

Podcast Transcript: 6/15/16 Talking to Patients about Firearm Safety

Adam: Hi Everyone! This is the RMIRECC Short Takes on Suicide Prevention podcast. I am Adam Hoffberg and today we will be chatting with Dr. Emmy Betz about firearms and suicide prevention. Dr. Betz is an Associate Professor with the Department of Emergency Medicine at the University of Colorado School of Medicine, and she is in ER doctor with the University of Colorado. Welcome, Emmy!

Emmy: Thank you so much for having me.

Adam: Great, thank you again for joining us. Can you tell us a bit about yourself, your background, and the work you're doing?

Emmy: Yea, sure. So I am a proud Colorado native, now I work about half-time as a doctor, as you said at University of Colorado seeing patients, including many suicidal patients probably each shift. I spend about the other half of my time doing research in injury prevention, mostly related to suicide prevention. That's involved a fair amount of public health activities as well, sometimes some advocacy and speaking and such, and trying to get the word out about these important topics.

Adam: Excellent, well we look forward to talking to you more about that. We all know that suicide is complex, there are many contributing factors, but one thing that has emerged in the literature, and in our work, is that there is a link between firearms and suicide, and often we don't discuss it openly. And before I do get into some stats around this, I do of course want to acknowledge that each of these numbers is a life, a person, and we do want to treat that with respect. But the numbers really are staggering! The most recent 2014 data states that there were 42,773 lives lost to suicide in the US, and of those, about half, or over 21,000 were suicide by firearm. And another way to put it, about 2/3 of the 33,599 firearm deaths in 2014 were suicide. When we think back to Colorado, the numbers really tell the same story. Could you explain these statistics, and why is it important, and what do these numbers tell us for everyone in the suicide prevention community?

Emmy: Yea, I think put simply, it's that we really can't solve the suicide problem without addressing firearms. I mean they make up, as you said, about half of all suicides in the US. Actually in Colorado the numbers are a little bit higher in terms of the proportion due to guns. I think on the flip side, that when we talk about the gun violence problem in general in the United States, we can't solve that without addressing suicide. I think it is often left out of these discussions about firearm deaths. In fact, we really could find some partners and be working together. In Colorado, it is something like in the 70-80% range of all of our gun deaths are from suicide. The 2 issues I think are really so linked together that it is important we talk about it. Certainly not saying that the other approaches in suicide prevention aren't important as well. Just talking about guns is not going to prevent all suicides, but it really could have a big impact.

Adam: Thank you! A lot of suicide prevention research and clinical work focuses really on the "why?" We ask important questions like why someone attempted suicide, or why did they die by suicide? But it seems that there is less emphasis on the "how?" and we're learning more and more that this "how?" is just as important and it may even provide an opportunity for intervention. I want to shift the focus for today into thinking about how someone dies or attempts suicide, and why is this shift an important part of the discussion?

Podcast Transcript: 6/15/16 Talking to Patients about Firearm Safety

Emmy: It's again, not that we're ignoring the other approaches and the other questions, but we know first that many suicides are actually very impulsive. They may occur within the context of long-term depression or other mental anguish, mental illness, and other risk factors. But that final decision to attempt suicide often occurs really within only minutes, and often within the context of a short-term crisis. We also know that the case-fatality rate or the lethality rate of different methods really varies. So for firearms, about 90% of people who attempt suicide with a gun will die. It's much lower for medications, and even for hanging and other sorts of methods. Firearms are by far the most lethal method. That's important because we know that because suicides are impulsive and within a crisis, if you get somebody through that short-term period, that most of them don't go on to later kill themselves. It's something like only 10% people who survive near-lethal attempts later die by suicide. So in that short-term crisis what we really don't want people to do is to reach for a method with a very high lethality rate. This is the underpinning of this concept of so-called lethal means restriction, although some people now advocate the term "lethal means safety" instead. It's been shown to work in a number of population-based studies. It's why we put barriers on bridges, it's why they've changed medication packaging and so forth, and there are lots of examples of how it's really reduced suicide rates.

Adam: Thank you and just expanding on that, a lot of folks who may not have as much knowledge around the research may think if you limit access to a firearm, somebody will just find another method. From what we know in the research that isn't the case, and could you explain the significance of that?

Emmy: Yea, I think some of it relates to the larger stigmas we still have against suicide and mental illness in society, in that we don't want to talk about it and this idea that well, it's someone's decision and they'll find a way to do it no matter what and so forth, and really misunderstandings about what we actually know: that it's typically in the context of disordered thinking in a short-term crisis, and that if you get people through that crisis, most of them don't later die. We know from the population studies that I mentioned that doing things like putting barriers on bridges actually does decrease the suicide rate, because by the time the person goes to find another method, those minutes of impulsivity, it may have already been long enough that the person has reconsidered and their ambivalence has kind of won out. There is one study where they asked survivors of near-fatal attempts how long was it from the time that they decided to kill themselves to the time they took action. Something like a quarter of people said it was less than 5 minutes, and a very large proportion said that it was within only a matter of hours that they made that decision. Many people won't choose a different method if they can't have access to their first method, but importantly, even if they do find a different method, the hope is that it has a lower fatality rate. So if someone at home doesn't have access to the gun, and they reach for medications instead, there is a higher likelihood that they might call for help after taking it, or that someone might find them, and then they come to my ER and I can try to save them. That is this idea of lethal means safety or lethal means restriction is trying to reduce access to the most lethal methods of suicide for people who are in crisis.

Adam: That's really helpful! So it sounds like if we can perhaps delay, we can have an opportunity to intervene, or for them to seek help or reconsider, and reducing the easy access to lethal means may be an important step in that process.

Podcast Transcript: 6/15/16 Talking to Patients about Firearm Safety

Emmy: Exactly.

Adam: So let's turn now to some of your work, your research around firearm safety and suicide prevention. Could you talk to us about some of that?

Emmy: Yea, sure. Most of the work I've done has really been in the setting of emergency departments because that's where I work in, that's what I know. I think originally I was hoping, this actually all started when I had read some work by Matt Miller around the Golden Gate Bridge and whether we should build a barrier and people being skeptical that it would work. I said, let's repeat that in emergency department providers, because I'm sure we're much better. In fact, what we found in that survey is that there was still a high degree of skepticism, unawareness on the part of providers that suicide is preventable, and that these lethal means concepts exist. So we have gone on from there to do additional work, mostly survey work among ER physicians and nurses looking at provider attitudes toward suicide prevention and self-reported behaviors, and then really specifically in this realm of asking about access to firearms. We have found, for example, that many providers aren't routinely asking suicidal patients about firearms, although they're most likely to do it when the person says that they have a plan to kill themselves with a firearm. Which certainly you want to ask in that situation, but really anybody who has been suicidal in the past month or has other risk factors, you would probably want to ask them as well, because there are steps they could take to make their home safer.

Adam: Just keep going, expanding on that, so why is it so important for providers to be having these conversations around easy access to lethal means with their patients?

Emmy: Right. So I always start by emphasizing that the point of these conversations is not to confiscate guns. This is not about calling law enforcement, or otherwise forcing decisions on patients that could potentially infringe rights. But I think understanding a person's access to firearms at home can both influence the risk assessment, and the discharge plan. So if there is a person who is already concerning in terms of their risk profile, and has firearms at home and really doesn't want to talk about how to make them safer, or isn't willing to work with family on a Safety Plan, then maybe we'd be more likely to want to potentially admit the person for inpatient care until they're a little safer. On the flip side, for people who can be discharged home with an outpatient plan, outpatient follow-up and so forth, you really want to make sure that in that period of crisis that their home is as safe as it can be. Because we know that after an ER visit or after discharge that is a pretty high-risk period for suicide. So the point of the conversations is to talk about access, but then to talk about storage options, which can be storing firearms locked, and there are lots of different locking devices that we can talk about if you want. Or depending on your state laws, you may be able to temporarily store it outside of the home with family members or with someone else. Anything to put additional time between the person who is at risk and the gun. And that's really the point of the conversations. Again, it's typically not about confiscating it or calling the police.

Adam: So it sounds like having this conversation can be really important to assessing safety, and also helping identify opportunities to intervene, perhaps with family members, perhaps just with safe storage inside of the house.

Podcast Transcript: 6/15/16 Talking to Patients about Firearm Safety

Emmy: Right. I was just going to mention this Safety Planning intervention that I think a lot of people are using now, that's a templated form that you can fill out with patients. Lethal means safety is one step of that Safety Plan, and that's exactly what we're talking about today. You might also discuss other lethal means like medications and so forth, but because of the high fatality rate for firearms they're the ones that definitely should be asked about.

Adam: This is so important because we need to balance individual freedoms, as you mentioned, along with their safety and their family's safety. We also need to make sure that we don't threaten the patient-provider therapeutic alliance. So talk to us a little but more about how one might go about asking these questions.

Emmy: I think that understanding how we talk about this is really important in getting providers to do it. We found in a recent study that was published last month, that among patients discharged home only half had any documentation that somebody had talked to them about firearms or other lethal means. I think the reason these big proportions of people are getting sent home potentially with firearm access is that first off, providers maybe don't know they're supposed to ask, and so hopefully recordings like today and publications and other presentations will help with that. But I think what you bring up is the next big barrier, which is "yikes," what do I do with the information and, am I going to offend someone, is it inappropriate for me to ask, and how to do this in a way that as you said sort of balances liberties and safety? So I think that the general guidelines that I would give, and this is based on a limited amount of research, there is not a ton out there right now; it is a pretty rapidly moving field. Use the patient-centered approaches that we use in a lot of other sensitive topics. So especially if your political viewpoints or your firearm viewpoints in general might be different than that of the patient, recognize that and talk about it in a way that is not offensive, and you're recognizing that it is legal to own firearms, there are many reasons why people own them, and that again, you're not there to question their decision to have a firearm, you're there to work with them as a patient to try to enhance her safety, to educate them on what they can do to be safer at home. So you're trying to provide nonjudgmental education to somebody, not coerce them into doing something. It's the same approach we use for other politically sensitive or otherwise emotionally sensitive topics. We're used to doing this for all kinds of cultural things, for all kinds of other things that might be sensitive in general society, and I think the same the same principles hold up there. Importantly, we know from at least some studies that patients are supportive of this, especially when it's done in a way that is respectful and nonjudgmental. That's including a qualitative study done in VA settings, where Veterans also basically said, "Yea, physicians should probably be talking more about this with us." So I think that providers should feel empowered to do it, in that there is at least some evidence that at least many patients are open to it when it's done in a non-offensive way. Also, as of May 2016, there is no federal or state law that prohibits a health care provider from asking a patient about firearm access when it's relevant to the health or safety of that patient, or other people. The Florida so called "gag law" has gotten a lot of attention, and is still in debate in the courts, but even that law, which was the most famous in terms of trying to restrict what doctors can ask about, or what they can put in the complete medical record, even that one has a specific cause related to suicide, saying that it's okay to ask when it's relevant to the health or safety of the patient or others. But provider shouldn't be, as of May 2016, worried about

Podcast Transcript: 6/15/16 Talking to Patients about Firearm Safety

somehow breaking state or federal laws by asking these questions. At the same time, they should recognize some patients may not want to answer them, or may not give truthful answers, which is true for lots of what we do. That's why we also talk to family members, and we try to get a whole picture of the patient. But at least we can ask, and we should feel empowered to ask and talk about these important things.

Adam: Thank you, and I really appreciate that you highlighted some of the misinformation around it is okay for provider to ask? It sounds like when the patient health and safety is a concern, it is okay and in fact, should be asked in a collaborative and respectful way.

Emmy: Yea, and I think it actually fits in to other safety principles of firearm ownership, and when you talk with responsible firearm owners, I think that's a term that when I talk to them, they often apply to themselves. They talk a lot about safety and who has access to weapons at home, and how to take care of them, and so forth. So I think this can fit in nicely with that same message, because again, were not talking confiscation, we are talking about educating people about the risks of suicide, and about this idea that during a period of crisis you want to reduce access. I often use the analogy of drunk driving and having a "designated driver," so that if your friend is intoxicated you might hang onto his keys for a bit. In that same way, if you've got a friend or family member who is going through a rough patch and is at risk of suicide, you want to work with him to reduce access to firearms. In some states, you may not legally be able to hang onto his gun for him, but the principal is still there. The analogy still works.

Adam: Absolutely. That's a very helpful analogy. So, as the conversation shifts towards safe storage or perhaps even temporarily removing from the home, can you talk to us about what some of those options are?

Emmy: Absolutely, and I think you are going to have a link to a paper we just published last week, that has a table going through all these in detail. But I would say there are a couple general categories. For safe storage within the home, there are devices that require some disassembly of the gun. So that includes things like cable locks and trigger locks. They are often very cheap, and sometimes even free. The VA hands out free cable locks. One caveat with those, I would point out, is just for people who own a firearm for self-protection, they probably want to keep their gun loaded at home, because they are trying to protect themselves from a hypothetical burglar, someone breaking-in. So they may be less likely to use something like a cable lock, and they may be more interested in something like a lock box, which is basically like a small safe, and they can have a key, or they can have a pin that you enter to open it, and the gun potentially could be loaded within it. They are a little more expensive, but again for some patients that is an option that they may be more interested in. For people just to understand there are a lot of options, and people may have different reasons for choosing 1 over the other. At home, people can also have safes, which can be very large, especially if people have hunting rifles or shotguns that are longer and obviously don't fit inside of the bedside lock box. There are also things out there like smart guns and so forth, which I think that is not so much what we're talking about in the context of safety planning with an individual patient. So the main options at home are either boxes or safes versus the trigger locks or cable locks, or potentially disassembling the firearm, which again for some people may not be as appealing. In all those cases, the important thing is that the person who is at risk of suicide

Podcast Transcript: 6/15/16 Talking to Patients about Firearm Safety

doesn't have access to the key or the password or pin. That is the idea that they can't get in. The other option would be temporary transfer of the firearm to somebody else. I'll just say that this is a complicated issue because every state has different laws. So in Colorado, we don't have background checks between immediate family members. So you could, in Colorado, I can tell a patient would your brother hang on to your gun for you, or so forth. But in some states that would technically be illegal, because it'd be violating the federal background checks and system and so forth. So I think you need to know your state laws. The last thing I'll say about temporary storage, is some people ask about, what about storing them with either the police or with gun shops? Both of those options are permitted currently under state law, but often aren't the easiest option. I mean the police, many people may be reluctant to involve law enforcement, because of the political sensitivities around firearms. Some law enforcement agencies may not have the capacity or desire actually to temporarily store firearms, and the background checks also come in to play. Similarly, not all gun shops store guns, and gun ranges, same thing. So it would depend on local resources and partnerships. But many gun shops are concerned about liability in terms of when is it okay to give it back, or they may not have facilities. The background check issues can come into play as well. Often the easiest thing to talk about first is locked storage at home, and then depending on your state, there may be out-of-home storage options as well. I will also say, and certainly as a health care provider, professional, I would never advocate breaking the law. There are probably situations when people do what the right thing is for the patient at that time, and that's a decision that you make as an individual clinician and so forth, in terms of thinking about what options are. But I think it makes sense for providers to know with their local laws are, so that they're working with their patients in a way that's informed. And I think the reason that matters, I've had at least 1 firearm owner say to me that if I as a provider said to him "Why don't you just store your gun with your neighbor?" Which in Colorado would be illegal -- that he might stop listening to me. He might say well she has no idea what she is talking about, so like forget you. So I think having an understanding of some of the options, and the laws involved can help in patient's trusting you and wanting to work with you.

Adam: Yea, thanks for explaining that. I guess I would just add that maybe there is a combination of those different methods. So maybe there is not just one firearm in the home, perhaps the patient may be willing to use a cable lock for all of them except for the one that is the primary for self-defense. The safe may be the best option for that one firearm, but perhaps we could get some of those other ones stored unloaded and locked up.

Emmy: Yea, I think that's a great point, and the National Shooting Sports Foundation, which is a large national organization, they are a well-respected firearms organization, they actually have a lot of material about safe storage, firearms in the home, and so forth, including specific language about suicide, and suggesting that for people are risk, you might want to think that much more about locked storage and things. So those kinds of material can also be really useful for patients, because again they are coming from within the firearms world, have maybe more credibility in that sense. But again, it is fitting into the safety messages that are already there, but that the suicide piece people may not have realized.

Podcast Transcript: 6/15/16 Talking to Patients about Firearm Safety

Adam: So that is a great segue. You mention responsible firearm owners, and how firearm owners are a huge stakeholder in the suicide prevention community. And so could you talk a little bit more about that, and how you have been involved with firearm owners to help promote suicide prevention?

Emmy: Yea, so I had heard, I think probably a few years ago, about the New Hampshire Gun Shop Project, and thought it was really such a cool project where they basically, it was a partnership between gun shops in New Hampshire and public health and medical professionals to deliver suicide prevention information both to employees and to patrons at gun shops. There was already a project going on in Colorado on the western slope that I wasn't involved with, that the state was running, but then actually because of one of my publications, I had someone reach out to me, and then we formed a working group, and it's been expanded, now includes a few gun shops in Denver, a bunch of other people interested in this topic. It has been just amazing, I've learned a lot. I hope that they've learned a lot about suicide prevention as well. They really have embraced the topic, and been so excited to work on it, and I feel a little embarrassed that I hadn't talked to them sooner. I think that as one woman said, that basically it's gun owners in particular who are dying by suicide, and that this is their community that is dying, and of course that they want to help! It's certainly not everyone, in the same way that not everybody on the public health, suicide prevention side will be interested in partnering. But I think there has been just really interesting ideas about how we reach people, how we get out the messages about suicide prevention and awareness about lethal means safety and so forth. I would certainly encourage anyone listening to think about whether their state has any kind of project, and get involved, if only to broaden your mind a little bit more and then who knows where it might lead.

Adam: I agree.

Emmy: If you'd like, I can talk a little bit more specifically about what we've been doing in Colorado.

Adam: Yea, that would be great, because I know that there are some states that have definitely implemented this. In Colorado, it's still relatively new. Could you just tell us a little bit more about this?

Emmy: Yea, absolutely. Every state it's been a grassroots experience, so each state effort has been slightly different. The core components of the gun shop project, based on the one in New Hampshire, include materials that are posted within gun shops that have suicide prevention information, wallet cards for the hotline, brochures that talk about the 11 commandments of gun ownership. So previously there were 10, and the 11th relates to suicide prevention. That's what the basic gun shop project is: the materials for people who are visiting gun shops, as well as the education for gun shop employees about warning signs, when you might not want to sell a gun, when you might want to ask questions and so forth. Because I think all of the shops, at least the ones I talked to, have stories where they've either had suicides, or cases where they think they've averted a suicide by not selling a gun to someone. So Colorado, through the Department of Public Health, has a gun shop program going on in the western slope, which is in the mountain region, right now, and then we have a Denver group, that has taken on the name, the Colorado Firearm Safety Coalition, which is also modeled off of New Hampshire. We're pretty new, we don't even have our website or anything yet, but it's a mix of gun shop owners, range owners, other people from within the firearm community who are interested in suicide prevention, and

Podcast Transcript: 6/15/16 Talking to Patients about Firearm Safety

then people from the Department of Public Health, from universities, schools of public health, the VA, other people interested in the topic. It's included the gun shop program pieces for those stores in Denver, but we're also talking about other things like, should we get a table at one of the big gun shows to try to hand out information to people visiting the shows? There is actually tonight, a group of us going to a lady's night at one of the gun shops, for women who want to come learn how to shoot. They invited us to come talk about suicide prevention. The third thing I'll mention, that they've been very excited about, is including suicide prevention information in their training courses. So there are all kinds of firearm safety courses you can take, and the idea of why not include a slide about warning signs for suicide in those. At least one of the stores is really excited to take that on, and again shame on us for maybe not doing some of this sooner, but it's been pretty cool to think about reaching this very high-risk population.

Adam: Thanks for doing that work, and being there, and sharing this information to educate folks about firearm safety and suicide prevention.

Emmy: Well absolutely, I mean every chance I get to talk about this, I'm happy to talk about it! Because I think the more we talk about it, the more good we can, and it's really about spreading ideas.

Adam: So just any final thoughts for today? Maybe just a key take away for our providers listening to the podcast, but also for our responsible gun owners, a key takeaway for them?

Emmy: So I would say for both groups, I think part of it is don't be afraid to ask. Asking a question could save lives! So for the providers, it's don't be afraid to ask about firearm access, do it in a way that's respectful and collaborative, and again the goal is to talk about safe storage options to reduce access, at least temporarily. For firearm owners, it is hopefully they're storing their guns locked and inaccessible most of the time. But it's also don't be afraid to ask someone if they're having thoughts of suicide. Know the warning signs and that there is help, and there is hope, and I think we can really all work together to save lives!

Adam: Well thank you so much, we really appreciate you for joining us! Listeners, you can learn more about Dr. Betz and her work, and we will post these links to some of the work that she cited here, so that you can take a look at some of the storage options, and some of the other research that she has done. As well, I want to emphasize that we do offer free cable locks through our website, and you can also get those at no cost by clicking on the link accompanying the podcast. Please remember to subscribe, rate us, and share with your colleagues. Until next time, this has been the RMIRECC Short Takes on Suicide Prevention podcast.