



**nami**

National Alliance on Mental Illness

**MINNESOTA**

# Means Restriction Education

Based on the Means Restriction Education model  
developed by Dr. Marcus Kruesi  
Department of Psychiatry and Behavioral Sciences  
Medical University of South Carolina

**This workshop is made possible by a grant from the  
Minnesota Department of Health**

# Learning Objectives

- Achieve greater understanding of means restriction and its relationship to completed suicide
- Learn various options for safely securing firearms and for effectively restricting access to other lethal means
- Acquire practical skills for presenting means restriction education to someone who is in crisis once the risk of suicide has been assessed in their loved one
- Understand why families who have received this evidence based practice of means restriction education are 3.8 times more likely to take new action

# Why?

Traditionally suicide prevention has focused on who takes their life, when, where, and especially why

# How?

We are beginning to understand that how people attempt suicide plays a crucial role in whether they live or die

# UK & Domestic Gas

- Before 1960, domestic gas was the leading method of suicide in the United Kingdom
- By 1970, almost all domestic gas in the UK was non-toxic
- Suicide rates dropped by nearly a third
- The drop was driven by a drop in gas suicides; non-gas suicides increased slightly



# Sri Lanka & Pesticides

- Pesticides are the leading suicide method in Sri Lanka
- Restrictions were placed on sales of the most highly human-toxic pesticides in the mid to late 1990s
- Suicide rates dropped 50% from 1996 to 2005
- Nonfatal poisonings and suicide by other methods did not drop



# Firearms & Israeli Military

- The Israeli Defense Force (IDF) is a population-based army with mandatory draft for 18-21 year-olds in Israel
- Suicide was a leading cause of death; most 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





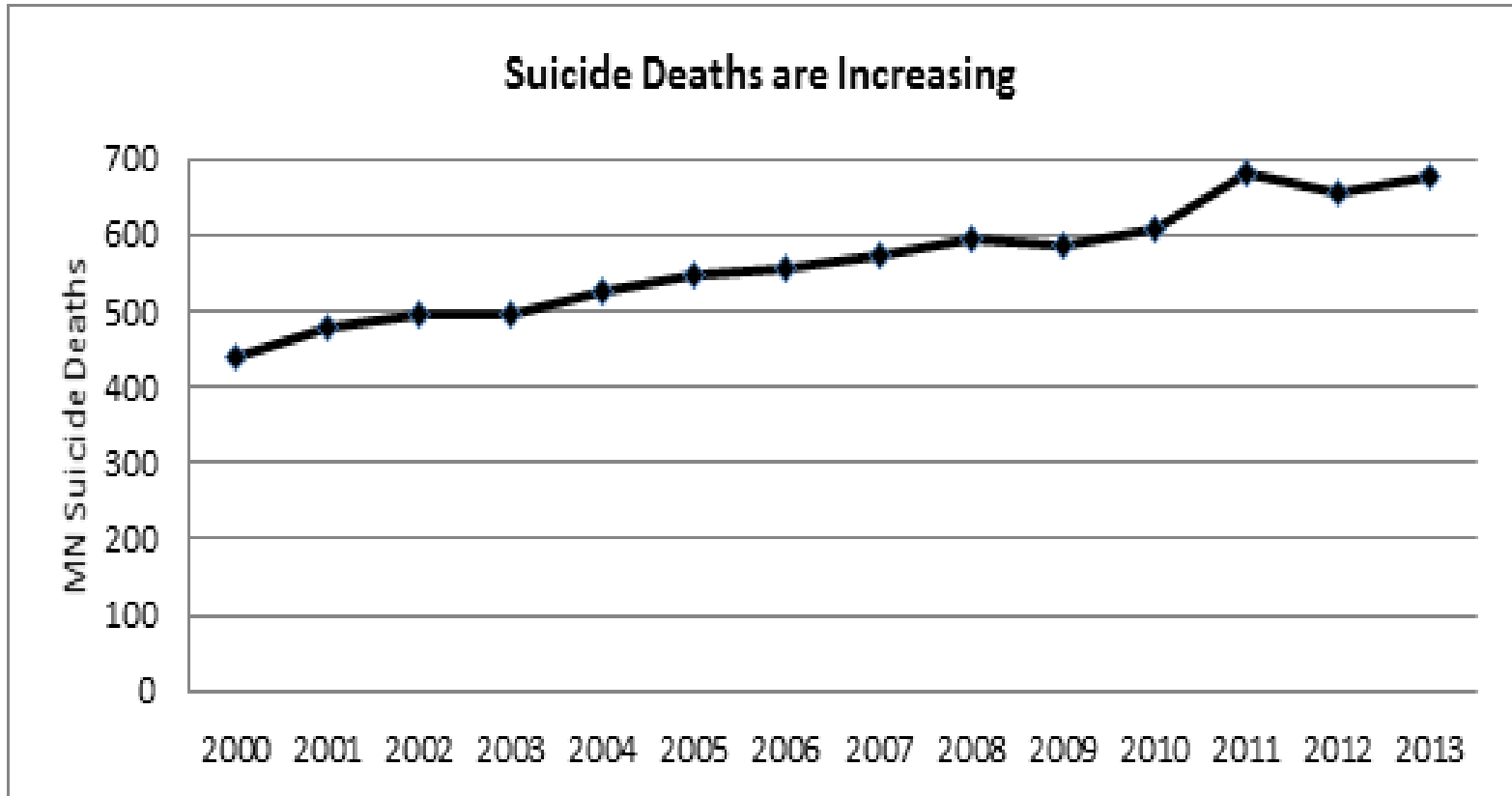
# The acute phase of a suicidal crisis is *often* (not always) brief

- Harvard School of Public Health and the Means Matter Campaign
- [www.meansmatter.org](http://www.meansmatter.org)

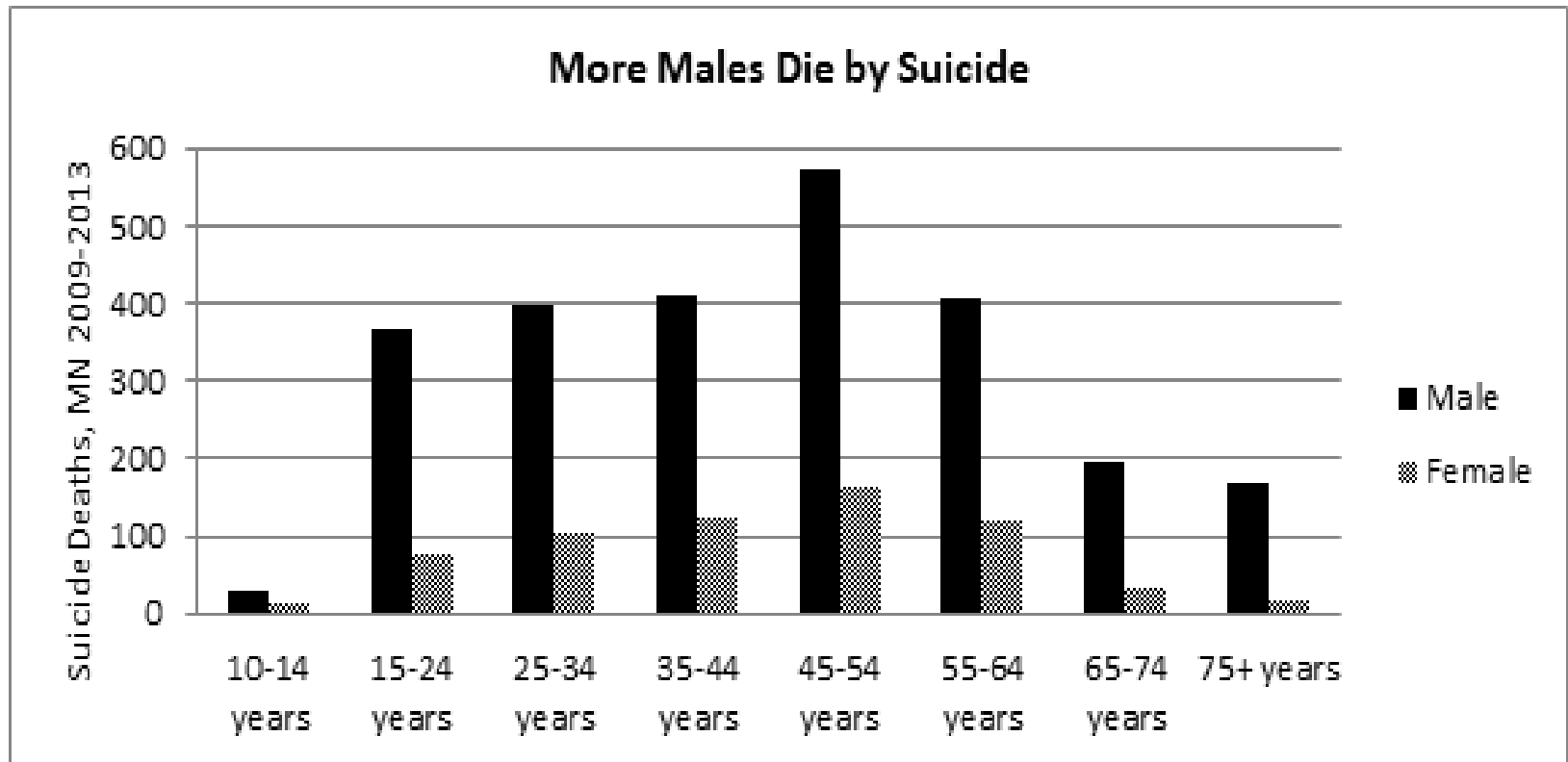
# When do people take their lives?

- Among people who nearly died in a suicide attempt, 24% said less than 5 minutes elapsed between deciding on suicide and making the attempt
- Another 47% said under an hour
- Only 13% said one day or more

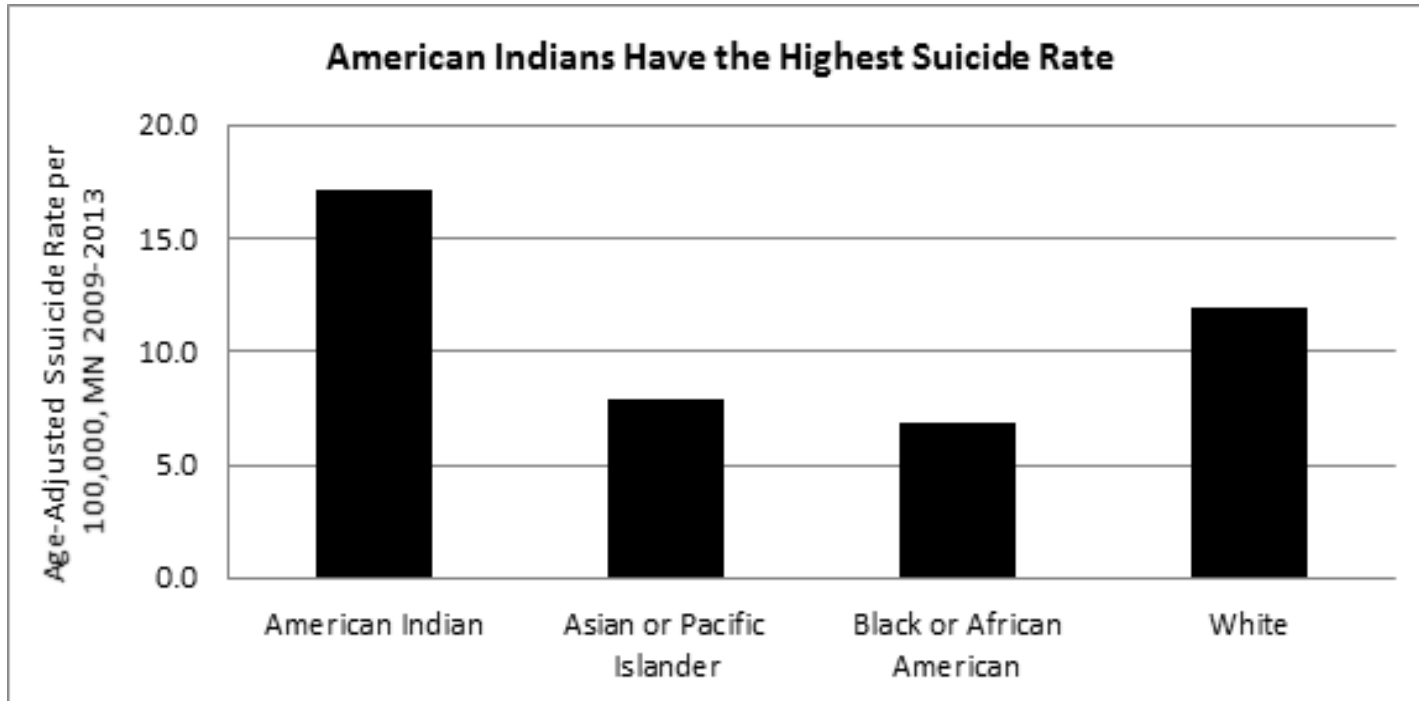
# MN Suicide Deaths



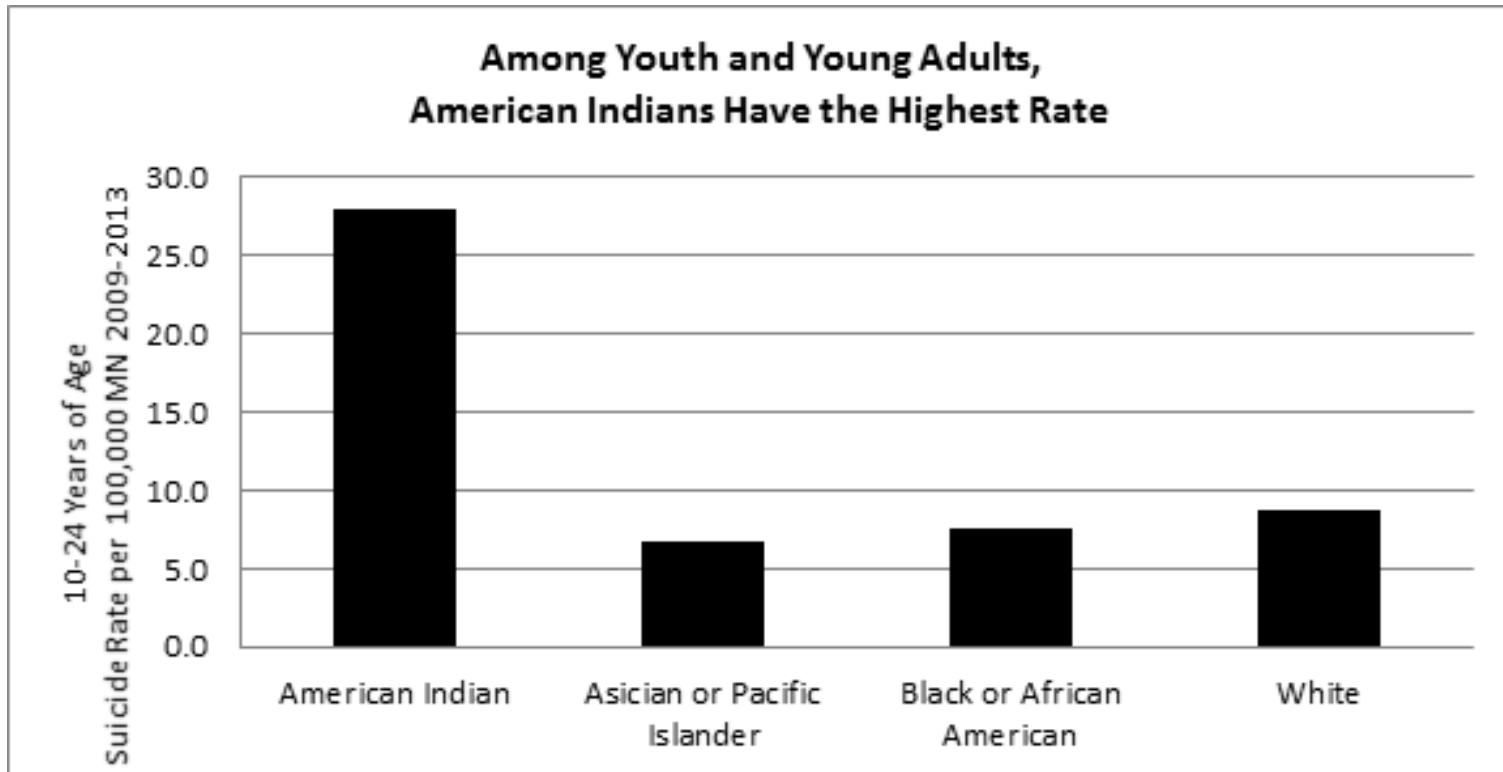
# Males vs. Female Suicides



# Rate Variance by Ethnicity



# Youth Rates in Minnesota



The rate of suicide among the state's American Indian population (all ages included) is nearly double that of the state's white population

**Minnesota Department of Health**

# Minnesota Data

- There were 683 suicides in Minnesota in 2014, 660 in 2012. This is up from 496 in 2003
- The highest increase recently has been among the baby boomer generation (born between 1946 and 1964), especially men



Firearms, suffocation, and poison are by far the most common methods for suicide in the U.S. according to NIMH

Suicides by:	Males %	Females %
Firearms	55.4	31.0
Suffocation	26.8	26.2
Poisoning	10.6	34.1

# Youth Suicide

- The adolescent brain is not fully developed, therefore the suicide of a young person is often an impulsive act
- A gun in the home doubles the chance of a young person dying by suicide
- Hiding a gun, ammunition, or a gun lock key is about as successful as hiding birthday presents
- When a gun is not found in the home, it is often found in the home of a friend or relative
- Tell every family of this risk; even those without guns!

What is the most frequent method of *attempt* for young people? **Overdose**

On what? **Over the counter medications**

What medication is commonly found in medicine cabinets in very large amounts?

**Acetaminophen or Tylenol**

It is *best* to remove all:

- firearms
- medications (both prescription and over the counter)
- knives and other sharp objects
- ropes and like materials
- alcohol
- car keys

# Safe Gun Removal

- Although many police departments don't have written policies, most will provide safe pick up and storage of firearms when informed of a risk of suicide in a home
- Families need to know that the serial number will be checked for ownership and links to previous crimes, and a ballistics test may be done
- Smaller departments may not have room for gun storage

# The Use of Locks

- A variety of trigger and gun locks are available as well as gun safes
- A metal lock box is *very* useful for medications. Only very small amounts should be available. Use pill packs
- Keys are better than combinations, but the key must be kept on your person at all times

# Critical Ingredients for Suicide Prevention in a Facility?

- Increased observation
- Decreased access to means

# Families Need to Know

- A family history of mental illness, suicide attempts and/or completed suicides increases the suicide risk for their family members
- A good indicator of a future attempt is a previous attempt



# Limited Time Family Education

## Three Steps

1. Inform the family member/caregiver that their loved one is at risk of suicide and tell them why
2. Tell them they can reduce the risk through the removal of lethal means
3. Help them understand how they can achieve this

# Step One

- Inform them that their loved one is at risk of suicide and tell them why (previous attempt, depression, etc.)
- If a youth is at risk, do not have this discussion near them
- If there is resistance, don't debate whether there is a risk. Agree that "we all care about you're his/her safety"
- "Has anyone in your family died by suicide?"
- Stick to the facts and statistics

# Step Two

- Tell them they can reduce this risk through the removal of lethal means
- “The risk of overdose increases with the availability of medications in the home, and the presence of a gun doubles the risk of suicide”
- If they argue that their loved one will just find the means somewhere else:  
“Suicide is often impulsive (esp. if they are young.)  
Would you like to make an attempt easy or difficult?”

# Step Three

- Discuss options for the removal of means
- Have an idea of local police department policy regarding firearm disposal or refer them to a CIT (Crisis Intervention Team) officer in their precinct
- Discuss options for locking away means like medications and the importance of keeping the key
- Stress that hiding lethal means is not effective
- Problem solve with the family to find the best options
- Explain that their loved one should not spend time alone
- TEST the family member

Evidence shows that there can be very little retention of verbal instructions when a person is under great stress

*So ask them to repeat the information back:*

- What indicates that your loved one is at risk?
- Is there a gun in the house?
- What is your plan for safe keeping?
- Are medications available?
- What will you do with them?

Research data shows that when means restriction education was not documented in the person's medical records, it probably was not given.

Make a habit of giving families the benefit of this life saving information and documenting it in the medical records.

# Role Play

- Find a partner
- Practice the 3 steps of means restriction education
- Take turns being the family member
- Don't forget to have them repeat back what they have learned!

# Role Play Quick Reference

1. Inform the family member that their loved one is at risk of suicide and tell them why
2. Tell them they can reduce the risk through the removal of lethal means
3. Tell them how they can achieve this



# For More Information on Means Restriction

- The Means Matter Website a project of the Harvard School of Public Health  
[www.meansmatters.org](http://www.meansmatters.org)

# For More Information on Suicide Prevention and Mental Health

- The National Institute on Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)
- The Minnesota Department of Health  
[www.health.state.mn.us/suicideprevention](http://www.health.state.mn.us/suicideprevention)
- NAMI Minnesota  
[www.namihelps.org](http://www.namihelps.org)

# For More Information on Dr. Kruesi's Research

- Kruesi, M. J., Grossman, J., Pennington, J. M., Woodward, P. J., Duda, D., & Hirsch, J. G. (1999). Suicide and violence prevention: Parent education in the emergency department. *Journal of the American Academy of Child Adolescent Psychiatry*, 38(3), 250-255. Pub Med icon.
- Wislar, J. S., Grossman, J., Kruesi, M. J., Fendrich, M., Franke, C., & Ignatowicz, N. (1998). Youth suicide-related visits in an emergency department serving rural counties: Implications for means restriction. *Archives of Suicide Research*, 4, 75-87.
- McManus, B. L., Kruesi, M. J., Dontes, A. E., Defazio, C. R., Piotrowski, J. T., & Woodward, P. J. (1997). Child and adolescent suicide attempts: An opportunity for emergency departments to provide injury prevention education. *American Journal of Emergency Medicine*, 15(3), 357-360.

Crisis Hotline – 1-800-273-TALK (8255)

NAMI Helpline for Non-Emergency Information and  
Resources

651-645-2948

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# NAMI Minnesota

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**[www.namihelps.org](http://www.namihelps.org)**

**[www.namihelpsyouth.org](http://www.namihelpsyouth.org)**



# What We Do

- Education classes, booklets and fact sheets
- Suicide prevention
- Support groups, Helpline
- Public awareness presentations
- Legislative advocacy
- NAMIWalks

# Support NAMI Minnesota

- Advocate for a better Mental Health System
- Attend an event
- Sign up for a newsletter
- Join an affiliate
- Be a sponsor
- Volunteer
- Become a donor