

NAMI Ask the Expert:
An Evidence-Based Conversation on Violence and Mental Illness
Featuring Eric Elbogen, Ph.D.
January 18, 2024

Ken Duckworth, MD ([00:00:00](#)):

Hello everybody. Thanks for joining. It's a great privilege to be NAMI's chief medical officer, and having gone gray, I've met a lot of smart people over time. One of them is Dr. Eric Elbogen, who's a psychologist and a professor at Duke University's Department of Psychiatry and Behavioral Health. Eric and I met at the Massachusetts Mental Health Center when I had brown hair. He reached out to me saying, "You know Ken? I've written this book on violence and mental illness. How to understand the literature?" And once I got that email, I asked him, "Could you please send me a copy?" He sent me a copy and I found it to be thoughtful, reasonable, evidence-based and reassuring in some fundamental ways, because pre-pandemic I would say this was among the most common questions that I was asked by media folks about the relationship between violence and mental illness.

([00:00:56](#)):

I want to remind you, we have about 800 people on this call. Put your questions in the chat. I'll do my absolute best to group them into categories of questions that I'll be asking the good doctor after we're done. Next slide, please. Conversations around violence can include things that can be triggering or upsetting. We have an incredibly capable team of people who are trained to take calls. It's a warm line of support. It's not a suicide prevention hotline. That's the 988 number, but we have people who are here to help. If you want to talk to somebody during this presentation or during the hours of 10:00 AM to 10:00 PM Monday to Friday, we serve tens of thousands of people a year through chat, text and phone calls.

([00:01:53](#)):

Next slide, please. Here's a picture of the good doctor. Again, he's a psychologist and he did forensic training, and I think some of his work in the forensic criminal justice space helped him develop this interest in understanding what is and isn't true about the relationship between violence and mental illness. Eric, I want to thank you for joining us for donating your time to NAMI and for the work that you have done in your career because I think you're dispelling a lot of negative stereotypes, so let me start by saying thank you and take it away.

Eric Elbogen, Ph.D. ([00:02:31](#)):

Well, thank you, Ken, for having me be here. It's an honor and thank you, Katie, for helping orchestrate this and the polls we're about to do in a second of everyone here. I'm going to want to know about who you are in the audience and what you're most interested in. It really is my real honor to be here to present. What I want to know is before even talking about this topic, who are you? Thanks for answering this, and we'll have the poll answers on in about 10 to 15 seconds. Okay. You could see about 6 out of 10 family members and a third people who have lived experience and 30% mental health professional. Thank you.

Eric Elbogen, Ph.D ([00:03:56](#)):

Now, what is drawing you to this topic? What do you find most important to you? You can select all that applied or what's most important, but what I want to do is in a way... These are actually what we're going to talk about for the next hour and a half. Also, I want to see and make sure that I cover and address the subject matter of this talk for you. Please answer those. Okay? Wow. Okay. Well, I guess this is very helpful for me to know. We will definitely be going over the science and talk about what the impact of blaming mental illness for violence does and also how we can move towards effectively reducing violence.

([00:05:21](#)):

I want to say before I go on, given what I'm seeing right now, I know that this is a difficult topic. I have worked with people with mental illness for over 30 years, and I want to acknowledge that from the beginning that this is emotional. It can be triggering like Ken said. I want to just thank you for having the courage to be here to listen to this and just want to acknowledge that I understand this is a difficult topic. I hope that something that I talk about stays with you and helps you and your family out.

([00:06:06](#)):

What I am going to talk about today is violence, and by violence maybe reviewing studies and research with that definition that you see. It's when someone hurts someone else, even if they don't hurt them, threatens them with lethal or serious harm. I won't be specifically looking at suicide or gun violence. I'm talking about violence generally. By mental illness, the research on it falls under what SAMHSA calls serious mental illness. We're going to be looking at research on psychotic disorders, bipolar disorders, and major depressive disorders. That's what I'm going to use the term, mental illness, because that's what the research calls it, and about 20% of people in the United States have a diagnosis of one of those three at some point in their lives. That's what we'll be talking about. But you're not off the hook yet for polls because I want you to get engaged in this.

([00:07:08](#)):

I'm going to be asking three more questions. Because we're talking about violence, I want you to start thinking about... Well, it's not only going to be about mental illness, but what other factors do you think are the strongest factors for intimate partner violence? And if you scroll down, what's the most frequent risk factor for mass attacks in public places and risk factors for perceived top cause of violence? That's what people think. Question number three is what do people think is the top cause of violence? Number two is what is the most frequent risk factor for mass attacks and what is the strongest risk factor for intimate partner violence? Please answer those and we'll see the answers in a second.

([00:08:39](#)):

Okay, the strongest risk factor for intimate partner violence was direct access to guns. The strongest risk factor for mass attacks was stressors in the environment. And the top perceived cause of violence was mental illness. I'm going to show you in a second, that is super impressive because the highest answers are the correct ones. If you're going to take away anything from this talk is if you have polls, and there are studies and surveys that ask, what is the strongest risk factor for violence? Mental illness is almost always listed as one of the top ones, but the reality, and this is just for six different types of violence, it's never ever ranked among the top five risk factors for violence. And I'm going to show you that today. The reality is very different than the perception.

Eric Elbogen, Ph.D ([00:09:55](#)):

The first thing is mental illness is not necessary for violence. You've probably heard the statistic before, about 5% of violence can be attributed to mental illness, but the vast majority of people with mental illness are peaceful and nonviolent. That also means mental illness is not sufficient for violence to occur. Those are not symptoms of mental illness, hatred, lacking empathy, criminal thinking. People with mental illness are actually much more likely to be victims of violence than those without mental illness. But what happens? How does it get exaggerated? Well, you'll have a violent incident that gains national attention. Unfortunately, everyone will recognize this because we've been in the cycle many times. Maybe there's mental illness involved, maybe not, but even when it's not, it's brought up in an early stage, there's guessing. No mental health person is evaluated.

([00:11:02](#)):

In fact, a lot of times what happens is there'll be a case where the person has mental health problems, but then it morphs into mental illness. To get more information it takes days, to get more about the perpetrator's background, and people have gone on to other stories, so what remains in people's minds is mental illness. Imagine violence is like a jigsaw puzzle, and it's like you pick up a single piece of the puzzle, the mental illness piece, and, "Oh, I've solved it." That's what's going on and that doesn't make any sense. But when tragedy happens, people think fast, they feel emotional, they're nonreflective, and they want a quick and clear answer. The thing is, violence has many factors. There isn't a single cause and that gets missed, that gets forgotten. Each act of violence is like a puzzle with multiple pieces. I'm going to talk about that today.

([00:12:13](#)):

If there's another thing that you might take away from today is not only is the link between mental illness and violence weaker than is perceived, but because of that exaggerated link that de-emphasizes and takes attention away from multiple other risk factors that are actually stronger. For example, history of criminal behavior, financial instability, not keeping guns safe, being male, personality traits like antisocial personality traits, lacking empathy. Those are actually stronger predictors, but they don't necessarily make it to those headlines. One of the issues that happens is that we need to remember that violence is not just that one puzzle piece, but there's a lot of puzzle pieces involved. I'm going to probably repeat that quite a bit because I think that's part of the key to not only fighting stigma against in the exaggeration of violence and mental illness, but actually the key to preventing violence in society.

([00:13:26](#)):

We want to oversimplify causes society does. The news and media make the connection seem worse than it is? And there's also sometimes really stigmatizing language that makes it sound like... In horrible language that says, "Oh, them." And not us. All of those function taking away the attention from other risk factors that really do contribute to violence, and those then feed into our cognitive biases. If you haven't heard of this, there's a whole host of these biases that all people have. One of them is the availability heuristic. It's this idea that if something happens and we ask ourselves, "Oh, why did that happen?" If the answer comes to mind quickly, then we incorrectly think that's an important reason. If it's quick and available, we think it's important. That's not true. But if the media is constantly saying, "Oh, mental illness, mental illness." Then it's the first thing that's going to come and then we have this bias to assume that that's what's going on, and that's important.

Eric Elbogen, Ph.D ([00:14:42](#)):

The other thing is the fundamental attribution error. That is this tendency that we have to blame the person and not the environment, to discount the environment of a person. That's also in some research I did actually on clinicians that these are not just in the public, but also clinicians. A lot of people have this fundamental attribution error where the mental illness is exaggerated in terms of it's distorted because you're not considering other factors. If there's all this exaggeration, well, what does this research really show? I apologize in advance, it's maybe a little dry. I'll do my best to make it interesting. This is going to be like, "What is the research?" And maybe a side thing will be, I'm going to talk about what the strengths and limitations are of different kinds of studies.

([00:15:46](#)):

That might be good for you to evaluate studies in the future, but the first study of this that really came out was in the early '90s, it was this national study and they did this structured diagnosis, which was really strong, but it was at a single time point and it was self-reported violence. And what they showed was that violence was related to being younger, being male, lower socioeconomic status, substance abuse and mental illness. But it was looked at 15 years later, and what they found is that link between violence and mental illness, actually a third of that connection was due to stressful life events and lack of social support. The take-home for that is if you only look at the link between violence and mental illness in isolation without considering the fact that that link, a whole bunch of it is like mental illness is associated with a stressful life events and so is violence, so there's another factor involved.

([00:16:56](#)):

You could see the quote on the bottom is statistically if you're only looking at two things, you might be missing that third, and that's really a confound. It's called a confound. In this case, that means that a lot of those events that link between mental illness and violence, a good third of it, is due not to the mental illness, but to stressful life events and lack of social support. I think that's beginning to show that this link between mental illness and violence is not as direct as one might think. The next study, this is the gold standard study, the MacArthur Violence Risk Assessment Study. They followed people, they interviewed them every 10 weeks. They had multiple violence measures, criminal arrest, self-report, family report, a whole host of clinician report. They followed them longitudinally, so it wasn't one time point and they had a structured diagnosis.

([00:17:59](#)):

The downside is that [inaudible 00:18:03] psychiatric hospitals in different states, but it's not a national sample, what they find. It was not predicted by mental illness alone, violence was not. It was co-occurring. Substance abuse, mental illness, not diagnosis, but by psychiatric symptoms of hostility and grandiose delusions. Look at this bottom study. This one, I think, is so important. They looked at the people who had psychotic disorders and they looked at before they were violent, whether they were having psychotic symptoms, and only about 1 in 10 of those times was the perpetrator who had a psychotic disorder where they experienced psychotic symptoms. That means almost by definition that in 9 out of 10 cases among people with mental illness, it wasn't the psychotic symptoms that were causing the violence. Some other risk factors had to be playing a role. It's another thing to think about. It's beginning to get more complicated. It's more direct.

Eric Elbogen, Ph.D ([00:19:10](#)):

Wait, is there a link between violence and mental illness? Well, not diagnosis, maybe symptoms, co-occurring substance abuse is relevant. It's getting more complicated. I'll summarize it. But I think the take-home from this is that at this point it's beginning to seem like that link between violence and mental illness is not as direct as typically thought. The next study, this was 34,000 participants. The benefit was that it was a national sample. This represented the United States. There was structured diagnosis. It was longitudinal, but again, it was self-reported violence, which is under-reported typically. What was found was not totally dissimilar is that without substance abuse, the individuals to mental illness were not more likely to engage in severe violence.

([00:20:12](#)):

This is the study that I was on and began to look at... Remember I was saying that, "Wait, there's other things that co-occur with mental illness and violence, childhood abuse." There's these vulnerabilities that people with mental illness have like lower income, being violently victimized. There are also violence risk factors. It's becoming apparent, it's really hard. It's, in fact, artificial to separate the mental illness from all the other risk factors. People who have mental illness might or might not have. This is a figure from the study. Now look at those two, I'm going to explain what this is in a second, but those two arrows, and I apologize, I am partially colorblind, but I think they're yellow. What those are is... This is from that sample of 30,000 people. And what you could see is that the none and the A are just the people in that sample who had mental illness and whether they were on the left, whether they were violent in the next three years.

([00:21:21](#)):

You could see that absent the substance abuse and history of violence, they're almost identical. There's no difference. But that doesn't mean that mental illness is irrelevant. The only difference between the two arrows to the right right now is the mental illness. What it shows is that when mental illness is co-occurring with substance abuse and history of violence, in this case, then that actually is elevating risk of violence. This also shows the intricacy of that link between violence and mental illness. And the mental illness alone, absent the substance abuse and history of violence it's barely... It's not really... Those are definitely equivalent on the left. But you could see the difference in B+C and A+B+C is severe mental illness. That does mean that there is some contribution. The last is these studies from the Swedish registries.

([00:22:31](#)):

You could see that they had decades worth of data for the entire population and is national samples, longitudinal, criminal records. But because it was these national samples, there was not the control of a structured diagnosis like the other studies. What did they find? Not very dissimilar. When schizophrenia... Now, little statistics here. Odds ratios, OR. What that means over there, the 4.4 means that people who had both schizophrenia and substance abuse were 4.4 times more likely than people without mental illness to have a violent crime. But look at the schizophrenia alone, that's 1.2. That's much lower. What that means is that having schizophrenia alone meant you were 1.2 times more likely to be violent than the general population. Again, that's slightly more than the general population. It's not one. If it was one, it would be exactly the same.

Eric Elbogen, Ph.D ([00:23:42](#)):

But it shows that there is a slight increase of schizophrenia alone, but much less than when it's co-occurring with substance abuse. Same thing with bipolar disorder. Very similar finding for that. I think that's really important to think about that... This is complex. People want to have simple answers, especially in the wake of tragedies. But the reality is that there is this complexity that you're seeing. Well, people with mental illness face these risks and vulnerabilities that may not have... Maybe they might, but they might have to do with people's mental illness, financial strain, social stress. You saw that a third of the link between violence and mental illness in that study was attributable to the social stress, not the mental illness. Also, as a diagnosis, it wasn't consistent. Now, symptoms like hostility and grandiose delusions were in the MacArthur study shown, but mental illness had a weaker connection. And even among people with mental illness, the symptoms proceeded only a fraction of the violent incident. Meaning it's almost revealing that there had to be other risk factors at play other than mental illness.

([00:25:21](#)):

It's too simple to say that mental illness it exists in a vacuum. It's embedded in a network of a lot of other risk factors. It includes other multiple risk factors. And here's the thing, a lot of the research has... Imagine you're in a dark room and you have a flashlight and you are beaming that flashlight on violence and mental illness, right? But turn on the lights and suddenly there's a whole bunch of like, "Wait a second. How...?" And that's what that research does. It looks at violence and mental illness. But what about all these other risk factors? When you turn on the lights, there are a ton of other risk factors to look at. How does mental illness compare to those? Those are general kinds of violence. What about specific types of violence?

([00:26:16](#)):

When I asked you those polling questions it began to get at... I asked what the strongest was. When we start looking at how does mental illness compare to other factors, this is a new set of inquiries. And unlike mass shootings, although the vast majority of mass shootings and mass murder are actually associated with domestic violence, there are over 500,000 domestic violence incidents a year, but far, far more common than the well-publicized mass shootings. You could see it, and it's not even mental illness, it's mental health issues. Now on the bottom it says effect size. What you need to know is that shows how strong... It's not just whether or not it's significant, it's how strong the effect is. And you could see that direct access to guns is a very large effect. Mental health issues, not even mental illness, was a small effect.

([00:27:22](#)):

And once you begin to realize, wait a second, there's all these other variables, and mental illness is not ranked really high. Sexual violence also common, much more common than a lot of the mass shootings. Mental illness is not in the top 10 and you're seeing a small effect size for general psychological problems. You're seeing psychopathy and antisocial and also employment instability showing up. But in terms of mental illness, not in the top 10. Now this is stalking, take a look. You see psychotic disorder. There aren't 10, so there's nothing to be top 10 on this one, but it's a negative sign. That actually means that in this... And these are all reviews of the literature, these are meta-analysis. I guess I should have told you that. These are studies of studies where they're combining all that's published and to look at these strength of effect sizes. What that shows is that people with psychotic disorders are actually less likely to engage in stalking than people without mental illness.

Eric Elbogen, Ph.D ([00:28:44](#)):

I think that's an important thing is that it's listed up there, but it has a negative sign. It means it's inversely related. It's less likely to engage in stalking, and that's in a meta-analysis. Mass shootings in public places, this is percentages. The US Secret Service looks at a number per year, what the characteristics of mass shootings in public places are. Mental illness is not in the top 10. There is mental health diagnosis there, but it's not necessarily the three that we're looking at. They're definitely not been confirmed. It's just what the information they had. I think that's important. Then targeted school violence, we hear about this. Mental illness is not the top 10 again. I know that I'm going through these quickly, but hopefully you'll be able to watch it. It's not totally critical that these are all reports that are available.

([00:29:53](#)):

But really the take-home message is on the left side. You don't see mental illness, but you see all these other things. Then this chart, this is on Wikipedia. You can see and collect. This is not a massive data collection effort, but I was curious to see divide up the mass shooters who have 10 or more victims by sex and age. What you could see here is that it's younger males, and this is shown in a lot of the studies that you saw above. I think it's tough to look at this figure and to say that mental illness is the cause of violence. It's hard to do that. In fact, hard to do that for all the figures I just showed you because it was not... And there's others that I looked at too. There's a lot of different reviews that are out there.

([00:30:55](#)):

You could see the different kinds of violence, but what I could tell you is that there was no pattern of mental illness showing strong effect size. If it was there at all it was small or moderate at most, but in one case it was negatively related. I think this evidence shows that going beyond that is mental illness linked to violence? But asking instead, how strong is that link? It is very difficult to look at the science and to say that it is strong. Again, that odds ratio is not one. There is a link and they are on those lists. Mental illness, and I think that it's important to take away from this that it's a complicated end result of this to say that there's no relationship. Well, we see that symptoms might relate it and there is something there, but to say that it's the top reason for it is an exaggeration of the link.

([00:32:05](#)):

And you saw what they were. In fact, let's go back to the puzzle pieces. The reason why I said you don't need to memorize all those different figures is I've actually... You know how when you do a jigsaw puzzle, you take the... I should have had this here. You take the box and you spill them all out and you start making piles based on let's say the color of the tiles or what have you. You start making piles and what you begin to see when you look at all these different risk factors is one pile are things that are going on on the outside of a person, unemployment, social stressors, being bullied at school. You see that. That's external. Then there's a bunch of factors that are internal that are inside. Anger, substance abuse, hostility. But then there's this last category, and these are... If you look in the dictionary at those risk factors, you'll find either something about violence or criminality or both.

Eric Elbogen, Ph.D ([00:33:24](#)):

Those are violence defining risk factors because internal and external factors, they might increase a person's risk statistically, but if you look in the dictionary for financial strain or emotional dysregulation, that's not by definition related or regarding violence and crime. It increases it, but it's not necessarily related to it. Whereas those violence defining risk factors, they both increase the likelihood of violence and they enable violence to be seen as a viable and acceptable option. It's a necessary condition. You look those up and those are all criminal thinking, being influenced by groups encouraging hatred and preoccupation with guns. Those are all by definition relate to crime. Really, the way to think about this is if violence occurs, you want to look for those straight edge. Just like in a jigsaw puzzle, you usually do the straight edges first so you get the frame of the puzzle.

([00:34:32](#)):

That's the same with violence. There are these violence defining necessary risk factors that frame and define the violence just like the straight edges. Once you start doing that, once you start thinking about... I'm going to go back for a second, because you could see the problem is that you could even see it in this. If people are only focusing on the mental illness, they're literally... If they're over exaggerating what's right there, that one mental illness piece, they are by definition not paying attention to the rest of the factors there, many and if not most of them stronger predictors. That's a real problem both for increasing stigma of mental illness, but also for keeping us safe because I want to just offer this.

([00:35:29](#)):

If mental illness is a weak factor, we're focused on that as our violence prevention and it's only 5% of the violence, that is spending way too much attention on something that's not going to make a huge difference. Whereas once you start to look at, "Wait, there's external risk factors. There's internal risk factors. There's violence defining risk factors." It opens up a whole host of different ways to prevent violence and I'm going to show you some of them.

([00:36:00](#)):

Simple randomized trial. This isn't science, they randomized disadvantaged high school students in higher violence neighborhoods. They gave them a summer job. Look at that, 43% less likely in the next year and a half. That's addressing... There are other nuances in that study too where they actually... For some of those students who had the summer job, they provided some extra counseling and then they felt actually more self-efficacy and better about their futures. You could see that addressing this is... This has nothing to do with mental illness, this is just summer job. You can build... There's a ton of research on family psychoeducation and family interventions that can be used to curb family violence.

([00:37:05](#)):

Then this is literally one of my favorite studies that I found in my research for this today. It was in a city, in a neighborhood below the poverty line. They literally randomized vacant lots and in some of those lots, they did nothing. They just left it be. And the other half of those lots, they planted trees, grass. They got rid of the trash and they maintained it for about a year. It can start with planting a tree. Twenty-nine percent decrease in gun violence. There were a lot of other reducing crime. People felt safer, perceived safety, you name it. Just very quickly as an aside, a randomized controlled clinical trial is sort of the gold standard of doing research and they were able to do it in a city and decrease gun violence by just planting a tree.

Eric Elbogen, Ph.D ([00:38:29](#)):

I think one of the things that I hope that everyone knows about if you or your family has experienced trauma is the national center for PTSD. On their homepage they have, it's a YouTube video that in five minutes we'll describe evidence-based practices for PTSD. There are incredible treatments that have shown to be very strong at helping people who've experienced this. Also, this is something that is... Anger was one of the stronger risk factors in some of those studies. There have been studies that have consistently showed a big meta-analysis, cognitive behavioral therapy. SAMHSA has a free cognitive behavioral therapy workbook on their website and that has been shown to reduce both criminal and violent recidivism. A lot of mindfulness interventions and there's a ton of apps now for that that's also been shown to potentially ease emotion dysregulation and reduce violence and aggressiveness.

([00:39:52](#)):

Now remember, a lot of those studies were showing co-occurring substance abuse and mental illness. What has been found about psychotropic medications and treatment and violence? Well, unlike some of the other areas I just talked about where there are meta-analyses like the anger management, there're actually only a handful of studies. There's two studies on Clozaril showing reduced aggression in schizophrenia. I could not, and I still don't know any randomized trials for reducing violence in bipolar disorder or major depressive disorders. But I think another thing that's really important, and I may be getting this wrong so I apologize, but I think that none of those studies specifically enrolled people with co-occurring mental illness and substance use. We definitely saw from the studies above that those are the individuals mental illness... A number of them are at high risk. This is SAMHSA data from a couple of years ago, only a fraction of them are actually getting treatment for both.

([00:41:12](#)):

Integrated dual disorder treatment could be an optimal way to address that in the highest risk set of individuals with mental illness who also have substance abuse. What about those violence defining factors? Virtual reality, there's a study out of Stanford that people were asked to take the place of other people and actually they've showed improved empathy and perspective-taking is a very exciting way. There also are cognitive behavioral and behavioral approaches to preventing antisocial behavior. But I just wanted to highlight some of the use of technology that can be used. This was in some of the reports that the United States Secret Service had is there were a lot of perpetrators of mass shootings and targeted school violence that were influenced by groups encouraging hate and violence. There could be an adaptation of those strategies that have reduced gang membership, and they're talking about that for reducing influence of hate groups.

([00:42:27](#)):

Lastly, gun safety and safe storage of firearms. There's a lot out there that we could have an entire hour about, but I want to just highlight what is known and what is known from this RAND report is that the waiting periods and background checks actually were associated strongly with firearm homicides and that the prohibition for domestic violence restraining orders actually reduced it. But relevant to the talk, anything to do with mental illness was inconclusive. Anything to do with mental illness was inconclusive in that report.

Eric Elbogen, Ph.D ([00:43:13](#)):

What do we take from this? Yes, it's complex and multifaceted, but if after seeing all this, I hope the one thing that you take away is all those puzzle pieces. There are a lot more factors at play. It is possible that mental illness could be the sole cause of violence, but it's hard to see that because that person very likely has potentially other risk factors. The mental illness doesn't exist in a vacuum and regardless what happens is with the public attention, I think 40% of you correctly saying that it's perceived as the top cause. There are a lot of stronger risk factors that need to be considered. What to do? Well, when violence happens, instead of just asking, "Okay, yeah, is there a link between violence and mental illness?" We need to ask other questions. What else is going on?

([00:44:22](#)):

What else is going on? And that will help open up the dialogue to the multiple causes of violence. It'll help balance. It's so imbalanced when it's only on mental illness. It'll help create more balance by looking at, "Well, was this person under financial strain? What was their social support, family, stable employment, housing? Could they regulate their anger? Were they young? Were they male? Were they abusing drugs, alcohol? How did they respond to trauma or bullying?" That information may never come to light, but it's important to ask that because those are also other pieces that may or may not be at play that they could have something to do with mental illness, but it also says, "We need to look at other factors. It's not just mental illness."

([00:45:17](#)):

And more importantly, what is it that made that person think that violence was okay and what helped them carry out the violence? Why was it an acceptable and viable option for them? Did they lack empathy, compassion? Did they have access to lots of lethal weapons? Were they influenced by groups encouraging hatred or did they have attitudes that said, "Hey, violence is okay and justified." But on top of that criminal beliefs, there had to be somewhere where it was not wrong to break the law and hurt other people. There's a lot of other things going on at play and it's important for us to ask that.

([00:46:09](#)):

It's not only important for us to ask that when violence happens, but we need to think about in terms of preventing violence, what else do we need to do? Because if you only focus on the mental illness, you're only getting a small weaker risk factor. You need to open it up to addressing the social environment, substance abuse, lack of gun safety, antisocial traits like lacking empathy, anger, jobs, financial well-being. There's a ton of different things that can be done to reduce risk of violence beyond just looking at the mental illness. It's going to lead to better interventions for public safety. If we don't move beyond that knee-jerk reaction and repeatedly blaming mental illness for violence, it will not only increase stigma if we don't do it. If we can look at these other risk factors and these other preventative strategies for violence, we'll be able to avoid bias. We'll be able to avoid stigma. We won't neglect the significant contributors and in a way we'll all be safer because we'll be able to really increase our ability to prevent violent tragedies. Thank you so much.

Ken Duckworth, MD ([00:47:35](#)):

Well, Eric, that was comprehensive and thoughtful and I want to thank you for offering your email address. I'm going to give you a micro break. I'm going to try to answer some of the questions that don't involve this topic per se. Will people get the slides? The answer, if you signed up for this webinar, you'll get the slides in about a week and the audio and video will be posted on the NAMI website in one week. Why do some of the numbers in the survey add up to more than 100? People were invited to say more than one thing was important to them. There's not a problem with that. People say, "I'm a family member and I have my own lived experience. I'm a family member, I'm a professional. This is important to me and this is important to me and this is important to me."

Many people talked about their own traumatic experiences and I wanted to go back to the trauma resources that you mentioned because, of course, from the 30,000-foot level people conflate mental illness and violence all the time and occasionally it really happens to people and it's very traumatic. What kind of resources do you have in mind for them?

Eric Elbogen, Ph.D. ([00:48:51](#)):

Thanks, Ken. I think that is one of the things that I wanted to express at the beginning that I really understand that this could have impacts on your lives in such profound ways. I think that what I said about the National Center for PTSD, there are these evidence-based treatments. There are cognitive processing therapy, prolonged exposure therapy, cognitive behavioral therapy. Those have all been shown to be incredibly helpful, so to search for therapists who have expertise in training in those can really go a long way to helping address any traumas that you might be experiencing. Really, a lot of work has been done.

Ken Duckworth, MD ([00:49:53](#)):

Thank you. Many people were hoping you were going to discuss when people with mental illness are victims of violence from police interactions, and I want to call out that there's multiple Ask the Experts. If you look on our website, we've had 988 crisis reimaged. We've had crisis intervention training. We've had how to reduce bad outcomes like suicide and pre-trial detention. That we've tried to attend to this idea of a jail diversion mindset and improved police training. Feel free to email Ask the Expert, if you have somebody specific in mind and we'll consider what we could do. Somebody asked about police training in Utah. People asked, "The police killed my family member. How can I make a difference from that?" We're pretty actively allied on 988 reimagine crisis care. 988 is the three digit number that gets you to a trained person now in Spanish, now with American Sign Language.

([00:50:58](#)):

We also have been pretty active with Crisis International, CIT, Crisis International Training. And the idea is police officers can learn to deescalate situations, but somebody has to get them to free up the time for their officers to have 40 hours of training, right? That's pretty good evidence that that works, but requires leadership of the police department because training takes time. Couple other things, I'm going to give the good doctor a break on. How do I establish boundaries in my families? We have Dr. Xavier Amador on February 15th. He'll be discussing working with things like boundaries for people in your family who don't accept help, don't believe they are ill. Another person asked, "Are you going to talk about work?" Because you mentioned [inaudible 00:51:54] people's risk was work. We're happy to say on April 19th we have Bob Drake who invented supported employment and some people who've gotten work. You'll be able to talk to them directly and they'll talk about the impact of work on their self-esteem.

Ken Duckworth, MD ([00:52:12](#)):

All right, I think that's everything for the pre-questions. Now we'll come to the many questions and obviously you can't know everything, but you've done a comprehensive review of the research. One of the most common questions is about how do you define mental illness, right? Is psychopathy outside of that? Is psychosis a part of the definition of mental illness? But it's only a small part. That question came up, I would say, in 10 different ways. What's the definition of this?

Eric Elbogen, Ph.D. ([00:52:49](#)):

Yeah, I think that is really spot on important because that lack of clarity on it actually can contribute to misconceptions of mental illness. Psychopathy, which actually is one of the stronger predictors of violence, it's not in the diagnostic statistical manual. It's a list of character traits that are related to both their antisocial character traits, lacking empathy, engaging in criminal thinking. But that's not a mental illness and it's not a mental disorder even in the DSM. And I think the terms, the fact that the word psychopathy and psychosis are so close, I think that is unfortunate. I think there's another term called sociopathy that has been used to mean something similar. I think that would help, that this is someone that is more antisocial. But yes, it is unfortunate that psychopathy, which is really someone who lacks remorse and that is a scientific term, but is not mental illness.

([00:54:17](#)):

And in terms of what those studies were about for mental illness, they were psychotic disorders, bipolar disorders and major depressive disorders. But there's a lot of other mental disorders too. There's, I think, 100 different categories in the DSM. But I think when people hear, "Oh, they have mental health problems." Unfortunately, that's where things become unclear. But generally they don't mean dementia, they don't mean opioid abuse, they don't mean spider phobia. Those are all mental disorders, but that's not what the public usually means by mental illness when it comes to these violent acts.

Ken Duckworth, MD ([00:55:10](#)):

Sociopathy, psychopathy or outside of this definition?

Eric Elbogen, Ph.D. ([00:55:14](#)):

Outside, it's not mental illness.

Ken Duckworth, MD ([00:55:16](#)):

Psychosis, bipolar disorder, schizophrenia, clearly within this definition.

Eric Elbogen, Ph.D. ([00:55:20](#)):

Yeah.

Ken Duckworth, MD ([00:55:21](#)):

Okay, great. Let's talk about treatment. I think many people have the observation that their family member is less and occasionally more likely to engage in violence when they're engaged in treatment or on certain medications or in therapy. Have you reviewed that literature?

Eric Elbogen, Ph.D. ([00:55:41](#)):

I actually contributed a little bit to it and have found that people with mental disorders who are adherent to medications, who perceive treatment is helpful and perceive benefits from treatment, all three of those, do report lower rates of violence. Symptoms were shown in that MacArthur study to relate to violence. The extent that reducing certain hostility and anger and grandiose delusions to the extent that the treatments help with those and being adherent to those. I would really think the other thing is asking, do you feel like you need this and do you feel like this is beneficial? That also added beyond thinking about just the adherence issue. Someone who's taking those medications, what they think about it, I think, has been linked to reduced violence.

Ken Duckworth, MD ([00:56:56](#)):

You mentioned substance use is a big challenge in the violence space. There's some specific questions about marijuana or other specific substance use issues. Do you have thoughts about that population? Because our system is poorly designed to attend to people who have both. It's pretty well established.

Eric Elbogen, Ph.D. ([00:57:18](#)):

Yeah.

Ken Duckworth, MD ([00:57:19](#)):

Have you had thoughts about that? For instance, medication assisted treatment for opioid use disorder. Have there been studies on violence in that population, use of marijuana? That's pretty clearly shown to increase your risk of psychosis if you use it early and you have a family history. Have you reviewed that literature?

Eric Elbogen, Ph.D. ([00:57:43](#)):

I know a little bit about that literature. I could say that alcohol use is very strongly related to violence. I'm not aware that they've really divided up when there's in the statisticals, the variable is substance use. It's usually any substance use because there's a lot of... It's tough to parse out because a lot of times people are using more than one. It's been hard to isolate the real effects. Also, the measurement itself is difficult in a study because you're asking people to tell you about their substance use. It's a tricky one to figure out. It's interesting, the link between substance and violence, we know that it's there, but there could be a lot of different reasons for it. It might be that someone is withdrawing if they're agitated. Or they're disinhibited while using a certain substance or they're involved in some kind of criminal activity and they're violent while getting the substance, an illegal drug.

([00:58:58](#)):

Or there might be self-medicating for mental health. There's a lot of different reasons why substance abuse might be related to violence. And I think if that's the case, it could be different for different people. I think that would be... Definitely it's a pretty strong finding. It's one of the most consistent findings. I think I could be getting this wrong, but I think alcohol is connected to about a third of homicides in the world. It's definitely a very strong risk factor.

Ken Duckworth, MD ([00:59:41](#)):

People are asking about the media and their emphasis on this. I'm going to offer an observation. Since COVID, I have not been asked one question about the relationship between mental illness and mass violence. I think that some of the work you are doing, some of the people on Apple, some of the people at NAMI, some of the people on this call are doing, the media's getting the idea that it's not a one-to-one correlation, because they're calling me about other interesting questions. But I think somehow, collectively, the media has not made this as much of a focus because it used to be a central focus, a decade ago. I don't know if you've studied the media literature, but I feel based on my experience, and I do hundreds of calls a year with the media. Pre-COVID, this was common, but fading. Post-COVID, people are interested in all the other questions.

Eric Elbogen, Ph.D. ([01:00:43](#)):

Ken, I still see it though occasionally. About, I don't know, a year ago there was someone in Texas. He took hostages at a synagogue and it was a very big news, but within 24 hours, the hostage taker's brother... It was the headline news in... It didn't matter whether political, it was the New York Post and the New York Times had identical headline news, "Brother says mental illness." The problem is that by the time the rest of the information came out, which is this person had a big criminal record and they had extremist ideas. The list of other risk factors was endless. No one... It was already onto the next story. Even the Uvalde shooter, the second-worst school shooting was only a year or so ago. Immediately mental illness was blamed for it.

But any evidence that there was mental illness, it has not come to light. Instead, he had turned 18 years old. He bought weapons right after that and he had a lot of online hatred that he had already been spewing out and was on online groups that were about that. I think that by the time that other news came out, a lot of the media, unfortunately was still blaming mental illness.

Ken Duckworth, MD ([01:02:47](#)):

Yeah, what related to that, one of the questions, you noted that politicians seem to like to blame the mental health system because of their ongoing interest in the pursuit of guns. There's no question there, but several questions were aligned in this space. How do people develop a narrative to suit their purposes? I want to thank you for this talk. It's comprehensive and thoughtful. I want to mention to people who have suffered trauma, we will be doing trauma, Ask the Experts. Our heart goes out to you, and it's a lot when that is the case. I want to thank you, Dr. Elbogen, for making yourself available with your email, and he'll do his best. He's a researcher and he's done his best to follow this literature, which is complicated, but I think all points in a similar direction, which is that the narrative isn't nearly as simple as the one-to-one correlation that many people assume. I'm going to ask to go to the next slide, please.

([01:03:56](#)):

Here what we have coming up, Xavier Amador is going to discuss people who lack awareness of illness. We're going to be talking with Marlene Freeman, one of my old residents, who is one of the leading thinkers on the use of medications, when you have a mental health condition and you're planning to get pregnant, when you're pregnant, and postpartum depression. There was just a new oral compound approved by the FDA yesterday for the first time for postpartum depression. Then as I mentioned, we're going to be talking about supported employment with Bob Drake, Peggy Swarbrick, and many others. Again, our endeavor is to get the best thinkers, the best researchers, the best clinicians to you in this webinar. I'm very excited about this lineup as I was about today's talk. Let's go to the next slide, please. From a shameless commerce perspective, I wrote NAMI's first book.

Ken Duckworth, MD ([01:04:54](#)):

I interviewed 130 real people who used their names because I felt that the idea that what you've been through, you have also learned something. And I hadn't seen one book where people were asked what they had learned to manage their own system, their own illness process, how to find help, how to improve communication in their family. This book, all the royalties go to NAMI and we're closing in on 50,000 books. It was in USA today, bestseller. Let's go to the next slide, please. Remember, you're not alone, and if you liked NAMI, you like this webinar, feel free to donate. Let's go to the next slide. This is not a medical advice program. This is to provide you with information. My name is Ken Duckworth. I'm ken@nami.org. Apparently there's only one person named Ken at NAMI despite the recent Barbie movie and the uptick in Babies born with my name. There's still only one guy named Ken.

([01:05:57](#)):

If you have suggestions or thoughts about the webinar, asktheexpert@nami.org is the place that you would do that. We do our best to read every email. To take into consideration what people want, the next three webinars that we have are really directly from the feedback. Let's talk about people who don't accept help. Let's talk about medications in pregnancy. Let's talk about work. I want to say we appreciate you attending and let's go to the next slide, please. I think that's the last slide. Let me just say thank you everybody. Thanks to Dr. Eric Elbogen for your research on this work. Again, you look at these slides, you will get a recording of this. Take a look at some of the other Ask the Experts, because I think we touched upon some of the other issues that some of you were hoping that we would cover. Let me say thank you. Have a great evening, and thank you for joining.