

Violence, mental illness, and stigma

Mike Tanner, Treasurer NAMI HC

A recent *New York Post* report begins, “The maniac driver who mowed down pedestrians in Times Square knew he was losing his marbles”ⁱ The driver, Richard Rojas, may indeed be suffering from some form of mental illness, but the *Post’s* report plays too easily into misconceptions that readily link violence and mental illness.

Though we have learned much about mental illness over the last 50 years, fear of people with mental illness has increased.ⁱⁱ This fear rests on the mistaken assumption that most people with mental illness are prone to violence. Yet the risk of violence from people with severe mental illness is miniscule compared to other demographic groups (according to one study only 2 percent, compared to 40 percent for males 24 years and youngerⁱⁱⁱ).

Rather than being the most violent among us, people with severe mental illness tend to be the most vulnerable. Symptoms such as impaired judgment and perception and disorganized reasoning, along with frequent homelessness, leave them far more susceptible to becoming victims than most of us.

Too often, we assume that there is no help for people with severe mental illness, but experience shows that, with appropriate treatment and services, they can enter recovery and live fulfilling lives within their families and communities. Instead, fear leads to their exclusion from our communities, rendering them invisible to most of us (until, that is, there is something sensational to report). Fear and stigma enable shameful neglect of their social, economic, and medical needs, both in our personal encounters and in our public policy. If Rojas had actually received the help that, according to the *Post*, he said he had sought, there may have been no incident to report, no death to mourn, no injuries suffered.

We assume also that we who are not mental health professionals can do nothing about mental illness, but each of us can make a difference. It begins with ridding ourselves of fear and misconceptions. There is no better way to do this than face-to-face friendship with people with mental illness.

I learned this late in life as Vicar of Holy Comforter Episcopal Church in Atlanta from 2006 to 2014. About 30 years ago, that small parish made a beginning of extending friendship to its neighbors with mental illness by welcoming them into the life of the parish. When public

day programs were cut, it established its own day program, in which people with mental illness and volunteers have worked and played together for over 20 years.

There fear and stigma dissolve as people form new and previously unimaginable friendships. Common fears of violence vanish in the face of real people with real loves and joys and pain and gifts. There I learned that it is not people with mental illness that threaten our well-being, but our own unwillingness to extend friendship to those who need it. Real security lies in the open and generous embrace of those we fear.

NAMI High Country offers similar opportunities for friendship and mutual support among people with lived experience of mental illness and people who love someone with mental illness.

ⁱ <http://nypost.com/2017/05/20/i-was-trying-to-get-help-times-square-driver-says-in-jailhouse-interview/>.

ⁱⁱ See Substance Abuse and Mental Health Services Administration, "Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and Co-Occurring Substance Use Disorders" (Rockville, Md.: U.S. Dept. of Health & Human Services, 2003), 26.

ⁱⁱⁱ See Choe, Jeanne Y., Linda A. Teplin, and Karen M. Abram, "Perpetuation of Violence, Violent Victimization, and Severe Mental Illness: Balancing Public Health Concerns," *Psychiatric Services*, Vol. 59, No. 2 (2008): 161.