

# HANDOUT FOR MENTAL ILLNESS AND VIOLENCE FORUM

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SOFT-COPY AVAILABLE ON REQUEST

## I. SHORT VIDEOS TO WATCH:

- CBS News Video about violence and mental illness:  
<http://www.cbsnews.com/video/watch/?id=50137377n> 3:28 minutes
- Results of Study of link between Mental illness and violence:  
<http://www.youtube.com/watch?NR=1&v=wCeFEr5ioqo&feature=endscreen> 2:41 minutes

## II. WHY IS THIS IMPORTANT NOW?

Sandy Hook. Everyone, especially the politicians are looking for someone to blame. And it seems that we, those of us who have had or have mental health issues, have a strong chance of becoming the scapegoats they are looking for, in deference to the real action that our government needs to take. Everyone is at risk here.

Jim Gottstein, an attorney in Alaska with lived experience in the mental health system, writes:

*"In the rush to pretend to do something, but in the absence of the political will to do anything meaningful about gun violence, a mob mentality has developed to further restrict the rights of people diagnosed with mental illness and force them to endure harmful, counterproductive, psychiatric interventions. In other words, the only thing that all of the players at the table can agree to is, in effect, 'Psychiatric Profiling'."*

NEWTOWN TRAGEDY:

NAMI CONDEMNS NRA POSITION AS "OUTRAGEOUS AND WRONG"

**ARLINGTON, Va., Dec. 21, 2012** -- Michael J. Fitzpatrick, executive director of the National Alliance on Mental Illness (NAMI) has issued the following statement:

"The National Rifle Association (NRA) response to last week's tragedy in Newtown Connecticut -- in which 20 children and six adults at Sandy Hook Elementary School were killed -- is outrageous and wrong.

**The NRA has called for putting more guns in schools and creating a bigger list of people treated for [mental illness](#) -- which presumably includes civic leaders, teachers who take prescriptions for anxiety or depression, police, fire fighters and veterans returning home from Afghanistan.**

The NRA posed the question 'How many *more* copycats are waiting...A dozen more killers? A hundred? More? How can we possibly even *guess* how many, given our nation's refusal to create an active national database of the mentally ill?'

One in four American adults experience a mental health problem in any given year, yet the [U.S. Surgeon General](#) determined over a decade ago that 'the overall contribution of mental disorders to the total level of violence in society is exceptionally small.'

Law already exists requiring states to report the names of people 'adjudicated as mentally defective' to the [National Instant Background Check System \(NICS\)](#). It has never been properly implemented because of confusion surrounding the highly stigmatizing term "mentally defective" and the uncertain meaning of 'adjudicated.'

After the Virginia Tech tragedy in 2007, NAMI [recommended](#) that Congress clean up existing law by adopting standards consistent with modern medical knowledge and clear legal procedures. We continue to support that approach.

When violence occurs, it is usually because something has gone terribly wrong in the mental health care system.

We must address the fact that less than a third of Americans who have a diagnosable mental illness are able to get treatment. The NRA's proposal to create a bigger "active" national database will only discourage people reaching out for help. Stigma will be imposed. Stigma will be internalized. Stigma will turn into prejudice and discrimination.

NAMI condemns the NRA position. We hope the NRA instead will join others in seeking positive, workable, appropriate solutions. NAMI stands ready to [work with the President](#), Congress and states to accomplish that end."

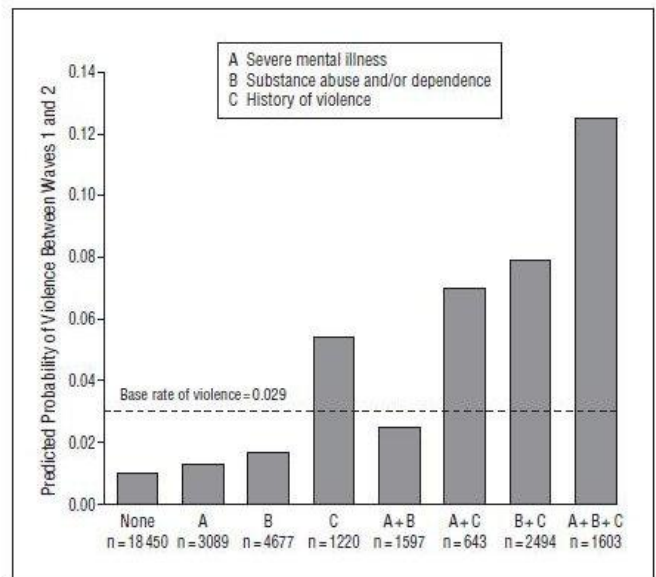
### III. WHAT ARE THE FACTS?

#### STUDY ABOUT MENTAL ILLNESS AND VIOLENCE:

[www.unhealthcare.org/site/newsroom\\_OLD/news/2009/January/elbogen/?searchterm=mental+illness+and+violence](http://www.unhealthcare.org/site/newsroom_OLD/news/2009/January/elbogen/?searchterm=mental+illness+and+violence)

**Table 5. Most Statistically Robust Predictors in Final Multivariate Model of Any Violent Behavior Between Waves 1 and 2**

Predictor	Wald F	P Value	Risk Domain
Age, y	136.746	<.001	Dispositional
History of any violent act	109.932	<.001	Historical
Sex	67.231	<.001	Dispositional
History of juvenile detention	31.007	<.001	Historical
Divorce or separation in the past year	28.154	<.001	Contextual
History of physical abuse	27.492	<.001	Historical
Parental criminal history	21.162	<.001	Historical
Unemployment for the past year	15.453	<.001	Contextual
Co-occurring severe mental illness and substance use	13.342	<.001	Clinical
Victimization in the past year	8.204	.003	Contextual



**Figure.** Predicted probability of any violent behavior between waves 1 and 2 as a function of severe mental illness, substance abuse and/or dependence, and history of violence.

Monday, Feb. 2, 2009

People with mental illness alone are no more likely than anyone else to commit acts of violence, a new study by UNC researchers concludes. But mental illness combined with substance abuse or dependence elevates the risk for future violence.

“Our study shows that a link between mental illness and violence does exist, but it’s not as strong as most people think,” said Eric B. Elbogen, Ph.D., lead author of the study and assistant professor in the forensic psychiatry program at the University of North Carolina at Chapel Hill School of Medicine.

“We found that several other factors – such as a history of past violence or substance abuse or a recent divorce or loss of one’s job – are much more predictive of future violence than mental illness alone,” Elbogen said. “Only when a person has both mental illness and substance abuse at the same time does that person’s risk of future violence outweigh anyone else’s.”

UNC co-author Sally C. Johnson, M.D. added, **“These findings challenge the perception some people have, and which you often see reflected in media coverage, that mental illness alone makes someone more dangerous. Our study shows that this perception is just not correct.”**

Elbogen and Johnson’s study is published in the February 2009 issue of Archives of General Psychiatry. [file yoa80083\_152\_161.pdf in downloads folder] To arrive at their findings, they conducted statistical analyses of data collected previously as part of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) conducted by the National Institute on Alcohol Abuse and Alcoholism.

A total of 34,653 people completed interviews during the two separate waves of NESARC. Wave 1 took place from 2001-2002 while wave 2 was from 2004-2005. Wave 1 data on severe mental illness – including schizophrenia, bipolar disorder and major depression – were analyzed to predict wave 2 data on violent behavior.

**The results show “that if a person has severe mental illness without substance abuse and history of violence, he or she has the same chances of being violent during the next 3 years as any other person in the general population,”** Elbogen and Johnson wrote.

**When mental illness is combined with substance abuse, the risk for future violence reaches the level of statistical significance. However, even mental illness combined with substance abuse ranks only ninth on the study’s list of the top 10 predictors of future violence.** The higher ranking predictors, listed in order of their predictive value, are age (younger people are more likely to commit acts of violence), history of violence, sex (males are more prone to violence), history of juvenile detention, divorce or separation in the past year, history of physical abuse, parental criminal history and unemployment for the past year. Victimization in the past year was the tenth predictor.

“The data shows it is simplistic as well as inaccurate to say the cause of violence among mentally ill individuals is the mental illness itself ... **the current study finds that mental illness is clearly relevant to violence risk but that its causal roles are complex, indirect, and embedded in a web of other (and arguably more) important individual and situational cofactors to consider,**” the study concludes.

*US SURGEON GENERAL'S REPORT ON MENTAL HEALTH (1999)*

[www.surgeongeneral.gov/mentalhealth](http://www.surgeongeneral.gov/mentalhealth)

**Chapter One, Page 7 Excerpt on Stigma & Violence**

Why is stigma so strong despite better public understanding of mental illness? The answer appears to be fear of violence: people with mental illness, especially those with psychosis, are perceived to be more violent than in the past. This finding begs yet another question: Are people with mental disorders truly more violent? Research supports some public concerns, but **the overall likelihood of violence is low**. The greatest risk of violence is from those who have dual diagnoses, i.e., individuals who have a mental disorder as well as a substance abuse disorder. There is a small elevation in risk of violence from individuals with severe mental disorders (e.g., psychosis), especially if they are noncompliant with their medication. Yet the risk of violence is much less for a stranger than for a family member or person who is known to the person with mental illness. In fact, there is very little risk of violence or harm to a stranger from casual contact with an individual who has a mental disorder. Because the average person is ill-equipped to judge whether someone who is behaving erratically has any of these disorders, alone or in combination, the natural tendency is to be wary. Yet, to put this all in perspective, **the overall contribution of mental disorders to the total level of violence in society is exceptionally small**.

NEW YORK TIMES EDITORIAL FEBRUARY 23, 2013

*VIOLENT, DRUNK AND HOLDING A GUN*

*Published: February 23, 2013* [66 Comments](#)

Focusing on mass murder and the mentally ill does not get at the broader issue of gun violence.

Multiple mass shootings by deranged young men have made keeping firearms out of the hands of mentally ill people a big part of the gun debate.

Given the enormity of those crimes, that is understandable. Federal law does, in fact, prohibit gun ownership by mentally ill people if a judge has found them to be dangerous or they have been involuntarily committed to a mental hospital. President Obama has also issued [executive orders](#) to ensure that federal background checks include complete information on people barred from owning guns for mental health reasons and to clarify that federal law allows health care providers to report patients' credible threats of violence to the authorities.

But a focus on mass murder, while critical, does not get at the broader issue of gun violence, including the hundreds of single-victim murders, suicides, nonfatal shootings and other gun crimes that occur daily in the United States. And focusing on the mentally ill, most of whom are not violent, overlooks people who are at demonstrably increased risk of committing violent crimes but are not barred by federal law from buying and having guns.

These would include people who have been convicted of violent [misdemeanors](#) including assaults, and those who are [alcohol abusers](#). Unless guns are also kept from these high-risk people, preventable gun violence will continue.

**VIOLENT MISDEMEANORS** Federal law prohibits felons from buying and possessing firearms; it also bars people convicted of a misdemeanor crime of domestic violence. But it permits gun purchase and ownership by people convicted of other violent misdemeanors, defined variously under state laws, including assault and battery, brandishing a weapon or making open, credible threats of violence. Many people convicted of violent misdemeanors were originally charged with felonies but then convicted of lesser charges because of plea bargains. And research shows that people who have been convicted of any misdemeanors and who then legally buy a handgun are more likely to commit crimes after that gun purchase than buyers with no prior convictions.

California provides a case study. It changed its law in 1991 to prohibit individuals convicted of violent misdemeanors from buying guns for 10 years after the conviction. Before that, a [study](#) showed that gun buyers with even a single prior misdemeanor conviction were nearly five times as likely as those with no criminal history to be arrested for gun-related or other violent crimes. After the law was enacted, a significant decrease in arrests [was attributed](#) to the denial of gun sales to people with misdemeanor records.

**ALCOHOL ABUSE** Federal law prohibits the purchase and possession of guns by anyone who is “an unlawful user of or addicted to any controlled substance.” But the statute ignores alcohol abuse. That is also a mistake. The [evidence](#) linking alcohol abuse and gun-related violence is [compelling](#). One [study](#) found that subjects who had ever been in trouble at work for drinking or were ever hospitalized for alcohol abuse were at increased risk of committing homicide and suicide.

Other studies also suggest that alcohol abuse is a factor in the association between gun ownership and the criminal justice system. The difficulty in policing alcohol abuse for purposes of gun control is that there is no precise definition of abuse. Pennsylvania, however, provides a useful example. It bars gun purchases by those who have been convicted of three or more drunken driving offenses within a five-year period. That criterion identifies drinkers with demonstrated tendencies toward recklessness and lawbreaking.

President Obama has instructed the Justice Department to review the federal prohibitions on gun ownership and to make legislative and executive recommendations “to ensure dangerous people aren’t slipping through the cracks.” The answers are already out there.

#### IV. WHAT CAN WE DO ABOUT IT?

- Work for gun control and ammunition control.
- Speak out against abuses of rights of people who have mental illness.

#### *NEWTOWN TRAGEDY: PUSH FOR MENTAL HEALTH REFORM* *By Mike Fitzpatrick, NAMI Executive Director*

It's almost a week now since 20 children and six adults were killed at Sandy Hook Elementary School. America's hearts are still broken.

Although news reports have gotten many facts wrong over the last week, it seems clear now that the young man responsible for the tragedy had lived with a form of [mental illness](#) since childhood.

The tragedy has resulted in an enormous push for the country to make a sustained effort to provide real solutions to our mental health crisis, as well as gun control. The test is whether Congress, state legislatures and the country as a whole are serious enough to face up to the challenge.

It's not a new challenge. NAMI has been fighting on the mental health care front for many years, with victories and defeats. What's tragic is that it has taken a horrible tragedy to wake others up.

This past week, NAMI has been working 24/7 to stoke the momentum. We have given close to 100 interviews to national and regional media outlets. We are talking with Senators and Members of Congress about legislation in the coming New Year. NAMI State Organizations and NAMI Affiliates have circulated press releases and other information to their own networks.

Again, it shouldn't have taken a national tragedy to get this far, especially when we consider how many personal tragedies Americans affected by mental illness experience every year. [Start contacting Congress](#) and state legislators now.

#### **Keep the pressure on.**

- **Tell them they need to step up to ensuring mental healthcare.**
- **They need to make the availability of screening, early intervention, treatment, services and supports a national priority.**
- **Family education and support must also be part of mental health care. Too many families don't fully understand the nature of mental illness, [what to do](#) if they are concerned about a child and how to cope.**
- **President Obama has [pledged](#) to use "whatever power this office holds to engage my fellow citizens, from law enforcement to mental health professionals to parents and educators, in an effort to prevent more tragedies."**

NAMI represents individuals who actually live with mental illness.

We represent parents and other kinds of family members. We have a long track record working with law enforcement, educators and mental health professionals.

We're ready to work with the President. Is the rest of the country?

Talk with your friends and neighbors. Ask them to help.

**Write to:**

Legislators – State and federal

Letters to the editor of local newspapers

Organizations whose positions we disagree with; and organizations we agree with

**Sample letter:**

Dear [name of member of congress]

I am writing to ask you to take a decisive role in improving mental health care in America in the wake of the Newtown tragedy.

The horrific events at Sandy Hook elementary school have only made more urgent and visible what was already evident—inadequate mental health care is harmful to the health and well-being individuals, families and our nation.

I urge you to take the following steps to strengthen and expand mental health services for Americans:

1. Improve early identification of and intervention for mental illness. Today, people typically wait years before getting the help they need. It's time to invest upstream to help youth, young adults and families receive help before conditions get worse and harder to treat.
2. Provide training on how to identify and respond to mental health crises. Law enforcement, emergency responders, school personnel and families need training on how to identify and respond to youth and adults experiencing mental health crises.
3. Implement school-based mental health services and supports. School-based services help youth and families get mental health care by providing help in a low-stigma setting. School-based mental health professionals also spot warning signs and engage youth and families who may not otherwise seek help.
4. Fully implement the Affordable Care Act. Implementing the health law, including expanding Medicaid to all poor Americans, will bring coverage for mental health care to millions of uninsured Americans and remove a major barrier to getting mental health services. Federal and state Medicaid funding should be strengthened to ensure access to care for all who are currently eligible as well as for new enrollees.
5. Increase the mental health workforce. There are critical shortages of mental health professionals throughout the nation, leaving people with long waits, little care or no care at all. Significantly increasing our mental health workforce is integral to improving mental health care in our country.

Treatment works if a person can get it. Our nation's common concern must be to prevent tragedies before they happen—no matter who is involved—by making a clear commitment to mental health care.

Sincerely,  
[your name]