

**Shel Gross, Director of Public Policy**  
Ph: 608-250-4368; email: [shel@mhawisconsin.org](mailto:shel@mhawisconsin.org)

## Imagine a Las Vegas Gun Death Toll Every Day: It's Happening

**Madison; Oct. 6, 2017.** Mental Health America of Wisconsin (MHA) shares in the grief and outrage following the shooting of hundreds of individuals in Las Vegas earlier this week. We understand the trauma that this has caused so many individuals, their family members, friends and co-workers. And we understand that this trauma will impact them for years to come. We encourage impacted individuals to seek out emotional support from friends and professionals, as needed.

But as an organization that has a critical role in the development of statewide suicide prevention infrastructure and policy, MHA could not help but be struck by the fact that the 59 deaths currently attributed to this shooting equals the approximate number of people who die in the United States each day as a result of a suicide using a firearm (and this represents only half of all suicides). These deaths are not splashed across the headlines or captured on social media. They are often lonely deaths. But the impact on family and friends is no less traumatic, the haunting questions of why and how could this happen are no less troubling.

Every such mass shooting brings cries for common sense measures to limit access to firearms. And inevitably these cries seem to go unheard. MHA believes it is time that we understood that the problem of gun-related deaths is really about suicide. In the United States two-thirds of gun deaths are suicides; in Wisconsin it is closer to three-quarters. Those who want to make gun deaths a "mental health" issue are half right: those gun deaths by suicide are largely related to mental health concerns. But homicides by guns are largely not related to mental illnesses. Jeffrey Swanson, Professor in Psychiatry and Behavioral Sciences at Duke University School of Medicine, found that if all serious mental illnesses were cured tomorrow, gun homicides would be reduced by only 4%.

Recognizing this we also need to recognize what our legislators can do. Based on the work of Dr. Michael Anestis at the University of Southern Mississippi, who compared suicide rates across states, we now have strong evidence that a variety of laws related to access to firearms are strongly associated with lower suicide rates. These include waiting periods for firearm purchases, universal background checks, permitting/registration/licensing handgun purchases and restrictions on open carry. No, not every death will be prevented by these measures, but Dr. Anestis' work suggests that suicide rates are about 25% lower in states with these types of laws. When we pass laws about drunk driving or driving while texting, we do not do so with the expectation that every such accident will be prevented, only that there is evidence that the law can have a significant impact.

MHA calls on our State Legislature to move forward with hearings on legislation that has been introduced to expand background checks and reintroduce waiting periods for purchases (Dr. Anestis' research was not available when the Legislature eliminated Wisconsin's waiting period in 2015). We also oppose so-called "permitless" carry due to its association with higher suicide rates.

As those of us in the suicide prevention field know, means do matter. Individuals can also take action by securing firearms they do have in the home or removing them entirely when a family members may be at risk. But this doesn't absolve our Legislature of taking prudent actions that are supported by the public.

[www.mhawisconsin.org](http://www.mhawisconsin.org)