

# Statement on Violence

## *Psychiatric Treatment Reduces the Risk of Violent Behaviour in Individuals Experiencing Severe Mental Illness*

Evidence suggests that people with serious mental illness who receive effective treatment are no more dangerous than individuals in the general population.<sup>i</sup>

### **Research has shown:**

- Most individuals with serious mental illness are not violent, and
- Most acts of violence are committed by individuals who are not mentally ill<sup>ii</sup>
- Most violent acts carried out by an individual with a serious mental illness happen when they are not receiving effective treatment<sup>iii</sup> and/or misusing alcohol or drugs.<sup>iv</sup>

“The violence issue among individuals with Schizophrenia is a treatment issue, nothing more nor less.”

— E. Fuller Torrey

Symptoms of mental illness, such as paranoid ideas and command hallucinations, are common across several psychiatric diagnoses including schizophrenia.<sup>v</sup> The worldwide lifetime<sup>vi</sup> prevalence rate is typically estimated to be 1.8% for schizophrenia<sup>vii</sup> and 4% for psychotic disorders more broadly.<sup>viii</sup>

Studies indicate that these kinds of delusional/psychiatric symptoms, rather than a diagnosis itself, appear to increase a person’s risk of violent behaviour.

However, appropriate psychiatric treatment—consisting of effective medication and psychosocial support—has been shown to reduce the risk of violence. Treatment appears as important for public safety as for personal health.<sup>ix</sup>

**When people with a serious mental illness are treated, they are no more likely to be violent than the general population.<sup>x</sup>**

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In British Columbia, the Mental Health Act provides an important legal framework to ensure that individuals who are severely ill and unable to recognize their need for treatment can receive timely care, even when they may not voluntarily seek help. BCSS supports the appropriate and compassionate use of the Mental Health Act to protect individuals' well-being, promote recovery, and enhance public safety.

In summary, when looking at the connection between violence and serious mental illness such as schizophrenia, the emphasis needs to be on (1) accessing and receiving treatment as soon as possible, and (2) increasing adherence to treatment.

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### References

- [i] Steadman, HJ, Mulvey, EP, Monahan, J, et al. Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. *Arch Gen Psychiatry* 1998;55:393-401 [\[Link\]](#)
- [ii] DeAngelis, Tori. "Mental illness and violence: Debunking myths, addressing realities" *American Psychological Association* Vol 52 No 3(2021) [\[Link\]](#)
- [iii] Fazel, S., Zetterqvist, J., Larsson, H., Långström, N., Lichtenstein, P. (2014). Antipsychotics, mood stabilisers, and risk of violent crime. *Lancet*, 374, 1206-1214.
- [iv] Victoria State Government, Department of Health, Better Health Channel "Mental Illness and Violence" [\[Link\]](#)
- [v] Friedman, Richard A. "Violence and Mental Illness—How Strong is the Link?" *New England Journal of Medicine* November (2006) [\[Link\]](#).
- [vi] Prevalence rates can be reported on an annual or lifetime basis. Annual rates indicate the number of individuals presenting with an illness in any given year and lifetime rates indicate the number of individuals presenting with an illness at some point in their lives. Therefore, annual prevalence rates tend to be lower than lifetime prevalence rates.
- [vii] BCSS. Schizophrenia Prevalence Position Paper (2024) [\[PDF Link\]](#).
- [viii] Lecomte T, Addington J, Bowie C, et al. The Canadian Network for Research in Schizophrenia and Psychoses: A Nationally Focused Approach to Psychosis and Schizophrenia Research. *The Canadian Journal of Psychiatry*. 2021;67(3):172-175. doi:10.1177/07067437211009122
- [ix] Taylor, P.J., Leese, M., Williams, D., Butwell, M., Daly, R., Larkin, E. (1998). Mental disorder and violence. *British Journal of Psychiatry*, 172, 218-226.
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