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The Flawed Mental Health System Is Not Responsible For Mass Murder

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Every time there is a highly publicized mass murder in the United States, there are calls to fix America's "broken" mental health system. This is an unfortunate mistake based on [persistent myths](#) that people with mental illness are violent and that anyone who commits such an atrocity must be "sick".

The truth is that:

- [People with mental illness rarely commit homicide](#), and few homicides are committed by people with mental illness. About 5% of homicides are committed by people with psychotic conditions.
- [People with serious mental illness are far more likely to be victims](#) than perpetrators.
- [Most mass murders](#) are committed by people who are not seriously mentally ill including:
 - Terrorists
 - People who commit purposeful acts of murder or manslaughter or who commit crimes that result in unintended deaths
 - Perpetrators of domestic violence
 - People seeking revenge
 - And more.

In its *Global Study on Homicide*, the UN Office on Drugs and Crime recognizes multiple motivations for murder and divides homicides into 3 types: socio-political, interpersonal, and criminal. But murder by people with psychosis is so rare that it is included only as a footnote.

- People with mental illness are far [more likely to take their own lives](#) than the life of another person. This is getting worse. The rate of suicide has increased 20% since the beginning of the 21st century and is now more than double the rate of homicide, which has declined 12%.

There are, of course, many reasons to try to improve America's mental health system—especially

- its [failure to serve 60% of Americans with diagnosable mental disorders](#)
- its [failure to provide even “minimally adequate care”](#) more than 1/3 of the time
- [low life expectancy](#) of people with serious mental illness,
- continuing [homelessness](#),
- disproportionate incarceration of [people with serious mental illness in jails and prisons](#),
- the [fragmentation](#) of physical health, mental health, and substance abuse services,
- [workforce shortages](#),
- and more.

Unfortunately, when reducing violence becomes the *raison d'être* of efforts to improve mental health policy, there are calls for increased use of coercive interventions—more inpatient and outpatient commitment and more use of hospitals generally. Some have even called for a [“return to the asylum”](#).

Many mental health professionals favor increasing coercion. But many oppose it, and sadly, an ideological battle has emerged between (1) those who believe that deinstitutionalization has gone too far and (2) those who believe that there is a vast shortage of community-based services, especially housing, as well missed opportunities for criminal justice reform.

This ideological difference has created a community divided against itself and damaged efforts to achieve needed improvements in the mental health system.

To win beneficial changes, mental health advocates need to put their ideological differences aside and work together to achieve [changes that everyone agrees are necessary](#).

Would a better mental health system reduce homicide? Maybe a little. No one really knows. But there's considerable reason to believe that more and better services could help people suffering from mental disorders and perhaps reduce the incidence of suicide—goals eminently worth pursuing.

So, when politicians who oppose gun control argue that it is not guns but madmen who are responsible for mass murder, all medical and mental health professionals should strongly counter their false claims with the truth about the near irrelevance of mental illness to murder.