

Mental health is the wrong target

For preventing gun violence, mental health screening is a red herring

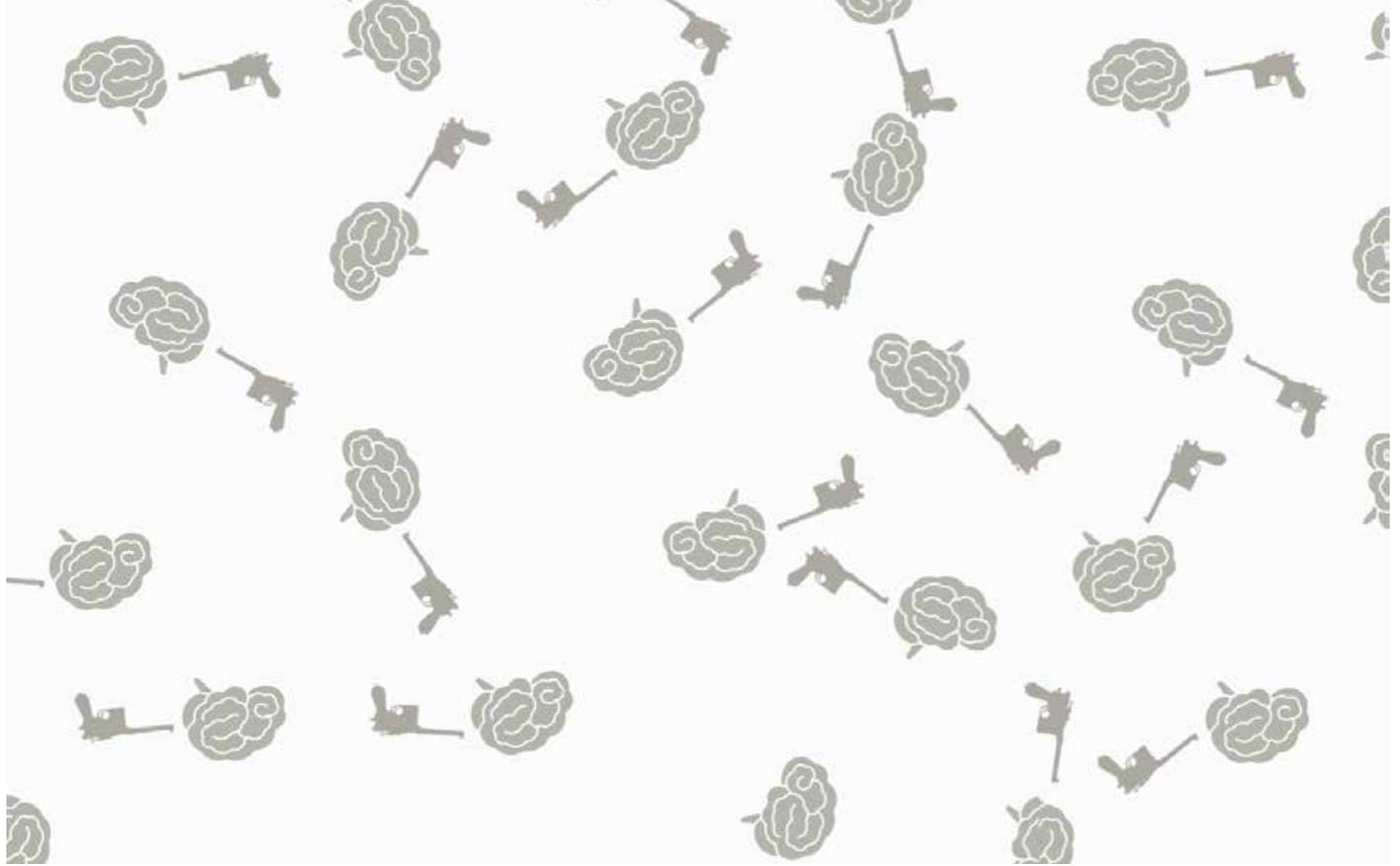
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Gun laws are historically difficult to pass in the U.S. Hostility toward regulating guns is worse than ever, as the Obama administration has been shut down, both in Congress and at the executive-level, from banning assault weapons and large capacity magazines and closing background check loopholes.

Only one area has received strong and perhaps surprising bipartisan support: early detection of mental illness.

Although there are many reasons to invest more resources in our mental health system, there is little evidence that focusing on mental health screening—especially at the expense of gun control—will prevent shootings.

By focusing so much on a killer’s mental health, the American media, whether or not intentional, has taken a cue from the National Rifle Association, which in recent years has quickly turned the discussion after mass shootings from talk of access to guns to talk of the “bad guys” behind them. The organization has even advocated for a national registry for the mentally ill despite being staunchly opposed to any federal involvement in gun regulation. (A majority of states have background checks that draw on mental health records.) Others on the right have argued that mass shootings are caused by relaxation or repeal of laws that commit people to psychiatric institutions against their will.

Although it sounds like a sensible idea to try to keep guns out of the wrong hands, the connection between mental illness and violence is weak.

Mental health issues are widespread in the U.S. Forty-six percent of American adults meet diagnostic criteria for a mental illness such as depression or bipolar disorder over the course of their lifetime, and 9 percent meet diagnostic criteria for a personality disorder. Many people will seek help from a psychiatrist, psychologist, or other mental health professional. Most are simply struggling and if anything are at greater risk of harming themselves, not others. Only a tiny number will ever hurt someone else.

For these reasons, “mental illness is simply not a very specific predictor of violence,” say Drs. Sherry Glied, dean of New York University’s Robert F. Wagner Graduate School of Public Service, and Richard G. Frank, an economist at Harvard Medical School in the Department of Health Care Policy, in an article in the *American Journal of Public Health*.

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MERS comes to the U.S., camels implicated as the source

Camels are the major source of Middle East Respiratory Syndrome, or MERS, a viral disease that was first detected in Saudi Arabia in 2012 and is responsible for several hundred deaths, according to a study by Dr. W. Ian Lipkin, John Snow Professor of Epidemiology, the director of the Center for Infection and Immunity; Dr. Thomas Briese, associate professor of epidemiology; and colleagues. Dr. Lipkin talked to various media outlets after 2 cases have appeared in the U.S., last month, saying he is confident that “we have [MERS] under control.”

More on MERS

- › Watch an interview on the *Wall Street Journal*
on.wsj.com/1n4tKpo
- › Read more in the *LA Times*
lat.ms/1nS6z5x
- › Read more in the *New York Times*
nyti.ms/1ncpCEp

Screening for potentially violent individuals, they say, would result in many “false positives”—instances in which people with psychiatric issues might be flagged even if they had no violent intentions—as well as wasted energy and resources. This is true even if screenings were to focus only among those with a chronic severe mental illness like schizophrenia. People in this category are much more likely to be the victims of violent crime than perpetrators, according to a 2001 study in the *Lancet* by psychiatrists at the University of Manchester in England.

In states where mental health professionals are required to notify authorities of potentially dangerous individuals, that often is not enough, according to an article by two psychiatrists who examine what the focus on mental illness and violence means for their profession. For instance, a psychiatrist who saw James Holmes notified police at his college as she was legally supposed to that he was dangerous and had homicidal thoughts. The campus police deactivated his school identification card but did nothing further. He shot and killed 12 people at the Century movie theater in Aurora, Colorado, one month later.

Not only will mental health screening likely not help, it could hurt. Linking mental illness to gun violence can do serious damage, especially if done imprecisely, as is often the case. Take a recent headline in the *Kansas City Star*: “Preserve a mental health patient’s gun rights, or protect the public?” This seems to imply that people with mental illness are ticking time bombs. Such coverage runs the danger of stigmatizing and deterring people from seeking help, for fear others perceive view them as deranged and violent.

Unlike mental health screenings, research shows a strong connection between availability of guns and gun violence. The U.S. far exceeds other rich nations both in firearm ownership and firearm homicides, according to the Council on Foreign Relations. Although we are less than 5 percent of the world’s population, an estimated 35-50 percent of the world’s

civilian owned firearms live here, according to the 2007 “Small Arms Survey” at the Graduate Institute of International and Development Studies in Geneva, Switzerland. We are also the only rich country that does not license gun owners and register weapons, according to the website GunPolicy.org.

Interestingly, our overall rate of violence is comparable to Australia, Canada, and Western Europe—we just have many more gun injuries and deaths. “That’s a weapon effect. It’s not clear that guns cause violence, but it’s absolutely clear that they change the outcome,” Dr. Garen Wintemute, of the University of California, Davis, Medical Center told the *Huffington Post* in late 2012.

Lowering rates of gun violence by regulating guns should be similar to the way the health system approaches an infectious disease epidemic—by fighting the “exposure,” or cause of the disease, says Dr. Sandro Galea.

“Firearms are what we would term in epidemiology an ‘ubiquitous exposure.’ Their availability means that they are a ready recourse for the resolution of disputes, or for anyone with suicidal thoughts,” Dr. Galea says. “When exposures are ubiquitous, the fundamental approach to prevention is removal, or at least minimizing that exposure.”

It is hard to imagine that the cruelty to kill is within the capability of most humans, and as a result, it may be tempting to think that violent people can be easily identified. But as a practical matter, mental health screening is little more than a red herring in a highly charged debate that has been shaped substantially by people who vehemently oppose even the most minimal regulation of guns.