PERCEPTIONS OF DEFENDANTS WITH MENTAL ILLNESS

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Mission of the MS-SAC

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

STATEMENT OF THE PROBLEM AND NEED FOR RESEARCH

During the 1980's and into the 1990's publicly supported institutions devoted to providing care for the mentally ill began closing due to large-scale budgetary crises, thereby shifting affected individuals into the public domain with no real alternatives for effective treatment. As a result of their varied mental conditions, many such individuals found themselves unable to find gainful employment and adequate shelter. In short order, the now homeless and underemployed mentally ill population began to run afoul of the law in large numbers and, in the absence of available referral alternatives, became chronic offenders in all categories of criminal behavior. Gradually shifting responsibility for handling the mentally ill into the criminal justice realm and away from specially created institutions has resulted in a situation that can only be described as the "criminalization of mental illness." More simply stated, the criminal justice system now bears considerable responsibility for responding to both the immediate and long-term needs of a unique population and an exceedingly complex social problem.

Today, it is estimated that the criminal justice system incarcerates in excess of 1.5 million individuals in state and federal prisons. Some conservative and dated studies report that as many as one quarter of one million inmates confined to correctional institutions suffer from varying degrees of mental illness. In light of this situation, which shows no immediate signs of abatement, it becomes imperative to better understand how the contemporary criminal justice system responds to its broadened public welfare mandate. To accomplish this objective, the Mississippi Statistical Analysis Center undertook an exploratory research initiative focused on assessing the beliefs, perceptions and attitudes of courtroom participants regarding defendants with mental illness. Specifically, the target population for the survey consisted of judges, prosecutors and public defenders within the state. This particular group was of interest given their significant role not only in the process of adjudication, but also in determining current and future public risk, as well as appropriate methods of treatment and / or confinement. This document reports the results of the study and identifies policy implications, as well as the need for additional attention regarding the issue.

METHODOLOGY

This section of the report details instrument construction, scale descriptions and survey format. It also describes the manner in which the survey was distributed and administered. The obtained level of participation and issues regarding the problem of non–response and missing data are also addressed.

Instrumentation

The instrument that was developed for purposes of the present study was based upon three existing scales with a history of use for assessing public attitudes regarding mental illness. The first portion of the survey instrument represented an adapted version of the Attitudes Toward Mentally Ill Offenders (ATMIO) scale which, in original form, consisted of 31 survey items on a six-point Likert scale. For present purposes, that version was reduced to 20 items on a five-point Likert scale. Four dimensions are assessed by the ATMIO: Negative Stereotypes, Community Risk, Rehabilitation/ Compassion and Diminished Responsibility.

The second portion of the survey instrument represented an adapted version of the Community Attitudes Toward the Mentally Ill (CAMI) scale. The original version of the CAMI included four dimensions: Authoritarianism, Benevolence, Community Mental Health Ideology and Social Restrictiveness. Each dimension consisted of 10 items. Five of the items in each subscale had "positive" connotations, and five had "negative" connotations about the subject matter. For purposes of the present study, the original 40 items were reduced to 22 items while retaining the same four dimensions and the five-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree." Thus, 18 items were deleted from the

original CAMI because they lacked temporal relevance to the research topic regarding attitudes toward offenders with mental illness. For example, an item that read, "Most women who were once patients in a mental hospital can be trusted as babysitters," was deleted from the social restrictiveness scale because it did not address salient issues of concern to members of the target population. Finally, it is worth noting that very minor adaptations were made to the wording of a limited number of items so that they were directly applicable to the target population. For example, an item representing the "Benevolence" dimension of the CAMI scale was changed from, "The mentally ill are a burden on *society,*" to instead read, "The mentally ill are a burden on *the criminal justice system*."

The third portion of the survey instrument represented an adapted version of the Self Stigma Mental Illness Scale (SSMIS). Specifically, the original version of the SSMIS measures four constructs: Awareness, Agreement, Application and Hurts Self. Of particular interest for the present study was the Agreement subscale, which assesses the extent to which individuals endorse negative stereotypes regarding mental illness as both accurate and factual. All statements associated with this scale have "negative" connotations. The 10 items representing this dimension were reduced to nine items. The item that was deleted read, "(I think) most persons with mental illness are disgusting." This item was removed on the logic that even if believed as true, most members of the target population as public officials would be reluctant to answer honestly. Another adaptation to the subscale involved narrowing possible responses from a nine-point to a five-point Likert continuum ranging from "Strongly Disagree" to "Strongly Agree." This change was made for purposes of maintaining consistency in the response continuum with other scales included in the instrument.

An additional nine items were originally conceived as being temporally salient to the research goals and of particular application to members of the target population. These items were based upon the same five-point Likert continuum as were the adapted scales described above. The dimensions assessed by these items included: support for mental health resources and programs; negative beliefs about outward manifestations of mental illness; the importance and utility of relying upon certain sources of information in adjudicating cases involving mental illness; and the extent to which mental illness can be a mitigating factor in criminal cases.

Two items asked participants if they had been involved in cases where mental health professionals had testified as experts or been used to evaluate a defendant. In the instance of an affirmative response to either of these items, participants were asked to estimate the frequency of occurrence. Three other items asked participants to estimate the percentage of cases in which they had participated where issues of mental illness were involved.

Thirteen items were used to collect demographic data from participants. These included the standard questions about race/ethnicity, sex, age, political ideology, religious identification, years as state resident, years of legal experience, etc. Additional items probed two areas. One of these asked if any immediate or extended relatives of the participant had been diagnosed with a mental illness. The second area solicited information about previous exposure to training while in law school or in the form of continuing legal education on the topic of mentally ill offenders.

One final open-ended item solicited narrative comments regarding the role of the legal system in adjudicating cases involving individuals with mental illness.

Thus, the final form of the instrument consisted of 79 items total. Sixty of these were attitudinal in nature and were based upon a traditional five-point Likert continuum ranging from "strongly disagree" to "strongly agree." Five items asked participants to provide estimates of occurrence regarding their professional experiences with mental illness-related issues in the courtroom environment. One item was open-ended and allowed participants to provide narrative comments. Thirteen items solicited demographic information.

Target Population

The target population included judges, prosecutors and public defenders in Mississippi. Inclusion of these courtroom participants provided an opportunity to examine three distinct perspectives regarding beliefs, perceptions and attitudes toward mentally ill offenders. Like other states, the Mississippi judiciary is composed of a variety of courts - some constitutional and others statutory – each with distinct jurisdictions and responsibilities. Based upon their role in adjudicating criminal cases and, to a certain extent, determining appropriate sanctions, all circuit, chancery and county court judges were included in the target population. Given their mandate to prosecute crimes and seek justice, all publicly elected district attorneys and their assistants representing the state's 22 circuit court districts were also included. Finally, all practicing members of the Mississippi Public Defenders Association were included in the target population given their vital role in advocating for those charged with criminal offenses.

Survey Distribution and Administration

The self-administered survey instrument was distributed by U.S. mail to members of the target population during the summer months of 2013. During the data collection period, which lasted through the end of the calendar year, no high-

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

Response Rate

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

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

The Problems of Non-Response and Missing Data

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

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

RESULTS

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

Section I: Demographic Profile

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

Demographic Characteristic:	All Participants	Judges	Prosecutors	Public Defenders
Race	80.8% White	81.6% White	80.5% White	80.7% White
Mean Age	49.4 Years	58.9 Years	43.2 years	48.3 Years
Sex	70.3% Male	73% Male	67.5% Male	70.5% Male
Religious Identification	80.2% Protestant	82.8% Protestant	82.4% Protestant	77.6% Protestant
Political Ideology	29.7% Democrat 18.8% Republican 51.5% Other	8.1% % Democrat 13.5% Republican 78.4% Other	26.8% Democrat 29.3% Republican 43.9% Other	40.2% Democrat 16.1% Republican 43.7% Other
Undergraduate Academic Discipline	70.6% Liberal Arts 22.5% Business 6.9% Science	57.9% Liberal Arts 34.2% Business 7.9% Science	71.8% Liberal Arts 23.1% Business 5.1% Science	75.9% Liberal Arts 16.9% Business 7.2% Science
Mean Years as Mississippi Resident	42.2 Years	51.9 Years	36.4 Years	40.6 Years
Ever Practiced Law Outside of MS	88% No	87.2% No	92.5% No	86.4% No
Mean Years of Experience (in current role)	12.5 Years	14 Years	8.5 Years	13.75 Years
Diagnosed MI in Immediate Family	72% No	82.1% No	68.3% No	69.3% No
Diagnosed MI in Extended Family	60.5% Yes	59% Yes	70% Yes	57% Yes
Amount of Law School Training on MI-Related Issues	81.3% No	87.2% No	75% No	81.6% No
Amount of Continuing Legal Education on MI-Related Issues	75.9% Yes	73.7% Yes	82.5% Yes	74% Yes

The demographic profile presented above indicates that study participants, perhaps not surprisingly, share many of the same personal traits and background characteristics. In particular, they are largely white protestant males with an average age of roughly 50 years who do not identify their political ideology as either Republican or Democrat. Many, if not most, earned an undergraduate degree in the liberal arts. They have also lived most of their adult lives in Mississippi, and most have not practiced law outside of the state. The average length of experience ranges from 8.5 (prosecutors) to 14 (judges) years with an overall average of 12.5 years. While most (72% on average) do not report having an immediate family member (i.e., spouse or child) who has ever been diagnosed with a mental illness, many (60.5%) do report having an extended family member (i.e., sibling, aunt / uncle, cousin) who has been diagnosed with a mental illness. Finally, although most study participants did not report having any law school training on mental illness-related issues, most indicated that they had received at least some continuing legal education on the subject.

Section II: Descriptive Results

ATMIO Scale

As described above, the adapted ATMIO scale is designed to measure four dimensions: Negative Stereotypes, Community Risk, Rehabilitation/Compassion and Diminished Responsibility. The pattern of frequency results and valid percentages obtained for each of the survey items associated with these four dimensions is reported in the text and tables below.

Negative Stereotypes

The adapted version of the ATMIO scale incorporated eight items designed to assess participants' negative stereotypes about the mentally ill. The language of one item involved substituting the words "*harsh punishment*" into the statement that originally read, "Mentally ill offenders respect only *brute force*."

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

All of the items used to measure negative stereotypes were worded in a manner that suggested unfavorable connotations toward mentally ill defendants. As such, the responses of "strongly disagree" and "disagree" actually suggest positive attitudes insofar as they indicate rejection of the negative statements. For all items within this adapted subscale, the pattern of responses was in the desired "direction." That is, the clear majority of study participants rejected the statements reflecting negative stereotypes about mentally ill defendants. For example, 85% of participants either disagreed or strongly disagreed with the proposition that, "It doesn't pay to give privileges to mentally ill offenders because they only take advantage of them." Additionally, nearly four out of every five participants (79%) collectively disagreed (i.e., "disagreed" and "strongly disagreed" categories combined together) with the item that read, "Most mentally ill offenders should be in prison rather than a hospital." Given the clear directional pattern of responses to the remaining items within this adapted subscale, it is reasonable to conclude that judges, prosecutors and public defenders who participated in this study reject generally held negative stereotypes regarding mentally ill defendants.

Community Risk

Four survey items within the adapted ATMIO scale are designed to assess respondents' perceptions of community risk regarding mentally ill offenders. An example of an item from the original instrument that was deleted for purposes of the present study read, "I should be informed if a mentally ill offender is living in my community."

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
You should be constantly on guard with mentally ill offenders (-).	A: 4 (2.4) J: 1 (2.6) P: 0 (0) D: 3 (3.4)	A: 40 (23.8) J: 4 (10.3) P: 9 (22) D: 27 (30.7)	A: 33 (19.6) J: 10 (25.6) P: 7 (17.1) D: 16 (18.2)	A: 73 (43.5) J: 17 (43.6) P: 21 (51.2) D: 35 (39.8)	A: 18 (10.7) J: 7 (17.9) P: 4 (9.8) D: 7 (8)
If a mentally ill offender does well in prison, he or she should be let out on parole (+).	A: 4 (2.4) J: 0 (0) P: 2 (4.9) D: 2 (2.3)	A: 31 (18.5) J: 5 (12.8) P: 16 (39) D: 10 (11.4)	A: 45 (26.8) J: 20 (51.3) P: 6 (14.6) D: 19 (21.6)	A: 64 (38.1) J: 11 (28.2) P: 16 (39) D: 37 (42)	A: 24 (14.3) J: 3 (7.7) P: 1 (2.4) D: 20 (22.7)
Only a few of the mentally ill offenders are dangerous (+).	A: 6 (3.6) J: 0 (0) P: 4 (9.8) D: 2 (2.2)	A: 37 (21.9) J: 10 (25.6) P: 10 (24.4) D: 17 (19.1)	A: 42 (24.9) J: 10 (25.6) P: 11 (26.8) D: 21 (23.6)	A: 66 (39.1) J: 18 (46.2) P: 16 (39) D: 32 (36)	A: 18 (10.7) J: 1 (2.6) P: 0 (0) D: 17 (19.1)
Mentally ill offenders should have the same rights as any other person (+).	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)	A: 5 (3) J: 1 (2.7) P: 2 (4.9) D: 2 (2.2)	A: 2 (1.2) J: 1 (2.7) P: 1 (2.4) D: 0 (0)	A: 85 (50.9) J: 20 (54.1) P: 27 (65.9) D: 38 (42.7)	A: 75 (44.9) J: 15 (40.5) P: 11 (26.8) D: 49 (55.1)

Three of the four items used to assess the dimension of community risk were worded in a manner that presented positive connotations regarding mentally ill defendants. By far the strongest positive endorsement within in this adapted subscale is found in the pattern of responses to the item that read, "Mentally ill offenders should have the same rights as any other person." Specifically, an overwhelming 95.8% of participants either agreed or strongly agreed with the wording of this item. Although roughly one-fourth (24.9%) of participants expressed "no opinion," it is worth noting that slightly less than one-half (49.8%) collectively agreed (i.e., "agreed" and "strongly agreed" categories combined together) with the assertion that, "Only a few of the mentally ill offenders are dangerous." Overall, responses to the items enumerated above suggest that judges, prosecutors and public defenders have generally positive attitudes regarding the community risk (or lack thereof) posed by mentally ill defendants.

Rehabilitation/Compassion

Five survey items within the adapted ATMIO scale are designed to assess perceptions regarding the extent to which mentally ill offenders can be successfully rehabilitated. Also examined are beliefs related to compassion and whether or not the mentally ill are deserving of assistance and a "second chance." An example of one item from the original instrument that was deleted for purposes of the present study read, "My taxes should not be used to support mentally ill offenders."

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
Mentally ill offenders need affection and praise just like anybody else (+).	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)	A: 7 (4.2) J: 0 (0) P: 5 (12.2) D: 2 (2.2)	A: 25 (15) J: 8 (21.1) P: 7 (17.1) D: 10 (11.4)	A: 85 (50.9) J: 18 (47.4) P: 25 (61) D: 42 (47.7)	A: 50 (29.9) J: 12 (31.6) P: 4 (9.8) D: 34 (38.6)
Trying to rehabilitate mentally ill offenders is a waste of time and money(-).	A: 65 (38.9) J: 17 (43.6) P: 10 (24.4) D: 38 (43.7)	A: 86 (51.5) J: 17 (43.6) P: 27 (65.9) D: 42 (48.3)	A: 10 (6) J: 4 (10.3) P: 1 (2.4) D: 5 (5.7)	A: 4 (2.4) J: 1 (2.6) P: 2 (4.9) D: 1 (1.1)	A: 2 (1.2) J: 0 (0) P: 1 (2.4) D: 1 (1.1)
Mentally ill offenders deserve a second chance (+).	A: 1 (0.6) J: 0 (0) P: 1 (2.4) D: 0 (0)	A: 10 (5.9) J: 2 (5.1) P: 4 (9.8) D: 4 (4.5)	A: 26 (15.4) J: 11 (28.2) P: 9 (22) D: 6 (6.7)	A: 85 (50.3) J: 20 (51.3) P: 24 (58.5) D: 41 (46.1)	A: 47 (27.8) J: 6 (15.4) P: 3 (7.3) D: 38 (42.7)
Most mentally ill offenders can be rehabilitated (+).	A: 4 (2.4) J: 0 (0) P: 2 (5) D: 2 (2.2)	A: 26 (15.6) J: 1 (2.6) P: 7 (17.5) D: 18 (20.2)	A: 59 (35.3) J: 19 (50) P: 12 (30) D: 28 (31.5)	A: 68 (40.7) J: 16 (42.1) P: 18 (45) D: 34 (38.2)	A: 10 (6) J: 2 (5.3) P: 1 (2.5) D: 7 (7.9)
Mentally ill offenders deserve to be helped (+).	A: 1 (0.6) J: 1 (2.7) P: 0 (0) D: 0 (0)	A: 2 (1.2) J: 0 (0) P: 1 (2.4) D: 1 (1.1)	A: 7 (4.2) J: 4 (10.8) P: 2 (4.9) D: 1 (1.1)	A: 81 (48.5) J: 18 (48.6) P: 29 (70.7) D: 34 (38.2)	A: 76 (45.5) J: 14 (37.8) P: 9 (22) D: 53 (59.6)

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

Diminished Responsibility

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

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

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

CAMI Scale

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

Authoritarianism

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

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

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

Benevolence

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

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
More tax money should be spent on the care and treatment of the mentally ill (+).	A: 4 (2.4) J: 1 (2.6) P: 2 (4.9) D: 1 (1.1)	A: 5 (3) J: 1 (2.6) P: 3 (7.3) D: 1 (1.1)	A: 15 (8.9) J: 6 (15.8) P: 3 (7.3) D: 6 (6.7)	A: 53 (31.5) J: 13 (34.2) P: 15 (36.6) D: 25 (28.1)	A: 91 (54.2) J: 17 (44.7) P: 18 (43.9) D: 56 (62.9)
The mentally ill are a burden on the criminal justice system (-).	A: 18 (10.8) J: 2 (5.4) P: 1 (2.4) D: 15 (16.9)	A: 42 (25.1) J: 9 (24.3) P: 14 (34.1) D: 19 (21.3)	A: 25 (15) J: 11 (29.7) P: 3 (7.3) D: 11 (12.4)	A: 64 (38.3) J: 14 (37.8) P: 18 (43.9) D: 32 (36)	A: 18 (10.8) J: 1 (2.7) P: 5 (12.2) D:12 (13.5)
The mentally ill have been the subject of ridicule for too long (+).	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)	A: 12 (7.1) J: 1 (2.6) P: 8 (19.5) D: 3 (3.4)	A: 39 (23.2) J: 12 (31.6) P: 15 (36.6) D: 12 (13.5)	A: 71 (42.3) J: 16 (42.1) P: 15 (36.6) D: 40 (44.9)	A: 46 (27.4) J: 9 (23.7) P: 3 (7.3) D: 34 (38.2)
Increased spending on mental health services is a waste of tax dollars (-).	A: 90 (53.6) J: 19 (50) P: 18 (43.9) D: 53 (59.6)	A: 68 (40.5) J: 18 (47.4) P: 19 (46.3) D: 31 (34.8)	A: 9 (5.4) J: 1 (2.6) P: 3 (7.3) D: 5 (5.6)	A: 1 (0.6) J: 0 (0) P: 1 (2.4) D: 0 (0)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
We need to adopt a far more tolerant attitude toward the mentally ill in our society (+).	A: 2 (1.2) J: 0 (0) P: 2 (4.9) D: 0 (0)	A: 19 (11.3) J: 3 (7.9) P: 9 (22) D: 7 (7.9)	A: 38 (22.6) J: 12 (31.6) P: 8 (19.5) D: 18 (20.2)	A: 70 (41.7) J: 15 (39.5) P: 20 (48.8) D: 35 (39.3)	A: 39 (23.2) J: 8 (21.1) P: 2 (4.9) D: 29 (32.6)
There are sufficient existing services for the mentally ill (-).	A: 107 (63.7) J: 25 (65.8) P: 21 (51.2) D: 61 (68.5)	A: 46 (27.4) J: 11 (28.9) P: 16 (39) D: 19 (21.3)	A: 11 (6.5) J: 2 (5.3) P: 2 (4.9) D: 7 (7.9)	A: 4 (2.4) J: 0 (0) P: 2 (4.9) D: 2 (2.2)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
Our mental hospitals seem more like prisons than places where the mentally ill can be cared for (+).	A: 3 (1.8) J: 1 (2.6) P: 1 (2.4) D: 1 (1.1)	A: 29 (17.4) J: 2 (5.3) P: 15 (36.6) D: 12 (13.6)	A: 74 (44.3) J: 24 (63.2) P: 16 (39) D: 34 (38.6)	A: 39 (23.4) J: 8 (21.1) P: 8 (19.5) D: 23 (26.1)	A: 22 (13.2) J: 3 (7.9) P: 1 (2.4) D: 18 (20.5)
The mentally ill do not deserve our sympathy (-)	A: 56 (33.7) J: 11 (28.9) P: 7 (17.1) D: 38 (43.7)	A: 82 (49.4) J: 18 (47.4) P: 24 (58.5) D: 40 (46)	A: 15 (9) J: 6 (15.8) P: 6 (14.6) D: 3 (3.4)	A: 12 (7.2) J: 3 (7.9) P: 4 (9.8) D: 5 (5.7)	A: 1 (0.6) J: 0 (0) P: 0 (0) D: 1 (1.1)
We have a responsibility to provide the best possible care for the mentally ill (+)	A: 1 (0.6) J: 1 (2.6) P: 0 (0) D: 0 (0)	A: 6 (3.6) J: 0 (0) P: 4 (9.8) D: 2 (2.3)	A: 12 (7.2) J: 4 (10.5) P: 4 (9.8) D: 4 (4.5)	A: 65 (38.9) J: 11 (28.9) P: 23 (56.1) D: 31 (35.2)	A: 83 (49.7) J: 22 (57.9) P: 10 (24.4) D: 51 (58)

Of the nine items included in this adapted subscale, five were positively worded, and four were negatively worded. Of the positive items, two manifested clear directional patterns of response. One of these received collective agreement from 85.7% of participants and read, "More tax money should be spent on the care and treatment of the mentally ill." Another which read, "We have a responsibility to provide the best possible care for the mentally ill," also received strong collective agreement (88.6%). Participants expressed strong collective disagreement with three negatively worded items. One of these stated, "Increased spending on mental health services is a waste of tax dollars" (94.1% collective disagreement). A second asserted, "There are sufficient existing services for the mentally ill" (91.1% collective disagreement). In response to a third item, 83.1% of participants collectively disagreed with the proposition that, "The mentally ill do not deserve our sympathy." The pattern of responses to remaining items within this adapted subscale was less clear. Thus, although 69.7% of participants collectively agreed that, "The mentally ill have been the subject of ridicule for too long," ambiguity surrounded the issue of whether or not "Our mental hospitals seem more like prisons than where the mentally ill can be cared for."

Community Mental Health Ideology

Two survey items within the adapted CAMI scale are designed to assess participants' community mental health ideological attitudes, where the concept concerns the acceptance of mental health services and mentally ill patients in the community. The primary sentiment embodied by these two items refers to the therapeutic value of the community.

Examples of the items deleted from the original version of the Community Mental Health Ideology subscale for use in the present study read, "Residents should accept the location of mental health facilities in their neighborhood to serve the needs of the local community," and "Locating mental health facilities in a residential area downgrades the neighborhood."

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
The best therapy for many mentally ill patients is to be part of a normal community (+).	A: 2 (1.2) J: 0 (0) P: 1 (2.4) D: 1 (1.1)	A: 10 (6) J: 0 (0) P: 7 (17.1) D: 3 (3.4)	A: 64 (38.1) J: 15 (39.5) P: 21 (51.2) D: 28 (31.5)	A: 72 (42.9) J: 20 (52.6) P: 10 (24.4) D: 42 (47.2)	A: 20 (11.9) J: 3 (7.9) P: 2 (4.9) D: 15 (16.9)
Where possible, mental health services should be provided through community-based facilities (+).	A: 1 (0.6) J: 0 (0) P: 0 (0) D: 1 (1.1)	A: 4 (2.4) J: 0 (0) P: 2 (4.9) D: 2 (2.2)	A: 14 (8.3) J: 5 (13.2) P: 1 (2.4) D: 8 (9)	A: 83 (49.4) J: 20 (52.6) P: 26 (63.4) D: 37 (41.6)	A: 66 (39.3) J: 13 (34.2) P: 12 (29.3) D: 41 (46.1)

Social Restrictiveness

Four survey items within the adapted CAMI scale are designed to assess participants' attitudes regarding social restrictiveness, which refers to the belief that the mentally ill are a threat to society and should be avoided. The sentiments embodied by these items include the dangerousness of the mentally ill; maintaining social distance; lack of responsibility; and the normality of the mentally ill. Examples of items deleted from the original version of the Social Restrictiveness subscale for use in the present study read, "A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered," and "No one has the right to exclude the mentally ill from their neighborhood."

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
The mentally ill should not be isolated from the rest of the community (+).	A: 2 (1.2) J: 0 (0) P: 1 (2.4) D: 1 (1.1)	A: 19 (11.4) J: 5 (13.2) P: 9 (22) D: 5 (5.7)	A: 46 (27.5) J: 15 (39.5) P: 15 936.6) D: 16 (18.2)	A: 78 (46.7) J: 14 (36.8) P: 15 (36.6) D: 49 (55.7)	A: 22 (13.2) J: 4 (10.5) P: 1 (2.4) D: 17 (19.3)
The mentally ill are far less of a danger than most people believe (+).	A: 3 (1.8) J: 1 (2.6) P: 1 (92.4) D: 1 (1.1)	A: 33 (19.6) J: 6 (15.8) P: 17 (41.5) D: 10 (11.2)	A: 40 (23.8) J: 9 (23.7) P: 8 (19.5) D: 23 (25.8)	A: 72 (42.9) J: 22 (57.9) P: 14 (34.1) D: 36 (40.4)	A: 20 (11.9) J: 0 (0) P: 1 (2.4) D: 19 (21.3)
The mentally ill should not be denied their individual rights (+).	A: 2 (1.2) J: 0 (0) P: 0 (0) D: 2 (2.3)	A: 4 (2.4) J: 0 (0) P: 1 (2.4) D: 3 (3.4)	A: 5 (3) J: 3 (7.9) P: 1 (2.4) D: 1 (1.1)	A: 63 (38) J: 12 (31.6) P: 26 (63.4) D: 25 (28.7)	A: 92 (55.4) J: 23 (60.5) P: 13 (31.7) D: 56 (64.4)
The mentally ill should not be given any responsibility (-).	A: 34 (20.4) J: 8 (21.1) P: 5 (12.2) D: 21 (23.9)	A: 103 (61.7) J: 23 (60.5) P: 29 (70.7) D: 51 (58)	A: 17 (10.2) J: 4 (10.5) P: 5 (12.2) D: 8 (9.1)	A: 12 (7.2) J: 3 (7.9) P: 2 (4.9) D: 7 (8)	A: 1 (0.6) J: 0 (0) P: 0 (0) D: 1 (1.1)

SSMIS

The third portion of the survey instrument represented an adapted version of the Self Stigma Mental Illness Scale (SSMIS). Of particular interest for the present study was the Agreement subscale, which assesses the extent to which individuals endorse negative stereotypes regarding mental illness as both accurate and factual. The adapted version of the SSMIS Agreement subscale consisted of nine items. The singular item that was deleted from the original subscale read, "(I think) most persons with mental illness are disgusting." The pattern of frequency results obtained for each of the items in this section is reported in the table below.

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
Most persons with mental illness are to blame for their problems (-).	A: 61 (36.5) J: 12 (32.4) P: 6 (14.6) D: 43 (48.3)	A: 78 (46.7) J: 18 (48.6) P: 22 (53.7) D: 38 (42.7)	A: 23 (13.8) J: 6 (16.2) P: 10 (24.4) D: 7 (7.9)	A: 5 (3) J: 1 (2.7) P: 3 (7.3) D: 1 (1.1)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
Most persons with mental illness are unpredictable (-).	A: 8 (4.8) J: 2 (5.3) P: 0 (0) D: 6 (6.7)	A: 66 (39.3) J: 15 (39.5) P: 12 (29.3) D: 39 (43.8)	A: 44 (26.2) J: 11 (28.9) P: 11 (26.8) D: 22 (24.7)	A: 46 (27.4) J: 9 (23.7) P: 18 (43.9) D: 19 (21.3)	A: 4 (2.4) J: 1 (2.6) P: 0 (0) D: 3 (3.4)
Most persons with mental illness will not recover or get better (-).	A: 24 914.3) J: 4 (10.5) P: 1 (2.4) D: 19 (21.3)	A: 94 (56) J: 24 (63.2) P: 25 (61) D: 45 (50.6)	A: 38 (22.6) J: 7 (18.4) P: 10 (24.4) D: 21 (23.6)	A: 11 (6.5) J: 2 (5.3) P: 5 (12.2) D: 4 (4.5)	A: 1 (0.6) J: 1 (2.6) P: 0 (0) D: 0 (0)
Most persons with mental illness are unable to get or keep a regular job (-).	A: 16 (9.5) J: 4 (10.5) P: 0 (0) D: 12 (13.5)	A: 96 (57.1) J: 19 (50) P: 28 (68.3) D: 49 (55.1)	A: 28 (16.7) J: 11 (28.9) P: 4 (9.8) D: 13 (14.6)	A: 27 (16.1) J: 4 (10.5) P: 9 (22) D: 14 (15.7)	A: 1 (0.6) J: 0 (0) P: 0 (0) D: 1 (1.1)
Most persons with mental illness are dirty and unkempt (-).	A: 39 (23.2) J: 7 (18.4) P: 4 (9.8) D: 28 (31.5)	A: 97 (57.7) J: 26 (68.4) P: 25 (61) D: 46 (51.7)	A: 27 (16.1) J: 5 (13.2) P: 10 (24.4) D: 12 (13.5)	A:5 (3) J: 0 (0) P: 2 (4.9) D: 3 (3.4)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
Most persons with mental illness are dangerous (-).	A: 31 (18.5) J: 4 (10.5) P: 2 (4.9) D: 25 (28.1)	A: 105 (62.5) J: 27 (71.1) P: 27 (65.9) D: 51 (57.3)	A: 26 (15.5) J: 7 (18.4) P: 8 (19.5) D: 11 (12.4)	A: 5 (3) J: 0 (0) P: 3 (7.3) D: 2 (2.2)	A: 1 (0.6) J: 0 (0) P: 1 (2.4) D: 0 (0)
Most persons with mental illness cannot be trusted (-).	A: 29 (17.3) J: 4 (10.5) P: 2 (4.9) D: 23 (25.8)	A: 104 (61.9) J: 24 (63.2) P: 26 (63.4) D: 54 (60.7)	A: 26 (15.5) J: 9 (23.7) P: 8 (19.5) D: 9 (10.1)	A: 8 (4.8) J: 1 (2.6) P: 4 (9.8) D: 3 (3.4)	A: 1 (0.6) J: 0 (0) P: 1 (2.4) D: 0 (0)
Most persons with mental illness have below-average intelligence (-).	A: 47 (28) J: 9 (23.7) P: 7 (17.1) D: 31 (34.8)	A: 71 (42.3) J: 19 (50) P: 19 (46.3) D: 33 (37.1)	A: 32 (19) J: 10 (26.3) P: 9 (22) D: 13 (14.6)	A: 18 (10.7) J: 0 (0) P: 6 (14.6) D: 12 (13.5)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
Most persons with mental illness are unable to take care of themselves (-).	A: 31 (18.5) J: 5 (13.2) P: 0 (0) D: 26 (29.2)	A: 93 (55.4) J: 24 (63.2) P: 28 (68.3) D: 41 (46.1)	A: 31 (18.5) J: 8 (21.1) P: 10 (24.4) D: 13 (14.6)	A: 12 (7.1) J: 1 (2.6) P: 3 (7.3) D: 8 (9)	A: 1 (0.6) J: 0 (0) P: 0 (0) D: 1 (1.1)

Originally Conceived Items

A fourth portion of the survey instrument consisted of nine originally conceived items, each on a five-point Likert scale. The dimensions assessed by these items included support for mental health resources and programs; negative beliefs about outward manifestations of mental illness; the importance and utility of relying upon certain sources of information in adjudicating cases involving mental illness; and the extent to which mental illness can be a mitigating factor in criminal cases. The pattern of frequency results obtained for each of the survey items is reported in the following table.

Wording of Survey Item:	Strongly Disagree n (valid %)	Disagree n (valid %)	No Opinion n (valid %)	Agree n (valid %)	Strongly Agree n (valid %)
Mississippi needs more mental health resources (+).	A: 1 (0.6) J: 0 (0) P: 1 (2.4) D: 0 (0)	A: 1 (0.6) J: 0 (0) P: 1 (2.4) D: 0 (0)	A: 7 (4.2) J: 3 (7.7) P: 2 (4.9) D: 2 (2.2)	A: 38 (22.6) J: 8 (20.5) P: 11 (26.8) D: 19 (21.6)	A: 121 (72) J: 28 (71.8) P: 26 (63.4) D: 67 (76.1)
I am able to recognize individuals with mental illness (-).	A: 7 (4.3) J: 1 (2.6) P: 3 (7.3) D: 3 (3.6)	A: 55 (33.5) J: 11 (28.2) P: 18 (43.9) D: 26 (31)	A: 52 (31.7) J: 14 (35.9) P: 11 (26.8) D: 27 (32.1)	A: 43 (26.2) J: 12 (30.8) P: 8 (19.5) D: 23 (27.4)	A: 7 (4.3) J: 1 (2.6) P: 1 (2.4) D: 5 (6)
I support diversion from jail and/ or prison for offenders with mental illness (+).	A: 4 (2.4) J: 0 (0) P: 3 (7.3) D: 1 (1.1)	A: 14 (8.5) J: 2 (5.3) P: 8 (19.5) D: 4 (4.7)	A: 24 (14.5) J: 9 (23.7) P: 8 (19.5) D: 7 (8.1)	A: 67 (40.6) J: 17 (44.7) P: 17 (41.5) D: 33 (38.4)	A: 56 (33.9) J: 10 (26.3) P: 5 (12.2) D: 41 (47.7)
Defendants with mental illness are more violence prone than defendants without mental illness (+).	A: 17 (10.1) J: 4 (10.3) P: 0 (0) D: 13 (14.8)	A: 81 (48.2) J: 11 (28.2) P: 21 (51.2) D: 49 (55.7)	A: 54 (32.1) J: 20 (51.3) P: 14 (34.1) D: 20 (22.7)	A: 16 (9.5) J: 4 (10.3) P: 6 (14.6) D: 6 (6.8)	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)
I am supportive of mental health courts (+).	A: 3 (1.8) J: 0 (0) P: 3 (7.3) D: 0 (0)	A: 6 (3.6) J: 1 (2.6) P: 3 (7.3) D: 2 (2.3)	A: 34 (20.2) J: 12 (30.8) P: 10 (24.4) D:12 (13.6)	A: 52 (31) J: 11 (28.2) P: 15 (36.6) D: 26 (29.5)	A: 73 (43.5) J: 15 (38.5) P: 10 (24.4) D: 48 (54.5)
I believe mental illness can be a mitigating factor in criminal cases (+).	A: 4 (2.4) J: 1 (2.6) P: 3 (7.5) D: 0 (0)	A: 9 (5.5) J: 1 (2.6) P: 7 (17.5) D: 1 (1.1)	A: 10 (6.1) J: 6 (15.8) P: 3 (7.5) D: 1 (1.1)	A: 85 (51.5) J: 27 (71.1) P: 24 (60) D: 34 (39.1)	A: 57 (34.5) J: 3 (7.9) P: 3 (7.5) D: 51 (58.6)
It is important to refer to the Diagnostic Statistical Manual (DSM) when adjudicating cases involving defendants with mental illness (+).	A: 4 (2.4) J: 0 (0) P: 2 (4.9) D: 2 (2.2)	A: 9 (5.4) J: 2 (5.3) P: 4 (9.8) D: 3 (3.4)	A: 75 (44.9) J: 21 (55.3) P: 18 (43.9) D: 36 (40.9)	A: 57 (34.1) J: 11 (28.9) P: 16 (39) D: 30 (34.1)	A: 22 (13.2) J: 4 (10.5) P: 1 (2.4) D: 17 (19.3)
I have found testimony by mental health professionals (i.e., psychiatrists and psychologists) to be helpful (+).	A: 1 (0.6) J: 0 (0) P: 1 (2.4) D: 0 (0)	A: 9 (5.4) J: 1 (2.6) P: 0 (0) D: 8 (9.1)	A: 11 (6.5) J: 3 (7.7) P: 1 (2.4) D: 7 (8)	A: 97 (57.7) J: 21 (53.8) P: 32 (78) D: 44 (50)	A: 50 (29.8) J: 14 (35.9) P: 7 (17.1) D: 29 (33)
I have found testimony by mental health professionals (i.e., psychiatrists and psychologists) to be reliable (+).	A: 0 (0) J: 0 (0) P: 0 (0) D: 0 (0)	A: 13 (7.8) J: 1 (2.6) P: 3 (7.3) D: 9 (10.2)	A:31 (18.6) J: 7 (18.4) P: 7 (17.1) D: 17 (19.3)	A: 94 (56.3) J: 20 (52.6) P: 28 (68.3) D: 46 (52.3)	A: 29 (17.4) J: 10 (26.3) P: 3 (7.3) D: 16 (18.2)

Experiential Items

A final portion of the survey instrument consisted of five originally conceived items designed to assess participants' familiarity and experiences with mental illness-related issues in the courtroom. Two of these were simple "yes / no" questions. The wording of these two items was specifically tailored to the role of the participants in the courtroom. Thus, judges were asked, "Have mental health professionals ever been expert witnesses in your courtroom?" By comparison, prosecutors and public defenders were asked, "Have you ever used mental health professionals as expert witnesses?" A second item tailored for the judges read, "Have you ever mandated a mental health evaluation for a defendant?" For prosecutors and public defenders, the item read, "Of all the cases you have (prosecuted/defended), has a judge ever mandated a mental health evaluation for a defendant?" Where affirmative responses were provided for these items, participants are asked to estimate how many times the event had occurred. Three additional items in this section also allowed participants to provide approximate estimates for certain events of interest, again depending on their particular role in the courtroom. For judges, the wording of these items was tailored to read, "Of all the cases you have *presided over*…" For prosecutors the items began, "Of all the cases you have *prosecuted*…" And for public defenders they read, "Of all the cases you have *defended*…" The results obtained for the five items within this section are reported below, keeping in mind that the wording differences have been truncated for ease and economy of presentation.

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

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

Section III: Reliability Analysis

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

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

Examination of the above table indicates several interesting results. Most notably, the full instrument consisting of all 60 survey items measured on the five-point Likert scale achieved high reliability (.947). This is important because not only does it indicate that study participants were consistent in their pattern of responses, but that the overall instrument has strong potential for future research application and replication within the scope of its intended design and use. Also of particular note from the coefficients reflected above is that each of the three adapted scales (ATMIO = 20 items; CAMI = 22 items; SSMSI Agreement = 9 items) achieved reliability scores ranging from .857 to .886, again indicating highly consistent patterns of response. Although the adapted ATMIO and CAMI scales reflected high overall reliability coefficients, their respective subscale reliability measures fell below the generally accepted level of .70. The same is true for the nine originally conceived items (with the coefficient for prosecutors as the exception). Obtained coefficients less than .70 suggest a need for further multivariate exploratory factor analysis to assess the extent to which the various survey items are in fact measuring the intended constructs (e.g., diminished responsibility, benevolence, etc.) or, instead, are representative of other attitudinal dimensions.

Section IV: Summated Scale Scores

Given the reliability coefficients reported in the previous section, it is reasonable to use the various adapted scales and subscales for purposes of calculating summated scores for all participants and each of the three distinct groups. Before doing so, however, an important methodological issue must be clarified. Specifically, a portion of the sixty attitudinal survey items contained in the instrument were "positively" worded (meaning that the phrase had a positive connotation regarding attitudes toward mental illness), while others were "negatively" worded (meaning that the phrase had a negative connotation regarding attitudes toward mental illness). In order to calculate summated scale scores, responses for all "negatively" worded items were reverse coded so that they instead represented "positive" statements. In sum, this procedure was applied to 29 survey items – 10 from the ATMIO scale, nine from the CAMI scale, all nine items from the SSMIS Agreement subscale, and one from the nine originally conceived items that comprised the fourth section of the instrument.

As a consequence of having applied this recoding procedure so that all survey items represent "positive" statements regarding attitudes toward mental illness, one subscale from the revised/adapted ATMIO scale and two subscales belonging to the revised/adapted CAMI scale need to "relabeled/reconsidered." Specifically, the ATMIO "Negative Stereotypes" subscale and the CAMI "Authoritarianism" and "Social Restrictiveness" subscales each suggest a negative connotation regarding attitudes toward mental illness. By recoding the negatively worded items within those three subscales, the new suggested labels for each are "Positive Attitudes," "Anti-Authoritarianism" and "Anti-Social Restrictiveness," respectively. Thus, when summed, the labels and scores for each survey respondent on all 60 items will represent the magnitude of positive attitudes regarding mental illness. The higher a participant's summated score on the overall instrument, the adapted scales and the various subscales, the more positive are her/his attitudes regarding mental illness. Conversely, the lower a participant's overall, adapted scale and subscale scores, the more negative are her/his attitudes regarding mental illness.

Each adapted subscale and scale was incorporated into the instrument for purposes of measuring a distinct dimension of participants' attitudes regarding mentally ill defendants. The utility of subscales and scales is that the items contained in each can be summated into component or composite scores, respectively. For example, the nine survey items comprising the adapted "benevolence" subscale can be summated to provide an easier-to-understand representation of this attitudinal dimension. In turn, readers will recall that the adapted "benevolence" subscale is but one of three other dimensions comprising the larger adapted "CAMI" scale. Thus, a component subscale score can be added together with other component subscale scores to provide an overall composite score for the full scale.

In order to maintain confidentiality assurances, individual summated scores are not presented. Consequently, the results of this additive procedure are only presented in aggregate form, such as the mean and standard deviation for all participants and each of the three groups.

Scale/Subscale	All Participants	Judges	Prosecutors	Public Defenders
Full Instrument (60 items)	3.83 on scale of 1 - 5	3.78	3.54	4.02
Adapted ATMIO scale (20 items)	3.82 on scale of 1 - 5	3.68	3.51	4.04
Positive Stereotypes subscale (8 items)	4.10 on scale of 1 - 5	3.88	3.80	4.33
Community Risk subscale (4 items)	3.44 on scal of 1 - 5	3.30	3.14	3.64
Rehabilitation/Compassion subscale (5 items)	3.98 on scale of 1 - 5	3.94	3.73	4.11
Diminished Responsibility subscale (3 items)	3.36 on scale of 1 - 5	3.27	2.79	3.66
Adapted CAMI scale (22 items)	3.85 on scale of 1 - 5	3.83	3.57	3.99
Anti-Authoritarianism subscale (7 items)	3.67 on scale of 1 - 5	3.63	3.46	3.79
Benevolence subscale (9 items)	3.95 on scale of 1 - 5	3.94	3.62	4.10
Community MH Ideology subscale (2 items)	3.91 on scale of 1 - 5	3.94	3.64	4.02
Anti-Social Restrictiveness subscale (4 items)	3.85 on scale of 1 - 5	3.82	3.55	4.01
Adapted SSMIS Agreement subscale (9 items)	3.81 on scale of 1 - 5	3.82	3.53	3.93
Originally Conceived Items (9 items)	3.87 on scale of 1 - 5	3.83	3.60	4.02

The information presented in the table above can be used to determine the relatively positive or negative pattern of beliefs, perceptions and attitudes expressed by all participants and each of the three groups regarding defendants with mental illness. The value in each cell represents the average score for study participants on each of the adapted scales and subscales using a standardized continuum of 1 – 5, where one (1) represents negative views, and five (5) represents positive views. Thus, the standardized values within each group/column can be directly compared to one another to determine which group is more relatively positive or negative than the other on all adapted scales and subscales. In every instance, public defenders manifested the most positive average scale scores followed by judges. Prosecutors consistently manifested the least positive average scale scores of the three groups across all adapted scales and subscales.

While it is indeed true that public defenders as a group manifest the most positive attitudes and prosecutors the least positive attitudes regarding defendants with mental illness, that finding should not be construed to mean that members of the former group "coddle" or those in the latter group "vilify" the mentally ill. In fact, on the Likert scale of 1 – 5, the highest summated subscale score for public defenders was 4.33 on the dimension of "positive stereotypes." For prosecutors the average summated score on that same subscale was 3.8, which is still relatively positive overall. The lowest summated subscale score for prosecutors was 2.79 on the dimension of "diminished responsibility." For public defenders, the average summated score on the same subscale was 3.66. On balance, the overall heuristic assessment to be drawn from the summated subscale and scale scores reflected in this report indicate that judges, prosecutors and public defenders manifest neutral to positive (but not overly or exceedingly positive) beliefs, perceptions and attitudes regarding defendants suffering from mental illness. This is indeed encouraging information particularly in light of the sometimes common perception that the South (generally) and Mississippi (specifically) may perhaps not be as progressive or therapeutic as other regions and states.

A related issue is that of determining whether or not the observed differences in scores between the three groups of participants on each of the adapted scales and subscales presented in the table above are statistically significant (i.e., "real") or, instead, due to chance. In all instances, the observed differences in scale and subscale scores across all possible combinations of the three groups are statistically significant (i.e., "real") and not due to chance. More simply stated, the observed differences in the summated scales scores between judges, prosecutors and public defenders are real.

Section V: Bivariate Analyses

In addition to the foregoing descriptive results, reliability analyses and calculation of summated scores, a series of bivariate analyses were conducted. Of particular interest was determining if there were any statistically significant (i.e., "real") relationships between the demographic and experiential variables and the patterns of response for all 60 Likert-type survey items. Recalling that all survey items were based upon a five-point continuum, the categories of "strongly disagree" and "disagree" were collapsed/combined into a new category labeled as "collectively disagree." The response categories of "strongly agree" and "agree" were collapsed/combined into a new category labeled as "collectively agree." No changes were applied to the "no opinion" response category. These newly created categories, in combination with the categorical nature of the demographic items, lend themselves to chi-square analysis.

In reporting the results that follow, chi-square analysis tests the null hypothesis that two categorical variables are statistically independent or unrelated to one another. To test this null hypothesis, observed and expected cell frequencies are computed. To the extent that these values differ from one another, it becomes possible to determine if the two variables are independent/unrelated or, instead, statistically dependent/related to one another. Because the obtained chi-square coefficient has no direct or intuitive interpretation, all that can be said is that as values grow larger, so too does the likelihood of rejecting the null hypothesis of independence. Stated differently, the greater the difference between observed and expected cell frequencies, the larger the resulting chi-square coefficient. A sufficiently large chi-square coefficient allows for the conclusion that the two categorical variables of interest are statistically dependent/related to one another.

Of the 13 original demographic items, one (discipline in which bachelor's degree was earned) was not included in this portion of the analysis based upon the wide variation in responses, which made it difficult to temporally organize them into distinct categories. In all, there were 12 demographic and two experiential items that shared statistically significant dependence relationships with various survey items. The pages and tables that follow report the results of the chi-square analyses.

Chi-square analysis revealed a statistically significant dependence relationship between the demographic variable "sex" (coded as "male" or "female") and the three survey items in the following table. Specifically, female participants were more likely to collectively disagree with the assertion that mentally ill offenders respect only harsh punishment. They were also more likely than males to express no opinion or remain otherwise neutral in response to the proposition that the mentally ill do not deserve sympathy. Male participants, on the other hand, were more likely to collectively agree with the notion that despite their crimes, mentally ill offenders deserve sympathy.

Wording of Survey Item:	**Sex**	**Collectively Disagree** F_o (f_e)	**Undecided** F_o (f_e)	**Collectively Agree** F_o (f_e)	**Sig.**
Mentally ill offenders respect only harsh punishment.	M F	93 (98) 47 (41)	20 (15) 2 (6)	3 (2) 0 (0)	.034
Despite their crimes, mentally ill offenders deserve sympathy.	M F	21 (22) 11 (9)	24 (30) 19 (12)	71 (63) 19 (26)	.020
The mentally ill do not deserve our sympathy.	M F	99 (94) 36 (40)	8 (12) 10 (5)	9 (8) 3 (3)	.039

There was also a statistically significant dependence relationship between the demographic variable "race/ethnicity" (recoded as "white" or "other") and the three survey items listed below. Specifically, white participants were more likely to collectively agree with the positively worded statement that mentally ill offenders deserve sympathy despite their crimes. Non-white participants were more likely to collectively agree that mentally ill defendants are more violence prone than those without mental illness. Finally, non-whites were more likely to express no opinion or remain otherwise neutral in their views regarding the reliability of testimony by mental health professionals.

Wording of Survey Item:	**Race**	**Collectively Disagree** F_o (f_e)	**Undecided** F_o (f_e)	**Collectively Agree** F_o (f_e)	**Sig.**
Despite their crime, mentally ill offenders deserve sympathy	W O	25 (26.7) 8 (6.3)	31 (35.6) 13 (8.4)	79 (72.8) 11 (17.2)	.049
Defendants with mental illness are more violence prone than defendants without mental illness	W O	81 (78) 16 (18)	45 (43) 9 (10)	9 (12) 7 (3)	.032
I have found testimony by mental health professionals to be reliable	W O	13 (10) 0 (2)	21 (25) 11 (6)	101 (98) 21 (23)	.017

Participant age (recoded as "50 or younger" and "51 or older") was significantly related to three survey items. In particular, those who were age 50 or younger were more likely to collectively disagree with the positively worded statement that mentally ill offenders are not completely responsible for their crimes. Participants age 51 or older were more likely to collectively agree that the best therapy for many mentally ill patients is to be part of a normal community. This same group of participants was more likely to collectively disagree with the statement that most persons with mental illness will not recover or get better.

Wording of Survey Item:	Age	Collectively Disagree F_o (f_e)	Undecided F_o (f_e)	Collectively Agree F_o (f_e)	Sig.
Mentally ill offenders are not completely responsible for their crimes.	50 or Younger 51 or Older	33 (26) 21 (28)	13 (17) 24 (19)	34 (36) 41 (38)	.041
The best therapy for many mentally ill patients is to be part of a normal community.	50 or Younger 51 or Older	9 (5) 3 (6)	35 (30) 29 (33)	36 (43) 54 (46)	.031
Most persons with mental illness will not recover or get better.	50 or Younger 51 or Older	47 (55) 68 (59)	26 (18) 13 (20)	7 (5) 5 (6)	.016

Bivariate analysis of the data also revealed a statistically significant dependence relationship between the demographic variable "religious identification" (recoded as "Protestant" and "Catholic," while excluding "other") and the two survey items listed in the following table. Participants who self-identified as Protestants were more likely to collectively disagree with the negatively worded statement that for mentally ill offenders, preventing escape is more important than the treatment for their mental illness. Conversely, Protestants were more likely to collectively agree that most persons with mental illness are unable to get or keep a regular job.

Wording of Survey Item:	Religious Identification	Collectively Disagree F_o (f_e)	Undecided F_o (f_e)	Collectively Agree F_o (f_e)	Sig.
For mentally ill offenders, preventing escape is more important than the treatment for their mental illness.	Protestant Catholic	90 (86) 18 (21)	4 (6) 4 (1)	3 (4) 2 (1)	.038
Most persons with mental illness are unable to get or keep a regular job.	Protestant Catholic	62 (65) 20 (16)	15 (15) 4 (3)	20 (16) 0 (4)	.049

Years of experience within the legal profession (recoded as "10 or less" and "11 or more") was also significantly related to one survey item. Study participants who indicated that they had 10 or fewer years of experience were more likely to collectively disagree with the negatively worded assertion that the mentally ill are a burden on the criminal justice system.

Wording of Survey Item:	Years of Experience	Collectively Disagree F_o (f_e)	Undecided F_o (f_e)	Collectively Agree F_o (f_e)	Sig.
The mentally ill are a burden on the criminal justice system.	10 or less 11 or more	36 (29) 22 (28)	7 (13) 19 (12)	40 (40) 41 (40)	.012

Chi-square analysis also revealed a statistically significant dependence relationship between the demographic variable "political ideology" (recoded into "Democrat," "Republican" or "other") and the survey items listed in the following table. In all, 11 survey items were significantly related to self-reported political ideology. Overall, those participants who identified themselves as Democrats had more positive beliefs, perceptions and attitudes toward mentally ill offenders than did those who self-identified as Republicans. This assessment is based upon the fact that Democrats were more likely to collectively agree with the positively worded items and collectively disagree with those that were negatively worded. Republicans, on the other hand, were more likely to collectively disagree with the positively worded items and collectively agree with those that were negatively worded.

For example, Democrats were more likely to collectively agree with the positively worded statements that 1) mentally ill offenders do not fully understand their crimes; 2) mentally ill offenders are not completely responsible for their crimes; 3) the mentally ill should not be isolated from the rest of the community; 4) we need to adopt a far more tolerant attitude toward the mentally ill; and 5) we have a responsibility to provide the best possible care for the mentally ill.

Democrats were also more likely to collectively disagree with the negatively worded statements that 1) the mentally ill need the same kind of control and discipline as a young child; 2) most persons with mental illness are dirty and unkempt; and 3) most persons with mental illness are unable to care for themselves.

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

Wording of Survey Item:	**Political Affiliation**	**Collectively Disagree F_o (f_e)**	**Undecided F_o (f_e)**	**Collectively Agree F_o (f_e)**	**Sig.**
Mentally ill offenders don't fully understand their crimes.	D R O	6 (13) 16 (8) 24 (23)	3 (5) 2 (3) 15 (10)	40 (29) 13 (18) 46 (51)	.000
Mentally ill offenders are not completely responsible for their crimes.	D R O	13 (16) 15 (10) 26 (27)	6 (10) 5 (6) 25 (18)	30 (22) 11 (14) 34 (38)	.020
For mentally ill offenders, preventing escape is far more important than the treatment for their mental illness.	D R O	45 (43) 25 (27) 77 (75)	4 (3) 2(2) 6 (6)	0 (1) 4 (1) 2 (3)	.042
The mentally ill should not be isolated from the rest of the community.	D R O	4 (6) 8 (3) 9 (10)	9 (13) 10 (8) 27 (23)	36 (29) 13 (18) 49 (50)	.029
Mentally ill patients need the same kind of control and discipline as a young child.	D R O	28 (17) 9 (11) 23 (30)	17 (22) 11 (14) 47 (38)	4 (8) 11 (5) 15 (15)	.001
We need to adopt a far more tolerant attitude toward the mentally ill in our society.	D R O	3 (6) 6 (3) 12 (10)	6 (11) 9 (7) 22 (19)	40 (31) 16 (20) 51 (55)	.050
We have a responsibility to provide the best care possible for the mentally ill.	D R O	2 92) 4 (1) 1 (3)	2 (3) 0 (2) 11 (6)	45 (43) 27 (27) 73 (74)	.009
Most persons with mental illness are unpredictable.	D R O	24 (21) 8 (13) 40 (37)	14 912) 6 (8) 23 (22)	11 (14) 17 (9) 22 (25)	.024
Most persons with mental illness are dirty and unkempt.	D R O	45 (39) 22 (25) 67 (69)	4 (7) 6 (4) 16 (13)	0 (1) 3 (0) 2 (2)	.043
Most persons with mental illness are unable to take care of themselves.	D R O	42 (36) 18 (22) 62 (62)	5 (8) 5 (5) 20 (15)	2 (3) 8 (2) 3 (6)	.000
I believe mental illness can be a mitigating factor in criminal cases.	D R O	2 (3) 8 (2) 3 (6)	3 (3) 0 (2) 9 (6)	44 (41) 23 (26) 73 (72)	.001

Years as a state resident (recoded as "39 years or less" and "40 years or more") were significantly related to four survey items. The values reflected in this table indicate several notable findings. First, participants who reported living in Mississippi for 40 or more years were more likely to collectively disagree with the negatively worded statements that 1) the best way to handle the mentally ill is to keep them behind locked doors, and 2) most persons with mental illness will not recover or get better. Participants with 39 or fewer years of residence were more likely to report having no opinion on two items: 1) that most persons with mental illness are unpredictable, and 2) that they support diversion from jail and/or prison for offenders with mental illness.

Wording of Survey Item:	Years as MS Resident	Collectively Disagree F_o (f_e)	Undecided F_o (f_e)	Collectively Agree F_o (f_e)	Sig.
The best way to handle the mentally ill is to keep them behind locked doors.	39 or less 40 or more	62 (67) 78 (72)	6 (4) 3 (4)	13 (8) 5 (9)	.044
Most persons with mental illness are unpredictable.	39 or less 40 or more	28 (34) 44 (37)	30 (21) 15 (23)	23 (24) 27 (25)	.013
Most persons with mental illness will not recover or get better.	39 or less 40 or more	48 (56) 68 (59)	25 (18) 14 (20)	8 (5) 4 (6)	.021
I support diversion from jail and/ or prison for offenders with mental illness.	39 or less 40 or more	6 (8) 12 (9)	19 (13) 9 (14)	56 (58) 65 (62)	.047

Two survey items were significantly related to the demographic variable "practiced law outside of Mississippi" (coded as "yes" or "no"). Study participants who reported having practiced law outside of Mississippi were more likely to collectively disagree with the negatively worded proposition that physical punishment of mentally ill offenders is occasionally necessary. They were also more likely to collectively agree with the positively worded statement that virtually anyone can become mentally ill.

Wording of Survey Item:	Practiced Law Outside Mississippi	Collectively Disagree F_o (f_e)	Undecided F_o (f_e)	Collectively Agree F_o (f_e)	Sig.
Physical punishment of mentally ill offenders is occasionally necessary.	Y N	19 (13) 92 (97)	0 (3) 32 (28)	1 (2) 23 (21)	.014
Virtually anyone can become mentally ill.	Y N	0 (0) 7 (6)	1 (4) 39 (35)	19 (14) 101 (105)	.048

Two positively worded items were significantly related to the demographic variable "amount of law school training on MI-related issues" (recoded as "none" or "some") and the survey items listed in the following table. Study participants who reported having been exposed to training on mental illness-related issues in law school were more likely to collectively disagree with the assertion that we need to adopt a far more tolerant social attitude toward the mentally ill. Conversely, they were more likely to collectively agree that the mentally ill should not be denied their individual rights.

Wording of Survey Item:	Amount of Law School Training on MI-related Issues	Collectively Disagree F_o (f_e)	Undecided F_o (f_e)	Collectively Agree F_o (f_e)	Sig.
We need to adopt a far more tolerant attitude toward the mentally ill in our society.	None Some	11 (17) 10 (3)	33 (30) 5 (7)	91 (87) 16 (20)	.001
The mentally ill should not be denied their individual rights.	None Some	3 (4) 3 (1)	4 (6) 4 (1)	128 (123) 24 (28)	.007

Similarly, two survey items listed in the next table revealed a statistically significant dependence relationship with the demographic variable "amount of continuing legal education on MI-related issues" (recoded as "none" or "some"). Participants who had not received continuing legal education on the topic of mental illness-related issues were more likely to collectively disagree with the negatively worded proposition that you should be constantly on guard with mentally ill offenders. They were also more likely to express no opinion in response to the assertion that mental hospitals seem more like prisons than places where the mentally ill can be cared for.

Wording of Survey Item:	Amount of CLE on MI-related Issues	Collectively Disagree F_o (f_e)	Undecided F_o (f_e)	Collectively Agree F_o (f_e)	Sig.
You should be constantly on guard with mentally ill offenders.	None Some	17 (10) 26 (32)	4 (7) 28 (24)	19 (21) 72 (69)	.014
Our mental hospitals seem more like prisons than places where the mentally ill can be cared for.	None Some	3 (7) 29 (24)	23 (17) 50 (55)	14 (14) 47 (46)	.049

Four survey items listed in the table below were found to be significantly related to the demographic variable that read, "Has anyone in your *immediate* family ever been diagnosed with a mental illness?" (coded as "yes" or "no"). Study participants without an immediate family member who had ever been diagnosed with a mental illness were more likely to collectively disagree with the proposition that preventing escape is more important than treatment. Participants with an immediate family member who had been diagnosed as mentally ill were more likely to collectively agree with the positively worded statement that society needs to adopt a far more tolerant attitude toward the mentally ill. This same group of participants was also more likely to collectively disagree with the negatively worded statement that mental hospitals are an effective means of treatment, and the positively worded statement that it is important to refer to the Diagnostic Statistical Manual (DSM) when adjudicating cases involving defendants with mental illness.

Wording of Survey Item:	Immediate Family Member with MI	Collectively Disagree F_o (f_e)	Undecided F_o (f_e)	Collectively Agree F_o (f_e)	Sig.
For mentally ill offenders, preventing escape is more important than the treatment for their mental illness.	Y N	37 (41) 111 (106)	6 (3) 8 (10)	4 (1) 2 (4)	.036
We need to adopt a far more tolerant attitude toward the mentally ill in our society.	Y N	4 (5) 17 (15)	4 (10) 34 (27)	39 (30) 70 (78)	.007
Mental hospitals are an effective means of treating the mentally ill.	Y N	13 (7) 13 (18)	14 (18) 51 (46)	20 (21) 57 (55)	.021
It is important to refer to the Diagnostic Statistical manual (DSM) when adjudicating cases involving defendants with mental illness.	Y N	8 (3) 5 (9)	17 (21) 59 (54)	22 (22) 57 (56)	.015

A logically similar demographic variable that read, "Has anyone in your *extended* family ever been diagnosed with a mental illness?" (coded as "yes" or "no") was significantly related to the six survey items listed below. Study participants without an extended family member who had ever been diagnosed as mentally ill were more likely to collectively disagree with the negatively worded statement that 1) only a few mentally ill offenders are dangerous, and 2) the mentally ill are far less of a danger than most people believe. Conversely, this same group of participants was more likely to collectively agree with the negatively worded assertions that 1) the mentally ill need the same kind of control and discipline as a young child, and 2) most persons with mental illness have below-average intelligence. Finally, participants who did not have an extended family member with mental illness were more likely to express no opinion in response to two statements that 1) the mentally ill are a burden on the criminal justice system, and 2) we have a responsibility to provide the best possible care for the mentally ill.

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

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

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

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

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

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

Section VI: Qualitative Comments

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

	N (%)
All Participants	104 (61.54%)
Judges	24 (61.54%)
Prosecutors	23 (56.1%)
Public Defenders	57 (64.04%)

The comments below represent the most salient responses received from members of each group.

Judges' Comments

"The judicial system suffers great delay because of the lack of funding for our state mental health facilities."

"There are too few resources available to assist families of those in the system and the children in the system with mental illnesses. The few programs that we have generally function at a rate below what is generally acceptable and treatment is substandard. More resources should be given to helping those with mental illness."

"Our options are very limited in dealing with defendants with mental illness."

"The court is not equipped to solve problems of mental illness. More resources are needed and the state needs to provide those resources."

Prosecutor Comments

"The public needs to be educated about mental illness, but people in general have pre-conceived notions about the mentally ill. The law limits what we can do with the mentally ill."

"There are too many people in jail and prison with mental issues. They need to be in hospitals and not prisons. I'm not trying to excuse their acts nor their behavior, but they need treatment for what causes them to commit their crimes. There are a lot of people who are competent who need help with mental issues. I was a defense attorney for 20 years before becoming an ADA."

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

Public Defender Comments

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

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

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

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

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

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

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

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

"There is a difference between mental illness and IDD. Mental illness can generally be treated with medicine and appropriate therapy. Low IQ has no known medical cure. These two categories of defendants are often lumped together in the justice system, and while both need focus, they need different kinds of focus. As well, 15 beds in the forensic unit at Whitfield to serve 82 counties is simply not enough. The average wait for a bed is well over a year, so defendants sit in a county jail just waiting for an evaluation, oftentimes without getting appropriate medication and supervision. The requirement that a civil commitment cannot occur so long as a criminal charge is pending should be renounced."

"The legal system is underfunded, undertrained and underequipped to handle criminal defendants with mental illness. The system was never developed to address mental illness in a humane and educated fashion, and the system does not have the necessary tools or alternatives to address mental health issues. Mental health issues cannot be properly addressed in an adversarial system.

"The survey touches upon the desperate state of affairs among mentally ill, criminal defendants, their families and our communities. The public and the government need to fully fund mental health care statewide and expand services comprehensively statewide. Judges, prosecutors and defense attorneys (not just PDs) need much more training to address the specific needs of mentally ill defendants. The mentally ill are among the most marginalized, neglected, stigmatized and criminalized in society. They need more help."

DISCUSSION

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

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

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

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

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

The final scale, identified as "experiential items" sought to assess the extent to which courtroom participants had previously interacted with mentally ill defendants. Also of interest was reliance on expert witnesses and mental health evaluations. Most participants reported having been involved in cases where mental health professionals and evaluations were utilized, although such cases made up a small percentage of their total caseloads. Responses to these items reinforce other research indicating that mental illness is rarely relied upon as a legal defense.

The summated scale scores generally reveal positive perceptions regarding mentally ill offenders. Overall, scores among judges, prosecutors and defense attorneys were higher than average in every category throughout the instrument and subscales. When all participants are grouped together, the highest scores emerge on the positive stereotype subscale followed by the rehabilitation/compassion subscale, the benevolence subscale and the community mental health ideology subscale. Collectively, it appears that courtroom participants in Mississippi share a general concern and empathize with mental health issues affecting defendants. Stereotypes that often result in stigmatization of the mentally ill do not appear to be embraced by participants in the present study. These practitioners appear to have a generalized awareness of the unique issues that can sometimes accompany complex interactions between mentally ill offenders and the criminal justice system.

When groups are disaggregated and examined, public defenders scored highest on all subscales. This finding is not surprising given their familiarity and close working relationship with the defendant. Given their professional charge, public defenders must work to identify all issues relevant to the case. This includes, but is not limited to, exploring competency by way of professional assessment and evaluation to ensure appropriate placement for defendants during the pre-trial and sentencing phases. Consequently, public defenders possess a unique familiarity with and sensitivity to the plight of mentally ill defendants.

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

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

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

Further examination also revealed interesting findings regarding the relationship between self-reported career experiences and certain survey items. For example, although a majority of study participants had not been exposed to law school training on issues related to mental illness, most manifested generally positive attitudes toward afflicted defendants. Conversely, most participants reported having been exposed to CLE training on issues surrounding mentally ill defendants, but still seemed to endorse the negative view that you should be constantly on guard with mentally ill offenders. These findings suggest a need to examine the manner and tone (e.g., positive, neutral or negative) in which the topic is being presented to courtroom participants as part of their professional development activities.

Personal experience with mental illness in the immediate or extended family is also related to one's attitudes regarding mentally ill defendants. The pattern of observed versus expected responses indicated that those with an afflicted family member tended to manifest more positive beliefs and attitudes than those who did not report such familial relationships. Clearly, this finding suggests a need for further multivariate analysis designed to assess the extent to which such familial relationships are capable of accounting for variance in the perceptions and behaviors of courtroom participants when adjudicating cases involving mentally ill defendants.

The qualitative comments provided by participants in this particular study reveal empathetic awareness of the unique challenges that exist in Mississippi regarding mentally ill offenders. Perceptions regarding the apparent lack of available resources within the state were consistent across the three groups. Judges, prosecutors and public defenders report that existing resources are woefully inadequate to meet the pressing and sometimes dire needs of mentally ill defendants. The shortage of available space at the state hospital was repeatedly identified as a barrier to timely evaluation and assessment. Reporting delays of a year or more in certain cases, courtroom participants acknowledge the need for additional space or a second facility. The inability to provide timely professional assessments can create significant delays in case processing and, in turn, the provision of appropriate care for defendants.

Another common theme that emerged from the qualitative comments was the inability of the criminal justice system to address mental illness as a social problem. Given the historic emphasis on crime control, prosecution and mass incarceration, the goals and orientation of the legal system are often diametrically opposed to those of the mental health system, which is based on a medical model involving evaluation, diagnosis and treatment. It is thus not surprising to find that participant comments reflect a generally consistent view that the criminal justice system is both an ill-equipped and inappropriate venue for responding to the problem of mental illness. An over-reliance on the criminal justice system for such purposes has clearly contributed to the disproportionate warehousing of mentally ill offenders in county jails and state prisons where sufficient treatment resources are lacking.

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

CONCLUSION

The current study provides a useful benchmark for assessing the beliefs, perceptions and attitudes of courtroom participants from Mississippi regarding mentally ill defendants. Although exploratory and descriptive in nature, the results of this endeavor are nonetheless vitally important to establishing a threshold level of understanding surrounding current and emerging issues confronting both the state's criminal justice and mental health care systems. The findings reported above should prove useful to policymakers and others who are motivated to enhance public awareness and the allocation of additional fiscal resources to meet the needs of mentally ill defendants. Because cases involving defendants suffering from mental illness can be exceedingly complex and oftentimes require professional competency and expertise not commonly available in the courtroom, it becomes especially imperative that both systems begin working together in a cooperative fashion that strives to meet admittedly diverse individual and social needs. At its core, this study has given voice to judges, prosecutors and public defenders who have made their needs and concerns exceedingly clear with the hope that policymakers will respond by initiating public dialogue and providing necessary resources to prevent the current state of affairs from worsening into a problem that is permanently intractable.

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