

Mass Violence in America

Causes, Impacts, and Solutions



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National Council Medical Director Institute

- Medical directors from mental health and substance use treatment organizations from across the country.
- Advises National Council members, staff and Board of Directors on issues that impact National Council members' clinical practices.
- Champions National Council policy and initiatives that affect clinical practice, clinicians employed, by member organizations, national organizations representing clinicians and governmental agencies.



Mass Violence Expert Panel

Chicago, IL

October 7-8, 2018

30 expert panel
members

- Practitioners
- Administrators
- Policymakers
- Patients/Peers
- Researchers
- Innovators
- Law Enforcement
- Judges
- Educators
- Advocates
- Payers
- Pharmacists
- Managed Care
- State and Federal
- Professional Associations
- Member Executives



How many deaths annually?

138 mass shooting deaths and 593 injuries across 30 incidents; 2017 (FBI)

692 mass shooting deaths and 1803 injuries across 347 incidents; 2017 (GVA)

- 14,415 Firearm homicides 2016 (CDC 2018)
- 16,617 All homicides 2017 (FBI UCR, 2018)
- 21,808 Firearm suicides 2016 (CDC 2018)
- 72,287 Drug overdoses 2017 (CDC 2018)
- 250,000 Medical errors (Makary, BMJ, 2016)

The 12-month population prevalence rate of public mass shooting deaths in 2017: approximately 0.88 per 1 million.

- **less than 0.1% of all firearm-related fatalities in the US**
- **less than 0.2% of all homicides.**



Research trends on mass shootings as variously defined

- Increasing in number
- Increasing in frequency / decreased interval between events
- Increasing in severity (number injured or killed)
- Increasing in media coverage per event



Likelihood of “mental illness” Depends on the Definition

4.7%	NICS-disqualifying mental illness (Silver et al 2018)
11%	Evidence of prior MH “concerns” (Everytown*, 2015)
17%	Pre-incident dx, school shooters (Vossekuil/SSI 2002)
25%	Pre-incident diagnosis of any kind, AS (Silver/BAU, 2018)
28%	Evidence of MI, ISIS-influenced (Gill & Corner, 2017)
55%	Lifetime risk, DSM-IV Disorder, all of USA (Kessler, 2006)
59%	“Signs of serious mental illness” (Duwe, 2007)
62%	Mental Health “Stressor,” AS (Silver/BAU, 2018)



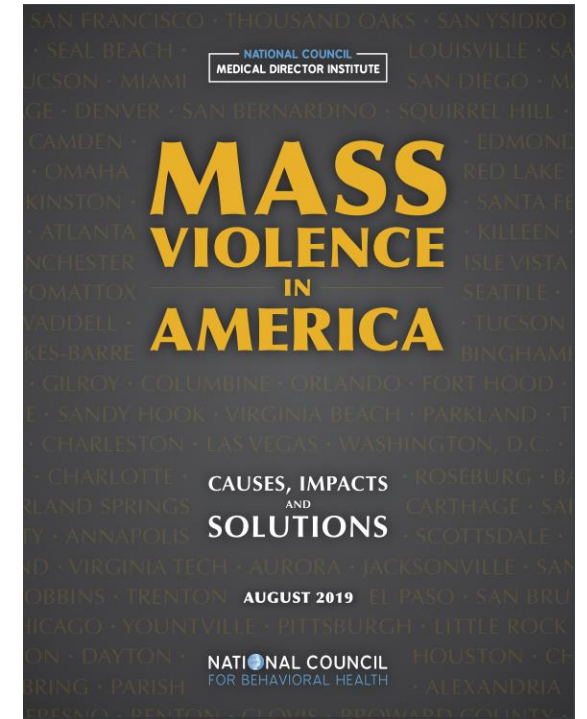
Conclusions

- Mass violence is increasing in the last 10 years and that increase is due to increase mass violence utilizing guns
- Serious Mental Illness (schizophrenia and bipolar disorder) is **not a significant direct cause** of mass violence
- Mental distress associated with isolation, past history of trauma, past history of violence, and feelings of injustice are strongly associated with mass violence



Recommendations to Reduce Mass Violence

- There are a range of potentially effective policies and interventions that can prevent and reduce incidents of mass violence
- **No single solution will solve mass violence.**
- A multi-faceted community response is required to address this large-scale national issue.
- Specific Recommendations are Offered for:
 - Legislation and Government agencies
 - Communities
 - Schools
 - Health Care Organizations
 - Legislation and Governmental Agencies



Congressional Staff Briefing

Mass Violence in America: Causes, Impacts and Solutions

Wednesday, September 18th

12:00 - 1:00 PM

2253 Rayburn House Office Building



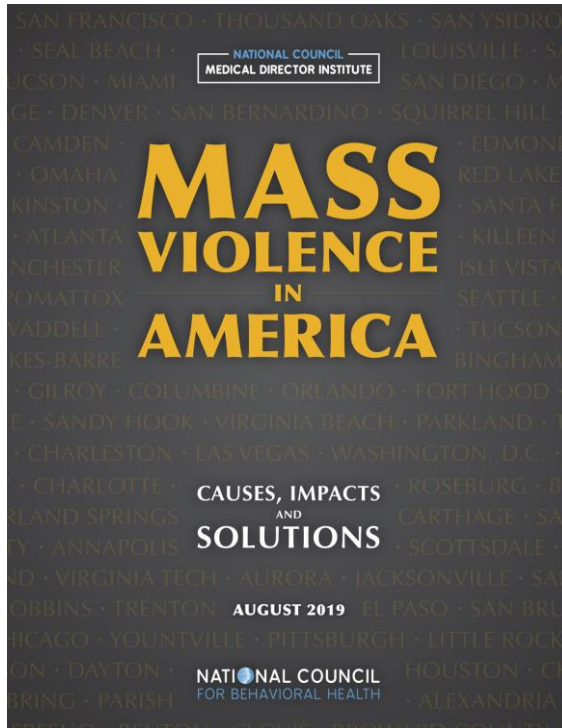
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Paper Promotion: Podcast



- An episode of *The Behavioral Observation Podcast*, focused on the mass violence paper, will air on October 1st.
 - Podcast has 1.1 million downloads and reaches 100 countries
- Sponsored by Mental Health Risk Retention Group (MHRRG) and Negley Associates



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Resources

Find the report at:

<http://tiny.cc/NationalCouncilMDI>

For questions, contact:

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