

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

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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

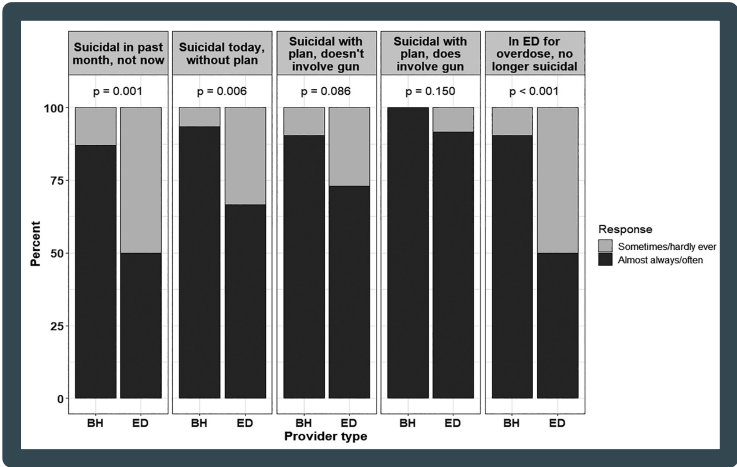
- Anonymous, web-based survey to ED and BH providers in 4 CO EDs
- Asked:
 - Presence of firearms and who controls them at home
 - Beliefs, attitudes, and typical behaviors around care of suicidal ED patients and LMC
 - Perceived patient attitudes
 - How often providers ask patients about access to firearms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