Police Attitudes Toward Mental Illness and Psychiatric Patients in Israel

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The attitude of the public toward mental illness and toward psychiatric patients raises a serious and sensitive issue that indirectly affects the development of community mental health services. Most citizens feel that there is an association between mental illness and dangerous or violent behavior. Studies undertaken among police personnel in the 1970s demonstrated that their attitudes were similar to those of the general public in Israel. The objective of the present study was to assess the attitudes of police officers toward mental illness and psychiatric patients by means of a self-report questionnaire. Ninety-three policemen from five police stations within the Y. Abarbanel Mental Health Center catchment area participated in the study. All were young males (average age 32.1 years) and 75 percent had a high school education or higher. More than half (54.5%) had personally known a psychiatric patient in the past, and 20.4 percent of the police personnel graded mental illness as the severest form of disease in medicine. A minority (14.3%) of policemen agreed with the statement: "A psychiatric hospital should be fenced and manned by guards." One-third did not know whether psychiatric patients are dangerous. We conclude that training of police officers is called for to effect changes in their misconceptions about psychiatric patients. Psychoeducation may lead to improved handling by the police of incidents involving the mentally ill.

Since ancient times there has existed a public controversey about the status of the mentally ill in western society. During ancient times the mentally ill were treated outside the community in special camps or jails.[1] One may even say that such attitudes have, in large part, remained ingrained. Contemporary research on public perceptions of mental illness and violence shows that beliefs associating these variables are universal[2] and indicate lacunae in our knowledge base.[3]

However, since the late 1960s there has been a decrease in the numbers of asylums and inpatient beds, with a majority of psychiatric patients integrating into and living most of their lives in the community. First, in the United States[4] in the

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early 1960s and later in Europe,[5] thousands of mentally ill patients were released into the community in an attempt to help them rebuild their lives. The focus of psychiatric treatment and rehabilitation thus moved from hospitals to the community.[6-8] The movement toward deinstitutionalization has not developed easily, and impediments and difficulties have often been encountered. Public opinion and attitudes are often cited as one of the major forces reacting against this movement.[9]

The so-called "deinstitutionalization" movement has resulted in increased levels of exposure of the public and of public servants to mental patients. The tolerance of the "average citizen" toward mental patients is determined, among other variables, by the sense of security or insecurity that is attached to violence from unprovoked attacks by disturbed patients. This issue was closely monitored in the United Kingdom and the United States.[10-12] In a critical review by Rabkin,[12] rates of arrest and criminal conviction of violent offenders among the mentally ill were found to be higher than those for the general population—possibly related to use of community psychiatric services by offenders.[13] Teplin and colleagues, in a series of articles,[14-16] have researched the misconceptions of criminality of the mentally ill and the role of the police as "street corner psychiatrists," as well as the implication for public policy of police handling of and arresting the mentally ill.

In Israel, studies on public attitudes toward psychiatric patients were done in 1974[17] and again in 1984.[18] These studies demonstrated that the frequently cited myth that "dangerousness and violence are associated with mental illness" is unfortunately still prevalent.

The role of the police in handling incidents involving mentally ill patients has also increased dramatically during this age of community psychiatry.[19] The attitudes of police personnel toward psychiatric patients are important both to their handling of such patients as well as to their role as representatives of public security and safety. Matthews[20] was the first to study the attitudes of police personnel toward mentally ill subjects. His conclusion was that the police feel: (1) these citizens are ill and need medical treatment, and (2) psychiatric morbidity is associated with violent behavior. Schag[21] reached similar conclusions several years later.

The purpose of the present study was to assess the attitudes of the police in the Y. Abarbanel catchment area toward psychiatric patients.

Setting

The Abarbanel Mental Health Center, located in the most densely populated and urbanized area in Israel, provides hospital services for a catchment area of some 750,000 citizens. We reasoned that the attitudes of police officers toward mental patients was of great importance in light of the fact that 7.5 percent to 10 percent of referrals to the psychiatric emergency room in this catchment area are made by the police.[22]

Table 1
Demographic and Service Variables of Police in Survey

Variable		Percentage of Total
Age	<25 Years	25
	>35 Years	30
Marital status	Married	64
	Single	33.1
	Divorced	2.9
Education	8 Years	8
	9–12 Years	72
	>12 Years	20
Religion	Religious	45.3
	Secular	54.7
Rank	Private/Corporal	30
	Seargent	42
	Officer	28

Subjects

From December 1992 to December 1993, 1,680 subjects were referred to the Y. Abarbanel Mental Health Center Emergency Room, 144 of which were brought in by police patrolmen. Within the hospital's catchment area, five police stations provide regular, around-the-clock patrols, which intervene in many incidents involving the mentally ill. Of the 97 police officers from these stations, 93 gave their informed consent to participate in the present study.

All participants in our study were male. Table 1 details the demographic and service variables of the participants. The mean age was 32.1 ± 7.3 years. The average length of service in the police force in our series was 8.7 ± 7.2 years. Only 3.4 percent of the subjects reported having a close friend who is mentally ill; 5.7 percent reported having a mentally ill relative; 38.6 percent knew "someone"

who is ill, and the rest (52.3%) had never known a psychiatric patient.

Methods

We employed the self-report questionnaire used by Zohar et al.[17, 23] and previously endorsed by Israeli civilians. Questionnaires were completed by the police officers at their respective stations. One of the researchers (R.K.) was on hand during completion of the questionnaires to answer any queries.

The questionnaire consists of four sections as follows: (1) demographic variables of the participant; (2) 22 questions to be answered "yes," "no," or "do not know" (e.g., Are mental disorders hereditary?; Would you object if your child wanted to marry a mentally ill person?); (3) three case reports (of a paranoid schizophrenic, a schizoid personality disorder, and an alcohol-dependent subject), followed by six questions focusing on diagnosis and treatment issues; and finally (4) three incidents involving psychiatric patients followed by questions as to their management by the intervening police officers. Statistical analysis was carried out using descriptive parameters (mean ± standard deviation (SD)).

Results

Of the 93 policemen interviewed, the majority felt that "cancer" is the most severe form of human illness (67.7%) chosen from among five illnesses presented in the questionnaire. Mental disorders were graded as the severest form of illness by 20.4 percent, followed by tuberculosis by 6.5 percent and heart dis-

Table 2
Accuracy of "Diagnosis" by Police Personnel
Compared with the General Population

	Policemen,[a] %	General Population,[b] %
Paranoid psychosis	92.4	80
Alcohol dependence	28.1	18.6
Schizoid personality	67.5	44.9

[a]The present study.
[b]Zohar *et al.* (see Refs. 17 and 23).

ease by 5.4 percent of the subjects in our study.

The subjects' understanding of the brief case reports presented to them was more than adequate. The majority (88.2%) "diagnosed" the cases correctly and chose the appropriate mode of intervention. It is interesting to note that while all of the interviewees thought that paranoid psychosis was a mental illness, 75 percent felt the same about the case describing a schizoid personality disorder, and only 30.4 percent thought that alcohol dependence was a mental illness (see Table 2).

Thirty-eight percent of these police officers indicated that they could be friends with psychiatric patients. The majority of them (80%) stated that they would never marry a mental patient, and 90 percent of the subjects would object to their offspring marrying a patient. Almost half (48%) stated their reluctance to work with a psychiatric patient, and 54 percent of the policemen would not hire a mental patient. In addition, 50 percent noted that they would refuse to work in a psychiatric hospital.

Regarding the setting of mental health institutions, 73 percent of the participants in our series strongly opposed the state-

ment that mentally ill patients should be kept behind walls. Nevertheless, 14.3 percent of the policemen agreed with the statement: "A psychiatric institution must be cordoned off and continuously guarded." Half of the respondents thought that psychiatric patients do not commit crimes more frequently than healthy individuals, 39.3 percent thought patients are dangerous to others, and 49 percent thought patients primarily endanger themselves. The great majority (80%) of these policemen did not think that mental illness is similar to mental retardation. A significant proportion (43.3%) felt that mental disorders are "cyclic" in nature, while 26.7 percent felt these disorders follow a chronic deteriorating course. Only 25 percent thought that psychiatric disorders are inherited, and 57 percent answered "Do not know" for this question. More than half (57%) of the officers felt there is no need to prevent patients from having children. It is encouraging that 60% answered that patients can be "cured."

Most of the subjects in our series were well aware of the distinctions between a psychiatrist and a general physician, neurologist, or psychologist (88%, 69.2%, and 80.5%, respectively).

Discussion

The willingness of police officers to handle incidents involving psychiatric patients was found in the 1970s to be high. Three of four law enforcement officers surveyed by Jackobson *et al.*[24] indeed felt that such involvement is an integral part of their profession. On the other hand, police commanding officers stressed that their staffs' handling of psychiatric pa-

tients is routinely undertaken, but it is not the best "therapeutic" solution.[11] Among the factors cited by Bittner,[11] several are related to the attitudes of police toward psychiatric patients. These attitudes include: (1) misunderstanding of psychiatric treatments and decision-making; (2) identification with patients and their families; and (3) unclear boundaries between law enforcement and social duties with regard to patients. The goal of the present study was to examine Israeli police attitudes toward psychiatric patients in light of the growing availability of community psychiatric services and deinstitutionalization movement.

An important finding that emerged from our analysis of the questionnaire used in the present study was that one-quarter to one-third of the subjects answered "do not know" to a significant number of questions. The need to educate and broaden law enforcement officers' knowledge in the field of psychiatry, to reach optimal management of incidents involving mentally ill patients, is clearly apparent, as suggested by Gilling et al.[25] and Teplin.[26] Our test subjects' identification of mental disorders was quite accurate, but this is not surprising. Two decades had passed during which the general population, as well as police personnel, have been exposed by the media to data relating to psychiatry. In addition, the growing involvement of the police in managing incidents involving mentally ill patients has probably contributed to their accumulating and applying the readily available knowledge. However, we need to keep in mind the ethical and legal duties learned from the MacArthur risk

assessment study[26] so that the police, psychiatric patients, and psychiatrists involved in the handling and research of violence may "initiate a professional dialogue on crucial ethical and legal aspects of the research process."

Answers to questions focusing on police officers' personal and/or intimate relationships with psychiatric patients underscored a great reluctance to be "involved." Policemen felt that mentally ill patients were dangerous to self and/or others, but they did not state that these patients commit crimes more often. Police personnel were, in the present study, "liberal" with regard to the security measures that they thought should be employed in psychiatric institutions. An ambivalent attitude emerged regarding patients' rights and abilities to be employed in any profession. The differences between various health care professionals were clearly understood by these police officers. This finding may reflect the relatively high level of education among our participants. Their willingness to provide home care and/or community-based treatment is not surprising. Although the clinical case reports presented could be argued either way, with regard to hospitalization, policemen showed a trend toward recommending ambulatory treatment.

In conclusion, the issue of the dangerousness of mentally ill patients is still influential among the police, similar to findings reported by Rahav and Stuering[18] for the general population in Israel in 1984. Reluctance to become intimate with patients was observed. However, knowledge about mental illness has increased and decision-making by police

officers is highly accurate. We call for further efforts to dispel the myths regarding mental illness that exist among police personnel, by education and the creation of a forum wherein law enforcement and mental health professionals can meet and pursue an ongoing dialogue to facilitate their mutual cross-education.

References

1. Micale MS, Porter R (editors): Discovering the History of Psychiatry. New York: Oxford University Press
2. Monahan J: "A terror to their neighbors": beliefs about mental disorder and violence in historical and cultural perspective. Bull Am Acad Psychiatry Law 20:191–5, 1992
3. Hiday VA: The social context of mental illness and violence. J Health Soc Behav 36: 122–7, 1995
4. Joint commission on mental illness and health: Action for Mental Health: Final Report of the Commission. New York: Basic Books, 1961
5. Ramon S: Understanding the Italian experience. Br J Psychiatry 147:208–9, 1985
6. Minkoff K: A map of chronic mental patients, in The Chronic Mental Patients. Edited by Talbott J. Washington, DC: American Psychiatric Association, 1978
7. Talbot JA (editor): The Chronically Mentally Ill: Treatment, Programs, Systems. New York: Human Services, 1981
8. Kiesler CA: Mental hospitals and alternative care: noninstitutionalization as potential public policy for mental patients. Am Psychol 27:37–51, 1982
9. Sarason BR, Pierce GR, Sarason IR: Social support: the sense of acceptance and the role of relationships, in Social Support: An Interactional View. Edited by Sarason BR, Sarason IG, Pierce GR. New York: Wiley, 1990, pp 97–149
10. Cohen J, Struening EL: The attitudes towards mental health. J Abnorm Soc Psychol 64: 349–53, 1962
11. Bittner E: Police discretion in emergency apprehension of mentally ill persons. Soc Probl 14:278–92, 1967
12. Rabkin JG: Criminal behaviour of discharged mental patients: a critical appraisal of research. Psychol Bull 86:1–24, 1979
13. Swanson JW, Holzer CE, Ganju VK, Jono RT: 1977 Violence and psychiatric disorder in the community: Evidence from the epidemiologic catchment area survey. Hosp community psychiatry 41:761–78, 1990
14. Teplin LA: The criminality of the mentally ill: a dangerous misconception. Am J Psychiatry 142:593–9, 1985
15. Abram KM, Teplin LA: Co-occuring disorders among mentally ill jail detainees: implications for public policy. Am Psychol 46: 1036–45, 1991
16. Teplin LA, Pruett NS: Police as streetcorner psychiatrists: managing the mentally ill. Int J Law Psychiatry 15:139–56, 1992
17. Zohar M, Floro S, Modan B: The image of mental diseases in Israel society. Harefuah 86:397–9, 1974
18. Rahav M, Struening EL: Opinions of Israelis on mental illness [article in Hebrew]. Harefuah 106:181–3, 1984
19. Murphy GR: Improving the police response to the mentally disabled. Washington DC: Police executive response research forum, 1986
20. Matthews AA: Observations on police policy and procedures for emergency detention of the mentally ill. J Crim Law Criminol Police Sci 61:123–7, 1970
21. Schag DS: Predicting Dangerousness: An Analysis of Procedures in a Mental Center and Two Police Agencies. Ann Arbor, MI: University of Michigan, 1977
22. Kimhi R, Zohar M, Barak Y, Barak I: Police referrals to an urban psychiatric emergency room in Israel: characteristics of subjects. J Forensic Psychiatry 7:641–6, 1998
23. Zohar M, Floro S, Modan B: Attitudes toward mental disease in a sample of Israeli urban residents. Med Care 16:426–32, 1978
24. Jackobson D, Draven W, Kushner S: A study of police referral of allegedly mentally ill persons to a psychiatric unit, in The Urban Policeman in Transition. Edited by Snibbe, Snibbe. Springfield, IL: Charles C Thomas, 1973, pp 533–51
25. Gilling PM, Dumaine M, Stammer JW, Hillard JR, Grubb P: What do police really want from the mental health system? Hosp Community Psychiatry 41:663–5, 1990
26. Teplin LA: The prevalence of severe mental disorder among male urban jail detainees: comparison with the Epidemiologic Catchment Area Program. Am J Public Health 80: 663–9, 1990
27. Monahan J, Appelbaum PS, Mulvey EP, Robbins PC, Lidz CW: Ethical and legal duties in conducting research on violence: lessons from the MacArthur risk assessment study. Violence Victims 8:387–96, 1993