

## **Mental Health Initiatives in the Aftermath of the Sandy Hook Tragedy: Implications for the DV Field**

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The Sandy Hook tragedy has raised a number of issues that have implications for DV advocacy work, including issues related to gun control<sup>2</sup> and mental health services. President Obama's plan includes several initiatives related to mental health, and several states have launched their own initiatives as well.

While improving the mental health system—which has suffered devastating cuts over the past several years—is critical, national conversations about the need for mental health care have sometimes reflected stigma and confusion about mental illness and dangerousness.

The vast majority of people who have been diagnosed with a mental illness are not violent. On the contrary, they are more likely to be the victims of violence, including interpersonal and domestic violence. As Wayne Lindstrom of Mental Health America stated in his remarks to the House Democratic Gun Violence Prevention Task Force, "We must decouple the immediate thought that mental illness equals violence; it does not. . . . But violence does impact mental health."<sup>3</sup>

As initiatives to reform the mental health system move forward, DV advocates can play an important role in allying with mental health advocates to counter stigma related to mental illness, while also working to ensure that reforms do not have unintended consequences for survivors of domestic violence. For example, while many initiatives are designed to increase access to mental health services, some also include efforts to heighten the duty of mental health professionals to report

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<sup>1</sup> This material was originally published in NCDVTMH's quarterly newspaper.

<sup>2</sup> Changes related to gun control called for in President Obama's plan include a ban on assault weapons and high-capacity magazines and a number of initiatives related to strengthening background checks. The plan also calls for an end to the years-long "freeze" on gun violence research, which resulted from a claim made by some members of Congress that a statute prohibiting federal agencies from "advocating or promoting gun control" meant that they were also prohibited from conducting research on gun violence.

<sup>3</sup> Lindstrom, W.W. (Jan. 22, 2013). Remarks to the House Democratic Gun Violence Prevention Task Force. Retrieved from:  
<http://www.mentalhealthamerica.net/index.cfm?objectid=642015AC-E398-BDA6-12E74FB2A2B1BE27>.

on patients and to lower the thresholds for involuntary commitment.<sup>4</sup> Proposals such as these risk perpetuating stigma related to mental illness and some may also have unintended consequences for survivors of domestic violence, particularly those whose partners use the mental health system to control and undermine them.

Being thoughtful about how the mental health system works to assess and respond to potential dangerousness also includes being responsive to DV-related risks. Mental health agencies should be involved in ongoing collaborations with local DV agencies to ensure that they are prepared to screen for and respond to DV-related risks.

Furthermore, while initiatives to prevent violence are critical, supporting those who are affected by violence must also be a national priority. The DV field brings extensive experience supporting the mental health and well-being of those impacted by violence. A number of state coalitions have developed resources for responding to DV-related homicides that would be relevant to efforts to support survivors of tragedies such as the recent Newtown shooting.

President Obama and officials in a number of states have also called for changes related to school safety and for school-based interventions, including increasing access to mental health services for students and young people. This is also an area where the DV and trauma fields can provide valuable input, particularly those in the field who have expertise working with children and youth exposed to violence.

For example, one of the initiatives called for in President Obama's plan is Project AWARE (Advancing Wellness and Resilience in Education), which is designed to train teachers and other adults to recognize when young people might need mental health services. This initiative includes offering "Mental Health First Aid" training to teachers, as well as other strategies for making sure that students with signs of mental illness are encouraged to seek mental health services.

From our own experiences and from studies such as the Adverse Childhood Experiences study, we know that many children and young people experience high rates of adverse and potentially traumatic events in their lives—and that they may be exposed to ongoing violence at home, in their schools, in their communities, and in their dating relationships. For this reason, any effort to build the skills of teachers and other adults to support the mental health and emotional well-being of young people will be most effective if it incorporates an understanding of the

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<sup>4</sup> Good E. & Healy, J. (Jan. 31, 2013). Focus on mental health laws to curb violence is unfair, some say, *New York Times*. Retrieved from: <http://www.nytimes.com/2013/02/01/us/focus-on-mental-health-laws-to-curb-violence-is-unfair-some-say.html>

prevalence and impact of both past trauma and ongoing violence, including exposure to domestic violence at home.

President Obama's plan does acknowledge the effect that exposure to community violence can have on mental health, as well as the increased likelihood that children exposed to community violence will later commit acts of violence. The plan calls on Congress to provide \$25 million for student "mental health services for trauma or anxiety, conflict resolution programs, and other school-based violence prevention strategies," but this amount is tiny relative to other national spending and given what we know about the prevalence of violence and trauma.

As federal and state initiatives launched in response to the Sandy Hook tragedy continue to develop, the DV advocacy and trauma fields can provide critical input in a number of areas related to the impact of trauma and exposure to violence. It is also important to ensure that reforms do not have unintended consequences that would be harmful to survivors, and that domestic violence safety is incorporated as changes are made to mental health-related laws. We can also play an important role allying with mental health advocates in rejecting stigmatizing approaches to addressing trauma and mental health.

However, while it is important to provide input on all of the various proposals being developed to reduce violence, it is also important to take this opportunity to continue to expand and deepen the conversation to address the root causes of violence, which are multiple and complex but also interconnected, and to continue to build and maintain our vision for a more peaceful society.

### **Additional Resources:**

For a summary of **President Obama's Plan to Reduce Gun Violence** and a link to the full plan, see <http://www.whitehouse.gov/issues/preventing-gun-violence#what-we-can-do>.

For information about the **Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)**, visit the website for the Parity Implementation Coalition at <http://parityispersonal.org/>.

For information on guns and domestic violence, see **The Facts on Women, Children and Gun Violence by Futures Without Violence**, available at [http://www.futureswithoutviolence.org/content/action\\_center/detail/754](http://www.futureswithoutviolence.org/content/action_center/detail/754) and look for the link to the PDF on the right hand side.

For information on DV-related gun laws in your state, see **Domestic Violence & Firearms Policy Summary**, developed by the Law Center to Prevent Gun Violence, available at <http://smartgunlaws.org/domestic-violence->

**firearms-policy-summary/**. A link at the top of the page directs readers to a page with individualized descriptions of the DV-related gun laws in each of the 50 states.

Another helpful report, **The Relationship between the Availability of Psychiatric Hospital Beds, Murders Involving Firearms, and Incarceration Rates**, by the Judge David L. Bazelon Center for Mental Health Law, is available at <http://www.bazelon.org/News-Publications/Press-Releases/1.15.13-Firearm-Homicide-Analysis-PR.aspx>. This report responds to arguments that closing state psychiatric institutions has contributed to the gun-related tragedies that have occurred recently. These closings were the result of a 1995 landmark disability rights case, *Olmstead v. LC*, in which the U.S. Supreme Court held that people with disabilities have a right to receive services in the “most integrated setting appropriate,” thus initiating a shift away from treating people with psychiatric disabilities in state hospitals and toward community-based care. A major obstacle to this work has been that while many state hospitals were closed, the funding for community-based care has not come through. The following is an excerpt from the report: “Some groups have argued that the disability rights movement, deinstitutionalization, and the closure of state hospital beds have significantly contributed to the tragic gun-related homicides across the country. Such arguments tend to overlook the impact of the nation’s failure to fund the comprehensive community mental health systems that were intended to replace archaic state institutions. ...[T]o the extent that unaddressed needs of people with serious mental illness contribute to the nation’s homicide rate, the public policy answer is not in increasing the number of psychiatric hospital beds, but is elsewhere. There is a substantial body of evidence suggesting that meaningful remedies may instead be found in appropriately resourcing the nation’s community mental health systems enabling them to move from their current crisis focus and to provide early, effective services and supports to people with serious mental illness.”

For an **editorial by Jim Parsons**, director of the Substance Use and Mental Health Program at the Vera Institute of Justice: Parsons, J. (Jan. 18, 2013). Improve care for its own sake, not for safety. *New York Times*. Available at: <http://www.nytimes.com/roomfordebate/2013/01/17/can-mental-health-care-reduce-gun-violence/improve-mental-care-for-its-own-sake-not-for-gun-safety>.