The truth about

GUN VIOLENCE AND MENTAL ILLNESS

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Balancing risk and rights for more effective policies
Untreated mental illness?  
Unregulated guns?  
Violent culture?  
Preventable?  
Predictable?

Newtown, CT  
December 2012
Fazel S, Singh, J, Doll H, Grann M. Use of risk assessment instruments to predict violence and antisocial behaviour in 73 samples involving 24,827 people: systematic review and meta-analysis. BMJ. 2012; 345:e4692
What do we mean by mental illness?
What do we mean by mental illness?
What do we mean by violence?
What do we mean by violence?
What do we mean by cause?

If multiple precursors, co-determinants, mediators, moderators, interactions = uncertainty
Percent of US public that believes that people with schizophrenia are likely or very likely to act violently
Percent of US public that believes that people with mental illness are “far more dangerous than the general population.”

Prevalence of stranger homicide by people with schizophrenia: 7% (1 in 70,000)

Prevalence of any violence in people with SMI only, no substance abuse: 12%

Prevalence of any minor or serious violent behavior in people with schizophrenia: 46%

Percent of US public that believes that people with schizophrenia are likely or very likely to act violently: 60%
Serious mental illness contributes very little to overall violence.

Attributable risk of minor or serious violent behavior towards others

- Other causes of violence, 96%
- Serious mental illness, 4%

Mental illness dramatically increases risk of suicide.

Relative risk of suicide, by mental disorder (females)

- No disorder: 1.0
- Depression or bipolar disorder: 14.4 times more likely
- Schizophrenia: 11.5 times more likely

Average prevalence of minor to serious violence among persons with serious mental illness by setting of study (meta-analysis of many studies)

Could be the same people at different stages of illness and treatment.

Types of crimes among persons with serious mental illness
N=18,229 (27%) of sample of 25,133 persons in CT public MH system

Predicted probability of violence in year in lowest- and highest-risk profiles in NIMH Epidemiologic Catchment Area Surveys (Swanson, 1994)

- Older
- Female
- Middle to upper SES
- No serious mental illness
- No substance abuse
- No psychiatric hospitalization
- No arrest history

<1% violent

Violence risk is multi-factorial and cumulative: Risk linked to mental illness is embedded in other factors

- Younger
- Male
- Lower SES
- Serious mental illness
- Substance abuse
- History of psychiatric hospitalization
- History of arrest

65% violent

Violence risk linked to mental illness is intertwined with other factors such as substance abuse, violent victimization, and exposure to violence in the current social environment.

Note. Risk factors are as follows: N = none; S = substance abuse; V = violent victimization history; E = exposure to violence in current environment.

Interaction of severity of psychiatric disturbance with social contact in risk of violence

Subjective feelings when acting violently: “What were you feeling right before [violent act] happened?” (N=68 persons with serious mental illness)

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid of being harmed</td>
<td>53</td>
</tr>
<tr>
<td>Controlled by outside forces, voices</td>
<td>32</td>
</tr>
<tr>
<td>Out of control</td>
<td>38</td>
</tr>
<tr>
<td>Nervous, anxious</td>
<td>54</td>
</tr>
<tr>
<td>Enraged, about to explode</td>
<td>68</td>
</tr>
<tr>
<td>Drunk</td>
<td>16</td>
</tr>
<tr>
<td>High on drugs</td>
<td>10</td>
</tr>
</tbody>
</table>

*aPercent reporting each feeling prior to violent incident.

What about mass shootings?

5 factors common to school rampage shooters

1. the shooter’s perceptions of himself as extremely marginal in the social worlds that matter to him;

2. psychosocial problems—including mental illness—that magnify his perceptions of social exclusion;

3. ‘cultural scripts’—prescriptions for behavior—that point the way toward an armed attack as a model for problem solving, particularly for altering the shooter’s reputation from that of a loser to that of a notorious antihero;

4. the failure of the surveillance system intended to identify troubled teens, leaving the shooter to fly ‘below the radar’ even as he is emitting signals of trouble to come; and

5. the availability of guns and other weapons (especially bombs).

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**Newman:** “...necessary but not sufficient conditions.”

### Mass shootings: Statistical profile of N=34 subjects age 19 or younger who intentionally killed at least 3 people in single event, 1958-1999

Meloy et al. (2001) Offender and offense characteristics of a nonrandom sample of **adolescent mass murderers**.

- All male
- Average age 17 years
- Described as a “loner” 70.4%
- Substance abuse 61.5%
- Weapons preoccupation 48.0%
- Violent fantasies 44.0%
- Victim of bullying 43.5%

**Documented psychiatric history** 23.3%

**Psychotic at time of incident** 5.9%

If you can't predict, describe:

After-the-fact statistical profile of stranger-homicide perpetrators with schizophrenia (Nielsson et al., 2009)

78 incidents

“Troubled young men”...

- 95% male
- Average age 32 years
- 79% unemployed
- 40% displayed repeated antisocial conduct as adults

not receiving the mental health treatment they need...

- 88% not taking antipsychotic medication at time of homicide
- 74% not in contact with any mental health services
- 62% never admitted to a psychiatric hospital

Gun violence in America

One year:
31,672 dead
73,883 injured

Firearms injury and mortality

A national epidemic

PUBLIC HEALTH ANGLE

$174 billion
Vietnam War Memorial
Washington, D.C.

- 58,226 American casualties
US gun violence in perspective

Number of deaths

US military 10-year death toll
Vietnam War 1962-1975
58,226

US domestic 10-year death toll
Fatal firearm injuries 2001-2010
306,946

US military 10-year death toll
Vietnam War 1964-1973
58,226

US domestic 10-year death toll
Fatal firearm injuries 2001-2010
306,946

- Suicides: 175,221 (57%)
- Homicides: 119,246 (39%)
- Other: 12,479 (4%)

US gun violence in perspective
US gun violence in perspective

Number of deaths

300,000
250,000
200,000
150,000
100,000
50,000
0

US military 10-year death toll
Vietnam War 1964-1973
58,226

Hypothetical estimated reduction
removing mental illness attributable risk
306,946
207,557

95% from reduced suicides.

Suicides 80,602
Homicides 114,476
Other 12,479
IT'S YOUR CONSTITUTIONAL RIGHT.
IT'S YOUR CONSTITUTIONAL RIGHT.

Number of privately-owned firearms in US: 310,000,000
National Opinion Poll 2013

Do you favor or oppose increasing government spending on mental health screening and treatment as a strategy to reduce gun violence?

Majorities across the political and gun-owning spectrum think gun violence is a mental health issue.

Percent favor

- Overall: 60.4%
- Non-gun owners: 61.8%
- NRA members: 57.2%

New York Secure Ammunition and Firearms Enforcement Act (2013)

- requires universal background checks
- increases penalties for people who use illegal guns
- bans assault weapons and high capacity ammo magazines
  - requires mental health professionals to report persons at risk of harming self or others
  - expands Assisted Outpatient Treatment (Kendra’s Law)

NO!

- Psychiatrists (APA, NYSPA)
- Social workers (NASW-NYS)
- Nurses (NYSNA)
- Mental health advocates (MHA, NYAPRS)

NY Sheriff’s Association
NY State Rifle and Pistol Association
National Rifle Association
U.S. Department of Veterans Affairs

New York SAFE ACT (2013)
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It criminalizes mental illness and will have a chilling effect on help-seeking!
It violates the 2nd amendment to the Constitution!

(Strange bedfellows...)

Strange bedfellows...
3.5 million people with serious mental illness go without treatment (NIMH)
Big Picture: How laws and policies can reduce gun violence

Causes of the problem

“Dangerous people”

Guns

Public health problem
Big Picture: How laws and policies can reduce gun violence

Causes of the problem


“Dangerous people”

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Causes of the problem

Guns

Public health problem

Dangers to people
**Big Picture**: How laws and policies can reduce gun violence

- **Legal and policy interventions**
  - Laws and policies to reduce violent behavior
  - Laws and policies to limit gun access
  - Laws and policies to improve gun safety

- **Causes of the problem**
  - "Dangerous people"
  - Guns

Public health problem
Big Picture: How laws and policies can reduce gun violence

**Legal and policy interventions**
- Social safety net, education, affordable housing, jobs
- Substance abuse prevention and treatment
- Mental illness and trauma treatment and prevention
- Enforce gun prohibition for felons, adjudicated mentally ill
- Background checks, waiting periods, permits
- Gun seizure from persons at risk of harming others or self
- Ban assault weapons and high-capacity ammunition mags
- Require gun locks, safe storage
- Require personalized owner-recognition technology (?)

**Mechanisms and mediators**
- **Determinants**
  - Less poverty, substance abuse, and untreated mental illness
- **Deterrence**
  - Fewer guns in the hands of people at risk of harming others or themselves
- **Dangerousness**
  - Less lethal guns = reduced harm

**Causes of the problem**
- “Dangerous people”

**Public health problem**

*Image of a map showing gun violence in America.*
Brady Campaign Scorecard

Measure of state gun laws’ restrictiveness on a 100-point scale

- Firearms trafficking: 35 points
- Background checks: 25 points
- Child safety: 35 points
- Ban assault weapons: 10 points
- Guns in public places: 35 points

Do more restrictive gun laws WORK?

<table>
<thead>
<tr>
<th>Measure of State Gun Laws’ Restrictiveness</th>
<th>Possible Points</th>
</tr>
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<tbody>
<tr>
<td>Universal Background Check (11 Points)</td>
<td></td>
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<tr>
<td>Permit to Purchase (8 Points)</td>
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<td>Closed Gun Show Loophole (7 Points)</td>
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<td>Child Safety (29 Points)</td>
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<tr>
<td>Ban Military Style Assault Weapons (19 Points)</td>
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<tr>
<td>Guns in Public Places and Local Control (18 Points)</td>
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DO GUN LAWS WORK?

Correlation of states’ **GUN FATALITY RATE** with **GUN LAW RESTRICTIVENESS**, controlling for household gun ownership rate

Percent of households with guns (low, medium, high)

Low (0-34.9%)  
Medium (35-49.9%)  
High (>50%)

\[ r = -0.63 \]  
\[ r = -0.44 \]  
\[ r = 0.0 \]
Current starting point for firearms policy

– **Constitutional right:**
  

– **There’s a “however”:**
  
  • Court emphasized that “nothing in our opinion should be taken to cast doubt on **longstanding prohibitions on the possession of firearms by felons and the mentally ill.”**

– **Focus on “dangerous people,” not the guns**
  
  • Court’s decision seems to imply: In this country, we are prevented from solving the problem of gun violence by broadly limiting the public’s legal access to firearms. Instead, we must focus more narrowly on **how best to identify and limit “dangerous people” who should not have access to guns.**
Federal law categorically excludes some people with mental illness from accessing firearms

- 18 U.S.C. 922(d):
  - Prohibited from possessing or purchasing a firearm if (among other things)
    - committed to a mental institution
    - “adjudicated as a mental defective”
      - Legal authority determines: dangerous or incompetent to manage own affairs due to a mental illness; incompetent to stand trial or acquitted by reason of insanity

Question: Can these laws keep guns out of the hands of people like this?
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...when people with mental illness actually look like this?
Accumulation of MH records in National Instant Check System


Mental health records accounted for 7% of federal gun-disqualifying records in 2007.

To date, 99% of mental health records in NICS have not resulted in a federal gun denial.

Mental health records accounted for 28% of federal gun-disqualifying records 2013.

NICS improvement Act 2012    2013

Using the NICS for mental health background checks in gun purchases:

5 reasons why it might not work as currently implemented

1. Prohibiting criteria correlate poorly with risk (over-and under-inclusive)
2. Wide variability in commitment policy at the state level
3. Spotty reporting to NICS
4. Saturation of existing guns
5. Unregulated transfers
Percent of individuals with gun-disqualifying records: criminal, mental health, and overlapping prohibited categories

N=23,292 people with at least 1 hospitalization 2002-2009

Not disqualified
14,406 (60.3%)
Had mental illness, but no record of mental health adjudication or disqualifying criminal conviction.

Over 90% of violent crimes in study population were committed by people with no disqualifying MH record

Disqualifying criminal history
8,129 (34.9%)

Disqualifying mental health history
1,630 (7.0%)

7,616 (32.7%)

512 (2.2%)
Had both a disqualifying criminal history and mental health history

1,118 (4.8%)
Mean monthly predicted probabilities of first violent crime for SMI individuals with and without a gun-disqualifying mental health record, before and after NICS reporting began in Connecticut (n=23,282)

Note: analysis excludes persons with disqualifying criminal records and only includes those susceptible uniquely to the effects of mental health gun disqualification.
Examples of policy approaches

- **Expanded temporary gun disqualification**
  - Emergency commitments (Pennsylvania)
  - Involuntary hospitalizations that convert to voluntary (Florida)
  - All psychiatric hospitalizations (Connecticut)

- **Dangerous persons gun seizure**
  - Warrantless, pending judicial hearing (Indiana)
  - With warrant (Connecticut)
  - Emergency mental health commitments (California)

- **Screening, surveillance, reporting**
  - Mandated provider reporting (New York SAFE Act)
  - Threat Assessment Teams (mandated for colleges in Virginia)

- **Mandated outpatient treatment**
  - New York Expansion of “Kendra’s Law”; Maryland’s AOT bill

- **Public mental health and human service system investment**
  - “Prevent the unpredictable” (Federal and state policy reform)
Examples of policy approaches

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<th>Policy Area</th>
<th>Description</th>
<th>Effective?</th>
<th>Not Harmful?</th>
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Principles to guide gun policy reforms related to mental illness

• **Prioritize** contemporaneous risk assessment, not mental illness or treatment history per se as a category of exclusion

• **Preempt** existing gun access, rather than simply thwarting a new gun purchase by a dangerous person

• **Provide** legal due process for deprivation of liberty

• **Preserve** confidential therapeutic relationships

• **Prevent** the unpredictable by reducing the social and health-related determinants of violence, investing in better mental health and substance abuse treatment systems, overcoming barriers to care
2013 REPORTS FROM THE CONSORTIUM FOR RISK-BASED FIREARM POLICY

Federal report and policy recommendations

State report and policy recommendations
Recommendations for state gun policy reforms

• Prohibit firearms, on a temporary basis, from persons with **evidence of risk of harm to self or others**.
  
  o short-term involuntarily hospitalization in a psychiatric emergency with a clinical finding of danger to self or others

  ✓ Make the expanded disqualification contingent upon states also having a meaningful, expedient, and clinically-informed judicial process for **restoring gun rights** to individuals who are subject to temporary prohibition.

  o any **violent misdemeanor** convictions
  o temporary **domestic violence** restraining orders
  o two or more **DUI or DWI convictions** in 5 years
  o two or more misdemeanor **drug-related convictions** in 5 years

• Enact “**dangerous persons**” **gun removal** laws with a judicial proceeding to restore firearms based on evidence of risk

• Create new civil restraining order process for people to petition court to request guns be temporarily removed from family member or intimate partner who poses a credible risk of harm to self or other.
Predicting mass shootings: “needle in a haystack”
Learning from mass shootings: “the haystack in the needle”