



The Nelson A. Rockefeller Center at Dartmouth College

The Center for Public Policy and the Social Sciences

Policy Research Shop

YOUTH SUICIDE PREVENTION

Strategies for Restricting Access to Lethal Means

Presented to The New Hampshire Suicide Prevention Council

PRS Policy Brief 2013-10

June 30, 2013

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This report was written by undergraduate students at Dartmouth College under the direction of professors in the Rockefeller Center. The Policy Research Shop is supported by a grant from the Fund for the Improvement of Postsecondary Education (FIPSE). The PRS reports were developed under FIPSE grant P116B100070 from the U.S. Department of Education. However, the contents of the PRS reports do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.



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EXECUTIVE SUMMARY

As a result of the emotional, social, and fiscal costs of suicide, in 2008 New Hampshire formed the Suicide Prevention Council, made up of state politicians, doctors, and mental health experts, in order to closely examine the factors contributing to the rise in youth suicide. The committee designed a plan in 2010 to lower the suicide rate in the state. The 2010 plan was comprehensive in nature as it addressed data collection, data and program evaluation, identifying at-risk individuals, and implementation programs to name the primary goals. Under this plan, a complete annual report on the progress on suicide reduction would be presented to the governor every two years. In addition, New Hampshire currently has nationally recognized suicide prevention programs such as *Connect* and is a model for many other states. While New Hampshire's suicide prevention and treatment efforts have been lauded nationally, the growing problem of *youth* suicide within the state requires additional attention paid to specific young demographics, and their access to lethal means.

This report aims to complement the work of the Suicide Prevention Council. The purpose of this report is to analyze how New Hampshire can build on existing youth suicide prevention programs to consider restricting access to the most lethal means of suicide – firearms – and to review what measures can be taken through education, incentives, and safety regulations to help those missed by current policies.

1. INTRODUCTION

Youth Suicide is more prevalent than one would think in New Hampshire. Three notable trends have emerged in New Hampshire's rates of suicide in recent years. First, New Hampshire's suicide rate is significantly higher than the national average. According to the American Foundation for Suicide Prevention, New Hampshire has a yearly average of 14.9 suicides per 100,000 individuals, compared to the national average of 12.4. In 2006, suicide rates in New Hampshire began to increase, reaching more than 14 suicides for every 100,000 residents. Second, the youth suicide rate in NH is even more frightening and compelling. Today, suicide in youth ages 15 to 24 is the second leading cause of death in New Hampshire, with 5 percent of youth attempting suicide in the state. Both statistics exceed the national average. New Hampshire's suicide rate is on the rise, and an estimated 11 percent are committed by individuals younger than 24 years of age. Moreover, the suicide rate among men ages 15 to 24 is on the rise. The subset of this demographic enrolled in the military is particularly at risk. Third, between 2002 and 2011, nearly half of youth suicides involved guns. In this paper, we focus specifically on at-risk individuals ages 15 to 24, the demographic most likely to use firearms in acts of suicide.

We focus on firearms because attempted suicides with firearms result in death at much higher rates than attempted suicides using any other means. According to New Hampshire's 2011 Suicide Prevention Annual Report, more than 80 percent of self-



injuries involving firearms result in death, compared to 2 percent for pills.¹ Given that many individuals who are not killed in a first suicide attempt do not attempt suicide again, it is important to understand what means are the most lethal and what precautionary steps can be taken to further reduce access to these means. After all, according to a review of 90 studies published in the *British Journal of Psychiatry*, more than 90 percent of people who survive a suicide attempt do not go on to kill themselves.² In addition, Harvard School of Public Health describes suicide as often being a compulsive action, not something that has been planned out in advance.³ Therefore, reducing immediate and easy access to particularly deadly lethal means such as firearms could help reduce suicide attempts resulting in death.

The focus on reduction of access to lethal means should not be the only focus of policies and programs targeting youth suicide. Rather, we focus on lethal means reduction for two reasons. First, it complements existing best practices and programs in New Hampshire. Second, it is easily implementable because much of the framework is already in place through the existing programs.

2. METHODOLOGY

To explore how New Hampshire could further reduce access to lethal means, we take the following steps. First, we review the established networks of educational information in New Hampshire on lethal means restriction, and the relationship between fatality rates and suicide attempts in which firearms were used. Next, we analyze literature on the effectiveness of lethal means restriction and the particular lethality of firearms. We then review best practices employed by Maine and New Hampshire. Lastly, we review policies employed by states across the nation that target youth suicide and youth access to firearms, comparing New Hampshire's current CAP to these policies and considering how it can be further strengthened.

3. REVIEW OF SUICIDE PREVENTION PROGRAMS IN NEW HAMPSHIRE

3.1 Research and Development of the Suicide Prevention Council

In response to rising suicide rates, New Hampshire formed the Suicide Prevention Council in 2008. The council subsequently created a subcommittee focused on data collection. The goals of the subcommittee are three-fold: collect information, develop new data extraction tools and methods, and evaluate reporting methods. The Suicide Prevention Council released a Suicide Prevention Plan in 2010. This report has helped facilitate the development and improvement of resources for at-risk populations in New Hampshire.

Furthermore, the New Hampshire Center for Public Policy Studies has written several reports on youth suicide in recent years. For example, it launched an analysis of the mental health services provided by New Hampshire public schools in 2009. This study



helped reinforce collaboration between the New Hampshire public school system and the Community Mental Health Centers (CMHC).

3.2 Existing Best Practices and Programs in New Hampshire

There are three primary sets of programs in New Hampshire that target at-risk youth: the Community Mental Health Centers (CMHC), the school-based programs run through *Connect*, and the Counseling on Access to Lethal Means Project (CALM).

Within the state of New Hampshire, mental health is a significant contributing factor to youth suicide – 90 percent of youth who complete a suicide attempt have a mental illness, often times depression.⁴ New Hampshire’s CMHC, run by the Department of Health and Human Services (DHHS), are spaces for youth to receive counseling services. While one out of every 70 New Hampshire residents received treatment for depression at a CMHC in 2010, only 20 percent of those who commit suicide had received CMHC services.⁵ Thus, CMHCs are not a catchall system for suicide prevention.

Public schools in the state of New Hampshire are also working to meet the needs of New Hampshire’s school-aged population at risk for suicide. For example, *Connect* provides workshops for school personnel to illustrate the importance of coordinating between teachers, custodians, service personnel, principals, social workers, and psychologists to prevent suicide when addressing mental health issues.⁶ Other states have replicated *Connect*’s workshops as “best practice” models in bringing stakeholders together. Nevertheless, the *Connect* system only exists in some of New Hampshire’s public schools.⁷ *Connect* determines which schools to engage by considering the school’s at-risk population, but also bases the decision on the feasibility of implementing the program.⁸ The leading criteria for *Connect* services are not always addressing places most in need. Moving forward, *Connect*’s school-based programs could be compared with other states school-based programs to determine how New Hampshire can produce more schools with services and better address its at-risk population.

CMHC and *Connect* school services are addressing overlapping at-risk populations. Coordinating services may allow for greater integration, understanding, and communication between providers. While New Hampshire is making strides in availability of nationally recognized programs, it is important to continue focusing on this work and ensuring that it reaches as many at-risk individuals in New Hampshire as possible. It is also important to recognize that even the best programs will miss some individuals who will go on to attempt suicide. Nevertheless, by identifying the most lethal means of suicide – firearms – New Hampshire can build on existing youth suicide prevention programs, like CALM, in order to help those missed by current policies.



4. DATA ON FIREARM USE AND FATALITY RATES

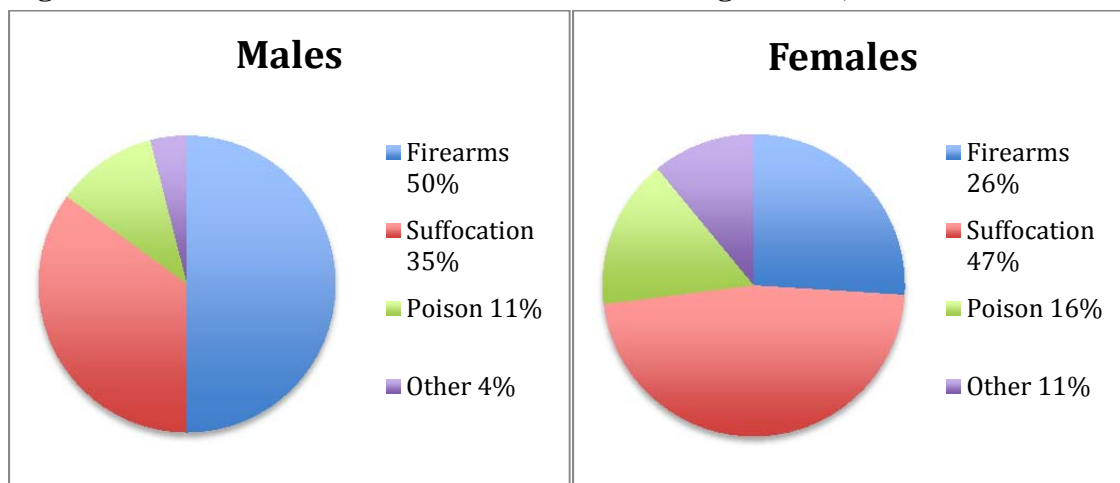
There is some variation in lethal means use by gender and age, but firearms are consistently used at a high rate for fatal suicide attempts regardless of the category. The variation also suggests possible evidence of the fatality rate of firearm use when comparing male and female suicide attempts and completed suicides. In addition, survey results reported in New Hampshire's 2011 Suicide Prevention Report indicate that a majority of New Hampshire residents do not know how frequently firearms are used and how high the firearm fatality rate is. Using this information, we recommend a multi-level approach to educating stakeholders and the general public, as well as encouraging safety precautions for gun owners (as discussed in the following section). In this section, we present some of the most recent data on firearm use in attempted and successful suicides, as well as some perceptions of lethal means use.

4.1 Lethal Means by Age and Gender

In New Hampshire, firearms account for nearly half of all suicides when combining both gender and all age categories. From 2007 to 2011, 46 percent of all successful suicides were committed using firearms, in comparison to 26 percent by hanging/asphyxiation, 17 percent by drugs/poison, and 11 percent for other.⁹

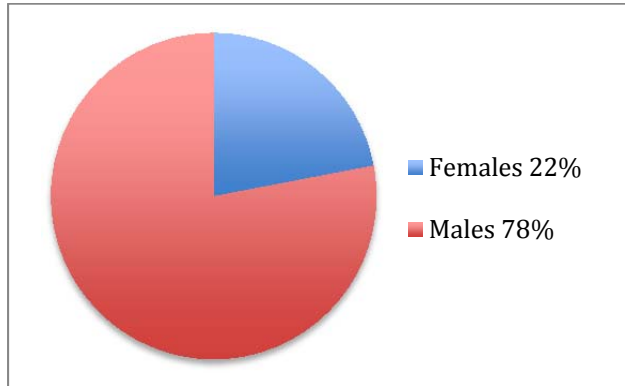
In New Hampshire, the use of firearms in suicide attempts varies most significantly by gender. From 2005 to 2009, half of all suicides by males ages 10 to 24 years old were completed with the use of a firearm, while 26 percent of female suicides included a firearm (see Figure 1). Unsurprisingly, the higher rate of use of a firearm by males is accompanied by a much higher rate of male deaths¹⁰ (see Figure 2).

Figure 1: Methods Used in NH Suicide Deaths for Ages 10-24, 2005-2009



Source: New Hampshire's 2011 Suicide Prevention Annual Report

Figure 2: NH Suicide Deaths by Gender for Ages 10-24, 2005-2009



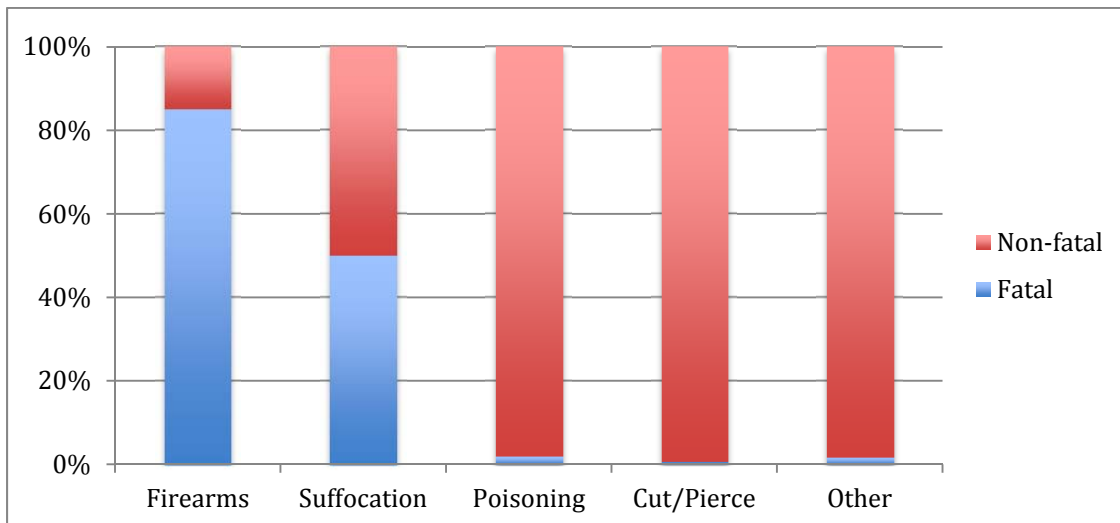
Source: *New Hampshire's 2011 Suicide Prevention Annual Report*

4.2 Fatality Rates

In New Hampshire, more than 80 percent of suicide attempts made with a firearm are fatal. While some argue that focusing on limiting access to firearms will not matter when someone is suicidal, since he or she will simply find another means to commit suicide, no other means is nearly as deadly as the use of a firearm (See Figure 3). Therefore, limiting access to firearms would make suicide attempts less likely to succeed. From 2004 to 2008, approximately 2 percent of suicide attempts made with poison or overdosing on medication, which is the most common means of suicide attempts, resulted in death.¹¹ Attempts through cutting resulted in a fatality rate of less than 1 percent, while attempts using other means resulted in a 2 percent fatality rate. The second most deadly means, after firearms, is suffocation – approximately 50 percent of suffocation attempts result in death. While this is high, it is still significantly lower than 80 percent. Furthermore, there are not as many total suffocation attempts. Therefore, suicide deaths by suffocation accounted for 23 percent of all suicide deaths from 2004 to 2008 in New Hampshire, compared to 45 percent for firearms.¹²

Understanding the variation in different lethal means' fatality rates is particularly important when considering the likelihood that an individual will attempt suicide again. Harvard School of Public Health reports that 90 percent of people who attempt suicide and survive do not go on to attempt suicide a second time.¹³ In most cases, unsuccessful suicide attempts resulted in the person receiving the necessary care to prevent a second attempt. Prevention of any suicide attempt is, of course, ideal but even the best prevention programs will miss some people who either do not or cannot seek help. If people then go on to attempt suicide, a good post-vention program can catch the individuals who slipped through the cracks of the prevention network. However, when someone attempts suicide with a firearm, the high fatality rate means that they most likely will not get this second chance.

Figure 3: Lethality of Means Used in NH Suicide Attempts, 2004-2008



Source: New Hampshire's 2011 Suicide Prevention Annual Report

4.3 Public Perceptions

In 2006, a collaborative survey conducted by the SPC, the Youth Suicide Prevention Assembly (YSPA), and *Connect* revealed important trends in New Hampshire residents' perceptions of suicide. Although firearms accounted for the means in approximately half of all New Hampshire suicides, less than a third of the surveyed individuals thought that firearms are the most common means of successful suicides.¹⁴ It is vital that stakeholders and the general public understand the role of different lethal means in suicide rates, and how simple preventative measures such as removing a firearm from a home or ensuring the utmost safety when storing a firearm could dramatically lower suicide death rates. As discussed in the next section, New Hampshire already has some programs in place regarding such education programs, while other best practices from other states can easily be incorporated into the existing framework.

5. RESTRICTING ACCESS TO LETHAL MEANS

New Hampshire suicide prevention programs have already addressed some issues regarding limiting access to lethal means. However, by focusing on firearms while evaluating current programs and adopting other best practices and policies, New Hampshire can address the most lethal and common means of suicide the state faces.

5.1 Educating Stakeholders on Lethal Means Restriction

The nationally-recognized New Hampshire suicide prevention program *Connect* addresses the need for lethal means restriction in its training programs. In addition to training, *Connect* has a valuable partnership with the Firearms Safety Coalition – a coalition that includes store and firing range owners who display information on suicide and the necessity of restricting access to firearms. *Connect* reports that approximately



half of the gun shops in New Hampshire currently display suicide prevention materials.¹⁵ This example shows that many channels of education and distribution of materials are already in place, and can be strengthened and broadened so as to reach a larger number of people.

It is important that healthcare providers, teachers, counselors, parents, and other stakeholders recognize and understand the high usage of firearms as a means of suicide, and the high fatality rate of this particular means of suicide. Many people, including healthcare providers, believe that restricting access to firearms will not reduce suicide since the suicidal individual will just find another means. However, whether or not this is true, guns are the most lethal means of suicide. Nationally, 85 percent of suicides involving a firearm are lethal, yet 90 percent of survivors who used near-lethal means – including very serious attempts – do not go on to attempt suicide again.¹⁶ Because most suicidal individuals who use firearms do not get that second chance, education on this issue is imperative.

By distributing materials online, working with groups and coalitions like the Firearms Safety Coalition, and ensuring that stakeholders are receiving the proper information and training about firearm use, New Hampshire can educate the broader community on an aspect of suicide that is not always recognized.

5.2 Best Practices to Ensure Firearm Safety

An important step to ensuring that parents and gun owners are aware of the risks posed by firearms, and what preventative measures can be taken, is to make information easily accessible to these individuals. While many resources instruct gun owners to at least temporarily remove the firearm from their home, there are not always clear instructions readily available to individuals who wish to store their gun elsewhere or take other precautionary measures. In addressing the issue, Maine provides information on the Maine Suicide Prevention Program website on how to properly store or dispose of a firearm.¹⁷ In addition to providing this information, the website also makes facts and information about suicide, including youth suicide specifically, and suicide prevention easily accessible. By promulgating this information, the Maine Suicide Prevention Program both works to raise awareness about suicide in general and the lethality of firearms in particular, as well as basic steps that all gun owners can take to reduce the risk posed by firearms.

New Hampshire is also home to the nationally recognized best practice education and training program CALM: Counseling on Access to Lethal Means.¹⁸ CALM provides a 90 minute training session designed to “increase knowledge about the association between access to lethal means and suicide, and the role of means restriction in preventing suicide” and for participants to increase “skills and confidence to work with clients and their families to assess and reduce access to lethal means” especially firearms. The costs of training could be subsidized by the state in order to ensure that educators, healthcare



providers, and other gatekeepers benefit from a nationally recognized program already available in the state.

Finally, some states and national programs encourage safe gun storage by providing access to free gunlocks and even installing locked gun cabinets. In Maine, many police departments hand out free gunlocks, as do some health departments in other states. National programs like Project ChildSafe partner with local police stations to provide free safety kits to individuals. Project ChildSafe already works with several New Hampshire local police stations to provide safety kits. Healthcare providers and other gatekeepers should be made aware of these opportunities in order to ensure that gun safety is properly addressed, especially when an at-risk youth is in a home with a firearm. Making sure that more local police departments know of the opportunity to partner with Project ChildSafe is something that could have an important effect on restricting access to lethal means.

5.3 Policies Reinforcing Gun Safety Measures (Child Access Prevention Laws)

There are a variety of policies that can be enacted to reduce access to firearms, including legislation to ensure child safety. New Hampshire does have a child safety law in place¹⁹ but, according to a study by *The Atlantic*, overall New Hampshire gun policy is not particularly strong, especially when compared to neighboring states.²⁰

Child Access Prevention (CAP) laws make adults who negligently leave firearms accessible to children criminally liable. Basic safe storage practices are too frequently neglected, even when children live in a home with guns. A 2000 study found that in 55 percent of U.S. homes with both children and firearms, there were at least one or more firearms in an unlocked place, while in 43 percent these homes, firearms were kept without a trigger lock and in an unlocked place.²¹ A 2005 study found that safe storage practices reinforced by CAP laws reduced youth suicide in homes with guns and children.²²

There are a variety of CAP laws by state – there are no federal level CAP laws – the strongest of which impose criminal liability when a minor accesses a negligently stored firearm, while the weakest only prohibit persons from directly providing a minor with a firearm.²³ New Hampshire currently has legislation on the stronger end of the spectrum, but could have strengthened further. In New Hampshire, a person is criminally liable if a minor accesses a firearm due to negligent storage, but only if the child then uses or possesses the firearm.²⁴ A stronger version of the law would make a person liable if a child may or might gain access to a firearm, or whenever a child gains access to an improperly stored firearm. In these cases, it is not a prerequisite that a child use the firearm in order for the statute to apply. In addition, some states impose liability even if the weapon is not loaded, or if a child carries a loaded or unloaded handgun off-premises. New Hampshire requires that the firearm be loaded for liability to apply. Massachusetts and the District of Columbia also require that all firearms are stored with a locking device in place.



Finally, the definition of a minor and the age at which CAP laws apply to youth varies by state. Several states define minors in CAP laws as being 18 and under, but in New Hampshire a minor is defined as 16 and under. In order to best reflect the age range most at risk of using a firearm in a suicide attempt, New Hampshire may want to raise the age at which CAP laws apply.

6. POLICY OPTIONS

New Hampshire has a fairly strong CAP law already in place, but can strengthen the legislation even further by raising the age of minors to which the law applies. To ensure that guns are stored and locked properly, New Hampshire can also strengthen the law by requiring a firearm be stored with a locking device, or hold gun owners liable if a minor is able to access the firearm whether or not the child goes on to actually use the firearm.

Educating gatekeepers and gun owners on the severity of gun use by youth in suicide attempts is also important in establishing the necessity to restrict access to firearms. New Hampshire could allocate funds towards using already nationally recognized programs in New Hampshire such as *Connect* and CALM to educate and train school personnel, mental healthcare providers, and other gatekeepers in contact with youth.

To complement this training, New Hampshire can also adopt measures similar to Maine by providing a simple information sheet on the New Hampshire Health and Human Services webpage on how to correctly store or dispose of a firearm. In addition, the state can encourage local police stations to partner with Project ChildSafe or a similar program, or allocate funds for gunlocks and safety kits that can be made available through police stations, while promulgating this information through education and awareness raising initiatives.

7. CONCLUSION

New Hampshire has established nationally recognized suicide prevention programs, yet the state still faces a growing number of youth suicides in recent years. A trend emerging in these suicides is the use of firearms – the most deadly means in attempting suicide. However, New Hampshire has a strong foundation in current policies and programs that can be complemented by national programs and other states' best practices in order to address the use of firearms by youth. Such initiatives include educating parents, healthcare providers, school personnel, and other gatekeepers on the use of firearms in suicide attempts and what preventative measures should be taken in limiting access to firearms. In addition to education, New Hampshire can strengthen policies that would provide funds for gunlocks and safety kits, as well as strengthen New Hampshire's current Child Access Prevention law. All of these measures can easily build on current programs and policies in order to address current state trends in youth suicide.



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