

Mass Shootings and Violence | Talking Points

Topline Messaging

It is important after tragedies happen to remember the tremendous impact they have on our communities—our parents, our children, our school professionals, our first responders—the mental health of our communities and our whole country. It's also vital to recognize that the overwhelming majority of people with mental illness are not violent.

There are certain risk factors for violence including: a history of violence, substance abuse and untreated symptoms of psychosis, some evidence suggests. However, most people with mental illness will never become violent and mental illness does not cause most gun violence.

While we appreciate the heightened interest and conversations about the role of mental health in our society, we need to make sure that we are not painting all people with mental illness as violent. We need to have an honest and productive national conversation about all the factors that play into this type of violence and what we can do to prevent these tragedies. Only then can we find meaningful solutions to protecting our children and communities.

Talking Points

General Statistics and Violence

- One in five people are affected by a mental illness in a given year. One in 17 have a serious mental illness such as schizophrenia, bipolar disorder, major depression or other conditions that may cause significant impairments in daily functioning.
- Most people with mental illness will never become violent, and mental illness does not cause most gun violence. In fact, studies show that mental illness contributes to only about 4% of all violence, and the contribution to gun violence is even lower.ⁱ
- Research shows that a history of violence, including domestic violence; use of alcohol or illegal drugs; being young and male; and/or a personal history of physical or sexual abuse or trauma, increases risk. Mental illness alone is not a predictor of violence.ⁱⁱ
- When coupled with some of the factors listed above, mental illness may increase the risk of violence. And, untreated symptoms of psychosis such as delusions or paranoia, may somewhat increase the risk of violence as well.

Stigma

- During these national tragedies, we often see people make stigmatizing comments about mental illness, or we see people with mental illness being painted with a broad brush of being violent, which simply isn't true. And this comes as a punch in the gut to those that are living with a mental health condition and need to seek help and treatment.

- We need to be careful that the response to these tragedies does not discourage people with mental health conditions from seeking help. Stigma far too often prevents people from getting the help they so desperately need.

Early Intervention and Screening

- Education, early intervention and screening are the key to breaking down barriers, and there are many things we need to do to address mental illness in this country and [in our schools](#).
- Half of all lifetime cases of mental illness begin by age 14 and 75% begin by age 24, so it is critical to engage our youth and have conversations with them about mental health.

Institutionalization and Crisis Beds

- Some have suggested that we re-institutionalize people with serious mental illness. Fifty years ago, people were institutionalized for long periods of time, sometimes for life, and often without legal rights. They were frequently subject to horrific conditions. We do not need to return to the days of institutionalization.
- We do need more acute care and crisis beds. These options are often not available when people experience emergencies or crises and this has contributed to problems like criminalization and emergency room boarding. We also need to focus on improving quality and outcomes to ensure that people get the care and coordination they need.
- While recovery should always be the goal of mental health treatment and services, we know that some people with mental illness may need intensive and ongoing supports for long periods of time. Unfortunately, our mental health system is overburdened.
 - A comprehensive mental health system should include intermediate and long-term support options for those who need them, including residential supports.
 - There are long wait lists for much needed beds. Currently, there are only about 11 beds per 100,000 people when we need somewhere between 40-60 beds.ⁱⁱⁱ
 - Services can be provided in a range of settings including residential treatment programs, group homes and other supportive housing options. The key is the availability, intensity and duration of supportive services.
- Steps in the right direction would be ensuring a well-funded and strong mental health system. We can do this by fully funding the Medicaid program and requiring private health insurance to provide adequate coverage for mental health and substance use treatment.

Guns and Violence

- While the relationship between mental illness and gun violence is very low, we need reasonable options. This includes making it possible for law enforcement to act on credible community and family concerns in circumstances where people are at high-risk.
- Another part of the conversation is acting on common sense approaches to ending gun violence. For example, gun violence prevention restraining orders, also known as “red flag” laws, which can allow for the removal of guns from people who may pose a risk of violence to themselves and others.

ⁱ Swanson, J.W., et. al., “Mental Illness and Reduction of Gun Violence and Suicide: Bringing Epidemiologic Research to Policy,” *Annals of Epidemiology* 25 (2015) 366-376.

ⁱⁱ D. Webster, et. al., “[Five Myths About Gun Violence](#),” *The Washington Post*, October 6, 2017.

ⁱⁱⁱ E. Fuller Torrey, MD “[A Dearth of Psychiatric Beds](#)”