The possibility that a person with a mental disorder may physically harm others is an issue in both civil and criminal mental health law in the United States and in many other countries, as well as a cause of public concern. A recent large-scale study of people discharged from psychiatric hospitals, conducted by myself and a number of colleagues as part of the MacArthur Foundation Violence Risk Assessment study, adds a new perspective to the public debate over this risk. We found:

• Patients discharged from psychiatric facilities who did not abuse alcohol or illegal drugs had a rate of violence no different than their neighbors in the community;
• The prevalence of violence is higher among people who have symptoms of substance abuse;
• People who have been discharged from a psychiatric hospital are more likely than other people living in their communities to have symptoms of substance abuse; and
• Substance abuse tripled the rate of violence among non-patients and increased the prevalence of violence among people who have been discharged from a psychiatric hospital five times.

In civil law, “involuntary” mental hospitalization and increasingly “involuntary” treatment and “intensive” supervision in the community are often predicated on a clinical judgment of “dangerous to others.” In criminal law, “involuntary” treatment in a forensic hospital and, also increasingly, “involuntary” community treatment and monitoring turn on an assessment of “undue risk of violence”. The imposition of tort liability on mental health professionals who negligently fail to anticipate and avert a patient’s violence to others has become commonplace in the law in some U.S. jurisdictions for 20 years.

Despite legal mandates that violence risk assessments be routinely performed, a great deal of research conducted over the past 20 years suggests that the validity of such assessments is—at best—only modestly greater than chance. Older studies from the 1950s and 1960s tended to find that discharged patients were no more violent than others in the community. More recent studies from the 1970s and 1980s reported that discharged patients were more violent than their neighbors. Our study addresses these contradictions by recognizing the role of alcohol and drug abuse.

We have identified and taken pains to avoid four problems that severely limited existing studies: a limited range of risk factors being studied, weak measurement of violence in communities, restricted patient samples, and uncoordinated research efforts. The study was designed with three purposes in mind: to improve the validity of clinical risk assessment, to enhance the effectiveness of clinical risk management, and to provide information useful in reforming mental health law and policy.

The Risk Assessment study, sponsored by the Research Network on Mental Health and the Law of the MacArthur Foundation and the National Institute of Mental Health, is examining 1,000 mental patients released from acute care facilities in Massachusetts, Missouri, and Pennsylvania. They are male and female, between 18 and 40 years old, who have all types of diagnosed mental disorders except mental retardation. Data have been collected through interviews with the patients following their release and with a collateral individual (usually a family member), as well as through reviews of police and hospital records.

The same research team has also conducted a second study on 500 Pittsburgh residents, which will determine violence rates of the general population and assess whether risk factors associated with violence are the same as or different from the patient sample.

We are now in the process of developing a new statistical risk assessment instrument that can help clinicians more accurately distinguish between “higher violence risk: and “lower violence risk” patients. We hope to help clarify ongoing policy debates an provide a tool for clinicians who care for individual with mental illnesses and make decisions about hospital admissions and discharge.