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From custody to community- Are people with mental health issues in the criminal justice system receiving the best possible service in Northern Ireland? An exploration into the working relationship between the Police Service of Northern Ireland and mental health services in Northern Ireland.

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Abstract

This study aimed to examine the services available to people with mental health issues in the criminal justice system in Northern Ireland and to explore the effectiveness of the working relationship between the Police Service of Northern Ireland (PSNI) and mental health services.

To do this, six mental health professionals were recruited to take part in a focus group to discuss their experiences of working with service users going through the criminal justice system and other agencies involved in the criminal justice system. Further, twenty seven PSNI Custody Sergeants were recruited to complete an online questionnaire on their experiences of working with both people with mental health issues and mental health professionals. The findings from the focus group and questionnaire were analysed and compared to previous studies in this field.

Findings suggested that there are a number of services already in place for people going through the criminal justice system with mental health issues in Northern Ireland. Both agencies, the PSNI and mental health service providers were able to discuss their experiences of working with these services and each other. It was found that although they may have been aware of what services were available, PSNI officers were not always confident with these services or attempting to make referrals. Likewise, the mental health professionals and previous literature indicated that they were not always confident in working alongside the PSNI.

Although there were differences in opinions on a number of matters, for example taking responsibility for a person with mental health issues who is arrested or assessing a person whilst in police custody, there was

general agreement by all participants that joint working should be a priority. It was found that this does not occur regularly in Northern Ireland between the two agencies yet all participants understand the importance of working together to provide the best service for those who require it.

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Chapter 1 – Introduction

Service provision for people with mental health issues in the criminal justice system in Northern Ireland has been a long debated and researched area in recent times. Most research however has taken place in and focused on prison populations after people are convicted. Very often the other areas of the criminal justice system are ignored or forgotten. Little research has been completed into the services available to people with mental health issues who find themselves in police custody and are then released back into the community.

This introductory chapter will firstly consider the background to the study, followed by the aims and objectives of the research and finally the organisation of the project will be discussed in detail.

1.1 Background to the study

Working as an Appropriate Adult within the Northern Ireland Appropriate Adult Scheme (NIAAS) has led to me, as a researcher developing an interest in the services available to people with mental health issues, as well as the working relationships between the Police Service of Northern Ireland (PSNI) and mental health services which are in place to support these people when they are firstly in police custody and then when they are again released into the community. Current legislation insists that any person with a mental health issue should be supported by an Appropriate Adult whilst they are in custody (Northern Ireland Office, 2007). An Appropriate Adult is a responsible person over the age of 18 years who ensures that the detained person's welfare needs are met and always acts in the best interests of the person they are supporting.

Although the NIAAS is in place to ensure detained people with mental health issues are supported throughout their time in police custody,

when they are released back into the community there is often not the same level of support available to them. As such, this piece of research will take into consideration the experiences of both police officers in the PSNI who have experience of working in the custody setting and mental health professionals who have supported someone with mental health issues through the criminal justice system.

Throughout this research, the social model of disability will be adopted. The social model contradicts the traditional, medical model of disability which argues that there is a causal association between having an impairment and being disabled (Thomas, 2004). It maintains that one directly leads to the other.

In contrast to this theory, as described by Barnes (2003), the social model of disability was first adopted by Oliver in 1981 and argues that impairment and disability are independent of each other. Oliver (1983) maintains that it is our society and the barriers it produces that leads to people with impairments being disabled rather than the impairments themselves. As such disability is a socio-political issue which is shaped by many external factors including historical, cultural and attitudinal issues.

Following the social model, people with mental health issues are disabled people. Like people with other impairments, those with mental ill health are denied opportunities in our society which are readily available to non-disabled people due to the barriers which are created. It could be argued that the main barrier faced by people with mental health problems in our westernised society is the attitude of others. McDonald-Patrick (1978) completed research which concluded that in general the public does not welcome people with mental health issues and many

have viewed “their behavior as deviant and warranting revulsion and ridicule” (ibid. pp.2).

These unwelcoming attitudes of the public towards people with mental health issues are often reinforced in the media (Thornton and Wahl, 1996). Thornton and Wahl (1996) argue that negative stereotypes of mental illness are prevalent in headlines, programmes and stories in the media and they often produce an air of fear around those with mental health problems. They maintain that these representations can establish and develop negative attitudes in the general public and can often create a link in the general public’s mind between mental illness and dangerousness (ibid.). Whether or not these attitudes transfer to police officers working with people with mental health issues will be further explored in later chapters. Firstly, the aims and objectives of this study must be clearly set out.

1.2 Aims and Objectives

This section will consider the main aims and objectives of the study, looking at the research questions which are to be addressed throughout the project. Firstly, the aims will be explored.

1.2.1 Aims

The main aim of this piece of research was to analyse the services available to people with mental health issues in the criminal justice system in Northern Ireland, as well as the effectiveness of the working relationship between the PSNI and the available mental health services. Further, all those involved in the research were encouraged to provide suggestions for improvements and developments to the current working relationships. It is hoped that by completing this research, greater knowledge and understanding of the current situation in Northern Ireland

will be obtained and a number of possible improvements will be established.

1.2.2 Objectives

Before this main aim could be explored further, a number of other objectives needed to be met. The first objective which was completed was a literature review which took other studies and research in this area into consideration. Using published, unpublished and grey material gave the researcher the opportunity to develop an in depth understanding of the current situation in not only Northern Ireland, but also other countries around the world. Gaining an understanding of previous studies and developing knowledge in this chosen area gave the researcher the opportunity to set the context for this new piece of research which was to be undertaken, as well as offer explanations for the research questions which were established.

Previous studies which may influence the services provided to people with mental health issues in the criminal justice system and the working relationship between police officers and mental health professionals and therefore must be taken into consideration are discussed in the following chapter, "The Current Situation...". It was the knowledge and understanding gained from these studies which has led to the development of the primary research questions to be addressed in this study. These primary research questions included;

- What mental health training do PSNI officers receive?
- What criminal justice system training do mental health service providers receive?
- Is there potential for joint training between mental health and criminal justice systems?

- What services are available to people with mental health issues in police custody and when they leave?
- Do PSNI officer's attitudes differ towards people with mental health issues and the general population?

As a researcher with experience of working in this field I felt it extremely important that this working relationship be examined and explored to ensure that those with mental health problems in police custody receive the best possible service.

Other objectives for this study were to recruit a sample of five to eight representatives from the major mental health charities in Northern Ireland to participate in a one off focus group which will help establish attitudes, feelings and experiences from professionals supporting people with mental health issues and working in this field. Further, a sample of twenty seven Custody Sergeants were recruited to complete a one off questionnaire on their experiences of working with people with mental health issues in custody as well as mental health professionals.

Once the questionnaires were filled in and the focus group completed a further objective was to analyse and disseminate the findings, both of which will be discussed in later chapters. As stated previously, it is hoped that this research will allow greater knowledge of the issues faced by not only people with mental health issues in the Criminal Justice system but also the issues faced by police officers and mental health service providers when working together. Completing this study will produce information and help gain an understanding of these issues and perhaps assist in answering some difficult questions surrounding this topic area.

1.3 Organisation of the Project

Chapter 2 will address the current situation in Northern Ireland with regards to mental health service provision in the criminal justice system. It will focus on mental health issues in the criminal justice system, police and mental health services and mental health support for people in Northern Ireland. Once the current situation has been discussed in depth, the research methods used for this study will be explored in chapter 3. The methodology, data collection strategies, sampling techniques, procedure, data analysis, ethical considerations and limitations of the research will all be examined before moving on to chapter 4 which discusses and explores one of the main issues from the analysed data, the PSNI. This chapter looks at police training and police attitudes towards those with mental health issues.

Once this first issue has been addressed, another key finding which arose from the analysed data will be explored, mental health services. This chapter will look at mental health assessments in police stations, services available to those with mental health issues in the criminal justice system in Northern Ireland and accessing mental health services. Chapter 6 looks at the third and final major issue which arose from the analysed data, the working relationship between the PSNI and mental health services in Northern Ireland. It will look at the views of both mental health service providers and PSNI Custody Sergeants as well as potential ways to improve the services before concluding the research in chapter 7.

As indicated above the following chapter will address mental health issues in the criminal justice system, police and mental health services and mental health support for people in Northern Ireland.

Chapter 2 – The Current Situation...

As stated in the previous chapter, the main aim of this research is to analyse the services available to people with mental health issues in police stations in Northern Ireland, as well as the working relationship between mental health services and the PSNI. To do this effectively, the situation as it stands at the moment in Northern Ireland must be explored.

The first issue which will be addressed is mental health issues in the criminal justice system, followed by police and mental health services and finally mental health support for people in Northern Ireland. As stated previously, it is through examining and exploring the situation as it is now and looking at previous studies in this field that have developed the primary research questions discussed in chapter one.

2.1 Mental Health Issues in the Criminal Justice System

Mental illness is a predominant issue in criminal justice systems around the world with much higher occurrence rates within these systems than in the general population (Baksheev et al., 2010). Although this is the case, unfortunately it is an issue which is often not adequately addressed. According to Broussard et al. (2011) around sixteen per cent of those in prisons across the United States have some form of mental illness, with three to five per cent of inmates in prisons worldwide having a diagnosis of schizophrenia (Munkner et al., 2009). The Department of Health (2009) argues that there are more individuals now than ever before with mental health issues in prisons within the United Kingdom and Scott, McGilloway and Donnelly (2009) confirm this number is rising for not only male prisoners, but female inmates as well. Cavadino (1999, pp.69) maintains that placing people with mental health problems in

prisons is “inhumane” yet research confirms that frequently people with mental health issues are remanded in custody “for psychiatric and social reasons rather than for reasons of public safety or seriousness of offence” (ibid, pp.69).

It is well documented that being held in custody can lead to further detrimental effects on the mental health of those detained (Department of Health, 2009; Criminal Justice Inspectorate, 2010; Cavadino, 1999), with Cavadino (1999, pp.54) describing it as, “the worst possible place for someone with a mental disorder”. Yet very often those who require help for their mental health issues find themselves locked up in police stations or prisons and stuck in a revolving door system they can never escape without the essential treatment they need (Munkner et al., 2009). As Lord et al. (2011) maintain, locking people with mental health issues up may seem like a solution at the time, however in the long term does not treat their mental health problem.

Even when psychiatric help is available to people in the criminal justice system, it is not to the same standards as the service provided in the community. Cavadino (1999) argues that if someone is assessed in prison and requires an admission to a psychiatric facility, they often have to return to prison after the assessment and wait for up to twenty eight days for an admission. In comparison to this, people in the community who are assessed by the same professionals would receive an admission within twenty four hours (ibid.). An alternative to prison sentences for those with mental health issues could be community sentences which according to the Belfast Telegraph (2011) are more reliable in decreasing re-offending than time spent in prison.

Perhaps one of the reasons this alternative method is not always adopted is due to the perceptions of the public. Police officers need to be seen to be doing something when a crime has been committed and very often the injured party in a crime or other citizens may insist on pressing charges resulting in the person with mental health issues being arrested, taken to a police station for questioning and possibly going before a court and being remanded in prison (Lamb et al., 2002).

One possible way to overcome this problem is to better educate police officers on mental health issues who, in turn may be able to educate others in the community. Better knowledge and understanding may result in better working relationships between police forces and mental health services which will now be further explored.

2.2 Police and Mental Health Services

Much research has taken place regarding police working with people with mental health issues around the world. According to Charette, Crocker and Billette (2011) over the past thirty years, police contact with people with mental health issues has increased dramatically. It could be argued that this increase is due to the deinstitutionalisation of those with mental ill-health which began in the 1960s and has resulted in more people with mental health issues living in the community (Broussard et al., 2011; Charette, Crocker and Billette, 2011; Price, 2005; Lamb et al. 2002; Green, 1997).

Due to the increasing number of interactions between police officers and people with mental health issues, it is important that the police are well trained and feel comfortable in their knowledge and ability in dealing with people in crisis. According to Price (2005) a large number of officers feel they should receive training in this area, however many police forces do

not provide training for their recruits in mental health (ibid.). The absence of training in some forces may result in people with mental health issues receiving a lower standard of service than their peers who do not have any mental health problems due to this lack of knowledge and understanding, as well as the presence of prejudices on the officer's part. According to Watson et al. (2004), McDonald-Patrick (1978) and Price (2005) police officers, like the general population stereotype and stigmatise those with mental health issues, believing they are more likely to be dangerous than the rest of the community and often questioning a mentally ill person's credibility. It is difficult to believe people with mental health problems will ever receive an effective service from police forces if officers maintain and display these negative attitudes. Broussard et al., (2011, pp.459) argue, "officer's attitudes concerning psychiatric treatment are critical to the successful delivery of proper care to individuals with mental illnesses".

To overcome this problem, training is required. The current training provision for police officers is described as "limited" by the Criminal Justice Inspectorate (2010, pp.11) with recruits receiving very little information. As well as in depth training, multiagency working is essential between police forces and their local mental health services. According to the DHSSPS (2011) and Lamb et al. (2002) strong working relationships between the criminal justice system and social services are vital to ensure fair justice. Working in partnership with other agencies has been shown to improve the service and treatment provided to people with mental health issues as well as the efficiency of the services (Kisely et al., 2010).

Although this is the case, Hean et al. (2011) argue that both services are reluctant to work together due to the differences in their agendas and

priorities when working with individuals with mental health issues. It could be argued that police officers are mostly interested in obtaining a conviction as this is their first and foremost priority in their role while mental health workers are focused on addressing the individual's needs. Due to this lack of team work, police officers are often left frustrated with the current situation when they attempt to access mental health facilities (Charette, Crocker and Billette, 2011) and as such it is not surprising that they do not always rely on the mental health resources which are readily available in the community (Teplin, 1984). Instead, they frequently use their own discretion to make decisions regarding the outcome for people with mental health issues they come into contact with (Green, 1997).

Although training and team work may be lacking in a number of police forces and it has been argued that many do not provide adequate services for people with mental health issues, there has also been a great amount of progress made in certain areas. Crisis Intervention Teams (CIT) have been introduced in the United States since 1988 with over one thousand programs currently operational (Lord et al. 2011). These programs provide training to police officers in the recognition of mental health problems and how to appropriately deal with people they come into contact with demonstrating these. Another key aspect of these schemes is the close working relationship between the police officers and the mental health services in their area (ibid.). According to Lord et al. (2011) these schemes have helped to lower costs when dealing with people with mental health issues and research suggests that police officers attitudes, prejudices and stigmatisation of people with mental health problems have been challenged (ibid).

Closer to home, these ideas have continued to develop in the United Kingdom as well. One such example is the “North Humberside Diversion Project” which involves close working between the police force and psychiatrists to allow people with mental health issues to receive an assessment at both the police station and at the court (Cavadino, 1999). According to Cavadino (1999) the successful implementation of this particular scheme has resulted in 85% of people with mental health issues being deferred from custody, while only 12% are involved in re-offending.

In Northern Ireland, a similar service is available for people who are in police custody in the Belfast area. Here, there are two Community Psychiatric Nurses who work out of the largest of the stations, Musgrave and are available to assess any individual who comes into police custody (McGilloway and Donnelly, 2004). This service along with other current provisions in Northern Ireland will now be further discussed.

2.3 Mental Health Support for people in Northern Ireland

According to the Criminal Justice Inspectorate (2010) offenders with mental health issues in Northern Ireland are not receiving the best possible service. They argue that there is a “25% higher level of need than in England and Wales” (ibid., pp.viii) yet the PSNI do not receive the appropriate support from mental health services resulting in the services in Northern Ireland being of a much lower standard than the rest of the United Kingdom (Bamford Review, 2006).

Although this may be the case, steps have been taken in recent years to highlight these issues and attempts have been made to provide a higher quality of service for people with mental health issues in the criminal justice system in Northern Ireland. The first attempt, as mentioned

previously was the “Police Liaison Scheme for Mentally Disordered Offenders in Belfast”. This scheme first became available in 1998 and its purpose was to ensure people with mental health issues in the criminal justice system would receive assessment and signposting or referral to appropriate services at the earliest opportunity (McGilloway and Donnelly, 2004). Two Community Mental Health Nurses are based in Musgrave Police Station and travel to other custody suites in the Belfast area at the request of Custody Sergeants or Forensic Medical Officers (FMOs) to complete assessments of detained persons. Further, the custody record of every detained person in Belfast is screened by these nurses to ensure those who may have bypassed the Custody Sergeant or FMO still receive an assessment and an effective service for their mental health needs (ibid.).

In the first year of the scheme, nearly half of the psychiatric assessments were a result of the custody record screening facility and not through recommendations from the Custody Sergeants or FMOs, indicating that this scheme is beneficial and worthwhile to those with mental health issues in police custody. In an attempt to combat prejudice, stigma and discrimination, police officers also receive mental health training from these nurses (Bamford Review, 2006).

Although this scheme has been a success and has obviously improved the service available to people arrested in the Belfast area, the statistic that FMOs missed almost half of those who required an assessment is a worrying figure for the remainder of Northern Ireland, where the liaison scheme is not available. As such, the Criminal Justice Inspectorate (2010) has recommended that this scheme should be made available in all custody suites in Northern Ireland, however this is yet to occur.

Mental Health Liaison Officers (MHLOs) have been put in place in each policing district across Northern Ireland (Criminal Justice Inspectorate, 2010), however each only work in this role on a part time basis and are often not given the time or resources to adequately develop these positions (ibid.). If people with mental health issues are to receive a better service from the criminal justice system in Northern Ireland, positions such as MHLOs must be given the time and opportunity to develop their skills and knowledge. The Criminal Justice Inspectorate (2010) argue that often mental health issues are not fully addressed by the PSNI as they may prevent them from their main priority of preventing the commission of offences.

A further development for the service provision for people with mental health issues in the criminal justice system in Northern Ireland was the completion and publication of The Bamford Review of Mental Health and Learning Disability NI (2006). This included a Forensic Services Report which provided one hundred and sixty nine recommendations for the current system (Criminal Justice Inspectorate, 2010) and its focus remains on treatment of those with mental health issues and developing adequate mental health services in Northern Ireland rather than the placement of people with mental health issues into the criminal justice system (Criminal Justice Inspectorate, 2010; Bamford Review, 2006).

Another positive development in Northern Ireland has been the establishment of the Northern Ireland Appropriate Adult Scheme (NIAAS). According to the Bamford Review (2006), if a police officer believes that a person has any mental health issues and is to be interviewed regardless of whether they are a suspect, a victim or a witness, an Appropriate Adult must be present. As stated before an Appropriate Adult is any responsible person over the age of 18 years

who provides safeguards for the detained person's welfare while they are in police custody (Northern Ireland Office, 2007). Northern Ireland has the first professional scheme of this kind in the United Kingdom, and provides trained professional people to act as Appropriate Adults for those with mental health issues when they are to be interviewed about their suspected involvement in the commission of an offence.

Since starting in June 2009, the NIAAS has provided support to people from the age of ten years and upwards with mental health issues whilst detained in police stations. MindWise's (2011a) annual report states that the NIAAS responded to and supported 1461 calls from June 2010 to May 2011. In the quarterly report from July to September 2011, MindWise (2011b) states that 62.53% of the NIAAS callouts were for vulnerable people, including those with mental health issues. This large number of calls highlights the need for the scheme and although as argued previously, in general Northern Ireland is behind in mental health service provision compared with the rest of the United Kingdom, it is leading the way with this initiative as it is the only professional scheme of its kind.

With a contractual agreement to respond to calls within two hours (MindWise, 2011a), the NIAAS support many people with mental health issues who otherwise could have been sitting in their police cells for many hours waiting for family members, friends or social services to attend. As discussed previously, being placed in cells for lengthy periods of time can have detrimental effects on people's mental health (Department of Health, 2009; Criminal Justice Inspectorate, 2010; Cavadino, 1999).

With the success of the NIAAS since 2009, further services are currently being developed in Northern Ireland to provide help to people with mental health issues going through the Criminal Justice System. The “Linked-In Project” is also being developed by MindWise to provide mental health services to young people between the ages of 13 and 21 years when they are released from police custody. It is hoped that this support will help in reducing re-offending and empower young people to take responsibility for their own mental health.

2.4 Conclusion

As can be seen, although it is stated that the mental health services provided in Northern Ireland are inferior to the rest of the United Kingdom, developments have been put in place and continue to grow and improve. It is well known that custody is not a useful tool for those with mental health issues and as such the need for effective mental health services in the criminal justice system cannot be underestimated.

Having considered the current situation in Northern Ireland and looked at previous studies it is clear that the main research questions discussed in the introductory chapter will be effective in researching the working relationship between the PSNI and mental health services. The methodology for generating and collecting the data required through these research questions will now be examined in the following chapter.

Chapter 3 – Research Methods

Having considered the current situation in Northern Ireland for people with mental health issues who find themselves in the criminal justice system, it is important that appropriate methods for completing this research are adopted. As discussed previously, this study aims to take into consideration the views of both police officers who have had experience of working with detained people with mental health issues and mental health professionals who have supported a service user whilst they were going through the criminal justice system.

In this third chapter, the research methods used throughout the study will be discussed. The reasons for choosing these methods, sampling techniques, the procedure and data analysis, as well as ethical considerations and limitations of the study will all be explored and examined further.

3.1 Methodology

As previously stated, having experience of working with people with mental health issues in the criminal justice system has shaped and provided me with the ontological stance for this study. Mercer (2002) describes ontology as the reality of the situation, which in this case is that those with mental health issues in the criminal justice system in Northern Ireland are disadvantaged due to the lack of services in place to support them and the weak working relationship between the PSNI and mental health services.

The epistemological stance throughout this research has also been influenced through working in these systems and gaining an understanding of the social model of disability. Mercer (2002, pp.230) continues, that the epistemological position is the “relationship between

the knower/researcher and knowledge”. Having an understanding of the social model of disability and knowledge through my experience indicates that the disadvantage faced by people with mental health issues in the criminal justice system in Northern Ireland is a socio-political matter rather than a problem with individuals.

Having looked carefully at both the ontology and epistemology of this study, the following methodologies were chosen. A combination of both qualitative and quantitative methodologies were adopted throughout this piece of work. Bell (2010) argues that a researcher must choose the appropriate methods to provide the necessary data for the research. By using both types of methodology, opinions and personal experiences could be voiced yet data collected via quantitative methodologies could be easily analysed and compared (Walliman, 2011).

According to Bell (2010) and Silverman (2000) qualitative methods are critical for collecting individual’s ideas, feelings and opinions yet it can prove difficult to analyse the generated data afterwards. As Gibbs (2007) maintains, if there are no statistics to directly compare, the data must be interpreted by the researcher. Interpretation of data may differ considerably between researchers and as such may result in inevitable bias and/or inaccurate results.

3.2 Data Collection Strategies

One focus group with professionals who have supported people with mental health issues through the criminal justice system took place to gauge their opinions and experiences. Further, questionnaires were forwarded to all Custody Sergeants in Northern Ireland to gain an understanding of their experiences of working with people with mental health issues and mental health service providers. It was anticipated that

the Custody Sergeants from the PSNI may also have participated in a one off focus group, however due to shift work and long working hours it was decided to contact these participants via an online questionnaire.

A focus group was the chosen method to generate data from the mental health organisations as it gave the researcher the opportunity to obtain information and experiences from a number of participants at once (Flick, 1998). Due to the short timespan for this study, a focus group was much more efficient in obtaining the required information than completing one-to-one interviews with the participants. Further, it has been argued that participants often feel more comfortable in voicing their opinions within a group setting and listening to others may help in generating memories of experiences which may have gone undetected in a one-to-one setting (ibid.).

Although a focus group may prove to be the best methodology for this study, there are also disadvantages to this method. Firstly, Bell (2010) argues that at times participants may feel intimidated by others in the group and as such be reluctant to voice their opinions. Further, when analysing the recording of a focus group it can be difficult to differentiate between different voices and identify individuals especially if two or more participants speak at the same time (Flick, 1998).

Another weakness of completing a focus group is the issue of confidentiality. With others in the room, a researcher cannot guarantee 100% confidentiality however this issue will be further addressed when discussing ethical considerations.

Questionnaires were chosen to gauge the responses from Custody Sergeant in the PSNI. There were a number of reasons for this approach. Firstly, in a questionnaire respondents are all asked exactly

the same questions. This allows for clear comparisons to be made in their responses (Walliman, 2011). Further, people are able to fill these in in their own time and do not feel under pressure. As they do not see the researcher, some answers may be more truthful than someone taking part in an interview who may provide socially acceptable answers (Bell, 2010).

As with all methods, there are also drawbacks to completing questionnaires. It can be hard to get a reasonable number of responses as potential participants may just ignore the request to take part. Further, as described by Bell (2010) very often people only write the bare minimum in responses and questionnaires can lack the detail in their answers which can be further probed in a one-to-one interview. Although there are drawbacks to both methods used, it was still decided that a focus group and questionnaires would produce the best, most reliable data in this piece of research. Throughout this research study there were two significant sampling techniques which were used to find the participants for the focus group and questionnaire which will now be considered.

3.3 Sampling

The first technique which was adopted was Purposive Sampling. Both Silverman (2000) and Denscombe (1998) state that this technique allows a researcher to effectively choose their own sample as they focus on particular traits, experiences or people which are essential to the research.

In this study, the populations which were targeted by the researcher were Custody Sergeants in the PSNI and professionals who work for mental health organisations in Northern Ireland and have had

experience of supporting service users through the criminal justice system. Knowledge of either or both of these systems was critical to the success of this research.

Huberman and Miles (1998) maintain that in any research which involves qualitative methods, the researcher must adopt a purposive approach to sampling as this will produce the best and most reliable results, however it is also understood that recruitment can prove more problematic due to the reduced number of potential participants as each must possess the required attributes, namely knowledge of the criminal justice system or mental health system in Northern Ireland before qualifying to take part (Denscombe, 1998).

Although Purposive Sampling reduced the number of potential participants for the research, when the initial recruitment drive went out, others were able to pass on information to work colleagues and associates they believed also fit the criteria resulting in Snowball Sampling (Merken, 2004). By using this technique, it gave the study the opportunity to gain a larger sample size therefore leading to more information and perhaps more reliable results. According to Denscombe (1998) this technique is especially effective in small scale studies like this one in recruiting participants alongside Purposive Sampling.

3.4 Procedure and Data analysis

The first step in the procedure was to recruit the samples using the techniques discussed above. Firstly, potential participants at mental health organisations and an Inspector at PSNI Head Quarters were forwarded a letter and information sheet (Appendices 1 and 2) via email. These gave an explanation of the research, what potential participants

were required to do if they decided to take part and contact details if they required and further information.

Consent forms (Appendix 3) along with a second copy of the information sheet and a topic guide (Appendix 4) were then provided to participants of the focus group. These were returned prior to the commencement of the fieldwork. Having access to a topic guide ensured that participants were familiar with the anticipated topics of discussion. The topic guide was established after much reading of the literature in the areas of mental health and criminal justice and the development of the main research questions as discussed previously.

With regards to the completion of the questionnaire, the participants were recruited via an email which was forwarded on my behalf to all Custody Sergeants in Northern Ireland. Consent was gained through their participation in the questionnaire as they individually made the choice whether or not to complete it. As with the topic guide, the questions for this survey were established after the development of the main research questions discussed in the introduction.

Once consent had been obtained, the focus group took place. Participants were given the opportunity to discuss the issues they felt to be important to this topic area and were able to express personal experiences. The focus group was audio-recorded and then transcribed to allow for data analysis and dissemination. Data analysis began almost immediately after the focus group. This was because it was then that the first ideas and themes emerged (Gibbs, 2007; DiCicco-Bloom and Crabtree, 2006). When analysing the data, thematic analysis was used. According to Attride-Stirling (2001, pp.387) "Thematic analyses seek to unearth the themes salient in a text at different levels".

When looking for the initial themes, I firstly studied and transcribed the recording of the focus group and interview. Using different coloured pens whilst studying the transcriptions to highlight separate themes and ideas made the recurring themes obvious and clear. The expected themes before data analysis began were training, working relationships, attitudes and similarities and differences in the attitudes of police officers and mental health workers towards those with mental health issues. The actual themes which emerged included these, as well as others which are further discussed in later chapters.

Further, the same technique of thematic analysis was used when analysing the data generated from the questionnaire responses. As stated previously, using different coloured pens made it obvious there were similarities and differences in opinions. As all participants had been asked exactly the same questions in the surveys, I was also able to produce clear statistics from their answers.

Prior to using the analysed data, the participants were provided with a transcription of the focus group and were encouraged to inform me of any inaccuracies or issues. In the email sent to the Custody Sergeants, they were invited to contact me directly via email after the closing date for the surveys and they could be provided with a copy of the data. It was important to include the participants of the research in the dissemination of the data to ensure they were happy that their responses were recorded and interpreted accurately ensuring the validity of the research. As well as ensuring the results were valid, there were also a number of ethical issues which were considered throughout this study and will now be further examined.

3.5 Ethical Considerations

When working with people, ethical considerations must be adopted and treated with the utmost importance. According to Orb et al. (2001) and Walliman (2011) ethics are in place to ensure that research participants do not come to any harm. Doucet and Mauthner (2005) maintain that the researcher has an ethical responsibility to all participants in any study to ensure they do not come into any harm as a large proportion of the participant agreeing to take part comes down to trust of the researcher. This is further echoed by Walliman (2011). As such, a number of ethical issues will now be considered, the first being informed consent.

Miller and Bell (2005) believe that to give informed consent all potential participants must be provided with information about the study, what it will entail and what they will be expected to do. To ensure this, all participants for the focus group were provided with a letter, information sheet and topic guide demonstrating the transparency throughout the research (Doucet and Mauthner, 2005). This gives the potential research subjects the opportunity to peruse the information and decide whether or not to take part without being put under any pressure. Receiving this information prior to the focus group taking place also gives participants the opportunity to consider their views and opinions.

Potential participants were also able to raise any queries prior to the focus group as email contact details of both the researcher and the research supervisor were provided. Once the transcription of the focus group was completed, all participants were emailed a copy to review to ensure what they said was not misinterpreted or altered in any way ensuring they were happy with their responses and reinforcing the validity of the research. As stated earlier, informed consent was given

from the questionnaire respondents from them taking part. They were also provided with information about the research via email.

Another ethical consideration within this research was the issue of confidentiality/anonymity. According to Homan (1991, pp.140), “confidentiality takes the form of a contract between researcher and subjects in which the researcher agrees... the identities of participants will not be disclosed”. Ensuring that participants remain anonymous will hopefully encourage them to provide truthful responses rather than socially acceptable ones which may occur if their identities were detectable (ibid). Each participant was informed that any information provided to the researcher was confidential and safeguarded, being stored on a password protected computer (Walliman, 2011) and that any recorded data would be destroyed once the research was completed.

As within a focus group it is not possible for the researcher to guarantee one hundred per cent confidentiality due to the other participants in the room, all participants were asked to respect others views and opinions and adopt a ‘what is said within these four walls, stays within these four walls’ approach.

3.5 Limitations

Having looked at the strengths and weaknesses of the methods chosen already there are also limitations to the project. The main limitation being the short time span in which to complete it, only nine months with two months for fieldwork. Due to this timeframe, it was impossible to reconstruct the study on a number of occasions to check the reliability of

the results as is advised by Bell (2010). Instead, involving participants in the dissemination helped to ensure the results were valid.

3.6 Conclusion

Having considered the methodology for this project including the strengths and weaknesses of the chosen methods, the findings from the collected and analysed data will now be discussed in detail in the following three chapters.

Chapter 4 – The Police Service of Northern Ireland

When previously looking at the current situation in Northern Ireland and when analysing the data collected from both the mental health professionals and PSNI Custody Sergeants, one of the arising issues was the PSNI itself. Within this large issue a number of smaller issues arose, namely police training and police attitudes towards people with mental health issues. This chapter will explore the findings from the analysed data, as well as discuss these findings with reference to previous research and literature.

4.1 Police Training

A major theme which arose during the analysis of the questionnaires and the focus group was the training that police officers in the PSNI receive on mental health issues. Just over half of the Custody Sergeant respondents stated that they had received some form of mental health training in their role, ranging from a “1 day course with a CPN over from the mainland”, to “mental health awareness course, half day”, to “mentioned in passing during custody course”. This range in responses would indicate that mental health training is neither compulsory nor treated with importance when Custody Sergeants are receiving their initial training. Over half of those who had received some form of mental health training stated that their first and only training was in their initial custody training and had not been a topic which was revisited since this. This is surprising given that according to the Criminal Justice Inspectorate (2010) almost eighty per cent of males on remand in Northern Ireland have some form of mental health issue. As these males would have experienced the initial processes of questioning by the PSNI prior to being placed on remand it would be expected that Custody

Sergeants dealing with these detained people would have been adequately trained to meet all their support needs.

Almost three quarters of Custody Sergeants who responded to the questionnaire feel that the training they receive regarding mental health is inadequate, while over seventy seven per cent believe they require more mental health training to conduct their role as a Custody Sergeant effectively. Price (2005) argues that training police officers in mental health issues can raise awareness as well as aid them in identifying and managing those they come in contact with who have mental health problems. In order to make the training more effective some suggestions put forward by the Custody Sergeants included completing “an in depth course regarding identification of symptoms to management of detainees”, “a talk from a representative from a mental health charity or similar which should help in the recognition of mental health issues and appropriate care and resources which are available”, and “none available, would be of great use if training was available”.

The need for training in mental health issues has been known and understood for some time. According to McDonald-Patrick (1978) all police officers should receive mental health training while they are in the police academy yet this research found that for over one third of those who had received mental health training, the training was specific to those working in custody and not available to all officers. The Criminal Justice Inspectorate (2010) also recommended that there should be a specific mental health module in training for all PSNI officers as in the current training system there are only a small number of notes on the subject.

It is obvious from the feedback received from the Custody Sergeants that the majority do not feel they have gained enough knowledge through the training provided by the PSNI on mental health however fifty five per cent also stated there is nothing they can do about it as they cannot request specific training. This attitude is also echoed through the experiences of the mental health professionals who took part in the focus group. One participant explained her experience of working alongside police officers who were lacking in mental health training and as such did not feel confident in their role when someone with a mental health issue was arrested and brought into custody. She continued to discuss the ratio of the hours of mental health training received by police officers and the number of people with mental health issues who go through the criminal justice system,

“if we... look at actual statistics and then look at the amount of training that police officers have... it’s not going to correlate at all”.

This lack of training according to Baksheev et al. (2010, pp.1043) means that very often the “health and social needs of detainees at the front end of the criminal justice system are poorly understood”. This lack of understanding may contribute to the negative attitudes often experienced by detained people with mental health problems, an issue which will be explored further later in this chapter.

Although there seems to be a lack of training for police officers in the PSNI regarding mental health issues, it is obvious from both the Custody Sergeants and mental health professionals that the officers who are working on the front line want further training. One focus group participant explains,

“They are actually keen to learn... there is, eh, an awareness within the police service of officers who want to learn. It’s the service itself that’s just not providing that information”.

While the lack of training for police officers in the PSNI is obvious, one mental health representative explained how a manager from her workplace has in fact provided mental health training to Custody Sergeants in some areas. This demonstrates that there is training available for Custody Sergeants however also highlights that there are discrepancies in the training available depending on which area you serve in. This is also highlighted by Price (2005) who maintains that the training provided by any department is dependent on the individual department’s strategies and priorities. It could be argued that in order to provide an excellent and consistent service to the community across Northern Ireland, all Custody Sergeants should receive the same training before being placed in the role of Custody Sergeant.

It was agreed by all participating mental health professionals that in depth training and knowledge is important when working with people with mental health issues however another very valid point was raised by a participant who explained,

“where mental health is concerned, you know, you can go to lots of training and I, I know I’ve done a lot of training myself but you don’t learn any better than actually being on the ground and doing it”.

This opinion was further voiced by one Custody Sergeant who described the development of their knowledge of mental health issues as being through experience and not training. Another focus group participant also described a situation supporting a lady with severe mental health issues and working with a very experienced Custody Sergeant. This

participant explained how the Custody Sergeant used his own experience and discretion to override the decision of a Forensic Medical Officer. He was able to contact the social services and get the lady assessed by a specialist rather than the Forensic Medical Officer who agreed she should not be in a custody suite or police cell.

Although this knowledge comes with experience, it would be difficult for a Custody Sergeant to know who to contact in their local area if they had not received any training on this matter. One third of respondents to the questionnaire stated that they were unsure about who to contact in their area for advice, guidance or support when working with a person with mental health problems.

It is fair to say that more training in this field could raise awareness of mental health issues amongst the police officers in the PSNI and the issues which people with mental health problems face. Raising awareness around a subject which is very often swept under the carpet or avoided may go some way in changing the negative attitudes which many members of the general public, including police officers hold.

The attitudes faced by people with mental health issues by police officers in the PSNI will now be addressed in more detail, again looking at the information provided by both the Custody Sergeants, focus group participants and previous studies and literature.

4.2 Police Attitudes

As discussed in previous chapters, much police work involves having contact with people with mental health issues. As stated before, police officers are often the first people in our community to have contact with people with mental health issues who find themselves in a crisis situation (McDonald-Patrick, 1978; Watson, Corrigan and Ottati, 2004;

Lamb, Weinberger and DeCuir, 2002; Price, 2005; Green, 1997) As such, police officers' attitudes towards those with mental health issues is of great importance and can have a profound effect on both their lives and situation. According to Watson, Corrigan and Ottati (2004) it is often the case that police officers believe people with mental health issues are more dangerous than those without which can cause some officers to approach situations involving people with mental health issues in a more aggressive manner and "lead to behaviours that escalate the situation" (ibid., pp.53).

Throughout this study, Custody Sergeants were asked a number of direct questions regarding their experiences of working with both people with mental health issues and mental health services in Northern Ireland. Of the twenty seven respondents, twenty six stated they had experience of working with people in custody with mental health issues and almost seventy eight per cent felt confident in establishing whether a detained person has a mental health issue. This was done in a variety of ways, from speaking with family, to observing the detained person's behaviour, to gaining the professional opinion of the Forensic Medical Officer, to questioning the detained person about their mental health and referring to previous custody records if the person had been previously arrested.

Although these statistics would indicate that police officers are well versed in working with people with mental health issues, more than half of the participants in the focus group of mental health professionals felt otherwise. One states, "they don't spend enough time... once you hear a certain thing, you just think right ok", when describing a situation with a 'vulnerable' person in police custody.

Further experiences by the mental health professionals indicate that Custody Sergeants in the PSNI often rush processes to get people with mental health problems out of custody as soon as possible. Some may argue that this is a positive as people with mental health issues are not kept unnecessarily in police custody however a number of the mental health representatives described situations where they were not permitted to complete their role effectively by Custody Sergeants who wanted the detained person released as soon as possible. A male participant explains one such situation where he was working with a young suicidal male and when he requested a doctor speak to the young man before he was released he was told "Well he's being released from custody now so not really". As a compromise, rather than demanding a Forensic Medical Officer attend the station, the mental health worker requested to use a consultation room to provide the young male with support information and relevant contact numbers only to be told, "Oh no you can't use the consultation room no, because he's now officially booked out of custody and you can't sit, now I'm not responsible for him anymore". This lack of compassion in such a situation adds to the argument that a large proportion of police officers have negative attitudes towards those with mental health issues. Price (2005) agrees and argues that much of the discrimination which has occurred against people with mental health problems has come from the police.

One possible reason for this discrimination faced by those with mental health issues could be the fact that police officers feel anything to do with health care in our society is not their primary role. As Teplin (1984) describes, it is accepted by the majority of police officers that they will have to deal with and work alongside people in our society who have mental health problems and it is agreed that this is very important work

however, this work is often not recognised or rewarded by police forces and as such is viewed as inferior to their primary role of fighting crime and prosecuting criminals.

Although police officers are in positions of authority and should be educated in the specific needs of people with mental health problems, it could be argued that it is not surprising that some police officers have negative attitudes towards people with mental health issues in our westernised society. Mental health problems are still very much a taboo subject which are ignored or hidden and get a lot of negative attention in the media. As Thornton and Wahl (1996, pp.17) maintain, “negative media reports contribute to negative attitudes toward people with mental illness”. Striking headlines in the media which make a direct link between a mental health issue and a crime committed are often used to gain an audience’s attention, sensationalising mental illness and creating an air of fear around those with mental health issues.

As police officers are only human, it is fair to say that these headlines and media depictions of people with mental health issues will have a similar effect on them as they do on the general population. Thornton and Wahl (1996) continue that the only way to overcome these negatives attitudes is through proper education in our society. This idea is echoed by Price (2005) who claims that the main aim of mental health training should be to change attitudes about people with mental health issues. Perhaps further compulsory training on mental health issues for all police officers could not only provide them with extra knowledge but also go some way in combating the negative attitudes which are at times displayed by the officers in the PSNI.

4.3 Conclusion

Throughout this chapter the focus has been on the PSNI and how they work with people with mental health issues. Negative attitudes displayed by many PSNI officers and a lack of training on mental health issues have been the key issues which arose when the collected data was analysed. Further data analysis also found issues with the mental health services available in Northern Ireland which will be addressed in more detail in the following chapter.

Chapter 5 – Mental Health Services

As stated in the previous chapter, the PSNI was a major issue which arose when analysing the collected data. Now that issue has been considered, this chapter will continue to explore the findings from the analysed data, looking closely at another major theme which arose, the mental health services in Northern Ireland. Firstly, mental health assessment in police custody will be looked at, followed by the services available and accessing services. Exploring these issues will allow a comparison to be made with other countries from around the world, as discussed in Chapter 2 when looking at previous studies.

5.1 Forensic Medical Officers and Mental Health Assessments

When first arrested and taken to police custody, the Custody Sergeant will complete an initial risk assessment in an attempt to establish any underlying medical or mental health issues. As stated previously, over three quarters of Custody Sergeants who responded to the questionnaire feel confident in establishing whether a person has a mental health problem or not even though almost half of the respondents have not received any mental health training. If a Custody Sergeant is satisfied that there are no medical or mental health concerns they can continue without receiving the advice of a medical professional. This could result in some people with mental health issues that are not obvious slipping through the net and not receiving the support they require whilst in a negative and stressful environment.

Although Custody Sergeants complete the health and safety screening, the majority of the mental health professionals who participated in the focus group feel that the system has potential flaws. As one participant states,

“it’s in an open environment, you know and everyone’s walking around, there’s people behind the desk, there’s people... and they’re asking quite detailed, intimate questions”.

Another continued to explain a situation where a person he was supporting denied feeling suicidal or having ever self-harmed when questioned by the Custody Sergeant yet when he arrived the detained person disclosed to the mental health professional he had attempted suicide recently and was currently feeling suicidal. It could be argued that those police officers who come in contact with the general public need to have a greater understanding of these issues, as one mental health representative argues, “The suicide rates are shocking within the criminal justice population”. This argument is further backed up by the Criminal Justice Inspectorate (2010) who maintain that approximately two hundred people per year commit suicide while in custody or soon after leaving.

Although the mental health professionals felt the current situation is inadequate, it is understood that the Custody Sergeants have a role to play and must complete the health and safety risk assessments when a person first arrives in custody. Although they believe it should perhaps be a more private experience for the detained person, it was agreed that very often the Sergeants are “between a rock and a hard place” as they are in a position where they must find out all these details and the current setup is the fastest and easiest method to do this.

If there are any queries regarding a person’s mental health the Forensic Medical Officer is called to complete a medical assessment to determine whether the detained person is medically fit to be held and interviewed in the police station. A Forensic Medical Officer is a General Practitioner

who very often completes this role on top of their normal work load. As discussed in the focus group, this can result in people waiting for hours on end to receive an assessment from a Forensic Medical Officer while they finish their normal days work in their surgery before attending the police station. As stated by the Criminal Justice Inspectorate (2010) spending time in prison can in fact worsen mental health issues. It could be argued that spending hours in a police custody cell could have the same effect.

Even when Forensic Medical Officers do attend relatively promptly, the time they actually spend assessing the detained person was raised as another major issue by a member of the focus group. As described by a mental health professional,

“when you look at the custody records you can see the time that the doctor has spent, for example four minutes”.

They continue that the assessment by a Forensic Medical Officer is often treated as a “tick box exercise” and people are rarely declared not fit to be detained or interviewed. Further, one focus group participant described an experience of inconsistency between different Forensic Medical Officer’s assessments,

“The Forensic Medical Officer deemed her mentally unstable and needed an Appropriate Adult... a second... said she was fit for interview and didn’t need an Appropriate Adult”.

Like the situation with police officers in the PSNI, it would seem that Forensic Medical Officers receive different amounts of mental health training. Again, if these doctors are expected to provide the best possible service to people in police custody, surely they should all receive the same training. The Criminal Justice Inspectorate (2010)

believe that there must be earlier assessment of people in the criminal justice system, however if it could be argued that this is not possible if Forensic Medical Officers are not assessing all detained people in the same manner.

Although these issues have been raised by the mental health representatives, according to the Criminal Justice Inspectorate (2010) both custody staff and detained persons feel Forensic Medical Officers work in a “caring and sensitive manner” (ibid., pp17). Over ninety two per cent of the Custody Sergeant questionnaire respondents feel that Forensic Medical Officers have adequate skills to spot and highlight any mental health issues present in detained persons. This is in contrast to the mental health representatives who although generally believe that the Forensic Medical Officers do a good job, the service they provide is often not adequate due to their lack of specialist knowledge.

Recommendations from the focus group include receiving the opinion of a specialist once mental health issues are raised by the individual or Forensic Medical Officer or having a Community Psychiatric Nurse present in all police stations to complete any mental health assessments. It was agreed that this would be both a cheaper and more effective option than the current situation of paying call out fees and doctor’s fees for each person who comes into police custody.

Once detained people have been assessed as having mental health problems, there are a number of services which can be put into place. These will now be discussed in further detail.

5.2 Services Available

Although, as described in previous chapters, there are a number of services available to people with mental health issues in Northern Ireland who find themselves in police custody, it is well known that these services are inadequate and fall below the standard of the rest of our UK counterparts (Bamford Review, 2006). Both the majority of Custody Sergeants who responded to the questionnaire and those who participated in the focus group agree the services available to those going through the criminal justice system are not at the standard they should be. Over seventy-four per cent of custody sergeants who responded were aware of specialised services for people with mental health issues such as “Crisis response”, “Appropriate Adult Scheme”, “Social Services”, “LifeLine”, “Samaritans”, “Forensic Medical Officers” and “Drug and Alcohol Addiction Nurses” however many felt they could not work effectively with them. One Custody Sergeant stated, “Crisis response... but they are useless”, while another stated “they will attempt every avenue to avoid attendance” when discussing specialist mental health services coming into the station to support a detained person.

Forensic Medical Officers were seen as the best route to get in contact with mental health services or social services, however on a number of occasions Custody Sergeants stated that even the doctors had a lack of support from these services. This experience was also echoed by the mental health representatives in the focus group who explained that very often when mental health or social services are contacted they do not wish to attend as soon as they hear the person is in police custody. One participant explained,

“they think, well they’re, they are somewhere safe but the police station cannot be used... it should be your last resort as a place of safety”.

Further, the mental health representatives feel at times that other agencies and mental health services use them as a “dumping ground” for people who nobody wants to take responsibility for. The Criminal Justice Inspectorate (2010) also found this when they spoke to mental health professionals who work in the Mater Hospital in Belfast. They felt that police from across Belfast used them to get rid of people with mental health issues who they didn’t want to deal with.

While almost three quarters of all Custody Sergeants who responded agreed they knew of specialist mental health services, one mental health organisation representative argued that the services available to people with mental health issues varied greatly depending on the area they are arrested in. She maintains,

“There is no consistency across the whole of eh, the jurisdiction... if you’re arrested in Belfast there are two CPNs (Community Psychiatric Nurses) in Musgrave, so you know if you’re in Musgrave or Grosvenor Road they can go across there. That’s fair enough but what if you’re arrested in Enniskillen and there is nothing?”

It could be argued that the remaining twenty five per cent of Custody Sergeants who are not aware of any specialised services for people with mental health issues are those in stations without access to CPNs however this cannot be confirmed as the Custody Sergeants who responded were not asked to state which station they work from. As stated above, although the majority of Custody Sergeants are aware of

specialist services available for people with mental health issues, there can be issues with accessing these services. These issues will now be examined in more depth.

5.3 Accessing Services

Another theme which arose when analysing the data was the accessibility of services, the time it takes to access these services and the length of time people are involved with the criminal justice system. As stated previously, the mental health services available in Northern Ireland are not to the same standard as the rest of the UK or other countries around the world (Bamford Review, 2006). In Northern Ireland there is no access to specialist mental health courts as in Brooklyn, New York (Criminal Justice Inspectorate, 2010), there are only two part-time consultant psychiatrists who work across all the prisons in Northern Ireland (ibid.), there is “no routine provision for the treatment of mental illness among juveniles (ibid., pp.36) and there is a necessity for more mental health beds in the main prison in Northern Ireland, HMP Maghaberry (ibid.).

Although there are shortcomings with regards to the services provided to people with mental health issues in the criminal justice system in Northern Ireland there are certain services as discussed previously which are available. Both representatives from the mental health organisations and the PSNI agreed that contacting services can be slow and frustrating, especially if working during evenings and weekends. One custody sergeant stated,

“The agencies do not inspire confidence... It is almost impossible to obtain their services during nightshift”.

Even when services initially respond promptly to requests for an assessment, it can be frustrating for all involved when they are told they must wait for further assessments. One example was given by a mental health organisation representative who was supporting a suicidal woman in police custody. The Crisis Team in the area responded within two hours however after the initial assessment informed the lady she was top of the list and would have to wait some two to three days for someone else to come out and see her again in her home. These delays are unacceptable and almost forty five per cent of Custody Sergeants agreed that they are one of the reasons people with mental health issues are being released from police custody without being referred to the appropriate services.

Just over half of the questionnaire respondents were aware of mental health services they can refer people leaving custody to. These included, "Mencap", "Social Services", "MindWise", "LifeLine", "Samaritans", "Own GP" as well as mental health units in the local hospitals. Although a number of services were listed, almost two thirds of the Custody Sergeants who responded did not feel confident in referring people leaving custody to these services.

This lack of confidence could mean that people who should be referred to these services for support are not. Almost forty five per cent of the Custody Sergeant respondents feel that at times people are released from custody without being referred to the appropriate services. To overcome this issue, the Custody Sergeants feel they should receive more training and information on the services which are available in their areas. Further, one admitted,

“Sometimes it feels like we are just covering our backs in making referrals after custody. We would tend to err on the side of caution when releasing persons as they are within our remit for 48hrs after they leave”.

Although the majority of Sergeants agreed that at times they need to refer detained persons to mental health services, a number were not sure if they could. One stated,

“I am aware that I have a responsibility to ensure that the detainee gets advice but did not know that I could refer them or who to.”

Another explains, “We can only refer someone with their consent”, while a further Custody Sergeant describes, “I leave it to the person themselves”.

These different interpretations of responsibility may result in people in different police stations receiving a different standard of service. Perhaps it is not only the responsibility of the PSNI staff to ensure they know what services are available in their areas but also the responsibility of the mental health services to promote their existence and be more open about their availability ensuring access to their services is easier.

It is not only the police who often leave it to the person themselves to approach the necessary services. As described by a number of the mental health representatives when they have approached a GP for example on behalf of a service user they have been told, “I can’t do anything unless he comes to me”. Of course people with mental health issues should have the opportunity to decide when and if they receive treatment and which services to avail of but as another representative from a mental health organisation stated,

“I think a lot of the mental health services are set up for people that are well, who are very confident and strong and motivated”.

Further, the time to process those involved in the criminal justice system, irrespective of being a victim, witness or accused from start to finish was raised as an issue by mental health representatives, “The criminal justice system is slow, so slow to work”. All in the mental health service provider focus group agreed that the police would feel the same and a lot of work has gone into discretionary disposals in recent times in an attempt to shorten time spent in the criminal justice system.

Adjournments in the court system add to the length of time people are involved with the criminal justice system and as one focus group participant explained, “They can’t move on I think until that court case is nearly done and dusted”.

Having received feedback from representatives from mental health organisations and the PSNI, it is obvious that both sides believe one of the only ways to overcome these issues with services is to work together in a joined up fashion.

5.4 Conclusion

This chapter has focused on the mental health services available in Northern Ireland. It has looked at the Forensic Medical Officers and mental health assessments in police stations, which the mental health professionals do not feel are adequate. Further, it has looked at the availability and accessibility of services for those in the criminal justice system with mental health issues.

It was agreed by both the PSNI respondents and mental health service providers that joined up working could be a way to overcome the issues they currently face. As such the working relationship between the PSNI

and mental health services will now be further discussed in more detail in the following chapter.

Chapter 6 – Working Relationships

Having addressed both the PSNI and mental health service providers in Northern Ireland, the other main issue which arose from the analysed data will now be discussed in detail. This third and final issue is the working relationship between the PSNI and mental health services in Northern Ireland. This will be explored under three subheadings, firstly, views of the PSNI, followed by views of mental health professionals and finally, how to make it better.

6.1 Views of the PSNI

Of the twenty seven respondents to the Custody Sergeant questionnaire, one hundred per cent agreed that the working relationship between themselves and social services/mental health services could be improved. Over three quarters of respondents believed that mental health services do not have an understanding of the criminal justice system or the situation for people working within this system.

Just over two thirds of the Custody Sergeants believe they know who to contact if they require advice, guidance or support when working with a person with a mental health issue. This is ten per cent higher than the statistics which were gathered in 2011 by Hean et al. (2011) who state that just over fifty six per cent can name a mental health service they can call on if required. Perhaps this increase of ten per cent is down to more training and knowledge of mental health issues in the criminal justice system, or perhaps it is an indication that Northern Ireland is in fact ahead of others when it comes to developing strong and lasting working relationships between these two agencies.

Although many of the PSNI respondents feel there are a few positives regarding the working relationship between the PSNI and mental health

services in Northern Ireland, negative experiences and opinions also arose in the questionnaire responses. Almost three quarters feel that the PSNI and mental health services do not have a good working relationship. One respondent explained that, “we work against each other not together” while another feels that Custody Sergeants often do not understand,

“why mental health teams refuse to treat or even help us with these individuals that to us seem in need of mental health assistance”.

Another reason given which causes strains in the relationship between PSNI officers and mental health professionals is the misconception that all police officers will do anything to get a conviction. One respondent explains,

“Social services are hard pressed and their workload does not make them approachable. Also they can be advisory and have to be more open to the fact that police are concerned for welfare of an individual and not only of pursuing prosecutions at whatever cost”.

It could be argued that the lack of understanding from the mental health professionals arises because only limited numbers receive criminal justice system training. Over eighty-five per cent of Custody Sergeant respondents felt that mental health service providers should receive specific criminal justice system training to help them conduct their roles effectively. This lack of training for mental health professionals means that very often there is little understanding on their part of what the police can and cannot do when they have a person with a mental health issue in custody. As one Custody Sergeant explained,

“Mental Health Services are not aware nor are they concerned with the limited legislation there is in place. Also they are not aware of the Legislation Codes of Practice which is applied to each person whilst in a custody suite”.

As stated previously, another possible reason for a reluctance to get involved when a person is in police custody is that a police station is seen as a place of safety and it may be believed that a person is safer there than out in the community. This experience is echoed in the Custody Sergeant responses. One respondent wrote “It appears that whilst the person is with the PSNI they do not want any dealings”, while another maintains,

“Social services have no interest whatsoever once they know that the person is with the police – they treat it as a police problem and refuse to get involved”.

Again this argument is heard from another respondent who believes police custody should only be used as a place of safety in “the most severe circumstances”, however Custody Sergeants often feel they are being used as a “dumping ground for people who are mentally unwell”.

Having taken the views of PSNI officers into consideration, the views of mental health professionals will now be addressed regarding their feelings about the working relationship they have with the PSNI.

6.2 Views of mental health professionals

Like the Custody Sergeants there was general agreement amongst the mental health professionals that the working relationship between the PSNI and themselves and other services was not great. It was stated that there is a constant cross over between the two services given the

number of people with mental health issues who come into contact with the criminal justice system yet there is a severe lack of joined up working between the two agencies.

It was felt by one focus group participant that the only time there is contact between themselves and any other agency involved in the criminal justice system is when there is a large case conference to attend. Further, it was felt that rarely were community mental health services discussed or put in place for people going through the criminal justice system. Rather, assessments were completed by private professionals employed by the criminal justice system.

Another mental health service provider described the relationship between the PSNI and mental health services as “scant”, while a further participant explained that he often had to push for the police to make contact with a social worker who was already in place for the person who finds themselves in custody. This lack of communication between the PSNI and mental health services may be part of the reason why many feel the working relationship is poor.

It was discussed that the onus is often placed on the person with the mental health problem to access the services themselves. As stated previously they should indeed have the opportunity to decide on which services they wish to receive however as one participant explained,

“I certainly think if there’s that concern there needs to be something stopping that gap between putting the onus back on someone who maybe just doesn’t, isn’t equipped at that point to go to their GP... or doesn’t have the support”.

It is obvious from both the views of the PSNI and mental health professionals that they are not satisfied with the current services which

are in place. The following section looks at ways to improve these services.

6.3 How to make it better

Having spoken with mental health service providers and received feedback via questionnaires from PSNI Custody Sergeants, it is obvious that both agencies understand the need for and want a better working relationship. One hundred per cent of participants in this piece of research believed that the working relationship between the two agencies could be improved and when asked how, again one hundred per cent of participants believed the answer to this problem is working together. Examples of how this could be achieved include, “custody and mental health workshops”, “training in partnership”, “regular updates between agencies”, “cross training and more interaction”, “working to get and setting clear protocols”, “a multi-agency workshop” and “guidelines”. It was agreed by all of the focus group participants that working together is “really vital to move things forward”. Although it is well understood by all involved in this study that the best way to progress the service for people with mental health issues in the criminal justice system is to work collaboratively, the evidence provided from both the PSNI Custody Sergeants and mental health professionals indicates that this does not occur in Northern Ireland.

This is not the case in all countries however. Mental health services and police forces in other areas and countries have previously worked together to provide a positive and effective service for those with mental health issues in their criminal justice systems. One such example has taken place in Hawaii where there is a scheme which places a huge amount of focus on police officers and mental health professionals

working together to support each other. As Green (1997) describes, it is the law in Hawaii that police officers make contact with and request assistance from mental health service providers if they are working with someone with mental health issues.

While this is the case, like Northern Ireland it is up to the police officer dealing with the situation to decide whether a person has a mental illness or requires an assessment. Again, without the necessary training this is a huge responsibility to place on the shoulders of a police officer as Lamb et al. (2002, pp. 1267) maintain, "A person who seems mentally ill to a mental health professional may not seem so to a police officer". Although the current system requires police officers to make a judgement on a person's mental state, Green (1997) continues that there is legislation which will hopefully be put in place in Hawaii which removes this responsibility from the police officers.

Lamb et al. (2002) explain that this contact with mental health professionals is appreciated by police officers as they very often need help and advice on site from those who work in the mental health system and are professionals in this field. Likewise, they continue that mental health professionals often require support from police officers (ibid). Having an understanding and respect for your colleagues and their role can help to build strong working relationships. Perhaps one of the best ways to develop this link is by taking part in joint training. This possible idea was raised by numerous respondents from both the PSNI and mental health professionals yet as Hean et al. (2011) argue, there is little to no evidence of mental health services being provided with any criminal justice system training and the little amount of mental health training for those working in the criminal justice system was usually an awareness raising strategy rather than intense training for police staff.

Price (2005) explains that training together will give representatives from both agencies the opportunity to voice and raise any concerns they may have, explain their own opinions and learn from others perspectives. Further, Price (2005) states that recommendations made by Vermette et al.(2005) included jointly teaching courses with mental health professionals and police officers.

Although it may be obvious to all involved that the best way to work, is together, according to Hean et al. (2011) mental health professionals do not feel confident in working alongside agencies within the criminal justice system. From the responses received from the Custody Sergeants in this research, it could be argued that many police officers do not have much confidence in the mental health services in Northern Ireland either. It would be hoped that joint training would change these attitudes displayed by both agencies as according to Lamb et al. (2002, pp.1268) “Neither the police nor the emergency mental health system alone can serve them effectively”.

Lord Bradley (DoH, 2009) also maintains there is a need for one system to have training on the other to ensure those with mental health issues in the criminal justice system receive the best possible service at all times. He continues that these agencies must work together to provide a quality service and to agree on protocols with regards to legislation, for example the Mental Health Act 2007.

Further, training and working together may help in some way to eliminate the negative attitudes displayed by many police officers towards those with mental health issues, as described in chapter 4. Having an understanding of the issues faced by people with mental health problems may result in them receiving equivalent treatment to

those who live in the community with mental health issues as according to the Bamford Review (2006), people in custody with mental health issues receive a much lower standard of services than those in the community. It could be argued that the standard of services is low because those people who work in the custody setting do not work closely enough with mental health professionals.

Another suggestion raised by participants in the mental health service provider focus group to improve the current situation was to have a community psychiatric nurse in each custody suite in Northern Ireland to assess everyone who comes into police custody. Having a specialist available at all times would hopefully ensure that people with mental health issues received the highest standard of service available. Another suggestion was that all custody staff should receive compulsory mental health training.

Suggestions from the PSNI Custody Sergeants included social services and mental health services taking responsibility for the person in custody as very often the police feel they shouldn't be in custody. Another improvement was to give out of hours mental health and social services teams access to records, as at times they find that nothing can be done until the duty social worker has access to the records which are not available until normal working hours.

As can be seen, it is understood by those working on the front line of both of these services that working together is vital in achieving the best quality service for these people. It is also understood that all changes and improvements cost time, money and effort yet as explained by one participant,

“If the right services are linked in early enough and at the right time it does save them money in the long run, like look at the money that’s spent on custody and court”.

It is obvious from the findings that both mental health professionals and PSNI Custody Sergeants understand the importance of working together, yet it is still not always occurring in Northern Ireland. It is hoped that these suggestions provided will lead to further understanding of their working experiences and the issues they face from day to day and provide an insight into some possible ways these issues could be overcome.

6.4 Conclusion

Having taken into consideration the views of the PSNI respondents and the participants from mental health service providers in Northern Ireland, the following chapter will conclude the research study, looking firstly at how the study was put together, followed by the findings and what the research hopes to do.

Chapter 7 – Conclusion

The previous chapters have given the background to this study, allowed an exploration of the current situation for people with mental health issues in Northern Ireland within the criminal justice system, given an analysis of previous research in this field of work, discussed the organisation of the project, described the methodology behind the research and discussed the findings of the study. Having completed these requirements, the study will now be concluded in this final chapter.

Throughout this study, the social model of disability was adopted at all times, as described in chapter 1. Looking at previous studies in this field of work provided a strong basis on which to build knowledge and the research questions for this study. Further, it provided an insight into other cultures and approaches to working with people with mental health issues in criminal justice systems in a variety of countries. Having an understanding of the services currently available to people with mental health issues in the criminal justice system in Northern Ireland again enabled the development of particular research questions to be addressed in this project.

Having looked into previous research and developed the set of research questions, it was clear who needed to be targeted as potential participants in this research, namely PSNI officers who work with people in custody and mental health service providers. It was decided to generate the data from the mental health professionals in a focus group. As described in more detail in chapter 3, this method was chosen for a number of reasons and was a successful tool when working with the mental health service providers. Unfortunately due to work commitments and shift patterns it was not a suitable method of data collection when

working with PSNI Custody Sergeants. Instead, they were provided with an online questionnaire which needed to be completed within one month.

Once all the data was collected, it was then analysed and chapters 4, 5 and 6 discussed the findings of the data. Firstly, the “Police Service of Northern Ireland” was looked at, including their training and attitudes, followed by “Mental Health Services”, assessments in police stations, available services and how easily accessible these services are, and finally “Working Relationships”, taking into consideration the views of PSNI officers, mental health professionals and looking at possible ways for the improvement of the current situation. Having considered the analysed data, it must now be concluded whether this research is both reliable and valid.

To decide whether this research has done what it set out to do I will consider each of the research questions which were discussed in the first introductory chapter in turn. Looking at each of these questions will enable us to see whether the main aim of the research, which was to analyse the services available to people with mental health issues in the criminal justice system in Northern Ireland, as well as the effectiveness of the working relationship between the PSNI and mental health services has been met. The first research question will now be considered.

7.1 What mental health training do PSNI officers receive?

Providing the PSNI Custody Sergeants with the questionnaire enabled this question to be answered. As stated previously, some officers received more intense training than others, while some received none at all. It was agreed however that mental health training should be provided to all custody staff.

7.2 What criminal justice system training do mental health service providers receive?

Again, from data gained in the focus group and using theoretical evidence it was obvious that some mental health service providers know more about the criminal justice system than others. As stated previously, many mental health service providers are not confident in working in the criminal justice system.

7.3 Is there potential for joint training between the mental health and criminal justice systems?

Although both agencies agreed joint training and protocols would be ideal in building and maintaining strong working relationships, no participants in either the focus group or any questionnaire responses were able to provide any examples of this happening. This would indicate that at the moment, it is not possible for joint training to take place.

7.4 What services are available to people with mental health issues in police custody and when they leave?

In Northern Ireland there are a number of services available to people with mental health issues while they are in police custody and when they are released back into the community. Both agencies were able to provide examples of these services, including, the Northern Ireland Appropriate Adult Scheme, crisis response team, social services, Forensic Medical Officers and Community Psychiatric Nurses, as well as the Linked-In Scheme. Further services not mentioned by the participants include the “Police Liaison Scheme for Mentally Disordered Offenders in Belfast”, the introduction of Mental Health Liaison Officers

in each policing district and recommendations made by the Bamford Review of Mental Health and Learning Disability NI (2006).

7.5 Do police officer's attitudes differ towards people with mental health issues and the general population?

From the findings, there is general disagreement between the PSNI officers and the mental health service providers. Although many agree that the police do a great job and some treat those with mental health issues appropriately, the issue was raised by some of the mental health professionals that often police treat the person with a mental illness differently, either not believing they are mentally ill or not providing them with a suitable service.

On the other hand, it was argued by Custody Sergeants that many believe they are only after a conviction and nothing else yet they want to put the needs of each individual first. The findings from previous studies completed in this field and discussed in detail earlier indicate that police officer's attitudes towards people with mental health issues differ from their attitudes towards the general public and they often agree with negative stereotypes of people with mental health problems.

Having looked at the initial research questions, it is clear that each of these have been answered throughout this research in both the focus group and questionnaires. This invaluable data has given an insight into the experiences and ideas of those who are working on the front line in both mental health and criminal justice systems in Northern Ireland. Taking their suggestions into consideration will hopefully lead to greater knowledge in this field and a more in depth understanding of the issues they face when working both alone and together with people with mental health issues in the criminal justice system in Northern Ireland.

Answering these initial research questions also ensures that the main aim of the research has been met. The services available to people with mental health issues in the criminal justice system in Northern Ireland and the effectiveness of the working relationship between the PSNI and mental health services have both been explored and it can be concluded that although there are a number of services available, not all professionals involved in both the criminal justice and mental health systems are aware of all of these and those that they are aware of require some work.

Further, the working relationship between the PSNI and mental health services is not at an acceptable standard. Both agencies are aware of the need for developing their relationship and have provided a number of suggestions to better the service for those with mental health issues in the criminal justice system in Northern Ireland.

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Appendix 1



UNIVERSITY OF LEEDS

Rachel McClure
University of Leeds,
Leeds,
England

Dear Sir/Madam,

My name is Rachel McClure and I am currently reading Disability Studies at Masters Level at the University of Leeds.

As part of my degree I must complete a dissertation on a topic of personal interest. The chosen topic for my dissertation is Mental Health service provision in the Criminal Justice System and the working relationships between the Police Service of Northern Ireland and Mental Health Services.

The title of my research is:

From custody to community - Are people with Mental Health Issues in the Criminal Justice System receiving the best possible service in Northern Ireland? An Exploration into the working relationship between the PSNI and Mental Health Services in Northern Ireland.

I am currently looking for representatives from the four major Mental Health charities in Northern Ireland who are willing to participate in a focus group to discuss their views on the service provision available to people with mental health issues in the Criminal Justice System, as well as the working relationship between the PSNI and Mental Health Services. Ideally, you will have experience of supporting a service user whilst they are going through the Criminal Justice system and be willing to discuss this with others in the group.

The research will take the form of a one off focus group where all participants should be willing to discuss their opinions on the current working relationships and service provision available to those with mental health issues in the Criminal Justice system. Participants will

also be encouraged to provide possible improvements to the current system.

An information sheet is also attached explaining in more detail what the research is about and what the study will entail. Hopefully this will answer any queries you may have.

If you are interested in participating in this study or require more information concerning the research please do not hesitate to contact me via email on rachel.mcclure@live.co.uk

Your help is much appreciated,

I look forward to your reply.

Yours,

Rachel McClure

Appendix 2



UNIVERSITY OF LEEDS

Information Sheet

<u>Centre Name:</u>	University of Leeds
<u>Title of Research:</u>	From Custody to Community – Are people with Mental Health Issues in the Criminal Justice System receiving the best possible service in Northern Ireland? An Exploration into the working relationship between the PSNI and Mental Health Services in Northern Ireland.
<u>Researcher:</u>	Rachel McClure
<u>Area of Study:</u>	Disability Studies MA Postgraduate Masters Level

What is the research about?

This research is looking at the current service provision available to those with mental health issues who find themselves in the Criminal Justice System in Northern Ireland. It is also looking at the working relationship between the PSNI and those who provide the mental health services across Northern Ireland. The research hopes to not only highlight good practice but also bring to the fore any issues with the current system which may be addressed. Participants will be encouraged to voice any ideas for improvement they feel would be beneficial to the service currently provided.

What am I being asked to do?

All I ask is that you give your honest opinion. A focus group will take place with approximately 5-8 participants who all work in a similar role to yourself. You will be provided with information regarding the proposed areas for discussion prior to the focus group to allow you time to think about your own ideas and opinions. It is anticipated that the focus group will last approximately 60-90 minutes and refreshments will be provided.

What happens if I do not want to participate?

If you do not wish to participate that is fine. You are under no obligation to take part in this research.

What happens if I agree and then change my mind?

Again this is not a problem. If you change your mind at any stage of the research you can opt out without question and your data will be removed from the results.

Where will the focus groups take place?

It is anticipated that the research will take place at MindWise NV Head Office, Wyndhurst, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8BH, date and time to be confirmed.

How will the data be collected?

The focus groups will be audio recorded to make it easier to analyse afterwards. However, as soon as the research has been completed, any recorded data will be destroyed.

What will happen to the data after collection?

After the data has been collected from the focus group, I, the researcher will transcribe each focus group which will allow me to look for common themes in opinions. This will make it easier to establish the areas which demonstrate good practice but will also allow me to highlight any areas which may need improvement.

Participants will also be given the opportunity to read the transcriptions after the focus group if they wish. This will ensure that what I have transcribed is accurate and will give the participants the opportunity to change any opinions if required.

Will I be named in the research?

No. Throughout the research your identity will remain anonymous and as stated previously, once the research has been completed any recorded data will be destroyed. Any personal information given will be stored on a password protected computer that only I have access to. This will ensure that your identity remains undetectable to anyone reading the completed piece of research.

All those participating in the focus group will be asked to respect the views of others and also to ensure confidentiality and anonymity

everyone in the group should adopt a “what is said within these four walls, stays within these four walls” approach.

Who do I contact if I want to know more information on the research?

If you would like any further information please do not hesitate to contact me. I am available via email at rachel.mcclure@live.co.uk

Alternatively, if you wish to speak to my university supervisor you can reach Professor Colin Barnes via email at c.barnes@leeds.ac.uk

Appendix 3



UNIVERSITY OF LEEDS

Consent form

<u>Centre Name:</u>	University of Leeds
<u>Title of Research:</u>	From Custody to Community – Are people with Mental Health Issues in the Criminal Justice System receiving the best possible service in Northern Ireland? An Exploration into the working relationship between the PSNI and Mental Health Services in Northern Ireland.
<u>Researcher:</u>	Rachel McClure
<u>Area of Study:</u>	Disability Studies MA Postgraduate Masters Level

The purpose of this research is to establish what professionals working within the Criminal Justice System and Mental Health services in Northern Ireland think of the current service provision and their working relationship with each other.

By participating in this research you will help in the understanding of how both Mental Health professionals and officers within the PSNI perceive the current situation in Northern Ireland and what they believe can be done to improve their working relationship and services provided.

As stated on the information sheet, you are being asked to participate in a focus group which will last approximately 60 to 90 minutes and refreshments will be provided. If you agree, the focus group will be audio recorded, however this data will be destroyed once the research is complete.

Your identity will remain anonymous throughout the research process and any personal information given will be stored on a password protected computer and destroyed once the research is complete.

If at any time you decide against taking part in this research, you can leave without question and any data which has been received from you up to that point will be removed from the study.

Please find below a consent form which must be completed prior to the focus group taking place. Please use the tick boxes provided to confirm you are happy with each point.

-
- I have read and understand the purpose of this research
 - I have had the chance to ask questions about the research and these have been answered to my satisfaction

 - I am willing to participate in the focus group
 - I am happy for my comments to be audio recorded
 - I understand that I can withdraw at any time throughout the research and my details and information given will be destroyed

 - I know that my name and details will be kept confidential and will not appear in any printed documentation

Participant's Name: _____

Participant's Signature: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

Thank you very much for agreeing to take part in this research.

Appendix 4



UNIVERSITY OF LEEDS

Examples of Focus Group Topics

Mental Health Charity Representatives

<u>Centre Name:</u>	University of Leeds
<u>Title of Research:</u>	From Custody to Community – Are people with Mental Health Issues in the Criminal Justice System receiving the best possible service in Northern Ireland? An Exploration into the working relationship between the PSNI and Mental Health Services in Northern Ireland.
<u>Researcher:</u>	Rachel McClure
<u>Area of Study:</u>	Disability Studies MA Postgraduate Masters Level

Please find below some topics which may be discussed throughout the focus group:

Experiences of Service Users

- Have you ever worked with a service user going through the Criminal Justice system?
- Did they have support throughout?
- Were attempts made to signpost/refer the service user to any mental health services?
- Were attempts made to refer the service user to Mental Health teams in Trusts?
- Were there any problems throughout their time in Criminal Justice system?
- Were there any problems accessing correct services from Social Services?

- **Police**
 - Should service user have been referred to Mental Health team whilst in police detention?
 - Did police refer them?
 - Did police have knowledge of Mental Illnesses?
 - Did police have knowledge of referral system and services available?

 - **Mental Health Services**
 - What support services are you aware of available through Mental Health Services?
 - Were any of your service users referred to Mental Health Teams in Social Services while going through the Criminal justice system?
 - Who referred them?
 - At what stage of the Criminal Justice System were they referred?
 - Was your service user adequately supported?
 - Did the Mental Health Team have adequate knowledge of the Criminal Justice System and the processes?
 - Do Mental Health Services outside Social Services have adequate knowledge of the Criminal Justice System and the processes?

 - **Police and Mental Health Services**
 - Do the police and Mental Health Services have a good working relationship?
 - How could this be improved?
 - Do the police have adequate training in Mental Health issues?
 - Do Mental Health Service providers have adequate training in the Criminal Justice System?
 - What would you like to see done in future?
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This list of topics is not exhaustive and of course participants are encouraged to include information they feel is important regardless of whether it is on the above list or not. Do not worry if you have not had experience of all of the above questions – your views are still very important to this research.