

## Contents

Introduction .....	1
Does having a mental health problem make you violent?.....	2
Prevalence of mental health problems .....	2
Diagnoses with more connection to violence .....	2
Other relevant factors .....	3
What are the statistics on homicide?.....	3
Homicide.....	3
Ways to reduce concerns about mental health and violence.....	4
Reducing stigma.....	4
Access for everyone to crisis care.....	4
Joint working between mental health and substance abuse services.....	4
Develop good risk assessment and early intervention.....	5
If you are worried that you may harm someone else: .....	5
References .....	5

## Introduction

Experiencing violence can be very distressing and can have a far-reaching impact. Every homicide is a tragedy, for the person who has been killed and their family and friends. People often want answers and explanations for why violence occurs.

Links between violence and mental health are made often, particularly in the media. It is important to recognise that this focus can be unhelpful as it validates myths and creates stigma. This can lead to anyone who experiences a mental health problem being seen as dangerous, whether or not there is any risk of them being violent.

This page outlines some of the key areas which are relevant to any understanding of the relationship between mental health problems, danger and violence.

# Does having a mental health problem make you violent?

## Prevalence of mental health problems

In any one year 1 in 4 people will experience a mental health problem. This figure covers a wide range of conditions, including common mental disorders such as depression and anxiety.

The vast majority of people who experience a mental health problem will not be violent or dangerous.

Most studies which have tried to establish whether there is a link between mental health problems and violence have focused on psychotic disorders, including schizophrenia. Around 1 in 100 people will experience schizophrenia in their lifetime.

## Diagnoses with more connection to violence

Research studies show that there is an increased risk of violence in those living with schizophrenia, compared to the general population (see for example Fazel, Gulati, Linsell, Geddes & Grann, 2009; Short, Thomas, Mullen & Ogloff, 2013). However, little is understood about the relationship. For example, estimates of the size of this risk vary, and all of the studies agree that the vast majority of people who have been diagnosed with schizophrenia will never be violent. Many of the studies also find that people who abuse drugs and alcohol are at increased risk of violence. However, researchers are uncertain as to whether people with psychoses who don't abuse drugs or alcohol are at increased risk of violence. Furthermore, little is known about the genetic and early environmental factors in mediating the link between psychosis and violence.

**Having a diagnosis of schizophrenia can therefore only be said to increase the *risk* that someone might be violent; it has not been shown that schizophrenia is the *cause* of any violence that might occur.**

There is also an increased risk of violence in people who have a diagnosis of anti-social personality disorder (ASPD). Criminal or violent behaviour are symptoms used to diagnose ASPD. Research has also shown that there is an increased risk of violence in people living with bipolar disorder, however, this increased risk is thought to be explained by a comorbidity with drug or alcohol misuse (Fazel, Lichtenstein, Grann, Goodwin & Långström, 2010).

A systematic review found that risk factors for violence in people with schizophrenia, bi-polar disorder and other psychoses included recent drug misuse, non-adherence to psychological therapies, non-adherence to medication and a history of crime (Witt, van Dorn & Fazel, 2013).

Schizophrenia, bipolar disorder and personality disorders are complicated diagnoses, and people experience the symptoms in different ways and at different degrees of severity. (See [Understanding schizophrenia](#), [Understanding bipolar disorder](#) and [Understanding personality disorders](#) for more information).

## Other relevant factors

Experiencing mental health problems can increase the risk that someone may be violent, but there are other factors which also increase risk. They include:

- early age at first violence
- relationship instability
- employment problems
- substance misuse
- previous violence and childhood (early) maladjustment
- gender (with men more likely to be perpetrators of violent crime than women).

For people who are experiencing mental health problems and have behaved violently, the highest level of risk occurs when that person:

- is experiencing psychosis or delusions
- is not adhering to drug or therapeutic treatment
- is mis-using drugs and alcohol

It is important to recognise that mental health problems are only one of several factors that can increase the risk of violent behaviour.

## What are the statistics on homicide?

### Homicide

Every homicide is a tragedy, for the person who has been killed and for their family and friends.

The total number of victims of homicides in England and Wales has declined in the last ten years. In the year ending March 2017, there were 709 homicides (ONS 2018). This number includes victims of all homicides – committed by people with and without mental health problems.

The number of homicides by people with mental health problems (called patient homicides) is measured in an annual report produced by a research programme based at the University of Manchester. The most recent report (NCISH, 2016) found:

**In the last ten years from 2004-2014, there were 6, 241 homicide convictions in England. The number of patient homicides was reported as 662, an average of 60 per year.**

Of these patient homicides, 276 (49%) were either non-adherent with drug treatment in the month before the homicide or had missed their last contact with services, meaning that they were not receiving their planned treatment.

In total, 74% of people who committed the homicide experienced alcohol misuse, 78% experienced drug misuse and 25% experienced severe mental health problems (including schizophrenia and affective disorders) and co-morbid alcohol/drug abuse.

In addition, 6% of the total number of homicides was committed by someone with a history of schizophrenia and 4% with a history of personality disorder, without co-morbid alcohol/drug abuse.

When looking at the characteristics of the people who committed the patient homicides, most were male (86%), not currently married (79%) and unemployed (83%). They also had a history of violence (52%) and previous convictions (78%).

**During 2004-2014, there were 281 homicide convictions, an average of 26 a year in Wales. In total, there were 39 patient homicides, 14% of the total sample.**

There are some limitations to this report which it is important to be aware of:

- In order to be included in these figures the perpetrator (the person who carried out the homicide) needs to have been in contact with secondary mental health services in the 12 months before the offence.
- The figures do not include homicide where the perpetrator later took his or her own life as well and was therefore not charged and/or convicted. However not all suicides are mental health related.
- The figures count the number of perpetrators who were convicted of homicide. In some cases a perpetrator may have killed more than one person. The number of people killed is therefore higher than the number of recorded homicides.

## Ways to reduce concerns about mental health and violence

### Reducing stigma

Many people who experience mental health problems don't seek help. This is often because they fear being stigmatised, or locked up if they talk about violent thoughts or urges. Encouraging openness allows people to seek access help more easily.

### Access for everyone to crisis care

Mind's own research shows more that crisis care is patchy, so when people need and ask for help, it is not always available or appropriate. Mind is therefore campaigning for better services and early intervention for everyone with serious mental health problems, including schizophrenia.

### Joint working between mental health and substance abuse services

Risk is highest when someone with a mental health problem is abusing drugs and alcohol. People may use street drugs and drink excessively as a way of dealing with distressing and scary symptoms, particularly when they are not accessing other care services. It is therefore suggested that support services should prioritise interventions that can help people to avoid this behaviour. Services working together is a positive way to manage and identify risk.

## Develop good risk assessment and early intervention

Several experts have tried to develop violent risk assessment tools that take into account mental health as one of many factors. The idea is that if you can accurately assess this you can put support and care in place to prevent any violence.

However, it very difficult to do this completely accurately, partly because these events are not very common (Syed, 2013). While some people will be assessed and correctly identified as being at risk of violent behaviour, the same assessment tool will wrongly identify many more individuals.

The tools can predict who is **at risk** of committing violent crimes. The tools can't accurately tell who among these will actually go on to kill or harm someone.

## If you are worried that you may harm someone else:

If you are worried about yourself or someone else then there are lots of options for help. You might find one of these options helpful, or you can click on [I need urgent help](#) on the Mind website.

- talk to your GP
- dial 999 or go to A+E and ask for on duty psychiatrist
- get in touch with your local [crisis home treatment](#) team if you have one
- Talk to someone you trust about how you're feeling
- Read our information about [coping with suicidal feelings](#)
- **Mind infoline 0300 123 3393** weekdays 9am - 6pm [info@mind.org.uk](mailto:info@mind.org.uk)
- **Samaritans 08457 90 90 90** open 24 hours a day [jo@samaritans.org](mailto:jo@samaritans.org)

## References

Fazel, S., Gulati, G., Linsell, L., Geddes, J.R. and Grann, M., 2009. Schizophrenia and violence: systematic review and meta-analysis. *PLoS medicine*, 6(8), p.e1000120.

Fazel, S., Lichtenstein, P., Grann, M., Goodwin, G.M. and Långström, N., 2010. Bipolar disorder and violent crime: new evidence from population-based longitudinal studies and systematic review. *Archives of general psychiatry*, 67(9), pp.931-938.

NCISH (2016) 'The national confidential inquiry into suicide and homicide by people with mental illness, Annual report and 20 year review October 2016' Accessed online: <http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2016-report.pdf>

Short, T., Thomas, S., Mullen, P. and Ogloff, J.R., 2013. Comparing violence in schizophrenia patients with and without comorbid substance-use disorders to community controls. *Acta Psychiatrica Scandinavica*, 128(4), pp.306-313.

Syed J. (2013) 'Are you really at risk of attack by someone with schizophrenia?' Article on The Mental Elf. Accessed online: <http://www.thementalelf.net/mental-health-conditions/schizophrenia/are-you-really-at-risk-of-attack-by-someone-with-schizophrenia/>

Witt, K., Van Dorn, R. and Fazel, S., 2013. Risk factors for violence in psychosis: systematic review and meta-regression analysis of 110 studies. *PloS one*, 8(2), p.e55942.