



Gun Deaths, Violence and Mental Health

A fact sheet to provide evidence regarding the relationship between firearm-related deaths and mental health conditions. MHA is committed to sharing scientific research and facts to inform media, policymakers, and the public.

Firearm-related death rates in America are exponentially higher than other countries.¹

In 2017, 60 percent of gun-related deaths in America were suicides (23,854) while 37 percent were murders (14,542).² The U.S. ranks 20th globally for firearm mortality; and along with five South American countries constitute half of the world's firearm deaths. That is more than Canada, Europe and Australia combined.³ Since the 1960's the number and lethality of guns has increased, so too has the incidence of mass shootings. While acts of mass violence account for only a small percentage of firearm deaths, their devastating effects on the communities in which they occur and on the nation are lasting.

Violence, including gun violence, and fear of violence causes trauma and toxic stress, a contributing factor to development of some mental illness.

Exposure to violent events cause trauma and lasting changes in the nervous system in both children and adults. Adverse childhood experiences (ACEs), including exposure to all types of violence, and the toxic stress caused by fear of violence, are shown to negatively impact psychosocial engagement and increase the likelihood of a person developing mental health conditions at all stages of life. Nearly 50 percent of Americans experience a mental illness at any point in their lifetime⁴; and these persons are more frequently victims of violence rather than perpetrators.

Mental illness is not a predictor of violence towards others, but it is a predictor of suicide. To say otherwise is misleading and wrongfully points a finger at tens of millions of people who have experienced or are living with mental health conditions.

Depression is the leading cause of disability globally and many people live with mental illness around the world. The vast majority of people with mental illness are not violent: 95-97 percent of homicidal gun violence is not carried out by individuals with a mental illness.⁵ However, suicide is often correlated with depression and is the number ten cause of death in adults nationwide (number three cause of death for youth in America). Firearm deaths associated with mental illness are nearly always suicides. A suicide attempt with a firearm results in death nearly 85 percent of the time⁶, but more common means of attempting suicide—drug overdose and cutting—result in death less than 3 percent of the time. If mental illness were eliminated, gun violence in America would go down by just 4 percent.⁷

Previous violence is the only evidence-based predictor of future violence.

Having a history of violence, youth justice-involvement, physical interpersonal abuse, and parental justice-involvement are the key predictors of future violence. Clinical factors that have an increased risk of violence include substance abuse. Dispositional factors that are predictors of violence are younger age, male sex, lower income. And, contextual factors include major life changes such as divorce, unemployment, or victimization. Expressions of hate, rage and threatening behavior are not mental illnesses but are predictors of violence⁸.

¹ Kaiser Family Foundation (2019) "Gun Violence Makes U.S. and Outlier, Not Mental Illness" table accessed August 30, 2019. <https://www.kff.org/other/slide/gun-violence-makes-u-s-an-outlier-not-mental-illness/>.

² Kochanek KD, Murphy SL, Xu JQ, Arias E. Deaths: Final data for 2017. National Vital Statistics Reports; vol 68 no 9. Hyattsville, MD: National Center for Health Statistics. 2019. Available online: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf.

³ The Global Burden of Disease 2016 Injury Collaborators. Global Mortality From Firearms, 1990-2016. JAMA. 2018;320(8):792-814. doi:10.1001/jama.2018.10060. Available online: <https://jamanetwork.com/journals/jama/fullarticle/2698492?resultClick=1>

⁴ Centers for Disease Control and Prevention (2018) accessed September 25, 2019. https://www.cdc.gov/mentalhealth/data_publications/index.htm

⁵ Swanson JW, Holzer CE, Ganju VK, & Jono, RT (1990). Violence and Psychiatric Disorder in the Community: Evidence From the Epidemiologic Catchment Area Surveys. Psychiatric Services, 41(7), 761-770. doi: 10.1176/ps.41.7.76

Making it easier to commit people to involuntary treatment will do little to nothing to prevent any violent acts, including gun violence. Instead, policymakers must address the root causes of violence. Separately, lawmakers must also provide for prevention and early intervention of mental health conditions because it is the right thing to do, not because it is a solution to violence of any kind.

Conclusions

- Suicide deaths are typically impulsive acts and are the number one cause of firearm related mortality in the U.S.
- When ranked with other countries of similar economic growth, the U.S. does not have a significantly higher proportion of people with mental health conditions than other industrialized countries, but does have exponentially higher rates of gun ownership and gun violence.
- It is critical that the public and policymakers stop responding to gun violence and mass shootings with statements that mental health conditions are the underlying cause. The claim is false and discriminatory.
- People with mental illnesses – some living in jails and prisons and others in crisis – need more services and supports: employment, educational, social, family, community, and peer supports. These necessary treatments and supports should be available to those who need them, but not because it will reduce violence in the U.S.

Proactive Policies to Protect the Rights of Everyone and Reduce Gun Deaths

- Appropriate funding to research agencies to study 1) causes of violent ideation and 2) the best practices to prevent suicide and help individuals recover from trauma due to acts of gun violence in communities.
- Ensure that procedures and restrictions related to legal firearm ownership do not depend on a history of mental illness as this will have no meaningful impact on public safety.
- Provide training to gun shop and shooting range employees to identify at-risk persons whose sole intent in purchasing (or renting) a gun is to die by suicide.
- Create a mechanism to allow persons with suicidal or violent ideation to voluntarily and temporarily surrender their firearms until such ideation is resolved.
- Provide public education on the importance of safe gun storage in the home, such as keeping firearms and ammunition stored separately.
- Assure that all firearms, including long guns, have gun locks.
- Enact Extreme Risk Protection Order (ERPO) legislation, that is time-limited and provides due process. Modeled on domestic violence restraining order laws, ERPO's avoid stigmatizing persons with mental illnesses because they are not focused on mental illness but on the risk of gun violence.

MHA – founded in 1909 – is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need it; with recovery as the goal. Our work is guided by the Before Stage 4 (B4Stage4) philosophy – that mental health conditions should be treated long before they reach crises. Like other diseases, we need to address symptoms early, identify the underlying disease, and plan an appropriate course of action on a path towards overall health. For more information about MHA, visit online at www.mhanational.org.

⁶ Centers for Disease Control. National suicide statistics at a glance: Case fatality rate among persons ages 10 years and older for males and females separately, and by selected mechanism for both sexes combined, United States, 2005-2009.

⁷ Swanson JW, Holzer CE, Ganju VK, and Jono RT. Violence and Psychiatric Disorder in the Community: Evidence from the Epidemiologic Catchment Area Surveys. *Hosp Community Psychiatry* 41:761–770 (1990). Available online: <https://www.pbs.org/newshour/show/why-addressing-mental-illness-isnt-enough-to-reduce-gun-violence>.

⁸ Elbogen EB, Johnson SC. The Intricate Link Between Violence and Mental Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry*. 66(2):152-161 (2009). doi:10.1001/archgenpsychiatry.2008.537.