An Examination of Stigmatising Attributions About Mental Illness Among Police Custody Staff

Aimy Wainwright & Dara Mojtahedi

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Abstract

Individuals who enter police custody may experience mental ill health, making it highly imperative for custody staff to be knowledgeable and competent in this area- however, reports suggest this is not always the case (Leese & Russel, 2017). The present study examined the differences in casual attributions and stereotypes of individuals experiencing mental ill health, namely schizophrenia, between police custody staff (*n* =77) and members of the general population (*n* =85). Using the Attribution Questionnaire (AQ-27; Corrigan, 2004), the current study found that the general population held more negative attitudes towards individuals experiencing mental ill health than police custody staff. In particular they endorsed the attributions *anger, avoidance, dangerousness* and *fear*. Custody staff were found to be more willing to help vulnerable adults than the general population. In addition, people who knew a family member or friend experiencing mental ill health scored higher on the help and pity attributions. Furthermore, police custody staff highlighted that additional training around mental health would be beneficial to their job role. The authors postulate that further

development of an adequate measurement of attitudes of police custody staff towards mental health needs developing in order to put in place effective training.

1. Introduction

1.1. Mental ill health in the Criminal Justice System

There appears to be rise in the number of individuals with mental illnesses passing through the Criminal Justice System (CJS), highlighting a greater need for the acknowledgement of mental health within the system (Cohen, Bishop & Hegarty, 1999). Research suggests that between 33%-63% of detainees in police custody are experiencing mental ill health (McKinnon & Grubin, 2014; Ogloff, Warren, Tye, Blaher & Thomas, 2011). Worryingly, evidence also suggests that mental ill health may increase risk of death in individuals who are in custody (Brooker, Ullman & Lockhart, 2008; Corston, 2008) – this was examplified further by Lindon and Roe's Home Office report (2017) which identified fourteen cases of deaths in police custody that were a direct result of mental ill health (within the UK).

Police and custody staff are often the first members from the CJS to interact with an offender experiencing mental ill health. They play a key role, therefore the training they receive is key (Mental Health Network, 2015). However, research has found that many officers feel ill-equipped in dealing with offenders experiencing mental ill health (Chappell & O'Brien, 2014; Godfredson et al., 2011; Leese & Russel, 2017). Custody staff in England and Wales follow the Police and Criminal Evidence Act (PACE; Home Office, 1984). Yet, research has found frustration amongst the police at their lack of scope beyond the Mental Health Act (1983) and PACE and lack of training to help them in situations involving suspects experiencing mental ill health (Dew & Badger, 1999; Carey, 2001; Pssara et al, 2008). One interviewed officer from Leese and Russel (2017,

P. 5) stated, *it's a massive challenge for the police because we are seen as a jack of all trades'.*

Furthermore, *Appropriate Adult's* (AA) that have skills to support vulnerable individuals who are experiencing mental ill health have been found to be rarely called out, which further highlights there may be defective training for custody staff in spotting mental ill health (Cummins, 2012; Scott, McGilloway & Donnelly, 2009). In 2011, the Bradley Report (2011) found that custody staff were highly dependent on their own experiences and personal judgments when identifying and responding to vulnerable people, rather than referring to official training.

1.2. Attitude formation

Attribution Theory (see Weiner, 1985) explains stigma in terms of how the social perceiver uses information to arrive at casual explanations for events and is based on the assumption that individuals search for casual understanding of everyday events (Weiner, 1980). Weiner (1995) argued that attributions about the stability of a cause will affect the strength of those responses. For example, casual attributions are given more weight when they are viewed as stable and unchanging such as the course of schizophrenia. It was defined as worsening due to how it presents, which highlights the power of perceptions (Kraepelin, 1919). Furthermore, Weiner (1993) explains how people are more likely to hold the view of responsibility and blame for events that are seen as controllable. Corrigan (2000) found individuals who are experiencing mental ill health are described as in control of their behaviour and are therefore to blame for their illness.

Corrigan (2004) termed '*Public-Stigma'* to explain the process of recognising cues that a person is experiencing mental ill health to activating the stereotypes and

finally endorsing the prejudice or discrimination against the person or group. Overton and Medina (2011) found that people commonly think a mental health diagnosis makes people dangerous and at risk of hurting someone, which means people tend to keep their distance. Stigma against mental ill health remains the highest negative connotation of all social reactions (Byrne, 2000) and may lead to discrimination against a person and also poor treatment (Deegan, 1990; Fisher, 1994). To date there has been no research that has used this model to understand and identify constructs of custody staff or how this compares to the general population.

1.3. Attitudes towards mental ill health in the Criminal Justice System

There is limited research examining attitudes towards mental ill health within the Criminal Justice System. The research available points towards a negative attitude held by the police (Bullock & Garland, 2017; Connery & Davidson, 2006; Cotton, 2004). It has been suggested that dealing with vulnerable adults at their sickest may serve to reinforce the generally negative view of the police (Thoits, 2011). This is explained by The Attribution Theory (Weiner, 1995) which suggests that when a negative stereotype is continuously being reinforced, over time this may result in the police becoming less tolerant and more frustrated with the conduct of offenders experiencing mental ill health, especially those whom they encounter on a regular basis. This theory is supported by Columbo (2005) who found this to be a popular view amongst police officers.

Dangerousness and violence were strong constructs of mental ill health found amongst police officers (Morabito & Socia, 2015; Phelan et al, 2000). Ruiz and Miller (2004) found 43% of officers strongly agree with the view that a person experiencing mental ill health is dangerous. After addressing attitudes towards mental health and

stigma in a UK police force, Pinfold et al (2003) found violence to be a strong theme amongst police officers accounts of working vulnerable adults. However, McLean and Marshall (2010) found that police officers expressed compassion and understanding to vulnerable people and reported an appropriate and sometimes positive role with them. Omoaregba, O'James, Igbinowanhia and Akhiwu (2015) also found that male police officers were more benevolent in their attitudes towards individuals experiencing mental ill health. However, demographic factors could influence positive and negative attitudes such as, age and length of service.

1.4. Attitudes towards mental ill health in the general population

The general population have deeply engrained negative attitudes towards mental ill health. (Angermeyer & Dietrich 2006; Couture & Penn 2003; Family Matters, 2010). The most commonly held negative attitude amongst the community is the construct of dangerousness (Trute, Tefft & Segall,1989; Wright, Jorn & Mackinnon, 2011). Dangerousness, harmfulness, violence and aggression were all negative constructs held by people (Frailing & Salte, 2016; Wahl & Aroesty-Cohen, 2010). People with low scores on control (when the cause of the target person's illness is believed not to be under his or her control) helping responses are more likely (Corrigan, 2004). *Time to Change* (2011) estimated that 4.8% of the population have improved their attitudes towards mental ill health – however, the statistics are to be taken with caution as surveys are not representative of the whole of the population. Furthermore, strong effects for sex differences in attitudes towards mental ill health have been found in the general population. The direction of the effect shows more sympathy and pity amongst female

respondents (Gibbons, Thornsteinson & Loi, 2015; Taylor & Dear,1981). Similarly, Read and Harre (2001) found negative words such as dangerous, antisocial and unpredictable are less endorsed by females.

1.5. Measuring attitudes towards mental ill health

Qualitative research has allowed psychologists to use an explorative approach in understanding policing attitudes towards mental illness (McLean & Marshalll, 2010; Oxburgh, Gabbert, Milne & Cherryman, 2016). However, for relaiable comparisons to be made between groups of individuals, a more controlled and quantative approach would be appropriate. Based on different theories of stigmatising attitudes (Corrigan & Penn, 1999; Kraepelin, 1919; Weiner, 1995) there is a vast number of measuring tools to look attitudes towards mental ill health amongst the general population (Corrigan et al, 2007; Rogers, Ralph & Salzer, 2010; Rusch et al, 2006). For example, Affect Scale (AS) (Watson, Clarke & Tellegen, 1988) and a modified Mental Illness Clinicians Attitudes Scale (MICA v4) (Gabbidon et al, 2013). The Mental Health Attitude Survey (MHAS) (Clayfield, Fletcher and Grudzinskas (2011) is the only scale used to measure police attitudes towards mental ill health however poor validity highlight that the survey may be lacking generalisability.

All the above measures of mental illness attitudes capture small parts of the stigma theory, however each one fails to encompass the numerous aspects of stigma that have been theorised over the years (Weiner, Perry, & Magnusson, 1988) such as the Labelling theory (Link, 1982), the Behaviour Association Theory (Gove, 1970) and the process of cognitive separation (Link & Phelan, 2001).

The most promising theory is the Attribution Theory (Weiner, 1995) which espouses a comprehensive, modern approach to public stigma and includes perceptions, affective reactions, expectancies of outcome, and behavioural responses (Brown, 2008). Corrigan (2004) and colleagues formulated a stigma measure, the Attribution Questionnaire (A-Q) that measures how casual associations influence stigma including the domains of blame, anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion.

2. The Present Study

Currently, no research has directly looked at UK custody staff attitudes towards mental ill health within the Criminal Justice System. Such an investigation is imperative given that the attitude of police custody staff is of great importance in ensuring they deal with vulnerable suspects correctly and appropriately. This can influence the context of future training for the police. The present study aimed to examine serving police custody staff's attitudes towards mental ill health in comparison to that of the general population. The classification of a *mental illness* is broad and open to a diverse range of perceptions. For this reason, the present study focussed on attitudes towards schizophrenia explicitly due to the mental illness being one of the most stigmatised disorders (Crisp, Gelder, Rix, Meltzer & Rowlands, 2002; Dinos, Stevens, Serfaty, Weich and King, 2004):

The following research questions were explored:

1. Do police custody staff's attitudes towards suspects experiencing mental ill health differ from that of the general population?
2. Do gender differences exist in attitudes towards mental ill health?

3. Methods

3.1. Participants

Overall, 124 participants were recruited (*n*=77 police custody staff and *n*=85 general population). Custody staff (60 males; 20 females) of mixed ages (26-66 years; *M*=40.91, *SD*= 8.58) were recruited from Barnsley, Sheffield and Doncaster custody suites. To maximize the representativeness of the current study's sample, the custody suites were attended every day for a period of two weeks in order to capture custody staff on every shift so all ranks and ages were represented. The total number of custody staff actively working in South Yorkshire is 125 (61.6% of population were recruited). The general population sample (*n*=17 males and *n*= 68 females; 19-70 years; *M*= 34.8, *SD*= 12.35) were recruited through opportunity sampling using online and leaflet advertisement.

3.2. Measures and materials

Attribution Questionnaire

Participant's behavioural and emotional responses and attitudes towards mental ill health were measured using the self-administered Attribution Questionnaire - 27 (AQ-27). Previous research has shown the AQ-27 to be highly reliable in assessing stigmatising attitudes towards mental ill health (Corrigan, 2004; Corrigan et al, 2005). Pingani et al (2012) also demonstrated acceptable internal consistency(a=0.82) and test-retest reliability (r=0.72). Brown (2008) examined the psychometric properties of the AQ-27 and found that 22 items provide reliable and valid measurement of four important aspects of stigmatising attitudes/ beliefs towards mental ill health. Responsibility and empathy

had inadequate psychometric properties therefore the present study tries to improve this measurement. Pinto, Hickman and Thomas (2014) also completed a psychometric evaluation on the modified A-Q and found it to be reliable and valid measure that captures an important domain of mental ill health stigma and emotional reaction to persons experiencing mental ill health.

Before the completion of the questionnaire, participants were asked to read a vignette about an individual called 'Harry', a 30-year-old man with Schizophrenia. The general population received the following vignette from the original scale:

Background of Harry: *Harry is a 30-year-old man with schizophrenia and takes medication. As Harry's neighbour, you are familiar with Harry. Two months ago, he had a mental health crisis whereby his symptoms worsened. He heard voices and believed that a shop assistant was trying to hurt him and he attacked them. When he was taken into police custody he refused to cooperate during his time in custody and attempted to assault staff.*

Current situation: *Harry is in police custody following another attack on a shop assistant. He has refused to talk to any custody staff or leave his cell. He has spat at staff and defecated all over his cell. Harry has been seen by the Mental Health nurse and has been deemed fit to be released from custody.*

Custody staff received a slightly different version of the vignette. This was in order to provide a more relatable circumstances for both the custody staff and general population. It read as follows:

Background of Harry*:Harry is a 30-year-old man with schizophrenia and takes medication. As a detention officer, you are familiar with Harry. Two months ago, he had a mental health crisis whereby his symptoms worsened. He heard voices and believed that a shop assistant was trying to hurt him and he attacked them. When he was taken into police custody he refused to cooperate during his time in custody and attempted to assault staff.*

Current situation: *Harry is in police custody following another attack on a shop assistant. He has refused to talk to any custody staff or leave his cell. He has spat at staff and defecated all over his cell. You are a detention officer that has come onto shift. Harry has been seen by the Mental Health nurse and has been deemed fit for interview.*

The participant was then required to complete the AQ-27. The wording of the AQ-27 was not changed for either group. The questionnaire comprises of nine dimensions of attributions of positive and negative attitudes towards mental ill health (blame, pity, anger, dangerousness, fear, help, coercion, segregation and avoidance). These nine dimensions come from the idea that attributions placed on mental health can lead towards stigmatising behaviours such as blame and avoidance and negative emotions such as anger, but also some variables such as age and gender lead to more positive behaviours exhibited such as help and positive emotions such as pity (Corrigan, 2004). All nine dimensions are measured through 27 mixed items, with three items per dimension. Each item is presented as either statements or questions about an individual's personal thoughts, feelings and hypothetical decisions (e.g., "If I were a landlord, I probably would rent an apartment to Harry"). Items are scored on a nine-point scale to represent

the respondents level of agreement whith each statement (one = not at all; nine = very much). As per Corrigan (2004) coding instructions, mean scores were calculated for the item comprising each stereotype, with higher scores, representing greater endorsement of the stereotype.

Mental health awareness

Participants responded to the question, *'how aware of mental health are you?',* using a nine-point scale (one = no awareness; nine = full awareness).

Additional mental health training

Custody staff participants were also asked, *'do you feel that you would benefit from any additional mental health training at work?'*, using a nine-point scale (one = deffinately not; nine = definetely).

3.3. Procedure

Custody staff who took part were given an envelope which included a consent form, information sheet, questionnaire (AQ-27) and a debriefing statement. Participants from both groups were required to complete the questionnaire anonymously and in private. This was to lower the risk of social desirability effects. Participants were required to seal the blank envelope with the completed questionnaire and post in a private locked box in order to encourage anonymity and inconspicuousness. For the general population who took part an envelope was also given including consent form, information sheet, questionnaire (AQ-27) and a debriefing statement. However, following completion this was returned in person to the primary researcher. Data was then uploaded onto SPSS for

inferential analysis. All effect size values for the significant findings were interpreted in accordance to Cohen (1988).

3.4. Ethics

All participants volunteered to complete the questionnaires, were informed they could withdraw their data up until submitting their questionnaire, and provided full inform consent. Participants were informed that all data was anonymous and questionnaires would be kept for five years and then disposed of. Furthermore, the British Psychological Society's (BPS; 2018) Code of Ethics and Conduct for human research contains the professional standards that should be upheld. All domains under the code have been complied with in the current study, including, respect, competence, responsibility and integrity.

4. Results

4.1. Mental health attributions

Despite reports of high reliability from previous research, preliminary analyses suggested low/moderate levels of internal consistency for all items (see table 1). A two-way Multivariate Analysis of Variance (MANOVA) was conducted to understand the interaction between gender (male and female) and job role (Custody staff and general population) on the nine stigma constructs (blame, pity, anger, dangerousness, Fear, help, coercion, segregation and avoidance). Preliminary assumptions for carrying out the analysis (outliers, homogeneity of variane, and multicollinearity) were satisfied. The interaction effect for gender and job role did not reach statistical significance F (9,150) = 1.273, $p > .05$. The main effect for gender was statistically significant F (9,150) = 2.394, $p < .05$. The main effect for job role was also statistically significant F (9,150) = 21.003, $p < .05$. Therefore, separate univariate results were inspected. All the descriptive statistics can be seen in Table 1.

Table 1

Shows the descriptive statistics for job role for each construct on the AQ-27 as Mean (std deviation) and the α *coefficient.*

Variable	Custody staff		General population		Internal consistency (α)
	Male (n=56)	Female (n=21)	Male (n=17)	Female (n=68)	
Blame	20.70 (6.52)	19.10 (7.03)	14.80 (9.92)	13.91 (8.78)	.585
Pity	19.13 (5.91)	22.43 (6.93)	19.00 (7.41)	21.11 (6.18)	.626
Anger	8.00 (4.41)	6.76 (2.39)	15.82 (9.54)	13.03 (8.36)	.540

Dangerousness	11.36 (4.78)	13.71 (4.42)	19.59 (10.08)	18.32 (8.69)	.629
Fear	5.29 (4.03)	7.38 (3.80)	15.65 (9.11)	16.94 (8.23)	.561
Help	27.11 (4.15)	28.05 (6.34)	22.59 (6.81)	22.41 (5.49)	.674
Coercion	16.88 (4.37)	14.86 (3.92)	16.94 (7.96)	18.35 (6.32)	.580
Segregation	14.95 (4.90)	13.05 (4.72)	14.71 (8.26)	13.81 (7.23)	.553
Avoidance	22.62 (3.19)	18.86 (5.46)	18.82 (7.34)	19.00 (7.20)	.592

4.1.1. Gender

There was no statistically significant differences between male and female participants for scores on the stigma constructs anger, coercion, segregation and avoidance ($p>.05$). However, there were significant gender differences in the scores for the remaining constructs. There was a statistically significant difference between males and females and the stigma construct Pity $F\ (1,160) = 5.466$, $p <.05$, with female respondents ($M= 21.42$, $SD= 6.35$) scoring higher than the males ($M= 19.11$, $SD= 6.24$). The effect size was small ($d= 0.37$). Gender differences in Dangerousness mean scores were also statistically significant $F\ (1,160) = 6.919$, $p <.05$ with female respondents ($M= 17.25$, $SD= 8.23$) scoring higher than the males ($M= 13.95$, $SD= 7.61$). The effect size was also small ($d =0.42$). There was also a significant difference in Help scores $F\ (1,160) = .007$, $p <.05$, with male respondents ($M= 26.19$, $SD= 5.11$) scoring higher than the females ($M= 23.48$, $SD= 6.21$). The effect size was small ($d= 0.48$). There were

significant gendering differnces I the mean score for Blame, F (1,160) = 10.275, p <.05, with male responents (M= 19.32, SD= 7.79) scoring higher than the females (M= 15.13, SD= 8.65. The effect size was medium (d =0.51). Lastly, gender differences in scores on the Fear construct were statistically significant, F (1,160) = 31.593, p <.05, with female respondents (M= 14.69, SD= 8.46) scoring higher than the males (M= 7.71, SD= 7.09). The effect size was large (d = 0.89).

4.1.2. Job Role

There was no statistically significant difference in job role and the stigma constructs Pity, Coercion and Segregation (p >.05). However, there was a statistically significant difference between custody staff and the general population on the construct of Blame F (1,0) = 13.880, p <.05. The mean scores on Blame for custody staff (M= 20.26, SD= 6.66) were significantly different from the general population (M= 14.09, SD= 8.96). Cohen's effect size was medium (d= 0.78). Anger was also significantly different F (1,160) = 30.470, p <.05 between custody staff (M= 7.66, SD= 3.99) and the general population (M= 13.59, SD= 8.62). The effect size for this analysis was large (d =0.88). There was also a statistically significant difference between custody staff and the general population on Avoidance F (1,160) = 7.842, p <.05. The general population (M= 21.61, SD= 4.25) endorsed avoidance more than the custody staff (M= 18.96, SD= 7.19) however the effect size was small (d = 0.45). Furthermore, Dangerousness scores were significantly different F (1,160) = 39.150, p <.05 between custody staff (M= 12.00, SD= 4.77) and the general population (M= 19.16, SD= 8.96) and the effect size was large (d= 1.10). Also, Fear scores were significantly different F (1,160) = 106.125, p <.05 between custody staff (M= 5.86, SD= 4.06) and the general population (M= 16.68, SD= 8.37). The

effect size for this analysis (d=1.64) was found to exceed Cohen's (1988) convention for a large effect (d= .80) and was expanded by Sawilowsky (2003) and explained as a very large effect size. Lastly, there was a significant difference between Help scores F (1,160) = 36.808, p <.05 between custody staff (M= 27.36, SD= 4.82) and the general population (M= 22.29, SD= 5.72). The magnitude of effect size is classed as large (d=.96).

4.2. Awareness of mental health

Descriptive statistics showed that custody staff (median = 7.5; mean rank = 89.18) ranked awareness to mental ill health higher than the general population (median = 4.5; mean rank = 74.55). Mann-Witney U –value was found to be statistically significant U = 2,681.500 (Z= -2.06), p <0.01, and the difference between the custody staff and general population was small (d = 0.43).

4.3. Custody staff training needs

With zero being not at all and nine being very much in the likert scale, 97.4% of custody staff recorded six and above that they would like to receive additional training on mental health. Only 2.6% circled below five on the Likert scale.

5. Discussion

5.1. Psychometric properties of the AQ-27

The reliability of the items on the AQ-27 has been shown consistently by various researchers (Corrigan, 2004; Pingari et al, 2016). The current study failed to establish a valid and reliable measure of mental health stigma on custody staff on all nine important aspects of stigmatising attitudes. Therefore, it cannot be concluded that the AQ-27 confidently and reliably measures custody staff attitudes towards mental ill health.

Furthermore, we cannot make direct comparisons with these findings to other research as the AQ-27 has not been tested on custody staff. Further research is needed in order to establish a statistically reliable and valid measure of mental health stigma on custody staff. However, the AQ-27 may not accurately measure certain attributes as people may interpret the items that measures the attributes differently. For example, items 5,14 and 25 describe coercion. Item five states *'If I were in charge of Harry's treatment, I would require him to take his medication'.* The vignette given to custody staff highlights a situation they may face at work. Custody staff have no control or responsibility over a suspect's medication and treatment, therefore may not be able to hypothetically put themselves in a situation whereby they have to decide. This could cause participants to not give a true answer to their personal feelings as they are at work.

Also, the number of items that describe a construct of stigma may not be adequate. For example, only item 8, 20 and 21 measure the dimension of help. Item eight states *'I would be willing to talk to Harry about his problems'*. Due to the intense and busy role of custody staff, they may not be able to talk to Harry about his problems but may 'help' Harry in other ways such as seeking medical help and getting food and drinks for Harry, these things that custody staff are able to do within their role. Therefore, by increasing the number of items for one construct, will in effect move the α *value* (Cronbach's Alpha) to an acceptable level and in effect increase reliability (Tavakol & Dennick, 2011).

5.2. Job role as a predictor of mental health attributions

The main aim of the current study was to measure the attitudes of custody staff towards mental ill health and compare this with the attitudes of the general population. A

particular interesting finding was that the general population endorsed the stigmatising attitude of fear and dangerousness more than custody staff. The high number of vulnerable people passing through custody could highlights how custody staff may have more knowledge off mental ill health and therefore be more aware of the signs and symptoms of an individual experiencing mental ill health. It could be concluded that more practical and hands on experience may be far be greater training than classroom-based learning and training. It would be an interesting development of this study to assess the custody staff's length of service on dangerousness and fear attributes, the longer custody staff have served, the less they may endorse dangerousness and fear, as they have more experience.

Furthermore, it is interesting to note that although custody staff endorse the dimension of blame more than the general population, custody staff demonstrate more help than the general population and this effect was classed as large (Cohen, 1988). The vignette given to custody stated, *'He has spat at staff and defecated all over his cell'*. Even though custody staff are responsible for the care of suspects in police custody, this could highlight their willingness to go above and beyond in their job role.

Finally, anger was positively associated with the general population more than custody staff. Words in the three items (1,4,12) used were *'irrigated' 'angry'* and *'aggravated'*. These words hold an emotionally negative connotation which could instil a negative view of the person that completes the questionnaire and the main aim of the AQ-27 is to address stigmatising attitudes therefore social desirability may have affected the answers given by custody staff. Custody staff are seen as moral and ethical humans who provide safe detention to certain members of the population. Therefore, custody staff may

want to maintain a positive view of their attitude towards mental health. On the other hand, efforts were made in order for custody staff to complete the questionnaire privately and anonymously, therefore attempting to eliminate the effect of social desirability.

The most important benefit of this piece of research is the public. If more developed mental health training is circulated around all UK police forces, this could have a more positive effect and be of great value on society and those in society experiencing mental ill health. Additional trust and confidence will be placed on the police in order to effectively support idnividuals experiencing mental ill health as this current research established the important stigmatising attitudes that are held amongst custody staff which more developed training can overcome. Also, this piece of research highlighted that the general population would benefit from additional mental health training. Therefore, this can help communities be given the opportunity to tackle the current mental health concerns and negative attitudes that are held amongst the general population from the South Yorkshire Police and Crime Commission Board.

5.3. Gender as a predictor of mental health attributions

The current study can support the findings that women show more pity than males (Gibbons, Thornsteinson & Loi, 2015; Taylor & Dear, 1981). Based on the Emotional Expressiveness Theory (Roberts & Strayer, 1996) women express more emotions than men. This appears similar to expressing stigma. There are also other theories that would support this finding such as the Disposition Attribution Theory (Gilbert, 1998) and the Spontaneous Trait Inference Paradigm (Todorov & Uleman, 2002). Also, females strongly endorsed fear and dangerousness compared to males, which supports Read and Harre's (2001) findings. Males were found to be more likely to help someone

experiencing menal ill health than females, which has not been found in previous studies (Wang, Fick, Adair and Lai, 2007). It could be explained by the fact that if females portray the negative emotion of fear, then they are less likely to help. Using idea of emotional resilience (Davydov, Stewart, Ritchie & Chaudieu, 2010), it could be said that females weigh up the pros and cons of helping in society based on self-preservation. Further gender-based research with qualitative aspects would be useful in understanding this significant difference in attribution between males and females.

The attribution model (Weiner, 1980) suggests that people who endorse the emotional constructs of dangerousness and fear, respond behaviourally with avoidance. However, the present study showed a statistically significant relationship between gender and fear and dangerousness but avoidance was not statistically significant.

5.4. Mental health awareness and additional training needs

The second aim of the study was to establish if custody staff would benefit from additional training to carry out their job role. On a whole, custody staff were more aware of mental ill health than the general population. Although, due to the environment, custody staff are in within the police, they could exaggerate how aware they are, due to fear of being penalised, even though participation was explicitly anonymous. An overall rating question of awareness was asked, so therefore custody staff may have overall lowered or increased their score, depending on what area of awareness they were focusing on. For example, a participant may understand the signs of a person experiencing mntal ill health, but have limited awareness on specific conditions, such as anxiety or bi-polar disorder. In future research it would be beneficial to breakdown the

different areas of awareness when assessing this amongst the custody staff population, in order to provide effective training.

Also, 97.4% of custody staff reported they would like to have additional training on mental health. This supports the breadth of research that police officers would find training on mental health beneficial to their role (Leese & Russel, 2017; Pssara et al, 2008; Senior, Noga & Shaw, 2014). Even though custody staff reported less negative stigmatising attitudes than the general population, it could be said that custody staff have learnt throughout their role in custody how to manage vulnerable adults through experience in their job role. Custody staff may understand the noticeable signs of an indivudal experiencing mental ill health and be able to following legislation relating to vulnerable adults in custody, however may be keen to have a deeper understanding of mental ill health to facilitate their work experience. But how much training is necessary for custody staff? This is something future research needs to establish as custody staff do not need the level of mental health training that liaison and diversion staff undertake, however, they need enough training to aid their treatment to vulnerable adults with regards to care. It also could be said that increased training in other areas of police work could be given such as control and restraint and personal safety training, therefore the importance of training for custody staff needs to be established. However, these findings can only be generalised to South Yorkshire Custody staff, there is no current research on any other police forces and their additional training needs.

The current study has developed the theoretical understanding of police custody staff's attitudes towards mental ill health and what predictors may contribute to positive and negative attitudes. Practically, this research benefits the police, in particular South

Yorkshire police custody, who now have a voice in regards to training, it is clear from previous research that up to date training which reflects current conditions within custody is required in order for them to carry out their job efficiently.

Furthermore, this research will help organisations such as College of Policing who support the development of those in policing roles within the force and the National Crime Agency, which has branches such as corporate services, whereby best practise and initiatives are controlled by informing the organisations of the current problem at hand and providing effective training solutions. It can also support policy makers in regards to mental health training within organisations and amongst the general population. This research can provide valuable evidence towards the negative attitudes that need to be targeted amongst policing custody staff and could possibly change the way mental health training is taught.

A starting point for custody staff could be Mental Health First Aid Training (Mental Health First Aid England). This encompasses a range of learning objectives such as signs and symptoms and initial support to someone having a mental health crisis until appropriate professional help is received (Hadlaczky, Hokby, Mkrtchian & Wassmerman, 2014). This appears to fit with the job role custody staff carry out as the first point of contact for vulnerable adults.

5.4. Limitations

The current study has some limitations that have been considered. As stated earlier only 61.6% (77/125) custody staff took part in the study, therefore an accurate representation of South Yorkshire police attitudes is absent. However, this is a good starting point in addressing custody staff attitudes towards mental ill health and their

training needs. Also, the overall sample size was small, which could be attributed to the low-test retest reliability and some of the findings of negative attitudes.

The findings also need to be taken with caution as the sample included participants in the general population whose occupation (71.7%) may require them to be more sensitive to mental ill health (nurses, support workers, psychologists and therapy staff). Future research should include other occupations. Also, despite the sample size being sufficient enough to perform statistical analysis, the response rate may skew results as custody staff and the general population may have agreed to participate due to having an interest. Furthermore, an important predictor of stigmatising attitudes that was not considered for custody staff, was length of service. It would be beneficial to see if the length of time working in custody impacted the attitudes held towards mental ill health. This is also another direction for future research. An individuals personality traits can also influence their attitudes in different situations (Willmott et al., 2017), thus future research should incorporate individual differences in personality traits when exploring such attitudes.

Also, one issue with self-report questionnaires is the idea that people imagine what they portray to other people and think about what others will evaluate about them (Cooley, 1902). The Looking Glass Theory was theorised by Cooley (1902) which explains how people want to socially construct themselves to portray their best self in order to feel better and also look good, therefore create persona, even when the research is not applicable to them (Mead, 1934). This could be suggested for the participants completing the AQ-27. It is human nature to want to project oneself in a positive way, but there is more pressure to do this within a highly imperative role in society, such as the

police. Due to the apparent difficulties in detecting truthfulness (Ryan, Sherretts, Willmott, Mojtahedi, & Baughman, 2018) it may be possible that some participants may have not completed the questionnaire with their true feelings and attitudes towards mental illness.

5.5. Conclusion

Despite the AQ-27 not showing a high-test retest reliability, the main finding highlights that custody staff show fewer negative attitudes towards mental ill health than the general population, which can be attributed to higher exposure to individuals experiencing mental ill health. Another main finding was that individuals who know someone experiencing mental ill health endorse lower negative attitudes than individuals who do not know anyone experiencing mental ill health.

In the future, a new scale for measuring custody staff attitudes is advised which includes more items that accurately reflect the construct and are applicable to the role of custody staff. Furthermore, other police forces in England and Wales should be recruited in order to generalise results. This means training such as Mental Health First Aid Training can be utilised across forces in order to address any stigmatising attitudes and also meet the needs of the custody staff. Given the strong emphasis on improving current interviewing procedures (Gibert & Mojtahedi, 2018; Mojtahedi, Ioannou, & Hammond, 2019; Mojtahedi, Ioannou, & Hammond, 2018a; Mojtahedi, Ioannou, & Hammond, 2018b; Mojtahedi, Ioannou, & Hammond, 2017a; Mojtahedi, Ioannou, & Hammond, 2017b), a fruitful direction for future research, currently being pursued by the current authors, is to explore the effects of stigmatising attributions on police officers' approaches to interviewing witnesses experiencing mental ill health.

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