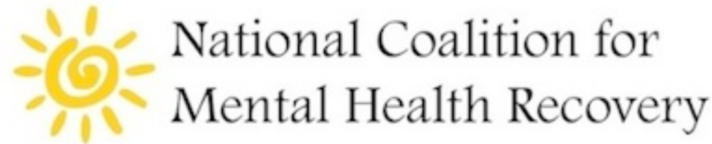

Research on people with mental health diagnoses and violence: citations and abstracts

Introduction: Recent tragic events such as those that happened at Sandy Hook, the Navy Yard, and Fort Hood have led some advocates to support Involuntary Outpatient Commitment (IOC) as a solution to the complex problem of violence in our country.

However, despite the widespread public view that persons with serious mental health diagnoses are more likely to be violent than the general population, this perception has not been borne out by the evidence. The following information summarizes some of this research.

For more information on these citations or on the issue of violence and people with mental health diagnoses, contact media@ncmhr.org.

MacArthur Study

The MacArthur study is considered one of the most definitive published studies of mental health issues and violence. Dr. Heather Stuart (Stuart, 2003) summarized the MacArthur study as follows: "The MacArthur Violence Risk Assessment Study (Applebaum, et al, 2000; Stedman, et al, 2000; Stedman, et al, 1998; Monahan, et al, 2001) has made a concerted effort to address … [methodological] problems, so it stands out as the most sophisticated attempt to date to disentangle these complex interrelationships. Because they collected extensive follow-up data on a large cohort of subjects (N=1,136), the temporal sequencing of important events is clear. Because they used multiple measures of violence, including patient self-report, they have minimized the information bias characterizing past work. The innovative use of same-neighbor comparison subjects eliminates confounding from broad environmental influences such as socio-demographic or economic factors that may have exaggerated differences in past research."

Stuart (2003) then writes, "In this [MacArthur] study, the prevalence of violence among those with a major mental disorder who did not abuse substances was indistinguishable from their non-substance abusing neighborhood controls. Delusions were not associated with violence, even 'threat control override' delusions that cause an individual to think that someone is out to harm them or that someone can control their thoughts."

"**Mental disorders are neither necessary nor sufficient causes of violence**. Major determinants of violence continue to be socio-demographic and economic factors. Substance abuse is a major determinant of violence and this is true whether it occurs in the context of a concurrent mental illness or not." (Stuart, 2003)

Fazel Review

Fazel and colleagues (2009), carried out a meta analysis of 20 studies that examined a possible relationship of violence to mental health conditions. They concluded that, "…psychosis comorbid with substance abuse confers no additional risk [of violence] over and above the risk associated with substance abuse." In other words, all the increased risk for violence for persons

with both psychosis and substance abuse can be attributed to their substance abuse. This finding was consistent with their own finding that schizophrenia, in the absence of substance abuse, did not increase the risk of violence when compared to the general population. (Fazel, et al, 2009)

The Consortium for Risk-based Firearm Policy

The Consortium for Risk-based Firearm Policy (2013) reviewed the literature and concluded "Research evidence suggests that …mental illness alone rarely causes violence." This conclusion was based on three studies: Swanson, J. et al, 2013; Elbogen, E. & Johnson, S., 2009; Van Dorn, R., Volavka, J. & Johnson, N., 2012.

Gilead and Frank

Gilead and Frank (2014) concluded, "Many proposed policy approaches, from expanded screening to more institutionalization, are unlikely to be effective. Most people with mental health problems do not commit violent acts, and most violent acts are not committed by people with diagnosed mental disorders."

Implications for Clinicians

Szmukler and Rose (2013), in addressing the responsibility of professionals to report clients who might commit an act of violence, have pointed out that, "Unrealistic expectations for risk assessment and management in general psychiatric practice carry a variety of significant costs, taking a number of forms, to those with a mental illness, to mental health professionals and to services. [including] breach the ethical principle of justice (or fairness) and heighten discrimination against people with mental illness."

Therefore, **every significant research study carried out starting with the MacArthur study in the late 1990's** has concluded that:

1. Persons with mental illness are no more likely than the matched controls in the community to commit violence, and
2. Persons with a substance abuse disorder carry a substantial risk of increased violence

Implications for Reporting to National Data Base

"Strategies that aim to reduce gun violence by focusing… on restricting access to guns by those diagnosed with a mental illness are unlikely to reduce the overall rate of gun violence in the US. The National Instant Background Check System, NICS, should be focused on dangerousness and a history of violence rather than a mental health diagnosis per se." (Consortium for Risk-based Firearm Policy, 2013) After all, those of us diagnosed with a mental health disorder account for only 4% of the gun related homicides. (Swanson, et al, 2013)

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Van Dorn, R, Volavka, J. & Johnson, N. (2012). Mental disorder and violence: is there a relationship beyond substance abuse? *Social Psychiatry and Psychiatric Epidemiology, 47*:487-503.

Appendix: Summaries of important research

Fazel, S., Gulati, G., Linsell, L., Geddes, J., & Grann, M. (2009). Schizophrenia and violence: Systematic review and meta-analysis. *PLoS Medicine, 6*(8).

Abstract/Background: Although expert opinion has asserted that there is an increased risk of violence in individuals with schizophrenia and other psychoses, there is substantial heterogeneity between studies reporting risk of violence, and uncertainty over the causes of this heterogeneity. We undertook a systematic review of studies that report on associations between violence and schizophrenia and other psychoses. In addition, we conducted a systematic review of investigations that reported on risk of homicide in individuals with schizophrenia and other psychoses.

Methods and Findings: Bibliographic databases and reference lists were searched from 1970 to February 2009 for studies that reported on risks of interpersonal violence and/or violent criminality in individuals with schizophrenia and other psychoses compared with general population samples. These data were meta-analysed and odds ratios (ORs) were pooled using random-effects models. Ten demographic and clinical variables were extracted from each study to test for any observed heterogeneity in the risk estimates. We identified 20 individual studies reporting data from 18,423 individuals with schizophrenia and other psychoses. In men, ORs for the comparison of violence in those with schizophrenia and other psychoses with those without mental disorders varied from 1 to 7 with substantial heterogeneity (I2 = 86%). In women, ORs ranged from 4 to 29 with substantial heterogeneity (I2 = 85%). The effect of comorbid substance abuse was marked with the random-effects ORs of 2.1 (95% confidence interval [CI] 1.7–2.7) without comorbidity, and an OR of 8.9 (95% CI 5.4–14.7) with comorbidity ($p<0.001$ on metaregression). Risk estimates of violence in individuals with substance abuse (but without psychosis) were similar to those in individuals with psychosis with substance abuse comorbidity, and higher than all studies with psychosis irrespective of comorbidity. Choice of outcome measure, whether the sample was diagnosed with schizophrenia or with nonschizophrenic psychoses, study location, or study period were not significantly associated with risk estimates on subgroup or metaregression analysis. Further research is necessary to establish whether longitudinal designs were associated with lower risk estimates. The risk for homicide was increased in individuals with psychosis (with and without comorbid substance abuse) compared with general population controls (random-effects OR = 19.5, 95% CI 14.7–25.8).

Conclusions: Schizophrenia and other psychoses are associated with violence and violent offending, particularly homicide. However, most of the excess risk appears to be mediated by substance abuse comorbidity. **The risk in these patients with comorbidity is similar to that for substance abuse without psychosis.** Public health strategies for violence reduction could consider focusing on the primary and secondary prevention of substance abuse.

Glied, S., & Richard G. Frank, R. F. (2014). Mental illness and violence: Lessons from the evidence. *Am J Public Health, 104*:e5–e6. doi:10.2105/AJPH.2013.301710

Abstract: The debate about addressing mental illness and violence often ignores key facts. Many people experience mental illnesses, so having had a diagnosed illness is not a very specific predictor of violent behavior. This means that **many proposed policy approaches, from expanded screening to more institutionalization, are unlikely to be effective**. Expanded access to effective treatments, although desirable, will have only modest impacts on violence rates. **Most people with mental health problems do not commit violent acts, and most violent acts are not committed by people with diagnosed mental disorders**.

Stuart, H. (2003). Violence and mental illness: an overview. *World Psychiatry, 2*(2): 121-124.

Abstract: This paper evaluates the relationship of mental illness and violence by asking three questions: Are the mentally ill violent? Are the mentally ill at increased risk of violence? Are the public at risk? Mental disorders are neither necessary nor sufficient causes of violence. **Major determinants of violence continue to be socio-demographic and economic factors. Substance abuse is a major determinant of violence and this is true whether it occurs in the context of a concurrent mental illness or not**. Therefore, early identification and treatment of substance abuse problems, and greater attention to the diagnosis and management of concurrent substance abuse disorders among seriously mentally ill, may be potential violence prevention strategies. **Members of the public exaggerate both the strength of the association between mental illness and violence and their own personal risk**. Finally, too little is known about the social contextual determinants of violence, but **research supports the view the mentally ill are more often victims than perpetrators of violence**.

Szmukler, G., & Rose, N. (2013). Risk assessment in mental health care: Values and costs. *Behav. Sci. Law 31*: 125–140. DOI: 10.1002/bsl.2046

Abstract: Risk assessment has assumed increasing salience in mental health care in a number of countries. The frequency of serious violent incidents perpetrated by people with a mental illness is an insufficient explanation. Understandings of mental illness and of the role of those charged with their care (or control) play a key role. "Moral outrage," associated with an implied culpability when certain types of tragedy occur, is very significant. This leads to tensions concerning the role of post-incident inquiries, and contributes to a flawed conception of what such inquiries can offer. At the same time, understanding of probability and prediction is generally very poor, among both professionals and the public. **Unrealistic expectations for risk assessment and management in general psychiatric practice carry a variety of significant costs, taking a number of forms, to those with a mental illness, to mental health professionals and to services**. Especially important are changes in professional practice and accountabilities that are significantly divorced from traditional practice, implications for trust in patient-clinician relationships and the organisations in which mental health professionals work, and **practices that often breach the ethical principle of justice (or fairness) and heighten discrimination against people with mental illness**.