Mental Illness and Violence – What does the evidence tell us?
Ingrid Waldron, President, NAMI PA Main Line, NAMIpaMainLine.org, March, 2014

1. Introduction

2. People with mental illness are more likely to commit violence against others. However, most people with mental illness are not violent and only a small proportion of total violence is carried out by people with mental illness.¹

<table>
<thead>
<tr>
<th>Schizophrenia and other psychoses</th>
<th>Major Mental Illness</th>
<th>Substance abuse (w/out MMI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in risk of committing violence</td>
<td>~3-4 fold</td>
<td>~2-6 fold</td>
</tr>
<tr>
<td>% who were violent at least once in a year</td>
<td>~10%</td>
<td>~5-15%</td>
</tr>
<tr>
<td>% of total violence committed by people with these diagnoses</td>
<td>~3-10%</td>
<td>~5-15%</td>
</tr>
</tbody>
</table>

~10-20% of homicides are committed by people with major mental illness. For mass homicides in public locations, it appears that at least half are committed by people with major mental illness; these get much media attention, but they account for only ~0.1% of all homicide deaths.²

3. People with mental illness are more likely than others to be the victims of violence.³

<table>
<thead>
<tr>
<th>Increase in risk of being the victim of violence</th>
<th>Major Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>% who were victim of violence in past year</td>
<td>~5-12 fold</td>
</tr>
</tbody>
</table>

4. People with mental illness are more likely than others to commit suicide. The majority of people who die by suicide have a major mental illness.⁴

<table>
<thead>
<tr>
<th>Increase in risk of suicide</th>
<th>Major Mental Illness</th>
<th>Substance Abuse (w/out MMI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of suicides committed by people with these diagnoses</td>
<td>~5-15 fold</td>
<td>~5-10 fold</td>
</tr>
</tbody>
</table>

5. Mental illness and violence – What can we do?
Evidence-based approaches to suicide prevention⁵:
- educating primary care physicians to recognize and treat depression and suicidality
- restriction of access to guns and other highly lethal means of committing suicide

Evidence-based gun control would restrict access to guns for people who have established risk factors for violence, including anyone convicted of a violent crime or subject to a domestic violence restraining order, people with recent convictions relating to drug or alcohol abuse, and people recently released from involuntary hospitalization for mental illness and deemed dangerous to self or others.⁶

Court-ordered outpatient treatment with services can reduce violence against others.⁷
Increased access to treatment for mental illness and substance abuse, housing and other needed services would be expected to reduce violence against self and others, as well as victimization. Reduced stigma would probably increase treatment-seeking and thus reduce the risk of violence.

If you have a family member or friend with mental illness who threatens violence, helpful advice to avoid violence is available at http://www.treatmentadvocacycenter.org/get-help/respond-in-a-crisis. Advice for getting a person with mental illness the help that can prevent a mental health crisis from escalating to threats of violence is available at http://www.treatmentadvocacycenter.org/get-help/be-prepared-for-an-emergency and http://namipamainline.org/info-resources/info-on-mental-illness-coping/.


---

1 Evidence related to schizophrenia and other psychoses based on data in:

Evidence related to major mental illness based on data in:
- [Fazel and Grann
- [Stuart and Arboleda-Florez (2001) "A Public Health Perspective on Violent Offenses among Persons with Mental Illness", Psychiatric Services 52:654-659. (Caution: The data from this paper are useful, but the abstract and the analysis in table 4 are misleading.)

Evidence related to substance abuse (without major mental illness) based on data in:
- Stuart and Arboleda-Florez (2001) "A Public Health Perspective on Violent Offenses among Persons with Mental Illness", Psychiatric Services 52:654-659. (Caution: The data from this paper are useful, but the abstract and the analysis in table 4 are misleading.)

---

ii Data on homicide derived from:
- Large et al. (2009) "The relationship between the rate of homicide by those with schizophrenia and the overall homicide rate: A systematic review and meta-analysis", Schizophrenia Research 112:123-129
• Muscari (2009) "How Can I Detect the Warning Signs of Extreme Violence in My Patients?" Medscape

iii Evidence derived from:
• Choe et al. (2008) "Perpetration of Violence, Violent Victimization, and Severe Mental Illness: Balancing

iv Evidence related to suicide based on data derived from:
• Arsenault-Lapierre et al. (2004) "Psychiatric diagnosis in 3275 suicides: a meta-analysis" BMC Psychiatry
  (http://www.biomedcentral.com/1471-244X/4/37/)
• Wilcox et al. (2004) "Association of alcohol and drug use disorders and completed suicide: an empirical review
  of cohort studies", Drug and Alcohol Dependence 76: S11-S19

v Mann et al. (2005) "Suicide Prevention Strategies: A Systematic Review", JAMA 294:2064-2074

  Approach for State Policy" (http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-
  policy-and-research/publications/GPHMI-State.pdf)

vii Swanson et al. (2000) "Involuntary out-patient commitment and reduction of violent behavior in persons with
  severe mental illness", British Journal of Psychiatry 176: 324-331

viii Supported by evidence in:
• Treatment Advocacy Center Backgrounder (2011) "Violent behavior: One of the consequences of failing to
  treat individuals with severe mental illnesses" (http://www.treatmentadvocacycenter.org/resources/consequences-of-lack-of-treatment/violence/1381)
• Frogley et al. (2012) "A systematic review of the evidence of clozapine's anti-aggressive effects", International
  Journal of Neuropsychopharmacology 15:1351-1371
• Lamberti et al. (2004) "Forensic Assertive Community Treatment: Preventing Incarceration of Adults with