



NORTH CAROLINA

Recommendations on Firearm Safety for Suicide Prevention

2020

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Division of Public Health • Chronic Disease and Injury Section • Injury and Violence Prevention (IVP) Branch

Division of Mental Health, Developmental Disabilities and Substance Abuse Services • Community Mental Health Section

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EXECUTIVE SUMMARY

In 2019, Governor Roy Cooper issued an Executive Directive on improving firearm safety.¹ The directive has six responsibilities, including that the North Carolina Department of Health and Human Services convene a coalition of suicide prevention stakeholders to update recommendations in the state's Suicide Prevention Plan, specifically those related to suicides by firearms. This document is the outcome of stakeholder groups who worked on the existing **2015 North Carolina Suicide Prevention Plan** (NC SPP) specifically on the firearm safety recommendations as they pertain to suicide prevention.²

Since the 2015 plan was released the landscape has changed. Some items in the plan have advanced substantially in North Carolina and nationally. There has been more work in suicide prevention, more research and information, and the recognition that reducing access to lethal means is an effective approach to decreasing suicide.

During the same time, firearm deaths as a percentage of suicide deaths have maintained at 55% to 58% from 2012 to 2017 with a spike to 60% in 2013. There were 1,403 firearm deaths including suicides and homicides in 2017. That year, nearly two-thirds of violent deaths in North Carolina were by firearms. Firearm-related deaths included suicide, homicide, legal intervention involving discharge of firearm, unintentional discharge of firearm, and undetermined intent.³

- **Veterans** have a disproportionately high suicide rate and their use of firearms as a method is substantially higher than non-veterans (73.8%, compared to 53.6% of non-veterans).
- **White males** consistently have the highest suicide rate followed by American Indian males.
- **Males** use firearms as a suicide method at a higher percentage than females (62% vs. 36.2%).
- **Adults** age 65 and up have high rates of suicide and their use of firearms as a means of suicide is 78%.
- **Youth suicides** by firearms are 53%, with the majority of those being male.⁴
- **Rural areas** have higher rates of suicide, attributable in part to socio-economic differences, higher firearm ownership, access barriers to healthcare and transportation. Although urban areas have lower suicide rates, more suicides occur in urban areas because of greater population.⁵

Demographic variability, reference appendix state graphic by county; older adults. While the national rate of suicide by firearm is 7.3 per 100,000, the NC rate is 9.3 per 100,000 individuals.⁶ Research

¹ "NC Gov. Cooper: Executive Directive - Improving Firearm Safety." 12 Aug. 2019, <https://governor.nc.gov/documents/executive-directive-improving-firearm-safety>. Accessed 1 May. 2020.

² "2015 North Carolina Suicide Prevention Plan - SPRC.org." 1 Feb. 2015, <https://www.sprc.org/sites/default/files/2015-NC-SuicidePreventionPlan-2015-0505-FINAL.pdf>. Accessed 30 Apr. 2020.

³ "N.C. DPH: IVP Branch: Violent Death Data." 8 Nov. 2019, <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm>. Accessed 19 Mar. 2020.

⁴ "N.C. DPH: IVP Branch: Violent Death Data." 8 Nov. 2019, <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm>. Accessed 19 Mar. 2020.

⁵ "Widening Rural-Urban Disparities in Youth Suicides ... - NCBI." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4551430/>. Accessed 1 May. 2020.

⁶ "N.C. DPH: IVP Branch: Violent Death Data." 8 Nov. 2019, <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm>. Accessed 30 Apr. 2020.

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indicates that suicidal deliberation can be short-lived. Seventy-one percent of survivors of nearly lethal attempts stated that they deliberated for an hour or less. Firearms are a highly lethal means of suicide. Approximately 82.5% of intentionally self-inflicted suicide attempts using firearms are fatal. The short time period of someone acting on suicidal ideation supports separation of ideation and method. This means that creating any gap in time between the thought of suicide and lethal means can provide time for self-interruption or intervention by others.⁷

Furthermore, 89% - 95% of attempters do not go on to die by suicide, according to the 2014 Research Agenda set forth by the Harvard Injury Control Research Center.⁸

Most actions identified in the **2015 North Carolina Suicide Prevention Plan** related to firearms are within the goal “promote efforts to reduce access to lethal means as a means of suicide among individuals with identified suicide risk.” The top actions prioritized by stakeholders for this **2020 Addendum** can be characterized as:

- Increase awareness and use of evidence-based assessment tools for access to lethal means and techniques at an organizational level.
- Develop and implement standardized operating procedures for using evidence-based tools to “assess for access to lethal means,” and training curricula within organizations, agencies, schools, etc.
- Support state and local policies focused on assessing for access to lethal means of suicide, including firearm safety and responsible firearm ownership.

Stakeholder groups responding to the survey:

- Health Care System, Insurer, or Clinician
- Government Agency/Department (Federal/State/Local)
- Nonprofit, Community- or Faith-based Organizations
- College or University
- Business, Employer or Professional Association
- Primary or Secondary School
- Research Organization (including universities)
- Individual, Family or Concerned Citizen

Tribal and military stakeholders were invited to participate; some respondents belong to multiple stakeholder groups and some self-identify in another category above.

In the time of the COVID-19 pandemic, firearm permit applications have dramatically increased. The number of background checks conducted by the FBI for North Carolina in March of 2020 was 29,181 more than March of 2019 which greatly increases access to the means that make up the majority of

⁷ "Duration of Suicidal Crises | Means Matter | Harvard T.H." <https://www.hsph.harvard.edu/means-matter/means-matter/duration/>. Accessed 30 Apr. 2020.

⁸ "Reducing a Suicidal Person's Access to Lethal Means of Suicide." <https://theactionalliance.org/sites/default/files/inline-files/Reducing%20a%20Suicidal%20Persons%20Access%20to%20Lethal.pdf>. Accessed 1 May. 2020.

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suicides. Nationally there was an increase of 1,095,837 background checks initiated in March of 2020 compared to March of 2019. There are a variety of ways that immediate access to firearms can be reduced during the under 60-minute window of time that would save lives.⁹

Specific, actionable recommendations are found in the body of this report. We thank all the stakeholders who participated in creating these recommendations.

⁹ "NICS Firearm Background Checks: Month/Year - FBI.gov." https://www.fbi.gov/file-repository/nics_firearm_checks_-_month_year.pdf. Accessed 1 May. 2020.

INTRODUCTION

In 2013-2014, more than 180 suicide prevention stakeholders, representing 10 key stakeholder groups from across the state met with DHHS staff and a team from UNC's School of Public Health to develop the **2015 North Carolina Suicide Prevention Plan**.¹⁰ Forty-six entities and organizations endorsed the plan which was promoted and distributed state-wide encouraging engagement in suicide prevention activities.

The percentage of suicide by firearms have hovered from 55% to 58% from 2012 to 2017 with a spike of 60% in 2013. There were 1,403 firearm deaths including suicides and homicides in 2017. In the same year, nearly two-thirds (61.0%) of violent deaths in North Carolina were caused by firearms. Specific causes of firearm-related deaths included suicide (59.9%), homicide (37.6%), legal intervention involving discharge of firearm (1.4%), unintentional discharge of firearm (0.9%), and undetermined intent (0.2%). The demographic information below mirrors national suicide data:

- **Veterans** have a disproportionately high suicide rate and their use of firearms as a method is substantially higher than non-veterans (73.8%, compared to 53.6% of non-veterans).
- **White males** consistently have the highest suicide rate followed by American Indian males.
- **Males** use firearms as a suicide method at a higher percentage than females (62% vs. 36.2%).
- **Adults** age 65 and up have high rates of suicide and their use of firearms as a means of suicide is 78%.
- **Youth suicides** by firearms are 53%, with the majority of those being male.¹¹
- **Rural areas** have higher rates of suicide, attributable in part to socio-economic differences, higher firearm ownership, access barriers to healthcare and transportation. Although urban areas have lower suicide rates, more suicides occur in urban areas because of greater population¹²

While the national rate of suicide by firearm is 7.3 per 100,000, the North Carolina rate is higher at 9.3 per 100,000 individuals.¹³

Most suicides occur in the home, which means those individuals' suicide attempts happen in a place where there's opportunity and access. As cited in Harvard T.H. Chan School of Public Health report:

Research indicates that suicidal deliberation can be short-lived. Seventy-one percent of survivors of nearly lethal attempts stated that they deliberated for an hour or less. Firearms are a highly lethal means of suicide. Nearly 82.5% of intentionally self-inflicted suicide attempts using firearms are fatal. The short time period of someone acting on suicidal ideation supports separation of ideation and

¹⁰ "2015 North Carolina Suicide Prevention Plan - SPRC.org." 1 Feb. 2015, <https://www.sprc.org/sites/default/files/2015-NC-SuicidePreventionPlan-2015-0505-FINAL.pdf>. Accessed 1 May. 2020.

¹¹ "N.C. DPH: IVP Branch: Violent Death Data." 8 Nov. 2019, <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm>. Accessed 1 May. 2020.

¹² "Widening Rural-Urban Disparities in Youth Suicides ... - NCBI." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4551430/>. Accessed 1 May. 2020.

¹³ "N.C. DPH: IVP Branch: Violent Death Data." 8 Nov. 2019, <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm>. Accessed 27 Apr. 2020.

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method. This means that creating any gap in time between the thought of suicide and lethal means can provide time for self-interruption or intervention by others.¹⁴

Additionally, research on lethal means shows that suicides are reduced when individuals cannot access a highly lethal method. This can be the result of two factors: 1) the immediate crisis has time to pass and the attempt does not occur; or 2) the individual in crisis substitutes a less lethal means, which provides an opportunity for them to change their mind or for outside intervention to occur.¹⁵

Statewide, there is ongoing activity around suicide prevention in both the governmental and private sectors. The stakeholders may have been aware of some of these efforts as they ranked the priorities. The NC Child Fatality Task Force, a legislatively mandated body, has made recommendations related to suicide and to firearm safety. In addition, youth school violence has become a greater area of focus in recent years; the Counseling on Access to Lethal Means (CALM) best practice is being used increasingly and is an area of opportunity; and the NCIOM created a task force and recommendations. These are described in greater detail below:

- North Carolina’s Child Fatality Task Force (NC CFTF) makes annual recommendations to the governor and the General Assembly. The following are the most recent recommendations made by the Task Force related to suicide prevention and firearm safety.
 1. Support legislation requiring suicide prevention training and a risk referral protocol in schools, with specific requirements related to frequency and duration of the training, who receives the training, and minimum criteria for training components.¹⁶ Recommendations for training and referral have been in CFTF recommendations for multiple years. As of the writing of this report, legislation addressing suicide prevention training and a risk referral protocol in schools, Senate Bill 476, has been ratified.
 2. Administrative support to explore and pursue possibilities for funding for a three-year lead suicide prevention coordinator position in North Carolina that would coordinate cross-agency efforts to carry out implementation of the 2015 NC Suicide Prevention Strategic Plan and determine a sustainability plan for ongoing statewide coordination for implementation of the Strategic Plan.¹⁷ Recommendations for a lead staff person have been in CFTF recommendations for multiple years.
 3. Support state funding for a new statewide firearm safety initiative, as recommended by the 2017 Firearm Safety Stakeholder group, that is focused on education and awareness surrounding firearm safe storage and distribution of free gun locks; funding to go to

¹⁴ "Duration of Suicidal Crises | Means Matter | Harvard T.H." <https://www.hsph.harvard.edu/means-matter/means-matter/duration/>. Accessed 27 Apr. 2020.

¹⁵ "FAQs | Means Matter | Harvard T.H. Chan School of Public" <https://www.hsph.harvard.edu/means-matter/faq/>. Accessed 1 May. 2020.

¹⁶ Minimum components were outlined in the 2017 CFTF Annual Report, when this recommendation first appeared on the CFTF Action Agenda.

¹⁷ This item has been a recommendation by the full Child Fatality Task Force in recent years and has been submitted as a committee recommendation for 2020; it is therefore pending for 2020 prior to approval by the full Task Force.

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DHHS to appropriately engage a third-party organization to implement the initiative. This has also been a multi-year recommendation.^{18 19}

Of the top 10 prioritized stakeholder recommendations in this Addendum, four of them have been recommendations of the CTF over multiple years. Another three of the top 10 Addendum recommendations advise assessing for access to lethal means, a major focus of CTF recommendations, but these Addendum recommendations are focused on healthcare settings rather than school settings.

- Youth school violence and school safety is an overarching issue and became more of a concern due to the increase of school shootings. The North Carolina Department of Public Instruction's response to create safer schools includes greater attention to youth mental health needs, and suicide prevention through staff development and use of Crisis Intervention Teams.²⁰ The CTF has made recommendations promoting greater attention to the mental health needs of youth.
- Counseling on Access to Lethal Means (CALM) is a nationally recognized evidence-informed best practice for gatekeeper training. It is also in the [CDC Suicide Prevention Technical Toolkit](#) on suicide prevention. Appalachian State University has two certified trainers and is currently providing CALM and versions of CALM in the western counties of North Carolina.²¹ Efforts to expand this specific training have also been recommended by the CTF.
- The *2012 Suicide Prevention and Intervention Plan: A Report of the NCIOM Task Force on Suicide Prevention and Intervention* which reviewed the Division of Mental Health, Developmental Disability and Substance Abuse Services' (DMH/DD/SAS) suicide prevention and intervention system and identified strategies to enhance the service system to better meet the needs of North Carolinians. The report is referenced in some of the recommendations below.²²

OUR APPROACH

Representatives from the Division of Public Health, Injury and Violence Prevention Branch (DPH-IVPB) and DMH/DD/SAS developed a survey through an iterative process asking respondents to rate 29 of the previous North Carolina Suicide Prevention Plan's (NC SPP) goals and objectives on the domains of importance and feasibility. On March 12, the survey was sent via email to 171 stakeholders working in

¹⁸ This item has been a recommendation by the full Child Fatality Task Force in recent years and has been submitted as a committee recommendation for 2020; it is therefore pending for 2020 prior to approval by the full Task Force.

¹⁹ Proposed legislation in 2019 addressed this 2019 Task Force recommendation to launch and fund a firearm safety initiative. The bill had bipartisan support and was included in the 2019 Appropriations Act, which did not become law.

²⁰ "Center for Safer Schools - NC DPI - NC.gov." <https://www.dpi.nc.gov/districts-schools/district-operations/center-safer-schools>. Accessed 1 Apr. 2020.

²¹ "Preventing Suicide: A Technical Package of Policy ... - CDC." <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>. Accessed 1 Apr. 2020.

²² "Suicide Prevention and Intervention Plan - NCIOM." http://nciom.org/wp-content/uploads/2017/07/SuicidePrev-report_web.pdf. Page 5. Accessed 1 Apr. 2020.

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health care, non-profit organizations, academia, and/or government agencies, and other stakeholders. Respondents were informed that they could suggest additional individuals to receive the survey. This resulted in four additional potential respondents being sent the survey for a total of 175 potential respondents. Respondents were sent reminders two weeks after the initial request. Seventy-eight responses were collected, for a 45% response rate.

A total of 34 items were on the survey, including one demographic question asking respondents to indicate which stakeholder group they represented, and four open-ended items asking for respondent's thoughts about different aspects of the NC SPP. The 29 previous goals and objectives were rated on a four-point scale with 1= Not at all, 2=Minimally, 3=Moderately, and 4=Very Much/Completely. The following is a brief summary on the ranking of the highest rated goals and objectives. The top three highest ranked goals and objectives, and summarized recommendations are presented below.

RECOMMENDATIONS

Nine of the top 10 recommendations are systems change approaches that can be implemented by the stakeholder groups identified below.

Twenty-five of the total twenty-nine recommendations fall under the category **"Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk,"** as do six of the top 10.

The most accepted approach for safe storage is to secure a firearm locked and unloaded and store ammunition separately.

- Gun locks are available through the VA, North Carolinians Against Gun Violence, Project ChildSafe and some law enforcement agencies.²³
- North Carolina's Child Access Protection law (G.S. 14-315.1) states that any person residing with a minor must safely store firearms to protect minors from unlawful access and use. Violation is a Class 1 misdemeanor.²⁴

Stakeholders self-identified their fields of work. Below are the three top priorities of each stakeholder group, based on greatest feasibility and impact.

Health Care System, Insurer, or Clinician:

- Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.
- Develop and implement standardized policies, procedures, and processes for encouraging providers, who interact with individuals at risk for suicide, to routinely assess for access to lethal means of suicide.

²³ "Creating A Gun Safety Team - Injury and Violence Prevention." <https://injuryfreenc.ncdhhs.gov/safestorage/docs/CreatingAGunSafetyTeamImplementationGuide.pdf>. Accessed 1 May. 2020.

²⁴ "G.S. 14-315.1." https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_14/GS_14-315.1.html. Accessed 1 May. 2020.

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- Provide suicide awareness, education and prevention training to clinicians, including tools and procedures for assessing for access to lethal means of suicide.

Government Agency/Department (Federal/State/Local):

- Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.
- Promote/provide training in warning signs for suicidal behaviors.
- Use the NC Consumer and Family Advisory Committee (CFAC) at the state level that work with local CFAC to identify peer and natural support groups that can help individuals at high risk of suicide to reduce feelings of isolation.

Nonprofit, Community- or Faith-based Organizations:

- Provide suicide awareness, education and prevention training to clinicians, including tools and procedures for assessing for access to lethal means of suicide.
- Promote and provide staff training on warning signs for suicidal behaviors.
- Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.

College or University:

- Encourage the use of Evidence-Based Practices and promising practices in the screening and assessment of access to lethal means of suicide (e.g., Counseling on Access to Lethal Means (CALM)).
- Examine and review current laws about firearm safety and responsible firearm ownership for changes that will lead to suicide prevention and increased awareness about suicide
- Promote and provide staff training on warning signs for suicidal behaviors.

Business, Employer or Professional Association Recommendations:

- Promote the understanding that recovery from mental and substance use disorders is real and possible for all
- The Consumer and Family Advisory Committee (CFAC) at the state level works with local CFAC to identify peer and natural support groups that can help individuals at high risk of suicide to reduce feelings of isolation
- Strengthen the coordination, implementation, and evaluation of comprehensive state/territorial, tribal, and local suicide prevention programming.

Primary or Secondary School Recommendations:

- Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means
- Promote and provide staff training on warning signs for suicidal behaviors
- Develop and promote policies focused on assessing for access to lethal means of suicide.

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Research Organization Recommendations (including universities):

- Restrict/ban firearms in residence halls and on campus
- The Consumer and Family Advisory Committee (CFAC) at the state level works with local CFAC to identify peer and natural support groups that can help individuals at high risk of suicide to reduce feelings of isolation
- Support measures/legislation designed to reduce access to guns as a lethal means for suicide.

Individual Recommendations:

- Support policies focused on firearm safety and responsible firearm ownership.
- Develop and promote policies focused on assessing for access to lethal means of suicide.
- Increase coordination of suicide prevention programming efforts at the state and local level.

The top 10 recommendations overall, prioritized in order by all the stakeholders in terms of feasibility and impact, are the following:

1. Promote and provide staff training in warning signs for suicidal behaviors.

This recommendation is specifically addressed in multiple other top-10 ranked items; it is included here because it was ranked highest by stakeholders among all recommendations.

2. Provide suicide awareness, education and prevention training to clinicians, including tools and procedures for assessing for access to lethal means of suicide.

Rationale

- a. CDC Preventing Suicide: A Technical Package of Policy, Programs and Practices specifically identifies Emergency Department Counseling on Access to Lethal Means (CALM) however other available versions of CALM exist including on-line training and in-person workshops for clinicians.

Widely used general gatekeeper training includes recognizing risk, keeping at-risk individuals safe and linking them to a more experienced provider but does not specifically address firearm access. An ASU trainer is piloting a gatekeeper training that incorporates more information on access to firearms.

Face-to-face training enables deeper discussion and dialogue about how to respond to community concern about firearm ownership rights. The emphasis on safety versus ownership is key.

The capacity to provide in-person training is still growing so the gap can be bridged by the availability of the On-line CALM training. CALM is available free of charge via the national Suicide Prevention Resource Center, which is accessible to all community health providers in North Carolina.

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- b. The above education goals fully align with the recommendations of the *2012 Suicide Prevention and Intervention Plan: A Report of the NCIOM Task Force on Suicide Prevention and Intervention* which reviewed the DMH/DD/SAS's suicide prevention and intervention system.
- Local Management Entities/Managed Care Organization (LME/MCO) staff will ensure local agencies examine the need for suicide prevention related services, including suicide by lethal means and its needs assessment, offer gatekeeper training to appropriate community partners (including but not limited to schools and law enforcement juvenile justice, social services, and faith-based organizations), and build appropriate training and performance measures into provider contracts. All information about suicide prevention and crisis services within the community providers will be listed on their websites.²⁵
 - Use of evidence based appropriate screening tools and strategies to assess for suicidal ideation. If the person is identified as having suicidal ideation or being at high risk, then a risk assessment shall be done to determine suicide risk and protective factors and access to lethal means, including the access to firearms.²⁶
 - "Requirements for when and how often people will be screened for suicide risk, access to lethal means and the criteria that would trigger a more comprehensive suicide risk assessment"²⁷ "Include requirements to ensure that all crisis team members receive training using an evidence-informed suicide clinical training curriculum."²⁸
 - "Develop standards for what information must be included in recovery support plans. The standards will be based on best available evidence about how to build connections to natural supports, help people at high risk of suicide address feelings of isolation and hopelessness, build upon existing strengths, identify early warning signs that can trigger thoughts of suicide, and create a suicide safety plan to prevent future suicide attempts" and access to lethal means.²⁹

3. Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.

Rationale

Providers should be inclusive of behavioral health providers, medical providers, first responders, school staff, faith-based organizations, peer organizations, recreational counselors, athletic coaches, community leaders and all individuals of trust. Firearms are the most lethal method of

²⁵ "Suicide Prevention and Intervention Plan - NCIOM." http://nciom.org/wp-content/uploads/2017/07/SuicidePrev-report_web.pdf. Page 35. Accessed 1 Apr. 2020.

²⁶ "Suicide Prevention and Intervention Plan - NCIOM." Page 44. Accessed 1 Apr. 2020.

²⁷ "Suicide Prevention and Intervention Plan - NCIOM." Page 64. Accessed 1 Apr. 2020.

²⁸ "Suicide Prevention and Intervention Plan - NCIOM." Page 73. Accessed 1 Apr. 2020.

²⁹ "Suicide Prevention and Intervention Plan - NCIOM." Page 75. Accessed 1 Apr. 2020.

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suicide and account for the majority of suicides, so having the knowledge and understanding of how to assess for access to lethal means this is an area of opportunity to save lives.

Assessing for lethal means also incorporates assessing for “safe storage.” NCDHHS’ Injury and Violence Prevention Branch has compiled resources on Firearm Safety Awareness and Education which includes a toolkit for communities to use developed by the Durham County Gun Safety Teams. Free or discounted gun locks are also available through Project ChildSafe.³⁰

“Safe storage” and “reduced access to lethal means” also applies to medications. For females, medication accounts for 33% of suicides.³¹

Of all self-inflicted injuries that result in hospitalizations and emergency department visits, most are from medication and poisoning. Firearms have a higher degree of lethality when they are self-inflicted; they often result in death and there are fewer firearm-related hospitalizations.³²

4. Encourage the use of Evidence-Based Practice and promising practices in the screening and assessment of access to lethal means of suicide (e.g., CALM).

Rationale

This goal references primarily medical and mental health providers (including social workers, counselors, school nurses and school-based health centers, Student Support Services staff), but can include teachers, paraprofessionals or any recreational/occupational personnel who are likely to interact with high risk individuals. General public awareness should be increased that firearms are a common suicide method and that asking about firearms access is a critical suicide prevention approach.

Although the Centers for Disease Control (CDC) and national suicide prevention organizations no longer term practices as “evidence based;” the CDC bases their toolkit CDC Preventing Suicide: A Technical Package of Policy, Programs and Practices on what they deem as “best available evidence.”

DHHS staff and LME/MCOs will work together to “identify evidence-based or best practice screening and assessment tools, training for first responders and other crisis service providers, treatment and recovery supports,” and disseminate through the appropriate avenues to meet the needs of the community.³³

³⁰ "DHHS: DPH: IVP: Firearm Safety Awareness and Education." 13 Feb. 2020, <https://injuryfreenc.ncdhhs.gov/safestorage/>. Accessed 1 May. 2020.

³¹ "2017 N.C. Violent Death Reporting System Annual Report." <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/VDRS/FINAL-2017-NCVDRS-AnnualReport-5NOV2019.pdf>. Accessed 1 May. 2020.

³² "Report Tables - nc detect." https://ncdetect.org/files/2017/07/NC_DETECT_ViolentInjuryReport_20170630.pdf. Accessed 1 May. 2020.

³³ "Suicide Prevention and Intervention Plan - NCIOM." http://nciom.org/wp-content/uploads/2017/07/SuicidePrev-report_web.pdf. Page 68. Accessed 27 Apr. 2020.

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5. Educate primary care practitioners and emergency department staff in suicide awareness, identification methods, and lethal means screening protocols.

Rationale

As stated above, the CDC Preventing Suicide: A Technical Package of Policy, Programs and Practices research showing 45% of people are seen by these providers in the 30 days prior to suicide.^{34 35}

Special attention and heightened awareness should be directed to suicide prevention in the veteran, active military and older adult populations due to their high rates and frequency of suicide by firearm.

6. Promote the understanding that recovery from mental and substance use disorders are real and possible for all.

Rationale

The Substance Abuse and Mental Health Services Administration (SAMHSA) promotes that recovery is possible by addressing underlying symptoms with healthy choices supporting physical and emotional well-being, maintaining a safe and stable home, engaging in society through meaningful activities and having supportive relationships and networks that convey hope and love.

Recovery is an individual process and may differ according to age and personal beliefs.³⁶

7. Develop and implement standardized policies, procedures, and processes for encouraging providers who interact with individuals at risk for suicide to routinely assess to lethal means of suicide.

Rationale

As stated above, because research has shown that **up to 45% of individuals who die by suicide have visited their primary care physicians within a month prior to their death**, this goal should extend beyond mental health providers and include primary care providers.³⁷ Although they may not have historically seen mental health as part of their job, they interact with a large percentage of the population and are in a position to identify at-risk individuals. Additional

³⁴ "Suicide Prevention in Primary Care / SAMHSA-HRSA." <https://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care>. Accessed 27 Apr. 2020.

³⁵ "Practical Suicide-Risk Management for the Busy ... - NCBI." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146379/>. Accessed 1 May. 2020.

³⁶ "Recovery and Recovery Support | SAMHSA - Substance" <https://www.samhsa.gov/find-help/recovery>. Accessed 1 May. 2020.

³⁷ "Practical Suicide-Risk Management for the Busy ... - NCBI." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146379/>. Accessed 1 May. 2020.

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research suggests that up to 67% of those who attempt suicide receive medical attention as a result of their attempt and therefore may receive ED or hospital services.³⁸

Promoted on a national level is the Zero Suicide framework. Its “foundational belief is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care.”

It is “a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. The framework is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. A systematic approach to quality improvement in these settings is both available and necessary.”³⁹

In North Carolina, some doctors/health care systems are beginning to adopt this framework.

Encouragement for states to implement Zero Suicide has been promoted within the CDC Preventing Suicide: A Technical Package of Policy, Programs and Practices and by SAMHSA. SAMHSA has also provided funding opportunities for implementation.⁴⁰

8. Strengthen the coordination, implementation, and evaluation of comprehensive state/territorial, tribal, and local suicide prevention programming.

Rationale

One of the challenges in North Carolina is that there is currently not an organization or entity charged with statewide coordination. Multiple organizations in North Carolina work on suicide prevention. These include governmental agencies like NCDHHS’ Division of Public Health (DPH) (technical assistance to governmental and community providers, and data sources such as the NC Violent Death Reporting System), Division of Mental Health Developmental Disabilities and Substance Use Services (DMH/DD/SAS) (treatment and clinical side as well as education), Department of Public Instruction (DPI) (school safety and education), and the Department of Public Safety (DPS) (juvenile justice and adult corrections). These are just on the government level. No entity coordinates all government work and initiatives across these silos. Nonprofit and community organizations exist as well, which have different missions and areas of expertise and services.

Without one convening entity charged as a formal communication and coordinating body, these complementary efforts are not coordinated, gaps exist, and there are unidentified opportunities for collaboration. In North Carolina, to the degree that this happens, it is done informally through relationships but without formal agreements. Some states have a state office with multiple staff, in this coordinating role. The CFTF proposed legislation to fund a position to play this role however this proposal was not funded.

³⁸ "Suicide Prevention in Primary Care / SAMHSA-HRSA." <https://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care>. Accessed 1 May. 2020.

³⁹ "Zero Suicide |." <https://zerosuicide.edc.org/>. Accessed 1 May. 2020.

⁴⁰ "Grants to Implement Zero Suicide in Health Systems - SAMHSA." <https://www.samhsa.gov/grants/grant-announcements/sm-20-015>. Accessed 1 May. 2020.

NC 2020 Recommendations on Firearm Safety for Suicide Prevention

9. Support efforts for awareness and enforcement of the North Carolina Child Access Protection Law, which promotes firearm safety for people who reside with a minor.

Rationale

This law requires households with children under the age of 18 to “safely store” their firearms, and states that if a firearm is used by a minor child, the owner/possessor can be charged with a misdemeanor. This includes when a child shows or uses a gun carelessly, causes injury or death (whether this is against another person, or self-injury or suicide).

According to North Carolina Child Health and Mortality Prevention Surveillance (CHAMP) in which parents were asked about child firearm safety practices, it was discovered that in 2011, of households in which children ages 0-17 reside:

- 32.8%** had a firearm in or around home
- 25.4%** kept firearms loaded
- 29.2%** kept firearms unlocked
- 17.3%** kept firearms both unlocked & loaded⁴¹

This illustrates the opportunity and need for increased firearm safety in households with minor children.

The North Carolina Department of Public Safety (NC DPS) provides safety ideas to parents about education of minors, safe storage recommendations and safe handling of a firearm.⁴²

As mentioned in recommendation No. 3, the NCDHHS’ Injury and Violence Prevention Branch has compiled resources on Firearm Safety Awareness and Education which includes a toolkit for communities to use, developed by the Durham County Gun Safety Team. Free or discounted gun locks are also available through Project ChildSafe.⁴³

The nonprofit North Carolinians Against Gun Violence has purchased gun locks for distribution, as has the state’s Veteran’s Administration locations. Each VA has a Suicide Prevention Coordinator who is the Point of Contact to obtain a gunlock.⁴⁴

Additional safeguards include parents inquiring about safety practices in the homes where their children visit. The Asking Saves Kids campaign (ASK) provides education and materials to parents and caregivers to ensure safety.⁴⁵

⁴¹ "Child Health and Mortality Prevention Surveillance Network" <https://www.cdc.gov/ncezid/stories-features/global-stories/champs-program.html>. Accessed 1 May. 2020.

⁴² "Gun Safety - NC DPS." <https://www.ncdps.gov/dps-services/safety-tips/gun-safety>. Accessed 1 May. 2020.

⁴³ "DHHS: DPH: IVP: Firearm Safety Awareness and Education." 13 Feb. 2020, <https://injuryfreenc.ncdhhs.gov/safestorage/>. Accessed 1 May. 2020.

⁴⁴ "Gun Safety - Women Veterans Health Care - Veterans Affairs." <https://www.womenshealth.va.gov/WOMENSHEALTH/outreachmaterials/safety/gunsafety.asp>. Accessed 1 May. 2020.

⁴⁵ "Asking Saves Kids - Brady Campaign." <https://www.bradyunited.org/program/end-family-fire/asking-saves-kids>. Accessed 1 May. 2020.

NC 2020 Recommendations on Firearm Safety for Suicide Prevention

10. The Consumer and Family Advisory Committee (CFAC) at the state level works with local CFACs to identify peer and natural support groups that can help individuals at high risk of suicide to reduce feelings of isolation.

Rationale

This item was identified from the 2012 *Suicide Prevention and Intervention Plan: A Report of the NCIOM Task Force on Suicide Prevention and Intervention*. The report identified that “Suicide deaths can be traumatic for the family, friends, community, and professionals involved in providing treatment or addressing the immediate aftermath of a suicide. People touched by suicide - the family, friends, and colleagues of those who die by suicide – are themselves at higher risk for suicide.”⁴⁶

Working with state and local CFACs can offer increased support to these individuals and their families. Identifying resources that are currently in the communities, identifying gaps in the community and developing a plan for increased services will advance this goal.

Coordination among DHHS, LME/MCOs and their contracted providers, the North Carolina Healthcare Association, local emergency medical services (EMS), health professional associations, magistrates, and law enforcement as well as community engagement and peer organizations and others as identified in the crisis continuum that develops a suicide system of care, which includes risk management protocols. Specifically:

- North Carolina would benefit from development of a coordinated system of crisis providers trained in crisis de-escalation skills, identifying suicide risks, and providing treatment to stabilize the immediate suicide risk.
- “Determine whether there are sufficient behavioral health crisis providers who are trained to address the needs of people who are actively contemplating, or have attempted suicide and/or have access to lethal means; and whether these providers are geographically accessible and available on a 24/7 basis to people throughout the service area.”⁴⁷
- “Contract for a full array of crisis services and require coordination of services across providers. LME/MCOs that contract with more than one crisis service provider will include performance measures to ensure coordination across crisis service providers.”
- “Include requirements to ensure that all crisis team members receive training using an evidence-informed suicide clinical training curriculum.”
- “Work with law enforcement agencies to develop a protocol to be alerted when someone in their catchment area attempts suicide and/or has access to lethal means, so that the LME/MCO can link the person with appropriate treatment and recovery supports.”⁴⁸
- Care management protocols to ensure that people at high risk of suicide are linked to professionals who can offer appropriate evidence-based treatment so they successfully transition from one level of care, or one behavioral health provider, to another.

⁴⁶ "Suicide Prevention and Intervention Plan - NCIOM." http://nciom.org/wp-content/uploads/2017/07/SuicidePrev-report_web.pdf. Page 57. Accessed 1 May. 2020.

⁴⁷ "Suicide Prevention and Intervention Plan - NCIOM." Page 51. Accessed 1 May. 2020.

⁴⁸ "Suicide Prevention and Intervention Plan - NCIOM." Page 51. Accessed 1 May. 2020.

NC 2020 Recommendations on Firearm Safety for Suicide Prevention

- DHHS to work with the North Carolina Healthcare Association, LME/MCOs, “local emergency medical services (EMS), health professional associations, magistrates, and law enforcement to develop new standards for emergency medical services, involuntary commitment (IVC), and interception models. Emergency responders should triage individuals to determine if the person expressing suicidal ideation or other emergency mental health needs has an immediate medical need and/or access to lethal means. If the person does not have a concurrent medical need and/or access to lethal means, the EMS personnel should transport individuals to appropriate crisis resources, if available in the community and properly staffed to provide crisis assessments and/or First Examination for IVC.”⁴⁹
- DHHS, in partnership with others, will evaluate whether a “well-trained, coordinated, and comprehensive crisis provider system leads to reduced suicide attempts, reduced suicide deaths, reduce suicide deaths by firearms and reduced use of the emergency department.”⁵⁰

CLOSING

The Governor’s Executive Directive on Improving Firearm Safety states, “Firearm safety is a matter of critical importance for North Carolina. This administration has taken positive, substantive steps to promote firearm safety and responsible firearm ownership. However, more work needs to be done, especially given the ramifications if we fail to make good on our progress.” NC DHHS was charged with updating recommendations to the 2015 State Suicide Plan.⁵¹

NC DHHS thanks the many stakeholders who contributed to the 2015 North Carolina Suicide Prevention Plan, and who contributed to this 2020 Addendum. The identification of the top priorities shows the commitment to decrease suicide, and specifically for this report, suicides by firearms. The desire for continued education on community resources, professional interventions and systems changes is emphasized in the ranking of the priorities. North Carolinians can reduce the number of suicides by firearms through education, collaboration and coordination of resources, such as CALM and programs such as Zero Suicide.

⁴⁹ "Suicide Prevention and Intervention Plan - NCIOM." Page 51. Accessed 1 May. 2020.

⁵⁰ "Suicide Prevention and Intervention Plan - NCIOM." Page 50. Accessed 1 May. 2020.

⁵¹ "Executive Directive - NC.gov."

https://files.nc.gov/governor/documents/files/2019_08_12_Executive_Directive_Improving_Firearm_Safety3_0.pdf. Accessed 26 May. 2020.

Appendix A

Stakeholders

A total of 175 stakeholders were given the opportunity to offer feedback. Seventy-eight stakeholders prioritized these recommendations, representing 68 organizations, and one responding as an individual based on personal and professional experience. Seven organizations had more than one respondent. The following chose to have their name or organization included:

Hilda Baskerville	Kella Hatcher
B. Steven Bentsen	John Paul (JP) Jameson
Blue Ridge Health	Shawn Jones
Ruby Brown-Herring	Nicholle Karim
Joy Brunson-Nsubuga	Janice Cobb Laureore
Jessica Burroughs	Valerie C. Merriweather
Barbara-Ann Bybel	Kurt Michael
Becky Ceartas	Carolyn D. Moore
Laurie Coker	Terry Munn MSW
Gary H. Cunha	NeighborHealth Center, Inc.
Ken Dunham	Person Family Medical Center, Inc.
Kathryn Falbo-Woodson	Carol Runyan
Jodi Flick	Alice Salthouse
David B. Goldston	Stedman-Wade Health Services, Inc.
J. Phil Harris	WellCare of North Carolina

Appendix B

Full Ranking of 2020 Firearm Safety Recommendations - This Addendum shows all ranked priorities identified by stakeholders, weighted for impact and importance. While this report highlights the 10 highest ranked recommendations, full recommendations are shown here.

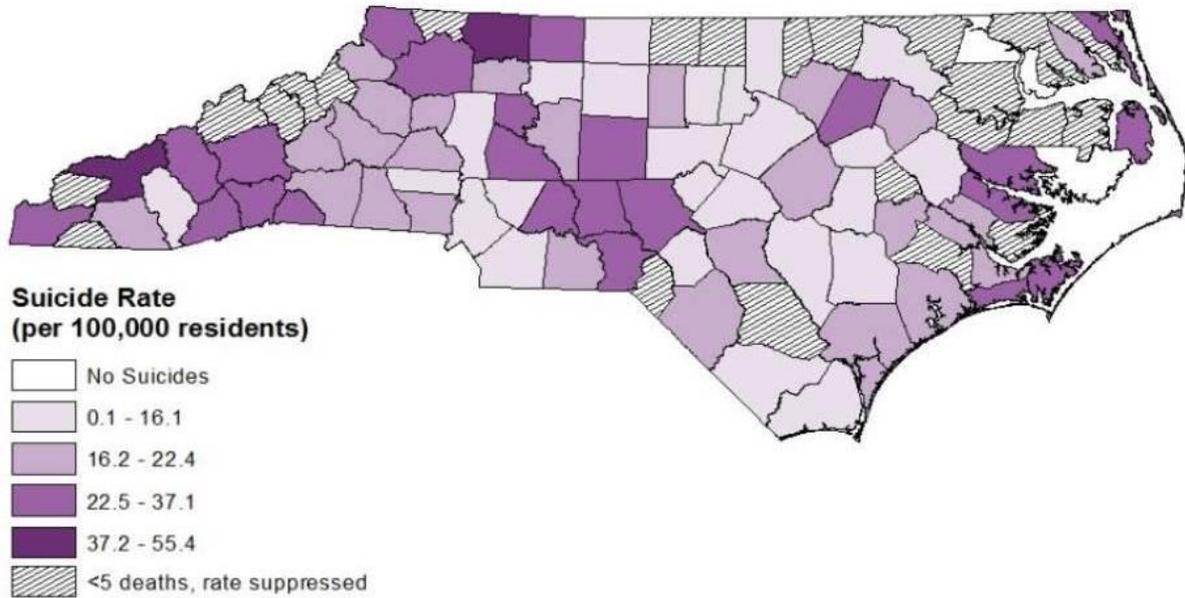
1. Promote and provide staff training in warning signs for suicidal behaviors.
2. Provide suicide awareness, education and prevention training to clinicians, including tools and procedures for assessing for access to lethal means of suicide.
3. Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.
4. Encourage the use of Evidence-Based Practices and promising practices in the screening and assessment of access to lethal means of suicide (e.g., Counseling on Access to Lethal Means (CALM)).
5. Educate primary care practitioners and emergency department staff in suicide awareness, identification methods, and lethal means screening protocols.
6. Promote the understanding that recovery from mental and substance use disorders is real and possible for all.
7. Develop and implement standardized policies, procedures, and processes for encouraging providers who interact with individuals at risk for suicide to routinely assess for access to lethal means of suicide.
8. Strengthen the coordination, implementation and evaluation of comprehensive state/territorial, tribal and local suicide prevention programming.
9. Support efforts for awareness and enforcement of the North Carolina Child Access Protection Law, which promotes firearm safety for people who reside with a minor.
10. The Consumer and Family Advisory Committee (CFAC) at the state level works with local CFAC to identify peer and natural support groups that can help individuals at high risk of suicide to reduce feelings of isolation.
11. Restrict/ban firearms in residence halls and on campus.
12. Advocate for legislative/policy/procedure efforts designed to encourage increased screening of access to lethal means for those identified at risk for suicide.
13. Conduct research to identify effective protocols and screening procedures designed for providers, who interact with individuals at risk for suicide, to assess for access to lethal means of suicide.
14. Encourage open discussion among family and friends about whether homes that their children visit have firearms, including homes of relatives.
15. Work with health care systems and researchers to identify screening protocols to assess for access to lethal means that are effective and enforced within the military.
16. Examine and review current laws about firearm safety and responsible firearm ownership for changes that will lead to suicide prevention and increased awareness about suicide.
17. Advocate for and inform legislation and policies that support limits to access to lethal means, including weapons, for populations at risk of suicide.
18. Adopt components used for Operation Medicine Drop events to encourage the voluntary surrender of firearms.

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19. Encourage open discussions about suicide among family, friends, and social groups, including the need to advocate for legislation, policies, and procedures that encourage providers to routinely screen for access to lethal means for those identified at risk of suicide.
20. Partner with firearm dealers and gun owner groups to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.
21. Provide education about firearm safety and responsible firearm ownership to military personnel.
22. Conduct research on firearm safety, including developing new technologies (e.g. gun locks).
23. Develop mechanisms to reimburse for screening and early intervention services that include assessing for access to lethal means of suicide.
24. Identify specific community providers (one per county) to serve as safety net organizations that encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.
25. Support measures/legislation designed to reduce access to guns as a lethal means for suicide.
26. Conduct and disseminate results from research studying the effectiveness of efforts/programs designed to reduce access to lethal means (e.g., CO shutoffs in automobiles, blister packs for medications, barriers for bridges).
27. Incorporate an approved flagging reporting process between medical professionals and firearms dealers that requires medical professionals to report suicide risks for at-risk patients that may apply for firearms permits or firearms background checks.
28. Adapt and tailor existing efforts to reduce access to lethal means in tribal communities.
29. Develop and implement new safety technologies to reduce access to lethal means.

Appendix C

North Carolina 2017 Suicide Rate: 16.6 Deaths per 100,000 Residents



Appendix D

2015 State Suicide Prevention Plan Goals that contain firearm related objectives

These were used as the basis for the 2020 Addendum stakeholder ranking.

Strategic Direction #1- Healthy and Empowered Individuals, Families and Communities

GOAL 3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.
3.3 Promote the understanding that recovery from mental and substance use disorders are real and possible for all.
3.3.12 Restrict/ban firearms in residence halls and on campus.

Strategic Direction #2- Clinical and Community Preventive Services

GOAL 5 Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.
5.1 Strengthen the coordination, implementation, and evaluation of comprehensive state/territorial, tribal, and local suicide prevention programming.
5.1.14 Support measures/legislation designed to reduce access to guns as a lethal means for suicide.

Goal 6. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
6.1 Encourage providers who interact with individuals at risk for suicide to routinely access to lethal means.
6.1.1 Adapt and tailor existing efforts to reduce access to lethal means in tribal communities.
6.1.2 Advocate for and inform legislation and policies that support limits to access to lethal means, including weapons, for populations at risk of suicide.
6.1.3 Advocate for legislative/policy/procedure efforts designed to encourage increased screening of access to lethal means for those identified as at risk for suicide.
6.1.4 Conduct research to identify effective protocols and screening procedures designed for providers who interact with individuals at risk for suicide to assess access to lethal means of suicide.
6.1.5 Develop and implement standardized policies, procedures, and processes for encouraging providers who interact with individuals at risk for suicide to routinely assess to lethal means of suicide.
6.1.6 Develop mechanisms to reimburse for screening and early intervention services that include assessing for access to lethal means of suicide.
6.1.7 Educate primary care practitioners and emergency department staff in suicide awareness, identification methods, and lethal means screening protocols.
6.1.8 Encourage open discussion among family and friends about whether homes that their children visit have firearms, including homes of relatives.

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6.1.9 Encourage open discussions about suicide among family, friends, and social groups, including the need to advocate for legislation, policies, and procedures that encourage providers to routinely screen for access to lethal means for those identified as at risk of suicide.
6.1.10 Encourage the use of Evidence-Based Practice and promising practices in the screening and assessment of access to lethal means of suicide (e.g., CALM).
6.1.11 Identify specific community providers (one per country) to serve as safety net organizations that encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.
6.1.12 Incorporate an approved flagging reporting process between medical professionals and firearms dealers that requires medical professionals to report suicide risks for at risk patients who may apply for firearms permits or firearms background checks.
6.1.15 Provide suicide awareness, education and prevention training to clinicians, including tools and procedures for assessing for access to lethal means of suicide.
6.1.16 Safeguard all medications (a lethal means of suicide) among family and friends identified as at risk of suicide, especially after discharge from hospitals or during periods of stress.
6.1.17 Work with health care and research to identify screening protocols, to assess access to lethal means that are effective and enforced within the military.
6.2 Partner with firearm dealers and gun owner groups to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.
6.2.1 Examine and review current laws about firearm safety and responsible firearm ownership for changes that will lead to suicide prevention and increased awareness about suicide.
6.2.3 Provide education about firearm safety and responsible firearm ownership to military personnel.
6.2.4 Support efforts for awareness and enforcement of the North Carolina Child Access Protection Law, which promotes firearm safety for people who reside with a minor.
6.3 Develop and implement new safety technologies to reduce access to lethal means.
6.3.1 Adopt components used for Operation Medicine Drop events to encourage the voluntary surrender of firearms.
6.3.2 Conduct and disseminate results from research studying the effectiveness of efforts/programs designed to reduce access to lethal means (e.g., CO shutoffs in automobiles, blister packs for medications, barriers for bridges)
6.3.3 Conduct research on firearm safety, including developing new technologies (e.g. gun locks).