



Position Statement:

Gun Violence and Mental Health

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Mental Health America of Greater Dallas (MHA - Dallas) has not taken a position on most issues relating to the gun control debate because those issues are outside of MHA - Dallas's core competencies. However, gun violence is having a substantial negative effect on the mental health of our country, particularly on communities of colorⁱ and our youthⁱⁱ. MHA - Dallas is specifically concerned because:

- Mass shootings have had a negative effect on the mental health not only on those who lose a relative, friend, neighbor or associate, but also those who simply learn of these events through the media.ⁱⁱⁱ
- Active shooter drills in schools cause stress and even trauma to students of all ages.^{iv}
- Firearms are now the leading cause of death among youth.^v Additionally, Hispanic students are twice as likely to experience campus gun violence and African American students more than three times as likely.^{vi}
- Persons with mental illnesses represent a disproportionate percentage of persons shot by the police.^{vii}
- Half of all suicides are by firearm^{viii} and two-thirds of gun deaths are suicides^{ix}. Suicide by firearm is particularly prevalent in rural areas where mental health services are lacking.^x
- The debate over gun violence has incorrectly blamed mental illnesses as a primary cause of increasing gun deaths^{xi} leading to an increase in the stigma associated with mental illnesses.^{xii}
- Laws are being enacted which discriminate against persons with mental illnesses and threaten their civil liberties,^{xiii} rather than improving public safety.
- The United States differs from other countries in the number of firearms owned— currently over 350 million.^{xiv} For this and other reasons, policymakers have thus far found it impossible to prevent firearms from being used to cause numerous deaths and other serious harm by persons who should not have them, including toddlers and persons with a substantial history of violence

Call to Action

MHA - Dallas urges federal and state policymakers to consider implementation of the following proposals:

- Provide training to gun shop, gun show and shooting range employees to help them to identify persons whose sole intent in purchasing or using a firearm is to die by suicide.^{xv}
- Enact laws permitting persons contemplating harm to themselves or others to surrender, voluntarily and temporarily, their right to possess or purchase a firearm.^{xvi}
- Provide public education regarding the need for adult supervision of firearm users under 21, except for members of the military.^{xvii}
- Enact Extreme Risk Protection Order Laws (ERPOs), known as “Red Flag” laws and modeled on domestic violence orders of protection, which allow, following a hearing, the temporary removal of firearms from those who are at risk of committing gun violence.^{xviii} Such laws must

be focused on the risk of physical harm, not single out persons with mental illnesses and provide appropriate standards and procedures.^{xix}

- Provide public education to encourage gun owners to store guns and ammunition safely (preferably with a gunlock) and away from children and others who may pose a risk of harm to themselves or others.^{xx}
- Provide ~~targeted~~ services to help persons whose mental health is negatively affected by gun violence. Because gun violence disproportionately affects Black and Brown communities,^{xxi} our funding and service responses must reflect that reality.
- Require waiting periods for the purchase of firearms in order to reduce the number of suicides.^{xxii}

ⁱ Each day on average, thirty Black Americans are killed by guns and more than 110 experience non-fatal injuries. At least every other day, a Black person is shot and killed by police. “The Impact of Gun Violence on Black Americans” <https://www.everytown.org/issues/gun-violence-black-americans/>; Johns Hopkins Center for Gun Violence Solutions, “A Year in Review: 2020 Gun Deaths in the U.S.” (Baltimore: 2022), available at <https://publichealth.jhu.edu/sites/default/files/2022-05/2020-gun-deaths-in-the-us-4-28-2022-b.pdf>; “Gun Violence Disproportionately and Overwhelmingly Hurts Communities of Color” Center for American Progress (June 30, 2022) <https://www.americanprogress.org/article/gun-violence-disproportionately-and-overwhelmingly-hurts-communities-of-color/>; “11 Gun Violence Facts about Black, Indigenous and People of Color” Sandy Hook Promise, <https://www.sandyhookpromise.org/blog/gun-violence/ten-gun-violence-facts-about-black-indigenous-and-people-of-color/>; Nguyen & Drane, “Gun Violence in Black Communities” Gifford Law Center (February 23, 2023), <https://giffords.org/lawcenter/memo/gun-violence-in-black-communities/>

ⁱⁱ ElSherief, M., Saha, K., Gupta, P. *et al.* Impacts of school shooter drills on the psychological well-being of American K-12 school communities: a social media study. *Humanit Soc Sci Commun* 8, 315 (2021). <https://doi.org/10.1057/s41599-021-00993-6>; “The Impact of Active Shooter Drills on Schools” <https://everytownresearch.org/report/the-impact-of-active-shooter-drills-in-schools/>

ⁱⁱⁱ Palinkas, et al., “The San Diego East County School Shootings: A Qualitative Study of Community-Level Post-traumatic Stress” Cambridge Univ. Press (June, 2012) <https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/article/abs/san-diego-east-county-school-shootings-a-qualitative-study-of-communitylevel-posttraumatic-stress/E61FE2E6B66A35FFA2D7683AD82E2E44>; Gujral, et al., “The community impact of school-shootings on stress-related emergency department visits” *Contemporary Economic Policy* (March, 2023) <https://doi.org/10.1111/coep.12603>; Holman, et al., “Media’s role in broadcasting acute stress following the Boston Marathon bombings” *PNAS* (December, 2013) <https://doi.org/10.1073/pnas.1316265110>

^{iv} See Note ii above.

^v “Current Causes of Death Among Children and Adolescents” *N.E.J. Medicine* (May 19, 2022) <https://www.nejm.org/doi/full/10.1056/nejmc2201761>; “Children and Teens are Likely to Die by Guns Than Anything Else” *CNNHealth* (March 29, 2023) <https://www.cnn.com/2023/03/29/health/us-children-gun-deaths-dg/index.html>

^{vi} “The Final Report and Findings of the Safe School Initiative,” United States Secret Service and the United States Department of Education. <https://www2.ed.gov/admins/lead/safety/preventingattacksreport.pdf>

^{vii} One in five persons shot by the police has a mental illness. *Washington Post* Police Shootings Database. <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>

^{viii} Saunders, “Do States with Easier Access to Guns have More Suicide Deaths by Firearm?” *KFF*

(July, 2022) <https://www.kff.org/other/issue-brief/do-states-with-easier-access-to-guns-have-more-suicide-deaths-by-firearm/>

^{ix} Miller, M., Lippmann, S. J., Azrael, D., et al. (2007). [Household firearm ownership and rates of suicide across the 50 United States](#). *The Journal of Trauma*

^x “Americans in rural areas more likely to die by suicide” Centers for Disease Control (October, 2017) <https://www.cdc.gov/media/releases/2017/p1005-rural-suicide-rates.html>; Hirsch & Cukrowicz “Suicide in rural areas: An updated review of the literature.” APA PsychNet (2014) <https://doi.org/10.1037/rmh0000018>

^{xi} Responding to the prevalence of mental illnesses in the United States and our failure to provide high quality mental health treatments to all those who need them is at the heart of MHA’s mission. However, despite these problems, there is no evidence that the United States has a higher percentage of persons with mental illnesses than other countries that have substantially fewer gun deaths. Datani, *et al.*, “Our World in Data: Mental Health,” (August, 2021), <https://ourworldindata.org/mental-health>; Lu and Temple, “Dangerous weapons or dangerous people? The temporal associations between gun violence and mental health” *Preventive Medicine*, v. 121, pp. 1-6 (April, 2019) <https://www.sciencedirect.com/science/article/abs/pii/S0091743519300143>

^{xii} Gold, “Gun Violence: Psychiatry, Risk Assessment, and Social Policy” *J. Am. Acad. Psych. 7 Law*, v. 41, pp. 337-43 (2013) https://www.jurispro.com/files/articles/unilencespsychiatryriskssessmentandocialolicy_5343.pdf McGinty, et al. “News Media Framing of Serious Mental Illness and Gun Violence in the United States, 1997-2012” *Am. J. Public Health* (March 2014) <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301557>; Gun Deaths by Country <https://wisevoter.com/country-rankings/gun-deaths-by-country/>

^{xiii} See, e.g., 420 ILCS 65/4(a)(2)(iv) which prevents person who have voluntarily sought inpatient mental health services from obtain a firearm owners identification card (necessary to own a firearm in Illinois) for five years.

^{xiv} <https://www.thetrace.org/2023/03/guns-america-data-atf-total/>; <https://worldpopulationreview.com/state-rankings/guns-per-capita>; <https://www.cnn.com/2022/06/02/us/gun-ownership-numbers-us-cec/index.html>

^{xv} Walton and Stuber, “Firearm Retailers and Suicide: Results from a Survey Assessing Willingness to Engage in Prevention Efforts” *Suicide and Life Threatening Behavior*, Vol. 50, Issue 1 ((Feb. 2020) <https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12574>; Harvard School of Public Health gun Shop Project, <https://www.hsph.harvard.edu/means-matter/gun-shop-project/>; <https://afsp.org/information-for-range-owners-or-retailers>

^{xvi} Vars, et “Willingness of Mentally Ill Individuals to Sign Up for a Novel Proposal to Prevent Firearm Suicide” *Suicide and Life Threatening Behavior* (2016) https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3707204

^{xvii} Young people are much more likely to engage in risky or impulsive behavior. That is why we prohibit the sale of alcohol to those under 21. Similarly, in those states where it is otherwise legal, we

also prohibit the sale of cannabis. It is also the rationale behind the United States Supreme Court's decisions to outlaw the death penalty and sentences of life without parole for minors. See MHA Position Statement Number 58 for a discussion of the brain development science behind treating young people differently. <https://mhanational.org/issues/position-statement-58-life-without-parole-juvenile-offenders>. MHA recommends that the **unsupervised** possession of guns be prohibited, allowing persons to receive supervised training in safe firearm use and to participate in hunting with parents or other adults. Members of the armed forces and law enforcement should also be exempted. See Colorado Senate Bill 23-169 for a recently enacted ban (with exceptions). <https://leg.colorado.gov/bills/sb23-169>; It is important to note that a United States District Court in Virginia recently held that preventing persons over 18 from buying guns violates the 2nd Amendment. *Fraser v. BATFE*, Mp. 3:22-CV-410, 2023 U.S. Dist. LEXIS 82432 (May 10, 2023); Two other Federal courts have reached the opposite conclusion. *Reese v. BATFE*, 6:20-CV-01438, 2022 U.S. Dist. LEXIS 230140 (Dec. 21, 2022); *NRA of Am., Inc. v. Swearingen*, 4:18-CV-37, 545 F. Supp. 3d 1247 (June 24, 2021). It is highly likely that this issue will reach the United States Supreme Court.

^{xviii} “Extreme Risk Protection Laws” American Academy of Pediatrics <https://www.aap.org/en/advocacy/state-advocacy/extreme-risk-protection-orders-erpo-or-red-flag-laws/#:~:text=Extreme%20Risk%20Protection%20Orders%20or,of%20harming%20themselves%20or%20others>; “Commentary for Extreme Risk Protection Orders” U.S. Dept. of Justice <https://www.justice.gov/doj/reducing-gun-violence/commentary-extreme-risk-protection-order-model-legislation>; Simmons & Popcun, “What Does the Research Say About Extreme Risk Protection Orders (ERPO)?” (April, 2021) Rockefeller Inst. of Gov. <https://rockinst.org/blog/what-does-the-research-say-about-extreme-risk-protection-orders-erpo/>

^{xix} Procedural protections should include: (1) a short time limit on emergency orders which may be obtained *ex parte*, (2) at the end of the emergency period, the right to a hearing at which the petitioner must prove the need for an extension of the order and the gun owner may be represented by counsel and present evidence opposing the extension; (3) a time limit on any order and the ability to petition to have the order revoked; (4) any further extensions may be obtained only following a hearing; and (5) the prompt return of any firearms at the expiration of the ERPO.

^{xx} <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-violence-prevention-and-policy/research/safe-gun-storage/> <https://www.bulletpointsproject.org/safe-firearm-storage-devices/>

^{xxi} See Note 1 above.

^{xxii} Each year firearms are used in more than 20,000 suicides. “Prevent Firearm Suicide” <https://preventfirearmsuicide.efsgv.org/about-firearm-suicide/statistics/> Indeed, firearms result in many more suicides than homicides. (See Note ix above.) A substantial percentage of suicides are impulsive. That is, if a suicide attempt is unsuccessful or the will to die by suicide does not result in an attempt, that intent goes away within a short period. Eberhard A. Deisenhammer, et al., “The Duration of the Suicidal Process: How Much Time is Left for Intervention Between Consideration and Accomplishment of a Suicide Attempt?,” *The Journal of Clinical Psychiatry* 70, no. 1 (2008); T. R. Simon, et al., “Characteristics of Impulsive Suicide Attempts and Attempters,” *Suicide and Life-Threatening Behavior* 32 no. 1 (Suppl.) (2001): 49–59; Catherine W. Barber and Matthew J.

Miller, “Reducing a Suicidal Person’s Access to Lethal Means of Suicide: A Research Agenda,” *American Journal of Preventive Medicine* 47, no. 3 (2014): S264–S272. See also, Harvard T.H. Chan School of Public Health, Means Matter, “Impulsivity and Crises,” <http://www.hsph.harvard.edu/means-matter/means-matter/impulsivity>. Eleven states have adopted some type of waiting period between purchasing a gun and taking possession. “Waiting Periods for the Possession of Firearm are a Commonsense Way to Prevent Impulsive Violent Acts of Gun Violence.” Giffords Law Center. https://giffords.org/lawcenter/gun-laws/policy-areas/gun-sales/waiting-periods/#footnote_0_5633. Waiting periods as short as 24 hours may be more than sufficient to reduce suicides by firearm. The waiting periods thus far enacted range from 72 hours to 14 days.

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