REALTIME FILE

AUCD
VIOLENCE AND MENTAL ILLNESS: THE REAL STORY-(ADOBE)
SEPT 26, 2019

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>> Hello and welcome to violence and mental illness, the real story, a webinar from AUCD. My name is Luis Valdez. I am a program specialist here at AUCD. Thank you for joining us today. Before we begin I'd like to address a few logistical details. We will provide a brief introduction of the speaker following the speaker presentation there will be questions. Because of the number of participants, you will be muted throughout the call. However we will unmute your phones one at a time during the Q&A time at the end. You would need to press star and the #on your phone in order to be on muted to ask your question. If you're using a microphone on your computer, you can raise your hand by clicking the little icon at the top of the screen it looks like a person raising her hand. You can also submit questions at any point during the presentation via the chat box on your webinar console. You may send a chat to the whole audience or to the presenter only. We will compile your questions about the webinar and address them at the end. Please note that we may not be able to address every question and may combine some questions. This webinar is being recorded and will be available on AUCD's webinar library. There also be a short five question evaluation survey at the close of the webinar. We invite you to provide feedback on the webinar and to also provide suggestions for future topics. Please join me in welcoming Dr. Diane Jacobstein cochair of the AUCD---interest group.

>>--- special interest group webinar mental illness and violence the real story. Our presenter is Dr. Jill Hinton, clinical director of the Center for START services at the University of New Hampshire Institute on disability UCED thank you so much, Jill for presenting on the timely and important topic. Those interested in joining the mental health aspect of [IDD six] can find information and past webinars as well on the AUCD website.

[Several voices]

>> If people can mute their phones that would be great.

>> We will next convene the AUCD conference [indiscernible] my cochair Dr. Beasley and I hope you will meet us at that time and then please join us now in welcoming Dr. Jill Hinton.

>>... clinical director for the Center for START services. I'm a psychologist working for the field of IDD and mental health issues for many years. She mentioned START, so most of you probably may be familiar with START, but START is a crisis prevention and intervention evidence-based model that really takes a systemic perspective in working with individuals who have intellectual and developmental disabilities as well as co-occurring mental or behavioral health issues. So in recent months and after the most recent mass shootings took place, I was struggling with my response to that and trying to figure out how I could address some of the rhetoric that was going on after that I started thinking about that and just wrote a piece for the Center for START services which I think sparks more interest in learning more about this. So the recent events really as you know were tragic and had not only an effect on the individuals and families but the trauma that results from that and as we look at the ripple effects from that we try to find ways to respond and I think that's what I was searching for. And we all know, we have heard the kind of unfounded response and the immediate response was to blame mental illness for the violence. The CEO of the American psychological Association put out a statement saying, blame mental illness for the gun violence in our country is simplistic and inaccurate and goes against the scientific evidence currently available. But we continue to hear that rhetoric. You know, probably in our own states and also from the national perspective. And in fact, we know, we will talk more about this later, we know in reality that people with disabilities are far more likely to be the victims of violence and crimes than they are to be the perpetuated as of that seven thinking about that I agree with the statement that the CEO made about the, that being inaccurate and going again scientific evidence but I thought maybe I need more information about that in order to be an advocate, being someone who speaks out against the false narratives that are out in our communities. We know that this automatic response in routinely blaming mass shootings on mental illness is only further stigmatizing groups that are already stigmatized. so getting more information and hopefully how I could increase understanding was Michael. So I started to get a little more research on it. we know that even though we have more knowledge about mental illness, specifically in terms of the biochemical and genetic natures of different conditions that fear and stigma continues in our society.

So, at the START network that is why I wrote my initial response to what had happened but I know as a network of AUCD and all of us who work in the communities thatwe work every day to try to dispel myths, to decrease stigma for the people that we support and live with and work with. So I think this is part of that continued march to do that. Is to really think about what do we know, what are some things we know, what can we do, how do we move forward? so this backlash against folks with mental illness is really concerning. And we are all trying to on a daily basis increase community living and positive life experiences. And belonging for people with disabilities. So it is just made

much more difficult for us to do that as a community when there's all the rhetoric at the state and national level going on especially among policymakers. So kind of as a background to why I am here. I don't come I'm going to say at the beginning that I don't claim to be an expert in this topic. But really someone who just was concerned and worried about the direction of potential policies in our country and really wanted to have more information. And so today I feel like I am sharing this as a beginning of a dialogue that we can all continue to engage in. So my hope is that as I share with you and I will say that through this you can ask questions on the chat, but also if you have more information, other things you want to add, please feel free to do that too. Because I think we need to all learn from each other. So I invite you to ask questions as we move through this. I want us all to have information. I want us to have a dialogue so we can kinda begin to speak truth and negate some of the rhetoric and false narratives that are out there.

I am beginning With a quote and a voice of someone with lived experience because I think that's a good place to start. This quote came after the most recent mass shooting. I personally known served and supported many Americans who have had to deal with the most challenging mental health conditions. I can't adequately convey how deeply damaging it is when we are drag once again into the spotlight of blame and vilification after yet another horrific episode of mass murder. Again, the stigmatization is already there, and to continue to create more damage by portraying false negatives is a road that leads us into the wrong direction.

So the goal for today as I said Earlier are a few. One is that I believe anytime we are looking at current situations in our communities and in our society we need to take time to look at historical factors. How do we get here, what has happened in the past and how can we avoid the mistakes of the past. The other thing is I have read and looked at research articles that there is really a need for us to understand each other, understand that our language and definitions matter and I think sometimes we are, the rhetoric is causing us to conflate things that don't belong together so we will talk about language and definitions and why that is so important with this issue. And then we will spend a few minutes on, I try to identify just a few, I think three myths or kind of the false narratives that are out there now around mental illness and that is where some of the research will come in and how do we try to provide some real information about those myths. And then end with just talking about what do we do as a community, how can we at an individual or community level or public-policy level take some steps to change course and move in the right direction.

I mentioned stigma several times. Another voice from someone we need to listen to, I know stigma when I see it and it has dangerous consequences. There is no more harmful stereotype for people with psychiatric disabilities than the assumption that they are dangerous. Our country has a long sordid history of locking up people with mental and physical disabilities in institutions in the name of preventing them from doing harm to themselves or others. So again, another voice with so much truth in this statement.

And I think that is the thing I want to connect today is that stigma and attitudes have consequences. So it is always I think in our society it is easy for us to, or for folks to try to figure out who to blame when horrible things happen and it's always been convenient to pick a stigmatized group and place the blame there. And I think the rhetoric now around dangerousness is so scary because I think that concept of keeping people safe, or keeping society safe is a very dangerous one because we have used that in the past to portray people with mental illness in a light that it was necessary to protect the rest of society from them. And the other thing is that concept of safety has also, when we turn it around to say we are looking out for the safety of the person with a disability has been used to restrict community engagement and access to engagement in your community and being part of your community. So I think again as we are thinking about this we need to go back in history a little bit and think about where we came from and how we got to the place we are today. Some of you will know all of this and again, I think I have had all of this in classes before but it would be helpful for me to I can go back to that and think about that, our history and where we came from. So when we think about the word stigma it comes from a really hard place. Stigma in ancient Greece was a brand that was used to mark slaves or criminals. And at that point, people with cognitive differences in mental illness and other disabilities were basically treated in the same way that slaves and criminals were treated. So the word itself comes from a really really difficult time. And perception was totally erroneous at that point. So then during the Middle Ages there was a shift, which wasn't much better to see mental illness more as a punishment from God. And so people were seen in that light and thought to be possessed. And again, ostracized, put in institutions and treated in horrible horrible ways. We moved forward maybe a little bit during the Enlightenment period and we maybe took people with mental illness were kind of freed from those prisons or regarded not as much like criminals. And we began to establish some institutions that were really there to help people with mental illness. But the stigmatization continued and we all know that probably the most unfortunate horrible piece of that happened during in Germany during the Nazi rain. So kinda from a very broad perspective historically to thinking more about just in the US. Again, we went through, we have gone through periods where we seemed like we were making progress and things would fall apart. And so we start with the late 1700s and again, that was based in fear. And there was a lot of solitary confinement. The doctor was kind of this powerful person that conditioned the person to be afraid of them. But it was horrible treatment going on at that point. We saw some shifts in that in the mid-1800s, people like Dorothea Dix who begin to push governments and society to see people from a different perspective so there was a movement to improve conditions for people with mental illness and the federal government provided money to fund psychiatric hospitals and there was at that point a shift towards a more positive humanistic way to engage folks with mental illness and there was a focus on nutrition, sleep, recreation, gardening, socialization. But, they were still institutions and over time they again became a place to segregate people and to take people out of community. And then add to that the fact that we begin to underfund services and that led again to really poor living conditions and human rights

violations. I think one of the prime examples of that was the Willowbrook State school investigation in New York. Most of you are probably familiar with that but that is the site where Geraldo Rivera snuck in and did some filming. I think what is interesting about that is that happened in 1972. But if you read kind of the history of that there was public or legislative congressional knowledge of how horrible that was 10 to 15 years earlier, before 1972. So even with awareness of that and people from Congress coming and walking through entering the facility and publicly stating how horrible it was, it still took time to get to a place where we actually took any action.

So there were people who seemingly had a good intentions and try to respond, but we didn't get anywhere without end I think part of that was the bias into understanding again, attitudes towards people with disabilities and it kind of shaped the treatment. So I think it did lead eventually to a civil rights of institutionalized persons act but we know with her current experience that we have had ups and downs with that. We have had moves toward more community living but also had difficulties with funding for that.

But I think throughout history what I want to point out Is that attitudes and perceptions in terms of the public and policymakers lead to treatment. So they define what the treatment will be. So I think what makes it so important that we pay attention to what the stigma is out there now and what the rhetoric is out there narrow because that can lead to treatments that we don't want to see.

I mentioned where the word stigma came from very early on. Really in terms of scientific concepts it was first developed in the middle of the 20th century, but then more empirically in the 1970s I found this quote interesting because I think it shows us sometimes I feel like we have come a long way and we have, this was in 63, there is no country society or culture where people with mental illness have the same societal value as people without a mental illness. And I think we are still struggling with that. So even though it is an old quote I thought it was worth it to put on here that we continue to fight that. We certainly have made progress. And things have changed. But we still are dealing with stigma and misunderstanding. It is so important for us to recognize that.

So the other thing to think about as we view the current situation and what is happening in the US is that there hasn't always been this link between mental illness and violence. That shifted over time and really in the early 1900s things like schizophrenia, which is a diagnosis that most often gets linked to violence was really viewed as kind of a mild the disorder of a psychiatric disorder. And people were viewed as nonthreatening, harmless, so the link to violence really has not always been there. It shifted over time and I think that's important for us to remember as we think about what are the influences of not only society's perception, but even within our own field, how our perception and understanding shapes public policy and treatment.

So, as I said I found some interesting old advertisement for drugs in my research, so again, that association between violence and psychiatric diagnosis has shifted and as I said earlier, schizophrenia was really considered an early of disability for the first half of

the 20th century. It was described as mild forms of disability that affected people's ability to think and feel., Psychiatrists often assumed that these individuals were nonthreatening and largely harmless to society and in the media, the New York Times articles talked about schizophrenic poets and in like popular magazines, ladies home Journal, Better Homes & Gardens Road about" happily married [housewife] who schizophrenic mood swings were suggested of Dr. Jekyll and Mr. Hyde. Just again that not only these perceptions and attitudes are shaped from so many different parts of our society, from the medical field to journalists, to the pharmaceutical companies. So, and to say that this link to violence is actually not always been there. And so in the 60s and 70s that's when we began to see a direct link to schizophrenia in terms of violence and guns. And the DSM has actually moved more toward describing paranoid schizophrenia in terms of aggression and hostility. And again, we see the shift not only in society but in the way we from the field of psychiatry and medicine began to view people. And we will see again that the same thing happens when you look. This is an advertisement for Haldol from the 1960s. And it certainly shows a different picture. Suddenly, the psychiatric journals also begin to describe patients. Illness was marked by criminality and aggression. The FBI on their most wanted list described a gun toting schizophrenic killer on the loose. And even within our media and in Hollywood films begin to show mentally ill writing and attack people. So again, all of these perceptions are shaped for many different spots, many different areas of society, so it suggests that the transformation to see people as more violent, more aggressive didn't really come from more violence and aggression, but from a diagnostic shift began to incorporate these into psychiatric and mental illness. Prior to the 60s, psychiatric discussions really defined schizophrenia as a reaction to splitting off of personality and really talked again about the common nature of such persons. But in 1968 the second edition of the DSM came out, it really began to recast or redefine again, paranoid schizophrenia as a condition of hostility, aggression, anger and the behavior that was aggressive tended to be consistent with delusions that the person was having. So again, we can see how public perception even the medical psychiatric fields, media, Hollywood, policymakers all influence each other. And create atmospheres where false narratives can flourish. And that I think we think about what is happening today I think we see the same kind of things happening today. We have a better understanding perhaps and maybe from the psychiatric mental health perspective that we become more vocal in terms of how we are working with folks in the community because the influence happens both ways. And I think that's why we are all here today. So it kind of brings us to why we came. The rhetoric today influences public perception and attitudes just as it did in the past. These are actual quotes from different articles, news articles, news reports that many of us have seen I'm sure over the past several weeks and months. People being described as mentally ill monsters. We need to get people off the streets. We need to rebuild institutions. Where have been suggestions about the federal level come about creating national registries of people with mental illness. And again, this comes from these other quotes of mental illness pulls the trigger, there's delusional killers. So we are creating a fear out there to support the narrative that people with mental illness are dangerous and

we need to come up with solutions for that and the solutions look kind of scary at the national level. One of the things that I read several days ago was a proposal at the federal level to study whether mass shootings could be prevented by monitoring mentally all people for small changes that might foretell violence. And what it was looking at was whether we have the technology, whether there is technology, things such as phones, smart watches, that could be used to detect when mentally ill people are about to turn violent. These kind of discussions are scary. So fortunately that is not something that is moving forward right now, but the very fact that these kind of things are being discussed is very scary. This particular measure was called [safe home] I think but again there are discussions about this at the federal level come about institutions and registries and begin using the false narratives, continuing to repeat the false narratives in order to gain public support and to focus on this as a solution to making our communities more safe.

The other thing I will say In regard to this discussion about institutions is that it is coming at a time when there has been some push from folks from families from the IDD side on creating more congregate care settings and I think that is out of a response to some of the lack of effective immunity support that are available from community members. But that discussion along with some of the rhetoric coming from the other side creates more discussion around institutional care. Which I think is scary. So really again it is why we are here today. We need to come together to make sure we all can speak some truth into this situation, come together across agencies, across geographic regions and speak out about what is really going on.

So as I said before, we certainly think about the historical perspectives and stigma. We have moved forward in many ways. And people, many more people with mental illness, with disabilities are living full lives in the community. Yet, we still have the public perception that continues to link mental illness and violence. It is remaining despite new evidence, new information about the origins of mental illness and the factors that play into that. The other thing is that is conflation of mental illness with the concept of dangerousness. So that is something we will talk about to when we talk about definitions, but being dangerous is not in and of itself a mental illness and putting those two together and saying anybody who does violent acts is dangerous has mental illness conflates those two together. And I think this gets perpetuated and supported by a media which continues to sensationalize violent crime. Especially if mental illness is suspected. So this was a 2016 study that looked at 400 randomly selected news stories about mental illness and found that 38% of the news stories linked mental illness to interpersonal violence. And so, again, influences from all parts of our communities and our society.

So what we are trying to do here is to figure out how we get these things to become so intertwined in public perception and separate those out and really think about what we mean when we say words like mental illness, like violence, like crime. Taking sure that we are clear on what we are talking about. So, going to further evidence or on public

perception, some of the polls that have been done. A Kaiser poll in 2013 said orgy 7% of those polled were very or somewhat uncomfortable living by someone with serious mental illness and 40% felt the same way about working with someone. And so again, the public perception is still out there when narratives, things that are blasted through the media it makes it really hard for us to make progress on the community perception of people with mental illness. And part of that is what happens when again false narratives are repeated over and over again. People begin to believe them instead of assuming their truth. And so even when we have empirical evidence sometimes and certainly we can see that playing out in the US today. And so just as the public in general falls prey to some of this repetition, false narratives that also can affect our policymakers and public officials so again why we are here today is to figure out how to move forward with that.

Our words matter. And I think we have to have a mutual understanding of terms and definitions in order to talk to each other and more importantly in order to address some of the false narratives and the perceptions of the public and policymakers. I mean first is talking about understanding what is mental illness, what is the developmental disability, what is autism spectrum disorder, having those conversations in the policy arena and talking with legislators here in my state it's very clear one of the steps about mental illness is a have no concept of who they are talking about or what mental illness means for people so I think it is important to begin to make sure we are clear and that when we throw out terms in terms of the work we do to push the agenda forward or more community belonging for folks. Again, public perception of conflating mental illness with dangerousness and dangerousness is not a diagnosis and think about how the media treats mental illness there seems to be a distinction between mild mental illness and severe mental illness and linking severe mental illness with the unpredictability and lack of self-control. And that links to this risk of mental illness of losing its meaning as a psychiatric diagnosis and becoming more a sign of a violent threat and people continuing to link those together. I will say, as I have done a lot of reading that this whole concept of the definition jumped out at me. So when you're reading articles about mental illness and violence sometimes it is about mental illness and violence within residential settings or hospitals mental illness and violence in the communities versus violent crime so there's a lot of terms that are thrown out that are hard to decipher sometimes.

So about 10% according to The study said about 10% of people with schizophrenia or other psychiatric disorders act violently compared with 2% of the general population but if you look at that within wears these events happen the prevalence of that is lowest in community settings. And in community settings in fact it is a little over 2%. So it's pretty similar to the general population. It is more high in acute settings or places where people have been involuntarily committed. 4% overall of people with mental illness act violently and 4% of crime is committed by people with mental illness so you see where there are different articles and different research look at things in different ways. See things as specific crimes or things as acting violently so it's important that we think

about the words we use. The other thing that I have tried to think about as I read this is I think we need to consider the difference between violence and aggression. And aggression is a broader umbrella. Violence is a subset of that. And violence is different in terms of it being aggression that has a goal of hurting someone. It has the goal of injuring or killing someone. And it involves serious physical harm. And in thinking about that in relationship to emotional or impulsive aggression which is what we more often see in people that we support. So, this occurs with minimal amounts of aforethought or intent. It is really driven by impulsive reactions, impulsive emotions. And as we know it can be a result of extreme negative emotions. It can be the result of trauma. It can be a communication about having pain. It can be communication about being afraid. So, trying to separate this I think is very important. So we get aggregate numbers of people with mental illness have this much violence. Really need to make sure that we are understanding what they mean by that word, violence. Is it criminal activity, is it violence within a hospital setting. Is it violence in the community. So again, I think reiterating that the language really matters.

We are getting to just the section about some of the myths or the false narratives that we have seen out there, so here are three that I pulled out to take a look at. Mental illness causes gun violence, psychiatric diagnosis can predict gun crime, and shootings represent the deranged acts of mentally ill loners. So we will take a look at each of these and go through them.

So when we look at the first statement, mental illness causes nonviolence, we pull out some of what we know from some of the research and we see that lesson 3 to 5% of US crimes involve people with mental illness. There's various studies that I've looked at. Generally it is about 4% is what the number is. But if you look at the percentage of crimes that involve guns, that creates, that is a lower than the national average for persons that are not diagnosed with mental illness. So again, separating out even within criminal activity, crimes that involve guns and more potential for hurting others. Actually, the most common psychiatric diagnoses which is depression, anxiety and ADHD have absolutely no correlation with violence at all. And what we know is that serious mental illness such as schizophrenia over time actually reduce the risk of violence because people who have more severe schizophrenia and experience more difficult situations become overtime more socially isolated and withdrawn and that will often worsen over time. So a lot of the, again, [indiscernible] you can make a link between mental illness and specifically schizophrenia to gun violence is not true.

The other thing is that we will talk more about in a few minutes, but when you take a single factor and not consider anything else that's going on in a person's life you are taking a very narrow view. So the MacArthur violence risk assessment study looked at the prevalence of violence of individuals with mental illness and without, who lived in the same neighborhood. So, when they looked at that within the same environmental settings, the two groups' prevalence for violence was indistinguishable. And I think that

in and of itself gives us some information. And to think about what are other potential risk factors and what else's going on when the progression to violence occurs.

The other thing that we know is that people with schizophrenia, people with mental illness in general are much more likely to be the victim of crime. So people with schizophrenia have victimization 65 to 130% higher than the general population due to some of the factors that occur in the diagnosis, impaired reality testing, disorganized thought processes, impulsivity, poor planning, problem solving that make them all of these make it less likely that somebody can protect themselves or really detect when there's potential risk in the community and really create much more vulnerability with them.

The other thing to think about when we are thinking about access to guns and gun violence particularly is that people with mental illness are much more likely to hurt themselves and someone else when they have access to a gun. And over half the gun deaths in the US are suicides.

Seal the other thing I thought it would be important just to spend a minute onWas that there's also been a lot of focus in the past about the connection between autism spectrum disorder, particularly folks without intellectual disability and kind of the group that previous to the DSM changes were identified as having Asperger's syndrome. We know there's some specific situations and mass shootings where there is a link or they tried to make a link to diagnosis of autism spectrum disorder. So we thought we might want to take a look at that. There was a study that was done I looked at 75 mass shootings in the US and really found strong evidence of autism and 8% of those, so that would be higher than you would expect, so people began to think is this a small subset of autism or Asperger's or people who are more at risk for committing gun violence, particularly mass shootings, but if you look at those closely they all have additional risk factors present. The other thing about this study was that it was really limited to a pretty rigid definition of what a mass shooting was. So it only looked at 75 and if you really read through what they found the autism part or the Asperger's part on its own by itself does not seem to be the risk factor.

Another study I looked at actually found some evidence that the presence of autism in someone who has some of the additional risk factors for violence actually reduce the risk of violence for those folks. So kind of thinking about people with autism that have pretty significant executive functioning, difficulties, difficulties with planning or organizing those kind of activities actually create barriers or deficits that would make it less likely that somebody would be able to develop a plan and carry off something such as a mass shooting. That doesn't mean that there's not a single case where that might be the case but if you look at it as a whole there doesn't seem to be a direct link between autism and violence in that way in terms of gun violence.

So, when we think about that , what do we know from the research about the risks for violence? so I think we know things that don't come out into the narrative right now that

we know are present. So the main risk for violence are being young, being male, being single, and being from a lower SES level. But some of the relevant factors for serious violence and some of the things we have seen also include less education, a history of violence, I mean, we know that one of the best predictors of future violence is past violence. A history of involvement with the legal system, spending time in juvenile detention, being connected to criminal activity as a younger child, a history of domestic violence, having a perception of hidden threats from others and then having recently gone through some type of separation such as a divorce or something. So these are risk factors that have been looked at that do seem to be related to serious violence.

And then finally I think this is something that is true and makes sense, is that really what leads to gun violence is access to firearms during emotionally charged moments and that seems to correlate with gun violence more strongly than mental illness than a certain disability alone. So when we look at the research there doesn't seem to be a single diagnosis, a single way we can link a diagnosis for mental illness directly to violence. If you don't consider all of the other factors that are present in somebody's life.

So, the second one we want to take a look at, And we are getting close on time is that psychiatric diagnosis can predict gun crime. We know that psychiatric diagnosis is largely an observational tool. Not an extrapolated one. It is not designed to predict future behavior. And even the identified risk factors that we just looked at really have very poor predictive validity in terms of short-term or long-term. So, the reality is with or without mental illness it is difficult to predict who is going to be violent and if we put this at the feet of psychiatrist or mental health professionals really what the research suggests is that psychiatrists using clinical judgment are really not much better than people at the community at predicting who will become violent and commit crimes and which people will not. And when you think about this and you think about the incidents, the prevalence of violence with people with mental illness, a meta-analysis looked at that and found that in order to prevent one stranger homicide you would have to detain 35,000 people with schizophrenia. Which is pretty scary to think about if we are going down the road of thinking we could make things safer by putting people and institutions. This would be a very broad sweep in order to prevent one stranger homicide. The other thing we have seen is that just having psychiatric beds is not associated with affecting the number of murders within a community. So, states with greater numbers are not associated with lower firearm murder rates so there does not seem to be a connection there.

The third thing we wanted to look at is that shootings represent the deranged acts of mentally ill loners. Again, this in my analysis, this is what race has to do with it. If you think about the fact that we have shifted, this image of a mentally ill gun obsessed white male loner, or somebody, an individual that has a brain that is mythologized in some way, blaming the individual with an abnormal brain or a mental illness is a relatively new concept. If you think back to that ad for Haldol that I showed you in the 60s and 70s many men labeled as violent and mentally ill were also black, so that, if you remember

the ad I think I have another picture of it here, the blame then became about black culture and about black activist politics. So look again at the picture. This is a black man with his fist up being asaultive and belligerent. So we took that image and blamed the culture for it. So it was not about an individual's mental illness or their individual brain. It was more about the community and what was going on within society. So I mean, in some of the archives of Gen. psychiatry I saw quotes such as describing people as having protested psychosis, saying that the rhetoric of the black power movement drove black men to insanity, leading them to attack Caucasians. There was writing about Blacks with schizophrenia rating higher than whites on hostility variables because of delusional beliefs that their civil rights were being compromised. I don't think that those were delusional beliefs. And it just saying that growing up as a black person in America creates basically mental illness and violence and really linking these two together, but again, blaming the culture and not the individual at that point. So there has been a shift in that overtime.

So cultural politics really underlie the anxieties about whether guns and mental illness are understood to represent an individual ideology or a more communal. Again, in the 60s and 70s it was about the black social and political violence was part of black culture. And in the present day we are beginning, we are looking at the actions of single male shooters and that leads us to think about expanding gun rights, not lessening them. We are focusing on individual brains and beginning to focus on limiting the rights for people with severe mental illness. So all of that is to say we have to put everything come all the rhetoric and the soft narrative into a cultural context.

So headed to somewhere I can talk a little bit about obviously the link between mental health and gun violence has not been a direct link. There's many complexities and limitations to the way we see this. If we really were going to think about a public health intervention or way that we respond as a society we have to rely on statistical modeling and predict ability. That is not really possible, despite our emotional reaction and the perception, mass shootings are really actually rare in light of the number of fatalities and injuries that are caused by guns each year, so there is not enough thank God, but there's not enough that we are able to really create a public health intervention that is based on good statistical modeling. From what we have looked at there is a single diagnosis that predicts violence or gun violence the connections between mental illness or gun violence are less causal and much more complex and obviously people are influenced by the same factors if you mention risk factors thinking about folks that have committed mass shootings that they may have been influenced and I think like we were influenced by the same risk factors as anybody else's regardless of mental illness diagnosis or not. And recognizing that guns or people don't exist in isolation from our history or from our social influences. So we have to consider the effects and, the effects of race, gender, violence, how we change the concept of diagnosis and how it influences what we see overtime. There are certainly proposals out there, there have been proposals about, and in some states there's been legislation already about requiring mental health professionals to assess for potential violence and to report that

in some way. And those proposals, the whole mental health professionals accountable for identifying individuals really creates difficult situations where the legal duties [mingle with] what you see as the predictive value of your. Expertise again we are not predicting who is going to become violent. We are here because we all want to stop false narratives, so speaking truth to power is how I would like to put it. And recognizing that the things that have been proposed are not going to reduce gun violence. In our everyday lives and in our work [indiscernible] be able to recognize and address stigma when we see it, recognize and address prejudice and discrimination we need to call out the media when they write articles to sensationalize the connection between mental illness and violence. So take action when those things come out. Begin to focus more on what we really want to focus on which is inclusion and belonging and how do we do that. We have to do that not only through our work, but through the daily lives of modeling interaction engagement and support of people with disabilities and mental illness. And again, remember the difficulty with the language and how do we make sure that we create common understanding, provide education, distinguish between things like aggression, violence, gun violence, and make sure we are all talking about the same things when we are talking about solutions. There are a lot of things we don't know, so we need to focus on what we need to learn. There's a lot of ways we mental health professionals can be engaged we haven't looked at what is the population response to mass shootings. We have talked about shorter periods of time in shorter time spans, what is the effect of that on our community and how does the link to suicide, increasing suicide what are the effects of social media and how do we address some of the long-term consequences for survivors, families and communities?

Some of the things that are a core part of how START works I think apply here, I think always recognizing, taking the biopsychosocial approach, recognizing there are multiple factors that would create risk for violence, and being, taking the approach means not only assessing from that perspective but creating strategies that address the vulnerabilities and risks that are there from a wide perspective, multi, interdisciplinary perspective. And that might require that we reach out beyond our own concept of interdisciplinary, so outside of our own field. So we need to connect with housing, with addressing food and security, with law enforcement. So, our society and our culture contains many elements and if we are going to have an effect on this we have to address all of those. And then again, trauma informed care, realizing the effect of trauma. Trauma is not just about the individual who has experienced something but communities and experience, as a result of some of the gun violence and how do we begin to incorporate that into how we interact with others and do work.

So I'm going to end with a statement here, I will just read really quickly, but this is just an example of how we all have to come together and have a unified statement. We know that fixing the mental health system is important. That is a priority but that's not what's going to stop gun violence, and that we can't continue to conflate those two. We don't want to move forward with someone that can --- constrain remedies such as building more institutions and we want to make sure we are building toward what we all

see as, we want to have people engaged in their communities. So this is a joint statement from members of the disability community. AUCD I believe has signed on to this, this was shared by policy analysts with AUCD and some of you may have seen it but I think it's something for me that is helpful. I took one paragraph out of it to use in terms of my own advocacy. It is an active 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.

I thought that was a good summary for what we have talked about.Hopefully this has given you some more background, knowledge, there is certainly more to read out there. I think you have been sent some additional resources and links to other articles that you can use. And again I appreciate being asked to do this. And again I don't claim to be an expert, but somebody who really just wants to make sure I have all the information and knowledge I needed to move forward in making our communities more a place of belonging for people with mental illness and other cognitive disabilities.

I see that they put up , Someone has put up the link to join the statement so you can get a copy of the whole statement. Someone asked if they could get a copy of the articles referenced in the last slide. Yes, we can send those out just as a Word document, would that be helpful?

>> Yes, so the slides and joint statement are also on the event page and will also be included in the recording of the webinar.

>> Okay.

>> I see a comment here by Alexandra Singh with regard to educational outreach with the media I am thinking we would have a greater impact in shaping the media and the audience or the public, being more physically present at having a voice which can be accomplished in many ways one of which would be to do strategically planning prime time and clinicians from various mental health organizations including anti-stigma foundation to answer themselves in the reporting of a mass shooting incident. We definitely can also use the existing systematic strengths through wellness trends occurring addressing the effects of stress, emotional financial etc. and using the platform for day to day engagement on our demystifying agenda.

>> That is a wonderful suggestion there and I think that the part about kind of inserting ourselves, making ourselves available, calling, not waiting for someone to call us for a statement, calling media outlets to say you know I want to be involved in the response to this or providing the information and providing ways that they can ask the right

questions instead of focusing on the sensationalization of mental illness. Good comment. Thank you.

>> So unless there are any other questions I want to thank all of you for attending the webinar. This webinar has been recorded and will be archived in the webinar library at AUCD.org. If you would like any more information about AUCD mental health aspects of IDD support group feel free to contact us and take a few moments to complete our survey.