

**Questioning identity: Examining identity
processes and threat in the context of
policing mental health**

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Abstract

Mental health related work in policing has increased in recent decades. However, little is known about the impact of this increase on police officers' identity. In addition, there is a dearth of research on police interactions with crime victims who experience mental health issues. The current thesis addresses these knowledge gaps by examining these aspects of policing and utilises Identity Process Theory (Breakwell, 1986, 1993, 2014) as an analytical framework.

The presented analysis is based on twenty-four semi-structured interviews with police officers of varying ranks. A thematic analysis; which was both data and theory driven, resulted in three overarching themes: (i) *'We are not mental health professionals': Distinctiveness in protecting and negotiating the 'police identity'*, (ii) *'Crime victims with mental health issues: The challenges of protection and prosecution'*, and (iii) *'The underlying threats of a spoiled identity: The identification of victims' mental health issues'*.

The findings indicate that police officers appear to experience identity threat in a variety of ways due to their mental health related work. The analysis demonstrates how officers engage in numerous coping strategies in response to potential identity threats, in order to protect and maintain a satisfactory identity. In relation to crime victims with mental health issues, officers appear to largely experience threats to efficacy and meaning because of difficulties in managing vulnerability and obtaining convictions. Such threats were apparent for both crime fighter/law enforcement and protector/welfare aspects of their identity. It was also shown that officers may experience identity threats when enquiring about victims' mental health status due to the stigma of mental health. Such threats seemingly result in officers only broaching this topic with victims in specific circumstances, such as when the victim's mental health issue is evident.

This thesis contributes a novel insight to the policing and mental health field by demonstrating the potential workings of identity processes and threat, for officers in this context. Here, it is argued that without changes to the social and professional contexts in which police operate, identity threats are likely to endure and continue to impede working practices with crime victims who have mental health issues.

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Abbreviations and terminology

Abbreviations

Frequently used abbreviations (this list is not exhaustive; however, explanations are additionally provided within the text):

CJS: Criminal Justice System

CPS: Crown Prosecution Service

DV: Domestic Violence

IMHI: Individual(s) with mental health issues

IPT: Identity Process Theory

MHI(s): Mental Health Issue(s)

MOPAC: Mayor's Office for Policing and Crime

NFA: No Further Action

SCT: Social Categorisation Theory

SIT: Social Identity Theory

SRT: Social Representations Theory

Terminology

'Crime Fighter': refers to all police activity related to criminal investigations, crime prevention, and law enforcement.

Mental Health Issue(s): refers to the array of behaviours and experiences or symptoms that are often considered to be diagnosable 'mental illnesses'. This can be from experiencing auditory, visual or somatic hallucinations to paranoid and delusional thoughts to depressive feelings, to name but a few.

No Further Action (NFA): refers to police officers taking the decision to take no further action on a case.

Not/no criming: refers to when the police do not deem an allegation to be a crime and do not record it as such.

‘Police identity’: refers to the constructed representations of who the police are and what they do.

‘Protector’: refers to all police activity related to welfare and safeguarding, such as mental health work.

Introduction

Despite there being longstanding deliberations on whether mental health (MH) work should be in police officers' remit and to what extent (Bittner, 1967; H. R. Lamb et al., 2002; McDaniel, 2019), there is a lack of research into how this is impacting on police officers' identity. Existing research indicates that police officers may experience identity threats as a result of MH related work, for example; threat to their masculinity (Reavey et al., 2016) and conflicts between the demands of their role (Fry et al., 2002). However, an in-depth examination of identity processes and identity threat in this context has not been undertaken. Therefore, this thesis has the primary aim of addressing this gap in the literature by examining potential identity threats and identity processes for officers as a result of their MH work. Additionally, policing and MH research and practice has predominantly focused on MH crises (Compton et al., 2008; Cummins & Edmondson, 2016; Department of Health, 2014; Welsh Government and Partners, 2015) and little is known about everyday police interactions with crime victims experiencing mental health issues (MHIs) (Dinisman & Moroz, 2019). Therefore, the current research primarily focuses on officers' experiences and perceptions of crime victims with MHIs to contribute knowledge to this area, whilst also considering MH related work for all other police-public interactions (witnesses, suspects, during MH crisis, or individuals in need of assistance). This is to also further understand the potential underlying sociopsychological factors that could be contributing to negative interactions between police officers and IMHIs, particularly victims (Pettitt et al., 2013).

Before progressing, it is important to define what is meant by MHIs in this thesis. There are several ways in which MHIs can be conceptualised. MH diagnoses have long been considered 'diseases of the brain' (Deacon, 2013). However, explaining them as caused by social, psychological, and biological factors (Wade & Halligan, 2017) has increased in acceptance, in addition to locating their causality in previous traumatic experiences (Sweeney & Taggart, 2018). Thus, the decision on terminology to describe MHIs is often challenging, which is further compounded by the negative connotations associated with many descriptors used (Cromby et al., 2013). The term 'mental health issue' (MHI/MHIs) was chosen, as it was thought to be the least provocative term to describe the array of behaviours and experiences that are often considered to be diagnosable 'mental illnesses'. This can be from experiencing auditory, visual or somatic hallucinations to paranoid and delusional thoughts to depressive feelings, to name but a few.

The presented research is based on semi-structured interviews with twenty-four police officers of varying ranks, and the findings were interpreted utilising Identity Process Theory (Breakwell, 1986, 1993, 2014). IPT is a theoretical framework that considers identity to be a representation of who an individual is, which can change over time. This representation of one's identity is influenced by the individual making conscious choices about its formation, their interactions in their social environment, and internal psychological processes (that may not be conscious). Such processes continually construct and maintain identity in accordance with identity principles of efficacy, esteem, distinctiveness, continuity, meaning, psychological coherence, and belonging (Breakwell, 1986, 2014; Jaspal & Cinnirella, 2010; Vignoles et al., 2006). Importantly, when identity process are not able to maintain or construct identity in line with salient principles, then identity threat may be experienced (Breakwell, 1986). The IPT framework was employed in a thematic analysis (Braun & Clarke, 2006) of the collected interview data, which took a principally data driven approach whilst being guided by the theory, to address the following research questions:

- How are identity principles compromised, negotiated and experienced by police officers when working with members of the public with mental health issues?
- How are identity principles compromised, negotiated and experienced by police officers when working with crime victims with mental health issues?
- How are identity principles compromised, negotiated and experienced by police officers when identifying crime victims' mental health issues?

In addressing these questions, based on extant research and the current findings, it will be argued that police officers experience identity threats as a result of their MH work and that such threats are managed in a variety of ways. It will also be demonstrated that identity threats appear to influence officers' actions with crime victims, such as officers potentially avoiding cases with victims with MHIs or not engaging in discussions with victims to identify MHIs, unless justified by the circumstances (e.g. depending on the crime type).

Thesis structure

Chapter 1: First, identity as a concept is defined. An overview is then provided of the potential elements that may be common in police officers' identity structure, as informed by common representations of the police, particularly police culture. The theoretical framework of IPT is also discussed in detail. Additionally, social representations, as an important extension of IPT, are reviewed. In particular, stereotypes and the stigmatised representations of MH are considered.

Chapter 2: An in-depth review of the extant literature on policing and MH is presented. This chapter provides a contextualised understanding of the field and an overview of the limited knowledge on police work with crime victims with MHIs. Utilising IPT to interpret the existing research findings, an argument is developed for the potential for police officers to experience identity threat in the context of police MH work.

Chapter 3: This chapter sets out the key methodological issues relating to the current research, including the research design, epistemology, aims and questions, ethics, procedures, and analysis. A reflexive account by the researcher is also provided to facilitate the transparency and quality of the research.

Chapter 4: This analysis chapter examines police officers' use of representing their distinctiveness in different ways, as a means of managing identity threat in the context of their MH work. The chapter discusses how officers appear to be utilising representations of their distinctiveness to create and define the meaning of 'police identity', as well as to potentially alleviate circumstances that compromise numerous identity principles (e.g. threats to esteem due to negative representations of the police when errors occur in MH work).

Chapter 5: This chapter discusses the ways in which officers reported experiencing difficulties when working with victims with MHIs, predominantly; (i) challenges relevant to obtaining a conviction and (ii) challenges relevant to managing vulnerability. These are discussed in relation to the compromising of identity principles of efficacy and meaning for officers. In addition, avoidance as a possible coping strategy employed by officers in response to such threats is examined.

Chapter 6: This chapter examines the ways in which stigmatised representations of MH in society and the CJS may lead to officers experiencing identity threat when enquiring about

victims' MH. It also considers the ways in which officers appear to negotiate how and when to enquire about victims' MH status, in order to cope with compromised identity principles.

Chapter 7: Lastly, an overall discussion of the findings is presented, relating these to the extant literatures on policing and mental health, police culture, and work with vulnerable/ 'undeserving' victims. Implications and improvements for policing and MH are also considered in relation to police wellbeing, identity salience and job attrition, police MH work in general, and police MH work with victims. The wider contributions of the current findings to the literatures on police culture and identity processes are also discussed. Overall, it is argued that the current thesis demonstrates that the social and professional contexts in which police operate need to be revised, in order to prevent police officers experiencing identity threats in their MH related work. Without such change, police work with victims with MHIs will continue to be challenging due to identity threats experienced, which will likely perpetuate a lack of identification of MHIs in victims and avoidant behaviours by police officers (e.g. not recording allegations as a crime). It is also posited that identity processes are a causal mechanism that produces some elements of police culture that have been observed, for example, rejection of 'welfare' type work.

Chapter 1: Identity, threat, and social representations

This chapter outlines the relevant theoretical literature for this thesis, which will assist in the understanding of the subsequent review of research on policing and mental health (MH), as well as the analysis chapters presented. First, the chapter introduces the concept of identity. The ‘police identity’ is then considered, this includes a brief review of the literature on police culture and representations of the police. The key theoretical framework applied to this thesis, Identity Process Theory (Breakwell, 1986, 1993, 2014) is then discussed. Social representations (Moscovici, 1984, 1988), which have been incorporated into IPT (Breakwell, 1993, 2001b, 2010, 2015), are then reviewed. Specifically, social representations as stereotypes and stigma are outlined, as they are particularly relevant to this thesis. This includes an overview of the stigma of MH. Throughout the chapter, pertinent alternative theories that could be used to interpret elements of this thesis are addressed accordingly.

1. Defining identity

Before discussing identity in policing, which will be termed the ‘police identity’, it is important to outline how identity will be conceptualised here. This thesis takes the stance, in accordance with IPT, that identity is considered to “encompass elements that are dynamically derived from every aspect of the person’s experience – social category memberships, interpersonal relationships, social representational exposure, individual activity and observation...” (Breakwell, 2014, p. 24). IPT does not make a distinction between social identity that is derived from one’s social category memberships, and personal identity consisting of traits, beliefs and values. The current thesis is, however, focusing on the elements of identity derived from social category membership/social identity (Breakwell, 2010), namely, being a police officer.

IPT built upon Social Identity Theory (SIT; Tajfel & Turner, 1979), which is a theory of intergroup behaviour based on social category membership. SIT theorised that individuals act as group members and strive to maintain a positively distinct group identity, providing explanation for why intergroup conflict and discrimination occur. Following this, Self-Categorisation Theory (SCT; J. C. Turner et al., 1987) was also devised to explain how and why individuals categorise themselves and others in terms of social group membership, and how this influences behaviours and perceptions. Breakwell (1986) developed IPT to foster a

better understanding of identity itself, going beyond the desire for a positively distinct group membership, by incorporating several drivers that have been said to underpin identity and behaviour. Identity is effectively a representation that is under constant review and restructure, responding to the social context in which an individual inhabits, as well as being actively constructed by the individual. In addition to identity being a representation, it is also experienced as a 'dynamic state of being' and it is a 'dynamic process' (Breakwell, 2014, p. 25).

The current thesis focuses on a social identity derived from an occupation, and "for many people their professional and/or organisational identity may be more pervasive and important than ascribed identities based on gender, age, ethnicity, race, or nationality" (Hogg & Terry, 2000, p. 121). The application of social psychological theories, namely SIT (Tajfel & Turner, 1979) and SCT (J. C. Turner et al., 1987) to the workplace has increased in recent decades (Ashforth, 2016; Ashforth & Mael, 1989; Haslam & Ellemers, 2011; Hogg & Terry, 2000). There is a distinction between an organisational identity derived from one's specific workplace and an occupational (or professional) identity (e.g. being a police officer), although these may overlap (Ashforth et al., 2008). In a broad definition, occupational identity was originally defined as "a composite sense of who one is and wishes to become as an occupational being generated from one's history of occupational participation" (Kielhofner, 2002, p. 119). More recently, it has succinctly been described as "the conscious awareness of oneself as a worker" (Skorikov & Vondracek, 2011, p. 693).

Here, an individual officer's attachment to their specific force, police station, or team is not of concern, although these can provide elements of one's social identity (Ashforth & Mael, 1989). Rather, it is the salience of belonging to the occupation of being a police officer that is of importance. It is argued that being a police officer is a social category membership due to the strength and cohesion of the 'police identity' (Hoggett et al., 2014), and it is not merely a role to enact for the majority of officers. Additionally, instead of considering occupational identity as a separate concept to social identity, the current thesis treats the 'police identity' like any other social category membership that contributes to one's identity structure. Before reviewing the theoretical framework of IPT in detail, the 'police identity' will first be defined.

1.2 The ‘police identity’

For individuals who enter policing as an occupation, being a police officer is arguably a large part of their identity (Crank, 2014; Hoggett et al., 2014; Skolnick, 1966/2010). In a study of over 13,000 officers from the 43 police forces in England and Wales, officers demonstrated particularly cohesive perspectives on policing and a large part of their self-concept was derived from this identity (Hoggett et al., 2014). Contrastingly, a recent longitudinal study with a small cohort of officers who were interviewed during their first four years of service, showed that they appeared to be less tied to their identity as an officer and policing was less likely to be seen as a lifelong career (Charman, 2017). This indicates that the ‘police identity’ may be changing in terms of its salience for officers, however, given the small sample size this may not be generalisable. In addition, there are still many long serving officers whose ‘police identity’ is likely to be a large part of their self-concept, as shown by Hoggett and colleagues (2014). Thus, the stance taken here is that the ‘police identity’ is still a significant part of the identity structure of many serving officers.

The term ‘police identity’ will be used to refer to the constructed representations of who the police are and what they do. This definition follows the work of Hoggett and colleagues, who defined ‘police identity’ as “how they [police officers] perceive their roles and duties and whether being a police officer is an integral part of who they are” (2014, p. 4). Constructed representations of the ‘police identity’ may differ to varying degrees between individuals, groups, and societies, however, as will be discussed, common themes appear to span these levels of abstraction.

In terms of understanding how police officers may construct their ‘police identity’, the literature on police culture will briefly be reviewed, as well as other contextual factors within the occupation and beyond.

1.2.1 The influence of police culture and context

The vast literature on police culture has conceptualised and debated the construct in a multitude of ways (Banton, 1964; Chan, 1996; Charman, 2017; Crank, 2014; Ingram et al., 2013; Loftus, 2010; Paoline, 2003; Reiner, 2010; Reuss-Ianni, 1993; Skolnick, 1966; Van Maanen, 1975). The traditional, dominant stance is that police culture is a collection of social norms, attitudes,

behaviours, and values commonly held by police officers. Some key features of police culture that have been posited are masculinity, suspiciousness, solidarity, cynicism, isolation from society, common sense, a crime fighting/action-oriented mission, and prejudice. A critique in the field is that much of the research on police culture is dated, thus may not be applicable to modern day officers (Brough et al., 2016; Sklansky, 2007). However, recent research has shown that traditional traits of police culture, such as masculinity, solidarity, cynicism, and isolation are still evident in officers in the UK (Atherton, 2012; Brown et al., 2019; Loftus, 2010), and internationally (Brough et al., 2016; Paoline, 2004). Indeed, the ample literature on police culture does appear to have found 'common characteristics' across a large variety of police samples, which are said to be produced as a result of the similarities in working practices and environments (Reiner, 2010). Common and enduring elements of police culture that have been found are masculinity, solidarity, isolation from society, lack of empathy, cynicism, control, and prejudice (Crank, 2014; Loftus, 2010; Reiner, 2010; Skolnick, 1966).

Traditionally, police culture has been presented as a monolithic construct, considering the aspects observed to be applicable across the board. However, this view has been increasingly challenged (Chan, 1996; Paoline, 2003; Sklansky, 2007; Waddington, 1999). Chan (1996) provided the frequently cited critique of monolithic police culture, alternatively suggesting multiple police sub-cultures that are changeable and socially constructed, applying the concepts of 'field' and 'habitus' (Bourdieu, 1990). The Bourdieuan approach to police culture considers the 'field' to be the environmental structure in which policing occurs, with the 'habitus' being the socially learned ways of behaving within the 'field'. The application of 'field' and 'habitus' is one that considers these two elements to be relational, producing multiple police cultures that are dynamic over time (Chan, 1996). The influence of the environment on police culture has also been argued elsewhere in earlier literature, where it has been suggested that officers develop perspectives and behaviours as a means to cope with elements of their job (Paoline, 2003; Skolnick, 1966). For example, suspiciousness has been suggested as a response to danger, and solidarity between officers as resulting from their isolation from society (Skolnick, 1966).

Specific organisational processes and values may also influence how officers construct the 'police identity' and may contribute to some enduring aspects of police culture. For example, in relation to sexual assault cases, work with crime victims has been found to not contribute to the 'legitimacy' of the 'police identity' for officers, comparatively to work apprehending

offenders that holds more ‘kudos’ (Williams, 2019). This finding was argued to be reflective of the organisation not placing sufficient value or recognition on the former duties. Therefore, officers’ focus on crime fighting activity, instead of protector duties, may be a result of how different police activities are perceived and praised within the organisation (Williams, 2019). When considered in line with IPT, such organisational factors may create a social representation that protector work is not seen as part of being a good police officer, influencing how officers construct principles of efficacy and meaning (Breakwell, 1993; Vignoles et al., 2006).

Turning away from the monolithic approach, culture in policing has increasingly been perceived as more of a dynamic, socially constructed, and multifaceted concept (Caveney et al., 2019; Charman, 2017; Demirkol & Nalla, 2019; Paoline & Gau, 2018). Demonstrating this, a culture shift has occurred recently in the UK, with officers perceiving their function as more than just crime fighting, with a strong focus on safeguarding and helping the public (Atherton, 2012; Caveney et al., 2019; Charman, 2017, 2018; Hoggett et al., 2014). Indeed, there are a multitude of internal (e.g. professionalisation) and external (e.g. frontline service budget cuts) changes that may be influencing the evident shifts in police culture (Caveney et al., 2019; Charman, 2019; Hoggett et al., 2014). For instance, take the changes to officers’ perceptions of the ‘police identity’; which appears to increasingly include welfare, going beyond just crime fighting (Caveney et al., 2019; Charman, 2018; Hoggett et al., 2014). Such changes may be reflective of the introduction of neighbourhood policing (College of Policing, 2018b) and the increased focus on safeguarding (National Policing Improvement Agency, 2012). Such findings suggest a move away from the crime fighting narrative. However, some traditional elements of police culture may still be retained by some officers.

Here, it is argued that ‘police culture’ will be communicated between officers via social representations (Moscovici, 1984, 1988), and that these will influence identity processes and identity construction (Breakwell, 1993, 2010, 2015). Social representations will be discussed in further detail later in this chapter, as it is an extension of IPT (Breakwell, 1993, 2001b, 2010, 2015). In short, social representations are effectively “how people come to interpret and make their world meaningful” (Breakwell, 1993, p. 2) through interactions within their social environments. Additionally, Duveen’s (2007) definition of culture is taken here, considering it to be “a broader network of representations held together as an organised whole by a community. Social representations, in this sense, can be seen as particular cultural forms”

(2007, p. 545). Considering this in relation to IPT, social representations of policing will inform officers of who the police are and what they do, contributing to shaping their identity structure and processes (Breakwell, 1993, 2010, 2015). This argument is in line with research on storytelling in the police that suggests this practice is a core activity, which serves the functions of transmitting cultural elements between officers, sense making, and identity construction (Charman, 2017; Fletcher, 1996, 1999; Van Hulst, 2013).

With any identity relevant social representation, individuals will have a level of autonomy in the extent to which these are accepted or rejected, thus resulting in some individual differences (Breakwell, 1993, 2001a, 2010). Therefore, applying IPT as a framework may assist in explaining variations found in officers' adoptions of elements of police culture. There is evidence that indicates officers in the same working environment share similar cultural attitudes, with both variations and similarities in attitudes when comparing different departments in the same organisation (Ingram et al., 2013; Loftus, 2010). Thus, this may be reflective of social groups or categories (e.g. country, city, occupation, organisation, departments) influencing individuals' exposure to social representations and their level of acceptance of these (Breakwell, 1993). Police culture research has typically taken a sociological approach, overlooking psychological factors. Applying IPT, potentially provides an additional layer of understanding to how officers respond to their environment, due to management of identity processes from a sociopsychological perspective.

To summarise, similarly to arguments made in the extant criminology literature (Caveney et al., 2019; Chan, 1996; Charman, 2017; Loftus, 2010; Reiner, 2010; Van Maanen, 1973), this thesis takes the stance that culture in policing is socially constructed and influenced by the environment in which officers operate. In turn, police culture will influence officers' construction of their 'police identity'. It is considered that this will result in differences between services and individuals, whilst also retaining similarities due to dominant representations, environments, and practices (Loftus, 2010; Reiner, 2010; Skolnick, 1966). Reflective of this, the socialisation process of police recruits has been shown to have a powerful influence, with studies demonstrating marked changes in recruits' attitudes and perspectives throughout the socialisation period in their early career (Charman, 2017; Van Maanen, 1975).

As the influence of police culture and context on the construction of the 'police identity' has been reviewed, the remainder of this chapter will detail the theoretical framework of this thesis.

1.3 Identity Process Theory

As has been outlined, Identity Process Theory (Breakwell, 1986, 1993, 2014) is the theoretical framework that will be applied in this thesis. The framework was originally developed as a means to understand identity threat and the coping strategies individuals use in response (Breakwell, 1986). However, in recent years it has advanced to explaining the processes of maintaining and constructing a satisfactory identity when threat is not present (Breakwell, 2015; Jaspal & Cinnirella, 2012), becoming an encompassing theory of identity (Breakwell, 2014). IPT considers identity in terms of both structure and processes.

1.3.1 Identity structure and processes

IPT suggests that the structure of identity consists of a psychological construct comprising two dimensions of 'content' and 'value' that reside within an individual (Breakwell, 1986). First, there is the content dimension that is made up of different identity elements (e.g. being a police officer, a mother, British). Elements of an individual's identity are organised in terms of their perceived centrality in the structure, as well as their hierarchical positioning and relative salience (Breakwell, 2010). The second dimension is the value placed on an individual's identity elements (e.g. being a police officer is important to me). The content and value dimensions of identity are managed by two universal processes; 'assimilation-accommodation' and 'evaluation' (Breakwell, 1986). Assimilation-accommodation is said to occur when elements are incorporated into the identity construct and or existing identity elements are rearranged (e.g. going from employment to retirement). The second process is evaluation of the affective value assigned to identity elements (e.g. defining retirement as positive or negative). These processes and structure of identity are considered to be sociopsychological, as they are influenced by the individual's interactions with the social world over time, with the individual also taking an agentic and purposeful role in their identity formation (Breakwell, 1986, 2010). These processes of identity are also dependent on the individual's memory functioning, in that individuals are able to recall information that is relevant for the aforementioned identity processes (e.g. one remembering that they are a police officer) (Breakwell, 1986).

1.3.2 Identity Principles

IPT posits that the processes of assimilation-accommodation and evaluation are underpinned by the individual's motivation to maintain a satisfactory structure of their identity, which is guided by identity principles (Breakwell, 1986). In the early development of the theory, four principles were proposed, these being 'continuity': a stable perception of identity over time/context; 'distinctiveness': uniqueness from others; 'esteem': feelings of value/worth; and 'efficacy': perceived control and competence (Breakwell, 1986, 1993). Subsequently, the principles of 'meaning': a purposeful existence; and 'belonging': closeness with others (Vignoles et al., 2006); and 'psychological coherence': having compatible identity elements (Jaspal & Cinnirella, 2010), have been the most prominently suggested additions. The first four principles are the most frequently accepted and utilised in the IPT framework. However, the current research will include all the aforementioned seven principles, as they provide explanatory value to the context being examined, as will be demonstrated. Breakwell (2014) has noted that the original four are not necessarily the only existing identity principles but notes the need for additional 'explanatory power' in the justification for inclusion of others. Breakwell has also acknowledged the potential for cultural differences in identity principles (2014). Indeed, recent research has indicated potential universal applicability of the principles of distinctiveness, esteem and continuity using a variety of large, cross cultural samples, however, culture appears to influence how these identity principles are constructed and maintained (Becker et al., 2012, 2014, 2018). IPT was chosen as the theoretical framework as it was considered to be the most comprehensive, due to including an extensive number of principles. In addition, IPT has considerable empirical support that has been gained across a variety of samples, as will be shown throughout this review.

The workings of identity principles are complex. Identity principles are not mutually exclusive and the relationships between them are potentially subject to change dependent on the context, and the ways in which individuals construct the meaning of an identity principle (Vignoles et al., 2006). For example, principles of distinctiveness and belonging have both been positively associated with the identity element of being an Anglican Parish Priest, where their social position made them feel both distinct and close to others (Vignoles, 2000; Vignoles et al., 2006). Such findings contradict the common notion that distinctiveness and belonging (closeness to others) are opposing principles (M. B. Brewer, 1991), as their position as priests in society was constructed as distinctive, yet also brought closeness to others. Furthermore,

there are the potential cultural influences on the construction of identity principles and how they are maintained, as discussed earlier (Becker et al., 2012, 2014, 2018). Thus, the specific ways in which identity principles operate may differ between groups, and even between individuals within groups.

However, the suggested structure of identity (content and value), processes (assimilation-accommodation and evaluation), and identity principles (efficacy, esteem, continuity, distinctiveness, meaning, belonging, and psychological coherence) in IPT may be universal. Additionally, there may be commonalities observed across groups, which is where speculations can be made on generalisable workings of identity processes. For example, elements of our identity that satisfy identity principles; particularly meaning, distinctiveness, and continuity have been suggested as central in our identity construction (Vignoles et al., 2002a, 2006). The centrality of an identity element is the prominence that the element has in our identity structure, which is a cognitive aspect of its formation (Vignoles et al., 2006). Whereas principles of self-esteem, efficacy, and belonging have been found to be more associated with individuals' contentment with an identity element, and are linked to the affective aspect of identity construction (Vignoles et al., 2006). These studies by Vignoles and colleagues (Vignoles et al., 2002a, 2006) utilised a range of samples, where variables of age and gender appeared to have limited effects, which indicates robust support for these findings. Nevertheless, it is suggested here that IPT should be thought of as a framework that can be applied to specific groups in order to gain an understanding of how identity processes work for them in a particular context.

It is important to note that this thesis is not deciphering between individual and group (collective) levels of identity in relation to identity principles, which is an area where there is extensive debate and a vast amount of literature (Frings et al., 2005; Vignoles, 2018). As the different levels of identity are not a key feature of this thesis; nuances in relation to levels of identity will not be considered in detail. In addition, due to the methodology used in the current research, it is not possible to decipher which level of identity may underpin individuals' accounts during an interview. However, when reviewing each identity principle, relevant research at individual, relational, and collective levels of identity will be included, as these have been suggested to potentially function in similar ways (Vignoles, 2011; Vignoles et al., 2006).

Each identity principle will now be reviewed in turn and some of the key relationships that have been demonstrated between principles will be discussed. In addition, some alternative theories relevant to each principle will also be referenced.

The principle of esteem

Esteem is “a feeling of personal worth or social value” (Breakwell, 1986, p. 24), and it has often been considered as the key motivating factor in identity processes and human behaviours (Abrams & Hogg, 1988; Crocker & Wolfe, 2001; Leary, 2005; Tajfel & Turner, 1979). SIT contributed to the concept of esteem in identity processes, positing that individuals gain a sense of esteem through the positive distinctiveness of their salient social category memberships, achieved via favourable comparisons between one’s own groups and others (Tajfel & Turner, 1979). Further theorising in line with SIT, the Self-Esteem Hypothesis (SEH) suggests that esteem and identity are enhanced by positive differentiation from other groups, and that the need for intergroup discrimination increases when esteem is under threat (Abrams & Hogg, 1988). However, seeking distinctiveness for one’s social groups may not only be underpinned by a need for esteem. It has been evidenced that esteem is not the only significant identity principle (Vignoles et al., 2002a, 2006). Individuals have even been shown to value being distinct over the need for esteem when their group compromises their distinctiveness, resulting in a need to enhance distinctiveness more than esteem (M. B. Brewer et al., 1993). Yet, esteem is undoubtedly important to us (Pyszczynski et al., 2004), particularly being associated with maintaining subjective wellbeing (Du et al., 2017; Sedikides & Gregg, 2003).

The importance of esteem for the police is potentially evidenced by their use of the media as a means to communicate positive representations of the police in a bid to shape public perceptions (Mawby, 2002, 2010). Furthermore, findings by Rantatalo (2016), where officers’ were seen to reframe their identity in response to negative news stories, can be explained as officers’ attempts to maintain feelings of esteem in the face of threat (Breakwell, 1986). Officers are also suggested to engage in enhancing and reconceptualising the meaning of their work to make it more positive, due to elements of it being ‘dirty work’, in order to maintain esteem (Dick, 2005; Waddington, 1999). As will be discussed further in chapter two, it is possible that negative representations of police work with individuals experiencing mental

health issues (IMHIs) (Adebowale, 2013; Laville, 2016) could be threatening to the principle of esteem.

The principle of belonging

Belonging has been defined by Vignoles and colleagues as “the need to maintain or enhance feelings of closeness to, or acceptance by, other people, whether in dyadic relationships or within in-groups” (2006, p. 310). Belonging has been shown to significantly contribute to identity processes (Jaspal & Yampolsky, 2011; Vignoles et al., 2002a, 2006). It has also long been argued that belonging is a fundamental motivating need, and when this need is not met, there can be detrimental implications for physical and psychological wellbeing (Baumeister & Leary, 1995).

In relation to the current thesis, both external acceptance from the public and acceptance from within the police may be of importance. This links into the reputation maintenance seen in the police use of the media, as officers seek to maintain their legitimacy with the public (Mawby, 2002). In addition, the police culture literature has suggested solidarity and a sense of comradery between officers to be imperative (Charman, 2017; Crank, 2014; Skolnick, 1966). Thus, belonging may be important for officers in terms of avoiding social rejection by the public and or within the police, when errors are made in MH related work. This will be elaborated on in chapter two, where the empirical literature on policing and MH is reviewed.

The principle of distinctiveness

The distinctiveness principle has been investigated as a factor that guides and shapes our identity and has been a key feature of a large body of social psychological research. Theories of distinctiveness have posited that we seek to be different from others (Theory of Uniqueness; Snyder & Fromkin, 1980), that there is an optimal balance between being similar (belonging) and different to others (Optimal Distinctiveness Theory; M. B. Brewer, 1991), and that we have a drive to be positively distinct from others (SEH; Abrams & Hogg, 1988; SIT; Tajfel & Turner, 1979). Uniqueness and the threat of similarity to others has long been acknowledged in western societies, and it has been argued that it is reflective of individualistic cultural values (Snyder & Fromkin, 1980). However, the desire to be distinct appears to be a principle that crosses

cultures, both collective and individualist, but the ways in which distinctiveness is constructed and maintained may vary according to the cultural context (Becker et al., 2012; Vignoles, 2009). When the need for distinctiveness is compromised, this can have a negative effect on individuals' wellbeing (Manzi et al., 2006).

SIT seminaly outlined that positive distinctiveness is sought from other groups through social comparison to enhance esteem derived from social group membership (Tajfel & Turner, 1979). However, in recent decades, evidence has grown indicating that distinctiveness is a significant motivating principle in identity construction, processes, and maintenance, and this is not just an underpinning facet of self-esteem (Vignoles, 2009). Yet, it is also possible to experience being too distinctive from others due to an element of one's identity; either due to this identity having negative connotations (A. J. Turner & Coyle, 2000), or wanting to belong where an identity makes you overly distinct (Jaspal, 2015). Thus, the levels of desired distinctiveness appear to be contextually dependent.

It has also been posited that we seek to be distinct from others to create meaning in our identity, in terms of understanding and defining who we are (Vignoles et al., 2000). This is in line with Uncertainty Reduction Theory (Hogg, 2000), which suggests that individuals engage in enhancing their distinctiveness as a means to gain understanding of their environment, particularly their self-concept. It has been suggested that this need for a 'coherent self-conception' may be the key driver in intergroup discrimination (Abrams & Hogg, 1988, p. 328). This is an area where terminology can become confusing, due to the introduction of the psychological coherence principle relating to incompatible identity elements (Jaspal & Cinnirella, 2010). In order to reduce ambiguity of terms used in the identity processes related literature, the renaming of the psychological coherence principle could be beneficial. Here, the need for coherence in terms of understanding in the definition of identity will be referred to as 'understanding'.

Distinctiveness has also been suggested to be achieved in different ways (Vignoles et al., 2000). These have been termed sources of distinctiveness, where 'difference' is enhancing the difference between the individual/group and others (e.g. on ability, traits); 'separateness' is being physically, symbolically or psychologically parted from others; and 'position' is the difference in position of the self/group in relation to others in the social context. All three sources have been found to contribute to distinctiveness, and how these are used appears to be dependent on the context and the person's construction of their self-concept. Difference and

separateness are considered to be more important for those who prioritise independence, whereas position seems to be key for those who are more interdependent (Becker et al., 2012; Vignoles et al., 2000, 2002b).

In relation to the police, distinctiveness may be a key feature of the ‘police identity’ as officers are reportedly isolated from the rest of society in a unique role, and are a group characterised by their internal solidarity (Crank, 2014; Skolnick, 1966). Officers in the UK have expressed their uniqueness in society in relation to the specific role of constable, challenges officers experience in their personal and professional lives, risk, and responsibility (Hoggett et al., 2014). Officers in the Hoggett sample also wanted their uniqueness to be recognised, and expressed concerns over the vocational nature of policing being dismantled, resulting in it just being perceived as a job instead. As will be elaborated in the next chapter, police officers have also been reported to protest their distinctiveness to MH workers and social care professionals (Lane, 2019). Such use of ‘categorisation’ and ‘comparison’ has recently been noted as a feature of police culture that officers engage in to enhance their social identity (Charman, 2017, p. 308).

The principle of continuity

“Continuity across time and situation” (Breakwell, 1986, p. 24) is considered to be an important principle that also underpins our identity, and perceptions of continuity have been linked to increased wellbeing (Sani et al., 2008). Conversely, loss of continuity can have deleterious effects, such as grief and identity disruption on losing a job or a loved one (Papa & Lancaster, 2016), or even suicide (Chandler et al., 2003). It has been suggested individuals see themselves as possessing a core enduring essence (essentialist continuity), as well as having a coherent narrative (narrative continuity) that links elements across the lifespan (Chandler et al., 2003). Similarly, this concept has been extended to the perception of continuity of groups as an entity, termed collective continuity (Sani et al., 2007), where the group has *cultural continuity* (traits, values etc.) that it possesses, which transcends time, and *historical continuity*, where the group has a coherent narrative that links its past, present and future (Sani et al., 2007). In addition, individuals are said to gain a sense of continuity derived from social groups, termed collective self-continuity (Smeeke & Verkuyten, 2015).

Research has shown perceived continuity to be linked to principles of esteem, belonging and distinctiveness (Jaspal, 2013; Sani et al., 2007; Smeekes & Verkuyten, 2014). Continuity is also considered to be a source of meaning (Chandler et al., 2003), and individuals additionally derive a sense of understanding who they are due to the continuity of their social groups. Smeekes and Verkuyten (2015) noted this well in that “Without the ability to recall our past we are not able to understand who we are in the present.” (p.163). The perceived continuity of a salient group has been shown to be important to its members, with members showing considerable resistance to perceived threats, such as mergers (Jetten & Hutchison, 2011), and existential threats based on national identity (Smeekes & Verkuyten, 2013). The threat to the vitality and existence of one’s group has been said to cause ‘collective angst’ (Wohl et al., 2012). Collective angst has been defined as “aversive because it reflects the belief that a negative event will befall the ingroup in the future, coupled with an uncertainty of when that negative event will take place” (Wohl et al., 2010, p. 898). When groups experience collective angst, it has been shown that they seek to strengthen the vitality of their group (Tabri et al., 2018; Wohl et al., 2010, 2012). Threats to distinctiveness have been shown to induce feelings of collective angst (Wohl et al., 2011). Therefore, it is possible to make the logical connection that in order to preserve the existence of a group, it needs to be perceived as a distinct entity, which has been demonstrated in IPT research (Jaspal, 2013).

Indications that police officers experience continuity of the ‘police identity’ as important are potentially reflective in their seeming resistance to reforms (Barton, 2003; Hoggett et al., 2014). Indeed, officers have actually reported concerns about the loss of the ‘police identity’ in the future of policing, seemingly due to changes occurring in the occupation (Hoggett et al., 2014). It is argued here, which is detailed in chapter two, that MH work in policing has had a significant impact on the way in which police operate (Billingham, 2018), therefore, this social change may be threatening to the continuity of the ‘police identity’.

The principle of meaning

The introduction of the principle of meaning was suggested by Vignoles and colleagues (2006), following the work of Baumeister (1991). The principle of meaning is defined as “the need to find significance or purpose in one’s own existence” (Vignoles et al., 2006, p. 311). Having a sense of meaning is considered to be a vital part of human life (Frankl, 1962; MacKenzie &

Baumeister, 2014). There are multiple sources where individuals derive meaning from, such as religion, occupation or family (O'Connor & Chamberlin, 1996; Schnell, 2011; Schnell & Becker, 2006). Attaining meaning in life has been a demonstrable positive factor in the wellbeing of individuals (Cohen & Cairns, 2012), and conversely, has been shown to have detrimental effects in its absence (Murphy et al., 2019). Finding meaning in events, or having meaning in life, has also been linked to more effective coping in the face of life stressors and adverse events (Golsworthy & Coyle, 1999; J. Park & Baumeister, 2017).

Meaning has been found to be highly correlated with both principles of efficacy and esteem, although these principles were also evidenced to be constructs in their own right that contribute individually to identity processes (Vignoles et al., 2006). Such a finding falls in line with one of the seminal works on meaning (Baumeister, 1991), where efficacy was suggested as a need of meaning, in that individuals strive for perceived control in their environment, where they are able to be effective in achieving their purpose and values. Indeed, it is logical to conclude that to possess purpose and value in the absence of efficacy would be detrimental to the principle of meaning.

As discussed, police officers express strong desires to fight crime as well as helping and protecting others (Charman, 2018; Hoggett et al., 2014). These can both potentially be considered as constructions of the meaning principle for officers. In relation to MH work, depending on the construction of meaning an officer has, this may potentially threaten the principle of meaning. This speculative argument will be further developed in chapter two.

The principle of efficacy

Individuals aspire to have an identity “that is characterised by competence and control” (Breakwell, 1993, p. 8). Feelings of being in control of one’s environment, and perceptions of being able to effectively carry out actions to achieve desired outcomes are considered an imperative driving human need (Bandura, 1977; Gecas, 1989). What is of most importance in relation to the principle of efficacy is an individual’s perceptions of their efficacy, rather than their actual abilities and levels of control in the salient situation (Bandura, 1993). When an individual is in an environment where efficacy (perceived or actual) is lacking, this can be detrimental to psychological wellbeing and performance (Apter, 1983; Bandura, 1993; Reis et al., 2000).

In terms of connections to other principles, efficacy has been suggested as an important factor underpinning feelings of esteem (Gecas & Schwalbe, 1983), however, these are two different constructs (Tafarodi & Swann, 2001). In addition, a reciprocal relationship has been found between efficacy and meaning, where feelings of efficaciousness may lead to increases in sense of meaning in an identity, and vice versa (Vignoles et al., 2006).

As police officers are required to be efficient and take control (Bayley & Bittner, 1984; Reiner, 2010; Skolnick, 1966), feelings of efficacy are also likely to be imperative to the ‘police identity’. As will be discussed in the empirical overview of policing and MH, MH work may threaten police officers’ sense of efficacy in numerous ways.

The principle of psychological coherence

Jaspal and Cinnirella (2010) suggested the principle of psychological coherence based on their work exploring conflicts experienced due to incompatible religious and sexual identities, which has been shown to cause considerable psychological distress (Coyle & Rafalin, 2001; Jaspal & Cinnirella, 2010; Jaspal & Siraj, 2011). The psychological coherence principle posits that individuals need compatibility between the different identity elements they hold. Evidence of the need for psychological coherence between religious and cultural identities has also been evidenced in IPT research exploring the experiences of Jewish Iranians and Persian Israelis (Jaspal, 2016).

As with the other identity principles, police officers may experience threat to psychological coherence when working with IMHIs due to perceived incompatibilities between identity elements (e.g. being a police officer and working with IMHIs). This hypothetical argument will be expanded in the next chapter.

1.3.3 Identity threat

Identity threat is said to be experienced when identity processes of assimilation-accommodation and evaluation are compromised, and do not adhere to the identity principles that guide them (Breakwell, 1986). It has been suggested, based on research on the influences of identity principles on identity construction, “that an event or a piece of information will

threaten identity to the extent that it undermines feelings of self-esteem, efficacy, continuity, distinctiveness, belonging, or meaning” (Vignoles et al., 2006, p. 329). The above statement by Vignoles and colleagues is equally applicable to psychological coherence. Identity threats are considered to exist “in the individual consciousness” (Breakwell, 1986, p. 46), but will be influenced by their social environment. The experience of identity threat is contextually dependent. Therefore, it is possible to be in a situation that could potentially compromise identity principles, but not experience identity threat due to successful coping strategies, differences in individuals’ perceptions of the circumstances, and or salience of identity principles (Breakwell, 1986).

One factor that has the potential to induce experiences of identity threat, is change in the inhabited social context (Timotijevic & Breakwell, 2000). Indeed, the context police operate in and the nature of their work has significantly changed in recent decades (e.g. budget cuts, an increased focus on safeguarding, changes to recruitment), and such changes may be ‘challenging’ officers’ identity (Charman, 2019). Police officers increasingly becoming involved in MH work in the UK (Billingham, 2018) is an example of a change in social context that could potentially cause identity threat for officers, as it may prevent “the principled operation of the processes of identity” (Breakwell, 1986; p.47). For example, an officer may feel that the increased volume of MH related work is changing policing too much, therefore, compromising feelings of distinctiveness and continuity, which would prevent them from being able to assimilate-accommodate this new element into their identity structure successfully. This may not be the case for all officers due to individual differences in the construction of identity, construction of the context, salient identity principles, and efficiency of coping strategies (Breakwell, 1986, 2015). An alternative to the above example, is that a police officer may relish in the increased role of the police in MH, as they have a construction of the ‘police identity’ as protectors in society, from which they may derive a sense of meaning. Therefore, such circumstances would allow them to satisfy the principle of meaning. However, an officer who constructs their identity as a protector in society may equally experience threat to meaning, due to circumstances where they feel they are unable to help IMHIs. Therefore, it is important to keep in mind that IPT provides a framework of how threat can be experienced and is one which also accounts well for individual differences.

Coping strategies

Coping strategies are “any activity, in thought or deed, which has as its goal the maintenance or construction of an identity structure that is compliant with the identity principles” (Breakwell, 2015, p. 257). The processes by which individuals negotiate identity maintenance or construction, including in the face of identity threat, can be both psychological and social, of which the individual themselves may not even be aware. Coping strategies used to eradicate threat have been categorised as intrapsychic (e.g. reconstructing the meaning of an identity), interpersonal (e.g. relationships with others will be negotiated), or intergroup (e.g. the group will be abandoned) (Breakwell, 1986, 2015).

Coping strategies at the intrapsychic level are those which predominantly reside within the individual’s consciousness and are cognitive or affective. This can be how the individual accepts or rejects the assimilation-accommodation of new identity relevant information, or can be renegotiation of the value associated with the salient identity content (Breakwell, 1986, 2015). As with all ways of coping, the aim is to maintain a satisfactory identity construction as efficiently as possible. As part of the assimilation-accommodation and evaluation processes, as a means to cope, individuals can accept or reject the threatening element. For example, a police officer experiencing identity threat due to MH related work may compartmentalise this by accepting it as part of the ‘police identity’, but only if specialised officers deal with this aspect of their work. Such a coping strategy would assimilate-accommodate this new identity element into the identity structure with minimal disturbance. Alternatively, an officer may entirely reject this developing aspect of police work by denying any need for police involvement in MH work, thus reconstruing the circumstances. Both examples demonstrate the possibilities in the cognitive aspects of the assimilation-accommodation process. An example where an officer may involve evaluation, is if an officer re-evaluated their negative feelings about the increase in police MH work and gave this a positive connotation instead, thus making it more palatable to integrate into their identity structure.

Interpersonal strategies involve the ways in which individuals manage and construct their identities through negotiating their relationships with other people (Breakwell, 1986, 2015). An example of this is where an officer may engage in negativism, where they would derogate those who criticise the police in relation to their involvement in MH or derogate those who argue that police should be involved in MH. Alternatively, an officer might engage in compliance with the expanding nature of their role even though they may not entirely agree

with it, but they will do this to reduce conflict and compromises to identity principles if deemed to be a successful coping strategy.

Intergroup coping strategies occur at the group level (Breakwell, 1986, 2015). For example, a police officer who experiences threats to their identity due to not being able to fulfil their desire to help others, may join another group to satisfy the principle of meaning to manage such threats. Alternatively, support can be sought from others in their threatened group or collective action may be taken, such as attempts by members to change how the group is socially perceived and constructed. This could be achieved by changing the social representations of the group (Breakwell, 1993, 2001b, 2010).

An important development of IPT has been the incorporation of social representations theory (SRT; Moscovici, 1984, 1988), as a means to explain how identities are constructed and maintained within a social context (Breakwell, 1993, 2001b, 2010).

1.4 Social Representations

Breakwell incorporated SRT (Moscovici, 1984, 1988) into the IPT framework, as social representations are argued to be what individuals use to interpret and construct their identities, influencing both their content and value (Breakwell, 1993, 2001b, 2010, 2015). This expansion took IPT from a predominantly psychological theory, to one incorporating the social production and negotiation of our identities within the social context. The social context is where an identity is created and negotiated, and is considered to structurally comprise the “interpersonal networks, group and social category memberships, and intergroup relationships” in which an individual resides at a particular point in history (Breakwell, 2015, p. 254). The social context is also considered to encompass processes that have social influence (e.g. rhetoric, education), which are communicated via social representations. Social representations include ideologies, stereotypes, rhetoric, beliefs, shared goals and understandings, and are considered to be what individuals use to construct the meaning of their social context (Moscovici, 1984, 1988). They serve to “... *make something unfamiliar, or unfamiliarity itself, familiar.*” (1984, p. 24 italic in original). The unfamiliar is said to be made familiar through the two suggested processes underpinning social representations, which are ‘anchoring’; where an unfamiliar entity will be made sense of in the context of existing knowledge, and ‘objectification’; where something abstract becomes more concrete (Breakwell, 1993; Moscovici, 1984, 1988). Social

representations are created, communicated and re-presented between individuals and groups from local to international levels, in various forms of transmission (e.g. media, literature), and are influenced by current and historical social contexts.

According to IPT, individuals do not always accept a full social representation, at times only accepting certain aspects, facilitated by identity processes, resulting in a personal representation (Breakwell, 1993, 2001b). The amalgamation of IPT and SRT explains the variation in social representations held and communicated by group members, indicating why and how this happens. The extent to which individuals engage (use or reproduce) with social representations will depend on the extent to which they are exposed to a representation, their understanding of a representation, the salience of a representation for identity processes, their level of acceptance of a representation in accordance with identity processes, and the requirements or opportunities for using a representation (Breakwell, 1993, 2001b).

Relating to the current thesis, there are two common types of social representations that are relevant; stereotypes and stigma. This is the case, as there are considerable social representations of police officers communicated across society and these can typically be thought of as stereotypes. In addition, as will be subsequently reviewed, there are substantial social representations of IMHIs in society that are stereotypes. However, MHIs also carry a heavy societal stigma (Henderson et al., 2012; Link & Stuart, 2017). Stereotypes and stigma will each now be defined and discussed accordingly, including a brief overview of MH stigma.

1.4.1 Stereotypes

A stereotype is a commonly disseminated representation of individuals in a social group or category, which usually has a negative undertone. For example, police officers are often stereotyped as prejudiced. Stereotypes are a form of social representation and they can have far reaching effects on individuals' perceptions of others and themselves (Crocker, 1999; Crocker & Wolfe, 2001; Sadler et al., 2012; Steele et al., 2002; Watson et al., 2007). A powerful way in which awareness of stereotypes can influence an individual is the phenomenon known as stereotype threat (Steele et al., 2002). Stereotype threat has been defined as "When a negative stereotype about a group that one is part of becomes personally relevant, usually as an interpretation of one's behavior or an experience one is having, stereotype threat is the resulting

sense that one can then be judged or treated in terms of the stereotype or that one might do something that would inadvertently confirm it” (Steele et al., 2002; p389).

Initially, the multi-threat framework of stereotype threat (Shapiro & Neuberg, 2007) was going to be applied to this thesis. However, on further consideration, this framework is covered sufficiently by IPT in terms of explanation of the level of threat; either to the individual or group, the source of the threat; as internal or external, and whether the threat will be confirmed to the self or others. IPT also explains the identity principles that underpin why stereotype threat is experienced and the processes for how and why this happens. When considering stereotype threat in terms of IPT, such threats would primarily involve the compromising of principles of esteem and belonging due to threats to both self and group concepts/reputations, and the potential to be shunned by members of your own group and others (Breakwell, 1986; Vignoles et al., 2006). The fear of confirming a negative stereotype about one’s group to oneself would potentially have negative implications for the processes of assimilation-accommodation and evaluation, as individuals would resist incorporating the negative stereotypical identity element into their identity structure. This type of threat would be more concerning for the esteem principle (Breakwell, 1986). If an individual were to confirm a negative stereotype to other members of the group, this is likely to compromise both feelings of esteem and belonging (Vignoles et al., 2006). Should the stereotype threat involve performance on a skill or ability, then the principle of efficacy is also likely to be compromised (Breakwell, 1993). For example, the stereotype threat literature has frequently shown that those experiencing the phenomenon perform worse in academic/intellectual tasks (Spencer et al., 1999) and sports (Hively & El-Alayli, 2014), and even results in detriments to their social skills (Henry et al., 2010). The interference such identity threat has on individuals’ performance ability could be due to a reduction in cognitive resources because of attempts to regulate one’s thoughts, emotions, or behaviours (Najdowski, 2011; Richeson & Shelton, 2007) and or activated coping strategies to prevent the experience of threat due to the compromising of identity principles (Breakwell, 1986, 2015).

Threats underpinned by stereotypes may be experienced by police officers during their interactions with IMHIs due to the fear of confirming a negative stereotype, such as the police mistreat IMHIs (Laville, 2016; Pettitt et al., 2013). This argument will be detailed in chapter two, where the literature on policing and MH is reviewed. Being a police officer also carries an element of stigma (Dick, 2005; Van Maanen, 1973), and this may particularly be the case

in relation to their interactions with vulnerable and disadvantaged groups, such as IMHIs. However, the identity of being a police officer is also an important part of who they are (Hoggett et al., 2014) and it is a chosen vocation, rather than a non-volitional social category or group membership. Thus, identity threats underpinned by stereotypes of their group are more likely to be experienced by officers than threats due to being in possession of a stigmatised identity, which will be discussed in the next section. However, threats induced by the identity of a stigmatised other, do have the potential to be prevalent for a police officer when interacting with an IMHI, due to MH stigma.

1.4.2 Stigma and the stigma of mental health

The notion of being stigmatised evolved from the practice in ancient Greece, where individuals would be marked as outcasts of society (Goffman, 1963). Goffman (1963) ignited the work on stigma in recent decades with his seminal work that theorised the stigmatised social identity, defining stigma as “an attribute that is deeply discrediting” with such individuals being perceived as “tainted” (Goffman, 1963, p. 3). Goffman posited that individuals can have both discredited (known to others, e.g. a cleft lip) and discreditable (can be discovered by others, e.g. a MHI) identities, where an individual will attempt to conceal the latter. Further theorising stigma, Crocker and colleagues suggested “stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular context” (Crocker et al., 1998, p. 105). These definitions highlight that a stigmatised social identity is a socially constructed perception of an individual. Importantly, it is the combination of the attribute (e.g. a MHI) and a relevant stereotype (e.g. people with MHIs are unpredictable), within a context where they are considered devalued (e.g. a homeless person with schizophrenia) that results in stigma (Crocker et al., 1998; Goffman, 1963). When considering stigma from an IPT perspective, stigma of a social identity can be thought of as a social representation that has been constructed, reproduced and communicated across time in a particular social and historical context (Breakwell, 1993; Moscovici, 1984, 1988).

Having a MHI has long been considered to be one of the most stigmatised identities that one can possess, and it is an identity that individuals will often attempt to conceal from others (Goffman, 1963). For example, such concealment of experiencing MHIs was consistently reported by a sample of over 6000 individuals in England from 2008-2014, where over 70%

each year confirmed they felt a need to hide their MHI (Corker et al., 2016). Indeed, MH has been reported as a taboo subject that is not discussed (Ilic et al., 2013; Pyle & Morrison, 2014). Common stigmatising beliefs about IMHIs are that they are unpredictable and dangerous (particularly those with schizophrenia or alcohol misuse; Angermeyer & Dietrich, 2006; Link et al., 1999), and incompetent (Sadler et al., 2012). Stigmatised representations of MHIs are also widely circulated by the media (Bowen et al., 2019; Ma, 2017), and have been linked to increases in stigma in society (Angermeyer et al., 2005; McGinty et al., 2013). An important part of stigma faced by those with MHIs, as highlighted by modified labelling theory (Link, 1987; Link et al., 1989), is the discriminatory behaviour that can result from the stigmatising beliefs that devalue such individuals. In further conceptualising stigma, Link and Phelan proposed stigma to comprise “labeling, stereotyping, separation, status loss, and discrimination” and that a stigmatised individual’s lack of power is key to its definition (2001, p. 363). Here, the separate terms of ‘stigma’; the association of an attribute with a stereotype that leads to devaluation, and ‘discrimination’; the resultant socially avoidant behaviours from stigma, will be used.

Stigmatising social representations of MHIs have been reified in the continued social distancing and exclusion of IMHIs (Angermeyer & Dietrich, 2006; Crisp et al., 2000; Jodelet, 1991; Link et al., 1999), which is a historically ingrained part of many societies (Foucault, 2009). Despite apparent improvements to MH stigma and discrimination (Corker et al., 2013; E. J. Robinson & Henderson, 2019), there have been ongoing evidenced desires for other members of the public to keep a social distance from those with MHIs (Angermeyer et al., 2013; Schomerus et al., 2012). This enduring problem has been reflected in self-reports from IMHIs, who state that they continue to experience MH stigma and discrimination (Hamilton et al., 2016; Lasalvia et al., 2013; Time to Change, 2008). Individuals can also internalise MH stigma, applying these representations to themselves, known as ‘self-stigma’ (Corrigan et al., 2006; Corrigan & Watson, 2002).

The widespread phenomenon of stigma and resultant discrimination across cultures and history, indicates the potential for these processes to have underlying functions (Crocker et al., 1998; Phelan et al., 2008). Common functions of stigma and discriminatory behaviours have been suggested as evolutionary avoidance of diseases and illness (Kurzban & Leary, 2001; Phelan et al., 2008), maintenance of power and inequalities (Jost & Banaji, 1994; Phelan et al., 2008), maintenance of social norms (Phelan et al., 2008), maintenance of esteem through social

comparisons (Tajfel & Turner, 1979), and management of existential threat and exposure to one's vulnerabilities (Dovidio et al., 2000). In accordance with IPT, stigma and discrimination can be explained as being underpinned by the maintenance, particularly the protection, of salient identity principles. In the current context being examined, MH stigma would be a social representation that could be endorsed at varying levels by a police officer. If this representation was salient to an officers' identity processes during an interaction with an IMHI, then this could result in a coping strategy that may be considered discriminatory behaviour. Indeed, several of the existing conceptualisations of stigma and discrimination can be considered in line with identity principles, in the context of policing and MH. For example, police officers appear to perceive having a MHI to be incompatible with their job (Bell & Eski, 2016; Bell & Palmer-Conn, 2018), therefore, some officers may find interacting with IMHIs challenging, as such individuals may remind officers of their own vulnerability to develop such an 'affliction' (Dovidio et al., 2000). For example, recent qualitative research with a UK student sample showed a need to otherise IMHIs to create separateness and avoid contamination (Walsh & Foster, 2020). It does need to be borne in mind that this study involved a student sample, which may not be representative, and employed qualitative methods, thus these findings may not be generalisable.

As with the hypothetical example above, it is the influence of stigma within social interactions that is of key relevance, as police work with IMHIs is a context where this may frequently arise. Indeed, the interactions between stigmatised and non-stigmatised individuals can cause apprehension for both parties (Farina et al., 1968; Goffman, 1963; Hebl et al., 2000; Hebl & Dovidio, 2005). For the individual with a stigmatised social identity, they can come to expect to be stigmatised and discriminated against (Lasalvia et al., 2013; Link et al., 1989). This anticipation of stigma and discrimination can result in individuals acting in less socially desirable ways, even if the perceiver is not aware of their MHI (Farina et al., 1968; Henry et al., 2010). Such interactions have also been shown to negatively impact on the non-stigmatised individual, with this being termed as 'perceiver threat' (Blascovich et al., 2001). Research has indicated that perceiver threat can have detrimental effects on performance when interacting with an individual with a stigmatised identity (Blascovich et al., 2001; Mendes et al., 2002). When considering these interactions from an IPT perspective, the perceiver's esteem is potentially under threat (Breakwell, 1986), as they may worry about their prejudices being apparent, being inadvertently prejudiced, or being unfoundedly perceived as prejudiced (Hebl et al., 2000; Richeson & Shelton, 2007; Stephan, 2014). In support of this notion, participants

in the Mendes and colleagues study reported more positive feelings towards the stigmatised individual they interacted with, the more they experienced threat, indicating that they may have been attempting to preserve feelings of esteem (2002). It is conceivable that a police officer may have concerns when interacting with an IMHI, that the person will perceive them as being prejudiced or discriminatory, or they may have stigmatising beliefs that they need to suppress. There is also the potential for the principle of efficacy to be threatened due to the interference in the perceiver's cognitive resources during such interactions (Blascovich et al., 2001; Mendes et al., 2002; Trawalter et al., 2009). For example, officers may find it more challenging to engage with an IMHIs and take a statement, due to perceiver threat. This is again an experience that a police officer may have during interactions with IMHIs. This argument will be revisited in chapter two.

1.5 Conclusion

To summarise, there are numerous theories, including those influencing the IPT framework, that would only partially explain specific aspects relevant to the context being studied (e.g. Optimal Distinctiveness Theory; M. B. Brewer, 1991; Stereotype Threat Theory; Steele et al., 2002; Social Identity Theory; Tajfel & Turner, 1979; Self-Categorisation Theory; J. C. Turner et al., 1987). The most relevant related theories have been discussed in terms of the salient elements of IPT throughout this chapter. Although useful, individually these theories fail to encapsulate the workings of multiple identity principles in the same way afforded by IPT. IPT is an extensive framework, which means it reflects the complexities of human identity processes, but this also makes it difficult to succinctly explain and comprehend. Having said that, IPT could go even further in clarifying and elaborating on identity principles, establishing the complex relationships between identity principles, and the universality of these (Breakwell, 2014).

One additional approach that has not yet been discussed is the suggested expansion of IPT; Motivated Identity Construction Theory (MICT; Vignoles, 2011). MICT considers the aforementioned identity processes and principles, minus psychological coherence, as underpinning how individuals seek to construct and maintain a satisfactory identity. However, Vignoles argues that MICT differs as “the model extends identity process theory by including motivational constructs derived from other perspectives, but it departs from identity process

theory in providing a different account of the nature, origins, and cultural variability of identity motives." (2011; p.411). It is argued here that MICT does not seem to differ from IPT significantly enough to justify the development of an entirely separate framework, which will further fragment the identity processes literature. This is an already unwieldy area of literature that does not need to be muddied further. For example, as highlighted by Breakwell (2014), in developing IPT, it has not been stated that cultural differences were not apparent, this just had not been established. Further development of cultural influences in IPT is required, but it is suggested that this should be done as part of the IPT framework to avoid confusion. IPT research has also already shown how social representations communicated by different cultures, for example, different religious cultures (Coyle & Rafalin, 2001; Jaspal & Cinnirella, 2010), impact on the construction and negotiation of identity principles and identity structure. Therefore, IPT was chosen as the theoretical approach employed in this thesis due to its existing empirical support, which has examined identity processes in a variety of social categories and contexts (e.g. Brunger et al., 2013; Jaspal, 2011, 2016; Timotijevic & Breakwell, 2000; A. J. Turner & Coyle, 2000; Twigger-Ross & Uzzell, 1996; Vignoles et al., 2006), and much of MICT is based on IPT.

The application of IPT to policing and mental health is a novel approach to the area. In the wider policing literature, consideration of identity process using IPT has only been applied once, as far as the current author is aware. Brown (2007) utilised IPT (excluding principles of belonging, meaning, and psychological coherence) to examine the literature on policing and gender, arguing that the lack of acceptance of women and 'feminine' traits in policing was due to underlying identity processes. As a result, Brown argued that "the organisation draws on repertoires grounded in the occupational culture to focus responses that will preserve the dominant identity", and "more radical dismantling of the cultural resources is required" to change the imbedded masculinity in policing (2007, p. 207). In this conclusive argument, Brown appears to lean towards a sociological approach despite applying IPT, with a focus on the organisation. In the current research, the emphasis is on individual officers' identity construction and processes, and the varying ways in which these may be influenced by social representations, such as those emanating from police culture. Furthermore, Brown's application of IPT was purely theoretical, therefore, the actual application of IPT to policing research is still lacking.

Applying IPT, this thesis proposes that police officers are driven to maintain, protect and construct a satisfactory identity (Breakwell, 1986, 1993, 2014). It is posited that the pertinent elements of an officer's 'police identity', the construction of identity principles associated with these elements, and relevant social and personal representations of policing will influence how they negotiate identity processes in relation to their increased MH related work (Billingham, 2018). The existing policing and MH literature will be reviewed in the next chapter to demonstrate the ways in which police officers may be negotiating identity processes in this context.

Chapter 2: Policing and mental health: A threatening context?

This thesis examines the impact of increasing police mental health (MH) work¹ (Billingham, 2018) on police officers' identity construction and maintenance. This chapter will review the relevant extant literature on policing and MH with two aims; (i) to contextualise the current research and (ii) to demonstrate that identity threats may be occurring in this context. No existing research in the field of policing and MH has directly studied identity processes, although, as will be discussed, issues around several identity principles are evident throughout the literature. Therefore, this is the first research to conduct an in-depth examination of identity processes in the context of policing and MH. Thus, the current review chapter and the findings presented in this thesis are a novel contribution to understanding in this area.

As highlighted throughout chapter one, the context of policing and MH holds the potential for various identity threats for police officers. This chapter will further detail this argument utilising Identity Process Theory (Breakwell, 1986, 1993, 2014) to interpret the existing policing and MH literature, which is summarised in Table 1.

Table 1. Potential compromises to identity principles for police officers in the context of MH work

Identity principle	Potential compromises for police officers in relation to mental health work
<i>Continuity</i> : a stable perception of identity over time/context (Breakwell, 1986).	<ul style="list-style-type: none"> • Incorporation of MH work that is not deemed to be policing, which is changing who the police are and what they do
<i>Distinctiveness</i> : uniqueness from others (Breakwell, 1986).	<ul style="list-style-type: none"> • Perceptions that MH work is taking over policing and they are becoming too similar to MH/social care workers
<i>Esteem</i> : feelings of value and worth (Breakwell, 1986).	<ul style="list-style-type: none"> • Efficacy based esteem threats due to a lack of perceived/actual skills and control in MH work • Threats due to negative perceptions of police conduct in relation to MH work

¹ Mental health work is considered to be all mental health related jobs police attend to involving victims, witnesses, suspects, mental health crises, members of the public in need of assistance, and missing persons.

<p><i>Efficacy</i>: perceived control and competence (Breakwell, 1993).</p>	<ul style="list-style-type: none"> • Lack of control over the increased incorporation of MH work into policing • Lack of perceived/actual skills required to deal with MH related work • Threats to efficacy in undertaking other policing activities due to MH work taking up resources
<p><i>Meaning</i>: a purposeful existence (Vignoles et al., 2006).</p>	<ul style="list-style-type: none"> • Threats to the concept of what real policing is, if officers only consider this to be crime fighting²
<p><i>Belonging</i>: closeness with others (Vignoles et al., 2006).</p>	<ul style="list-style-type: none"> • Threats to identity as a police officer due to being shunned by colleagues or the organisation, or job loss as a result of errors being made in a MH job
<p><i>Psychological coherence</i>: having compatible identity elements (Jaspal & Cinnirella, 2010).</p>	<ul style="list-style-type: none"> • Police perceived as incompatible with MH related work • Conflict between crime fighter and protector³ aspects of the police role in MH work

Here, it is posited that identity processes, as outlined by IPT, will be apparent and that due to the nature of the context under examination, compromises to identity principles are likely to be experienced by some police officers. As individuals can inhabit a threatening environment without experiencing identity threat (Breakwell, 1986), it is not suggested that all officers will experience threat as a result of MH work. Additionally, officers will experience compromises to identity principles in different ways due to variations in their construction of the ‘police identity’⁴ and their assigned meaning to identity principles (Vignoles et al., 2006).

First, this chapter discusses the expanding MH work remit in policing and the potential challenges this may pose for identity principles. The chapter then considers what is known about police officers’ efficacy in relation to MH work, including some of the key training approaches and interventions that have been developed. Police officers’ attitudes towards MH and individuals experiencing MH issues (IMHIs) are then reviewed to identify social

² Crime fighting/crime fighter will be used in this thesis to refer to all police activity related to criminal investigations, crime prevention, and law enforcement.

³ Protector will be used in this thesis to refer to all police activity related to welfare and safeguarding, such as mental health work.

⁴ As outlined in chapter one, the term ‘police identity’ will be used throughout this thesis to refer to the constructed representations of who the police are and what they do.

representations that officers may endorse about MH. Following this, potentially threatening social representations of policing and MH are examined by reviewing common negative representations of police MH work. Police work with victims with MHIs is then outlined, as the current research predominantly examines police officers' identity principles during such interactions. This decision was taken due to the dearth of research on victims in policing and MH (Dinisman & Moroz, 2019), as will be discussed. Lastly, the chapter discusses the identification of MHIs by police officers, particularly when working with victims. This is a challenging task that involves the revelation of a stigmatised identity (Goffman, 1963; Link & Stuart, 2017), which may induce identity threat for officers.

It is to be noted that considerable similarities in policing and MH in the UK, Australia, USA, and Canada have been identified (Wood et al., 2011). These four western nations are also where most policing and MH research has been undertaken. As recently highlighted in a text dedicated to policing and MH, MHIs are “complex and universal and so too are the typical policing responses to them” (McDaniel, Moss, & Pease, 2020). Therefore, much of the literature discussed in this empirical overview will be from the UK, USA, Canada, and Australia. It is important to note that, undoubtedly, there will be differences between the histories, cultures, and police organisations in different countries. Therefore, there will be variations in the produced social representations that will influence, and be shaped by, identity processes (Breakwell, 1993, 2010). Nevertheless, due to technological advances, many television shows, news sources, and discussions are shared between individuals and societies across the world, thus also influencing social representations relevant to policing and mental health on a global scale.

2.1 The increasing role of the police in mental health work

The inherent challenges in policing and MH are not a novel problem for investigation. Igniting modern enquiries into the field, Bittner (1967) carried out field observation research in a West Coast city of the USA. The term ‘psychiatric first aid’ was coined by Bittner, as he described police officers working to contain IMHIs and ensure their safety, as well as minimising public disturbance and potential risk to others (1967, p. 288). The role of the police, as observed by Bittner in 1960s America, is similar to that of officers in modern day western societies,

including the UK⁵. Since the 1960s, police work has increasingly involved IMHIs. Deinstitutionalisation of mental health care is a common reason offered for the increase in police MH work (Cummins & Edmondson, 2016; H. R. Lamb et al., 2002). As noted by Cummins and Edmondson (2016, p. 48), changes in MH service provision and the social context in which police are working has 'emphasised' the role of police officers in such work. Indeed, the growing rate of police MH work in the UK appears to have been evident in the early literature, with a recorded increase in psychiatric hospital referrals by the police during the 1960s and early 1970s (Sims & Symonds, 1975).

Recent reports on service user experiences of MH care (Care Quality Commission, 2015, 2019a; Rethink Mental Illness, 2018) and police involvement in MH crises (Billingham, 2018), indicate significant deficits in MH services that may be perpetuating the high level of police MH work. Furthermore, official reports show there is a lack of adequate MH care (Care Quality Commission, 2015, 2017, 2019b). For example, there are often long waiting times to access relevant help (Care Quality Commission, 2017, 2019b). The demand for inpatient beds has also been increasing over the previous decade, however, bed numbers have been reduced, with record numbers of Mental Health Act detentions occurring in recent years (Care Quality Commission, 2018). A seeming result of such issues, is that police officers are now frequently involved in MH crises in the community and are often spending long periods with individuals to ensure they access care (Billingham, 2018; Care Quality Commission, 2014).

Recent estimates based on data from various sources indicate that approximately 20% of police time is spent on MH related incidents annually in England and Wales (College of Policing, 2015). Such work also appears to continue to increase. The BBC⁶ obtained figures from 36 forces across the UK, which indicated that between 2014 and 2018 there was a 28% increase in MH related incidents, with the 2018 total being 494,159 (Jones, 2019). However, due to a lack of recording MH markers on incidents (Adebowale, 2013; Billingham, 2018), it is possible that figures are higher than estimates based on existing police data.

⁵ The current thesis will collectively refer to the UK when making propositions and considerations about policing and mental health, as it is considered that the social and historical context is similar across the nation, despite having different governance for policing in England and Wales, Scotland, and Northern Ireland.

⁶ British Broadcasting Corporation

Mental health crises are not the only way in which police contact with IMHIs may have increased in recent decades. As demonstrated by Livingston (2016), police contact with IMHIs happens in various contexts. In a systematic review of literature from predominantly the USA, UK, and Australia, Livingston (2016) found that a quarter of IMHIs had been arrested, one per one hundred police calls was MH related, and police had a role in one in ten individuals' access to MH service provisions. Additionally, officers may have frequent contact with IMHIs in 'grey zone' interactions that do not have a criminal or MH crisis element (e.g. engaging with a homeless individual with MHIs), as a result of them experiencing 'chronic vulnerability', arising from a lack of health and social services/support, as well as stigma and discrimination (Frederick et al., 2018; Wood et al., 2017). The perpetuation of individuals' vulnerability due to lack of care in the community (both health and social) may also make them more susceptible to criminal victimisation. In turn, this may increase the likelihood of police contact as a result. Indeed, evidence shows that IMHIs are significantly more likely to become crime victims than other members of the population (Dinisman & Moroz, 2019; Khalifeh, Johnson, et al., 2015; Pettitt et al., 2013; Teplin et al., 2005). High levels of police contact with IMHIs also relates to offending behaviour and increases may have been due to the move to care in the community. Re-institutionalisation has been found to be an issue, where IMHIs have increasingly been incarcerated in the Criminal Justice System (CJS) instead of MH facilities (Perez et al., 2003; Priebe et al., 2005). In support of this, figures show that suspect/offender populations have high levels of MHIs (Bradley, 2009; Fazel & Danesh, 2002; Kane et al., 2018; McKinnon & Grubin, 2013). Whilst changes in MH and social service provision seems to be a large contributor to the rise in police-public contacts that involve MH, there is also the possibility that the prevalence of MHIs in society may have increased (McManus et al., 2016). Therefore, police officers may also be more likely to interact with IMHIs for this reason.

When considering policing and MH in terms of IPT, this is an example of a social context in flux. As discussed in chapter one, it has been demonstrated that identity threat and renegotiation of identity principles occur due to salient changes in one's social context, such as migration (Jaspal, 2015; Timotijevic & Breakwell, 2000), or the loss of a job (Papa & Lancaster, 2016). It is argued here that the increase in police MH work is a salient social context change for officers, therefore, it will likely impact on police officers' identity processes and potentially challenge their identity structure (Breakwell, 1986). Such an argument is in line with Charman's recent discussion of changes to policing, both externally (e.g. funding cuts for public services, new types of crime) and internally (e.g. culture, professionalisation), positing

that these may be challenging the ‘police identity’ (Charman, 2019). The current thesis provides an examination of how such changes to the ‘police identity’ may be occurring in relation to MH work.

As outlined above, MH related work for police officers has increased in recent decades. The police have become the frontline service to respond to individuals experiencing MH crises in the community (Billingham, 2018). Thus, the change in the police MH work remit could be considered as an organic reform to policing over recent decades. As reforms to policing are often perceived by officers as a threat to their existence (Hoggett et al., 2014; Jacobs et al., 2008), officers may also be threatened by the changes brought about by MH work. As noted by the Home Office, MH work has impinged on police officers’ time dedicated to crime, even referring to this as a ‘burden’ (Jones, 2019). This leads to an important question; is MH work a job for the police that should be assimilated into their identity structure, and if so, to what extent?

2.2 Is mental health a job for the police?

Although MH work has long been part of policing (Bittner, 1967) and this has become an increasingly large part of the police remit (Billingham, 2018), debates around the role of the police remain. It has been increasingly recognised that MH is ‘core business’ in policing (Adebowale, 2013, p. 6). Additionally, a popular stance internationally is that officers should take more of a guardianship/welfare role in relation to MH work (de Tribolet-Hardy et al., 2015; Wood & Watson, 2017), working in partnership with other services (Home Office, 2013; H. R. Lamb et al., 2002; Steadman et al., 2000). However, there have also been arguments made that policing has taken on too much responsibility for MH in the community, centring around MH crises (Billingham, 2018; Home Affairs Committee, 2015; Independent Police Commission, 2013).

In line with this, two recent agreements on the management of MH crises aimed to reduce police use of Sections 135 and 136 of the Mental Health Act (1983)⁷, stop use of police cells

⁷ Section 135 of the Mental Health Act (1983) allows police officers to search and remove an individual from a premises to a PoS under a warrant, this must be done with an approved mental health professional (AMHP) and registered medical practitioner. Section 136 allows police officers to remove an individual from a public place to

as places of safety (PoS), and decrease the use of police vehicles for transportation of those in crisis, in England and Wales (Department of Health, 2014; Welsh Government and Partners, 2015). Although there has been a reduction in the use of police cells as a PoS, Section 136 use has increased and the use of police vehicles is still frequent in MH crises (Home Office, 2019a). Such proposals also rely on there being sufficient MH service provision, something which appears far from resolution. This is despite the UK government and NHS recently publishing several reports on planned improvements to MH services (Department of Health, 2014; HM Government, 2011; NHS England, 2016a, 2016b, 2019). These include ambitious proposals, such as crisis support around the clock and vehicles specifically for MH crises. Given that we are over three years into the implementation of the ‘NHS Five Year View for Mental Health’ and significant problems in care provision have continued (Care Quality Commission, 2017, 2019b; Parliamentary and Health Service Ombudsman, 2018), it is possible that the volume of police MH work will persist, at least the foreseeable future.

In the debate on the police role in MH work, it has also been suggested that policing is not taking enough accountability for dealing with MH (McDaniel, 2019). McDaniel argued that cultural issues, such as “prevailing attitudes towards mental health have resulted in the creation and maintenance of an inadequate training regime around mental health awareness and response.” (2019, p. 79). In relation to police officers’ attitudes towards their MH work, contradictory accounts have been found. On one hand, officers in the UK have often reported frustrations at their substantial involvement, expressing they have too much responsibility that should be for other services (Lane, 2019; Leese & Russell, 2017; Mclean & Marshall, 2010). Such sentiments also seem to be shared by officers internationally (Fry et al., 2002; Martin & Thomas, 2015; Psarra et al., 2008). Police officers have also been noted to make protestations that they are not MH or social work professionals in online forum posts (Lane, 2019), and have even been reported to make signs stating they are not MH professionals (Cotton & Coleman, 2010). Reflective of this, it has recently been argued that “police officers are attempting to retreat” from their evolving role in MH work through the common public rhetoric they use about their involvement (McDaniel, Moss, & Pease, 2020, p. 12). Such findings and arguments suggest that officers feel they are undertaking work that is not for the police. Of course, this is in line with Bittner’s early argument that police officers do not consider MH work to be a

a PoS, for which police officers do not need a warrant but must consult with a relevant medical practitioner prior to its use.

‘proper task’ that is valued (Bittner, 1967, p. 281). This also fits into the common police culture perspective that welfare style work is generally rejected/devalued by police officers, as it is not what they consider to be a real part of policing (Bittner, 1974). Several potential interpretations in relation to identity processes can be made that flesh out and further explain these assertions.

One identity threat that officers may experience due to MH work could be challenges to the continuity⁸ (Breakwell, 1986) of the ‘police identity’. This is posited due to MH work changing daily policing activities (Billingham, 2018). In support of this argument, a key concern raised is the amount of time police officers spend on MH calls that takes them away from other duties, which can be for hours at a time (Billingham, 2018; Charette et al., 2014; Short et al., 2014). Additionally, for officers who are inclined towards a traditional crime fighting sense of purpose, this increase in protector type work may also threaten the meaning⁹ principle (Vignoles et al., 2006). Indeed, conflicts between crime fighter and protector duties have been noted for police officers in relation to MH work (de Tribolet-Hardy et al., 2015; Fry et al., 2002; Leese & Russell, 2017; Lurigio & Watson, 2010), as it may not be seen as a valuable policing activity (Bittner, 1967, 1974). Such conflicts in meaning for police officers have also been demonstrated in relation to other welfare type work, such as domestic violence (DV) cases (Balenovich et al., 2008). Furthermore, the requirements to be both crime fighter and protector during MH related jobs may also challenge the principle of psychological coherence¹⁰ (Jaspal & Cinnirella, 2010), as these two elements of their identity may conflict. Indeed, early on, Bittner highlighted that MH work is ‘stylistically incompatible with the officially propounded conception of the policeman’s principle vocation’ (1967, p. 281).

Such potential identity threats were demonstrated in a recent review of police officers’ posts on a UK online forum (Lane, 2019). In this study, officers were seen to reject MH work as IMHIs were said to be disingenuous and or morally deviant, or it was argued the police lacked expertise. However, officers did consider MH work involving more traditional police activity, such as physical restraint and use of tasers, as legitimate police work (Lane, 2019). The author’s approach was in keeping with traditional perspectives of police officers being prejudiced towards IMHIs. Using discursive analysis, the author argued how such prejudices were

⁸ Continuity is a stable perception of identity over time/context (Breakwell, 1986).

⁹ Meaning is a purposeful existence (Vignoles et al., 2006).

¹⁰ Psychological coherence is having compatible identity elements (Jaspal & Cinnirella, 2010).

legitimised, and that officers positioned the police and MH work as incompatible through their talk. Whilst the findings by Lane (2019) indicate threats to identity principles, and the study overtly touches upon identity construction, it does so from a constructionist perspective, overlooking the sociopsychological intricacies of identity processes. When interpreted in accordance with IPT, such rejection and acceptance of different aspects of MH work may be indicative of officers negotiating the assimilation-accommodation of such work into their identity structure and the maintenance of identity principles (Breakwell, 1986). The officers in the study by Lane (2019) appeared to only accept MH work that does not challenge the traditional crime-fighting role of the police (e.g. restraint and tasing), whilst rejecting everything else, which would potentially maintain principles of continuity, meaning, and psychological coherence. This fits in line with Bittner's argument that for police to be involved in a MH situation, it "must also present a serious police problem" (1967, p. 279), but an IPT perspective provides further explanation as to why this may be the case.

Officers like those in the Lane (2019) sample, may also feel like they are becoming too similar to other services. This perceived similarity to MH and social care professionals could potentially result in the distinctiveness¹¹ principle being compromised for officers (Breakwell, 1986). Thus, rejection of MH work that is more 'welfare' in nature may preserve feelings of distinctiveness. Furthermore, threats to continuity have been linked to threats to distinctiveness, where perceived or actual similarities to another group may challenge the perceived existence of one's own group (Jaspal, 2013; Wohl et al., 2011). Therefore, the significant increase in MH work for officers could potentially provide the 'ideal' circumstances for threats to both distinctiveness and continuity. As highlighted by Lane (2019), the study examined online forums and some threads had dominant authors who may have heavily influenced the nature of discussion, which may impede generalisability of the findings. Furthermore, the author called for research where the professional identity of participants is verified, as this is not guaranteed in online forums. The current thesis, therefore, expands on Lane's findings, which is also required due to the small number of extracts presented in the study.

Another example of police officers attempting to retain a sense of distinctiveness and continuity by rejecting MH work, appears to have been demonstrated in a survey conducted in Scotland (Carey, 2001). Although the majority of officers who responded to the survey wanted more

¹¹ Distinctiveness is uniqueness from others (Breakwell, 1986).

MH training, just under a quarter of officers did not and 37% of these officers also felt that they had not had sufficient training (Carey, 2001). This finding could be reflective of officers feeling that MH is not part of their job, therefore, they rejected additional training despite believing they lack skills in the area. Again, this would be in line with the assertion that police reject/devalue welfare style work. Officers in an Australian sample have also been seen to largely reject the idea of further MH training (Godfredson et al., 2010). To further explain this, such officers may be attempting to avoid assimilation-accommodation of MH work into the 'police identity' structure (Breakwell, 1986), which may protect principles of distinctiveness and continuity. Supporting this argument, indication of alleviation of compromises to distinctiveness and continuity may be in officers reporting positive feelings about collaborative interventions, as they reduce police responsibility and clarify the roles of each profession (Horspool et al., 2016), as well as freeing up time for police officers to focus on other jobs (S. J. Lee et al., 2015). Such interventions re-establish distinctiveness and likely maintain continuity of the 'police identity', which would allow MH work to be incorporated into the 'police identity' structure in a more tolerable way (Breakwell, 1986).

Contrastingly, many officers more readily accept MH work into their identity, expressing that this is part of policing and a desire to help IMHIs (V. G. Cooper et al., 2004; Cotton, 2004; Leese & Russell, 2017; Mclean & Marshall, 2010; Ogloff et al., 2013; Speary & Shah, 2015). Numerous officers also show an interest in receiving more MH training (Carey, 2001; Marsden et al., 2020; Oxburgh et al., 2016; Reavey et al., 2016). Both a desire to help IMHIs and wanting more training could also be driven by several factors relating to identity processes. For example, a desire to help IMHIs could be underpinned by principles of meaning (Vignoles et al., 2006) and efficacy¹² (Breakwell, 1993). This would be expected to be the case for those officers who construct their sense of purpose as a protector or those who just consider it to be their job, respectively. Aspirations for more training could also simply be to enhance feelings of efficacy, as being able to control a situation is a vital part of policing (Bayley & Bittner, 1984; Reiner, 2010; Skolnick, 1966). This could be for officers who see themselves as crime fighters or protectors, as MH work is unavoidable. However, those with a protector construction of their identity may also be driven by the meaning principle to improve their skillset and ensure they are best equipped to help IMHIs.

¹² Efficacy is perceived control and competence (Breakwell, 1993)

Furthermore, the increased ability to manage MH related calls could also be protective of principles of esteem¹³ and belonging¹⁴ (Breakwell, 1986; Vignoles et al., 2006), as it may be seen as a way to reduce the possibility for mistakes being made. Supporting this assertion, police officers have expressed fearing the implications of errors on jobs involving IMHIs and the repercussions (Hobson et al., 2015; Speary & Shah, 2015). In these circumstances, there is the potential for officers to be seen in a negative light as an individual, both internally to the police and externally to the public, as well as damaging the police reputation. Therefore, the principle of esteem could be threatened when dealing with IMHIs. An officer could also ultimately lose their job in the most serious of circumstances, which could also have negative implications for the principle of belonging (Vignoles et al., 2006). The complete loss of a social identity, such as the loss of an occupation, has the potential to compromise other salient principles associated with that identity element (Breakwell, 1986), so this could be a significant threat. Such fear of recriminations in relation to MH work may also be reflective of the general blame culture found within the policing profession (Charman, 2017; Kiely & Peek, 2002), which may exacerbate such threats to esteem and belonging.

Although several identity principles appear to be negatively impacted for police officers in relation to MH work, it is efficacy that has been directly addressed. In response to the increase in MH work, police forces have devised training and interventions to improve the efficacy of police officers in this area. These will now be reviewed.

2.3 Efficacy in police mental health work

In response to increased MH work, one key consequence for identity processes for officers is that they may experience compromises to efficacy (Breakwell, 1993) due to feeling or perceiving a lack of control and competence in this context. In broad terms, this is suggested as the police have had little choice in the changes to their duties relating to MH that, as discussed, appear to have largely resulted from changes in the provision of MH services. Indeed, officers have been noted to feel that the change in MH services did not have any police contribution, even though this largely impacted on them (Gillig et al., 1990). However, the

¹³ Esteem is feelings of value and worth (Breakwell, 1986)

¹⁴ Belonging is closeness with others (Vignoles et al., 2006)

predominant way in which efficacy appears to be compromised for officers in relation to MH work is their ability to efficiently manage such jobs.

The argument that police officers lack the skills required to deal with IMHIs has long been sounded (Billingham, 2018; Bittner, 1967; H. R. Lamb et al., 2002). As previously noted, UK police officers have reported frustrations and difficulties due to their increased role in MH (Leese & Russell, 2017; Mclean & Marshall, 2010; Oxburgh et al., 2016; Reavey et al., 2016; Wesson & Chadwick, 2019). For example, in one of the few studies to directly explore officers' perceptions of their developing role in MH in the UK, Mclean and Marshall (2010) utilised Interpretative Phenomenological Analysis (IPA; J. A. Smith & Osborn, 2008) to explore this topic with officers in Scotland. The officers reported difficulties in accessing help for IMHIs and felt too much responsibility for IMHIs, in addition to expressing helplessness and futility in relation to their role. Similar issues have been echoed by officers internationally (Davey et al., 2019; Fry et al., 2002; Martin & Thomas, 2015; Short et al., 2014; Wells & Schafer, 2006). Such findings can be interpreted as potential indication that feelings of efficacy (Breakwell, 1993) may be compromised for officers. Feeling incompetent in managing MH work could also threaten the meaning principle (Vignoles et al., 2006) for officers. However, such compromises are only likely if officers incorporate MH work as part of their job (efficacy) and consider their sense of purpose to be to help and protect others (meaning).

Another indication that efficacy may be compromised for officers in the UK is that they have reported feeling they lack training on MH, and some have expressed desires for this to be increased (Carey, 2001; Marsden et al., 2020; Menkes & Bendelow, 2014; Noga et al., 2015; Oxburgh et al., 2016; Reavey et al., 2016). In a study by Reavey et al. (2016), officers reported mostly gaining knowledge on MH from their own experiences or from the media, and commented on the autonomy officers have in their level of education on MH, with lack of time and interest being potential barriers. A lack of training and knowledge on MH has also been reported by officers internationally (V. G. Cooper et al., 2004; Fry et al., 2002; Wells & Schafer, 2006). Additionally, for a German sample of police officers, a lack of knowledge on MH was found to be linked to officers experiencing higher levels of anxiety during interactions with IMHIs (Wittmann et al., 2020). Such anxiety may be underpinned by threats to efficacy for officers lacking MH knowledge. In practice, officers have also reported not knowing what actions to take when working with IMHIs (Hobson et al., 2015; Wells & Schafer, 2006). Furthermore, difficulties have been described due to an individual's MHI making it challenging

for officers to carry out specific duties. For example, in a study exploring officers' experiences of investigative interviewing in the UK, MHIs were reported as a barrier to communication with suspects (Oxburgh et al 2016). It should be noted that despite the challenges experienced, participants were still keen to try to engage suspects with MHIs. One interpretation that can be taken using IPT is that officers could be attempting to maintain feelings of efficacy through persisting with such suspects, even though this may be more challenging. As noted by the authors, officers may have wanted to progress the case (Oxburgh et al 2016). To further this suggestion in line with IPT, this can be explained as officers wanting to satisfy the principle of meaning (Vignoles et al., 2006) due to a desire to convict the offender and serve their purpose as a crime fighter. Such actions would also likely preserve the efficacy principle (Breakwell, 1993).

Efficacy also appears to be compromised for police officers as there have been reports that they find jobs with IMHIs to be unpredictable (Fry et al., 2002; Hanafi et al., 2008; Ruiz & Miller, 2004; Wittmann et al., 2020). As it is fundamental for police officers to take charge of a situation (Bayley & Bittner, 1984; Reiner, 2010; Skolnick, 1966), such perceptions of unpredictability may have negative consequences for their perceived ability to manage such jobs. This may be particularly pertinent due to perceived unpredictability being coupled with officers reporting that they lack training and knowledge on MH (Carey, 2001; Fry et al., 2002; Noga et al., 2015; Oxburgh et al., 2016; Reavey et al., 2016) and are unsure of what actions to take (Hobson et al., 2015; Wells & Schafer, 2006). Yet, circumstances without a MH element may also be unpredictable. After all, that is the nature of policing, and unpredictability has even been argued to be a key part of police officers' identity, with meaningful work being experienced through events that are unexpected and dangerous (Van Maanen, 1973). Officers may enter unpredictable situations without a MH element with a greater sense of perceived efficacy to manage the situation due to their general experience and training. This is argued, as officers have a more defined and accepted role when acting as the police in most circumstances. However, in relation to MH, the role of the police is somewhat ambiguous and contentious. As recently highlighted by Baker and Pillinger (2020), police officers may need to be both crime fighters and protectors in interactions with IMHIs, arguing this underpins "the ambiguity of their role" (p.106). Therefore, a lack of a definitive role in MH work and uncertainty as to what actions they can take to manage situations effectively, may contribute to threats to officers' perceived efficacy in MH jobs.

To address some of the issues in police MH work, several MH training packages and interventions have been devised. Some of the key approaches, particularly those in the UK, will now be reviewed.

2.3.1 Police mental health training and interventions

In order to better equip officers to work with IMHIs, particularly in crisis, a number of training and intervention programmes have been devised in western societies (Booth et al., 2017; Parker et al., 2018; Puntis et al., 2018; Thomas & Watson, 2017; Wood & Watson, 2017). One of the leading programmes to improve policing and MH is the Crisis Intervention Team model that was first developed in the late 1980s (CIT; Cochran et al., 2000; Usher et al., 2019). CIT has been implemented in many states across the USA, as well as in other countries, such as Australia. CIT is voluntary and consists of educating police officers to be specialist responders for MH crises via an intensive 40 hour training, as well as being an intervention programme to improve collaborative work with other services (Usher et al., 2019). CIT aims to ensure effective responses by police officers to MH crises and creates important links to MH and social services, whilst also preventing individuals entering the CJS.

In addition to specialist police training like CIT, another common intervention is the co-responder model, where police and MH professionals work together to respond to MH crises. International examples are the Mobile Crisis Intervention Team (MCIT) used in Canada and the Police Ambulance Crisis Emergency Response (PACER) models that have been implemented in Australia. The most notable intervention in the UK is the co-responder model; street triage teams, which comprise a trained police officer and a MH nurse who attend community crises (Cummins & Edmondson, 2016; Kirubarajan et al., 2018). Mental health triage has been implemented in most forces across the UK, but the format it takes varies. Additionally to street triage, other approaches have MH professionals in police control rooms or on helplines to give direct advice to police officers (Billingham, 2018). Police officers and other service professionals have reported positive feedback on triage interventions, and these approaches have been shown to have some success (Hobson et al., 2015; Horspool et al., 2016; Jenkins et al., 2017; Kirubarajan et al., 2018). However, there are still problems occurring, such as barriers to communication between different professionals (Hobson et al., 2015), as well as

a lack of evidence of their effectiveness (Billingham, 2018; Kirubarajan et al., 2018; A. Park et al., 2019; Puntis et al., 2018).

Aside from triage, the approaches to MH in policing are generally fragmented and varied (Billingham, 2018; Booth et al., 2017; Cummins & Edmondson, 2016; Department of Health, 2014; Victim Support & Mind, 2013), as forces in the UK pursue different local priorities and partnership opportunities. Such a variety of approaches to MH training and interventions can also be seen internationally (Puntis et al., 2018; Thomas & Watson, 2017). Examples of some of the different initiatives by various UK constabularies, are for new recruits to attend community MH placements or training officers in Mental Health First Aid (Victim Support & Mind, 2013). In a bid to bring consistency to MH training in England and Wales, the College of Policing developed a two-day MH programme, in addition to online modules and guidance (College of Policing, 2016, 2018c, 2018a). However, despite such efforts, a recent inquiry into policing and MH concluded that MH training is still inconsistent across forces in England and Wales, and often lacks evaluation (Billingham, 2018).

Generally, there is a lack of evidence to support the effectiveness of MH training and interventions in policing internationally (Booth et al., 2017; A. Park et al., 2019; Parker et al., 2018; Puntis et al., 2018; Thomas & Watson, 2017). Much of the existing research has methodological issues, such as a lack of standardised measures, lack of randomisation, and no comparison groups (Booth et al., 2017). There is also a dearth of evidence on whether MH training and interventions translate into long-term behavioural changes in police officers, or if collaborative partnerships are effective (Brown Cross et al., 2014). In addition, much of the efforts made in policing and MH are directed towards work with MH crises. This is followed by a more concentrated effort with suspects/offenders, with the implementation of liaison and diversion schemes to divert IMHIs away from the CJS, where possible (James, 2010; NHS England & NHS Improvement, 2019). However, less attention has been paid to other common interactions with crime victims and witnesses. Although there has been interest and investment in improving police officers' skills and knowledge in relation to MH, it appears that much is potentially left to be desired from the globally observed scattergun approach (McDaniel, Moss, & Pease, 2020).

Thus, threats to the principle of efficacy may still be ripe for officers, as current approaches may not be effectively addressing all factors that compromise the principle. This argument is supported by the above review of how efficacy may be compromised for officers, in addition

to there being recent reports that officers in the UK have ongoing concerns over MH work (Leese & Russell, 2017; Mclean & Marshall, 2010; Oxburgh et al., 2016; Reavey et al., 2016; Wesson & Chadwick, 2019). Furthermore, experiencing interpersonal anxiety when interacting with an IMHI (induced by MH stigma), regardless of CIT training, has been shown to be significant in feeling less prepared for MH jobs (Haigh et al., 2020). Of course, such findings may not be generalisable to the UK, or comparable to the MH training received, however, it is important to note that interpersonal anxiety may be a significant factor in police interactions with IMHIs. Additionally, as the study by Haigh and colleagues did not include comparison between CIT officers before and after their training, it is possible that CIT training had influenced officers' baseline levels of MH stigma. Some training, including CIT, has appeared to reduce stigmatising beliefs about MH in police officers, with varying levels of success (Compton et al., 2014a; Davey et al., 2019; Hasson-Ohayon et al., 2012; Pinfold et al., 2003). However, as suggested by Haigh and colleagues (2020), training packages may not go far enough to eradicate compromises to efficacy that may be underpinned by MH stigma. Police officer attitudes, including MH stigma, will be returned to in the subsequent section of this chapter.

First, it is important to note that research has shown some positive outcomes, where MH training programmes have increased police officers' perceived efficacy (Arensman et al., 2016; Bonfine et al., 2014; Compton et al., 2014a) and knowledge (Ellis, 2014; Pinfold et al., 2003; Tully & Smith, 2015). In addition, officers have also expressed positive attitudes towards approaches that have increased their ability to work with other services (Horspool et al., 2016; S. J. Lee et al., 2015), which could also be seen as underpinning feelings of efficacy, if an officer is able to make relevant referrals as a result. Also of importance here, could be the principle of meaning (Vignoles et al., 2006). This is argued, as if an officer is able to successfully get an individual the help they require, then this could contribute to satisfying the meaning principle, if they construct their sense of purpose as protecting others (Charman, 2018).

Relating to efficacy, research in the USA demonstrated that officers were more accepting of CIT when they were able to implement their learned skills and knowledge by managing situations with IMHIs (Morabito et al., 2013). This can be interpreted as officers who were able to use such skills, were able to satisfy the efficacy principle, which would likely assist in facilitating the incorporation of this new element of their role into their identity structure

(Breakwell, 1986). Thus, resulting in more positive perceptions of CIT. For officers who were unable to put their new skills into practice, this may have frustrated the efficacy principle, resulting in less positively expressed feelings and it being less likely for changes to be made in their identity construction. Additionally, if officers constructed their sense of purpose as protectors and were unable to implement their new skills effectively, this may have also frustrated the meaning principle, leading to less acceptance of CIT. Of note in the Morabito (2013) study is that officers' perceptions of CIT were not influenced by whether or not they were able to access MH services when working with IMHIs. The authors noted that this may have been because participants did not include connecting IMHIs to services as part of their construction of their efficacy. The current argument agrees with this. In addition, the meaning principle may also explain these findings, as officers in the study may have constructed their sense of purpose as crime fighters and therefore, would be less likely to be frustrated by the lack of access to other services, as this would be irrelevant. Yet, other CIT officers have expressed frustration over lack of support services, due to not being able to provide the protection required for IMHIs following their specialised training (Allen & Campbell, 2018), which may reflect efficacy and meaning being compromised. To summarise, how officers construct effectiveness as a police officer (efficacy) and their sense of purpose (meaning) will influence how they experience not being able to access support services and a lack of MH training (Breakwell, 1986; Vignoles et al., 2006).

Thus far, this chapter has reviewed literature on policing and MH that indicates police officers may experience compromises to identity principles as outlined by IPT (Breakwell, 1986, 1993; Jaspal & Cinnirella, 2010; Vignoles et al., 2006). Another relevant area of research that has been touched upon, is police officers' attitudes towards MH and IMHIs. As has been noted, stigmatising beliefs about MH may have adverse effects on police officers' interactions with IMHIs (e.g. Haigh et al., 2020) and underpin identity threats.

2.4 Police officers' attitudes towards mental health

The research in this area considers officers' attitudes in relation to MHIs both within policing and in the general public, with these perspectives giving insight into the difficulties officers may experience in relation to MH.

Within policing, research indicates that there is still considerable stigma about officers experiencing MHIs (Bell & Eski, 2016; Bell & Palmer-Conn, 2018; Police Federation, 2017; Stuart, 2017). Officers have particularly reported concerns over MHIs leading to negative treatment or ruining job opportunities (Police Federation, 2017; Stuart, 2017). Such findings highlight the incompatibility perceived between being a police officer and having a MHI. This may compromise the principle of psychological coherence due to the irreconcilability of these two identity elements (Jaspal & Cinnirella, 2010). If an officer experiences such identity threats, then they may find it challenging to interact with IMHIs or even develop stigmatising attitudes, as these interactions may remind them of their own potential MH vulnerability. As discussed in chapter one, stigma and discrimination may arise as a coping strategy in response to being reminded of one's own vulnerabilities, due to being faced with an individual with a stigmatised identity (Dovidio et al., 2000; Kurzban & Leary, 2001; Phelan et al., 2008). Supporting this notion, research has suggested that police officers who experience their own MHIs may hold more stigmatising attitudes about MH than those without (Soomro & Yanos, 2018). The authors reported that participants were not verified as active police officers, they self-reported as such via an online survey, which means caution needs to be exercised when considering these results. The study focused on officers experiencing trauma and PTSD, however, levels of MH stigma may vary with the MHI experienced by the officer. If officers do hold more stigmatising attitudes when they experience their own MHIs, as potentially indicated, this could be underpinned by threats to distinctiveness between the police (who are typically perceived as competent and in control) and IMHIs (who are often considered to be incompetent and unpredictable). Expressed stigma about MHIs may be a way to create space between these two seemingly incompatible identities. This would also have benefits for the principle of psychological coherence (Jaspal & Cinnirella, 2010).

In terms of the general public experiencing MHIs, police officers have been shown to hold mixed attitudes. Positive attitudes that have been expressed by officers are compassion and a desire to help IMHIs (V. G. Cooper et al., 2004; Cotton, 2004; V. Lamb & Tarpey, 2019; Leese & Russell, 2017; Mclean & Marshall, 2010; Menkes & Bendelow, 2014; Ogloff et al., 2013; Speary & Shah, 2015). Wanting to help IMHIs may be underpinned by officers constructing their role as protectors, which would involve efficacy and potentially meaning, if they consider this to be their sense of purpose (Vignoles et al., 2006). Conversely, negative and stigmatising attitudes have also been demonstrated (Bell & Palmer-Conn, 2018; Broussard et al., 2011; Pinfold et al., 2003; Ruiz & Miller, 2004; Watson et al., 2004a). For example, comparing

officers' attitudes towards IMHIs with the public Time to Change Survey results, police officers in the UK were significantly less supportive of the sentiments, 'individuals are less dangerous than others perceive them to be' and 'there is no need to fear IMHIs coming into your area to access services' (Bell & Palmer-Conn, 2018). Perceiving IMHIs as violent and dangerous is a prevailing concern that has been reported by police officers in several countries (Broussard et al., 2011; Chen et al., 2013; Hobson et al., 2015; Pinfold et al., 2003; Psarra et al., 2008; Ruiz & Miller, 2004; Watson et al., 2004b), even enduring when other stigmatising attitudes have been reduced through training (Pinfold et al., 2003). It is important to note that officers may hold both stigmatising and positive attitudes toward IMHIs, indeed, this was apparent in the sample of officers in the Bell & Palmer-Conn study (2018). The authors suggested that such contradictory findings were potentially attributable to officers experiencing a desire to assist such vulnerable individuals and the need to manage the potential risk they can pose to others.

One issue with much of the literature on policing and MH is that it has taken a largely surface level approach to meaning. Whilst this has started to build up a picture of what appears to be happening, the underlying reasons are somewhat uncertain, particularly in relation to explaining contradictory findings like the above. Applying more latent perspectives, from a discursive standpoint, stigmatising and negative attitudes towards IMHIs may be reflective of officers' legitimising prejudice attitudes and devaluing of MH work (Lane, 2019). Applying IPT, such contradictory findings may be explained by identity processes. For example, the expression of the stigmatising, fearful attitudes found in the Bell and Palmer-Conn (2018) study, may be reflective of officers constructing IMHIs as a threat due to the potential for errors to be made on such jobs. The social representation of IMHIs as something to be feared, may emanate due to threats to principles of esteem and belonging that MH jobs can pose, creating a justified reason for officers to keep their distance. However, some officers may experience these threats whilst simultaneously perceiving their jobs to be protectors, thus also wanting to help IMHIs due to their constructed sense of efficacy and meaning.

As has been discussed, MH stigma may underpin interpersonal anxiety officers may experience during interactions with IMHIs (Haigh et al., 2020). However, such concerns may also be attributable to the negative connotations that surround policing and MH. These will now be considered.

2.5 Negative representations of policing and mental health

The increase in police MH work has not been without negative representations arising about policing and MH. There are two key themes relating to this area; (i) the criminalisation of individuals with MHIs and (ii) harm to IMHIs during or following police contact.

2.5.1 Criminalisation of individuals with mental health issues

As police officers' involvement with IMHIs increased, a concern was born that such individuals were being arrested at a disproportionate rate to the rest of the population (Abramson, 1972; Teplin, 1983). Research has supported this assertion, with arrest and charging rates for IMHIs being found to be higher than for other members of the public (Charette et al., 2014; Kane et al., 2018; Teplin, 1984). Contrastingly, IMHIs have been found to be less likely to be arrested (Novak & Engel, 2005). Recent research has also provided support for both theories of criminalisation of IMHIs and increased criminality within this population (Ballard & Teasdale, 2016). Thus, criminalisation is a complex and unclear picture. Adding to this, police officers' decisions on whether to arrest such individuals appear to involve a multitude of situational, individual, and officers factors (Ballard & Teasdale, 2016; Bittner, 1967; Markowitz & Watson, 2015; Morabito, 2007; Schulenberg, 2015). For example, the decision to arrest an IMHI may be explained by there being a lack of suitable alternatives available for those perceived to pose an unacceptable risk, if they were to be left in the community (H. R. Lamb et al., 2002; Schulenberg, 2015; Teplin & Pruett, 1992). Officers have often reported difficulties in obtaining help from other services for IMHIs (Davey et al., 2019; Mclean & Marshall, 2010; Wells & Schafer, 2006). Thus, arrest or no further action (NFA) may be perceived as the best or only option (Schulenberg, 2015). Reflective of this, police officers have frequently used police cells as a PoS in the absence of health based care for MH crises in England and Wales (HMIC, 2013). However, the use of police cells as a PoS has been argued as criminalising those with MHIs (Docking et al., 2008; Mind, 2010b). Recent figures indicate that the use of police cells as a PoS have significantly reduced, although, police use of Section 136 has increased and police vehicles are still frequently used to transport IMHIs in crisis (Home Office, 2019a).

Therefore, despite potentially good intentions by officers and pragmatic approaches to risk management in unideal circumstances, the criminalisation hypothesis may produce a

representation of the police as unjustly arresting IMHIs more frequently and taking them to police stations when experiencing crisis. This representation implies that police officers may behave in a prejudiced and discriminatory manner towards IMHIs because of their attitudes, rather than due to circumstance. Indeed, IMHIs have reported feeling criminalised and unfairly treated by the police when they have been detained under Section 136 (Mental Health Act, 1983) and taken to custody as a PoS (Riley et al., 2011). Thus, the criminalisation of IMHIs has the potential to negatively impact on the principle of esteem for officers, due to the social representation (Breakwell, 1993) it creates of the police. As a result, officers may be conscious of criminalisation during interactions with IMHIs, which may induce interpersonal anxiety (Blascovich et al., 2000; Hebl et al., 2000) for police officers.

Another area where the police are presented in a negative light is in relation to harm experienced by IMHIs, both during and after contact with the police.

2.5.2 Risk of harm during or following police contact

Interactions between the police and IMHIs are often only reported to the wider public when force has been used (Kesic et al., 2012) and or tragedy has occurred. Research in the area has shown mixed results, both supporting that officers are more likely to use force with IMHIs (IPCC, 2016; Kesic et al., 2013a; Rossler & Terrill, 2017), as well as suggesting this not to be the case (Gill et al., 2018; McTackett & Thomas, 2017). There are also several factors, such as the individual's demeanour (e.g. resistance), officers' fear, substance use, and possession of a weapon that influence police use of force on IMHIs (IPCC, 2016; Morabito et al., 2017; Yang et al., 2018).

Nevertheless, research does evidence that IMHIs are more likely to die during or following contact with the police than other members of society (Angiolini, 2017; IOPC, 2019; Saleh et al., 2018). There is also a suggested link to increased risk of self-harm or suicide following being detained in police custody for IMHIs (Hannan et al., 2010). In the UK, the police have faced considerable criticisms in public reports in relation to their involvement with members of the public experiencing MHIs (Adebowale, 2013; Angiolini, 2017; Bradley, 2009). Of particular concern are deaths of IMHIs whilst in police custody or soon after release (Angiolini, 2017). There have been a number of high profile cases, with headlines such as *'Sean Rig: Met police 'cover-up' over custody death'* ("Sean Rigg: Met Police 'cover-up' over Custody

Death,” 2019) and ‘*Mentally ill people more likely to die after police use force – watchdog*’ (Laville, 2016). The negative representation of the police in the media in relation to such cases can also be long lasting, even if officers are ultimately cleared of misconduct (e.g. INQUEST, 2019). Indeed, police interactions with IMHIs are ‘scrutinised’ by the media (Kesic et al., 2012, p. 221). Although Kesic and colleagues found that IMHIs were often portrayed more negatively than the police in Australian newspapers, the police were also condemned for their actions in some articles. Therefore, such incidents may contribute to representations of the police being prejudiced and even a danger to IMHIs.

Limited findings indicate that media representations influence officers’ perceptions of the police and their identity processes (Maurantonio, 2012; Rantatalo, 2016). For example, in a Swedish study on a specialist police unit, media representations of the police were found to promote officers’ sense of esteem due to positive portrayals, as well as their need to ‘reframe’ their identity in the face of negative stories (Rantatalo, 2016). Here, such negative media representations of policing and MH are suggested to be a threat to the esteem principle for officers, as errors during MH jobs can reflect negatively on the police reputation overall, as well as their reputation as an individual officer (McDaniel, Moss, Pease, et al., 2020). This may also contribute to the constructed representation of IMHIs being dangerous, due to the potential repercussions when mistakes are made on a MH job, potentially threatening belonging, esteem, and efficacy.

It seems there is potential danger on both sides. For police officers, there is the possibility of errors on the job, which could result in an investigation or even the end of their career. For IMHIs, there is a possible risk of harm or even death. This risk of harm may contribute to an uncomfortable position for an officer when dealing with IMHIs. In practice, officers have expressed fearing the consequences of poor outcomes on MH related jobs (Hobson et al., 2015; Speary & Shah, 2015). For example, in relation to suspects, officers have relayed concerns over their individual accountability should something untoward happen, particularly with individuals expressing desires to self-harm (Kane et al., 2018). As discussed, should an incident with an IMHI have a negative outcome, there is the potential for compromises to the belonging principle (Vignoles et al., 2006) for officers, due to the possibility of being shunned from within the police or ultimately being dismissed. Even in the absence of guilt, officers under investigation for their professional conduct can face lengthy delays and can be placed on restricted duties or even suspended. Therefore, threats to belonging due to a loss of their ‘police

identity' (even temporarily) may be experienced. This was demonstrated in a review of case studies of officers under investigation in the UK, where some officers experienced changes to their identity as an officer and challenges to their place within the organisation, including feeling stigmatised, even after the investigation had concluded (McDaniel, Moss, Pease, et al., 2020). The culture within police organisations has become one of increased scrutiny and blame (Charman, 2017; Kiely & Peek, 2002), which may have made threats to the belonging principle increasingly pertinent for officers.

Negative connotations are largely in relation to police work in MH crises or with suspects/offenders, however, police officers encounter individuals in a variety of circumstances (Livingston, 2016). It is possible that the discussed issues of criminalisation and harm, influence all types of police-public contact with IMHIs and underpin identity threats for officers. Additionally, there is the potential that identity threats may differ depending on the nature of the contact between police officers and IMHIs. For example, police work in mental health crises may pose more of a threat to continuity, distinctiveness, meaning, and psychological coherence, due to this being a non-crime related incident that predominantly involves welfare, and one which has increased considerably in recent years (Billingham, 2018). Efficacy may also be more likely to be threatened during such contacts, due to lack of clarity on the police role and inadequate joint agency approaches.

Whereas police work with offenders with MHIs may be experienced as less threatening to feelings of continuity, meaning, distinctiveness, and psychological coherence, due to this being a crime related situation. The officer will still be dealing with a suspected criminal, which may allow for this work to be assimilated-accommodated into their identity structure more readily, as it is still a traditional policing activity. Efficacy may also be less compromised, due to more stringent protocols around identifying MHIs and vulnerability, and the management of these in police custody, even though officers also find these challenging and there is room for improvement (McKinnon & Finch, 2018). However, officers may experience considerable threat due to the knowledge of the well-publicised police failings in this area (Angiolini, 2017). Indeed, both types of contact with IMHIs could be experienced as a threat to belonging and esteem, due to fear of mistakes being made that may cost them their job and or cause reputational damage, as discussed.

Lastly, victims of crime sit somewhat in the middle of the spectrum between crime related activity and welfare. As there has been limited research on police work with victims with MHIs,

this thesis will mainly examine police officers' identity processes in this context. The remainder of this chapter will consider police work with crime victims with MHIs, and the potential identity threats that this may pose for officers.

2.6 Victims of crime with mental health issues and the police

Much of the focus on the role of the police in relation to MH has been on managing MH crises (Compton et al., 2008; Department of Health, 2014; Welsh Government and Partners, 2015) and work to divert IMHIs away from the CJS (James, 2010; NHS England & NHS Improvement, 2019). Much less attention has been given to police work with victims and witnesses of crime. Thus, it was decided that the current thesis would predominantly examine identity processes in police work with victims with MHIs, as this is a common but poorly understood police-public interaction with a vulnerable group. Victims were chosen instead of witnesses, as there is an evolving body of evidence that indicates that IMHIs are significantly more likely to be victims of crime (Crump, Sundquist, Winkleby, & Sundquist, 2013; Dinisman & Moroz, 2019; Khalifeh, Johnson, et al., 2015; Khalifeh, Moran, et al., 2015; Khalifeh & Dean, 2010; Khalifeh, Howard, Osborn, Moran, & Johnson, 2013; Koskela, Pettitt, & Drennan, 2016; Mayor's Office for Policing And Crime (MOPAC), 2017; Pettitt et al., 2013; Teasdale, Daigle, & Ballard, 2014; Teplin, McClelland, Abram, & Weiner, 2005). Therefore, this thesis also aims to contribute to filling the knowledge gap on police work with victims with MHIs.

The current research was inspired by the report '*At Risk, Yet Dismissed*', produced by UK charities Victim Support and Mind in collaboration with several universities (Pettitt et al., 2013). The report revealed that a greater number of victims with MHIs in the UK report negative experiences of the police comparatively to the general population, and that this subgroup of victims are particularly vulnerable to crimes against them, including repeat victimisation. Contrastingly, on reviewing 297 cases from forces in England and Wales where a victim had a MHI, 84% were considered to have provided good victim care and all lines of enquiry were investigated in 81% of cases, which is higher than for all cases (Billingham, 2018). However, there is clearly a disparity between the reported experiences of victims (Pettitt et al., 2013) and the review of cases in the report by Billingham (2018). This may be the case for several reasons. The sample size of the reviewed case studies was quite small, and the identification of these cases was reliant on the victim's MHI being evident in the report,

therefore, this may not be a representative sample. Comparison of these findings is also difficult, as the Pettit et al. (2013) research predominantly looked at experiences of individuals with more severe MHIs (e.g. schizophrenia), whereas the nature of victims' MHIs in the Billingham (2018) report were not specified. Given the length of time between the *'At Risk, Yet Dismissed'* report and the report by Billingham (2018), there is also the possibility that police practices have improved with crime victims with MHIs, which may explain the contrast in findings. Having said this, more recent research in the UK has also reported negative experiences of the police by victims with MHIs (Dinisman & Moroz, 2019). The current thesis aims to shed some light on the potential underpinning reasons for the negative experiences reported. In keeping with the approach of this research, it is posited that identity processes and threat experienced by police officers during interactions with victims with MHIs may be contributing to the negative experiences of some victims.

Although consideration of MHIs with victims has taken somewhat of a backseat in policing, this has increasingly become a topic of conversation. For example, the evaluation of the Crisis Care Concordat reported that some of the action plans produced by signed up services included consideration of support for victims experiencing MHIs (Gibson et al., 2016). Some forces in the UK have also undertaken assessments of the needs of victims in their areas, highlighting MH and the lack of services and support required for victims with MHIs (e.g. Cambridgeshire County Council, 2012; Dinisman & Moroz, 2019; Howell et al., 2018). One such report that focused specifically on MH, reviewed the experiences and needs of victims with MHIs (Dinisman & Moroz, 2019). Based on interviews with victims, a review of CSEW¹⁵ and victim support data, and interviews with service/frontline professionals, it was found that improvements to the identification of victims' MHIs, and subsequent support and services are required. Although this research was conducted in Kent, it is likely that such findings are applicable to other areas of the UK, as nationally there is a lack of a cohesive, evidence based approach to the relevance and identification of MHIs with victims, and the support provided.

The relevance of a victim's MHI, aside from health and social support for the individual, is the victim's ability to provide evidence, particularly their credibility. This will now be discussed.

¹⁵ The annual Crime Survey of England and Wales.

2.6.1 Testimony of victims with mental health issues

Testimony from a victim is often vital in prosecuting a case effectively (Charles et al., 2012), thus police officers will want to obtain the highest quality evidence possible. In England and Wales, a number of reports and guidance have been published to support police officers with their interviewing practices with vulnerable victims and witnesses, which includes those with MHIs (College of Policing, 2016; Crown Prosecution Service, 2009; Ministry of Justice, 2011a, 2011b). A key guide is the '*Achieving best evidence in criminal proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures*' (ABE; Ministry of Justice, 2011a). The ABE guidelines highlight that MHIs do not automatically mean an individual is unable to give valid testimony as a victim or witness, but MHIs can have a detrimental impact (e.g. individuals may be eager to please or experience delusions). MHIs are considered to be a 'psychological vulnerability' that can influence an individual's competence (capacity to understand), reliability (accuracy of the information provided), and credibility (believability of the individual) to give testimony (Gudjonsson, 2010).

Yet, there is very little research on the effects of MHIs on an individual's ability to provide witness testimony (K. Smith & O'Mahony, 2018). It is also difficult to draw generalisations from the research that does exist. For example, much of the research in the area has examined the effects of anxiety, both state and trait, on eyewitness memory recall, and has supported (Deffenbacher et al., 2004; Morgan et al., 2004; Valentine & Mesout, 2009), and refuted (Nolan & Markham, 1998; Ridley & Clifford, 2004, 2006) that anxiety has a detrimental impact. In a recent study utilising video footage of a staged crime event, findings indicated that individuals with comorbid depression and anxiety may recall less information due to experiencing symptoms of depression and higher levels of state anxiety (Wilcock et al., n.d.). Indeed, state anxiety, rather than trait anxiety appears to be more detrimental to eyewitness memory recall (Valentine & Mesout, 2009). Thus, the picture is complex and unclear.

Despite the lack of evidence on the effects of MHIs on individuals' testimony, it has been argued that MHIs result in crime victims being perceived as less credible due to holding a doubly deviant social identity of being someone with a MHI and a crime victim, precluding them from accessing justice (Carver et al., 2017). Support for these assertions seems to be evident in reviews of case outcomes where victims with MHIs are less likely to achieve justice compared to victims without MHIs (Mayor's Office for Policing and Crime (MOPAC), 2019; Murray & Heenan, 2012; Walker et al., 2019). For example, on reviewing a sample of rape

cases from two forces in England, it was found that victims with MHIs were significantly less likely to have their alleged assault classified as a crime, and such cases were less likely to lead to a charge and subsequent conviction (Walker et al., 2019). In addition, although similar numbers of victims with and without MHIs withdrew from their case, there was more chance of no further action (NFA) by the police for those with MHIs (59% vs. 56%). As postulated by Walker and colleagues (2019), research has indicated that NFA by officers may be due to inconsistencies in evidence from victims with MHIs, making the case less likely to be accepted for charge by the CPS (Mayor's Office for Policing and Crime (MOPAC), 2019).

Other studies have also indicated that MHIs may negatively impact on police officers' actions relating to, and perceptions of, victims experiencing MHIs (Koskela et al., 2016; Marley & Buila, 1999; Murray & Heenan, 2012; Pettitt et al., 2013; Stalans & Finn, 1995; Watson et al., 2004a, 2004b). For example, it has been found that officers may perceive victims with MHIs as less credible and may be less likely to take action in these cases (Stalans & Finn, 1995; Watson et al., 2004a). It needs to be noted that these studies both used vignettes to examine officers' self-reported attitudes and behaviours, which may not translate into real life actions. However, officers perceiving such victims as less credible, and lack of action and engagement, have also been reported by victims with MHIs in accounts of their experiences (Koskela et al., 2016; Pettitt et al., 2013). In summary, there is the potential for police officers to either directly consider victims with MHIs as less credible or hold concerns that the rest of the CJS will have such a perspective, which may influence their actions (e.g. not progressing a case).

From the victim's perspective, IMHIs have reported concerns over not being believed and being deemed an unreliable witness by the police or in court (Dinisman & Moroz, 2019; Koskela et al., 2016; Marley & Buila, 1999; Pettitt et al., 2013). In addition, comparatively to the general population, victims with MHIs also report less satisfactory service and more negative experiences of the police (Koskela et al., 2016; Mayor's Office for Policing and Crime (MOPAC), 2017; Pettitt et al., 2013). For example, some victims with MHIs in the UK have reported that the police failed to take action on their case due their perceived lack of credibility (Pettitt et al., 2013). Victims have also reported negative responses to disclosure of their MHIs during encounters with the police (Marley & Buila, 1999; Pettitt et al., 2013). Negative experiences of the police, not just as a victim but also during MH crisis interventions or as a suspect, additionally appear to be a barrier to victims with MHIs reporting crime against them (Dinisman & Moroz, 2019; Koskela et al., 2016; Pettitt et al., 2013). Thus, negative experiences

with the police or CJS, combined with the stigma of MH (Dinisman & Moroz, 2019), may mean it is common for victims with MHIs to experience concerns over whether they will be believed when reporting their victimisation and how they will be treated.

Police interactions with victims with MHIs appear to be complex, where the victim's identity of having a MHI may result in concerns over their credibility, for both officers and victims alike. However, the current research focuses solely on the identity processes of police officers. Here, it is speculated that when interacting with victims with MHIs, officers may experience identity threat due to concerns over being perceived as prejudiced (e.g. less likely to believe IMHIs) by the victim, which could threaten officers' feelings of esteem (Breakwell, 1986). Such interactions may also compromise officers' efficacy (Breakwell, 1993) in relation to managing the interaction, if they experience anxiety due to the victim's stigmatised identity (Blascovich et al., 2000, 2001; Hebl et al., 2000). Such anxiety may also be experienced by the officer due to attempting to repress prejudiced attitudes or generally being unsure of how to behave as a result of the victim's MHI (Hebl et al., 2000). Indeed, experiencing such "awkward moments" (Hebl et al., 2000, p. 276) when interacting with a victim is likely to go against the typical requirement for officers to take control of a situation (Bayley & Bittner, 1984; Reiner, 2010; Skolnick, 1966). It is suggested that these identity threats would be underpinned by the lack of perceived credibility of victims with MHIs (Carver et al., 2017) and their reported negative experiences (Pettitt et al., 2013), as discussed above. In addition, general MH stigma (Link & Stuart, 2017), as discussed in chapter one of this thesis, and the negative representations of policing and MH reviewed in this chapter, are also likely to be contributory factors.

Given the posited identity threats that officers may experience when engaging with victims with MHIs, the task of discussing MHIs with victims could be a considerably threatening context. Therefore, the identification and discussion of MHIs with victims by police officers was chosen as a specific area of focus to examine officers' identity processes and threat.

2.7 The identification of mental health issues by police officers

A situation where compromises to identity principles may be particularly prevalent for police officers is during the identification of victims' MHIs and subsequent discussions. This is argued, as the stigmatised identity of having a MHI (Goffman, 1963; Link & Stuart, 2017) and

the identity of being a police officer become particularly salient in these circumstances, along with the relative social representations for each identity (e.g. IMHIs cannot be believed or police officers do not believe victims with MHIs). Given the above review of policing and MH, and specifically victims with MHIs, this is an area that warrants further exploration. Prior to considering the identification of victims' MHIs by officers, which has limited research, the general identification of MHIs by police officers will be considered.

Identifying whether an individual has a MHI is of vital importance to the police. One reason is to safeguard; to ensure that the individual is not at risk of harm and not a risk to others. Additionally, it is important for the individual to receive the support they need for health and or social issues, as well as support for engaging in CJS processes (e.g. special measures for victims and witnesses of crime; Ministry of Justice, 2011a). However, inadequacies have been reported in officers' abilities to identify MHIs (Adebowale, 2013; Dinisman & Moroz, 2019; Ogloff et al., 2007). In addition, officers have been shown to confuse MHIs with other conditions, such as learning disabilities and autism (Oxburgh et al., 2016), demonstrating a possible knowledge deficit. Research has also indicated that MHIs are often not identified in those in police custody (Baksheev et al., 2012; Geijssen et al., 2018) and in victims (Aihio et al., 2016; Dinisman & Moroz, 2019). For example, in the Netherlands, although over 60% of a sample of individuals taken into custody were considered to have MHIs using the Brief Jail Mental Health Screen (Steadman et al., 2005), the custody officers severely underestimated the number of suspects with MHIs (Geijssen et al., 2018). Officers in the UK have also reported finding identifying individuals' MHIs as challenging (Leese & Russell, 2017; Reavey et al., 2016; Wesson & Chadwick, 2019). Additionally, police officers who work with MH courts in the UK have reported a lack of feedback on whether they are making correct referrals for those they believe have MHIs (Wesson & Chadwick, 2019). Thus, officers may also be left in ambiguous territory as to whether they are efficiently identifying IMHIs. It is possible that trying to identify MHIs could be a task that compromises police officers' feelings of efficacy (Breakwell, 1993).

Contrastingly, there is evidence that suggests officers are relatively efficient at identifying MHIs, at least for more severe cases, such as psychosis, but seem to have less success in identifying mood disorders (McKinnon & Grubin, 2013). For example, a study in Australia reviewed just under 5000 incidents where police made transfers for IMHIs, and over 75% of the sample were subsequently admitted or referred for assessment, with those who were not

admitted still exhibiting a requirement for support for vulnerabilities, such as substance misuse or personality disorders (Ogloff et al., 2013). Officers' ability to identify MHIs like psychoses more readily than, for example, anxiety, is unsurprising due to the symptoms of severe MHIs potentially being more observable and or less under an individual's control when they are unwell (e.g. responding to hallucinations). The nature of much of the guidance provided to the police on how to identify MHIs and vulnerabilities (Ministry of Justice, 2011a, 2011b; W. Smith & Swann, n.d.; Wright & McGlen, 2012), also appears to be more appropriate for severe MHIs like psychosis, when there are often more overt signs and symptoms. For example, an assessment of vulnerability (which would encompass MHIs) promoted for use by the College of Policing is the Vulnerability Assessment Framework (VAF; College of Policing, 2016; Wright & McGlen, 2012), which focuses on signs of vulnerability in the domains of appearance, behaviour, communication, danger, and environment (ABCDE model). The College of Policing do briefly highlight that officers need to consider hidden conditions, but also list appearance/behavioural factors (e.g. self-neglect) and communication issues (e.g. inappropriate responses) as indicators of potential MHIs (College of Policing, 2016). Here, it is argued that such guidance may inadvertently promote a representation that MHIs are frequently observable, or at least the MHIs that the police need to acknowledge are. Indeed, evidence has also shown that police officers heavily rely on blatant factors to identify MHIs, such as behaviour and physical appearance (Godfredson et al., 2011).

This approach could be problematic for several reasons. First, it is possible for individuals with even severe MHIs to conceal these from others (e.g. not sharing delusional thoughts). Additionally, many individuals manage their symptoms with medication and or therapy and present as well. Those who experience mood disorders and anxiety may also frequently not 'appear' to have a MHI, which may explain why officers seem to have less success in identifying these conditions (McKinnon & Grubin, 2013). Thus, the focus on overt signs of MHIs and vulnerability could explain why in circumstances outside of crisis situations, such as those involving offenders, witnesses, and victims, officers may not identify MHIs as often as they potentially could (Aihio et al., 2016; Baksheev et al., 2012; Geijsen et al., 2018). This may especially be the case for victims, as officers have more discretion on if, and how, to ask a victim about their MH.

Identifying MHIs with offenders has been of more focus than for victims. In England and Wales, when an individual enters police custody, the custody officer has a mandatory

responsibility to ensure that they are risk assessed, which includes asking about MHIs and self-harm (Police and Criminal Evidence Act, 1984). A handful of MH screening tools for use in custody suites have been developed, and research indicates that they are potentially beneficial (the Brief Jail Mental Health Screen and the Jail Screening Assessment Tool; Baksheev et al., 2012; Mckinnon & Grubin, 2014; PolQuest; Noga et al., 2015). For example, in a review of the custody practices for identifying MH in England, Noga et al., (2015) developed the PolQuest screening tool as a standardised assessment and referral process. The tool was devised with input from professionals involved in the care of IMIHs in the CJS, as well as service users. Based on an existing screening tool for serious MHIs in the CJS; PrinSnQuest (Shaw et al., 2003), and the custody risk assessment used in England and Wales (McKinnon & Grubin, 2013), PolQuest resulted in 14 questions and a three stage referral process (i.e. urgent, routine or no referral required). Although standardised screening tools have been developed for use in custody, screening tools have generally not been implemented elsewhere in policing and MH. An exception to this is the recently developed interRAI Brief Mental Health Screener in Canada, which is a tool used by officers in the community to identify serious MHIs, with the aim of connecting individuals with MH care (Hoffman et al., 2016). An area where standardisation of the identification of MHIs has not been applied, is with victims (Aihio et al., 2016; Dinisman & Moroz, 2019).

2.7.1 Identifying crime victims' mental health issues

Approaches to identifying MHIs with victims are less in depth than for suspects/offenders. In addition, police officers have more discretion on whether to ask a victim about their MH. Such discretionary practice has also been reported by officers in relation to obtaining witness statements (Reavey et al., 2016), and approaches to identifying victims' MHIs appear to vary considerably. On reviewing information returned to the current researcher from 33 of the 43 forces in England and Wales as part of a freedom of information request¹⁶, identification of MHIs with victims seems to be encompassed in generalised risk/vulnerability assessments or by reviewing existing force data on the individual.

¹⁶ The questions submitted as part of the Freedom of Information request can be found in appendix A.

Traditionally, a victim or witness is deemed vulnerable in accordance with the Youth Justice and Criminal Evidence Act (YJCEA; 1999), which includes individuals who are under 18 years old or whose testimony will likely be impaired due to a mental disorder¹⁷, intellectual disability/impaired social functioning, or physical disability. The consideration of vulnerability in practice is an increasing topic of discussion in terms of expanding definitions to encompass broader circumstances, beyond the narrow focus of the YJCEA (1999). When officers obtain a statement they have a duty to assess whether a victim is vulnerable (Ministry of Justice UK, 2015). The initial vulnerability/needs assessment for a victim is recorded on the witness statement form (MG11), and officers also need to consider whether the victim requires special measures for support to give evidence (Ministry of Justice UK, 2015). As argued by O'Mahony and colleagues (2011), it is important to make this identification before interviews are conducted, to ensure that the best quality evidence can be achieved through special measures and interviewing practices (ABE; Ministry of Justice, 2011a; Ministry of Justice UK, 2015). For example, if an individual has a MHI that affects their ability to communicate, a Registered Intermediary¹⁸ may be employed to facilitate communication with the victim (Ministry of Justice, 2019; O'Mahony, 2010). A specially trained officer may also conduct an ABE (Achieving Best Evidence) interview, which is an advanced practice for use with vulnerable victims, and other special measures can also be implemented (e.g. video recording the interview; Ministry of Justice, 2011a).

To support officers in making vulnerability/needs assessments, some forces have implemented further guidance and models, which are how victims' MHIs may be identified. A common example used by several forces in the UK is the THRIVE+ model. Officers and control room staff use THRIVE+ to consider Threat, Harm, Risk, Investigation opportunities, Vulnerability, and Engagement with the victim, in order to be able to intervene and prevent harm. The THRIVE+ model considers vulnerability in terms of individuals being at risk of harm or being exploited as a result of their personal circumstances (W. Smith & Swann, n.d.). In addition, other frameworks utilise the ABCDE model (Wright & McGlen, 2012), where officers assess appearance, behaviour, communication, danger, and environment, and this feeds into rating a victim's vulnerability. However, vulnerability assessments like THRIVE+ are heavily reliant

¹⁷ The YJCEA (1999) uses the definition of mental disorder in the Mental Health Act (1983).

¹⁸ Registered Intermediaries are employed "...to assist two-way communication between the police or court and complainants or witnesses with communication needs." (Ministry of Justice, 2019).

on discernible factors to indicate vulnerability. Therefore, victims with MHIs who do not demonstrate overt indicators that they are vulnerable, may not be identified. This is an important point, as a victim may also be well at the time of reporting, but during an investigation their MH may deteriorate. It has been found that being a victim can be detrimental to existing MHIs (Khalifeh, Johnson, et al., 2015; Khalifeh, Moran, et al., 2015), as well as victimisation generally having a negative impact on victims' MH (Kilpatrick & Acierno, 2003). Some victims with MHIs also may not be deemed vulnerable, per se, but they may require a lower level of support during an investigative process (e.g. more time during an interview) (Wilcock et al., n.d.). Additionally, although current risk assessment models are a way of standardising the process of assessing the vulnerability of victims, there is still more discretion in their application, thus victims' MHIs may not be identified. Such models are also not MH specific. Given these issues, there is room for improvement to the way in which victims' MHIs are identified, as has been argued for vulnerability in general (National Police Chiefs' Council, 2017).

In practice, the identification of victims' MHIs appears to be challenging for police officers, and the reliance on them identifying MHIs is potentially leading to these not being pick up (Dinisman & Moroz, 2019). Reavey and colleagues (2016) found that the identification of MHIs when taking witness statements is a difficult task for police officers in the UK, where they often rely on their experience and intuition, typically only enquiring about MH if it is evident or spoken about by the individual. As the sample interviewed by Reavey and colleagues included a variety of legal professionals, this finding would benefit from deeper exploration with a larger police sample, which is addressed by the current study. The findings by Reavey et al. (2016), fall in line with those that suggest that MHIs in victims (and witnesses) of crime are not identified as often as they perhaps should be (Aihio et al., 2016; Charles et al., 2012). In their review of data collected by the Metropolitan Police Service, Aihio and colleagues found that in 2011-12, 46% of respondents to the User Satisfaction Survey self-identified as being vulnerable, with 73.8% reporting that their vulnerability had been identified by the police. This self-reported vulnerability was a considerable increase from 2009/10, however, the rate of identification by the police remained much the same, indicating that although self-reported vulnerability is rising, identification by the police is not. It is important to note that violent and sexual assaults were not included in this sample. This is of significance for IMHIs, due to them being more at risk of violent and sexual victimisation (Pettitt et al., 2013), which means that self-reported MHIs may be even higher than suggested. Although these findings need to be

approached with caution due to small effect sizes, it is worth noting that MH was also significantly linked to self-identifying as vulnerable (Aihio et al., 2016). Furthermore, this research was a number of years ago and only within one force in the UK. As there have been changes in training and interventions since, an updated national comparative review of police identified versus self-identified vulnerabilities would be of value.

If victims with MHIs are not being identified, then it could be assumed that there are victims who are not receiving the support they require. It is also viable that there could be victims with MHIs that may not be eligible for special measures, as their ‘diagnosis’ may not be deemed severe enough, but they may require a higher level of support during immediate interactions with the police (Wilcock et al., n.d.). These factors may be contributing towards victims’ reported negative experiences of the police (Dinisman & Moroz, 2019; Koskela et al., 2016; Pettitt et al., 2013). It is, therefore, important to examine how police officers experience and manage the identification and discussion of MHIs with victims, to assist in informing how to improve identification rates of MHIs with this group. However, it is posited that officers may experience identity threats due to raising a victim’s potentially stigmatised MH identity (Blascovich et al., 2001; Goffman, 1963). This thesis also seeks to address these issues by examining identity threats in the context of officers identifying and discussing MHIs with victims, by positing the potential for using more of a standardised set of questions like those used in custody suites (e.g. PolQuest; Noga et al., 2015).

2.8 Conclusion

This chapter has provided a review of the relevant policing and MH literature to contextualise the current research and argue that MH work may cause identity threats for officers (Breakwell, 1986). Existing research has been presented to demonstrate that police officers may be experiencing threats to principles of efficacy, meaning, distinctiveness, psychological coherence, esteem, meaning, and belonging, utilising IPT to interpret the findings (Breakwell, 1986, 1993, 2014). Again, it is important to highlight that no extant policing and MH research has directly investigated identity processes. Therefore, the current review, and the current research, provide a new perspective on what we know about policing and MH and contributes to furthering our understanding of the field.

Examining identity processes for police officers working with victims with MHIs, particularly the task of officers identifying MHIs, was chosen as this is an important but infrequently researched police-public interaction. Therefore, not only is this thesis the first direct assessment of identity processes in this context, it also has the aim of expanding the limited knowledge of officers' perceptions and experiences of victims with MHIs (Dinisman & Moroz, 2019; Koskela et al., 2016; Marley & Buila, 1999; Pettitt et al., 2013; Stalans & Finn, 1995; Watson et al., 2004a, 2004b). The literature in the field to date has provided insights on what appears to be happening in policing and MH. However, latent meanings of officers' attitudes and behaviours, and the sociopsychological factors involved in police mental health work, have not been explored in detail. Applying IPT to examine police mental health work assists in providing a potentially deeper and alternative understanding of the area.

The current thesis also builds on the paucity of research on policing and MH in the UK, as much of the literature is international. Whilst international research is useful, it is important to gain direct insights for the group being examined. This is due to possible differences in social and historical contexts, as this is where their identity and relevant social representations are produced and negotiated (Breakwell, 2010).

As the rationale for the current thesis has been demonstrated and outlined, chapter three will now go on to detail the relevant methodological issues for the research undertaken.

Chapter 3: Methodology

This chapter addresses the key methodological issues for the current research project. The chapter first outlines the research design and question development, including the chosen analytical approach. Issues around quality in qualitative research are then reviewed, including a reflexive account by the researcher. Finally, the chapter explains the research procedure and outlines the practical aspects of the project. As part of this, the data collection process and analytical procedure are detailed.

3.1 Research design

The current project was originally designed to examine how police officers interact with victims of crime who experience mental health issues (MHIs), including the identification of victims' MHIs by police officers. The aim was to explore the potential for identity threat, particularly stereotype threat (Steele et al., 2002), to be experienced by both parties during such interactions. The original design consisted of two qualitative studies (with potentially a third quantitative study, informed by the qualitative findings). The two qualitative studies were one interviewing a sample of victims with MHIs that had reported to the police, and another interviewing police officers who had experience of working with victims with MHIs. However, the victim study was removed from the project because of recruitment difficulties. Thus, the remainder of this chapter will only refer to the police sample qualitative study, which subsequently became the sole study of the project. As each study was able to stand alone, the focus of the police study was unaffected by the removal of the victim sample.

After commencing data collection in November 2015, some minor changes were made to the design of the police study. Following an initial analysis of the first five interviews, which were treated as a pilot (these were also included in the main analysis), it became evident from officers' accounts that it would be valuable to consider identity processes and threat more generally, rather than focusing on stereotype threat. It was decided that this approach would allow for a deeper and broader understanding of the potential ways in which identity threat may be experienced by police officers in the context of mental health (MH) related work. In addition, vulnerability also emerged as a potential topic to consider in more depth. Taking these issues into account, minor amendments were made to the interview questions (appendix B).

Approval was granted by London South Bank University's Ethics Committee (UREC 1517) before any further data collection.

Originally, the police interview study was going to inform a quantitative study, employing an exploratory sequential mixed methods approach (Creswell & Plano Clark, 2017). This design was initially chosen as it would have produced more generalisable results, which is frequently favoured in areas of real-world application, such as policing. However, once the interviews had been completed and were reviewed, it became clear that there was a wealth of rich information that would be suitable for an in-depth examination (Kvale, 1996). Therefore, the decision was taken to modify the research design to one qualitative interview study. This decision was primarily based on the value that an in-depth, sociopsychological examination of the data would bring to the largely surface level understanding of policing and MH. It was deemed that a sole qualitative analysis would best achieve this, particularly given the relatively unknown area of policing and victims of crime with MHIs, and the need to explore this in detail. The inclusion of a quantitative study in the current project would inevitably have meant that some depth in the reported analysis would have been lost. This would have been the case, as the length of time spent on the qualitative analysis would have been reduced (which would not have allowed for both deductive and inductive readings of the data). The amount of space in the thesis dedicated to presenting the qualitative findings would also have been sacrificed. The practical issue of resources was also a deciding factor (Halcomb & Andrew, 2009), given that data collection for the qualitative study was completed three years into the research. The additional time required for subsequent analysis of the qualitative data, designing and conducting a quantitative study based on these findings, quantitative data analysis, and then synthesis of all findings, was not deemed feasible. Therefore, the final project comprised twenty-four individual, semi-structured interviews with a sample of police officers in England.

Aims and questions

This thesis aimed to contribute to the existing literature on policing and MH in two ways; (i) by being the first direct examination of identity principles and threat, in the context of police officers working with individuals experiencing mental health issues (IMHIs), and (ii) to contribute to understanding police interactions with crime victims with MHIs. This was to further understand the possible underlying sociopsychological factors that could be negatively

contributing to interactions between police officers and IMHIs, particularly victims. As detailed in chapters one and two, the current research applies sociopsychological theory to attempt to understand how officers may experience and manage the compromising of identity principles and identity threat, utilising Identity Process Theory (Breakwell, 1986, 1993, 2014). The review of the extant policing and MH literature in chapter two demonstrated that research indicates police officers potentially experience identity threat in the context of their MH work. The current research aimed to build on this argument and offer a new perspective on policing and MH. Thus, the following research questions were investigated:

- How are identity principles compromised, negotiated and experienced by police officers when working with members of the public with mental health issues?
- How are identity principles compromised, negotiated and experienced by police officers when working with crime victims with mental health issues?
- How are identity principles compromised, negotiated and experienced by police officers when identifying crime victims' mental health issues?

In order to develop the research design, data collection methods also needed to be chosen, as well as the analytical approach to be applied to the data. The next sections detail these in turn.

Data collection method: interviews

Qualitative interviews can be used to elicit thoughts, experiences, and feelings of individuals in relation to a topic or phenomenon of interest (Brinkmann & Kvale, 2015; Polkinghorne, 2005; Rubin & Rubin, 2012), as well as gaining insights into the underlying meanings of participants' accounts (Kvale, 1996). Participants can be either relatively homogenous or heterogeneous groups (O. C. Robinson, 2014), however, there is usually at least one definitive feature that they share (e.g. profession, gender), which is of relevance to the research question(s) being explored. The defining feature for current participants was their identity as a police officer. Interviews are often semi-structured, as was the case for the current study, where an interview guide of pre-prepared questions is used to discuss interview topic(s) with participants. The notion of the interview being 'semi-structured' reflects the flexibility the interviewer has to follow the organic direction of the interview, and allows discussion of relevant topics that may not be in the interview guide (J. A. Smith, 1995). The researcher will

also ask questions in varying forms, as interactions with each participant will be unique (Polkinghorne, 2005; Rubin & Rubin, 2012).

It has been noted that interviews are seen as the predominant method of qualitative data collection and that it is often assumed to be the most suitable approach (Potter & Hepburn, 2005). Therefore, it is important to justify why interviews were utilised for data collection, instead of alternative qualitative methods. First, interviews are a way of gaining insights that may seldom be heard from particular groups in society, and allow for novel and deeper insights on issues that may have previously been investigated (Rubin & Rubin, 2012). As the research in policing and MH has frequently adopted quantitative approaches for a variety of issues, such as training and interventions (e.g. Compton et al., 2014b; Pinfold et al., 2003; Scantlebury et al., 2017), police officers' attitudes and experiences (e.g. Kane et al., 2018; Soomro & Yanos, 2018; Watson et al., 2004a), and police use of force (e.g. Kesic et al., 2013b; Morabito et al., 2017), the voice of frontline staff had largely been left out until recent years. Encouragingly, qualitative research in the field has started to increase since this project commenced in 2013 (e.g. Boyd & Kerr, 2016; Dehaghani, 2016; Edwards & Kotera, 2020; Erdner & Piskator, 2013; Genziani et al., 2020; Horspool et al., 2016; V. Lamb & Tarpey, 2019; Lane, 2019; Marsden et al., 2020; Martin & Thomas, 2015, 2014; McDaniel, Moss, Pease, et al., 2020; McKinnon & Finch, 2018; Menkes & Bendelow, 2014; Ogloff et al., 2013; Reavey et al., 2016; Short et al., 2014; Speary & Shah, 2015; Tully & Smith, 2015; Watson et al., 2014; Wesson & Chadwick, 2019; Wood et al., 2017). However, the current focus on officers' identity processes and threat in relation to MH work, and police officers' perceptions and experiences of working with victims of crime with MHIs, remain as novel areas for deeper exploration. Therefore, interviews with police officers were apt for the current project.

Interviewing was also chosen as it was considered to be the most appropriate method in comparison to alternative qualitative options. For example, another method that could have been applied is field observation, which has been the adopted method in some policing and MH research (e.g. Bittner, 1967; Dehaghani, 2016; Herrington & Pope, 2014; McKinnon & Finch, 2018; Novak & Engel, 2005; Schulenberg, 2015; Teplin & Pruett, 1992; Wood et al., 2017). However, there were reasons for not including observation methods in the current design. One reason was due to the potential added social desirability pressures that may arise in circumstances where an officer is in the company of colleagues and members of the public. Of course, the pressure to act in a socially acceptable way is a potential factor in any face to

face interaction (Nederhof, 1985), however, once rapport is built, participants may feel more at ease in an interview setting than they would outside of a confidential context and in the presence of others. Indeed, this does appear to be the case, with qualitative researchers reporting their surprise at the level of personal disclosure that occurs in interviews on sensitive topics (Dickson-Swift et al., 2007). Other key issues were the practicality and appropriateness of undertaking observations in the field. Given the focus on interactions with victims of crime who experience potential MHIs, the researcher felt that observing such sensitive and confidential interactions would be ethically inappropriate. Additionally, another concern was that the presence of the researcher would bring an unnatural dynamic to the interaction, which could affect the identity processes being examined, and potentially even induce identity threat in the individuals being observed (e.g. a police officer could worry about being perceived in a negative light by the researcher). In practical terms, the undertaking of fieldwork observations, in addition to conducting twenty-four in-depth interviews, was also not within the scope of the current project due to restrictions on time and resources.

Visual methods (Reavey, 2020) would be another qualitative approach that could have been used, for example, having participants take photographs to reflect relevant topic(s) to discuss in their interviews. However, this method was not adopted due to the additional demands this would have had on officers' time, and the practicality of them having to carry a camera or use a personal device to take photographs. This method would also entail ethical challenges, such as confidentiality and privacy due to officers photographing circumstances that involve IMHIs, which would often be in sensitive circumstances.

Additionally, this was the first qualitative project undertaken by the researcher, therefore, semi-structured interviews were felt to be the most suitable match in relation to skill set. Therefore, semi-structured interviews, complimented with the use of textual discussion items (an example MH assessment tool (PolQuest; Noga et al., 2015) and vignettes; appendix B) were chosen as the employed data collection method. The next section will detail the materials used in the interviews.

Interview materials

The interviews comprised two parts; a semi-structured interview using a pre-prepared interview guide, and the use of an existing MH screening tool (PolQuest: Noga et al., 2015) and vignettes as items for facilitating discussion with participants.

Interview guide

The interview guide (appendix B) was developed by the researcher based on a review of the extant research on policing and MH, and the identity threat literature; which was predominantly the stereotype threat literature, as this was the initial focus of the research. When the decision was taken to broaden the spectrum to identity threat on a wider scale, based on the first five interviews, the interview guide was reviewed, and small amendments were made (appendix B). The theoretical literature was read in enough depth to gain a basic understanding, but deeper exploration of the literature was left until after the main data analysis was completed. This allowed interpretations to be more informed by the data than pre-existing knowledge (Braun & Clarke, 2006).

Although it is possible to elicit data on identity processes through direct questions (e.g. please explain what give you a sense of purpose as a police officer?), an indirect approach was taken by examining participants' general talk about their perceptions and experiences (Coyle & Murtagh, 2014). This decision was due to the potential directive nature of explicit questions, which is undesirable in semi-structured interviews (J. A. Smith, 1995). Additionally, participants were not initially informed of the researcher's interest in identity processes and threat and, therefore, such questions could have seemed unusual to participants. Identity processes also sometimes operate outside of our consciousness, thus direct questions could be somewhat futile (Coyle & Murtagh, 2014). Consequently, interview questions were predominantly based on accessing participants' reported opinions, feelings, and experiences in relation to policing, MH, and policing and MH. This was to allow participants to share information without being constrained by questions focusing on identity. This decision was also informed by the first five interviews that were subjected to a preliminary analysis, which revealed that identity processes were prominently demonstrated in the data collected.

Unlike surveys, interviews are unique and the questions and ways in which they are asked will frequently be tailored to the interaction (Polkinghorne, 2005; Rubin & Rubin, 2012). Therefore,

the interview guide was produced with a considerable number of potential questions that could be asked by the researcher under each topic, with the intention that not all questions would be asked. This approach to the interview guide meant that ethical approval was granted for the ‘types’ of discussions that were anticipated, given the dynamic nature of the semi-structured interview. The structure of the interview guide took a funnelled approach (J. A. Smith, 1995), starting with more general questions, gradually drilling down in focus. The sensitivity of the questions also increased throughout the interview. Initial questions were about policing and why the participant chose and enjoyed the profession, this was also discussed first to build rapport and encourage participants to connect with their identity as a police officer. The questions then moved on to policing and MH on a generic level, then narrowed the topic to crime victims.

Discussion items

Following on from the semi-structured interview style, three textual items (appendix B) were presented to participants as discussion points in the latter stages of the interview. Using ‘stimulus’, such as written items, to facilitate accounts is considered to assist in producing rich data (Willig, 2013). The first discussion item was the MH screening tool designed for use in custody suites; PolQuest (Noga et al., 2015). This tool was used as an example to gain insights into how officers experience and perceive the task of identifying MHIs with victims, particularly to examine if officers may experience identity threat in this context. This item was also incorporated to elicit officers’ opinions on the potential for a standardised screening tool for victims’ MHIs. Discussion of the PolQuest tool took place prior to two vignette items, as it was a more neutral discussion item and introduced participants to the change in the format of the interview.

The two vignettes were then employed as a discussion tool in the final stage of the interviews. Vignettes are often short, written stories that depict a scenario for discussion, where a participant will be asked to share their opinions on the situation (e.g. what are your thoughts on scenario ‘X’?). The combination of semi-structured interviews and vignettes provides a rich combination of data; allowing participants to share personal experiences and discuss perceptions and social norms that may not be shared otherwise (Barter & Renold, 1999). Vignettes also add another dimension to the data in the absence of observation being possible (Azman & Mahadhir, 2017), which was the case for the current study. Participants additionally

gain personal distance to discuss sensitive topics that may be experienced as threatening when questioned on directly (Finch, 1987; R. Hughes, 1998). For example, vignettes have been used successfully in combination with semi-structured interviews to examine delicate issues, such as drug use and HIV (R. Hughes, 1998), children's experiences of violence (Barter & Renold, 2000), and legal professionals' perceptions of the impact of MHIs on witness testimony (Reavey et al., 2016). In the current study, the discussion of victims' reports of mistreatment by the police and findings that portray the police in a negative light could have compromised identity principles of esteem, meaning, and efficacy for participants. Therefore, there would be the potential for identity threat to be experienced. Given that a coping strategy to manage identity threat is denial (Breakwell, 1986), and individuals seek to portray themselves and their groups in a positive light (Tajfel & Turner, 1979), the direct discussion of such issues was judged as being too sensitive for standard interview questioning. Therefore, vignettes were considered an ideal way to discuss negative accounts and findings in relation to police interactions with victims with MHIs.

There is a key area of contention in vignette methodology that needs to be acknowledged, which is whether findings can be directly translated into interpretations about participants' behaviour, or even their perceptions in 'reality' (Barter & Renold, 2000; Slead et al., 2002). However, as argued by Hughes and Huby (2004), the stance taken here is that vignettes are not entirely reflective of the 'real world', but scenarios allow participants to provide details based on their experiences and perceptions, therefore, providing insights into these. The current focus was, therefore, not on reported behaviour that can be considered as what the participant would do in 'real life', but on the perceptions and experiences shared by participants (O'Dell et al., 2012) and social norms (Finch, 1987). These insights will, however, be discussed in terms of how they may be relevant to influencing officers' behaviour in terms of social and personal representations, as these can influence identity processes and subsequent actions, as a means to maintain and protect identity (Breakwell, 1986, 2010). Similarly to any of the discussions had with participants, officers could be directly reporting on experiences and perceptions, but language could also be used as a means to construct meaning (Coyle & Murtagh, 2014). For example, officers positioning themselves in a certain way to negotiate the meaning of the 'police identity'. Therefore, the presented analysis considered both the reporting of experiences and perceptions, as well as highlighting how social meaning had potentially been constructed, where appropriate. In addition, the data produced when discussing the vignettes was treated with extra care during the analysis and reported themes combine a mixture of information

elicited via interview questions and the discussion of the vignettes and PolQuest tool (Noga et al., 2015).

The two vignettes in the current study (appendix B) detailed the experiences of two victims with MHIs. The vignettes were developed based on findings from existing research on police and victims with MHIs (Marley & Buila, 1999; Pettitt et al., 2013; Stalans & Finn, 1995; Watson et al., 2004a, 2004b). Vignettes should be relatable for participants and realistic, therefore, these were developed based on existing findings, including qualitative research. Each vignette was concise, as vignettes need to provide enough information and be realistic, but it is also argued that an element of ‘ambiguity’ is beneficial, as it allows the participant to draw on their own perceptions and experiences (Azman & Mahadhir, 2017; R. Hughes, 1998). To ensure quality, the vignettes, along with the research guide and PolQuest tool (Noga et al., 2015), were reviewed by the lead contact in each gatekeeping force and were deemed to be appropriate.

The first vignette involved fictional character, ‘Marie’, who had been a victim of a sexual assault. The vignette describes Marie’s experience of reporting her victimisation to a police officer during an interview. In this vignette, the fictional officer responds negatively to Marie’s revelation of her bipolar disorder, informing her that she will struggle to get a conviction and will be ‘ripped to shreds’ in court. Marie’s vignette was derived from accounts given by victims interviewed as part of the *‘At Risk, Yet Dismissed’* report published by Mind and Victim Support (Pettitt et al., 2013). The second vignette involved fictional character ‘Martin’ and was based on extant findings that have suggested that police officers may be less likely to take action based on information provided by victims with MHIs, and that such victims may sometimes be less likely to be directed to services (Pettitt et al., 2013; Stalans & Finn, 1995; Watson et al., 2004a, 2004b). The vignette on ‘Martin’ describes two parallel scenarios that imply a police officer has not taken action when they are aware of the victim’s MHI, which is the only difference between the stories. Participants were asked several questions (e.g. what are your initial thoughts on the two scenarios you just read?) on the vignettes to facilitate discussion. Participants were then told that the findings were based on research that indicates the possibility that police officers may be less likely to take action when a victim or witness has a MHI, and that such victims may be less likely to be directed to services. This was then discussed with participants in further detail.

Analytical approach: Thematic Analysis

In qualitative research, there are several well-established approaches to the analysis of interview data. This section will outline the chosen approach; thematic analysis (Braun & Clarke, 2006), to justify its application in the current research. Other potential methods of analysis will also be addressed accordingly.

Thematic analysis is the organising of data into themes that represent meaningful patterns identified across a dataset, and the findings are often reported in a coherent ‘story’ about the data (Aronson, 1994; Braun & Clarke, 2006). Identifying themes in qualitative data is a key element of the various qualitative approaches, however, Braun and Clarke defined thematic analysis as “a method in its own right” (2006, p. 78). Yet, prior to these guidelines, there were several other publications on how to conduct thematic analysis in a variety of ways (Aronson, 1994; Attride-Stirling, 2001; Boyatzis, 1998). However, the added benefit of Braun and Clarke’s guidelines (2006) is that they provide a process for the variety of ways in which thematic analysis can be applied, with flexibility on approaches taken to coding data (inductive or deductive), interpretation of meaning (semantic or latent), and epistemological position (realist, constructionist or contextualist). Braun and Clarke’s guidelines on how to undertake a thematic analysis (2006) were used to inform the current research. Thematic analysis was chosen for the current study because of its flexibility (Braun & Clarke, 2006), as well as its preferential application in qualitative IPT research (Coyle & Murtagh, 2014). Nevertheless, decisions on coding, interpretation of meaning, and epistemology need to be made to inform how a thematic analysis is conducted. Therefore, each of these elements will now be outlined for the current research to ensure that the assumptions underpinning the presented analysis are clear.

Prior to outlining the decisions taken for the approaches to coding of the data and how meaning was interpreted, it is important to clarify the epistemological position of the research (Attride-Stirling, 2001; Braun & Clarke, 2006). This is because data coding and interpretation is dependent on the epistemological stance taken. Epistemology is how we understand reality and how knowledge is created. The current thesis takes a critical realist position (Bhaskar, 2008, 2014) on epistemology. Critical realism is an approach that also explicitly considers ontology; what reality is. According to critical realism, an objective reality exists but is not entirely accessible empirically, as it is not possible to merely observe reality without interpretations being influenced by socially and historically constructed meaning, which will be contingent to

a particular context. However, it is possible to gain an understanding of said reality from numerous perspectives, utilising a variety of methods, but such understandings cannot be treated as objective or final. Critical realism fits with the current theoretical framework for a few reasons. First, critical realism parallels IPT, as they both consider the influence and constraints of the context in which an examined phenomenon occurs, whilst acknowledging individual agency (Bhaskar, 2008; Breakwell, 1993, 2014). For example, the availability, engagement, and influence of social representations and societal structures that police officers in Tanzania are exposed to versus officers in the USA, and how this affects how they perceive and experience MH related work will differ. Secondly, critical realism provides an ideal approach to integrate the traditionally opposing positions of constructionism and empiricism/positivism in identity research (Marks & O'Mahoney, 2014). This is required, as IPT combines psychological processes (e.g. perceptions) that would partly be considered realist (as they cannot be reduced exclusively to socially constructed meaning), with socially constructed meaning, which both exist within an environment that has material aspects. Additionally, critical realism suggests a stratified reality comprising the empirical (i.e. experiences), the actual (i.e. events that occur, which are not entirely accessible through reported experiences), and the real (i.e. the causal mechanisms that underpin actual events that occur and resultant experiences) (Bhaskar, 2008). In terms of IPT, identity processes and the use of social representations can be considered as causal mechanisms (real) that underpin individuals' behaviours (actual), which are then reported in experiences and interpreted by researchers (empirical). Lastly, as posited by Marks et al. (2014) "critical realist study of identity will seek to reveal the mechanisms that enable and constrain identity construction" (p.82), and IPT (Breakwell, 1986, 1993, 2014) provides at least a partial explanation for such mechanisms.

Critical realism is also compatible with thematic analysis, which also allows a combination of constructionist and realist elements that would be problematic for other qualitative analytical methods tied to an epistemological position. For example, the current research could have applied Interpretative Phenomenological Analysis (IPA; J. A. Smith & Osborn, 2008), which has been the case for other research using IPT as a framework (A. J. Turner & Coyle, 2000). However, IPA takes a phenomenological approach and it would be difficult to reconcile this method with considerations of socially constructed meanings in the data, which is an important element of the current theoretical approach due to the inclusion of social representations in IPT (Breakwell, 1993, 2001b, 2010). In contrast, Discourse Analysis (Willig, 2008) would pose the

opposite issue, discounting the directly reported experiences and perceptions of the participants, instead focusing on the social construction of meaning through language and how language is functionally used. Therefore, alone, neither of these dominant analytical approaches were suitable for the current study, given its theoretical framework. Grounded Theory (Glaser & Strauss, 1967) was also not deemed suitable, not necessarily from an epistemological standpoint, but because the approach is geared towards creating new theories, rather than the application of an existing theory. As IPT (Breakwell, 1986, 1993, 2014) was considered to robustly explain the observed findings in the data, the development of new theory was considered futile.

Once the theoretical and epistemological positions for the research had been decided, the practical ways in which the thematic analysis was to be conducted needed to be chosen. One key choice was how to code the data, which refers to the process where data that is of interest regarding a particular element (e.g. becoming a police officer to help others) is grouped together from across the dataset. In thematic analysis, coding can be both driven by the data directly without any pre-conceived framework (data driven/inductive), or it can be informed by theory, where particular elements are focused on (theory driven/deductive), such as the classic approach by Boyatzis (1998). Due to the exploratory nature of the current research, it was decided that although IPT was to be applied as a theoretical framework, to retain quality and not risk oversight of important data, the coding of the data would largely be data driven. The decision was made that a coding of the dataset would be undertaken using three broad organising categories (Maxwell & Chimel, 2014) of ‘policing’, ‘mental health’, and ‘policing and mental health’. In addition, data would also be coded using each identity principle as an organising category. This loose framework for coding essentially falls into the deductive approach to the data. However, the coding within these categories was driven by both theory and what was presented in the data, which meant some coding was (apparently) not directly relevant to the research questions.

A further decision was on the approach to the interpretations of the coded data, as to whether they were semantic; where the surface meaning of participants’ accounts is taken to be true, or latent; where underlying potential meanings are considered (Braun & Clarke, 2006). Given that reported perceptions and experiences were considered alongside social constructions of meaning, both semantic and latent interpretations of the data were required. This is the case, as individuals are considered to report on their perceptions and experiences, which can be taken

on face value, however, socially constructed meanings and the use of language (e.g. ‘talking themselves up’ to protect esteem), also occur (Coyle & Murtagh, 2014, p. 43). As there is ultimately no way of entirely confirming which interpretation is ‘correct’, it is important to consider both alternatives where possible.

Before detailing the research and analytical procedures, it is important to acknowledge the issues relating to quality in qualitative research.

3.2 Ensuring quality in qualitative research

The growing use of qualitative methods in psychology, and other areas of social science and health research, has resulted in a number of guidelines on the production of quality research (Elliott et al., 1999; Levitt et al., 2017; Stiles, 1993; Tracy, 2010; Yardley, 2000). Qualitative methods are still quite new and varied, which makes assessing validity more complicated (Yardley, 2000). However, researchers do need to be able to evaluate the quality of qualitative research, and, importantly, the standards to which a study can be held need to be compatible (Morrow, 2005). Some of the criticisms of qualitative research attempt to apply quantitative research standards that are underpinned by a positivist approach. However, positivist informed standards in quantitative research cannot all be equally applied to qualitative methodology. Unlike quantitative research, there are not objective answers in qualitative research. However, some researchers do use ‘objective’ validity checks when using qualitative methods, such as inter-rater coding. In relation to this, Kvale (1996) considered the issue of ‘intersubjective reproducibility’ when discussing the analysis of interview data:

A strict requirement of intersubjective reliability to all forms of interview analysis may, however, lead to a tyranny of the lowest possible denominator: An interpretation is only reliable when seen by everyone, a criterion which may lead to a trivialization of the interpretations. This may again involve a consensualist conception of truth: An observation or an interpretation is only considered valid if it can be repeated by everyone, irrespective of the quality of the observations and the argumentation.” (p.95-6).

As indicated by Kvale, the notion of validity being when everyone will make the same interpretations from the data in question, is potentially an extreme restriction on developing knowledge (Yardley, 2000). It is important to acknowledge that different interpretations can be made of the same dataset, and these will be dependent on a myriad of factors, such as

epistemological position, theoretical framework, existing empirical data, and the influence of the researcher. This applies not only to the analysis of interview data, but the analysis of qualitative data in general, and it does not necessarily make these interpretations invalid. Indeed, from a critical realist perspective (Bhaskar, 2008, 2014), multiple constructions of 'reality' will assist in providing a better understanding of the objective reality that is not entirely accessible through empirical research. However, such subjectivity does highlight the need for guidelines on how to assess the validity of interpretations made in qualitative research. From the guidelines produced, there are several recurrent key elements that are considered to contribute to quality qualitative research, regardless of the method employed. These will now be addressed in relation to the current research.

First, it was important to ensure that the methods applied were appropriate for the research questions, and the study employed compatible epistemological and theoretical approaches (Levitt et al., 2017; Yardley, 2000). These were outlined and justified earlier in this chapter. In terms of ensuring quality analysis, full immersion in the dataset collected (Morrow, 2005; Stiles, 1993) was achieved by multiple readings of each interview (Braun & Clarke, 2006), which was imperative to gaining a good understanding of participants' accounts. However, breaks away from the data were also taken, so that new patterns could be identified, as well as seeing where ideas were not developed enough or were too 'thin' to progress (Braun & Clarke, 2006). Staying grounded in the data and the provision of ample extracts to support and demonstrate the presented interpretations (Elliott et al., 1999; Levitt et al., 2017; Stiles, 1993) were also adhered to, as will be seen in the analysis chapters that follow. Such presentation facilitates the understanding of the reader, evidences the offered interpretations, and can also contextualise the findings. Contradictory aspects of the data were noted to ensure that whole dataset was understood, and the researcher's perspective on the data and potential confirmation bias was challenged (Morrow, 2005). Additionally, feedback from the researcher's supervisory team allowed for further consideration of interpretations that appeared not to be justified. The details of how the research was undertaken are clearly presented in this chapter, as transparency is also championed (Tracy, 2010; Yardley, 2000) in terms of communicating the decisions made on methods and theory, as well as detailing data collection and analytical processes. This allows the reader to understand how the interpretations were formulated and any influencing factors.

In addition, the context of the research is important when undertaking qualitative research, which includes consideration of theory; empirical research; social, cultural and historical contexts; data collection settings; ethics; influence of participants; and influence of the researcher (Morrow, 2005; Stiles, 1993; Yardley, 2000). Familiarity with the pertinent theoretical and empirical literature is argued to mitigate researcher bias (Morrow, 2005), which was the case for the current project, as is demonstrated in the literature review chapters (chapters one and two), and throughout the presented analysis (chapters four, five, and six). Engagement with the literature was an iterative process, which ensured that interpretations were continually considered within the context of the existing relevant theory and research. Sociocultural and historical factors were also taken into account throughout the analysis, as social representations produced within officers' social context were considered to influence the construction and maintenance of their 'police identity' (Breakwell, 2001b, 2010, 2015).

Consideration of the researcher's influence in a study is also essential, and it is one of the most refreshing elements of qualitative research. This practice is known as reflexivity (Elliott et al., 1999; Stiles, 1993; Tracy, 2010; Yardley, 2000). Reflexivity consists of reflecting on the influence of the researcher on interactions with participants, their role in influencing the production of research data, and the researcher's relevant perspectives, experiences, biases, and emotions. Reflexivity is said to facilitate a more informed approach, therefore, minimising the researcher's influence (Elliott et al., 1999). In addition, including the researcher's reflexive account in published research, also enables the reader to have an informed understanding of the presented results and the potential impact of the researcher (Stiles, 1993).

3.2.1 Researcher's reflexive account

When I embarked on this PhD, I initially wanted to investigate the ability for individuals with depression and anxiety to give valid eyewitness testimony. However, as I read the literature, I discovered the report '*At Risk, Yet Dismissed*' (Pettitt et al., 2013) and this sparked my interest in interactions between victims of crime who have MHIs and police officers. I wanted to understand why this was more frequently a negative interaction for victims with MHIs, and it struck me that it was potentially related to the victim's stigmatised identity as an IMHI (Goffman, 1963; Link & Stuart, 2017). Particularly, I suspected that this interaction could cause identity threat for both the officer and the crime victim. As explained earlier in this chapter,

my subsequent focus became the potential for police officers to experience identity threat in this context.

As discussed, interviews were the chosen method of data collection and these are considered to be an interaction between the interviewer and the interviewee, where the produced data is potentially influenced by the interviewer (Brinkmann & Kvale, 2015; Polkinghorne, 2005). Therefore, it was important to acknowledge the researcher's role as the interviewer. As highlighted by Polkinghorne (2005), the ways in which questions are asked vary between interviews, and the interviewer will have an impact on interviewee responses due to the ways in which they present during each interaction (e.g. responses to accounts given). It is also important to note that the interviewer often holds more power in the interaction (Brinkmann & Kvale, 2015; Rubin & Rubin, 2012), and this could have been the case as I, as the interviewer, chose the topics of discussion and guided the interviews. A key point relevant to the current theoretical framework, is that the researcher's identity categories are brought into an interview (Yardley, 2000), which could have an influence on interactions with participants. For example, participants may have perceived me as the 'expert' in MH because of my status as a psychology researcher. This could have given rise to feelings of identity threat due to fear of having inadequate knowledge in front of a perceived 'expert' whilst discussing MH. Therefore, it was important for me to be aware of this during data collection, as well during analysis, to try to minimise and recognise the potential effects. For example, during interviews, participants were encouraged to provide their own understanding of MHIs in detail and give their own opinions and experiences.

It was also important to consider my beliefs and assumptions about policing, and policing and MH, as well as any other relevant experiences. Imperatively, I have no personal experience as a police officer, although in the final stages of my PhD I became a member of police staff. Additionally, like most, I am frequently exposed to representations of the police as presented in the media. These are representations of the police as being heroes and a proud part of the British culture, as well as them being portrayed as corrupt and institutionally racist. As a qualitative researcher, it was important to take into consideration how these representations could have affected my judgements during data collection and analysis. In examining my beliefs about the police, I realised that I had a positive perspective; one that considered most police officers as inherently good. This has been important to recognise, as during data analysis I became increasingly aware of feelings of resistance arising towards any findings that may

show the police in a potentially negative light. Indeed, throughout the project, I felt a growing pressure to not just simply contribute to the largely negative (and potentially unjust) narratives of police culture (Chan, 1996; Charman, 2019; Hoggett et al., 2014; Waddington, 1999). As argued by Chan “Police culture has become a convenient label for a range of negative values, attitudes, and practice norms among police officers” (1996, p. 110). In addition, the frontline officers who are often associated with negative constructions of police culture are considered to create a ‘cultural barrier’ to reform, leading to the ‘marginalisation’ of their voice (Hoggett et al., 2014, p. 9). Therefore, this is an internal argument that I had to negotiate throughout the analysis of the data, carefully reflecting on the ‘reality’ of my interpretations and being mindful not to resist findings that may be negatively construed. This feeling was largely founded in my direct experience of interviewing the police officers in my study, where most showed extreme compassion and a genuine desire, and ability, to work with IMHIs. The participants I encountered appeared far from the corrupt, uncaring officers that the media sometimes portrays. These were fellow human beings, who seemed to be doing their utmost to tackle a considerably challenging, complex and ever evolving situation.

Approximately halfway through the analysis, I also started to realise there were parallels between my own experiences of working as a non-qualified member of a nursing team in an inpatient forensic MH ward, and those of my participants. The frustrations at not being able to help others when that was my primary driver to be in the job, and the ultimate feelings of helplessness in a substandard MH system, were also poignantly expressed in several participants’ accounts. Similar compromises of principles of meaning (Vignoles et al., 2006) and efficacy (Breakwell, 1993) were evident when I reflected on my own experiences. Therefore, again, it was important for me to ensure that I remained aware of these parallels in experiences when analysing the data, to ensure that it was not ‘my experiences’ that drove the insights being drawn. This has led me to question whether my experience of working in MH was a subconscious influence on the direction of my research. Was I able to identify the potential for police officers to experience identity threat in MH related work because I too have had similar experiences? This is a possibility. I perceive this as a positive factor, as I believe it allowed me to connect with participants in an empathetic way, which built rapport and facilitated rich, personal accounts. It also allowed me to draw insights that may not have been perceived otherwise.

The potential influences of a researcher's experiences, feeling, and beliefs cannot ever be entirely nullified, however, through reflexivity they can be minimised, as outlined above (Elliott et al., 1999). The potential for me to influence data collection and analysis is why I also felt it was imperative to keep the analysis grounded in the data. This facilitated a contextualised understanding and allowed the data to take the lead in the development of the 'story' of this thesis (Braun & Clarke, 2006). With my reflexive account as the researcher in mind, the following sections detailing how the research was conducted and the findings can be read with a deeper understanding of how interpretations were made (Stiles, 1993).

3.3 Research procedure

3.3.1 Ethics

Full ethical approval for the current research project was granted by London South Bank University's Ethics Committee (UREC 1517). The following sections address the key ethical concerns related to this project and how they were managed.

Informed consent

Informed consent was obtained from all participants. This was ensured by initially providing potential participants with the participant information sheet (appendix C) and consent form (appendix D), via the recruitment call email that was sent through internal channels of the gatekeeping police forces. Once participants expressed an interest to the researcher directly, the participant information sheet and consent form were resent with a detailed email on the procedure of the interview, and participants were given up to two weeks to consider whether they would like to proceed. Once participation was confirmed, a suitable location and date were arranged for the interview. At the interview, the researcher gave the participant the option to re-read the participant information sheet and consent form and offered the opportunity to ask questions. The researcher then confirmed that the participant had read and understood all the information before both the participant and researcher signed two copies of the consent form, one for the researcher and one for the participant to keep. As part of the initial stages of the interview process, participants were also informed of their right to withdraw from the study and that they were not obliged to answer any questions they did not feel comfortable with.

Confidentiality and data storage

Due to the nature of the topics discussed, the forces from which participants were recruited were given anonymity, which means that some details, such as the specific locations of interviews and locations of forces cannot be disclosed. In addition, all individual participant data was pseudo-anonymised (e.g. changing or omitting of names and locations) to maintain confidentiality.

Data were collected in the form of audio recordings of the interviews, which were recorded on a password protected recording device, only accessible to the researcher. Permission to record the interview was verbally sought from each participant at the start of the interview and was included in the consent form. On completion of data collection, the audio files were transferred to a password protected laptop device and USB storage as a backup, which were kept in encrypted folders. Again, these were only accessible to the researcher. The researcher's supervisory team were the only other individuals to have had access to any raw data, however, prior to this type of access, all interview transcripts were anonymised. Interview transcripts were also password protected. When importing transcripts into the qualitative data analysis software, Nvivo 11, the project file was also password protected.

All project work was undertaken on the researcher's personal, password protected laptop or University computer, using a personal and password protected account. A record of participants' personal details (e.g. age, gender, role specialisation) was also maintained, which was stored separately from another file holding participants' names and email addresses. This information was kept separately, so that in the unlikely event of unauthorised access to any of the files, participants' anonymity would be retained. All participants' personal information has only been accessible to the researcher throughout the project.

Managing a sensitive topic

The topics discussed in the interviews meant that there was the potential for participants, and the researcher, to experience emotional distress. When undertaking such research, it is important to recognise the impact the research may have on all parties involved (Dickson-Swift et al., 2007) and make necessary contingency plans. For participants, as part of the ethics application for the project, a plan was put in place to manage this eventuality. This involved ensuring that participants were aware of the topics to be discussed, as well as their ability to

withdraw at any point of the interview process and to only answer questions they felt comfortable with. This was explained to participants prior to the interviews commencing. All participants also received a debrief at the end of their interviews. As part of the debrief, participants were informed of support options, should they require them.

Additionally, should any participant become distressed during the interview, it was planned that a break could be taken, or the researcher could terminate the interview in extreme circumstances, if deemed necessary. During data collection, none of these actions were required, however, two participants did become overtly upset during the interviews when discussing personal experiences. Breaks were offered to these participants, but they did not feel these were necessary, and the researcher also felt it was suitable to continue. The researcher followed up with both participants after the interviews to enquire about their wellbeing and to encourage them to seek support from their personal networks or professional help. Neither participant felt such actions were needed.

The researcher was affected by some of the discussions with participants during data collection. This was managed through conversations with the researcher's supervisory team and reflexive practice.

3.3.2 Recruitment

In order to recruit participants, an opportunistic, convenience approach (O. C. Robinson, 2014) was taken to accessing police forces across England. Initial communications were sent out to forces through their primary, publicly available contact details to ascertain whether officers could be recruited from their organisation. This approach was fruitful for gaining gatekeeper access, in addition to utilising a contact of one of the researcher's supervisory team.

As part of the agreements with the gatekeeping forces, the names of the participating forces are to remain confidential due to the sensitive nature of the topic. Therefore, minimal details will be given. Gatekeeping forces were in England and participating officers were considered likely to have had considerable experience in dealing with MH related jobs. The researcher gained suitable access to participants by undergoing the required background checks and completing the relevant documentation to ensure that the project and access to police officers was ethically

sound. Once these formal procedures were completed, the researcher was granted access to start recruitment of participants.

Communication for the recruitment of participants was circulated within the gatekeeping forces via internal channels to police officers of the ranks of inspector and below, both uniformed and detective. In order to participate, officers had to have been a police officer for at least 2 years to allow for socialisation into the 'police identity' (Charman, 2017; Stradling et al., 1993). Officers were also required to have had experience of working with victims of crime with (suspected) MHIs, on at least two occasions. These were chosen as the criteria, as officers who met these requirements were considered to be likely to have developed their identity as a police officer, as well as to have had experiences that would be relevant to the research project.

Participants

The data presented in this thesis is from individual semi-structured interviews with twenty-four police officers in England. A further thirteen officers expressed an interest in being interviewed but did not participate in the study due to availability issues or did not respond after initial communications. Approximately 21% of officers participating in the current research were female, which is under the 30% average in England and Wales (Home Office, 2019b). There was an age range of 25 to 63 years old, with a mean age of 41 years old. In terms of officers' ranks; eleven police constables, six detective constables, five police sergeants, one detective sergeant, and one acting inspector participated in the interviews. Approximately half of the officers had specialised roles. The average length of service was 15 years, with a range from 2 years to 29 years. All participants were white, except one officer who was of mixed heritage. Although participants were not explicitly asked about personal experiences of MHIs, roughly half of participants reported either direct personal issues with MH or indirectly through friends and or family. A table of specific participant details that do not risk compromising anonymity has been provided in appendix E.

3.3.3 Interview procedure

Participants were interviewed either at their location of work or in an external office space. It is worth noting that some officers were interviewed whilst in uniform and others whilst in plain

clothes. The location and attire of participants when being interviewed may have potentially influenced officers, due to the priming of their identity as a police officer. The context of the interview is frequently overlooked, but it has an important influence on the interview and the context of data collection should be outlined (Stiles, 1993). As discussed by Potter and Hepburn (2005), participants are often interviewed as part of a category and answer as a representative of this category, and they note the importance of this in terms of influencing the interview. It was highly desirable for participants in the current study to interact with the researcher as a police officer. The interviews purposefully opened with questions relating to policing and the 'police identity', therefore, all participants would likely have been attuned to their identity as a police officer, as well as the fact that they were attending the interview to discuss policing and MH. However, the physical context of the interview may have also influenced the salience of their identity as a police officer. For those interviewed in uniform and or in their workplace, their identity as an officer may have been further amplified. Alternatively, for those interviewed outside of their workplace and or not in uniform, it may have felt more like a neutral, human to human conversation.

Interviews lasted between forty-five minutes and two hours and were audio recorded with participants' full consent. Interviews were then transcribed verbatim in the order in which they were conducted.

3.3.4 Analytical procedure

Although analysis is often thought of as the stage that follows data collection and transcription, analysis may effectively begin during data collection, as the researcher becomes aware of interesting elements of the interviews and patterns (Braun & Clarke, 2006). An important stage of the analysis of qualitative data is transcribing, and this was done first-hand by the researcher, which was imperative, as familiarisation with the dataset began (Braun & Clarke, 2006). Once all interviews were transcribed, each transcript was then reviewed for accuracy whilst listening to the recordings, and subsequently reread for full emersion in the data. This process allowed the researcher to develop a deep understanding of the data. During these processes, notes were made on apparent themes in the interviews.

Once a close understanding of the data had been reached, all transcripts were imported into the qualitative data analysis software, NVivo 11, for coding. Nvivo was utilised to organise the

coding of the data and was not used to identify themes and patterns. Each interview was coded following the order in which they were conducted. All data relating to policing, MH, and policing and MH was coded driven by the data, rather than having specific interests within these broad areas. Codes produced during this reading were initially placed into organising categories to simply collate the coding into areas of interest (Maxwell & Chimel, 2014), these being ‘policing’, ‘mental health’, and ‘policing and mental health’. A subsequent coding was performed on the data for any instances where each of the seven identity principles appeared to be at play (esteem, efficacy, continuity, psychological coherence, distinctiveness, meaning, and belonging); all identity principles were also used as organising categories for the codes produced in this reading. The coding within these categories was largely theory driven, looking for underlying meanings relating to identity principles and threat. This approach to coding of combining both deductive and inductive approaches, helped to keep the analysis informed by the data. All codes within each of the organising categories were then reviewed and grouped into themes within the categories, with more latent considerations being given to the data. Themes were developed based on clustering together several, or even many codes, that related to patterns in the data that were relevant to the research questions (Braun & Clarke, 2012).

These generated themes were subsequently exported into excel, printed and reviewed in relation to the research questions. There was considerable overlap between themes that were coded according to identity principles and those coded in relation to policing, MH, and MH and policing. Although this approach to coding was considerably time consuming, it served to highlight the nuances of where identity principle related issues were occurring within the themes relating to policing and MH. At this stage, all organising categories were collapsed and candidate themes that were most relevant to the research questions were chosen and developed to take forward for in-depth analysis. As part of this, some themes were discarded, whereas others remained as they were or were merged with other themes. The codes and data extracts within each candidate theme were then reviewed alongside the whole dataset, and data within relevant candidate themes were split between talk about ‘crime victims with MHIs’ specifically, and ‘all other MH’ talk (e.g. incidents with offenders, MH crises).

Initially, overarching candidate themes around ‘distinctiveness’, ‘the incompatibility of mental health and policing’, ‘responsibility’, ‘challenges to efficacy’, ‘identifying mental health’, and ‘threats to belonging and reputation’ were used to group the subthemes that had been developed. As distinctiveness appeared to be a dominant theme and have considerable links to

several other identity principles and responsibility, these themes were examined in more detail first. On deeper exploration of the extracts, it became apparent that distinctiveness was being utilised to negotiate other identity principles, which resulted in recoding and reorganising the data to reflect this. This process subsumed parts of, or almost entire, previous themes, such as ‘threats to reputation’ and ‘responsibility’. As distinctiveness was a dominant overarching theme throughout the dataset, the decision was taken that this would form an analysis chapter (chapter four) that would speak to research question one, addressing identity threat in policing and MH on a generic level. The decision was then taken that the subsequent chapters would focus on crime victims and investigate the potential influences of identity threat in this niche context, addressing research questions two and three.

Therefore, the remaining subthemes were reviewed only considering that which was relevant to victims, and it became evident that challenges to the efficacy principle for police officers when working with victims was prominent in the data (e.g. investigation difficulties). Additionally, a variety of issues that could pose identity threats were apparent in relation to the identification of crime victims’ MHIs by police officers (e.g. asking about MH being perceived as damaging to the interaction with a victim). Thus, the subthemes relating to ‘Identifying MHIs and the impact on interactions with victims’ and ‘Managing cases with victims with MHIs’ were reviewed and refined, with the extracts examined in detail. This resulted in one overarching theme relating to challenges to principles of meaning and efficacy in managing cases with victims with MHIs; chapter five, and another concerning the negotiation of identity threat when identifying MHIs when working with victims; chapter six. During these latter stages of developing and refining the themes, thematic maps (appendix F) were produced as visual representations to aid the interpretations made. Themes were then renamed where required, and short descriptions were written for each theme to clarify the ‘story’ they told about the data (Braun and Clarke, 2006).

Themes were further developed throughout the write up of the analysis, and ‘particularly vivid’ extracts from the data have been used throughout the analysis chapters to support the presented interpretations and demonstrate the various aspects of each theme/subtheme (Braun & Clarke, 2006, p. 93). Example quotes are typically representative throughout, with terms such as ‘most’, ‘many’, ‘several’ or ‘a few’ indicating the extent to which this was the case. However, a small number of quotes, which are unique and typically contrasting views relevant to the research questions, have also been included and do not allude to being illustrative of wider

opinion. The extracts were considered from the perspective that participants were reporting directly on their experiences and perceptions, as well as the potentially socially constructed meaning and functions of what they said (Coyle & Murtagh, 2014), where appropriate. For example, when officers reported not having the skills to be able to deal with IMHIs effectively, this could be taken as a direct reflection of their thoughts and feelings about their efficacy, but could also be interpreted as a means to position themselves away from being responsible for IMHIs (as will be discussed in chapter four). Throughout the writing up of each overarching theme as a chapter, analysis was an iterative process between writing, further exploration of the relevant literature, and the raw dataset. During the analysis of the extracts within each of the themes taken forward, the following considerations were made in addition to the overall research questions:

- i. What identity principles were potentially at play, particularly what principles could be being compromised and how.
- ii. How officers appeared to be negotiating identity principles, particularly how they may be protecting potentially compromised principles.
- iii. How officers appeared to experience situations that potentially compromised identity principles.
- iv. How social and personal representations appeared to be relevant to these identity processes and experiences.

The final overarching themes developed were:

‘We are not mental health professionals’: Distinctiveness in protecting and negotiating the police identity: This overarching theme examines police officers’ use of representing their distinctiveness in different ways, as a means of managing other identity principles and threat in the context of their MH work. The theme discusses how officers appear to be utilising representations of their distinctiveness to create and define the meaning of ‘police identity’, as well as to potentially try to alleviate circumstances that compromise numerous identity principles (e.g. threats to esteem due to negative representations of the police and MH work). This overarching theme comprises three main subthemes: (i) *‘Re-defining an acceptable police identity’*, (ii) *‘It doesn't make you a bad officer, if you cannot deal with mental health’*, and (iii) *‘Managing conflicts in duty’*.

Crime victims with mental health issues: The challenges of protection and prosecution: This overarching theme discusses the ways in which officers reported experiencing difficulties when working with victims with MHIs, predominantly, (i) challenges relevant to obtaining a conviction, and (ii) challenges relevant to managing vulnerability. These are discussed in relation to the possible compromising of identity principles of efficacy and meaning for officers. In addition, avoidance as a possible coping strategy employed by officers in response to such threats is examined. The sub-themes within this overarching theme are: (i) *'Uncontrollable vulnerability'*, (ii) *'Challenges to catching the 'bad guy''*, and (iii) *'Avoidance as a way of coping'*.

The underlying threats of a spoiled identity: The identification of victims' mental health issues: This overarching theme examines the ways in which stigmatised representations of MH may lead to officers experiencing identity threat when enquiring about victims' MH. It also considers the ways in which officers appear to negotiate how and when to enquire about MH with crime victims, in order to negate and cope with compromised identity principles. The sub-themes comprising this overarching theme are: (i) *'An uncomfortable enquiry: The stigma of mental health issues'*, (ii) *'Threatening consequences of enquiring'*, and (iii) *'Deciding when to ask: Seeking legitimacy and coping'*.

Each overarching theme will now be presented as an analysis chapter.

Chapter 4: ‘We are not mental health professionals’: Distinctiveness in protecting and negotiating the ‘police identity’

Before the analysis is presented, it is important to briefly summarise some of the key ways the current sample spoke about policing, which could be reflective of police culture/‘police identity’. To recap, police culture is commonly considered to be “widely shared attitudes, values, and norms, which serve to manage strains created by the nature of police work and the punitive practices of police management and supervision” (Paoline, 2003, p. 204). Police culture is relevant, as it provides an indication of how police officers may form their representations of who the police are and what they do; the ‘police identity’. Thus, the following summary of how the current sample spoke about policing, gives potential insight into the ‘police identity’ officers appeared to be negotiating. However, as discussed in chapter one, this thesis does not propose that a single ‘police identity’ exists. Instead, it is posited that there will be common elements shared by officers regarding who they believe police officers are and what they believe they do. Such common elements are likely to be influenced by what has come to be known as ‘police culture’, as well as from the organisational and social environments in which they operate, and the subcultures within these (Caveney et al., 2019; Charman, 2019; Hoggett et al., 2014). Data to support the following summary of police culture in the current sample is not included in this section, but extracts can be found in appendix G.

Many current officers spoke in ways that indicated policing was an important part of their identity, in line with previous literature that suggests policing is a significant part of officers’ self-concept (Hoggett et al., 2014). Some officers expressed always wanting to become a police officer and roughly half of the sample had people they were close to who were in the police. Nearly all officers showed a strong desire to help and protect others, which was the predominant reason participants gave for being a police officer. Several officers also referred to the more traditional elements of police culture, namely crime fighting as a key sense of purpose. However, perceptions of purpose and motivations were not mutually exclusive, and some officers referred to policing as being more than just catching criminals. Therefore, elements of traditional ‘policing as crime fighting’ cultural perspectives were shown, but officers in the current sample expressed more of a motivation for helping and protecting others. This dual sense of purpose (the principle of meaning; Vignoles et al., 2006) is similar to that reported by other recent samples in the UK (Caveney et al., 2019; Charman, 2018; Hoggett et al., 2014).

Several officers in the current sample also commented on the police being different to the public and some mentioned having to leave work at work. These sentiments highlight a sense of distinctiveness (Breakwell, 1986) from others and echo the traditional police culture perspective that police are isolated from the rest of society (Crank, 2014; Van Maanen, 1973). There were elements of the traditional ‘masculine’ culture (Crank, 2014; Loftus, 2010), with many current participants referring to having to be in control (Bayley & Bittner, 1984) and the requirement to ‘just get on with it’. Some officers spoke as if there was almost an expectation for them to be invincible, however, physical strength was seldom mentioned directly. Contrastingly, most participants reported that the ability to communicate was a vital skill in policing. Relating to others, compassion, and empathy were also said to be important by roughly half of the sample. Such discussions indicate that ‘soft skills’ in policing have gained more value, whereas these have previously been suggested to be perceived as more ‘feminine’, and not as valid as ‘masculine’ physical skills in policing (Fletcher, 1996; Rabe-Hemp, 2009). However, interpersonal skills seem to be increasingly recognised as the most important skillset by police officers in the UK (Charman, 2017). Half of the current officers also referred to the dichotomy between physical and verbal skills, at times giving a sense of a potentially incompatible polarisation between these ‘hard’ and ‘soft’ skills, respectively. This indicated an element of conflict between the two, in terms of it being difficult to navigate from one skillset to another, or potentially a challenge to be good at both.

In summary, elements of traditional police culture were demonstrated by the current sample, namely aspects of masculinity, isolation, and action-oriented crime fighting (Crank, 2014; Reiner, 2010; Skolnick, 1966). However, the current sample generally expressed perceptions of policing as a profession that requires strong interpersonal skills, with a motive of helping and protecting members of the public, going beyond just fighting crime.

As the key features of police culture observed in the current sample have been outlined, the analysis will now be presented. This chapter examines police officers’ presented representations of the distinctiveness of their profession, in order to manage potential identity threats in the context of mental health (MH) work¹⁹. This was the most dominant theme from the analysis of interviews with twenty-four police officers of varying ranks. Distinctiveness as an identity principle has been identified as a driving human need in its own right (Breakwell,

¹⁹ MH work refers to all MH related jobs police attend involving victims, witnesses, suspects, MH crises, missing persons, or members of the public in need of assistance.

1986; Vignoles, 2009), and is the desire to be satisfactorily unique from others. Indeed, distinctiveness between public service professions does appear to be important to police officers in relation to MH work (Cotton & Coleman, 2010; Horspool et al., 2016; Lane, 2019; Mclean & Marshall, 2010), and this analysis chapter serves to potentially explain why.

As this chapter will demonstrate, the seeming need for distinctiveness displayed by officers may serve to protect several identity principles, addressing question one of this thesis; *'How are identity principles compromised, negotiated and experienced by police officers in relation to their role in managing society's mental health?'* First, participants' attempts at highlighting their distinctiveness from MH professionals as a means of negotiating the understanding of the 'police identity' and maintenance of its continuity is examined. The represented professional distinctiveness of the police is then considered in relation to officers' management of threats to principles of efficacy and esteem. Finally, the negotiation of distinctiveness to protect against conflicts that officers may experience due to their MH related work is then explored. The overarching theme of *'We are not mental health professionals': Distinctiveness in protecting and negotiating the 'police identity'* comprises three subthemes, (i) *'Re-defining an acceptable police identity'*, (ii) *'It doesn't make you a bad officer, if you cannot deal with mental health'*, and (iii) *'Managing conflicts in duty'*.

4.1 Re-defining an acceptable police identity

The strategy of representing the distinctiveness of the police as a profession in different ways was recurrent in interviews with all officers. A key way in which participants seemed to use this strategy, was to communicate and create an acceptable boundary around the 'police identity', preventing MH work from being fully assimilated-accommodated (Breakwell, 1986) into who they are and what they do. This speaks to the recent claim that "police officers are attempting to retreat" from their role in MH work via the common public rhetoric they use (McDaniel, Moss, & Pease, 2020, p. 12). Current officers' representations of their distinctiveness appeared to be in response to potential identity threats (Breakwell, 1986) triggered by their expanding MH work remit (Billingham, 2018). Throughout the interviews, participants frequently highlighted their distinctiveness from MH professionals, largely in relation to two domains; (i) efficacy – police officers' ability to do MH work, and (ii)

responsibility – police officers’ obligations relating to MH work. Both domains appeared to serve functions in identity maintenance and protection, and each will be considered in turn.

4.1.1 Defining who we are by what we cannot do: police efficacy in mental health work

The majority of current officers highlighted their distinctiveness from other professions based on their lack of ability to manage MH jobs, which was done in a variety of ways. One observation was that participants appeared to negotiate the distinctiveness of the police via the denial of expert status:

We can’t be experts on it, you know, we gotta learn first aid it doesn’t make me a paramedic. I can have interaction it doesn’t make me a mental [health professional] but is it relevant that I should know something of a degree about it? Yes, absolutely. (*Police officer 24*)

Erm I’m not and I’m sure none of my colleagues are experts in dealing with it but we are more trained than the average member of the public. (*Police officer 23*)

Similarly to several participants, these two officers defined their ability to work with MH by overtly distinguishing themselves from experts in the area. However, whilst removing the police from expert status, both descriptions also retain a sense of capability. Whilst officer 24 states that police officers “can’t be experts”, their description also serves to outline their level of competence in the area; that they should know “something of a degree about it”. For officer 23, they position the police as distinctly superior to the public in terms of their competence in dealing with MH, but also avoid positioning the police alongside MH professionals as experts. The representations given in these examples construct a unique social positioning for the police in relation to MH; they are neither the same as the “average member of the public”, nor are they experts. Statements that reject expert status could be communicated to try to prevent the acceptance of the growing reality that the police are the current frontline service for managing MH in the community (Billingham, 2018; Jones, 2019). Instead, statements like these position the police in a more acceptable way, with suitable expectations of their abilities.

The importance of the police not being perceived as MH experts was also demonstrated by a few participants who used comparisons with ‘experts’ to negate expertise being inferred through their actions or opinions. For example, the following officer discussed the difficulties in distinguishing between substance misuse and MHIs:

I’m not an expert on it but that’s, you know, it just gets a bit blurred... and they interact with each other these, drink, drugs and MH. (*Police officer 22*)

For another, they described the “landmine” of being perceived as possessing a certain level of knowledge:

I’m aware also of the, the other potential landmine of coming off sounding as if I’m talking about something that I... that essentially I know that much [a small amount] about. Erm, and I think it’s important not to pretend that we know more about it than we do. (*Police officer 16*)

These two officers clearly indicate that they are not experts in MH, which can be taken as a direct perception of their ability, as with the accounts from officers 23 and 24. However, the statements by officer 16 and officer 22 can also be seen as a way to prevent external assumptions about police expertise in MH that could be derived from their actions and communications, thus further managing the representation of the ‘police identity’. For example, with the caveat of not being an “expert”, officer 22 can offer their opinion on comorbid substance misuse and MHIs. This caveat potentially alleviates the expertise that could be assumed in the offering of such an opinion, and prevents the ‘listener’ from perceiving them, and the police as a group, as possessing MH expertise. Officer 16 directly refers to the “landmine” of being perceived as an expert on MH, with this use of language indicating this would be potentially ‘catastrophic’ and is to be avoided. For officers in the sample who made such statements, there appeared to be concern for the perceived ‘expertise’ that potentially accompanies merely talking about MH.

Such accounts by participants could be interpreted as coping responses to compromised identity principles (Breakwell, 1986, 2015). The most obvious inference would be that officers may be protecting the distinctiveness principle by trying to enhance their differences from MH experts, as their increased MH work may make them feel too similar to MH professionals. Therefore, officers’ protestations of distinctiveness from MH experts may be a means to regain a suitable level of uniqueness (Vignoles, 2009). This would be in line with findings where

officers have overtly stated that they are not MH professionals in the literature (Coleman & Cotton, 2010; Lane, 2019). However, it aids in explaining these reports beyond a descriptive level and provides an alternative explanation to the longstanding argument that police officers just reject and devalue welfare related work.

When considering officers' claims of distinctiveness using IPT, identity principles and their interconnected relationships, as discussed in chapter one, can assist with further interpretations. Distinctiveness is a key source for individuals and groups to define and construct meaningful identities in terms of understanding who they are (Elsbach & Bhattacharya, 2001; Vignoles, 2009). This may explain why current officers demonstrated a potential desire to ensure that the police are not perceived as 'experts' by others; in this case, the interviewer and subsequent readers of published research. In a social context where the police are increasingly becoming the service managing MH in the community (Billingham, 2018), such officers could be trying to influence the social representation of the 'police identity' (Breakwell, 1993, 2010). This could be interpreted as officers engaging in a group level coping strategy (Breakwell, 1986, 2015), as a means to prevent MH work being assimilated-accommodated into the 'police identity'.

To further support this argument, over half of current officers represented their efficacy in relation to MH work by discussing specific deficits in officers' abilities. For example, some participants used comparisons with MH professionals to position the police outside of being able to comprehend MH:

We know we're not mental health practitioners so we don't tend to talk about the details of the illness. (*Police officer 16*)

So the way that we talk about it [mental health] tends to be this, tends to be as a thing that none of us really fully... can grasp but, that we have to deal with, but there's always, there's always a, erm... there's always an awareness that, you know, we're dealing with it from the outside and it, it must be tougher dealing with it on the inside. (*Police officer 16*)

Whilst similarly, officer 8 discussed the understanding of MH when working with IMHIs:

And even the experts aren't fully aware of what's going on. Erm, you know, you've got your different schools of thought, are things learnt, are they behavioural, are they chemical, are they physiological... Erm, and that's not something you can concern yourself with out on the street. (*Police officer 8*)

In these examples, both officers can be seen to describe police officers' inability to fully "grasp" MH as a concept. They also give the impression that officers do not, and cannot, attempt to do so as they are not 'mental health professionals'. Feelings of inefficacy in relation to MH have previously been expressed by police officers in the UK (Carey, 2001; Mclean & Marshall, 2010; Reavey et al., 2016), and internationally (Godfredson et al., 2011; Ruiz & Miller, 2004). To date, such reports have generally been taken on face value to explain officers' perceptions about their lack of capability in this area. Although lack of perceived capability in MH related work may be experienced by officers, another interpretation of such comparative declarations can be taken. For example, officer 16 framed MH as a concept that is not fully accessible to the police, and they also refer to police officers not discussing the "details" of the illness, as "they know" they are not "mental health practitioners". In making such statements, this officer creates a barrier with the 'police identity', implying that understanding of MH is inaccessible to the police. Officer 8 additionally pushes comprehension of MH, and those experiencing MHIs, into the realms of "experts" when referring to the aetiology of MHIs, particularly as the "experts" lack consensus. Both officers effectively position the police 'outside' of comprehending MH. Their statements also give the impression that it is inappropriate for them to be expected to do so as police officers. Additionally, officer 16 refers to MH being harder to deal with "on the inside". It is unclear whether this refers to MH professionals, IMHIs, or both, when referring to the "inside", either way, it is something that officers are 'outside' of. In commenting on police officers' (in)ability to comprehend MHIs, these participants again contribute towards an acceptable representation of the 'police identity', and enhance their distinctiveness as a profession (Martela & Steger, 2016; Vignoles, 2009). Participants frequently reproduced the representation that MH is a realm only to be entered by MH professionals. This could be considered as support for Breakwell's claim that individuals will 'engage' with "social representations which are central to group objectives and definition" (Breakwell, 2010, p. 6.6).

However, the question arises as to whether such arguments are futile when taken at face value, as the aetiology of MHIs and specific details may be irrelevant to much of police work. For example, individuals the police engage with may not have a diagnosis, and even if they do, the police may not have access to this information in the immediate circumstances. In addition, as noted by police officer 8, there is much disagreement within MH professions as to the aetiologies and definitions of MHIs (Cromby et al., 2013). Plus, when considering a MH

diagnosis (e.g. schizophrenia), individuals' experiences are so varied that knowing the associated symptoms may be of limited practical relevance. Taking these points into account, it makes it feasible that arguments like those by officers 8 and 16 may be an identity maintenance strategy (Breakwell, 1986).

In what also appeared to be attempts to define clear boundaries between the police and MH professionals, many officers also referred to the general police inability to 'deal' with MH. For example, the following officer discussed this in relation to managing an incident where someone with a MHI may have committed an offence:

We're not mental health professionals, we're not given enough training, we certainly don't know how to deal with people. For us it's just another person to deal with who's done something wrong or suspected might have done something wrong. (*Police Officer 10*)

Another officer also offered similar sentiments when suggesting that police should receive input from MH professionals on how to work with individuals who report crimes because of hallucinatory experiences:

But then, they're gonna say 'well, you know, you're the police, stick to the kind of set of things and those [things] you guys can deal with,' you know, so, cause we are just the police and we're not trained in the finer aspects of mental health [...] (*Police Officer 20*)

These accounts exemplify officers expressing the general lack of ability that the police have in MH work. Officer 10 states that the police are not "mental health professionals" and they 'certainly do not know how to deal with people'. This implies that due to lacking MH expertise, the police cannot be expected to be able to know how to 'deal with people' with MHIs. Officer 20 echoes this and reports an assumption that even MH professionals would expect the police to stay within their bounds, 'sticking' to the things the police "can deal with", implying this ability does not include MH to any great extent. Framing the police as "just the police" also further positions them as not being capable of dealing with MH work. Both accounts additionally demonstrate the aforementioned representation that only MH professionals can ultimately know how to effectively 'deal' with and understand MH. Such statements, again, seem to serve to maintain distinctiveness. In summary, officers' statements that enhance their distinctiveness from MH professionals in terms of their efficacy in MH work, could be a means to protect the distinctiveness principle. This could also be utilised to achieve an acceptable

understanding of the ‘police identity’ (Breakwell, 1986; Martela & Steger, 2016; Vignoles et al., 2006).

The current analysis can be further conceptualised in terms of the different sources of distinctiveness, namely, difference, separateness, and social position (Vignoles et al., 2002b). First, the framing of the police as being ‘outside’ of MH, or “just the police”, creates psychological and symbolic distance between them, which can be considered as enhancing distinctiveness through separation. Officers additionally appear to be using separateness in conjunction with social positioning, as they are making comparisons between themselves and MH professionals to negotiate each role and their positions within the social context. The third source of distinctiveness, difference, is also apparent in the highlighting of differences in abilities between the two professions. Although sources of distinctiveness have been shown to be individual constructs (Vignoles et al., 2002b), they are not mutually exclusive, and it is apparent that all three sources were employed by participants.

Underpinning officers’ concerns over being considered an ‘expert’ in MH, and their attempts to avoid this, might be the expectations that would accompany this label. If societal consensus were to be that police officers are the new ‘experts’ in MH, then the expectation that the police should deal with MH work in a more official capacity could arise. This is a responsibility that most officers in the current sample appeared to want to avoid fully subsuming into the ‘police identity’, as will be discussed next.

4.1.2 Defining who we are by what we do not do: Police responsibility in mental health work

In addition to the distinctions made by the current sample regarding what the police are not capable of doing in MH work, the majority of officers also made comments on what the police are not responsible for. The level of responsibility the police take for IMHIs in the community has been a growing area of contention (Bittner, 1967; Department of Health, 2014; H. R. Lamb et al., 2002). Most of the current officers interviewed, as have others in the UK (Marsden et al., 2020; Mclean & Marshall, 2010; Wesson & Chadwick, 2019), accepted MH work as part of their role in society. However, most current participants also made contradictory statements

that rejected MH related work on various levels, for example:

But for mental health, hate dealing with it, it's an absolute necessity I have to deal with it, it is most of my workload. It creates more work than anything else going. I don't see an end to it. I feel like there's more of it and more of it and more of it. And I just feel like there's too much ownership on the police to take responsibility for everyone's mental health. We're not mental health professionals [...] (*Police officer 10*)

Officer 10 expresses their frustrations at the sheer volume of work they have that relates to MH and protests the amount of “ownership” the police have in this area. This officer's description of MH work gives the impression that this is something that has been forced onto the police, which is too much to bear. This is almost palpable in their depiction of there being “more of it and more of it” and not seeing an “end to it”, portraying a sense of overwhelm. Following on from their protestation about the extent of the responsibility that officers have for “everyone's mental health”, this officer enhances distinctiveness by positioning the police as “not mental health professionals”. This responsibility is described as “too much ownership”. In a similar vein, another officer discussed the provision of support for victims:

The actual help for the individual, if that's needed has got to come from other places. And that's, so they [are] referred to care in the community or social services, 'you guys, go help. And I'm just gonna trust that you have done that, or not,' I don't know. We just let them do whatever it is they do. Cos we just focus on our, our role, which is getting people convicted of crimes when they have committed crimes. (*Police officer 18*)

Officer 18 outlines the expectations that other public services provide the support for victims and that police officers only focus on their role of convicting offenders. This officer clearly represents the boundaries of the police, syphoning off the role of other professions that are “trusted” to do their side of the job in providing support for the individual. This account creates symbolic separation between professions, where other services “do whatever it is they do” and the police “focus” on their role of “getting people convicted of crimes”. This account can be understood as separateness as a source of distinctiveness, and both accounts involve the social positioning of the police as a group (Vignoles et al., 2002b). The differences between the accounts by officers 10 and 18 highlight the potential variation in experiences of identity processes due to how individuals interpret and construct their identities and identity principles, as well as the context they inhabit (Vignoles et al., 2000, 2006). Police officer 10 seems to absorb the responsibilities placed on them in relation to MH even though they protest, however,

officer 18 does not. Still, both accounts by participants are potentially a way of attempting to construct a desired distance between policing and MH through communicating such representations (Breakwell, 1993, 2010). This could again serve to reject the responsibility for MH that has been pushed in the direction of the police (Billingham, 2018). With the use of comparisons to MH and social care professionals, this symbolically places IMHIs back into the arms of responsibility of these professions. Again, this would protect the distinctiveness and construction of the understanding of the ‘police identity’, by communicating such representations of the police as a group (Breakwell, 1986, 1993).

However, officer 10 also acknowledges that MH is a large and necessary part of their job as a police officer, as did most in the current sample, so it is important to examine this contradiction. In addition to compromises to the distinctiveness and understanding of the ‘police identity’, officers could also be experiencing a compromise to the continuity of their identity (Breakwell, 1986; Sani et al., 2007). Continuity is the need to have an essence of our identity that goes “across time and situation” (Breakwell, 1986, p. 24). Indeed, MH is, arguably, one of the biggest factors that have changed the activities of police officers over recent decades (Billingham, 2018), thus challenges to continuity would be unsurprising. Officer 10’s account demonstrates how this may be experienced by officers due to the growing volume of MH related work that appears to be overtaking everything else. Following this line of interpretation, officers’ verbal rejections of responsibility through representations that enhance the distinctiveness of the police from MH professionals, are potentially a way of protecting the principle of continuity (Breakwell, 1986; Sani et al., 2007). To further demonstrate the way in which some participants appeared to be experiencing a threat to the continuity principle, as an example, one participant discussed police responsibility when discussing a hypothetical MH crisis:

Plus the fact of course we’re police, we’re not medically trained, we’re not mental health practitioners. Erm, and I think a lot of people erm, forget that, we’re the, you know, being callous or whatever you could turn around and say ‘well, what’s it gotta do with the police? If somebody with mental health’s running around out in the street doing this, that and the other, what’s it gotta do with the police?’ (*Police officer 19*)

Officer 19 can be seen to question the police involvement in managing MH incidents in the community, posing the question “what’s it gotta do with the police?”. Officer 19’s statements that serve to enhance the distinctiveness of the police are positioned either side of the assertion

that “a lot of people forget” that “[they are] the [police]”. This potentially indicates an issue with the evolving perception of the police, where society is forgetting who the police are due to increasing MH work. This could compromise the continuity of the ‘police identity’, as the societal ‘forgetting’ of who the police are could threaten the existence of the police as a distinct professional group. Police officer 19’s account contributes to redefining the boundaries of the police as a profession, serving to try to maintain the continuity of the ‘police identity’ (Breakwell, 1986). The impact of MH work on police duties was also indicated in some other participants’ accounts, for example the following officer spoke about dealing with Section 136 (Mental Health Act, 1983) incidents:

if you went, dealt, dealt with somebody it was quite straightforward generally would go, erm and it would be somebody on the street so it would be a simple [Section] 136, yes you would take them to custody which you know was, was then was accepted and then that would be the end of the matter. So it, it didn’t impact on you. (*Police officer 9*)

Like several participants, officer 9 commented on the changes to the involvement of the police when they deal with a MH crisis. Previously it was “a simple [Section] 136” and it “didn’t impact” on the officer. However, hospitals are increasingly refusing to admit individuals taken in by the police or they cannot be seen for hours, resulting in officers waiting with them for lengthy periods (Billingham, 2018; Charette et al., 2014; Ogloff et al., 2013; Short et al., 2014). Thus, the prospect of being able to successfully carry out a Section 136, which is not a straightforward process, may now be perceived as comparatively “simple”.

In addition to changing police activities, picking up the pieces for other services has been said to reduce the ability of officers to carry out ‘their job’ as police officers (Billingham, 2018; Hoggett et al., 2014; Karim, 2019). A few officers in the current sample directly commented on such sentiments:

and basically we went from, which we always have been a Jack of all trades, we got spread even thinner. And more responsibility was put on our shoulders, erm, and simply it’s not for us, it’s you know, we can’t be everything to everybody. (*Police officer 19*)

But we’ve just evolved into like a Jack of so many different things now of all trades and we simply can’t cope. Just can’t cope, you can’t do all these things. (*Police officer 10*)

Police officer 19 refers to the responsibility that has been “put on” the “shoulders” of the police, resulting in them being “spread even thinner” into something that is “not for [them]”, indicating the strain on the police due to their involvement in MH. Similarly, officer 10 refers to the ‘evolution’ of their role to encompass “so many different things” to the point of not coping. Such statements suggest the increase in MH work may not only impact on continuity, but that the efficacy principle also appears to be compromised for some officers. Efficacy is the need to feel capable in our actions and in control (Breakwell, 1993), and as indicated above, some officers seem to feel like they are unable to ‘cope’. However, it may not actually be the lack of ability to deal with MH work that is the problem, but the inability to do all the tasks expected of them. Officer 19’s claim that “we [the police] can’t be everything to everybody”, indicates that this may be the case. The police may have “always been Jack of all trades”; however, MH work may be the trade that is finally breaking Jack’s back, as far as the police are concerned. Therefore, representations that reject MH work from policing by enhancing the distinctiveness of the police, may also be attempts to protect the efficacy principle. If the police influence the representation of their identity by carving out the boundaries of what they do and do not do, this, at least symbolically, serves as a coping strategy to try to prevent the full assimilation-accommodation of MH work to their identity structure (Breakwell, 1986, 1993, 2015).

To provide additional support for the arguments made in this section, increased adherence to group norms appears to be a coping response to compromises of the principles of continuity and distinctiveness (Jaspal, 2013). Indeed, endorsing traditional group narratives seems to facilitate feelings of continuity (Smeeke et al., 2017). For example, the highlighting of the police crime fighting role by officer 18, and officer 19’s rejection of the police role in MH crises, could be interpreted as examples of adherence to and promotion of the traditional crime fighting representation of the police. Some other officers in the current sample also made differentiations that highlighted a more culturally traditional view of the police, for example:

And we’re not here to be social workers, mental health experts etcetera we’re here literally to, I don’t wanna say uphold the law but we do the public’s bidding, I mean, if a member of the public says I’ve been, you know, that’s essentially what policing is isn’t it? (*Police Officer 10*)

Erm, now I think it takes a strong officer to turn round to a hospital or, er, social services and say ‘that’s not for us, you can deal with that bit, we will be there to prevent any breaches of the peace or I’ll deal with them if an assault happens’ or something like that but that doesn’t happen a lot of the time it’s ‘oh right we’ll deal with it then.’ (*Police Officer 23*)

Police officer 10 and officer 23 also argue that policing is doing “the public’s bidding”, and they are there to “prevent any breaches of the peace” or “an assault”, re-presenting the more traditional ‘police identity’ that has been seen to endure in police culture (Loftus, 2010). However, both acceptance and rejection of social work type duties have been found in the current sample and others (Charman, 2017), even by the same officers, as has been discussed. This simultaneous acceptance and rejection of MH work was demonstrated clearly within one account by an officer in the current sample, who noted the positive change in culture due to MH related jobs:

Erm and officers are now starting to understand what we can and can’t do. Erm how we can help people and that the best is to perhaps to talk to people as well and I do think we’re seeing a more ready willingness to just approach people and have a chat. [...]. Erm, if we can keep it up, I don’t know, erm, cos we are all facing challenges and ultimately it is, a lot of it is called policing, it shouldn’t be called policing. Erm... so if we don’t start getting more numbers through soon, I don’t know if that shift in culture will be maintained, I really hope it will be cos I think it’s much better for everybody. Erm, especially the poor buggers that need help. (*Police officer 8*)

Officer 8 refers to police officers’ change in approach to MH, in the ‘willingness’ to talk to IMHIs and understanding how to assist them. This officer highlights the strain that the increase in MH work is placing on the general efficacy of the police and they express concerns over maintaining the shift in culture due to a lack resources. This suggests that if the police are to continue without sufficient resources, more officers may start to reject the increased role in MH to allow them to successfully carry out what they consider to be actual ‘policing’, if they have not already. This action could certainly restore feelings of efficacy for officers, as they would be more readily able to carry out their role as a police officer. Of interest is that although officer 8 acknowledges the positive changes in police culture, with this being beneficial for “everybody”, they still highlight the distinctiveness of the police in their account. Officer 8 does this by commenting that much of what they are being asked to do “[should not] be called policing”. Therefore, even though this officer appears to assimilate-accommodate (Breakwell, 1986) MH work into the ‘police identity’ and they perceive it as beneficial, they still define the boundaries of what ‘policing’ is, and “a lot” of the work they do should not be included. Again, such comments are potentially in line with those examples given above that echo the more traditional police culture perspectives of ‘real’ police work. However, the extract by officer 8, clearly demonstrates that statements by police officers that serve to enhance the distinctiveness of their profession may be more than officers purely dismissing MH work as not being ‘real’

police work, instead favouring criminal aspects, as has long been argued to be the case (Bittner, 1967). Further fleshing out this argument, here, it is argued that this may be a coping strategy to alleviate compromises to identity principles, such as distinctiveness, efficacy and continuity, as discussed. This adds to the argument that the “collective *delusion*” of officers engaging in a rhetoric portraying themselves as crime fighters is to give their job legitimacy and provide them with esteem (italics in the original; Waddington, 1999, p. 299).

Another reason police officers may be seen to reject MH work, is due to the potential to be blamed when mistakes occur, as will now be discussed.

4.2 Not being able to deal with mental health does not make you a bad officer

The majority of participants appeared to protect feelings of esteem and efficacy by using varying representations of the distinctiveness of the police. This was achieved by representing the efficacy of the police in MH work in a variety of ways. For esteem to be maintained, we require a positive perception of our identity (Breakwell, 1986). One way this was demonstrated was several participants’ explanations for why mistakes or oversights are made when officers work with IMHIs. For instance, the following officer discussed police responses to victims with MHIs, and officers potentially not giving the time that is ‘required’ for such victims:

Erm, so yeah it does happen. A lot of a, and I would say yes it has a tendency to happen more with somebody who’s got an obvious mental health, er, issue. But, once again, a police officer will turn round and say ‘I’m not a doctor,’ you know ‘there’s other people, other people need, you know, there’s I can’t sit here for three hours tryina get five sentences out of them.’ (*Police officer 19*)

In response to one of the vignettes (appendix B) the following officer also described the possible explanations for a fictional police officer’s actions with a fictional victim who had a diagnosis of schizophrenia:

Erm it may also be... it may also be a lack or, er, a lack of information, it may just be that that person didn’t feel equipped to, to make any recommendations to Martin or to address Martin about his mental health because we’re not mental health professionals so it may be that that person [fictional police officer], you know, just, honestly didn’t know what to do... (*Police officer 16*)

Officer 19 is seen to enhance the differentiation between the police and a “doctor” when commenting on police officers not being able to spend long periods of time to get potentially limited information from someone with “obvious mental health [issues]”. The officer also comments on the impact that this demand for time has on officers, in that there are “other people” that they will need to assist, therefore, they are not able to offer these extended periods of time. The use of distinctiveness in this instance potentially serves to ‘justify’ a circumstance where an officer may not take the time required with a victim with MHIs due to other demands. This was an issue that several officers raised in the current sample, where even though officers may like to help, resourcing pressures in the job do not allow for it. Officer 16 uses the differentiation between being a police officer and a MH professional as a possible explanation as to why the fictional officer may not have taken expected actions in the vignette. This is again reflective of the recurrent representation produced by officers in the current sample that ‘dealing’ with MH lies in the domain of MH professionals. In highlighting the differentiation between professions, this may psychologically ‘allow’ police officers to not take what might be the expected actions, as they are not MH professionals, so cannot be expected to do so. In line with the earlier discussions in this chapter, distinctiveness appears to be used a means of re-presenting the definition of police efficacy as a coping strategy (Breakwell, 1986, 2015). From the accounts where officers discussed situations where a police officer may be judged negatively for their actions, like officers 16 and 19 above, it can be interpreted that this strategy of redefinition is also a means to protect the esteem principle (Breakwell, 1986). This is in addition to this strategy being employed to protect principles of meaning, distinctiveness, and continuity (Breakwell, 1986; Vignoles et al., 2006), as discussed in the preceding sections of this chapter. In this re-presentation by officers, it is not a police officer’s job to be a MH professional. Therefore, it is understandable that mistakes may be made, and the police should not be blamed, either externally by others or by themselves.

In such circumstances, police officers can only do their best, as put by the following participant:

If somebody’s got a mental health issue... I can do my best, I can fall back on my experience, but ultimately I as a police officer am not an expert. (*Police Officer 8*)

Police officer 8 summarises this position well; as police officers are not ‘experts’ then they can just do their best based on their experiences. By defining police efficacy in this way, it rebuffs any potential negative appraisals of actions of the police that might threaten feelings of esteem.

Indeed, the negative perceptions of police in such circumstances could threaten the need for feelings of ‘personal worth or social value’ (Breakwell, 1986, p. 24). This again suggests that officers rejecting ‘social work’ type jobs, may be reflective of threats to several identity principles.

Circumstances like those discussed in this section could also have negative implications for feelings of esteem, due to efficacy-based esteem (Gecas & Schwalbe, 1983). However, in these representations of police efficacy, it does not matter if officers do not take certain actions when working with IMHIs. Therefore, the officer is protected from feeling like they have failed to take the correct actions, which would protect esteem. Thus, such officers appear to be representing the efficacy of the police as a coping strategy, minimising the accommodation-assimilation of MH work to protect principles of esteem, and potentially efficacy (Breakwell, 1986, 1993).

Conversely to highlighting the distinctiveness of the police, officers also played down their distinctiveness as a means of protecting the esteem principle, as will be considered next.

4.2.1 Police are just as human

In contrast to highlighting distinctiveness, several officers also appeared to protect their reputation and feelings of esteem by communicating representations that reduced the distinctiveness of the police from others. For example, the following officer discussed the representations and criticisms of policing and MH in the media:

And when you read about it [a MH incident] or you see it on the TV and they [the press] just say ‘oh the police should have done this’ you kinda feel like saying to the press ‘well, hang on, what would you have done?’ We get training, but we don’t get any other different training that makes us have superpowers that we can, you know, read their mind. So we’re just as human as that person who wants to harm themselves or harm someone else so it’s yeah, disappointed I guess. (*Police officer 21*)

This officer initially questions criticisms of police action in the media in relation to an incident involving an IMHI, asking ‘what would [they] have done?’. This officer, as did others, appears to be engaging in a coping strategy by questioning the legitimacy of others’ opinions and derogating them in response to identity threat (Breakwell, 1986, 2015). Such a response is

possibly serving a social function of re-presenting the ‘police identity’ to others to negate threat (Breakwell, 1986). The account by this officer also implies that the judging members of the ‘press’ and the police are not so different, and if the members of the press were to be in the shoes of the police, then they would have done the same. This playing down of the differences between the police and members of the press is effectively including them all in the social category of being human. Indeed, officer 21 directly describes the police as ‘human’, and importantly this overt comparison is with the IMHIs that they may be trying to assist. Both comparisons serve to include police officers in humanity and suggests that they are also potentially just as vulnerable as the IMHIs that they work with, and as fallible as everyone else. This vulnerability may be on a general level, or it may be a vulnerability that is particularly felt when working in this context. Such representations of similarity on a human level, could protect feelings of esteem, and many officers in the current sample felt that the police were unfairly blamed in the media in relation to MH incidents. To further demonstrate this, another officer commented on police officers being human in relation the influence of the media portrayal of individuals with MH problems:

You know, I think that there is a lot of ignorance when it comes to mental health erm that there are, you know, people, you know, we’re still human, we still read The Sun or The Daily Mail or whatever and we still read the crap that’s printed in those sort of things. And, and that therefore Schizophrenia ‘well what if he’s gonna jump out and attack me?’ What if, you know, what, ‘he’s clearly not gonna cope then therefore it’s never gonna go to court, it’s not worth my time then’ or, you know what I mean. (*Police officer 9*)

Police officer 9 describes the influence of stereotypical and stigmatising portrayals of those with severe MHIs, which have frequently been sensational headlines that depict negative representations of such individuals (Angermeyer et al., 2005; Philo, 1994). This participant explains that police officers are “still human” and highlights that officers are not immune to the “crap” that is published in the newspapers. This inclusivity of the police as human, again, appears to be a strategy to protect feelings of esteem. It gives an explanation that police officers are not ‘superhuman’ and that they are affected by the same things in society as all its members, and that this can result in mistakes being made due to assumptions based on stereotypical representations in the media. As with officer 21, this account re-presents the expectations that should be placed on the police, in that they are still fallible and can make mistakes, as can everyone else in humanity. Such accounts are in contradiction to the typical view in police culture that police officers perceive themselves as different to the rest of society (Crank, 2014;

Skolnick, 1966). This, again, demonstrates that the ways in which police officers speak about the police may be underpinned by identity processes.

Interestingly, the vast majority of such comparisons made by officers were not positive differentiations (Tajfel & Turner, 1979), as they portray the police as fallible, which on first consideration would often be assumed to be detrimental to feelings of esteem. These findings further demonstrate the complexities of identity processes. Maintaining an acceptable, distinct definition of their identity may be the key driver for police officers due to the protection this has for identity processes on a number of levels, as demonstrated throughout the chapter. Such findings support IPT and the notion that esteem is not the key or only principle involved in identity processes (Vignoles et al., 2002a, 2006). However, as will now be discussed, there were also examples of the use of positive differentiation by participants that appeared to protect the principle of esteem.

4.2.2 The police are not the (only) problem

In contrast to the differentiation where police described themselves as less capable than MH professionals as a source of distinctiveness, a third of participants also highlighted the capability of the police in comparison to MH and social care services, for example:

a lot of the time people will be saying “the only people that listen to us are the police and the paramedics service and the ambulance service.” And we get that time and time again. You know they say “oh I’ve had this really bad doctor at hospital, don’t like ‘em” you know. Erm and that... that it’s just every single time we go to a job especially people that have regular, regular meetings and regular dealings with the police quite often erm the only words out their mouth will be “I’m glad you’re here.” You know, as in the police or the paramedic, “because you listen to us, you listen to what I’ve got to say,” erm and that is time and time again. (*Police officer 9*)

Again, all of the appropriate referrals were made again by myself a few weeks ago, yet again nothing’s been done. And... it seems to be falling to, to me as the police officer to be the only person who frankly gives a shit. Erm even though strictly speaking my job is ‘right, go in, lock up the suspect, give [them] a caution, tell [them] to bugger off’ that’s it, that’s all I need to do and I could do that in about eight hours. (*Police officer 8*)

Both officers describe scenarios where the police are considered to be the profession that help, in comparison to other frontline services that have effectively failed IMHIs. For example, officer 8 describes themselves as the “only person who frankly gives a shit”, despite this not being their job. Again, seemingly an example of re-presenting what is an acceptable representation of the police, potentially managing the extent that MH related work is assimilated-accommodated into the structure of the ‘police identity’ (Breakwell, 1986). In such accounts given by participants, police are contrastingly represented as more capable and willing to help than the ‘experts’ who should be taking responsibility, with many officers also generally referring to the competence of the police in working with IMHIs. These statements highlight positive differentiations (Tajfel & Turner, 1979), in that the police are the ones who are actually helping IMHIs in society in contrast to other professions. The need for positive differentiation was clearly demonstrated by several officers when discussing the police being incorrectly blamed regardless of the failures by MH services, for instance:

But I think, I think probably more so when it goes wrong let’s say with, because again it’s things like “paranoid schizophrenic hacks somebody to death in wherever” you know, the classic kind of horror story that you hear. And there will always be a reference to or try to be an association with that somehow or other the police were at fault for not preventing that person from having done that. That, that again is frustrating because we’re not the world’s social workers, we’re not their key workers, we’re not their parents but it’s always that default that everybody can point the finger at the police to say “it’s your fault, that you didn’t do X”... (*Police officer 24*)

Erm I know there are, there are sort of erm incidents in [place name] the last sort of few years where people have died and the police have been investigated. And they’re quite keen for the families to be given a platform to, to have their say about how it’s the fault of the police. They don’t focus on what the medical professionals have done or haven’t done, or social workers, their CPNs what they have or haven’t done. It’s solely the fault of the police. They want someone to blame and it sells papers to portray it as the police are at fault. (*Police officer 4*)

Both officers are describing the injustice of feeling that the police are blamed by the media when incidents happen with IMHIs. In response, these officers can be seen to enhance distinctiveness to negate this. Police officer 24 highlights that the police are not MH professionals, therefore, indicating that it is either not to be expected that they could be capable, or it is not their responsibility. Police officer 4 refers to the lack of focus on the MH professions in relation to the mistakes made, which again serves to highlight the distinctiveness between

the police and other frontline professions in terms of the potential abilities and responsibilities in this context. Such findings are in line with previous research in policing and MH that has shown officers to highlight the failings of MH services (Mclean & Marshall, 2010). The current findings indicate that such derogations could be reflective of a coping strategy to enhance esteem and protect the reputation of the police in the face of being blamed for MH related incidents (Breakwell, 1986, 2015). Such findings are similar to that of Lane (2019), who took a discursive approach to officers' talk on MH work in online discussion forums, and argued some officers sought to protect the police from criticism and justify their use of force through generally blaming MH services.

These types of statements also contradict those made by current officers about the inability of the police to deal with MH in comparison to experts, as discussed in the previous sections. This serves to strengthen the argument that police officers' comments on their efficacy in MH related work, and that of other public services, may also demonstrate coping strategies in response to compromised identity principles. Indeed, this strategy would potentially buffer the threats that public criticisms of the police in relation to MH may pose due to IMHIs experiencing harm, deaths, and suicides following or during police contact (Adebowale, 2013; Angiolini, 2017; Bradley, 2009), as discussed in chapter two.

Thus far, this chapter has demonstrated that police officers appear to re-present the distinctiveness of the police in order to construct an acceptable social representation of the 'police identity'. This seems to be particularly in relation to the perceived efficacy and responsibility that the police have in MH related work. Such accounts by participants appear to serve as a coping strategy to protect principles of meaning, distinctiveness, continuity, esteem, and efficacy (Breakwell, 1986, 1993). In addition, officers also seemed to use this coping strategy to negotiate compromises to conflicts in their duties. This will be discussed in the next section.

4.3 Managing conflicts in duty

Over half of current officers used phrases that highlighted their professional distinctiveness as police officers that appeared to manage various conflicts arising in MH work. For a few officers, it was difficulties experienced in relation to the welfare of the individuals they dealt

with. For example, the following officer discussed conflicts between their duty, desire to help and capability when working with IMHIs:

when you think about mental health you're not thinking about... Whenever you're looking at a, at any kind of illness, the natural human impulse is to think about how you can assist with the treatment of that illness... but we can't treat that illness and that's not why we're there... (*Police officer 16*)

This officer also went on to express similar sentiments when discussing the fictional vignettes involving police interacting with IMHIs:

it's just about you have to be able to draw a line between how you feel and your impulses and what your actual job is, what you're there to do, what you're able to do. Because I can turn up with all the good intentions in the world, I'm not going to cure someone of schizophrenia if indeed it's a thing, quote, unquote, cured. Like, all I can do is try and find the person who nicked their stereo. Like, that's, and that's why I in my professional capacity exist. (*Police officer 16*)

In these accounts, officer 16 describes the need to “draw a line” between their feelings or impulses and their obligations and abilities as a police officer. Officer 16’s re-presentation of the police as a profession defines the boundaries of what the police do in this situation; “find the person that nicked their stereo”. By compartmentalising their identity as a police officer and the conflicting desire to help, this might protect the officer from feeling responsible for the individual’s plight (Breakwell, 1986). Although officer 16 referenced the desire to help as being derived from ‘human instinct’, many officers enter the job as they want to be able to help people (Charman, 2018; Lester, 1983), with this being seen as an integral part of the role (Kiely & Peek, 2002). As summarised in the introduction of this chapter, most officers in the current sample described their motivations for joining the police as a desire to help people, to serve, and to protect. Officers who demonstrated a strong desire for helping appeared to take on responsibility or express a desire to help, even when it was beyond the duty of their role. The desire to help IMHIs and frustration at not being able to do so, has also been expressed by officers previously (McClean & Marshall, 2010). Thus, accounts like the one by officer 16 suggest this frustration may be underpinned by compromises to officers’ sense of purpose, i.e. the meaning principle (Vignoles et al., 2006), which could also reduce feelings of esteem and efficacy as a result of not being able to help. These findings are in line with role conflict that has been found previously in policing, where officers have expressed conflict due to the reality of the role not meeting their expectations (Balenovich et al., 2008; Caveney et al., 2019;

Charman, 2017; Huey & Ricciardelli, 2015). Such role conflicts have typically been shown to be either officers being motivated by crime fighting and feeling they spend too much time on 'social work' or contrastingly, wanting to help and not feeling they are able to. These role conflicts can be explained using IPT, as frustration to the principles of meaning and efficacy (Breakwell, 1993; Vignoles et al., 2006).

Role conflict has also been highlighted in policing in terms of incompatibilities between aspects of policing, such investigating and victim care (McMillan, 2015). Potential conflicts in these instances indicate conflict to another identity principle, that of psychological coherence (Jaspal & Cinnirella, 2010). Psychological coherence is important for our identity structure, as we seek to have elements of our identity that are compatible (Jaspal & Cinnirella, 2010). Such incompatibilities are also apparent in officer 16's account, as they attribute their feelings in this situation to the "natural human impulse" to want to help to "assist" an individual with the "treatment" of an illness, for example, a MHI. This demonstrates the conflicts between their desires as a member of humanity and their purpose and abilities as a police officer. This appears to be two conflicting elements of their identity, which could result in compromises to the principle of psychological coherence. Officer 16's communication of the distinctiveness of their role as a police officer that 'draws a line' between their desire to help as a member of humanity and their duties and capability as an officer, may also serve to alleviate the psychological coherence issues that arise due to the conflicts described. Such a construction of separateness (Vignoles et al., 2002b) can also be potentially seen as a strategy to reconfirm the 'police identity', therefore, creating a clearer understanding. For a few other officers, conflict due to the perceived incompatibility of police involvement in MH appeared to be the driver for enhancing their distinctiveness:

And also I think at the same time the victim might like it cos they won't always wanna tell the police all those problems because if I'm investigating something my victim isn't gonna wanna tell me all the other bits, but they'll quite happily tell somebody else who's not, nothing to do with police. And that takes away the authority side of things that they'll see them as more of a friend and me as the investigator and that way we can keep it separate. And that will probably work a lot easier. (*Police officer 21*)

This officer describes the value in having another individual in place to provide the support to a victim with a MHI, noting that the victim would not want to tell a police officer, but would "quite happily tell somebody else" who is "nothing to do with the police". The officer talks

about taking away the “authority side of things” and for this person to be more of a “friend”, with the benefit of keeping it “separate” so that they, the police officer, can be seen as the “investigator”. This description also appears to compartmentalise (Breakwell, 1986) the conflicting aspects of the police involvement with IMHIs. It separates the need for authority and investigating from the need to be able to confide in someone as a friend for support. This separation is considered to be “easier”, and potentially alleviates the coherence issues that are experienced when police officers interact with IMHIs, as they are not able or there to help. Such findings are in line with those from a study with officers specialising in sexual assault cases in England, who found investigating and providing victim care conflictual, which was underpinned by their learnt suspiciousness and the need to provide support for the victim (McMillan, 2015). These findings may also be indicative of conflicts experienced between implementing hard and soft skills, as expressed by officers in the current sample. Thus, compartmentalisation and focusing on one aspect of policing, either crime fighting or protecting, might alleviate threats to the principle of psychological coherence for officers.

Furthermore, the representation that policing is incompatible with MH is common, where the police are portrayed as not being able to provide an appropriate response to IMHIs (McDaniel, Moss, & Pease, 2020). A key example of how the crime fighting representation of the ‘police identity’ plays out in interactions between the police and IMHIs is the impact of the police uniform. As has been raised as an issue previously (Kirst et al., 2015; Mclean & Marshall, 2010), several officers felt their identity, as portrayed by the police uniform, was a problem when interacting with IMHIs. To manage this, a few officers mentioned minimising their appearance as a police officer, for example:

But the question is, I’ve done it myself sometimes which I’d never make another officer do, I’ve gone to an address and taken off my vest, taken off my kit belt, taken off epaulette so you just look like another person, because I’m sure it’s the uniform sometimes that can aggravate a situation. (*Police officer 14*)

This officer discusses removing their uniform to make them look like just “another person”. In contrast to the coping strategy of compartmentalism (Breakwell, 1986) that enhanced the distinctiveness of the police, officer 14’s approach effectively reduces distinctiveness between them and the person experiencing the MH crisis. Police officer 14 notes the issue of the police uniform ‘aggravating’ the situation, where the police uniform is representative of their identity as an officer. However, by stripping the uniform, it symbolically removes their ‘police identity’

and the barrier this causes. This again serves to remove the conflict between MH and the dominant representations of policing in society that is externally represented in their appearance, as the police are predominantly seen as crime fighters. The need to remove their identity as police officers in such a symbolic way highlights an important issue; the ‘police identity’ may be perceived and experienced by some officers as fundamentally incompatible with engaging with IMHIs (Bittner, 1967). There is the potential that the focus on harm experienced by IMHIs in connection to policing highlighted in the media and government reports could feed into this perception (Adebowale, 2013; Angiolini, 2017; Bradley, 2009; “Sean Rigg: Met Police ‘cover-up’ over Custody Death,” 2019). This is in addition to the arguments on the potential criminalisation of the IMHIs (HMIC, 2013; Teplin, 1984). This could cause officers to experience a compromise to psychological coherence, making it difficult for them to assimilate-accommodate MH work into their identity structure (Jaspal & Cinnirella, 2010).

Again, the conflicts in duty that officers may experience and the ways in which they discuss them may not be as straightforward as they appear. First, role conflict can be understood as a threat to the principle of efficacy and principle of meaning due to the officer’s constructed sense of purpose not being met, with this often being to fight crime or to help and protect others. Alternatively, role conflict can also be due to perceived incompatibilities between identity elements that may have different driving motivations that compromise them, therefore, frustrating the psychological coherence principle. Thus, observations in policing where officers have been seen to continue to adhere to a traditional crime fighting role (Loftus, 2010; Waddington, 1999), like officers 16 and 21 presented in this section, might be reflective of a coping strategy to manage these compromises to identity principles underpinned by such conflicts (Breakwell, 1986, 2015).

4.4 Conclusion

This chapter has indicated that officers may be utilising representations of the distinctiveness of the police as a coping strategy in response to experiencing compromises to multiple identity principles (Breakwell, 1986, 2015). Officers appeared to employ this coping strategy by enhancing the distinctiveness of the ‘police identity’, particularly in relation to the efficacy and responsibility of the police in MH work. Re-presenting the (in)efficacy of the police by making

comparisons to MH professionals was argued to serve to protect the 'police identity' in relation to the construction of its understanding (Elsbach & Bhattacharya, 2001; Vignoles, 2009) and the distinctiveness of their group (Breakwell, 1986; Martela & Steger, 2016; Vignoles et al., 2006). In a similar vein, the representation of the police not being responsible for IMHIs comparatively to MH professionals was suggested as an attempt to achieve an acceptable understanding of the 'police identity' and protect the continuity principle. It was also argued that officers' accounts that appear to adhere to more traditional representations of the police as crime fighters, may also be indicative of a coping strategy in response to threats to continuity, distinctiveness, and psychological coherence.

Officers in the current sample were also seen to utilise representations of their distinctiveness to manage compromises to efficacy in terms of their ability to carry out their daily duties. In light of this, it was claimed that the assertions of distinctiveness made by participants may be reflective of officers experiencing identity threat due to compromises to the efficacy principle. It was posited that due to its sheer volume (Billingham, 2018), police officers' MH work appears to be the trade that broke Jack's back as a result of the threats it potentially poses to officers' sense of continuity and efficacy (Breakwell, 1986, 1993). Threats to efficacy were also argued to be managed by officers enhancing their distinctiveness from MH professionals, in order to reconstruct the expectations of their abilities when mistakes are made in MH related jobs. Thus, potentially also protecting esteem. Esteem was additionally seen to be protected by officers re-presenting themselves as less distinct from others (i.e. human). It was highlighted that positive differentiations (Tajfel & Turner, 1979) were infrequent in the current interviews, supporting the notion that 'self-esteem is not the whole story' and that other identity principles can take precedence (Vignoles et al., 2002a, p. 211). Indeed, constructing a clearly understood identity appears to have been a key motivation for officers.

Finally, this chapter argued that officers also utilised the representation of their distinctiveness to manage conflicts in duty that threatened principles of efficacy, meaning, and psychological coherence. This argument was related to role conflict that has been noted in the policing literature, and explained that conflicts experienced can be further understood as threats to officers' sense of meaning and efficacy (Breakwell, 1993; Vignoles et al., 2006), as well as psychological coherence due to incompatible identity elements (Jaspal & Cinnirella, 2010).

Overall, this chapter has demonstrated that officers appear to experience threats to their identity due to compromises to identity principles of distinctiveness, efficacy, esteem, psychological

coherence, continuity, and meaning. It has posited that the accounts examined indicate that officers negotiate the representation of the distinctiveness of the police, either enhancing or reducing this, to manage such threats. Furthermore, it has been argued that dominant narratives in the police culture literature may be further understood in terms of identity processes, as outlined by IPT, being the underpinning mechanisms that result in frequently observed behaviours and attitudes of police officers (e.g. rejection of welfare related work, such as MH work). The current argument expands on Charman's (2015, 2017) findings that officers often compare themselves to other social categories (e.g. ambulance staff, the public), which was explained as a means for identity enhancement and definition, by adding the negotiation of all identity principles included in IPT.

As identity processes and threat have been demonstrated at a generic level, addressing question one of this thesis; '*How are identity principles compromised, negotiated and experienced by police officers when working with members of the public with mental health issues?*', the focus will now be turned to victims of crime. The fifth chapter of this thesis will apply IPT to the context of police officers working with victims, to examine question two; '*How are identity principles compromised, negotiated and experienced by police officers when working with victims of crime with mental health issues?*'. Chapter six then delves deeper into the interactions between police officers and victims, addressing the final question of the thesis; '*How are identity principles compromised, negotiated and experienced by police officers when identifying crime victims' mental health issues?*'.

Chapter 5: Crime victims with mental health issues: The challenges of protection and prosecution

In chapter four, the ways police officers in the current sample appeared to be constructing and protecting their identity in response to their expanding role in mental health (MH) work were demonstrated. This was evidenced by examining participants' prominent negotiation of how the distinctiveness of the police was represented, which appeared to be utilised by participants to maintain principles of meaning, continuity, efficacy, esteem, psychological coherence, and distinctiveness (Breakwell, 1986, 1993; Jaspal & Cinnirella, 2010; Vignoles et al., 2006). Chapter four supported the proposition that police officers experience threats to their identity in relation to their increased involvement in MH work (Billingham, 2018), and illustrated how they appear to negotiate and experience this. Thus, addressing the first question of this thesis; *'How are identity principles compromised, negotiated and experienced by police officers when working with members of the public with mental health issues?'*

Following on from this, the current chapter narrows the focus to police officers' work with victims²⁰ who experience mental health issues (MHIs), due to this being an under researched group who frequently interact with the police. This chapter addresses the second question being examined in this thesis; *'How are identity principles compromised, negotiated and experienced by police officers when working with crime victims with mental health issues?'*. The chapter utilises thematic analysis (Braun & Clarke, 2006) and applies Identity Process Theory (Breakwell, 1986, 1993, 2014) to demonstrate the workings of identity processes in the specific context of police working with victims with MHIs. The analysis sheds light on key challenges that appear to arise for officers in relation to identity principles in this context. The main areas where issues were apparent were; (i) challenges to managing vulnerability and (ii) challenges to obtaining a conviction. These two areas were of particular interest, as they relate to two of the main sources of meaning derived from being a police officer reported by current participants (see appendix G), namely helping/protecting others and convicting criminals. To recount, the meaning principle is understood to be one's sense of purpose in life (Vignoles et al., 2006). In addition, these two sources of meaning have long been argued to be conflicting aspects of policing; 'crime/law enforcement' versus 'welfare' roles of the police (Bittner, 1974). Therefore, further exploration of this through a theoretical perspective of IPT provides

²⁰ The term 'victim' in this thesis is used to refer to victims of crime.

a novel and deeper understanding of this existing debate, as will be discussed. Herein, the term ‘crime fighting’ will be used to refer to all activity in policing relating to crime and law enforcement, and the term ‘protector’ will be used to refer to all welfare and safeguarding activities.

The chapter will first examine how police officers experience difficulties in managing the vulnerability of victims experiencing MHIs. The challenges to officers being able to undertake successful investigations and the securing of convictions in cases where a victim has a MHI are then discussed. The chapter then closes by exploring a potential coping strategy that officers may employ in these circumstances, if threat is experienced; avoidance. The main sub-themes presented in this chapter are as follows: (i) *‘Uncontrollable vulnerability’*, (ii) *‘Challenges to catching the ‘bad guy’*’, and (iii) *‘Avoidance as a way of coping’*.

5.1 Uncontrollable vulnerability

The obligated duty to safeguard victims with MHIs was clear in many participants’ discussions of actual and theoretical examples of jobs, and when reflecting on the vignettes (appendix B) discussed during the interviews. This parallels another recent UK sample of officers, where safeguarding and working with crime victims were considered valuable aspects of the job (Charman, 2017), providing a sense of meaning. The vignettes used in the current study included a fictional scenario involving a sexual assault victim with a diagnosis of bipolar disorder, and a fictional scenario with a physical assault victim with a diagnosis of schizophrenia. In both vignettes, the police officer involved appears to have behaved inappropriately. The vignettes developed were based on previous research on police and victims with MHIs, some of which included individuals’ reported experiences (Marley & Buila, 1999; Pettitt et al., 2013; Stalans & Finn, 1995; Watson et al., 2004a, 2004b). During these discussions, some current participants also expressed considerable concern over risk of harm to the individual and others. This is in line with findings that have shown risk management of potential harm is of more concern to officers than the individual’s MHI, per se (Bittner, 1967; Hoffman et al., 2016; Menkes & Bendelow, 2014). However, managing the perceived risks when working with victims with MHIs appeared to be far from straightforward. When discussing working with such victims and the potential vulnerabilities they face, several

officers commented on their limited options to assist in these circumstances, for example:

So I think it is quite, it is quite sad, erm, and there's not really much you can do about it and then, you know. Again that's, that's something that could be followed up with, by, you know, social services and that but, you know, as usual their hands are tied with other things and the amount of jobs they have to deal with. (*Police officer 17*)

Erm, but I think we do consistently struggle to, to get the help that victims of crime who have mental health issues require. Because the rest of the system is so chronically underfunded, and they can't take the action that they need to do and all we can do is make referral after referral after referral. You know, in terms of crime prevention, you can only do so much. (*Police officer 8*)

Police officer 17 refers to there not being much that they can do to help, with social services also having their hands “tied with other things”. Officer 8 describes the “consistent struggle” officers face in getting help for victims with MHIs, despite making “referral after referral after referral”. This demonstrates that the limited action officers can take will seldom make a difference and accessing relevant services is challenging. When applying IPT to these circumstances, for officers who construct their identity as protectors, this could be an enduring threat to the principle of efficacy (Breakwell, 1986, 1993), due to officers' inability to successfully effect change for these vulnerable victims. In addition, some officers may also obtain a sense of purpose from being protectors and helping others in society (Charman, 2018; Kiely & Peek, 2002; Lester, 1983), thus such circumstances may also compromise the principle of meaning (Vignoles et al., 2006). These reports are in line with difficulties that have been reported by officers in the UK about obtaining the required assistance from other public services, when generally discussing their role in MH and MH crises (McClean & Marshall, 2010; Menkes & Bendelow, 2014) and the frustrations they experience (McClean & Marshall, 2010). The current findings provide further insight, indicating these issues apply specifically to victims of crime as well.

5.1.1 Carrying responsibility without control

Although current officers appeared to be limited in their options when working with victims with MHIs, many clearly carried the responsibility to manage the risk of harm to a victim and or others. This sense of responsibility was frequently expressed in the actual and hypothetical

examples discussed. For some officers, this was paired with feelings of lacking control in the situation. For example, one officer reflected on a case where a victim had a history of suicidal tendencies and had retained custody of their child:

[The child doesn't] exhibit any erm signs of neglect or harm or anything at all. But I kind of wish it did cos then I could do something about it. But maybe that's just because that would make me feel better as opposed to would it make the situation better, maybe it's not there and I'm just panicking because I'm thinking, you know, 'what if?' cos I'm always like I said before going right back to the beginning I'm always thinking the worst. You have to think the worst.
(*Police officer 10*)

For officer 10, they describe wanting to be able to “do something about” the potential risk they perceived in the situation, even though social workers had not removed the child from the care of the parent. Officer 10 explains “[having] to think the worst”, but also notes that the ‘panic’ they experience may not actually be warranted. In fact, this officer initially states that the child showed no signs of “neglect or harm”. Interpreting this account through IPT, it is possible to posit that the officer may actually be seeking to regain a sense of control, which would be beneficial to the efficacy principle (Breakwell, 1993). This can be seen in the officer’s acknowledgement that they may wish for a reason to remove the child from the parent, in order to “make [themselves] feel better”, as then they would be able to “do something”. This is clearly a situation where the perceived risk is experienced as out of the officer’s control, leaving them feeling redundant in their ability to influence the circumstances, even though they anticipate “the worst” happening. If the officer were able to remove the child from the care of the parent, it could restore feelings of control, thus, reinstating feelings of efficacy. Yet, such perceived control may be futile, as the most apparent risk may be to the parent due to their reported history of self-harm and no indication of risk to the child. It is, however, an individual’s perception of their efficacy that is important (Bandura, 1982, 1993), which further supports the suggestion that this officer’s expressed desire to “do something” may be indicative of their attempt to cope with compromises to their sense of efficacy.

For another officer, they discussed the difficulties experienced due to a lack of control when their team worked with a victim who had been taken advantage of due to their MHI:

As much as we would have loved to have gone down there and pulled [the victim] out it would have meant that potentially [they] would have been at risk.
(*Police officer 14*)

Erm... I think ((sighs)) morally and legally conflict at times and what you can and cannot do either under the mental health [Act] or PACE or any other law legislation can conflict morally with what you want to do. (*Police officer 14*)

Officer 14 notes the difficulty of having to leave a victim in their vulnerable situation because of conflicts between what they “morally” wanted to do and were “legally” able to do. Again, similarly to officer 10, officer 14 shows a desire to be able to take affirmative and immediate action to remove the risk of harm from the situation but had a predicament where this was not directly possible. Such circumstances that were described by participants are a direct compromise of a key element of an officer’s role, which is to be able to manage and minimise risk. Thus, officers’ requirement to take control of a situation (Bayley & Bittner, 1984) is also challenged. As discussed in the introduction to the analysis chapters, many officers in the current sample expressed that officers are required to take control and just get on with things (see appendix G). Thus, such instances, as demonstrated in these accounts, have the potential to challenge the efficacy principle for an officer, as they have little control or ability to be effective. Nevertheless, officers still appear to ultimately feel responsible for taking action in these circumstances.

Underpinning this sense of responsibility may not only be a construction of what an officer is expected to do, which maps onto efficacy. Additionally, many officers in the current sample, similarly to others (Charman, 2018; Kiely & Peek, 2002), expressed joining the police due to a desire to help and protect others. Such sentiments appear to be a sense of purpose, which maps onto the meaning principle (Vignoles et al., 2006). Therefore, when officers are unable to assist such vulnerable victims, police officers who construct their sense of purpose as protectors may experience identity threat. The impact on the principle of meaning was indicated in some current participants’ accounts, where they expressed feeling significant personal responsibility or a desire to manage a victim’s vulnerability, even though they had done all they could as a police officer. For example, the following officer discussed their desire to help when working with a victim:

Erm, so yeah, it’s, it’s kind of depressing cos you, you turn up and there isn’t... there’s not a lot you can do to change that. Erm... you know, all you can really do is try and be as, er... supportive, erm, and as much of a, and listen as intently as you can and then go back and try and equip someone else to, to effect the changes, some of the changes that they need in their life. Like a relocation, erm, like a better programme of treatment, that sort of stuff. Erm, so yeah, generally it’s, yeah, frustrating on a number of levels. (*Police officer 16*)

Officer 14 also discussed the responsibility they felt for the victim they referred to above:

Erm, yeah, [the victim] was one of those, every night we'd go home and just wonder are we gonna get the phone call tonight that says something's happened. And as much from... a Coroner's Court point of view we would say "well, we have done everything we can..." and we probably, well a hundred percent we would have been shown to have done that, morally could we have lived with the fact that something's happened on our watch? And that's something that we kind of do juggle quite a bit of the time. (*Police officer 14*)

Both officers talk of the responsibility they feel and desire to assist, even in circumstances where they do "everything [they] can" as a police officer, which may not be a great deal in terms of controlling the potential risks to a victim or others. If an officer does not have a sense of purpose to help others, then doing what is required of a police officer in both a crime fighting and safeguarding capacity would be expected to satisfy the efficacy principle, therefore, frustrations about the situation would be less likely. This was demonstrated in chapter four, where some officers appeared to differ in their construction of meaning between being crime fighters and protectors, resulting in different perspectives on police actions in MH jobs. In the above accounts, officer 16 reports of the 'frustrations' at not being able to help individuals in the described circumstances, as well as expressing the "depressing" nature of not being able to effect change. Similarly, officer 14 speaks of the "moral" torment that they experience when they do go home, where the limits of their abilities to protect such vulnerable victims may result in a victim's death. These types of accounts indicate the importance of helping others as part of some officers' sense of purpose, and the restrictions they face in being able to do so. Thus, participants' experiences of the inability to help in these circumstances, as exemplified by officers 14 and 16, would potentially have detrimental implications for the principle of meaning (Vignoles et al., 2006). The expressed emotions seen in these accounts, such as the 'frustrations' due to not being able to help, also appear to be indicative of compromises to identity principles, as it has been suggested that negative emotions are associated with responses to identity threat (Timotijevic & Breakwell, 2000). However, as much as frustrations to efficacy and meaning were apparent, these were not the only principles that seemed to be under threat in this context.

5.1.2 If things go wrong, it's a 'job loser'

The perception that MH jobs can be a 'job loser' was discussed by half of officers in the context of working with victims, for example:

As it becomes more pertinent officers want to know more. Because it sounds a bit selfish but it would be a job loser, something like this [vignettes discussed in interview – appendix B], you don't deal with it properly, it'd go to the IPCC because there's a complaint gone in. (*Police officer 23*)

And then you're like, cos, you know, cos what if you come in the following morning and [the victim's] killed [themselves] and then it's not a case of erm cos then there's an investigation and everything you've done is looked at in literally minute detail. [...] So they really nut into the details so can be really stressful so literally if anything like that happens you just don't go home. (*Police officer 10*)

These officers describe the weight of the responsibility and risk they carry, and the potential threat to their employment should mistakes be made in jobs involving a victim with a MHI. An extreme example of this is officer 10 describing their feelings of not being able to "go home", instead having to stay in work to ward off any risks to both themselves and the victim. Officer 23 also highlights that if things are not dealt with properly, then officers can lose their job, so officers "want to know more" about MH. In line with the police culture literature and the noted concerns over blame culture (Charman, 2017; Kiely & Peek, 2002; Paoline, 2003), some officers in the current sample referred to the need to cover their backs, for instance:

There's in case, it's always a case of what if? You know, what if it [a report of crime] is true? So the report goes on then you've done your bit, you've covered yourself, er, and that's what you've got to do, you've got to do that initial steps, that initial investigation no matter how nonsense it seems, it's always to cover yourself, do your bits of investigation, then if somebody else pulls it, you're fine, you've done your job, you're safe, you've covered yourself. And we'll get that quite a lot, 'why's this report on? This is not harassment, this is not this, this is not that' say you know why, cos if I don't and then it is, then I'll be at [court] explaining to the Judge why so, so and so's been found hanging in their bedroom because the police didn't take her seriously. You can't be careful, you can't be too careful, just can't be. (*Police officer 20*)

So then the danger for us is to ignore the call from them [a repeat caller] saying that something's happened and someone might have decide 'well, this person suffers delusions and this probably hasn't happened' and it isn't acted on. And then, well then something has happened and we've not acted. So that's one the

things that I think the police have got a lot better with, but you still need to be... on your guard I suppose, [...] There's a covering your back mentality as well, which is a good thing but then it might sound, it might sound wrong to the public. But I think it's just common sense, in the policing world it's just common sense really. (*Police officer 7*)

In these extracts both officers refer to 'covering' themselves (Charman, 2017; Paoline, 2003), with officer 7 commenting that this is "just common sense" for police officers, indicating this is a commonplace necessity. These accounts also give a feeling of fear, in that officers "can't be too careful" and that it's a real "danger" for them, suggesting that such circumstances are experienced as a threat to officers. As discussed in the previous section, officers seem to be working in a context where they lack ultimate control over the potential risks to a victim, but they carry the responsibility, posing potential threats to the principles of efficacy and meaning. However, as demonstrated by the accounts presented in this section, officers also lack control in a situation where if things go wrong, their position as a police officer is also at risk, which may also have negative implications for the belonging principle. Belonging in IPT has typically been defined as "the need to maintain or enhance feelings of closeness to, or acceptance by, other people, whether in dyadic relationships or within in-groups" (Vignoles et al., 2006, p. 310). Belonging may be important for many officers due to the large part of their identity that policing may encompass (Hoggett et al., 2014), as well as the noted solidarity and comradery between officers and isolation from the rest of society they can experience (Charman, 2017; Crank, 2014; Skolnick, 1966). However, the threat to belonging that could occur in circumstances like those described above, is the enhanced threat of losing their identity as a police officer entirely. Ultimately, the loss of a salient social identity could be damaging to all identity principles that are significantly associated with that identity (Breakwell, 1986), which may be severely detrimental to wellbeing.

The current findings provide further support for officers reporting concerns over the potential negative consequences of jobs involving IMHIs (Hobson et al., 2015; Speary & Shah, 2015). In the study by Speary and Shah (2015), police officers in America appeared to base their decisions in MH crises on doing both what was in the best interest for IMHIs, and the avoidance of being sued or losing their jobs. The authors of this paper called for future research to explain this dual motivation that appeared to be influencing officers' decision making. The current findings assist in providing an answer, as on one hand officers appear to be driven by a desire to protect their place in the police, which would preserve the belonging principle (Vignoles et

al., 2006). In addition, officers may have a desire to try to protect feelings of efficacy and meaning (Breakwell, 1993; Vignoles et al., 2006), which could be achieved by doing the right thing by the victim, and would subsequently be beneficial to the belonging principle as well, due to a job well done. The following officer demonstrated this dual motivation directly in their interview:

Erm, so if you detect mental health being an issue with a victim you're likely to do a little bit of extra leg work, erm, 'a' for them but 'b' also for yourself because you're, ((sighs)) it's one of those things in the job that is a, it's a 'job loser'. (*Police officer 16*)

Officer 16 describes the parallel issues that may drive an officer to do the “extra leg work” if a victim has a MHI, for both the sake of the victim and themselves as an officer, to ensure that they do not lose their job. Officer 16's account clearly summarises the dual motivations expressed by current participants, and these appear to exist in tandem for some officers.

As previously mentioned, which principles are salient for an officer will be influenced by the context, the way they construct the ‘police identity’, and how identity principles are given meaning (Vignoles et al., 2002a, 2006). Demonstrative of such individual differences, contrastingly to the above accounts, one officer in the sample expressed that there was less onus on the police when dealing with victims with MHIs:

If you're a victim you're probably sitting at home in the safety of your home and we're not controlling you and not, not in charge of you in a real hands on way in the same way, and so I think it just possibly doesn't, it's not given the same president, erm because if you do something at home there's that understanding that you're in the safety of your home, your family are there and such. (*Police officer 24*)

For officer 24 there is not the perceived level of ‘control’ of a victim in comparison to an offender, therefore, they do not consider there to be the “same president” for the police to keep the victim ‘safe’. This officer also considers that the victim will be in “the safety” of their home, with the care of their “family”. The representation of the victim's circumstances as referred to by officer 24, in comparison to those discussed above, paints a very different picture. This representation detaches the responsibility of the victim from the police, as they are not “in charge of [the victim]” in the “hands on” way they deal with offenders. Therefore, this officer perceives that there would not be a social expectation that the police should be responsible for the victim's ‘safety’. Officer 24 also considers there to be a shared “understanding” that the

victim is in “the safety of [their] home” and under the responsibility of their “family”, should they come to harm in this environment. This example demonstrates the importance of the individual officer’s personal representations, as these will influence their interpretation of the situation and contribute to whether identity principles will be compromised (Breakwell, 1993, 2001b). Comparatively to officers 10, 16 and 23, officer 24 is unlikely to experience threats to efficacy, meaning, and or belonging, as their representation of where the responsibility for a victim lies removes police officers from carrying responsibility for the ‘safety’ of a victim. Therefore, for officer 24, it is simply not for the police to be concerned with the overall safety of the victim who is in their own home, which also means that do not need to be deemed efficacious in these circumstances. However, the account by officer 24 could also demonstrate the strategy of re-presenting the remit of the police to construct an acceptable identity, as discussed in chapter four of this thesis. Thus, this could alternatively be a coping strategy to protect the officer from experiencing identity threat due to difficulties in managing such victims’ vulnerabilities (Breakwell, 1986, 2015).

Not being able to protect and help vulnerable victims was not the only potential for threat to identity principles that appeared to be occurring when working with victims with MHIs. There were also several perceived issues with investigating and securing a conviction, which will now be discussed.

5.2 Challenges to catching ‘the bad guy’

Several officers reported that when a victim has a MHI, it can be more difficult to make progress with a case. When discussing the issues faced and the potential for mistakes to be made, one officer commented as follows:

Erm and it [mental health issues] definitely makes things... ten times harder, erm, to resolve permanently. (*Police officer 8*)

Additionally, other officers reported that it was more difficult to get a conviction when a victim has a MHI:

Erm, is, is really quite difficult. You have to jump through a lot more hoops before you can get to the point of charge or not than if you had someone without those mental issues. (*Police officer 18*)

I think there's more in order to get a prosecution at court there's a lot more hoops to go through [if a victim has a mental health issue]. (*Police officer 1*)

The above extracts indicate that progressing cases where a victim has a MHI are seen to be “ten times harder” to resolve, with “more hoops” to go through in order to progress the case. This is reflective of findings that have indicated such victims' cases may not be progressed due to difficulties obtaining a charge from the CPS (Mayor's Office for Policing and Crime (MOPAC), 2019). This section adds to these findings by illustrating the challenges posed to identity principles when a case involves a victim with a MHI, fleshing out these issues.

Predominantly, for officers who align their sense of purpose with the traditional crime fighting role, principles of efficacy and meaning (Breakwell, 1993; Vignoles et al., 2006) may be compromised as a result of not being able to progress cases successfully and obtain a conviction. The main concerns voiced by officers in relation to difficulties in progressing cases where a victim has a MHI were; (i) difficulties in obtaining evidence and (ii) issues of credibility. The specific facets of these concerns will now be considered in more detail, in turn.

5.2.1 Mental health issues as a barrier to obtaining evidence

On a practical level, some officers noted issues with frontline officers generally not being trained to be able to take statements from victims who may have MHIs, where special measures could be required to obtain evidence (Ministry of Justice, 2011a). In addition to lack of training, it was also noted that frontline officers are the only ‘round the clock’ resource available to gather evidence from such vulnerable victims. For example, one officer referred to these issues whilst discussing how confident police officers are in working with victims with MHIs:

Not very good at all. Cos there's just no, there's not enough experience with them. Because erm look what I was saying about the statement, the minute there's identifying issues ‘step back, you've got mental health issues, let's not upset, let's not, you know, screw up the information and get a half story and upset this person, let's just let the secondary investigator deal with it’. (*Police officer 10*)

Officer 10 describes frontline officers taking a “step back” on discovering a victim has a MHI, through fear of ‘upsetting’ the victim or ‘ruining’ the information gathered. It is then for other officers, who are deemed able to extract quality evidence from the victim, to “deal with it”.

This would undoubtedly cause delays in obtaining evidence for the case. In addition, even when cases are referred to officers with specialist interviewing skills, delays in arranging ABE interviews was another issue that was mentioned by some participants. For example, an officer discussed a case where a victim was admitted to hospital before they could arrange an ABE interview:

I wish we'd have been able to get the ABE done before, you know, [the victim] took a turn for the worse really. Hindsight's a wonderful thing. I don't know whether there could have been a way of getting that, you don't know that that's going to happen but, you know, if we hadn't been working different shifts, if the social workers hadn't been hard to get hold of, if we could have done it sooner then, you know, maybe we could have got that evidence. (*Police officer 6*)

Officer 6 gives an example that demonstrates how the delay in being able to conduct an ABE interview with a victim with a MHI, resulted in the victim being sectioned (Mental Health Act, 1983) before the interview took place. This subsequently meant that the offender was not convicted for the alleged offence. Officer 6 noted that they were “not able to do anything” about the “serious offences” that the victim had initially disclosed, and this left them “wishing” they had been able to obtain that vital evidence. The practical issues of not being able to obtain evidence from victims with MHIs in a timely fashion, as expressed by some officers, could potentially contribute towards compromising feelings of efficacy due to not being able to investigate effectively. In addition, an officer's sense of purpose could be threatened, whether they pride themselves on being a protector or on bringing offenders to justice, as a satisfactory investigation can contribute to both.

However, even when circumstances allow an officer to obtain evidence from a victim with a MHI, this also appeared to hold additional challenges. Many officers reported that eliciting information from victims was difficult due to their MHI. This was for a variety of reasons, such as the individual's confusion, lack of ability to give detailed information, inability to focus and general deficits in communication, for example:

I remember one [victim] who erm I remember interviewing [the victim] and [they] just she couldn't focus at all on what, what had happened and [they] wouldn't talk about what had happened [the victim] kept going on and on about soap operas and everything and it was quite a nasty robbery from what I remember. (*Police officer 1*)

I think it's difficult I think one of the things that the Crown Prosecution Service when you're looking for a charge they look at consistency. And I think if someone's got mental health problems, I think that consistency might be a bit difficult because it might be that they're not lying but they just remember things differently and they're a bit confused and, you know, that can, can be a problem.
(*Police officer 6*)

For police officer 1, it was the victim's inability to "focus" that posed a challenge to obtaining information from them, whereas for officer 6, it was the lack of "consistency" in accounts given by a victim that was perceived to be problematic to the quality of the evidence. Several officers noted that interviewing victims with MHIs is a testing task, and one that some officers struggle to know how to deal with. Similar perspectives have previously been reported by officers in the UK in relation to suspects experiencing MHIs (Oxburgh et al., 2016). The following officer summed up this difficulty in obtaining information, when discussing the 'fear' officers have in such circumstances:

It [the fear] comes from the, what it is to be a police officer. When you're a police officer somebody says to you "officer, so and so and so and so's happened" and at that point what it triggers is a series of questions that we want answers to. [...] People being emotional gets in the way of us gathering information, in the most brutal of terms. [...] People being emotional and erratic... which can be, equate in some people's minds to being difficult, means you're stopping me getting my information, [...] So, and of course everybody is emotional in crisis but mental health people are generally more emotional and their emotions switch a great deal quicker and they're more extreme very often. [...] Er, but that's it, because the core of policing is gather information and gather it quickly. 'Answer my questions, thank you very much, I'll give you the crime report number at the end of the day.' Bang. Off I go to another call. Mental health gets in the way of that. (*Police officer 24*)

This officer speaks of "the core of policing" being to "gather information" and to do so at a pace. They describe here how "mental health gets in the way" of them being able to efficiently gather information. This extract demonstrates how MH can be perceived as a barrier to police officers carrying out their "core" functions when a victim has a MHI, and the "fear" that this causes officers. This "fear" is triggered by the "emotional" and "erratic" presentation by victims with MHIs that can stand in the way of an officer "getting [their] information". A further example, is where another participant discussed the requirement that officers need to be able to get information from a victim:

And that's the main, that's our main job, is to know what to ask and how to ask it and how to get that response that you need or a version of events as to what's

happened at that time, rather than just hoping for the best really with erm which is what we do a lot of the time now is we do hope for the best cos we ask that question and we don't know what the response. Especially if we know that they've got mental health problems. It might be a really serious incident that we're dealing with, it might be like somebody's tried to kill them or they've been raped or whatever and to know how those responses, how those people will react to the questions you ask is, will go a long way in how we, [how] good the evidence is you achieve from them. (*Police officer 2*)

Officer 2 echoes officer 24 in the sense that MH is a barrier to the police being able to obtain information as part of their “main job”, which they describe as “[knowing] what to ask and how to ask it”. They explain that with IMHIs it is challenging to anticipate the response they will receive to the questions they ask, and that this has an impact on the quality of the evidence they are able to “achieve from [the victim]”. Both officers outline a clear representation of what it means to be efficacious (Breakwell, 1993) as a police officer in terms of gathering information. Similarly, officers in the UK have also expressed the importance of information gathering during interviews with suspects with MHIs, with more experienced officers equating efficacy in interviewing with eliciting greater amounts of information (Oxburgh et al., 2016). Therefore, not being able to gather much information from a victim, may be a particular blow to the efficacy principle for an officer taking a statement. In the current study, officers 4 and 24 also clearly explain the detrimental impact that a victim's MHI can have on this core function and potentially their perceptions of their “competence and control” (Breakwell, 1993, p. 8). As discussed, competence and control have been acknowledged as a key part of being a police officer (Bayley & Bittner, 1984; Reiner, 2010). Indeed, this element of the ‘police identity’ is one that several officers in the current sample referred to as being important in policing (see appendix G). An example of how this threat may be experienced, was demonstrated when one officer spoke of the frustrations experienced at not being able to obtain evidence from victims with MHIs:

Erm dealing with people with erm... schizophrenia erm sort of tryina, who are who are medicated tryina speak to them and you get, sometimes you get a very, very disjointed statement. So you'll, you'll sort of get an account and then it will be off at a complete tangent, it'll be something else it will be talking about a different time period or ‘this happened before this, I've forgotten about that.’ It's, it can be very, very challenging but ultimately it still comes back to that feeling very, very frustrated. You know, it's very, very rare that we in our line of work we'll say “I had a genuine victim today, I, I had a good victim who was able to answer my questions in coherent form and I did a great statement.” You know, and it's almost like a point of achievement [...]. (*Police officer 4*)

This officer speaks of “feeling very, very frustrated” when they are unable to obtain information from a victim with a MH diagnosis, such as schizophrenia. The expression of such negative emotions could be indicative of identity threat for this officer (Timotijevic & Breakwell, 2000). Officer 4 also mentions the rarity of having a “good’ victim”, someone who is able to give them the information they need to be able do “a great statement”, which is considered as “a point of achievement”. This example indicates the adverse impact that interviewing victims with MHIs can have on an officer, where their MHI is considered to obstruct the officer’s ability to obtain the information they require. Therefore, potentially compromising the efficacy principle. In addition, although obtaining information from the victim is the officer’s job, which was clearly acknowledged by this officer and several others, issues with this task are also heavily represented as being due to the individual’s inability to communicate due to their MHI. This is expressed in officer 4 referring to a “good victim” answering their questions and officer 24 explaining how MHIs “get in the way” of an officer obtaining information. Of course, there will be individuals who due to their MHI will have a reduced ability to communicate, which in extreme circumstances may preclude them from being able to give evidence whilst unwell. However, the common representation discussed by officers; that MHIs are a considerable barrier to communication, could also serve to protect officers’ efficacy in such situations, as it attributes the ‘problem’ to the person they are trying to obtain information from (Breakwell, 1986, 1993). This could be a deflective coping strategy (Breakwell, 1986, 2015), as a means to reattribute where weaknesses in abilities lie, moving this away from the police officer who either does not have the skills, time or other resources (e.g. an intermediary) to be able to effectively work with the person in question. Indeed, it has been found in the current (chapter four) and previous (Billingham, 2018; Mclean & Marshall, 2010) research that officers feel a strain on their time due to MH related work and do not have the resources required to effectively engage with all IMHIs.

The present findings are in line with a recent UK study that used grounded theory to explore officers’ perceptions and experiences of interviewing suspects with MHIs. Officers in this study also felt MHIs were a barrier to communication and, interestingly, this was linked to officers’ experience levels (Oxburgh et al., 2016). When an officer had more experience interviewing offenders with MHIs, they were more likely to consider there to be communication problems due to the individual’s MHIs and attribute the success of the interview to the cognitive abilities of the offender. The current findings could help to explain why more experienced officers in the Oxburgh study (2016), who also had more defined

perceptions of their efficacy in interviewing, may locate the success of the interview more in terms of the capabilities of the offender than their own investigative interviewing skills. Like current participants, the Oxburgh (2016) sample may have also been protecting the efficacy principle through reconstrual (Breakwell, 1986) of where the ‘problem’ resided, which was presented as the cognitive abilities of the offender. Of course, it does need to be noted that officers’ reports that MHIs are detrimental to communication could also be based on experiences where an individual’s MHI has precluded them from giving evidence, even when supported appropriately (Ministry of Justice, 2011a).

Regardless of the underlying reasons, the inability to gather sufficient evidence when investigating a case has potentially significant consequences for the efficacy principle, and ones that could be further detrimental to the principle of meaning, such as the case being ‘dropped’.

5.2.2 The case being dropped due to mental health issues

A consequence of not being able to obtain suitable evidence from a victim is that the case may not be progressed. A few officers commented on the difficulties in obtaining evidence from victims with MHIs, and the subsequent impact this has on the progression of a case, as illustrated by the following:

Erm I was speaking to a colleague [...], [they] gave me an example of, you know, victims that have such substantial issues that the matter doesn’t get taken forward. Because this person has, even with an intermediary they may not be able to provide sufficient evidence to, to erm not warrant but to be able to enable a matter to be taken further. So there are issues, there are issues with regards to that where we aren’t physically able to investigate a crime because we can’t get sufficient detail. (*Police officer 4*)

as I said, you get a gist of a story but the finer details they’re not able to give you, you know, things that’d be, that’d be able to make you progress your investigation so in a way it’s frustrating because you can’t really, you can’t really take that any further because you’ve got nothing to go on because, you know... (*Police officer 17*)

Here the officers can be seen to describe cases will not be “taken further” due to lack of being able to gain “sufficient evidence”. Both officers speak of the inability to obtain the “finer” or

“sufficient” detail that is required for the quality of evidence required to progress an investigation. Indeed, evidence gathered as part of a case is required to meet specific standards in order for prosecution to be pursued (The Code for Crown Prosecutors 8th Edition, 2018). Officer 17 speaks of the “frustration” that this causes, due to an inability to obtain evidence when a victim’s MHI has a detrimental impact on their ability to communicate, meaning the case cannot be taken forward. This is likely to have negative consequences for the principles of efficacy and meaning for some officers, due to them not being able to investigate and bring offenders to justice, as the case will not progress. For officers whose sense of meaning is derived from protecting the public, this could also be negatively impacted, as an offender going free could be a risk to the current victim and others. Indeed, many of the present sample reported deriving a great sense of meaning from catching criminals and from protecting the public (see appendix G), which has also been the case for other UK samples (Charman, 2017; Kiely & Peek, 2002).

Yet, even if evidence is obtained and the case is progressed to court, this is not without its apparent difficulties. The perceived credibility of information from an IMHI may be perceived as dubious throughout the Criminal Justice System (CJS), including by police officers (Murray & Heenan, 2012; Pettitt et al., 2013; Watson et al., 2004a). The representation that IMHIs are less credible when providing evidence (Carver et al., 2017) was widely acknowledged by many officers in the current sample. In one of the vignettes discussed, a fictional victim was told by an officer that they would be unlikely to get a conviction and that they, as the victim, would be ‘ripped to shreds’ in court, after the victim disclosed their bipolar diagnosis. This vignette was loosely based on accounts given by participants in the report *‘At Risk, Yet Dismissed’*, on the experiences of the UK CJS by victims with MHIs (Pettitt et al., 2013). Although most of the current officers opposed the depicted actions of the officer in this vignette, many officers commented on the reality of the issues it raised in relation to the victim being discredited in the CJS:

I mean, these might be fairly true statements but I’m not really sure that the time to make them would be when the victim’s giving you the first account, erm, if, if at all. (*Police officer 11*)

Because they’ll see the person with the mental health issue as somebody to attack, as somebody to make unreliable, ‘they’ve got mental health issues, they cannot be relied upon. Don’t you see ladies and gentlemen of the Jury, they’re

crazy, you can't be trusting a word that comes out of their mouth' that's the, one of the first strategies that they're gonna try and go down. (*Police officer 18*)

These examples note the potential truth in the perceived lack of credibility of the victim in court due to their MHI, with officer 18 describing the way in which such victims are discredited as “crazy” and not to be ‘trusted’. Officer 11 additionally describes the ‘truth’ of the statements but questions the appropriateness of mentioning this to the victim. Extracts like those above, indicate that the discredited nature of MH is an anticipated issue that officers expect when working with victims. This was a commonly reproduced representation among the current sample.

The negative representations of the victim's credibility in court also fed into perceived potential repercussions, with some officers commenting that cases could be dropped by the CPS when a victim has a MHI, for instance:

The Criminal Justice System although it's improving the court process, if there's any doubt cause obviously cases are all about credibility of witnesses and if a witness is seen as uncredible for some reason erm, you know, because they've got mental health problems or they're delusional or they're not very good at telling what's happened then the CPS [is] far less likely to charge the perpetrator. (*Police officer 1*)

We have seen CPS [Crown Prosecution Service] decline to take a matter forward on the basis of a victim being mentally unwell because they wouldn't hold up to proof in a court. Erm, I mean, that is robustly challenged. (*Police officer 14*)

These accounts indicate that some officers perceive the potential for cases to be dropped by the CPS when a victim has a MHI, due to them not being ‘capable’ of being a “credible” witness. This would be a decision that is taken by the CPS (The Code for Crown Prosecutors 8th Edition, 2018), not the police, so again, these circumstances take the control out of the officers' hands, creating the potential for threats to efficacy (Breakwell, 1993). As noted by officer 14, such decisions may be “robustly challenged” by the police. However, an alternative interpretation here, is that officer 14, like officer 24, may have been attempting to positively differentiate the police from the CPS during the interview, in order to maintain the principle of esteem (Breakwell, 1986; Tajfel & Turner, 1979). The potential for the CPS to drop the case may be an additional contribution to the overall environment where the principles of efficacy, as well as meaning, are potentially challenged for officers when dealing with cases where a victim has

a MHI. Again, this is due to not being able to progress a case through court and bring an offender to justice.

Indeed, it has been shown that officers are more likely to take no further action (NFA) in cases with a victim with a MHI due to the CPS being less likely to accept them for charges (Mayor's Office for Policing and Crime (MOPAC), 2019). It is argued here that officers taking NFA on these cases may be partially underpinned by identity threats, as demonstrated throughout this chapter. It is suggested that NFA may be a coping strategy to minimise or eradicate such threats (Breakwell, 1986, 2015). The potential for avoidance as a way of coping was discussed with officers, and it appears to be a significant way for officers to manage threats to identity in this context, as will now be discussed.

5.3 'Avoidance' as a way of coping

Previous research has indicated that police officers may potentially be less likely to take action in a variety of ways (e.g. not classifying an allegation as a crime) when a case involves a victim or witness with a MHI (Finn & Stalans, 1995; Mayor's Office for Policing and Crime (MOPAC), 2019; Murray & Heenan, 2012; Pettitt et al., 2013; Walker et al., 2019; Watson et al., 2004a). One interpretation of this is that police officers may disbelieve such victims, considering them to be less credible. Indeed, many of the current sample expressed that there had been or were issues with police officers disbelieving IMHIs. However, on considering this potential lack of action or engagement by officers, when interpreting it through a lens of IPT, it is possible that avoidance of circumstances with victims with MHIs may not simply be due to officers' perceptions of the victim's credibility or issues with the CPS. Instead, such behaviour could be considered as a coping response to the compromising of identity principles, as outlined in the current chapter. A coping strategy can be considered as "any activity, in thought or deed, which has as its goal the maintenance or construction of an identity structure that is compliant with the identity principles" (Breakwell, 2015, p. 257). The application of this notion of coping in response to identity threat shall be used to examine and interpret the findings presented in this section.

On discussing the vignettes (appendix B) in the interviews, where fictional police officers may not have taken the most appropriate actions with victims with MHIs, several participants did not believe that officers would behave in this way. For example, one of the vignettes was

loosely based on accounts given in a report on the experiences of victims with MHIs (Pettitt et al., 2013). The scenario involved “Marie”, who had been a victim of sexual assault and was advised by the interviewing officer that they were unlikely to get a conviction and that “Marie” would be ‘ripped to shreds’ in court, after she disclosed her bipolar diagnosis. In response to this, one current participant rejected that an officer would behave in such a way:

I am not aware of there being anything in the legislative literature that says that it’s, that erm, one of the excuses for getting away with sexual assault is the person you did it to has bipolar. So, that’s not a reason for not being able to prosecute someone, so that statement doesn’t make sense. So, I know a colleague of mine wouldn’t have said that to someone. So if someone turned around and said “that’s what they said” I would know it wasn’t true which would lessen my disappointment but it would also make me think ‘ok, so what did my colleague do, where did my colleague lose that person?’ (*Police officer 16*)

Police officer 16 strongly opposes the potential for an officer to have behaved in the depicted way in the vignette. This officer considers that such a circumstance would have to be a misunderstanding, which they state would ‘lessen their disappointment’. This account could reflect the officer’s genuine perspective. Alternatively, when considered through a lens of IPT, this account could also be denial at the internal level, where the officer does not acknowledge the potential for this behaviour, or it may be an attempt to re-present the ‘police identity’ externally to the researcher. Either approach would potentially serve to protect feelings of esteem for the officer in the face of the police potentially being perceived in a negative light (Breakwell, 1986). This is an idea that will be returned to after a brief review of participants’ reactions to the vignettes.

In contrast to the above, just over half of current participants did believe that situations like those depicted in the vignettes occur. For example, many officers were unsurprised by the vignette involving “Marie”:

Just literally I [was] gonna laugh cause it’s exactly what I’ve been talking to you about. Erm... ((sighs)) I wish I could say I was surprised but I’m not... (*Police officer 14*)

Erm it, it upsets me to the point where erm... there are still people in my job that behave like this that, you know, as soon as you mention a mental health issue you’re fobbed off [...] (*Police officer 4*)

Additionally, “Martin’s” scenario, which was also loosely based on previous research findings (Pettitt et al., 2013; Watson et al., 2004a), where a fictional character appeared to not be believed by an officer after revealing he had a diagnosis of schizophrenia, resulting in less action being taken, also did not surprise some participants:

Erm, you will undoubtedly get officers who, who go “oh well he’s mental I’m not doing anything” and leave it at that. (*Police officer 8*)

Again it doesn’t, it doesn’t surprise me to be quite honest. (*Police officer 2*)

As demonstrated by the above accounts, many participants believed that there are officers who engage in potentially ‘avoidant’ ways towards victims with MHIs, and MH related jobs in general. Such behaviour does not appear to be a ‘surprise’ to these officers, where, for example, officer 14 wishes they were “surprised” and officer 8 indicates that “undoubtedly” this type of behaviour does happen. Many of the officers in the sample expressed disdain at such behaviour, as can be seen by the account by officer 4 who expressed their ‘upset’, and there was a frequent notion of wanting to be surprised, even though they were not, as articulated by officer 18. Interestingly, the discussion of the vignettes induced what appeared to be identity threat for a few current participants during the interviews, which was evident in the ways in which they tried to negotiate this threat whilst reflecting on such situations, for instance:

‘Well, there’s not much point you’ll just get ripped to shreds’, that’s awful. I can’t imagine that ever happening but obviously it does [...]. (*Police officer 10*)

Well, I mean it just wouldn’t happen like that really. I mean obviously probably it does. (*Police officer 3*)

Here, both officers can be seen to state that the scenario “would [not] happen”. However, this is followed by an admission that “obviously” these types of scenarios do happen. These appear to be fleeting moments of denial. Denial has been described as an intrapsychic coping strategy that is “almost a tactic to buy a psychological time-out before resuming the struggle with an unpleasant reality” (Breakwell, 1986, p. 82). The ‘obviousness’ of the type of behaviour in the vignettes may be why the initial denial is not sustainable, and this is also reflective in the lack of “surprise” that many officers referred to. Not only do these types of scenarios happen, they “obviously” happen, and it is something that is clearly known to others. The reality that police officers may not respond to victims with MHIs in the same way as those without, may very

well be an ‘unpleasant reality’ for officers to face, casting a negative light on the ‘police identity’. This is evident in officer 4’s upset at colleagues who they allege to behave in this way. Such behaviour by police officers has the potential to threaten the reputation of the police, which could be damaging to the principle of esteem (Breakwell, 1986). Thus, to engage in denial, as demonstrated by some officers, may be an attempt to preserve feelings of esteem.

Therefore, it does appear that such instances are occurring in policing, but an important question is why, which will now be addressed. On discussing the reasoning behind why police officers may engage in seemingly ‘avoidant’ behaviours when working with victims with MHIs, participants discussed two themes that indicated such behaviours by officers may be a coping strategy in response to compromised identity principles. Each will now be examined.

5.3.1 Putting mental health on the ‘too difficult pile’

On discussing the vignettes (appendix B), and that these were loosely based on previous findings that have indicated officers may be less likely to take action based on information from victims and witnesses with MHIs (Murray & Heenan, 2012; Pettitt et al., 2013; Watson et al., 2004a), officers were asked why they thought this might be the case. Many officers felt that such behaviour is a potential response to officers not knowing what actions to take. More specifically, for several officers, it was the perceived difficulty in managing the situation, for example:

I think that, I hate to say it but I think that would be down to, especially when it’s a minor offence that would be down to putting it in the ‘too difficult pile’. Which sounds awful, but I reckon it will, I reckon they’ll, the officer’ll think ‘ok, this guy’s got a mental health condition I can..’ he’ll be thinking about ‘I can resolve this as simply a facet of that mental health condition as opposed to the true, looking at the true allegation objectively’ because that will require X more hoops to jump through.’ (*Police officer 18*)

Erm, and if somebody is so distressed or, that you can’t get a, a clear version out of them I think you’d have a tendency to turn ‘round and go ‘I can’t make any sense out of this, I don’t know what’s happened or not.’ Erm, so that’s human nature for you and I think that does happen, yeah. (*Police officer 19*)

Both participants describe the potential for an officer to remove themselves from dealing with a situation where it is perceived as “too difficult” or that they “[cannot] make any sense” of it.

Officer 18 refers to the potentially perceived difficulty in terms of the ability to deal with the case, with there being “X more hoops to jump through”, as discussed earlier in the chapter. Whereas officer 19 notes the ambiguity of the situation, and considers this to be problematic for the officer, if they are unable to decipher what has actually happened. These extracts, again, demonstrate the potential threats to principles of efficacy and meaning when officers deal with such situations (Breakwell, 1993; Vignoles et al., 2006), as has been discussed throughout this chapter. The inability to effectively handle the situation is used as an explanation for why officers may not manage cases in the way that they potentially should, effectively putting such cases on the “too difficult pile”. Walker and colleagues (2019) suggested that their findings on officers not classing rape allegations as a crime when the victim had a MHI could be due to inconsistencies in their accounts or difficulties in understanding the victim. This has also been found to be the case in a review of rape cases in London (Mayor’s Office for Policing and Crime (MOPAC), 2019). The current research supports and adds to these findings by demonstrating officers’ concerns in relation to their ability to obtain evidence from victims with MHIs and the potential for their credibility to be called into question. In addition, the current research potentially explains the underlying mechanisms for why officers may take NFA in such circumstances; compromises to identity principles. In addition to efficacy being frustrated, as overtly noted by some participants, officers’ sense of purpose may also be threatened, thus compromising the meaning principle. The ‘avoidant’ behaviour of taking NFA with victims with MHIs could, therefore, be interpreted as an example of a coping strategy to deal with the compromises to principles of efficacy and meaning; in that officers are distancing themselves from the source of the threat. This is in accordance with Breakwell, who posited that in seeking to cope with perceived identity threats, individuals will remove “aspects of the social context, at the material or ideological level, that generate the threat” (1986, p. 79).

The threat to esteem as a result of such behaviour by police officers, as discussed above, was further demonstrated in officer 18’s precursor that they “hate to say” the explanation that they gave, and equally in officer 19’s framing of their reasoning as “human nature”. Officer 19’s personal representation of officers’ behaviour, positions it as “human nature” and is another example of the re-representation of distinctiveness to manage identity principles, as discussed in chapter four of this thesis. This re-evaluation of the attribute could protect feelings of esteem (Breakwell, 1986). Such findings indicate the potential balancing act that is required for individuals to satisfy their salient identity principles in a given context.

Another officer, on discussing the lack of confidence that officers experience when working with victims with MHIs, further demonstrated the possible link between the avoidance of MH related calls and identity threats:

But that first instance when you've got to move from that barrier point or the high emotional point into the point of trust where you're then getting something, that journey can be so very difficult that you will find an awful lot of police officers just so badly don't want to go to the calls. They really don't. Cos it's just hard work. There's no doubt about it. It's hard work. Erm, and of course if you get it wrong the finger of criticism is pointed at you so the easiest way to not get it wrong is don't go to the calls in the first place. So you will find that those types of calls let's say, will fall to a very small quantity of officers who go to them [...]. (*Police officer 24*)

Officer 24 discusses the avoidance of jobs with IMHIs, explaining that these will be left to a select number of willing and able officers. Similarly to officers 18 and 19, officer 24 refers to the 'desperation' of officers not wanting to go to such jobs, as it is "just hard work", again supporting the interpretation that this avoidance may be a way to cope with the threat posed to efficacy. In addition, officer 24 notes the potential threat to belonging that MH related jobs hold, explaining that the "finger of criticism" is most easily avoided by not attending jobs where there is the potential to "get it wrong". The fear of getting "it wrong" is a threat to the principle of belonging due to the possible anticipated repercussions of a 'bad' job. As discussed earlier in the chapter, threat to belonging was a concern that was raised by several officers in the current sample, as well as being implicated in prior research on policing and MH (Hobson et al., 2015; Speary & Shah, 2015). As indicated by officer 24, one way of managing such threats to the belonging principle is to avoid the circumstances where there is potential to make a mistake in the first place, thus, removing the source of the threat (Breakwell, 1986).

These accounts offer support for the interpretation that police officers may disengage from cases where a victim has a MHI, not because they do not believe the individual, but as a coping strategy to manage threats to numerous identity principles. It is a strategy that serves to remove the source of the threat (Breakwell, 1986). In addition to difficulties due to not knowing what actions to take to efficaciously manage jobs with victims experiencing MHIs, officers directly acknowledged that the perceived difficulty in progressing a case may also be a contributing factor to why police officers may 'avoid' such jobs.

5.3.2 The job is not going anywhere

Another reason many participants thought that police officers might disengage with victims with MHIs was the perception that the case was not going to progress. For example, the following officers commented on the vignettes:

But I know that, I, you know, I could name you fifteen jobs and that would just [be] the past six months where something similar has happened whether it be 'were not locking him up' or 'we're not [listening], we're not, we don't think it will go anywhere because...' (*Police officer 9*)

Well, it could be a case of cynical officers thinking 'what's the point of me putting work in now if this is gonna go nowhere later on,' if they believe it will go nowhere because of mental health, which again is not something, erm, I'm aware of being a definite. Erm, so that's to do with officers, that's to do with officers who get into... which is a risk, er, I suppose, officers get into the habit of, erm, looking down... trying to look into the future to see whether the work they might be about to do is gonna be worth it, quote, unquote. Erm, and that's a trap in the police that you can fall into, that's a really, it's a really, a negative mind-set that you can fall into. (*Police officer 16*)

Officer 1 outlines the frequency of some police officers being reluctant to deal with cases due to the perception that the case will not progress when it involves MH. Police officer 16 refers to this as "a trap" that officers "can fall into", where they will perceive a case to be "[going] nowhere", so may not engage in the work. If a case is perceived to be 'going nowhere', then this could impact on the principle of efficacy, as officers could consider working on the case to be a "[waste] of time" or not "worth it", and this was a suggested perception made by many officers. In addition to challenging efficacy, the principle of meaning could also be compromised, as if a job is not progressed, there is no opportunity to obtain a conviction. As discussed earlier in this chapter, being able to obtain convictions is a considerable source of meaning for many officers. Therefore, it may be a case that perceived threats to meaning and efficacy are minimised or eradicated by the avoidance of such circumstances (Breakwell, 1986). One of the issues related to the case not progressing reported by a few officers, was the concern over the perceived credibility of the witness within the CPS, for example:

Because they, officers think that somebody with mental illness, this term of 'don't have the capacity' to understand what's happened, to hold up to proof as a witness erm, that assumed they now have challenges with CPS. So I think they make the quick, wrong, decision that "well this isn't gonna go anywhere anyway

so I'm wasting my time" I think that's generally the consensus around it. Erm, and that is something that we do battle every single day [...]. (*Police officer 14*)

Police officer 14 refers to officers perceiving that victims with MHIs will not be considered credible, as examined earlier in this chapter. This perception is thought to be an influencing factor on officers' decision making, in that they will pre-empt the case being dropped by the CPS due to the victim's lack of credibility. Such notions are reflective of the enduring cultural element of cynicism in policing (Charman, 2017; Loftus, 2010). These extracts, again, demonstrate that a potential way to manage possible compromises to efficacy that an officer may experience in such cases, is to avoid taking them forward before the case is 'thrown out' further down the line. It also avoids an officer carrying out the work to no effect, which may avoid feelings of inefficacy. Indeed, these findings are in line with those that have recently shown that police officers in the UK are significantly more likely to take NFA in rape cases where a victim has a MHI, due to such victims' testimony being inconsistent (Mayor's Office for Policing and Crime (MOPAC), 2019). Overall, the findings by MOPAC indicated that officers are less likely to NFA a case where they consider it will successfully go to the CPS for charge due to the strength of the evidence. Again, this can be interpreted as officers pursuing the satisfaction of efficacy and meaning and avoiding these principles being compromised, by only progressing cases that they perceive as having a chance of success. The potential desire for preservation of efficacy was evident in some officers' explanations of why it may seem that some officers do not behave in the same way when a victim has a MHI, for example:

But the problem is... under the current system it would be very easy... to get that written off [Marie's vignette...]. So I can see how there would be pressure to erm, you know, there's always pressure to, to clear your caseload as quick as you can get the turnover going. That would be, that would, for a lot of people that would be a candidate to just go 'brilliant, can write that one, can write that one off' you know, [...] 'it's not our fault it's the CPS, you know, and the jury just won't buy it anymore it's a tragedy but there you go, no further action', that sort of thing. (*Police officer 15*)

From a response point of view they are very, very well, understaffed, over worked and you, you will frequently hear on the radio they've gone to a job "right who's free can you leave that and go and do this?" And, and unfortunately I think we're getting to the point now where, where you're, they're going out doing the very, very bare minimum, doing, whereas a statement might, should take an hour and a half, cramming it into forty minute [...] to do the bear minimum so they can say 'I've done my statement, I can give it to somebody else to investigate'. (*Police officer 4*)

Both officers describe the potential conflict faced when dealing with a situation with a victim with a MHI, where such cases often demand considerable time. For police officers “there’s always pressure [to] clear [their] caseload” and they are “understaffed” and “over worked”. As discussed in chapter four of this thesis, such an environment could create the ‘ideal’ circumstances for threats to efficacy. This could be due to officers not having time to manage cases properly when a victim has a MHI, and the subsequent pressures MH related jobs put on their overall duties. Indeed, feeling a requirement to put other jobs over MH calls is a pressure officers have reported in the UK (Genziani et al., 2020). The accounts by officers 4 and 15 appear to be more concerned with the preservation of efficacy, rather than meaning, as avoidance in MH related jobs would allow officers to still function ‘effectively’ in their day to day duties. As indicated by officer 15, there is the potential for police officers to take opportunities to close cases when they are perceived to not be going anywhere, with this then freeing up time for them to manage their caseload and keep the “turnover” going. In this account, officer 15 attributes this decision making to the lack of credibility of the victim, as discussed in the previous section. This would likely relieve the challenges to efficacy that an officer may feel due to the time pressures of an ever-growing caseload. Alternatively, another suggested way in which this relief to efficacy appeared to be occurring, was that officers would do the “very bare minimum” in order to be able to say they have completed their part of the job. Again, officer 4’s account demonstrates the potential alleviation of the challenges to efficacy that officers may face, as if the officer were to spend the additional time that may be required on taking a statement, they would then fall behind with demand. This is dealt with by expediting the job by doing the “very bare minimum”, which allows them to still function efficiently enough as a police officer. The potential impact of time pressures that may be exacerbated when working with victims with MHIs were discussed by a few of the current participants, for example:

I think it’s, when you get to the point where you’re so frustrated by a victim you are in danger of doing a bad, doing, doing them a disservice by just saying “ah well if you won’t tell me I’m gonna put the bare minimum.” And then the detail won’t be there at a later date when you’re looking to interview somebody. Erm it is very frustrating. Erm and it can be very detrimental to an investigation.
(Police officer 4)

But, once again, a police officer will turn round and say ‘I’m not a doctor,’ you know ‘there’s other people, other people need, you know, there’s I can’t sit here for three hours tryina get five sentences out of them.’ We would like to, but

equally you would, you like to deal with everybody properly, erm, but a lot of the time other circumstances just dictate what you do. (*Police officer 19*)

Officers 4 and 19 describe the impact of the difficulties that officers experience when trying to obtain statements from some victims with MHIs, when their MHI impedes the ability for the officer to obtain information. The inability to obtain information from such victims as a potential threat to identity principles, was discussed earlier in the current chapter. Linking this to the subsequent actions of an officer, officer 4 relates this ‘frustration’ to doing the bare minimum, which the officer notes as being “detrimental to an investigation”. Whereas officer 19 explains that even though the officers “may like to”, they cannot practically spend the time that is required. Both accounts demonstrate how the potential challenges to efficacy, due to a combination of time constraints and difficulties posed by a victim’s MHI, could result in officers not engaging with a case in the expected and ideal way. Furthermore, not engaging in time consuming cases with IMHIs, would allow officers the time to deal with cases where they perceive more chance of success, which would satisfy the efficacy principle. These accounts demonstrate that such behaviours appear to go beyond the simple perception that the police do not believe victims with MHIs (Pettitt et al., 2013; Watson et al., 2004a), indicating that this may be officers coping with identity threats in these circumstances (Breakwell, 1986). However, some coping strategies may be particularly detrimental to officers’ interactions with such victims. For example, for individuals like officer 4, feelings of frustration appear to be rife and the lack of ability to obtain information from a victim seems to be solely attributed to the victim’s MHI, which may be a deflection strategy in the face of threats to efficacy (Breakwell, 1986). In officer 4’s own words, “you get to the point where you’re so frustrated by a victim you are in danger of... doing them a disservice”. This finding echoes recent research published by Charman (2020), where a sample of UK officers labelled victims ‘deserving’ and ‘undeserving’ based on characteristics, such as whether they had an offending history or their place of residence. The officers in Charman’s sample also appeared to only invest their time in those victims they deemed ‘deserving’, even spending more time than usual with such victims. Taken together, it seems apparent that officers may generally avoid victims who threaten principles of efficacy and meaning. This argument will be returned to in the discussion chapter of this thesis (chapter seven).

5.4 Conclusion

This chapter has demonstrated that police officers appear to experience compromises to principles of efficacy, meaning, belonging, and esteem (Breakwell, 1986, 1993; Vignoles et al., 2006) when working with victims with MHIs. Current participants predominantly appeared to experience identity threats in two domains. First, compromises to efficacy and meaning were apparent due to the difficulties in managing the vulnerability of such victims, despite feeling responsible for their welfare. Coupled with being able to take limited actions, yet feeling responsible for such vulnerable victims, officers also expressed concerns over the consequences of errors being made in these types of jobs. These findings are in line with previous research where officers have expressed similar worries generally in relation to MH related work and MH crises (Hobson et al., 2015; Speary & Shah, 2015). However, the current findings further developed the straightforward reporting of these sentiments, and were able to assess them in terms of threats to belonging, meaning, and efficacy (Breakwell, 1993; Vignoles et al., 2006). Secondly, officers demonstrated experiencing compromises to efficacy, meaning, and esteem due to challenges in being able to investigate efficiently and secure a conviction when a victim has a MHI. It was posited that these findings provide evidence for officers experiencing threats to both crime fighter and protector constructions of their identity when working with victims with MHIs. Thus, further expanding on findings that officers are more likely to NFA cases with crime victims with MHIs (Mayor's Office for Policing and Crime (MOPAC), 2019; Murray & Heenan, 2012; Walker et al., 2019).

The notion that officers experience such threats was further argued in the sub-theme presented on officers' potential use of avoidance as a means of coping with threats to identity principles (Breakwell, 1986, 2015). The apparent underpinning reasons for avoidance of such jobs appeared to align more with threats to efficacy in being able to investigate effectively and the crime fighter aspect of the 'police identity'. This was despite threats to meaning and efficacy also being apparent for the protector aspect of the 'police identity' in such circumstances. These findings could mean that threats to efficacy and meaning underpinned by the protector aspect of the 'police identity', may be dealt with in a different way. There is the potential that avoidance as a strategy could conflict with an officer's need to help the victim, thus not be an attractive coping strategy.

Importantly the current findings serve to potentially explain why police officers may not take the expected actions when a victim has a MHI, as some extant research suggests officers may

be less likely to act on reports from victims with MHIs (Pettitt et al., 2013; Watson et al., 2004a) and be more likely to take NFA on their cases (Mayor's Office for Policing and Crime (MOPAC), 2019; Murray & Heenan, 2012; Walker et al., 2019). In addition, it may shed light on why negative interactions with the police are reported more frequently by victims with MHIs (Koskela et al., 2016; Pettitt et al., 2013). Instead of the interpretation that police officers have prejudiced attitudes, as is a common perception of the police, officers may be experiencing identity threats and employing coping strategies to manage these during such interactions. A key coping mechanism discussed with the current sample was avoidance of such circumstances, providing support for the claim that individuals experiencing threat will seek to remove the source of the threat (Breakwell, 1986, 2015). Additionally, police officers appear to engage in reattribution of the reasons underpinning the difficulties they experience. For example, the challenges in interviewing victims and obtaining information was often represented as the victim's MHI being the barrier and not their own skills or lack of resources. This coping strategy could result in negative feelings toward the victim, such as frustration, as exemplified in the analysis. In turn, this could be detrimental to the interaction with the victim, where an officer may engage in avoidant behaviours, as discussed in section 5.3 of this chapter. In addition, if the experience of such threats is conscious, then officers may be distracted by these feelings, thus, also reducing their cognitive resources (Blascovich et al., 2001; Mendes et al., 2002; Trawalter et al., 2009), which could be detrimental to the quality of the interaction with the victim.

This chapter has examined question two of this thesis; *'How are identity principles compromised, negotiated and experienced by police officers when identifying crime victims' mental health issues?'*. Chapter six will now further narrow the focus, to examine identity principles and threat in the context of police officers identifying and discussing MHIs with victims.

Chapter 6: The underlying threats of a spoiled identity: The identification of victims' mental health issues

So far, the analysis in this thesis has demonstrated how police officers may experience identity threats in the context of their role working with individuals experiencing mental health issues (IMHIs). Chapter four approached this topic at a general level, considering any potential mental health (MH) work officers engage in, and examined participants' representations of the distinctiveness of the police. Strategies of both enhancing and reducing the distinctiveness of the police have been argued to be utilised by officers to maintain principles of meaning, continuity, efficacy, esteem, psychological coherence, and distinctiveness, in order to construct a satisfactory representation of the 'police identity' (Breakwell, 1986, 1993; Vignoles et al., 2006). Thus, addressing question one of this thesis; *'How are identity principles compromised, negotiated and experienced by police officers when working with members of the public with mental health issues?'*.

In chapter five, the analysis went on to address the second question of this thesis; *'How are identity principles compromised, negotiated and experienced by police officers when working with crime victims with mental health issues?'*. Chapter five demonstrated how principles of meaning, efficacy, esteem, and belonging seem to be compromised when police officers work with victims experiencing mental health issues (MHIs). This was particularly in relation to challenges relevant to managing the vulnerability of the victim, and challenges to effective investigations and obtaining convictions. Additionally, it was argued that some officers appear to be coping with such threats through 'avoidant' behaviours when tasked with a job involving a victim with a MHI (e.g. not classifying an allegation as a crime).

The current chapter, the final presented analysis, builds further on these findings, going deeper into the interactions between police officers and victims with MHIs. This chapter focuses on the identification of MHIs during interactions with victims, addressing question three of this thesis; *'How are identity principles compromised, negotiated and experienced by police officers when identifying crime victims' mental health issues?'*. The identification of MHIs with victims was chosen as it is a scenario where the victim's MHI will become salient, therefore, it provides a context where threat may be experienced due to this stigmatised social identity coming to light (Goffman, 1963). Additionally, very little is known about how police officers identify MHIs with victims and there is currently no standardised way of approaching

this task. However, victimisation of IMHIs in the UK is a common occurrence (Dinisman & Moroz, 2019; Pettitt et al., 2013), and it seems that police officers may often fail to identify victims' MHIs and other vulnerabilities (Aihio et al., 2016). Therefore, it is important to further understand the identification of victims' MHIs by police officers. This chapter contributes towards this understanding by examining current participants' experiences of, and opinions on, identifying and discussing MHIs with victims.

This chapter first examines the ways in which stigmatised representations of MH could induce identity threat for some police officers when enquiring about victims' MH. The impact of these threats are then considered in relation to potential compromises to principles of efficacy and meaning, as asking about MH was perceived to be potentially detrimental to interactions with victims. Finally, the ways in which officers appeared to negotiate when to enquire about MH with victims is reviewed, as many participants demonstrated seeking legitimacy to facilitate this task and negate threat. Again, the analysis in this chapter utilised thematic analysis (Braun & Clarke, 2006) to identify predominant themes in the interview data, which were interpreted using Identity Process Theory (IPT; Breakwell, 1986, 1993, 2014). The sub-themes presented in this chapter are; (i) *'An uncomfortable enquiry: The stigma of mental health issues'*, (ii) *'Threatening consequences of enquiring'*, and (iii) *'Deciding when to ask: Seeking legitimacy and coping'*.

6.1 An uncomfortable enquiry: The stigma of mental health issues

Being seen to possess a MHI is a social identity that is considerably stigmatised (Angermeyer et al., 2004; Crisp et al., 2000; Goffman, 1963; Huggett et al., 2018). Indeed, the negative representations of MH appeared to influence how all participants in this study perceived the task of discussing MH with victims, and how they approached such interactions. During the current interviews, officers were invited to consider the potential for a standardised MH screening tool to use with victims, similar to those designed for use in custody suites (Baksheev et al., 2012; Noga et al., 2015; Steadman et al., 2005). It was suggested to participants that such a tool could be used by frontline officers on initial contact with a victim. The PolQuest MH screening tool (Noga et al., 2015) was used as an example to facilitate these discussions. The PolQuest tool, as described in depth in chapter 2, ranges from direct questions, such as 'have you previously seen a mental health professional?', to questions on 'symptomatic' experiences

of MHIs, for example, ‘have you recently heard voices when there was no one around to account for this?’. During discussions, many current participants reported that asking a victim questions about their MH, particularly the prospect of using a tool like PolQuest on initial contact, would be a difficult task for officers:

And I think this is one of those, it kinda sits in that criteria where you just think, I can see officers opening it [a standardised MH screening tool for victims] and going “I’m really sorry that I’ve gotta ask you...” and they’re like that [grimaces] through gritted teeth. (*Police officer 24*)

again, no I wouldn’t, I wouldn’t, I wouldn’t take that as a, I wouldn’t be comfortable as a policy sitting down and going through any of that. (*Police officer 17*)

Erm, so it was always an awkward thing but yeah I would always ask someone if I could help. But there was certain people who appeared to have mental health problems, might act a bit strangely but it’s a bit hard to broach the subject. (*Police officer 22*)

As demonstrated by these example extracts, asking victims about their MH, particularly in a standard format like PolQuest, appears to be a source of ‘discomfort’ for some officers. Police officer 24 describes officers as asking through “gritted teeth”, emphasising the extent of the resistance that would be experienced if they were to use a screening tool, where officers would need to fight their reluctance to enable them to ask such questions. In addition, this officer notes the apologetic nature, where officers would be “sorry” they even had to make such an enquiry. This reluctance was also reflected in the account by officer 17, where they expressed that they would not be “comfortable” with a policy prescribing that police officers ask victims detailed questions like those on the PolQuest tool to identify potential MHIs. In addition, talking of their own experiences, officer 22 stated that broaching the topic of MH was “awkward” and “a bit hard”. These findings are in line with a study on legal professionals’ experiences of obtaining witness statements from IMHIs in the UK, where officers perceived MH as a personal topic, which they preferred to distance themselves from unless unavoidable (Reavey et al., 2016). The current findings are supportive of those by Reavey et al. (2016) and expand on these, as in present discussions, it became clear that the difficulties and reluctance some police officers face during such enquiries may go beyond MH merely being an issue of a personal nature.

6.1.1 The taboo of mental health

As mentioned, police officers have been reported to perceive MH as a ‘personal’ issue to avoid, with officers’ noted lack of engagement with MH as a topic (Reavey et al., 2016). These findings were interpreted by Reavey et al. (2016) to be a result of MH being a threat to the ‘masculinity’ of the ‘police identity’. This threat to ‘masculinity’ was explained as either being due to officers not wanting to admit their own vulnerability to MHIs or not wanting to partake in more ‘feminine’ activities (i.e. discussing MH). Indeed, many officers consider having a MHI as a police officer as incompatible with the job and report stigma within the profession, with MH even being suggested as a taboo²¹ (Bell & Eski, 2016; Bell & Palmer-Conn, 2018). MH as taboo in relation to police officers’ MH is beyond the scope of this thesis, however, it may contribute to officers’ overall perspective of MH as a subject. Indeed, current officers appeared to have similar sentiments and MH also appeared to be constructed as a taboo subject in relation to the MH of victims. The construction of MH as taboo by many of the current sample in relation to victims, was apparent in a considerable number of references made to other taboo topics during the interviews. One of these topics was domestic violence (DV), as well as sexual offenses, which is perhaps unsurprising given the high rates of MHIs in victims of both types of crime (Khalifeh, Moran, et al., 2015; Pettitt et al., 2013). Additionally, DV and sexual assaults are two areas where the police have been criticised for their approach (HMIC, 2014b, 2014a; HMICFRS, 2017), seemingly placing MH in a similarly difficult realm to navigate. However, within some accounts that mentioned DV, comparisons were made between the proposal of using standardised screening questions to identify MHIs with victims and the Domestic Abuse, Stalking and Harassment and Honour Based Violence risk assessment tool used with victims (DASH; Richards, 2009). When considering these comparisons in further detail, several officers specifically referred to the DASH question relating to the suspect’s potential mistreatment of animals:

I can only harken it to, erm [...] we have a [domestic violence screening tool], which is a domestic violence reporting booklet. And in it [...] is like a risk assessment set of questions, which have, I’ll quite happily say some utterly cringe worthy questions to have to ask people, “does your partner ever have sex with animals?” and stuff like that. (*Police officer 24*)

²¹ The definition of taboo according to the Cambridge Dictionary (2020) is “a subject, word, or action that is avoided for religious or social reasons.”

Cos we have a very, we have a similar thing for victims of domestic violence, you know, there's questions about animals and all sorts of weird stuff, you know. You think 'ok, I had a fight with my brother why you asking about sex and animals and that'. (*Police officer 20*)

As exemplified by these extracts, some officers consider some of the questions on the DASH (Richards, 2009) to be ones that make both police officers and victims feel uncomfortable, like the question on the suspect's possible mistreatment of animals. Police officer 24 notes the discomfort that arises from the DV screening questions, "harkening" this to what would be experienced by officers should they use a tool like PolQuest (Noga et al., 2015) to identify MHIs with victims. Also noting some questions as "utterly cringe worthy". In their comparison to the PolQuest tool, officer 20 also touches on the confusion that arises from the DASH assessment, due to asking questions that would be perceived as irrelevant by the victim. Comparative discussions on the PolQuest and DASH that were given by some participants, seemed to position the detailed discussion of MH with victims as uncomfortable and potentially irrelevant. Such constructed representations by officers could be an attempt to anchor (Moscovici, 1984) the unfamiliar idea of using a standardised questionnaire for identifying MHIs with victims to the familiar idea of the DASH form, in order to gain clarity. However, it needs to be noted that the question on the DASH (2009) relating to animals does not explicitly refer to sexual activity, rather stating "Has (. . . .) ever mistreated an animal or the family pet?". Therefore, this extended construction of the question referring to bestiality by some participants in the current study is one that they have re-presented in the current context. This is despite officers in the UK also reporting that the mistreatment of animals is an important risk factor in the assessment of DV (A. L. Robinson et al., 2018). The re-presentation of the DASH form by some officers in the context of discussing MH seems to construct the prospect of asking these questions as taboo, like bestiality (Levy, 2003). Indeed, MH was anchored (Moscovici, 1984) in line with several topics that are considered taboo, namely, DV, sexual assault, and bestiality, by many participants. Interestingly, one officer in the sample used the taboo topic of death (Robert & Tradii, 2017; Walter, 1991) as an analogy when discussing enquiring about victims' MH:

It's . . . I mean, perhaps not the best of analogies, but it's sort of akin to giving a death message, it's not something that you want to do, but you've gotta do it sometimes [...]. (*Police officer 8*)

In this analogy, police officer 8 places raising the issue of MH with victims as “akin to giving a death message”, suggesting this provokes the same levels of resistance and uneasiness as discussions of death. From this comparison, enquiring about MH is also framed as an inevitable, but preferably avoidable task, with it being something police officers do not “want to do”, but have to. If we consider the act of giving a death message, this is not merely the discussion of a seldom discussed topic of conversation (Wise, 2012), it is a police officer actively relaying the devastating news that someone has been bereaved. This comparison, therefore, appears to locate the enquiry about the MH of a victim as an equally undesirable and potentially devastating task.

The anchoring (Moscovici, 1984) of taboo subjects to enquiring about a victim’s MH produces a representation that MH is also a topic that is to be avoided in such circumstances. The representation of MH as taboo provides the potential to examine why such enquiries about MH might be experienced as challenging by officers. It is argued here that heavily stigmatised social representations of MH may underpin police officers’ experiences of identity threats. Therefore, constructing MH as a taboo topic may serve a purposeful protective function for identity processes (Breakwell, 1993). This falls in line with a longstanding desire to avoid MH in society, evident in the social distancing and marginalisation of IMHIs throughout history, across cultural and social contexts (Foucault, 2009; Jodelet, 1991). Indeed, the desire to maintain social distance from IMHIs has been reported in police samples (Hanafi et al., 2008; Kimhi et al., 1998; Pinfold et al., 2003), as well as generally across varying populations (Angermeyer & Dietrich, 2006; Feldman & Crandall, 2007; Link et al., 1999). One line of interpretation that will not be taken forward here, as it was not present in the data relevant to victims, is that symbolic distance between police officers and MH may serve to protect them from the reality that, as human beings, we are all susceptible to MHIs (Dovidio et al., 2000). This relates to the research by Reavey and colleagues (2016) discussed above, and the perceived incompatibility between being a police officer and experiencing MHIs (Bell & Eski, 2016; Bullock & Garland, 2018). Alternatively, of interest here, is that stigmatised representations of MH also appeared to feed into an underlying awareness of uncovering an undesirable and spoiled identity (Goffman, 1963) when interacting with a victim. Thus, constructing MH as taboo may also protect officers from threats that may arise when broaching this topic with victims, due to the embarrassment and perception of lack of credibility it can cause for the victim. This prospect will now be examined.

6.1.2 The threat of uncovering a ‘spoiled’ identity

Many officers in the current sample expressed concerns in relation to discussing MHIs with victims, which seemed to emanate from stigmatised representations of MH. For example, several officers referred to perceiving the identification of MHIs by a police officer as a difficult experience for victims:

People might be embarrassed or they might be try to impress the officer. And they just might not want to discuss it. (*Police officer 3*)

With some of the officers directly noting the stigma attached to MH as the root cause of this embarrassment:

and yes it can be a bit embarrassing and sometimes they have been sort of noticeably embarrassed about it because it has a stigma attached to it. (*Police officer 22*)

I think a lot of them are embarrassed I think and feel a bit stigmatised if they’ve not volunteered it from the outset. (*Police officer 24*)

As illustrated in these quotes, the common representation that being perceived as having a MHI is a “stigmatised” identity in the eyes of others was reproduced (Angermeyer et al., 2004; Huggett et al., 2018; Link et al., 1989). Such officers considered the action of identifying a victim’s possible MHI as having the potential to make the individual feel “stigmatised” and “embarrassed”. Indeed, having a MHI is an identity that has long been suggested as one that can ‘spoil’ and discredit an individual in the eyes of others (Goffman, 1963). In line with this, some officers also commented on victims’ desire to keep their MHIs from police officers, for example:

again a lot of people won’t tell you that they’ve got mental health issues. And if they know they have it’s, it’s sort of a secret they’re trying to keep from you. And it shouldn’t be like that but it is and that’s how it is. (*Police officer 2*)

The act of the police highlighting MH where a victim may want to keep this hidden, was aptly reflected in the following extract:

Erm, other times you’ll just get flat out denials. Erm, because it is still seen as taboo. There is still stigmas around mental health so, and people will... When

it, you know, it's two AM, there's a police car outside your front door with the lights on, illuminating the entire street and there's two, maybe three cops standing in your living room, when they weren't twenty minutes ago and you're sitting there in, you know, just this like comfy, bumming around clothes and there's one of these cops is asking you all about your mental health and everybody in the whole street could potentially... It's almost like the eyes of the whole street are you and they're gonna be potentially very reluctant to answer those sorts of taboo things. (*Police officer 18*)

The stigmatised discreditable representation of MH can be seen to influence the way in which officers 2 and 18 makes sense of such circumstances (Moscovici, 1984, 1988). Police officer 2 explains that victims will frequently want to hide their MH from the police, with it being a “secret” to be kept from them. Whereas, officer 18 describes the denials of MHIs by victims due to the associated “taboo” and “stigma”. Officer 18 goes on to reflect how the police have the potential to highlight and expose a victim’s MHI, even beyond their immediate interaction, “illuminating” the victim and their issues to the “eyes of the whole street”. Such representations of MH resonate with the uncovering of a discreditable identity (Goffman, 1963), and suggests a possible underlying perception that police officers have the power to highlight an identity that victims may want to hide. This potential unearthing of a victim’s MHI, and the anticipated negative implications that asking is perceived to have, sheds light on one reason why police officers may find enquiring about MHIs a challenge in this context. The stigmatised representation of MH is evidently a factor in the way in which some officers perceive how victims could, and or do, feel when their MHI is identified, and officers are aware that this experience can be a direct result of their actions.

The awareness that asking about MH could cause a victim to feel stigmatised, should they possess this attribute (or not), can be considered in terms of the identity threats that individuals experience when interacting with another who is perceived to (potentially) possess a stigma (Blascovich et al., 2000; Goffman, 1963; Hebl et al., 2000). Referred to as ‘awkward moments’ by Hebl, Tickle, & Heatherton (2000, p. 276), interactions with someone who is considered to have a stigmatised attribute, can cause the ‘non-stigmatised’ individual to experience anxiety during the interaction, for example, due to fear of causing offence. In this instance, there could be a fear that as the questioner, the police officer could cause the victim to feel embarrassed and stigmatised, should they ask about their MH. When extending this explanation to IPT, such interactions could threaten the officer’s feelings of esteem due to potentially being perceived in a negative light by the victim and or others as a result of asking about the victim’s MH

(Breakwell, 1986). In further support of this argument, over half of current participants felt that asking about MHIs would cause a victim to take offence:

Whereas with a victim of crime if you go to someone you start asking them questions ‘are you mentally unwell?’ you know, ‘do you suffer from mental health issues?’ they might feel a little bit offended. (*Police officer 14*)

In terms of making it something that has to be done, if I was a victim not having a mental health issue, I’d be very patronised by it. (*Police officer 1*)

but if I turned up at your house and I thought, ‘yeah, she’s not talking sense’ [and ask] ‘have you talked to your doctor?’, ‘do you suffer from any mental health issues?’, if you think you haven’t got any, how would that make you feel if a policeman highlights that. [...] So you’ve got to be very, very careful. You know, ‘I’m a victim of crime, why are you telling me I’ve got mental health?’ (*Police officer 22*)

As demonstrated in the extracts, being asked whether you have a MHI was considered to be an insulting question, with the potential to cause offence. For officer 1, in the case that someone does not have a MHI, this could even be experienced as “patronising”. The underlying sense from several participants was that asking about MH would actually be perceived as an accusation by a victim, as opposed to a genuine question. This accusatory tone is demonstrated by the extracts from police officers 9 and 14, in that merely asking questions in relation to MH would cause the victim to feel “offended” and “patronised”. Enquiring about MH is constructed as an accusation, where the real reason for asking is perceived to be because the officer believes that the victim must have a MHI. This can further be seen in the account by police officer 22, where they report a hypothetical response to a victim being asked if they have a MHI; “why are you telling me I’ve got mental health”. The representation that asking about MH is an insult, is likely to cause unease for an officer during an interaction, due to them not wanting to be seen as stigmatising. This has the potential to be detrimental to the esteem principle, as previously mentioned. Before considering the implications of these interactions, attention will be turned to a final, key way in which stigmatised representations of MHIs appear to be negatively impacting on police officers’ perceptions of discussions of MH with victims.

6.1.3 Casting doubt on the victim's credibility by discussing mental health

A negative connotation associated with being a victim with a MHI is lack of credibility (Crown Prosecution Service, 2009; Koskela et al., 2016; Mind, 2010a). This dominant representation is something that current participants were particularly aware of:

I'll be honest, I think that, erm... I'd imagine that they might go through erm, 'do I report this or not? Are they gonna believe me?' Erm... you know, and 'if they do are they actually gonna take it seriously? Am I gonna get laughed at?' you know, all those sort of things will probably go through their minds. Erm... I think the key thing is 'are they gonna believe me?' (*Police officer 7*)

Oh they [victims of crime] probably, they probably, er well, have that "oh you won't believe me because I've got this issue, you probably won't believe me cause I've got that issue. And I've reported before and you don't believe me." Er "I've got a mistrust of the police." We've always got people who've got, sort of have a mistrust of the police and "there's no point of me reporting cos you won't believe me I've been in a, I've have a breakdown." Whatever. So unfortunately they do think that yeah. (*Police officer 3*)

As with police officers 6 and 7, many officers in the current sample demonstrated a general awareness of fears that a victim may have, such as "am I gonna get laughed at" and "you [the police] probably won't believe me", because of their MHIs. Indeed, this lack of perceived credibility is something that victims are aware of and concerned about, in relation to reporting their victimisation (Crown Prosecution Service, 2009; Marley & Buila, 1999; Pettitt et al., 2013). Therefore, it is plausible that officers' awareness of the representation that victims with MHIs lack credibility, and the knowledge that victims themselves are cognisant of this, contributes to police officers' discomfort when enquiring about victims' MH. This was demonstrated in discussing the use of a formal MH screening with officers, where several felt that asking about MH would potentially make a victim feel that they were being doubted:

Ok, my first observation would be... ((sighs)) you, you, question one would make some people kick off. Straight away. You know, it would be 'what are you saying, are you telling me you don't believe me?' (*Police officer 15*)

But I think if you were to sit and go through that and say you've just been assaulted and so on and so forth and my first question is 'are you currently suffering from any mental health issues?', that's heard as 'are you doubting me because my diagnosis is casting doubt on...?' (*Police officer 5*)

In the example extracts, officers 5 and 15 express concerns regarding enquiring about MH due to “casting doubt” into the mind of the victim in terms of whether they will be believed by the police. Police officer 5 links this directly to the individual’s “diagnosis casting doubt” on their credibility. Within this, there is a perceived assumption that such questions would be experienced by the victim as loaded with a hidden meaning that the police will not believe them due their MHI. There is a concern expressed here that an officer could confirm the negative representation that police officers do not believe victims with MHIs (Koskela et al., 2016; Marley & Buila, 1999; Pettitt et al., 2013).

When considering this in relation to IPT, such an interaction is likely to be experienced as compromising the principle of esteem, as again, an officer would likely want to avoid being seen as prejudice towards those with MHIs. This fear and underlying threat to esteem could be in relation to confirming to themselves that they have prejudiced views, which could be difficult for them to assimilate-accommodate (Breakwell, 1986) into their identity as a police officer, if they consider themselves as a protector of the vulnerable in society. Alternatively, officers could fear confirming this type of prejudiced behaviour to other police officers (their ingroup), which could threaten their reputation and that of the police, which could also be damaging to feelings of esteem. Furthermore, this could also threaten their position within the group, compromising the principle of belonging (Vignoles et al., 2006). Indeed, it has been shown that solidarity within the police is circumstantial, and those officers who threaten the reputation of the police are often not supported by colleagues who wish to protect their own position within the profession (Campeau, 2015; Charman, 2017). Lastly, confirmation of this negative representation of the police through their behaviour could be feared due to confirming this to victims with MHIs (the outgroup), holding the potential to damage their personal reputation and the reputation of the police, again posing threats for esteem (Breakwell, 1986).

The concerns current officers appeared to be experiencing seemed to link to the victim’s perceptions of them as a police officer during an interaction, and also the wider police reputation, rather than over their perceptions of themselves as an officer or their own reputation within the police (ingroup). Officers’ expressed concerns over the victim’s perception seemed to underpin compromises to identity principles beyond just that of esteem, which will now be discussed.

6.2 Threatening consequences of enquiring

The difficulties in enquiring about a victim's MH status, appeared to have several possible detrimental consequences. On interpreting these utilising IPT, these consequences seemed to be perceived as having the potential to compromise identity principles of meaning and efficacy for a police officer when working with victims.

6.2.1 Putting up walls: Damaging rapport and evidence

A key issue arising in officers' accounts of discussing MH with victims was that the quality of the social interaction could be affected. Many officers felt that asking about MH could have a detrimental impact on how they engaged with a victim, for example:

Erm, but it's always going to be, er, it's always going to be a flashpoint moment... erm, if someone's chosen not to talk about that and then you bring it up for them it's, you know, you always run the risk of er upsetting them. You run the risk of them deciding to deny it, er, which is gonna cause your relationship, 'relationship', to deteriorate. (*Police officer 16*)

Because at the end of the day, no matter who you're dealing with you're trying to build up a rapport and I just think that that [the questionnaire] just puts walls up straight away. (*Police officer 17*)

Enquiring about MH, particularly in detail by asking questions like those on the PolQuest tool (Noga et al., 2015), was considered to have the potential to put "walls up" and cause the "relationship to deteriorate" between the officer and the victim. The use of the term "flashpoint" to describe the moment of asking a victim about their MH by police officer 16, reflects that this is a point in time where conflict could potentially be ignited during the interaction. Both accounts demonstrate that the action of asking about MH, particularly in detail, was constructed by some officers as a barrier to building rapport with the victim. This, therefore, can be interpreted as a circumstance that holds the potential to be damaging to the principle of efficacy (Breakwell, 1993). This is the case, as in any information gathering interaction, such as obtaining a statement from a victim, an imperative step is for the officer to build rapport with the victim to obtain the best evidence possible (Abbe & Brandon, 2013; Ministry of Justice, 2011a; Vallano & Compo, 2011). The concern that asking about MH could

negatively impact on their ability to effectively fulfil duties was directly addressed by several officers interviewed:

the danger that it, the fine line that it treads with something like this with victims is that... police, if you've got a crime the police's goal when you boil it down to everything is get a result, lock up the bad guy. And the way we lock up the bad guy is the victim has stay on board with our investigation [...] the worst thing you can have for a crime is that the victim drops out and won't cooperate cos that's the end of it, it goes nowhere. [...] You frontload something of this nature, erm, you would stand a risk I think of it maybe increasing the attrition rate of victims where they just think "thinking I'm mental, take that back" because the social, the social stigma outside of our organisation about suggesting that there might be something wrong. (*Police officer 24*)

But equally I think a lot of police officers would be reluctant to ask some of the questions there because of perhaps that scenario that I've just explained of somebody going "well you're a police officer, it's not your business, why are you asking about my mental health?" Erm, cos that then makes it harder to get evidence out of people. Erm, so I can see, I can see how it could be useful, erm, but equally I can see why a lot of police officers perhaps wouldn't want to ask all of the questions there because it might undermine the investigative function that we are there to fulfil. (*Police officer 8*)

These examples demonstrate that officers may be "reluctant" to ask more detailed questions or have a standard screening tool for assessing MHIs with victims, due to the potential for this to reduce their ability to do their job. This is a potential example of officers avoiding engaging in a particular action to preserve their efficacy. This avoidance of the discussion of MH appears to be underpinned by stigmatised social representations of MH. Due to the perceived negative impact on rapport, asking detailed questions about MH is considered a "danger". It is worth noting the reference by police officer 24 to the underlying "stigma" causing the issues discussed in this section. This officer frames the "stigma" as emanating from "outside" the police, effectively positioning the police in a positive light and separate from the prejudiced attitudes towards MH in society (Angermeyer & Dietrich, 2006). This can be considered as an attempt by this officer to preserve the esteem principle, as discussed in chapter four, as it positively differentiates (Tajfel & Turner, 1979) the police from the rest of society. Police officer 24 also refers to the "fine line" that the task of discussing MH with victims poses for police officers, suggesting that the slightest mishap could tip this off balance and place them into a hazardous situation.

As referred to by police officer 24, the success of a case often requires a victim to engage with the investigative process (College of Policing, 2013), and an essential part of this is to obtain evidence, which is greatly facilitated by building rapport (Abbe & Brandon, 2013). Indeed, officers have previously been noted as associating the amount of information obtained during investigative interviewing as a sign of efficacy and consider challenges to building rapport as a barrier (Oxburgh et al., 2016). Police officer 8 directly addresses this issue, considering the possibility that asking questions like those on the PolQuest tool (Noga et al., 2015), may make it more difficult gather evidence from a victim, indicating efficacy may be negatively affected. Such concerns expressed by officers, were that this could result in the inability to “lock up the bad guy” and “undermine the investigative function” of the police due to losing the victim’s engagement. Should this be the case, it is likely that not only efficacy, but also the meaning principle would be compromised (Vignoles et al., 2006); as a key purpose of the police role is to investigate cases to “get a result”; a conviction. Many officers in the current sample, similarly to previous reports (Loftus, 2010), gained a great deal of meaning from their role of bringing offenders to justice, in addition to being protectors in society (Charman, 2018). Therefore, engaging in asking a victim about their MH holds potential threat to both officers’ abilities in relation to fulfilling their “investigative function” (efficacy), and a commonly derived sense of purpose; locking up “the bad guy” (meaning). Obtaining a conviction is heavily reliant on an effective investigation, without this, it is unlikely that a case will be progressed by the CPS (Crown Prosecution Service, 2018), meaning no chance of a conviction. In these circumstances, principles of efficacy and meaning are inextricably linked (Baumeister, 1991). However, meaning and efficacy have also been shown to work as independent constructs, both significantly contributing to identity processes (Vignoles et al., 2006).

Thus far, the chapter has demonstrated that police officers appear to be acutely aware of the stigmatised representations of MH in society (Angermeyer & Dietrich, 2006; Crisp et al., 2000; Huggett et al., 2018), also reproducing these themselves. Such negative representations of MH appear to underpin officers’ perceptions that for officers to discuss MH with a victim, they risk the potential for damaging the interaction, due to the victim taking offence or thinking that the officer doubts their credibility. Such perceptions potentially underpin the reluctance and unease that officers express in relation to having these types of discussions. The damage to the interaction with the victim also seems to pose a threat to principles of efficacy and meaning, due to officers not being able to obtain information from the victim if their ‘relationship’ were to ‘deteriorate’. In this section, it has been demonstrated that officers seem to have a conscious

concern that their ability to fulfil their core function, and meaning for existence, as crime fighters and investigators, is potentially put at risk when making enquiries about a victim's MH. However, catching the "bad guys" was not the only sense of meaning that such interactions potentially compromise.

6.2.2 Increasing victims' vulnerability through negative interactions

Another feared consequence of negative interactions with victims was the potential to inadvertently increase their vulnerability. Though not directly related to discussions on enquiring about a victim's MH status, concerns over increasing a victim's vulnerability due to them having a negative interaction with the police was raised by most current officers. This was particularly the case when considering the vignettes (appendix B) that depicted scenarios where officers appeared to discount victims due to their MHIs:

The victim... is a person who has had no support whatsoever by the police, is let down by the police and would feel like 'if anything like this happens again I'm not even gonna bother ringing the police.' (*Police officer 13*)

Erm, again, the chap with schizophrenia, he'd be disappointed in police, probably feel like he hasn't been dealt with fairly and appropriately. Not taken seriously. Erm, detrimental affect then on anything further happening in his life. He'd have a lack of confidence in approaching the police to report that, er, therefore it becomes... his degree of vulnerability will increase. (*police officer 17*)

As demonstrated by these example accounts, the majority of participants expressed concerns that negative interactions, such as the ones in the vignettes, could result in the victim withdrawing from the police and not reporting subsequent offences. This loss of engagement with the victim was perceived to leave them "vulnerable to other offences". It is possible that the perception that a negative interaction with a victim can increase their vulnerability, may feed into police officers' resistance to enquiring about MH with victims, as this task is considered to be detrimental to the encounter. Increasing the vulnerability of a victim could compromise an officer's sense of purpose as a protector in society and bringing criminals to justice, in fact, it would be contradictory. This could, therefore, compromise efficacy and meaning (Breakwell, 1993; Vignoles et al., 2006) for officers who construct the 'police

identity' as protectors in society and or as crime fighters. In addition to increasing the vulnerability of the immediate victim involved, some officers also expressed concerns over the impact of such interactions on a wider spectrum:

It's, it's what the damage that then does to, so, so, Marie has obviously been let down, erm, then, then that is gonna effect, we've got no control over then, or Marie's experience was that erm, she's not going to presumably sort of hold back erm talking to her friends, colleagues as to the experience that she had, erm, and then that isn't going to encourage anyone else to come forward and it just manifests itself doesn't it? (*Police officer 7*)

but in terms of other victims, she goes to other people and says "so and so and so and so happened to me and when I was in interview that police officer made me feel like dirt" or whatever it is they've said. So not only has it stopped her being taken seriously and feeling supported, she tells twenty other people and the ripple effect is that it then undermines how other people feel in terms of 'I can go to the police and say.' So it's, it can cause, that one incident can cause widespread damage to everybody seeking, who should feel that they can come and seek our help. And that's us letting the public down. (*Police officer 24*)

The account by police officer 24 conveys the concern raised by several officers that the impact of a negative interaction has a "ripple effect" that can cause "widespread damage" far beyond the immediate victim. This "damage" is 'manifested' according to officer 7, through the interactions that the victim then has within their social networks. Here, one individual's negative experience of the police is perceived to hold the potential to damage the police reputation and increase the vulnerability of other potential victims via the communication of this representation (Moscovici, 1984, 1988). In such circumstances the police reputation would be damaged by confirming to victims the common concern that they will not be treated well by the police, if they have a MHI (Pettitt et al., 2013). When considered through a lens of IPT, it is likely that principles of efficacy, meaning, and esteem would be compromised in this situation. This could be the case, first, due to the police being perceived as prejudiced towards those with MHIs (compromising esteem), as we are driven to maintain a positive image of our group (Tajfel & Turner, 1979). The stereotype that the police do not take victims with MHIs seriously (Koskela et al., 2016; Marley & Buila, 1999) that is potentially 'confirmed' by their actions, would then, in turn, be considered to possibly increase the vulnerability of those who may need police protection the most. This would likely lead to experiences of compromises of both efficacy and meaning for an officer, as being able to protect the vulnerable is a vital function of the police and many officers gain a sense of purpose from this aspect of their

identity (Charman, 2018), as reported in the current sample. As stated by police officer 24, if this situation should happen, it would be the police “letting the public down”, which clearly demonstrates the potential for efficacy and meaning to be negatively affected in this situation, which also could impede efficacy-based feelings of esteem (Gecas & Schwalbe, 1983). In addition, as noted by police officer 16, a negative interaction could leave a victim “vulnerable to other offences from other offenders”, so officers may even see such interactions as indirectly enabling offenders, further frustrating principles of meaning and efficacy.

It has been demonstrated that discussions with victims about their MH holds the potential for compromises to several identity principles for officers, meaning that some officers may well experience identity threats in these circumstances. In addition to the expressed concerns that can arise in this context, officers in the current interview also showed indications of employing coping strategies in response to potential threats (Breakwell, 1986, 2015). The subsequent section will now examine these.

6.3 Deciding when to ask: Seeking legitimacy and coping

There were varying opinions in the present sample on the relevance and appropriateness of asking a victim about their MH. In general, several officers perceived MH to be relevant if it was an underlying cause of victimisation and or for referrals for support, for example:

Erm, and also the assessment that you make of whether someone’s vulnerable which determines whether or not you put a [report type] on. Erm... obviously if their... if their mental health is a factor in their being a victim of crime, as in it’s part of what’s making them vulnerable, then that’s something again that you’re meant to flag up and it, that goes on the [report type], there’s something that you need to be aware of. (*Police officer 16*)

Or alternatively, some officers referred to the link between MH and the victim’s ability to give evidence, as illustrated by:

Erm and again I guess I don’t want to know and I don’t know what the value is in me knowing the ins and outs of their mental health issues as a victim. In terms of I guess again it comes down to capacity to give evidence. (*Police officer 10*)

These accounts show how the relevance of a victim’s MHI is located in both policing activities of investigation/crime fighting and victim welfare. Police officer 10’s account is fully in line

with placing investigative duties over victim care (Williams, 2019), where the key point is the victim's ability to give evidence. Conversely, officer 16 outlines the assessment of a victim's vulnerability for referrals, which is for victim care, and the relevance to their victimisation, which can be considered as relevant for both victim care and investigative activity. However, there was also a perspective expressed by several participants that there was no need to directly ask all victims about their MH. When MH was deemed irrelevant, some officers felt that it may be better to avoid asking:

And it's not always relevant to what we do, you know, sometimes it can have absolutely nothing to do with why we're talking to them, and actually in those situations it's perhaps better to have it as the elephant in the room, not discuss it, you don't need to acknowledge it, you don't need to talk about [it]. (*Police officer 8*)

So if it's brought up as part of the investigation fair enough but if it's not, that's why we probably don't highlight it. (*Police officer 23*)

As demonstrated by both officers' accounts, there was a common representation by participants that there needed to be a reason to link the victim's MH to the case to justify asking. As expressed by police officer 8, if the victim's MH is not deemed relevant, then this can be left as the "elephant in the room" and it will not be 'acknowledged'. As discussed in the initial section of this chapter, the notion that the police "highlight" MH is noted again by police officer 23, implying that it is something that is best left unexposed, unless necessary. Referring to MH as the "elephant in the room" by officer 8, indicates the potential imposing and unavoidable presence that it can have, even if it is not highlighted, though it can be consciously avoided, if deemed 'irrelevant'.

If an officer were to ask, the potential accusatory insult that asking about MH could be perceived as, as discussed earlier in this chapter, was referred to by several participants who felt there would be a need to frame the questions in a way to avoid this:

Whereas with a victim of crime if you go to someone you start asking them questions "are you mentally unwell?" you know, "do you suffer from mental health problems?" they might feel a little bit offended. But if there's a precursor to say... I think that's all it would need, you know, a precursor "I just want to make sure..." and again it's the basic communication with somebody. (*Police officer 14*)

Oh yeah, it's not [an] issue is it because you come up with some fancy spiel about 'we've had some study done by [researchers] to assess the risk to the situation, and er, these are generic questions, they're not aimed at you, we ask everybody these questions, I'm not saying anything on here's true but we just have to ask them,' and there so a little bit of savvy and you overcome having to ask these embarrassing questions. (*Police officer 20*)

These example accounts reflect the desire to portray asking about MH as “generic” as evident in the suggested need to highlight that they “ask everyone/everybody” or just “to make sure”, thus negating the personal insult that such questions are considered to possess. This is further demonstrated by police officer 20, when discussing the potential for a screening tool for victims, where they posited that officers would need to convey that the questions are not “aimed at [the individual]”. As described by police officer 20, this framing of questions allows the officer to “overcome having to ask these embarrassing questions” and circumvents the accusatory tone that direct questions on MH are perceived to hold. This evidences the influence of the representations of MH as taboo and stigmatised, as discussed earlier in the chapter, as these appear to shape officers’ perceived legitimacy to enquire about an individual’s MH (Breakwell, 1993). Indeed, social representations are considered to influence how we make sense of and construct our realities (Breakwell, 1986; Moscovici, 1984, 1988). They also influence and underpin our interpersonal and intergroup interactions within the social context (Jodelet, 1991; Moscovici & Marková, 2000). The need to have a legitimate reason to ask about MH was further demonstrated where some officers used comparisons between offenders and victims, where they felt the police have a justified reason to ask in custody, for example:

Erm, whereas in custody, erm, by law you have to ask a detainee if they suffer from any mental health issues, don't by law have to ask a victim of and it's a bit hard to broach the subject. (*Police officer 22*)

But yeah, all of those questions I say, we probably ask most of them to somebody who's been arrested. And the only reason they do that is cos they're in our custody so we're covering ourselves, erm, yeah. (*Police officer 19*)

Here, it is perceived that police officers have an automatic and ‘legitimate’ reason for enquiring about a suspect’s MH, whereas with victims this is not the case. As pointed out by police officer 22, this justified reason is a legal requirement in custody, and it is described by officer 19 as the “only reason” they ask. The classic reason of “covering” themselves (Charman, 2017; Paoline, 2003) is one that potentially protects the principle of belonging, in addition to the

police reputation, therefore, essentially also maintaining esteem. It does so, as it ensures that the police manage the risks to the safety of an individual who is deemed to be within their complete care and control as a suspect in custody, thus removing the source of the potential threat. Errors in relation to this could ultimately cost a police officer a large part of their identity (Hoggett et al., 2014); their job. It also could be severely damaging to the reputation of the police, feeding into negative representations of their group in society, thus threatening esteem (Breakwell, 1986). The concern about losing their jobs over MH related calls has previously been aired by police officers and is a driver to ensure that things are done properly, as demonstrated in chapter five of this thesis, and previous research (Hobson et al., 2015; Speary & Shah, 2015).

In addition to the perceived negative impact on interactions with victims, the lack of a perceived ‘justifiable’ and or legislative reason to ask victims about their MH could also be underpinning the difficulties officers experience in this context. This is demonstrated by police officer 22, who describes MH as a topic that is “hard to broach” with a victim, as they do not have a legal requirement to ask. Where a suspect is under the full care and control of the police when in custody, a victim is not, as they are not in an environment the police are entirely responsible for. However, the police do have a duty of care to a victim to ensure that they are assessed for any potential needs (e.g. vulnerability) and to make relevant referrals to support services unless the victim objects (Ministry of Justice UK, 2015). As examined in chapter five, feelings of responsibility and lack of control when working with victims with MHs appear to be a considerable concern and challenge for officers. Without the automatic perceived ‘right’ to enquire about a victim’s MH status, officers appeared to require alternate reasons to ‘justify’ asking. The need for a ‘right’ to ask may be underpinned by the perceived threats discussed throughout the current chapter, as well as those in chapter five relating to efficacy and meaning, because of the perceived potential to ruin the chances of a successful investigation due to discussing MH with a victim. As expressed by many of the current officers, the potential for a negative interaction with a victim appeared to be negated by the requirement to have a ‘valid’ reason for the enquiry. For example, on discussing a more standardised way of asking victims about their MH, many officers felt that circumstances dictated whether MH was an appropriate topic to be broached with a victim:

Yeah they could be useful, I think it depends on the, on the circumstance. (*Police officer 11*)

Erm, and where do you draw the line at which point you say it's appropriate to ask these questions. Erm, because it's not for everybody is it? (*Police officer 15*)

Both example accounts demonstrate the need for officers to perceive the context as conducive to asking more detailed questions about a victim's MH. As stated by police officer 15, asking such questions is "not for everybody", and the circumstances would dictate whether enquiry into a victim's MH status was appropriate. Contrastingly, some officers felt that it was always appropriate for officers to be asking such questions when engaging with victims, for example:

I mean, we ask people these questions when they're in custody or some of these questions, so if we can ask somebody who is in custody these questions I think there's no reason why we can't ask victims the same questions. (*Police officer 6*)

This officer describes a lack of discrimination between suspects and victims and suggests that officers can, and should, ask any victim about their MH. However, participants' perceptions of what they believed to be the appropriate circumstances to ask a victim about their MH appeared to be rather more complex, and may be indicative of coping strategies utilised to manage the challenges to identity principles experienced (Breakwell, 1986, 2015). Police officer 15 highlighted a need to "draw the line" between those circumstances where it would be appropriate to ask and those that are not, and several of the discussions with participants indicated where this line may lie. As will be discussed, there were two main reasons that officers predominantly perceived as legitimising enquiries about a victim's MH; (i) the severity of the crime and (ii) the 'obviousness' of the victim's MHI.

6.3.1 Discussing mental health is dependent on the crime

When we experience compromises to identity principles, we seek to diminish the source of threat, or eradicate it completely by trying to implement effective coping strategies (Breakwell, 1986, 2015). To cope with the potential compromises to identity principles that the task of discussing MH with victims appears to hold, officers seemed to seek to legitimise such enquiries. Specific circumstances appeared to be constructed as conducive to officers broaching the topic of MH when engaging with a victim. To facilitate an officer asking a victim

about their MH, many participants felt that the nature of the crime dictated whether this was appropriate:

But how are you gonna explain to a member of the public who's had his car broken into... that you're asking him about his mental health? What is the connection? 'My car's been broken into and you're asking me that...' [...] It's... you know, if you're talking to a victim of sexual abuse, rape, erm, you know, something along those lines then these are more than pertinent and they wouldn't mind being asked because you say "look, have you suffered because of this?" But if you're just asking them when somebody's had their car broken into... it's not gonna go down well. (*Police officer 13*)

If you, if you turn up to some little old granny who's been a burglary victim d'you wanna, do you want to really ask them? Or I'd argue there's no point in, in asking them [...]. (*Police officer 15*)

From these examples, where officers were discussing the potential for using a tool like PolQuest (Noga et al., 2014) with victims, both officers describe the lack of a “point” or “connection” between the need to ask a victim about their MH and volume crimes²², such as burglary or theft from a vehicle, which are not classed as serious crime²³. Police officer 13 directly refers to the need for a “connection” between asking about MH and the crime that the individual has been a victim of. This connection is not perceived to be there for victims of volume crime but is apparent for more serious offences (e.g. sexual assault). For officer 13, it is considered that a sexual assault could cause the victim to ‘suffer’ and be detrimental to their MH, therefore, making MH a more relevant topic to broach. Framing the nature of the crime in this way, therefore, provides the officer with a ‘justifiable’ reason to ask when the crime is of a more serious nature, and equally not to ask when the crime does not provide such reasoning, which may alleviate the potential threats arising during this type of discussion. The potential for the victim to not see the relevance of MH when reporting volume crimes also seemed to be a concern for officer 13, which was echoed by several other participants. For

²² Volume crime “...is any crime which, through its sheer volume, has a significant impact on the community and the ability of the local police to tackle it. Volume crime often includes priority crimes such as street robbery, burglary and vehicle-related criminality, but can also apply to criminal damage or assaults.” (National Policing Improvement Agency, 2009)

²³ Serious crime “involves the use of violence, results in substantial financial gain or is conduct by a large number of persons in pursuit of a common purpose, or (b) the offence or one of the offences is an offence for which a person who has attained the age of twenty-one and has no previous convictions could reasonably be expected to be sentenced to imprisonment for a term of three years or more.” (Police Act, 1997).

example, the following officer suggested this hypothetical response from a victim asked about their MH:

[A victim would say] ‘What’s this got to do with me being bloody robbed on the high street? I’m trying to report a crime here, you saying I’ve got mental health issues. That’s shocking, this is dreadful’. (*Police Officer 20*)

Police officer 20’s account and police officer 13’s concerns over such enquiries not going “down well” are reflective of the perceived potential for MH discussions to create negative interactions with a victim, as discussed earlier in this chapter. The identity threats that may be posed by asking about victims’ MH, due to the anticipated negative interaction, may be alleviated by specifically framing the meaning of the context to legitimise asking. This is possibly an example of an intrapsychic coping strategy, one which resides within the individual’s cognitive and or affective processes, where the situation is reconstructed in such a way that identity threats are minimised (Breakwell, 1986, 2015). The representation that a victim’s MH is not relevant for volume crimes, appears to serve a function, as it allows officers to not ask a victim about their MH status, unless justified by the crime. Thus, avoiding the anticipated negative consequences. However, this may be problematic. It has been indicated that victims with MHIs perceive crimes against them to be more severe, regardless of the nature of the crime (Pettitt et al., 2013), therefore, there is a possible incongruence between this and the perceptions that several officers in the current sample held about the low impact of volume crimes. The construction of volume crime as lacking a connection to needing to know about a victim’s MH is in line with findings demonstrating that victims’ vulnerabilities are the least frequently identified for car related crimes (Aihio et al., 2016). Therefore, it is possible that police officers are not enquiring about victims’ MH due to not perceiving a justified reason to, when dealing with volume crime, which supports the suggestions made by Aihio et al. (2016). Contrastingly, for one officer in the present study, they felt that for more serious offences, such as sexual assault, it may not be appropriate to ask about a victim’s MH:

Erm, I think it would go down a lot to... certain types of crime. Erm, if you ask, er, somebody who’s been raped, it’s not gonna go down very well, to someone who’s a victim of criminal damage, like someone’s smashed their window... So it has to be taken in context. And I think that might be why it’s not a standard set of questions. (*Police officer 23*)

The opposing perception by police officer 23, that it would be inappropriate to ask a sexual assault victim about their MH, exemplifies the complexities in how police officers perceive

enquiring about MH with victims. It demonstrates that such perceptions are dependent on which social representations are salient, available, and endorsed, and the personal representations constructed from these by the individual officer in that particular time and context (Breakwell, 1993). The representation that police officers do not believe victims of crime with MHIs is clearly salient for officer 23, and is influencing how they perceive the task of discussing MH with such a victim. Indeed, the potential for a victim to perceive questions about their MH as an indication of disbelief by the officer, may be of particular concern with a sexual assault victim due to the blighted reputation of police management of sexual assault cases in the UK (HMIC, 2014b). There is also the possibility that the view expressed by this officer is underpinned by the difficulties experienced in accessing justice by victims of sexual assault with MHIs (Mayor's Office for Policing and Crime (MOPAC), 2019; Murray & Heenan, 2012; Walker et al., 2019).

Thus, the nature of the crime holds potential threats in a variety of ways, which may be influenced by the representations of the crimes and victims in society, which can either facilitate or hinder an officer's perceived legitimacy to ask about a victim's MH. Such representations may circumvent an anticipated negative interaction with a victim, and may serve to alleviate the potential compromises to principles of self-esteem, efficacy, and meaning that could arise as a result (Breakwell, 1986, 1993). These threats have been discussed throughout this chapter and in chapter five.

Additionally, there lies another element of uncertainty when police officers engage with victims, as it is not always evident whether an individual has a MHI, and furthermore, if they would require support. Therefore, the only truly efficient way to approach this dilemma would be to ask all victims about their MH as standard, to allow everyone the opportunity to share this information, should they wish to. Interestingly, the discernibility of the victim's MHI was an additional factor in officers' perceptions of the appropriateness of discussing MH with a victim.

6.3.2 If mental health is obvious, it's ok to ask about it

There was a reproduced representation in the discussions with several participants that when an individual has a MHI, it is 'obvious', for example:

Erm, first and foremost if, it tends to be quite clear usually if somebody is erm, needs further support or if they, if they don't and if they do, either way if they have mental health issues, we put a [report] referral on. (*Police officer 8*)

Additionally, a few officers felt that MH was frequently identified in victims, with the following officer believing this to be the case, as it was always evident, as illustrated by the following extract:

Always. Every single case, even when there isn't and there's a suspicion of it it's on there. Without fail. I've never come across a victim with mental health issues and gone 'oh Christ, I didn't know that wasn't reported' cos it's, it will be all over the report 'could not get the information because this and this, I don't think this, they will clearly this' every single time. (*Police officer 10*)

Both accounts demonstrate the certainty that several officers appeared to feel, or at least construct, about MHIs being readily identifiable. Police officer 10 reports that without fail, "every single time" a victim's MHI has been identified by officers in their experience. Police officer 8 also refers to the fact that it is usually "quite clear" as to whether an individual will require support. This is, however, contradictory to the findings that have indicated that police identification of vulnerability, including MHIs, is significantly lower than self-identified vulnerability in victims (Aihio et al., 2016). The perceived 'obviousness' of MH described by some current participants appeared to serve a function in facilitating officers broaching the topic of MH with a victim, for example:

You'll find that they won't do it [use a standardised screening tool with victims of crime]. They'll do some of them, where they think somebody's got mental health issues they'll do it and where they think they haven't they won't. Because they don't want the abuse they're gonna get back. (*Police officer 13*)

Erm if something is, is blatantly obvious that there is an issue I think I would be quite happy just to ask somebody. [...] And it's I was always quite shy about it, quite nervous about asking that question but I think with experience I'm quite happy to ask the question. If there are people that have erm traits or hints of things that I think there's an issue and I would say to them "do you," you know,

“are you currently receiving treatment, do you have any mental health issues?”
(*Police officer 4*)

As can be seen from the above extracts, if a MHI is deemed to be ‘obvious’, then this appears to give an officer permission to ask about it. Police officer 4 states that they would feel “quite happy” in making an enquiry, if an individual’s MHI were to be “blatantly obvious”, or there were “traits or hints” to be picked up on. Again, police officer 13 also suggests that if there were to be a standard screening tool, officers would only use it if they thought that a victim had a MHI, as this would negate the potential “abuse” they would receive, or at least make it necessary to ask. This again evidences the possible desire by officers to avoid the threats that such enquiries hold, as discussed earlier in this chapter, by only asking about MH when it appears to be ‘obvious’. On considering this in relation to IPT, police officers’ constructed representation of MH as ‘obvious’ may be a coping strategy (Breakwell, 1986, 2015), where this reconstrual of MH as something that cannot be missed, justifies and allows officers not to enquire about a victim’s MH, as well as giving a defensible reason to ask. Thus, avoiding the anticipated negative interaction that this could cause, removing the source of the possible threats to esteem, efficacy, and meaning, as discussed. This was aptly captured in the account by one officer:

Erm... yeah it’s a, ((sighs)) it’s a very, it’s a, it’s a difficult moment but you have to... ((Sighs)) if you suspect it you have to ask, if you don’t ask, you don’t know. (*Police officer 16*)

Police officer 16 clearly expresses that if “you suspect” then “you have to ask”. This officer also follows on with the insight that “if you don’t ask, you don’t know”. This may indicate the potential allowance that not suspecting gives; not having to ask. However, when considering the requirement for officers to identify vulnerability in victims, as police officer 16 stated, if an officer believes a victim to have a MHI, they then have a duty to ask. This situation places an officer in a position where it cannot be left as the “elephant in the room”; making it unavoidable.

In the construction of the ‘obviousness’ of MH, over half of participants also referred to officers’ general efficacy to identify MHIs. Many officers described relying on several overt factors, such as behaviour, environment, and communication to identify MH in victims. This echoes previous findings that have indicated officers rely on readily observable factors when identifying potential MHIs (Godfredson et al., 2011; Noga et al., 2015). In addition to the

guidance on identifying MHIs that focus on overt signs (College of Policing, 2016; Wright & McGlen, 2012). Police officers have also previously commented that they have an ability to intuitively pick up on whether someone has a MHI; a ‘copper’s nose’ (Reavey et al., 2016, p. 97).

This instinctive ability was referred to by many officers in the current study, for example:

And yeah when you go there you tend to pick up the vibe if they’ve got any issues or issues from just the way they live and the way they talk and stuff like that (*Police officer 2*)

And then sometimes just what they’re saying it, it doesn’t, the sort of jumps or it just doesn’t quite make sense and that and yeah you just pick up on it. (*Police officer 17*)

When inspecting claims like those by officers 2 and 17, where officers elaborated on picking up “the vibe”, it can be seen that this ability is based on directly observable signs that are commonly associated with MHIs, particularly acute diagnoses, such as psychosis. Therefore, the ‘obviousness’ of MH appears to be a key element in the construction of police officers’ perceptions of their efficacy in identifying MHIs (Breakwell, 1993). This was a frequently reproduced representation during the interviews, despite there also being widespread acknowledgement that MHIs are not always obvious, for example:

Erm, and as you develop and meet different people, erm, and realise that you can’t always tell someone has mental health issues by looking at them. (*Police officer 22*)

I say usually that’s once again taking for granted that the people that we, you know, the victims that we deal with aren’t suffering. (*Police officer 19*)

As described by officer 19, there is a “taking for granted” that victims do not have MHIs. As noted by officer 22, an efficacious way to tell if someone has a MHI is not “by looking at them”. Therefore, the construction of the representation of MHIs as ‘obvious’ as the foundations of being able to identify it, may serve as a coping strategy (Breakwell, 1986, 2015). This is argued, as if police officers were to connect with the fact that MHIs are not always apparent, it would mean acknowledging that to be truly efficacious in identifying MHIs in victims, all victims would ideally need to be asked. Thus, the constructed meaning that MHIs

are 'obvious' may protect feelings of efficacy in light of a task that is viewed precariously by officers.

As has been demonstrated throughout this chapter, the prospect of asking all victims about their MH potentially opens the door for a variety of identity threats due to compromises to principles of efficacy, meaning, and esteem (Breakwell, 1986, 1993; Vignoles et al., 2006). Therefore, the 'obviousness' of MHs appears to not only legitimise whether an officer enquires about MH with a victim, it also appears to contribute to how officers construct their ability to identify MHs, which may also feed back into their justifications on when to raise the issue. Thus, serving to protect them from experiencing identity threat (Breakwell, 1986).

6.4 Conclusion

As has been argued in this chapter, the prospect of discussing MH with victims is evidently considered to be a minefield by officers, holding several perceived difficulties that could compromise identity principles (Breakwell, 1986, 1993; Vignoles et al., 2006). It has been demonstrated that the threats associated with enquiring about a victim's MH are predominantly underpinned by the stigmatised social representations of MH. Participants were seen to reproduce and construct MH as a taboo topic, in line with death and bestiality when considering the task of identifying and discussing MHs with victims. Enquiring about an individual's MH was specifically constructed as something that would be received as an insult by the victim, or would be humiliating, due to this being a discreditable identity (Goffman, 1963). It became apparent during the analysis that the concerns that arose due to enquiring about victims' MH, mainly surrounded the potential for negative interactions with the victim, such as the victim perceiving the officers as holding prejudiced views. It was argued that these findings indicate that esteem could be threatened for officers due to the potential negative perceptions of the police in this context (Breakwell, 1986; Tajfel & Turner, 1979).

Anticipated negative interactions due to asking about a victim's MH also appeared to feed into further concerns due to the subsequent potential consequences. First, officers expressed concerns that they would lose the victim's engagement or damage rapport and not be able to fulfil their investigative function, and ultimately contribute to 'catching the bad guy', posing threats to principles of efficacy and meaning (Breakwell, 1993; Vignoles et al., 2006). As mentioned, in this context, efficacy appeared to be inextricably linked to the principle of

meaning (Baumeister, 1991), as being able to ‘catch the bad guy’ predominantly relies on a successful investigation. The second concern that officers voiced was in relation to increasing the victim’s vulnerability, which also potentially threatens principles of efficacy and meaning, as this contradicts officers’ reported sense of purpose to help and protect others (Charman, 2018; Kiely & Peek, 2002; Lester, 1983). Similarly to the findings in chapter five, the potential identity threats experienced by officers presented in this chapter are in relation to both crime fighter and protector aspects of their identity, respectively. This indicates that both elements are important aspects of the ‘police identity’ for officers in the current sample, and they do not dismiss the latter as not part of their identity construction.

Such potential threats were seen to be dealt with by officers by constructing representations that legitimised making enquiries about a victim’s MH or justified the action of not asking. In this apparent coping strategy, officers predominantly constructed the representation that asking a victim about their MH was justified by the severity of the crime or if the individuals’ MHI was discernible. This representation of when it is appropriate to ask victims about their MH contradicts the fact that you cannot tell someone has a MHI by looking at them, which was acknowledged by nearly all officers in the sample. Thus, it was argued that the representations of when it is justifiable to ask a victim about their MH may be used to ease threats to identity principles in this context (Breakwell, 1986, 1993). Thus, constructing MH as a taboo topic may serve a functional purpose for police officers in relation to victims.

The findings in this chapter have addressed question three of this thesis ‘*How are identity principles compromised, negotiated and experienced by police officers when identifying mental health issues in crime victims?*’. It also contributes to addressing the second question of this thesis ‘*How are identity principles compromised, negotiated and experienced by police officers when working with crime victims with mental health issues?*’. It has done so by demonstrating in a very specific context that officers appear to experience compromises to identity principles as a result of identifying and discussing MHIs with victims. In addition, it has been illustrated that these threats are negotiated by officers through the development of a strategy on when and how to broach the subject to minimise compromises to identity principles.

Chapter 7: Discussion and conclusion

This thesis sought to examine identity processes, particularly identity threat (Breakwell, 1986) in the context of police officers' increasing mental health (MH) related workload (Billingham, 2018). This context was considered at a general level, in terms of all potential aspects of police MH work²⁴, but predominantly focused on crime victims with MH issues (MHIs). These areas of examination were chosen as little is known about how increasing MH work has impacted on police officers' identity. In addition, there is limited research on police interactions with victims with MHIs. Utilising Identity Process Theory (IPT; Breakwell, 1986, 1993, 2014), this thesis has demonstrated that police officers appear to experience and negotiate compromises to identity principles of efficacy, distinctiveness, esteem, continuity, meaning, belonging, and psychological coherence (Breakwell, 1986, 1993; Jaspal & Cinnirella, 2010; Vignoles et al., 2006) in the contexts examined.

This is the first policing and MH research that has inspected identity processes directly utilising IPT. Therefore, the presented results contribute to filling in the knowledge gap of how identity principles may be compromised, negotiated and experienced by police officers due to their MH related workload. Additionally, as this is one of the few studies that has focused on police work with victims of crime with MHIs (Dinisman & Moroz, 2019; Koskela et al., 2016; Marley & Buila, 1999; Pettitt et al., 2013), this research has shed new light on this complex area. The current research is also one of the small, but growing number of studies on policing and MH in the UK that has employed qualitative methods (Bullock & Garland, 2018; Dehaghani, 2016; Edwards & Kotera, 2020; Genziani et al., 2020; Horspool et al., 2016; Koskela et al., 2016; V. Lamb & Tarpey, 2019; Lane, 2019; Leese & Russell, 2017; Marsden et al., 2020; McDaniel, Moss, Pease, et al., 2020; McKinnon & Finch, 2018; Mclean & Marshall, 2010; Menkes & Bendelow, 2014; Oxburgh et al., 2016; Pettitt et al., 2013; Reavey et al., 2016; Wesson & Chadwick, 2019), thus providing further rich, contextual understanding to the field.

This chapter will first review and further interpret the findings of this thesis in relation to the research questions and relevant existing literature. The practical implications for policing and MH will then be considered, with recommendations also being offered for improvements to practice, particularly in relation to victims. Implications for the wider literature on police

²⁴ Any police-public interaction where there is a MH element, this could be when the individual is a victim or witness to a crime, in crises, a suspect, or in need of assistance.

culture and theories of identity processes will then be discussed. Finally, limitations of the current research will be outlined.

7.1 Review and discussion of findings

7.1.1 The compromising, negotiation and experience of identity principles in police mental health work

The first question addressed by this thesis was, *'How are identity principles compromised, negotiated and experienced by police officers when working with members of the public with mental health issues?'*. This question aimed to consider identity principles in all MH related work contexts discussed by officers. This question was examined in chapter four. The presented results serve to support the claims made in chapter two of this thesis that reviewed the empirical literature on policing and MH. Based on the literature, it was speculated that police officers may be experiencing threats to their identity. Such threats were suggested to be underpinned by compromises to identity principles recognised in the IPT framework, these being one's need for 'distinctiveness' from others, a sense of 'continuity', feelings of 'esteem', a need for 'efficacy' (Breakwell, 1986, 1993), 'psychological coherence' between elements that make up one's identity (Jaspal & Cinnirella, 2010), a sense of 'meaning', and a need for 'belonging' (Vignoles et al., 2006). In chapter four, this thesis posited that current officers appeared to utilise representations of the distinctiveness of the 'police identity' as a coping strategy in response to multiple identity threats (Breakwell, 1986, 2015). Officers' varying representations of the distinctiveness of the police were argued to be employed to protect identity principles of distinctiveness, efficacy, esteem, psychological coherence, continuity, and meaning (Breakwell, 1986, 1993; Jaspal & Cinnirella, 2010; Vignoles et al., 2006). This coping strategy largely appeared to be an attempt to manage the understanding of the 'police identity' and its boundaries, in addition to protecting its continuity by preventing MH work being fully assimilated-accommodated into its structure (Breakwell, 1986). Thus, this chapter fleshed out the recent claim that police officers seem to be 'retreating' from their role in MH through "public pronouncements" of their lack of ability in MH work and resistance to training (McDaniel, Moss, & Pease, 2020, p. 11).

It has long been argued that police officers favour crime fighting duties as ‘real’ police work, over protector²⁵ duties, being threatened by the latter (Bittner, 1974). This has also often been interpreted as the former ‘masculine’ duties being valued over the latter ‘feminine’ duties (Brown, 2007; Williams, 2019). Of course, for some officers this may be the case, if they solely construct their sense of meaning as a police officer in terms of being a crime fighter. However, the current findings indicate that protestations of ‘not being MH professionals’ and other expressions of enhancing distinctiveness by police officers, may go deeper than just a straightforward rejection/devaluation of welfare type duties. Officers may, in fact, be managing compromises to several identity principles. This argument will now be explored in further detail, based on the current findings.

Many officers in the present research gave accounts that differentiated the police from MH professionals, often representing the police as less/not capable of engaging with individuals with MHIs (IMHIs) or pushing away responsibility in relation to MH work. Such findings could be interpreted as officers trying to prevent the assimilation-accommodation of ‘feminine’/protector duties into policing, preserving the more traditional ‘masculine’/crime fighter ‘police identity’. This was particularly demonstrated where some participants engaged in what could be understood as adherence to traditional police crime fighting duties²⁶. For example, commenting that the purpose of the police is to fight crime and uphold the law, when discussing their increased remit of MH work. However, most officers in the current sample also gave contradictory accounts that accepted MH work as part of the police role, expressed a strong sense of purpose related to protector duties, and highly valued interpersonal (‘feminine’) skills (see appendix G). In addition, as will be discussed later in this chapter, officers also appeared to experience compromises to principles of efficacy and meaning in relation to not being able to protect and help victims with MHIs (chapter five of this thesis). These contradictions in expressed attitudes, suggests that officers may accept, and even value, MH work and protector constructions of the ‘police identity’. Therefore, it has been argued that officers’ comments that appear to reject MH work, may be a coping strategy to manage compromises to numerous identity principles.

²⁵ Protector refers to all police activity related to welfare and safeguarding, such as mental health work.

²⁶ Crime fighting/crime fighter refers to all police activity related to criminal investigations and prevention, and law enforcement.

When considering such contradictory accounts in line with IPT, these can be further interpreted as officers trying to create a sense of distinctiveness from MH professionals. One explanation for why this may be the case, is that officers' apparent desire to separate the police from MH work, may be reflective of the driving human need for a satisfactory level of distinctiveness from others (M. B. Brewer, 1991; Vignoles, 2009). The increase in MH related work for officers may be making them feel too similar to other welfare services (e.g. MH professionals, social workers), therefore, threatening their sense of uniqueness as a profession. Additionally, the role of the police in MH work is ambiguous, therefore, officers may also be producing representations that enhance the distinctiveness of the police in order to create a clearer understanding of the 'police identity', with clearer boundaries. Indeed, enhancing distinctiveness is a key strategy used to understand and define our identity (Elsbach & Bhattacharya, 2001; Vignoles, 2009). Based on this, this thesis has argued that such accounts may be a coping strategy to retain distinctiveness in response to MH work, which may be making an ambiguous profession even more uncertain, and further blur the lines between the police and other public services. Given that current officers' accounts predominantly omitted descriptions of what the police are, purely offering representations of what the police are not capable of doing and are not responsible for, it is speculated that they may not be attempting to construct an exclusively crime fighter identity. This argument is further supported by many participants also giving contradictory statements that endorsed protector duties and MH work, as discussed above. It may be that officers are attempting to construct a less ambiguous 'police identity', and may wish to incorporate both crime fighter and protector elements at a satisfactory level, whilst maintaining identity principles. This point will be returned to following discussion of the full findings presented in chapter four.

A further principle that was suggested to be compromised by MH work was continuity. It was argued that some accounts that appeared to reject MH work were a potential attempt to maintain the continuity of the 'police identity' in the face of threat (Breakwell, 1986; Smeekes et al., 2017), due to their increasing remit in MH work. This was evident in some officers making statements that endorsed traditional crime fighter aspects of the police, when discussing MH related work. Yet, even though such accounts could be interpreted as an outright rejection/devaluation of welfare type work, this does not necessarily mean that they are. For those officers that did offer traditional constructions of the 'police identity', as the dominant socially constructed story of policing is crime fighting, it may be more likely for officers to draw on this representation and reinforce it when continuity is threatened (Bittner, 1974). Thus,

creating a narrative of being crime fighter, may provide a sense of an ‘enduring essence’ of the ‘police identity’ (Chandler et al., 2003), despite safeguarding and welfare having long been a large part of policing. Thus, it was argued that such accounts may be officers attempting to maintain the principle of continuity in response to changes induced by MH work, rather than an outright rejection. Again, this is supported by the contradictory accounts by current officers that accepted MH work, expressed constructions of meaning as protectors, and the threats to efficacy and meaning that were experienced in relation to work with victims experiencing MHIs (chapter five of this thesis). Additionally, accounts that could be seen as a rejection of MH work in order to maintain continuity in the face of a growing MH workload, may also be due to the extent of this increase, and the subsequent reduction of resources for crime related activities (Billingham, 2018). This ties in with the potential compromises to the identity principle of efficacy that were apparent.

In relation to threats to efficacy, officers were seen to experience compromises due to an increasing MH workload and a reduced ability to carry out what are considered to be traditional policing duties (e.g. preventing/responding to crime), as has previously been noted (“Mental Health Calls ‘Stopping Police Preventing Crime,’” 2017). It was argued in chapter four that some accounts by current officers that enhanced the distinctiveness of the police when discussing such difficulties, were a strategy to cope with these threats to efficacy. Officers were also seen to re-present the efficacy of the police in relation to MH work, where it was implied that they should not be expected to be able to deal with MH jobs or be blamed when errors occur, as they are not MH professionals. Such representations were also posited as a means of protecting the efficacy principle, as well as buffering esteem, through removing responsibility from the police and negating the validity of criticisms. This may be particularly pertinent due to the public criticisms of police conduct in MH work (Adebowale, 2013; Angiolini, 2017; Bradley, 2009).

Officers’ predominant use of social comparisons (Breakwell, 1986; Festinger, 1954) to MH professionals that portrayed the police as lacking efficacy, could also be considered as potentially detrimental to esteem. This could be indicative of officers prioritising the definition of a clear and distinct identity over potential threats to esteem due to being described as incapable in MH work; supporting the argument that esteem is not the only driving principle in identity processes (Vignoles et al., 2002a, 2006). However, esteem could also be unaffected by such representations, as if officers do not construct their efficacy as being skilled in MH

work, then they may be indifferent to this perception of them. Although, this may be less likely for current officers, as many indicated that they wanted to be able to help and protect members of society. Therefore, being inefficient in the area of MH work may well be detrimental to principles of efficacy and meaning, as discussed. Alternatively, it may be more important to officers for the 'police identity' to be perceived in a way that does not hold them responsible for the failings involving IMHIs, thus protecting feelings of esteem. This would also protect the meaning principle for officers who have a sense of purpose underpinned by protecting members of the public.

Conversely, chapter four also argued that some officers engaged in positive differentiation²⁷ (Tajfel & Turner, 1979) to protect esteem, as some officers derogated other services for their failures and claimed that the police are the service that help IMHIs. Similarly, negative perceptions of other public services in relation to care for IMHIs have previously been expressed by police samples (Davey et al., 2019; Martin & Thomas, 2015; Mclean & Marshall, 2010). Such accounts contradict the voluminous protestations by current participants stating that officers are not MH professionals, therefore, rendering them not capable of working effectively with IMHIs. Such arguments are also frequently seen in the media when senior members of the police are interviewed, as noted by McDaniel and colleagues (2020). Again, these contradictory findings provide further support for the current argument that the accounts examined may be reflective of identity maintenance strategies (Breakwell, 1986, 1993, 2015), and are not always merely an expression of attitudes and beliefs (e.g. police reject welfare work as not part of their remit and devalue it).

Lastly, chapter four argued that officers utilised different representations of their professional distinctiveness to manage conflicts experienced in relation to their duties, including those that appeared to reject MH work. For example, this was demonstrated in an account where an officer seemed to experience compromises to meaning and efficacy due to not being able to help a vulnerable individual, choosing to focus on the crime fighting aspect of their job in response. This compartmentalisation was argued to be a coping strategy to protect principles of efficacy and meaning (Breakwell, 1986, 2015). The current results are in line with previous research that has shown conflicts between crime fighter and protector duties in relation to MH work (de Tribolet-Hardy et al., 2015; Fry et al., 2002; Leese & Russell, 2017; Lurigio &

²⁷ Positive differentiation is when individuals or groups highlight their differences from other in a positive way to boost esteem (Tajfel & Turner, 1979).

Watson, 2010). Outside of MH research, it has been found that officers experience conflicts in duty in relation to being able to effectively conduct different aspects of their role that may feel incompatible (McMillan, 2015), when social expectations of police conduct conflict with officers' perceived approach to policing (Torres et al., 2018), and predominantly conflicts between officers' expected/preferred duties and the reality of policing activities (Balenovich et al., 2008; Caveney et al., 2019; Charman, 2017; Huey & Ricciardelli, 2015). The current thesis further explains conflicts officers experience in duty, in terms of compromises to identity principles. Here, this is argued to be the case as officers are either unable to perform effectively as according to their construction of their 'police identity' (efficacy), unable to satisfy their sense of purpose as per their constructed 'police identity' (meaning), or elements of their 'police identity' are perceived as incompatible (psychological coherence).

The current argument on policing and MH closely parallels recent findings on police responses to domestic violence (DV) cases, where officers have been said to experience conflict due to not being able to effect change for these victims, motivated by a 'public service' desire (Caveney et al., 2019). Indeed, Caveney et al. (2019) argued that this role conflict could be explained by findings that indicated three officer approaches to DV; which were akin to crime fighter, protector, or a combination of the two, where most officers were strictly crime fighters or protectors (Balenovich et al., 2008). Balenovich and colleagues explained the rarity of officers combining approaches to DV as a reflection of officers' attempts to avoid role conflict in dealing with such cases. The current findings also demonstrate similar compartmentalisation behaviours in current officers, in relation to MH work. In response to conflicts in duty, officers engaged in both enhancing (e.g. focusing on crime fighting aspects of policing) and reducing (e.g. removing their uniform) their distinctiveness as a police officer to manage compromised identity principles. Thus, again, behaviours that may be interpreted as a rejection/devaluing of protector type duties (e.g. suggesting that support for a victim should solely come from other professionals), may actually be reflective of officers protecting identity principles of efficacy, meaning, and or psychological coherence (Breakwell, 1986; Jaspal & Cinnirella, 2010).

In addition to further explaining the notion that officers are trying to retreat from their role in MH work (McDaniel, Moss, & Pease, 2020), the current findings expand Bittner's (1974) argument that police officers fear the roles of the nurse and social worker, playing down their involvement in such activities. The current thesis has located police officers' expressed rejections of MH work in identity processes, particularly coping responses to possible threats

to a multitude of identity principles. The results potentially help to explain why professional distinctiveness has been expressed as important for police officers in relation to MH work (Coleman & Cotton, 2010; H. R. Lamb et al., 2002; Lane, 2019). It has also shed light on the possibility that it may not just be distinctiveness officers are seeking in the face of becoming too similar to professions involved in welfare (e.g. MH professionals), but it may also be a desire to maintain principles of esteem, efficacy, meaning, continuity, and or psychological coherence, and create a clearer understanding of the 'police identity'. Of course, for some officers, they may entirely construct their identity as a crime fighter, and subsequently devalue and reject MH work as not real policing (Bittner, 1967), in order to maintain continuity and distinctiveness. Yet, even a desire to maintain a sense of continuity may not mean an entire rejection/devaluing of MH work for officers, as evidenced by the contradictory accounts by the current sample. As demonstrated in this section, officers' accounts that could be taken on face value as a simple rejection/devaluing of MH work, seem to occur as a coping strategy to manage compromised identity principles, even for officers who may accept/value such duties.

Furthermore, the 'police identity' that some officers may wish to construct, appears not to be one that is purely based on crime fighting, but also one that incorporates protector elements. However, as will be discussed at length in subsequent sections and was also touched on above, when an officer's sense of meaning is constructed as a protector, this is often compromised in MH work, as are the other aforementioned principles. Thus, focusing on being a crime fighter, or at least 'not being a MH professional', may serve as a coping strategy to protect against these identity threats, even if officers ultimately do accept, or even value, MH work to varying extents.

7.1.2 The compromising, negotiation and experience of identity principles in work with crime victims with mental health issues

The theme of police officers' attitudes and actions in relation to MH work being reflective of identity maintenance strategies was continued in chapters five and six. In chapter five, examining identity processes was specified to officers' work with crime victims with MHIs. This chapter argued that officers appear to experience compromises to principles of efficacy, meaning, belonging, and esteem (Breakwell, 1986, 1993; Vignoles et al., 2006) in relation to this aspect of their work. Predominantly, officers seemed to experience compromises to

efficacy and meaning in relation to both crime fighter and protector elements of the 'police identity'. First, such threats were seen in officers' accounts due to difficulties in managing the vulnerability of victims with MHIs, where officers expressed a strong sense of responsibility and desire to help. This was in line with reports by current officers that appeared to mainly construct their sense of purpose as being protectors, which would underpin the meaning principle. Officers reported not being able to manage the vulnerabilities of victims with MHIs and struggled with obtaining help from other services. This finding is in line with previous research that has shown officers experience difficulties in accessing services for IMHIs in general discussions about MH work (Davey et al., 2019; Martin & Thomas, 2015; Mclean & Marshall, 2010). In response to this, some current officers appeared to engage in going over and above their duties when working with victims with MHIs. However, this appeared to be fuelled by both a sense of meaning to protect the victim, but was also linked to officers' desire to protect themselves (Charman, 2017). The latter motivation was argued to be underpinned by officers protecting the principle of belonging, as if mistakes are made on a job then officers could lose their 'police identity' entirely. Therefore, officers going above and beyond in such instances may be a means to protect efficacy and meaning for those who construct their identity as protectors, as well as protecting against threats to belonging.

In these circumstances, it may not always be possible to decipher which is the motivating principle for an officer, or it may be a combination of meaning, efficacy, and belonging. There is also the potential that motivation underpinned by belonging, efficacy, and meaning may contribute to some officers experiencing burnout. This is a speculative claim; however, it could be beneficial for future research to identify whether officers with protector constructions of their identity experience more burnout due to MH related work than officers who have more of a crime fighter sense of meaning. This is hypothesised, as it would be expected that going above and beyond would be a strategy employed by most officers to protect the principle of belonging, but would additionally be utilised by officers who perceive their purpose as protectors, in order to maintain meaning and efficacy.

Current officers also appeared to experience challenges to investigating and obtaining convictions in cases where a victim had a MHI. This was due to officers perceiving difficulties in obtaining evidence from such victims, either due to practical issues or due to the victim's capability to communicate and provide information. Additionally, officers' also held perceptions that the Crown Prosecution Service (CPS) could drop a case due to a victim's MHI,

as such victims may be perceived as less credible. Indeed, this is in line with figures that indicate officers are more likely to take no further action (NFA) on rape cases where a victim has a MHI, due to inconsistencies in their evidence, which may be because officers perceive the case as less likely to be accepted for charge by the CPS (Mayor's Office for Policing and Crime (MOPAC), 2019). Based on the current findings, it was argued that cases with victims with MHIs pose threats to principles of efficacy and meaning for officers because they are less able to investigate successfully and obtain a charge/conviction.

The analysis further illustrated this argument by examining officers' apparent avoidance of jobs involving victims with MHIs. This was argued to be a coping strategy to manage threats officers may experience to principles of efficacy and or meaning. The reasons that became apparent for the avoidance of such jobs; the perception that a case that will not progress and or the job being too difficult, map onto the crime fighter sense of purpose being compromised, more than that of protector. This is argued, as it is less likely to be conflictual to walk away from a case that potentially has limited chances of a successful investigation and obtaining a charge/conviction, if efficacy and meaning are underpinned by crime fighting duties. However, if an officer's sense of purpose is to protect the vulnerable, avoiding such victims may intensify the threat to principles of meaning and efficacy. Therefore, avoidance of such jobs may be less likely to be employed as a coping strategy by these officers. However, if going over and above in duty is not successful as a coping strategy, then more drastic approaches, such as disengaging with victims with MHIs may be utilised.

Therefore, the current findings shed light on research that indicates police officers may disengage with victims with MHIs or appear to treat them with disbelief (Koskela et al., 2016; Marley & Buila, 1999; Mayor's Office for Policing and Crime (MOPAC), 2019; Pettitt et al., 2013; Watson et al., 2004a). The present research suggests that for some officers, such behaviours may be due to experiencing identity threats, instead of being due to prejudiced attitudes, like disbelieving the victim.

The findings presented in chapter five are similar to recent research in the UK that has indicated that officers disengage with victims of DV (Caveney et al., 2019), victims of sexual assault (Williams, 2019), and other 'undeserving' victims (Charman, 2020). Williams's (2019) argument can be considered as rooted in the maintenance of principles of esteem and efficacy, as she posited that officers put 'masculine' duties of investigating over victim care in rape investigations, as the former is only recognised as legitimate policing. Additionally, the

complex vulnerabilities presented in rape victims were argued to challenge achieving desired investigative outcomes due to them not being ‘perfect’ victims, thus they were not prioritised (2019, p. 182). In relation to work with DV victims, Caveney and colleagues (2019) directly highlighted the additional sense of meaning that is threatened for officers, where they are unable to effect change, also claiming frustrations to efficacy.

In Charman’s research (2020), examination of a sample of UK officers’ perceptions of crime victims revealed that officers appeared to label victims as ‘deserving’ or ‘undeserving’ based on their characteristics (e.g. also being an offender, substance user), and even their area of residence. Such categorisation appeared to inform officers’ subsequent decisions on action or no further action (NFA), where taking action was reserved for ‘deserving’ victims. One interpretation made by Charman (2020) utilised the ‘ideological techniques’ of reframing, recalibrating, and refocusing that enhance esteem when individuals engage in ‘dirty work’²⁸ (Ashforth & Kreiner, 1999, p. 421). Thus, tainted victims (e.g. offenders, substance users) were suggested to be reframed as ‘underserving’ by officers, resulting in them taking NFA. Additionally, Charman explained that officers may recalibrate to boost activities that serve esteem and engage them in work associated with their reasons for being a police officer, such as working with ‘deserving’ victims. With officers also potentially refocusing attention on such victims to evade the ‘undeserving’. Charman also noted the disconnect between officers’ desires to help victims and officers’ help being allocated to only those individuals who were categorised as ‘genuine’ victims, with the potential for lack of resources to result in more victims being labelled ‘underserving’ to discard cases. Through a lens of IPT, Charman’s findings are reflective of principles of esteem, meaning, and efficacy being managed by officers. First, esteem could be managed in relation to renegotiation of dirty work with victims who are perceived as tainted (Ashforth & Kreiner, 1999), as discussed. Secondly, similarly to Williams’s (2019) findings for rape cases, the reservation of help for ‘genuine’ victims is a clear way for officers to ensure they engage in circumstances where efficacy and meaning can be satisfied. This explains the noted disconnect, as the reservation of resources for circumstances where principles of meaning and efficacy can be satisfied, may be a coping strategy. This strategy would manage identity threats to these principles in investigations with ‘underserving’ victims whose tainted identities make achieving police goals more challenging.

²⁸ Dirty work has been theorised as work that is “physically, socially or morally beneath the dignity of the profession” (E. C. Hughes, 1958, p. 122).

Thus, the labelling of the ‘deserving’ or ‘undeserving’ victim, and whether an officer engages with a victim, appears to be intrinsically linked to the potential for the victim to threaten or satisfy numerous identity principles. This was similarly demonstrated in the current sample, where expressions of the perceptions of ‘good’ victims were associated with threats to officers’ efficacy in obtaining evidence and investigating cases with victims with MHIs (chapter five). Here, the underlying problems causing challenges to obtaining statements were attributed to whether the victim was ‘good’, instead of the officers’ skills, which was argued to potentially protect feelings of esteem and efficacy. Additionally, officers’ actions were also seen to result from a variety of negotiations of identity principles, such as protecting belonging, meaning, and efficacy by going above and beyond with victims with MHIs, or preserving meaning and efficacy by avoiding such victims.

Therefore, the current research falls in line with the above mentioned findings (Caveney et al., 2019; Charman, 2020; Williams, 2019), and extends on them by suggesting the full IPT framework be applied to examining police work with all vulnerable/‘undeserving’ crime victims, not just those with MHIs. IPT provides a more extensive way of interpreting and understanding officers’ attitudes and behaviours towards such victims. In addition, the current findings importantly indicate that principles of meaning and efficacy are potentially threatened for officers in relation to both protector and crime fighting elements of their identity, when working with victims with MHIs. Furthermore, this argument could potentially be extended to victims of DV and sexual assault, due to similar issues of managing a victim’s vulnerability and the difficulties of investigating and obtaining a charge/conviction with the CPS (Mayor’s Office for Policing and Crime (MOPAC), 2019). There is also a high incidence of MHIs in DV and sexual assault victims (Khalifeh, Moran, et al., 2015; Pettitt et al., 2013), therefore, the intersectionality of these elements is also a potentially important area to investigate further.

The analysis presented in chapter five successfully contributed to addressing the second question of this thesis; *‘How are identity principles compromised, negotiated and experienced by police officers when working with victims with mental health issues?’*. Chapter six adds to answering this question, in addition to examining the final question of the thesis; *‘How are identity principles compromised, negotiated and experienced by police officers when identifying crime victims’ mental health issues?’*.

7.1.3 The compromising, negotiation and experience of identity principles when identifying mental health issues with crime victims

Again, chapter six demonstrated that officers' behaviours with victims with MHIs may be reflective of identity processes, rather than officers devaluing this group or work. This chapter examined the specific task of officers identifying and discussing MHIs with victims, to assess potential compromises to identity principles for police officers in this context. This aspect of police work with victims was chosen because it is a situation where the victim's identity as an IMHI becomes salient. In addition, there is not a standard way to identify MHIs with victims, and previous research has indicated that officers may not identify this potential vulnerability as often as they could (Aihio et al., 2016; Charles et al., 2012).

Chapter six argued that social representations of MHIs in society influence the ways in which officers approach discussing MHIs with victims. This was demonstrated in participants' reproduction of representations of MHIs as insulting, embarrassing, and potentially reducing a victim's credibility, with these being expressed as possible underpinning reasons for officers' reluctance to make enquiries about victims' MH. It was posited that this reluctance was ultimately officers' apprehension that asking a victim about their MH would negatively impact on their interaction. The fear of a negative interaction with a victim was then argued to feed into officers' concerns over damage to their rapport with the victim, thus making it more difficult to investigate successfully, and or increasing the victim's vulnerability because they then disengage with the police. Such circumstances were argued to pose a threat to principles of meaning and efficacy (Breakwell, 1993; Vignoles et al., 2006) in relation to the crime fighting and protector elements of the 'police identity', respectively.

The chapter posited that MH was potentially constructed as a taboo topic by officers in relation to victims as a means of coping with such threats, with officers creating informal rules on when and how to ask about MH to circumvent these. Thus, stigmatised/taboo representations of MH may be held or expressed by the police to serve a function of maintaining distance from a topic that potentially holds threats to their identity (Breakwell, 1993; Crocker et al., 1998). The rules constructed by officers on making it suitable to discuss MHIs with victims were whether the nature of the crime (typically severe) justified the discussion, or if the victim displayed apparent signs of a MHI. Such circumstances were considered to give officers a justifiable reason to ask a victim about their MH, therefore, negating, or at least softening the potential identity threats that could arise.

The current results are in line with previous findings that indicate officers use overt factors to identify an individual's MHI (Godfredson et al., 2011; Noga et al., 2015). However, ability to identify MHIs has been referred to as almost a 'sixth sense' (Worrall, 2013) by police officers (Reavey et al., 2016). Relating to this, the current data indicated that officers construct their efficacy in identifying MHIs with victims in the discernibility of 'symptoms' of MHIs and stereotypical characteristics of vulnerability (e.g. physical appearance), which was even the case for their 'sixth sense' to 'just pick up a vibe'. This construction of officers' ability to identify MHIs was expressed by officers, despite this being contradicted by nearly all participants acknowledging that it is not always possible to tell if someone has a MHI.

Nevertheless, officers displayed considerable confidence in the ability of the police to successfully identify whether a victim had a MHI. Similarly, officers in the UK have displayed high levels of confidence in identifying intellectual disabilities (ID) with DV victims, also being noted by the authors as relying on overt factors of ID, thus potentially being prone to missing victims who have less severe ID (McCarthy et al., 2019). The findings by McCarthy et al. (2019) can be interpreted in a similar way to the current results. Here, it was argued that police officers engage in a balancing act between the need to identify victims' MHIs and the extent to which this may threaten their sense of efficacy and meaning. Efficacy and meaning were said to be threatened because asking a victim about their MH was perceived to potentially cause a negative interaction with the victim, which could also impede investigatory and or safeguarding activities.

The current findings also lend potential explanations as to why MHIs may not be identified as often as they could be by police officers (Aihio et al., 2016; Charles et al., 2012). As if officers only ask about MH based on the type of crime and whether the victim presents with overt symptoms of a MHI, then MHIs that may be relevant for support may be missed. This is in line with self-identified vulnerability rates being higher than those identified by the police, inclusive of MHIs, which also seem to be less frequently identified in volume crime (Aihio et al., 2016). Future research should be directed at further unpicking the possible relationships between the stigma of MHIs, the rates of identification of MHIs, and threats to officers' identity principles. Such research could additionally be extended to other stigmatised vulnerabilities, such as ID.

Lastly, the analysis presented in chapters five and six demonstrates how destructive stigmatised representations of MH are, and how these can implicitly influence police officers' behaviour with victims with MHIs. It was recently noted that the effects of implicit stigma in police MH

work has not yet been examined (Mulay et al., 2016), therefore, the current findings contribute to addressing this issue. The themes discussed in chapter five in relation to credibility within the justice system, and chapter six on varying facets of stigma of MH, demonstrate the potential effects of implicit stigma on police behaviour with victims. The implications for such findings will be further discussed in the subsequent sections of this chapter.

7.1.4 Summary

The questions posed by this thesis have been successfully addressed. Taken together, the findings demonstrate that police officers may experience compromises to all identity principles outlined by IPT (Breakwell, 1986, 1993; Jaspal & Cinnirella, 2010; Vignoles et al., 2006) due to their MH related workload. The thesis has also illustrated the ways in which officers may engage in coping strategies (Breakwell, 1986, 2015) to manage compromises to identity principles. This has been detailed at a generic level relating to all police MH work, and specifically in cases with victims with MHIs and the identification of their MH status.

A dominant theme across the presented analysis chapters is that the seeming rejection of MH work by police officers may not be a simple devaluing of ‘welfare’ type activities or disbelieving victims. Instead, this thesis argues that officers’ apparent rejection of MH work and possible lack of engagement in cases where a victim has a MHI, may be coping strategies in response to compromises to identity principles (Breakwell, 1986, 2015). Thus, the current results may also explain why victims with MHIs may report negative experiences of the police (Koskela et al., 2016; Marley & Buila, 1999; Pettitt et al., 2013). For example, if officers are experiencing and managing identity threats, as indicated by the current findings, then this may retract from their ability to engage with the victim or may even lead to negative reactions to revelations of MHIs, as has been reported (Koskela et al., 2016; Marley & Buila, 1999; Pettitt et al., 2013). In addition, the current results aid in explaining why officers have been seen to disengage with cases where a victim has a MHI, such as not recording an allegation as a crime or taking NFA (Koskela et al., 2016; Mayor’s Office for Policing and Crime (MOPAC), 2019; Pettitt et al., 2013; Watson et al., 2004a). This alternative perspective on officers’ behaviours, which may have been interpreted as rejection of protector or ‘feminine’ duties, has been illustrated in the current research. This argument has been strengthened by synthesising the

present findings with recent research in the UK that has demonstrated similar results with other vulnerable victim groups (Caveney et al., 2019; Charman, 2020; Williams, 2019).

The current findings will now be considered in terms of the implications for (i) policing and MH, (ii) police culture, and (iii) theories of identity processes. It needs to be borne in mind that because qualitative methods were used, there is a potential lack of generalisability of the findings. Nonetheless, the current research provides a novel, deeper understanding of policing and MH that provides a steppingstone for potential future research, which will also be discussed.

7.2 Implications for policing and mental health

The findings of this thesis have provided an additional perspective to the largely phenomenological understanding of policing and MH by examining identity processes utilising IPT (Breakwell, 1986, 1993, 2014). The findings have contributed to the field by demonstrating that police officers appear to experience and manage identity threats due to their MH related workload, specifically examining how this may occur with victims. Key aspects of the current findings will now be considered in terms of potential implications for policing and MH. Recommendations for practice and future research based on these interpretations will also be provided. It is argued that to successfully assimilate-accommodate (Breakwell, 1986) MH work into policing without inducing identity threat for officers, multiple areas of public services and officers' social and occupational environments need to be addressed in tandem.

7.2.1 Police responses to identity threat: avoidance, attrition and wellbeing

The presented findings support the proposition that identity threat is being experienced by police officers in relation to their MH related work. Although this is the first study in the field to directly examine identity principles utilising IPT, the existing policing and MH research reviewed in chapter two was interpreted as support for officers experiencing identity threat in this context. Therefore, although generalisability from the current research may be limited, the combined current and existing research presented here, provides a stronger argument. In practical terms, as outlined in chapter two, the NHS response to MH is still insufficient (NHS

England, 2016b, 2019) and current police training and interventions lack an evidence base (Booth et al., 2017). Thus, the present findings and following recommendations are timely for the foreseeable future context of policing and MH.

It is important to highlight that reduction of identity threat for officers in this context is imperative, as coping strategies may result in undesirable or unhelpful behaviours and attitudes being expressed by officers. This has been demonstrated in chapters five and six of this thesis, which indicated that officers may convey attitudes appearing to reject MH work, and or may not engage with victims with MHIs due to experiencing identity threat. For example, avoiding cases when a victim has a MHI to prevent compromises to principles of efficacy and meaning. However, should it be the case that officers are experiencing compromises to identity principles in the ways this thesis has demonstrated, and if such threats remain chronic and stable, there is the potential for officers to engage in more radical attempts to negate the source of threat (Breakwell, 1986).

One particularly undesirable response to identity threats for officers is that they may even devalue their ‘police identity’ or abandon it altogether by leaving the profession (Breakwell, 1986; Tajfel, 1978). Thus, if threats are being experienced as suggested, it is possible that the increase in MH work may be a contributing factor to the 22% increase in voluntary resignations from the police in England and Wales between 2014/15 and 2018/19 (Home Office, 2019b). Alternatively, it could be problematic if officers stay in the job but devalue their ‘police identity’ as a result of MH work, as having a strong social identity has been shown to be a protective factor against adversity (Haslam et al., 2005; Haslam & Reicher, 2006; Spencer-Rodgers et al., 2016). This also ties in with a recent finding that suggests a lack of social support from other officers is the most frequent risk for psychological adversity (Sherwood et al., 2019), as devaluation of the ‘police identity’ may also erode solidarity. Thus, if officers remain in the job but devalue their ‘police identity’ in response to identity threats, it may make them more susceptible to reduced wellbeing.

Indeed, continuous experience of identity threats without successful coping strategies can be detrimental to individuals’ wellbeing (Breakwell, 1986). Again, there have been a large number of work related MH and wellbeing complaints by officers in England and Wales in recent years (Police Federation, 2017, 2018). Experiences of reduced wellbeing by officers may be linked to the compromising of identity principles that have been demonstrated in this thesis. A recent systematic review comprising 20 studies on police wellbeing since 2008, concluded that

depression, anxiety, and burnout in officers appears to be particularly predicted by lack of reward and higher levels of effort (Sherwood et al., 2019). When interpreting this through IPT, it seems that compromises to principles such as efficacy and meaning may be prone to cause harm to officers' wellbeing. Taken with the current findings, this strengthens the argument that compromises to identity principles as a result of MH work, may be damaging to officer wellbeing.

Of course, the current assertions of such relationships are speculation based on the current results and literature reviewed in this thesis. However, future research examining the relationship between police officer wellbeing and attrition, and identity threats due to MH work, may be worth pursuing.

In light of the potential detrimental impacts that identity threat may be having on police officers and the possible undesirable coping responses, it is important to consider how compromises to identity principles could be reduced. Attention will now be turned to how improvements may be made, as informed by the current findings.

7.2.2 Defining the police role(s) in mental health work

It has previously been suggested that the police need a distinct role in relation to their MH related work, where policing and mental health professionals collaborate but the "expertise of each should be recognized and should not be confused" (H. R. Lamb et al., 2002, p. 1226). The current findings support this notion and assist in potentially explaining why this appears to be important. For example, the present results indicate that officers may be seeking to define a clearer identity, enhance their distinctiveness as a profession, and maintain the continuity of their identity, due to identity threats induced by MH work. Should this be the case, it seems imperative that officers have a clear understanding of who they are and what they can do, in all MH related jobs. Additionally, the role of the police in this context needs to be distinct enough from other public services, as police officers may be experiencing threats to their distinctiveness when taking on duties that can be considered similar to functions of health and social care professions (e.g. emotional support). A clear and distinct role for police would hopefully alleviate the apparent identity threats induced by a lack of clarity of the police role in MH work, as well as compromises to distinctiveness. Indeed, officers report positive feelings towards ambulance staff and their complimentary roles in responding to emergencies, however,

their roles are clear and distinct, whilst achieving a shared goal, in addition to sharing similarities in culture (Charman, 2015). Such a professional relationship appears to have achieved the optimal balance of distinctiveness and belonging (M. B. Brewer, 1991). Such an approach would likely be beneficial for MH work.

However, much of the work on developing the role of policing in MH has been on crisis responses. Therefore, this thesis contributes to the field by highlighting the importance of defining and developing the police role in terms of victims with MHIs. In fact, it is possible that clearly defined roles for the police in all MH work would be beneficial to reducing identity threats for officers, as each may have unique requirements, challenges, and compromises to identity principles. As IMHIs are highly likely to encounter the police in all types of police-public interactions²⁹ (Livingston, 2016), including due to experiencing ‘chronic vulnerability’ (Frederick et al., 2018; Wood et al., 2017), echoing Wood and colleagues, it is recommended the focus in policing and MH is broadened in both research and practice.

In terms of clearly defined roles for the police in MH work, this also may be important in relation to officers being able to satisfy the efficacy principle. This is argued, as if officers do not know who they are and what they are meant to be doing in a given circumstance, how can they be good at it? In addition, having a clearly defined role may also assist in reducing some forms of conflict in duties, as long as officers are recruited as being fully aware of all aspects of the police role (e.g. crime fighter and protector) (Huey & Ricciardelli, 2015).

7.2.3 Improving the policing and mental health milieu

Whilst clearly defining the police role(s) in MH is important, the current results indicate that this will not be enough to make significant changes in policing and MH to reduce identity threats for officers. The current research suggests that it is the whole context in which police operate that needs to be reviewed to prevent potential identity threats for officers. Even with a clearly defined role, officers may still experience threats to their identity due to compromises to meaning and efficacy, because they cannot successfully carry out expected elements of their identity (e.g. protecting the public). On reviewing the policing literature in relation to gender, Brown concluded that police organisations need to ensure that officers’ “efficacy and self-

²⁹ As witnesses, suspects, victims, or in need of assistance (Livingston, 2016)

esteem are grounded in both feminine and masculine attributes.” (2007, p. 207). It is argued here that individual officers’ construction of the ‘police identity’ has started to incorporate both crime fighter (‘masculine’) and protector (‘feminine’) elements, with the latter potentially being even more important, at least for some officers. This change in officers’ perceptions of their identity has been demonstrated in the current sample and others in the UK in recent years (Caveney et al., 2019; Charman, 2018; Hoggett et al., 2014). Thus, the construction of what it means to be efficacious as a police officer appears to incorporate both crime fighting and protecting, as well as giving officers a sense of meaning. This change in the construction of the ‘police identity’, and their sense of efficacy and meaning, therefore, appears to be successfully transforming.

However, it is the social and professional context in which officers operate that appears to be posing the problem. This is supported by the current findings, which indicate that even officers who construct their identity as protectors may express discourses and behaviours that can be interpreted as not engaging with this aspect of their role, in order to protect against identity threats in the context of MH related work. Thus, this thesis provides evidence that it is important for the social and professional context to allow officers to effectively carry out both crime fighter and protector duties in MH work, in order to avoid compromises to identity principles. This echoes arguments recently made for officers in relation to DV cases, where a similar duality of roles within officers was observed, with equally similar frustrations to efficacy and meaning (Caveney et al., 2019).

A variety of factors appeared to underpin the key threats to efficacy and meaning experienced by officers in the present sample. Namely, officers’ lack of skills and knowledge, a lack of practical processes and resources within the police, a lack of practical process and resources in other public services, and societal MH stigma. These will now briefly be considered using the current findings in relation to police work with victims to illustrate arguments and make recommendations. Due to their prevalence in the current findings, potential improvements to compromises to principles of efficacy and meaning will be focused on.

7.2.4 Police work with victims with mental health issues

There are several issues underpinning threats to identity for officers indicated by the current results, namely managing vulnerability, obtaining evidence, perceived credibility of victims with MHIs, and identifying victims' MHIs. In relation to these, numerous improvements could potentially be made. Each of these will now be discussed.

Managing vulnerability and working with distress

In relation to threats to officers' protector element of their identity, the current research indicated that when working with victims, improvements may need to be made in officers' abilities to manage the victim's vulnerability. These findings highlight the need to increase public service resources and develop clearer processes to support victims with MHIs within policing, and jointly with other services. Although this approach has been clearly taken forward for crisis situations (Department of Health, 2014; Welsh Government and Partners, 2015), the current research indicates that such national level agreements may also need to be made for working with victims. This is in line with recent research in the UK that also concluded more needs to be done to support victims with MHIs (Dinisman & Moroz, 2019; Pettitt et al., 2013).

As indicated by participants in this study, officers struggle to get victims who have MHIs the help they require from external services to manage their vulnerabilities. Joint processes may need to be reviewed in terms of how best victims can be supported and how local agencies can most effectively work with the police to ensure their vulnerabilities are managed. This parallels Wood et al. (2017), where the argument was made that 'grey zone' interactions police officers have with IMHIs that fall outside of crises or criminality, require improved access to resources for officers to manage such situations, including those arising from chronic vulnerability. The current research lends support for the importance of increased resources and or smarter ways of working to improve the experiences of vulnerable victims and reduce identity threats for officers. For example, if the vulnerability of victims with MHIs were to be managed more effectively, threats to feelings of efficacy, meaning, and belonging could be alleviated, due to being able to access help for the victim and reduce the likelihood of untoward incidents.

Within policing, officers may benefit from having a clearer role and processes for how they can support a victim in relation to their MHIs, such as providing low level emotional support

during investigative processes (e.g. interviewing). This is important, as an individual may not meet the threshold for special measures (Ministry of Justice, 2011a) or an ABE interview may not be possible, but the victim may require lower level support. If such support could be provided by all officers, this may help to improve victims' experiences and reduce attrition rates, thus managing vulnerability to an extent. Additionally, it may assist officers in feeling more comfortable and efficacious in working with victims with MHIs, who may present in distressed ways at times. The MH training devised by the College of Policing does cover providing support for IMHIs and communication skills, and this was published in 2016 (College of Policing, 2016), which is the same year data were collected for the current study. Therefore, it would be beneficial to assess whether the implementation of this new training has improved officers' experiences of working with victims with MHIs, and vice versa. It may be the case that the College of Policing MH training has satisfactorily equipped officers to support victims with MHIs, however, as found by Billingham (2018), the implementation of MH training varies nationally and lacks evaluation. Alternatively, a more tailored training for working with victims with MHIs may be desirable. Future research should explore these issues.

Obtaining quality evidence

Current officers expressed struggling with obtaining evidence from victims with MHIs, which seemed to compromise their sense of efficacy and meaning during investigations. Practical issues, such as difficulties organising ABE interviews, are one element that needs to be addressed, as these can cause detrimental delays to obtaining evidence. Another key issue was victims' communication styles/abilities and heightened emotions, which officers saw as potentially obstructive to gaining information. Similar issues have also been reported in the UK in relation to police interviews with offenders with MHIs (Oxburgh et al., 2016). Although the role of the registered intermediary exists to assist in communication with vulnerable victims during criminal justice processes (Ministry of Justice, 2019; O'Mahony, 2010), they were seldom mentioned by current participants. In addition, just because a victim may communicate in a way that does not conform to conversational norms, does not mean they will require or want an intermediary. Considering these findings, it is apparent that support for obtaining evidence from victims with MHIs needs to be quicker and more readily accessible for officers. Further research on the intermediary scheme, including police officer awareness, use, and, possibly most importantly, the efficacy of intermediaries, may be beneficial. As described in a

recent review of intermediary schemes in the UK and Australia, the lack of research on the impact of intermediaries on the quality of evidence from vulnerable individuals is ‘striking’ (P. Cooper & Mattison, 2017, p. 367). The potential for alternative solutions, such as in-house specialists may also be an option, given the requirement to swiftly obtain quality evidence.

Furthermore, reviewing officers’ development of interpersonal skills for engaging with individuals who communicate in unorthodox ways due to MHIs may also assist. Particularly, review of such skills for frontline officers may be of considerable benefit, as these officers do not typically undertake advanced training that may qualify them to make the most effective assessments and interact with victims with MHIs on first contact. As highlighted by a recent review of rape cases (Angiolini, 2015), frontline officers are the gatekeepers to victims accessing the justice system, so arguably it may be most beneficial for such officers to have a more advanced and varied skillset to match the complexities of victims’ needs. Indeed, given that MHIs can present at any time and in any situation, perhaps it should be the ‘general practitioner’ (i.e. frontline officers) who is most upskilled to be able to assist appropriately, when required (Fyfe, 2000, p. 347).

Addressing issues of credibility

Investigations with victims with MHIs also appeared to frustrate officers’ efficacy and meaning, due to the lack of perceived credibility of such victims’ testimony. This threat appeared to emanate from perceptions that the CPS may drop a case due to the victim’s MHI and such victims being discredited in court. The current research has fleshed out the findings that suggest officers may be more likely to take no further action (NFA) due to such perceptions (Mayor’s Office for Policing and Crime (MOPAC), 2019), which appears to be a response to potential identity threats to efficacy and meaning. Such concerns are reflected in research that shows lower charge and conviction rates for victims with MHIs (Mayor’s Office for Policing and Crime (MOPAC), 2019; Murray & Heenan, 2012; Walker et al., 2019).

Indeed, quality assurance of evidence is important. Currently, cases that go to the CPS are assessed under the Full Code Test (Police and Criminal Evidence Act, 1984) to determine that the evidence is strong enough to result in a conviction and that the case is in the public interest. However, assessing the credibility of an individual’s testimony is a subjective task, whether they have MHIs or not. Pertinently, consistency, which is often held as the most important

factor in assessing credibility (N. Brewer et al., 1999), has been shown to not be a reliable indication of accuracy of witness memory recall (Fisher et al., 2013; Hudson et al., 2019; Smeets et al., 2004). Yet, inconsistencies appear to be a key reason as to why testimony from victims with MHIs may not be considered credible (Mayor's Office for Policing and Crime (MOPAC), 2019). Furthermore, as discussed in chapter one, knowledge is limited about the impact of MHIs on witness testimony (K. Smith & O'Mahony, 2018). Outside of the witness testimony literature, more substantial research does evidence difficulties in memory functioning for IMHIs that may give some insight into this issue (Besche-Richard, 2013; Burt et al., 1995; Delleman & Fernandes, 2015; Herrera et al., 2017; Kizilbash et al., 2002; Marchetti et al., 2018). Nevertheless, the only clarity at this stage in relation to the quality of testimony from victims with MHIs, is that it is not clear whether IMHIs are significantly less accurate than other members of the public. Indeed, any witness's memory recall is potentially subject to memory errors (Howe & Knott, 2015; Laney & Loftus, 2009).

Thus, the enduring 'legal folklore' that consistency equals accuracy (Fisher et al., 2009, p. 132), may be an important factor that needs to be addressed to ensure that police officers and other legal professionals take an evidence-based approach to assessing the credibility of victims with MHIs. This is particularly the case as research has indicated that assessment of the impact of MHIs on a victim's ability to provide testimony lacks an evidence-base, and may be preventing some victims from accessing justice (V. Lee & Charles, 2008). Lee and colleagues found that the CPS may not always use sufficient information to assess the relevance of a victim's MHI, during decision making on charging a suspect in a case. Ironically, even recently published (since revised) 'rules' for advocates reviewing the cross-examination of vulnerable victims/witnesses in court (ICCA; 2016), mostly lacked any evidence or even contradicted research (P. Cooper et al., 2018). For example, the 'rule' that there is no requirement to build rapport during questioning, goes against scientific evidence on eliciting information from all individuals, and particularly those who are vulnerable (P. Cooper et al., 2018). Thus, assessments of the credibility of vulnerable victims/witness in the CPS appear to lack evidence-based practice.

Encouragingly, since data were collected for this research, the CPS has updated its legal guidance on victims with MHIs (CPS; 2019). This advises prosecutors on the importance of the individual impact of MHIs on victims and highlights that they may be irrelevant to their ability to give evidence. However, the inclusion of expert assessment is not an outlined

necessity to assess the credibility and reliability of such victims. Thus, it is imperative that further research is done to inform the assessment of the ability of victims with MHIs to give evidence, in addition to the impact of MHIs on witness testimony. As the new legal guidelines from the CPS have only recently been introduced, only time will tell as to whether these will effect real change and alleviate the concerns that have been shown to underpin identity threats for police officers in the current research. Additionally, it is suggested that it would be beneficial to address officers' concerns in relation to such victims' credibility, to ensure that they still investigate accordingly and submit cases to the CPS for a charging decision without pre-empting this based on a victim's MH status (Mayor's Office for Policing and Crime (MOPAC), 2019). However, this appears to be an area where compromises to efficacy and meaning for officers will be difficult to eradicate until the wider issues surrounding victim credibility and MHIs in the CPS are also addressed.

Identifying mental health issues

As demonstrated in the current research, police officers have considerable discretion on when to ask about victims' MH status, rather than this being standard procedure. Officers have a duty of care to ensure a victim is supported for any vulnerabilities they may present with (Ministry of Justice UK, 2015), but the assessment of that vulnerability and opening such discussions is decided by the individual officer. In line with previous findings (Godfredson et al., 2011), the present research indicates that officers overly rely on overt symptoms of MHIs. Additionally, current officers appeared to employ specific informal rules on when it is appropriate to ask a victim if they have a MHI, based on the severity of the crime (typically severe) and discernibility of MHIs. Such strategies appeared to be applied to avoid threats to their esteem, efficacy, and meaning. Although this may protect against identity threats, only discussing MH with victims in these circumstances may mean MHIs are not being identified as often as they should be within this group. Given that victims' self-identified vulnerabilities, including MHIs, outweigh the number identified by officers (Aihio et al., 2016), a review of how officers identify MHIs with victims appears to be important.

However, as the current findings indicate that asking victims about their MH induces identity threats for officers, the use of a standardised screening process may do more harm than good. In addition, the recent MH training for officers that includes information on how to discuss

MHIs with members of the public (College of Policing, 2016), may be futile with victims because of such threats. Thus, officers' concerns about potentially impeding rapport with such victims and bringing the victim's credibility into question also need to be considered. This aspect of work with victims highlights the detrimental impact of MH stigma in the CPS and wider society on how police officers navigate this part of their role. Therefore, it may be beneficial to review and address MH stigma within the whole Criminal Justice System (CJS), with the aim of reducing this, particularly in relation to victims. In addition, a public health approach to educate officers and members of the public on the benefits of police officers being aware of victims' MHIs (i.e. in order to provide support and obtain quality evidence) may be helpful. However, future research is required to ascertain a suitable way to identify MHIs with victims, and a key place to start would be to examine victims' views on this topic. The recently developed online service for victim care by West Mercia Police may be an ideal route to pursue, as this allows victims to access information about their case and live chat with police officers (Microsoft, 2019). Via a self-service online platform, victims could be provided with information on the benefits of disclosing their MHI and how this will be handled, with the option for them to provide details on their MHI to the officer handling their case.

However, in order to develop a suitable process for increasing the identification of MHIs with victims, the multitude of issues discussed throughout this section need to be addressed first. This is argued, as increasing the identification of victims' MHIs by police in the current system, holds the potential to only further frustrate efficacy and meaning for both crime fighting and protector elements of the 'police identity'. Additionally, it may also increase negative experiences of victims with MHIs in relation to the police and the wider CJS (Koskela et al., 2016; Pettitt et al., 2013). This could occur, as if the problems in accessing support services, obtaining quality evidence, and perceptions of credibility are not addressed, officers may still experience identity threat and respond in ways that may impede interactions with victims with MHIs. Additionally, such victims would still not receive adequate support and may still have difficulties accessing justice.

Thus, this thesis contributes to a recent point highlighted by Carver and colleagues, who suggested that an area of uncertainty is if victims of crime with MHIs "will be believed in the first place, and more significantly, what happens if they are not" (2017, p. 58). It is argued here that it is of equal importance to address the issues around the credibility of victims with MHIs

(Carver et al., 2017), as it is to implement effective support and identification processes (Dinisman & Moroz, 2019). As without the former, the latter is likely to be futile.

7.3 Implications for the bigger picture

Although this thesis has focused on identity processes in relation to policing and MH work, and police work with victims, there are notable findings that contribute to considerations of police culture, as well as theoretically for IPT. These will now be discussed.

7.3.1 Identity processes, police culture, and context

The findings of this thesis potentially add to our understanding of the police culture debate. The current argument that officers utilise the re-presentations of the ‘police identity’ (in this case, their distinctiveness) to manage compromises to several identity principles, has similarities to the recent argument made by Campeau (2015). Campeau (2015) concluded that instead of police culture being ‘traits’ and ‘values’ (e.g. solidarity), it is instead a resource officers draw on to create meaning in their working context. For example, officers were argued to engage in varying degrees of solidarity in relation to public scrutiny, such as officers expressing that they are not all the same and should not be judged by the poor actions of defective colleagues. Here, it is argued that an alternative explanation is that identity processes, as outlined by IPT, produce commonly observed aspects of police culture (e.g. differing levels of solidarity, distinctiveness etc.). Overall, the findings presented throughout this thesis indicate that identity processes may be a causal mechanism (Bhaskar, 2008) that explains how the environment in which police officers operate, produces elements of what have come to be known as police culture (e.g. rejection of ‘social work’ type duties). This argument diverges from that by Brown (2007), who applied IPT to review the literature on gender issues in policing and the dominance of masculinity in the ‘police identity’, concluding that:

The occupational culture provides the resources to create and maintain identity. Under threat, the organisation draws on repertoires grounded in the occupational culture to focus responses that will preserve the dominant identity. These prove to be versatile and resourceful in perpetuating the image and likeness of male model of police in which women may collude. (2007, p. 207)

It is argued here that rather than the occupational culture simply underpinning the creation and maintenance of the ‘police identity’, although it is agreed that this will also occur through the influence of social representations (Breakwell, 1993; Duveen, 2007; Moscovici, 1988), this thesis posits that identity processes also produce aspects of police culture. As demonstrated throughout this thesis, it appears to be the protection and maintenance of salient identity principles that produces certain observed police attitudes and behaviours that could be considered as police culture. Thus, the current argument fleshes out the suggestion that elements of police culture (e.g. solidarity, isolation) are a product of the nature of the job to help officers cope (Paoline, 2003; Skolnick, 1966; Waddington, 1999). The current proposition is visually demonstrated in the following figure:

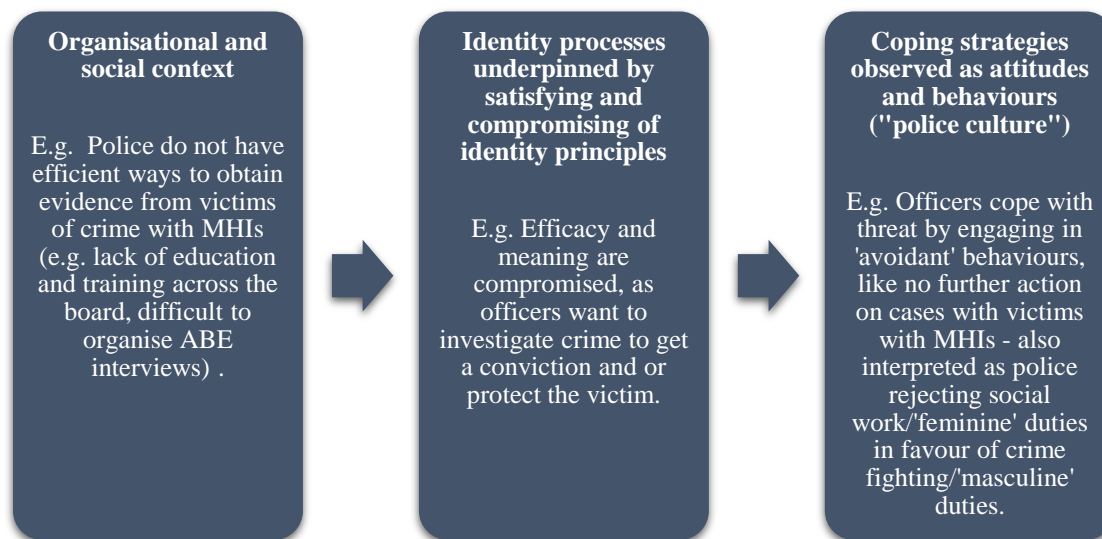


Figure 1. The production of ‘police culture’ through identity processes

As argued throughout this thesis, the current perspective provides an alternative to the dominant interpretations of police attitudes and behaviours in the police culture literature. As per the example presented in figure 1, what could be perceived as typical prejudiced attitudes in policing, may be further explained as strategies to manage potential identity threats (Breakwell, 1986, 2015). Additionally, extending on Brown’s work, it is posited here that it is not just the organisational environment of the police, but the wider social context that influences officers’ identity processes (Charman, 2017, 2019). For example, the demonstrated impact of MH stigma on how officers may manage the identification and discussion of MHIs with victims (chapter six of the current thesis). In addition to the influence of the perceived lack of credibility of victims with MHIs in the CJS, on police decision making (chapter five of the current thesis). These both appear to result in what could be deemed prejudiced attitudes

and or discriminatory behaviours towards IMHIs by police officers (e.g. not progressing their case). However, as explained, this could be reflective of coping strategies in response to identity threat and not officers' personal disbelief of such victims.

Thus, it is argued here that identity processes, as outlined by IPT, are underlying causal mechanisms (Bhaskar, 2008) that contribute to producing elements of police culture, in response to the inhabited context. The current findings also partially address the calls for police culture to be further explained in terms of its production and variation (Charman, 2017; Paoline, 2003). As different policing environments will produce variations in the observed police culture, due to the ways in which the 'police identity' is constructed and maintained, influenced by the available social representations within the social and organisational context.

This thesis has focused on MH related police work; however, this is one of several factors that appears to have had a significant impact on policing in recent times. There have been cuts to police budgets and other public services, changes in crime activity and complexity (e.g. cybercrime), more focus on police safeguarding, changes to police recruitment, and a rising demand for evidence-based practice, to name but a few. There is the potential that these other factors could also be threatening police officers' identity principles. Thus, the current finding, that coping mechanisms to protect identity principles may produce some aspects of police culture, may be more widely applicable and account for other commonly observed police behaviours and attitudes, as has been touched upon in this chapter. For example, officers' actions have been increasingly scrutinised (e.g. use of social media, the Independent Police Complaints Commission), which may have created a generally enhanced threat to principles of belonging and esteem for officers. This appears to be reflected in the police culture change, where there has been a reduction of solidarity in protecting rogue colleagues and an increase in officers covering their own backs due to fearing making mistakes, being investigated, and or losing their job (Campeau, 2015; Charman, 2017). This change may be indicative of officers protecting principles of esteem and belonging. A further example is the age of austerity (Hoggett et al., 2014), where cuts to policing and other public services may have also put a general strain on the principle of efficacy, due to lack of resources and greater workloads for practitioners. This may be resulting in officers being selective of where to place their efforts and avoiding individuals who challenge identity principles, which are typically victims with complex issues and identities (Caveney et al., 2019; Charman, 2020; Williams, 2019), as discussed in this chapter.

Such societal changes, as well as internal drives by police organisations to evolve (e.g. increasing focus on safeguarding), have been argued to be resulting in a new ‘police identity’ (Charman, 2019) and changes to police culture (Caveney et al., 2019; Chan, 1996). The current findings support this notion and offers identity processes as an explanation for how the ‘police identity’ may be changing in response to developments within the social and organisational contexts, as well as producing modifications of police culture. From a purely sociological approach, several of the current findings could be explained at a cultural level. For example, the proposed culture of fear in policing (Charman, 2017) could be used to explain why police officers avoid jobs with IMHIs and avoid discussing MHIs with victims, due to fearing making mistakes and the consequences. Here, it is argued that identity processes provide an additional layer to our understanding of how features of an environment (e.g. enhanced scrutiny) that compromise identity principles (e.g. esteem, and belonging), result in officers’ expressed attitudes and behaviours as coping strategies (e.g. avoidance). With such behaviours and attitudes also being considered culture once they become commonly observed and even entrenched (e.g. a culture of fear in policing).

Overall, this thesis has highted what appears to be a complex bidirectional relationship between culture and identity processes that continues to modify both police culture and ‘police identity’, which seem inextricably linked. Notably, a variety of other factors impacting on policing could also be contributing to how officers experience identity threats due to MH work, and their employed coping strategies. For instance, generally enhanced threats to belonging and esteem as a result of increased scrutiny, and overall compromises of efficacy due to higher workloads/austerity, could be exacerbating compromises to these principles in MH work. However, such suppositions are beyond the scope of the current thesis, and future research should consider these wider complexities within the social and organisational context. It would be beneficial for further research to unpick the extent of the influence of, and relationship between, contextual factors (e.g. austerity, MH work), identity processes, and culture (within policing, the CJS, and across wider society) on police behaviours and attitudes. Recent research that has touched upon this suggests that rather than prejudiced attitudes (culture) contributing to the problematic categorisation of victims being ‘ideal’ or not, it was whether a victim was likely to provide a result that satisfied officers’ sense of meaning that appeared to be significant (Caveney et al., 2019). The current research adds the explanatory strand of identity processes to Caveney and colleagues’ stance on evolving police culture being “a playing out of the

tensions between structural factors such as austerity, workforce change, and governance and the institutional norms and experiences...” (2019, p. 13).

7.3.2 Theories of identity processes

This thesis has demonstrated that the need for a clearly defined identity appears to be important for police officers in the context of MH work. This was shown in chapter four, where officers’ frequent use of differentiating themselves from MH professionals was examined. Defining one’s identity through distinctiveness from others has long been acknowledged (Elsbach & Bhattacharya, 2001; Vignoles, 2009), as has the use of distinctiveness to reduce ambiguity (Abrams & Hogg, 1988; Hogg, 2000). As part of his extension of IPT, Vignoles (2011) posited in Motivated Identity Construction Theory (MICT) that identity definition is an outcome of principles of meaning, distinctiveness, and continuity. It is suggested here that further research may be beneficial to ascertain whether defining an acceptable understanding of one’s identity, ‘definition’, should be considered as an identity principle, rather than just being labelled as a product of the workings of distinctiveness, continuity, and meaning. One potential path of exploration is rooted in the definition of meaning in the wider literature, as meaning is commonly defined as having elements of coherence (understanding/definition of identity), purpose, and significance in one’s life (Martela & Steger, 2016). IPT research has typically defined meaning in terms of a “need to find significance or purpose” (Vignoles et al., 2006, p. 311). Similarly to the distinctiveness principle (Vignoles et al., 2002b), the meaning principle may benefit from being considered in terms of sub-constructs, and coherence (understanding/definition of identity) may be one of them.

The current research also demonstrated that distinctiveness in this sample was apparently interconnected with all other identity principles. In fact, the current thesis has generally demonstrated the intricate workings of the interrelations between identity principles. Future research should continue to try to identify whether there are identity principles that are globally related to one another, or if relationships between principles are more dependent on the social group and specific context in which they are operating. Such relationships may be particularly influenced by the culture(s) of the relevant sample (e.g. organisational, professional, religious), as communicated through social representations (Breakwell, 1993; Duveen, 2007; Moscovici, 1988).

7.4 Limitations and reflections

As with all research, there are limitations in this study that need to be acknowledged. First, due to the difficulties in recruitment from such populations, an opportunistic, convenience approach was taken to gain access to participants (O. C. Robinson, 2014), both in relation to the gatekeeping forces and individual police officers. The benefits of this approach allowed for a large enough sample to be recruited in a reasonable timescale, which was still two years in total. However, such an approach also means that the sample may not be representative of the police forces accessed and forces across the UK. In relation to this, female officers were slightly underrepresented in the current sample. In addition, it was not possible to ascertain the number of officers who were sent the invitation within the gatekeeping forces; therefore, it is not possible to provide a response rate. The forces that were used were diverse and in areas where officers would be likely to frequently encounter IMHIs, therefore, the insights gained from this study may not be applicable to areas with lower instances of IMHIs in the community. In addition, the officers that volunteered to be interviewed may differ from officers who would not partake in such research, as the officers who responded to participate were all eager and willing to discuss MH. Such officers may differ in their views and experiences of MH related jobs in comparison to officers who may, for example, be less comfortable with discussing MH. There is also the possibility that participants censored their views, however, on reflection, many officers appeared to speak candidly to the researcher, and it is felt that high levels of rapport were built with the majority.

Another area of consideration is that the current research only focused on one element of participants' identity, being a police officer. It also only undertook an in-depth examination of police work with crime victims experiencing MHIs. However, all individuals construct their identity and are perceived by others in terms of numerous social identity elements (e.g. gender, ethnicity, socioeconomic status). Therefore, future research could explore the influence of multiple social identity elements, for both police officers and the individuals they interact with, on officers' experiences of identity threat. For example, different identity principles may be more likely to be compromised based on an officer's gender and or ethnicity. Additionally, work with victims of crime with MHIs may threaten different principles or threaten them in a different way to other police-public interactions (i.e. with offenders, witnesses, individuals in need of assistance, or individuals experiencing a MH crisis). Other complex identities may also

amplify identity threat in MH work, such as when a member of the public is a crime victim with MHIs, homeless, and uses substances. Indeed, an array of complex identity elements have been suggested as factors underpinning lack of access to justice for victims (Charman, 2020; Williams, 2019). The current research has laid the exploratory groundwork, exemplifying the potential workings of identity threat for police officers in the context of MH work, particularly with victims. Other officer factors, such as gender, length of service, or personal experience of MHIs, could also be investigated. These would be of particular interest due to the potential impact that length of service has on officers' construction of their 'police identity' (Charman, 2017), and experience of MHIs on a personal level has been found to potentially be influential on officers' attitudes and perceptions around MH and MH work (Clayfield et al., 2011; Speary & Shah, 2015). Although, officer variables, such as age, gender, length of service, experience of MHIs, and rank have also been shown to have no impact on officers' attitudes towards MH (Cotton, 2004).

As the typical issue of lack of generalisability based on the sample size and use of qualitative methods is applicable here, quantitative research would be beneficial to triangulate the current findings. The current research forfeited including a quantitative study to allow for depth of qualitative analysis and for practical reasons, as discussed in the methods chapter of this thesis (chapter three). Such issues with practicalities of time and resources are often an issue in postgraduate study, when planning to undertake mixed methods research (Halcomb & Andrew, 2009). However, this thesis has provided a detailed understanding of identity processes and threat in policing and MH, which can inform future research applying both quantitative and qualitative methods. The current research has also been valuable in providing insights from the participants that were interviewed, as even though the current officers appeared to have relatively positive views toward MH, evidence of identity threat was still found. This thesis provides a steppingstone into further exploration into identity processes in police MH work, particularly with victims with MHIs, as has been highlighted with suggestions for future research throughout this chapter.

Lastly, there have been many challenges facing the police in recent years, such as cuts to resources that may have impacted on policing and influenced the 'police identity' (Charman, 2019; Hoggett et al., 2014). Thus, although MH related work is a significant issue (Billingham, 2018) that appears to be challenging the 'police identity', there are many other factors that may be having a similar or even cumulative effect, as discussed.

7.5 Conclusions

To conclude, the current evidence of identity threats and how they appear to be managed by police officers in relation to their MH related workload, provides new insights to the field. Importantly, this has been examined in detail for police work with victims with MHIs, which has often been overlooked in policing and MH, thus also providing new knowledge on this interaction. This thesis has argued that police officers' behaviours and attitudes that may be interpreted as them rejecting MH related work and disengaging with victims with MHIs, may be explained as coping strategies in response to threats to identity (Breakwell, 1986, 2015). Due to the potentially undesirable attitudes and behaviours that may arise as a result of such identity threats experienced by officers, this thesis has highlighted the importance of making improvements to policing and MH, in order to alleviate compromises to identity principles. It has been demonstrated that principles of efficacy and meaning may be particularly frustrated for officers in relation to their work with victims with MHIs, for both crime fighting and protector aspects of the 'police identity'. Additionally, evidence was found that indicates officers may only enquire about victims' MH in certain circumstances, in order to avoid identity threat, which appeared to be underpinned by MH stigma in the CJS and beyond. Thus, a suitable way for officers to identify victims' MHIs that does not induce identity threat and increases detection rates needs to be devised. However, it has also been argued that in order to alleviate such potential threats to officers, a holistic approach to improve elements of the entire milieu of policing and MH needs to be implemented. This includes the development of clear/distinct role(s) and internal processes for the police in relation to working with victims with MHIs, police education/training, joint processes with public services, and addressing the MH stigma within the CJS and wider public.

This thesis provides support for why multifaceted approaches to improving policing and MH are potentially the most promising, but present approaches may not go far enough. As much of the focus on MH in policing is on crises, this research highlights a need for work with victims to be reviewed in terms of the improvements suggested in this chapter. Furthermore, all types of contact police officers have with IMHIs may benefit from being examined for the specific ways in which officers may experience identity threats. As detailed throughout this chapter, future research is required to ascertain the generalisability of the current findings and further explore the issues raised in relation to policing and MH in practice, to reduce identity threats for officers. It is imperative that problematic features of the social and organisational contexts

that may induce identity threats for officers are addressed, as argued throughout this chapter. If such issues are not resolved, it is likely that undesirable practices will continue. This is posited, as much of police work involves a level of professional discretion on the part of individual officers, and if such discretion is exercised in environments that continue to compromise identity principles, then coping strategies to evade threats may prevent change. This is in line with the longstanding argument that police discretion is a barrier to reform (Reiner, 2010). An alternative potential way to minimise the impact of identity threat in police MH work, and indeed other problematic areas, may be to reduce individual officer discretion, such as the decision on whether to ask a crime victim about their MH status. However, in relation to work with IMHIs, this would also need careful consideration, as introducing compulsory practices may equally cause threats to identity principles. An example, as discussed previously in this chapter, would be a compulsory screening of victims' MH, which may induce identity threats for officers and possibly victims themselves, if other aspects of the current environment are not addressed (e.g. sufficient MH services, MH stigma). In turn, this could negatively impact on the interactions officers have with crime victims, and result in identity threats, such as those discussed in chapter six of this thesis.

Lastly, this thesis contributes to considerations of IPT and the police culture debate. For IPT, it is suggested that the principle of meaning be further fleshed out in terms of its potential sub-elements, particularly coherence in terms of understanding/definition of identity. In terms of police culture, it is argued that officers' coping responses to identity threats may produce some classic police attitudes and behaviours that have been interpreted as aspects of 'police culture' (e.g. prejudice). In this vein, this thesis ties together and extends on the recent research in the UK that challenges traditional interpretations of police work with vulnerable/'underserving' victims (Caveney et al., 2019; Charman, 2020; Williams, 2019), suggesting that officers' attitudes and behaviours may be due to compromises to identity principles, particularly those of meaning and efficacy. As has been demonstrated for police work with victims of crime with MHIs, an overall framework of IPT may explain how officers experience compromises to identity principles in a variety of situations. For example, IPT may equally be applicable to police work with DV victims and sexual assault victims, and further research should investigate this potential, as well as the intersectionality of victims of DV and sexual assaults who have MHIs.

In sum, the current thesis has demonstrated that identity processes and threat may contribute to understanding how observed aspects of police culture are produced by the environment in which officers operate. Therefore, it is fundamental that the features of the social and professional environment that result in identity threat for officers in relation to MH work are identified. The findings presented here have provided initial evidence as to what elements of an officer's environment may result in such threats and their coping responses, however, further research is required to confirm their generalisability. Work will then be required to suitably address the relevant issues accordingly, in order to alleviate compromises to identity principles for officers. Without such change, police work with victims with MHIs may continue to be challenging due to identity threats experienced, which will likely perpetuate a lack of identification of MHIs in victims and avoidant behaviours by police officers (e.g. not investigating all lines of enquiry before taking no further action on a case).

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Appendices

Appendix A: Freedom of Information request sent to forces in England and Wales

1. The standard support/guidance information that your force gives to individuals who have been a victim of crime.
2. Details of the ways in which your force identify potential mental health problems/vulnerabilities with individuals who have been a victim of crime.
3. Any documentation that your force has in relation to working with victims of crime with mental health problems.
4. Details of the ways in which your force identify any other potential vulnerabilities with individuals who have been a victim of crime.
5. Details of the current training on mental health that your force provides to officers (and copy of the content, if possible).

Appendix B: Interview guide (including vignettes)

Identity – Social identity as a police officer/group identity/self-concept

- Let's start off with you telling me a bit about yourself?
- Tell me about what led you to becoming an officer.
- What would you say are important values and skills for police officers?
- Have you ever been faced with a difficult to manage situation?
- How did you feel during that situation?
- How do you think officers generally handle such situations?
- How do you think the actions of individual frontline officers reflect on the profession as a whole?

Awareness of shared representations

- How do you think the public generally view the police?
- What do you think about those common beliefs you mentioned?
- What are your thoughts on the media portrayal of the police service?
- What about police officers' interactions with people with mental health issues?
- How do you think the public view the police when it comes to mental health?
- How does the media portrayal make you feel?

Mental health, vulnerability and the police

- What is your understanding of vulnerability?
- Ok, as we've touched on mental health, what does mental health/illness mean to you?
- How is the situation for the police regarding mental health at the moment given the amount of press and focus there has been on it in recent months?
- How is mental health/illness spoken about within the police from your experience?
- What about the mental health of police officers?
- And how about you, how does it make you feel discussing mental health?
- Do you have any experience of mental health training? If yes, could you tell me a bit about that?
- What about training on how to deal with people with other vulnerabilities as you mentioned?
- Widely in America and increasingly here there is training for officers with an aim to improve attitudes towards mental health, what are your thoughts around this?/What message do you think this training sends to officers?
- There's a lot of focus currently on police involvement in mental health crises and even perpetrators with mental health issues, what about victims, where do they fit in the current police approach to mental health?
- What are the possible differences/similarities between victims and offenders with mental health issues, if there are any?

- As mental health is a vulnerability, what are your general thoughts around vulnerability in victims?
- What about other factors that are interlinked with mental health in victims, what might be of relevance? Prompt - What about different social statuses (Gender, ethnicity?)
- When dealing with vulnerable victims what types of other factors are most prevalent?
- How do these impact on investigations?

The identification of victims with mental health issues & their interactions

- How do you identify, or is it generally identified, if a victim is vulnerable?
- How do you identify, or is it generally identified, if a victim has a mental health issue?
- Ok, if you can, I would like you to describe to me in as much detail as possible an instance/instances where you have interviewed a victim with an identified/suspected mental health issue.
- What was it like for you as an officer?
- I would like you to go back to your example(s) and think of when the victim disclosed their mental health issue, or this was identified, what were your thoughts following this?
- Were there any other factors that made this individual vulnerable? If yes, how did they effect the situation?
- What are the potential differences in cases where a victim has a mental health issue in comparison to other victims?
- What do you think it is like for a victim when their mental health issue is identified during an interaction with the police?
- How do you think victims with mental health issues view the police?
- Do you think there are any other social factors that play a part in how victims with mental health issues may view the police?
- The victim's perception of you, is this something that you are aware of when speaking to a victim? (If yes, can you tell me more about that?) How about for victims with mental health issues?
- Are there other social factors that you might be conscious of as an officer?
- How confident would you say frontline officers are in interacting with victims with vulnerable victims in your experience?
- What about with victims with mental health issues specifically?
- How do you feel your interactions have generally been with victims with mental health issues?
- How are victims with mental health issues spoken about/seen within the service?
- Are you ABE trained?
- How well do you think the ABE guidelines are utilised within the service?
- How well do you think the ABE guidelines are understood in relation to vulnerability and needs of vulnerable individuals? What about for victims specifically?
- The ABE guidelines suggest that having a mental health issue does not hinder the ability of a victim to give evidence, but points out that they may be eager to please

officers or their symptoms might interfere their abilities, what are your thoughts on this?

- This questionnaire (PolQuest questionnaire) has been designed for use of identifying persons in police custody with a mental health issue. What are your thoughts on using something similar with victims with mental health issues to identify potential mental distress on first contact?

Participants were shown a copy of the PolQuest tool (Noga et al., 2015). Please see the PolQuest manual p.13, for the mental health screening tool questions, available via <http://www.ohrn.nhs.uk/OHRNResearch/PolQuest/PolQuestManual.pdf>

- How comfortable would you feel using a measure like that with victims as a frontline officer?
- How well received do you think a measure like this would be amongst frontline officers?
- How do you think victims with mental health issues would feel if such a measure was used on initial contact?
- Are there any questions you would add to this measure?
- Are there any other life factors that you think would be of benefit to ask about?

Self-efficacy in situations with victims with mental health issues and other potential vulnerabilities/Implications of confirming stereotypes or negative perceptions for self or group reputation

- How confident do you think police officers are in interacting with victims with mental health issues?
- What about with victims with other vulnerabilities?

Vignette 1

Marie is a 40 year old female that reported a sexual assault on her by a man that she has known for a short time. Marie's account of her experience of the interview is as follows:

“When I told her I had bipolar she just stopped and looked at me, and told me that there would be little chance of being able to prosecute X and the defence would just completely rip me to shreds in court. It was just like I might as well not bother as he would just get away with it anyway.”

- What are your thoughts on reading that extract?
- If the report from the victim that you just read followed an interview with a colleague, how would you feel?
- What would be your main concerns on hearing feedback like that on their interaction with a victim?

Vignette 2

Scenario 1

PC Jameson responded to a call by a young gentleman called Martin who reported that one of his flat mates had assaulted him. When attending Martin's house, PC Jameson took a statement from Martin on what he could remember from the incident. Martin informed PC Jameson of the details of the event. Following this, PC Jameson gave the perpetrator a written warning and advised Martin on victim support networks that he could contact should he wish to.

Scenario 2

PC Jameson responded to a call by a young gentleman called Martin who reported that one of his flat mates had assaulted him. When attending Martin's house, PC Jameson took a statement from Martin on what he could remember from the incident. Martin informed PC Jameson of the details of the event and told him that he believed he was being targeted as he suffers from schizophrenia. Following this, PC Jameson spoke with the other two individuals who live in the house as potential witnesses, and then spoke with the accused perpetrator, but did not take any further action.

- What are your initial thoughts on the two scenarios you just read?
- What would be your concerns?
- These scenarios are based on findings from a study that shows officers are more likely to seek other witnesses, less likely to take formal action and less likely to give further advice when they are actively aware of a victim's or witness's mental health issue, what are your thoughts on that?
- How does that make you feel?
- Why do you think there is a possible lack of engagement with cases with victims with mental health issues?
- From these scenarios and also from incidences that you have mentioned, why do you think officers may find cases with victims with mental health issues challenging?
- Are there any other factors that may make cases more challenging to engage with when a victim has a mental health issue?

- What do you think will assist with enabling officers to feel more comfortable in identifying and engaging with mental health?
- What about for victims specifically?
- What do you think would aid and support officers in investigating crimes with victims with mental health issues?
- What about for other vulnerabilities, as we have mentioned?
- How important do you think police officers feel it is to improve their engagement with mental health?
- Is there anything you would like to add?

Appendix C: Participant information and invitation sheet

Police experiences of victims with mental health issues & other potential vulnerabilities

You are being invited to take part in a research study. Before you decide if you would like to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish.

This study is being completed as part of an MPhil/PhD in Social Science at London South Bank University. It has been reviewed and ethically approved by the London South Bank University Research Ethics Committee.

Please do contact the researcher, Serina Fuller, on [email address] [telephone number] if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

The aim of this study is to explore police officers' experiences of victims with mental health issues and other potential vulnerabilities via one-to-one interviews. The interviews will additionally involve discussions on topics surrounding being a police officer, interacting with victims with mental health issues and other vulnerabilities, and mental health in general.

You have been invited to participate in this study if you have been a police officer for two years or more and you have experience in interviewing and interacting with victims with identified or suspected mental health issues. In total, approximately 10 people will be included in the study.

It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are free to withdraw from the study and not have your information included, at any time up to the time of completion of the thesis or submission of papers for publication, whichever comes first. However, after that time, it would be impossible for the researcher to comply. If you decide to withdraw from the study you do not need to give a reason. A decision to withdraw, or a decision not to take part, will not have any consequences.

If you are willing to participate, then a one-to-one interview will be arranged at your place of employment that will last approximately 1-1½ hours at a mutually agreeable date and time. This study is planned to last up to 8 months including the analysis of the data collected from the interviews. During the interview, the researcher will explore with you: mental health, vulnerability, your experiences of being a police officer, and your experiences of interviewing victims with mental health issues and other potential vulnerabilities. For ease of later analysis, I will record the conversation with your permission and take notes. Anonymised quotations from your interview may be used for publications and in the researcher's PhD thesis.

It is not anticipated that you will be at any disadvantage or suffer any risk from this study. However, due to the topic of mental health being discussed there is the potential for this to be upsetting for some individuals, therefore, it is important for you to consider this when agreeing to participate in the study. All participants will have a full debrief with the interviewer following the interview and will be given an information sheet with further information on mental health support services available.

It is unlikely that you will gain any personal benefit from participating in this research. However, the information you share with the researcher may serve to benefit the police service as a whole and victims with mental health issues. Some individuals may gain some benefit from having the opportunity to discuss this topic with a receptive listener, but it is important to note that the interviewer is not there in a therapeutic capacity.

All information received from you will be handled in a confidential manner and stored in a locked filing cabinet and on a password protected computer in an environment locked when not occupied. Only the researcher and their supervisors will have direct access to the information. Any reference to you will be coded, this includes voice recorded data. This information will be held for a minimum of 5 years and a maximum of 7 years after which it will be securely destroyed, should you withdraw from the study your data will be destroyed on this request.

The interviewer will be obliged to report the disclosure of any malpractice or safeguarding issues.

If you have a concern about any aspect of this study, you should speak with the researcher who will do their best to answer your questions:

Serina Fuller: [email address] [telephone number].

If you wish any further information regarding this study or have any complaints about the way you have been dealt with during the study or other concerns you can contact the researcher's Director of Studies:

Professor Paula Reavey: [Email], [Telephone number]

Finally, if you remain unhappy and wish to complain formally, you can contact the Chair of the University Research Ethics Committee. Details can be obtained from the university website: <https://my.lsbu.ac.uk/page/research-degreess-ethics>

Appendix D: Consent form

Title of Study: Police experiences of victims with mental health issues and other potential vulnerabilities

Name of Participant:

Please tick to consent.

- I have read the attached information sheet on the research in which I have been asked and agree to participate and have been given a copy to keep. I have had the opportunity to discuss the details and ask questions about this information

- The Researcher has explained the nature and purpose of the research and I believe that I understand what is being proposed

- I understand that my personal involvement and my particular data from this study will remain strictly confidential and this will not be disclosed to my employer. Only researchers involved in the study will have access, which includes the researcher's supervisory team

- I understand that the interviewer will be obliged to report the disclosure of any malpractice or safeguarding issues.

- I understand that the nature of the topics discussed are of a sensitive nature and that some individuals may find these distressing

- I have been informed about what the data collected will be used for, to whom it may be disclosed, and how long it will be retained

- I have received satisfactory answers to all of my questions

- I hereby fully and freely consent to participate in the study which has been fully explained to me

- I understand that I am free to withdraw from the study at any time, without giving a reason

- I consent to have the have the interview audio recorded using a digital recorder and transcribed
- I consent to having anonymised direct quotations from the interviews used in publications

Participant's Name: (Block Capitals)

Participant's Name: Signature

As the Researcher responsible for this study I confirm that I have explained to the participant named above the nature and purpose of the research to be undertaken.

Researcher's Name:

Researcher's Signature:

IF YOU ARE AT ALL CONCERNED ABOUT THIS RESEARCH STUDY PLEASE CONTACT:

Researcher's Director of Studies: Professor Paula Reavey

[Telephone number] or [Email]

If you wish to speak to someone not directly related to the research, please contact the Chair, London South Bank University Research Ethics Committee [Email].

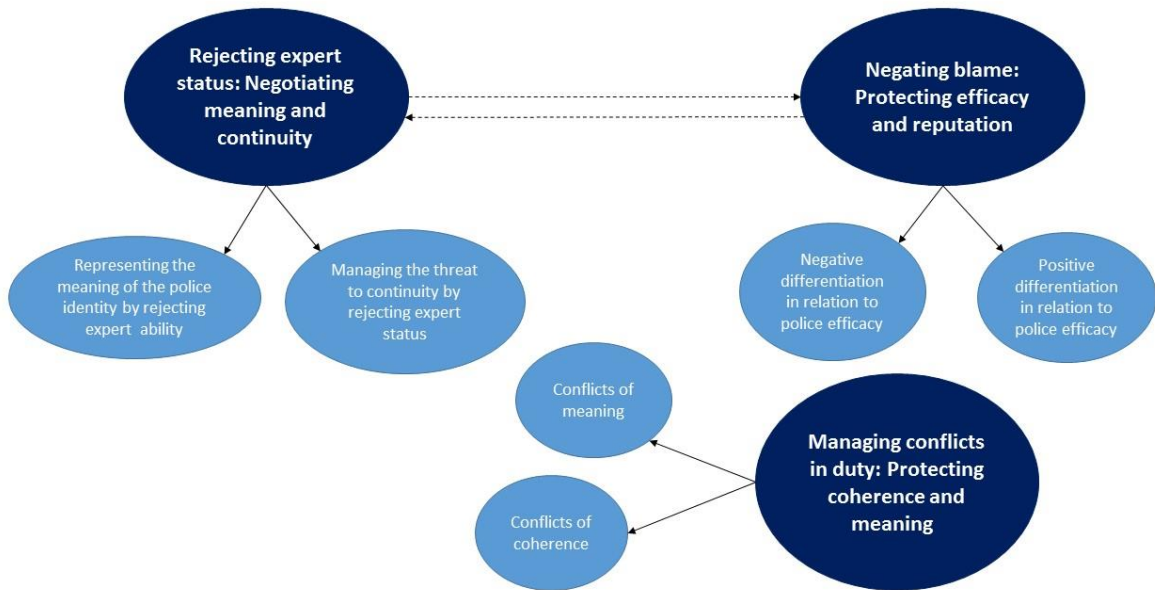
Appendix E: Participant details

<i>Participant</i>	<i>Personal experience of MHIs (direct or indirect)</i>	<i>Gender</i>
Police officer 1	No	Female
Police officer 2	Yes	Male
Police officer 3	No	Female
Police officer 4	Yes	Male
Police officer 5	Yes	Male
Police officer 6	Yes	Female
Police officer 7	No	Male
Police officer 8	Yes	Male
Police officer 9	Yes	Male
Police officer 10	No	Male
Police officer 11	No	Male
Police officer 12	Yes	Male
Police officer 13	Yes	Male
Police officer 14	Yes	Female
Police officer 15	No	Male
Police officer 16	No	Male
Police officer 17	Yes	Male
Police officer 18	No	Male

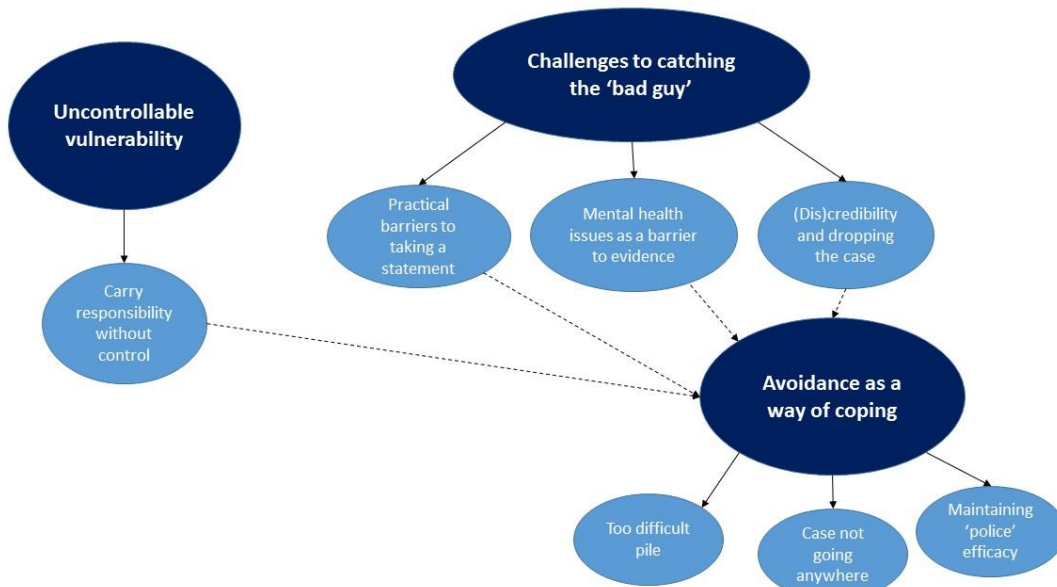
Police officer 19	No	Male
Police officer 20	Yes	Male
Police officer 21	Yes	Male
Police officer 22	Yes	Male
Police officer 23	No	Male
Police officer 24	No	Female

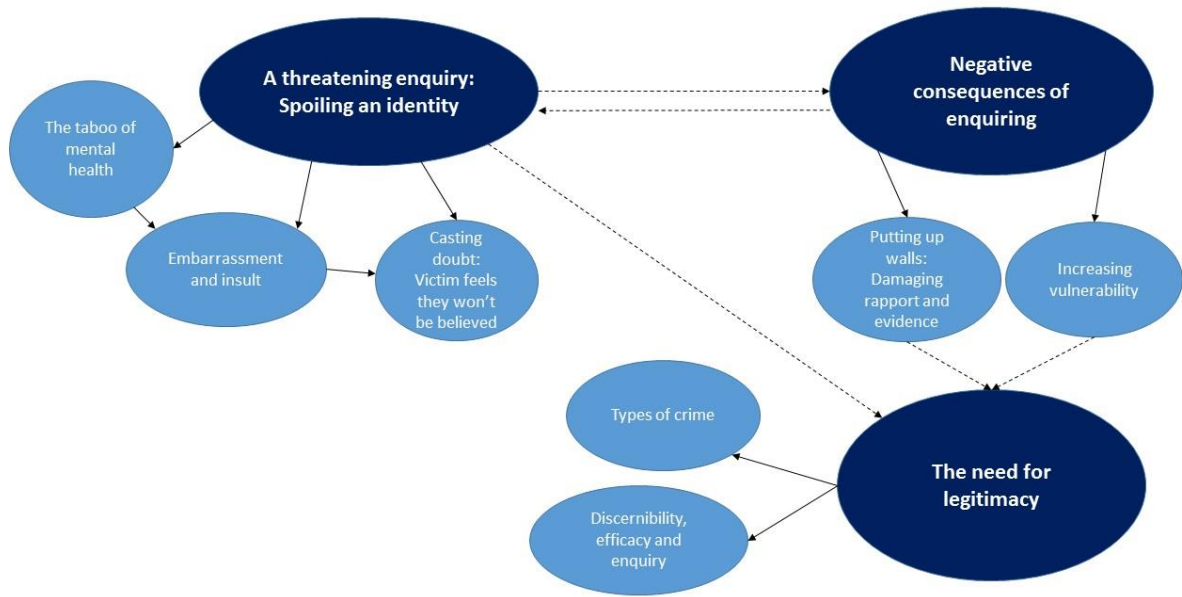
Appendix F: Thematic maps

Chapter 4: 'We are not mental health professionals': Distinctiveness in negotiating meaning and protecting the 'police identity'



Chapter 5: Crime victims with mental health issues: The challenges of protection and prosecution





Appendix G: Police identity/culture extract examples from current sample

<i>Police identity/culture aspects</i>	<i>Sample extracts</i>
<ul style="list-style-type: none"> a) Policing as a large part of their identity b) Always wanted to be a police officer c) People close to them were officers 	<p>“ever since I can remember as a, as a child I’ve always wanted to be a police officer.”</p> <p>“I...have always been interested in the police cos it ran in my family. Erm, er my [close relative] was a [police officer] years ago in the [decade] er, and so I grew up on stories about it.”</p> <p>“I am all about my job”</p> <p>“Erm and er, you know, there was ever really any question sort of since I was knee high to a grasshopper to do anything but really”</p>
<ul style="list-style-type: none"> a) Want to help and protect others b) Want to be a crime fighter c) Policing is more than catching criminals 	<p>“Erm, and sometimes for me, but it’s a personal thing the most rewarding thing is getting somebody the help that they need.”</p> <p>“And also and I think as all police officers would tell you is that kinda desire to try and help people really. And, and just erm make a difference”</p> <p>“Erm, I, I love this job. I absolutely adore this job I think it gives a great sense of erm, a great sense of pride when you get somebody who’s committed a crime through the courts system and get an appropriate punishment for what he’s done.”</p> <p>“I think every police officer would say the same thing, is lock up the bad guys so that’s why I went into the policing field.”</p> <p>“So it’s not always about arresting bad people. You know, yes we do arrest bad people but even bad people... or people that do bad things aren’t necessarily out and out bad people. And sometimes you can interact with them to try and give them help.”</p>
<ul style="list-style-type: none"> a) Police are different from the public b) Need to leave work at work 	<p>“Erm, so that’s what I’m saying we are different from the members of the public, cos most members of the public if someone attacks them they’ll just be standing there in shock, they wouldn’t be, you know, defending themselves, running away or, you know, erm, taking the attackers to the floor and stuff like that, so erm, we are different I suppose.”</p> <p>“And a lot of the public just don’t understand that we are responsible to the police twenty-four hours a day, on or off duty”</p> <p>“I think a lot of police officers leave it at work. So as soon as I, it don’t matter what crap day I’ve had if I’ve had a really shit</p>

	<p>day the minute I've got my stuff in my locker it's like I'm, I'm a different me kind of walking home."</p> <p>"Erm, you have to be able to separate your work life from your home life."</p>
<ul style="list-style-type: none"> a) Need to be in control b) Need to just get on with it c) Expectation to be invincible 	<p>"Erm you know walk into a room and be able to sort of have a presence and be able to take control if it's required. Erm, you know, in whatever way that will be. Erm... and being able to just and at times work through fear as well and just act and, you know, if something, you know, if, if something's happening, walk into it and not think about it until afterwards"</p> <p>"You've got to take charge but not always show that you are taking charge."</p> <p>"Erm, because there's this kind of thing of "well, you know, you just deal with it." And there is still very much a culture of "well, you just deal with it," erm, in the police. Which ((sighs))... is understandable cos you do have to just deal with it and that is the job and you have signed up to be in these positions."</p> <p>"And you're expected to sort of get on with it. And your ability to sort of come in the next day having waded through something horrific the day before, that's almost seen as a bit of like, that's, you, 'that officer's good, that officer's dealt with that horrific car crash and he's back in the next day... that's a good officer.'"</p>
<ul style="list-style-type: none"> a) Communication as the most important skill b) Compassion, empathy and relating to others as important skills c) Dichotomy of hard and soft skills 	<p>"Communication... is absolutely fundamental"</p> <p>"Talk to witnesses, victims, suspects, erm organisations, individuals, families, you talk to pensioners, you talk to children, you have to be able to talk to everyone and vary your language accordingly for whatever the audience is in front of you and if you can't do that you're gonna struggle, you're gonna struggle to identify with that person, you're gonna struggle to get information from that person vitally so really communication is the key."</p> <p>"empathy with your victims of crime"</p> <p>"Erm, but again, you go back to what you're asking about, the qualities that are important in a police officer, you've got your compassion, you've got your empathy, and you deal with things."</p> <p>"Erm, so, yeah, it's the ability to, to ((sighs)) it's the ability to retain your soft skills even though you may know that ultimately you have to do something like put someone in the</p>

	<p>handcuffs or take them somewhere. Erm, and try and exhaust the soft skills first.”</p> <p>“You’ve got, I mean, well, you know, one minute you could be kicking the door down so you thinking ‘oh macho man’ kick the door down, next minute there’s a vulnerable witness so you’ve gotta go from there [macho man], you know, all hyped up down to here and ((exhales))... So, as a police officer’s point, if you’re the first officer on scene it can very different. You’ve got lots of very difficult sort of scenarios, you know, where you yourself have to switch from being one person to the next person”</p>
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Appendix H: Dissemination of findings

Fuller, S. A. (2018, July 24-27). *'We are not mental health experts': Distinctiveness in negotiating and protecting the police identity* [Conference presentation]. The PsyPAG Annual Conference 2018, Huddersfield, England, UK.

Fuller, S. A. (2018, September 24-25). *Question, accusation or insult? The identification of crime victims' mental health issues by police officers* [Conference workshop]. Mental Health and Policing Conference 2018, Cardiff, Wales, UK.

Fuller, S. A. (2018, October 21-24). *A threatening enquiry: The identification of crime victims' mental health problems by police officers* [Conference presentation]. The Fourth International Conference on Law Enforcement & Public Health, Toronto, Canada.

Fuller, S. A. (2019, October 21-23). *'We are not mental health experts': Distinctiveness in negotiating and protecting the police identity* [Conference presentation]. The Fifth International Conference on Law Enforcement & Public Health, Edinburgh, Scotland, UK.