Medical Students, Residents, and Fellowship Trainees:

Improvements in access to mental health prevention and care are vital components of a comprehensive approach to gun violence and firearm injury prevention. May is mental health awareness month, including national children’s mental health awareness day tomorrow on May 8th. In this edition of the AAP SOMSRFT PAVE advocacy update, we provide information about the role mental health plays in firearm injury. To help prevent firearm injuries and care for those exposed to gun violence, use this information in your clinics and communities to improve access and better identify those in need of mental health care.

**MENTAL HEALTH AND FIREARM INJURY**

What we know:

- Risk of suicide is five times greater if a gun is kept in the home
- The firearms in homes of youth suicides and unintentional injuries are significantly less likely to be stored unloaded, locked and separate from ammunition than firearms in which youth suicides do not occur
- Strong evidence suggests that the presence of firearms in the home increases the risk of suicide among adolescents
- All children exposed to gun violence or firearm injury are at risk of psychological injury, such as anxiety and posttraumatic stress reactions and disorder
- Concern should be warranted when emotional responses persist for long periods of time or accompanied by significant functional impairment
- Children have inherent potential for being wonderfully resilient if given adequate support and counseling

As Pediatricians we need to:

- Advocate to expand mental health screening and access
- Screen for depression and mental illness
- Identify violent behavior in children and adolescents. The American Academy of Child and Adolescent Psychiatry (AACAP) has resources to help understand violent behavior.
- Discuss teen violence, how to avoid it, and ways to have positive conflict resolution
- Make appropriate and timely referrals
- Give general and specific counseling to patients and parents
  - General counsel: Teens are impulsive. Keeping firearms away from teens can prevent passion of the moment actions from turning in to tragedy
Specific counseling: If child is depressed, advise removal of all firearm (access to guns) from the home to prevent suicide.

- Recognize effects of toxic stress in a child who has experienced or witnessed violence
- Provide counseling tips to those exposed to gun violence:
  - Guide parent to make necessary accommodations to help child through crisis period: May involve allowing child to sleep with parent for a short while, keeping a light on at night, etc.
- Appreciate and educate that children’s understanding and reaction is based on their developmental abilities
  - 6-year-old may react by refusing to separate from parents to attend school
  - Adolescent may attempt to hide concern, start to argue more with parents, decline in school
- Empower parents and teachers to help children recover after gun violence exposure through educating them to:
  - Provide reassurance of safety, support, and love of the child after the event. Emphasizing it is important to tell he/she is loved and taken care of
  - Strengthen the child’s communication and coping skills, and allow child to express feelings

The American Academy of Pediatrics proposes improvements in access to mental health prevention and care as part of a comprehensive approach to gun violence. Vehicles for achieving these goals exist under current law. Access to mental health care for children and adolescents is woefully inadequate. Currently, many families have few reliable resources to address their children’s chronic mental health conditions. Exposure to gun violence contributes to toxic stress and harms children’s health and development, highlighting the need for children to have access to mental health services. As a nation, we must improve the identification of mental illnesses through increased screening activities along with improved access to mental health services and services to prevent mental health conditions. In addition, inadequate insurance coverage and high out-of-pocket costs that create barriers to access should also be addressed by enforcing the mental health provisions of the ACA and expanding the Medicaid reimbursement policy to include mental health and developmental services.¹

References:
¹ Adapted from American Academy of Pediatrics Gun Violence Policy Recommendations

DIVISION OF STATE GOVERNMENT AFFAIRS ADVOCACY UPDATE

Using State Injury, Violence, and Child Health Data to Support Advocacy

Personal stories about the toll that gun violence has on a pediatrician’s patients and their families or within their communities are very effective advocacy tools and the right use of data can make those stories even more powerful. Data can illustrate the impact of gun violence on children and the need for changes in public policy. National data on firearms death and injury are available in peer-reviewed journals, but state and local firearm injury data may be harder to find in those sources. National databases, however, can help you locate data and compare the impact of firearm injuries to other types of injuries in your state and community.

Centers for Disease Control and Prevention (CDC) Web-based Statistics Query and Reporting System (WISQARS)

The Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS) is an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of trusted sources. Public policy makers, researchers, and advocates can use WISQARS data to learn more about the public health and economic burden associated with unintentional and violence-related injury in the US.

The WISQARS database allows users to sort firearm injuries by classification—unintentional, intentional, or suicide—and sort by age, ethnicity, and gender. The database can also be used to compare firearms data with other causes of injury and death such as motor vehicle crashes, poisonings, fires, and drownings. The database is an excellent tool to pinpoint local and state firearm injury data, but due to privacy concerns, data released after 2008 is subject to database suppression if the output is fewer than 10 incidents.

National Violent Death Reporting System

The National Violent Death Reporting System (NVDRS) is another source of state and local gun violence data. The NVDRS links data from vital statistics, medical examiners and coroners, law enforcement, crime laboratories, and other sources to provide a more complete understanding of violent deaths in states and local communities. Created in 2002 and funded by the CDC, 18 states (Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin) currently participate in the data reporting system.

By using data found in the NVDRS, pediatricians can find more descriptive information about violent events and use that information to identify trends in their states and communities. This
information can be used to create related violence prevention programs and public policies.

**Kids Count Data Center**
When advocating for changes in public policy to improve the lives of children, it’s helpful to know how well children in your state and community are faring in comparison to others. **Kids Count Data Center**—a project of the Annie E. Casey Foundation—is a great source for state-level data related to the well-being of children. The database provides statistics that may contribute to the risk of violence in your community such as the number of children that live in poverty, high school dropout rates, and unemployment levels. Advocates can find more data on demographic, economic, educational, family and community, and safety, and behavioral indicators for their state.

**The National Maternal Child Health Center for Child Death Review**
Every state and the District of Columbia has a child death review (CDR) team/system. These systems are made up of multidisciplinary teams of professionals, including pediatricians, who examine each child death to understand the reason for the child death in order to prevent future deaths. **The National Maternal Child Health Center for Child Death Review** is a resource center for state and local CDR programs, funded by the US Maternal and Child Health Bureau. The organization promotes, supports, and enhances child death review methodology and activities at the local, state, and federal level. The state specific pages contain links to state data which can illustrate the number of child deaths due to firearms in relation to other manners of child death such as disease, poisonings, or motor vehicle crashes.

**Coalition Partner Update**
Two high-profile gun violence prevention organizations—Mayors Against Illegal Guns and Moms Demand Action for Gun Sense in America—have combined forces under a new umbrella organization called Everytown for Gun Safety. The organization, funded through a $50 million grant from former New York City Mayor Michael Bloomberg, will advocate for stronger gun laws at the local, state, and federal level.

Everytown for Gun Safety will focus its efforts on 4 major gun safety issues—background checks, domestic violence, the importance of safe storage, and gun trafficking. The organization plans to focus advocacy efforts in 15 states with lax state gun laws.

The Brady Campaign to Prevent Gun Violence announced the 2014 Brady Campaign National Summit in Washington, DC. The 2014 summit, called “Bringing It Home,” takes place June 9-10 and is an excellent opportunity to network with other gun safety advocates and lobby for stronger gun laws.

**State Legislative Update**
As May begins, many state legislatures across the country are wrapping up their regular sessions. The AAP Division of State Government Affairs has been tracking hundreds of state bills related to gun injury and violence prevention and this year, states legislators have been considering assault weapon bans, safe storage requirements, and universal background checks.
Assault Weapon Bans
So far in 2014, 9 states have considered bills that would ban certain assault weapons or strengthen the state’s existing assault weapon ban. Most state bills to ban assault weapons are modeled after the provisions of the federal assault weapons ban, which expired in 2004, and prohibit the sale of semiautomatic versions of military-style weapons. Many of these bills also prohibit the sale and/or possession of detachable ammunition magazines with a capacity greater than 10 rounds. For more information about assault weapon bans see AAP State AdvocacyFOCUS: Assault Weapon Bans. For related 2014 state legislation, visit StateTrack Profile: Assault Weapons Bans.

Safe Storage Laws
The first Child Access Prevention (CAP) law, which required that all guns be stored locked and away from children was passed in Florida in 1989. Since that time, 17 other states have followed suit. In 2014, 8 states have considered laws that would strengthen existing or institute new safe storage laws. For more information about safe storage laws see AAP State AdvocacyFOCUS: Safe Storage of Firearms and for related 2014 state legislation, visit StateTrack Profile: Safe Storage Laws.

Universal Background Checks
Current federal law requires criminal background checks on prospective gun buyers by licensed firearm dealers. However, only 60% of all gun sales are conducted through licensed firearm dealers, and 33 states have no or very few restrictions on firearm sales through gun shows, flea markets, and the Internet. Currently, only 13 states fully participate in the National Instant Criminal Background Check System. Universal background check laws help close this “gun show loophole” by requiring that all gun sales take place within federally licensed gun dealers. In 2014, 11 states have considered universal background check bills. For more information about universal background checks, see AAP State AdvocacyFOCUS: Universal Background Checks and for related 2014 state legislation, visit StateTrack Profile: Universal Background Checks.

Please contact Katie Crumley in the AAP Division of State Government Affairs at kcrumley@aap.org or 847/434-7399 for more information or consultation.

ADVOCATE FOR FIREARM VIOLENCE PREVENTION IN MINUTES

For the May edition of ADVOCATE FOR FIREARM VIOLENCE PREVENTION IN MINUTES, we wanted to parallel the monthly PAVE theme and focus on mental health. This month, we ask you LISTEN AND SHARE “SOUND ADVICE” ON MENTAL HEALTH with the following instructions:

1) Access the following AAP website: http://www.healthychildren.org/English/healthy-living/emotional-wellness/Pages/Sound-Advice-on-Mental-Health.aspx, which contains a series of short interviews with AAP experts focusing on different aspects of children’s mental health (ex. Mental Health Check-Ups, How to Recognize Anxiety and Depression, Mental Health after Trauma and Loss, etc.).
2) Choose at least 2 interviews that look interesting to you personally and listen to them. These videos will help you improve your knowledge and practice in regards to children’s mental health.

3) Share your newfound knowledge with your colleagues, enact the suggestions by the experts in your practice, and potentially contact the expert if you have any questions or you would like to become more involved with that particular topic (please let us know if you would like to be put in touch with the expert interviewee).

If you would like to go one step further and call your legislator’s offices utilizing the instructions from April’s edition of Advocate in Minutes to speak to them about children’s mental health, we would love to help you do so!

Please write to us (Christian.pulcini@gmail.com) so we can highlight your efforts in the next e-mail blast, or if you have any questions and/or suggestions! Thank you for all that you do for kids!

PAVE PROJECT SPOTLIGHT

The success of any advocacy campaign comes from grassroots support and efforts. The work happening in clinics, communities, residency programs, and medical schools across the country is impressive and appreciated. We want to know what is going on at your school and program! In an effort to share ideas, we will be placing the “spotlight” on a different project each month.

May’s spotlight is from District VII University of Texas Southwestern residents Drs. Shae Anderson, Kymberly Gonzalez, and Ashley Lucke (AAP SOMSRFT Vice Chair and PAVE advocacy tri-chair).

PAVE Booth at UT Southwestern Medical Center’s United to Serve health fair

Eager to promote this year’s AAP Pediatricians Against Violence Everywhere (PAVE) message, pediatric residents from Childrens’ Medical Center Dallas set up a PAVE booth at UT Southwestern Medical School’s United to Serve health fair on Saturday, April 12th. This is the first year residents have had a presence at the fair and we were ecstatic at the opportunity to partner with the medical school and local community organizations to reach Dallas area students and families. Nestled inside the constructed “Home Safety” house in the gym of a local middle school, PAVE resident and medical student volunteers educated parents and children on facts about firearm injuries and firearm safety. We had poster board exhibitions, handouts in Spanish and English, displayed testimonials of child firearm injuries, and thought provoking discussion points for all the child and adult passerbys. One statistic we reiterated was that over the span of a year, an average of 8 children or adolescents are killed every day due to firearm injuries (Society of Pediatric Nurses, 1998). A second fact we shared was that almost 90% of all
accidental firearm injuries in children are due to an easily accessible loaded gun within the home (CDC National Center for Injury Prevention and Control, 2014). We encouraged parents to secure any firearms, ask about the presence of firearms where their children play, and teach their children what to do when confronted with a firearm. The health fair was an engaging and gratifying way to immerse in our community. It is a day we know the community enjoyed and a day that hopefully PAVEs another step on a child’s path toward a bright and healthy future.

Picture: Two Children’s Medical Center Dallas pediatric residents in front of the PAVE booth at UT Southwestern Medical School’s United to Serve health fair April 12, 2014 Dallas, TX.

SOCIAL MEDIA ADVOCACY FOR FIREARM INJURY PREVENTION

Use social media for advocacy by engaging with the AAP SOMSRFT Twitter and Facebook accounts. Throughout the campaign we will be working to remember and honor those affected by gun violence, and raise awareness about the public health issue of firearm injury in social media.

We need your help: follow us, like us, tweet or post what is happening at your programs, and retweet or repost our social media advocacy efforts. #PAVE #KeepKidsSafe #PutKids1st. To raise awareness that approximately seven young people die each day from gun violence, according to the Centers for Disease Control and Prevention, change your profile pic to the PAVE logo on the 7th of each month.
POETRY FOR PREVENTION

We will continue to feature a poetry piece in each of our monthly PAVE advocacy updates, share pieces on SOMSRFT’s social media accounts, and among other platforms showcase submissions our website.

We are accepting submissions for poems written by you, pediatricians in training. The poem must have a firearm injury or gun violence prevention focus, but is otherwise open to your own creativity. Feel free to submit a poem in any format and creativity is encouraged: free verse, haiku, limerick (appropriate for pediatric advocate audiences of course), sonnet, etc. Please send your entries to PAVE Tri-Chair, Lisa Costello at costello.lisa@gmail.com

May Poetry for Prevention:

Tick tock tick tock where’s daddy's gun lock
Star light star bright is daddy's gun locked up tight....
Secure in the safe tonight
Playing around just won’t do
because gun safety is very important for you!

Halley St. Aubin
Undergraduate student at Baylor University, anthropology major with biochemistry minor
Active member of American Medical Student Association (AMSA) with an interest in pediatrics

WHAT WE’RE READING, TWEETING, & WATCHING

- Position Paper by the American College of Physicians: Reducing Firearm-Related Injuries and Deaths in the United States: Executive Summary of a Policy Position Paper From the American College of Physicians Reducing Firearm-Related Injuries and Deaths in the United States
- An op-ed by Danny Franklin in the Washington Post: “Framing the danger of guns as a public health risk will change the debate over gun control”
- USA Today article by Dustin Racioppi: “Epidemic: Guns kill twice as many kids as cancer does”
- A HuffPost Healthy Living blog post by Lloyd I. Sederer, MD: “A Defining Moment for Mental Health in America”
- Washington Post article by Lenny Bernstein: “Gun violence as a public health issue”
- Aimee Grace (@DrAimeeGrace) 4/27/14, 10:21 AM Interesting & promising model: bulletproofkidsutah.org #putkids1st @edwara #PAVE @AmerAcadPeds
- Dr. James Perrin (@AAPPres) 4/27/14, 11:08 AM Residents doing great work in gun violence & soon in child poverty. Here, report from Aimee Grace. #pave #putkids1st pic.twitter.com/nwLDCA6Jes
• David Schonfeld, MD, FAAP, of Philadelphia, Pennsylvania, is the Director of the National Center for School Crisis and Bereavement, the Pediatrician-in-Chief at St. Christopher's Hospital for Children, and a member of the AAP's Disaster Preparedness Advisory Council. In this video, Dr. Schonfeld offers insight on the role pediatricians play in helping to prevent gun violence in children's lives.

• Katherine Austin, MD, FAAP, a pediatrician and adolescent medicine specialist from New York, New York, describes in this video the unique vulnerabilities that make adolescents susceptible to gun violence.

As we continue to PAVE the way to firearm injury prevention, we are reminded of the importance to screen for mental health illness and provide counseling to our patients and their families. Improvements in access to mental health prevention and care are vital components of a comprehensive approach to gun violence and firearm injury prevention. During mental health awareness month and beyond, we will continue to advocate about the importance to support and fund improved access to mental health services for children.

#Forkids

Pediatricians Against Violence Everywhere Advocacy Team

Thanks:
Thank you Drs. Shae Anderson, Kymberly Gonzalez, and Ashley Lucke from UT Southwestern for the Program Spotlight and for the great advocacy and education at your local health fair

Thank you Halley St. Aubin for the awesome poetry for prevention submission

Thank you Katie Crumley from the AAP Division of State Government Affairs for the ongoing updates about firearm injury prevention advocacy happening at the state level

Thank you Christian Pulcini for helping us be advocate in minutes each month