



Understanding mental illness and violence

What about mental illness and violence?

Based on recent findings by Dr. Paul Mullen (2006), most people with a mental illness are not violent. For instance, of the 1 in 100 people who have schizophrenia, only 0.1% are sometimes violent. There is good evidence to show that people with mental illness who are receiving treatment are no more likely to perpetrate violence than people in general. The risk of someone who is treated for schizophrenia, for instance, of harming or killing another person is almost exactly the same as for the general population. One in ten people with schizophrenia, however, will suicide. This is ten times the risk compared to the general population.

In fact, people with a mental illness, according to research, are more than twice as likely to be the victims of violence than the general population.

"Schizophrenia is unnecessarily feared by many people in our community without basis. People with schizophrenia have more to fear from us than we do from them. Stigma and discrimination are still rampant in a society which, ironically, adopts the 'fair go' ethos. Because of this stigma and discrimination, many people affected by schizophrenia find it so difficult to cope that they unnecessarily end their own lives".

Hon Judge Frank Walker – President of the Schizophrenia Fellowship of NSW, 2003

Why do people become violent?

People in general might become violent when they are stressed, when they are not coping, when they lack the skills to cope with situations that confront them, or when they are unhappy.

Violence can be used as means to maintain control and dominance, or it can be used as a means of resolving (badly) an unpleasant situation. Much research has been done to explore why people use violence against other people. Prominent in the research data are the notions of learnt behaviour (a history of family violence is a strong predictor) and social roles (men perpetrate violence at an alarmingly higher rate than women and some traditional perspectives of male roles are seen to collude in this). What is clear is that violence is widespread.

Who in society is most vulnerable to perpetrating violence?

Some parts of society are at greater risk of perpetrating violence than others. Groups that are at high risk include:

- Males between the ages of 15 and 25 years
- People who abuse alcohol and other drugs
- People who have a history of violence either personally or as part of their family history

- Where there are developmental and social difficulties
- People with psychotic illness who are not receiving treatment. When this is coupled with problematic drug use, this becomes a high risk group.
- Some disorders appear to predispose the person with the disorder to violence at times, especially when the illness is active. People with some forms of dementia can sometimes experience violent episodes. For people diagnosed with Anti-social Personality Disorder there is an increased possibility of violence. Wherever there is a Personality disorder comorbid with a psychiatric diagnosis the risk of violence increases. In people with Borderline Personality Disorder problems with anger are common, with the possibility of violent or aggressive behaviour when angry. (DSM 1V) If violence is entirely out of character with a person and they do not fall into a higher risk category, it is advisable to have a thorough medical check-up.

The experience of mental illness in a family context

When someone has a mental illness, the consequences for that person and for the family can be severe. Relationships can be thrown into turmoil. In the initial stages often no one understands what is happening. Behaviour that is symptomatic of psychosis can be misunderstood and treated as bad behaviour. Family members experience trauma, grief, confusion and fear.

Often it takes a long time for the realisation to set in that a person is not just being problematic, but has an illness, and even when this is known, different family members have different levels of understanding and acceptance.

The consequences for families can often be profound and family breakdown can occur.

Often too, the person with the illness is fearful and confused. Irritability, confused thinking, delusional thinking and paranoia can all be symptoms of psychosis, and when this is not understood, frustration, aggression and confrontation can escalate the situation.

In the longer term, people with a mental illness can suffer enormous social consequences as a result of their illness, including loss of friends, unemployment, loss of social status and social confidence. This increases stress levels and can exacerbate the illness. Predictably, the frustration caused by this is often played out in those closest to the person – families and especially the primary caregiver, most often the mother.

What can friends and family do?

If someone in your family has a mental illness, there are things you can do that can help:

- Learn as much about the illness as you can. Knowledge is power
- Seek help and support whenever possible. Counselling can be helpful as can educational programs
- Be as open as you can about it. Secrecy only increases the stigma that people with a mental illness already face
- Develop effective strategies for dealing with symptoms of psychosis – eg never argue with delusions, because they are fixed and false beliefs
- Separate the person and the illness. Always remember that this person's behaviour may be a symptom of mental illness and not just bad behaviour
- Be open to learning more effective communication skills
- Never forget that mental illness is just that – an illness. It is a physical illness that effects the brain. No one is to blame
- Consider developing your communication skills. These are an asset and can assist in deescalating crisis situations.

Useful references

Mental Illness Fellowship of Australia
www.mifa.org.au

Mental Illness Fellowship Victoria
www.mifellowship.org

Mental Health Services Website (Vic)
www.health.vic.gov.au/mentalhealth

National Alliance of the Mentally Ill (NAMI) (USA)
www.nami.org

Mental Health Council of Australia
www.mhca.com.au

SANE Australia
www.sane.org

Beyond Blue
www.beyondblue.org.au

Mental Illness Fellowship of Australia fact sheets

Effective communication

Understanding dual diagnosis (mental illness and substance use)

Understanding psychosis

What can friends and family do to help a person experiencing mental illness?

Family and carer supports and services



Mental Illness Fellowship of Australia
08 8221 5072 www.mifa.org.au
Mental Illness Fellowship of
Sth Australia Inc
08 8221 5160 www.mifsa.org.au

Mental Health Carers NT
08 8948 1051
www.mentalhealthcarersnt.org
Schizophrenia Fellowship of NSW Inc
02 9879 2600 www.sfnsw.org.au



Mental Illness Fellowship Victoria
03 8486 4200 www.mifellowship.org
Mental Illness Fellowship Nth Qld Inc
07 4725 3664 www.mifnq.org.au
ARAFMI (Tas) Inc
03 6331 4486

Schizophrenia Fellowship of Qld Inc
07 3358 4424 www.sfq.org.au
Mental Illness Fellowship of WA Inc
08 9228 0200 www.mifwa.org.au
Mental Illness Fellowship of the ACT Inc
02 6205 2021 www.mifact.org.au