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Introduction

Police are responding to mental health crises more frequently. In a recent event in March 2022, located in Tulsa, Oklahoma, a 70-year-old woman locked herself in a bathroom and refused to leave, displaying signs of a mental health crisis. The police responded in an attempt to reason with the woman. Police were recorded from body camera footage laughing at her behavior and making demeaning comments. After 34 minutes, the police broke the bathroom door down, tackling the 70-year-old-woman, and tasing her. It was later found that police wanted mental health specialists to respond, but none were available, leaving the police as the only response team. Ultimately, the woman was charged with attempted arson, assault and battery of a police officer, trespassing, and cruelty to animals (Canfield, 2022). The judge later dismissed the charges, citing the woman's mental health, but the first level of criminalization of the event was the initial police response, because as we will be discussing later, police are the ones to independently decide whether a person goes to jail or the hospital.

Stigma

Stigma involves applying negative labels to people based on untrue stereotypes, often derived from media and sociocultural influences (Corrigan, 2004). People with mental health illnesses are frequently stigmatized as crazy, unstable, violent, and dangerous to themselves and others. Researchers found a significant result for individuals who perceived social ranking for people with mental health illness labels, such as schizophrenia and depression, compared to healthy people (Schlier & Lincoln, 2019). These negative attitudes are pervasive, even in the most prestigious professions. For example, one study shows that health-care professionals have both positive and negative perceptions that motivate their behavioral responses towards people with mental health illnesses. A commonly reported attitude was fear of people with mental health illnesses, who were perceived as dangerous (Riffel & Chen, 2020).

These stereotypes often overlap with the incarcerated population, such as the public believing them to be dangerous and aggressive. Incarcerated individuals are often dubbed insane or crazy, regardless of their actual mental health status. These stigmas can be internalized, leading to higher chances of re-offending

(West et al., 2014). Individuals with more severe mental health disorders, such as schizophrenia, are commonly pictured as the stereotypical madmen, who act violently due to delusions and hallucinations. This stereotypical picture is the most frequently portrayed of a madman out of control, suffering from delusions and hallucinations that drive them to criminally violent behaviors. Although this is the minority of situations, it is often the one that receives the most news and fictional attention in the media (Hiday & Burns, 2017). Although individuals with mental health illnesses in the general public receive negative stigma, those who are incarcerated and have a mental health illness receive twice the stigma (Hiday & Burns, 2017). Psychiatric patients in a correctional setting experience multiple stigmas due to several stereotyped groups they belong to, including being incarcerated, being mentally ill, and potentially their race. There are disproportionate ratios of individuals with mental illness found within the incarcerated population compared to outside a corrections facility (West et al., 2014).

Police Response and Criminalization

Police response to individuals with mental health issues has a cyclical relationship with criminalization. Criminalization is the process by which individuals with mental health illnesses are arrested by police and incarcerated, despite not having committed a criminal act. When police respond to those with mental health issues, this interaction criminalizes them, and the criminalization of those with mental health issues leads to more confrontations with police. One in ten interactions that police have ends up being with a person with mental illness (Watson & Fulambarker, 2012). Police officers hold a great amount of power when it comes to individuals who have mental illnesses. They serve as the gatekeepers and can decide whether a person receives jail time or mental health care (Gur, 2010). This shows that these processes are affecting all levels of judicial judgement.

One individual recounted a personal experience in which law enforcement was used as a threat, and once arrested, they felt humiliated and vulnerable due to the public's perception of the response (White, 2020). This person was treated as though they had committed a crime by law enforcement. Results show that people usually become polarized over the first five contacts of being placed in the criminal justice system or mental health system, and an individual's clinical profile might influence police officers in the decision to arrest or refer. (Dessureault et al., 2000) Meaning, the initial outcome of the first police interaction will more often than not cause that same outcome to occur again, either in the jail system or mental health system. Unfavorable experiences with law enforcement such as this have adverse effects on those with mental illnesses. Additionally, those with mental illness are more likely to express resistance during an arresting encounter. The traditional police response is not apt to handle mental health crises. Police have a lack of education when it comes to interacting with individuals with mental health illnesses and no longer yield the best results for individuals with mental health illnesses; instead, a crisis intervention team (CIT) model should be adopted by police departments (Watson & Fulambarker, 2012). Statistics show that individuals with mental illnesses are more likely to be victimized, but the reality of the situation shows us that they are more likely to be

arrested and put in jail for minor offenses and non-criminal behavior (Schulenberg, 2015). Presently, there is little research that examines whether stigma toward individuals with mental illnesses differs, depending on whether they are in a psychiatric, inpatient facility or incarcerated. However, when officers receive CIT training, they learn alternative strategies to making arrests and have a higher tolerance when working with individuals with mental illness (Mulvey & White, 2013). There are some changes that police departments around the country can make to try to make amends between themselves and those with mental health illnesses. Officers who received CIT training had a less stigmatizing attitude toward individuals with mental illness. These officers also reported an increase in their confidence and preparedness to respond to those with a mental illness (Browning et al., 2011).

Deinstitutionalization

Due to their abhorrent conditions and maltreatment of the patients, what were formerly known as insane asylums shut down across the United States and abroad, leaving patients without an alternative aside from prison. Deinstitutionalization is when several mental health institutions shut down due to a lack of resources, rendering those with mental health illnesses without an alternative treatment option. Deinstitutionalization may have had some adverse effects because, although those with mental illnesses are no longer being mistreated in asylums, they are now being put into jail due to a lack of alternative options, which conflates people living with mental illnesses with criminals and criminality, perpetuating the stigma that surrounds them (Mahoney, 2012). Arresting someone is faster than referring for hospitalization. Additionally, police officers lack mental health training. Officers are usually hesitant to take offenders to the psychiatric hospital because they either do not meet admission criteria or, if admitted, are released due to bed shortage. Jail is more of a guarantee for offenders to be off the streets (Pogrebin & Poole, 1987).

Because of deinstitutionalization and the lack of planning for community and public mental health care, many individuals with mental illness have gone from psychiatric hospitals to prisons and jails, leading to an overrepresentation of the mentally ill in the criminal justice system (Huxter, 2012). In fact, 4%-7% of the increase in incarceration is due to deinstitutionalization, pointing out the important fact that so many mentally ill individuals who are in jail would not have been in that position before deinstitutionalization (Raphael & Stoll, 2013).

Current Study

The purpose of the current research study is to investigate perceived mental health stigma in a jail setting compared to an inpatient, psychiatric hospital setting. Specifically, we examined the difference between stigma toward a person with a mental illness in a correctional setting compared to the setting of a psychiatric facility. We hypothesized that when reading a vignette about an individual experiencing a mental health crisis, participants would stigmatize them more, if they are incarcerated than if they are in a psychiatric facility.

Method

Participants

There was a total of 192 participants in the study. They were 76% women, 21% men, 3% non-binary, 0.5% transgender women, and 0.5% genderfluid. The study was somewhat diverse, consisting of 74% White participants; 10% African American participants; 8% multiracial participants; 4% Hispanic participants; 2% Latina/o/x participants; 2% Cape Verdean, Portuguese, & Haitian participants; 0.5% Native American/ Indigenous participants; and 0.5% Asian participants. Participants ranged in age from 18-89 years (M = 30.44, SD =13.73). A total of 22% of participants work in the medicine/mental health field, 53% do not work in the medicine/mental health field, and 26% of participants did not answer this question.

Materials & Procedure

The study and the method of recruitment were approved by Bridgewater State University's Institutional Review Board and was preregistered on the Open Science Framework (https://osf.io/dzaex). Before taking the survey, participants were informed about any potential distressing themes through an informed consent statement. Immediately upon completion, participants had the option of reading a debriefing statement, elaborating on the purpose of the study and the hypothesis. Contact information for the primary investigator was provided.

Participants were recruited by convenience samples, consisting of acquaintances of the researchers and through postings on a daily Bridgewater State University Student Announcements board. Researchers distributed the survey via email, containing a link to the Qualtrics survey. The link to the survey was live for a total of two weeks before it no longer accepted participant responses. The estimated time of completion of the survey was 15 minutes. Participants were not compensated for their participation in the study; instead, they voluntarily completed the survey. This was part of a larger study that contained other measures not reported in this paper.

Mental Health Crisis Vignettes

Participants were asked to read one of two vignettes, describing a person experiencing a mental health crisis. Participants were randomly assigned by a Qualtrics' algorithm to one of two levels of the scenarios, either a jail setting or an inpatient psychiatric setting. The incarceration condition depicted an inmate in a prison setting, whereas the inpatient condition depicted a client in an inpatient facility. Only the setting varied between the two vignettes.(See Appendix 1 for the scenarios.)

Stigma Scale

To measure the dependent variable of stigma, we used the Personal and Perceived Public Stigma Measures (Holman, 2015). We omitted one subscale of this measure, Perceived Treatment Stigma, which was irrelevant to our study. This subscale was not relevant to the study because it contained three statements that were not relevant because the scenarios explicitly stated that the person would be receiving treatment. (An example item excluded is "Getting treatment would make them as outsider in the community.) Instead, we included the remaining three subscales: Perceived Public Stigma (4 items, example item: "People like them should be

embarrassed about their situation", α = .64); Personal Stereotypical/Prejudicial Stigma (10 items, example item: "How likely is it they would do something violent to others", α = .79); and Personal Discriminatory Stigma (4 items, example item: "I would be willing to have them as a neighbor", α = .88). Participants rated their responses from 1 (*Strongly Agree*) to 4 (*Strongly Disagree*).

Results

We hypothesized that when reading a vignette about an individual experiencing a mental health crisis, participants would stigmatize them more if they are incarcerated than if they are admitted to a psychiatric facility. A manipulation check was included at the end of the survey, asking participants to recall the setting of the mental health crisis they had read about in the study (jail vs. inpatient). This was to test if the participants had paid attention closely to what they were reading. If a participant could not remember which scenario they were reading, their answer was omitted. Thirty-six participants did not pass the manipulation check and had their data excluded from the study. Of the remaining 119 participants, 57 received the jail condition compared to 61 participants who received the inpatient facility condition.

To test our hypothesis, we ran three independent samples *t*-Tests for each of the three dependent variable levels, including Perceived Public Stigma, Personal Stereotypical/Prejudicial Stigma, and Personal Discriminatory Stigma. The results partially supported our hypothesis. No significant results were found for the Perceived Public Stigma $t(116) = -.97$, $p = .33$, 95% CI [-1.02, .35], $d = -.18$ or for the Personal Prejudice Stigma $t(115) = .99$, $p = .32$, 95% CI [-.86, 2.58], $d = .18$. However, participants showed significantly more Personal Discrimination Stigma for the jail condition ($M = 13.96$, $SD = 3.10$) than for the inpatient facility condition ($M = 12.57$, $SD = 3.69$), $t(115) = 2.20$, $p = .03$, 95% CI [.14, 2.64], $d = .41$. These results indicate that people exhibited higher levels of discrimination stigma when reading about an individual in a jail setting compared to an inpatient facility setting, which partially supported the hypothesis.

Discussion

Overall, our results partially supported our original hypothesis. Individuals who read a scenario about an individual experiencing a mental health crisis had more personal discriminatory stigma towards those in a jail setting than those in an inpatient facility setting. This is the first study of this kind that demonstrates this effect using an experimental methodology. Thus, individuals with mental health issues within a correctional setting are more susceptible to discriminatory beliefs than those in a psychiatric setting. However, the other subscales perceived public stigma, personal stereotypical/prejudicial stigma, and did not show significant findings.

Implications

The results of the study are meaningful to society. In the era of deinstitutionalization, many people supported the movement to shut down asylums because of how patients in them were being treated. Due to deinstitutionalization today, often times the substitution of an inpatient facility for an individual with a mental health illness is employed instead of prison.

The imprisonment of individuals with mental health illnesses has steep ramifications via negative stigma and stereotypes. There are multiple ways that society could lower the number of individuals in prison because of their mental health issues, beginning with their interaction with law enforcement.

Crisis Intervention Teams (CIT) are not being utilized enough universally, and police officers remain undertrained and undereducated when interacting with persons with mental health illnesses. There are two possible avenues that society could take to enhance the quality of life of those who, unfortunately, are unable to avoid police interaction. The first option is to train existing police departments about the array of mental health illnesses that individuals could possess, and what this behavior would look like upon the police officers' arrival at the scene of a crisis. Another option would be to not send the police at all but to send a specialized response team, such as CIT, to interact with individuals with mental health illnesses. Ideally, these teams would consist of licensed clinicians and/or social workers, accompanied by police. If someone is in imminent danger, the CIT would use their expertise to intervene and deescalate the situation before police intervention is necessary. Optimally, this approach would result in fewer people being arrested and sent to prison.

If police interaction is unavoidable, and it sometimes is, there could be an alternative to prison, where police could bring individuals with mental health illnesses to an inpatient or community facility. The inpatient or community facility could possibly assist individuals in locating the necessary resources they need to lessen the risk and likelihood that they would end up in prison. In doing so, this would lead to them being less stigmatized by society than if they were to go to prison. This would also improve their overall quality of life as their needs would be met.

On an individual level, each person could begin to educate themselves on mental illnesses, and what it means to stop the perpetuation of mental health stigma. Pushing those with mental health illnesses into the margins of society only further causes them to be alienated by society and looked at as the "other." When people are more educated about mental illness, they are more apt to have an open dialogue about mental illness that will normalize those who suffer from it. This may lead to these individuals being better integrated into society and receiving the support they desperately need.

Limitations and Future Directions

Limitations found within our study varied. A convenience sample was used, which limited our ability to have random sampling while recruiting participants. Participants selected were the ones who were most likely to respond to the survey. This eliminated those who would have been less likely to respond. As a result, the population chosen may not be one that accurately represents the general population. This may influence results because the results are not wholly generalizable to the entire population; thus, more research is needed in this area. The sample size was small, which impacts the generalizability of the results to the general population. The survey was only available for a total of two weeks before the link closed. If the survey was available for a longer period, more participants may have been more involved in taking the survey. Future research should aim to improve generalizability by addressing these limitations to encourage a more reliable study.

Another limitation found within our study was the relative lack of diversity within our sample. Our sample consisted of mainly White participants, which reduces reliability and validity, since it is not representative of the population. Other racial and ethnic groups may or may not have different perspectives or opinions on mental health stigma, which we may not have captured in our sample. Additionally, a small portion of our sample consisted of participants working in the mental health field. Therefore, part of our sample could be more inclined to hold less stigmatized attitudes towards those with mental illness than the general population, due to their frequent experience working with that population. Future research should aim to expand on the diversity of the sample for the results to be more generalizable and representative of the population.

The characters in the study scenarios did not have a specified gender, race, or age. Another future research direction could be to examine if the demographic information of the individual experiencing a mental health crisis impacts their perceived level of stigma to the general public. Comparisons between White and Black; male and female; and young, adolescent, and older characters could be examined in the future to discern if there is a particular demographic combination that is the most stigmatized. The goal would be to support everyone, but specifically, these demographic combinations as much as possible.

Another potential study could be one in which the mental health diagnosis of the character in the scenario is disclosed to examine if some mental health diagnoses carry a higher level of perceived stigma than others. To isolate the diagnosis itself, the scenarios would describe the same setting, either prison or an inpatient facility. Having a total of four scenarios would give insight into whether or not a particular diagnosis has a higher level of perceived stigma based on the setting itself.

Another direction for future research could be to do a self-esteem inquiry among those who suffer from mental health illnesses, given the stigma that surrounds them based on the results of the present study. Future researchers could examine if those who are incarcerated and suffer from mental health illnesses have higher or lower levels of self-esteem compared to those who are in an inpatient facility, seek therapeutic services independently, or have mental health needs they do not seek or receive services for at all. For example, in individuals with the same mental illness in different settings, jail versus inpatient, those in jail may internalize mental health stigma, whereas those in an inpatient setting may not.

Finally, this study could be replicated using only a population of law enforcement agencies that do not currently employ any form of CIT. If law enforcement agencies are going to be primarily the entity that is responding to mental health crises, their level of stigma must be examined so that, if it is found to be high, it can be eliminated. Eliminating stigma within law enforcement agencies would help to ensure those police interactions are safe for all parties involved.

Conclusions

In closing, education surrounding mental health, and those who suffer from mental health illnesses is imperative. To heal as a society, support systems must be created to support individuals with mental health illnesses, both in and outside of the home.

Funding crisis intervention teams and developing a mental health curriculum for police officers are important first steps. Advocacy on behalf of the population with mental illness is necessary for more humane facilities. Community support and open dialogue on the topic of mental health will lead to de-stigmatization and, in turn, reduce the pattern of criminalization in the system.

References

Browning, S. L., Van Hasselt, V. B., Tucker, A. S., & Vecchi, G. M. (2011). Dealing with individuals who have mental illness: The crisis intervention team (CIT) in law enforcement. *The British Journal of Forensic Practice, 13*(4), 235-243. https://doi.org/10.1108/14636641111189990.

Canfield, K. (2022, April 5). Tulsa police respond after video shows arrest of woman in mental health crisis. *Tulsa World*. Retrieved April 12, 2022, from https://tulsaworld.com/news/local/govt-and-politics/tulsa-police-respond-after-video-shows-arrest-of-woman-in-mental-health-crisis/article_9a45b404-af6f-11ec-893a-7be3178a329d.html

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychological Association, 59*(7), 614-625. https://doi.org/10.1037/0003-066X.59.7.614.

Dessureault, D., Côté, G., & Lesage, A. (2000). Impact of first contacts with the criminal justice or mental health systems on the subsequent orientation of mentally disordered persons toward either system. *International Journal of Law and Psychiatry*, *23*(1), 79–90. https://doi.org/10.1016/s0160-2527(99)00035-7

Gur, O. M. (2010). Persons with mental illness in the criminal justice system: Police interventions to prevent violence and criminalization. *Journal of Police Crisis Negotiations*, *10*(1-2), 220-240. https://doi.org/10.1080/15332581003799752

Hiday, V., A., & Burns, P., J. (2010). Mental illness and the criminal justice system. In T. L. Scheid & T. N. Brown (Eds.), *A handbook for the study of mental health* (pp. 478-498). Cambridge University Press.

Holman, D. (2015). Exploring the relationship between social class, mental illness stigma and mental health literacy using British national survey data. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness, and Medicine*, *19*(4), 413-429. https://dx.doi.org/10.1177/1363459314554316.

Huxter, M. J. (2013). Prisons: The psychiatric institution of last resort? *Journal of Psychiatric and Mental Health Nursing, 20*, 735-743. https://doi.org/10.1111/jpm.12010

Mahoney, K. (2012). Addressing criminalization of the mentally ill: The importance of jail diversion and stigma reduction. *Michigan. State. University Journal of Medicine & Law*, *17*, 327.

Mulvey, P., & White, M. (2013). The potential for violence in arrests of persons with mental illness. *Policing: An International Journal, 37*(2), 404-419. https://doi.org/10.1108/PIJPSM-07-2013-0076.

Pogrebin, M. R., & Poole, E. D. (1987). Deinstitutionalization and increased arrest rates among the mentally disordered. *The Journal of Psychiatry & Law*, *15*(1), 117–127. https://doi.org/10.1177/009318538701500107

Raphael, S., & Stoll, M. A. (2013). Assessing the contribution of deinstitutionalization of the mentally

ill to growth in the U.S. incarceration rate. *The Journal of Legal Studies, 42*(1), 187-222.

Riffel, T., & Chen, S.-P. (2020). Stigma in healthcare? Exploring the knowledge, attitudes, and behavioral responses of healthcare professionals and students toward individuals with mental illnesses. *Psychiatric Quarterly*, *91*(4), 1103–1119. https://doi.org/10.1007/s11126-020-09809-3

Schlier, B., & Lincoln, T. M. (2019). The stigma of mental illness: Testing for the implicit bias in diagnostic labels. *Psychiatry Research*, *275*, 221–227. https://doi.org/10.1016/j.psychres.2019.03.028

Schulenberg, J. L. (2016). Police decision-making in the gray zone: The dynamics of police–citizen encounters with mentally ill persons. *Criminal Justice and Behavior*, *43*(4), 459-482. http://dx.doi.org.libserv-prd.bridgew.edu/10.1177/0093854815606762

Watson, A. C., & Fulambarker, A. J. (2012). The crisis intervention team model of police response to mental health crises. *Best Practices in Mental Health*, *8*(2), 71-81.

West, M. L., Yanos, P. T., & Mulay, A. L. (2014). Triple stigma of forensic psychiatric patients: Mental illness, race, and criminal history. *International Journal of Forensic Mental Health, 13*, 75-90. https://doi.org/10.1080/14999013.2014.885471

White, C. J. (2020). An inevitable response? A lived experience perspective on emergency responses to mental health crises. *Journal of Psychiatric and Mental Health Nursing, 28*(1), 90-93. https://doi.org/10.1111/jpm.12631.

Appendix 1

Jail condition: In the cafeteria, an inmate in a prison abruptly stands up from their seat and begins yelling at someone that is not really there. The situation escalates as they begin swearing and throwing nearby objects at others around them. Three correctional officers approach them and begin trying to deescalate the individual. The person becomes increasingly agitated and begins to spit at the staff and punch themself in the head. As a result, the responding correctional officers utilize a restraint and escort the inmate back to their cell once the inmate is calm.

Inpatient Psychiatric Condition: In the cafeteria, a patient in an inpatient psychiatric facility abruptly stands up from their seat and begins yelling at someone that is not really there. The situation escalates as they begin swearing and throwing nearby objects at others around them. Three nurses approach them and begin trying to deescalate the individual. The person becomes increasingly agitated and begins to spit at staff and punch themself in the head. As a result, the responding nurses utilize a therapeutic restraint and escort the patient back to their room, once the patient is calm.

About the Authors

Zachary Dumay is currently a second-semester graduate student at Bridgewater State University. Zach's research was completed with Dr. Ashley Hansen-Brown as a mentor. Zach completed his undergraduate studies at Framingham State University, where he double-majored in criminology and psychology. Zach has a passion for working with at-risk, deaf and hearing-impaired youth of color. Beginning in May 2022, Zach will begin his internship at the Walden School, Learning Center for the Deaf in Framingham, Massachusetts. Upon graduating from Bridgewater State University, Zach hopes to follow his passion and continue working with the deaf/hearing-impaired population in a residential setting.

Jessica Harnais is currently as a master's student studying clinical psychology at Bridgewater State University, She earned her bachelor's degree from Emmanuel College in psychology, with a concentration in counseling and health. She currently holds the position of Graduate Writing Fellow for the MA Clinical Psychology program at Bridgewater Stat University. In the future, Jessica aspires to work with inmates and other incarcerated populations.

Christina Cerminara is enrolled in the master's program for clinical psychology at Bridgewater State University. She also graduated in the undergraduate program from Bridgewater State University. Christina is currently working for the Commonwealth of Massachusetts with families. In the future, Christina plans to have a private practice, working with those who experience trauma and later working as a forensic psychologist.