Dear SCRA members,

As you know, Congress is on summer recess through next week, and there is much speculation about what action they might take on gun violence prevention when they return. As more time passes and the news cycle refocuses from the recent incidents of violence, it will be important to keep the pressure on as they return to DC and throughout the fall work period.

To that end, the Public Policy Committee has put together a toolkit of resources to support those interested in meeting with their local (in-district) Congressional offices in the coming days and weeks. Given the frequent misconceptions about links to mental health, psychologists’ expert voices are especially powerful at this moment to counter myths and point towards effective legislation solutions.

We are pleased to share that APA has just published a brand-new fact sheet entitled, “Correcting Misconceptions About Gun Violence.” You may be aware that APA has been quite active on this topic during this Congressional session; this [website landing page](#) includes recommendations and a list of prior actions they’ve taken individually and in coalition with hundreds of other national organizations. In particular, SCRA joined APA in a Call for Action to Prevent Gun Violence in the United States of America, by the Interdisciplinary Group on Preventing School and Community Violence.

Most recently, APA has issued a Statement of in Response to Mass Shootings in Texas, Ohio (8/4/2019) and a Statement on Gun Violence and Mental Health (8/5/2019). They've also worked with our committee member Chris Corbett to update his [article on Red Flag legislation this week](#), available on the website of the APA’s Public Interest Directorate.

See below for our “Easy Two-Link Toolkit” to support your in-district visits, as well as other ways to connect with your Members of Congress (MoC) even if you can’t get there in person. Please don’t hesitate to let us know if you have questions or suggestions for how we can make this kind of resource even more user-friendly in future.

**An Easy Two-Part Toolkit for Engaging your MoC on Gun Violence Prevention (appended)**

1. **PROCESS:** Tip Sheet for Visits and Outreach to Your Members of Congress (MoC):

2. **CONTENT:** Compiled packet of handouts for Congressional visits (including new fact sheet):

   - 12 pages, recommend double-sided, can be B&W or color – print pp. 4-15 of this packet

Thank you for all you do to spread the values of Community Psychology in your daily lives and work.

Best regards,

*The SCRA Public Policy Committee*
Tip Sheet for Visits & Outreach to Members of Congress

Setting Up In-District Meetings

- Get the info for the local office of your Member of Congress (MoC). First find their website:
  - Senators: https://www.senate.gov/general/contact_information/senators_cfm.cfm
  - Representatives: https://www.house.gov/representatives/find-your-representative
- The contact info for all offices should be easily visible on the home page or on a Contact Us page.
- Call the local office you want to visit, let the staffer or scheduler know who you are, and ask for an appointment to discuss issues and legislation related to [Your Topic].

Can’t get to a meeting? You can still connect and share your materials!!

- Call the DC office phone number.
- Let them know you are a constituent and share your message first; they will record your position.
  - Suggested Generic Call Script: Hi, my name is [Your Name] and I’m a constituent calling from [Your City/Town]. I’m calling to urge [MoC Name] to listen to the American people and support [Insert Your “Ask” Here]. What is [MoC Name]’s position?
- Ask for the name of the legislative assistant who works on [Your Topic]. Be sure to get the spelling of their first and last name! Now you can translate into their e-mail address...
  - For Senate staff emails: FirstName_LastName@SenatorLastName.Senate.gov
    - For example, if Megan Renner was a staff member in Senator Merkley’s office, her e-mail would be Megan_Renner@Merkley.senate.gov
  - For House staff emails: FirstName.LastName@mail.house.gov
    - So if Megan Renner was a staff member for a Representative, her e-mail would be Megan.Renner@mail.house.gov
- Send an email message following up on your call: Attach or link to the handouts you want to share. Include your “ask.”
- Try to avoid sending messages through website forms: those may not be responded to as quickly.
Meeting Tips

- Be patient, polite, on time, and BRIEF.
- Educate: Use facts and statistics (sparingly).
- Stress the local connection: Learn about the relevance of the topic to your state or the specific Congressional district.
- Use personal experiences: Share any experiences you, a friend, relative, or colleague has had that illustrates the need for action.
- Be a good listener: Don’t do all of the talking. Take note of the language they use and priorities they express.
- Be well-informed: Find out the current status of relevant bills in both houses at www.congress.gov, and check out www.thehill.com before and on the day of your visit for any news updates.
- Ask for something: What do you need your legislator to do?
- Be strategic: Don’t ask for something legislator has already done or doesn’t have authority to do.
- Follow-up: Make this the first, not the only, conversation.
Preventing Gun Violence

Devastating incidents of gun violence have caused many in our nation to question the nexus between mental health and gun violence. Gun violence takes different forms, including but not limited to suicide, intimate partner violence, unintentional deaths and injuries, violent criminal activity, violent acts during periods of intense emotional distress, and acts committed while under the influence of alcohol or drugs or experiencing symptoms of psychosis.

**Guns are the most commonly used weapon in both homicides and suicides. Framing the conversation about gun violence solely in the context of mental illness goes against current scientific evidence.**

**Our nation is facing a gun violence epidemic.**
- In 2017, gun deaths reached a 40-year high, with nearly 40,000 deaths (CDC, 2019*).
- In the United States, about 12 people are killed with guns for every 100,000 US residents.
- The majority of gun fatalities in the U.S. are deaths by suicide (61%). Moreover, guns are used in just over half of the deaths by suicide in the U.S. (51%).

**Mass shootings are the exception, not the norm.**
A large majority of adults in the United States experience stress associated with mass shootings, and a third of U.S. adults say that fear of mass shootings stops them from going to certain places and events (APA, 2019).

While over 36,383 Americans are killed each year with guns (CDC, 2019), mass fatality incidents account for less than 1% of all gun-related deaths in the U.S. (Wintemute, 2017).

According to a report released by the FBI and the Secret Service in 2010, campus attacks are most often motivated by an intimate relationship (34%) and are rarely related to psychosis (8%) (Drysdale, D., Modzeleski, W., and Simons, A., 2010).

**Mental illness by itself is not a predictor of firearm violence towards others.**
Persons with mental illness account for a very small portion of gun violence (Webster & Vernick, 2013).

Where there is gun violence, persons with serious mental illness are significantly more likely to be the victims of violence than to perpetrate it (Insel, 2011) (Teplin, 2005).

Individuals who have a serious mental illness and who do go on to commit gun violence typically often do so at the time of their first episode of psychosis—before they are likely to encounter a mental health professional or have a preexisting record of mental health concerns (Swanson, 2012).
APA Recommendations

**Work to reduce stigma of mental illness.** Stigma against people with mental health concerns not only prevents people from seeking treatment, it has also been shown to affect treatment adherence (Kamaradova, 2016). APA supports efforts to eradicate mental illness stigma through public education campaigns and strongly discourages the use of inaccurate and harmful rhetoric that blames America's gun violence problem solely on mental illness.

**Fund gun violence prevention research at the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).** We must gather more evidence about the causes of gun violence. APA supports $50 million in dedicated gun violence research appropriations to the CDC and NIH in FY2020.

**Expands background checks to all gun sales.** APA urges Congress to pass H.R. 8, Bipartisan Background Checks Act of 2019, to close loopholes in federal law and which will require a background check on every gun sale or transfer with carefully defined exceptions for gifts to family members, hunting, target shooting, and self-defense.

**Federally Fund Extreme Risk Protection Order Laws.** APA urges federal efforts to support states in the implementation of extreme risk protection laws. These laws, which have been shown to help prevent suicides (Kivisto, A., & Phalen, P., 2018), should focus on identifying specific high-risk behaviors instead of solely concentrating on an individual’s mental health diagnoses or behavioral history. These laws also can work to refer the respondents to services, supports and treatments.

**Provide funding and training for behavioral threat assessment programs.** Although there is no single way to predict or prevent gun violence, there have been promising results using behavioral threat assessment. This approach involves identifying those who have demonstrated some risk factors or intentions towards violence and intervening to reduce the risk of that individual (APA, 2013). Training school personnel in this method would likely prevent future targeted violence before it occurs.

**Increase collaboration across law enforcement, mental health professionals, schools, and communities.** Effective prevention and intervention rely on communities for healthy development of families and education, mental health professionals for direct services and preventative mental health counseling, and the criminal-legal system for appropriate intervention and resolution in crises.

References


School shootings and widespread community gun violence are far greater in the United States than other nations. America cannot be great and realize its promise of life, liberty, and the pursuit of happiness if our children are not safe from gun violence.

Although security measures are important, a focus on simply preparing for shootings is insufficient. We need a change in mindset and policy from reaction to prevention. Prevention entails more than security measures and begins long before a gunman comes to school. We need a comprehensive public health approach to gun violence that is informed by scientific evidence and free from partisan politics.

A public health approach to protecting children as well as adults from gun violence involves three levels of prevention: (1) universal approaches promoting safety and well-being for everyone; (2) practices for reducing risk and promoting protective factors for persons experiencing difficulties; and (3) interventions for individuals where violence is present or appears imminent.

On the first level we need:
1. A national requirement for all schools to assess school climate and maintain physically and emotionally safe conditions and positive school environments that protect all students and adults from bullying, discrimination, harassment, and assault;
2. A ban on assault-style weapons, high-capacity ammunition clips, and products that modify semi-automatic firearms to enable them to function like automatic firearms.

On the second level we need:
3. Adequate staffing (such as counselors, psychiatrists, psychologists, and social workers) of coordinated school- and community-based mental health services for individuals with risk factors for violence, recognizing that violence is not intrinsically a product of mental illness;
4. Reform of school discipline to reduce exclusionary practices and foster positive social, behavioral, emotional, and academic success for students;
5. Universal background checks to screen out violent offenders, persons who have been hospitalized for violence towards self or others, and persons on no-fly, terrorist watch lists.

On the third level we need:
6. A national program to train and maintain school- and community-based threat assessment teams that include mental health and law enforcement partners. Threat assessment programs should include practical channels of communication for persons to report potential threats as well as interventions to resolve conflicts and assist troubled individuals;
7. Removal of legal barriers to sharing safety-related information among educational, mental health, and law enforcement agencies in cases where a person has threatened violence;
8. Laws establishing Gun Violence Protection Orders that allow courts to issue time-limited restraining orders requiring that firearms be recovered by law enforcement when there is evidence that an individual is planning to carry out acts against others or against themselves.

Congress and the executive branch must remove barriers to gun violence research and institute a program of scientific research on gun violence that encompasses all levels of prevention. We contend that well-executed laws can reduce gun violence while protecting all Constitutional rights.

It’s time for federal and state authorities to take immediate action to enact these proposals and provide adequate resources for effective implementation. We call on law enforcement, mental health, and educational agencies to begin actions supporting these prevention efforts. We ask all parents and youth to join efforts advocating for these changes, and we urge voters to elect representatives who will take effective action to prevent gun violence in our nation.
Interdisciplinary Group on Preventing School and Community Violence
(in alphabetical order)

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George G. Bear, Ph.D., University of Delaware
Catherine P. Bradshaw, Ph.D., University of Virginia
Dewey G. Cornell, Ph.D., University of Virginia
Dorothy L. Espelage, Ph.D., University of Florida
Daniel Flannery, Ph.D., Case Western Reserve University
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Robert Jagers, Ph.D., University of Michigan
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Amanda B. Nickerson, Ph.D., University at Buffalo, State University of New York
Pedro Noguera, Ph.D., University of California, Los Angeles
David Osher, Ph.D., Takoma Park, MD
Russell Skiba, Ph.D., Indiana University
George Sugai, Ph.D., University of Connecticut
Daniel W. Webster, Sc.D., Johns Hopkins University
Mark D. Weist, Ph.D., University of South Carolina

National Organizations Endorsing This Statement

Alliance for Excellent Education
American Art Therapy Association
American Association for Psychoanalysis in Clinical Social Work
American Dance Therapy Association
American Federation of Teachers (AFT)
American Psychoanalytic Association
American Psychological Association (APA)
American Psychological Association Teachers of Psychology in Secondary Schools
Association for Ambulatory Behavioral Healthcare
Association for Positive Behavior Support
Association of Educational Service Agencies (AESA)
Association of School Psychologists of Pennsylvania
Campaign for Trauma-Informed Policy and Practice
Center for MH in Schools & Student/Learning Supports
Children's Mental Health Network
Clinical Social Work Association
Coalition for Juvenile Justice
Coalition for the Advancement and Application of Psychological Science
Collaborative for Academic, Social, and Emotional Learning (CASEL)
Committee for Children
Council for Children with Behavioral Disorders (CCBD)
Council of Administrators of Special Education (CASE)
Council of Directors of School Psychology Programs
Council of University Directors of Clinical Psychology
Divisions for Social Justice, American Psychological Association
GLSEN
International Bullying Prevention Association
Justice and Serious Mental Illness
Learning Disabilities Association of America
National Association for Children's Behavioral Health
National Association for Family, School, and Community Engagement (NAFSCED)
National Association for Professional Development Schools (NAPDS)
National Association of County Behavioral Health and Developmental Disability Directors
National Association of School Psychologists (NASP)
National Association of Secondary School Principals
National Association of State Directors of Special Education (NASDSE)
National Association of State Head Injury Administrators
National Center for School Mental Health
National Council of Schools and Programs of Professional Psychology (NCSPP)
National Education Association (NEA)
National Federation of Families for Children's Mental Health
National Juvenile Justice Network
National Latina/o Psychological Association
National PTA
National Register of Health Service Psychologists
National School Climate Center (NCSS)
Sandy Hook Promise
School Psychology, Division 16 of the American Psychological Association
School Social Work Association of America
School-Based Health Alliance
Society for Community Research and Action
Society for Prevention Research (SPR)
Society of Clinical Child and Adolescent Psychology
Society of Counseling Psychology, Division 17, American Psychological Association
The Child and Family Evidence Based Practice Consortium
The Mental Health-Education Integration Consortium
The National Behavioral Intervention Team Association (NaBITA)
Trainers of School Psychologists

Additional Organizations Endorsing This Statement

Adler University
Alberti Center for the Prevention of Bullying Abuse and School Violence, University at Buffalo
Arizona Association of School Psychologists
Asociación de Psicología Escolar de Puerto Rico (APEP)
Association for University and College Counseling Center Directors
Association of School Psychologists of Pennsylvania
Atlanta Behavioral Health Advocates, Emory University School of Medicine Department of Psychiatry and Behavioral Sciences
Baltimore City Association of School Psychologists
Baltimore County School Psychologists’ Association
Begun Center for Violence Prevention Research and Education (Case Western Reserve University)
Bullying Research Network
California Association of School Psychologists
Center for Behavioral Education and Research
Central Michigan University School Psychology Program
Clover Educational Consulting Group
Cognitive Health Solutions, LLC
College of Education and Human Development, University of Maine
Colorado Society of School Psychologists
Connecticut Association for Marriage and Family Therapy
Connecticut Association of School Psychologists
Connecticut Psychological Association
Danville Area School District
Delaware Association of School Psychologist
Department of Educational Psychology, Baylor University
Department of Teaching and Learning, School of Education and Human Development, University of Southern Maine
Family Services Network
Family Therapy Center of Boulder
Florida Association of School Psychologists  
Full Circle Community and Wellness  
Futures Without Violence  
Illinois Chapter of American Dance Therapy Association  
Illinois School Counselor Association  
Illinois School Counselor Association  
Indivisible CD 19  
Institute on Violence, Abuse and Trauma  
Instructional Research Group  
Iowa School Psychologists Association  
Journal of Applied School Psychology  
Judge Baker Children's Center  
Literacy, Language, and Culture Department, University of Southern Maine  
Louisiana School Psychological Association  
Loyola Marymount University  
Maryland School Psychologists Association  
Massachusetts School Psychologists Association  
Metamorphosis Life Revitalizing Center, LLC  
Michigan Association of School Psychologists  
Michigan Psychological Association  
Midwest PBIS Network  
Midwest Symposium for Leadership in Behavior Disorders (MSLBD)  
Minnesota School Psychologists Association  
Minnesota School Psychology Association  
Missouri Association of School Psychologists  
Missouri Prevention Center; University of Missouri  
Montana Association of School Psychologists  
Montgomery County School Psychologists' Association (MCSPA)  
Move Forward New York - Gun Control Task Force  
National Shattering Silence Coalition  
Nebraska School Psychologists Association  
Nevada Association of School Psychologists  
New Directions Counseling Services  
New Hampshire Association of School Psychologists  
New Jersey Association of School Psychologists  
New Leaders  
New York Association of School Psychologists  
Office of Psychological Services, Baltimore County Public Schools  
Ohio Psychological Association  
Ohio School Psychologists Association  
Oregon School Psychologists Association  
Paris Union School District No. 95  
Philadelphia Society of Clinical Psychologists (PSCP): The Psychology Network  
Pine Forge Farms Therapy Center  
Prevention Section of the Society of Counseling Psychology, American Psychological Association.  
Program on Problem Behavior and Positive Youth Development, Institute of Behavioral Science, University of Colorado Boulder  
Public Advocacy for Kids  
Rainstorms to Rainbows  
Rhode Island School Psychologists Association  
Safe & Humane Schools within the Institute on Family & Neighborhood Life, Clemson University  
School Psychologists Association of Anne Arundel County  
South Carolina Association of School Psychologists  
Strategies for Youth, Inc.  
Team Up for Families  
Texas Association of School Psychologists
Excerpts from List of Individuals Endorsing This Statement
(A complete list of over 1,400 individuals endorsing this document is available)

- Barbara J. Burns, Ph.D. Duke University School of Medicine
- Ayse Ciftci, Ph.D. Purdue University
- James Clyde DiPerna, Ph.D. The Pennsylvania State University
- George J. DuPaul, Ph.D. Lehigh University
- Tanya L. Eckert, Ph.D. Syracuse University
- Katie Eklund, Ph.D. University of Missouri
- Scott Frank, M.D., M.S. Case Western Reserve University School of Medicine
- Nicholas A. Gage, Ph.D. University of Florida
- Felipe Gonzalez Castro, Ph.D., MSW Arizona State University College of Nursing and Health Innovation
- Frank M. Gresham, Ph.D. Louisiana State University
- William L. Heward, Ed.D., BCBA-D The Ohio State University
- Stephen P. Hinshaw, Ph.D. University of California, Berkeley; University of California, San Francisco
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- Wendy M. Reinke, Ph.D. University of Missouri
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- Marcelo M. Suarez-Orozcom, Ph.D. University of California, Los Angeles
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- Bradley White, Ph.D. Virginia Tech
- Roger P. Weissberg, Ph.D. Collaborative for Academic, Social, and Emotional Learning (CASEL)
- Marleen Wong, Ph.D. University of Southern California
- James E. Ysseldyke, Ph.D. University of Minnesota
- Robert A. Zucker, Ph.D. University of Michigan

The Connecticut Association for Marriage and Family Therapy
The Melissa Institute for Violence Prevention and Treatment
The South Carolina Education Association
Tufts University
University of Kentucky School Psychology Program
University of North Carolina, Chapel Hill
Utah Association of School Psychologists
Violence Prevention Initiative, Children’s Hospital of Philadelphia
Washington State Association of School Psychologists (WSASP)
Wayne State University--School & Community Psychology program
Wheelock College
Wisconsin School Psychologists Association
March 15, 2018

The Honorable Paul D. Ryan The Honorable Mitch McConnell
Speaker of the House Senate Majority Leader
H-232 The Capitol S-230 The Capitol
Washington, DC 20515 Washington, DC 20515

The Honorable Nancy Pelosi The Honorable Charles E. Schumer
House Minority Leader Senate Minority Leader
H-204 The Capitol S-221 The Capitol
Washington, DC 20515 Washington, DC 20515

Dear Speaker Ryan and Leaders McConnell, Schumer, and Pelosi,

Thank you for your national leadership on gun violence prevention. We believe that gun violence is preventable, and on behalf of the 117,500 members and affiliates of the American Psychological Association (APA), we encourage you to propose sensible policies and programs that are supported by scientific evidence. As you move forward with bipartisan legislation to address gun violence, we ask you to consider the following key policy proposals that are grounded in psychological science:

1. Adopt common sense restrictions on firearm access to reduce the harm caused by violence.
2. Invest in greater support for individuals in crisis, who are at risk for violence.
3. Prioritize the development of effective preventive interventions by increasing funding for gun violence research.
4. Strengthen support for school, family, and community-based prevention efforts, which can reduce the risk of violence by targeting structural inequalities and increasing resilience.

These policy proposals represent approaches supported by the strongest body of evidence. We share specific recommendations based upon these four principles in the attached document. These principles reflect our recognition that a complex set of social and emotional factors contribute to violence.

APA is the largest scientific and professional organization representing psychology in the United States. Comprising researchers, educators, clinicians, consultants, and students, our association works to advance the creation, communication, and application of psychological knowledge to benefit society and improve people’s lives. We strongly support the growing consensus among health professionals and scientists that, to reduce the deaths and injuries associated with firearms, our nation must take a public health approach to violence prevention, which entails rigorous research to define the problem,
identify factors that increase or decrease the risk, and develop, implement, and evaluate prevention strategies.

Guns are the weapons used in roughly 70% of homicides in this country and in 51% of suicides and are more lethal than other weapons. They are often used impulsively, meaning that an individual in crisis will likely succeed on their first attempt to harm themselves or others. For this reason, we urge you to strengthen restrictions on access to firearms, but those restrictions alone will not solve the problem; they must be implemented alongside legislation that addresses the causes of violence in our society.

APA appreciates your consideration of our input. We look forward to working with you to secure passage of life-saving legislation. If you have any questions regarding our recommendations, please contact Amalia Corby, Senior Legislative and Federal Affairs Officer, with APA’s Public Interest Directorate, at (202) 336-6068 or acorby-edwards@apa.org.

Sincerely,

Jessica Henderson Daniel, PhD, ABPP
President

Arthur C. Evans, Jr., PhD
Chief Executive Officer
ATTACHMENT

Gun violence is a complex problem that requires evidence-based, multifaceted solutions. In 2013, following the tragedy at Sandy Hook, the American Psychological Association (APA) published a report summarizing the scientific research on gun violence, entitled *Gun Violence: Prediction, Prevention and Policy*, and in 2014 adopted a Resolution on Firearm Violence Research and Prevention. In both our report and resolution, we strongly support the growing consensus among health professionals and scientists that, to reduce the deaths and injuries associated with firearms, the nation must take a public health approach to violence prevention.

APA recommends that the 115th Congress consider a public health approach to gun violence using the following evidence-based prevention strategies:

1) **Pass common sense restrictions on firearm access to reduce the harm caused by violence.**

Access to firearms is the common denominator in firearm violence, and policies limiting access to firearms for certain populations to prevent gun violence are strongly supported by scientific research. However, ready access to military-style weapons and loopholes in our current gun laws have limited the effectiveness of those policies, and research has shown that absent rigorous military or law enforcement training, the presence of a gun does not make people safer (and may not under those conditions either). For this reason, we urge Congress to pass legislation that:

- Expands background checks to all gun sales.
- Incentivizes state reporting to the National Instant Criminal Background Check System.
- Bans assault-style weapons and high-capacity ammunition clips.
- Resists calls to arm teachers or school personnel.

2) **Invest in greater support for individuals in crisis, who are at risk for violence.**

Contrary to the current widespread narrative, the most significant risk factor for violence is a history of violence, not a history of severe mental illness. People with mental illness are much more likely to be victims of violence than perpetrators; thus, the problem of gun violence will not be solved by efforts solely focused on serious mental illness. We do know that suicide accounts for nearly two-thirds of all gun deaths in the United States, and while depression underlies many of those deaths, the role of job loss, romantic entanglements, and other crises cannot be overlooked. Given that people in crisis are at a much higher risk of violence, we must improve the services available to those in need. This includes interventions for both individuals at risk of harming themselves and those at risk of harming others. Prevention efforts aimed at high-risk individuals can also reduce the rare occasions when severe mental illness contributes to homicide, or more commonly, when depression or other mental illness contributes to suicide. APA recommends that Congress:

- Enact legislation to improve the National Suicide Prevention Hotline.
- Invest in Crisis Intervention Training.
- Establish federal support and technical assistance for states to implement Gun Violence Restraining Orders.
- Support school- and community-based behavioral threat assessment teams that include mental health and law enforcement partners.
• Fully fund Garret Lee Smith Suicide Prevention Programs through the Substance Abuse and Mental Health Services Administration. These funds support suicide prevention initiatives for states, tribes, and college campuses.

3) Prioritize the development of effective preventive interventions by increasing funding for gun violence research.

APA has consistently advocated for federal funding for gun violence research and for violent death reporting as crucial components of the public health framework. The evidence generated by a public health approach will enable the development of sound policies that support both the rights and the responsibilities central to gun ownership in the United States. Without ongoing scientific research into the causes and prevention of all types of violence, policy makers will be left to debate controversial policies without information about their potential effects. APA calls on Congress to:

• Affirm the authority of the Centers for Disease Control and Prevention (CDC) to carry out research into the causes and prevention of gun violence.
• Support research on self- and other-directed violence at the CDC, the National Institutes of Health, the Veterans Health Administration, and the Department of Justice.
• Fund ongoing evaluations of state and local efforts in implementing cross-sector, coordinated approaches to violence prevention.

4) Strengthen support for school, family, and community-based prevention efforts, which can reduce the risk of violence by targeting structural inequalities and increasing resilience.

Research shows that childhood experiences, both positive and negative, have an impact on the lifelong health and opportunity of individuals. Adverse childhood experiences (ACEs) have been associated with risky health behaviors, chronic health conditions, low life potential, and early death. Prevention efforts guided by research on developmental risk can reduce the likelihood that firearms will be introduced into community and family conflicts or criminal activity.

There is evidence showing that targeting structural inequalities, such as poverty and access to health and social services, can decrease violence and increase resilience. At the population level, research has found that women's ability to resist violence is strongly connected to their access to economic and social resources, and that diminished opportunities and poor neighborhood cohesion are risk factors for child maltreatment, intimate partner violence, youth violence, and suicide. Conversely, strong connections to school, access to health, mental health, and substance abuse treatment and coordinated social services serve as protective factors. Research also points to interventions that support family connectedness, and increased access to mental health and substance use services as protective factors for violence victimization and perpetration. APA recommends that Congress:

• Foster positive school climates and fund school-based mental health and anti-bullying programs.
• Address adverse childhood experiences (ACEs) through early intervention and prevention.
• Increase access to evidence-based behavioral health care and treatment for substance use disorders and provide broader access to these services under Medicaid.
• Increase access to evidence-based integrated care models in primary care settings.
• Adequately fund federal safety net programs that support low-income people's access to food, healthcare, housing, education, and income supports.