

Mental Illness and Firearms

Legal Context and Clinical Approaches

Debra A. Pinals, MD^{a,*}, Lisa Anacker, MD^b

KEYWORDS

- Gun violence • Mental illness • Risk assessment • Risk management
- Gun control legislation • Firearms • Media

KEY POINTS

- Despite media stories to the contrary, persons with mental illness account for only a small percentage of persons who commit acts of violence, and an even smaller percentage of persons who commit gun violence toward others, although the risk of individuals with mental illness using firearms for suicide is a significant concern.
- Gun laws and gun registries can provide delays in firearms access and prohibitions to access, but do not eliminate all risk or all access related to firearms, and thus clinicians should be mindful of more individualized risk assessments.
- Sound risk assessment and risk management practices for individual patients in treatment contexts can be helpful in thwarting untoward negative consequences involving suicide or violence.

INTRODUCTION

Tragic events over recent years have heightened awareness and concerns related to gun violence in general, as well as specific concerns related to gun violence perpetrated by persons thought to have mental illness. Separating myth from reality about the risks of gun violence for persons with mental illness becomes especially complicated given numerous recent media reports that continue to emphasize the relationship of mental illness to violence over and above that known in the literature.¹ High-profile, specific incidents of firearm shootings and multiple victims leave the public with an even greater sense that mental illness is a major factor in most mass murder. These representations run a serious risk of increasing stigma against individuals with mental illness who might never commit violence, and without recognition of the potential collateral consequences of this stigma to their lives and the lives of their families. Increasing reports of so-called active shooters have been made in recent years, and across the world it seems the alerts are everywhere.²

^a Program in Psychiatry, Law, and Ethics, Department of Psychiatry, University of Michigan, 4250 Plymouth Road, Ann Arbor, MI 48109, USA; ^b Department of Psychiatry, University of Michigan, 4250 Plymouth Road, Ann Arbor, MI 48109, USA

* Corresponding author.

E-mail address: dpinals@med.umich.edu

For mental health professionals practicing in the United States, it is important to understand the current context related to these media reports, the current legal underpinnings of firearms rights as well as the clinical implications of these rights, and the currently known data related to firearms and mental illness. From there, clinical practice can be informed to best identify those rare cases in which a patient may be at risk of firearm-related violence and cases involving suicide risk with eye toward thoughtful and comprehensive risk assessments. This article offers a review of those areas.

CURRENT CONTEXT WITH REGARD TO MEDIA REPORTS ON FIREARMS AND MENTAL ILLNESS

It is hard to imagine how individuals who are sane can engage in mass murder. Some individuals who have engaged in mass violence might have had some legitimate broad-based mental health issue that makes the extrapolation seem logical. Some might even have had frank mental illness. These individuals, although rare, are the current concerning “needle in the haystack” for clinicians who need to be prepared to conduct proper risk assessments in their clinical practice and work within the parameters of the law related to notifications, firearms access rights, and the like. A few examples that highlight these issues include recent cases that have raised questions about the mental health system and approaches to individuals at risk.

More than 15 years ago, on April 20, 1999, Columbine High School in Colorado made national news when 2 young men, one of whom had been treated for depression, entered carrying firearms and other weapons and fired at students and teachers, killing 13 people with numerous others injured.³ In 2007, on the Virginia Polytechnic Institute and State University campus, 32 people were killed with many others wounded, after Mr Seung-Hui Cho opened fire, and eventually killed himself.⁴ This man had been involuntarily committed to outpatient treatment 2 years before the incident, but the ability to track him and ensure adherence, and the ability to identify him as a person prohibited from acquiring firearms because of that prior commitment, was lost in complex legal and system challenges.^{4,5} The presumed protections had proved to have more problems than solutions, and raised numerous questions about how firearm purchases were being monitored and overseen. A complete review of Virginia commitment laws⁶ followed and resulted in local statutory commitment reform.⁷

Other noteworthy tragedies included the mass murder of 12 people and concomitant injury of 70 others in a movie theater in Aurora, Colorado, in 2012. James Holmes, the perpetrator in that incident, went through a lengthy trial in which his mental state was at issue, although he was ultimately found guilty.⁸ The situation was predated by his having seen a university psychiatrist who, according to reports, had become concerned about his homicidal thoughts and had notified police of concerns, raising questions about the interplay between mental health and law enforcement in potential active threat situations.^{9,10}

Later in 2012, the world saw yet another example of mass shooting when Adam Lanza entered an elementary school in a small town called Newtown, Connecticut, after having killed his mother. At the school, he fired shots that killed 20 children and 6 adults before killing himself. In this case, too, the perpetrator’s emotional state became a major focus of the public story, and reports indicated that he may have had autism spectrum-type symptoms for which school supports may have been lacking.¹¹

These incidents received major media attention, and, as such, it became difficult to balance issues of firearms and safety, especially in the context of mental illness. However, it has been well established that mental illness does not account for most

Download English Version:

<https://daneshyari.com/en/article/5722619>

Download Persian Version:

<https://daneshyari.com/article/5722619>

[Daneshyari.com](https://daneshyari.com)