CALM LETHAL MEANS ASSESSMENT CHECKLIST

1. Suicidal Ideation
   __ Immediate Ideation __ Future Ideation __ Past Ideation

2. Specified Plan
   __ Time Specified __ Place Specified __ Means Specified

3. Means Mentioned
   __ Overdose __ Firearm __ Cut/Stab __ Hang __ Jump
   __ Other (Specify) ________________________________

Even if not specified as potential means, the following should **ALWAYS** be assessed:

**1. Medication Access** (Check All That Apply):
   __ Multiple Medications Accessible __ Opioid Medications Accessible
   __ Medications Supervised __ Medications Secured from Access
   __ Meds Review and Access Reduction Discussed w/ patient and significant others.
   __ Plan Developed for Removing/Reducing Access
   __ Follow up that steps have been taken

**2. Firearms Access** (Check All That Apply):
   __ Firearms Loaded and Available __ Firearms Unloaded but Unsecured
   __ Firearms Unloaded and Secured __ Recent Firearm Purchase
   __ Firearms Review and Access Reduction Discussion w/patient and significant others
   __ Plan Developed for Removing/Reducing Access
   __ Follow up that steps have been taken

Assess for the following if suspected as Potential Means:
1. Cutting or Stabbing:
   __ Has Knife/Blade Hidden  __ Recent Purchase of Knife/Blade
   __ Knife/Blades Accessible
   __ Knife/Blade Review and Access Discussion with patient and significant others.
   __ Plan Developed for Removing/Restricting Access.
   __ Follow up that steps have been taken

2. Hanging
   __ Has secured rope or other means  __ Has looked for rope or means
   __ Has location planned  __ Has time planned
   __ Access and Supervision Discussion held with patient and significant others.
   __ Plan Developed for Removing/Reducing Access
   __ Follow up that steps have been taken

3. Jumping
   __ Proximity to jumping area(s)  __ Has preferred area
   __ Has visited area  __ Has a timeframe
   __ Access and Supervision Discussion with patient and significant others.
   __ Plan Developed for Reducing Access.
   __ Follow up that steps have been taken
WHAT ELSE CAN WE DO?

Focus particularly on anything mentioned in suicide plans or means that pose particular risk for the individual due to personal interest or recent suicides in peers, the news, etc.

While reducing access to lethal means is effective for preventing suicide, it should be implemented as part of an overall SAFETY PLAN.

FREE Phone Apps Available for Android and IOS:
Stanley-Brown Safety Plan
Columbia Protocol

For more information on reducing access to lethal means, visit the MEANSMATTER website at www.meansmatter.org
For a free online training: www.sprc.org/resources-programs/calms-counseling-access-lethal-means

For Suicide Prevention Training:
Kelly Brevig
Suicide Educational Services Coordinator
Evergreen Youth & Family Services, Inc. (218) 441-4565

24-HOUR MOBILE CRISIS LINE
1-800-422-0045
The Mobile Crisis Team is available for emergency and crisis services. This service is available 24/7 for adults and children experiencing a mental health crisis and need further assessment. Our team can assist you over the phone, at your residence, in the hospital - wherever you may be located. We are a local team here to assist you.

Text "MN" to 741741
Crisis Text Line confidentially connects texters with counselors who are trained to respond to problems and crisis situations free of charge, 24 hours a day, 365 days a year. Counselors will help defuse the crisis and connect the texter to local resources.

SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

REDUCING ACCESS TO LETHAL MEANS FOR THOSE AT RISK FOR SUICIDE
A family member or friend has indicated that they have been thinking about suicide, have made a suicide attempt, or are struggling with mental health, substance misuse and/or life challenges. For people facing these issues, suicidal thoughts can come up quickly and unpredictably and can lead to suicide attempts. We thus recommend reducing their access to lethal means as an important part of keeping them safe.

**WHY ARE YOU RECEIVING THIS INFORMATION?**

Lethal Means are those that are *MOST LIKELY* to cause death when used by someone feeling suicidal.

- Suicide *Attempts most frequently involve pills*; Suicide *Deaths most often involve* firearms.
- The difference is in the comparative *LETHALITY* of the methods.
- Most attempts happen at home, are decided on quickly, and involve readily-available methods.
- Unlike most other methods, firearms do not allow for a change of mind or for rescue.

**Putting time and distance between a suicidal person and lethal means, especially firearms, may save a life.**

**HOW TO REDUCE ACCESS**

**Firearms**

- Temporarily *storing all guns away from the home* is the most effective method. Asking a friend or relative to hold on to them is often the easiest way to accomplish this.
- Other offsite storage options include: gun shops, firing ranges, self-storage units, pawn shops or police departments. These may involve fees or background checks.
- In-home locking is not as safe. Kids often know where guns are stored and how to access them, even when adults think they don’t.
- If removing firearms from the home is not possible, take steps to increase time and distance.
- “Triple Safe Locking” at home is the next safest option: unload all firearms, lock them in a gun safe, lock ammunition separately or don’t keep ammo at home for now. Trigger or cable locks can be added.
- Change combinations or key locations.
- Remove a key component of the firearms (eg the firing pin).
- If the gun owner is the one at risk, lock all guns and give the key(s) to someone else.

**Suffocation/Hanging** is a leading method of suicide death for those of all ages. Unfortunately, it is almost impossible to remove access to all ligatures. If hanging is a concern, obvious means should be removed or made inaccessible. Beyond that, close supervision (physical and emotional) of the individual and other aspects of the Safety Plan should be emphasized.

**Medications and Toxins**

- Dispose of all expired/unneeded medicines, especially prescription pain pills and any drugs of abuse.
- Reduce client’s access to their meds by dispensing them one at a time or keeping only a few days’ worth in their pill box.
- Prioritize locking up the following and seek specific guidance from a doctor or pharmacist:
  - Prescription pills, especially for pain
  - Over the counter pain pills
  - Over the counter sleeping pills
  - Use a medicine lock box if necessary
  - Also lock up toxic household cleaning products, pesticides, solvents, and other potential poisons.

**Sharps/Cutting** are frequently used for emotional regulation but only infrequently result in suicide deaths. Reducing access to sharps—particularly in private spaces—is indicated to prevent escalating or severe cutting behaviors or if sharps are an at-risk person’s method of choice.

**Other Methods** should be addressed whenever they are indicated as risks for the individual. For example, if a person talks about driving off a nearby cliff, steps should be taken to prevent them from driving, especially in the vicinity of that location. Work, with the individual on ways to reduce access as indicated.
## CALM Talking Points for Clinicians
### Counseling on Access to Lethal Means

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<th>Behavioral Goal</th>
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<td>Raise the Issue</td>
<td>Motivate the family to reduce access to lethal means at home.</td>
<td>“When a patient is struggling in the ways [client name] is, sometime suicidal feelings can emerge and escalate rapidly. There are a few steps we routinely recommend at home to make things safer.” “Guns are the most frequent method of suicide death, and pills are the most frequent method of suicide attempt, so let’s start with those.”</td>
<td>Guns: Means matter: guns are deadly, quick, and irreversible. 9 out of 10 times, a firearm attempt is a firearm death. Not so with other methods. Anything a person substitutes for a gun is less likely to kill — dramatically so in the case of meds or sharps. Putting time and distance between a suicidal impulse and a gun can save a life. Meds: While meds are far less likely to result in death, they are the go-to method for most attempts, and some medications are far more deadly than others.</td>
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<tr>
<td>Raise the Issue</td>
<td>Assess how guns and meds are currently stored at home.</td>
<td>“What some gun owners in your situation do is temporarily store their guns away from home with someone they trust, at a self-storage unit, or a gun shop or police department. If you have guns at home, I’d like to talk over options like that with you.” “Let’s also talk over what sort of meds are at home and how they’re stored.”</td>
<td>Guns: Your goal isn’t to make people feel interrogated or worry that their guns may be taken from them; your goal is to let them know about voluntary steps under their control. Speak to the adult who knows the most about the household’s firearms. (Often one spouse—usually the wife—doesn’t know how all the guns are stored.) If a client splits their time between homes – like joint custody situations—assess both homes.</td>
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| Develop a Plan | Guns: The family stores any guns away from home until the client recovers, or, second best, secures them in-home such that the client has no access. | “Would storing the guns away from home until [client name] is better work for your family?” (See off-site storage options)  
If the family is unwilling/unable to store guns away from home, discuss other options to increase safety:  
• Would you be willing to lock the guns very securely (e.g. separate from ammunition) and ensure [client name] has no access to the keys or combination?  
• Ask someone away from home to hold the keys or change the combination for now?  
• OR remove a critical component of the gun so that it can’t fire?  
If the family is unwilling to lock the guns away from patient’s access:  
• What other options would you consider to increase safety?  
• How about locking the ammunition separately from the locked gun or not keep ammunition at home for now?  
What about a self-defense gun?  
• For right now, while [client name] is at risk, the gun may be more likely to cause harm than safety.  
• Can you think of any other way to provide home safety (lights, dogs, pepper spray)?  
• If you have to have a self-defense gun, keeping it “on your hip” or in a lock box that [client’s name] can’t get into will be safer than his/her having access.  
If the gun owner is the person at risk  
• Can someone else hold the key or change the combination for now? | Off-site storage is the safest approach. They may be stored with a: Relative or Friend (provided they aren’t prohibited from possessing firearms); Self-storage Rental Unit (unloaded); Police Departments (some offer this service; others do not – call first); Pawn Shop (in most states, for a small loan you can leave your guns at a pawn shop; repay the loan and monthly interest and go through a background check to get your guns back); or Gun Shop and Shooting Ranges (some offer storage services for a fee; may require a background check to get guns back, depending on storage type)  
If off-site storage is not possible, lock the firearms in a gun safe or tamper-proof lock box and keep keys/combination from the person at risk; or disassemble the guns, and lock up a key component like the slide or firing pin. Lock ammunition in a separate location. Locking guns in a glass-fronted case, or a wooden case with external hinges, or with only a cable lock that can easily be cut is not as safe as in a sturdy gun safe.  
If no other options are possible, remember that a locked gun poses a lower suicide risk than an unlocked gun, no matter who holds the key. And an unloaded gun poses a lower suicide risk than a loaded gun. Hiding guns is not recommended. Family members — especially teens — often know one another’s hiding places.  
Self-defense gun - Raise the short-term comparative risk of suicide vs home invasion. Seek alternative means for self-defense. Quick access to a loaded firearm during a suicidal crisis adds much risk. |
**Meds:** The family reduces meds available to the client such that even if taken all at once they would not do serious harm. **Other methods:** Discuss other methods if the patient's ideation has focused on them.

“Let’s make sure there’s nothing in the medicine cabinet that could do serious damage to [client name] if s/he took them all at once.”

**Meds -** Families should safely dispose of meds they no longer use. They will need advice on storing those meds they do need. A general rule of thumb would be to keep only small quantities of over-the-counter meds on hand, lock abuse-prone meds (opioids, benzodiazepines, muscle relaxants, sedatives, barbiturates, amphetamines), and have them ask their doctor, pharmacist, or the poison control center (1-800-222-1222) for help in determining safe quantities for their prescriptions (e.g., for some a week’s worth may be safe, for others a month’s worth). Don’t lock rescue meds like inhalers and epi-pens.

**Other methods -** If the patient has thought about using other methods—particularly highly lethal methods—make a plan for reducing access to these. For example, if ideation focuses on crashing the car or using car exhaust, now isn’t the time for the patient to have the keys.

*It is impossible to entirely “suicide-proof” a home; the biggest, simplest bang for the buck is to ensure the client can’t get to a gun in a suicidal crisis.*

| Agree on roles and timetable. | “So let’s review who’s doing what, and when... Dad will put the guns in the gun safe tonight and take them to his brother’s house this weekend. Mom will put a week’s worth of your son’s antidepressants in the pill sorter and lock the rest; she’ll dispose of expired meds and ask a pharmacist’s advice tomorrow about the remaining meds.” |
| Document the plan and next steps. | “I’ve written down the plan here, for you to take with you. We’ll give you a call in a few days to see how things are going.” |

Specific steps with names and timetables work better than a general plan like “family will secure the guns.”

**Document & Follow Up**

**Confirm that the plan was implemented.**

“Hi! I just wanted to check in and see how NAME is doing and also ask how the safety plan we talked about for gun and medication storage is going.”

Document the plan for the family. And note the discussion and plan in the medical record so it is accessible to other providers.

**Post-discharge follow-up contacts are shown to increase the likelihood that a family will actually implement the safety plan and to reduce the likelihood of readmission.**
### Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____________________________________________________________________________________
2. _____________________________________________________________________________________
3. _____________________________________________________________________________________

### Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____________________________________________________________________________________
2. _____________________________________________________________________________________
3. _____________________________________________________________________________________

### Step 3: People and social settings that provide distraction:

1. Name________________________________ Phone______________________________
2. Name________________________________ Phone______________________________
3. Place________________________________________ 4. Place______________________________

### Step 4: People whom I can ask for help:

1. Name________________________________ Phone______________________________
2. Name________________________________ Phone______________________________
3. Name________________________________ Phone______________________________

### Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name________________________________ Phone______________________________  
   Clinician Pager or Emergency Contact # _____________________________________________
2. Clinician Name________________________________ Phone______________________________  
   Clinician Pager or Emergency Contact # _____________________________________________
3. Local Urgent Care Services
   Urgent Care Services Address ______________________________________________________
   Urgent Care Services Phone _______________________________________________________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

### Step 6: Making the environment safe:

1. _____________________________________________________________________________________
2. _____________________________________________________________________________________

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The one thing that is most important to me and worth living for is: __________________________