

## **Abstract**

Offenders with mental health conditions are often viewed as dangerous and unpredictable. However, there is a large amount of inconsistency reported in attitudes towards this group and little work has focused specifically on the attitudes between community members and police officers. Using a between-subjects design, the current study aimed to explore any differences in perceptions of offenders with mental health conditions in community members and police officers, and to examine if this was impacted upon by police officer experience and gender. The sample consisted of 138 community and police officer participants who completed the Police and Community Attitudes towards Offenders with Mental Illness Scale. A significant difference was found between groups in their attitudes of offenders with mental health conditions; community members were found to hold significantly more positive attitudes than police officers. Level of police officer experience and gender did not have a significant impact on attitudes towards offenders with mental health conditions. The results add to the mixed literature base but provides a fresh insight into current attitudes in the UK. This has implications for offenders with mental health conditions given that community members and police officers are pivotal in successful reintegration and criminal justice outcomes.

**Keywords:** offenders; mental health; attitudes; stigma; police; community members

# **Community and Police Officer Attitudes Towards Offenders with Mental Health Conditions.**

## **Introduction**

The process of deinstitutionalisation in the 20<sup>th</sup> century in the United Kingdom (UK) saw those with mental health conditions being moved away from the once traditional mental health hospital to community-based settings (Fakhoury and Priebe 2002). Indeed, many mental health professionals argued in favour of deinstitutionalisation thus believing that individuals with mental health conditions should not be confined and isolated in mental health hospitals but should, in fact, be actively supported in the community (Bailerini 2002). The assumption was that treatment for mental ill health could be effective via community mental health centres and should be provided as an alternative to hospital treatment (Lamb and Weinberger 2017). What this led to was the number of in-patient psychiatric hospital beds dramatically reducing and community mental health teams being established. However, despite the intention for those with mental health conditions to live successfully in the community, challenges relating to poor planning and a lack of financial resources meant that many individuals did not receive appropriate treatment or housing (Talbot 1979). Coupled with the negative attitudes of the community towards those with mental health difficulties being treated in the community, such individuals found their mental health worsening. Whilst many would have previously been hospitalised prior to deinstitutionalisation, some suggested they instead came to the attention of the police as a result of not being able to manage their mental health, neglecting their medication and/or exhibiting irrational or violent behaviour (Lamb and Weinberger 2017).

It is frequently reported in the UK that those with mental health conditions are at a heightened risk of entering the Criminal Justice System (CJS) (Farrugia and Gabbert 2020;

Gudjonsson 2018; Sirdifield and Brooker 2012) with many citing deinstitutionalisation as one of many causes (Adjorlolo et al. 2018; Hansson and Markström 2014; Lamb and Weinberger 2001). Thus, the over-representation of individuals with a mental health condition in the CJS is seen as a serious societal issue (Steadman et al. 2009). Some have argued that these individuals are also more likely to be reincarcerated after release referring to them being caught in a “revolving prison door” (Baillargeon et al. 2009, p.103). As such, poor personal and criminal justice consequences for offenders with mental health conditions continues to feed into the stigma that is associated with this group. Given the importance of community support and the potential impact of justice outcomes for offenders with mental health conditions, exploring the attitudes of the community and police officers in the UK is pivotal. The comparison of community and police officer attitudes towards offenders with mental health conditions has received little attention despite the impact such attitudes may have upon directing helping behaviour and reducing discrimination towards this group of individuals. The purpose of the current study is to provide an updated insight from a UK perspective.

### **Offenders with Mental Health Conditions in the Criminal Justice System**

In England and Wales, the Police and Criminal Evidence Act (PACE) and the associated Codes of Practice (Home Office 2018) govern how individuals entering the CJS should be treated. The recently revised Code C (Home Office 2018) identifies who may be categorised as vulnerable – this includes all individuals under the age of 18 years and anyone, who, because of a mental health condition or mental disorder:

- (i) may have difficulty in understanding or communicating effectively;
- (ii) does not appear to understand the significance of what they are told, of questions they are asked or their replies; and,
- (iii) who may be particularly prone to confusion, suggestibility or compliance

(see para 1.13a).

The reality is that a large proportion of individuals with mental health conditions come into contact with the CJS (Gonzalez and Connell 2014; Pescosolido, Manago, and Monahan 2019). They are more likely to be arrested by police officers (Teplin 1984; White et al. 2006) with many indicating that prisons have become the new mental health hospital (Lamb, Weinberger, and Gross 2004; Sarteschi 2013). Consequently, a significant portion of police work in the UK involves individuals with mental health conditions (Engel and Silver 2001). Post deinstitutionalisation, police officers are increasingly required to respond to incidents in the community that involve those with ill mental health (Corrigan, Lambert, and Sangster 2002). Thus, they serve as a gate keeper to criminal justice and mental health systems (Lamb and Weinberger 2002) and play an important role in helping to facilitate access to the appropriate services.

### **Attitudes of Mental Illness and Crime: A General Overview**

The stigma associated with mental health is exacerbated when the individual has also been incarcerated (Hirschfield and Piquero 2010), especially if the offence involves violent or sexual offending (Craig 2005; Hardcastle, Bartholomew, and Graffam 2011; Tewksbury and Lees 2006). It is not unusual to see coverage of high-profile violent offences committed by individuals with poor mental health (Goulden et al. 2011) thus fuelling the negative attitudes held of offenders with mental health conditions (Corrigan et al. 2005) and creating a ‘dual stigma’ (Batastini, Bolanos, and Morgan 2014). Corrigan, Watson, and Ottati (2003) indicate that stigma is comprised of three main components: (i) stereotypes, described as knowledge structures that individuals learn of a social group, (ii) prejudice, thoughts and feelings that support negative stereotypes and thus generates adverse emotional reactions, and (iii)

discrimination, the behavioural reactions as a result of the prejudice. Other scholars define stigma as “the convergence of interrelated components [existing] when elements of labelling, stereotyping, separation, status loss and discrimination occur together in a power situation that allows them” (Link and Phelan 2001, p.377). Thus, individuals may adopt discriminatory behaviours, prejudiced attitudes and negative emotional responses towards a particular subgroup of society (Atienza-Carbonell et al. 2023). Stigma has been identified as one of the most significant barriers for offenders that have mental health conditions with scholars indicating that such attitudes have the potential to rob these individuals of reintegration into the community (Corrigan 2004; Corrigan and Shapiro 2010; Corrigan and Watson 2002).

Research exploring attitudes towards offenders with mental health conditions regularly highlights the stigma faced by this group (Lavoie, Connolly, and Roesch 2006; Weaver et al. 2019). The concept of dangerousness is frequently reported – that is offenders with mental health conditions are often seen as more dangerous and unpredictable (Daff and Thomas 2014; DeLuca and Yanos 2016) with many desiring social distance from this group of individuals (Link et al. 1999; Pescosolido et al. 1999). Many believe that those with a mental health condition are responsible for a disproportionate level of serious and violent crime (Jorm, Reavley, and Ross 2012; Reavley and Jorm 2012; Yap et al. 2014). The concept of dangerousness has been shown to be dependent upon the type of mental health condition the individual has, with schizophrenia being most strongly associated with dangerousness and feelings of fear (Reavley and Jorm 2011; Reavley, Jorm, and Morgan 2016). However, some research has reported that many individuals with mental health conditions are not violent and are actually more likely to be victims of crime rather than perpetrators (Pulay et al. 2008; Rodway et al. 2014). That said, one cannot deny the over-representation of individuals with a mental health condition in the CJS. For example, a recent meta-analysis reported prevalence rates of 28.9% and 23.5% of neurotic disorders and personality disorders respectively in

prisons in the UK; much higher than the general population (Rebbapragada et al. 2021). This suggests the complexity between the discrimination that individuals with mental health conditions may face and the reality that some individuals with untreated psychotic illnesses may be more likely to commit violent acts (Mullen 2006). This has implications for the outcomes of offenders with mental health conditions and is particularly important when one considers the attitudes of the community and police officers.

### **Community Attitudes of Offenders with Mental Health Conditions**

Research conducted around the world that has examined stigmatising beliefs held by the public about individuals with mental health conditions show that those with schizophrenia are believed to be violent and unpredictable with the public indicating that they are fearful and suspicious of such individuals and do not believe that they should be integrated into the community thus depicting a greater desire for social distance (Angermeyer and Matschinger 2003; Barry et al. 2013; Stip, Caron, and Mancini-Marie 2006). This is also the case when one considers an offender with a mental health condition, and this has been examined in a number of different contexts. For example, Batastini, Bolanos, and Morgan (2014) evaluated beliefs towards hypothetical job applicants who had a history of mental ill health, criminal history or both amongst a population of university students. They found that individuals with a history of mental health conditions and criminal offending were less likely to be hired. Furthermore, they reported that psychoeducation served to reduce stigma for applicants that had a criminal history but not when a history of poor mental health was also present. Thus, offenders with mental health conditions appeared to be the most stigmatised group although results are inconsistent. For example, using a community sample, Brodie, Shirlaw, and Hand (2024) explored differences in attitudes towards sex offenders with and without mental health conditions. Their findings suggest that a lower level of reoffending risk was reported for the

sex offender with a mental health condition compared to a sex offender with no mental health condition. It should be noted, however, that overall female participants perceived a greater risk of future harm from a sex offender with a mental health condition compared to male participants from the sample.

Mixed findings have been found in other research studies and may be influenced by factors such as the media. For example, after participants read a vignette involving an individual with schizophrenia, those who were exposed to media coverage of the ‘association’ between mental health and violence subsequently reported greater beliefs that the individual in the vignette was dangerous and violent (Reavley, Jorm, and Morgan 2016). This has been echoed in similar work (Battaglia, Mamak, and Goldberg 2022; McGinty, Webster, and Barry 2013). Other research has suggested that those who are exposed to individuals with mental health conditions and are younger in age exhibit more positive attitudes (Atienze-Carbonell et al. 2023; Alexander and Link 2003) with some scholars reporting that education and exposure can be used to reverse socially driven and false perceptions of stigmatised groups (Corrigan and Shapiro 2010). However, there appear to be inconsistent findings here too with previous studies proving otherwise (Penn, Chamberlin, and Mueser 2003). Thus, the community attitudes of offenders with mental health conditions warrants further attention given the implication this may have for such individuals who wish to reintegrate into the community.

### **Police Officers’ Attitudes of Offenders with Mental Health Conditions**

Research has shown that once arrested, individuals with mental health conditions are held in custody for longer periods of time than those without any mental health conditions in the UK (Solomon and Draine 1995) despite some findings that suggest poor mental health relates weakly to their criminal behaviour (Douglas, Guy, and Hart 2009). It is not surprising,

therefore, that the Bradley Report (Bradley 2009) was commissioned to examine the current issues faced by this vulnerable group in the UK. One of the findings from the Bradley Report (2009) indicated the ongoing problem of high numbers of individuals with mental health conditions in the CJS (Fazel and Danesh 2002) and the impact of the “attitudes and perceptions of prison and hospital staff towards mental illness and offenders” (p.105). Research has indeed shown that stigma concerning mental health continues to exist amongst criminal and mental health professionals involved in the care of offenders with mental health conditions (Stuber et al. 2014). For example, Bastastini and colleagues (2017) reported that judges and prosecutors have negative stereotypes of offenders with mental health conditions which may impact upon trial decisions. Similarly, when Adjorlolo and colleagues (2018) explored mental health professionals’ attitudes towards offenders with mental health conditions in Ghana, they found that male nurses aged 30 years and above were more likely to hold the offenders liable for their offences, and the more experienced they were, the more unsympathetic they were likely to be. A systematic review exploring stigma towards offenders with mental health conditions found similar findings; that is, that this offender group were more likely to be stigmatised against when compared with a control group, with high levels of stigma particularly associated with offenders that were diagnosed with psychopathy and schizophrenia (Tremelin and Beazley 2024).

However, much like attitudes within the community, scholars have reported inconsistent findings. Weaver and colleagues (2019) investigated the attitudes of students majoring in criminal justice and social work and found that social worker students were less likely to have negative stereotypes towards offenders with mental health conditions and more supportive of rehabilitation prospects. Similarly, Kirkley et al. (2005) reported that clinical professionals working within a maximum-security facility held fewer negative stereotypes than college students. Batastini et al. (2019) also reported that their sample of public



defenders were more compassionate towards defendants with mental health conditions compared to judges and prosecutors; the latter being shown to endorse more negative stereotypes surrounding mental ill health.

Such mixed findings have also been found when considering the attitudes of police officers, albeit the research base is much more limited. In an early study, Watson and colleagues (2004) focused on the attitudes of police officers towards individuals with mental health conditions. Their sample consisted of 382 police officers who were provided with a hypothetical vignette randomly assigned to them which described an individual in need of assistance. The participants were required to complete measures that focused on their perceptions and attitudes about the individual in their vignette. The findings highlighted that police officers viewed individuals with schizophrenia as being less responsible for their situation, and more worthy of help. However, it was also found that police officers viewed such individuals as more dangerous than those who did not have a mental health condition. Similar findings have been replicated in more recent work; Mengual-Pujante and colleagues (2022) examined the attitudes of police officers towards individuals diagnosed with either schizophrenia or depression. They reported that whilst police expressed an increased level of sympathy and willingness to assist, police officers also reported a greater perception of danger and need for isolation. Other work has indicated that police officers are a significant source of stigmatisation and discrimination against those that have a mental health condition (Puntis et al. 2018; Soares and Pinto da Costa 2019). Thus, there appears to be inconsistent findings throughout the research exploring police officer attitudes. Given that police officers are significant players in determining the outcome of individuals with mental health conditions when they first enter custody, it is important to develop further understanding into their attitudes.

## **Current Study**

Given the mixed findings reported by existing research, and the little to no literature in the UK that compares the attitudes of the community specifically with police officers, the aim of the current study was to explore how offenders with mental health conditions are perceived by the community and police officers in the UK. The research questions were:

1. Are there differences in the perceptions of offenders with mental health conditions by members of the community and police officers?
2. Does the level of police officer experience impact upon perceptions of offenders with mental health conditions?
3. Does gender impact upon the perceptions of offenders with mental health conditions?

The following hypotheses were generated:

H1. There will be a difference in the perceptions of offenders with mental health conditions between members of the community and police officers.

H2. There will be a difference in police officer perceptions of offenders with mental health conditions based on level of experience.

Given the limited research exploring the impact of gender on perceptions of offenders with mental health conditions, no hypothesis was generated for this element.

## **Method**

### ***Design***

A 2 (type of participant: community member v police officer) x 3 (police officer experience: 1-11 years v 12-20 years v 21 years and over) x 4 (gender: male v female v non-binary v prefer not to say) between-subjects design was used. The dependent variable was the participants' perception of offenders with mental health conditions as measured by the Police and Community Attitudes towards Offenders with Mental Illness scale (PACAMI-O; Glendinning and O'Keeffe 2015).

### ***Sample***

An advert regarding the study was placed on social media sites and sent to the author's key police research contacts in England and Wales for the purpose of recruitment. A purposive sampling method was utilised with the following inclusion criteria: (i) all participants must be over the age of 18 years and residing in England and Wales, and (ii) police participants must be police officers trained to at least PIP (Professionalising the Investigative Programme) Level 2, which involves police officers working with victims, witnesses, and suspects (including those categorised as vulnerable) involved in serious and complex investigations, and have experience of dealing with suspects with a mental health condition within the previous 12 months. Police officers trained to PIP Level 1 were not included as whilst their training also focused on victims, witnesses, and suspects, it relates specifically to volume crimes, and thus suspect interaction tends to be shorter.

Guidance regarding factor analysis sample size varies (Williams and Onsman 2012), however, a priori sample size calculation (G\*Power 3.1, Faul et al. 2009) for an ANOVA found  $N = 118$ , achieved 95% for a medium effect size  $f = .25$ ,  $\alpha = .05$ ,  $\lambda = 13.28$ , Critical

$F[1, 116] = 3.93$ , creating a minimum sample size of  $N = 59$  for the community and police officer groups respectively. A total of 207 participants were recruited for this study; however, 69 participants were excluded due to incomplete data. The final sample consisted of 138 participants (80 community members and 58 police officers) – see Table 1 for specific demographic information.

Table 1 to go here.

### ***Measures***

Participants were asked to complete some basic demographic information – specifically, they were asked to record the type of participant they were (community member or police officer), and their gender. If the participant had recorded they were a police officer, they were asked to record how many years in service they were as well as confirming they were trained to at least PIP Level 2 and had experience of dealing with suspects with a mental health condition within the previous 12 months. After the initial demographic information was recorded, each participant was then asked to complete the PACAMI-O scale (Glendinning and O’Keeffe 2015). The PACAMI-O is a 40-item questionnaire designed to measure attitudes towards suspects with mental health conditions. Each item is scored on a 5-point Likert scale, where 1 = strongly agree and 5 = strongly disagree. An example item is, ‘offenders with mental illness are a burden on society’. The higher the score, the more positive the attitudes are towards offenders with mental health conditions. A number of items were reverse scored (items 2, 4, 5, 7, 10, 12, 13, 15, 18, 20, 21, 23, 26, 28, 29, 31, 34, 36, 37, and 39). The PACAMI-O scale (Glendinning and O’Keeffe 2015) has high internal reliability for community ( $\alpha = 0.95$ ) and police samples ( $\alpha = 0.91$ ), with a higher internal reliability ( $\alpha =$

0.93) when samples are combined (Glendinning and O’Keeffe 2015), and is publicly available for use.

### ***Procedure***

This research was approved by the University of Sunderland ethics committee. All materials were hosted on Qualtrics for participants to access. First, participants were provided with an information sheet that provided details about the study and what participation involved. Participants were then provided with a consent form to ensure that they met the inclusion criteria. Once participants consented to take part, they were required to complete some demographic information – for example, they were required to indicate what type of participant they were (community member or police officer), their gender, and if they were a police officer, how many years in service they had and confirmation that they were trained to at least PIP Level 2. Participants were then presented with the PACAMI-O scale (Glendinning and O’Keeffe 2015) and instructed to complete it. Following the completion of the scale, participants received a debrief sheet thanking them for their time and with information about how they could withdraw their data should they wish to.

### ***Statistical Analyses***

Initially, the data was checked to ensure that assumptions of normality were not violated. No outliers were identified from boxplots generated, data was normally distributed, and homogeneity of variance was met. Tests of significance, therefore, included a series of ANOVA’s to examine any differences between participant type, gender, and level of police experience in relation to attitudes towards offenders with mental health conditions as measured by the PACAMI-O scale (Glendinning and O’Keeffe 2015). The differences were

considered significant for p values below .05. The analyses were performed using SPSS software (IBM SPSS Statistics for Mac, Version 29.0).

## Results

### *Community v Police Officer Attitudes*

The first ANOVA explored whether there were any differences in the perceptions of offenders with mental health conditions between members of the community and police officers, and whether there were any gender differences. A 2 (participant type: community member v police officer) x 4 (gender: male v female v non-binary v prefer not to say) between-subjects design was conducted. The dependent variable was the participants' perception of offenders with mental health conditions as measured by the PACAMI-O scale (Glendinning and O'Keeffe, 2015).

There was a significant difference in PACAMI-O scores between community members and police officers,  $F(1, 131) = 13.16, p < .001$ . A post hoc t-test showed that community members held significantly more positive attitudes (mean = 152.28, SD = 16.21) than police officers (mean = 138.16, SD = 14.72),  $t(136) = 5.25, p < .001$ .

There were no significant differences in PACAMI-O scores between genders,  $F(3, 131) = .21, p = .216$ .

There was no interaction effect between participant type and gender in PACAMI-O scores,  $F(2, 131) = 1.55, p = .22$ . The overall descriptive statistics are displayed in Table 2.

Table 2 to go here.

### *Police Officer Experience*

To explore whether police officer experience impacted upon police officers' perceptions of offenders with mental health conditions, and whether there were any gender differences, a 3 (police officer experience: 1-11 years v 12-20 years v 21 years and over) x 4

(gender: male v female v non-binary v prefer not to say) between-subjects design was conducted. The dependent variable was the participants' perception of offenders with mental health conditions as measured by the PACAMI-O scale (Glendinning and O'Keeffe 2015).

There were no significant differences in PACAMI-O scores between service length categories,  $F(2, 40) = .280, p = .757$ .

There were no significant differences in PACAMI-O scores between police officers' genders,  $F(2, 40) = 1.24, p = .30$ .

There was no interaction effect between service length and police officers' genders in PACAMI-O scores,  $F(3, 40) = .720, p = .55$ .



## Discussion

Offenders with mental health conditions are one of many stigmatised groups, often experiencing a 'dual stigma' (Batastini, Bolanos, and Morgan 2014). The aim of the current study was to explore how such individuals are perceived by the community and police officers in the UK – two important groups for the purposes of community reintegration and access to appropriate justice outcomes. Research questions focused on whether there were differences in the perceptions of offenders with mental health conditions between the community and police officers, and whether the level of experience the police officer has had any bearing on their perceptions. Additionally, the impact of gender was explored in perceptions of offenders with mental health conditions.

The first hypothesis concerning differences in perceptions between members of the community and police officers was accepted. The results found that community members held significantly more positive attitudes compared to police officers. These results add to the mixed picture painted by the literature. On one hand, research frequently documents that those offenders with mental health conditions are seen to be more dangerous with members of the community wishing to socially distance themselves from them (Jorm, Reavley, and Ross 2012; Reavley and Jorm 2012, Reavley, Jorm, and Morgan 2016; Yap et al. 2014), but this research highlights that their attitudes are less stigmatising than that of police officers. However, it must be noted that other scholars have found the opposite – that is, that some professionals working with offenders with mental health conditions held fewer negative stereotypes than college students for example (Kirkley et al. 2005). Our findings are also in line with some research that suggests police officers hold stigmatising views towards offenders with mental health conditions. For example, early work by Watson, Corrigan, and Ottati (2004) found that whilst police officers believed vulnerable individuals were worthy of

help, they still viewed offenders with mental health conditions as more dangerous than those who did not have a mental health condition. This has been echoed by more recent work (see Mengual-Pujante et al. 2022, for example) and such negative attitudes are reflected in other professionals working within the justice system (Adjorlolo et al. 2018; Batastini, Lester, and Thompson 2017). However, Batastini et al. (2019) reported that public defenders were more compassionate towards defendants with mental health conditions compared to judges and prosecutors. Thus, the picture remains mixed and suggests a much more complex interplay between a number of factors and how these may impact upon perceptions of the offender with a mental health condition.

Our second hypothesis was rejected; our findings did not suggest any significant differences in police officer perceptions of offenders with mental health conditions based on their level of experience. Whilst little research has previously explored this within a police officer context, some work has suggested that those who are exposed to individuals with mental health conditions tend to exhibit more positive attitudes (Atienze-Carbonell et al. 2023; Alexander and Link 2003), with many reporting that education and exposure to offenders with mental health conditions may be helpful in reversing false perceptions of such stigmatised groups (Corrigan and Shapiro 2010). However, Adjorlolo and colleagues (2018) has reported the opposite. They found that the more experienced the male nurses in their sample became, the more likely they were to display unsympathetic attitudes towards the vulnerable individuals they were assisting. Our findings did not suggest any significant differences.

Finally, gender was explored to see if there were any differences in how offenders with mental health conditions were perceived. No significant differences were found from our data despite other research suggesting that females perceive a greater risk of future harm from a sex offender with mental health conditions compared to their male counterparts

(Brodie, Shirlaw, and Hand 2024). Our findings continue to add to this mixed picture which have implications for the offender with a mental health condition.

The Bradley Report (2009) was commissioned to examine the issues faced by offenders with mental health conditions. Their findings indicated the ongoing problem of high numbers of individuals with mental health conditions in the CJS (Fazel and Danesh 2002) and the impact of the “attitudes and perceptions of prison and hospital staff towards mental illness and offenders” (p.105). Research demonstrates that attitudes shape reactions to such vulnerable groups (Callahan 2004) subsequently impacting upon the way that offenders with mental health conditions will successfully reintegrate into their community and access housing or social support, as well as reducing their levels of recidivism and thus affecting their justice outcomes. Should community members and police officers hold negative attitudes and perceptions of offenders with mental health conditions, this may lead to a self-stigma, thus creating feelings of not being worthy of help or treatment. This can make it much more difficult for offenders with mental health conditions to combat recidivism (Cherney and Fitzgerald 2016) and so they become part of a vicious cycle. Thus, the attitudes of community members and police officers are imperative in the management and assistance of this vulnerable group. Whilst there are some community-based initiatives for offenders with mental health conditions, the successful implementation relies on community members and police officers as well as other clinically trained professionals. If individuals continue to hold negative attitudes, the success of offenders with mental health conditions will be impacted upon.

Several limitations of the current study must be addressed. First, the aim was to explore the attitudes between community members and police officers of offenders with mental health conditions. Whilst the findings report a difference in attitudes between the two participant groups, it does not provide any understanding into whether community members

who reported more positive attitudes compared to police officers, still consider offenders with mental health conditions to be dangerous. That is, the focus was on comparing the groups rather than exploring within the groups. Attitudes concerning offenders with mental health conditions are due to a number of complex and varied factors. For example, the characteristics of the individuals who hold the beliefs, such as age, gender, socioeconomic status, exposure to offending behaviour and mental health, and factors pertaining to the offender with the mental health condition such as offence and mental health type may influence attitudes, as well as external factors such as the role of the media (Jorm, Reavley, and Ross 2012). There is much conflicting research regarding some of these elements that needs to be addressed and explored further.

On a similar strand, the scale completed by participants did not explicitly assess any decision-making regarding how participants would treat offenders with mental health conditions. It is not clear, therefore, whether their self-reported attitudes would translate into appropriate action. This is particularly important given that attitudes shape reactions (Callahan 2004). Further work should explore whether such attitudes would translate into how offenders with mental health conditions would actually be treated within the community and within justice settings in the UK. Finally, it must be noted that the current study included a rather small sample of participants. Whilst this was based on a priori sample size calculation, future work should look to include a much larger number of participants.

However, this comparative analysis provides a rare insight within UK settings given little research has been conducted since that of Watson and colleagues work that explored police officer attitudes nearly 20 years ago. Thus, the research adds to the existing literature by providing a recent update regarding attitudes to offenders with mental health conditions and provides the foundation on which to explore this complex issue further.

## **Conclusion**

Since the process of deinstitutionalisation, increasing numbers of individuals with mental health conditions are coming into contact with the CJS (Gonzalez and Connell 2014; Pescosolido, Manago, and Monahan 2019). Such over-representation leaves this group subject to a system that was not designed for them (Prins 2014) with some scholars highlighting that these individuals are also more likely to be reincarcerated after release and thus are caught in a “revolving prison door” (Baillargeon et al. 2009, p.103). The stigma associated with offenders with mental health conditions can be dangerous for their well-being and reintegration back into the community (Corrigan and Watson 2002). It is easy to understand the treatment needed for those with mental health conditions but psychiatric and psychological treatments are insufficient alone. Thus, it is important to understand community and police officers’ attitudes. Our results found that community members held significantly more positive attitudes compared to police officers. The length of police officer service and the gender of participant did not have any impact upon their attitudes. Whilst the literature remains mixed and further work must be done, our results provide a fresh insight into current attitudes of community members and police officers towards offenders with mental health conditions in the UK.

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