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

Source: Lubin 2010, Suic & Life-Threat Behavior.
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)

Source: Means Matter Website a project of Harvard School of Public Health
www.meansmatters.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

Suicide Deaths are Increasing


MN Suicide Deaths

0 100 200 300 400 500 600 700
Males vs. Female Suicides

More Males Die by Suicide

Suicide Deaths, MN 2009-2013

- 10-14 years
- 15-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75+ years

Male
Female
Rate Variance by Ethnicity

American Indians Have the Highest Suicide Rate

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Age-Adjusted Suicide Rate per 100,000, MN 2009-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>15.0</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>6.0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4.0</td>
</tr>
<tr>
<td>White</td>
<td>8.0</td>
</tr>
</tbody>
</table>
Youth Rates in Minnesota

Among Youth and Young Adults, American Indians Have the Highest Rate

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Suicide Rate per 100,000 MN 2009-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>30.0</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>5.0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4.0</td>
</tr>
<tr>
<td>White</td>
<td>3.5</td>
</tr>
</tbody>
</table>

10-24 Years of Age
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

Source: Minnesota Department of Health (MDH)
Firearms, suffocation, and poison are by far the most common methods for suicide in the U.S. according to NIMH

<table>
<thead>
<tr>
<th>Suicides by:</th>
<th>Males %</th>
<th>Females %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearms</td>
<td>55.4</td>
<td>31.0</td>
</tr>
<tr>
<td>Suffocation</td>
<td>26.8</td>
<td>26.2</td>
</tr>
<tr>
<td>Poisoning</td>
<td>10.6</td>
<td>34.1</td>
</tr>
</tbody>
</table>
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
For More Information on Suicide Prevention and Mental Health

• The National Institute on Mental Health
  www.nimh.nih.gov

• The Minnesota Department of Health
  www.health.state.mn.us/suicideprevention

• NAMI Minnesota
  www.namihelps.org
For More Information on Dr. Kruesi’s Research


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

NAMI Helpline for Non-Emergency Information and Resources
651-645-2948

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

800 Transfer Road, Suite 31
St. Paul, MN  55114
1-888-473-0237
651-645-2948
www.namihelps.org
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