With the recent devastating wild fires and the ongoing gun violence problem, our profession will have to be prepared for what is known as disaster psychiatry. Ideally, we should strive for preventing such trauma from occurring, but the aftermath of what has happened will likely affect subsequent generations as well. A lot of us might experience a deep sense of helplessness. What can we do to reduce the violence despite an easy access to guns? In this issue, I would like to welcome our guest author, Dr. Amy Barnhorst, who is a national expert on gun violence and who will share some important facts and advice.

**Five things every psychiatrist should know about their patients and firearms**

By Amy Barnhorst, MD

**Firearms are used in only about 6% of suicide attempts in the United States, but over half of completed suicides.** Overdose is by far the most common method of suicide attempt, followed by cutting. In one study, only about 6% of attempts were with a firearm, but firearms comprised 54% of completed suicides. This is due to the fact that suicide attempts by firearm are almost universally fatal.

**Approximately 20% of households in California have at least one gun.** Nearly 35% of American adults live in a household with a firearm, and though the California firearm ownership rate is lower than the national average, one in five people have firearms in their homes. Generally, the rates of ownership are higher in rural areas. Don’t assume your patients don’t have access to guns unless you ask.

**People with mental illness who have been put on 5150s are not necessarily prohibited from legally owning or buying guns.** Federal law prohibits people who have been committed to a mental institution from purchasing or owning firearms. However, commitment often does not occur until days or even weeks into a hospitalization, when a hearing officer or judge certifies the hold in court. Patients who are decertified in court or don’t make it that far into the process are not placed on the federal list of prohibited persons and will still pass a federal background check for a firearm purchase.
In California, state law prevents people who have been admitted to any inpatient psychiatric hospital for dangerousness from buying guns for the next five years. Also, if the person has made threats that trigger a Tarasoff warning, they are prohibited from buying a gun for five years. This prohibition, however, does not extend beyond the state. And many people with histories of violence, substance abuse problems, and anger and impulse control disorders who may have only had minor involvement with the mental health system are still allowed to own guns.

Patients are generally receptive to their doctors talking to them about guns in their home and what they can do to keep themselves and their families safe. Physicians often express concern that they will offend patients by asking them if they own guns or keep in the home. But patients are accustomed to physicians asking about preventative health and general safety, including pediatricians inquiring about car seats and primary care doctors asking about cigarette smoking. Surveys show that patients are willing to have these discussions with their doctors, and consider them to be a valuable source of health and safety information that they would implement.

If you have a patient you think is at risk of violence or suicide by firearms, there are steps you can take to reduce that risk. Many physicians cite that they do not ask patients about guns because they would not know what to do with a positive screen. But there are numerous evidence-based ways to reduce risk of firearm injury in our patients. As easy access to a gun in the home increases the risk of both homicide and suicide in household members, safe storage practices can reduce mortality.

Keeping the gun locked and unloaded, preferably in a hard-to-access location, and storing the ammunition separately, can put time and distance between a person at acute risk of harm and a lethal weapon. Gun Violence Restraining Orders (GVROs) can provide a mechanism for preventing people who make threats of violence or suicide from buying new guns, as well as temporarily removing any guns they own from their possession. Go to speakforsafety.org for more information on GVROs.

References on this topic are available upon request.

Dementia and firearms

A recent interview in NPR mentioned that the number of patients affected by dementia is expected to reach 14 million in the next 20 years. Also, half of the people above 65 own guns or live in a household with someone who does.

Guns are often incorporated in people’s identity. Therefore, relinquishing that right can be very challenging for the individual. One can help normalizing this developmental phase as follows: “there comes a time when one must retire from driving, and there might be also a
time when one must retire from owning a gun”. As a society, we will have to encourage an open dialogue between the aging populations and their families so they know when that time has come.

Source:

**Mental illness and violence**

The myths “mentally ill people are violent” or “mass shooters are mentally ill” are very damaging and upsetting. Yet, they are perpetuated and we, as health professionals, have a role in educating the population. Sociopathic behavior is a different realm; rage and intolerance are not mental illnesses. We need to understand and explain the real mechanisms implicated in mass shootings. We must look at malignant narcissism and the defense mechanisms that seek to avoid shame (such as rage and externalization of blame) but with disastrous consequences at times.

According to Monahan and collaborators, it was found that violent victimization of patients with mental illness occurs more frequently than violent offending by the patient. Additionally, the groups studied that were involved in violence were much more likely than patients who were uninvolved in violence to be diagnosed as having a substance use disorder¹.

Source:

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**Did you know…**

Critical incident debriefing is NOT recommended after a collective trauma. Psychological first aid is the current guideline and consists of ensuring basic needs for safety (physical and emotional). It emphasizes psychoeducation and also aims to facilitate contact with the support system of the survivors. It is patient-centered and culturally sensitive (remember: no need to ask about the traumatic experience to be trauma-informed!)

Source:
How to survive the winter celebrations

The holidays can be emotionally difficult for many of our patients: those who live in poverty, those who have lost someone and deal with an anniversary reaction, those who had a toxic childhood with intangible losses (including the sense of normalcy from Christmas), or those who are currently isolated. It can be as hard for us healers, especially if on call, sick or coping with our challenging interpersonal dynamics. But it is possible to prepare oneself and even find joy in what seems overwhelming.

1. **Basic needs first:** sleep and eat healthy (and enjoy the tasty food too!).
2. **Keep it simple:** a “switch, steal or unwrap” gift exchange is less time-consuming (and more fun!) than buying something to everyone (especially if everyone has everything). It is also more sustainable, especially if reusing through a “white elephant”. Or one can buy something to read, wear or eat.
3. **Your way is more than good enough:** you are not a legendary baker, a creative decorator, or you feel out of tune when caroling? How about card-making, or entertaining the old and the young with games, or inviting to silent gratitude with candle lights.

4. **Laughter is therapeutic.** Don’t underestimate the power of humor (especially when shared): as a healing and defusing practice, select some comedies (like “The Groundhog Day”) or hilarious shows ahead of time. Cartoons that you enjoyed in childhood might be good to reconnect with (“A Charlie Brown Christmas”). Or the movie based on “How the Grinch Stole Christmas” can be good family entertainment for Dr Seuss’ fans.
5. **Move and inhabit your bodies:** spend some time outdoors to breathe fresh air and switch to vagal mode, play in the snow if you can, or dance at a party to break the ice!
6. **Nurture yourself and the planet:** refuse overconsumption and waste and use dishtowels or reusable items as wrappings.
7. Remember to practice **gratitude** and see the good in you and in others.

May 2019 bring you health, peace and joy.

Happy Holiday Season!