

Violence, Trauma and a Path Forward

National Dialogues on Behavioral Health

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Disclosures

- In addition to her NASMHPD role, Dr. Pinals serves as Adjunct Clinical Professor of Psychiatry, University of Michigan and Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services, and psychiatric expert in litigation related to systems and consults to jurisdictions, organizations and federal entities
- Dr. Pinals has no conflicts related to this presentation

Case Vignettes

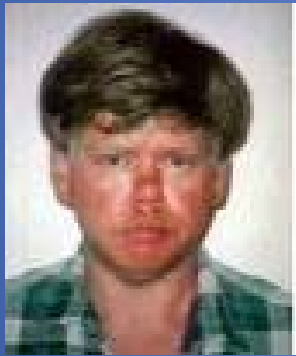
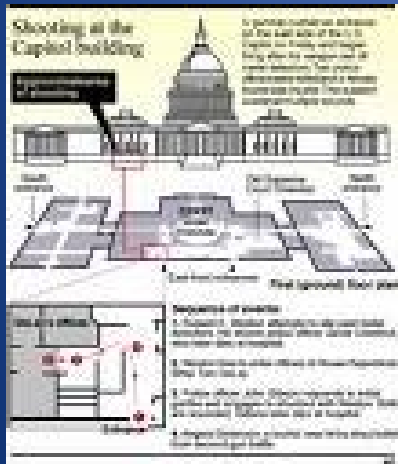
- *Scenario 1: An 18-year old man with no psychiatric history is brought by police to the emergency department at the insistence of his family after he punched a hole in the wall and was yelling at voices only he could hear.*

Case Vignettes

- *Scenario 2: A 28 year-old man on probation with a long history of depression and repeated appearances in jails, substance use facilities and psychiatric inpatient units was admitted to a substance use program as an alternative to incarceration after overdosing on heroin and alcohol and a new designer drug. On admission, he frequently exhibited anger and hostility. He has a history of early trauma, multigenerational criminal justice involvement, and homelessness.*

Case Vignettes

- *Scenario 3: A 37 year-old woman was acquitted as not guilty by reason of insanity on a charge involving the killing of her baby six years prior. She has mild intellectual disability with a psychotic illness. At the time of the offense she was experiencing delusional beliefs that her baby needed saving as voices told her to drown the child. She is now being evaluated for discharge.*



Clinical Contexts for Violence Risk Assessment

- Emergency rooms
- Inpatient medical floors
- Inpatient psychiatric units
- Outpatient clinics
- Specialized assessments
 - Civil Commitment
 - Risk of Harm to third parties (*Tarasoff, etc.*)
 - Stalking, firesetting, sex offending, etc.

Public Perception: What do people really know about mental illness?

- Learned from literature
- Learned from newspaper
- Learned from other media
- Learned from personal experience
- Learned from observing someone known
- Learned from school, training, etc.

Public Opinion Poll 2013*

(Barry et al. NEJM 2013)

	STATEMENT	% WHO AGREE
	People with mental illness are by far more dangerous	46%
	Willing to work with a person with mental illness	29%
	Favor insurance coverage that is equivalent for mental health/drug and alcohol services that is equivalent to medical coverage	69%
	Want to see more spending on mental health treatment	59%
	Agreement that discrimination against people with MI is a serious problem	58%
	Agree that most people with serious mental illness can recover with treatment	56%

Examining Some Data

Mental Illness and Violence: Examining the Science and the Data

- Data regarding the association between violence and mental illness is complex
- Ongoing societal belief of a strong association between mental illness and violence
- Studies have had numerous methodological challenges
 - No consistent definition of “violence”
 - No consistent definition of “mental illness”

ECA Surveys: Violence and Psychiatric Disorders in the Community

(Swanson et al 1990)

Diagnosis	Percent Violent*
No Disorder	2
Panic d/o	12
Major Depression	12
Mania or Bipolar d/o	11
Schizophrenia	13
Cannabis Abuse/Dep	19
Alcohol Abuse/Dep	25
Other Drug Abuse/Dep	35

MacArthur Violence Risk Assessment Study (Steadman et al 1998)

- 1000 discharged civil patients, across three cities, q 10 wk follow-up for one year
- Use of agency records, subject, and collateral sources not just one source
- Violence defined

MacArthur Violence Risk Assessment Study (Steadman et al 1998)

- Co-occurring substance abuse was a major risk factor for violence
- “Mental Illness” is not one thing
- **Persons with mental illness without substance use were no more violent than comparison community sample without substance abuse**

National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

Elbogen and Johnson 2009

- 34,653 subjects
- Incidence of violence significantly higher for people with mental illness but only for those with co-occurring substance use disorders
- Other factors associated with violence (and also reported more by people with mental illness)
 - Historical (past violence, juvenile detention, physical abuse, parental arrest record)
 - Clinical (substance use, perceived threats)
 - Dispositional (age, sex, income)
 - Contextual (recent divorce, unemployment, victimization)

Trauma and Violence

- Symptoms of PTSD predispose youth toward impulsive violence (Dwain et al 2005)
- PTSD especially in combination with substance use, co-morbid psychiatric conditions may increase risk in veterans (Norman et al 2015)

Mental Illness and Violence

- Substance use is a major risk factor for violence
- There is a small relationship between violence and mental illness
 - Relative risk: 3-5x
- Substance use with MI increases risk
- Trauma is a risk factor that needs further study
- Most persons with mental illness not violent
- Most violence not caused by persons with mental illness

Predictors of criminal justice involvement in severe mania

(McCabe, Christopher, Pinals, Fisher 2013)

- Unemployment
- Non-White
- Past juvenile detention
- Prior arrests while using substances or when manic
- Illicit drug in the past year
- Mania is characterized by both social and occupational impairment
- Lack of health insurance while experiencing both social and occupational impairment

Violence and Mental Illness

- Much more likely self-directed (suicide)
- Violence toward others, when it occurs, more likely toward a family member or someone close to the person

Mental Illness and Violence

- Most persons with mental illness not violent
- Most violence not caused by persons with mental illness
- **Substance use and other factors beyond mental illness play a significant role in increasing risk of violence**
- **Persons with mental illness more likely to be victims of violence than perpetrators of violence**
- Need more research and training to assist police who see a people in complex emotional states
- Pathways to violence are increasingly important to understand

Risk Assessment Tools

Violence Risk Assessment Tools: Examples

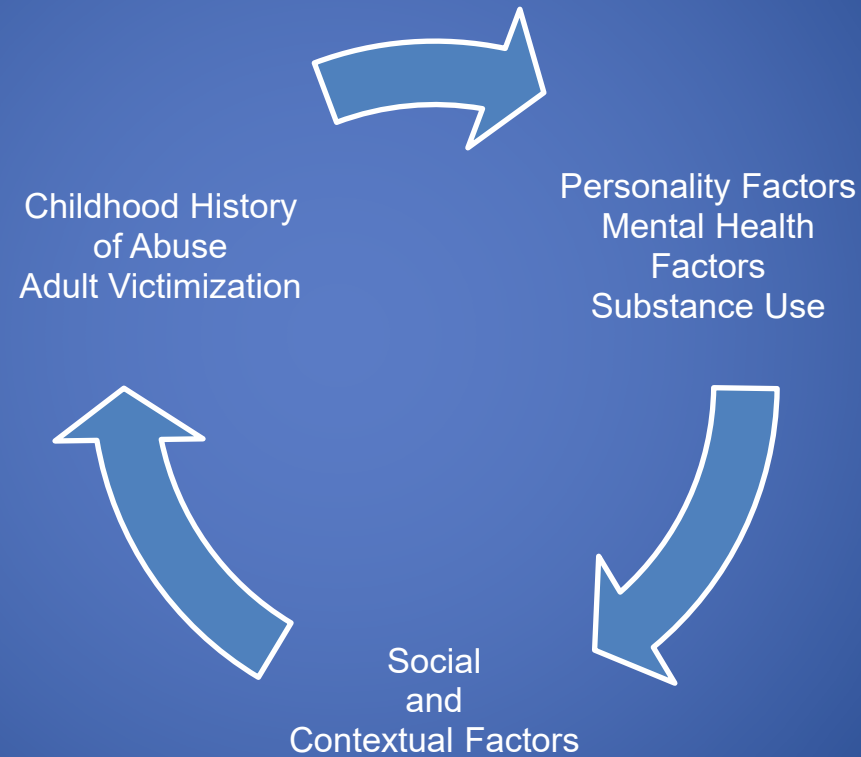
- Violence Risk Appraisal Guide (VRAG), Harris & Rice 2006
- Historical Clinical Risk Management-20, Version 3 (Douglas, Hart, Webster, & Belfrage, 2013)
- Iterative Classification Tree Method: COVR (Monahan et al 2000, 2001, 2005)
- DASA
- BrØcet

Common Responses to Tragic Stories

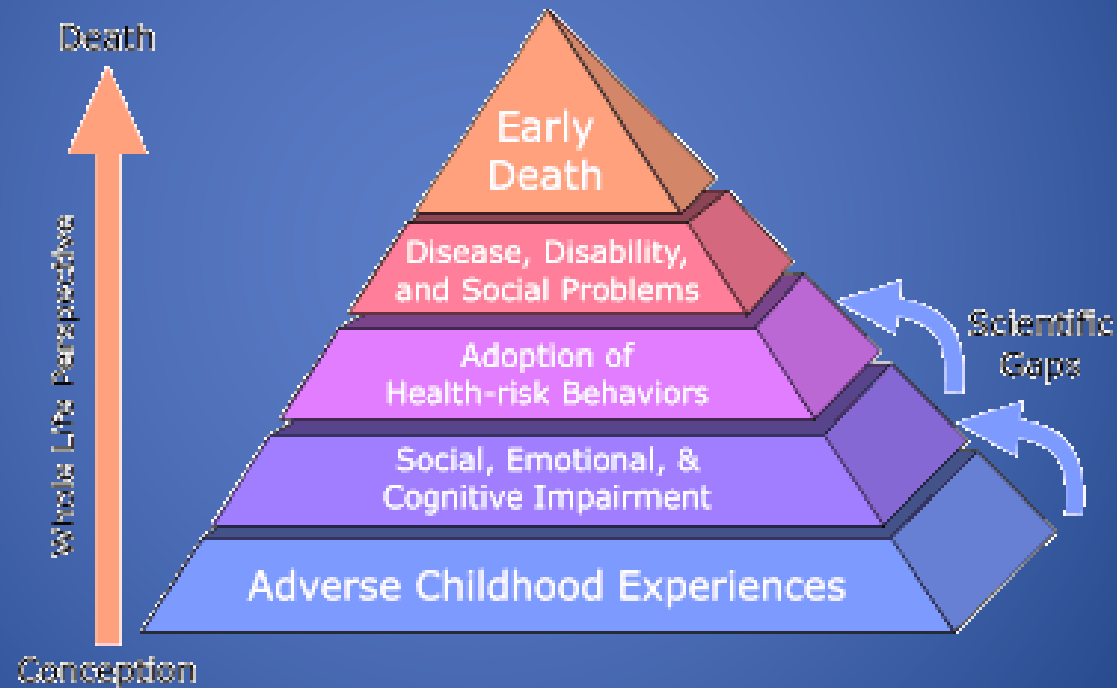
- Scrutiny and conclusions based on misinformation or missing information
- Lumping all cases together...“Just like the last time...”
- Increasing fear and decreasing the capacity for reasoned responses
- Policy “solutions” may have additional problems
- Increased stigma
- Reluctance for those in need to seek help
- Still, lessons learned are important

Taking a Step Back

Contributory Factors: Violence Cannot be Looked at in Isolation



ACE Study Conceptual Framework



Risk Assessment and Risk Management

- Routine part of clinical care
- Violence risk is lower than suicide risk so attention to one cannot replace the other
- Incorporating individual goals in understanding the individual
- Recovery is real in many cases
- Illness Management may be lifelong
- Treatment can reduce risk of violence and suicide
 - Identification and linkages to available treatment important
- When to use involuntary commitment

Criminal Justice System

- Law recognizes some individuals may not be responsible even if they committed a criminal act (e.g., seizure-related assault).
- When a person with mental illness engages in criminal behavior, it may be for the same reasons as a non-mentally ill person (“criminogenic factors”)
- Important to consider options available and basis for both violent and non-violent offenses

Harm Reduction: Building Safety Networks

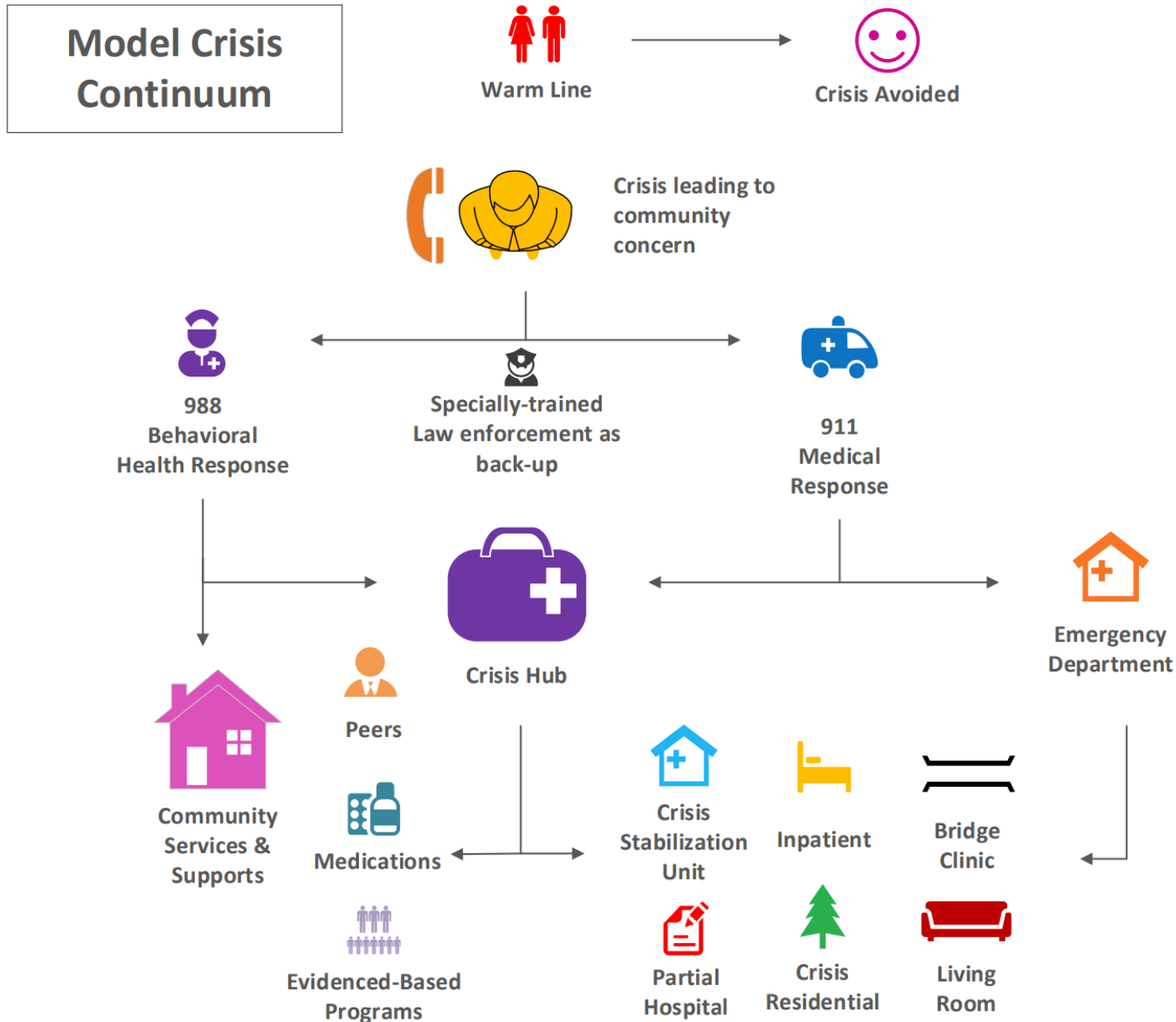
- Individual
- Family/Friends
- Peer supports
- Community at Large
- Spiritual connections
- Mental health providers
- Criminal justice partners

“The weighty task of mental health professionals guarding public safety while delivering care cannot be robotic; it must be informed by critical thinking in clinical contexts and by evolving research on violence risk assessment. Mental health clinicians faced with real-world situations involving violence risk assessment will continue to need to balance tensions between safety, coercion, and fairness as they incorporate ethically, clinically, and empirically sound approaches that will often pivot around statutory and regulatory obligations and limitations.” Pinals DA Harvard Rev Psychiatry 2021



Adapted from: <http://www-edc.eng.cam.ac.uk/research/healthcaredesign/hd4/medicationsafety/>

Figure 2: Flow of an Interconnected Model Crisis Continuum



Pinal DA. Crisis Services: Meeting Needs, Saving Lives. NASMHPD 2020 <https://www.nasmhpd.org/sites/default/files/2020paper1.pdf>

NASMHPD

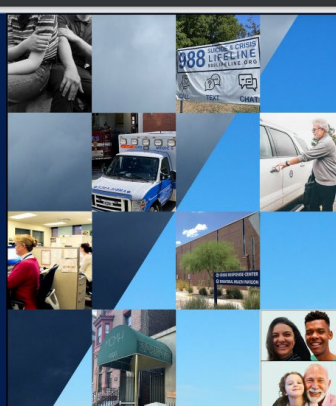
CRISIS SERVICES

Meeting Needs,
Saving Lives



SEPTEMBER 2020

Accessible • Interconnected • Effective • Just



FROM CRISIS TO CARE

Building from 988 and Beyond for Better Mental Health Outcomes

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A Series of 10 Technical Assistance Briefs

READY TO RESPOND

MENTAL HEALTH
BEYOND CRISIS
AND COVID-19



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Reimagining a Sustainable and
Robust Continuum of Psychiatric Care

September 2021

2023

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Strategies For Accessible and Effective
Crisis and Mental Health Services

A Series of Ten Technical Assistance Briefs to Foster Unity and
Strengthen Continuity Across Crisis Response and Treatment Systems

SAMHSA
Substance Abuse and Mental Health
Services Administration

Future Directions

- Continuously better approaches to helping individuals with mental illness live productive and safe lives in their communities
- Continuously better approaches to partnering around community challenges



Thank you!

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