

Firearms and Mental Illness Memo

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John R. Kasich, Governor
Tracy J. Plouck, Director

TO: Alcohol, Drug Addiction and Mental Health Services Partners

FROM: Mark Hurst, MD, *Medical Director*, Ohio Department of Mental Health

TOPIC: Firearms and Mental Illness

A tragic event recently occurred in Connecticut when an individual killed 20 schoolchildren, six educators and his own mother before turning the gun on himself. Unfortunately, other similar events have occurred in recent years, including one last February at Chardon High School right here in Ohio. After these events, the mental state of the perpetrator is invariably called into question, leading to concerns about the tendency for violence among individuals with a mental illness. In some cases, it is clear that the perpetrator had a mental illness. In others, it is clear that he or she did not have a mental illness. In many situations, we simply do not know.

In reality, only a small number of violent acts directed towards others are committed by individuals with mental illness, and these acts are more common among individuals who are not actively in treatment and who are abusing substances. It is much more likely for individuals with mental illness to take their own lives. About 30,000 deaths in the U.S. each year are a result of suicide, with more than half of these suicides accomplished using a firearm. This amounts to about 500 deaths by suicide with a firearm in Ohio and 15,000 deaths by suicide with a firearm in the U.S. each year. When individuals with certain mental illnesses are actively experiencing symptoms, they may be impulsive, misperceive reality and have impaired judgment. If firearms are available, the risk to themselves and others markedly increases.

Health care providers have no duty more important than to maintain the wellness and safety of patients and the community. This includes doing our best to ensure access to behavioral health treatment, including substance abuse, **and** addressing access to firearms. Both state and federal laws exist restricting the ownership of firearms for individuals with mental illness, but some individuals who are mentally ill still obtain them. In addition, many patients live with family members who own firearms.

Regardless of current or future laws, access to firearms represents a genuine clinical issue that health care providers should routinely address with **all** patients and their families. Both should be advised of the risks involved with individuals who are mentally ill possessing firearms, and the importance of avoiding this risk factor. In addition, hospitals (or other agencies or facilities) in which a person is an involuntary patient, should ensure that Bureau of Criminal Investigation (BCI) forms are completed and submitted within seven days after the adjudication of mental illness or commitment (Ohio Revised Code Section 5122.311). In appropriate clinical circumstances, duty to protect interventions should also be implemented.

While our clinical interventions alone will not eliminate all firearm-related events, they most certainly will eliminate some of them. Even one life saved is worth it.

Questions? Contact Dr. Mark Hurst, ODMH medical director, at mark.hurst@mh.ohio.gov or Marc Baumgarten, chief of the ODMH Office of Legal Services, at marc.baumgarten@mh.ohio.gov.