

How Patients Answered “Do you have access to guns?” Yes No Prior to Suicide Death

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Much appreciation for...

Collaborators/Supporters:

- Elena Kuo, PhD, MPH
- Jenn Boggs, MSW, PhD
- Chris Stewart, PhD
- Rebecca Parrish, MSW, LICSW
- Ursula Whiteside, PhD
- Ali Rowhani-Rahbar, MD, MPH, PhD
- Marian Betz, MD, MPH
- Jennifer Bobb, PhD
- Lisa Shulman, MSW
- Kayne Mettert, BA
- Gregory Simon, MD, MPH



This work would not be possible without...

- Kaiser Permanente's Office of Community Health Firearm Injury Prevention Research Program
- KP Washington patients & providers



**You don't have to do
this alone.**

In fact, it's a good idea to have someone you trust help make phone calls, hold onto potentially dangerous objects, take them to a storage facility, or help you store them either at home or elsewhere.



A Little More About My Story...

Suicide & Firearms



- Suicide >50% of firearm deaths
- Highly lethal
- Access to firearms linked to suicide risk
- Firearm safety interventions may reduce suicide risk
- People who die by suicide often see a health care provider prior to death

Centers for Disease Control & Prevention: National Center for Injury Prevention and Control. Fatal injury reports, national, regional and state, 1981 - 2020, Web-based Injury Statistics Query and Reporting System (WISQARS). 2022; <https://www.cdc.gov/injury/wisqars/facts.html>. Accessed March 21, 2022.

Anglemyer A, Horvath T, Rutherford G. *Ann Intern Med*. 2014.

Rowhani-Rahbar A, Simonetti JA, Rivara FP. *Epidemiol Rev*. 2016.

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KPWA Mental Health Questionnaire

18. Do you have access to guns? Yes No

Safety Planning

My Crisis Response Plan

Step 1: My early warning signs (thoughts, images, mood, situation, behaviors) that a crisis may be developing:

1. warning signs ▾

Step 2: My internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. crisisstrategies ▾
2. digitaloptions ▾

Step 3: My external strategies with people and social settings that provide a healthy distraction:

1. Name: *** Phone: ***
2. Name: *** Phone: ***
3. Place: socialsettings ▾

Step 4: People whom I can ask for help during a crisis:

1. Name: *** Phone: ***
2. Name: *** Phone: ***

Step 5: Professionals or clinics I can contact during a crisis:

1. Clinician Name: ***
2. Local Mental Health Clinic: MH Specialty Clinic ▾
3. Primary Care Clinic: Primary Care Team ▾
4. Consulting Nurse Line open 24/7: 1-800-297-6877
5. Care Chat available 24/7 through kp.org/wa or myKP app
6. 988 Suicide & Crisis Lifeline: 988lifeline.org call or text 988 for support 24/7/365
7. County Crisis Line ▾
8. Text HOME to 741741 to chat with a crisis counselor
9. If I cannot keep myself safe, I will go to a KP urgent care Urgent Care List ▾, nearest emergency room or call 911

Step 6: Making my environment safe (limit access to lethal means):

1. ***
2. ***

Visit <http://bit.ly/lock2liveKP> for help planning how to safely store prescription meds and firearms.



The best number my provider can call me at is: ***

Research Question:

What proportion of adult patients received and answered the standardized firearm access question in the year prior to death?

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What proportion of adult patients received and answered the standardized firearm access question in the year prior to death?

Spoiler Alert:

Key findings indicated we can improve who we ask and how we ask

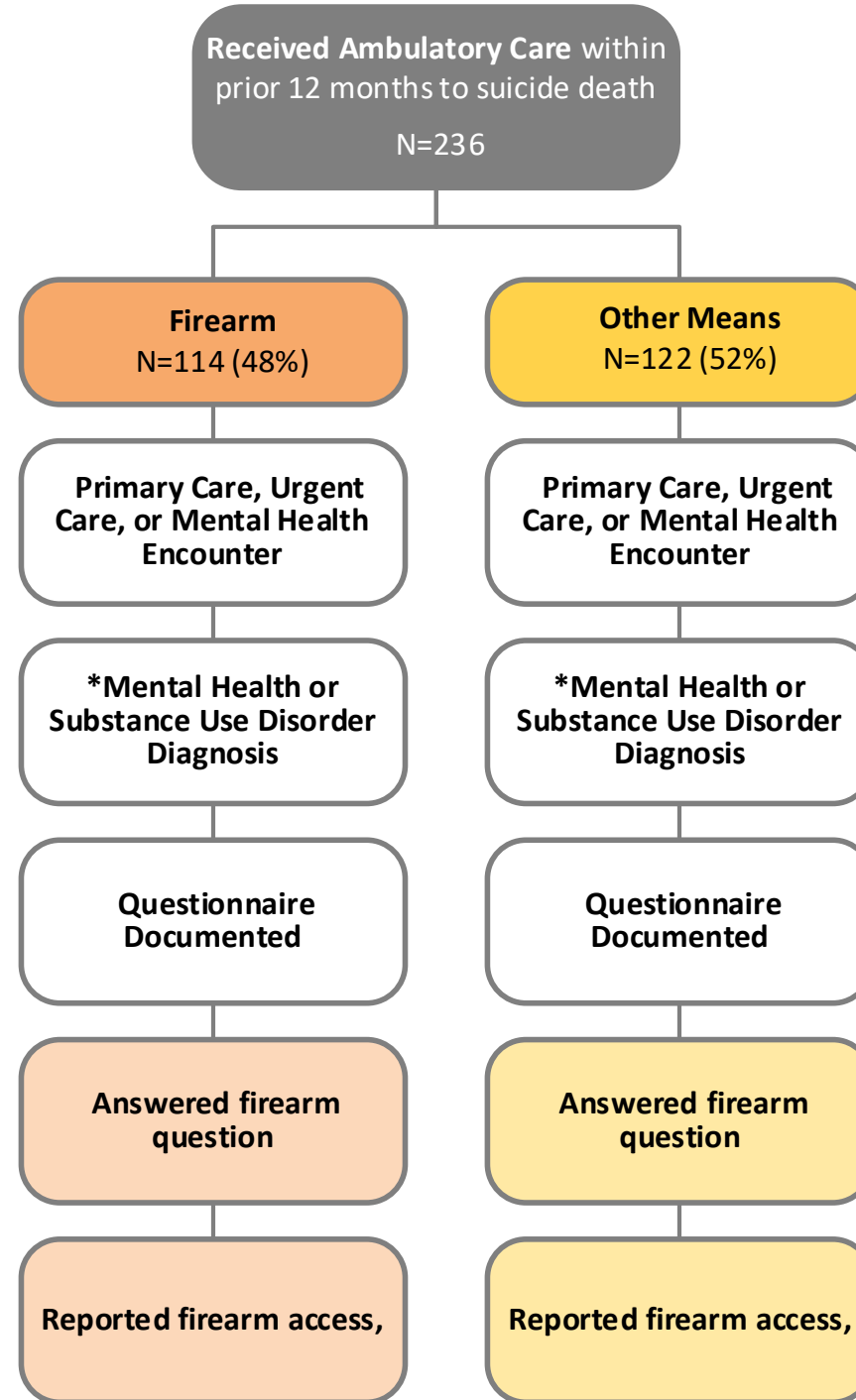
Research Letter | Public Health

Patient-Reported Firearm Access Prior to Suicide Death

Julie E. Richards, PhD, MPH; Jennifer M. Boggs, PhD, MSW; Ali Rowhani-Rahbar, MD, MPH, PhD; Elena Kuo, PhD; Marian E. Betz, MD, MPH; Jennifer F. Bobb, PhD; Gregory E. Simon, MD, MPH

Article: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787773>

Methods



*Process outcomes=white boxes
Patient outcomes=shaded boxes*

Results:

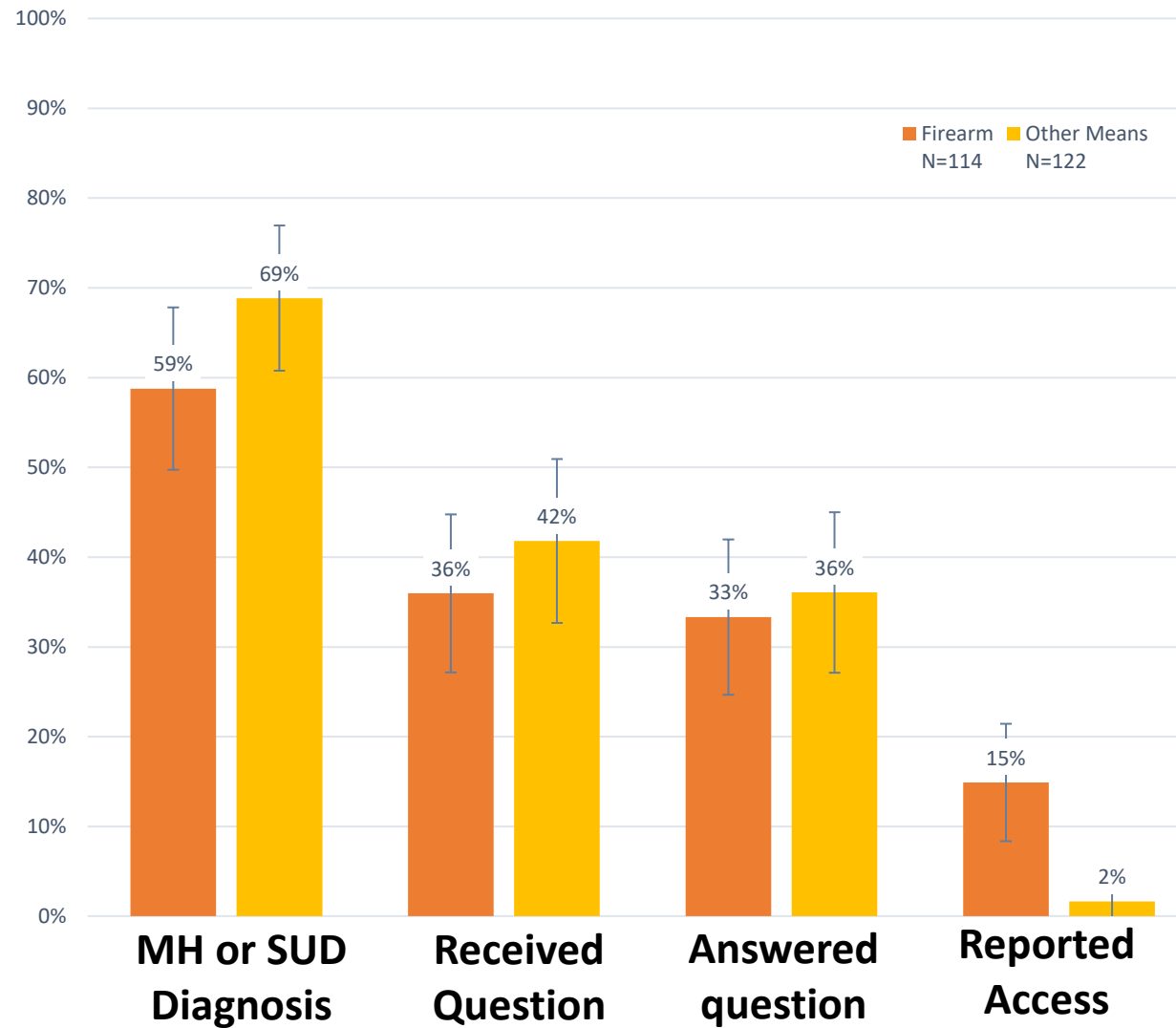
Demographics

	Firearm N=114	Other Means N=122
Age, Mean	57.4	51.5
Age Category		
18-39	22%	28%
40-64	35%	49%
65+	43%	23%
Sex		
Female	14%	43%
Male	86%	57%
Race & Ethnicity		
AI/AN	0%	1%
Asian	3%	7%
Black	3%	3%
Hawaiian/Pacific Islander	1%	2%
Hispanic, Latino/a/x	3%	4%
White	85%	72%
Unknown	6%	11%
Rural/Urban		
Urban	33%	43%
Large Suburban	24%	30%
Small Suburban/Rural	43%	27%

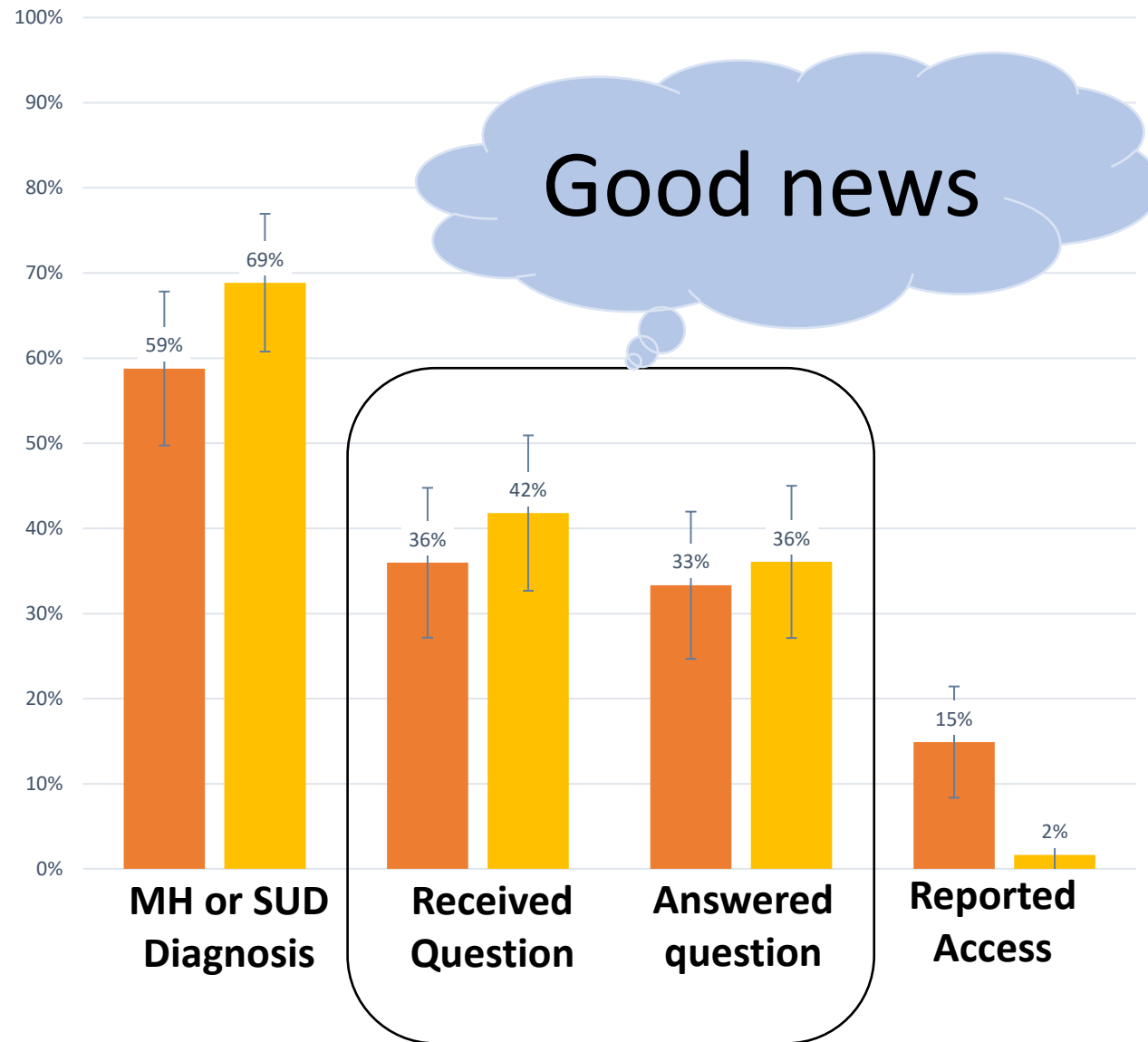
Care Utilization

	Firearm N=114	Other Means N=122
Any Primary Care		
Prior 3 months	39%	36%
Prior 12 months	82%	75%
Any MH Specialty Care		
Prior 3 months	15%	25%
Prior 12 months	26%	38%
Any Urgent Care		
Prior 3 months	11%	19%
Prior 12 months	36%	35%
Diagnoses in prior year		
Depression Disorders	43%	57%
Anxiety Disorders	40%	52%
Serious Mental Illnesses	11%	11%
Substance use disorder	27%	20%
Suicide Attempt	4%	9%

Reported Firearm Access



Reported Firearm Access



Original Investigation

Self-reported Access to Firearms Among Patients Receiving Care for Mental Health and Substance Use

Julie E. Richards, PhD, MPH; Elena Kuo, PhD, MPH; Christine Stewart, PhD; Jennifer F. Bobb, PhD; Kayne D. Mettert, BA; Ali Rowhani-Rahbar, MD, MPH, PhD; Marian E. Betz, MD, MPH; Rebecca Parrish, LICSW; Ursula Whiteside, PhD; Jennifer M. Boggs, PhD, MSW; Gregory E. Simon, MD, MPH

Article: <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2782896>

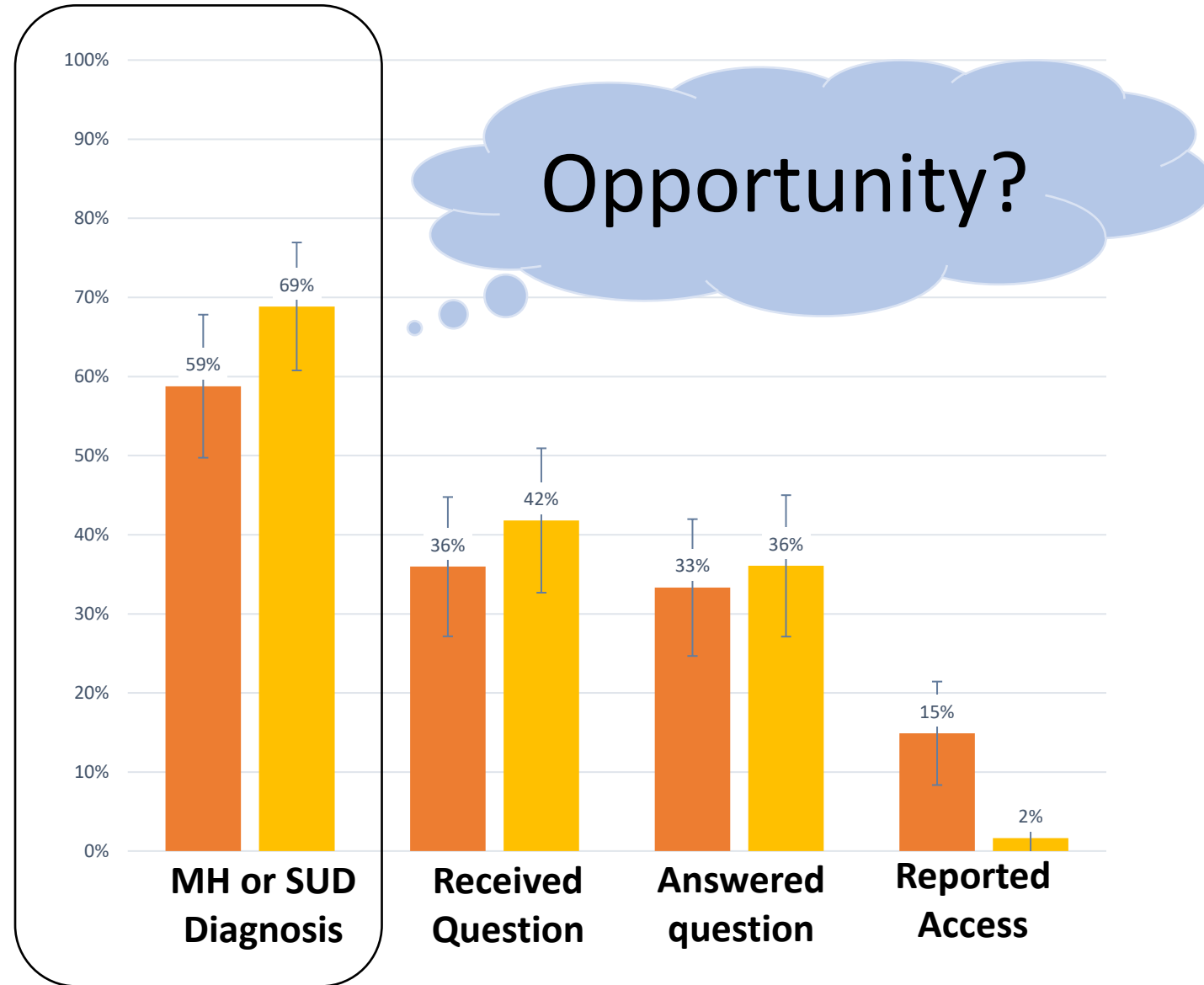
Key Points

Question Did patients respond to a standard question about firearm access on a mental health questionnaire, and, if so, how did they respond?

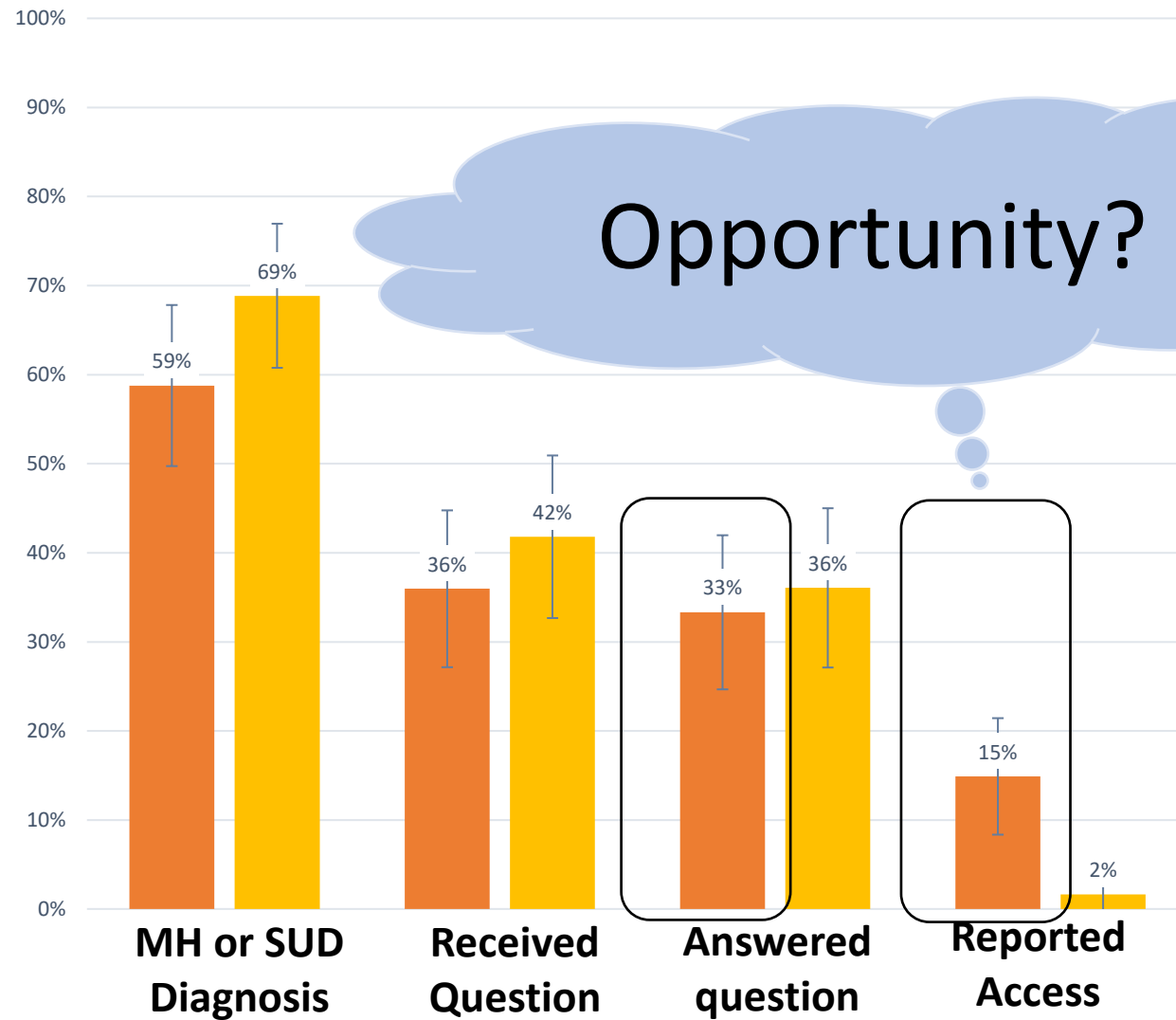
Findings In this cross-sectional study of 128 802 patients receiving care for mental health and substance use, 83% of primary care patients answered a standard question about firearm access and 21% reported access. In mental health clinics, 92% of patients answered the question and 15% reported access.

Meaning In this study, most patients reported firearm access on standard questionnaires; this screening practice may improve efforts to identify and engage patients at risk of suicide in discussions about securing firearms.

Reported Firearm Access



Reported Firearm Access



JAMA Health Forum™

Original Investigation

Patient and Clinician Perspectives of a Standardized Question About Firearm Access to Support Suicide Prevention A Qualitative Study

Julie E. Richards, PhD, MPH; Elena S. Kuo, PhD, MPH; Ursula Whiteside, PhD; Lisa Shulman, MSW; Marian E. Betz, MD, MPH; Rebecca Parrish, LICSW; Jennifer M. Boggs, PhD, MSW; Ali Rowhani-Rahbar, MD, MPH, PhD; Gregory E. Simon, MD, MPH

Article: <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2799032>

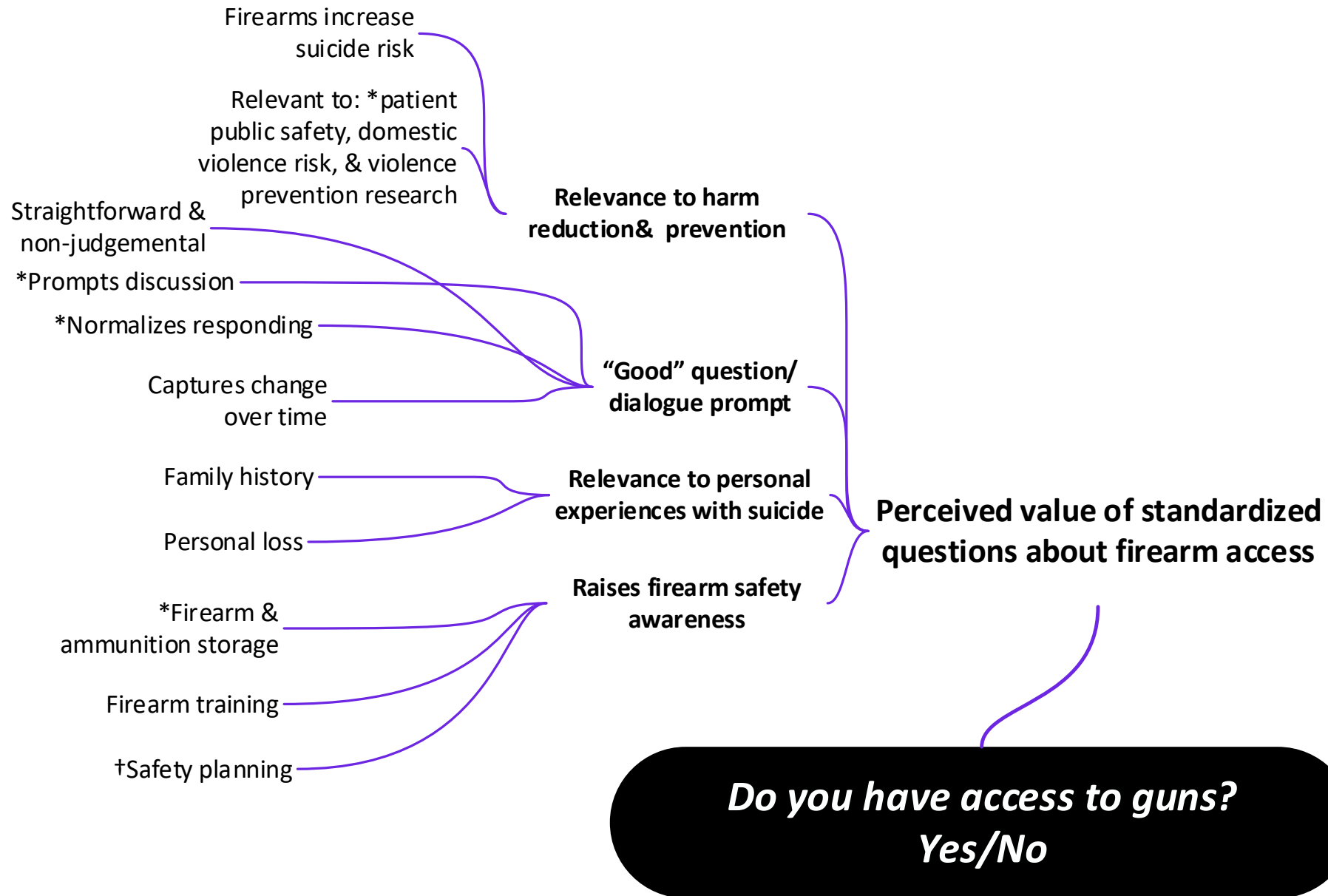
Key Points

Question How did patients experience answering and clinicians experience using a standard question about firearm access on a routine mental health questionnaire?

Findings In this qualitative study, a standardized question about firearm access was asked during semistructured interviews with 36 patients, including firearm owners and people who were experiencing suicidal thoughts, and 30 clinicians, including clinical social workers and nurses. Participants described why firearm access questions are important, but can be challenging to answer and discuss.

Meaning These findings suggest that firearm access questions can be used to normalize and support patient-centered dialogue about when and how to limit access to firearms to reduce risk of suicide.





Today I had a patient make a comment about the firearm question, and I said ‘well, let me give you some [information]’– it opens up dialogue; an opportunity to talk to patients and provide education about why we ask it.

Straightforward
non-judgmental

*Prompts discussion

*Normalizes responding

Captures change
over time

**“Good” question/
dialogue prompt**

Family history

Personal loss

**Relevance to personal
experiences with suicide**

*Firearm &
ammunition storage

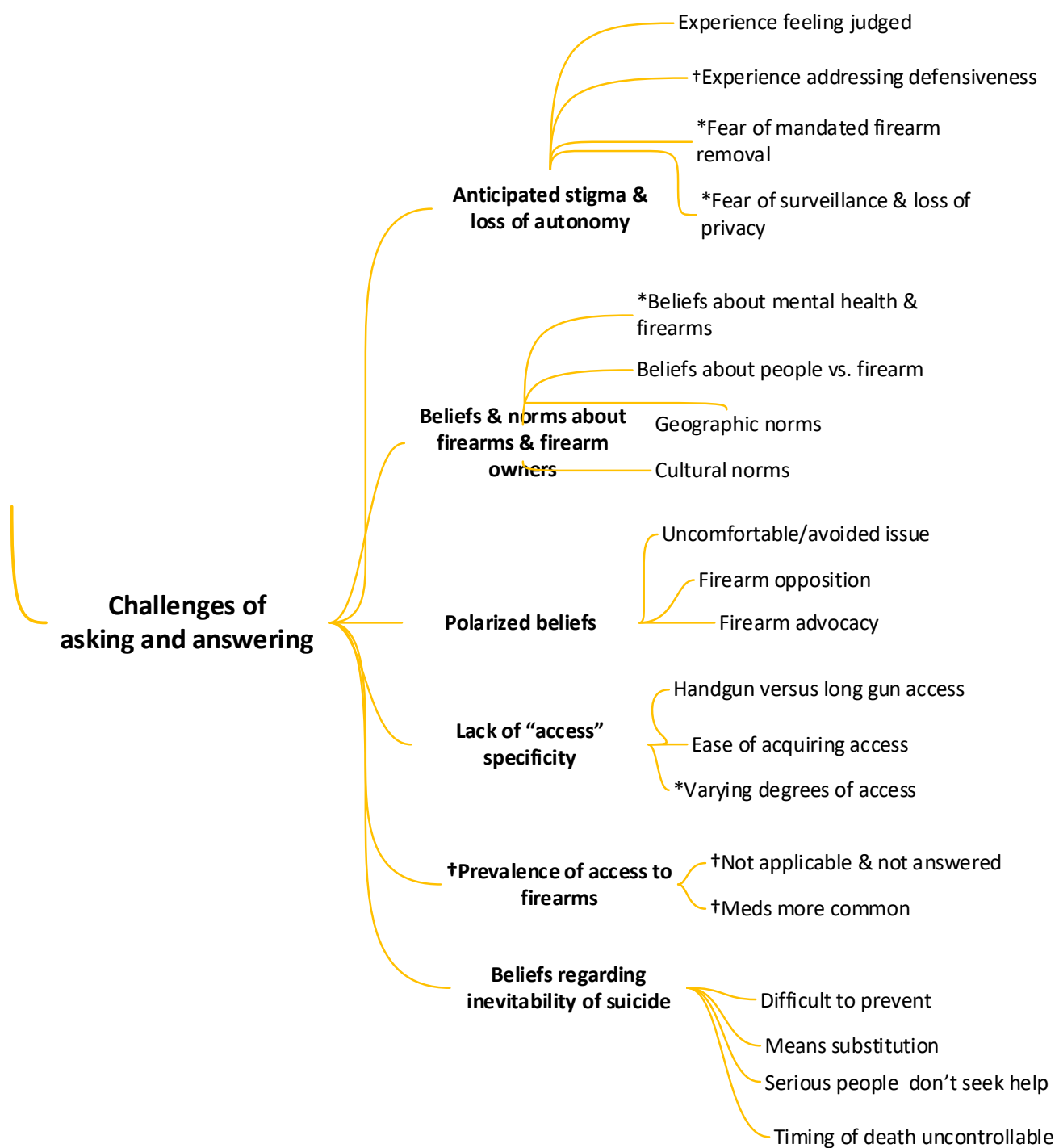
Firearm training

†Safety planning

**Raises firearm safety
awareness**

**Perceived value of standardized
questions about firearm access**

***Do you have access to guns?
Yes/No***

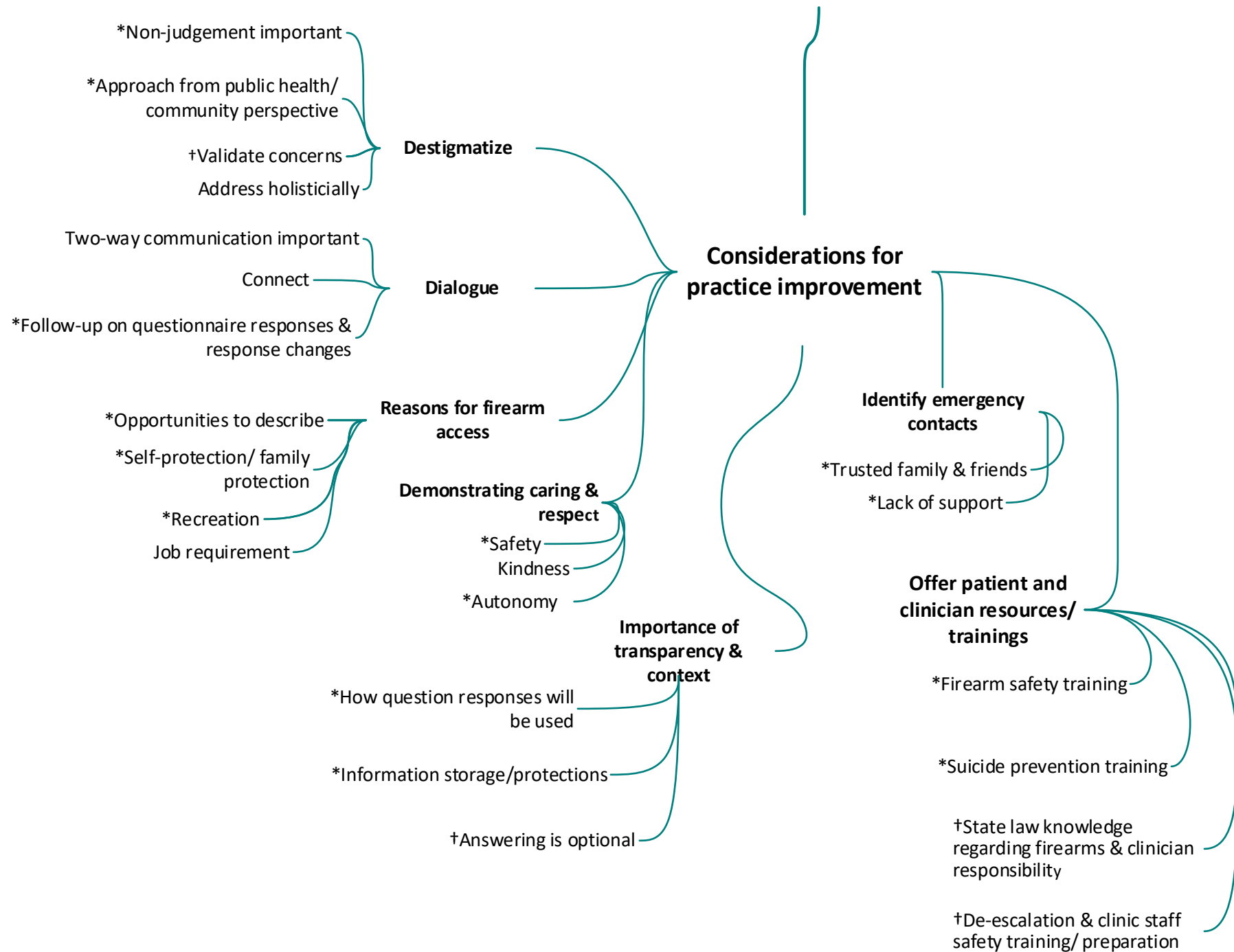




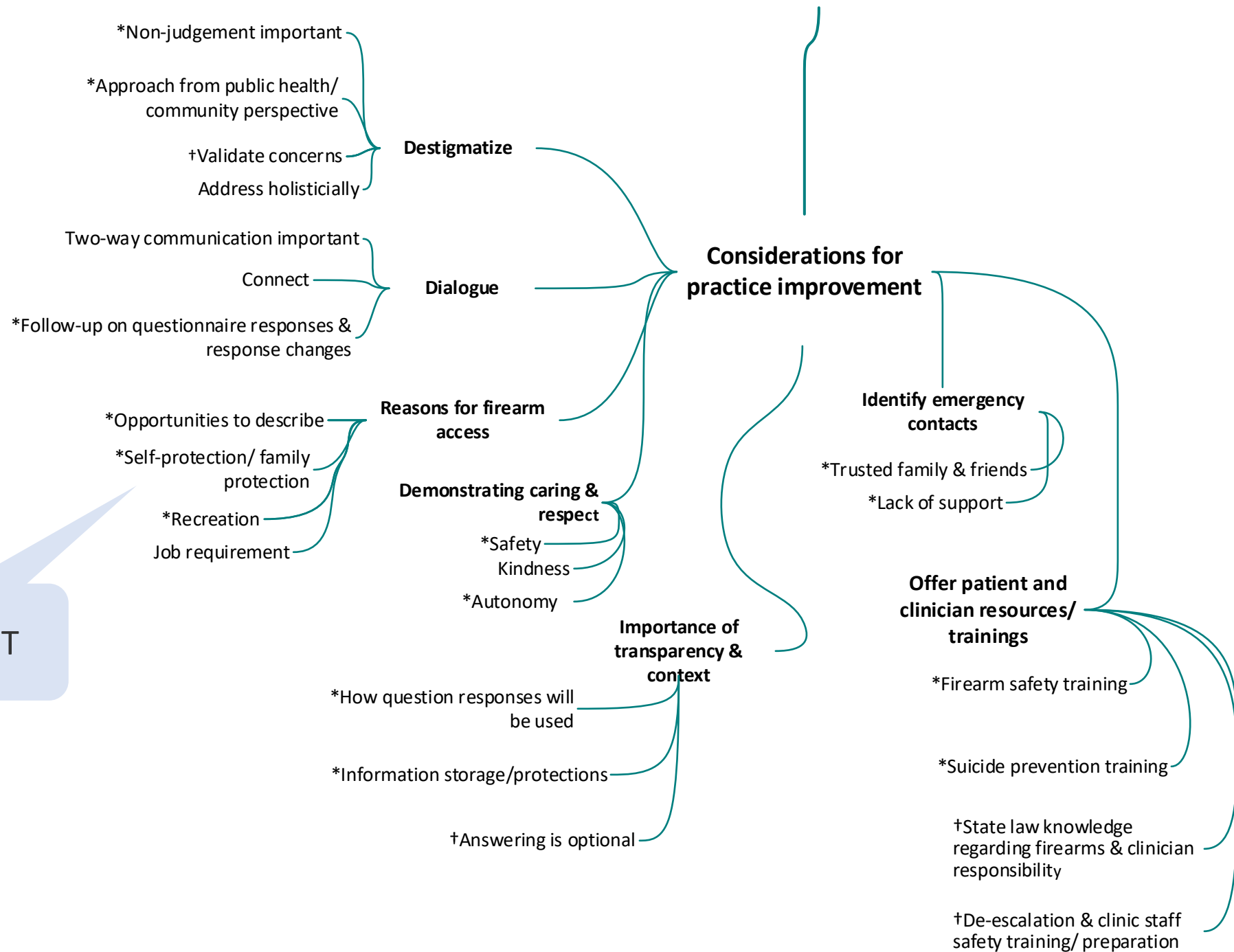
There's people who said that they won't answer, they have concerns about their rights or having that in their record. So there's been times where people are proactively defensive about their gun ownership and their legal rights, and protecting themselves and what they say... there's that handful of times where people say, 'I'm not answering that question'



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IMPORTANT



Opportunities

Key takeaways:

- 1) Who we ask about firearms
- 2) How we ask & discuss firearms





**American
Foundation
for Suicide
Prevention**

**New 2-year project
(now in progress)**

Goal: to encourage patients to self-report firearm access by using a Human-Centered Design approach (Discover, Design/Build, Test) informed by...

- Qualitative and statistical analyses completed to date
- New analyses of virtual & adolescent questionnaires
- Advisory team relevant clinical and/or lived experiences



New 3-year project
(now in progress)

Goal: Use the Discover, Design and Build, and Test framework to inform implementation of promising firearm injury/mortality prevention strategies in three healthcare systems serving ~1.3 million people in communities with high rates of firearm ownership and suicide.



Thank you!

Time for Questions?

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