

SUICIDE PREVENTION AND THE SAFE STORAGE OF FIREARMS IN THE MILITARY-CONNECTED COMMUNITY

Conversations for Healthcare Providers

Suicide is a public health emergency in the United States. Data tells us that those in the military-connected community are at increased risk to die by suicide, which has been the case for many years. To put this in perspective, military Veterans make up 7% of the population of the United States, but account for almost 14% of its deaths by suicide.

There are several theorized reasons for these higher rates, including age and occupation, significant stressors related to military service, and stigma keeping those at risk from seeking critical treatment. But perhaps most important, the people of this culture have access to, and familiarity with, firearms. In fact, of Americans who died by suicide, both male and female Veterans used firearms at significantly higher rates than their non-military counterparts.

This is a public health emergency. We know that, while owning a firearm does not increase suicidal thoughts, it greatly increases the chance of dying by suicide. The reasons are clear. Suicide attempts involving a firearm are fatal 90% of the time. There is clear evidence that actively putting time and space between a person at risk and their chosen method for suicide saves lives. How do we do that? We talk to each other. And these conversations are not just for doctors, nurses and psychologists. They are for everyone.

Over 13% of San Diego county residents are military Veterans, making it the third highest concentration of any county in the nation. Psych/Armor has partnered with the Cigna Foundation to provide evidence-based live and on-demand training for San Diegans who want to be part of the solution to end suicide in our local military-connected community.

RESOURCES FOR HEALTHCARE PROVIDERS

Resources for Suicide Prevention in Active Duty Servicemembers

The Defense Suicide Prevention Office (DSPO) www.dspo.mil publishes the official annual suicide report for the active duty military forces.

↖ [DSPO CY 2020 report](#)

DSPO has launched the campaign “Simple Things Save Lives.”

We encourage Service members, family members, veterans, and civilians to take the necessary steps to prevent suicide in their community – whether it’s in-person or online. If you see a concerning post from someone on social media going through relationship, financial, work-related, or other life challenges, there are “Simple Things” you can do to offer support, as well as messages of hope and resilience. DSPO’s “Simple Things Save Lives” page gives you the tools to effectively assist those who are experiencing tough times and guide them to the appropriate care and resources. (www.dspo.mil)

▶ [Simple Things Save Lives website and high-resolution video](#)

↖ [Research note about video](#)

Moore, Rose & Neely (2021). OPA Report 2021-055.

Resources for Healthcare Providers as Gatekeepers

Gatekeepers are those who have face to face contact with members of a community who are at risk (VETERANS and their families). They are thought to be vital pieces of any effort to reduce suicide. Anyone can be a gatekeeper. Healthcare providers of all types (primary care, specialty, mental health) are OFTEN GATEKEEPERS.

GATEKEEPER TRAINING

A model proposed by the RAND Corporation in 2015 states that studies have shown us there are 4 factors that influence a gatekeeper’s decision to intervene with someone at risk for suicide:

- Knowledge about suicide
- Beliefs and attitude about prevention
- Reluctance to intervene (stigma)
- Self-efficacy to intervene

EDUCATION affects all four of these. And leads directly to life-saving intervention.

Burnette, C., Ramchand, R., and Ayer, L. (2015). Gatekeeper training for suicide prevention: A theoretical model and review of the empirical literature. RAND Health Quarterly: 5(1): 16.

Gatekeeper training has been found to be effective in improving the knowledge, skills, and confidence of those who might be in a role where they could help individuals with suicide. It has been proven to change gatekeepers' beliefs about how much they can make a difference in preventing suicide in others.

Hawgood, J., Woodruff, A., Quinnett, P., & DeLeo, D. (2021). Gatekeeper training and minimum standards of competency: Essentials for the suicide prevention workforce. Crisis. <https://doi.org/10.1027/0227-5910/a000794>

BEHAVIORAL REHEARSAL FOR HEALTHCARE PROVIDER GATEKEEPERS

FOUR FACTORS influence whether we step in when we are worried about someone in a possible suicidal crisis:

1. Knowledge about suicide
2. Beliefs and attitude about prevention of suicide
3. Stigma about whether you should intervene
4. The belief you can make a difference

HOW DO WE CHANGE THESE FOUR FACTORS? WE PRACTICE.

Studies have shown that gatekeepers of all types, both community members and professionals, benefit greatly from practicing the skills they learn during training for suicide prevention.

Cross, W.F., Seabur, D., Biggs, D., Schmeelk-Cone, K., White, A., & Caine, E.D. (2010). Does practice make perfect? A randomized controlled trial of behavioral rehearsal on suicide prevention gatekeeper skills. The Journal of Primary Prevention; 31(1-2).

HEALTHCARE PROVIDER GATEKEEPER INTERVENTION

Psych/Armor has partnered with experts in the suicide prevention field to create short, on-demand EDUCATION to increase knowledge about suicide, change beliefs about suicide prevention, and increase self-efficacy as gatekeepers.

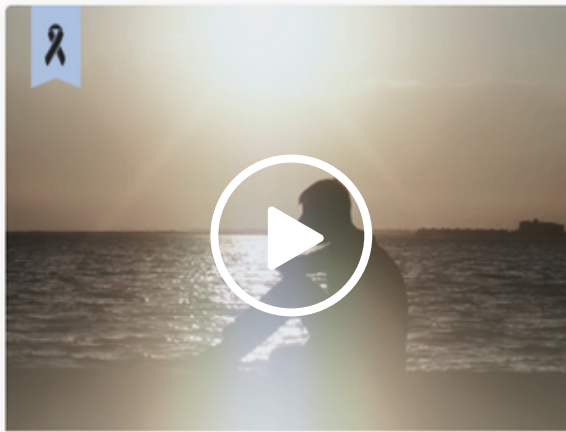
Crisis Response Plan (CRP)

- Evidence-based treatment for suicide prevention
- Index card developed collaboratively with any patient you are concerned about
- Used as a tool for individuals who are struggling with suicidal thoughts

SECTIONS OF THE CRP INDEX CARD

Warning signs	
Strategies for managing stress	
Sources of social support	
Reasons for living**	
Crisis/professional assistance	

PSYCH/ARMOR'S ON DEMAND COURSES



Crisis Response Plan for Healthcare Providers: Intervention

This course introduces the theory behind the Crisis Response Plan, and explains the importance of...

👤 Craig Bryan, Psy.D., ABPP



Crisis Response Plan for Healthcare Providers: Introduction and Assessment

This course introduces the theory behind the Crisis Response Plan, and explains the importance of...

👤 Craig Bryan, Psy.D., ABPP

Bryan, C.J. et al (2017). Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial. *Journal of Affective Disorders* (212); 64-72.

COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

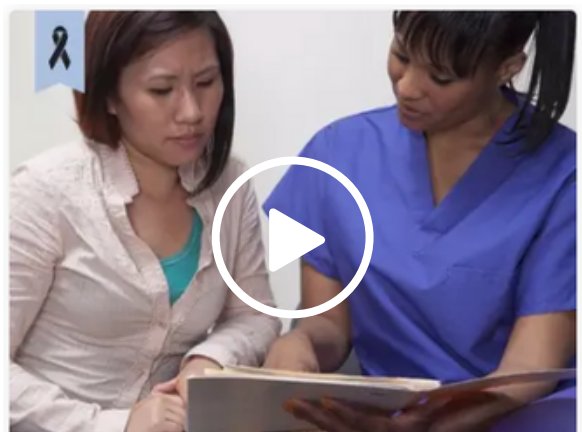
Created through the Columbia Lighthouse Project, the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs.

Users of the tool ask people:

- Whether and when they have thought about suicide (ideation)
- What actions they have taken — and when — to prepare for suicide
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition

The **C-SSRS** is:

- Based in evidence over decades
- Validated in many populations
- Simple and free



Columbia Scale for Healthcare Providers

Talking to a service member or Veteran about suicide -- and asking the right questions -- are the...

👤 Kelly Posner, Ph.D

Yershova K., Lesser A., Logan K., Posner K. (2016). Asking about Suicide as Suicide Prevention: The Columbia Suicide Severity Rating Scale (C-SSRS). In: Courtet P. (eds) *Understanding Suicide*. Springer, Cham.