Colorado's 2024 Public Health Roundtable on Firearm-Related Harm and Violence Prevention

2024 Suicide and Self Harm Fact Sheet

Developed by Wellstone Collaborative Strategies for Trailhead Institute

Focus 1. Define & Monitor the Problem

From 2019-23, 71% of all firearm-related deaths were suicide deaths. Below is a summary of data provided in the Colorado Violent Death Reporting System's Suicide Dashboard.

- **2,796** individuals died by suicide using a firearm in Colorado from 2020-23. Firearm-related suicide accounts for 53% of all suicide fatalities in the state.
- Colorado consistently ranks in the top 10 nationwide for suicide deaths.

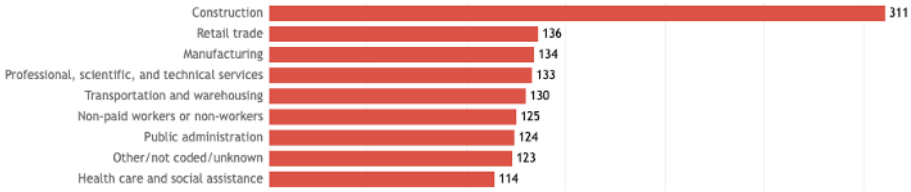

Figure 1. Colorado firearm-related suicides by occupation, 2020-2022. Source: Colorado Suicide Death Reporting System

- Populations at higher risk for suicide include LGBTQ+ Coloradans, youth, young adults, veterans, middle-aged men, and older adults.
- **People 75 and older have** the highest rate of suicide by firearm (23 per 100,000 in 2020-23). The next highest age categories are 25-34 (15 per 100,000), 20-24 (15), and 55-64 (14). 25–34-year-olds accounted for 20% of all firearm-related suicide fatalities from 2020-23.
- **83%** of all firearm-related suicide deaths in Colorado were among White, not Hispanic people (2020-23). That's 2,150 people, or a rate of 14 per 100,000 people. This is followed by a rate of 12 per 100,000 for Native Hawaiian and Pacific Islander individuals, 9 per 100,000 for Black or African American individuals, and 8 per 100,000 for Hispanic individuals.
- **87%** of firearm-related suicide decedents in 2020-23 were male.
- **15%** of all people who died by suicide by firearm from 2020-22 were in the construction trades. This is more than double the next highest number by occupation and is followed by retail trade; manufacturing; professional, scientific, and technical services; and transportation and warehousing, each accounting for 6.3-6.5% of firearm-related suicides in the same period (see Figure 1).

Focus 2: Develop Understanding of Risk & Protective Factors

Risk Factors: Based on data tracked in the Colorado Suicide Fatality Dashboard, several common circumstances contribute to suicide at both the individual and environmental levels. Percent figures are provided based on prevalence in data from 2020-2022. There are a number of other factors, as suicide is complex and firearm-related suicide may have additional risk factors.

Individual Risk Factors: The following are common individual risk factors or contributing circumstances:

- Current diagnosed mental health problem (47%)
- History of suicidal thoughts or plans (45%)
- Current depressed mood (41%)
- Ever treated for mental health problem (33%)
- Problem with alcohol (31%; alcohol present in 42%)
- Contributing physical health problem (30%)
- Recently disclosed suicidal intent (28%)
- Substance use problem other than alcohol (16%; marijuana present in 24%, opiates present in 11%)
- Previous suicide attempt (14%)
- Untreated mental or behavioral health problems
- Access to firearms or lack of safe storage (N/D)
- History of violence or trauma, including childhood trauma, domestic violence, gang violence (N/D)

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Environmental Factors: The following are common environmental risk factors or contributing circumstances:

- Crisis two weeks prior to death (44%)
- Contributing intimate partner problem (37%)
- Recent argument (26%)
- Contributing job problem (16%)
- Limited connection to others, social isolation, and/or self-reliance (N/D)
- Lack of representation, including systemic racism (N/D)
- Stigma or cultural norms that make it challenging to talk about suicide (N/D)

Protective Factors: The following protective factors were identified during roundtable discussions:

1. Access to relevant support and resources, including mental and behavioral health services as well as basic needs resources such as those related to housing, employment, and food.
2. Meaningful connections to others, including family, peers, and community members.
3. Access to culture and culturally relevant care.
4. Economic opportunity and stability.
5. Firearm education, including both safe use and storage, as well as self-harm and firearm safety practices, including secure or out-of-home storage.
6. Supportive and affirming communities, especially those that affirm and support LGBTQ+ individuals.

Focus 3: Engage Community on Multi-Sector Prevention Strategies

Below are potential strategies identified to address firearm-related suicides. [Y] indicates youth focused strategy. Additional solutions addressing Black male suicide are found here.

Upstream (e.g., root cause and social determinants of health)

- Social-emotional skill development that addresses toxic masculinity, executive function, bullying, isolation, and/or poor school climate (e.g., Sources of Strength) [Y]. [1,ii]
- Effective and culturally appropriate behavioral health and substance use support. [i]
- Positive school environment, especially for LGBTQ+ youth, Native American youth, youth with have high adverse childhood experiences (ACE) scores, and others with above average suicide rates. This includes increasing paid mental health staff in schools [Y].[i]
- Support people with chronic diseases or pain.
- Connection to a caring adult who can listen and help navigate tough situations, peers, family, community, and social institutions [Y].[i]
- Instill a strong sense of cultural identity to combat loneliness, especially for marginalized communities. This includes building community capacity and empowering self- determination.

Direct Prevention

- Use interdisciplinary teams, including youth and family, to evaluate the system to identify prevention actions (e.g., COACT Colorado) [Y].
- Promote lethal means safety and safe gun storage practices. [i,ii]
- Incorporate suicide prevention training into the firearm licensure process.
- Ensure supportive services for those with high ACE scores, especially sexual abuse. [i]
- Implement comprehensive suicide prevention policies, trainings, and practices for schools and districts. [ii]
- Provide suicide-specific training for behavioral health providers.[2]
- Normalize having conversations about suicide; step up proactive, culturally relevant messaging. [ii]
- Reach middle-aged men to provide mental health and suicide-specific resources (i.e., The Man Therapy).[iii]
- Develop policies and culture and train a competent, confident, and caring workforce. [ii]
- Use health systems quality improvement frameworks (e.g., Zero Suicide). [ii]
- Use school suicide assessments and referrals to ensure appropriate and effective care [Y].
- Screen and assess to identify people experiencing suicidal despair and ensure integrated follow-up support. [ii]

- Provide wraparound services for stability (e.g., childcare, housing, food, job supports).
- Provide culturally relevant gatekeeper trainings for community members to refer those with suicidal despair to the support and care they need (e.g., Question, Persuade, Refer; Mental Health First Aid).

Intervention

- Offer anonymous reporting for youth with integrated response system & follow-up (e.g., 988, Safe2Tell) [Y].[i]
- Provide peer training on how to recognize and respond to suicidal ideation and despair. [ii]
- Ensure healthcare and social service provider training on access to lethal means (e.g., Counseling on Access to Lethal Means).[3]
- Develop a suicide care management plan for at-risk individuals with demonstrated suicidal ideation and potential means. [ii]
- Use family level interventions, including training on how to recognize suicidal ideation and despair [Y].[i]
- Offer trigger-based support services to respond during life crises. This should include services that meet the person where they are (e.g., home visits) and services the person can go to (e.g., respite care).
- Support individuals experiencing suicidal ideation to remove firearms from their surroundings. [ii]
- Use temporary firearm removal and storage immediately after a crisis (e.g., via Extreme Risk Protection Orders).

Preparedness and Response

- Train school crisis teams for preparedness and response [Y]. [i,ii]
- Develop plans to respond to people with additional physical needs (e.g., deaf, blind, hard of hearing, limited mobility, etc.).
- Promote suicide prevention and crisis hotlines (e.g., 988).
- Use the co-responder model to send a mental health specialist with ambulance or police. [i]
- Share and promote the use of media reporting guidelines to ensure appropriate and respectful messaging and avoid sensationalizing. [ii]
- Transition individuals through care with warm hand-offs. [ii]

Recovery and Learning

- Provide mental health support for survivors of a suicide attempt. [i,ii]
- Provide mental health support for healthcare and service providers.
- Engage child fatality review teams [Y]. [i]
- Plan for re-entry to welcome a person back into their community after a suicide attempt. [i,ii]
- Implement a buddy or peer support system for those in recovery.
- Plan for recovery, healing, and learning at multiple scales including with the individual, family, and community. [ii]
- Follow-up and support after experiencing a mental or behavioral health crisis or suicide attempt (e.g., Colorado Follow-up Project). [ii]

[1] Bornstein, Jacob. (2023) *Youth Protection in Every Neighborhood Project*. Wellstone Collaborative Strategies.

[2] Colorado Office of Suicide Prevention supported priority or program.

[3] Zero Suicide Approach