

Violence and Mental Health: Untangling the Evidence from Assumption

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Learning Objectives:

- Learning the scope of violence in mental illness - Exploring the relationship between mental illness and violence - Recognizing the role of media: Evidence Vs Assumption - Recognizing the impact of narratives in psychiatry - Understanding relationship between mental illness and violence - Discussing the way forward

Case Summary:

Violence in all its forms has long drawn attention in human history resulting in serious implications on every society. In psychiatric practice it directly as well as indirectly affects the life of patients, their families, the community, and mental health workers. The recent and repeated sensationalization of violence in media linking it with mental health is a concerning phenomenon which is creating stigma for psychiatric patients and various challenges for psychiatrists. This perception carries serious consequences for psychiatric patients, creating opportunities for discrimination and further isolation of these patients by society. Psychiatrists are called upon to see a number of aggressive patients in hospital settings to assess and treat causes of violent behavior but there is an assumption in media that psychiatrists can predict violent behaviors. In this review we aim to assess the scope of mental illness triggered violence, dissect into various biologic, psychodynamic, and social factors contributing to violence, and highlighting various risk factors increasing probability for incidents of violence. We also aim to discuss and elaborate the various medical and psychiatric conditions augmenting risk for violence. Our goal is to help clarify what, if any, link exists between mental illness and violence and to delineate the role of psychiatrist and other mental health providers in addressing and predicting violent behavior in an age where media influences public perception and policy at large. Violence has serious implications for society and psychiatric practice, directly and indirectly affecting the quality of life of patients, their families, the community, and mental health workers. The specter of violence in psychiatric practice demands risk stratification and management as part of the complete patient assessment. Any modifiable risk factor must be addressed by psychiatrists while working with inpatient and outpatient treatment teams. Psychotherapy and pharmacotherapy are used both in the emergent circumstance and throughout the course of illness. The review of the available literature on violence and aggression supports this notion that such symptoms are often a consideration in providing care psychiatric patients. Violence may be more of an issue in patients diagnosed with personality disorders and substance dependence.

Conclusions:

Violence and mental illness are not without connection, as they share many biologic and psychosocial aspects but this review concludes that individuals with mental illness, when appropriately treated, do not pose any increased risk of violence over the general population. The overall impact of mental illness as a factor in the violence that occurs in society as a whole appears to be overemphasized, possibly intensifying the stigma already surrounding psychiatric disorders. In the future, research may focus on discovering useful factors in the development of aggression, which would shed light on preferred treatment methods.