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Following the editorial are specific, peer-reviewed, science-based and best practice recommendations to immediately reduce gun violence in our communities. These are non-controversial steps that can be taken now. These recommendations were forwarded to the leadership of the American Psychological Association for their meeting with Vice President Joe Biden on January 9, 2013.

It's About Suicide, Guns Not So Much

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Mass murderers never ask themselves, “And after I kill all these innocent people, how will I escape?”

The “escape” is a pre-planned suicide - whether delivered by one’s own hand or by a police sharpshooter.

Reducing access to firearms will surely save lives, but such measures fail to address the source code in all these terrible tragedies: the disordered brain of an utterly hopeless mentally ill suicidal person whose reasons for releasing hell on others die with him.

The vast majority of the mentally ill are not violent, but those who become suicidal represent a special threat to themselves, and sometimes others. The so-called suicide “contagion effect” travels like a virus from one

suicidal mind to another suicidal mind via the media, and most mass murders follow another event previously publicized where a “like me” suicidal, rage-filled young man kills others and then himself.

Yes, our culture of violence aids and abets the suicidal mind. Yes, too many guns and large capacity magazines increase the body count. Yes, the contagion effect is real and media exposure of mass murderers inspires copycats.

But let’s be real, while some measures will help on each of these fronts, these genies are out of the bottle and they are not going back in.

Only by preventing the development of his suicidal desire, ideation, intent, capacity, planning and, yes, frustrating his attempt to acquire the firearms that his rage requires to express itself can we hope to find a compassionate and sustainable solution. Early detection, assessment, and treatment of emergent *suicidal behavior* in known at-risk populations will at least give us a chance for reducing violence in our nation.

The debate on gun control will produce mostly heat, not light. Gun safety is another matter and excellent light on this subject can be found at www.meansmatter.org - one of Harvard’s wonderful School of Public Health’s web sites. Gun owners who are alert to signs of crisis in a family member and temporarily store guns away from home if a family member is at risk of harming themselves or others will avert some disasters.

To understand the prime source code of violence – the suicidal mind - we must first understand that persistent suicidal thoughts and feelings are markers for unremitting, unendurable psychological pain and suffering. If we are thinking about killing ourselves or others, something is terribly wrong and something needs immediate attention and balm.

Psychological pain is one term that covers distress, despair, depression, rage, anxiety, isolation or hopelessness. More than 90% of suicide deaths are by people suffering from serious mental illnesses or substance abuse problems, the majority of which remain untreated, but all of which can cause what may become unbearable psychological pain.

According to a 2008 federal survey, in one year the adult American psychological pain index was as follows:

- 8.3 million of us seriously considered suicide
- 2.2 million of us made a plan to kill ourselves
- 1 million of us made an actual suicide attempt

For 2010, unbearable psychological pain contributed to 38,364 completed suicides. That’s 105 Americans a day. Imagine what Congress and the President would do if a commercial airplane loaded with 100+

Americans crashed not once a year, not once a month, not once a week, but every single day, day after day after day?

Yet because suicidal people usually die alone and devastate only their family and friends, it is only when suicidal people commit mass murder that Congress rises from its lethargy.

But it is not just broad mental health reform; it is bringing a laser focus to the prevention of suicide – the source code to violent injury death.

We who work to prevent suicide for a living strongly support this statement by former Surgeon General of the United States, Dr. David Satcher, “Suicide is our most preventable death.”

Rather than arming our teachers, we should ask: What actionable public health knowledge do we have to reduce suicide and, with it, collateral violence toward others?

Unknown to the vast majority of the public, we actually have a lot of actionable knowledge. Published only this past September, the National Strategy for Suicide Prevention 2012 represents our best scientific thinking on how to prevent suicide and its related violence toward others. The plan includes achievable goals, objectives, and action steps.

Will it help?

Yes!

Need proof?

In 2003 our own US Air Force published a multi-year study in the prestigious *British Medical Journal* clearly demonstrating that a robust, mandatory, suicide prevention/mental health promotion program dramatically reduced violence of all kinds. Findings:

- 33% drop in suicides
- 18% drop in homicides
- 54% drop in serious family violence
- 30% drop in moderate family violence.
- 18% drop in accidental deaths (some of which were likely disguised suicides)

Several large means restriction efforts to prevent suicide have proven successful in other countries, and in the Air Force study reductions in other-directed violence were a happy and unexpected byproduct.

So let’s focus on what will work. Let’s implement our new National Strategy for Suicide Prevention 2012 now.

Implementing the National Strategy will have a wide, generalized harm-reduction effect through the improvement of the mental health of an

entire nation. Remember calm, happy, mentally healthy people – including millions of America gun owners – do not kill themselves or others.

So as the gun debate unfolds let's not get lost in the bushes of how many bullets a Bushmaster holds, but view it through this lens:

- Almost all mass murderers die by suicide.
- Suicide is preventable.
- Prevent suicide and you prevent violence.

An estimated 39,000 Americans will die by suicide in 2013. Among them will be our children, our teenagers, our working brothers and sisters, and hundreds of doctors, police officers, firemen, and veterans. Since each 1% rise in unemployment drives up the suicide rate by 1%, America's psychological pain index stands at an all time high. Thanks to improved safety engineering and fewer motor vehicle accident fatalities, suicide deaths now exceed those from car crashes.

So, let's recalibrate and resource safety-focused interventions that will not only lower our nation's psychological pain index, but lead to broad reductions in self and other-directed violence, including the risk of mass murders.

When our national grief work is done, let us memorialize our collective loss by taking bold, science-based positive actions. We have a plan. America, it is time!

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Prevention Strategies to Deter Mass Shootings and Reduce Gun Violence: Recommendations and Resources

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To prevent the next gun violence tragedy we believe America needs science-based, constitutionally-appropriate, politically-neutral, and community-based interventions which are available now for immediate implementation. For each recommendation below, web sites or links to available best practice programs are included.

Following the tragedy at Newtown, the premise for these recommendations is the observation that most mass murderers either take their own lives or expect to be killed by police (“suicide-by-cop”) after committing multiple homicides, e.g., Lanza, Cho, Harris, Klebold, and others. In addition, among the far more common “simple” suicides (those not involving a homicide—approximately 39,000 deaths a year), over half are by firearm (<http://www.cdc.gov/injury/wisqars/index.html>).

These evidence-based recommendations target several sectors of our society: the general public, health professionals, gun dealers, gun owners and law enforcement professionals.

For the General Public, Health Professionals, Gun Dealers and Citizen Gun Owners:

1. Train the general public to recognize suicide/homicide warning signs among their family members, friends, students, co-workers and throughout their social networks. Then teach them to intervene as follows:
 - Clarify the meaning of the warning sign(s) with the person
 - If in distress, intervene to get the person immediate help

- Restrict access to firearms, e.g., immediate removal, off-site storage, key gun part removal, locks
 - Train all gun owners in the “11th Commandment” of responsible firearm ownership: Keep firearms from distressed persons
2. Train firearm dealers to recognize distressed persons attempting to purchase guns, how to delay or deny the sale and how to make a referral for assistance or secure a mental health evaluation when warning signs are present.
 3. Educate mental health and health professionals on the overlap of suicidal/homicidal desire and intent, and legally mandate training in how to detect, assess, and manage suicide/homicide risk. This training deficit accounts for many missed opportunities to reduce gun violence and deter mass shootings (<http://www.sprc.org/bpr/section-II/preventing-suicide-through-improved-training-suicide-risk-assessment-and-care>). In recognition of this potential public health hazard, in 2012 Washington State passed a law “requiring certain mental health professionals to complete education in suicide risk assessment, treatment and management.”
<http://apps.leg.wa.gov/documents/billdocs/2011-12/Pdf/Bills/House%20Passed%20Legislature/2366-S.PL.pdf>

For each of the above recommendations, the following best practice and evidence-based programs are now available:

- General public: <http://www.sprc.org/bpr>, e.g., QPR, CALM, and others
- Firearm dealers, gun safety instructors, gun and hunter club training: <http://www.sprc.org/bpr>, CALM
- Health professional training: <http://www.sprc.org/bpr>, Section II “Adherence to Standards” programs

For Law Enforcement Professionals:

1. Using best practice registered programs, train law enforcement officers in how to:
 - Recognize the warning signs of suicide/homicide and how to conduct a simple 3-step CPR-equivalent emergency intervention

- Conduct a suicide risk assessment interview using the same methodology used by thousands of mental health professionals, and of particular value to officers responding to domestic violence calls, jumpers and others
2. Enhance the mental health/suicide/violence prevention literacy and skills of law enforcement officers by providing training about:
 - Their key role in the National Suicide Prevention Strategy 2012
 - Successful violence prevention interventions, e.g., the US Air Force project and means restriction strategies (www.meansmatter.org)
 - The link between mental illness/substance abuse and violence
 - Evidence-based risk mitigation/intervention strategies
 - How to prevent suicide inside the law enforcement community itself
 - How to develop community partnerships with firearm dealers, gun owners, gun safety instructors, hunting clubs and others to enhance gun safety and restriction of access to firearms through teaching the “11th Commandment” of responsible firearm ownership: Keep firearms from distressed persons

To enact these recommendations for law enforcement professionals, the following best practice and evidence-based programs are available now:

1. <http://www.sprc.org/bpr/section-III/question-persuade-refer-qpr-law-enforcement>
2. <http://www.sprc.org/bpr/section-III/calm-counseling-access-lethal-means> and <http://www.consensusproject.org/learningsites>

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