SOCIETAL VIOLENCE, CRIME AND MENTAL ILLNESS

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Responses during Grief Reactions

In order gain a more complete perspective of what is happening within our country and our State in the midst of the tragedies that have occurred, it is necessary as well as instructive, to consider the mental health issues that are present among all of us who are impacted by these serious events. Many, many people are severely impacted by these situations, some personally, but even more by the continuous media coverage that repeatedly subjects our population to experience the same event over and over – re-traumatizing them each time. Most all of us are affected by these horrendous tragedies. One of the important reasons to consider this is by understanding the dynamic present it aids in putting responses into perspective as well as being able to more realistically evaluate "solutions" being called for by those of us who are experiencing intense emotional distress as a result of these tragedies. Dr Kubler-Ross's Stages of Grief can help shed light on understanding these reactions. While originally developed by extensive interviews with people who are facing terminal conditions, they have proved so very valuable in understanding reactions to any loss or grief experience. The stages are denial, anger, bargaining, depression and finally acceptance.

Denial is a survival tool that human beings use in order to pace their grief. It is a response when the world becomes meaningless, overwhelming and life makes no sense. The losses in this case involve not only the tragic deaths of innocents but a fundamental loss of a sense of safety, of security and of survival – a world-view is disrupted. People feel vulnerable. For many this may involve being abruptly confronted with the reality that human evil exists in the world and can strike unpredictably. These egregious acts are so far out of the experience of most people that they cannot be comprehended. Shock and paralysis as well as denial. dominate this initial response. Most in our country have moved past this first phase but many still are struck in this stage. The senseless character of these incidents cause them to focus on attempting to understand why these were perpetrated. In other words, they try to make sense out of a what is perceived as senseless act, grasping for some understanding but unable to achieve it. The overwhelming question is "Why did this happen." Denial is also manifested in an inability to consider the complex of facts and causal factors that have been shown to be significant regarding these horrible events. The impulse is to just deny that these critical factors are operating and to seek simplistic answers which are emotionally based and which may appease emotional arousal but do not provide real effective solutions.

In the next stage Anger dominates – and the anger has no limits. It is frantically looking for a place to focus, a place to direct itself or be channeled – it is in search to identify who or what is to blame for this extremely painful loss. While the initial stage is akin to being lost as life meaning collapses once the anger finds an object the grieving individual now feels a structure or anchor is in place – this is a preferred position for people as opposed to the nothingness of the first stage. Within the context of our present discussion we see that a rigid fixation on objects has resulted in "Guns" being blamed for tragedy and by extension the Law-Abiding Citizens that you, as legislators, represent who chose to own firearms and responsibly exercise their Rights. What is ironic is that the anger fixes on innocent Citizens and a tool that has been used countlessly more times to preserve life rather than it being focused on the actual perpetrator of the heinous act– the Criminal! This is as ridiculous as blaming the scalpel for a botched surgery. This IS the choice of someone who is overwhelmed by emotion and incapable of making a rational decision. Another emotional knee jerk that the anger finds as a target to explain the incomprehensible is those with mental illness. The sweeping statement "It has to be mental

illness" or "Only a madman could do something like this." is made. A simple explanation, case closed. This common public conception flies in the face of established evidence.

The next stage is bargaining. This is the "something must be done" stage and a willingness to do anything just to make it stop. Within the current context this cry for something to be done is directed towards exerting pressure on our lawmakers to do something, to do anything which will lessen the pain and this horrible reality – and to do it quickly. The demand to be saved or rescued goes out to government to provide a solution – to save us from these tragedies. Within this stage "if only" statements are present, for example: "If only guns would be gone life could return to normal." -another irrational statement that disregards the root of the issue … criminal actors … as well as the realities of human existence and fails to recognize the everyday righteous exercise of a Constitutional Right that saved 1000's of Law Abiding Citizens from being victimized by Criminals each day. Human evil has always been present since the first human beings walked the earth. Archeologists, for example, have found that when unearthing thousands of years old human remains that forty percent of the deaths were homicides. Firearms and metal were not even in existence, but human evil was still actively present. Stones, clubs, swords, spears etc were used to perpetrate harm and death. Woman, youth, and elderly were at an extreme disadvantageous. The invention of the firearm actually helped provide more equal protection to these individuals and gave them a fighting chance to survive.

The next step is depression, it is a deeper level of grief in which the individual begins to come face to face with the reality of the loss. It is not mental illness but an appropriate reaction to a significant loss. The last stage Acceptance does not involve being ok or alright with what has happened – this may never be so. However, what it does involve is the acknowledgement and acceptance of the new reality. The past and worldview have been forever changed and life now must be adjusted to it. With this stage rational cognitive functioning begins to return. Some of you may be in this stage right now. We live in a depressing time, however, as leaders, you must not fall into despair. You have the ability to empower your constituents. Our individual responsibility to protect those that we love, guaranteed by the Bill of Rights, will only benefit the greater good of society. All answers are found in the free exercise of Rights and in the empowerment of the Law-Abiding Citizenry.

The essential point in this grief discussion is recognizing that during the first four stages individual functioning is dominated by emotions. The lower brain centers – the survival brain - and emotions - prevail, as the body is flooded with stress hormones. Higher level executive functions which involve an ability to rationally and objectively evaluate solutions, their effectiveness and consequences are virtually non- existent. The state of heightened emotional functioning is one of the worst times to make critical decisions. Just consider for example making an important life decision which has far reaching consequences during a period of intense anger. Decisions made during this time in an effort only to quiet emotional pain can not only be ineffective but can also have long reaching destructive effects. Enacting ineffective solutions distracts from real solutions and the actual problem remains unresolved. Individuals are willing to "do anything" and this usually ends up be willing to relinquish bedrock fundamentals of Freedom to obtain the illusion of safety and security. One example is the call for Universal Background checks as an alleged way to reduce access to firearms. Research shows that mass murderers/criminals obtain firearms though passing background checks, illegal sales – black market or straw purchases (most criminals are already prohibited persons), theft, or otherwise illegally from family or acquittances. How many mass murderers obtained their firearms

through legal private sales – i.e. that which would be addressed by universal background checks? Zero! Not one of these horrific tragedies would have been prevented if UBCs were in place. ERPOs is another example. Individuals are willing to surrender a basic fundamental right that is at the heart of the justice system of our Representative Republic – that of due process. No thought is given to the far reaching and long-lasting effects of doing away with this protection of our right to due process. Another example of the emotional knee jerk response is lumping all firearm deaths together into one group. There are essential differences in different situations which must be recognized and analyzed. An incident which involves a single individual perpetrating a mass murder is very different than that committed by career criminals or gang members (that recently perpetrated by a felon in Philadelphia with a long record in which six of our policemen were wounded). These require very different solutions. Solutions proposed during these emotional states must be rigorously scrutinized and objectively evaluated for effectiveness as well as for far reaching negative consequences. Senator Baker's comment express aptly express this: "In looking at new requirements or restrictions, we also must evaluate how recent steps have been implemented and whether they are making a measurable difference. Taking symbolic steps sends a message, but it ultimately does not save lives. Something unworkable or unenforceable or unable to withstand a legal challenge does not provide the real protection our constituents are demanding. "Even more restrictions on law- abiding individuals accomplishes nothing to solve these problems. Law abiding people are not the source of the problem These tragedies are complex situations simple emotional knee jerk reactions not only do no good but they actually harm due to their destructive effects as well as being distractions to finding real solutions.

Rational recommendation for actual fixes involve: 1. Enforce existing Laws. We have almost thirty thousand laws regulating firearms and many more prohibiting criminal behaviors. Most of the time in our justice system the former are the first charges to be plea bargained away rather than prosecuted. We have seen the consequences on this especially in our cities where crime and violence often related to gangs and drugs is rampant and seriously impairs the safety, security and actual lives of law abiding citizens. Passing a the 30,001 law without enforcement of already existing laws is not a remedy.2. Study the past and see how MORE restriction and MORE regulation ONLY impacts the Law-Abiding Citizen and does nothing to deter or stop a Criminal who has chosen to do harm to innocent people. Restricting the Law-Abiding Citizen only empowers the Criminal by making the "prey" more vulnerable. 3. Educate and Empower the Citizenry. Get out of the way of Law Abiding Citizens who chose to exercise their Rights and take on the responsibility and duty to protect those who they love.

Mental Health Disorders – Societal Violence and Crime

Note that the frequently appearing term "Gun Violence" is not used in this write up. "Gun Violence" is a seriously misleading term used by those individuals who are either misinformed or else pushing their own agenda rather than contributing to identifying actual effective solutions. It is an Orwellian term whose purpose is to link the generally negative reflexive response to the word "violence" with the word "gun" through a repeated conditioning process In short, this term is used to vilify in peoples' minds the object of a firearm as well as the

owners of these objects. This is ironic considering the fact that.firearms are also used many more times to protect and save lives than they are used to illegally harm others. First of all, a basic fact is that "guns" do not commit violence, they are an inanimate object – people with a particular intention engage in violence. Yet in news coverage the phrase such and such crime was committed by a gun is frequently used. The correct phrase, therefore, should be "Violence performed by a person using a firearm." The reality is that this action by an individual can be either good or bad depending on the person's intention. A criminal who uses a firearm in an act of violence, with the intention of perpetrating a harmful and illegal act upon an individual is performing a morally and legally bad action – a crime. On the other hand, police officers use firearms in a violent act to stop criminals – a morally good act. Law abiding private citizens also perform violence with a firearm in the service of protecting life and averting crime – research (Kleck, CDC) shows this takes place approximately 6,850 times a day. This also is a morally good and commendable action. Finally, the term "gun violence" is overly specific, ignoring the problem of overall illegal negative violence as well as mixing positive violence with criminal actions.

Another problematic term is "mass shootings" or "mass shooter". Just like the term "gun violence" this term is also used in efforts to vilify firearm owners and firearms by associating firearms with these horrendous emotionally charged events. In the big picture of violence many tools are used. In fact, internationally in countries – most of them - which completely ban the ownership of firearms by their citizens continue to have huge numbers of mass killings and homicides which are perpetrated by individuals using knives, vehicles, explosives, fires, fists, hammers etc. In situations in which fire or explosive devices are used the casualties are much higher. Most lawful firearm owners are shooters – we go to the range to practice, compete etc. However, law abiding firearm owners are not murderers. In fact statistically they are the most law abiding crime free population. The correct terms then are mass murders, rampage murders or mass killings. I am a consultant with Survival Mindset, an organization that teaches survival response to private individuals, churches, business etc. We do not use the "shooter" term and explain why.Iinformed individuals with genuine intentions who actually want to reduce crime and negative violence and improve the quality of human life should not be using the term "gun violence" or "mass shooter."

Following a horrific tragedy, a common reaction is to blame "mental illness". The phrase "only a madman" would commit such an atrocity is often heard. This is a knee-jerk reaction which occurs within the grief stages, previously described. It is very understandable. These egregious acts upon other innocent human beings are so far out of the range of reasonably healthy individuals' experience that in order to attempt to make some sense of or understand them the belief that the perpetrators must be mentally deranged is quickly formed. The public perception is that those with mental illness are at a significantly increased risk for violence. However, using this sweeping generalization is a serious distraction – a red herring – and impairs the search for real causes and solutions as well as causing harm. "Mental illness" has been portrayed by Hollywood, in movies, as bizarrely violent, and the "cultural mind' has absorbed this incorrect image. Mental illness in reality, however, is not consistent with a violent threat. It is instead a medical diagnosis. In the last several decades, huge advances have been made in de-

stigmatizing mental illness. As a result, many more individuals who are experiencing life stresses are willing to seek the assistance of mental health professionals to learn more effective coping skills. Talking with a mental health therapist has become less a shameful secret, something that must be hidden or even avoided. People, including young people talk more freely about visits with their therapist. Reacting with the sweeping generalization – "it's mental illness" – only serves to revert to increasing stigma and can affect individual's willingness to seek help when they need it.

There has been no real effort to define what the word "mental illness" means when using it in this context. In addition, it is automatically paired with violence. This is problematic. There are over two hundred diagnostic categories which range from situational stress reactions, anxiety, mild depression, reduced cognitive abilities, attention problems to psychoses, severe depression, schizophrenia, bipolar and paranoid disorders, and serious combat PTSD. Most of these have absolutely no violence risk, and are in fact associated with less violence than in the general population without a mental health diagnosis. The generalization that all those with mental illness should be considered dangerous is a gross misperception. Linking mental illness with overall violence – even negative violence perpetrated with a firearm only serves to increase stigmatization and represents a major barrier to access treatment which in turn increases the public health burden.

So, what are the facts? The overall contribution of people with even serious mental illness to violent crimes is between three and five percent. This means that 95-97% of violence is not caused by a mental illness. It also means that if we were suddenly able to effectively address all individuals with a mental health diagnosis we would still be left with 95-97% of the violence. The American Psychiatric Association (2016) in the publication "Gun Violence and Mental Illness" also states that when these crimes are examined in detail an even smaller percentage of them are found to involve firearms. The American Psychological Association's CEO stated "Blaming mental illness for the gun violence in our country is simplistic and inaccurate and goes against the scientific evidence currently available." It is also known that those with a mental illness are more likely to be victims of violence than perpetrators. In addition, alcohol or substance abuse disorders greatly increase the risk of violence both in the general population without mental illness (estimated to be around to be responsible for 34% of violence) and in the mentally ill population. Alcohol and substance abuse paired with mental illness shows a significantly increased risk for violence, However, alcohol and substance abuse alone, has an even greater risk for violence. The Surgeon General's Report on Mental Health concluded that the contribution of mental health conditions to violence in our society is very small. The greatest risk of violence is from individuals who have an untreated or undertreated substance use disorder either solely or in combination with a mental health condition. (Mental Health America Position Statement) It has also been pointed out that most individuals who perpetuate acts of violence and have a mental illness diagnosis have exhibited a history of aggressive or violent behavior and certain character traits prior to the mental health condition. Generally, the diagnostic categories that may be associated with violence are psychotic paranoid disorders, schizophrenia, bipolar disorder and severe PTSD. Beyond substance abuse, hostility, agitation and psychotic experiences may further risk, However, even in these categories, with the exception of alcohol

and substance abuse, the violent individuals comprise a very small number. While we know several risk factors in general that are associated with criminal violent behavior, the prediction of such violence by any one specific individual is difficult. Psychologists, Psychiatrists and other mental health professionals cannot do this with a high degree of accuracy. According to Dr Lott's research one in a thousand is accurately predicted. With regards to self-directed violence, however, suicide is strongly associated with severe depression, Suicide is clearly a mental health problem. This will be covered in the section on suicide.

The issue of violence both in the general population and in conjunction with mental illness is a complex determined by multiple factors. A simplistic solution such as "It's the guns" or "Its mental illness" is not effective in arriving at real causes, explanations or formulating helpful responses. There is clearly a need not only for more specificity but also for defining the characteristics of the various different kinds of violence which can involve different effective responses. Violent crime which occurs in cities and which are drug and gang related incidents are their own category and require their own community-based responses. In regards to mass murders, the American Psychiatric Association (2016) points to research which identifies several different types based on a relationship system. This system uses a "relationship or link between victims and perpetrators." The following types have been identified: The workplace resentful type, the indiscriminate resentful type, the specific community resentful type, the familial resentful type. While some characteristics may be shared in common each also has its own unique qualities. For example, some may be meticulously planned over a long period while others tend to be more impulsive. Each may require specific responses.

"Simplistic conclusions ignore the fact that mass violence is caused by many social and psychological factors that interact in complex ways; that many, if not most, perpetrators do not have a major psychiatric disorder; and that the large majority of people with diagnosable mental illnesses are not violent toward others. While there is a modest link between mental illness and violence, there is no basis for the public's generalized fear of people with mental illness. Having a psychiatric diagnosis is neither necessary nor sufficient as a risk factor for committing an act of mass violence." (National Council: Mass Violence in America https://www.thenationalcouncil.org/wp-content/uploads/2019/08/Mass-Violence-in-America_8-6-19.pdf)

Dr Applebaum, MD states in an article published in Jama Psychiatry (2013) "Public Safety, Mental Disorders, and Guns, that recently there has been some increase in violence associated with mental illness. However, he also states certain caveats must be kept in mind. Much of the increased risks is attributable to other factors, such as substance abuse or premorbid personality traits and not the disorders themselves. The best US data shows that the risk percentage for violence and mental disorders is still between 3 and 5 percent. Actions aimed exclusively at the mental health populations is unlikely "to lead to significant increases in public safety." The call for increased funding for mental health specifically because of the violence issue only serves to further demonize those with mental disorders as well as a "backlash effect" when it becomes clear that increasing inpatient beds does not have any substantial effect on decreasing violence. Applebaum also states that "ill thought out policies adopted in haste can

wreak havoc to the mental health system and can lead to counterproductive consequences" such as discouraging individuals who need treatment from seeking it.

In regards to the subset of violence involving mass killers the research is mixed Some research indicates that those with mental disorders are over represented as perpetrators. Many of these individuals involved in these incidents had or were in fact receiving treatment. Other research finds, however, a much smaller percentage. The fact is that both those with and without a mental health disorder are represented in this subset of violence. Applebaum refers to the Macarthur Study of Mental Disorders and Violence (2001) which observed hospitalized patients one year after discharge and found that only two to three percent of the cases involved use of a firearm. Mass murders by juveniles/young adults is a more recent phenomenon. Firearms in fact prior to the 1968 Gun Control Act were much more available. Individuals with anger problems, school and relationship failures, poor conflict management skills, depression etc. were also always present. Yet, we did not see juveniles/young adults inflicting mass murders. The critical question is what new factors exist that are propelling these individuals – both with and without mental disorders. The bottom line is that a sole focus on mental illness will not prove to be productive and can actually have unintended harmful consequences.

Dr Grossman (Stop Teaching Our Kids to Kill 2014) notes that decades of research have already identified numerous risk factors for violence or "dangerousness" These include for example: An unstable family situation or an abusive home life, poverty, exposure to media violence and many hours spent playing violent video games, intense anger with inadequate conflict or anger management coping skills, pornography, previous displays of violent behavior, cults and gangs, pressures to join a gang, peer pressure, introduction to a criminal life style by a family member or friend, bullying being either the victim of bullying or the bully, drug or alcohol abuse, a fascination with irresponsible or negatively destructive firearm use, a lack of spiritual guidance and appropriate discipline. These are risk factors both for those with and without a diagnosable mental illness. It is also known that in most cases of mass murders, especially those perpetrated by juveniles/young adults these events are planned over a long period and these individuals have shown several signs of "dangerousness".

In addition to these risk factors there are also "protective factors". The cumulative risk for violent behavior lessens with more protective factors in the child's or individual's life. Grossman enumerates several of the protective factors. These include: A stable family life with loving parents, good school performance, enjoyment of learning and reading, development of talents outside screen technologies such as music, dance, art and sports, a mutually supportive peer group, active involvement in religion and/or spiritual guidance, community participation, involvement in school activities such as student council or debate team, media literacy education in schools, no tv or screen time from birth through ag two and one hour or less per day with all forms of screen technology throughout childhood, rules and consistent enforcement for both content viewed and use of media and digital devices, regular family conversations and family meetings to discuss potentially contentious issues before they erupt, frequent conversations about violent media in general with parents and caring adults, preventative measures such as counseling before anger or depression get out of hand, stress reduction and meditation techniques

and healthy lifestyle habits of physical activity and good nutrition. Efforts need to be made to increase these protective factors.

There have been many positive changes over the last fifty years in mental health treatment and resources that are now available to all individuals and families. Effective therapy techniques have been developed which successfully help people to positively manage problems in living, stress, trauma, symptoms of anxiety and depression, relationship conflicts, parenting difficulties, child behavior problems and so forth. So many people are able to make qualitative changes in their lives as a result of the mental health tools now available. There has also been a significant change in increasing education and awareness of psychological therapy as an effective help and a significant reduction of the stigma previously involved in seeking help – thereby encouraging individuals to feel free to actively access mental health resources. Legislation which has brought about changes in insurance coverage has also been an important factor in making therapy available. Seeking therapy has become common place and accepted and no longer has to be kept as a hidden shameful secret. Community programs as resources have been developed which essentially make mental health resources available to all regardless of their financial situation. Effective mental health treatment is much more accessible. There has been increasing interest in the mental health professions as a rewarding career, along with the proliferation of counseling education programs. Many new therapists are entering the field at various levels.

What can be done to increase access to mental health services to an even greater extent? This can help not only to address problems before they get out of hand but also improve the quality of life for those who will never be at risk for violence. The following comments are geared mainly to the out-patient level of treatment. One of the biggest obstacles is restricted insurance panels as well as the inordinate amount of time it takes for a therapist to be credentialed with a panel. Insurance companies will close their panels and maintain there are sufficient numbers of mental health professionals already available. Experience in our practice has shown this to be absolutely false as we get a significant number of phone calls from individuals requesting help who have said they have called numerous places – one individual said he called twenty-four - and cannot find someone who will see him. This is especially a problem in the Medicaid system as therapists frequently find the panels closed or only accepting professionals with very specific practice skills. The insurance panel system is itself problematic and limiting as skillful therapists are prevented from helpfully responding to individuals because they are not “panel” participants. The other issue is the amount of time the credentialing process can take. This usually involves several months. With Medicaid not only does the therapist have to go through a long processing time with the Medicaid managing entity if even accepted but in addition has to also secure a promise number through the state system. This can take six months or more. In the meantime, new patients cannot be responded to in a timely manner and may have to experience a waiting list or a referral back to their insurance. It is also not unusual for lengthy application documents to become lost or displaced in the process with the need then to resubmit them. As a result, many newly graduated therapists have significant difficulty starting a practice and responding to the need of individuals seeking treatment. This results in needed resources unable to be used. In order to address this Pennsylvania needs to have an “any willing provider”

regulation which would essentially mean that any mental health professional who possesses the proper training and education would be eligible for insurance panels. After all they have met state requirements for individual practice and the state has deemed them fit for practice by issuing them a license. In addition, the duration of the credentialing process itself needs to shortened and made more efficient. Another factor which discourages professionals from participating in Medicaid are the actions of auditors who make unsubstantiated allegations which are taken as factual claims and who are not held accountable for the damage that can be done to professionals by these false claims. There is not workable recourse for the professional to address these.

Increasing public education on the effectiveness of psychological therapy is way to improve accessibility. The state has been running an educational campaign – example radio ads – on the problem of underage drinking and parents hosting parties with alcohol. This is a positive step which helps to educate both teens and parents. An ad campaign promoting the benefits as well as the availability of mental health therapy (non drug) can be extremely helpful. The Pennsylvania Psychological Association, for example, issued pamphlets several years ago stressed that "Talking to a Psychologist Can Help" that encouraged individuals to seek help.

Why Now?

In order to arrive at effective solutions, the right questions need to be asked, A critical question that does not get asked is the "Why now?" question. Mass murders were not part of our long-time history. This is especially interesting since prior to the Gun Control Act of 1968 and the Firearm Owners Protection Act firearms, including full autos were much more available. Firearms could be ordered through the mail and delivered to the home. They were frequently purchased in hardware stores since they were seen as tools. This is also a question that is pertinent and can be helpful in understanding the mental health of our country as whole as well as individuals with no mental health diagnosis. We have always had job losses, financial problems, drug problems, individuals with anxiety, depression and more serious disorders, kids who feel isolated, neglect, poverty, grievances, school yard fights and bullies, relationship problems. We have always had firearms – the semi auto rife is over 100 hundred years old. However, we did not have juveniles/young adults committing massacres. While there has been a small subset of mental health disorders associated with higher risk violence, we have not seen such a proliferation of violent behavior in juveniles/young adults. In addition, this violence is not specific to those with mental health disorders and there is an overwhelming level of violence in the non-mentally ill population. The critical question is what new factors are present that are triggering this extent of violence in both of these populations. Getting to the source is the best way to solve problems.

The tragedies that we now experience started to appear in the 70s and increased in the 90s and in the turn of the century. A critical question is "What new factors have come into play which trigger individuals to commit acts now which society had deemed to be so unacceptable?" This is the "Why now?" question. Col. David Grossman phrases this question in another way in his book "On Killing". He states that healthy people do not kill other people and that human beings have a built-in safety catch which prevents it. Something has therefore removed the safety catch of our nation. (Sociopaths, however, do not have this safety catch). Overcoming our natural resistance to killing is a difficult task as the military knows. He discusses SLA Marshall's research which shows that during WW2 only 15 to 20 % of soldiers actually fired at the enemy.

The military was, therefore, faced with the problem of how to train adolescents to become soldiers who would kill the enemy. This is an appropriate and survival behavior for our soldiers who defend our nation in battle.

The military began to revise its training methods. Our military after WW2 began to use the powerful psychological techniques of classical conditioning, desensitization, operant conditioning and social role learning in their training to increase the firing rate from 15% to 55% in the Korean War and to95% in Vietnam. Ninety-five percent of soldiers fired at the enemy in the Vietnam War. These techniques are powerful effective influences on thoughts, emotions and behavior.

He goes on to state that the exact same powerful psychological methodology is occurring in what the media is continually bombarding our children with lifelong from as early an age as 2 years old. The huge difference however from their use in the military is that the military builds in a safety catch. Character development and discipline – obedience to authority is also taught to soldiers and they face severe penalties for shooting the wrong target in the shoot no shoot drills which are also conducted in law enforcement. They are building skills to know when to shoot and when not to shoot. No such safeguards exist in the media exposure such as tv, movies, music and violent video games. President Clinton some time ago pointed out that by age eighteen a typical American child will have seen at least 200,000 dramatized acts of violence and forty thousand screen murders. Grossman states that our society is teaching our kids to kill. Our society is manufacturing murderers.

Most are familiar with the experiments of Pavlov's dogs which demonstrated the power of classical **conditioning and desensitization**. In the section he calls "Pavlov's dogs at the movies" Grossman shows how both of these conditioning processes are operating. Kids from a young age are viewing violence in a comfortable pleasurable setting and are being taught to associate images of pain and death with popcorn, candy bars, sodas, and good times with friends. The most horrific depictions of human suffering and death become entertainment and gets linked with fun and pleasure. As they acclimatize and become numb to levels of violence – desensitized - Hollywood must increase the brutality to continue to get reactions and maintain viewership. Kids become desensitized to extreme actions of violence and death.

Another section of his book discusses BF Skinner's Rats at the Video Arcade. Skinner, a behavioral Psychologist demonstrated that through the process of **operant conditioning** a form of learning that involves reinforcement for certain correct behaviors designated by the experimenter, he was able among other things to train pigeons to play ping pong. This is another powerful psychological technique. Grossman shows how through the process of operant conditioning the anti is upped by teaching not only killing mindset but killing skills. The process goes from passive viewing to active participation. He gives an example of a 14-year-old teenager in Paducah Kentucky in 1997 who stole a neighbor's firearm and perpetrated a mass killing on a children's bible study group in a school close by. He shot eight times and had six head shots and two upper torso shots. This was 100% accuracy, while highly trained law enforcement officers average a much lower level of accuracy - two out of eight. What was significant about this was that this teenager never even handled an actual firearm before stealing this one. What he had

been doing however is practicing every night playing first person shooter video games. Grossman calls these video games murder simulators. The military and law enforcement understand the effectiveness of simulators and use them regularly for training. In fact, one that the military had used was a minor modification of a Nintendo game. The same principles as military and law enforcement simulation training are being indiscriminately applied by the video game industry to our children – without the safety catches. In martial arts practice of techniques over and over again produces a non-thinking reflex response. However, in these systems healthy discipline is also taught. Juvenile/young adult mass murderers also execute these "unconscious" reflex actions which they have learned in hours of practice, but without discipline.

Social Learning and Role Models are a third type of learning and are also a powerful psychological process. This is learning that does not require reinforcement. It is imitative learning. Individuals especially young people both teenagers and children are especially are drawn to imitate powerful people in their environments. Bandura's classical experiments done in the 60s illustrates the power of this process. Bandura (1961) conducted a controlled experiment study to investigate if social behaviors (i.e., aggression) can be acquired by observation and imitation. The experiment involved children in a room with a variety of toys available watching an adult who entered the room and then displayed aggressive behaviors towards a BoBo doll – punching, kicking and knocking it down. The adult left and the children were observed. Upon evaluation they displayed a significant increase in aggressive behaviors as compared to their baselines. A second experiment was done in which the children only observed the adult's aggression toward the doll on a tv, not live. Interestingly enough the aggression scores were even higher when just observing the tv behavior. This study has important implications for the effects of media violence on children. We have to have a serious look at what role models children and young people are being exposed to today. Compare these to the "heroes" – role models – of the 1950s in which "heroes" were representative of law and order and "crime did not pay"– a significant difference to the dark role models of today continually served up to young minds.

The American Psychiatric Association (2016) notes Mullen's statement (2014) in his article on "The autogenic massacre" which he identifies as generated by the extensive media attention given to massacres in the 90s. He states that this attention may have propagated what he calls the "Western script" which has resulted in a perverse glamorization of the act of mass killing, particularly in the eyes of subsequent perpetrators. These individuals believe they are able to relieve themselves of the burden of failures, inferiorities, rejection, or other narcissistic sleights by planning a surprise attack to prove their hidden value. They essentially become a lone protestor against an unjust reality and assume the role of a powerful victim in which they can win – even by losing (suicide). Movies and video games have given our children highly undesirable violent role models. These role models exercise aggression and violence unrestrained by any obedience to law. Violence is the first solution to all problems. It is frightening when a child internalizes the criminal antiheros who operate outside the law and who are glorified by these violent video games, tv shows and movies.

Two other concepts relevant to understanding the violence problem in our country, especially that which is perpetrated by juveniles/young adults are The Werther Effect and The

Threshold of Violence Theory. The Werther effect, otherwise known as the "Copy Cat Syndrome", contributes significantly to follow up violent incidents – especially in regards to self-inflicted violence (suicide) in our young people. Werther was the hero of a novel written by German poet Johann Wolfgang von Goethe more than two hundred years ago – "The Sorrows of Young Werther." The book winds up with a passage in which Werther dresses in boots, a blue coat and a yellow vest, sits at his desk with an open book, and shoots himself. In the next few years so many young men dressed themselves as Werther and sat at a desk with an open book to shoot themselves that the book was banned in several countries. Psychiatrists know that one suicide in a mental hospital is liable to be followed by others, and more than 20 years ago American sociologist David Phillips found that the same pattern holds in the outside world. At the time the U.S. suicide rate averaged 1,200 to 1,700 every month, depending on the time of year and other factors. Phillips found an average increase of nearly 60 in the month after any suicide reported on the front page of either the New York Times or the New York Daily News. Some suicides have more impact than others. In 1962 the death of Marilyn Monroe apparently triggered nearly 200 suicides in the next month.

That the Werther Effect, in combination with the content of media reporting, the advance of social media and "fame" becoming a career choice amongst the younger generation, has a significant analog with mass shootings is difficult to dispute.https://ammo.com/articles/how-american-media-perpetuates-mass-shootings-if-it-bleeds-it-leads First, mass shootings are largely a product of the post-1968 world – i.e., the world after gun control. What's more, mass murderers have studied the actions of other mass murders to understand how to commit their crimes. Michael Martin in his book "Countering the Mass Shooter Threat" (2017) states that there are 74 documented cases of Columbine (1999) copy cats alone. He quotes Dr. Reid Meloy. a clinical professor of psychiatry at the University of California and a writer for Psychology today who agrees that social media plays a part. Dr Meloy comments that "Historically, one of the central motivations in (these) cases, although not the only one, is a desire for notoriety and infamy, and now we have a setting, a cultural and social setting, where your act of multiple homicides will be known about internationally within moments. So, there is a twisted incentive that did not exist a generation ago." Numerous organizations have called attention to this fact including the FBI and Jews for the Preservation of Firearms Ownership (JPFO) and have asked that the perpetrator and body count not be named.

FBI Director James Comey certainly believed that media predictions of mass shooters contributed to the phenomenon in the United States. After the Orlando shooting, he said:"You will notice that I am not using the killer's name and I will try not to do that. Part of what motivates sick people to do this kind of thing is some twisted notion of fame or glory, and I don't want to be part of that for the sake of the victims and their families, and so that other twisted minds don't think that this is a path to fame and recognition. When society reacts hysterically to mass shootings without proportion, it is playing into the hands of the agenda of the mass media as well as the intended shooter." Instead of sharing the shooter's manifesto and focusing on their personal story, Dr. Pete Blair, with TSU's ALERRT Center, is encouraging media organizations to not name the shooter more than necessary. "We understand that the events have to be covered, but it shouldn't be a glamor piece making this person the center point of the story," Blair said.

"We'd much rather see stories about the heroes and the victims and those sorts of things." https://www.ksat.com/news/fbi-to-media-dont-name-mass-shooters The FBI's Don't Name Them plea as well as the pleas from other organizations have unfortunately fallen on deaf ears.

Martin (2017) discusses the Threshold of Violence Theory, a concept of Dr. Mark Granovetter who set out to explain why a person would do something that seemed so completely out of the ordinary with who they were, or what society deemed as acceptable. His research was originally based on riots, since riots involved not only violent instigators but often seemingly ordinary people. "Granovetter theorized that the likelihood that someone would join in on one of those social processes is based upon the individual's personal "threshold" which he described as the number (or proportion) of other people who will need to have already engaged in the activity before the new individual will also join in. (Martin 2017) Gladwell in an article published in the New Yorker "Thresholds of Violence: How School Shootings Catch On" (2015) https://www.newyorker.com/magazine/2015/10/19/thresholds-of-violence extended Granovetter's Theory to explain the rise of rampage murders. The incidents are begun with those of a threshold of zero – in this case the Columbine murderers. After that an individual with a threshold of one then two joins in – "I didn't start it but I'll join in." The effect grows and individuals with much higher thresholds join in until it eventually engulfs individuals who would never have considered starting these incidents but are now willing to become part of the "mob". Gladwell states "boys who would ordinarily never think of firing a weapon at their classmates" now join in on the "riot". Martin (2017) states "the riot has now engulfed the boys who were once content to play with their chemistry sets in the basement. The problem is not that there is an endless supply of deeply disturbed young men who are willing to contemplate horrific acts. It's worse. It's that young men no longer need to be deeply disturbed to contemplate horrific acts." The spread of this "riot" has been propagated by the quality and manner of news coverage as well as the proliferation of social media.

Fame has now become a career choice for many in our young generation. The goal of mass killers is to achieve that fame and out do the "idols" perpetuating past mass killings. News editors love a disaster because it increases viewers. The News media by saturating the nation with the killer's name picture and body count for days on end guarantees them that fame and they turn the murderer into an instant celebrity. Our society, in effect, has created the most violent generation in history.

Col Grossman in his book "Stop Teaching Our Kids to Kill" (2014) notes that there are over 3.000 published research studies dating back to the 1960s which show a causal – not correlation - relationship between children viewing media violence and increased aggression and violent behavior. There are over 40 reports of findings and statements by such organizations as the National Committee on the Causes and Prevention of Violence, The American Psychological Association, the National Parent Teacher Association, the American Medical Association, the National Institute of Mental Health, the National TV Violence Study, the Surgeon General Report, the National Commission on the Causes and Prevention of Violence, the American Academy of Pediatrics, the Society for the Psychological Study of Social Issues, etc., dating as far back as the Congressional Hearings on media violence in 1952 which show a direct link

between exposure to media violence and increased aggression and violent behavior. Think about it – if media exposure did not significantly affect behavior why would corporations spend $5 million dollars on a 30 second super bowl ad. It is also significant that Hollywood no longer shows "heroes" smoking for fear that it will perpetuate smoking habits in the viewers. Media clearly affects behavior.

Studies have also, shown as recent as 2015, that excessive media violence exposure causes impaired development of pre-frontal regions of the brain which are responsible for controlling emotions and behavior. – the consequences of which are increases in aggression and decreases in inhibitory control. We have the research but these all have been ignored – due to powerful lobbies which protect the interest of these companies which make billions of dollars off of pushing more and more violence – the video game industry takes in 20 billion dollars a year worldwide. While not all young people who play these games or are influenced by these movies will become mass murderers there is a percentage that will and these are the danger. Lt Col David Grossman states "When we think about these massacres of innocent people we must ask: What kind of monster could do such a thing? What kind of person could commit these crimes? …The kind we are raising in our homes every day."

The proliferation of "Gun Free Zones" (an absolute misnomer based on wishful thinking rather than reality) is also a significant factor that has not been present until more recently in our history. Dr Lott's research, among others, has shown that 98% of mass murders are perpetuated in these "fantasy" zones that are called gun free zones. This is common sense considering that the goals and motivations of these mass killers are to rack up increased body count to outdo previous murderers – sometimes their "idols". They are not going to attempt their evil in places that are "hard" targets where they know individuals are properly prepared or armed. They seek "soft" targets where they know they have helpless innocents and can carry out their horrific intent unresisted at least for a significant period of time before the "good guys" arrive to stop them. There is additional evidence of this in their writings, postings and post incident investigations. The Aurora killer, for example, passed up seven movie theaters closer to him which were showing the same movie and intentionally sought out the one further away which was known to be a gun free zone. Private businesses, hospitals, government buildings and schools enact gun free policies and post signs most of the time with no additional safety precautions for visitors as well as no consequences or accountability should persons be harmed by their policies. No law or sign will stop an individual intent on murder – in actuality these signs are invitations or magnets for these killers. It is interesting that those who promote gun free zones refuse to also post these signs on their own homes.

According to Martin (2017) the choice of killing tool or the capacity of magazines is not the relevant factor in any of these situations. Gun free zones are invitations to mass murders. They need to be done away with. Private business, while free to declare the civil right to carry a firearm for self-protection suspended would not be legally allowed to negate other civil rights such as denying a particular ethnicity access to their business property. Should private property rights supersede the individual civil right of self-protection? Private property owners need to be

held accountable for their policies and at least be required to provide additional sufficient protection for their patrons.

Martin further analyzed which mass murders might have been prevented by five measures proposed by gun-control advocates: (1) magazine capacity limits; (2) an AR-15 or other long rifle sale ban; (3) gun-free zones; (4) universal background checks; (5) banning gun purchases by anyone on the government's no-fly and terror watch list. Martin's overall conclusion was that ***none of the above gun control measures would have stopped any of the mass shootings***. The most significant factor is the Time – the time that the killer has alone with defenseless victims in an enclosed space. These individuals continue killing until they are stopped – this is the reflex response acquired through hours of practice. The reduction of this time is one of the most effective things that can be done to minimize or even eliminate death and injury. Ron Borsch a retired Ohio Police Officer and Swat Team Trainer has studied approximately two hundred of these rampage murders dating back several decades. According to Borsch, the shortest response time saves lives. Law enforcement has clearly realized this and learned. The Columbine response was forty-five minutes as police officers waited for back up, secured outside perimeters and planned tactics before entering while people died. They quickly learned that the single officers arriving on the scene first needs to enter and respond. The problem is that rapid response by law enforcement can be five to nine minutes or more – oftentimes significantly longer depending on the distance from police presence to the location. Meanwhile deaths occur at four to five per minute. During an active killer situation every second counts. It is also important to note that it can take several minutes even for the 911 call to be made. The corollary of the Time factor is that the most significant factor in determining survival is the response by individuals on the scene. Borsch has noted that in half of these incidents – the percentage in which the killer did not commit suicide – two thirds of them were stopped by individuals on the scene – both armed and unarmed individuals. (Bird - Surviving a Mass Killer Rampage: When Seconds Count, Police Are Still Minutes Away). In classrooms in Virginia Tech in which students and faculty took defensive action showed either no casualties or significantly reduced rates.

Researching outcomes of these incidents shows fighting back definitely makes a difference in survival. Martin (2017) makes an interesting analogy. Back in the 1950s if one were to ask his Family Medical Doctor to teach closed heart massage, the MD would be shocked and tell the individual if he/she wanted to learn closed heart massage then go to medical school. This illustrates no faith in the power of the individual. Presently, however, almost everyone knows CPR and first aid courses which teach CPR as well as basic trauma treatment are freely and routinely available. It is now common knowledge. In fact, in certain settings not being knowledgeable in these techniques is considered negligence and, in some settings, it is a requirement. Why is this so? Because it was realized that rapid, immediate response by individuals on the scene, while waiting for the cavalry (EMS) to arrive, can greatly improve survival. Think about all the lives that have been saved by regular folks on the scene. The concept of gun free zones definitely requires a stark re-evaluation. Also, the perception of on the scene civilians which have been portrayed as helpless, defenseless victims needs desperately changed. People need to be encouraged as well as taught they have power to increase their

chance of surviving. Several local organizations and instructors make these classes available to individuals, churches, schools and businesses. These training resources should be encouraged by our legislators.

Other recommendations have also been made. Action – preparation – is much faster than reaction. These recommendations are relevant and can be effective whether the potential killer is diagnosed with a mental illness diagnosis or has no diagnosis. For response, the presence of a mental illness diagnosis or lack of is essentially irrelevant. We know that in at least eight percent of these events killers gave advance warning, either by postings, writings or even telling others. The problem however is that some of these behavioral signs went unreported and others that were reported were under responded to by law enforcement, school officials or mental health professionals. Reporting and response needs, re-evaluated as well as additional research needs to be done on signs. Martin (2107) also recommends creating emergency operations plans and conducting drills and scenarios as well as implementing special plans for schools and places of worship. Specific situations can be very different from one another so local solutions are the most effective. Top down cook book recipes cannot account for the specifics involved in different settings. Preparation by individuals/groups on the scene can be surprisingly effective in stopping these individuals and preventing or minimizing death or injuries. Martin also recommends medical triage and treatment information with drills and scenarios.

Simple easily trained measures are effective and can be put in place – saving lives – until EMS eventually arrives. Escape, Barricade, and Fight responses need taught. This is a modification of Homeland Security's Run Hide and Fight. Barricading has been shown to be effective since in the mind of the killer it consumes too much time in the racing clock. In Virginia Tech, for example, the classroom that barricaded their classroom door when the killer tried to enter faced zero injuries and death, while classrooms in which individuals did not fight back sustained high injury and death rates. In addition, law abiding armed individuals on the scene can be very effective. States such as Texas, Utah and Ohio have had armed school personnel for many years without any adverse events. Lawful concealed carry is the strongest grassroots force against human evil that we have.

Another factor not previously present in our country's history is the widespread presence of psychotropic drugs. These drugs are somewhat of a "sacred cow" and criticism of them tends to be controversial. Some flat out deny there is any problem with the whatsoever. This is so for a number of reasons. Pharmaceutical industry makes enormous amounts of profits on these drugs and their representatives do much of the education about them to both medical and mental health professionals. This industry definitely wants to protect this source of income and is not above tweaking or being selective with research results to "prove "their safety and effectiveness. In addition, for many practionners this is their one tool in their tool box and without it they would have no tool to respond to their patient. Finally, for many individuals experiencing distress and symptoms, when judiciously prescribed they have been of helpful benefit and in some cases decrease aggression. These things can make it difficult for one to objectively examine these drugs despite the evidence that is available. Most of these drugs that are prescribed to young people, children and adolescents have only been tested on adults. There is not much known about

long term use in children – including the presence of any permanent brain alterations. The drugs have also become the frontline, first treatment, in the mental health field when other non-drug treatments could first be tried. In addition, they are often used as the only treatment, when it is known they work best in conjunction with psycho-social therapies including individual, family or group treatments. It is important to remember that medication addresses symptoms only and does not help an individual learn ways to more effectively manage anger, disappointment, loss, rejection, interpersonal conflict etc. These are the skills that bring lasting changes. Oftentimes a prescription is given and no follow up is scheduled for several weeks or months. It is important to remember that psychiatric drugs have powerful effects. Many times, when a drug does not have the desired effect other drugs are added – cocktails - and there is little to no research which documents the interaction of two or more of these drugs.

Of main concern for our purposes is the question of whether psychotropic medication is associated with an increase in suicides and violence. The use of psychotropics in the military has increased by 500%. Between 2005 and 2011. A very disturbing statistic is the fact that military suicides have also hit epidemic levels. In fact, figures released by the pentagon state that more soldiers are dying by committing suicide than by combat inflicted wounds – the rate is that more than 20 of our vets commit suicide each day. Drug autopsies and toxicology reports done on these vets have shown the presence of multiple pharmaceutical drugs. A serious question must be raised as to whether the combat trauma itself is responsible for these deaths or whether the pharmaceutical drugs used as the first line of treatment for the trauma are responsible. Moore, Glenmullen and Furberg published result of their research" Prescription Drugs Associated with Reports of Violence Towards Others."
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0015337 (2010) They extracted serious adverse event reports from the U.S. Food and Drug Administration (FDA) Adverse Event Reporting System, searching for any drugs with 200 or more case reports received from 2004 through September 2009. They selected any reports that indicated homicide, homicidal ideation, physical assault, physical abuse or violence-related symptoms and then used mathematical and statistical methods to identify drugs that were significantly more associated with those reports compared to other drugs Out of 484 medications they evaluated, 31 (6%) were significantly more associated with violence. Those 31 drugs accounted for nearly 80% of the violence case reports (384 homicides, 404 physical assaults, 27 physical abuse reports, 896 homicidal ideation reports, 223 cases described as violence-related symptoms). All but seven of the drugs were psychiatric drugs. Antidepressants were responsible for 572 cases of violence towards others. The three ADHD drugs were responsible for 108 cases

Peter Breggin MD, a Psychiatrist, has a practice specializing in helping people withdraw from psychotropic drugs. While some do not have a problem, others have an exceedingly difficult time with drug effect presentations that are much worse than the initial complaints that brought them into treatment. Dr Peter Breggin in his book Medication Madness, (2009) states that the most precarious times are when a medication is started, stopped or the dosage is changed. He gives case examples of individuals who with no history of previous violence become violent, committing murder when started on the drugs. Dr.Breggin, in testifying before the House Committee on Veterans Affairs in February 2012 told the committee that the causative

links between violent incidents and the drugs in question had already been established by the FDA. "There is overwhelming evidence that the SSRI's and other stimulating antidepressants cause suicidality and aggression in children and adults of all ages ."A video of Dr. Breggin's testimony is available at https://www.youtube.com/watch?v=SBJfZtB_3cc A large body of research has shown that psychiatric drugs can make people manic, psychotic, aggressive, suicidal, and homicidal. Most often these reactions are interpreted by the prescriber as a manifestation of the illness are the appearance of an additional illness. These are proven drug reactions, however and not symptoms of a mental illness. Unlike symptoms of a disorder, these reactions often disappear when the drug is withdrawn, or the dose lowered, and reappear when the drug is resumed.

In healthy volunteer studies, where patients taking the drugs have no psychiatric disorder, volunteers frequently experience drug-induced reactions, ranging from suicidal thinking and aggressive thoughts, to episodes of violence. Another line of evidence comes from research on medications that affect the brain in ways similar to psychiatric drugs, but are prescribed for non-psychiatric disorders. They often create the symptoms of psychiatric disorders in people whose mental health is not in question. These destabilizing effects are caused by several different classes of medications, including antidepressants, antipsychotics, opioids, sedatives, and drugs for attention deficit hyperactivity disorder (ADHD). The FDA has also issued black box warnings – the highest level of warning – associating these drugs with a significantly increased risk of increased suicide, aggression and violence. With these warnings special caution is given for use with adolescent and young adults populations.

What does medication induced violence mean for the discussion of mental health and violence? A great many school or rampage killers were taking or withdrawing from psychiatric mediations at the time of their assaults. In other cases, the perpetrators had a long history of taking these medications, and appeared to worsen over time, but it is unclear whether they were under the direct influence of the drugs when they committed their crimes. The privacy of medical records is often a barrier to uncovering the role psychiatric drugs played in the violence.(Statement by lawyers who litigate such cases Baum, Hedland, Arestei & Goldman) Both of these factors—the ability of psychiatric medications to induce violence and aggression and the fact that so many perpetrators of mass shootings took these drugs—demand that an objective investigation into the possibility that these events were influenced by prescription medications – at the very least they require an awareness instead of a denail of these effect including informed consent, significantly increased caution, close monitoring and refraining from prescribing these medications as the solo form of treatment. While they can be helpful in a certain population they trigger harmful effects, the opposite of what is desired and this needs substantial research to identify those at risk for these reactions.

Mental Health and Nutrition

Nutritional factors, while greatly significant for good mental health, have unfortunately seen a paucity of attention. Carl Pfeiffer PhD (Nutrition and Mental Illness 1988) as well as William Philpot and Dwight Kalita PhD (Brain Allergies 2000) document nutritional deficit factors as not only a cause of serious mental disorders such as psychosis or schizophrenia and

attentional and disruptive behavior disorders such as ADD and ADHD but point out that when corrected nutritional interventions can serve also as effective treatments for these same disorders – without negative side effects. Dr. Pfeiffer was a physician and biochemist who researched schizophrenia, allergies and other diseases. Dr Pfeiffer was Chair of the Pharmacology Department at Emory University and considered himself a founder of what two-time Nobel prize winner, Linus Pauling, PhD., named Orthomolecular Psychiatry and published in the Journal Science. 1968 Apr 19;160(3825):265-71. One of the classifications he termed was Type A: which involved a high copper/zinc ratio, depressed hair sodium, potassium and lead sensitivity. These individuals exhibit episodes of fighting, oppositional behavior and mood swings. Philpot and Kalita's book contains a complete overview of the concept of brain allergies - the theory that exposure to certain foods and other substances triggers mental disorders in people so predisposed, and that such disorders can be cured by eliminating exposure to these substances.

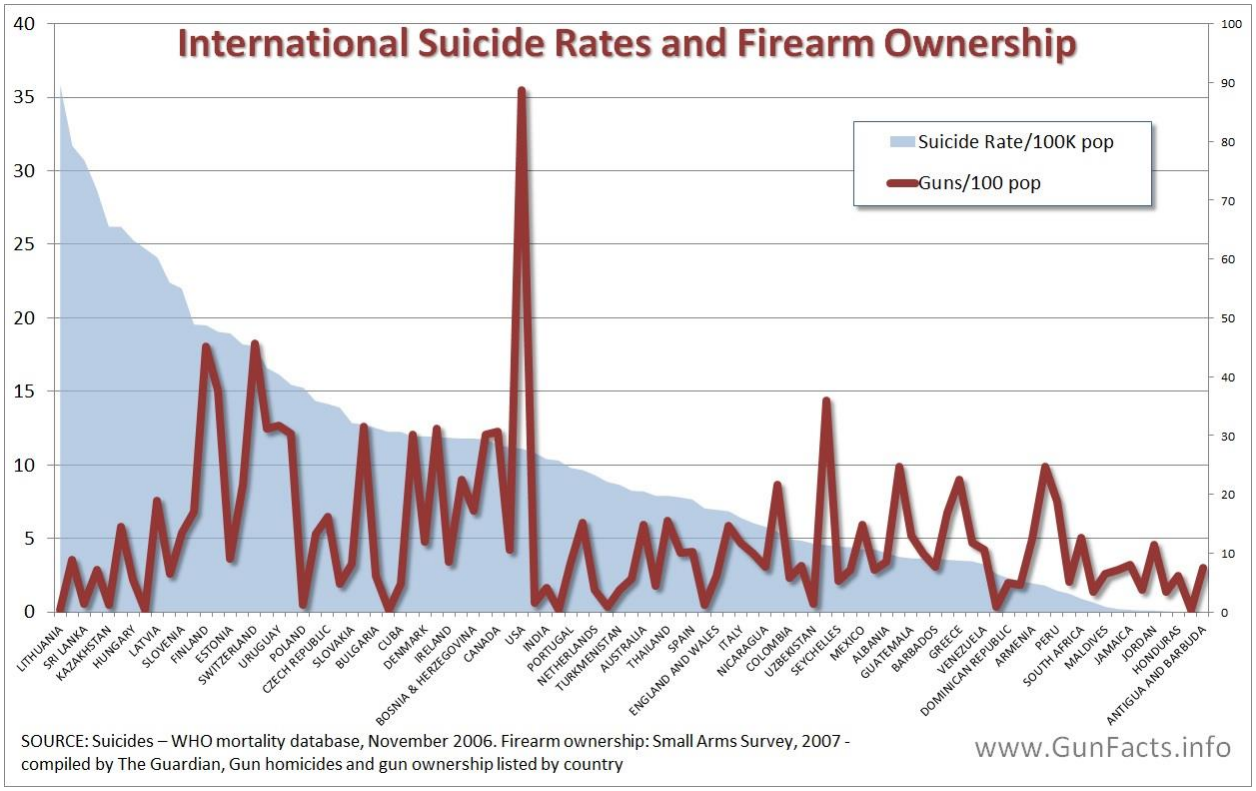
It has become increasingly realized that the commonplace diets of processed and simple carbohydrates, sugars, bad fats, increased stimulants (the Standard American Diet SAD) while lacking in good proteins, good fats, minerals and other nutrition do not supply adequate material for proper brain functioning and also result in severely agitated nervous systems leading to overwhelming emotions and out of control behavior. This is evident not only in children and teens but also in young and older adults.

Mental health professionals are beginning to show an increasing interest in this area as demonstrated by the many continuing education courses now available on Nutrition and Mental Illness. Dr. Anne Procyk ND in her book "Nutritional Treatments to Improve Mental Health Disorders – Non Pharmaceutical Interventions for Depression, Anxiety, Bipolar & ADHD " (2018), gives several case examples of patients who demonstrated significant improvement by nutritional correction. One striking example is of a young teen with severe attention and impulse problems whose diet consisted solely of M&Ms. He was gradually moved to a healthier diet and showed an alleviation of his symptoms. Leslie Korn's book "Nutritional Essentials for Mental Health" (2016) is a comprehensive text book for mental health professionals. Her book can be summed up in the statement "Mood follows food". She states "When there is mental illness there is frequently a history of digestive and nutritional problems. Digestive problems in turn exacerbate mental illness, all of which can be improved by nutritional changes. It's not unusual for a deficit or excess of certain nutrients to disguise itself as a mood disorder. Indeed, nutritional deficiencies factor into most mental illness – from anxiety and depression to schizophrenia and PTSD – and dietary changes can work alongside or even replace medications to alleviate symptoms and support mental wellness." A recent study by Samyai, Kraeuter, and Palmer (CurrOpin Psychiatry. 2019;32(5):394-401) entitled Ketogenic Diet for Schizophrenia" finds that not only can this diet help with alleviating symptoms of schizophrenia that are associated with glucose and energy metabolism dysfunction but may simultaneously help with medical issues such as cardiovascular disorders present in those with schizophrenia. "Abnormal glucose and energy metabolism and mitochondrial functioning are emerging as important pathophysiological mechanism in schizophrenia. Therapeutic ketogenic diet shows promise to interfere with these processes resulting in the restoration of normal synaptic communication and alleviation of the devastating psychiatric symptoms. Furthermore, because of the impact of ketogenic diet on systemic metabolism, it is possible that the metabolic features and cardiovascular risk typical of patients with chronic schizophrenia can be addressed by this dietary intervention." In my own practice I have found individuals with mood issues – particularly depression - who show low levels on their 25hydroxyvitamin D levels improve significantly when their levels are increased

by supplementation. The connection between nutrition and mental health needs significantly more attention in the form of both open-minded research and education. This is a promising field of research and practice which provides benefits without harmful side effects. An educational campaign which provides current nutritional developments to schools, students and parents would be a helpful step. Healthier diets can result in improved cognitive processes and executive control which leads to reduced impulsivity, attention problems and reduced aggression.

The Problem of Suicide

Suicide is a mental health problem; it is not a firearm problem. There are also multi factors associated with suicide. The suicide rate has not gone down. The usual argument presented by anti-gun groups is that the United States has 30,000 suicide deaths due to guns. The solution offered is that if America had fewer guns there would be fewer suicides. While Looking at only an "N" of one can reveal some information, (only the US) it also excludes a great deal of other important information. It is necessary to view the bigger perspective to gain a more comprehensive understanding. While America may have a larger firearm suicide rate, it is the overall suicide rate that is more instructive and more important. All suicides are tragedies and we need to be concerned with how to address all of them – not just those related to firearms. Some critical questions are: How does America's overall suicide rate compare with other countries? and Do countries with less firearm ownership have less suicide rates? An organization called Gun Facts researched the World Health Organization and Small Arms Survey. http://www.gunfacts.info/blog/suicides-and-guns/ The WHO tallied international suicides rates and the Small Arms Survey reviewed international private firearm ownership. Combining these two data bases showed that while America has higher firearm ownership, its over suicide is comparable to the international average (11.1 suicides for every 100,000 people, versus the global average of 10.0). In addition, while are our neighbor Canada has only one third firearms its overall suicide rate is similar with the main lethal tool choice being poisoning. Lithuania has one of the highest suicidal rates (35.9 suicides per 100.000 people) and firearm ownership is only 0.8% as much as the United States. The most frequent suicides there are from hanging. Australia which has enacted many measures to significantly decrease firearm ownership and has as a result experienced a decrease in firearm suicides but the overall suicide rate increased as means switched to hangings.



A research study by Kates and Mauser published in the Harvard Journal of Law & Public Policy in 2007 "Would Banning Firearms Reduce Murder and Suicide? A Review of International and some Domestic Evidence," also concludes that "The mantra more guns equal more deaths and less guns equal less death is used to argue that "limiting access to firearms could prevent many suicides." Once again, this assertion is directly contradicted by the studies of 36 and21 nations (respectively) which find no statistical relationship. Overall suicide rates were no worse in nations with many firearms than in those where firearms were far less widespread." Additional research by Dr Lott (2018)www.crimeresearch.org"Do states with stricter gun control laws have fewer gun deaths? No. Do they have fewer homicides and suicides? Definitely not." His research shows the problems with "cross-sectional" research which essentially does not produce valid results. This type of research which is used by organizations such as the Brady Campaign fails to look at pre and post status and effects. Lott concludes "Once one accounts for the average pre-existing differences in homicide and suicide rates across states and the average annual changes in those deaths from year-to-year, stricter gun laws are associated with more total deaths from homicides and suicides. Increasing the index of the gun laws in a state by 20 percentage points (about one standard deviation) is associated with an increase in the total death rate (homicides plus suicides) of 0.4 per 100,000 people."

A recognized factor in suicide increase is contagion or copycats. This was discussed in the earlier section on the influence of media. Additionally, a study published in Journal of the American Academy of Child and Adolescent Psychiatry, shows that following the Netflix production "13 Reasons", suicide by teenager ages 10-17 increased by almost one third. (April

29,2019 press release by the NIMH https://www.nimh.nih.gov/news/science-news/2019/release-of-13-reasons-why-associated-with-increase-in-youth-suicide-rates.shtml)

Suicide is clearly a mental health problem, it is not a firearm problem. Significant confusion resulting from an obsession with gun banning/elimination impairs addressing the real problem (suicide). Focusing on just firearm suicide vs overall suicide rate and means or method instead of the real mental health issue of suicide obfuscates finding helpful and effective solutions. Chasing after Red Herrings is simply not productive.

There is already much known about identifying risk factors associated with suicide as well as interventions that are effective. The issue is making good use of what we know. Pennsylvania lawmakers have added the requirement that one continuing education credit on suicide needs to be completed by health professionals for licensing renewal. This is a positive step as it helps increase awareness of this issue as well as providing a review of risk factors, interventions and updated research. The main areas of identification and intervention are mental health professionals. primary care settings, schools and family and friends. Education about the already known risk factors needs to be made available in all these settings. Brief individual screenings as appropriate have their place as a first step. Mass screenings of everyone done as a routine, however, are problematic as they can lead to false positives. Screenings need to be individually applied, in the clinical judgement of the professional, as the need arises. It is emphasized they are only an initial step and follow up and referral for more extensive assessment and treatment if needed is essential. While mental health professionals are in a position to do an extensive assessment, time limitations in primary care settings and schools can prohibit needed comprehensive assessment and so appropriate referrals need to be made.

A community resource which can be extremely helpful both in suicide risk situations as well as other mental health crisis situations is the county crisis units. These are available all days and all times. They can be reached by individuals at risk, family and other health professionals simply by a phone call. County Crisis Units can provide telephone intervention as well as actual visits to the individual's home. Sometimes these measures can resolve the situation and at other times more extensive assessment can be done to evaluate the immediacy of need and proper referral including hospitalization can be done. These are absolutely excellent resources and these units need to be made as robust as possible. Education about the availability of these services and the help they provide needs to be made available especially to the public. Suicide risk is a temporal phenomenon and the correct intervention at the correct time can be extremely effective. An education campaign promoted by our legislation can be helpful in achieving this goal.

Medscape in an interview with the medical director of the American Foundation for Suicide Prevention (AFSP) provides a very useful summary of the steps to be taken. Screening, assessment and care steps which include a safety plan are necessary. Safety planning that includes lethal means counseling as well as helping individuals learn about what they can do such as learning about their own triggers are necessary steps. The emphasis is on lethal means planning. This includes a comprehensive examination of all means that may be available or present in the individual's ideation and is not limited to simply one means. Mental health professionals routinely assess for suicide risk especially in depressed individuals. While suicide is associated with depression, not all individuals who are depressed are a suicidal risk. In cases in which a full suicide risk assessment is indicated it needs to go far beyond just the assessment of suicidal ideation, plan, method and intent. It needs to include all of the past history that constitutes risk factors, prior history of trauma, family history of suicide, and early childhood adverse events and then current life circumstances, including changes in the person's life,

changes in their cognition around hopelessness, and how they are able to think through their current circumstances. If it seems like they are someone who normally thinks very flexibly and creatively in their coping and now they are not and it's narrowing down, that is a very concerning moment of cognitive constriction that happens with higher acute risks. Following assessment and depending on the result safety planning is the next step. Safety planning as an intervention is a process that takes about 40 minutes to complete. It teams up with the patient to help them identify their own warning signs and triggers for crisis and suicide risk, and it outlines a series of steps they can take. It's a plan that they keep with them. This is a very useful and increasingly evidence-based risk-reducing tool. Family, significant others and close friends can also be brought into the safety planning process, when indicated to increase the effectiveness. While HIPPA, unfortunately can present an obstacle to involving others it can be overcome by working together with the patient and asking for approval. In regards to treatment both CBT (Cognitive Behavioral Therapy) as well as DBT (Dialectical Behavior Therapy) have been found to be very effective. One of the most effective follow up interventions affirmed by research as well as our own experience in work with our patients at East Suburban Psychological Associates is a "How are you doing?" phone call as well as temporary frequency increase in therapy sessions. This contact is extremely simple but can be lifesaving.

The American Foundation for Suicide Prevention provides an Interactive Screening Program that is accessible online. It provides a confidential way to ask questions, receive a response by a mental health professional and discuss treatment planning options. It is available to institutions of higher education, including medical and professional degree schools, hospitals and health systems, law enforcement agencies, and organizations and workplaces through their Employee Assistance Programs (EAPs). AFSP can provide individual ISP websites for these organizations. This is a great option for colleges. Participants and counselors work together to lessen participants' concerns about seeking services. Participants' get their questions answered about available services, and select which option suits their needs and comfort level. Together, these principles help people feel more comfortable connecting with mental health services, increasing their sense of connectedness and fostering more positive attitudes toward mental health care. Information about this program can be obtained by contacting the Director at isp@afsp.org There are also local organizations as well as self help groups which can serve as community resources. Our Pa residents need to know about these services.

ERPOs (Extreme Risk Protection Orders) and Pa MHPA (Mental Health Procedures Act) as a Rsponse to "Dangerousness"

ERPO legislation has been gaining significant attention both at the State and Federal levels. They are alleged to address specifically the problem of firearms in the hands of "dangerous" individuals. They are essentially "gun confiscation" laws. Currently 17 State have enacted this type of legislation. There are, however, serious problems with this type of legislation. Lott's research "Do Red Flag Laws Save Lives or Reduce Crime" concludes:" Red flag laws had no significant effect on murder, suicide, the number of people killed in mass public shootings, robbery, aggravated assault, or burglary. There is some evidence that rape rates rise. These laws apparently do not save lives."
.https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3316573

A study by Kivisto and Phalen on " Effects of Risk-Based Firearm Seizure Laws in Connecticut and Indiana on Suicide Rates 1981-2015"Psychiatric Services 69(8) · June 2018,

found that in both Indiana and Connecticut while firearm related suicides decreased numerous non-firearm suicides which then occurred could be actually be attributed to the increased enforcement of these laws. The focus on firearms confiscation only may leave the individual even more vulnerable. Once firearms are confiscated nothing prevents the determined individual from illegally obtaining them from another source or utilizing another means. In the discussion on suicide it was emphasized that in doing a proper evaluation "lethal means" (plural) assessment must be done. In many cases means removal can be accomplished by encouraging family members or friends to secure the available means. This has been the usual practice by mental health professionals. Red Flag laws are misguided gun control proposals. They come with major pitfalls and opportunities for abuse.

These laws also place law enforcement officers as well as the citizen in very precarious situations. The fact that these actions are undertaken with no warning to the individual – an essential factor in this legislation – creates highly adrenaline-charged situations which can be tragically lethal. One documented death has already occurred in Maryland during a gun confiscation action triggered by a well-meaning but uniformed relative. Upon post evaluation there was no violence threat imminent with this unfortunate individual. There is a very low standard of evidence amounting to a concern, guess or hunch needed to trigger enforcement. A mental health professional is not even involved in the process. These petitions can be evaluated by individuals with little to no experience or knowledge of mental health dynamics. Professionally trained, experienced and skilled Psychologists and Psychiatrists have difficulty predicting violent behavior. How accurate can those with no training or experience be at their predictions?

Significant penalties, including financial compensation to the individual victimized by the petition, for inappropriate triggering by an individual are not present which can encourage abuse. These can be abused by those with ill vengeful intent but also by well-meaning but ill-informed individuals. In regards to use by mental health professionals, in some cases patients can respond by being grateful for the clinician's concern during the crisis but more so the individuals tend to react with anger at the clinician for initiating a process that led to a violation of their rights, thus permanently and irreparably damaging the helpful therapeutic relationship. In addition, there is no immunity protection for mental health professionals from civil liability related to breaches of confidentiality.

Lott ("Red Flags are the Wrong Solution to Mass Shootings "2019) states "These laws may damage trust between people. In the absence of a red-flag law, a person contemplating homicide or suicide might speak to a friend or family member and be dissuaded from that course of action. But now that person may fear that the authorities will be tipped off. As a result, some of these individuals may not seek help and instead may go on to kill themselves or others." Especially vulnerable to an atmosphere which disrupts trust are women, elderly and police officers. Women and elderly who may be exposed to high risk situations such as a crime ridden neighborhood or relationship threats and who depend on their firearm for personal protection can be averse to confiding in another when distressed for fear of loss of this protection. Our police officers are subjected to extreme levels of stress on a recurrent basis. As a result, they can experience significant emotional distress, much of which can be normal responses to abnormal situations. When trust is undermined these individuals can hesitate to take constructive steps to address these emotions by discussing with fellow officers, administration or a health professional for fear they will lose their firearm rights and their careers. Seeking support, talking to someone whether it be a friend or health professional is curative. Why would we want to jeopardize this

healthy choice which can avert further developing problems by passing laws which obstruct help seeking behavior?

Once passed the individuals who are able to trigger these laws is often expanded. In Colorado, for example, a person does not even have to be a resident of the state and can simply phone in concern. In New York these laws have been extended to include teachers and other school personnel as well as employers.

One of the most serious issues inherent in ERPOs are the violations of multiple Constitutional protections even beyond the Second Amendment. Doctors for Responsible Gun Ownership (DRGO) point out that they violate: "the rights to equal treatment against unreasonable search and seizure (4th Amendment), the rights of the accused (6th Amendment), the right to due process (5th and 14th Amendments)." Ex parte hearings in which the individual is not even present and cannot be assured of legal representation and the chance to present evidence in their behalf is absolutely and totally lacking. These laws let the government take firearms away from people who are arrested but not even guilty of crimes – no crime in fact has taken place. Lott states that predictive policing does not work in movies and it does not work in real life. These rights are the pillars upon which our legal system is based. DRGO furthers states "No tragedy warrants the abandonment of the founding principles of liberty and legal standards stemming from those values. "Even ACLU branches, in Pennsylvania and Rhode Island, have issued memos in opposition and the ACLU branch in Rhode Island offered a 14-page analysis which concluded these laws raise "some serious due process concerns." "Then, ten (10) days after your constitutional rights are suspended without due process, you will theoretically have the "right" to spend $10,000 to try to convince a court it made a mistake. This is a fool's errand. As always, anti-gun politicians will assure us that they will implement their new powers "responsibly." (FOAC https://foacpac.org/uploads/talking_points/Extreme_Risk_Protection_Orders-FOAC-Review-2019.pdf) Proper provision for the care and keeping as well as return in good condition of the individual's private property is not provided for by this process.

What are more appropriate and effective ways to address "dangerousness"? If an individual is actually in fact dangerous the focus needs to be on assuring the safety of the individual as well as others. Laws, regulations, as well as procedures already exist which can be effective. "Dangerousness" is not synonymous with mental illness. Situations which involve non-mental health factors – i.e. criminal actors or actions need to be dealt with by the proper enforcement of laws and penalties. The recent situation is which, a criminal with both a long and state record, who went on to wound six Philadelphia police officers was let out on probation at his last hearing. Why? This is a failure of government to execute proper action and properly enforce existing law. If a threat is made, threats are a crime – we already have laws which prohibit this - and any individual who is victim of a threat has the option of reporting it to law enforcement for follow up. In situations which involve mental health issues county crisis units, which were discussed under the suicide section can be valuable resources. Crisis counselors can travel to the individual's home and properly assess the situation, providing either resolution or proper referral including hospitalization if necessary. Mental health professionals also have been mandated to report those individuals clearly at risk to do harm since the 70's with the Tarasoff Decision – which requires a duty to not only warn but to protect. If the situation is a criminal situation it needs to be handled by a law enforcement approach using existing laws. If the situation is a mental health one it needs to be handled by a mental health approach using existing procedures.

The existing Pennsylvania MHPA already has provisions to address individuals at risk of danger to self or others. The focus of these procedures is to ensure safety of the individual as well as others – not simply confiscate an object and leave them a more vulnerable individual unprotected. Both the 303 and 304 process involve hearings. The person as well as legal representation is present with the ability to present evidence. They protect due process. The emergency 302, however, does not. In many cases with the correct approach the individual can be persuaded into a voluntary admission – which does not result in the loss of his/her constitutional right. Courts are beginning to recognize that the denial of rights without appropriate due process in a Pa 302 is unconstitutional.(Franklin Decisions and the more recent Wilborn Decision).Section 302 of the MHPA permits a physician to involuntarily commit an individual in the absence of any form of due process (*i.e.* the individual is not provided an attorney, the ability to confront or present witnesses, the ability to challenge or submit evidence, or provided any other requisites of due process).Chief Counsel Joshua Prince of the Firearms Industry Consulting Group was successful in having Federal District Court Judge Jeffrey Schmehl of the Eastern District of Pennsylvania rule that an involuntary commitment under Section 302 of Pennsylvania's Mental Health and Procedures Act ("MHPA") is insufficient to trigger a federal firearms and ammunition disability under 18 U.S.C. § 922(g)(4).https://blog.princelaw.com/2019/08/08/monumental-decision-second-federal-court-rules-a-pennsylvania-302-mental-health-commitment-insufficient-to-trigger-a-federal-firearms-disability/Attorney Prince will be elaborating on these decisions in his testimony on the 25th.

While a 302 may be sufficient to justify an involuntary examination and treatment without adjudication it is not enough to result in the denial of a Constitutional right. This court decision needs to be followed up with appropriate legislation modification to affirm this. Many 302s are the result of temporary stress situations and the individual is discharged after a period even significantly less than the 120 hours and the situational crisis resolves. In addition, with proper treatment people can recover from a mental illness as they learn improved coping skills. A clear and workable rights restoration process is important. Pennsylvania has a rights restoration process; however, the problem was that it did not carry over to Federal restoration, Section 6105(f) Other exemptions and proceedings.--(1) Upon application to the court of common pleas under this subsection by an applicant subject to the prohibitions under subsection (c)(4), the court may grant such relief as it deems appropriate if the court determines that the applicant may possess a firearm without risk to the applicant or any other person. A recent decision by the BATF in July 2019 and approved by the Pennsylvania State Police, however, declared that Pennsylvania's rights restoration process was also sufficient to restore rights on the Federal level. This was a monumental and desperately needed decision. No longer do the MHPA actions need to result in permanent lifelong prohibition of rights. This makes the MHPA much more workable and increases its effectiveness as an alternative to the seriously problematic ERPOs.

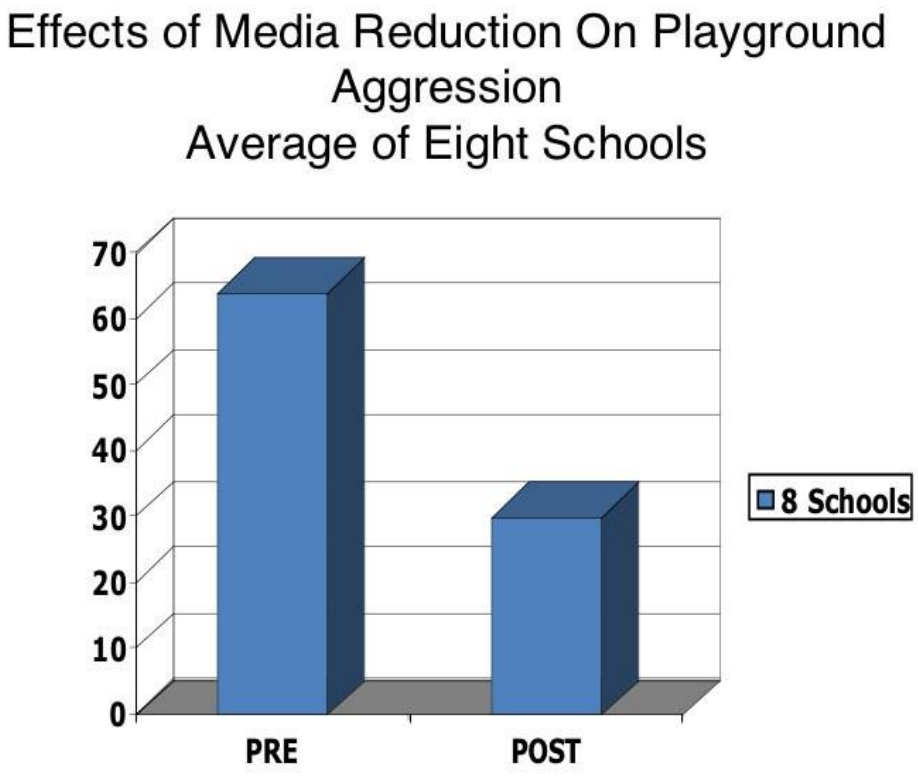
An additional fix to the MHPA that can initiated by our legislators is that the 302 petitioner, as part of the process, needs to be required to give the individual the option of a voluntary admission which also includes appropriate information about rights consequences and current firearm relinquishment requirements. With proper rapport established by the individual conducting the assessment individuals even under stress can be open to more reasonable choices. This information also needs to be given to the individual upon discharge from an involuntary 302. All too often law-abiding individuals with no ill intent, but with lack of knowledge of the

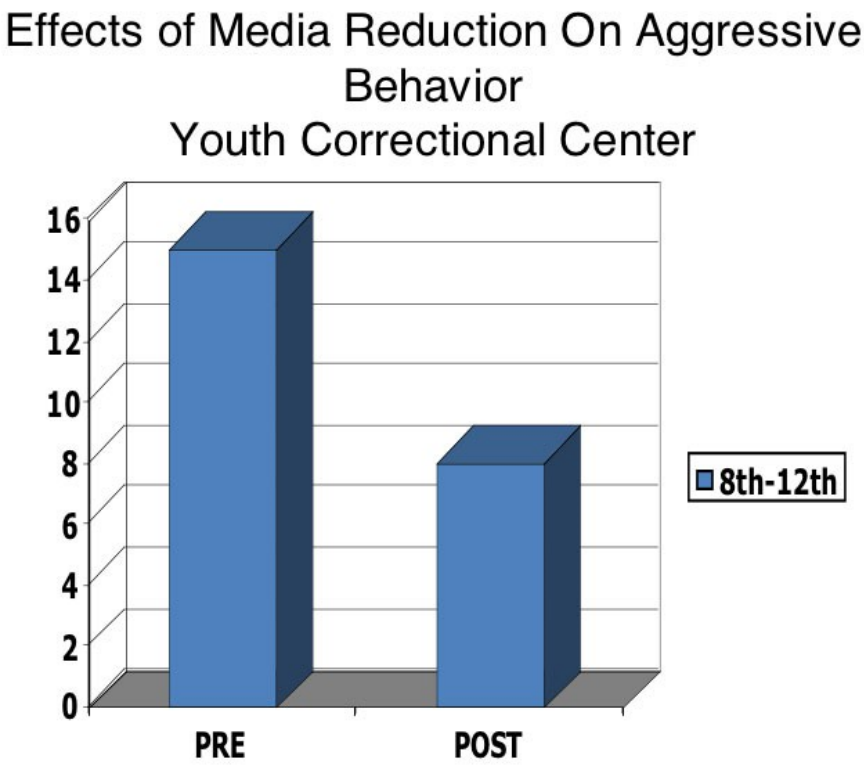
intricacies of law, end up getting ensnared in legal traps with very unfortunate consequences. A requirement to provide accurate information can help address this issue.

Take the Challenge as a Practical, Effective and Inexpensive Response to Significantly Reducing Aggression

Kids are at school every week day during the school year. The school environment has a significant impact on kids. Enlisting schools in an effort to decrease aggression and violence can be very effective. Paulsen and Grossman 2018 article which follows this section states "Youth violence takes many forms, including tragic mass shootings. But there also are daily occurrences of youth engaging in nonfatal acts of violence and aggression. In 2015, there were 841,100 non-fatal victimizations (theft and violent victimization) at school among students ages 12 to 18."

Take the Challenge is a practical and inexpensive solution that has shown to be significantly effective in reducing aggression. It has a curriculum for preschool through twelfth grade. Each level has its own specific program. It helps counter what kids learn through violent media. Students in middle school and high school learn about the effects of excessive media viewing as well as the exposure to violent media. They also conduct their own research and learn how to evaluate research including how to identify "junk science." Students, even the older high school students become interested and motivated in this program. The average decrease in student aggression was fifty-five percent on the playground and forty-eight percent in the classroom. Below are two graphs showing results in two settings.





Kristine Paulsen is the Director of Take the Challenge. The following is her overview of this program: "*Take the Challenge & Take Charge,"* is an interdisciplinary preschool through high school program designed to decrease excessive media use and exposure to media violence. The average student spends over seven hours a day using entertainment media, e.g., TV, video games, movies, etc. Although getting students to reduce screen time is challenging, most families welcome the school's assistance in helping their children develop healthy media habits. Lessons are designed to educate students about the effects of excessive and violent media use, educate others about what they have learned, identify alternative fun activities, and give them the experience of reducing their screen time during a 7-day period. This is followed by three weeks where students bring back entertainment media but create healthy media budgets that limit their use to 2 hours a day. Lessons are aligned to reading, writing, math, and science standards.
The *Take the Challenge Elementary Program* evaluation has shown:

- 55% decrease in student aggression on the playground (# of aggressive acts during recess - Average of 8 Schools)
- 48% decrease in negative classroom behavior

The Middle and High School *Take the Challenge* program educates students about healthy media use. Students conduct their own research and become committed to educating others.

The Harvard Medical School Research Center for Media and Child Health (CMCH), evaluated the *Take the Challenge* middle school program:

"Take the Challenge (TtC), a school-based media education and reduction program, successfully reduced screen media use and improved academic and health-related behavioral outcomes. Compared to their peers in the comparison school, middle school students participating in the TtC intervention showed significant reductions in active TV viewing, background or passive exposure to TV, and weekend Internet use. TtC participants slept significantly more, increased the frequency with which they completed homework and classwork, and spent more time on task in the classroom." (D. Bickham, A Preliminary Evaluation of a School-Based Media Education and Reduction Intervention, *The Journal of Primary Prevention*, 2018)

"We are currently evaluating the health benefits of the *Take the Challenge* program in 9 school districts in Michigan. Preliminary data have shown a 25.7% decrease in students who reported watching 3 or more hours of TV a day, a 31% decrease in playing video games, a 15.5% decrease in students who reported watching TV during meals, and a 36.7% increase in students who reported being physically active for at least 60 minutes a day 5 or more days a week."

One of the key features of this program is initiating a conversation about media violence with kids enabling them to reflect and think critically about what they are being exposed to everyday on screens. This helps significantly decrease or even eliminate the "unconscious" effect this information has on kids when simply uncritically absorbed. Parents are also key figures in initiating these conversations as well as regulating media exposure. Grossman and Degaetano's book "Stop Teaching Our Kids to Kill" has numerous suggestions for parents as well as schools for developing "media literacy" skills in kids. A copy of this has been provided to each member of the Judiciary Committee and hopefully will be reviewed and serve as a resource. Media is certainly an effective teaching tool. The question is exactly what content is being taught. Our legislators can help ensure quality content as well as media effect awareness by using available media in a public relations campaign aimed at increasing media literacy. Success in getting Hollywood, social media sites, news media and video games to change their approaches is unfortunately not forthcoming. Media literacy education is directed at a source of violence generation. If we cannot change media outlets we can however implement media inoculation in our young people, parents and schools so our young people can be more aware, less negatively impacted and make better choices.

The website is www.TakeTheChallengeNow.net Director Paulson is willing to speak to any of our legislators, board members, administrators, teachers, or parents about the program. Her contact information is, telephone 906 280 4115 and email kristinespaulsen@gmail.com. Their website iswww.TakeTheChallengeNow.net Making our Pa school districts aware of this program as well as encouraging implementation in our schools provides an opportunity to help decrease levels of aggression as well as helping our kids develop more healthy habits.

The following is an article by Director Paulsen and Dr Grossman published in Med, Journal of the American Academy of PAs: August 2018.

On Media Violence and Aggression (article)

Dave Grossman, a retired US Army officer and former West Point psychology professor, isthe author of numerous books on the psychological effects of violent media, including *Assassination Generation: Video Games, Aggression, and the Psychology of Killing* and the Pulitzer-nominated

book, *On Killing.* He has testified before Senate committees and served as a key trainer in the aftermath of school shootings.
Kristine Paulsen is a media education consultant and director of the Take the Challenge Now Foundation. She is coauthor of *Assassination Generation: Video Games, Aggression, and the Psychology of Killing.*

Youth violence takes many forms, including tragic mass shootings. But there also are daily occurrences of youth engaging in nonfatal acts of violence and aggression. In 2015, there were 841,100 non-fatal victimizations (theft and violent victimization) at school among students ages 12 to 18.1 Many factors contribute to violence, including poverty, substance abuse, gangs, access to weapons, and mental illness. However, one factor often is ignored—media violence fed to children, particularly violent videogames. Most parents are unaware of the violent and addictive nature of many videogames. Nor do parents know about the hundreds of research studies documenting the harmful effects of media violence on young people. The Society for the Psychological Study of Social Issues reviewed 60 years of research on media violence and released this statement: "These reviews make it clear that media violence research has provided one of the largest and most well-understood bodies of scientific evidence in all of social and behavioral science....What is supported by the vast body of research is the following: Media violence is an important **causal** risk factor for increased aggression and violence in both the short- and long-term. Moreover, media violence is one of the few known risk factors that parents, caregivers, and society in general can reduce at very little cost."2In 2015, the American Psychological Association resolution on violent videogame effects stated that "scientific research has demonstrated an association between violent videogame use and both increases in aggressive behavior, aggressive affect, and aggressive cognitions and decreases in prosocial behavior, empathy, and moral engagement."3Why is the public unaware of this research? After the Sandy Hook massacre, a CNN reporter interviewed Craig Anderson, PhD, a professor of psychology at Iowa State University and director of the Research Center on Violence, and asked him that question. Anderson responded, "It is the strategy of the television, movie, and videogame industries to keep the general public confused about media research. But **there is no confusion about the research**. The research is clear; media violence is a causal risk factor for violence. "In 2011, a study of children and adolescents found that around 9% of students suffered from pathological videogame use, which can result in depression, anxiety, social phobias, and lower school performance.4

What can clinicians do to help families prevent and address problems related to unhealthful media use?

1. Ask questions about media use, including amount and content. The American Academy of Pediatrics recommends asking two media questions at every well-child visit: "How much recreational screen time does your child or teenager consume daily?" and "Is there a TV set or an Internet-connected electronic device in their bedroom?" The AAP also recommends an in-depth media history for patients with indications of related problem behaviors. The *Diagnostic and Statistical Manual of Mental Disorders (DSM5)* included Internet gaming disorder as a possible addition to later editions. It provided nine potential diagnostic criteria that may indicate a pathologic addiction, including preoccupation with games, withdrawal symptoms, and unsuccessful attempts to control game playing. These nine criteria may provide a starting point in talking with patients.

2. Educate parents and patients about violent media effects and screen addictions. Resources include the AAP website on media use (www.healthychildren.org) and the Boston Children's Hospital/Harvard Medical School Research Center on Media and Child Health (www.cmch.tv).

3. Encourage families and children to develop healthful media habits. Healthful habits include:

• spending a week "screen free," either in conjunction with the National Screen Free Week organized bythe Campaign for a Commercial Free Childhood (www.screenfree.org) or convenient time for the family

• establishing a time budget for media entertainment

• keeping media in family areas and removing screens (including smartphones) from bedrooms

• keeping mealtimes free of all screens.

The AAP recommends no screen time for children under 18 months and a maximum of 1 hour per day of high-quality media for children ages 2 to 8 years. Their website (www.healthychildren.org) has many resources, including a media calculator to help older children and adolescents establish healthful media plans. The AAP recommends keeping videogame playing time to a maximum of 1 hour a day.

4. Urge families to check ratings and decrease or eliminate media violence, especially violent videogames. Parents should not rely solely on industry ratings in evaluating media content. This is especially true for videogames. The organization Common Sense Media (www.commonsensemedia.org)provides independent ratings and recommendations. In 2007, researchers reviewed the effects of violent videogames and found that parents have an important role: "Parents seem to be in a powerful position. Setting limits on the amount and content of screen media appears to be a protective factor for children."5

5. Refer patients or their caregivers to psychologists with expertise in media addiction, if there are concerns about significant mental health problems related to media. In *Wired Child: Reclaiming Childhood in a Digital Age*, psychologist Richard Freed notes that when a child is addicted to videogames, trying to limit his or her access to games or the Internet "frequently results in threats of, or actual, violence. Doors are broken, parents are bullied, moms and dads are pushed or hit, and the police may need to be called."6

6. Teach children media literacy. Television shows, Internet content, and mobile phone applications can be effective teaching tools. However, children often are unaware of underlying messages, making them susceptible to manipulation. Media literacy provides kids and adults alike with the ability to access, analyze, and evaluate media, empowering them to make smarter entertainment choices. Media literacy resources and curricula are available at the Take the Challenge Now website (www.TaketheChallengeNow.net).

In conclusion, these problems won't go away if we don't take action. And the medical community can support and encourage families. The AAP has made it clear: "Although media violence is not the only cause of violence in American society, it is the single most easily remediable contributing factor."7

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3. American Psychological Association. Policy Statement and Resolution on Violent Video Game Effect 2015

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Summary

Some proposals for solutions to violence come from individuals who are within the early stages of grief. While these efforts are understandable they tend to be emotionally based simplistic solutions and are often repetitions of past actions that have been ineffective. Emotional knee jerk solutions will not only be ineffective but can actually have harmful consequences as well as serving as distractions to finding.

The common public perception of the relationship between mental illness and violence is a gross misconception. Reasonably healthy people find it difficult to understand acts that lie far outside of their usual range of experience and hence anyone who commits such horrific acts such as mass murder must be a mentally ill madman. Mental illness and violence get linked together. The best research, however, shows that the contribution of people with even serious mental illness to overall violent crime is between three and five percent. Even within this small percentage there is not a one to one correlation as other co morbid factors, such as substance abuse, previous aggressive behavior or personality traits, can be responsible for increased risk, both when combined with mental illness or as sole factors. Mental illness is neither a necessary or sufficient condition for violence. Mass murders committed by juveniles/young adults are a more recent phenomenon. While they are a small percentage of overall violence, because of their nature, they have an extremely intense emotional impact. Some research indicates that those with mental health disorders are overly represented in these tragic incidents. We have always had young people who were experiencing emotional distress, anger, resentments, depression, relationship conflicts, failures, self-esteem problems, were bullied or were bullies or who had a mental health disorder. Prior to 1968 firearms were also much more accessible and less regulated. However, we did not see juveniles/young adults committing rampage murders. A critical question is "What new factors are now present that is propelling this level of violence?" Several factors with relevant research were discussed including, the effects of violent media (movies, tv, video games, social media), the Werther effect, the threshold of violence theory, the proliferation of Gun Free Zones, and the violence triggering effect of psychotropic drugs which can occur in a certain population. Recommendations were made to improve access to outpatient mental health services.

Developments within the field of nutrition and mental health were discussed. This is a promising field which provides benefits to mental wellness without side effects. Research on the use of nutrition as well as more openness to positive results needs to be encourage. An educational campaign which makes current research information available to students, parents and schools on the mental health consequences of bad diet and the positive benefits of good nutrition needs implemented. Improved nutrition can results in better higher order cognitive processing which leads to reduced impulsivity, decreased attention problems, decreased aggressive behavior, improved mood and improved socially responsible behavior.

The problem of suicide was discussed. Suicide is a mental health problem highly associated with severe depression. All individuals with depression, however, even with severe

depression are not necessarily suicidal. Suicide is not a firearm problem. Reducing overall suicide rate needs to be the focus rather than emphasizing just suicide performed with one means. Education about suicide and resoucres needs to be increased. Family members, friends, and school personnel can be a helpful support. Individualized screenings done upon the judgement of the medical/mental health professional along with appropriate referral if indicated, for example in primary care settings can be a helpful first step. Mental health professionals need to do full assessments, including all lethal means assessment and not just rely on focusing on one object or means. Supportive resources need assessed. Safety plans need to be developed with the cooperation of the individual at risk as well as increased follow up contact provided. A simple "how are you doing?" phone call can be very instrumental in reducing risk. County crisis units are available and can be utilized by individuals or family members.

EPROs and the PA MHPA were discussed. ERPOs are fraught with significant problems including, lack of effectiveness, increased danger for citizens and police officers, potential for abuse, low standard of evidence, focus on gun confiscation vs ensuring safety from all means, accurate prediction problems of skilled mental health professionals who are not even involved in this process and prediction decisions made by untrained individuals, significant disruption of trust which can serve as an obstacle for constructive help seeking or supportive confiding, lack of immunity for mental health professionals, potential damage to the supportive therapy relationship, potential expansion of individuals who can trigger these laws including school employees and employers, significant financial expense to the individual to prove to the court after the fact that the court made a mistake, lack of proper provision for the care and keeping of the individual's private property and egregious violations of basic civil and constitutional rights which are the bedrock of our justice system and individuals protections. Some crisis situations, for example threats, call for law enforcement approaches. Existing laws should be used to address these crimes. Other crisis situations can involve mental health situations and require a mental health approach. County crisis units which are available and which can actually intervene on the scene to assess, resolve or make appropriate referrals including hospitalization are very useful resources. Our PA MHPA is a superior option and already includes procedures to address individuals at risk of danger to self or others rather than simply confiscating one object and leaving the individual in an even more vulnerable position. Their focus is on securing overall safety of the individual as well as others. The examination is also done by a medical or mental health professional.

The 303 and 304 process involve hearings and respects due process. The 302 process in its present state does not. Recent Federal court decisions (Franklin and Wilborn) have stated that the involuntary examination of a 302 which lacks adjudication or due process in denying an individual of a civil right is unconstitutional and should not trigger such a prohibition. One of the best fixes by our legislature would be to remove the rights prohibition trigger from a 302. Further and more comprehensive evaluation of risk can be done during the course of the inpatient observation and further steps taken if necessary at that time. The rights prohibition should not be just automatic. Lacking this change, proper information should be required to be provided by the examining professional both prior to enacting the 302, giving the option of a voluntary admission and informing the individual of rights consequences as well as the legal requirements for relinquishment of firearms at the time of discharge following an involuntary 302 examination.

One of the arguments against using the MHPA is that is would result in a lifelong prohibition of firearm rights. This was in fact a significant problem since even though Pa has a rights restoration process, petition to the court, it was not recognized on the Federal level. A

recent decision in July 2019 by the BATF and approved by the Pennsylvania State Police was that rights restored at the Pa State level now carries over to the Federal level. This was monumental decision and greatly improves the usefulness of the Pa MHPA.

Take the Challenge was offered as an excellent, practical, effective and inexpensive alternative to significantly reducing aggression. The Director of this program is willing to make herself freely available to any of our legislators, boards or school personnel Specific programs are available designed for each grade from kindergarten to high school as well as for parental use.This is significant because it addresses a source which propels increased violence. While getting media sources to be more responsible is unfortunately not forthcoming, media literacy education can serve to inoculate children, juveniles and young adults from the effects of harmful violent media, by increasing awareness and more healthier alternatives.

There are many options which can reduce risk. Decreasing the risk factors and increasing the protection factors (several of which were mentioned on page 8) is an important goal. However, even with the best efforts, as well as prediction problems, individuals can be suddenly thrown into the worst of lethal situations. Human evil has always been with us and will be with us and it can strike unpredictably. This is the reality of human existence. It is critical to face this reality, to learn from the factual knowledge we obtained regarding these lethal situations and not deny either their reality nor proven effective solutions that we have learned. Life is not what we wish it could be but it is what it is – both in the good and the evil.

Over the last many decades, we have learned about fire prevention and have taken steps for example in our schools to have fire codes which stipulate materials to be used in construction as well as fire drills to be practiced. As a result, no school children have died from fires. The same perspective needs to be applied, using factual knowledge already learned to lethal situations. Action and preparation is clearly better than reaction and can save lives. This is the case no matter what a homicidal prone individual's motivations are. It is also the case no matter what the etiology of the individual's actions or whether it includes or not the presence of mental illness. Location preparations need to be made. School buildings need to hardened for example by eliminating glass entrances, secure classroom doors that can be locked from the inside, proper communication systems, strategically placed trauma kits etc. School districts spend millions of dollars on sports stadiums. What do they spend on student protection? Each school, church or business has individualized needs and an onsite evaluation which addresses specific needs of the location should be done. Several organizations already provide this service.

One of the undisputable facts that has been learned is that proper response by individuals on the scene is the most critical factor that determines survival and injury rate. Individuals are not helpless and they should be encouraged and empowered in this knowledge and ability to defend themselves. Simply waiting helplessly for the cavalry to arrive is not a recipe for survival. Trainings in escaping, barricading and fighting need to be conducted to empower individuals and give them a choice to increase survival. Seeing how effective they can be in training exercises is always very enlightening and encouraging. One of our most powerful forces against human evil that we have is lawful concealed carry. While, not appearing in the news media, this fact is demonstrated every day. It is also demonstrated by the many times lawfully armed citizens have successfully defeated an individual intent on mass murder and minimized injury and loss of life. States such as Texas, Ohio and Utah have had armed school personnel for many years with no aversive incidents. Barriers to self-protection and the protection of others need to be removed by our legislators. All life is precious and individuals can and should be empowered to protect themselves and their loved ones..