**The Bradley Report - Police Custody and Appropriate Adults**

‘In most cases, the police are the first point of contact with the criminal justice system and there is an early opportunity through police intervention and liaison to engage services and potentially avoid future problems. I was surprised to discover that the police stage is currently the least developed in the offender pathway in terms of engagement with health and social services, as intervention generally occurs further along the pathway at the court and sentence stages.’ (Bradley Report, page 35)

**Arrest and police custody**

**Key facts**

-1,482,200 people were arrested for recorded crime (notifiable offences) in 2006/07.

-Between 22% and 25% of detainees are reported to be ‘drunk’ on arrival at police stations.

-In a study of arrestees, an average 69% gave positive urine samples for at least one drug;

-36% tested positive for two or more drugs; and 38% tested positive for opiates and/or cocaine.

-The estimated number of mentally disordered suspects passing through police stations varies between 2% and 20%.

-There are 43 separate police forces across England and Wales with 603 custody suites – all with potentially different approaches.

**Issues in Custody**

* A current reliance on self-reporting. The custody suite environment itself does not encourage people to disclose their mental health problems. In addition, there is still a stigma related to mental health problems and there may be a fear of discriminatory treatment. Previous negative experiences with the police would also contribute to a reticence to disclose information.
* There is no standard mental health assessment. Each force develops its own and they vary considerably in terms of how effectively they identify mental health needs.

* A lack of training for the police in mental health awareness. There is no national standard for police training in mental health, although there are examples of good practice where local forces have joint training programmes with local health service providers.
* The police generally have little recourse to advice or guidance on mental health issues.
* High numbers of detainees come into custody under the influence of alcohol or drugs, which can often mask the presence of mental health problems thereby making identification more difficult.
* Police custody is now the only major stage in the criminal justice system where primary NHS-commissioned care is not available,

**Access to an Appropriate Adult**

Where there is any doubt about a person’s mental state or capacity, the police custody officer has a duty to request the attendance of a responsible adult, who is known as an Appropriate Adult. The role of the Appropriate Adult was created in the Police and Criminal Evidence Act 1984 (PACE)with the intention of further safeguarding the rights and welfare of young people and vulnerable adults in custody.

Studies into the use of Appropriate Adults have concluded that provision of the Appropriate Adult is very inconsistent. Firstly, the person’s needs have to be identified, which we have already seen are often missed. Even when a need for an Appropriate Adult is identified there is currently a shortage of individuals who can perform the role effectively.

**Very little research on AAs but....................**

A recent study (Nemitz and Bean, 2001) stated that, in practice, the Appropriate Adult is rarely called. Research showed that after an analysis of over 21,000 custody records in four police stations in cities in the East Midlands area of England, the Appropriate Adult was used in only 38 instances (or 0.016%).

Based on the lowest or most conservative extract of the numbers of mental illness in the population, there should have been about 400 (1.9%), and on the more generous estimate about 3,000 (14%).

**Recommendations**

Community support officers and police officers should link with local mental health services to develop joint training packages for mental health awareness and learning disability issues (page 37)

A review of the role of Appropriate Adults in police stations should be undertaken and should aim to improve the consistency, availability and expertise of this role. (page 44)

Appropriate Adults should receive training to ensure the most effective support for individuals with mental health problems or learning disabilities (page 44).

The NHS and the police should explore the feasibility of transferring commissioning and budgetary responsibility for healthcare services in police custody suites to the NHS at the earliest opportunity (page 49)

All police custody suites should have access to liaison and diversion services. These services would include improved screening and identification of individuals with mental health problems or learning disabilities, providing information to police and prosecutors to facilitate the earliest possible diversion of offenders with mental disorders from the criminal justice system, and signposting to local health and social care services as appropriate. (page 54)

Liaison and diversion services should also provide information and advice services to all relevant staff including solicitors and appropriate adults (page 54)

**References**

The Bradley Report (2009)

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694>

Nemitz T and Bean P, 2001, Protecting the rights of the mentally disordered in police stations: The use of the appropriate adult in England and Wales, *International Journal of Law and Psychiatry*, Vol 24, pp 595–605