

A Multi-Disciplinary Approach to Gun Violence: Creating Our Lane

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Abstract:

On December 14, 2012, Sandy Hook Elementary School in Newtown, Connecticut suffered the loss of 20 students and staff members to a gunman.¹ On June 12, 2016, the nation's worst mass shooting in history left 49 innocent people dead and at least 58 injured in an Orlando, Florida night club.² On October 1, 2017 more than 50 people died and over 500 were fatally injured after a gunman opened fire at the Mandalay Bay Resort during a country concert in Las Vegas, California.² 96 Americans are killed as a result of gun-related suicide, homicide, and accidental incidents every day.³ Nearly 1600 teens die every year due to gun violence with children of color being 15 times more likely to die compared to teens who identify as Caucasian.³ To address these alarming statistics, the American College of Physicians published a position paper on October 30, 2018 titled, "Reducing Firearm Injuries and Deaths in the United States".⁴ On November 7, 2018, the National Rifle Association (NRA) replied to that publication with the following statement: "Someone should tell the self-important anti-gun doctors to stay in their lane."⁵

The Issue:

As a medical student and future health care professional, I find it difficult to read these statements made by the NRA surrounding gun violence without having a substantial opinion in the matter. I find it hard to stay quiet when I think back to the years I spent as a scribe in the emergency room, witnessing people of all ages admitted because of gun-related injuries. I think back to the countless nights on-call during my third-year medical school rotations when I helped

surgeons repair damaged organs due to a handgun. Or the shift when I sat down with an internist to tell a mother that the bullet had in fact taken away her child. I remember the teens we admitted to in-patient psychiatry because they had attempted suicide with their parents' firearms. These are the memories that flashback when I am told to stay in my own lane, but I am not the only one. Since the NRA's statement, other health care providers have spoken about the significance of the deaths and injuries related to gun violence in their respective fields.⁶ However, this opinion piece is not designed to point fingers and identify an organization to blame while highlighting the heroic acts of others. The point of this opinion piece is to discuss the ways a community of health care providers, policy makers, and national organizations can come together to save innocent lives that are lost every day and to recognize that gun violence is a national public health issue.

Potential Solutions:

Currently, the million-dollar question remains: how can we reduce gun violence in America? Personally, I believe this is a loaded question and a difficult one to answer. When we talk about gun violence, there are numerous aspects to consider. For example, should efforts targeted at reducing injuries related to guns differ between age groups? Does the lack of mental health resources contribute to gun violence? What role do physicians, policy makers, gun owners, and the NRA play in helping answer this question? These are just some of the many questions that come to mind when thinking about this topic. Many researchers have also considered such topics and one team conducted a study that digs deeper into some of the concepts discussed above. In a study titled "Reducing the risks of firearms violence in High Schools: principals', perceptions, and practices", the team administered a 59-item questionnaire to a national random sample of 800 school principals.⁷ School administrators concluded that inadequate parental monitoring, lack of mental health services, bullying, and easy access to firearms were the main sources of the gun violence in a school setting.⁷ Additionally, a similar study was done to assess the perceptions of college-campus police on reduction of gun-related violence on college campuses.⁸ The results demonstrated that while the majority of campuses had a plan in place in case of an "active shooter" and policies that prohibited firearms on campus, many institutions had the perception that gun-violence was not a problem for their student population.⁷

Admitting There Is a Problem

These studies bring up common themes and current obstacles in our generation that hinder the reduction of firearm-related injuries. For example, just the mere perception that gun-related violence is not a possibility on a college campus or the fact that gun laws and other related discussions should be left to policy makers or the NRA, are all examples of common attitudes that further divide our nation instead of promoting community-derived solutions. Cliché as it

might sound, the first step is admitting that there is a problem by not only physicians, school officials, and parents, but also by the NRA, firearm owners, and policy makers. If we can decide as a community the issues surrounding firearms, we are one step closer to promoting better control of their use.

Stricter Access to Firearms

One of the main concerns, as depicted in the studies above, is the lack of control on the amount of access that individuals have to guns. First, individuals have the ability to easily purchase guns due to limited restrictions imposed by the government. Second, children are often found having access to firearms in the home as a result of parental neglect and/or lack of proper storage of the weapons. In fact, more than half the teens in the United States believe they could easily obtain a gun if they wanted to.⁸ Although keeping firearms at home may increase personal safety, they can also lead to an increased risk of homicide, serious injury, and violent victimization.⁹ These results suggest that a multidisciplinary approach should be taken to eliminate any issues surrounding access to guns. For example, policy makers can implement stricter laws not only on the age that guns can be purchased but also the background checks done on consumers. Associations such as the NRA can take a role in using social media campaigns to educate gun owners about the use of their firearms and the need for proper storage, especially when there are children in the household. Additionally, physicians and other health care providers can take the initiative to ask about firearms in the home as a part of their routine health care visits to further promote safety.

The Role of Mental Health in Gun Violence

While recognizing gun-violence as a public health issue and implementing stricter rules for accessing firearms are promising initial steps, analyzing the role of mental health in gun violence can produce even more substantial results. In one study, men and inpatient psychiatric patients who have had a family history of suicide or suicide attempts were more likely to report firearms access.¹⁰ Additionally, another study showed that individuals with violent misdemeanor convictions, multiple DUIs, and diagnosed mental disorders were more likely to pose a harmful risk to themselves and/or others if given access to firearms.¹¹ One way that policy makers can contribute to reducing these risks is the development of behavioral risk-based approaches such as expanding the definition of gun-prohibited individuals.¹¹ Physicians, especially psychiatrists and other mental health providers, who are often first to respond when there is a need to assess violence or suicide risk can also help. With an increase in training of mental health providers discussing firearms in the context of delivering psychological services such as screening, assessment, and psychotherapy, clinicians can respond better to situations in which people who are at a high-risk of violence own firearms.¹²

Conclusion:

Gun control and violence related to firearms has been a topic of discussion, especially in the past several years given the increase in the number of innocent lives taken away every day. People of all ages, cultures, socioeconomic status, and genders are affected in our current society, hence why it is such an important public health concern among the community as a whole. The issues surrounding this topic need to be looked at through an intersectional lens and requires the input of a multi-disciplinary team including policy makers, health care providers, the general population, and gun owners. When and if all members of such a team can come together to discuss each other's perspectives, respect each entity's input, and communicate potential barriers will we have monumental change. But we can't do that if we each decide to stay in our own lane.

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