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 controversy 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. 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 and indicate lacunae in our knowledge base.

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 in the
early 1960s and later in Europe, 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. 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.

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. In a critical review by Rabkin, 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. Teplin and colleagues, in a series of articles, 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 and again in 1984. 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. 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 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 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 mentally ill 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.
Police Attitudes Toward Mental Illness in Israel

Table 1
Demographic and Service Variables of Police in Survey

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>&lt;25 Years</td>
<td>25</td>
</tr>
<tr>
<td>&gt;35 Years</td>
<td>30</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>64</td>
</tr>
<tr>
<td>Single</td>
<td>33.1</td>
</tr>
<tr>
<td>Divorced</td>
<td>2.9</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>8 Years</td>
<td>8</td>
</tr>
<tr>
<td>9–12 Years</td>
<td>72</td>
</tr>
<tr>
<td>&gt;12 Years</td>
<td>20</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Religious</td>
<td>45.3</td>
</tr>
<tr>
<td>Secular</td>
<td>54.7</td>
</tr>
<tr>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>Private/Corporal</td>
<td>30</td>
</tr>
<tr>
<td>Seargent</td>
<td>42</td>
</tr>
<tr>
<td>Officer</td>
<td>28</td>
</tr>
</tbody>
</table>

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.\textsuperscript{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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Police, a</th>
<th>General Population, b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid psychosis</td>
<td>92.4%</td>
<td>80%</td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td>28.1%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Schizoid personality</td>
<td>67.5%</td>
<td>44.9%</td>
</tr>
</tbody>
</table>

aThe present study. 
bZohar et al. (see Refs. 17 and 23).

The accuracy of “Diagnosis” by police personnel compared with the general population shows that police personnel are more accurate in diagnosing paranoid psychosis (92.4%) than the general population (80%), but less accurate in diagnosing alcohol dependence (28.1%) and schizoid personality (67.5%) compared to the general population (18.6% and 44.9%, 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 Jacobson 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-
Patients is routinely undertaken, but it is not the best “therapeutic” solution. Among the factors cited by Bittner, 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. and Teplin. 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 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 Stuer- 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