Voting of Hospitalized and Ambulatory Patients with Mental Disorders in Parliamentary Elections

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ABSTRACT

The authors examined the voting rate among psychiatric inpatients and the voting rate of outpatients, in relation to the severity of their illness. On election day, the number of inpatients that voted was recorded in one psychiatric hospital in Israel. For two weeks following the elections, outpatients were asked if they voted: 100/271 (36.9%) inpatients and 131/181 (72.4%) ambulatory patients voted; 53.8% of the inpatients and 4.7% of the ambulatory patients could not vote because they had no identity cards. Ambulatory patients with no prior hospitalizations had the highest voting rates. The most common reason for not voting among inpatients in Israel is lack of identity cards.

BACKGROUND

Participation of the mentally ill in parliamentary elections is an important and fundamental issue. The right to vote is a basic citizen’s right. Thus, the law of Elections in Israel allows every citizen of Israel, age 18 or older, listed in the voting registry and physically present in Israel on Election Day, to vote.

The law does not limit voting rights, and this differs for example from the United States where a large number of states limit the right to vote of the mentally ill (1).

Prior to 1996, citizens could vote only in designated ballot boxes nearest their place of residence. This requirement prevented hospitalized individuals (in either general or psychiatric hospitals) from exercising their right to vote. To the best of our knowledge, this law was not appealed and was not debated in Court.

In 1996 the law was amended and the concept of mobile ballots in hospitals was introduced to enable physically and mentally ill patients to vote, while hospitalized (2). Accordingly a permanent ballot box is placed in every hospital, and larger hospitals also have a mobile ballot box. The mobile ballot passes through the various departments, but not among the beds. The patient must approach the ballot in order to vote, and if he is unable to do so physically or mentally, he cannot vote. Granting accessibility to the ballot for the mentally ill is a step forward in the process of returning the patients to the community, their empowerment and avoiding a marginal life (3).

This process caused some public interest and gave rise to the question of the capacity of mentally ill to vote. There is an understanding that if the right to vote of the mentally ill is limited, it is a slippery slope. Who decides what the “sane” correct choice is? Even a mentally ill patient in a closed ward can make rational decisions regarding certain issues, and on the other hand, a healthy individual might make what some would consider irrational decisions.

Literature on voting among the mentally ill is not extensive; however three areas should be considered when discussing the topic: mental capacity, importance of the issue to the individual and to society, and accessibility to the polls. In the United States, despite legal protections, persons with mental illness continue to experience difficulties that prevent them from voting in elections. Some states adopted methods to determine the mental capacity to vote. A 2001 Federal court decision offered “the Doe standard” which is clear criteria for determining voting capacity based on understanding the nature and effect
of voting. The Doe standard was operationalized with the Competency Assessment Tool for Voting (CAT-V) along with measures of reasoning and appreciation (4).

Regarding importance to the individual, independent decision making for issues that determine the political landscape and execution of rights on par with the healthy population is a significant therapeutic value (5).

Concerning accessibility, in 1991 Dyer (6) performed a study on the subject of voting among mentally ill patients in England. He found that in 1984, only 6.3% (319) of the inpatient population (6,196 patients) in seven psychiatric hospitals were registered to vote. In 1987 the percentage of voters declined to 4.8%, and in two hospitals not even one patient registered to vote.

In Israel, in a survey performed prior to the 1996 Parliamentary Elections, the voting patterns were examined in two departments in a psychiatric hospital. It was found that the distribution of votes was similar to that of the general population (7).

The rate of participation of the mentally ill in elections was rather low (30% among psychiatric inpatients, compared to 79% in the general population) (8).

In Israel today, most of the psychiatric hospitals have mobile ballot boxes that go through the various departments and remain in each department for about two hours. The departmental staff is responsible for making sure that the patients have identity cards and that they are aware of the elections and that they have the right to vote.

In a previous study, in 2006, 38.6% of the inpatients participated in the elections (compared to 63.8% of the general population); 49 (16%) more patients expressed the desire to vote, but due to technical reasons were not able to vote (45 patients did not have identity cards). Most of the patients who voted expressed positive feelings, after participating in the voting process, and patients who did not vote expressed anger concerning their hospitalization, and some expressed paranoid thoughts such as “at any rate they will throw out our votes” (9). Thus there was difficulty in voting at the stationary ballot box. Following that study, for the next elections (2009) two ballot boxes were placed in the hospital, one stationary and one mobile.

**AIM OF THE STUDY**

1. To examine the rate of voting among inpatients at Lev Hasharon Mental Health Center, in comparison to the 2006 elections, after introduction of the mobile ballot.
2. To examine the rate of voting of the mentally ill who live in the community and are treated in the hospital clinic, in relation to the severity of their illness.

The study was approved by the Internal Review Board of Lev Hasharon Mental Health Center.

**METHODS**

On Election Day (2009) the number of patients in each department and the number of patients who requested leave to vote in the polls in their place of residence was recorded.

Sample - eligible voters in Lev Hasharon Mental Health Center and among patients who attended the Lev Hasharon Outpatient Clinic during the two weeks following the elections. All participants provided written informed consent for participation in the study.

Throughout the two weeks following the elections the number of patients who visited the outpatient clinic was recorded by nurses appointed to the task. The patients completed a two question self-report form. The first question was whether or not they had voted in the elections. The patients who had not voted were then asked the reason for not voting (in an open question). The patients who had voted were asked to respond to a multiple choice question about how they felt after voting (proud, belonging, responsible, no special feeling).

**RESULTS**

**INPATIENTS**

On Election Day there were 271 patients in the hospital. Seventy-nine patients voted in the hospital and twenty-one patients voted in the polls near their homes. That is, 36.9% of the total number of inpatients voted (a rate similar to the previous elections that was 38.6%). Voter turnout in the general population was 64.7%.

One hundred forty-six patients (53.8%) indicated that they had wanted to vote, but did not. Seventy-three patients (26.9%) did not have identity cards and could therefore not vote. Sixty-five patients (23.9%) were in unstable mental states that precluded their capacity to vote; 7 (2.5%) patients boycotted the elections, and one patient (0.3%) had been transferred to a general hospital due to physical illness. Twenty-five (9.2%) of the inpatients reported that they were not interested in voting.

**AMBULATORY PATIENTS**

During the study period 316 patients attended the outpatient clinic. For technical reasons, the investigators did not succeed in approaching all patients who attended the clinic. They did not record the number of the patients that refused to participate in the study. Only Israeli citizens age
18 or older who were eligible to vote were approached. Among the ambulatory patients, 181 patients completed the two question study questionnaire. Of them, 131 patients (72.4%) voted in the elections; 92.8% of them reported that they had voted in previous elections. Among the patients who did not vote the most common reasons for not voting were:
1. There was no suitable candidate (32.6%).
2. 20.9% did not feel well.
3. 18.6% were not interested in politics.
Only two patients (4.7%) reported that they had not voted because they did not have identification cards.
Most of the patients who voted (84.7%) reported that they voted because they felt a sense of responsibility and belonging to the community. Ambulatory patients with no prior hospitalizations revealed a higher rate of voting than those with previous hospitalizations (89.7% vs. 67.6%, respectively). Similarly, a difference was found between the rate of voters among patients classified as suffering from a severe psychiatric disorder (schizophrenia, psychotic disorder, affective disorder) in comparison with patients classified as suffering from a mild psychiatric disorder (all other psychiatric disorders) (70% vs. 89.3%, respectively).
Comparison between inpatients and ambulatory patients revealed:
1. The voting rate was higher among ambulatory patients than among inpatients.
2. The patients who according to our definition suffer from severe psychiatric disorder (schizophrenia, psychotic disorder, affective disorder) or who were previously hospitalized had a lower voting rate than other patients, but a higher rate than inpatients.
3. Among inpatients there was a high rate of patients with no identification cards. Though we cannot conclude that they did not vote precisely for that reason, there is no doubt that the lack of identification cards prevents them from voting.
4. Among ambulatory patients the rate of patients that did not vote because they did not have identification cards was negligible.

**DISCUSSION**
The right to vote is a basic democratic right that can be denied only in rare cases. Limiting the right to vote of handicapped individuals might result in a slippery slope argument that might not be possible to stop. If it were determined, for example, that hospitalized patients with schizophrenia cannot vote, what about the individual with schizophrenia who is not in hospital? What about a patient in remission as compared to a patient in exacerbation or an individual living in the community who is ill but was never diagnosed? Thus the accepted approach is to enable every citizen to vote. As we have seen in our study self limitations are imposed concerning voting. Only 36% of the inpatients voted, as compared to 64% of the general population. Compared to previous parliamentary elections the introduction of a mobile ballot to our hospital did not improve the voting rate.


Prior to elections the hospital staff contacted the families of patients who had no Israeli identification cards to see if the cards existed. The patients who had not voted because they did not have cards did not have cards at home or at the hospital.

Thus, it should be noted that as far as the patients are concerned it can be assumed that the problem is not merely technical, but rather is related to the fact that many patients did not have the required identity cards, which testifies to their lack of social involvement, indifference, fear of the establishment and so forth.

Among the inpatients, the relatively low rate of voting among the mentally ill indicates a fundamental problem. Perhaps it is an expression of lack of interest, hostility, inability or lack of desire to influence or a marginalized existence. Compared to the inpatient voter turnout in the 2006 parliamentary elections in Israel, the mobile ballot box did not significantly increase the rate of voting among inpatients (10). Thus, the technical difficulty of leaving the department was not the problem that affected voting. However, while only two ambulatory patients did not have identity cards, more than one quarter of the inpatients could not vote because they did not have identity cards. This is a technicality typical to inpatients that can be overcome with the active intervention of the therapists. Indeed, following this study, the hospital staff initiated a project to remedy the
situation by assisting the patients with the technical difficulties involved in attaining identity cards. The finding that the most common reason for not voting among inpatients was lack of identity cards, which was not a limiting factor for outpatients, emphasizes the need to empower inpatients by helping them get identity cards so that they can exercise their civil rights to participate in the electoral process.

LIMITATIONS OF THE STUDY
The study took place in one hospital and does not necessarily represent the entire population of individuals with mental disorders. However, it sheds light and encourages discussion and awareness of this important subject.

References