

## **MEANS RESTRICTION**

Restricting access to the methods used for suicide and reducing the lethality of these means allows for rescue or change of heart (Sarchiapone et al., 2011 & Barber, Miller, 2014). “More people start an attempt and abort it than carry it through” (Barber, Miller 2014, p. S265). Methods that can be interrupted without harm allow for survival (Barber, Miller 2014). If highly lethal means are not available the likelihood of dying is decreased (Sarchiapone et al., 2011 & Barber, Miller, 2014). For these reasons, focusing on the way in which someone may attempt suicide in addition to the reasons why they may do so is vital.

To understand how means restriction is effective it is necessary to understand the nature of a suicidal crisis. The urge to act on a suicidal crisis typically lasts only a few minutes to a few hours (Brady Center). This overwhelming emotional state most often results from a temporary inability to cope with unbearable pain. Seventy studies show that “approximately 90% of attempters who survive a nonfatal attempt will **not** go on to die by suicide” (Brady Center p. 3 & Barber, Miller 2014 p. S265). When in crisis, a person’s perception constricts, narrows, darkens and, essentially, collapses. Suicide is often seen as the only option to end the intense pain they are experiencing.

Most suicides are highly impulsive. In this state of crisis impulsive actions can be fatal. “As many as two-thirds of those who reported suicidal behavior did not plan their attempt” (Brady Center, p. 10). Among those who made a plan minimal time elapsed between the plan and the attempt.

| <b>Time elapsed between thought and attempt</b> | <b>Percent of attempt survivors (cumulative)</b> |
|---|--|
| less than 5 min                                 | 25%  |
| less than 20 min                                | 48%  |
| less than 60 min                                | 71% (1,8)  |

Separating someone from the means of self-harm when they are in this short lived, highly impulsive state of emotion places life saving time between the thought and the act.

Though it seems counter-intuitive, the risk of method substitution when a chosen method is unavailable is highly unlikely (Brady Center & Sarchiapone et al., 2011 ). “Most people who attempt suicide don’t really want to die, they are just so overwhelmed by their emotions they feel unable to cope” (Brady Center, p. 11). The risk of method substitution is very low. “It has been shown that individuals have a preference for a specific means” (Sarchiapone et al., 2011, p. 3 ). If a preferred method is unavailable, it is unlikely that a different method will be chosen (Brady Center). Separating someone from the means of self-harm when they are in a short lived highly impulsive and intense state takes away their ability to act on a fleeting thought.

Suicide results from the interplay of multiple factors. Anticipating who will experience a suicidal crisis leading to an impulsive act of self-harm is difficult to predict. This is why means reduction is one component of a comprehensive approach to suicide prevention. Families, professionals, agencies, organizations, media and policy makers can all take action to prevent suicide. Reducing access to methods used for suicide can delay or prevent an attempt until the period of high risk has passed (Sarchiapone et al., 2011). It can save lives.

**What To Do: Individual Level**

**Parent/Guardian:**

“Most parents of adolescents believe their children are old enough to behave responsibly and to exercise good judgement”(Brady Center, p.14). When a child is experiencing a suicidal crisis, as described above, they cannot think rationally. Therefore, educating parents about lethal means restriction is a necessary part of adolescent suicide prevention. *Just as families lock a cabinet to keep curious toddlers safe from harmful chemicals*, they can protect youth from taking impulsive action during a suicidal crisis by removing or limiting availability of means in the home. The simple adjustments a family can make in their home are described on the “Brady’s Suicide-Proof Your Home” website (SPRC, n.d.); <http://www.suicideproof.org>. Additional information is found at Harvard School of Public Health Means Matter site <https://www.hsph.harvard.edu/means-matter/recommendations/families/> . Families can limit both over-the-counter (OTC) and prescription medications, teens’ preferred method. Deaths may be prevented or severity of attempts reduced when medication availability is limited (Barber, Miller, 2014). Firearms are particularly deadly. It is critical to store them safely. For gun safety information see Project Child Safe for more information: <http://www.projectchildsafe.org/blog/afsp-and-nssf-tremendous-potential-save-lives> .

**Professionals:**

The National Strategy for Suicide Prevention recommends school personnel and health providers counsel their students or patients who are at risk for suicide and their families about reducing access to lethal means. (Objective 6.1, p.44 <https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf> ) The majority of people who die by suicide have visited their health care provider or an emergency department before their death.

**Seen by Primary Care**

| Percentage of Suicide Deaths | When Seen             |
|------------------------------|-----------------------|
| 45%                          | Month Preceding Death |
| 77%                          | Year Preceding Death  |

Suicide attempts are a growing portion of emergency department visits by youth (Brady Center). For more information see Kids Data <http://www.kidsdata.org/topic#cat=27,34> . Both points of contact, primary care and ER, offer an opportunity to intervene and provide information. Due to the recurring nature of suicidal crises families need to plan in advance for the safety of youth.

The literature “suggests that families who were counseled to reduce access to firearms and medications at home were more likely to do so than those not receiving such counseling” (Barber, Miller, 2014, p. S267). Lethal means counseling is particularly important with regard to guns. The risk of suicide is two to five times higher for youth in gun-owning homes (Barber, Miller, 2014). It is of note that people living in homes with guns “are not more likely to screen positive for psychopathology or suicidal ideation, or to report having attempted suicide. The heightened risk of suicide associated with the presence of a household firearm applies not only to the gun owner but to all household members” (Barber, Miller, 2014, p. S266).

### **What To Do: Population Level**

Population-level means reduction consists in restriction of means availability of a given lethal means through policy changes or by affecting the popularity of a method (Sarchiapone et al., 2011). Despite evidence of the potential of means restriction to save lives, historically it has not been prioritized. Population level interventions have shown “that method-specific rates of suicide drop when a method becomes less available or less lethal” (Barber, Miller, 2014, p. S265). Conversely a “method of suicide can be established in a population when it is easily available” (Sarchiapone et al., 2011, p. 3). Examples of population level interventions include policy changes that reduce the toxicity of poison substances, limiting medication prescription quantities, placing barriers at high places such as bridges and parking structures, safe rooms in institutional settings, non-legislative approaches engaging the gun-owning community as partners in suicide prevention, providing for safety along train corridors, and safe media reporting.

By following the Media and Social Media Guidelines (<https://afsp.org/wp-content/uploads/2016/01/recommendations.pdf> and <http://chapterland.org/wp-content/uploads/sites/10/2015/02/AFSP-Social-Media-Guidelines-1-22-161.pdf>) media can help prevent additional suicides. *[See Media section in this document for further information]* “Media can increase the cognitive availability of a particular method by distributing technical information and sensationalizing” (Sarchiapone et al., 2011, p. 3). Media can increase the likelihood of additional similar deaths, especially among vulnerable youth when it describes the method of suicide in detail, tells the story repeatedly, describes suicide features dramatically and prominently, and portrays the individual who died as someone the audience may identify with (Sarchiapone et al., 2011). Cognitive access can be reduced by avoiding using this information in publications about suicide (Barber, Miller, 2014).

Policy makers provide for population based means reduction in a variety of ways. They can create policies that require awareness and education for both professionals and the general population about lethal means reduction. Regulations can be put in place that provide protective measures for vulnerable youth. One such proven method has been requiring safety barriers at high places such as bridges, parking structures and roof tops. Death rates go down and deaths at nearby similar sites have not occurred. In some cases, overall deaths by suicide from other methods have decreased when barriers have been put in place. Substitution of site or method is highly unlikely (Brady Center). These and other actions can reduce suicidal deaths.

### **Conclusion**

Suicidal crises are most frequently of short duration and, for some, recurrent. This is a temporary state in which the individual experiencing the crisis is unable to cope with an overwhelming emotional state. They are unable to conceive of any other option than suicide as a way out of their pain. During this temporary state limiting ease of access to potentially lethal methods such as high places, guns, and substances (medications and poisons) can literally make the difference between life and death. Reducing access and lethality of means will help prevent the loss of young lives to suicide.

**Resources**

AFSP and NSSF (n.d.) Tremendous Potential to Save Lives. Retrieved from <https://afsp.org/afsp-nssf-tremendous-potential-save-lives/>

SAMHSA, Reed J. (n.d.). Primary Care: A Crucial setting for suicide prevention: *Suicide Prevention in Primary Care*. Retrieved from <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care>

Harvard School of Public Health (n.d.). Means Matter: Lethal means counseling. Retrieved from <https://www.hsph.harvard.edu/means-matter/lethal-means-counseling/>

Harvard School of Public Health (n.d.). Means Matter: Families, Recommendations for families. Retrieved from <https://www.hsph.harvard.edu/means-matter/recommendations/families/>

American Foundation for Suicide Prevention (n.d.) Firearms and Suicide Prevention: Suicide is a leading cause of death, and it's preventable. Retrieved from <https://afsp.org/about-suicide/firearms-suicide-prevention/>