

where We **STAND**



# Violence, Mental Illness and Gun Reporting Laws

## NAMI's Position

NAMI's public policy platform recognizes that most acts of violence or dangerous acts by people affected by mental illness are the result of mental health systems' treatment failures. Public policies and programs that provide access to early diagnosis, crisis intervention, appropriate treatment and support, including integrated treatment when there is co-occurring substance abuse, must be available and accessible. In addition, family support and education must be available and promoted.

It is recognized that it is currently easier for individuals to gain access to guns than it is for an individual to access mental health treatment and services. Firearms regulations and safety as well as widespread access to mental health crisis intervention, support and treatment should be promoted. People with mental illness should not be treated differently with respect to guns and firearms due to their condition.

NAMI's full [Public Policy Platform](#) on violence and gun reporting laws is under revision; the current position is available at [nami.org/policy](http://nami.org/policy).

## Overview

One in four adults—nearly 60 million Americans—experiences a mental health disorder in a given year. One in 17 lives with serious mental illness, and one in 10 children lives with a mental health condition.

Yet fewer than one-third of adults and one-half of children with a diagnosed mental disorder receive mental health services in a given year.

There is widespread agreement that most people with mental illness are not violent. Research that has been conducted on the relationship between mental illness and violence shows that there are certain factors that may increase risks of violence among a small subset of individuals with mental illness. These factors include:

- Co-occurring abuse of alcohol or illegal drugs;
- Untreated psychosis;
- Past history of violence; and/or
- Being young and male.

To the extent that certain individuals with mental illness may pose an increased risk of violence, the best way to reduce this risk is through treatment.

Lack of available services is a significant contributor to lack of treatment. Additionally, some people with mental illness do not accept treatment that may be available for reasons that include fears about adverse consequences such as loss of employment or housing or as a consequence of lack of insight and awareness about one's need for treatment, a condition referred to by many in the medical profession as Anasognosia.

Broadening gun reporting criteria in federal and state law, however well intentioned, could have the effect of creating further barriers to the willingness of individuals to seek treatment and help when they most need it. An individual who believes that participating in mental health treatment could subject him or herself to placement in a database maintained by the FBI or the state police will be highly reluctant if not outright resistant to participating in such care. Solutions to gun violence associated with mental illness lie in improving access to treatment, not in erecting further barriers to treatment.

## **Advocacy Priorities and Goals**

- Federal and state gun reporting laws should be based on violence, not mental illness. Research should be conducted to better identify predictors of gun violence and laws subsequently crafted to reflect these predictors.
- Efforts to modernize federal standards pertaining to including individuals with serious mental illness on the NICS reporting system should be based on current scientific knowledge about factors that may increase risks of violence among persons with mental illness. States must be provided with clear guidance about who should be reported and who should not be reported.
- Federal legislation should be enacted to eliminate highly offensive and outdated terminology currently contained in the NICS reporting law, specifically the term "individuals adjudicated as being mentally defective."
- Since treatment is the best way to address violence among the small subset of individuals with mental illness who pose an increased risk, the federal government and states should allocate more resources for mental health treatment. Treatment resources should particularly be focused on early identification, early intervention and evidence-based mental health treatments.
- Strong safeguards must be established in federal and state gun reporting databases to protect the privacy of individuals whose names are included and to ensure that the identities of such individuals are not shared or used for any other purposes.

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