

- 5) public policies related to mental illness

The two most commonly mentioned mental illness topics were 1) violence, and 2) mental health treatment issues. Violence accounted for 55 percent (within that category interpersonal violence, or between people, 38 percent; and suicide 29 percent) and mental health treatment issues at 47 percent. (Note: Many stories overlapped between the two topics.)

Gun violence and mass shootings were the focus of most stories covering mental illness, and three-quarters of stories about interpersonal violence included violent events committed by a person with, or supposedly with, a mental illness. These stories of violence increased from making front-page news 1 percent in the first decade to 18 percent in the second decade.

“Most people with mental illness are not violent toward others and most violence is not caused by mental illness, but you would never know that by looking at media coverage of incidents,” according to lead author of the study, [Emma E. “Beth” McGinty](#) ^[2], Ph.D, MS, an assistant professor in the departments of Health Policy and Management and Mental Health at the Bloomberg School of Public Health. “Despite all of the work that has been done to reduce stigma associated with mental health issues, this portrayal of mental illness as closely linked with violence exacerbates a false perception about people with these illnesses, many of whom live healthy, productive lives. In an ideal world, reporting would make clear the low percentage of people with mental illness who commit violence.”

In another [study](#) ^[3] published in the *American Journal of Public Health*, the authors argue that, indeed, violent individuals ought not have access to weapons. This review critically assessed four central assumptions that frequently arise after mass shootings occur:

- 1) mental illness causes gun violence
- 2) psychiatric diagnosis can predict gun crime before it happens
- 3) U.S. mass shootings teach us to fear mentally-ill loners
- 4) because of complex psychiatric histories of mass shooters, gun control “won’t prevent” another Tucson, AZ, Aurora, CO or Newtown, CT.

These assumptions are true, but in certain circumstances but they are problematic. Individuals with mental illness are vast and diverse and to link all of them with a predilection for violence is not only incorrect and stigmatizing, but also oversimplified. A medical diagnosis is turned into a sign of violent threat.

Again, when examining mass shootings, the mental health sciences are looked upon for some level of certainty to make comprehensible what is often completely incomprehensible behavior. To a certain extent, it places mental health practitioners in tenuous positions where they become liable for failures in predicting gun violence.

There is also little population-level evidence, according to the authors, that individuals with mental disorders are any more likely to commit violent gun crime than anyone else. Mass shootings also have poor predictive or preventive validity, as they are rare acts of violence when taken in context of the overall fatalities and injuries resulting from gun violence annually. Studies have been found that show serious mental illness without substance abuse is statistically unrelated to community

violence. In the U.S., 4 percent of violent crime is committed by an individual with mental illness.

Chances are very small that the way mental illness is portrayed in the media will change. There is a disproportionate representation of actual violence committed in the U.S. by people with mental illness. The focus needs to shift from de-stigmatizing mental illness, and focusing on the fact that many people live functional lives, and treatment for mental health disorders are successful as are recovery from mental illness.

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