

Take A Few Minutes to
CALM
Counsel on Access to Lethal Means

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Outline for Today

- Suicide among older adults
 - Prevalence of suicide among older adults
 - Strategies and suggestions to assess for suicide risk
- CALM – Counseling on Access Against Lethal Means
 - Association between access to lethal means and the risk of suicide death
 - Contribution that reducing access to lethal means has on suicide prevention
 - Skills, language and resources to collaboratively discuss reducing access to lethal means with older individuals and/ or their families

Incidence of Suicide in Late Life

- Older adults represent 14.1% of the U.S. population, but 17.5% of all suicides (AFSP, 2016)
- Gender differences exist among 65+ suicide rates
 - Suicide rate among white males (85+) is more than 4x higher than the nation's overall rate of suicide
 - Elder male suicides outnumber female suicides 8:1
 - Older men account for 85% of all elder suicides

(Richardson & Barusch, 2006)

Incidence of Suicide in Late Life

- Suicide risk for elders increases significantly following hospitalization
- Inadequate social support and social interaction are key predictors of suicide in later life
- Marital status is associated with completion of suicide
- Ethnic differences in suicide rates exist

(McGinnis-Dittrich, 2014; Richardson & Barusch, 2006)

Factors Associated with Suicide

- Major depression
- Feelings of hopelessness
- Health problems
- Access to medications or other means
 - “Chronic suicide”

(Richardson & Barusch, 2006)

Suicide Lethality Index

- **Warning signs of suicide**

- Expressions of suicide ideation
- A plan for suicide
- Specificity & lethality of the plan
- Access to method
- Previous history

- **Background factors**

- Living arrangements, age, gender, marital status, substance abuse, physical health, occupational status

- **Subjective distress**

- Perturbation
- Lethality
- Cognitive restriction

(Richardson & Barusch, 2006)

Assessment of Suicide in Older Adults

- Have you ever felt life was not worth living? If yes, when?
- Have you ever considered ending your life? If yes, when?
- Do you feel that way now?
- Have you ever considered how you would do it?
- Do you have a plan?
- What has stopped you from going through with your plan?
- [SBQ-R Suicide Behaviors Questionnaire-Revised](#)

Before We Begin with CALM

- What CALM is and isn't
 - Specific, effective PART of Suicide Prevention
 - Not suicide risk assessment
 - Can be effective in our personal lives as well
 - 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

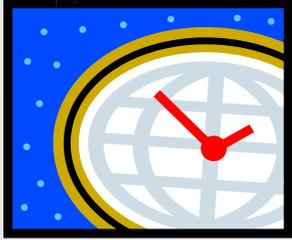


Attempt suicide with less lethal means

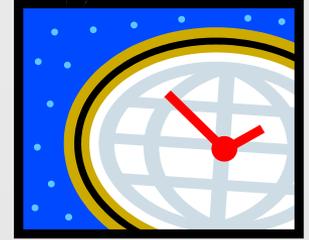
or

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 in Ohio's Suicide Prevention Plan
- Most suicidal people are not sure whether they want to live or die
- The actual act of suicide is often made very quickly - particularly among young people

But does it work?

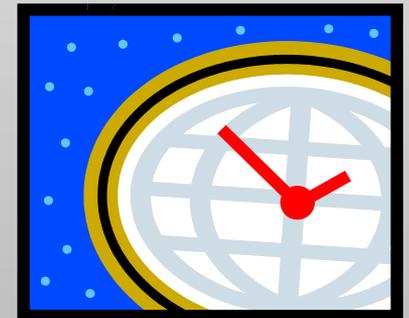
“Natural (Gas) Case Study”

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%

(Kreitman, 1976)



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)



Firearms – Israeli Military

- The Israeli Defense Force (IDF) is a population-based army with mandatory draft for 18-21 year-olds
- From 2003- 2005, an average of 28 suicides occurred each year, 26 by firearm, many on weekends.
- In 2006, IDF required soldiers to leave their weapons on base during weekend leaves.
- The suicide rate decreased by 40%
- Weekend suicides dropped significantly
- Weekday suicides did not.

(Lubin, 2010)

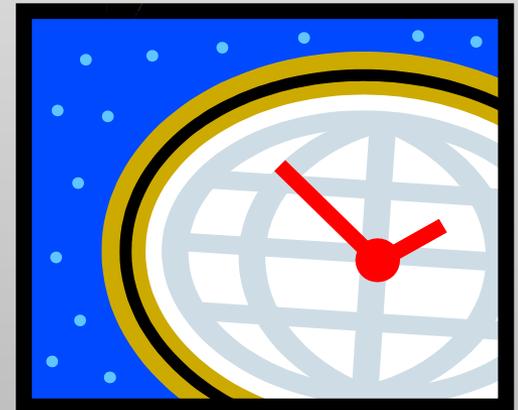


Preventability

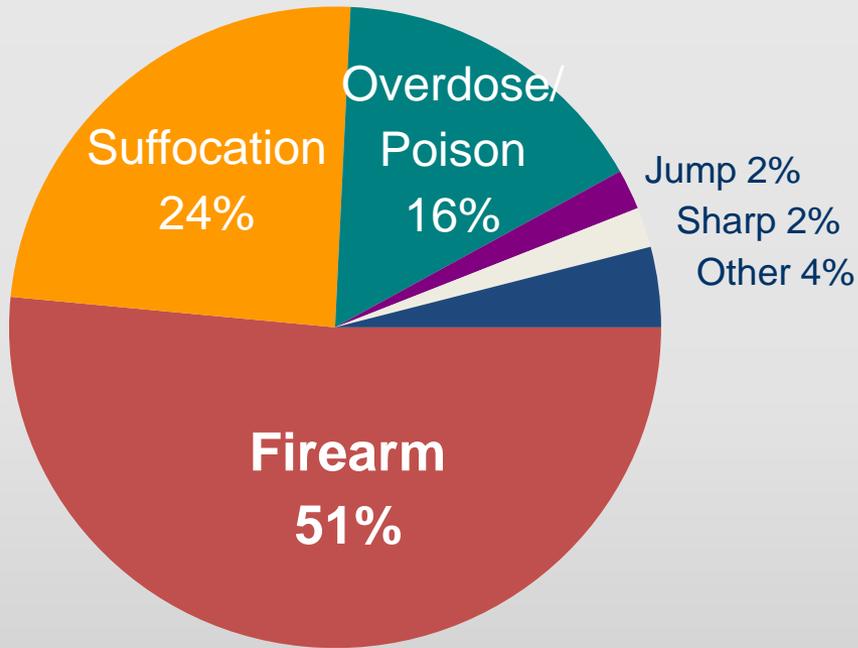
- 90% of those who die by suicide had some form of mental illness and/or substance use disorder – often undiagnosed but often treatable
- Many people who survive a nearly lethal attempt say something like this : “I instantly realized that everything in my life that I’d thought was unfixable was totally fixable – except for having just jumped” [from the Golden Gate Bridge]
- 90% of those who survive a nearly lethal attempt do not go on to die by suicide

What Aspects to Focus On?

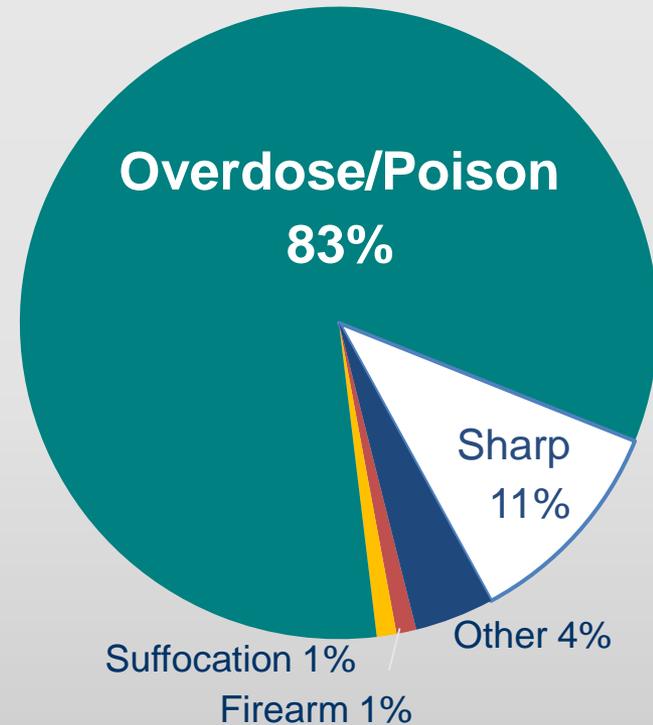
- * Frequency
- * Lethality
- * Decision Time
- * Availability
- * Cultural Differences



Methods of Self-Harm, U.S.



Suicide



Nonfatal Self-harm

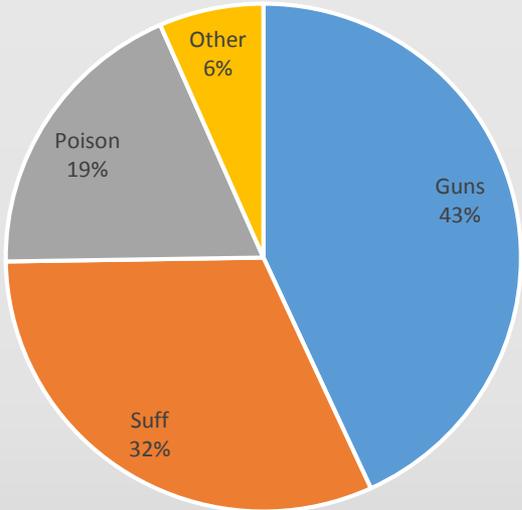
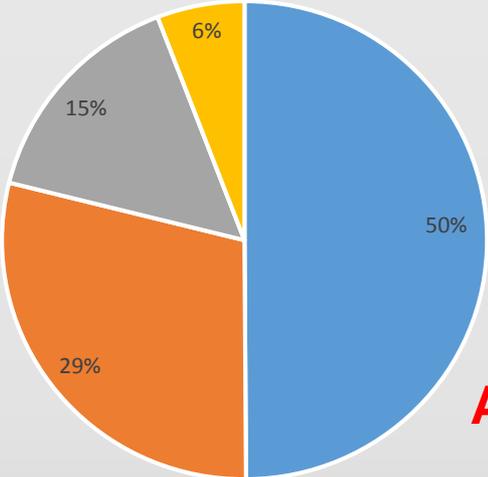
Sources: Suicide: CDC WONDER (2013)
Inpatient: HCUP-NIS (2005)

Frequency of Suicide Method – Ohio 2014

ALL AGES

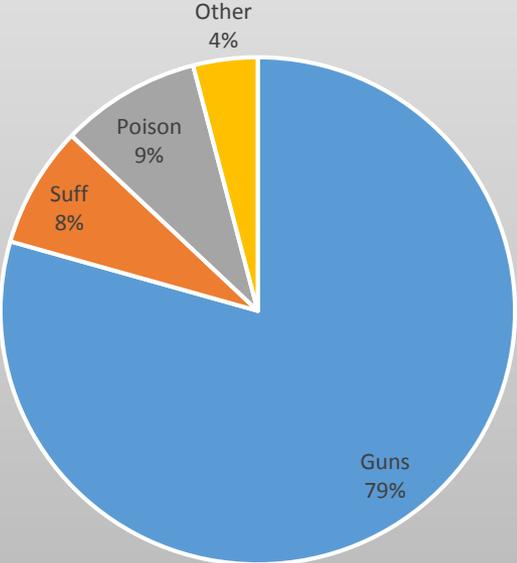
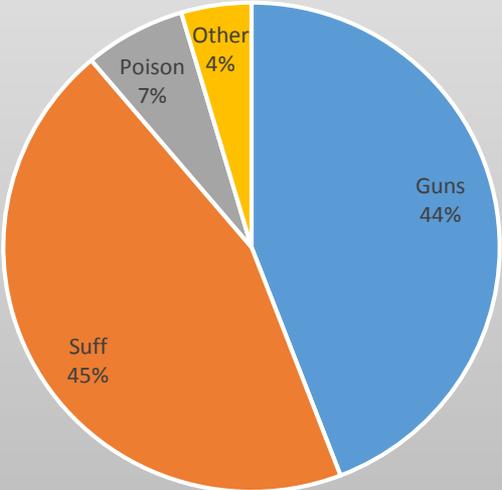
Age 25 - 64

GUNS
SUFFOCATION
POISON
OTHER



Age 24 and Under

Age 65 +



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**

(Simon et al., 2001)



Suicide Plans Among Attempters

Had a suicide plan?	People who attempted suicide in past 12 months
No plan	43%
Plan	57%

How Reducing Access to Lethal Means Saves Lives

Barber and Miller / Am J Prev Med 2014;47(3S2):S264–S272

S265

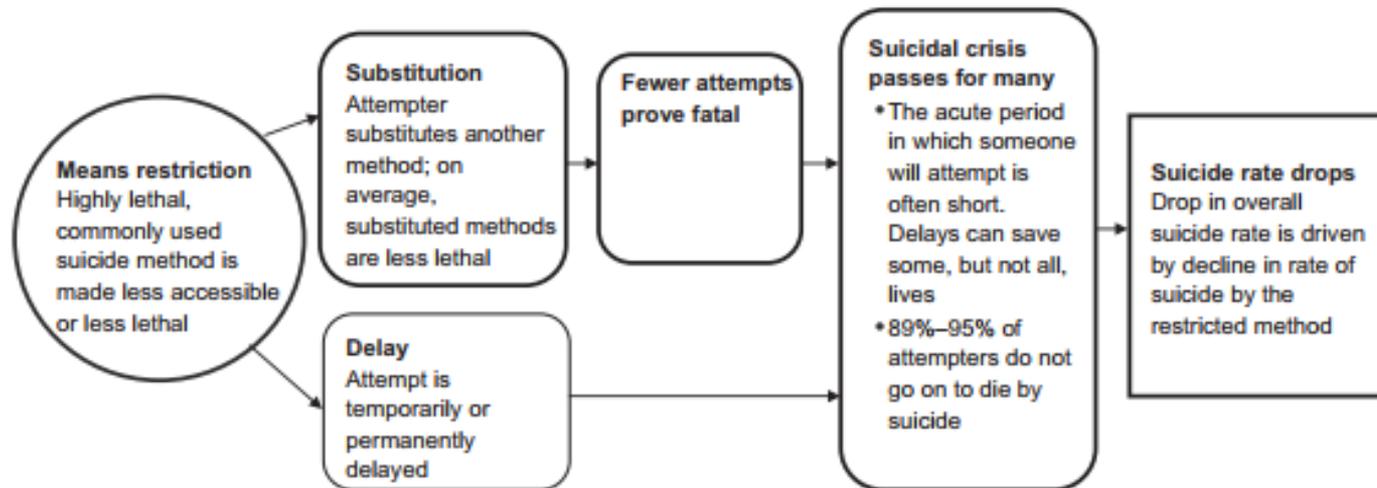


Figure 1. Conceptual model of how reducing access to a highly lethal and commonly used suicide method saves lives at the population level

Note: When the restriction is effectuated by making a highly lethal method less lethal at the population level (e.g., reducing carbon monoxide content of motor vehicle exhaust), the substitution is passive. That is, people attempting suicide with the method are unaware that, in effect, a less lethal method has been substituted for a more lethal method.

Availability of Firearms

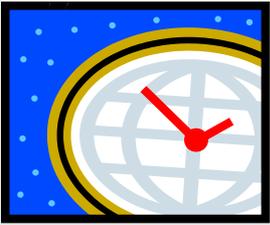
- Suicide rates vary with rates of firearm ownership
- Case control studies show greater prevalence of guns and less securely stored guns in homes of those who suicide than in controls
- Among seniors in Ohio, firearms are used in 73% of suicide deaths compared to 52% in the general population
- In Ohio there are 1.8 firearm homicides per firearm suicide



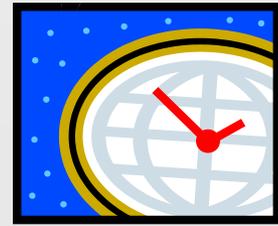
Cultural Differences

- Different methods are more or less “acceptable” in different cultures or subcultures
- In the U.S., poisoning is the most frequent method for attempts.
 - Firearms are the leading method for suicide deaths
- In Asia, pesticide poisoning is the most common
- Consider the cultures in *your* communities





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
- Document as needed

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