How You Can Prevent Firearm Suicide with an Extreme Risk Protection Order.

If you or someone you know needs help now, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text “CT” to 741-741 for free 24/7 support.

For further information on preventing suicide, visit 1Word 1Voice 1Life at www.preventsuicidect.org.

The law providing for Extreme Risk Protection Orders is Conn. General Statute, Chapter 529 §29-38c Seizure of firearms and ammunition from person posing risk of imminent personal injury to self or others. See www.cga.ct.gov/current/pub/chap_529.htm#sec_29-38c

Disclaimer: this pamphlet does not provide legal or medical advice and the information is intended for general informational purposes only. If you need legal or medical advice, please contact an attorney or mental health professional. Call 2-1-1 for further information.

Important information for healthcare professionals.

Approximately one-third of all Connecticut suicide deaths are from firearms.

Connecticut’s Extreme Risk Protection Order (ERPO) offers a way to remove firearms from those at imminent risk of harming themselves or others, while respecting their Second Amendment rights.

For every 10 to 20 ERPOs issued, one suicide is prevented.

Because suicide is impulsive, temporarily restricting access to firearms increases the chances of surviving a suicidal crisis and saving a life.

Suicide attempts are often preceded by warning signs.

Suicidal crises may come on quickly, but there are often warning signs. Family, friends, co-workers and healthcare professionals are all in a good position to identify someone at risk of suicide. If you see these warning signs, get the person help as soon as possible.1

If they are talking about:
- Wanting to die or kill themselves
- Great guilt or shame
- Being a burden to others

If they appear to be feeling:
- Hopeless, trapped, or having no reason to live
- Extremely sad, anxious, agitated, or full of rage
- Unbearable emotional or physical pain

If they are showing these behaviors:
- Making a plan or researching ways to die
- Not seeing friends, saying good bye, giving things away
- Taking dangerous risks
- Displaying extreme mood swings
- Eating or sleeping too much or too little
- Using drugs or alcohol more often

Exceptions to patient confidentiality.

While healthcare professionals have an obligation to maintain the confidentiality of provider-patient communication, there are exceptions, including when a client is suicidal.

According to the U.S. Department of Health & Human Services, in a December 2013 letter to healthcare providers:

“the HIPAA Privacy Rule does not prevent your ability to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when you believe the patient presents a serious danger to himself or other people.”

A healthcare provider is presumed to be acting in good faith:

“when his or her belief is based upon the provider’s actual knowledge...or in reliance on a credible representation by a person with apparent knowledge or authority.”

The HHS guidance letter is available at bit.ly/hhs-letter-hcp-disclosure.

In Connecticut, statutes provide a range of behavioral health specialists (including psychologists, psychiatrists and social workers) exceptions to obtaining patient consent to reveal conversations between themselves and the patient, or the patient’s family, when they have a good faith belief that there is risk of imminent personal injury to the person or to other individuals.

Consult with your ethics board or attorney on the specifics for your specialty.

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2 Warning Signs of Suicide, National Institute of Mental Health, NIMH Identifier No. OM 19-4316


6 Warning Signs of Suicide, National Institute of Mental Health, NIMH Identifier No. OM 19-4316


8 Johnson RM, Barber C, Azrael D, Clark DE, Hemenway D. Who are the owners of firearms used in adolescent suicides? Suicide and Life-Threatening Behavior. 2010;40(6):609–611.

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What is an Extreme Risk Protection Order?

Connecticut has a legal way—with due process protections—for anyone to warn the police about a person they believe is at immediate risk of suicide (or harm to others) and who may have access to firearms.

If law enforcement finds there is a risk of imminent harm, they can ask a Superior Court judge to hold the firearms for up to one year. This process is called an Extreme Risk Protection Order, sometimes also called a “risk warrant.”

If you believe someone is at immediate risk of suicide with a firearm, call 9-1-1 right away.

How the process works

1. Contact your local or state police and explain your concern.
2. The police will investigate the situation.
3. If no other alternative exists to keep the person safe, the police will ask the court for a warrant to remove the firearms.
4. If the ERPO is approved, police will remove all firearms and ammunition in the areas the judge authorizes.
5. The person's pistol permit and eligibility certificate will be revoked to prevent them from buying another firearm.
6. The person has the right to a court hearing within 14 days. At the hearing the judge will order the firearms be held by the police for up to one year, and they will be returned if the owner asks.
7. If the order is upheld the court will notify the Department of Emergency Services and Public Protection and the Department of Mental Health and Addiction Services.

What's required to get an Extreme Risk Protection Order?

To protect gun owners’ constitutional rights, an Extreme Risk Protection Order may only be granted if an investigation by police officers or a state’s attorney finds that:

- The person poses a risk of imminent personal injury to himself, herself or anyone else;
- The person has access to a firearm; and
- There is no reasonable alternative to keep the person from causing harm.

To decide if the situation calls for removing the firearms, the judge will consider evidence about whether the person has:

- Made recent threats or committed acts of violence toward himself or herself or anyone else;
- Committed recent acts of cruelty to animals;
- Recklessly used, displayed, or brandished a firearm;
- A history of use, attempted use, or threatened use of physical force;
- A history of involuntary confinement in a hospital for people with psychiatric disabilities; or
- A history of illegally using controlled substances or abusing alcohol.

Other measures to prevent firearm suicide.

An Extreme Risk Protection Order is a last resort to protect someone with access to firearms from suicide. It is used only when there is no reasonable alternative. Storing firearms outside of the home is the safest option when a person is at risk of suicide.

Only you can decide what is appropriate for your situation, but alternatives include:

- Ask the individual to temporarily—and legally—transfer their firearms to a friend or family member. This can only be done by contacting the Department of Emergency Services and Public Protection at (860) 885-8290.
- If the firearm is stored in a safe with a combination or fingerprint lock, ask the individual if you can change it so he no longer has access. You can also take the keys to a safe, but be absolutely sure there are no other keys.
- Ask the individual to have the local police department hold the firearms. Police can hold them for up to one year, and they will be returned if the owner asks.
- Recommend counseling or bring the person to a doctor, a mental health counseling center or a local hospital’s emergency department, or call 2-1-1 for help.

Securely storing firearms prevents teen suicide, and it’s the law!

Unsecured firearms in the home raise the risk of suicide for everyone, especially teens. Four out of five adolescents who die by firearm suicide use a firearm belonging to a family member.

In Connecticut, firearm owners are required to securely store firearms when a child under the age of 18 resides in the home, if a resident poses a risk of harm to self or others, or is ineligible to possess a firearm.

ERPOs aren't just for preventing suicide

ERPOs don't just protect people at risk of suicide. If you know someone who is threatening others with a firearm, call 9-1-1 immediately.

Lethal means counseling about firearms.

In Connecticut, there are no legal restrictions keeping healthcare providers from talking about firearm safety, but you may be reluctant to do so because of the sensitivity of the topic.

However, healthcare providers, especially behavioral health professionals, can play an important role in helping patients with access to firearms avoid self-harm.

Your discussion should be in the broader context of removing lethal means to stay safe from self-harm. These tips will help you have a non-confrontational and clinically appropriate discussion:

- **Focus on health.**
  As a healthcare professional, you are equipped to advise patients about the potential health risk of access to firearms and how to reduce the risk.

- **Start with open-ended questions to avoid sounding judgmental.**
  For example, say “Do you have concerns about the accessibility of your firearm when you may be in crisis?” instead of “Have you considered removing access to your guns?”

- **Ask questions in a non-accusatory fashion.**
  If a patient is struggling with suicidal thoughts, don’t ask, “Do you have a gun?” Instead, say, “Some of my clients have firearms, and some with suicidal thoughts choose to make their firearms less accessible for their own safety. Is this something you would like to talk about?”

- **Guide the client to a solution of his own.**
  For example, see the alternatives for voluntarily preventing access to firearms discussed elsewhere in this pamphlet.

Learn more about lethal means counseling at bit.ly/hsph_lethal_means_info.