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The Gun Violence Epidemics in the United States: A Mental Health Problem or Failing Society?

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Opinion Article

Gun related injuries have been a deeply debated current socio-political topic in the United States. There is a perception that firearm related injuries are directly correlated with pre-existing psychiatric disorders. Annually more than 33 million Americans seek health care services for psychiatric issues. These conditions are the leading cause of combined disability and death among women and the second highest among men. Our study's main objective is to identify the national prevalence of self-intentional gun related injuries associated with reported pre-existing psychiatric conditions (alcohol abuse disorder, dementia, drug use disorder and major psychiatric illness) as defined in the 2016 National Trauma Data Standard.

Evidence indicates that there is a link between pre-existing psychiatric conditions and violence. For example, an epidemiological research study discovered that psychiatric illness contributes little to interpersonal violence but significantly to self-inflicted violence [1]. The study examined violent acts of 81,704 adults diagnosed with schizophrenia, bipolar disorder, or major depressive disorder who were receiving services in the public behavioral health systems in two large Florida counties, Miami-Dade and Pinellas [1]. Of the adults with pre-existing psychiatric conditions studied, 254 individuals died by suicide; of these, 50 (19.7%) used a firearm [1]. This demonstrates that individuals with pre-existing psychiatric disorders are associated with self-inflicted gun violence and that suicide should be the focus of gun violence prevention efforts focused on people with psychiatric illnesses.

The link between pre-existing psychiatric disorders and violence is further analyzed by a study on 34,653 individuals and whether their severe psychiatric illnesses such as schizophrenia, bipolar disorder, and major depression lead to violent behaviors [2]. This was done by utilizing a longitudinal data set from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) [2]. Analysis of the data proved that the incidence of violence was higher for people with severe psychiatric illness, but significantly so for those with co-occurring substance abuse and/or dependence [2]. This established that having the diagnosis of pre-existing psychiatric disorders is associated with increased violence. Moreover, a meta-analysis of recently published studies, including the MacArthur Violence Risk Assessment

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Study, clarified that while pre-existing psychiatric disorders are associated with violence, drug abuse disorders specifically are considerably more related [3]. Evidence shows those with schizophrenia had the lowest occurrence of violence over the course of the year (14.8%), compared to those with bipolar disorder (22.0%) or major depression (28.5%) [3]. Beyond that, it was found that those with drug use disorders were major contributors to violence, accounting for as much as a third of self-reported violent acts, and accounted for seven out of every ten crimes of violence among mentally disordered offenders [3]. This demonstrates that not only is there a link between pre-existing psychiatric disorders and violence, but that there is an even greater link if that psychiatric disorder is a drug abuse disorder.

Ultimately, evidence suggests that the majority of individuals with pre-existing psychiatric disorders associated with gun violence are far more likely to engage in self-inflicted violence than interpersonal violence. For example, an epidemiological study on data from the CDC's National Violent Death Reporting System found that a significant proportion of gun suicide victims had identified mental health problems (21%–44%) and a documented history of some psychiatric treatment (16%–33%) [4]. This exemplifies the prevalence of self-inflicted gun violence among patients with pre-existing psychiatric disorders and

proves that self-inflicted gun violence is associated with pre-existing psychiatric disorders.

The objective our study is to identify cases of self-inflicted gun related injuries associated with reported pre-existing psychiatric conditions such as alcohol abuse disorder, dementia, drug use disorder and major psychiatric illness. The association between psychiatric illness and gun related injury is noteworthy because the relationship has a massive impact on public health policy, clinical practices, and public stance on individuals with psychiatric conditions.

The National Trauma Data Bank's 2016 Research Data Set (RDS) was utilized and reviewed. Statistical software (SPSS 21) was utilized to merge the 2016 RDS datasets. Cases were identified utilizing the International Classification of Disease, 10th Edition, Clinical Modification (ICD-10-CM) external cause code categories X72 through X74 to identify cases of self-inflicted intent with a

firearm mechanism and penetrating trauma type as reported cases to the National Trauma Data Bank (NTDB).

The 2016 RDS consisted of 968,665 reported cases to the NTDB with 3,374 (0.3%) reported observations of self-inflicted firearms injuries. Of those reported, the proportion was as follows: major psychiatric illness 31%, alcohol use disorder 10%, drug use disorder 8%, and dementia 1%. While a relatively small proportion of cases reported were self-inflicted firearm injuries, almost half were involving a patient with a pre-existing psychiatric disorder. This, consistent with the medical literature, proves that pre-existing psychiatric disorders are associated with self-inflicted firearm injuries.

Half of all self-inflicted firearm injuries in the United States are associated with pre-existing psychiatric conditions. Advances in understanding the behavioral and social determinants leading to these conditions, and a strategy to improve the quality and access of mental health care are required.

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