

# Rates of Carrying a Firearm During The Admission to a Neuropsychiatry Hospital

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Dear Editor,

Most of the suicides and homicides are reported to be with firearms (1). Detecting the rates of psychiatric patients' admissions to mental health services with a gun may be helpful to draw attention to the magnitude of danger and to the need of a careful security search for the presence of weapons.

This study is a retrospective chart-review. To ensure that noone carrying a weapon or dangerous device, all people entering the hospital are subject to search by a metal detector. All hand luggages are also subject to search with detector. The security officers record all the retained property to metal detector record sheets. We screened data of patients who admitted to NPIstanbul Neuropsychiatry Hospital between dates of January 2012 and December 2013.

One hundred one (0.42%) of 23840 applicants were found to carry a firearm with them at the admission to hospital. Fifteen entries to hospital with a firearm were excluded from the study because they were related to

readmissions of the five particular subjects, so 86 subjects included in the study. The vast majority of the applicants with firearm were males (97.7%, n=84). Mean age of the gun carriers was 45.7±11.3 years.

The main diagnosis of the applicants with firearm were as follows: anxiety disorders 32.6% (n=28), major depressive disorder 17.4% (n=15), alcohol and substance related disorders 13.9% (n=12), schizophrenia 10.5% (n=9), bipolar disorder 8.1% (n=7), other psychiatric disorders 5.8% (n=5). 13.9% of the group had a comorbid diagnosis, all of which were either major depressive disorder or alcohol and substance related disorders. Also, 11.6% (n=10) of the subjects that admit with firearm were recorded as a visitor of an inpatient. None of the applicants with firearm was carrying guns for occupational purposes, such as military personnel or police. Although 86 subjects were admitted to hospital with a fire gun, 76 of them were the patients and only 38 (50.0%) of the patients were registered as "gun owner" on the medical files

Despite the recommendations for psychiatrists to

evaluate firearm availability, in a recent survey of adult psychiatrists, nearly half (approximately 45.0%) reported that they had never thought seriously about discussing firearm safety issues with their patients, and only one-fourth reported having a standard method for identifying patients who owns firearms (2). Traylor et al. (3) reported that 78.2% of clinical psychologists did not have a proper system for identifying patients with access to firearms. They also reported that almost half (46.0%) of clinical psychologists reported not receiving any information on firearm safety issues. Similarly, our results suggested

that in case of 50.0% of the psychiatric patients owning a firearm, gun carrying and gun ownership status of the patient was detected by the interviewing psychiatrist or psychologist.

Securing the hospital environment and reducing the potential for violence or suicide involves a team approach. Hospital security staff and medical team must communicate clearly about security matters. The findings of this study suggest that psychiatrists must realize that they have an additional responsibility about the firearm ownership of their patients and the consequences for their patients.

## REFERENCES

1. Underwood E. Gun control agenda is a call to duty for scientists. *Science* 2013; 339:381-382.
2. Price JH, Thompson AJ, Khubchandani J, Mrdjenovich AJ, Price JA. Firearm anticipatory guidance training in psychiatric residency programs. *Acad Psychiatry* 2010; 34:417-423.
3. Traylor A, Price JH, Telljohann SK, King K, Thompson A. Clinical psychologists' firearm risk management perceptions and practices. *J Community Health* 2010; 35:60-67.