

Evaluating patients' and healthcare professionals' understanding of voting rights for patients in government elections

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Introduction

Members of Parliament (MPs) can influence important decisions regarding the National Health Service (NHS) and mental health legislation. The general election on 12th December 2019 highlighted concerns that many mental health patients were not using their democratic right to vote. It also appeared that many staff members were not aware whether their patients could vote in the general election, especially if they were detained in hospital under a section of the Mental Health Act (MHA). Previous research into this topic is limited but one study from 2010 suggested that psychiatric adult inpatients were half as likely to be registered to vote as the general public and half as likely to vote, if registered.¹

For clarity, all of the following patient groups regularly seen in mental health services are eligible to vote:

- Patients informally admitted to mental health hospitals
- Patients admitted under Sections 2 and 3 of the MHA
- Patients on a Community Treatment Order (CTO)
- Patients who lack capacity
- Patients who are homeless, of no fixed abode or in temporary accommodation
- Prisoners remanded to hospital under Sections 35, 36 or 48 of the MHA

We therefore conducted a survey to ascertain both patient and staff understanding of their democratic rights, identify barriers that prevent mental health patients from voting and to better understand how we could increase the rate of voting amongst psychiatric patients.

Method

Two questionnaires were produced, one for patients and the other for staff members. This was authorised and approved by the Clinical Governance team prior to distribution. Data was collected at the Coventry and Warwickshire Partnership NHS Trust in the form of paper copies or electronically through a survey website. This took place in February to March 2020. No patient identifiable data was collected to ensure confidentiality. The data was then exported to Microsoft Excel for analysis.

Unfortunately, collection of data was interrupted in March 2020 due to Covid-19 guidelines and redeployment of staff.

Results

Forty-one patients and twenty-four staff members responded to the survey. Forty of the forty-one patients were admitted to a mental health bed within the Trust.

Three out of the forty-one patients (7.1%) stated they were not eligible to vote. Out of those three patients, only one was actually unable to vote as they did not have British citizenship. One of the forty-one patients stated they were eligible to vote but as they were detained under Section 37/41 of the Mental Health Act, they were actually not able to vote.

Figure 1. Proportion of patients reporting they were registered to vote.

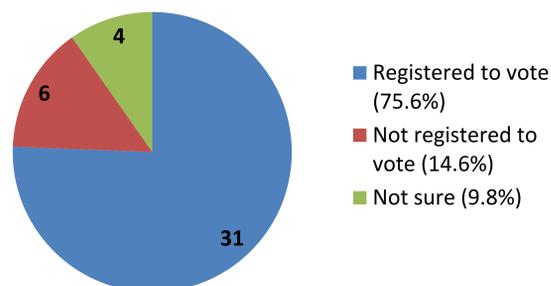


Figure 2. Proportion of patients reporting that they voted in the general election on 12th December 2019.

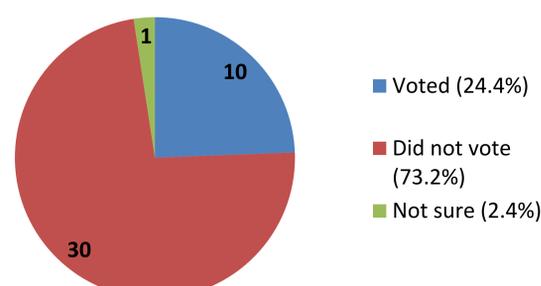


Figure 3. Barriers identified by patients that reduce the likelihood of them voting in government elections.

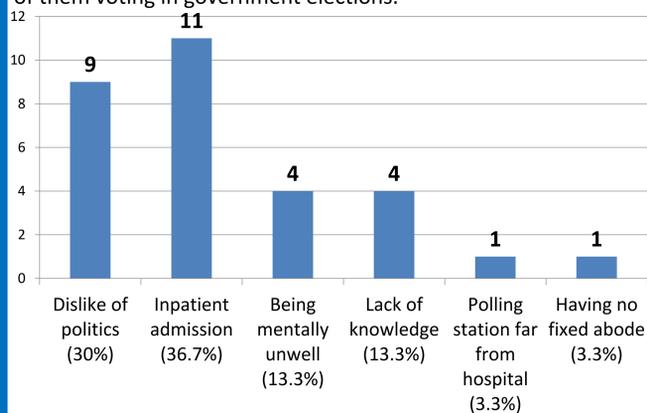


Figure 4. Proportion of the thirty patients who did not vote in December's election, who felt that guidance and support from mental health staff would have increased their likelihood of voting.

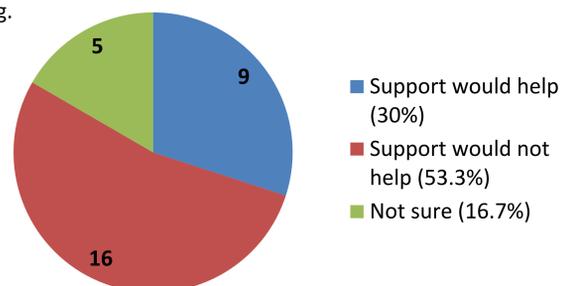
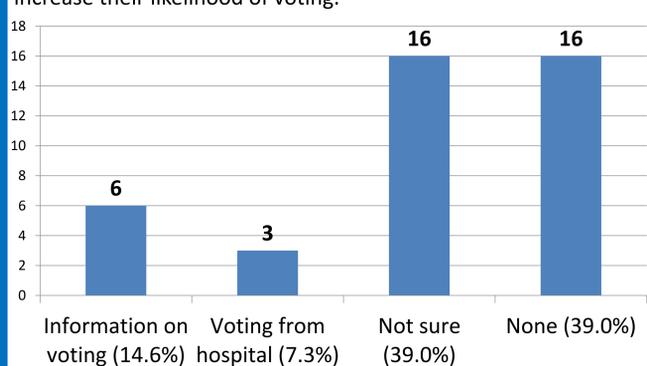


Figure 5. Guidance and support patients suggested would help to increase their likelihood of voting.



Twenty-four staff members responded to the survey. Sixteen (66.7%) were from community mental health teams and eight (33.3%) were from inpatient wards in a mental health hospital. This consisted of eleven doctors (45.8%), four nurses (16.7%), three social workers (12.5%), three support workers (12.5%), two occupational therapists (8.3%) and one psychologist (4.2%). None of the staff surveyed had undergone training with reference to mental health patients and their voting rights.

Table 1. Percentage of the twenty-four staff members who correctly stated that each patient group were able to vote in government elections (the exception being patients on a Section 37/41, as they are not eligible to vote).

Patient group	Staff members who correctly answered (%)
Informal admissions	18 (75%)
Section 2	12 (50%)
Section 3	11 (45.8%)
Section 37/41	5 (20.8%)
Community (not under a Community Treatment Order)	23 (95.8%)
Community (under a Community Treatment Order)	20 (83.3%)
Lacking capacity	12 (50%)
No permanent residence	13 (54.2%)

Figure 6. Proportion of staff members who have supported patients in joining the electoral register, to vote or both.

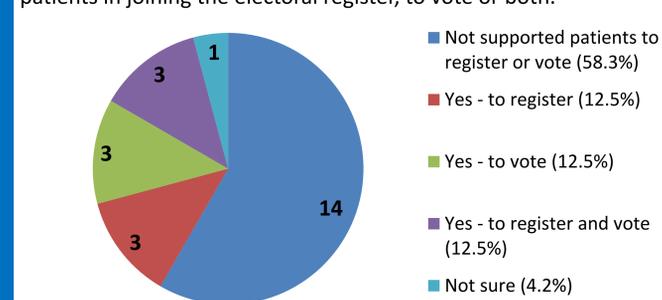


Figure 7. Proportion of staff members who feel that it is the responsibility of mental health workers to support patients to vote.

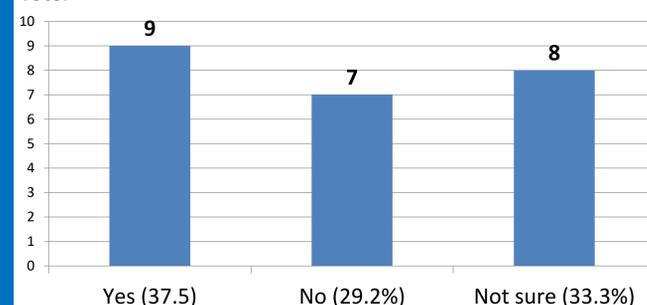
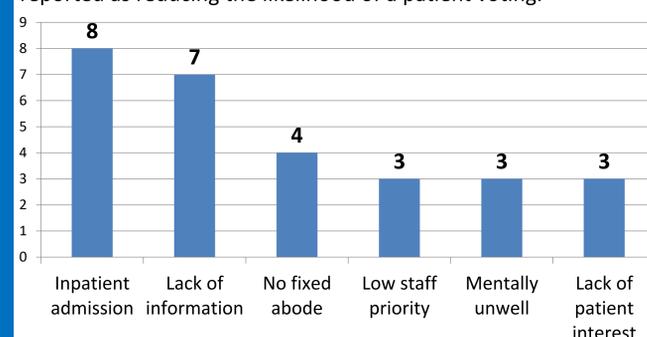


Figure 8. The six most common barriers that mental health staff reported as reducing the likelihood of a patient voting.



Twenty-one out of the twenty-four staff members (87.5%) stated a desire to have further guidance (such as a trust protocol) as to the voting rights of patients.

Discussion

Only 75% of patients were registered to vote and out of this group, less than one third was able to utilise their democratic right during the general election in December 2019. Although many expressed a strong dislike for politicians leading to apathy regarding the voting process, many others reported practical difficulties preventing them from voting. This included being admitted to hospital, a lack of knowledge, a large distance between the hospital and their polling station as well as having no permanent address. With many of these patients having had their freedom deprived by the MHA, it seems vital that their rights are not infringed further by the service not supporting them to vote when the time comes. This is especially important considering their vote can effect Acts of Parliament such as the MHA.

Interestingly patients appeared to have a better understanding of their eligibility to vote than mental health workers. Not a single member of staff got all of the questions about who was or was not eligible to vote correct. This is unsurprising considering no one surveyed reported any previous training on voting rights. This lack of knowledge and/or confidence may explain why only one third of staff members had guided patients as to how to register or vote. It is therefore understandable that almost all staff wanted guidance on this in the future.

A significant proportion of mental health workers felt it was important to encourage patients to vote in general elections. Many of the obstacles to voting stated by respondents can be tackled through the use of trust-approved leaflets giving information on how to register to vote, with particular reference to those with no fixed abode (as there is a separate form for this called of 'Declaration of Local Connection'). Staff in the community should be proactive in encouraging patients to consider postal voting to allow them to still vote if admitted to hospital. Finally, a trust policy should be produced to guide and educate staff so they feel confident to discuss this with patients.