



NEWS

Violence and mental illness: five minutes with . . . Seena Fazel

The forensic psychiatrist explains common misconceptions about violence and people with mental illnesses

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The BMJ

“A major misconception is that mentioning a connection between mental illness and violence will increase stigma. Denying the association between the two doesn’t help anyone—because there is one. Instead, we need to get people treatment we know to be effective.

“Our umbrella review of meta analyses¹ from last year highlighted that every single included study showed an increase in violent behaviour for all psychiatric disorders we studied except epilepsy, in comparison with the general population.

“The contribution of mental illness to violent crime is, however, often overstated. When you read recent reports on mass shootings, you’ll see quoted percentages varying between 5% and 78%, depending on the definition of mental illness they use. Terminology is key—a mental health related stressor doesn’t equate to suffering from an illness.

“I’d say the best evidence we have is a US Federal Bureau of Investigation report² that looked at pre-attack behaviours of a small sample of 63 active shooters. They found that 25% had been diagnosed with a mental illness of any kind—including mood, anxiety, and personality disorders—and only 3 of the 63 had been diagnosed with a psychotic disorder. I consider this 25% to be the upper possible limit.

“The chances of a person reoffending after leaving prison are higher for people with a mental illness, especially for those with substance abuse problems. We’ve developed a tool called OxRec³ to help identify people at high risk of relapse. To lower the chances of reoffending, multi-agencies should work together, including primary and secondary care and the criminal justice agencies.

“We have limited data on people after they leave prisons, but there are three interventions that are supported by good evidence: providing opiate substitution treatment for substance misusers, antipsychotics to those with severe mental disorders,

and psychostimulants for people with attention deficit/hyperactivity disorder, especially young people.

“There is a crucial role for primary care providers to keep people on their medication—as it is very difficult. Treatment adherence is key to ensure that when people are released when they’re doing better, they keep doing better.

“If you’re concerned about patients using violence, you should ask about it. We used to think that asking questions about suicide would make the situation worse, but we’ve come to understand that it actually helps patients. I suppose the same could go for violence, and asking patients about violent urges or tendencies as a physician might have a therapeutic effect.

“The take home message is that violence is preventable. Although there is an increased risk among people with mental illnesses, the risk factors are modifiable and treatments are pretty good. It’s about getting the right treatment, to the right people, at the right time.”

Seena Fazel is a professor of forensic psychiatry and Wellcome Trust senior research fellow in clinical science at the University of Oxford. His research focuses on the relationship between mental illness and violence. He was speaking at a press briefing at the Science Media Centre on 14 August.

- 1 Fazel S, Smith EN, Chang Z, Geddes JR. Risk factors for interpersonal violence: an umbrella review of meta-analyses. *Br J Psychiatry* 2018;213:609-14. doi:10.1192/bjp.2018.145.30058516
- 2 US Department of Justice Federal Bureau of Investigation. A study of pre-attach behaviors of active shooters in the United States between 2000-2013. 2018. www.fbi.gov/file-repository/pre-attach-behaviors-of-active-shooters-in-us-2000-2013.pdf/view?mod=article_inline.
- 3 Fazel S, Chang Z, Fanshawe T, et al. Prediction of violent reoffending on release from prison: derivation and external validation of a scalable tool. *Lancet Psychiatry* 2016;3:535-43. doi:10.1016/S2215-0366(16)00103-6.27086134

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