Wisconsin Public Psychiatry Network Teleconference (WPPNT)

- This teleconference is brought to you by the Wisconsin Department of Health Services (DHS) Bureau of Prevention Treatment and Recovery and the University of Wisconsin-Madison, Department of Psychiatry.

- The DHS makes no representations or warranty as to the accuracy, reliability, timeliness, quality, suitability, completeness, or results of the materials in this presentation.

- Use of information contained in this presentation may require express authority from a third party.
WPPNT Reminders

- Call 877-820-7831 before 11:00 a.m.
- Enter passcode 107633#, when prompted.
- Questions may be asked, if time allows.
- To ask a question, press *6 on your phone to un-mute yourself. *6 to remote.
Mental Health and the 2nd Amendment

Melissa Goelitz, MD - Mental Health Services, Madison VA Hospital, USDep of Veterans Affairs
Gene Yang, MD, MBA - University of Wisconsin Department of Psychiatry
Right to firearms codified in law

US Constitution (2nd Amendment): A well regulated militia being necessary to the security of a free state, the right of the people to keep and bear arms shall not be infringed.

WI Constitution (Article 1 Section 25): The people have the right to keep and bear arms for security, defense, hunting, recreation or any other lawful purpose.
Primer on WI Specific Gun Laws

- **Concealed carry** (175.60; 943.13): Shall Issue (handguns, tasers, batons, knives); no permit needed (long guns)
- **Local restrictions** (60.0409): No preemption of state law
- **Open carry** (66.0409; 947.01, 29.091; 29.089): Permitted (restrictions: taxpayer-owned building or within 1000 feet of school property and not on private property). Vehicle carry permitted (unloaded long arms, loaded handguns).
- **Campus carry** (175.60): Permitted
- **Private sales** (175.35): No background check required, no waiting period.
- **Castle Doctrine** (895.62; 939.48; 940.01): Immunity from criminal charges and civil suits in self-defense on their property (vehicle, business, home, improved portions of home property), presumption that any action is justified.
- **Access by children** (948.55): misdemeanor unless the child is exercising privileges of 939.48
Mental Health and Firearms Laws

Federal: Gun Control Act of 1968: a person who “is an unlawful user of or addicted to any controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)); (4) has been adjudicated as a mental defective or has been committed to any mental institution” cannot possess firearms.

State: Wis. Stat. § 51.20(13)(cv)(1) (mental health commitments where the individual is found to be a danger to self or public safety); § 51.45(13)(i)(1) (treatment for and commitment of an individual incapacitated by alcohol or suffering from alcoholism); § 54.10(3)(f)(1) (individuals who have a guardian appointed for them); or § 55.12(10)(a) (order of protective services or protective placement).

All users of medical or recreational marijuana are federally prohibited from owning firearms (BATFE Form 4473; AG Order Number 3411-2014)
Why do we care?

- Firearms are a tool that allow an unskilled person to inflict greater harm on others than they might otherwise be able to.

- Media attention tends to skew public perception, pointing out mental illness as likely issue (Nekvasil, et al)

- Morbidity and mortality due to firearms are preventable injuries.
Guns and Mortality

Via CDC WISQARS:
- Firearms are responsible for the greatest percentage of violence-related deaths (34.4% are suicides).
  - Firearms (suicide) are the 4th most common injury related deaths, with homicide as number 5
- With the exception of the 10-14 age group, firearms were the leading cause of violent death.
- From age 35 and up, suicide by firearm accounted for 30-63% of violence-related deaths

In Wisconsin 72% of firearm deaths are from suicide. (Tuan, et al)

Via Small Arms Survey:
- North America accounts for 52% of worldwide suicides by gun
  - The United States is 16th among countries where firearms were used in at least 50% of violent deaths (2015)
- Males account for 78% of suicides, 96% of suicides by gun
Mental Illness and Gun Violence

People as diverse as Michael Bloomberg (founder of Everytown for Gun Safety, former NYC mayor) and Wayne LaPierre (CEO of the National Rifle Association) comment about the dangerousness of the “mentally ill” having access to firearms.

Psychiatric patients are more likely to be victims of gun violence than perpetrators:

- 3-5% of all violence could be attributed to mental illness, the majority of which does not involve firearms (Swanson, et al).
- Perpetrators of gun violence tend to have maladaptive personality configurations, rather than severe mental illness (Dudely, et al).

Focusing on mental health in relation to gun violence is an appeal to prejudices against those with mental illness (Dudley, et al).

Substance use is a greater predictor of violence, but not necessarily gun violence (Swanson, et al).
Safety

Access is the most important factor in preventing suicide by firearm (Ajdacic, et al; Reisch, et al; WHO 2008). Mental health treatment is the most effective way of preventing suicide, as decreased firearms access led to increases in other suicide methods (Reisch, et al).

Individualized strategies to minimize risk are effective (Shenassa, et al, Miller, et al).

Lack of training:

- 79% of psychiatry residencies have not even considered firearm injury prevention training. (Price, et al 2010).
- 45% of psychiatrists surveyed never seriously considered anticipatory guidance for patients (Price, et al 2007)
- While 80% of psychologists believe firearms are relevant to safety in mental health populations, 80% did not have a routine system for evaluating access to firearms and 46% had no information/training regarding firearms safety (Traylor, et al)
Safety

Securing weapons at home
- Gun locks and safes
- Keyed alike vs keyed different
- Storing weapons, magazines, and ammunition in separate lockboxes/safes
- Mixing keys together
- Adding photos/gifts of loved ones or other motivations for living in each location.
  - Taping a picture of a loved one or pet over the keyhole on a lockbox.
  - Adding a “skin” to the weapon to remind the patient of loved ones (covermeveterans.org)

Removing weapons from home
- Legal in WI to have someone hold them or for police to take custody of them (get a receipt)
- Patients under commitment must forfeit weapons
  - A prohibition of weapons possession can be a condition of a settlement agreement (not automatic)

Cardinal Rules of Gun Safety:
- Treat every weapon as loaded
- Always keep your finger off the trigger
- Always point your weapon in a safe direction/know your target and what is behind it
Gun Locks

Cable locks come included with most new firearms, free through the VA, inexpensive online.

Can combine with trigger locks.
Ideas on how to talk to gunowners

Just like owning weapons for self-defense, this is risk mitigation. The goal is to temporarily making their home safer.

- Emphasizing that securing (locking or removing) weapons is temporary. Locks and safes are “fuses.”
- Each additional step before a weapon can be used is adding length to the fuse.

Percentage risk

- Validating their preparation for a probability of being attacked/government occupation
- “I understand that you are carrying a gun or have them ready at home because of the risk of possible attack. However, at this moment, the probability of you turning the gun on yourself is higher than the risk of being attacked and using your weapon in self-defense. When the risk of suicide is lower than the risk of being attacked, you can consider a return to carrying/keeping a weapon ready.”
Sources