American Gun Violence & Mental Illness: Reducing Risk, Restoring Health, Respecting Rights & Reviving Communities

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In the summer of 2022, following a pair of highly publicized mass-casualty shootings in upstate New York and West Texas, a bitterly divided United States Congress responded to a groundswell of public outrage and forged a path to consensus on the first major piece of gun violence legislation in over twenty-five years.[1] After decades of federal dithering on gun violence, lawmakers enacted a statute that (among other things) promotes the temporary removal of firearms from people at high risk of suicide or violence against others, expands background checks with a waiting period for gun buyers under age twenty-one, and toughens penalties for illegal gun trafficking. But these provisions were wrapped in a bill that makes no mention of firearms in its title – the Bipartisan Safer Communities Act – and designates the large majority of its $13 billion in funding for expanding

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strained by a constitutional right to bear arms, the fact that four out of ten Americans live in a household with a gun, and the degree to which the American public is strongly divided between those committed to gun rights and those committed to gun control.[26] Thus, while many other advanced countries have successfully avoided a more serious gun violence problem by broadly restricting legal access to firearms in their populations, U.S. policymakers have had to focus selectively on prohibiting certain groups of putatively dangerous people – such as those convicted of a felony or involuntarily committed to a mental hospital – from purchasing or possessing guns.[27] Having relied on this approach for more than fifty years, the United States still suffers with a per-capita firearm fatality rate that is more than

portunities for public health science to weigh in to help courts decide whether gun-related laws today are narrowly tailored or they serve a compelling government interest (such as saving lives).[33]

The Court's opinion aligns with libertarian values on the political right, marked by a general aversion to government infringement into private life and the belief that individual moral actors are solely responsible for the consequences of their bad choices. This view tends to bifurcate the population into "good people" (us) and "bad people" (them). The bad people cannot be expected to abide by gun laws, and the good people do not need such laws. According to this view, the main effect of gun control laws is to restrict good people's access to the protective weapons they need to defend themselves from the bad people. The corresponding policy solution is to have fewer laws restricting good people, and fewer bad people in the community.

The narrative that equates gun violence and mental illness is an important example of this approach. In his immediate response to a mass shooting in 2019, former President Donald Trump proposed to address gun violence by building more psychiatric hospitals in which to confine the "crazy people" that he assumed were always responsible for mass shootings: "I think we have to start building institutions again," he said, "because you know, if you look at the '60s and the '70s, so many of these institutions were closed, and the people were just allowed to go onto the streets. . . . We can't let these people be on the streets."[34]

In his view that America's gun violence problem is about mental illness, not guns, the former president has prominent company. In 2018, after seventeen people were shot to death in a high school in Florida, Republican Senator from Iowa Joni Ernst stated: "The root cause is not that we have the Second Amendment. It is that we're not adequately addressing mental illness across the United States. We need to focus on that."[35] The next year, after twenty-two people were shot to death at a Walmart in El Paso, Texas Governor Gregg Abbott again responded by saying, "Bottom line is mental health is a large contributor to any type of violence or shooting violence."[36] And putting this view in the most succinct and provocative way, author Ann Coulter stated, "Guns don't kill people, the mentally ill do."[37]

Are they right? And how would we know? If mental illness were a driving cause of gun violence, we might expect the firearm fatality rate to be higher in states with less public funding for mental health services, fewer psychiatric beds per capita, and a higher estimated prevalence of untreated mental illness in the community. It is not. Instead, gun-related homicide and suicide rates tend to be higher in states with more guns per capita and weaker gun laws.[38] At the same time, it would be a mistake to conclude that mental health in the population is totally unrelated to gun violence; as we have suggested, most people who intentionally use a firearm to injure another person or themselves are not paragons of mental well-being. But they probably have never been involuntarily committed

preventing firearm-related suicides in Connecticut and Indiana, where laws have been instituted at the state level.[46] The effectiveness of widespread public participation in the Air Force suicide prevention program is another example. This intervention consisted of instructing every single person in a targeted unit – from officers, enlisted personnel, and their families to service providers like beauticians, barbers, and commissary staff – to be on the lookout for anyone who

result that there remain large gaps in our scientific knowledge about what causes and how to prevent gun violence.[49]

What do we know about mental illness and gun suicides? Guns were

depression, they are nearly four times more likely than women to die of suicide, and greater access to firearms is one reason for this.[60] Gun-safety and safe-storage practices can thus have a beneficial impact on suicide prevention, especially in the male population. The challenge is to keep guns out of the hands of people at highest risk of suicide, without unduly infringing the Second Amendment rights of many gun owners who are unlikely to harm anyone.

What do we know about mental illness and interpersonal violence? Are mental illness and interpersonal violence causally related, and if so, how? This is a simple-sounding question with a slippery answer, one that varies widely with the elastic definitions of its primary terms.[61] If we define mental illness broadly to include every pathologized pattern psychiatrists have ever characterized as conditions for which people might need their professional help – distorted thoughts, dysregulated moods, dysfunctional behavior, destructive relationships, deviant personalities, or debilitating substance use – then serious violent behavior itself can easily stand as a defining indicator of some form of mental illness. The argument goes, anyone who would shoot to kill another per-

three times more likely to be violent than those without those illnesses. When respondents with co-occurring substance use disorders were included among those with the aforementioned disorders, the prevalence of any violence went to 12 percent in the past year, and 25 percent ever in the person's lifetime.[66]

But the findings could be viewed another way. The absolute risk in people with serious mental illnesses was very low. While it was true these individuals were three times more likely to be violent than other people, it was equally true that the vast majority – 97 percent – did not engage in violent behavior. Moreover, the ECA data could be arrayed to answer yet another question, and perhaps even a policy-relevant question about violence and mental illness. If we were to succeed in curing all serious mental illnesses (or at least eliminating any excess violence-risk linked to them), how much less violence would we have in society? The ECA data's answer to that intriguing counterfactual question was that violence would go down by approximately 4 percent, and 96 percent of it would remain.

But if not mental illness, then what is the major driver of violence? The ECA project had an answer to that question, too – one that has been confirmed and elaborated in many other studies in the ensuing decades.[67] The analysis showed there is no one cause, no one explanation, and therefore no one solution to the problem. Rather, violence is caused by many factors that interact with each other in complex ways. Much of it is about demographics, resources, and position in social structure. Vio-

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such as those involved with illegal drug markets where violence might be normalized. Finally, the nexus of alcohol and drugs and violence can be self-perpetuating, through observed and learned behavior in early development, reinforcement of substance use and violence as a maladaptive response to conflict or economic deprivation, and exposure to environments where these are linked in socially toxic surroundings. We as a country do not have the capacity to treat all those suffering from addiction to alcohol or other drugs. There are, however, compelling arguments – social, economic, medical, and moral – why we should develop that capacity.

A range of effective public policies to prevent gun violence must address both lethal means and the behavior of people at risk – tailoring restrictions on access to guns, expanding access to behavioral health services, and mitigating the cultural, social-economic, and political determinants of using guns in harmful ways. The potential for developing and expanding a complementary, evidence-based approach to both improving mental health and reducing gun violence in the population gives us reason to hope we will one day live in a society with greater community well-being and far less gun violence. A general strategy to reduce the burden of gun violence without infringing on the rights of law-abiding gun owners is to keep guns away from people who should not have them. This is difficult, but not impossible.

There are several parts to the task. First, we need to identify all the people who are already legally prohibited from possessing firearms and ensure that, in fact, they do not have access to firearms, which could be done through comprehensive record reporting, expanded background checks, and tamping down illegal transfers on the secondary gun market. Second, we need to identify people who are at high risk of using guns to harm themselves or others but do not yet (for various reasons) have a gun-disqualifying record and could pass a background check to buy a gun from a licensed firearm dealer. These individuals, too, should be separated from firearms. Reforms are needed in our existing legal criteria for prohibiting guns – especially in some states – so that the restrictions would apply to high-risk individuals such as those convicted of violent misdemeanors, persons subject to temporary domestic violence orders of protection, and those with multiple drunk-driving convictions.[69]

The criteria of mental illness, when further specified and judiciously applied, may be one way to identify high-risk individuals, that is, to the extent that injurious behavior directed toward others or themselves is indeed related to some particular manifestations of mental illness. Examples include suicidal depression, paranoid delusions with homicidal command hallucinations, and posttraumatic stress rooted in violent victimization, especially when these states of compromised mental health are combined with alcohol or other drug intoxication. But we need ways to

focus on the highest risk subjects rather than trying to prevent violence by "fixing the mental health system." If violence-prevention is the primary goal, we should focus narrowly on ways to identify and deliver timely interventions to people at high risk of harming themselves or others, at limited times when they are at their highest risk. Interventions should both provide access to treatment services and remove access to lethal means. For people experiencing a dangerous mental health crisis, extreme risk protection orders (ERPOs) used in conjunction with short-term involuntary hospitalization illustrate how different legal tools can work together to address both the how and the why of a potential suicide.

There are certainly improvements to be made in our behavioral health care system that could reduce vectors of violence in the community, at least indirectly – for example, expanding drug-addiction treatment and certain criminal diversion programs, and fixing the psychiatric bed shortage (or misallocation, poor distribution of inpatient capacity). These efforts could help alleviate several aspects of the problem that are made worse by untreated psychiatric illness: homelessness, mass incarceration of people with serious mental illnesses, and emergency room boarding of acutely ill psychiatric patients. Each of these problems amounts to a domestic humanitarian crisis of its own, in a country that must do far better.

Involuntary commitment criteria may help to select a population at higher risk of gun violence; the existing criteria that include dangerousness to self or others are specific and make sense, as long as there are opportunities for restoration of rights after a suitable period of time has passed to allow risk to subside.[70] But involuntary commitment to a hospital has never been a very sensitive criterion for gun disqualification, and is even less so now, in a world after deinstitutionalization has run its course and we have very low rates of psychiatric hospitalization (whether involuntary or not). Thus, trying to disqualify only such people from purchasing guns will miss the largest group of persons with symptoms of mental illness who go on to commit violent acts. A longitudinal study of 23,292 previously hospitalized, public-sector patients with a diagnosis of serious mental illness in Connecticut reported that 96 percent of violent crimes in the study population were perpetrated by individuals who had never been involuntarily committed to a hospital, a group ostensibly receiving less inpatient treatment and who did not lose their gun rights through the mental health prohibitor.[71] A nationally representative psychiatric epidemiological study described a group of adults with impulsive anger problems and access to firearms, comprising an estimated 8.9 percent of the adult population of the United States. A substantial proportion of these individuals with destructive and uncontrolled anger combined with gun access met criteria for some type of psychopathology (including personality disorders and substance use disorders), but only one in ten had been admitted to a hospital for a mental health problem. The majority with this risky combination of impulsive anger and access to guns would not have lost their firearm rights through involuntary commitment.[72]

A clinical or judicial finding of dangerousness in conjunction with brief emergency psychiatric hospitalization for evaluation should be leveraged to at least

forms summarized below are targeted, achievable modifications to existing constitutionally tested policy templates that could save lives when enacted at the state or federal level.

First, state legislators should expand and sharpen gun-prohibiting legal criteria to better align with risk.[76] This would ensure that a greater proportion of individuals at risk of suicide would not have access to a gun during a season of hopelessness or a moment of intoxicated despair. States should prohibit purchase and possession of or access to firearms for a temporary period of time by persons with a record of a brief involuntary hold for a psychiatric examination. And they should prohibit purchase and possession of or access to firearms for persons with a record of repeated alcohol-impaired driving, because these individuals are very likely to suffer from alcohol-dependence disorder, which is an especially robust risk factor for lifetime suicide risk.[77] State legislators could institute a time-limited gun prohibition – five to ten years – applicable to anyone who acquires a second DUI conviction.[78] This would not prevent such a person from ever feeling suicidal, but it would reduce their access to the most lethal method of suicide and make any future suicide attempts much more survivable.

Second, state legislators should enact and widely implement ERPO laws that enable police officers or, in some states, concerned family members and health

all clearly important, but we need more. The roots of our gun-violence problem run deeper, and so must our policies to contain and excise it. The roots that need to be examined include the social and economic determinants of gun violence like poverty, racism, discrimination, and lack of access to jobs, health care, and quality education.[82] Evidence-based policies for prevention of community violence include promoting family environments that support healthy development, providing quality education early in life, strengthening young people's skills, connecting youth to caring adults and activities, creating protective environments such as by changing the physical design of communities, intervening to lessen harms and prevent future risk, street outreach, and hospital-based programs for victims and survivors of gun violence. Many of these latter types of strategies have been emphasized by the White House and others as part of their efforts to address community violence.[83] Political strategies to develop bipartisan support for laws and policies such as the Safer Communities Act will, incrementally and over the long term, reduce the gun violence toll.

Ecologist Garrett Hardin first used the term "tragedy of the commons" to describe what happens when individuals have access to a community resource for which they do not have to pay.[84] They tend to take only their self-interest into account and deplete the public resource. For example, if there is a common pasture in a town where families can let their cows graze for free, there will soon be too many cows eating too little grass and the commons will be stripped bare. Alexandra Spiliakos, writing for Harvard Business School Online, aptly describes this phenomenon:

> [Individuals tend to] . . . make decisions based on their personal needs, regardless of the negative impact it may have on others. In some cases, an individual's belief that others won't act in the best interest of the group can lead them to justify selfish behavior. Potential overuse of a common-pool resource – hybrid between a public and private good – can also influence individuals to act with their short-term interest in mind, resulting in the use of an unsustainable product and disregard for the harm it could cause to the environment or general public.[85]

An individual's decision to purchase a firearm for personal protection is a self-interested act that carries little real cost – until the tragedy of the commons eventually follows. When many people in the community feel the same need to acquire their own guns, the purpose of the first individual's self-interested act is defeated. Everyone is less safe when all are armed. More guns will be stolen and resold illegally and used to commit crimes. In turn, more people will feel unsafe and perceive a need to acquire guns. Even more guns will be purchased, and more residents will feel threatened. The U.S. gun industry, the NRA, and a generation of politicians in their sway have capitalized on this phenomenon, to the ultimate detriment of our civil society and at the cost of many lives lost and families and communities damaged by fear and anxiety.

cates alike, to reinforce the notion that they share a common goal in wanting to reduce the toll of gun violence. We can find ways to do this by working in our homes and our communities.

We need to put the public back into an active role in public health, whether the prevalent affliction to be solved is COVID-19, serious mental illness, or gun violence. Government institutions – even operating at all levels – cannot by themselves do everything necessary for effective prevention. As we saw in the Air Force experiment for suicide prevention, a bigger impact than ever before was achieved by mobilizing and involving the whole community.[88] Solving big problems like gun violence and mental illness require ambitious policies. They also require individual people who care deeply for their families, friends, neighbors, and communities – people who learn to care, perhaps especially, for those they may disagree with. The golden rule provides a good guide. There is a way out of the morass of gun violence in which we currently find ourselves. We remain optimistic that we can solve this problem if we have the courage to act, the moral compass to steer us toward equity, and the wisdom to use science to find those solutions that both re-

endnotes

1] 2, 2022, // /2022/0 /2 / /

2 2022, . 11 15 , 13 . 1313 (2022).

3 (CDC), WISQARS 23, 2023, //

4

5 CDC 45,222 2020, : (, 201), // /0 /201 -201 15, 201 // /201 /0 /

2017, (201), // /0 -50

1 , 2022, //

(SAMHSA), 2020 NSDUH 11, 2022, // /2020-

10

11 , 1970 2014 (, 201), // /TACP .2 50 24- , 1970 2014 (, 201), // /2%20NRI-201 %20NRI%20 %20 %20 %20 %20 %2 %20 %20 0.

12 , 2020), 12 1 .

13 20(5)(201) 0 5, // /10.5 11/ .201 . .42422.

[3]

[1] , 2013), 33 51.

[3] (5) (201) 52 535, // /10.11 / .201500205 & 1 ( ) (2010) 52 54, // /10.11 /j .2010. 1. . 52.

[4] 42 (2021) 23 41, // /10.114 / -012420-10511 2 , 2023, // .

[5]