



Office of the Ombudsman for Mental Health and Mental Retardation



Gun/Firearm Alert

This Medical Alert is based on the work of the Medical Review Subcommittee and should be posted prominently. The Office of the Ombudsman for Mental Health and Mental Retardation works to improve the services provided to people with disabilities by communicating important information found in the Medical Review Subcommittee's reviews of deaths and serious injuries. Thank you for promptly reporting deaths and serious injuries. You are helping us to meet our mission.

In the United States nearly 57% of all suicides are by firearm. During a recent two-year-period, 12% of the suicides reported to the Office of the Ombudsman for Mental Health and Mental Retardation involved guns. This Alert is being distributed to emphasize the deadliness of a suicide attempt with a firearm and because of the steps that can be taken to limit access to guns.

Studies have shown that geographical regions with fewer guns have lower suicide rates among adolescents and young adults. Another study showed that the purchase of a handgun is associated with a substantial increase in the risk of suicide by firearm and by any method. Men are four times more likely to die from a suicide attempt than women, mainly due to their frequent choice of guns as the method. When a gun is used to attempt suicide, a fatal outcome results between 78% to 90% of the time.

It is estimated that between 40-50% of all U.S. households have a gun in the home. Research shows that residents of homes where a gun is present are five times more likely to experience a suicide than residents of homes where there are no guns present.

Limiting access to lethal means and methods of self-harm is an effective strategy to prevent self-destructive behaviors in some individuals. A significant number of suicide attempts are, in fact, impulsive and of the moment, resulting from a combination of psychological pain or despair combined with easily available means to inflict self-injury.

Teach clients and families about the importance of reducing access to guns. It is also important for clients, their families, and their friends to be aware of the times of special danger, such as during a period of deep depression, during and after a hospitalization, during a pass, after a medication change, and during times of stress such as during divorce, child custody changes, and financial distress.

Reducing the Risk of Firearm Death or Injury

- Remove all guns from the home.
- If the client, the client's family, and friends are unwilling to remove or secure firearms permanently, they should be requested to at least do so for the time the client is in the home.
- When people are unwilling to remove all firearms, teach them how to safely store them. To store a firearm: store the gun **unloaded**, and keep the gun and ammunition in separate, locked cabinets. Trigger locks are another useful safety device.
- Be sure that your clients and their families and friends understand the risk associated with gun ownership with respect to violent death and suicide. **More than 90% of people who commit suicide with a firearm already have the gun in the house.**
- While cleaning a gun, never leave it unattended.
- Be sure that families understand "The Symptoms of Depression" and "The Danger Signs of Suicide." (Please refer to the accompanying Suicide Prevention Alert.)

CASE STUDIES

Could this happen to one of your clients?

Case Study #1

A 19-year-old man, with psychotic disorder not otherwise specified, polysubstance abuse and dependence, and antisocial personality disorder, shot himself while on pass from a Rule 36 residential program. The client had a history of longstanding psychiatric problems dating back to age three and which included 11 inpatient hospitalizations. He was committed to an RTC six months before his death and was discharged to a Rule 36 program two months before his death. The client was thought to be very impulsive but had seemed to be doing well. He had been attending groups and AA. On the second day of a pass to his parent's home, he went for a walk and didn't return. He was found days later, dead from a self-inflicted gunshot wound. After his death, his family reported that the day before he disappeared, he had talked about suicide. The family had thought all the guns were locked up but discovered, after the client's suicide, that one was missing.

Risk factors for suicide: psychiatric diagnoses, substance abuse, history of impulsive behavior, presence of guns in the home, suicidal thoughts, on pass, male gender.

Case Study #2

A 47-year-old man, with severe bipolar disorder with psychotic features and a diagnosis of alcohol abuse, died of a self-inflicted gunshot wound. The client had a long history of mental illness and intermittent alcohol abuse with eight prior, brief admissions to an RTC. Six months before his death he was again admitted to an RTC on an emergency hold and was later committed. Over the next months he received two provisional discharges but returned voluntarily, the second time for suicidal thoughts. The two prior admissions had been preceded by episodes of drinking. During his last RTC admission and while in the hospital, he had attempted to kill himself by stabbing himself with a knife. Two weeks after his suicide attempt he was allowed a week-long "short visit" in the community in preparation for discharge the following week. On the second day of his "short visit," he died of a self-inflicted gunshot wound. There was no indication that staff had made inquiries about the presence of guns in his home. His discharge plan did not address his diagnosis of alcohol abuse. (His treatment team instead had recommended that he "attend AA if needed.") Records indicated that after each hospitalization he appeared to be doing slightly worse.

Risk factors for suicide: psychiatric diagnoses including alcohol abuse with lack of programming to address this problem, access to a gun, frequent hospitalizations with very recent inpatient suicide attempt, worsening condition, male gender.

Case Study #3

A 47-year-old man died at his home from a self-inflicted gunshot wound to the head. He was on his second, two-day home visit from the Rule 36 facility in which he had been living for just over two months. He had been receiving services for major depression and was in the process of transitioning from the facility back to his home. He lived in a rural area where guns in the home tend to be more common. Program staff reported discussing the client's occasional suicide references with his mother but did not report any discussion with the client or his mother about removing or securing firearms in his home.

Risk factors for suicide: psychiatric diagnosis, recent transitions to Rule 36 and planned discharge to home, on pass, gun in the home, male gender.

Bottom Line: Teach clients and families about the importance of reducing access to guns.

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