Violence and Crisis: a Behavioral Health Lens

Violence in the Community: Contributing Factors

- Prior history of violence
- Substance use
- Access to weapons
- Economic distress
- Family problems
- School/workplace problems
- **Mental health Issues**
- Medical problems

Links with Violence and Behavioral Health Issues

- Can we predict violence -- NO
- Media reports can both [+] ↑ awareness, and [-] ↑ public's perceived link btwn violence & mental illness
- Psychosis (*over other mental health issues*) most linked to violence: one may believe they are: being spied upon, followed, plotted against, under external control, or thoughts inserted
- Recent study linked schizophrenia and violence – but ONLY if persecutory delusions emerge in untreated schizophrenia. Persecutory delusions: *one of the most common types of delusion subtypes in psychotic disorder, centering around a person's fixed, false belief that others aim to obstruct, harm, or kill him/her.*
- Risk of adverse outcome is **7.5 times higher** for persons with schizophrenia/related psychosis conditions

General Risk Factors for Violence by People with Mental Illness

- Poor impulse control / impulsivity
- Hostile behavior
- Lack of insight
- Recent alcohol and drug misuse
- Non adherence with behavioral therapies
- Non adherence to medications
- Criminal history
- History of victimization
- Previous suicide attempts

Delusions, Hallucinations and Violence

- Risk of violence higher when:
    - Co-existing delusions, knowing the voice's identity, believing the voices are real, believing voices are benevolent and/or powerful
    - Individual has few coping strategies to deal with voices, or does not feel in control over voices
- Hallucinations exist that generate anger, anxiety, or sadness
- Individual has sense of personal superiority over assessor

Affective Disorders *(Depression, Bi-Polar, Anxiety Disorders)*

- Depression linked to murder-suicides:
    - 80% filicide-suicide mentally ill (60% depression)
- If depressed, violence more likely if violent in last 10 weeks — more likely if alcohol involved
- Mania (as in Bi-Polar Disorder) NOT actually higher risk
    - Substance abuse more important indicator for risk, as well as family history of violence

Role of Alcohol and Substance Abuse

- 47% of Defendants in a recent study had a Substance Use diagnosis (11% had other MH diagnoses)
    - Only 4% with a psychotic disorder!
- 37% of suicide decedents had acute levels of alcohol in their bodies
- Acute use increases suicide attempts by up to 6 times
- Substance use, especially combined with psychiatric illness, increases impulsivity and suicidality, aggressive behavior, and being a victim of aggression
- Brain chemistry involved in mixed, multiple pathways; GABA can both reduce impulsivity but also reduce attention and lead to increased impulsivity
- Mania, acute use of substances, stress and sleep deprivation caused mixed brain signals
- Binge drinkers (not substance dependent) are more likely to have fights, accidents, and suicidal behavior verse people who drink or get drunk every day

Assessing for Violence risk: *very difficult—consider* **"D.I.S.T.U.R.B.E.D."**

- **D**emographics: Young, male, cognitive defects, unemployed, homeless, financial trouble
- **I**mpulsivity: Especially of diagnosed antisocial or borderline
- **S**ubstance use: alcohol, phencyclidine, steroids, meth, inhalants, cocaine, "bath salts"
- **T**hreats: Vocal and if specific target, very high risk
- **U**ntreated psychosis: recently admitted, paranoid delusions, highly disorganized
- **R**epeat violence: history of violence best predictor—more violent, more risk
- **B**ehaviors: punching wall, breaking things, tight facial muscles, clenching fists, pacing
- **E**agerness: eager to commit an act of violence
- **D**istress: concerned about safety, fearful