



The Role of Police Training on Mental Health Stigma

Lauren Smallwood*, Barbara Kingsley

Department of Forensic Science, University of London, London, United Kingdom

ABSTRACT

Previous research conducted within the United States and Australia (McLean and Marshall), provides insight into how officers feel about their expanding role in mental health; it was concluded that officers were likely to gain increased knowledge of mental illness from personal experience and on-the-job training, as opposed to police courses. The present study examines how police training, in the Thames Valley area, affects the stigma surrounding mental illness. Five retired police officers were recruited, three male and two females, aged between 52 to 56 years. Five semi-structured, one-to-one interviews enabled data collection. The interviews were audio recorded, transcribed and analysed using inductive thematic analysis with open coding: Utilising Braun and Clarke (2006) as a guide. Four themes emerged from the data: Awareness of mental illness, experience of dealing with those with mental health issues, views of police mental health training, and perceptions of mental health. The findings support the work of McLean and Marshall, suggesting that instead of police training, on-the-job experience and an increasingly accommodating societal attitude, increased the officers' knowledge and compassion, possibly curtailing the stigma of mental illness. Unexpected findings suggest that stigma continues to surround officers with mental illness, which appears to warrant further research.

Keywords: Knowledge; Mental illness; Health issues; Police training

INTRODUCTION

Good mental health allows individuals to think, feel and behave in ways that are appropriate to how they want to live their life, however poor mental health can result in thinking, feeling or responding in ways that are difficult to cope with "Mind". According to the World Health Organisation (WHO), over 500 million people around the world suffer from serious mental illness. Furthermore, mental health problems are reported to affect around one in four adults and one in ten children in the UK (Mind), with varying degrees of severity, from mild to moderate to severe (NIMH). Depression is the leading cause of ill health and disability worldwide (WHO) which can occur any time in life, however, more severe conditions, such as schizophrenia, tend to emerge in the late teenage years and early twenties [1].

In a cross-cultural review of thirteen studies within: Canada, UK, Sweden, USA, Australia and New Zealand, mental health

issues were associated with a lack of self-confidence which frequently affected the individual's relationships, access to resources and opportunities to engage in employment. Additionally, the symptoms of various mental health issues interfered greatly with even the simplest tasks of day-to-day life, such as cooking and cleaning, with life being consumed by limited functioning.

Aside from quality of life, research now indicates that certain mental health conditions may reduce life expectancy. A life loss of seven to eleven years is suggested for recurrent depression, while the reduction in life expectancy in people with bipolar disorder is between nine and twenty years, and ten to twenty years for those with schizophrenia. Given the average loss of life expectancy for a heavy smoker is eight to ten years, this highlights the paramount importance of mental illness to be correctly recognised and treated [2].

Correspondence to: Lauren Smallwood, Department of Forensic Science, University of London, London, United Kingdom; E-mail: lvsmallwood0910@gmail.com

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Several issues have been identified as detrimental to both the quality and length of life; critical and judgmental relationships, rejection and lack of understanding by those close to mental health sufferers and within wider society. All of the aforementioned contribute to feelings of loneliness, isolation and detachment. As socially integrated individuals tend to cope better with life stressors and are less likely to develop mental health issues, this highlights the importance of ensuring that those with mental health issues receive adequate social support and help. Mental illness imposes a heavy cost with regards to human suffering, often leading to an isolated existence, social exclusion and stigmatisation.

Stigmatisation, the antithesis of a sense of belonging, leads to segregation of the person from social functioning (e.g., Goffman). This may have dire consequences when an individual with mental health issues, believes that they deserve to be treated in a negative way. Jones, et al. identified six dimensions of stigma; concealability, course, disruptiveness, peril, origin, and aesthetics. Expanding on this, Corrigan, et al. further identified dimensions of stability, controllability, and pity, which may create stigma by presenting separately or simultaneously.

Regardless of the level of care which the mental health sufferer expects to receive, research suggests that healthcare staff may still adopt a stigmatising attitude, which mirrors the general public's negative opinion. van der Kluit and Goossens discovered that lower education level, less professional knowledge, and those with no friends or relatives with mental illness, were more likely to hold stigmatised attitudes. Mental health patients appear to sense such stigmatisation, as they have reported feeling 'labelled' and 'marginalised' by health professionals. Labelling theory (Link and Phelan) proposes that merely being labelled as 'mentally ill' can trigger negative stereotypes, possibly leading to social isolation and a delay in accessing healthcare treatment. It could be anticipated that those who choose to work with individuals with mental illness, would possess less stigmatised attitudes than the general public. However, it has been proposed that the mentally ill may not receive the equivalent care of the non-mentally ill patients, once health professionals become aware of their mental health conditions.

It could be suggested that such stigmatised attitudes of health professionals may develop in a similar manner to the social stigma evident in the general public. In fact, research suggests that social workers may develop their own biases from their childhood or perhaps from tension in their working roles, particularly when treating individuals who have severe mental illnesses. Hansson, Jormfeldt, Svedberg and Svensson reported differences between work environments, ruling that mental healthcare staff working in inpatient facilities held greater negative attitudes than staff working in outpatient services. An explanation for this difference included, staff placed in inpatient locations have increased contact with those exhibiting more severe, long-term and persistent mental illness. These factors may have therefore stimulated and exacerbated any negative beliefs and pessimism, already felt by the healthcare staff [3].

However, additional factors including cultural norms and beliefs within different societies may influence the level of stigma surrounding mental illness. In Singapore, Chang, et al. used a

self-report questionnaire to assess attitudes towards mental illness in 502 medical and 500 nursing students. The majority of students possessed a positive attitude toward individuals with mental health issues but preferred not to discuss their own mental health conditions. The use of self-report data raises issues of social desirability, which needs to be acknowledged when participants are recording their attitudes, behaviour and stigma related information. The contrast in these findings, compared to those previously discussed in the literature, may be a result of the participants' differing social context and its related attitudes towards mental illness.

By comparison, a Swiss study that assessed the attitudes of the general public and healthcare professionals: Psychiatrists, nurses, and psychologists, reported that these professionals also endorsed the negative opinion of the general public with regards to mental health issues. While this may suggest that cultural differences exist, the time gap of five years between the public and the healthcare staff surveys is an important factor which may have influenced the communicated attitudes. It could be reasoned that additional factors during that time gap, such as negative media coverage, may have influenced the stigma surrounding mental health issues. Social media can also perpetuate negative stereotypes around mental disorders which seems particularly pertinent, given this ever-growing medium reaches most facets of human interaction.

As a socially constructed notion of public acceptance, stigma may be instigated by any number of factors including the use of language, social and mass media or lack of knowledge. Regardless of the causal factors, research suggests that the best way to reduce and diminish stigma is with education and training. Indeed, a meta-analysis of stigma reduction interventions, including educational courses, saw a decrease in stigma associated to psychosis, depression, and all mental illness diagnoses combined. Bearing in mind that healthcare staff sometimes stigmatise mental illness, regardless of their occupational exposure and knowledge, this implies that they may have not received the adequate education and training.

Although healthcare professionals, such as psychologists, are trained to deal with individuals with mental health issues, they are often not the initial point of contact for the mentally ill. Police officers are frequently the first to be called to any incident of an individual experiencing a mental health crisis, especially as those with serious and persistent mental illness experience higher rates of sexual and domestic violence in relation to the rest of the population. Additionally, mental illness is frequently linked to substance abuse, which increases the likelihood of criminal activity. This highlights the importance of providing effective mental health training to those within psychiatric services, public health and the criminal justice system.

The police often come into close contact with individuals experiencing mental health issues, where they manage demanding and complex situations. Although they currently receive minimal training in mental health awareness and recognition, they spend a substantial amount of time interacting with people with mental health issues. Training is therefore essential in equipping police officers to recognise and correctly assist when an individual has a mental health issue; if officers

cannot recognise mental health issues, this may cause a delay in accessing the appropriate treatment.

Given the stigma attached to mental illness within healthcare professions, it seems appropriate to additionally assess the attitudes of police officers when dealing with mental illness. The Community Attitudes towards the Mentally Illness scale (CAMI) has been widely used in mental health research to measure attitudes towards people with mental illness. The scale's 40 statements comprise four subscales reflecting different types of attitudes towards mental health: Authoritarianism, benevolence, social restrictiveness, and Community Mental Health Ideology (CMHI).

More recently, this scale has been adapted to develop a new psychometric measure, the 'Police and Community Attitudes towards offenders with Mental Illness' scale (PACAMI-O), which specifically assesses attitudes towards offenders with mental health issues. The factors identified in this scale suggest that attitudes towards those with mental health problems may have changed, with less emphasis on authoritarianism and social restrictiveness, as verified by differences in the distribution of items within the new scale. This may suggest that awareness campaigns and training are making a significant impact in present times. However following its application in a study, comparing samples from the community and the police, previous research suggesting a lessening of negative attitudes towards offenders with mental health issues was contradicted [4].

If a member of the public is suspected of having a mental health issue, and needs immediate care or control, the police can use section 136 of the Mental Health Act to take them from a public place to a place of safety for up to 72 hours. If the individual is not in a public place, the police may use section 135 of the Mental Health Act (1983) to gain access to their property, with a court warrant. Due to the considerable powers that the police possess, it seems crucial that they are able to respond open-mindedly, without being influenced by any stigma surrounding mental illness. Therefore, it could be suggested that training which does not provide a buffer against the stigma associated with mental illness, could have a detrimental effect within the police and mental health community.

The College of Policing (CoP) is the professional body for policing which sets standards of professional practice to help police forces reduce crime and protect the public. In 2016 it published the Authorised Professional Practice (APP) for officers responding to incidents involving mental health issues, mental vulnerabilities and learning disabilities, while this contains generic learning descriptors, each police force can write their own training package, as long as the aforementioned learning descriptors are met. Due to the forces implementing different training strategies, numerous criticisms have been sparked. It has been noted that some police forces rely too heavily on the e-learning training packages which, in isolation, are not appropriately interactive for the topic of mental health. An annual all-force assessment found that forces employing multi-agency training have staff that feel more confident in their knowledge [5].

North Yorkshire police collaborated with York university to assess and improve police training in relation to helping its frontline officers, understand and deal with individuals with mental health problems. An evaluation of the training program, six months later, concluded that those who had undertaken the training had an increased knowledge and a more positive response to mental health incidents. However, the programme did not reduce the number of mental health incidents reported to the control room. It could be suggested that the increased knowledge of mental health may have encouraged officers to attend to and report mentally ill individuals who are in need of assistance.

In addition, research conducted within the United States and Australia (McLean and Marshall), provides some insight into how officers feel about their expanding role in mental health, where it was concluded that officers were more likely to gain knowledge of mental illness from personal experience and on-the-job training, as opposed to police courses. However, these findings may not be generalisable to the UK due to the differences in legislation and local policies. Consequently, there is a need to develop a broader understanding of police officers' views on their role regarding mental illness in the UK, and to facilitate this the current research investigated the research question 'how does police training, in the Thames Valley area, affect the stigma surrounding mental illness [6].

MATERIALS AND METHODS

Participants

The sample comprised five retired police officers, three males and two females, who had worked as officers within the home office force, 'Thames Valley Police'. They were all aged between 52 to 56 years and their length of police service ranged between 15 to 30 years. Consent was obtained from all participants and all were provided with a comprehensive debrief after participation as required by the institutional ethics committee.

Data collection method

Semi-structured qualitative interviews were conducted to assess perceptions of mental health issues, experiences of dealing with mentally ill individuals/offenders and the training surrounding this. All interviews were audio recorded, to allow for later transcription and to enhance the accuracy of the data, and each participant was fully debriefed following the interview.

Data analysis method

Data were analysed using inductive thematic analysis with open coding Braun and Clarke. The sequential phases of the analysis led to the emergence of common themes, in relation to the research question. Following an iterative process of familiarisation with the data and pattern identification, codes were generated relating to mental health issues and police training. Four themes were identified: Awareness of mental illness, experience of dealing with those with mental health issues, views of police mental health training, and perceptions of mental health. All four themes each contain two subthemes,

which enabled an in-depth and organised analysis of the data. I wanted to capture the officers genuine and personal accounts, to allow the research to be as accurate as possible. However, I did expect the officers to adopt a detached and reserved attitude, therefore it was unexpected to hear them openly describe tragic incidents with great honesty and emotion [7].

RESULTS

Data analysis

Thematic analysis of the interviews allowed four themes to

Table 1: Themes and subthemes emerging from the data.

Themes	Subthemes	Examples
Awareness of mental illness	Views before joining the police	This was in the 80's and if you saw a psychologist then, you were considered barking mad
	Views as a police officer	I was probably more aware of mental health issues after joining
Experience of dealing with those, with mental health issues	Managing incidents	You have also got a job to do and you do switch off to it a little bit
	Problems surrounding incidents	My personal view is that the system let him down
Views of police mental health training	Training considered effective	We got better training as time went on
	Suggested improvements	Go out into the mental health triage car, as part of their tutorship
Perceptions of mental health	Mental illness in the public	You would deal with that differently they are not just a violent person; they are suffering from mental health issues
	Mental illness within the police	If you had gone to counselling as an officer, you would never have got recruited by the tactical firearms team

Theme 1: Awareness of mental illness

Reflecting on their views of mental health, it became apparent that officers gained a better awareness of mental illness, after joining the police force. Knowledge and awareness surrounding mental disorders in the public, often lags behind that of physical illnesses, which is astounding given their prevalence. One in four individuals will suffer from a mental health issue, within their life, thus impacting many areas of policing. This theme captures a self-assessment of the officers' awareness of mental health, comparing their awareness of mental health prior to joining the police and after recruitment [8].

Views before joining the police

Officers conveyed a limited awareness of mental illness when reflecting on their views, prior to joining the police. I never really came across people with mental health issues before joining the police. Despite the prevalence of mental illness,

emerge: Awareness of mental illness, experience of dealing with those with mental health issues, views of police mental health training and perceptions of mental health. The themes permitted an in-depth response to the research question, whilst uncovering unexpected commonalities within the data (Table 1).

recognising mental health issues is often difficult due the varying signs and symptoms that are attached to such issues. One officer, who worked within the police as a negotiator and a training manager, even described poor mental health as, an invisible ailment.

All the officers began working for the police in the late 1980's and it was clear that some views of mental illness, around this time, reflected the social stigma of that era. One of them pointed out that at that time. If you saw a psychologist, you were considered barking mad. If you took antidepressants, you were considered to be out of control and mad really. This negative attitude towards the use of psychologists and medication is not surprising when the definitions listed for mental illness in the Merriam-Webster Dictionary is, 'mad or crazy'. In order for a word to be entered into a dictionary, it must be seen to be widely used. Thus, society at this time arguably expressed the belief that mental illness equates to being mad or crazy, indicating why mental health was a misunderstood and taboo

topic. One officer who worked many roles within the police, including a leadership trainer at the CoP, described his view of mental illness before joining the police which reinforced how mental health was misunderstood.

Going back to the 80's, saying mental health issues meant a considerable disorder, that was not necessarily very well understood if I'm honest. Although the influence of police training and experience will later be discussed, further factors such as Mental Health Awareness Week (MHAW) may have contributed in raising awareness around mental illness. The mental health foundation has hosted MHAW since 2001 and this annual event aims to disseminate a universal public mental health message, to promote positive change. The creation of events such as MHAW, perhaps provided a previously naïve society the opportunity to gain a true insight into this taboo subject [9].

Following on from this, the media surrounding MHAW saw articles published in national newspapers including, the daily mail and the guardian, along with magazines including Grazia and Marie Claire. However, prior to such awareness events, and before the officers joined the police, one officer acknowledged the power of the media and the impact that it had upon his beliefs, stating that the only thing I had heard about mental health disorders and such like, was based on what I had seen in the media, in films, and that's about it.

The media can trivialise mental illness and stigma can be learned and maintained. Research suggests that the trivialisation of mental illnesses may discourage individuals from seeking help or supporting awareness related events. However, when the media is used positively, events such as MHAW may help to raise awareness and decrease stigma.

Views as a police officer

It could be suggested that as police are frequently the first responders to an individual, within a mental health crisis, they should be armed with adequate knowledge and awareness of mental illness. On analysing the data, it is apparent that the officers' mental health knowledge and awareness appears to increase with on-the-job experience, with one officer stating that, my view did change because I then saw psychiatric disorders firsthand.

The officer exhibited great polarity in their view of mental illness, which is highlighted by the aforementioned comment, stating that visiting a psychologist would equate to being barking mad. Their extreme attitude change appears to have been influenced by personally interacting with the mentally ill. This explanation is supported by Allport's contact theory which proposes that greater contact with individuals from a stigmatised group, will result in a reduction of prejudice and bias. This is due to contact prompting the breakdown of negative stereotypes and enhancing the perceived commonalities between individuals [10].

Based on this theory, positive interpersonal contact has been widely used to reduce the stigmatisation of mental illness. Corrigan, Morris, Michaels, Rafacz and Rüsç completed a meta-analysis of 72 studies that utilised a form of personal

contact, in order to reduce the stigmatisation felt by people with a mental illness. It was concluded that contact based education was far superior, when compared to other more traditional educational approaches in achieving change which coincides with the view of one officer. I was probably more aware of mental health issues after joining because you are in a position where you have to act, and I would probably say that after joining the police, if I was off-duty, then I would probably notice them more.

This officer stated that although her perception of mental illness did not seem to change after joining the police, she acknowledged that working as a police officer increased her awareness of mental illness. I had more of an awareness when I was doing policing, than I had years ago, but the awareness developed over the years now that mental health is more talked about. The officer conveyed an optimistic attitude towards mental illness and as such, her increased awareness reinforces why awareness raising events intend to open a dialogue around mental illness, in the hope that it makes the topic of mental health, more positive, less of a taboo and more socially tolerated.

Theme 2: Experience of dealing with those, with mental health issues

Individuals with mental health issues are more likely to be victims of crime, therefore police officers frequently interact and support people with mental health problems. By examining the officers recount of their interactions, the theme will assess how the officers managed incidents, followed by, identifying any problems that obstructed their best practice [11].

Managing incidents

It could be argued that officers need to employ successful strategies, in managing difficult and stressful situations, in order to maintain public order. The ways in which the police deal with incidents can affect various factors including: The type of media coverage it acquires and public opinion, as personal interactions have been shown to have a powerful effect on people's perceptions. The ways in which these incidents are handled, also arguably depend on the officer's attitude, beliefs and previous experience. On examining the data, a common attitude was identified, which may explain how the police manage demanding incidents, including those with mental illness. Four out of five officers appeared to compartmentalise and personally distance themselves from their police work but at the end of the day you can only do what you can do. You have also got a job to do and you do switch off to it a little bit.

The best policemen are the ones that can compartmentalise, i.e., you turn it all off when you're at work and most of the time, it stays turned off when you're at home you don't feel for them, you just think, oh dear he's having a tough time. If you're asking, 'did it affect me?' then the honest answer is no. The only way to get through that, is to go home and leave your work at work and when you go home, that's it.

The data suggests that these officers are mutually unperturbed, from dealing with those with mental health issues, despite the data revealing some traumatic incidents. There have been

debates surrounding the existence of a police personality, in which officers are said to share similar traits such as cynicism and authoritarianism. Therefore, it could be suggested that this shared and detached attitude towards managing difficult situations, is a common coping strategy which allows officers to continue in their work. As previous literature has studied traits thought to embody all police officers, it could be proposed that they may also share attitudes, such as their acceptance of mental illness. However, this does not explain why some officers appeared to be less accepting of mental illness, prior to joining the police [12].

Problems surrounding incidents

Across the data the police officers appeared to have encountered similar problems, which impacted upon managing incidents with people with mental illness. It could be suggested that when officers are faced with numerous problems, when dealing with mental health, they are more likely to associate the mentally ill with feelings of frustration and irritation. One officer describes how the mental health services failed one individual, which had fatal consequences. He actually reported to his care-worker, or wherever he was being treated, and he was recorded as having mental health problems. They were going home, and they said to him, we can't deal with you now, so come back tomorrow and make sure you don't drive your car, because obviously they were concerned about the risk he presented, driving a car. My personal view is that the system let him down he actually went for help, didn't he? And then two people are dead.

As depicted by this officer, issues that do not fall under the jurisdiction of the police or problems that the police are not trained for, appear to increase and complicate the officer's workload. Police report that they are currently responsible for not only tackling crime, but for dealing with historical crimes and protecting vulnerable individuals, including those suffering from ill mental health. Although changes in societal attitudes have influenced mental health awareness and thankfully shone light on historical crimes, previously ignored too often, this also means that officers increasingly interact and rely on external organisations. The reliability and usefulness of third parties, appear to raise issues for officers. There were no beds to deal with mental health issues. I mean that is just ridiculous. If it's out of hours, it is very difficult. There is such a time delay and even the mental health assessments to get a doctor and a mental health professional in the same room, at the same time, that's a challenge one might get hacked off waiting for the other one altogether and leave and go. For goodness sake, and the patient is still where they really should not be; inside the cell. The annoyance of these officers, when attempting to access vital mental health services, is evident and understandable. There is no training or on-the-job experience that will give the officers access to hospital beds or prevent tempers from fraying between health professionals. It could be suggested that these problems are out of the officer's control, which can cause frustration. Thus, this negativity may be associated with the individuals suffering from mental health issues, rather than the difficult circumstances that accompany them.

Theme 3: Views of police mental health training

Reflecting on their educational experiences within the police, allowed officers to discuss their views regarding: the initial training, supplementary training, successful exercises and suggested improvements. The officers collectively appear to acknowledge the effectiveness of their basic training, which incorporated legislative information. This theme acknowledges the changes and improvements seen in mental health training, over the course of their careers, before the officers discuss their personal recommendations for improving police training. On discussing the suggested improvements, many officers elicited a positive and sympathetic attitude in dealing with mental health issues [13].

Training considered effective

The social climate, in which the officers joined the police force, appear to have treated mental health as an out of bounds topic which arguably had an effect on the training given. One officer recalled their mental health training as, not very in-depth and another officer commenting that, it would have come up as part of another course you were on. However, the officers discussed that as time progressed, so did the mental health training. I mean the training now is completely different to the training that was given years ago, so a lot of the stuff that we were given years ago would've been based on legislation and some scenario-based training. But it's much more scenario-based training now as times have changed, I guess a lot of the law has changed and understanding these problems there is a lot more awareness. You are talking over 27 years of different types of training. Initial training, you have got the section 136 close to the end of my service, we had a lot more around mental health training really pragmatic and it gave you an extra tool to deal with, so I think Thames Valley was quite forward thinking, in that respect.

These officers appear to recognise that when societal attitudes began to change for the better, so did the effectiveness of their mental health training. This relates to the work of Goffman, who described stigma as a social construct. Furthermore, Taggart and Bailey suggested the best way to reduce stigma is through education and training, thus it could be proposed that these two factors worked together to improve stigma and training; less societal stigma influences better occupational training and better occupational training promotes less stigma. Two additional officers share their views, which emphasise the interaction between stigma and training. We got better training as time went on with anything and everything and mental health being one. The training became more modern and up to date and in the firearms world and mental health was a sort of significant consideration in that arena. I think the training makes you more sympathetic. It also gives you the ability to understand that not everyone is the same, that you do need to cut these people some extra slack.

The initial comment highlights that this officer, due to their firearms role within the police, received additional mental health training. The latter comment captures how police training influenced his view of the mentally ill, as he discusses their individuality rather than just their illness, purporting that

training increases sympathy towards mental health issues. The same officer goes on to say. The training you know 30 years ago, wasn't great but has improved as it's gone along. Also, mental health is much more at the forefront of society and it's a big, big thing now I think that society is far more aware, so there's more understanding. This statement reinforces the possible relationship between the effectiveness of mental health training and the levels of social stigma associated with mental health. Taking into consideration that this officer worked as the head of training and ran courses, discussing mental health issues, it could be suggested that his positive attitude towards mental health would have reflected within the training.

Suggested improvements

After discussing the officer's experiences and reflecting on their police training, suggestions to enhance the training were specified. A shared belief, present throughout the interviews, was that on-the-job experience was favoured over police training, in obtaining pertinent knowledge. This observation reinforces Mclean and Marshall's study, whereby officers credit personal experience and on-the-job training in expanding their mental health knowledge, as opposed to police training. The officers' suggested improvements acknowledge this. I think there needs to be a greater understanding to be more training and more exposure to people that do have mental health issues a whole range so you could understand the best way to interact with them and that type of person. They should probably go out into the mental health triage car as part of their tutorship, so they've got the experience of seeing a mental health professional deal with it you're learning about people that have got these issues. Don't blame them, blame the illness. That should come across in the training, that it's the illness talking, not them personally [14].

These officers, after both working nearly 30 years in the police, optimistically advocate contact and exposure to those with mental health issues in police training. It could be argued that this is a retrospective attitude, gained after years of experience, and not something that they would have found helpful at the start of their service.

However, when the officers made suggestions on how to improve police training, their understanding and positive approach towards the mentally ill, reinforces Pettigrew and Tropp's meta-analysis of 500 studies. An analysis of studies examining Allport's contact hypothesis concluded that only contact, and no other condition, is needed for greater understanding between groups. Consequently, contact and exposure to those with mental health issues may not only expand the officer's training experience, but may also help decrease or extinguish stigma surrounding mental health, as it appears to have accomplished in these officers. Recommendations were also proposed, in relation to the mental health of police officers.

Officers that are not frontline and are supervisors and such, they need to have the training where they can recognise when the officers, under their control, are starting to feel the stresses and strains of the job. This officer arguably views mental illness as something that does not discriminate against its victims,

implying that police officers can be affected by mental illness. This statement possibly indicates how mental health issues now appear to be less taboo and more open to discussion, within police culture. This observation is further demonstrated by other officers, with statements such as they didn't have two heads one in five or whatever it is will have mental health issues within their lifetime it is something that we can all fall foul on. Those with mental health issues need to be dealt with in a much more compassionate way.

The positive and understanding attitudes towards mental illness, implies that these officers do not vilify those with mental health issues. The officers described on-the-job training as effective, in expanding their mental health knowledge, with several officers suggesting that exposure to mental health issues would further increase this knowledge. The officers shared positive attitude towards mental health, suggests that this is perhaps a result of their exposure and experience with those with mental health issues [15].

Theme 4: Perceptions of mental health

This theme encapsulates the paradoxical attitudes towards those with mental health issues, when sufferers are either in the public domain or working in the police environment. Mental health appears to be now be more understood and less stigmatised when the sufferer is a member of the general public. Yet sufferers that work as police officers appear to still struggle with the taboo topic of mental health issues, within the police environment, which continues to face stigmatisation.

Mental illness in the public

It has previously been recognised that a lack of understanding of mental illness within society, can result in sufferers facing social rejection, isolation and detachment. Therefore, it could be suggested that raising public awareness is paramount in the understanding and acceptance of mental illness. The officers appear to recognise a positive shift in society's outlook on mental illness and describe dealing with mental illness in the public in a compassionate way, as demonstrated by comments such as you would deal with that differently they are not just a violent person; they are suffering from mental health issues [16].

This officer demonstrates a personal understanding around the physical symptoms of mental illness and further discusses his views on how the police currently deal with mental illness, in the public domain. I think the police now would be much more balanced in their decision making, whereas before I think they would have just gone in and just dealt with the fallout afterwards. But I think there's more care and understanding now.

After serving 30 years in the police, this officer describes his observation of the police's increase in understanding and sensitivity towards dealing with mental illness in the public. Another officer describes how it is necessary to deal with an individual with a mental illness, compared to another member of the public, differently. If the officer believes that a mentally ill person is no different to a normal person, then they will treat them the same and this is not appropriate [17].

This statement indicates that the officer recognises that those with mental health issues, should be treated individually, however this is in order to protect their mental and physical health: Not to stigmatise mental illness. The same officer later describes how compassion helps the police to effectively deal with those suffering from mental health issues. Officers are taught how to deal with those, with mental health issues, with compassion because that can de-escalate a situation and also help the person to be compliant. Compassion appears to be a shared feeling amongst officers, who arguably portray a genuine concern for the sufferers of mental illness. This sympathetic concern is seen as significantly effective in dealing with mental illness situations, which explains why it is taught to officers.

Mental illness within the police

It has been documented that there is limited research surrounding police officers attitudes towards mental health issues, however this subtheme offers insight into the officers' thoughts, regarding a colleague suffering from mental illness. One officer discussed how mental illness can impact upon the career of a police officer. I know for a fact that if you had gone to counselling as a police officer, you would never have got recruited by the tactical firearms team or support group. It was accepted that mental health problems existed but if you had a mental health illness, as a police officer, you basically couldn't be used. You were defective. You were no longer any good.

This officer retired in 2003, so his reflection may be capturing the historical attitudes of the police. Nevertheless, it could be suggested that attending counselling in the 2000's would have been considered acceptable, rather than rendering the officer as, 'defective'. Subsequent interviews, however, did examine current attitudes towards mental illness within the police. One officer, who retired just four years ago, described the recent attitudes of the police in a strikingly similar fashion [18].

In the police, if someone was to talk about stress somebody asked me this very recently actually and would you tell them? And the answer is still no. It's just not good, it just would not be a good move to do. It appears that mental illness, when experienced by police officers, continues to remain a taboo subject. All of the officers interviewed expressed great compassion and understanding towards members of the general public experiencing mental illness, yet these attitudes do not appear to be replicated for suffering officers.

It could be argued that the polarity of attitudes, is due to the two separate cultures of these two populations. For example, police culture is renowned for emphasising masculinity, emotional control and self-reliance. Therefore, an officer's inability to uphold emotional control, could result in the impression that the officer is fragile and not reliable to work. Officers may consequently internalise traditional masculine roles, created by police culture, which views emotion as a sign of weakness. Hence those who embrace traditional roles, are more likely to support stigmatising attitudes related to help-seeking. It could be argued that the general public are not expected to be emotionally strong and control all situations, thus their mental health issues are less taboo and less stigmatized [19].

DISCUSSION

Expanding on the work of Scantlebury, et al., the current research considered how police training, in the Thames Valley area, affects the stigma surrounding mental illness. The research suggests that rather than police training, it was on-the-job experience and a developing positive societal attitude towards mental health issues that appeared to increase the officers mental health knowledge, awareness and acceptance. A wealth of information was uncovered within the four themes, including some unforeseen findings. Theme one highlights the expected divergence of the officers views regarding mental illness, with much less understanding of issues relating to mental illness before joining the police than after experiencing them first hand.

The second theme established that officers generally manage incidents by compartmentalising and detaching themselves from their work: Mechanisms not taught within police training. These behaviours perhaps gives credence to the, 'police personality, which raises the suggestion that their shared acceptance of mental illness is a possible feature of this personality type [20].

Theme three further reinforces the idea that officers share similar characteristics, as they elicit a sympathetic attitude when discussing the public's mental health issues, regardless of the police training previously undertaken. Officers agreed that Thames Valley mental health training improved over time, possibly reflecting society's increasing acceptance of mental health issues, and giving weight to the work of Goffman, who described stigma as a social construct.

Lastly, the fourth theme exhibits the unexpected emergence from the data of the stigma surrounding police officers with mental health issues. Despite advances in mental health training, the data suggests that this stigma continues to surround police officers. The compassion perceived towards the public's mental health issues, does not appear to be mirrored in officers that similarly suffer.

CONCLUSION

The current research includes officers discussing mental health, and the relevant training, in relation to sufferers within the public domain. However, the data suggests that police training appears to overlook the stigma surrounding mental health issues within officers. It is unknown whether this may be a consequence of police culture, police personality, limited coverage in training, or social constructs, therefore warranting further future research.

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