MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 43-18

INTRODUCED BY: Medical Student Section
Neha Anand, Kevin MacKrell, Ved Tanavde, Ben Bigelow,
Megan Hunt, Jessica Lee, Kori Porosnicu Rodriguez

SUBJECT: Clarifying the Relation between Mental Health and Gun Violence

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

Whereas, most people who are violent are not mentally ill, and most people who are mentally ill are not violent; and

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

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

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

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

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

Whereas, although some mass shooters are found to have a history of psychiatric illness, no reliable research has suggested that a majority of perpetrators are primarily influenced by serious mental illness as opposed to, for example, psychological turmoil flowing from other sources, like familial dysfunction, social marginalization, problems with self-esteem, or feelings of anger and resentment; and
Whereas, those with access to firearms have higher odds of completing suicide and being the victim of a homicide compared to those who do not have access to firearms\(^5\); and

Whereas, firearms have the highest lethality rate of any suicide method in the United States at 82.5% case lethality rate and approximately 52% of people choose a firearm in a completed suicide\(^6\); and

Whereas, those who stored their firearms locked or unloaded, or both, were less likely to commit suicide by firearms compared to those who stored firearms loaded or unlocked\(^7\); and

Whereas, restricting access to lethal means such as firearms reduces suicide rates, and suicides by such methods have decreased after firearm control legislation\(^8\); and

Whereas, less than half of ED patients with suicide risk have lethal means counseling and documentation of lethal means access assessment\(^9,10\); and

Whereas, less than half of ED providers believe that most or all suicides are preventable and many ED providers are skeptical about suicide prevention methods including means restriction despite evidence supporting its effectiveness\(^11\); therefore be it

Resolved, that MedChi encourage physician education and training on discussing limiting access to lethal means of suicide, particularly firearms, with patients including storing firearms locked and unloaded or removing firearms from a home with a family member at risk of suicide; and be it further

Resolved, that MedChi ask our AMA to work with all appropriate specialty societies to develop and disseminate fact sheets for discussing mental illness in the media, including fact sheets for reporting on mental illness and violence; and be it further

Resolved, that MedChi ask our AMA to work with all appropriate specialty societies to enhance the accuracy of media reports concerning mental health and gun violence, and to reduce the stigma associated with mental illness.

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

References


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