

Mass Shooting

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Is There a Relationship between Gun Violence and Access to Mental Health Services?

Mass shootings have been in the headlines on many occasions over the last ten years. Each time, we hear public outcry for gun control or increased access to mental health care as proposed remedies. It is not surprising to see the two terms linked as people grapple with gun violence in the United States. Despite many promises to act on restricting access to guns or increasing access to mental health care, politicians have done little to set policy on the issue. American gun owners fear restrictions of guns would be a violation of their rights. Health insurance companies have delayed implementation of parity for mental health treatment. It is time to look at the issues more rationally to develop common sense approaches to these problems.

Public Opinion

Gun violence prevention groups have identified a connection between mental illness and violence [1]. These groups routinely call for restrictions to stop persons identified with mental illness from getting guns. In a number of mass shootings, the shooter appears to have had a history or diagnosis of mental health illness. The relationship is not the case in all of the shootings but the perception mental illness is the cause of gun violence persists [2]. In the United Kingdom (UK) gun control is policy [3]. Laws were developed to make owning guns socially unacceptable. Policy efforts targeted building confidence in people that guns were unnecessary and they were safe without them. Statistical figures from the UK seem to support the approach as there were a total of 52 gun related murders compared to 8,700 in the United States (US) in 2012 [3].

Mental Health advocacy groups disagree with any link between mental illness and gun violence. These groups have stated people with mental illness are no more likely to be violent than other members of the community at large [2]. Efforts made to restrict access to guns would further stigmatize people already affected by the public's perception of mental illness. Available research findings support the position a large majority of persons with mental illness are never violent and most violence is unrelated to mental illness [2].

Carlson and Barr [4] relate many hospitals and healthcare providers see gun violence as a public health concern. Action should occur through local outreach programs, policy statements from membership

committees, and/or demand for legislative change at the federal or state level. Thirty six interest groups led by the America Nurses Association [4] signed a policy statement requesting greater access to mental health services, better health care and mental health services in schools along with a ban on all assault rifles. The American College of Physicians [4] supports gun control and better access to mental health services. A ban on assault weapons should be coupled with a provision allowing the health care provider to ask patients if they have weapons in the home.

Doctors from a Connecticut Trauma program recommended a four point policy which included a ban on assault weapons, increased research by public health agencies on gun violence along with an evidence based solution [4]. The proposal also included mandatory waiting periods for gun purchases, closing gun show loopholes, and mental health restrictions for gun purchases. Further, funding cuts to mental health services should be stopped and the infrastructure should be strengthened [4].

The opposing views have caused policy makers to delay action on the issue. The conflict between common perception and research evidence requires examination to allow a clearer picture to emerge and allow rational decision making on the issue.

Review of Research and Recommendations

The nation's leading researchers, practitioners, advocates for both gun violence prevention and mental health, convened as a consortium in March of 2013 to evaluate research. Two goals were identified: [2]

1. Discuss research evidence on the relationship between mental illness and violence.
2. Identify areas of consensus.

After reviewing all available research publications, listening to expert presentations, and having lengthy discussions, the group developed the following points: [2]

 1. The large majority of persons with mental illness do not engage in violence against others, and most violence is caused by factors other than mental illness such as substance abuse.
 2. At particular times such as the time of a person's first inpatient psychiatric hospitalization or first episode of psychosis, a small subgroup of persons with serious mental illness are at an elevated risk for violence.

3. Mental illnesses such as Depression significantly increase the risk of suicide which accounts for about half of all US gun deaths per year.

The guiding principle for future policy recommendations was restrictions for firearm access on the basis of certain dangerous behaviors is supported by the evidence but restricting access based on mental health diagnosis was not [2]. Gun violence prevention action should focus on preventing access to firearms by people exhibiting dangerous behaviors linked with the risk of future violence such as domestic abuse or reckless substance use. Further, firearms policies should address the ability to restore firearm rights in the future.

Policy recommendations included: [2]

1. New prohibitions on the individual's ability to purchase and possess firearms on the basis of risk factors for violence. People meeting specific evidence based risk criteria for risk of future violence would be prohibited from purchasing or possessing firearms.
2. Develop mechanisms to remove firearms from individuals posing a threat to self or others. These mechanisms should be implemented at the state level.

Policy recommendations were disseminated at a symposium and a briefing on Capitol Hill in 2013 [2].

Government Actions

President Obama introduced a national gun control plan in 2013. The plan included expanding mental health care by increasing the nation's mental health work force. Other measures included a program to help identify mental illness early in children, promote federal research into gun violence by a presidential directive to the CDC and other agencies to conduct research into the causes and prevention of gun violence, offering guidance to providers concerning reporting threats of violence, and assuring more definition to the federal mental health care parity law [1]. The Vice President and cabinet members met with over 200 stakeholder groups and modified the plan to include a background check system for all gun purchases, a ban on military assault weapons, and improving school safety. The proposition seemed to have the support of Congress due to the support of mental health services over gun control. The politicians adamantly opposed to gun control are more focused on the need for more mental health services as an approach to curbing gun violence [1].

Results

The CDC has been seen as the standard bearer for collection of health information, research, analysis, and evidence based action [5]. The NIH has been provided the same attributes for health related research. These federal agencies have been prevented from collecting data and researching any link between guns and violence as a public health issue by Congress. The CDC has funding restrictions since 1996 and the NIH has been restricted since 2011 [5]. Congress voted to maintain the ban on the CDC in June of 2015. The Bureau of Alcohol, Tobacco, and Firearms has collected data on gun dealers whose weapons are used for crime. The data is restricted from release by congressional mandate [5].

The Mental Health Parity and Addiction Equity Act requires mental health plans to provide mental health and substance abuse services as they are identified as essential [1]. Parity has not been officially defined delaying its full implementation.

Project AWARE (Advancing Wellness and Resilience in Education) targeted 750,000 young people to identify mental illness and refer to treatment. A provision for Mental Health First Aid, a training class for teachers and others responsible for children, was initiated to identify and respond to the signs and symptoms of mental illness in children and adults and refer them to treatment [1].

Conclusion

There has been much discussion, research, and evidence regarding gun control and improved access to mental health care. Proposals from the private sector and scientific community have supported increasing access to mental health services by parity in mental health insurance provisions and increasing the number of mental health providers; restricting access to weapons for persons demonstrating risk factors for violence and meeting evidence based risk criteria for future violent behaviors. There is also support for research into gun violence and using evidence to build future policy.

All that is left is the political will to make it all happen.

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