



Attitudes toward hiring applicants with mental illness and criminal justice involvement: The impact of education and experience

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ABSTRACT

Individuals with mental health diagnoses, as well as those involved in the criminal justice system, experience a number of barriers in the recovery and reintegration progress, including access to stable, prosocial employment opportunities. Employment for these populations is important for establishing financial security, reducing unstructured leisure time, increasing self-worth, and improving interpersonal skills. However, research has demonstrated that individuals with psychiatric and/or criminal backgrounds may experience stigmatizing attitudes from employers that impede their ability to find adequate work. This study aimed to evaluate stigmatizing beliefs toward hypothetical applicants who indicated a mental health history, a criminal history, or both, as well as the effectiveness of psychoeducation in reducing stigma. Participants consisted of 465 individuals recruited from a large university who completed a series of online questions about a given applicant. Results of this study varied somewhat across measures of employability, but were largely consistent with extant research suggesting that mental illness and criminal justice involvement serve as deterrents when making hiring decisions. Overall, psychoeducation appeared to reduce stigma for hiring decisions when the applicant presented with a criminal history. Unfortunately, similar findings were not revealed when applicants presented with a psychiatric or a psychiatric and criminal history. Implications and limitations of these findings are presented, along with suggestions for future research.

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1. Introduction

A recent National Comorbidity Survey (NCS) examining lifetime prevalence rates for DSM-IV disorders found that about half of Americans will meet the criteria for a mental disorder at some point in their life (Kessler et al., 2005). Persons with a serious mental illness not only struggle to cope with the symptoms of their disorder, but they must also overcome societal misconceptions regarding their mental status (Corrigan & Watson, 2002; Rüsch, Angermeyer, & Corrigan, 2005). These interrelated problems make it difficult for someone with a mental illness to live a satisfactory quality of life (Corrigan & Watson, 2002; Rüsch et al., 2005). Preexisting beliefs about individuals labeled as having a mental illness can have the potential to negatively inform society's outlook on that individual for the rest of his or her life (Link, Cullen, Frank, & Wozniak, 1987; Link & Phelan, 2001). Stigmatization against persons with mental health problems can present major barriers in relationships, work, and accommodations (Hayward & Bright, 1997; Overton & Medina, 2008).

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The negative impact of stigma is also seen in persons who are involved in the criminal justice system. Currently, about 1 in every 32 adults in the United States is incarcerated or sanctioned under community supervision requirements (i.e., parole or probation; Glaze, 2011). Discrimination may occur towards these individuals, in large part, as a result of their criminal convictions. In turn, a criminal record can create long-term stigma toward those who have broken the law over the course of their life (Homant & Kennedy, 1982; Pager, 2003). Stigma towards this population can cause barriers to successful community reentry, including the ability to acquire job and financial security (Graffam, Shinkfield, Lavelle, & Hardcastle, 2004; Rakis, 2005; Shivy et al., 2007; Varghese, Hardin, Bauer, & Morgan, 2009).

Generally, stigma refers to the negative effects from a label placed on a group of individuals (Hayward & Bright, 1997). Link and Phelan (2001) suggest that stigma exists when “elements of labeling, stereotyping, separating, status loss, or discrimination occur within a power situation” (p. 377). Stigma can manifest in two common ways: (1) public stigma, which speaks to the general public's outlook on persons with mental illness or those with criminal behaviors, and (2) self-stigma, which can be perpetuated by the individual's outlook on himself or herself (Corrigan, 2004; Corrigan & Shapiro, 2010). Both of these types of stigma can be formed through a combination of stereotyping, prejudice, or discrimination. Such attitudes, whether

public or private, have the potential to rob these individuals of certain life opportunities when compared to the general population, specifically those with a mental illness or criminal justice involvement (Corrigan, 2004; Corrigan & Shapiro, 2010; Corrigan & Watson, 2002; Overton & Medina, 2008). Overall, the full effects of stigma are often underestimated by social scientists within this field of research (Link & Phelan, 2001); however, studies have continued to show that stigmatization can have a significant detrimental impact on the social and psychological functioning of an individual (Alexander & Link, 2003; Corrigan & Shapiro, 2010; Couture & Penn, 2003; Rüsch et al., 2005).

Another problem faced by these populations is the blurring line between the mental health and the criminal justice systems. It is commonly accepted that persons with a mental illness are over-represented in the criminal justice system, and in one nationwide survey, Torrey, Kennard, Eslinger, Lamb, and Pavle (2010) found that 40% of individuals with a serious mental illness were incarcerated at some point in their lives. Persons exhibiting symptoms and signs of serious mental illness are more likely to be arrested by law enforcement (Teplin, 1984; White, Chafetz, Collins-Bride, & Nickens, 2006). Consequently, offenders with a mental illness likely experience compounded stigmatizing attitudes stemming from the fact that they have both psychiatric and criminogenic needs (Teplin, 1984). These factors combined likely further impede access to employment, healthcare, and housing.

The present study examined the negative effects of stigma that can ultimately lead to barriers in job attainment and maintenance (see Graffam, Shinkfield, & Hardcastle, 2008; Varghese et al., 2009) – both of which are considered vital components of recovery and/or successful community reentry for individuals who have a mental illness, prior criminal justice involvement, or both (Bonta & Andrews, 2007; Dunn, Wewiorski, & Rogers, 2008; Graffam et al., 2004; Stuart, 2006). Research has shown that those labeled as “mentally ill” are underemployed and earn less income (Alexander & Link, 2003; Link, 1982; Link & Phelan, 2001; Overton & Medina, 2008). It should be noted that difficulty in securing employment can be attributed to other factors beyond stigma, such as impairments related to psychiatric symptomology, underdeveloped interpersonal skills, diminished cognitive capacity, and education level – all of which can be regarded as liabilities when entering the labor force (Baron & Salzer, 2002). However, even those who are able to successfully cope with their mental health symptoms in order to maintain employment may still be faced with discrimination from employers when seeking or maintaining job opportunities (Corrigan, 2004; Rüsch et al., 2005). McAlpine and Warner (2002) reported that approximately 36% of individuals between the ages of 18 to 55 who presented with some form of psychiatric illness indicated discrimination at their place of employment within the past five years.

The chance for ex-offenders to secure employment seems equally difficult. Although the direct relationship between employment and recidivism is not completely understood, it is generally accepted that stable, prosocial employment increases the likelihood that ex-offenders will pursue law-abiding, productive lives within the community (Bonta & Andrews, 2007; Rakis, 2005). For example, Uggen (2000) found that older offenders who were provided with minimal employment opportunities (i.e., minimum wage jobs within the service industry or construction) were less likely to reoffend compared to their same-age counterparts who were not afforded the same employment opportunities. Furthermore, society will likely benefit from increased employment of these individuals in the form of enhanced public safety (Graffam et al., 2004).

In recent years, however, it has become apparent that post-release offenders experience a difficult transition back into society (Rakis, 2005). After a year of release from incarceration, nearly 60% of ex-offenders in the U.S. remain unemployed (Petersilia, 2001). In a study examining employers' attitudes towards hiring ex-offenders, Holzer, Raphael, and Stoll (2004) found that over 60% of employers indicated that they would “probably not” or “definitely not” hire an individual with a criminal record (p. 7). A similar study (Varghese et al., 2009)

revealed a significant bias among employers when making hiring decisions about applicants with prior criminal charges versus applicants with no prior charges. Other research examining perceived employability (Graffam et al., 2008) found that individuals with intellectual or psychiatric disabilities and those with prior criminal justice involvement were rated the least likely to secure a job compared to those job candidates who either had a chronic illness or a physical/sensory disability. Another study (Homant & Kennedy, 1982) found that ex-offenders were more stigmatized than ex-mental patients by students majoring in criminal justice rather than students in business, science, or helping professions.

Former inmates also tend to have inadequate employment histories and a limited range of skills. When coupled with a criminal record, these deficits can lead to exponential challenges in finding or keeping a job (Holzer, Raphael, & Stoll, 2003; Pager, 2003; Visher, Winterfield, & Coggeshall, 2005). In fact, Giguere and Dundes (2002) found that 82% of employers were concerned that ex-offenders would not possess the appropriate interpersonal skills when interacting with customers and 81% indicated discomfort at the thought of having an ex-offender working in their business. It appears that the indication of a previous criminal record is a major obstacle when seeking employment (Pager, 2003).

Given the frequency of psychiatric and criminal involvement, as well as the growing number of persons at the intersection of the mental health and criminal justice systems, it is necessary to investigate how employment biases can be reduced. Existing research suggests that general stigma can be minimized through personal contact and experience (Alexander & Link, 2003; Rüsch et al., 2005). For example, Alexander and Link (2003) demonstrated that contact with the mentally ill could alleviate stereotyped fears and concerns about safety by providing more accurate, real world experiences with these individuals. Likewise, education can be used to reverse socially driven, false perceptions by instructing the public about the true potential and capabilities of stigmatized populations (Corrigan & Shapiro, 2010).

Therefore, the purposes of this study were (1) to evaluate the possible cumulative effects associated with the labels “offender” and “mentally ill” in hypothetical hiring decisions made by a college sample, and (2) to test the effects of psychoeducation and personal experience on the likelihood that a hypothetical job applicant with a mental illness and/or prior criminal justice involvement will be considered for hire. Although there is a need to examine the existence of relevant biases towards hiring individuals with mental illnesses and/or criminal justice involvement among employers, using a college sample to examine general attitudes towards hiring these individuals may be informative given that participants may be involved in the hiring process in their future careers. Furthermore, results obtained from this sample could be representative of general public perceptions towards hiring individuals who have psychiatric or criminal histories. Therefore, these general perceptions may also parallel some aspects of actual perceptions held by employers.

In general, we hypothesized that, regardless of education or experience, the job applicant with a history of both mental illness and criminal involvement will be rated the least desirable candidate for the job (as measured by multiple indicators of employability described below), followed by the applicant with only criminal justice involvement (see Holzer et al., 2004), then the applicant with only mental illness. We further hypothesized that, with the addition of brief psychoeducation, the desirability of the applicant will increase across all conditions. Lastly, we hypothesized that prior experience with a mentally ill or criminal justice involved person would be associated with less stigmatized attitudes toward the respective job applicant. Understanding the nature of employment bias may provide insight regarding general support for re-integrating these populations into the workplace, as well as the mechanisms underlying hiring decisions. Ultimately, this study hopes to bring awareness to the negative impact that public stigma can have on persons with mental illness and/or criminal justice involvement.

2. Method

2.1. Participants

For this study, participants were recruited through undergraduate Introductory Psychology courses and an online campus-wide announcement portal for affiliates of a university (including undergraduate and graduate students, staff, and faculty) located in West Texas. A total of 456 participants were included in this study; 279 students were recruited from Introductory Psychology courses and 177 from the online announcement portal. Of the 456 participants, 304 (66.7%) were female and 152 (33.3%) were male. Participant ages were broken down into the following categories: 18–24 years of age (84.0%), 25–34 (12.1%), 35–44 (2.2%), and 45–54 (1.8%). Participants' highest level of completed education ranged from "some high school" to "Doctoral Degree;" however, most (66.4%; $n = 303$) indicated that they received a high school diploma or General Equivalency Diploma.

2.2. Measures

Participants were asked to complete a basic demographic form assessing for age, gender, education level, and current employment status. Additionally, specific individual response items were created for the purpose of evaluating each participant's opinion regarding the employability of a hypothetical job candidate (i.e., Joe) from a vignette (see examples below). First, participants were asked to rate the acceptability of the applicant using a dichotomous yes/no response format. In a second question, participants were asked to indicate, along a seven point Likert-type scale (1 = Not at all likely, 7 = Very likely), how likely they were to seriously consider the applicant for the job. After these initial questions, each participant was then asked to complete the following questionnaires:

The Generic Work Behavior Questionnaire (GWBQ; Michon, Kroon, van Weeghel, & Schene, 2004). The Generic Work Behavior Questionnaire (GWBQ) is an 18-item measure used to evaluate general work performance among employees. It has four subscales that represent core dimensions of overall work behavior: task competence, initiative/self-confidence, dependability, and social work behavior. Questions for this measure were composed of opposing statements with responses ranging on a continuum from 1 to 5 regarding the applicant's ability to perform at his job (e.g., "would not have the skills to do this job" [1] to "would do a skillful job" [5]; some items were reversed scored). Total scores on the GWBQ are derived by adding responses to all items and dividing by the number of items endorsed across subscales. The authors (Michon et al., 2004) reported good to excellent internal consistency across subscales of the GWBQ. For the purposes of this study, participants were asked to rate the hypothetical applicant according to how well they expected him to perform in each of the domains assessed by the GWBQ. GWBQ total score were used for data analysis (Cronbach's alpha for the Total Scale Score of the supervisor form = 0.88; Michon et al., 2004).

The Attribution Questionnaire (Brown, 2008; Corrigan, 2008). The Attribution Questionnaire (AQ-27) contains 27 response items that assess nine common stereotypes that individuals tend to possess towards people with mental illnesses (i.e., blame, anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion; Brown, 2008; Corrigan, 2008). The AQ-27 provides a brief vignette about a man who has a diagnosis of schizophrenia. The vignette discloses information about the man's life, including factors related to his mental illness (Corrigan, 2008; Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). Past studies have demonstrated substantial reliability and validity of the AQ-27 through confirmatory factor analyses (Corrigan, Watson, Warpinski, & Gracia, 2004; Corrigan et al., 2003). However, during an evaluation of the psychometric properties

of the AQ-27, Brown (2008) found that a new 6-factor structure emerged to assess the constructs of: 1) Fear/Dangerousness, 2) Help/Interact, 3) Responsibility, 4) Forcing Treatment, 5) Empathy, and 6) Negative Emotions. For the purposes of this study, AQ items were selected from the Fear/Dangerousness (higher score = more fearful), Help/Interact (higher score = less likely to help), and Responsibility (higher score = more responsible for current situation) subscales identified in Brown's (2008) recent study. The 19 items chosen within these factors were of particular interest in the present study because they were easily adaptable to fit either the mental health or criminal justice conditions. Additionally, responses were based on the study-specific vignettes (see example below) rather than the original AQ-27 vignette. Participants were asked to answer these items on a scale of 1 (not at all) to 9 (very much). Some items required reverse scoring. Cronbach's alphas for the Fear/Dangerousness, Help/Interact, and Responsibility subscales were adequate (i.e., 0.93, 0.82, 0.60, respectively; Brown, 2008).

The Social Distance Scale (SDS; Link et al., 1987; Martin, Pescosolido, & Tuch, 2000). The Social Distance Scale (SDS) was initially developed to assess an individual's willingness to interact with another individual who has a mental illness. When appropriate, the six social distance items used in this study were modified to match the vignettes presented within each condition. This created two versions of the SDS – one for participants in the mental illness conditions and one for participants in the criminal justice conditions. Participants in the combined mental illness and criminal justice conditions received both versions. Items were rated on a 4-point scale from "definitely" (1) to "definitely not" (4). Higher total scores indicate more desired social distance from the individual. The following is a sample item: "How willing would you be to move next door to Joe?" One study (Martin et al., 2000) utilizing the 6-item version of the SDS reported good internal consistency (Cronbach's alpha = .87).

The General Perceived Dangerousness Scale (GPDS; Link et al., 1987; Alexander & Link, 2003). The General Perceived Dangerousness Scale (GPDS) was used to assess each participant's outlook on whether they perceived the hypothetical job candidate as a threat. For this study participants were asked to rate 6 items based on a 4-point, Likert-type scale that ranged from "definitely true" (4) to "definitely false" (1). Higher total values indicate greater perceived dangerousness toward the individual. An example of an item is: "It's only natural to be afraid of someone like Joe." Again, item language was altered whenever necessary to accommodate the status of the applicant, such that there were separate mental health and criminal justice versions of the GPDS. Alexander and Link (2003) reported moderate internal consistency for the GPDS (Cronbach's alpha = 0.66).

The Level of Familiarity Scale (also referred to as the Level of Contact Report; Corrigan, Edwards, Green, Diwan, & Penn, 2001; Corrigan, Green, Lundin, Kubiak, & Penn, 2001; Holmes, Corrigan, Williams, Canar, & Kubiak, 1999; Corrigan, 2008). The Level of Familiarity scale (LoF) includes 11 yes/no questions regarding various levels of personal contact with a person who has a known mental illness and/or criminal record. Items that are endorsed as "yes" are then ranked according to degree of intimacy, with lower values given to more superficial experiences and higher values given to deeper-level experiences. In this study, adding up all endorsed items generated a total score for the LoF that ranged from 0 to 66, where higher scores indicate greater familiarity with the condition of interest (i.e., mental illness or criminal justice involvement). Sample items include, "I have watched a movie or television show in which a character depicted a person with a criminal history," and "I have a mental illness." Like the SDS and GPDS, there were two versions of the LoF depending on applicant status (i.e., LoF_{CJ} and LoF_{MI}). Past studies have supported the reliability and validity of the LoF (see Corrigan, Edwards, Green, Diwan, & Penn, 2001; Corrigan, Green, Lundin,

Kubiak, & Penn, 2001). Furthermore, Holmes et al. (1999) reported a higher interrater reliability ($r = .83$).

2.3. Procedure

This research was approved by the Texas Tech University Institutional Review Board. Participants were first provided with information that briefly explained the purpose of the study, the voluntary nature of participation, and opportunities for compensation. Individuals recruited through the undergraduate Introductory Psychology course were provided course credit for their participation, and those individuals recruited through the campus-wide announcement portal were given an opportunity to receive compensation for their participation (i.e., entry into a drawing for a monetary compensation). Once participants consented to participate, they were provided with a hyperlink that directed them to a 15–20 minute online survey via Qualtrics (a web-based research survey program). After clicking the link, participants were randomly assigned to one of eight possible conditions (see Fig. 1).

Participants were then instructed to read one of four case vignettes describing a hypothetical job applicant who was either an individual with a mental illness, an individual with prior criminal justice involvement, an individual with a mental illness and prior criminal justice involvement, or an individual who had neither a mental illness nor a history of criminal justice involvement. The vignettes provided in each condition were equivalent except for the mental health or criminal justice status of the applicant. The following is the vignette provided to participants describing the applicant as having both a mental illness and criminal justice involvement:

Imagine a person named Joe. Joe is a single, 25-year-old man. After graduating from high school, he was hired by a contracting firm owned by a friend of his father's. His supervisor and co-workers denied having any problems with Joe; he showed up on time, seemed to work well with others, and completed tasks proficiently. However, when Joe was about 20 years old, something about him changed. He experienced cycling periods of depression (e.g., sadness, loss of interest in once-pleasurable activities, feelings of worthlessness, thoughts of death) and mania (e.g., irritability, talkativeness, inflated self-esteem, excessive involvement in pleasurable activities). During a manic episode, Joe went days without sleeping and began to hallucinate. His roommate called the police to have him taken to a psychiatric hospital for evaluation. Joe was diagnosed with Bipolar I disorder and placed on medication to stabilize his mood. He was discharged after 5 days. Following his hospitalization, Joe supplemented his medication regimen by attending therapy regularly. He was eventually able to return to work. Things seemed to be going well for Joe until he was about 23 years old. Looking for a way to earn a little extra cash quick, Joe decided to steal a television set from the home of a family member with the intent to re-sell. Joe was apprehended and

sentenced to 2 years in jail for theft. He was released on probation after serving 1 year due to good behavior. Joe has been out of jail for 6-months now, and his probation officer reports that he has been compliant with community supervision requirements. He also continues to receive treatment for his mental health problems. Joe is currently seeking employment and has applied for a position as a groundskeeper at an apartment complex. In the interview, Joe demonstrated appropriate eye contact, showed common courtesy, articulated his answers to questions from the interviewer (i.e., he gave more than yes/no responses), was prepared with his own questions for the interviewer, and reported that he sought this job so he could spend time outdoors and make the complex a more enjoyable place for residents to live. However, Joe was unable to begin employment on the ideal start date and requested a higher salary than what was initially offered to him. According to Joe's application, he has the necessary educational and physical qualifications for this job. You are the manager of the apartment complex and are in charge of the hiring process (that is, you make the final decision).

Some participants in each of these four status conditions also received a psychoeducation component that they were asked to read prior to reading the assigned case vignette. Participants who received the psychoeducation component were exposed to an excerpt from an academic journal article describing the benefits of employment to the employee and to the community in general with the hope of generating a better understanding about the role of work in reducing negative outcomes (each excerpt was specific to the mental health and/or legal status of the hypothetical applicant). This information was selected because we aimed to counter general stigmatizing beliefs towards these groups by implying that applicants were individuals with the potential to improve their overall psychological and emotional functioning enough to contribute to society in a prosocial manner, if given the opportunity to do so (i.e., via employment). We speculated that, because of their preconceived biases, participants would regard the personal problems experienced by these groups as a static (i.e., unchanging) variable, thus making them poor candidates for the job. By exposing participants to material that supports employment opportunities for these groups, we hoped to reduce some of the negative perceptions that may prevent such individuals from securing employment. The following is the excerpt provided to participants who read about the applicant with both a mental illness and criminal justice involvement:

An ex-prisoner's ability to obtain and maintain employment is recognized as being very important to successful community reintegration and prevention of reoffending. Benefits associated with employment include increased self-esteem and confidence, less crime, better public safety, reduced government costs related to corrections, and improved attitudes toward community-released offenders (Graffam et al., 2008).

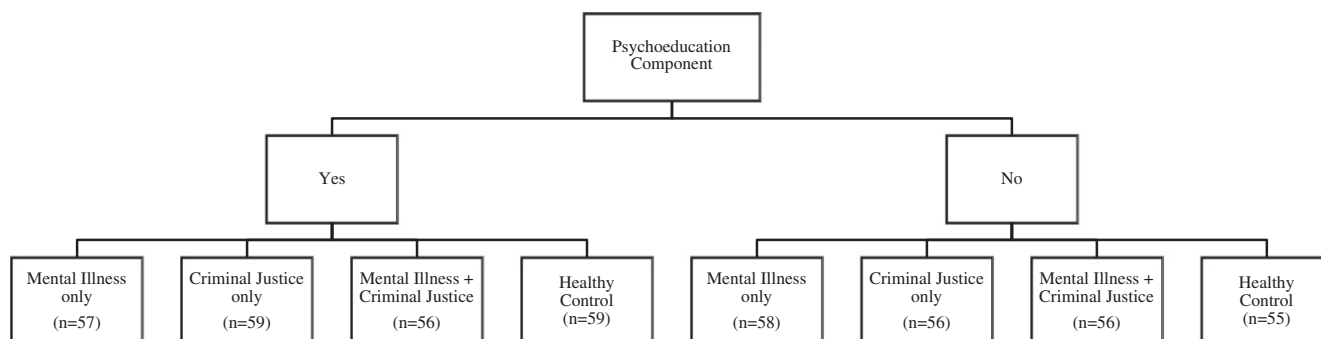


Fig. 1. Flow chart of random assignment to each of the eight possible study conditions.

Additionally, work can be central to the recovery of individuals with a mental illness. Benefits may include increased self-esteem, decreased social isolation, and improved quality of life. The structure and routine of having a job can further enhance the psychological functioning of persons diagnosed with a mental disorder (Dunn et al., 2008).

Participants who read about the healthy control applicant and were exposed to psychoeducation were given the following information: "Employment can help individuals develop a sense of self-identity and self-worth, improve their social skills, increase productivity in everyday life, and foster intellectual growth. Work can also provide pleasure, satisfaction, and emotional stability (Hoare & Machin, 2006)."

Following the presentation of case vignettes (and psychoeducation, if applicable), participants were then presented the series of measures as listed: the GWBQ, AQ, SDS, GPDS and LoF. Lastly, all participants were asked to complete the demographic questions. After completing the survey, participants were thanked for their time and given the opportunity for compensation.

3. Results

3.1. Preliminary analyses

Unless otherwise noted, an alpha level of less than 0.05 was used to determine statistical significance for all analyses. A series of Chi-Square tests were used to examine the relationship between group condition and demographic variables, including age, gender, education level, and current employment status. No statistically significant relationships ($p > .05$) were found regardless of the condition to which participants were assigned. Additionally, t -test comparisons were used to assess between group differences on Level of Familiarity (i.e., the degree of familiarity participants had with individuals who are mentally ill and/or have a criminal history). Again, results showed no statistically significant differences ($p > .05$). That is, participants who read about a criminal justice involved applicant (either CJ-only or CJ + MI conditions) and those who read about an applicant with a mental illness (either MI-only or CJ + MI conditions) did not differ on their degree of familiarity with these populations, respectively.

3.2. Employability outcomes

Three indicators were used to assess perceived employability among participants. These included two items we developed that (1) asked participants how acceptable they thought the applicant was for the job (i.e., acceptability of applicant) and (2) how likely they were to seriously consider the applicant for the job (i.e., Likelihood of Hire). Additionally, participants completed the GWBQ based on how they would expect the applicant to perform across various aspects of the job (e.g., rule compliance, getting along with co-workers).

As perceived acceptability of the applicant was recorded as a dichotomous (i.e., yes/no) variable, a Chi-Square procedure was used to test for significant relationships with acceptability ratings across all study conditions. Results of the Chi-Square showed a statistically significant relationship between study condition and acceptability rating, $\chi^2 = 40.24, p < .001$. Separate post hoc Chi-Squared tests were then conducted to evaluate differences in acceptability ratings among the levels of study condition. Results indicated that participants in the MI + CJ condition without exposure to psychoeducation perceived the applicant as the least acceptable candidate for the job ($p < .01$ across all comparisons), such that 32% of respondents determined that the applicant was not acceptable when compared to a range of 1.7%–10.7% of respondents in the other conditions who endorsed the same response. No other significant differences on acceptability ratings were found among the remaining conditions.

A 4×2 factorial multivariate analysis of variance (MANOVA) procedure was used to test the effects of applicant status (MI, CJ, MI + CJ, or Healthy) and psychoeducation (present or absent) on participants' ratings of how likely they would be to consider the applicant for the job and GWBQ total scores. The MANOVA resulted in statistically significant main effects for applicant status ($\lambda = .784, F(6, 890) = 19.16, p < .001, \eta^2 = .114$), psychoeducation ($\lambda = .978, F(2, 445) = 4.96, p = .007, \eta^2 = .022$), and a significant interaction effect of status by psychoeducation ($\lambda = .903, F(6, 890) = 7.79, p < .001, \eta^2 = .050$) for the combined dependent measures of Likelihood of Hire ratings and GWBQ total scores. Examination of univariate analyses indicated a significant main effect of applicant status for both participants' ratings of Likelihood of Hire ($F(3, 446) = 21.34, p < .001, \eta^2 = .126$) and GWBQ total scores ($F(3, 446) = 14.54, p < .001, \eta^2 = .089$). All means and standard deviations of Likelihood of Hire ratings and GWBQ total scores by study condition are reported in Table 1.

Follow-up post hoc tests using a Scheffe procedure for the Likelihood of Hire data revealed that participants who rated a CJ-only vignette were significantly less likely to consider the applicant for hire when compared to other applicants' statuses. Post hoc comparisons also showed a significant difference between Likelihood of Hire ratings for healthy controls and MI + CJ applicants, indicating that participants in the latter condition rated applicants as less likely to be hired for the job. Follow-up tests using a Scheffe procedure for GWBQ total scores indicated that applicants who had a psychiatric history either separately or in combination with prior criminal justice involvement were estimated to make significantly poorer employees when compared to criminal justice only applicants and healthy controls. There were no statistically significant differences between scores for applicants with only a mental illness and those with both a mental illness and past criminal conduct ($p = .490$) or between healthy controls and those with only past criminal conduct ($p = .711$).

Regarding psychoeducation, ANOVA results revealed a significant main effect for Likelihood of Hire ratings ($F(1, 446) = 17.07, p = .009, \eta^2 = .015$), but not for GWBQ scores ($p = .453$). Post hoc tests using a Scheffe procedure showed that participants who were exposed to the psychoeducation component were significantly more likely ($M = 5.14, SD = 1.35$) to hire applicants, regardless of status, when compared to participants who were not exposed to psychoeducation ($M = 4.74, SD = 2.04$). Similarly, there was a significant status by psychoeducation interaction ($F(3, 446) = 12.71, p < .001, \eta^2 = .079$) for Likelihood of Hire ratings, but not for GWBQ scores ($p = .520$). According to Scheffe

Table 1

Means and standard deviations of Likelihood of Hire ratings and generic work behavior scale total scores by study condition.

Scale	Condition	Mean	SD
Likelihood of Hire ratings	Mental illness + criminal justice	4.68 ^a	1.61
	Mental illness + criminal justice/psychoed	4.80 ^a	1.41
	Mental illness	5.34	1.18
	Mental illness/psychoed	5.07	1.53
	Criminal justice	3.12 ^a	2.80
	Criminal justice/psychoed	5.05	1.21
	Healthy	5.82 ^a	0.98
	Healthy/psychoed	5.56 ^a	1.21
GWBQ total scores	Mental illness + criminal justice	3.04 ^a	1.01
	Mental illness + criminal justice/psychoed	2.90	0.93
	Mental illness	3.25 ^a	0.97
	Mental illness/psychoed	3.08	0.94
	Criminal justice	3.63 ^a	0.81
	Criminal justice/psychoed	3.50	0.99
	Healthy	3.62 ^a	1.01
	Healthy/psychoed	3.80	0.94

Note. Likelihood of Hire ratings range from 1 (not at all likely) to 7 (very likely). Total scores on the GWBQ range from 1 (poor performance) to 5 (good performance).

^a $p < .05$ (for Likelihood of Hire, CJ differed from all conditions, MI conditions also differed from both Healthy conditions; for GWBQ, MI and MI + CJ differed from CJ-only and both healthy conditions).

post hoc tests, participants who read about a CJ-only applicant differed significantly in their ratings of employability depending on whether psychoeducation was included or not. Specifically, CJ-only applicants were the least likely to be hired without the inclusion of psychoeducation; however, when psychoeducation was included, CJ-only applicants were just as likely to be hired as any other applicant type. Participants who were exposed to psychoeducation did not rate the applicant as significantly different ($p > .05$) from applicants in the remaining conditions. No other significant differences between psychoeducation and applicant status were found.

To determine if perceptions of work performance impacted participants' decision to hire the applicant, regardless of status or psychoeducation, a bivariate linear regression procedure was conducted. Results of this analysis showed that GWBQ scores were positively associated with Likelihood of Hire ratings, such that perceptions of poor work performance significantly predicted a lower probability of hiring the applicant for the job ($R^2 = 0.087$, $p < .001$).

3.3. Stigmatization outcomes

Another 4×2 factorial MANOVA procedure was used to determine the effects of applicant status (MI, CJ, MI + CJ, or Healthy) and psychoeducation (present or absent) on measures of stigmatizing attitudes. Results of the MANOVA indicated a statistically significant main effect of applicant status ($\lambda = .518$, $F(15, 1220.57) = 21.86$, $p < .001$, $\eta^2 = .197$) for the combined dependent measures, including scores on the SDS, GPDS, and the three subscales of the AQ. Neither a significant main effect of psychoeducation ($p = .507$), nor a significant status by psychoeducation interaction effect ($p = .07$) was found for the measures of stigma. Examination of univariate results indicated a significant main effect of applicant status for participants' ratings on the Fear/Dangerousness ($F(3, 446) = 8.69$, $p < .001$, $\eta^2 = .055$), Help/Interact ($F(3, 446) = 2.75$, $p = .043$, $\eta^2 = .018$), and Responsibility ($F(3, 446) = 103.34$, $p < .001$, $\eta^2 = .410$) subscales of the AQ, as well as their ratings on the SDS ($F(3, 446) = 5.01$, $p = .002$, $\eta^2 = .033$). A significant main effect of status was not found for GPDS total scores ($p = .091$). Means and standard deviations for the SDS total scores, GPDS total scores, and Fear/Dangerousness, Responsibility, and Help/Interact subscale scores of the AQ are presented in Table 2.

Follow-up Scheffe post hoc analyses showed that participants who read about an MI + CJ applicant, regardless of psychoeducation, were significantly more fearful of the applicant than participants who read about an MI-only, CJ-only, or Healthy applicant ($p = .005$, $.025$, and $.001$, respectively). Although the overall ANOVA for the Help/Interact subscale showed a significant main effect of applicant status, Scheffe post hoc comparisons yielded no statistically significant between group differences ($p > .05$). Regarding perceived level of personal responsibility, applicants with only a criminal history, regardless of psychoeducation exposure, were rated as the most responsible for their current problems when compared to participant ratings of the other applicants ($p < .001$ for all comparisons). Conversely, participants in the MI-only conditions (with and without psychoeducation) were significantly less likely to consider the applicant as responsible for his current situation when compared to other applicant types ($p < .001$ for all comparisons).

Given the significant effects of applicant status on perceptions of Fear/Dangerousness and Responsibility, as measured by the AQ, post hoc standard multivariate linear regression analyses were conducted to determine whether or not these perceptions predicted Likelihood of Hire ratings and GWBQ scores. Using the Fear/Dangerousness and Responsibility subscales of the AQ as predictor variables and Likelihood of Hire ratings as the criterion variable of interest, the overall regression model accounted for 32.4% of the total variance in Likelihood of Hire ratings ($p < .001$), with higher scores on both subscales significantly predicting lower ratings ($r = -.345$ for Fear/Dangerousness and $r = -.193$ for Responsibility, $p < .001$). A second multivariate linear

Table 2

Means and standard deviations of SDS, GPDS total scores, and Attribution Questionnaire subscales (Fear/Dangerousness, Responsibility, Help/Interact by condition).

Scale	Condition	Mean	SD
Social Distance Scale	MI + CJ	13.92	4.29
	MI + CJ/psychoed	14.40	4.12
	MI	12.22	3.97
	MI/psychoed	13.00	4.10
	CJ	14.17	4.30
	CJ/psychoed	13.97	4.07
	Healthy	12.71	3.42
	Healthy/psychoed	12.78	3.35
Perceived Dangerousness Scale	MI + CJ	16.62	3.01
	MI + CJ/psychoed	15.74	3.19
	MI	16.55	4.45
	MI/psychoed	16.96	2.92
	CJ	15.96	2.61
	CJ/psychoed	15.45	2.90
	Healthy	16.36	3.15
	Healthy/psychoed	15.72	2.72
Fear/Dangerousness	MI + CJ	22.23 ^a	11.59
	MI + CJ/psychoed	23.61 ^a	10.86
	MI	17.50 ^a	9.43
	MI/psychoed	18.68	11.38
	CJ	17.75 ^a	8.43
	CJ/psychoed	19.92	9.62
	Healthy	16.16 ^a	9.32
	Healthy/psychoed	16.59	8.51
Responsibility	MI + CJ	13.25	4.80
	MI + CJ/psychoed	14.78	4.09
	MI	10.21 ^a	4.23
	MI/psychoed	10.75 ^a	4.90
	CJ	20.67 ^a	4.51
	CJ/psychoed	20.54 ^a	4.90
	Healthy	16.60	4.11
	Healthy/psychoed	15.37	3.88
Help/Interact	MI + CJ	22.55	9.14
	MI + CJ/psychoed	25.38	9.59
	MI	20.40	9.95
	MI/psychoed	21.11	9.17
	CJ	22.27	9.40
	CJ/psychoed	20.93	9.78
	Healthy	21.16	8.18
	Healthy/psychoed	25.29	9.71

Note. Total scores on the SDS range from 1 (definitely) to 4 (definitely not). Total scores on the GPDS range from 1 (definitely false) to 4 (definitely true). The Fear/Dangerousness and Help/Interact subscales are composed of 7 items each. Total scores range from 7 to 63, with higher scores indicating greater fear toward the applicant and less willingness to help the applicant, respectively. The Responsibility subscale is composed of 3 items. Total scores range from 3 to 27, with higher scores indicating greater personal responsibility attributed to the applicant's current problems.

^a $p < .05$ (for Fear/Dangerousness, both MI + CJ conditions differed from CJ-only and healthy conditions; for Responsibility, both MI conditions and CJ conditions differed from all other conditions).

regression using the Fear/Dangerousness and Responsibility subscales of the AQ as predictor variables and GWBQ total scores as the criterion variable of interest revealed that scores on the Fear/Dangerousness and Responsibility subscales accounted for 15.7% of the total variance in GWBQ scores ($p < .001$), with increases in Fear/Dangerousness subscale scores significantly predicting poorer expected work performance ($r = -.546$, $p < .001$) and increases in Responsibility subscale scores significantly predicting better expected work performance ($r = .164$, $p < .001$). However, due to the ordinal nature of the dependent variables (i.e., Likert-type rating scales), increases or decreases in Likelihood of Hire ratings and GWBQ scores cannot be assumed to occur in equal intervals.

3.4. Impact of familiarity with mentally ill and criminal justice populations

To test the impact of LoF with mental illness and/or criminal justice involved individuals, a series of linear regressions were used. For all analyses, LoF served as the predictor variable with each dependent measure of interest (i.e., acceptability of candidate for the job, Likelihood of

Hire, GWBQ, SDS, GPDS, and AQ) serving as the criterion variable. In interpreting these results, it should be noted that LoF with mental illness and criminal activity was generally low among this sample (M for $LoF_{CJ} = 24$, $SD = 14.97$; M for $LoF_{MI} = 19.72$, $SD = 14.19$). Familiarity with criminal behavior did not significantly ($p > .05$) affect scores on any of the outcome measures when the applicant presented with a criminal history (GWBQ: $R^2 = .009$; SDS: $R^2 = .009$; GPDS: $R^2 = .000$; AQ: $R^2 = .005$; Likelihood of Hire: $R^2 = .002$; acceptability: $R^2 = .000$). Conversely, familiarity with mental illness did significantly affect several outcome measures when the applicant presented with a psychiatric history. Greater familiarity with mental illness significantly predicted lower Likelihood of Hire ratings ($R^2 = .037$, $p = .004$) and lower total scores on the GWBQ ($R^2 = .104$, $p = .000$), SDS ($R^2 = .063$, $p = .000$), and AQ ($R^2 = 0.20$, $p = .032$). On the other hand, familiarity with mental illness significantly predicted higher scores on the GPDS ($R^2 = .026$, $p = .016$). LoF_{MI} scores did not significantly predict acceptability of candidate.

4. Discussion

Stopping the revolving door for those involved in the mental health and criminal justice systems includes the opportunity to secure employment (Bonta & Andrews, 2007; Dunn et al., 2008; Rakis, 2005; Stuart, 2006). Employment offers a wide variety of advantages for individuals with a psychiatric and/or criminal history including financial stability, prosocial time management, increased responsibility, and a sense of achievement (Bonta & Andrews, 2007; Graffam et al., 2004; Rakis, 2005). However, negative perceptions from employers and the public in general continue to limit these opportunities, and in turn, increase risk for psychiatric and/or criminal recidivism. This study not only aimed to identify levels and forms of stigma toward various subgroups of job applicants, but it also sought to evaluate the impact of knowledge and experience on stigmatizing beliefs relevant to an individual's employability. The current study was unique in its inclusion of a training component (i.e., psychoeducation) and consideration of participants' familiarity with these populations.

As hypothesized, and consistent with previous research (e.g., Graffam et al., 2008), applicants with a history of both mental illness and criminal behavior were perceived as the least acceptable candidates for employment. However, this finding did not hold true when participants (i.e., the hypothetical employers) were exposed to a brief explanation about the benefits of employment for these individuals. Thus, it is possible that the provision of psychoeducation reduced stigma by positively impacting perceptions of employability, such that applicants with both features (i.e., mental illness and criminal background) no longer differed from the other applicants on ratings of acceptability. Regarding participants' actual hiring decisions, applicants with only a criminal background were rated as the least likely to be selected for the job compared to the remaining applicants when psychoeducation was absent, but were rated equally as likely to be selected when psychoeducation was present. Therefore, as hypothesized, when participants were told that employment is important for successful reintegration into the community, stigma toward this group appeared to dissipate. With additional information, employers may be able to alter their preexisting beliefs for the purpose of reducing the risk of criminal recidivism and ultimately improving public safety. Unfortunately, the inclusion of education did not have the same positive effect on hiring decisions for any of the conditions in which mental illness was a feature of the applicant.

Related to the above findings, one question worth addressing is why did education about the advantages of employment make a difference for criminal justice only applicants, but not for applicants who had a psychiatric history when it came to participants' hiring decisions? There are several possibilities that, taken together or separately, may explain this outcome. First, the education component may not have been potent enough to persuade participants about the benefits of

employment for the mentally ill. Second, the psychoeducation material may not have appropriately addressed stigmatizing beliefs relevant to hiring decisions. That is, employers are likely more concerned about whether or not a particular applicant will be an asset to their business, rather than how a job will benefit the applicant's overall well-being. Therefore, efforts to decrease stigma for persons with mental illness may be enhanced by highlighting their employability and the benefits of hiring persons with mental illness (e.g., the opportunity for tax incentives; United States Department of Labor, 2008) to the employer in addition to or instead of discussing benefits to the individual's recovery process. On a similar note, despite results suggesting that the psychoeducation material used in this study improved perceptions of employability for CJ-only applicants, it may have also been relevant to include employer benefits (e.g., tax incentives, specialized training through prison programs; Hawkins, 2011) for hiring this group as well. It should be recognized that changing the focus of the psychoeducation piece to emphasize the benefits of hiring such individuals to employers would not be expected to produce significantly different outcomes using a sample of college students, as these participants are not likely to consider company benefits as strongly as real-world employers who are more invested in their organization's success. Third, participants may have given greater weight to their perceptions of unacceptability or poor work performance than to the information presented in the excerpt (due to the lack of potency and/or lack of appropriately targeted material). Lastly, it could be the case that these participants were generally more knowledgeable about mental illness than criminal behavior, and therefore, the educational component added no new information. A limitation of this study is the large proportion of participants who were recruited from introductory psychology courses and who may have been exposed to basic information about psychological disorders. Although the Level of Familiarity measure suggested only moderate personal experience with the mentally ill, this does not necessarily preclude the acquisition of factual knowledge.

When it came to rating applicants on their expected work performance, those with both a psychiatric and criminal history, regardless of education, were considered the worst potential employees. However, applicants with a combined history of mental illness and criminal-justice involvement only differed significantly from other non-mentally ill applicants (i.e., CJ-only and healthy), suggesting that participants generally viewed mental illness as a barrier to productive work performance (e.g., poor job skills) regardless of criminal justice status. This lack of effect of psychoeducation appeared to be the case for all other applicant types as well (i.e., no differences found across applicant status on the basis of psychoeducation). Based on these results, educating participants about the benefits of work to the successful community re-entry of these populations was not particularly helpful in improving perceptions about work performance. This finding may be due to the fact that the information presented to participants in the research excerpt did not explicitly discuss the typical job or interpersonal skills of persons with either a mental illness or a criminal history — assets that employers are likely to consider as important when making hiring decisions because they indicate the extent to which an employee will contribute to the success of the company. As such, there was little opportunity to directly affect participants' perceptions specifically about expected work performance.

Interestingly, applicants with only a criminal history and applicants with neither a psychiatric nor criminal history (i.e., healthy controls) were perceived to be comparable workers. This suggests that participants may not have considered prior criminal activity to be an impediment to job performance. So why is this group the least likely to secure the job in the absence of education about the positive gains of employment? Taken together, it seems that mental illness may engender a sympathetic response among participants, such that they expressed a willingness to hire these individuals over anyone with a criminal record even though mental illness may be viewed as a barrier to productive work performance. In other words, when considering applicants with

a criminal versus psychiatric history, participants appear to make hiring decisions based not on the skills of the applicant, but instead on their personal reactions to extraneous factors (e.g., perception that mentally ill applicants are “victims” of their condition). In support of this claim, participants rated applicants with only a mental illness as the least responsible for their current situation, whereas applicants with only a criminal history were rated as the most responsible. Furthermore, less attributed personal responsibility was associated with a greater Likelihood of Hire. However, as Teghtsoonian (2009) suggests, such forgiving attitudes toward individuals with a mental illness may ultimately undermine the recovery and re-integration process by encouraging passivity. Therefore, hiring an applicant with a psychiatric history on the basis of sympathy (e.g., “they can’t help it”) may be naïve and have iatrogenic effects over the long-term. Instead, decisions to hire these applicants may be improved if employers are informed that stable employment not only fosters a sense of personal responsibility and ownership that can reduce overall distress, but may also bolster performance in the workplace (e.g., motivation to work and pride in work). Interestingly, higher attributed personal responsibility was associated with better work performance ratings. Perhaps greater personal responsibility assigned to individuals with a criminal history is a double-edged sword — they may be seen as having the potential to be in control of their work behavior (leading to better performance), but may also be viewed as a liability given their prior antisocial choices.

If the effects of educating participants about the benefits of employment opportunities are temporarily ignored, the combination of mental illness and criminal justice involvement generally elicited lower ratings of job acceptability and estimated work behavior from participants, even though these applicants were not the least likely to be hired. What, then, might account for this outcome? One possible explanation is that stigma toward mental illness may be, at least in part, influenced by negative judgments about an applicant’s ability to perform well at a job (thereby making them an unacceptable candidate). That is, the mental illness of the applicant may be driving down attitudes about acceptable work behavior. On the other hand, the applicant’s mental illness may have generated enough sympathy (as indicated by lower levels of attributed personal responsibility for current problems) to prevent applicants with both a mental illness and criminal record for being the least likely group to be hired. For example, a female participant who rated that she would be “likely” to hire an applicant with both a mental illness and criminal record gave this reason for her decision: “As a manager I would never turn Joe away because of a mental health issue. However, since he will be working around many people’s homes I would not hire him for fear he would steal from strangers since he’s already attempted stealing from his family.” Thus, even though this participant was hesitant to hire the applicant because of his prior criminal conduct, her final rating indicated that she would be more likely than not to hire Joe because of his prior mental health problems.

Another possibility is that, when the applicant had a combined history of psychiatric and criminal involvement, participants’ judgments were influenced by previously held, yet inaccurate, beliefs about the mentally ill being more prone to violence and aggression that are common among the general public (Corrigan & Watson, 2005). In other words, issues related to job skill (due to mental health status), as well as threats to worker and consumer safety (due to added criminal status), might impact ratings of acceptability and work performance. In fact, more fear felt toward the applicant (as measured by the AQ) was associated with lower ratings of work performance. This is consistent with findings that MI + CJ applicants generally elicited higher scores on the Fear/Dangerousness subscale and were seen as poorer potential employees compared to other study conditions. However, if level of job skill and violations of safety were concerns due to the applicant’s combined mental illness and criminal justice involvement, then one would expect these concerns to also negatively influence ultimate hiring decisions. Again, results supported this notion; poorer perceived work performance was predictive of a lower probability of hire, while

greater perceived dangerousness and fear toward the applicant (as measured by the AQ) was predictive of a lower probability of hire. However, it is important to note that this study yielded mixed evidence regarding perceived dangerousness and fearfulness across applicant groups.

Overall, more research is needed to clarify the relationships between an applicant’s mental health and/or criminal status and employer’s perceptions of job acceptability (or appropriateness), capacity to perform the required work, and eventual hiring decision. Further exploration may also provide more concrete evidence regarding the specific sources of bias (e.g., fear, sympathy) that effect employment opportunities for these stigmatized groups. Such information can then be integrated into the development of appropriate training models for employers and organizations as a whole.

The Level of Familiarity with mental illness and criminal conduct was relatively low across all study conditions, suggesting more indirect exposure to these populations. For applicants with a criminal history, familiarity did not have a meaningful impact on measures of perceived employability or social stigma. Reported familiarity with mental illness, on the other hand, affected several outcome measures. Familiarity with this population predicted a lower probability of hire, lower expected work performance, and higher perceived dangerousness. Conversely, more familiarity with mental illness was associated with less stigmatizing attitudes in general. Given the generally low levels of familiarity with mental illness and criminal behavior reported by participants in this sample, it is possible that judgments about employability and social acceptability were still based more so on misperceptions than on real-life exposure to these individuals. Regarding the negative relationship between familiarity with mental illness and overall stigma toward the applicant, it may be the case that at least moderate exposure to this population can dispel some of the specific beliefs (e.g., desire to help or interact, perceived personal responsibility) that contribute to stigma. However, the extent to which personal experience with criminal justice and/or mental health populations (on the part of the employer) contributes to an applicant’s chances of securing employment remains unclear.

The results of this study should also be considered in light of the specific vignettes presented to participants. Vignettes were designed such that there would be at least some variability in rejection rates or negative perceptions of the applicant across, as well as within, conditions. That is, the applicant’s psychiatric and/or criminal background was not so severe or extreme (e.g., schizophrenia, aggravated assault) that most participants would be expected to judge the applicant poorly. Thus, the results found here may not generalize to hiring situations in which the applicant has more complex mental health issues or a history of serious criminal conduct. Conversely, it is expected that the effects of stigma would be mitigated if the applicant had less salient emotional and/or antisocial problems. Furthermore, results may not translate to other employment sites. Again, the vignettes were developed so that the described applicant would match the qualifications of the job (participants were instructed to assume that the applicant was physically and intellectually qualified). A more or less reputable profession may have yielded a different outcome. Other aspects of the vignette, such as the applicant’s age, gender, or behavior during the interview, may have also influenced judgments about the applicant. Ethnicity of the applicant was purposefully omitted from the vignettes so as to reduce ethnic/racial bias; however, participants may have been influenced by ethnic or racial stereotypes about who is likely to be involved in the criminal justice or mental health systems. Follow-up studies should consider using applicants with varied demographic information.

Results could also vary depending on who is making the hiring decision. Surveying individuals with specialized education and training in reviewing applications, interviewing potential employees, and determining organizational compatibility based on applicant qualifications may generate a more accurate representation of the role of stigma. We initially sought to recruit human resources/employment relations and business professionals for this study; however, due to low response rates, a

sample of convenience was subsequently required. With additional resources, future research should attempt to understand stigmatizing attitudes among the professionals responsible for making real-world decisions. Furthermore, it may be worthwhile to investigate the quality (or lack thereof) of training opportunities (e.g., through graduate programs, on-the-job training) offered to employers that focus on working with mentally ill or criminal justice-involved applicants and employees. To our knowledge, a study of this nature is not represented in the literature.

It should also be recognized that the burden of improving employment opportunities for those with mental health and criminogenic needs is not solely the responsibility of the employer. As noted, these individuals often have unstable employment histories, limited education and training, poor social skills, and a general lack of understanding about how to navigate the professional world (e.g., appropriate interview behavior, résumé development; Baron & Salzer, 2002; Holzer et al., 2003; Visser et al., 2005). These factors, coupled with stigma, can keep individuals from reaping the benefits of employment. More effort also needs to be given to expanding the qualifications (e.g., GED classes, specialized vocational training, mock interviews) of these individuals while still in treatment or incarcerated so they are better prepared for the job market upon release.

Although there are several limitations of the present study, it nonetheless substantiates previous findings that individuals who are mentally ill or involved in the criminal justice system, and especially those who are justice involved persons with a mental illness, continue to experience challenges that may reduce opportunities for a job. Despite the mixed evidence in support of specialized training, making the effort to inform employers about the benefits of work for individuals with psychiatric and/or criminal backgrounds is a promising endeavor. However, it is likely that knowledge acquisition beyond mere awareness about the positive effects of employment on the well-being of these populations is necessary. Future research should continue to investigate the optimal dosage (i.e., quality and quantity) of information that will produce sufficient attitude change (see Davidson, 1995; Rydell, McConnell, Strain, Claypool, & Hugenberg, 2007) and ultimately improve the hiring process for these populations. Although this study demonstrated some impact of added knowledge specific to employment, the inclusion of other information relevant to mental illness and criminal conduct may have yielded more significant and consistent differences across measures of employability as well as general stigmatizing attitudes. A comprehensive training approach (e.g., including information about the antecedents of mental illness and criminal behavior, risk factors for psychiatric and criminal recidivism, efficacy of treatment strategies for these groups and accommodating mental health and criminogenic needs within the work place) may generate a greater understanding and acceptance of these populations that increases their chances of successful reintegration into the community.

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