

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 14-19

INTRODUCED BY: MedChi Medical Student Section; Neha Anand, Jack Gatti, Johns Hopkins University School of Medicine; Mary Melati, Ian Qian, University of Maryland School of Medicine

SUBJECT: Gun Violence and Mental Illness Stigma in the Media

Whereas, In the wake of recent mass shootings, there have been statements in the media about mental health and gun violence, with examples 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)”;¹ and

Whereas, Between 2005-2014, an analysis of a sample of national news stories about mental illness showed that 56% of stories mentioned violence related to mental illness and of those stories, 75% detailed a specific violent event by a person with mental illness - most often a gun violence event (32%) or a mass shooting event (22%);² and

Whereas, News media portrayals of mass shooting events that describe the shooter as having serious mental illness increase people’s negative attitudes toward those with serious mental illness, heightening desired social distance from and perceived dangerousness of those with serious mental illness;³ and

Whereas, A 2013 Gallup poll showed that 80% of adult Americans placed blame (“a great deal” and “a fair amount” 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;⁴ and

Whereas, A 2017 CBS poll found that 68% of Americans believe that better mental health screening could help prevent gun violence a lot;⁵ and

Whereas, Experts on gun violence rank other measures to reduce mass shootings, such as a banning assault weapons and universal background checks, as more effective than expanding mental health treatment;⁶ and

Whereas, Mental health care spending, mental health professionals per capita, and the rate of severe mental health disorders is not higher in the US compared to other developed countries, which have lower rates of mass shootings;⁷ and

Whereas, “Most people who are violent are not mentally ill, and most people who are mentally ill are not violent”;⁸ and

Whereas, The National Center for Health Statistics indicate that fewer than 5% of the 120 000 gun-related killings in the United States between 2001 and 2010 were perpetrated by people diagnosed with mental illness;⁹ 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;¹⁰ and

Whereas, There is little evidence to support that those diagnosed with mental illness are more likely than anyone else to commit a crime with a gun;¹ and

Whereas, Substance use, substance use with comorbid serious mental illness, a parental history of abuse and/or neglect, and binge drinking more strongly correlate with violence/gun violence than mental illness alone;¹¹ 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;¹⁰ and

Whereas, “Higher rates of firearm ownership are associated with higher rates of overall suicide and firearm suicide”;¹² and

Whereas, Stigma towards mental health can be structurally incorporated into legislation, such as gun laws that restrict firearm privileges “targeting people with mental illness per se rather than people who are incompetent as a result of having a mental illness”;¹³ and

Whereas, Stigma toward those with mental illness, including a perception that they are dangerous or aggressive, may deter patients from seeking health care;¹⁴ and

Whereas, Health care professionals may harbor stigma against mental illness for the same reasons;¹⁵ and

Whereas, the American Psychiatric Association, in response to mass shootings in Texas and Ohio, released a statement on August 4th, 2019 stating, “Routinely blaming mass shootings on mental illness is unfounded and stigmatizing. Research has shown that only a very small percentage of violent acts are committed by people who are diagnosed with, or in treatment for, mental illness.” and instead pointed to the access and lethality of firearms as greater risk factors for mass shootings¹⁶; and

Whereas, MedChi submitted a letter asking “the AMA work with all appropriate specialty societies to develop and disseminate fact sheets for discussing mental illness and violence in the media in an effort to enhance the accuracy of media reports concerning mental health and gun violence and to reduce the stigma associated with mental health;” and

Whereas, the AMA response states Resolution 212 (I-18) “Development and Implementation of Guidelines for Responsible Media Coverage of Mass Shootings” covers this topic; and

Whereas, Resolution 212 (I-18) reads as follows: “Our AMA encourages the Centers for Disease Control and Prevention, in collaboration with other public and private organizations, to develop recommendations or best practices for media coverage of mass shootings.” and

Whereas, Resolution 212 does not specifically include responsible media coverage regarding mental illness and gun violence and therefore the AMA has no accountability for prioritizing this topic in its future actions; therefore be it

Resolved, that MedChi will submit a resolution to the AMA to amend AMA Policy H-145.971 by addition and deletion as follows:

Our AMA encourages the Centers for Disease Control and Prevention, in collaboration with other public and private organizations, to develop recommendations or best practices for media coverage of mass shootings, including for accurate and sensitive discussion of the purported relationship between mental illness and gun violence.

As amended and adopted by the House of Delegates at its meeting on November 2, 2019.

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