



People with Mental Health Problems are more likely to be Victims of Violence

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INTRODUCTION

Violence and aggression are common in mental health settings and can have serious consequences, so policies should be developed to address these issues. A combination of extrinsic and intrinsic factors, along with the context and context of violence, make the task of preventing and managing violence a complex phenomenon. The intrinsic component consisted primarily of personality traits, recent severe emotional distress, and difficulty managing anger. External factors, on the other hand, are more diverse and depend not only on the physical and social context in which the violence or aggression takes place, but also on the attitudes of the perpetrator, the characteristics of the victim, and the training and experience of health care workers and the perceived risk of harm.

DESCRIPTION

Violence and aggression can be defined as a set of activities that can cause harm to another person. It can be expressed in actions and words, but the physical harm remains and the purpose is clear. People with mental health problems are more likely to be victims of violence than perpetrators, and most people do not engage in violence at all. However, a consensus is emerging among researchers that there is a link between mental health problems and violence in a minority of patients. Individuals with disorders, particularly temporal lobe seizures, are prone to violent and aggressive behaviour. Violent patients have greater housing problems, less social relationships and support, and more isolation. As a result, violence can be dangerous for those affected and impair their quality of life. Family members, caregivers, and close contacts of patients are more likely to be injured if they are at risk of violence. On the other hand, if the

patient is distant, family members may become withdrawn and stop helping and visiting if they are frequently exposed to aggressive and abusive behaviour. In hospitals, staff blame human illness as a source of hostility, while patients blame illness, interpersonal problems, and the environment alike as sources of aggression. It is critical to understanding how to respond to violent incidents and the post-incident support needed to effectively manage the impact on yourself and your patients. Risk assessment involves identifying risk factors and assessing the likelihood and nature of undesirable outcomes. Risk management, on the other hand, includes ways to prevent these negative consequences or limit their impact. Some researchers felt that static factors were better for estimating long-term risk and dynamic factors were better for estimating short-term violence risk. Treatment of aggressive and violent behaviour depends on the person's feelings and orientation when symptoms appear. If the patient is disorientated/delirium, treatment follows the guidelines for patients with delirium. Each person who behaves aggressively and belligerent has different problems.

CONCLUSION

Good scientific literature is lacking in the field of medical management in serious situations of aggressive and violent behaviour. Psychiatric reasons for acute aggressive behaviour include schizophrenia, bipolar disorder, schizoaffective disorder, delusional disorder, substance use. It includes psychoses such as problems, behavioural disorders, intermittent explosive disorder, and personality problems. Specific patient and drug-related factors must be considered before creating an effective treatment plan. In some cases, aggressive and belligerent behaviour can last for a long time. The use of certain drugs is necessary to control future behaviour.

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