



Frequently Asked Questions

Covering Suicide Prevention in Firearm Classes

A Guide for Massachusetts Firearm Instructors

1. Why is suicide being covered in a Basic Firearm Safety class?

If we focus only on safe handling, we're ignoring the #1 type of firearm death in the U.S. and Massachusetts. Nationally, there are about 500 deaths from firearm accidents every year and over 26,000 from firearm suicide. We all want to protect our families from suicide. Gun owners and their families have higher suicide rates than non-owners even though they are no more likely than non-owners to have a mental health problem or to attempt suicide. The higher rate appears to be because owners' attempts are more likely to be with a gun and therefore prove fatal. Some simple steps can help reduce that risk.

2. The training advises storing guns away from home if you're concerned a family member is suicidal. Won't a suicidal person use something else if they can't use a gun?

Most will not. What is important to keep in mind is that other methods are less lethal than a firearm. Also, the potential for rescue is greater with other methods. The very elements of a firearm that we value, is what makes them so dangerous in a suicide attempt.

3. Won't a suicidal person eventually figure out a way to die?

Suicidal feelings often pass over time. However, we know that a small number of these people experience chronic suicidal thoughts. Studies that follow people over many years have found that over 90% of those who survive a suicide attempt do not go on to die by suicide.

4. What are some signs that a person is at risk for suicide?

- They could be struggling with depression, addiction, or other mental health concerns. Some signs of depression can include changes in the following: mood, sleep, appetite, hygiene, energy levels, concentration, increase in anger, disinterest in usual life events, feelings of worthlessness and guilt; and especially if they become focused on death.
- They say things like "Things will never get better," "I don't see any way out of this," "No one would miss me if I were gone," or "wish I could go to bed and not wake up again."

- They're dealing with a painful crisis (like a relationship break-up, arrest, eviction, job loss, school suspension, death), suicide is not about a single circumstance, but rather a culmination of events. It's important to remember, not all people who attempt suicide have a diagnosable mental health condition.
- What may seem like a minor crisis to you may be a major crisis to someone else, including teenagers. A wise precaution for owners with children or teens at home is to lock up all guns, keep your ammunition stored separately AND make sure the youth can't get the key or combination. Don't use your standard go-to for the combination (e.g., your spouse's birthday) or put the keys somewhere any youth could find.

5. How do you start a conversation with a friend about holding onto their guns while they are going through a rough time?

Clark Aposhian, a firearm instructor, and chair of the Utah Shooting Sports Council, urges people to be up front. "Go over to their house, and say. 'I'm worried about you. Let me babysit your guns for a while.'" Often the friend will appreciate your being there for them. Under Massachusetts law, you can only hold onto another person's firearms if you yourself are a firearm permit holder. Alternately, if the guns are disassembled, anyone can legally hold onto the slide or firing pin or bolt and leave the remainder with the gun owner. Some owners may prefer other storage options, like storing the guns with their gun shop.

6. Suicide is a sensitive subject—I'm concerned about making others uncomfortable.

It's true this is a difficult subject, but thoughtful conversations about hard topics can produce good outcomes, and in this case save lives. For example, a friend is going through a major life change and showing signs that they are struggling. By offering to hold onto their guns until the situation improves, you may help save a life without your even knowing it.

Find all suicide awareness material including a video, QR code and link below



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7. Can risk of suicide change even if someone has cleared a background check?

Yes, most people probably aren't at risk, but a background check doesn't tell you that, and life circumstances can change. A few will become suicidal in their lifetime, more will have a family member at risk, and nearly everyone knows someone who has/will attempt suicide. A study in Utah found that 23% of Utah men who took their life with a gun had a concealed firearm permit.

8. What do I say to a gun owner who keeps a gun at home to protect their family?

- Protecting the people, we love means knowing the biggest threats to their safety. This can change over time. When a person is struggling with their mental health or drug/alcohol use, suicide is usually the far bigger risk than being attacked.
- In Massachusetts, suicides outnumber homicides about 3-1 (10-to-1 among white residents).
- Gun owners can make wise gun storage decisions, such as quick-access lock boxes or other storage means.

9. Suicide is a personal choice. Who am I to intervene?

- Nationally, suicide is the 13th leading cause of death, and the 2nd leading cause of death for children ages 10-14 and the 3rd leading cause of death for 15-24 years old. Some people attempt suicide after a lot of deliberation, but most are ambivalent. Often those who struggle with suicidal thoughts, feel overwhelmed by multiple stressors, and may consider themselves a burden to others.
- In one study, people who attempted suicide were asked when they first started thinking about making that attempt. 48% said within 10 minutes of attempting. That doesn't mean they weren't already struggling. But escalations from distress to acute suicidality can be rapid. Often people who have survived serious attempts say: "The moment I did it, I thought, 'What did I do? I don't want to die.'" Firearms don't give you that second chance.

- *Suicide is not about dying; it's about ending the pain.*

10. If suicide attempts are often unplanned, how can they be prevented?

Take action from the beginning of firearm ownership. For example, a family member who is troubled, dropped out of school, and is using drugs might not be suicidal today; but tomorrow when he's arrested for drug use or his significant other breaks up with him, he might rapidly become so. Making the guns inaccessible to him today might prevent a tragedy tomorrow. It's like holding the car keys for a friend who's been drinking.

11. How else can someone help a loved one at risk for suicide?

- They can show support, listen, and urge them to get professional help. If they've already tried a professional and it didn't help, urge them to try someone else; sometimes it's a matter of finding the right fit.
- The 988 Suicide & Crisis Lifeline is available 24/7 by calling or texting 988 or visit the website, 988lifeline.org.
- In Massachusetts, if you are looking for a provider or other resources, you can call the Behavioral Health Help Line, 833-773-2445, www.masshelpline.com. They can provide free, real-time support 24/7 as well as initial evaluation and help you find treatment in your local area.
- In a crisis, callers can request a responder to meet them at home or at a Community Behavioral Health Center (CBHC). CBHCs also offer overnight crisis stabilization facilities with a home-like atmosphere as an alternative to going to the hospital. Most people who become suicidal recover without going to the hospital. Outpatient care—or sometimes the passage of time alone—is often all it takes. For additional support please call Massachusetts Behavioral Health Helpline at 833-773-2445 or visit masshelpline.com

This FAQ was written by Catherine Barber for the **Massachusetts Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families** and the **Massachusetts State Police**, based on a similar document prepared for the New Hampshire Firearm Safety Coalition. Members of the Governor's Challenge Lethal Means Safety Workgroup provided input, with technical review by the following organizations: Massachusetts State Police, MA Department of Public Health, MA Department of Mental Health, the Executive office of Veteran Services, Harvard Injury Control Research Center, Department of Veteran Affairs, GOAL, and Home Base.