



July 7, 2021

Violence and Mental Health

The epidemic of violence continues to destroy families and communities in Chicago. We need mental health support to match the police deployment on the South and West sides of Chicago.

At least 108 people were shot and 17 were killed in Chicago over the 2021 Fourth of July weekend, according to the Chicago Tribune. This compares with last year during the pandemic, when 79 people were shot and 15 were killed over the 2020 Fourth of July weekend, according to the Chicago Sun-Times.

Whenever there are killings in schools or workplaces, trauma support is routinely sent in to help the people directly impacted by the acts of violence. The city of Chicago continues to experience deadly violence, and there has been little to no mental health response for the people affected in our communities.

In addition, I believe in the public health approach to violence, which sees violence as being preventable, not inevitable. We must curb violence and stop it before it starts. Preventing violence is not solely a punitive approach. We need a comprehensive approach to prevent violence, starting with immediate deployment of state, county, and city of health departments to organize and bring in mental health support for the communities impacted by ongoing violence. We must strengthen the work of violence interrupters who are working now by augmenting their work with mental health outreach trauma workers.

Although Black and Latino people have similar rates of behavioral health disorders as the general population, they have substantially lower access to mental health and substance use treatment services, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2018, 69.4% of Black and 67.1% of Hispanic adults with any mental illness reported receiving NO treatment the previous year compared with 56.7% of the overall US population, according to a recent SAMHSA report.

However, we must not stigmatize those with mental illnesses. Studies have repeatedly shown that the majority of individuals with mental illness are not violent, and that the majority of violent acts are not committed by those with mental illness, according to a 2020 review by Emilee Green of the Illinois Criminal Justice Information Authority (ICJIA). The MacArthur Violence Risk Assessment Study, one of the most robust and detailed studies examining the link between mental illness and risk for violence, found after controlling for a co-occurring substance use disorder, those with mental illness had no greater risk of violence than those without mental illness.

I like to quote Rashad K. Saafir, Ph.D., President & CEO of the Bobby E. Wright Comprehensive Behavioral Health, because what he says is so important. Dr. Saafir says, "It is time that we recognize that violence in Black and Brown communities is deeply rooted in historical and cultural factors including racism and ethnocultural discrimination. These factors have produced social and environmental conditions that impair the ability of some


Black and Brown people to contribute productively to the community. According to the World Health Organization (WHO), mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

So, what can be done? In the review by Emilee Green, in contrast with risk factors that increase the likelihood of violent behavior, protective factors work to prevent or deter violent behavior. The American Psychological Association notes that factors such as a person’s family, career, and home environment can reduce risk of violence. Other protective factors may include religious beliefs, positive peer relationships, and involvement in prosocial activities. For those with mental illness, the strongest protective factor may be effective behavioral health treatment. What is considered effective may vary person to person, but effective treatment plans often include psychotherapy, medication, lifestyle changes (e.g., exercising, eating healthy), illness self-management (e.g., developing coping skills, setting goals for recovery), and joining support groups.

Fazel and colleagues (2010) noted that for those with substance use disorders, treatment may be the most protective against violent behavior due to the strong relationship between these disorders and violence. Receiving integrated treatment for co-occurring disorders can reduce substance use and increase motivation for treatment in persons with mental illness.

Violence is something that impacts all of us directly or indirectly, and it will take all of us working together to save lives in Chicago by paying attention to treatment and protective factors, while effectively bringing trauma care to the families that have been so greatly affected by violence.

Sincerely,

A handwritten signature in black ink, appearing to read 'LSK', with a stylized flourish at the end.

La Shawn K. Ford
State Representative-Eighth District