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VIEWPOINT

A Reassessment of Blaming Mass Shootings on Mental Illness

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Several recent mass shootings in the United States have prompted calls to address untreated serious mental illness. This rhetoric—delivered by policy makers, journalists, and the public—focuses the blame for mass shootings on individuals with serious mental illness (specifically, schizophrenia and psychotic spectrum disorders, bipolar disorder, and major depressive disorder), with less attention paid to other contributory factors, such as access to firearms.¹ Furthermore, attributing mass shootings to untreated serious mental illness stigmatizes an already vulnerable and marginalized population, fails to identify individuals at the highest risk for committing violence with firearms, and distracts public attention from policy changes that are most likely to reduce the risk of gun violence.

Serious Mental Illness as a Marker for Violence

Serious mental illness is associated with a marginally higher risk of violent interpersonal behavior. For instance, compared with the general population, individuals with first-onset psychosis may have a 3 to 5 times higher risk of violence.² However, this and similar estimates are derived from studies with varying definitions of aggression (ranging from verbal threats to physical assaults) and different comparison groups. Furthermore, these relative risks obscure the low absolute risk of violence among individuals with serious mental illness; estimates suggest that only about 4% of criminal violence can be attributed to individuals with mental illness.² In addition, individuals with serious mental illness are 3 times more likely to be victims than perpetrators of violence, and the violence perpetrated by individuals with serious mental illness is rarely lethal.² These data suggest that most individuals with serious mental illness will not engage in interpersonal violence, much less mass shootings, and therefore, a diagnosis of a serious mental illness is not a specific indicator for risk of acts of violence.³

In regard to the specific association between serious mental illness and gun violence, 1-year follow-up data from the MacArthur Violence Risk Assessment Study⁴ revealed that only 23 of 951 individuals (2.4%) who had been released from an inpatient psychiatric setting engaged in gun violence; 21 of those who engaged in gun violence (91.3%) had a prehospitalization history of arrests. Furthermore, individuals with serious mental illnesses constitute the minority of convicted violent gun offenders; for instance, only 104 of 838 adults (12.4%) charged with violent gun offenses in state prisons had a history of psychiatric hospitalization.⁵ Although many individuals with serious mental illness have no history of psychiatric hospitalization, these results provide compelling evidence that gun violence cannot be attrib-

uted to mental illness alone. In addition, these and similar data point to at least 2 conclusions. First, a diagnosis of serious mental illness does not provide a sensitive estimate of future interpersonal violence (gun-related or not). Second, laws that limit gun ownership based on a history of involuntary psychiatric commitment, for instance, will still miss most individuals at high risk for gun-related violence and suicide.³

Factors Other Than Serious Mental Illness Diagnosis That Contribute to Violence Risk

Among the multiple individual characteristics that contribute to the risk of gun violence, diagnosis of a serious mental illness is only one. Other static risk factors include male sex; younger age; a history of prior violent acts or being a victim of violence; convictions for violent offenses, unlawful use of firearms, or possession or distribution of narcotics; and gang affiliation.⁶ In addition, multiple dynamic factors are strongly associated with the risk of violence among individuals with serious mental illness, such as substance or alcohol intoxication, treatment nonadherence, and psychosocial stressors (eg, housing instability).²

Looking beyond individual risk factors, relatively liberal firearm access in the United States is a significant contributor to gun violence. For instance, states with higher gun ownership have higher rates of gun-related homicides.⁷ Even those with prior inpatient psychiatric hospitalization who may be banned in certain states from purchasing firearms report accessing guns from sources not subject to federal regulation (eg, family or friends); in the aforementioned study of violent gun offenders in state prisons,⁵ 78% of those who had a history of psychiatric hospitalization obtained guns from these nonregulated sources.

The Harm of Blaming Mass Shootings on Serious Mental Illness

Given that a diagnosis of a serious mental illness accounts for, at most, only a small proportion of interpersonal violence and that most individuals with serious mental illness will not commit an act of violence (much less a mass shooting), directing public attention to mental illness as the primary cause of gun violence only serves to reinforce negative public attitudes about this population.³ Many individuals with serious mental illness face shame, societal rejection, stigmatization, and challenges associated with stable employment and housing. Genuine efforts to reduce untreated serious mental illness would include addressing systemic factors, such as fragmentation of mental health care, lack of mental health insurance coverage, and disparities in coverage for mental health conditions; shortages and un-

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even geographic distribution of the mental health workforce; socioeconomic factors such as poverty; and treatment nonadherence. We need to improve the treatment of individuals with serious mental illness not because they are the perpetrators of violence but rather because they need access to treatment to improve their quality of life. By reinforcing stigma against individuals with mental illness, these individuals may be less likely to seek treatment for their mental health problems, thus increasing the risk of suicide and other sequelae of untreated mental illness.^{1,2}

The Need for a Multipronged Approach

Attributing mass shootings to untreated, serious mental illness is politically expedient; by drawing attention to those with serious mental illness, policy makers may avoid having to make difficult decisions about regulating firearm distribution and access. A more nuanced approach to reducing gun violence would address the many other behavioral characteristics associated with interpersonal violence, the association between rates of gun ownership and gun-related violence, and universal screening protocols for firearm access in clinical settings. The risk of violence is not static; situational factors such as intoxication or recent episodes of domestic violence are associated with increased rates of aggressive acts.³ Several states have incorporated these factors into their gun-control

laws; for instance, California's Gun Violence Restraining Order allows family members to petition to temporarily remove firearms from an individual who poses a clear danger to the public or to himself or herself during a psychiatric crisis. Likewise, gun restriction legislation should include a standardized process by which to restore gun access rights to individuals after a high-risk period (eg, a sustained period of sobriety or resolution of an episode of domestic violence).

As a society, we have a responsibility to reject reductionist explanations for mass shootings. The burden of untreated serious mental illness is expressed more often in human problems, not in acts of violence. Addressing the risk of future mass shootings requires addressing a wide range of individual, community-level, and national and state policy factors, including decreasing access to guns, especially during periods of heightened violence risk. Likewise, identifying and assisting those with serious mental illness requires the investment of resources and coordination of services, including supportive case managers, law enforcement and emergency personnel, and mental health clinicians. Reducing the risk of mass shootings and improving mental health care are 2 different issues and should not be conflated. Millions of Americans who are diagnosed with serious mental illness will never engage in any gun violence and should not be further stigmatized.

ARTICLE INFORMATION

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