

QUESTION FROM SEN. GRASSLEY FOR THE WITNESSES

I believe it is uncontested that mental health and mental illness have played at least some, if not the primary role in incidents that are now known by chilling, geographic, monikers such as Virginia Tech, New Town, Aurora, and Roanoke.

As the Wall Street Journal reported late last fall, we need to make sure we are getting to these individuals when they are struggling with mental health issues, but before they spiral into full blown crisis.

Given that there are multiple schools of thought on how best to handle the mental health crisis as it relates to mass murders, what do you believe would be the most effective way to keep mentally ill individuals from harming others? Put another way, what can we do to help these ill individuals, but also prevent yet another mass murder?

Response from Dr. Fred Osher:

There is no debate over the fact that individuals who have mental illnesses who commit violent crimes must be held responsible for their actions. However, it is important to remember that most violence in this country is not committed by people who have a mental illness and most people with mental illnesses are not violent. The risk of violence statistically attributable to serious mental illness is estimated to be 3 to 5

percent; this is comparable to rates of violence among persons without mental illnesses.¹ Because serious mental illness affects a small percentage of the population, it makes—at best—a very small impact on the overall level of violence in society. In fact, people with serious mental illnesses are anywhere from 2.5 times to nearly 12 times more likely to be the victims rather than the perpetrators of violence.²

The frequency of high-profile shootings, while tragic, are fortunately rare. Since both persons with, and without, mental illnesses are involved in these events, it is virtually impossible to predict with any certainty when any individual may commit a violent act. Though the events cited in this question do not happen often, they tend to draw intense media attention which exacerbates the misconceptions about mental illnesses and violence. This leads to stigma and discrimination which in turn increases the likelihood that a person with mental illness is a victim of violence.

To help an individual avoid harming another person, effective application of existing law would be helpful. With the passage of the Federal Gun Control Act of 1968, individuals who have been determined

¹ Richard A. Friedman, “Violence and Mental Illness—How Strong is the Link?” *New England Journal of Medicine* 355 no. 20 (2006), 2064–2066.

² Choe, J.Y., Teplin, L.A., & Abram, K.M. (2008). Perpetration of violence, violent victimization, and severe mental illness: Balancing public health concerns. *Psychiatric Services*, 59(2), 153–164.

to to be dangerous to themselves or others, or found to be insane by a court of law can lose their right to carry weapons. This standard requires a judicial proceeding informed by clinical expertise. Efforts to more specifically define this group of dangerous individuals run the risk of including too many people who are not at significant risk, denying them their second amendment privileges. Over-identification also runs the risk of having a chilling effect on those needing care to seek care. Too wide a net can also force a breach of confidentiality that the doctor-patient relationship is based upon. Mental health professionals already have an established duty to take steps to protect identifiable people when a person threatens harm. Most would agree that if a person is assessed as a high risk to be dangerous, in an emergent situation, there should be mechanisms to remove weapons from this individual, whether they have a mental illness or not.

To prevent violence in those individuals with mental illnesses that are at a higher risk for violence, access to effective treatment and supports is essential. Outpatient commitment has been postulated as an effective approach, but this depends on the availability of enhanced services. Without a doubt, the best prevention strategy is a robust, comprehensive, effective system of care for individuals with serious mental illnesses.