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Policing and Mental Illness in the era of deinstutionalisation and mass incarceration: A UK Perspective

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Abstract

The policy of deinstitutionalisation, a progressive policy aimed at reducing the civic and social isolation of the mentally ill, did not achieve its utopian aims. Wolff (2005)/Moon (2000) argue that the Asylum has been replaced by fragmented, dislocated world of bedsits, housing projects, day centres or increasingly prisons and the Criminal Justice system. This shift has been termed "*transinstitutionalisation".* This incorporates the ideas that individuals live in a community but have little interaction with other citizens and major social interactions are with professionals paid to visit them. Other social outcomes such as physical health, which can be used as measures of citizenship or social inclusion, are also very poor. Kelly (2005) uses the term *"structural violence"* – originally from liberation theology to highlight the impact of a range of factors including health, mental health status and poverty that impact on this group. This paper will explore one aspect of this process – the impact on policing, particularly the assessment of mental health issues in the custody setting. The paper is based on research projects carried out with two police forces in the North West of England. Both the Police and Criminal Evidence Act (PACE 2004) and the Mental Health Act (2007) provide police officers with powers in relation to the arrest and detention of individuals experiencing mental distress. In addition, this legislation provides greater protections to individuals experiencing mental distress if they are interviewed by the police in connection with an alleged offence. The research uses Chan (1996)'s application of *bureaucratic field* and *habitus* to policing to explore ways, in which, the impact of *mass incarceration and deinstitutionalisation* have led to the increased marginalisation of the mentally ill.

Introduction

On 14th May 2010, when Kenneth Clarke returned to the Ministry of Justice, the prison population in England and Wales was 85,009. When he had previously been Home Secretary in 1992-93, the average prison population had been 44, 628 (Prison Briefing 2010). This represents a ninety per cent increase in a period when crime rates were generally falling. The prison system has been consistently overcrowded in this period despite a large expansion programme including the establishment of private prisons. Seddon (2009) identifies the period from the late 1970s onwards as the unravelling of "*penal welfarism".* Mass incarceration has become a feature of advanced liberal democracies. In addition, ideas that prison might have some rehabilitative function have been marginalised to be replaced by what Irwin terms "*The Warehouse Prison"*.

Following, Martinson's (1974) statement that in penal policy "*nothing works",* there has been a shift in the emphasis to the identification of and subsequent attempts to manage risk. Penal policy has reflected or even led wider changes in society. In this area, there has

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been a fundamental shift from in the focus of the "*disciplinary gaze".* Offenders are no longer seen as individuals who need to be rehabilitated so that they can become fully functioning members of society. They are rather a threat that needs to be managed – the living embodiment of Beck's (1992) "*risk society".*

As Bauman argues (2007*),* we have seen the development of what he terms the "*personal security state".* One of the key ways, in which, the modern state claims legitimacy is by its ability to defend its subjects. In modern society, these threats or perceived threats are increasingly internal or domestic ones. The "*madman"* of tabloid legend is one of these. Bauman suggests that states and political elites lose legitimacy if they are seen to fail to protect citizens. As Cummins (2011) has demonstrated the UK Government's response the community care crisis of the early 1990s was largely carried out on the terms of reference provided by the tabloid media. There was little if any attempt to challenge the underlying assumptions about the nature of mental illness or to acknowledge the limits on the role of community services. The response is to seek new forms of legislation or surveillance – as in the penal sphere- rather than to expand social welfare programmes to tackle the underlying causes.

In major works, *Prisons of Poverty (Contradictions)(2009)* and *Punishing the Poor: The Neo-liberal Government of Social Insecurity* (2009) and a series of articles, Wacquant has argued that the US welfare state has been dismantled whilst the incarceration rates have grown expotientially. He argues that *welfare has* replaced by *prisonfare.* The US welfare state that did not offer European levels of protection has been swept away. In its place, mass incarceration has taken on the role of the management of the urban, largely black and male urban poor. His arguments can be summarised thus

> the converging political, economic and ideological currents implicated in the hobbling of the US social welfare state conjoined with the expansion of incarceration and criminal justice supervision both directed at the lowest end of the labour market.

Wacquant has used the term "*centaur state"* to describe the way that liberal and permissive polices exists for elites whilst the poor are subject to greater supervision and restriction. He sees this as a key feature of the neo-liberal project. Economic deregulation leads to general insecurity for the poor. This insecurity needs to be managed. He has highlighted the way that neo-liberal deregulation in the job market has led to a wider sense of social insecurity.

Bauman (2007) argues that society is now viewed as "*network"* rather than a *"structure".* The wider fear of crime is part of these developments. These trends have been accompanied by the restructuring of the modern city. Bauman suggests that cities and city boundaries that were once seen as providing protection are seen as a locus of fear and anxiety. Davis (1998) the main features of the modern city are breakdown and division. They are sites where to protect "*valorised spaces ..... police battle the criminalized poor "(*Davis 1998: 224). Since the economic and crisis of the 1970s, political legitimacy has been increasingly maintained through the prism or metaphor of penal policy.

Deinstitutionalisation

One of the original aims of community care was an attempt to improve the care of one of the most marginalized groups in society. Whatever, the original motives behind the establishment of the asylums, it was clear by the 1980s, and they were no longer sustainable. This was not only on the grounds of the largely inadequate care that was provided but also as was made explicit in the NHS + Community Care Act (1990) the economic policies of the government of the time meant that new funding arrangements were demanded. It is something of a false division to see institutionalisation and community care as opposites. In only the most radical work, such as Laing is there a denial of any need for some form of hospital provision for those experiencing the most severe forms of distress. Even Laing's alternatives involve the

patient being removed from what he saw as the toxic family environment that produced their illness. The genus of community care is that prolonged periods of hospital care can in themselves be damaging and that services need to exist to intervene at early stage to provide support to those suffering from any form of mental distress. This is a public health model of service provision that ideally develops tiers that will meet individual and community need. The asylum system resulted in a complete imbalance in that the services such as they were, were almost all concentrated in this sector.

Cummins (2010) notes the media portrayal of community care in the 1990s is virtually all based on cases of homicide or serious injury. It is hardly surprising that the publications, which do much to contribute to the stigma users of mental health services face, did not fully support a more progressive approach to service provision. The response has been a call for more coercive legislation, one which ultimately was heeded by the New Labour administration. However, the other element of the criticisms of deinstutionalisation comes from those who one might suppose support the principles of the policy but feel that its introduction has not been adequately financed.

Moon (2000) argues there is a geographical paradox at the heart of the development of community care services. As several commentators note (Philo 1987; Scull 1989) the asylums were based on seclusion and concealment. The institutions served to cut off this group from the wider population. The experience of being a resident was potentially so damaging that you might not ever resume your former role. However, the move towards community care has not challenged this. In fact, as Wolff (2005) suggests the institution has almost been reproduced in the community. Those with the most complex needs are often found living in the poorest neighbourhoods, in poor quality residential care homes, on the streets or increasingly in the prison system (Moon (2000), Singleton et al (1998)). The overall picture is a very bleak one, so bleak in fact that the asylum system appears to have some advantages in that it was, at least, a community.

Grobb (1995) concludes that community has not proved up to the task of providing humane and effective services for those with the most complex needs. Scull (1986) suggests that mental health services have been under funded and not been able to provide the continuity of care that the most vulnerable individuals in society need. These themes chime with the main conclusion of a series of inquiries into failures in community care services (Ritchie (1994) Blom -Cooper et al (1995)). However, the response has been to focus on individuals or the legislative framework. As Parton (1985) argues in another context by focusing on dangerous individuals one ignores dangerous conditions thus not tackling the real source of the risk.

Cross (2010) emphasises the continuing influence of representations of madness. These notions are transmitted through a range of popular cultural forms – song, film, TV drama and so. Cross is not arguing that modern cultural representations are continuations of older forms. However, he suggests it is important to recognise the similarities as well as the disjunctions. The physical representations of the "*mad"* emphasise wild hair, physical size as signs of their irrationality and uncontrollability. It is interesting to note, in this context, the overlaps between these representations of the mad as almost bestial and deeply engrained racist stereotypes of black men – see Cummins (2010) for a discussion of the case of Christopher Clunis to illustrate this point. As Cross suggests pre-existing social representations of the "*other"* are very powerful in their ability to create a new identity for social categories. In this case, the representation of the mad from the asylum era has followed those people into the community. The representation has changed – the mad are not now dishevelled creature chained to walls – they are the homeless of the modern city living on the streets with all their belongings in shopping carts. Their presence on the margins is accepted as a feature of modern urban life. Knowles (2000) ethnographic study of the experience of the mentally ill on the streets of Montreal illustrates this argument. She uses a series of black and white photographs to capture the ways that the *mad* exist alongside but ignored by the wider society. To borrow a phrase from Bauman, the *mad* have become the "*internally excluded"*

The thrust of mental health policy in the past fifteen to twenty years in England and Wales can be viewed as a political response to the agenda created by a media focus on homicides and other serious events. A range of policies and legal changes such as CPA, Supervised Discharge, Supervision Registers, Modernising Mental Health Services and National Service Frameworks have concentrated on essentially bureaucratic responses to the collapse of mental health services. The emphasis has been on a managerialist approach. This culminates in the reform of the Mental Health Act (1983) and the introduction of Community Treatment Orders. As in other areas of state provision, one of the effects of the introduction of neo-liberal ideas and the creation of a market in services has been to an increase in regulation. Wacquant's use of the term the centaur state is very applicable here as the increased regulation impacts on the poor (Kelly 2005).

Policing and Mental Illness

Police officers can have a key role to play in situations, in which, individuals are experiencing some sort of crisis related to mental health problems. The Sainsbury Centre's (2008) study suggested that up to 15% of incidents dealt with by the Police include some sort of mental health issue or concern. It also calls for the exercise of a range of skills. The Police have considerable discretion in terms of their response (Bitner 1967). They may well be the emergency service that is first contacted by the relatives of those in acute distress, who are, for example, putting themselves or others at risk. If a person is acutely distressed in a public place then the likelihood of some form of police involvement is increased significantly. The role of the police in this field, particularly the use of their powers under section 136 MHA and PACE(2004) see Cummins (2012) for a further discussion of the application of these powers.
Despite the fact that this is a very important facet of day to day police work, it is an area that is neglected in police training. Pinfold (2003) suggests that police officers hold a number of stereotypical views about mental illness- with the idea that there is a link between mental illness and violence being the most strongly held. This viewpoint is supported by Cotton (2004). Cummins (2007) showed that the majority of officers have little input in this field. As a result the professional skills and knowledge that they acquire is largely through experience on duty or from their senior colleagues. This is an issue that has to be a common feature in policing in the industrialized world since the asylum closure programme began (Sims and Symonds; 1975, Tesse and van Wormer; 1975, Fry *et al*; 2002). Janus *et al's* 1980 study showed that the benefits of training including increased empathy on the part of officers for those experiencing mental health problems. A more recent study Cummins and Jones (2010) has highlighted the benefits of a different approach to the training of police officers. The Dyfed and Powys force developed a new approach to the training of officers. This involved staff spending time on mental health units, receiving training from mental health staff and service-user groups. This model of training has been very successful. The feedback from both police officers and mental health service-users emphasized that this approach helps to challenge stereotypical views.

In the UK, successive governments as outlined in the circulars 66/90 and 12/95 have followed a policy of diversion of the mentally ill from the Criminal Justice system. The police station could be a key locus for this diversion or perhaps more accurately the accessing of mental health care. The provision has been patchy and led to frustration for police officers (Vaughan et al; 2001, Curran and Matthews; 2001). However, access to appropriate mental health services for those in contact with the CJS, as the Bradley Report shows, is still fragmented and disjointed. The historical neglect in this area is demonstrated by the fact that in the financial year 2004/05, the Home Office and National Institute for Mental Health in England (NIMHE) made £155,000 available to improve training. As the Mental Health Act Commission (MHAC) report suggests (2005:271), this amounts to about £1 for each officer in England and Wales. The National Policing Improvement Agency (NIPA) issued a briefing

note in 201o offering guidance to staff on the recognition of both mental health problems and learning difficulties

Policing always involves an element of discretion and individual judgment. This is particularly the case regarding working with individuals who are acutely distressed. Individual officers have to make a decision on how to exercise their legal powers or deal with the matter in some other way. Policing is about more than the detection of crime or apprehension of offenders. Wolff (2005) has gone further and suggests that police officers have always had a quasi-social work function in this field. However, as Husted et al (1995) argue this is not something their training or police culture value highly. The conventional methods of coordinating services have not been successful (Wolff; 1998). These problems are not limited to North America and Europe (Kimhi et al; 1998).

MIND (2007) has highlighted the negative impact of police involvement from the perspective of those using mental health services. Police officers often have a significant role to play in mental health services. Lamb *et al* (2002) provides a rationale in terms of public protection for police involvement. This role has been expanded by the failure to develop robust community-based services in the era of de-institutionalisation (Pogrebin; 1986). This adds to the well –documented frustration that police officers feel when dealing with mental health services (Brown et al; 1977 Graham; 2001). Police officers in Gillig et al's 1990 study felt that what they really needed was access to information about an individual's past history as well as rapid support from mental health staff. This finding was supported by Stevenson et al (2011). Interestingly in this study, mental health service –users assumed that agencies shared information as a matter of course. Watson et al (2004a) found that knowledge of an individual's mental health history has a negative impact on how the police respond – in this study the police were less likely to take action on the information provided if the individual had a history of mental illness. However, there is evidence that the police have skills in this area (Smith: 1990). Watson et al (2004b) show that in certain situations officers are sympathetic to the needs of people with schizophrenia. Lamb et al (2001) demonstrate that joint working can tackle deeply entrenched positions of mistrust.

The police have become increasingly involved in supporting community-based mental health services (Meehan:1995). This is likely to increase with the introduction of community treatment orders (CTOs) in England and Wales with the reform of the 1983 Mental Health Act (MHA). The increased contact has led some forces to explore different models of policing to response to mentally ill people experiencing acute distress. These include crisis intervention teams of specially trained officers. Deane et al (1999) Steadman et al (2000) emphasise that inter-agency co-operation is a key factor if the inappropriate use of jails for the mentally ill is to be avoided. Lamb et al's (1995) study indicates that joint teams can both meet the needs of severely mentally ill people and help to avoid the criminalisation of acutely distressed individual

The Bradley Review

In 2008, the government commissioned a report to look at the experiences of people with mental health problems or learning disabilities in contact with the CJS. It should be noted that individuals in these groups are more likely to be victims than perpetrators of crime. The Bradley Review reported in April 2009 and made a series of recommendations about how agencies can work together more effectively to meet the needs of vulnerable adults. The review also highlighted examples of good practice including innovative areas of joint working between the police, social work agencies, health care providers and the voluntary sector. The most important recommendation that Bradley makes relates to the provision of healthcare in custody settings. At the time of writing, this is commissioned on a force by force basis. Bradley argues that the police should follow the lead of the prison estate and transfer healthcare to the NHS. This would be a radical move and would address a number of the issues identified above. A number of forces have entered into arrangements whereby mental

health nursing staff are based in custody settings to assess detained persons or offer advice. From a public health point of view, the custody setting could provide an opportunity to engage difficult to reach populations with health care services. McGilloway and Donnelly (2004) study in Belfast shows the potential benefits of such schemes.

The Custody Setting

The Police and Criminal Evidence Act (2004) provided key safeguards for the protection of vulnerable adults – that is, adults with mental health problems or learning disabilities –while in police custody. Along with the standard procedures and rights such as the provision of legal advice and the taping of interviews, such individuals have to be interviewed with an appropriate adult present. Custody sergeants have a key role to play in this process as they, in effect, carry out a risk assessment of every individual who comes into custody. Advice on ensuring the safety of those with mental health problems forms part of *Guidance on the Safer Detention and Handling of Persons in Police Custody* (ACPO, 2006). However, the guidance itself is not comprehensive. In any event, for it to be followed successfully, it is dependent on police officers making appropriate assessments of individuals' mental health needs. All individuals coming into police custody are assessed as to whether they are fit to be detained. Custody sergeants will carry out an initial screening exercise seeking medical or other support as required. This is a fluid process, but the initial decisions that are made are very influential.

There has been little research into the specific role of the custody sergeant under PACE (2004).Studies have examined the role of the appropriate adult which involve an indirect consideration of the custody sergeant role. However, there is not a specific study which explores the assessment of mental illness by police officer in this setting. Cummins (2008) carried out a study which examined the limited mental health awareness training that custody officers receive and their attitudes to this role. Skinns (2011) study of two custody suites does not consider the assessment of mental health issues by custody officers in any depth. The matter is referred to in a section looking at the way that the police work with volunteers acting as Appropriate Adults (AA). Skinns suggests that this assessment is carried out in conjunction with a doctor. This is not always the case – under PACE a formal medical assessment it not required for an AA to be involved.

The custody setting is a key part of the CJS but it is a largely neglected area of study. Skinns (2011) following the work of Choongh (1997) and Newburn and Hayman (2002) explore the way that the police fundamentally shape the nature of the custody environment. Despite an increasing range of other agencies and professionals – social workers, doctors, lawyers, drug workers, lay visitors and Appropriate Adults- having a role in the custody process this remains the case. The custody process is part of the police investigation and prosecution of crime. Choongh (1997) suggests that for the relatively small number of suspects who have regular contacts with the police, custody is used as a part of the mechanism to impose discipline and establish authority.

A Place of Safety?

The research in this field has concentrated on exploring the experiences of people with mental health problems coming into contact with the CJS. A study such as Singleton et al (1998) has tried to assess the extent of mental health problems amongst the prison population. Further studies have examined court diversion schemes and the experiences of particular groups of offenders, for example, women or BME groups. The research on policing and mental illness has focused on beat officers (Teplin: 1984) and/or their assessment of individuals experiencing acute mental distress (Jones and Mason: 2002). Pinfold et al (2004) examined police attitudes towards mental illness and ways to challenge stereotypical views. Cummins and Jones (2010) study compared two different approaches to the training of police officers.

The custody setting and the decision making of police officers is a key area but it is largely neglected in the literature relating to mentally disordered offenders.

The research that forms the backdrop to this paper (Cummins 2007, 2008, 2010 and 2012) examines the impact of the failings of community care policies and the development of the penal state as they play out in the context of the custody suite. As with the prison system, increasingly, deinstitutionalisation has led to this part of the CJS becoming involved in the provision of some form of mental health care. This research is strongly influenced by Chan's work particularly the use of Bourdieu's notion of *field* and *habitus.* The two studies that explored the responses to incidents of self-harm and the reasons for the involvement of Forensic Physicians (FP) highlighted the competing demands in terms of welfare and justice that custody sergeants face. Chan (1996) concludes that

> Bourdieu's theory recognises the interpretive and active role played by police officers in relating policing skills to the social and political context. It also allows for the existence of multiple cultures since officers in different organisational positions operate under different sets of field or habitus.

Davies (1998) argues the architecture of modern cities excludes the urban poor not just physically and psychologically. In addition, Barr (2001) argues that the policy of "*zero tolerance"* where civic authorities introduce a series of measures to tackle low level public order or nuisance offences disproportionally impact on the mentally ill. As well effectively criminalizing homelessness, they serve to further embroil the severely mentally ill in the Criminal Justice and prison systems. Others have argues that the asylum has been replaced not by the community-based mental health services that were envisaged but bedsits, housing projects, day centres and soup kitchens The argument here is that individuals are physically living in the community but are denied the opportunity to be active citizens. Stone (1982) argues there is always likely to be an overlap between the CJS and mental health systems. The police are bound to have a significant role to play in this area. The best resourced community based mental health systems imaginable would not be able to function without working alongside the local police force. The legislative framework in England and Wales provides a sound basis for such work. However, the history of deinstitutionalisation and the failure to develop strong community mental health services (Cummins; 2011) has meant that the CJS and the Police have become the mental health care providers of last resort.

The Bradley Review may well prove to a watershed for policy in this area. Its recommendations, along with a new emphasis on police mental health awareness training, provide an opportunity to tackle the issue of fragmented, disjointed and occasionally mutually suspicious services that have scarred the policy landscape for too long. These studies highlight the nature of custody officers' involvement in the assessment of individuals with mental health problems who come into contact with the CJS. Seddon (2009) refers to a number of "*decision points"* in what might be termed the careers of psychiatric patients. These points include civil admission to hospital or transfer to hospital to prison. He does not include the custody setting as one of those points. This research shows that it is, for a group of individuals with mental health problems, a key "*decision point".* The implications for policy are that police officers need greater support from other professionals to ensure that it is a point where individuals have greater not reduced access to mental health services.

Discussion

Bourdieu's conceptual framework of *field, habitus and capital* provides a series of tools to analyse the development of policies in the mental health and penal spheres. In this context, I would argue that the overlap between mental health and penal policies means that this area would meet Bourdieu's (1998) definition of a *field* as a " *structured social space, a field of forces".* Garratt (2007) argues that a *field* has three key elements within it. The first is the impact that it has on the development of the *habitus* of individuals within it. He then goes on

to suggest that a *field* seeks to maintain its own autonomy but there is competition between the actors within that area. Within this area, one can identify a number of key actors who seek to dominate or control key areas of the *field.* Seddon (2009) suggests there has been an ongoing argument about the treatment of the mentally ill within the CJS and prison systems. Seddon argues that this is a specious argument because the mentally ill have always been found in these systems. However, one can see that elements of within this bureaucratic *field* have been jockeying for position. The result is the constant ebbing and flowing of policies and approaches.

The policy of community care was enthusiastically adopted by the Thatcher government because it both chimed with the individualism trope of the neo-liberal agenda and would lead to a reduction of public provision. There has been an expansion of the private provision of mental health care including residential and forensic services. Knowles (2000) characterises these developments as the creation of new "*post-asylum geographies of madness".* As Bourdieu (2001) noted " *It is characteristic of conservative revolutions that they present restorations as revolutions"* This is certainly applicable to the ways in which the public provision of mental health care has been decimated and replaced by a market driven system that further marginalises the mentally ill. Bourdieu saw a key role for "*critical intellectuals"* in attacking the impact of neo-liberalism on the public provision of social services. In the mental health area, there has been an absence of individuals willing to take on this role. Instead debates have been dominated by *doxa* such as *personalisation* which provide a cover for the decimation of services in the name of the ultimate neo-liberal ideal: *consumer choice*. As Turbett (2011) notes the cheerleaders for these developments ignore the fact that

> The real victims of personalisation will be the hundreds of thousands of low-paid and low-status staff who work in agencies and actually provide the services that are threatened by the trend.

In addition, it should be added that there has been no discernible improvement in the provision of services. All the evidence is to the contrary.

As the *therapeutic state* declined the *penal state* expanded (Cummins 2006). Using the notion of *field* allows us to see these policies not as contradictory but as elements of a strategic battle. The police have a key role to play. For some commentators the combined effect of the shifts and changes outlined above has been the "*criminalisation of the mentally ill*". Borzecki and Wormith (1985) argue that for this thesis to hold two conditions need to apply. There needs to be higher levels of contact between mentally ill people and the police than the wider population and the arrest rate for those experiencing mental health problems would have to be shown to be higher. Hartford et al (2005) study is a statistical analysis of police recording of contacts and responses to calls in Ontario. The study confirmed the greater risk that people with mental health problems face in contacts with the police. There are two elements to this. The mentally ill were more likely to come into contact with the police. The result of this contact was shown to be more likely to result in custody. These findings have been supported in a range of studies which demonstrate that: the mentally ill are more likely to come into contact with the police, have a higher arrest rate, are at a greater risk of entering custody rather being granted bail and are more likely to be arrested for relatively minor offences. (Teplin (1984), Pearson and Gibb (1995), and Robertson (1988)).

The notion of *field* encourages us to examine the influences on the development of policy in nuanced fashion. Gottschalk (2006) demonstrates that the Home Office was developing policies based on the assumptions that prison is "*an expensive way of making bad people worse"* before the right winger Michael Howard became Home Secretary. Howard was committed to a *"prison works"* approach. His appointment led to a complete change in the development of penal policy – for example moves to the increased use of community-based punishments were halted. At the same time as these developments were taking place, the official policy was that the mentally ill should be diverted from the CJS at the earliest opportunity (66/90 +12/95). As the *penal state* continued to expand there were concerns about

how the prison system could cope with the increasing numbers of mentally ill. This led to the creation of specialist teams – *assertive in reach teams* to meet the mental health needs of those in prison. These services could not hope to meet the needs of this group Cummins (2010). There were also concerns about the experiences of particular groups within prison. Seddon (2009) notes that there have always been attempts to portray women offenders as mad simply on the basis of gender. In more recent times, the issue of women in prison has been given a high profile. A series of inspection reports, followed up by news and print media investigations highlighted the appalling conditions at the mental health wing of Holloway the largest women's prison. The role of prison reform groups and other campaign groups is a vital factor in the analysis of this *field.* For example, the Corston Inquiry (2007) was established following a series of suicides at Styal Women's Prison. The National Federation of Women's Institutes launched a campaign *Care not Custody* in 2008 to improve the provision of mental health care for women in prison. The NFWI is a very well-organised and influential group. It was able to gain access to ministers in a way that other groups would simply find impossible.

The interaction between the notions of *field* and *habitus* is crucial. Wacquant (1998) argues that in themselves they do not have the "*capacity to determine social action".* It is the interplay between the two that needs to be considered. Even if we assume that there is agreement across a *field,* it does not mean that all individuals in a given position within that *field* will act in the same way. Bourdieu was highly critical of grand theories such as Althusserian Marxism that did not leave any scope for individual agency. *Field* has a key role to play in the development of the *habitus* of any individual located there.

In terms of policing one of the key areas that has to be considered is "*police culture".* Sackmann (1991) defines culture as "*the collective construction of social reality".* A great deal of the analysis of policing focuses on "*cop culture".* There are a number of difficulties with using "*cop culture"* instrumentally. Chan (1996) argues occupational culture is not monolithic. Cop culture for Chan is "*poorly defined and of little analytical value".* In fact, Manning (1993) argues there clear differences between "street *cop culture"* and "*management culture".* The term "*cop culture"* is, in fact, a label for a form of *hegemonic masculinity* (Carrigan et al 1985) found in police settings. The major themes here would be: an emphasis on action as a solution to problems; a strong sense of group identity and hyper-masculinity manifesting itself in a series of misogynistic and racist attitudes. These attitudes would also include stereotypical views of the mentally ill and the idea that dealing with psychiatric emergencies was not "*proper policing".* In this schema, the police are hard-bitten, cynical and need to be aggressive to deal with the dangers that they face on a day to day basis. Reiner (2000) links the development of these cultural attitudes to the demands of police work itself rather than arising out of the wider society.

Goldsmith (1990) suggests that these cultural attitudes are part of a functional response to the demands of the post. Waddington (1999) takes issue with the way that "*canteen culture"* has been used uncritically. For Waddington, the culture of the police canteen is, very importantly an oral one. As he suggests, there is a gap between rhetoric and action. Despite the ongoing portrayal of police work as dynamic and exciting, the majority of it is not. To take one example, murder investigations involve a great deal of checking information, gathering statements and looking at tapes from CCTV, rather than the psychological profiling and car chases of the popular imagination. Loftus (2008) has noted how enduring these traits of police occupational culture are despite a raft of changes that one might expect to dislodge them – for example the recruitment of a more diverse workforce, greater public scrutiny and management moves to tackle these issues.

In the research undertaken in custody settings (Cummins 2007, 2008 and 2012), particularly in the interviews with custody sergeants, their perception of the role revealed a number of factors that influenced their attitudes and the development of a *habitus.* The custody sergeants saw their role as a key one in the administration of justice. However, they also emphasised that they were responsible for the welfare and safety of the detained persons whilst they were in custody. One major source of frustration for this group was the perceived lack of support from community mental health services. A key factor in this concern was also

the fact that the custody sergeants felt that they would be held personally responsible for any failings or if there was a serious incident or suicide. There was little confidence that they would be supported by senior management in such situations. Thus, there was a determination to be seen to have "*done things by the book".* For example, in the Cummins (2012) study of decision making in custody, which explored the reasons why the police asked for a doctor to assess the mental state of a detained person, in the majority of cases it was to ensure that the person *was fit to be detained* in custody. This is essentially a decision that relates to the administration of justice rather than the welfare of the individual.

Conclusion

Wacquant (1998) suggests that Bourdieu concepts of *field* and *habitus* provide a tool box, with which, one can analyse individual actions and decisions within the context of the social relations that shape and limit their choices. In applying these tools to the issue of the treatment of the mentally ill within the CJS generally and police custody in particular, this allows for explanations that examine not only the development of grand policy but also the decisions that officers make on the ground. This approaches creates a more nuanced appreciation of the factors that influence the decision making process. Garratt (2007) describes Bourdieu as a " *critical intellectual activist, foe of neo-liberalism and defender of embattled public services"* It should be noted that Bourdieu (1998) was concerned with the role that social work as part of the *Left hand of the State* could play in the mitigation of the impact of the neo-liberal project. He acknowledged that social workers found themselves trapped between the increased levels of social need and the demands of a bureaucracy seemingly wedded to the newspeak of neo-liberalist doxa. It is this message that needs to be reinvigorated if his work is to form the basis of a fight to tackle the damage done to the provision of mental health services.

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