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COLLEGE STUDENTS' AND EDUCATORS' ATTITUDES TOWARD OFFENDERS WITH MENTAL ILLNESS

A Dissertation

by

SULEMA PERALES

Submitted to the Graduate College of
The University of Texas Rio Grande Valley
In partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2020

Major Subject: Rehabilitation Counseling

COLLEGE STUDENTS' AND EDUCATORS' ATTITUDES TOWARD OFFENDERS WITH MENTAL ILLNESS

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by
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December 2020

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ABSTRACT

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The purpose of the present study was to examine college students' and college educators' attitudes toward offenders with mental illness (MI). A non-experimental, exploratory research design was used to measure the following variables: demographics characteristics, academic major/teaching discipline, and personal relationships with offenders. Correlational and regression analyses and a one-way analysis of variance were used to analyze the data for 349 college students and 35 college educator participants. The results of the study showed there was a significant relationship between college students' attitudes toward offenders with MI and students' academic major. The results also showed significant relationships between college students' and college educators' attitudes toward offenders with MI and their personal relationships with offenders. Implications of the study and recommendations for researchers and educators to enhance positive attitudes toward offenders with MI are provided.

Keywords: college students, college educators, offenders, mental illness, attitudes

DEDICATION

To the many youth I was blessed to work with at the Juvenile Justice Campus (JJC), my hard work and resilience to make a difference in the treatment of offenders is dedicated to you. The time I devoted to working with youth in county systems allowed me to experience the true definition of passion and empathy. I want to thank all of the youth who shared their stories with me, and I want you to know you will always be a big reason why my worldview has transformed.

I would also like to dedicate this tremendous success to my family. The commitment and self-discipline to accomplish anything I do was learned from Mizael. The power to approach any situation with courage and love was learned from Samira. The ability to be genuine and to do whatever it takes to help others in need was learned from Hironel. Thank you for always believing in me and for teaching me that the sky is the limit. Hard work does pay off.

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Dr. Roy Chen and Dr. Ralph Carlson, thank you for challenging me to be the best version of myself. You have always believed in my academic abilities and have aspired me to continue learning in all aspects of life.

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CHAPTER I

INTRODUCTION

The U.S. has the highest incarceration rate in the world (Kaeble & Cowhig, 2018) and correctional facilities often serve as a subsidiary for mental health care. The impact of deinstitutionalization of persons with mental illness (MI) and the absence of proper community mental health programs designed to rehabilitate persons with MI has contributed to the rise in the number of people with MI who are incarcerated in the U.S. (Allison et al., 2017; Al-Rousan et al., 2017; Bastiampillai et al., 2016). According to the U.S. Bureau of Justice Statistics (Carson, 2020), state and federal correctional facilities held an estimated 1.43 million prisoners at year-end 2019 (1,322,850 males and 107,955 females).

The mental health of incarcerated offenders poses a significant challenge to their successful rehabilitation in that between seven and nine out of every 10 prisoners exhibits signs of at least one mental disorder (Bronson & Berzofsky, 2017; Hean et al., 2015a; Rose et al., 2020). Moreover, between 15-24% of inmates have a serious mental illness (SMI) such as schizophrenia, bipolar disorder, and major depressive disorder (Bronson & Berzofsky; Weaver et al., 2018). It has also been well established that overall, prisoners have elevated rates of psychiatric disorders compared to the general population and those who have been previously hospitalized for psychiatric treatment are more likely to be convicted of a crime than those who have never been hospitalized for psychiatric services (Al-Rousan et al., 2017; Domino et al., 2019; Hean et al., 2015b;Van Vugt et al., 2016; Völlm et al., 2018).

The epidemic of psychiatric illness in the U.S. prison system holds important relevance for correctional facility personnel, rehabilitation educators, policy makers, and mental health providers as these professionals may encounter offenders with MI and, as such, can aid in improving attitudes toward offenders with MI. Policies and evidence-based practices for the treatment of offenders with MI often focuses on the use of multidisciplinary teams (Kane et al., 2017). Undeniably, implementation of effective therapeutic approaches to treat offenders relies on partnerships among professionals trained in criminology (e.g., law enforcement, correctional officers) and the helping professions (e.g., counseling, rehabilitation, social work, psychology). Therefore, it is prudent for professionals providing mental health services to maintain positive attitudes toward offenders with mental health issues as they can significantly ameliorate negative attitudes toward individuals with MI. In this context, positive attitudes signify a view of offenders with MI as individuals capable of successful change whereas negative attitudes posit a view of offenders with MI as incurable, dangerous individuals (Moak et al., 2020). If these changes in attitudes are produced, pathways for successful re-integration of offenders with MI into the community will emerge.

Initial responses to people with MI are influenced by social definitions conveyed through the press, media, and television (Hoffner et al., 2017; Ma, 2017; Röhm et al., 2017). As such, many researchers have found adjectives such as *dangerous*, *aggressive*, and *unpredictable* are common public attitudes toward persons with MI and these attitudes have persisted for years (De Jacq et al., 2016; Gerbner, 1980; Husain et al., 2020; Hinshaw & Stier, 2008; Nunnally, 1961; Rodrigues-Silva et al., 2017; Rüsch et al., 2005; Slate, 2016; Wainwright & Mojtahedi, 2020).

The media plays a key role in influencing attitudes toward individuals with MI. Research indicates MI portrayed by mainstream media inexplicably focuses on factors such as violence,

criminality, and danger (Rodrigues-Silva et al., 2017). Such factors lead to erroneous and inaccurate stereotypes toward persons with MI and contribute to negative public attitudes (Rodrigues-Silva et al.). The media tends to over-emphasize mental health aspects when covering mass shootings; however, Hirschtritt and Binder (2018) found most violent acts in society are performed by someone without a MI. Similarly, Chen and Lawrie (2017) found newspapers present a negative tone toward persons with MI and associate mental health with violence. In addition, TV shows such as *Orange is the New Black* endorse the existing negative stigma toward mental health (Farrell, 2018). Despite continuing efforts to transform societal attitudes toward persons with MI in the media, negative mental health portrayals are still highly prevalent. Although there has been research which reports positive attitudes toward people with MI and a slight rise in public knowledge about mental health, future mental health service providers are still susceptible to the negative attitudes endorsed by the general public (Kopera et al., 2015). Indeed, researchers have discovered attitudes toward people with MI have not improved much over the last 20 years (Bos et al., 2013; Chen & Lawrie; Farrell; Moak et al., 2020; Schomerus, 2012) and stigma toward persons with MI continues to represent a major barrier to offenders' recovery.

The combination of negative media portrayals, the attitudes of the general population, and the elevated rates of psychiatric disorders inside correctional systems present a challenge to the rehabilitation of offenders with MI. Prisons and jails often provide the minimal statutory and legal standards of care for inmates with SMI and, as such, the therapeutic services and ethical implications of the treatment of prisoners with SMI is highly questionable. Prisoners with a SMI live in an environment contrary to the goals of psychiatric recovery; prison life is fraught with violent, unsafe treatment which can exacerbate symptoms of MI (Sisti et al., 2015).

Given the negative impact of prison life for inmates with MI who require intensive psychotherapeutic treatment, it is important to consider how going to prison can be avoided. Hopkin et al. (2018) advocated for clinicians and administrators to begin treatment planning while a prisoner is still detained, to include providing a pre-release plan for prisoners with MI. Additionally, Sisti, et al. (2015) postulated improvement in the public's perceptions of offenders' MI as being imperative to providing appropriate care and sanctuary for former inmates with mental health issues. Wolff et al. (2014) provided evidence of how probation officers who specialized in mental health cases promoted increased awareness of the difficulties prisoners with MI face and advocated for the use of strategies other than parole withdrawal (e.g., smaller caseloads, officers who specialize in MI) when probation violations occur. Smaller caseloads and expert officers provide important examples of the efforts needed to disrupt the MI incarceration cycle.

The transition of prisoners from prison settings into the community can also be challenging. Offenders with MI are frequently left with little support due to limited community mental health care access and treatment, and limited understanding of the healthcare enrollment process. Recent studies show prisoners with SMI are two to three times more likely to be incarcerated more than once compared to prisoners without a MI (Hirschtritt & Binder, 2017; Portillo et al., 2017). The high rate of recidivism among offenders with MI produces a malicious cycle wherein persons with MI move from homelessness to psychiatric hospitalization to incarceration (Sisti et al., 2015; Portillo et al.). Wang and colleagues (2018) illustrated how negative perceptions held by mental health service providers were linked to a lack of confidence among professionals in mental health treatment settings in that their negative perceptions of MI diminished their competence in their mental health treatment. Moreover, studies have shown

despite extensive training and continuous contact with people with MI, mental health service providers are vulnerable to the same stigmatization held by the general public (Kopera et al., 2015; Wang et al.; Yeh et al., 2017).

Statement of the Problem

Despite continuing efforts to transform societal attitudes toward persons with MI, researchers purport individuals with MI represent a disproportionately high rate of incarcerated offenders in the U.S. correctional systems (Al-Rousan et al., 2017; Carson, 2020; Domino et al., 2019; Hean et al., 2015a; Völlm et al., 2018). In addition, researchers have found significant associations between increased recidivism and offenders with MI (El-Gilany et al., 2016; López et al., 2016). Moreover, between 15-24% of inmates have a SMI such as schizophrenia, bipolar disorder, and major depressive disorder (Bronson & Berzofsky, 2017; Weaver et al., 2018). This problem not only affects the person with MI both socially and personally, but also influences a provider's willingness to deliver treatment (Bandara et al., 2018; Merino et al., 2018). In addition, there are few studies that explore college students' and educators' attitudes towards offenders with MI (Rayborn, 2016; Weaver et al., 2018). However, college students' and educators' (especially those in human services fields) are in a position to significantly eradicate negative attitudes toward incarcerated offenders with MI and can support rehabilitation efforts upon offenders' release from jail/prison. Educators play a key role in the advancement of education of contemporary skills required to work with marginalized populations such as offenders with MI in that they are training the next generation of professionals (Hadar & Brody, 2018).

Two of the most important goals of any correctional setting are to help prisoners avoid re-offending and to change their criminal behavior; thus, correctional facilities offer an array of

rehabilitation programs (Sisti et al., 2015). Rehabilitation professionals (e.g., nurses, correctional officers, counselors, psychologists, social workers) working in correctional facilities who hold positive attitudes toward prisoners, especially prisoners with MI, are in great need as positive attitudes convey the belief that prisoners are capable of change. Negative attitudes, on the other hand, tend to signify a view of prisoners as being deviant and unlikely to change (Glendinning & O'Keeffe, 2015; Moak et al., 2020). Researchers (Hirschtritt & Binder, 2017; Puntis et al., 2018) believe better training among police and the general public on how to intervene in crisis situations involving MI would result in fewer individuals with MI being arrested. Similarly, Rodgers et. al. (2019) asserted dealing with crisis calls related to persons with MI continues to be police officers' biggest challenge and there exists a need for more community mental health resources to where police officers can refer persons with MI. As such, it behooves the educational system to respond to the high demand for knowledge surrounding treatment, counseling, and advocacy for offenders with MI by producing ample quality professionals (e.g., counselors, social workers, policy makers) who can promote positive attitudes toward offenders with MI and reduce the number of re-offenders.

Human service professionals are extremely important to the care of vulnerable offenders as they can provide quality care and influence the public's attitudes toward offender rehabilitation. Unfortunately, recent research (e.g., Bandara et al., 2017) showed many human service providers hold negative attitudes toward persons with SMI, and efforts to improve the public's negative perceptions toward SMI is essential if attitudes toward prisoners and offenders with MI are going to change. For example, Lien et al. (2019) examined public health professionals and public health graduate students' attitudes and perceptions of social distance from persons with MI and found attitudes have considerably improved over half a century.

Further Lien et al. found educational strategies such as problem-based learning was an effective teaching model to influence positive attitudes toward MI.

Joint training among professionals is a common component in health care systems (Henderson et al., 2019); however, Hean et al. (2015b) discovered there was a lack of interagency training among mental health staff and correctional staff. Accordingly, Hean et al. developed a workshop for mental health staff, correctional staff, and educators to share their work experiences regarding offenders with MI. The workshop's focus was on the need and willingness of service providers in mental health, corrections, and education to collaborate. The workshop outcomes showed mental health and correctional staff were not prepared to work together in the delivery of services for offenders with MI. However, mental health systems participants and criminal justice systems participants had positive attitudes toward future interagency training and proposed a plan for future training among professionals to better serve offenders with MI. Other researchers (Domino et al., 2019; Howell et al., 2019) have confirmed professionals from mental health services and criminal justice services need to work together to address the need of offenders with mental health problems and suggest interagency collaboration can begin in educational settings (Frailing & Slate, 2016).

Higher education is comprised of faculty teaching practices and interactions that transform and impact student experiences. As such, educators are critical social agents in students' college journey by helping them integrate into their institutions and successfully complete their studies. Researchers (Gertsmann, 2018; Mayhew et al., 2016) recognized the vital role educators play in college student development and learning in and outside the classroom. Researchers have found students' profound and frequent contact with educators is associated with an inherent desire in educational ambitions, achievement, and students' basic psychological

need for autonomy, relatedness, and competence (González et al., 2018; Leeknecht et al., 2017). However, educators can also have detrimental impacts on students' learning and development. When students perceive their faculty as having negative attitudes toward the related subject, students' academic motivation to learn can diminish (Howe et al., 2019). Therefore, it is especially important that educators in human service fields hold positive toward offenders with MI and impart these attitudes onto their students.

Educators play a vital role for educational settings in that they are responsible for transferring pedagogical frameworks and developing curricula associated with mental health and the criminal justice system. Educators can also raise awareness about attitudes toward persons with MI through collaboration among human service agencies. The use of collaboration skills can help future human service professionals minimize the incarceration of offenders with MI, in turn, providing communal services for them. Therefore, it is valuable to investigate attitudes toward offenders with MI among college students and college educators from human service-related fields as their knowledge can mitigate negative attitudes toward offenders with MI.

Purpose of the Study

The purpose of the present study was to examine college students' and college educators' attitudes toward offenders with MI. Research shows negative attitudes toward incarcerated individuals are common in our society (De Valk et al., 2015; Merino, 2018) and college faculty in rehabilitation and related professions as well as their students are in a position to significantly influence attitudes toward prison populations. Researchers, criminologists, and policy makers are essential stakeholders in the successful rehabilitation of offenders with MI (Hean et al., 2015a). As such, it is prudent to assess attitudes of those who are likely to encounter offenders with mental health problems as their attitudes can substantially influence the mental well-being of the

offender. Furthermore, offenders have elevated rates of psychiatric disorders compared to the general population (Al-Rousan et al., 2017; Hean et al.) and positive attitudes toward offenders with MI can aid in the rehabilitation of these individuals during and upon their release from prison.

To improve the public's negative perceptions toward offenders with MI, it is useful to investigate college students' and college educators' attitudes regarding the quality of care and treatment of prisoners with mental health issues. Although research on attitudes toward offenders has been growing, there is limited research on college students' and educators' attitudes toward offenders, especially regarding attitudes toward offenders with psychiatric disabilities. College students will likely become future practitioners and policy makers who can influence the attitudes toward offenders with MI. Therefore, it is important to study college students' and educators' attitudes toward the rehabilitation of this vulnerable group as they are in an excellent position to facilitate positive outcomes among offenders (Hoke, 2015; Merino et al., 2018).

Educators play a vital role through their interactions with their students as their social and emotional attitudes can influence their students' attitudes (Gertsmann, 2018; Mayhew et al., 2016). Rehabilitation educators and educators in related fields are in a great position to influence student attitudes toward MI and prisoners. Educators have a central role in the advancement of education toward teaching contemporary skills required to work with marginalized populations such as offenders with MI, as they train the next generation of professionals (Hadar & Brody, 2018). By opening students' minds to the many disparities' offenders with MI face, as future leaders and front-line staff in mental health and criminal justice services, students can advocate for the provision of proper rehabilitation treatment.

In addition to exploring college students' and educators' perceptions toward offenders with MI, this study examined factors which can influence college students' and educators' attitudes toward offender's with MI. These research findings will be useful for strengthening higher education human services curricula and in the overall improvement of attitudes toward offenders with MI by raising awareness about this marginalized group and recommending the development of competent educational frameworks for proper offender treatment.

This study addressed the following research questions:

1. Is there a relationship between college students' attitudes toward offenders with MI and age, gender, and race/ethnicity?

   HϕI: There is no relationship between college students' attitudes toward offenders with MI and age, gender, and race/ethnicity.

2. Is there a relationship between college educators' attitudes toward offenders with MI and age, gender, and race/ethnicity?

   HϕI: There is no relationship between college educators' attitudes toward offenders with MI and age, gender, and race/ethnicity.

3. Is there a relationship between college students' attitudes toward offenders with MI and personal relationships (e.g., immediate, or extended family who is or has been incarcerated)?

   HϕI: There is no relationship between college students' attitudes toward offenders with MI and personal relationships (e.g., immediate, or extended family who is or has been incarcerated).

4. Is there a relationship between college educators' attitudes toward offenders with MI and personal relationships (e.g., immediate, or extended family who is or has been incarcerated)?

    HϕI: There is no relationship between educators' attitudes toward offenders with MI and personal experiences (e.g., immediate or extended family who is or has been incarcerated).

5. Is there a relationship between college students' attitudes toward offenders with MI and academic major?

    HϕI: There is no relationship between college students' attitudes toward offenders with MI and academic major.

6. Is there a relationship between college educators' attitudes toward offenders with MI and teaching discipline?

    HϕI: There is no relationship between college educators' attitudes toward offenders with MI and teaching discipline.

7. Is there a difference between junior and senior college students' attitudes toward offenders with MI?

    HϕI: There is no difference between junior and senior college students' attitudes toward offenders with MI.

*All hypotheses to be tested at the .05 level of significance.

Significance of the Study

College students' and educators' attitudes toward offenders with MI can directly influence treatment outcomes among offenders with MI. Research toward offenders with MI among college students has been explored; however, such research has been predominantly

within the academic fields of psychology, social work, and criminal justice (Rayborn, 2016; Weaver et al., 2018). Most of the literature regarding student attitudes toward offenders with MI fails to explore other disciplines such as rehabilitation services and political science; however, students enrolled as these academic majors are also likely to work with offenders with MI. A common suggestion in the literature is that any professional who may have encounters with offenders with MI should be as competent as possible about MI and the criminalization of persons with MI (Rayborn; Thompson et al., 2014; Weaver et. al.). Thus, this study is significant because it will contribute to gap in the literature by examining demographics (i.e., age, gender, race/ethnicity), personal relationships with offenders, and attitudes toward offenders among college students and educators in human service-related fields as this type of information has not been sufficiently examined in previous research. Additionally, the results of this study could inform changes in curricula to better prepare future professionals who will come in contact with vulnerable populations such as offenders with MI.

The primary constructs associated with the present study were colleges students' attitudes toward offenders with MI and college educators' attitudes toward offenders with MI. The three independent variables in the present study were (1) demographic information (i.e., age, gender, race/ethnicity), (2) academic major/teaching discipline, and (3) personal relationships with offenders.

Operational Variables and Definitions

Academic Major/Teaching Discipline: Academic major was obtained by asking participants their major. This was a nominal variable where "1" indicated rehabilitation services, "2" indicated psychology, "3" indicated social work, "4" indicated criminal justice, and "5" indicated political science.

Age: Age of participants was obtained by asking participants their age in years. This variable was coded in interval-coding.

Attitude: A feeling or emotion toward a fact or a state (Merriam-Webster Dictionary, 2020).

Gender: Gender of participants was obtained by asking participants their gender. This was a nominal variable where "1" indicated male, "2" indicated female, and "3" indicated other.

Mental Illness: A mental, behavioral, or emotional disorder. Any mental illness (AMI) can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (National Institute of Mental Health, 2020).

Offender: A person who violates a law or rule: do wrong (Merriam-Webster Dictionary, 2020). The term offender includes individuals of legal system and criminal justice systems. Examples of offenders can include individuals who committed a crime who are incarcerated, and those who are not incarcerated, or individuals who are parole or probation for committing a criminal violation (Moore et al., 2016).

Perception: A belief or opinion, often held by many people and based on how things seem (Cambridge Dictionary, 2020).

Personal Relationships: Personal relationship information was obtained by asking participants if they had any family members, relatives, or friends who *are* or *were* incarcerated. This was a nominal variable where "1" indicated yes and "2" indicated no.

Prisoner: A person deprived of liberty and kept under involuntary restraint, confinement, or custody (Merriam-Webster Dictionary, 2020).

Race/Ethnicity: Race/ethnicity of participants was obtained by asking participants their race/ethnicity. This was a nominal variable where "1" indicated American Indian, "2" indicated

Native American, “3” indicated Asian, “4” indicated Black/African American, “5” indicated Hispanic/Latino, “6” White, and “7” indicated Other.

Serious Mental Illness: (SMI) A mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of MI is particularly concentrated among those who experience disability due to SMI (National Institute of Mental Health, 2020).

Limitations and Scope of the Study

The current study was designed to provide an understanding of college students’ and college educators’ attitudes toward offenders with mental illness. Data was collected at a Southern university in the U.S. There are several limitations to this study which should be noted. The participants were recruited from an Hispanic-serving university located on the U.S.-Mexico border comprised primarily of Hispanic students in undergraduate programs. Further, the student population identified as predominantly Mexican American and may not be representative of other Hispanics/Latinos. Therefore, consideration should be taken when relating these findings to the general population and other groups of university students. Furthermore, in measuring attitudes toward offenders, the offender’s offense was not considered, and some students felt apprehensive in answering the survey questions given the absence of the type of offense committed. In addition, attitudes may vary by field of education and this study only sampled students from psychology, rehabilitation services, social work, political science, and criminology. Another limitation is the responses to the surveys in that participants may have been inclined to answer in a socially desirable manner. That is, student and faculty participants may have chosen responses they believed were more socially desirable or acceptable instead of choosing responses that reflected their true thoughts and feelings.

CHAPTER II

REVIEW OF THE LITERATURE

Chapter II consists of an historical overview of public attitudes toward offenders with mental illness (MI), obtained by reviewing the psychosocial and criminology research regarding public attitudes toward offenders with MI. Upon examination of public opinion on attitudes toward offenders with MI, college students' and college educators' attitudes toward prisoners and offenders with MI are addressed. In addition, factors related to the public's and college students' views on punishment and rehabilitation for offenders living with MI are discussed, to include factors historically associated with college students' attitudes toward prisoners and prisoners with MI. Independent variables for the current study were created based on the literature review,.

Prevalence of Prisoners with MI

According to the U.S. Bureau of Justice Statistics (Carson, 2020), state and federal correctional facilities held an estimated 1.43 million prisoners at year-end 2019 (1,322,850 males and 107,955 females). The mental health of incarcerated offenders poses a significant challenge to their successful rehabilitation in that between seven and nine out of every 10 prisoners exhibits signs of at least one mental disorder (Bronson & Berzofsky, 2017; Hean, 2015a; Rose et al., 2020). Moreover, between 15-24% of inmates have a serious MI (SMI) such as schizophrenia, bipolar disorder, and major depressive disorder (Bronson & Berzofsky, 2018; Prins, 2014; Weaver et al., 2018) and it has been well established that overall, prisoners have

elevated rates of psychiatric disorders compared to the general population. In addition, persons previously hospitalized for psychiatric treatment are more likely to be convicted of a crime than those without previous MI hospitalizations and the general population (Al-Rousan et al., 2017; Domino et al., 2019; Hean et al., 2015;Van Vugt et al., 2016; Völlm et al., 2018). The deinstitutionalization of persons with MI and the absence of proper community mental health programs designed to rehabilitate persons with MI has contributed to the rise in the number of people with MI who are incarcerated in the U.S. (Allison et al., 2017; Al-Rousan et al.; Bastiampillai et al., 2016). It is noteworthy to explore historical aspects and treatments regarding mental health-related issues brought upon by deinstitutionalization because the U.S. has the highest incarceration rate in the world (Kaeble & Cowhig, 2018) and correctional facilities often serve as a subsidiary for mental health care.

Historical Roots in the Treatment of MI

In the 1800s, U.S. efforts to treat persons with MI was viewed from a medical perspective with treatment provided via institutionalization in psychiatric hospitals. By 1900, more than 100 new state institutions were built for people with MI (Bassuk & Gerson, 1978). A major medical development in the early 1950s was the availability of psychotropic medication for persons with MI. The possibility of these drugs presented hope that people with SMI could be treated as outpatients, which, in turn, led to the deinstitutionalization of persons SMI at the start of 1955 (Bassuk & Gerson). Deinstitutionalization entails moving people with SMI from large state institutions into the community, with closure of those institutions thereafter (Bassuk & Gerson). Specifically, a major objective of deinstitutionalization reform was brought about by the availability of antipsychotic medications to treat people with SMI in a community setting (Bassuk & Gerson). Additionally, the deinstitutionalized individual was to be supported by an

array of services such as foster care arrangements, halfway houses, family and group homes, and therapeutic residential centers, with help from community mental health providers.

Despite continual efforts of providing integrative changes for people with MI, there were insufficient community mental health centers available for the transitioning of discharged patients (Bassuk & Gerson, 1978). The failure of effective transition led to more persons with MI living in the community than ever before (Bassuk & Gerson; Teplin, 1983; Whitmer, 1980) and many succumbed to homelessness. The absence of close follow-up psychiatric treatment for people with SMI left many without medications and basic guidance in coping with daily living (Bassuk & Gerson). Many of the discharged patients drifted to inner-city housing, which was frequently overcrowded, isolated, dirty, and unsafe. Additionally, for some, the appearance and behavior of persons with SMI disturbed and elicited fear in others (Bassuk & Gerson).

It is significant to explore the mental health-related issues brought upon by deinstitutionalization because the transition between psychiatric hospitals to the community appears to be particularly permeable to individuals with MI, whose behavior seized the criminal justice system attention. Hence, understanding the primary purpose of deinstitutionalization can aid in understanding the successes and failures of deinstitutionalization and its relation to stigma. Deinstitutionalization, from an historical perspective, consists of three elements (1) the release of persons residing in psychiatric hospitals to alternate community facilities, (2) the transition of personnel to alternate community facilities, and (3) the increase of special services for persons with MI (Lamb & Bachrach, 2001). In short, deinstitutionalization can be viewed as an array of ideological, statutory and procedural changes that attempted to transfer the care of persons with SMI from institutional to community settings (Bachrach, 1978). However, the most important

and detrimental component of deinstitutionalization was the lack of finances needed to provide in-patient facility centers and medication for individuals with MI.

Community mental health centers were first developed in 1963, were funded using federal grant money, and were expected to eventually sustain their own monies through clients' fee coverage (Bachrach, 1978). Unfortunately, most people applying for community mental health services were poor; therefore, the expectations of fees were unrealistic (Bassuk & Gerson, 1978). The major investors of community mental health services' growth and activity were insurance services such as the Medical Assistance Program, Medicaid, and Medicare (Bassuk & Gerson). If community mental health centers fell short on funds, this meant they were also short on personnel. Subsequently, limited mental health community services led to homelessness and the absence of close follow-up psychiatric treatment for people with SMI.

The mass exodus of persons with SMI living in the community as a result of deinstitutionalization also led to communal stress and reactions. Researchers Wing and Brown (1970) examined the *institutionalism syndrome*, which was used to describe persons who had spent a long time in psychiatric hospitals and, upon their release, developed a collection of symptoms such as lack of initiative, withdrawal, apathy, passivity to authority, and excessive dependence on institutionalization. The consequences of reduced mental health services and limited personnel resulted in a large portion of individuals with MI living in urban areas with little supervision and support. Although some individuals with MI did well with limited support, others needed a better understanding of their illness, had trouble complying with medication procedures, were unable to support themselves, and went untreated (Mechanic, 1999). Moreover, due to limited treatment options for those with MI, disruptive behavior became more likely to be viewed and treated as criminal behavior. For example, it is common for police officers to enforce

their power in arresting people who display troublesome behaviors because their role and responsibility as law enforcers is to maintain their authority in conflict situations (Rodgers et. al., 2019). This type of practice was common following the deinstitutionalization of persons with MI.

Previous researchers (e.g., Engel et al., 2000) indicated police officers tended to spend more time dealing with mental disturbances as compared to time spent on burglaries, assaults, and traffic accidents. Due to the lack of mental health-related knowledge and skills on behalf of police officers, they have made rapid decisions in effort to resolve disturbances of social order and often respond with undue force (Puntis et al., 2018; Rodgers et. al., 2019; Ruiz, 1993; Ruiz & Miller, 2004). Moreover, the encounters between police officers and persons with a MI can be dangerous for both parties (Rodgers et al.). Since the onset of deinstitutionalization and the profusion of persons with MI living in the community, law enforcement agencies have become key in the supervision of persons with MI who exhibit mental crises (Lamb et al., 2002; Ruiz & Miller, 2004; Steury, 1991, Teplin, 1990). Most assaults toward police officers came from individuals under the influence of drugs and/or alcohol and from those who had a psychiatric illness (Kaminski et al., 2004). Such instances of assaults have led police officers to fear persons with a MI (Kaminski et al.). This same issue is seen today, as evidenced by Wainwright and Mojtahedi (2020) who showed negative encounters with the police are negatively impacted by systemic structural injustices toward marginalized populations such as offenders with MI. As such, the result and consequences of deinstitutionalization have been key contributors to the rise of perceived stigma toward persons with MI and the problems associated with deinstitutionalization remain an issue today.

Stigma Toward Persons with MI

One stern consequence of the criminalization of people with MI is the stigmatization of this group. Individuals who are stigmatized are those who are perceived to have character deficits, including alcohol and drug addictions and MI (Al-Rousan et al., 2017; Krendl & Pescosolido, 2020). Researchers have suggested individuals who belong to such groups (alcohol and drug addictions, MI) are the most affected by mass incarceration and make up a substantial portion of the prison population (Al-Rousan et al.; Bronson & Berzofsky, 2017; Domino et al., 2019; Weaver et al., 2018). It is recommended that a vital step in improving the treatment of offenders with MI is to reduce stigma (Krendell & Pescosolido). Therefore, it is important to consider how we can introduce the need for effective treatment for offenders with MI without stigmatizing influences among students and educators.

Theoretical Basis of Stigma

The theoretical frameworks of stigma theory and labeling theory are used to inform the focus of this study on attitudes toward offenders with MI. Stigma is a measure separating individuals from one another based on socially conversed judgements that some groups of persons are less than others. This stigmatization process often leads to negative beliefs and the desire to exclude and avoid persons who hold stigmatized reputations (Link et al., 2004; Martin et al., 2000).

The theoretical assumption of stigma theory (ST) emphasizes attitudes toward offenders with MI are rooted in stigma. ST assumptions maintain people who are classified as different are perceived as socially undesirable or being of a degraded status known as stigma (Goffman, 1963). Often, individuals viewed as having character deficiencies are avoided and excluded from society. Therefore, ST suggests people who exclude and discriminate against groups such as

offenders with MI are carrying out stigmatization toward these offenders. Goffman suggested the attitudes the public holds toward offenders with MI can be due to perceiving these individuals as abnormal, dangerous, and incapable of conforming to the established rules of society.

The key to understanding labeling theory is the meaning of labeling itself. Labeling is the process whereby someone or something becomes fixed with a particular identity (Bernburg, 2019). A label can either be positive or negative; however, Bernburg et al. (2006) noted criminological research primary focused on negatively labeling people. Additionally, formal labeling is often linked to our psychiatric and criminal justice systems. Researchers propose the process of stigmatization is also affected by the differences in labeling. As such, it is important to explore the stigma brought upon by labels such as offender, MI, mental disorder, mental disease, and mental health problems as these labels contribute to societal attitudes. Similarly, researchers found labels of anxiety, depression, and obsessive-compulsive disorder connoted fewer negative attitudes when compared to general labels such as mental health or MI, proposing stigma can be a contributor of public attitudes toward MI (Imhoff, 2016; Ozer et. al., 2017; Walter, 2018; Werner & Abergel, 2018).

Frost (2011) provided a theoretical model of social stigma which emphasizes damage and resistance toward others. This theoretical model represents the foundation for stereotyping, prejudice, and discrimination. The stigmatization toward others results in structural inequalities which inhibit stigmatized groups from maximum participation in society.

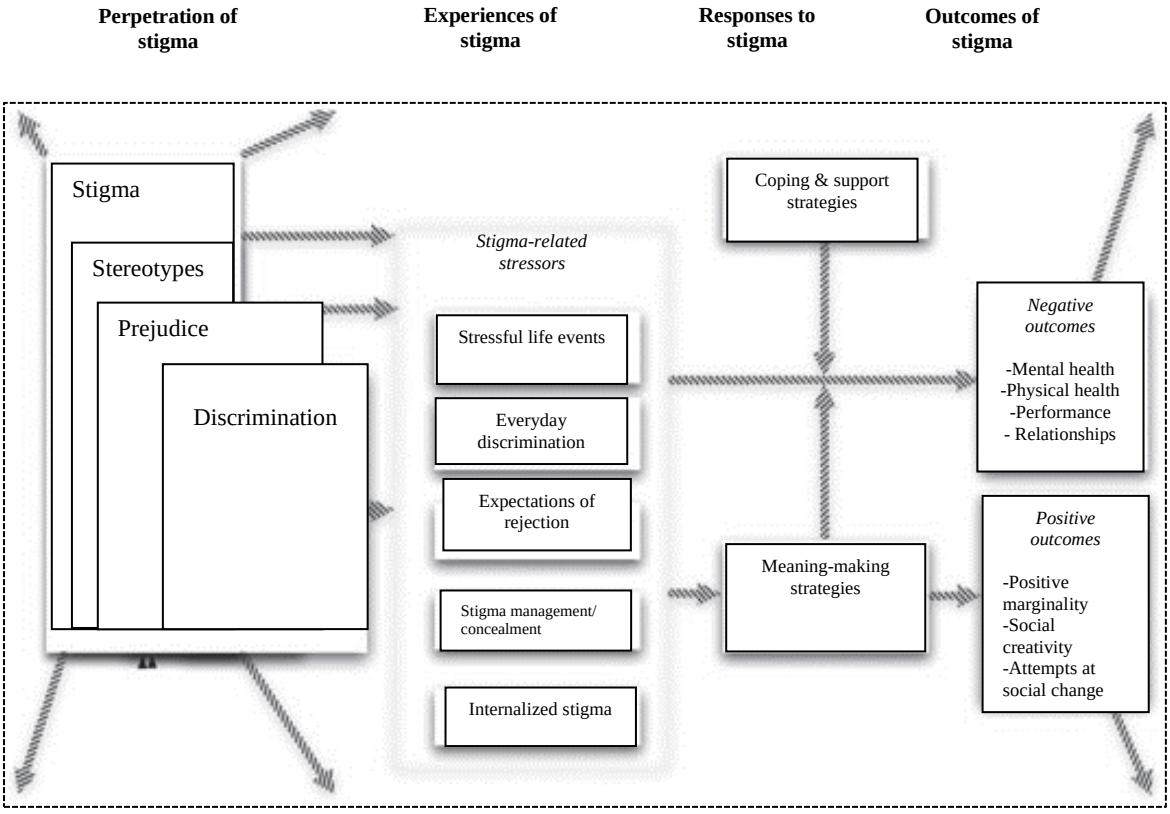

Figure 1: Process Model of Social Stigma and its Consequences (Frost, 2011)

Criminalization of People with MI

Abramson (1972) critically examined the criminalization of persons with MI. Specifically, Abramson looked at society's increased use of criminalizing behaviors among persons with MI as a form of social control to be used to remove these individuals from the general population. Historically, researchers believed persons who had been treated within a psychiatric hospital were prone to enter the criminal justice system in the U.S. (Abramson; Kirk & Therrein, 1975; Lamb & Grant, 1982; Morgan, 1981; Whitmer, 1980). Other societal perceptions were those with MI were dangerous and unpredictable (Fracchia, et al., 1976; Steadman & Cocozza, 1977).Consequently, communities often felt the need to approach and contact the criminal justice system when situations arose that involved the mentally ill (Abramson; Swank & Winer, 1976). Because of misinformed societal perceptions, persons with MI were frequently arrested to remove them from the community.

Historical Perspectives of Criminalization of Persons with MI

One reason for the criminalization of people with MI was the police, by nature of their jobs, were often the first to respond to emergencies involving persons with MI who exhibited disruptive behaviors in the community (McNiel et al., 1991; Teplin, 1983; Teplin, 1984; Zealberg et al., 1992). In earlier years, the criminalization of mental disorders was suggested to take place due to police officers' belief that hospitals would not accept individuals with a MI who engaged in disruptive or dangerous behavior. As such, police officers would arrest an individual with MI as opposed to taking them to a hospital or psychiatric unit (Teplin, 1983). The wake of deinstitutionalization and migration of people with MI into the community frequently left little to no alternatives for proper placement once they encountered law enforcement

(Pogrebin, 1986). Subsequently, the lack of treatment centers for persons with MI often left law enforcement with no other option other than to arrest the individual.

Perhaps the most important decision of a police officer when dealing with a person with MI exhibiting what was deemed "unruly" or "dangerous" behavior was the way the situation was handled. A police officer had two choices; to arrest the person or to transport the person to a psychiatric facility. However, obstacles in civil proceedings and scarce hospital availability made arrest a less cumbersome method in removing individuals with a MI from the community (Teplin, 1984). Scant hospital availability for those with MI left little to no alternatives for proper placement after encountering law enforcement based on criminalized behaviors. The police were often the first responders when it came to dealing with persons with MI in the community for two-common law doctrines (1) the authority and power bestowed upon the police to protect the safety and welfare of the community and (2) the state's paternalistic authority, which offered protection for citizens with disabilities who could care for themselves (Teplin, 1984). When dealing with persons with MI, both principles were often placed on to those who posed a threat of danger to the community or themselves.

Police officers had a legal obligation to respond to calls 24 hours a day, seven days a week, which made them responsible for urgent situations involving persons with MI. Police officers were also viewed as gatekeepers for persons with MI because they determined whether mental health treatment or the criminal justice systems was needed when making contact with persons with MI (Arboleda-Florez & Holley, 1988; Husted et al., 1995). A major problem of police becoming the gatekeepers of persons with MI was their lack of training regarding MI (Borum, 2000; Patch & Arrigo, 1999; Rodgers et al., 2019; Zealberg et al., 2003). Oftentimes, a police officer's limited training regarding MI affected the way in which they responded to a

person with MI. For example, Bittner (1967) coined the term "*psychiatric first aid*" to signify informal tactics used by the police with persons with MI, including taking them home or trying to calm them down. When informal tactics did not work, the police would take the individual with MI to a hospital or jail. When minor offenses were involved, a police officer would oftentimes arrest a person with a MI rather than taking them to receive proper care at a hospital (Husted et al.). The lack of laws in place to protect persons with MI and scant psychiatric hospitals equipped to provide adequate services also contributed to the criminalization of persons with MI.

The criminalization of people with SMI referred to arresting and charging these individuals for minor offenses and deviant behavior-type symptoms (Abramson, 1972). Researchers (e.g., Arboleda-Florez & Holley, 1988; Teplin, 1983; Teplin, 2000) suggested persons with SMI are significantly more dangerous as compared to the general population when (1) persons with SMI were actively psychotic, (Livingston, 2016; Schulenberg, 2016) (2) they were under the influence of a substance (Teplin, 2000), and (3) they did not take their psychotropic medication as prescribed (Heslop et al., 2000). Researchers also believed incarceration would exacerbate the symptoms and life conditions for those with SMI (Heslop et al.).

Individuals with MI who encountered the criminal justice system were either diverted to a mental health agency or treated within the criminal justice system (Veysey & Steadman, 1995). However, for persons to receive treatment as opposed to being arrested, certain conditions had to be met regarding the police. Such conditions included police training in handling crisis situations, increased coordination among police and mental health professionals, transitional services after arrest, and a better treatment philosophy. This way, such conditions would lessen

the stigma and criminalization of persons with MI. Crisis intervention teams (CITs) became one of the most widely adopted police response interventions when dealing with a crisis involving persons of MI (Veysey & Steadman) and is still a modern day practice (Dewa et al., 2018; Watson & Compton, 2019).

Modern Perspectives of Criminalization of Persons with MI

The overrepresentation of people with MI in the justice system has been recognized as a public issue, thus creating new training and specialized models for police officers and judges to deal with offenders with MI. Cunha and Gonçalves (2017) examined police officers' attitudes toward offenders and results indicated police officers generally held negative attitudes toward offenders. Similarly, Terpstra and Kort (2016) examined police officers' trust in criminal justice and found police officers hold more cynical views of the justice system and offenders when compared to views of the general public. Considering the importance of law enforcement procedures when dealing with offenders, results also indicated police officers need further training when dealing with critical incidents such as those that involve MI.

The most common approach to police encounters with persons with MI in the U.S. are the crisis intervention teams (CITs) as they require police officers to be trained in new police practices such as mental health awareness training and to collaborate with mental health professionals regarding symptoms and effective treatment for persons with MI (Puntis et al., 2018). CIT trained officers receive help from police call center's dispatcher's whose role is to recognize mental health disturbance calls and assign them to CIT trained officers. In addition, CITs utilize designated psychiatric emergency drop-off sites that operate under a no refusal policy (Dewa et al., 2018). The collaboration among police officers and mental health providers has evolved; however, Rodgers et. al. (2019) asserted dealing with crisis calls related to persons

with MI continues to be police officers' biggest challenge because in order for these programs to be effective, there needs to be more community mental health resources to where police officers can refer persons with MI. As seen, both historical and modern perspectives have contributed, in part, to stigmatizing attitudes and barriers for persons with MI.

The Council of State Governments Justice Center recognized the disproportionate number of people incarcerated with a MI as a health crisis and created the *National Stepping Up Initiative* in effort to develop re-entry programs to reduce the number of persons with MI in our correctional systems. To date, more than 500 counties, in 43 states, have signed up for the *National Stepping Up Initiative* (The Council of State Governments Justice Center, Stepping Up Initiative, 2019). The Stepping Up Initiative is comprised of The Council of State Governments (CSG) Justice Center, the National Association of Counties (NACo), and the American Psychiatric Association Foundation (APAF). Stepping Up works with partner organizations to implement evidence-based practices to bring re-entry program efforts to scale. Partner organizations include a diverse group of sheriffs, judges, jail administrators, community correction professionals, and treatment providers, advocates, behavioral health directors, and consumers. Further, the Stepping Up approach pledges to (1) ensure local leadership is committed, (2) identify people in jail who have MI, (3) collect accurate data on the MI offender population, (4) examine the capacity of local justice and mental health systems to provide services, and (5) develop and implement a comprehensive plan to reduce the number of people in jails who have MI. Such initiative has been successful in reducing the number of people with MI being incarcerated each year (The Council of State Governments Justice Center, Stepping Up Initiative). It must be noted police officers are the group with the most contact with offenders and they have an important role in crime prevention and rehabilitation. Taken together, police

officers' roles and attitudes toward offenders can improve if initiatives and training are geared in supporting offender's rehabilitation.

Attitudes Toward Persons with MI

Examining attitudes toward persons with MI has been a recurrent issue for researchers over the years. Link et al. (2004) provided a meta-analysis of 123 studies focused on attitudes toward persons with MI between 1995 and 2003 conducted among participants from the general population. It was evident that negative attitudes toward people with MI were common. For example, the researchers examined participant responses based on vignettes of people with and without mental health issues and asked participants for their opinions regarding perceptions of competence and dangerousness of people with and without mental health issues (Pescosolido et al., 1999). The vignettes of people with mental health problems included characteristics pertaining to alcohol abuse, drug abuse, and MI. Furthermore, participants were asked to assess the perceived threat by persons with mental health problems. The results showed participant responses regarding the likelihood of dangerousness or violence were higher when the vignettes characterized the person as having a MI compared to those who were not perceived as having a MI.

In their metanalysis of attitudes toward persons with MI, Link et al. (2004) also found approximately 20% of the studies were conducted with professional groups who were likely to encounter persons with MI. For example, Kropp et al. (1989) examined correctional officers' perceptions toward persons with MI by asking officers to rate their perceptions of four different groups: mentally ill patients, other prisoners, mentally disordered prisoners, and most people. The results showed correctional officers had the most negative ratings toward "mentally

disordered" prisoners when compared to groups of mentally ill patients, other prisoners, and the general population (Kropp et al.).

Similarly, researchers Steadman and Cocozza (1977) examined public perceptions of persons with mental health problems and results showed participants viewed persons with MI as unpredictable and dangerous. Specifically, the participants were asked to respond to survey questions pertaining to general levels of fear and avoidance of "mental patients" and "criminally insane patients." The results indicated public attitudes rated *mental patients* and *criminally insane* patients as significantly more dangerous and unpredictable than the general population (Steadman & Cacozza). Therefore, it was believed there was a need to focus on ways to address attitudinal factors that contribute to justice involvement of offenders with MI.

Researchers Lien et al. (2019) provided a meta-analysis of changes in attitudes toward MI among 15,000 healthcare professionals and students across studies published from 1966-2016. The Lien et al. aim was to examine studies that utilized the following measures to assess attitudes and social distance toward MI: the Opinions about MI ([OMI]; Cohen & Struening, 1962), the Community Attitudes towards MI ([CAMI]; Taylor & Dear, 1981), and the Social Distancing Scale ([SDS]; Link et al., 1987) and found attitudes have considerably improved over half a century and educational strategies such as problem-based learning is an effective teaching model to influence positive attitudes toward MI. The results from this study also showed interventions to reduce stigma against persons with MI has become a global campaign.

Friedrich et al. (2013) utilized a national campaign, *Time to Change*, established to help fight and reduce stigma against persons with MI among healthcare and student professionals. The researchers found including teaching skills in education and non-discrimination of MI resulted in positive attitudes toward MI. The *Time to Change* campaign aims to end mental

health discrimination by working directly with schools, employers, and communities to learn about MI and ways to reduce the stigma by providing hubs, assemblies, lessons, and resources (Time to Change). The Time to Change data (from 2018 through 2019) shows a 3.1% improvement in attitudes toward MI among adult populations. This research underscores the value of educating the next generation of human service professionals in efforts to change attitudes toward persons with MI by working closely with schools and by utilizing effective educational strategies.

Community Attitudes Toward Offenders with MI

Current researchers have explored correctional officers' perceptions and attitudes toward offenders with mental health. For example, Serafini (2018) interviewed corrections officers in Southern California and noted six themes (1) mental health remains a recurring issue among offenders (2) correctional officers' knowledge about mental health is lacking, (3) corrections officers perceive themselves as having limited input regarding the rehabilitation of inmates with mental health problems, (4) there are challenges in medication management encountered by corrections officers, (5) preparedness to serve those with MI is scarce (6) corrections officers report an imperative need for support within the prison system. Serafini concluded corrections officers' awareness of MI can improve mental health treatment inside a prison if the officers are able to address current issues such as prisoners' human rights abuse, prisoners' self-harm, and unavailability of services for prisoners. The correctional officers' in this study also agreed the need for increased and improved training in mental health issues is crucial for officers working inside the prison setting. Such information can aid in facilitating change in prison and jail systems to acclimate more appropriately to the rise of offenders with mental health problems.

In response to the increasing number of persons with mental health issues placed under the care of prisons and correctional facilities, it became important to examine the perceptions of judges and attorneys toward offenders with MI, as legal personnel may serve as gatekeepers in placement decisions (Batastini et al., 2018). Batastini et al. examined the attitudes toward offenders with mental health problems among judges, prosecutors, and public defenders. It should be noted this study was the first to examine perceptions of offenders with serious mental illness (SMI) and their treatment needs using a sample of professionals who have a big influence on where and how offenders with MI are placed. The results of the study showed judges and prosecutors were the least supportive of sentencing reforms as compared to public defenders. Furthermore, all three groups of legal professionals in this study (judges, prosecutors, public defenders) did not stereotype persons with MI as being dangerous. Such rejections of stereotypes of persons with MI was due to most participants having post-law school training on mental health issues. The notion for educational mechanisms to mitigate negative perceptions was in fact relevant in the study and supports previous researchers (e.g., Imhoff, 2016; Walter, 2018) who suggested more education, awareness, and experience can contribute to attitudinal changes regarding offenders with MI. Furthermore, it has been noted treatment-oriented professionals should remain cognizant of judges, attorneys, and correctional personnel's views toward treatment of offenders with MI (Batastini et al.). Recognizing the critical role state and local officials play in addressing the disproportionate number of people incarcerated with a MI can influence attitudinal changes toward this population.

A study conducted in Ghana (Adjorlolo et al., 2018) examined mental health nurses' attitudes toward offenders with MI and their perceptions of mental health problems, punitiveness, and conviction proneness. The nurses were recruited from two public mental health

institutions. The results supported the notion that negative attitudes held by nurses are influential in producing negative attitudes toward offenders with MI. That is, nurses provided treatment with caution and social distance from offenders with MI. Furthermore, the researchers found mental health nurses were more likely to be interested in convicting and punishing offenders with mental health problems who were in treatment or seeking services than the general population (Adjorlolo et al). As such, there is a need to determine the evolution of attitudes toward offenders with MI.

Educators' Attitudes Toward Offenders with MI

Educators play a vital role through their interactions with their students as their social and emotional attitudes can influence their students' attitudes (Gertsmann, 2018; Mayhew et al., 2016). While research examining college educators' attitudes is limited, findings regarding educators' attitudes toward MI indicate stigmatizing attitudes are prevalent. In addition, findings support earlier observations that those who are in direct contact and work with offenders with MI also hold stigmatizing attitudes (Adjorlolo et al., 2018; Batastini et al., 2018; Serafini, 2018; Ukpong & Abasiuobong, 2010).

Researchers have suggested the need for educational and human service field educators to implement curricula focused on offenders with MI. In addition, many researchers have demonstrated that supplemental training and education can contribute to a decline in negative attitudes toward offenders with MI (Kane, et al., 2017; Puntis et al., 2018; Rayborn, 2016; Weaver et al., 2018). However, research on educators' attitudes toward offenders with MI is scarce. As such, examining the attitudes of college students and educators in the disability and human service-related fields such as rehabilitation services, social work, psychology, criminal justice, and political science can help design an effective anti-stigma psychoeducational

curriculum geared toward offenders with MI. As educational systems seek to employ more effective methods for learning about and treating offenders with MI, education also has the potential of reducing negative attitudes toward persons with MI. Frailing et al. (2016) agreed supplemental training and education can contribute to a decline in negative attitudes toward offenders with MI and suggested faculty members approach the topic of offenders and MI with passion and knowledge to develop and implement similar courses across educational fields. According to Hadar and Brody (2018), educators have a central role in the advancement of education toward teaching contemporary skills required to work with marginalized populations such as prisoners and offenders with MI as they are training the next generation of professionals.

College Students' Attitudes Toward Offenders with MI

College students' attitudes toward MI have been widely studied. Undergraduate college students who will presumably fill professional roles in their respective disciplines represent a convenient research population among academicians. College students who are in academic majors that can lead to careers involving working with persons with mental health problems receive more attention in the human service literature as opposed to those who are likely to have minimal contact with persons with MI. Research toward offenders with MI among college students has been explored but typically within the academic fields of psychology, social work, and criminal justice (Rayborn, 2016; Weaver et al. 2018). Although psychology, social work, and criminal justice are important fields of study with regard to offenders with MI, fields such as rehabilitation counseling and political science are equally important as people working in these fields are likely to encounter persons with MI and can subsequently aid in developing and providing proper treatment and community integration for offenders with MI.

In a recent study, Rayborn (2016) examined attitudes toward offenders with MI and support for alternative incarceration programs in the community among college criminal justice majors. The results of the study showed criminal justice students generally held positive attitudes toward offenders with MI. Weaver et al. (2018) compared attitudes toward offenders living with MI among college students majoring in criminal justice and social work. According to this research, social work students had fewer negative attitudes toward offenders with MI compared to criminal justice students. The two groups shared common beliefs regarding the level of danger an offender with MI may pose, suggesting college students in human service fields who can work with offenders with MI are still susceptible to stigmatizing views. Such findings suggest social work and criminal justice students' attitudes toward offenders with MI are influenced by labels such as "dangerous." It should also be noted that prior to these studies, most of the criminal justice literature addressed perceptions of persons with MI, yet there is scarce literature on offenders with MI.

Social work students also seem to be a frequent target population for study regarding attitudes toward offenders with MI. Social work students play vital roles in the lives of offenders with mental health issues because they often hold jobs where their responsibility is to improve outcomes in offenders' lives (Weaver et al., 2018). Scottie et al., (2018) examined attitudes of graduate social work students toward offenders with MI. The results of this study revealed many social work graduate students indicated they were reluctant or unwilling to work with offenders with MI due to negative beliefs and personal experiences with persons with MI. Scottie concluded inclusion of core courses in offender mental health is needed as this type of curriculum can pave the way for minimizing stigma while increasing professional interest in working with offenders with MI.

Psychology students are also a recurrent study population for assessing attitudes toward offenders with MI as these students are likely to work with persons with MI. The education psychology students receive targets MI, and these students tend to be familiar with the diagnostic labels for persons with MI. Lyndon et al. (2019) examined psychology students' attitudes toward offenders with MI and the results showed that in comparison to non-psychology students, psychology students had fewer negative attitudes toward MI (e.g., willingness to work with offenders with MI). Consequently, it is important to assess the attitudes of professionals who have knowledge of psychiatric disorders and their attitudes toward offenders with MI as this can help bridge the gap between treatment and rehabilitation of offenders with MI.

As seen in previous and current literature, research toward offenders with MI among college students has been explored but predominantly within the academic fields of psychology, social work, and criminal justice (Baker & Ventura, 2008; Chou & Mak, 1998; Haslam & Giosan, 2002; Rayborn, 2016; Weaver et al., 2018). However, most of the literature regarding student attitudes toward offenders with MI fails to explore other disciplines such as rehabilitation services and political science students, yet these students are also likely to work with offenders with MI. The role of rehabilitation counseling professionals is to assist people with mental, developmental, emotional, and physical disabilities to live independently in the community (Bureau of Labor Statistics, 2020). The importance of political science majors is to conduct research in policies, political trends, and related issues and to address disparities among marginalized populations (e.g. offenders with MI) (Bureau of Labor Statistics). A common suggestion in the literature is that any professional who may have encounters with offenders with MI should be as competent as possible about MI and the criminalization of persons with MI (Rayborn; Thompson et al., 2014; Weaver et. al.). In essence, examining the attitudes of college

students and college educators in human service fields should inform changes in curriculum to better prepare our future professionals in the work realm. Students in college today are the future professionals of tomorrow and their professional choices will greatly impact the future quality of care of offenders with MI and the communities in which we live.

CHAPTER III

METHODOLOGY

The present study was designed to investigate college students' and college educators' attitudes toward offenders with MI. The following section provides a detailed overview of the study design, procedures, data collection and instruments, protection of human subjects, and data analyses. A non-experimental, exploratory survey research design was utilized to conduct the study. The sample selection will be discussed, followed by a detailed narrative of procedures used to complete the study. Information regarding the instruments utilized along with their psychometric properties will be included in this section. This section will conclude with an explanation and identification of variables chosen for this study, followed by a thorough description of the study research design and data analyses.

Research Design

The researcher used a self-administered survey for this study. The following seven research questions were developed to be tested on three categorized independent variables: demographic characteristics, major/teaching discipline, and personal relationships.

(1) Is there a relationship between college students' attitudes toward offenders with MI and age, gender, and race/ethnicity?

(2) Is there a relationship between college educators' attitudes toward offenders with MI and age, gender, and race/ethnicity?

(3) Is there a relationship between college students' attitudes toward offenders with MI and personal relationships (e.g., immediate or extended family who is or has been incarcerated)?

(4) Is there a relationship between college educators' attitudes toward offenders with MI and personal relationships (e.g., immediate or extended family who is or has been incarcerated)?

(5) Is there a relationship between college students' attitudes toward offenders with MI and academic major?

(6) Is there a relationship between college educators' attitudes toward offenders with MI and teaching discipline?

(7) Is there a difference between junior and senior college students' attitudes toward offenders with MI?

Selection of the Sample

The present study used a convenience sample to recruit 349 upper-division undergraduate college students (i.e., juniors and seniors) and 35 educators who taught in the fields of rehabilitation services, social work, psychology, criminal justice, and political science upper-division courses. Convenience samples are appropriate when an entire population of individuals can be readily identified and serve as a reflection of the population that is available for data collection purposes (Creswell, 2013). The sample size was determined by using G*POWER. A *priori* power analysis was calculated for the total R^2 value for regression analysis with four predictor variables, power = .95, and alpha = .05. G*POWER (Faul et al., 2007), a software tool used to calculate a general power analysis, generated a sample size of 197 for a medium effect size (f^2 = .15; Cohen, 1992). A priori power analysis was also calculated for independent samples t-test with two groups, power = .80, and alpha = .05. G*POWER generated a sample size of 34 for educators.

Setting

The setting for this study took place at the University of Texas Rio Grande Valley (UTRGV) Edinburg and Brownsville campuses, which is the largest Hispanic serving university located near the Texas-Mexico border. The UTRGV is a state university with five campuses (Brownsville, Edinburg, Harlingen, McAllen, and Rio Grande City) and a recently added medical school.

Procedure

In effort to ensure the surveys were suitable for both educators and college students, a panel of professionals (professors in rehabilitation services, social work, and criminal justice) and two college students in rehabilitation services and social work completed the survey and provided feedback to the researcher. Appropriate modifications were made based on the feedback provided. To conduct this research study, permission was obtained from the UTRGV Institutional Review Board. Once approval was granted, undergraduate coordinators from the Edinburg and Brownsville campuses were contacted via e-mail to request a copy of all upper-division undergraduate classes. The researcher requested a spreadsheet of all upper-division undergraduate courses included contact information in the following departments: rehabilitation services, psychology, social work, criminal justice, and political science.

Upon approval from the undergraduate coordinators for permission to obtain contact information of classes and instructors, a generated spreadsheet of all departmental courses was combined to reflect the needed majors (i.e., rehabilitation services, psychology, social work, criminal justice, and political science). Once the majors were confirmed, the next step was to remove courses that did not correspond to upper-division (i.e., juniors and seniors) levels. Courses which were not numbered 3000 (juniors) or 4000 (seniors) were removed. From each

cluster of courses, a sub-sample (e.g., courses with 30 or more students) of each major was selected for this study. The final sample reflected upper-division (i.e., junior and senior) undergraduate colleges students' and college educators' in the fields of psychology, social work, rehabilitation services, criminal justice, and political science during the Spring 2019 academic term at UTRGV.

Once the generated spreadsheet fit all college student sample research criteria, instructors were contacted via e-mail and asked for 20 minutes of their class time to invite students to participate in the study and to give students time to complete the survey. The educators' sample was also asked to participate in the study via e-mail, where they were provided with the survey link and informed their participation in the study would take 15-20 minutes. The student survey was completed in classes where permission was given by instructors. To participate, the participants had to be 18 years of age or older and in the related fields of study (i.e., rehabilitation services, psychology, social work, criminal justice, and political science). The investigator was directly involved in the data collection process.

Upon arrival to the classes to solicit participation, the investigator respectfully asked the instructor to step outside to reduce coercion among student participants. The investigator announced to the class the study was voluntary and students who agreed to participate were handed a packet to complete. The packets consisted of an informed consent, a brief demographic questionnaire, and the *Police and Community Attitudes Toward Offenders with MI* (PACAMI-O) Scale (Glendinning & O' Keeffe, 2015). Students who chose not to participate were asked to sit quietly while others completed the survey. All participants were informed there was no monetary incentive to participate. Once the data collection period concluded, all student surveys were uploaded to Qualtrics (2015) survey software, along with the educators' survey already

completed via Qualtrics. Confidentiality of the student participants were encrypted and stored in a locked cabinet in the Ph.D. student lab where the investigator was the only one with access to the data.

Instrumentation

Data for this study was collected using two questionnaires (1) a demographic survey and (2) the Police and Community Attitudes Towards Offenders with MI ([PACAMI-O], Glendinning & O' Keeffe, 2015) scale. The questionnaires were utilized to provide suitable data on the frequency, dissemination, and relationships between the assessed population. The researcher assembled a demographic questionnaire in effort to obtain information regarding participants' age, gender, major, and race/ethnicity. In addition, the survey assessed for elements used to categorize participants' knowledge of offenders with MI and accuracy of information being received. The participants were also queried about their personal relationships with offenders who *are* or *were* incarcerated.

Police and Community Attitudes Towards Offenders with MI (PACAMI-O) Scale.

Glendinning and O' Keeffe, (2015) created the Police and Community Attitudes towards Offenders with MI (PACAMI-O) scale out of perceived need for a new psychometric measure to assess attitudes toward offenders with MI. A review of the literature revealed previous researchers used scales to assess attitudes toward prisoners/offenders among different populations such as college students, community, and law enforcement personnel (Kjelsberg et al., 2007; Melvin et al., 1985; Ortet-Fabregat et. al., 1993). Scales such as the *Attitudes Towards Prisoners* (ATP) (Melvin et al.) have been repeatedly utilized to assess attitudes toward prisoners; however, due to inability to also assess mental health issues, the PACAMI-O was created.

The PACAMI-O (Glendinning & O' Keeffe, 2015) consists of 40 items featured in the Community Attitudes towards the Mentally Ill (CAMI, Taylor & Dear, 1981) scale but replaced the term "adult" with "offender" to better suit the purpose of the scale. The PACAMI-O was adapted to measure police and community attitudes toward offenders with MI. The PACAMI-O is a 40-item Likert-type scale with very good internal reliability when both samples (police and community attitudes) are combined (r = .92). The 40 items on the PACAMI-O includes two samples of recruitment, police and community samples. The authors of the scale used a community sample (n = 73) and a police sample (n = 105). An analysis of the community and police samples have consistently revealed sufficient internal reliability of the scales and its items (r =. 91 to .95).

The 40 items on the PACAMI-O ask respondents to select the answer which *best* indicates his or her agreement with various statements regarding their attitudes toward offenders with MI. An example statement is, "The best way to handle offenders with MI is to keep them behind locked doors," with answer options of (1) *Strongly agree,* (2) *Agree,* (3) *Neither agree or disagree,* (4) *Disagree,* and (5) *Strongly disagree.*

Given the PACAMI-O is a relatively new psychometric measure that assesses attitudes toward offenders with mental health problems, the 40 items in PACAMI-O also assessed for their suitability in factor analysis. The correlation matrix discovered coefficients of 0.2 and above, representing a strong positive relationship between the items on the scale. The four factors (sub-scales) identified are: self-preservation, societal reservation, mental health awareness, and treatment ideology. An independent samples t-test showed a significant difference between scores of police (M = 141.41, SD = 16.1) and community samples (M =

147.93, SD = 20.6), indicating the community sample held more negative attitudes than the police sample.

Variable Selection

The primary constructs associated with the present study were colleges students' attitudes toward offenders with MI and educators' attitudes toward offenders with MI. The three independent variables were (1) demographics characteristics (i.e., age, gender, race/ethnicity), (2) major/teaching discipline, and (3) personal relationships. In addition, there were numerous variables used in this study and they are presented below.

Operational Variables and Definitions

Academic Major/Teaching Discipline. Major was obtained by asking participants their major. This was a nominal variable where "1" indicated rehabilitation services, "2" indicated psychology, "3" indicated social work, "4" indicated criminal justice, and "5" indicated political science.

Age. Age of participants was attained by asking participants their age in years. This variable was coded in interval-coding.

Attitude. A feeling or emotion toward a fact or a state (Merriam-Webster Dictionary, 2020). The variable of college students' and educators' attitudes toward offenders with MI was measured via the Police and Community Attitudes towards Offenders with MI (PACAMI-O) scale (Glendinning & O' Keeffe, 2015). The items on the scale refer to the attitude held toward offenders with MI. Items from the PACAMI-O scale include statements such as, "The best way to handle offenders with MI is to keep them behind locked doors."

Gender. Gender of participants was attained by asking participants their gender. This was a nominal variable where "1" indicated male, "2" indicated females, and "3" indicate other.

Personal Relationships. Personal relationships were obtained by asking participants if they had any family members, relatives, or friends who *are* or *were* incarcerated. This was a nominal variable where one indicated yes and two indicated no.

Information about Offenders with MI. Information about offenders MI was obtained by asking participants to select all that apply when asked (1) "Where do you get information about offenders with MI?". This was a nominal variable with answer options of (1) coursework (2) television and movies (3) news (4) social media (5) family/friends (6) other.

In addition, participants were asked, "How likely are you willing to work with offenders with MI?" Such question was asked of college students and educators to determine if any relationships existed between their attitudes toward offenders with MI and their likelihood of plans to work with offenders.

Data Analyses

Correlation analyses and one-way analysis of variance (ANOVA) were used via the Statistical Package for the Social Sciences (SPSS) version 25 (2017) to analyze the obtained data in the present study. The null hypotheses for the present study were tested using the *F* distribution and the students *t* distribution at the .05 level of significance. Prior to conducting the analyses, descriptive statistics were conducted to describe the characteristics of the sample such as the mean, median, frequencies, and standard deviations. Inferential statistics were used to describe a bivariate analysis to examine the relationship between college students' and educators' attitudes towards offenders with MI. The Pearson correlation (symbolized as *r*) was utilized, since it is the most widely accepted bivariate correlation according to Meyers et al. (2016). With the use of the standardized rule, an *r* score of .1 to .3 is considered a weak correlation, whereas a .3 and .5 to 1.00 demonstrates a strong correlation (Cohen et al., 2013).

The last step was to measure the differences between independent variables on the dependent variables by using analysis of variance (ANOVA).

For research questions 1 through 4, a bivariate correlational analysis was used to measure the independent variables: age, gender, major/teaching discipline, race/ethnicity, personal relationships, among college students' and educators' attitudes towards offenders with MI.

For research questions 5 and 6, a series of multiple regressions was used to determine the relationship between college students' and educators' attitudes toward offenders with MI (dependent variables) and personal experience, academic major, and teaching discipline (independent variables).

For research question 7, a one-way analysis of variance (ANOVA) was used to measure differences between junior and senior college students' attitudes toward offenders with mental health illness. The scale of measurement used for the research questions will be interval, parametric.

Hypotheses Testing

Correlation Analysis. Correlation analyses were performed for research questions 1 through 4 to measure the strength or the relationship between variables. The null hypotheses were tested at a .05 level of significance to determine the relationship between college students' and college educators' attitudes toward offenders with MI (dependent variables) and personal relationships with offenders, and academic major/teaching discipline (independent variables).

HфI: There is no relationship between college students' attitudes toward offenders with MI and personal experiences.

HфI: There is no relationship between college educators' attitudes toward offenders with MI and personal experiences.

HфI: There is no relationship between college students' attitudes toward offenders with MI and academic major.

HфI: There is no relationship between college educators' attitudes toward offenders with MI and teaching discipline.

Regression Analysis. A series of standard multiple regression analysis was conducted for research questions 5 and 6 to assess the relationship between the dependent variables (college students' and educators' attitudes) and the independent variables (age, gender, and race/ethnicity).

The following null hypothesis were tested utilizing regression analysis:

HфI: Age, gender, and race/ethnicity are associated with college students' attitudes toward offenders with MI.

HфI: Age, gender, and race/ethnicity are associated with educators' attitudes toward offenders with MI.

One-way ANOVA. A one-way Analysis of Variance (ANOVA) was performed for research question 7 to analyze the differences between and among groups. The null hypothesis examined the association among junior and senior level college students' attitudes toward offenders with MI.

HфI: There is no difference between junior and senior college students' attitudes toward offenders with MI.

Assumptions

The present study was conducted with some assumptions. A primary assumption was that of accuracy of primary variables correct operationalization. The PACAMI-O (Glendinning & O'Keeffe, 2015) scale has been proven to be psychometrically sound with respect to reliability and validity, therefore it was safe to make the assumption that the scale operationalized the variables correctly. It was also assumed participants provided accurate information regarding age, gender, major, teaching discipline, race/ethnicity, and personal relationships.

Ethical Assertions

In effort to adhere to ethical guidelines when facilitating research with human subjects, the researcher followed the American Psychological Association (APA, 2017) publication standards. Thus, the standards included in the APA are (a) when obtaining informed consent, participants were informed about (a) the purpose of the research, duration, and procedures, (b) their right to decline or withdraw at any time, (c) the foreseeable consequences of declining or withdrawing, (d) potential risks, discomfort, or adverse effects by participating, (e) possible research benefits, (f) limits of confidentiality, (g) incentives for participations, and (h) who to contact for questions and rights of the participants. The standards were adhered to by the researcher.

CHAPTER IV

RESULTS

The purpose of the present study was to determine whether the predictor variables of attitudes toward offenders with MI among college students and college educators was significantly predictive of the criterion variables. The construct of attitudes toward offenders with MI was measured by the Police and Community Attitudes towards Offenders with Mental Illness (PACAMI-O) scale (Glendinning & O'Keeffe, 2015) which is psychometrically sound. Prior to conducting statistical analyses for hypothesis testing, descriptive information was conducted on the sample. The survey scales were calculated, and analyses were run for descriptive information on used variables. Specific statistical tests were performed to determine and discuss any violations of assumptions for correlational analyses (Cohen et al., 2013).

The present study used a non-experimental, exploratory survey research design. The primary constructs associated with the present study were (1) colleges students' attitudes toward offenders with MI and (2) college educators' attitudes toward offenders with MI. The independent variables were age, gender, major/teaching discipline, and personal relationships with offenders.

This study utilized bivariate regression analyses and a one-way ANOVA to analyze the data. The researcher conducted the study using a total of 349 upper-division college students and

35 college educators from the University of Texas Rio Grande Valley located on a U.S.-Mexico border.

Chapter four includes demographic and characteristic information of the college student and educator participants. In addition, this chapter addresses the sample descriptive information, the instruments' psychometric properties (e.g., Cronbach's Alpha), and a summary and interpretation of the research findings. Further attention was given to the significant findings found in this study and respective research questions. Additional information with tables is provided for the findings (e.g., college students' and educators' attitudes toward MI).

Full Sample Descriptive Statistical Information

The sample for this study used a total of 349 upper-division college students and 35 college educators in the fields of rehabilitation services, social work, psychology, criminal justice, and political science at the University of Texas Rio Grande Valley located on a U.S.-Mexico border. The sample consisted of n = 349 college student participants and n = 35 college educator participants.

Student Sample Descriptive Statistical Information

From the 349 student participants, 243 (36.6%) were female, 106 (30.4%) were male and the mean age of the student participants was 22.79 years (SD = 4.5). The student participants self-identified across six age groups. That is, 247 (70.8%) of the student participants self-identified as age 18-22, 68 (19.5%) as age 23-27, 17 (4.9%) were age 28-32, five (1.4 %) were age 33-38, an additional seven (2.0%) were age 39-43, and five (1.4%) self-identified as being age 44 and older. The full student sample self-identified as five different types of race/ethnicity. Three hundred and thirty-three (95.4%) self-identified as Hispanic/Latino, seven (2.0%) were White, three (.9%) self-identified as African American, two (.6%) were Native Hawaiian, and

one (.3%) participant self-identified as American Indian. The student sample reported being enrolled as five different types of majors. Ninety-six (27.5%) were psychology majors, 77 (22.1%) were in criminal justice, 72 (20.6%) were social work majors, 59 (16.9%) identified as rehabilitation services majors, 24 (9%) identified as "other" majors, and 15 (4.3%) identified as political science majors. The student sample reported their class level as two different types. The student class level consisted of 190 (54.4%) seniors and 135 (38.7%) juniors. The student participants self-identified with four political groups. Specifically, 204 (58.5%) student participants identified themselves as democrat, 60 (17.2%) as republican, 54 (15.5%) as independent, and 27 (7.7%) as "other." See Table 1 for demographic statistics.

Other demographic characteristics consisted of student participants being asked if they had any family members who *are* incarcerated. Most student participants indicated no (n = 283, 81.1%) and a few indicated yes (n = 64, 18.3%). However, when student participants were asked if they had any family members who *were* incarcerated, the majority of student participants indicated yes, (n = 218, 62.5%) while fewer indicated no (n = 126, 36.1%).

Regarding family members having a MI, student participants were asked if they had *immediate* family members with a MI. Most student participants (n = 266, 76.2%) indicated they did not have a family member with illness and a few (n = 81, 23.2%) indicated did have a family member with a MI. Student participant were also asked if they had any *extended* family members with a MI. Most student participants (n = 201, 57.6%) indicated *no* they did not have extended family members with a MI while many others (n = 143, 41.0%) indicated they did in fact have extended family members with a MI. Religious background was assessed by asking student participants to identify with four different types of religious backgrounds. Most self-identified as

Christian (*n* = 281, 80.5%), followed by Buddhist (*n* = 1, .3%), succeeded by None (*n* = 42, 12%), and Other (*n* = 23, 6.6%). See Table 1 for demographic information.

Educator Sample Descriptive Statistical Information

Of the 35 college educator participants, 18 (51.4%) were female, and 17 (48.6%) were male and the mean age of the educator participants was 48.72 (SD = 11.5). The educator sample identified across four age groups. Twenty (62.5%) self-identified as being age 44 and older, six (17.1%) identified as being between ages 33-38, five (15.6%) identified as being ages 39-43, and one (3.1%) identified as being between ages 23-27. The educator sample self-identified with four different types of race. Sixteen (45.7%) reported they were White, 14 (40.0%) identified as Hispanic/Latino, three (8.6%) identified as Asian, and two (5.7) reported their race/ethnicity as "other." The educator sample self-identified with six teaching disciplines. Thirteen (37.1%) reported they taught in rehabilitation services, seven (20.0%) were teaching in the psychology department, six (17.1%) were political science faculty, four (11.4%) taught in social work, three (8.6%) were in criminal justice, and two (5.7%) reported they taught in an "other" department. The educator sample identified with four different types of political ideologies. Nineteen (54.3%) self-identified as being democrat, six (17.1%) identified as being independent, six (17.1%) said they were "other", and four (11.4%) identified as being republican. See Table 1 for demographic information.

Other demographic characteristics consisted of educator participants being asked if they had any family who *are* incarcerated. Most educator participants indicated no (*n* = 31, 88.6%) and a few indicated yes (*n* = 4, 11.4%). However, when educator participants were asked if they had any family members who *were* incarcerated, about half of the participants indicated yes (*n* = 18, 51.4%) and the rest indicated no (*n* = 17, 48.6%).

Regarding family members having a MI, educator participants were asked if they had *immediate* family members with a MI. Over half (*n* = 20, 57.1%) of the educator participants indicated they did not have a family member with mental illness and several (*n* = 15, 42.9%) indicated *yes*, they did have a family member who was incarcerated. Educator participants were also asked if they had any *extended* family members with a MI. Surprisingly, educator participants responded the same as they did to having immediate family members with MI. That is, most (*n* = 20, 57.1%) educator participants indicated *no* they did not have immediate family members with a MI and the rest (*n* = 20, 57.1%) indicated *yes* (*n* = 15, 42.9%) to have a family member with a MI. Religious background was assessed by asking educator participants to self-identify with four different types of religious backgrounds. Most (*n* = 19, 54.3%) educator participants identified Christian, followed by Buddhist (*n* = 3, 8.6%), followed by "none" (*n* = 8, 22.9%), and finally those who reported "other" (*n* = 5, 14.3%). See Table 1 for demographic statistics.

Table 1
Demographic Descriptive Statistics

Baseline Characteristic		Educators		Students	
		n	%	*n*	%
Age					
	18-22	-	-	247	70.8
	23-27	1	3.1	68	19.5
	28-32	-	-	17	4.9
	33-38	6	17.1	5	1.4
	39-43	5	15.6	7	2.0
	44-older	20	62.5	5	1.4
Gender					
	Male	17	48.6	106	30.4
	Female	18	51.4	243	69.6
	Other	-	-	-	-
Race					
	American Indian	-	-	1	.3
	Native Hawaiian	-	-	2	.6
	Asian	3	8.6	-	-
	Black/African American	-	-	3	.9
	Hispanic/Latino	14	40.0	333	95.4
	White	16	45.7	7	2.0
	Other	2	5.7	3	.0
Academic Major/Teaching Discipline					
	Rehabilitation Services	13	37.1	59	16.9
	Psychology	7	20.0	96	27.5
	Political Science	6	17.1	15	4.3
	Criminal Justice	3	8.6	77	22.1
	Social Work	4	11.4	72	20.6
	Other	2	5.7	30	8.6
Class Level					
	Junior	-	-	135	38.7
	Senior	-	-	190	54.4
	Other	-	-	24	6.9
Religious Background					
	Christian	19	54.3	281	80.5
	Jewish	-	-	2	.6
	Muslim	-	-	-	-
	Buddhist	3	8.6	1	.3
	None	8	22.9	42	12.0
	Other	5	14.3	23	6.6

Table 1 Cont.
Demographic Descriptive Statistics

Baseline Characteristic		Educators		Students	
		n	%	*n*	%
Family members who are incarcerated					
	Yes	4	11.4	64	18.3
	No	31	88.6	283	81.1
Family members who were incarcerated					
	Yes	18	51.4	218	62.5
	No	17	48.6	126	36.1
Immediate family with MI					
	Yes	15	42.9	81	23.2
	No	20	57.1	266	76.2
Extended family with MI					
	Yes	15	42.9	143	41.0
	No	20	57.1	201	57.6
Political Ideology					
	Democrat	19	54.3	204	58.5
	Republican	4	11.4	60	17.2
	Independent	6	17.1	54	15.5
	Other	6	17.1	27	7.7

Note: Educator N = 35. Participants were on average 48.72 years old (SD = 11.5). Student N = 349. Participants were on average years 22.79 old (SD = 4.5).

Reliability Analysis

A reliability analysis using Cronbach's alpha was performed to examine the internal consistency of the 40-item Police and Community Attitudes towards Offenders with MI (PACAMI-O) (Glendinning & O'Keeffe, 2015) scale, as well as the 14-item Self-Preservation subscale, 11-item Societal Reservation subscale, 10-item Mental Health Awareness subscale, and five item Treatment Ideology subscale.

According to Cohen (1962), an (α_{rel} =.70) is considered an acceptable reliability coefficient. The Cronbach's alpha for the PACAMI-O and subscales are as follows: The PACAMI-O consisted of 40-items with a mean (α_{rel} = .87), which indicates a high level of internal consistency. The Self-Preservation subscale consisted of 14-items with a mean (α_{rel} = .86). The Societal Reservation subscale consisted of 11-items with a mean (α_{rel} = .70). Results for the Mental Health Awareness subscale (α_{rel} = .36) and Treatment Ideology subscale (α_{rel} = .34) did not meet the recommended acceptable alpha of .70 or greater, suggesting possible concerns with the reliability of the subscales (see table 2). However, Cronbach's alpha is sensitive to the number of items in a scale that account for 10 or fewer items such as the Mental Health Awareness and Treatment Ideology, and subscales may still be reliable (Tavakol & Dennick, 2011).

Table 2

Descriptive Statistics and Reliability for Police and Community Attitudes Towards Offenders with MI Scale

Scales	Mean	SD	Mean Across Items within scale	Cronbach's α
PACAMI-O Total	133.36	15.52	3.34	.87
Self-Preservation	46.65	7.91	3.33	.86
Societal Reservation	38.82	5.28	3.52	.70
Mental Health Awareness	30.24	3.43	3.15	.36
Treatment Ideology	16.92	2.40	3.38	.34

Note. SD = Standard Deviation, α_{rel} = alpha.

Testing of assumptions

The PACAMI-O scale was examined to determine any violations of assumptions of normality with distribution in respect to the two populations (students and educators). Normality of distribution was assessed using Kolmogorov-Smirnov test and results showed the data significant value is greater than 0.05, meaning the data is normal.

Data Analyses for Hypotheses Testing

The data collected from this survey was downloaded from the data collection platform, Qualtrics, and analyzed using the data analysis software, IBM Statistics Version 25. The hypotheses used were regression and correlational analyses. Multiple regression analysis is an extension of linear regression, where one continuous (dependent) variable is evaluated among more than one independent or predictor variable in a particular equation. The Pearson product-moment correlation coefficient is used to measure the strength and magnitude of a linear association between two variables. Data tables are included in this section to highlight the results of the regression and correlation analyses.

Regression Analyses

A series of standard multiple regression analyses were conducted in the present study to assess the relationship between the independent variables (age, gender, race/ethnicity) and the dependent variables (college students' attitudes and educators' attitudes).

The following null hypotheses were tested using regression analysis:

HϕI: There is no relationship between college students' attitudes toward offenders with MI and age, gender, and race/ethnicity.

HϕI: There is no relationship between college educators' attitudes toward offenders with MI and age, gender, and race/ethnicity.

A multiple regression was utilized to address the relationship between students attitudes toward offenders with MI and age, gender, race/ethnicity. There was linearity assess by partial regression plots and a plot of studentized residuals against the predicted values. There was independence of residuals as assessed by a Durbin-Watson statistic of 2.009. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. The assumption of normality was met, as assessed by a Q-Q plot. The multiple regression model was not significant $F(1, 3) = 298$, $p > .05$. $R = .10$, $R^2 = .01$. Therefore, we fail to reject the null hypothesis. See Table 3.

Table 3

Regression Coefficients of Age, Gender, Race/Ethnicity on Students Attitudes Toward Offenders with Mental Illness

Student Attitudes	*B*	*SE B*	95% CI		β	t	*p*	R^2	ΔR^2
			LL	*UL*					
Model								.01	.00
Constant	3.48	.29	2.88	4.06					
Age	.00	.00	-.00	.011	.18	.63	.52		
Gender	.07	.05	-.03	.163	.27	1.35	.18		
Race/Ethnicity	-.15	.14	-.43	.122	.53	-1.10	.28		

Note. N = Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = Upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; ΔR^2 = adjusted R^2.
*$p < .05$.

A multiple regression was run to predict educators' attitudes toward offenders with MI from age, gender, race/ethnicity. There was linearity assess by partial regression plots and a plot of studentized residuals against the predicted values. There was independence of residuals as assessed by a Durbin-Watson statistic of 2.444. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. The assumption of normality was met, as assessed by a Q-Q plot. The multiple regression model was not significant $F(1, 3) = 26$, $p > .05$. $R = .34$, $R^2 = .12$. Therefore, we fail to reject the null hypothesis. See Table 4.

Table 4

Regression Coefficients of Age, Gender, Race/Ethnicity on Educators' Attitudes Toward Offenders with Mental Illness

Educators Attitudes	*B*	*SE B*	95% CI		β	t	*p*	R^2	ΔR^2
			LL	*UL*					
Model								.34	.12
Constant	3.16	.20	2.73	3.59					
Age	-.03	.02	-.08	.00	-.33	-1.76	.09		
Gender	.01	.04	-.07	.108	.06	.33	.75		
Race/Ethnicity	.01	.03	-.05	.08	.09	.45	.65		

Note. N = Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = confidence interval; *LL* = lower limit; *UL* = Upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; ΔR^2 = adjusted R^2.
*$p < .05$.

Correlation Analyses

Correlational analysis was performed to measure and determine the strength and magnitude between and among variables. The Pearson product-moment correlation was utilized to measure the association between two continuous variables. The following null hypotheses were tested utilizing correlation analysis:

HϕI: There is no relationship between college students' attitudes toward offenders with MI and personal experiences.

HϕI: There is no relationship between educators' attitudes toward offenders with MI and personal experiences.

HϕI: There is no relationship between college students' attitudes toward offenders with MI and academic major.

HϕI: There is no relationship between educators' attitudes toward offenders with MI and teaching discipline.

A series of Pearson product-moment correlation were conducted to assess the relationship between college students' attitudes toward offenders with MI and their personal relationships with people who are or were incarcerated, and educators' attitudes toward offenders with MI and their personal relationships with people who *are* or *were* incarcerated. A two-tailed test of significance indicated there was no statistical relationship between students' attitudes and personal relationships with people who *are* incarcerated, $r\,(349) = -.06$, $p > .05$ (see Table 5). However, there was statistical significance between students' attitudes and having a personal relationship with family/friends who *were* incarcerated, $r\,(344) = -.13$, $p < .05$ (see Table 5). In addition, results indicated there was a relationship between students' attitudes and having a personal relationship with someone who family/friends who *are* and *were* incarcerated, $r\,(344) = .30$, $p < .05$ (see Table 5). Therefore, we can reject the null hypotheses at the .05 level.

Further, a two-tailed test of significance indicated there was a relationship between students' attitudes and their academic major, $r\,(349) = -.17$, $p < .05$ (see Table 5). Notably, students in rehabilitation services indicated significantly more positive attitudes toward offenders with MI when compared to social work, psychology, political science, and criminal justice majors. Mean differences of college students' attitudes and academic major can be seen in Table 7. Therefore, we can reject the null hypotheses at the .05 level.Therefore, a Pearson product-moment correlation was also utilized to determine the linear relationship between college students' attitudes toward offenders with MI and their academic major. A visual inspection of a scatter plot indicates students' linear relationships between their academic major and attitude toward offenders with MI (see Figure 4).

A two-tailed test of significance indicated there is a relationship between educators' attitudes and personal relationships with people who were, $r\,(35) = .35$, $p < .05$ (see Table 6).

However, there was no relationship between educators' attitudes and personal relationships with people who *are* incarcerated, $r\,(35) = -.21$, $p > .05$ (see Table 6). Therefore, we can reject the null hypotheses at the .05 level. Further, a two-tailed test of significance indicated there was no relationship between educators' attitudes and teaching discipline, $r\,(35) = -.03$, $p > .05$ (see Table 6). Therefore, we failed to reject the null hypotheses at the .05 level.

Table 5

Descriptive Statistics and Correlation Coefficients for Study Variables

Variable	*n*	*M*	*SD*	1	2	3	4
1. Students Attitudes	37	3.34	.39	—			
2. Are Incarcerated	347	1.82	.39	-.06	—		
3. Were Incarcerated	344	1.37	.48	-.13*	.30*	—	
4. Major	349	2.95	1.45	-.17*	-.04	.10	—

* $p < .05$ level.

Table 6

Descriptive Statistics and Correlation Coefficients for Study Variables

Variable	*n*	*M*	*SD*	1	2	3	4
1. Educators Attitudes	33	3.04	.14	—			
2. Are Incarcerated	35	1.89	.39	-.21	—		
3. Were Incarcerated	35	1.49	.51	-.21	.35*	—	
4. Teaching Discipline	35	2.95	1.71	-.03	.14	.13	—

* $p < .05$ level.

Table 7

Total Scores for the PACAMI-O Measure among academic major/teaching discipline

Academic Major/Teaching Discipline	Students PACAMI-O Score	Educators PACAMI-O Score
Rehabilitation Services	3.5	3.0
Social Work	3.4	3.0
Psychology	3.3	3.1
Political Science	3.3	3.0
Criminal Justice	3.1	3.0

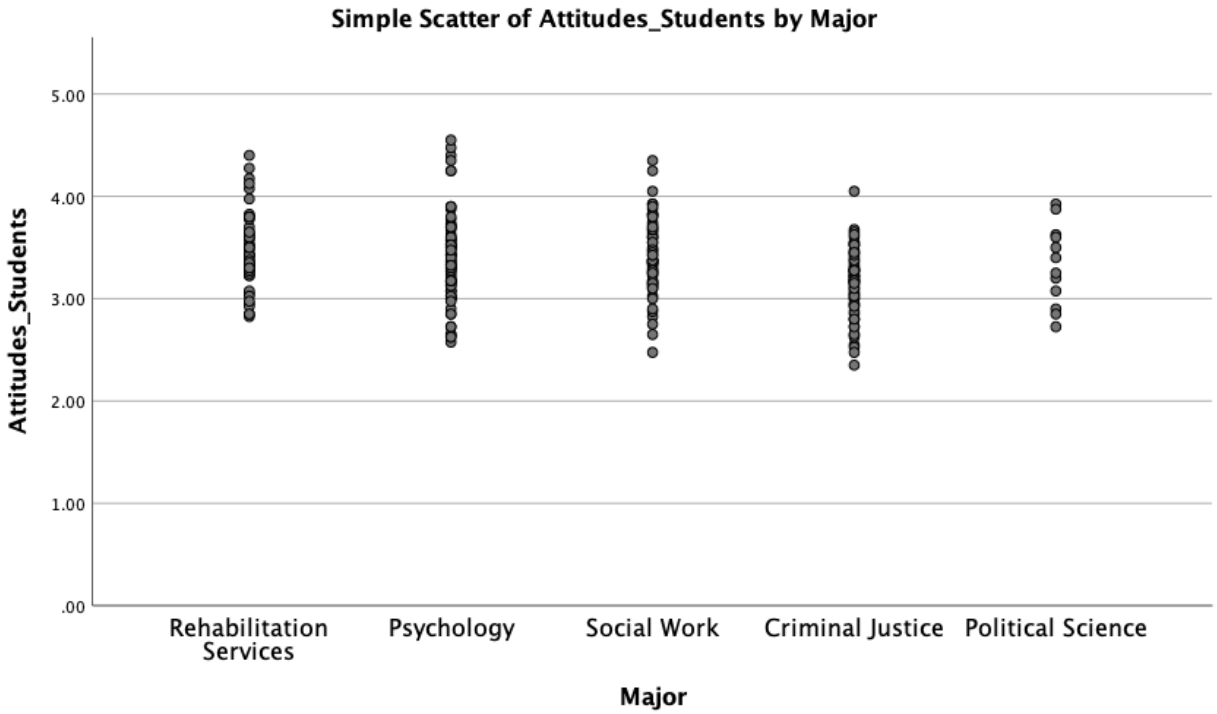

Figure 2. Bar Graph of Students Attitudes toward Offenders with MI by academic major.

One-way Analysis of Variance (ANOVA)

The one-way ANOVA was utilized to determine whether there were any statistically significant differences of the means of two or more independent groups. The null hypothesis examined the difference among junior and senior college students' attitudes toward offenders with MI. The following null hypotheses were tested utilizing one-way ANOVA:

HϕI: There is no difference between junior and senior college students' attitudes toward offenders with MI.

A one-way ANOVA was conducted to compare the difference between junior and senior college students' attitudes toward MI. As shown in Table 8, the results revealed there were no statistical differences ($p = .06$, $p > .05$) among students' attitudes regarding their age and the F value is (3.38). Therefore, we failed to reject the null hypothesis.

Table 8

ANOVA results for college students' attitudes in terms of junior and senior class level.

	Sum of Squares	df	Mean Square	*F*	*p*
Between Groups	.511	1	.511	3.38	.06
Within Groups	42.718	283	.151		
Total	43.229	284			

Additional Reflective Questions

Additional questions were asked of both the students and educators to determine how likely they were willing to work with offenders with MI. Student participants indicated 80% in responses among choices of "very likely" and "somewhat likely" willing to work with offenders with MI. Most of the educator participants (65%) indicated they were "very likely" willing to work with offender's with MI. Participants were also asked where they received information

regarding MI. Student participants indicated coursework (*n* = 284; 81%), news (*n* = 219; 63%), social media (*n* = 211; 61%), television and movies (*n* = 171; 49%), and family/friends (*n* = 166; 48%). Educator participants indicated coursework (*n* = 27; 77%), news (*n* = 13; 37%), social media (*n* = 11; 31%), family/friends (*n* = 10; 29%), and television and movies (*n* = 4; 11%). See Table 9 for additional reflective question statistics.

In addition, participants were asked where they received information regarding offenders with MI. Most of the student participants indicated news (*n* = 240, 69%), followed by coursework (*n* = 172, 49%), social media (*n* = 171, 49%), television and movies (*n* = 144; 41%), and family/friends (*n* = 60; 17%). Educator participants indicated news (*n* = 19; 54%), followed by coursework (*n* =18; 52%), family/friends (*n* = 11; 31%), social media (*n* = 8; 23%), and television and movies (*n* = 4; 11%).

The additional reflective descriptive and reflective data of this research portrays further insight on attitudes toward offender's MI among educators and students and it allows readers and future researchers to gain a better understanding of the results of the present study. Further, it represents college students' and educators' willingness to work with offenders with MI.

Table 9
Reflective Questions Descriptive Statistics

Question	Students		Educators	
	n	%	*n*	%
How likely are you willing to work with Offenders with MI?				
"Very Likely"	105	30	22	65
"Somewhat Likely"	174	50	9	26
Where do you get information about MI?				
Coursework	284	81	27	77
News	219	63	13	37
Social Media	211	61	11	31
Television and Movies	171	49	4	11
Family/Friends	166	48	10	27

Table 9 Cont.

Reflective Questions Descriptive Statistics

Question	Students		Educators	
	n	%	*n*	%
Where do you get information about Offenders with MI?				
Coursework	172	49	18	52
News	240	69	19	54
Social Media	171	49	8	23
Television and Movies	144	41	4	11
Family/Friends	60	17	11	31

CHAPTER V

DISCUSSION

The U.S. has the highest incarceration rate in the world (Kaeble, & Cowhig, 2018) and correctional facilities often serve as a subsidiary for mental health care. The impact of deinstitutionalization of persons with mental illness (MI) and the absence of proper community mental health programs designed to rehabilitate persons with MI has contributed to the rise in the number of people with MI who are incarcerated in the U.S. (Allison et al., 2017; Al-Rousan et al., 2017; Bastiampillai et al., 2016). The purpose of the present study was to examine college students' and college educators' attitudes toward offenders with MI. This chapter includes a discussion of the major findings of the study. Implications and limitations of the study, areas for future research, and conclusions of the study are also addressed.

Summary of Findings

The primary goal of this study was to examine college students' and college educators' attitudes toward offenders with MI. The Police and Community Attitudes Towards Offenders with MI (PACAMI-O; Glendinning & O' Keeffe, 2015) scale was used to determine college students and college educators' attitudes toward offenders with MI. The total score for the PACAMI-O instrument was 3.34. PACAMI-O scores closer to (1) indicate a negative attitude and scores closer to (5) indicate a positive attitude. The resultant scores of 3.34 in the present study suggests several things. First, consistent with previous reports of college students' attitudes

toward offenders with MI (Rayborn, 2016; Weaver et. al., 2018), the researcher in this study found academic major had a significant influence on attitudes toward offenders with MI. Specifically, students in rehabilitation services indicated significantly more positive attitudes toward offenders with MI when compared to social work, psychology, political science, and criminal justice majors. Such findings shed light on the importance of rehabilitation services providers and their influence on public attitudes toward offender rehabilitation. The role of rehabilitation counseling professionals is to assist people with mental, developmental, emotional, and physical disabilities to live independently in the community (Bureau of Labor Statistics, 2020). Therefore, exploring rehabilitation professionals' roles is important.

The primary mission of undergraduate studies in rehabilitation services is to educate students about issues faced by people with disabilities (including psychiatric disabilities) and for students to acquire the skills necessary for providing rehabilitation services. The goal of rehabilitation professionals includes assessment, counseling, advocating, and offering integrated community services that can increase the quality of life for offenders with MI (Wehman, 2017). Thus, rehabilitation professionals are, by nature of their education and clinical experience, in an excellent position to advocate for the rights of offenders with MI. They are also well trained to offer unconditional positive regard to offenders to facilitate offenders' re-integration into society where they can function as productive individuals. Rehabilitation professionals are trained to treat and rehabilitate nonviolent offenders rather than focusing solely on their punishment (LaCon, 2020) and reducing recidivism is a common goal for rehabilitation professionals. In addition, according to Weaver et al. (2018), rehabilitation professionals are inclined to support offenders whereas criminal justice professionals tend to promote control, order, and punishment of offenders. The Weaver et al. study supports the results of the present study that found students

majoring in rehabilitation services had the most positive attitudes toward offenders, yet rehabilitation majors have typically been excluded from research on offenders with MI (Rayborn, 2016; Scottie, 2018; Weaver et al.). Therefore, the inclusion of rehabilitation majors in research that addresses attitudes toward offenders with MI needs to continue because not only do rehabilitation majors hold positive attitudes toward offenders with MI, but they can also create and support successful rehabilitative outcomes among offenders with MI.

Attitudes toward offenders can also be shaped through personal relationships and/or exposure to offenders with MI. Personal relationships in this study were assessed by asking participants (1) Do you have any family members, relatives, or friends who *are* incarcerated? and (2) Do you have any family members, relatives, or friends who *were* incarcerated? Although there was no significance between college students' attitudes and having family/friends who *are* incarcerated, the results showed there was a significant relationship between college students across all five majors with regard to having personal relationships with offenders who *were* previously incarcerated. Educators in this study also showed there was a significant relationship between having a personal relationship with individuals who *were* incarcerated. These results may be an indication that both college students and college educators have a substantial amount of exposure to offenders at some point in their lives and such exposure leads to more favorable attitudes toward offenders with MI. These finding are consistent with LaCon (2020) who found professionals who had a relationship with an offender held more positive attitudes toward offenders than those who did not have close relationship with an offender. These results are encouraging in that they provide an opportunity for educators to encourage their students to obtain substantial experiential exposure to offenders with MI in their coursework and through their practica and internships.

Research on college educators' attitudes toward offenders with MI is scarce. However, college educators are in an excellent position to convey the importance of believing in the opportunity for successful rehabilitation outcomes among offenders with MI. This finding is consistent with other researchers (e.g., Kane, et al., 2017; Puntis et al., 2018; Rayborn, 2016; Weaver et al., 2018) who purported supplemental training and knowledge of the disparities offenders with MI face can contribute to a decline in negative attitudes toward offenders with MI, thus producing positive attitudes among educators and college students. This study did not produce significant results regarding educators' attitudes toward offenders MI and teaching discipline; however, educators' additional comments at the end of the survey are important to consider. Comments such as, "I already worked in jails and prisons for many years. I teach now and am *not* likely to work with offenders of any type ever again" can provide insight into factors that may influence educators' attitudes toward offenders with MI. However, further research should explore educators' teaching approaches of marginalized populations such as offenders with MI. The ways in which educators introduce information regarding offenders with MI can support and influence positive attitudes among students and increase students' ability to apply the skills needed to provide proper rehabilitation treatment for offenders with MI.

The results of this study showed there was no statistical significance between junior and senior college students' attitudes toward offenders with MI. However, junior and senior level students indicated at the end of the survey they received information about MI and offenders with MI in their coursework. Having such coursework may have contributed to the positive attitudes' students held toward offenders with MI. Further, these results support previous research (e.g., Imhoff, 2016; Walter, 2018) which suggested education, awareness, and

experience can contribute to attitudinal changes toward marginalized populations such as offenders with MI.

Demographic characteristics such as age, gender, race/ethnicity are common variables examined in research among college students' attitudes toward offenders with MI (Scottie, 2018; Weaver et al., 2018). However, age, gender, race/ethnicity were not significant predictors of attitudes toward offenders with MI in the present study. This may be the case because the sample for this study included students from one of the largest Hispanic-serving universities in the nation, and study participants represent a homogenous group. In other studies where the sample is diverse in terms of age gender, race/ethnicity, results would be more likely to show significance (Lyndon et al., 2016; Rayborn, 2016).

Limitations of the Study

The current study was designed to provide an understanding of college students' and college educators' attitudes toward offenders with mental health issues. Data was collected at a Southern university in the U.S. There are several limitations to this study which should be noted. The participants were recruited from an Hispanic-serving university located on the Texas-Mexico border comprised primarily of Hispanic students in undergraduate programs. Therefore, consideration should be taken when relating these findings to the general population and other groups of university students. Furthermore, in measuring attitudes toward offenders, the offender's offense was not considered (e.g., type of offense such as burglary or murder). Comments noted at the end of the survey indicated a few students and educators felt apprehensive in answering the survey questions given the absence of the type of offense committed. In addition, attitudes may vary by field of education and this study only sampled students from psychology, rehabilitation services, social work, political science, and criminal

justice undergraduate programs and it is important to recognize the differences per field of education.

Another limitation is the responses to the student and educator surveys; although surveys were completed confidentially, participants may have been inclined to answer in a socially desirable manner. That is, student and educator participants may have chosen responses they believed were more socially desirable or acceptable instead of choosing responses that reflected their true thoughts and feelings. Another limitation of this study was the sample size of educator participants. A larger sample size would likely play an important role in assessing educators' attitudes toward offenders with MI.

Implications of the Findings

The results showed 81% of the student participants indicated receiving information about MI in their coursework and 49% of students indicated receiving information regarding offenders with MI in their coursework. This means there is a large percentage of students learning about MI and offenders with MI in a classroom setting. It seems student exposure to MI and offenders with MI has influenced their overall attitudes toward this population which can transcend to positive rehabilitative services for offenders with MI.

Moreover, the results showed 80% of student participants were willing to work with offenders with MI, and 91% of educators were willing to work with offenders with MI. Such results are positive given the growing number of offenders dealing with a MI who will need proper rehabilitation services while incarcerated and upon release of jail/prison. The results of this study could encourage educators to support their students' ability to work with offenders with MI by providing experiential class activities that require applying skills that are relevant to offenders with MI.

Suggestions for Future Research

Researchers should continue to explore attitudes of students enrolled as human service majors who can potentially work with offenders with MI. Recognizing the disproportionate number of people incarcerated with a MI is a public health crisis and such topics should be addressed in educators' curricula. The current study showed students in rehabilitation services reported significantly more positive attitudes toward offenders with MI compared to social work, psychology, political science, and criminal justice majors. These results can be further explored by looking at which teaching models are influential in producing positive attitudes toward MI.

It is noteworthy to remember educators play a vital role in academic settings and can transfer pedagogical frameworks and raise curriculum associated with mental health and the criminal justice system. Frailing et al. (2016) agreed supplemental training and education can contribute to a decline in negative attitudes toward offenders with MI. As such, results of this study could inform changes in curricula to better prepare our future professionals who will come in contact such vulnerable populations such as offenders with MI. For example, providing students with the knowledge and skills pertinent to persons with MI can employ more effective methods for learning about and treating offenders with MI.

Conclusions

This study reinforces the literature that deinstitutionalization of persons with MI and the absence of proper community mental health programs designed to rehabilitate persons with MI has contributed to the vast the number of people with MI who are incarcerated in the U.S. (Allison et al., 2017; Al-Rousan et al., 2017; Bastiampillai et al., 2016). Current researchers such as Alang et al. (2020) showed negative encounters with the police are negatively impacted by systemic structural injustices toward marginalized populations such as offenders with MI. We

have relied heavily on law enforcement agencies to become key supervisors of persons with MI and this has caused major problems in the U.S. In addition, the results of this study show there are great opportunities for proper treatment and rehabilitation of offenders with MI. The student representations in college today are the future professionals of tomorrow and their professional choices will greatly impact the future quality of care of offenders with MI and the communities in which we live.

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APPENDIX A

APPENDIX A

DEMOGRAPHIC INFORMATION FORM

College Students' Attitudes toward Offenders with MI

This survey is being conducted by Sulema Perales, Ph.D. student at The University of Texas Rio Grande Valley (sulema.perales@utrgv.edu). The purpose of this study to examine college students' and educators' attitudes toward offenders with MI. Specifically, we are interested in your individual attitudes toward offenders with a MI and your perceptions about MI in the general population.
This survey should take about 15-20 minutes to complete.

Participation in this research is completely voluntary. Choosing not to participate will not adversely affect your grade or standing in the class. If there are any individual questions that you would prefer to skip, simply leave the answer blank.

All survey responses that we receive will be treated confidentially and stored on a secure server. However, given that the surveys can be inputted from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which responses will be entered. As a participant in our study, we want you to be aware that certain technologies exist that can be used to monitor or record data that you enter and/or websites that you visit.

Any individual identifiable responses will be securely stored and will only be available to those directly involved in this study. De-identified data may be shared with other researchers in the future, but will not contain information about your individual identity.

This research has been reviewed and approved by the Institutional Review Board for Human Subjects Protection (IRB). If you have any questions about your rights as a participant, or if you feel that your rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-2093 or irb@utrgv.edu.

Once you have read and understand this information, you may proceed to begin and complete the survey. By doing so, it is assumed that you consent to participation. Individuals under the age of 18 are not eligible for participation in this survey.

Section 1		
No.	**Questions**	**Answers**

2.1	What is your age?	***Write in AGE: _____***
2.2	What gender do you identify with?	☐ Male ☐ Female ☐ Other
2.3	With which race/ethnicity do you most identify with? (Please select only one response).	☐ American Indian/Alaskan Native ☐ Native Hawaiian/ Pacific Islander ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ White (non-Hispanic) ☐ Other: _____
2.4	What is your current class level status at the start of this 2019 spring semester? (Please select only one response).	☐ Junior ☐ Senior ☐ Other_____
2.5	What is your current major area of study? (Please select only one response).	☐ Rehabilitation Services ☐ Psychology ☐ Social Work ☐ Criminal Justice ☐ Political Science ☐ Other: _____
2.6	How would you describe your personal political ideology?	☐ Democrat ☐ Republican ☐ Independent ☐ Other: _____
2.7	Do you have any family members, relatives, or friends who **are** incarcerated?	☐ Yes ☐ No
2.8	Do you have any family members, relatives, or friends who **were** incarcerated?	☐ Yes ☐ No
2.9	Has anyone in your **immediate** family (e.g., parents, siblings, spouse, children) ever been diagnosed with a MI?	☐ Yes ☐ No
2.10	Has anyone in your **extended** family (e.g., aunts, uncles, cousins) ever been diagnosed with a MI?	☐ Yes ☐ No

2.11	How would you identify your religious background? (Please select only one response).	☐ Christian (Catholic & Protestant) ☐ Jewish ☐ Muslim ☐ Buddhist ☐ None ☐ Other:_____
2.12	Where do you get information about MI? (Mark all that apply)	☐ Coursework ☐ Television and movies ☐ News ☐ Social Media ☐ Family/Friends ☐ Other:_____
2.13	With regard to questions 2.12 (above), how would you describe the accuracy of the information you received?	☐ Very Inaccurate ☐ Inaccurate ☐ No opinion ☐ Accurate ☐ Very Accurate
2.14	Where do you get information about offenders with MI? (Mark all that apply)	☐ Coursework ☐ Television and movies ☐ News ☐ Social Media ☐ Family/Friends ☐ Other:_____
2.15	With regard to questions 2.14 (above), how would you describe the accuracy of the information you received?	☐ Very Inaccurate ☐ Inaccurate ☐ No opinion ☐ Accurate ☐ Very Accurate

Section 2

For the purpose of this study, the following definitions will apply:

MI: A mental, behavioral, or emotional disorder. A MI can vary in impact, ranging from mild, moderate, and severe impairment.

Offender: A person who violates a law or rule: do wrong

For each statement, please mark the box by telling me whether you: Strongly Agree, Agree, Neither Agree or Disagree, Disagree or Strongly disagree

		Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1.	As soon as an offender shows signs of mental disturbance, he should be hospitalized					

2.	More tax money should be spent on the care and treatment of offenders with MI					
3.	An offender with MI should be isolated from the rest of the community					
4.	The best therapy for many offenders with MI is to be part of a normal community					
5.	MI is an illness like any other					
6.	Offenders with MI are a burden on society					
7.	Offenders with a MI are far less of a danger than most people suppose					
8.	Locating forensic mental health facilities in a residential area downgrades the neighborhood					
9.	There is something about offenders with MI that makes it easier to tell them from normal people					
10.	Offenders with MI have for too long been subject of ridicule					
11.	A woman would be foolish to marry an offender who suffered from a MI, even though he seems fully recovered					
12.	As far as possible, forensic mental health services should be provided though the community-based facilities					
13.	Less emphasis should be placed on protecting the public from offenders with MI					
14.	Increased spending on forensic mental health services is a waste of tax money					
15.	No one has the right to exclude offenders with MI from their neighborhood					
16.	Having offenders with MI living in residential neighborhoods might be good therapy, but the risk to residents is too great					

17.	Offenders with MI need the same kind of control and discipline as a young child					
18.	We need to adopt a far more tolerant attitude toward offenders with MI in society					
19.	I would not want to live next door to an offender who has been mentally ill					
20.	Residents should accept the location of forensic mental health facilities in their neighborhood to service the needs of the community					
21.	Offenders with MI should not be treated as outcasts of society					
22.	There are sufficient existing services for offenders with MI					
23.	Offenders with MI should be encouraged to assume the responsibilities of normal life					
24.	Local residents have good reason to resist the location of forensic mental health services in their neighborhood					
25.	The best way to handle offenders with MI is to keep them behind locked doors					
26.	Our forensic mental hospitals seem more like prisons than places where offenders can be cared for					
27.	Offenders with a history of MI should be excluded from taking public office					
28.	Locating forensic mental health services in residential neighborhoods does not endanger local residents					
29.	Forensic mental hospitals are an outdated means of treating offenders with MI					
30.	Offenders with MI do not deserve our sympathy					

31.	Offenders with MI should not be denied their individual rights					
32.	Forensic mental health facilities should be kept out of residential neighborhoods					
33.	One of the main causes of offender MI is a lack of self-discipline and will power					
34.	We have the responsibility to provide the best possible care for offenders with MI					
35.	Offenders with MI should not be given any responsibility					
36.	Residents have nothing to fear from offenders coming into their neighborhood to obtain forensic mental health services					
37.	Virtually anyone can become mentally ill					
38.	It is best to avoid an offender who has MI					
39.	Most women who were once patients in a forensic mental hospital can be trusted as baby sitters					
40.	It is frightening to think of offenders with MI living in residential neighborhoods					
41.	How likely are you willing to work with offenders with MI?	☐ Very likely ☐ Somewhat likely ☐ Not very likely ☐ You would not work with offenders with MI				

Additional Comments:

Educators' Attitudes toward Offenders with MI 2019

This survey is being conducted by Sulema Perales, Ph.D. student at The University of Texas Rio Grande Valley (sulema.perales@utrgv.edu). The purpose of this study to examine college students' and educators' attitudes toward offenders with MI. Specifically, we are interested in your individual attitudes toward offenders with a MI and your perceptions about MI in the general population. This survey should take about 15-20 minutes to complete.

Participation in this research is completely voluntary. Choosing not to participate will not adversely affect your grade or standing in the class. If there are any individual questions that you would prefer to skip, simply leave the answer blank.

All survey responses that we receive will be treated confidentially and stored on a secure server. However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which responses will be entered. As a participant in our study, we want you to be aware that certain technologies exist that can be used to monitor or record data that you enter and/or websites that you visit.

Any individual identifiable responses will be securely stored and will only be available to those directly involved in this study. De-identified data may be shared with other researchers in the future, but will not contain information about your individual identity.

This research has been reviewed and approved by the Institutional Review Board for Human Subjects Protection (IRB). If you have any questions about your rights as a participant, or if you feel that your rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-2093 or irb@utrgv.edu.

Once you have read and understand this information, you may proceed to begin and complete the survey. By doing so, it is assumed that you consent to participation. Individuals under the age of 18 are not eligible for participation in this survey.

SECTION 1. DEMOGRAPHICS		
No.	**Questions**	**Answers**
2.16	What is your age?	***Write in AGE:*** _____
2.17	What gender do you identify with?	☐ Male ☐ Female ☐ Other
2.18	With which race/ethnicity do you most identify with? (Please select only one response).	☐ American Indian/Alaskan Native

		☐ Native Hawaiian/ Pacific Islander ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ White (non-Hispanic) ☐ Other: _____
2.19	What is your current teaching discipline?	☐ Rehabilitation Services ☐ Psychology ☐ Social Work ☐ Criminal Justice ☐ Political Science ☐ Other: _____
2.20	How would you describe your personal political ideology?	☐ Democrat ☐ Republican ☐ Independent ☐ Other: _____
2.21	Do you have any family members, relatives, or friends who ***are*** incarcerated?	☐ Yes ☐ No
2.22	Do you have any family members, relatives, or friends who ***were*** incarcerated?	☐ Yes ☐ No
2.23	Has anyone in your **immediate** family (e.g., parents, siblings, spouse, children) ever been diagnosed with a MI?	☐ Yes ☐ No
2.24	Has anyone in your **extended** family (e.g., aunts, uncles, cousins) ever been diagnosed with a MI?	☐ Yes ☐ No
2.25	How would you identify your religious background? (Please select only one response).	☐ Christian (Catholic & Protestant) ☐ Jewish ☐ Muslim ☐ Buddhist ☐ None ☐ Other:_____
2.26	Where do you get information about MI? (Mark all that apply)	☐ Coursework ☐ Television and movies ☐ News ☐ Social Media ☐ Family/Friends ☐ Other:_____

2.27	With regard to question 2.11 (above), how would you describe the accuracy of the information you received?	☐ Very Inaccurate ☐ Inaccurate ☐ No opinion ☐ Accurate ☐ Very Accurate
2.28	Where do you get information about offenders with MI? (Mark all that apply)	☐ Coursework ☐ Television and movies ☐ News ☐ Social Media ☐ Family/Friends ☐ Other:_____
2.14	With regard to question 2.13 (above), how would you describe the accuracy of the information you received?	☐ Very Inaccurate ☐ Inaccurate ☐ No opinion ☐ Accurate ☐ Very Accurate

Section 2. ATTITUDES TOWARDS OFFENDERS WITH MI

For the purpose of this study, the following definitions will apply:

MI: A mental, behavioral, or emotional disorder. A MI can vary in impact, ranging from mild, moderate, and severe impairment.

Offender: A person who violates a law or rule: do wrong

For each statement, please mark the box by telling me whether you: Strongly Agree, Agree, Neither Agree or Disagree, Disagree or Strongly Disagree

		Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1.	As soon as an offender shows signs of mental disturbance, he should be hospitalized					
2.	More tax money should be spent on the care and treatment of offenders with MI					
3.	An offender with MI should be isolated from the rest of the community					
4.	The best therapy for many offenders with MI is to be part of a normal community					
5.	MI is an illness like any other					
6.	Offenders with MI are a burden on society					
7.	Offenders with a MI are far less of a danger than most people suppose					

8.	Locating forensic mental health facilities in a residential area downgrades the neighborhood					
9.	There is something about offenders with MI that makes it easier to tell them from normal people					
10.	Offenders with MI have for too long been subject of ridicule					
11.	A woman would be foolish to marry an offender who suffered from a MI, even though he seems fully recovered					
12.	As far as possible, forensic mental health services should be provided though the community-based facilities					
13.	Less emphasis should be placed on protecting the public from offenders with MI					
14.	Increased spending on forensic mental health services is a waste of tax money					
15.	No one has the right to exclude offenders with MI from their neighborhood					
16.	Having offenders with MI living in residential neighborhoods might be good therapy, but the risk to residents is too great					
17.	Offenders with MI need the same kind of control and discipline as a young child					
18.	We need to adopt a far more tolerant attitude toward offenders with MI in society					
19.	I would not want to live next door to an offender who has been mentally ill					
20.	Residents should accept the location of forensic mental health facilities in their neighborhood to service the needs of the community					
21.	Offenders with MI should not be treated as outcasts of society					
22.	There are sufficient existing services for offenders with MI					

23.	Offenders with MI should be encouraged to assume the responsibilities of normal life					
24.	Local residents have good reason to resist the location of forensic mental health services in their neighborhood					
25.	The best way to handle offenders with MI is to keep them behind locked doors					
26.	Our forensic mental hospitals seem more like prisons than places where offenders can be cared for					
27.	Offenders with a history of MI should be excluded from taking public office					
28.	Locating forensic mental health services in residential neighborhoods does not endanger local residents					
29.	Forensic mental hospitals are an outdated means of treating offenders with MI					
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33.	One of the main causes of offender MI is a lack of self-discipline and will power					
34.	We have the responsibility to provide the best possible care for offenders with MI					
35.	Offenders with MI should not be given any responsibility					
36.	Residents have nothing to fear from offenders coming into their neighborhood to obtain forensic mental health services					
37.	Virtually anyone can become mentally ill					
38.	It is best to avoid an offender who has MI					

39.	Most women who were once patients in a forensic mental hospital can be trusted as baby sitters					
40.	It is frightening to think of offenders with MI living in residential neighborhoods					
41.	How likely are you willing to work with offenders with MI?	☐ Very likely ☐ Somewhat likely ☐ Not very likely ☐ You would not work with offenders with MI				

Additional Comments:

BIOGRAPHICAL SKETCH

Dr. Sulema Perales earned a bachelor's degree in Psychology in 2013 and a master's degree in Rehabilitation Counseling in 2015 from California State University, Fresno. During her master's she devoted her clinical work and research in youth who dealt with disparities of the justice system, youth with intellectual disabilities, and mentorship of at-risk youth.

After her master's, Sulema Perales worked as a case manager and volunteer coordinator at a juvenile justice center providing evidence-based behavioral interventions to incarcerated youth. Dr. Perales then pursued her doctoral degree in Rehabilitation Counseling from the University of Texas Rio Grande Valley and graduated in 2020.

Dr. Perales has taught several undergraduate and graduate level courses in rehabilitation counseling, clinical mental health counseling, clinical rehabilitation counseling, and school counseling. She also helped develop an undergraduate online course for the addiction's studies rehabilitation services program.

Lasty, Dr. Perales' dissertation focused on exploring the attitudes toward offenders with mental illness among college students and educators. Dr. Perales is currently working for New Mexico Highlands University as a tenure-track Assistant Professor for the counseling program.

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