Mentally Ill Unfairly Portrayed As Violent
By Dr. Ronald Pies Boston Globe OP ED February 25, 2008

The man had his hands around my neck so quickly I didn't have time to react. I was a second-year resident in psychiatry. He was an impulsive loner with a history of alcoholism who, unbeknownst to the staff, had returned to the inpatient unit intoxicated.

Fortunately, before the man could do serious harm, three patients had pulled him off me. In 25 years of psychiatric practice, this was the first and last time any patient laid a hand on me in violence.

And yet, in recent weeks, the news has been full of horrendous stories involving killers with known or suspected mental illness. As I write this, the nation is still reeling from the shootings at Northern Illinois University. Press reports now indicate that the shooter had a long history of mental illness and had recently stopped taking antidepressant medication.

To make matters worse, three psychotherapists have been assaulted or murdered in the past month. The most brutal attack involved a Manhattan psychologist murdered by a man who also gravely injured a psychiatrist. The New York Times reported that the accused man blamed the psychiatrist for having him institutionalized 17 years ago; apparently, the psychologist was not the intended victim. And only a few weeks ago, a social worker in Andover was killed, allegedly by her 19- year-old patient, during a visit to the man's home.

What do these attacks say about mental illness? Surely they create the impression that individuals with mental illness are a dangerous and violent lot. And as professor John Monahan and colleagues at the University of Virginia School of Law wrote recently, "the more a member of the general public believes that mental disorder and violence are associated, the less he or she wants to have an individual with a mental disorder as a neighbor, friend, colleague, or family member."

Yet the impression that we are awash in a sea of psychotic violence is clearly unfounded. Writing in the Nov. 16, 2006, New England Journal of Medicine, Dr. Richard A. Friedman of the Weill Cornell Medical College notes that only about 3 to 5 percent of violence in the general population is attributable to those with "serious mental illness," conventionally defined as schizophrenia, major depression, or bipolar disorder. The combined lifetime prevalence of these conditions in the US general population is estimated at 19 percent - far larger than their contribution to violence.

Furthermore, it is wrong to tar all emotionally disturbed individuals with the same stereotype-tainted brush.

True: A 1980s study from the National Institute of Mental Health found, using community surveys, that individuals with schizophrenia, major depression, or bipolar disorder were two to three times as likely as those without these illnesses to commit acts of violence. However, to put this in perspective, substance abusers had more than twice the rate of violence as those with these serious mental illnesses.

Moreover, the study found that the vast majority of individuals with serious mental illness were not violent: The lifetime prevalence of violence among people with schizophrenia, major depression, or bipolar disorder was 16 percent, versus 7 percent among people without a mental illness. Those with anxiety disorders had no increased risk of violence.

Even more reassuring is the 1998 MacArthur Violence Risk Assessment Study, led by John Monahan and Henry Steadman, now of Policy Research Associates, which advocates for better mental health services. Unlike the NIMH study, which surveyed people randomly in the community, the MacArthur study evaluated psychiatric patients recently discharged from the hospital. And unlike the NIMH study, which relied solely on self-reports of violence, the MacArthur study used a combination of self-reports, collateral informants, and police and hospital records.

The MacArthur study found that the prevalence of violence among discharged psychiatric patients without a substance abuse disorder was similar to that among community-dwellers who didn't abuse substances. Furthermore, violence by these discharged patients rarely involved vicious attacks on strangers or clinicians. Usually, it resembled violence committed by other community-dwellers, such as hitting a family member inside the home. Lethal violence among the discharged patients was very rare.

In the February 2008 issue of Psychiatric Services, Monahan and Steadman conclude: ". . . for people [with mental illness] who do not abuse alcohol and drugs, there is no reason to anticipate that they present greater risk than their neighbors."

That said, mental disorders do increase susceptibility to substance abuse, and thus indirectly increase risk of violence. Moreover, as Eric Elbogen of University of North Carolina Chapel Hill School of Medicine wrote me in an e-mail, ". . . a subgroup of people with mental illness likely uses alcohol and drugs to 'self-medicate' psychiatric symptoms." In my experience, this behavior may reflect the inadequate, fragmented care often provided to those with mental illness who also abuse drugs or alcohol so-called "dual diagnosis" patients.

The image of the violent mentally ill person must also be tempered by research from Linda A. Teplin, of Northwestern University. Teplin finds that those with mental illness are much more likely to be victims than perpetrators of a violent crime. Among psychiatric outpatients, about 8 percent reported committing a violent act, whereas about 27 percent reported being the victim of a violent crime.

What can be done for the relatively few mentally ill individuals who do become violent? The good news is that adherence to treatment is associated with reduced risk of violence. Research from Elbogen and colleagues finds that as self-reported adherence to outpatient psychiatric treatment increases, violence decreases. Though treatment varied significantly from site to site, Dr. Elbogen tells me that "typically [patients] had a combination of case management, pharmacotherapy, [and] psychotherapy or group therapy."

An understanding and supportive family may also reduce the risk of violence in their emotionally disturbed loved ones. Finally, all of us can support increased funding for comprehensive, compassionate treatment of those with mental illness, substance abuse, or both.

Recent events have shown us that anyone may become the victim of a violent person with severe mental illness. And yet, we must put the violence-mental illness link into perspective. The patient who assaulted me more than 25 years ago was 1 in 1,000. Nearly all those I have treated since have been nonviolent. Most have coped heroically with unspeakable sorrow and pain. In truth, I would trust many of them with my life.

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