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Violence and Mental Disorder

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Is there a relationship between mental disorder and violent behavior?

⦿ Historical References

- "two forms of behavior were considered particularly characteristic of the mentally disordered, their habit of wandering about and their proneness to violence"

-5th Century Greek/Roman reference

Historical References cont...

- ⦿ The larger one was made up of disordered people "of the easy-going gentle style"
- ⦿ The smaller one, consisted of those "whose madness was. . . of the fierce and savage kind, which is dangerous both to the madmen themselves and those who approach them"

-Roman philosopher

Historical References cont...

- Little in terms of public attitudes changed as the Renaissance gave way to the modern era.
 - “Ye people of England exult and be glad for ye're now at the mercy of the merciless mad!”

Contemporary Views

- ⦿ "A person who is diagnosed as schizophrenic is more likely to commit a violent crime than a normal person." Almost two thirds of the sample (61%) said that they definitely or probably agreed.

-Field Institute

- ⦿ 75% of national survey viewed people with mental illness as dangerous.

-Am Journal Public Health

Media Portrayals

- 17% of all prime-time American television programs that could charitably be classified as dramas depicted a character as mentally ill.
- Of these mentally ill characters, 73% were portrayed as violent, compared with 40% of the "normal" characters.
- 23% of the mentally ill characters were shown to be homicidal, compared with 10% of the normal characters.

-National Institute of Mental Health

Media Portrayals cont...

- 86% of all print stories dealing with former mental patients, a violent crime - "usually murder or mass murder" - was the focus of the article.

-United Press International

MacArthur Violence Risk Assessment Study (1994)

- Civil Admissions from inpatient psychiatric hospitals: Western Psychiatric/ Pittsburgh, PA; Western Missouri Mental Health Center/ Kansas City, MO; Worcester State hospital and University of Massachusetts Medical Center / Worcester, MA
- Ages 18-40
- English Speaking / White or African-American (Hispanic at Worcester)
- Chart Dx of Schizophrenia, schizophreniform, schizoaffective, depression, dysthymia, mania, brief reactive psychoses, delusional disorder, alcohol or drug abuse or dependence, or personality disorder. Research and clinician interviews in hospital; two research interviews of patient and collateral informant with next 20 weeks. Review of hospital, arrest and rehospitalization records

MacArthur Study-18.7 % of patients were involved in violent altercations:

Significant Findings

- **Men only slightly more violent than women**; drinking , SA and medication non-compliance > in men / women directed violence against family and at home
- All measures (self report, hospital and arrest records)- **previous violence and criminality** strongly related to future violence
- **Seriousness/frequency of physical abuse**, but not sexual abuse as child was associated with post-DC violence
- **Parents history of substance abuse or criminal behavior**: strong relationship (especially father)
- **All races** in same disadvantaged neighborhood **had same risk**: crime rate of neighborhoods pts. are discharged into may be important factor
- **Personality disorder/ adjustment disorder** had greater risk than all other Dx; schizophrenia<depression or bipolar but > than non-disordered population

MacArthur Study Findings continued....

- **Co-occurring Dx of Substance Abuse or Dependence** strongly predictive. 31% of people who had both a substance abuse disorder and a psychiatric disorder committed at least one act of violence in a year
- **Psychopathy** (the antisocial component) as measured by PCL predicted violence
- Delusions were not predictive (even threat-control-over-ride) but **suspiciousness** was
- Hallucinations/ command hallucinations were not predictive unless **voices specifically commanding violent acts**
- **Persistent violent thoughts** during hospitalization and afterwards were predictive
- **Anger**: high scores on Novaco Anger Scale at hospitalization were twice as likely to engage in violent acts post DC

Summary

- "People discharged from psychiatric hospitals" is not a homogeneous category regarding violence. People with a major mental disorder diagnosis and without a substance abuse diagnosis are involved in significantly less community violence than people with a co-occurring substance abuse diagnosis."
- The prevalence of violence among people who have been discharged from a hospital and who do not have symptoms of substance abuse is about the same as the prevalence of violence among other people living in their communities who do not have symptoms of substance abuse.

Summary cont...

- The prevalence of violence is higher among people -- discharged psychiatric patients or non-patients -- who have symptoms of substance abuse. People who have been discharged from a psychiatric hospital are more likely than other people living in their communities to have symptoms of substance abuse.
- The prevalence of violence among people who have been discharged from a psychiatric hospital and who have symptoms of substance abuse is significantly higher than the prevalence of violence among other people living in their communities who have symptoms of substance abuse, for the first several months after discharge.

Summary cont...

- Violence committed by people discharged from a hospital is very similar to violence committed by other people living in their communities in terms of type (i.e., hitting), target (i.e., family members), and location (i.e., at home).

20 years later...

National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

- A nationally representative, longitudinal dataset from this two wave, face-to-face survey conducted by the National Institute on Alcohol Abuse and Alcoholism. N= 34,653 subjects
Wave 1 (2001-2003) Wave 2 (2004-2005).

Questions Addressed:

- 1) Does severe mental illness (SMI) predict future violent behavior?
- 2) What risk factors prospectively predict violent behavior?

Basic Conclusions

- ⦿ People with co-occurring severe mental illness and substance abuse and/or dependence had higher incidence of violent acts between waves 1 & 2 even compared with subjects with substance abuse alone.
- ⦿ 46% of SMI had a lifetime history of co-morbid substance abuse and/or dependence.
- ⦿ SMI more vulnerable to past histories that elevated risk
 - ⦿ Physical abuse, parental criminal acts
- ⦿ Prone to experience environmental stressors
 - ⦿ Unemployment, victimization

Multivariate Predictors of Violent Behavior Perpetrated Between Waves 1 and 2

- **Dispositional Factors:** age, education, sex, race, income
- **Historical Factors:** parental criminal history, witnessing parental fighting, history of any violence, history of juvenile detention
- **Clinical Factors:** Schizophrenia, Bipolar Disorder, Major Depression, Substance abuse/Dependence, Schizophrenia+SA/D, Bipolar Disorder+SA/D, Depression+SA/D, Perceives hidden threats in others
- **Contextual Factors:** Victimized in past year, family or friend died in past year, fired from job in past year, divorced or separated in past year, Unemployed for past year

Top Ten Predictors of Any Violent Behavior Between Waves 1 and 2

- ◉ Age (younger)
- ◉ History of any violent act
- ◉ Male
- ◉ Divorce or separation in the past year
- ◉ History of physical abuse
- ◉ Parental criminal history
- ◉ Unemployment for the past year
- ◉ Co-occurring severe mental illness and substance abuse
- ◉ Victimization in the past year

Takeaway Message

- SMI did not predict severe/serious violence, even when combined with substance use disorders.
- SMI was significantly associated with physical abuse by parents, parental arrests, substance disorders, recent victimization, and unemployment.
- 46% of those with SMI had co-morbid substance abuse/dependence. Violence risk was higher in this group than substance use without SMI.
- People with SMI were more vulnerable to past histories that elevate violence risk and more prone to experience environmental stressors that also elevate violence risk.

Takeaway Message

- Severe mental illness did NOT rank among the strongest predictors of violent behavior.
- Severe mental illness alone was NOT statistically related to future violence, in bivariate or multivariate analyses.
- People with any type of severe mental illness were NOT at increased risk of committing serious/severe violent acts.
- Researchers have long understood that most people with mental illness are not violent, that most violent acts are committed by people who are not mentally ill, and that substance abuse - more common in people with mental illness - is responsible for much of the increased risk attributable to mental disorder

Review of History of Study of Relationship between Violence and Mental Illness

- Most individuals with serious mental illnesses are not dangerous.
- Most acts of violence are committed by individuals who are not mentally ill.
- Being a young male or being a substance abuser (alcohol or drugs) is a greater risk factor for violent behavior than being mentally ill.
- Individuals with serious mental illnesses are victimized by violent acts more often than they commit violent acts (see Backgrounder: “Victimization: One of the consequences of failing to treat individuals with serious mental illnesses”).
- If people with serious mental illnesses are being appropriately treated, there is no evidence that they are any more dangerous than individuals in the general population.

Review of History of Study of Relationship between Violence and Mental Illness cont..

- All of the above statements are true, but it is also true that a small number of individuals with serious mental illnesses commit acts of violence, including 5 to 10 percent of all homicides. Almost all these acts of violence are committed by individuals who are not being treated, and many such individuals are also abusing alcohol or drugs. Most researchers have concurred that a modest but statistically significant relationship exists between violence and severe mental illness