POLICING MADNESS: *A case study analysis of the management of mental illness in custody settings in England and Wales*

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Abstract

This thesis presents a collection of nine published works in key peer reviewed journals alongside five further papers, a book and a book chapter. The papers explore two interlocking themes the impact of deinstitutionalisation and the decline of the social state. The key argument here, informed by not only secondary research, in the form of a large scale literature review, but also primary research examining the management of mental distress in custody settings, is that these policies have led to an increased role for the police in responding to people with mental health problems experiencing a crisis. Analysis of the combined results arising from the empirical studies carried out with Greater Manchester Police (GMP) and Lancashire Constabulary in the period 2006 to 2011, provides a holistic overview of the key role and perceptions of the Custody Sergeant in the management of those experiencing some form of mental health problem. In addition to th empirical work that has been undertaken, the research examines the socio-legal context of policing and mental illness. The work identifies and evaluates the philosophical, ethical and organisational challenges presented by the increased role for the police in the provision of mental health services. The empirical research comprises a case study (Yin 1984) investigation of the custody setting and the custody sergeant's role within it. This is then used as a basis for the socio-legal papers which present an analysis of the impact of two major social policies - deinstitutionalisation and the expansion of the use of punitive responses to marginalised individuals.

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Introduction

Goldberg and Huxley (1980) identified a series of filters to explain the relationship be-tween rates of mental illness in the community and admission rates to psychiatric hospitals. They looked at the factors that influenced decision making at different stages of a person's contact with mental health services. These factors would include the skills, and experience of medical staff, the nature of the mental illness and whether an individual sought help. Their model allows for the consideration of individual and organizational factors. They combine to explain outcomes.

A similar model can be applied in the CJS. At all stages of the CJS, from an encounter with a police officer on the street to sentencing at the Crown Court, the mental health of an individual can and should be a factor in the decision making process. The table below out-lines key decision points within the CJS. When using this approach, one also has to take account of the wider context. It is vital to recognise that the pressures within the CJS mean that many individuals who are experiencing mental distress are not identified at all or only later in the system. The police, Courts and prisons can be viewed as a series of filters or potential decision points. The actual recognition of mental illness is the result of a combination of factors including; the nature and presentation of the mental health issue, the environment in which the assessment takes place, the experience and knowledge of the staff involved.

The following table outlines the key decision points, possible factors influencing these decisions and the policy framework, within which, they take place.

Key Decision Points in the CJS

Decision Point	*Factors influencing decisions*
Policing	Day to day policing involves a great deal of mental health related work. This involves the exercise of judgement and discretion by individual officers
Police custody	Custody officers have a key role in the assessment of vulnerable people. The custody environment can exacerbate mental health problems. People with mental health problems are widely recognised as being at particular risk in custody
Prosecution	In all cases, including those where an offender has a mental illness, the CPS has to decide • there is evidence to secure a conviction • prosecution is in the public interest. The CPS has to consider a range of factors, including the nature of the alleged offence, whether the individual is receiving treatment and community safety.
The Courts	The Courts have the power to remand a prisoner to hospital for a report (section 35 Mental Health Act 1983) or for treatment (section 36 Mental Health Act 1983). In a very small number of cases, the issue arises as whether the defendant is fit to plead. This issue is decided by the judge on the basis of two medical reports one of which must come from a section 12 MHA approved doctor. The issue of the mental state will also be considered in cases where defendants plead not guilty on the grounds of diminished responsibility.
Sentencing	It should be noted that the overwhelming majority with a mental health problem are not dealt with by specialist forensic services. The normal range of sentences is thus open to the courts. However there are important mental health options including: • Mental Health Treatment Requirement (MHTR) is available to the courts as a sentencing option for community orders. These orders have rarely been used. • Section 37 MHA - hospital order. The purpose of the order is to divert offenders to psychiatric care. Without the additions of restrictions, it has the same effect as section 3. • Section 41 - restriction order. This is imposed where the Court feels that it is "necessary for the protection of the public from serious harm". The impact is that the patient can only be given leave, transferred to a different hospital or discharged with the agreement of the Sec. of State. This group of patients -37/41- are usually admitted to Secure Units or the Special Hospitals. These patients are subject to social supervision when they are discharged. They are also likely to under the local MAPPA procedures. • Section 45A - hyrbid order. once treatment is no longer necessary, the offender returns prison
Post - sentencing	The Trencin (2008) statement outlines the fundamental principle that individuals should not be denied healthcare because of their status as prisoners. This applies to both physical and mental health issues. The current provision includes the following • All prisoners are assessed on reception • Mental health in reach teams have been established to identify and support those prisoners with the greatest mental health needs. • Acutely ill prisoners can be transferred to forensic mental health services under section 47 or section 48 MHA.

Thesis: Aims and objectives

Key Aims

1. *To outline the role of the custody sergeant in the assessment and management of people with mental health problems in the custody setting.*
2. *To develop a critical analysis of policy responses to mentally disordered offenders exploring the impact of deinstitutionalisation and mass incarceration on policing's response to mental illness.*
3. *To evaluate , using a case study approach, the custody sergeant's role in the operation of the safeguards and protections afforded under the Police and Criminal Evidence Act (PACE, 2004) to vulnerable detained persons with mental health problems in the custody setting.*

Objectives

1. *To undertake a large-scale socio-legal literature review of the context of the criminal justice system, policing and mental illness*
2. *To offer a reflexive approach, which locates the positionality of the researcher within the process of evaluating the primary and secondary data collection.*

Articles included in the Portfolio of Published Works

This thesis will examine

a) *the published works' contribution to the development of knowledge in the area of criminal justice, policing and mental health,*
b) *explore the inter-relationships between the themes of the published works,*
c) *present a critical appraisal of the published works from micro and macro perspectives, including a comprehensive review of the literature in the field and an analysis of how these works fit into the wider body of knowledge*

The papers that form the portfolio have been divided into two groups. The first group explores the socio-legal context of the interaction between the Criminal Justice System (CJS) and mental health services. The second group of papers is based on empirical research that was carried out with two police forces. This research adopts a case study approach (Yin, 1984) to examine the custody sergeant's role in the management of mental distress in the custody setting. Taken as a whole, the works explore two major interlocking themes the impact of deinstitutionalisation and the decline of the social state. The key argument here is that these policies have led to an increased role for the police in responding to people with mental health problems experiencing a crisis. The empirically based papers result from research projects carried out with Greater Manchester Police (GMP) and Lancashire Constabulary in the period 2006 to 2011. The research included: 10 face to face qualitative interviews with custody sergeants 10 telephone interviews those who had acted as Appropriate Adults, analysis of police records of 168 incidents of self-harm in custody and 58 cases where a Forensic Physician (FP) examined a detained person because of concerns about their mental health. The studies when combined provide an analysis of the key role of the Custody Sergeant and their view of it in the management of those experience some form of mental distress in this environment. The analysis of custody records meant that I was able to identify and evaluate the nature and extent of incidents of self-harm in custody. An Appreciative Inquiry approach was adopted for the qualitative interviews whilst a thematic analysis was carried out of police records of incidents of self-harm.

Group 1: Papers 1 - 5 : Socio-legal context

1: Cummins, ID (2006): A path not taken? Mentally disordered offenders and the criminal justice system *Journal of Social Welfare and Family Law*, 28 (3) pp. 267-281.

2: Cummins, ID (2011): The other side of silence The role of the appropriate adult post-Bradley , *Ethics and Social Welfare*, 5 (3), pp. 306-312.

3: Cummins, ID (2012) Policing and Mental Illness Post Bradley *Policing; A Journal of Policy and Practice* pp 1-12

4: Cummins, I (2013) Using Simon's "*Governing through crime*" to explore the development of mental health policy in England and Wales since 1983 *Journal of Social Welfare and Family Law.* 34 (3), 325-337

5: Cummins, I (2013) Policing and Mental Illness in the era of deinstutionalisation and mass incarceration: A UK Perspective, I*nternational Journal of Criminology and Sociological Theory* 6(4)

Group 2: Papers 6-9: Empirical Work

6: Cummins, ID (2007): Boats against the current; vulnerable adults in police custody. *The Journal of Adult Protection*, 9 (1) pp. 15-24

7: Cummins, ID (2008): A place of safety? Self-harming behaviour in police custody'' *The Journal of Adult Protection*, 10 (1) pp. 36-47

8: Cummins, ID and Jones, S (2010): Blue remembered skills: mental health awareness training for police officers *The Journal of Adult Protection*, 12 (3) pp. 14-19.

9: Cummins, ID (2012): Mental Health and Custody: a follow-on study *The Journal of Adult Protection.* Vol. 14 Iss: 2, pp.73 - 81

For convenience, when the papers are referred to in the text they are in **BOLD** with the paper number in brackets -e.g. **Cummins, 2006 (paper 1)**

Contribution of the Included Articles

Journal Article	Socio-legal / Empirical	Key Themes	Thesis aims
1: Cummins, ID (2006)	***Socio-legal***	This article examines the roots of the long stated aim of the Government policy to divert mentally disordered offenders from the CJS. It examines the cultural shifts required for this to be achieved	To develop a critical analysis of policy responses to mentally disordered offenders exploring the impact of deinstitutionalisation and mass incarceration on policing's response to mental illness.
2: Cummins, ID (2011)	***Socio-legal***	This article explores the protections that are afforded to vulnerable adults in police custody. It argues that gaps in provision and the failure to identify those with mental health problems places individuals at increased risk.	To develop a critical analysis of policy responses to mentally disordered offenders exploring the impact of deinstitutionalisation and mass incarceration on policing's response to mental illness.
3:Cummins, ID (2012)	***Socio-legal***	This article examines the possible implications of the Bradley Review of the CJS. It argues that the review is part of a process, whereby , the focus of policy is shifting from prisons to other areas of the CJS including policing.	To develop a critical analysis of policy responses to mentally disordered offenders exploring the impact of deinstitutionalisation and mass incarceration on policing's response to mental illness.
4: Cummins, I (2013)	***Socio-legal***	This article is a detailed analysis of the development of mental health policy in the past thirty years. It argues that Simon's meme of "Governing through Crime" can be applied in this area.	To develop a critical analysis of policy responses to mentally disordered offenders exploring the impact of deinstitutionalisation and mass incarceration on policing's response to mental illness.

Journal Article	Socio-legal / Empirical	Key Themes	Thesis aims
5: Cummins, I (2013)	***Socio-legal / Empirical***	This article is based on research carried out with two police forces in the North West of England. The research uses Chan's (1996) application of bureaucratic field and habitus to policing to explore ways, in which, the impact of mass incarceration and deinstitutionalisation have led to the increased marginalisation of the mentally ill.	To develop a critical analysis of policy responses to mentally disordered offenders exploring the impact of deinstitutionalisation and mass incarceration on policing's response to mental illness. To evaluate, using a case study approach, the custody sergeant's role in the operation of the safeguards and protections afforded under the Police and Criminal Evidence Act (PACE, 2004) to vulnerable detained persons with mental health problems in the custody setting.
6: Cummins, ID(2007)	*Empirical*	Police officers increasingly have a role to play in working with individuals experiencing acute mental health problems. Custody officers have a key role to play. The article is based on a research study, which examined how officers make key decisions. It also considers the training that they receive.	To outline the role of the custody sergeant in the assessment and management of people with mental health problems in the custody setting. To evaluate , using a case study approach, the custody sergeant's role in the operation of the safeguards and protections afforded under the Police and Criminal Evidence Act (PACE, 2004) to vulnerable detained persons with mental health problems in the custody setting.

Journal Article	Socio-legal / Empirical	Key Themes	Thesis aims
7: Cummins, ID (2008)	***Empirical***	The custody environment is not a therapeutic environment. It cannot hope to meet the needs of those experiencing acute mental distress. This article reports the findings of an analysis of recorded incidents of self-harm. It identifies common methods but also highlights the increased vulnerability of women in police custody.	To outline the role of the custody sergeant in the assessment and management of people with mental health problems in the custody setting To evaluate , using a case study approach, the custody sergeant's role in the operation of the safeguards and protections afforded under the Police and Criminal Evidence Act (PACE, 2004) to vulnerable detained persons with mental health problems in the custody setting.
8: Cummins, ID and Jones, S (2010)	***Empirical***	The Bradley Report (2009) raised a number of important questions regarding the treatment of the mentally ill in the CJS. One key recommendations is that there should be improved training. This article explores models of training for police officers.	To outline the role of the custody sergeant in the assessment and management of people with mental health problems in the custody setting To evaluate , using a case study approach, the custody sergeant's role in the operation of the safeguards and protections afforded under the Police and Criminal Evidence Act (PACE, 2004) to vulnerable detained persons with mental health problems in the custody setting.

Journal Article	Socio-legal / Empirical	Key Themes	Thesis aims
9: Cummins, ID (2012)	***Empirical***	The article is based on a study that explores the assessment of detained persons in police custody. This small scale study highlighted that in the 59 cases, where an assessment by a Forensic Physician (FP) was requested, the majority of detained persons actually had no contact with mental health services.	To outline the role of the custody sergeant in the assessment and management of people with mental health problems in the custody setting To evaluate , using a case study approach, the custody sergeant's role in the operation of the safeguards and protections afforded under the Police and Criminal Evidence Act (PACE, 2004) to vulnerable detained persons with mental health problems in the custody setting.

Supportive Evidence

In addition to the nine papers integral to the thesis, there are a number of published works that provide additional information or perspectives on the papers included in the portfolio. These papers are listed as supportive evidence.

Journal Articles

10: Cummins, I (2010), Mental health services in the age of neo-liberalism *Social Work and Social Policy in Transition*

11: Cummins, I (2011), Distant Voices Still Lives: Reflections on the media reporting of the cases of Christopher Clunis and Ben Silcock *Ethnicity and Inequalities in Health and Social Care, 3(4).*

12: Cummins, I (2015), 'Reading Wacquant: Social Work and Advanced Marginality ', *European Journal of Social Work*

13: Cummins, I (2015), Discussing race, racism and mental health: Two mental health inquiries reconsidered *International Journal of Human Rights in Healthcare.*

14: Cummins, I & Edmondson, D 2015, Policing and Street Triage *Journal of Adult Protection*

Book Chapter

15: Cummins, I 2010 *The relationship between mental institutions beds, prison population and the crimes rate in: Prison mental health: vision and reality* RCN , NACRO, CENTRE for MENTAL HEALTH , LONDON, UK, pp.22-25

Section One: Background

My research interests are intertwined with my professional social work experience. My practice experience informs my research in two ways. It is the starting point for my interest in these issues. It also provides a context and framework for the analysis. My experience as a probation officer and social worker provides a prism through which I see the dimensions of these issues. A short outline of my social work career will support this. I trained as a probation officer at a time when the Probation Service was a very different to its current configuration. The role of the probation officer was defined by the Probation Act (1908) to "*advise, assist and befriend"* the offender. In the 1980s, probation officers were trained alongside social workers. They qualified as social workers to work in the CJS. In addition to the expansion of the use of imprisonment, the past 20 years have seen the increased privatisation of sections of the CJS. These have included running prisons and tagging offenders. These changes are the culmination of moves that began in the mid-1980s.

Before moving to an academic post, I worked as a mental health social worker and then an approved social worker in inner-city Manchester in the mid-1990s. The broad themes in my research - *policing and mental health, poverty, race and mental health, the failure of community care policies and the impact of manageralism* can be traced back to that period. The team, in which, I was based covered one of the poorest areas of the UK - at that time the Local Health Authority was the second poorest area of the country. This was a dynamic, challenging but ultimately very rewarding place to work as a social worker. The area was very diverse, for example over a hundred languages are spoken in the patch the team covered. In this period I was the link social worker for a supported housing project for offenders with mental health problems. I also acted as an Appropriate Adult under the Police and Criminal Evidence Act (1984) for vulnerable adults in police interviews. My caseload was also very heavily dominated by working with individuals with forensic histories.

Reading Kelly's (2005) work on the interplay between racism, poverty, gender and mental health, his application of the term "*structural violence*" provided an analytical tool for understanding the practice setting of a Community Mental Health Team (CMHT). This term alongside Bourdieu's (1986) notion of social capital has become key for the analysis presented here. The works based on empirical research (**Cummins, 2007 (paper 6), Cummins, 2008 (paper 7), Cummins and Jones, 2010 (paper, 8)** and **Cummins, 2012 (paper, 9)).** look at a wide range of structural and social factors that influence health and well-being. The impacts of major mental illness are clearly social as they affect people's opportunities to work and as discussed here establish social networks (**Cummins, 2013 paper, 5 pp 93-94)**. There is a loop here as this social marginalisation, by its nature, has potentially damaging impacts on individual's mental health and sense of well-being. The nature of severe mental health problems is that they have the potential to have an impact on many aspects of individuals' lives. If we recognise that, then it is clear that new approaches need to be developed, which can address these impacts. I now view my social work practice, particularly as an approved social worker, as a form of initial field work or grounding for my research.

As a practitioner, I was particularly interested in the role of the Appropriate Adult (AA). I approached Greater Manchester Police (GMP) with a research proposal to explore the role of the AA in interviews with adults identified as having a mental health problem. I now realise that GMP receive hundreds of requests for research access, most of which, are unrealistic. I was fortunate as my request came at a time when general health issues in custody were being driven up the policy agenda. My professional background and experience enabled GMP to look more favourably on my request. The Association of Chief Police Officers (ACPO) had also just published *Safer Handling in Detention* policy guidance for ensuring the safety of detained persons. I was awarded a University of Salford Vice-Chancellor's scholarship with mentoring from a Professor this strengthened my professional and research standing with GMP.

A meeting was arranged with a senior officer at GMP with responsibility for custody issues. This meeting, on reflection, has turned out to be one of the key moments of my research career. In focusing on the role of the AA, I had overlooked the wider processes in custody. In particular, I had not taken fully into account the role of the custody sergeant and their assessment of vulnerable adults. I think that my social work practice had obscured these issues. In all the cases that I acted as an AA, the detained persons were already known to services and/or had some previous contact with the police or had been arrested in circumstances where it was more likely that concerns about their mental health would be identified. These cases included individuals living in supporting housing projects or where the offence was such that the police would be more attuned to these issues. This is a particular subset of people with mental health problems in custody - the acutely unwell or those with a documented history of mental illness.

GMP offered me the chance to look at wider mental health issues in custody. It was not with my original idea of looking at the role of AA. This shift involved approaching this issue from the perspective of those involved in the management of custody settings. The access being offered was inestimable so it would have been foolish not to have accepted this offer. I discuss the case study approach adopted is outlined on page 24. The study was based on ten face to face qualitative interviews with custody sergeants - one in every division of GMP. I was thus able to cover the whole of the Manchester conurbation. The area is very demographically diverse. In addition, there are a series of different organisational and institutional relationships between, Mental Health Trusts, GMP and other stakeholders across the region. My approach to these interviews was informed by Appreciative Inquiry (see page 23). The interviews took place at police stations across GMP. I took fieldwork notes during these interviews. I then identified the key themes across the interviews. The study was published as **Cummins (2007) (paper 6).**I presented this research at a NACRO Mental health and offending conference. In the audience was a senior officer from Lancashire Constabulary

(LC) who was responsible for the management of custody issues. He invited me to meet him after the conference to discuss the possibility of research. This was the beginning of a very fruitful partnership with LC. It moved my work away from the role of the AA but focused more on the custody process. It enabled me to explore the custody setting from a number of viewpoints. It resulted in the following papers: **Cummins (2008) (paper 7)** and **Cummins (2012)(paper 9).**As a result of these papers and conference attendance, I developed a wider reputation in this area. This led to working with a nursing colleague on **Cummins and Jones (2008) (paper 8).**

At this point, I will consider briefly the questions of reflexivity and research. As Coffey (2007) notes there are always autobiographical dimensions to qualitative research. Geertz (1988) agues that the interpretive turn in the social sciences has led to a loss of faith in the quality and nature of representation. This has led to an increased focus on researcher subjectivity in the process of research. This involves a consideration of who I am, who I think I am and other questions of identity. These leads how these issues might have an impact on the research question, study design, data collection and analysis. In this area, identity has usually been explored in terms of gender, race, sexuality, class or health status. This approach has its roots in moves in the 1970s to challenge classical anthropological ethnographic methods. It was an attempt to position the researcher as non-exploitative - someone who was providing a critique of colonial societal dynamics rather than reproducing them.

The trend for a constant repeated reflexive analysis of the researcher's position has been attacked as self-indulgent and ultimately self-defeating (Patai,1994). There is clearly a potential danger. As Burr (1995) notes reflexivity is not a term that is used consistently. She argues that the most common usage is researchers " *analyzing their own writing, reflexively discussing how their own accounts have been constructed.*" (p160). This reflexive approach can be seen as a form of self-disclosure. Macbeth (2001, p38) terms this "*positional validity".* In undertaking the empirical work

I was in liminal position. I was in some senses an insider. This was limited. I was far removed from being a Complete Member Researcher such as Wacquant (2006) when he became a boxer to study the lives of young men in a Chicago gym. I carried out the research in an areas where I had worked as a social worker. I had been in the custody settings as a mental health social worker. It would be impossible for me to deny these experiences or that knowledge would have an impact on the research. As outlined below, this can be a positive in being accepted as a member of group or at least being recognised as having a professional understanding of the issues. A professional understanding is by definition a narrow and exclusionary one. My professional identity was also at play in shaping the analysis of the data. For example, my focus was specifically on welfare issues and the effectiveness of safeguards for vulnerable detained persons. As discussed below, in the interviews with custody sergeants they responded to me as an experienced mental health social worker - acknowledging that I had practice experience of the area. This can be an advantage but researchers from different backgrounds - for example a mental health service user - might have been more critical or pursued different lines of inquiry.

In my research, I have been very conscious of the importance of maintaining my professional identity as a social worker. This seems an obvious statement - I am clearly not a police officer. However, I think that the senior officers who agreed for the research to take place would not have done so, if they did not have confidence in me. I had an understanding of the culture of custody. The importance of this rapport cannot be overestimated. Like Benyon (1983), I skillfully employed my professional background. The same was true in undertaking the face-to-face qualitative interviewing of officers in the initial study and subsequent discussions about access to custody records. There are echoes here of Garfinkel (1967) who saw members of specialised groups as "*cultural colleagues*" . The group here is professionals who work in custody settings. Garfinkel argues that an individual is a member of a group on the basis of the way that s/he is treated by others. In my case, this would include the use of "*institutional talk"* - i.e. the use

of a specialised vocabulary or technical language. The custody environment - and police discussion of it is replete with such terms - for example *section 136 (police powers under the MHA), PACE clock (the time rules governing the length of time someone can be held in custody), DP (detained person) and FME (Forensic Mental Examiner - a doctor called to assess an individual in custody).* It was clear that officers acknowledged that my experience as a mental health worker in Manchester had given me an insight into these issues. It was not just that I was an ASW but one in an area that they knew and realised was a challenging one. I was aware of the importance given to "*real life experience*" in police culture. For example, I would use case examples from my own work as a means of introducing topics. As Taylor and White (2000) argue professional conversations reveal tacit understandings and knowledge. My understanding of this institutional talk was a key factor in establishing credibility with the police on both organisational and individual levels.

The wider papers that I have written address these issues but seek to place them in the context of neo-liberalism and its impact on public services. I am strongly influenced by Foucault's (1982) notion of a "*history of the present"*. What is important today has its roots in the past, but also in producing this history it creates a critical space to examine these areas. In this case, the impact of the failure of community care and the policy response are the theme examined. **Cummins (2013)(paper 4).** Further exploration of these issues takes place in the papers that form the supportive evidence. The analysis developed here is then applied to policing in **Cummins (2013) (paper 5).**

Custody

The custody setting and the decision making of police officers is a key area. It is neglected in the literature relating to mentally disordered offenders. In particular, the experiences of custody sergeants carrying out the role have not been explored in depth. The focus of research in this area of mental illness and the CJS has concentrated on prisons or the courts with an emphasis on measuring the extent on mental illness amongst offenders. Singleton et al's (1998) study remains the key analysis of the extent of mental health problems amongst the prison population. The Corston Inquiry (2008) was established to examine the experiences of women in prison in a broad perspective but there is a clear focus on mental health issues. Steele et al (2007) examined the effectiveness of prison mental health in-reach teams. The Bradley Review (2009) considered the impact of mental health issues across the CJS. Dyer (2013) examined the effectiveness of liaison and diversion schemes that seek to prevent people with mental health problems being sent to prison. Previous research on policing and mental illness has focused on beat officers (Teplin, 1984) and/or their assessment of individuals experiencing acute mental distress (Jones and Mason, 2002). This research focus therefore provides an original insight into the assessment and management of mental

illness in the custody setting. It includes a particular focus on the work of custody sergeant who have a key role.

The custody setting is not a public space so the access that I was able to gain to interview custody sergeants placed me in a privileged position as a researcher. The access that I was given to anonymised custody records was similarly privileged. The advantages are clear. I had access to information, for example, parts of custody records that it would be very difficult to obtain under any other circumstances. The scope of the research project is therefore original in that it explores the custody setting and the custody sergeants' role from multiple perspectives, mapping the key decision making points in these processes. Reflecting on the research process, it is now clear to me that I did not fully appreciate how privileged the access was. There was a greater scope for analysis of the data that I was given. There was an opportunity here that I missed. For example, I did not fully explore the comments that officers made in reports on incidents of self-harm. However, this might have strayed from the original research aims and objectives.

The starting point for research, in the social sciences, - is that knowledge of the social world can be used to change it. This is a contrast to the natural sciences where knowledge can produce understanding or new techniques but does not change the natural world. In my approach to exploring the role of the custody sergeant in the assessment and management of mentally distressed individuals in police custody, I have been influenced by Appreciative Inquiry (AI). Gergen (1994) argues that research should begin with appreciation. In addition, research has to be applicable for it to have value. AI (Bushe, 1995 Chin, 1998, Cooperrider,& Srivastva, 1987, Curran, 1991 Ludema,2002) is based on a social constructivist conceptual and ontological framework. In this schema, language, knowledge and action are intertwined. An organisation or an aspect of it has to be viewed as the outcome of the actions of its members but also their interactions with the

cultural, social and economic factors which shape that setting. As Michael (2005) notes AI researchers argue that an appreciative approach produces a more nuanced understanding than one that starts from a essentially negative proposition. AI has been used in CJS research for example - Liebling et al's 1999 study of relationships in a prison and more recently Robinson et al's 2013 analysis of probation. In both cases, AI seeks to bring to the surface hidden areas of organisational culture. This approach lends itself to areas like the custody setting - an area that is, to a large extent hidden, but also one where the views of key actors are rarely sought.

AI sees research has generative. It attempts to produce change. AI notes that one of the most effective ways of doing this is to obtain the views of the marginalised within an organisation or system. Despite their key role, I argue that the little specific research into their work, means that custody sergeants constitute such a group. Grant and Humphries (2006) describe AI as an approach that focuses on the positive attributes of organisational structures, which it sees as the basis for change. Rogers and Fraser (2006) suggest that there is an inherent danger that AI by focusing on positive factors risks distortion. AI can be contrasted with Critical Theory. Critical Theory is concerned with the identification of power imbalances and the structures that create them. AI encourages participants to discuss the positive aspects of their work. Reason (2000) argues that AI in trying to focus on the aspects of the organisation that work well faces the danger that it will "*ignore the shadow"* – i.e. that the realities of the working environment are ignored. The officers involved did highlight aspects of good practice, for example, inter-agency working but they were also very forthright in discussion of perceived organisational and managerial failings. Police organisational culture, particularly its gallows humour, means that there was little likelihood, if any, that the more negative aspects of the process would be ignored in these interviews.

Having explored the training and *habitus* of custody sergeants, two further studies went on to examine incidents of self-harm and the police response along with the assessment of mental health

problems in the custody setting **Cummins, 2008 (paper 7)** and **Cummins, 2012 (paper 9)**. Taken together, these constitute a case analysis of the management of mental illness and self-harm within the custody setting and the custody sergeant's role in these processes. Yin (1984,23) describes a case study as "*an empirical inquiry that investigates a contemporary phenomenon within its real-life context.*" This can involve a longitudinal study of a single case but this is not necessarily so. In this instance, it was a question of exploring via *interviews with custody sergeants, notes on individual custody records and police officers' short summaries of incidents of self-harm* police responses to detained persons who were experiencing acute mental distress whilst in custody.

Yin (1984) outlines three types of case study: *exploratory, descriptive and explanatory.* McDonough and McDonough (1997) add *interpretive and evaluative.* Strake (1995) has three forms of case study: *intrinsic*, the specific problems of an individual case, *instrumental*, the study of a small group of cases and *collective* which involves the use of a number of sources. This work is an interpretive case study which examines the custody sergeant's role in the assessment and subsequent management of mental distress. It involves the consideration of the wider socio-legal framework including PACE (2004) and the MHA (1983) but also broader questions about the development of community based mental health services.

The strength of the case study approach lies in the ability to examine data within the context which it is generated and used. Case studies allow for the examination of the contextual realities of the area being studied. They also allow for the uses of multiple sources of evidence. Denzin and Lincoln (1994) term this process triangulation whereby the researcher examines different aspects of the social reality. This means that there is the possibility to explore the gap between what should or is meant to happen and the organisational reality. A case study is not intended as a study of the whole organisation (Yin 1984). This work is a consideration of only one aspect of policing and mental illness. In that sense, it is an examination at a micro rather than a macro level. The criticisms

of case study approaches echo the wider ones of post-positivism (Bryman 2012). These focus on an alleged lack of rigour and the problem of whether the results are generalizable (Mason, 2002, Neumann, 2013). These questions need to be recast depending on the claims made of the research. This work acknowledges that custody is a dynamic setting where wider issues of welfare and justice are played out. Within that framework, it seeks to explore the factors that influence how custody sergeants carry out their role.

I had access to information, for example, parts of custody records that it would be very difficult to obtain under any other circumstances. In addition, some data was collected, in situ, on my behalf. Whilst acknowledging that this put me in a very privileged position, there are also potential problems here. My initial approach to the police focused on the role of the Appropriate Adult rather than Custody Sergeants' assessment of mental illness. However, interviewing officers was an excellent research opportunity that I decided to take. From that point onwards, my research was in some part shaped by the areas, to which, I was able to gain access. There is a balance to be struck here. For example, custody records are such a potentially rich source of data that even access to a summary is of immense value. As noted above, I do not now feel that I fully exploited the access and the data that was generated.

The challenges of research are increased when studying sensitive or difficult areas. Alexander et al (1989) examined the impact on researchers of reviewing case records of rape and sexual assault. They highlight the fact that the impact was strong despite the fact that there was no actual contact with the victim. In the study of self-harm, I was reviewing secondary records of individuals involved in very traumatic events. For example, the police summaries contained graphic descriptions of attempted self-mutilation. I had some protection against this impact. I had professional training and experience having worked in the area and been involved in MHA assessments in similar circumstances.

Booth and Booth (1994) emphasise that researchers need to build a level of trust with participants in any research project. This trust will then allow or encourage the participant to share their experiences. On reflection, my professional experience as a probation officer, mental health social worker and approved social worker gave me an immediate credibility. I was an outsider but not totally so. The police officers recognised that I had an understanding of their role and the issues involved. Reiner (2000) uses the term *outside outsider* to describe a researcher who seen to lack the occupational and cultural capital by participants. I was a *"civilian"* but I did have some cultural or professional capital as I had clearly worked in the custody setting. In particular, I understood the language, formal and informal, of custody as well as the policy and legislative framework. This does bring with it the possibility that the researcher loses a critical edge or fails to probe certain areas more deeply. There was a constant tension between developing working relationships and the need to maintain independence as a researcher.

Etherington (1996) refers to the *"tin opener effect"* whereby researchers ask participants to talk about areas of their lives that they rarely reveal. This was the case in the custody sergeant interviews. As Reiner (2000) states *cop culture* is dominated by a focus on action rather than reflection so these interviews provide an opportunity that is usually very limited. The research interview can perform a useful function for the participant (Brannen,1993). There is a possible cathartic effect. This was very evident in the interviews that I carried out. Custody sergeants were very aware and keen for the researcher to recognise the individual position of responsibility that they held. The police are a command and control organisation. The participants in the research were all volunteers. There was no vetting of questions and all the sergeants emailed me to make arrangements for the interviews. However, despite this it would be naïve to think that there were no limits to the areas that the officers would be prepared to examine.

The research uses Chan's (1996) application of Bourdieu's notions of bureaucratic field and habitus to policing to explore the impact of mass incarceration and deinstitutionalisation. Chan (1996) argues that Bourdieu's theoretical approach emphasises the active role that police officers play in the application of policing skills in a particular social and political context. It thus forces researchers to acknowledge that there are multiple organisational cultures since officers in different positions within the force will work under different field or habitus. In the research undertaken in custody settings, particularly in the interviews with custody sergeants, their perception of the role revealed a number of factors that influenced their attitudes and the development of habitus. The custody sergeants saw their role as a key one in the administration of justice. However, they also emphasised that they were responsible for the welfare and safety of the detained persons whilst they were in custody. One major source of frustration for this group was the perceived lack of support from community mental health services. A key factor in this concern was also the fact that the custody sergeants felt that they would be held personally responsible for any failings or if there was a serious incident or suicide. There was little confidence that they would be supported by senior management in such situations. Thus, there was a determination to be seen to have "*done things by the book"*. **Cummins (2012) (paper 9)** study of decision making in custody, which explored the reasons why the police asked for a doctor to assess the mental state of a detained person illustrates this. In the majority of cases it was to ensure that the person was fit to be detained in custody. This is essentially a decision that relates to the administration of justice rather than the welfare of the individual.

Limitations of the Empirical work

The limitations of the empirical work that forms the basis for the second group of papers within this submission have to acknowledged. The four pieces of work are all small scale and limited both in the data that is presented but also the generalisability of the results. These issues are not examined in depth within the final submissions. This is, perhaps, a reflection of my naivety as a researcher. As noted above, I did not fully appreciate the level of access that I had been able to negotiate. One result of this was to underestimate the significance of the data that I had gathered. There are two very clear examples of this - the interviews with custody sergeants and the analysis of incidents of self-harm. Better recording of the interviews would have enable me to carry out a deeper thematic analysis. The records of self-harm also included brief three or four line case reports from officers. A thematic analysis of these excerpts would have provided a greater insight into police attitudes and practices. The failure to realise the full potential that the data offered consequently means that some of the knowledge claims in the final papers are overstated.

Analysis of the empirical research presented in the thesis

Paper	***Key themes***	***Discussion***
5: Cummins, I (2013)	This article is based on research carried out with two police forces in the North West of England. The research uses Chan's (1996) application of bureaucratic field and habitus to policing to explore ways, in which, the impact of mass incarceration and deinstitutionalisation have led to the increased marginalisation of the mentally ill.	This paper includes a discussion of the four pieces of research that were carried out with two police forces. The limitations of the empirical research are not explicitly acknowledged within this paper. The specific limitations of each paper are discussed below. The result for this paper is that more empirical evidence is required to support the claims that being made.
6: Cummins, ID(2007)	Police officers increasingly have a role to play in working with individuals experiencing acute mental health problems. Custody officers have a key role to play. The article is based on a research study, which examined how officers make key decisions. It also considers the training that they receive.	This paper is based on ten interviews with officers acting as custody sergeants in GMP, one for every division within the force. These semi-structured interviews were not taped recorded so field notes were taken. The field notes highlighted key themes in the interviews in each interview. These themes were then cross referenced after the completion of all the interviews in the project. Taping and transcribing of the interviews would have allowed for a detailed thematic analysis. The interviews lasted between one and half to two hours. Over fifteen hours of interviews with this group is a very rich data source. The project had the potential to produce a detailed phenomenological analysis of the experiences and perceptions of custody sergeants from their own perspectives. Such a study would have an important contribution to the analysis of decision making within the custody setting. The current paper does not discuss the methodological issues or the resultant limitations of the research. The knowledge claims made are therefore overstated.

Paper	*Key themes*	*Discussion*
7:Cummins, ID (2008)	The custody environment is not a therapeutic environment. It cannot hope to meet the needs of those experiencing acute mental distress. This article reports the findings of an analysis of recorded incidents of self-harm. It identifies common methods but also highlights the increased vulnerability of women in police custody.	This paper is based on analysis of recorded incidents of self-harm. The methodological issues are marginalised in the final submission. There is a limited consideration of the issues surrounding recording. There will be significant variations in how incidents of *"self-harm"* are recorded by individual officers. Examples would include punching a wall which might be missed or simply regarded as acts of aggression. The records and data were collected by the police in situ. This was a pragmatic advantages but means that there are organisational biases and weakness in the collection of the data. These are not explicitly acknowledged or discussed in the final paper. There is some attempt at a statistical analysis but this is very weak as there is no consideration of sample size, margin for error and confidence interval. This therefore undermines the claims made about the increased vulnerability of women.The paper should have presented the findings as indicative. The short police descriptions of the incidents of self-harm could have been subjected to coding and a thematic analysis as they highlight police concerns and attitudes in this area.
***8: Cummins, ID and Jones, S (2010*)**	The Bradley Report (2009) raised a number of important questions regarding the treatment of the mentally ill in the CJS. One key recommendations is that there should be improved training. This article explores models of training for police officers.	This is a short descriptive paper. It compares two approaches to the delivery of mental health training to two groups of custody sergeants. Whilst it outlines the methods of training used, the evaluation of the impact of the approaches is weak. There is no discussion of a number of important factors such as, *the number of officers who underwent each form of training, bio data such as the length of service and previous mental health experience.* In addition, the context of the police officers' role is not acknowledged or examined. For example, one training approach was applied for all officers while the other only applied to those on a custody sergeants' course. The claims for the impact of the training are made on the basis of very limited module evaluations. These claims are far too great.

Paper	*Key themes*	*Discussion*
9: Cummins, ID (2012)	The article is based on a study that explores the assessment of detained persons in police custody. This small scale study highlighted that in the 59 cases, where an assessment by a Forensic Physician (FP) was requested, the majority of detained persons actually had no contact with mental health services.	As with ***paper 7 (Cummins, 2008)*** the data for this paper was collected in situ by the police. The pragmatic advantages of this approach should not obscure other issues that need to explored. As noted above, the issues and potential weaknesses in data collection should be acknowledged. The paper lacks any comparative element, for example, cases where the individual was in custody and in contact with mental health services but a FP was not called. The paper does acknowledge that this is a small scale study but even allowing for this the methodological weaknesses need to discussed in more detail. The findings are overstated. They are also somewhat at odds with other research in the area - for example the use of section 136 MHA which indicates that two-thirds of individuals subject to it, are in contact with mental health services. The paper is an initial examination of the records and should be presented more clearly as such. Negotiations with the police to carry out a more detailed thematic analysis of the records were underway but changes in staff meant that they were not completed.

Thesis contribution

The thesis has its roots in mental health social work but also extends to criminology and sociology. It makes an innovative interdisciplinary contribution across these disciplines. This is an original analysis of the demands of the role of the custody sergeant in detecting and managing mental distress in the custody setting. This section acknowledges that the focus of the research developed in as a pragmatic response to the opportunities that were offered to work with the police. Though the majority of police contacts in relation to mental health work, it is argued that the insights from this setting can be used to illustrate the wider concerns that arise.

As noted above, my original intention at the start of my academic research career was to examine the role of the Appropriate Adult and consider if it provided effective protections to vulnerable

adults with mental health problems when they were interviewed by the police. I was offered an opportunity to interview custody sergeants about their role. Following on from this, the data that collected was the result of a pragmatic decision to take advantage of the research opportunities that were afforded me by two local police forces. This decision meant that the focus of my research shifted. In examining the custody setting, the research focused on a very specific area of police mental health work. The majority of police contacts, in such circumstances, do not take place within the custody environment. In addition, the custody environment because of its physical environment and the legal framework has to be viewed as a unique setting. However, the wider themes about the police role in the response to those experiencing mental distress can be seen to play out here. Therefore an examination of the custody setting can provide broader insights.

The thesis makes innovative use of Wacquant's theoretical framework. It presents an analysis of the expansion of the penal state and the concept of advanced marginality. It then uses these conceptual tools to produce an original synthesis of sociological theory and mental health policy to argue that the increase demands on the police in this field reflect the failure of community care and more recently austerity.

The work builds on the work of penal scholars such as Wacquant and Simon. Wacquant and Simon have produced analyses of the penal state. Throughout his work, has powerfully argued that the growth of social insecurity is one of the key features of neo-liberalism. Penal scholars have used a number of terms to describe the phenomenon of the increased use of penal sanctions. These include mass incarceration, mass imprisonment, the prison boom, the carceral state or the penal state. These terms refer to the phenomenon of the rise in the use of penal sanctions at a time when crime rates have been falling. Simon (2014) has compared this to a biblical flood one that he now sees as past its peak. However, like all floods it has created a tremendous amount of damage. In this case, the damage is to individuals, families and communities who have found themselves caught up in this

punitive surge. The CJS has historically been one of the key sites of social work interventions. This work applies insights from the American experience of the penal state to the current context in England and Wales

The literature that examines the treatment of mentally disordered offenders is discussed in **Cummins, 2006 (paper 1).** The focus of these debates has been overwhelmingly on the prison system. The issues here are the large numbers of prisoners who experience mental distress and the difficulties of providing mental health care in these settings. Policing and mental illness has been marginalised. The research such as Teplin (1984) that began debates about the police role post deinstitutionalisation has not focused on the custody setting. This empirical work focuses on the custody setting whilst the broader socio-legal papers use this as a starting point for wider discussions of the nature of policing

The thesis presents nine peer reviewed papers that cover both theoretical perspectives and report the findings of four piece of empirical work. The research is influenced by Appreciative Inquiry as an approach. It, therefore, seeks to use the insights provided by research to develop and change policy. AI focuses on those who have a key role in an organisation but whose voices are often not heard. It is insights from the day to day workings of the custody suite that can be used as a basis for developing new responses to these issues The papers have been published over a period where the police response to mental health issues has gone up the policy agenda. As well as tracking these developments - for example considering the implications of the Bradley Review (2009) and Lord Adebowale (2013) report into MPS response to mental health issues- this body of scholarship has made a contribution to shaping these debates. The papers examine the issue of mental health and policing from a number of perspectives. It is a truly interdisciplinary. The starting point is social work and social work practice. From this base, perspectives from sociology, criminology and social policy have been integrated to produce a new framework for understanding the role of custody sergeants in responding to those experiences mental distress. The research seeks to a make

contribution to the development of mental health policy. My invitation to be part of the review of section 136 MHA was a direct result of the work that forms the basis of this thesis. The thesis makes a contribution to the development of professional practice in the management of mental distress in the custody setting.

Section 2 : "Cop culture" and the context of Police Research

Bourdieu's conceptual framework of *field, habitus and capital* provides a series of tools to analyse the development of policies in the mental health and penal spheres. In this context, I would argue that the overlap between mental health and penal policies means that this area would meet Bourdieu's (1998) definition of a field as a *" structured social space, a field of forces"*. Garratt (2007) argues that a field has three key elements within it. The first is the impact that it has on the development of the habitus of individuals within it. He then goes onto suggest that a field seeks to maintain its own autonomy but there is competition between the actors within that area. Within this area, one can identify a number of key actors who seek to dominate or control key areas of the field. Seddon (2009) suggests there has been an ongoing argument about the treatment of the mentally ill within the CJS and prison systems. Seddon argues that this is a specious argument because the mentally ill have always been found in these systems. However, one can see that elements of within this bureaucratic field have been jockeying for position. The result is the constant ebbing and flowing of policies and approaches. As the therapeutic state declined the penal state expanded. Using the notion of field, allows for these policies to be seen not as contradictory but as competing elements of a strategic battle. The notion of field encourages us to examine the influences on the development of policy in nuanced fashion. The interaction between the notions of field and habitus is crucial. Wacquant (1998) argues that in themselves they do not have the "*capacity to determine social action".* It is the interplay between the two that needs to be considered. Even if we assume that there is agreement across a field, it does not mean that all individuals in a given position within that field will act in the same way. Field has a key role to play in the development of the habitus of any individual located there.

The first problem that all researchers face is the one of access. Punch (1989) discusses his work and the ethical problems that arose as a result of it. Punch's work is a famous observational field work study of police patrols in inner-city Amsterdam in the period 1974-1976. As he notes, such research, in effect involves negotiating different levels of access. Once the senior management had agreed that Punch could undertake the study, he then had to negotiate a whole series of relationships with the officers on the ground where the study took place. This can be a much more difficult process. Punch argues that fieldwork is stressful, time consuming and requires a very strong personal commitment from the researcher involved. He notes that his personal circumstances allowed him to make this commitment. Punch starts from the point that there is a wide discrepancy between the public presentation of policing and the day to day reality. The public image – perhaps on the wane when Punch began his work- is, of policing as a rational, technocratic exercise. This echoes Reiner's idea of policing as "sacred". However, the daily reality is much more complicated. Punch is influenced by Goffman's (1961) idea of a backstage reality to all institutions. He argues that the researcher needs to immerse themselves in this world to crack the code of policing.

The CJS is a part of society that is both familiar and hidden. It is familiar in that a large part of daily news and television drama is devoted to it. It is hidden in the sense that, the majority of the population have little, if any, direct contact with the CJS. Skolnick (1966) argues that the police as an organisation are the most hidden part of the CJS. The wider society has little insight into the day to day working of key elements of policing such as custody settings. There are a number of practical and ethical problems that face researchers wishing to explore in depth the worlds of police and policing.

In order to examine the impact of *habitus*, it is important to examine the organisational work culture of the police. It is clearly a command and control organisation. Reiner's (1992) outline of " *cop culture"* has been very influential in setting and shaping debates about the nature of policing. He

identified the key themes elements of the police organisational culture as being a conservative, with officers holding a cynical and ultimately pessimistic view of the world and the communities that they serve. Reiner sees police officers as being action orientated - status is obtained by being a *"thief taker"*. The working culture that is described here is also one that is politically conservative and on occasions racist, misogynistic and homophobic. Skolnick (1966) outlined the features of what he termed the police "*working personality"*. As well as these individual characteristics, Reiner highlighted the importance of loyalty both to fellow officers and the *"police family"*. Westmorland and Rowe (2016) highlight the importance of organisational solidarity and shared values whereby officers see themselves as part of a *"thin blue line"* that protects the community from criminal elements. Within such a cultural framework, there is the potential for mental health work to be seen as " *not proper policing"* and thus having a lower status and organisational priority. The organisational responses to the issues raised by mental health work are discussed in the next chapter.

Dennison (1996) notes that "*organisational culture"* is a very broad term that potentially includes a whole range of factors and elements.These would include resources, policies and environmental factors that impact on the individual worker. Martin (2002) notes that organisational culture is generally viewed as a tool that can be used for explaining behaviour rather than a variable shaping it. Waddington (1999) argued that the "*canteen culture"* that Reiner was outlining was an oral culture. It was full of bravado and dark humour which were essential defence mechanisms for officers who were dealing with crisis situations and examples of the worst aspects of human behaviour on a daily basis. Organisational culture is a neutral term but is generally used in a pejorative sense when policing is being discussed (Foster, 2003). Reus- Ianni (1999) argues that there are multiple cultures within policing - it is wrong to think of a force as one organisation. The location of forces, urban or rural, for example will potentially impact on the nature of the work but also the working culture. In addition, there are clear differences between management approaches

and the officers who are exercising their roles on the street in face to face encounters with members of the public. The police culture of solidarity is usually seen as a potentially negative aspect of the organisation , particularly as it makes the exposure of unprofessional behaviour more difficult. Campeau (2015) acknowledges this but also there are positive aspects to these processes. In this field, the work of Inspector Michael Brown (OBE) is a great example. His *MentalHealthCop* blog (https://mentalhealthcop.wordpress.com) and *@MentalHealthCop* twitter feed is seen as offering serving officers invaluable practical and sometimes legal advice on any issues relating to mental health and policing. He has become an influential and important figure within this field - being asked to give evidence to the Home Affairs Select Committee but also making regular media appearances.

Reiner's original outline of "*cop culture"* is now over twenty-five years old. This raises a question as to its current validity as a starting point for the analysis of police work and structure. In this model, *"cop culture"* is monolithic. Police officers are attracted to the role because of certain aspects of it - the commitment to community protection - but also socialised into it. The role working and the recruitment practices of the police have changed significantly since Reiner's work first appeared. These changes can be divided into two very broad areas. The first might be termed the police response to the equality and diversity agenda, the second area is the new modes of working with a range of agencies and partnership working. Such changes require new approaches but also a new set of skills - interagency working, empathy and problem solving. These skills have been traditionally seen as feminine. These areas - child protection, community work for example - have been seen as 'soft policing" and areas for female.

Partnership working has become a key feature of modern policing. At the heart of this approach is a fundamental shift in the nature of policing. Community policing, rather than a reactive model, requires the police to work with local communities and relevant health and social welfare agencies

to gain an insight into local problems (Skogan, 2008). Not all such problems are necessarily crime but they will involve a police response. Such an approach acknowledges that the police cannot "solve" the problem of crime on their own. It is also an implicit recognition that policing is often more concerned with the welfare of vulnerable people than the detection and arrest of offenders. The response to people experiencing a mental health crisis are a clear example of this (see the next chapter for a full discussion of these issues). The moves to a partnership approach began in the 1980s. Holdaway (1986) outlines that such local partnerships were met with skepticism - with the police regarding them as *"talking shops"*. There has been huge progress in overcoming the clash of organisational cultures that created barriers to partnership working. At the heart of these was the command and control nature of the police compared to the more diffuse approach of welfare organisations (O'Neill and McCarthy, 2014). The Crime and Disorder Act (1998) made involvement in such partnerships a statutory duty for the agencies. This was followed by the development of Local Neighbourhood Policing from 2008 onwards. The ways, in which, these developments have had an impact in the field of mental health are discussed in the next chapter.

The organisational changes and development of partnership working have occurred at the same time as profound changes in social and other attitudes in the areas of race, gender and sexuality. Reiner's model excludes or marginalises consideration of these issues. "*Cop culture"* can therefore be read as a form of "*hegemonic masculinity"* Hearn (2004). The question that now has to be considered is whether these changes have made the notion of "*cop culture"* redundant. Loftus (2009) examines what she terms the "*politicisation of diversity"*. This term reflects the response of the police to provide an appropriate and adequate service to citizens from sexual, racial or other minorities. The MacPherson Report (1999) outlined historical failings and abuse in the policing of BME communities. Burke's (1994) research demonstrated that the discrimination and homophobia that gay and lesbian police officers faced reflected the response that these groups faced from the police. HMIC (1999) report concluded that forces were failing to provide an adequate service to gay

and lesbian citizens. Since that period, there has been a range of initiatives aimed at the recruitment, retention and promotion of officers from minority communities and groups. These initiatives include the establishment of groups such as Lesbian And Gay Police Association to support officers. It would be naive to assume that there were no longer any issues in these areas but there clearly has been progress.

Loftus (2010) sought to revisit the notion of police culture - as outlined in the classic formulation. She identified that there was a tension between the changes in the policy landscape and the persistence of some of the police cultural characteristics. In particular, these sense of *"them and us"* was a persistent trope. This took two forms - the rank and file saw themselves apart or often at odds with the senior management but also with the general public. The sort of openly racist comments that Holdaway (1983) reported in his classic study of policing were not present. However, Loftus noted that derogatory comments aimed at young working class or marginalised communities were still present. The sense of loyalty and being a member of the *"police family"* were still present. This work along with Brough et al (2016) noted the continued endurance of a strongly masculine aspect to police culture despite the changes to recruitment and other initiatives. Important shifts were identified. The first was the reduction in the social rituals - particularly those linked to drinking. This was partly the result of social attitudes but also Loftus (2010) identified that the *"job"* was no longer seen as the key aspect of officers' lives. Policing was, like other public services, dominated by a culture of risk and risk management. This will be explored in depth in the next chapter.

Bosworth and Kaufman (2012) argue that gender is a missing component from the study of punishment and society. The explanations given for this are usually that men commit more crime including more serious crime and that they are imprisoned in higher numbers. This is, of course, does not mean that gender has no explanatory or analytic value in penal scholarship. In fact the opposite is the case - any examination of the CJS has to address issues of gender. Kringen (2014,

p368) argues that "*Feminist critiques illustrate that androcentric research fails to consider the impact of gender on crime and criminal justice"* . Her systematic review of literature published in the field of women and policing between 1972 and 2012 concluded that there were three major domains: *job performance, job experience and blocked opportunities.* Kringen (2014) also noted that the majority of research in this area is published in specialist journals. The knowledge generated thus remained at the margins of mainstream criminology. Thus there is an ongoing concern that policing research is dominated by what we know about the experiences of male officers.

Mclaughlin (2007) argues the aim of the diversity reform agenda has been to the removal of the worst aspects of Reiner's *cop culture* and the creation of a modern organisational work culture. This is not simply a matter of organisations complying with legislation. It involves a recognition of the benefits that diversity can bring - for example by recruiting from a broader base you bring new qualities to an organisation but also the police can serve communities more effectively. The developments in this area overlap with the arrival of new organisational structure which see new forms of partnership working. O'Neill and Singh (2007) argue that police culture should be seen simply as the "*way things are done round here"* . This underestimates the ongoing strengths of some of the traits of police work. The nature of the work is a key factor in its organisational and work culture. Loftus (2010) concluded that despite these changes aspect of *"cop culture"* clearly remain. This is because the fundamentals of policing remain - engaging with often powerless or vulnerable people in difficult, tense and demanding situations.

Section Three: Policing and Mental Health: Key Themes

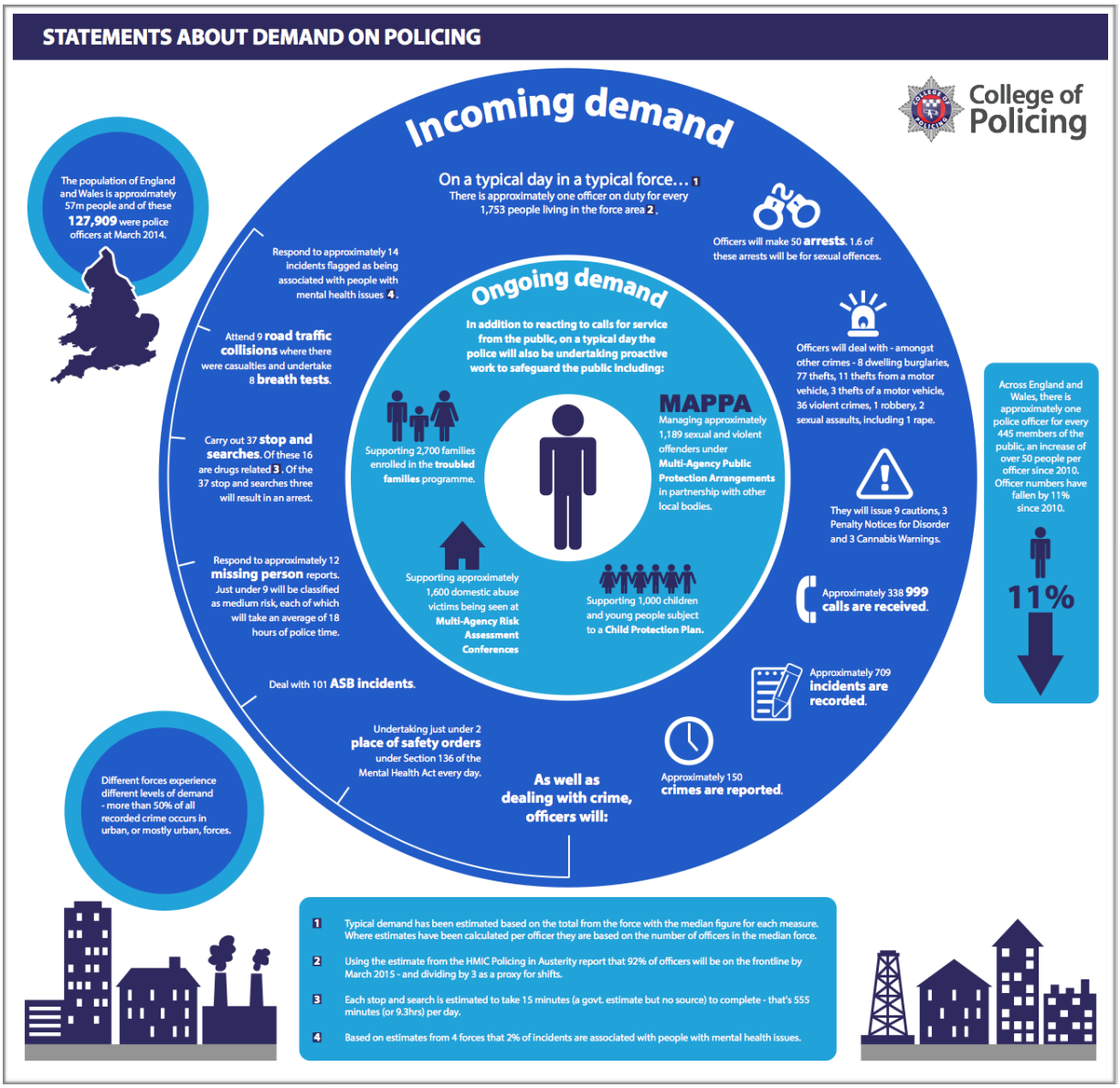
In the previous chapter, I examined recent cultural and institutional changes and their potential impact on "*cop culture".* Policing retains its core functions relating to the arrest and detention of offenders, the development of partnership working in a number of fields - for example, local neighbourhood policing, domestic violence, child sexual exploitation and missing people- mean that a different set of skills is required. These focus on developing professional relationships with workers from a range of health and social welfare agencies. Mental health work is one of the key areas where these responses are required. This chapter will examine these issues including the concerns that the increase in demand mean that the police have become *"de facto"* providers of mental health care for those in crisis (Home Affairs Select Committee, 2015).

Bartkowiak-Théron and Asquith (2016) suggest that there have always been overlaps between models of law enforcement and public health. Lombroso's (2012) Social Darwinism is an example of an essential medical model of crime.Police officers can have a key role to play in situations, in which, individuals are experiencing some sort of crisis related to mental health problems. The Sainsbury Centre's (2008) study suggested that up to 15% of incidents dealt with by the Police include some sort of mental health issue or concern. It also calls for the exercise of a range of skills. In his recent report, Lord Adebowale (2013) described mental health issues as *"core police business*". The Police have considerable discretion in terms of their response (Bittner,1967a, 1967b and 1970). They may well be the emergency service that is first contacted by the relatives of those in acute distress, who are, for example, putting themselves or others at risk. If a person is acutely distressed in a public place then the likelihood of some form of police involvement is increased significantly.

There have been increasing concerns about the demands that mental health work places on police time and resources. In addition, police officers feel that they are ill-equipped to deal with mental

health crises.In evidence to the Home Affairs Select Committee, Sir Peter Fahy, then Chief Constable of Greater Manchester described mental health as the "*number one"* issue for his officers on the street. Service-users and mental health professionals are concerned that the involvement of the police is not only stigmatising, it may well place individuals at risk. **Papers 1-5** examine the development of these concerns linking them to the failings in community care policies. There has been resistant in the police to become involved in mental health work. This is a long - standing theme whereby mental health work is not seen as "*proper policing"* . Police officers feel that deinstitutionalisation was forcing them into the role of "*social workers"* (Punch, 1979) or *"street corner psychiatrists"* Teplin (1984).

The College of Policing was established in 2012 as a professional body to lead and develop an evidence base. As with all other public services, the police are having to deal with a very significant reduction in resources. The College of Policing states that *We're working to find the best ways to deliver policing in an age of austerity (* www.college.police.uk). Some of the concerns about the police involvement in mental health work is undoubtedly driven by economic considerations. The College of Police has produced an analysis of the demands that are placed on an average force for one day (see below). This work shows the wide variety of demands that are placed on the police and the impact of mental health work. The College of Policing analysis shows that recorded crime and incidents have been decreasing over the past decade. This is not true for all crimes - for example the number of reported rapes has increased partly due to the reporting of historical offences. At the same time, the number of police officers has been falling. In March 2014, there were 128,000 full time equivalent officers a fall of 11% from 2010 (www.college.police.uk)



www.college.police.uk

The College of Policing report on demand suggests that the area of mental health is one where forces are experiencing significant increases in demand. There are problems with the collection which means that national data is not available. Police forces can use mental health qualifiers on their systems to flag incidents. This data has to be treated with some caution. Edmondson and Cummins (2014) study of a mental health triage project found that a wide variety of incidents were flagged as mental health calls. These included mental health emergencies and the use of section 136 MHA but also incidents where people with mental health problems are victims of crime. These are all clearly important issues but there is scope for debate about whether they constitute mental health work. The focus in debates about police involvement in mental health work focuses very much on the use of section 136 MHA , the use of police cells and crisis work. These do not capture the whole range of police involvement in this area. There is a clear concern that the police are being called upon to do work that they are not trained for and do not have the professional resources to manage. In evidence to the Select Committee, Rt Hon. Mike Penning MP, Minister of State for Policing, Criminal Justice and Victims concluded that

If you have a mental health issue, you will invariably come into contact with the police, as the professional involved. That cannot be right. It is not the job of the police to be that first point of contact; they should be the last resort.

Section 136 Mental Health Act 1983

Section 136 MHA is a police power. It authorises any police officer to remove someone, who appears to be mentally disordered, from a public place to a "place of safety". A "place of safety" is broadly defined but is usually a hospital or a police cell. This is an emergency power and is generally used in circumstances where a person is putting themselves at immediate risk. Examples might include people who are threatening suicide or someone who is behaving in a very disturbed

or disinhibited fashion. The use of section 136 MHA relies on the assessment of the individual police officers involved. There is no need for a formal medical diagnosis. The purpose of section 136 is for a mental health assessment to be carried out by a psychiatrist and an Approved Mental Health Professional (AMHP). The section lasts up to seventy-two hours. However, the MHA Code of Practice and locally agreed protocols emphasise that these assessments should be completely as quickly as possible. The place of safety should normally be a hospital. It can be a police cell but this is widely recognised as being far from ideal – this is discussed in more detail below. Many Mental Health Trusts have developed section 136 suites at mental health units to tackle these issues. The recent Home Office review of section 136 recommends that this time limit be reduced to 24 hours. This is the case with the equivalent Scottish legislation. I was a member of an expert panel chaired by Professor Louis Appleby that met at the Home Office in 2014 to discuss these issues.

The monitoring of the use of section 136 has been generally poor. However, it is widely accepted that there has been an increase in its use over the past twenty years. There is a body of literature (Rogers and Faulkner, 1987, Dunn, and Fahy, 1990; Bhui et al, 2003) that highlights the over-representation of BME groups, particularly young black men, in section 136 detentions. This is a crucial issue as it means that in a number of cases, the first contact that this group has with mental health services is via the Police or other areas of the CJS. Section 136 MHA is much more likely to take place outside of standard office hours when normal support services are more widely available. Borschmann et al (2010) indicate that the "typical" section 136 patient is a young, single working class male with a past history of mental illness– a group which much less likely than others in the population to access general health care including mental health services. In Borschmann's study also noted that this group tended not to be registered with a GP. The IPCC carried out a major study of the use of section 136 in 2005/6. In this study, 11, 500 patients were assessed in custody and 5,900 in a mental health setting. The report highlighted significant variations between forces. Some of these can be explained by local conditions – for example Sussex police covers Beachy

Head a well-known "suicide spot". This study also confirmed Browne's (2009) finding that black people were almost twice as likely as other groups to be subject to section 136.

Police Cells can be used as a *"place of safety".* This is a far from ideal intervention and cells should only be used in "exceptional circumstances". Police custody is a pressurised, busy and often chaotic environment. There is clearly the potential for this to have a negative impact on an individual's mental health. Police officers are called upon to manage very difficult situations such as self-harm or attempted suicide often with little training or support. The physical environment of a police cell also needs to be taken into account when considering the potential impact of custody. A cell is a bare concrete space with a mattress and a steel toilet. Hampson (2011) argues that in practice exceptional means that the patient is "too disturbed to be managed elsewhere". HMIC's 2013 study *A Criminal Use of Police Cells* examined in detail 70 cases where a cell had been used as a place of safety. At the time of writing, it is estimated that 36% of all section 136 detentions involve the use of police custody. There are significant variations between or even within forces. This is the result of different local service provision. The most common reason for a police cell being used was that the person was drunk and/or violent or had a history of violence

There is very limited research which examines service-user perspectives on the experience of being detained under section 136. As the HMIC (2013) review notes the experience can be, if the individual is taken to police custody, is akin to being arrested. In custody, they are treated in the same way as any other person. The booking in process is the same – it would include being searched. On occasions, because of concerns about self-harm or suicide clothing may be taken away from the detained person. There will almost certainly be periods of delay – in custody or an A+ E department. Jones and Mason (2002) study highlighted that for from a service user perspective this is a custodial not a therapeutic experience. In this study, service- users made clear that the routine of being booked into custody was a dehumanising one. They also felt that police officers were too

quick to assess that they were at risk of self-harm meaning that there was an increased risk that they would be placed in a paper suit. Riley (2011) confirms this dissatisfaction with the process. In particular, the participants in the study felt that they were being treated like criminals for experiencing distress. Some felt that their mental health had worsened because of their time in custody.

The case of MS v. UK which was decided in the European Court of Human Rights (ECHR) in 2012, demonstrates illustrates the potential difficulties that can arise. MS was detained under section 136 MHA following an assault on a relative. When he was assessed at the police station, it was decided that he needed to be transferred to psychiatric care. There then followed a series of delays and arguments between mental health services as to which unit would be the most appropriate to meet MS's mental health needs. This argument went on for so long that the seventy-two hour limit of section 136 (MHA) was passed. MS was still in police custody and this has a dramatic impact on his mental state. As a result of paranoid delusional ideas, he refused food. The ECHR held that the treatment of MS constituted a breach of article 3 which prohibits inhumane and degrading treatment. This is clearly an unusual case but it illustrates the potential issues that arise. The judgement made it clear that the initial decision to detain MS under mental health legislation was valid and justified.

The Health and Social Care Information (HSCIC) data shows that in the majority of cases those individuals assessed following the police use of section 136 were not formally admitted to hospital – i.e. detained under section 2 or 3 of the MHA 1983. One of the major difficulties when examining the use of section 136 is the danger that there is too narrow a focus on outcomes. It is a fallacy to argue that section 136 has not been used appropriately if the person is not detained. The test of section 136 is whether the officer thinks "that it is necessary to do so in the interests of that

person or for the protection of others". Police officers have to respond to the emergency that they face, if mental health professionals carry out an assessment and alternative to hospital are organised then that does not mean the police officer's decision was incorrect. The whole person of section 136 is for an assessment to be carried out not for a formal admission to hospital. Borschmann's 2010 study is an analysis of the use of section 136 in a South London Trust. 41.2% of these did not lead to hospital admission, 34.4% led to admission under the MHA and 23.1 % to an informal admission.

The use of section 136 MHA is a very important area. It raises very important civil liberty issues as well as wider ones about the treatment of people experiencing mental health problems. As Latham (1997) points out it allows for an individual without any formal mental health training or qualifications to detain someone. There is no appeal mechanism. Unlike emergency detentions under sections 5(2) and 5(4) of the MHA the person with the power has no medical training and no medical evidence is required for the power to be enacted. In fact, the purpose of detention under section 136 is for psychiatric assessment. However, it is important to bear in mind that this is just one area of mental health work, in which, police officers are potentially involved. There is a danger that debates about the working of section 136 overshadow the whole debate in this field.

Police Decision Making and risk

Risk

Webb (2006) notes that despite the great social and economic progress that has been made. Society seems more concerned than ever with risk. There is an obsession with risk which includes a

hankering for a risk free world or zero risk. For Beck (1992) this is a developmental phase of modernity as the social, political, economic and individual risk become disconnected from the institutions that are established to monitor and protect. Policing alongside other public services are inevitably caught up in these developments. Webb (2006) outlines the spiralling effect where publics feel that governments and their agencies should anticipate and eliminate risk. When the inevitable systems failures occur then this leads to increased demands for action or new modes of audit and regulation. Policing increasingly involves working with vulnerable people in conditions of uncertainty. The role of the custody officer is an example of this. Social welfare agencies - and I am including the police response to mental illness here - have to respond to working in this risk society.

The risk society manifests itself in a number of ways. Risk becomes privatised so that individuals become responsible for their own welfare. This linked to strong neo-liberal ideas about rationality, choice and autonomy. Fineman (2008) argues that the notion of the "*liberal subject"* which has its roots in Locke is a myth. She argues that it ignores the dependencies and potential dependencies that are a feature of the human condition. In this alternative schema, we are all vulnerable in the sense of there is a potential that we will need support and welfare services at some point. In addition to the privatisation of risk, there has been a development of an inspection or audit culture. This is very clear in the police setting - for example the work of the HMIC and the IPCC. There are clearly benefits to these processes but the concern is that a top heavy bureaucracy leads to defensive practice but also an organisational culture that thwarts initiative and autonomy. In the interviews that I carried out with custody sergeants, a recurring theme was the fear of being caught up in these processes following a tragedy. This reflects a wider cultural shift which seeks to apportion individual blame.

Police decision making

The Assocation of Chief Police Officers (ACPO) has developed the National Decision Making (NDM) model (ACPO, 2012) to inform all officers in the complex policing decisions they are required to make on a daily basis. At the centre of the model, the police values and mission statement commits the police to '*act with integrity, compassion, courtesy and patience, showing neither fear nor favour in what we do. We will be sensitive to the needs and dignity of victims and demonstrate respect for the human rights of all.*' (ACPO, 2012: 3)

Officers are required to keep these principles at the centre of decision-making. The NDM model is applicable to all police work and appears particularly relevant to the context of police work where mental health issues are present.

Models of policing

This section will explore models of policing that have been developed to address some of the challenges that working with mental health issues may create. These models have been developed as a result of national and local circumstances – often in response to a critical incident.

Lamb et al (2002) identify three possible models of police response. It should be noted that these models are essentially developed to respond to mental health crises that occur when officers are on patrol or called to an incident. This does not represent the totality of police work in the mental health field. Mental health crisis is a very broad term - it is not used in any clinical sense here. The models are:

• *specialist trained officers;*

• *joint police and mental health teams;*

• *phone triage or a system that allows officers to access relevant health information and records.*

Specialist police officers

The first and probably best known of these models is the Crisis Intervention Team (CIT) based in Memphis (Compton et al, 2008). This model was established in 1988 following an incident when the Memphis Police shot dead a man who was suffering from a psychotic illness. CIT officers deal with mental health emergencies but also act in a consultancy role to fellow officers. To become a CIT officer, personnel have to undergo intensive mental health awareness work as well as training in de-escalation techniques. CIT is a well- established model. In addition to the training of officers, one of the cornerstones of CIT is the fact that there is an agreement that the local hospital will accept all CIT referrals.

Franz and Borum (2011) suggest that this model continues to have a positive impact. In their study, the authors analysed 1539 calls between 2001 and 2005. They showed that the CIT model and approach only led to 52 arrests (an arrest rate of 3%) and strongly supported the potential of the model to support ‘prevented arrest’. In an urban county of Florida where CIT had been used. As

Watson et al (2008) note, two key factors in the success of the CIT model are the increased police confidence in dealing with these situations and the 'no refusal policy' that is established with the local mental health units.

Joint police and mental health teams

There are a number of approaches to the provision of a joint police and mental health professional response. The most well-established of these models are to be found in the USA and Canada. Hails and Borum (2003) discuss the variations on the joint response that exist - either a joint team or specialist mental health support being made available. Reuland et al (2009) argue that both approaches have produced promising results in terms of both health care and more effective use of police resources. There is an organisational cultural issue that needs to be addressed here as the usual measures of police outcomes such as response times or arrest rates cannot be neatly applied to this issue, which is essentially a public health one. An example of a joint approach is Car 87 in Vancouver. The Car 87 project is jointly funded between the police and local mental health services. In addition to a joint response it also provides a mental health phone triage service.

Triage

Triage is a well-established concept within general nursing and medicine. In this process, an early assessment allows for individuals at accident and emergency to be treated speedily in the most appropriate setting. This process also allows for the more efficient allocation of medical resources. It is also suggested that triage provides for more effective patient outcomes (Broadbent, 2002). Clarke et al (2007) argue mental health crises do not fit into the standard pattern of assessment at A&E departments. The mental health service-users interviewed for Clarke et al's study reported dissatisfaction with the service provided in A&E and the treatment they received. However, they felt that they 'had nowhere else to go' (2007: 128) when they were in crisis.In the context of policing, mental health triage has come to be used as a short-hand for a number of models of joint

services with mental health staff and policing. These systems share the same aims as triage in that they combine some element of assessment with a recognition that individuals need to access the most appropriate services in a timely fashion. In addition, these models of service provision seek to improve officers' confidence in decision making in the context of mental health.

In England and Wales, the Cleveland Street Triage team was established in 2012. This is also a joint health and police funded project that ensures that mental health nurses are available to carry out assessments when police are called to an incident.

The scheme has a broader remit as assessments also take place if there is a substance misuse problem or the individual has a learning disability. In the first year of the scheme, there were 371 assessments - only 12 (3%) resulted in s.136 assessments. Drug or alcohol related problems were the main presenting issues in 129 cases (35%). 205 individuals (55%) were regarded as not having any 'significant mental disorder'. 134 (36 %) were known to the local health trust. The majority of these cases may well not be psychiatric emergencies but they are representations of long-standing often deeply entrenched problems. Studies of phone triage systems such as Sands et al (2013) have concentrated on the effective management of mental health crises within psychiatric services. These studies highlight the advantages of such approaches both in terms of clinical outcomes but also the more effective use of resources.

Policing requires officers to exercise a considerable amount of discretion and individual judgment. This is true in all areas of policing but seems particularly relevant in the area of mental health. Morabito (2007) argues that police decision making is even more complex. She argues that police decision-making is shaped by a number of variables. These are termed 'horizons of context' (2007: 1582). Variables that influence decision making are the nature of the incident, the available resources and the training and experience of the officers involved. It can be argued that Triage

systems may increase the range of resources available to the police (and others) and are a means of confirming and developing individual skills and confidence in this field.

Section Four: Conclusion

Mental health as core police business

This work explores the effects of two hugely significant social policies: the attempts to develop community based mental health services and the expansion of the CJS including imprisonment and other responses to marginalisation. The work seeks to provide an analysis of the effects that these policies have had on the role of the police. It uses the custody setting as an area to explore the following key areas: the socio-legal structure, the training of police officers, multi-professional working and the level of the challenges that officers face. By exploring the custody environment from a number of perspectives, the research highlights the key role that custody sergeants play. This is a role that has been overlooked in considerations of the role of the police in mental health services. The research has been instrumental in the development in new local policies to ensure the safety of individuals and contributed to the national debate. In 2014, I was a member of an expert academic panel convened at the Home Office to discuss reform of section 136 Mental Health Act.

Bittner (1967, 1967 and 1970) notes that policing is a complex task that requires the exercise of considerable discretion and individual judgment. It is much more than the detection of crime and apprehending offenders. This research supports the argument that a significant proportion of police work is not directed towards crime. Bittner (1970) described a police officer as "*Florence Nightingale in pursuit of Willie Sutton"* - Sutton was a famous bank robber. In the management of public order, arrest and custody should be viewed as being at one end of a continuum. In Teplin's (1984) seminal study of policing and mental illness, she used the term "*mercy booking*" to describe the situation where the police arrest an individual because they felt that this would ensure that a vulnerable person would ensure that the person was given food and shelter -even if it was in custody. These works show the complexity of the demands placed on the police but also the skills that they have.

Morabito (2007) argues that police decision making is more complex than is allowed for in these situations. She argues that police decision making is shaped by a number of variables. These are termed *"horizons of context"*. This model provides a tool for the analysis of the decisions that officers make. In Morabito's model, there are three variable contexts. The scenic context refers to the range of the community resources that are available including the range of voluntary and statutory mental health services, access to training for officers and the working relationships between agencies. The discretion that officers can exercise is clearly limited by the range of services available. If community services are limited, then custody becomes regrettably a more likely outcome.

As well as the community resources, Morabito (2007) outlines two other *"horizons of context"*, which she terms temporal and manipulative. In this model, temporal refers to the individual and manipulative to the actual incident. There will be some incidents -for example in the rare cases when a violent crime has been committed -where the police for evidential and public protection reasons will have little alternative but to take the person into custody. At the other end of the scale, a very experienced officer dealing with a minor incident involving an individual they know well, will have much greater scope to exercise discretion. The scope will increase in areas where there are greater community mental health resources. As Morabito concludes there is a tendency to oversimplify the decision making processes that police officers use in these complex and demanding situations. The local service, social and environmental contexts are thus vitally important.

The recent retrenchment in mental health and wider public services mean that the police face increasing demands in this area (Edmondson and Cummins, 2014). Police involvement in mental health work has to be viewed as part of their role in wider community safety and the protection of vulnerable people. Wolff (2005) argues that the police have always had what might be termed a

"quasi social work" role. However, as Husted et al. (1995) suggest it is not an area that is often valued that highly within police work. This is vital work but mental health work does not fit easily with aspects of "cop culture" that Reiner (2000) identifies. For example, there is often not an immediate response in terms of action that can be taken. It is an area that does create particular challenges for police services (Carey, 2001, Lurigio and Watson 2010). As this work shows, these challenges are both individual and organisational.

In February 2014, the Crisis Care Concordat was signed by more than 20 national organisations in England in a bid to drive up standards of care for people in mental health crisis. The Concordat, sought to build on other announcements on mental health care, These have included liaison and diversion schemes e.g. placing mental health professionals in police custody and court settings to help identify mental health problems in offenders as early as possible In addition a number of areas have developed versions of street triage schemes where (mental health clinicians – typically trained nurses- accompany police officers when making emergency responses to people suffering from a mental health crisis. The nurses may also advise and support officers by telephone) As College of Policing Chief Executive Chief Constable Alex Marshall has stated: "*The Concordat is a strong statement of intent of how the police, mental health services, social work services and ambulance professionals will work together to make sure that people who need immediate mental health support at a time of crisis get the right services when they need them."* (College of Policing, 2014).

Wood et al's (2011) review of trends in the UK, Canada and the USA concludes that the same issues arise across the countries: a combination of reduced psychiatric provision and poorly funded community services has led to increased pressure on police officers who often receive little or no specific mental health training. Police officers, particularly in urban areas deal with incidents that relate in some way or another to mental illness on almost daily basis. It is likely that the police will always be "first responders" to many incidents. The key then how are the police supported by wider

community mental health agencies to ensure the response is appropriate. This is to ensure that individuals are safe but also to support police officers to make informed, professional and defensible decisions. There will always be cases where an individual who is mentally ill will be taken into police custody because they have committed or are suspected of a violent crime. These are the minority. Police officers need training in mental health awareness to increase their confidence in decision making. In addition, there needs to be more effective liaison and joint working between mental health services and the police to ensure that individuals receive support from the most appropriate services in a timely fashion.

Mental health and policing is moving up the policy agenda. This is a welcome development. The debates in this area need to include a consideration of possible reform of section 136 MHA including ways of ensuring that police cells are not routinely used as places of safety. However, as noted above, there is a danger that the focus on section 136 will push to the margins the wider role that police officers potentially have in this field. Lord Adebowale concluded mental health is core police business. This should be taken to mean that dealing with individuals experiencing mental distress is a key feature of the working week of most police officers. There a number of models of triage that have been have developed in response to local organisational, demographic and other factors – for the example a response to a tragic incident or the commitment of individuals. It would be foolish to try to be very prescriptive in developing models of triage. However, all these schemes have two key features – the improved training for officers and improved liaison with mental health services. These elements are vital whatever the nature of the mental health crisis or incident that is being addressed. This work shows the extent of the challenge that is faced. However, the research also highlights that officers skilfully deal with complex and demanding situations - often with little specialist support - ensuring the safety and welfare of vulnerable citizens.

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Appendix One: Papers included in this Portfolio

Appendix Two: Supporting Papers

Appendix Three: Confirmation from joint authors