Stigma and Diagnostic Terminology in the Courtroom: A Systematic Review and Experimental Study of Juror Decision-Making.

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Thesis Abstract

Background: Certain mental health conditions are understood to be associated with high levels of stigma, as is being charged with committing a criminal offence. There is limited research however on how diagnostic information presented at trial, together with a juror's own underlying stigmatic attitudes towards defendants with mental health conditions, may impact the process of reaching a verdict within a criminal court.

Method: The systematic review sought to synthesise contemporary experimental literature exploring legal decision-making when information about the defendant's mental health condition is presented as relevant to the criminal case. The empirical paper built upon the findings of previous research by exploring the impact of stigma and diagnostic terminology on mock juror decision-making in an online mock criminal damage trial.

Results: Twenty-one studies were included in the systematic review, twenty of which were conducted across North America. The majority of the studies focused on the individual decision-making of mock-jurors, violent offences and diagnoses such as psychopathy. Studies varied significantly in their aims, sampling, use of measures and methodology. Findings also illustrated significant variation in the presence and direction of effects of independent variables on legal outcomes. The empirical study found no significant differences in guilt outcomes between the three diagnostic conditions (schizophrenia, borderline personality disorder or Complex Mental Health condition), but did suggest that baseline levels of stigma were an influential factor in the verdicts mock jurors gave.

Conclusions: Experimental mock juror studies are crucial in furthering the understanding of the factors impacting legal decision-making processes in the current absence of research with real juries. However, there is limited consistency in how studies are approaching decision-making in relation to defendants with mental health conditions. Stigma may be one factor which influences the verdicts given in a mock trial. Strengths, limitations, implications, and directions for future research are discussed.

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[1]This thesis portfolio includes, and builds upon, material previously submitted as part of the ClinPsyD Thesis Proposal

CHAPTER ONE

General Introduction

General Introduction

In July 1999, Sharon Logan was accused of committing an offence of arson after starting two fires at a terraced house in which her friends were inside and unaware. After admitting to the police what she had done, she was remanded into custody and assessed by a number of psychiatrists.

In early 2000, Sharon Logan pleaded guilty to arson being reckless as to whether life was endangered. Sentencing was adjourned by the judge whilst medical reports were prepared. It was understood that Sharon Logan had a significant history of violent behaviour and fire-setting since the age of nine and had had several psychiatric inpatient admissions during her adult life. Psychiatric assessments concluded that Sharon Logan had an "untreatable emotionally unstable personality disorder". On the basis of this assessment, and given the severity of her crimes, high level of dangerousness and "untreatable" nature of her condition, a hospital order was not made and on 20th September 2000, Sharon Logan was sentenced to life imprisonment.

Twelve years later, the justices of the England and Wales Court of Appeal (Criminal Division) considered an appeal lodged by Sharon Logan and her legal team. The question they considered was whether the wrong psychiatric diagnosis had been made, following a review of up-to-date medical reports in which Sharon Logan had been given a new diagnosis of schizoaffective disorder. On hearing this diagnosis, the appeal was granted, and the judges ruled to quash her custodial life sentence in prison and instead replace it with a hospital order under section 37 of the Mental Health Act (1983).

The case of Sharon Logan (*R. v Logan*, 2012) illustrates the importance of diagnostic language in the courtroom and the serious consequences it can have on the legal decisions made. Clinical Psychologists, alongside psychiatrists, are regularly appointed by the criminal courts to provide expert opinion or witness testimony concerning the defendant's mental health status, amongst other matters. In the case of Sharon Logan, the assessments which led to the original diagnosis of a personality disorder resulted in a prison sentence, whilst the revised diagnosis of schizoaffective disorder successfully facilitated a hospital order with a section 41 restriction order without limit of

time. It is not immediately obvious from a review of the judgement what it was that caused the change in opinion, but clearly within the courtroom, the change in diagnostic opinion allowed the appeal judge to consider the new diagnosis 'treatable', and therefore deserving of a hospital order outcome. For Sharon Logan, the practical consequences of this decision must have been life altering.

How do the criminal courts make their decisions?

For context, the trials of individuals accused of committing a crime are presented before a jury and a judge should they reach the Crown Courts in England and Wales. The Crown Courts hear the most serious of criminal cases and differ from the lower Magistrates' Court through the presence of a qualified legal judge, but also the presence of a jury. The task of the jury in the Crown Court is primarily to determine guilt. Eligible members of the public aged between 18 and 75 years of age are summoned at random from the electoral register in accordance with the Juries Act (1974) and are obliged by law to form a jury consisting of 12 jurors. A case is presented by the prosecution, and relevant mitigating factors presented by the case for the defence. The judge gives directions to the jury on the legal matters at hand, with the jury then proceeding to consider the evidence in their group deliberations and reach a verdict. Information about a defendant's mental health is often disclosed at trial, typically by a clinician expert witness instructed by the legal team for the defence with the aim of providing an account of the defendant's actions in relation to the defence. There are many ways in which the mental state of the defendant could be relevant to process of the criminal trial. This is primarily because the *mens rea* elements of an offence – concepts such as dishonesty, recklessness, and intent – are fundamentally liable to be influenced by a person's mental health condition. The prevalence of mental health need in individuals involved with the criminal justice system is widely understood to be considerably higher than that of the general population (Rebbapragada et al., 2021; National Guideline Alliance, 2017). Perhaps unsurprisingly, offenders are known to be subject to widespread negative public perception, attitudes and distancing (Rade et al., 2016; Harper et al., 2017). Mental health conditions such as schizophrenia and personality disorders are cited in the literature as amongst the most stigmatised by the general public (Wood et al., 2014) and even healthcare professionals (Baker & Beazley, 2022). However, the potential for, and indeed impact of,

dual or joint stigmas of offenders with mental health needs is less well understood. In the aforementioned case of Sharon Logan, one can certainly see that the judge attached significant weight to the perceived 'treatable' nature of the condition, and that the previous diagnosis of personality disorder had been considered 'untreatable'. This belief is perhaps an example of stigma in action, and arguably highlights the importance of close attention being paid to the process of decision-making in relation to the interface between mental health conditions and criminal acts.

With this in mind, the judgements in the case of Sharon Logan give rise to a number of issues relevant to this thesis portfolio. First, is the issue of diagnostic 'blurring'. Symptoms may overlap between different mental health conditions (Kingdon et al., 2010), not only leading to potential misdiagnoses, as in the case of Sharon Logan, but also variation in verdicts or sentencing outcomes. A second point relates to what extent perceptions of different psychiatric diagnoses vary and, furthermore, how these may translate to either further stigmatise or explain offending behaviour in legal settings and therefore impact the types of decisions made by juries and judges. Juries are prohibited from using information not presented to them at trial and are instructed by law to reach their decision based solely on the evidence. The presence of implicit bias in the form of stigmatic attitudes towards a defendant with a mental health condition may threaten the integrity of a fair trial and the pursuit of criminal justice more broadly. Understanding this impact on juror decision-making through research is therefore warranted.

This thesis portfolio consists of a systematic review and an empirical paper broadly exploring juror decision-making in relation to defendants with mental health conditions in criminal court trials. Chapter Two presents a systematic review which offers an overview of the contemporary experimental literature using a mock trial design to explore the impact of a range of factors on the verdict and sentencing decisions jurors make about defendants with a diagnosed mental health condition. A bridging chapter connects the narrative of the systematic review and sets the scene for the empirical paper which follows in Chapter Four. This presents an experimental study that builds upon previous research conducted jointly by Tremlin (2021) and O'Leary (2021) and published together by Metcalfe-Hume et al. (2023), by investigating the impact of stigma and diagnostic

terminology on mock-juror decision making in a criminal damage trial. Chapter Five concludes with a discussion and critical evaluation of the portfolio as a whole.

CHAPTER TWO

Systematic Review

Prepared for submission to Psychology, Crime and Law.

(See Appendix A for author guidelines)

Word count: 9065

Juror Decision-Making Concerning Defendants with Mental Health Conditions – a Systematic Review of Experimental Studies.

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Abstract

This systematic review aimed to explore the methodological characteristics, features and findings of empirical research adopting an experimental 'mock juror' design to investigate legal decision-making regarding defendants with mental health conditions. A systematic search was conducted using MEDLINE, CINAHL, PsycINFO, PsyArticles, Web of Science and ProQuest Dissertations and Theses Global, with twenty-one eligible studies included within the final review. Study quality was assessed using the Appraisal Tool for Cross-Sectional Studies (AXIS). All studies were conducted across North America, with the exception of one conducted in the United Kingdom. Studies varied significantly in their aims, sampling, variables manipulated and other methodological characteristics. Non-significant, and a range of significant aggravating and mitigating effects were found of different diagnostic terms, types of evidence presented and other defendant or participant characteristics on mock jurors' verdict and sentencing decisions, with inconsistency in direction found even amongst the higher quality studies. Strengths, limitations, and recommendations for future research are discussed.

Key words: mental health, juror decision making, offenders, experimental, mock trial

Introduction

To be selected to serve on a jury in a criminal trial comes with great responsibility. The gravity of the decisions juries are required to make are vast, with potentially life-changing consequences for the defendants in question. Jurors do not put themselves forward for these roles and are expected to approach the case in an unbiased way, relying solely upon the evidence they are presented by the cases for the prosecution and defence.

Yet despite the societal importance of jury decision making, it remains a phenomenon that cannot be studied within the real-life conditions in which it takes place due to the secrecy that surrounds it. At present, researchers do not have access to real juries, made up of jurors who are selected at random from the general population, in the real-life settings in which jury deliberations occur. Horan and Israel (2016) outline the legal and institutional barriers of real jury research across different countries and jurisdictions, including the complexity of the approval processes and the ethical issues involved. Whilst some authors advise caution against exposing the inner workings of a jury through research (Zander, 2013) and highlight the need to protect jurors, there appears to be an increased shift towards transparency in court processes within the criminal justice system and a push for research on how real juries deliberate when faced with high-stakes decisions (Ross, 2023).

Due to the barriers outlined, researchers have sought alternative ways to investigate jury decision making indirectly, including through experimental means. Such studies date back to 1950s (Devine et al., 2001; Broeder, 1959; Gerbasi et al., 1977) and have most frequently relied upon methods such as juror surveys, mock jury, or trial simulation designs. The latter involves recruiting participants to act as jurors, who are presented with trial-related information and asked to reach a type of legal decision. Ross (2023) acknowledges that these types of studies are conducted with varying levels of realism and ecological validity but highlights the value they offer in testing specific hypotheses, use of control groups and manipulations that would not be possible in real juries. Typically, these studies have focused on individual decision making rather than the group deliberation processes, however.

It is important to note that in real-life trials, jurors are not required to provide reasons behind their decisions which results in a lack of public understanding behind the processes which lead to a verdict, therefore opening the process up to potential scrutiny. Historically, mock jury research has explored the impact of a range of 'extra-legal' factors hypothesised to influence juror decision-making processes. Notably, these have included defendant race (Mitchell et al., 2005), gender (Maeder & Dempsey, 2012), physical attractiveness (Taylor et al., 2018; Patry, 2008), amongst other personal characteristics. Research by Thomas (2013) also highlights the risk of access to the internet and social media in influencing jurors' views. This research has been important because, aside from meeting the criteria to be selected in the first place, jurors are not screened in any way to assess their personal beliefs, attitudes, or prejudices they may hold. It is reasonable therefore, to wonder to what extent bias is present within the courtroom.

In recent years, mock jury research has begun to consider how decisions are made in relation to defendants with mental health conditions involved with the criminal justice system, and how different mental health conditions are perceived by jurors. Earlier research by Roberts et al. (1987) indicated a significant association between jury decisions and jurors' beliefs about mental health problems and criminal responsibility. Since this time, there has been a steady development of relevant experimental research in the area. However, to the authors' knowledge there have been no prior attempts to integrate what is known from experimental mock-jury research in relation to decision-making concerning defendants with mental health concerns. Such a review is particularly warranted since, as discussed, there are many different ways that experimental research has explored, and continues to explore such issues. This has meant that the available research presents a somewhat confusing array of studies which use a range of potential outcomes and decisions, with a range of factors being manipulated, and a range of different experimental methodologies. Gaining an understanding of the state of the contemporary literature is therefore important and lends itself to investigation through a systematic review.

Aims of the review

This review therefore aimed to further the understanding of what is known about previous mock juror research in which mental health information about the defendant is presented as relevant to the criminal case, and how it has been conducted, to provide a platform from which to move the knowledge base forwards.

Research questions:

1. What is known about the nature, characteristics and quality of existing experimental research using a mock jury or trial simulation method in which the mental health of the defendant is considered?

2. What information is most important or relevant to decision-making about defendants with mental health problems in a criminal trial?

Method

This systematic review protocol was registered on the International Platform of Registered Systematic Review and Meta-analysis Protocols (INPLASY) on 12th April 2023 (registration number: 202340038).

Eligibility

Studies were deemed eligible if they met each of the following inclusion criteria. The review sought academic journal articles or pieces of empirical research (including published and unpublished articles, dissertations, or theses) investigating or including:

- Decision-making relevant to the legal process. This could include decisions being made around the determination of guilt or sentencing outcomes, for example.
- Experimental studies involving a manipulation between different groups, or where different participants have been exposed to different types of written information, video material, or other portrayal of a defendant accused of committing a criminal offence.

- The fictional defendant being portrayed is over the age of 18 years.
- Information is provided about the fictional defendant's mental health condition or personality disorder, as relevant to the defendant's criminal case. This could include a diagnostic term, or description of symptoms, for example.

The studies must have collected and reported primary, quantitative data. Participants of the studies were required to have been aged 18 years or over. Finally, studies were required to be written in the English language and published between 2010 and August 2023. Studies were excluded if they did not meet the inclusion criteria outlined, if the defendant portrayed was a juvenile under the age of 18 years or did not have a mental health condition or personality disorder explicitly referenced. Studies in which the fictional defendant did not have a mental health condition or had a diagnosis of a neurodevelopmental condition such as autism, or an intellectual or learning disability, brain injury or other neurological or neurodevelopmental condition were also excluded.

Search strategy

The following databases were selected and systematically searched: MEDLINE, PsycArticles, PsycINFO, CINAHL, Web of Science and ProQuest Dissertations & Theses Global. The search terms employed were: ((mock or simulat* or hypothetical) N2 (juror or jury or juries or judicial or trial)) AND (mental* or "defendant mental*" or "forensic mental*" or "offender mental*" or diagnos* or schizo* or "personality disorder" or BPD or psycho* or depress* or bipolar or "mood disorder" or anxiety* or PTSD or trauma* or mania or manic or psych*) AND (experiment* or scenario or vignette or stud* or expos* or "between?group" or random*) AND (decision* or "decision?making" or judgement* or verdict* or perception* or perceive* or attitude* or attribut* or responsib* or bias* or evaluat* or outcome*).

Searches were completed by the primary author on 18th September 2023. The justification for limiting the publication date was to provide an up-to-date account of the contemporary literature and

considered appropriate given the shifts in social awareness and attitudes towards mental health conditions over recent years.

Identification and selection of studies

The search strategy as outlined above was employed to identify studies relevant to the systematic review questions from each of the chosen databases, with the search results exported to EndNote. Duplicates were removed, followed by the screening of titles and abstracts. The full texts of relevant papers were then screened against the inclusion criteria. All searches and screening were completed by the primary author, with the final selected studies further assessed for eligibility by the second author and those confirmed to meet the inclusion criteria were blind, quality-appraised by both authors in an effort to reduce bias. Both authors were in agreement that the selected studies met the eligibility criteria for inclusion.

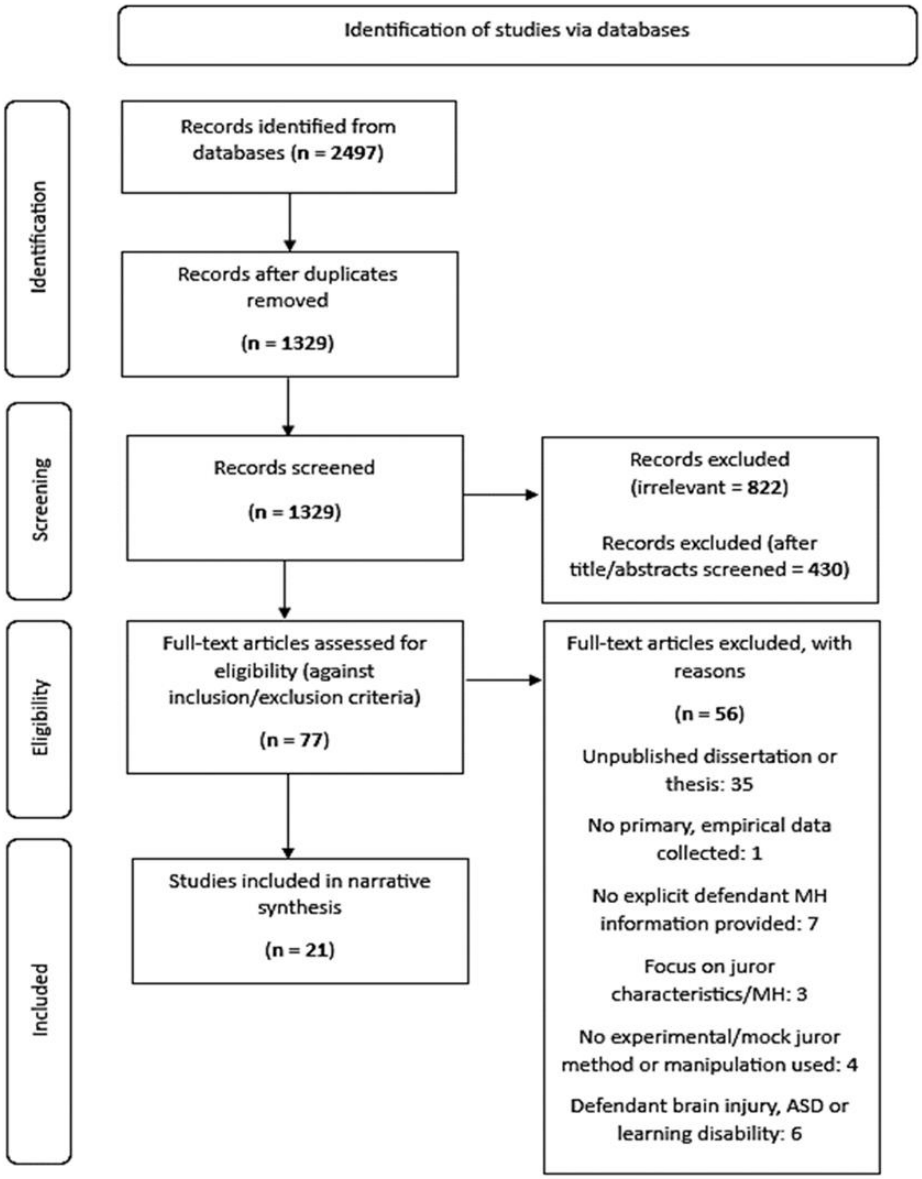
Studies included in the review

The process of final study selection is illustrated by Figure 1. The database searches initially produced a total of 2497 results. 1168 duplicate articles were first digitally and manually removed, with titles and abstracts of the remaining 1329 papers then screened for relevance, and the full texts of 77 of these later assessed for eligibility against the established inclusion and exclusion criteria. This resulted in a final sample of 21 eligible studies.

Whilst the review initially sought to include ‘grey literature’, including unpublished articles, dissertations, and theses, these were excluded after reviewing available published papers on the basis that the number of included papers would be overwhelming for a narrative synthesis approach. The INPLASY systematic review protocol was amended to reflect this change in the inclusion criteria, for transparency purposes.

Figure 1.

PRISMA Study Selection Flowchart



Data extraction

Data extraction was completed by the primary author, grouped, and discussed in relation to the relevant research question. Given the broad nature of the research questions, the data extracted included the study location, research aims and questions, information relating to the study design, experimental manipulation, participant recruitment, sample composition and demographics. Details about the defendant (including mental health and crime committed), study methodology, materials,

measures, and outcomes were also collected. An overview of these features will first be presented, followed by an overview of the study independent and dependant variables and their related effects.

Methodological quality assessment

The quality of each of the 21 final included studies were assessed using the Appraisal Tool for Cross-Sectional studies (AXIS tool, Downes et al., 2016). The AXIS tool is comprised of 20 questions which facilitate the critical appraisal of cross-sectional, observational, quantitative studies. The questions relate to aspects of study's aims, methods, results, and discussion, with the rater indicating the presence or absence of each quality area. Although the tool does not result in an overall score, in line with previous systematic reviews (Tremlin & Beazley, 2022; Wong et al., 2018), this review will report a score relating to how many of the criteria were met.

Upon further inspection, items 7, 9 and 14 of the AXIS tool were identified as not being applicable for the quality appraisal of mock juror studies. These items related to the issue of classifying non-responders, which was not considered appropriate given the self-selecting, opt-in nature of mock juror research. These items were therefore omitted from the total number of items, bringing the total possible score down from 20 to 17.

Analysis

Consistent with guidance by Popay et al. (2006), data was analysed using a narrative synthesis methodology, to describe the experimental approaches utilised by contemporary studies exploring mock juror decision making when defendant mental illness is a relevant factor in the criminal case.

Results

A total of 21 studies were identified through the screening process and independently agreed by both authors to meet the eligibility criteria to be included in the systematic review.

Research Question 1: What is known about the nature, characteristics and quality of existing experimental research using a mock jury or trial simulation method in which the mental health of the defendant is considered?

The first research question is concerned with understanding the broad characteristics and methodological features of the included studies. Table 1 provides an overview of the selected studies included in the review.

Table 1.

Methodological Overview of the Included Studies

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
1	Baker, J., Edwards, I., & Beazley, P. (2022)	UK	"Assess the impact of a borderline personality disorder diagnosis on juror attitudes, attributions, and decision-making in relation to a defendant seeking the diminished responsibility partial defence.	Diagnostic term provided	Mixed sample of students (54%), university staff (34%) and general public (12%).	50 (total) 64% female, 36% male Mean age = 29	Advertised around university campus.		X	✓	18 minutes	X	Homicide	'Severe personality disorder, borderline pattern' or 'Complex Mental Health problem'	Causal Attribution Questionnaire (CAQ, Dagnan et al., 1998; Markham & Trower, 2003) Attribution Questionnaire -27 (AQ-27; Corrigan et al., 2003) Diminished Responsibility Questionnaire (DRQ, Baker et al., 2020)	Individual and group-based guilt verdicts. Sentencing decisions.	16
2	Bandt-Law, B., & Krauss, D. (2017)	USA	"Examines the differential treatment of mentally ill defendants and adherence to mental illness stereotypes when dual-focused (thoughts of one's own death and trial-related death references) (dual-focused mortality (DFM)) or trial focused (exposure to trial-related death references only) (trial-focused mortality (TFM)) mortality salience is induced."	Mortality salience Presence of defendant mental illness	'Death-qualified' venire jurors from a courthouse in California	133 (total) 53% females, 41.7% male Mean age = 40.29 (range = 18-78)	Venire jurors		✓	X	1785 words	✓	Capital murder	'Mental illness'	N/A	Mortality salience, linked to death penalty decision-making	13

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
3	Berryessa, C. M., Coppola, F., & Salvato, G. (2021)	USA	"To examine whether mock jurors treated neurobiological evidence (neuroimaging and genetics concerning psychopathy as more excusing of criminal responsibility than psychological evidence and if they would perceive genetics and neuroimaging evidence differently"	Intention Type of evidence	General public	524 (total) 50.09% female, 49.91% male Mean age = 38.90 (SD = 11.33)	Amazon Mechanical Turk		✓	X	No details provided	X	Involuntary manslaughter	Psychopathy	Self-Report Psychopathy Scale (SRP-III) (Paulhus et al., 2013)	Insanity Guilt Free will	12
4	Blais, J., & Forth, A. E. (2014)	Canada	"Investigated the impact of diagnostic labels and traits, age, and gender of the defendant on mock jurors' decisions about credibility, verdict choice, risk for recidivism and violence, and treatment amenability."	Diagnostic term, age and gender of the defendant.	Mixed sample of jury-eligible undergraduate students and general public.	247 (total) 58.7% female 38.4% male 2.8% declined to respond Mean age = 23.74 (SD = 9.06, range = 18-61 yrs)	Email/ online		✓	X	Approx. 4 pages	X	Aggravated assault	Psychopathy or anti-social personality disorder or conduct disorder or no diagnosis.	N/A	Verdict Confidence in verdict Credibility of each type of testimony Potential treatment recommendations and amenability Risk of future violence General recidivism of the defendant	15

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
5	Butler, E. B., & Jacquin, K. (2014)	USA	"To determine if a defendant's diagnosis of BPD or APD and/or history of CSA have an influence on jurors' decisions."	Personality disorder diagnosis given and CSA history.	University students	385 (total) 69% female, 31% male Mean age = 19.84 (SD = 3.92)	Students participated as a course requirement or in exchange for module credit		✓	X	Case vignettes uniform in content, length, and detail. Other details not provided.	X	Sexual abuse	Borderline Personality Disorder or Antisocial Personality Disorder	N/A	Verdict Sentencing outcomes	13
6	Cox, J., DeMatteo, D. S., & Foster E. E. (2010)	USA	"This study attempted to understand if mock jury members were more likely to rely on the label of ''psychopath,'' as produced by the PCL-R, when determining a defendant's sentence, thereby leading to a harsher sentence."	Diagnostic term and predicted level of future violence	University students	144 (total) 60.4% female, 39.6% male Mean age =20.31 (SD = 4.35)	Students participated as a course requirement or in exchange for module credit		✓	X	No details provided	✓	Capital murder	Psychopathy or no diagnosis	N/A	Sentencing outcomes Likelihood of future violent offences	12
7	Greene, E., & Cahill, M. A. (2012)	USA	"Assessed the impact of neuroscience evidence on mock jurors' sentencing recommendations and impressions of a capital defendant."	Level of dangerousness and type of evidence presented.	Jury-eligible university students	259 (total) 67% female, 33% male) Mean age = 21 (SD = 4.87)	Students participated as a course requirement or in exchange for module credit		✓	X	Word lengths of each vignette provided	✓	First degree murder	Psychosis	N/A	Sentencing outcomes	14

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
8	Helm, R. K., Ceci, S. J., & Burd, K. A. (2016)	USA	"To investigate how jurors apply insanity standards based on rationality and control, how they interpret rationality and control standards, and how insanity standards can be utilised to aid accurate and unbiased juror decision-making. We also tested the idea of splitting the insanity defence into separate rationality and control tests to see how this affects juror decision-making."	Mental disorder of the defendant and legal test applied	University students	477 (total) 68.8% female, 31.2% male Mean age = 19.27 (SD = 1.17)	Students participated as a course requirement or in exchange for module credit	?	✓	X	No details provided	X	Murder	'Rationality defect' or 'control defect'	Individualism and Hierarchy scales (Kahan & Braman, 2008)	Guilt verdict	11
9	Jay, A. C. V., Salerno, J. M., & Ross, R. C. (2018) *2 studies conducted*	USA	STUDY 1: investigates the punishment of a veteran suffering from PTSD who commits a crime in two mock juror experiments.	STUDY 1: defendant status and participant gender.	STUDY 1: General public	174 (total) 45% female, 55% male Mean age = 34 (SD = 11)	Amazon Mechanical Turk	💻	✓	X	No details provided	X	Murder	PTSD	N/A	Verdict preference	13
			STUDY 2: designed to address the limitations of Study 1 by extending the investigation to experimental manipulations of collective guilt."	STUDY 2: Personal guilt, collective guilt and participant gender.	Same as Study 1	533 (total) 54% female, 46% male Mean age = 34 (SD = 12)	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	X	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
10	Jung, S. (2015)	Canada	"To investigate the influence of insight on juror decision-making by requiring participants to read and respond to trial scenarios describing a defendant who has been accused of assault and has a current diagnosis of schizophrenia… examining the personal attitudes of jurors on the insanity defence, on mental illness, and on blame attribution style, and whether their views influence their verdict decisions."	Level of insight and treatment acceptance	Jury-eligible university students	302 (total) 72.2% female, 27.8% male Mean age = 20.6 (SD = 4.36)	Recruited through an online system for student research participation		✓	X	No details provided	X	Violent assault	Schizophrenia	Not Criminally Responsible Defence Attitudes Questionnaire (NCRDAQ). Community Attitudes toward the Mentally Ill (CAMI). Revised Gudjonsson's Blame Attribution Inventory (R-GBAI)	Guilt verdict Sentencing outcomes	13
11	LaDuke, C., Locklair, B., & Heilbrun, K. (2018)	USA	The current study investigated the impact of different types of evidence on mock jurors' decision making in a criminal sentencing paradigm.	The presence of fact evidence, type of expert evidence and presence of an image.	General public	896 (total) 52.23% females, 47.21% male, 0.22% transgender, 0.45% other Mean age = 36.08 (SD = 13.26)	Amazon Mechanical Turk		✓	✓	Conditions differed in length of time taken (estimated between 10-15mins)	✓	Burglary and assault	Psychological evidence condition referred to difficulties relating to mood, personality, relationships and antisocial behaviour	N/A	Sentencing outcomes	14

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
12	Maeder, E. M., Yamamoto, S., & McLaughlin, K. J. (2020)	Canada	To examine the potential effects of racial bias (comparing Black and White defendants) in cases involving two different mental disorders (schizophrenia and depression).	Diagnostic term and defendant race	General public	216 (total) 59% female, 46.8% male, 1.4% transgender Mean age = 36.7 (SD = 12.6)	Amazon Mechanical Turk	💻	✓	X	1500 word trial stimulus	X	Second-degree murder	Schizophrenia or major depression	Insanity Defence Attitudes Revised-Scale (IDA-R, Skeem et al., 2004)	Guilt verdict	17
13	Maeder, E. M., Yamamoto, S., & Fenwick, K. L. (2015) *2 studies conducted*	Canada	STUDY 1: This study was designed to determine whether providing mock jurors with specific education regarding the NCRMD defence would change their attitudes toward the defence. We were also interested in whether verdicts in a NCRMD trial would differ as a function of this education.	STUDY 1: education on NCRMD and participant gender	STUDY 1: university students	114 (total) 52.6% female, 47.4% male Mean age = 20.7 (SD = 5.2)	STUDY 1: Students participated as a course requirement or in exchange for module credit	💻	✓	X	No details provided	X	Murder	Symptoms of psychosis implied	Insanity Defence Attitudes Revised scale (IDA-R; Skeem et al., 2004)	Guilt verdict	11

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
			STUDY 2: This study was designed to extend the findings of Study 1 using a different trial scenario, and to address the possibility that student participants may significantly differ from community participants.	STUDY 2: education on NCRMD, participant gender, and sample type (community or student)	STUDY 2: 49.2% university students 50.3% general public	258 (total) Student sample: 54.3% female, Mean age = 21.69 (SD = 4.81) General public sample: 60.3% female, Mean age = 44.21 (SD = 13.64)	STUDY 2: Same as Study 1. General public sample were recruited through an online paid research participation platform.	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	
14	Marshall, J., Lilienfield, S. O., Mayberg, H., & Clark, S. E. (2017) *2 studies conducted*	USA	"The studies addressed the broad question of whether neuroscience explanations and images influence people's sentencing judgments and related beliefs about criminal behaviour. We then examined whether explanation type affected judgments of a hypothetical offender's deserved sentence."	STUDY 1: Evidence/explanation type and inclusion of an image.	STUDY 1: General public	758 (total) 54.35% female, 45.65% male Mean age = 33.55 (SD = 11.91)	Amazon Mechanical Turk		✓	X	No details provided	X	Murder	Psychopathy	Mind–body dualism measure (Stanovich, 1989)	Sentencing outcomes	15

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
			STUDY 2 sought to replicate the effect of explanation type and self-reported dualism beliefs on sentencing recommendations in addition to the effect of neurobiological descriptions on judgments of treatability and dangerousness.	STUDY 2: Evidence/explanation type only (based on findings from Study 1)	Same as Study 1	400 (total) 49.5% female, 50.5% male Mean age = 35.12 (SD = 11.45)	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	X	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	
15	Mossiere, A., & Maeder, E. M. (2015) *2 studies conducted*	Canada	"Tto consider mental illness as a potentially influential defendant characteristic in juror decision-making outside of the context of an insanity trial. Using a no-mental-illness condition as a control, this study used two groups representing the stereotypically violent category (schizophrenia and substance abuse), and two representing the non-violent category (OCD and depression)."	STUDY 1: diagnostic term presented	STUDY 1: Jury-eligible university students	STUDY 1: 105 (total) 73% female, 27% male Mean age = 20.60 (SD = 3.87)	STUDY 1: Students participated as a course requirement or in exchange for module credit	💻	✓	X	10-page trial transcript	X	STUDY 1: Robbery	STUDY 1: Stereotypically violent category (schizophrenia and substance abuse), Non-violent category (OCD and depression and a no-mental-illness control group.	The Attitudes toward Persons with Mental Illness Scale (APWMI; Kobau et al., 2010)	STUDY 1: Guilt verdict Sentencing outcomes	16
				Same as Study 1	STUDY 2: General public	STUDY 2: 140 (total) 70% female, 30% male Mean age = 37.5 (SD = 13.75)	STUDY 2: Amazon Mechanical Turk	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
16	Mossiere, A., & Maeder, E. M. (2016)	Canada	"This study sought to examine the potential impact of defendant gender and mental illness type on Canadian juror decision making"	Diagnostic term and defendant gender	University students	242 (total) 75.6% female, 19% male, 5.4% did not specify Mean age = 21.75 (SD = 6.01)	Students participated as a course requirement or in exchange for module credit	💻	✓	X	10-page trial transcript	X	Second-degree murder	Substance abuse disorder, schizophrenia, bipolar, depression	N/A	Guilt verdict	14
17	Remmel, R. J., Glenn, A. L., & Cox, J. (2019)	USA	"The purpose of this study was to examine the impact of biological (i.e., brain and gene) evidence on mock juror decision making. Specifically, we sought to examine whether mock jurors treated biological evidence concerning psychopathy (i.e., gene evidence) as mitigating or aggravating. Further, we hoped to expand this question to include brain imaging information in addition to genetic information."	Type of evidence presented and whether the evidence was presented by either the prosecution or defence side	General public	604 (total) 54% female, 46% male Mean age = 37.26 (SD 12.96)	Amazon Mechanical Turk	💻	✓	X	No details provided	X	Aggravated battery and armed robbery	Psychopathy	N/A	Sentencing outcomes	15

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
18	Rendell, J. A., Huss, M. T., & Jensen, M. L. (2010)	USA	"This mock jury study assessed the effects of PCL-R and biological evidence on outcomes in an insanity defence case."	Diagnostic term Evidentiary basis Evidentiary strength	University students	428 (total) 62.4% female, 37.6% male Mean age =18.99 (SD = 1.18)	Students participated as a course requirement or in exchange for module credit		✓	X	16-page trial transcript	X	Second-degree murder	Psychopathy or Personality Disorder or no mental illness	Revised Legal Attitudes Questionnaire (RLAQ, Kravitz et al., 1993) Insanity Defence Attitudes Revised scale (IDA-R; Skeem et al., 2004)	Guilt verdict Sentencing outcomes	13
19	Saxena, G., Eisenbarth, H., Cox, J., Coffey, A., & Lankford, C. (2022)	USA	"The current study explored the relationship between gender (both defendants' and jurors') and gender-psychopathic traits congruency on verdict decisions"	Presence of defendant gender-congruent psychopathic traits (none or male or female). Gender of the defendant (male or female).	General public	1721 (total) 50.1% female, 49.9% male Mean age = 35.10	Amazon Mechanical Turk		✓	X	Approx 1.5 pages each	X	Murder	Psychopathy	N/A	Sentencing outcomes	16
20	Smith, B. A. (2016)	USA	STUDY 1: " Study 1 examines mock juror responses when afforded only a choice of guilty versus not guilty.	STUDY 1: Presence of defendant PTSD diagnosis Crime type	University students	329 (total) 66.9% female, 33.1% male Mean age = 29.92 (range = 18-52yrs)	Students participated as a course requirement or in exchange for module credit		✓	X	No details provided	X	Nonviolent crime condition: driving under the influence - no-one harmed. Violent crime condition: assault	PTSD	N/A	Guilt verdict	15
			STUDY 2: addresses an expanded range of decisions that allow for alternative verdicts."	Same as Study 1	Same as Study 1	344 (total) 62.2% female, 37.8% male	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	X	Same as Study 1	Same as Study 1	Same as Study 1	Same as Study 1	

Study ID	Authors	Study location	Research aims/question	Independent variables	Participants/sample			Study format	Details of vignette						Measures	Dependant variables	Quality of study (AXIS rating)
					Participant type	Sample size, composition, and mean age (SD)	Recruitment method	Online or in-person	Written	Video	Length	Based on real case	Crime	Diagnostic term used	Name of measure		
						Mean age = 20.39 (range 18-54yrs)											
21	Truong, T. N., Kelley, S. E., & Edens, J. F. (2021)	USA	"To examine whether jurors in the Psychopathy condition viewed the defendant as more psychopathic than in the other two diagnostic conditions (Schizophrenia, "Healthy"). In addition, we investigated whether juror perceptions of the defendant's level of psychopathic traits, independent of the experimental evidence presented to them, would predict case outcomes.	Diagnostic term and type of evidence	University students	569 (total) 75.6% female, 24.4% male Mean age = 19.05 (SD = 1.26)	Students participated as a course requirement or in exchange for module credit		✓	X	No details provided	X	First-degree murder	Psychopathy, Schizophrenia or Healthy	N/A	Sentencing outcomes	13

Study location

Of the 21 selected studies, 14 were conducted by authors based across the USA, with a further six based in Canada. Only one of the studies was conducted within the UK (Baker et al., 2022)

Sample characteristics

Study sample sizes ranged from 50 to 1721 participants (*N= 10,352*).

Nine of the studies recruited participant samples comprised solely of university students, typically from undergraduate psychology courses. Many of these studies reported that research participation was either a course requirement or offered in exchange for module credit. Seven studies instead recruited participants solely from the general public, through online paid participation research platforms, such as Amazon Mechanical Turk (n= 8). Two studies recruited combined community and student samples. A further two studies each conducted two separate studies within one paper, with either differing research questions or comparing differing community and student samples. Finally, one study recruited 'venire jurors', otherwise known as a pool of prospective jurors, selected for a real-life court trial (Bandt-Law & Krauss, 2017).

Reported mean ages of the study samples ranged between 18.99 (*SD= 1.18*) to 44.21 years (*SD= 13.64*). In the majority of included studies, females were over-represented within the samples, as were participants from White or Caucasian ethnic backgrounds. Demographic information relating to level of education (n= 8), political affiliation (n= 3), history of mental illness or knowing someone with a mental illness (n= 4), prior experience of serving as a juror (n= 2) and having been the victim of crime (n= 1). Thirteen of the 21 studies made clear reference to screening participants against the eligibility criteria for jury selection in the relevant country or state jurisdiction. In the five studies concerned with decision-making in relation to the death penalty, the recruitment of 'death-qualified' participants was sought, whose views and beliefs in support of the death penalty were assessed prior to participating in the study.

Study format

Seven of the studies were conducted with participants completing the study in person, and 12 conducted online through an online survey format. Blais & Forth (2014) offered participants the choice of completing the study online or in person and noted that the length of time to complete the study was equal regardless of the chosen format. It was unclear from the detail provided whether the study conducted by Helm et al. (2016) was completed in person or online.

Crime type

A range of terms were used to describe the crimes committed in the vignettes. As discussed, 20 of the included studies were conducted across the USA and Canada, meaning the terms used may differ to those recognised in the UK. Two studies referred to a charge of capital murder, which is a specific category of murder recognised in certain parts of the US, for which the perpetrator is eligible for the death penalty. Although legal definitions vary across states, this charge typically refers to first-degree murder but involving aggravating factors such as multiple murders being committed, the victim being killed whilst on duty in a public service role, such as a police officer or paramedic, or associated with terrorism. Other studies referred to charges of first-degree (n= 2) or second-degree (n= 3) murder, defined as a premeditated, intentional killing, and an intentional but or unplanned killing, respectively. Six studies referred to more general charges of murder/homicide, or manslaughter (n= 1) – the latter of which typically involves an element of recklessness resulting in a person's death. Other studies described armed robbery (n= 1), burglary (n= 1), aggravated assault or battery (n= 5) or sexual abuse (n= 1). Many of the crime types reported were considered to be violent, causing direct physical harm to a victim.

Type of vignette

Of the 21 studies, 17 reported developing or adapting a fictional case for the purpose of the study, whilst the contents of four study vignettes were based on that of a real case. The amount of descriptive information included about the vignettes varied significantly across the papers. Twenty studies described providing participants with written case vignette materials, with details of word/page

lengths of those reported in Table 1. Filmed mock or trial simulations were used exclusively in only one study, with the duration reported to last 18 minutes (Baker et al., 2022).

Use of standardised measures

A range of standardised measures were completed by participants across nine of the studies, to measure a variety of constructs deemed relevant to the juror decision-making process.

External attributions of blame and causes of the defendant's criminal behaviour were explored by both Baker et al. (2022) and Jung (2015) using The Causal Attribution Questionnaire (CAQ; Dagnan et al., 1998; Markham & Trower, 2003) and the Revised Gudjonsson's Blame Attribution Inventory (R-GBAI; Gudjonsson & Singh, 1989), respectively.

Jung (2015) measured participants attitudes towards the 'Not Criminally Responsible' legal defence using the Not Criminally Responsible Defense Attitudes Questionnaire (NCRDAQ), which was created for the study and adapted from the Insanity Defense Attitudes Questionnaire (IDAQ; Roberts & Golding, 1991); a scale which probes into individual beliefs about mental illness as a defence for deviant social behaviour. The Insanity Defence Attitudes Revised scale (IDA-R; Skeem et al., 2004) was used in three studies (Maeder et al., 2015; Maeder et al., 2020; Rendell et al., 2010). Rendell et al. (2010) also administered the Revised Legal Attitudes Questionnaire (RLAQ; Kravitz et al., 1993) to assess participants' legal authoritarian personality traits.

Participants' stigmatising attitudes towards individuals with mental illness were explored in three of the studies. The Attribution Questionnaire (AQ-27; Corrigan et al., 2003) was employed by Baker et al. (2022), whilst Jung (2015) administered the Community Attitudes toward the Mentally Ill (CAMI; Taylor & Dear, 1981; Taylor et al., 1979). Mossiere & Maeder (2015) utilised The Attitude toward Persons with Mental Illness Scale (APWMI; Kobau et al., 2010).

Participants of Berryessa et al. (2021) study were administered the Self-Report Psychopathy Scale (SRP-III; Paulhus et al., 2013), to assess whether self-reported psychopathy scores had a moderating effect on the results. Helm et al., (2016) employed the Individualism and Hierarchy scales from Kahan and Braman (2008), to explore whether participants' priorities relating to societal group

and individual interests and attitudes towards socially stratified roles, played a role in predicting verdicts given. Marshall et al. (2017) used the Mind-Body Dualism measure (Stanovich, 1989) to explore participants dualist beliefs concerning the distinction between the mind and body in relation to the type of scientific evidence participants were presented with in the study.

Defendant mental health condition/diagnostic terms used

In line with the inclusion criteria and focus of this systematic review, the defendant at the centre of each mock trial study was required to have a diagnosed mental health condition, or information about their mental health provided in some way. This could be through the use of a recognisable diagnostic term or a description of clinical symptoms. A non-specific term of 'mental illness' or 'complex mental health condition' was used in two of studies, typically related to those studies in which the presence of defendant mental illness was the subject of the experimental manipulation, or indeed acting as a control group in comparison to a more specific diagnostic label. In nine of the 21 studies, the defendant was reported to have diagnosis of psychopathy or reference to psychopathic traits. Other studies referred to the defendant having schizophrenia (n= 6), a type of personality disorder (n= 4), psychosis (n= 2), substance abuse disorder (n= 2), bipolar disorder (n= 1), post-traumatic stress disorder (n= 2), obsessive-compulsive disorder (n= 1) and depression (n= 3)

Studies involving the specific manipulation of diagnostic information will be discussed with regards to the second research question.

Quality assessment

The total quality appraisal scores using the AXIS tool ranged between 11 and 17, out of a possible 17. Higher scores on the tool indicated a higher quality study. Only one study received a total score of 17 (Maeder et al., 2020). It was noted that studies generally fell down on their lack of sample size justification and use of student samples, meaning that the samples were not representative of the general population in which jurors are typically selected from. Seven studies failed to declare information about whether ethical approval was sought, or what this consisted of.

Research Question 2: What information is most important or relevant to the decision-making about defendants with mental health problems in a criminal trial?

The second question is concerned with the factors which appear to contribute to the decisions made by participants of mock-jury studies. To address this question and explore the impact of the independent variables on the studies' dependent/outcome variables, these details were extracted along with the study findings. Table 2 provides a simple overview of the study independent and primary dependant variables.

Table 2.

Overview of the Independent and Dependent Variables of the Included Studies

Study	Independent variables				Dependant variables	
	Diagnostic term	Defendant/offender characteristics	Type of evidence	Participant/mock juror characteristics	Verdict decision making	Sentencing/punishment decision making
Baker, J., Edwards, I., & Beazley, P. (2022)	✓				✓	✓
Bandt-Law, B., & Krauss, D. (2017)	✓			✓		✓
Berryessa, C. M., Coppola, F., & Salvato, G. (2021)		✓	✓		✓	
Blais, J., & Forth, A. E. (2014)	✓	✓			✓	
Butler, E. B., & Jacquin, K. (2014)	✓	✓			✓	✓
Cox, J., DeMatteo, D. S., & Foster E. E. (2010)	✓	✓				✓
Greene, E., & Cahill, M. A. (2012)		✓	✓			✓
Helm, R. K., Ceci, S. J., & Burd, K. A. (2016)	✓				✓	
Jay, A. C. V., Salerno, J. M., & Ross, R. C. (2018)		✓		✓	✓	
Jung, S. (2015)		✓			✓	✓
LaDuke, C., Locklair, B., & Heilbrun, K. (2018)			✓			✓
Maeder, E. M., Yamamoto, S., & McLaughlin, K. J. (2020)	✓	✓			✓	
Maeder, E. M., Yamamoto, S., & Fenwick, K. L. (2015)				✓	✓	
Marshall, J., Lilienfield, S. O., Mayberg, H., & Clark, S. E. (2017)			✓			✓
Mossiere, A., & Maeder, E. M. (2015)	✓				✓	✓
Mossiere, A., & Maeder, E. M. (2016)	✓	✓			✓	
Remmel, R. J., Glenn, A. L., & Cox, J. (2019)			✓			✓
Rendell, J. A., Huss, M. T., & Jensen, M. L. (2010)	✓		✓		✓	✓
Saxena, G., Eisenbarth, H., Cox, J., Coffey, A., & Lankford, C. (2022)	✓	✓				✓
Smith, B. A. (2016)	✓				✓	
Truong, T. N., Kelley, S. E., & Edens, J. F. (2021)	✓	✓				✓

Primary dependent variables

Whilst a range of outcomes were explored and measured across the selected studies, including mock jurors' attitudes and stigma towards the mentally ill defendant, this review was primarily interested in outcomes involving types of legal decision making. Juror verdicts, sentencing recommendations and decisions around punishment were therefore the focus. As illustrated in Table 2, eight studies exclusively focused on verdicts of concerning guilt, and another eight studies exclusively focused on sentencing and punishment recommendations. Five studies explored decision-making relating to both primary outcomes.

Independent variables/study manipulations

Over half of the studies (n= 13) involved an experimental manipulation of the defendant's mental health diagnosis, or indeed the presence of a mental health diagnosis compared to a condition without one. One study manipulated whether the mental health condition was considered stereotypically violent versus non-violent (Smith, 2016).

Ten of the studies varied other types of information about the defendant, for example: age (n= 1), gender (n= 3), race (n= 1) and level of insight (n= 1), intention (n= 1) or future violence/dangerousness (n= 2).

The type of evidence presented as part of the mock criminal trial was also a popular manipulation. Seven studies manipulated the nature of the evidence, namely whether biological (including neuroimaging, neuropsychological or genetic information) or psychological. Other studies varied whether the evidence was presented as part of the case for the defence versus the prosecution (Remmel et al., 2019), or whether the presence of an image as part of the presented evidence made it more credible (n= 2).

Six studies considered the impact of variables relating to the participants themselves, including juror stigma (n= 2), mortality salience (n= 1), beliefs about the connection between mind and body (n= 1), sample types (n= 1) and the amount of information or education provided to

participants on the legal test in which their decision-making was concerned, for example: the ‘not guilty by reason of insanity’ defence (n= 1).

The impact of a range of study independent variables are illustrated in Table 3, grouped by primary outcome, namely verdict and sentencing decisions.

Table 3.

The Impact of Study Independent Variables on Verdict and Sentencing Decisions

	Study details				Independent Variables			Findings
DV	**Study**	**Study IV/experimental manipulations**	**Defendant's MH diagnosis**	**Diagnostic term manipulated**	**Defendant traits/ demographics**	**Type of evidence Presented**	**Participant factors**	**Summary of findings specific to the impact of the IV on the DV**
Verdict (Guilt)	Baker, J., Edwards, I., & Beazley, P. (2022)	Diagnostic term	Severe Personality Disorder – Borderline Pattern Complex Mental Health condition	◆ Severe Personality Disorder – Borderline Pattern ◆ Complex Mental Health condition				"The group whose defendant was described as having a 'severe personality disorder, borderline pattern' rated the defendant as more dangerous, and more in need of segregation and coercive treatment, than controls where the defendant was described as having a 'complex mental health problem'. Between-group differences in other measures, including the decision to agree a verdict of diminished responsibility, were not found."
Verdict (Guilt)	Berryessa, C. M., Coppola, F., & Salvato, G. (2021)	Intention Type of evidence	Psychopathy		✕ Recklessness	◆ Neuroimaging evidence ◆ Genetic evidence ◆ Psychological evidence		"Neurobiological evidence appears not to have a substantial influence on jurors' judgments of criminal responsibility in these cases. Foremost, we found that participants consistently rated defendants who caused the death of the victim through recklessness as significantly guiltier than defendants who caused the death of the victim through negligence. Additionally, our results showed no significant effect of evidence (neuroimaging, genetic or psychological) on jurors' adjudication of guilt and insanity."
Verdict (Guilt)	Blais, J., & Forth, A. E. (2014)	Diagnostic term Age of the defendant Gender of the defendant	Psychopathy Antisocial Personality Disorder Conduct Disorder	✕ Psychopathy ✕ Antisocial Personality Disorder	◆ Age ◆ Gender			"Defendants described as psychopaths and as having APD/CD were also more likely to be found guilty and were more likely to receive higher ratings of risk for future violence/recidivism regardless of their age and gender. There were no significant main effects or interactions concerning the age and gender variables."
Verdict (Guilt)	Butler, E. B., & Jacquin, K. (2014)	Diagnostic term Presence of a CSA history	Borderline Personality Disorder Antisocial Personality Disorder	✕ Borderline Personality Disorder ✕ Antisocial Personality Disorder	✕ History of CSA			"CSA history and PD diagnosis were significant predictors of guilt ratings, suggesting that jurors perceive defendants more negatively if they have either been sexually abused as a child or have borderline or antisocial PD."

	Study details			Independent Variables				Findings
DV	**Study**	**Study IV/experimental manipulations**	**Defendant's MH diagnosis**	**Diagnostic term manipulated**	**Defendant traits/ demographics**	**Type of evidence Presented**	**Participant factors**	**Summary of findings specific to the impact of the IV on the DV**
Verdict (Guilt)	Helm, R. K., Ceci, S. J., & Burd, K. A. (2016)	Diagnostic term Legal test applied	Mental disorder – "Rationality defect" Mental disorder – "Control defect"	◆ Mental disorder – "Rationality defect" (psychosis implied) ◆ Mental disorder – "Control defect" (antisocial traits implied) ◆ No differences regardless of which legal test was presented to participants				"Results indicate that under current insanity standards jurors do not distinguish between defendants with rationality deficits and defendants with control deficits regardless of whether the legal standard requires them to do so. Even defendants who lacked control were found guilty at equal rates under a legal standard excusing rationality deficit only and a legal standard excluding control and rationality deficits. This was improved by adding a control test as a partial defence, to be determined after a rationality determination."
Verdict (Guilt)	Jay, A. C. V., Salerno, J. M., & Ross, R. C. (2018)	STUDY 1: Defendant status Participant gender	Post-traumatic stress disorder		+ Veteran			STUDY 1: Participants were relatively evenly split about whether the civilian was guilty of manslaughter or murder (i.e., 56% voted manslaughter) while being significantly more likely to choose the more lenient manslaughter verdict when the defendant was a veteran (i.e., 68% voted manslaughter). It was also found that the participants indeed felt more collective guilt. Mean collective-guilt scale scores as a function of veteran status and participant gender in Experiment 1 when the PTSD was described as originating in a veteran as a result of combat compared to originating in a civilian as a result of witnessing a bank robbery.
		STUDY 2: Personal guilt Collective guilt Participant gender	Post-traumatic stress disorder					STUDY 2: Guilt inductions led to greater leniency toward a veteran who committed a crime, but only for participants who were relatively less likely to have classified the veteran as an ingroup member (i.e., women, and people who scored low on national identification as an American). In contrast, these manipulations were less effective for those who were more likely to classify the veteran as an in-group member (i.e., men, and people who scored high on national identification as an American) because they were already more lenient without the guilt inductions.

	Study details				Independent Variables			Findings
DV	**Study**	**Study IV/experimental manipulations**	**Defendant's MH diagnosis**	**Diagnostic term manipulated**	**Defendant traits/ demographics**	**Type of evidence Presented**	**Participant factors**	**Summary of findings specific to the impact of the IV on the DV**
Verdict (Guilt)	Jung, S. (2015)	Defendant level of insight Defendant treatment acceptance	Schizophrenia		◆ High levels of perceived insight		✕ Participant/juror stigma	"High levels of perceived insight by the defendant did not serve to influence jury verdict decisions. However, three of the jurors' attitude scales were clearly associated with the verdict decisions, indicating that more stigmatizing attitudes were associated with greater guilty verdicts than NCR (i.e., insanity) verdicts."
Verdict (Guilt)	Maeder, E. M., Yamamoto, S., & McLaughlin, K. J. (2020)	Diagnostic term Defendant race	Schizophrenia Depression	***Schizophrenia	✕ Schizophrenia vs depression (in a black defendant only) (Interaction: ◆ no difference for the white defendant)			"In line with hypotheses, participants were significantly more likely to vote guilty for a Black defendant with schizophrenia as compared to depression, but there were no significant differences for the White defendant."
Verdict (Guilt)	Maeder, E. M., Yamamoto, S., & Fenwick, K. L. (2015)	STUDY 1: Education on NCRMD Participant gender	Psychosis				◆ Increased participant/juror education on NCRMD	"In Study 1, we found that educating jurors about the NCRMD defence led to more positive attitudes toward the defence, but it did not affect verdicts. Participants' verdicts were still largely in favour of guilt."
		STUDY 2: Education on NCRMD Participant gender Sample type	Psychosis				◆ Increased participant/juror education on NCRMD ◆ Sample type	"Study 2 did not yield any differences in attitudes or verdicts as a function of NCRMD education. The absence of a strong difference between the student and community samples suggests that, in terms of online research, students may be an acceptable proxy for these types of cases. We examined whether age and education were associated with the outcome variables of interest but did not observe any significant relationships."
Verdict (Guilt)	Mossiere, A., & Maeder, E. M. (2015)	STUDY 1: Diagnostic term and its perceived level of violence	Stereotypically violent – schizophrenia and substance abuse Stereotypically non-violent – OCD and depression No mental illness	◆Specific diagnosis ✕ Presence of a mental illness versus no mental illness			◆ Participant/juror stigma	STUDY 1: "Overall, limited stigma towards mental illness was identified, and attitudes did not relate to verdict decisions. Initial analyses did not find an effect of mental illness diagnosis on verdict decisions, however, when examining the factors that influence a juror's path to decision-making; whether the defendant had a mental illness or not appeared as a marginally significant element in guilt judgements."

Study details				Independent Variables				Findings
DV	**Study**	**Study IV/experimental manipulations**	**Defendant's MH diagnosis**	**Diagnostic term manipulated**	**Defendant traits/ demographics**	**Type of evidence Presented**	**Participant factors**	**Summary of findings specific to the impact of the IV on the DV**
		STUDY 2: Diagnostic term and its perceived level of violence	Stereotypically violent – schizophrenia and substance abuse Stereotypically non-violent – OCD and depression	◆ Stereotypically violent – schizophrenia and substance abuse ◆ Stereotypically non-violent – OCD and depression			◆ Participant/juror stigma	STUDY 2: Overall, moderate stigma towards mental illness was identified with this group, and there were no effects of attitudes or mental illness diagnosis on verdict decisions.
Verdict (Guilt)	Mossiere, A., & Maeder, E. M. (2016)	Diagnostic term Defendant gender	No mental illness Substance abuse disorder Schizophrenia Bipolar disorder Depression	✖ Substance abuse disorder	◆ Defendant gender			"Findings also indicated that participant decisions and perceptions regarding defendants diagnosed with substance abuse disorder differed from the other mental illness groups. Participants significantly more likely to find the defendants described as having substance abuse disorder guilty. Results suggest that perceptions of mental illness influence verdicts in NCRMD cases, and that defendant gender plays a role in participants' perceptions of defendants."
Verdict (Guilt)	Rendell, J. A., Huss, M. T., & Jensen, M. L. (2010)	Diagnostic term Type of evidence Evidentiary strength	Psychopathy Personality Disorder No mental illness	◆ Psychopathy		+ Defence case based on biological evidence (verdict / verdict confidence) ◆ Defence case based on biological evidence (guilt / responsibility)		"Overall, mock jurors tended to find biological evidence more persuasive. When the defence based its insanity defence case on biological evidence, jurors were more likely to find the defendant NGRI in terms of verdict and verdict confidence. Interestingly, there were no differences in defendant guilt and responsibility ratings between biological and psychological conditions. According to the primary verdict measure, the defence was more successful when its expert presented biological evidence. Psychopathy testimony did not affect outright verdicts, defendant blame indicators, or mental illness responsibility indicators.
Verdict (Guilt)	Smith, B. A. (2016)	STUDY 1: Presence of defendant PTSD diagnosis Crime type Defendant veteran or civilian status	Post-traumatic stress disorder No PTSD	◆PTSD	+ Violent crime ◆Non-violent crime ◆Defendant veteran ◆Defendant civilian			STUDY 1: "In Study 1, veteran status and PTSD diagnosis did not predict verdict. Data showed that a violent crime would result in a not guilty verdict more often than would the nonviolent crime. There was no difference in verdict for veterans and nonveterans."

		Study details			Independent Variables			Findings
DV	**Study**	**Study IV/experimental manipulations**	**Defendant's MH diagnosis**	**Diagnostic term manipulated**	**Defendant traits/ demographics**	**Type of evidence Presented**	**Participant factors**	**Summary of findings specific to the impact of the IV on the DV**
		STUDY 2: Presence of defendant PTSD diagnosis Crime type Defendant veteran or civilian status	Post-traumatic stress disorder No PTSD	+ PTSD	+ Violent crime + Violent crime (increased likelihood of treatment outcome for veterans)			STUDY 2: "As in Study 1, crime type was found to be a significant predictor of verdict in that a violent crime resulted in fewer guilty verdicts than did a nonviolent crime. PTSD diagnosis was also found to significantly predict verdict, with greater leniency shown toward defendants with PTSD, showing that PTSD serves as mitigating evidence in criminal trials. In Study 2 when the jurors had more verdict options, there was a bias toward treatment for veterans with PTSD who had committed a violent crime compared to a nonviolent crime. That PTSD was significant only in Study 2 suggests that the combined influence of PTSD diagnosis, veteran status, and crime type interact in a manner that the present research cannot describe"
Sentence outcomes	Bandt-Law, B., & Krauss, D. (2017)	Presence of defendant mental illness Mortality salience	"Mental illness" "No mental illness"	+× "Mental illness" (when dual-mortality salience was induced; when exposed to trial related death references only)			+× Mortality salience	"Mock jurors perceived mental illness to be an important mitigating factor when dual (i.e. self) focused mortality (DFM) salience was induced, whereas participants only exposed to trial-related death references considered mental illness to be an aggravating factor in sentencing and were more likely to evidence stereotype adherence toward the defendant."
Sentence outcomes	Cox, J., DeMatteo, D. S., & Foster E. E. (2010)	Presence of psychopathy diagnosis Predicted level of future violence	Psychopathy No diagnosis	× No psychopathy diagnosis	× High predicted level of future violence			"Results indicated that participants were more likely to sentence the defendant to death when the defendant exhibited a high likelihood to commit future violence, whether or not the diagnostic label ''psychopath'' was present. When asked to rate the defendant's likelihood for future violence and murder, the defendant who was a high risk for future violence and not labelled a psychopath received the highest rating. These results suggest an absence of juror bias as it pertains to the label ''psychopath'' when sentencing a defendant in a capital murder case."

	Study details			Independent Variables				Findings
DV	**Study**	**Study IV/experimental manipulations**	**Defendant's MH diagnosis**	**Diagnostic term manipulated**	**Defendant traits/ demographics**	**Type of evidence Presented**	**Participant factors**	**Summary of findings specific to the impact of the IV on the DV**
Sentence outcomes	Greene, E., & Cahill, M. A. (2012)	Type of evidence Predicted level of future dangerousness	Psychosis	✖ Psychosis (high future dangerousness condition only)	✖ High predicted level of future dangerousness	+ Neuroimaging evidence (high future dangerousness condition only) + Neuropsychological evidence (high future dangerousness condition only)		"Mock jurors who had evidence that the defendant posed a high risk of future dangerousness and a diagnosis of psychosis (high dangerousness–diagnosis only) were overwhelmingly more likely to impose a death sentence than other mock jurors. Recommendations for death sentences were affected by the neuropsychological and neuroimaging evidence: defendants deemed at high risk for future dangerousness were less likely to be sentenced to death when jurors had this evidence than when they did not." "Results showed that both neuropsychological test results and neuroimages acted as mitigating evidence reducing the likelihood that jurors would sentence the defendant to death, but only for defendants at high risk of future dangerousness.
Sentence outcomes	LaDuke, C., Locklair, B., & Heilbrun, K. (2018)	Type of evidence Presence of an image	Mental disorder – "relating to mood, personality, relationships and antisocial behaviour"			◆ Psychological evidence ◆ Neuropsychological evidence ◆ Structural neuroscientific evidence ◆ Functional neuroscientific evidence ◆ Presence of an image		"No type of expert evidence—psychological, neuropsychological, structural neuroscientific, or functional neuroscientific, with or without an image—was associated with differences in participants' opinions of the quality or persuasiveness of the evidence, their confidence that the defendant was dangerous, or their opinions regarding the defendant's sentence. Additionally, results remained nonsignificant when comparing only the structural and functional neuroscientific evidence with or without an image. "

	Study details			Independent Variables				Findings
DV	**Study**	**Study IV/experimental manipulations**	**Defendant's MH diagnosis**	**Diagnostic term manipulated**	**Defendant traits/ demographics**	**Type of evidence Presented**	**Participant factors**	**Summary of findings specific to the impact of the IV on the DV**
Sentence outcomes	Remmel, R. J., Glenn, A. L., & Cox, J. (2019)	Type of evidence Whether the evidence was provided by the prosecution or the defence side	Psychopathy			◆ Genetic evidence ◆ Neurological evidence ◆ No biological evidence ✕ Psychopathy information presented by prosecution rather than defence		"Data suggest the type of evidence presented (gene, brain, no biological evidence) did not influence sentencing recommendations or perceptions of the defendant. However, as expected, results suggest that mock jurors are more likely to recommend longer sentences, perceive the evidence as aggravating, rate the defendant as more psychopathic, and report more confidence in these ratings when psychopathy evidence is presented by the prosecution compared to the defence."
Sentence outcomes	Saxena, G., Eisenbarth, H., Cox, J., Coffey, A., & Lankford, C. (2022)	Presence of defendant gender-congruent psychopathic traits (none or male or female). Defendant gender Juror gender	Psychopathic traits	✕ Psychopathic traits ✕ Gender congruent psychopathic traits ✕ Gender incongruent psychopathic traits ✚ No psychopathic traits			✕ Male juror (death verdict) ✕ Female juror (negative views)	"Participants prescribed harsher punishments and held more negative perceptions of a defendant with psychopathic traits than a defendant without these traits. However, the defendant received similar punishment and was judged equally negatively in both gender-congruent and -incongruent conditions. Finally, while men were more likely to choose the death verdict, women held more negative views of the defendant. Thus, portrayal of psychopathic traits seems related to harsher sentencing independent of gender-specific trait variations." "the defendant with psychopathic traits was perceived more negatively and prescribed harsher punishment than the defendant without psychopathic traits. Specifically, participants were more likely to support the death verdict when the defendant displayed psychopathic traits."
Sentence outcomes	Truong, T. N., Kelley, S. E., & Edens, J. F. (2021)	Diagnostic term Type of evidence	Psychopathy Schizophrenia No mental illness	✕ Psychopathy	✕ Higher perceived level of dangerousness ✕ Higher perceived control over behaviour			"Experimental manipulations of mental health evidence seemed to have limited impact on juror perceptions of exactly how psychopathic the defendant was in this study, believing that the defendant was highly psychopathic was associated with greater support for death verdicts, as well as higher ratings of dangerousness and (to a lesser extent) control over behaviour."

	Study details				Independent Variables			Findings
DV	**Study**	**Study IV/experimental manipulations**	**Defendant's MH diagnosis**	**Diagnostic term manipulated**	**Defendant traits/ demographics**	**Type of evidence Presented**	**Participant factors**	**Summary of findings specific to the impact of the IV on the DV**
Sentence outcomes	Marshall, J., Lilienfield, S. O., Mayberg, H., & Clark, S. E. (2017)	STUDY 1: Type of evidence/explanation Presence of an image	Psychopathy			◆ Presence of an image ◆ Neurological explanation (guilt) + Neurological explanation (need for treatment)	+× Dualist Beliefs (neurological condition; psychological condition)	OVERALL FINDINGS: "Findings provide virtually no evidence that the inclusion of a brain image or a neurological explanation did influence sentencing judgments in either study. Mock jurors did not find the 'my brain made me do it' defence any more blame-reducing than the 'my personality disorder made me do it' when the explanations were matched for ostensible scientific quality (Study 1) or left ambiguous with respect to scientific quality (Study 2). Nevertheless, across both studies, participants rated the neurologically described psychopathic defendant as more treatable and less dangerous than his psychologically described counterpart, suggesting that neurological information does influence mock jurors' legal reasoning in a way not previously documented. "Neither explanation type nor image inclusion exerted a statistically significant effect on sentencing judgments. For sentence length judgments, participants who exhibited more dualist beliefs sentenced more severely in the neurological explanation condition than did less dualist participants, whereas participants who exhibited more dualist beliefs in the psychological condition tended to punish less severely in the psychological condition. The current findings suggest that highly dualist participants tend to sentence more harshly when presented with neurological explanations of a defendant's behaviour."
		STUDY 2: Type of evidence/ explanation	Psychopathy					

Key: ◆ = no effect on DV

× = adverse/negative impact on type of legal decision (aggravating factor; e.g. higher guilt ratings)

+ = positive impact on type of legal decision (mitigating factor; e.g. lower guilt ratings)

+× = mixed effects

*** = interaction effect

Impact of diagnostic terminology

Mixed effects were found across the 13 studies manipulating the defendant's diagnostic terminology, with 10 reporting at least one significant aggravating or mitigating effect on the verdict given. As is clear from Table 3, there is significant variation in, and combinations of independent variables investigated by the studies, meaning that the effects and interactions found warrant a more detailed discussion. Whilst Mossiere & Maeder (2015) found no significant effect of the specific diagnostic terms they presented and whether these were stereotypically violent (schizophrenia and substance abuse disorder) or non-violent (OCD and depression), they reported a marginally significant effect when the defendant was reported to have a mental illness versus not having one. One study reported a significant negative influence of psychopathy diagnoses on guilt judgements (Blais & Forth, 2014). It was noted that the authors linked these findings to participants' higher perceived levels of dangerousness or risk of future violence. Mossiere & Maeder (2016) found that the defendant described as having a substance abuse disorder was significantly more likely to be found guilty, compared to those with schizophrenia, bipolar or depression. Two papers (Blais & Forth, 2014; Butler & Jacquin, 2014) reported an increased likelihood of guilty verdicts when the defendant had diagnosed personality disorder. In the second of their two studies, Smith (2016) reported a mitigating effect of the defendant's PTSD diagnosis on verdicts, with greater leniency shown. An interaction effect was also found between presence of a PTSD diagnosis, when the defendant was described as a 'veteran' and had committed a violent crime. A significant interaction effect was also described by Maeder et al., (2020), whereby mock juror participants were significantly more likely to find a black defendant with schizophrenia guilty.

With regards to sentencing decisions, Cox et al. (2010) found that the absence of a psychopathy diagnosis meant that the defendant was perceived to be more likely to commit future violence or murder, influencing death penalty sentencing. In contrast, both Saxena et al. (2022) and Truong et al. (2021) reported a significant detrimental effect on death penalty sentencing when the defendant was reported to have either traits or a diagnosis of psychopathy. Greene & Cahill (2012) found that mock jurors who had evidence that the defendant posed a high risk of future dangerousness,

and a diagnosis of psychosis were overwhelmingly more likely to impose a death sentence than other mock jurors.

Impact of defendant characteristics

Aside from diagnostic label, certain defendant characteristics were found to significantly influence verdicts given in six of the studies. When the defendant was described as causing the victim's death through recklessness rather than negligence, participants were significantly more likely to find the defendant guilty (Berryessa et al., 2021). Butler & Jacquin (2014) also found the reporting of the defendant's history of childhood sexual abuse to be a significant predictor of guilt.

In terms of sentencing and punishment, both Cox et al. (2010) and Greene & Cahill (2012) found an increase likelihood of death penalty sentencing when the defendant was described to be at high risk of engaging in future violence or dangerous behaviour.

Impact of evidence type

Only one study by Rendell et al. (2010) reported a significant finding relating to evidence type, namely that jurors were more likely to find the defendant not guilty by reason of insanity and cited increased confidence in their verdict when the defence based its insanity defence case on biological evidence. Berryessa et al. (2021), however, found no significant differences between, or overall impact of, evidence type conditions on juror's verdicts.

Four studies described mixed findings relating to the type of evidence presented in the trial vignettes. Greene & Cahill (2012) reported a mitigating effect of the presentation of neuroimaging and neuropsychological evidence, with reduced death penalty judgements for defendants deemed at high risk of future dangerousness. No significant aggravating or mitigating effects of evidence type were reported by LaDuke et al. (2018), Marshall et al. (2017) or Remmel et al. (2019) on sentencing decisions.

Participant/juror characteristics

Jung (2015) found increased levels of stigmatising attitudes amongst mock juror participants towards the defendant diagnosed with schizophrenia were associated with greater guilty verdicts. Whilst Mossiere & Maeder (2015) identified varying levels of stigma towards mental illness across their two studies, they concluded that juror attitudes did not relate to the verdict decisions made. Whilst providing mock juror participants with increased education about the 'not criminally responsible by reason of mental disorder' defence resulted in more positive attitudes towards the defence, Mossiere et al. (2015) found no significant effect on the verdicts given, with a preference shown for guilty verdicts. Mossiere et al. (2015) also examined whether these findings differed between community and student samples and concluded no significant differences.

Bandt-Law & Krauss (2017) examined the impact of mock juror participants' mortality salience on capital punishment sentencing, by manipulating whether they were exposed to dual-focused mortality references (participants who contemplated their own mortality and were exposed to trial-related death references) or trial focused death references only. They found that those participants only exposed to trial focused death references through the vignette made harsher sentencing decisions when the defendant was reported to have a mental illness, compared to when dual-focused mortality salience was induced, where it then had a mitigating effect and led to greater leniency. Marshall et al. (2017), on the other hand, explored participants intuitive beliefs about the distinction between the mind and body and how these related to their perceptions of scientific trial evidence. They found that highly 'mind-body dualist' participants tended to sentence more harshly when presented with neurological explanations of a defendant's behaviour. Finally, Saxena et al. (2022) reported effects of participant gender on death penalty decision-making and attitudes towards the defendant with psychopathic traits; namely that male mock jurors were more likely to opt for a death verdict, whilst females held more negative views of the defendant.

Such a mixed pattern of effects was also noted when further reviewing the findings of the eight studies which received the highest quality appraisal ratings on the AXIS tool.

Discussion

The current systematic review aimed to summarise the contemporary experimental literature exploring legal decision-making when information about the defendant in question's mental health condition is presented as relevant to the criminal case. Whilst other systematic reviews have explored questions relating to stigma towards offenders with mental health difficulties (Tremlin & Beazley, 2022; Shapter, 2023), this is, to the authors' knowledge, the first systematic review to consider broader range of methodological features and variables involved in empirical mock juror research.

Of the 21 studies which met the inclusion criteria, 20 were conducted across the USA and Canada. Studies varied significantly in their research aims, sample sizes, use of measures and specific experimental manipulations, making comparisons challenging. The majority of the studies were conducted online through an online survey format and recruited using online research participation platforms, with nine of the study samples comprised exclusively of university students. A range of mental health conditions and diagnostic labels were used across the studies, with an apparent focus on psychopathy and schizophrenia versus other conditions. Most studies also focused on violent crimes; specifically, murder. The studies were fairly evenly split on which primary legal outcomes they were investigating; namely guilt verdicts or sentencing/punishment decisions.

This review also set out to explore the impact of different independent variables on the primary legal decisions made by participants of the studies. Independent variables findings were grouped into four categories, manipulation of: diagnostic term, other defendant characteristics, type of evidence presented and participant/juror characteristics. Overall, 18 significant single and interaction effects of the independent variables were found on mock jurors' verdict and sentencing decisions. Across these studies, the findings broadly indicated that the diagnostic term presented can indeed affect the decisions of mock jurors, however the direction varied with both aggravating and mitigating effects found, even within those studies manipulating the same diagnostic term. This pattern of mixed effects was also found amongst those studies which received the highest quality rating scores on the

AXIS tool, suggesting that the discrepancy in findings was not due to the study quality. Due to the level of variation in and number of variables manipulated, conclusions should be drawn with caution.

A challenge faced by mock jury research relates to the participant samples involved. Whilst the specific process of jury selection may differ across countries and states, jurors are typically selected at random from a pool of eligible citizens who meet certain criteria, for example by the England and Wales Juries Act (1974, s.1). Based on these processes, the ideal sample for this type of research would arguably be unused or 'discharged' juries; a pool of individuals selected at random for jury service who were no longer required. Very few studies have been able to achieve this however (Sloat & Frierson, 2005; Thomas, 2020), one of which was included in this review (Bandt-Law & Krauss, 2017), with clear practical challenges involved, including expense, time, and ethical issues. For this reason, empirical research has sacrificed the random selection of mock jurors and turned to recruiting alternative, more accessible samples in order to progress the field. There has been longstanding debate in the literature about the generalisability of study findings involving student samples in jury decision-making research. Research by Bornstein (1999) reported no significant differences in data collected comparing verdicts given by community and student samples. Other studies have argued a lack of ecological validity in recruiting student participants as mock jurors due to these significant differences in recruitment and age range, amongst other factors, which risk introducing bias to the process (Kendra et al., 2012). With regards to mental health, it could be argued that student samples comprised of younger participants may have increased societal awareness and understanding of mental health conditions, which has been associated with holding fewer stigmatising beliefs (Bradbury, 2020). It is reasonable to suggest that student samples may therefore not be representative of the general public in the levels of baseline stigma they hold. The findings of a recent study by Metcalfe-Hume et al. (2023) indicated that the baseline level of stigma held by mock jurors was particularly important in understanding verdict decisions, but also showed an interaction effect with mental health literacy; whereby having high levels of mental health literacy appeared to act as a partial buffer against high baseline stigma, but mental health literacy was unimportant in the low stigma group. Thus, research which only recruits samples who are less heterogenous in particular traits

(e.g. stigma) may be more likely to miss important findings. A particular issue, of course, is that certain characteristics such as agreeableness, authoritarianism, or stigma – may well themselves be speculated to relate to a person's decision to agree to take part in a research study. Thus, one line of enquiry for future research may be to make proactive efforts to recruit people with these characteristics.

As discussed, 12 studies involved online recruitment and participation, with Amazon Mechanical Turk appearing a popular choice of platform. Online, paid research participation platforms are an increasingly favoured method, particularly amongst student researchers, for the purposes of reaching and recruiting a large number of participants within a relatively short amount of time. On one hand, given the criticism of recruiting student-only samples for mock juror decision-making research, the use of online platforms is perhaps to be encouraged in an attempt to seek a representative, community sample from which real-life jurors could be selected from. However, these platforms are not without their risks. There has been some suggestion that the samples recruited through online platforms may be more biased towards younger, higher educated, more technologically adept individuals with access to the technology resources needed to participate (Local Government Association, 2021; The Office for National Statistics, 2020). The range of ages and socioeconomic status may therefore be more limited than those of the general population. Furthermore, recent concerns have been raised around bots and the quality of data collected through empirical studies conducted through Amazon Mechanical Turk (Webb & Tangney, 2022). Equivalent platforms such as Prolific (Prolific.com) require identity verification from their registered users which may help to mitigate against the risk of bots and subsequent false or low-quality data. Reference to use of attention, knowledge or comprehension checks were reported by 17 of the included studies within this review, which may have offered further safeguard by assessing whether sufficient attention had been paid to the contents of the study. A further safeguard may be to pay close attention to the time taken to complete the study.

Reflecting on the process of study selection, due to the volume of published and peer-reviewed studies identified through the screening process, the decision was made by the authors to

exclude a further 35 unpublished articles, theses and dissertations from the final sample of studies. Whilst not the focus of this review and therefore inappropriate to comment in depth, it is encouraging to see that mock juror research is being conducted on a broader scale, particularly by student researchers. One could reasonably speculate that these studies are either not being submitted for publication or, if they are, rejected by journal editors on quality grounds. Publication of these studies should be encouraged to increase the likelihood of inclusion in future systematic reviews to further advance the knowledge base, though early-career researchers and their supervisors could also arguably take a number of steps to improve the quality of their research and therefore the likelihood of its publication, some of which are considered below.

Strengths and Limitations

This systematic review aims to contribute to a growing area of literature by offering an overview of the quality and summary of how contemporary studies in the field of mock juror research are being conducted. A strength of this review is that it has highlighted a number of areas neglected by the contemporary research, therefore informing possible directions for future research.

Based on the mixed findings, more research is clearly needed to address certain limitations and gaps identified by the current review. A clear limitation of this review relates to the fact that all but one of the studies were conducted across the USA and Canada, perhaps due to the English language inclusion criteria. Significant differences exist between legal systems across the world, even within Western countries such as North America and UK where the political and social landscapes vary. A focus of five of the studies was sentencing decision making concerning the death penalty. According to Amnesty International (2022), the death penalty has been abolished in over 70% of the world; only remaining a legal form of punishment in 55 countries around the world, including the US. The lack of diversity in location of the selected studies therefore has significant implications for the generalisability of the findings across different countries and jurisdictions in which different legal tests and standards exist, meaning the findings should be interpreted with caution.

Further generalisability issues relate to the focus on individual decision making by 20 of the studies. Only one of the studies included within this review involved participants engaging in group deliberations in order to reach a group verdict, reflecting the process followed in real legal proceedings. The findings of this review could therefore be considered lacking in ecological validity and meaning they cannot be generalised to real-life court settings.

Psychopathy was a particular diagnostic term of interest, the effects of which were explored by nine of the studies. Whilst psychopathy is a recognisable and controversial term, with serious negative connotations, it is not a diagnostic category included within the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5; Crego & Widiger, 2014) or the International Classification of Diseases 11th Revision (ICD-11). This may mean that definitions and understandings are likely to vary across health and forensic settings, jurisdictions and perhaps even countries. Indeed, the differential status of psychopathy between the USA and the UK has been remarked upon by various authors including Cooke (1997), who stated: "there is a long-standing clinical tradition, emanating from the United Kingdom, which questions the validity of the clinical construct of psychopathy" (p.3).

The Appraisal Tool for Cross-Sectional studies (AXIS tool, Downes et al., 2016) was selected to assess the quality of each of the included studies. Whilst offering a general assessment of broad methodological issues, it may be that the use of tool with items more specific and relevant to experimental mock jury studies may have resulted in different quality appraisal ratings. Currently, no such tool exists, yet the present study illustrated the range of methodological decisions that researchers can make which can have quite unique impacts on the potential quality, relevance, and generalisability of a study. One potential avenue of research may therefore be to develop more specified approaches to quality appraisal of mock juror studies.

Conclusion and directions for future research

Given the fact that juror decision-making cannot, currently, be studied in the real conditions in which it takes place makes high quality experimental research even more important to investigate the

factors which may influence the process. A key aim of any systematic review is to distil the main findings of the body of literature in question. In the present case, synthesising and drawing clear conclusions from the included studies is somewhat challenging. The findings of this review highlight the sheer variation in the ways empirical studies have attempted to investigate decision-making concerning defendants with mental health difficulties, due to the sampling methods, specific variable and manipulations involved and the interactions found. However, this is an important finding in itself, and one which lends itself to a number of directions for future research. More broadly, this review highlights the need for consistency in the way experimental studies are being conducted. As discussed, replication of studies is an important and necessary way of strengthening the conclusions drawn, allowing for small stepwise changes to then be made to further progress the field. A systematic review of this kind is the first step in asking the broad questions around what has been done and how researchers have been doing it. One could argue that the breadth of the studies includes speaks to a potential need for a centralised research hub for juror and jury research – akin to the registers of systematic reviews such as PROSPERO and INPLASY - where a repository of data could be submitted and held centrally for the purposes of maintaining a register a register of mock juror studies either being undertaken, completed, or published. This oversight could help ensure that the research develops in a stepwise and progressive manner.

Based on the limitations of the AXIS quality appraisal tool outlined above, the development of a more specific tool including items more relevant for assessing the quality of experimental mock jury studies may be beneficial.

Due to the focus on psychopathy and schizophrenia diagnoses and violent crimes committed, important questions remain about the impact of other mental health conditions on the decision jurors are asked to make in the context of criminal trials. Future research could further explore diagnoses of personality disorder; a condition which is understood to be highly stigmatised, even by healthcare professionals (McKenzie et al., 2022). The impact of these diagnostic terms would therefore be an important focus of mock juror research to further understand how these diagnoses operate within a court setting.

Future empirical studies conducted online should exercise caution around online survey recruitment and participation. As previously discussed, platforms such as Prolific (Prolific.com) have a number of safeguards in place against bots and false results and should therefore be considered as an alternative to Amazon Mechanical Turk.

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CHAPTER THREE

Bridging Chapter

Bridging Chapter

The systematic review presented in Chapter Two sought to synthesise the contemporary experimental literature in which the mental health condition of the defendant was a relevant factor in the decision making of participants acting as jurors. The findings of the review highlighted the sheer variation in how experimental studies have sought to explore such issues, making it difficult to draw conclusions about which factors matter most in reaching verdicts and sentencing decisions.

The review did, however, highlight a number of areas in which the literature has paid considerably less attention. Research conducted outside of North America, including the United Kingdom, was significantly lacking. This is problematic given that England and Wales have a distinct court system and processes. The impact of certain psychiatric diagnoses, such as personality disorders, on juror decision making was also somewhat overlooked, with a focus instead on psychopathy and schizophrenia. Many of the studies had relied upon student participant samples, and few had included video vignettes. Whilst study quality was generally high, studies typically lacked sample size justification or efforts to define or seek a representative sample.

The variation seen amongst the studies speaks to a broader issue within psychological sciences, namely a crisis in the replicability and reproducibility of empirical research (Shrout & Rodgers, 2018). The following chapter will move on to present an empirical paper which aims to further contribute to this growing body of experimental psycho-legal research and address the gaps highlighted above. Given the clear need for study replication in this area, this study will offer a broad methodological replication of previous research conducted jointly by Metcalfe-Hume et al. (2023) and seeks to build upon their findings through a stepwise extension of their research question. Using an online mock trial design, the previous authors investigated the impact of varying levels of mental health information and stigma on the decisions mock jurors made about the guilt or innocence of a defendant with schizophrenia, accused of committing a serious act of criminal damage.

CHAPTER FOUR

Empirical Study

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(See Appendix B for author guidelines)

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The Impact of Stigma and Diagnostic Term on Juror Decision-Making in a Mock Criminal Trial.

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Abstract

The activation of beliefs and assumptions about a defendant's personal characteristics is just one way in which the juror decision-making process can be impacted by bias. Stigma towards mental health conditions has been subject to considerable research interest, but given the higher prevalence of mental health need in the forensic population, it remains unclear to what extent different diagnoses act to explain offending behaviour and buffer stigma in juries. This study therefore sought to address this through a broad replication of previous research conducted jointly by Tremlin (2021) and O'Leary (2021) using an online, between-groups experimental design, to assess the impact of baseline 'juror' stigma and experimental condition (schizophrenia, Borderline Personality Disorder or Complex Mental Health condition) on juror verdicts. Participants were randomly assigned to one of the three conditions and shown a short video trial vignette of a fictional criminal damage case in which the defendant's mental health diagnosis was presented as relevant. The results did not support the hypothesis that a manipulation in the diagnostic term used would result in differences in guilt ratings but did suggest that baseline levels of stigma were an influential factor in the verdicts mock jurors gave. Strengths and limitations of the study are discussed, along with the implications for jury selection and clinicians delivering expert witness testimonies in UK criminal courts.

Key words: stigma, mock juror, diagnosis, mental health, criminal justice

Introduction

Stigma is widely understood to be a complex, multi-faceted and global phenomenon, with many personal attributes potentially acting as sources of stigma. In relation to stigma towards mental ill-health, Goffman (1963) wrote "there is no country, society or culture where people with mental illness have the same societal value as people without mental illness." In further understanding stigma associated with mental health problems, the Mental Illness Stigma Framework (Fox et al., 2018) sought to differentiate the experiences of the stigmatised individual's internalised shame and the 'public stigma' of the stigmatiser. Corrigan et al. (2003) further described a process of stereotype formation and activation of prejudice, leading to discriminative behaviour towards the stigmatised person. Public stigma towards individuals with mental health conditions and psychiatric diagnoses has been subject to significant interest within the literature, with schizophrenia (Read et al., 2006; Graves et al., 2005) and Borderline Personality Disorder (BPD) (Catthoor et al., 2015; Lewis & Appleby, 1988) consistently found to be amongst the most highly stigmatised conditions; likely exacerbated by harmful media portrayals of violence and dangerousness (Crisp et al., 2000) and leading to the generalisation of these negative stereotypes. Whilst psychiatric diagnoses are generally understood to operate to increase public stigma, stigmatising attitudes appear to vary across diagnoses (Nukala et al., 2020; Angermeyer & Matschinger, 2003).

Offenders are also amongst the most stigmatised and marginalised groups in society, with violent and sexual offenders believed to be particularly prone to negative public perception and social distancing (Hirschfield & Piquero, 2010; Tewksbury & Lees, 2006). It could be argued that being in possession of both a criminal record and a psychiatric diagnosis serves to increase public stigma further, with the potential for multiple stigmas to be activated. This is concerning given the higher prevalence of mental health difficulties within forensic populations (Diamond et al., 2001). However, due to a lack of research in this area, it remains unclear whether this interaction does indeed elicit greater levels of stigma than that triggered by either offending behaviour or having a psychiatric diagnosis alone. The presence of one may even operate to mitigate the other (Tremlin, 2021). For

example, a diagnosis might offer a possible or more 'valid' explanation for why an offence was committed, or perhaps imply that an offender's actions are more responsive to treatment or indeed more comprehensible than innate criminality. This may therefore serve to reduce overall stigma rather than increase it, perhaps meaning that the relevance of public stigma of mental health problems may be somewhat different between forensic and general populations.

At the core of the criminal justice system in the United Kingdom is the fundamental right to a fair trial. In England and Wales, jurors are selected at random in line with the Juries Act (1974, s.1) criteria and instructed to rely solely upon the information presented to them in court to inform their collective verdict of guilt or innocence of the defendant. Research suggests, however, that juror decision-making processes are not immune from a range of implicit biases and heuristics (Bornstein & Greene, 2011) which may influence verdicts given. The impact of 'extra-legal' factors including race, physical attractiveness and socioeconomic status has also been well-documented (Mitchell et al., 2005; Kerr, 1978; Mazzella & Feingold, 1994), as well as certain juror characteristics and traits (Schutte & Hosch, 1997; Narby et al., 1993). However, the way in which jurors might be influenced by differing presentations of mental health problems, or indeed their own levels of stigma, has received far less attention. Such research is important because clinicians, including Clinical Psychologists, are often instructed by the criminal courts to assess and offer expert witness testimony of a defendant's mental health status in relation to the offence they are accused of committing. It is therefore key that the implications of the terminology used on juror stigma and subsequent verdicts are understood to ensure a fair and just trial is given.

One question which is particularly unclear, but arguably of relevance, is whether certain diagnoses have more or less of an impact on juror decision-making. This is particularly important given the blurring between diagnostic categories (Kingdon et al., 2010), whereby core symptoms (e.g., voice hearing, emotional instability, or impulsive behaviour) could occur across different diagnostic groups (e.g., schizophrenia, post-traumatic stress disorder, personality disorders or bipolar disorder) and could therefore be diagnosed differently depending on who is assessing it (Laursen et al., 2009) or which symptoms are seen to be most prominent. Moreover, this issue speaks to a wider

debate in Clinical Psychology considering the reliability and validity of diagnostic constructs (Johnstone & Boyle, 2018). However, there may be good reason to believe that diagnostic information could be important to the decision-making processes of jurors. Research suggests that stigmatic attitudes towards psychiatric diagnoses may vary even amongst mental health professionals (Lam et al., 2016), with differences found in attributions of blame, optimism around prognosis, sense of 'othering' or how 'official' or 'real' the diagnosis is perceived to be. These perceptual differences may translate to psychiatric diagnoses being stigmatised against in different ways. In a court setting, this could be problematic if varying degrees of juror stigma are activated towards defendants with the same mental health presentation, simply depending on the diagnostic term presented by the clinician expert witness. At worst, this could mean that two defendants, accused of committing the same offence but given a different diagnostic label, might receive different verdicts during their criminal trial.

The body of literature using experimental methods to investigate the factors which impact on juror decision making in criminal trials is developing, for example, through mock or trial simulations. Much of the research conducted in this area is not replicated however, which is particularly problematic in the context of known challenges with a failure to replicate observed in the psychological sciences (Open Science Collaboration, 2015). This study therefore seeks to act as a replication and stepwise extension of previous research conducted jointly by Tremlin (2021) and O'Leary (2021), with the findings integrated by Metcalfe-Hume et al. (2023). Their experimental mock trial study considered the role of mental health stigma and mental health literacy in decision-making, whereby the nature of mental health information was manipulated in the case for the defence. Their participants were randomly assigned to one of three experimental groups. Firstly, a 'control' condition which simply described the nature of the offence, with no mental health information included. Secondly, a 'symptoms only' condition which added a description of a range of psychotic symptoms experienced by the defendant; implying that a mental health condition was present, but without giving a diagnosis. Finally, a 'symptoms + diagnosis' condition which added a formal diagnosis of paranoid schizophrenia, in addition to the information already provided in conditions 1

and 2. The authors found that, broadly, increasing levels of mental health information led to decreased ratings of guilt. Furthermore, participants' levels of stigma were found to interact with the condition they were assigned to, meaning that participants with higher baseline levels of stigma were less likely to be influenced by mental health information they were exposed to.

Whilst this is an important finding, there remain some clear limitations that require further consideration. Firstly, by creating such a large manipulation, it is possible that outcomes were influenced by factors other than the mental health information provided. For instance, the discrepancy in the amount of information provided across the conditions meant that the video trial vignettes ranged from six to nine minutes in length, which in itself could have acted as a source of mitigation or explanation. Secondly, the study did not consider how different diagnostic terms might exert different effects, or whether interactions with stigma apply equally across diagnoses other than schizophrenia.

Aims of the Current Study

The current study aims to broadly replicate the methodology employed by Tremlin (2021), whilst addressing some of the limitations outlined, to instead explore the impact of stigma associated with a specific manipulation of different mental health diagnoses, on the juror verdicts given. Two primary research questions will be addressed. Firstly, whether the presence of different diagnostic terms affect the verdicts mock jurors give in a mock criminal trial. Secondly, to what extent underlying stigmatic attitudes of mock jurors' influence such decision-making, and whether interaction effects exist between juror stigma and diagnostic condition. Given the arguments outlined above, it could be hypothesised that differences may be found between diagnostic (schizophrenia and BPD) and control (Complex Mental Health condition) groups. More specifically, whilst Tremlin (2021) found that a diagnosis of schizophrenia was associated with a reduction in guilty verdicts, it is unclear whether different diagnoses (BPD) would exert the same effects - eliciting either a sympathetic or a punitive response from jurors. The 'Complex Mental Health condition' group was designed to act as a diagnostic control that still offered jurors an 'explanation by diagnosis' but was intended to avoid potential 'diagnosis-specific' stigma effects. Overall, whilst hypothesised that the

diagnostic term provided, together with baseline levels of stigma, may impact verdicts, these remain open research questions due to the uncertainty around the possible direction of effects.

Method

Design

The current study replicated the experimental, between-groups design previously adopted by Metcalfe-Hume et al. (2023) to address the primary research questions. Consistent with the previous research, the dependent variable was juror verdict, measured both continuously (on a scale of 0-100, from least guilty to most guilty) and categorically with two levels (guilty or not guilty). The independent variables were condition, measured categorically with three levels: condition 1 (schizophrenia), condition 2 (BPD) or control group (Complex Mental Health condition) and juror stigma, measured continuously using the total stigma score derived from a validated Likert scale-based questionnaire.

Participants

A community sample of 150 participants was recruited, having provided complete data, and passed the required knowledge check questions (see Appendix C) necessary for their data to be included in the final sample. Table 4 details the demographics of the sample. Participant ages ranged between 21 and 69 years, with a mean age of 37.06 *(SD=11.99)* years. The sample was reasonably representative in terms of gender (57.3% female and 42.7% male) and ethnicity, although somewhat more educated, with 68% having completed an undergraduate or master's degree compared to a ‘Graduates in the UK labour market’ population figure of 42% (Office of National Statistics, 2017).

Table 4.

Participant Demographics

	Total number	Percentage of sample %
Age		
Mean *(SD)*	37.06 *(11.99)*	
Range	21-69	
Gender		
Female	86	57.33%
Male	64	42.67%
Ethnicity		
Asian/Asian British	9	6%
Black/African/Caribbean/Black British	9	6%
Mixed/multiple ethnic background	5	3.33%
White British/Irish/other	125	83.33%
Prefer not to say	2	1.33%
Education history		
Primary/secondary/GCSE or lower	12	8%
A Level	21	14%
Foundation degree	15	10%
Undergraduate degree	66	44%
Master's Level or higher	36	24%
Employment status		
Currently in employment	123	82%
Not currently in employment	18	12%
Student in full-time education	7	4.67%
Prefer not to say	2	1.33%

Recruitment

Participants from the general public were recruited via the online research paid participation platform, Prolific (Prolific.co). Inclusion criteria were outlined in the participant information sheet (Appendix D) and consent form (Appendix E) and closely aligned with the eligibility criteria for jury service selection in England and Wales. This was to ensure that the recruited sample of 'proxy jurors' were as representative of target population as possible. The online survey was distributed to Prolific's pool of eligible participants and completed on a first-come-first-served basis until the required sample size was achieved. Respondents were reimbursed in line with Prolific's payment guidance on successful completion of the study.

Materials and Measures

Demographic questions

Participants were first presented with demographic questions relating to their age, gender, ethnicity, level of education and current employment status (Appendix F).

Stigma

The Attribution Questionnaire (AQ-27, Corrigan et al., 2003) is a 27-item self-report measure, which draws upon the nine factors associated with public stigmatic attitudes as proposed by Corrigan et al. (2003) attributional model of stigma. Participants are first presented with a short vignette about 'Harry' who is described as 'schizophrenic' and asked to rate their agreement with each of the 27 statements relating to 'Harry' on a 9-point Likert scale (see Appendix G). Consistent with its use in Metcalfe-Hume et al. (2023) version of the study, Brown's (2008) alternative factor structure was utilised, which derives a total stigma score from 26 out of the original 27 items based on six revised grouped factors: 'fear/dangerousness' (defined as fear of the mentally ill), 'help/interact' (defined as willingness to help the mentally ill), 'forcing treatment' (defined as forcing treatment on the mentally ill), 'empathy' (defined as empathy towards the mentally ill), 'responsibility' (defined as being primary responsible for one's own mental illness) and 'negative emotions' (defined as showing negative emotion towards the mentally ill). Higher scores indicate higher levels of stigma, and 'empathy' and 'help/interact' subscales were reverse scored to ensure consistency in the direction of effect. Cronbach's alpha reliabilities for the revised subscales in Brown's sample range from 'fair' (.60) to 'good' (.93) (Brown, 2008).

Vignettes

Trial vignettes depicting a fictional criminal damage case were adapted for the purpose of the current study, based on those created and used by Metcalfe-Hume et al. (2023). Two key changes were made to the vignettes used in this version of the study, however. Firstly, the vignettes were

revised to be equal in length (to reduce an effect of length of material being responsible for differences in decision-making) and the manipulation of interest was instead the mental health diagnostic term presented.

In brief, the case scenario describes a male defendant causing criminal damage to the water pipes of a hospital. Three sets of vignettes were produced, one for each of the three conditions which included a case for the prosecution, the defence, and instructions from the judge. The contents of each condition's vignette were identical, with the only exception being the diagnostic term used in the defence case and judge's instructions (either schizophrenia, BPD or Complex Mental Health condition). Across each of the three conditions, the circumstances of the defence case were framed in such as a way as to be relevant to the defendant's history and mental health diagnosis and symptoms presented. The description of the defendant's mental health symptoms were consistent across conditions, but intended to be realistically accounted for by each of the three diagnoses presented. There was clear instruction by the judge to directly consider the motive behind the crime, with relevant case law outlined to help mock jurors determine whether recklessness had occurred.

Based on the written transcripts, video vignettes were filmed at the University of East Anglia (UEA) Law School, with colleagues dressed in judicial clothing, playing the roles of barristers and a judge. The videos for each condition were equal in length, lasting 11 minutes in duration, in an effort to control for any potential effect of time discrepancy on juror verdicts. Transcripts of the video vignettes can be found in Appendix H.

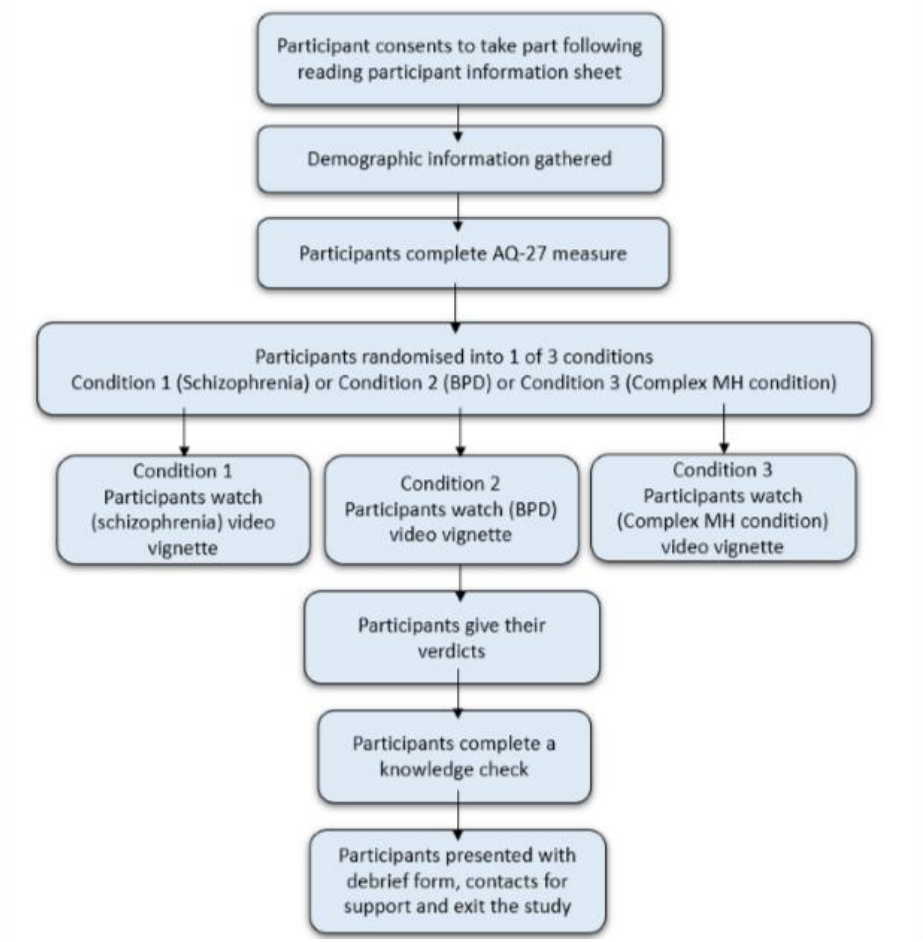
Procedure

Figure 2 illustrates the procedure that participants followed during the study which broadly mirrored that of Metcalfe-Hume et al. (2023) for replication purposes. The online study was developed using PsyToolKit (Stoet, 2010, 2017) and distributed to eligible participants via the online research participation platform, Prolific. Participants were first presented with a participant information sheet and required to complete a consent form, before continuing to the online study. Participants first completed a series of general demographic questions, before moving on to complete

the AQ-27 stigma measure. Participants were then randomly assigned to one of three conditions and asked to watch the appropriate video vignette for their condition. After watching the video, participants were asked whether they found the defendant guilty or not guilty of criminal damage. This was intended to replicate the decision they would be required to make in the courtroom. However, they were also asked to rate how guilty they believed the defendant to be on a Likert scale ranging from 0 to 100 (with higher scores indicating increased confidence in a guilty verdict), with the recognition that a continuous variable would allow increased power in the analysis. Next, all participants completed a knowledge check, consisting of three multiple-choice questions relating to the contents of the video vignette to ensure sufficient attention had been paid. Finally, participants were presented with a debrief form offering further detail about the study, relevant sources of support and researcher contact details (Appendix I).

Figure 2.

A Flowchart Outlining the Study's Procedure



To avoid missing data, survey questions were formatted to require a response before allowing participants to progress onto the next question. To maximise completion rates, the study was estimated to take between 15-20 minutes for participants to complete, with participant payments made accordingly in line with Prolific guidance on successful completion.

Data Analysis

Power analysis for logistic regression guidance (Peduzzi et al., 1996) was consulted during the planning stage of the study, whereby 10 events per variable (EVP) are advised and binary outcomes are expected to be approximately equal. Ten events per each of the study variables predicted for at least 60 participants per binary outcome (guilty or not guilty), therefore a sample range of between 120-150 participants was sought.

Data was analysed using IBM SPSS Statistics version 25. Preliminary analyses explored differences in total stigma scores and continuous levels of guilt between the three experimental conditions. Correlations explored the relationships between demographic factors, such as age, and the link between juror stigma and giving a guilty verdict.

To address the first research question of whether the presence of different diagnostic terms is associated with juror verdicts, chi-square analyses were conducted using experimental condition as the categorical (3-level) independent variable and guilt verdict (guilty or not guilty) as a binary dependent variable.

The second research question sought to investigate whether baseline level of juror stigma and different diagnostic terms have an influence on mock jurors' categorical and continuous guilt outcomes. A binary logistic regression was conducted using the categorical verdict as the dependent variable, to reflect the judgements that jurors would be asked to make in a real-life criminal trial (guilty or not guilty), followed by a linear regression using the continuous version of the guilt variable, on the grounds of having more statistical power.

For both types of regression, variables were entered in the following steps. Firstly, the three conditions were coded into binary dummy variables to allow the groups to be represented as

numerical variables and entered into the model. In the case of the logistic regression, this was unnecessary due to SPSS automatically treating the categorical condition variable this way. The total score of the AQ-27 stigma measure was entered in the next step. Entering both independent variables into the regression model meant that it was possible to understand the respective impact of each variable whilst controlling for the other. In the third and final step, two interaction terms (condition x AQ-27) were entered.

Finally, exploratory reliability and linear regression analyses were conducted to investigate the reliability of Brown (2008) alternative AQ-27 factor structure and whether certain factors were better able to predict guilt outcomes.

Ethical Considerations

The study was granted ethical approval by the Faculty of Medicine and Health Science at the University of East Anglia (see Appendix J). Participants were provided with detailed online information sheet, consent and debrief forms outlining sources of support should they feel affected by the contents of the videos, information about how their data will be stored and used, and how they could withdraw from the online study at any time by closing their browser window.

Results

Table 5 displays participants' mean stigma scores and guilt ratings across the three, evenly split conditions. The mean total stigma score for the whole sample, calculated using Brown's (2008) alternative factor structure, was 94.28 (SD=31.16), with no statistical differences found in baseline stigma scores across the three conditions ($F(2, 147) = 0.165$, $p<0.05$).

Table 5.

Mean Stigma Scores and Guilt Ratings for Both Binary and Continuous Ratings of Guilt by Condition

	Condition 1: Schizophrenia *(n=51)*	Condition 2: Borderline Personality Disorder *(n=50)*	Condition 3: Complex Mental Health condition *(n=49)*	Total
Guilty verdict	25 (49%)	17 (34%)	21 (42.86%)	63
Not Guilty verdict	26 (51%)	33 (66%)	28 (57.14%)	87
Total	51	50	49	150
Mean *(SD)* continuous guilt score	46.98 *(30.11)*	42.24 *(31.63)*	53 *(32.60)*	47.37 *(31.54)*
Mean *(SD)* stigma score	93.37 *(26.47)*	93.14 *(37.27)*	96.39 *(29.34)*	94.28 *(31.16)*

Main analysis

Do the presence of different diagnostic terms affect the decisions jurors make in a mock criminal trial?

To address the first research question of whether the presence of different diagnostic terms (IV) affect the decisions jurors make (DV) in a mock criminal trial, two different analytic approaches were used to explore the binary (chi-square) and continuous (one-way between groups ANOVA) outcomes. The results showed that the between group differences were not significant regardless of whether a categorical (X^2 (2, N = 150) = 0.307, p>0.05)) or continuous (F(2, 147) = 1.46, p= .237) measure of guilt, despite an 11-point difference between the highest (Complex Mental Health condition) and lowest (BPD) continuous mean guilt scores, as displayed in Table 5. This suggests that the diagnostic term presented does not appear to affect the decisions mock jurors make about guilt, although the high standard deviations indicate that participants made a wide range of decisions about guilt in response to the vignettes.

Do baseline levels of juror stigma towards different mental health diagnoses (schizophrenia or BPD) a) have an influence on guilt outcomes and b) interact with condition to affect juror verdicts?

The second research question was split into two parts. Firstly, to investigate whether baseline levels of juror stigma and different diagnostic terms presented across the three conditions have an influence on both categorical and continuous guilt outcomes, logistic and linear regression analyses were conducted, respectively. The regression analyses plan previously outlined was employed.

Table 6 compares the effects of diagnostic condition and stigma variable, and interaction terms of the binary logistic regression and the linear regression.

Logistic regression

As shown in Table 6, in block 1 of the binary logistic regression, the condition variable was not associated with significant effects on verdict, consistent with the chi-square results. The addition of the AQ-27 stigma variable in block 2 did however make a statistically significant contribution to the model, indicating that baseline juror stigma was a significant factor in predicting verdicts given. The condition variable did not become a significant predictor of guilt even when controlling for levels of juror stigma.

The second part of the question related to whether baseline levels of juror stigma towards different diagnostic terms interact with the condition variable to affect juror verdicts. When both independent variables and interaction terms were included in block 3 of the regression model, the overall model did not reach significance, indicating no significant interaction effects. The only individual variable which significantly contributed to the model when controlling for other variables was stigma. This suggests that juror stigma was a more important factor than the diagnostic term presented across the conditions in determining whether the defendant is found guilty.

Linear regression

The results of the linear regression (using guilt as the continuous dependent variable) closely resembled those of the logistic regression, with the only significant predictor being stigma and no significant effect of the condition variable or interaction terms on verdicts.

Table 6.

Regression Analyses Showing the Effect of Condition and AQ-27 Stigma, and Interaction Terms, on Verdicts

Dependent Variable: Guilt (Categorical) Binary Logistic Regression				Dependent Variable: Guilt (Continuous) Linear Regression			
	Model 1: Condition only	Model 2: Condition + AQ-27 Stigma	Model 3: Model 2 + Interaction Terms		Model 1: Condition only	Model 2: Condition + AQ-27 Stigma	Model 3: Model 2 + Interaction Terms
Constant	B= 0.04 SE= 0.28 p= 0.89	B= 2.22 SE= 0.64 **p<0.001**	B= 4.62 SE= 1.56 **p= 0.013**	Constant	B= 53.00 SE= 4.49 **p<0.001**	B= 18.25 SE= 8.57 **p= 0.04**	B= 23.27 SE= 11.42 **p= 0.04**
Condition (1):	B= 0.62 SE= 0.41 p= 0.13	B= 0.70 SE= 0.42 p= 0.11	B= -2.15 SE= 1.81 p= 0.23	Condition (1):	B= -6.02 SE= 6.29 p= 0.34	B= -4.93 SE= 5.90 p= 0.40	B= -4.95 SE= 5.89 p= 0.40
Condition (2):	B= 0.25 SE= 0.40 p= 0.54	B= 0.34 SE= 0.42 p= 0.42	B= -2.97 SE= 1.86 p= 0.12	Condition (2):	B= -10.76 SE= 6.32 p= 0.09	B= -9.59 SE= 5.92 p= 0.11	B= -9.86 SE= 5.92 p= 0.10
AQ-27 Stigma		B= -0.02 SE= 0.01 **p<0.001**	B= -0.05 SE= 0.02 **p= 0.002**	AQ-27 Stigma		B= 0.36 SE= 0.08 **p<0.001**	B= 0.31 SE= 0.11 **p= 0.007**
Interaction Term: Condition (1) X AQ-27 Stigma			B= 0.03 SE= 0.012 p= 0.10	Interaction Term: Condition (1) X AQ-27 Stigma			B= 0.27 SE= 0.19 p= 0.16
Interaction Term: Condition (2) X AQ-27 Stigma			B= 0.04 SE= 0.02 p= 0.07	Interaction Term: Condition (2) X AQ-27 Stigma			B= -0.05 SE= 0.18 p= 0.78

B= beta, SE = standard error, p= significance value

The binary logistic and linear regression analyses were subsequently repeated using a mean-centred AQ-27 stigma score, which found no significant differences to those detailed above.

Exploratory analyses

Based on the findings above, further post-hoc analysis was conducted to explore whether specific factors of stigma were particularly relevant or important in predicting the likelihood that participants would give a guilty verdict, using Brown's (2008) revised factor structure of the AQ-27 stigma measure instead of a total stigma score, as independent variables. Prior to this analysis, the subscales were inspected for obtained reliability. Table 7 displays the Cronbach's alpha coefficients, mean and standard deviation scores calculated against each of the six AQ-27 stigma subscales.

Table 7.

Cronbach's Alpha Coefficients, Mean and Standard Deviation Scores for AQ-27 Brown (2008) Subscales

AQ-27 Brown (2008) Stigma subscales	Cronbach's alpha score	Mean (SD)
Factor 1 – Fear/Dangerousness	0.96	27.24 *(13.00)*
Factor 2 – Unwillingness to Help/Interact	0.88	25.84 (*10.00)*
Factor 3 – Responsibility	0.47	7.81 *(3.52)*
Factor 4 – Forcing Treatment	0.85	15.71 *(6.84)*
Factor 5 – No empathy	0.70	9.59 *(4.14)*
Factor 6 – Negative emotions	0.84	8.07 *(4.64)*

A respectable overall Cronbach's alpha score of 0.77 was calculated based on the total standardised items. However, it was noted that Factor 3 showed particularly poor reliability (0.47) and was therefore excluded from further analyses. The remaining five factors were included in the stepwise linear regression analysis. The results showed that regression model reached statistical significance (F (1,148) = 18.41, p= <0.001), with only Factor 4 making a statistically significant contribution to the model. This suggests that those in support of forcing treatment on those with mental illness were more likely to deliver a guilty verdict. The remaining subscales did not reach statistical significance and were therefore unlikely to have predicted verdicts given. Further detail from the SPSS output can be found in Appendix K.

Discussion

The current study and its findings serve as an extension of the work of Metcalfe-Hume et al. (2023), broadly replicating their design, methodology and measures to explore whether the presence of different diagnostic terms and stigma impact juror decision making in an online, mock criminal trial experiment. When taken together, their findings suggested that presenting an increasing amount of information (both symptomatic descriptions, plus diagnostic term) about the defendant's mental health condition led to a reduction in mock jurors' guilt ratings. The current study sought to develop this by presenting participants with this same level of mental health information, but simply varying the diagnostic term (either schizophrenia, BPD or Complex Mental Health condition) across the three conditions, in an otherwise identical mock trial. This therefore resulted in a much smaller experimental manipulation. Contrary to the hypotheses, the results of the present study showed that the presentation of different diagnostic terms did not affect verdicts given, with no significant differences found between groups as illustrated by non-significant chi-square and analyses of variance. Given the literature on stigma towards individuals diagnosed with schizophrenia and personality disorders, it was somewhat surprising to find that these diagnostic terms were not associated with worse outcomes for the fictional defendant in terms of guilt, compared to a general term of Complex Mental Health condition. Interestingly, an 11-point difference in mean continuous guilt scores was noted, with the defendant described as having a Complex Mental Health condition rated the most guilty, and the defendant described as having a diagnosis of BPD, rated the least guilty. Whilst this difference did not reach statistical significance, it is possible that the high standard deviations observed may have made it harder to detect an effect between groups. More generally, the high standard deviations observed imply a large variation in the decisions participants made concerning the defendant's guilt in response to the vignette, regardless of the condition they were in. In real terms, this suggests that the diagnostic term used to describe the defendant's mental health difficulties in the context of a criminal trial, does not appear to affect the judgements jurors are asked to make, but that, overall, mock jurors had a broad range of views as to the defendant's guilt. This is

itself a notable finding, although of course in reality jurors would have substantially more information upon which to draw than that provided for the purposes of this study.

At face value, these results may appear to suggest that differences in the diagnostic information provided have less of an impact on decision-making than hypothesised. However, there are a number of other possible explanations for the lack of significant between-groups difference. From a methodological perspective, it is possible that the trial vignette was too ambiguous, meaning that participants were forced to rely on existing attitudes and presumed information, rather than the information they were provided within the vignette. As discussed, adaptations were made to the vignettes originally created by Metcalfe-Hume et al. (2023) for the purpose of this study and the specific manipulation of interest. This involved adding further contextual and symptomatic information about the defendant, particularly symptoms understood to overlap between diagnoses of schizophrenia and BPD, e.g. impulsivity. It could be that more distinct or stereotypical clinical descriptions of the defendant could have resulted in less ambiguity. The vignettes were also modified to ensure they were identical in length, to minimise any potential impact this could have had on variation between groups, and to ensure that the diagnostic manipulation was as small as possible.

Another possible factor which could partially account for the within-groups variation could relate to the attention participants paid to the contents of the video vignettes. Due to the online nature of the study, it is possible that participants may have not paid full attention to the detail. However, to mitigate against these potential risks, the survey was designed to ensure participants could not progress to the next screen until each video vignette had played in full. Knowledge check questions were included to assess whether participants had attended to the key facts of the case, meaning that data could have been excluded from those who failed these checks or spent significantly less time completing the study than the anticipated 15-20 minutes. Nonetheless, it is acknowledged that these conditions are considerably different to those that occur in a real jury, where jurors must make decisions in a real courtroom, alongside other jurors, and with a much longer opportunity for deliberation.

A final consideration is that in the context of an already stigmatising behaviour (i.e. committing a serious offence), the additional stigmatisation caused by a diagnosis appears to be limited. It may even be the case that the diagnostic information acted as an explanation for the person's behaviour, an argument which would be consistent with the overall findings of Metcalfe-Hume et al. (2023), or perhaps represents a general labelling effect towards psychiatric terminology, as opposed to specific diagnoses – similar to that found by Shapter (2023). Another important point is that perceptions of mental health conditions are subject to constant development and change of societal attitudes and it may be that older research highlighting public stigma may not entirely accurately reflect contemporary attitudes. Furthermore, whilst no between-group differences reached statistical significance, a comparison between the mean scores showed that any differences appeared to run in a direction that was unexpected; the lowest number of guilty verdicts and ratings were found in the BPD condition, suggesting that perhaps the general public are not as punishing towards this diagnosis as initially expected. It may be that BPD is less well recognised by the public than a term such as schizophrenia (Furnham et al., 2014), or perhaps highlights how poorly understood these conditions are overall in society. On reflection, the research questions themselves may make a fundamental assumption that terms such as schizophrenia or BPD have more meaning to a lay person than they do, which could arguably be considered a limitation of the current study. It may be that amongst the general public, these mental health conditions are interpreted similarly, perhaps resulting in a general, negative labelling effect of simply having a mental health condition. Future studies could consider assessing participants' knowledge of such diagnoses to more accurately understand the impact of this. Alternatively, it could be that stigmatic attitudes towards BPD are in fact more prominent amongst the healthcare professional workforce (Baker & Beazley, 2022), where more research has been conducted, and where, perhaps there is greater and more repeated exposure to diagnostic terms being associated with more negative connotations (Klein et al., 2022; McKenzie et al., 2022). This of course may have implications for clinicians providing expert witness testimony in the criminal courts.

A further aim was to understand the impact of individual juror stigmatic attitudes on the verdict given, as measured by the AQ-27 (Brown, 2008). No significant differences were found in mean stigma scores across the three conditions, suggesting that participants were relatively evenly matched on baseline stigma prior to watching the vignettes and offering their verdicts. The findings indicate that when the stigma independent variable was entered into the regression model, it significantly impacted the verdict participants gave, even after controlling for the diagnostic term they were exposed to in each of the respective conditions. This suggests that the baseline level of stigma a juror possesses, was more important a factor than the defendant's presented diagnosis in predicting the verdict they give. A positive, albeit weak correlation of $r = 0.36$ was found indicating that higher levels of stigma was associated with higher guilt ratings. These are important, if not concerning findings, given the current lack of screening of stigmatic attitudes in prospective jurors. On further exploration, Factor 4 of Brown's (2008) AQ-27 factor structure was found to be a specific predictor of giving a guilty verdict, perhaps reflecting a desire for social distance or separation from those with a mental health condition (Gaebel & Haske, 2011), through inpatient treatment or indeed a custodial sentence.

Moreover, a total mean score of 94.28 on the AQ-27 was suggestive of high levels of baseline stigma amongst the overall sample. A two-tailed, independent samples *t*-test was subsequently conducted to compare this to that of the sample recruited previously by Metcalfe-Hume et al. (2023) ($M = 81.11$, $SD = 28.37$). Results revealed a significant difference in stigma levels between the two samples ($t(391) = 4.30$, $p < .00001$), with higher stigma levels observed in the current study. This is perhaps an unsurprising finding given that the previous study recruited a sample comprised of 32.5% students, with a lower overall mean age ($M = 34.68$) compared to the current study. The higher stigma levels found here may therefore be considered more representative of the general population, from which the sample was recruited from.

Drawing on the limitations of Metcalfe-Hume et al. (2023), all participants of the current study completed the AQ-27 measure prior to exposure to the video vignettes. This was to ensure that participants were not primed by the content of the vignettes, which may have elicited stronger levels

of stigma than an individual may have prior to the study and therefore potentially inflated scores on the AQ-27. However, it remains unclear as to what extent completing the AQ-27 first may have in fact primed participants to be sensitive to the mental health themes in the vignettes, therefore contributing to the lower levels of guilty verdicts found. Alternatively, it could be that underlying stigmatic attitudes could have been triggered in those participants scoring highly on the AQ-27, although in this case it would be reasonable to have expected an increase in guilty verdicts.

Strengths and Limitations

The broad replication and extension of the work of Metcalfe-Hume et al. (2023) is considered a strength by the authors, given the replication crisis in psychological research (Shrout & Rodgers, 2018). This meant that the current study was able to address some of the limitations previously outlined, as highlighted by the previous authors, and therefore progress the research in a systematic manner with a stepwise research question.

The online nature of the study could be framed as both a methodological strength and a limitation. Firstly, it allowed for a large community sample to be recruited, with participants required to meet the eligibility criteria for jury service in England and Wales. There has been some debate regarding the use of student versus community samples in mock juror research, with somewhat conflicting findings about their generalisability (Kendra et al., 2012). It has been argued that students may be more likely to hold lower levels of stigmatic attitudes towards mental illness, perhaps reflecting shifts in public health awareness of mental health difficulties in recent years (Henderson et al., 2020). Indeed, Tremlin (2021) reported significantly lower stigma scores in the student compared to those of the community sample. Whilst reasonably representative in terms of gender and ethnicity, the current sample was noted to be disproportionately well-educated. Previous research has argued that highly educated individuals may be more likely to possess higher levels of mental health literacy, and therefore lower levels of stigma (O'Leary, 2021; Carr & Furnham, 2021), although interestingly, high levels of stigma were found amongst the current sample. Participants were also self-selecting unlike those summoned at random for jury service. It may be that those who opt to participate in

online research may possess certain traits or demographic characteristics of interest to decision-making research, meaning the results of this study should be interpreted with caution.

The AQ-27 is a standardised, and widely used self-report measure of public stigma, and as is the case with many validated measures of stigma (Tremlin & Beazley, 2022), the AQ-27 is vignette-based, requiring respondents to answer each item relating to the fictional character presented in the vignette. The AQ-27 specifically relates to 'Harry', who is described as having a diagnosis of schizophrenia. It is possible that baseline stigma operates differently according to diagnosis, with the potential for differing levels of baseline stigma to have been activated if a different diagnosis-specific vignette measure had been selected for use. Of course, the issue of social desirability should be considered more broadly when trying to measure public stigma. If contemplating moving away from the use of a diagnosis-specific stigma measure, future studies could consider the use of more generalisation-based measures, such as The Perceived Discrimination and Devaluation Scale (Link, 1987), which asks respondents to make generalisations about how likely society would be to treat a person with a mental health condition and therefore indirectly inferring how stigmatising the individual themselves would be willing to be.

In terms of the procedure, Prolific's settings meant that safeguards could be put in place to assess how long participants spent completing the online study and ensure that no questions were skipped. Knowledge checks were also included, as recommended by Shapter (2023). However, despite these steps, it was still not possible to fully assess how participants engaged with materials or control for any technical difficulties they may have encountered. The ecological validity of an online study using video vignettes, may also be called into question. No group deliberations, as would be the case in a real jury, were feasible in an online format. Baker et al., (2021) and Horan and Israel (2016) outline the logistical and ethical challenges of conducting such research in person, whereby participants reach a group verdict, although other researchers continue to highlight the need for research using real or discharged juries (Thomas, 2020; Ross, 2023). However, increased insight into the process of individual juror decision-making is arguably key in understanding how a collective jury may behave.

A final reflection when reviewing the study vignette was that participants may have assumed that the act of criminal damage had occurred at a psychiatric hospital, rather than at an acute, general hospital setting - as was intended. From the data available, it is unclear whether or not participants did indeed interpret the hospital setting in this way and what impact that detail may have had on their decision-making. Future replication studies should consider adapting the study vignettes to clarify this or assessing participants' understanding through the use of a further 'knowledge check' question.

Future research

The findings of this study give rise to several directions for further research, drawing on the learning and limitations outlined. As previously discussed, although subject to a very small manipulation of diagnostic term, there may have been an element of ambiguity associated with diagnostic overlap in the vignette used. Future studies could consider manipulating certain characteristics of the defendant's presentation or behaviour to be more explicitly/stereotypically related to each diagnosis, or alternative diagnostic terms to those used could also be considered, to assess the impact on stigma and juror verdicts. Varying the way in which a mental health narrative is presented, or indeed, by who, would be important to further inform recommendations for expert clinicians in court.

Another area for further investigation could relate to the crime committed. Whilst noted as a strength of the current study, the inclusion of the criminal damage charge may have evoked less stigma than may be directed towards an offender who had committed a direct act of physical harm. Future research could explore whether similar conclusions are drawn if the defendant was accused of committing a violent crime, such as murder, or whether such a crime elicits such high levels of stigma that a ceiling effect of guilt is found. The specific legal question associated with the criminal damage charge, known as the *mens rea*, may also have contributed to decisions jurors made. Future research could therefore extend the scope to explore sentencing decisions, other legal frameworks or include an offence which places less importance on the *mens rea* element.

Consistent with much of the previous experimental research, the current study explored decision making on an individual level, with no group deliberations occurring. Given the significant role baseline stigma appeared to play in the verdicts made, it would be important to explore whether baseline stigma operates in a similar way if a group verdict was introduced.

Finally, the findings of the exploratory analysis appear to suggest that certain subscales of the AQ-27 (Brown, 2008) have poorer reliability than others, for example 'Factor 3, Responsibility'. Further examination of Brown's (2008) alternative factor structure would be beneficial.

Conclusion and Clinical Implications

This research contributes to a limited body of experimental research attempting to further the understanding of how lay people selected for jury service in criminal trials make sense of psychiatric information presented to them in courts to reach decisions about guilt and criminal responsibility. The results highlight the influential role baseline public stigma may play in the decision-making process, a finding which may challenge the integrity of a fair trial. Whilst it is important for legal professionals and clinicians acting as expert witnesses in court to be mindful of this and exercise caution in the way they present psychiatric information, questions remain about how clinicians may mitigate against potential high levels of juror stigma in the courtroom. Replication of this study would be encouraged, drawing upon the directions for future research outlined.

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CHAPTER FIVE

Discussion and Critical Evaluation

Discussion and Critical Evaluation

This thesis portfolio has sought to contribute to a developing body of research on the provision and presentation of mental health information in criminal court trials. The aim of the systematic review chapter was to synthesise the characteristics, quality and findings of contemporary experimental literature published between 2010 and 2023, where mental health information about the defendant was presented as relevant to the criminal case and the type of legal decision made by 'mock juror' participants. The empirical study adds to this body of mock juror research by investigating the role of diagnostic language, juror stigma, and their combined impact on the verdicts mock jurors made about a defendant with a mental health condition. Whilst high levels of stigma towards individuals with mental health conditions, and those with an offending history, is widely cited in the literature (Rade et al., 2016), the potential joint impact of this stigma remains poorly understood within the context of a courtroom. This chapter will summarise the findings of the two papers, discuss their respective strengths and limitations, and consider the overall implications of the findings for legal and clinical contexts, and future psycho-legal research.

Findings

The systematic review was, to the authors' knowledge, the first of its kind to undertake a systematic overview of contemporary experimental literature concerning defendants with mental health difficulties. Only one of the studies included in the final sample was conducted in the United Kingdom, with the remaining 20 conducted across North America. The studies varied significantly in their sampling, methodology, use of measures and variables of interest. Study findings also showed mixed results in terms of the mitigating or aggravating effects of different diagnostic terminology, types of evidence or other defendant or participant characteristics, on legal decision-making. A fundamental lack of consistency in experimental approaches meant that drawing firm conclusions was challenging. The results do, however, lend themselves to some clear recommendations around how such research is conducted in the future to advance the field in a more systematic way.

The empirical study drew upon the limitations of, and built upon the findings of research conducted by Metcalfe-Hume et al. (2023) by instead manipulating the diagnostic term (schizophrenia, Borderline Personality Disorder or Complex Mental Health condition) presented to participants in the three experimental conditions. Contrary to the hypothesis, no significant differences were found in the mean guilt or baseline stigma scores across the three conditions. Baseline stigma was, however, identified as a significant influential factor on the verdicts given by mock juror participants. The direction of this effect indicated that participants who scored higher on the Attribution Questionnaire (AQ-27, Corrigan et al., 2003) of stigma, were more likely to give a guilty verdict or higher ratings of guilt. The lack of differences between the conditions could represent a general labelling effect towards mental health diagnostic terms or suggest that stigma towards defendants with a mental health condition is present, regardless of their diagnosis. Ten of the empirical studies within the systematic review did however identify significant effects of either the presence of a diagnostic term, or indeed between different diagnoses on the verdicts mock juror participants gave. The direction of effects was found to vary between aggravating (more likely to result in a guilty verdict or harsher sentencing) and mitigating (more likely to result in a not guilty verdict or more lenient sentencing), with little consistency in effects across the different diagnostic terms manipulated. A recent empirical study conducted by Levi and Golding (2024) also found that mock juror perceptions and decision-making were more impacted by the type of victim mental health condition in a sexual assault trial, rather than the presence of a psychological disorder alone. It may be therefore that concluding that diagnoses are unimportant in the context of the criminal justice system due to the non-significant effect found in the current empirical study is somewhat premature, perhaps lending support to the possibility that the crime type itself may have been responsible for the high levels of stigma found in the present case.

As discussed, participants' levels of stigma were found to influence verdicts given in the empirical study, with the impact of stigma also explored by several studies included within the systematic review. A key issue within the body of stigma research more broadly is the lack of consensus on what constitutes stigma, and therefore how it is defined and measured within

experimental research. As highlighted through the systematic review, the use of stigma measures varied – a finding echoed by systematic reviews conducted by Tremlin and Beazley (2022) and Fox et al. (2018). The authors emphasised the need for replication using previously validated measures of stigma, contributing to the decision to adopt the Attribution Questionnaire (AQ-27, Corrigan et al., 2003) in the current empirical study.

Strengths and Limitations

Taken together, the findings provide an insight into the factors which contribute to juror decision-making and how these can best be investigated in an experimental context. A key strength of this thesis portfolio overall is how the two papers inform one another and offer important contributions to a body of literature which relies heavily upon experimental methods in the absence of current decision-making research with real juries (Horan & Israel, 2016).

The broad nature of the systematic review could be framed as both a strength and weakness. The questions sought to explore the state of contemporary legal decision-making research using an experimental mock trial method; extracting information relating to a wide range of methodological features. This was important considering no such review had been conducted prior, focusing on the mental health of the defendant. The findings provide an overview of what research questions had previously been asked, the quality of the included studies and how experimental studies had sought to answer such questions. The review highlighted a lack of study consistency and systematic approach to replication, which has led to a body of literature from which very few firm conclusions can be drawn. A systematic review posing a narrower question may have been more able to examine the impact of a particular factor on legal decision-making processes in more depth, such as a recent systematic review conducted by Tremlin & Beazley (2022) exploring stigma towards offenders with mental health needs. Whilst this could be considered a potential weakness, the breadth of the current review did mean that important gaps in the literature were identified, leading to several proposed recommendations and directions for future empirical mock jury research and indeed, systematic reviews.

The systematic review included 21 studies; 19 of which were deemed high quality achieving scores ranging between 12-17 using the AXIS tool, which is a general tool for assessing observational or cross-sectional research. Whilst studies typically lost points on items including the lack sample size justification, the AXIS tool included three items which were less relevant for the evaluation of mock jury studies. These were therefore omitted from the total score. It may be that the studies would have received different quality ratings if a different, more appropriate tool had been used. The development of a quality appraisal tool with items specifically for assessing the methodological quality of empirical mock jury studies would therefore be beneficial.

There were several notable limitations of the studies included in the systematic review. There was a significant lack of diversity in study location, with 20 of the 21 studies conducted across the United States and Canada. The generalisability of the findings must therefore be called into question given the vast differences in criminal justice systems across different countries. Even within the USA, legal processes vary across states, including the use of capital punishment or jury selection methods. The legal system is also significantly impacted by the political landscape (Hamilton, 2012). Only one of the included studies was conducted in the United Kingdom, therefore highlighting how little research has been conducted in the jurisdictions of England and Wales. This observation should provide impetus for funding and strategic direction for more localised research in England and Wales considering the stark differences in the legal processes in the USA and Canada compared to England and Wales, not least increased politicisation, the death penalty, legal distinctions around psychopathy, a different healthcare system, and other procedural differences such as juror selection. One cannot therefore presume that findings made on the basis of North American research can be translated directly to our context here in the UK.

Several of the study limitations and gaps identified through the systematic review were addressed through the empirical study. Firstly, the study offers a much-needed contribution to the lack of mock jury research conducted in the UK. Secondly, the empirical study acted as a broad replication of Metcalfe-Hume et al. (2023). This in itself is considered a strength given the known ‘replication crisis’ in psychological research (Shrout & Rodgers, 2018). This meant that the methodological

limitations acknowledged by the authors could be addressed in the current study's design. A relatively small experimental manipulation was explored in the current study compared to the original version, involving a simple difference in the diagnostic term presented in the defence case vignette across the three conditions. The vignettes were also adapted in the current study to be equal in length across the conditions, to minimise any confounding effect this may have had on the results previously. Whilst the original study examined the impact of increasing provision of mental health information, stigma and mental health literacy solely relating to a defendant with schizophrenia, the current study explored whether the same effects would be found when the defendant is diagnosed as having Borderline Personality Disorder or a Complex Mental Health condition, in addition to a schizophrenia condition. This meant that the findings could therefore offer a stepwise extension of those found previously. Clearly, there are multiple other opportunities for stepwise replication of this study in future.

A key limitation of nine of the studies included within the systematic review, and indeed a key weakness highlighted by the AXIS quality appraisal tool, was the use of student-only samples in mock jury research. As discussed in both Chapter Two and Four, there has been much debate about the validity of such findings, with caution given around how generalisable the findings can be to the general population from which jurors are selected. For this reason, the sample recruited for the empirical study was solely comprised of participants from the general public. One question arguably of relevance to this thesis portfolio, is the proposed difference in levels of public stigma between student and community samples. Some have suggested that levels of stigma may be lower in student samples, with lower mean ages (Bradbury, 2020); perhaps reflecting shifts in societal attitudes and awareness of mental health conditions over time. Statistically significant higher mean stigma scores on the AQ-27 were observed in the current sample compared to the previous version of the study which recruited a split community and student sample, lending further support to this argument.

A further limitation, and one which applies to both the empirical study and the empirical studies included within the systematic review, is the issue of ecological validity. The challenges and barriers to undertaking research with real juries have been outlined throughout this portfolio, however some continue to argue the need for this (Ross, 2023). The systematic review found that whilst seven

of the studies were conducted in person, only one of the studies involved participants engaging in group deliberations as would be the case in a real criminal trial. The remaining studies were conducted online, with participants recruited through paid research participation platforms such as Amazon Mechanical Turk and asked to make individual decisions around guilt or sentencing. Whilst the decision to conduct the current empirical study online could be subject to same criticism, it did allow for a relatively large community sample to be recruited quickly. A number of safeguards were also put in place to minimise some of the risks associated with online research. Firstly, Prolific was chosen in place of Amazon Mechanical Turk for recruitment, to reduce the known risk of bots and ensure that real participants were taking part. Knowledge checks were built into the online survey, to ensure participants were paying sufficient attention to the contents of the video vignettes, as were records of how long it took each participant to complete the study. However, despite these steps, it was still not possible to truly assess the level of engagement or how much of the case was followed or understood. An overall, and somewhat unavoidable criticism of the empirical study and the studies included in the systematic review, and indeed mock jury research as a field, is the self-selecting nature of the samples involved. The process of jury service in England and Wales was outlined earlier in Chapter One, whereby selection is random, and individuals are obliged by law to attend. One could reasonably question whether those choosing to participate in mock jury research may possess certain traits of interest to the decision-making process, and to what extent bias is introduced as a result. Few studies have been able to recruit prospective jurors randomly selected for jury duty, but who were no longer required (Thomas, 2020), again reflecting the wider ongoing debate about conducting research with real juries.

Future Research

The systematic review provides a platform for further research addressing the gaps and limitations identified. Given the breadth of the findings, future systematic reviews could consider defining narrower inclusion criteria, enabling certain factors to be examined in greater depth. For example, focusing on studies conducted within a certain country or jurisdiction would allow for more solid conclusions to be drawn relevant for one legal system.

It should be noted that studies in which the defendant had a diagnosis of a neurodevelopmental condition such as autism, or an intellectual or learning disability, brain injury or other neurological or neurodevelopmental condition were excluded from the current systematic review, with the focus solely on diagnosed mental health conditions. Future systematic reviews could seek to instead explore the impact of other types of neurodevelopmental or neurological condition on legal decision-making in mock juror research.

The studies included within the systematic review highlighted a focus on certain diagnostic terms and crime types detailed in the vignettes. The impact of psychopathy or psychopathic traits were subject to particular interest, as were scenarios in which murder had been committed. The current empirical study sought to develop this broad research question in the context of a different type of offence, instead exploring an act of criminal damage which did not cause direct harm to another person. It also aimed to add to the limited number of studies exploring the impact of a diagnosis of Borderline Personality Disorder. Considering the literature around high levels of stigma towards offenders, especially those with a history of committing violent crimes (Hardcastle et al., 2011), it could be hypothesised that a ceiling effect could be found in guilt verdicts simply due to the stigma attached to the crime committed – as suggested above. One of the reasons behind using a lower-level criminal damage scenario was to allow for the role of stigma towards the differing diagnostic terms to be more easily exposed. Future experimental studies would benefit from further understanding potential differences stigma levels towards different types of crime typically seen before juries at Crown Court level.

The systematic review highlighted how few studies have explored the impact of participant traits or characteristics of mock jurors on the legal decision-making processes. The empirical study followed by identifying stigma as a potential factor which influences the juror decision-making process. Further insight into other intrapersonal factors, such as certain attitudes and beliefs, also warrant further attention, as this may subsequently help to inform possible interventions or education for jurors to mitigate against the risk of such bias by legal or clinical professionals.

As previously highlighted, the focus of the empirical study and the vast majority of the studies in the systematic review was on the factors impacting the process of individual legal decision-making of mock jurors. In reality however, jurors would come together for a period of deliberation making a decision collectively as a jury. Perhaps due to the volume of online studies, there has been less of a focus on the impact of group discussions and how interactions between jurors may too impact on verdicts given. Given the significant influential role baseline juror stigma was found to have on verdicts in the empirical study, it would be important to understand how stigma operates in a group jury format and on the group verdict given. It may be that group deliberations serve to either mitigate or indeed exacerbate highly stigmatic views held amongst the group, depending on the dynamics of the particular group in question. Further research building upon the work and findings of Baker et al. (2022) would help to understand these issues further.

Implications and Conclusions

The research presented within this thesis portfolio has revealed a number of important insights into how information about a defendant's mental health is presented within a mock criminal trial context and the impact this can have on the types of legal decisions made. These findings lend themselves to a range of directions and recommendations for researchers interested in progressing the field, as outlined above.

The fundamental principle underpinning the criminal justice system is the right to a fair trial, and for the jury to reach a just decision based solely upon the evidence presented to them in court. Although at an early stage, the current findings appear to suggest that implicit bias in the form of baseline public stigma towards defendants with mental health conditions can influence individual juror decision-making, outside of the evidence presented as part of a criminal trial. This is a concerning finding, given that the integrity of jury decision-making process is called into question if a verdict is potentially being reached not solely based upon the evidence, and one which warrants further investigation through high-quality experimental research. Individuals summoned for jury service are not currently screened in any way for the biases and prejudices they may hold during the process of selection, therefore it is impossible to know to what extent these operate in real-life trials.

Whilst the presence of specific diagnostic terms did not appear to make a difference in the case of the current empirical study, more research is needed to establish whether this finding is seen in other contexts, or indeed whether interaction effects exist beyond the scope of the current study.

Whilst the empirical study focused on the impact of biases on individual juror decision-making processes, the potential biases held by legal professionals and clinician expert witnesses within the courtroom should also be considered through further research, given the breadth of literature on stigmatic attitudes of mental health professionals. This point, together with the study findings, may lead to practical implications for clinicians (including Clinical Psychologists) who are instructed to provide expert witness testimony about a defendant's mental state as part of a trial. Although different diagnostic terms did not appear to affect the decisions mock jurors made, clinicians must be aware of the potential for stigmatic attitudes to be activated in response to the clinical evidence they provide and the power their testimony holds, and therefore should be cautious about the terminology they use. Expert witnesses, or indeed the courts, could consider educating jurors about the mental health conditions on which they discuss and how best to present a mental health narrative in a way that is sensitive and non-blaming, with the aim of minimising the induction, and impact of, stigma. However, it is clear that further research is warranted to better understand this, and more broadly, to understand the factors which challenge the integrity of jury decision-making and criminal justice in the United Kingdom.

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Updated 17th March 2023

Appendix B: International Journal of Forensic Mental Health Author Guidelines

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International Journal of Forensic Mental Health accepts the following types of article:

articles; reviews

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The following summary describes the peer review process for this journal:

Identity transparency: double anonymized
Reviewer interacts with: Editor
Review information published: none

Preparing Your Paper

Article Types

articles; reviews

Should be written with the following elements in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list)

Should contain an unstructured abstract of 200 words.

Should contain between 3 and 5 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.

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Appendix C: Knowledge Check Questions

1. What crime was Mr Greene accused of committing?

- Murder
- Criminal damage
- Fraud

2. Where was Mr Greene accused of having committed the crime?

- A hospital
- A train station
- A doctor's surgery

3. What was Mr Greene accused of damaging?

- A shop window
- A car
- Water pipes

Appendix D: Participant Information Sheet

Participant Information Sheet

Thank you for taking the time to consider taking part in this study. Before you decide whether to complete the study, it is important for you to understand why the research is being conducted and what participation will involve. Please take some time to read the following Participant Information Sheet carefully and ask any questions you may have with the researchers (Harriet Holmes: harriet.holmes@uea.ac.uk or Dr Peter Beazley: p.beazley@uea.ac.uk)

(1) What is this study about?
You are invited to take part in a research study about we are investigating how jurors make decisions based on the information they are presented with during a mock criminal trial and whether certain factors (e.g., attitudes towards the defendant) affect the verdicts made.

(2) Am I eligible to take part?
As this study is concerned with juror decision making in the UK, it is important that individuals who take part are representative of those who could be called for jury service. You are therefore eligible to take part in this study if you meet the following standard eligibility criteria to be called up for jury service in England and Wales:

1. *If you have lived in England or Wales for any period of at least five years since you were 13 years old.*
2. *If you have not served any part of a sentence of imprisonment or a sentence of detention, received a suspended sentence or been subject to a community order/sentence in the last 10 years.*
3. *If you have not served a term of imprisonment or detention of five years or more.*
4. *If you are not currently on bail in criminal proceedings.*

(3) What will the study involve for me?
Participating in this study will involve completing an online survey. You will firstly be asked some anonymous demographic questions about yourself and then to complete a short questionnaire. You will then be presented with a short video of a mock court case, in which you will hear a case from the prosecution, defence and the judge. Just like a member of a jury, you will then be asked to give your verdict (guilty or not guilty) in regards to the defendant.

(4) How much of my time will the study take?
The study will take approximately 15-20 minutes to complete.

(5) Do I have to be in the study? Can I withdraw from the study once I have started?
Participation in this study is entirely voluntary and your decision whether to take part will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia, now or in the future. You are free to withdraw from the study at any point before the survey is completed by simply closing the online survey browser window. Because your survey responses are anonymous, it will not be possible to withdraw your data after the survey is completed. There are no consequences to withdrawing from the study.

(6) Are there any risks or costs associated with being in the study?
The mock trial video will involve verbal descriptions of a criminal damage case and the defendant's mental health difficulties, which some people may find upsetting. Sources of further support can be found in the participant debrief form at the end of the survey should the participant decide they wish to take part in the study.

(7) Are there any benefits associated with being in the study?
Payment will be made in line with Prolific's payment standards. You will also be contributing to important research into how juries use information presented to them in order to make a decision or verdict.

(8) Will I be told the results of the study?
You have the right to receive feedback about the overall results from this study and can request this by contacting the primary researcher via the email address provided. This feedback will be in the form of a one-page lay summary and will be available on request at the end of the study.

(9) How do I know that this study has been approved to take place?
To protect your safety, rights, wellbeing and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee).

(10) What will happen to information provided by me and data collected during the study?
All answers you provide are anonymous and data will be kept strictly confidential. Once your responses have been submitted, it will not be possible to withdraw your data for this reason. All information collected during the study will be stored securely on the online survey platform's server which is compliant with General Data Protection Regulation (GDPR) and the General Data Protection Act (2018). Once the survey is closed, the server account will be deleted and data will be stored securely for at least 10 years on UEA OneDrive (a remote and encrypted server) with password protection and only accessed by the main researcher and supervisors. Digital data will be extracted onto a secure and password-protected database for data analysis purposes.

Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's Research Data Management Policy.

The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be identified in these publications if you decide to participate in this study. You will not have the opportunity to review information generated about you prior to publication.

Study data may also be deposited with a repository to allow it to be made available for scholarly and educational purposes. The data will be kept for at least 10 years beyond the last date the data were accessed. The deposited data will not include your name or any identifiable information about you.

According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process

personal data when it is necessary to perform our public tasks as a University. Our processing of your personal data will be based on Article 9(2)(j), which relates to archiving, research and statistics purposes, and Schedule 1, Part 1(4) of the DPA 2018, which relates to research.

In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:

- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at dataprotection@uea.ac.uk
- You can also find out more about your data protection rights at the Information Commissioner's Office (ICO).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at dataprotection@uea.ac.uk in the first instance.

(11) What if I have a complaint or any concerns about the study?
Should you need more information about the research study, please do not hesitate to contact Harriet Holmes at harriet.holmes@uea.ac.uk and ask any questions you may have.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the University administration team by email (med.reception@uea.ac.uk) and they will direct your concerns to a senior faculty member.

(12) Helpful Resources
Should you wish to participate in this study and feel negatively affected by any of the information relating to the criminal or mental health related information, please contact the following organisations for support:

- **Samaritans**
  A UK based organisation that supports individuals who are feeling distressed
  Website: https://www.samaritans.org/ Telephone: 116 123
- **Victim Support**
  A UK based organisation that supports victims of crimes
  Website: https://www.victimsupport.org.uk/ Telephone: 08081689111
- **Mind**
  A UK based organisation that offer information and support with mental health difficulties
  Website: https://www.mind.org.uk/information-support/

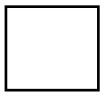
Appendix E: Consent Form

Consent Form

Please read the following statements:

- I have read the Participant Information Sheet and I have had the opportunity to ask any questions about the research study. I confirm that the researchers have answered any questions I have had satisfactorily.
- I understand the purpose, procedure, and any benefits or risks associated with this study.
- I understand that my participation involves the completion of an online and anonymised survey after watching a brief video recording.
- I understand that my participation in this study is completely voluntary, and that I am free to withdraw at any point prior to the submission of my responses without providing a reason.
- I understand that my responses are anonymous, and once submitted upon completion of the survey, the data cannot be withdrawn.
- I understand that all information I provide will be stored securely, will be treated confidentially, and will only be used for purposes that I have agreed to.
- I understand that the results of this study may be included in publication, used to support other research projects in the future and may be shared anonymously with other researchers, but these will not involve the sharing of identifiable information about me.
- I understand that I am aware of how I can contact the researcher if I have any questions about this study, or require further clarification, information, or support.
- I agree to take part in this study.

If you agree with each of the above statements and therefore consent to take part in this study, please tick the box below.



Appendix F: Demographic Questions

Please answer the following demographic questions:

1. Please use the arrows to select your age: (range from 18-75)

2. Please select which option best describes your gender identity:
- Female
- Male
- Other
- Prefer not to say

3. Please select which option below best describes your ethnicity:
- Asian/Asian British – Bangladeshi
- Asian/Asian British – Chinese
- Asian/Asian British – Indian
- Asian/Asian British – Pakistani
- Any other Asian background
- Black/African/Caribbean/Black British – African
- Black/African/Caribbean/Black British – Caribbean
- Any other Black/African/Caribbean background
- Mixed/multiple - White and Black Caribbean
- Mixed/multiple - White and Black African
- Mixed/multiple - White and Asian
- Any other Mixed/Multiple ethnic background
- White - English/Welsh/Scottish/Northern Irish/British
- White Irish
- White - Gypsy, Roma or Traveller
- Any other White background
- Other – Arab
- Any other ethnic group
- Prefer not to say

4. Please select which option best describes your highest level of education:
- Primary school
- Secondary school up to 16 years (GCSEs)
- Higher or secondary or further education (A-Levels, BTEC etc)
- College or Foundation degree
- University – undergraduate
- University - postgraduate/Masters level
- University - doctoral or PhD level
- Prefer not to say

5. Please select which option best describes your current employment status:
- In full-time or part-time employment
- Not currently in employment
- Student in full-time education
- Retired
- Unable to work for disability or health reasons
- Prefer not to say

Appendix G: Attribution Questionnaire (AQ-27)

AQ-27
Name or ID Number _____ Date _____

PLEASE READ THE FOLLOWING STATEMENT ABOUT HARRY:

Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk in a large law firm. He had been hospitalized six times because of his illness.

NOW ANSWER EACH OF THE FOLLOWING QUESTIONS ABOUT HARRY.
CIRCLE THE NUMBER OF THE BEST ANSWER TO EACH QUESTION.

1. I would feel aggravated by Harry.

1	2	3	4	5	6	7	8	9
not at all								very much

2. I would feel unsafe around Harry.

1	2	3	4	5	6	7	8	9
no, not at all								yes, very much

3. Harry would terrify me.

1	2	3	4	5	6	7	8	9
not at all								very much

4. How angry would you feel at Harry?

1	2	3	4	5	6	7	8	9
not at all								very much

5. If I were in charge of Harry's treatment, I would require him to take his medication.

1	2	3	4	5	6	7	8	9
not at all								very much

6. I think Harry poses a risk to his neighbours unless he is hospitalised.

1	2	3	4	5	6	7	8	9
not at all								very much

7. If I were an employer, I would interview Harry for a job.

1	2	3	4	5	6	7	8	9
not likely								very likely

8. I would be willing to talk to Harry about his problems.

1	2	3	4	5	6	7	8	9
not at all								very much

9. I would feel pity for Harry.

1	2	3	4	5	6	7	8	9
not at all								very much

10. I would think that it is Harry's own fault that he is in the present condition.

1	2	3	4	5	6	7	8	9
no, not at all								yes, absolutely so

11.. How controllable, do you think, is the cause of Harry's present condition?

1	2	3	4	5	6	7	8	9
not at all under personal control								completely under personal control

12. How irritated would you feel by Harry?

1	2	3	4	5	6	7	8	9
not at all								very much

13. How dangerous would you feel Harry is?

1	2	3	4	5	6	7	8	9
not at all								very much

14. How much do you agree that Harry should be forced into treatment with his doctor even if he does not want to?

1	2	3	4	5	6	7	8	9
not at all								very much

15. I think it would be best for Harry's community if he were admitted to a psychiatric hospital.

1	2	3	4	5	6	7	8	9
not at all								very much

16. I would share a car journey with Harry every day.

1	2	3	4	5	6	7	8	9
not likely								very likely

17. How much do you think psychiatric residential care, where Harry can be kept away from his neighbors, is the best place for him?

1	2	3	4	5	6	7	8	9
not at all								very much

18. I would feel threatened by Harry.

1	2	3	4	5	6	7	8	9
no, not at all								yes, very much

19. How scared of Harry would you feel?

1	2	3	4	5	6	7	8	9
no, not at all								yes, very much

20. How likely is it that you would help Harry?

1	2	3	4	5	6	7	8	9
definitely would not help								definitely would help

21. How certain would you feel that would help Harry?

1	2	3	4	5	6	7	8	9
not at all certain								absolutely certain

22. How much sympathy would you feel for Harry?

1	2	3	4	5	6	7	8	9
none at all								very much

23. How responsible, do you think, is Harry for his present condition?

1	2	3	4	5	6	7	8	9
not at all responsible								very much responsible

24. How frightened of Harry would you feel?

1	2	3	4	5	6	7	8	9
not at all								very much

25. If I were in charge of Harry's treatment, I would force him to live in a residential home.

1	2	3	4	5	6	7	8	9
not at all								very much

26. If I were a landlord, I probably would rent an apartment to Harry.

1	2	3	4	5	6	7	8	9
not likely								very likely

27. How much concern would you feel for Harry?

1	2	3	4	5	6	7	8	9
none at all								very much

Appendix H: Transcripts of Video Vignettes – Conditions 1, 2 and 3

Condition 1 – Paranoid schizophrenia

PROSECUTION:

Mr Greene is charged with damaging property contrary to section 1 of the Criminal Damage Act 1971.

The particulars of the offence are that Mr Greene, on the 16th May 2021, without lawful excuse, damaged property belonging to another, namely parts of a hospital building belonging to the Storbridge NHS Trust. The property damaged included water pipes, walls and floors. The prosecution argues that Mr Greene intended to damage such property or was being reckless as to whether such property would be damaged.

The cost of the damage to the property is estimated to be approximately £20,000.

The facts are as follows.

On the 16th of May 2021, the police were called to the hospital by security staff who reported that a man had locked himself inside an area of the hospital which contains the water mains and the controls for the hospital's electrical systems. A member of maintenance staff had tried to enter the area and had not been able to open the door. The member of staff knocked on the door to try and gain entry. Mr Greene shouted from inside the room for this man to "*Go away! The poison is not all gone yet*". At this point the member of staff alerted the security staff, who in turn called the police.

Whilst inside the maintenance room Mr Greene turned off the taps controlling the entry of water to the building. He hit the water pipes several times using a sledgehammer that he had brought with him. As a result of his actions, the pipes fractured and water escaped.

Once the police arrived, Mr Greene was arrested and taken to the police station. Mr Greene did not resist arrest and appeared calm, being described by the officers as almost euphoric on their arrival.

We, the prosecution, argue that Mr Greene was fully aware of what he was doing at the time of the crime and that he caused the damage intentionally or recklessly, being aware of a risk that damage would result from his behaviour. In law, that is enough to convict the defendant of criminal damage.

We argue that this crime was premeditated, as evidenced by his arrival at the hospital with a sledgehammer and that there is evidence that Mr Greene had spent considerable time planning it. For instance, Mr Greene had gone to the hospital on at least two occasions prior to the 16th May 2021, we allege, in order to find out where he could access the mains water supply controls within the building.

As a result of Mr Green's actions, the water supply to the hospital was cut off completely for two hours and the damage that was done to the pipes meant that an alternative water supply had to be found and set up. This resulted in disruption to every part of the hospital for a number of days and significant water damage and flooding to the mains room.

The prosecution's case is that Mr Greene either intended to cause the damage to the hospital's building, or was at least reckless about damage resulting. Whilst we acknowledge Mr Greene's mental vulnerabilities, we do not believe these can sufficiently explain his actions on the day in question. We put it you, members of the jury, that he was at least aware of a risk that the damage to the hospital's property would result from his actions.

DEFENCE:

We, the defence, argue that Mr Greene is not guilty of this offence. We argue that he did not intend to cause the damage to the hospital's property and was not aware that the damage would result from his behaviour. Our case is that, due to his diagnosis of **paranoid schizophrenia**, Mr Greene acted in the belief that that he was saving everyone within the hospital by preventing them from being harmed or indeed killed by the poison in the water. We argue that he did not consider that his actions would result in damage to the hospital's property.

Mr Greene is 35 years old. He had a difficult childhood, reportedly experiencing abuse from an uncle; the details of which are unclear, and significant bullying at school. However, he progressed well academically. He attended a further education college and later graduated with a degree. He has worked in various low-paid jobs with several lengthy periods of unemployment. Mr Greene is currently living alone in a rented flat within the city centre, having moved out of the home he shared with his partner shortly before the offence. He has regular contact with his parents and younger brother. Mr Greene has had difficulties with his mental health for many years and was diagnosed with **paranoid schizophrenia** in early adulthood. Mr Greene has been prescribed various psychiatric medications over the years, none of which however, have been effective in fully managing his symptoms. He has struggled to engage consistently with mental health services.

Consistent with his diagnosis of **paranoid schizophrenia**, Mr Greene holds some unusual beliefs that others do not share, which could be considered paranoid in nature, and which appear to cause some level of distress. For instance, Mr Greene has frequently expressed what appear to be paranoid beliefs about the government, including the belief that the government were misusing COVID-19 vaccinations to cause others harm and control members of the public. He has also expressed paranoia around the intentions of authority figures, who he often seems to believe intend to harm him or cause problems for him. When challenged about these beliefs, Mr Greene can become reactive, emotionally volatile, and potentially quite angry. More generally, Mr Greene's behaviour can be somewhat erratic and impulsive, particularly at times of heightened stress and emotion, and particularly when he experiences stresses within his personal relationships. Indeed, his partner Julia has described having an on-off relationship with Mr Greene for a number of years. She reported that he would frequently and easily become angry and upset, sometimes switching mood very rapidly. She also confirmed that Mr Greene had experienced auditory hallucinations for a number of years, including hearing a voice which tells him that he is being watched.

An expert mental health clinician, who has a background in the assessment of mental health difficulties in a forensic context, met with Mr Greene before today's trial, so that his mental health difficulties could be assessed. The clinician has submitted a report stating that Mr Greene was experiencing paranoid beliefs and significant emotional distress related to his diagnosis of **paranoid schizophrenia** at the time of the alleged offence. He had heard voices telling him that the British government has a plan to poison people in hospitals so that the burden on the health service will be reduced. According to the clinician's report, Mr Greene stated that he thought the government had added a poisonous substance to the water supply of the hospital in question, in order to, in Mr Greene's words, "*get rid of sick people so that the NHS copes better with fewer patients*". Mr Greene says that he had been told of the government's plan by a voice he often hears. Once the belief had entered his mind, he reported feeling '*filled with rage*' and was compelled to act. He was preoccupied for several weeks about, what he perceived were, the harmful actions of the hospital and became very angry, experiencing an increase in the frequency and intensity of his voices. He did indeed visit the hospital on at least two occasions prior to the alleged offence and was removed by security staff after becoming visibly angry at the main reception desk. On the day of the alleged offence, Mr Greene's account is that he returned with a sledgehammer for self-protection, but as he was walking around the hospital, he saw that the door to the mains room had been left open, and he entered. He firstly turned off the water, and then repeatedly struck the pipes and pumping equipment to prevent the water being switched straight back on by the government. Consequently, whilst he does not dispute carrying out the physical acts in question, Mr Greene believed that by stopping the water supply he would be saving the lives of patients at the hospital.

The defence argue that as a result of the symptoms of his **paranoid schizophrenia**, Mr Greene did not intend to cause the damage to the hospital and its property, and was not aware of the full extent of damage that would result from his behaviour. As stated, his symptoms include hearing voices, significant anger, intense emotions, and a difficulty in controlling himself. However, a key aspect of this case is that he had developed a strong belief that he was helping everyone within the hospital by preventing them from being killed by the poison in the water. We put it to you, members of the jury, that as a result of the symptoms of his **paranoid schizophrenia**, he did not appreciate the full extent of damage caused by the flood that would occur to the hospital and its property.

TRIAL JUDGE'S DIRECTION TO THE JURY:

Members of the jury, in order to find Mr Greene guilty of the offence of criminal damage, you must be sure, beyond reasonable doubt, of several things.

You must be sure that he did in fact damage property belonging to the hospital.

If you are sure that he did in fact damage property belonging to the hospital, you must also be sure that Mr Greene intended to cause that damage or was reckless about causing that damage. You may be asking what I mean by "intention" or acting "recklessly". In law, a person intends a result if he acts in order to bring it about. If you are sure that Mr Greene acted in order to bring about the damage to the hospital's property then your verdict will be 'guilty'.

If you are not sure that he intended to cause the damage, you must ask yourselves whether he caused the damage recklessly.

In law, a person has acted recklessly if, when he does the act or acts that cause the damage, he was aware of a risk that the damage would occur, and it was, in the circumstances known to him, unreasonable for him to take that risk. If you are sure that Mr Greene was aware of a risk that the damage would occur when he did the acts that caused the damage, your verdict will be 'guilty'.

You have heard evidence concerning Mr Greene's **paranoid schizophrenia**. That is a factor you may want to consider when you are deciding whether Mr Greene intended to cause the damage and whether he appreciated a risk of the damage resulting from his actions.

If you are not sure that he intended to cause the damage and you are not sure that he was reckless about causing the damage, then you must find Mr Greene not guilty of this charge.

Condition 2 – Borderline Personality Disorder

PROSECUTION: (Remains the same as Condition 1 above)

DEFENCE:

We, the defence, argue that Mr Greene is not guilty of this offence. We argue that he did not intend to cause the damage to the hospital's property and was not aware that the damage would result from his behaviour. Our case is that, due to his diagnosis of **Borderline Personality Disorder**, Mr Greene acted in the belief that that he was saving everyone within the hospital by preventing them from being harmed or indeed killed by the poison in the water. We argue that he did not consider that his actions would result in damage to the hospital's property.

Mr Greene is 35 years old. He had a difficult childhood, reportedly experiencing abuse from an uncle; the details of which are unclear, and significant bullying at school. However, he progressed well academically. He attended a further education college and later graduated with a degree. He has worked in various low-paid jobs with several lengthy periods of unemployment. Mr Greene is currently living alone in a rented flat within the city centre, having moved out of the home he shared with his partner shortly before the offence. He has regular contact with his parents and younger brother. Mr Greene has had difficulties with his mental health for many years and was diagnosed with

Borderline Personality Disorder in early adulthood. Mr Greene has been prescribed various psychiatric medications over the years, none of which however, have been effective in fully managing his symptoms. He has struggled to engage consistently with mental health services.

Consistent with his diagnosis of **Borderline Personality Disorder**, Mr Greene holds some unusual beliefs that others do not share, which could be considered paranoid in nature, and which appear to cause some level of distress. For instance, Mr Greene has frequently expressed what appear to be paranoid beliefs about the government, including the belief that the government were misusing COVID-19 vaccinations to cause others harm and control members of the public. He has also expressed paranoia around the intentions of authority figures, who he often seems to believe intend to harm him or cause problems for him. When challenged about these beliefs, Mr Greene can become reactive, emotionally volatile, and potentially quite angry. More generally, Mr Greene's behaviour can be somewhat erratic and impulsive, particularly at times of heightened stress and emotion, and particularly when he experiences stresses within his personal relationships. Indeed, his partner Julia has described having an on-off relationship with Mr Greene for a number of years. She reported that he would frequently and easily become angry and upset, sometimes switching mood very rapidly. She also confirmed that Mr Greene had experienced auditory hallucinations for a number of years, including hearing a voice which tells him that he is being watched.

An expert mental health clinician, who has a background in the assessment of mental health difficulties in a forensic context, met with Mr Greene before today's trial, so that his mental health difficulties could be assessed. The clinician has submitted a report stating that Mr Greene was experiencing paranoid beliefs and significant emotional distress related to his diagnosis of **Borderline Personality Disorder** at the time of the alleged offence. He had heard voices telling him that the British government has a plan to poison people in hospitals so that the burden on the health service will be reduced. According to the clinician's report, Mr Greene stated that he thought the government had added a poisonous substance to the water supply of the hospital in question, in order to, in Mr Greene's words, "*get rid of sick people so that the NHS copes better with fewer patients*". Mr Greene says that he had been told of the government's plan by a voice he often hears. Once the belief had entered his mind, he reported feeling '*filled with rage*' and was compelled to act. He was preoccupied for several weeks about, what he perceived were, the harmful actions of the hospital and became very angry, experiencing an increase in the frequency and intensity of his voices. He did indeed visit the hospital on at least two occasions prior to the alleged offence and was removed by security staff after becoming visibly angry at the main reception desk. On the day of the alleged offence, Mr Greene's account is that he returned with a sledgehammer for self-protection, but as he was walking around the hospital, he saw that the door to the mains room had been left open, and he entered. He firstly turned off the water, and then repeatedly struck the pipes and pumping equipment to prevent the water being switched straight back on by the government. Consequently, whilst he does not dispute carrying out the physical acts in question, Mr Greene believed that by stopping the water supply he would be saving the lives of patients at the hospital.

The defence argue that as a result of the symptoms of his **Borderline Personality Disorder**, Mr Greene did not intend to cause the damage to the hospital and its property, and was not aware of the full extent of damage that would result from his behaviour. As stated, his symptoms include hearing voices, significant anger, intense emotions, and a difficulty in controlling himself. However, a key aspect of this case is that he had developed a strong belief that he was helping everyone within the hospital by preventing them from being killed by the poison in the water. We put it to you, members of the jury, that as a result of the symptoms of his **Borderline Personality Disorder**, he did not appreciate the full extent of damage caused by the flood that would occur to the hospital and its property.

TRIAL JUDGE'S DIRECTION TO THE JURY:

Members of the jury, in order to find Mr Greene guilty of the offence of criminal damage, you must be sure, beyond reasonable doubt, of several things.

You must be sure that he did in fact damage property belonging to the hospital.

If you are sure that he did in fact damage property belonging to the hospital, you must also be sure that Mr Greene intended to cause that damage or was reckless about causing that damage. You may be asking what I mean by "intention" or acting "recklessly". In law, a person intends a result if he acts in order to bring it about. If you are sure that Mr Greene acted in order to bring about the damage to the hospital's property then your verdict will be 'guilty'.

If you are not sure that he intended to cause the damage, you must ask yourselves whether he caused the damage recklessly.

In law, a person has acted recklessly if, when he does the act or acts that cause the damage, he was aware of a risk that the damage would occur, and it was, in the circumstances known to him, unreasonable for him to take that risk. If you are sure that Mr Greene was aware of a risk that the damage would occur when he did the acts that caused the damage, your verdict will be 'guilty'.

You have heard evidence concerning Mr Greene's **Borderline Personality Disorder**. That is a factor you may want to consider when you are deciding whether Mr Greene intended to cause the damage and whether he appreciated a risk of the damage resulting from his actions.

If you are not sure that he intended to cause the damage and you are not sure that he was reckless about causing the damage, then you must find Mr Greene not guilty of this charge.

Condition 3 – Complex Mental Health condition

PROSECUTION: (Remains the same as Conditions 1 and 2 above)

DEFENCE:

We, the defence, argue that Mr Greene is not guilty of this offence. We argue that he did not intend to cause the damage to the hospital's property and was not aware that the damage would result from his behaviour. Our case is that, due to his diagnosis of a **Complex Mental Health condition**, Mr Greene acted in the belief that that he was saving everyone within the hospital by preventing them from being harmed or indeed killed by the poison in the water. We argue that he did not consider that his actions would result in damage to the hospital's property.

Mr Greene is 35 years old. He had a difficult childhood, reportedly experiencing abuse from an uncle; the details of which are unclear, and significant bullying at school. However, he progressed well academically. He attended a further education college and later graduated with a degree. He has worked in various low-paid jobs with several lengthy periods of unemployment. Mr Greene is currently living alone in a rented flat within the city centre, having moved out of the home he shared with his partner shortly before the offence. He has regular contact with his parents and younger brother. Mr Greene has had difficulties with his mental health for many years and was diagnosed with a **Complex Mental Health condition** in early adulthood. Mr Greene has been prescribed various psychiatric medications over the years, none of which however, have been effective in fully managing his symptoms. He has struggled to engage consistently with mental health services.

Consistent with his diagnosis of a **Complex Mental Health condition**, Mr Greene holds some unusual beliefs that others do not share, which could be considered paranoid in nature, and which appear to cause some level of distress. For instance, Mr Greene has frequently expressed what appear to be paranoid beliefs about the government, including the belief that the government were misusing COVID-19 vaccinations to cause others harm and control members of the public. He has also expressed paranoia around the intentions of authority figures, who he often seems to believe intend to harm him or cause problems for him. When challenged about these beliefs, Mr Greene can become reactive, emotionally volatile, and potentially quite angry. More generally, Mr Greene's behaviour can be somewhat erratic and impulsive, particularly at times of heightened stress and emotion, and particularly when he experiences stresses within his personal relationships. Indeed, his partner Julia

has described having an on-off relationship with Mr Greene for a number of years. She reported that he would frequently and easily become angry and upset, sometimes switching mood very rapidly. She also confirmed that Mr Greene had experienced auditory hallucinations for a number of years, including hearing a voice which tells him that he is being watched.

An expert mental health clinician, who has a background in the assessment of mental health difficulties in a forensic context, met with Mr Greene before today's trial, so that his mental health difficulties could be assessed. The clinician has submitted a report stating that Mr Greene was experiencing paranoid beliefs and significant emotional distress related to his diagnosis of a **Complex Mental Health condition** at the time of the alleged offence. He had heard voices telling him that the British government has a plan to poison people in hospitals so that the burden on the health service will be reduced. According to the clinician's report, Mr Greene stated that he thought the government had added a poisonous substance to the water supply of the hospital in question, in order to, in Mr Greene's words, "*get rid of sick people so that the NHS copes better with fewer patients*". Mr Greene says that he had been told of the government's plan by a voice he often hears. Once the belief had entered his mind, he reported feeling '*filled with rage*' and was compelled to act. He was preoccupied for several weeks about, what he perceived were, the harmful actions of the hospital and became very angry, experiencing an increase in the frequency and intensity of his voices. He did indeed visit the hospital on at least two occasions prior to the alleged offence and was removed by security staff after becoming visibly angry at the main reception desk. On the day of the alleged offence, Mr Greene's account is that he returned with a sledgehammer for self-protection, but as he was walking around the hospital, he saw that the door to the mains room had been left open, and he entered. He firstly turned off the water, and then repeatedly struck the pipes and pumping equipment to prevent the water being switched straight back on by the government. Consequently, whilst he does not dispute carrying out the physical acts in question, Mr Greene believed that by stopping the water supply he would be saving the lives of patients at the hospital.

The defence argue that as a result of the symptoms of his **Complex Mental Health condition**, Mr Greene did not intend to cause the damage to the hospital and its property, and was not aware of the full extent of damage that would result from his behaviour. As stated, his symptoms include hearing voices, significant anger, intense emotions, and a difficulty in controlling himself. However, a key aspect of this case is that he had developed a strong belief that he was helping everyone within the hospital by preventing them from being killed by the poison in the water. We put it to you, members of the jury, that as a result of the symptoms of his **Complex Mental Health condition**, he did not appreciate the full extent of damage caused by the flood that would occur to the hospital and its property.

TRIAL JUDGE'S DIRECTION TO THE JURY:

Members of the jury, in order to find Mr Greene guilty of the offence of criminal damage, you must be sure, beyond reasonable doubt, of several things.

You must be sure that he did in fact damage property belonging to the hospital.

If you are sure that he did in fact damage property belonging to the hospital, you must also be sure that Mr Greene intended to cause that damage or was reckless about causing that damage. You may be asking what I mean by "intention" or acting "recklessly". In law, a person intends a result if he acts in order to bring it about. If you are sure that Mr Greene acted in order to bring about the damage to the hospital's property then your verdict will be 'guilty'.

If you are not sure that he intended to cause the damage, you must ask yourselves whether he caused the damage recklessly.

In law, a person has acted recklessly if, when he does the act or acts that cause the damage, he was aware of a risk that the damage would occur, and it was, in the circumstances known to him,

unreasonable for him to take that risk. If you are sure that Mr Greene was aware of a risk that the damage would occur when he did the acts that caused the damage, your verdict will be ‘guilty’.

You have heard evidence concerning Mr Greene’s **Complex Mental Health condition**. That is a factor you may want to consider when you are deciding whether Mr Greene intended to cause the damage and whether he appreciated a risk of the damage resulting from his actions.

If you are not sure that he intended to cause the damage and you are not sure that he was reckless about causing the damage, then you must find Mr Greene not guilty of this charge.

Appendix I: Debrief Form

Debrief Form

Thank you for taking part in this study. This study aims to evaluate the effect that juror stigma and diagnostic information has on the verdict of a mock criminal trial.

We asked you to complete a validated measure of stigma related to mental health. This measure looks at people's beliefs about and attitudes towards individuals who have mental health difficulties. It aims to measure whether an individual feels negatively or positively about people who have mental health difficulties.

We are interested in whether people's levels of stigma affect how they reach verdicts and make decisions in a mock criminal trial. We measured this through a questionnaire and will analyse whether people are more likely to vote guilty or not guilty depending on their levels of stigma. We were also interested in whether different mental health diagnoses presented in the mock trial video had an effect on the verdict. We showed some people a trial video in which the defendant had a diagnosis of Schizophrenia, some people one where the same defendant instead had a diagnosis of Borderline Personality Disorder (BPD) and others where the same defendant was described as a having a 'Complex Mental Health' condition. Aside from the diagnosis, the nature of the crime and background information included in the defence case remained the same. We are hoping to analyse this data in order to see whether these diagnoses are perceived differently and affects the decisions people make in a criminal trial.

This information is helpful for us to learn about how lay people called up for jury service may perceive different mental health difficulties, and how we as mental health professionals might best present mental health-based information in court rooms in order to give the defendant the fairest trial possible.

We hope that the information from this study will help us to improve people's knowledge and understanding of mental health and the experience of those who have mental health difficulties within the criminal justice system.

Contact information
If you have any questions about this study or wish to request a lay summary of the results once the study has finished, please contact the researcher harriet.holmes@uea.ac.uk. If you have any concerns about the purposes, procedure, or administration of this study, or you wish to make a complaint to someone independent, please contact the University administration team by email (med.reception@uea.ac.uk). They will forward your concerns to a senior faculty member and guidance will be provided.

Helpful Resources
If you feel negatively affected by any of the information relating to the criminal or mental health related information included in this study, please contact the following organisations for support:

- **Samaritans:** A UK based organisation that supports individuals who are feeling distressed
  Website: https://www.samaritans.org/ Telephone: 116 123
- **Victim Support:**A UK based organisation that supports victims of crimes
  Website: https://www.victimsupport.org.uk/ Telephone: 08081689111
- **Mind:** A UK based organisation that offer information and support with mental health difficulties
  Website: https://www.mind.org.uk/information-support/

Appendix J: UEA FMH Ethical Approval

Decision - Ethics ETH2223-0044 : Miss Harriet Holmes

Ethics Monitor <no-reply@ethicsreview.uea.ac.uk>
Wed 07/12/2022 09:29
To: Harriet Holmes (MED - Postgraduate Researcher) <Harriet.Holmes@uea.ac.uk>

University of East Anglia

Study title: The impact of stigma and diagnostic term on juror decision-making in a mock criminal trial.

Application ID: ETH2223-0044

Dear Harriet,

Your application was considered on 7th December 2022 by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

If your study involves NHS staff and facilities, you will require Health Research Authority (HRA) governance approval before you can start this project (even though you did not require NHS-REC ethics approval). Please consult the HRA webpage about the application required, which is submitted through the IRAS system.

This approval will expire on **4th March 2024**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

Please can you send your report once your project is completed to the FMH S-REC (fmh.ethics@uea.ac.uk).

I would like to wish you every success with your project.

On behalf of the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee)

Yours sincerely,

Dr Paul Linsley

Ethics ETH2223-0044 : Miss Harriet Holmes

Appendix K: Additional SPSS Results Tables

Main analyses

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	95% Confidence Interval for Mean Upper Bound	Minimum	Maximum
TotalSTIGMA	Schizophrenia	51	93.373	26.4673	3.7062	85.928	100.817	43.0	157.0
	Borderline Personality Disorder	50	93.140	37.2668	5.2703	82.549	103.731	37.0	193.0
	Complex Mental Health condition	49	96.388	29.3377	4.1911	87.961	104.815	46.0	161.0
	Total	150	94.280	31.1649	2.5446	89.252	99.308	37.0	193.0
GuiltCONT	Schizophrenia	51	46.980	30.1081	4.2160	38.512	55.448	.0	100.0
	Borderline Personality Disorder	50	42.240	31.6296	4.4731	33.251	51.229	.0	100.0
	Complex Mental Health condition	49	53.000	32.5960	4.6566	43.637	62.363	.0	100.0
	Total	150	47.367	31.5402	2.5752	42.278	52.455	.0	100.0

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
TotalSTIGMA	Between Groups	324.666	2	162.333	.165	.848
	Within Groups	144391.574	147	982.256		
	Total	144716.240	149			
GuiltCONT	Between Groups	2876.733	2	1438.366	1.455	.237
	Within Groups	145346.100	147	988.749		
	Total	148222.833	149			

Condition * GuiltCAT Crosstabulation

Count

		GuiltCAT		
		Guilty	Not guilty	Total
Condition	Schizophrenia	25	26	51
	Borderline Personality Disorder	17	33	50
	Complex Mental Health condition	21	28	49
Total		63	87	150

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.360[a]	2	.307
Likelihood Ratio	2.378	2	.305
Linear-by-Linear Association	.407	1	.523
N of Valid Cases	150		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.58.

Exploratory analyses

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.757	.766	26

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Factor4	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a. Dependent Variable: GuiltCONT

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	16401.321	1	16401.321	18.414	<.001[b]
	Residual	131821.512	148	890.686		
	Total	148222.833	149			

a. Dependent Variable: GuiltCONT

b. Predictors: (Constant), Factor4

Coefficients[a]

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	23.246	6.126		3.794	<.001
	Factor4	1.535	.358	.333	4.291	<.001

a. Dependent Variable: GuiltCONT