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Justifying Antipathy?: Examining Racialized Perceptions of Incarceration and Support for Mental Healthcare in Prisons

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by

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Abstract

The current U.S. criminal justice system has a disproportionate number of people suffering from mental illness. Additionally, many of these prisons not only lack the ability to properly treat these individuals, but in some cases may even worsen the problem. Public support, and importantly whom the public thinks the prototypical prisoner is, is important to know when advocating for reform. This research aims to investigate whether or not racialized perceptions of the U.S. criminal justice system impact support for mental healthcare reform in prisons. Given the exploratory nature of this work, potentially relevant individual difference variables are also investigated. An online sample of White-identifying U.S. adults ($N = 374$) reported high levels of support for mental healthcare reform in prisons, which was unaffected by perceived racial composition of the prison population. Individual difference measures, including empathy for and dehumanization of prisoners, were found to be correlated with levels of support. Implications for researchers and advocates are discussed. Additionally, this paper offers an important psychological investigation of people's perceptions of the rehabilitative, as opposed to the punitive, nature of the U.S.'s criminal justice system.

Justifying Antipathy?: Examining Racialized Perceptions of Incarceration and Support for

Mental Healthcare in Prisons

The U.S. prison population was approximately 2.2 million people in 2016 (Altibi et al., 2021). Taken together, this would make incarcerated individuals the fifth largest city in the United States, just barely behind Houston and edging out Phoenix, Philadelphia, and Dallas. Concerningly, the fifth largest "city" in the U.S. is experiencing elevated levels of mental illness (Department of Justice, 2016) and resides inside facilities that are ill-equipped to meet this problem (Buche et al., 2018). This research aims to investigate one barrier in addressing this systemic issue: public opinion. More specifically, do racialized perceptions of the criminal justice system influence public support for reform efforts?

Mental Illness and the Criminal Justice System

Prevalence

There is widespread literature to date that documents the extent of the mental illness crisis in both prisons and the criminal justice system more broadly. According to a Department of Justice Report from 2016, approximately 43% of state prisoners and 23% of federal prisoners have a history of mental illness. On top of that, 14% of state prisoners had, in the previous month, reached the required threshold for diagnoses of a serious psychological disorder (Department of Justice, 2016). Similarly, another study put the pooled prevalence rates of serious mental illness among inmates at 14.5% for men and 31% for women, percentages which increase by 3% each if posttraumatic stress disorder (PTSD) is included in the calculations (Steadman et al., 2009). In 2006, the Department of Justice estimated that around 15% of state prisoners displayed symptoms that were linked to, and met the criteria for, a psychotic disorder (James & Glaze, 2006). These numbers represent a huge inflation compared to the general population. In

2020, only 5.6% of the general population was diagnosed with a serious mental illness, and overall it is estimated that 1 in 5 people experience some form of mental illness (National Alliance on Mental Health, 2022). Even in that same report, the National Alliance on Mental Health (2022) puts the prevalence of mental illness in the criminal justice system at 37%.

Substance abuse is another subset of mental illness in which people within the criminal justice system are over-represented. While it is estimated that around 7% of those in the general population with mental illness also have a comorbidity of substance abuse (National Alliance on Mental Health, 2022), 3 out of 4 inmates with a mental health problem also met the criteria for substance dependence or abuse (James & Glaze, 2006).

Suicide, another marker of mental health issues, is the second leading cause of death among prisoners (Salive et al., 2011) and previous research has found an association between psychiatric symptoms and suicide rates (Desai et al., 2003). One of the leading characteristics common in inmates that attempt suicide is mental illness. Goss et al. (2002) found that the prevalence rate among inmates who attempted suicide was 77%.

While the exact figures range within and across syndromes, depending on the source and methodology used, the conclusion remains: Our current criminal justice system is facing disproportionately elevated levels of mental illness across a broad swath of different illnesses.

History

Consistent with (Trawalter et al., 2020)'s call to present social psychological research within its proper historical context, it is important to garner a fuller understanding of the history of institutionalization and subsequently deinstitutionalization, along with other factors that have contributed to the current issue of mental illness within the criminal justice system.

For a significant period of American history, beginning as early as 1773 (Roth, 2021),

"best practice" for treating those with mental illness was to separate them from society (Talbot,

1979) through a process known as institutionalization. Simply put, individuals with mental

illness were placed into State Psychiatric Hospitals (SPH) where they could live separately from

other people and receive the care that they needed (Niles, 2013). As time went on, well into the

20th century, the number of people put into these SPHs increased dramatically (Roth, 2021). At

its peak, the population of people in SPHs was 560,000 (Talbot, 1979). However, as the U.S.

entered World War II, these institutions faced overcrowding and a shortage of staff due to the

war (Roth, 2021). Similarly, after the war Americans had to grapple with the extreme practices

of Nazi Germany and began to reflect inwardly, causing them to advocate for more humane

forms of treatment, seeking to cure instead of control (Niles, 2013). These shifting attitudes,

beginning in the 1950s, led to deinstitutionalization.

Deinstitutionalization was the process by which people with mental illness were released

from SPHs and into the public. Deinstitutionalization is the main reason given in the popular

press as to why we have elevated levels of mental illness in jails and prisons today (Roth, 2021).

When these patients were released, they and their families and communities lacked the proper

resources to address their needs (Niles, 2013), and the criminal justice system was seen as the

next option for, if not providing care, at least addressing the problems. The criminal justice

system, then, became de facto SPHs. However, Roth (2021) pushes back on that notion, arguing

that there are multiple factors beyond deinstitutionalization that have led us to the mental illness

crisis in carceral settings. Advocates of the deinstitutionalization hypothesis, as Roth (2021)

argues, miss the crucial context of who and how many (proportionately speaking) people these

SPHs served, concluding that deinstitutionalization can only really account for approximately a

10% increase in the incarcerated population. Rather, policies such as tough-on-crime policies that significantly increased the number of people in our justice system are one of the main causes (Roth, 2021). One of these policies was the "War on Drugs." Given high levels of comorbidity between mental illness and substance (James & Glaze, 2006), people with mental illness became likely targets of incarceration during the War on Drugs (Roth, 2021). Roth (2021) notes, too, that perceptions of people with mental illness as "dangerous" are still prevalent in our justice system, causing people to enforce sentences that lock them up compared to people without mental illness. Lastly, the U.S. still does not have a structural framework for adequately handling and caring for people with mental illness (Roth, 2021). While recently police departments have started to undergo training for interacting with people with mental illness, people with mental illness still comprise 21% of fatal police shootings according to the Fatal Force database from the Washington Post ("Fatal Force," 2023).

There are many factors that have led us to where we are now, a system that overrepresents people with mental illness and is ill-equipped to treat them.

Institutional Shortcomings

The elevated levels of mental illness in prisons is alarming on its own. However, are these institutions able to meet this challenge? The evidence paints a bleak picture. Even with access to mental health treatments in prisons, the empirical data is still mixed on the efficacy of treatment. In a meta-analysis of different treatments in a prison setting, researchers found a moderate effect size in the efficacy of psychological therapies, particularly for cognitive-behavioral therapy (CBT) and mindfulness-based interventions (Yoon et al., 2017). However, the effects of the therapy were short-term ones with no sustained changes in three- and six-month

follow-ups, and the authors noted various "institutional constraints" that prevented high-quality

implementations of randomized clinical trials in prison settings (Yoon et al., 2017).

Medication continuity, letting incarcerated individuals have access to medication, is

another administrative issue that prisoners face. Gonzalez and Connell (2014) estimated that 40-

50% of inmates who were receiving medication treatment upon entering prison did not continue

that medication while in prison. Inmates with schizophrenia (i.e., those with more overt

symptoms) were almost twice as likely to continue to receive their medication when compared to

inmates with a depressive disorder (i.e., those with less overt symptoms) (Gonzalez & Connell,

2014). Therefore, salience of symptoms may be an influential determinant in whether or not

individuals are able to receive necessary medication for their illness. This represents another

institutional shortcoming as some inmates might not even gain access to one of the most basic

forms of mental health treatment.

Broadening the scope of focus beyond treatments themselves, facilities are finding it

difficult to adequately address their inmates' needs. Buche et al. (2018) found that 85% of

facilities surveyed said they did not have enough staff to meet the needs of the inmates and that

their facility had difficulties in both hiring and retaining employees. Across the 20 facilities that

were surveyed, there were 93 open positions in the behavioral workforce fields (Buche et al.,

2018).

Similarly, the conditions and institutional practices of jails and prisons are further

contributing to the problem. The use of solitary confinement represents a multi-faceted ethical

challenge to many practitioners. Firstly, reliance on solitary confinement and strict rules put

those suffering from mental illness at a comparative disadvantage compared to those without

mental illness. In a recent meta-analysis on solitary confinement risk factors, Dellazizzio et al.

(2020) found a moderate relationship between having mental illness and likelihood of being put in solitary confinement. On top of that, many researchers have argued that the expression of more overt symptoms of mental illness lend themselves to breaking prison rules (Haney, 2003). This makes them more likely to end up in solitary confinement as punishment for being unable to follow the rules. Solitary confinement also causes the symptoms of mental illness to be worse than they already are. The conditions in prisons are so bad that researchers who conducted a qualitative analysis of long-term post-incarcerated individuals found evidence for categorical PTSD symptoms, institutionalized personality traits, social-sensory disorientation, and alienation, demonstrating evidence for trauma linked to institutionalization and advocating that it should have its own sub-classification within the domain of PTSD diagnoses (Liem & Kunst, 2013). In one famous case (Jones El vs Berge 1995), the court ruled that housing those with mental illness in these conditions amounted to cruel and unusual punishment (Arrigio & Bullock, 2008).

The use of solitary confinement also presents a challenge for the medical professionals that are employed in the criminal justice system. Medical professionals in prisons are aware of the detrimental harms that solitary confinement brings and must make the ethical decision of whether or not to participate in this system (Meltzner & Fellner, 2010). This ethical challenge may be one of the many contributing factors to the shortage of mental healthcare workers in the criminal justice system. Therefore, not only do institutional practices, such as solitary confinement, exacerbate current mental health disparities; they also present practitioners with a complex ethical challenge of trying to help people, but doing so within a system that can make those same people worse off. These factors working in unison contribute to the levels of shortage experienced in this field.

Race, Public Policy, and Reform

The picture painted above highlights the need for reform in this area. Beyond the intrinsic duty to treat all incarcerated individuals, including those with mental illnesses, with care, there are other positive downstream consequences to improved mental healthcare in the justice system. Skeem et al. (2014) found that while mental illness did not predict likelihood of re-arresting, it did predict whether or not individuals would be re-incarcerated. Similarly, they found that individuals with mental illness have more risk factors (e.g., antisocial personality patterns, substance abuse problems) associated with recidivism than those who do not have any mental illness. Wallace and Wang (2020) found evidence that improving mental health in prisons did lead to lower recidivism rates, and continuing mental health treatment post-release correlates to a 44% decrease in the likelihood a person will recidivate. Simple education programs have been found to decrease the chance of recidivism by 28% (Bozick et al., 2018). All of this to say, if incarcerated individuals are given opportunities to better themselves and receive support, there are better outcomes upon release from jails or prisons.

One, possibly necessary, component to attempting to address these institutional shortcomings is public action. Public opinion shapes public policy about 75% of the time and that impact is substantial (Burstein, 2003). Having a motivated public that is aware of these issues will be crucial in garnering the necessary support to influence politicians to create change. One potential barrier to public support, so far, would be the salience of the mental health crisis in carceral settings. Burstein (2003) argues that as the salience of an issue increases, so does the responsiveness to that issue. And, while it is undeniable that the criminal justice system is under public scrutiny in the current day, making it possible for politicians to advocate and push for change, much of that effort is put towards addressing the racial inequities rampant in our current

system and not the ongoing mental illness epidemic. In short, too few people may currently be aware of the mental illness epidemic among prisoners.

Moreover, even if they were aware of the issue, the public may not be particularly motivated by it. In his book titled *The Logic of Congressional Action,* R. Douglas Arnold (1990) lays a theoretical foundation for understanding why a politician may choose to support a certain piece of legislation or issue. Assuming that a politician's most dominant goal is to be elected, politicians must evaluate not only the current costs and benefits of a legislative decision, but also any future ones that may arise as a result of that legislation, particularly how citizens may evaluate their performance (Arnold, 1990). This type of worry creates certain pieces of legislation that are politically infeasible (Arnold, 1990). Criminal justice reform, therefore, is likely to be in the politically infeasible class given both the public's general antipathy toward people in the criminal justice system (Wozniack, 2014) and voting disenfranchisement of those most likely to be looking to reform the criminal justice system. The general public is often critical of legislation that appears to be "soft on crime." A majority of Americans (~80%) view life in prisons as "just right" or "not harsh enough" and even among those who view prison life as not good, people still hold the belief that it should be harder (Wozniack, 2014). This antipathy is rooted in the belief that prisons should not be "country-club like" or too easy (Wozniack, 2014).

Not only is public opinion on the state of prisons important, but support of reform may also be influenced by the public's perception of who the prototypical prisoner is. More specifically, racialized perceptions of the criminal justice system may impact the public's willingness to reform. For example, Hetey and Eberhardt (2014) conducted an experiment in which they manipulated the racial makeup of a prison population. They found that the Blacker a

prison is perceived to be, the less likely people were to support reform efforts targeted at reducing the severity of punitive policies in the criminal justice system. Even confronted with statistics reinforcing the racial inequity of the current system, people are likely to enforce the laws and rules that created those inequities (Hetey & Eberhardt, 2014).

This is not the only evidence that our racialized perceptions can influence how we approach issues of public policy. In recent research done on the COVID-19 pandemic, researchers found that highlighting the racial disparities in COVID-19 impact reduced White people's support for public health safety precautions (Skinner-Dorkenoo et al., 2022). Even when they were presented with information on the U.S. structural inequities causing those disparities, participants had less empathy for vulnerable populations and were less supportive of safety protocols (Skinner-Dorkenoo et al., 2022). In the domain of welfare, Brown-Iannuzzi et al. (2021) found people were more likely to support welfare policies when the recipients were described as majority White, compared to Black, influenced in part by racialized stereotypes about being "hardworking" versus "lazy" (Brown-Iannuzzi et al., 2021). Extending this research further, in states where participants demonstrated higher explicit and implicit racial bias, governments spent less money on their Medicaid programs (Leitner et al., 2018). And, the more racial minority people enrolled in Medicaid, the less money spent per person (Kousser, 2002). What this literature shows is evidence that racial perceptions about who is benefiting from versus being harmed by certain programs and policies influence how White participants make decisions about public policy.

The Current Study

To this point, the literature summarized has shown the mental health epidemic in our prisons and how these facilities lack the ability to adequately address these challenges, and

argued that public opinion will be important in reforming this system under Arnold's (1990) theory for understanding political action. Also, we identified that racial perceptions of systems may influence and impact support for certain public policies. In the current study, we integrate these ideas to examine how racialized perceptions of incarcerated individuals may influence support for mental healthcare in carceral settings. In a conceptual replication of Hetey and Eberhardt (2014), we hypothesize that the Blacker the prison population is perceived to be, the less likely White participants will be to sign a petition in support of better mental healthcare. Moreover, given the exploratory nature of this work, we investigate potential mediators (e.g., empathy) and moderators (e.g., social dominance orientation) of this effect. This study is preregistered: https://aspredicted.org/997_VC1 .

Method

Participants

Participants ($N = 347$) for this study were recruited via Prolific Academic. Using Prolific's prescreening tools, the study listing was shown only to participants who reported belonging to a White "ethnic group," and only those who reported a monoracial White identity in our survey were retained for analyses. The sample was relatively middle-aged ($M_{age} = 41.3$ years, $SD = 12.42$), and the gender pool was balanced by design with slightly more females ($n = 172$; 49.5% of sample) than males ($n = 170$; 48.5% of sample). There were also three non-binary and eight transgender participants. Our sample was a majority Democratic sample ($n = 188$; 54.9%) with relatively few Republicans ($n = 55$; 15.9%); the remaining participants were Independent ($n = 103$; 29.8%). Of the partisan participants, both groups reported moderately strong affiliation with their respective political parties ($M_{Democrat} = 2.24$; $M_{Republican} = 2.11$).

Procedure

After providing consent, participants were randomly assigned to one of two conditions. One condition, the *veridical condition*, showed participants the real-world federal race demographics according to the Federal Bureau of Prisons. In this condition, the racial makeup presented was 29% White, 34% Black, 24% Hispanic, and 13% other. In the other condition, the *inflated condition*, the racial demographics shown were 19% White, 44% Black, 24% Hispanic, and 13% other. Along with this information, participants in both conditions were shown information about the gender makeup, age, and mental illness rates of the prison population. All statistics were acquired from the Federal Bureau of Prisons.

Participants then viewed a petition that was advocating for mental healthcare reform in the U.S. Criminal Justice System (see Supplemental Materials for full petition). Our primary dependent variable was whether or not the participants said they would sign the petition, which was a dichotomous variable, *yes* or *no*. Participants were then asked to rate their support for each of the different points of the petition ("Please rate how much you support each of the following components of the petition you just read: [e.g.,] Establish a rigorous system of recruitment and retention of qualified mental healthcare workers to work in our prisons and jails"). Participants' ratings of support were assessed on a Likert-type scale (1 = *strongly oppose*, 7 = *strongly support*). Participants then completed a battery of individual difference measures for our potential mediation analyses.

Afterwards, demographic information was collected and participants were extensively debriefed. Our debrief consisted of stating what the manipulation was, presenting the real-world demographic statistics, acknowledging the over-representation of Black Americans in the criminal justice system due to systemic issues, and giving participants resources that they could use to learn more about the study topic.

Measures

Full materials and measures for this project can be found on in the Supplemental Materials.

Empathy

Empathy towards prisoners was assessed using a three-item Likert-type scale. Participants rated their agreement with items such as "I am very concerned about the vulnerability of prisoners in the justice system" (1 = *strongly disagree*, 7 = *strongly agree*). Low numbers on the scale represent low levels of empathy towards prisoners. The scale showed strong internal reliability (α = .94).

Dehumanization

Dehumanization of prisoners was assessed using a seven-item scale adapted from Agadullina and Terskova (2022). The scale consists of whether or not certain adjectives related to humanness are applicable to prisoners. Participants rated the extent to which they believed that traits such as "active," "civilized," and "cultural" applied to the average prisoner (1 = *does not apply*, 7 = *strongly applies*). Low numbers on the scale represent more dehumanization towards prisoners. The scale demonstrated strong internal reliability (α = .86).

Prisoner Rights

Attitudes towards how tough prisons should be was assessed using a six-item scale adapted from Silvia (2003). The scale consists of two different components: health conditions and day-to-day lives. Participants rated their agreement with items including "It is important that prisons be equipped with enough food" and "Prisoners' leisure activities should be severely regulated" (1 = *strongly disagree*, 7 = *strongly agree*). Two items were recoded to ensure that

higher numbers on the scale meant participants thought prisons themselves should be tougher. The scale demonstrated adequate internal reliability (α = .72).

Prisoner Toughness

Perceptions of prisoner toughness before and during incarceration was assessed using a three-item scale adapted from Trawalter et al. (2012). Participants answered items such as "How much adversity do you think the average prisoner faced in their life before prison?" (1 = *not at all*, 5 = *extremely*). High values indicate that participants perceived prisoners' lives as being harder. After reviewing the data and for purposes of analysis, the scale was split into two different sub-scales: (1) perceptions of toughness before incarceration and (2) perceptions while incarcerated.

Contact with the Criminal Justice System

Participants' contact with the criminal justice system was assessed using a nine-item scale that asked whether or not they, a family member, or a close friend had any contact with the criminal justice system. Contact was operationalized as being arrested, being on parole/probation, or having served time in jail/prison. Participants responded either "Yes" or "No," and the scale was summed into one variable representing contact with the criminal justice system. Overall, our participants showed low levels of interaction with the criminal justice system ($M = 2.35$, $SD = 2.55$).

Mental Healthcare Effectiveness

Perceived efficacy of mental healthcare was assessed using a single item: "In general, how much would you say that mental healthcare professionals are helpful to the people they treat?" (1 = *not at all*, 4 = *a lot*). Participants indicated that they perceived mental health practitioners as helpful to the people they treat ($M = 3.27$, $SD = 0.74$).

Mental Health Stigmatization

Levels of mental health stigmatization were assessed on two domains—*public* and *private*—using a scale adapted from Eisenberg et al. (2009).

Public stigma, participants' rating of what "most people" would say was assessed using five items, such as "Most people would willingly accept someone who has received mental health treatment as a close friend" (1 = *strongly disagree*, 7 = *strongly agree*). After recoding some individual items, high numbers indicated low public mental health stigma perception and had strong internal reliability (α = .89).

Personal stigma, participants' rating of their own mental health stigmatization, was assessed using three items, such as "I would willingly accept someone who has received mental health treatment as a close friend" (1 = *strongly disagree*, 7 = *strongly agree*). After recoding one item, high numbers represented low personal stigma and had strong internal reliability (α = .82).

Social Dominance Orientation

Social Dominance Orientation (SDO) was assessed using the scale from Ho et al. (2015). SDO consists of a sixteen-item scale that assesses one's belief in social hierarchies, such as "It's probably a good thing that certain groups are at the top and other groups are at the bottom." Higher SDO represents more beliefs in social hierarchies and, after recoding individual items, the scale showed strong internal reliability (α = .94).

Power Evasion

Power Evasion was assessed using the five-item scale from Neville et al. (2000) that assesses one's agreement with statements on racism and discrimination, such as "Racism may

have been a problem in the past, but it is not an important problem today" (1 = *strongly disagree*, 7 = *strongly agree*). The scale showed strong reliability (α = .87).

Purposes of the Criminal Justice System

Finally, participants rated their agreement with statements about what the purpose of the criminal justice system should be (1 = *strongly disagree*, 7 = *strongly agree*). Attitudes were collected about four prominent philosophies toward the CJS: rehabilitation ($M = 5.98$, $SD = 1.19$), seeking justice ($M = 5.38$, $SD = 1.39$), punishment ($M = 4.35$, $SD = 1.84$), and deterring future crime ($M = 5.24$, $SD = 1.64$).

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Results

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Manipulation Check

After completing the study, participants were asked to report back the racial demographics they were presented with at the start of the study. Results indicate that participants were accurate in recalling the racial composition statistics presented to them. An independent samples *t*-test for the White demographic statistic showed that the difference between the veridical condition ($M = 29.58$, $SD = 8.64$) and the inflated condition ($M = 20.31$, $SD = 6.75$) was statistically significant ($t = 11.13$, $p < .001$). Additionally, an independent samples *t*-test revealed that the Black racial demographic statistic in the inflated condition ($M = 43.51$, $SD = 5.51$) was greater than the veridical condition ($M = 35.49$, $SD = 6.79$) and that difference was significantly different ($t = -12.05$, $p < .001$). Our manipulation created two different groups with different perceptions of the U.S. criminal justice system, wherein the veridical condition reported racial demographics close to the real-world demographics and the inflated condition reported an elevated percentage of Black and diminished percentage of White people in prisons, both consistent with the information they had encountered in our manipulation.

Primary and Secondary Analyses

We conducted a logistic regression analysis to determine if race condition predicted support for the petition. Race condition did not predict willingness to sign the petition ($\chi^2 = .03$, $p = .87$; see Table 1). Additionally, an independent samples t-test revealed that there was no significant difference in overall level of support for the petition items ($t = -0.34$, $p = .74$). Among our potential mediating variables, we found that race condition did not predict any of those variables ($ts \leq 1.13$, $ps \geq .26$). We did, however, find significant correlations between many of those individual difference variables and overall support, operationalized by combining support across all three petition items for a composite score (see Table 2 specific values).
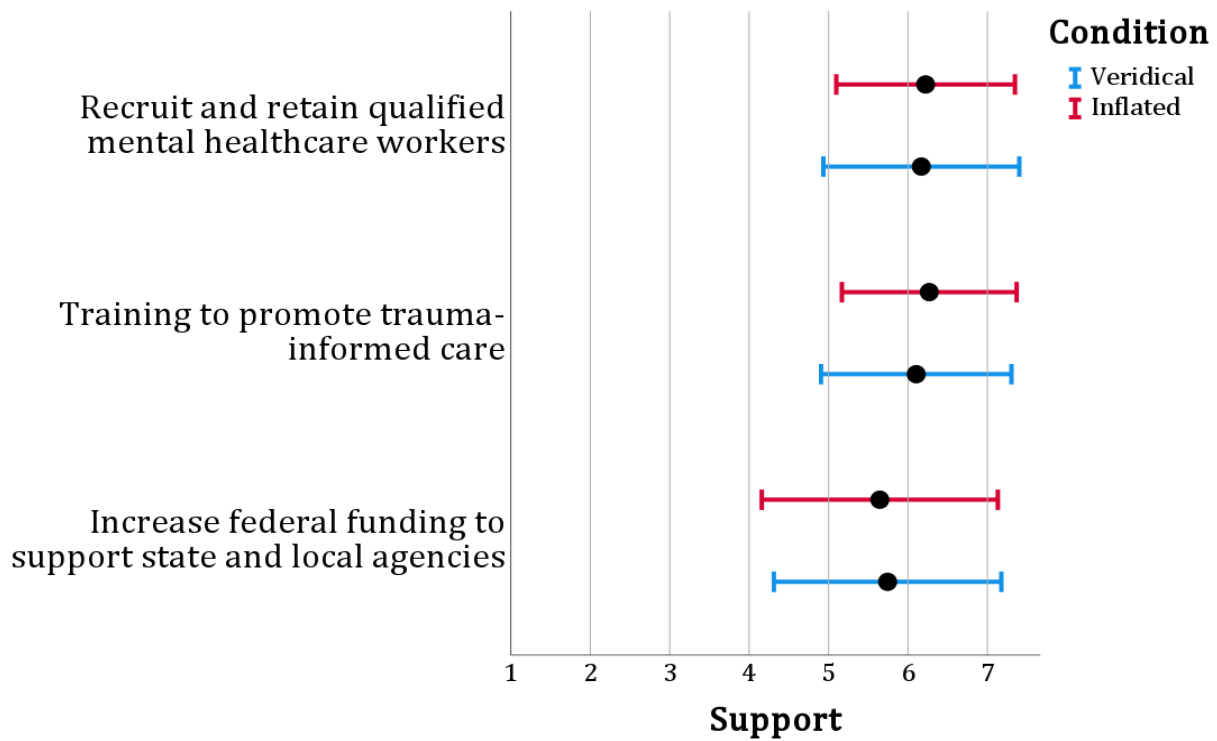
Table 1

Cross-Tab Calculations for Willingness to Sign the Petition

	Veridical ($n = 172$)	**Inflated ($n = 175$)**	*Total*
Yes	134	135	*269*
No	38	40	*78*

Note. Information in this table represents the raw number of participants who endorsed signing the petition or not (*Yes* or *No*) by condition.

Figure 1

Bar Graph Depicting Level of Support for Each Petition Item By Condition

Table 2

Correlation Matrix for Individual Difference Variables and Support

	Empathy	Prisoner Rights	Dehumani -zation	Prisoner Toughness	CJS Contact	Personal Stigma	Public Stigma	SDO	Power Evasion	Support
Empathy	**5.26 (1.44)**									
Prisoner Rights	.64**	**5.72 (.79)**								
Dehumanization	.53*	.42**	**4.4 (1.03)**							
Prisoner Toughness	.52**	.50**	.38**	**3.72 (.68)**						
CJS Contact	.08	-.03	.08	.01	**2.35 (2.54)**					
Personal Stigma	.41**	.52**	.31**	.28**	.002	**6.27 (.89)**				
Public Stigma	.09	.13*	.18**	-.03	.03	.39**	**4.76 (1.23)**			
SDO	-.49**	-.55**	-.35**	-.37**	.06	-.53**	-.11*	**2.14 (1.11)**		
Power Evasion	-.45**	-.52**	-.32**	-.42**	.18**	-.40**	.02	.65**	**2.82 (1.47)**	
Support	.71**	.62**	.41**	.44**	.06	.43**	.12*	-.51**	-.42**	**6.03 (1.13)**

Note. Means and standard deviations (in parentheses) appear in bold along the diagonal. Correlations between variables appear below the diagonal. SDO = Social Dominance Orientation. CJS Contact = Contact with the Criminal Justice System. ** $p < .01$, * $p < .05$

Discussion

In this study, we examined whether racialized perceptions of the prison population may affect support for mental healthcare reform in carceral settings. We did not find support for our hypothesis that the Blacker a prison population is perceived to be, the less support White people would have for mental healthcare reform. In fact, what we found was that the perceived racial demographics (i.e., *race condition*) did not influence willingness to sign the petition, support for the individual petition items, or any of the individual difference measures we investigated. However, those individual difference variables did significantly correlate with overall support. For example, more empathy toward prisoners was associated with more support for the petition items. While, conversely, more dehumanization of prisoners was associated with decreased support. Overall, participants reported relatively high levels of support for mental healthcare reform.

There are many potential explanations for why we found the overall high levels of support that we found. Firstly, attitudes toward mental health and mental healthcare broadly are changing. Recently, there is evidence to show that attitudes toward mental health in the U.S. reflect both increased awareness of and decreased stigmatization toward some mental illnesses (Pescosolido et al., 2021). In fact, in a systematic review of the literature about changing attitudes, Schomerus et al. (2012) found two trends in the literature: increased knowledge about mental health and support of mental healthcare professionals and their work. In analyses not reported here, the participants in our study also showed a greater endorsement of the rehabilitative purpose of the criminal justice system compared to other purposes such as punishment, justice, and deterrence. Endorsing the rehabilitative nature of the criminal justice system means you want prisons to prepare people to re-enter society by treating those

incarcerated individuals. Therefore, people who endorse rehabilitation would be more likely to support mental healthcare reform. The work at present takes place within a greater societal movement towards awareness and acceptance of mental illness, and it is possible that these cultural changes—combined with a particularly rehabilitative view of prisons in our sample—are at work with our results.

Alternatively, attitudes toward the criminal justice system itself may be changing thus influencing support for reform. In a follow up to their 2014 work, Hetey and Eberhardt (2018) argue that placing institutions in their proper historical context and highlighting the power of those institutions are possible ways to mitigate the effects that racialized perceptions may have on support. In recent years, spurred by social movements such as Black Lives Matter, the U.S. public has had to grapple with the historical context and current levels of injustice within the criminal justice system. Under Hetey and Eberhardt (2018)'s framework, this lens may have caused a change in attitudes or perceptions that may have spurred increased levels of support for a variety of criminal justice system reform efforts, including improved mental healthcare. Additionally, a few states have started to adopt more policies reforming their current criminal justice system ("State Policy Network", 2021). States like Utah, Texas, Ohio, Mississippi, and Wisconsin are all evidence of state governments adopting empirically based and publicly supported reform efforts for the criminal justice system ("State Policy Network", 2021). For example, Utah recently passed a resolution asserting their support for criminal justice reform and acknowledging and pointing out current problems with the system ("State Policy Network", 2021). In fact, since the Obama administration, all presidents—regardless of partisan affiliation—have seen decreases in the federal prison population (Gramlich, 2021). The overall

level of support seen here could be the result of increasing salience of the issues of the criminal justice system, spurring public action toward reform.

Regardless of its cause, we are encouraged by the overall level of support that we found and that this support was not impacted by the racial demographics of the criminal justice system. Importantly, it is our hope that practitioners or advocates can use these data to show the already high level of support for this type of reform. Similarly, our data elucidates potential avenues for intervention to galvanize even more support for mental health care reform. For example, increasing the public's empathy towards prisoners or decreasing the dehumanization of prisoners are potential mechanisms by which advocates may increase support for these kinds of reform. Overall, our data indicate that there is already a significant level of support for mental healthcare and illuminates potential ways advocates can gain increasing support for this very important issue.

While we are encouraged by the findings, it is important to temper drastic conclusions from our data due to some limitations in our study design and results. Primarily, we encourage future research to investigate this potential effect with a potentially stronger and/or more subtle manipulation. While our participants were accurate in reporting the provided racial demographic statistics back to us, it is possible that these numbers did not actually shift their views of a prototypical prisoner experiencing mental illness. Moreover, a more subtle and/or affect-inducing manipulation may be less likely to produce reactance and, therefore, be a stronger predictor of subsequent attitudes and behaviors. For example, Hetey and Eberhardt (2014), the study used as the basis for this research, implemented a subtler manipulation by flashing photos of faces and changing the racial makeup of those photos. Therefore, a manipulation such as "day in the life of a prisoner," in which the implied race of the prisoner varies, may produce a stronger

manipulation of racialized perceptions. Future research should investigate this potential effect within the domain of mental healthcare reform.

Additionally, social desirability may have played a role in the high levels of support we found. We presented to participants a very low risk opportunity for them to say that they would sign this petition. Similarly, the different petition items implemented no "social cost." Even though these items were taken from real-world mental health initiatives, they represent no personal cost for someone to say they endorse those messages. Therefore, there is the potential that our data experienced a ceiling effect of both willingness to sign and overall support.

Lastly, research should further explore the relationship between political party affiliation and support for mental healthcare reform. Some significant effects did emerge from an exploratory analysis involving political party affiliation: Though Republicans tended to be less supportive of improved mental healthcare in prisons than Democrats, Republicans in the inflated condition did report being more supportive than those in the veridical condition which is contrary to what the expected relationship would have been. Ultimately, the effect that political party has on attitudes toward mental healthcare reform is unclear from the current work. Further research should continue to investigate how political party affiliation may impact support for both criminal justice and mental healthcare reform.

This research presents an opportunity to further expand avenues of research around the criminal justice system. Much of the literature to date, including the theoretical foundations for much of this paper, is focused on the punitive nature of the criminal justice system. However, one important perspective on the purpose of the criminal justice system is its (in)ability to rehabilitate those who have been convicted of a crime. Rehabilitation is, in our view, a noble pursuit and should be a continued focus of the criminal justice system. The research conducted in

this area should reflect this philosophy. We should continue to research and investigate the rehabilitative nature of the criminal justice system. What are its impacts? How many people in the U.S. hold this philosophy? What are the barriers to more people holding this perspective? Answering these questions can allow us to continue to make changes in the criminal justice system and maximize its potential to benefit society.

Acknowledgements

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Make Your Voice Heard: Tell Your Representatives That You Care About the Mental Healthcare of Prisoners in the United States

✦ ✦ ✦

For the longest time, in the mainstream and in the halls of Congress, we have ignored the reality of elevated levels of mental illness in our criminal justice system.

Currently our inmates are experiencing inflated levels of depression, anxiety, serious psychotic disorders, and suicide.

Our current system is unable to address this issue.

We are calling on Congress to take immediate action in the following areas:

➤ Increase federal funding to support training for and assistance to state and local agencies.

- o Establish a clearinghouse on best practices that lead to positive outcomes for people with mental health involved in the justice system

- o Help state and local systems expand efforts to universally screen and assess for mental illness at the time of arrest

- o Increase medical healthcare coverage of inmates during incarceration and post-release

➤ Introduce training that promotes trauma-informed care among all correctional staff including correctional officers, nurses, and healthcare workers

➤ Establish a rigorous system of recruitment and retention of qualified mental healthcare workers to work in our prisons and jails

- o Develop the incentives needed to maintain this workforce at a sufficient level to help people who are incarcerated

NAMI
National Alliance on Mental Illness

Click Here to Sign Our Petition

AMERICAN PSYCHOLOGICAL ASSOCIATION

Full Measures

Justifying Antipathy - Senior Honors

Mental Healthcare and the Criminal Justice System Study
University of Richmond IRB Study Number URIRB221114

Consent Form
You are being asked to take part in a research study examining attitudes toward mental healthcare in the criminal justice system. Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. If you have questions, please feel free to contact the researchers (listed below) for more information.

Purpose
The purpose of this study is to learn more about attitudes toward mental healthcare in the criminal justice system. The study should take approximately 15 minutes to complete. If you agree to participate, you will be asked to complete an online survey with questions that inquire about your attitudes toward the prison system, prisoners, and mental healthcare, as well as basic demographic information (for example, age, gender, and race). Importantly, you will be asked questions about your personal experiences with the criminal justice system and perceptions of mental illness stigma.

Contact Information
This research is being conducted by Principal Investigator Jared Brassil and Faculty Advisor Kristjen Lundberg. If you have any questions about the project, Jared can be contacted at jared.brassil@richmond.edu, and Dr. Lundberg can be contacted at klundber@richmond.edu.

Possible Risks
The risks associated with this study are minimal. That is, the risks for completing this study are no more than the risks experienced in daily life. Because participants are asked to reflect on the criminal justice system and mental illness, you may find aspects of this survey to be uncomfortable or upsetting. You can avoid the possibility of such experiences by not participating in this study. If you do experience any discomfort during the study, remember you can stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study. If any of the experiences in the survey leave you feeling psychologically unwell, we encourage you to contact your healthcare provider. There may be uncommon or previously unknown risks. You should report any problems to the researchers.

Possible Benefits

There are no direct benefits to you for participating in this project, but you may get some satisfaction from contributing to this investigation. You will also receive one unit of research participation credit. [You will also receive $3.00 for your participation. Please note that those who withdraw from the study early (return their submission via Prolific), complete the study exceptionally quickly (a response time more than three standard deviations below the average), or provide two or more text entry or narrative answers that indicate low-quality, nonsensical responding will not receive payment for their participation.]

Confidentiality of Records

Reasonable steps will be taken to ensure that your individual results will remain confidential. However, as with any research process, the risk of a breach of confidentiality is always possible. Nevertheless, to the best of the investigators' abilities, your answers in this study will remain anonymous and confidential. Once the study is completed, we will completely "deidentify" our data. All identifiers will be removed from any identifiable private information and only then will the information be used for future research studies.

Use of Information and Data Collected

We will not tell anyone the answers you give us. Your responses will not be associated with you by name and the data you provide will be kept secure. What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

Protections and Rights

If you have any questions concerning your rights as a research participant, you may contact the Chair of the University of Richmond's Institutional Review Board (IRB) for the Protection of Human Subjects of Research at (804) 484-1565 or irb@richmond.edu for information or assistance.

Statement of Consent

The study has been described to me and I understand that my participation is voluntary and that I may discontinue my participation at any time without penalty. I understand that my responses will be treated confidentially and used only as described in this consent form. I understand that if I have any questions, I can pose them to the researcher. I have read and understand the above information and I consent to participate in this study by clicking "Continue." Additionally, I certify that I am 18 years of age or older.

○ Yes, I agree; I wish to begin the study.

○ No, I do not agree; I do not wish to participate.

End of Block: Consent Form

We appreciate the time that you are taking to complete this survey. It's because of individuals like you that we are able to conduct research.

This survey will ask you to complete several sections that include questions about your attitudes toward the prison system, prisoners, and mental healthcare, as well as basic demographic information (for example, age, gender, and race). It will take approximately 15 minutes to complete. If you do not have the time to complete this survey, please close the browser now.

This research is being conducted by a not-for-profit research group. The pay that we offer is based on the current operating budget. We wish that we could offer more. If the pay we offer is not acceptable to you, we encourage you to exit the survey now. Thank you again!

Page Break

Before we begin, we want to ensure that you are a human, as opposed to a bot. Please help us out by clicking the option below.

Thank you! In this study, we are exploring attitudes toward mental healthcare in the criminal justice system.

Before we get to the rest of the survey, we want to provide some background information that might be helpful to you.

The statistics below have been obtained from the Federal Bureau of Prisons. Please take your time, because we will ask you some questions about them later in the survey.

Race-Ethnicity of Prisoners:
White: 29%
Black: 34%
Hispanic: 24%
Other: 13%

Gender of Prisons:
Male: 93%
Female: 7%

Average Age of Prisoners:
41 years old

Percentage of Prisoners Meeting the Threshold for Serious Psychiatric Disorders Within the Past 30 Days:
42%

Timing
First Click
Last Click
Page Submit
Click Count

Thank you! In this study, we are exploring attitudes toward mental healthcare in the criminal justice system.

Before we get to the rest of the survey, we want to provide some background information that might be helpful to you.

The statistics below have been obtained from the Federal Bureau of Prisons. Please take your time, because we will ask you some questions about them later in the survey.

Race-Ethnicity of Prisoners:
White: 19%
Black: 44%
Hispanic: 24%
Other: 13%

Gender of Prisons:
Male: 93%
Female: 7%

Average Age of Prisoners:
41 years old

Percentage of Prisoners Meeting the Threshold for Serious Psychiatric Disorders Within the Past 30 Days:
42%

Timing
First Click
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Page Submit
Click Count

Please take a minute or two to review the petition below. We will ask you some questions about it on the following pages.

Please take your time; the option to move to the next page won't appear until one minute has passed.

Timing
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Page Submit
Click Count

If you were approached by someone and asked to sign a petition like the one you just read, would you sign it?

○ Yes

○ No

Page Break ───────────────────────────────

To give us a better sense of your support for or opposition to this petition, please rate how much you support each of the following components of the petition you just read.

"Increase federal funding to support training for and assistance to state and local agencies."

- ○ Strongly Oppose

- ○ Moderately Oppose

- ○ Slightly Oppose

- ○ Neutral

- ○ Slightly Support

- ○ Moderately Support

- ○ Strongly Support

"Introduce training that promotes trauma-informed care among all correctional staff including correctional officers, nurses, and healthcare workers."

- ○ Strongly Oppose

- ○ Moderately Oppose

- ○ Slightly Oppose

- ○ Neutral

- ○ Slightly Support

- ○ Moderately Support

- ○ Strongly Support

"Establish a rigorous system of recruitment and retention of qualified mental healthcare workers to work in our prisons and jails."

○ Strongly Oppose

○ Moderately Oppose

○ Slightly Oppose

○ Neutral

○ Slightly Support

○ Moderately Support

○ Strongly Support

Thank you. You are now moving on to a new section. Please rate your (dis)agreement with the following statements using the scale provided.

I am very concerned about the vulnerability of prisoners in the justice system.

○ Strongly Disagree

○ Disagree

○ Slightly Disagree

○ Neither Agree nor Disagree

○ Slightly Agree

○ Agree

○ Strongly Agree

I feel compassion for prisoners in the justice system.

○ Strongly Disagree

○ Disagree

○ Slightly Disagree

○ Neither Agree nor Disagree

○ Slightly Agree

○ Agree

○ Strongly Agree

I am quite moved by what can happen to prisoners in the justice system.

○ Strongly Disagree

○ Disagree

○ Slightly Disagree

○ Neither Agree nor Disagree

○ Slightly Agree

○ Agree

○ Strongly Agree

End of Block: Empathy

Start of Block: Conditions Should Be Tough

Please rate your (dis)agreement with the following statements using the scale provided.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
It is important that prisons be equipped with enough food.	○	○	○	○	○	○	○
It is important that prisons be equipped with enough safety and security personnel.	○	○	○	○	○	○	○
It is important that prisons are clean.	○	○	○	○	○	○	○
Prisons should be much tougher for inmates.	○	○	○	○	○	○	○
Prisoners' leisure activities should be severely regulated.	○	○	○	○	○	○	○
Prisons should have better libraries.	○	○	○	○	○	○	○

Please rate the extent to which you believe that each of the following traits applies to the average prisoner.

	Does Not Apply		Moderately Applies			Strongly Applies
	1	2	3	4	5	6	7
Active				●|		
Curious				●			
Able to feel				●			
Cultural				●			
Talented				●			
Civilized				●			
Creative				●			

How hard do you think the life of the average prisoner was before they were incarcerated?

○ Not at all

○ A little bit

○ Somewhat

○ Very much

○ Extremely

How much adversity do you think the average prisoner faced in their life before prison?

○ Not at all

○ A little bit

○ Somewhat

○ Very much

○ Extremely

How tough do you think the average prisoner is?

○ Not at all

○ A little bit

○ Somewhat

○ Very much

○ Extremely

End of Block: Prisoners are Tough

Next, we are asking about how much contact you have had with the criminal justice system. Contact with the criminal justice system can happen both to you and to the people in your life. We want to know how much you **personally** have had contact with the criminal justice system, as well as about the contact that your **family members** and **close friends** have had. Please answer the following questions.

I have been arrested.

○ Yes

○ No

I have been on parole or probation.

○ Yes

○ No

I have served time in jail and/or prison.

○ Yes

○ No

I have a family member who has been arrested.

○ Yes

○ No

I have a family member who has been on parole or probation.

○ Yes

○ No

I have a family member who has served time in jail and/or prison.

○ Yes

○ No

I have a close friend who has been arrested.

○ Yes

○ No

I have a close friend who has been on parole or probation.

○ Yes

○ No

I have a close friend who has served time in jail and/or prison.

○ Yes

○ No

In general, how much would you say that mental healthcare professionals are helpful to the people they treat?

○ Not at all

○ A little

○ Somewhat

○ A lot

I would willingly accept someone who has received mental health treatment as a close friend.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

I would think less of a person who has received mental health treatment.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

I believe that someone who has received mental health treatment is just as trustworthy as the average person.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

Page Break

Most people would willingly accept someone who has received mental health treatment as a close friend.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

Most people feel that receiving mental health treatment is a sign of personal failure.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

Most people think less of a person who has received mental health treatment.

- ○ Strongly disagree
- ○ Disagree
- ○ Slightly disagree
- ○ Neither agree nor disagree
- ○ Slightly agree
- ○ Agree
- ○ Strongly agree

Most people in my community would treat someone who has received mental health treatment just as they would treat anyone.

- ○ Strongly disagree
- ○ Disagree
- ○ Slightly disagree
- ○ Neither agree nor disagree
- ○ Slightly agree
- ○ Agree
- ○ Strongly agree

Once they know a person has received mental health treatment, most people will take that person's opinions less seriously.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

People have different beliefs about the purpose of the criminal justice system. The attitudes that people hold can vary based on their own personal experiences, the way people are raised, and the social context people find themselves in. Please rate how much you (dis)agree that each of the following philosophies should be the purpose of the criminal justice system.

The purpose of the criminal justice system should be rehabilitation – using rehabilitative measures to address criminality and ease re-entrance back into society.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

The purpose of the criminal justice system should be justice – to enforce the law and seek redress for wrongs committed against society, to ensure public safety.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

The purpose of the criminal justice system should be punishment - to punish people who break the law as recompense for the crimes that they committed.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

The purpose of the criminal justice system should be deterring future crime – setting an example to stop future crimes from being committed.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

End of Block: Purpose of Criminal Justice System

Start of Block: Social Dominance Orientation

Thank you. You are now moving on to a new section. Show how much you favor or oppose each idea below by selecting the appropriate response. You can work quickly; your first feeling is generally best.

Some groups of people must be kept in their place.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

It's probably a good thing that certain groups are at the top and other groups are at the bottom.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

An ideal society requires some groups to be on top and others to be on the bottom.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

Some groups of people are simply inferior to other groups.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

Groups at the bottom are just as deserving as groups at the top.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

No one group should dominate in society.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

Groups at the bottom should not have to stay in their place.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

Group dominance is a poor principle.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

We should not push for group equality.

- ◯ Strongly oppose

- ◯ Moderately oppose

- ◯ Slightly oppose

- ◯ Neutral

- ◯ Slightly favor

- ◯ Moderately favor

- ◯ Strongly favor

We shouldn't try to guarantee that every group has the same quality of life.

- ◯ Strongly oppose

- ◯ Moderately oppose

- ◯ Slightly oppose

- ◯ Neutral

- ◯ Slightly favor

- ◯ Moderately favor

- ◯ Strongly favor

It is unjust to try to make groups equal.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

Group equality should not be our primary goal.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

We should work to give all groups an equal chance to succeed.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

We should do what we can to equalize conditions for different groups.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

No matter how much effort it takes, we ought to strive to ensure that all groups have the same chance in life.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

Group equality should be our ideal.

○ Strongly oppose

○ Moderately oppose

○ Slightly oppose

○ Neutral

○ Slightly favor

○ Moderately favor

○ Strongly favor

End of Block: Social Dominance Orientation

Start of Block: Power Evasion

Please rate your (dis)agreement with the following statements using the scale provided.

Everyone who works hard, no matter what race they are, has an equal chance to succeed.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

Racism may have been a problem in the past, but it is not an important problem today.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

Racial-ethnic minorities do not have the same opportunities as White people in the U.S.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

White people in the U.S. are discriminated against because of the color of their skin.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

White people in the U.S. have certain advantages because of the color of their skin.

○ Strongly disagree

○ Disagree

○ Slightly disagree

○ Neither agree nor disagree

○ Slightly agree

○ Agree

○ Strongly agree

End of Block: Power Evasion

Start of Block: Demographics

✱

Thank you. You are almost finished. Before you go, it is helpful for us to learn just a bit more about who is completing our surveys.

First, what is your age (in years)?

_____

X→

Which of the following best describes you?

○ Man

○ Woman

○ Non-Binary

○ Agender

○ Gender fluid

○ Different identity (please specify): _____

○ Gender Queer

Are you transgender?

○ Yes

○ No

○ Prefer not to answer

X→

What is your racial/ethnic identity? Please check all that apply.

☐   African-American, Black, African, Caribbean

☐   East Asian-American, East Asian

☐   European-American, White, Anglo, Caucasian

☐   Hispanic-American, Latino(a,x), Chicano(a,x)

☐   Middle Eastern, North African

☐   Native American, American Indian

☐   Native Hawaiian or Other Pacific Islander

☐   South Asian-American, South Asian

☐   Bi-racial, Multi-racial (please specify): _____

☐   Other race or ethnicity (please specify): _____

Page Break

What is your primary caregivers' (e.g., parents') yearly household income? If you do not know, please guess.

○ Under $40,000

○ $40,000-$59,999

○ $60,000-$79,999

○ $80,000-$99,999

○ $100,000-$119,999

○ $120,000-$139,999

○ $140,000-$159,999

○ $160,000-$179,999

○ $180,000-$199,999

○ $200,000-$249,000

○ $250,000-$299,999

○ $300,000 and over

X→

Please indicate the highest level of education that your parents (or primary caregivers) have attained.

	Some school	High school diploma	Some college	2-year college degree	4-year college degree	Masters degree	Graduate or professional degree (Ph.D., M.D., J.D.)	N/A
Primary caregiver #1	○	○	○	○	○	○	○	○
Primary caregiver #2	○	○	○	○	○	○	○	○

What is your yearly household income? If you do not know, please guess.

○ Less than $5,000

○ $5,001-$6,999

○ $7,000 to $7,499

○ $7,500 to $9,999

○ $10,000 to $12,499

○ $12,500 to $14,999

○ $15,000 to $19,999

○ $20,000 to $24,999

○ $25,000 to $29,999

○ $30,000 to $34,999

○ $35,000 to $39,999

○ $40,000 to $49,999

○ $50,000 to $59,999

○ $60,000 to $74,999

○ $75,000 to $84,999

○ $85,000 to $99,999

○ $100,000 to $124,999

○ $125,000 to $149,999

○ $150,000 to $174,999

○ $175,000 or more

Please indicate the highest level of education that you and your parents (or primary caregivers) have attained:

	Some school	High school diploma	Some college	2-year college degree	4-year college degree	Masters degree	Graduate or professional degree (Ph.D., M.D., J.D.)
You	○	○	○	○	○	○	○
Your mother (or primary caregiver #1)	○	○	○	○	○	○	○
Your father (or primary caregiver #2)	○	○	○	○	○	○	○

Page Break

Think of this ladder as representing where people stand in the United States. **At the top of the ladder** (rung 10) are the people who are the best off—those who have the most money, the most education, and the most respected jobs. **At the bottom of the ladder** (rung 1) are the people who are the worst off—who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom. Where would you place yourself on this ladder? Click the number of the rung where you think you stand at this time in your life, relative to other people in the United States.

- ○ 1Bottom of the ladder
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10Top of the ladder

Page Break

Think of this ladder as representing where people stand in their communities. People define community in different ways; please define it in whatever way is most meaningful to you. **At the top of the ladder** (rung 10) are the people who have the highest standing in their community. **At the bottom of the ladder** (rung 1) are the people who have the lowest standing in their community. Where would you place yourself on this ladder? Click the number of the rung where you think you stand at this time in your life, relative to other people in your community.

○ 1Bottom of the ladder

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7

○ 8

○ 9

○ 10Top of the ladder

Page Break

Generally speaking, do you think of yourself as a Democrat, Independent, or Republican?

○ Democrat

○ Independent

○ Republican

We understand that people vary in how much they identify with a political party. Below tell us how strongly you identify with your political party.

○ Leaning

○ Moderately

○ Strongly

✳

Near the beginning of this survey, you were provided with demographic information about the current prison population in the U.S. One set of facts described the racial make-up of this population. Using the textboxes below, please tell us the approximate percentage of prisoners in each racial-ethnic category. Note that these should sum to 100.
White : _____
Black or African American : _____
Hispanic : _____
Other : _____
Total : _____

Page Break ───────────────────────────────────

Near the beginning of this survey, you were presented with a petition calling for increased mental healthcare in U.S. prisons. Do you recall any of the demands that were being made in the petition? Please list them here.

_____

_____

_____

_____

_____

To what extent did you understand what actions were being demanded in the petition?

○ Very confusing

○ Fairly confusing

○ Slightly confusing

○ Mixed

○ Slightly clear

○ Fairly clear

○ Very clear

Please tell us more about what was clear or unclear in the petition's demands.

_____

_____

_____

_____

_____

To what extent do you think the actions being demanded in the petition would be effective in addressing mental illness among prisoners?

○ Very ineffective

○ Fairly ineffective

○ Slightly ineffective

○ Mixed

○ Slightly effective

○ Fairly effective

○ Very effective

Please tell us more about why you think the actions demanded would be effective or ineffective.

_____

_____

_____

_____

_____

How politically liberal or conservative do you think the groups advocating for the demands are?

○ Strongly Liberal

○ Moderately Liberal

○ Slightly Liberal

○ Mixed

○ Slightly Conservative

○ Moderately Conservative

○ Strongly Conservative

How politically liberal or conservative do you think the following demand is? "Increase federal funding to support training for and assistance to state and local agencies."

○ Strongly Liberal

○ Moderately Liberal

○ Slightly Liberal

○ Mixed

○ Slightly Conservative

○ Moderately Conservative

○ Strongly Conservative

How politically liberal or conservative do you think the following demand is? "Introduce training that promotes trauma-informed care among all correctional staff including correctional officers, nurses, and healthcare workers."

○ Strongly Liberal

○ Moderately Liberal

○ Slightly Liberal

○ Mixed

○ Slightly Conservative

○ Moderately Conservative

○ Strongly Conservative

How politically liberal or conservative do you think the following demand is? "Establish a rigorous system of recruitment and retention of qualified mental healthcare workers to work in our prisons and jails."

○ Strongly Liberal

○ Moderately Liberal

○ Slightly Liberal

○ Mixed

○ Slightly Conservative

○ Moderately Conservative

○ Strongly Conservative

End of Block: Manipulation Checks

Start of Block: Funnel Debrief

What do you think today's study is about?

_____

_____

_____

_____

_____

Do you think you know the hypothesis(es)? Take a guess.

_____

_____

_____

_____

_____

Please include any additional comments below.

_____

_____

_____

_____

_____

Thank you for participating in our study. The purpose of this research is to examine the psychological and social factors that influence support for a petition related to providing increased mental healthcare for incarcerated individuals (those in prisons or jails). We expect

that people's support will be influenced by a variety of factors, including who they think the typical prisoner is.

Previous research has shown that some people's support for public policies may be influenced by the race of the person that they are imagining that the policy will affect. If you would like to learn more about such research, you can find two related research articles referenced below. We are wondering if something similar happens with attitudes toward mental healthcare in prisons.

Please note that the racial demographics of prisoners that we provided to you may have been false. Half of all participants received accurate information, and half received inaccurate information. Here are the true statistics: According to the Federal Bureau of Prisons, the current racial make-up of U.S. federal prisoners is: 29% White, 34% Black, 24% Hispanic, and the remaining 13% are other races.

It is well supported that low-income and people of color are over-represented in our criminal justice system. **These disparities are likely the result of not only interpersonal interactions but larger systemic issues within the United States.** Additionally, the mental health crisis in our prison population is a real and pressing issue. People with mental illness are over-represented among prisoners. And, prisoners routinely lack access to proper medical care treatment while incarcerated, and often times continue to face challenges after being released. Below we have provided a resource for learning more about the U.S. criminal justice system.

Please note that, while some elements of the petition are based on real-world advocacy groups, the materials were created for the purpose of this research alone and may not reflect the actual values and strategies of the groups whose names are attached to them.

We appreciate your help in advancing our understanding of these important topics!

Please remember that, if any of your experiences during this survey have left you feeling psychologically unwell, we strongly encourage you to contact your healthcare provider.

If you have questions or would like to talk with the principal researchers, you may contact Jared Brassil (jared.brassil@richmond.edu) or Kristjen Lundberg (klundber@richmond.edu). If you would like to talk with the Institutional Review Board (the committee that oversees human research ethics at the University of Richmond), please contact Dr. Jeffrey Hass, Chair of the Institutional Review Board at the University of Richmond, at irb@richmond.edu.

Additional Reading

To read a research article on how racial disparities in incarceration can increase acceptance of punitive policies: Hetey, R. C., & Eberhardt, J. L. (2014). Racial disparities in incarceration increase acceptance of punitive policies. *Psychological Science, 25*(10), 1949–1954. https://doi.org/10.1177/0956797614540307

To read a research article on how racial disparities in COVID-19 can reduce support for safety precautions: Skinner-Dorkenoo, A. L., Sarmal, A., Rogbeer, K. G., André, C. J., Patel, B., & Cha, L. (2022). Highlighting COVID-19 racial disparities can reduce support for safety precautions among White U.S. residents. *Social Science & Medicine, 301,* 114951. https://doi.org/10.1016/j.socscimed.2022.114951

To learn about mass incarceration in the U.S.: Mass Incarceration: The Whole Pie 2022, a report from the Prison Policy Initiative.

Thank you again!

End of Block: Debrief