

LETHAL MEANS COUNSELING IN THE ED

Protocol for youth ages 10-17 who live at home and...

- · Present with psychiatric or substance abuse complaint,
- OR: Screen positive for suicidality, regardless of presenting complaint

1. INTRODUCE THE TOPIC Meet with parent/caregiver, ideally without child present.

If child has SI/SA:

- Acknowledge risk that child's SI may return and s/he may (re)attempt.
- Introduce need to talk about safety precautions at home.

If no SI/SA (sample language; use your own style):
"I've asked your son about suicidal thoughts, and he hasn't
disclosed any. But when kids are struggling, these thoughts can
come up unpredictably. We therefore routinely suggest taking
safety precautions at home."

2. CONVEY RISK INFORMATION

- The most frequent method of suicide *attempt* is pills; the most *lethal* method is guns.
- Most attempts happen at home, are decided on quickly, and involve readily-available methods.
- Putting time and distance between a suicidal child and lethal means--especially guns--can save a life.

3. EDUCATE/COLLABORATE

Firearms

- Recommend that parents <u>store all guns away from home</u> while their child is having problems, e.g., with a relative, gun shop, or police. Deliver the message to all parents before assessing gun access.
- Discuss parents' concerns and help problem-solve around offsite storage. Avoid a negative attitude to guns; accept parents where they are, but let them know offsite storage is one of the most effective, immediate ways to protect their child.
- Explain that in-home locking is not as safe (kids sometimes find the keys or get past the locks).
- Offer the free gun safe and cable locks. They can be used 1) right away to secure unlocked guns while parents arrange offsite storage and 2) later if the parents bring the guns back home.

If no guns at home:

custody situation)

 Ask about guns in other residences (e.g., joint If parent won't or can't store offsite:

- "Triple Safe Locking" at home is the next safest option: unload guns, lock them in a gun safe, lock ammunition separately (or don't keep ammo at home for now).
- If guns are already locked, ask parents to consider changing the combination or key location. Parents can be unaware that kids know their "hiding" places.

Medications

- Recommend locking up all medications (except rescue meds like inhalers).
- Offer free lockbox & padlock.
- Recommend disposing of expired and unneeded medicines, especially pain pills.

If parent won't or can't lock all:

Advise they prioritize the following and seek specific guidance from a doctor or pharmacist:

Prescriptions, especially for pain
 Over-the-counter pain pills
 Over-the-counter sleeping pills

4. OFFER RESOURCES

Free locking devices

- Medicine lockbox & padlock: 1 per family
- Handgun safe: 1 per gun-owning family (and 4 AA batteries)
- Cable locks: as many as needed

Literature

- Rx for Household Safety: to reinforce messages
- Safeguard the Home brochure: guide to safe storage and talking with your child about suicidal feelings
- Local Storage Options: info on offsite firearm storage

5. DOCUMENT

- Help parents identify specific plans "Dad will put the guns in the safe tonight. Tomorrow after work he'll take them to his locker at the shooting range. Mom will lock meds before bed tonight."
- **Document** the plan in the chart. Solicit questions. Offer to follow up if you don't know the answer.

SAFETY Study: Who Gets What



Med Lock Box & Padlock, One per family



Gun Safe & 4 AA Batteries One per gunowning family



Cable Lock, Unlimited



Three Handouts, Unlimited

Who gets the locking devices and written handouts?

- Parents/caregivers accompanying patients ages 10-17 who:
 - o Presented with a mental health or substance abuse problem
 - OR: Screened positive for SI
- No more than one lock box per family and one gun safe per gun-owning family, even in joint custody situations. Multiple cable locks ok.
- Offer materials regardless of parent's language.
- Offer materials even if the parent does not fill out a Contact Form
- There is no funding to offer safes and lockboxes to families of youth outside our age range.

Where are the locking devices stored?

- At PVH: XXXXXXXXXXX
- At MCR: XXXXXXXXXXX
- If you notice they are running low, contact XXXXXX.
- Questions about the devices, contact XXXX.

Who gets a Contact Form?

- The study needs a Contact Form on every patient <u>ages 10-17</u> who presented with a mental health or substance problem or screened positive for SI.
- If the parent does not speak English or Spanish, declines to fill out a Contact Form, or there is no parent/caregiver with the child, note that in the 'For Office Use Only' portion. '
- Otherwise, ask the parent to complete the contact section. (e.g., "The University of Colorado is helping
 us improve services to families of kids in crisis and would like to contact you for an interview. Please fill
 in your contact info, unless you don't want to be contacted."

In the "For Office Use Only" section of the Contact Form, please check off the items the adult accepted. This is to track inventory.

For Office Use Only - Date of visit:		Devices taken:
Reason(s) for not completing the form: □ Language barrier □ Foster/institutional care External MH: □ yes □ no	□ Declines	☐ Gun Safe ☐ Med Lockbox

More questions? Contact Sara.Brandspigel@ucdenver.edu

THANK YOU! Your hard work in the ED makes a difference to our communities. The SAFETY Study team appreciates your contribution to research to prevent youth suicide in Colorado.