

Deinstitutionalization and suicide by cop Gary Mauser

Multiple-person murders fascinate the news media. Add in guns and we get TV coverage that dominates the news for weeks. Typically, such rampages involve an insane maniac who dies at the scene. A few recent well-publicized killings paint the picture.

*Aaron Alexis killed twelve people at the Washington Navy Yard in September 2013 before being killed by police. The Veterans Administration had been treating him for paranoia and hearing voices.

*In 2012, 20-year-old Adam Lanza fatally shot twenty children and six adults at a school in Connecticut where he committed suicide. Diagnosed with Asperger syndrome, he had killed his mother earlier when he stole her handgun.

While Canadians bathe in American media, we tend to believe this is an American phenomenon. Not so. Europe and Australia, among other places, have experienced multiple-person killings as well. See John Lott (2010). Nor is Canada immune. We all remember the rampage by Gamil Gharbi (aka Marc Lepine) in 1989. More recently, Guy Turcotte, a Quebec MD, stabbed his two children to death in 2009. At trial he was found not criminally responsible and ordered to a psychiatric institution. He was released in December 2012, even though he was judged to remain “a serious risk” to the public.

Media and anti-gun activists, such as US President Obama and NDP Leader Tom Mulcair, claim the solution is for greater restrictions on all gun owners. The progressives “one-size-fits-all” approach to gun misuse is simply wrong-headed. The problem isn’t guns or even gun owners, but seriously mentally ill people who are allowed to go untreated. The vast bulk of mentally ill people pose no threat to anyone, but a small percentage is violent and some even commit “suicide by cop.” The solution isn’t tighter restrictions on normal people who own and use firearms, but better methods of identifying and treating the seriously disturbed.

Deinstitutionalization

The problem is one of our own making. In the 1980s and 1990s governments around the world decided to shut down public mental institutions, releasing the inmates to fend for themselves, even those with severe mental problems. It was believed that “warehousing” the mentally ill was not helping them and that inmates would do better in smaller community institutions. This was called “deinstitutionalization” and was implemented by a broad spectrum of governments. In BC, it was the NDP; in California, the Republicans. Unfortunately, the follow-through was incomplete. Even after the large public mental institutions were shut down, not enough community programs that were supposed to pick up the slack ever materialized. While it is true that many of the inmates did much better in their new settings, either being taken care of at home by their families or in smaller community institutions, others, the more severely deranged, did much worse. Many of these couldn’t take care of themselves, ending up sleeping on the streets, and, in so doing, they created huge problems for society as well as for themselves. They are now called “the homeless.”

Mental illness includes a wide variety of problems. Very few of the mentally disturbed are violent, but an extremely small number can be exceptionally violent. According to the National Institutes of Mental Health approximately 9% of Americans have mood disorders while schizophrenia affects an additional 1%. This adds up to 10% of the population. Extending these percentages to Canada gives roughly 37 million people in North America who are seriously mentally ill. (This estimate may be exaggerated, as it comes from mental health providers and might be self-serving.) The police estimate that approximately one-quarter of criminal incidents involves a deranged person, which gives three million crimes that can be ascribed to the mentally ill. Thus, fewer than 10% of mentally ill people committed a crime in 2012. And, since repeat offenders commit almost all of these crimes, the number of distinct individuals involved must be much lower than 10%.

At the same time the mental hospitals were closed, society began to recognize the legal rights of the mentally impaired. Previously, if someone was committed, they typically lost their legal rights as well as their freedom. This meant that patients couldn't appeal their commitment if they thought they had been wrongfully treated; nor could they refuse medical treatment. While this was clearly appropriate in many cases, there were also abuses. Heirs were known to conspire to commit elderly parents in order to take their inheritance early. Normal people, if somewhat eccentric, were occasionally committed by mistake. This is easy to understand since the dividing line between normality and mental disorder may not always be an easy one to draw, even assuming the best of intentions. Once committed, there was no easy escape. This has now all changed. For the past few decades, it has been very difficult to forcibly commit someone, even if they are judged to pose a threat to themselves or others (witness the case with Guy Turcotte), and, once hospitalized, patients can legally refuse to take their medicine. This is good news for the eccentric. But it hasn't worked out so well for the seriously disturbed. Or society.

In a so-called caring society, why would we abandon grievously mentally ill people to live on the streets? Mental illness can often be treated with drugs. But the homeless rarely have anyone to ensure they take their medicine regularly. In addition, living rough is at best uncomfortable and typically creates other problems, including being easily victimized and even freezing to death. Without proper psychiatric treatment, the severely disturbed can be a threat to themselves and to others. Closing the mental hospitals has dumped this problem onto the police.

Suicide by cop

Dealing with the severely mentally ill causes serious challenges for police, not just in Canada, but also in the UK, the US, and Australia. According to Theresa May, the UK Home Secretary, an estimated 15 to 25 per cent of all incidents dealt with by police in London were linked to mental health. In Canada, the Vancouver Police Department reports that 21% of incidents handled by officers involve mentally ill persons. The VPD reported that between January 2012 and March 2013 there were 96 serious incidents ranging from suicides to acts of random, violent attacks inflicted upon innocent members of the public. A total of 26 victims were attacked, some injured very seriously, including suffering vicious beatings, stabbings, and one shooting.

A small number of mentally ill people confront police seemingly with a need to be killed. One study found 36 percent of officer-involved shootings could be classified as “suicide by cop.” The same study found a one-in-three chance that a bystander will be injured or killed in a suicide-by-cop incident. In British Columbia, it was found that between 10 and 15 percent of the 58 police shootings in 1996 were premeditated suicides. In 1998, an FBI study concluded that 46 percent of police shootings “contained some evidence of probable or possible suicidal motivation.” Some of these instigate multiple-person shootings.

What to do?

The problem isn't guns or gun laws, but seriously mentally ill people who are allowed to go untreated. One of the reasons the police appear eager to find excuses to confiscate firearms for seemingly trivial reasons may be that the courts have stripped them of their power to commit seriously mentally ill people. The current laws make it near impossible to commit someone who is acting dangerously and poses a violent threat. It gets worse: once committed, it is legally too difficult to keep the criminally insane in hospital even if they are considered likely to be violent. This must change. We need to strengthen commitment laws and invest more money into creating institutions to take care of the mentally disturbed. Those who are seriously disturbed need treatment and shouldn't be allowed to refuse it.

Yes, strengthening commitment laws is a double-edged sword. The old problems remain. No cranky old person should be locked away for just being eccentric. Few mentally disturbed people pose a threat to themselves or to society, and they shouldn't lose all of their legal rights. The need for adequate safeguards remains. As we have seen in High River, Alberta, authorities can abuse their powers. What is clear, though, is that the present situation, where the seriously mentally ill are left homeless, left untreated, but keep their legal rights, cannot continue. Public safety demands it.

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