J. Arturo Silva,[1] *M.D.; Gregory B. Leong,*[2] *M.D.; and Robert Weinstock,*[2] *M.D.*

The Psychotic Patient As Security Guard

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ABSTRACT: The job of the security guard is generally regarded as stressful because of the potential for violent or other hostile confrontation. Although the public assumes that only mentally healthy individuals who possess the capability to handle stressful situations become employed as security guards, this may not be the case. A series of 15 individuals who suffered from psychotic disorders while working as security guards is studied and discussed in terms of the issues of dangerousness and public safety. One case is described in detail in order to highlight important issues resulting from being psychotic while working as a security guard.

KEYWORDS: psychiatry, psychotic disorders, dangerousness, public safety, security guards

Individuals whose work responsibility lies in protecting persons or property include police officers and security guards. Despite little screening or training, the work of security guards can carry considerable responsibility along with close contact with the general public. The public may often trust them almost as much as police officers. Those who protect society from criminal behaviors of others, such as police officers, experience significant stress and even psychiatric disorder [*1,2*].

Security guards engage in a broad array of job tasks. Their jobs commonly involve safeguarding buildings and businesses against theft, vandalism, illegal entry or against fire, but are not limited to these assignments. They also participate in other activities which may pose an increased risk to their psychological and physical health. These include screening people for weapons, explosives or contraband in locations such as seaports or airports. They may be hired as bodyguards to protect others from injury and kidnapping [*3,4*]. In spite of what may represent a significantly stressful job, there is a dearth of information in the medical literature concerning job stress and psychiatric difficulties that may affect security guards. For this reason, we analyzed a small sample of security guards who suffered from psychotic disorders and were admitted to a psy-

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[1]Associate Professor of Psychiatry, University of Texas Health Science Center at San Antonio; and staff psychiatrist, Audie L. Murphy Memorial Veterans Hospital, San Antonio, Texas.

[2]Assistant Professor of Psychiatry and Associate Clinical Professor of Psychiatry, respectively, School of Medicine, University of California, Los Angeles; and staff psychiatrists, West Los Angeles Veterans Affairs Medical Center, Los Angeles California.

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chiatric ward. One case is described in detail in order to highlight the main issues raised by people who are psychotic while employed as security guards.

Method and Results

The study used chart reviews of admissions to an open psychiatric unit over the course of one year. Histories of employment and aggression were routinely collected during initial assessment. Demographic data and information pertaining to psychiatric symptoms were also retrieved. Patients were diagnosed according to DSM-III-R criteria [5].

Our sample contained 15 males (9 black, 6 white). Ages ranged from 31 to 43 (mean = 37). Thirteen met DSM-III-R criteria for schizophrenia, paranoid type and two for schizoaffective disorder. The eight who reported experiencing hallucinations and paranoid delusions while on their most recent security guard job also had a history of aggressive behaviors occurring prior to taking this job. Only four reported taking psychotropic medications while working as security guards.

All cited monetary motivation as their primary reason for employment as security guards. One stated that he enjoyed his security guard job presumably because it allowed him to avoid people. The job sites of the individuals in this study included busy stores (10), industrial plants (3), an immigration camp (1), and a college (1). Mean duration of employment was 13 months (range 3 weeks to 5 years). However, employment was not confined to a single employer as some lost their jobs, only to soon find another. Eleven reported losing their most recent position upon worsening of their psychotic symptoms. Three had been terminated just prior to hospitalization.

Eight reported a history of aggression. Of these, three assaulted others using a knife. Four of the eight had served jail or prison sentences ranging from 3 months to 5 and one-half years. Only one patient assaulted another while employed on his most recent job as a security guard when he delusionally believed that a customer was robbing the store. However, he was the only security guard in our series carrying a weapon (''night stick''). Two patients had acquired special permits to carry guns, but did not carry guns on the job.

Case History

Mr. A is a 42-year-old man who was admitted to the psychiatric ward for complaints of auditory hallucinations and paranoid delusions. The patient had been mentally ill since age 21. He also reported long-term cocaine and marijuana abuse. In the past he had been physically aggressive while psychotic. On one occasion after arguing with a stranger, he heard voices instructing him to kill the stranger. Mr. A then stabbed the stranger several times with a knife. The victim survived and Mr. A was convicted of assault with deadly weapon and sentenced to prison. While imprisoned, Mr. A received antipsychotic medication and did well enough to receive parole in 2 and one-half years. However, soon after being paroled, he unilaterally discontinued his antipsychotic medication and became increasingly paranoid. He also heard voices ''counselling'' him.

Four months into his parole, he found work as an unarmed security guard for an industrial complex. Mr. A reported having no problems during his first three months on the job. After this time period, he became increasingly paranoid but felt safe as his auditory hallucinations would warn him and help him discriminate between potential intruders from passers-by. Mr. A quit his security guard job on the advice of his auditory hallucination. The current psychiatric hospitalization followed soon after.

While in the hospital, Mr. A reported hearing voices which he characterized as ''friendly.'' He appeared guarded and displayed intermittent hostility. On one occasion the patient verbally threatened and then assumed a fighting stance toward the ward

psychologist. He then walked off the psychiatric ward, but was soon readmitted to the hospital for the same complaints of auditory hallucinations and paranoia.

The patient's physical examination was unremarkable. His blood chemistries, urinaysis, and cell count were within normal limits. A urine drug screen was negative for phencyclidine, cocaine, amphetamine, marijuana, and barbiturates. There was no family history of mental disorders. The patient met DSM-III-R criteria [5] for a diagnosis of schizophrenia, paranoid type. The patient was treated with antipsychotic medication and his hallucinations and paranoia abated after 3 weeks of treatment.

Discussion

There is relatively little literature in the area of work stress that has been devoted to the job of security guard [6]. A study involving 387 security officers found that some of the highest rated stressors included "having to deal with potentially armed persons" and "situations requiring the use of force" [6]. However, the problem of psychosis as a co-occurring phenomenon in security guards has not yet received any attention in the publications from psychiatry, psychology, criminology or sociology. Our sample of psychotic security guards suggests that this problem merits consideration by prospective employers as well as further study.

Although there were significant problems (including a history of aggression, a history of job loss because of psychotic symptoms, and recurrent paranoid delusions) present among our sample of security guards admitted to a psychiatric hospital, it does not necessarily follow that security guards as a group have a higher prevalence rate for psychosis than people in other occupations. However, this possibility needs further exploration. Further work also is needed to determine the proportion of psychotic inpatients who are security guards. Diagnostically, 87% of our sample suffered from paranoid schizophrenia with the remainder suffering from schizoaffective disorder.

Most (73%) of the sample had not been taking recommended antipsychotic medication while employed as security guards. This probably partially accounts for 67% of the sample reporting histories of experiencing hallucinations and/or delusions while working as security guards. Given that the majority (73%) of the sample reported losing their jobs due to worsening psychotic symptoms, suggests that job stress possibly caused by high responsibility and the role of authority may have been a factor in the deteriorating mental status. A mild degree of suspiciousness may be adaptive for the security guard, but a significant degree of job stress could lead to psychotic decompensation in vulnerable persons as demonstrated in our study sample. Even the two patients who worked for a total of four and five years, respectively, had lost their job on several occasions due to worsening of their psychosis after experiencing job-related anxiety.

None of the patients had been counselled regarding the potential stressful nature of their jobs in view of their susceptibility to psychotic decompensation. However, it is likely that some of these patients mistrusted their therapists and may not have discussed their job histories with their therapists. This caution may be only in part due to the patients' paranoia and concern that their psychiatric histories might be disclosed to their employers despite the generally confidential nature of the psychiatric record. Only one patient had revealed his psychiatric history to his employer and this patient was terminated from his job immediately after revealing his psychiatric problems to his supervisor.

It is important for mental health professionals to collect a work history, including security guard employment, among psychotic patients. Psychotic disorders may worsen in stressful work situations [7]. Innocuous actions can be misperceived as external threats. Psychotic patients may benefit from responsible vocational counselling which may provide these patients with realistic information about potential stresses in security guard jobs. Security guard jobs may be easy to obtain as many positions require only little

training. Given significant work stressors, patients suffering from psychotic disorders may be best served sometimes by discouraging their employment as security guards.

Our sample also had a significant history for physical aggression with five individuals having been incarcerated 3 months to 5 and one-half years for violent crimes. Given that the best predictor of future violent behavior is past violent acts [*8*], these individuals therefore may be at risk to commit violent acts when confronted with the occupational stresses posed by threats encountered in security guard work [*6*]. Security guards can be at continued risk of harming or being harmed by others when confronting the hostile behavior or remarks by others. Fortunately, most of the patients in our sample were not provided with weapons. It is of some concern, however, that the only patient in our sample who carried a weapon, inappropriately used it when he struck another while experiencing a delusion. If weapons were made more available to psychotic security guards, there may be an increased risk that such weapons will be used inappropriately against innocent bystanders. Furthermore, of some concern is that two of our patients had successfully obtained permits to carry guns as security guards.

All of the previously mentioned factors should be balanced by the knowledge that not all security guard work may be similarly stressful. For example, those security guard tasks involving minimal interaction with the public, as in the case of a graveyard shift assignment in an isolated warehouse, may be low stress work. On the other hand, the role of a bodyguard or safeguarding large quantities of money may be more stressful. Moreover, vulnerability to stress may vary depending on the specific psychopathology present in a given individual. Finally, the extent to which psychotic security guards may represent a danger to others may be in large part be related to whether the guard carries weapons and if so, the type of weapon. Psychotic security guards carrying firearms may be at the greatest risk of posing a danger to others, a danger society may be unable to tolerate. However, the degree of danger posed by an unarmed psychotic security guard may be acceptable to society.

The finding that most individuals in our sample reported the ease in which they obtained security guard jobs while actively psychotic infers that improved screening is warranted to ascertain whether potential security guards can function effectively and safely. The case of Mr. A exemplifies the ease in which he obtained employment as a security guard just 4 months after being paroled despite his history of seriously injuring another while psychotic and serving 2 and one-half years in prison. It is possible that security guard agencies may be inclined to hire those applicants who are willing to work for a small salary and unpopular shifts.

Because of the potentially stressful nature of the security guard occupation, the possibility that weapons may be carried, and possible medication non-compliance by psychotic patients, psychiatric evaluation may be necessary for those applying to the more stressful security guard positions, particularly those involving carrying weapons. Furthermore, those psychotic patients presently working as security guards merit careful monitoring as well as vocational counselling. The question of who should be employed as security guards, especially if weapons will be carried, merits further study. The frequent admission of security guards to an inpatient psychiatric service raises serious social policy concerns. Although the findings do not necessarily reflect on all security guards, further study of this occupation with high responsibility, oftentimes minimal training, and little psychiatric screening appears warranted.

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Address requests for reprints or additional information to
J. Arturo Silva, M.D.
Psychiatry Service (116A)
Audie L. Murphy Memorial VA Hospital
7400 Merton Minter Blvd.
San Antonio, TX 78284