

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 43-18

INTRODUCED BY: Medical Student Section
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SUBJECT: Clarifying the Relation between Mental Health and Gun Violence

1 Whereas, in the wake of mass shootings, assumptions about mental illness and gun violence arise
2 in politics and media, including “(1) that mental illness causes gun violence, (2) that psychiatric
3 diagnosis can predict gun crime, (3) that shootings represent the deranged acts of mentally ill
4 loners, and (4) that gun control “won’t prevent” another Newtown (Connecticut school mass
5 shooting)”¹; and
6

7 Whereas, most people who are violent are not mentally ill, and most people who are mentally ill
8 are not violent²; and
9

10 Whereas, mass shootings by people with serious mental illness represent less than 1% of all
11 yearly gun-related homicides; in contrast, deaths by suicide using firearms account for nearly
12 two-thirds of yearly gun-related deaths, or 20,000 deaths per year³; and
13

14 Whereas, there is little evidence to support that those diagnosed with mental illness are more
15 likely to commit a crime with a gun¹; and
16

17 Whereas, studies show that there are other risk factors of violence that “more strongly correlate
18 with gun violence than mental illness alone”, such as availability of guns, alcohol and drug use,
19 history of childhood abuse, binge drinking, and male gender¹; and
20

21 Whereas, the connections between mental illness, gun crimes, access to guns, and social
22 networks, is complex and often reduced to simple arguments that perpetuate stigma against
23 mental illness¹; and
24

25 Whereas, a 2013 Gallup poll showed that 48% of adult Americans placed the primary blame (“a
26 great deal” of blame) on the mental health system for mass shootings, while around 40% blamed
27 easy access to guns, showing the responsibility that we have to clarify the statistics surrounding
28 mass shootings for the knowledge of the general public⁴; and
29

30 Whereas, although some mass shooters are found to have a history of psychiatric illness, no
31 reliable research has suggested that a majority of perpetrators are primarily influenced by serious
32 mental illness as opposed to, for example, psychological turmoil flowing from other sources, like
33 familial dysfunction, social marginalization, problems with self-esteem, or feelings of anger and
34 resentment: ³; and

35
36 Whereas, those with access to firearms have higher odds of completing suicide and being the
37 victim of a homicide compared to those who do not have access to firearms⁵; and
38
39 Whereas, firearms have the highest lethality rate of any suicide method in the United States at
40 82.5% case lethality rate and approximately 52% of people choose a firearm in a completed
41 suicide⁶; and
42
43 Whereas, those who stored their firearms locked or unloaded, or both, were less likely to commit
44 suicide by firearms compared to those who stored firearms loaded or unlocked⁷; and
45
46 Whereas, restricting access to lethal means such as firearms reduces suicide rates, and suicides
47 by such methods have decreased after firearm control legislation⁸; and
48
49 Whereas, less than half of ED patients with suicide risk have lethal means counseling and
50 documentation of lethal means access assessment^{9,10}; and
51
52 Whereas, less than half of ED providers believe that most or all suicides are preventable and
53 many ED providers are skeptical about suicide prevention methods including means restriction
54 despite evidence supporting its effectiveness¹¹; therefore be it
55
56 Resolved, that MedChi encourage physician education and training on discussing limiting access
57 to lethal means of suicide, particularly firearms, with patients including storing firearms locked
58 and unloaded or removing firearms from a home with a family member at risk of suicide; and be
59 it further
60
61 Resolved, that MedChi ask our AMA to work with all appropriate specialty societies to develop
62 and disseminate fact sheets for discussing mental illness in the media, including fact sheets for
63 reporting on mental illness and violence; and be it further
64
65 Resolved, that MedChi ask our AMA to work with all appropriate specialty societies to enhance
66 the accuracy of media reports concerning mental health and gun violence, and to reduce the
67 stigma associated with mental illness.
68

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70 As amended and adopted by the House of Delegates at its meeting on September 22, 2018.
71

72 **References**

- 73
74 1. Metzlj JM, MacLeish KT. Mental Illness, Mass Shootings, and the Politics of American Firearms. *American*
75 *Journal of Public Health*. 2015;105(2):240-249. doi:10.2105/AJPH.2014.302242.
76 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318286/>
77 2. Friedman RA. Violence and Mental Illness — How Strong is the Link? *N Engl J Med*. 2006;355(20):2064-
78 2066. doi:10.1056/NEJMp068229 <https://www.nejm.org/doi/full/10.1056/NEJMp068229>
79 3. Knoll IV JL, Annas GD. Mass shootings and mental illness. In: *Gun Violence and Mental Illness*. ; 2016.
80 <https://psychiatryonline.org/doi/pdf/10.5555/appi.books.9781615371099>

- 81 4. Saad L. Americans fault mental health system most for gun violence. Gallup;2013.
82 <http://www.gallup.com/poll/164507/americans-fault-mental-health-system-gunviolence.aspx?>
83 5. Anglemyer A, Horvath T, Rutherford G. The accessibility of firearms and risk for suicide and homicide
84 victimization among household members: A systematic review and meta-analysis. *Annals of internal*
85 *medicine*. 2014;160(2):101. <https://www.ncbi.nlm.nih.gov/pubmed/24592495>.
86 6. Spicer, R.S. and Miller, T.R. Suicide acts in 8 states: incidence and case fatality rates by demographics and
87 method. *American Journal of Public Health*. 2000;90(12);1885. [https://www.hsph.harvard.edu/means-](https://www.hsph.harvard.edu/means-matter/means-matter/case-fatality/)
88 [matter/means-matter/case-fatality/](https://www.hsph.harvard.edu/means-matter/means-matter/case-fatality/)
89 7. Edmond D, Shenassa, Michelle L, Rogers, Kirsten L, Spalding, Mary B, Roberts. Safer storage of firearms
90 at home and risk of suicide: A study of protective factors in a nationally representative sample. *Journal of*
91 *Epidemiology and Community Health* (1979-). 2004;58(10):841-848.
92 <https://www.jstor.org/stable/25570513>. doi: 10.1136/jech.2003.017343.
93 8. Mann JJ, Apter A, Bertolote J, et al. Suicide prevention strategies: A systematic review. *JAMA*.
94 2005;294(16):2064-2074. <http://dx.doi.org/10.1001/jama.294.16.2064>.
95 9. Runyan CW, Brooks-Russell A, Betz ME. Points of influence for lethal means counseling and safe gun
96 storage practices. *Journal of public health management and practice : JPHMP*. 2018;1.
97 <https://www.ncbi.nlm.nih.gov/pubmed/29889177>
98 10. Betz ME, Miller M, Barber C, et al. Lethal means access and assessment among suicidal emergency
99 department patients. *Depression and anxiety*. 2016;33(6):502.
100 <https://www.ncbi.nlm.nih.gov/pubmed/26989850>. doi: 10.1002/da.22486.
101 11. Betz ME, Matthew M, Catherine B, et al. Lethal means restriction for suicide prevention: Beliefs and
102 behaviors of emergency department providers. *Depress Anxiety*. 2013;30(10):1013-1020. [https://doi-](https://doi-org.ezp.welch.jhmi.edu/10.1002/da.22075)
103 [org.ezp.welch.jhmi.edu/10.1002/da.22075](https://doi-org.ezp.welch.jhmi.edu/10.1002/da.22075). doi: 10.1002/da.22075.