



Defense Suicide Prevention Office Podcast Transcript

American Foundation for Suicide Prevention

Dr. Dacee Hughley:

Well good morning and thank you so much for joining the Defense Suicide Prevention Office's Mental Health is Health: Maximizing Your Well-being podcast. I'm Dr. Dacee Hughley, senior advisor for lethal means safety and policy here at the Defense Suicide Prevention office. Today we're going to talk about lethal mean safety with Dr. Christine Yu Moutier, chief medical officer for the American Foundation For Suicide Prevention. Dr. Moutier knows the impact of suicide firsthand. After her own lived experience of losing a colleague to suicide, she dedicated herself to fighting this leading cause of death. She has done so much. She's testified before Congress. presented at the White House and provided Congressional briefings on suicide. She's also co-authored CNN's Emmy award-winning, Finding Hope Suicide Prevention Town Hall, serves as an expert Nationally and abroad, and remains dedicated to the mission of saving lives and bringing hope to those affected by suicide. Welcome Dr. Moutier and thank you so much for participating in our podcast to talk about lethal mean safety, what steps you can take to protect your loved ones and yourself from lethal means in the home, and how lethal mean safety is a key protective factor in suicide prevention. Thank you so much for joining us.

Dr. Christine Yu Moutier:

Thank you, Dr Hughley. It's wonderful to join you on this important topic.

Dr. Dacee Hughley:

Well let's dive into our questions. I went over a lot, but you have such an amazing background. Could you tell our listeners just a little bit more about yourself and about your work at the American Foundation For Suicide Prevention?

Dr. Christine Yu Moutier:

Yes. Thank you so much for that opportunity. So, yes, I got my start in suicide prevention and interestingly - I'm a psychiatrist - but really looking back on the early kind of interest that I had, I actually need to go back all the way to, you know, to my earlier years. I had my own lived experience of mental health struggles while I was in medical school. That really brought a level of sensitivity and attunement to culture that does not match up with human needs let alone mental health needs or suicide risk and, you know, that was a good 25 or 30 years ago. Then a number of things happened from there in the academic medical environment. I was training in and then working on the faculty and eventually as a dean for medical education and student affairs at the UCSD School of Medicine where there were a number of losses to suicide of both physicians and nurses trainees. I was in the position by then, probably as a combination of lived experience and interest, in kind of being like a safe person to be able to tell your real authentic story to and the dean role that I had and also as a psychiatrist to be asked by the, you know, chief of the hospital and the medical school to get to the bottom of all of these suicide losses. That gave me the experience of being in the trenches to develop a suicide prevention program not for patients but for colleagues and trainees so really more of that community-based



experience. Then 11 years ago, I had the privilege of moving out of academic medicine into the world of the American Foundation For Suicide Prevention where we're the leading nonprofit organization in the country.

We say fighting suicide meaning we take a public health approach where we fund research, we produce programs both education on suicide prevention but also loss and healing support for suicide loss survivors, and we support a network of 74 chapters across all 50 states and Puerto Rico who are our arms and legs. These are tens of thousands of individuals and families personally touched by suicide who advocate on the hill and at their state level and put on our programs and really form a community. That is we are all sort of doing our utmost to live stigma free, if you will. That's very informed by the science instead of by the cultural norms that still have a lot of misunderstanding obviously about mental health, about suicide risk, and you know, I know we're talking about lethal means today and I think this is one of the most kind of concrete and important effective steps that anyone can take. So, I'm excited to get into that.

Dr. Hughley:

Thank you so much for sharing. That is a lot of experience and a lot of just personal touch that you've added to this journey. So, thank you so much for sharing all that. I love how you identified already how important lethal means safety is. I think we've heard that term a lot, but could you help our listeners understand exactly what lethal mean safety is and how's that even connected to suicide prevention?

Dr. Moutier:

Absolutely. So, research is showing us a lot of things; shedding light on why suicide risk increases for some people and also what constitutes an effective suicide risk reducing approach, because when it comes to Suicide it's such a complex health outcome and health behavior that a lot of our assumptions from the past turned out to be incorrect about how it actually works for the individual who is at risk. Of course it's an individual issue, but it's also an environmental and community issue and suicide risk. I think an important thing to understand is that there is a level of ambivalence for anyone who becomes suicidal. They're suffering. They're in pain either psychological, physical, or both. There's a feeling of hopelessness and desperation often times and the human brain sorts through all kinds of coping strategies to help relieve that experience of suffering that they're in, and that feeling often times of being trapped, or like they're a burden to others. So, in that moment of that suicidal mindset, also with ambivalence at play, meaning there's a survival instinct that's very strong in most of us that can get sort of temporarily, partially, or more fully dismantled. That's the reason that the environment and people who are around that person matter so much in terms of what happens next in that period of what we can think of as cognitive constriction and ambivalence of the suicidal mindset.

So, when lethal means are simply not in view and also importantly less available and accessible in one's immediate environment in the home but also in the surrounding environment that that reduces that individual, and there's also population studies that shows suicide rates for an entire population, a region, go down when particular lethal means if you think of certain areas and populations have a tendency towards different lethal means because of the availability of let's say a particular bridge, in the UK, for example was studied. When that bridge had a barrier built then the entire region's suicide rate went down by about 40%. That 40% rate reduction finding is somewhat consistent interestingly across other naturalistic lethal means sort of natural experiments, if you will. Sometimes it's intentional that



we build you know a barrier, or package medications in a certain way, or have you known, toxic substances locked up. In Asia that might be pesticides was a more leading cause of, you know, method for suicide.

So, I think it flies in the face of a common assumption that if you're suicidal and that particular means isn't available you might just find another one. That actually does not happen the majority of the time. So, that's another really important scientific finding that helps build the average person's sense of instinct and knowledge about how to reduce suicide risk.

Dr. Hughley:

Thank you so much. I love the research and how much you're sharing about where we're going with that and just that lethal means isn't just one form of suicide means but it's all those forms that might have lethality for that person in that compromised moment. I love also how you identified environmental and community importance. You said this isn't just an individual issue, it's an environmental and community issue. I say that because one of the key prevention goals in the Department is to create a culture of safety. How could lethal mean safety practices help us reach that goal?

Dr. Moutier:

You know I think there's a couple of different ways. I love that idea and the concept of a culture of safety because what it says is we're going to create an environment that is both physically and psychologically safe for us to be, you know, to be and exist, and to kind of flow through in our lives. That would mean that, you know, if you're a family that owns firearms or has particular medications, that are, you know, taken by a family member. Then all the other things that are more common household items that can sometimes be used for suicidal attempts or for suicide, that having those items generally a mindset that keeps that has an eye on safety. Just like we teach parents about basic safety as they're, you know, pregnant and about to start their family, there are there are some concepts that parents are very accustomed to thinking about seat belt safety and helmet safety, things like that. We can start developing that for the home in terms of the securing and locking up of all of those different types of lethal means. Then there's the additional layer that if a family member is going through a tough time, might have some particular mental health needs, maybe they've been suicidal in the past, that is the moment to really tune in and build that extra layer of safety and knowledge around the attunement to now is the time to take extra care to secure those lethal means. Ideally, it's actually, you know, when it comes to firearms and other lethal means, is to really actually consider a way to store them outside the home. That would be the kind of holy grail of the goal to get to, but when that's not possible there are obviously other ways to do that effectively.

Dr. Hughley:

I appreciate you noticed that there were daily activities to increase safety and then ways to address safety in periods of heightened risk. I think even though we know that safety is sometimes it, we know we need to be safe. We know that we need to handle things cautiously. There's barriers sometimes to implementing some of these needed changes.

So, what have you seen in your practice what barriers to adopting lethal mean safety practices are present in the communities you've interacted with?



Dr. Moutier:

I think the biggest one is the assumption of those incorrect beliefs that will it really make a difference? Maybe that's an excuse we use to rationalize avoiding something that we're not accustomed to broaching and communicating about with our family members. So, I think that would be the next step is sort of teaching people the actual kind of language and the skills to have these conversations. That it's the same thing for clinicians. There was a study of emergency medicine personnel in the emergency department who did not believe that having conversations with patients would generally have an effect on their suicide risk and lo and behold now there's an incredible movement going on to really actually make it a standard of care for clinicians to receive lethal means counseling training and to have those conversations, you know, with any patient who may be at risk for suicide. So, in the home it's kind of building that level of kind of normalizing these conversations that show family members that it's going to, it can go, well you're not going to necessarily, you know, offend your loved one or have this incredibly awkward thing that there's a way to broach it and really have the conversation that can occur now. I will also say that if you're someone that your friends tend to ask what do I do? I have a friend whose teen is struggling right now. They've said that they're having suicidal thoughts. Like, what are the couple of things I can do? I would say it's two different things, but the first one is about making the home safe and secure from lethal means. That is step number one. Step number two is engaging that child, or if it happens to be an older person, as well engage them in a caring, active listening conversation where they're given the opportunity to express what they are feeling.

That is actually that can be the first really important and even therapeutic steps. So, that they know this is there's no shame in this, that they can get the help that they need, and that help-seeking will be encouraged. So, it's kind of like a two-prong approach where simply securing those lethal means is concrete life-saving on its own and then linking the person to the treatment or the support that they need.

Dr. Hughley:

Wow! Those are very good practical steps to move forward. I know within our community we have the privilege of working with the military community and working just hand in hand to create this culture of safety. Unique things in the military community are many of our members especially those in uniform we live together, we work together, and we have a very personal relationship just across the board with our supervisors and our co-workers. Just given the uniqueness of the military community, what are some ways that we as a community can overcome barriers that we might encounter to create a culture of safety within the Department?

Dr. Moutier:

Thank you for pointing that out. That is so special and actually such an incredible protective factor to have those natural connections and feeling of togetherness in your work or in your community. You know so I think extending maybe something that might also be a mindset in military culture that that you have your brothers your sister's back. That, you know, you protect your buddies. I think that can really augment this culture of safety around suicide prevention and lethal means, because if you knew that your buddy was struggling and having suicidal thoughts you would probably do everything you could to keep them safe, to make them feel supported, and to get them the help that they need. So,



again I think linking up some education around recognizing warning signs of distress and how to broach these conversations.

We've learned in our work at the American Foundation For Suicide Prevention that any number of different populations including adults, youth, and young adults really take their role as a friend or, you know, family member, or a buddy/ coworker actually very seriously. There's a strong sense of kind of civic or relational responsibility which is really an amazing thing to discover that. Especially the youth and young adults for our ad campaign called Seize the Awkward, they told us that they wanted to do something to help but they didn't know how to do it. To sort of break the ice in a way that they could feel confident and comfortable doing but in not offending or not you know also that thing of maybe I'll make it worse if I ask someone if they're having suicidal thoughts. That is a myth. Let's just, you know, make clear that it's really an important question to ask if you sense that someone is struggling. So, I think all of that education being built in and again we don't have to overcomplicate this. It can simply be trust your gut instinct. Have your buddies back if you sense that they're struggling, assume you're the only one who will reach out. Move towards them. Ask them how they're doing. Invite an open caring conversation and tell them that you're not there to judge them. You're there to support them and that might be a moment also where you talk then to your buddy about let's take care of your safety. I know I care about you so much. I want you to be on the side of safety. Let's help make your environment safe and engage them in actually sort of a cooperative process to do that. That is a lot more doable. I think people might assume that they're going to, you know, kind of not cooperate with that or feel offended by that, but oftentimes just that caring engagement helps get them in that frame of in a way like they want to help you with what you're expressing your goals are in that moment.

Dr. Hughley:

Oh, that's such good information for us. I really appreciate just all those ways of communication and things that we should think about when we're communicating. Within our audience of listeners, we may have some military leaders. We may have people who lead large groups of Service members, small groups of Service members, but across the board really want to get these messages right. So, what are the most important ingredients in successful lethal mean safety messaging for us to consider?

Dr. Moutier:

I think the first step is again creating that culture of caring and respect that psychological safety, and that I've seen be accomplished really well when the leader will actually find ways to signal that they're human too and that they can carry out their duties while managing challenges going on in their life, whether it's health, mental health, or family stuff going on. We all will face those issues at different times, unfortunately, that's the nature of being human. So, when leaders can kind of get clear about that doesn't detract from their level of accomplishment and their professionalism, but it actually rounds them out in a way that signals it is okay to be human. In fact then you become- you kind of flip the narrative on its head in a way because you become stronger and demonstrate courage and greater maturity by not shying away and not avoiding those things that are human struggles in us but by getting your needs addressed. I think, you know, that that would be important then for supervisors to realize that mental health and suicidal thoughts are health symptoms. They do not necessarily have to be affecting work performance. Those are two different, sometimes overlapping tracks but by no means always and in fact the earlier that the person addresses their mental health needs the more likely it is that their work performance will not be affected or impaired at all.



So, that's another thing that I think, you know, obviously that gets into some education for supervisors and involvement of HR training and so forth. Again, I think when it comes to lethal mean safety for the for the supervisor to then assist with the how to. Like actually coming into you know the conversation with the person and saying you matter, you know, we need to keep you well and safe. For this period of time it temporarily let's make sure that your firearms and other lethal means are out of harm's way. There are, by the way, some tools and websites that have wonderful resources that could be rolled out. Certainly, an individual could use them to develop their language around this but also if they wanted to put on, you know, some educational programs or have some kind of messaging in the environment where they work there are some wonderful, wonderful resources that I'll point out.

I'll say that at AFSP we actually have a partnership with the National Shooting Sports Foundation that has created a number of resources for firearms owners as well as firearm retailers and range owners, so businesspeople and you can go to AFSP.org and just put in firearms and suicide prevention or just firearms and it'll come up. We'll give you these links NSSF's version of that is called Brave Conversation.org. So, that's another way to utilize the resources and then there are a couple from some expert colleagues, Dr Emmy Betts, out of Colorado, that I highly recommend, Lock2Live.org and the two is a number two. So, it's Lock2Live.org really gets into the details about storage and gives people granular tools for that. Then last one Pause to Protect.org is another really good one, especially for people in the business arena of firearms and firearm safety.

Dr. Hughley:

Thank you for those really awesome resources. I find it so encouraging to know that we are not on this journey alone as we in the Department seek to create a culture of safety. It sounds like there are a lot of great resources for leaders and community members who are seeking the same thing. I find that so encouraging. I also love just how you stress the importance of openness about being human. Valuing each individual as we engage with them in our messaging and really early engagement to really help individuals get well. That's so encouraging to hear that there's just good work happening and great communication happening around this topic. You shared a lot of resources from other agencies. Where can our listeners go to learn more about what you do and what the American Foundation For Suicide Prevention does?

Dr. Moutier:

Oh, thank you so much, Dr Hughley. That's really kind to highlight our work. If you go to AFSP.org, it's American Foundation for Suicide Prevention, so, AFSP.org, you'll be able to find any number of resources including your closest local AFSP chapter. Who I can tell you would be ecstatic to hear from a member of the military or anyone interested in getting involved. There is a role for anyone no matter what your background is. We have events like the out of the Darkness Suicide Prevention Walks that you could walk in, or you could, you know, get to know folks. I will say going to an Out of the Darkness Walk is like entering an environment where suddenly and sort of magically people are there because they are affected in some way, they're interested in suicide prevention and where you'll get immediate signals that it's a stigma-free environment. So, people connect and develop relationships at these events in part because there's a culture of authenticity that comes with suicide prevention. It's almost like once you've been through it, in some way whether it's loss or lived experience, it changes you and when you get involved it changes you for good in the sense that um your perspective doesn't like the prevailing societal culture with an emphasis on status and maintaining image or you know materialism



and all that stuff, it no longer makes sense, because we don't have time and energy to get wrapped up in that stuff. It's a distraction and actually you know the comparison game is very bad for our mental health. So, anyway, yeah, I would really encourage folks please do check out AFSP.org and of course there's a lot of educational nuggets all throughout our website. We really try to blend scientific information with real people with real needs in the community. That's kind of the special culture of sort of science meets grassroots. It certainly, you know, I feel very, very privileged and fortunate to be working in this kind of environment towards something as important as suicide prevention.

Dr. Hughley:

I just have to say I'm so thankful that you are working in this environment and for all that you're doing. It's just been wonderful, honestly wonderful to hear about it and encourage our own work here at the Defense Suicide Prevention Office. I just want to say, as we wrap, thank you again so much for all the information, for being with us today, and really just talking about this tough subject of lethal mean safety and your work over there with the American Foundation For Suicide Prevention.

I want to say listeners please help us spread the word about this podcast by liking our podcast and sharing it with your contacts on social media. To access more podcasts and resources and DSPO'S secure resource library, please check us out online go to www.dspo.mil/download. Again, if you're a Service member or any member of our military community in crisis, please dial 988 and if you're a veteran or military member press one for the Veterans and Military Crisis Line. You can also access the crisis line by text at 838255. Thank you again for joining us.

Dr. Moutier:

Thank you so much and thank you for your great work at the Defense Suicide Prevention Office. You all have been wonderful partners over the years.