

Learning Collaborative

Strategic Planning for Suicide Prevention FY 19/20

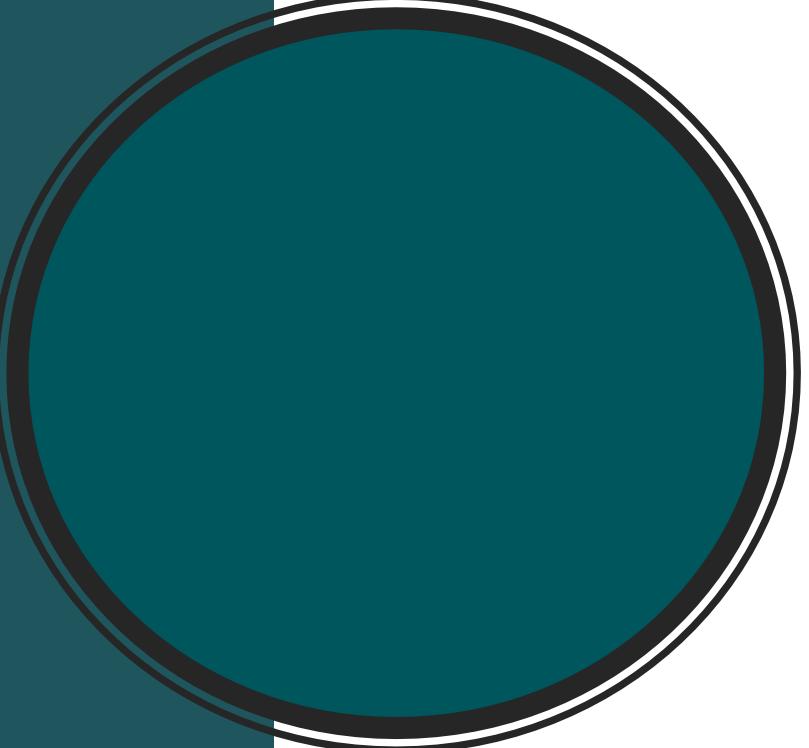


Learning Module 2: Addressing Access to Lethal Means

Know the Signs >> Find the Words >> Reach Out



Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).

- 
- If you called in on the phone, find and enter your audio PIN
 - If you have a question, technical problem or comment, please type it into the “chat” box or use the icon to raise your hand.



Sandra Black, MSW



Sandra Black has worked in suicide prevention in California since 2007. Until 2011 she managed the California Office of Suicide Prevention, which included completion and implementation of the California Strategic Plan on Suicide Prevention. In 2011 she joined the Know the Signs suicide prevention social marketing campaign as a consultant.



Rosio Pedroso



Rosio Pedroso has over 20 years of research and evaluation experience focusing on unserved and underserved communities. She has over six years of experience conducting train the trainer curriculum and materials for community engagement and statewide campaigns including suicide prevention and child abuse and neglect awareness.



Stan Collins



Stan Collins, has worked in the field of suicide prevention for nearly 20 years. Stan is a member of the American Association of Suicidology's Communication team and in this role supports local agencies in their communications and media relations related to suicide. In addition, he is specialized in suicide prevention strategies for youth and in law enforcement and primary care settings. Since 2016 he has been supporting school districts with AB 2246 policy planning and as well as postvention planning and crisis support after a suicide loss or attempt.



Jana Sczersputowski, MPH



Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities.

Welcome!



Strategic Planning Learning Collaborative Overview

Webinar 2: Addressing Access to Lethal Means

- Tuesday, December 17th 10-11:30am



- Webinar 3: Population Level Strategies
 - January 21st 10am-11:30am
<https://attendee.gotowebinar.com/register/7066667186785414925>
- Webinar 4: Targeting Strategies to High-Risk Populations
 - February 18th 10am-11:30am
<https://attendee.gotowebinar.com/register/8978419939836774669>
- Webinar 5: Assessing Your Crisis Response System
 - March 10th 10am-11:30am
<https://attendee.gotowebinar.com/register/2296286456097925645>

Past Webinars

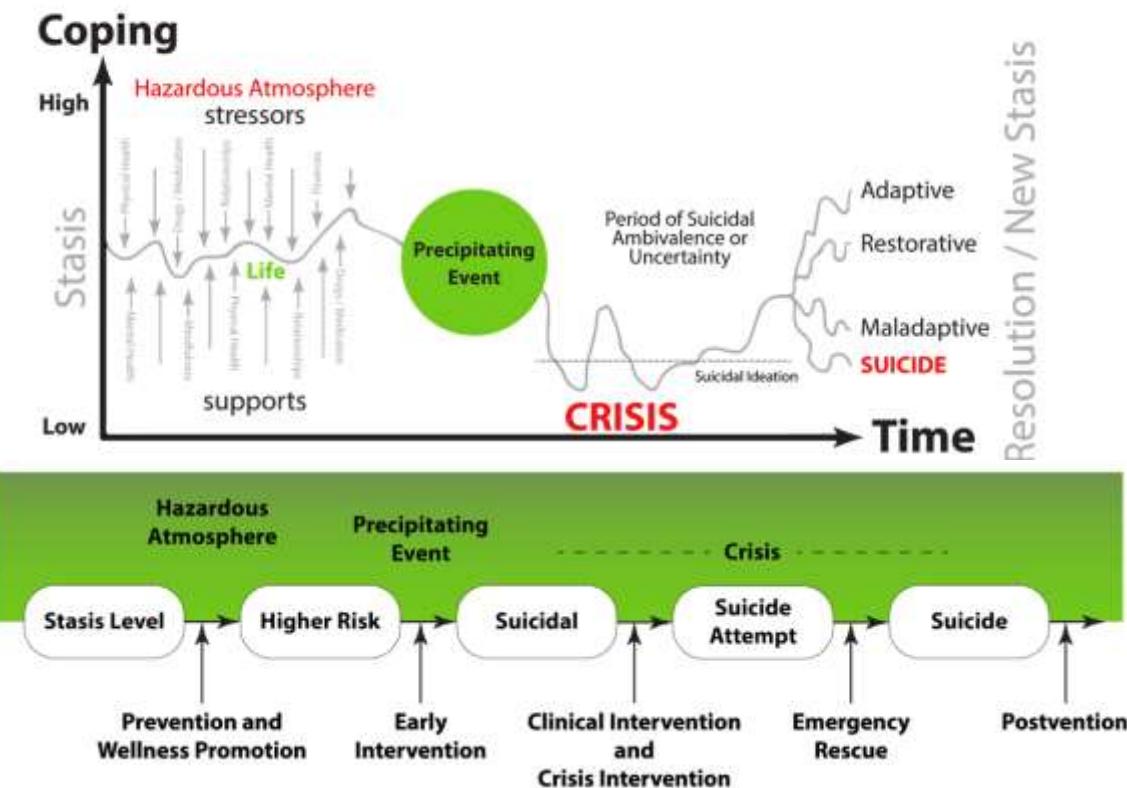
- Webinar 1: Postvention After a Suicide
 - View Recording:
<https://register.gotowebinar.com/recording/2783486656319297032>

Learning Collaborative In-Person Meeting (Dec 4-5)

Day 1:

- Strategic Framework for Suicide Prevention
- Understanding Suicide: Coping Crisis Theory and Suicidal Crisis Path (Noah Whitaker)
- Interventions and Self Assessment along Suicidal Crisis Path

Model 2: Crisis Coping Theory



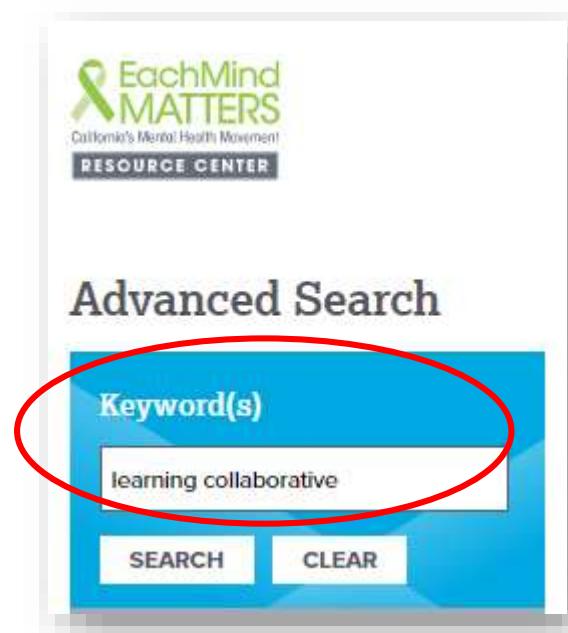
Day 2:

- Coalition Building and Engaging Stakeholders
- Describing the Problem of Suicide using Data & Storytelling
- Talking Turkey about Strategic Plans

Crisis Coping Theory along Suicidal Crisis Path: Noah J. Whitaker, MBA, and Dr. DeQuincy Lezine

Resources for Learning Collaborative Members

- All past webinar recordings, slides from in-person meeting, and additional resources for the EMM Learning Collaborative can be found in the EMM Resource Center
- Follow the link below, or search for keyword “Learning Collaborative”



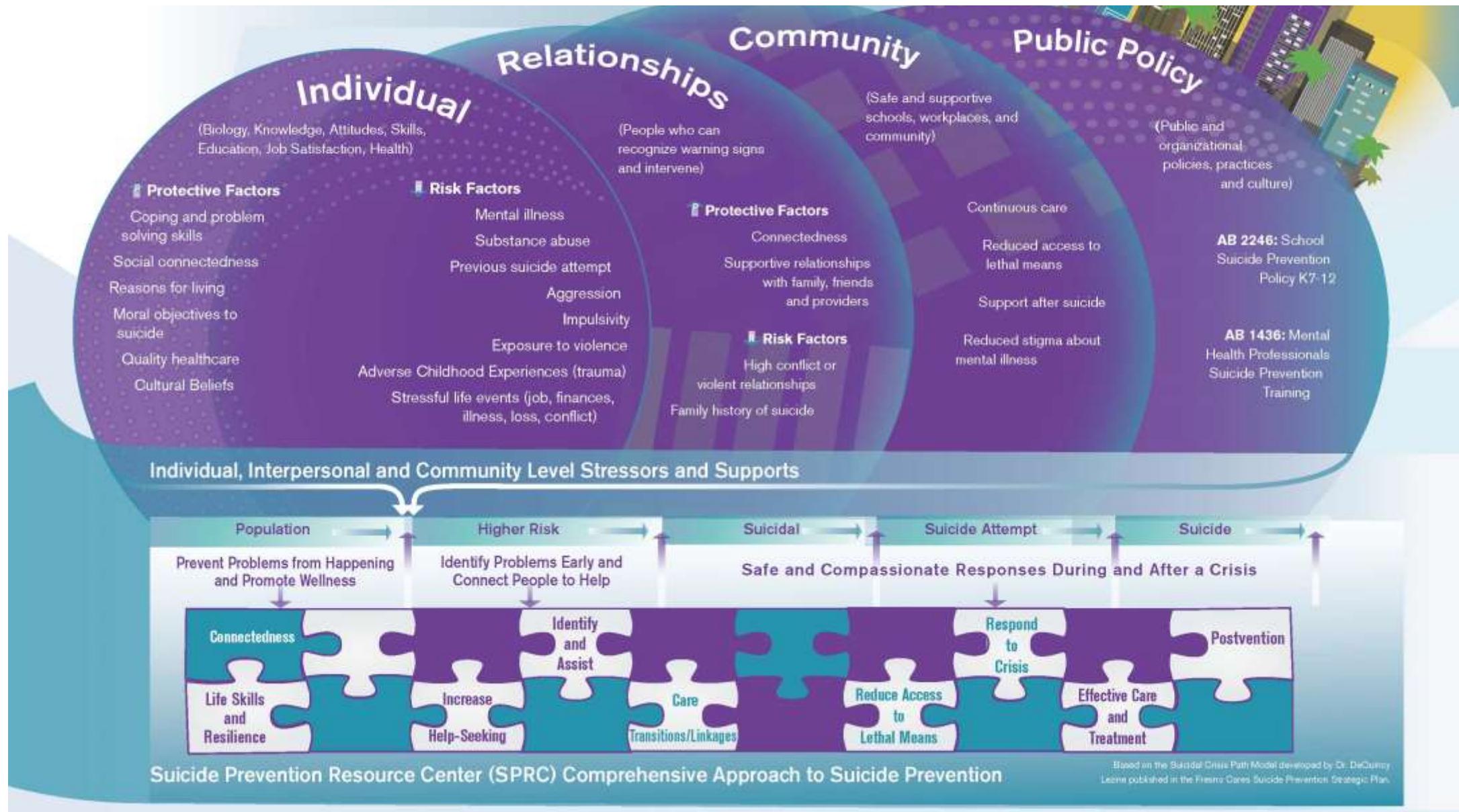
The screenshot shows a specific resource page from the EMM Resource Center. At the top, the 'EachMind MATTERS RESOURCE CENTER' logo is visible. The main content area features a large graphic with the text 'Pain Isn't Always Obvious' and 'KNOW THE SIGNS' in bold letters, with 'Suicide Is Preventable' below it. To the right of the graphic is a detailed description of the 'Strategic Planning for Suicide Prevention Learning Collaborative'. This description includes information about the collaborative's goals, the strategic planning process, and technical assistance provided by Each Mind Matters team members. Below this text is a section titled 'Instructions' with a note about download options. On the far right, a sidebar titled 'Downloads' lists four PDF files:

- Slides Module 1 Framework.pdf (Size: 5.82 MB, File Type: pdf)
- SP Module 2 Data Handout.pdf (Size: 2.24 MB, File Type: pdf)
- Slides Module 3 Coalitions.pdf (Size: 1.27 MB, File Type: pdf)
- Slides Module 4 Interventions.pdf (Size: 2.56 MB, File Type: pdf)

<https://emmresourcecenter.org/resources/strategic-planning-suicide-prevention-learning-collaborative>

Ecological Approach to Suicide Prevention

Along Suicidal Crisis Path



Population → Higher Risk → Suicidal → Suicide Attempt → Suicide

Prevent Problems from Happening
and Promote Wellness

Identify Problems Early and
Connect People to Help

Safe and Compassionate Responses During and After a Crisis

Connectedness

Life Skills
and
Resilience

Increase
Help-Seeking

Identify
and
Assist

Care
Transitions/Linkages

Respond
to
Crisis

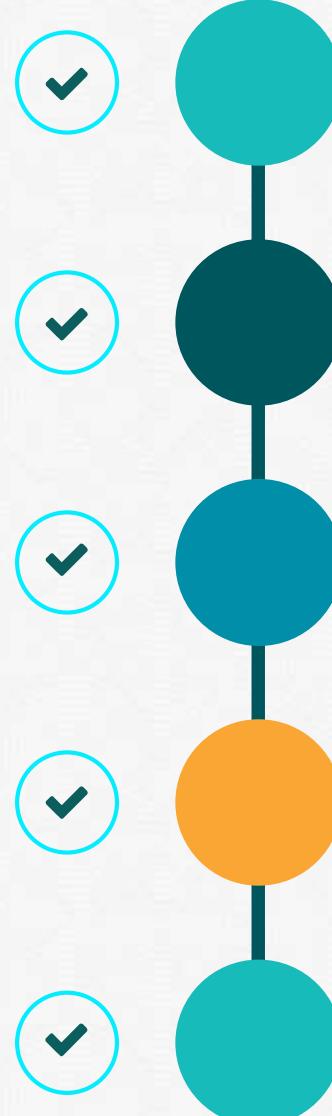
Reduce Access
to
Lethal Means

Postvention

Effective Care
and
Treatment



Questions to ask yourself to inform Means Safety strategic planning:

- 
- What data collection systems are in place to track trends on means used in suicide deaths/attempts?
 - What are the most common methods used for suicide deaths and attempts?
 - Are there any existing means restriction efforts underway? Are there existing coalitions you can partner with?
 - Are there any specific sites frequently used for suicide?
 - Are we providing training on “Counseling on Lethal Means” to gatekeepers and professionals?

A large, stylized graphic element on the left side of the slide features a blue and white speech bubble icon. The icon is composed of several nested and overlapping shapes, creating a sense of depth. It is set against a dark teal background that has a subtle, organic shape cutout in the center.

Part 1, Means Safety: Principles and Background

**Means safety is
one the most
effective
strategies for
suicide
prevention...**



Most efforts to prevent suicide focus on why people take their lives. But as we understand more about who attempts suicide and when and where and why, it becomes increasingly clear that how a person attempts – the means they use – plays a key role in whether they live or die

- MeansMatter.org

Means Matter

 HARVARD
T.H. CHAN SCHOOL OF PUBLIC HEALTH

Email People Departments Calendar Careers Give Frontiers my.harvard

ABOUT | FACULTY & RESEARCH | ADMISSIONS & AID | ACADEMICS | EXECUTIVE/CONTINUING ED | NEWS

Means Matter



MEANS MATTER

Suicide, Guns, and Public Health

www.MeansMatter.org

Reducing access to lethal means saves lives

“Means safety” (reducing a suicidal person’s access to highly lethal means) is an important part of a comprehensive approach to suicide prevention. It is based on the following understandings:

- Intent isn’t all that determines whether an attempter lives or dies; means also matter.
- Firearms are lethal in 85-95% of suicide attempts
 - As opposed to 0.5-2% of suicide attempts by overdose, and 1-3% of cut/pierce attempts
- 90% of attempters who survive do NOT go on to die by suicide later.
- Numerous studies have demonstrated a lack of substitution for means



Principles of Means Restriction

- The effectiveness of reducing access to lethal means has been demonstrated using a wide range of intervention in multiple countries
- Examples:
 - United Kingdom: reduction of suicide following replacement of coal gas with natural gas
 - Israel: 40% reduction in suicides of soldiers when policies changed to require weapons to be stored on base
 - Sri Lanka: Ban on certain chemicals used in pesticides associated with reduction in suicides
 - New Zealand: Suicide deaths reduced to zero after barriers were reinstalled on bridges
 - Multiple Countries: Limiting prescription size and altering packaging resulted in fewer suicides
- Most effective strategies for lethal means restriction are physical deterrents

Won't people just find another way?



Numerous studies have shown no evidence that individuals experiencing thoughts of suicide sought alternative means, and in many cases suicide overall decreased.

- *Effectiveness of barriers at suicide jumping sites: a case study* (Beautris)
- *Preventing suicide by jumping: the effect of a bridge safety fence* (Pelletier)
- *Securing a Suicide Hot Spot: Effects of a Safety Net at the Bern Muenster Terrace* (Reisch)
- *The coal gas story. United Kingdom suicide rates, 1960-71* (Kreitman)
- *The impact of pesticide regulations on suicide in Sri Lanka* (Gunnell)

How can we restrict or reduce access to lethal means?

- Place the person in a safer environment
- Put a barrier between the person and the means
- Create time between the person and the means
- Make the means (and an attempt) less lethal

Wisdom from Injury Prevention

- **PRIMARY PREVENTION**
 - PREVENT the EVENT from occurring (brakes)
- **SECONDARY PREVENTION**
 - REDUCE the injury impact of the event (crumple zone, air bags)
- **TERTIARY PREVENTION**
 - MITIGATE effects of injury (rapid response, good trauma care)

Key Components of Means Safety Efforts

- Public Awareness:
 - Posters, PSAs, brochures
- Gatekeeper trainings:
 - Pharmacists, firearm instructors, gun shop owners, family members
- Lethal Means Counseling

Statewide Plan- Strategic Direction



2
STRATEGIC AIM

GOAL 4: CREATE SAFE ENVIRONMENTS BY REDUCING ACCESS TO LETHAL MEANS

Desired Outcome Decrease in suicides and initial and subsequent intentional self-harm hospital visits.

Short-term Target By 2025, all counties are using data and information to develop and implement targeted lethal means restriction strategies to prevent suicidal behavior and are measuring effectiveness.

Objectives (State):

- 4a: Research and policy agenda
- 4b: Monitor statewide trends
- 4c: Disseminate information on federal funding

Objectives (Local/Regional):

- 4d: Use data to guide focused prevention efforts
- 4e: Promote safe medication disposal methods
- 4f: Partner with firearms community
- 4g: Disseminate information on overdose prevention and response
- 4h: Site-specific efforts
- 4i: Enhance data collection of preventative acts

**THIRD DRAFT NOT FOR
DISTRIBUTION**

Statewide Plan- Strategic Direction

Local and Regional Objectives:

- 4d: Use data to guide focused means safety efforts
- 4e: Promote safe medication distribution and disposal practices
- 4f: Implement firearm means safety efforts
- 4g: Disseminate information on overdose prevention and response
- 4h: Site-specific efforts
- 4i: Enhance data collection of preventative acts



Q&A



Part 2, Means Safety: Using data to guide means safety efforts



In order to better understand where and why suicides occur on the railroad right-of-way, it is vital to collect accurate and consistent data on the incidents that occur. With a better understanding of each and every event (intentional and unintentional), more can be learned about preventing similar incidents

*-Countermeasures to Mitigate Intentional Deaths on Railroad Rights-of-Way:
Lessons Learned and Next Steps*

Statewide Plan- Strategic Direction

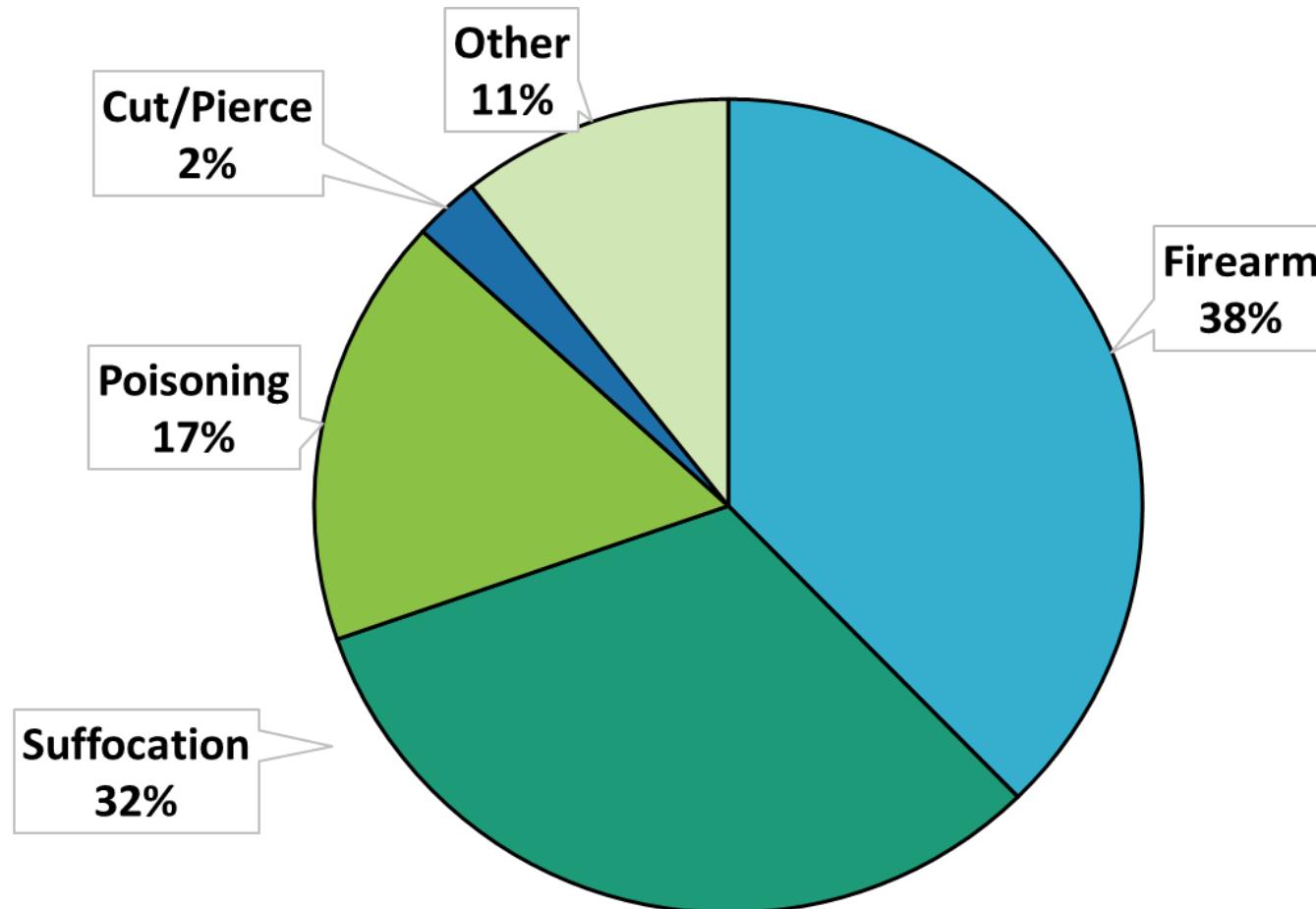
Local and Regional Objectives

Objective 4d Use the Public Health Model to evaluate risk and identify the methods of suicidal behavior used by community members and by specific demographic (such as race/ethnicity, age, sexual orientation, and gender identity) and cultural groups to guide development of focused prevention efforts. Once identified, develop tailored means restriction strategies and evaluate impact.

Steps to implementation

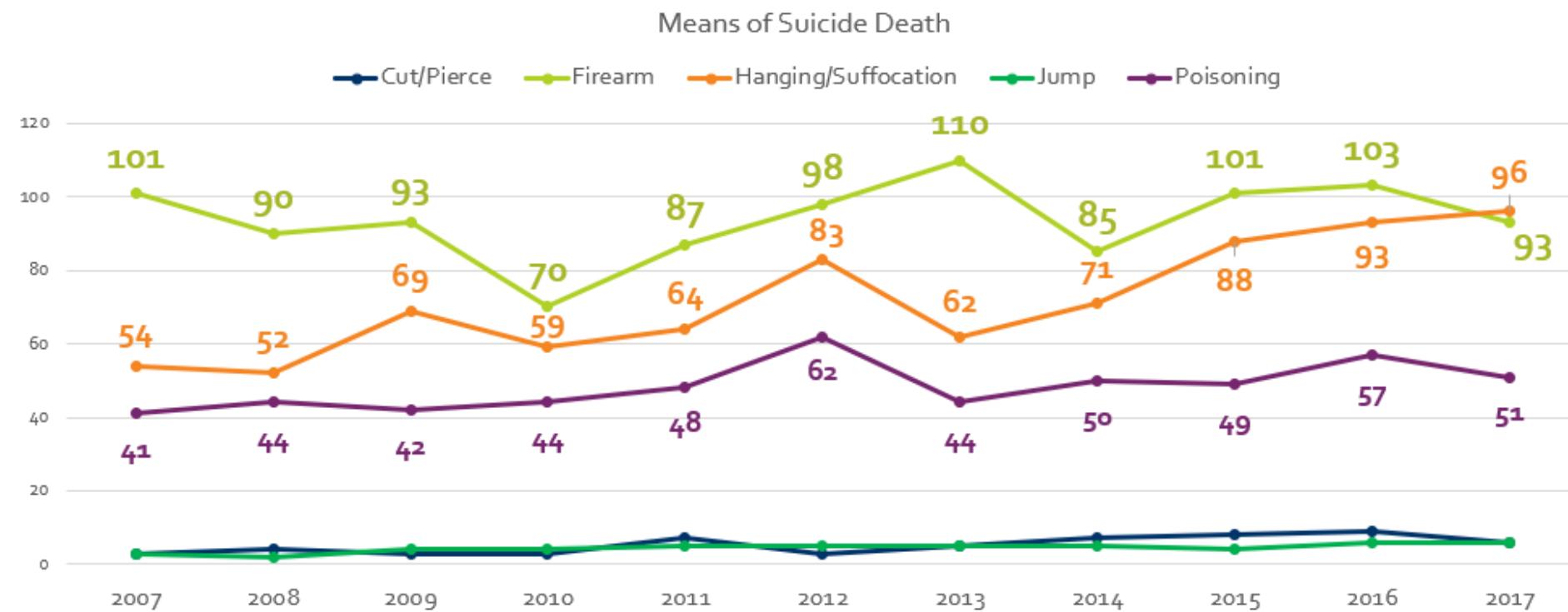
- Review data to identify means/methods used in suicide attempts and deaths
- Explore how means/methods vary by demographics
- Identify and develop tailored means restriction strategies

CALIFORNIA, Suicide by Method, 2013-2017 (ALL AGES)



Overview of Suicide Deaths & Attempts in Riverside County

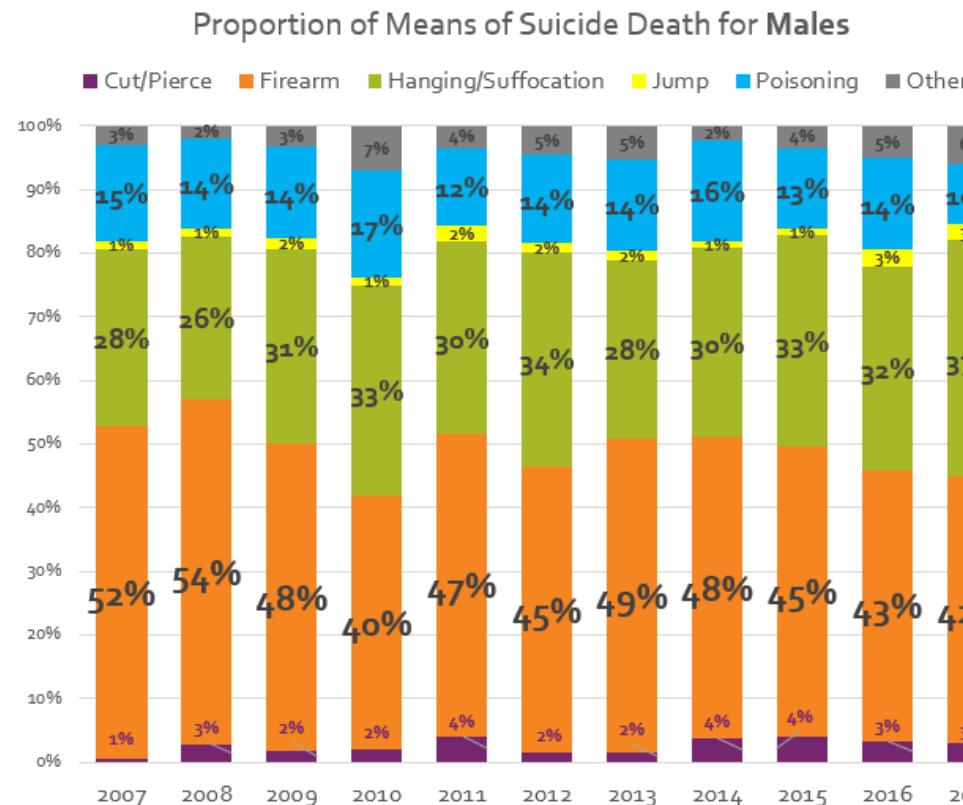
Means of Death



Firearms has been the most often used means of death.
There has been an upward trend of **Hanging/Suffocation** deaths

Overview of Suicide Deaths & Attempts in Riverside County

Means of Death for Males



Hanging/
Suffocation

Firearm

- An average of 52 males a year died by hanging/suffocation

- An average of 82 males a year used firearms

Overview of Suicide Deaths & Attempts in Riverside County

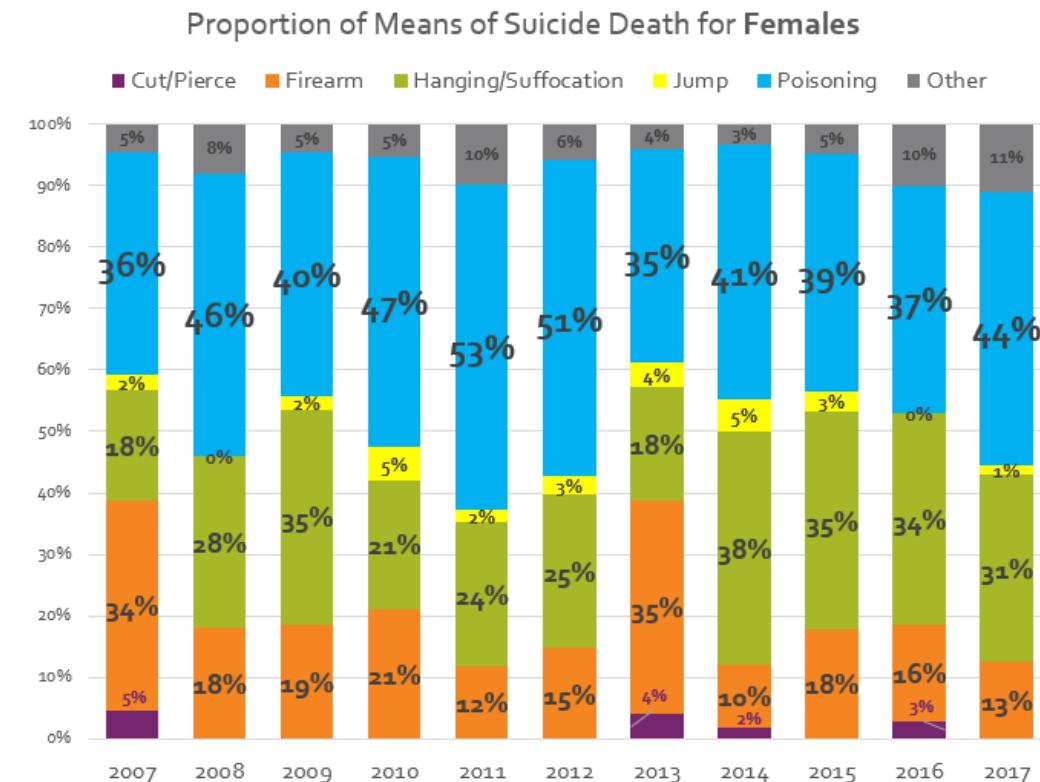
Means of Death for Females

- Average of 21 females a year died by poisoning

Poisoning

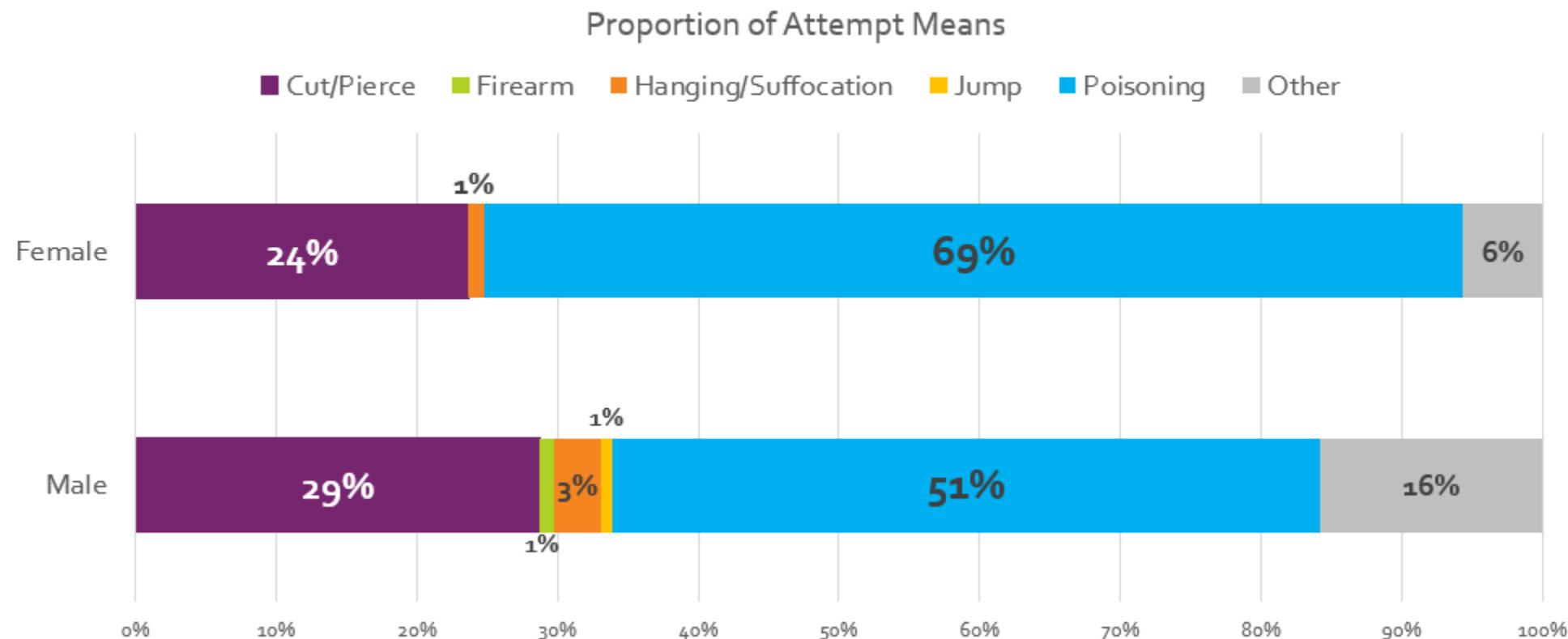
- An average of 14 females a year died by hanging/suffocation

Hanging/
Suffocation



Overview of Suicide Deaths & Attempts in Riverside County

Means of Attempt

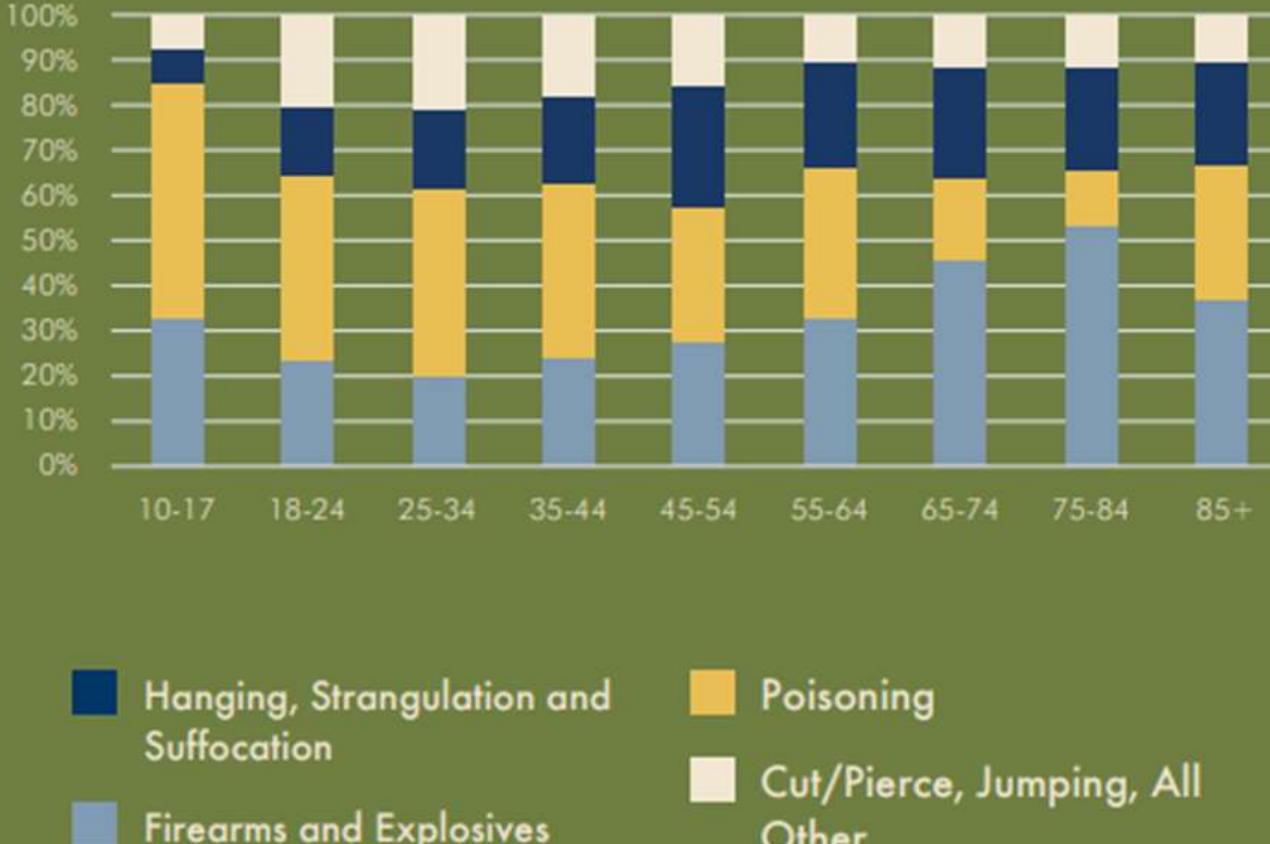


Addressing Means Safety for Hanging/Suffocation

- Like firearms, men are more likely to die by hanging/suffocation than females (more lethal means)
- Individuals younger than 30 years old are more likely to utilize this means
- Means Safety measures around hanging and suffocation are difficult to implement (difficult to restrict access)
- Prevention and early intervention strategies - identifying risk/suicidal ideation, connecting to help, developing a safety plan - however are still available.

Suicide Deaths in Orange County

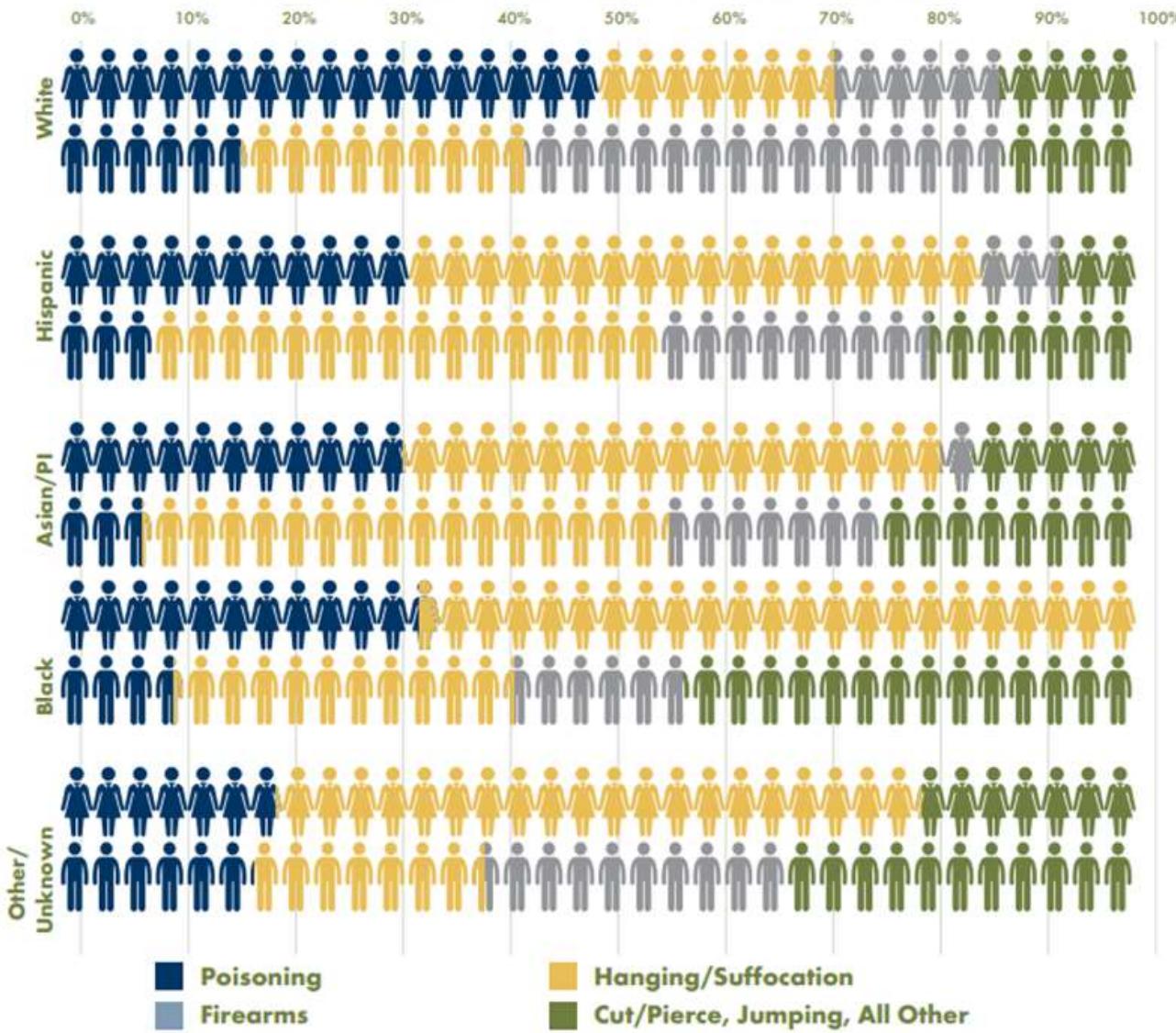
Figure 2 Means of Suicide Death by Age Group (yrs), 2014-2018



Source: CDPH DSMF/VRBIS, 2014-2018

Suicide Deaths in Orange County

Figure 5 Percentage of Suicide Deaths by Gender, Race and Means of Death, Orange County 2014-2018



Source: CDPH DSMF/VRBIS, 2014-2018

Mortality

deaths that were confirmed to be suicide.

Sources	What it tells you
Coroner	Who dies by suicide (demographics) Means of suicide Injury/Death location Toxicology
EpiCenter (CA DPH)	State and county Numbers, rates, means Veteran status All ages and demographics Can create customized queries
Death Review Teams	Demographics and means Warning signs/support systems Risk factors and context Social factors/interactions
CDPH County Health Status Profiles	State and county Rates, 3-year averages, percentages Ranked and compared to national Healthy People 2020 objectives All ages & demographics Data grouped into annual reports

Morbidity

non-fatal, intentional self injuries, or suicide attempts. They exclude accidental self injury.

Co-Morbidity

risk factors that are related to the suicidal behavior.

Sources

Local hospitals
EpiCenter (CA DPH)

CDC WISQARS

CDC Behavioral Risk Factor Surveillance System (BRFSS)

What it tells you

Non-fatal self injuries treated in hospitals and emergency rooms
State and county
Non-fatal & fatal injuries by method
All ages & demographics
Can create queries

Non-fatal self injuries treated in hospitals and emergency rooms
State and county
Non-fatal self-inflicted injuries & method
All ages and demographics
Cost of injury reports
Can create queries

Phone surveys
Adults 18+
Associated risk factors such as substance use, mental health conditions



Q&A



Part 3, Means Safety: Reducing firearm suicides

Statewide Plan- Strategic Direction

Objective 4f Disseminate information to local gun shop and range owners to increase awareness of suicide prevention efforts, suicide warning signs, and available resources. Partner with local firearm safety trainers to incorporate suicide prevention awareness into trainings. Invite local gun shop and range owners to join local coalitions. Partner with law enforcement to guide dissemination of lawful options for temporarily transferring firearms for storage in times of suicide crisis or when Gun Violence Restraining Orders apply.²⁶ Resources to support this strategy can be found here: <https://emmresourcecenter.org/resources/suicide-prevention-gun-shop-activity>.

Steps to implementation:

- Disseminate information to local gun shops (awareness materials and gatekeeper trainings to staff)
- Partner with local firearm safety trainings to incorporate suicide prevention into trainings
- Disseminate information on lawful options for safe storage
- Provide information on Gun Violence Restraining Order
- Disseminate information to raise awareness of suicide prevention and safe storage/transfer in firearm owner community

PREVENT FIREARM SUICIDES



ARE THEY SUICIDAL?

- Depressed, angry, impulsive?
- Going through a relationship break-up?
- Legal trouble, or other problems?
- Using drugs or alcohol?
- Withdrawing from family and friends?
- Talking about being better off dead?
- Losing hope?
- Acting reckless?
- Feeling trapped?

If you or someone you know is
suicidal, call the
San Diego County Access Line
1-888-724-7226



HELP KEEP A RIGHT FROM BECOMING WRONG!

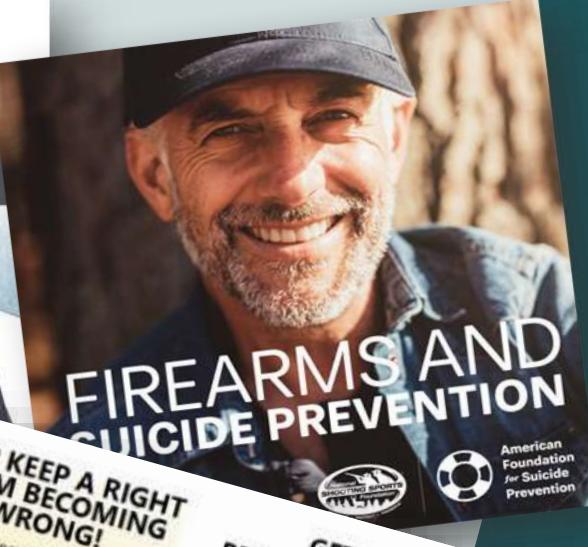
Thanks to increased awareness of firearm safety, Shasta County has averaged less than one accidental gun death per year since 2005. However, within that same length of time, more than 300 residents have died by suicide using a firearm, making it the leading method of suicide in our community.

We can reduce this number when we abide by the 11th Commandment and take additional safety precautions when a gun owner is going through a mentally difficult time.

If a family member is going through a rough time, make sure he or she can't get to their guns. To learn ways to get help for your loved one, call the National Suicide Prevention Lifeline at 1-800-273-8255.



Funded by:
Massachusetts Office of the Attorney General
MASSACHUSETTS MEDICAL SOCIETY



GET PROFESSIONALLY TRAINED IN FIREARM SAFETY

For a complete list of firearm safety instructors in Shasta County, please visit:

www.ShastaSheriff.com



THE 11 COMMANDMENTS OF FIREARM SAFETY

11

COMMANDMENTS
OF FIREARM
SAFETY

SECURE IT
KEEP LOVED ONES SAFE

For more information on firearms, safety devices, or classes, please contact:
SHASTA COUNTY SHERIFF'S OFFICE
530-245-6025

Sponsored by Shasta County Health and Human Services Agency in conjunction with the many community partners and advisors involved. Funding for this project is provided through the Mental Health Services Act.

Firearm Suicide Prevention Means Safety

A PROJECT OF:



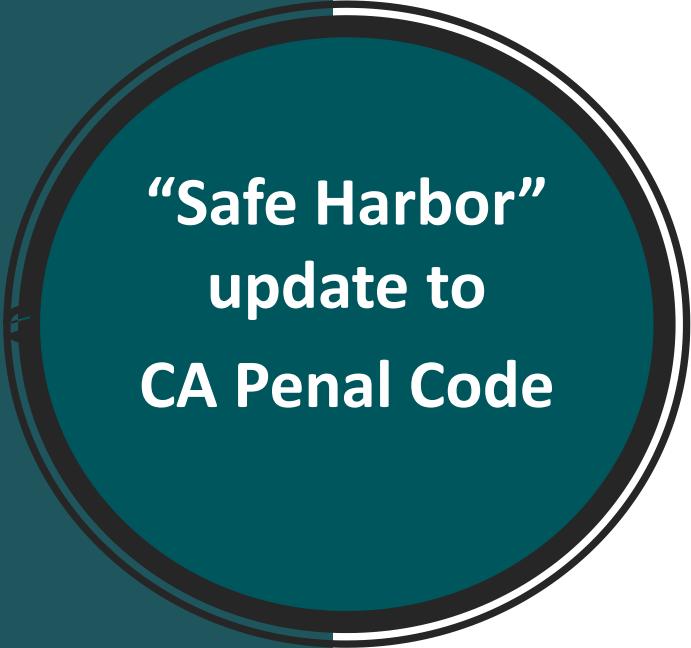
Prevent Firearm Suicide



Firearm Suicide Prevention

In the US, where firearms are the method used in approximately **50% of all suicides** and where roughly **1 in 3 homes contains firearms**, even small relative declines in the use of firearms in suicide acts could result in large reductions in the number of suicides, depending on what, if any, method would be substituted for firearms.

- *Breaking through Barriers, The Emerging Role of Healthcare Provider Training Programs in Firearm Suicide Prevention*



“Safe Harbor” update to CA Penal Code

- Section 27545 does not apply to the transfer of a firearm if all of the following conditions are satisfied:
 - The firearm is **voluntarily and temporarily transferred** to another person who is 18 years of age or older for safekeeping **to prevent it from being accessed or used to attempt suicide by the transferor or another person that may gain access** to it in the transferor’s household.
 - The **transferee does not use the firearm for any purpose** and, except when transporting the firearm to the transferee’s residence or when returning it to the transferor, keeps the firearm unloaded and secured in the transferee’s residence in one of the following ways:
 - Secured in a locked container.
 - Disabled by a firearm safety device.
 - Secured within a locked gun safe.
 - Locked with a locking device as described in Section 16860 that has rendered the firearm inoperable.
 - The **duration of the loan is limited to that amount of time reasonably necessary** to prevent the harm described in paragraph (1).

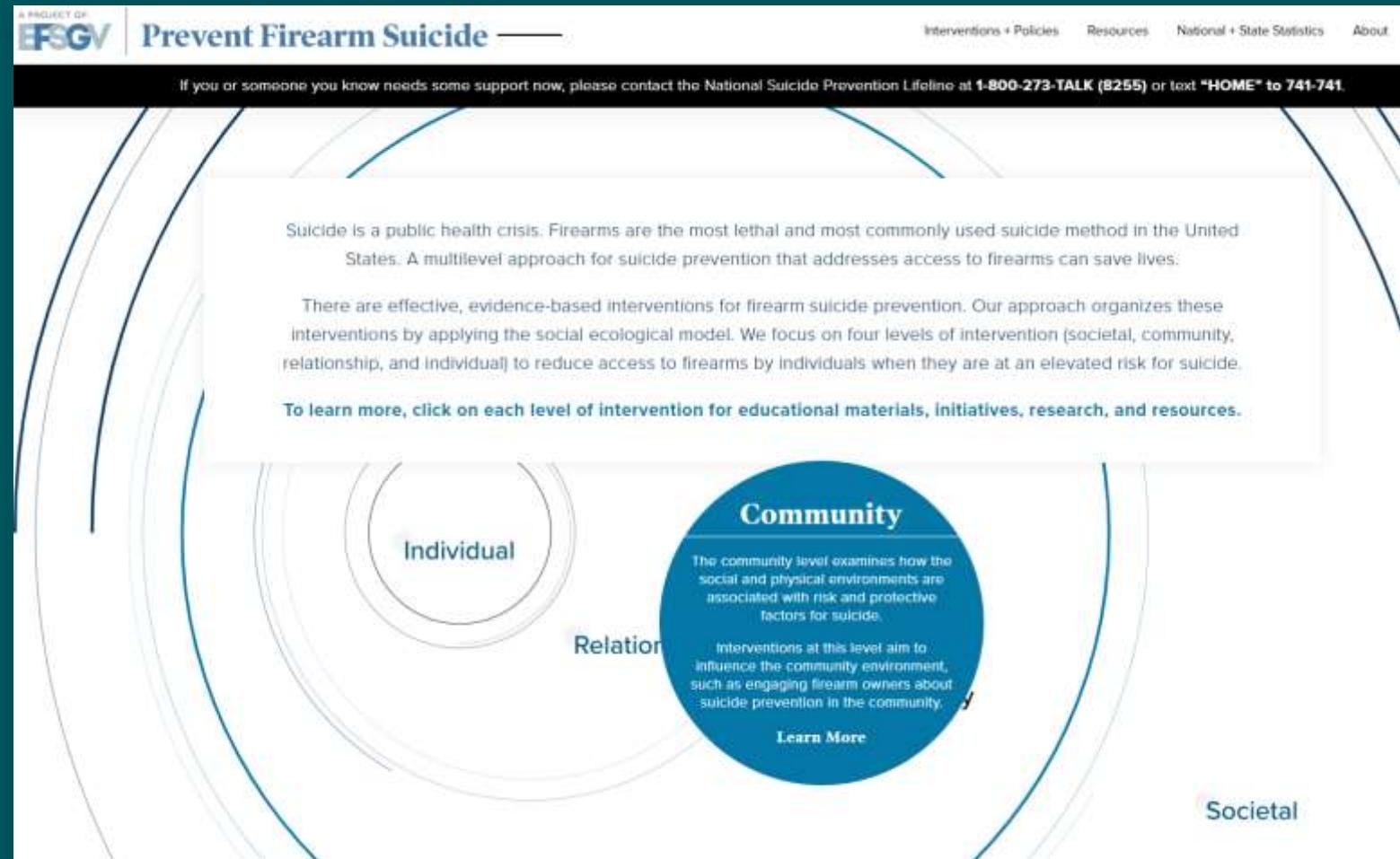
Guest Speaker:

Dakota Jablon

Director of
Federal Affairs, Suicide
Prevention Specialist

Coalition to Stop Gun
Violence –
Educational Fund to
Stop Gun Violence

Prevent Firearm Suicide



preventfirearmsuicide.efsgv.org/

PREVENTFIREARMSUICIDE.EFSGV.ORG

A PROJECT OF  Preventing Firearm Suicide —

If you or someone you know needs some support now, please contact the National Suicide Prevention Lifeline, **1-800-273-TALK (8255)** or text "HOME" to 741-741.

Suicide is a growing public health crisis and firearms are among the most lethal and most commonly used suicide methods in the United States. **A multilevel approach for suicide prevention that addresses access to firearms can save lives.**

Our firearm suicide prevention model applies the social ecological model and focuses on four levels of intervention to reduce access to firearms from individuals when they are at an elevated risk for self harm.



The diagram illustrates the social ecological model with four concentric circles representing levels of intervention:

- Individual:** The innermost circle.
- Relationship:** The second circle outwards.
- Community:** The third circle outwards.
- Societal:** The outermost circle.

ABOUT

Prevent Firearm Suicide —

Prevent Firearm Suicide, a project of the Educational Fund to Stop Gun Violence, raises awareness about how temporarily reducing access to firearms during periods of high risk for suicide is life-saving. Prevent Firearm Suicide shares effective, evidence-based interventions for firearm suicide prevention; information on the intersection of firearms and suicide including risk factors and statistics; state-level firearm suicide data for all 50 states and the District of Columbia; and hosts a robust directory of educational materials, initiatives, research, and other resources about firearm suicide prevention and means safety.

A PROJECT OF



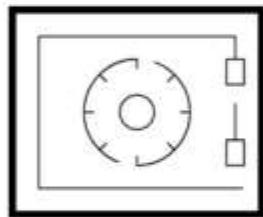
THE EDUCATIONAL FUND
TO STOP GUN VIOLENCE

SOCIAL ECOLOGICAL MODEL: LIMITING ACCESS TO LETHAL MEANS

Firearm Suicide Prevention Interventions	
<i>Level</i>	<i>Intervention</i>
Societal (Policy)	Extreme risks laws
	Voluntary self-prohibitions
	Policies that reduce availability of firearms
Community	Gun shop projects
Relationship	Family/friends holding onto firearms
	Lethal means safety counseling
Individual	Safer storage

Allchin A, Chaplin C, Horwitz J. (2018).
**Limiting access to lethal means:
applying the social ecological model
for firearm suicide prevention.**
Injury Prevention.

Prevent Firearm Suicide



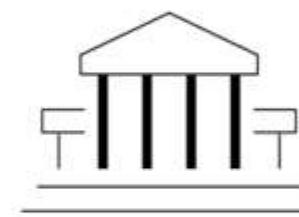
Individual
Safer Storage



Relationship
Lethal Means
Safety Counseling



Community
Gun Shop
Project

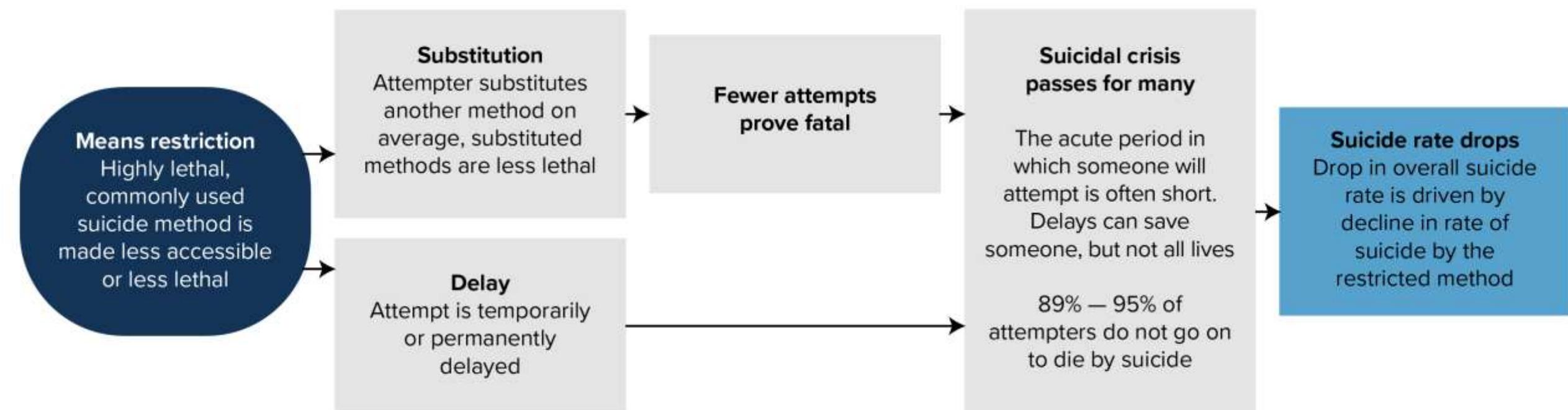


Society
Extreme Risk
Laws

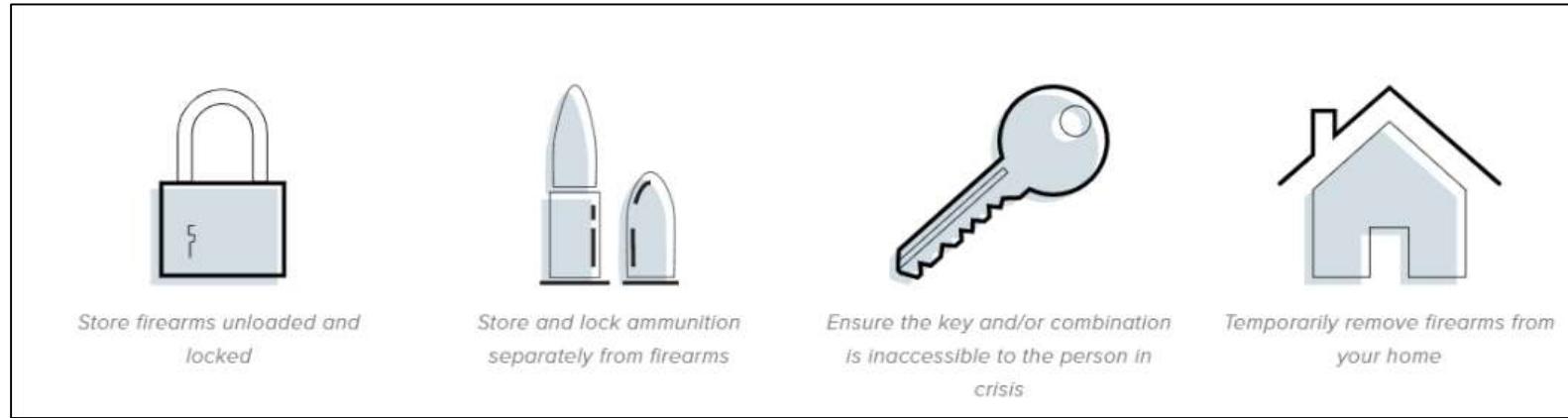
preventfirearmsuicide.efsgv.org/

CONCEPTUAL MODEL

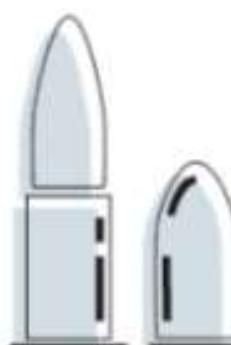
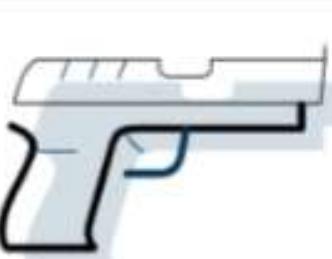
“Means restriction is one of the few empirically based strategies to substantially reduce the number of suicide deaths.”



INDIVIDUAL LEVEL: SAFER STORAGE



RELATIONSHIP LEVEL: LETHAL MEANS SAFETY COUNSELING

Condition	Examples	How to respond when patient has firearm access
Acute risk	Suicidal ideation or intent	<ul style="list-style-type: none"> - This is an emergency
Individual	 <i>Locked: "Is it locked?"</i>  <i>Loaded: "Is it loaded?"</i>  <i>Little children: "Are there little children?"</i>  <i>feeling Low: "Is the operator feeling low?"</i>  <i>Learned owner: "Is the operator learned about firearm safety?"</i>	
Demo		<ul style="list-style-type: none"> - Counsel on risk reduction - For minors, involve parents

SOCIETAL LEVEL: GUN VIOLENCE RESTRAINING ORDER

- A Gun Violence Restraining Order (GVRO) is civil order that temporarily prohibits an individual who poses a significant danger of causing injury to self (including suicide) or others from purchasing or possessing any firearms or ammunition.
- Enables law enforcement and families to proactively intervene and remove firearms from individuals who are suicidal or behaving dangerously
- 3 types of GVROs:
 - Emergency GVRO
 - Temporary (*ex parte*) GVRO
 - Final GVRO

KEY FEATURES OF GVRO

- **Evidence based:** focus on behavioral risk factors, not mental illness
- **Civil procedure,** not criminal
- Creates **safer circumstances** for the individual to seek treatment, services, or otherwise access resources to address the underlying causes of their dangerous behaviors.
- Orders are **temporary** and have built-in due process protections.
 - Based on domestic violence protection orders
 - Opportunity for subject of order to contest or petition to terminate early

EMERGENCY GVRO

- **Petitioner:** Law enforcement officer only
- **Standard:** Reasonable cause to believe that the person presents an immediate and present danger of injury to self or others by having a firearm in his or her possession AND less restrictive alternatives have been ineffective, inadequate, or inappropriate
- **Duration:** Up to 21 days
 - Terminates unless permanent GVRO is ordered
- **Served:** On scene

TEMPORARY (EX PARTE) GVRO

- **Petitioner:** Law enforcement officer or family member*
 - **Standard:** **Substantial likelihood** that the subject of the petitioner poses a **significant danger in the near future** of personal injury to himself, herself, or another by having a firearm in his or her possession AND an ex parte order is necessary to prevent personal injury and less restrictive alternatives have been ineffective, inadequate, or inappropriate
 - **Duration:** Up to 21 days
 - Terminates unless permanent GVRO is ordered
 - **Served:** After order is grant
-
- *In September 2020, petitioners will be expanded to include employers, co-workers, and employees or teachers of a secondary or post-secondary school

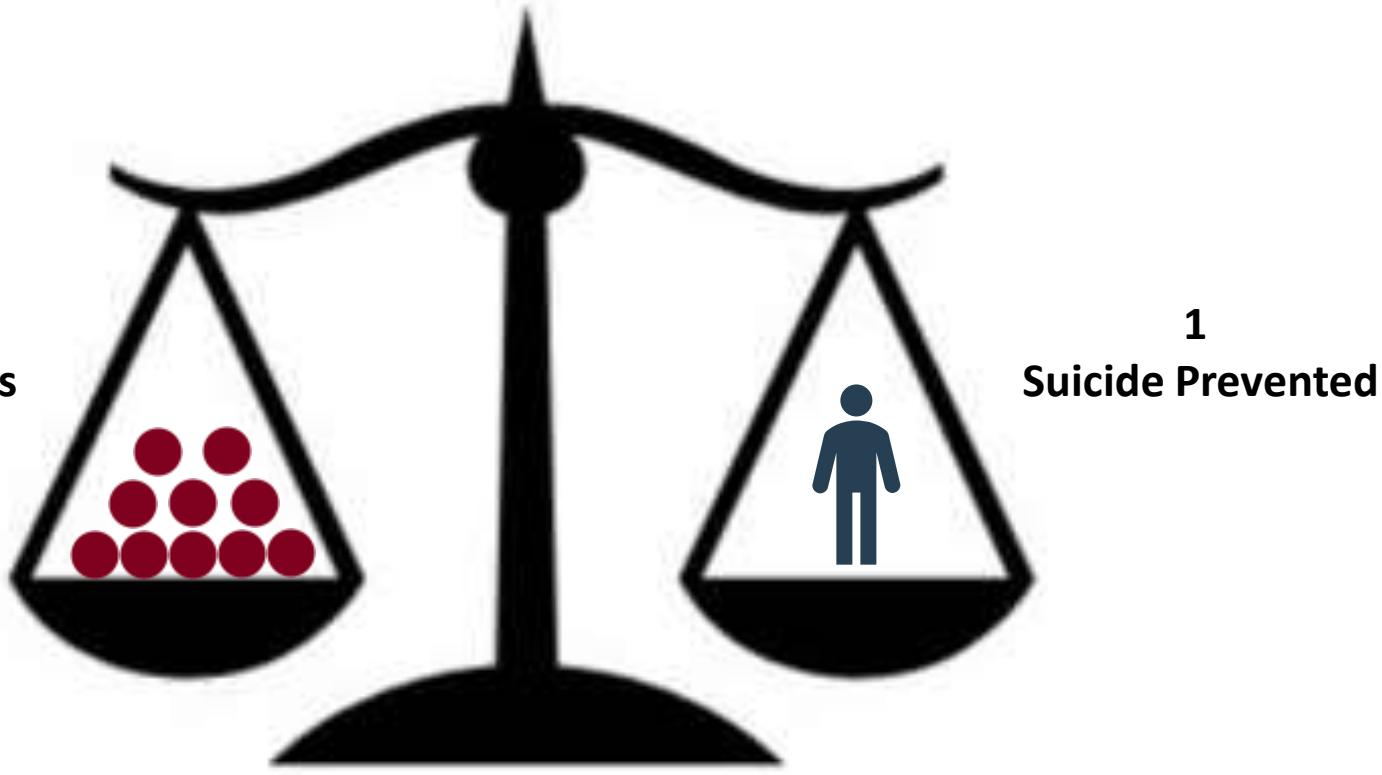
FINAL GVRO (AFTER NOTICE AND HEARING)

- **Petitioner:** Law enforcement officer or family member*
 - **Standard:** The petitioner bears the burden of proving by **clear and convincing evidence** that the subject of the petition poses a **significant danger** of personal injury to himself, herself, or another by having possession of a firearm and that a GVRO is necessary to prevent personal injury **AND** less restrictive alternatives have been ineffective, inadequate, or inappropriate
 - **Duration:** 1 year – subject to renewal or termination*
 - **Served:** in Court or after order is granted
-
- *In September 2020, petitioners will be expanded to include employers, co-workers, and employees or teachers of a secondary or post-secondary school and the order may be issued for up to 5 years

CA GVRO – FACTORS COURTS SHALL CONSIDER

- A recent threat of violence or act of violence by the subject of the petition directed toward another, himself, or herself.
- A recent threat of violence or act of violence by the subject of the petition directed toward himself or herself.
- A recent violation of a protective order of any kind.
- A conviction of a violent offense.
- A pattern of violent acts or violent threats within the past 12 months, including, but not limited to, threats of violence or acts of violence by the subject of the petition directed toward himself, herself, or another.

**10-20
Firearm Removals**



**1
Suicide Prevented**

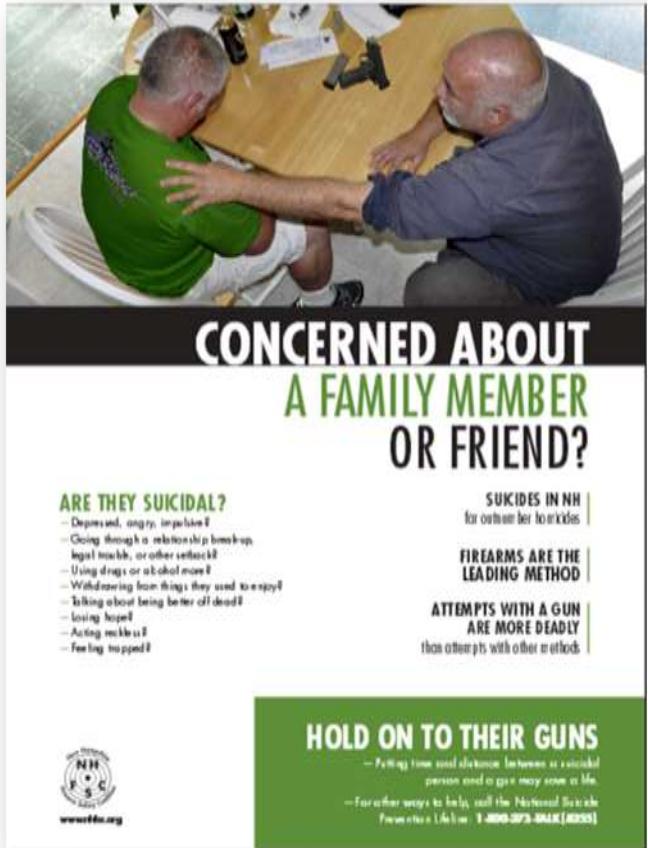
RESOURCES

- PreventFirearmSuicide.EFSGV.org
 - A website dedicated to firearm suicide prevention
- Health.ucdavis.edu/what-you-can-do/
 - A prevention initiative mobilizing health care providers to engage in clinical strategies for reducing firearm injury and death
- <http://www.courts.ca.gov/forms.htm?filter=GVP>
 - Forms for GVRO
- <https://americanhealth.jhu.edu/implementERPO>
 - Created by the Johns Hopkins Bloomberg American Health Initiative & the Educational Fund to Stop Gun Violence. The website was designed to be a central resource for implementers of the GVRO/ERPO.



Q&A

The Gun Shop Project



The Gun Shop Project is a collaborative effort to engage gun shop and firing range owners, their employees and their customers on preventing suicide, the number one type of firearm death in the U.S.

Suicide Prevention Partnerships with Gun Owner Groups



San Diego County



PREVENT FIREARM SUICIDES

GUN SAFETY SAVES LIVES

ARE THEY SUICIDAL?

- Depressed, angry, impulsive
- Going through a relationship breakup, legal trouble, or other setbacks
- Using drugs or alcohol more
- Withdrawing from things they used to enjoy
- Talking about being better off dead
- Losing hope
- Acting recklessly
- Feeling trapped?

If you or someone you know is at risk of suicide, call the San Diego County Access and Crisis Line:
1-888-724-7240

ABOUT THIS BROCHURE

It's Up to Us is San Diego's suicide prevention and mental health awareness campaign. Visit stopfirearmsuicidesd.org to learn the warning signs for suicide, find the words to talk to someone you are concerned about, and locate local mental health and suicide prevention resources.

PREVENT FIREARM SUICIDES

If you are feeling suicidal or if you are concerned about someone else, help is available right now. Call the Access and Crisis Line 24 hours a day, 7 days a week to speak to a trained counselor. This is not a reporting line.

San Diego County Access and Crisis Line:
1-888-724-7240

KNOW THE SIGNS

Firearms are the leading method of suicide in San Diego County.

In fact, suicides by firearms outnumber homicides by firearms approximately 3 to 1.

Over a 10-year period 1,431 people died of suicides involving firearms in San Diego County.

Local Suicide Awareness Week

The development of this brochure was made possible through a partnership between the County of San Diego and a network of individuals and organizations dedicated to suicide prevention and awareness. For more information about the partners and our work, visit stopfirearmsuicidesd.org.

San Diego County customized “Gun Shop” materials based on feedback from gun owners and gun shop employees. Over 12,000 materials have been distributed since fall 2018.

Website supports implementation of the program to provide a resource for community members to learn more and to help identify a gun shop for safe storage

San Diego County is working with firearms instructors to implement suicide prevention content in firearm safety courses.

<http://stopfirearmsuicidesd.org/>



A photograph showing a man from the side, looking down at a black handgun resting on a light-colored wooden surface. He appears to be in a state of distress or contemplation. In the background, there's a green cloth and some papers.

It's UP to US | Youth | Young Adults | Adults | Parents | Trauma

Learn Help Others Resources About Blog Crisis Line (888) 724-7240 Search

Home Learn Prevent Firearm Suicide

Prevent Firearm Suicide Recognizing Symptoms

San Diego County

<http://stopfirearmsuicidesd.org/>

Prevent Firearm Suicide

Firearms are the leading method of suicide in San Diego County. Over a 10-year period in San Diego County, 1,451 people died of suicides involving firearms (*San Diego County Health and Human Services (HHSA) Emergency Medical Services, Medical Examiner Database, 2008-2017*). Every step we can take to put "speed bumps" or barriers between someone's thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt. With firearms being the most lethal and also most common means of suicide deaths, it is important to reduce access to firearms to those having thoughts of suicide.

Here are some tips to help you keep yourself or a loved one safe.

1. Learn the warning signs for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. If someone you care about is showing one or more of the [warning signs](#), have them or help them call the San Diego Access and Crisis Line at 1-888-724-7240.

2. Keep guns securely stored at all times. A key principle of firearm safety is to keep guns securely stored at all times. This is especially important when someone who is having thoughts of suicide may be able to access them. Keeping firearms in locked gun cases, using gun locks, and storing firearms in a certified gun safe are key steps that can prevent unwanted access to firearms. As an additional safety precaution, consider storing the gun safe key in a separate location outside of the home, such as with friends or family.

Keep guns securely stored at all times.

3. Have a Conversation about Suicide Prevention. Individuals in the gun-owning community have strong feelings about their rights and desires to own and possess firearms. Therefore, someone might hesitate to give up their firearms even if they or someone else in the home is thinking about suicide. Or perhaps you are having thoughts of suicide and worry about losing access to firearms by law enforcement. In any of these cases, the most important thing is to keep ourselves or our loved ones safe. Sometimes this means that access to firearms will have to be limited for a period of time.

Recognizing Symptoms

Prevent Firearm Suicide

Treatment and Recovery

Wellness

Children's Mental Health

Suicide Prevention

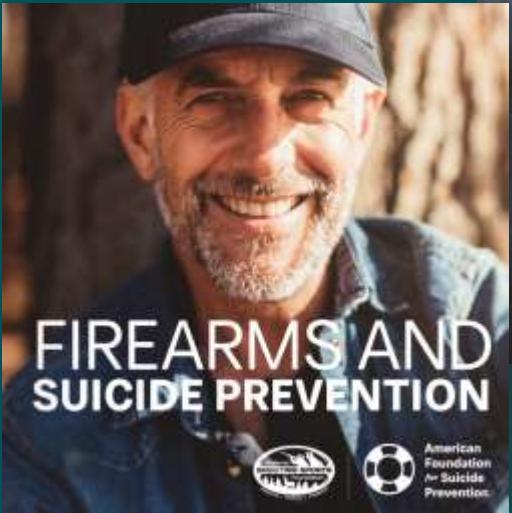
Warning Signs for Suicide

After a Suicide

Personal Stories

Addiction and Substance Use

American Foundation for Suicide Prevention



AFSP partnered with the National Shooting Sports Foundation to develop a postvention guide for ranges and general awareness materials

Some People are More at Risk for Suicide than Others



HEALTH FACTORS

- Mental health conditions**
 - Depression
 - Substance use problems
 - Borderline disorder
 - Schizophrenia and psychosis
 - Persistently traits of aggression, mood changes and poor relationships
 - Conduct disorder
 - Anxiety disorders (PTSD)
- Serious or chronic health conditions and/or pain**
- Traumatic brain injury**

ENVIRONMENTAL FACTORS

- Stressful life events**, like divorce, financial crisis, or other life traumas or loss
- Prolonged stress**, work as harassment, bullying, relationship problems or unemployment
- Exposure to another person's suicide**, or to graphic or sensationalized accounts of suicide
- Access to lethal means**, including firearms and drugs

HISTORICAL FACTORS

- Previous suicide attempts**
- Family history of suicide**
- Childhood abuse, neglect or trauma**

Take Suicide Warning Signs Seriously



TALK

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

BEHAVIOR

Behaviors that may signal risk, especially if during a time of transition, stress or loss:

- Increased use of alcohol or drugs
- Looking for a way to kill their lives, such as searching online for materials on suicide
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too little or too much
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

MOOD

People who are considering suicide often display one or more of the following moods:

- Depression
- Anxiety
- Loss of interest
- Instability
- Humiliation
- Agitation/anger
- Risk/Sudden Improvement

<https://afsp.org/about-suicide/firearms-and-suicide-prevention/>

Example from Other States



<https://vimeo.com/175761640>

Colorado Firearm Safety Coalition

Gun Storage Map

About Colorado Gun Storage Options

This map was developed to help community members seeking local options for temporary, voluntary firearm storage.

Out-of-home gun storage can be especially helpful to persons in crisis at risk for suicide. As of the summer of 2018, the businesses and law enforcement agencies listed on this map are willing to consider requests for temporary, voluntary gun storage.



If you're looking for temporary gun storage, we encourage you to contact the listed business and law enforcement agencies for further information.

<https://coloradofirearmsafetycoalition.org/>



Counseling on Lethal Means

After controlling for state-level suicide attempt rates (2008-2009), higher rates of firearm ownership (assessed in 2004) were strongly associated with higher rates of overall suicide and firearm suicide, but not with non-firearm suicide (2008-2009).

- *Firearms and suicide in the United States: is risk independent of underlying suicidal behavior?*



Q&A



Part 4, Means Safety: Counseling on Lethal Means

Counseling on Lethal Means

What is Lethal Means Safety Counseling?

Lethal means safety counseling is the process that healthcare providers undertake to:

1. Determine if an individual at risk for suicide has access to lethal means of suicide attempt (such as firearms); and
2. Work with the individual and their family or friends to reduce access until the risk of suicide decreases

What should Lethal Means Safety Counseling Training include?

Counseling
on Lethal
Means

Lethal means safety counseling training should include:

1. Evidence to address common misconceptions
2. Overview of best counseling techniques
3. Information about firearms
4. Tools for providers when patients have access to firearm
5. Important legal information regarding firearms



SPRC

Counseling on Lethal Means (CALM)

CALM is an online course designed by SPRC for professionals who work with people at risk for suicide.

The course covers how to:

- Identify people who could benefit from lethal means counseling
 - Ask about their access to lethal methods
 - Work with them, and their families, to reduce access
 - Website: <http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>



University of California Firearm Violence Research Center (UCFC)

UCFC is beginning development of a comprehensive curriculum to educate health care providers on clinical strategies for reducing firearm injury and death.

The new UCFC **BulletPoints** project will fill this gap by researching, developing, implementing, and evaluating training programs for health care providers to work with patients to prevent firearm-related harm.

Website:

<https://health.ucdavis.edu/vprp/UCFC/BulletPoints.html>

Contact:

Rocco Pallin: rspallin@ucdavis.edu

Safety Planning

About the Safety Planning Intervention (SPI):

- SPI is used to provide people who are experiencing suicidal ideation with a specific set of concrete strategies to use in order to decrease the risk of suicidal behavior.
- Collaborative efforts between patient and treatment provider

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Place: _____ 4. Place: _____

Step 4: People whom I can ask for help:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name: _____ Phone: _____
Clinician Pager or Emergency Contact #: _____
2. Clinician Name: _____ Phone: _____
Clinician Pager or Emergency Contact #: _____
3. Local Urgent Care Services:
Urgent Care Services Address: _____
Urgent Care Services Phone: _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Safety Plan Template © 2008 Barbara Hartley and Gregory D. Brown. It is granted with the express permission of the authors. No portion of the Safety Plan template may be reproduced without their explicit, written permission. You can contact the authors at www.safetyplanworks.com or greg@brownworks.com with any questions.

The one thing that is most important to me and worth living for is:



Q&A



Part 5, Means Safety: Poisoning (overdose) focused efforts

Statewide Plan- Strategic Direction

Objective 4e Promote safe medication disposal methods in the community or through pharmacies and other health care providers, including activities such as “take back” campaigns led by local public health departments that help people dispose of unused or expired medications. Partner with local pharmacies to increase the availability of methods to dispose of unused medication and highlight suicide and overdose prevention resources for people filling prescriptions.

Objective 4g Disseminate information through local health departments to community partners about available overdose prevention resources, methods, and medications to counteract overdose, such as naloxone for opioid overdose.

Steps to implementation

- Implement and/or expand existing medication disposal efforts
- Partner with pharmacies to highlight overdose prevention efforts (prescription length, packaging, awareness trainings, etc.)
- Disseminate information about overdose prevention efforts and resources, including medications to counteract overdose

Safe Disposal Efforts



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

Controlled Substance Public Disposal Locations - Search Utility

Zip Code: 02103

City:

State:

Search Radius:

5 miles 10 miles 20 miles

FDA Flush List: <https://www.fda.gov/media/109643/download>

DEA Disposal Location Search: <https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>

Glenn County

Pharmacy bags with
information on crisis support
and suicide prevention
resources

You have the power
to make a difference.

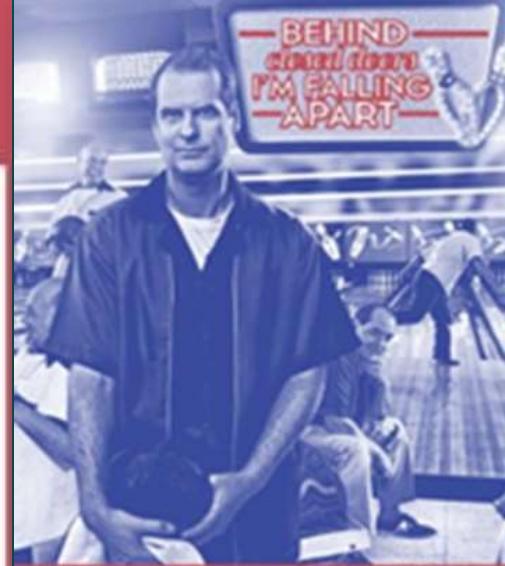
The power to save a life.

In a crisis, call
WellSpace Health
at **1.800.273.TALK (8255)**

For older adults, please call
the Friendship Line
at **1.800.971.0016**



Supported by the
Glenn County Behavioral Health Department



On the surface, a friend experiencing emotional pain or suicidal thoughts may seem OK. The warning signs — like isolation, depression or hopelessness — aren't always obvious. Knowing the signs is the first step toward being there for a friend in need. Visit suicideispreventable.org to recognize the signs, find the words and reach out. You have the power to make a difference. The power to save a life.

Patent Pending Design
**KNOW
THE SIGNS**
Suicide Is Preventable

Learn the signs at suicideispreventable.org

Medication and overdose prevention

The screenshot shows a PubMed search results page. The search term "PubMed" was used, and the results are displayed in "Abstract" format. The first result is a study titled "Pharmacist training in suicide prevention." by Painter NA, Kuo GM, Collins SP, Palomino YL, and Lee KC. The study's objective is to educate pharmacists on suicide prevention strategies. It describes a training program for pharmacists to recognize crisis and warning signs of suicide, examining its effect on general perception, self-efficacy, and attitude towards suicide prevention. The setting is various academic, health care, and professional meetings in San Diego County. The practice innovation involves a First Question, Persuade, and Refer training program. The evaluation includes a self-administered presurvey, postsurvey, and Program Outcome Evaluation. Descriptive statistics and nonparametric Wilcoxon signed rank analyses were used to compare survey responses before and after training. Regression analyses assessed factors associated with general perception, self-efficacy, and attitudes. Participants reported increased knowledge and confidence after training. The conclusion states that the program helped pharmacists build confidence in several self-efficacy areas related to suicide detection, patient response, reassurance, and resource provision.

Format: Abstract ▾ **Send to ▾**

[J Am Pharm Assoc \(2003\)](#), 2018 Mar - Apr;58(2):199-204.e2. doi: 10.1016/j.japh.2017.12.007. Epub 2018 Feb 1.

Pharmacist training in suicide prevention.

Painter NA, Kuo GM, Collins SP, Palomino YL, Lee KC.

Abstract

OBJECTIVE: Suicide in the United States is a major preventable public health problem. Pharmacists need to be educated on suicide prevention strategies so that they can increase their own awareness and identify patients at-risk. A training program for pharmacists was used to provide skills necessary to recognize a crisis and the warning signs of suicide. The program's effect on the participant's general perception, self-efficacy, and attitude towards suicide prevention was examined.

SETTING: Various academic, health care, and professional meetings throughout San Diego County.

PRACTICE INNOVATION: First Question, Persuade, and Refer training program targeting pharmacists.

EVALUATION: A self-administered presurvey, postsurvey and, Program Outcome Evaluation were given to participants of the suicide training program. Items included demographics, general perception, self-efficacy, and attitude toward suicide prevention. Descriptive statistics were used to describe participants' demographics. t tests were used to compare general perception, attitudes, and self-efficacy scores between pretest and post-program evaluation survey responses. Nonparametric Wilcoxon signed rank analyses for matched pairs were used to compare survey responses that asked about attitudes before and after trainings. Regression analyses were conducted to assess factors associated with general perception, self-efficacy, and attitudes.

RESULTS: Participants were more likely to update knowledge after training and reported more confidence to make an intervention for a patient at risk for suicide.

CONCLUSION: Our findings suggest that a suicide prevention training program helped pharmacist respondents build confidence in several self-efficacy areas relating to detection of suicide signs, response to patients with suicidal thoughts, reassurance for patients, and provision of resources and referrals.

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CONCLUSION:

Our findings suggest that a suicide prevention training program helped pharmacist respondents build confidence in several self-efficacy areas relating to detection of suicide signs, response to patients with suicidal thoughts, reassurance for patients, and provision of resources and referrals.



Q&A



Part 6, Means Safety: Site and location specific efforts

Statewide Plan- Strategic Direction

Objective 4h Form regional and local workgroups composed of community members, first responders, transportation representatives, coroners and medical examiners, and crisis service providers to identify specific sites **in the community** frequently used for suicide, or those that **provide the opportunity for suicide**.

- These sites can be in the built environment or natural sites. Common types of sites include buildings, bridges, and train railways. Characteristics communities should consider in identifying sites are places that provide **the opportunity** for a person at risk to fall from a height and sites from which falling would place a person **in front** of a moving vehicle, such as a train. More than one suicide at a site should raise safety concerns.
- Once sites are identified, develop and implement plans to construct barriers to deter or prevent falling. Consider the benefits **and risks** of installing signs that list crisis services resources, such as suicide prevention **hotline** information, and provide positive, **life-affirming** messages. One risk, for example, could be drawing attention of people at risk **to a particular site**.



Means Safety: Barriers on Bridges

Comparing Different Suicide Prevention Measures at Bridges and Buildings: Lessons We Have Learned from a National Survey in Switzerland

- Installation of structural measures led to a 71.7% reduction in suicides
 - Safety nets led to a 77.1% reduction of suicides
 - Barriers (fences) led to a 68.7% reduction of suicides
 - *NOTE: Safety nets were not statistically significant more preventive than safety barriers*
- “Complete” barriers led to elimination of suicides at locations
 - Two key characteristics:
 1. Secure the jump site across the entire length
 2. Prevent climbing around the bridgeheads

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5218568/#pone.0169625.ref012>

Barriers on Bridges



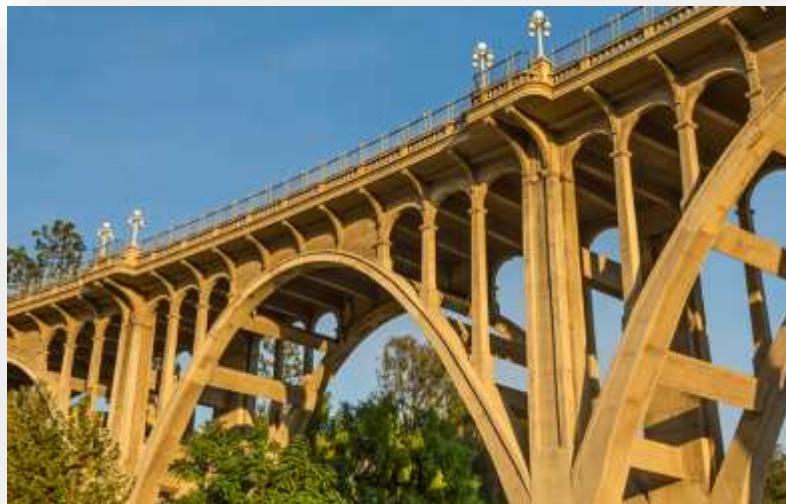
Golden Gate Bridge:

- Construction Underway



Coronado Bridge (San Diego):

- Still in planning/approval process



Colorado Street Bridge (Pasadena)

- Construction to begin 2020

Means Safety in Parking Structures



- Installing physical barriers, such as:
 - chain-link fencing
 - screening
 - security netting (which is less dense and more attractive)
 - vinyl-coated mesh
 - metal grating, stainless steel, glass barricades
- Other deterrents include geofencing (using closed-circuit television camera coverage) and landscaping

Railway Means Safety



- **Prevention of access to right-of-way is most effective strategy for prevention**
- *Other efforts:*
 - *Blue Lights* implementation
 - Gatekeeper trainings
 - Public Awareness campaigns
 - Signage
 - Reduction of Perceived Viability of Railroad Right-of-Way as Means for Suicide
 - Media Guidelines/Trainings
 - Public Awareness Campaigns

Suicide is not the route.

If you are struggling emotionally
or thinking of suicide, call

1-800-273-TALK (8255)

Free and confidential.

Crisis Support Services of Alameda County, Contra Costa Crisis Center
San Francisco Suicide Prevention, StarVista: San Mateo County



Photo courtesy of MTA Long Island Rail Road

BE SAFE AROUND
TRAINS



CRISIS LINE 24/7 LÍNEA DE CRISIS 24/7

There is help



Hay ayuda

MAKE THE CALL

1-800-273-8255

HAGA LA LLAMADA Text/Texto 741741



Using signage for means safety



Part 7, Means Safety: Gathering data on preventative acts

Statewide Plan- Strategic Direction

Objective 4i Create agreements among local bridge and rail authorities, first responders, and crisis services providers to collect data documenting events in which people were prevented from falling, any services they received and the outcomes. Include reporting requirements, such as biannual or quarterly reports.

Steps to implementation

- Partner with local agencies to gather data on interventions and preventative acts
 - Identify what agency is responsible for responding to suicide incidents at locations of frequent suicides
 - Work with local crisis centers to gather data on aborted or interrupted suicides
 - Create agreements for data reporting and sharing



Q&A

Strategic Planning Learning Collaborative Overview

Webinar 2: Addressing Access to Lethal Means

- Tuesday, December 17th 10-11:30am



- Webinar 3: Population Level Strategies
 - January 21st 10am-11:30am
<https://attendee.gotowebinar.com/register/7066667186785414925>
- Webinar 4: Targeting Strategies to High-Risk Populations
 - February 18th 10am-11:30am
<https://attendee.gotowebinar.com/register/8978419939836774669>
- Webinar 5: Assessing Your Crisis Response System
 - March 10th 10am-11:30am
<https://attendee.gotowebinar.com/register/2296286456097925645>

Past Webinars

- Webinar 1: Postvention After a Suicide
 - View Recording:
<https://register.gotowebinar.com/recording/2783486656319297032>

Thank you for attending!



Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).