

PERCEPTIONS OF DEFENDANTS WITH MENTAL ILLNESS



A :

This project was funded by the Bureau of Justice Statistics grant number 2012-BJ-CX-K043 awarded to the Mississippi Statistical Analysis Center (MS-SAC).

For additional information about this or other projects of the MS-SAC send an email to alan.thompson@usm.edu or lisa.nored@usm.edu. Readers are also encouraged to visit the MS-SAC website at mssac.org.

MISSISSIPPI STATISTICAL ANALYSIS CENTER MS-SAC

This report is the product of a project conducted by the Mississippi Statistical Analysis Center (MS-SAC) situated within the School of Criminal Justice at the University of Southern Mississippi. Since 2000, the MS-SAC has directed a number and variety of research projects with funding provided by the U. S. Department of Justice, Bureau of Justice Statistics. The mission of the MS-SAC is to provide policy makers and the public with sound statistical information and technical assistance in order to improve the efficiency and effectiveness of the state's criminal justice system.

pro le historical events occurred within the state that would either directly or indirectly threaten confidence in the validity of the results. Generally accepted measures were employed to motivate members of the target population to respond in a timely manner (e.g., personalization of correspondence, inclusion of postage-paid return envelope, etc.). Completed instruments were anonymous so that no individual participant could be identified, thus arguably ensuring the honesty of responses to survey questions.

Response Rate

Of the 539 surveys distributed, 169 were returned and used for analysis. This represents an overall response rate of 31%. The following table further delineates the response rate for each of the three discrete groups of participants.

Participant Category	Number Distributed	Number Returned	Response Rate
All Participants	539	169	31%
Judges	133	39	29%
Prosecutors	126	41	32%
Public Defenders	280	89	31%

Topic, Population, Non-Response, Methodology, and Demographics

As noted, a total of 539 survey instruments were distributed to members of the target population, and 169 were returned, leaving 370 unreturned. While the obtained response rate (31%) is sufficient for purposes of drawing general conclusions regarding the topic of interest, the issue of non-response must be addressed. Simply stated, it is believed that the problem may be primarily attributable to the length of the instrument. This is combined with the demanding schedules of those within the target population likely resulted in some prospective participants disregarding the request for involvement as “too time-consuming.” Another possible explanation is that the survey instrument never made it to the intended destination. Because it is not uncommon for many members of the target population to have administrative assistants who “screen” correspondence for relevance and priority, it is likely that s/he decided that the intended recipient should not be bothered with such solicitations for her/his time.

Despite the issue of non-response, those instruments that were returned did not seem to be plagued by the problem of extensive missing data. Of the 60 Likert-type survey questions, the lowest number of valid responses associated with any single item was 164 out of 169. This indicates that those who responded did so in a very thorough and complete manner, taking time to answer virtually all questions. There are a number and variety of accepted methods available for dealing with the problem of missing data. Because the pattern and extent of missing data was so limited, it was determined that no remedy (such as imputation of the modal response where one is missing) was necessary. Despite this rarity, the issue nonetheless bears mention in the interest of full disclosure when reporting and interpreting the results that follow.

RESULTS

The survey results that follow are divided into six sections. First, demographic information is reported in order to provide a general descriptive “profile” of respondent characteristics. The second section reports descriptive results associated with each survey item included in the instrument. Here, readers will find the actual number and valid percentage of frequency responses associated with each survey question for all participants as well as disaggregated values for the three distinct groups – judges, prosecutors and public defenders. The third section reports results of the reliability analysis and the extent to which study participants were consistent in their expressed beliefs, perceptions and attitudes. The fourth section presents summated scores on each of the adapted scales and subscales included in the instrument. The fifth section presents results of bivariate analyses between various demographic variables and the survey items. The final section contains verbatim comments provided by participants in response to an open-ended solicitation for qualitative input on the issue of adjudicating cases involving mentally ill defendants.

Sample Demographic Profile

The table that appears below presents a general demographic depiction for all study participants as well as a disaggregated profile for each of the three groups – judges, prosecutors and public defenders.

Demographic Characteristic:	All Participants	Judges	Prosecutors	Public Defenders
Race	80.8% White	81.6% White	80.5% White	80.7% White
Mean Age	49.4 Years	58.9 Years	43.2 years	48.3 Years
Sex	70.3% Male	73% Male	67.5% Male	70.5% Male
Religious Identification	80.2% Protestant	82.8% Protestant	82.4% Protestant	77.6% Protestant
Political Ideology	29.7% Democrat 18.8% Republican 51.5% Other	8.1% Democrat 13.5% Republican 78.4% Other	26.8% Democrat 78.3% Republican 29.3% Republican	24.6% Democrat 51.1% Republican 24.3% Republican

24.6(5(s)-p)-1(t)249.1476.7(.)- Tf 08.5-0.05

Wording of Survey Item:	Strongly Disagree n (valid%)	Disagree n (valid%)	No Opinion n (valid%)	Agree n (valid%)	Strongly Agree n (valid%)
Mentally ill offenders are always trying to get something out of somebody (-).	A: 42 (25) J: 6 (15.4) P: 3 (7.3) D: 33 (37.5)	A: 95 (56.5) J: 22 (56.4) P: 25 (61) D: 48 (54.5)	A: 29 (17.3) J: 11 (28.2) P: 11 (26.8) D: 7 (8)	A: 2 (1.2) J: 0 (0) P: 2 (4.9) D: 0 (0)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
Mentally ill offenders respect only harsh punishment (-).	A: 64 (37.9) J: 10 (26.2) P: 6 (14.6) D: 48 (55.2)	A: 78 (47) J: 20 (52.6) P: 26 (63.4) D: 32 (36.8)	A: 21 (12.7) J: 7 (18.4) P: 7 (17.1) D: 7 (8)	A: 3 (1.8) J: 1 (2.6) P: 2 (4.9) D: 0 (0)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
It doesn't pay to give privileges to mentally ill offenders because they only take advantage of them (-).	A: 53 (31.4) J: 3 (7.7) P: 7 (17.1) D: 43 (48.3)	A: 92 (54.4) J: 27 (69.2) P: 26 (63.4) D: 39 (43.8)	A: 24 (14.2) J: 9 (23.1) P: 8 (19.5) D: 7 (7.9)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
For mentally ill offenders, preventing escape is more important than the treatment for their mental illness (-).	A: 53 (31.4) J: 10 (25.6) P: 7 (17.1) D: 36 (40.4)	A: 96 (56.8) J: 22 (56.4) P: 27 (65.9) D: 47 (52.8)	A: 14 (8.3) J: 7 (17.9) P: 2 (4.9) D: 5 (5.6)	A: 6 (3.6) J: 0 (0) P: 5 (12.2) D: 1 (1.1)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
If mentally ill offenders had simply used willpower, they wouldn't be in trouble in the first place (-).	A: 68 (40.2) J: 13 (33.3) P: 8 (19.5) D: 47 (52.8)	A: 79 (46.7) J: 18 (46.2) P: 26 (63.4) D: 35 (39.3)	A: 18 (10.7) J: 8 (20.5) P: 5 (12.2) D: 5 (5.6)	A: 4 (2.4) J: 0 (0) P: 2 (4.9) D: 2 (2.2)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
Physical punishment of mentally ill offenders is occasionally necessary (-).	A: 56 (33.1) J: 9 (23.1) P: 6 (14.6) D: 41 (46.1)	A: 56 (33.1) J: 9 (23.1) P: 19 (46.3) D: 28 (31.5)	A: 33 (19.5) J: 13 (33.3) P: 8 (19.5) D: 12 (13.5)	A: 21 (12.4) J: 7 (17.9) P: 8 (19.5) D: 6 (6.7)	A: 3 (1.8) J: 1 (2.6) P: 0 (0) D: 2 (2.2)
Most mentally ill offenders should be in prison rather than a hospital (-).	A: 55 (32.9) J: 8 (21.6) P: 7 (17.1) D: 40 (44.9)	A: 77 (46.1) J: 19 (51.4) P: 22 (53.7) D: 36 (40.4)	A: 21 (12.6) J: 6 (16.2) P: 5 (12.2) D: 10 (11.2)	A: 12 (7.2) J: 4 (10.8) P: 5 (12.2) D: 3 (3.4)	A: 2 (1.2) J: 0 (0) P: 2 (4.9) D: 0 (0)
If you give a mentally ill offender an inch, he or she will want to take a mile (-).	A: 49 (29) J: 3 (7.7) P: 6 (14.6) D: 40 (44.9)	A: 85 (50.3) J: 23 (59) P: 23 (56.1) D: 39 (43.8)	A: 31 (18.3) J: 13 (33.3) P: 10 (24.4) D: 8 (9)	A: 4 (2.4) J: 0 (0) P: 2 (4.9) D: 2 (2.2)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
You should be constantly on guard with mentally ill offenders (-).	A: 4 (2.4) J: 1 (2.6) P: 0 (0) D: 3 (3.4)	A: 40 (23.8) J: 4 (10.3) P: 9 (22) D: 27 (30.7)	A: 33 (19.6) J: 10 (25.6) P: 7 (17.1) D: 16 (18.2)	A: 33 (19.6) J: 10 (25.6) P: 7 (17.1) D: 16 (18.2)	A: 33 (19.6) J: 10 (25.6) P: 7 (17.1) D: 16 (18.2)

Four of the five items included in the adapted “Rehabilitation/Compassion” subscale were positively worded. Of these, the patterns of responses associated with three were strongly directional. Specifically, a clear majority of study participants collectively agreed with the assertions that, 1) “Mentally ill offenders need a censure and praise just like anybody else” (80.8%); 2) “Mentally ill offenders deserve a second chance” (78.1%); and 3) “Mentally ill offenders deserve to be helped” (94%). Participants were also clearly directional in response to the singular negatively worded item. In particular, 90.4% collectively disagreed with the assertion that rehabilitation “... is a waste of time and money.” Responses regarding rehabilitation outcomes were not as clearly discernible as the foregoing items. Overall, however, a majority of study participants manifested positive attitudes regarding this dimension.

Diminished Responsibility

Three survey items within the adapted ATMIO scale are designed to assess respondents’ attitudes regarding the extent to which mentally ill offenders understand and are responsible for their actions.

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
Mentally ill offenders don't fully understand their crimes (+).	A: 5 (3) J: 0 (0) P: 4 (9.8) D: 1 (1.1)	A: 41 (24.6) J: 10 (26.3) P: 18 (43.9) D: 13 (14.8)	A: 20 (12) J: 10 (26.3) P: 4 (9.8) D: 6 (6.8)	A: 73 (43.7) J: 14 (36.8) P: 12 (29.3) D: 47 (53.4)	A: 28 (16.8) J: 4 (10.5) P: 3 (7.3) D: 21 (23.9)
Mentally ill offenders are not completely responsible for their crimes (+).	A: 9 (5.3) J: 0 (0) P: 8 (19.5) D: 1 (1.1)	A: 45 (26.6) J: 8 (20.5) P: 18 (43.9) D: 19 (21.3)	A: 39 (23.1) J: 18 (46.2) P: 5 (12.2) D: 16 (18)	A: 64 (37.9) J: 13 (33.3) P: 9 (22) D: 42 (47.2)	A: 12 (7.1) J: 0 (0) P: 1 (2.4) D: 11 (12.4)
Despite their crimes, mentally ill offenders deserve sympathy (+).	A: 4 (2.4) J: 1 (2.6) P: 2 (4.9) D: 1 (1.1)	A: 29 (17.2) J: 6 (15.4) P: 9 (22) D: 14 (15.7)	A: 45 (26.6) J: 13 (33.3) P: 12 (29.3) D: 20 (22.5)	A: 65 (38.5) J: 16 (41) P: 17 (41.5) D: 32 (36)	A: 26 (15.4) J: 3 (7.7) P: 1 (2.4) D: 22 (24.7)

In response to two of the three positively worded items regarding “Diminished Responsibility,” greater than one-half of participants collectively agreed that, 1) “Mentally ill offenders don't fully understand their crimes” (60.5%), and 2) “Despite their crimes, mentally ill offenders deserve sympathy” (53.9%). Responses were less directional for the third item. Specifically, 37.9% agreed and 26.6% disagreed with the proposition that, “Mentally ill offenders are not completely responsible for their crimes.” Although only measured by three items, this pattern of results seems to indicate that study participants are at least sensitive to and reasonably informed about the issue of diminished responsibility among mentally ill offenders.

CAMI Scale

The second portion of the survey instrument consisted of the adapted CAMI scale. The patterns of response for the 22 items representing the four dimensions of Authoritarianism, Benevolence, Community Mental Health Ideology and Social Restrictiveness are reported in the text and tables that follow.

Authoritarianism

Seven survey items within the adapted CAMI scale are designed to assess participants’ authoritarian attitudes toward the mentally ill, where the concept reflects a view of the mentally ill person as someone inferior who requires coercive handling. The sentiments embodied by these items include the need to hospitalize the mentally ill; the difference between the mentally ill and normal people; the importance of custodial care; and the cause of mental illness. An example of one of the three items deleted from the original Authoritarianism subscale for use in the present study stated, “There is something about the mentally ill that makes it easy to tell them from normal people.”

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
As soon as a person shows signs of mental disturbance, he should be hospitalized (-).	A: 29 (17.3) J: 5 (13.2) P: 3 (7.3) D: 21 (23.6)	A: 95 (56.5) J: 17 (44.7) P: 30 (73.2) D: 48 (53.9)	A: 28 (16.7) J: 12 (31.6) P: 5 (12.2) D: 11 (12.4)	A: 15 (8.9) J: 4 (10.5) P: 3 (7.3) D: 8 (9)	A: 1 (0.6) J: 0 (0) P: 0 (0) D: 1 (1.1)
Mental illness is an illness just like any other (+).	A: 6 (3.6) J: 0 (0) P: 2 (4.9) D: 4 (4.5)	A: 37 (22) J: 8 (21.1) P: 13 (31.7) D: 16 (18)	A: 15 (8.9) J: 7 (18.4) P: 4 (9.8) D: 4 (4.5)	A: 65 (38.7) J: 15 (39.5) P: 19 (46.3) D: 31 (34.8)	A: 45 (26.8) J: 8 (21.1) P: 3 (7.3) D: 34 (38.2)
Mentally ill patients need the same kind of control and discipline as a young child (-).	A: 14 (8.4) J: 2 (5.3) P: 0 (0) D: 12 (13.5)	A: 48 (28.7) J: 8 (21.1) P: 15 (37.5) D: 25 (28.1)	A: 75 (44.9) J: 22 (57.9) P: 19 (47.5) D: 34 (38.2)	A: 27 (16.2) J: 6 (15.8) P: 5 (12.5) D: 16 (18)	A: 3 (1.8) J: 0 (0) P: 1 (2.5) D: 2 (2.2)
The mentally ill should not be treated as outcasts of society (+).	A: 5 (3) J: 0 (0) P: 1 (2.4) D: 4 (4.5)	A: 3 (1.8) J: 1 (2.6) P: 0 (0) D: 2 (2.2)	A: 6 (3.6) J: 2 (5.3) P: 3 (7.3) D: 1 (1.1)	A: 102 (60.7) J: 22 (57.9) P: 34 (82.9) D: 46 (51.7)	A: 52 (31) J: 13 (34.2) P: 3 (7.3) D: 36 (40.4)
The best way to handle the mentally ill is to keep them behind locked doors (-).	A: 65 (38.9) J: 17 (44.7) P: 4 (9.8) D: 44 (50)	A: 77 (46.1) J: 13 (34.2) P: 31 (75.6) D: 33 (37.5)	A: 7 (4.2) J: 3 (7.9) P: 1 (2.4) D: 3 (3.4)	A: 16 (9.6) J: 4 (10.5) P: 4 (9.8) D: 8 (9.1)	A: 2 (1.2) J: 1 (2.6) P: 1 (2.4) D: 0 (0)
Mental hospitals are an effective means of treating the mentally ill (-).	A: 7 (4.2) J: 1 (2.7) P: 0 (0) D: 6 (6.8)	A: 19 (11.4) J: 3 (8.1) P: 6 (14.6) D: 10 (11.4)	A: 63 (38) J: 16 (43.2) P: 15 (36.6) D: 32 (36.4)	A: 65 (39.2) J: 15 (40.5) P: 18 (43.9) D: 32 (36.4)	A: 12 (7.2) J: 2 (5.4) P: 2 (4.9) D: 8 (9.1)
Virtually anyone can become mentally ill (+).	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)	A: 7 (4.2) J: 0 (0) P: 2 (4.9) D: 5 (5.7)	A: 37 (22.3) J: 12 (31.6) P: 13 (31.7) D: 12 (13.8)	A: 59 (35.5) J: 11 (28.9) P: 20 (48.8) D: 28 (32.2)	A: 63 (38) J: 15 (39.5) P: 6 (14.6) D: 42 (48.3)

The dimension of "Authoritarianism" is particularly applicable to judges, prosecutors and public defenders given their respective courtroom roles. Of the seven items included in this adapted subscale, we manifested clear patterns of directional response. In particular, 91.7% of participants collectively agreed that, "The mentally ill should not be treated as outcasts of society." Approximately three-fourths (73.5%) expressed collective agreement that, "Virtually anyone can become mentally ill," and 65.5% expressed the collective view that: "Mental illness is an illness just like any other." Participants also expressed strong collective disagreement with two of the negatively worded statements. For example, 73.8% collectively disagreed with the assertion, "As soon as a person shows signs of mental disturbance, s/he should be hospitalized." Exactly 85% collectively disagreed that, "The best way to handle the mentally ill is to keep them behind locked doors." Less clear were the responses to two remaining negatively worded items. In particular, 44.9% of participants reported "No Opinion" in response to the statement: "Mentally ill patients need the same kind of control and discipline as a young child." A roughly equal percentage of participants either agreed (39.2%) or indicated no opinion (38%) regarding the assertion that, "Mental hospitals are an effective means of treating the mentally ill."

B. Benevolence

Nine survey items within the adapted CAMI scale are designed to assess participants' benevolent attitudes where the concept corresponds to a paternalistic and sympathetic view of the mentally ill. The sentiments embodied by these items include the responsibility of society for the mentally ill, the need for sympathetic/kindly attitudes, willingness to become personally involved and anti-custodial feelings. The singular item deleted from the original version of the Benevolence subscale for use in the present study read, "It is best to avoid anyone who has mental problems." A second adaptation involved substituting the words "the criminal justice system" into the item that originally read, "The mentally ill are a burden on society."

Wording of Survey Item:	Strongly Disagree (valid %)	Disagree (valid %)	No Opinion (valid %)	Agree (valid %)	Strongly Agree (valid %)

Examples of the items deleted from the original version of the Community Mental Health Ideology subscale for use in the present study read, “Residents should accept the location of mental health facilities in their neighborhood to serve the

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
Most persons with mental illness are to blame for their problems (-).	A: 61 (36.5) J: 12 (32.4) P: 6 (14.6) D: 43 (48.3)	A: 78 (46.7) J: 18 (48.6) P: 22 (53.7) D: 38 (42.7)	A: 23 (13.8) J: 6 (16.2) P: 10 (24.4) D: 7 (7.9)	A: 5 (3) J: 1 (2.7) P: 3 (7.3) D: 1 (1.1)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
Most persons with mental illness are unpredictable (-).	A: 8 (4.8) J: 2 (5.3) P: 0 (0) D: 6 (6.7)	A: 66 (39.3) J: 15 (39.5) P: 12 (29.3) D: 39 (43.8)	A: 44 (26.2) J: 11 (28.9) P: 11 (26.8) D: 22 (24.7)	A: 46 (27.4) J: 9 (23.7) P: 18 (43.9) D: 19 (21.3)	A: 4 (2.4) J: 1 (2.6) P: 0 (0) D: 3 (3.4)
Most persons with mental illness will not recover or get better (-).	A: 24 (14.3) J: 4 (10.5) P: 1 (2.4) D: 19 (21.3)	A: 94 (56) J: 24 (63.2) P: 25 (61) D: 45 (50.6)	A: 38 (22.6) J: 7 (18.4) P: 10 (24.4) D: 21 (23.6)	A: 11 (6.5) J: 2 (5.3) P: 5 (12.2) D: 4 (4.5)	A: 1 (0.6) J: 1 (2.6) P: 0 (0) D: 0 (0)
Most persons with mental illness are unable to get or keep a regular job (-).	A: 16 (9.5) J: 4 (10.5) P: 0 (0) D: 12 (13.5)	A: 96 (57.1) J: 19 (50) P: 28 (68.3) D: 49 (55.1)	A: 28 (16.7) J: 11 (28.9) P: 4 (9.8) D: 13 (14.6)	A: 27 (16.1) J: 4 (10.5) P: 9 (22) D: 14 (15.7)	A: 1 (0.6) J: 0 (0) P: 0 (0) D: 1 (1.1)
Most persons with mental illness are dirty and unkempt (-).	A: 39 (23.2) J: 7 (18.4) P: 4 (9.8) D: 28 (31.5)	A: 97 (57.7) J: 26 (68.4) P: 25 (61) D: 46 (51.7)	A: 27 (16.1) J: 5 (13.2) P: 10 (24.4) D: 12 (13.5)	A: 5 (3) J: 0 (0) P: 2 (4.9) D: 3 (3.4)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
Most persons with mental illness are dangerous (-).	A: 31 (18.5) J: 4 (10.5) P: 2 (4.9) D: 25 (28.1)	A: 105 (62.5) J: 27 (71.1) P: 27 (65.9) D: 51 (57.3)	A: 26 (15.5) J: 7 (18.4) P: 8 (19.5) D: 11 (12.4)	A: 5 (3) J: 0 (0) P: 3 (7.3) D: 2 (2.2)	A: 1 (0.6) J: 0 (0) P: 1 (2.4) D: 0 (0)
Most persons with mental illness cannot be trusted (-).	A: 29 (17.3) J: 4 (10.5) P: 2 (4.9) D: 23 (25.8)	A: 104 (61.9) J: 24 (63.2) P: 26 (63.4)			

Truncated Wording of Survey Item:	Yes n (valid %)	No n (valid %)
Ever used mental health professionals as experts	A: 137 (81.1) J: 34 (87.2) P: 36 (87.8) D: 67 (75.3)	A: 32 (18.9) J: 5 (12.8) P: 5 (12.2) D: 22 (24.7)
Mental health evaluation mandated for a defendant	A: 152 (91.6) J: 36 (94.7) P: 40 (97.6) D: 76 (87.4)	A: 14 (8.4) J: 2 (5.3) P: 1 (2.4) D: 11 (12.6)

Truncated Wording of Survey Item:	All Participants (modal/most frequent response)	Judges (modal/most frequent response)	Prosecutors (modal/most frequent response)	Public Defenders (modal/most frequent response)
Of all cases . . . , approximately what percentage involved defendants su ering from mental illness?	10%	10%	10%	5%
Of all cases . . . , approximately what percentage used a claim of mental illness as a defense?	1%	0%	1%	1%
Of all cases . . . , approximately what percentage of repeat defendants have been diagnosed with a mental illness?	0%	0%	5%	10%

S. III: R. A. .

For the full instrument, as well as each of the adapted scales and various subscales, Cronbach's Alpha Coefficient was computed. This coefficient represents a measure of internal consistency, which may be operationally defined as the extent to which a set of survey items (such as those used in this study) are closely related as a group representing some underlying dimension or latent construct. Generally speaking, a coefficient of .70 or higher is considered acceptable for this type of research. The following table reports the obtained reliability coefficients for all participants on all 60 Likert-type survey items, as well as across all adapted scales and subscales. Also presented are the reliability coefficients for each group – judges, prosecutors and public defenders.

Scale/Subscale	All	Judges	Prosecutors	Public Defenders
Full Instrument (60 items)	.947	.923	.933	.939
Adapted ATMIO scale (20 items)	.886	.811	.857	.870
Positive Stereotypes subscale (8 items)	.851	.755	.827	.832
Community Risk subscale (4 items)	.592	.436	.556	.567
Rehabilitation/Compassion subscale (5 items)	.718	.655	.685	.727
Diminished Responsibility subscale (3 items)	.648	.643	.463	.601
Adapted CAMI scale (22 items)	.857	.829	.810	.845
Anti-Authoritarianism subscale (7 items)	.558	.550	.533	.518
Benevolence subscale(9 items)	.663	.597	.584	.642
Community MH Ideology subscale (2 items)	.364	.599	.352	.278
Anti-Social Restrictiveness subscale (4 items)	.467	.372	.423	.428
Adapted SSMIS Agreement subscale (9 items)	.863	.820	.830	.869
Originally Conceived Items (9 items)	.693	.598	.765	.613

Examination of the above table indicates several interesting results. Most notably, the full instrument consisting of all 60 survey items measured on the ve-point Likert scale achieved high reliability (.947). is is important because not

Scale/Subscale	All Participants	Judges	Prosecutors	Public Defenders
Full Instrument (60 items)				

Wording of Survey Item:	Age	Collectively Disagree F _o (f _e)	Undecided F _o (f _e)	Collectively Agree F _o (f _e)	Sig.
Mentally ill offenders are not completely responsible	16-25 (n=152)	105 (68.4%)	27 (17.8%)	20 (13.2%)	.001
	26-35 (n=115)	73 (63.5%)	29 (25.2%)	13 (11.3%)	.001
	36-45 (n=117)	75 (64.1%)	29 (24.8%)	13 (11.1%)	.001
	46-55 (n=103)	65 (62.1%)	27 (26.2%)	11 (10.7%)	.001
	56-65 (n=105)	65 (61.9%)	27 (25.7%)	13 (12.4%)	.001
	66-75 (n=105)	65 (61.9%)	27 (25.7%)	13 (12.4%)	.001
	76-85 (n=105)	65 (61.9%)	27 (25.7%)	13 (12.4%)	.001
	86-95 (n=105)	65 (61.9%)	27 (25.7%)	13 (12.4%)	.001
	96-105 (n=105)	65 (61.9%)	27 (25.7%)	13 (12.4%)	.001

By comparison, Republicans were more likely to express collective agreement with the negatively worded statements that 1) preventing escape is more important than treating the mentally ill, and 2) most persons with mental illness are unpredictable. They were also more likely to collectively disagree with the positively worded statement that mental illness can be a mitigating factor in criminal cases.

Wording of Survey Item:	Political Affiliation	Collectively Disagree F _o (f _e)	Undecided F _o (f _e)	Collectively Agree F _o (f _e)	Sig.
Mentally ill offenders don't fully understand their crimes.	D R O	6 (13) 16 (8) 24 (23)	3 (5) 2 (3) 15 (10)	40 (29) 13 (18) 46 (51)	.000
Mentally ill offenders are not completely responsible for their crimes.	D R O	13 (16) 15 (10) 26 (27)	6 (10) 5 (6) 25 (18)	30 (22) 11 (14) 34 (38)	.020
For mentally ill offenders, preventing escape is far more important than the treatment for their mental illness.	D R O	45 (43) 25 (27) 77 (75)	4 (3) 2(2) 6 (6)	0 (1) 4 (1) 2 (3)	.042
The mentally ill should not be isolated from the rest of the community.	D R O	4 (6) 8 (3) 9 (10)	9 (13) 10 (8) 27 (23)	36 (29) 13 (18) 49 (50)	.029
Mentally ill patients need the same kind of control and discipline as a young child.	D R O	28 (17) 9 (11) 23 (30)	17 (22) 11 (14) 47 (38)	4 (8) 11 (5) 15 (15)	.001
We need to adopt a far more tolerant attitude toward the mentally ill in our society.	D R O	3 (6) 6 (3) 12 (10)	6 (11) 9 (7) 22 (19)	40 (31) 16 (20) 51 (55)	.050
We have a responsibility to provide the best care possible for the mentally ill.	D R O	2 (2) 4 (1) 16 (3)			

Wording of Survey Item:	Amount of CLE on MI-related Issues	Collectively Disagree F _o (f _e)	Undecided F _o (f _e)	Collectively Agree F _o (f _e)	Sig.

Wording of Survey Item:	Extended Family Member with MI	Collectively Disagree F _o (f _e)	Undecided F _o (f _e)	Collectively Agree F _o (f _e)	Sig.
Only a few of the mentally ill offenders are dangerous.	Y N	16 (25) 26 (16)	34 (25) 8 (16)	50 (49) 31 (31)	.000
Some mentally ill are a burden on the criminal justice system.	Y N	40 (36) 20 (23)	10 (15) 16 (10)	50 (47) 29 (31)	.039
Some mentally ill are far less of a danger than most people believe.	Y N	15 (21) 20 (13)	29 (24) 11 (15)	56 (54) 34 (35)	.029
Mentally ill patients need the same kind of control and discipline as a young child.	Y N	43 (37) 18 (24)	46 (44) 28 (29)	11 (18) 19 (11)	.008
We have a responsibility to provide the best possible care for the mentally ill.	Y N	7 (4) 0 (2)	4 (8) 10 (5)	89 (87) 55 (56)	.005
Most persons with mental illness have below average intelligence.	Y N	73 (69) 42 (45)	21 (19) 11 (12)	6 (10) 12 (7)	.042

Two experiential items from the instrument lend themselves to this same type of analysis. One of these asked if participants had been involved in cases where mental health professionals had testified as subject-matter experts. The other asked if they had been involved in cases where a mental health evaluation had been mandated for a defendant. Responses to both of these items were coded as “yes” or “no.”

Study participants who had been involved in cases where mental health professionals had testified as subject-matter experts were more likely to express collective agreement with the positively worded statements that 1) mentally ill offenders are not completely responsible for their crimes; 2) testimony by mental health professionals is helpful; and 3) testimony by mental health professionals is reliable. Participants who had not been involved in such cases were more likely to be undecided in their response to the positively worded statement that we have a responsibility to provide the best possible care for the mentally ill.

Wording of Survey Item:	Used a Mental Health Professional as Expert Witness	Collectively Disagree F _o (f _e)	Undecided F _o (f _e)	Collectively Agree F _o (f _e)	Sig.
Mentally ill offenders are not completely responsible for their crimes.	Y N	38 (43) 16 (10)	30 (31) 9 (7)	69 (61) 7 (14)	.010
We have a responsibility to provide the best possible care for the mentally ill.	Y N	7 (5) 0 (1)	8 (11) 6 (2)	122 (120) 26 (28)	.030
I have found testimony by mental health professionals (i.e., psychiatrists and psychologists) to be helpful.	Y N	5 (8) 5 (1)	6 (9) 6 (2)	126 (119) 21 (27)	.000
I have found testimony by mental health professionals (i.e., psychiatrists and psychologists) to be reliable.	Y N	9 (10) 4 (2)	22 (26) 11 (6)	106 (99) 17 (23)	.021

Participants who indicated having been involved in at least one case where a mental health evaluation had been mandated for the defendant were more likely to collectively disagree with the positively worded assertion that mentally ill offenders do not fully understand their crimes. Those who had not been involved in at least one case where a mental health evaluation had been mandated for the defendant were more likely to remain undecided in response to three positively worded items stating that 1) if a mentally ill offender does well in prison, he or she should be let out on parole; 2) despite their crimes, mentally ill offenders deserve sympathy; and 3) testimony by mental health professionals is helpful.

Wording of Survey Item:	Involved in Case Where Mental Health Evaluation Was Mandated	Collectively Disagree F _o (f _e)	Undecided F _o (f _e)	Collectively Agree F _o (f _e)	Sig.
Mentally ill offenders don't fully understand their crimes.	Y N	46 (42) 0 (3)	20 (20) 2 (1)	86 (89) 12 (8)	.048
If a mentally ill offender does well in prison, he or she should be let out on parole.	Y N	35 (32) 0 (3)	38 (41) 7 (3)	79 (78) 7 (7)	.045
Despite their crimes, mentally ill offenders deserve sympathy.	Y N	32 (29) 0 (2)	36 (40) 8 (3)	84 (82) 6 (7)	.013
I have found testimony by mental health professionals (i.e., psychiatrists and psychologists) to be helpful.	Y N	10 (9) 0 (0)	8 (11) 4 (1)	134 (131) 10 (12)	.004

5.2.3.3. Qualitative Comments

In addition to the standardized five-point Likert-type format (which can sometimes be criticized as too narrowly restrictive of response categories), study participants were given the opportunity to provide narrative written comments and further elaborate upon their unique views and experiences with cases involving mentally ill offenders. Of the 169 surveys returned, 104 included qualitative comments. The following table reflects the distribution of responses received across the three groups of participants.

"The criminal justice system cannot be used to "hold" or force people into treatment/mental facility. Mississippi is in dire need of another mental hospital where we can have people evaluated and treated. The wait for Whitfield is too long. Suspects are after held too long while waiting for evaluation or treatment."

P. D. C. n. n.

"The system for dealing with defendants suffering from mental illness is broken. It is way underfunded for defendants that are unable to help their counsel or stand trial. This results in long delays in getting them treatment. If they are incarcerated awaiting treatment, they are sometimes kept in isolation, which can exacerbate the symptoms."

"Mental illness affects everyone. Jail should not be used to house the mentally ill. Whitfield has a pathetically low bed space which results in defendants (mentally ill) being incarcerated up to a year or more just waiting to be evaluated."

"Like all states, Mississippi has its share of individuals with severe mental illness. However, our state is extremely deficient in resources and facilities to address the needs of these people, criminal offenders or not. We need to be able to commit people for extended, long-term treatment. It would actually reduce crime as these people would not repeatedly violate the law. On the contrary, they could receive help."

"The public needs to know most mentally ill individuals can be effectively treated with proper medication and supervision. Also, the public needs to know that our legal system typically practices a crime control model to deal with the accused rather than a due process model. It is this reason the state of Mississippi has a disproportionate number of mentally ill offenders behind bars."

"We only have one mental health hospital that serves 82 counties. It has only 15-18 beds. I have clients who need to be mentally evaluated that sit for months, sometimes over a year, waiting to be evaluated. There are no other avenues because there is no funding because the legislature doesn't care because the public doesn't know. If they knew, they would be embarrassed and ashamed."

"There is clearly a lack in sufficient funding for our mental health services. Clients, some of which have been previously diagnosed with mental disorders, are being required to wait in excess of one year for these evaluations at the state hospital. In the meantime, they are being held in county jails without any treatment for their disorders."

"We are at the forefront of the mental health crisis with the least amount of money and least institutional willingness to address the issues. The same bias, prejudice and ignorance, which affect the general public regarding mental illness, seem exacerbated in the cynical criminal justice world. My clients regularly languish in county jails for months with no therapy or medication because our county jail refuses to take them to community counseling, and community counseling refuses to go to the jail."

"Public needs to be educated that mental illness is in fact an illness. As such, they are entitled to all protections of the legal system."

"There is a difference between mental illness and IDD. Mental illness can generally be treated with medicine and

DISCUSSION

The purpose of this exploratory study was to obtain a baseline assessment of the beliefs, perceptions and attitudes of Mississippi courtroom participants (judges, prosecutors and public defenders) regarding defendants with mental illness. Although not a probability sample, the views expressed by responding participants reflect valuable information that may be used to inform policy and guide future research in this emerging area of social importance.

Overall, the descriptive results indicate a relatively positive view of mental illness, rejection of negative stereotypes, and a relatively mediated view of risks posed by defendants with mental illness. Furthermore, courtroom participants in Mississippi manifest sensitized perceptions of mental illness, acknowledge the value of rehabilitation/compassion, and appear to perceive mentally ill defendants as unable to fully understand the nature of their offenses. However, participants were not overwhelmingly supportive of the “diminished capacity” argument as a defense. This particular finding may reflect an enhanced appreciation among legal professionals for the role of mental illness in establishing the mens rea element of criminal offenses. Despite these limitations, there exists a sense that individual accountability is necessary. Similar sentiment is reflected in the “community risk” items given that a majority of respondents agreed that, “You should be constantly on guard with mentally ill offenders.” Given their proximity to and familiarity with the instability that often presents itself with those suffering from mental illness, courtroom participants again appear to hold empathetic beliefs and perceptions, yet remain realistic about the nature of mental illness. This same pattern emerged in the section on “rehabilitation and compassion,” where a majority of respondents agreed that mentally ill offenders deserve “a second chance” and “to be helped.”

The second section of the survey instrument included items regarding authoritarianism, benevolence, community mental health ideology and social restrictiveness. Responses to these items, like those in the first section of the instrument, reflect a generalized awareness of mental illness; reluctance to embrace stigmatization; preference for therapeutic, community-based treatment; and an appreciation of the social obligation to provide adequate treatment alternatives for mentally ill offenders. These results appear to reflect courtroom participants who endorse the use of a community-based medical model for the treatment of mentally ill offenders in lieu of incarceration as a primary method of intervention.

The third portion of the survey instrument more directly examined attitudes and beliefs regarding commonly held negative stereotypes about mentally ill offenders. As with the foregoing adapted scales and subscales, participants generally rejected negative stereotypes such as “most persons with mental illness will not recover or get better” or “most persons with mental illness are unable to get or keep a regular job,” and lastly, “most persons with mental illness are dangerous.” Study participants also reported disagreement with the statement that “most persons with mental illness cannot be trusted.” However, there exists some uncertainty in attitudes regarding the unpredictable nature of mentally ill defendants.

A general consensus of agreement among all participants emerged from the originally conceived items related to the need for increased mental health resources, diversion programs, support for mental health courts, mental health as a mitigating factor in criminal cases, and the utility of mental health experts in criminal cases. The majority of courtroom participants acknowledge that they are unable to recognize individuals with mental illness, again indicating a rejection of commonly held negative stereotypes that those with mental illness are somehow “different” from others.

The final scale, identified as “experiential items” sought to assess the extent to which courtroom participants had previously interacted with mentally ill defendants. Also of interest was reliance on expert witnesses and mental health evaluations. Most participants reported having been involved in cases where mental health professionals and evaluations

Although prosecutors manifested less positive summated scale scores as compared to public defenders, their attitudes were not as negative as might be naturally expected. Within this particular group of participants, the highest scores were on the positive stereotypes, rehabilitation/compassion and community mental health ideology subscales, respectively. Despite their responsibility to prosecute crimes, this group of study participants does not manifest harsh or negative stereotypical views of the mentally ill, but appear to be rather aware of and empathetic toward the complex issues involved in such cases. The lowest score among prosecutors was found to exist on the diminished responsibility subscale. This finding is consistent with a generalized skepticism regarding claims of mitigated culpability by mentally ill defendants.

Lastly, subscale scores for judges who participated in this particular study balance those of the other two groups. Specifically, they scored highest on the rehabilitation/compassion, benevolence and community mental health ideology subscales, respectively. Like prosecutors, the lowest score among judges was on the diminished responsibility subscale. Thus, while judges collectively manifest a sensitive and empathetic outlook on most dimensions regarding mentally ill offenders, this orientation may not necessarily translate into broad support for claims of reduced culpability.

The bivariate analyses applied to the data from this study revealed statistically significant (i.e., "real") relationships between 12 of the demographic/experiential items and several of the survey questions. Although the specific nature of these various relationships are described in greater detail above, several findings bear mention as the basis for further consideration and empirical examination. For example, despite the frequently relied upon categorical designations for variables such as sex (male v. female), race (white v. non-white) and religious affiliation (Protestant v. Catholic), there appears to be some shared ground between the categories. That is, no one category (e.g., male v. female, etc.) appears to be particularly negative in their beliefs, perceptions and attitudes regarding mentally ill defendants. If this were not the case, there would likely be a greater number of survey items related to each of these traditional demographic variables, and the directional pattern of reported perceptions would be more distinct. As such, future research should explore the extent to which many of these traditionally relied upon demographic variables influence the attitudes of courtroom participants using multivariate predictive models. If these traditional demographic variables do not take on greater significance in future analyses, then it becomes important for attitudinal research involving courtroom participants to instead begin to examine other distinguishing traits (e.g., role orientation).

Finally, but perhaps most importantly, many of the narrative comments focus upon the need for increased state appropriations, as well as efforts to raise public awareness regarding this growing social issue. Because municipal and county governments within the state do not possess the fiscal resources required to support meaningful mental health services, participants from all three groups advocate (if not plead for) additional state-level funding to help ameliorate or at least somewhat reduce the problem.

CONCLUSION

M...S... A... C...
MSSAC.