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Knowledge & Attitudes of Mental Health Professionals on Issues & Laws Regarding Involuntary Hospitalization in Kentucky

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Gary A.

1976

KNOWLEDGE AND ATTITUDES OF MENTAL HEALTH PROFESSIONALS ON ISSUES
AND LAWS REGARDING INVOLUNTARY HOSPITALIZATION IN KENTUCKY

A Thesis

Presented to

The Faculty of the Department of Psychology
Western Kentucky University
Bowling Green, Kentucky

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by

Gary A. Giamartino

June, 1976

KNOWLEDGE AND ATTITUDES OF MENTAL HEALTH PROFESSIONALS ON ISSUES
AND LAWS REGARDING INVOLUNTARY HOSPITALIZATION IN KENTUCKY

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AND LAWS REGARDING INVOLUNTARY HOSPITALIZATION IN KENTUCKY

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36 Pages

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Involuntary psychiatric hospitalization in the Commonwealth of Kentucky has become a salient issue based, in part, on two recent court rulings and a call for legislative reform of the laws governing this procedure. The role of the mental health professional, who may be directly or indirectly involved in the hospitalization process, requires knowledge and sensitivity of these laws and related legal issues.

One hundred and five Kentucky mental health professionals, including physicians, psychologists, and social workers, responded to a questionnaire designed to assess their knowledge and attitudes on seven selected laws and legal issues regarding involuntary hospitalization in Kentucky.

The professional groups differed significantly in their knowledge of only one of the seven knowledge items. Neither profession nor any one of seven other demographic and background variables were related to overall knowledge of the laws and issues surveyed, both within and across professional groups.

Analysis of the attitude items revealed a significant difference between professional groups on three particular issues. A significant difference between professional groups was also found in their overall attitudes toward due process rights for individuals involved in cases of involuntary hospitalization with social workers exhibiting most concern for these rights followed by physicians and psychologists. Across professional groups, no other demographic variables were found to be related

to overall attitudes. Within professional groups, psychologists who had been in their profession longer and psychologists whose training had not covered the legal rights of mental patients and the legal procedures of involuntary hospitalization exhibited more concern for due process rights.

Although the results indicated that respondents had little knowledge of the laws and issues surveyed, mental health professionals seemed to have a concern for these issues. It was recommended that the educational preparation of mental health professionals should include more comprehensive coverage of the laws and issues regarding involuntary hospitalization. Further, the state should require a demonstration of this knowledge either as a part of certification and licensure examinations or as a separate examination for mental health professionals who plan to practice or work in Kentucky.

CHAPTER I

Introduction

Kittrie (1971) estimated that 350,000 Americans are committed each year to mental institutions, a figure three and a half times that of those who are sentenced to prisons. Approximately four fifths of those who are committed, according to Kittrie, are committed involuntarily under the provisions of individual states' statutes governing hospitalization of the mentally ill.

McGarry and Kaplan (1973) have more recently noted a decrease in the incidence of involuntary hospitalization, apparently due to more stringent legal provisions imposed to protect widespread abuse of these proceedings. Likewise, admission data from Kentucky state psychiatric facilities show that involuntary admission rates have dropped substantially in Kentucky since 1972 (see Table 1).

Yet the issue of involuntary hospitalization of persons alleged to be mentally ill seems to be more salient now in Kentucky than at any time in the past. Of particular importance to the popularity of this issue are two recent court decisions, one by the United States Supreme Court and one by a United States District Court for the Western District of Kentucky.

In Donaldson v. O'Connor (422 U.S. ___, 95 S. Ct. 2486 43 U.S.L.W. 4929, June 26, 1975 , 493 F.2d 507 [5th Cir. 1974]) the U. S. Supreme Court held, "A State cannot constitutionally confine without more [i.e., without providing more than custodial care] a nondangerous individual who is

Table 1
 Legal Status of Admissions to Kentucky
 State Psychiatric Facilities

Legal Status	Years			
	1975 ^a	1974	1973	1972
Voluntary	2577 (65.7)	5173 (68.0)	4264 (55.5)	2852 (46.0)
Involuntary	1345 (34.3)	2435 (32.0)	3419 (44.5)	3348 (54.0)
Total	3922	7608	7683	6200

Note. Data obtained from Research and Special Projects, Health Reports Unit, Bureau for Administration and Operation, Kentucky Department for Human Resources. Numbers in parentheses indicate percentages of total admissions for each year.

^aAdmissions through July 31, 1975.

capable of surviving safely in freedom by himself or with the help of willing and responsible family members or friends" (MHLP Position Paper, 1975, p. 9). The impact of this decision for present residents of Kentucky psychiatric facilities has, apparently, not been major. A greater impact, though, may be felt in future attempts to hospitalize the alleged mentally ill since a state should no longer be able to hospitalize a person solely on a finding of mental illness. The issue of dangerousness was addressed, previous to Donaldson, in a Kentucky court case, Denton v. Commonwealth (Ky., 383 S.W. 2nd 681, 682 [1964]) which also recommended a finding of dangerousness before hospitalization. However, the present Kentucky statutes governing involuntary hospitalization still have not clearly stated this requirement (see, for example, Kentucky Revised Statutes, 202.135, Sec. 6).

The second important court ruling was in the case of Kendall v. True (C.A. No. C 74-64 L A, --F. Supp., [W.D. Ky. 1975]). This decision, in addition to reiterating the dangerousness criterion, also held that Kentucky's 60-day involuntary commitment statute was unconstitutional. In a memorandum opinion, U. S. District Judge Charles M. Allen further cited the following, and other, procedural deficiencies which he found to be common in hospitalization hearings: 1) the average number of commitment cases heard by a judge was 30 per day and 10 per hour, 2) the patient was typically not informed of his right to a jury trial, 3) no court reporter was present to transcribe the proceedings, 4) the attorney for the patient is not given any psychiatric reports prior to the hearing, and 5) the court ordered psychiatric examination averaged about 20 minutes (pp. 4, 5).

Barber (Note 1), in a review of Kentucky's involuntary hospitalization statutes, recommended a number of legislative changes which would

"reflect the current status of case law in the Commonwealth of Kentucky" (p. 8). These suggestions are consistent with the holdings of the Donaldson and Kendall courts and with the suggested guidelines for due process in commitment hearings set forth in a recent comprehensive article, "Developments in the Law - Civil Commitment of the Mentally Ill," in the Harvard Law Review, April, 1974.

Where does the mental health professional stand in the midst of these legal matters? An overview of recent mental health literature addressed to the issue of involuntary hospitalization reveals two opposite positions.

The civil liberation view, which has been most eloquently presented by psychiatrist Thomas S. Szasz, has maintained that involuntary hospitalization is a form of "social intervention which is ostensibly helpful but actually harmful to its supposed beneficiaries" (Szasz, 1973, xii). According to this view, the benefits of hospitalization do not outweigh the restrictions imposed upon the alleged mentally ill person's liberty resulting from hospitalization. Further, the tenets of a medical model of mental illness are "metaphors" utilized by institutional psychiatry to justify the incarceration of people whose behavior does not coincide with societal norms.

The opposite view, offered by proponents of involuntary hospitalization (eg. Rachlin, 1974; Robitscher, 1972), maintains that individuals have a right to receive treatment in exchange for the deprivation of liberty. Basic to this viewpoint is the argument that the victims of mental malfunctioning do indeed suffer greater anguish if denied treatment that will relieve this suffering. According to Rachlin (1974), the mental health professions have been unjustly accused of being "jailers

who deprive individuals of their freedom" (p. 410). Although maintenance of this opinion does not require strict adherence to a traditional medical model of mental illness or deviant behavior, proponents hold that there are regularities in types of deviant behavior and that these are modifiable through treatments offered in an institutional setting.

Regardless of one's stance on these issues, all mental health professionals are guided by the laws governing involuntary hospitalization in their respective states. Thus, while professional views may be widely divergent on this issue, legal statutes formulated by 50 state legislatures will ultimately prescribe whether, and under what conditions, a person can be hospitalized against his will. The court cases previously reviewed are an indication that the judicial branch of government is interested in assuring that hospitalization laws are not in conflict with civil liberties. Yet, it has been suggested that merely having good laws will not insure the protection of individual rights (Fein & Miller, 1972; Keen, 1974). To effectively guard against abuses of involuntary hospitalization, mental health professionals must be sensitive to these laws and willing to assume a role of patient's or client's advocate (Laves & Cohen, 1973; Simon, 1975; Tancredi & Clark, 1972). This is not to imply that mental health professionals should take the place of lawyers. However, since mental health personnel are often involved with proposed cases of involuntary hospitalization before the lawyers, decisions based upon sound knowledge of the law could blunt illegal actions before they are started. Consistent with this line of thought, Meisel (1975) noted that the attitudes of mental health workers toward the rights of mental patients were "the single most important factor" in the implementation of these rights. "A sensitivity to patients' rights

cannot be imposed by the courts, the legislatures, or the administrative agencies" (Meisel, 1975, p. 353).

Given the importance of mental health workers' knowledge of and attitudes toward laws designed to protect the alleged mentally ill, particularly with regard to the issue of involuntary hospitalization, a number of studies have attempted to gather empirical data in these areas. The following section reviews these studies and their implications for future research.

CHAPTER II

Review of the Literature

A study by Tancredi and Clark (1972) revealed that a significant number of mental health professionals working in a Massachusetts mental health center were unaware of various aspects of their particular state's laws concerning the legal rights of patients at the time of patients' admission and during their subsequent treatment. Of the five questions which dealt specifically with involuntary hospitalization, it was found that less than one third of these could be answered correctly by the samples of attending psychiatrists, resident physicians, social workers, and nurses who worked at the center. The combined groups of psychiatrists and residents responded correctly to 40% of the questions while social workers and nurses responded correctly to only 24% of the questions.

Giamartino (Note 2) found that a small sample of social workers in a Western Kentucky county were able to correctly respond to only 45% of the items of a questionnaire based upon Kentucky involuntary commitment laws. This percentage was less than that which would have been expected by random guessing of answers. The authors of both studies concluded that sensitization to these laws was of paramount importance in the training of mental health professionals. Similarly, both implied that larger scale state-wide studies might show that these findings were representative of the knowledge of mental health professionals on this topic.

Peszke and Wintrob (1974), in a study of transcultural attitudes toward involuntary commitment, found that a considerable number of practicing

psychiatrists did not have "a true understanding of the laws governing emergency involuntary medical treatment in their states, provinces, and countries" (p. 38). An interesting accompanying finding was that even those psychiatrists who subjectively indicated that they understood the statutes in their area often did not have a true understanding as evidenced by their responses to the examiners' questionnaire. This was dramatically illustrated by the reports of two psychiatrists from the same geographical region, one who stated; "We have no provisions for emergency commitment," while the other gave a detailed analysis of the requirements for involuntary commitment.

Peszke and Wintrob went on to assess their respondents' attitudes toward involuntary commitment. While the authors did not directly determine attitudes toward particular statutes, they did tap their respondents' attitudes, generally favorable or unfavorable, toward the practice of commitment. Although precise figures of agreement or disagreement were not provided, it was obvious that there was considerable variation in responses. Indeed, the authors stated that the most striking finding was that "attitudes are subjective and that there is a lack of adequate criteria that are ethical, legal, and medically therapeutic for initiating emergency involuntary commitment" (p. 38).

A more extensive study was done in New Jersey by Laves and Cohen (1973). These researchers developed objective questionnaires to assess knowledge of and attitudes toward the legal rights of mental patients. Although this study deals with a broader spectrum of rights other than just those dealt with in commitment proceedings, nearly one half of the items in each questionnaire reflected issues which might be encountered in cases of involuntary hospitalization. The participants were psychiatrists,

psychologists, social workers, nurses, and attendants who worked in the state of New Jersey. Results from the knowledge, or cognitive, questionnaire showed that nurses achieved the greatest percentage of correct responses (60.75%) followed by psychiatrists (58.64%), attendants (46.25%), social workers (33.53%), and psychologists (29.4%).

The significance of the results of the cognitive study lies in the fact that the format of the questionnaire was such that a score of 50% correct was that which might have been expected by a random guessing of the correct responses. When seen in this light, it is somewhat disconcerting to note that only two groups, nurses and psychiatrists, achieved mean scores greater than 50%. There was no positive relationship between attained educational level and knowledge of the statutes.

Laves and Cohen posited that this low level of knowledge might be due, in part, to the ambiguity of the statutes, "rather than an absolute ignorance of the law" (p. 64). However, they did not excuse mental health workers on this basis, claiming that this knowledge should be "a rudimentary part of the training of mental health workers" (p. 64).

The attitude questionnaire revealed that psychologists harbored the most liberal attitudes with regard to patients' rights followed by social workers, nurses, attendants, and psychiatrists. It was noted that all groups evidenced attitudes which were, on the average, somewhat toward the liberal end of the continuum; that is, attitudes favored the measures which provided patients with the greatest legal protection. These results were interpreted as being non-supportive of Rabkin's (1972) observation that employees of lower status tend to display more authoritarian and restrictive attitudes toward mental illness. Based on Rabkin's review, the attendants and nurses should have had the most conservative attitudes

toward the rights of mental patients while psychiatrists would have been predicted to have the most liberal attitudes. It seems, however, that this generalization of their findings might have been inappropriate. The scales used by Laves and Cohen were not intended to offer a measure of authoritarianism as were some of the representative scales reviewed by Rabkin. Further, it could be argued that Laves' and Cohen's scales had tapped a different construct, one which dealt with a more specific issue within the mental health field.

Kumasaka and Stokes (1972) directly surveyed the attitudes and opinions of a sample of psychiatrists and lawyers concerning the involuntary hospitalization process in the state of New York. The thirty psychiatrists interviewed were staff psychiatrists at Bellevue Hospital in New York City. The interviews consisted of four questions phrased in an alternating structured and open-ended manner. The responses obtained are shown in Table 2. It is clear that while a majority of the psychiatrists held that involuntary hospitalization was indispensable to their practice, there is considerable variation in the reasons given for their attitudes. This finding seems to be consistent with that of Peszke and Wintrob (1974), that attitudes are subjective and lack criteria based upon sound professional considerations.

Table 2

Summary of Psychiatrists' Attitudes Toward Issues
Regarding Involuntary Hospitalization

Question 1: "Is involuntary hospitalization indispensable to psychiatric practice?"	
<u>Responses</u>	<u>%</u>
Indispensable, no qualification	78.5
Indispensable, but in a very few cases only	21.4
Question 2: "Why do you feel this way?"	
<u>Responses</u>	<u>%</u>
To protect the community, in dangerous cases	21.7
To protect the patient	36.9
Where patient is incompetent to decide	32.6
Other	8.7
Question 3: "Assuming there were a good working definition of dangerousness, do you consider it a valid criterion for determining the necessity of long-term involuntary hospitalization?"	
<u>Responses</u>	<u>%</u>
Yes, a valid criterion	42.3
A valid criterion for short-term, not long-term hospitalization	19.2
No, not a valid criterion	26.9
Can't answer in terms of question	11.5
Question 4: "What does dangerousness of the mentally ill mean to you?"	
<u>Responses</u>	<u>%</u>
Dangerousness to self or others only	77.7
Depends on diagnosis	11.1
Dangerousness must be substantiated by history	11.1

Note. Data from Kumasaka and Stokes, 1972.

CHAPTER III

Statement of the Problem

The most obvious generalization of this review is that mental health professionals are not as knowledgeable about laws regarding involuntary hospitalization as they might be. A second generalization is that there is variance in attitudes toward these same laws. Given the previously cited importance of knowledge and attitudes toward these laws, and the salience of the issue of involuntary hospitalization in Kentucky, it is felt that a study of Kentucky mental health professionals' knowledge of and attitudes toward Kentucky's involuntary hospitalization laws is in order.

A further, after the fact, indication of the interest and need for this study may be inferred from the number of respondents' requests for feedback of this study's outcome. Requests were received from psychiatrists, psychologists, and social workers employed in various settings and capacities including community mental health centers, private practice, universities, and professional association legal advisory committees.

This study will attempt to obtain data from Kentucky psychiatrists, psychologists, and social workers concerning their knowledge of and attitudes toward current statutes and legal issues from Kentucky's laws governing involuntary hospitalization. Since a study involving every statute and issue would be somewhat difficult and cumbersome, this study will be concerned only with those critical issues raised by Barber (Note 1) regarding the questionable status of due process for individuals in involuntary hospitalization proceedings under Kentucky law.

CHAPTER IV

Method

Subjects

Three hundred and seventeen mental health professionals were solicited for participation in this study. One hundred and seven physicians, identified as practicing psychiatrists or neurologists, were randomly selected from the 1974 Kentucky Medical Directory. This sample represented approximately one half of the total number of physicians in this category. All 95 certified or licensed psychologists in the areas of clinical psychology, behavior modification, and/or psychodiagnostics listed in the 1974 Kentucky Psychological Association Directory were also chosen. Finally, 115 social workers residing in Kentucky were randomly selected from the 1972 National Association of Social Workers (NASW) Directory of Professional Social Workers and from the 1975 roster of the Louisville-Western Kentucky chapter of NASW. The latter directory was employed to offset the loss of potential subjects due to changes of address made since publication of the older directory and to elicit replies from social workers who had commenced practice after 1972.

Procedure and Instrument

All subjects were mailed identical cover letters and questionnaires in October, 1975. The cover letter (Appendix A) described the purpose of the study as to gain empirical evidence of the respondents' knowledge of and attitudes toward current Kentucky statutes governing the involuntary hospitalization of persons alleged to be mentally ill. It made further

reference to the possibility of contributing to the instigation of legislative reform which might bring Kentucky laws into consonance with attitudes of mental health professionals. The letter clearly stated that all replies would be anonymous.

The questionnaire (Appendix B) consisted of two parts; the first part was comprised of 8 questions of demographic and background information, while the second part included 14 items regarding knowledge of and attitudes toward the Kentucky statutes. The format of the questionnaire was the same as that used by Laves and Cohen (1973). Items 1-7 of the second part were questions derived from the Kentucky Revised Statutes (KRS), Chapter 202, "Hospitalization of Mental Patients." These questions were based upon issues raised by Barber (Note 1) regarding the possible disregard of due process provisions in KRS 202. There were three response alternatives for each item: "definitely is a law," "don't know," and "definitely is not a law." Items 2, 5, 6, and 7 required "definitely is a law" as a correct response, while items 1, 3, and 4 required a correct response of "definitely is not a law."

Items 8-14 paralleled items 1-7 with regard to item content. These items were designed to assess agreeable or disagreeable attitudes toward the laws covered in items 1-7. The response mode was a 7-point Likert-type scale ranging from "strongly agree" to "strongly disagree." This parallel format allowed comparison between knowledge and attitudes on each item.

Analysis of Data

Analysis of data consisted of tabulating responses to individual knowledge and attitude items and of analyzing the scales obtained when the knowledge and attitude items were combined to create separate

"knowledge" and "attitude" scales, via subprograms "Reliability" (Note 3) and "Factor" of the Statistical Package for the Social Sciences (SPSS), (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975). Relationships between the demographic and background variables and scores on the individual items and total scales were determined via subprograms "Crosstabs," "Breakdown," and "Oneway" of SPSS. Additional analyses were contingent upon the findings of each of these analyses.

CHAPTER V

Results

One hundred and five, or 33%, of the 317 questionnaires mailed were completed and returned within approximately three weeks. The returned sample consisted of replies from 34 physicians, including 25 psychiatrists, 8 neurologists, and 1 general practitioner; 43 psychologists; and 28 social workers. The rate of returned questionnaires for psychologists was significantly higher than the rates for physicians, $\chi^2 (1) = 3.88$, $p < .05$, and for social workers, $\chi^2 (1) = 10.17$, $p < .01$. Return rates between physicians and social workers did not differ significantly. The rate of response for social workers was obviously hampered by the use of a dated directory. This was evidenced by a large number of questionnaires addressed to social workers which were returned to the sender because they were undeliverable.

The demographic and background information of the respondents are shown in Table 3. An unsurprising but significant finding was that physicians were the only mental health professional group which had a majority of respondents with backgrounds in the legal rights of mental patients and the legal procedures of involuntary hospitalization.

Knowledge of Issues and Laws

The percentage of respondents who responded in each of the three response categories for the knowledge items are shown in Table 4. Only item 5 was answered correctly by a clear majority of respondents. For 5 out of 7 knowledge items, the percentage of incorrect responses exceeded

Table 3

Demographic and Background Information of Respondents

Items	Professional Groups			Total
	Physicians	Psycholo- gists	Social Workers	
Profession:	34	43	28	105
Amount working time in mental health setting:				
All or almost all	13	22	12	47
More than half time	13	5	2	20
Less than half time	6	9	4	19
None or almost none	2	7	10	19
Number of years spent working in above setting:				
0-5	8	14	13	35
6-10	12	18	6	36
11-40	14	11	9	34
Where training obtained:				
Kentucky	11	24	15	50
Outside Kentucky	23	19	13	55
Did training cover legal rights of mental patients:				
Yes	31	10	13	54
No	3	33	15	51
Did training cover legal procedures of involuntary hospitalization:				
Yes	32	9	12	53
No	2	34	16	52
Number of years in present profession:				
1-8	13	20	4	37
9-16	9	10	15	34
17-40	12	13	9	34
Age:				
27-37	10	17	8	35
38-47	11	9	13	33
48-65	13	17	7	37

Note. Numbers indicate frequency of responses in each category.

Table 4
Responses to Individual Knowledge Items

Items	Responses		
	Definitely is a law	Don't know	Definitely is not a law
Examining physicians in a case of involuntary hospitalization must testify in court if their presence is not waived by the defendant and his counsel.	53.3	21.9	24.8*
An individual may be involuntarily hospitalized when judged mentally ill but not dangerous.	26.7*	14.3	59.0
In all cases of involuntary hospitalization, the defendant-patient is entitled to an informal, preliminary probable cause hearing.	41.0	20.0	39.0*
An individual has, in all cases of involuntary hospitalization, the guarantee of representation by an attorney.	49.5	21.9	28.6*
An individual may be involuntarily hospitalized upon the certification of two physicians of any specialty.	63.8*	19.0	17.1
If the examining physicians determine that the defendant-patient's condition is such that it would be unsafe or unwise for the patient to be present in court, the patient does not have the right to be present at his hospitalization hearing.	50.5*	28.6	21.0
The defendant-patient has the right to trial by jury in a case of indeterminate hospitalization.	45.7*	26.7	27.6

Note. Numbers indicate percentage of respondents who chose each particular response category.

*Correct responses according to current Kentucky statutes.

the percentage of "don't know" responses. These results seem to indicate that not only do a great number of the respondents have little knowledge regarding these issues but the "knowledge" they possess is incorrect. Chi-squared analysis of the individual knowledge items revealed a significant difference between professional groups for only one item. Forty six percent of the social workers were aware that physicians are not, by statute, required to testify in court in cases of involuntary hospitalization, while only 31% of the psychologists and 23% of the physicians were aware of this, $\chi^2 (2) = 6.72, p < .04$. For these analyses, a "don't know" response was tabulated as an incorrect response, since a "don't know" indicated unfamiliarity with the issue and was never a correct response.

A reliability study of the 7 knowledge items was done to determine their relationship to each other so that further analyses could be conducted. Total knowledge scale scores were obtained by adding the total number of correct responses of each respondent. Item-total correlations ranged from $-.05$ to $.35$ while the Cronbach alpha reliability for the entire scale was found to be $.41$. While the concept of a "knowledge scale" seems to be intuitively appropriate, this analysis indicates that interpretation of the following knowledge scale analyses should be made with some caution.

One-way analysis of variance revealed no significant difference between professional groups for total knowledge, $F (2, 102) = .63, NS$. Likewise, across all groups, none of the other demographic variables yielded significant differences between any of the levels of the variables.

Within each professional group, significant differences in total knowledge again were not found to be related to any of the demographic or background variables.

Attitudes toward Issues and Laws

The mean responses to individual attitude items are reported, by professional groups in Table 5. Significant differences between professional groups were found on only three individual attitude items. Psychologists and social workers were much more agreeable to requiring physicians to testify in court in cases of involuntary hospitalization than were the physicians themselves. All three groups were clustered from the "slightly agree" to "slightly disagree" responses regarding the issue of hospitalization of a person judged mentally ill but not dangerous. The physicians' mean response on this item was closer to "neutral" than to "slightly disagree" while the psychologists' mean indicated slight disagreement. All three groups agreed that defendant-patients should be entitled to an informal, preliminary probable cause hearing before hospitalization, with social workers showing the most positive reaction for this procedure, followed by physicians and psychologists.

A principle components analysis with iterations was conducted on the seven attitude items. The three factors which emerged were rotated using the varimax procedure. Factor 1 was defined primarily by items 10, 11, and 8, and accounted for 56.1% of the factor variance (see Table 6). These items seem to indicate a concern for the due process rights of individuals in involuntary hospitalization proceedings. Factor 2 was defined primarily by items 9, 14, and 13, and accounted for 25.7% of the factor variance. This cluster of items did not lend itself to clear interpretation. Factor 3 was defined almost entirely by item 12 and accounted for only 18.1% of the factor variance. Since analyses have already been performed upon the individual items which primarily define

Table 5

Mean Responses to Individual Attitude Items

Items	Physicians	Psychol- ogists	Social Workers	F
Examining physicians in a case of involuntary hospitalization should be required to testify in all cases of involuntary hospitalization.	4.38	3.70	2.57	4.33*
An individual should be involuntarily hospitalized when judged mentally ill but not dangerous.	3.85	5.05	4.82	3.06**
In all cases of involuntary hospitalization, the defendant-patient should be entitled to an informal, preliminary probable cause hearing.	2.53	3.14	1.71	4.54**
An individual should, in all cases of involuntary hospitalization, have the guarantee to representation by an attorney.	1.47	2.14	1.79	1.55
The certification of two physicians of any specialty should be sufficient for the involuntary hospitalization of an individual.	5.53	5.93	5.43	0.70
If the examining physicians determine that the defendant-patient's condition is such that it would be unsafe or unwise for the patient to be in court, the defendant-patient should not have the right to be present at the hospitalization hearing.	4.38	4.14	5.07	1.55
The patient-defendant should have the right to trial by jury in a case of involuntary hospitalization.	3.44	2.98	2.43	1.43

Note. Response categories ranged from 1 = strongly agree, to 7 = strongly disagree.

* $p < .02$

** $p < .05$

Table 6
Varimax Rotated Factor Matrix for
Attitude Items 8-14

Items	Factors		
	Factor 1	Factor 2	Factor 3
8	.35219	.19540	.18966
9	.00966	.64016	.08609
10	.63074	.21827	-.07947
11	.48146	.02163	.06292
12	.04380	.10341	.72841
13	.12653	.31510	.13362
14	.26537	.45777	-.03853

these latter two factors (item 9 for Factor 2 and item 12 for Factor 3), and since these two factors combined do not account for as much variance as does Factor 1, Factors 2 and 3 will not be examined further. It is felt that Factor 1 best represents the construct which was sought.

Factor 1 factor scores were used as the indicator of attitudes toward the due process rights of individuals in cases of involuntary hospitalization. These scores were then converted to standard scores with the mean equal to 50 and a standard deviation of 10. High Factor 1 standardized factor scores indicate a low concern for the individual rights of the alleged mentally ill person while lower scores indicate a greater concern for individual rights.

One-way analysis of variance revealed a slight but significant difference between the mean factor scores of professional groups with social workers exhibiting the greatest concern for individuals' rights and psychologists exhibiting the least concern (see Table 7). An Omega-squared analysis (Hayes, 1963), however, revealed that less than 7% of the factor score variance could be attributed to between-group differences. There were no significant findings across professional groups associated with the demographic variables.

There were, likewise, no significant, demographic-related differences found within the groups of physicians or social workers. Both groups, however, showed similar, but non-significant, trends in overall attitude when broken down into age groups. The younger the physician or social worker the more likely he was to have greater concern for the proposed mental patient's rights (see Table 8).

Psychologists reacted in the opposite manner of this trend, in that the older psychologists showed more concern than their younger colleagues

Table 7
 Analysis of Variance Between Mean Standardized Factor 1
 Scores of Professional Groups on Attitude Scale

Source	Mean	df	MS	F
Between Professional Groups	50.00	2	236.34	4.72*
Physicians	49.63			
Psychologists	52.24			
Social Workers	47.00			

Note. Lower scores indicate greater concern for the due process rights of persons in involuntary hospitalization proceedings.

* $p < .02$

Table 8
 Analysis of Variance Between Mean Standardized Factor 1
 Scores of Age Groups Within Professional Groups

Source	<u>n</u>	Mean	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Physicians	34	49.63	2	77.75	2.00	<.15
27-37 years old	10	47.72				
38-47 years old	11	48.17				
48-65 years old	13	52.34				
Psychologists	43	52.24	2	84.84	1.41	<.26
27-37 years old	17	54.41				
38-47 years old	9	52.46				
48-65 years old	17	49.95				
Social Workers	28	47.00	2	33.53	0.77	<.48
27-37 years old	8	45.83				
38-47 years old	13	46.29				
48-65 years old	7	49.66				

Note. Lower factor scores indicate greater concern for the due process rights of persons in involuntary hospitalization proceedings.

for proposed patients' legal rights (see Table 8). This was paralleled by the finding that factor scores decreased significantly as the psychologists' number of years spent in their profession increased, $F(2, 40) = 4.47$, $p < .02$. A somewhat surprising finding was that psychologists whose training had not covered the legal rights of mental patients had more favorable attitudes toward protection of due process rights than did their colleagues who received training in this area, $F(1, 41) = 6.03$, $p < .02$. Similarly, those whose training did not cover the legal procedures of involuntary hospitalization had more favorable attitudes than those whose training did cover this area, $F(1, 41) = 4.55$, $p < .04$.

CHAPTER VI

Discussion

The results of this study support previous findings that mental health professionals are not very cognizant of many laws and current legal issues regarding involuntary hospitalization. Contrary to the findings of Laves and Cohen (1973) and Tancredi and Clark (1972), however, the three professions surveyed did not differ in the extent of their knowledge. In fact, in the present study, no demographic or background variables were found to be related to the overall knowledge of the statutes and issues reflected in the questionnaire.

A particularly important finding was that only 51.4% of the total sample of respondents had training which covered the legal rights of mental patients and only 50.5% received training which covered the legal procedures of involuntary hospitalization. Ninety one percent of the physicians indicated they had received training in the legal rights of mental patients, followed by 46% of the social workers and 23% of the psychologists. Ninety four percent of the physicians' training covered the legal procedures of involuntary hospitalization while only 43% of the social workers and 21% of the psychologists were trained in this area. While the psychologists and social workers may be cited for a deficiency in their training, the physicians' training could be characterized as ineffective since neither of the training variables had any significant effect upon total knowledge of the statutes and issues surveyed.

Examination of the individual knowledge items reveals that approximately one half of the respondents were unfamiliar with every item except item 2, regarding the hospitalization of persons who are deemed mentally ill but not dangerous. The impact of the Donaldson decision may have been a factor in the disproportionate number of incorrect responses to this item. The Supreme Court's decision that a non-dangerous person cannot be involuntarily hospitalized unless he receives more than custodial care received extensive coverage in both the mass media and professional publications. However, as noted previously, Kentucky statutes do not clearly illustrate this concept, even though it has received judicial review. Therefore, those who indicated that item 2 was "definitely a law" were definitely operating under a misconception.

Three areas emerged in which mental health professionals' attitudes were in disagreement with current Kentucky statutes. The results indicate that the respondents felt that persons involved in involuntary hospitalization proceedings should be entitled to a preliminary probable cause hearing, that the person should be guaranteed representation by an attorney in all cases of involuntary hospitalization, and that the certification of two physicians of any specialty should not be sufficient for involuntary hospitalization. This suggests that, while knowledge of particular statutory guidelines is lacking in these areas, an inclination toward safeguarding individual due process rights exists among mental health professionals. It also suggests that mental health professionals would probably be in favor of legislation supporting their attitudes on these issues.

The respondents' lack of knowledge of the laws and issues covered in this study and the incongruence between the current Kentucky statutes

and the respondents' attitudes toward them intimates deficiencies at two levels of the mental health care delivery system.

First, mental health training institutions apparently have not seen sufficient value in educating students, or have not been effective in educating students, in the area of the legal rights of individuals in involuntary hospitalization proceedings. Yet, as noted earlier, these mental health professionals are often the first to encounter proposed cases of involuntary hospitalization. This appears to be particularly true in instances where an individual is already a voluntary patient in an institution and faces a further, prolonged period of involuntary hospitalization. A well-educated and sensitive mental health staff can be invaluable in preventing cases of "railroading" of patients into further unnecessary hospitalization and in guarding against procedural calamities such as those noted in the Kendall decision earlier.

The second deficiency lies in the state's failure to provide a balance between its power of parens patriae and its duty to protect its citizens' civil liberties and rights to due process under the law. It is the power of parens patriae which allows the state to assume a paternal and therapeutic role and this is accomplished, according to Kittrie (1971), at the expense of civil liberties. More precisely stated, the state has left the door open for both negligent and willful abuse of this power by not requiring mental health professionals to be knowledgeable of the legal limitations and implications of their practice.

It is recommended that appropriate action be taken to require mental health care training institutions to include in their curriculums more comprehensive coverage of mental health professionals' powers and limitations under the laws governing involuntary hospitalization. This could

be effected via the accreditation powers of the mental health professions' national or state organizations. Further, the state should require a demonstration of competency in this area from all mental health professionals who intend to work or practice in Kentucky. This demonstration might take the form of an additional section on the state's certification and licensure examinations or it could constitute a separate examination in and of itself.

There are three anticipated advantages of required legal training for mental health professionals. First, mental health professionals would be sensitized to the laws and legal issues which surround their practice. More familiarity with this once hazy area could produce increased interest and even active participation in the recommendation and formulation of statutes which are consistent with the attitudes of these professionals. Secondly, increased sensitization and knowledge would better enable these professionals to serve as client or patient advocates. Their advocacy would not have to terminate when and if the client became involved in a legal matter such as involuntary hospitalization. The third advantage of required legal training would be to serve as a reminder to mental health professionals that their practice is bound by legal and ethical as well as professional considerations.

Simon (1975) predicted that mental health professionals will be influenced by litigation more than they will influence legal efforts to protect their clients. It is felt that the implementation of the recommendations of this study might serve to reverse Simon's prediction.

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Appendix A
Cover Letter

October 3, 1975

Dear

There has been considerable recent controversy, both at the state and national levels, surrounding the issue of involuntary psychiatric hospitalization. While it is within the realm of the mental health professional's practice to seek and provide the most beneficial care for his patient or client, the ultimate power to deliver professional services is derived from the laws formulated by state legislatures.

The purpose of this study is to ascertain the knowledge of and attitudes toward current issues in the Kentucky Revised Statutes regarding the procedure of involuntary hospitalization. The results of this study may bear important implications for the formulation of future mental health laws.

Enclosed you will find a brief questionnaire which you are asked to complete candidly and without outside consultation. Completion of the questionnaire should require no longer than 5 minutes. A stamped, self-addressed return envelope has been provided for your convenience in replying.

Please remain assured that your responses will be kept completely confidential. Neither the questionnaires nor the envelopes are marked for identification in any way.

This survey is a research project being conducted by members of the Department of Psychology at Western Kentucky University. Should you have any further questions regarding this study, please feel free to contact me or Drs. Sam G. McFarland, Lynn F. Clark, or David A. Shiek at the Department of Psychology, Western Kentucky University.

Thank you for your time and anticipated cooperation.

Sincerely,

Gary A. Giamartino

Appendix B

Questionnaire

Please check appropriate answer or fill in the blank where required.

1. Profession: Psychiatrist Neurologist other M. D.
 Psychologist Social Worker
2. Amount of working time spent in connection with mental hospitals, psychiatric wards, and/or community mental health clinics:
 all or almost all more than half time
 less than half time none or almost none
3. Number of years spent working in above settings: _____
4. Where training obtained: _____
5. Did training cover legal rights of mental patients: _____
6. Did training cover legal procedures of involuntary hospitalization: _____
7. Number of years in present profession: _____
8. Age: _____

Cognitive and Attitude Questionnaire

Please indicate whether you think the items below are part of the statutory laws of Kentucky relating to the involuntary hospitalization of persons alleged to be mentally ill.

1. Examining physicians in a case of involuntary hospitalization must testify in court if their presence is not waived by the defendant and his counsel.
 definitely is a law don't know definitely is not a law
2. An individual may be involuntarily hospitalized when judged mentally ill but not dangerous.
 definitely is a law don't know definitely is not a law
3. In all cases of involuntary hospitalization, the defendant-patient is entitled to an informal, preliminary probable cause hearing.
 definitely is a law don't know definitely is not a law
4. An individual has, in all cases of involuntary hospitalization, the guarantee of representation by an attorney.
 definitely is a law don't know definitely is not a law
5. An individual may be involuntarily hospitalized upon the certification of two physicians of any specialty.
 definitely is a law don't know definitely is not a law

6. If the examining physicians determine that the defendant-patient's condition is such that it would be unsafe or unwise for the patient to be present in court, the patient does not have the right to be present at his hospitalization hearing.
 ___definitely is a law ___don't know ___definitely is not a law
7. The defendant-patient has the right to trial by jury in a case of indeterminate hospitalization.
 ___definitely is a law ___don't know ___definitely is not a law

Please indicate whether you think the items below should be part of the statutory laws of Kentucky relating to the involuntary hospitalization of persons alleged to be mentally ill.

Please rate each of the items along the 7 point scale by circling the number corresponding to your attitude.

strongly agree 1	moderately agree 2	slightly agree 3	neutral 4
slightly disagree 5	moderately disagree 6	strongly disagree 7	

8. Examining physicians should be required to testify in court in all cases of involuntary hospitalization.
 1 2 3 4 5 6 7
9. An individual should be involuntarily hospitalized when judged mentally ill but not dangerous.
 1 2 3 4 5 6 7
10. In all cases of involuntary hospitalization the defendant-patient should be entitled to an informal, preliminary probable cause hearing.
 1 2 3 4 5 6 7
11. An individual should, in all cases of involuntary hospitalization, have the guarantee to representation by an attorney.
 1 2 3 4 5 6 7
12. The certification of two physicians of any specialty should be sufficient for the involuntary hospitalization of an individual.
 1 2 3 4 5 6 7
13. If the examining physicians determine that the defendant-patient's condition is such that it would be unsafe or unwise for the patient to be present in court, the defendant-patient should not have the right to be present at hospitalization hearing.
 1 2 3 4 5 6 7
14. The patient-defendant should have the right to trial by jury in a case of indeterminate hospitalization.
 1 2 3 4 5 6 7