



MENTAL ILLNESS
AND THE
RIGHT TO BEAR ARMS

Susan E. Rushing MD, JD
Assistant Professor of Psychiatry
University of Pennsylvania
Perelman School of Medicine

MENTAL ILLNESS → INCREASED RISK?

- **Mental Illness or Traumatic Brain Injury + Substance Abuse (10x)**
- **Drug and Alcohol Abuse (8-10x)**
- **Brain Damage (8x)**
- **Schizophrenia and Bipolar Disorder (2x)**
 - 16 % Americans with schizophrenia and bipolar disorder committed a violent act over the course of their lives.
 - 7% Americans without such illnesses committed violent acts. (National Institute of Mental Health 1991 Study Violence & SMI)



MENTAL ILLNESS AND MASS SHOOTING

- 62 mass shootings in U.S. between 1982 – 2012.
- Acute paranoia, delusions, or depression were apparent in at least 38 of the shooters before their rampages

(Follman 2012)

- 57.7 million people in US with mental illness
- Serious mental illness
 - Schizophrenia 2.4 million
 - Bipolar disorder 5.7 million

(NIMH and U.S. Census Bureau)



MENTAL ILLNESS AND MASS SHOOTING

- **Aaron Alexis**, 35 (Navy Yard 2013) – psychosis (paranoid, persecutory delusions and hearing voices)
- **Adam Lanza**, 20 (Sandy Hook Elementary 2012) – autism spectrum disorder
- **James Holmes**, 24 (Aurora, CO 2012) – schizophrenia
- **Jared Loughner**, 22 (Tucson, AZ 2011) – schizophrenia
- **Seung-Hui Cho**, 23 (Virginia Tech 2007) – severe anxiety, depression and thought disorder
- **Dylan Klebold**, 17 (Columbine, CO 1999) – depression or OCD
- **Eric Harris**, 18 (Columbine, CO 1999) – psychopathy



PROFILE OF A MASS SHOOTER

- Male
- Angry
 - Prone to acting out
 - Obsession with War or Weapons (writings, music, movies, video games)
- Psychosis (Paranoid Delusions)
- Low Self-Esteem
- Outcast Group
- Triggering Event
 - Break up, job loss or removed from school
 - Motivated by revenge or envy
- Suicidal



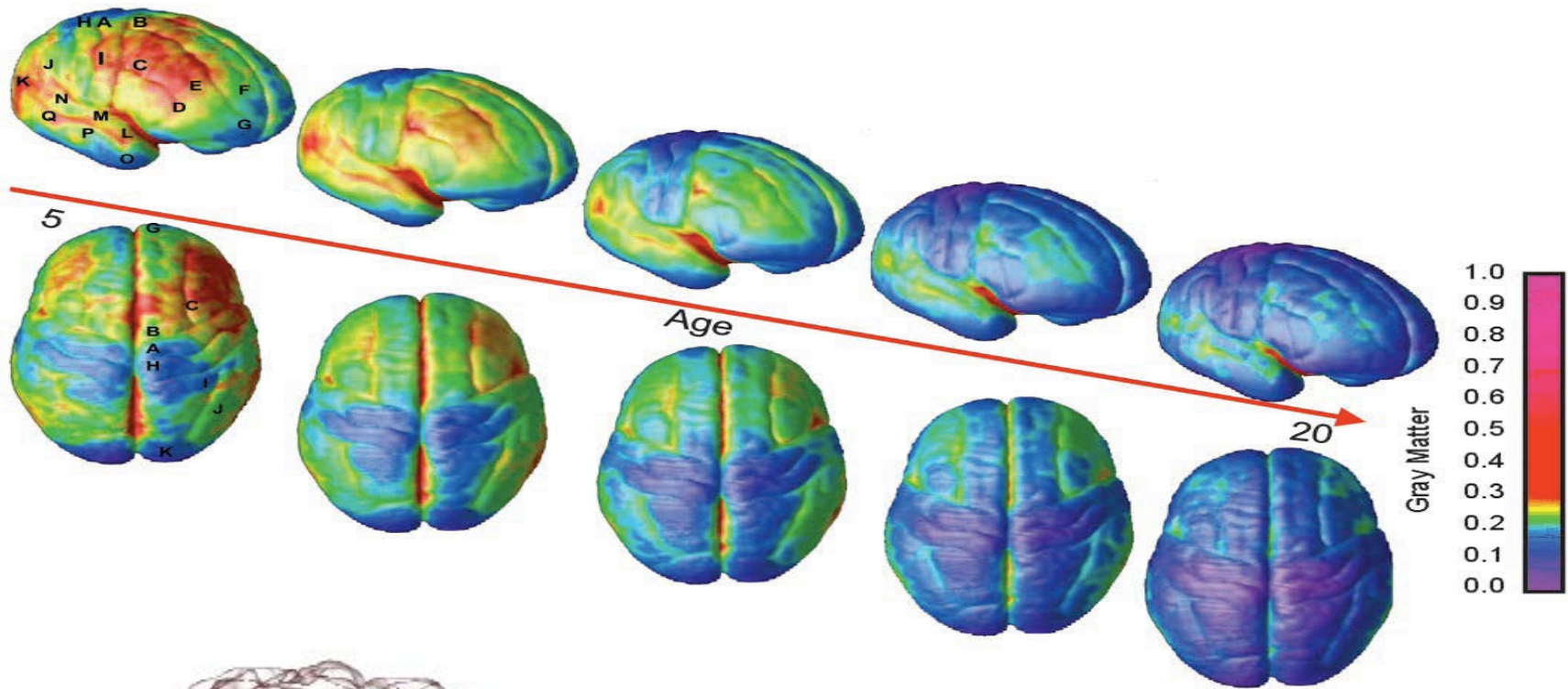
CHARACTERISTICS OF SCHOOL SHOOTERS

- Males age 15-25
 - Highest risk of violence
 - Underdeveloped brain
 - Under the Influence of Hormones
 - Underdeveloped Sense of Responsibility to Family and to the Community
 - Increased Susceptibility to Peer Influence
- Experienced major loss or rejection

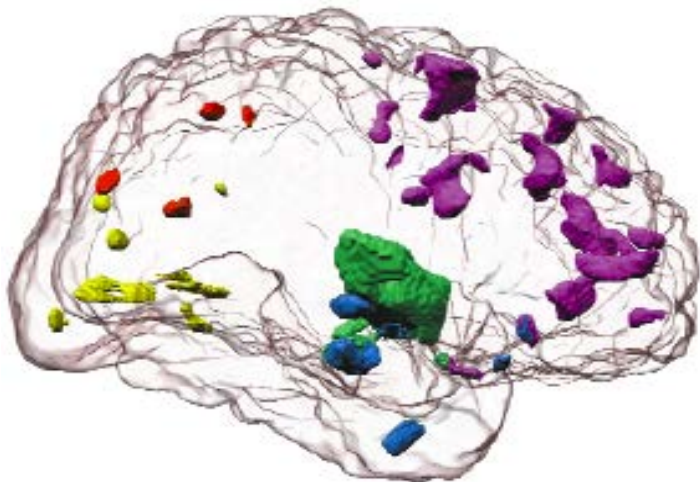


JUVENILE BRAIN DEVELOPMENT

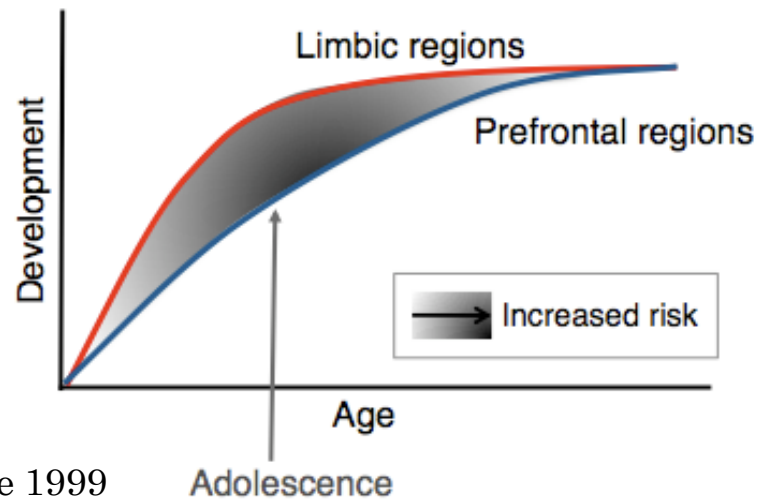
A



B



C



A: Gogtay, PNAS, 2004 B: Sowell, Nat. Neuroscience 1999

C: Somerville, Brain & Cognition 2010

PSYCHIATRIC DIAGNOSIS & TREATMENT

○ Outpatient Diagnosis and Treatment

- Assessment of Mental Illness
- Substance Abuse Assessment
- Cognitive Behavior Therapy & Coping Mechanism
 - Anger Management, Impulse Control, Depression, Psychosis
- Medication
 - Mood Stabilizers and antipsychotics can reduce violent behavior
 - Does not work immediately
 - Anti-depressants can lead to increased impulsivity especially in children and teens

○ Hospitalization

- Psychotic, suicidal, homicidal
- Voluntary or Involuntary



INVOLUNTARY COMMITMENT

- Temporary Hold in a Locked Psychiatric Ward
 - Initiated by:
 - Physician certifies that person is a danger to self or others
 - Police Officer who observes self harm or harm towards others
 - Individual who witnessed threats of harm
- Continued Hold only after Judicial Review
 - Individual may elect to sign in voluntarily



PREDICTION

- History of Violence
- Current Threat to Commit Violence
- Prisoners w/ history of psychosis those with schizophrenia, who were untreated during or after incarceration
 - 3X more likely to be violent after their release than were prisoners who received treatment for psychosis or those prisoners without psychosis (Keers, AJP, 2013)



PREVENTION

- Gun Control Act of 1968 - Prohibited possessing, shipping, transporting, and receiving firearms and ammunition by:
 - Individuals who are unlawful users or addicts of any controlled substance
 - Persons **adjudicated** to be mentally defective, or who have been committed to a mental institution



ADJUDICATION IS REQUIRED!

- Neither Diagnosis of nor Treatment for a mental illness triggers the gun ban
- Health care provider may provide an assessment to a third party (i.e., a court, board, commission, or other lawful authority) → adjudication
- Adjudicated mental defective if
 - Due to marked subnormal intelligence or mental illness, incompetency, condition, or disease,
 - 1) is a danger to himself, herself, or others, or
 - 2) lacks the mental capacity to contract or manage his or her own affairs. (27 CFR § 478.11(a)(1)-(2) (1999))



NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM (NICS)

- Developed to facilitate background checks on individuals seeking to acquire firearms from federally licensed dealers
- Database overseen by FBI
- Only 0.6% of persons listed in the federal data base attempted to purchase a gun and were denied.
- Databases don't include information about children



NONE OF THE SHOOTERS ON LIST

- **Aaron Alexis**, 35 (Navy Yard 2013) – psychotic
 - never committed
- **Adam Lanza**, 20 (Sandy Hook Elementary 2012) – autism
 - never committed
- **James Holmes**, 24 (Aurora, CO 2012) – schizophrenia
 - never committed
- **Jared Loughner**, 22 (Tucson, AZ 2011) – schizophrenia
 - never committed
- **Seung-Hui Cho**, 23 (Virginia Tech 2007) – psychotic?
 - declared mentally ill by court in Circuit Court of Montgomery County; held overnight due to suicidal statements
- **Dylan Klebold**, 17 (Columbine, CO 1999) – depression
 - never committed
- **Eric Harris**, 18 (Columbine, CO 1999) – psychopathy
 - never committed



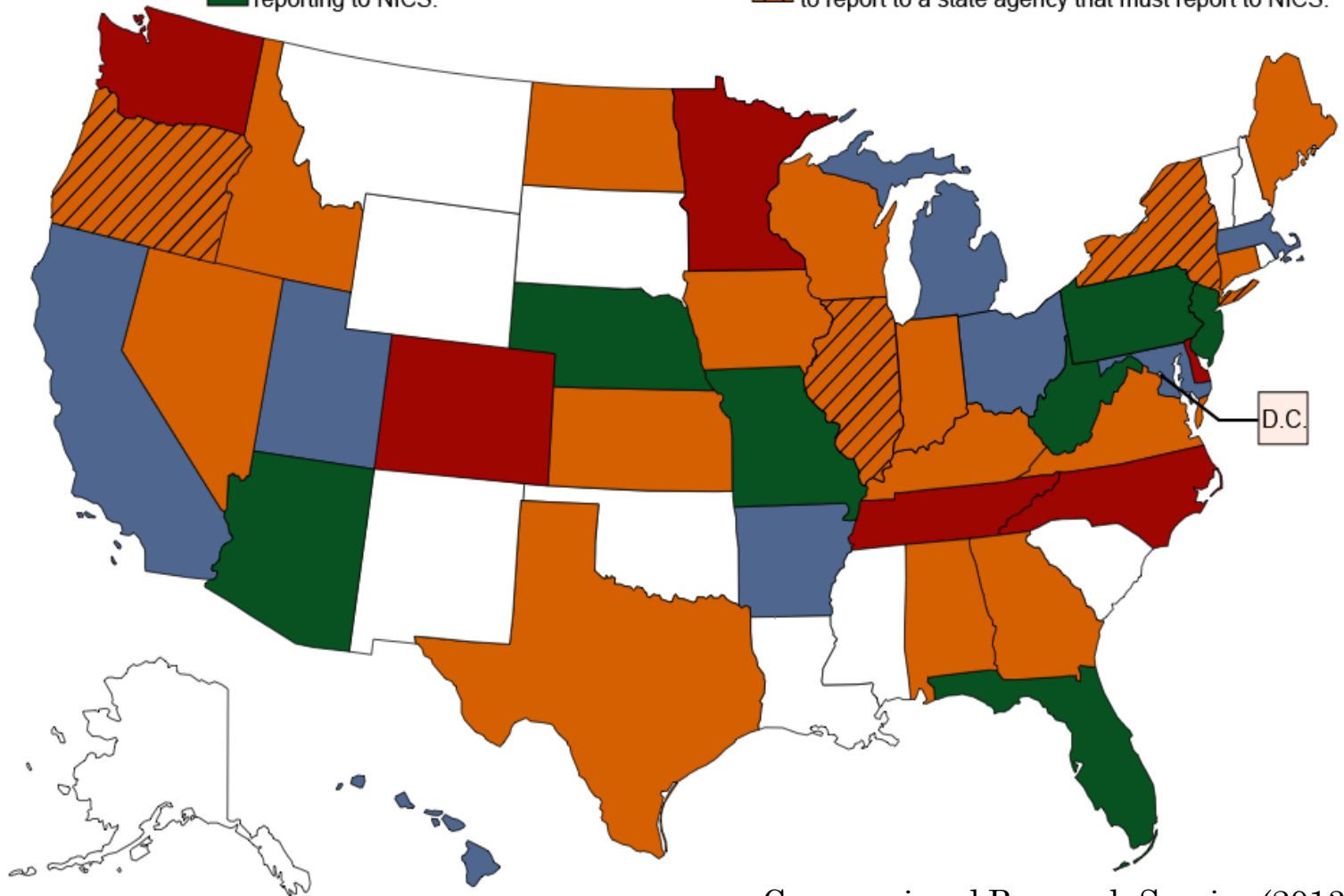
WHOSE JOB IS IT?

- No clear mandate or duty for physicians to report in most states
 - Even when they involuntarily commit a patient
 - Or encounter an intoxicated or addicted patient
- Privacy concerns
- Fears that Stigma about mental illness or addiction may prevent patients from seeking treatment



NICS REPORTING STANDARDS BY STATE

- States that lack explicit laws requiring or authorizing mental health record collection.
- States that collect mental health records but do not address NICS reporting.
- States that authorize but do not require reporting to NICS.
- States that require courts or mental health facilities (DE only) to report directly to NICS.
- States that require courts to report to a state agency that must report to NICS.
- States that require courts and mental health facilities to report to a state agency that must report to NICS.



RISK ASSESSMENT OF FUTURE VIOLENCE

- Most mental health professionals have little training in predicting gun violence
- Outside of scope of everyday clinical medical practice
 - Legal history review
 - Collateral interviews
 - Clinicians tend to over predict risk of violence
- Assessment would be typical in correctional settings, by the military and law enforcement agencies
 - Military rejection for mental illness = Adjudication?



POLICY RECOMMENDATION #1

- Whereas the Gun Control Act of 1968 forbids gun possession or purchase by:
 - Persons addicted to any controlled substance
 - Persons adjudicated to be mentally defective
 - Persons who have been committed to a mental institution
- Therefore establish clear requirements regarding who must report and how to report:
 - Addiction
 - Mental illness or defect including TBI (adjudicated)
 - Involuntary commitment as required by federal law



POLICY RECOMMENDATION #2

- Whereas science has demonstrated that the brain development continues into the mid-twenties
- Whereas persons with underdeveloped or damaged brains are at greatest risk to lack impulse control
- Whereas 18 to 25-year-old males are responsible for the highest rates of homicide by firearms
- Therefore increase the minimum age for civilian firearm purchase to 25 years old.



POLICY RECOMMENDATION #3

- Whereas teachers may be able to identify isolated, sad and disconnected adolescents.
- Therefore direct outreach to at-risk kids through school and university counselors
 - Cognitive Behavior Therapy for children/adolescents
 - Engage with a counselor weekly
 - Assess safety



POLICY RECOMMENDATION #4

- Whereas safe discharge of patients from a medical facility requires an understanding of the patient's home environment
- Therefore encourage clinicians to inquire about the presence of firearms in the home of mentally disabled individuals:
 - Prior to discharge from inpatient psychiatric facility
 - Prior to discharge from an addiction treatment center
 - Prior to discharge following a brain injury
 - Following a diagnosis of dementia
 - Following any psychiatric evaluation of a child/adolescent



RIPPLE EFFECT

- Save Lives that would have never been taken by a mass shooter
- Prevent Suicides, Homicides
 - 19,000 suicides per year with handguns
 - 11,000 homicides per year with firearms

(D Hoyert, CDC 2012)



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