

# **MENTAL HEALTH, STIGMA, GENDER, AND SEEKING TREATMENT: INTERPRETATIONS AND EXPERIENCES OF PRISON EMPLOYEES**

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Background: Social and personal stigma surrounding mental disorders among public safety personnel (PSP), including correctional staff, is undergoing a process of transformation. We examined how diverse Canadian prison staff interpret mental health and treatment seeking.

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**Methods:** We conduct a secondary analysis of existing data collected through an anonymous on-line survey of 1,017 Canadian prison staff. Attitudes towards mental health and stigma were measured. Participants were also asked how likely they would be to seek help for a mental disorder. Comparisons between self-reported males and females and different occupational groups within prison were made using Mann-Whitney U statistics and an analysis of variance (ANOVA) with a Bonferroni correction.

**Results:** Male participants (38.6% of the sample) were significantly more likely ( $p < 0.001$ ) to display stigma towards individuals with mental disorders and significantly less likely ( $p < 0.001$ ) to be willing to get treatment if they developed a mental health problem. We also found significant differences between prison staff based on occupation.

**Conclusions:** Female participants and wellness staff report the most positive attitudes towards mental health and mental health treatment, yet some stigma still exists regarding mental disorders. Correctional staff are concerned about the impact of seeking treatment on their employment.

**Keywords:** Correctional Employees; Treatment Seeking; Stigma; Mental Health; Wellness Staff; Correctional Officers; Gender

### *Highlights*

Correctional workers experience substantial difficulties with mental health stigma.

Males in correctional services were more likely to display mental health stigmas than females.

Females in correctional services were more willing to access mental health support than males.

Wellness staff displayed the lowest levels of stigma.

## INTRODUCTION

In the Standing Committee on Public Safety and National Security report, Oliphant (2016) expressed grave concerns about the mental health of, and mental health stigma among, public safety personnel (PSP), referring to correctional workers, communications officials, firefighters, paramedics, and police officers. The mental health status of PSP may be compromised by exposure to potentially traumatic events and by the stigma associated with mental disorders (Carleton, Afifi, Taillieu, et al., 2019).<sup>1</sup> Issues of exposure and stigma can then impact treatment seeking behaviours (Ricciardelli, Carleton, Groll, & Cramm, 2018; Ricciardelli, Carleton, Mooney, & Cramm, 2018; Ricciardelli, Groll, Czarnuch, Carleton, & Cramm, 2019). To our knowledge, there are no published studies of treatment seeking intentions, mental health stigma, and perceptions of mental health across genders and occupational groups working in institutional correctional services (i.e., in prisons of diverse security classification). Such omissions represent substantial gaps in knowledge regarding possible barriers to prison staff well-being. In the current study, we strive to fill this void by seeking to understand how different genders and groups of institutional correctional employees in Canadian federal correctional services, specifically wellness staff

<sup>1</sup> Throughout the manuscript, we use the terms mental disorders (or mental health disorders) and mental health injuries as defined by the Canadian Institute of Public Safety Research and Treatment (2019).

(e.g., nurses, psychologists, and other health professionals), correctional officers, those doing institutional governance (e.g., wardens, deputy wardens, and managers), administrative assistants, and program staff (e.g., program officers, instructors), perceive mental health and the stigma around seeking help for mental health, recognizing all are impacted by the interworking of their carceral occupational space.

### ***Mental Health and Correctional Employees***

In a recent study of Canadian PSP, Carleton and colleagues (2018) found the prevalence of mental disorders symptoms were substantially higher than those of the general population (Statistics Canada, 2012). Specifically, among correctional staff (including those working in institutions, community correctional services, and regional or national headquarters), 31.1% reported symptoms consistent with Major Depressive Disorder, 29.1% reported symptoms consistent with Posttraumatic Stress Disorder, 23.6% reported symptoms consistent with General Anxiety Disorder, and 18.3% reported symptoms consistent with Social Anxiety Disorder (Carleton et al., 2018a). Most relevantly, 54.6% reported symptoms consistent with any mental disorder (Carleton et al., 2018a). There are international scholars who explore the epidemiology of mental health injuries among PSP; nevertheless, finding data for a wide range of institutional correctional staff is particularly challenging. The limited available international data indicates mental disorder prevalence estimates among PSP generally varies from 10% to 35% (Oliphant, 2016). In the general population there are consistent gender differences for mental health; specifically, females tend to display higher rates of affective disorders like anxiety and depression and males tend to exhibit higher rates of behavioral disorders like antisocial personality and substance abuse (Aneshensel, Rutter, & Lachenbruch, 1991; Hill & Needham, 2013; Kessler et al., 2005; Seedat et al., 2009). Similar gender differences have been found among PSP professions (Carleton et al., 2018a).

Carleton and colleagues (2018) also found that rates of suicidal ideation for institutional, community, and administrative correctional staff were 11.0% over the past 12 months and 35.2% over their lifetime. In the past year, 4.8% of correctional workers had planned to die by suicide, 20.1% had over their lifetime, and 8.1% had attempted death by suicide at some point in their lives (Carleton, Afifi, Turner, Taillieu, LeBouthillier, et al., 2018).<sup>2</sup> The high rates of suicidal ideation may be related to the higher operational exposure many correctional staff face in response to potentially psychologically traumatic incidents such as assaults, self-harming behaviours, death or attempted death by suicide, and other such tragic realities (Carleton, Afifi, Taillieu, et al., 2019). For those working in institutional correctional services, exposure may be direct for some correctional officers or vicarious for administrative staff, wardens, and other staff. Irrespective of the specific action mechanisms, Canadian researchers have found that correctional staff learn of, experience, and watch their colleagues and those in custody experience potentially psychologically traumatic incidents in prisons (e.g., death by suicide, attacks on staff, attacks between prisoners; Ricciardelli, 2019; Ricciardelli & Power, 2020).

2 In most Western countries, females tend to display higher rates of suicidal ideation than men, yet morality from suicide is typically lower for females than for males (Canetto & Sakinofsky, 1998)

Researchers have studied correctional officers' and wardens' experiences of organizational stressors and occupational nuances (Crewe & Liebling, 2012; Griffin, Hogan, & Lambert, 2012; Lambert & Hogan, 2009; Lambert, Hogan, & Barton, 2002; Lambert, Hogan, & Tucker, 2009; Liebling, Price, & Shefer, 2010); however, few researchers have focused on others working in institutional correctional services, such as management, administrative support, wellness, and programming staff. The available research has evidenced rather dire findings regarding correctional staff well-being. For example, in their study comparing correctional officers and treatment staff in a prison in the southwestern United States, Armstrong and Griffin (2004) found that both groups reported moderately high job stress and stress-related health challenges, as well as similar sources of stress (Bierie, 2012; Cashmore, Indig, Hampton, Hegney, & Jalaludin, 2012; Garland, McCarty, & Zhao, 2009; Lambert et al., 2009). Across both Canada and the United States, uniform and non-uniform staff appear to experience substantial difficulties with burnout (Campos, Schneider, Bonafé, Oliveira, & Maroco, 2016; Garland, 2002; Griffin et al., 2012; Oliveira, Schneider, Bonafé, Maroco, & Campos, 2016). Literature on the extent to which correctional staff understand medical issues as "problematic in their work seeking" remains limited, but the available results suggest substantial reasons for concern regarding mental health. For example, Lambert and Paoline (2005) used survey data from a Florida county jail and found that medical issues were a concern for staff and were a substantial predictor of staff job satisfaction and stress.

### ***Mental Health Knowledge and Stigma***

Mental health knowledge, an aspect of mental health literacy, is defined as "... knowledge and beliefs about mental disorders which aid recognition, management or prevention..." (Jorm et al., 1997, p. 182). Knowing the signs or symptoms of mental health problems may help individuals determine whether they or others should seek help from a mental health professional. However, the largely invisible nature of mental disorders in comparison to physical health concerns can create much uncertainty around whether a mental health concern is even detectable by peers. If detected, a mental disorder could leave an individual discredited or discreditable (i.e., stigma leaves one discreditable if it is tied to an invisible attribute; Goffman, 1963), thus generating concerns about whether they are able to perform their job (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000; Hinshaw & Stier, 2008). Research on correctional staff is lacking; however, Mittal and colleagues completed a study of treatment-seeking veterans diagnosed with combat-related PTSD wherein veterans self-reported feeling stereotyped as "dangerous/violent," "crazy," "cold-hearted," "unreliable," "unstable," "unfit to raise your kids," "pissed off at the world," and as responsible for their mental disorder (2013, p. 86-90). Accordingly, treatment-seeking veterans felt others blamed them, rather than the circumstances of combat and their warfare experiences, for developing PTSD.

Knowing which mental health symptoms are related to diagnoses and disorders can help individuals better understand the experiences of those with specific mental disorders (Wei, McGrath, Hayden, & Kutcher, 2015). Conversely, inadequate knowledge of what constitutes mental health injuries (either symptoms or diagnoses) may be associated with

higher levels of mental health-related stigma (Wang & Lai, 2008). Stigma represents “the endorsement of a set of prejudicial attitudes, negative emotional responses, discriminatory behaviors, and biased social structures towards members of a subgroup” (Mak, Poon, Pun, & Cheung, 2007, p. 245). Stigma is more than a concept; it is a theory rooted in an ideology that promotes views of certain attributes as questionable or marked (Goffman, 1963). The stigmatizing or “discrediting attribute” then represents “a special kind of relationship” informed by prejudice and stereotypes that shape how the attribute and thus its bearer are interpreted in society (Goffman, 1963, p. 4). Stigmatized persons are easily discredited and thus potentially perceived as being of lesser value, dangerous, or embodying some form of deviance in comparison to their peers (Goffman, 1963). Consequently, the social identity of those bearing a stigma is devalued and often reduced to the single stigmatizing attribute thought to define their self (Clow & Ricciardelli, 2011; Crocker, Major, & Steele, 1998; Goffman, 1963; Jones et al., 1984; Major & O’Brien, 2005; Markowitz, 2005; Scheff, 1966). A deviant, according to Goffman (1963) is “any individual member that does not adhere to the norms” (p. 141), meaning a person can be defined by the stigma that then shapes their societal experiences (Goffman, 1963; Markowitz, 2005).

Stigma directed towards others is thought to potentiate discrimination of people with physical or mental health conditions, or people who are being treated for health problems (Olliffe et al., 2016). Individuals with higher levels of social stigma may hold more negative attitudes towards colleagues or others known to be experiencing poor mental health, leading to reduced trust in the person’s abilities or a desire not to work with others. When directed to the self, stigma can invoke shame in the individual, reducing the likelihood that treatment will be sought, irrespective of experiencing symptoms (Schomerus & Angermeyer, 2008).

Not surprisingly, then, correctional staff who experience symptoms or diagnoses of mental disorders may fear being stigmatized and thus refrain from seeking treatment (Corrigan, Druss, & Perlick, 2014; Karaffa & Koch, 2015). The stigma of mental disorders is pervasive, impacting those bearing the stigma in different forms across time, space, and place, but always resulting in the devaluing of those marked by the stigma (Crisp et al., 2000; Hinshaw & Stier, 2008; Mittal et al., 2013). Regarding PSP, Ricciardelli (2018) and colleagues evidenced that “the stigma and lost credibility may include the individual being designated as lazy, weak, deceitful, and not suited for the job in the first place, all of which may prevent PSP from self-care or taking time off work. Accordingly, understanding the sources of stigma regarding mental health and/or care-seeking appears invaluable” (p. 3).

Recognizing the substantial mental health challenges experienced by PSP, including correctional employees (Carleton, Afifi, Turner, Taillieu, Duranceau, et al., 2018; Carleton, Afifi, Turner, Taillieu, LeBouthillier, et al., 2018; Ricciardelli, Carleton, Groll, et al., 2018; Ricciardelli, Carleton, Mooney, et al., 2018), the potential consequences of being stigmatized as having a mental disorder are severe, impacting personal, social, community, and economic realities. In a recent qualitative study looking at PSP care-seeking behaviours, Ricciardelli and colleagues (2018) found that some PSP described needing but not seeking treatment for mental health concerns because they fear stigmatization:

a stigma that may now be more systemic rather than directed at having a mental disorder more specifically...a culture that reinforces stigma and disincentivizes care-seeking, both of which may ultimately lead to an incredibly complicated and vicious cycle of distress. Moreover, the potential for loss of status associated with mental health stigma is a particular concern among PSP, more so than among the general population (p. 13).

Consequently, PSP may suffer longer and more intensely with mental health concerns because they are less likely to seek care (and to do so in a timely manner), to share their mental health concerns with others, and, given the lack of disclosure, to support or receive support for mental health needs from their colleagues (Ricciardelli et al., 2018).

### THE CURRENT STUDY

In the current study, we build on the qualitative work of Ricciardelli and colleagues (2018), but focuses specifically on institutional correctional staff to explore how staff understand mental health, the stigma surrounding mental disorders, and care-seeking behaviours. We examine whether and how participant gender or occupational role informs such understandings. Gender, of particular relevance here, underpins interpretations in society and can inform experiences of self and social stigma. Masculinities, like femininities, are complex; they vary in form, are relational, yet fluid and temporal, and thus are inherently unstable but always pronounced, shaping perceptions of self and others (and thus self and social stigma; Connell, 1987; Ricciardelli, 2015; Ricciardelli, Clow, & White, 2010; Ricciardelli, Maier, & Hannah-Moffat, 2015). To understand the relationship between gender identity and gender constructs, Spence (1984b) provided two definitions of masculinities and femininities: (a) labels to identify “specific objects, events, or qualities in a given culture...as more closely associated with males or with females;” and (b) theoretical constructions “that refer to a fundamental property or aspect of the individual’s self-concept that is not directly observable” (p. 59). Such definitions of masculinities and femininities, although resulting in exclusive gender binaries, have underpinned understandings of gender both historically and in contemporary societies.

In 1955, Parsons and Bales first described traits stereotypically tied to masculinities and femininities as instrumental and expressive, respectively. Instrumental psychological traits include being competitive, independent, assertive, and empowered, whereas expressive traits include being sensitive to the needs of others, caring, warm, and tender (Eagly & Johnson, 1990; Eagly & Karau, 2002; Eagly, Karau, Miner, & Johnson, 1994). Such traits are not based on biological sex, but can be developed by anyone and are tied to gender based on the social construction of masculinities and femininities in any given society (Bem, 1974; Eagly & Mladinic, 1989; Kachel, Steffens, & Niedlich, 2016). Nonetheless, females are more likely to demonstrate expressive traits across diverse professions and areas of inquiry (Fernández, Castro, Otero, Foltz, & Fernández, 2007; Krefting, 2003). For example, researchers have evidenced a gender gap in views toward crime and criminal justice issues (Applegate, Cullen, & Fisher, 2002; Whitehead & Blankenship, 2000). Females tend to be less punitive and more treatment oriented, whereas males tend to be more puni-

tive and seek to hold incarcerated persons responsible for their actions (Applegate et al., 2002; Grasmick & McGill, 1994; Whitehead & Blankenship, 2000).

Stereotypical gender associations are also associated with differing values in society, with instrumental traits being valued over expressive traits (Allport, 1954; Fiske, Cuddy, Glick, & Xu, 2002; Glick & Fiske, 1996). A study of female prison staff examined whether the contentious historical inclusion of females in the field of corrections impacted females who were in the warden role (Kim, DeValve, Devalve, & Johnson, 2003). The researchers found few differences between how male and female wardens viewed prisoner services and programs and their engagement with prison staff. The few existing differences supported the perceived emotive (i.e., caring) ethic of female staff, consistent with the expressive stereotypes associated with females (Isenhardt & Hostettler, 2016; Paoline, Lambert, & Hogan, 2015; for additional discussion on the gender discourses underpinning female positioning in prison). Given the rather stereotypical application of emotive and expressive traits to females, and findings supporting an “ethic of caring” among female staff, we hypothesize that:

- Female staff will be more aware of the stigma surrounding mental health issues than will male staff.
- Female staff will have more stigma-related health knowledge than will male staff.
- Male staff will express greater stigma toward colleagues with mental disorders than will female staff.
- Male staff will be less likely to seek treatment for mental disorders than will female staff.

Gender presentations, which underpin constructions of gender identity, can also be strategic and individualized (Ricciardelli et al., 2015). Extrapolating their theory of strategic presentations of masculinities among male prisoners to strategic presentations of masculinities and femininities among citizens of any gender, Ricciardelli and colleagues argued that gender subjectivities are “mobilized and negotiated” to manage uncertainty and risk (p. 1). In this sense, each is also used to manage vulnerabilities tied to mental (and physical or social) well-being and the associated stigma that compromised health may infer.

Given that wellness staff are more often female and correctional officers are more often male (Britton, 1999, 2003), we hypothesize that strategic presentations of gender, tied to expressive and instrumental traits, will inform stigma-related health knowledge and openness to treatment seeking. In this sense, female wellness staff will be less likely to show stigma toward mental disorders and to embody social stigma and more likely to self-stigmatize due to their increased awareness of mental health. Male correctional officers, on the other hand, may self-stigmatize in attempts to be stoic and never weak, such that treatment seeking is impaired in their quest for impression management. As such, we further hypothesize that:

- Wellness staff, who are more often female, will have more stigma-related health knowledge than will other staff.
- Wellness staff will be less stigmatizing of mental health and treatment seeking and more likely to seek treatment for mental health injuries than will other institutional correctional professionals.
- Correctional officers, who are more often male, will have less stigma-related health knowledge than will other staff.
- Correctional officers will be more stigmatizing of mental disorders and treatment seeking and less likely to seek treatment for mental health injuries than will other institutional correctional professionals.

In sum, we expect that mental health knowledge and stigma will be significantly associated with gender and occupational subgroup among correctional service workers.

## METHOD

In the current study, we performed a secondary analysis of data collected as part of a cross-sectional survey examining mental health and its correlates among Canadian PSP. Details of data collection and processes are described elsewhere (Carleton, Afifi, Turner, Taillieu, Duranceau, et al., 2018; Carleton, Afifi, Turner, Taillieu, LeBouthillier, et al., 2018; Ricciardelli, Carleton, Groll, et al., 2018; Ricciardelli, Carleton, Mooney, et al., 2018). In brief, participation was solicited through emails to currently serving PSP employed in correctional, fire, paramedic, or police services, including communications officials. Data in English or French were collected using a web-based, anonymous, self-report survey. The survey included several validated screening tools for mental health disorder symptoms with evidence of diagnostic discriminant validity, as well as measures of social and self-stigma. Participants were not required to answer any question to proceed through the survey, but were asked to confirm that questions left unanswered were intentionally. The survey was launched on September 1, 2016 and PSP could participate until January 31, 2017. The current study includes only participants employed by the federal Canadian correctional services (i.e., Correctional Services Canada (CSC)) who work in institutional correctional services. Given the inclusion criteria, the data set used in the current study is restricted to the 1,017 self-identifying males and females working in prisons of diverse security classification in Canada.

### *Self-Report Measures*

Stigma and knowledge of mental health challenges were measured using two self-report tools: the Mental Health Knowledge Schedule (MAKS) and the Open Minds Scale–Workplace Attitudes (OMS-WA) (Evans-Lacko et al., 2010; Szeto, Luong, & Dobson, 2013). The MAKS (Evans-Lacko et al., 2010) is a 15-item mental health knowledge-related measure divided into two sections. The first is comprised of six stigma-related mental health knowledge questions and the second consists of nine items that inquire about knowledge of mental health disorders. MAKS items are scored on a Likert scale ranging from 1

(strongly disagree) to 5 (strongly agree). The MAKS scores for the first six items were then summed for an overall score ranging from 6-60, with higher scores indicating more positive attitudes about stigma. The MAKS was found to be a brief and feasible instrument for assessing and tracking stigma-related mental health knowledge. The MAKS demonstrated overall moderate to substantial test-retest reliability (weighted kappa 0.57 to 0.87).

The OMS-WA (Szeto et al., 2013) is a 15-item measure designed to assess stigmatizing attitudes, beliefs, and behaviours towards co-workers who may have a mental health challenges in the workplace. The questionnaire measures responses to items using a 5-point Likert scale with responses ranging from 1 (strongly disagree) to 5 (strongly agree) (Szeto, et al. 2013). Higher OMS-WA scores indicate more intense social stigma reported by participants. The OMS-HC has been shown to have acceptable internal consistency and has been successful in detecting positive changes in various anti-stigma interventions (Modgill, Patten, Knaak, Kassam, & Szeto, 2014).

Participants also were asked how likely they would be to seek help for a mental disorder if they developed one using an adapted version of the Canadian Forces Recruit Mental Health Service Use Questionnaire (MHSUQ). Responses are scored on a Likert scale ranging from 1 (strongly disagree/extremely unlikely) to 7 (strongly agree/extremely likely). Finally, participants completed a series of demographic questions that included items requesting information on participant gender, age, and occupational role in correctional services.

### ***Analysis***

All data were collected electronically and entered into SPSS v.24 (IBM) for analysis. Missing data were not imputed, thus treated as missing, and statistical significance was set as  $p < 0.05$ . Demographic information such as age, gender, occupational role, and scores on the MAKS, OMS-WA, and MHSUQ were described using means, frequencies, percentages, and standard deviations.

Differences between male and female participants were analyzed using Mann-Whitney U statistics. A one-way analysis of variance (ANOVA) with a Bonferroni correction was used to compare the responses to the different survey questions with respect to category of institutional service. Categories included: correctional officer, wellness services, administrative, institutional governance, program officers, and “other.”

### ***Ethics***

The study was granted ethical clearance by the University of Regina Institutional Research Ethics Board (File #2016-107). Prior to accessing the survey, individuals indicated their willingness to participate by clicking “I agree” at the end of an electronic study information letter.

## **RESULTS**

A total of 1,017 correctional employees working within prisons were included in the study. Participants constitute a subset of the 1,308 correctional employees from the original

study, which included staff working in community (e.g., parole) and administrative (e.g., at national or regional headquarters) correctional services (Carleton, Afifi, Turner, Taillieu, Duranceau, et al., 2018; Carleton, Afifi, Turner, Taillieu, LeBouthillier, et al., 2018). Of the study participants, 38.6% (393) were male and 44.3% (451) were female; gender was missing for 17% (173) of respondents. The sample included 111 wellness workers, defined as nurses, psychologists, behavioural counsellors, social workers, or others working in health-related fields in prisons; 68 administrative or clerical staff, including administrative assistants and financial support specialists; 79 participants engaged in institutional governance, including wardens, deputy wardens, superintendents, correctional managers, and others in authoritative-managerial positions; and 432 participants who were institutional correctional officers (CX1, CXII, PW). In addition, 137 participants self-identified as institutional program officers or had a role in wellness, employment, or educational programming. The 22 participants who identified as “other” tended to have jobs in institutional maintenance (e.g., engineering, food services) and were removed from the sample due to the small number of participants. The demographic characteristics of the study population are found in Table 1.

Table 1. *Demographics*

Sociodemographic Variables	<i>n</i>	%
<b>Sex</b>		
Male	393	38.6
Female	451	44.3
<b>Age</b>		
18-29	29	2.9
30-39	219	21.5
40-49	307	30.2
50-59	238	23.4
60 and older	50	4.9
<b>Marital status</b>		
Married/Common-law	586	57.6
Single	105	10.3
Separated/Divorced/Widowed	99	9.7
Re-married	52	5.1
<b>Province of Residence</b>		
Western Canada (BC, AB, SK, MB)	484	47.6
Eastern Canada (ON, QC)	375	38.9
Atlantic Canada (PEI, NS, NB, NFL)	81	8.0
Northern Territories (YK, NWT, NVT)	9	0.9
<b>Ethnicity</b>		
Caucasian	720	70.8
Other	132	13.0

Sociodemographic Variables	<i>n</i>	%
Education		
High school or less	84	8.3
Some post-secondary (less than 4-year college/university program)	371	36.5
University degree/4-year college or higher	371	36.5
Language first spoken		
English	660	64.9
French	157	15.4
Other	33	3.2
Years of service		
More than 16 years	612	61.1
10 to 15 years	180	17.7
4 to 9 years	191	18.8
Less than 4 years	25	2.5
Category of Service		
Wellness Services	111	10.9
Administrative	68	6.7
Institutional Governance	79	7.8
Correctional Officer	432	52.3
Program Officers	137	13.5
Other institutional	22	2.2

Note: Percentages may not equal 100% due to missing data.

Table 2 shows the mean (*M*) and standard deviation (*SD*) scores of respondents to the individual MAKS questions; statistically significant differences between males and females are also indicated. For each of the fifteen questions, responses ranged from 1 (strongly disagree) to 5 (strongly agree). For the first six questions, which ask about stigma-related health knowledge, the higher the score, the less social stigma an individual has towards individuals with a mental disorder. On five of the six items, mean scores for females were higher than those for males, indicating that females reported less stigma than males toward mental health. The remaining questions ask whether an individual believed the mental health challenge was a mental disorder. Overall, respondents were least likely to view stress ( $M = 2.76$ ,  $SD = 1.39$ ) as a mental disorders and most likely to view schizophrenia ( $M = 4.94$ ,  $SD = 0.28$ ) as a mental disorder.

Table 2. Mean (SD) Scores of Respondents to the Individual Mental Health Knowledge Schedule (MAKS) Questions and the Overall MAKS Score.

	Males (n = 223)	Females (n = 246)	p-value
Most people with mental health problems want to have paid employment.	3.90 (1.13)	4.14 (1.08)	0.009
If a friend had a mental health problem I would know what advice to give them to get professional help.	3.88 (1.01)	4.27 (0.76)	<0.001
Medication can be an effective treatment for people with mental health problems.	4.15 (0.85)	4.52 (0.69)	<0.001
Psychotherapy (e.g., talking therapy or counselling) can be an effective treatment for people with mental health problems.	4.23 (0.83)	4.63 (0.60)	<0.001
People with severe mental health problems can fully recover.	3.20 (1.13)	3.48 (1.14)	0.007
Most people with mental health problems go to a healthcare professional to get help.	3.47 (1.02)	3.40 (1.15)	0.868
The diagnoses below are mental illnesses:			
Depression	4.68 (0.64)	4.76 (0.55)	0.140
Stress	2.70 (1.37)	2.80 (1.40)	0.443
Schizophrenia	4.91 (0.37)	4.98 (0.15)	0.013
Bipolar disorder (manic-depression)	4.88 (0.50)	4.95 (0.28)	0.058
Drug addiction	3.47 (1.43)	3.75 (1.34)	0.031
Grief	2.94 (1.33)	3.01 (1.36)	0.617
Posttraumatic Stress Disorder	4.64 (0.78)	4.77 (0.70)	0.008
Panic Disorder	4.63 (0.72)	4.82 (0.48)	0.001
Social Anxiety Disorder	4.55 (0.78)	4.81 (0.50)	<0.001
Overall MAKS Score	22.81 (3.00)	24.43 (2.80)	<0.001

*Note.* Responses ranged from 1 = strongly disagree to 5 = strongly agree. Questions 1-6 ask about stigma-related health knowledge and questions 7-15 ask whether an individual believes the disorder is a mental illness. The MAKS score for each item is then summed for an overall score ranging from 6-60, with higher scores indicating more positive attitudes about stigma.

Table 3 gives the response scores ( $M$  and  $SD$ ) on the OMS-WA questionnaire, with statistically significant differences between males and females indicated. Lower scores on the scale represent less stigma towards individuals with mental health concerns. Across all items, females reported less stigma towards individuals with mental health challenges than did males.

Table 3. *Mean (SD) Scores on the Open Minds Scale–Workplace Attitudes (OMS-WA)*

	Males (n = 223)	Females (n = 246)	p-value
I would be upset if a co-worker with a mental illness always sat next to me at work.	1.97 (0.95)	1.56 (0.76)	<0.001
I would not want to be supervised by someone who had been treated for a mental illness.	2.13 (1.02)	1.65 (0.82)	<0.001
I would not be close friends with a co-worker who I knew had a mental illness.	1.78 (0.85)	1.46 (0.71)	<0.001
I would try to avoid a co-worker with a mental illness.	1.91 (0.86)	1.53 (0.75)	<0.001
Employees with a mental illness are often more dangerous than the average employee.	2.25 (1.07)	1.65 (0.85)	<0.001
If I knew a co-worker who had a mental illness, I would not date them.	2.75 (1.28)	2.30 (1.27)	<0.001
Employees with a mental illness often become violent if not treated.	2.12 (0.85)	1.64 (0.89)	<0.001
I would not want to work with a co-worker who had been treated for a mental illness.	1.83 (0.78)	1.45 (0.66)	<0.001
Most violent crimes in the workplace are committed by employees with mental illness.	2.30 (0.98)	1.88 (1.04)	<0.001
You can never know what an employee with a mental illness is going to do.	2.43 (0.95)	1.85 (0.90)	<0.001
Employees with serious mental illnesses need to be locked away.	1.52 (0.75)	1.25 (0.52)	<0.001

Note. Responses ranged from 1 = Strongly Disagree to 5 = Strongly Agree.

Responses to the adapted version of the MHSUQ, asking participants about their likelihood of seeking treatment if they developed a mental disorder, are in Table 4. In all instances, females were statistically significantly more likely to seek treatment than were males.

The current analyses resulted in statistically significant differences between male and female correctional employees' attitudes towards individuals with mental disorders. Statistically significant differences in attitudes towards individuals with mental health diagnoses were also found between different categories of service. We first present the findings tied to gender, then proceed to the findings differentiated by occupational subgroup.

Table 4. *Participant Likelihood of Seeking Treatment if They Developed a Mental Illness*

	Males ( <i>n</i> = 223)	Females ( <i>n</i> = 246)	<i>p</i> -value
If I developed mental health problems, I would expect to seek mental health treatment from a professional.	5.51 (1.73)	6.21 (1.28)	<0.001
If I developed mental health problems, I would want to seek mental health treatment from a professional	5.59 (1.68)	6.22 (1.24)	<0.001
If I developed mental health problems, I would intend to seek mental health treatment from a professional.	5.58 (1.68)	6.24 (1.20)	<0.001
All in all, how likely is it that you would seek mental health treatment from a professional if you developed a mental health problem in the future?	5.50 (1.66)	6.10 (1.40)	<0.001

*Note.* Responses ranged from 1 = strongly disagree/ extremely unlikely to 7 = strongly agree/extremely likely.

### **Gender**

On five of the first six questions on the MAKS, all of the questions on the OMS-WA, and all of the questions regarding mental health treatment (see Tables 2, 3, and 4, respectively), males were statistically significantly more likely than females to display more stigma towards individuals with mental disorders and statistically significantly less likely to get health treatment from a professional if they developed a mental health challenge.

With respect to the nine MAKS questions regarding what is considered a mental disorder (Table 2), males were statistically significantly less likely than females to agree that schizophrenia ( $p=0.013$ ), drug addiction ( $p=0.031$ ), PTSD ( $p=0.008$ ), panic disorder ( $p=0.001$ ), or social anxiety disorder ( $p<0.001$ ) were mental disorders, suggesting a statistically significant difference in mental health knowledge. Males and females did not differ statistically significantly in their opinions of the other mental health diagnoses listed; however, male participants did have more restrictive and less broad understandings of what constitutes a mental disorder. Taken together, the current results suggest that stigma directed at persons with a mental disorder may be more intense among males working in correctional services.

### **Categories of Service**

Overall MAKS score, responses to the OMS-WA questions, and responses to the question, “All in all, how likely is it that you would seek mental health treatment from a professional if you developed a mental health problem in the future?” (see Table 4) were compared across participants’ categories of service (e.g., administrative assistant, program workers, correctional officers, institutional governance and wellness staff).

Results from a one-way ANOVA showed several statistically significant differences in responses depending on the participants’ category of service. Wellness staff scored highest on the overall MAKS score, displaying less stigma towards individuals with mental

disorders than correctional officers ( $p < 0.001$ ) and those in positions of institutional governance ( $p = 0.015$ ).

Some of the answers to the OMS-WA also differed based on category of service. In general, wellness staff were statistically significantly more likely to disagree with statements that indicated negativity (e.g., preferring to avoid) towards person with mental disorders, whereas institutional governance and administrative assistants were more likely to agree with such statements. There were no differences in the mean score between categories of service when it came to answering if they would seek professional treatment for their mental disorders if they developed on in the future. Overall, wellness staff were different from those working other positions, particularly when compared to custody staff.

## DISCUSSION

The current data and results generally supported our hypotheses. Correctional staff who self-identified as female were less stigmatizing of mental health and had more knowledge about the stigma associated with mental health injuries. In contrast, correctional staff who self-identified as male reported greater stigma towards persons with mental health challenges. Additionally, female correctional staff were more likely than male correctional staff to seek assistance for their mental health. As postulated, the current results are likely due to differences in females' and males' ethic of care and to the strategic presentations of masculinities underpinning presentations of self (Connell, 1995; Ricciardelli et al., 2015; Spence, 1984a, 1984b). Gender differences were found on different social issues, which is consistent with prior researcher findings (Applegate et al., 2002; Whitehead & Blankenship, 2000). The current results are consistent with the work of Gilligan (1993), who contended that females and males operate on different social values that influence what they interpret as fairness in society. According to Gilligan (1993), females are more concerned with the well-being of the group, sensitivity to others, and trying to help others in order for the greater group to benefit (morality of care) rather than being concerned with the punishment of individuals. Gilligan (1993) indicated that males are generally more oriented towards the desire to be individually focused and hold individuals accountable (hierarchy of authority). In terms of crime, Hurwitz and Smithey (1998) pointed out that females are concerned about crime prevention because of "a larger concern for protecting the vulnerable and making sure no one is hurt" (p. 107). Applegate et al. (2002) also contended that "women, more so than men, seem to hold a general view that the government should not simply be an instrument of punishment and accountability but also should provide assistance to people with needs" (p. 98). Perhaps unsurprisingly, a gender difference on attitudes toward support for war and aggressive military actions has also been observed (Boussios & Cole, 2010a, 2010b).

In the current study, we provide evidence that females are more knowledgeable and concerned about those with mental health needs than are males and, perhaps in turn, less stigmatizing of those with such challenges. Females are more likely to seek mental health care than are their male colleagues, which is likely the result of their knowledge, their at-

taching less stigma to mental health injuries, and their ethic and morality of care. Females then, as they reported, are more willing to seek mental health assistance if in need.

Differences were also evidenced across employees in different occupational positions. Specifically, wellness staff were less stigmatizing of mental disorders and more open to treatment. Future researchers may wish to explore the reason for the differences, which may involve greater educational requirements necessary for positions (e.g., a degree in nursing, social work, or clinical psychology) or the socialization in training or job preparation undergone by different potential employees in diverse institutional correctional occupations. The education of those in wellness positions may have resulted in their greater knowledge of mental health matters, the need to avoid attaching stigma to mental health challenges, and the need to seek mental health treatment if a mental health injury arises. Accordingly, future researchers should empirically examine the socialization and culture of different positions, specifically whether correctional officer training programs differ considerably from institutional nursing or administrative assistant training. Empirically assessing whether wellness staff are socialized to help others and taught about stigma and the value of refraining from passing judgement, while custodial security staff are socialized and expected to be questioning, strong, and self-reliant, would provide needed knowledge about the origins of staff attitudes toward mental health, treatment seeking, and stigma. Our concern is that custodial staff may be less prepared to manage the presentation of symptoms of mental disorders, which may challenge them at work or, in some cases, even hamper their capacities to effectively perform their occupational responsibilities, particularly when such responsibilities are outside of their security training.

Assuming the current results are replicated, there are implications for correctional staff training and practices. Staff, particularly those in non-wellness positions, need training to recognize and manage symptoms of mental injuries among both staff and prisoners. The training could involve educational programs, courses, or workshops. Staff may also require more information about mental health, including why mental health needs must be immediately addressed and require correct treatment. Early intervention is key to recovery; as such, making treatment seeking an acceptable and encouraged action may provide substantial individual and organizational benefits. Correctional staff are likely to face many mental health concerns and work with colleagues who are experiencing symptoms of mental disorders, undergoing treatment, or returning to work post sick-leave (Ghaddar, Mateo, & Sanchez, 2008). Correctional staff may also supervise or provide services to prisoners navigating various stages of mental disorders, from symptom onset to post recovery (Dvoskin & Spiers, 2004). Correctional staff knowledge of mental disorders may reduce the stigma of compromised mental health and therein positively inform the lives of those experiencing symptoms of mental disorders in prison. Being able to accurately identify symptoms of mental injuries also means staff can provide more support and assistance to their peers and seek treatment for prisoners presenting with said needs, particularly as prisons appear to be increasingly serving as defacto mental health institutions. In addition, if training breaks down the level of stigma attached to mental health challenges, staff should

become even more willing to work with staff and prisoners who are receiving treatment (Carleton, Afifi, Turner, et al., 2019). Evidence-informed mental health training should result in greater empathy for those who suffer from mental health concerns. Forming a stronger connection with individuals experiencing mental disorders or compromised mental health may also aid their success in treatment. To this end, future researchers should consider evaluating and improving staff knowledge of mental health and determine the impacts of increased knowledge on staff willingness to work with and help those who have compromised mental health.

Supervisors would also likely benefit from training related to mental health awareness, knowledge, and the importance of seeking mental health treatment. Such training can help supervisors educate and help the staff they supervise, assisting in identifying staff with minor problems and being ready if help is sought or required because said injuries escalate in intensity. A culture of awareness and support for mental health needs to be built and practiced in correctional institutions.

The current study has several limitations that may inform future research and caveat implementations of the results. For example, respondents self-selected for study inclusion (i.e., the sample was not random) and that the sampling frame cannot be determined as we cannot confirm to whom the survey was distributed. The self-selection means the results may not be generalizable to the greater correctional employee population. Moreover, for more intricate analyses of differences across occupational groups (i.e., controlling for additional demographic variables or assessing interactions with other variables), a larger sample would be required.

## CONCLUSION

Correctional staff are a valuable and expensive resource who responsible for a myriad of tasks and duties necessary for the operation of a humane, safe, and secure correctional facility. Correctional staff not only have substantial impacts on the running of prisons, but working in prisons can impact correctional staff. Male participants were significantly more likely to display stigma towards individuals with mental disorders and less likely to be willing to seek treatment if they developed a mental health injury. Significant differences were also found between prison staff based on occupation. Specifically, wellness staff scored highest on the MAKS overall score (displaying less stigma towards individuals with mental health injuries) and were significantly more likely to disagree with statements that indicated negativity towards persons with mental disorders. Female participants and wellness staff report the most positive attitudes towards mental disorders and mental health treatment, yet some stigma still exists regarding mental health. Correctional staff are concerned about the impact of seeking treatment on their employment; accordingly, interventions are needed to change the views towards mental health among staff, particularly among male staff and security-oriented staff. At the very least we hope the current study will spark interest in further research.

## REFERENCES

- Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison-Wesley.
- Aneshensel, C. S., Rutter, C. M., & Lachenbruch, P. A. (1991). Social structure, stress, and mental health: Competing conceptual and analytic models. *American Sociological Review*, *56*(2), 166.
- Applegate, B. K., Cullen, F. T., & Fisher, B. S. (2002). Public views toward crime and correctional policies: Is there a gender gap? *Journal of Criminal Justice*, *30*(2), 89-100.
- Armstrong, G. S., & Griffin, M. L. (2004). Does the job matter? Comparing correlates of stress among treatment and correctional staff in prisons. *Journal of Criminal Justice*, *32*(6), 577-592. doi:<http://doi.org/10.1016/j.jcrimjus.2004.08.007>
- Bem, S. L. (1974). The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology*, *42*(2), 155-162.
- Bierie, D. M. (2012). The impact of prison conditions on staff well-being. *International Journal of Offender Therapy and Comparative Criminology*, *56*(1), 81-95.
- Boussios, E. G., & Cole, S. (2010a). Americans' attitudes toward war: Trend analysis of public opinion for the Iraq war. *Journal of applied security research*, *5*(2), 208-226.
- Boussios, E. G., & Cole, S. (2010b). Do Individual Characteristics Matter? An Analysis of Americans' Opinions toward the Korean, Vietnam, Persian Gulf, and Iraq Wars. *Journal of applied security research*, *5*(3), 279-305.
- Britton, D. M. (1999). Cat fights and gang fights: Preference for work in a male-dominated organization. *Sociological Quarterly*, *40*, 455-474.
- Britton, D. M. (2003). *At work in the iron cage: The prison as gendered organization*. New York: New York University Press.
- Campos, J. A. D. B., Schneider, V., Bonafé, F. S. S., Oliveira, R. V., & Maroco, J. (2016). Burnout Syndrome and alcohol consumption in prison employees. *Revista Brasileira de Epidemiologia*, *19*, 205-216.
- Canadian Institute for Public Safety Research and Treatment (CIPSRT). (2019). Glossary of terms: A shared understanding of the common terms used to describe psychological trauma (version 2.0).
- Canetto, S. S., & Sakinofsky, I. (1998). The gender paradox in suicide. *Suicide and Life-Threatening Behavior*, *28*(1), 1-23.
- Carleton, R. N., Afifi, T. O., Taillieu, T., Turner, S., Krakauer, R., Anderson, G. S., . . . Groll, D. (2019). Exposures to potentially traumatic events among public safety personnel in Canada. *Canadian Journal of Behavioural Science/Revue canadienne des Sciences du comportement*, *51*(1), 37.
- Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., . . . Asmundson, G. J. G. (2018). Mental Disorder Symptoms among Public Safety Personnel in Canada. *The Canadian Journal of Psychiatry*, *63*(1), 54-64. doi:10.1177/0706743717723825
- Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., LeBouthillier, D. M., Duranceau, S., . . . Groll, D. (2018). Suicidal ideation, plans, and attempts among public safety personnel in Canada. *Canadian Psychology/Psychologie canadienne*.
- Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Vaughan, A. D., Anderson, G. S., . . . Camp, R. D. I. (2019). Mental Health Training, Attitudes Towards Support, and Screening Positive for Mental Disorders. *Cognitive behaviour therapy*. doi:10.1080/16506073.2019.1575900
- Cashmore, A. W., Indig, D., Hampton, S. E., Hegney, D. G., & Jalaludin, B. B. (2012). Workplace violence in a large correctional health service in New South Wales, Australia: a retrospective review of incident management records. *BMC health services research*, *12*(1), 245.
- Clow, K. A., & Ricciardelli, R. (2011). *Stigma and wrongful conviction: Justifying reasons to avoid exonerees*.
- Connell, R. W. (1987). *Gender and Power: Society, the Person and Sexual Politics*. California: Stanford University Press.
- Connell, R. W. (1995). *Masculinities*. Cambridge: Polity Press.
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, *15*(2), 37-70.
- Crewe, B., & Liebling, A. (2012). Are liberal humanitarian penal values and practices exceptional. In T. Ugelvik & J. Dullum (Eds.), *Penal exceptionalism? Nordic prison policy and practice* (pp. 175-198). Abingdon: Routledge.

- Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., & Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. *The British journal of psychiatry*, *177*(1), 4-7.
- Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In S. T. Fiske, D. Gilbert, & G. Lindzey (Eds.), *Handbook of social psychology* (pp. 504-553). Boston: McGraw-Hill.
- Dvoskin, J. A., & Spiers, E. M. (2004). On the role of correctional officers in prison mental health. *Psychiatric quarterly*, *75*(1), 41-59.
- Eagly, A. H., & Johnson, B. T. (1990). Gender and leadership style: A meta-analysis. *Psychological Bulletin*, *108*(2), 233-256. doi:10.1037/0033-2909.108.2.233
- Eagly, A. H., & Karau, S. J. (2002). Role congruity theory of prejudice toward female leaders. *Psychological Review*, *109*(3), 573-598. doi:10.1037//0033-295x.109.3.573
- Eagly, A. H., Karau, S. J., Miner, J. B., & Johnson, B. T. (1994). Gender and Motivation to Manage in Hierarchic Organizations: A Meta-Analysis. *The Leadership Quarterly*, *5*(2), 135-159. Retrieved from <http://search.proquest.com.ezproxy.library.yorku.ca/docview/61424944?accountid=15182>
- Eagly, A. H., & Mladinic, A. (1989). Gender stereotypes and attitudes toward women and men. *Personality and Social Psychology Bulletin*, *15*(4), 543-558.
- Evans-Lacko, S., Little, K., Meltzer, H., Rose, D., Rhydderch, D., Henderson, C., & Thornicroft, G. (2010). Development and psychometric properties of the mental health knowledge schedule. *The Canadian Journal of Psychiatry*, *55*(7), 440-448.
- Fernández, M. L., Castro, Y. R., Otero, M. C., Foltz, M. L., & Fernández, M. V. C. (2007). Expressive-instrumental traits and sexist attitudes among Spanish university professors. *Social Indicators Research*, *80*(3), 583-599.
- Fiske, S. T., Cuddy, A. J. C., Glick, P., & Xu, J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology*, *82*(6), 878-902. doi:10.1037//0022-3514.82.6.878
- Garland, B. (2002). Prison treatment staff burnout: Consequences, causes and prevention. *Corrections Today*, *64*(7), 116-121.
- Garland, B., McCarty, W. P., & Zhao, R. (2009). Job satisfaction and organizational commitment in prisons: An examination of psychological staff, teachers, and unit management staff. *Criminal Justice and Behavior*, *36*(2), 163-183.
- Ghaddar, A., Mateo, I., & Sanchez, P. (2008). Occupational stress and mental health among correctional officers: a cross-sectional study. *Journal of occupational health*, *50*(1), 92-98.
- Gilligan, C., & Voice, I. D. (1993). Psychological theory and womens development. *Cambridge, MA*.
- Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, *70*(3), 491-512.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, N.J.: Prentice-Hall.
- Grasmick, H. G., & McGill, A. L. (1994). Religion, attribution style, and punitiveness toward juvenile offenders. *Criminology*, *32*(1), 23-46.
- Griffin, M. L., Hogan, N. L., & Lambert, E. G. (2012). Doing “people work” in the prison setting: An examination of the job characteristics model and correctional staff burnout. *Criminal Justice and Behavior*, *39*(9), 1131-1147.
- Hill, T. D., & Needham, B. L. (2013). Rethinking gender and mental health: A critical analysis of three propositions. *Social Science & Medicine*, *92*, 83-91.
- Hinshaw, S. P., & Stier, A. (2008). Stigma as related to mental disorders. *Annu. Rev. Clin. Psychol.*, *4*, 367-393.
- Hurwitz, J., & Smithey, S. (1998). Gender differences on crime and punishment. *Political Research Quarterly*, *51*(1), 89-115.
- Isenhardt, A., & Hostettler, U. (2016). Inmate violence and correctional staff burnout: The role of sense of security, gender, and job characteristics. *Journal of interpersonal violence*, 0886260516681156.
- Jones, E. E., Farina, A. H., Hastorf, H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marketed relationships*. New York: Freeman.

- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical journal of Australia*, *166*(4), 182-186.
- Kachel, S., Steffens, M. C., & Niedlich, C. (2016). Traditional Masculinity and Femininity: Validation of a New Scale Assessing Gender Roles. *Frontiers in Psychology*, *7*(956). doi:10.3389/fpsyg.2016.00956
- Karaffa, K. M., & Koch, J. M. (2015). Stigma, pluralistic ignorance, and attitudes toward seeking mental health services among police officers. *Criminal Justice and Behavior*, *43*(6), 759-777.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, *62*(6), 593-602.
- Kim, A.-S., DeValve, M., Devalve, E. Q., & Johnson, W. W. (2003). Female wardens: Results from a national survey of state correctional executives. *The Prison Journal*, *83*(4), 406-425.
- Krefting, L. A. (2003). Intertwined discourses of merit and gender: Evidence from academic employment in the USA. *Gender, Work & Organization*, *10*(2), 260-278.
- Lambert, E. G., & Hogan, N. (2009). The importance of job satisfaction and organizational commitment in shaping turnover intent: A test of a causal model. *Criminal Justice Review*, *34*, 96-118.
- Lambert, E. G., Hogan, N. L., & Barton, S. M. (2002). Satisfied correctional staff: A review of the literature on the correlates of correctional staff job satisfaction. *Criminal Justice and Behavior* *29*, 115-143.
- Lambert, E. G., Hogan, N. L., & Tucker, K. A. (2009). Problems at work: Exploring the correlates of role stress among correctional staff. *The Prison Journal*, *89*, 460-481.
- Lambert, E. G., & Paoline III, E. A. (2005). The impact of medical issues on the job stress and job satisfaction of jail staff. *Punishment & Society*, *7*(3), 259-275.
- Liebling, A., Price, D., & Shefer, G. (2010). *The prison officer*: Routledge.
- Major, B., & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology*, *56*, 393-421.
- Mak, W. W., Poon, C. Y., Pun, L. Y., & Cheung, S. F. (2007). Meta-analysis of stigma and mental health. *Social Science & Medicine*, *65*(2), 245-261.
- Markowitz, F. E. (2005). Sociological models of mental illness stigma. In P. W. Corrigan (Ed.), *On the stigma of mental illness: Practical strategies for research and social change* Washington, DC: APA.
- Mittal, D., Drummond, K. L., Blevins, D., Curran, G., Corrigan, P., & Sullivan, G. (2013). Stigma associated with PTSD: Perceptions of treatment seeking combat veterans. *Psychiatric Rehabilitation Journal*, *36*(2), 86.
- Modgill, G., Patten, S. B., Knaak, S., Kassam, A., & Szeto, A. C. (2014). Opening minds stigma scale for health care providers (OMS-HC): examination of psychometric properties and responsiveness. *BMC psychiatry*, *14*(1), 120.
- Oliffe, J. L., Ogrodniczuk, J. S., Gordon, S. J., Creighton, G., Kelly, M. T., Black, N., & Mackenzie, C. (2016). Stigma in male depression and suicide: a Canadian sex comparison study. *Community Mental Health Journal*, *52*(3), 302-310.
- Oliphant, R. (2016). *Healthy Minds, Safe Communities, Supporting Our Public Safety Officers Through a National Strategy for Operational Stress Injuries: Report of the Standing Committee on Public Safety and National Security*: Canada. Parliament. House of Commons. Standing Committee on Public Safety National Security.
- Oliveira, R. V., Schneider, V., Bonafé, F. S. S., Maroco, J., & Campos, J. A. D. B. (2016). Occupational characteristics and burnout syndrome in Brazilian correctional staff. *Work*, *55*(1), 215-223.
- Paoline, E. A., Lambert, E. G., & Hogan, N. L. (2015). Job stress and job satisfaction among jail staff: Exploring gendered effects. *Women & Criminal Justice*, *25*(5), 339-359.
- Parsons, T., Bales, R. F., & Family, S. (1955). Interaction Process. *New York, NY: London*.
- Ricciardelli, R. (2015). Establishing and asserting masculinity in Canadian penitentiaries. *Journal of Gender Studies*, *24*(2), 170-191. doi:10.1080/09589236.2013.812513
- Ricciardelli, R. (2019). *Also serving time: Canadian provincial and territorial correctional officers*. Toronto: University of Toronto Press.

- Ricciardelli, R., Carleton, R. N., Groll, D., & Cramm, H. (2018). Qualitatively Unpacking Canadian Public Safety Personnel Experiences of Trauma and Their Well-Being. *Canadian Journal of Criminology and Criminal Justice*, 1-12.
- Ricciardelli, R., Carleton, R. N., Mooney, T., & Cramm, H. (2018). "Playing the system": Structural factors potentiating mental health stigma, challenging awareness, and creating barriers to care for Canadian public safety personnel. *Health*, 0(0), 1363459318800167. doi:10.1177/1363459318800167
- Ricciardelli, R., Clow, K. A., & White, P. (2010). Masculinity portrayals in men's lifestyle magazines. *Sex Roles: A Journal of Research*, 63(1), 64-78. doi:10.1007/s11199-010-9764-8
- Ricciardelli, R., Groll, D., Czarnuch, S., Carleton, R. N., & Cramm, H. (2019). Behind the frontlines: Exploring the mental health and help-seeking behaviours of public safety personnel who work to support frontline operations. *Annual Review of Interdisciplinary Justice Research*, 8, 315-348.
- Ricciardelli, R., Maier, K., & Hannah-Moffat, K. (2015). Strategic masculinities: Vulnerabilities, risk and the production of prison masculinities. *Theoretical Criminology*, 1362-4806.
- Ricciardelli, R., & Power, N. G. (2020). How "Conditions of Confinement" Impact "Conditions of Employment": The Work-Related Well-Being of Provincial Correctional Officers in Atlantic Canada. *Violence and Victims*, 35(1), 88-107.
- Scheff, T. J. (1966). *Being mentally ill: A sociology theory*. Chicago: Aldine.
- Schomerus, G., & Angermeyer, M. C. (2008). Stigma and its impact on help-seeking for mental disorders: what do we know? *Epidemiology and Psychiatric Sciences*, 17(1), 31-37.
- Seedat, S., Scott, K. M., Angermeyer, M. C., Berglund, P., Bromet, E. J., Brugha, T. S., . . . Jin, R. (2009). Cross-national associations between gender and mental disorders in the World Health Organization World Mental Health Surveys. *Archives of general psychiatry*, 66(7), 785-795.
- Spence, J. T. (1984a). Gender identity and its implications for the concepts of masculinity and femininity. *Nebr Symp Motiv*, 32, 59-95.
- Spence, J. T. (1984b). Masculinity, femininity, and gender-related traits: A conceptual analysis and critique of current research. In *Progress in experimental personality research* (Vol. 13, pp. 1-97): Elsevier.
- Statistics Canada. (2012). *Rates of selected mental or substance use disorders, lifetime and 12 month, Canada, household population 15 and older, 2012*. Ottawa, ON, Canada: Government of Canada
- Szeto, A. C., Luong, D., & Dobson, K. S. (2013). Does labeling matter? An examination of attitudes and perceptions of labels for mental disorders. *Social psychiatry and psychiatric epidemiology*, 48(4), 659-671.
- Wang, J., & Lai, D. (2008). The relationship between mental health literacy, personal contacts and personal stigma against depression. *Journal of affective disorders*, 110(1-2), 191-196.
- Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes and help-seeking: a scoping review. *BMC psychiatry*, 15(1), 291.
- Whitehead, J. T., & Blankenship, M. B. (2000). The gender gap in capital punishment attitudes: An analysis of support and opposition. *American Journal of Criminal Justice*, 25(1), 1.

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