

A thick black L-shaped frame is positioned around the text. It starts at the top-left corner, goes right, then down, then right again, and finally down to the bottom-right corner.

# FIREARMS AND THE PSYCHIATRIST

Antara Banik, MD

# Outline

- Introduction
- Fill out pre-survey
- Review background information and statistics
- Review guidance from professional organizations
- Discuss clinical tips
- Conclusion
- Fill out post-survey

# Goals and Objectives

- Acknowledge and understand statistics regarding firearm violence within the United States as a public health issue.
- Appreciate guidance from psychiatric professional organizations regarding firearms policies and clinician roles.
- Assess one's own knowledge and biases with regard to counseling on firearm safety.
- Be able to utilize tools and formulate concrete plans with patients to reduce harm related to firearms.

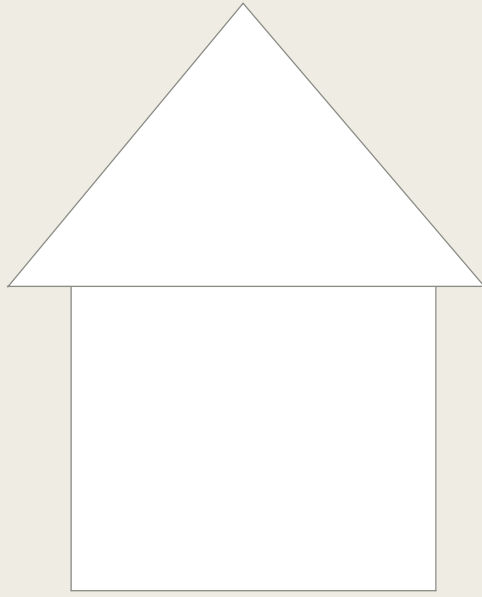
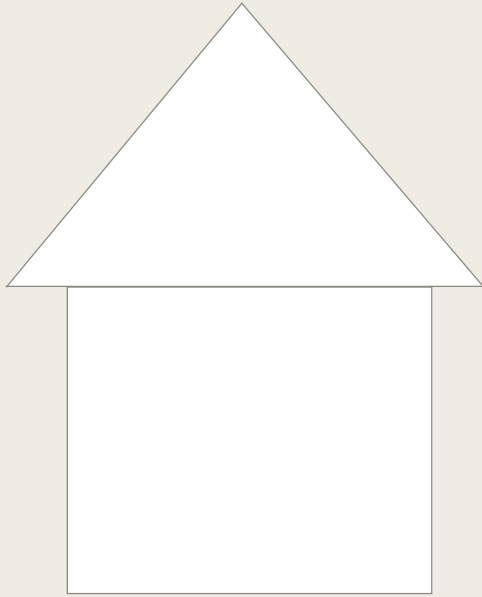
# Background

>45k Americans died  
from firearm related  
deaths in 2020

Firearms are a leading  
cause of death among  
children ages 1-19

>3500 children and  
adolescents die a gun-  
related deaths annually,  
including 1200 deaths  
by gun suicide

# 1/3 of American Households Contain a Firearm



<b>GVA - Seven Year Review</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Deaths - Willful, Malicious, Accidental	12,418	13,537	15,112	15,679	14,896	15,448	19,411
Suicides by Gun	21,386	22,018	22,938	23,854	24,432	23,941	Pending
Injuries - Willful, Malicious, Accidental	22,779	27,033	30,666	31,265	28,284	30,186	39,492
Children [aged 0-11] Killed or Injured	603	695	671	733	664	695	999
Teens [aged 12-17] Killed or Injured	2,318	2,695	3,140	3,256	2882	3,122	4,142
Mass Shooting	269	335	382	346	336	417	611
Murder-Suicide	624	530	549	608	623	632	573
Defensive Use [DGU]	1,531	1,393	2,001	2,107	1874	1,597	1,478
Unintentional Shooting	1,605	1,969	2,202	2,039	1691	1,905	2,315

Number of Deaths, Injuries, Children, Teens killed/injured [actual numbers]

Mass Shooting, Murder-suicides, Defensive Use, Unintentional Shooting [number of incidents]

Suicide numbers supplied by CDC End of Year Report [actual numbers]

@gundeaths

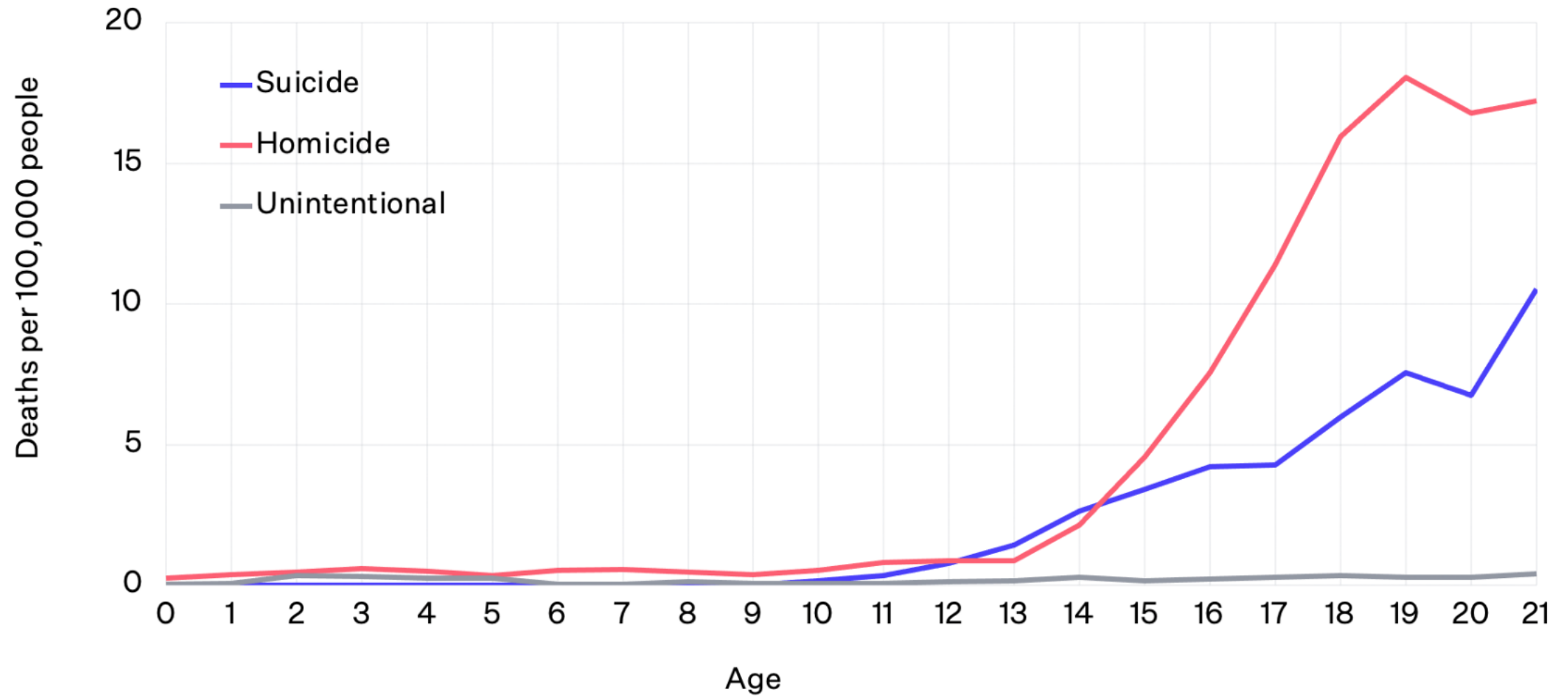
[www.gunviolencearchive.org](http://www.gunviolencearchive.org)

[www.facebook.com/gunviolencearchive](https://www.facebook.com/gunviolencearchive)

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# Firearm Death Rates for Children and Adolescents by Age and Intent, 2020





# Two weeks after Buffalo days after Texas school York leaders called on the government to take violence

Nation Dec 14

## Newtown remembers those killed at Sandy Hook a decade after the tragedy

By William Bronckham, Lydia Ouzan



By Kielv Westhoff and Artemis Moshtachian. C  
**UVALDE SCHOOL SHOOTING**

# Uvalde was a mental *After Parkland, One Question shooting prompted 7 Remains: What Is Justice?*

After the May 24 school shooting, me residents are uninsured and counsell

BY **KAREN BROOKS HARPER** AND **JASON BEEFE**

Four years after the Hoyers lost their youngest child in the Florida school shooting, a jury will decide whether the killer should get the death penalty. The Hoyers had to decide, too.





# **Uvalde mayor says focus should be on mental health, not gun control in wake of school shooting**

19 children, 2 adults were killed by one gunman at Robb Elementary School shooting

# History

1968

- 1<sup>st</sup> federal laws disqualifying persons from firearm rights with mental illness passed

1993

- The Brady Act passed requiring dealers to request a background check during purchase of a firearm

2007

- NICS Improvement Amendments Act passed to improve compliance with NICS

# American Psychiatric Association Position Statement

*“Many deaths and injuries from gun violence can be prevented through national and state legislative and regulatory measures. Recognizing that the vast **majority of gun violence is not attributable to mental illness**, the APA views the broader problem of firearm-related injury as a **public health issue** and supports interventions that reduce the risk of such harm.”*


# APA Position Statement

- Research and training on the causes of firearm violence and its effective control...should be a national priority.
- Reasonable restrictions are appropriate but not solely based on diagnosis of a mental disorder.
- Criteria for disqualification should be carefully defined...and there should be a fair and reasonable process for restoration of firearm rights for those disqualified on such grounds.

# AACAP Policy Statement

- Reducing presence of guns in homes/communities
- Supporting all efforts to educate children and the public about the danger of guns
- Restricting, controlling and closely supervising all access to firearms by youth
- Keeping firearms in the home unloaded, locked and separated from ammunition
- Promoting mandatory trigger locks and cable locks
- Supporting increased funding for research on gun safety
- Encouraging strict enforcement of existing laws pertaining to purchase, ownership, and storage of firearms
- Advocating for extended waiting periods and mandatory background checks
- Supporting risk-based gun removal laws and other initiatives designed to protect children
- Opposing legislative efforts to limit, restrict or interfere with clinical inquiries by physicians
- Encouraging physicians/clinicians to inquire about the presence of firearms

# A Polarized Topic for Psychiatrists



Individuals with mental illness are unfairly stigmatized by laws restricting their access to firearms

Stricter gun controls are warranted in general

# Clinical Scenarios

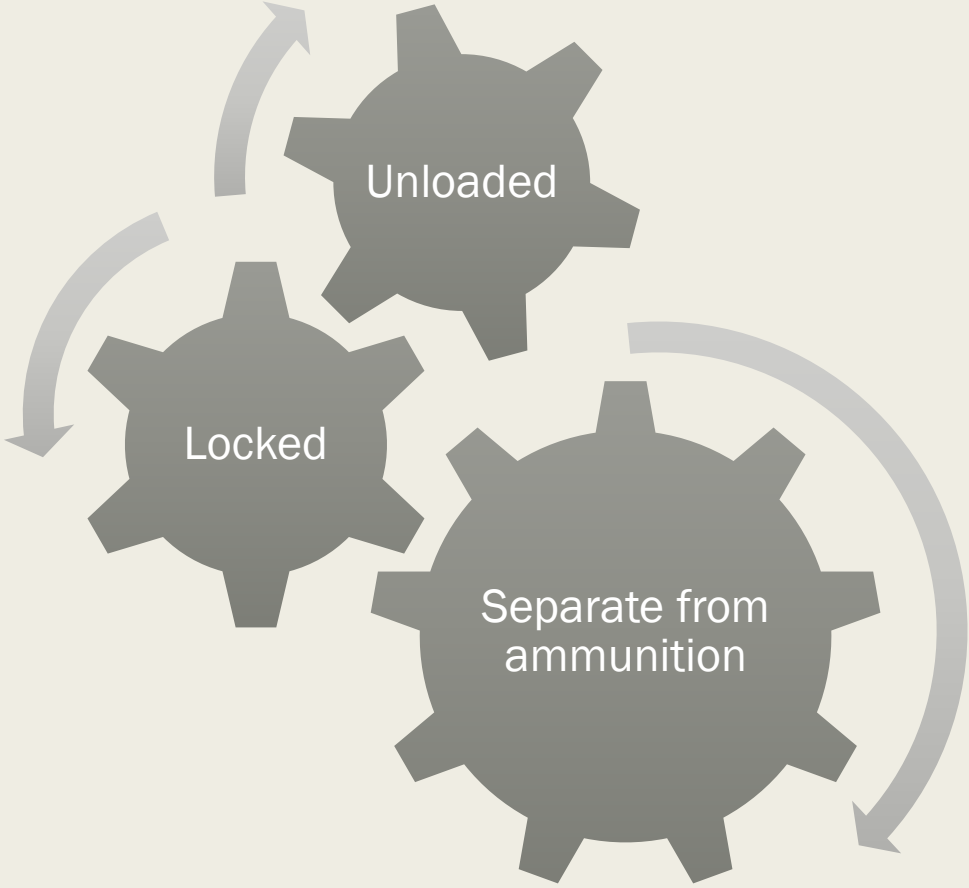
- 11 year-old girl with ADHD who presents to the emergency department after making the following statement: “I’m going to shoot up this school with an AK-47!”
- 9 year-old boy with no significant medical/psychiatric history presenting to the emergency department with suicidal ideation with plan to find a gun stating “it’s not that hard to get a gun. I can do it.”
- 14 year-old boy with a history of obesity, ADHD, ODD, major depressive disorder, and exposure to domestic violence presenting to the outpatient clinic for worsening anxiety. He reports he has contemplated suicide with no active plan. He frequents his uncle’s home up-state where there is access to unsecured firearms.



# Helpful Guidance

- Develop basic knowledge regarding firearms and use appropriate language to boost confidence
- Work with patients to find a risk reduction approach that works for them
- Safe storage and temporary transfers are the most effective way to reduce risk

# Safe Storage



# Focusing Conversation on Safety

- “You have a teenager at home with depression, and I really worry about access to guns. Can you tell me how you store them and we can brainstorm some solutions?”
- When visiting elsewhere: “My child is very curious and does a lot of exploring. I just want to make sure there are not any unsecured firearms in your home because I would hate for an accident to happen.”
- For suicidal patients, “ I see many patients with guns at home. Sometimes when someone is going through a hard time, they store their guns elsewhere such as with a friend or a gun store. This is just temporary until they feel better. Would you be willing to consider this?”
- MI Technique: “How do you store your guns? Why do you choose to store them that way? Can you think of scenarios where it may be beneficial to store them differently?”

# High Risk Situations

Involuntary psychiatric hospitalization

Invoke “duty to warn laws”

“Red Flag” laws/Extreme Risk Protection Orders

Restraining orders for domestic violence threats

# The 3A's Framework

## Approach

Follow these guidelines when speaking with a patient about firearm injury prevention:

 Be Informed

 Be Respectful

 Focus on Harm Reduction

 Be Individualized


## Assess

Consider these four elements when assessing a patient:

 Risk Factors

 Ideation or Threats

 Access to Guns

 Willingness to Collaborate

## Act

Choose the most appropriate intervention based on risk:

 Safe Storage

 Temporary Transfer

 Mental Health Hold

 Civil Protective Orders

LOW RISK

HIGH RISK



# The BulletPoints Project

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Clinical tools for  
preventing firearm injury







## Commissioner's Medical Grand Rounds

# The Role of Hospitals in Preventing Gun Violence

**Friday, March 31, 2023**  
**12:00pm-2:00pm ET**

In New York and nationally, gun violence is a major public health problem and a leading cause of premature death. Gun violence is not inevitable and can be prevented through a comprehensive public health approach that keeps families and communities safe. The third New York State Department of Health Commissioner's Grand Round of the year will convene subject-matter experts to discuss current

### Moderator:



**James V. McDonald, MD , MPH**

*Acting Commissioner  
New York State Department of Health*

### Speakers:



**James Lukan, MD, FACS**

*Surgical Director of the Vascular Access Center at  
the Regional Center of Excellence for  
Transplantation and Kidney Care; Medical Director*



# Acknowledgements

- Megan Mroczkowski, MD for mentorship and guidance
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Questions???

Thank you for attending!!!!