

## Submitted Public Comment

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Next Scheduled Meeting Date: Mayors and CAOs Violence Prevention Roundtable  
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Subject: Hampton Roads Gun Violence Prevention

### **Comment:**

Improving mental health support can contribute to a reduction in gun violence in Hampton Roads if mental health support is targeted to and reaches those most likely to engage in gun violence. However, it would be disingenuous if this working group looks to mental health programs as a “silver bullet” to significantly reduce Hampton Roads gun violence. The situation in plain talk: “If we were able to magically cure schizophrenia, bipolar disorder, and major depression, that would be wonderful, but overall [gun] violence would go down by only about 4 percent,” said Jeffrey Swanson, a professor of psychiatry and behavioral sciences at the Duke University School of Medicine.<sup>1</sup> Multiple national studies back this up.<sup>2,3</sup> In fact, a very strong public emphasis on mental health programs to counter gun violence could be detrimental.

*Associating mental illness with violence reinforces stigma and unwarranted fear of people with mental illnesses — people who need support to recover from serious brain-based conditions. In addition, some mental health advocates may understandably be tempted to focus on violence in the quest for crucial funding of services but making such a case can lead to misaligned priorities, misdirected resources, and misapplied coercive interventions against people with mental illnesses.<sup>4</sup>*

*The real story — and the real need — regarding mental illness and violence is suicide. Not only are most firearm deaths suicides, but most suicides are causally linked to mental illness.<sup>5</sup> As previously stated, studies show this causal link does not exist between gun violence*

homicides and mental illness. However, mindfulness training and conflict resolution training to deal with toxic traumatic stress can be widely applied for good mental health maintenance but should not be categorized as mental illness treatment.

The public has not seen sufficient evidence-based analysis from city leaders on the where, who, and why necessary to determine upstream intervention actions for gun violence prevention. (Modest and slow developing crime data analysis for a crime dashboard is concerned with law enforcement and has less relevance to addressing the causes of violence.) City leaders are grasping for silo-based solutions to counter an unprofiled shooter with unknown motives for their violent actions. This is as impracticable as a football coach creating a game plan for his/her team without knowing much about the team they will face. And as every coach knows, in addition to understanding the opponent, the game plan must be flexible and multifaceted – one play, one formation is not enough.

With city leaders unable or unwilling to direct an evidence-based analysis to determine the multi-faceted characteristics of the gun violence epidemic, the cart is before the horse; solutions are sought before the problem is identified properly.

Consequently, the concerned community must make assumptions based on national data while waiting for a proper analysis of our regional gun violence problem. The available national data leads to the general conclusion that gun violence is place based and primarily is initiated by young Black males in underdeveloped and under resourced neighborhoods, unemployed or under employed, living in low-income, segregated neighborhoods and traumatically affected by one or more of the following: substandard housing, poor neighborhood cohesion, lack of neighborhood green space, lack of educational and economic opportunities, dysfunctional family life, lack of quality healthcare and access to healthy food, and past traumatic experience involving gun violence. <sup>6.7.8</sup>

With respect to mental health, this is why a proper analysis matters: How a mental health program operates and how effective it will be are largely determined by the characteristics of the target audience it needs to reach, the cause(s) of the most significant traumas experienced which trigger violence, how trustworthy and accessible mental health treatment is perceived by the target audience, and how well a mental health program contributes to an overall, synergistic gun violence prevention strategy.

During a recent newscast I heard a Ukrainian civilian defiantly state, “The Ukrainian people are unbreakable.” This strong-willed resolve appears noble in the face of Russian brutal aggression. I imagine this same resolve was required by Black slaves to survive and not break – an attitude that has been passed down to today’s African Americans living in the Black diaspora.

Rhetorical questions relating to the gun violence target audience:

- Is it any wonder that many Blacks (especially males) see mental health treatment as a sign of weakness?
- Is it surprising that some see accepting mental health treatment as a rebuke to their religious faith that for generations has been the pillar of their strength and sanity?
- Is it surprising that the paucity of Black mental health practitioners and the paucity of those not of color who have received training in cultural competence for Black mental health do not make mental health treatment relatable and trustworthy to many in the Black community?
- Is it surprising Black males feel Whites characterize Black males as prone to violence and Whites also consider mental illness closely associated with gun violence and thus Black males are hesitant to be “double stigmatized” by submitting to mental health care?
- Is it possible those most likely to commit gun violence are those least aware of mental health support availability and least likely to be able to afford mental health treatment?<sup>9,10</sup>

If these questions and others like them are not considered in developing a mental health capability supporting a comprehensive public health approach to gun violence prevention, needed mental health support to the broader community may be provided, to include needed counseling of gun violence victims, but will fail to reach the small, critical subgroup of those struggling with mental illness and on the verge of lashing out through gun violence.

#### References:

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4. *It's tempting to say gun violence is about mental illness. The truth is much more complex*, Association of American Medical Colleges, <https://www.aamc.org/news-insights/it-s-tempting-say-gun-violence-about-mental-illness-truth-much-more-complex>.
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- 6 *The Root Causes of Gun Violence*, The Educational Fund to Stop Gun Violence, <http://efsgv.org/wp-content/uploads/2020/03/EFSGV-The-Root-Causes-of-Gun-Violence-March-2020.pdf>.
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- 8 *It's Not Just Mental Health. Addressing 'Social Determinants of Safety' Can Prevent Gun Violence*, Next City, <https://nextcity.org/urbanist-news/not-mental-health-social-determinants-of-safety-prevent-gun-violence>.
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- 10 *Black and African American Communities and Mental Health*, Mental Health America, <https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health>.