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25 November 2020

Adulteration of the Relationship between Mental Health and Gun Violence

Citizens with even minor mental health conditions are done a disservice by politicians as the scapegoat of choice for violent events. A common argument during and after events involving gun violence is to blame mental health, and this frequently occurs without enough data to make a proper diagnosis. This unfortunate oversimplification can degrade daily life of individuals affected by mental illness, through increased prejudice and stereotyping. Compassionate mental health care should be freely and easily provided to those in need. Easily accessible mental health care would reduce the stigma around those with mental health issues, it would increase the study of the correlation between mental health and violence, and it would simply allow those in need to get assistance.

A major issue regarding the correlation between mental illness and gun violence is that there is little to no scientific backing or study directly relating such claims. Without proper studies/research, politicians and the media are loosely utilizing mental health as a tool to calm the people after gun violence, which depicts people with mental health issues as more likely to become violent. While serious cases of mental illness certainly can induce acts of violence, this is an oversimplification. Paul Steinberg wrote in a New York Times article entitled “Our Failed Approach to Schizophrenia”, “[Lanza’s] acts [of slaughter] strongly suggest undiagnosed schizophrenia” (par. 6). This claim was following an event involving Adam Lanza’s slaughter of 26 people at an elementary school. While this was a horrifically tragic event, incriminating schizophrenics without a proper examination and diagnosis degrades the reputation of high functioning schizophrenics with little basis on fact.

Doctors Carl Fisher and Jeffery Lieberman discuss some of the implications of gun control and gun violence in their article, “Getting the Facts Straight About Gun Violence and Mental Illness: Putting Compassion before fear.” In this article, Fisher and Lieberman mention, “people with these conditions [(schizophrenia, bipolar disorder, and depression)] represent 3% to 5% of total violence” (par. 5). Since it seems violence is blamed on mental health more than these percentages reveal, this statistic does not appear to represent the claims of some politicians and media sources.

Frequently, the action taken by politicians and media sources after gun violent events is to suggest legislature that prevents people with mental illnesses from owning firearms. While this may succeed in a few cases, this is akin to placing a band-aid on a substantial wound. This results in affecting those who are not violent individuals because it is difficult to diagnose future violence. This does not have a goal of assisting these citizens with their illness, it is only attempting to cover it up.

It is uncommon for media to report individuals with mental illness as victims in violent events, when in practice they are more likely to be victims than perpetrators of violence. According to Doctors Johnathan Metzl and Kenneth Macleish in the article, “Mental Illness, Mass Shootings, and the Politics of American Firearms”, “these persons [with mental illnesses] are far more likely to be assaulted by others or shot by police than to commit violent crimes themselves” (par. 22). The entire story needs to be considered when expressing a view to the public about a particular population, and those with mental illnesses are infrequently given that benefit.

Cost commonly prevents those with mental illnesses from receiving proper care, while copious funds are spent on debate aimed to control these individuals. Some individuals with

mental health may not have insurance, or the finances to pay costs present after insurance coverage. Those in need of mental health care should have compassionate assistance readily available for them. This could be in the form of assisting with insurance, or with covering the cost of care. A potential solution for this issue should be to leverage excessive debate and recent research funding to extend care to those in need, all while expanding research parameters. These acts of compassion could be substantially more effective than simply reducing access to firearms to all individuals suffering from mental illness because it allows for healing as a solution before infringing citizens' rights.

Increasing access to mental health care has a few key benefits. Most importantly, this compassionate care could be a tool for expanding research data. According to Swanson et al. in the article "Mental Illness and Reduction of Gun Violence and Suicide: Bringing Epidemiologic research to policy", "the goal of synthesizing the evidence into a coherent, comprehensive explanation of violence risk in people with serious mental illnesses – and thus to render gun violence, in particular, somehow predictable and preventable in psychiatric patients – remains elusive" (par. 21). We do not have much direct information on the relationship between mental health and its ties to violence. Even though this does not sound compassionate, this research can only occur if applicable patients are studied. Employing these patients in research while granting them care does not have to be an uncompassionate test subject scenario, where no one truly improves. This should be optional and allow varying degrees of involvement, from permitting anonymous notes to be utilized in studies to full inclusion in research trials.

There is not much data on the correlation between mental health issues and gun violence, likely because of politically charged decisions in the past. According to Erber in the article, "Funding for Gun-Violence Research Ends 20-Year Drought," research on topics regarding gun-

violence became nearly nonexistent after the Dickey Amendment passed in 1996 (par. 2). This amendment prevents federal funds from being used in research that could potentially promote gun control. Congress decided as recently as 2018 that “federal funds could be used for gun violence related research as long as they don’t support lobbying for gun control” (Erber, par. 2). Funding for this research will finally come in the form of \$25 million dollars to the Centers for Disease Control and Prevention and the National Institutes of Health sometime in 2020 (Erber, par. 1). While this means that research attempting to relate mental health and gun violence will soon begin, it also means that we do not yet have solid data on the correlation between mental health and gun violence. At this point in 2020, it is unknown that assisting those with mental health issues would impact gun violence. Even if the correlation between gun violence and mental health is found to be unimpactful, increasing access to mental health care for those who find themselves unable to access it would improve situations for the less fortunate.

Increasing research data would reduce the mental health stigma because there would be more evidence to prevent misrepresentation of mental health from politicians and the media. Substantial information would allow politicians to base their arguments on fact, instead of speculation. If they do not utilize facts in their political stances, there would be research to inform misguided politicians otherwise. Swanson et al. explains a study where one group was given a news story depicting a violent event with an individual with a diagnosed mental illness as the perpetrator, and another group not given a news story to read (par. 6). The individuals that read the news story “reported significantly higher perceived dangerousness of, and desired social distance from, people with serious mental illness in general” (Swanson et al., par 6). Therefore, the opinion that politicians and the media present to the public about mental health is clearly impactful.

The fear of reaching out for help is not the only factor preventing individuals with mental illnesses from receiving the care that they need. The expense of mental health care is studied in a document published in the Nation Center for Biotechnology Information (NCBI) libraries entitled, "Access and Cost Barriers to Mental Health Care by Insurance Status." In this article, researchers Rowan et al. explain that, "64.0 percent of the uninsured with serious mental health problems reports a problem accessing care as a result of cost, compared to 18.2 percent of those with public insurance and 30.3 percent with private insurance" (par. 31). The mental illnesses themselves can hinder individuals from affording the psychiatric care that they need.

Mental health care is certainly expensive, and this fact is a major opposition to increasing access to mental health care. Rowan et al. mentions that individuals with serious mental health problems are significantly more likely to be uninsured (par. 26). Covering either the costs of insurance or the costs of the care itself for these individuals would certainly require no small amount of finances, especially since up to sixty-four percent of uninsured individuals with mental illness cannot afford the cost of care. Public spending on gun violence and health care debate is exorbitant enough that if a fraction of this spending went to directly improving problems such as these, it may be enough to begin the process of increasing access to mental health care at minimum.

Mental health care is an important resource that should be publicly and freely available. The funding for this exists in the form of existing research grants and from a reduction of debate related expenses. Mental illnesses can often become the cause of an individual's inability to access care. Promoting an individual's ability to receive care while utilizing funds already dedicated to improving all citizens lives is a fitting way to propel nations towards proper decisions.

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