The health of people in police custody: prevalence, screening and what it means for forensic psychiatry

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Health of people in police custody

New outline of the session – what you need to know (in 30mins)

- What is the extent of health morbidity in police custody
  - Look at the worldwide evidence (it won't take long!)
- What are we looking for and how are we doing it?
  - Risk assessment, screening, interagency working
- What interventions are possible in a custody suite and why bother?
  - Should the police be getting involved at all?
- Why does it matter to forensic psychiatrists and practitioners
  - What is the pathway to our services and are there opportunities to intervene
  - Do we have a role in police education?

Some context – mental disorder in prison

- Estimate: 10 million in prison at any one time worldwide

Prevalence of different psychiatric diagnoses in adult prisoners based on systematic reviews

	Men		Women	
Disorder	**Prevalence**	**95% CI**	**Prevalence**	**95% CI**
Psychotic Illness[10]	3.6	3.1-4.2	3.9	2.7-5.0
Major depression[109]	10.2	8.8-11.7	14.1	10.2-18.1
Alcohol misuse[77]	18-30		10-24	
Drug misuse[77]	10-48		30-60	

- Fazel *et al.* (2016) Lancet Psychiatry doi: 10.1016/S2215-0366(16)30142-0

Intellectual Disability in Prison

- Denkowski 1985
- Hayes & McIlwain 1998
- Sondenaa 2005
- Hayes 2007
- Hassiotis 2011
- Dias 2013
- Tort 2016
- Gulati 2018

USA	2%
NSW	12-13%
Norway	11%
England	7%
E&W	4%
Queensland	9%
Spain	4%
Ireland	28%

- Inconsistent methods McBrien 2003

Police custody

Police custody

- Geographical variation
  - Purpose
  - Organisation
  - Funding
  - Culture
  - Accountability
  - Where it fits into the CJS

Arrest: time limited detention
Decision whether to charge
Lower court – mags/sheriff
Remand in custody

Garde à vue
24h +/- 24h
Public prosecutor
Appearance before judge

Arrest by police
Holding/processing facility
Court – bail consideration
County Jail until trial

Varying approaches to custody, medical input, rights, research methods

188 Med. Sci. Law (1976) Vol. 16, No. 3

Alcoholism and the Drunkenness Offender in a Scottish Burgh Police Court*

K. J. B. RIX,† BMedBiol, MB ChB, AIBiol, AIHE
MARGARET BUYERS, RGN, RFN
DOROTHY FINCHAM,‡ MA
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SUMMARY
Fifty males were interviewed following their appearance on charges of drunkenness at a Scottish Burgh Police Court. The sample comprised mainly unemployed Scots from the lower social classes who were either separated from their wives or had never married. There

reported on *Habitual Drunken Offenders* (Home Office, 1971), it called for surveys, similar to the London study, to be mounted in other cities.

Following these suggestions a study was

Psychology in Action

Criminalizing Mental Disorder

The Comparative Arrest Rate of the Mentally Ill

Linda A. Teplin *Northwestern University Medical School and Northwestern Memorial Hospital*

ABSTRACT: There has been a great deal of speculation that mentally ill persons are being processed through the criminal justice system rather than the

The data in this article provide a first step in that direction. Based on quantified data from an observational study of 1,382 police–citizen encounters, this

Am J Psychiatry 135:10, October 197

Comparing Arrest Rates of Mental Patients and Criminal Offenders

BY HENRY J. STEADMAN, PH.D., DONNA VANDERWYST, M.A., AND STEPHEN RIBNER

The authors compared the arrest rates of former mental patients with those of criminal offenders released in the same jurisdiction. The data for all ex-patients and all offenders released in Albany County, New York, in 1968 and 1975 support the contention that it is the relationship between prior and subsequent arrests that explains the increasing crime rate of ex-patients and the three to six times higher rate of arrest of released offenders. Since the three-quarters of former patients with no arrest records were arrested about as often as the general population and substantially less often than offenders, care is warranted in drawing inferences from overall mental patient arrest rates.

that former patients are more often arrested for certain offenses than the general population. In all of these studies inferences have been drawn from differences observed between the patient rates and those of the general population in the states, counties, or catchment areas from which the patient samples were taken. Given our recent analysis of New York State data (11) suggesting that prior criminality rather than mental illness may be the root cause of these differences, it may be more instructive for the development of social policy to compare patient arrest rates with those of criminal offenders released in the same jurisdictions.

Despite the increasing number of studies about arrest rates of ex-mental patients, none has

Brit. J. Psychiat. (1975), 127, 171–8

Psychiatric Referrals from the Police

By A. C. P. SIMS and R. L. SYMONDS

Summary. This is a study of one mode of inception into psychiatric care in Birmingham, Mentally disturbed people coming to the attention of the police are referred to a mental welfare officer and assessed by him, usually in a police station. The mental welfare officer may then refer for a psychiatric decision with regard to further management, and the patient is examined by the doctor in the police station.

The annual frequency of use of this referral system was studied from 1962–73 inclusive. It is shown that there was an increase in referral over the years and that such referral from the police became an increasing proportion of new referrals to the Mental Health Department (Social Services Department).

The sample of referrals from the police for 12 months is studied in greater detail (252 cases), surveying social characteristics of individual patients, the relationships between such police intervention and areas of the city, the nature of situation requiring intervention and the management and treatment which these patients received. The referrals were traced from contact with the mental welfare officer to hospital where the case notes of those admitted were studied for details of legal status and mental state on admission, diagnosis, duration of stay and disposal. The effectiveness of this method of entering treatment is discussed and some recommendations are made.

Reviews

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Review

Health needs of detainees in police custody in England and Wales. Literature review

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https://doi.org/10.1016/j.jflm.2014.08.004

Risk Management and Healthcare Policy

Dovepress

open access to scientific and medical research

Open Access Full Text Article

REVIEW

Police custody health care: a review of health morbidity, models of care and innovations within police custody in the UK, with international comparisons

This article was published in the following Dove Press journal:
Risk Management and Healthcare Policy
15 September 2016
Number of times this article has been viewed

Iain G McKinnon[1,2]
Stuart DM Thomas[3–5]
Heather L Noga[6]
Jane Senior[7]

Abstract: This paper is a scoping review of the available evidence regarding health care issues in police custody. It describes the types and prevalence of health disorders encountered in custody and provides an overview of current practice and recent innovations in police custody health care. In contrast to the health of prisoners, the health of police custody detainees has, until recently, received little academic or clinical attention. Studies on health care in police

https://doi.org/10.2147/RMHP.S61536

Prevalence studies (1)

- Samele (2021) – South London n=134 - male 93%
  - Current Major Depression 22%, Current Psychosis 7%
  - Lifetime Major Depression 21%, Lifetime Psychosis 19%
  - PTSD screen 8%, ADHD screen 11%, LDSQ 4.5%
- Young (2013) – SE London – n=200 – male 92%
  - ID 7%, ADHD 24%, Conduct disorder 76%
- HELP-PC Phase 3 – Barnet/Harrow – n=351 – male 90%
  - McKinnon & Grubin (2014): Psychosis 8%, Major Depression 8%
  - McKinnon (2015): ID 3% (clinical diagnosis)
- HELP-PC Phase 2 – Islington (pilot at Wimbledon) – n=248 – male 83%
  - McKinnon and Grubin (2012): Psychosis 8%, Major Depression 5%, ID 3%

Prevalence studies (2)

- Studies using Learning Disability Screening Questionnaire (LDSQ) – McKenzie (2012)
  - Middlemiss (2012) – West Yorkshire 3%
  - Young (2013) – SE London 7%
  - Samele (2021) – South London 4.5%
- Studies using RAPID (Ali & Galloway 2016)
  - McKinnon (2015) – North London 3% (also used Ammons[2] and Schonell GWRT)
- Liaison and Diversion samples (preselected sample – no standard method)
  - Forrester (2017) – South London 6%
  - McKenna (2018) – Northumbria 4%

Prevalence studies (3)

- Autism Spectrum Conditions
  - Estimate of 2-29% in CJS – King & Murphy (2014)
  - **No prevalence studies in police custody**
- Hyperkinetic Disorders
  - Young (2013) – DIVA SE London 23.5%
  - Samele (2021) – ASRS South London 11%
  - Liaison and Diversion samples (preselected and no structured tools)
    - Forrester (2017) – South London 2%
    - McKenna (2018) – Northumbria 3%

Prevalence studies (4)

- Injuries
  - Gahide (2012) – Paris – 27% had an injury around the time of arrest
  - Chariot (2001) – Paris – distal neurological symptoms due to handcuffs
  - OPIV (2006) – Victoria – 1/3 of injuries "self-harm"
  - McKinnon (2014) – London – 4% head injuries with "A&E card" symptoms
    - Problem of intoxication overlay
- Substances
  - Alcohol
    - Robertson (1996) 20% intox[d], Payne-James (1997) 28% dependent, McKinnon (2014) up to 19% risk of AWS
  - Other
    - Payne-James (1997) – Crack and Heroin use widespread
    - Baksheev (2010) – over one half had drug misuse disorder

Prevalence studies (5)

- Netherlands
- Dorn (2014) – Forensic Healthcare Records (linked to Amsterdam Public Health Records) n=3232
  - 50% received a "psychological problems" code
  - Medication for "addictive problems" were most prevalent
  - Antipsychotic prescriptions greater than in general practice
- Blaauw (1998) – Psychopathology of custody sample similar to a male O/P population

What should we be looking for?

What should we be looking for?

Keeping detainees safe

Acute medical conditions

Intoxication

Risk of withdrawal

Risk of suicide/self harming

Chronic medical conditions requiring medication e.g. Epilepsy, Diabetes, Asthma.

Acute behavioural/psychiatric disturbance

Impact of a wide range of mental disorders

Other neurodevelopmental conditions (ADHD, PD)

Suggestibility

ASC

ID

Anxiety

Communication difficulties

What is the impact of…

Age
Gender
Ethnicity

Other mental disorders
Drugs/Substances
(Missed) Medication

Faculty of Forensic & Legal Medicine

Fitness for detention and interview

Apr 2022 Review date Apr 2025 - check www.fflm.ac.uk for latest update

Confidential - Patient Identifiable Information

Note: This form has been designed by Prof Ian Wall on behalf of the Faculty of Forensic & Legal Medicine for use by Forensic Physicians (also known as Forensic Medical Officers in N. Ireland) and Healthcare Professionals. The form is provided to assist Forensic Physicians and Healthcare Professionals in determining whether a person is fit to detain and interview. It is to be regarded as an aide-mémoire and it is therefore not necessary for all parts of the form to be completed. On completion this form is the personal property of the examining doctor/Healthcare Professional.

Vulnerabilities

Vulnerabilities to consider in the assessment of FTI[3]

Physical vulnerability	Mental vulnerability
Medication, e.g. concern re access/pain relief	Schizophrenia
Epilepsy: post ictal state; pre-ictal aura	Bipolar disorder
Diabetes: hypoglycemia (ideally the blood glucose should be over 6 mmol/l)[4]	Psychotic episode, e.g. drug-related
Asthma	Depressive disorder (spectrum from severe to mild)
Cardiac disease	Attention deficit hyperactivity disorder (ADHD)/Attention deficit disorder (ADD)
Cerebrovascular disease	Acquired brain injury (ABI)
Alcohol intoxication, withdrawal, delirium tremens	Alcohol dependence, Korsakoff's syndrome, Wernicke's encephalopathy
Substance misuse/dependence including intoxication or withdrawal	Substance misuse/dependence including intoxication or withdrawal
Sleep deprivation	Intellectual disability
Injuries, e.g. *head injury*, fractures	Post-traumatic stress disorder (PTSD)
Pregnancy	
Conducted Electrical Devices	

Screening in custody suites

- Screening by the police (risk assessment – fitness for interview – but is it fit for purpose?)
  - No standardised risk assessment across E&W
  - Dependent of software developers
  - Stoneman (2019) - https://doi.org/10.1080/10439463.2018.1467906
- Screening for other issues (e.g. brief interventions)
  - Alcohol - Addison (2018) - https://doi.org/10.1093/alcalc/agy039
  - Multi-B/Is – Lefèvre (2018) - https://doi.org/10.1016/j.jflm.2016.05.019
- Screening by L&D teams – various methods
- Screening for research
  - Most prevalence studies rely on screening due to time limitations
- McKinnon (2022) Screening for mental disorders in police custody settings https://doi.org/10.1192/bja.2022.25

Table 2: Comparison of true positive rates (sensitivity) and referral rates to HCP for physical health disorders

	True positive rate[a]		Change (95% CI)[a]	Referred to HCP[a]		Change (95% CI)[a]
	Pilot	NSPIS		Pilot	NSPIS	
Asthma	32/42 (76)	18/37 (49)	+24 (3 to 45)	30/42 (71)	25/37 (68)	+4 (−16 to 24)
Diabetes Mellitus	7/7 (100)	8/12 (67)	+33 (6 to 60)	7/7 (100)	10/12 (83)	+17 (−4 to 38)
Epilepsy	5/6 (83)	3/5 (60)	+11 (−43 to 66)	6/6 (100)	5/5 (100)	No difference
Active cardio-vascular complaint	10/32 (31)	1/44 (2)	+29(12 to 46)	20/32 (63)	26/44 (59)	+4 (−19 to 26)
Serious head injuries	4/7 (57)	2/12 (17)	+40 (−2 to 83)	7/7 (100)	9/12 (75)	+25% (1 to 50)

[a]The values in parentheses and Change (95% CI) values are all expressed in percentage, unless specified.

Table 3: Comparison of true positive rates (sensitivity) and referral rates to HCP for mental and associated disorders

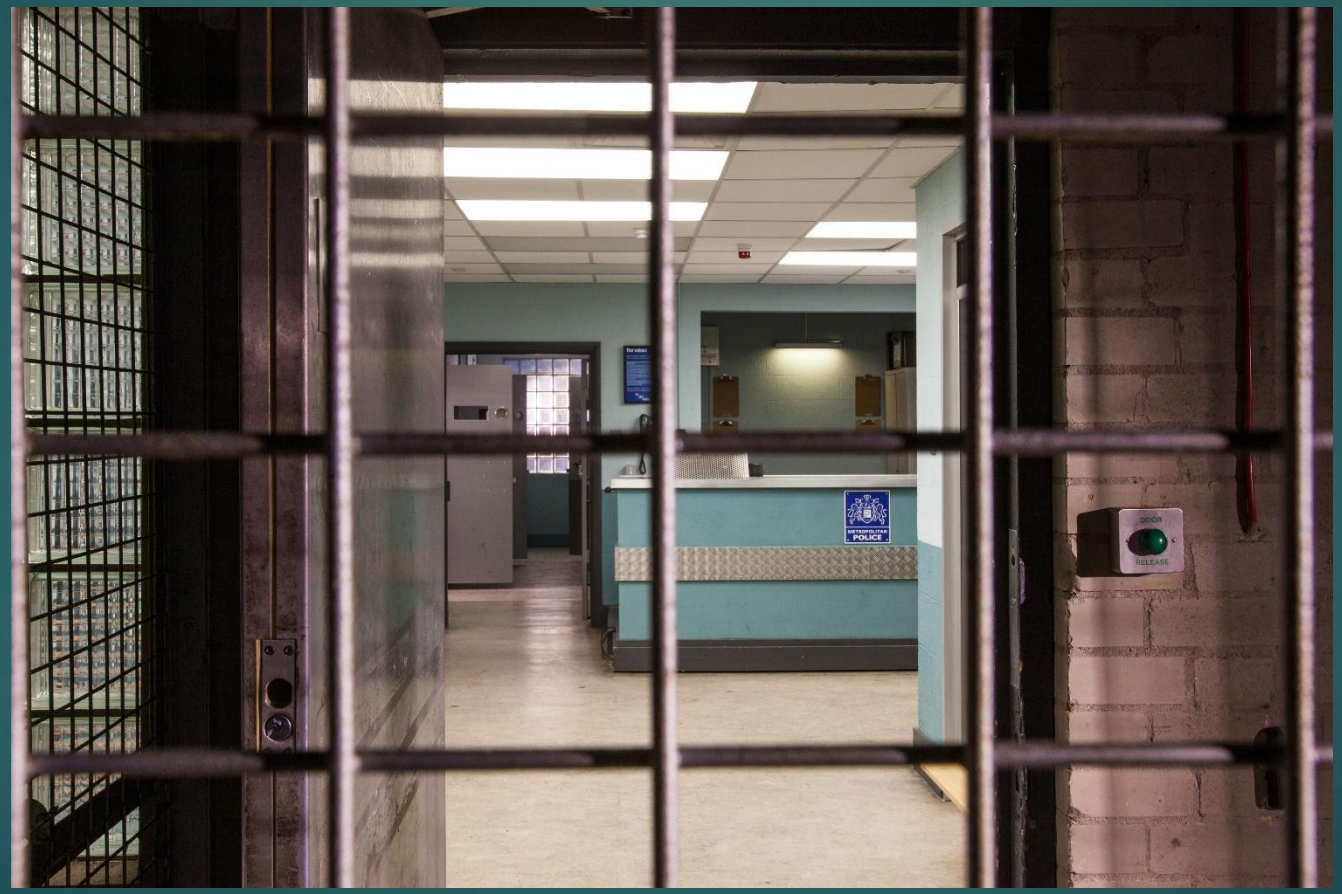
	True positive rate[a]		Change (95% CI)[a]	Called AA[a]		Change (95% CI)[a]	Referred to HCP[a]		Change (95% CI)[a]
	Pilot	NSPIS		Pilot	NSPIS		Pilot	NSPIS	
All Psychosis[b]	26/28 (93)	11/19 (58)	+35 (11 to 59)	15/28 (54)	8/19 (42)	+12 (−17 to 40)	25/28 (89)	18/19 (95)	−6 (−21 to 10)
Major depression	21/28 (75)	9/13 (69)	+6 (−24 to 36)	3/28 (11)	0/13 (0)	+11 (−1 to 22)	25/28 (89)	6/13 (46)	+43 (14 to 73)
Intellectual disability	5/6 (83)	2/8 (25)	+58 (16 to 100)	3/6 (50)	4/8 (50)	No difference	2/6 (33)	5/8 (63)	−29% (−80 to 21)

[a]The values in parentheses and Change (95% CI) values are all expressed in percentage, unless specified.
[b]Includes all detainees judged to have affective or non-affective psychosis by the researchers.

Interventions.

- Custody Healthcare
- Liaison and diversion
- Appropriate Adults

Custody healthcare



Custody healthcare

- E&W - PCCs (competitive tendering – contracts vary)
  - NOTTS – MITIE Care and Custody awarded £10.6m contract
  - London, Manchester, W Yorks – Mayoral responsibility – MPS has its own nurses
- NI - move to custody nurses (H&SC)
- Scotland - responsibility transferred to NHS Scotland in 2014
  - Integrated system with prisons service
- Eire - Doctor will be called if Garda deem it necessary
- France - Detainee has a right to be examined by a physician within 3 h
  - No clear process of screening for this purpose
- Germany - up to officers to call for medical opinions
- Netherlands – Amsterdam: City Public Health Service

Custody healthcare

- Move from relying on Forensic Physicians to teams of Healthcare Professionals
- Access to NHS records
- E&W: Some tension between UKAFN and FFLM

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Review

Structures, processes and outcomes of health care for people detained in short-term police custody settings: A scoping review

Rachel Wardrop [a,*], Jamie Ranse [a,b,c], Wendy Chaboyer [a,b], Julia Crilly [a,b,c]

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Healthcare and forensic medical aspects of police detainees, suspects and complainants in Europe

Steffen Heide [a,*], Patrick Chariot [b], Peter Green [c], Jana Fabian [a], Jason Payne-James [d]

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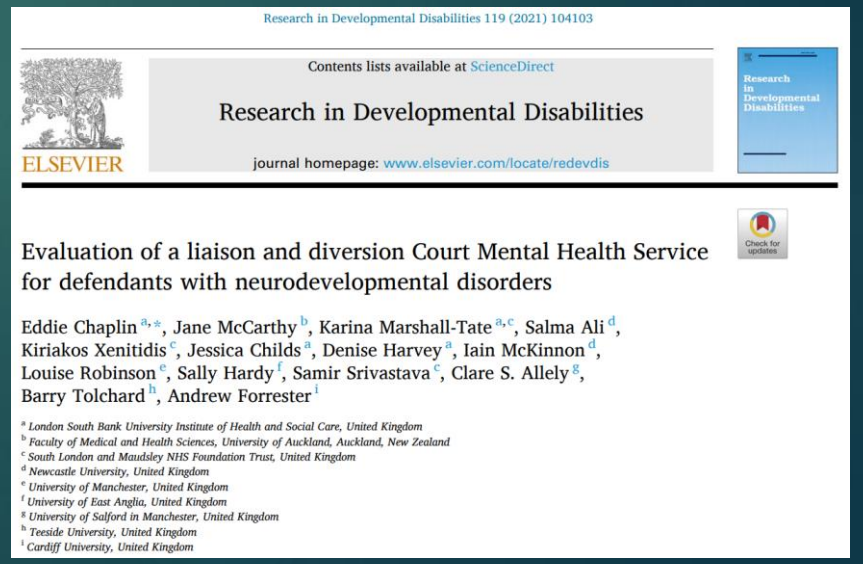
https://pubmed.ncbi.nlm.nih.gov/34147830/

https://pubmed.ncbi.nlm.nih.gov/29801954/

Interventions for non-physical presentations.

- Liaison and diversion
  - Bradley report (2009) – E&W
  - Psychiatric focus
  - Can improve A/A use (see later)
  - Kane (2020) https://doi.org/10.1002/cbm.2166
  - Lennox (Manchester) – realist review CYP
- Limited neurodevelopmental focus
  - Chaplin (2021) https://doi.org/10.1016/j.ridd.2021.104103


Research in Developmental Disabilities 119 (2021) 104103

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Research in Developmental Disabilities

journal homepage: www.elsevier.com/locate/redevdis

Evaluation of a liaison and diversion Court Mental Health Service for defendants with neurodevelopmental disorders

Eddie Chaplin [a,*], Jane McCarthy [b], Karina Marshall-Tate [a,c], Salma Ali [d], Kiriakos Xenitidis [c], Jessica Childs [a], Denise Harvey [a], Iain McKinnon [d], Louise Robinson [e], Sally Hardy [f], Samir Srivastava [c], Clare S. Allely [g], Barry Tolchard [h], Andrew Forrester [i]

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Appropriate Adults

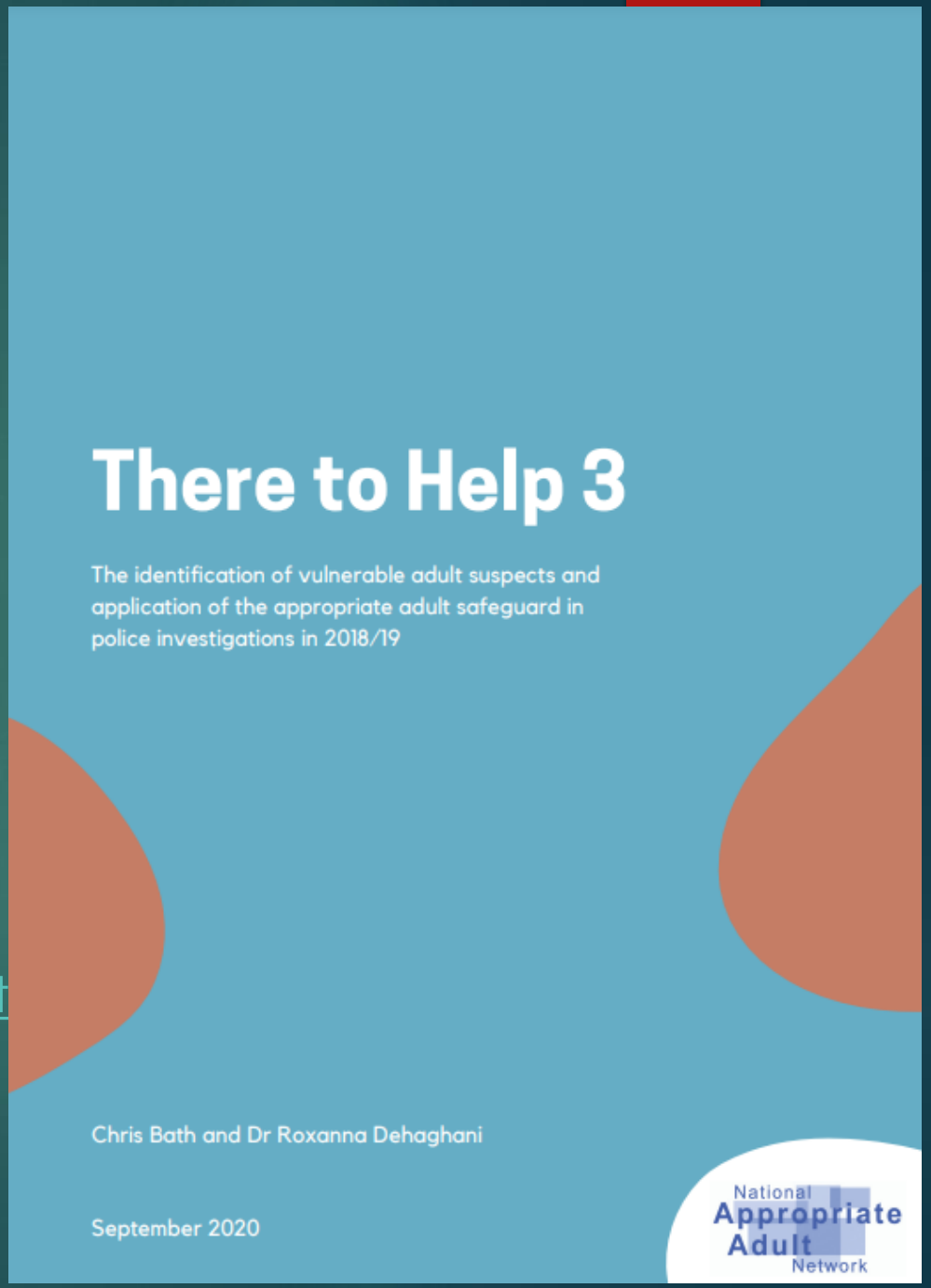
- Scottish Government
  - The role of an appropriate adult is to assist a vulnerable person, whether victim, witness or suspect/accused, to understand what is going on and to support communication between the vulnerable person and the police (Scottish Government)
- NAAN (E&W)
  - Advise, support and assist the vulnerable suspect
  - Observe and inform if rights are breached
  - Assist the vulnerable suspect with communication
  - Protect the rights of the vulnerable suspect

PACE (1984)

2018 changes to scope
"Narrower definition" of vulnerability

- Rates of A/A lower than expected
- Large variations between forces
- L&D presence can improve police identification of those needing A/A
- Lower rates among voluntary attenders

https://www.appropriateadult.org.uk/policy/research/theretohelp3



Current studies in Newcastle

- HELP-PC Phase 4
- "Equivalence" of health in Police Custody
- Service user crisis experiences of contact with the police
- Realist study of police-mental health co-response models

HELP-PC Phase 4

- Northumbria Police – implemented HELP-PC risk assessment in 2016
- Data collection up to July 2023 – North Shields - N=177
- Interim data analysis
  - 64% (95% CI: 54-73%) of detainees had a diagnosable mental disorder.
  - 12% (6-19%) had a Severe Mental Illness (SMI).
  - 40% (30-49%) hit threshold for ID (Intellectual Disability) using the RAPID tool, although there was clinical suspicion in only 5% (2-11%).
  - 18% (12-27%) scored above threshold on the AQ-10 (>6).
  - 19% (12-27%) scored above threshold on the ASRS (>4).
  - 31% (23-41%) had an AUDIT score above threshold.
  - 2% (0-6%) had epilepsy.
  - 12% (6-19%) had a recent head injury.
- Predictive validity of HELP-PC risk assessment mirrors pilot in London

“Equivalence” in police custody healthcare

- ESRC funded over three years
  - Develop new knowledge and understanding of (1) treatment of detainees' mental illness (2) impact of personal characteristics (3) health data usage (4) multiagency collaboration
  - Analysis of risk assessment practices
  - Produce a policy brief outlining steps that must be taken to define and implement an “equivalence” of police custody healthcare
- Three work packages
  - Ethnography
  - Semi-structured interviews
  - Risk assessment and custody log analysis

Exploring the experiences of services users in contact with the police in crisis

- Kelvin Chu – PhD candidate
  - Semi-structured interviews with patients recently in contact with police
  - Recruited from L&D and Recovery College

Realist study of police/crisis services

- CNTW Trust, Northumbria and Newcastle University
- Survey of police forces
- Collaboration with College of Policing
- Aiming for NIHR HSDR to investigate sites providing co-response
- Right Care Right Person

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The Howard Journal of Crime and Justice | Howard League for Penal Reform

WILEY

ORIGINAL ARTICLE

The importance of screening for speech, language and communication needs (SLCN) in police custody

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[2]Patrick Hutchinson is Senior Lecturer in Social Sciences, University of Sunderland

[3]Donna Peacock is Principal Lecturer in Social Studies, University of Sunderland

Abstract

People who have speech, language and communication needs (SLCN) are more prevalent in criminal justice settings than in the wider population. Previous research focusing primarily on young people and the prison population has led to calls for early interventions and screening, particularly in youth justice settings. NHS

- https://doi.org/10.1111/hojo.12514

Why is this important for Forensic Psychiatry?

- We understand patterns of offending
- We understand the health needs of offenders
- Can we prevent people needing to come into our services
- Can we precent people ending up in custody
- Do we need to lobby for better funded support for those on the periphery of the CJS
  - More robust services – Health and Social Care
  - Better access to housing
  - Better access to meaningful activity

Summary

- Barriers to doing research with the police
  - methodological challenges
  - access to detainees
  - data sharing
  - what tools to use
  - getting a common understanding of priorities
  - Involving patient and service user groups
  - Right care right person
- Need to think about the whole person
- Areas ripe for studies
  - BAME specific needs
  - Women
  - Transgender
  - Older People
  - Children

The health of people in police custody: prevalence, screening and what it means for forensic psychiatry

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