



Why Improved Mental Health Care Alone Will Not Stop Gun Violence

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In the wake of school shootings in Parkland, Florida and other communities, the issue of gun violence continues to provoke controversy. With each new shooting, politicians feel compelled to offer solutions – and the two most frequently touted ideas are stricter gun control laws and new measures to address mental illness. The frequency with which these kinds of solutions are proposed might suggest that they are equally important. Yet there is little research that directly tests the relative effectiveness of stricter gun control versus efforts to reduce or manage mental illness.

In our research, we began to fill in this gap by empirically testing the effects of stricter gun control laws compared to greater access to mental health services for those in need. Across the fifty American states for the years 2012 and 2013, we examined the relative effectiveness of each policy approach in reducing the number of gun-related deaths. Our findings cast serious doubt on the effectiveness of increasing access to mental health as a way to reduce the rate of U.S. gun violence.

Gun Control and Managing Mental Health Problems

Gun control refers to a wide variety of laws designed to reduce gun violence. In general, these laws either target more dangerous types of guns or focus on keeping guns away from people considered more likely to use guns for illegitimate purposes. For example, they can include restrictions on the manufacture and sale of assault weapons, limitations on the size of ammunition magazines, the creation of “gun-free” zones, and bans on convicted felons buying or owning a gun.

Proponents of stricter gun control laws offer two reasons for these types of restrictions – both of which are backed up by research findings. Stricter gun control laws make it less likely that someone intent on violence will be able to **obtain a gun**. And by making weapons less deadly, gun control laws reduce the danger that shooting **victims will die**.

Mental health approaches are also proposed as ways to reduce gun violence. Some argue that there is a link between mental illness and violence and say that better care would reduce gun violence. Since mental illness can often be managed by treatments including psychotherapy and drug therapy, proponents of this approach argue that providing mental health services will make it less likely that those with mental illnesses will become violent.

Muddying the waters somewhat is the fact that these two approaches can become intertwined. Some gun control laws specifically target the rights of people diagnosed with mental illness to own guns. Such measures

can be considered instances of both kinds of solutions.

To determine whether one or both of these proposals are actually effective at reducing gun-related deaths, we used data on gun control from the [Brady Campaign to Prevent Gun Violence](#), and [data on mental health](#) from the federal government. In each state and comparing the states, we tested the effects of stricter gun control laws and of greater access to mental health services for those in need of them.

Unequal Solutions

What we found was surprising. As we had expected, strict gun control laws alone were strongly correlated with fewer gun deaths. But contrary to our expectations, greater access to mental health services alone appeared to have no significant effect on the number of gun fatalities. We also learned that a combination of both approaches was effective at reducing the rate of gun deaths. States that had both strict gun control laws and a high percentage of residents with access to mental health care experienced fewer gun deaths than states that only had relatively good access to mental health care.

Our results can be further specified by contrasting suicides, which represent the majority of gun deaths, with non-suicides (i.e., mostly homicides but also a few accidental shootings). Our findings for non-suicides are the same as the overall results: both strict gun control and the combination of gun control with good mental health care were effective at preventing non-suicides. But the combined approach was not effective for preventing suicides.

Why might the combined approaches reduce deaths for non-suicides but not for suicides? The difference may result from the fact that, to legally take away a person's guns due to mental illness, he or she must first be committed to a mental institution or declared mentally incompetent by a court. Furthermore, in practice people with mental illnesses like schizophrenia are more likely to be homicidal rather than suicidal, and are also more likely to be committed or declared mentally incompetent. Greater access to mental health care also likely leads to greater rates of commitment due to mental illness. Therefore, gun control laws related to mental health – such as those that allow law enforcement to remove guns from a person likely to harm others – are more likely to reduce homicides committed by mentally ill people, but are ineffective at reducing suicides in their ranks.

Moving Forward

Although there are many benefits to increasing access to mental health care, a significant reduction in gun violence is probably not one of them, unless gun controls are also enacted. This finding underlines the imbalance of current debates about solutions to gun violence, which often tout gun control and mental health care improvements as equally viable alternatives. In fact, only about [four percent of violent acts](#) in the United States are committed by people suffering from mental illnesses. Increased mental health treatments alone will not solve the gun violence epidemic – and it makes little sense to use the mentally ill as a scapegoat for the nation's gun violence problem. As America continues to be roiled by shootings, policymakers should bear in mind that not all proposed solutions are created equal.

Read more in Jonathan Spiegler and Jacob Smith “[Explaining Gun Deaths: Gun Control, Mental Illness, and Policymaking in the American States](#)” *Policy Studies Journal* (Forthcoming).