



Violence and mental health

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Introduction

Experiencing violence can be very distressing and can have a far-reaching impact. Understandably, people often want answers and explanations for why violence occurs.

It took two months to recover from [being assaulted] because I was having nightmares and stuff and I was finding it hard to sleep as well

Male victim of crime - 'At Risk yet Dismissed'

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 supports 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 more common diagnoses such as depression and anxiety and less common diagnoses such as bipolar disorder and schizophrenia. (See [How common are mental health problems](#) for more detail).

When links are made between mental health problems and violence, the focus is usually on more severe mental health problems.

Diagnoses with more connection to violence

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.

Schizophrenia is a complicated diagnosis, and people experience the symptoms in different ways and at different degrees of severity. (See [Understanding schizophrenia](#) for more information).

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, 2009, Short 2013).

However, 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.

Research has also shown that there is an increased risk of violence in people who have a diagnosis of anti-social personality disorder (ASPD). However, criminal or violent behaviour

are symptoms used to diagnose ASPD so it is expected that this diagnosis is associated with higher risk.

Other relevant factors

To try and understand why some people with schizophrenia might be violent, when the majority are not, researchers have looked at a number of other factors.

These other experiences or situations can also be said to increase the risk of someone being violent, whether they have a mental health problem or not:

- Being exposed to violence or abuse at an early age
- Having unstable relationships
- Experiencing employment problems
- Struggling with substance misuse
- Having been violent previously
- 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 misusing drugs and/or alcohol

Having a mental health problem is not usually the only factor contributing to risk of violence.

What are the statistics on homicide?

Homicide

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

The total number of victims of homicides in England and Wales has declined in the last ten years. In 2003/04 the number was 775 (Home Office, 2010-11), while in 2012/13 the number of homicides was 551 (ONS 2014). The 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. This report seeks to help prevent homicide by people in contact with mental health services.

The most recent report (NCISH, 2013) covers the ten year period from 2001-2011 and finds:

- In the ten years from 2001 to 2011, 602 people convicted of homicide in England were identified as patients, an average of **56 per year**.
- In the ten years from 2001 to 2011, 29 people convicted of homicide in Wales were identified as patients, an average of **3 per year**.

It is important to note that although these perpetrators have mental health problems, we do not know whether the mental health problem led directly to homicide. As discussed above there are many other factors which can contribute to violent behaviour.

There are also 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.
- A separate figure is provided for people who had symptoms of mental illness at the time of the offence, but were not in contact with mental health services. It cannot be said whether these symptoms led to the homicide.
- 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 meaning the number of victims is likely to be higher.

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 is 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
- **Samaritans 08457 90 90 90** open 24 hours a day jo@samaritans.org

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