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# Dr. Cerfolio: Oxford trial exposes risks of ignoring mental illness in children

**Nina Cerfolio** The Detroit News

Published 8:01 p.m. ET Jan. 30, 2024 | Updated 8:01 p.m. ET Jan. 30, 2024

The evidence in the case of the Oxford High School shooter suggests the teen was struggling with psychosis, persistent homicidal ideation and had a need for psychiatric medication.

Despite telling his mother that he had auditory hallucinations, paranoid ideation and felt “out of control and could not sleep,” his parents did not listen. The shooter’s hideously disparaging remark about his motivation, “I’m going to teach them a lesson on how they’re alone,” is an indication of his hopelessly barren upbringing.

The trial of his parents illuminates the dreadful consequences of their child’s neglect and isolation. In other cases of mass shootings, despite clear warning signs exhibited, those responsible also failed to receive adequate psychiatric treatment.

While still holding these shooters accountable for their actions, we need to gain a more humane understanding of them. Terrorism and mass shootings are a horrific symptom of the spiritual crisis of the lack of interconnectedness in our culture. To me, it’s fundamental to focus on root causes and look beyond, but not exclude, practical solutions (such as gun control and appropriate punishments). There is a basic need to confront the more foundational aspects of mass shootings, including the perpetrators’ early childhood development, and a necessity for each of us to reconsider our own parental strategies. Our tendency to focus on our personal safety can lead to ignoring those in distress who are a danger to themselves and others. When we turn our backs on the plight of children suffering from untreated brain illness, it furthers their sense of hopelessness and can lead to a desire for destruction.

There are a limited number of psychiatric studies of mass shooters, and the association of the diagnosis of brain illness has not been properly examined. Our team — two psychiatrists with Stanford University School of Medicine, a previous death row lawyer, and myself, a

psychiatrist with The Icahn School of Medicine at Mount Sinai — took the first step to lay the groundwork to conduct a quantitative psychiatric study.

Our research findings provide context to understand the complicated backgrounds of mass shooters who suffer from dislocation, estrangement and undiagnosed brain illness.

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We found that there was a high incidence of undiagnosed mental illness in mass shooters. Many that we studied, although psychotic, had some executive functioning rendering them able to still plan their violent acts in a methodical manner. A history of traumatic abuse was also found in most of them. In young perpetrators, the internal role of malignant shame, compulsive fantasies of retaliation, and deficiencies in understanding one's own mental state play a major role in their violence. Trying to salvage some sense of self-worth, they spin into a shame-rage cycle, in which their humiliation propels them into “justified” retribution. Hate becomes the binding force that they experience.

The lethal combination of struggling with isolation, untreated severe brain illness, and having access to guns, allows some children struggling with suicidal thoughts or revenge fantasies to turn those thoughts into reality. Most also experienced profound estrangement, not only from families and classmates, but themselves. Being shunned rendered them more vulnerable to their untreated brain illness and to radicalization online. For these children, violence seems like the only option to stop their anguish.

Though the vast majority of those suffering from psychiatric illnesses are not violent, there is a growing body of scientific research that indicates a strong association of untreated brain illness with those who commit mass shootings.

All of us — individually, and as a community — must advocate for the appropriate psychiatric treatment of children suffering with untreated brain illness so that these isolated, marginalized children can begin to get the mental health care they deserve and need.

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