means MAY save a life**





Firearm Availability As A Suicide Promoter

- Suicide rates vary with rates of firearm ownership
- Case control studies show greater prevalence of guns and less securely stored guns in homes of those who suicide than in controls
- **85% of youths who die by suicide using a firearm obtained it from home**
- Parents underestimate the likelihood that their children have or could obtain their firearms.



Cultural Differences

- Different methods are more or less “acceptable” in different cultures or subcultures
- In US poisoning is the most frequent method for attempts. Firearms are the leading method for suicide deaths
- In Asia it is pesticide poisoning
- Fortunately many effective methods are not frequently utilized



Steps to Take

- Express your concern directly to client/family and explain that you believe the individual is at risk for suicide
- Inquire about access to firearms and medications (and other lethal means as indicated)
- Inform the client/family that restricting access **reduces** risk
- Discuss how to accomplish this as well as the need for ongoing supervision, treatment and follow up

