

Review Article

Mental Illness Leads to Violence

Stewart JS*

NHS Ayrshire & Arran, Mental Health Services, UK

*Corresponding author: Julie S Stewartm, NHS Ayrshire & Arran, Mental Health Services, Clinic K, Cross house Hospital, Kilmarnock Road, Kilmarnock, KA2 0BE, UK

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Abstract

An apparent correlation between society's negative attitudes towards people whom experience mental ill health and negative media portrayals appears to exist. The aim of this article is to critically appraise the research that underpins this contemporary challenge ascertain whether this identified correlation is Fact or Myth and consider this in the context of nursing practice.

Introduction

An evident correlation between society's negative attitudes towards people whom experience mental ill health and negative media portrayals exists [1-4] reportedly due to inappropriate media reporting that is often misleading and inaccurate of mental health illnesses and issues [3].

Negative media coverage reportedly outnumbers a more balanced account by almost three to one [5]. In which, 70% of news bulletins on BBC1 and ITV featuring people with mental illness made direct linkage between mental illness and violence.

For example, Stark, *et al.* [6] claimed that people with mental illness are very likely to be violent due to their mental illness. As such, they were reported for their own good to require to be controlled and any failure to do so was the practitioner's responsibility.

Such reporting is discovered to cause unnecessary stigmatisation and discrimination, impeding people's recovery from mental ill health and creating barriers to basic rights such as housing, employment and education [7]. Resulting in 50% of respondents within a published survey by MIND (a mental health charity for England and Wales) (2000) reporting that negative coverage in the media had an adverse impact on their mental health.

However, blaming the media for influencing negative public perceptions does not eradicate our own responsibility as individuals or as a society, as people willingly accept the media's influences by being active recipients [8]. As such, audiences are considered to become co-authors of reports [9] effectively contributing to the meaning portrayed by the media [10,11].

Therefore, creating a cycle in which negative media promotes negative public attitude; fuelling further negative media consequently reinforcing further negative public perceptions [12].

Nonetheless, in the context of the impact of the media in risk assessment and policy there still remain differences of perspective of what represents an appropriate risk to the public within opinions of society and opinions of forensic mental health services.

Background

Despite statistics demonstrating that of 0.01% of deaths in the UK, only 6% of all murders were reportedly committed by someone diagnosed as mentally unwell. Therefore, indicating that 94% of

all murders were committed by people who were considered to be mentally well [13].

However, the correlation between violence and mental health continues to be the subject of much debate with authors regularly asking how strong the link is [14]. A consideration that has consistently taken place since the fifth century BC, during which time the Greek Philosopher Socrates deduced that a low rate of crime within Athens was indicative of a low rate of mental health [15].

Furthermore, studies demonstrate a casual correlation between violence and mental illness with explicit regard to homicide cases.

Identified that of 52 homicides committed, 28% were committed by people with mental health issues [4].

Similarly, [16] identified in a sample of 693 homicides committed by people with a diagnosis of Schizophrenia were eight times more prevalent in males and 6.5 times more prevalent in females.

However, these results requiring questioning. Although, these studies are both slightly dated they are the most up-to-date relevant studies due to their robust sampling. On the other hand, selection bias is unavoidable due to the population sample, implying that results may be inaccurate and over-estimated due to potential higher rates of violence associated with this population [17].

On the contrary, [18] reports that such studies are unrepresentative of the general population, therefore, should not be utilised to draw aetiological inferences about the correlation between violence and mental health.

Additionally, four cross-sectional studies were able to identify a strong correlation between violence and mental health prior to [19] and during hospital admissions [20].

Similar results demonstrating analogous correlations in discharged patients were obtained in follow-up studies [21,22].

However, these results also require caution as the design could be considered flawed and biased. Confounding variables that could affect the outcome have not been considered within the studies and differential classifications would not allow for homogeneous comparison.

Although, further studies would appear to demonstrate clear correlation evidence of increased risk of violence and mental health they are similarly plagued with issues regarding study design, in

particular confounding variables that are unclear and uncontrolled [23-25].

However, when these variables are addressed within study design, the correlation that exists between violence and mental health reportedly diminishes [15]. As such, due to the inability to provide robust, reliable results the debate regarding the correlation between violence and mental health continues.

Therefore, perhaps it is important for future studies to consider the predisposing, precipitating, perpetuating and protective factors Dudley and Kuyken, 2006 cited in [26] that consequently predict risk occurring.

Overview from a Scottish perspective

Within Scotland only 10 perpetrators of homicide out of 227 convictions over a three year period had diagnosed symptoms of mental ill health at the time of the offence. Of which, two had a diagnosis of Schizophrenia, with roughly 1 in 4 having had contact with mental health services at some point in their lives [27].

Despite these limited numbers, media portrayals detailing the risk posed by mentally health patients continues to be mainly unaltered within Scotland.

Although, a specific campaigner (Lucy) within the “see me” media guideline reports feelings of a positive shift from previous media portrayals, in which the media is being “less harsh” and categorising people less within Scotland [28].

However, she still feels that more can be done to break the stigma associated with mental health and its correlation to violence.

As supported by campaigner (Eleanor) whom retorts “It pains me to see the media portray people with mental health issues in such a negative and derogatory way. I notice it more when I’m unwell and it makes me feel worse” [29].

Similarly, derogative stigmatizing language continues to grace the headlines of newspapers and news alike.

For example, headlines such as “Rapists, Paedophiles and Schizophrenics for Dykebar” [30] dominated the media when discussions were taking place over the possibility of a Medium secure forensic service being commissioned. During this time local protests reportedly hit new heights with the local MSP receiving death threats and clinicians shunning the ability to make statements to counteract the claims for fear of their own and family’s safety.

Likewise, the completion of a new medium secure mental health facility within Stobhill Hospital (Rowanbank Clinic) received similar media attention. Such as the publication which detailed “Child rapist..... moved from Car stairs to less-secure unit” [31] following their transfer to Rowanbank Clinic.

Additionally, within this article the withholding of important information, potentially creating false pretences could precipitate fear-mongering among the public. With plans for the clinic being described as “ludicrous” and the level of security being minimised to portray that an influx of risky people are being integrated unsafely into the immediate community appearing unjust.

Furthermore, on-going media coverage detailing the case of

Thomas McCulloch continues to dominate headlines within Scotland. Headlines such as “Axe killer Thomas McCulloch let out of prison for a day’s Christmas shopping in Dundee” [32] “Axe killer takes a stroll . . . in Dundee city centre” [33] and “Axe murderer Thomas McCulloch released to go shopping in Dundee” [34] have recently graced the media. However it could be argued that such headlines sell newspapers, as opposed to stories of recovery.

Despite such media publications, a report conducted for NHS Health Scotland (2010) found little evidence to support societal negative attitudes related to violence and mental health [35].

As such, a focus on the effect of violent behaviour was identified as opposed to the attitudes towards violence, therefore, focusing upon the impact on the victim [36].

Additionally, an on-going challenge within Scotland is the intertextuality between critically inquiry reports and the media, which persistently report a correlation between mental illness and violence, in particular homicide [37].

For instance, within the inquiry into the care and treatment of Mr L and Mr M [38] Mr L was found to have relapsed into mental illness at the time in which he murdered Mr M. As such, Mr L was reported to pose a dangerous level of risk to others when mentally unwell.

However, it was concluded that Mr L’s apparent relapse into mental illness had not been adequately identified or acted upon despite him displaying significant relapse signatures.

Similarly, although the inquiry into the case of Mr F [39] found that while Mr F had received adequate care and treatment for his alcohol problems, his mental illness was undertreated as they perceived his mental ill health to be a bi-product of his alcohol consumption, therefore, focusing on this as their primary focus.

Additionally, the clinician’s closeness to Mr F did not allow them to adopt perspective to the case. As such, clinicians failed to recognise relapse signatures that were present and the heightened level of risk displayed by Mr F. Consequently, resulting in the death of his father and significant injury to himself.

Clinical guidance and government policy

Societal fears and the response of the government to the unprecedented risk of people suffering from mental illness have contributed to a change in the policy and practice of forensic mental health care [40].

Consequently, mentally disordered offenders and others requiring a similar level of care should expect a high quality of care, within their demographic area that is recovery focused, under conditions of no greater security than is justified by the degree of risk in which they pose [41].

As such, the assessment and management of risk have become a fundamental component of forensic mental health care [42].

Moreover, the [43] and Sainsbury Centre for Mental Health [44] provide legislative guidelines and documentation, implying that the priority of forensic mental health services is to reduce the level of risk posed by such individuals.

Therefore, the responsibility for assessing and managing the

prediction of risk and eradicating the potential for future violent behaviour is considered a core skill of practitioners [45,46].

Consequently, risk assessment has become firmly embedded within political drivers [47,48], guidelines [49] and best practice statements [50], promoting fundamental principles in the provision of care to ensure the safety and security of patients, staff and organisations [51,52].

Conclusion

The correlation between violence and mental health has been shown to be a common myth when appropriate studies take cognisance of confounding variables that may influence such behaviours.

As such, perhaps more can be done in the future to consider the predisposing, precipitating, perpetuating and protective factors Dudley and Kuyken, 2006, cited in that consequently predict risk occurring in order to diminish the potential for violence occurring.

Consequently, breaking the ongoing cycle of negative media portrayals that take birth from such events and in particular, prior to, during, and following critical inquiries.

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