

# Lethal Means Safety Among Veterans at Risk for Suicide



## From Science to Practice

Using Research to Promote Safety  
and Prevent Suicide

### Overview

*Since 2005, the suicide rate among Veterans has increased faster than for non-Veterans. In 2019, the suicide rate for Veterans was 52.3% greater than for non-Veterans.<sup>1</sup> From 2001 to 2019, there were increases in the percentage of suicides involving firearms and suffocation among Veterans.<sup>1</sup>*

*About half of Americans who died by suicide in 2019 used a firearm, while just more than a quarter suffocated or hanged themselves. The remaining quarter either poisoned themselves or used other means.<sup>2</sup> As many as 9 in 10 suicide attempts that involve firearms prove lethal.<sup>3</sup> People who attempt suicide by less lethal means are more likely to survive.<sup>3</sup> In addition, people who attempt suicide are often ambivalent about death.<sup>4</sup> Fortunately, many individuals who do not have access to their chosen method for suicide do not go on to lethally substitute (i.e., die by suicide) with an alternative method for suicide.<sup>5,6</sup> Therefore, reducing access to means by which individuals attempt suicide may reduce the likelihood of dying by suicide.<sup>5,7,8</sup> The VA has information on safe firearm and medication storage.*

## Key Findings

### Firearms

- Veterans are more likely than the general population to own firearms.<sup>9</sup> Those with access to firearms are more than three times as likely as those without access to die by suicide.<sup>10</sup>
- Firearms are the most common means used by Veterans for suicide, regardless of age and gender.<sup>11,12</sup> Over 69% of Veteran suicides in 2019 involved a firearm, while less than half (48%) of suicides among adults in the general population involved a firearm.<sup>1</sup>
- These pronounced differences may help explain why suicide rates are higher in states with larger Veteran

populations.<sup>13</sup> Overall, state-level rates of suicide and firearm-related suicide are tightly linked to state-level rates of firearm ownership.<sup>14</sup>

- Veterans in rural areas are more likely to die by suicide, particularly suicide by firearm compared to Veterans living in urban areas.<sup>15,16</sup>
- Safe firearm storage may reduce suicide risk.<sup>8</sup> While lifetime suicidal ideation is not associated with increased likelihood of firearm ownership among service members, service members who own firearms and have a history of lifetime suicidal ideation are more likely to store their firearms unsafely. Furthermore, perceived likelihood of a suicide attempt in the future is associated with unsafe firearm storage.<sup>17</sup> Safe storage of firearms in the home is reported by only 22.5% of Veterans who own firearms.<sup>18</sup>
- Veterans and active duty service members who decline to answer questions about their firearm access are more likely to report recent thoughts of suicide as compared to firearm owners who endorse firearm access. Declining to answer may therefore be an indicator of increased risk.<sup>19</sup>
- On the other hand, some studies suggest that Veterans are open to discussing firearms when a rationale for the discussion is provided, the topic is discussed in a caring and non-judgmental manner, and respect is conveyed for Veterans' knowledge of firearms.<sup>20,21,22</sup>
- Veterans who recently left military service are at elevated risk for firearm suicide compared with the general Veteran population, adjusting for age. Sex-stratified analyses found that this increased risk for firearm suicide was specific to recently separated male Veterans.<sup>23</sup>

### Other Means

- In 2019, roughly 13% of suicide deaths among adults in the general population were by poisoning, which has also been the leading cause of unintentional death by injury since 2011.<sup>2</sup> Research examining the effects of suicide prevention efforts targeting self-poisoning with medications is scant, but several studies have documented the potential effectiveness of restricting medication sales and improving packaging and dosing safety in preventing suicide and unintentional overdose deaths.<sup>24,25,26</sup>

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- The installation of physical barriers, such as rails or fences, at suicide hotspots prevented suicides by jumping from a high location, and generally did not result in a substitution effect (i.e., did not result in individuals substituting a different method of suicide).<sup>27,28</sup>
- Suicide by suffocation or asphyxiation may be harder to address due to the number of readily available household objects that can be used. Modifications to the designs of relatively weak anchor points (e.g., ceiling fans) may be helpful.<sup>30</sup> VA medical centers' use of the Mental Health Environment of Care Checklist which implements, among other things, lethal means safety policies on inpatient units have led to a sustained reduction in inpatient suicides, including hanging-related suicides.<sup>31</sup>

## Ways You Can Help

- Help create more time and distance between the onset of suicidal ideation and the decision to attempt suicide. Suicides can sometimes happen in a crisis. Time and space matter. In one study, the time from suicidal ideation onset to the decision to kill oneself was over 3 hours, while the time from decision to kill oneself to suicide attempt was less than 5 minutes for almost 40% of adults between the ages of 18-65.<sup>32,33</sup>
- Discuss safe storage of firearms, medication, and other lethal means with Veterans before a crisis develops. Lethal means counseling and distributing locking devices like trigger locks are effective at encouraging safer firearm storage practices.<sup>34,35</sup> The VA has **information on safe firearm and medication storage**.
- Encourage partnerships with local firearm retailers and shooting ranges to promote messaging and offsite firearm storage. The VA developed a **Safe Firearm Storage Toolkit** in partnership with the American Foundation for Suicide Prevention (AFSP) and the National Shooting Sports Foundation (NSSF).
- Ask Veterans if they keep firearms in their homes but note that some Veterans may not disclose firearm ownership if asked directly due to concerns they may lose the ability to keep firearms. Discuss ways they can protect themselves and others in their home from unintentional harm, including by safely storing firearms. Safe storage means storing firearms unloaded and in a secure location, such as a firearm safe, when not in use. Avoid sounding judgmental,<sup>36</sup> begin conversations with open-ended questions (e.g., "Do you have any concerns about the accessibility of your firearms?").
- Ask firearm owners if they have thought about ways or methods to kill themselves. This may be more effective than asking about suicidal thoughts. Firearm owners who have attempted suicide are less likely to have experienced suicidal ideation as traditionally measured and assessed than those who do not own firearms.<sup>37</sup>
- Keep gun locks in your clinics to easily access and give to Veterans and their families. Request gun locks from your local suicide prevention coordinator (SPC). You can find your local SPC here: <https://www.va.gov/find-locations/>
- Focus on Veterans' health. Mental health professionals are equipped to advise Veterans about the potential health risks of firearms and collaboratively brainstorm harm-reduction measures. Research shows that such conversations are likely to be acceptable within VA clinical spaces, but that trust is an important prerequisite<sup>20,38</sup> and that there is a preference to engage family members and friends in such conversations if feasible.<sup>18,39</sup>
- Counsel Veterans at risk for suicide, and their families or other household members, on temporarily, voluntarily<sup>38</sup> storing firearms outside the home until it is safe, if viable according to state law.<sup>40</sup> If not possible, discuss other ways to reduce lethal means access (e.g., removing firing pins). The short window of time between the decision to attempt suicide and the actual attempt creates a challenge for "in the moment" intervention.<sup>32,33</sup>
- Consider **arranging for naloxone** (a medication to reverse opioid overdose) to be dispensed to a Veteran who uses prescribed or unprescribed opioid medications or drugs.
- Review the Rocky Mountain Mental Illness Research, Education and Clinical Center (**MIRECC**) Lethal Means Safety & Suicide Prevention resources, including toolkits, pocket cards, videos, and more.

***There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.***



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