

In case you missed the Coalition for Smart Safety and the Consortium for Citizens with Disabilities Rights Task Force briefing on

Debunking the Myths

Mental Health and Gun Violence



Photo of panelists and moderator from February 3, 2020 Capitol Hill briefing

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**Getting the Facts Straight:
Facts about Gun Violence and Mental Health Disabilities**

Fact: Mental health disabilities are not effective predictors of violence.

While public perceptions associating serious mental illness with violence have increased substantially in recent decades,¹ serious mental illness is not by itself a predictor of violence.² Only 3-5% of violence is committed by people with mental health disabilities.³ Less than 5% of gun-related killings in the U.S. are committed by people with mental health disabilities.⁴ Other factors, such as past violence, juvenile detention, physical abuse, parental arrest record, substance abuse, recent divorce, age, gender, income, and unemployment, are better predictors of violence. People with mental health disabilities are far more likely to be victims rather than perpetrators of violence.⁵

Fact: Common public misconceptions that “only a madman” would commit a mass shooting are not supported by evidence.⁶

The vast majority of mass shooters do not have a mental illness.⁷ Individuals who commit mass shootings have been driven by a variety of factors, such as extreme feelings of anger and revenge, feelings of social alienation, and feelings of rejection or humiliation by peers.⁸ There is no one “typology” of mass shooters.⁹ Substance use and prior violence involvement, not mental health issues, are the most consistent predictors of gun violence.¹⁰

Fact: There is no correlation between deinstitutionalization and the number of mass shootings.¹¹

The U.S. has a much higher rate of mass shootings than countries that have had similar closures of psychiatric hospitals. In fact, countries with the lowest per capita rates of psychiatric hospital beds had the lowest number of mass shootings.¹² Within the U.S., there is no meaningful correlation between the number of public and private psychiatric hospital beds per capita and the firearm homicide rate within states.¹³

The move away from long-term hospitalization and toward community-based services reflects the evolution of understandings of effective treatment and good practice, as well as compliance with the Americans with Disabilities Act. It reflects the recognition that warehousing individuals in large, congregate settings does little to improve individuals’ mental health, and that psychiatric hospitalization is effective primarily for purposes of short-term stabilization during acute episodes.

We now have an array of highly successful services that enable people with psychiatric disabilities to live in their own homes and communities — including supported housing, supported employment, mobile crisis services, and peer support services. They are more effective, less costly, and enable people to have the kinds of full and meaningful lives that

cannot be had in an institution. While community-based services have not been developed in sufficient supply, the answer is to expand them, not to go back to warehousing people in state hospitals.

¹ James L. Knoll IV & George D. Annas, *Mass Shootings and Mental Illness*, in GUN VIOLENCE AND MENTAL ILLNESS 81, 95 (Dec. 2015), <https://psychiatryonline.org/doi/pdf/10.5555/appi.books.9781615371099>; Jonathan M. Metzl & Kenneth T. MacLeish, *Mental Illness, Mass Shootings, and the Politics of American Firearms*, 105 American J. Pub. Health 240, 244 (Feb. 2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318286/pdf/AJPH.2014.302242.pdf>.

² Eric B. Elbogen & Sally C. Johnson, *The Intricate Link Between Violence and Mental Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions*, 66 ARCH. GEN. PSYCHIATRY 152 (Feb. 2009), <http://www.psychodyssey.net/wp-content/uploads/2011/01/The-Intricate-Link-Between-Violence.pdf>.

³ Knoll & Annas, *supra* note 1, at 90; Metzl & MacLeish, *supra* note 1, at 241, Jeffrey W. Swanson et al., *Mental Illness and reduction of gun violence an suicide: bringing epidemiologic research to policy*, 25 Annals of Epidemiology 366, 368 (2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4211925/pdf/main.pdf>.

⁴ Metzl & MacLeish, *supra* note 1, at 241.

⁵ Linda A. Teplin, ET AL., *Crime Victimization in Adults with Severe Mental Illness*, 62 ARCH. GEN. PSYCHIATRY 911, 914 (Aug. 2005) (“Over one quarter of the SMI sample had been victims of a violent crime (attempted or completed) in the past year, 11.8 times higher than the [general population] rates”); Heather Stuart, *Violence and Mental Illness: An Overview*, 2 JOURNAL OF WORLD PSYCHIATRY 121, 123 (June 2003) (“It is far more likely that people with a serious mental illness will be the victim of violence,” rather than its perpetrator.).

⁶ Knoll & Annas, *supra* note 1, at 83.

⁷ Michael H. Stone, *Mass Murder, Mental Illness, and Men*, 2 VIOLENCE AND GENDER 51, 80, 84 (2015) (three quarters of mass murderers do not have a mental illness); Everytown for Gun Safety, *Analysis of Recent Mass Shootings* (2015), <https://www.issuelab.org/resources/22702/22702.pdf> (in 12% of sample of mass shooters analyzed, concerns about the mental health of the shooter had been brought to the attention of a medical practitioner, school official, or legal authority prior to the shooting).

⁸ *Id.* at 84, 87.

⁹ Knoll & Annas, *supra* note 1, at 86.

¹⁰ Carissa J. Schmidt et al., *Risk and protective factors related to youth firearm violence: a scoping review and directions for future research*. 42 Journal of Behavioral Medicine 706 (Aug. 2019).

¹¹ Isabel M. Perera & Dominic A. Sisti, *Mass Shootings and Psychiatric Deinstitutionalization, Here and Abroad*, American Journal of Public Health, Supplement 3, 2019, Vol. 109, No. S3 (June 26, 2019), at S. 177, <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2018.304764>.

¹² *Id.* at S. 176-177.

¹³ Judge David L. Bazelon Center for Mental Health Law, *The Relationship between the Availability of Psychiatric Hospital Beds, Murders Involving Firearms, and Incarceration Rates* (Jan. 15, 2013), <http://www.bazelon.org/wp-content/uploads/2017/04/1.16.13-Analysis.pdf>.

Coalition FOR Smart Safety

GUN VIOLENCE IS NOT A MENTAL HEALTH ISSUE



Joint Statement on Gun Violence Prevention Policy and Mental Health Disabilities By Members and Allies of the Coalition for Smart Safety

The recent mass shootings in our country have necessarily turned the spotlight on proposed policies and solutions at the legislative level. While the undersigned agree that public safety is paramount, the assumption that people with mental health disabilities, including those with perceived mental health disabilities, are inherently dangerous and that targeting them will solve our country's gun violence problem is wrong. Talking points and legislation relying on those assumptions are counterproductive and only serve to further stigmatize people with mental health disabilities and the disability community as a whole.

Despite data to the contrary, the President and some legislators have stated that people with mental health disabilities are the primary perpetrators of gun violence. The President has proposed institutionalizing people with mental health disabilities and is reportedly considering subjecting them to surveillance. Some legislators have similarly suggested that people with mental health disabilities should be the primary target of gun violence prevention efforts. We soundly reject this argument. Studies have repeatedly shown that people with disabilities, including mental health disabilities, are far more likely to be victims of gun violence than perpetrators. In fact, recent studies demonstrate that only 4% of gun violence is connected to mental health disabilities. Mental health disabilities are not accurate predictors of violence, a fact recognized by the American Psychological Association, among others, and should not be treated as such. Legislation that targets people with mental health disabilities will not be effective in reducing gun violence. Falsely blaming people with mental health disabilities for violence will stigmatize these individuals, violate their right to privacy, and will likely dissuade some people from seeking help at all.

All Americans, including people with disabilities, have a civil right to live in their communities and not be segregated or imprisoned simply because they have a disability. Building more institutions, as the Administration proposes, unjustly threatens the civil rights and freedom of people with mental health disabilities while doing nothing to reduce gun violence in this country. Other proposals aimed at identifying students with disabilities at a young age as potential threats only serve to further isolate and stigmatize students. This is neither helpful nor effective in increasing safety or reducing gun violence and will ultimately harm those with mental health disabilities as well as the broader disability community.

The simple fact is that other countries around the world have just as many people with mental health disabilities, but they do not experience gun violence at the same magnitude as the United States. The problem is only exacerbated by systemic racism and hatred. Our country is faced with a rise in hate crimes targeting marginalized communities and an increase in racially motivated mass shootings in recent years. Hate and racism are not mental health

disabilities, nor should they be treated as such. There are no medical providers, procedures, or medications that exist that can treat a person's hatred. Gun violence is not clinical in nature—it is a societal problem.

It is an act of prejudice to use people with disabilities as scapegoats for the increasing incidences of mass shootings and acts of mass violence in this country. Ultimately this will do nothing to curb the epidemic of gun violence in our nation. We will not accept or support any legislation that sacrifices the civil rights of people with disabilities in exchange for the appearance of action on gun violence. Effective reform can and should be accomplished without compromising the civil rights of people with disabilities. We call upon all of our legislators to condemn this dangerous rhetoric and refute any related legislative proposals that will put the lives and freedoms of Americans with disabilities at risk.

Signed in Solidarity,

Ability360 (Arizona)

ADAPT Montana

Advocacy Unlimited, Inc.

Alabama Disabilities Advocacy Program

Alliance Center for Independence (New Jersey)

Alliance for Excellent Education

Aloha Independent Living Hawaii

American Association of People with Disabilities

American Civil Liberties Union (ACLU)

AOCIL - Association of Oregon Centers for Independent Living (Oregon)

Arizona Center for Disability Law

Association of University Centers on Disabilities

Atlantis Community, Inc (Colorado)

Autism National Committee

Autistic Self Advocacy Network

BasicNeeds US

Bazelon Center for Mental Health Law

California Association of Social Rehabilitation Agencies

Center for Public Representation

Children's Mental Health Network

Coalition of Texans with Disabilities

Colorado Cross-Disability Coalition

Colorado Developmental Disabilities Council

Connecticut Cross Disability Lifespan Alliance

Connecticut Legal Rights Project, Inc.

Connecticut State Independent Living Council

Counseling DIRECTIONS, LLC (Arizona)

Depression and Bipolar Support Alliance

Democratic Disability Caucus of Florida

DIRECT Center for Independence (Arizona)

Disability Justice (Wisconsin)

Disability Law Center (Utah)

Disability Law Colorado

Disabilities Resource Center of Siouxland (Iowa)

Disability Rights Arkansas

Disability Rights California

Disability Rights Center - New Hampshire

Disability Rights Connecticut

Disability Rights Education & Defense Fund (DREDF)

Disability Rights Florida

DisAbility Rights Idaho

Disability Rights Iowa

Disability Rights Maine

Disability Rights Maryland

Disability Rights Mississippi

Disability Rights Nebraska

Disability Rights New Jersey

Disability Rights New York

Disability Rights North Carolina

Disability Rights South Dakota

Disability Rights TN

Disability Rights Vermont

Disability Right Wisconsin

DQIA:Disabled Queers In Action!

Family Network on Disabilities

Family to Family Network

Georgia ADAPT

Gift of Voice

Healthcare Rights Coalition

Hon. Tony Coelho, Author of the Americans with Disabilities Act

Illinois/Iowa Center for Independent Living

Indiana Disability Rights

Katal Center for Health, Equity, and Justice (Connecticut)

Keep the Promise

Little Lobbyists

Living Independently for Everyone Inc. (Idaho)

Main Line Special Needs Parents (Pennsylvania)

Mental Health America

Mental Health Connecticut

MindFreedom International

National Alliance on Mental Illness of Vermont

National Association of Councils on Developmental Disabilities

National Association of County Behavioral Health & Disability Directors

National Association of Rights Protection and Advocacy

National Association of School Psychologists

National Association of Secondary School Principals

National Center for Learning Disabilities

National Coalition for Mental Health Recovery

National Council on Independent Living

National Center for Special Education in Charter Schools

National Disability Rights Network

National LGBTQ Task Force Action Fund

National Mental Health Consumers' Self-Help Clearinghouse

New Jersey Association of Mental Health and Addiction Agencies

New York Association of Psychiatric Rehabilitation Services

Northern West Virginia Center for Independent Living

Oklahoma Disability Law Center, Inc

Oregon Mental Health Consumer Psychiatric Survivor Coalition

Placer Independent Resource Services (California)

Pennsylvania Action: Protecting Disability Rights

Pittsburgh Center for Autistic Advocacy (Pennsylvania)

Prairie Independent Living Resource Center, Inc.

Progress Center for Independent Living (Illinois)

Psychiatric Rehabilitation Association

RespectAbility

Silicon Valley Independent Living Center (California)

Southwest Center for Independence

Squirrel Hill Stands Against Gun Violence (Pennsylvania)

TASH

Texas Democrats with Disabilities

Texas Parent to Parent

The Alliance for Excellent Education

The Arc of the United States

The Coelho Center for Disability Law, Policy and Innovation

The Leadership Conference on Civil and Human Rights

The Statewide Independent Living Council of Illinois

Torah Trumps Hate

Vermont Center for Independent Living

Vermont Coalition for Disability Rights

Vermont Statewide Independent Living Council

The Coalition for Smart Safety includes disability rights, civil rights, education, and privacy organizations working together to stop the false association of gun violence with psychiatric disability.

¹ Kim, Sarah, “The Dangers of the Mental Health Narrative when it Comes to Gun Violence,” *Forbes*, https://www.businessinsider.com/report-under-trump-far-right-violence-on-the-rise-in-the-us-2018-11?fbclid=IwAR1RVMzWXJ6tX_pv56HGwh94yL0NjFYN7HzS_2goAVCtPo4WSRPGuWKcDak, August 7, 2019.

² Metzl, Johnathan M., “Mental Illness, Mass Shootings, and the Politics of American Firearms,” 105(2) *Am. J. Pub. Health* 240-249 (2015) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318286>.

³ American Psychological Association, Statement of APA CEO on Gun Violence and Mental Health, August 5, 2019, <https://www.apa.org/news/press/releases/2019/08/gun-violence-mental-health>; American Psychological Association, Resolution on Firearm Violence Research and Prevention (2014) <http://www.apa.org/about/policy/firearms.aspx>.

⁴ American Psychological Association, Resolution on Firearm Violence Research and Prevention (2014) <http://www.apa.org/about/policy/firearms.aspx> (“policy makers have responded to public apprehension about the role of severe mental illness in mass violence towards others in ways that result in policies and practices that further stigmatize persons with serious mental illness and may deter them from engaging in needed psychological or other services”).

⁵ U.S. Dep’t of Justice, ADA.Gov, *About Olmstead*, https://www.ada.gov/olmstead/olmstead_about.htm?fbclid=IwAR1JrtqwzMrb6lqP34-Hgqm_3CIappke2hnPu-W8BF0UhrNyMtWENo3LuA

⁶ Barnes, Bethany, *Targeted: A Family and the Quest to Stop the Next School Shooter*, *The Oregonian*, <https://expo.oregonlive.com/news/erry-2018/06/75f0f464cb3367/targeted-a-family-and-the-ques.html>. June 24, 2018

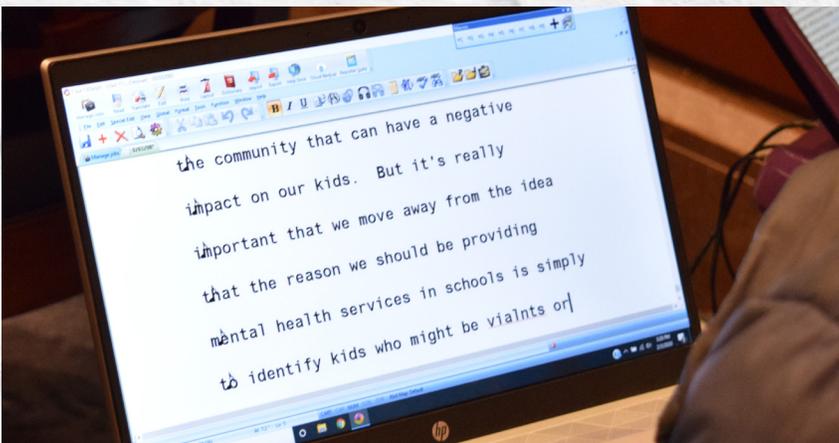


VIDEO OF BRIEFING:
<https://bit.ly/39vTQ2Y>

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