

Statement on the Role of Mental Illness in Violent Behavior  
July 2, 2014

Given the widespread media accounts of horrific shooting sprees over the last few months, ISEPP wishes to clarify the factors that lead to violent behavior in our society. Focusing on mental illness as a risk factor is a distraction, a waste of valuable resources, and a threat to personal autonomy and freedom.

A diagnosis of mental illness does not increase one's risk of being violent. Actually, some research<sup>1</sup> suggests one of the most serious of mental illness diagnoses, schizophrenia, reduces the risk of being violent. This disconnect between a mental illness diagnosis and violence is because mental illness does not refer to a brain disease that causes violence. No such disease exists. Unlike a diagnosis of real illness like diabetes, mental illness diagnoses are merely broad descriptive labels given to clusters of very common human problems, not brain defects. People "qualify" for a diagnosis only if they exhibit a specified number of items from a menu---like checklist. One item too few, and there is no diagnosis; they are not mentally ill.

While a diagnosis of mental illness does not increase the risk of violence, some specific emotional, cognitive, and behavioral problems can. Still, no one thing causes violence. It is the end result of multiple, complex, and interwoven risk factors that increase the probability of violence. Years of research<sup>2</sup> show the factors that increase one's risk of being violent are: 1) being male; 2) being younger; 3) a history of antisocial patterns; 4) past violent behavior; 5) easy access to weapons, especially lethal ones like guns; 6) poor social support; 7) feelings of being persecuted and difficulty controlling thoughts; and 8) use of drugs/alcohol to cope with stress. Whereas some of these factors show up among items in the checklist menu approach to mental illness diagnosing, none by themselves necessarily qualify for a diagnosis, and so they can increase a person's risk of being violent while the person would not be considered "mentally ill". More importantly, these risk factors do not show up in the majority of people who are labeled with mental illness diagnoses. In short, most people who are diagnosed with mental illness are no more at risk of becoming violent than the general public. Even though these factors increase the risk of violence, they are not precise enough to use as a prediction tool. Doing so would result in a huge false alarm rate in which the great majority of the people identified as being prone to violence would never commit violent

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<sup>1</sup> See the elements of the Violence Risk Appraisal Guide of Quinsey, V., Harris, G., Rice, M., & Cormier, C. (2006). *Violent Offenders: Appraising and Managing Risk* (2<sup>nd</sup> Edition). Washington DC: American Psychological Association.

<sup>2</sup> Melton, G., Petrila, J., Poythress, N., & Slobogin, C. (2007). *Psychological Evaluations for the Courts: A Handbook for Mental Health Professionals and Lawyers*. 3<sup>rd</sup> Edition. 306-321.

acts.

Conventional psychiatric treatment that views people as patients with illnesses, instead of fellow human beings with very common troubles, can actually increase the risk of violent behavior by ignoring the personal, moral, economic, political, spiritual, and existential elements of one's struggles. Such traditional mental health interventions can easily lead to a sense of being misunderstood and oppressed (risk factor 7), as well as being socially ostracized due to the particularly damaging stigma that the illness model instills (risk factor 6). Further, the common use of psychiatric drugs can also lead to an increase in violence risk (risk factor 8). Regulatory agency and drug company black box warnings attest to the potential of these drugs' chemical effects increasing the risk of violence and suicide. Research<sup>3</sup> shows that of the top 31 prescription drugs associated with violent adverse outcomes, 26 are psychiatric drugs. Psychiatric drugs create very unpleasant and risky sensations to include emotional numbing, caring less about things, and feeling like a different person.<sup>4</sup> Finally, all psychiatric drugs can have very harmful withdrawal effects, especially if they are stopped abruptly. These drug effects can clearly contribute to the development of risk factors 6 and 7 above, just like illicit drugs and alcohol can.

We call on public policy makers, mental health professionals, and the lay public to be aware of these factors in order to make more informed decisions with the hope of reducing the risk of violent incidents in the future.

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<sup>3</sup> Moore, T., Glenmullen, J., & Furberg, C. (2010). Prescription drugs associated with reports of violence towards others. *PLoS ONE*. 5(12):e15337.

<sup>4</sup> See for instance, Price, J., Cole, V., & Goodwin, G. (2009). Emotional side effects of selective serotonin reuptake inhibitors: Qualitative study. *The British Journal of Psychiatry*. 195: 211-217; and Read, J., Cartwright, C., & Gibson, K. (2014). Adverse emotional and interpersonal effects reported by 1829 New Zealanders while taking antidepressants. *Psychiatry Research*. 216: 67-73.