

45% increase for API youth. For those age 10-14, Black and Latinx children experienced the largest increases in the proportion of suicides that involved firearms, with increases of 12% and 10%, respectively. In addition, boys and young men (10-24) represent 9 in 10 youth firearm suicide victims. However, among children aged 10-14, increases in the firearm suicide rate for girls of this age outpaced those of boys during the pandemic. Lastly, in states that lead the nation in enacting strong gun safety policies, 27% of youth (10-24) suicides involved a gun, while 59% involved a gun in states that have failed to put basic protections into place. Among children 10-14, 18% of suicides involved a firearm in states that are national leaders, while 41% of suicides were by firearm in states that are national failures.

Conclusions: Firearm suicide among young people has reached a crisis during the pandemic. These findings help us understand the prevalence of youth firearm suicide in the United States.

Objectives:

1. Firearm suicide prevalence among young people ages 10-24 in the United States from 2018 to 2021.
2. Demographic trends in young firearm suicide, such as age, race, ethnicity, sex, and associations between gun safety policies and firearm youth suicide.
3. Firearm injury prevention such as BeSMART.

Lock and Protect, Reducing Access to Adolescent Means of Suicide: A Feasibility Cohort Pilot Study



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Background: Emergency department (ED) visits for adolescent suicidal ideation or attempts have doubled in recent decades. Providing lethal means counseling to guardians in EDs is a promising method to prevent suicide attempts and death in adolescents. Our multi-disciplinary clinical and investigative team has systematically developed Lock and Protect, a novel lethal means restriction decision aid for guardians presenting to EDs with their adolescent child. Lock and Protect is a web-based, decision aid, which uses a non-judgmental, self-directed approach to offer a range of options to reduce access to lethal means. We aimed to determine the acceptability and feasibility of implementing the Lock and Protect decision aid and the feasibility of conducting a future trial in the ED among parents whose adolescents are at risk of suicide.

Methods: We conducted a prospective cohort study of caregivers and adolescents. Caregivers received the Lock and Protect intervention during evaluation of their child in the ED. We included caregivers of adolescents ages 13-17 years-old presenting to the ED for suicidal ideation, suicide attempt, or non-suicidal self-injury. Though our study is not powered to determine effectiveness, our primary outcome assessed change in home access of medications and/or firearms at 2-weeks and 4-weeks after ED visit. Secondary outcomes included measures of decision quality, acceptability and behavioral intent. Decision quality is a fundamental element of

the Ottawa Decision Support Framework, as a precursor to behavior change. We used standard descriptive statistics with appropriate distribution measures to summarize feasibility, acceptability, and behavior change.

Results: Of 40 enrolled, caregivers were 52.5% Latine, 42.5% White, and 30% Black. Among caregivers, Lock and Protect was found to be respectful of their family values about medications (100%) and firearms (97.5%), with 92.5% of caregivers reporting that the length and amount of information in Lock and Protect was "just right." All caregivers would recommend the tool to a friend or family member in a similar situation, and 93.3% found that the options presented were realistic. 97.5% of guardians found Lock and Protect to be useful for changing home access to lethal means. Caregivers used the tool for an average of 9.5 minutes and 100% of caregivers completed the tool. Follow up procedures were completed for 71% of caregivers and adolescents and 70.9% of caregivers increased safe storage of firearms or medications in their home.

Conclusions: Lock and Protect, a web-based lethal means counseling decision aid, is feasible to implement in the ED and acceptable to guardians of adolescents presenting to a single, urban ED for suicidal thoughts and behaviors.

Objectives:

1. Understand the acceptability and feasibility of a novel, web-based ED-based lethal-means counseling decision aid.
2. Understand how a novel, web-based lethal means counseling decision aid might be integrated into ED-care of adolescents at increased risk for suicide.

Reducing Firearm Access for Youth at Risk for Suicide in a Pediatric Emergency Department



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Background: Firearm-related suicide is the second leading cause of pediatric firearm death. Lethal means counseling (LMC) can improve firearm safe-storage practices and be a critical intervention for families with youth at-risk of suicide. Our study objectives were to evaluate feasibility and acceptability of pediatric emergency department (ED) behavioral health (BH) specialists providing LMC to caregivers of youth presenting with BH complaints and to investigate practice changes pre- to post-intervention.

Methods: Prospective feasibility study of caregivers of youth presenting to pediatric ED with BH complaints. Caregivers completed a self-administered electronic survey regarding self-reported demographics and firearm safe-storage knowledge/practices. All participants received LMC from BH specialist after primary BH concerns were addressed. Gun-owners were offered a free lockbox and/or trigger lock. 1-week follow-up electronic surveys gathered self-reported data on firearm-safety practices and intervention acceptability. Primary outcomes include proportion of gun-owning participants,