Article Type: Original Research

Title: Identifying Vulnerability in Police Custody: Making Sense of Information Provided to Custody Officers.

Abstract

Vulnerable individuals frequently come into contact with the criminal justice system with those with mental health disorders over-represented in custody. Therefore, it is crucial to identify vulnerability in order to ensure the appropriate safeguards can be put in place. Research has documented that this is problematic and can be influenced by a number of factors. The current study, therefore, aimed to understand how custody officers in England and Wales made sense of different types of information presented to them, the impact that it had on their initial disposal option and whether there was a difference in police force area. Six case scenario vignettes containing different types of vulnerability were developed and disseminated. A total of 237 custody officers from 25 police forces participated. Results highlighted that custody officers were more likely to obtain a mental health assessment in all case scenarios, except if the individual displayed comprehension difficulties – custody officers would instead seek to implement the services of an Appropriate Adult. In addition, differences between police force areas were observed. Police forces in the North of England were the least likely to obtain the assistance of an Appropriate Adult when presented with a vulnerable suspect compared to other police force areas. This suggests fundamental differences in the disposal options preferred between police force areas and has implications for the treatment of vulnerable individuals in police custody.

Keywords: appropriate adult, identification, mental disorder, police custody, vulnerable adults.

1. Introduction

Vulnerable individuals coming into contact with the criminal justice system (CJS) is not a new phenomenon.[1] Although a police officer's main duties focus on the detection and investigating of crime, they are increasingly becoming the first point of contact for many individuals with mental health issues entering custody.[2,3] Indeed, research has highlighted that mental health disorders are over-represented in those entering custody.[4,5] This has been documented as a common theme across many countries indicating a worldwide concern.[5,6] For example, approximately 50% of individuals in custody in Amsterdam had mental health problems,[7] compared to 8% in France[8] and compared to 55% of detainees in Australia having had previous contact with mental health services.[9] Thus, individuals in police custody have much higher levels of mental ill health when compared to the general population.[7,10] In England and Wales, research has indicated that between 33%-63% of those detained in custody have mental health issues.[11]

Internationally, police responses and custody procedures vary considerably.[12] However, it is the Police and Criminal Evidence Act (1984) and its associated Codes of Practice[13] that provides the legal framework in England and Wales under which custody services operate. When an individual arrives into custody as a suspect of a crime, they undergo a 'booking in' procedure that involves the individual being asked a number of questions as part of a risk assessment by a custody officer.[14] The risk assessment contains questions pertaining to the individuals' physical and mental health, including substance withdrawal, risk of self-harm and any medication requirements, and seeks to confirm the level of risk the individual may pose to themselves or others, and whether a healthcare professional or an Appropriate Adult (an independent individual who provides support and advice to vulnerable individuals) is required.[15,16] As such, custody officers are responsible for

each detained person in custody and are expected to complete this screening procedure, often under significant pressure due to the busy and complex nature of custody suites.[14,17-18]

Identifying the vulnerabilities of suspects in police custody is problematic.[14] Current guidance in England and Wales states that if a detainee is a juvenile or a vulnerable person, the custody officer must inform the detainee of the decision for an Appropriate Adult and the Appropriate Adult's duties. The custody officer must also ensure that the vulnerable individual receives the appropriate clinical attention if the detainee appears to be suffering from a physical or mental health disorder, have any injuries or need clinical attention.[13] Despite a number of high-profile police custody deaths in the early 2000's leading to calls for further efforts to be made,[19] research consistently documents the difficulties that lie in detecting vulnerabilities in detained individuals.[20-23] This may be for a number of reasons. For example, many individuals who have mental health issues or disabilities may mask their vulnerabilities due to the social stigma it can evoke.[24] Second, the screening tools that custody officers currently use in England and Wales are not 'fit for purpose' – that is, they do not fully identify the breadth of vulnerabilities that detained individuals may have. Recent research, for example, documents that the current screening tools are known to miss many cases of mental illness, as well as failing to identify the need for an Appropriate Adult in almost half of cases that required one.[14] Third, despite regular and ongoing contact with mentally disordered or vulnerable individuals, custody officers receive very little to no formal training in mental health.[25] This is echoed worldwide.[26] Fourth, whilst scholars define psychological vulnerabilities as, "psychological characteristics or mental states which render a suspect prone, in certain circumstances, to providing information which is inaccurate, unreliable or misleading",[27] there is ambiguity in the definition and understanding by custody officers of what vulnerability construes, despite current guidance. Furthermore, each police force in England and Wales may have their own force policy in identifying and dealing with

vulnerability. A recent report found that whilst "every force has a stated priority about the importance of responding to vulnerability",[28] a lack of consistency was found in terms of how vulnerability is defined.[28] This is also evident in the use of Appropriate Adults in each police force area. A recent report explored the recorded rate of the need for an Appropriate Adult by police force and found significant differences. For example, in the year 2018/19, Sussex Police's average adult detentions in which an Appropriate Adult was required was recorded at 25.2%, whereas Northumbria Police and West Midlands were reported at 2.35% and 0.72% respectively.[29] Thus, an individual's vulnerability and the need for appropriate safeguards may be detected in one police force but not necessarily in another. This has implications for referral pathways for vulnerable individuals in and out of custody through the criminal liaison and diversion schemes.[14]

Police custody has been reported as a hostile and chaotic environment for those entering it.[8] Despite the high levels of health morbidity, police custody remains the most under-developed area of the criminal justice system.[2,30] Although psychological research exploring identification of vulnerability in custody dates back to the early 1980's, to date, international contemporary work has focussed largely on the suspects' health needs or prevalence rates whilst in custody[4,7,8,16,31,32] or developing and comparing new or different screening measures.[14,23,33-35] Little research has examined how custody officers make sense of information presented to them upon a suspect first entering custody. This is particularly important given the ambiguity and lack of consistency in interpreting and identifying vulnerability, and in implementing the necessary safeguards.[29] Indeed, although some have identified what psychological vulnerability construes, scholars have also highlighted that 'vulnerability' lacks a unifying, single definition, thus constituting different meanings to different individuals.[36] In addition, if vulnerability is not identified as such, provisions put in place to assist (such as the Appropriate Adult) will not be implemented. A recent report has

indicated that one of the problems in ensuring the use of the Appropriate Adult provision is the inadequate identification of the suspects' vulnerabilities.[15] This can have detrimental impacts. Research has consistently documented that psychological vulnerabilities in suspects could impact upon the suspects' ability to provide a reliable, accurate and coherent account.[20] Furthermore, detention in custody can exacerbate an individual's existing mental health difficulties and increase the risk of self-harm or suicide. Early identification, therefore, is crucial for the management of mental health issues often compounded by the custodial environment;[21] its importance has been recognised in countries around the world (e.g. New Zealand).[37]

The limited research that has been conducted in exploring how custody officers make sense of information presented to them has largely been qualitative in nature and has relied heavily upon observations and interviews with custody officers. Recent research exploring custody officers' understanding of vulnerability and the implementation of the Appropriate Adult safeguard suggests that despite having a mental health disorder, an Appropriate Adult would only be considered if the suspect also had issues with capacity, knowledge and understanding,[38,39] despite the presence of a mental disorder being a trigger to implement one.[13] Other factors that may impact upon a custody officer's implementation of the appropriate safeguard for a vulnerable suspect relates to the type of mental health disorder. Research has reported that custody officers indicate that presenting with depression or schizophrenia alone would not be sufficient enough to implement the Appropriate Adult safeguard.[39] This is concerning given that prevalence rates internationally document depression as one of the most frequently reported mental health conditions.[17] It also suggests that even when vulnerability is identified, custody officers judge whether its severity requires the appropriate safeguard.[39] In addition, custody officers highlighted that if a suspect was taking medication and functioning 'normally' then an Appropriate Adult was not necessarily

required.[34] Furthermore, such judgments and decision-making were shown to be influenced by custody officer's assessments of the truthfulness of the suspects account.[34] This suggests that interpreting vulnerability is a subjective matter. Indeed, custody officers emphasised the importance of using their instincts in their decision-making.[34] Recent reports have also found that custody staff were highly dependent on their own experiences and personal judgments when identifying and responding to vulnerable detainees, rather than referring to official training and guidance.[2] However, other research documents the pressure that custody officers are under in that such decisions may be taken pragmatically to reduce custody processing times or to remain in one's skills comfort zone.[34] Thus, the way that a suspects' vulnerabilities are identified are often dependent on the custody officer's interpretation of the information presented to them, and their personal beliefs, attitudes and experiences.[23] This has implications for the treatment and outcome of the vulnerable suspect. As such, an examination of custody officers' decision-making processes in making sense of information provided to them when identifying vulnerability is necessary and warrants further investigation.

The current study aims to understand how custody officers in England and Wales make sense of different types of information presented to them and the impact it has on their initial judgments. The following research questions will be addressed:

1. How do custody officers make use of different type of information presented to them in identifying vulnerability?
2. What impact does this have upon their responses?
3. Is there a difference in police force area?

Given previous work,[29,38,39] the following hypotheses were generated:

Hypothesis 1: There will be a difference in custody officer response dependent on the type of vulnerability presented to them.

Hypothesis 2: Custody officers will be more likely to seek the expertise of an Appropriate Adult where the suspect has comprehension difficulties.

Hypothesis 3: There will be a difference in response based on police force area.

2. Methods

2.1. Design

A 4 (Police Force Area: North of England vs. Midlands vs. South West/Borders/Wales vs. South East) x 6 (Scenario: no vulnerability vs. mental health but no symptoms and full comprehension vs. no mental health but presence of symptoms and full comprehension vs. mental health and medication and full comprehension vs. mental health but no medication and full comprehension vs. mental health but no symptoms and comprehension difficulties) within-subjects design was used, with the dependent variable consisting of the type of disposal option: (i) straight to cell and an immediate interview; (ii) straight to cell and a delayed interview; (iii) the use of an Appropriate Adult; (iv) a mental health assessment from a custody nurse/other professional; and, (v) request the suspect receives medical attention at hospital.

2.2. Sample

Adopting a purposive and snowball sampling method, 288 participants were recruited from police forces in England and Wales via the author's key research contacts. This sampling method was utilised as a particular subset of individuals that can be difficult to recruit were required. Participant data was only included if the participant was a custody officer and had been in their role for a minimum of three months and if the questionnaire was fully completed; as such, 52 incomplete responses were excluded. The final sample consisted of 237 participants from 25 police forces in England and Wales. No other demographic information was obtained given the type of analyses. Participation from the police force areas is documented in Table 1.

Table 1 here.

2.3. Materials

Case scenario vignettes relating to an individual being brought into custody on suspicion of a crime were developed (see appendix 1). Given that the vast majority of those arrested are male (approx. 84%) and are suspected of violent crimes against the person,[40] this formed the basis of each case scenario. The vignettes contained typical details that a custody officer would be provided with, including personal details of the suspect, as well as details of the risk assessment that the custody officer would normally carry out relating to mental health, self-harm, medication and any support needs.[14,16] The case scenario vignettes were designed to recreate the type and nature of information that a custody officer would receive upon an individual entering custody in a real-life scenario. These were developed with the assistance of a serving police officer and custody sergeant to ensure authenticity. In addition, each case scenario contained standardised details relating to the crime (a male arrested on suspicion of a violent crime) but elements relating to the individual's vulnerability differed and were designed to trigger reference to the relevant safeguards under the Police and Criminal Evidence Act, Code C.[13] For example, having a mental health condition or displaying comprehension difficulties. The different types of vulnerability included in each scenario were based on those documented in the existing literature as having an impact on the decision-making of custody officers in interpreting vulnerability.[38,39] Following each vignette, disposal options that are currently available to custody officers were presented in order to capture the initial decision that a custody officer would make. The case scenario vignettes were hosted on Qualtrics.

2.4. Procedure

Data collection was conducted online. Participants were required to read an information sheet and provide consent. Participants were then presented with each of the six case scenario vignettes and the disposal options. The order of the vignettes was randomised. Following each vignette, participants had to indicate the disposal option that they would opt for based on the vulnerabilities displayed by the individual in the case scenario before moving onto the next vignette. Following the completion of all six case scenario vignettes, their participation was complete.

2.5. Statistical Analyses

Tests of significance included chi-square tests and loglinear analysis. First, chi-square tests were performed to compare the type of case scenario vignette and the disposal options. Then, a loglinear analysis was conducted to compare police force area, case scenario vignettes and disposal options. The differences were considered significant for p values below .05. Analyses were performed using SPSS software (IBM SPSS Statistics for Mac, Version 24.0).

3. Results

The final sample consisted of 237 participants obtained from 25 police forces in England and Wales. An exclusion rate of 18% (n = 52) related to incomplete data. When explored further, the majority related to incomplete data from unknown police forces (n = 47), in addition to a small number of incomplete data from police forces in the North of England (n = 1), the South East (n = 3) and South Wales (n = 1).

3.1. Case Scenario and Disposal Options

Analyses initially focused on the type of disposal option custody officers would choose based on the case scenario. A chi-square test was conducted to examine the relationship between the case scenario and the disposal option. There was a significant relationship between the type of case scenario and the disposal outcome, X^2 (15) = 808.20, p < .001. Cohen's[41] effect size value (d = .44) suggests a medium practical significance. Custody officers were more likely to obtain a mental health assessment from a nurse or other healthcare professional in all case scenarios regardless of type of vulnerability, except if the individual displayed comprehension difficulties (see Figure 1).

Figure 1 to go here.

3.2. Police Force Area, Case Scenario and Disposal Options

Analyses was also conducted on the type of disposal option custody officers would choose based on the police force area in addition to the case scenario type. A three-way loglinear analysis produced a final model that retained all effects. The likelihood ratio of this model was $x^2(0) = 0$, $p = 1$. This indicated that the highest-order interaction (police force area

x disposal option and case scenario x disposal option) was significant, x^2 (84) = 788.90, $p <$ 0.001.

To break down this effect, a separate chi-square test on the disposal option was performed for each of the police force areas. There was a significant association between the disposal option and the police area, x^2 (9) = 19.86, p = .02. All police force areas were most likely to obtain a mental health assessment for the vulnerable suspect. However, whilst the second most likely disposal option was obtaining the assistance of an Appropriate Adult; this was only the case for three police force areas; police forces in the North of England were instead likely to opt for a delayed interview. Differences in the third most likely and the least likely disposal options between police force areas were also observed. This suggests fundamental differences in the disposal options preferred between police force areas (see Table 2). However, Cohen's[41] effect size value (d = .07) suggests a low practical significance.

Table 2 to go here.

4. Discussion

The current study aimed to understand how custody officers in England and Wales made sense of different types of information presented to them regarding vulnerability and the impact that it had on their initial judgment, and whether there was a difference in police force area. The main findings suggest that custody officers were more likely to obtain a mental health assessment from a nurse or other healthcare professional in all case scenarios regardless of type of vulnerability, except if the individual displayed comprehension difficulties – custody officers would then opt for an Appropriate Adult. This shows support for the first two hypotheses. In addition, there was a significant association between the disposal option and the police force area showing support for the final hypothesis. This suggests fundamental differences in the disposal options preferred between police force areas. Perhaps one of the most significant findings is that police forces in the North of England were the least likely to obtain the assistance of an Appropriate Adult when a suspect presented with a vulnerability when compared to other police force areas. These main findings will be discussed below in relation to existing literature and implications for practice.

Vulnerable individuals are increasingly coming into contact with the criminal justice system[1] and, as such, police officers are often the first point of contact for those with mental health issues entering custody.[2,3,25] However, many officers feel ill-equipped in dealing with mentally disordered individuals. Custody officers, for example, are not clinically trained[14] yet are expected to effectively identify and deal with vulnerable individuals.[6] This has been documented as a common theme across many countries indicating a worldwide concern.[5,6]

Current guidance in England and Wales indicates that if an individual entering the criminal justice system is vulnerable, then they are entitled to an Appropriate Adult and the

appropriate clinical attention.[13] Although research has consistently documented the difficulties in detecting vulnerabilities in detained individuals,[20-23] the findings in the current study reflect the existing guidance to some extent in that custody officers chose to obtain a mental health assessment from a nurse or other healthcare professional in the majority of the case scenarios. This is also in line with current international research; Gilard-Pioc and colleagues[42] reported that 75% of those in custody in France had a medical examination, whilst Dorn et al.,[7] found that 50% of those obtaining medical attention in custody in Amsterdam were seen due to mental health problems. However, whilst these results are promising in that custody officers are obtaining the relevant assistance to deal with the vulnerable individuals, within the current study, custody officers were informed that the individual had different types of vulnerability rather than having to identify them themselves; the onus as such, was on their initial decision rather than their ability to identify vulnerability in the first instance.

Despite a vulnerable detainee being entitled to an Appropriate Adult in England and Wales, this safeguard is rarely taken.[15] Whilst some have suggested that this is due to the inadequate identification of an individual's vulnerabilities,[15] more recent research has suggested that the implementation of this safeguard is dependent on a number of factors. These relate to the type and severity of mental disorder the suspect presents with,[39] and whether a suspect was taking medication and functioning 'normally'.[34] Further work also identified that whilst reading and writing difficulties alongside mental health problems were often identified by custody officers, these factors were not used effectively to inform on the need for an Appropriate Adult.[33] This suggests that interpreting vulnerability is a subjective matter. Other research has indicated that despite a suspect having a mental health disorder, an Appropriate Adult would only be considered if the suspect also had issues with capacity, knowledge and understanding.[38,39] This may be, in part, due to the current guidance. Code C,

for example, makes reference to an individual being vulnerable and requiring an Appropriate Adult if they do not understand the significance of what is being said – this suggests an emphasis on the individuals' understanding and comprehension rather than the individual's overall vulnerability. For example, the guidance does not explain that whilst mentally disordered individuals may or may not have issues with comprehension, they may still be at risk of providing misleading or inaccurate information, or falsely implicating themselves. The guidance also fails to indicate that vulnerability does not always equate to issues relating to capacity and comprehension.

The current findings also reflect this; custody officers were more likely to obtain a mental health assessment in all case scenarios regardless of type of vulnerability, except if the individual displayed comprehension difficulties – it was only in this latter case, that an Appropriate Adult was significantly more likely to be obtained despite the presence of a mental disorder being a trigger to implement this safeguard.[13] This is concerning for a number of reasons. Police custody has been reported as a hostile and chaotic environment for those entering it,[8] and, as international contemporary research has documented, any under-estimated health needs can have serious consequences, including an increased risk of death.[16,37] Furthermore, recent research has indicated that mentally disordered suspects were more likely to be charged and spend longer periods of time in custody than those with no vulnerabilities and generally have higher rates of police contact than the general population.[43] In addition, it has been demonstrated on a number of occasions that vulnerable suspects have falsely confessed due to a failure of identification of their psychological vulnerabilities.[44] Finally, a breach in the requirement for an Appropriate Adult to assist a vulnerable suspect can result in the exclusion of evidence at trial.[13] Thus, the way that a suspects' vulnerabilities are identified and dealt with can have far-reaching implications not only for that individual but for the criminal justice process as a whole.

The current study also found fundamental differences in the disposal options preferred between police force areas. Although each police force in England and Wales have "a stated priority about the importance of responding to vulnerability",[28] a lack of consistency has been found in terms of how vulnerability is defined.[28] The current findings found that police forces in the North of England were the least likely to obtain the assistance of an Appropriate Adult when presented with a vulnerable suspect compared to other police force areas. This echoes findings from a recent report in that Northumbria Police, for example, recorded only 2.35% cases requiring an Appropriate Adult compared to the highest recorded rate of 25.2%.[29] Thus, the appropriate safeguards may be implemented in one police force area but not necessarily in another. It must be noted, however, that not all police force areas have access to a dedicated Appropriate Adult Scheme, but consequently this has implications for the treatment and outcomes of vulnerable individuals entering custody, and echoes what occurs in other countries around the world. For example, some countries utilise psychologists to assist with mentally disordered individuals, whereas others use uniformed staff members that do not always receive training in mental health.[45] Furthermore, some countries do not screen for the presence of mental disorders and/or there is a lack of standardised screening instruments. Given these inconsistencies, it is therefore not surprising that many mentally disordered individuals are not always recognised as such and are not supported by the appropriate safeguards.[45]

This study has several limitations. The case scenarios were developed based on one type of crime – a male suspected of a violent crime – this may have impacted more upon the custody officers' initial decision rather than the type of vulnerability the case scenario depicted. Research has documented that individuals detained for violent offences were significantly more likely to see a healthcare professional than those who had been arrested for less serious offences.[16] Indeed, although a quantitative methodology was employed in the

current study, one or two custody officers contacted the researcher and highlighted that given the type of offence they would "automatically" refer the suspect for a mental health assessment. This may have implications for the generalisability of the findings and so further work should examine the impact of the severity of the crime when determining the disposal option for a vulnerable suspect. However, this then suggests that the interpretation of vulnerability is dictated by other factors rather than the presence of the vulnerability itself. Second, custody officers were only able to choose one disposal option from those listed in the case scenarios. Several custody officers indicated that they may have chosen two disposal options to occur at the same time. However, the purpose of the study was to capture the initial decision that a custody officer would make when presented with different types of vulnerability. Furthermore, there may have been the potential for socially desirable reporting. However, given that the author's key research contacts were used to assist with recruitment, the author had no contact with the participants other than reported above. A strength of the study is the large number of responses from participating police forces in England and Wales. It is also one of very few studies that has explored the interpretation of vulnerability from a quantitative measure. The use of case vignettes is a novel approach which allows for a standardised and quantitative assessment of the attitudes of custody officers. This has allowed for a further understanding of custody officers' decision-making when dealing with the vulnerable suspect.

Despite the high levels of health morbidity, police custody remains the most under-developed area of the criminal justice system.[2,30] To date, international contemporary work has focussed largely on the suspects' health needs or prevalence rates whilst in custody[4,7,8,16,31,32] or developing and comparing new or different screening measures.[14,23,33-35] There has been limited research that has explored how custody officers make sense of information presented to them, of which, most has been qualitative in nature and relied

heavily upon observations and interviews with custody officers. The current findings suggest that mentally disordered detainees in England and Wales are not likely to receive an Appropriate Adult unless they display comprehension difficulties in addition to their mental health problems, and that disposal options differ between police force areas. These findings have profound implications for the treatment and referral pathways for vulnerable individuals in and out of custody and suggest that there should be a change in the way that vulnerability is constructed in current guidance in England and Wales.

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5.2. Funding

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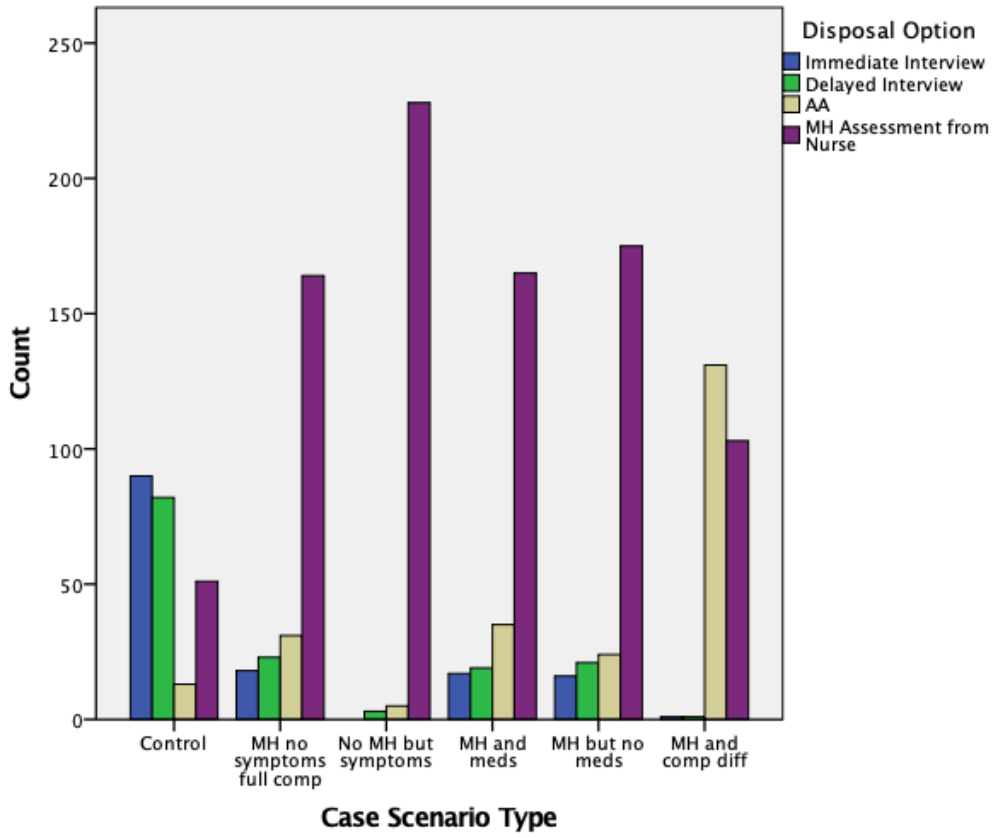
Table 1.

Participation from police force areas.

Police Force Area	Participating Police Force	N
North of England	Cleveland	1
	Durham	5
	Northumbria	50
	North Yorkshire	1
	Total	57
Midlands	Cambridgeshire	2
	Cheshire	8
	Derbyshire	2
	Greater Manchester	1
	Humberside	2
	Staffordshire	3
	Total	18
South West/Borders/Wales	Avon and Somerset	7
	Devon and Cornwall	20
	Dyfed-Powys	12
	Gloucestershire	10
	Gwent	2
	South Wales	24
	West Mercia	15
	Wiltshire	6
	Total	96
South East	Bedfordshire	3
	Hertfordshire	6
	Kent	6
	Met	29
	Surrey	7
	Sussex	10
	Thames Valley	5
	Total	66
Overall Total		237

Figure 1.

Graphical representation of the relationship between the type of case scenario and the disposal outcome.*



* Please note, the disposal option relating to the male receiving medical attention at hospital was not opted for by any participant.

Table 2.

Association between police force area and disposal option.

	Disposal Option				
Police Force Area	Immediate Interview	Delayed Interview	Appropriate Adult	MH Assessment	Total
North of England	10.2%	15.2%	14.7%	59.9%	100.0%
Midlands	8.3%	5.6%	13.0%	73.1%	100.0%
South West/Borders/Wales	8.7%	9.2%	18.1%	64.0%	100.0%
South East	12.2%	9.7%	18.1%	60.0%	100.0%

Appendix 1. Case Vignettes

1. A 35-year-old male has been brought into custody. As the Custody Sergeant, you are informed by the arresting officer that the grounds for arrest are that a male victim has been found dead and that the suspect has admitted to punching him during an altercation. You are satisfied that there are sufficient grounds for detention. During your risk assessment, you do not find any evidence of mental health and the male suspect confirms that he is not taking any medication and fully understands the reasons for his detention.

Please indicate how you would deal with the male suspect?

Straight to cell and an immediate interview ☐

Straight to cell and a delayed interview ☐

The use of an Appropriate Adult ☐

Request a mental health assessment from a custody nurse/other professional ☐

Request the male suspect receives medical attention at hospital ☐

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2. A 35-year-old male has been brought into custody. As the Custody Sergeant, you are informed by the arresting officer that the grounds for arrest are that a male victim has been found dead and that the suspect has admitted to punching him during an altercation. You are satisfied that there are sufficient grounds for detention. During your risk assessment, the male suspect informs you that he has a mental health disorder. The male is not presenting with any obvious symptoms and upon further questioning, he confirms that he is not experiencing suicidal thoughts. The male fully understands the reasons for detention.

Please indicate how you would deal with the male suspect?

Straight to cell and an immediate interview ☐

Straight to cell and a delayed interview ☐

The use of an Appropriate Adult ☐

Request a mental health assessment from a custody nurse/other professional ☐

Request the male suspect receives medical attention at hospital ☐

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3. A 35-year-old male has been brought into custody. As the Custody Sergeant, you are informed by the arresting officer that the grounds for arrest are that a male victim has been found dead and that the suspect has admitted to punching him during an altercation. You are satisfied that there are sufficient grounds for detention. During your risk assessment, the male indicates that he is hearing voices and wants to hurt himself. There are no medical notes to confirm a diagnosis of a mental disorder and the male fully understands the reasons for his detention.

Please indicate how you would deal with the male suspect?

Straight to cell and an immediate interview ☐

Straight to cell and a delayed interview ☐

The use of an Appropriate Adult ☐

Request a mental health assessment from a custody nurse/other professional ☐

Request the male suspect receives medical attention at hospital ☐

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4. A 35-year-old male has been brought into custody. As the Custody Sergeant, you are informed by the arresting officer that the grounds for arrest are that a male victim has been found dead and that the suspect has admitted to punching him during an altercation. You are satisfied that there are sufficient grounds for detention. During your risk assessment, the male suspect informs you that he has a mental health disorder and takes medication for it. The male confirms that he fully understands the reasons for his detention.

Please indicate how you would deal with the male suspect?

Straight to cell and an immediate interview ☐

Straight to cell and a delayed interview ☐

The use of an Appropriate Adult ☐

Request a mental health assessment from a custody nurse/other professional ☐

Request the male suspect receives medical attention at hospital ☐

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5. A 35-year-old male has been brought into custody. As the Custody Sergeant, you are informed by the arresting officer that the grounds for arrest are that a male victim has been found dead and that the suspect has admitted to punching him during an altercation. You are satisfied that there are sufficient grounds for detention. During your risk assessment, the male suspect informs you that he has a mental health disorder but does not take medication for it. The male confirms that he fully understands the reasons for his detention.

Please indicate how you would deal with the male suspect?

Straight to cell and an immediate interview ☐

Straight to cell and a delayed interview ☐

The use of an Appropriate Adult ☐

Request a mental health assessment from a custody nurse/other professional ☐

Request the male suspect receives medical attention at hospital ☐

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6. A 35-year-old male has been brought into custody. As the Custody Sergeant, you are informed by the arresting officer that the grounds for arrest are that a male victim has been found dead and that the suspect has admitted to punching him during an altercation. You are satisfied that there are sufficient grounds for detention. During your risk assessment, the male suspect informs you that he has a mental health disorder. The male is not presenting with any obvious symptoms and he confirms that he is not experiencing suicidal thoughts. During

further discussions, it becomes clear to you that the male has comprehension difficulties and does not appear to understand what is being said to him or the reasons for his detention.

Please indicate how you would deal with the male suspect?

Straight to cell and an immediate interview	☐
Straight to cell and a delayed interview	☐
The use of an Appropriate Adult	☐
Request a mental health assessment from a custody nurse/other professional	☐
Request the male suspect receives medical attention at hospital	☐