PUBLIC PERCEPTIONS OF RISK IN CRIMINALITY: THE EFFECTS OF MENTAL ILLNESS AND SOCIAL DISADVANTAGE

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Background to the research

- Prejudiced attitudes, and resulting discrimination and stigma associated with mental illness are global concepts that are thoroughly researched (e.g. Thornicroft et al., 2009; Hori et al., 2011).

- Mental illness has been termed the ‘ultimate stigma’ (Falk, 2001)

- Relatively resistant to change and worsens at times (Pescosolido et al., 2010), often as a result of sensationalist media reporting (Mehta et al., 2009)

- Very little if any work which unpicks this idea of stigma in relation to different mental illnesses – Clare was particularly interested in this

- While investigating this we found some interesting findings in relation to public attitudes to offenders as well
A little reminder where these concepts come from:

- **Stereotypes**
  - Cognitive short-cuts that help us categorise information very quickly (not all negative!)
  - Learnt through repeated exposure to the information and become automatic:
    - Instant, without awareness, unintentional, economical (Bargh, 1994)

- **Prejudice**
  - Negative thoughts and beliefs based on stereotypes

- **Discrimination**
  - Negative behaviour towards individuals, groups, organisations as a result of stereotypes and prejudice

- **Individuals, groups or organisations internalise stigma as a result as they experience personal and/or institutional rejection**
Background continued...

- Idea that consistently emerges from studies of cognitive and behavioural elements of stigma associated with mental illness is a perceived increased dangerousness in the mentally ill (Link et al., 1999; Pescosolido et al, 1999; Crisp et al., 2000; Hori et al., 2011)

- Two experimental studies found clear links between perceived dangerousness and avoidance of the mentally ill, the mediating factor being fear (Corrigan et al., 2002; Feldman and Crandall, 2007)

- Again the concept of ‘dangerousness’ is rarely unravelled

- No previous work had examined explicitly how members of the public expect those with mental illness to behave in the future and very few have looked at the varying impacts of different illnesses.
What evidence is there for a link between mental illness and offending behaviour?

- Most studies estimating the incidence of violence have found two to six-fold increase in the likelihood of violence among those with diagnosed severe mental illness (usually psychosis) compared with no psychiatric diagnosis (e.g. Link et al., 1992; Wessely et al., 1994; Mullen et al., 2000)

- Two more recent studies using robust data sources and more rigorous methodologies

- Using population impact analyses (use national surveys and included all those who met the criteria for mental illness but were not necessarily diagnosed or in treatment) rather than simply the incidence of violence (US and Sweden)

- Only one in 20 violent crimes could be attributed to those with mental illness Corrigan and Watson (2005) Fazel and Grann (2006)

- At the very least, questions the validity of the widely held view that the mentally ill are more likely to commit crime than others in our society
What is the impact of stigma on the mentally ill?

- International research from a variety of viewpoints
- Stigma negatively affects:
  - making and maintaining friendships
  - intimate relationships
  - relationships with neighbours
  - finding and maintaining accommodation and employment
  - buying insurance
  - borrowing money
  - becoming a parent
- Thornicroft et al. (2009) surveyed 27 countries and 732 participants with schizophrenia and found that anticipated discrimination and rejection was even higher than actual rejection
- Resulting in much reduced sense of agency/lack of self-esteem
- Most worrying aspect - **clear correlation between the behavioural manifestations of stigma and the reduction in those seeking treatment or prematurely terminating it** (Corrigan, 2004; Pinto-Foltz et al., 2011; U.S. Department of Health and Human Services, 1999, 2000)
- Fear of criminality (esp violence) is significant factor in the social exclusion and discrimination
- Mentally disordered **offenders** have even greater barriers to social re-integration (Barker, 2012).
- Vital that we understand the issue in more depth in order to ultimately reduce prejudice and discrimination.
Aims

- Our study set out to directly measure how members of the general public perceived the likelihood that those with different mental illnesses would commit crime in the future, and the strength of the impact that varying mental illnesses had on these perceptions.

- Chose schizophrenia, depression/anxiety, alcohol dependency
  - Well known disorders – people likely to have opinions about.

- We also looked at how this impact was mediated by age and familiarity.
  - Older members of the public more sympathetic to those with mental health problems (Quinn, 2009).
  - Similarity-leniency effect (Tajfel and Turner, 1986).
  - Well-known phenomenon but not studied regarding criminality.
### Method – experimental design

**SIX VERSIONS OF SAM**

Independent subjects design

<table>
<thead>
<tr>
<th>SCHIZOPHRENIA</th>
<th>DEPRESSION/ANXIETY</th>
<th>ALCOHOL DEPENDENCE</th>
<th>NO MENTAL HEALTH PROBLEMS</th>
<th>NO MENTAL HEALTH PROBLEMS</th>
<th>NO MENTAL HEALTH PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETTY CRIME</td>
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<tr>
<td>NORMAL BACKGROUND</td>
<td>NORMAL BACKGROUND</td>
<td>NORMAL BACKGROUND</td>
<td>NORMAL BACKGROUND</td>
<td>DISADVANTAGED BACKGROUND</td>
<td>NORMAL BACKGROUND</td>
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- **Petty crime** = minor theft, neighbourhood disturbances (noise/arguing with neighbours)
- Needed to plant the possibility of Sam committing crime in the future without priming responses of participants too much
- **Disadvantaged background** = estranged father in prison, in and out of foster care in childhood as mum couldn’t cope with poverty
- Vignettes: level of detail was similar to a summary on a court report
Sam is 26 years old. He has had issues with mental health for several years and was diagnosed with schizophrenia after leaving college. Sam’s symptoms are controlled by medication but, once feeling better, Sam has been known to stop taking the medication without doctor’s approval. When off medication, Sam has been known to commit petty theft and cause disturbances in the neighbourhood by playing loud music late at night and being aggressive to neighbours. Sam’s behaviour when off medication is described as manic and unpredictable. In addition, Sam can suffer from hallucinations which adversely affect behaviour and increase paranoia.

Sam is currently living alone in a rented bedsit within the local area, but continues to have regular contact with his immediate family. Sam has close relationships with an older brother and a younger sister, and often stays overnight at his brother’s home during the week. Sam’s parents have been married for twenty seven years and still live in the family home, which is located three miles away from Sam’s bedsit. He has close relationships with both his mother and father. Although Sam has had the usual kind of arguments that a teenager has with their family, on the whole memories of childhood are good.

Sam’s education was completed at a comprehensive school and Sam left college with 3 ‘A’ levels. Sam also obtained a degree at university before starting a job in computing. Sam finds it easier to talk to other people when on medication, and likes to be around company whenever possible. Sam has a positive attitude towards relationships with peers. He has a number of stable relationships which have been kept from childhood. These relationships positively affect Sam’s self esteem and the sense of identity that Sam experiences. Sam has a history of good experiences both with family members and personal relationships, which shapes behaviour both when on medication but in particular when it has been stopped.

Sam’s friends are aware of his diagnosis and are genuinely supportive. They advise Sam’s parents of any adverse behaviour observed which is a sign of stopping the medication. At the times when the medication has been stopped Sam’s network usually ensures that Sam gets the attention needed to get back on track.
Procedure

- Online survey – anonymity/large sample
- Participants read one vignette each
- 243 ps from general public after excluding those ‘faking good’
  - (Male = 73, Female = 170)
  - 18 and 76 years
  - 28% \((n=67)\) diagnosed mental illness (depression accounting for 22%) rising to 71% \((n=173)\) close friends/family included
  - 59% \((n=144)\) admitted to crime by themselves \((n=102)\) or close family/friend \((n=42)\) mostly theft
  - Good range of participants responding to each vignette

- Responded to 10 point Likert scales about Sam
  - How likely is he to commit future crime from (1-10)?
  - How serious would the crime be?
  - How trustworthy is he?
  - Will he respond to rehab?
  - Are you sympathetic towards him?

- Expected there to be increasing levels of discrimination against Sam depending on how ‘severe’ his mental illness was
Headline results:

- As expected, participants were significantly more likely to think that Sam with any mental illness would commit future crime than the control condition
  - but average scores only hovering around 5/10
  - alcohol highest (5.6); depression (5.2) schiz (4.9)
  - 71% expected this to be petty, nuisance crime
- Surprisingly sympathetic and saw Sam with all mental illnesses as trustworthy and responding to rehabilitation especially for schizophrenia (sliding scale) – welcome results!!!
- ‘Time to change’, ‘Rethink Mental Illness’ may be having an impact
More shocking results:

- Sam with *disadvantaged background* and no mental health issues
  - bore the full wrath of the public’s attitudes
- By far more likely to commit future crime
- *Only* version of Sam to *commit serious crime in future*
- Significantly *less trustworthy*
- Dramatically less likely to respond to *rehabilitation*
- And yet his only real ‘crime’ was coming from a disadvantaged background.
Responses to the question ‘How likely is it that Sam will commit crime in the future’ by vignette. N=243.

<table>
<thead>
<tr>
<th>Vignette</th>
<th>1. Schizophrenia + past criminal behaviour (n=37)</th>
<th>2. Depression + past criminal behaviour (n=44)</th>
<th>3. Alcohol Dependency + past criminal behaviour (n=43)</th>
<th>4. No illness, neutral background + past criminal behaviour (n=36)</th>
<th>5. No Illness, Disadvantaged background + past criminal behaviour (n=40)</th>
<th>6. No illness, neutral background, no crime (Control) (n=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean response (SD)</td>
<td>4.81&lt;sup&gt;b&lt;/sup&gt; (2.95)</td>
<td>5.02&lt;sup&gt;b&lt;/sup&gt; (2.61)</td>
<td>5.67&lt;sup&gt;c&lt;/sup&gt; (2.24)</td>
<td>4.00&lt;sup&gt;ab&lt;/sup&gt; (2.50)</td>
<td>5.90&lt;sup&gt;c&lt;/sup&gt; (2.4)</td>
<td>2.65&lt;sup&gt;a&lt;/sup&gt; (2.70)</td>
</tr>
<tr>
<td>% response rate in ‘possibly’ to ‘definitely commit crime’ categories</td>
<td>62%</td>
<td>73%</td>
<td>79%</td>
<td>53%</td>
<td>80%</td>
<td>32%</td>
</tr>
</tbody>
</table>

NB If two cells share a letter they are not significantly different.
Responses to ‘How serious would Sam’s future crime would be?’ N=167.

<table>
<thead>
<tr>
<th>Vignette</th>
<th>1. Schizophrenia + past criminal behaviour (n=24)</th>
<th>2. Depression + past criminal behaviour (n=32)</th>
<th>3. Alcohol Dependency + past criminal behaviour (n=36)</th>
<th>4. No illness, neutral background + past criminal behaviour (n=24)</th>
<th>5. No Illness, Disadvantaged background + past criminal behaviour (n=35)</th>
<th>6. No illness, neutral background, no crime (Control) (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.12&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>4.21&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>4.13&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>3.25&lt;sup&gt;ac&lt;/sup&gt;</td>
<td>5.17&lt;sup&gt;b&lt;/sup&gt;</td>
<td>3.38&lt;sup&gt;ac&lt;/sup&gt;</td>
</tr>
<tr>
<td>SD</td>
<td>(1.91)</td>
<td>(1.86)</td>
<td>(1.84)</td>
<td>(1.93)</td>
<td>(2.05)</td>
<td>(1.54)</td>
</tr>
<tr>
<td>% response rate in ‘minor crime’ categories</td>
<td>71</td>
<td>66</td>
<td>75</td>
<td>83</td>
<td>40</td>
<td>88</td>
</tr>
</tbody>
</table>

NB If two cells share a letter they are not significantly different.
Mean scores - effect of participant vignette on sympathy and trustworthiness of Sam. N=243.

NB If two cells share a letter they are not significantly different.

<table>
<thead>
<tr>
<th>Vignette Dependent Variable</th>
<th>1. Schizophrenia crime (n=37)</th>
<th>2. Depression, anxiety, crime (n=44)</th>
<th>3. Alcohol dependency, crime (n=43)</th>
<th>4. No illness, neutral background, Crime (n=36)</th>
<th>5. No Illness, disadvantaged background, crime (n=40)</th>
<th>6. No illness, neutral background, no crime (Control) (n=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Sympathy</td>
<td>74.59&lt;sup&gt;a&lt;/sup&gt;</td>
<td>72.27&lt;sup&gt;a&lt;/sup&gt;</td>
<td>61.86&lt;sup&gt;a&lt;/sup&gt;</td>
<td>44.17&lt;sup&gt;b&lt;/sup&gt;</td>
<td>68.75&lt;sup&gt;a&lt;/sup&gt;</td>
<td>53.02&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>23.99</td>
<td>16.82</td>
<td>25.19</td>
<td>29.60</td>
<td>22.09</td>
<td>22.20</td>
</tr>
<tr>
<td>Mean Trustworthiness</td>
<td>69.46&lt;sup&gt;a&lt;/sup&gt;</td>
<td>65.00&lt;sup&gt;a&lt;/sup&gt;</td>
<td>57.21&lt;sup&gt;b&lt;/sup&gt;</td>
<td>63.33&lt;sup&gt;a&lt;/sup&gt;</td>
<td>47.25&lt;sup&gt;b&lt;/sup&gt;</td>
<td>72.79&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>15.47</td>
<td>17.85</td>
<td>15.30</td>
<td>22.92</td>
<td>23.42</td>
<td>16.52</td>
</tr>
</tbody>
</table>
Implications

- Overall, some discrimination towards ‘Sams’ with mental illness
- But overall encouragingly sympathetic and tolerant, especially the more ‘serious’ the illness (though some way to go yet!!)
- The more serious and ‘organic’ the mental illness, the less anger it arouses, the less blame is attributed, and the more deserving of help the individual is seen (Feather and Johnstone, 2001; Corrigan et al., 2002; and Feldman and Crandall, 2007)
- However, very concerning levels of rejection of Sam from the disadvantaged background – no hope for him
- Highlights huge obstacles faced by those who are labelled as risky and those want to ‘go straight’ – most will come from a disadvantaged background!
- Worrying implications for social distance and help-seeking
- clear correlation between the behavioural manifestations of stigma and the reduction in those seeking treatment or prematurely terminating it (Corrigan, 2004; Pinto-Foltz et al., 2011; U.S. Department of Health and Human Services, 1999, 2000)

- ‘as well as for those with mental illness, these issues are highly likely to apply to the thousands of individuals with a criminal past who are trying to re-establish a life for themselves in mainstream society’ (Nee & Witt, 2013)

- ‘madness gets therapeutic help and badness does not’ (Dorkins and Adshead, 2011)
‘Recovery Agenda’ in mental health and ‘Good Lives Model’ in offender rehabilitation

- Recovery agenda predominant in care of mentally ill: respect and agency in decisions about treatment and future; shared goals and values
- No ‘Recovery’ period for offenders
- Permanently ‘spoiled identity’ (Goffman, 1963)
- Good Lives Model (Ward & Stewart, 2003)
  - Strengths-based approach for offenders: very similar values to RA - controversial
- Significant interactions found between familiarity and age and all the DVs in the study:
  - Those with offending and/or mental illness in their backgrounds were much more sympathetic and tolerant to the socially rejected Sam, as were older participants
- These features should be harnessed in reintegration policies, but we have to be careful (Angermeyer and Pescosolido)
Current research:

- Challenges faced by mentally ill are highly likely to apply to the thousands of individuals with a criminal past who are trying to re-establish a life for themselves in mainstream society.
- Beth’s work looked at the impact of social disadvantage and also tried to deconstruct ‘dangerousness’
- Currently looking at actual and anticipated experiences of stigma and discrimination experienced by ex-offenders in collaboration with User Voice and the Institute of Psychiatry
- Would like to look more closely at deservingness and blame
- Ultimate aim is to reduce crime by reintegrating those who have lost all their social capital......
- We need lots of action research to find the best way but there seems to be scope in incorporating familiarity as that seems to be working in the mental health field.

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