Overview of Firearms and Mental Illness
Overview of Presentation

• Nevada’s experience
• Characteristics of mass shootings
• Firearm deaths
• Mental illness and firearms
• Public health approach
Firearm violence – a local experience

• On September 6, 2011, Eduardo Sencion, 32, shot 12 people at a Carson City IHOP; 4 died and he also shot himself

• Sencion’s family reported that he had been diagnosed with Schizophrenia

• Sencion had no criminal history, but in 2000, he had been taken into protective custody by police as part of a mental health commitment

*Information publically reported by the Los Angeles Times
Characteristics of Perpetrators of Mass Shootings

Most are **Male**

Most are carried out by a single attacker

Most school shootings are perpetrated by those in their 20’s

Most non-school shootings are perpetrated by those aged 35 to 44 years

Most had **high cognitive function**

Most had **easy access to firearms**

Most had a progressive level of **loneliness/decreased social interaction**

Most reside with **family members**

Most shootings had complex and timely **planning**

Most had a history of **violence**

Most shootings occur at unprotected **sites**

Most had a history of **mental illness**

Most are **Caucasian**

Most had **easy access to firearms**
# Leading Causes of Death in Nevada, Age-Adjusted per 100,000 (2010-2012)

<table>
<thead>
<tr>
<th>Primary Cause of Death</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Diseases of the Heart</td>
<td>191.8</td>
<td>194.9</td>
<td>187.4</td>
</tr>
<tr>
<td>2 Malignant neoplasms (Cancer)</td>
<td>170.6</td>
<td>169.0</td>
<td>160.3</td>
</tr>
<tr>
<td>3 All Others</td>
<td>167.0</td>
<td>179.2</td>
<td>167.2</td>
</tr>
<tr>
<td>4 Chronic Lower Respiratory Diseases</td>
<td>48.2</td>
<td>49.5</td>
<td>51.6</td>
</tr>
<tr>
<td>5 Accidents/Unintentional Injuries</td>
<td>40.1</td>
<td>41.2</td>
<td>36.9</td>
</tr>
<tr>
<td>6 Cerebrovascular diseases (Stroke)</td>
<td>32.3</td>
<td>35.6</td>
<td>33.3</td>
</tr>
<tr>
<td>7 Intentional self-harm (Suicide)</td>
<td>19.7</td>
<td>18.1</td>
<td>17.1</td>
</tr>
<tr>
<td>8 Influenza and Pneumonia</td>
<td>19.3</td>
<td>19.6</td>
<td>18.6</td>
</tr>
<tr>
<td>9 Nephritis, Nephrotic Syndrome and Nephrosis</td>
<td>19.1</td>
<td>16.7</td>
<td>14.4</td>
</tr>
<tr>
<td>10 Alzheimer's Disease</td>
<td>13.6</td>
<td>15.8</td>
<td>15.2</td>
</tr>
<tr>
<td>11 Diabetes Mellitus</td>
<td>13.4</td>
<td>15.1</td>
<td>15.3</td>
</tr>
<tr>
<td>12 Septicemia</td>
<td>12.6</td>
<td>11.5</td>
<td>9.9</td>
</tr>
<tr>
<td>13 Chronic Liver Disease and Cirrhosis</td>
<td>11.1</td>
<td>10.8</td>
<td>12.6</td>
</tr>
<tr>
<td>14 Assault (Homicide)</td>
<td>6.4</td>
<td>5.2</td>
<td>4.2</td>
</tr>
<tr>
<td>15 Essential Hypertensive Renal Disease</td>
<td>5.5</td>
<td>6.4</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Firearm-related causes of death can be classified in any of the following categories: accident, suicide, intentional or legal intervention /assault.

*Source: Nevada State Health Division – Electronic Death Registry – 2013*

**2011 and 2012 data are preliminary and subject to change**
Age-adjusted Deaths by Firearms in Nevada, per 100,000 population

| Source: Nevada State Health Division – Electronic Death Registry – 2013 | NEVADA STATE HEALTH DIVISION \nNEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES |

### Homicide (Firearm related)
- **2010**: 3.2
- **2011**: 3.2
- **2012**: 2.8

### Suicide (Firearm related)
- **2010**: 0.1
- **2011**: 0.4
- **2012**: 0.1

### Undetermined (Firearm related)
- **2010**: 0.1
- **2011**: 0.2
- **2012**: 0.0

### Unintentional (Firearm related)
- **2010**: 0.1
- **2011**: 0.1
- **2012**: 0.1

The Healthy People 2020 target for all firearm-related deaths is 9.2.

In 2011, the Nevada overall firearm-related death rate was 13.0.
Method of Suicide-related Deaths – Nevada 2010–2012 (cumulative)

- Firearms: 815
- Poisoning by Solid, Liquid or Gaseous Substances: 342
- Hanging/Strangulation/Suffocation: 290
- Jumped from Height: 20
- Cutting/Stabbing: 21
- Drowning/Submersion: 5
- Others: 37

Source: Nevada State Health Division – Electronic Death Registry – 2013
Method of Homicide-related Deaths – Nevada 2010–2012 (cumulative)

- **Firearms**: 249
- **Other**: 1
- **Stabbing/Blunt Object**: 18
- **Legal Intervention: Firearms**: 17
- **Legal Intervention: Manhandling**: 4
- **Legal Intervention: Manhandling**

Source: Nevada State Health Division – Electronic Death Registry – 2013
Method of Accident-related Deaths – Nevada 2010–2012 (cumulative)

1,485

Poisoning
Motor Vehicle Accidents
Falls
Other Nontransport Accidents
Drowning and Submersion
Smoke, Fire and Flames
Other Land Transport Accidents
Water, Air and Space, and Other Transport Accidents
Firearms

Source: Nevada State Health Division – Electronic Death Registry – 2013

NEVADA STATE HEALTH DIVISION
NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Firearms and *Mental Illness*
Causes of Firearm Death by Mental Health Diagnosis for MHDS Clients

- Almost 59% of those that died of homicide/legal intervention had a diagnosis of schizophrenia/psychotic disorder.
- Over 54% of suicide deaths and ALL accidents are among those with a mood disorder.

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NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Emergency Admissions

Patient taken to psychiatric hospital for assessment for Inpatient Services within 72 hours

Yes

Voluntary Admission

Involuntary Admission

No

Discharged

Referral to Outpatient Mental Health Services

Petition to Court
(Petition for Court Ordered Admission Following a Previous Emergency Admission at a Mental Health Facility)

Court Hearing

Committed to Inpatient Hospital

Continuance

Dismissed
Firearm Violations Among Those with a Mental Illness (MHDS Clients)

- Discharge of a firearm from a vehicle, 4, 33%
- Possession of a firearm by a prohibited person, 3, 25%
- Possession of an unregistered firearm, 2, 17%
- Grand larceny of a firearm, 2, 17%
- Aiming a firearm at a human being, 1, 8%
Mentally Ill Patients with Firearm-related Charges Moving Through the System – Nevada 2011
Mentally Ill Inpatients with History of Firearm-related Charges – Nevada 2011

<table>
<thead>
<tr>
<th>Gender</th>
<th>Received gun charges</th>
<th>Were at POU</th>
<th>Were on 72-hour hold</th>
<th>Adjudicated as mentally ill</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Males</td>
<td>7 Before receiving mental health services</td>
<td>9 Yes</td>
<td>7 Yes</td>
<td>6 Yes</td>
<td>3 Discharged</td>
</tr>
<tr>
<td>3 Female</td>
<td>5 After receiving mental health services</td>
<td>3 No</td>
<td>5 No</td>
<td>6 No</td>
<td>6 Voluntary admission</td>
</tr>
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Applying Public Health Principles

Public health aims to provide the maximum benefit for the largest number of people

- World Health Organization

• Key tenants of public health that can be applied here:
  - Epidemiology
  - Prevention
  - Risk reduction
  - Collaboration
Epidemiology Triangle

- Human Factor
- Environment
- Agent/Equipment
Haddon Matrix Overview

**Human Factors**

**Equipment / Agent Factors**

**Environmental Factors**

Social Environment

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NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
# Haddon Matrix

<table>
<thead>
<tr>
<th>Phase</th>
<th>Human Factor</th>
<th>Equipment</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Physical</td>
</tr>
<tr>
<td>Pre-event</td>
<td></td>
<td></td>
<td>Social</td>
</tr>
<tr>
<td>Event</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Event</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A Collaborative Approach

- Stakeholder groups (NRA, etc.)
- Housing Support
- Nonprofit Organizations
- Public Health
- Community Support Groups
- Policy Makers
- EMS
- Mental/Behavioral Health
- Schools, Colleges, Universities
- Private Healthcare Providers and Facilities
- Law Enforcement
- Family and Friends
- Justice Systems; Courts
- Persons with a Mental Illness

NEVADA STATE HEALTH DIVISION
NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public & Behavioral Health Response

Firearms

Intake policy & Firearm safety

Mentally Ill

NEVADA STATE HEALTH DIVISION
NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
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