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# SOCIAL WORK STUDENTS' ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH COURTS

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SOCIAL WORK STUDENTS' ATTITUDES AND BELIEFS ABOUT MENTAL  
HEALTH COURTS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Conrad Akins-Johnson

Nick Bettosini

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## ABSTRACT

Mental Health Courts are a diversion program for mentally ill offenders in lieu of incarceration. The Substance Abuse and Mental Services Administration (SAMHSA) developed these specialized court programs in the 1990's to assist mentally ill offenders in overcoming barriers to treatment. While new laws have begun to change the way mentally ill offenders are viewed from a law enforcement standpoint, social workers' attitudes and beliefs about these programs have not been studied. This quantitative study's purpose was to examine Social Work Graduate Program students' attitudes and beliefs of mentally ill offenders and MHCs. Social work student participants completed an online questionnaire developed by the researchers using Qualtrics software. We analyzed the data using descriptive and inferential statistics, including a t-test. Our hypothesis that attitudes and beliefs of social work students varied based on the student's year in the MSW program was not supported by the data. These findings suggest that students' attitudes and beliefs about MHCs remain consistent throughout their graduate social work training. Although, our findings do not generalize to all social work students or to social workers in the field, these findings suggest students' exposure to this topic during their MSW program may be limited and may warrant further investigation. We discuss these findings and their implications for social work curriculum and practice.

## ACKNOWLEDGEMENTS

We would like to acknowledge Dr. Lanesskog for her unwavering support and feedback. Without her dedication and inspiration this project would not be possible. Thank you from the bottom of our hearts.

## DEDICATION

Nick would like to dedicate this project toward his loving Maunite for supporting him and providing unconditional love throughout the years. “If it were not for her and God’s grace, I would not be the man I am today. I love you Mauntie.”

Conrad would like to dedicate this project to his mother Michelle as well as his siblings Chris, Chenay and Cayla. A special thank you to his fiancé Karon and his step-daughter Saige. And most importantly to his son Caine Leo. “I love you more.”

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

The California legislature has taken steps towards placing more emphasis on community based mental health treatment programs to address large numbers of mentally ill persons who are incarcerated. Assembly Bill-2590 and Assembly Bill-109 are two examples of proactive legislation passed over the last decade (California State Assembly Bill 2590, 2016). In response, these assembly bills reduce prison overcrowding; however, they do not go far enough to protect the vulnerable inmates that carry a mental health diagnosis. Two facts suggest this issue as a major concern: individuals with a diagnosed mental illness stay in jail longer and cycle through the criminal justice system more frequently than prisoners without a mental health diagnosis (McNiel & Binder, 2007). Mental health courts were established beginning in 1999 as specialized programs designed to resolve these aforementioned problems.

Since their establishment, mental health courts (MHC) are growing in popularity for a multitude of reasons. Interest in MHC's stems from an increased desire to promote community-based services to fiscal obligations through reducing costs of housing inmates diagnosed with a serious mental illness. As a result of the increasing trend towards community-based services, researchers have taken a closer look at the success of diversion programs such as MHC programs. The criminal justice system and social work professional relationship

is tenuous (Roberts, Phillips, Bordelon & Seif, 2014). In addition, Roberts and colleagues (2014) discuss that law enforcement focuses on compliance and punishment treatment. However, as the professional relationship between law enforcement and social work grows it can be “strong, effective, and deliver mutually satisfying results” because the agreed upon outcome is for participants to reenter communities rather than filling diminished roles (Roberts et al., 2014, p. 109).

The balance between individual rights, the need for adequate behavioral health services and public safety are desirable outcomes for both social workers and law enforcement. When both systems work collaboratively, the criminal justice system and social work professions ensure community safety. The criminal justice system assumes outpatient treatment for mentally ill offenders will increase supervision while also reducing the potential of dangerousness and potential threat of harm. The expectation is that mentally ill offenders no longer pose a threat to the community. As a result of this assumption, the roles and functions of outpatient treatment facilities becomes ambiguous. Typically, outpatient clinics’ primary focus is to alleviate symptoms. As more mentally ill offenders are channeled towards community treatment facilities, these outpatient clinics that previously specialized in non-offending clients, must now take responsibility for mentally ill clients who are involved in the criminal justice system and who are required to meet the (Lamb, Weinberger, & Gross, 1999). MHC programs can bridge the gap between these outpatient clinics, staffed

largely by social workers and the criminal justice system, because MHC programs facilitate holding mentally ill offenders accountable for their actions and providing case management services needed to complete treatment.

MHC's serve a vulnerable population; inmates with a severe and persistent mental health disorder often do not do well when incarcerated. When incarcerated, mentally ill prisoners' psychiatric symptoms can increase causing them to be at risk of suicide, assault, and rape (Tyuse & Linhorst, 2005). Social workers in the mental health field are likely to come into contact with mentally ill clients who are offenders. Yet, little is known about social workers' or MSW students' awareness or understanding of the role of MHCs. This study fills a gap in the literature by examining MSW students' understanding and beliefs about MHCs.

### Purpose of Study

The purpose of this study is to examine MSW students' attitudes and beliefs about mentally ill persons in the criminal justice system and the use of mental health courts. This study is intended to inform the curriculum in this specific area in the Social Work Graduate Program. As MSW students continue their educational development, it's important for MSW students to be aware of all potential clients they may serve in the future. As some scholars have noted, "schools of social work should also offer practicum opportunities in criminal justice settings to further develop students' knowledge and skills in working effectively with criminal justice populations, particularly those with substance

abuse disorders and mental illness” (Tyuse & Linhorst, 2005, p. 238). Other scholars have suggested that MSW students, “should have basic knowledge of the criminal justice system, substance abuse, and mental illness, as well as the availability of substance abuse and mental health treatment services at the local levels” (Tyuse & Linhorst, 2005, p. 238).

This study attempts to gauge students’ understanding of MHC and their clients in one particular MSW program in California. Neither this school, nor many other schools of social work require specific course work in the criminal justice system and in incarcerated mentally ill clients. Rather, these topics are often addressed in an ad hoc manner within other courses. Consequently, little is known about the extent to which students are exposed to this information. However, providing such content in MSW programs is consistent with the NASW code of ethics regarding competence which states, “social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession” (NASW, 2008, para. 5). As mental health courts are relatively new programs, little is known about social workers’ or MSW students’ awareness of these programs. Further, it’s important to understand if there are professional biases amongst social workers and other human services professionals that might impact their willingness to refer clients to MHC programs.

## Significance of the Project for Social Work Practice

This study examines MSW students' perceptions and beliefs about mental health courts and mentally ill persons involved with the criminal justice system. Social workers can play a big role working with individuals currently involved in or eligible to participate in MHC programs. Goldkamp and Irons-Guynn (2000) reviewed two of the largest mental health courts. They found that about 25% of participants were women, about 25% belonged to racial minority groups, between 25% and 45% had co-occurring disorders, more than 50% were not receiving mental health services at the time of their arrest, most were on disability income, and about 25% were homeless at the time of arrest (Goldkamp & Iron-Guynn, 2000). These types of clients are representative of the client's social workers serve across fields. In any other setting, outside of jail or prison, these clients are likely to encounter and to benefit from social work services. Our study examines, in part, the extent to which social workers view these clients, once they enter the court system, as those who are deserving and would benefit from MHC services. The study's two research questions are: 1) What are MSW students' attitudes and beliefs about MHCs and mentally ill offenders? 2) Do these attitudes and beliefs differ significantly between foundation (first-year) and advanced year MSW students.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The following chapter examines the literature related to MHC programs. First, we discuss the prevalence of people who are mentally ill and incarcerated. Second, we discuss the recidivism rates which necessitate action among this population. Third, we discuss the structure and effectiveness of MHC programs. Fourth, we review program evaluation. Fifth, we address professional bias towards mentally ill offenders. Finally, we conclude our literature review with a discussion of the theories relevant to this study.

#### Prevalence of the Problem

In the early 2000's, around 800,000 individuals with a severe mental illness diagnosis were arrested annually (McNeil & Binder, 2007). This number has likely increased in the years since this initial data was collected. In the United States, a significant portion of inmates are locked up either due to their mental illness or due to an undiagnosed mental illness (McNeil & Binder, 2007). These potential patients would likely benefit from outpatient substance use, psychotherapy, and medication management. Further, Long and colleagues (2016) report the need to address this problem all over the globe, because the problem is not unique to the North American criminal justice system. Consequently, this problem impacts mentally ill clients and their communities

around the globe, necessitating a systematic change. In response, mental health courts are beginning to develop around the world, with providers experimenting with different ways to provide treatment and to reduce recidivism among mentally ill offenders.

### Recidivism Rates of Mentally Ill Offenders

Several studies across the literature on MHCs found lower rates of recidivism among MHC participants than those in the traditional court system (Almquist et. al., 2009). Another study found that MHC participants are less likely to offend even after they are no longer being case managed by the multidisciplinary team (Almquist et al., 2009). Further, Moore and Viday (2006) examined arrests and offense severity from one year prior to one year after acceptance into MHC. This study found that participation in MHC programs predicted more positive outcomes than participation in traditional courts. The authors' multivariate model found that participants who successfully completed MHC court programs had both fewer numbers of new arrests and less severe new arrests (Moore & Viday, 2006). This finding might seem rather apparent, because the expectation is to finish the program; however, additional research is needed to examine recidivism rates of participants who are unable to complete MHC programs.

An additional benefit for reduction in recidivism is cost savings for municipalities. Implementing a community services approach rather than

incarceration generates overall cost savings because outpatient treatment requires less funding than incarceration MHC programs have the potential to save county agencies the high costs associated with jails and courts, in addition to reduced recidivism rates (Almquist et al., 2009). The constant cycling of mental ill offenders from custody to out of custody increases expenses. Additionally, treatment costs are reduced, because MHCs have the potential to reduce expensive psychiatric hospital stays for participants who instead rely on community support networks.

### MHC Program Components

There is no one widely accepted model of mental health court, although there are common elements across many MHCs. These include voluntary participation, offender consent for treatment, a guilty plea, a diagnosis of a severe and persistent mental illness, and regularly scheduled hearings to discuss progress with a multidisciplinary treatment team (California Courts, n.d.). Typically, if participants meet court mandates after one year of involvement, often probation is removed, and suspended sentences are dismissed with the possibility of expungement. Generally, each MHC program develops its own unique model based on the needs of the community and region in which it operates (Almquist et al., 2009).

Mental health courts also vary greatly in terms of who is eligible to participate, how participants are referred, and how participants are selected.

Often treatment teams choose participants based on their own personal criteria or on whether they feel a candidate is motivated to complete the program (Peyton & Gossweiler, 2000). Admissions to MHCs can also be complicated by the variety of professionals with different philosophies and expertise, including judges, defense attorneys, prosecutors, and clinicians, who are involved with MHCs (Wolff, Fabrikant, & Belenko, 2011). These screening processes, which can be formal or informal, may or may not include recommendations from a professional with mental health expertise (Wolff, Fabrikant, & Belenko, 2011). Consequently, treatment teams wield considerable power both in determining which clients are admitted to MHCs and in which services participants are likely to receive. Social workers could play a vital role in this process by incorporating their mental health knowledge into a process that may not currently include much factual mental health information. Social workers are often trained to consider clients' abilities, intrinsic motivation, and systems of support.

Long, Bonato & Dewa (2016) conducted a study discussing the effectiveness toward mental health courts and their attempts to reducing rearrest rates in clients. Their study focused on examining if clients were linked to services within communities then the research would show that they could live independently and outside of the legal system. However, their findings discussed that sometimes criminals considered for mental health court eligibility are often faced with biased criteria when it comes to the screening process. If MHC programs prove to be biased when considering eligibility, then conducting the

study of utilizing MHC programs and analyzing the data might be able to reduce future biases toward eligible candidates.

One often cited research study on MHCs investigated seven different MHC programs across the United States and highlighted these differences in structure, selection, and participation across locations. For example, the study noted vast differences in the length of time from a participant's referral to disposition, ranging from 1 to 45 days (Steadman, Redlich, Griffin, Petrilla, & Monahan, 2005). In addition, the seven MHCs offered a variety of different reasons for rejecting specific candidates, including that the offender did not have a mental disorder or that the offender had a past or current criminal charge (Steadman, Redlich, Griffin, Petrilla, & Monahan, 2005). Taken together, the use of informal screening processes and a lack of mental health providers on treatment teams likely impacts the types of participants who are chosen to participate in MHCs. Further, some MHCs use incentives to encourage participation in treatment, which may be appropriate, but which may also impact client motivation. More formalized screening processes, with clearer eligibility criteria and thorough participation by a variety of knowledgeable professionals, might reduce biases in the recruitment and selection of potential MHC clients (Wolff, Fabrikant, & Belenko, 2011). Further, these variations in selection criteria complicate evaluations of MHCs because each program admits different types of clients, whose outcomes could be attributed either to the MHC program or to their personal characteristics.

Some scholars suggest that as MHCs continue to develop, they may be more inclined to relax their inclusion criteria, particularly related to criminal charges (Fisher, Silver & Wolff, 2006). In many courts, there are strict guidelines to limit violent offenders. In some instances, there might be increased pressure to allow arsonists, violent offenders and domestic violence offenders to have an opportunity for treatment as well (Fisher, Silver & Wolff, 2006). The designs of most courts include attention to co-occurring substance use and mental illness as long as the substance use disorder is not the primary diagnosis. Giving a wider range of inmates the opportunity to successfully enroll and complete a MHC program might result in further reductions in recidivism.

#### Evaluation of MHCs' Effectiveness

Evaluations of MHC programs vary from county to county and state to state, in part because MHCs enrollment criteria, participants, and court expectations vary greatly across locations. As of 2016, nineteen states have governing rules and documents that guide how MHCs should be evaluated (Waters, 2015). In general, there are significant limitations in evaluating MHCs, most of which result from the lack of uniform standards for MHCs nationwide. Additional evaluation limitations include nonrandom assignment because offenders are assessed, diagnosed, and then must agree to MHCs mandates involving treatment and probation. Finally, designing research to evaluate MHCs across different communities is difficult because of the variations in MHC

structures across locations, the different types of participants in each program, variations in treatment team make-up, and differences in the types of offenses allowed by offending participants.

Some scholars and advocacy groups have suggested that MHCs adopt uniform standards which will allow researchers to draw more definitive conclusions and comparisons among MHC programs. Justice Center (2015) highlighted six keys to uniformity:

Understand the legal framework for MHCs in your state, consult existing research on evidence-based practices, convene a group of stakeholders to ensure effective implementation, determine whether 'standards, guidelines, rules or some combination of these approaches is appropriate, decide on a strategy for monitoring compliance with the standards and responding to non-compliance, and create a mechanism built into the process to enable revisions

p. 3.

Limited research evaluating MHCs' effectiveness in reducing new charges among participants. Goodale, Callahan, and Steadman (2013), found in their review of the MacArthur MHC study of four major counties' MHCs, that MHCs positively impacted recidivism and treatment enrollment among mentally ill offenders. The results of the study showed a decline in recidivism rates from 25% versus 15% (Goodale, Callahan, & Steadman, 2013). Steadman and colleagues (2014), reviewed this same study and determined that the overall cost savings of

MHC programs were marginal; however, this study found that MHCs reduce arrests and time spent in custody for mentally ill offenders. In order to get the best outcomes for mentally ill offenders, participants with co-occurring disorders and many incarcerations should be excluded, because overall costs increase dramatically when being considered for MHCs. (Steadman et. al., 2014). In general, this multi-site evaluation of MHCs found that the use of evidence-based practices and high quality of services for patients improved the likelihood that the MHC program met both the goals of the court and the needs of individual participants (Boothroyd, Mercado, Poythress, Christy, & Petril, 2005).

#### Professional Views Towards MHCs

Tyuse and Linhorst (2005) suggest that professionals involved with MHCs in the criminal justice system are not uniformly supportive of these specialized court programs. Likewise, not all scholars are convinced of MHCs potential value. Fisher, Silver, and Wolff (2006) believe the issue is shaped by opponents' "criminalization perspective" which suggests that providing individuals with mental health services is important; however, MHCs do not entirely reduce recidivism nor reduce risk for re-arrest. These authors agree with MHC programs' concepts and goals, but they argue that there needs to be a "broader range of risk factors for arrest. Using three potentially useful criminological frameworks (i.e., 'life course,' 'local life circumstances,' and 'routine activities,') the authors reported that as "new commitment laws" were developed, this established a

difficulty in managing and addressing deviant behaviors” (Fisher, Silver, & Wolff, 2006, p. 544). The former laws were considered to be too extreme and lead to a reform on the individuals who were committed to psychiatric hospitals (Fisher, Silver, & Wolff, 2006). While proponents of the reform supported the change, agents of social control began to see the trend as the criminalization of the mentally disordered behaviors (Fisher, Silver, & Wolff, 2006). In conclusion, they do not express that community-based services are inadequate, but other factors and interventions can assist in planning and tailoring individual treatment plans to reduce likelihood of offending or re-offending behaviors (Fisher, Silver, & Wolff, 2006).

Perspectives about the usefulness of MHCs likely vary across professions. One study found that social workers who work in prison settings “often experience role conflict and may have difficulties in ethical decision-makings due to contradictory philosophies and principles between social work and the criminal justice system” (Hiroki, p. 150). With this being said, social workers may have a hard time referring clients to MHC programs due to the differing philosophies (punitive model versus recovery model) or lack of knowledge of the of MHC programs in general. Additionally, as MSW student progress in their education they will at some point be confronted in challenging their own biases toward a variety of populations they may potential work with in the future.

One study assessed MSW students’ reluctance to work with certain groups, may compromise their work and their ability to implement social work

values. The study showed that students were uncomfortable with working with criminal and substance use individuals. This was due to lack of knowledge regarding the social problems that these offenders experience. In addition, student were reluctant to work with individual who had religious, political, or familial beliefs that went against their own beliefs. Some students found it challenging due to their own morals affecting their ability to work with such offenders. (Wahler, 2012) If MSW students are not being educated about MHC programs and if their biases toward specific individuals could impact their judgement toward referring clients to MHC programs then this is an area of study that needs to be addressed.

As MHC programs continue to develop, social workers should be aware of the differences that decision making teams can make when determining potential clients' eligibility for MHC programs. In addition, social workers should have knowledge of their own and others' potential biases, as well as a working knowledge of the variety of ways MHCs are structured. This study underscores one of the NASW's ethical principles which states, "social workers practice within their areas of competence and develop and enhance their professional expertise" (NASW, 2008, para. 3).

### Theories Guiding Conceptualization

According to the National Alliance of Mental Illness (NAMI), having a "mental health condition does not make a person more likely to be violent or

dangerous” (Powell, 2015, para. 10). The reality is that in most cases, a person living with mental illness is more likely to be a victim than a perpetrator; potentially four times more likely than the general public (Powell, 2015). This is a significant statement in that it helps define theoretical understanding of mental health and crime. The question arises whether there is a known linkage between criminal deviance and mental health conditions, and if so what theories describe the potential connection?

There are a number of theories that aim to discuss cognitive development of offenders. Most notably, cognitive theorist Lawrence Kolberg suggests moral development progresses through different stages as an individual matures (McLeod, 2013). Kolberg was influenced by Piaget and is very similar in his approach to defining development and providing a framework for understanding why people think and act as they do. Kolberg describes three stages of moral development: the preconventional stage, the conventional stage and the postconventional stage (McLeod, 2013). In the postconventional stage, intelligence is acquired to understand more abstract concepts such as justice, fairness and personal rights (McLeod, 2013) This subsequent framework mirrors Psychodynamic Theory with regards to defining deviance. Consequently, Sigmund Freud’s original theory, lays the framework to expand additional possibilities for defining criminal behavior. Neither theory includes a specific definition of mental illness; it only defines maladaptive cognitions, as a result

attachment theory, coupled with psychodynamic theory might best define criminality.

This study is also informed by Social Control Theory, originally called The Social Bond Theory, which was developed by Travis Hirschi in 1969 (Ossa, 2010). This theory provides a framework for understanding the reasons people follow the law. According to this theory, individuals engage in criminal activity because their social bonds are weakened (Ossa, 2010). Accordingly, “social control theory refers to a perspective which predicts that when social constraints on antisocial behavior are weakened or absent, delinquent behavior emerges” (Ossa, 2010, p. 1). In other words, when an individual has experienced a lack of social connections, including access to mental health services, the likelihood that the individual will participate in criminal activity increases.

This theory is underscored by research which suggests that people may well experience different outcome in locations with no mental health resources, versus areas that have mental health resources (Fisher et al., 2006). This generates questions about whether “criminalization” can be reduced and rates of incarceration decreased by expanding the availability of community-based services. These authors found that jails in more affluent areas have lower levels of mentally ill inmates, in part due to adequate funding of mental health services. These findings support the application of social control theory to the links between mental health services and crime.

Further, Clarke (2007) describes four elements that bond individuals to society: attachment, commitment, involvement and belief. Attachment is described as the process by which the “internalization of norms, conscience, and superego is determined by a person’s attachment to others” (Clarke, 2007, p. 173). Commitment is defined as a process by which “people obey rules for fear of consequences of breaking them, therefore commitment is seen as a counterpart to the ego” (Weis, Crutchfield, & Bridges, 2001, p. 358). Involvement is characterized by a person’s involvement in conventional activity, which decreases the likelihood the person has time to engage in deviant behavior (Hirschi, 1969). Finally, belief is defined as a common value system within a culture. The criminal either disregards the beliefs he or she has been taught entirely or rationalizes their deviant behavior to engage in criminal activity while rationalizing its purpose (Hirschi, 1969).

The theories discussed highlight the importance of studying mental illness and hopefully encourage more interest in reviewing MHCs. In order to better assist mentally ill offenders, social workers need to understand the challenges offenders face when being considered for MHCs. Identifying potential barriers that criminal offenders face when being considered for MHC programs should be highlighted as an outcome of this study. Ultimately, the goal in using these specific theories is to encourage humane and just services by understanding the problem before adequately making changes.

## CHAPTER THREE

### METHODS

#### Introduction

In the following section, we provide an overview of the study design, including sampling, data collection and instruments, procedures of the study, and the steps researchers took to ensure protection of human subjects. The researchers describe the quantitative data analysis procedures that were utilized to examine participants' beliefs and attitudes about MHC programs and mentally ill offenders, as well as to test our hypothesis that these attitudes and beliefs change between the foundation and advanced years in the MSW program.

#### Study Design

The purpose of this study was to examine MSW students' perceptions and beliefs about mental health courts and mentally ill persons involved with the criminal justice system. The researchers operationalized the independent variables by asking students whether they were in their advanced or foundation years of the program. The dependent variable were students' attitudes and beliefs as indicated by the Likert-scale questions. The study used an online, self-administered questionnaire that consisted of demographic questions and Likert-scale questions. The study used Likert scale questions to allow participants to rank their attitudes along a spectrum. This provided researchers with a more precise gauge of their attitudes and beliefs about mentally ill persons in the

criminal justice system, as well as the use of specialized mental health courts that serve those persons.

Social desirability and lack of generalizability were two methodological limitations to the study. Due to the small sample size and the study only being administered and made available to MSW students, the results of this study cannot be generalized to all MSW students nor to the general population of social workers. Further, although participation was voluntary and responses anonymous, participants may have felt social or professional pressure to provide responses that were more accepting of clients with mental illness in the criminal justice system.

### Sampling

Participants in this study were selected as a result of their student role in the Graduate School of Social Work. The sample was a non-probability convenience sample. The research focused on the attitudes and beliefs of graduate level standing students from the school of social work. We did not consider asking undergraduate student (BASW) their attitudes or beliefs regarding mental health courts; however, this should be considered for future research topics. All enrolled MSW students, including full-time, part-time, and online programs were eligible to participate in the study. No other criteria were used to select participants. The study was open to all genders, ages, ethnicities and social work specializations. Prior to administering the survey, the Director of

the Graduate School of Social work, Dr. Laurie Smith, and the Institutional Review Board (IRB) approved the project.

### Data Collection and Instruments

Researchers used a self-administered, online survey to gather data. The survey link was sent via email to all MSW students by an administrator at the School. The email included a link to the self-administered survey which gather data on students' attitudes and beliefs.

The questionnaire for this survey was created by researchers, and therefore has unknown reliability and validity. The researchers used the literature and prior studies to develop the survey questions. The instrument was pre-tested by the researchers and a faculty member at the school. The survey began with six demographic questions including age, gender, ethnicity/race, foundation versus advance year, field of interest (specialization) and individual's elective chosen. An additional fifteen Likert-scale questions were used to explore student attitudes and beliefs.

The independent variables were measured using Likert-scale responses in which participants rated their level of agreement or disagreement with the statements provided about MHCs and mentally ill offenders. The Likert-scale responses ranged from (1) strongly disagree, (2) disagree, (3) not sure, (4) agree, and (5) strongly disagree. The Likert-scale was consistent throughout all

fifteen self-administered questions. Researchers used nominal and categorical levels of measurement in the demographic and Likert-scale questions.

### Procedures

Once the IRB and School of Social Work approved the project, the researchers generated the survey using Qualtrics online survey software. A link to the questionnaire/survey was sent out via email that gave MSW students access to partake in the survey. The survey link was emailed on October 4, 2017 to each MSW student enrolled in the 2017-2018 school year. The email provided a brief description of the purpose of the study, an informed consent document, and a link to the survey, which took students approximately ten to fifteen minutes to complete. The questionnaire was self-administered and had completion deadline of November 11th, 2017. Data were collected and stored anonymously through Qualtrics survey software and were uploaded into SPSS for analysis.

### Protection of Human Subjects

The researchers handled the informed consent and protection of all student participants with the utmost importance. All participants were provided a detailed informed consent document that outlined the study and indicated that participation was voluntary. The informed consent document included a brief summary of the purpose, description, duration, risks and benefits as well as who to contact if questions or concerns arose during the survey. This form also

provided information about participants' rights and informed participants that they could end their participation at any point during the 10 to 15-minute survey without repercussions.

The demographic questions included age, ethnicity/race, and gender. Researchers used this information for comparison and frequency purposes only. Survey participants were not asked to share any identifying information on the informed consent nor the survey questionnaire. Upon completing the survey through the Qualtrics website, only researchers had access to data. The outcomes of surveys were stored on a password protected computer to maintain confidentiality. After our survey data was computed and analyzed, all data files were destroyed for anonymity.

### Data Analysis

The study used quantitative data analysis tools and SPSS statistical software to analyze the data. Data on participants' demographics were analyzed using descriptive statistics including frequencies, percentages, and measures of central tendency when appropriate. Participants' responses to the Likert-scale questions were analyzed using descriptive statistics (frequencies) in identifying how the entire sample responded to the questions.

Comparisons between foundation and advanced year students' attitudes and beliefs were examined using an independent samples t-test. Participants' responses to all Likert-scale questions were added to generate a summary score

for each participant. Higher scores indicated more favorable attitudes towards MHCs. The t-test was used to compare means (dependent variable) for foundation and advanced year students (independent variable).

### Summary

The research study's intent is to determine whether there is a lack of knowledge of MSW graduate students who may refer, evaluate cases and accept clients into Mental Health Courts (MHC). The study focused on the attitudes and beliefs of current MSW students to highlight gaps of understanding in MHCs to identify potential barriers for applicable clients. Ideally, we would have liked to interview social workers working with mentally ill offenders in MHC programs but because of feasibility constraints this was not possible. By reviewing the effectiveness of MHCs and the perspectives of future social workers, our goal is to examine student's beliefs, perceptions of MHCs, and mentally ill clients.

## CHAPTER FOUR

### RESULTS

#### Introduction

In chapter four, the researchers present data gathered from an online questionnaire provided to MSW students via Qualtrics. The researchers discuss the demographics of MSW students who participated in the survey. The researchers discuss the key variables measured. These variables include participants' knowledge regarding mental health courts and mentally ill clients. Finally, the researchers provide the results of the t-test used to compare responses from foundation and advanced year students.

#### Data Results

##### Demographics

The current study consisted of 74 participants (see Table 1). Of the 74 participants, 54 (72.9%) were between the ages of 22-35, 19 (25.6%) were between the ages of 37-58, and 1 (.1%) did not specify their age. There were 65 females (87.8%) and 9 males (12.2%). Participants were asked to identify their ethnicity and had the option to self-describe as more than one ethnicity. 30 (40.5%) participants were White, 39 (52.7%) participants were Hispanic or Latino, 6 (8.1%) participants were Black or African American, 1 (1.4%) participant was American Indian/ Alaska Native, 3 (4.1%) listed themselves as other and 2 (2.7%) prefer not to answer.

Table 1

*Demographics of the Participants*

| Variable                  | Frequencies<br>(n) | Percentages<br>(%) |
|---------------------------|--------------------|--------------------|
| Age                       |                    |                    |
| 22-35                     | 54                 | 72.9               |
| 37-58                     | 19                 | 25.6               |
| Did not specify           | 1                  | .1                 |
| Gender                    |                    |                    |
| Male                      | 9                  | 12.2               |
| Female                    | 64                 | 87.8               |
| Ethnicity                 |                    |                    |
| White                     | 30                 | 40.5               |
| Hispanic or Latino        | 39                 | 52.7               |
| Black or African American | 6                  | 8.1                |
| Native American/Inuit     | 1                  | 1.4                |
| Prefer not to answer      | 2                  | 2.7                |

To gather further information about the participants' academic interest and standings, they were asked additional demographic questions regarding their specialization, MSW standing, and elective class taken (see Table 2). In response to their specialization, 18 (24.3%) answered Child Welfare, 34 (45.9%) answered Mental Health, 3 (4.1%) answered Forensics, 7 (9.5%) answered Hospital/Health, 3 (4.1%) answered Adult and Aging, 1 (1.4%) answered Schools, 1 (1.4%) answered Policy, 3 (4.1%) answered Substance Use, and 4 (5.4%) answered other. In response to MSW standing, 40 (54.1%) were Foundation Year MSW students and 34 (45.9%) were Advance Year MSW students. In response to the elective class taken, 11 (14.9%) selected Substance

Use, 11 (14.9%) selected Gerontology, 20 (27.0%) selected Child Welfare, 26 (35.1%) not yet taken an elective, 5 (6.8%) selected other class taken, and 1 (1.4%) did not select an option.

Table 2

*Additional Demographics of the Participants*

| Variable                    | Frequencies<br>(n) | Percentages<br>(%) |
|-----------------------------|--------------------|--------------------|
| <b>Specialization</b>       |                    |                    |
| Child Welfare               | 18                 | 24.3               |
| Mental Health               | 34                 | 45.9               |
| Forensics                   | 3                  | 4.1                |
| Hospital/Health             | 7                  | 9.5                |
| Adult and Aging             | 3                  | 4.1                |
| Schools                     | 1                  | 1.4                |
| Policy                      | 1                  | 1.4                |
| Substance Use               | 3                  | 4.1                |
| Other                       | 4                  | 5.4                |
| <b>MSW Standing</b>         |                    |                    |
| Foundation Year             | 40                 | 54.1               |
| Advanced Year               | 34                 | 45.9               |
| <b>Elective Class Taken</b> |                    |                    |
| Substance Use               | 11                 | 14.9               |
| Gerontology                 | 11                 | 14.9               |
| Child Welfare               | 20                 | 27.0               |
| Not Yet Taken an Elective   | 26                 | 35.1               |
| Other                       | 5                  | 6.8                |
| Did not answer              | 1                  | 1.4                |

Knowledge of Mental Health Courts and Mentally Ill Clients

The questionnaire had fifteen questions with Likert scale responses to help the researchers gain an understanding of the level of knowledge the participants had about mental health courts and mentally ill clients (see Table 3). The first statement was, "The number of persons with mental illness in the criminal justice system has increase the past 25 years". The question order went from strongly agree to strongly disagree. 27 (36.5%) answered strongly agree, 33 (44.6%) answered agree, 11 (14.9%) answered not sure, 0 (0%) answered disagree, and 3 (4.1%) answered strongly disagree.

The second statement was, "Approximately 50% of persons involved in the criminal justice system have a mental illness". The question order went from strongly agree to strongly disagree. 8 (10.8%) answered strongly agree, 40 (54.1%) answered agree, 21 (28.4%) answered not sure, 5 (6.8%) answered disagree, and 0 (0%) answered strongly disagree.

The third statement was, "Of those persons with mental illness in the criminal justice system, most are diagnosed with psychotic disorders". The question order went from strongly agree to strongly disagree. 2 (2.7%) answered strongly agree, 17 (23%) answered agree, 38 (51.4%) answered not sure, 16 (21.6%) answered disagree, and 1 (1.4%) answered strongly disagree.

The fourth statement was, "I have heard of or have experience with mental health courts, specialized courts staffed with mental health and court professionals". The question order went from strongly agree to strongly disagree.

14 (18.9%) answered strongly agree, 23 (31.1%) answered agree, 10 (13.5%) answered not sure, 17 (23%) answered disagree, and 10 (13.5%) answered strongly disagree.

The fifth statement was, "Mental Health courts are a collaborative process that includes mental health professionals, probation, and the courts". The question order went from strongly agree to strongly disagree. 13 (17.6%) answered strongly agree, 36 (48.6%) answered agree, 21 (28.4%) answered not sure, 4 (5.4%) answered disagree, and 0 (0%) answered strongly disagree.

The sixth statement was, "Mental Health court allows individuals with mental illness to begin recovery (mental health treatment, overcome addiction, reintegration to society)". The question order went from strongly agree to strongly disagree. 7 (9.5%) answered strongly agree, 42 (56.8%) answered agree, 18 (24.3%) answered not sure, 6 (8.1%) answered disagree, and 0 (0%) answered strongly disagree.

The seventh statement was, "Mental Health court reduces jail and prison overcrowding". The question order went from strongly agree to strongly disagree. 5 (6.8%) answered strongly agree, 30 (40.5%) answered agree, 31 (41.9%) answered not sure, 5 (6.8%) answered disagree, and 3 (4.1%) answered strongly disagree.

The eighth statement was, "Mental Health courts have limited impact,

because most do not accept defendants with felony charges". The question order went from strongly agree to strongly disagree. 1 (1.4%) answered strongly agree, 8 (10.8%) answered agree, 50 (67.6%) answered not sure, 10 (13.5%) answered disagree, and 5 (6.8%) answered strongly disagree.

The ninth statement was, "Mental Health courts arose as a result of ineffective and underfunded outpatient mental health clinics". The question order went from strongly agree to strongly disagree. 6 (8.1%) answered strongly agree, 12 (16.2%) answered agree, 45 (60.8%) answered not sure, 9 (12.2%) answered disagree, and 1 (1.4%) answered strongly disagree.

The tenth statement was, "A defendant with mental illness is more likely to receive services on his/her own versus being arrested and offered MHC with a suspended sentence". The question order went from strongly agree to strongly disagree. 13 (17.6%) answered strongly agree, 22 (29.7%) answered agree, 34 (45.9%) answered not sure, 5 (6.8%) answered disagree, and 0 (0%) answered strongly disagree.

The eleventh statement was, "Mental Health court is a successful alternative to prison". The question order went from strongly agree to strongly disagree. 4 (5.4%) answered strongly agree, 42 (56.8%) answered agree, 23 (31.1%) answered not sure, 5 (6.8%) answered disagree, and 0 (0%) answered strongly disagree.

The twelfth statement was, “Mental Health court should include all offenses including (arson, sex offenses, and violent crimes)”. The question order went from strongly agree to strongly disagree. 7 (9.5%) answered strongly agree, 18 (24.3%) answered agree, 21 (28.4%) answered not sure, 24 (32.4%) answered disagree, and 4 (5.4%) answered strongly disagree.

The thirteenth statement was, “Mental Health court makes our communities safer”. The question order went from strongly agree to strongly disagree. 1 (1.4%) answered strongly agree, 41 (55.4%) answered agree, 28 (37.8%) answered not sure, 4 (5.4%) answered disagree, and 0 (0%) answered strongly disagree.

The fourteenth statement was, “Mental health courts coerce defendants into treatment”. The question order went from strongly agree to strongly disagree. 2 (2.7%) answered strongly agree, 17 (23%) answered agree, 23 (31.1%) answered not sure, 28 (37.8%) answered disagree, and 4 (5.4%) answered strongly disagree.

The fifteenth statement was, “Mental health courts that require a guilty plea prior to entering the program are infringing on the privacy of treatment”. The question order went from strongly agree to strongly disagree. 3 (4.1%) answered strongly agree, 15 (20.3%) answered agree, 45 (60.8%) answered not sure, 11 (14.9%) answered disagree, and 0 (0%) answered strongly disagree.

Table 3

*Participants' Knowledge of Mental Health Court and Mentally Ill Clients*

*Additional Demographics of the Participants*

| Variable  | Frequencies<br>(n) | Percentages<br>(%) |
|---|--------------------|--------------------|
| The number of person with mental illness in the criminal justice system has increase in the past 25 years.        |                    |                    |
| Strongly agree  | 27                 | 36.5               |
| Agree   | 33                 | 44.6               |
| Not Sure  | 11                 | 14.9               |
| Disagree  | 0                  | 0                  |
| Strongly disagree   | 3                  | 4.1                |
| Approximately 50% of persons involved in the criminal justice system have a mental illness.                       |                    |                    |
| Strongly agree  | 8                  | 10.8               |
| Agree   | 40                 | 54.1               |
| Not Sure  | 21                 | 28.4               |
| Disagree  | 5                  | 6.8                |
| Strongly disagree   | 0                  | 0                  |
| Of those persons with mental illness in the criminal justice system, most are diagnosed with Psychotic Disorders. |                    |                    |
| Strongly agree  | 2                  | 2.7                |
| Agree   | 17                 | 23.0               |
| Not Sure  | 38                 | 51.4               |
| Disagree  | 16                 | 21.6               |
| Strongly disagree   | 1                  | 1.4                |

| Variable  | Frequencies<br>(n) | Percentages<br>(%) |
|---|--------------------|--------------------|
| I have heard of or have experience with Mental Health Courts (MHC) which are specialized courts staffed with mental health and court professionals.         |                    |                    |
| Strongly agree  | 14                 | 18.9               |
| Agree   | 23                 | 31.1               |
| Not Sure  | 10                 | 13.5               |
| Disagree  | 17                 | 23.0               |
| Strongly disagree   | 10                 | 13.5               |
| Mental Health Courts are a collaborative process that includes mental health professionals, probation, and the courts.                                      |                    |                    |
| Strongly agree  | 13                 | 17.6               |
| Agree   | 36                 | 48.6               |
| Not Sure  | 21                 | 28.4               |
| Disagree  | 4                  | 5.4                |
| Strongly disagree   | 0                  | 0                  |
| Mental Health Courts allow individuals with mental illness to begin Recovery (mental health treatment, overcome addiction, and reintegration into society). |                    |                    |
| Strongly agree  | 7                  | 9.5                |
| Agree   | 42                 | 56.8               |
| Not Sure  | 18                 | 24.3               |
| Disagree  | 6                  | 8.1                |
| Strongly disagree   | 0                  | 0                  |

| Variable  | Frequencies<br>(n) | Percentages<br>(%) |
|---|--------------------|--------------------|
| Mental Health Courts<br>reduce jail and prison<br>overcrowding.   |                    |                    |
| Strongly agree  | 5                  | 6.8                |
| Agree   | 30                 | 40.5               |
| Not Sure  | 31                 | 41.9               |
| Disagree  | 5                  | 6.8                |
| Strongly disagree   | 3                  | 4.1                |
| Mental Health Courts<br>have limited impacted<br>because most do not<br>accept defendants with<br>felony charges.   |                    |                    |
| Strongly agree  | 1                  | 1.4                |
| Agree   | 8                  | 10.8               |
| Not Sure  | 50                 | 67.6               |
| Disagree  | 10                 | 13.5               |
| Strongly disagree   | 5                  | 6.8                |
| Mental Health Courts<br>arose as a result of<br>ineffective and underfunded<br>outpatient mental health<br>clinics. |                    |                    |
| Strongly agree  | 6                  | 8.1                |
| Agree   | 12                 | 16.2               |
| Not Sure  | 45                 | 60.8               |
| Disagree  | 9                  | 12.2               |
| Strongly disagree   | 1                  | 1.4                |

| Variable   | Frequencies<br>(n) | Percentages<br>(%) |
|--|--------------------|--------------------|
| A defendant with mental illness is more likely to receive services on his/her own versus being offered Mental Health Court services with a suspended sentence. |                    |                    |
| Strongly agree   | 13                 | 17.6               |
| Agree  | 22                 | 29.7               |
| Not Sure   | 34                 | 45.9               |
| Disagree   | 5                  | 6.8                |
| Strongly disagree  | 0                  | 0                  |
| Mental Health Courts are a successful alternative to prison.   |                    |                    |
| Strongly agree   | 4                  | 5.4                |
| Agree  | 42                 | 56.8               |
| Not Sure   | 23                 | 31.1               |
| Disagree   | 5                  | 6.8                |
| Strongly disagree  | 0                  | 0                  |
| Mental Health Courts should include all offenses i.e. (arson, sex offenses, and violent crimes).   |                    |                    |
| Strongly agree   | 7                  | 9.5                |
| Agree  | 18                 | 24.3               |
| Not Sure   | 21                 | 28.4               |
| Disagree   | 24                 | 32.4               |
| Strongly disagree  | 4                  | 5.4                |
| Mental Health Courts make our communities safer.   |                    |                    |
| Strongly agree   | 1                  | 1.4                |
| Agree  | 41                 | 55.4               |
| Not Sure   | 28                 | 37.8               |
| Disagree   | 4                  | 5.4                |
| Strongly disagree  | 0                  | 0                  |

| Variable   | Frequencies<br>(n) | Percentages<br>(%) |
|--|--------------------|--------------------|
| Mental Health Courts<br>coerce defendants into<br>treatment.   |                    |                    |
| Strongly agree   | 2                  | 2.7                |
| Agree  | 17                 | 23.0               |
| Not Sure   | 23                 | 31.1               |
| Disagree   | 28                 | 37.8               |
| Strongly disagree  | 4                  | 5.4                |
| Mental Health Courts<br>that require a guilty<br>plea prior to entering<br>the program are<br>infringing on the privacy<br>of treatment. |                    |                    |
| Strongly agree   | 3                  | 4.1                |
| Agree  | 15                 | 20.3               |
| Not Sure   | 45                 | 60.8               |
| Disagree   | 11                 | 14.9               |
| Strongly disagree  | 0                  | 0                  |

### Inferential Statistics

We conducted an independent samples t-test to compare differences in participants' summary scores for all Likert-scale questions between foundation and advanced year MSW students. We hypothesized that students' attitudes and beliefs about mental health courts would change with exposure to MSW curriculum. However, there was no significant difference between scores for foundation (M=50.3 and SD=4.45) and advanced (M=50.6765 and SD=5.15)

year students;  $t(72)=-.337$ ,  $p=.737$ . Therefore, we cannot reject the null hypothesis that there are no differences in mean scores between foundation and advanced students

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the study's findings related to our hypothesis as well as explore how the results of the study can improve social work students' understanding and attitudes toward mentally ill offenders and MHCs. The following chapter will discuss implications for the field of social work and how the School of Social Work can improve curriculum. Lastly, this chapter will highlight this study's limitations, including survey validity, the potential for improved social workers understanding, and lack of generalizability. Finally, we end with our recommendation and conclusion for continuing research on attitudes and beliefs of MHC programs amongst social workers.

#### Discussion

In reviewing the purpose of the study, the researchers wanted to examine MSW students' attitudes and beliefs about mentally ill persons in the criminal justice system and the use of mental health courts. An additional intention of this study was to inform the Social Work Graduate Program about students' awareness on this topic, so that the School could adapt its curriculum as needed.

The researchers examined advanced year versus first year students' perceptions and beliefs about mental health courts and mentally ill persons involved with the criminal justice system. We presumed that students' knowledge

about this topic might change between their foundation and advanced years of the program as they were exposed to curriculum. The results showed that there were no statistically significant differences in attitudes and beliefs between foundation and advanced year students' beliefs. Yet, our results do warrant consideration regarding two specific questions from the survey. Out of the 15 questions asked, students seemed least knowledgeable about the following two questions: "Of those persons with mental criminal justice system, most are diagnosed with Psychotic Disorders," and, "A defendant with mental illness is more likely to receive services on his/her own versus being offered Mental Health Court services with a suspended sentence." Most students answered, "not sure," to this question. This finding is concerning as the literature which suggests that offenders are much more likely to have a mental health diagnosis than their non-offending peers (Zapf, 2011). These results suggest that MSW students may be lacking knowledge about MHC's and about the prevalence of psychotic disorders among persons in the criminal justice system. Our results suggest that incorporating more information into curriculum about MHCs there could be a decrease in students' misinformed beliefs about mentally ill offenders and MHCs.

Further, the literature suggests that in the United States, a significant portion of inmates are locked up either due to their mental illness or due to an undiagnosed mental illness (McNeil & Binder, 2007). In addition, the literature suggests that admissions to MHCs can also be complicated by the variety of professionals with different philosophies and expertise, including judges, defense

attorneys, prosecutors, and clinicians, who are involved with MHCs (Wolff, Fabrikant, & Belenko, 2011). These screening processes, which can be formal or informal, may or may not include recommendations from a professional with mental health expertise (Wolff, Fabrikant, & Belenko, 2011). It is important for social workers to be knowledgeable about this issue because they may be asked to make recommendations about whether their clients should be referred to mental health court.

The other question highlighted that MSW students were not sure if a defendant with a mental illness was more likely to receive services on his/her own versus being offered Mental Health Court services with a suspended sentence. This finding also suggests that students lack knowledge about the usefulness of MHC services. For example, one study in the literature that showed MHCs positively impacted recidivism and treatment enrollment among mentally ill offenders. The results of the study showed a decline in recidivism rates from 25% versus 15% (Goodale, Callahan, & Steadman, 2013). In addition, another study found that multi-site evaluation of MHCs found that the use of evidence-based practices and high quality of services for patients improved the likelihood that the MHC program met both the goals of the court and the needs of individual participants (Boothroyd, Mercado, Poythress, Christy, & Petrila, 2005). In general, our study suggests that MSW students lack sufficient knowledge related to the effectiveness of MHC programs as a whole.

## Limitations

There were a few limitations of this research including using an instrument to collect data that has no known validity and reliability. Our research about social workers' attitudes and beliefs of mentally ill offenders and MHC is additionally limited, because there is no known existing nor well established instrument (i.e. Likert Scale questionnaire) to adapt to fit this research. Our hope is that with more research on this topic, there will be a more valid and reliable instrument that will adequately assess social work students and professional's attitudes and beliefs of mentally ill offenders and MHCs. Additional instruments may also need to incorporate whether or not social work students and professionals have a bias towards mentally ill offenders and MHCs.

An additional limitation of this study is the small size and convenience sample of social work students from the Social Work Graduate Program. The convenience sample limits the generalizability of the findings, which may not be applicable to students at other universities or working social work professionals. Although our findings indicate that social work students in this sample are somewhat misinformed, we cannot unequivocally assume that student participants in our study represent other university students' attitudes and beliefs or extend to social workers' attitudes and beliefs in general. Lastly, we presume that social work students may have different attitudes and beliefs compared to those social workers practicing with mentally ill offenders and MHC programs.

## Recommendations

Our recommendations to further support MSW student's education would be to incorporate curriculum on MHC programs in general, the criminal justice system, and types of offenders considered for MHC programs. It would be beneficial for the Social Work Graduate Program to implement this material in its curriculum. In addition, due to MHC programs being broad and not universal, the different types of MHC programs would need to be addressed on the macro level of Social work.

Further research is still needed in this area of study due to it is limited in the field of social work. We recommend that future research include a wider variety of participants, including more social workers. Lastly, specific interventions and knowledge of working with individuals in MHC programs would need to be further developed in social work practice for those wanting to engage in this specific field of practice.

## Conclusion

This final chapter discussed our findings of our study and reported that our hypothesis was not supported by the data. The literature is limited with regards to whether or not more knowledge will improve current students and professional's attitudes and beliefs of social work students and working social workers. We suggest that these findings be used to inform curriculum and research to improve

our understanding of social workers' and social work students' attitudes and beliefs related to mentally ill offenders and MHCs.

APPENDIX A  
SURVEY QUESTIONNAIRE

Choose one answer for each question

1. Age (please specify)
2. Race/Ethnicity
  - A. Black/African American
  - B. White/Caucasian
  - C. Asian American/Pacific Islander
  - D. Native American/Inuit
  - E. Hispanic/Latino
  - F. Multi-racial/Multi-ethnic
  - G. Prefer Not to Answer
  - H. Other (please specify)
3. Gender:
  - A. Male
  - B. Gender Variant/Nonconforming
  - C. Female
  - D. Transgender Male
  - E. Transgender Female
  - F. Not listed
  - G. Prefer not to answer
  - H. Other (please specify)
4. MSW Standing:
  - A. Foundation Year
  - B. Advanced Year
5. Field of Interest:
  - A. Child Welfare
  - B. Mental Health
  - C. Forensics
  - D. Hospital/Health
  - E. Adult and Aging
  - F. Schools
  - G. Policy
  - H. Substance Use
  - I. Other
6. For my elective, I have taken:
  - A. Substance Abuse
  - B. Gerontology
  - C. Child Welfare
  - D. Not yet taken an elective
  - E. Other (please specify)

LIKERT SCALE 1-5

(1) Strongly disagree, (2) Disagree, (3) Not sure, (4) Agree, (5) Strongly agree

1. The number of persons with mental illness in the criminal justice system has increased in the past 25 years. (\_\_\_)
2. Approximately 50% of persons involved in the criminal justice system have a mental illness. (\_\_\_)
3. Of those persons with mental illness in the criminal justice system, most are diagnosed with psychotic disorders. (\_\_\_)
4. I have heard of or have experience with mental health courts, specialized courts staffed with mental health and court professionals. (\_\_\_)
5. Mental Health court is a collaborative process that includes mental health professionals, probation, and the courts. (\_\_\_)
6. Mental Health court allows individuals with mental illness to begin recovery (mental health treatment, overcome addiction, reintegration to society). (\_\_\_)
7. Mental Health court reduces jail and prison overcrowding. (\_\_\_)
8. Mental Health courts have limited impact because most do not accept defendants with felony charges. (\_\_\_)
9. Mental health courts arose as a result of ineffective and underfunded outpatient mental health clinics. (\_\_\_)
10. A defendant with mental illness is more likely to receive services on his own versus being arrested and offered MHC with a suspended sentence. (\_\_\_)
11. Mental Health court is a successful alternative to prison. (\_\_\_)
12. Mental Health court should include all offenses including (arson, sex offenses and violent crimes). (\_\_\_)
13. Mental Health court makes our communities safer. (\_\_\_)
14. Mental health courts coerce defendants into treatment. (\_\_\_)
15. Mental health courts that require a guilty plea prior to entering the program are infringing on the privacy of treatment. (\_\_\_)

Developed by Nick Bettosini and Conrad Akins-Johnson

APPENDIX B  
INFORMED CONSENT

College of Social and Behavioral Sciences  
School of Social Work

Informed Consent

This study in which you are being asked to participate is designed to investigate MSW students' attitudes and beliefs about mentally ill persons in the criminal justice system and the use of mental health courts. This study is being conducted by Conrad Akins-Johnson and Nick Bettosini, MSW graduate students, under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work at California State University, San Bernardino. This study has been approved by the Institutional Review Board Social Work Sub-Committee at California State University, San Bernardino.

**PURPOSE:** The purpose of this study is to examine MSW students' attitudes and beliefs about mentally ill persons in the criminal justice system and the use of mental health courts.

**DESCRIPTION:** By taking part in this study, participants will be asked questions relating to the problems faced by mentally ill persons in the criminal justice system and the use of mental health courts. Participants will also be asked to provide demographic information on themselves.

**PARTICIPATION:** Participation in this study is voluntary. Participants have the right to withdraw from the study at any given time without consequence.

**CONFIDENTIALITY OR ANONYMITY:** All participants in this study will remain anonymous. All information gathered for this study will be destroyed at the end of the study.

**DURATION:** The online survey will take between 10-20 minutes to complete.

**RISKS:** There are no foreseeable direct risks to the participants other than perhaps feeling uncomfortable answering questions about mental illness, but no more so than one would experience in everyday life.

**BENEFITS:** There are no direct benefits to participants, although the findings from the study may help us to improve mental health curriculum for future MSW students.

**CONTACT:** If you have any questions or concerns about this study, you may contact Conrad Akins-Johnson at 951-897-5527, Nick Bettosini at 760-413-0729, or Dr. Deirdre Lanesskog at 909-537-7222.

**RESULTS:** Results from this study may be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

By signing below, I agree that I am at least 18 years of age, have read the above information, and am giving my consent to take part in the study.

\_\_\_\_\_ Place an X mark here

\_\_\_\_\_ Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX C  
IRB APPROVAL



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## ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Collaborative Effort: Nick Bettosini and Conrad Akins-Johnson

2. Data Entry and Analysis:

- a. Data Entry:

Collaborative Effort: Nick Bettosini and Conrad Akins-Johnson

- b. Data Analysis:

Collaborative Effort: Nick Bettosini and Conrad Akins-Johnson

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Collaborative Effort: Nick Bettosini and Conrad Akins-Johnson

- b. Methods

Collaborative Effort: Nick Bettosini and Conrad Akins-Johnson

- c. Results

Collaborative Effort: Nick Bettosini and Conrad Akins-Johnson

- d. Discussion

Collaborative Effort: Nick Bettosini and Conrad Akins-Johnson