Letters from readers are welcomed. They will be published at the discretion of the editor as space permits and will be subject to editing. They should be a maximum of 500 words with no more than five references and should be submitted in duplicate in a double-spaced format. Address letters to John A. Talbott, M.D., Editor, Psychiatric Services, American Psychiatric Association, 1400 K Street, N.W., Washington, D.C. 20005; e-mail, psjournal@psych.org.

Voting by Israeli Patients

To the Editor: On May 29, 1996, elections for the prime minister and the Knesset of Israel were held. A reform in the voting eligibility law enabled mentally ill patients to vote during confinement in psychiatric hospitals, and provisions were made for them to do so. Thus hospitalized mentally ill citizens were able to exercise a previously denied right (1).

Giving persons with mental illness the right to vote raises issues among members of the public of their competence to vote (2). To obtain information about patients’ participation in the election and their attitudes toward it, therapists at the Abarbanel Mental Health Center distributed questionnaires to 36 hospitalized patients with a diagnosis of schizophrenia and 25 outpatients with schizophrenia who could vote in their regular polling stations.

Forty percent of the hospitalized sample group voted, compared with 70 percent of the outpatient group and 79 percent of the general population. Eighty percent of the patients had participated in previous elections; 88 percent expressed pleasure in voting, and 77 percent said that they had firm knowledge of how to vote. There were no statistically significant differences between the inpatient and outpatient groups in their interest in the election or their feelings about their participation in it.

Most of the patients said they formed their own opinions about the election and were not influenced by others. Interestingly, the hospitalized patients were more exposed to the election propaganda than the outpatients, perhaps because the election was regarded as an important issue by the staff. Previous reports have emphasized the importance of making information available to help patients make informed choices (3,4), and therefore much information was provided to evoke patient interest. The election was discussed in the morning group sessions, and technical issues were dealt with by the nursing staff. The patients were exposed to the election propaganda in the newspapers and on the TV.

Voting represents an additional means for hospitalized mental patients to exercise their citizenship rights. Although the public may assume that their judgment is impaired, there are hospitalized patients who clearly are not impaired. Furthermore, some patients, even in an acute psychotic state, are able to understand and express their will about political issues; thus their patient status is irrelevant.

Nobody checks the mental state or the competence of the citizens who come to vote, and therefore the issue of competence does not arise at the voting booth (5). On the contrary, the Israeli law allows disabled individuals to be accompanied in the voting booth, which indicates that provisions must be made for implementing universal rights for handicapped persons. Our study indicates that patients with mental illness seem to feel like part of the general public when it comes to participation in elections. A majority had previously voted when they were not in the hospital.

The substantial preparation of the patients to vote contributed to greater awareness. Although the percentage of hospitalized patients who voted was low, most of the patients were pleased with the opportunity to vote and felt that their vote had an influence on the final result. Undoubtedly, the reform in the law enfranchising hospitalized patients contributes to their feeling of being participating members of the community.

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Consent for Psychotherapy

To the Editor: I was excited to see Dr. Appelbaum’s article (1) on informed consent for psychotherapy in the April 1997 Law & Psychiatry column for two reasons. Not only did Dr. Appelbaum fairly discuss the issue of false memory syndrome, but I believe psychotherapy does not receive much attention in Psychiatric Services.

For persons with severe and persistent mental illness, psychotherapy is as important as rehabilitation. Talking about issues of grief, “Why me?” and “What next?” can serve to help people make the best use of treatment with medication. However, psychotherapy focused on “recovered memories” can be highly destructive.

I write as a mother, although I am also a licensed clinical social worker. My family was wrecked and my most important accomplishment—being mother of three grown children—