The recent mass shootings in our country have necessarily turned the spotlight on proposed policies and solutions at the legislative level. While the undersigned agree that public safety is paramount, the assumption that people with mental health disabilities, including those with perceived mental health disabilities, are inherently dangerous and that targeting them will solve our country’s gun violence problem is wrong. Talking points and legislation relying on those assumptions are counterproductive and only serve to further stigmatize people with mental health disabilities and the disability community as a whole.

Despite data to the contrary, the President and some legislators have stated that people with mental health disabilities are the primary perpetrators of gun violence. The President has proposed institutionalizing people with mental health disabilities and is reportedly considering subjecting them to surveillance. Some legislators have similarly suggested that people with mental health disabilities should be the primary target of gun violence prevention efforts. We soundly reject this argument. Studies have repeatedly shown that people with disabilities, including mental health disabilities, are far more likely to be victims of gun violence than perpetrators. In fact, recent studies demonstrate that only 4% of gun violence is connected to mental health disabilities. Mental health disabilities are not accurate predictors of violence, a fact recognized by the American Psychological Association, among others, and should not be treated as such. Legislation that targets people with mental health disabilities will not be effective in reducing gun violence. Falsely blaming people with mental health disabilities for violence will stigmatize these individuals, violate their right to privacy, and will likely dissuade some people from seeking help at all.

All Americans, including people with disabilities, have a civil right to live in their communities and not be segregated or imprisoned simply because they have a disability. Building more institutions, as the Administration proposes, unjustly threatens the civil rights and freedom of people with mental health disabilities while doing nothing to reduce gun violence in this country. Other proposals aimed at identifying students with disabilities at a young age as potential threats only serve to further isolate and stigmatize students. This is neither helpful nor effective in increasing safety or reducing gun violence and will ultimately harm those with mental health disabilities as well as the broader disability community.

The simple fact is that other countries around the world have just as many people with mental health disabilities, but they do not experience gun violence at the same magnitude as the United States. The problem is only exacerbated by systemic racism and hatred. Our country is faced with a rise in hate crimes targeting marginalized communities and an increase in racially motivated mass shootings in recent years. Hate and racism are not mental health
disabilities, nor should they be treated as such. There are no medical providers, procedures, or medications that exist that can treat a person's hatred. Gun violence is not clinical in nature—it is a societal problem.

It is an act of prejudice to use people with disabilities as scapegoats for the increasing incidences of mass shootings and acts of mass violence in this country. Ultimately this will do nothing to curb the epidemic of gun violence in our nation. We will not accept or support any legislation that sacrifices the civil rights of people with disabilities in exchange for the appearance of action on gun violence. Effective reform can and should be accomplished without compromising the civil rights of people with disabilities. We call upon all of our legislators to condemn this dangerous rhetoric and refute any related legislative proposals that will put the lives and freedoms of Americans with disabilities at risk.

Signed in Solidarity,

Ability360 (Arizona)
ADAPT Montana
Advocacy Unlimited, Inc.
Alabama Disabilities Advocacy Program
Alliance Center for Independence (New Jersey)
Alliance for Excellent Education
Aloha Independent Living Hawaii
American Association of People with Disabilities
American Civil Liberties Union (ACLU)
AOCIL - Association of Oregon Centers for Independent Living (Oregon)
Arizona Center for Disability Law
Association of University Centers on Disabilities
Atlantis Community, Inc (Colorado)
Autism National Committee
Autistic Self Advocacy Network
BasicNeeds US

Bazelon Center for Mental Health Law

California Association of Social Rehabilitation Agencies

Center for Public Representation

Children's Mental Health Network

Coalition of Texans with Disabilities

Colorado Cross-Disability Coalition

Colorado Developmental Disabilities Council

Connecticut Cross Disability Lifespan Alliance

Connecticut Legal Rights Project, Inc.

Connecticut State Independent Living Council

Counseling DIRECTIONS, LLC (Arizona)

Depression and Bipolar Support Alliance

Democratic Disability Caucus of Florida

DIRECT Center for Independence (Arizona)

Disability Justice (Wisconsin)

Disability Law Center (Utah)

Disability Law Colorado

Disabilities Resource Center of Siouxland (Iowa)

Disability Rights Arkansas

Disability Rights California

Disability Rights Center - New Hampshire

Disability Rights Connecticut
Sept. 6, 2019

Speaker Nancy Pelosi
1236 Longworth House Office Bldg.
Washington, DC 20515

Minority Leader Kevin McCarthy
2468 Rayburn House Office Bldg.
Washington, DC 20515

Majority Leader Mitch McConnell
317 Russell Senate Office Bldg.
Washington, DC 20510

Minority Leader Chuck Schumer
322 Hart Senate Office Bldg.
Washington, DC 20510

Dear Speaker Pelosi, Leader McCarthy, Leader McConnell, and Leader Schumer:

The undersigned members of the Consortium for Citizens with Disabilities (CCD) and allies write to express concern about the wrongful scapegoating of people with mental health disabilities in the debate concerning gun violence prevention. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, integration, and inclusion of children and adults with disabilities in all aspects of society.

Like so many others, we are very concerned about the numbers of people harmed by gun violence—whether through mass shootings or through the great majority of gun violence incidents that do not involve mass shootings. And we are deeply disturbed by the efforts by some to cast gun violence as a “mental health issue.” First, the evidence could not be clearer that measures focusing on people with mental health disabilities are not the solution to gun violence. Moreover, falsely suggesting that people with mental health disabilities are a primary cause of gun violence creates fear and prejudice, and fuels an inaccurate narrative that people with mental health disabilities are violent. It also deters many people from seeking needed services.

The evidence is plain: people with mental health disabilities are responsible for only a very small fraction of violence. Studies have consistently shown that between 3% and 5% of violence is committed by people with mental health disabilities.¹ People with mental health disabilities

are far more likely to be the victims of violence rather than the perpetrators. To the extent that there are risk factors that are meaningful predictors of violence, they are factors other than a mental disability—such as a history of domestic violence or other violent act. Gun violence prevention efforts that focus on individuals with mental health disabilities do not serve any meaningful goal of significantly reducing violence.

As disability rights organizations, we are most concerned about the damage that is done by falsely associating mental health disabilities with violence. Doing so sends a harmful message, perpetuating unfounded stereotypes that people with mental health disabilities should be hated and avoided—as employees, as colleagues, as students, as tenants, as neighbors, or as friends. These myths and stereotypes hurt all people with disabilities and undermine all that we work to accomplish, including promoting community integration, quality education, full and fair employment, fair housing, and equal access to the mainstream of society. We urge you to ensure that any gun violence prevention proposals advanced by Congress focus on real solutions to gun violence, not on people with mental health disabilities.

Thank you for your attention to this important issue.

Sincerely,

American Psychological Association
The Arc of the United States
Association of People Supporting Employment First
Association of University Centers on Disabilities


2 Linda A. Teplin, ET AL., Crime Victimization in Adults with Severe Mental Illness, 62 ARCH. GEN. PSYCHIATRY 911, 914 (Aug. 2005) (“Over one quarter of the SMI sample had been victims of a violent crime (attempted or completed) in the past year, 11.8 times higher than the [general population] rates . . . .”); Heather Stuart, Violence and Mental Illness: An Overview, 2 JOURNAL OF WORLD PSYCHIATRY 121, 123 (June 2003) (“It is far more likely that people with a serious mental illness will be the victim of violence,” rather than its perpetrator.).

American Dance Therapy Association
Autism Society of America
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
Center for Public Representation
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Council of Administrators of Special Education
Council of Parent Attorneys and Advocates, Inc.
Disability Rights Education and Defense Fund
Division for Early Childhood of the Council for Exceptional Children
Epilepsy Foundation
Institute for Educational Leadership
Justice in Aging
Leadership Conference for Civil and Human Rights
Mental Health America
National Alliance on Mental Illness
National Association of Councils on Developmental Disabilities
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Rights Protection and Advocacy
National Center for Parent Leadership, Advocacy, and Community Empowerment
National Center for Special Education in Charter Schools
National Coalition for Mental Health Recovery
National Council on Independent Living
National Disability Institute
National Disability Rights Network
National Down Syndrome Congress
National Health Law Program
National LTBTQ Task Force Action Fund
National PTA
Psychiatric Rehabilitation Association
RespectAbility
School Social Work Association of America
TASH
Disability Rights Education & Defense Fund (DREDF)

Disability Rights Florida

DisAbility Rights Idaho

Disability Rights Iowa

Disability Rights Maine

Disability Rights Maryland

Disability Rights Mississippi

Disability Rights Nebraska

Disability Rights New Jersey

Disability Rights New York

Disability Rights North Carolina

Disability Rights South Dakota

Disability Rights TN

Disability Rights Vermont

Disability Right Wisconsin

DQIA: Disabled Queers In Action!

Family Network on Disabilities

Family to Family Network

Georgia ADAPT

Gift of Voice

Healthcare Rights Coalition

Hon. Tony Coelho, Author of the Americans with Disabilities Act

Illinois/Iowa Center for Independent Living
Indiana Disability Rights

Katal Center for Health, Equity, and Justice (Connecticut)

Keep the Promise

Little Lobbyists

Living Independently for Everyone Inc. (Idaho)

Main Line Special Needs Parents (Pennsylvania)

Mental Health America

Mental Health Connecticut

MindFreedom International

National Alliance on Mental Illness of Vermont

National Association of Councils on Developmental Disabilities

National Association of County Behavioral Health & Disability Directors

National Association of Rights Protection and Advocacy

National Association of School Psychologists

National Association of Secondary School Principals

National Center for Learning Disabilities

National Coalition for Mental Health Recovery

National Council on Independent Living

National Center for Special Education in Charter Schools

National Disability Rights Network

National LGBTQ Task Force Action Fund

National Mental Health Consumers' Self-Help Clearinghouse

New Jersey Association of Mental Health and Addiction Agencies
New York Association of Psychiatric Rehabilitation Services
Northern West Virginia Center for Independent Living
Oklahoma Disability Law Center, Inc
Oregon Mental Health Consumer Psychiatric Survivor Coalition
Placer Independent Resource Services (California)
Pennsylvania Action: Protecting Disability Rights
Pittsburgh Center for Autistic Advocacy (Pennsylvania)
Prairie Independent Living Resource Center, Inc.
Progress Center for Independent Living (Illinois)
Psychiatric Rehabilitation Association
RespectAbility
Silicon Valley Independent Living Center (California)
Southwest Center for Independence
Squirrel Hill Stands Against Gun Violence (Pennsylvania)
TASH
Texas Democrats with Disabilities
Texas Parent to Parent
The Alliance for Excellent Education
The Arc of the United States
The Coelho Center for Disability Law, Policy and Innovation
The Leadership Conference on Civil and Human Rights
The Statewide Independent Living Council of Illinois
Torah Trumps Hate
The Coalition for Smart Safety includes disability rights, civil rights, education, and privacy organizations working together to stop the false association of gun violence with psychiatric disability.


4 American Psychological Association, Resolution on Firearm Violence Research and Prevention (2014) http://www.apa.org/about/policy/firearms.aspx (“policy makers have responded to public apprehension about the role of severe mental illness in mass violence towards others in ways that result in policies and practices that further stigmatize persons with serious mental illness and may deter them from engaging in needed psychological or other services”).

5 U.S. Dep’t of Justice, ADA.Gov, About Olmstead, https://www.ada.gov/olmstead/olmstead_article.htm?fbclid=IwAR1JrtqwzMrb6lqP34-Hgqm_3Clappke2hnPu_ W8BF0UhrNyWm3LuA

6 Barnes,Bethany, Targeted: A Family and the Quest to Stop the Next School Shooter, The Oregonian, https://expo.oregonlive.com/news/erry-2018/06/75f0f464cb3367/targeted_a_family_and_the_ques.html. June 24, 2018
WRONG FOCUS: MENTAL HEALTH IN THE GUN SAFETY DEBATE

In the wake of devastating back-to-back mass shootings in El Paso, Texas and Dayton, Ohio in early August, 2019, once again policymakers have been scrambling to enact appropriate responses to reduce the likelihood of similar tragedies from occurring in the future. Despite the consistent evidence that only between 3% and 5% of violence is committed by people with mental health disabilities, President Trump has blamed people with mental health disabilities for all mass shootings, stating that “mental illness . . . pulls the trigger” and calling for rebuilding institutions to take people with psychiatric disabilities “off the streets.”

Past efforts to focus gun safety measures on people with mental health disabilities have led to reactive, ill-conceived proposals that focus on mental health despite the lack of relationship to gun violence. Some have used mental health as an excuse to divert attention from the real issue of gun regulation. Others have inappropriately championed mental health reforms—or mental health record reporting—as a key solution to prevent gun violence. Both approaches are wrong.

People with psychiatric disabilities are a misplaced priority for gun violence prevention legislation. In fact, people with serious mental illnesses are far more likely to be victims of violent crime than perpetrators of it. Reporting their records will not meaningfully increase public safety. Studies show that “severe mental illness alone [is] not statistically related to future violence . . . .” The seminal study on risk of violence and mental illness—the MacArthur Violence Risk Assessment Study—compared the prevalence for violence among individuals with mental illnesses to the prevalence for violence among other residents of the same neighborhoods. The study showed that the two groups’ prevalence for violence was “statistically indistinguishable.” Indeed, “if a person has severe mental illness without substance abuse and history of violence, he or she has the same chances of being violent . . . as any other person in the general population.”

Experts have little ability to predict violence. To the extent that research has identified risk factors, demographic variables such as age, gender and socioeconomic status are more reliable predictors of violence than mental illness. “The main risk factors for violence still remain being young, male, single, or of lower socio-economic status.” The most relevant factors to predicting serious violence include “having less than a high school education, history of violence, juvenile detention, perception of hidden threats from others, and being divorced or separated in the past year.” Given these facts, it is disturbing that we continue to pretend that people with psychiatric disabilities are the primary concern.
Fixing our broken mental health system is an important priority as well, but it will not stop gun violence and should not be part of any gun violence prevention effort. And rebuilding the mental institutions that were closed or downsized decades ago is not the way to fix mental health services. We know how to enable individuals with significant psychiatric disabilities to succeed. Services such as supportive housing, mobile services, supported employment, and peer support services are extremely effective—and less costly than the emergency rooms, psychiatric hospitals, jails and shelters on which our service systems too often rely—but they are unavailable to thousands of people who need them. Affording people with serious mental illnesses the services they need is a critical goal, but it is not a solution to gun violence.

People with psychiatric disabilities are the wrong focus for gun safety measures. It is time to stop scapegoating these Americans in the search for solutions to the problem of gun violence.

August 2019


2 Linda A. Teplin, ET AL., Crime Victimization in Adults with Severe Mental Illness, 62 ARCH. GEN. PSYCHIATRY 911, 914 (Aug. 2005) (“Over one quarter of the SMI sample had been victims of a violent crime (attempted or completed) in the past year, 11.8 times higher than the [general population] rates . . . .”); Heather Stuart, Violence and Mental Illness: An Overview, 2 JOURNAL OF WORLD PSYCHIATRY 121, 123 (June 2003) (“It is far more likely that people with a serious mental illness will be the victim of violence,” rather than its perpetrator.).

3 Eric B. Elbogen & Sally C. Johnson, The Intricate Link Between Violence and Mental Disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions, 66 ARCH. GEN. PSYCHIATRY 152, 157 (Feb. 2009); David J. Vinkers, ET AL., Proportion of Crimes Attributable to Mental Disorders in the Netherlands Population, 11 WORLD PSYCHIATRY 134 (June 2012) (discussing a study indicating that the proportion of violent crime directly attributable to mental illness is 0.16 percent). Some other studies have shown a “modest relationship between [serious mental illness] and violence,” but acknowledge that “other factors contribute more strongly to violent events for persons with mental disorder than does one’s ‘mental illness’ alone.” See R. Van Dorn, ET AL., Mental Disorder and

4 Henry J. Steadman, ET AL., Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods, 55 ARCH. GEN. PSYCHIATRY 393, 400 (May 1998). The authors chose control subjects from the same neighborhoods as discharged patients in an effort to isolate mental illness from other socio-economic and environmental factors that correlate with mental illness. Id. at 401; Heather Stuart, Violence and Mental Illness: An Overview, 2 JOURNAL OF WORLD PSYCHIATRY 121, 122 (June 2003) (“The MacArthur Violence Risk Assessment ... stands out as the most sophisticated attempt to date to disentangle [the] complex relationships” of mental illness, prior history of violence, co-morbid substance abuse, and “broad environmental influences such as socio-demographic or economic factors that may have exaggerated differences in past research.”).

5 Id.

6 Elbogen & Johnson, supra note 3, at 157.

7 Id.


9 Elbogen & Johnson, supra note 3, at 155.