



# Voter participation among people attending mental health services in Ireland

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## Abstract

**Background** People with mental illness experience social and political exclusion but there is limited understanding of voting behaviour in this population.

**Aims** This study assessed voter participation and attitudes towards voting among people attending mental health services in Dublin, Ireland.

**Methods** Psychiatry outpatients and inpatients were studied over 2 months following Ireland's 2016 general election ( $n = 117$ ). Characteristics of participants who did and did not vote were compared and reasons for voting choices explored.

**Results** Over half of participants (52.1%) voted (national rate 65.1%) although more (83.8%) were registered. Forty-one percent had insufficient information about voting: the most common information deficits related to voting rights (31.6%) and voting in hospital (18.8%). Inpatients (20.0%) were substantially less likely to vote than outpatients (63.2%). Majorities endorsed the importance of people with mental illness voting. The most common reasons for not voting were being in hospital (32.1%) and not being registered (30.4%).

**Conclusions** Politicians should note that a majority of people with mental illness are outpatients and a significant proportion vote. Voting among inpatients has improved since 2011 but more information and support are needed to optimise voting rates in this population.

**Keywords** Mental health services · Mental illness · Social exclusion · Voting

## Background

People with mental illness commonly experience denial of human rights and political disempowerment [1, 2]. Voting is an important means of social inclusion for the mentally ill [3–5]. There is evidence that psychiatric inpatients are well-informed voters [6] and report positive feelings following voting, including a sense of responsibility, belonging to the general community and pride [7].

The United Nations (UN) Convention on the Rights of People with Disabilities, which Ireland ratified on 20 March 2018, requires states 'to ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected' (Article 29). This is to be achieved by, inter alia, 'ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use', and 'protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate'.

Many countries, however, including 36% of those in the UN, ban people with mental illness from voting and many other jurisdictions have various other discriminatory practices in place with regard to both voting and standing for election [8]. In Ireland, the Electoral Act 1992 implicitly endorses the right of psychiatry inpatients to vote by stating that if 'a person

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is a patient or inmate in any hospital or home for persons suffering from mental disability or similar institution, he shall be deemed for the purposes of this section to be ordinarily resident in' either his/her usual residence or, if that cannot be ascertained, 'the place where he last resided before he became such a patient or inmate' (Section 11(6)). When a person's name is on the electoral register, the question of their capacity to vote is one for the presiding officer at the polling station, although in practice the only test of capacity tends to be general observation of the person's ability to communicate rather than a more detailed test of mental capacity [9, 10].

Ireland's Electoral Act 1992 states that 'a person of unsound mind... shall not be eligible for election as a member' of Dáil Éireann (lower house of the Irish parliament) (Section 41(i)), although there is no definition of 'person of unsound mind' provided in the Act [9, 10]. In any case, this provision is due to be repealed by the Disability (Miscellaneous Provisions) Bill 2016 (Section 2) which is currently (2018) before the Dáil.

In practice, neither the Health Service Executive (HSE; Ireland's provider of government-funded public mental health services) nor the Mental Health Commission (the relevant regulator) has specific rules governing voting by people attending mental health services. However, Ireland's Citizens Information Board (the statutory body which supports provision of information, advice and advocacy on a broad range of public and social services) advises that if a person is living in a hospital, nursing home or similar institution, and has a physical disability or illness that prevents them from going to the polling station, they can vote at the hospital or nursing home [10, 11]. The person must apply to their local authority to be included in the Special Voters List, which is drawn up each year as part of the Register of Electors. Postal voting is another option and a person can also apply to be included in a supplement to the Postal and Special Voter Lists, which are published before each election and referendum.

While these rules and similar ones in other jurisdictions apply to people attending mental health services just as they apply to everyone else, voting rates among psychiatric inpatients still tend to be low, at 38% in England in 2005 compared to 61% in the general population [12], and 39% in Israel compared to 64% in the general population [7]. In Ireland, patients at the Central Mental Hospital (Ireland's only inpatient forensic psychiatry facility) voted for the first time in general elections in 2007, when votes were taken in the hospital itself [13]. Turnout was estimated at 75% in 2007 and over 60% in 2009 [14]. In 2011, however, the voting rate in a general adult psychiatry inpatient unit elsewhere in Ireland (where voting did not take place in hospital) was lower, at 10.0% compared to 69.9% in the general population [15].

There has been a small number of studies of voting among psychiatry outpatients and results are mixed. In Israel, 70% of outpatients with schizophrenia voted in the 1996 elections

compared to 79% of the general population [16], and in 2009 72% of outpatients voted compared to 65% of the general population [17]. In the US presidential election of 2000, 60% of outpatients with dementia voted compared to 51% of the general population [18], while in Germany 54% of psychiatry outpatients voted in the 2002 federal elections compared to 72% of the general population [5].

We aimed to study the voting rate in the 2016 Irish general election among outpatients and inpatients with mental illness in Dublin, and to explore their attitudes towards voting. We hypothesised that the rate of voting among outpatients would be greater than that among inpatients (10.0% in 2011) [15] but less than that of the general population (65.1% in 2016) [19].

## Methods

This study was performed in the mental health service based in Tallaght University Hospital and St James's Hospital in Dublin. This service is run by the HSE and provides public (i.e. free at point of use) inpatient and outpatient mental health care to a defined geographical area stretching from the suburbs of Dublin to the inner city. Like Irish mental health services in general, this service does not have specific rules or guidance regarding voting by inpatients or outpatients, and neither does it systematically provide staff to accompany patients to polling stations on election day.

We recruited outpatients and inpatients aged 18 years or over during the 2-month period immediately following the general election of 26 February 2016. We placed posters in the reception areas of psychiatry outpatient clinics and common areas of psychiatry inpatient units and alerted staff to the study. Questionnaires were freely available to patients in waiting areas and common areas or given by staff to patients who expressed an interest. Our anonymous, self-completed questionnaire is shown in Table 1. Free text responses to questions 13 and 15 were of insufficient quality and quantity for analysis.

We stored and analysed data using IBM SPSS Statistics (Version 24). For bi-variable analyses, we used Chi Square tests for categorical variables. For multi-variable analyses, we generated a logistic regression model with whether or not the participant voted as the dependent variable. Independent variables are shown in Table 2. These independent variables were entered together in the same regression model so that the analysis indicates the effect of each variable after controlling for the others. We tested the model for multicollinearity, which is when one or more variables are so closely related to each other that the model cannot reliably distinguish the independent effects of each. To test this, we calculated a 'tolerance value' for each independent variable; tolerance values below 0.25 indicate possible multicollinearity, and values below 0.10 indicate problems with multicollinearity [20].

**Table 1** Study questionnaire

1. Are you: (*please tick*) Male  Female
2. What is your age in years?
3. Please describe your nationality?
4. Are you: (*tick one*) Employed  Unemployed  Student  Retired
5. Are you: (*tick one*) Single  Married or in a relationship  Separated or divorced  Widowed
6. Are you involved in any of the following social groups or activities? (*tick as many as apply*) Mental health support groups  Community sports organisations  Other local community groups  Charity work  Party political activities  Other
7. Which best describes your current health status? (*tick one*) Inpatient  Outpatient
8. Were you previously registered to vote in Ireland? (*tick one*) Yes  No  Unsure
9. Are you currently registered to vote in Ireland? (*tick one*) Yes  No  Unsure
10. Have you previously voted in any elections in Ireland before 2016? (*tick one*) Yes  No  Unsure
11. Did you vote in the recent Irish General Election 2016? (*tick one*) Yes  No  Unsure
12. Do you feel you have enough information on the voting process? (*tick one*) Yes  No  Unsure
13. Which areas would you like to know more about? (*tick as many as apply*) (a) voting rights and mental illness  (b) voting in hospital  (c) registering to vote  (e) postal voting  (f) the nearest polling station  (g) other (*free text*)
14. Please indicate your level of agreement with the following statements: (*tick one box for each statement*) (a) Voting makes me feel a part of society; (b) Mental illness should not be seen as a barrier to stop patients voting; (c) People with mental health problems should be encouraged to vote; (d) I feel pride for my country when I vote; and (e) In this day and age voting is not important (Strongly agree  Agree  Disagree  Strongly disagree  No comment .
15. If you did not vote in the recent General Election 2016, why not? (a) I was in hospital  (b) I was not registered to vote  (c) I did not see the point in voting  (d) I abstained from voting  (e) I did not like the choices on offer  (f) I did not know about the election  (g) I did not know where the polling station was  (h) I did not think I could vote  (i) I am not an Irish citizen  (j) I was told that I could not vote  (k) Other (*free text*)

This study was performed in accordance with the Declaration of Helsinki and approved by the Faculty of Health Sciences Ethics Committee at Trinity College Dublin (reference 151,102). Participation was voluntary. Written informed consent was received from all participants.

## Results

One hundred and seventeen patients participated, of whom 30 (25.6%) were inpatients (Table 2). This yields response rates of 43.9% (87/198) for outpatients and 30.3% (30/99) for inpatients over the 2-month study period. Half of respondents (50.4%) were female; mean age was 45.2 years (standard deviation

16.1); and 106 (90.6%) were of Irish ethnicity; the sample also included two people from the UK and one from each of Romania, Poland, Lithuania, Russia and the Congo. Almost half (49.6%) were unemployed and over half were single (51.3%). A minority were involved in local social groups or activities (40.2%), most commonly mental health support groups ( $n = 21$ ; 17.9%), community sports organisations ( $n = 16$ ; 13.7%), other community groups ( $n = 9$ ; 7.7%), charity work ( $n = 4$ ; 3.4%) and party political activities ( $n = 1$ ; 0.9%).

Majorities had registered to vote in the past (79.5%) and were registered in 2016 (83.8%). Ninety participants (76.9%) voted in the past and 61 (52.1%) voted in 2016. Only 59.0% had sufficient information about voting; the remainder sought information about voting rights and mental illness ( $n = 37$ ; 31.6%), voting in hospital ( $n = 22$ ; 18.8%), registering to vote ( $n = 16$ ; 13.7%), postal voting ( $n = 8$ ; 6.8%) and the nearest polling station ( $n = 5$ ; 4.3%).

On multi-variable testing, voting was independently associated with marital status (77.3% of married participants voted compared to 31.7% of single participants;  $p = 0.017$ ) and being an outpatient rather than an inpatient (63.2% versus 20.0%;  $p = 0.025$ ).

Majorities agreed or strongly agreed that ‘voting makes me feel a part of society’ ( $n = 95$ ; 81.1%); ‘mental illness should not be seen as a barrier to stop patients voting’ ( $n = 102$ ; 87.2%); ‘people with mental health problems should be encouraged to vote’ ( $n = 104$ ; 88.9%); and ‘I feel pride for my country when I vote’ ( $n = 87$ ; 74.4%); and a majority disagreed or strongly disagreed with the statement that ‘in this day and age voting is not important’ ( $n = 77$ ; 65.8%). These proportions did not differ significantly between participants who did and did not vote ( $p > 0.05$ ), apart from ‘voting makes me feel a part of society’ with which 91.8% ( $n = 56$ ) of voters agreed or strongly agreed, compared to 69.6% ( $n = 39$ ) of non-voters (Chi Square 11.825;  $p = 0.019$ ).

Among participants who did not vote ( $n = 56$ ; 47.9%), all ticked one of the response options provided on the questionnaire, as follows: ‘I was in hospital’ ( $n = 18$ ; 32.1%); ‘I was not registered to vote’ ( $n = 17$ ; 30.4%); ‘I didn’t see the point in voting’ ( $n = 7$ ; 12.5%); ‘I abstained from voting’ ( $n = 5$ ; 8.9%); ‘I didn’t like the choices on offer’ ( $n = 4$ ; 7.1%); ‘I did not know about the election’ ( $n = 1$ ; 1.8%); ‘I did not know where the polling station was’ ( $n = 1$ ; 1.8%); ‘I did not think I could vote’ ( $n = 1$ ; 1.8%); ‘I am not an Irish citizen’ ( $n = 1$ ; 1.8%); and ‘I was told that I could not vote’ ( $n = 1$ ; 1.8%).

## Discussion

Just over half of participants in our study (52.1%) voted in 2016 although larger majorities had been registered to vote in the past (79.5%), voted in the past (76.9%) and were registered to vote in 2016 (83.8%). Only 59.0% had sufficient information about voting; the most common deficits related to voting rights and mental illness (31.6%), voting in hospital (18.8%) and registering to vote

**Table 2** Voter participation among people attending mental health services in Dublin, Ireland. Values are numbers (percentages) unless stated otherwise

Variable		All participants ( <i>n</i> = 117)	Voting in the 2016 general election		Binary logistic regression analysis <sup>a</sup>	
			Voted ( <i>n</i> = 61)	Did not vote ( <i>n</i> = 56)	$\beta$	<i>p</i>
Gender	Male	58 (49.6%)	26 (44.8%)	32 (55.2%)	0.131	0.840
	Female	59 (50.4%)	35 (59.3%)	24 (40.7%)		
Mean (SD) age (years)		45.2 (16.1)	48.5 (16.2)	41.5 (15.3)	- 0.012	0.511
Nationality	Irish	106 (90.6%)	57 (53.8%)	49 (46.2%)	0.007	0.920
	Non-Irish	7 (6.0%)	2 (28.6%)	5 (71.4%)		
	Missing	4 (3.4%)	2 (50.0%)	2 (50.0%)		
Employment status	Employed	28 (23.9%)	13 (46.4%)	15 (53.6%)	0.001	0.548
	Unemployed	58 (49.6%)	28 (48.3%)	30 (51.7%)		
	Student	6 (5.1%)	3 (50.0%)	3 (50.0%)		
	Retired	17 (14.5%)	12 (70.6%)	5 (29.4%)		
	Missing	8 (6.8%)	5 (62.5%)	3 (37.5%)		
Marital status	Single	60 (51.3%)	19 (31.7%)	41 (68.3%)	- 1.420	0.017
	Married or in a relationship	44 (37.6%)	34 (77.3%)	10 (22.7%)		
	Separated or divorced	8 (6.8%)	4 (50.0%)	4 (50.0%)		
	Widowed	3 (2.6%)	2 (66.7%)	1 (33.3%)		
	Missing	2 (1.7%)	2 (100.0%)	0 (0%)		
Involved in local social groups or activities	Yes	47 (40.2%)	20 (42.6%)	27 (57.4%)	0.735	0.201
	No	70 (59.8%)	41 (58.6%)	29 (41.4%)		
Previously registered to vote in Ireland	Yes	93 (79.5%)	53 (57.0%)	40 (43.0%)	- 1.533	0.369
	No	17 (14.5%)	3 (17.6%)	14 (82.4%)		
	Unsure	7 (6.0%)	5 (71.4%)	2 (28.6%)		
Currently registered to vote in Ireland	Yes	98 (83.8%)	61 (62.2%)	37 (37.8%)	21.503	0.998
	No	18 (15.4%)	0 (0%)	18 (100.0%)		
	Unsure	1 (0.8%)	0 (0%)	1 (100.0%)		
Previously voted in an election	Yes	90 (76.9%)	57 (63.3%)	33 (36.7%)	1.571	0.100
	No	24 (20.5%)	3 (12.5%)	21 (87.5%)		
	Unsure	3 (2.6%)	1 (33.3%)	2 (66.6%)		
Do you feel you have enough information about voting	Yes	69 (59.0%)	43 (62.3%)	26 (37.7%)	0.242	0.590
	No	34 (29.0%)	15 (44.1%)	19 (55.9%)		
	Unsure	14 (12.0%)	3 (21.4%)	11 (78.6%)		
Current mental health service involvement	Inpatient	30 (25.6%)	6 (20.0%)	24 (80.0%)	- 1.564	0.025
	Outpatient	87 (74.4%)	55 (63.2%)	32 (36.8%)		

<sup>a</sup> Binary logistic regression analysis of whether or not the participant voted in Ireland's 2016 general election (yes/no) as the dependent variable;  $r^2 = 60.5\%$ ;  $p < 0.001$ . All tolerance values were greater than 0.25 indicating no problems with multicollinearity.

SD Standard deviation

(13.7%). Married people were the most likely marital group to vote (77.3%), and outpatients (63.2%) were substantially more likely to vote than inpatients (20.0%). Majorities endorsed the importance of people with mental illness voting. The most common reasons given for not voting were being in hospital (32.1%) and not being registered (30.4%).

In terms of strengths, this study addressed an important topic, included 117 participants (which is more than many reports in this field) [5, 15, 16, 18], and examined both psychiatry outpatients and inpatients. Weaknesses include the lack of a control group, possible selection bias resulting from conducting a written survey in English and self-selection of participants.

These are important issues because it is possible that patients who are motivated enough to participate in a study may also be more likely to vote. Diagnosis is also likely to be important, as patients with severe depression or the negative symptoms of schizophrenia may be much less likely to engage with either process. As a result, it is likely that selection bias has a significant effect on our findings and their generalisability.

Interestingly, the profile of participants in our study (approximately 50% female, mean age of 45.2 years) is very similar in certain respects to the profile of people admitted to psychiatry inpatient units in Ireland as a whole in 2016 (approximately 50% female, mean age of 45.1 years) [21]. Even so, greater

knowledge about the sociodemographic characteristics of the wider populations would help clarify the extent to which our sample reflects local and national inpatient and outpatient populations in other respects, and would undoubtedly help further elucidate issues relating to bias, validity and generalisability.

Overall, our finding that 63.2% of outpatients who participated in our study voted in 2016 tends to confirm our hypothesis, i.e. it is greater than the rate of voting among inpatients in 2011 (10.0%) [15] and in our study (20.0%). Our outpatient voting rate is also comparable with that of the general population (65.1%) which is broadly consistent with findings in Israel in 1996 (70% voting rate in outpatients versus 79% in the general population) [16] and 2009 (72% versus 65%) [17], and the USA in 2000 (60% versus 51%) [18].

The persistently low voting rate among inpatients confirmed in this study (20.0%) reflects a missed opportunity to address the social exclusion and political disempowerment experienced by the mentally ill [1, 2]. We found that failure to vote appears attributable to remediable secondary correlates of mental illness such as being in hospital or not being registered to vote. Consistent with the literature, we also identified lack of knowledge [12] and administrative problems [17] as key issues.

## Conclusions

Voting matters greatly to people with mental illness. A majority of people with mental illness are outpatients and a majority of these (63.2%) vote, similar to the general population (65.1%). Politicians who control healthcare resources should take careful note of this fact. The voting rate among inpatients is still low (20.0%) but has improved since 2011 (10.0%) [15]. Further progress could be made by providing more information about voting to patients, families and staff, and implementing voter registration programmes, especially among people with mental illness who are in hospital at election time.

Future research could also usefully examine the role of involuntary admission under the Mental Health Act 2001 in deterring voting because if involuntary patients are not granted leave to vote, their failure to vote may be due to a factor outside of their control. Pro-active use of Postal and Special Voter Lists, and supplementary lists, as well as establishing polling stations in hospitals, might help address these important issues in practice in the future.

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## Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Ethical approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This study was approved by the Faculty of Health Sciences Ethics Committee at Trinity College Dublin (reference 151102).

**Informed consent** Informed consent was obtained from all individual participants included in the study.

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