

Mental health patients will answer when asked about firearms

August 6 2021



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When patients receiving care for mental health were asked to complete a standardized questionnaire that included the question, "Do you have access to guns?" most provided a response, according to a Kaiser

Permanent study published in *JAMA Health Forum*.

Firearms are the most common—and most lethal—method of suicide in the United States. Routinely asking [patients](#) about [firearm](#) access could support [suicide prevention](#) by creating opportunities to discuss safety planning, including appropriate storage of firearms and ammunition.

"Asking about the availability of firearms could help clinicians start conversations about safely storing them when patients are at risk of suicide," said lead study author Julie Richards, Ph.D., MPH, research associate at Kaiser Permanente Washington Health Research Institute. "Our study helps dispel concerns by clinicians and [health](#) system leaders that patients won't respond to firearm questions."

Beginning in August 2015, Kaiser Permanente Washington added a question about firearm access to a standard questionnaire given to all patients during visits to outpatient mental health clinics. Subsequently, Kaiser Permanente integrated some [mental health services](#) into [primary care](#) and began giving the questionnaire at primary care visits to patients over age 18 who had a depression or substance use disorder diagnosis. Patient responses are documented in the electronic health record to help guide appropriate follow-up care.

A Kaiser Permanente Washington research team conducted a cross-sectional analysis of questionnaires completed on paper during 488,488 in-person primary care or mental health clinic visits by 128,802 patients from January 1, 2016, through December 13, 2019. The team looked at the proportion of patients who answered the question about firearm access and the proportion who reported having access to a firearm. Additional data from the electronic health record system and other sources included sociodemographic information associated with firearm ownership and suicide risk such as age, sex, race and ethnicity, and rural or urban residence.

In primary care, 83% of patients answered the firearm access question, with 21% reporting access. In mental health clinics, 92% of patients answered the question, with 15% reporting access. There were small differences in the characteristics of patients who answered and those who didn't but larger differences among patients who reported access versus no access. Men were more likely to report access than women, as were people living in rural and suburban areas than people in urban areas. Those who had a prior-year suicide attempt had the lowest rates of firearms access.

"Questions about firearm access during primary care and [mental health](#) visits have a lot of potential value in suicide prevention," said Dr. Richards. "When we don't ask these questions, we reinforce the notion that we shouldn't talk to our patients about firearms. Change is hard, but normalizing the practice of asking about firearm access could save lives."

A study published in May 2021 from the research team found that patients may choose to not disclose firearm access due to concerns about privacy, stigma, and firearm removal. Study results suggested that clarifying the purpose and use of the firearm access question may encourage openness and dialog about safe storage. The research team, which includes people with lived experience of suicidality, is working on clinical practices that support nonjudgmental conversations about firearm access and [suicide](#) risk.

More information: Julie E. Richards et al, Self-reported Access to Firearms Among Patients Receiving Care for Mental Health and Substance Use, *JAMA Health Forum* (2021). [DOI: 10.1001/jamahealthforum.2021.1973](#)

Julie E. Richards et al, "What Will Happen If I Say Yes?" Perspectives on a Standardized Firearm Access Question Among Adults With

Depressive Symptoms, *Psychiatric Services* (2021). DOI: [10.1176/appi.ps.202000187](https://doi.org/10.1176/appi.ps.202000187)

Provided by Kaiser Permanente

Citation: Mental health patients will answer when asked about firearms (2021, August 6)
retrieved 25 April 2024 from
<https://medicalxpress.com/news/2021-08-mental-health-patients-firearms.html>

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