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Promoting Lethal Means Safety to Prevent Veteran Suicide

- Dr. Joe Simonetti -

Introduction

MIRECC: Why were you alone? The Rocky Mountain MIRECC Suicide Risk Management Consultation Program provides free one on one consultation for any provider, both community and VA, who service veterans at risk for suicide.

Adam Hoffberg: For more information about this program and to check out all our resources, please visit the consult page at www.mirecc.va.gov/visn19/consult

MIRECC: To initiate a consult, please email as our srmconsult@va.gov. Hashtag #never worry alone.

Adam Hoffberg: Hello everyone and welcome back to the Rocky Mountain MIRECC short takes on suicide prevention podcast. I'm your host, Adam Hoffberg, and today's podcast is on a topic that is critical to effective suicide prevention. And we'll be chatting today about Lethal Means Safety. We are joined today by our guest, Dr. Joseph Simonetti. He's a physician and suicide prevention researcher with the Rocky Mountain MIRECC. Welcome, Joe.

Joe Simonetti: Thank you. Thanks for having me.

Adam Hoffberg: So tell us a little bit about yourself and how you got on this path.

Joe Simonetti: Sure. So I am an internal medicine physician and I trained in Pittsburgh. After that I went out to Seattle and I got a public health degree and started a health services research fellowship, where I was looking at access to care and quality of care among our veteran patients. Like a lot of Americans have been affected by gun violence, I've lost loved ones to gun violence and it was actually almost five years ago today that the Newtown shooting happened. After that I think I spent a lot of time wondering what more I could do as a researcher and clinician in a public health practitioner to try and address the large burden of firearm injuries that we have nationally. In Seattle I was also working with a group of prolific injury prevention researchers, who had been doing firearm research for years and years and years. And these sort of took me under their wing and I started doing work with them. After a couple of years of doing sort of broad community based firearm interventions and looking at the firearm safety and injury prevention among pediatric and adolescent populations, I really felt that my passion and my key interest was with suicide prevention. Because of the burden of suicide nationally, personal losses that I've had in my life and with the suicide issue that we have among our veteran population, it seemed like this was the key place to do it. So I came out to Denver, to the Rocky Mountain MIRECC to merge my two passions, which was a suicide prevention among veterans and firearm safety.

Adam Hoffberg: Excellent. Well, we're so happy to have you here today and look forward to learning more from you. Many of us are already familiar with the topic of suicide and the issue within the US, particularly among veterans, but there's a lot of focus right now on how we can improve our mental health system of care and really enhanced suicide prevention across the system. Why are we focusing on Lethal Means Safety today?

Joe Simonetti: That's a great question. I think if we're gonna put an honest foot forward and make a real effort to prevent suicide among our veterans, we have to have an open conversation about the methods and the means that individuals actually use to harm themselves. When it comes to veterans suicide it means having an open discussion about firearms. Nationally and in the veteran population most suicides are firearm related. And actually most gun deaths in the United States of America are suicide. It's a common misperception that homicide is the most common firearm death nationally - it's actually not. When you look at suicide attempts 90 percent of individuals who attempted suicide using a firearm will actually die from that result. Now compare that to the combined mortality of all other suicide attempts nationally. Only five percent of those attempts to result in death. So there's a huge disparity in the lethality between firearms and the other common methods that individuals use to harm themselves. We also know from some recent data released by the US Department of Veterans Affairs, that Veterans are more likely to die by firearm suicide, than adults in the general population. So really when we're talking about veteran suicide, we have to have a conversation about firearms.

Adam Hoffberg: Very good. And you know, it is clear that we need to have these conversations around Lethal Means Safety. What I'd like to learn more about today is what the evidence says around how that works and whether it's effective. Could you start us off in that direction?

Joe Simonetti: Yeah, that's a great question. That's sort of the crux of the issue here. The bigger picture is that there is a tremendous amount of information that Lethal Means Safety is important, and that Lethal Means Safety is effective in preventing suicides, not just related to firearms. Specifically when we talk about guns and guns in the United States, we know that the rate of firearm ownership and firearm access is strongly correlated with suicide rates across all of our 50 states. What does that mean? That means that the number of people who own firearms per se, 100,000 of

the population correlates strongly with the number of people who die by suicide per hundred thousand of the population. Now a number of public health researchers have gone back and tried to sort out "what is the issue there?", "is it really just the gun access?" I've asked very smart questions such as: "are people who live with firearms simply more suicidal or depressed, or do they have more mental health issues than individuals who don't live in houses with guns?" - and the answer across the board is "no". The suicide risk factors between those who do and don't live with firearms are essentially the same. It's really the access to the firearm and lethality of the firearm that makes a difference.

Adam Hoffberg: I just need a moment to digest that because I think you touched on a couple of important things there. One is guns don't make people more suicidal and two is that access is a huge factor because we're talking about a method that's extremely lethal. Could you expand on that a little bit?

Joe Simonetti: Yeah. I'm happy to. It's quite simple, really what I'm saying is that individuals who live in homes with firearms are really no different from individuals who don't live in homes with firearms in terms of their suicide risk factors. It's really just that they have access to a highly lethal method of suicide and individuals who attempt suicide using a firearm, 90 percent of the time they'll die.

Adam Hoffberg: Very important. So let's talk a little bit more about how we have these conversations and how we help our patients when they're in these situations. Could you walk us through an example, maybe you have a patient you're concerned about at risk for suicide and how do we bring lethal means safety into the conversation?

Joe Simonetti: It's a great question. We sort of talked about this as if this is an anecdote. It's actually not. For those of us who practice in the VA, we know that this is common and this is something that happens on a daily basis among our patients. It's not just the concern of our patients, it's not just our

concern when people are having something like an emotional crisis - patients and their families are concerned about their own suicide risk. So the first thing we do when we identify that suicide risk, particularly for somebody who's in an emotional crisis, we're obviously going to make sure that he or she is receiving all the enhanced mental health services that the VA can offer. That's obviously step one, but if I'm providing the best care that I can, I'm also going to bring up Lethal Means Safety. This isn't just about guns. I focus on whatever means are relevant for my patient. But the reality is that 1 in every 2 veterans nationally owns a firearm or lives in a household with a firearm that's present. So this is a frequent topic of discussion that we have. The key is really that suicidal crisis are often very brief. One really well done study looked at a couple of hundred individuals who had survived in nearly lethal suicide attempt and asked "at what moment did you decide to end your life and how long did it take you to act?" - about 25 percent of those survivors said that they made a decision to harm themselves and acted within five minutes. So the key to Lethal Means Safety is really anything that puts time and distance between someone in crisis and enact that it's irreversible. That is something that can help save our veterans lives. So with Lethal Means Safety options, one of the conversations we will be bringing up on, particularly for those who live in homes with firearms or have access to firearms through any other mechanism, is what can we do temporarily with that firearm to keep you safe until you're feeling better. The most evidence based recommendation I have is temporary off site storage. You're going through a difficult time - I think it's important for you to at least consider taking your firearm and putting it elsewhere: store it with one of your co-veterans, put it in storage, take it to the shooting range where oftentimes they'll have free lockers for people or they'll hold onto a firearm or keep it with a family member, until you're feeling better and your treatment is showing some effect. Now that's not always a recommendation that's going to be consistent with my patients values and that's totally fine, but it is my first recommendation. For those, for whom it's not consistent, there are number of other things that you can do with a

firearm to keep you safe: lock and unload the firearm. Many gun owners actually have a lot of knowledge about firearms and can do things like remove the firing pin, which effectively makes the fire inaccessible to somebody during a crisis. In the key I think with those lighter options, for somebody who's going to lock the firearm or unload it and perhaps still keep it on their property, is maybe lock it in, have a trusted family member change the number of combination or take the key to the lock or take it to the shooting range, or keep it with one of your friends, so that you don't have access to that firearm under your crisis or until you're feeling better.

Adam Hoffberg: Excellent, you raised some great, very helpful tips and also just a tone of the conversation that it's in line with the patient's values and really a collaborative process to figure out what are some good options to safely store your firearm in this situation.

Joe Simonetti: Yeah, that's a great point. So this isn't something that I get to prescribe. This isn't like a medication. This isn't a cat scan. This is a consideration of a behavior change and for those of us who work with patients, whether it's in mental health, primary care, surgical medicine, we're highly aware that if we're making recommendations that are not consistent with what our veteran considers to be within their value system, then the recommendation isn't really worthwhile. So that's why we do have our most evidence based recommendations, but for those that it doesn't work for, there are other things that we can do and that's perfectly fine. This isn't about me prescribing something and my patient agreeing to it. It's a working together in a collaborative fashion to come up with a Lethal Means Safety solution that works for everybody.

Adam Hoffberg: Thanks for explaining that, Joe. These conversations are so important and we need to help bring them into routine clinical practice and help clinicians feel more comfortable and competent having these conversations. What's going on and how are we going to do that?

Joe Simonetti:

Great question. So, the place to start thinking really is provider training here. On average, I think veterans are far more comfortable with the topic of firearms, firearm safety, firearm function than most clinicians are. I remember learning quite a bit about diabetes and insulin in medical school, because obviously you can't treat somebody with diabetes unless you know something about insulin. I don't remember learning any language about firearms or anything about firearm function. So the first place to start I think is really to familiarize our mental health providers and our clinicians and our suicide prevention staff with some of the language around firearms and basic firearm safety and basic firearm function. When it comes to Legal Means Safety, I mentioned that I think the number one recommendation we have for people is really temporary off site storage, if that's consistent with their values. But again, if that isn't, then locking and loading a firearm is a secondary option, that is also a reasonable alternative. There are dozens of different devices and ways in which you can go about locking up a firearm. And I don't think most providers could tell you much about those. Most providers couldn't probably tell you why a standard trigger lock should probably not be used on a glock handgun. So if we're going to be having these conversations about Lethal Means Safety and making recommendations, there's a lot of provider training that's going to need to come along. After that, when we do counseling or have these conversations in clinic on nearly any clinical topic, there's a lot of research in the background that happens to figure out how to make these conversations reasonable, effective and acceptable to our patients. Lethal Means Safety is really in its infancy and there's a lot more that we need to know about having these conversations. And really as I said, we need to really improve our understanding about the different types of Lethal Means Safety options that are out there and how to make recommendations that are consistent with both the values and the preferences and the needs of our veteran firearm owners. Again, there are a number of different locking options out there for firearms, but we don't really know how to align those different options and our recommendations with the preferences of our veteran

firearm owners - in particular how they use their firearms. I think one of the key components of this whole effort is really finding better ways to build partnerships within the firearm community. But this is already happening. So the national shooting sports foundation has already partnered with the American Foundation for Suicide Prevention to co-develop some firearm-specifically-ethylamine-safety-materials for suicide prevention. In multiple states, gun shop owners and shooting range owners are partnering with suicide prevention organizations to co-develop materials to promote Lethal Means Safety, and to help gun shop owners and shooting range owners identify potential customers who appear or may be in an emotional crisis. So a lot of work is really being done to build some of the bridges with the firearm community to really help us understand how we can be more effective in our Lethal Means Safety conversations, but also to help enroll them in our efforts to prevent suicides among their customers.

Adam Hoffberg: So I think you've done a really good job on explaining why it's so important to have these conversations. But one of the questions we get sometimes is what do veterans and other people think about this topic. Could you expand on that for us?

Joe Simonetti: Yeah happy to! Obviously issues around firearms and firearm ownership are contentious topics right now in the United States. But my experience and anecdotally experience I've heard from gun shop owners and shooting range owners etc. is that these conversations actually go quite well. The University of Colorado School of Medicine recently reported some findings from a nationally representative sample of American adults, in which 60 percent of Americans and 50 percent from gun owning Americans actually reported that it's at least sometimes appropriate to have these conversations about firearms in clinical settings. It's important to note that this is just among the national population. These aren't individuals who are specifically identified as having high suicide risk. And I think looking at some of the pediatric literature, the primary care

literature, it's likely that if we were to ask this question among those with a mental health risk factors for suicide, there would probably be even more acceptability within those groups. There have been a couple of focus group studies specifically done within veterans to really ask the question "is it really appropriate to have these conversations within the context of suicide prevention?" - and certainly clinicians and administrators agreed that these conversations are appropriate but also veterans with mental health risk factors for suicide and their families also agreed that this is a very reasonable discussion to be having in clinical settings. I think we can say that there is a lot of support for this nationally and among our veteran population and our patients to have these conversations.

Adam Hoffberg: Joe, before we let you go today, I want you to try to address maybe those who think we shouldn't have these conversations or we shouldn't be discussing firearms. What would you say to those people?

Joe Simonetti: I think the first thing I would ask is why they feel that way because I think these conversations are important to have and I'd like to hear more about that specific opinion. But in general, I have two things to say. The first is that the reason we should be doing this is because it works, because it's been shown elsewhere. I think the most poignant example is in the Israeli Defense Force where a number of years ago their military recognized that they had a suicide problem. They enacted a number of different reforms, one of which was when their service members left the base on leave for the weekend, they were asked to leave their firearms on the base. So they went on their general weekend leave, but the only difference really was that they did not have their firearm with them. Immediately after they implemented that reform suicides dropped by 40 percent among their soldiers. Importantly, that 40 percent decrease happened only on the weekends when that reform was implemented, it did not effect suicides during the weekdays. My first point is, that this works - it has been shown elsewhere. And the second reason is, really, I'll say it's an anecdote, but again for those of us who are VA providers, we know that this isn't so

much an anecdote as it is a common occurrence. We recently had a younger veteran on my inpatient service who had multiple deployments to both Iraq and Afghanistan, who came home and was dealing with not just alcohol dependence, but fairly bad PTSD. He had voiced a concern to me that in the evenings when he's drinking, he has multiple firearms and at some point he was worried, if he had the appropriate trigger that he would be concerned that he might use one of those firearms on himself. Now obviously, you know, we had a number of different mental health services involved and we're going to provide him with the best mental health care that we can, in relation to both his alcohol dependence and his post traumatic stress disorder. Those therapies can take some time to show effect. But if I'm putting my best foot forward, I'm going to have a conversation with him about his firearms and what he can do in the short term to keep himself safe. If for no other reason than that's the concern he voiced to me and I owe it to him to have an honest conversation about it.

Adam Hoffberg: Very poignant. We'll end on that note. We really appreciate you coming in today Dr. Simonetti and as I mentioned earlier, we'll share some links so you can learn more about Dr. Simonetti and his work and also about our Lethal Means Safety Center here at the Rocky Mountain MIRECC, and a great webpage with lots of great resources. So please share with us any thoughts, comments, feedback, especially about this topic, we'd love to hear from you. As always, we invite you to subscribe to the podcast, share it with others, and give us a review. Until next time, join us for more interviews on important work in suicide prevention and resilience