

Recommendations for Clinicians

If you're concerned that a patient or client is suicidal, in addition to using your standard clinical strategies to assess and manage suicidal risk, talk with them and their family members about whether there are firearms and other lethal means at home.

Speak with the Client's Family and Loved Ones

(If the client is an adult, follow your agency's protocols regarding gaining the client's permission to contact family/loved ones)

- Explain that you're concerned their loved one is at risk for suicide.
- Ask if there are firearms at home and explain why you're asking (the presence of a gun increases the chance that a suicide attempt will be fatal).
- Ask the men too. When clinicians speak with a parent, it is often the mother. Women don't always know when their male partner has a firearm at home. If possible, speak with all adults in the home.
- Ask about all firearms. If there's one gun, there's usually more than one.
- Assess each relevant household (e.g., for a teenager in a joint custody situation, ask about both parent's homes).
- Advise that the safest option is not having firearms at home until the situation improves. (See our *Questions about Removing or Storing Firearms* document.)
- Local law enforcement may be able to store the guns (or dispose of them). (Don't state that this is a definite option unless you're acquainted with the agency's policy; not all agencies provide this service.)
- Sympathize with gun owners who find the option of living without a firearm at home, even temporarily, very difficult. Don't minimize that this is a tough sacrifice. You're all on the same team trying to keep the patient safe. But be firm that the safest option is keeping guns out of a suicidal person's home.
- Storing the firearms at a trusted friend's or relative's until the situation improves may be an acceptable option to the owner. Not everyone can hold on to firearms, however.*
- Locking the firearms up is also an option if the family won't remove the guns, but it's not the safest option. Lock all firearms unloaded in a safe designed for firearms or in a tamper-proof, locked storage place. Lock the ammunition separately. Better yet, advise the family not to keep ammunition at home until the situation improves. Be sure the keys or combinations aren't accessible to the person at risk.
- Hiding unlocked guns is not advised. Remember, kids know their parent's hiding places!
- Document in your notes that you've reviewed this information with the family.
- Don't limit your conversation to lethal means. Lethal means counseling is only one part of a comprehensive approach to activating the client's support system.

Speak with the Adult Client

- Review the same information as above.
- Express your concerns about his or her safety and your wish to keep them safe.
- Get releases to talk with important family members or other concerned parties. Enlist them in keeping lethal means out of the home and providing other support.

- Help the client understand that risk sometimes escalates rapidly - for example right after a fight with a family member. Not having lethal means quickly at hand is like keeping the keys to the car away from a person who's been drinking. It reduces bad outcomes in volatile situations.
- Advise removing firearms and other lethal means if the client is at risk for suicide.
- Enlist a support person to make the actual transfer if doing so would be risky for the client.
- Document in your notes that you've reviewed this information with the client.
- Assess the client's compliance. Compliance is a good sign that they are trying to stay safe. If he or she is at high risk and has not agreed to remove guns (or, for example, has stockpiled medication and won't remove it), will he agree to do so if you think it could help him avoid hospitalization?
- Follow your agency's policies regarding taking more extreme steps such as contacting police and/or hospitalization if the person is in acute danger and has not removed lethal means or removing lethal means is not enough to keep them safe.
- Assess suicidal risk on an ongoing basis; things can improve or deteriorate rapidly.
- Note: Most people who kill themselves (except with pills) do so on their first attempt. Many never sought treatment for suicidal feelings. As a clinician, you may come into contact with them over some other issue--marriage counseling, court-remanded anger management, substance abuse treatment, etc. This underlines the importance of including suicide assessment with all clients.

Medications

- Limit prescriptions of lethal medications to suicidal patients to a non-lethal quantity.
- Call the Poison Control Hotline if you need help determining a non-lethal quantity: 1-800-222-1222.
- Advise clients and families to remove lethal doses from the home. See Maine Medical Center's *Safe Medication Disposal Guidelines* available at: http://www.mmc.org/mmc_body.cfm?id=4535.

*People Prohibited from Receiving Firearms

Under federal law, 18 U.S.C. § 922(d), no person may purchase or possess a firearm if they fall into the following categories, nor may any person knowingly sell, deliver, or otherwise transfer a firearm to any person falling into these categories:

- Is under indictment for or has been convicted in any court of a felony;
- Is a fugitive from justice;
- Is an unlawful user of a controlled substance (drug user);
- Has been adjudicated as a mental defective or committed to a mental institution;
- Is an illegal alien;
- Has been dishonorably discharged from the armed forces;
- Has renounced his or her citizenship;
- Is subject to a court order issued after a hearing which restrains him or her from intimate partner violence; or
- Has been convicted of a misdemeanor domestic violence offense.