Police Officers' Perception of Mentally Disordered People: A National Survey in Japan

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Primary research

Keywords: forensic mental health, mentally disordered offenders, administrative involuntary admission, diversion, questionnaire survey

Posted Date: September 7th, 2021

DOI: <https://doi.org/10.21203/rs.3.rs-850427/v1>

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Abstract

Backgrounds

The treatment of mentally disordered offenders is an issue in forensic mental health. In most countries, police officers working in the community are the first to deal with patients at risk of harming themselves or others. However, their perceptions and opinions regarding forensic mental health have not been adequately investigated in Japan.

Methods

We conducted a national survey to gather police officers' views regarding legislation on mentally disordered people and inter-organizational collaboration.

Results

A total of 241 police officers participated in this study. Many participants were aware of the mental health care scheme in their daily work. Contrastingly, many participants complained about the public health center and psychiatrists. They seem to have emerged partially from the differences in each organization's structure, lack of resources, and communication gaps. Many participants felt a lack of opportunity to learn about psychiatry.

Conclusion

Better collaborative care for mentally disordered people requires mutual relationships among the police, public health centers, and psychiatrists with a deeper understanding of community mental health.

Introduction

Forensic mental health has been broadly focused on by both publicity and specialists [1, 2]. There is little doubt that some mental health problems are associated with violent crimes, although it should be cautious not to discriminate against people with mental disorders [3]. Many prisoners incarcerated due to violent crimes have psychiatric illnesses [4]. Several systematic reviews suggest that schizophrenia, substance abuse, intellectual disability, and personality disorders are highly likely associated with violence [5, 6].

Therefore, it is essential to treat people with mental disorders at risk of violence properly. Further, patients who committed a crime in an abnormal state due to mental illnesses should be allowed to receive medical treatment before being punished as a criminal [7]. From a practical perspective, the risk of reoffending can be reduced effectively after proper treatment in psychiatric hospitals than imprisonment. Based on these concepts, many countries have legislated diversion systems from criminal justice to forensic mental health in judicial procedures for offenders with mental disorders [8].

Police officers play a critical role in diversion from criminal justice to medical treatment for offenders with mental disorders [9, 10]. Generally, a police officer is the first person to contact a person who has aggressive behavior officially. Then, the police must decide whether to arrest, protect, or merely transfer them into mental health systems. However, rich evidence among several countries suggests insufficient knowledge regarding mental health among police workers [11–14].

In Japan, the police must provide immediate protection to the person identified as risky to inflict injury on their own lives or others' lives due to mental disorder, according to the Police Duties Execution Act. Indeed, 267,300 people were protected by the police because of their mentally disordered behavior, whereas 294,206 people (regardless of their mental status) were arrested for their committing crimes in 2019 [15]. The police usually divert the protected person to a public health center based on the Mental Health and Welfare Act (MHWA). The public health center provides an opportunity for examination by designated psychiatrists to judge whether a person has a particular risk of harming themselves or others due to mental disorders. If the result is positive, the person will be hospitalized by the prefectural governor's order. This scheme is called administrative involuntary hospitalization (AIH).

Thus, police officials can collaborate with public health centers, designated psychiatrists, and psychiatric hospitals that accept AIH. However, the fact that the police who are not specialized in mental health should be responsible for the first aid for offenders with mental disorders seems quite burdening. According to some regional reports, the relationship between the police and mental health specialists is conflicting [16, 17].

On the other hand, there is scarce evidence to clarify the police's perception of activities to promote community mental health. The present study investigates police officers' perceptions who have the opportunity to deal with mentally disordered people regarding their treatment policy for AIH.

Materials And Methods

1 Study Design

The present study was an exploratory cross-sectional study with an anonymous questionnaire survey of police officers.

2 Participants

Study participants should be police officers working in Japan who have the opportunity to meet people with mental disorders in their daily work. Practically, police officers belonging to the community safety department are candidates because they usually work as consultants. Any gender and age were permitted to participate. Since high school degree is required to become a police officer in Japan, all participants were those who had graduated from high school.

Anyone who had been involved in our previous studies was excluded from being a participant.

3 Questionnaire

We constructed a series of questions based on previous studies. It included nine sections; each themed the police's activity for treating people with mental disorders. It consists of both multiple-choice and free texts. In the last part of the questionnaire, we asked participants how many years they had been engaged in their work. The questionnaire is presented in the Supplementary Table.

4 Procedure

We sent a mail package to all 47 prefectural police headquarters. In each mail, we enclosed a series of anonymous questionnaire sheets to ask the head of each prefectural police headquarters to gather as many answers as possible from police officers.

Practically, police officers who belong to the community safety department are candidates for the survey because they often consult with citizens in trouble regarding neighbors suspected of being mentally ill. Additionally, police officers working at the criminal investigation department are estimated as participants because they often have the opportunity to take mentally disordered offenders into custody.

5 Data Analysis

We gathered the sent back answers and analyzed the data using IBM SPSS Statistics for Windows, Version 24 (IBM Corp., Armonk, NY, USA), and set the significance level at $p < 0.05$. We adapted the analysis of variance (ANOVA) according to the nature of the variables in question.

6 Ethical Issues

The questionnaire survey was conducted anonymously. We did not receive any identifiable personal information from the participants. All respondents were deemed to have agreed to participate if they sent back their answer form.

The ethics committee of the Graduate School of Medicine at Chiba University approved this study's protocol on January 31, 2020 (no. 3661).

The study was registered with the Clinical Trials Registry of the University Hospital Medical Information Network (UMIN, Tokyo, Japan) with the unique trial number UMIN000039423 as "A series of studies regarding "Gray-zone" in clinical psychiatry: Phase 3."

Results

1 Number of participants and response rate

We sent mail packages to all 47 prefectural police offices in Japan. All of them (47/47) returned to the package until July 2020.

A total of 241 participants were identified in the answers. At least four responses were returned from each prefecture.

There are 1,159 police offices in Japan. There are 2,180 police officers in the Metropolitan Police Department in Tokyo and 260,374 police officers in the other 46 prefectural police departments. As the number of workers engaging in the treatment of mentally disordered offenders is unclear, the response rate cannot be calculated.

2 Working years

The respondents' mean working years were 18.7 ± 7.9 , and working years at the Community Safety Department were 9.9 ± 6.2 (mean $\pm$ standard deviation).

3 Perception of legislations regarding mental health

In the first question, approximately one-fourth of the participants answered that they frequently considered MHW in their daily work. Furthermore, the majority of the participants answered that they often did so. Conversely, less than one-sixth of the participants often considered the Medical Treatment and Supervision Act (MTSA; Table 1).

4 Frequency of wavering whether to divert a person

Approximately one-fourth of the participants answered that they frequently feel unsure to decide whether to divert a person suspected of being mentally disordered to the public health center for AIH (Table 2).

They listed the reasons for wavering as "a case upset at the beginning but already calmed down (36 answers)," "a drunken person (29 answers)," "a case suspected of personality disorders, intellectual disabilities, developmental disorders, dementia (29 answers)," "a case difficult to evaluate whether there is the risk of harming themselves or others (22 answers)." Cases that the public health center rejected are also listed.

5 Diversion before protecting the patients

According to the Police Duties Execution Act, when a police officer identifies a person who is likely to inflict injury on their own lives or others' lives, bodies, or property due to mental derangement or

drunkenness, and believe that such persons need emergency aid and protection, the police officer shall provide such person immediate protection at any appropriate place. However, some cases are diverted to public health centers without protection. There were two patterns of diversion without protection. First, the police officer cannot directly contact the person to be diverted for some reasons. Second, the person is not protected but arrested or released soon after protection.

The answers to these questions were categorized as follows: "suspected mentally disordered during an investigation under arrest (54 answers)," "already calmed down not necessary to be protected when contacted (20 answers)," "shutting themselves up at home and refusing anyone from entering (18 answers)," "no need for protection because some guardians are on duty (17 answers)," "transferring to a hospital due to physical emergency (9 answers)," "need to transfer to the psychiatric hospital directly (8 answers)," "the public health center never accepts diversion unless the person is protected (5 answers)."

6 Negotiation with public health center

We received many reports written in the questionnaire regarding negotiations with public health centers when the police diverted a person suspected of being mentally disordered. Most of them were complaints to the public health center, such as: "The public health center is not working at night or on holiday (57 answers)." "It takes many hours for completing diversion (56 answers)." "The public health center hesitates to accept the AIH (28 answers)." "Workers of public health center do not talk with the patient directly so that they cannot know the patient's status precisely (26 answers)." "The public health center depends on the police for transporting the patient to the hospital (25 answers)." "The public health center rejects a medical examination by designated psychiatrists for unknown reasons (17 answers)." "Communication gap with the public health center (12 answers)." "Some workers in public health center lack skills or motivation (11 answers)." "Drunken patients are always rejected to be consulted (9 answers)."

7 Dealing with a designated psychiatrist

About half of the participants experienced negotiation with a designated psychiatrist while treating a mentally disordered people (Table 3). Free text answering included: "The designated psychiatrist judged that AIH was not necessary because the patient was calm at the time of examination regardless of their past behaviors (9 answers)." "The necessity of AIH was declined even though the patient had a risk of harming self or others (8 answers)." "The necessity of AIH was declined because of the patient's personality (8 answers)." "The designated psychiatrist depends on the doctor in charge of the patient (8 answers)." "The designated psychiatrist hesitates to be engaged (8 answers)." "The designated psychiatrist was impolite to the family members of the patient (8 answers)." "The decision making is varied among psychiatrists (6 answers)." "Communication gap (3 answers)." "The designated psychiatrist did not listen to the explanation of the police (3 answers)." "Arrival of the designated psychiatrist was

delayed (2 answers)." "AIH was declined because of the lack of treatability (2 answers)." "The designated psychiatrist criticized the police (2 answers)."

8 Opinions about learning psychiatry

More than two-thirds of the participants had a rare opportunity to learn about psychiatry. On the other hand, most participants were willing to learn about psychiatry (Table 4).

9 Other opinions regarding mental health and welfare

The participants provided many texts other than the above. We categorized the answers into "requests for the public health center (i.e. the public health center should always ask designated psychiatrists to examine the patient when the police divert the patient; 18 answers)," "requests for psychiatrists and hospitals (i.e. there must be more hospitals to accept AIH; 17 answers)," "complaints to officials (i.e. the public health center's officials are depending on the police and lack the responsibility to protect the community; 15 answers)," "gray-zone issues (i.e. patients with personality disorder or intellectual disabilities are not subjected to involuntary hospitalization, thus, nobody can treat them when they are upset; 14 answers)," "requests for night-holiday treatment (i.e. it takes several hours for the public health center to prepare for the designated psychiatrists' consultation because of shortage of staffs at night or holiday; 13 answers)," "regarding inter-organizational collaboration (i.e. intense collaboration should be done, but the public health center seldom give information; 12 answers)," "doubt for current legislation (i.e. the standard of AIH seems too narrow for safety of the community; 10 answers)," and "requests for enhancing public resources (i.e. the public health center should provide 24-365 service as well as the police; 10 answers)." Finally, some participants approved conducting this kind of survey because they have needs to discuss these themes.

10 Statistical analyses

We adopted a series of ANOVAs to evaluate the association between participants' working years and their perceptions and opinions regarding mental health issues. As a result, participants with experience negotiating with designated psychiatrists were more likely to have longer working years in the Community Safety Department than those without experience (10.69 ± 6.413 vs. 9.00 ± 5.815 , $df=1$, $F=4.285$, $P=0.040$). No other statistical significance was detected for any of the items.

Discussion

To investigate police activity and opinions regarding offenders' treatment with mental disorders, we constructed a series of questionnaires. We sent it to police stations all over Japan to receive a total of 241 answer sheets from every 47 prefectures.

The participants were on average working for 18.7 years, of which 9.9 years were for belonging to the community safety department. It seems that most participants were engaged in public safety now or in the past.

More than three-quarters of the participants were aware of MHWa frequently. This means that a portion of police activity is associated with treating citizens who have mental health issues. Conversely, few participants remind themselves of MTSA. This may be because most subjects of this act are suspects who were decided not to be prosecuted by the prosecutor. Thus, the police seem not aware of the possibility that the person he or she arrested would later be subjected to MTSA by the prosecutor [18]. However, some studies suggest some patients subjected to the AIH should have been subjected to the MTSA because of the categories of the crime they had committed [19]. They were suspected of having not been adequately investigated in the criminal justice system. If the police's diversion is often misjudged, being more familiar with MTSA for the police is essential for better management of offenders with mental disorders.

The questionnaire results suggest that a certain number of participants had difficulty deciding the diversion of the person they protected. There are several reasons for their wavering. In a typical situation, the person protected by the police would calm down soon; thus, at the time of the arrival of public health center officials, they are no longer upset. It seems difficult for the police to estimate the risk that they would be aggressive again. The other major reason for wavering is diagnosis—intellectual disability, personality disorders, and developmental disorders are often excluded from AIH. Fundamentally, the MHWa does not limit the subject of AIH to severe mental illness. Thus, they can be hospitalized by the prefectural governor's order; however, it has the potential risk of prolonged duration of admission and unnecessary restrictions without efficacious medical treatment. Therefore, many psychiatrists hesitate to accept involuntary hospitalization for intellectual disabilities, personality disorders, or developmental disorders. Drunken persons are also subject to governors' orders in the legislation. However, medical practitioners seldom treat drunken persons as patients with mental illnesses. Such gaps between legal regulations and pragmatic management policies are represented in the comments of the participants.

There were several case reports submitted to a questionnaire regarding diversion without protection. In the MHWa scheme, patients protected by the police are the main subjects of AIH because this scheme's indication is limited to seriously disordered patients. However, arrested offenders often present severe psychiatric symptoms during an investigation. In these cases, the police and the prosecutor can decide to withdraw the criminal investigation and divert them to public health centers. Further, patients who are already admitted to a hospital for some reason can be diverted. According to our previous survey, 243 of 4,280 diverted cases (5.7%) were not protected, of which 52 (1.2%) were not identified by the police before diversion [20].

Many participants seemed to have complaints to the public health center. A dominant issue is the limited resources of this sector—most public health centers are closed at night and on holidays in Japan. Management of the diverted patient takes several hours because of the limited number of workers to

bring the patient to the hospital. These conditions may be burdened so that public health centers hesitate to accept the request for diversion. The current situation is hardly acceptable for police working 24/365. To the best of our knowledge, this is the first report to gather police complaints to the public health center regarding the mentally disordered patients' treatment in Japan.

In addition to public health centers, designated psychiatrists on deciding the necessity of AIH are often criticized by the participants. According to the answers, police officers seem to suspect that they often underestimate the patient's risk of harming themselves or others. The lack of polite and industrious attitudes of some designated psychiatrists was also suggested based on the questionnaire responses. The statistical analysis results indicate that the duration of engaging in the community safety department is positively associated with the experience of negotiating a designated psychiatrist. It is reasonable that police workers with a rich understanding of managing mentally disordered offenders are willing to deal with psychiatrists.

Based on the responses in the entire questionnaire, an indication of AIH is often issued. Many police officers encounter that the request is rejected because of the patient's clinical diagnosis, such as intellectual disability, drug or alcohol dependence, personality disorder, or other untreatable mental illnesses. However, Japanese legislation has no restrictions on clinical diagnoses for subjects with AIH. This gap means that several designated psychiatrists believe that these mental disorders are not clinically suitable for involuntary hospitalization. Indeed, it has been reported that patients with developmental disorders are likely not to be improved in their inpatient treatment for AIH compared to severe mental illnesses [21]. However, this consensus may not have been shared with police officials entirely. Some may have overestimated the effect of inpatient treatment in a psychiatric hospital.

Many participants thought that they had scarce opportunities to learn about psychiatry. Furthermore, they are willing to be educated in psychiatry. It will be essential to fill their motivation by conducting regular qualified lectures or workshops by psychiatry specialists for better inter-organizational collaboration in the future.

The present study has several limitations. First, we sent the questionnaires to the police headquarters in all 47 prefectures, not to each candidate directly. Thus, it is not guaranteed that all police workers had the opportunity to respond to the survey. Therefore, the returned answers could not avoid selection bias. Even though many complaints were described in this questionnaire, they cannot represent the opinions of the silent majority. We did not gather personal information of the participants such as gender, age, hometown, among others. Therefore, we could not analyze how these alignments altered the opinions of each participant. The sample size also limits generalizability of the results.

Conclusion

In this study, we gathered police workers' opinions with experience in maintaining community safety regarding patients with mental disorders.

Since police workers work to protect citizens' safety, they prioritize suppressing a person's activity with the risk of harming themselves or others as soon as possible. Diverting a person to a public health center is one of the most popular ways to manage persons with mental disorders for the police. Therefore, the police are seriously concerned about the legislation of the MHW. Meanwhile, the public health center is engaged in managing diverted patients. It is responsible for investigating their surroundings to give the designated psychiatrists information in the examination for applying AIH. However, there is a significant shortage of workers in public health centers in Japan. This inevitably leads to police complaints. Lastly, medical practitioners, particularly designated psychiatrists, are familiar with treating patients with mental disorders. They know the limitations of medical treatment in reducing the risk of reoffending in certain kinds of mental illnesses such as personality disorder.

The triple sectors should be more closely collaborate for better management of community mental health. A deeper understanding of psychiatric diseases and their counterparts' activities will help them work together more effectively.

Declarations

Ethics approval and consent to participate

The ethics committee of the Graduate School of Medicine at Chiba University approved this study's protocol on January 31, 2020 (no. 3661).

The questionnaire survey was conducted anonymously. We did not receive any identifiable personal information from the participants. All respondents were deemed to have agreed to participate if they sent back their answer form.

Consent for publication

We did not gather any personally identifiable information about participants.

Availability of data and materials

All data generated or analyzed during this study are included in this published article.

Competing interests

The authors declare that they have no competing interests regarding this study.

Funding

This study was supported by a grant awarded to the corresponding author from the Japanese Ministry of Health, Labour and Welfare as apart of a research project entitled “Research of the inclusive care for the psychiatric patients discharged from involuntary admission by the prefectural governor’s order.”

Authors' contributions

AS constructed the study protocol. All authors contributed to improve the quality of the study protocol. AS and FC performed the questionnaire survey. AS wrote the paper. FC was the project leader of the series of research.

Acknowledgements

We are greatly thankful to all of the participants and relevant contributors.

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Tables

Table 1. Frequency of considering about relevant legislation in daily work

	Very frequently	frequently	neutral	rare	Very rare	No answer	Total
Mental Health and Welfare Act	57 (23.7%)	132 (54.8%)	41 (17.0%)	8 (3.3%)	2 (0.8%)	1(0.4%)	241
Medical Treatment and Supervision Act	5 (2.1%)	33 (13.7%)	47 (19.5%)	84 (34.9%)	69 (28.6%)	3(1.2%)	241

Table 2. Frequency of wavering whether to divert a person under protection to the public health center

	Very frequently	frequently	Neutral	rare	Very rare	No answer	Total
Frequency	3 (1.2%)	58 (24.1%)	75 (31.1%)	86 (35.7%)	15 (6.2%)	4 (1.7%)	241

Table 3. Experience in dealing with a designated psychiatrist

	Yes	No	No answer	Total
Experience	109 (45.2%)	117 (48.5%)	15 (6.2%)	241

Table 4. Opinions about learning psychiatry

	Very frequently/ willingly	Frequently/ willingly	neutral	Rare/ not willingly	Very rare/ never	No answer	Total
Opportunity	1 (0.4%)	15 (6.2%)	39 (16.2%)	100 (41.5%)	84 (34.9%)	2 (0.8%)	241
Motivation	21 (8.7%)	131 (54.4%)	66 (27.4%)	18 (7.5%)	2 (0.8%)	3 (1.2%)	241

Supplementary Files

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