Dec 4th, 2019
Alissa Sughrue
Policy Coordinator, NAMI Texas
Email: policy.fellow@namitexas.org

Testimony to Senate Select Committee on Mass Violence Prevention & Community Safety

Interim charge: Assess how state and local law enforcement agencies, fusion centers, mental health providers, digital platforms and social media companies such as Google, Facebook, Instagram, Twitter, etc., can better collaborate to detect, prevent, and respond to mass violence and terroristic activity. Examine what resources, staffing and protocols are necessary to enhance these partnerships and whether state funding is needed to assist local authorities in this endeavor.

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation's largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 27 local NAMI affiliate organizations and approximately 2,000 members.

Risk factors for mass violence

In order to prevent and respond to perpetration of mass violence, we need to have a full grasp on the various risk factors. No single policy or program is going to address the complex problem of mass violence, so no individual intervention should be discounted.

Table 3.

General Backgrounds	2017	2018
Gender - Male	100%	93%
Age: Range	15-66	15-64
Average	37	37
Illicit drug use or substance abuse	54%	22%
History of criminal charge(s)	71%	48%
Non-violent	57%	37%
Violent	54%	22%
History of domestic violence	32%	30%
Overall history of violence	64%	44%
Mental health symptoms	64%	67%
Known treatment or diagnosis	25%	44%
Investigative Themes	2017	2018
Beliefs	25%	30%
Fixation	39%	41%
Stressors	100%	85%
Financial instability	57%	56%
Threatening or concerning communications	86%	93%
History of making threats	50%	37%
Threats specific to the target	36%	22%
Concerning communications	82%	85%
Elicited concern	79%	78%
Concern about safety	46%	70%

[1]

Warning Signs

It is critical for us to focus on behaviors as risk factors, not diagnoses or specific demographics. Most attacks were premeditated and there were warning signs prior to the event.

- 41% of perpetrators had a specific target in mind for the attack.[1]
- 52% harbored grievances related to work, school, finances, or interpersonal relationships.[1]
- The average active shooter experiences 3.6 different stressors in the year prior to the attack, and 62% of these stressors related to mental health that may or may not have warranted a diagnosis.[2]
- Other stressors included finances, jobs and interpersonal relationships, abuse of drugs and alcohol, caregiving responsibilities, conflicts at school and with family members and sexual stress or frustration.[2]

78% of perpetrators exhibited behaviors that elicited concerns from others prior to the attack from a diverse range of sources in the community, ranging from strangers to law enforcement to friends and family.[1] This means we have opportunities to assess for concerning behaviors before violence occurs.

The Behaviors that Elicited Concern

- Social media posts with alarming content
- Escalating anger or aggressive behavior
- Changes in behavior and appearance
- Expressions of suicidal ideations
- Writing about violence or weapons
- Cutting off communications
- Inappropriate behavior toward females

- Stalking and harassing behaviors
- Increased depression
- Increased drug use
- Erratic behavior
- Purchasing weapons
- Threats of domestic violence
- Acting paranoid

[1]

There are many factors that may go into an individual deciding to commit an act of mass violence. We cannot assume a singular cause led to this act, but we can look for known concerning behaviors that predate the attack.

While many concerning behaviors may be connected to certain mental health issues, having a diagnosed mental health disorder does not make a person likely to commit violence. One in five individuals in the United States has a mental health disorder.[3] Because mental health disorders are so prevalent, even one-fifth of mass violence perpetrators having a mental health disorder would not suggest an elevated risk. When controlling for other factors, only 4% of overall violence in society can be directly attributed to mental illness.[2] Profiling individuals based on their diagnosis would have disastrous consequences.

"The danger is that those who are identified as being at risk of violence, rather than being given priority access to treatment and becoming eligible for intensive services, will instead be discriminated against, deprived of their liberty and subject to social control, whether through arrest and incarceration or involuntary inpatient or outpatient commitment. In addition, when only people with mental illnesses are profiled, many others who might commit violence are missed."[2]

NAMI Texas
512-693-2000

PO Box 300817
512-693-8000

Austin, TX 78703
www.namitexas.org

By focusing on behaviors that are known to risk factors instead of diagnoses, we can narrow our scope and truly focus on those most at risk of violence.

Means matter

Individuals committing mass violence, regardless of their motivation, can employ a variety of means: knives, hammers, motor vehicles, poisons, arson, bombs and firearms. Although, individuals in the United States are less likely to be assaulted than those in other countries, when individuals in the United States become violent, the violence is often more lethal than in other countries because it more often involves firearms.[2] 82% of incidences of multiple victim attacks involved a firearm.[2]

Removing lethal methods matters not just for mass violence, but for preventing self-harm as well. In 40% of incidents, the perpetrator died by suicide.[2]
- Suicide by firearms account for half of all suicide deaths, and suicide accounts for 60% of gun deaths in the U.S. each year.[4]
- People who live in a home with a gun are three times more likely to die by suicide than those without access.[4]
- About 85% of suicide attempts with a gun are fatal, whereas only 2% of overdoses end in death.[4]
- 90% of those who attempt suicide and survive do not go on to die by suicide.[4]

Temporarily limiting access to lethal means for those at immediate risk of harm to self or others is critical to saving lives. Safe storage practices are also critical to prevent youth at risk from accessing firearms without permission.

Recommendations

Because the vast majority of individuals living with a mental health disorder will never commit an act of violence and are not at an increased risk of committing violence, NAMI Texas recommends the committee focus on risk factors related to behavior, not diagnosis. This includes the creation of extreme risk protective order laws, evidence-based threat assessment teams, appropriate and caregiving responses, a focus on interpersonal violence risk factors, and a trauma-informed approach to community recovery.

Extreme Risk Protective Orders

NAMI Texas recommends the creation and implementation of extreme risk protective orders based on signs that an individual is at risk of harm to themselves or others. Extreme risk protection order (ERPO) laws allows certain parties to petition a court directly for an order temporarily restricting a person's access to firearms.

In many of gun violence incidents – both suicides and interpersonal shootings - people who knew the shooter observed these signs, but federal and state laws provided no clear legal process to restrict his or her access to firearms, even temporarily.

Extreme risk protective orders have been proven to be effective in saving lives and helping those subject receive the care they need.

- Research estimates one life is saved for every 10-20 risk-warrants issued.[5]
- Risk-warrants are proven to reach individuals who are at a dangerously elevated risk of suicide. They are proven to prevent additional suicide deaths by intervening in crises. They do so by shifting suicide attempt methods from firearms to less lethal means.[5]
- Risk-warrants in and of themselves promote access to care for those who need care.[5]

NAMI Texas has four recommendations for the development of an Extreme Risk Protective Order Law.
1. The law should utilize risk-based criteria rather than focus specifically on mental illness in order to include those at risk without a diagnosis and prevent further stigma.
2. Family members should be allowed to petition for risk warrants.
3. Due process should be protected in a process similar to the domestic violence ex parte order.
4. Fair and appropriate processes should be established for the removal, management, and reinstatement of firearms rights to ensure safety and rights protection.

Appropriate and caregiving response

Any intervention based on concerns around mental health should be approached with compassion and without stigma. Although mental illness does not cause violence, many individuals who have been identified as at risk of engaging in harmful behaviors could benefit from mental health services to help them find more productive ways to cope with stressors and negative thoughts. It is critical to adopt strategies that avoid the criminalization of mental health issues.

Threat assessment teams

NAMI Texas recommends the use of threat assessment teams that include mental health professionals. Threat assessment is a strategy to prevent violence by using on-going assessments of individuals based on multiple dimensions: static and dynamic individual factors, static and dynamic environmental factors, and situational factors or triggers. Threat assessment teams focus on risk factors and behaviors, not diagnoses.[2]

> *"A threat assessment team within a business or school is a multidisciplinary group that includes representatives from security and law enforcement, behavioral health care, human resources, legal and management, among others. Rather than examine individual characteristics, the team looks at where a person is on the pathway to violence and assesses the individual's risk factors. There are many points along that pathway at which the situation can be defused. For example, school-based teams identify the need for services and offer in-house or referral services."[2]*

Interpersonal violence

A past history of violence, especially interpersonal violence, has a strong correlation with perpetration of mass violence. NAMI Texas also recommends the integration of domestic violence services and advocates in mental health and substance use disorder settings, and vice versa, including trauma-informed care training and program frameworks in both settings.

In the area of prevention, education for students in schools on healthy relationships and social and emotional learning can be critical to reduce interpersonal violence and intervene early when it occurs as well as overall help students develop strong coping skills for stressors.

NAMI Texas also recommends that threat assessment teams and programs prioritize individuals with a prior history of perpetuating domestic violence and ensure they receive the help they need before tragedy strikes.

Trauma-informed response

Finally, surviving an incident of mass violence can be severely traumatic for everyone involved, NAMI Texas recommends communities and institutions have protocol for addressing the mental health needs of its members impacted by the traumatic event, including mental health services and supports for first responders.

References

1. National Threat Assessment Center (2019). Mass Attacks in Public Spaces - 2018. U.S. Secret Service, Department of Homeland Security
2. National Council for Behavioral Health (2019). Mass Violence in America. National Council Medical Director Institute.
3. Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
4. Harvard Injury Control Research Center (2008). Means Matter: Suicide, Guns, and Public Health. Harvard Injury Control Research Center.
5. Jeffrey W. Swanson et al., Implementation and Effectiveness of Connecticut's Risk-Based Gun Removal Law: Does it Prevent Suicides?, 80 *Law and Contemporary Problems* 179-208 (2017).

NAMI Texas
512-693-2000

PO Box 300817
512-693-8000

Austin, TX 78703
www.namitexas.org