

Integrating Means Reduction Counseling into Safety Planning

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Building best practices with you.

Learning Objectives

1. Define Means Reduction Counseling and recognize its importance in the context of Safety Planning
2. Learn how to integrate Means Reduction Counseling into standard practice
3. Appreciate its importance through the use of clinical vignettes

Financial Disclosures

My spouse receives royalties in connection with the electronic version of the Columbia Suicide Severity Rating Scale

No other disclosures

MYTH ABOUT SUICIDE

IF A PERSON WANTS TO KILL HIM OR HERSELF, THAT INDIVIDUAL WILL FIND A WAY SO THERE IS NO POINT IN REDUCING ACCESS TO MEANS.



Suicide – Huge Public Health Problem

- Rate of suicide in the U.S. steadily increasing over past decade – 10th leading cause of death
- Rate of 8/10 leading causes of death substantially decreasing in past decade
- More suicide deaths in U.S. than deaths by homicide, MVA's and breast cancer
- Suicide rate in NYS has increased by 32% in past decade
- Approximately 75% suicides are men; 45-64 year-olds have the highest rates

Suicide Methods – US v NYS (2015)

United States – 44,193

Firearms – 22,018 (50%)*

Suffocation – 11,855 (27%)

Poisoning – 6,816 (15%)

New York State – 1,661

Suffocation – 611 (37%)

Firearms – 421 (25%)

Poisoning – 309 (19%)

*Suicide by firearms much lower in many countries – e.g., 3% in Sweden and Denmark

Means Reduction vs Means Reduction Counseling

Means reduction is the actual process of limiting, restricting or denying access to a specific method or methods for suicide or self-harm.

Means reduction counseling is a clinical intervention where a clinician educates clients (and others) about means reduction and its importance in safety planning and works with clients (and others) to develop a plan to reduce access to specific means to kill themselves.

You will generally do the latter, not the former.

The “Why” versus the “How”

Traditionally clinicians have focused on the nature of suicidal thinking (e.g., frequency, intensity) and the underlying motivation (intent). While important, means reduction counseling focuses on the method – the means by which an individual may attempt suicide. Simply put, one must have a means if one is to kill oneself.



Importance of Means Reduction

- Suicidal crisis often characterized by ambivalence and impulsiveness –availability of means matters
- Availability of mean strongly related to the lethality of the chosen method and survival (e.g., firearms vs. overdose)
- Suicidal intent can fluctuate greatly over time and can be fleeting
- One study half of survivors said less than 20 minutes passed between the decision and the actual attempt – almost 25% deliberated <5 min



Importance of Means Reduction

- Individuals often have a means preference and do not necessarily substitute alternative means
- Majority of individuals who attempt suicide do not eventually die by suicide
- Acutely suicidal individuals more likely to avoid detection



Means Reduction Counseling – Health Care Settings

Psychiatric Inpatient

- ~50% inpatient stays are related to suicidality
- Suicide risk high following discharge from inpatient setting

Psychiatric Outpatient

- More ill individuals managed as outpatients
- Issues surrounding transition from inpatient to outpatient care

Means Reduction Counseling – Health Care Settings (2)

Emergency Department

- Acute suicidality common reason for ED visit
- Transition to outpatient care often poor

Primary Care

- Nearly 50% of individuals who die by suicide were seen by PC provider 30 days prior to death; nearly 80% for those > 55 years old
- Many PCs already practice population health: e.g. wearing seatbelts, annual cancer screen



Who Should Receive MR Counseling?

Anyone who is receiving a Safety Plan:

That is, any client with current suicidal ideation and intent (with or without a plan), any client who has engaged in any kind of suicidal behavior in the past 6 months, and any other client who in your clinical judgment is at an elevated risk for suicide.



Safety Planning

1. Recognize warning signs
2. Use internal coping strategies
3. Identify distractors
4. Contact family/friends for help
5. Contact professionals and agencies
6. Means Reduction Counseling

Barriers to Means Reduction Counseling

- Lack of education and training among clinicians regarding importance and effectiveness – can inhibit even asking about means
- Belief that means substitution is the norm
- Perception that means reduction will not be effective (e.g., clients will not agree to limit access)
- Clinicians focus efforts on clients who have recently engaged in suicidal behavior or who have a plan



Attitudes About Effectiveness

- Study looked at US adults and agreement with the statement – “having a gun in the home increases the risk of suicide.”
- 7,318 invited with 3949 responding (55%)
- 15.4% of respondents agreed; the rate was higher among the subset of health care practitioners – 30.2%
- Authors concluded this may “reflect broad skepticism about the effectiveness of preventing suicide by reducing access to means of suicide with high case fatality rates.”

Connor A, Azrael D. Public Opinion About the Relationship Between Firearm Availability and Suicide: Results from a National Survey. Annals of Internal Medicine 24 October 2017



Attitudes About Effectiveness (2)

- MDs and RNs in EDs surveyed – 79% response rate (n=631)
- <50% believed most/all suicides preventable
- 67% RNs & 44% MDs thought most or all firearm suicide decedents would have died by another method if a firearm were unavailable
- % of providers who “almost always” ask about firearm access – 64% if suicidal with firearm suicide plan, 22% if suicidal w/no plan, 21% if suicidal with non-firearm plan, 16% if suicidal in past month but not that day

Lethal Means Restriction for Suicide Prevention: Beliefs & Behaviors of Emergency Department Providers. Betz, M. et al. Depression and Anxiety 30:1013-1020 (2013)



Means Substitution

There is evidence that means substitution is not the norm with respect to the following methods:

- Firearms
- Drugs/Toxic Substances
- Bridges
- Domestic Toxic Gas (Great Britain)

Even with means substitution, substituted means may be less lethal or may provide for an aborted attempt (e.g., firearms vs overdose)

Third Party Involvement/Support

- Complicated issue
- Ideally one has involvement of family or other supportive individuals – true for means reduction counseling and safety or crisis planning in general
- Family involvement even more important for adolescents and other vulnerable populations
- Issues of confidentiality, trust, divergent views, etc. may arise

Counseling - Common Features

- Menu of options reducing means including removal of means through disposal, temporary removal of means by giving control to a 3rd party, restricting access of means on site
- Motivational strategies to encourage the above, particularly removal
- **Do not argue** with the client – this is a **collaborative** engagement
- Significant others may be helpful



MR Counseling - Steps

1. Asking directly about suicide – you will have done this already as part of the safety planning process
2. Inquiring about means (both preferred and other means)
3. Educating your client and working with your client (and others) to reduce access
4. Following up with your client

Asking Directly About Suicide

- “Have you thought about suicide in the past?”
Are you thinking about it right now?”
- Remember that you are not putting ideas into your client’s head
- If client responds “yes,” a thorough evaluation is needed
- More likely to be legally responsible for not inquiring about suicidal thoughts and behaviors in a potentially suicidal clients



Inquiring About Means

- “Have you thought about how you would do it”? “Do you have access to that method?” “How so?”
- Important to ask about previous attempts including means used
- While there may be preferred means, need to ask about other potentially available means as well



Educating about/Reducing Access to Means

- The goal is to make your client's environment as safe as possible
- Given that suicidal crisis are often very brief, delaying access to means is critical
- **Share the rationale** underlying reducing access with your client
- “What items in your environment might you use to hurt yourself?” - Consider means readily available – knives, household toxins, etc.

Means Reduction Follow Up

- One needs to follow up to confirm the agreed upon plan is being followed
- Timing of the follow up will depend upon clinical circumstances – e.g., an acutely suicidal individual may warrant a phone call the next day
- Where possible follow up should be agreed upon at the time that the plan is made
- Significant others may be involved here as well



MR Counseling - Firearms

- Risk of suicide 2-5x higher in gun owning homes for all household members – youth at higher risk
- 37-fold increase in risk of suicide within 1st year after non-fatal deliberate episode of self-harm and greatly elevated risk of repeated self harm (US MCD data supported by Danish data)
- Risk of dying by suicide in 1st month after deliberate self harm 33x higher for firearms versus poisoning

MR Counseling – Firearms (2)

- Not about a political anti-gun agenda
- Questions about firearms access should not be limited to acutely suicidal individuals
- Can impart information about the risk of easily accessible firearms without individual acknowledging ownership
- Emphasis on individual acting voluntarily and maintaining control
- **Engagement and collaboration** are key

MR Counseling – Firearms (3)

- Complete removal of firearms until situation resolves ideal
- Storing firearms in a locked space without access secured by a significant other
- Dismantling a firearm and giving piece to a significant other
- Completely removing ammunition from the home
- Hiding unlocked firearms dangerous

MR Counseling – Firearms (4)

- Law relating to firearms can vary greatly from state to state
- Differences include laws governing the purchase of firearms, when and how they can be removed by law enforcement, mechanism for returning firearms, and who can accept firearms in the context of means reduction
- Laws often modified and/or enacted in response to highly publicized events
- Reporting obligations may exist for clients deemed to be at high risk – e.g., NY SAFE Act



MR Counseling - Poisoning

- Includes “street” drugs only, alcohol only, prescription & OTC drugs, multiple drug combinations, other specified poisons, unknown drugs/not reported
- Medication **overdoses** far and away leading method of **suicide attempt** in the U.S.
- Case fatality rate is low – below 2% - but still the third leading method in both the U.S. and New York because of number of attempts

MR Counseling Poisoning (2)

- Interventions and the opportunity for counseling clearly exist here
- Disposing of medications, locking up medications, keeping fewer (more lethal medications) on hand, shorter refill periods, pill dispensing machines
- Measures can be temporary as with firearms



MR Counseling – Other areas

- Hanging – #1 method in NYS driven by NYC; Hanging, strangulation & suffocation grouped together by CDC; challenge from means reduction point of view; consider Cathy Barber's advice and encourage clinicians to assess how acceptable this method is to the individual – have they researched it? If acceptable, that would indicate higher risk
- Jumping – categorized under “fall” by the CDC; an area where a type of means reduction is possible – e.g., avoid a certain route when going to work; also may apply to other areas where a change in routine may be helpful – e.g., avoid the subway, train, etc.



Summary

1. Means reduction counseling is an essential element of safety planning to be used for clients at high risk of suicide.
2. Means reduction can be effective because suicidal urges/impulses can be brief or fleeting.
3. The counseling is a collaborative process in which your client is actively engaged, along with close family/friends where appropriate.
4. Means reduction counseling is specifically targeted at suicidal behavior and may be an intervention that saves your client's life



New York Secure Ammunition & Firearms Enforcement (SAFE) Act

- Toughens criminal penalties on illegal gun use
- Tries to close a private sale loophole to ensure background checks for all private gun purchases
- Allows real time tracking of ammunition purchases to identify high volume buys
- Strengthens ban on high-capacity magazines and assault weapons and registration of existing assault weapons
- Mental health provisions

New York State SAFE Act (2)

§9.46 of MHL – reporting requirement applies to “mental health professionals” (physicians, psychologists, registered nurses, licensed clinical social workers), who in the exercise of their “reasonable professional judgment,” believe that an individual for whom they are providing “treatment services” is “likely to engage in conduct that will cause serious harm to self or others.”

SAFE Act Reporting Standard (3)

“Standard consistent with the ‘likely to result in serious harm to self or others’ standard that a DCS . . . uses to direct emergency ‘removals’ from the community . . . for examination under MHL §9.45 . . . [and] also consistent with the standard for emergency admissions for observation, care and treatment pursuant to MHL §9.39” *OMH MHL §9.46 Guidance Document*

New York State SAFE Act (4)

- Reports go to county Director of Community Services
- If the DCS agrees with the mental health professional's determination, "non-clinical identifying information" is reported to the NYS Division of Criminal Justice Services
- Checked against gun license database
- If there's a match, local law enforcement notified & license revoked or suspended; firearms removed
- Retained for 5 years and database queried



New York State SAFE Act (5)

- Exception – Report need not be made if “in the exercise of reasonable professional judgment,” it “would endanger such mental health professional or increase the danger to a potential victim”
- No basis for civil or criminal liability if decision to report or not to report is “made reasonably and in good faith.”

