

Press release – 22.08.2019

Psychological Society of Ireland responds to recent comments made by President Donald Trump regarding Gun Violence and Mental Illness

The Psychological Society of Ireland (PSI), the learned and professional body for psychology in the Republic of Ireland, wishes to respond to the recent public commentary by the United States (US) President Donald Trump in relation to gun violence and mental illness.

When asked by a reporter what executive actions he might be prepared to take on guns and gun control, President Trump responded by identifying “mental illness” as effectively the sole factor in gun violence. President Trump went on to suggest that the closure of mental institutions in the 1960s and 1970s was also an issue that needed to be revisited. He stated that [the US] “needs to start building institutions again”, that “these people went out on to the streets” and “that was a terrible thing”. The PSI feels it is incumbent on the Society, and other bodies representing those with expertise on mental health and illness, to address these points.

Contrary to the US President’s recent remarks linking gun violence with mental illness, the association between mental illness and violence is weak. Taken in isolation, it is not at all predictive of violent behaviour. Indeed, those with mental illness are more likely to be victims of violent crime than perpetrators of it. In a context of alleged fake news being disseminated, it is important to iterate some facts. The United States has 5% of the world’s population but 30% of the world’s mass shootings. Compared to 22 other high-income nations, the gun-related murder rate in the US is 25 times higher [1]. Mass shootings by people with serious mental illness represent less than 1% of all yearly gun-related homicides in the US. Furthermore, many countries experience comparable rates of mental health problems and psychiatric diagnoses, without the level of gun violence that currently plagues American society. In July 2019, after the 245th mass shooting in its country since the beginning of the year, the US Secret Service released a report on mass public attacks, finding that “no single profile” can be used “to predict who will engage in targeted violence” adding that “mental illness, alone, is not a risk factor” [2]. Various research studies, using the scientific paradigm, have tried to determine what factors predict violent behaviour.

Swedish data points to the probable influence of social environment, such as poverty and exposure to early violence, as being partially accountable for later violent behaviour, with or without a mental health diagnosis. Indeed, clinical experts, who have trained for many years to clinically judge the risk of violence, always bear multiple factors in mind when doing so. Whilst a mental diagnosis is relevant, often it is factors relating to family and social history, social support profile, early experiences of trauma and/or violence, recent stressors, substance abuse patterns, the precise nature of the symptoms, a past history of violence, and indeed access to means, that

inform this risk assessment. This last factor is particularly important, as data from 171 countries suggests that the global distribution of public mass shooters is somewhat attributable to differences between countries in relation to firearms availability [3]. This is curiously a contentious point in the US context, which consequently results in those with mental illness being singled out and inappropriately targeted. It is the position of the PSI that identifying mental illness as the cause of mass shootings is ill-informed and inaccurate. It is also stigmatising, it risks deterring those with mental health needs from accessing treatment, and is corrosive to the social values held dear by Western democracies.

Individuals with mental illness are human first. If violent behaviour has taken place within a context of mental illness, these individuals are typically considered patients, and their illness is treated as best it can be. There is an important, albeit challenging, ethical distinction made between the individual who has been judged to have the mental disorder, and the behaviour(s) that they have reportedly committed. De-humanising and demonising people, particularly those with mental illness, by referring to them as “monsters”, is unhelpful and debasing. So too is the US President’s call for a return to an institutionalisation model of care. This represents a regressive move which, if implemented, would undo a half a century of recovery-led care for individuals who often have complex needs, and in the vast majority of cases, pose no risk to any part of society. Indeed, it is in all of our interests that they contribute constructively to societal life through inclusive ideologies, not demonising and divisive ones.

President Trump’s erroneous claims may reflect the strong bias we know society has, generally speaking, when judging the risk of violence among those with a psychiatric diagnosis. We tend to overestimate this risk by a factor of 3-4. Therefore, it is important that our professional body speaks to the facts and seeks to dispel the myths, within this topic of interest.

The PSI President Ian O’Grady states: “Whilst I welcome the US President publicly discussing the important topic of ‘mental illness’, I very much regret that he misrepresented, so badly, the issue of gun violence in US society. In deflecting from the evidence-based causes of American gun violence, President Trump appears to have scapegoated an entire vulnerable section of society, many of whom our Society’s members work with on a day-to-day basis. He has stigmatised all of those living with a mental health diagnosis, made dehumanising remarks, and called for a return to redundant and antiquated practices that are anathema to the recovery-led models of care we have today, in the treatment of those with mental disorders. These remarks are to be rejected in their entirety as they fail to meet any meaningful threshold for what the actual evidence-base states on these matters.”

ENDS.

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NOTES:

- The Psychological Society of Ireland (PSI) is the learned and professional body for psychology in the Republic of Ireland. Established in 1970, the Society currently has almost 3,000 members;
- The PSI is committed to maintaining high standards of practice in psychology and also to exploring new and innovative ways of furthering psychology as an applied science.

References (further sources available upon request)

[1] Grinshteyn, E. & Hemenway, D. (2016). Violent Death Rates: The US Compared with Other High-income OECD Countries, 2010. *The American Journal of Medicine*, 129(3): 266-273. doi: <https://doi.org/10.1016/j.amjmed.2015.10.025>

[2] National Threat Assessment Center (2019). *Mass Attacks in Public Spaces – 2018*. U.S. Secret Service, Department of Homeland Security. Retrieved from https://www.secretservice.gov/data/press/reports/USSS_FY2019_MAPS.pdf

[3] Lankford, A. (2016). Public Mass Shooters and Firearms: A Cross-National Study of 171 Countries. *Violence & Victims*, 31(2): 187-99. doi: 10.1891/0886-6708.VV-D-15-00093. Epub 2016 Jan 28.