

Presentation to the Legislative Finance Committee School Gun Violence Wayne W. Lindstrom, PhD Director, Behavioral Health Services Division CEO, Behavioral Health Collaborative March 22, 2018

New Mexico Human Services Department

"The scale and darkness of this phenomenon is a sign of a civilization in a more acute crisis than we knew, a nation overwhelmed by a warp-speed, post-industrial world, a culture yearning to give up, indifferent to life and death, enraptured by withdrawal and nothingness. America, having pioneered the modern way of life, is now in the midst of trying to escape it." – Andrew Sullivan





What Do We Know?*

- Of the 33,000 shooting deaths nationally each year, about 4% are mass shootings
- Almost 85,000 more suffer non-fatal gun injuries
- Nationally, for ages 10-29, homicide is 4th leading cause of death for non-Hispanic whites, 2nd leading cause of death for Hispanics, & leading cause of death for non-Hispanic blacks.
- Frequency of mass shootings has tripled since 2011

*Law Center to Prevent Gun Violence





What Do We Know?

- Two-thirds of annual U.S. gun deaths are suicides
- Suicide rates for Native Americans is 3.5 greater than others
- 80% of guns used by youth in suicide attempts were kept in the home of the victim, a relative, or a friend
- An abusive partner's access to a firearm increases the risk of homicide 8X for women in physically abusive relationships.
- Gunshot wounds, 34,000 per year, cost Americans \$2.8 billion in hospital bills per year (Health Affairs, 2017)
- ED costs average \$5,254 per patient & IP charges total nearly \$96,000 on average per patient (John Hopkins, 2017)
- \$229 billion estimation per year in lost wages, lost productivity, rehabilitation, police & criminal investigations, funerals (Mother Jones, 2015)





What Do We Know?

- In NM, suicide is the 2nd leading cause of death for young people ages 10 to 24
- Homicide is the 3rd leading cause of death for young people ages 15 to 24
- Homicide is the 5th leading cause of death for youth ages 5 to 14*
- 2013 NM-YRRS indicates, LGB youth skip school 3X more often due to safety concerns; 2X more likely to be bullied, 9X more likely to use heroin & meth; & overall more likely to attempt suicide
- NM ranks 49th for 2017 in child well-being in annual KIDS COUNT Study & 29% of indicators are trending negatively

* 2015 New Mexico Fact Sheet: Children's safety Network



What We Can Do

- Frame gun violence as a public health problem
 - First, the approach is population-based & rarely involves identifiable individuals.
 - Second, it focuses on prevention as far upstream as possible. It is more effective to change the agent (gun) & the environment (school & community) than it is to focus on only changing the individual (e.g., victim or perpetrator).
 - Third, it uses a systems approach creating a system in which it is difficult to make mistakes or behave inappropriately & in when mistakes & inappropriate

behavior do occur, they do not lead to serious injury.



What We Can Do

- Fourth, the approach is broad & inclusive it examines all possible interventions, including changing social norms & passing new laws, & engaging as many people & institutions that includes a data-driven capacity.
- Finally, the approach emphasizes shared responsibility over blame. Prevention works best when we share ownership for the problem.
- If we treat this problem as we have vehicular safety, smoking, and HIV, we will have similar successes.
- Adoption of the Call to Action to Prevent Gun Violence in the U.S. presented by the Interdisciplinary Group on Preventing School and Community Violence, 2108

EPARTMENT

- What We Can Do
 - Adoption of the position of the American Pediatric Surgical Association (APSA, 2013):
 - Support a system of universal background checks for all firearms transactions to include improving accuracy & completeness of the National Instant Criminal Background Check System (NICS)
 - Support efforts to limit access by children to firearms, including use of gunlocks & safe storage techniques
 - Support Child Access Prevention (CAP) laws that hold parents responsible for the consequences of a child accessing & using a firearm.
 - Support efforts to improve availability & quality of BH services for both children & adults to prevent gun violence, as well as, to help people fully heal from gun violence.
 - Provide resources to train teachers, BH &health care professionals to identify BH conditions; provide resources to facilitate interaction among school, law enforcement, & BH providers.



- Support removal of 1996 language from congressional appropriations bill that restricts the funding of firearms-related research. This research is necessary to make evidence-based decisions that address this public health problem.
- Support limits on access to high-capacity magazines & assault-style weaponry.
- Support removal or clarification of language in the Affordable Care Act censoring discussion about presence of firearms in homes with children between physician and families.
 - It's especially important to provide such counseling when it is known that a firearm is present in home of a patient assessed to be clinically depressed or in a home with reported domestic violence.
 - A 2003 study showed that 64 percent of individuals who received verbal firearm storage safety counseling from their doctors improved their gun safety practices.
- Do <u>not</u> support a standard practice of arming teachers, parents, or other officials in the school-setting, in the absence of scientific evidence of safety benefits to such practice.



- Lastly, the tendency after tragedies such as at Aztec High, is to "harden" schools, making them defensive fortresses in an attempt to make students safe
- What is more effective, but requires much more effort, is to "soften" the school environment –
 - Reduce the day-to-day aggression & the many forms it takes (e.g., physical, social, cyber) within schools & communities. This type of toxic stress, combined with the effects of Adverse Childhood Experiences (ACE) & vulnerabilities of youth, can lead youth to be more at risk for future violence, delinquency, depression, SUD, & suicidal acts.





- Decrease the isolation these children & youth often feel by actively integrating them into peer activities. Schools promoting an inclusive climate in which atrisk youth are also learning better problem-solving & conflict resolution skills are more likely to provide a safe and productive atmosphere.
- Close gaps in BH services for children & youth with emotional & behavioral challenges & provide a broader continuum of services & supports.





- The bottom line is that we have evidence-based primary prevention methodologies & if bring them to scale, we will not only prevent school gun violence, but we will improve the quality of well-being for our children in NM:
 - PAX Good Behavior Game <u>https://goodbehaviorgame.org/</u>
 - Olweus Bullying Prevention Program https://www.clemson.edu/olweus
 - Nurse Family Partnership (NEP) https://www.brookings.edu/wp-content/uploads/2016/07/09_early_programs_brief5.pdf





 "Young people need something stable to hang on to - a culture connection, a sense of their own past, a hope for their future."

– Jay Kesler

- Thank you!
 - Wayne W. Lindstrom, PhD wayne.lindstrom@state.nm.us 505-476-9295



