

Gun Facts



Mental Health and Homicides

Posted on [2018/03/18](#) by [admin](#)

It is time to tap dance on landmines and begin the Gun Facts investigation of the intersection of mental health and gun violence. This will be an ongoing project, as it appears to be a determinant variable in mass homicides (and hence, mass shootings).

Main Takeaways

- Three forms of mental impairment are tightly associated with spree and serial killers.
- 74% of mass shooters had some form of genetic or induced disorder.
- Deinstitutionalization has removed dangerous people from being closely monitored
- In-patient psychiatric care was replaced, in part, with psychotropic medications, some of which can amplify violent desires.

Triggering the Investigation

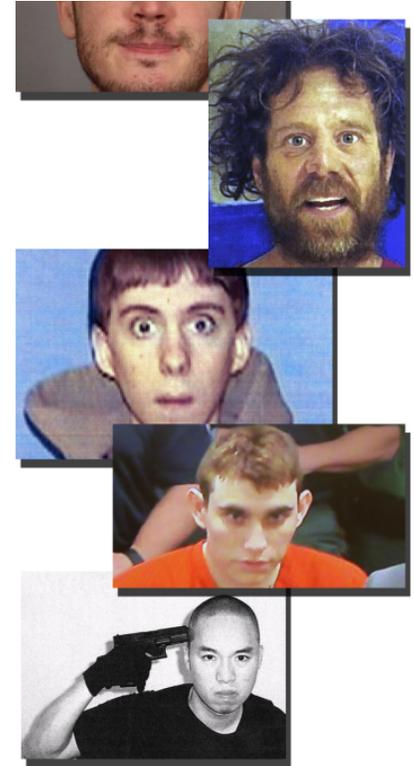
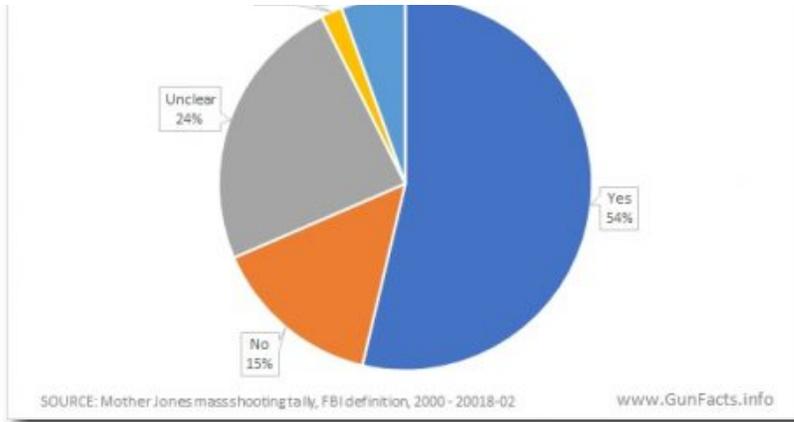
News reports too often detail that mass public shooters had prior histories of mental health issues. One need only look at some of the twenty-first century's mass murderers (the rogues galley at right being a representative sample) and you can tell there is something fundamentally different and dangerous about them.

But numbers matter, and here is where an odd source helps. In the aftermath of the Sandy Hook Massacre, which was carried out by one of the lunatics pictured here, *Mother Jones* began to compile a list of mass public shootings. Much to their credit, they investigated if the shooters had any mental health issues before the event.

NOTE: *Mother Jones* culled their list from news reports. Reporters may not have investigated the mental health angle for any given event, and thus the *Mother Jones* tally of mental illness in mass public shooters is likely low.

Their accounting for this century shows a minimum of 54% of mass and spree killers having prior histories of mental health issues. By any standard, this is a determinant variable. That in a full 26% or more of the instances reporters cannot make a determination of the mental health history of the shooter means we have a range of 54–80% of these mass murders having one or more screws loose.

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- If put into treatment, why did it not work?
- What policy makes sense going forward?

None of these questions have easy answers, but there is data to help guide investigation.

The Brain, Genetic and Injured

My friends in the mental health fields hate it when I say this, but we are discussing brains that do not work correctly. We all have personality quirks (and if you don't believe this, ask your spouse – they will give you a vivid description of yours). And we all get depressed from time to time. But these are not signs of a dysfunctional brain, just life and marginal variations from the norm. For the average Joe, we are sane enough to never want to kill anyone, even those who wrong us.

With mass public shooters, we see major disconnections from reality that lead to mass murder appearing to them as optional and perhaps desirable. The question is what might cause this.

When I started digging, I saw that many medical researchers had taken tiny steps into the field. One paper, *Neurodevelopmental and Psychosocial Risk Factors in Serial Killers and Mass Murderers*, was a “review of literature,” a term that means the authors read and distilled a bunch of other academic papers. This was a good starting point and a real eye opener into some of the aspects of mental disorder and mass homicide.

The short story of this paper is that:

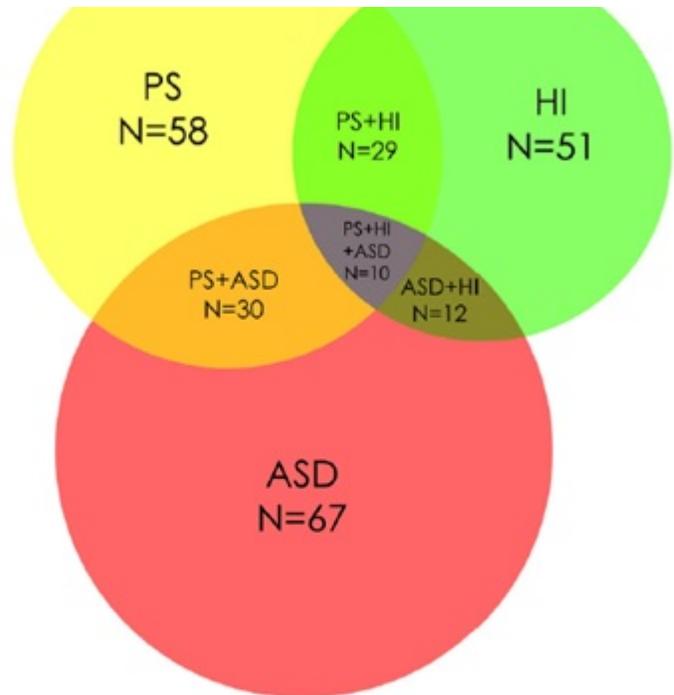
- Shooters within Autistic Spectrum Disorder (ASD) were the most common.
- People with psychological stresses (and psychosocial stressors) were marginally second most frequent.
- Those with head injuries were almost as frequent as group #2.

	All Cases	All Cases with Mental Impairment
Autistic Spectrum Disorder	28%	38%
Psychological Stresses	24%	33%
Head Injuries	21%	29%

In all, 74% of mass shooters had some form of genetic or induced disorder, which is in the same range as what *Mother Jones* concluded (54–80%). Naturally, some shooters have two or all three of these maladies.

this paper. And the latter number is likely low because these are just the cases that could be reported. Medical privacy laws do not allow open source investigations into the personal backgrounds of homicidal maniacs. This may be a moot point because this disparity – 1% of the population linked to 28+% of mass murders – is, statistically speaking, not ignorable.

This does not mean everyone with ASD will be a murderer. But it is now a primary early warning indicator for mental health professionals to watch. But so too are people with medical histories of head injuries and childhood stressors. One of the legislative problems to be faced is when a medical professional should recommend institutionalization (more on that later).



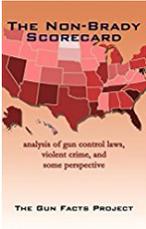
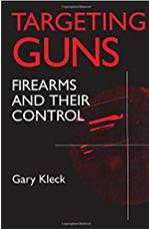
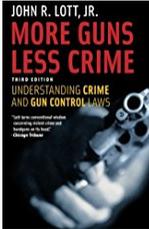
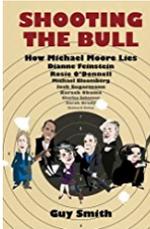
ASD : Autistic Spectrum Disorder
 PS : Psychological Stresses
 HI : Head Injury

Psychosocial stressors as a covariant

One recurring theme we have seen with mass public shooters concerns marginalization. Many of the school shooters – Columbine, Sandy Hook, Parkland – were marginalized, outcasts, considered the weird kids, bullied and tormented. These are forms of psychosocial stress, which one mental health website defines as follows:

It is the result of a cognitive appraisal (your mental interpretation) of what is at stake and what can be done about it. More simply put, psychosocial stress results when we look at a perceived social threat in our lives (real or even imagined) and discern that it may require resources we don't have.

Selected Gun Facts Reading

 <p>The Non-Brady Scorecard: A monograph concernin...</p> <p>\$0.99</p> <p>(11)</p>	 <p>Targeting Guns: Firearms and Their Control (Socia...</p> <p>\$34.95 \$44.95</p> <p>(10)</p>	 <p>More Guns, Less Crime: Understanding Crime a...</p> <p>\$15.66 \$48.00</p> <p>(529)</p>	 <p>Shooting the Bull</p> <p>\$9.95</p> <p>(44)</p>
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Psychosocial stressors included significant traumatic events during childhood such as the death of a close family member; major surgery/illness; psychological, physical, and/or sexual abuse.” (emphasis ours)

The two may well go hand in hand. As the Venn diagram above shows, the most common area of overlap lies between autism and psychological stressors. Autistic kids are maltreated by peers in school. It may be little wonder, then, that high-functioning autistics who are belittled, bullied and ostracized might well take such mistreatment as a “perceived social threat” and look for “what can be done about it.”

One study ¹ found boys on the high-functioning end of the autism spectrum to be measurably more susceptible to irritability when exposed to physiological stressors, to the point of impairment.

Deinstitutionalization

In the United States, we chose to not treat all the mentally ill in institutions. In the psych trade, this was called **deinstitutionalization**. There were a few good reasons to reduce the number of psych beds, some reasons that had unintended side effects, and other reasons that were a case of government short-sightedness.

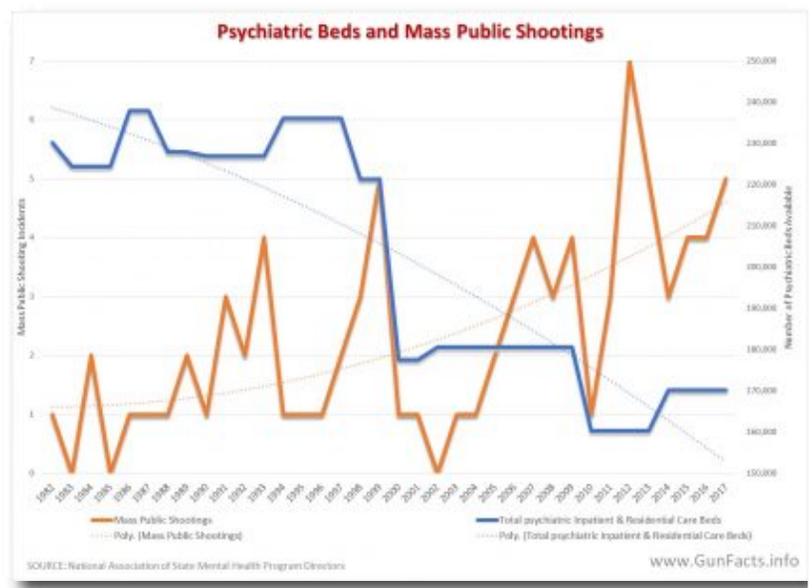
In the 1970s, several factors collided which led to sharp reductions in psychiatric hospital availability:

- New drugs were developed which let the truly psychotic live more-or-less normal lives.
- Social Security Disability gave them a means of support.
- Some truly horrible institutions painted a public picture of psychiatric institutions.
- Governments wanted to slash costs and started shutting down institutions, moving patients to “community based” programs.

One possible side effect is that people who showed (a) unpredictable behavior and (b) made threats of violence were no longer sent to a psych hospital for evaluation, but instead treated in a hodgepodge of community outpatient situations. Often the “community” treatment failed to identify the underlying source of the threatening behavior and instead relied on psychotropic medications (more on this in a bit).

In this scenario, we have a situation where people who might be troubled enough to shoot up their school received substandard care. If so, there might be a correlation between the shrinking availability of long-term care facilities and mass public shootings. Though correlation is not causation, we must take the data seriously and use it to prompt more study. In particular, we need to:

- Allow open source medical records of all mass shooters
- Discover who diagnosed them
- Detail what the treatment plan was
- List what medications they were prescribed
- Note if they actually took them
- Discover if they quit their medications in an uncontrolled way (see next section)



we Americans like our drugs. And from close-up observations of honky-tonk cowboys on a Saturday night, we might consider putting Jack Daniels on the Schedule 1 list of dangerous narcotics.

In the panacea of mind-bending chemicals is a slate of medications designed to control chemical balances in the brain. I do not decry these drugs – they are very important for some people. But they are completely unnecessary for others. Yet, doctors over-prescribe them (a former girlfriend of mine was prescribed Prozac for her PMS symptoms – thankfully she tossed the pills).

The problem with this approach to treating seriously troubled people falls into several lines of thought:

- These patients are often unreliable, and do not always take their meds, or withdraw from the meds in an uncontrolled way.
- Side effects, especially during uncontrolled withdrawal, are known to induce many symptoms that may be associated with spree killing.

The two classes of medications most commonly at play are antidepressants and antipsychotics. The second group, antipsychotics, is of interest because two of these medications are routinely prescribed for autism patients, which we saw above are the primary psychological risk factor in spree killings.

Scanning the most popular varieties of these two classes of medications, we see the following **known** side effects for use and for withdrawal:

ANTIDEPRESSANTS

ANTIPSYCHOTICS

Usage Side Effects

- Worsening depression
- Panic attack
- Agitation
- Confusion
- Risk-taking behavior
- Nervousness
- “Switching” from depression into mania
- Hallucinations
- Feelings of extreme sadness
- Suicidal thoughts

- Restlessness
- Anxiety
- Depression
- Agitation
- Hostility
- Confusion

Withdraw Side Effects

- Anxiety
- Nervousness
- Nightmares
- Irritability
- Extreme mood swings
- Panic attacks
- Suicidal thoughts
- Paranoia

- Agitation
- Anxiety
- Panic attacks
- Delusion
- Hallucinations
- Depression
- Mood swings
- Confusion
- Suicidal thoughts
- Psychosis
- Mania

What needs consideration is if we are moving at-risk people from an “unhappy but harmless” condition to a “psychotic and dangerous” condition through either unnecessary medications or through unsupervised withdrawals. The latter is most compelling when you consider the combined effects of deinstitutionalization (closing of mental health facilities) and increased medication use. Applying psychotropic drugs to fringe patients without constant supervision likely increases the number of people ready to shoot up schools and movie theaters.

Notes:

1. Irritability in boys with autism spectrum disorders: An investigation of physiological reactivity (Mikita, Hollocks, & Papadopoulos, 2015, *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 

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