What We Know About Violence and Mental Illness

A Preliminary Summary of Current Research – May 2018

Are people with mental illnesses more violent than other people?

There are various levels of violence, including mass murder, homicide, suicide, and severe injury to self or others.

Mass Murder. The Meadows Mental Health Policy Institute (MMHPI) closely examined the research on mass murder in 2016 and found that mental illness does not predict mass murder (including school shootings), because mass shootings and other forms of mass murder are so rare and multi-determined that no factor or combination of factors (including mental illness)[1] can predict them.

Homicide. When we shift focus to the much more common occurrence of homicide overall, there is a relationship. Research does show that a particular type of mental illness – psychosis, which includes particularly troubling symptoms such as hallucinations (hearing or seeing things that are not there) and delusions (false and sometimes bizarre beliefs) – does increase the risk of commiting homicide, when untreated. We also know that treatment works: People with psychosis are 15 times less likely to commit homicide when they receive effective care,[2] and treatment efficacy increases the earlier that intervention begins after symptoms emerge.[3]

Violence More Generally. What about other forms of violence? Are people with mental illnesses more likely to engage in violence more generally? Again, the answer is yes, but a qualified yes. On average, people with mental illnesses are slightly more violent than people who do not have mental illnesses. While estimates of violence in the general population range from just under 1% to 2%,[4] a large epidemiological sample found that people with serious mental illnesses (and no substance abuse) had a rate of violence over a 12-month period of just under 3%, and people with mild/moderate mental health conditions (and no substance abuse) had a 12-month rate of just under 2%[5] (comparable to findings for the general population). Rates were found to be even higher for specific subgroups of people with severe mental illness:

- In that same large epidemiological sample, researchers found that 7% of people who had both severe mental illness and a previous history of violence were found to be violent over a subsequent two to three year period, and when they had severe mental illness, substance abuse, and a history of violence, they had a nearly 13% chance of engaging in a violent act.[6]
- Another review found that people with schizophrenia (a very severe mental illness that involves psychosis) had a risk of violence ranging from 3% to 10%, depending on the study.[7]

When it comes to hurting others, versus hurting oneself, one group of people with mental illness – those with mood disorders such as major depression – are, as an entire group,[8] no more likely than the general population to hurt others, though they are more likely to harm themselves.[9] What is more, people with anxiety disorders are statistically no more likely to harm themselves than the general population and also no more likely to harm others, and a subset with certain specific anxiety disorders are less likely than average to harm others.[10]

In summary, some groups of people with severe mental illness have been found to have higher rates of violence, but – absent other factors such as substance use or the very most severe disorders like psychosis and schizophrenia – across all people with severe mental illnesses, about 95 to 97% of people are not violent (only slightly fewer than the 98 to 99% of people without mental illness who are not violent).[11] So what causes that slight increase in risk?

Does severe mental illness cause violent behavior, or is it other factors?

The research is equally clear that severe mental illness alone is not a good predictor of violence. The same large-scale, multi-year epidemiological study mentioned above found that people who only had a severe mental illness and did not have a co-occurring substance abuse condition or a history of violence had less than a 2% probability of engaging in any type of violence over a two to three year period, about the same as the general population. The same researchers also found the same thing for specific mental illness diagnoses, including schizophrenia, bipolar disorder, and major depression: that the diagnosis itself was not predictive of violence, either severe or more milder forms of violence.

Violence is best predicted by factors other than mental illness, but it turns out that these factors occur at higher rates among people with mental illnesses, along with other negative social determinants, such as poverty and homelessness. These include:

- **Anger and a history of social deviance.** One key study found that even when people with histories of psychosis engaged in a violent act, psychosis, itself, rarely preceded it. Other factors, such as anger and social deviance, were more predictive.[12] Most experts believe that mental illnesses generally are not by themselves good predictors of violence.[13]
- **Substance abuse and addiction.** As with other groups, people with mental illnesses who use substances are more likely to be violent than people who do not use substances.[14]
- **Multiple risk factors.** People with mental illnesses are at greater risk of violence when they exhibit multiple additional factors (co-occurring substance use disorders, history of anti-social behavior, history of aggressive behavior),[15] as well as when they experience social factors that are associated with violence and aggression in the general population (parental history of criminal activity, history of physical and or sexual abuse, history of juvenile detention, recent victimization, divorce or separation in the past year, housing instability).[16]

[1] Meadows Mental Health Policy Institute (2016, September). *Mental illness and mass murder: What the research does and does not tell us*. Dallas, TX: Author. Retrieved at: http://texasstateofmind.org/wp-content/uploads/2016/02/Mental_Illness_and_Mass_Murder_Sept2016_FINAL.pdf

[2] Nielssen, O., & Large, M. (2010). Rates of homicide during the first episode of psychosis and after treatment: A systematic review and meta-analysis. *Schizophrenia Bulletin, 36*(4), 702–712.

[3] Kane, J. M., et al. (2015). Comprehensive versus usual community care for first episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *American Journal of Psychiatry, AJP in Advance*, 1–11. Retrieved at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4981493/

[4] Varshney et al. (2016). Violence and mental illness: What is the true story? *Journal of Epidemiology and Community Health, 70*(3), 223–225.

Van Dorn, R. et al. (2012). Mental disorder and violence: Is there a relationship beyond substance use? *Social Psychiatry and Psychiatric Epidemiology, 47*, 487–503.

Elbogen, E. B., & Johnson, S. C. (2009). The intricate link between violence and mental disorders: Results from the National Epidemiological Survey on Alcohol and Related Conditions. *Archives of General Psychiatry, 66*(2), 152–161.

[5] Elbogen, E. B., & Johnson, S. C. (2009). Cited above. Van Dorn, R. et al. (2012). Cited above. Estimates can vary based on the samples used and on the time period unders study. For example, Elbogen & Johnson used a 2-3 year period and Van Dorn et al a 12-month period in their analyses.

[6] Elbogen, E. B., & Johnson, S. C., (2009). Cited above.

[7] Fazel, S. et al. (2009). Schizophenia and violence: Systematic review and meta-analysis. *Plos Medicine, 6*(8), 1–15.

[8] The entire group in this instance includes the full range of mild, moderate, and severe disorders.

[9] Harford, T. C., Chen, C. M., Kerridge, B. T., & Grant, B. F. (2018). Self- and other-directed forms of violence and their relationship with lifetime DSM-5 psychiatric disorders: Results from the National Epidemiologic Survey on Alcohol Related Conditions−III (NESARC−III). *Psychiatry Research*, *262*, 384–392. Retrieved at: https://doi.org/10.1016/j.psychres.2017.09.012

[10] Harford, T. C., Chen, C. M., Kerridge, B. T., & Grant, B. F. (2018). Cited above. Note that for both mood disorders and anxiety disorders (citations 9 and 10), the disorder cateogries included the full range of mild, moderate, and severe disorders.

[11] The percentages for people with SMI depend on whether or not co-occurring substance use disorder is included or not.

[12] Skeem, J., et al. (2015). Psychosis uncommonly and inconsistently precedes violence among high-risk individuals. *Psychological Science*, 1-10. DOI: 10.1177/2167702615575879.

[13] Large et al. (2011). The predictive value of risk categorization in schizophrenia. *Harvard Review of Psychiatry*, Jan/Feb, 25-33.

[14] Elbogen, E. B., & Johnson, S. C. (2009). Cited above.

[15] Elbogen, E. B., & Johnson, S. C. (2009). Cited above.

Harford, T. C., Chen, C. M., Kerridge, B. T., & Grant, B. F. (2018). Cited above.

Harford, T. C., Yi, H., Chen, C. M., & Grant, B. F. (2018). Substance use disorders and self- and other-directed violence among adults: Results from the National Survey on Drug Use And Health. *Journal of Affective Disorders*, *225*, 365–373. https://doi.org/10.1016/j.jad.2017.08.021

[16] Elbogen, E. B., & Johnson, S. C. (2009). Cited above.