
Mental Illness and Gun Violence: Research and Policy Options

Ronald S. Honberg

In the aftermath of recent mass tragedies involving firearms, gun control proponents called for bans on certain types of weapons, enhanced background checks, and stronger enforcement of existing laws. Gun rights groups attempt to shift the focus away from gun reforms and towards people with serious mental illness and the failures of the mental health system as the culprits.¹

The inadequacies of the mental health system in the U.S. are well documented. But, focusing on untreated mental illness as the reason for gun violence reinforces a long tradition equating mental illness with criminality and violence without contributing in meaningful ways to reducing overall gun violence in the U.S.²

The overall contribution of mental illness to gun violence in the U.S. is very small. Untreated symptoms of certain serious mental illnesses, such as delusions and hallucinations, can somewhat increase risks of violence, particularly when coupled with other risk factors such as the use of alcohol or illegal drug. However, mental illness as a broad category is not a significant risk factor for violence towards others.

Mental illness is more of a risk factor for gun-related suicides. With this in mind, several promising “risk-based” approaches for reducing gun violence have recently emerged, including “Extreme Risk Protection Orders” (ERPOs), voluntary placement on “do

not sell” lists, and projects to educate gun shop owners about risk factors for gun violence.

This article briefly summarizes research on risk factors for gun violence, with particular focus on mental illness. It then discusses the limitations of the existing federal background check system as it relates to mental illness. Finally, the article describes ERPOs and other emerging approaches for limiting access to firearms for persons at risk for violence towards self or others.

Research on Mental Illness and Gun Violence

Mental Illness and Violence Generally

The term “mental illness” encompasses a wide range of conditions and diagnoses. Researchers have concluded that there is little if any relationship in general between having a mental health diagnosis and being violent towards others.³ Most research has focused on “serious mental illnesses,” defined as conditions that can cause substantial disruptions in functioning and the ability to perform major life activities. Examples include schizophrenia, bipolar disorder, major depression, and other conditions that cause serious disruptions in functioning.⁴

Two definitive studies were conducted across multiple sites in the 1990s. The first study, the National Institute of Mental Health’s Epidemiologic Catchment Area (ECA) study revealed that approximately 4 percent of all violence in the U.S. was attributable to serious mental illness. It should be noted that “violence” was defined broadly in the ECA study to include a broad range of physically assaultive behaviors, including hitting with a fist, pushing, shoving, or throwing things, in addition to more serious acts such as attacking or threatening to harm another person with a weapon.⁵

Ronald S. Honberg, J.D., M.Ed., is the former National Director of Policy and Legal Affairs at the National Alliance on Mental Illness (NAMI) and is currently a consultant on mental health law and policy. He has extensive experience working on issues at the intersection of law, public policy, and mental health, including strategies for achieving proper balance between preventing firearms violence while protecting the civil rights of persons with mental illnesses.

A second major study conducted in the mid-1990s focused on individuals released from psychiatric hospitals and followed for one-year post-discharge. Significantly, the study showed that substance abuse significantly increased risks of violence among persons with and without mental illnesses.⁶ After controlling for substance abuse, mental illness was not significantly associated with violence.

More recent studies have similarly shown low overall rates of violence among people with mental illness as a class. However, rates of violence do increase among certain subgroups, including some individuals experiencing symptoms of psychosis such as delusions and hallucinations, particularly when substance abuse is also a factor.⁷

media attention and have a profound effect on public perceptions about gun violence.¹⁰ Mass shootings understandably create shock and in their aftermath often generate speculation that the shooters must have had a mental illness.

Since a number of those who committed mass violence in recent years have died during their attacks, information about their psychiatric histories is frequently based on prior reports or behaviors rather than evaluations after the tragedies. Nevertheless, researchers studying the characteristics of mass shooters in recent years have connected serious mental illness to between 23 percent¹¹ and 40 percent¹² of these tragedies, a significantly higher percentage than with acts of gun violence generally.

This article briefly summarizes research on risk factors for gun violence, with particular focus on mental illness. It then discusses the limitations of the existing federal background check system as it relates to mental illness. Finally, the article describes ERPOs and other emerging approaches for limiting access to firearms for persons at risk for violence towards self or others.

Few studies have directly examined whether people with co-occurring mental illness and substance use disorders are more prone to violence than people with substance use disorders who do not have mental illness. A meta-analysis conducted by a team of researchers at Yale Medical School revealed that risks of violence among substance abusers was particularly high in people diagnosed with psychotic disorders such as schizophrenia or schizoaffective disorder.⁸

Other factors, such as a history of violence and anti-social behavior, past victimization or trauma, youth, and male gender may also have an impact on rates of violence among people with serious mental illness (as well as among people who don't have serious mental illness). Socio-economic status and a person's living conditions and circumstances may also be a factor. Disproportionate numbers of people with serious mental illness live in economically disadvantaged neighborhoods with high rates of alcohol and drug abuse and violence. When these factors are controlled for, mental illness alone does not pose a significant risk for increased violence.⁹

Mental Illness and Mass Violence

Mass shootings, defined as acts in which 4 or more people are killed, constitute less than one percent of all gun violence in the U.S., yet garner much of the

While these percentages are quite high, it is important to consider them in context. According to Everytown for Gun Safety, deaths resulting from mass shootings constitute less than one percent of all gun deaths in the U.S. each year.¹³ This is not to suggest that efforts to identify individuals who pose risks for mass gun violence or to take steps to prevent such violence from occurring should not be undertaken. Extreme Risk Protection Orders, which are discussed later in this paper, may be one effective strategy for doing so. But, considering the low percentage of mass shootings relative to shootings in general, focusing on mass violence data to draw broad conclusions about overall threats posed by people with serious mental illness is neither fair nor an effective strategy for broadly reducing gun violence.

Gun Violence and Suicides

Although gun homicides generate more attention in the media, there are actually significantly far more suicides with guns than murders. In 2017, 60 percent of gun related deaths in the U.S. were suicides (22,854) whereas 37 percent were homicides (14,542). And, suicide rates have been increasing in recent years.¹⁴ Suicides were the second leading cause of death in 2016 for young people between the ages of 16 and 24.¹⁵

The epidemic of suicides has been particularly severe among veterans. In 2016, the U.S. Department of Veterans Affairs reported that about 20 veterans per day take their own lives. In that same year, veterans accounted for 14% of all suicide deaths in the U.S. Rises in suicide rates among young veterans between the ages of 18 and 34 have been particularly prevalent between 2006 and 2016.¹⁶

Nearly half of all suicide deaths in the U.S. are with firearms, accounting for 60% of all gun deaths each year.¹⁷ Ninety percent of suicide attempts with guns result in deaths. Others result in serious disability.¹⁸ By contrast, only one in twelve suicide attempts overall in the U.S. are lethal.¹⁹

Mental illness appears to be associated with a significant percentage of suicide deaths. The Centers for Disease Control (CDC) recently estimated that about half of all suicide deaths involved people diagnosed with mental illness, and they speculated that the actual rates may have been significantly higher because many others may have had mental health conditions but had not seen a mental health professional and thus were undiagnosed.²⁰

The statistics concerning suicides suggest that national conversations about reducing gun violence should focus as much on reducing gun related suicides as they focus on homicides.

The Limits of the National Instant Background Check System

The National Instant Background Check System (NICS) excludes certain people from purchasing firearms based on their legal status.²¹ For example, persons who have been convicted of crimes punishable by sentences of more than one year are excluded from purchasing firearms. So too are persons who have been “*adjudicated as a mental defective or committed to any mental institution*” (emphasis added). The outdated and offensive term “adjudicated as a mental defective” listed in the NICS statute has been defined as a finding by a lawful authority that a person is dangerous, lacks competence to manage their own affairs, or in criminal cases has been found either not competent to proceed or not criminally responsible due to severe mental disability.²²

The NICS system has significant limitations. First, individuals who may demonstrate risky behaviors but do not fall into one of the eleven exclusionary categories are not included in the system. For example, Nikolas Cruz, the shooter at Parkland High School in Florida, was not in the NICS database despite having shown clear signs of danger because he had never been civilly committed or criminally adjudicated.

Second, reporting by states to the NICS system is optional, not mandatory. Although state reporting has improved in recent years, a number of states still do not have systems in place for accurate reporting.

Third, NICS applies only to the sale of firearms by licensed gun dealers. In most states, persons who purchase firearms privately or at gun shows are not subject to NICS background checks.

Finally, NICS applies only to the sale of firearms. It does not provide authority for removing firearms from those who already possess them.

Therefore, while NICS is helpful, additional strategies are needed for the temporary removal of firearms from people who show risks of gun violence towards self or others, whether or not connected to mental illness.

Extreme Risk Protection Orders

Laws authorizing Extreme Risk Protection Orders (ERPOs), also sometimes called “Red Flag” laws, have been passed in 18 states and the District of Columbia.²³ ERPOs provide legal authority to temporarily remove firearms and ammunition from people who demonstrate immediate or imminent risk for gun violence.

Although state requirements and procedures differ somewhat, ERPOs generally involve a two-stage process, depending upon the urgency of the specific situation. In cases involving concerns about immediate risks, “*ex parte*” hearings may be held at which a judge may issue a temporary order prohibiting the person from possessing or purchasing a firearm. These *ex-parte* orders are typically in effect for three weeks or less.

In all cases, including when *ex-parte* orders have been issued, a subsequent hearing must be held to further assess dangerousness and determine whether a longer-term order should be issued. Persons who are subjects of ERPO petitions must be given notice of the hearing and provided with an opportunity to present evidence that they are not dangerous and that an ERPO should not be issued.

When ERPOs are issued, they typically remain in effect for up to one year. After this time period or earlier if the respondent provides evidence satisfying the court that he or she is no longer dangerous, the firearms must be returned. Most state laws also include provisions permitting petitioners to file requests to renew orders if they believe the person remains dangerous and should continue not to have access to firearms.

Since ERPOs are quite new, research on their effectiveness is limited. Studies in several states suggest that ERPOs have had a positive impact particularly in preventing gun related suicides.²⁴ Moreover, anecdotal evidence suggests that ERPO laws are being used effectively to remove firearms from individuals

making threats of violence, including violence aimed at schools.²⁵

Mental health organizations such as the National Alliance on Mental Illness,²⁶ the American Psychiatric Association²⁷ and the American Psychological Association²⁸ have indicated support for ERPOs because they are focused on overall risk, not on a person's mental health status or diagnosis.

Voluntary “Do not Sell” Lists

In 2019, Washington became the first state to pass legislation enabling persons to voluntarily place themselves on “do not sell” lists for firearms.²⁹ The idea was developed by Fredrick Vars, a law professor who had experienced depression. Washington's law enables individuals to sign confidential waivers directing that they should not be permitted to buy a gun until they request to have their names removed from the registry. Although these laws will only help individuals who are willing to voluntarily step forward and give up their guns, they can be effective tools in preventing suicides, which are frequently impulsive acts.³⁰

Gun Shop Projects

In 2009, the New Hampshire Firearms Safety Coalition began a project to inform firearms retailers and range owners on ways to prevent suicides. The coalition developed and shared guidelines on how to recognize and avoid selling or renting firearms to people who may be suicidal as well as encouraged gun owners to display and distribute suicide prevention materials.

By 2012, half of all gun shops in New Hampshire were displaying and disseminating these materials and today, similar projects are being conducted in at least 18 states.³¹ A recent study conducted in Washington State and published in the journal *Suicide and Life-Threatening Behavior* revealed that more than two thirds of gun retailers responding to a survey knew someone who had died by suicide, with firearms the means used in the majority of those suicides. The survey also revealed that the more retailers know about suicides, the more comfortable they are with training employees and talking with customers about it.³²

Conclusion

In a society with loose restrictions on access to firearms, focusing on mental illness as the most significant strategy for reducing gun violence is both unfair and unlikely to be effective. Gun violence prevention strategies should focus on limiting access to firearms for those who present risks of harm to self or others, irrespective of whether they have mental health conditions.

Note

The author does not have any conflicts of interest to disclose.

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