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WRONG FOCUS: MENTAL HEALTH IN THE GUN SAFETY DEBATE

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In the wake of the massacre in Newtown, Connecticut, in December 2012, lawmakers have scrambled to design policy responses to reduce the likelihood of similar tragedies from occurring in the future. Despite the Surgeon General's acknowledgment of the "exceptionally small" connection between mental illness and violence,[1] policy advocates, journalists, and politicians have placed people with mental illnesses in the center of the debate on gun safety. This emphasis has led to reactive, ill-conceived proposals that focus on mental health despite the lack of relationship to gun violence. Some have used mental health as an excuse to divert attention from the real issue of gun regulation. Others have inappropriately championed mental health reforms—or mental health record reporting—as a key solution to prevent gun violence. Both approaches are wrong.

People with psychiatric disabilities are a misplaced priority for gun legislation. In fact, people with serious mental illnesses are far more likely to be victims of violent crime than perpetrators of it.[2] Reporting their records will not meaningfully increase public safety. Studies show that "severe mental illness alone [is] not statistically related to future violence . . . ."[3] The seminal study on risk of violence and mental illness—the MacArthur Violence Risk Assessment Study—compared the prevalence for violence among individuals with mental illnesses to the prevalence for violence among other residents of the same neighborhoods.[4] The study showed that the two groups' prevalence for violence was "statistically indistinguishable."[5] Indeed, "if a person has severe mental illness without substance abuse and history of violence, he or she has the same chances of being violent . . . as any other person in the general population."[6]

Experts have little ability to predict violence. To the extent that research has identified risk factors, demographic variables such as age, gender and socioeconomic status are more reliable predictors of violence than mental illness.[7] "The main risk factors for violence still remain being young, male, single, or of lower socio-economic status."[8] The most relevant factors to predicting *serious* violence include "having less than a high school education, history of violence, juvenile detention, perception of hidden threats from others, and being divorced or separated in the past year."[9] Given these facts, it is disturbing that we continue to pretend that people with psychiatric disabilities are the primary concern.

Fixing our broken mental health system is an important priority as well, but that should be done separately from the gun debate. We know how to enable individuals with significant psychiatric disabilities to succeed. Services such as supportive housing, mobile services, supported employment, and peer support services are extremely effective—and less costly than the emergency rooms, psychiatric hospitals, jails and shelters on which our service systems too often

rely—but they are unavailable to thousands of people who need them. Affording people with serious mental illnesses the services they need is a critical goal, but it is not a solution to gun violence.

People with psychiatric disabilities are the wrong focus for gun safety measures. It is time to stop scapegoating these Americans in the rush for solutions to the problem of gun violence.

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[1] U.S. Department of Health and Human Services, MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL at 7 (1999).

[2] Linda A. Teplin, ET AL., *Crime Victimization in Adults with Severe Mental Illness*, 62 ARCH. GEN. PSYCHIATRY 911, 914 (Aug. 2005) ("Over one quarter of the SMI sample had been victims of a violent crime (attempted or completed) in the past year, 11.8 times higher than the [general population] rates . . . ."); Heather Stuart, *Violence and Mental Illness: An Overview*, 2 JOURNAL OF WORLD PSYCHIATRY 121, 123 (June 2003) ("It is far more likely that people with a serious mental illness will be the victim of violence," rather than its perpetrator.).

[3] Eric B. Elbogen & Sally C. Johnson, *The Intricate Link Between Violence and Mental Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions*, 66 ARCH. GEN. PSYCHIATRY 152, 157 (Feb. 2009); David J. Vinkers, ET AL., *Proportion of Crimes Attributable to Mental Disorders in the Netherlands Population*, 11 WORLD PSYCHIATRY 134 (June 2012) (discussing a study indicating that the proportion of violent crime directly attributable to mental illness is 0.16 percent). Some other studies have shown a "modest relationship between [serious mental illness] and violence," but acknowledge that "other factors contribute more strongly to violent events for persons with mental disorder than does one's 'mental illness' alone." *See* R. Van Dorn, ET AL., *Mental Disorder and Violence: Is There a Relationship Beyond Substance Use?*, 47 SOCIAL PSYCHIATRY AND PSYCHIATRIC EPIDEMIOLOGY 487, 499 (2012).

[4] Henry J. Steadman, ET AL., *Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods*, 55 ARCH. GEN. PSYCHIATRY 393, 400 (May 1998). The authors chose control subjects from the same neighborhoods as discharged patients in an effort to isolate mental illness from other socio-economic and environmental factors that correlate with mental illness. *Id*. at 401; Heather Stuart, *Violence and Mental Illness: An Overview*, 2 JOURNAL OF WORLD PSYCHIATRY 121, 122 (June 2003) ("The MacArthur Violence Risk Assessment . . . stands out as the most sophisticated attempt to date to disentangle [the] complex relationships" of mental illness, prior history of violence, co-morbid substance abuse, and "broad environmental influences such as socio-demographic or economic factors that may have exaggerated differences in past research.").

[5] *Id*.

[6] Elbogen & Johnson, *supra* note 2, at 157.

[7] Elbogen & Johnson, *supra* note 2.

[8] Heather Stuart, *Violence and Mental Illness: An Overview*, 2 JOURNAL OF WORLD PSYCHIATRY 121, 122 (June 2003).

[9] Elbogen & Johnson, *supra* note 2, at 155.