

# HUFFPOST HEALTH

THE INTERNET NEWSPAPER: NEWS BLOGS VIDEO COMMUNITY

**Michael B. Friedman, LMSW**

Adjunct Associate Professor, Columbia University's schools of social work and public health

January 18, 2011

## **The Arizona Killing: Let's Get the Facts Before We Act**

Horrifying, but rare events, like the killings in Arizona, sometimes result in changes in public policy that calm the fears evoked by the events, but which may not actually reduce the risk that they will occur again. Of course, calming public fears can be useful, particularly to elected officials, who need to show their constituents that they are taking action to protect them from what everyone hopes are preventable events. Hopes, however, are not realities. Sadly, not all terrible events are preventable. And it is far easier to create emotionally satisfying changes in policy than to create changes that will work.

In response to the assumption (which may or may not be true) that the man who shot and killed so many people in Arizona is severely mentally ill, many people are questioning mental health policy in the United States. Some are calling for increased use of coercive interventions and for more use of inpatient treatment. Some decry these approaches and argue instead for increased availability of, access to, and engagement in mental health services in the community.

Those who call for increased coercion generally refer to research findings that people with serious mental illness are somewhat more likely to commit acts of violence than those who do not have serious mental illness. Those who argue against increased coercion generally refer to research findings that people with serious mental illness are not more likely to commit acts of violence than others in the absence of other factors such as substance abuse and that they are more often victims than perpetrators of violence.

Before jumping to a conclusion, policy makers should look carefully at the available research. To do so they will need to ask the right question. The issue raised by the incident in Arizona is not about the possible link between mental illness and violence, which has been the center of most of the debate. Studies about violence in general include getting into fights, waving weapons to threaten people, and other relatively minor acts as well as acts that result in serious injuries or deaths. The question provoked by incidents like the one in Arizona should really be about the link between severe mental illness and homicide. To be more precise, the question should be about the link between mental illness and killing strangers. (Most homicides involve family or acquaintances).

Unfortunately, it appears that little is known about mental illness and "stranger homicides" in the United States. Researchers ([Nielssen et al 2009](#)) recently reported the findings of an analysis of seven research studies in the developed world about psychosis and homicide. They noted that

they were unable to find studies about the incidence of stranger homicide by people with psychotic illness in the United States.

However, what they report about stranger homicide in other parts of the world is important. First, it is extremely rare -- approximately 1 per 14 million population. If that is the rate in the United States, there would be about 21 stranger homicides by people with psychotic illness per year. Second, it is even rarer among people who have had treatment for mental illness than among those who commit homicide during their first episode of psychosis, prior to identification and treatment.

What do these findings suggest as sound public policy?

1. As awful as it is when a person with a severe mental illness murders people, we should be careful not to over-react to these exceedingly rare events.
2. Much more research is needed regarding the incidence of stranger homicide and murderous rampages by people with severe mental illness and about what distinguishes them from the vast, vast majority of people with mental illness, who do not commit such acts.
3. Earlier identification of people experiencing their first episodes of psychosis and helping them get good treatment might reduce the already low rates of stranger homicide.
4. Earlier identification of people who have dropped out of treatment for psychotic conditions and outreach to re-engage them in treatment might also be helpful. ([New York City and New York State have started a joint project](#) to do this. It will be important to see what the outcomes are).

Should there be increased use of coercive interventions so as to prevent stranger homicide by people with psychotic illness? Should there be improved access to high quality mental health services? The recent research data suggest that what is important is early identification and engagement in treatment.

The aftermath of a tragedy is often the occasion for unreflective action to quell public fears. It can also be an opportunity for reflective policy change. Let's be careful to base responses to the horrifying shootings in Arizona on the facts and not on fears and futile hopes.