Violence and Mental Health:

Opportunities for prevention and early intervention:

• Education
• Treatment

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Workshop Component Objectives

• Describe ways in which stigma perpetuates the cycle of violence and retribution of people with mental illnesses

• Articulate the dual-pronged obstacles to preventing violence among mentally ill individuals

• Detail educational interventions for clinicians, law enforcement officers that have demonstrated efficacy in reducing community violence

• Outline factors of mental illness that my precipitate violence, and treatment methods that promote recovery
Conflicts of Interest

- Dr. Kotwicki co-edited the CIT textbook “Responding to Individuals With Mental Illnesses,” Jones & Bartlett, 2006.
Stigma

• Misconception that mentally ill people are more violent than others (toward self not others)

• Professional stigma: clinicians, trainees often view mental illness as volitional, behavioral rather than medical
  • Inflammatory evidence
  • Biological evidence

• Social stigma: psychiatric treatment ineffective, patients need containment rather than recovery-focused treatment
Clearing Obstacles

1. Access to treatment
   • First responders
   • Medical trainees
   • Clinicians
   • Economic / political / geographic

2. Recovery work
   • Not based on symptoms only
   • Quality of Life, functionality, relationships
   • Maximizes patent control, independence
Education Works

- CIT training for police officers, other first responders (Compton, Esterberg, McGee, Kotwicki, Oliva. Psychiatric Services 2006.)

- Psychiatry Clerkships / Medical Education
  - Exposure (Korszun, Dinos, Ahmed, Bhui. Academic Psychiatry 2012.)
  - Optimism about recovery (Acta Scand, 2012)
Recovery is Possible!

1. Evidence-based psychotherapies
2. Chronotherapy
3. HEAL; physical health
4. Adjunctive therapies
5. Meditation
6. Purposeful activities
7. Humanitarian community
8. Medications
Video
Mental Health Outcomes: Correlates of Violence

- Psychosis and Impulsivity
  - BASIS-32 Psychosis and Impulsivity Subscales
  - Brief Psychotic Rating Scale

- Social Relationships
  - BASIS-32 Relation to Self and Others Subscale
  - WHO Quality of Life Social Relationships Subscale

- Immediate Environment
  - WHO Personal Environment Subscale
Psychosis and Impulsivity

BASIS-32 Comparisons at Admission and Discharge
(N = 155; Lower Scores = Better)

Improvement in Outcomes Signaling a Decrease in Propensity Towards Self/Other Violence
Improvement in Outcomes Signaling a Decrease in Propensity Towards Self/Other Violence

Psychosis and Impulsivity

Brief Psychotic Rating Scale Scores at Admission and Discharge

\[ t(85) = 4.56, p < .001 \]

BPRS (N = 86)*
Improvement in Outcomes Signaling a Decrease in Propensity Towards Self/Other Violence

Social Relationships

BASIS-32 Comparisons at Admission and Discharge (N = 155; Lower Scores = Better)

WHO Quality of Life Scale, Standardized Scores (Higher = Better)
Improvement in Outcomes Signaling a Decrease in Propensity Towards Self/Other Violence

Immediate Environment

WHO Quality of Life Scale, Standardized Scores (Higher = Better)

- Admission
- Discharge
Conclusion

• Mental illnesses are medical problems
• Evidence-based education, treatment exist
• Recovery is possible; access is the rate-limiting step