

Getting psychiatric patients to the polls in the 1992 General Election

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Universal suffrage has been a cornerstone of democracy in Britain since 1948. However, by application of the common law, the vote is denied to people deemed “insane” or “idiots”. In practice mentally disordered people have been, until recently, disenfranchised by section 4(3) of the Representation of the People Act 1949 which prevented recognition of a mental hospital as a place of residence for the purpose of electoral registration. Significant change was introduced by section 7 of the Representation of the People Act 1983 which applies to both England and Wales, and Scotland. This enables informal patients in mental hospitals to register for the vote provided they can complete a patient’s declaration. We examined the implementation of these provisions in the 1992 general election at two hospitals in Edinburgh for people with mental illness and learning disabilities respectively.

The study

On 30 September 1991 there were 419 informal patients in the continuing care wards of the Royal Edinburgh Hospital (for mental illness) and 370 patients in Gogarburn Hospital (for patients with learning disabilities). These 789 patients were potential voters. Recently admitted patients, who were therefore eligible to vote “at home”, were not

included. We monitored the procedure for implementing electoral registration (contained in Circular NHS 1983 (GEN) 23 issued by the Scottish Home and Health Department (see Table I).

Findings

Medical and nursing staff identified 92 patients (12%) as being capable of completing a patient’s declarations, although no specific criteria were laid down. Most of these patients were in rehabilitation wards and hospital hostels in the community. No patients in the psychogeriatric departments were considered capable of the task. Thirty patients declined to complete a patient’s declaration form. Sixty-two patient’s declaration forms were duly completed. The electoral registration officer refused to accept one completed form and therefore 61 patients were finally registered to vote. The constituency for each patient depended on the former home address given in the patient’s declaration.

Eighteen (30%) of the patients registered to vote did so by post. Only seven (11%) patients voted in person on election day. Thirty-six patients (59%) who were registered to vote failed to do so for various reasons: declined on the day (24); dead (4); discharged (4); prevented by mental condition (2); unable to visit polling station (2).

TABLE I
Procedure and outcome in registering eligible patients to vote in 1992 general election

Recommended procedure in circular NHS 1983 (GEN) 23	Outcome	
	REH	Gogarburn
1. Identify informal patients who are capable of completing patient’s declaration	75 patients	17 patients
2. Distribute patient’s declaration forms	75 forms	17 forms
3. Patient’s declaration forms completed	45 forms	17 forms
4. Forward patient’s declaration forms to electoral registration officer	45 forms	17 forms
5. Patients now registered to vote	44 patients	17 patients
6. Allow canvassing of all registered patients by candidates	None took place	None took place
7. Patients vote by post in 1992 general election	17 patients	1 patient
8. Patients vote in person in 1992 general election	5 patients	2 patients

Comment

Getting psychiatric patients to the polls is a gruelling task for administrators, clinicians, and the patients themselves. Psychiatric patients in hospital received the vote only after a protracted debate which included a series of legal test cases and a Speaker's conference on electoral reform (Gostin, 1986). During the debate fears were expressed that psychiatric patients might be unduly influenced in their voting by hospital staff, and that large numbers of patients voting in one constituency might have a distorting effect on the result.

Our findings suggest the problem is not too many but rather too few psychiatric patients voting. The process of registering for the vote is difficult for psychiatric patients. Although the patient's declaration is a relatively simple form, it is more complex than the registration form issued to householders. Patients are required to complete the declaration without assistance (unless they are physically dis-

abled), and the form requires attestation by a member of the hospital staff.

It is disappointing that only 25 (3%) of the patients resident at the two hospitals cast their vote in the general election of 1992. Long-term psychiatric patients are likely to suffer disabilities which seriously impair their motivation. Parliament has made provision, albeit with procedural complexities, for psychiatric patients to vote. If such patients are to vote in any significant number, administration and clinical staff must allocate resources and bring enthusiasm to the task. Other citizens exercise their own judgement in deciding whether or not to vote. How much should those responsible for the care of psychiatric patients do to ensure that their patients vote?

References

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A survey of voting in elderly psychiatric and medical in-patients

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The UK has recently held a general election in which the future of the National Health Service has been a major issue. The elderly constitute a growing proportion of the electorate and are frequent users of the Health Service, yet some may have been unable to vote because they are in-patients. Elderly in-patients can vote by post or proxy or by being taken to their polling station by relatives or party representatives, but for many these arrangements may be inadequate.

The study

The survey took place on three wards for the psychiatry of old age and one ward for the medicine for the elderly in two district general hospitals on the day after the general election. Voters and non-voters from each ward were identified by questioning of

patients, carers, and ward staff. Patients were also asked if they would have liked to vote. Cognitive impairment was measured using the Hodkinson 10-point scale (Hodkinson, 1972) and functional ability using the 20-point Barthel activities of daily living index (Mahony & Barthel, 1965). It was also established whether the patients had relatives or carers who might have arranged a vote for them. We also documented community charge exemption and length of stay by election day (Table I).

Findings

There were 82 patients on the four wards, of whom only five voted. Two of the five voted by post or proxy and the remaining three made their own way to a polling booth. Of the 60 patients who expressed an