Mass murder is not a mental health matter

Michael B. Friedman

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EDITORIAL

Mass murder is not a mental health matter

You can be sure that the next time there is a highly publicized mass murder in the United States, there will be calls to fix America's "broken" mental health system. How should a mental health advocate respond?

It is tempting to take advantage of the attention given to mental health after such tragic events and to ask for increased funding and other policy changes to improve America's inadequate mental health system.

But using mass murders as an opportunity to advocate for a better mental health system gives the false impression that mental illness is a major contributor to violence and that a better system will result in a significant reduction of these terrible events.

Yes, the mental health system is inadequate. And yes, mental health is mostly a matter of political indifference. But taking advantage of false and stigmatizing beliefs about people with mental illness in order to draw attention to the importance of mental health perpetuates the myth that people with mental illness are violent, and it spreads baseless fears.

The truth is as follows:

- 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 (Taylor & Kalebic, 2018).
- People with serious mental illness are far more likely to be victims than perpetrators (Teplin, McClelland, Abram, & Weiner, 2005).
- Most mass murders are committed by people who are not seriously mentally ill[1] (Taylor & Kalebic, 2018) 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[2] (Teplin et al., 2005; U.N. Office of Drugs and Crime, 2014)
- People with mental illness are far more likely to take their own lives than the life of another person (Friedman & Nestadt, 2015). This is becoming an increasingly serious problem. 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% (US Centers for Disease Control, WISQARS. This is a comparison of the first 5 years of the 21st century to the most recent 5 years in the CDC data base, 2012–2016).

Unfortunately, when reducing violence becomes the *raison d'etre* 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" (Sisti, Segal, & Emanuel, 2015).

Many mental health professionals favor increasing coercion; many oppose it. Sadly, an ideological battle has emerged between those who believe that deinstitutionalization has

gone too far, resulting in homelessness and unjust incarceration of people with mental illness in jails and prisons and those who believe that homelessness reflects a vast shortage of community-based services, especially housing, and that the number of people with mental illness in jails and prisons reflects both the shortage of services and a criminal justice system in vast need of reform.

This ideological difference damages efforts to achieve needed improvements in the mental health system. We have become a community divided against itself.

To win beneficial changes in a political context, we need to put our ideological differences aside and work together to achieve changes that everyone agrees are necessary (Friedman, 2015) to address the mental health system's shortfalls, especially its failure to serve 60% of Americans with diagnosable mental disorders and its failure to provide even "minimally adequate care" more than 1/3 of the time, as it currently does (Wang et al., 2005).

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.

Therefore, when politicians who oppose gun control argue that it is not guns but madmen who commit mass murder, we should strongly counter their false claims with the truth about the near irrelevance of mental illness to murder. And we should unite as a community to advocate for critical changes that have little to do with violence towards others.

Notes

1. Some argue that any act of murder is "sick." This raises a very complex question about the relationship between abnormal behavior and mental illness. Given the current system of psychiatric diagnosis, however, mental illnesses do not include all forms of abnormal behavior. Whether they should is a topic for another time.
2. In its *Global Study on Homicide*, the United Nation Office on Drugs and Crime recognizes multiple motivations for murder and divides homicides into the following three types: socio-political, interpersonal, and criminal. But murder by people with psychosis is so rare that it is included only as a footnote.

Disclosure statement

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Michael B. Friedman LMSW
Columbia University School of Social Work, New York, NY, USA
✉ mf395@columbia.edu