“Our most critical health problems”
President’s Plan to Reduce Gun Violence

23 Executive Actions and Recommendations:

• Closing background check loopholes to keep guns out of dangerous hands (re-instate violence research)
• Banning military-style assault weapons and high-capacity magazines
• Making schools safer
• Improving mental health services
Increased Congressional Interest

January 22, 2013
- Briefing for House Oversight and Investigations staff
- Briefing for House Gun Violence Prevention Task Force

January 24, 2013
- Hearing for Senate HELP Committee

January 30, 2013
- Senate Judiciary Committee

March 5, 2013
- House Committee on Energy & Commerce: A National Conversation on Violence and Severe Mental Illness
Increased State and Community Interest (and Misconceptions)

The New York Times

MIND
In Gun Debate, a Misguided Focus on Mental Illness
By RICHARD A. FRIEDMAN, M.D.
Published: December 17, 2012

OP-ED COLUMNIST
Guns and Mental Illness

By JOE NOCERA
Published: December 28, 2012 | 314 Comments

EDITORIAL
Treatment, Not Jail, for the Mentally Ill
Published: January 31, 2013

Warning Signs of Violent Acts Often Unclear
By BENEDICT CAREY and ANEMONA HARTOCOLLIS
Published: January 15, 2013 | 256 Comments

Focus on Mental Health Laws to Curb Violence Is Unfair, Some Say
By ERICA GOODE and JACK HEALY
Published: January 31, 2013 | 242 Comments
Question #1: Is mental illness associated with violence?

- People with **untreated** psychosis at increased risk of violence especially towards family and friends (paranoid, substance abuse, history of violence).  
  \((Short\ et\ al,\ Acta\ Psych\ Scand,\ 2013)(Nielssen\ et\ al,\ JCP,\ 2012)\)

- People with **treated** mental illness at no higher risk for violence, (homicide risk goes from 1 in 600 to 1 in 9,000 with treatment).  
  \((Nielssen\ O,\ Large\ M.,\ 2010)\)

- Violence much more likely to be directed at self than others. Suicide 38,000 (90% involve mental illness) vs. Homicide 14,000 (< 5% involve mental illness).  
  \((see\ www.cdc.gov/ncipc/wisqars)\)

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\begin{align*}
\text{Suicide: } & 38,000 \times 90\% = 34,200 \\
\text{Homicide: } & 14,000 \times 5\% = 700 \\
\end{align*}
\]

\[
\text{48.8X}
\]
The mortality risk for suicide is much greater in people with any mental disorder versus general population (47 – 74% of population risk). (Hawton K, van Heeringen, K, 2009)

Lifetime suicide risks (Nordentoft et al. Arch Gen Psych, 2011):

- **Bipolar**: 7.8% males; 4.8% females
- **Schizophrenia**: 6.5% males; 4.9% females
- **Depression**: 6.7% males; 3.8% females
- **Any mental illness**: 4.3% males; 2.1% females
- **Non-psychiatric**: 0.7% males; 0.2% females
Question #2: Is violence increasing in America?

- Homicides have dropped from 9.8/100,000 in 1992 to 4.8/100,000 in 2010 (<15,000/yr).
- Suicides have not decreased over past 2 decades.

SOURCES: Bureau of Justice Statistics (homicide); CDC (suicide)
Are episodes of mass violence \((\geq 4\text{ individuals killed by a single perpetrator in 1 day})\) increasing?

Infrequent, highly salient tragic events catch the public eye, yet represent a small fraction of the mortality from violence.
Question #3: Is violence preventable?

- Homicide and suicide remain infrequent and difficult to predict at the individual level.

- Nevertheless, research suggests means restriction works to reduce both homicide and suicide. (Daigle MS, 2005; Mann JJ, et al., 2005; Kapusta ND, 2007)

- To the extent that mental illness is a risk factor, treatment can reduce violence.
In the United States, relative to 22 other developed countries:

(Richardson EG & Hemenway D, 2011; data from 2003)

- Risk of firearm homicide: 19x higher
- Risk of firearm suicide: 5x higher
- For ages 15 – 24, risks are 42x (homicide) and 8.8x (suicide) higher
- Of the firearm deaths in 23 developed countries, 80% occur in the U.S.

2013 Report from IOM—avenues for further research:

- Characteristics of firearm violence;
- Risk & protective factors;
- Interventions & strategies,
- Impact of gun safety technology
- Influence of video games & other media.
Burden Map of 38,000 Suicide Decedent Subgroups in the United States

- Firearm Deaths: 19,392
- U.S. Army (CONUS): ~200 (est.)
- American Indians/AN: ~430
- Criminal Justice System: ~500
- Male Veterans: ~7,000
- MVCO Deaths: ~735
- Any Healthcare Accessed 30 days before death: ~9,500
- Emergency Department Attempt visits: (~2% of 390,359) 7,800

Data Sources:
- CDC WISQARS 2010
- CDC NVDRS 2005
- Bureau of Justice Statistics 2008-2009
- U.S. Army (2009-2010)
- Schwartz 2011
- Trofimovich et al 2012
- Miller & Barber MVCO estimates 2013
What do we need?

- Better predictors of risk and resilience
- Better surveillance
- Better tools for prevention and treatment
- Better evidence-based policies for limiting access to means

- Just released: NIH funding opportunity announcements: *Research on Health Determinants and Consequences of Violence and its Prevention, Particularly Firearm Violence*
What can we do now?

Treat Psychosis

• Reduce duration of untreated psychosis from 110 weeks to 12 weeks (100,000 new first episodes each year in U.S.).

• Recovery After an Initial Schizophrenia Episode (RAISE): Implement RAISE for first episode of psychosis and continuous care for chronic illness.

• Detect high-risk state (prodrome) and intervene to preempt psychosis.
What can we do now?

Prevent Suicide

• Continuity of treatment after an attempt

• Effective treatment of mental disorders (CBT, collaborative care, medication, social contact)

• Reduce means (firearms, bridges, CO, education and peer support)

• Just released: Nation Action Alliance for Suicide Prevention’s *A Prioritized Research Agenda for Suicide Prevention*
A Prioritized Research Agenda for Suicide Prevention

Annual U.S. Suicide Rates, 2002-2010 & Projected Impact of Research Informed Prevention Strategies

Meeting Short-term and Long-term Objectives in a Research Agenda Have Potential to Reduce Suicide Burden
Most people with mental illness are not violent, and most acts of violence are not committed by people with mental illness.

Some people with mental illness are a danger to themselves and others.

The fear of those with mental illness confounds the assessment of risk (people with mental illness are more likely to be victims than perpetrators).

Early detection and early treatment can reduce risk.
Paving the Way for Prevention, Recovery, and Cure

www.nimh.nih.gov

Research = Hope