Title: Police officers' perceptions and experiences with mentally disordered suspects

Author names and affiliations:
Laura Oxburgh[a]
Professor Fiona Gabbert[a, *]
Professor Rebecca Milne[b]
Dr Julie Cherryman[c]

[*] Corresponding Author: f.gabbert@gold.ac.uk

[a] Department of Psychology, Goldsmiths University of London, UK
[b] Institute of Criminal Justice Studies, University of Portsmouth, UK
[c] Department of Psychology, University of Portsmouth, UK

Police officers' perceptions and experiences with mentally disordered suspects

Abstract

Despite mentally disordered suspects being over-represented within the criminal justice system, there is a dearth of published literature that examines police officers' perceptions when interviewing this vulnerable group. This is concerning given that police officers are increasingly the first point of contact with these individuals. Using a Grounded Theory approach, this study examined 35 police officers' perceptions and experiences when interviewing mentally disordered suspects. Current safeguards, such as Appropriate Adults, and their experiences of any training they received were also explored. A specially designed questionnaire was developed and distributed across six police forces in England and Wales. Nine conceptual categories emerged from the data that highlighted how police officers' level of experience impacted upon their perceptions when dealing with this cohort. As a consequence, a new model grounded within Schema Theory has emerged termed *Police Experience Transitional Model.* Implications include the treatment and outcome of mentally disordered suspects being heavily dependent on whom they encounter within the criminal justice system.

Keywords: mental disorder; suspects; police interview; experience; perceptions

1. Introduction

The police interviewing of a suspect is an integral stage of any police investigation (Oxburgh & Ost, 2011). When the suspect is mentally disordered (MD), this adds further complexities to the investigation due to the vulnerabilities associated with the MD suspect. The term, 'vulnerability' is not a new phenomenon, especially within the criminal justice system (CJS). Defined as 'psychological characteristics or mental state which an [individual] prone, in certain circumstances, to providing information which is inaccurate, unreliable or misleading' (Gudjonsson, 2006, p.68), vulnerable individuals, particularly MD suspects, present with potential risk factors that can have adverse effects as they progress through the CJS. Mental disorder is one type of vulnerability. In the UK, the Mental Health Act (2007) defines MD as, 'any disorder or disability of the mind.' This does not include autistic spectrum conditions or intellectual/learning disabilities. The current study addresses police officers' perceptions and experiences when interviewing MD suspects.

Relatively high numbers of individuals with a MD in the UK come into contact with the police (Price, 2005), due, in part, to the process of deinstitutionalisation, which started in the 1960's. An increasing number of these vulnerable individuals are now treated within the community rather than in long stay psychiatric hospitals and it is a disproportionate number of these individuals that become involved in the CJS at some point in their lives. For example, Sirdifield and Brooker (2012) found higher proportions of individuals with a MD (21.9%) in police custody when compared to their non-mentally disordered (NMD) counterparts. In addition, as many as 90% of offenders in the UK prison population have been reported to have a MD (Edgar & Rickford,

2009) compared to the 16.6% of the general population that may have a MD at any given time.

Legislation and best practice interviewing have been implemented in England and Wales to provide guidance when interviewing not only suspects but also those suspects with a MD. The Police and Criminal Evidence Act (PACE, 1984) is a legislative framework for police officers' powers accompanied by the Codes of Practice for those powers to be exercised. Code C, in particular, provides guidance regarding the detention, treatment and questioning of vulnerable suspects. Whilst the guidance details what should happen during these processes, it fails to specifically outline how mental disorder may place an individual 'at risk' during the interview process. Also, although Code C highlights that 'Special care should always be taken when questioning such a person' (Code C, Note 11C, p.404), it does provide any guidance as to *how* or *what* special care should actually be taken. In addition, it highlights the necessities of an appropriate assessment of a MD suspect (in particular, if they are fit for interview), which is usually conducted by a Forensic Medical Examiner (FME), psychiatrist or clinical psychologist. Similarly, Code C champions the use of an 'Appropriate Adult'; an independent individual required to ensure the interview is being conducted properly and fairly and to facilitate communication with the vulnerable interviewee (Code C, 11.17, p.404). In addition to the PACE, the introduction of the PEACE (a mnemonic for the five stages of interviewing; *Planning and preparation, Engage and explain, Account, clarify and challenge, Closure, Evaluation)* model of interviewing in the early 1990's provided police officers with an ethical framework for interviewing victims, witnesses and suspects (Williamson, 2006).

Despite changes in the law providing police officers with guidance on interviewing MD suspects, there still remain some contentious issues. In the UK, police custody is often a key point of contact for individuals who do not engage with community healthcare services and treatment (Sirdifield & Brooker, 2012), most commonly by virtue of the Mental Health Act (1983), section 136. Such legislation allows police officers to remove MD individuals at risk to themselves or others from any public place to a designated 'place of safety' in order for an appropriate assessment to be conducted (see Borschmann, Gillard, Turner, Chambers & O'Brien, 2010 for a full discussion). There is an onus on police officers to identify, and appropriately interview, MD suspects (Cant & Standen, 2007). This is an especially difficult task in light of there being no standard mental health training that deals with MD suspects across the 43 UK police forces. Furthermore, while safeguards have been introduced for officers interacting with MD suspects (such as the use of Appropriate Adults), the PACE Codes of Practice fail to appropriately explain or identify any specific guidelines for individuals undertaking this role, or how the interview should be conducted with regards to fairness. Thus, the legislation indicates *what* should happen but not *how* it should happen. Unsurprisingly, police officers continue to experience problematic encounters (e.g. difficulties in communication, levels of co-operation), exacerbated, in part, by the lack of psychological research into this complex area, in particular, into the perceptions of police officers when dealing with MD suspects.

Within the psychological literature base and to our knowledge, there appears to have been only one previous study in the UK investigating police officers' views on their roles in dealing with MD suspects and mental health services. McLean and Marshall (2010) reported that although police officers (n = 9) expressed overall

compassion when describing their experiences of MD suspects, they also described feelings of anger and frustration regarding limited access to community services for vulnerable individuals as well as minimal support for themselves from healthcare professionals. In addition, they highlighted that whilst there may be no need to arrest an individual, the lack of community services available to help in a situation may result in an arrest being made. Although this study provided an insight into police officers' views regarding their role, it did not focus on their views pertaining to the interviewing of MD suspects.

Research conducted in the USA has explored police officers' perspectives when responding to mentally disordered individuals in crisis (Borum, Deane, Steadman, & Morrisey 1998*;* Watson, Corrigan, & Ottati, 2004). Results indicate that whilst specialist officers trained in Crisis Intervention Teams (CIT) feel most prepared to deal with calls involving mental disorder, all police officers develop frames of reference or 'schemas' which guides how they may subsequently understand and respond to situations involving MD individuals. This has implications to the ways in which police officers may identify and handle mental health crisis with direct links to the current psychological theory base.

An early theory, Schema Theory (Anderson, 1977) describes how schemas and stereotypes are developed in order to gather information about groups of individuals that subsequently guide our future interactions with them (Mayer, Rapp & Williams, 1993). It suggests that the level of experience a person has may impact upon their beliefs and perceptions of that particular group of individuals. A recent Greek study (Psarra *et al.,* 2008) found some support for this theory in terms of police officers and

MD suspects. Whilst they found a correlation between the participants' age and education, suggesting that older and more educated police officers view MD suspects positively, they also found that those participants who completed more transfers, thus who have a higher level of experience, view MD suspects as being more violent when compared to their less experienced colleagues. The labelled individual is often stigmatised and is likely to be viewed and treated accordingly (Anderson, 2009). This has serious implications for the perceptions of police officers and their practice of interviewing MD suspects.

Labelling theory (Scheff, 1984; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999) addresses such perceptions and attitudes and proposes that professionals who enforce boundaries (such as the police) provide the main source of labelling. This was demonstrated by early research conducted by Chambliss (1973) who found that police officers always took action against the group of people labelled the 'roughnecks' (those who had lower class backgrounds) when compared to the 'saints' (those who had upper class backgrounds), despite the two groups committing the same number of crimes. More recent research has also suggested that police officers are more likely to arrest individuals with a mental disorder (Teplin & Pruett, 1992), though the reverse has also been found (Engel & Silver, 2001; Watson, *et al.*, 2004). This indicates that *if* MD suspects are viewed negatively, the way they are treated may be different due to the set of myths, stereotypes or beliefs that the MD label can evoke (Link *et al.,* 1999; Scheff, 1966). However, other research has highlighted that police officers demonstrate an understanding of MD suspects and their needs and so treat such individuals with empathy and compassion (Mclean & Marshall, 2010). This is

concerning as it suggests that the treatment and outcome for MD suspects are heavily dependent on whom they encounter in the CJS in terms of these professionals' views.

Alongside the views and perceptions of police officers are those of the MD suspect and the subsequent impact on the levels of their cooperation. Procedural Justice Theory (Tyler & Blader, 2003) suggests that cooperation with 'authority figures' will be maximized if individuals feel they have been treated fairly, given an opportunity to voice their opinions and afforded dignity and respect. Recent studies have also supported this theory (Sunshine & Taylor, 2003; Watson, Angell, Vidalon & Davis, 2010). This has implications for the way police conduct their interviews with MD suspects in terms of building rapport and communicating effectively. If police officers adopt their approach accordingly, for example, the non-use of police jargon to ensure full participation and fair treatment, (known as Communication Accommodation Theory; Gallios, Ogay & Giles, 2005), and MD suspects are given an opportunity to voice their opinions, the MD suspects' response and cooperation may increase. Police officers' perceptions of MD suspects, therefore, may not only impact on the decisions they take and the treatment imposed on this vulnerable group, but also on the MD suspects' response in terms of cooperation and respect. This has serious implications for the police interview as an 'information-gaining process' (Walsh & Oxburgh, 2008).

1.1 Aims of the Current Study

Adopting a questionnaire design and using a sample of serving police officers in England and Wales, the following research questions were addressed: (i) what perceptions do police officers have regarding MD suspects they have interviewed and how have their experiences interviewing MD suspects impacted upon their perceptions;

(ii) what perceptions and experiences do police officers have in relation to support provided to MD suspects such as the use of Appropriate Adults, and; (iii) what experiences do police officers have of current police training in MD.

2. Method

2.1 Ethics

Ethical approval was gained from the Faculty of Humanities and Social Sciences at the University of Portsmouth. Additionally, approval was sought and gained from the Association of Chief Police Officers (ACPO; now known as the National Chief Police Council). All participants volunteered to complete the questionnaires and were informed that they could withdraw their data within six weeks of their participation. Participants were informed that all data would be anonymised and although quotes would be used within the reporting of the data, no identifiable information would be included.

2.2 Sample and Setting

A total of eight police forces in England and Wales were contacted for their participation in the study. Six of these police forces covering a large geographical area of England and Wales (both urban and rural), including two large metropolitan police forces, registered their interest. The sample was obtained via a purposive sampling method. Participants were selected following the requirements of the inclusion criteria; trained to at least UK PIP (Professionalising the Investigative Program) Level 2 (training encompasses dedicated investigators such as Detectives trained in the interviewing of victims, witnesses and suspects involved in serious and complex investigations including vulnerable victims, witnesses and suspects), and having had experience of interviewing a MD suspect within the previous 0-24 months. Police

officers trained to PIP Level 1 were not included as whilst training focuses on the interviewing of victims, witnesses and suspects, this level of training relates to volume crime only such as theft. Often suspect interviews within these types of crime are shorter.

Although there is no single consensus regarding sample size within qualitative research, participant size in qualitative research is much lower than what can be expected in quantitative research due to the richness in the type of data collected (Charmaz, 2006). Thus, the recruitment of participants continued until data saturation was reached – that is, until no new themes emerged from the data provided. This ensured the sample selected was representative of current police officers trained to a similar level (e.g. PIP Level 2) increasing the transferability of the data (Holloway & Wheeler, 2002).

2.3 Analysis Strategy

A qualitative design was adopted to allow for rich and in-depth data to be collected. Based on an Objectivist Approach, Grounded Theory (Glaser, 1978) was chosen as the method of analysis. Consisting of flexible, yet systematic guidelines for the collection and analysis of data, this analysis allows for the construction of theories that are 'grounded' in the data itself (Charmaz, 2006), thus moving from data to theory development (Willig, 2008). This method is commonly used when little is known about the area of interest, with the research focussing specifically upon the participants' experiences and perceptions. The analysis aims to develop a model or theory that can adequately explain the findings (Willig, 2008). Given the nature of the study, this approach was deemed most appropriate.

2.4 Materials

A questionnaire (see Appendix 1) containing 30 questions was developed consisting of a mixture of open and probing questions such as *'Please describe what you believe a mental disorder is'* and; *'Describe the most memorable investigative interview you have conducted with a suspect who has a mental disorder.'* The questionnaire was sectioned based on the research questions. Such question types were used to encourage participants to record their experiences in depth, as well as inviting all participants to provide further comments, thus allowing for a rich data set. All questions were developed through identifying gaps within the current literature base and current guidance (e.g. lack of research exploring police officers' perceptions and experiences when interviewing MD suspects and guidance failing to detail how or what special care should be taken when interviewing MD suspects), and through piloting and liaising with serving police officers to ensure that the questionnaire contained relevant and appropriately phrased questions. Some questions were rephrased following feedback from the pilot. Following the development of the questionnaire, it was disseminated to participants for completion through the key research contact at each police force who then sent it out electronically to their team.

2.5 Data Analysis

Following the return of the completed questionnaires, all data were analysed using Grounded Theory. Initially, each line of raw data was labelled allowing the first author to remain close to the data (Charmaz, 2006). Memos were recorded during this stage, which subsequently assisted in the development of the initial codes being raised to 'tentative' categories. Axial coding followed which involved the initial codes and categories to be condensed and synthesised to explain larger segments of the data. As

potential relationships within the data started to emerge, the process of theoretical coding resulted in categories being weaved together to form a theory that explained the overall participants' experience. Any disconformatory cases were worked into the emerging theory to ensure that all aspects of the participant experience were included. Throughout the analysis stage, triangulation was used to ensure the findings were not due to the way in which the data was collected or analysed, thus eliminating researcher bias (Merriam, 2009). To achieve the method of triangulation, an independent researcher was employed to analyse a random sample of 15 questionnaires following the same Grounded Theory approach. Any discrepancies were discussed and resolved.

3. Results

3.1 Demographics of Participants

A total of 35 questionnaires were included for data analysis (24 male and 11 female). Participants had a mean age of 42 years, and had a mean total length of police service of 17.29 years, of which they had served a mean of 6.49 years within their current post. The majority of all participants were Detective Constables (n = 31), (a Constable is the first rank within a police service in the UK; a Detective Constable is identified as being an officer within a criminal investigation department or other investigative unit and will have completed PIP Level 1 training). Other posts included Detective Sergeant (n = 2) (rank above a Detective Constable with more investigative interviewing duties), and Interview Advisor (n = 2) (an experienced and highly trained Detective appointed by the police force to advise on investigative interview strategies on all levels). Participants self-reported that they had conducted a mean number of 19.37 investigative interviews in the previous 24 months and of those, 3.03 involved a suspect that had a MD. The most common MD reported by the participants was

depression (mean = 2.29 interviews conducted), followed by suspects with anxiety disorder (mean = 0.71), personality disorder (mean = 0.69), and schizophrenia (mean = 0.14). The majority of participants indicated that the most recent interview training completed had been PIP Level 3 (n = 23) (differs from PIP Level 2 in that those trained to PIP Level 3 are trained to be lead investigators in serious offences and major investigations). However, nearly half of the participants indicated that they had not received any mental health training (n = 15), which would be expected at PIP Level 2.

3.2 Qualitative Results

Nine conceptual categories with 21 sub-categories emerged from the data. These were grouped under the following: *(i) Interviewee centred, (ii) Interview centred* and; *(iii) Interviewer centred* (see Table 1). The integration of the memos with the diagrammatic outline of the conceptual categories describes the emerging model; Police Experience Transitional Model (PETM) (see Figure 1). Grounded within Schema Theory, PETM indicates that the level of experience (i.e. the number of investigative interviews conducted with MD suspects) that the police officer has may impact upon their current perceptions. The more experienced police officers are referred to as those that have conducted 3 or more interviews with MD suspects (reported statistical average and above) within the previous 24 months, whilst the less experienced police officers are referred to as those who have conducted less than 3 interviews with a MD suspect (less than the reported statistical average). In addition, PETM suggests that the perceptions of police officers are not entirely static, that is, their perceptions change as their level of experience does. This is explored throughout the reported results.

[Table 1 near here]

3.2.1 Interviewee centred

3.2.1.1 Understanding and perceptions of mental disorder

All participants had some level of understanding of what a MD is with participants frequently placing MD within a context (primarily medical or social). Participants also displayed some common misperceptions of what a MD is and references were made to the way a MD suspect presents within the police interview. Despite increasingly more contact with MD suspects, their level of experience (e.g. their interview experience) did not affect these findings. Three sub-categories emerged; (i) the notion of what is a MD, (ii) crime involvement of the suspect group, and (iii) the presentation of the MD suspect.

Regarding the notion of what is MD, the majority of participants (80%) described MD within a medical context by making references to specific mental disorders, psychological issues, and states of mind and disease (see table 2, exemplar quote a). Many participants mentioned the severity and longevity of a MD, although some (8.6%) were unable to discriminate between everyday responses to external events and MD. As well as a medical context, fewer participants (14%) defined MD within a social context and made reference to social norms and deviant behaviour (see table 2, exemplar quote b). Although the participants defined MD within a context, there were some common misperceptions about MD with participants indicating that it includes a learning disability and/or Autism.

The second sub-category that emerged related to crime involvement of suspect groups. The majority of participants (74.3%) provided negative portrayals of MD suspects. They were described as uncooperative and unobtainable and some instances of

labelling were evident. When asked to describe the most memorable interview they have conducted with a MD suspect, participants recalled violent/high stake crimes (see table 2, exemplar quote c). Nevertheless, participants acknowledged that a range of sentencing options is available to MD suspects including psychiatric sentences.

Regarding the presentation of MD suspects, the majority of participants (77%) reported predominantly negative characteristics of MD suspects when compared with a NMD suspect. These included aggressive or difficult behaviour and a lack of open-mindedness from the MD suspect. Participants also reported that MD suspects presented as distrusting towards the police officer (see table 2, exemplar quote d). However, participants also noted there to be occasions when there was positive engagement from MD suspects.

3.2.1.2 Communication in mental disorder

Participants reported varying perceptions of their communication with MD suspects and this appeared to be largely influenced by the level of experience the participant had. The results indicate that the more experienced participants believe that MD suspects are poor communicators (e.g. expressive and receptive communication), although effective communication is highlighted as being dependent on other factors. The least experienced participants tended to indicate that MD suspects are good communicators and did not identify any issues. This is explored through three sub-categories; (i) barriers to communication, (ii) attempts at communication, and; (iii) the importance of rapport.

Concerning 'barriers to communication', some participants (22%) indicated that there were difficulties in communicating with MD suspects during the police interview.

They noted that some MD suspects had a poor level of speech and a lack of understanding. The more experienced participants highlighted that this could also be dependent on other factors including the interview style (see table 2, exemplar quote e). Not all participants indicated there were communication barriers. The less experienced participants reported that MD suspects could communicate well within a police interview with some examples provided (see table 2, exemplar quote f).

The second sub-category relates to the attempts made by the participants to communicate effectively with MD suspects. Participants (89.3%) reported being keen to engage with MD suspects and in support of this, noted that they would often take guidance from the MD suspects' level of communication or receive verbal confirmation from them to continue (see table 2, exemplar quote g). This would often take the form of the police officer checking the understanding of the MD suspect if it became obvious from their verbal communication that they did not understand.

The final sub-category highlights the importance that the participants place on rapport when trying to communicate with a MD suspect. Participants reported that the amount of rapport is positively related to the amount of information achieved in the investigative interview. Poor rapport may impact on the whole of the interview (see table 2, exemplar quote h). Although participants suggested the importance of rapport, they also acknowledged the difficulties they may face when trying to build rapport with MD suspects compared to NMD suspects (see table 2, exemplar quote i). This is also indicated when nearly a third of participants acknowledged the 'Engage' stage of the PEACE model of interviewing to be the most difficult when interviewing MD suspects. Despite the variation in the participants' perceptions of effective and non-effective

communication with MD suspects, the majority of all participants highlighted the importance and necessity of trying to engage with this vulnerable group.

3.2.1.3 Cognition level and subsequent assistance

Participants provided insight into their perceptions regarding the cognitive level of MD suspects and expressed a keenness to assist when appropriate. The more experienced participants appear to suggest that the interview is dictated by the MD suspects' capacity to understand. However, such insight does not appear to be demonstrated by the less experienced participants. This is explored through two sub-categories: (i) the impact of MD on subsequent cognitive levels and, (ii) the assistance provided.

The first sub-category highlights how participants (64.3%) commonly perceive MD suspects to have low performing cognitive levels and a lack of responsibility in relation to the crime committed (see table 2, exemplar quote j). Some participants also indicated that MD suspects might mask their ability to understand the consequences of their actions. Comparisons were frequently made to NMD suspects. Participants highlighted that this suspect group have a full understanding of the interview process and of the consequences of their actions.

The second sub-category highlights the desire indicated by the participants to assist MD suspects with their understanding during the interview process. Some participants (71%) suggested the use of visual aids as well as in depth explanations within the interview (see table 2, exemplar quote k). Participants felt that as a result of such assistance, MD suspects would be better engaged with them and the interview process, heightening the levels of rapport developed and the information gained.

3.2.2 Interview centred

3.2.2.1 Emphasis and importance of investigation relevant information

During any police interview, gaining investigation relevant information (IRI) is vital to ensure the progression of the investigation. This was reflected in the participants' responses across all levels of experience. Participants regularly reported the need for gaining a clear and orderly account and provided details of how this would be achieved. Furthermore, participants indicated the impact of not gaining this information. The responses had two sub-categories: (i) gaining IRI; and (ii) the impact of MD on gaining IRI.

The first sub-category relates to the methods of gaining IRI. Participants reported the importance of everyone being given the opportunity to provide an account so that the appropriate information can be gained. Participants highlighted how they would encourage the account but also explore any discrepancies between the account and the evidence (see table 2, exemplar quote l). Despite this being the general consensus of all participants, some acknowledged that gaining a suspect's account cannot always be achieved and can be problematic. Furthermore, some participants (7%) indicated that the amount of information gained is a perceived measure of being an effective interviewer – the more information that is gained which allows the progression of the investigation, the better they are as an interviewer. Such participants were the more experienced interviewer.

The second sub-category highlights the participants' perceptions of MD suspects and gaining IRI. Participants (70.4%) reported that MD suspects provide little information with concerns raised such as confusing accounts and missing information.

This is in direct comparison to NMD suspects, who are highlighted as being eager to cooperate and provide their explanations (see table 2, exemplar quote m). Participants associated a level of difficulty with a lack of IRI with MD suspects who are reported as providing little information thus being seen as more difficult to interview than a NMD suspect. This was also demonstrated when 31.4% of participants indicated the 'clarify and challenge' part of the 'account, clarify and challenge' stage of the PEACE model of interviewing to be one of the most difficult stages when interviewing MD suspects.

3.2.2.2 Impact of question type on behaviour and cognition

Participants noted the use of various questioning styles during their interviews as well as providing explanations regarding question type and demonstrating the flexibility in question use. Influenced by the level of experience the participants have, two sub-categories emerged focusing on: (i) the impact and use of open question types and; (ii) the impact and use of closed question types.

Participants regularly acknowledged the use of open questions in their interview practice and suggested that these are the most frequently used question type when interviewing *all* suspect types (94.3% of participants). Participants indicated that open questions could encourage suspect explanation and allow for a free and uninfluenced recall (see table 2, exemplar quote n). In addition, a few participants (8.6%) reported that MD suspects do have the ability to answer this question type. However, other participants (38.7%) said that using open questions could have a detrimental impact on the information gained from the MD suspect. For example, these participants indicated that open questions are very broad and have no boundaries. This can result in a reported lack of control for the interviewer, especially when too much recall is provided by the

MD suspect which may be irrelevant to the investigation (see table 2, exemplar quote o).

Regarding the second sub-category, some participants (38.7%) indicated how closed questions, although generally considered to be an inappropriate question type, could be used in an appropriate manner. This included using closed questions to allow the police officer to retain some control over the interview (see table 2, exemplar quote p). Participants also highlighted that closed questions can actually aid a MD suspect's understanding of the question (see table 2, exemplar quote q). Although there is a general consensus that open questions are believed to be used the most during the police interview, the more experienced participants indicated that open questions are actually *inappropriate* when interviewing MD suspects, indicating that closed questions may be more appropriate.

3.2.2.3 Use and impact on time

The use and potential impact on time of a MD suspect is an issue that all participants reported to be as central to their role regardless of their level of experience, and relates to the amount of police resources (specifically time needed) to deal with a MD suspect. This is explored through two sub-categories: (i) participants' perceptions explore how their time can be used effectively with particular focus made to the amount of time they have, and; (ii) potential stressors on their time.

In the first sub-category, participants highlighted how effectively using their time is important to their own perceived pressure but also to the investigation. Effective use of time includes the use of regular breaks and of shorter interview stages when interviewing MD suspects as compared to NMD suspects. Participants (28.6%)

highlighted the positive impact this can have on MD suspects (see table 2, exemplar quote r). As well as using their time effectively, participants noted the importance of having a sufficient amount of time, which can ensure the appropriate allowances are made for MD suspects. Participants indicated that this could lead to a sustained level of rapport with MD suspects.

Despite all participants noting the importance of effective use of time, a couple of participants (7.4%) reported the strain they can feel especially in relation to the 'custody clock' (see table 2, exemplar quote s). Therefore, although participants highlighted that having regular breaks and shorter interview stages is necessary for MD suspects and increases levels of rapport, it is also a stressor on time thus suggesting the balancing act often performed by a small percentage of participants.

3.2.3 Interviewer centred

3.2.3.1 Appropriateness of person centred approach and communication accommodation theory

Participants reported on their own practice when interviewing MD suspects. This is explored through two sub-categories, (i) the notion of a person centred approach (PCA) and variance in their own communication (Communication Accommodation Theory (source); CAT); and (ii) instances when participants would not amend their approach.

The first sub-category explores how participants may alter their interview approach and communication style when interviewing a MD suspect. Over half of the participants (57.1%) indicated that they would adopt a PCA when interviewing MD suspects. Participants explained that they would maintain an open mind and be flexible

in their interview style (see table 2, exemplar quote t). Participants also highlighted that they would change or adapt their language to assist in the MD suspects' understanding (see table 2, exemplar quote u). This highlights how the participants' own communication varies based on the MD suspect they may encounter.

Despite over half of the participants indicating that they would adopt a PCA and vary their communication accordingly (CAT), there were some participants (11.4%) whereby such behaviours were not demonstrated and were actually questioned (see table 2, exemplar quote v). Additionally, these participants highlighted that they would not change their behaviour when interviewing a MD suspect with particular reference made to the challenge part of the 'account, clarify and challenge' phase. The level of experience the participant has appears to influence such perceptions with the more experienced participants suggesting they use increasing levels of both a PCA and instances of CAT. The participants that have indicated that they would not change their behaviour or language have, overall, conducted fewer interviews with MD suspects.

3.2.3.2 Interviewer experience and perception of safeguards

The use of safeguards (i.e. Appropriate Adults) is a necessity within interviews of MD suspects. Two sub-categories emerged including: (i) participants' perceptions in relation to their own understanding and experiences of MD and, (ii) participants' perceptions of current safeguards and proposed new safeguards.

The first sub-category includes participants recalling their own cases and experiences of MD. Some participants (15%) reported using their own experiences when planning future interviews with MD suspects (see table 2, exemplar quote w). Hindsight is regularly referred to and participants indicated their keenness at using their

experiences to better understand MD suspects. In addition, participants reported taking the time to learn about MD before they conduct the interview (see table 2, exemplar quote x). This suggests that the Internet is being used as an official source of training over and above evidence-based training, despite the participants receiving some training in MD. Some participants placed an emphasis on their experiences, which seems important in terms of their future practice.

All participants provided their perceptions of current safeguards including Appropriate Adults, Legal Advisers and Medical Practitioners (Custody Nurses or Forensic Medical Examiners). Some of the more experienced participants reported negativity towards Appropriate Adults and Legal Advisers as well as distrust in the medical professionals' assessment of MD suspects (14.7% of participants), (see table 2, exemplar quote y). The less experienced participants highlighted the positive contributions that all safeguards could offer in terms of protecting the MD suspect before and during the interview. A minority of participants indicated a lack of understanding of the various safeguards and their differing roles, whilst others identified potential alternatives such as the use of Registered Intermediaries. The impact of the participant's experience on their perceptions and subsequent practice is concluded by one of many participants (see table 2, exemplar quote z).

3.2.3.3 Current and future training perceptions

Participants were insightful about the current training they had received and the future training they would like to participate in. The participants' perceptions are influenced by the level of experience the participants have. This is explored through two sub-categories.

The first sub-category relates to the participants' perceptions of current training. Some participants (42.8%) highlighted that they had not actually received any mental health training despite being actively involved in interviewing MD suspects. Participants reported that there is very little available training in relation to suspect mental health within their force. Other participants indicated that some training had been received but it depended on their rank (see table 2, exemplar quote aa). Furthermore, most of those participants that had reported receiving some mental health training also reported that there was a lack of refresher training; something they reported to be necessary for their role to avoid potential bad practices.

The final sub-category reports the need for future training. The majority of participants (91.43%) indicated what they would like to receive future training on. This not only covered a breadth of issues such as identification of MD suspects, the presentation of a MD suspect, effective questioning techniques and rapport, but also included a preference for an experiential style of training (see table 2, exemplar quote bb). Although the majority of participants highlighted a need for training in mental health, the more experienced participants perceived the training already received as being clear and adequate. Interestingly, some of these participants had not recorded any clear mental health training courses when completing their questionnaires.

[Table 2 near here]

3.2.4 Police Experience Transitional Model

All participants reported their perceptions and insight into their experiences and current practice. Although some of the participants' perceptions were very similar, some differences did emerge. These emerging differences may be explained by the varying

levels of experience the participants had – that is, how many interviews they have conducted with MD suspects. Through the exploration of the participants' perceptions and their police experiences, the conceptual categories captured the emerging model grounded within Schema Theory and termed 'Police Experience Transitional Model' (PETM) (see Figure 1). This suggests that the level of experience the police officer has may impact upon and influence some of their perceptions. Such perceptions are not static but appear to change based on the level of experience. This is evident in Diagram 1 where the less experienced participants hold their views, which subsequently change as they move through the spectrum of police experience thus becoming more experienced. As Schema Theory suggests, schemas and stereotypes are developed in order to gather information about groups of individuals that guide our future interactions (Mayer, Rapp & Williams, 1993). These schemas and stereotypes may change as our level of experience increases.

[Figure 1 near here]

4. Discussion

The current study explored the experiences and perceptions of serving UK police officers when interviewing MD suspects. To our knowledge, it is one of very few in the UK that focuses specifically on police officers' perceptions of MD suspects within a police interview context. Nine conceptual categories emerged from the data that described the perceptions that police officers have of interviewing MD suspects. The participants' own reported experiences indicated the impact upon their perceptions and these were explored in relation to the use of Appropriate Adults, Legal Advisers and Forensic Medical Examiners. Despite a lack of training in mental health and some confusion when defining what a mental disorder is with references made to learning

disability and Autism, participants reported the importance of rapport and an eagerness to engage with MD suspects. Throughout most conceptual categories, participants reported varying perceptions that appeared to be strongly influenced by their level of experience, that is, how many investigative interviews they had conducted with MD suspects.

Our findings relate to previous findings within this area of research, in that MD suspects were viewed more negatively when compared to suspects who did not have a mental disorder. This can be understood in part by drawing upon Labelling Theory (Scheff, 1984). Throughout the perceptions of the participants in this study, there were instances of labelling by police officers of MD suspects. As highlighted previously, once an individual is labelled, it is increasingly difficult to remove that label with implications for how MD suspects may be treated by some police officers due to the myths, stereotypes or beliefs that the MD label can evoke (Scheff, 1966; Link *et al.,* 1999). That is, the way the police officer perceives a MD suspect may impact upon their interaction and subsequent treatment of that individual. However, whilst such negative connotations were highlighted by police officers, this theory does not fully explain the eagerness that the participants in the current study demonstrated in assisting MD suspects.

Despite the negative reports of MD suspects, participants recognised the importance of engaging with this suspect group during the police interview. Such discrepancies may be due to police officer's having more than one schema. Whilst the current participants were not trained (to our knowledge) within any crisis intervention teams, they regularly encounter MD individuals and such schemas may be determined by the frequency and experience of such encounters. Alternatively, the investigative

interview utilises an 'information-gathering' approach so whilst MD suspects were viewed more negatively, the current participants may have recognised and highlighted the need to engage with the MD suspect in order to gain the necessary information to further the investigation. Participants within the current study reported that the amount of rapport they achieve with a MD suspect is positively related to the amount of information gained.

Some participants indicated how they would change their approach accordingly (adopting a person-centred approach) when dealing with MD suspects. This also included varying their communication and avoiding 'police jargon' (demonstrating instances of Communication Accommodation Theory; Gallios, Ogay & Giles, 2005). Participants reported that this often led to higher levels of rapport and better engagement from MD suspects. Procedural Justice Theory (Tyler & Blader, 2003) suggests that individuals are more likely to cooperate with 'authority figures' such as police officers if they feel they have been treated fairly, given an opportunity to voice their opinions and afforded dignity and respect. In order for an individual to be given the opportunity to voice their opinions, they must be able to understand, process and respond to the language and questions used in the interview; as such, the language used by police officers may need to be altered. Some participants in the current study highlighted how they would make such variances in their language suggesting instances of procedurally just treatment.

Despite this, communicating with MD suspects was reported as difficult by some participants, an issue that is echoed in research in other countries (e.g. Godfredson, Thomas, Ogloff & Luebbers, 2011). Not surprisingly, the participants highlighted effective communication with a MD suspect as also being dependent on the

type of questions used during the police interview. In the current study, police officers indicated that open questions such as 'Tell', 'Explain', 'Describe' are used the most frequently when interviewing all suspect groups. This is a positive finding, but there are grounds to be skeptical given that the current literature suggests open questions are used infrequently and that closed questions (those that evoke a 'Yes/No' answer) are more commonly used in actual interview practice in the UK (Myklebust & Bjorklund, 2006; Oxburgh, Ost & Cherryman, 2012).

Throughout the current study, the participants reported how interview practice would be tailored to the MD suspect. For example, shorter interviews with frequent breaks, as well as additional time spent explaining concepts to the MD suspect to ensure their understanding. Participants also reported the use of the Forensic Medical Examiner when assessing the 'fitness for interview' of a MD suspect, and the Appropriate Adult during the actual interview. Although participants reported their experiences of using these safeguards, they also highlighted the impact on the 'custody clock' and the strain this can have on their time, as well as some negative reports regarding the assessments of the Forensic Medical Examiner and the use of the Appropriate Adult. Similar frustrations were also echoed in a recent UK study investigating police officers' views on their roles in dealing with MD individuals and mental health services (McLean & Marshall, 2010). In addition, similar findings regarding the use of the Appropriate Adult have been echoed in various studies (O'Mahony, Milne & Grant, 2012; Medford, Gudjonsson & Pearse, 2003; Pearse & Gudjonsson, 1996).

Participants reported varying perceptions regarding the interviewing of MD suspects. The results indicate that their level of experience influences such variation in their perceptions. For example, the more experienced participants identified that

communication is difficult with MD suspects and were more likely to use increasing levels of a person-centred approach. They also highlighted that they were more likely to trust their own opinions regarding MD suspects' ability to be 'fit for interview'. One explanation of this variation in perceptions could come from Schema Theory (Anderson, 1977). This suggests that as the police officer becomes more experienced in dealing with MD suspects, their level of experience may impact on their beliefs and perceptions. Similarly, results from a recent study in Greece highlighted a correlation between police officers' age, their level of education and their views of 'dangerousness' in relation to mental disorder (Psarra *et al.,* 2008).

Although Schema Theory provides some explanation, it does not explain all of our findings. The level of experience of the participants in the current study is a central theme and appeared to impact on most but not all of their perceptions. The current literature and theory lends itself to explaining some of our results, but does not apply to all. By using a Grounded Theory approach, we have been able to provide a more comprehensive explanation for understanding police officers' perceptions and experiences when interviewing MD suspects. The emerging model, grounded in Schema Theory, and termed 'Police Experience Transitional Model' (PETM), conceptualises the impact of experience on perceptions, specifically, how perceptions can change according to level of experience. We propose that PETM complements the existing body of work in this area, specifically that of Schema Theory, although note that perceptions can vary across different countries given the difference in police practice. In addition, with any new model, we recommend further testing to ensure its validity and reliability.

Our study is not without its limitations. Although the geographical area of the police forces involved within the current study is somewhat substantial, a higher level of participating police forces would allow for a more inclusive study exploring police officers' perceptions. In addition, replication of the current study is needed to ensure validity and reliability of the emerging theory. Further research aims to achieve this additional testing. Meanwhile, we propose that PETM has several implications for practice.

4.1 Implications for Practice

The current study and proposed model demonstrates the impact that police officers' perceptions and experiences can have on their current interview practice. This suggests that the treatment and outcomes of MD suspects are heavily dependent on whom they encounter and their perceptions (Cant & Standen, 2007). Such perceptions also have implications for gaining investigation relevant information (IRI) as well as the MD suspects' perceptions of stigma and their subsequent level of co-operation. Insight into police officers' beliefs regarding questioning styles suggests the potential for future development of an amended questioning framework. Police officers' general beliefs of using open questions the most frequently does not always match what they perceive to be the most effective when interviewing a MD suspect, i.e. more closed question types.

Police officers' perceptions regarding MD individuals in the community have direct implications to the ways in which such officers may identify and handle crisis. For example, if officers perceive MD individuals as dangerous when they may not be, or if their perceptions interfere with their ability to determine the most appropriate course of action when dealing with MD individuals, this can impact upon police resources and officer behaviour, when dealing with MD individuals within the

community and more specifically within the investigative interview with a MD suspect. Gaining a better understanding of the police officer's schemas or the mind-set they may apply to interviews with MD suspects is critical when considering any future guidance or policy change.

Also, our study holds serious implications for the role of the Appropriate Adult – if police officers hold negative perceptions about this safeguard, how often are they actually being used during the police interview? Is it that MD suspects are not actually receiving the appropriate safeguards that have been implemented to protect them within the CJS? As has often been reported in the literature, some interviews have been deemed inadmissible in court due to the lack of an Appropriate Adult. In addition, vulnerability is often one of the main issues in miscarriages of justice. Without the use of the Appropriate Adult, there is a heightened risk.

Finally, future training should aim to educate police officers in exploring how their own perceptions may shape their interactions with MD individuals generally and within an interview context. Such insight will assist police officers in determining the appropriate approach, whilst minimising the impact upon police resources, such as the demand on time, an issue raised within the current study. Participants also demonstrated how their experiences impact on their perceptions, as well as reporting a need and desire for a more experiential style of training. These important outcomes of the research should be incorporated into future - standardised - training on mental disorder.

5. References

Anderson, R. (1977). The notion of schemata and the educational enterprise: General discussion of the conference. In R. Anderson, R. Spiro, and W. Montague (Eds.), *Schooling and the acquisition of knowledge*. Hillsdale: Erlbaum.

Anderson, M., & Taylor, H. (2009). *Sociology: The essentials*. Belmont: Thomson Wadsworth.

Borschmann, R., Gillard, S., Turner, K., Chambers, M., & O'Brien, A. (2010). Section 136 of the Mental Health Act: A new literature review. *Medicine, Science and the Law, 50,* 34-39.

Borum, R., Deane, M., Steadman, H., & Morrisey, J. (1998). Police perspectives on responding to mentally ill people in crisis: Perceptions of program effectiveness. *Behavioural Sciences and the Law, 16,* 393-405.

Cant, R., & Standen, P. (2007). What professionals think about offenders with learning disabilities in the criminal justice system. *British Journal of Learning Disabilities, 35,* 174-180.

Chambliss, W. (1973). The Saints and the Roughnecks. *Society, 11,* 24-31.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis.* London: Sage.

Department of Health (1983). *Mental Health Act.*

Department of Health (2007). *Mental Health Act.*

Edgar, K., & Rickford, D. (2009). *Too little too late: An independent review of unmet mental health needs in prison.* Prison Reform Trust, UK

Engel, R., & Silver, E. (2001). Policing mentally disordered suspects: a re-examination of the criminalisation hypothesis. *Criminology, 39,* 225-252.

Gallois, C., Ogay, T., & Giles, H. (2005). Communication Accommodation Theory: A Look Back and a Look Ahead. In W. Gudykunst, (Ed.), *Theorizing About Intercultural Communication (pp. 121-148).* Thousand Oaks, CA: Sage.

Glaser, A. (1978). *Theoretical sensitivity.* USA: Sociology Press.

Godfredson, J., Thomas, S., Ogloff, J., & Luebbers, S. (2011). Police perceptions of their encounters with individuals experiencing mental illness: A Victorian study. *Australian and New Zealand Journal of Criminology, 44,* 180-195.

Gudjonsson, G. (2006). The psychological vulnerabilities of witnesses and the risk of false accusations and false confessions. In A. Heaton-Armstrong, E. Shepherd, G. Gudjonsson and D. Wolchover (Eds.), *Witness Testimony. Psychological, investigative and evidential perspectives (pp. 61-75).* Oxford: Oxford University Press.

Holloway, I., & Wheeler, S. (2002). *Qualitative research in nursing and healthcare*. Chichester: Wiley.

Home Office (2005). *Police and Criminal Evidence Act* 1984: Codes of Practice London: HMSO.

Huberman, A., & Miles, M. (1998). Data Management and Analysis Methods. In N. Denzin and Y. Lincoln (Eds.), *Collecting and Interpreting Qualitative Materials: Handbook of qualitative research, Volume 3*. London: Sage Publications.

Link, B., Phelan, J., Bresnahan, M., Stueve, A., & Pescosolido, B. (1999). Public perceptions of mental illness: Labels, causes, dangerousness, and social distance. *American Journal of Public Health, 89,* 1328 – 1333.

Mayer, J., Rapp, H., & Williams, U. (1993). Individual differences in behavioural prediction: The acquisition of personal-action schemata. *Personality and Social Psychology Bulletin, 19,* 443-451.

McLean, N. & Marshall, L. (2010). A front line police perspective of mental health issues and services. *Criminal Behaviour and Mental Health, 20,* 62-71. *Mental Health Act* (2007). London: HMSO.

Medford, S., Gudjonsson, G., & Pearse, J. (2003). The efficacy of the appropriate adult safeguard during police interviewing. *Legal and Criminological Psychology, 8,* 253–266.

Merriam, S. B. (2009). *Qualitative Research: A Guide to Design and Implementation*. San Francisco, CA: John Wiley & Sons.

Myklebust, T., & Bjorklund, R. (2006). The effect of long-term training on police officers' use of open and closed questions in field investigative interviews of children (FIIC). *International Journal of Investigative Psychology and Offender Profiling, 3,* 165-181.

Oxburgh, G., & Ost, J. (2011). The use and efficacy of empathy in police interviews with suspects of sexual offences. *Journal of Investigative Psychology and Offender Profiling, 8,* 178-188.

Oxburgh, G. Ost, J., & Cherryman, J. (2012). Police interviews with suspected child sex offenders: does use of empathy and question type influence the amount of investigation relevant information obtained? *Psychology, Crime & Law, 18,* 259-273.

O'Mahony, B., Milne, R., & Grant, T (2012). To challenge or not to challenge: interviewing vulnerable suspects. *Policing, 6,* 301-313.

Pearse, J., & Gudjonsson, G. (1996). How appropriate are Appropriate Adults? *Journal of Forensic Psychiatry, 7,* 570-580.

Price, M. (2005). The challenge of training police officers. *Journal of the American Academy of Psychiatry and the Law*, *33*, 50–54.

Psarra, V., Sestrini, M., Santa, Z., Petsas, D., Gerontas, A., Garnetas, C., & Kontis, K. (2008). Greek police officers' attitudes towards the mentally ill. *International Journal of Law and Psychiatry, 31,* 77-85.

Scheff, T. (1966). Users and non-users of a student psychiatric clinic. *Journal of Health and Hum Behaviour, 7,* 114–121.

Scheff, T. (1984). *Being mentally ill.* Piscataway: Aldine Transaction.

Singleton, N., Bumpstead, R., O'Brien, M., Lee, A., & Meltzer, H. (2001). *Psychiatric morbidity among adults living in private households.* London: The Stationery Office.

Sirdifield, C., & Brooker, C. (2012). Detainees in police custody: Results of a health needs assessment in Northumbria, England. *International Journal of Prisoner Health, 8,* 60-67.

Sunshine, J., & Tyler, T. (2003). The role of procedural justice and legitimacy in shaping public support for policing. *Law & Society Review, 37*, 513–548.

Teplin, L., & Pruett, N. (1992). Police as streetcorner psychiatrist: Managing the mentally ill. *International Journal of Law and Psychiatry, 15,* 139-156.

Tyler, T., & Blader, S. (2003). The group engagement model: procedural justice social identity and cooperative behaviour. *Personality and Social Psychology Review, 7,* 349-361.

Walsh, D., & Oxburgh, G. (2008). Historical and contemporary developments in research. *Forensic Update, 92,* 41-45.

Watson, A., Angell, B., Vidalon, T., & Davis, K. (2010). Measuring perceived procedural justice and coercion among persons with mental illness in police encounters: The Police Contact Experience Scale. *Journal of Community Psychology, 38,* 206–226.

Watson, A., Corrigan, P., & Ottati, V. (2004). Police responses to persons with mental illness: Does the label matter? *Journal of the American Academy of Psychiatry and Law, 32,* 378-385.

Williamson, T. (2006). *Investigative interviewing: Rights, research, regulation.* Devon: Willan.

Willig, C. (2008) *Introducing qualitative research methods in psychology: Adventures in theory and method.* 2nd ed. Maidenhead: McGraw Hill Open UniversityPress.

Youth Justice and Criminal Evidence Act (1999). London: HMSO

Appendix 1 to
Oxburgh *et al.*, (2016)
Participant Questionnaire

Section 1: Personal Details and Level of Training

Age: .....

Gender: Male/Female

Current post: .....

Length of time in this post: .....

Total length of police service: .....

Please complete the table below indicating the most recent interview training (of any type) you have received. Please state the most recent first.

Date	Training Course	PIP Level/Tier/Type

Of the above training, please indicate which (if any) has centred on mental health disorders. Please state the most recent first and give a brief description of the content of the training. (If necessary, continue overleaf or on a separate piece of paper)

Training Course	PIP Level/Tier/Type	Description

Section 2: Interview Experience

2.1 How many investigative interviews of suspects have you conducted, as the main interviewer, in the previous 12 months?

_____

2.2 Of these investigative interviews of suspects that you conducted as the main interviewer in the previous 12 months, how many involved a suspect that was mentally disordered?

_____

2.3 Please describe what you believe a mental disorder is:

_____

_____

_____

_____

_____

2.4 As mental disorders cover a broad range of conditions, please indicate in each box how many investigative interviews you have conducted as the main interviewer in the previous 12 months, of suspects with one (or more) of the following conditions:

Schizophrenia	☐	Depression	☐
Personality Disorder	☐	Anxiety Disorder	☐
Other (please describe briefly) _____	☐		

2.5 Please describe any issues or problems you may have encountered whilst conducting an investigative interview with a suspect who had a mental disorder.

_____

_____

_____

_____

_____

2.6 How did you deal with the identified issues or problems described above?

_____

_____

_____

_____

_____

2.7 Describe the most memorable investigative interview you have conducted with a suspect who had a mental disorder.

_____

_____

_____

_____

_____

_____
_____

2.8 Please think of a recent investigative interview you have conducted with a suspect who had a mental disorder. Would you have conducted the interview any differently – if so, how and why?

_____

_____

_____

_____

_____

2.9 What do you believe were the positives and negatives of this recent investigative interview?

_____

_____

_____

_____

_____

Section 3: Interview Techniques

3.1 Following the PEACE model of interviewing (a mnemonic for **P**reparation and planning, **E**ngage, **A**ccount, **C**larify and challenge, and **E**valuation), what stage of this interview approach do you feel is the hardest to conduct in relation to a suspect who did ***not*** have a mental disorder?

_____

_____

3.2 Why do you feel this is?

_____

_____

_____

_____

_____

_____

3.3 Following the PEACE model of interviewing, what stage of this interview approach do you feel is the easiest to conduct in relation to a suspect who did ***not*** have a mental disorder?

_____

_____

3.4 Why do you feel this is?

_____

_____

_____

_____

3.5 Following the PEACE model of interviewing, what stage of this interview approach do you feel is the hardest to conduct in relation to a suspect who ***did*** have a mental disorder?

_____

_____

3.6 Why do you feel this is?

_____

_____

_____

_____

_____

3.7 Following the PEACE model of interviewing, what stage of this interview approach do you feel is the easiest to conduct in relation to a suspect who ***did*** have a mental disorder?

_____

_____

3.8 Why do you feel this is?

_____

_____

_____

_____

_____

Section 4: Communication and Questioning Techniques

4.1 Within the investigative interview, which question type do you believe you use the most frequently when conducting an interview with a suspect who did ***not*** have a mental disorder?

_____

_____

4.2 Within the investigative interview, which question type do you believe you use the most frequently when conducting an interview with a suspect who ***did*** have a mental disorder?

_____

_____

4.3 Open questions(sometimes known as 'TED' questions – *tell*, *explain*, *describe*) can be defined as those which allow a full range of responses and are framed in such a way that the interviewee is able to give an 'open' and unrestricted answer (Griffiths & Milne, 2006; Oxburgh, Myklebust,& Grant, 2010), and closed questions limit the range of responses available to an interviewee and can be responded to (although not always) with a 'yes' or 'no' answer (Dickson &Hargie, 1997). Probing questions also known as specific-closed questions (5WH) are those that start with *'what', 'where', 'when', 'why', 'who'*, and *'how'* (Oxburgh*et al.*, 2010).

In your experiences, do you feel that using open questions are appropriate when conducting interviews with suspects who ***do*** have a mental disorder?

_____

_____

4.4 Why do you feel this is?

_____

_____

_____

_____

_____

4.5 When conducting an investigative interview with a mentally disordered suspect, what do you believe the main characteristics of a mentally disordered suspect may be? Please provide reasons for your answer.

_____

_____

_____

_____

_____

_____

4.6 When conducting an investigative interview with a mentally disordered suspect, how would you challenge the mentally disordered suspect's account? Please provide reasons for your answer.

_____

_____

_____

_____

_____

_____

4.7 Do you believe a mentally disordered suspect communicates well in an investigative interview? Please provide reasons for your answer.

_____

_____

_____

_____

_____

_____

Section 5: Support in the Interview Process

5.1 Do you believe that enough support is given within the interview process to a suspect ***who*** has a mental disorder? Please provide your reasons.

_____

_____

_____

_____

_____

_____

5.2 Please describe what you believe the role of the Appropriate Adult is.

_____

_____

_____

_____

_____

_____

5.3 Do you believe the role of the Appropriate Adult can help or hinder the interview process? Please provide your reasons.

_____

_____

_____

_____

_____

_____

5.4 Do you believe there could be an alternative to the use of Appropriate Adults within the interview process of suspects, i.e the use of Registered Intermediaries with suspects (a registered and trained professional to assist the vulnerable witness)? Please provide your reasons.

_____

_____

_____

_____

_____

Section 6: Further Training

6.1 Do you believe that the training (if any) you have received regarding mental health disorders is adequate? Please provide your reasons.

_____

_____

_____

_____

_____

6.2 If you were to receive future training, what aspect of investigative interviewing and mental health disorders would you like this to focus on?

_____

_____

_____

_____

_____

Table A.1. Emergent conceptual categories and sub-categories within the Police Experience Transitional Theory (PETT).

Grouping	Conceptual Category	Sub-category
Interviewee Centred	Understanding and Perceptions of Mental Disorder	(i) What is mental disorder
		(ii) Crime involvement of suspect groups
		(iii) Mentally disordered suspects' presentation
	Communication Difficulties in Mental Disorder	(i) Communication barriers
		(ii) Communication attempts
		(iii) Importance of rapport
	Cognition Level and Subsequent Assistance	(i) Impact on cognition
		(ii) Assistance in cognition
Interview Centred	Emphasis and Importance of Investigation Relevant Information	(i) Methods of gathering IRI
		(ii) Impact of no IRI
	Impact of Question Type on Behaviour and Cognition	(i) Impact and use of open questions
		ii) Impact and use of closed questions
	Use and Impact on Time	i) Effective use and amount of time
		ii) Stressors on time
Interviewer Centred	Appropriateness of Person Centred Approach (PCA) and Communication Accommodation Theory (CAT)	i) Instances of PCA/CAT
		ii) Non-committal to PCA/CAT
	Interviewer Experience and Perception of Safeguards	i) Impact of experience on interviewer understanding
		ii) Interview familiarity and pressure
		iii) Perceptions of current and new safeguards
	Current and Future Training Perceptions	i) Perceptions of current training
		ii) Indications of future training

Table A.2. Table of Exemplar Quotes

Exemplar Quotes
a) *"This could include a condition such as depression…or one such as psychosis, schizophrenia or a personality disorder"* [P4, 2.3]
b) *"When a person displays mannerisms not considered to be the 'norm'"* [P10, 2.3]
c) *"He left home in the middle of the night, with a kitchen knife, walked 6 miles in the rain, and attacked his ex-partner with the knife, keeping her hostage until officers stormed the house where he was arrested."* [P35, 2.7]
d) *"They may be paranoid that the police will do anything to obtain a confession"* [P5, 4.5]
e) *"Providing the interview is conducted appropriately and meets the needs of the individual."* [P18, 4.5]
f) *"He was most eloquent in his replies"* [P2, 2.7]
g) *"I am sensitive to their demise…I will then confirm with them that it is ok for me to carry on."* [P2, 2.8]
h) *"I find that if you don't engage in the right way the planning will count for nothing and the remaining elements will be hugely affected."* [P29, 3.6]
i) *"The rapport/engagement can be harder with people who have a mental disorder because they may not be on the same level as me and I may never be able to create that rapport."* [P2, 3.5]
j) *"They don't believe they have done anything wrong…they're unaware of the seriousness of some offences."* [P33, 4.5]
k) *"At times I checked with the interviewee if he understood the questions…I also gave him the opportunity to draw sketches of what happened."* [P5, 2.6]
l) *"You present back to them what they have said to you and compare that to the other evidence you have. You then offer them the opportunity to explain any differences if they can."* [P3, 4.6]
m) *"They want to give their side of events across…they are keen to explain what they have or haven't done and why."* [P3, 3.4]
n) *"It gives them a chance to freely express themselves in their own way."* [P2, 4.4]
o) *"Asking an open question leaves the suspect free to ramble, moving from the targeted subject to one determined by the suspect."* [P35, 4.4]
p) *"If the suspect finds it hard to keep within 'relevant' boundaries than closed questions would become more appropriate."* [P8, 4.4]
q) *"More specific or closed questions are easier to understand."* [P1, 4.4]
r) *"The interview was conducted in 15 to 20 minute stages to allow the individual sufficient time to recover."* [P29, 2.6]
s) *"The interview can only last two hours maximum to comply with PACE so we are constrained somewhat."* [P2, 3.6]
t) *"In every interview the interviewer should remain flexible and try and adapt."* [P5, 4.4]
u) *"Non use of police jargon."* [P17, 2.6]

v) *"Why deviate your style or approach."* [P27, 4.4]
w) *"I have had personal experiences of dementia, depression and anxiety and apply this to anyone I deal with whether suspect or witness as I understand how vulnerable this can make people."* [P3, 2.8]
x) *"If I'm aware that a suspect has a recognized mental disorder, I will carry out some research (ie in the internet) before conducting the interview."* [P5, 2.8)
y) *"He clearly had significant mental health issues but was deemed fit for interview…he was later found to be seriously ill."* [P20, 2.5]
z) *"When I first joined you would not question the wisdom of the FME or custody nurse, who would say that the defendant is fit for interview and are 'well' when on occasions they clearly have mental health problems. I am far more cautious now."* [P20, 2.8]
aa) *"No – very rare for T3 + T2 to receive"* [P26, 2.6]
bb) *"I would like more input from medical professionals explaining different disorders and symptoms etc. and how to assist."* [P11, 6.1]

Figure A.1. Police Experience Transitional Model (PETM)