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Amy Roach

Roger Williams University, aroach663@g.rwu.edu

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Dangerous Criminals or Misunderstood? Assessing Police Perceptions of the Mentally Ill

Amy Roach

Bachelor of Arts

Psychology

Feinstein College of Arts and Sciences

Roger Williams University

Signature Page

### Abstract

People diagnosed with mental illnesses are often confronted with stigmatization and discrimination because they are stereotyped as dangerous and unpredictable. Police officers are typically the first to respond to a potentially dangerous mentally ill person and therefore, it is important to understand how police officers' perceive mentally ill persons and how they respond to a call regarding a suspect displaying symptoms associated with mental illness. Sixty police officers read one of six vignettes involving a call to investigate a suspicious male loitering behind a store. The vignettes differed only on the perceived severity of the mental illness (mild or severe) and the mental illness type (schizophrenia, antisocial personality disorder, or everyday troubles). Police officers responded to items concerning the suspect's dangerousness, fear, likelihood to detain, and sympathy. Overall, police perceived suspects displaying symptoms consistent with schizophrenia and antisocial personality disorder as more dangerous and more likely to detain. Police also rated severe mental illnesses as more dangerous with a higher likelihood to detain compared to suspects -with mild mental illnesses. These findings suggest that police officers perceive and react differently to suspects with a possible mental illness compared to non-mentally ill suspects which indicates that further police training regarding the mentally ill is necessary.

*Keywords:* mental illness, police, perceptions, stigmatization, dangerousness.

## Dangerous Criminals or Misunderstood? Assessing Police Perceptions of the Mentally Ill

The number of people diagnosed with mental illnesses has steadily increased and is now considered one of the most frequent health conditions in the world (Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein, 2003). Researchers estimate that 25 % of the world population will be affected by a mental illness at some point in their lifetime (Hugo et al., 2003). In the United States, this percentage is even higher with an estimated 28 % of the adult population experiencing a diagnosable mental illness in their lifetime (Martinez, Piff, Mendoza-Denton, & Hinshaw, 2011). Despite the growing population of mentally ill persons and the available treatment programs, they are among the most stigmatized and misunderstood populations (Alexander & Link, 2003). Despite efforts to reduce the burden of stigmas for mentally ill persons, a recent study found an increase in this disturbing pattern, particularly for severe mental illnesses such as schizophrenia (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999). This increasing stigma towards psychiatric patients has a significant impact on everyday behaviors including seeking treatment, advancing in the workplace, and public perceptions of fear, mistrust and violence (Hugo et al., 2003; Dietrich, Beck, Bujantugs, Kenzine, Matschinger, & Angermeyer, 2004).

Link and Phelan (2001) argued that stigmatization occurs in stages and this process consists of four primary components. First, a socially selected human difference is distinguished and labeled. Second, a connection is made between the socially assigned label and the negative stereotype. Third, a separation of in-groups and the negatively stereotyped out-groups occurs which leads to the final stage of discrimination towards the out-groups (Link & Phelan, 2001). The stigmatization of mentally ill persons lies in the comparisons made between those suffering

from mental illness and those who are not (Link & Phelan, 2001). This ultimately leads to rejection and exclusion for people displaying behaviors or symptoms that are perceived as strange (Baumann, 2007). Researchers argue that the desire to distinguish between in-groups (non-mentally ill population) and out-groups (mentally ill population) results from a lack of knowledge and understanding of mental illnesses (Gaebel, Zäske, & Baumann, 2006). Gaebel, Zäske, and Baumann (2006) found in a review of population surveys that laypeople's have a limited understanding of mental illness and focus on the symptoms and visible aspects of the displayed behavior. This strategy allowed participants to accurately perceive differences in the severity of mental illnesses, but not differentiate between specific mental illnesses (Baumann, 2007; Gaebel et al., 2006). Klin and Lemish (2008) further noted that American media has further exacerbated the stigmatization of psychiatric patients by portraying them as violent and rebellious. Although misunderstandings and lack of knowledge regarding mental illnesses are leading contributors to the stigmatization of the mentally ill, additional characteristics have been identified and linked to this rise in stigmatization (Feldman & Crandall, 2007).

Feldman and Crandall (2007) suggested that perceived personal responsibility, perceived dangerousness, and perceived rarity of illness cause stigmatization of mentally ill persons and result in discrimination and social rejection. Researchers have utilized a variety of measures to assess stigmatization (Dietrich et al., 2004; Gaebel et al., 2006). One common measure is participants' desire for social distance or the amount of distance individuals would place between themselves and mentally ill persons (Dietrich et al., 2004). Thus, mental illnesses that lead to the greatest desire for social distance are perceived to be highest in personal responsibility, dangerousness, and rarity (Feldman & Crandall, 2007). Desire by laypersons to increase social

distance from persons displaying behaviors consistent with mental illness is alarming. Feldman and Crandall (2007) noted that psychiatric patients are harmed both internally and externally. The internal harm is caused by the direct effects of the disorder. The external harm which may be more debilitating than the disorder itself is the social rejection and distance that comes from the stigma of mental illnesses. Social distance is considered among the most harmful effects of mental illness stigmatization (Feldman & Crandall, 2007). It becomes increasingly damaging since the desire for social distance increases with the severity of a mental illness (Kasow & Weisskirch, 2010).

People with mental illnesses often do not seek treatments due to fear of stigmatization and discrimination (Hugo, et al. 2003; Martinez, et al. 2011). A general mental illness label can lead to reductions in ascribed humanity and increased perceptions of dangerousness (Martinez et al., 2011). Although it is estimated that 28 % of adults in the United States of America have a diagnosable mental illness only 8 % seek treatment (Martinez et al., 2011). Discrimination against mentally ill persons is well documented (Feldman & Crandall, 2007) and can reduce the quality of life for those individuals (Hugo et al., 2003). Negative attitudes towards people suffering from mental illness have been well documented in the general population (Martinez et al., 2011). The impact of these attitudes towards psychiatric patients is profound and decreases their ability to attend educational programs, obtain employment (Feldman & Crandall, 2007), and housing (Klin & Lemish, 2008). Even psychiatrists and mental health professionals have been found to perpetuate labels and stigmatization of mentally ill persons (Dubin & Fink, 1992; Kloss & Lisman, 2003). Discrimination towards the mentally ill also comes from various segments of the general population. Previous research has shown that mentally ill people are

denied jobs, have difficulty finding housing (Feldman & Crandall, 2007) and are not wanted in educational settings (Becker, Martin, Wajeeh, Ward, & Shern, 2002). Phelan and Basow (2007) suggested that perceived dangerousness of mentally ill persons is the leading cause of discrimination, stigmatization and the desire for social distance.

Symptoms of mental illness are strongly connected with a stereotype of dangerousness and public fears about potential violence (Link et al., 1999). Link et al. (1999) had participants read one of five vignettes depicting a person exhibiting symptoms of a mental illness. Results indicated that symptoms played the largest role in determine perceived dangerousness not knowledge of mental illness (Link et al., 1999). Ratings of dangerousness and desire for social distance was even higher when participants were able to accurately label a person in the vignettes as mentally ill (Phelan & Basow, 2007). These findings indicate that even without a distinct mental illness label, people who exhibit mental illness symptoms cause fear of potential violence and the desire for social distance (Link et al., 1999)

Perceived dangerousness is often considered the leading cause of social rejection and distance for people with mental illnesses (Martinez et al., 2011). This perception is exacerbated by the media -which often depict mental ill persons as dangerous (Alexander & Link, 2003). This inaccurate portrayal of mental ill persons lacks empirical support. In contrast, the research shows an inverse relationship between dangerousness and contact (Alexander & Link, 2003). Unfortunately, this lack of interaction between laypersons and persons suffering from any mental illness is likely to remain low because they are perceived as dangerous “strangers” who should be avoided (Baumann, 2007). Despite massive nationwide attempts to decrease the

stigmatization of the mentally ill, the perceptions of dangerousness have not decreased over time; since the 1950s Americans' perceptions of dangerousness have actually increased (Phelan & Link, 1998). Phelan and Link (1998) suggested that this increase in the public's perception of dangerousness may be due to the growing knowledge about dangerousness criterion for civilly committing a person with a mental illness. Given the pervasive stereotypes and growing number of mental illness types, it behooves researchers to further examine the increased perceptions of dangerousness particularly for specific populations including law enforcement, mental health professionals, and employers (Phelan & Link, 1998). Given the frequency of contact with mentally ill persons, the present study will focus on police perceptions of mentally ill persons.

Police encounters with the mentally ill have been steadily increasing and it is now estimated that 7 % of all police officers' official contacts nationwide involve a mentally ill person (Sellers, Sullivan, Veysey, & Shane, 2005). Given the emphasis on the relationship between mental illness and violence, it is important to examine how police perceptions of dangerousness may influence their interactions and decision-making when dealing with mentally ill people (Church, Baldwin, Brannen, & Clements, 2009). Sellers et al. (2005) argued that police become the primary mental health resource to distressed citizens because they are required to provide necessary services to citizens and often times are the first to arrive at a scene involving disturbance. Unlike other citizens who desire and can choose to remain socially distant from mentally ill persons, police are required to interact with the mentally ill on a daily basis (Sellers et al., 2005). Although a significant amount of previous research has looked at the stigmatization of the mentally ill and how that stigma affects lay peoples' perception, there is a limited amount

of experimental research that examines police stigmatization, perceptions, and decision making regarding potential offenders displaying symptoms of mental illness (Teplin, 1983).

Previous research on the interaction of mentally ill populations and criminal justice professionals has focused on the “criminalization of mentally-disordered behavior” and the high rates of mentally ill people in the criminal justice system (Lamb, Weinberger, & Gross, 2004). Arrests among the mentally ill are unusually high with an estimated 1 million arrests annually (Constantine et al., 2010). Police often have three choices when responding to a call regarding a mentally ill person, arrest them, settle the issue informally, or initiate a mental health referral (Teplin, 1983). Archival records show law enforcement often chooses to arrest mentally ill persons since it is typically the least cumbersome of the options (Sellers et al., 2005; Teplin, 1983). The present study examines the role of police stigmas and perceptions of dangerousness in this decision making process.

Friedman (2006) suggested that police perceptions of increased dangerousness and the mentally ill may be a function of the large amount of mentally ill offenders in the criminal justice system. However, Friedman (2006) argued that by definition alone, citizens who are arrested or incarcerated are more likely to be violent. This stereotype relies on a truncated population that is not representative of the general population of mentally ill people. Friedman (2006) suggests that a more accurate and less biased assessment of the risk of violence from the mentally ill population is needed. The risk of violence from the mentally ill population has been estimated to be only 3 % to 5 %, but still mentally ill people are arrested at a higher rate than the general population (Friedman, 2006; Constantine et al., 2010). Thus, it is important to consider the

interactions between police officers and mentally ill persons and whether these interactions are the primary cause of the high arrest rate.

Over the past two decades police encounters with the mentally ill has begun to receive more attention in the literature, but this attention often occurs out of controversy such as fatal encounters between police and the mentally ill (Chappell, 2010). To date, the current research examining police and mentally ill persons focuses on reducing risk and injury when police and the mentally ill interact (Chappell, 2010). Furthermore, traditional police training on approaching and dealing with mentally ill persons is unsystematic involving different personnel including: special units, mobile mental health teams, or a team of social workers (Borum, Deane, Steadman, & Morrissey, 1998). Although more specialized intervention strategies have been developed to stop inappropriate arrests of the mentally ill (Sellers et al., 2005) police report low satisfaction on their training and outcomes of their interactions with the mentally ill are often not what they desired (Well & Schafer, 2006). McBrien & Murphy (2006) conducted an experiment with mental health caretakers and police officers and found that caretakers of the mentally ill hesitate to call police because they assume the police will arrest or detain that individual. In contrast, the police officers believed the crime should be reported (McBrien & Murphy, 2006). Unfortunately, the existing literature does not provide a definitive answer that adequately explains this seemingly negative relationship between police officers and the mentally ill.

An increasing number of mentally ill people are residing within the community and police are often the first responders when an issue with the mentally ill arises (Teplin, 1983). When police officers arrive at a scene, they report difficulty identifying mental illness type

amongst people they interact with (Riordan, Wix, Kenney-Herbert, & Humphreys, 2000). Given the lack of systematic training across police academies, it is not unreasonable to question if the same stigmatization of the mentally ill by the general public is displayed by police officers and therefore influences how an encounter with a mentally ill person is handled. If police officers stigmatize and perceive mentally ill people as more dangerous this may increase the likelihood of detaining and arresting those individuals. Given the nascent research in this area, it is imperative that additional experimental studies are conducted examining police perceptions of mentally ill persons.

The present study was a 2 (Perceived Severity: mild vs. severe) x 3 (Mental Illness Type: schizophrenia vs. antisocial personality disorder vs. everyday troubles) between subjects design designed to investigate police perceptions and reactions to a scenario involving a mentally ill individual. Perceptions and reactions to the mentally ill individual were measured on a 7 point Likert scale across eight different categories: dangerousness, fear of mental illness, perceived causes, treatment, sympathy, social distance, recidivism, and training. It was predicted that participants who read scenarios with severe mental illnesses were more likely to rate the individual as more dangerous, be more socially distant, more fearful and more likely to use force than participants who read scenarios depicting an individual with a mild mental illness. It was also predicted that participants who read scenarios depicting a person displaying schizophrenic symptoms would be more likely to rate that individual higher in dangerousness, higher desire to be socially distant, more fearful, and more likely to use force compared to participants who read the scenarios with an individual with antisocial personality disorder. It was further predicted that participants would rate the individual with antisocial personality disorder as more dangerous,

more socially distant, and more likely to use force than participants who read the scenarios depicting a person with everyday troubles. A significant interaction was also predicted for perceived severity and mental illness type.

## **Method**

### **Participants**

The study consisted of 60 participants (55 male, 5 female) all of whom voluntarily agreed to participate. The sample consisted of police officers from a large Northeastern police department. Three (5%) participants were between the ages of 25-34, 33 (55 %) were between the ages of 35-44, 22 (36.7 %) were between the ages of 45-55, and two (3.3 %) were between the ages of 55-64. Fifty eight (96.7) of the participants were Caucasian/White/European American, one (1.7%) of the participants was Asian/Pacific Islander, and one (1.7%) of the participants listed other. Six (10%) participants had served as a police officer for 5-9 years, nine participants (15 %) had served as a police officer for 10-14 years, 17 (28.3%) participants served as a police officer for 15-19 years, 18 (30%) participants had served as a police officer for 20-24 years, seven (11.7 %) participants had served as a police officer for 25-29 years, and two participants (3.3 %) listed other and indicated that they had served as a police officer for over 30 years. Fifty four participants (90 %) had received specific training on how to handle people with mental illnesses. Participants were randomly assigned to one of six conditions.

### **Materials**

Participants were given one of six vignettes depicting a person exhibiting symptoms of one of two mental illnesses or mental troubles (schizophrenia, antisocial personality disorder, and everyday troubles). The vignettes were approximately 120 words and described a police officer responding to a call from a concerned citizen (see Appendices A, B, and C for schizophrenia, antisocial personality disorder, and everyday troubles vignettes, respectively). Once arriving at the scene, they observed a person behaving in accordance to one of the six conditions: schizophrenia-mild, schizophrenia-severe, antisocial personality disorder-mild, antisocial personality disorder-severe, everyday troubles-mild, and everyday troubles-severe. The six vignettes varied only on the person's exhibited symptoms and perceived severity of those symptoms. The symptoms exhibited for schizophrenia and antisocial personality disorder match DSM-IV-TR diagnostic criteria for those illnesses (delusions, hallucinations, and confusion for schizophrenia and disinhibition, manipulateness, and risk taking for antisocial personality disorder). For the suspect exhibiting behaviors consistent with everyday troubles the symptoms included distress, emotional reaction, and despair. In three of the vignettes the person's symptoms and behavior were depicted as mild (e.g., schizophrenia: covers his ears with his hands and continues to say; antisocial personality disorder: apologizes for his actions and claims he would never do anything wrong; and everyday troubles: becomes upset) and in the other three vignettes they were depicted as severe (schizophrenia: begins making aggressive gestures and continues to shout; antisocial personality disorder: increasingly enraged and oppositional; and everyday troubles becomes overwrought with emotions).

The measures consisted of thirty-seven items which were grouped across eight categories: dangerousness, fear, perceived causes, sympathy, beliefs about detainment, and

mental illness training (see Appendix D for complete questionnaire). Participants responded to each item on a scale ranging from 1 (not at all: dangerous, fearful, etc.) to 7 (extremely dangerous, fearful, etc.). Demographic items assessing gender, ethnicity, years on the force, and training were also developed.

## **Procedure**

Participants were given two envelopes; one contained an informed consent and the other contained one vignette and one questionnaire. Participants were instructed to first complete the informed consent and placed it back into the envelope. Participants were then instructed to remove the one vignette they were randomly assigned to read. Once participants finished reading the vignette they responded to the 37 item questionnaire designed to assess their perceptions of the mentally ill person depicted in the vignette. After completing the questionnaire participants placed it in a second envelope, sealed it, and returned it to a predetermined location.

## **Results**

Items assessing perceived dangerousness, fear, perceived causes, sympathy, beliefs about detainment, and mental illness training were assessed for internal consistency. Items in these constructs were found to be internally consistent; negatively keyed items were recoded and responses to the items within each construct were averaged and used to form six scales. For a list of scales and coefficient  $\alpha$  values, means, medians, and ranges, see Table 1. A higher score indicates greater perceived dangerousness, fear, sympathy, etc.

### **Dangerousness**

A 2 (perceived severity) X 3 (mental illness type) analysis of variance (ANOVA) was used on the eight-item Dangerousness scale. A main effect for mental illness type was produced,  $F(2,54) = 6.14, p = .004, \eta_p^2 = .185$ . A Least Significant Difference (LSD) post-hoc test revealed that police officers who read scenarios depicting schizophrenia ( $M = 38.8$ ) and antisocial personality disorder ( $M = 35.8$ ) rated Michael as more dangerous than police officers who read scenarios depicting everyday troubles ( $M = 30.5$ ), with the first two means not differing significantly from one another. A main effect for perceived severity was also produced,  $F(1,54) = 5.62, p = .021, \eta_p^2 = .094$ . Police officers who read scenarios with perceived severe mental illnesses rated Michael as more dangerous ( $M = 37.3$ ) than police officers who read scenarios with perceived mild mental illnesses ( $M = 32.7$ ).

### **Fear**

A 2 (perceived severity) X 3 (mental illness type) ANOVA was used on the three-item Fear scale and a main effect for mental illness type was produced,  $F(2,54) = 6.79, p = .002, \eta_p^2 = .201$ . A LSD post-hoc test revealed that police officers who read scenarios depicting schizophrenia ( $M = 13.3$ ) and antisocial personality disorder ( $M = 13.7$ ) were more likely to fear approaching Michael than police officers who read scenarios depicting everyday troubles ( $M = 10.1$ ), with the first two means not differing significantly from one another.

### **Causes**

A 2 (perceived severity) X 3 (mental illness type) ANOVA was used on the four-item Causes scale and a main effect for mental illness type was produced,  $F(2,54) = 9.31, p < .001, \eta_p^2 = .256$ . A LSD post-hoc test revealed that police officers who read scenarios depicting

schizophrenia were less likely to consider Michael's behavior to be caused by something within his own control ( $M = 11.2$ ) than police officers who read scenarios depicting antisocial personality disorder ( $M = 16.0$ ) and police officers who read scenarios depicting everyday troubles ( $M = 15.8$ ), with the latter two means not differing significantly from one another.

### **Sympathy**

A 2 (perceived severity) X 3 (mental illness type) ANOVA was used on the four-item Sympathy scale and a main effect for mental illness type was produced,  $F(2,54) = 4.12, p = .022, \eta_p^2 = .132$ . A LSD post-hoc test revealed that police officers who read scenarios depicting schizophrenia were more likely to feel sympathetic towards Michael ( $M = 19.9$ ) than police officers who read scenarios depicting antisocial personality disorder ( $M = 16.1$ ) and neither means differed significantly from police officers who read scenarios depicting everyday troubles ( $M = 18.75$ ). A significant perceived severity X mental illness type interaction was also found,  $F(2, 54) = 3.32, p = .044, \eta_p^2 = .110$  (see Figure 1 for interaction and means).

### **Detainment**

A 2 (perceived severity) X 3 (mental illness type) ANOVA was used on the eight-item Detainment scale and a main effect for mental illness type was produced,  $F(2,54) = 9.01, p < .001, \eta_p^2 = .250$ . A LSD post-hoc test revealed that police officers who read scenarios depicting schizophrenia ( $M = 20.80$ ) and antisocial personality disorder ( $M = 23.15$ ) were significantly more likely to believe that Michael needed to be detained than police officers who read scenarios depicting everyday troubles ( $M = 15.35$ ), with the first two means not differing significantly from one another. A main effect for perceived severity was also produced,  $F(1,54) = 4.14, p =$

.047,  $\eta_p^2 = .071$ . Police officers who read scenarios with perceived severe mental illnesses were more likely to believe that Michael needed to be detained ( $M = 21.33$ ) than police officers who read scenarios with perceived mild mental illnesses ( $M = 18.20$ ).

A significant perceived severity X mental illness type interaction was found,  $F(2, 54) = 5.05$ ,  $p = .01$ ,  $\eta_p^2 = .158$  (see Figure 2 for interaction and means).

### **Training**

A 2 (perceived severity) X 3 (mental illness type) ANOVA was used on the four-item Training scale and a main effect for mental illness type was produced,  $F(2,54) = 6.06$ ,  $p = .004$ ,  $\eta_p^2 = .183$ . A LSD post-hoc test revealed that police officers who read scenarios depicting schizophrenia were significantly less likely to report having received significant training in dealing with people like Michael ( $M = 15.40$ ) than police officers who read scenarios depicting everyday troubles ( $M = 19.70$ ), with neither two means differing significantly from police officers who read scenarios depicting antisocial personality disorder ( $M = 17.40$ ).

### **Individual Items**

Six items that did not add internal consistency to any of the six scales were analyzed individually. Six 2 (perceived severity) X 3 (mental illness type) ANOVAs were conducted and significant main effects were found for four of the six items.

A main effect for mental illness type was found for the item “To what extent do you believe other people will avoid Michael?”,  $F(2,54) = 4.94$ ,  $p = .011$ ,  $\eta_p^2 = .155$ . A LSD post-hoc test revealed that police officers who read scenarios depicting schizophrenia were

significantly more likely to report believing other people will avoid Michael ( $M = 6.20$ ) than police officers who read scenarios depicting everyday troubles ( $M = 5.15$ ), with neither mean differing significantly from antisocial personality disorder ( $M = 5.55$ ). A significant perceived severity X mental illness type interaction was also found,  $F(2,54) = 3.36, p = .042, \eta_p^2 = .111$  (see Figure 3 for interaction and means).

A main effect for mental illness type was found for the item “To what extent would you want to avoid Michael?”,  $F(2,54) = 4.20, p = .020, \eta_p^2 = .135$ . A LSD post-hoc test revealed that police officers who read scenarios depicting antisocial personality disorder were significantly more likely to report wanting to avoid Michael ( $M = 4.20$ ) than police officers who reading scenarios depicting schizophrenia ( $M = 2.85$ ) and everyday troubles ( $M = 3.05$ ), with the latter two means not differing significantly from one another.

A main effect for mental illness type was found for the item “How likely do you think Michael is to commit a crime in the future?”,  $F(2,54) = 21.21, p < .001, \eta_p^2 = .440$ . A LSD post-hoc test revealed that police officers who read scenarios depicting antisocial personality disorder were significantly more likely to report a high likelihood that Michael would commit a crime in the future ( $M = 5.65$ ) than police officers who read scenarios depicting schizophrenia ( $M = 3.65$ ) and everyday troubles ( $M = 3.15$ ), with the latter two means not differing significantly from one another.

A main effect for mental illness type was found for the item “It is likely that Michael has already committed a crime in the past”,  $F(2, 54) = 4.32, p = .018$ . A LSD post-hoc test revealed that police officers who read scenarios depicting antisocial personality disorder were

significantly more likely to believe Michael had already committed a crime in the past ( $M = 5.15$ ) than police officers who read scenarios depicting schizophrenia ( $M = 3.85$ ) and everyday troubles ( $M = 3.75$ ), with the latter two means not differing significantly from one another.

### **Discussion**

The presence of either mental illness (schizophrenia or antisocial personality disorder) significantly influenced police officers perceptions of the person in question compared to suspect experiencing everyday troubles. Overall, police officers rated a person exhibiting symptoms of schizophrenia or antisocial personality disorder as more dangerous, more feared, and more likely to be detained than a person exhibiting everyday troubles. These findings are consistent with results of Link et al. (1999) who found that symptoms of mental illnesses are strongly connected to perceptions of dangerousness and fears about potential violence. Similarly, Feldman and Crandall (2007) found that perceived dangerousness was directly related to stigma. The presence of symptoms consistent with mental illness influenced police perceptions of the suspect and how they reacted to that person.

Feldman and Crandall (2007) found that perceived dangerousness caused a greater desire for social distance. However, despite the fact that suspects displaying symptoms of schizophrenia or antisocial personality disorder were rated as more dangerous the present study did not yield a main effect for mental illness type and desire for social distance. Alexander and Link (2003) found that if personal contact with a mentally ill person increases the desire for distance decreases. This finding was not replicated in the present study. This inconsistent finding may be due to the frequency of interaction between police officers and mentally ill persons (Sellers et al.,

2005). Thus, although mental illness type affected police perceptions on all six scales (dangerousness, fear, detained, etc.), police did not desire social distance from mentally ill people. This is consistent with Sellers et al. (2005) who stated that police are required to interact with persons suffering from psychological disorders on a daily basis to help maintain public safety.

Contrary to the hypothesis that a person depicting symptoms of schizophrenia would be rated as the most dangerous, most feared, and the most likely to be detained compared to antisocial personality disorder and everyday troubles, schizophrenia and antisocial personality disorder did not differ significantly on those constructs. Police officers who read scenarios depicting symptoms of schizophrenia or antisocial personality disorder rated Michael as more dangerousness, were more fearful of approaching, and were more likely to detain than police officers who read scenarios with everyday troubles. In contrast, the schizophrenia and antisocial personality disorder conditions did not differ implying that the presence of any mental illness was strong enough to influence police perceptions.

The hypothesis that police officers who read scenarios with perceived severe symptoms would be more likely to rate Michael as more dangerous, desire social distance, and to feel as though they were not adequately trained to handle the individual than police officers who read scenarios depicting mild symptoms was partially supported. Police officers who read scenarios with severe symptoms were more likely to detain Michael and perceive him as dangerousness than police officers who read scenarios with mild symptoms. There was no effect for severity

on social distance or training indicating that police officers did not desire social distance and feel adequately trained to handle even severely mentally ill suspects.

Severity of mental illness did influence perceptions on dangerousness and detainment. These findings are consistent with those of Kasow and Weisskirch (2010) who found that the desire for social distance tends to rise as the severity of mental illness increases. No main effect for perceived severity was found for the question, “To what extent would you want to avoid Michael?” implying that police officers did not personally desire social distance from Michael. However, the effect for severity on detainment could imply that police officers desire more social distance between Michael and the general population as the severity of the mental illness increases. Wells and Schafer (2006) suggest that police officers often have a difficult time achieving an appropriate disposition when a mental illness is perceived as more severe and often use arrest to handle the situation.

A perceived severity and mental illness type interaction was found for sympathy and detainment, and an individual item, “To what extent do you believe other people will avoid Michael?” The interaction on the sympathy items indicated that police officers felt the most sympathy for Michael in the perceived mild-schizophrenia condition and the least in the perceived mild-antisocial personality disorder condition. These results could suggest that symptoms of perceived mild-antisocial personality disorder do not appear to be indicative of a mental illness, but rather just an intractable person. Symptoms of perceived mild-schizophrenia may evoke higher levels of sympathy because they denote a truly troubled person.

The second interaction between mental illness type and severity was found on the detainment scale. Police officers rated the most likelihood of detaining Michael in the perceived severe-antisocial personality disorder condition and the least in the perceived severe-everyday troubles condition. These results can be explained by the aggressive gestures and behaviors (e.g., displayed by the suspect in the severe antisocial personality disorder condition compared to the everyday troubles suspect who appeared harmless and despairing). Perceived dangerousness is often considered one of the leading causes of stigma (Martinez et al., 2011). Therefore, police officers are more likely to detain a person who appears more threatening, such as a suspect with perceived severe-antisocial personality disorder.

The third interaction was found for an individual item, “To what extent do you believe other people will avoid Michael?” Police officers indicated they believe people would be most likely to avoid a person with perceived mild-schizophrenia and the least likely to avoid a person with perceived mild-antisocial personality disorder. These results support Link and Phelan’s (2007) research that suggested people show the highest levels of stigma towards a group that appears different from the “in-group”. A person showing symptoms of schizophrenia is apparently very different from the majority of the population while a person who is displaying mild antisocial personality disorders symptoms does not necessarily appear different, but rather disagreeable.

Given the findings of the present and previous studies (particularly Link et al., 1999) it is reasonable to question whether police perceptions of dangerousness affect how they handle situations involving a mentally ill person. Mental illness type was found to affect police

perceptions of the mentally ill on all six scales implying that police officers react differently to people with mental illnesses than they do people who are not displaying symptoms of a mental illness (everyday troubles). These findings have important implications for police training regarding the mentally ill. Borum et al. (1998) discussed the large variations in police training regarding the mentally ill and Sellers et al. (2005) noted that more specialized intervention strategies have been developed to stop inappropriate arrests or responses to mentally ill people. However, findings from the current study suggest the police officers reacting to specific mental illnesses (schizophrenia) still feel as though they are not adequately trained to handle the situation. The current findings imply that police officers require more specialized training that allows them to differentiate between specific mental illnesses and appropriately handle a mentally ill person. The findings of the present study also suggests that when police officers encounter a mentally ill suspect, particularly one who is severely mentally ill, they resort to detainment rather than other options outlined by Teplin (1983) such as settling the issue informally or initiating a mental health consultation. This decision to detain is supported by Constantine et al (2010) who suggested that mentally ill populations are arrested at higher rates than the general population, despite the fact that they are not more violent. Based on these findings, more training is recommended for police officers to help recognize symptoms of mental illness and make the decisions that benefit law enforcement, the mentally ill person, and the community.

Limitations of the current study include using police officers from the same northeastern police department. Future studies should vary participants by geographic location and departments. The present study utilized written vignettes to depict mental illnesses which may

not accurately depict the displayed behaviors. Future research should focus on creating more ecologically valid materials such as videotapes showing mentally ill defendants. Future research should also examine whether police officers can distinguish between various types of mental illness (schizophrenia v. antisocial personality disorder) and mental illnesses and everyday troubles and whether that knowledge affects their reactions. Further research is needed in this area to better understand how police perceptions of the mentally ill affect their reactions and beliefs about a mentally ill suspect.

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## Appendix A

### Perceived mild schizophrenia and perceived severe schizophrenia vignettes

A concerned local resident has called the police after seeing a man loitering behind a neighborhood convenience store. The caller reports that he knows this man from the neighborhood and has seen him acting strange. From a distance it can be seen that Michael is a white, middle-aged man. Upon arrival, Officer Jones notices that Michael appears confused and can be seen pacing back and forth, conversing with himself. The conversation Michael is having with himself is causing him to become frustrated and he begins saying that he is “ready to enter the next realm”. After a few moments Michael covers his ears with his hands and continues to say that he has “seen the others and knows they are watching and determined to hurt him”. Michael is greatly distressed and does not acknowledge anything going on around him.

A concerned local resident has called the police after seeing a man loitering behind a neighborhood convenience store. The caller reports that he knows this man from the neighborhood has seen him acting strange. From a distance it can be seen that Michael is a white, middle-aged man. Upon arrival, Officer Jones notices that Michael appears confused and can be seen pacing back and forth, conversing with himself. The conversation Michael is having with himself is causing him to become very angry and he begins yelling that he is “ready to enter the next realm”. After a few moments Michael begins making aggressive gestures and continues to shout that he has “seen the others and knows they are watching and determined to hurt him”. Michael is greatly distressed and does not acknowledge anything going on around him.

## Appendix B

Perceived mild antisocial personality disorder and perceived severe antisocial personality disorder vignettes

A local resident has called the police after seeing a man loitering behind a convenience store. The caller reports that they know this man from the neighborhood and has seen him committing petty crimes. From a distance it can be seen that Michael is a white, middle-aged man. For a few moments Michael disregards the police presence completely, acting unbothered. However, after a few moments Michael becomes defiant and begins cursing. He takes an aggressive stance and refuses to speak with police officers. However, after a few moments Michael realizes his aggression could cause a negative reaction from the police so he apologizes for his actions and claims he would never do anything wrong.

A local resident has called the police after seeing a man loitering behind a convenience store. The caller reports that they know this man from the neighborhood and has seen him committing crimes. From a distance it can be seen that Michael is a white, middle-aged man. For a few moments Michael disregards the police presence completely, acting unbothered. However, after a few moments Michael becomes defiant and begins cursing. He takes an aggressive stance, flails his arms, and refuses to speak with police officers. After a few moments Michael appears increasingly enraged and oppositional.

## Appendix C

### Perceived mild everyday troubles and perceived severe everyday troubles vignettes

A local resident has called the police after seeing a man loitering behind a convenience store. The caller reports that they know this man from the neighborhood and have seen him before. From a distance it can be seen that Michael is a white, middle-aged man. Michael notices the police presence and becomes upset. He sits on the ground and puts his heads in his hands. He begins to tell the police that he has been very stressed out lately and he is having some marital problems. After a few moments Michael looks up and he appears to be crying. He continues to tell the police he has not been performing well at work and nothing seems to be going right for him lately.

A local resident has called the police after seeing a man loitering behind a convenience store. The caller reports that they know this man from the neighborhood and have seen him before. From a distance it can be seen that Michael is a white, middle-aged man. Michael notices the police presence and becomes overwrought with emotion and begins crying. He sits on the ground and puts his heads in his hands. He begins to tell the police that he has been extremely upset lately and his wife has recently asked for a divorce. After a few moments Michael looks up and he appears to be crying. He continues to tell the police that he has lost his job and there is nothing good left in his life.

## Appendix D

### Complete questionnaire

1. To what extent do you think Michael is likely to harm himself?

1	2	3	4	5	6	7
Not at All Likely						Extremely Likely

2. To what extent do you think Michael is likely to harm others?

1	2	3	4	5	6	7
Not at All Likely						Extremely Likely

3. To what extent do you think Michael is likely to harm you?

1	2	3	4	5	6	7
Not at All Likely						Extremely Likely

4. To what extent do you think Michael is a dangerous person?

1	2	3	4	5	6	7
Not at All Dangerous						Extremely Dangerous

5. To what extent would you be cautious when approaching Michael?

1	2	3	4	5	6	7
Not at All Cautious						Extremely Cautious

6. People like Michael tend to be dangerous.

1	2	3	4	5	6	7
Completely Disagree						Completely Agree

7. How likely are you to ask for back-up when approaching Michael?

1	2	3	4	5	6	7
Not at All Likely						Very Likely

8. To what extent do you think Michael is threatening?

1	2	3	4	5	6	7
Not at All Threatening						Extremely Threatening

9. To what extent would you be fearful of approaching Michael?

1	2	3	4	5	6	7
Not at All Fearful						Extremely Fearful

10. To what extent does Michael's behavior make you uneasy?

1	2	3	4	5	6	7
Not at All Uneasy						Extremely Uneasy

11. To what extent does Michael's behavior appear unusual?

1	2	3	4	5	6	7
Not at All Unusual						Extremely Unusual

12. To what extent do you believe that Michael's behavior is his own fault?

1	2	3	4	5	6	7
Not at All						Very much

13. To what extent do you believe that there are biological causes for Michael's behavior?

1	2	3	4	5	6	7
Not at All						Very much

14. There is no way to completely understand Michael's behavior.

1	2	3	4	5	6	7
Completely Disagree						Completely Agree

15. To what extent do you believe that Michael's problems are self-inflicted?

1	2	3	4	5	6	7
Not at All						Very much

16. To what extent do you believe Michael should be arrested?

1	2	3	4	5	6	7
Not at All						Very much

17. How likely are you to arrest Michael?

1	2	3	4	5	6	7
Not at All Likely						Very Likely

18. How likely are you to use force when approaching Michael?

1	2	3	4	5	6	7
Not at All Likely						Very Likely

19. To what extent do you believe Michael should be in prison?

1	2	3	4	5	6	7
Not at All						Very Much



25. People should be sympathetic to the problems of Michael.

1	2	3	4	5	6	7
Completely Disagree						Completely Agree

26. To what extent do you believe that Michael is misunderstood?

1	2	3	4	5	6	7
Not at All						Very Much

27. To what extent do you believe other people will avoid Michael?

1	2	3	4	5	6	7
Not at All						Very Much

28. To what extent would you want to avoid Michael?

1	2	3	4	5	6	7
Not at All Likely						Extremely Likely

29. People like Michael should not be allowed to interact with the general public.

1	2	3	4	5	6	7
Completely Agree						Completely Disagree

30. People like Michael should go to special detention facilities.

1                      2                      3                      4                      5                      6                      7  
Completely                      Completely  
Agree                      Disagree

31. How likely do you think Michael is to commit a crime in the future?

1                      2                      3                      4                      5                      6                      7  
Not at All                      Extremely  
Likely                      Likely

32. It is likely that Michael has already committed a crime in the past.

1                      2                      3                      4                      5                      6                      7  
Completely                      Completely  
Agree                      Disagree

33. How comfortable to do you feel approaching Michael?

1                      2                      3                      4                      5                      6                      7  
Not at All                      Extremely  
Comfortable                      Comfortable

34. You have had experience dealing with people like Michael.

1                      2                      3                      4                      5                      6                      7  
Completely                      Completely  
Disagree                      Agree

35. You have had adequate training in how to approach people like Michael.

1                      2                      3                      4                      5                      6                      7  
Completely                      Completely  
Disagree                      Agree

36. You need more training in how to approach people like Michael.

1                      2                      3                      4                      5                      6                      7  
Completely                      Completely  
Disagree                      Agree

37. You would feel more comfortable if someone more specialized approached Michael.

1                      2                      3                      4                      5                      6                      7  
Completely                      Completely  
Disagree                      Agree

### Demographics

Please provide us with some information about yourself. This information is completely confidential and will not be used to identify you in any way. Please write the letter that best corresponds to your response in the space provided.

1. What is your gender?

- a) Male                      b) Female

2. Into which of these age categories do you fall?

○                      ○                      ○                      ○                      ○                      ○                      ○  
17 or younger      18-24                      25-34                      35-44                      45-54                      55-64                      65 &  
Older

3. What is your race/ethnicity?

- a) Caucasian/White/European American  
b) African American  
c) Hispanic/Latino  
d) Asian/Pacific Islander  
e) Native American  
f) Other (please specify) \_\_\_\_\_

4. What is your native language?

- a) English
- b) Spanish
- c) Chinese
- d) French
- e) Japanese
- f) German
- g) Other (please specify) \_\_\_\_\_

5. What is the highest level of education you have attained?

- |                       |                       |                       |                             |                       |                              |
|-----------------------|-----------------------|-----------------------|-----------------------------|-----------------------|------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>        |
| Grade school          | Some high school      | High school diploma   | Some college junior college | College degree        | Post-graduate college degree |

6. How long have you served as a police officer?

- a) 0-4 years
- b) 5-9 years
- c) 10-14 years
- d) 15-19 years
- e) 20-24 years
- d) 25-29 years
- e) Other (please specify) \_\_\_\_\_

7. Have received specific training on how to handle people with mental illnesses?

- a) Yes
- b) No

Table 1

*Six Scales of Dependent Measures*

<b>Scale</b>	<b><math>\alpha</math></b>	<b>Mean</b>	<b>Median</b>	<b>Range</b>
Dangerousness	.88	35.0	36.0	16-51
Fear	.72	12.4	13.0	3-18
Causes	.73	14.3	14.0	5-27
Sympathy	.81	18.3	18.0	4-28
Detainment	.72	22.7	19.0	7-35
Training	.57	17.5	17.0	11-26

*Note.* A higher score indicates greater perceived dangerousness, perceived fear, belief in personal causes, sympathy, desire to detain, and appropriate training.

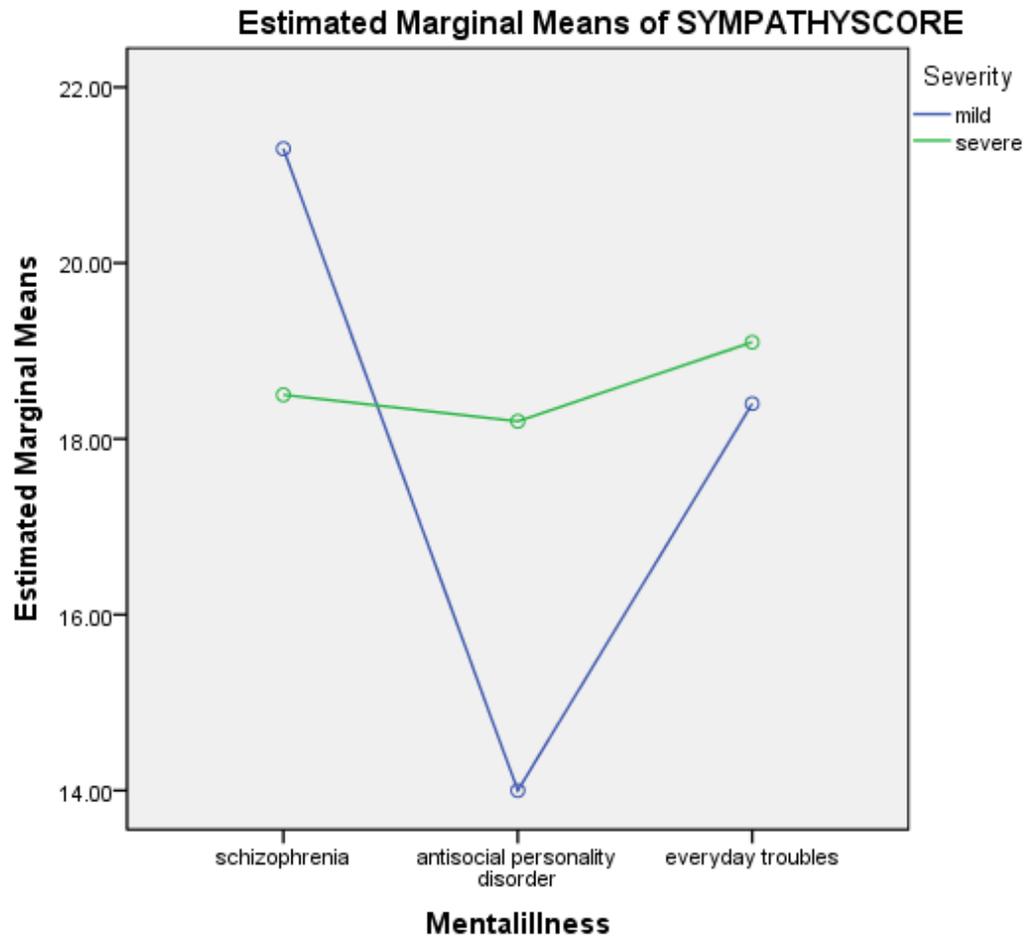


Figure 1. Perceived severity X mental illness type interaction,  $F(2, 54) = 3.32, p = .044, \eta_p^2 = .110$

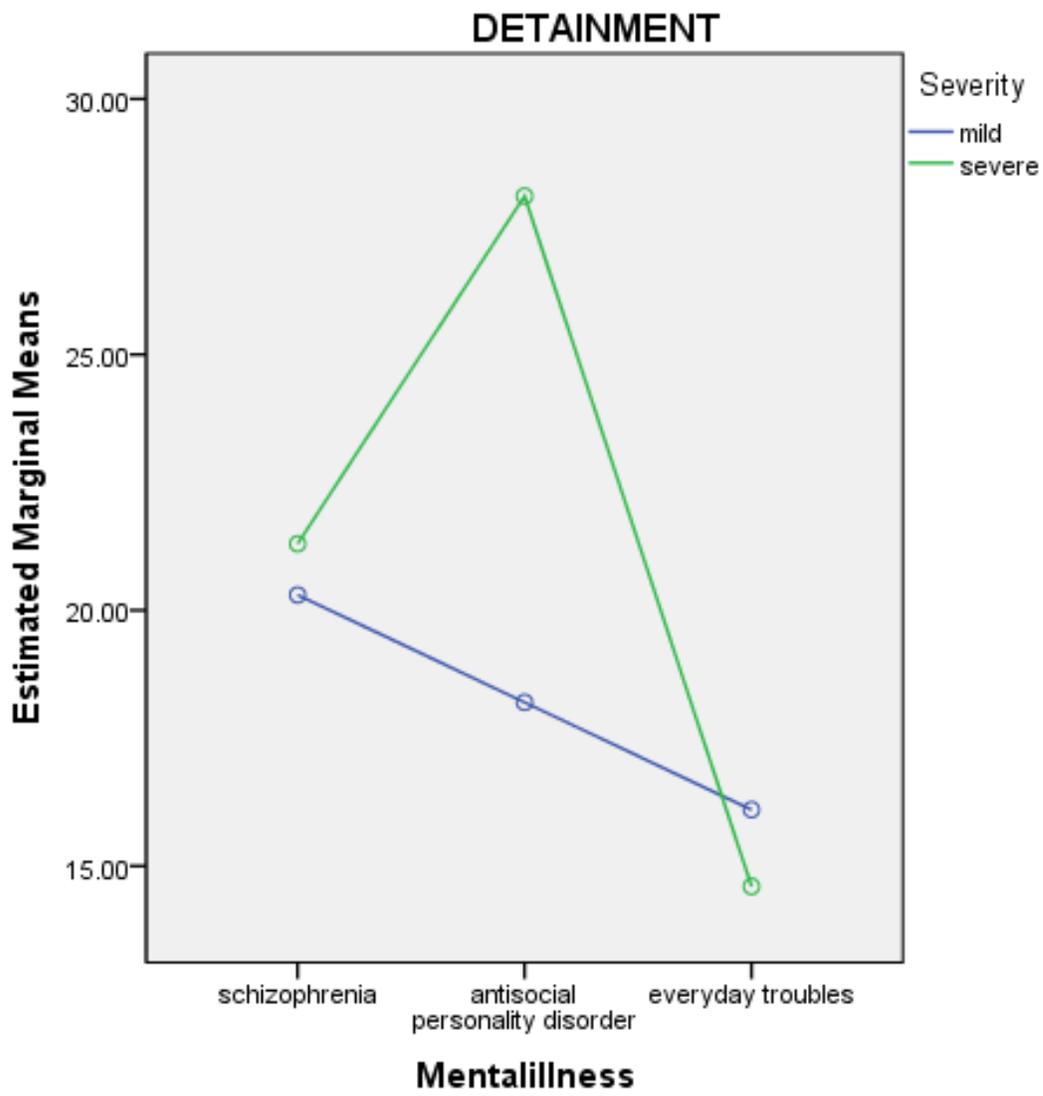


Figure 2. Perceived severity X mental illness type interaction,  $F(2, 54) = 5.05, p = .01, \eta_p^2 = .158$ .

**Estimated Marginal Means of To what extent do you believe other people will avoid Michael?**

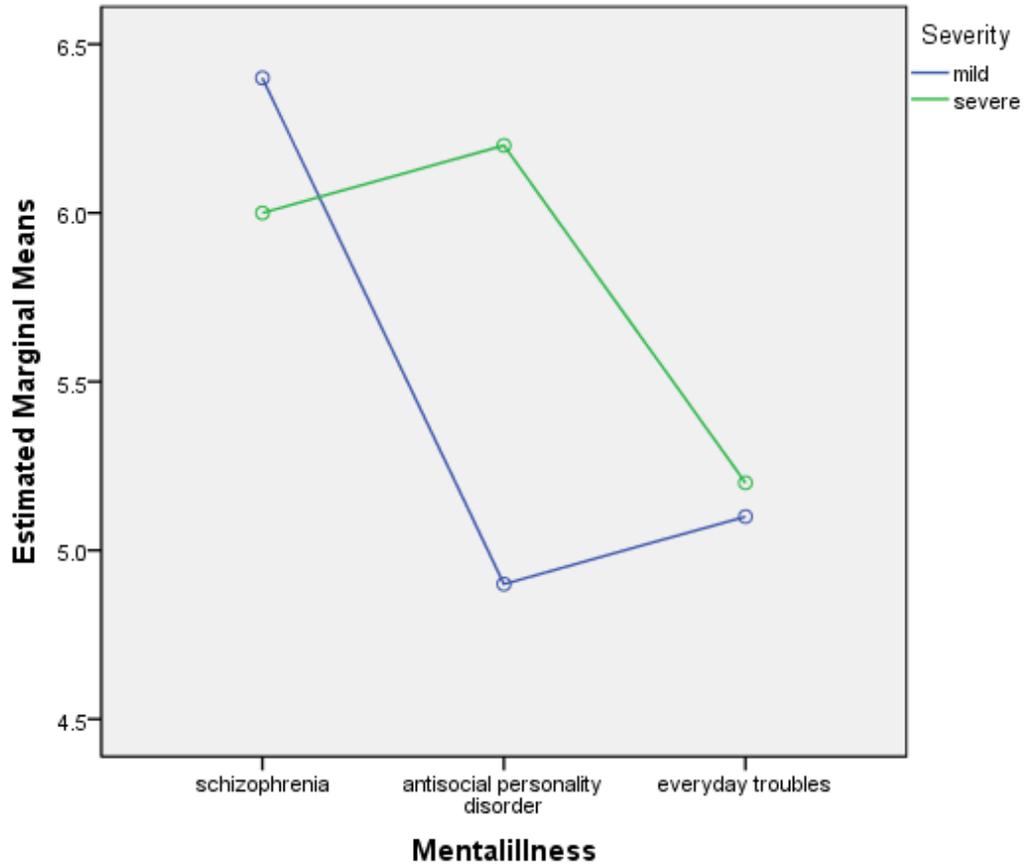


Figure 3. Perceived severity X mental illness type interaction,  $F(2,54) = 3.36, p = .042, \eta_p^2 =$