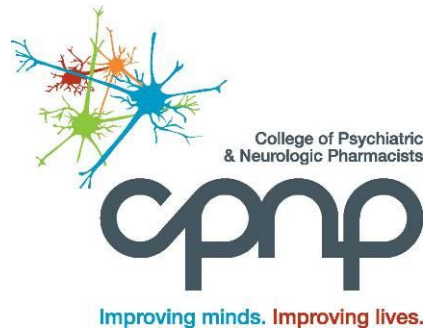




9/16/2019

CPNP Joins Coalition Partners in Urging Congress to Oppose Policies that Stigmatize or Harm People Living with Mental Health Conditions and Disabilities

This past week, CPNP joined its partners in the Mental Health Liaison Group (MHLG) coalition in a letter to the Chair and Ranking Member of the US House Committee on the Judiciary to oppose any gun violence policy that furthers the dangerous conflation of mental health and gun violence or encourages the practice of involuntary commitment.

This letter, as pasted below, urges the committee to:

- Recognize that evidence shows that mental illness does not make a person dangerous and instead makes them more likely to be victimized.
- Acknowledge that extreme risk protection orders (ERPOs) perpetuate the myth that those living with mental illness perpetrate acts of violence.
- Recognize that civil commitment has a profound effect on the lives of those affected and should not be considered indiscriminately for persons living with mental illness.*

An electronic version of this letter will be available on CPNP's [advocacy web pages](#) when provided by the coalition.

*CPNP supports interventions that are in place to prevent suicide or homicide when there is intent, plan, and/or means.

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9/4/2019

The Honorable Jerrold Nadler
Chairman
U.S. House Committee on the Judiciary
2132 Rayburn House Office Building
Washington, DC, 20515

The Honorable Doug Collins
Ranking Member
U.S. House Committee on the Judiciary
1504 Longworth House Office Building Washington, DC, 20515

Dear Chairman Nadler and Ranking Member Collins,

As the House Committee on the Judiciary reviews proposals to prevent gun violence, including extreme risk protection order (ERPO) legislation, the undersigned coalition of mental health and wellness organizations write to urge the Committee to oppose any policy that furthers the dangerous conflation of mental health and gun violence or encourages the practice of involuntary commitment.

In the aftermath of mass shootings and violent tragedies, like those in El Paso and Dayton, there is heightened rhetoric, and too often blame is misdirected at mental health conditions and disabilities. Yet, we know that living with mental illness does not make a person dangerous. People with mental health conditions and disabilities are more likely to be the victims of violence rather than the perpetrators of it.

Any attempt to require courts to consider a respondent's mental health status when deciding whether to restrict gun ownership improperly perpetuates unfounded assumptions that people with mental disabilities are prone to violence. Most ERPO laws that are already in place at the state level permit the court to consider patterns of *behavior* that indicate risk of future violence such as a conviction of a violent misdemeanor, conviction of a domestic violence misdemeanor, and unlawful or reckless use, display, or brandishing of a firearm by the respondent. These behavioral factors are a stronger predictor of future violence than an individual's mental health status.

Any requirement under an ERPO statute that the court evaluate the respondent for involuntary commitment would undermine the respondent's civil liberties. Civil commitment is one of the only procedures through which constitutional rights can be deprived without a crime having been committed, and can have long term collateral consequences for individuals, including restrictions on employment, the ability to own firearms, and in some states, even the right to vote. Our lawmakers should exercise extreme caution whenever considering policy that would propagate this practice. There is no evidence that gun homicides are a result of an underuse of civil commitment.

In your work to prevent gun violence, we urge you not to stigmatize and harm people living with mental health conditions and disabilities.

Sincerely,

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American Association for Psychoanalysis in Clinical Social Work
American Group Psychotherapy Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Clinical Social Work Association
College of Psychiatric and Neurologic Pharmacists
Families USA
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
Mental Health America
National Association for Rural Mental Health
National Association of County Behavioral Health & Developmental Disability Directors
National Association of School Psychologists
National Association of Social Workers
National Disability Rights Network
National Eating Disorders Association (NEDA)
National Federation of Families for Children's Mental Health
National Health Care for the Homeless Council
National Health Law Program
National Register of Health Service Psychologists
School-Based Health Alliance

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The College of Psychiatric and Neurologic Pharmacists (CPNP) is a professional association representing nearly 3000 psychiatric pharmacists and trainees. CPNP's membership consists of pharmacists who are specialized and highly trained in psychiatry, addiction, psychopharmacology, and neurology. Psychiatric pharmacists, as members of an interprofessional team of health care professionals, can and do make a difference in patient recovery and quality of life.

As the voice of psychiatric pharmacy, CPNP is committed to:

- Educating pharmacists and other health care professionals,
- Funding and rewarding research around issues related to mental health,
- Advocating for improved access to mental health care with psychiatric pharmacists as an essential member of the care team,
- Participating in mental health, pharmacy, and other coalitions who share similar concerns and can collectively advocate for solutions, and
- Combatting stigmatization of those living with mental illness

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