

Clinical Approaches of Mental Illness

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DESCRIPTION

Violence may be more of an issue in patients diagnosed with personality disorders and substance dependence. The overall impact of mental illness as a factor in the violence that occurs in society as a whole appears to be overemphasized, possibly intensifying the stigma already surrounding psychiatric disorders.

Over time, there seems to have been a progressive convergence of mental illness and violence in day-to-day clinical practice. From early declarations disavowing the competence of mental health professionals to predict violence, there has been a growing willingness on the part of many mental health professionals to predict and manage violent behaviour. With the advent of actuarial risk assessment tools, violence risk assessments are increasingly promoted as core mental health skills: expected of mental health practitioners, prized in courts of law and correctional settings, and key aspects of socially responsible clinical management.

In some countries, such as the United States, public opinion has become quite sophisticated. The public judge the risk of violence differently, depending on the diagnostic group, with rankings that broadly correspond to existing research findings. For example, Pescosolido et al. surveyed the American public (N=1,444) using standardized vignettes to assess their views of mental illness and treatment approaches. Respondents rated the following groups as very or somewhat likely of doing something violent to others: drug dependence (87.3%), alcohol dependence (70.9%), schizophrenia (60.9%), major depression (33.3%), and troubled (16.8%). While the probability of violence was universally overestimated, respondents correctly ranked substance abusers among the highest risk groups. Similarly, they significantly overestimated the risk of violence among schizophrenia and depression, but correctly identified these among the lower ranked groups.

Scientists are less interested in the occurrence of isolated acts of violence among those with a mental illness, and more interested in whether the mentally ill commit acts of violence with greater frequency or severity than do their non-mentally ill counterparts. Therefore, the question of whether the mentally ill are at a

higher-than-average risk of violence is central to the scientific debate.

It is important to keep in mind that both serious violence and serious mental disorder are rare events. Therefore, it is difficult to judge the practical importance of findings that may show an elevated risk of violence among samples of mentally ill as they tell us little about public risk.

Using a similar approach, a Canadian study asked what proportion of violent crimes involving a police arrest and detention could be attributed to people with a mental disorder. They surveyed 1,151 newly detained criminal offenders representing all individuals incarcerated in a geographically defined area. Three percent of the violent crimes accruing to this sample were attributable to people with major mental disorders, such as schizophrenia or depression. An additional seven percent were attributable to offenders with primary substance abuse disorders. Therefore, if major mental illness and substance disorder could be eliminated from this population, the proportion of violent crime would drop by about 10%.

Several general conclusions are supported by this brief overview. First, mental disorders are neither necessary, nor sufficient causes of violence. The major determinants of violence continue to be socio-demographic and socio-economic factors such as being young, male, and of lower socio-economic status.

Second, members of the public undoubtedly exaggerate both the strength of the relationship between major mental disorders and violence, as well as their own personal risk from the severely mentally ill. It is far more likely that people with a serious mental illness will be the victim of violence.

Third, substance abuse appears to be a major determinant of violence and this is true whether it occurs in the context of a concurrent mental illness or not. Those with substance disorders are major contributors to community violence, perhaps accounting for as much as a third of self-reported violent acts, and seven out of every 10 crimes of violence among mentally disordered offenders.

Violence is not a symptom of psychotic illness. The relationship between mental illness and violence is complex. Research

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Received date: June 01, 2021; **Accepted date:** June 15, 2021; **Published date:** June 22, 2021

Citation: Abate M (2021) Clinical Approaches of Mental Illness. J Foren Psy. 6:174

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suggests there is little relationship between mental illness and violence when substance use is not involved.

Many health service psychologists will, at some point in their careers, evaluate, treat, or study the relatively small number of people with serious mental illness who have committed or have the potential to commit violence toward others. Most often they see these individuals in psychiatric inpatient or forensic settings, but occasionally in private practice as well. Many more

psychologists have also treated clients who have contemplated or even completed suicide, considered by some to be violence against the self.

To aid psychologists' understanding of this challenging phenomenon, there is a growing body of research that is helping to tease apart why some people with serious mental illness are prone to aggression or violence while others are not, and how clinicians and others can help.