

# Lethal Means Assessment and Counseling in the Emergency Department: Differences by Provider Type and Personal Home Firearms

Sofiya Diurba, Rachel L Johnson, Bonnie J Siry, Christopher E Knoepke, Krithika Suresh, Scott A Simpson, Deborah Azrael, Megan L Ranney, Garen J Wintemute, Marian E Betz

## BACKGROUND

- Many suicides are preventable, and it is important to intervene during high-risk periods, especially for lethal methods like firearms
- Suicidal patients in the emergency department (ED) should be counseled about access to lethal means, but not all non-behavioral health (BH) ED providers feel confident doing so
- Identifying factors affecting likelihood that ED providers screen and counsel suicidal patients about firearm access can inform training or protocol development

## OBJECTIVES

Describe BH and ED provider attitudes and behaviors towards lethal means counseling (LMC), for firearms specifically, by:

1. Provider type (ED vs. BH provider)
2. Whether the provider has firearms in their own home

## METHODS

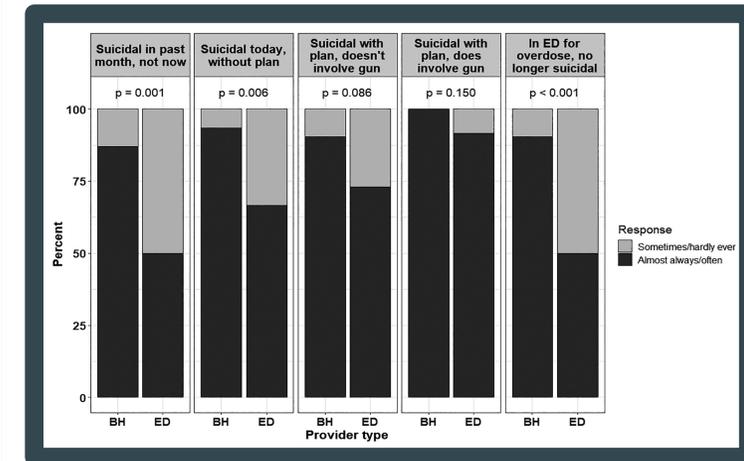
- Anonymous, web-based survey to ED and BH providers in 4 CO EDs
- Asked:
  - Presence of firearms and who controls them at home
  - Beliefs, attitudes, and typical behaviors around care of suicidal ED patients and LMC
  - Perceived patient attitudes
  - How often providers ask patients about access to firearms in five scenarios using a Likert Scale

## RESULTS

- 41% response rate, 48 ED providers and 31 BH providers
  - 35% owned firearms
- Fewer ED providers (35%) than BH providers (81%) felt confident in their ability to counsel patients about reducing home firearm access
  - No differences by firearm ownership, except firearm owning ED providers thought more so than non-firearm owning ED providers that they can recognize when patients need help making firearm access/storage decisions (62% vs 26%)

An emergency department provider's firearm ownership status does not affect their behavior and attitudes towards lethal means counseling

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- BH providers were over five times more likely than ED providers to ask about access to firearms in all scenarios (OR: 5.58, 95% CI 1.68–18.6)
- Less than 15% of ED providers thought their own provider type should provide lethal means counseling
- 78% of all providers didn't think providers receive enough training to support patients in making firearm access/storage decisions

## CONCLUSION

- Having a firearm at home does not appear to be associated with providers' practices related to LMC
  - Providers may not need to be especially comfortable with firearm culture in order to feel confident about talking to patients about firearms
- <15% of ED providers believed that their own provider type should be responsible for LMC (consistent with previous studies)
  - in-person BH professional evaluation is not always feasible, especially in smaller or rural EDs
- Most providers reported low knowledge, low confidence, and low training in firearm-specific lethal means counseling (similar to prior work)

## DISCLOSURES

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