People with severe mental illness as the perpetrators and victims of violence: time for a new public health approach

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People with mental illness are much more often the victims of violence rather than the perpetrators. However, people with some types of mental disorder are more likely to be violent than others in the general population, a fact that is uncomfortable for many in the mental health sector. While there is little evidence to suggest that people with mental illness in general (usually those with diagnoses of depression or anxiety disorders) have any increased risk of perpetrating violence compared with the general population,[1] higher rates of violence perpetration have been identified among people with particular types of severe mental illness, namely schizophrenia and bipolar disorder. These rates are moderately raised compared with the general population, with an important caveat: people with triple morbidity (ie, individuals with severe mental illness and substance use disorder and antisocial personality disorder) are substantially more likely to be violent than people with severe mental illness alone.[2]

The Article by Morwenna Senior and colleagues in *The Lancet Public Health*[3] tackles these difficult issues directly, and makes an important contribution to existing knowledge by estimating the costs of such violence, and by facilitating an informed discussion about the possible cost savings and social benefits of preventing such violence in future.

Consideration of the scale of such violence is important. The authors calculated that 5·3% of all violent incidents in England & Wales in 2015–16 were committed by people with severe mental illness, which represents a considerable concern in terms of public safety, but relatively speaking, represents only a small proportion of the total number of violent acts committed in the whole population.[4]

Regarding homicides in particular, which are often portrayed as the greatest concern in the media, those committed by people with psychosis are extremely rare. Indeed, homicides committed by people with psychosis were not included in the UN Global Surveys of Homicide,[5] and the number of such homicides is thought to have decreased over the past 50 years.[6] Senior and colleagues found that 31 homicides were perpetrated by people with severe mental illness in England and Wales during the study period. This finding is consistent with the data reported by Taylor and Gunn two decades ago, which showed that between 1957 and 1995, the mean number of homicides in England and Wales was 36 each year.[7]

The most crucial issues addressed by this study are the costs of violence perpetrated by people with severe mental illness and the potential and value of a public health harm reduction programme. The potential cost savings appear substantial with a total annual societal cost of violence committed by people with severe mental illness in England and Wales of £2·51 billion (95% CI 1·37–4·52). However, although this work represents an important step, the authors were not able to directly estimate how much of this financial burden on society might be avoidable nor to assess which measures might most effectively and fairly reduce this burden. Improving access to mental health services is likely to be an important area to improve violence prevention. A substantial proportion of people with schizophrenia, for example, are not currently treated fully in accordance with clinical guidelines.[8] An additional limitation of this study is that the analyses did not account for concurrent antisocial personality disorders, which have been shown to substantially increase the risk of violence among people with severe mental illness.[9]

It is clear that cuts in mental health service expenditure in England in the past decade have led to a reduced quality of overall care,[10] including a large scale national decommissioning of the assertive outreach teams that previously supported continuity of care for people with severe mental illness.[11] Public health approaches to violence reduction in the future therefore need to consider general factors associated with violence, such as access to weapons and socioeconomic deprivation, and issues specific to mental health, including continuity of care, appropriate treatment for people with severe mental illness, and effective interventions to reduce substance use disorders.[12,13] Future research is required to estimate whether the costs of such interventions might offset the health, criminal justice, and wider societal savings that would accrue from such a public health approach.

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