

THE POLICE AND THE « LUNATIC »: LAW ENFORCEMENT AS A PROTAGONIST OF THE TREATMENT

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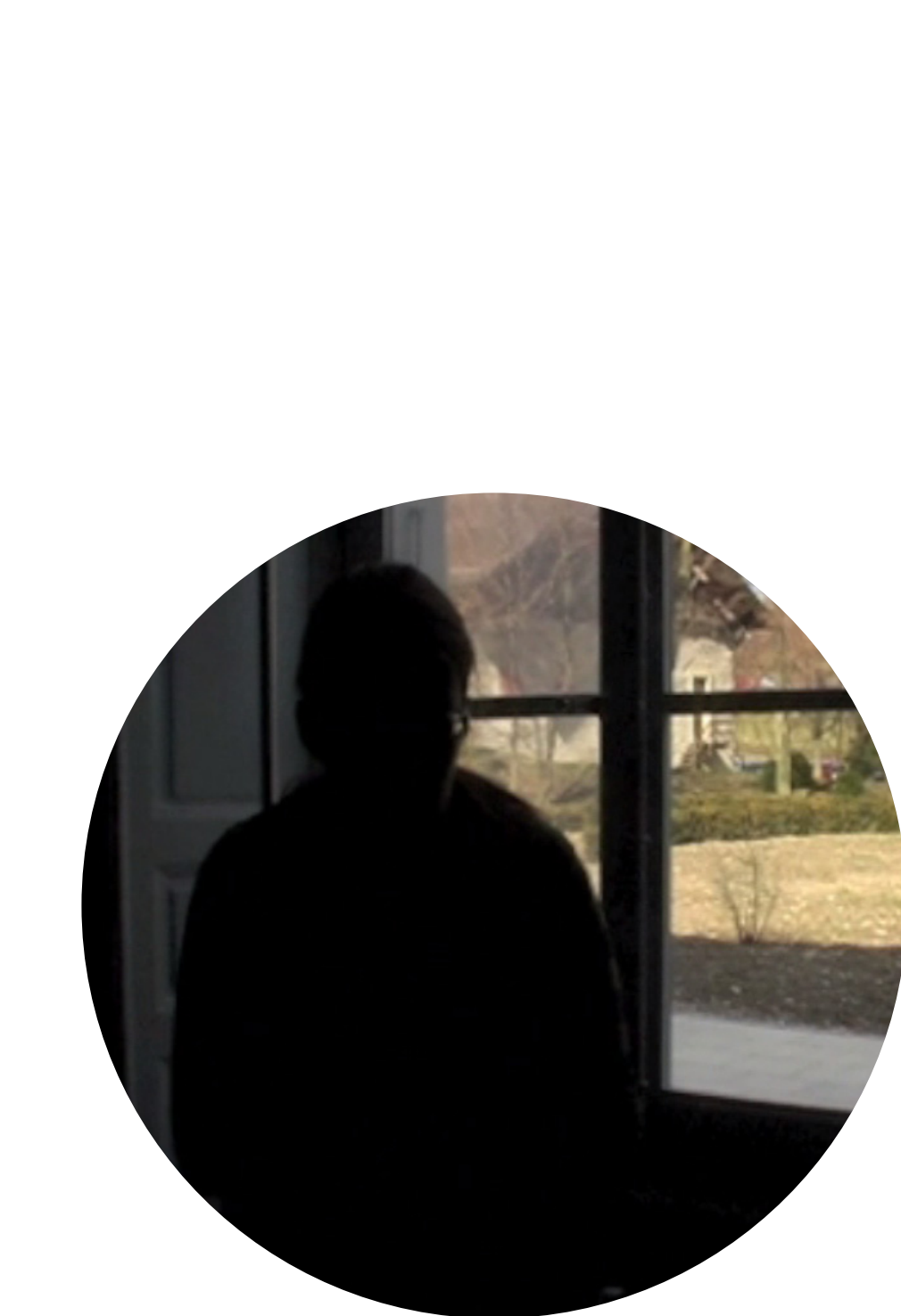
CONTEXT: the police collaborate with the mental health institutions on a daily basis both in the acute in-patient setting and in a wider out-patient and community context. While the police are frequently referred to in scientific literature as “front-line mental health workers” and “psychiatrists in blue”, very little attention has been given to their actual role from the clinical point of view. Yet, both the patients and the psychiatric teams do “use” law enforcement as a mean of therapy, communication and constraint.

AIM: to explore the objective (institutional) and the subjective reality of cross-sectoral collaboration between mental health professionals and law enforcement in the Swiss Canton of Vaud, in the context of psychotic breakdown.

METHODS: the role of the police in the commitment of psychiatric patients and its perception by the mental health workers, the patients’ relatives and the police officers themselves have been analysed using the Focus Group methodology (1) and the participant observational studies within an acute psychiatric ward of a public mental health hospital (2) as well as within an emergency police unit.

FOCUS GROUP STUDY

An anonymous video-recorded first person account of a young woman with schizophrenia who has been involuntarily committed to a mental hospital over 30 times, has been used as a stimulus for 3 focus groups composed of (a) police officers, (b) psychiatrists and mental health nurses (c) and relatives of persons with schizophrenia. The results show that there are a number of misunderstandings between these social actors and that those have direct negative effects on the patient and possibly also on the outcome of the treatment.



(a) the police: had a strong belief in the positive symbolism of police uniform; physical constraint as an inevitability; the expressed fear of a deluded patient; a belief in the efficiency of police procedures, as well as in the efficiency of verbal communication and self-reporting of communication efforts

(b) the psychiatric team: expressed a need for differentiation of roles between the police and the care givers; and saw police intervention as a traumatic event and serious threat to the therapeutic alliance. They perceived manifestation of force by the police as excessive and perceived fear of the psychotic patient by the police

(c) the relatives: had a strong belief in the negative symbolism of police uniform; a perception of excessive use of physical constraint; a perceived inability of the police to communicate with patient & family and expressed a need for greater involvement in the police intervention at home

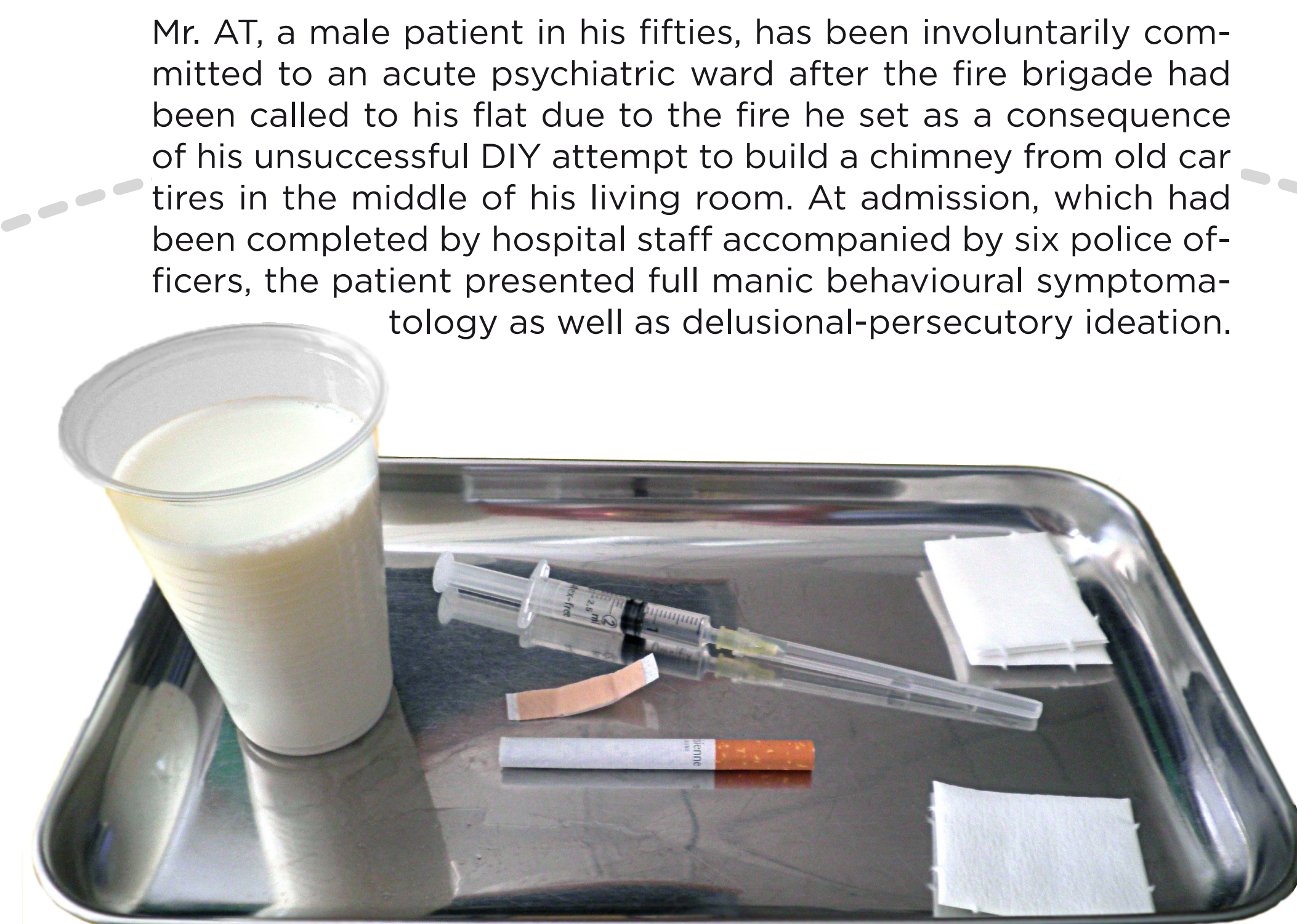
PARTICIPANT-OBSERVATIONAL STUDY

A six-month long ethnographic and participant observational study in an acute psychiatric ward of a public hospital focused on police intervention within the hospital setting. The police presence at the hospital has been recorded on a regular basis, specifically in the context of admission, forced injections and, more surprisingly, discharge from the hospital. Beyond law enforcement on the premises of the acute ward (management of aggressive behaviour) the police have also been solicited by the staff to communicate symbolically (by their presence alone) to the patient that the ward and its staff were acting within a strict legal framework. The police have thus been perceived as “messengers” in the so called «dramatization» and «talking acts» (Racamier, 1970) by both the staff and some patients.

A clinical case: Mr AT’s forced injection, care and law enforcement as the interplay of professional position and “footing” (Goffman, 1970)



Once everything was over, the officer helped the patient to stand up and told him “I will leave you now with your therapists, you can trust them, believe me”. The men shook hands and Mr. AT agreed to smoke a cigarette with one of the nurses, to whom the police officer referred as “my colleague”. A couple of days later the involuntary commitment was replaced by Mr. AT’s request for voluntary admission to the ward.



Mr. AT, a male patient in his fifties, has been involuntarily committed to an acute psychiatric ward after the fire brigade had been called to his flat due to the fire he set as a consequence of his unsuccessful DIY attempt to build a chimney from old car tires in the middle of his living room. At admission, which had been completed by hospital staff accompanied by six police officers, the patient presented full manic behavioural symptomatology as well as delusional-persecutory ideation.

It had been decided by the ward psychiatrist that Mr AT would be given a series of intramuscular injections of neuroleptics and sedatives and also would remain in hypo-stimulating isolation from other patients for the entire duration of the treatment, which was estimated at seven days. The menacing declarations of Mr AT, his record of previous acted violence and the patient’s statements on the presumed illegality of the nurses’ actions had all led the nurses to demand police assistance for the i.m. neuroleptic cure.

The officer took the patient’s hand and told him to trust him that it was best to lie down and relax as much as possible to make the injection less painful. Mr. AT eventually laid down on the mattress as asked by the police. The officer knelt next to the patient and held his hand during a rather lengthy injection.

As a result, two police officers were meant to be present on the ward on a daily basis at the times of the patient’s injection. At the time of the first injection, Mr. AT was vehemently threatening the nurses when they entered his room accompanied by two police officers. Suddenly, having noticed two men wearing blue police uniforms, the patient greeted them and expressed his happiness to see them since “the bastard nurses won’t be able to do anything they like in the presence of law enforcement, who are there to witness their unlawful deeds”. While the police kept displaying an empathetic, supportive and yet unambiguous attitude towards the patient, the nurses had asked him to lie down on a mattress so that they could administer the injection. Mr. AT categorically refused to lie down, just as he simply refused to acknowledge the nurses’ presence and communicated exclusively with one of the police officers who was in his fifties.

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