

Guns and mental health: An evidence-based and de-stigmatizing approach

In March of 2013 a diverse group of experts, including mental health and gun violence prevention researchers, practitioners, and advocates gathered at the Johns Hopkins Bloomberg School of Public Health to discuss the evidence related to mental illness and gun violence, and the implications of that evidence for future gun violence prevention policies. The goal of the meeting was to formulate evidence-based recommendations about policies that prohibit persons with serious mental illness from possessing firearms.

The result is a strategy that balances a commitment to public safety and respect for persons with serious mental illness. In developing the strategy, the group sought recommendations that would not further stigmatize individuals with serious mental illness or discourage them from seeking mental health treatment. The group recognized that the large majority of people with mental disorders do not engage in violence against others; and that most violent behavior is due to factors other than mental illness. However, psychiatric disorders such as depression are strongly implicated in suicide, which accounts for more than half of gun fatalities. The group concluded that refocusing on evidence-based, time-sensitive risk criteria in prohibiting gun access—including risk of suicide—is a more productive avenue for advancing current policy than focusing primarily on mental illness diagnoses and a record of psychiatric hospitalization at any time in one's life.

Recommendation #1: Disqualification from purchasing or possessing firearms based on mental health concerns should derive from the well-established policies and protections of the civil commitment process.

The civil commitment process is well known to mental health and law enforcement professionals and includes important due process protections. Any sustained restriction on an individual's access to firearms due to serious mental illness should embrace the protections that are part of this process. However, the firearm restrictions that result from the commitment process should be extended by (1) establishing temporary firearm prohibitions, including removal of guns, in the case of persons who undergo emergency psychiatric hospitalizations and are assessed to pose a threat of harm to themselves or others; and (2) developing a meaningful, feasible and consistent process for restoring firearm rights to persons prohibited from having a gun due to mental health reasons—a process informed by expert clinical opinion regarding mental health concerns and overseen by judicial authority to protect civil rights.

Recommendation #2: Enact new prohibitions on individuals' ability to purchase or possess a firearm that reflect evidence-based risk of dangerousness.

New prohibitions should apply to individuals who have been convicted of violent misdemeanors, abuse drugs or alcohol, are respondents to domestic violence restraining orders, or have engaged in other specific conduct demonstrating an increased risk of committing violence in the near future. Focusing on these and other known and identifiable risk factors as the criteria for limiting firearm access, rather than relying primarily on existing status-based mental health criteria, will more effectively target those

who are likely to be a danger to others or themselves. Some of these prohibitions should be time-limited rather than life-long.

Recommendation #3: Expand the current civil restraining order process to allow law enforcement and family members to petition a court to authorize seizure of firearms and issue a temporary prohibition on the purchase and possession of firearms based on a specific, substantiated threat of physical harm to self or others.

Short-term firearm prohibitions as part of domestic violence restraining orders are associated with decreases in domestic violence homicide. We propose a new model that focuses on specific, substantiated threats of violence and relies on the court to assess the validity of that threat. This approach draws on both the domestic violence restraining order model and current Indiana law authorizing law enforcement to temporarily remove firearms, without a warrant but pending a judicial hearing in 14 days, from people who they assess to be a danger to themselves or others.

Next Steps

Over the coming months, working groups comprising participants from the Johns Hopkins meeting will fully develop these initial recommendations. The group will release the final recommendations by the end of the 2013 calendar year.

For additional information about these recommendations or the process underway, please contact Josh Horwitz at jhorwitz@csgv.org or by phone at (202) 408-7560 extension 1001.

Paul Appelbaum, MD

Elizabeth K. Dollard Professor of Psychiatry, Medicine & Law at Columbia University; Director of the Division of Law, Ethics, and Psychiatry

Lanny Berman, PhD, ABPP

Executive Director of the American Association of Suicidology

Renee Binder, MD

Professor at University of California San Francisco; Director of the Psychiatry and the Law Program

Richard Bonnie, LLB

Harrison Foundation Professor of Medicine and Law at the University of Virginia School of Law; Professor of Psychiatry and Neurobehavioral Sciences; Professor of Public Policy

Philip Cook, PhD

Senior Associate Dean for Faculty and Research at the Duke Sanford School of Public Policy; ITT/Terry Sanford Professor of Public Policy; Professor of Economics and Sociology

Shannon Frattaroli, PhD, MPH

Assistant Professor in the Department of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health

Liza Gold, MD

Clinical Professor of Psychiatry at Georgetown University School of Medicine

Sheldon Greenberg, PhD

Associate Dean of the School of Education in the Division of Public Safety Leadership at the Johns Hopkins University; Associate Professor of Management at Johns Hopkins University

Lori Haas

Field Director at the Educational Fund to Stop Gun Violence

Holley Haymaker, MD

Clinical Professor of Family Medicine LSU School of Medicine (retired); Consultant in Mental Health and Children's Behavioral Services at the Capital Area Human Services District in Baton Rouge, Louisiana

Josh Horwitz, JD

Executive Director of the Educational Fund to Stop Gun Violence; Visiting Scholar at Johns Hopkins Bloomberg School of Public Health

Juliet A. Leftwich, JD

Legal Director of the Law Center to Prevent Gun Violence

Beth McGinty, PhD

Assistant Professor in the Department of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health

Matthew Miller, MD, ScD, MPH

Associate Professor of Health Policy and Management at Harvard School of Public Health

George Parker, MD

Associate Professor of Clinical Psychiatry at Indiana University

Jeffrey Swanson, PhD

Professor of Psychiatry and Behavioral Sciences at Duke University School of Medicine

Stephen Teret, JD, MPH

Professor in the Department of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health; Director of the Center for Law and Public's Health

Ben Van Houten, JD

Managing Attorney at the Law Center to Prevent Gun Violence

Jon Vernick, JD, MPH

Associate Professor in the Department of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health; Co-Director of The Johns Hopkins Center for Gun Policy and Research

Nina Vinik, JD

Program Director of Gun Violence Prevention at The Joyce Foundation

Katherine Vittes, PhD, MPH

Research Associate, Johns Hopkins Center for Gun Policy Research

Daniel Webster, ScD, MPH

Professor in the Department of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health; Co-Director of the Center Gun Policy Research