

# **Mental Illness, Violence, and Mandated Community Treatment**

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Governor Malloy's Sandy Hook Advisory Commission  
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# Part 1: Mental Illness and Violence

# NIMH Epidemiological Catchment Area (ECA) Study

Swanson et al (1990)

- 10,000 adult household residents of Baltimore, Raleigh-Durham, and Los Angeles
- Controlled for age, gender, SES, and race
- Psychiatric disorder measured with the Diagnostic Interview Schedule, administered by trained interviewers.

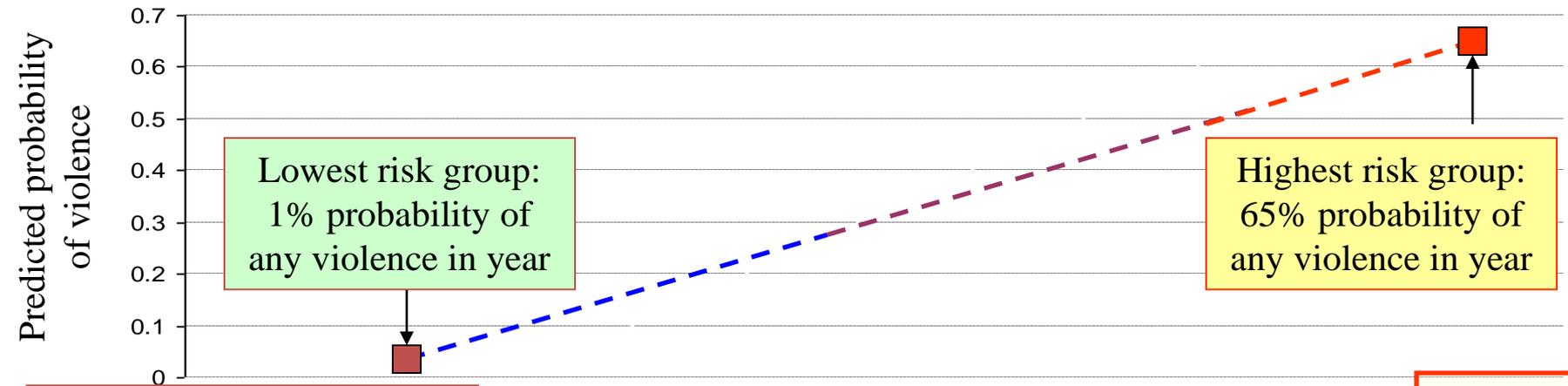
# Violence Questions in the ECA

1. Did you ever hit or throw things at your partner?
2. Have you ever spanked or hit a child hard enough so that he/she had bruises or had to stay in bed or see a doctor?
3. Since age 18, have you been in more than one fight that came to swapping blows?
4. Have you ever used a weapon like a stick, knife, or gun in a fight since you were 18?
5. Have you ever gotten into physical fights while drinking?

# Results: Violence in Past Year

<u>Diagnosis</u>	<u>% Violent</u>
No Disorder	2
Schizophrenia	13
Major Depression	12
Mania or Bi-Polar	11
Alcohol Abuse	26
Drug Abuse	35

# Probability of any violent behavior in 1 year by cumulative risk factor profiles: NIMH Epidemiologic Catchment Area Study (Swanson et al, 1990)



Younger age	No	Yes						
Male	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Lower SES	No	No	No	Yes	Yes	Yes	Yes	Yes
Substance abuse	No	No	No	No	Yes	Yes	Yes	Yes
Major mental disorder	No	No	No	No	No	Yes	Yes	Yes
History of arrest	No	No	No	No	No	No	Yes	Yes
History of psychiatric hospitalization	No	No	No	No	No	No	No	Yes

Source: Adapted from Swanson J. (1994). Mental disorder, substance abuse, and community violence: An epidemiological approach. In: Monahan J, Steadman H, eds. *Violence and Mental Disorder: Developments in Risk Assessment*. Chicago: University of Chicago Press

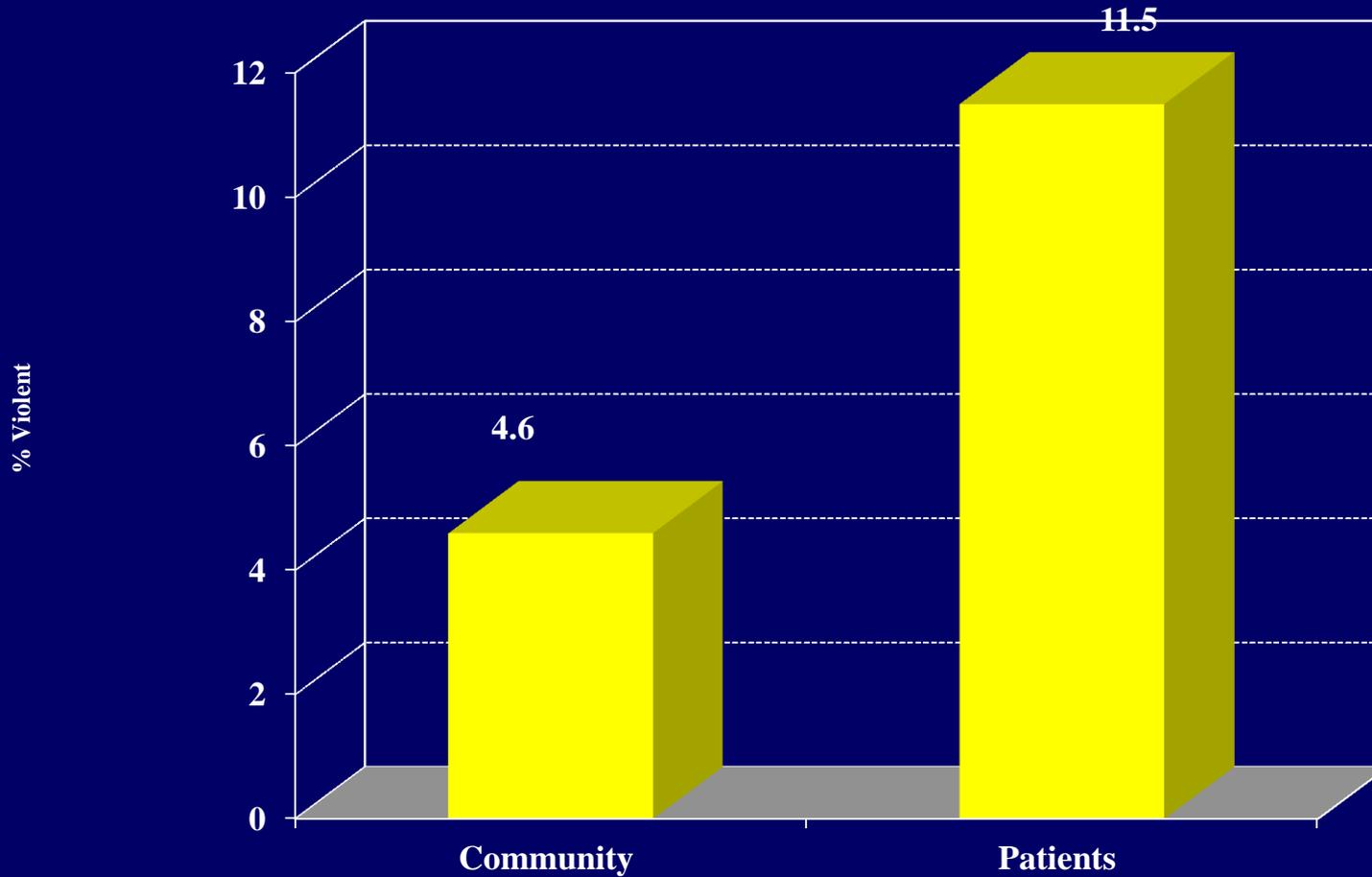
# **The MacArthur Violence Risk Assessment Study**

Monahan, Steadman, Silver, Appelbaum,  
Robbins, Mulvey, Roth, Grisso & Banks (2001)

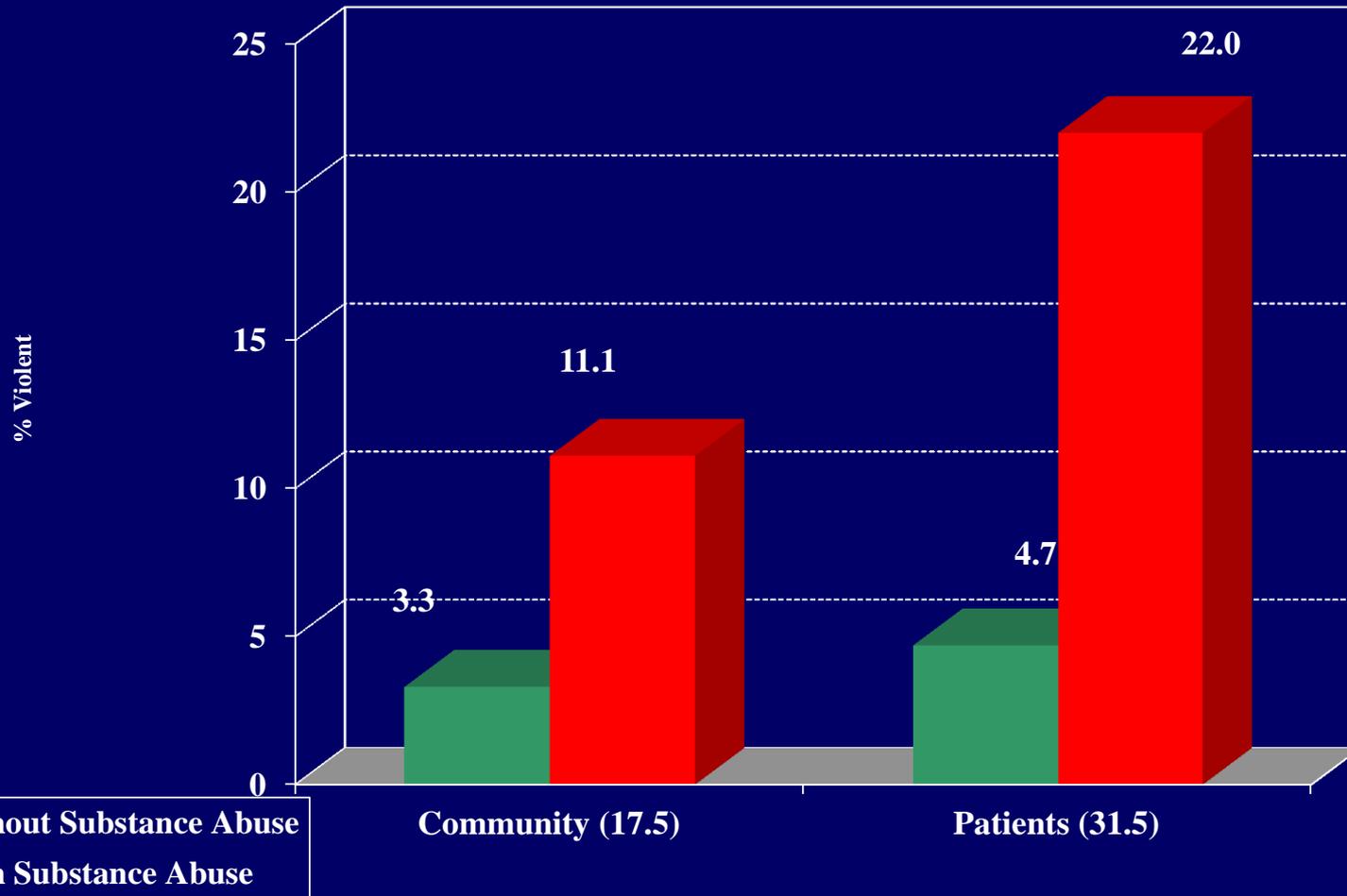
# MacArthur Violence Risk Assessment Study

- 1,100 patients discharged from short-term psychiatric facilities in 3 states (MA, PA, and MO)
- Measured 134 possible risk factors for violence to others
- 5 month community follow-up; self-report, collateral report, arrest and hospital records
- *Violence*: weapon use, threat with a weapon in hand, battery resulting in injury, or sexual assault
- Comparison group: 500 people, matched for neighborhood, age, and race, randomly sampled from the community.

# Violence in First 10 Weeks After Discharge - Pittsburgh



# Violence in First 10 Weeks After Discharge, by Substance Abuse Symptoms - Pittsburgh



# Targets of Violence

Targets	% of Violent Acts	
	Discharged Patients	Community Comparison
Family members	55	48
Friends/ Acquaintances	35	30
Strangers	11	22

# Common Risk Factors for Violence in the MacArthur Study

- What the person “is”
- What the person “has”
- What the person “has done”
- What has been “done to” the person

# Common Risk Factors for Violence in the MacArthur Study

## WHAT THE PERSON “IS”

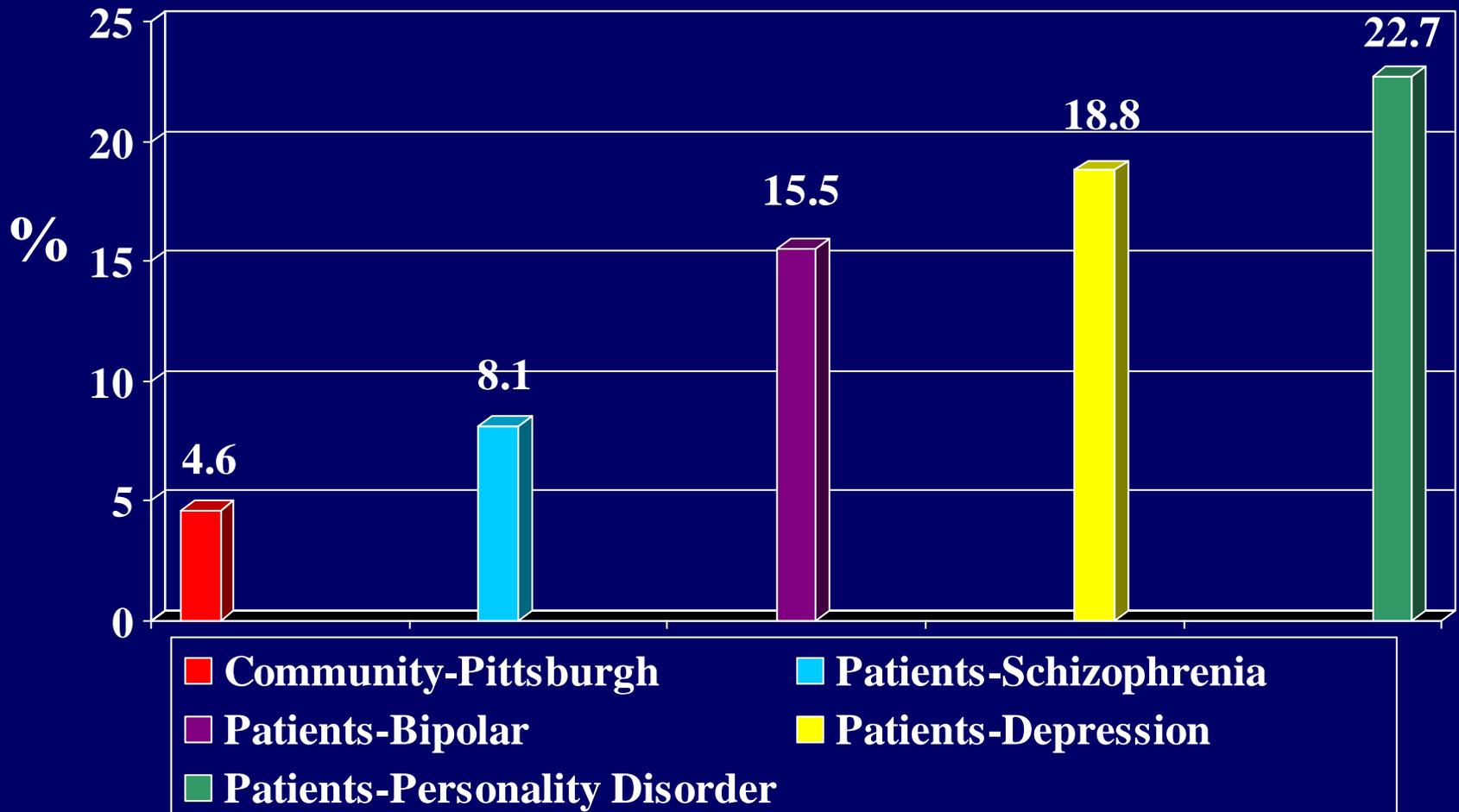
- Age: 1-yr increase in age, violence ↓ 20%
- Anger control: 1 SD increase in anger, violence ↑ 52%
- Gender: M 51% ↑ violent than W

# Common Risk Factors for Violence in the MacArthur Study

## WHAT THE PERSON “HAS”

- Major mental disorder, or a
- Personality disorder

# Violence in First 10 Weeks by Patient Groups and Community Group

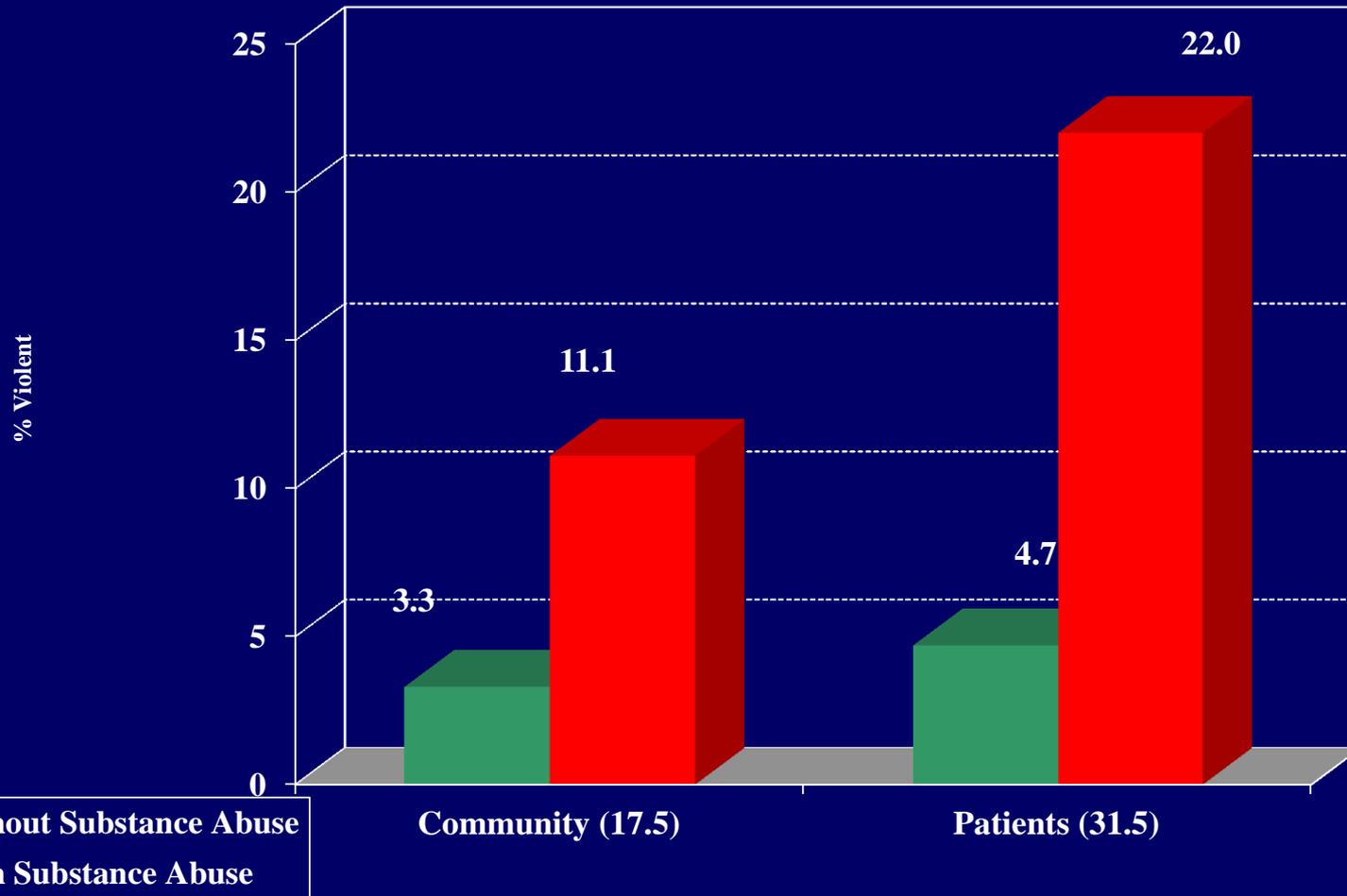


# Common Risk Factors for Violence in the MacArthur Study

## WHAT THE PERSON “HAS”

- Major mental disorder
- Personality disorder
- Substance abuse disorder

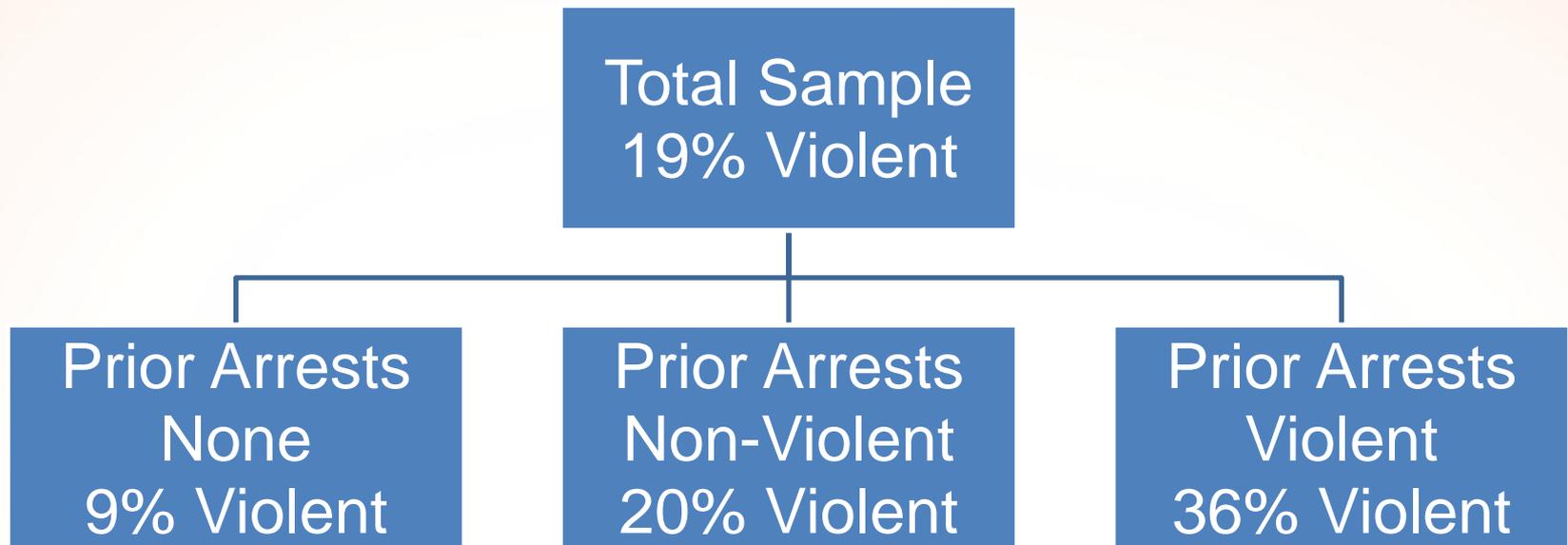
# Violence in First 10 Weeks After Discharge, by Substance Abuse Symptoms - Pittsburgh



# Common Risk Factors for Violence in the MacArthur Study

## WHAT THE PERSON “HAS DONE”

- Prior crime and violence

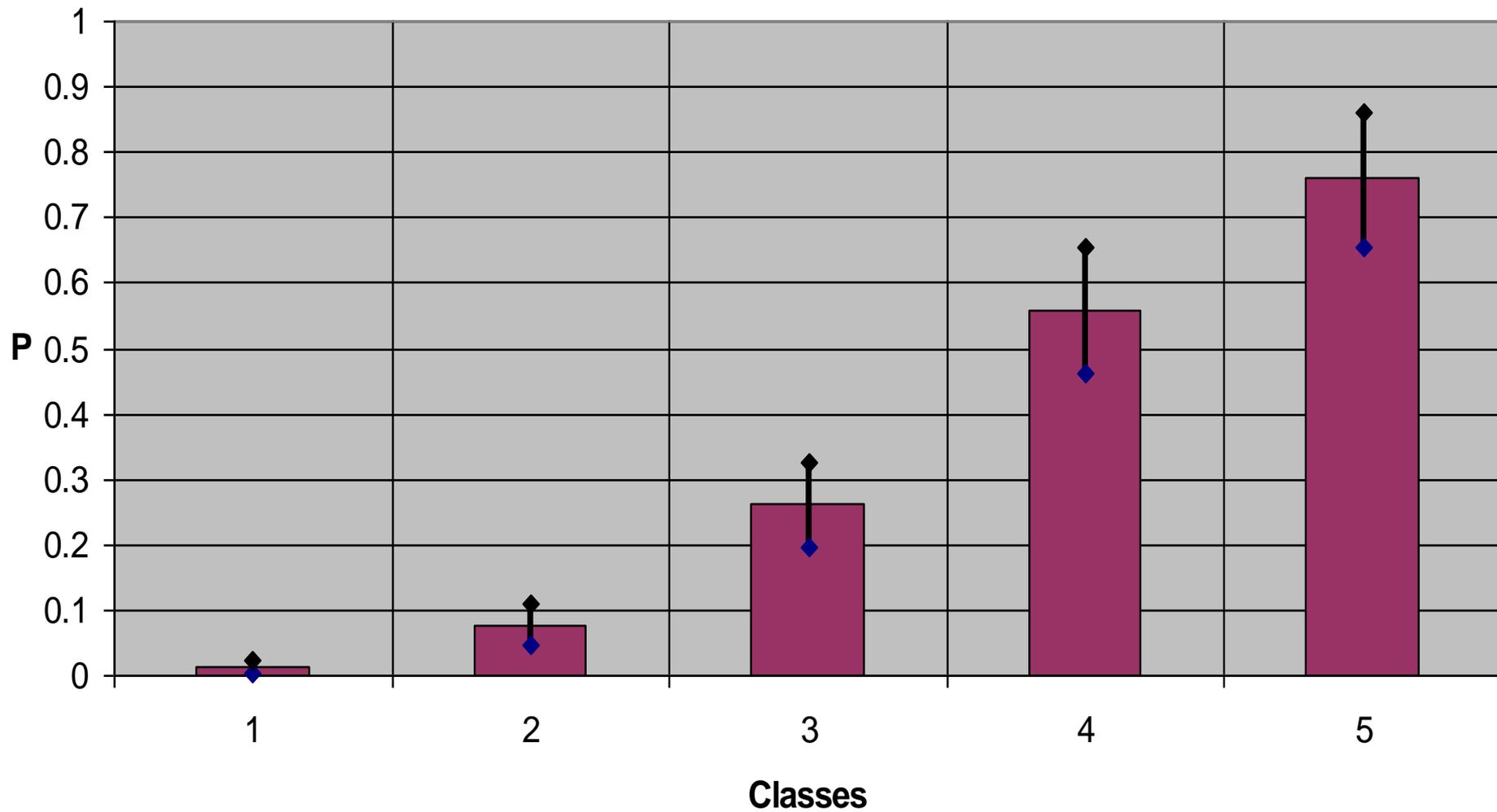


# Common Risk Factors for Violence in the MacArthur Study

## WHAT HAS BEEN “DONE TO” THE PERSON

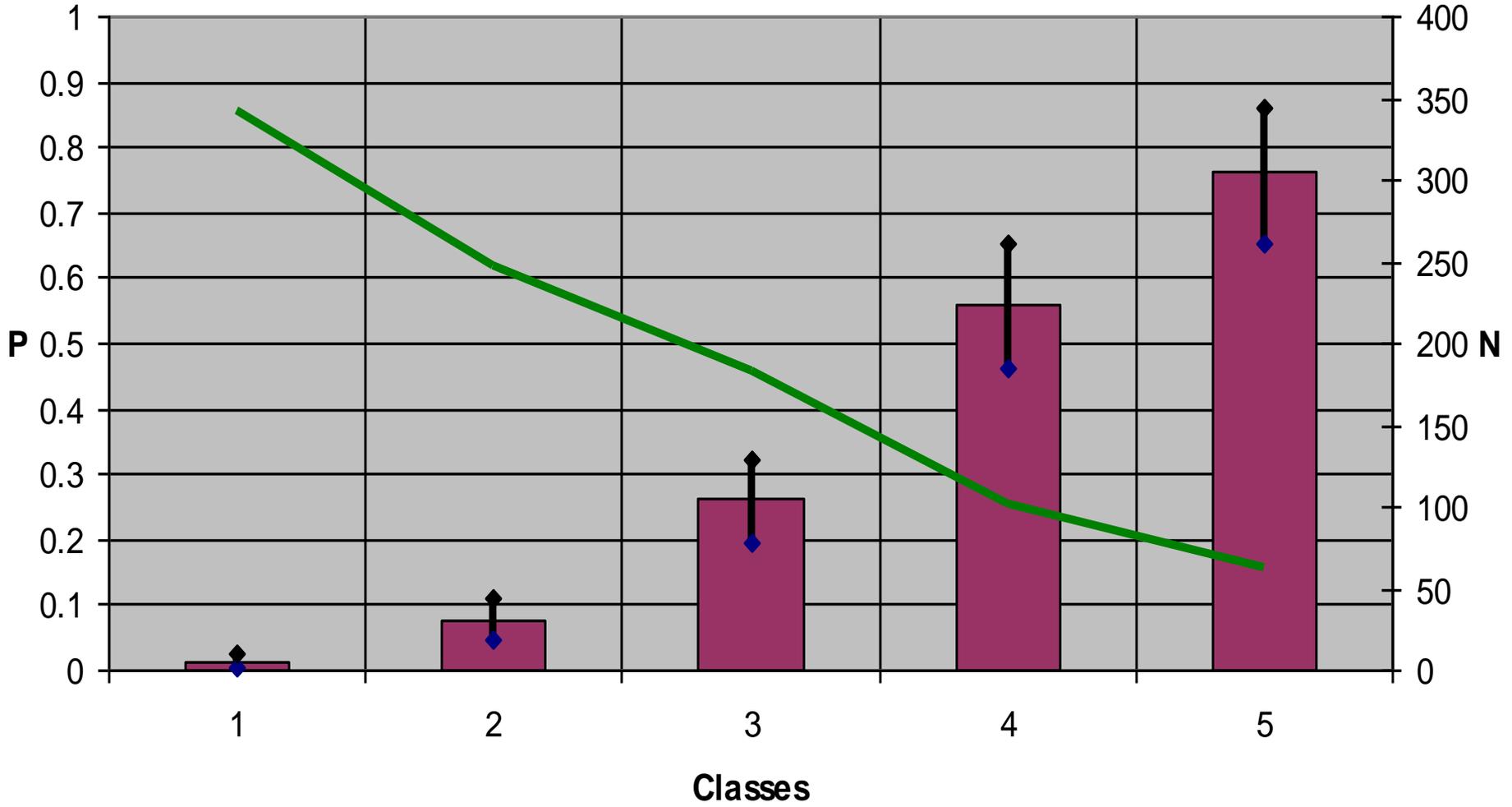
- Pathological family environment: **father used drugs, violence ↑ 100%**
- Victimization: **seriously abused as a child, violence ↑ 51%**

# Risk Classes



■ Probability of Violence ◆ 95% Confidence Interval ◆

# Risk Classes



# Mental Illness and Violence

5 Bottom Lines

# 1: Mental Illness Plays a Very Small Role in American Violence

According to the best research estimates, approximately 4% of violence toward others in American society is attributable to mental illness. That is, if we could somehow cure all mental illnesses overnight, we would be left in the morning with a rate of violence that is 96% of what it is now.

## 2: But Mental Illness Does Play *Some* Role in American Violence

Mental illness modestly but clearly increases the likelihood of violence to others. In the MacArthur Violence Risk Assessment Study, for example, during the first several months after discharge from short-term psychiatric facilities, about 11% of people with a mental illness committed a violent act, compared to about 5% of their non-hospitalized neighbors.

*Two facts need to be appreciated to understand this finding:*

# 2a: Co-Occurring Substance Abuse Mediates Violence by People with MI

First, the violence committed by discharged patients was heavily mediated by substance abuse. Indeed, if the former patients were not abusing alcohol or other drugs after they were discharged from the hospital, their rate of violence to others was no different than the rate in their surrounding communities.

In fact, however, the discharged patients abused alcohol or other drugs *twice as frequently* as their non-disordered neighbors, and those who did engage in substance abuse had substantially elevated rates of violence to others.

## **2b: *Gun Violence Against Strangers by People with Mental Illness is Very Uncommon***

Second, the most frequent type of violence that the discharged patients commit is hitting someone—most often, hitting a family member. In the MacArthur Study, only 3% of the violence committed by former patients involved using a gun, or threatening to use a gun, on a stranger.

## 2c: *Homicide* of Strangers by People with Mental Illness is Rare in the Extreme

Nielsen et al, Schizophrenia Bulletin, 37, 572-579 (2009)

**Finding:** 1 in every 140,000 people with schizophrenia will kill a stranger.

“Measures that ensure earlier treatment of psychosis and continued treatment in the community would be likely to prevent homicides of both strangers and family members.

*However, the extreme rarity of these events means that identification of individual patients who might kill a stranger is not possible.”*

# 3: Suicide is Much More Common Than Homicide Among People with MI

Suicide among people with mental illness is much more common than violence to others. According to CDC data, the age-adjusted suicide rate for the total population was approximately twice as high as the homicide rate. Over 38,000 suicides occur in the U.S. each year, compared with roughly 16,000 homicides.

The American Federation for Suicide Prevention estimates that 90% of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death.

# 4: Victimization is Much More Common Than Offending Among People with MI

It is often unappreciated that people with serious mental illness are far more likely to be the victims than the perpetrators of violence. For example, women with mental illness have 5 times greater risk than other women of being the victims of domestic abuse.

# 5: Be Careful What You Wish For

Paul Appelbaum, *JAMA Psychiatry* (April 2013)

“[M]ental health professionals and other advocates for improved mental health services must exercise caution in their endorsement of proposals for increased mental health funding. Such offers are often premised on the proposition that the problem of violence is largely a problem of untreated mental illness, and its corollary that better treatment will preclude a repetition of mass shootings such as Tucson and Newtown...

*However, tying the need for increased funding to public safety will lead to further demonization of people with mental disorders, as well as an inevitable backlash when it becomes clear that more mental health clinics or inpatient beds have not had a major impact on the prevalence of violence.”*

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