Mental Health in the Criminal Justice System: Investigating the Impact of Expert Witness Information in Court, and Perceived Barriers to Support in Prisons

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Thesis Portfolio Abstract

Aim: The overall aim of the thesis portfolio was to investigate how mental health difficulties are conceptualised, presented, considered, and supported at differing stages of the criminal justice system. This is given the wider context of an overrepresentation of mental health difficulties at all stages of the criminal justice system, compounded by a lack of research and service development.

Method: The systematic review used thematic synthesis to analyse the findings of qualitative studies regarding the perceived barriers in males to accessing and utilising mental health support within prison. The empirical paper investigated the impact of the type of mental health information, psychiatric diagnosis and early traumatic experiences, presented by a mental health expert witness, on mock jurors' perceptions of expert witness credibility, diminished responsibility judgements, and diminished responsibility decisions in an online mock criminal trial.

Results: The systematic review included 14 studies; the findings generated seven analytic themes and highlighted numerous barriers at individual, relational, systemic and cultural levels to males accessing and utilising mental health support within prison. The findings of the empirical paper suggested that the type of mental health information did not impact jurors' expert witness credibility ratings, diminished responsibility judgements, or diminished responsibility decisions. However, jurors were more likely to make diminished responsibility decisions in line with a highly credible expert witness' opinion.

Conclusions: The thesis portfolio highlights potential areas for development within prison mental health services. The importance of future research into expert witness credibility and juror decision-making, as well as continued research into the underexplored field of the potential influence of mental health information specifically, is also highlighted. Continued research could provide significant implications for the

way in which mental health information is utilised within legal settings. Strengths, limitations, clinical implications and directions for future research regarding the work presented are discussed.

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Glossary of Terms

Criminal Justice System (CJS): A network of different yet connected agencies, including police, courts, law officers, the Ministry of Justice, the Home Office, His Majesty's Prison and Probation Service, and the Judiciary, each with its own role. These include investigating crime, making arrests of suspected individuals, and the prosecution, sentencing, detaining and supervising of those who have committed an offence.

Defendant: An individual accused of committing a crime in criminal proceedings.

Diminished Responsibility (DR): A partial defence for charges of murder. For diminished responsibility to apply, the following criteria must be met. There must be an abnormality of mental functioning which:

A) arose from a recognised medical condition

B) substantially impaired the defendant's ability to do one or more of:

1. understand the nature of their conduct during the situation
2. to form a rational judgement about the situation and their actions
3. to exercise self-control during the situation

C) provides an explanation for the defendant's actions.

Expert Witness (EW): An individual whose level of knowledge, skill, or experience in a particular field qualifies them to present their opinion about the facts of a case during legal proceedings.

Mock Juror: Participants in a research study who evaluate fictional trial evidence and arguments. The aim is to gain insight into how real jurors might think about a case.

Remanded Individual: An individual who is held in prison until their trial and/or their subsequent sentencing hearing.

Sentenced Individual: An individual who has received a formal judgement from a judge regarding their punishment for the crime committed.

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I would like to acknowledge that whilst the empirical paper is an independent piece of research, it is expanding upon previous theses completed within the University of East Anglia (UEA) (Baker et al., 2022; Kipoulas et al., 2024; O'Leary, 2021; Tremlin, 2021). Therefore, elements of the methods and appendices will be similar. Additionally, another thesis project has been conducted concurrently, which investigated defendants with learning disabilities, expert witness credibility, and decision-making. Finally, the introduction of the empirical paper is largely informed by a previous thesis proposal written and submitted by the author. Other smaller aspects of the empirical paper have also been taken from the thesis proposal.

Chapter One: General Introduction

The prevalence of mental health difficulties in adult males within the Criminal Justice System (CJS) is higher than in the general population. For instance, rates of psychotic illnesses, depression, and Post Traumatic Stress Disorder worldwide (Favril et al., 2024) and rates of anxiety and Complex Post Traumatic Stress Disorder in the UK (Facer-Irwin et al., 2022; Maercker et al., 2022; National Institute for Health and Care Excellence, 2017) are overrepresented in the male prison population compared to the general population. However, it is important for mental health to be considered at all stages within the CJS. Data suggests that approximately 30% to 39% of individuals in police custody experience a mental health difficulty (Her Majesty's Inspectorate of Probation, 2022; National Institute for Health and Care Excellence, 2017; Samele et al., 2021). Compared to males who are sentenced, males on remand demonstrate a higher prevalence of psychotic illnesses, depression, and anxiety; however, the prevalence within both these populations is higher than in the general population (National Institute for Health and Care Excellence, 2017).

The heightened prevalence of mental health difficulties is potentially partially compounded by the Criminal Justice Joint Inspection (2021, para. 4) describing the CJS as "failing people with mental health issues" with needs being missed at each stage. Professionals from different services and disciplines within the CJS assess individuals differently, resulting in gaps and inconsistencies. Furthermore, if mental health needs were identified, they were not always considered to inform appropriate and effective decisions. Finally, delays are common, such as delays in psychiatric reports to make sentencing decisions, receiving good quality health provision, and transfer from prison to mental health hospitals when necessary (Criminal Justice Joint Inspection, 2021). Further research can help to inform policies and practices within the CJS in the hope of improving current inadequacies regarding mental health.

Clinical Psychologists (CPs) can play a crucial role in understanding, increasing others' understanding of, and supporting mental health at differing stages of the criminal justice pathway. CPs can be Expert Witnesses (EWs) in criminal trials, and their role could include engaging in an assessment process with a defendant and providing their professional opinion, informed by the evidence base (British Psychological Society, 2021). The EW testimony provided by CPs is crucial as it can affect decision-making in criminal trials, including sentencing decisions (Van Es et al., 2020). This not only impacts the support options available to the defendant but the wider trajectory of their life course. While individuals are in prison, whether on remand or sentenced, CPs may work in such settings to support those incarcerated who are struggling with their mental health (Durcan, 2023). Finally, more broadly, CPs have the ability to use their knowledge and skills to support prison reform (British Psychological Society, 2018). The above points, therefore, illustrate the importance of the CP's role within the CJS. There is potential for research within this domain to support the integration of a CP's role further in the CJS, help wider systems within the CJS develop an understanding of the role of a CP and the potential benefits of CP colleagues, and increase CPs' utilisation of their skills and expertise within this particular context.

Overall, given the above, it is important for Clinical Psychology, and more broadly, the CJS, to investigate how mental health difficulties are conceptualised, presented, considered, and supported throughout the differing stages of the CJS. Therefore, the current thesis portfolio aimed to explore mental health within the CJS by addressing some of the aforementioned domains. The systematic review presented in Chapter Two explored the perceived barriers in males to accessing and utilising mental health support in prison to illuminate potential changes that could be made to policies, services, and practices from the perspective of the population services are designed to support. The studies included in the systematic review were analysed using thematic

synthesis (Thomas & Harden, 2008). Chapter Three presents a bridging chapter, which provides a connection between the systematic review and the empirical paper presented in Chapter Four. The empirical paper investigated the impact of the type of mental health information provided by an EW on mock juror Expert Witness Credibility (EWC) ratings, judgements, and decision-making. Specifically, the study aimed to investigate the potential influence of psychiatric diagnosis and early traumatic experiences on EWC, diminished responsibility judgements, and diminished responsibility decisions in a mock homicide trial involving a defendant experiencing psychotic symptoms. Research in this domain could inform how particular mental health information is presented by mental health EWs, including CPs, in criminal trials. Chapter Five presents extended results regarding post hoc analyses. Finally, Chapter Six presents a discussion and critical evaluation of the entire thesis portfolio.

Chapter Two: Systematic Review

Perceived Barriers in Males to Accessing and Utilizing Mental Health Support in Prison: A Systematic Review of Qualitative Studies

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See Appendix A for author guidelines.

Abstract

Males comprise the majority of the worldwide prison population, and their mental health difficulties are overrepresented when compared to the general population. The current study aimed to explore the perceived barriers males have in accessing and utilizing mental health support in prison. Eight electronic databases were searched, which identified 14 studies that met the inclusion criteria and were included in the final review. Thomas and Harden's (2008) framework for thematic synthesis was used, and quality appraisal was facilitated using an adapted version of the Critical Appraisal Skills Programme for qualitative research. Seven analytic themes were identified: Relational Barriers, Systemic and Institutional Barriers, Masculine Identity and Help-seeking Behaviour, Inadequate Mental Health Support, Breaking Down Barriers, Psychological and Emotional Barriers, and Cultural Diversity Factors. The themes identified highlighted potential areas for improvement to prison mental health care services. Limitations of the review are discussed alongside avenues for future research.

Keywords: Prison; males; mental health care; barriers; qualitative research; thematic synthesis

Introduction

There are an estimated 144 people out of every 100,000 in prison worldwide as of 2022, with males representing almost 94% of the worldwide prison population (United Nations Office of Drugs and Crime, 2024). In England and Wales specifically, 96% of the total prison population are men (Ministry of Justice, 2024a). The proportion of males in prison is increasing; there were an estimated 8.7 million males detained in prison worldwide in 2000 compared with 10.8 million in 2022 (United Nations Office of Drugs and Crime, 2021; United Nations Office of Drugs and Crime, 2024). In England and Wales since 2019, the female prison population has decreased by 13%, whereas the male population has increased by 3% (78,820 to 81,057) (Ministry of Justice, 2024a). While data for jurisdictions worldwide appears scarce, data from the United States (US) demonstrated an almost 2% increase in men in prison between 2021 and 2022 (Bureau of Justice Statistics, 2024).

Mental health problems are overrepresented in prison populations, with the amount of people affected ranging up to 90% in prison (Durcan, 2023; National Institute for Health and Care Excellence, 2017). Individuals in prison are five times more likely to experience mental health problems than the general population within the United Kingdom (UK) (Tyler et al., 2019). The prevalence rates for psychotic illness among men in prison worldwide were estimated at 3.6%, major depression at 10.2%, Post Traumatic Stress Disorder (PTSD) at 6.2%, alcohol use disorder at 26.2%, and drug use disorder at 29.7% (Baranyi et al., 2018; Favril et al., 2024; Fazel et al., 2016). This is compared to prevalence rates among the general population worldwide being estimated at 0.5% for schizophrenia (World Health Organisation, 2022), 3.8% for depression (World Health Organisation, 2023), 7% for alcohol use disorder (World Health Organisation, 2024a) and 3.9% for PTSD (World Health Organisation, 2024b). Within a male UK prison population, the prevalence of Complex Post Traumatic Stress Disorder

(C-PTSD) was found to be 16.7% (Facer-Irwin et al., 2022) compared with an estimated prevalence of 1% to 8% in the general population (Maercker et al., 2022). Behind these figures are many social, environmental, psychological, and biological factors interacting in a complex way, which may underlie both the mental health and offending vulnerability in prison populations (Solbakken et al., 2024).

Mental health difficulties are a significant risk factor for self-harm and suicide for those in prison (Favril et al., 2020; Zhong et al., 2021). Higher rates of self-harm and suicide completion are present in male prison populations. The prevalence of self-harm has been estimated as 5% to 6% for male prison populations and less than 1% in the general population (Favril et al., 2020). The relative risks of suicide in male prison populations worldwide were around three to six times higher compared to the general population (Fazel et al., 2016). Additionally, males in prison in England and Wales are almost four times more likely to die by suicide compared to men in the general population (Office for National Statistics, 2019). This evidence demonstrates the heightened mental health needs and risk to self in male prison populations compared to the general population and thus raises the question as to how these needs are being addressed.

The World Health Organisation (2024c) states that those in prison have the same fundamental right to mental health care as those living in the community. Screening, Triage, Assessment, Intervention, and Re-integration (STAIR) are outlined as necessary steps for mental health care provision in prisons (Forrester et al., 2018). However, worldwide, there are difficulties with STAIR elements being implemented by prison systems, and there are huge disparities in the mental health provision offered. Recruitment and retention difficulties, lack of funding, fragmentation of different services, lack of mental health training for staff, issues of overcrowding, short prison sentences, restrictions on time out of cell, use of solitary confinement/segregation, and

lack of therapeutic spaces are widely reported difficulties in healthcare provision at a systems level (Durcan, 2023; Durcan, 2021; Forrester et al., 2018; Gómez-Figueroa & Camino-Proaño, 2022; HM Inspectorate of Prisons, 2022; House of Commons Justice Committee, 2021; Jones & Lally, 2024).

In higher-income countries considered as having some of the best-provisioned systems, such as the UK, there remains a disparity in mental health support offered and gaps in service provision (Durcan, 2021). Research from the UK demonstrates that there is a high unmet need for mental health difficulties in prison, with approximately 10% of people in prison recorded as receiving treatment for mental health, despite approximately 70% experiencing some form of mental health difficulty at any given time (House of Commons Justice Committee, 2021). This is supported by previous research whereby 46% to 64% of people in prison's mental health needs remained unmet (Jakobowitz et al., 2017; Senior et al., 2013). The potential impact of lack of provision and therefore unmet mental health needs can include self-harm, suicide, violence, victimisation, increased risk of re-offending, and poor health outcomes following release (Canada et al., 2022; Favril et al., 2024; Fazel et al., 2016; Solbakken et al., 2024). It is important to note that mental health difficulties can be directly associated with the prison environment itself (Canada et al., 2022).

Within the general population, it is widely reported that men are less likely to seek and access support for mental health difficulties compared to women (Lubian et al., 2016; Men's Health Forum, 2017; Smith & Hebdon, 2024; Wendt & Shafer, 2016) for numerous reasons, some of which include traditional narratives that associate masculinity with strength (Lynch et al., 2018; Mental Health Foundation, 2021), perceived stigma (Clement et al., 2015) and limited emotional literacy (Seidler et al., 2021). This appears to be mirrored within prison populations. Females were significantly more likely than males to have contact with mental health services in

prison, and females' needs appeared to be better met generally when in contact with mental health services in prison compared with males (Tyler et al., 2019), with males appearing to have a higher unmet mental health need in prison populations compared to females (Jakobowitz et al., 2017). Additionally, the voice of those in prison is often underrepresented in research (McNaull et al., 2023). Therefore, it is important to explore the views of males in prison on their perception of barriers to accessing and utilizing mental health support in prisons.

It is important to note that there is a higher proportion of women with mental health difficulties in prison compared to men (HM Inspectorate of Prisons, 2023; Tyler et al., 2019). Additionally, women can present with more externalising behaviours related to mental health, such as self-harm (Prison Reform Trust, 2022; Women in Prison, 2024). These factors, combined with the fact that there are much fewer women in prison compared to men, may result in services being better equipped to tailor support to meet women's mental health needs. This would further exacerbate the divide seen between men and women accessing, utilizing and benefiting from mental health support in prison.

Previous systematic reviews have explored all prisoners' (Byrne et al., 2023), women's (Bright et al., 2022), and youth's (Robertson, 2022) experiences of mental health care provided in prison. However, previous reviews do not appear to have considered the views of males specifically. Given that males represent the majority of the prison population and experience increased mental health needs compared to the general population yet are less likely to seek support than female counterparts, it is important to explore their perceptions of barriers to accessing and utilizing mental health support within prison. Therefore, the research question for the current review was: 'What are the perceived barriers in males to accessing and utilizing mental health support in prison?'.

Method

This systematic review was completed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The study protocol was registered with the International Prospective Register of Systematic Reviews (PROSPERO) (CRD42024516662). A Sample, Phenomenon of Interest, Design, Evaluation, and Research type (SPIDER) framework was used to formulate the research question and inform the terms used in the search strategy (Cooke et al., 2012).

Search strategy

Eight electronic databases were searched, including: PsycInfo, PsycArticles, MEDLINE, Embase, CINAHL, Web of Science, Open Dissertations, and ProQuest. There were no restrictions on publication date or geographical location due to the limited research in the topic area. However, the search was restricted to include only English-language articles. This was due to practical challenges such as time constraints, the inability to use translation services and the risk of meaning being lost in translation within qualitative research (van Nes et al., 2010). Search terms were developed by referring to the SPIDER framework and searching published articles, and collating keywords. Medical Subject Headings (MeSH) were also used to enhance the search strategy (Table 1).

Table 1.

Search Strategy

SPIDER	Search Terms
Sample Males (#1) in Prison (#2)	male* OR man OR men AND prison* OR imprison* OR convict* OR inmate* OR offend* OR incarcerat* OR criminal* OR felon*
Phenomenon of Interest Mental Health Support (#3)	"mental health*" OR healthcare OR psychiat* OR psycholog*
Design Data Collection Method (#4)	qualitative* OR mixed method* OR interview* OR focus group* OR survey* OR questionnaire*
Evaluation Barriers (#5)	barrier* OR obstacle* OR hurdle* OR difficult* OR challeng* OR problem* OR issue* OR obstruct* OR restrain* OR restrict* OR constrain* OR hinder*
Research type Qualitative	qualitative* OR mixed method* OR interview* OR focus group* OR survey* OR questionnaire*
Final Search Strategy Combining search term groups	#1 AND #2 AND #3 AND #4 AND #5

Note. The Sample had two separate search term groups. Design and Research type were combined into a single search term group.

Eligibility Criteria

The inclusion criteria included:

- Recruitment of males who were currently or had been incarcerated in prison and could speak to perceived barriers to accessing mental health support within prison.
- Males in prison pre and post sentence.
- Males who had and had not accessed support. Those who did not access support could speak to barriers to accessing support.
- Studies that had been conducted within a male prison population or included data which allowed the extraction of male-only responses.

- Studies in a context whereby therapeutic support was offered to those in prison, such as prison healthcare, Therapeutic Communities, and Offender Personality Disorder services.
- Studies that reported qualitative information regarding barriers to accessing and utilizing mental health support within prison.
- Studies published in English.
- Studies published from any country (if published in English).
- Publication at any date.
- Dissertations and doctoral theses to reduce the potential for publication bias (Butler et al., 2016; Paez, 2017).

The exclusion criteria included:

- Studies with only female, youth (under 18 years of age), and staff populations.
- Studies related to other forensic settings, such as inpatient settings.
- Mental health support accessed outside of prison, e.g. pre/post release.
- Studies that included only quantitative data to prevent predetermined questions and answers from informing, influencing, and restricting the barriers reported.

Screening and study selection

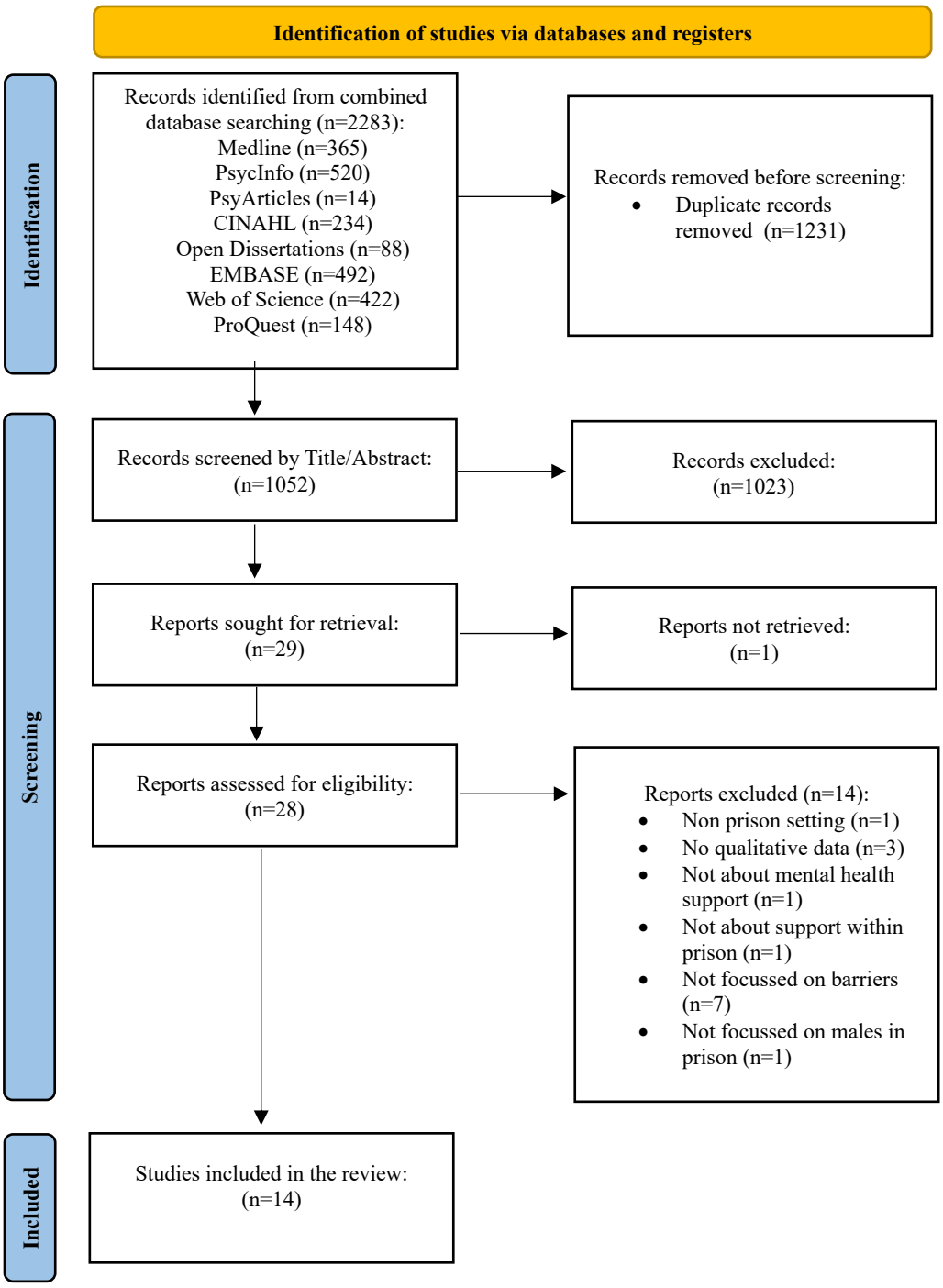
The eight electronic databases were searched on 14th October 2024 and generated a total of 2283 results. Studies were screened according to the eligibility criteria outlined. After the removal of duplicates, 1052 studies were screened by title and then abstract if necessary. 29 studies remained for full-text screening. However, one study could not be retrieved despite attempts to obtain a copy, such as directly contacting the author and the university with which the study was affiliated. Therefore, 28 studies were screened by full text, and 14 studies were excluded at this stage.

Subsequently, 14 studies were included in the review. Figure 1 summarises the screening process in a PRISMA flow diagram.

The entirety of the screening process was facilitated by two authors (GB and LM), and screening was blind during each stage of the process. There was 92.86% (*n*=26) agreement at the full-text screening stage. The two authors discussed and managed any disagreements during the screening process without the need for further consultation.

Figure 1

PRISMA Flow Diagram



Data extraction and data quality assessment

A Microsoft Excel data extraction template was utilized to extract information from each study. The extracted information included author(s), date, country, title, research question(s)/aim(s), participants, recruitment method(s), data collection method(s), data analysis method(s), epistemological position, and themes identified.

An adapted version of the Critical Appraisal Skills Programme (CASP) checklist (CASP, 2024) for qualitative research was utilized as the quality assessment tool. The CASP covers three broad issues across 10 questions for appraising qualitative research, including: are the results of the study valid, what are the results, and will the results help locally. Each item on the CASP is typically rated as either 'yes', 'no' or 'can't tell'. A scoring system is generally not recommended when using this tool (CASP, 2018). Bearing in mind the debate as to whether quality assessments should be part of qualitative research (Dixon-Woods et al., 2007; Hannes et al., 2010), no studies were excluded from the study based on quality, however, this was considered in the final analysis. Each CASP criterion was represented using an adapted Cochrane traffic light scheme (Voss & Rehfuess, 2013).

The CASP is the most commonly used criteria-based tool for quality assessment in health and social care fields of qualitative synthesis (Hannes & Macaitis, 2012) and is recommended for novice qualitative researchers (Hannes & Bennett, 2017). However, it has been critiqued for not appraising the "clarity and appropriateness of a study's qualitative research paradigm" (Long et al., 2020). The current qualitative synthesis used an adapted version of the CASP with the aim being to balance using the CASP as a helpful tool for novice qualitative researchers and address some of the critiques of the tool. The CASP used within the present study adhered to Long et al.'s (2020) modifications of the CASP, including adding a fourth option of 'Somewhat' when considering whether CASP criteria are met and adding another criterion to the CASP for consideration. This additional criterion was "Are the study's theoretical underpinnings (e.g. ontological and epistemological assumptions; guiding theoretical framework(s) clear, consistent, and conceptually coherent?" and aimed to address the gap related to the importance of considering the research paradigm in qualitative research.

The entirety of the data extraction and quality assessment process was facilitated independently by two authors (GB and LM). There was 80.51% agreement in ratings on the CASP. The two authors discussed and managed any disagreements during the quality assessment process without the need for further consultation.

Data analysis

Thematic synthesis was utilized to analyse the study data (Thomas & Harden, 2008). Thematic synthesis is appropriate and recommended for exploratory research and is deemed to uphold principles important in systematic reviews (Thomas & Harden, 2008). Data from the results sections of the included studies were entered into NVivo version 14 software (Lumivero, 2023). NVivo software was used to support the analysis process and ensure rigour throughout the synthesis.

The thematic synthesis involved a three-step approach. Firstly, coding took place line by line to ensure the meaning of all findings were captured and associated with at least one code. A finding could be added to more than one code if it contained descriptions of multiple barriers to accessing and utilizing mental health support. The wording of the codes were largely based on descriptions used by participants within their quotes. Secondly, initial codes were combined with related codes to generate higher-order codes that were labelled to form descriptive themes, which remained close to the original text. Finally, the descriptive themes were grouped and developed further to move beyond the original data and analytic themes were inferred in light of the review question. This process was in line with Bright et al.'s (2022) qualitative systematic review of women's experiences of mental health care provided in prison.

Results

Study characteristics

Table 2 summarises the 14 studies included in the present qualitative systematic review. The studies were conducted between 2005 and 2024, with the majority of

studies facilitated in the UK (*n*=9). Other countries included the US (*n*=3), New Zealand (*n*=1), and Norway (*n*=1). Five of the included studies were from grey literature (Durrah, 2013; Fraser, 2016; Miner, 2023; Pierre-Charles, 2020; Wainwright, 2017), with the remaining nine studies representing published journal articles. There was a total of 225 participants across the 14 studies; individual study sample sizes ranged from four to 25. Two publications included data for both staff and prisoners but allowed separate consideration of the prisoner data (Danks & Bradley, 2017; Wainwright, 2017). In three studies, the participants were living in the community and reflecting retrospectively on experiences of mental health support in prison (Fraser, 2016; Miner, 2023; Pierre-Charles, 2020), in the remaining 11 studies, the male participants were currently in prison.

In relation to participant populations, three studies were facilitated specifically with African American males (Durrah, 2013; Miner, 2023; Pierre-Charles, 2020) and one study with Black, Asian and Minority Ethnic (BAME) populations (Hunter et al., 2019). Some studies focussed on specific offence types, one study with those who had committed sexual offences (Duncan et al., 2022) and one study with those who had committed filicide (Jacobs & Shuker, 2019). Finally, one study was facilitated with ex-armed forces personnel specifically (Wainwright, 2017). Whilst all studies involved participants reflecting on mental health support within prison, two studies were specifically regarding Therapeutic Communities within prisons (Duncan et al., 2022; Jacobs & Shuker, 2019) , and one was within a prison-based Offender Personality Disorder pathway (Hunter et al., 2019). These are both treatment pathways, primarily for personality disorders, within the English and Welsh prison systems.

The majority of studies (*n*=9) used purposive sampling for their recruitment method. All but one study used interviews to collect data, with one study using a focus group (Danks & Bradley, 2017). Three of the studies used mixed methods (Ramesh et

al., 2023; Skogstad et al., 2005; Wainwright, 2017), and the remainder of the studies used a purely qualitative approach. Only qualitative data was analysed. Less than half the studies (*n*=6) commented on the epistemological position of their research (Cobb & Farrants, 2014; Fraser, 2016; Pierre-Charles, 2020; Ramesh et al., 2023; Solbakken et al., 2024; Wainwright, 2017).

Table 2

Study Characteristics

Author(s), Date, Country	Title	Research Question(s)/ Aim(s)	Participants	Recruitment Method(s)	Data Collection Method(s)	Data Analysis Method(s)	Epistemological Position	Themes Identified
Cobb & Farrants. (2014), United Kingdom	Male Prisoners' Constructions of Help-Seeking.	How do male prisoners talk about/construct help-seeking?	9 participants from a Category B adult male prison.	Systematic random sample of prisoners was targeted by way of fliers delivered to cells just before lock down in the middle of the day.	1:1 face to face semi-structured interviews in small rooms on the prison wing. Audio recorded.	Foucauldian Discourse Analysis (FDA).	Foucauldian and Social Constructionist philosophies.	Help-seeking as a form of self-help (man-up and deal with it), help-seeking as something shared or given and received (solidarity), and help-seeking as unwanted, avoided or manipulated (authoritarian).
Danks & Bradley. (2017), United Kingdom	Negotiating Barriers: Prisoner and Staff Perspectives on Mental Wellbeing in the Open Prison Setting.	To explore the perspectives of prisoners and prison staff in relation to mental wellbeing and the negotiation of barriers to accessing and providing support.	9 prisoners and 11 prison staff within a Category D male prison. All prisoners were currently engaged in a peer support role	Purposive sampling: Prisoners who were approached by way of negotiation with a gatekeeper.	A focus group with prisoners in the visiting room in prison which were audio recorded. Interviews with staff.	Thematic Analysis. NVivo 10 used to support with analyses.	Not stated.	3 main themes and 10 subthemes emerged. Context enabling factors: time and expectations in the open prison setting, Barriers to accessing support for

			within the open prison setting.					mental wellbeing: fragility of the open prison position, fear of reporting health concerns, masculinity and information sharing, Peer support roles: staff perspective on peer support roles, challenges in the open setting, and support: prisoner or staff?.
Duncan et al. (2022), United Kingdom	"I've Got the Energy to Change, But I Haven't Got the Energy for This Kinda Therapy": A Qualitative Analysis of the Motivations Behind Democratic Therapeutic Community Drop-Out for Men With Sexual Convictions.	To qualitatively explore the accounts of men with sexual convictions who dropped out of a Therapeutic Community in a UK prison.	7 adult males convicted of a range of sexual offences who were serving sentences in a Category B democratic Therapeutic Community prison in the UK.	Purposive sampling: Participants were recruited through the author visiting the wings, talking about the research and arranging interviews directly with	1:1 face to face semi-structured interviews in private rooms in the prison. Audio recorded.	Interpretive Phenomenological Analysis (IPA).	Not stated.	3 superordinate and 6 subordinate themes emerged. (Un)therapeutic climate: stigmatized identities and negotiating the "sex offender" label and cracks in the culture, Becoming disillusioned with the

				interested residents.				illusion: the importance of being authentic and expectations of therapy v reality, and Experiencing culture shock: a lack of meaningful information and shedding old values.
Durrah. (2013), United States of America	Understanding African American Male Inmates' Decisions to Seek Mental Health Treatment While Incarcerated.	To explore factors that influence African American male inmates' decisions to seek mental health treatment while incarcerated.	12 African American males who reported depressive symptoms at intake but who had not sought mental health services. Incarcerated in Milwaukee Secure Detention Facility.	Purposive Sampling: Principal researcher reviewed mental health screening forms and whether individuals had requested mental health follow up. If they had not, they were approached to participate in the study.	1:1 face to face semi structured interviews. Audio recorded.	Grounded Theory.	Not stated.	Descriptions of mental health problems from participants. Participants with previous experience of mental health treatment expressed positive benefits. Main theme was regarding barriers to seeking mental health treatment whilst incarcerated. Participants choose to use alternative

								coping strategy, experienced a lack of trust and fear about mental health treatment and staff. Factors that would increase mental health treatment utilization for African American inmates' experiencing mental health concerns were identified.
Fraser. (2016), Scotland	An Exploratory Study of Male Ex-Prisoners' Experiences of Health and Healthcare in Prison and the Community.	To investigate the health and healthcare experiences of liberated men who have served a prison sentence and seek out how they view their health and use of healthcare services. What are ex-prisoners' experiences of health and healthcare in	29 ex-prisoners who had served at least a 3-month sentence in a male Scottish prison.	Purposive sampling: Participants were accessed via gatekeepers in 3 different recruitment centres (GP practice, third sector substance misuse service, and a health centre). Men	1:1 face to face semi structured interviews. 9 were audio recorded. For the other 20 detailed field notes were taken. Generally, the interviews occurred at the researcher's university	Thematic Analysis.	Constructivist/ Interpretivist.	The meaning of health, Access to and use of healthcare provisions in prison and the outside community, Difficulties in interagency communication of care, and Vulnerability and hope.

		prison and in the community?		themselves also became gatekeepers, sharing the study with others.	however an alternative public location was used if preferred by the participant.			
Howerton et al. (2007), England	Understanding Help-seeking Behaviour Among Male Offenders: Qualitative Interview Study.	To explore the factors that influence help-seeking for mental distress of offenders.	35 sentenced male offenders in a category B prison in South England.	Purposive sampling: Preferentially interviewed prisoners flagged by prison staff as being at risk for suicide and self-harm under an Assessment Care in Custody Teamwork documents. Drew participants from a list of prisoners who were scheduled for release each week.	1:1 face to face semi structured interviews in a secure interview room within the prison. Audio recorded.	Using principles of grounded theory, including constant comparison method. Variety of other techniques such as open coding of early data, reflexivity methods, and peer group reviews.	Not stated.	3 interrelated themes as factors that inhibited help-seeking: Chaotic upbringing, Distrust, and Fear of diagnosis of mental illness.

Hunter et al. (2019), United Kingdom	"Give it a Try": Experiences of Black, Asian and Minority Ethnic Young Men in a Prison-based Offender Personality Disorder Service.	To explore the experiences of BAME offenders in a Young Offenders Institution currently accessing an Offender Personality Disorder treatment service. The research aims were to investigate what, if any, barriers to engagement existed for this group and how and why they ultimately decided to engage in therapy.	11 BAME men engaged in a prison-based Offender Personality Disorder service for young offenders.	Purposive Sampling: All service users on the caseload of the Pathways Service during the data collection period, who self-identified as BAME were approached about the study.	1:1 face to face semi structured interviews within the service administrative base. Audio recorded.	Thematic Analysis.	Not stated.	3 main themes and 8 subthemes emerged. Why am I going to be an Outcast?: judgement, alienation and difference, and hopelessness, Give it [the Service] a Try: escapism, the role of peers, and doing It for me and Nothing but Respect: human relationships and having choice and control.
Jacobs & Shuker. (2019), United Kingdom	The Experiences of Perpetrators of Filicide Participating in Treatment Within a Prison Therapeutic Community.	RQ1. What have been the experiences of engaging in the Therapeutic Community – what was helpful/unhelpful ? RQ2. In what ways did	4 participants who had committed filicide and had engaged in the Therapeutic Community	Opportunistic sampling.	1:1 semi structured interviews.	Interpretative Phenomenological Analysis (IPA).	Not stated.	5 superordinate and 10 subordinate themes emerged. Therapeutic process: experience and resilience, Acceptance:

		participation impact on prisoners addressing identified treatment needs? RQ3. Did their offence affect their experience within the Therapeutic Community? And if so, in what ways? RQ4. Were there any barriers to engagement experienced by men convicted of filicide?	at HMP Grendon, Category B prison.					disclosure and validation, Insight: developing self and emotional expression, Relationships: forming and support and Barriers: judgement and guidance.
Miner. (2023), United States of America	Mass Incarceration in the State of Louisiana and its Impact on the Mental Health of Incarcerated Men.	What are the participants' perceptions regarding the existing psychiatric services within Louisiana prison facilities? How does the spread of infectious diseases among the overcrowded population affect the mental health	20 formerly incarcerated African American male participants who served a minimum of 10 years in a Louisiana prison facility.	Purposive sampling: through a non-profit organisation. Flyers to recruit posted on the organisation's social media platforms and given to participants	1:1 face to face or video conference calls for semi-structured interviews. Face to face interviews were held in a private conference room. Audio recorded.	Grounded theory. NVivo used to support with analyses.	Not stated.	Not stated. Framed findings within the interview questions.

		of incarcerated men in Louisiana prison facilities?		who met the criteria in person.				
Pierre-Charles. (2020), United States of America	Exploring the Lived Experience of African American Males Incarcerated in the U.S. and Mental Health Services Delivery: Phenomenological Study.	To examine the lived experiences of formerly incarcerated African American males with a history of mental health challenges and their view of the delivery of mental health services, and role of mental health professionals in an oppressive system in the United States.	6 formerly incarcerated African American men with a mental health diagnosis who had been incarcerated for at least 2 years.	Purposive sampling: through the researcher's social media to reach those in contact with formerly incarcerated individuals.	1:1 face to face semi-structured interviews at a local library. Audio recorded.	Phenomenological - Moustakas (1994). Participatory Action Research.	Phenomenological perspective and liberation psychology.	6 themes: Toxic Masculinity, Defeatist Mentality, Fractured Family Dynamics, Emotional Scars, Isolated Survival and Forced Resilience.
Ramesh et al. (2023), United Kingdom	Exploring Masculinity, Experience of Distress and Help-Seeking Within a UK Male Prison.	How does masculinity shape experiences of psychological distress and help-seeking within a prison environment?	6 individuals in a Category C male prison in the UK.	Voluntary and Opportunistic sampling: those involved in the qualitative part of the study were recruited from those	1:1 face to face semi-structured interviews in confidential rooms on the prison ground. Audio recorded.	Reflexive Thematic Analysis.	Critical Realist – Relativist.	3 themes and 7 subthemes emerged. Holding it in: don't ask for help and suppress it to cope, Image and Perception: showing emotion is a weakness, threat

				who engaged in the initial quantitative part of the study. Randomly selected participants who volunteered to be interviewed.				and judgement, and peer support, and Control: no agency or choice and having to rely on others.
Skogstad et al. (2005), New Zealand	Barriers to Help seeking Among New Zealand Prison Inmates.	To identify issues and concerns that affect help seeking by prison inmates, particularly help seeking for suicidal feelings. A secondary focus of the study was on the intentions of prison inmates to seek help from a prison-based psychologist for suicidal feeling and for a more general "personal-	52 male inmates from a small Prison in Wellington, New Zealand.	Voluntary sampling: all inmates were asked to participate.	Structured interviews. Quantitative data collection via measures was facilitated after the initial qualitative analysis.	Content analysis.	Not stated.	Perceived advantages of help seeking, Perceived disadvantages of help seeking, and barriers to help seeking when suicidal. Themes within barriers to help seeking when suicidal included: suicidal state of mind, concerns about others' reactions or opinions, lack of trust in others, and prison suicide

		emotional problem".						management procedures.
Solbakken et al. (2024), Norway	Breaking Down Barriers to Mental Healthcare Access in Prison: a Qualitative Interview Study With Incarcerated Males in Norway.	To explore individual and systemic facilitators and barriers to accessing mental healthcare in a prison context.	15 male participants from 3 prisons in Northern Norway.	Voluntary sampling: Participants were recruited through posters in the prison ward that conveyed basic information. They could make contact with the designated individuals if they wished for more information regarding taking part.	1:1 face to face semi-structured interviews in prison visitation rooms or in an office in the health wards. Audio recorded.	Grounded theory. NVivo 12 used to support with analyses.	Relativist.	4 main themes and 10 subthemes emerged. Mental health awareness: an information void and awareness of mental health issues, Social influences on help-seeking: prison culture and mental health stigma and the role of peers in accessing mental health services, Access to mental healthcare: self-referral and disempowerment, the perceived availability of mental healthcare and prison officers' role in mental healthcare and accessing

								services and Enhancing access to services: the perceived advantages of seeking professional help, lowering the bar for accessing mental health services, and mental health support from different sources.
Wainwright (2017), England	The Pathways to Offending and Mental Health Needs of Ex-Armed Forces Personnel in Prison: a Mixed Methods Study.	To explore perspectives of the treatment barriers faced by ex-armed forces personnel in prison and their support needs. To examine the service needs and help-seeking behaviour of ex-armed forces personnel in prison from a professional and service user perspective.	10 male ex-armed forces personnel in 5 adult male prisons in England. 5 professionals all with experience of providing support to ex armed forces personnel.	Purposive sampling: to include those with/without mental health problems and those who had/had not sought treatment. Those recruited had taken part in the initial quantitative	1:1 face to face semi-structured interviews in private rooms within the prison. Focus group with professionals. Audio recorded.	Thematic analysis and constant comparison, based within grounded theory approach.	Pragmatist (mixed methods, joining quantitative and qualitative).	4 primary overlapping themes: The need for and variable support available in prison, The difficulties of asking for help; The need for military awareness among staff, and the importance of preparing for release.

	part of the study. Purposive and snowball sampling for professionals.	

Note. The language used within this table is consistent with the language used in the particular article and may not be congruent with the language used throughout the body of the text.

Quality appraisal

Table 3 summarises the critical appraisal process. Overall scoring is not recommended however, Fraser (2016), Pierre-Charles (2020), Ramesh et al. (2023) and Solbakken et al. (2024) met all criteria of the CASP, whilst Danks and Bradley (2017) and Duncan et al. (2022) fully met the fewest criteria. All studies had a clear aim, with qualitative research being appropriate to meet those aims. The aims of the study, appropriateness of qualitative research, data collection methods, and value of the research were met in all the studies.

The recruitment strategy was appropriate for all research however, levels of detail varied. Two studies did not explain the role of gatekeepers in supporting recruitment (Danks & Bradley, 2017; Miner, 2023). With the exception of Fraser (2016), Howerton et al. (2007), Hunter et al. (2019), Pierre-Charles (2020) and Solbakken et al. (2024), the majority of studies did not comment on why individuals did not wish to take part or dropped out.

A criterion that was more poorly addressed was the relationship between the researcher and participants, with only half of the studies (n=7) fully considering this. Half of the studies specifically comment on reflexivity (Fraser, 2016; Howerton et al., 2007; Hunter et al., 2019; Pierre-Charles, 2020; Ramesh et al., 2023; Solbakken et al., 2024; Wainwright, 2017), which is important for the credibility of qualitative research (Ahmed, 2024). All studies except one (Skogstad et al., 2005) were explicit regarding ethical approval and consent being obtained and commented on ethical issues, though the level of detail varied. Half of the studies fully considered ethical issues, whereas six studies somewhat met the criteria. These six studies did not state how data was stored and did not comment on potential adverse effects of participation, which are important factors for gaining informed consent in qualitative research (Klykken, 2022).

Nine studies demonstrated a sufficiently rigorous data analysis process, with the five other studies evidencing a somewhat sufficiently rigorous data analysis process, with data analysis processes being important for the overall trustworthiness within qualitative research (Ahmed, 2024). All studies outlined the analysis process and included excerpts of transcriptions to support findings, though the level of detail varied. Miner (2023) presented their findings in line with the interview questions rather than utilizing a thematic or analytic approach. The researcher examined their own role and potential bias during analysis in eight of the studies. Nine studies reported that they had other researchers or participants involved in the data analysis process (Durrah, 2013; Fraser, 2016; Howerton et al., 2007; Hunter et al., 2019; Jacobs & Shuker, 2019; Ramesh et al., 2023; Skogstad et al., 2005; Solbakken et al., 2024; Wainwright, 2017), which is important for confirmability in qualitative research (Ahmed, 2024).

All studies included a clear statement of findings, with all studies fully meeting this criteria except three (Cobb & Farrants, 2014; Danks & Bradley, 2017; Skogstad et al., 2005). These three studies were the only ones not to comment on the credibility of their findings. All studies discussed relevant literature related to their findings and how their findings contributed to the evidence base. Additionally, all studies included recommendations for future research or practice. All studies except for Skogstad et al. (2005) discussed the generalisability of findings. Finally, another poorly met criterion was the study's theoretical underpinning being clear, consistent and conceptually coherent; only five studies achieved this (Cobb & Farrants, 2014; Fraser, 2016; Pierre-Charles, 2020; Ramesh et al., 2023; Solbakken et al., 2024). Theoretical underpinnings are important for guiding the research process, including understanding the existing knowledge, question generation, and methodological decisions (Collins & Stockton, 2018).

Generally, published journal articles are peer-reviewed, with peer-review processes seeking to ensure quality control (Drozdz & Ladomery, 2024). Therefore, it could be argued that the included studies from grey literature, namely doctoral theses, that had not gone through the peer review process, may exhibit lower quality. However, this was not supported by the quality appraisal process. Four of the five included doctoral theses met at least 10 of the 11 CASP criteria and were amongst the highest-quality studies.

Table 3

Summary of Critical Appraisal Using the Qualitative Critical Appraisal Skills Programme Checklist (CASP, 2024) With Adaptions According to Long et al. (2020)

Qualitative CASP Checklist with Adaptions	Study													
	Cobb & Farrants. (2014)	Danks & Bradley. (2017)	Duncan et al. (2022)	Durrah. (2013)	Fraser. (2016)	Howerton et al. (2007)	Hunter et al. (2019)	Jacobs & Shuker. (2019)	Miner. (2023)	Pierre-Charles. (2020)	Ramesh et al. (2023)	Skogstad et al. (2005)	Solbakken et al. (2024)	Wainwright. (2017)
Was there a clear statement of the aims of the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Is a qualitative methodology appropriate?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the research design appropriate to address the aims of the research?	Y	Y	S	Y	Y	S	S	Y	Y	Y	Y	Y	Y	Y
Was the recruitment strategy appropriate to the aims of the research?	Y	S	S	Y	Y	Y	Y	S	S	Y	Y	Y	Y	Y
Was the data collected in a way that addressed the research issue?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Has the relationship between researcher and participants been adequately considered?	CT	CT	CT	Y	Y	CT	Y	S	CT	Y	Y	CT	Y	Y
Have ethical issues been taken into consideration?	S	S	S	Y	Y	S	S	S	Y	Y	Y	CT	Y	Y
Was the data analysis sufficiently rigorous?	Y	S	S	Y	Y	S	Y	Y	S	Y	Y	S	Y	Y

Is there a clear statement of findings?	S	S	Y	Y	Y	Y	Y	Y	Y	Y	Y	S	Y	Y
How valuable is the research?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Are the study's theoretical underpinnings clear, consistent, and conceptually coherent?	Y	CT	CT	CT	Y	CT	CT	CT	N	Y	Y	CT	Y	S

Note. Y = Yes, S = Somewhat, CT = Can't tell, N = No

Thematic synthesis

Seven analytic themes were identified: Relational Barriers, Systemic and Institutional Barriers, Masculine Identity and Help-seeking Behaviour, Inadequate Mental Health Support, Breaking Down Barriers, Psychological and Emotional Barriers, and Cultural Diversity Factors. Table 4 outlines the analytic and descriptive themes. Only one paper contributed to all themes, despite all papers mapping onto the majority of themes. Table 5 demonstrates which papers contributed to each analytic theme. Figure 2 illustrates the number of codes within each analytic and descriptive theme.

The quality of studies was considered when analysing and reporting the results. This was facilitated by focusing on whether any analytic themes were generated only from studies that fully met the fewest criteria on the CASP (Danks & Bradley, 2017; Duncan et al., 2022; Howerton et al., 2007; Skogstad et al., 2005). However, each analytic theme was supported by at least one higher-quality study as measured by the CASP. This is illustrated by the information presented in Table 5. This methodology utilises triangulation to ensure findings are supported by other sources (Ahmed, 2024). Had any themes been generated solely from studies that fully met the fewest criteria on the CASP, the themes would have been reported separately from the main analyses with the risks of interpretation highlighted. It is an often utilised rationale to include all studies regardless of quality in research areas with limited studies available, such as this (Small, 2023).

Table 4

Theme Development

Analytic Theme	Descriptive Theme
Relational Barriers	Negative Perceptions of and Experiences with Staff Stigma, Judgments, and Lack of Understanding Negative Perceptions of and Experiences with Fellow Prisoners
Systemic and Institutional Barriers	Power Dynamics and Control Mechanisms Prison Environmental Factors Prison Processes and Procedures
Masculine Identity and Help-seeking Behaviour	Masculine Discourses in Prison Alternative Coping Strategies
Inadequate Mental Health Support	Insufficient Resources and Services Negative Perceptions and Experiences of Mental Health Support
Breaking Down Barriers	Facilitators of Help-seeking
Psychological and Emotional Barriers	Distrust Adverse Life Experiences Difficult Emotional Responses
Cultural Diversity Factors	Experiences of Ethnic Minority Groups

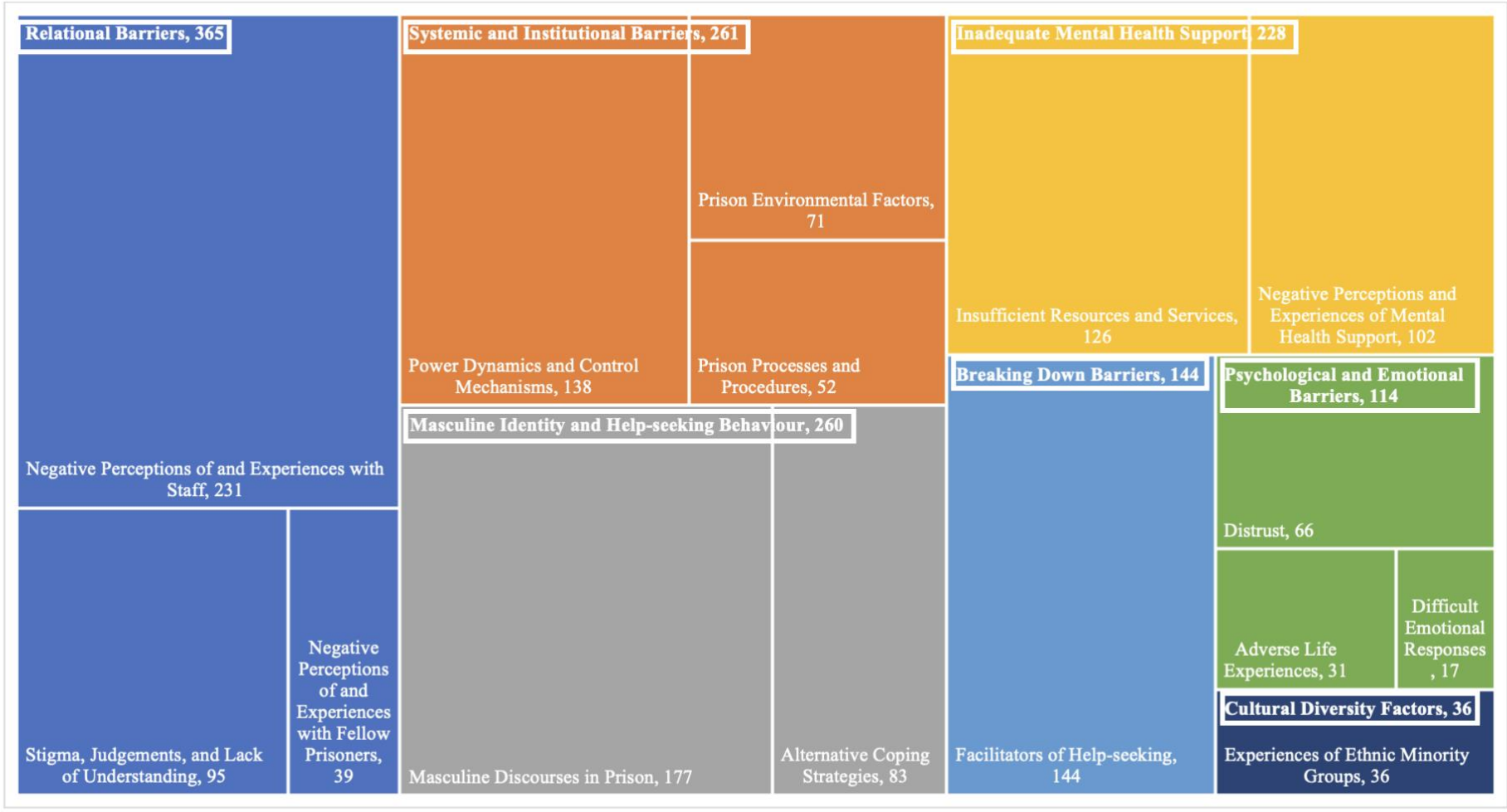
Table 5

Theme Contribution Across Studies

Study	Theme						
	Relational Barriers	Systemic and Institutional Barriers	Masculine Identity and Help-seeking Behaviour	Inadequate Mental Health Support	Breaking Down Barriers	Psychological and Emotional Barriers	Cultural Diversity Factors
Cobb & Farrants. (2014)	✓	✓	✓	✓	✗	✓	✗
Danks & Bradley. (2017)	✓	✓	✓	✓	✓	✓	✗
Duncan et al. (2022)	✓	✓	✓	✓	✓	✓	✗
Durrah. (2013)	✓	✓	✓	✓	✓	✓	✗
Fraser. (2016)	✓	✓	✓	✓	✓	✗	✗
Howerton et al. (2007)	✓	✓	✓	✓	✓	✓	✗
Hunter et al. (2019)	✓	✓	✓	✓	✓	✓	✓
Jacobs & Shuker. (2019)	✓	✓	✓	✓	✓	✓	✗
Miner. (2023)	✓	✓	✓	✓	✓	✓	✗
Pierre-Charles. (2020)	✓	✓	✓	✓	✗	✗	✓
Ramesh et al. (2023)	✓	✓	✓	✓	✗	✓	✗
Skogstad et al. (2005)	✓	✓	✓	✓	✓	✓	✗
Solbakken et al. (2024)	✓	✓	✓	✓	✓	✓	✗
Wainwright (2017)	✓	✓	✓	✓	✓	✓	✗

Figure 2

Treemap to Illustrate the Number of Codes Within Each Analytic Theme and Descriptive Theme



Relational barriers

Men across all studies referred to relational barriers to engaging with mental health support within prisons. The relational barriers occurred in relationships with different groups of individuals, including healthcare professionals in prison, prison staff, fellow prisoners, and loved ones. Many men expressed that staff "don't really care" (Ramesh et al., 2023, p.92), including healthcare staff, as "doctors used to be caring people…but nowadays…they don't care" (Howerton et al., 2007, p.4). Men's relational experiences surpassed not feeling cared for. They also described experiences of harm or potential harm from others in prison, including staff and fellow prisoners, for example, "inmates physically hurt themselves or the other person…verbal abuse, physical abuse to others" (Durrah, 2013, p.49) and "you have a certain health condition and they (staff) bully you" (Danks & Bradley, 2017, p.9). The lack of emotional and physical safety with others impacted men's relational safety with those required to build relationships with to access support, such as staff. Furthermore, some men described accessing support, though feeling healthcare professionals did not care or that they were treated "superficially" (Howerton et al., 2007, p.3), again evidencing a relational barrier once accessing support.

Men expressed being "afraid of the stigma" (Howerton et al., 2007, p.5) and being perceived as "crazy" (Skogstad et al., 2005, p.10) by staff and fellow prisoners. It was important for men to avoid being perceived in such a way as to prevent potential "victimisation" within the prison environment (Solbakken et al., 2024, p.7). Men's fear of stigma, judgment, and not being understood compounded their ability to be relationally vulnerable with the required individuals in order to access and utilize mental health support. Overall, men's held beliefs and experiences with others led to significant relational barriers in forming necessary relationships with those required in order to access and receive support. Additionally, there were concerns that if such relationships

were formed with healthcare professionals, this could impact relationships and safety with prison staff and fellow prisoners due to mental health stigma.

Systemic and institutional barriers

Systemic barriers specific to the institutional nature of prison were evident across all studies. The power dynamics and control mechanisms inherent within the criminal justice system place the men in prison as subordinates with no "choice" (Ramesh et al., 2023, p. 94), in contrast with the prison system and staff having the power and "control" (Cobb & Farrants, 2014, p.52). The lack of control could result in feelings of helplessness and left men having to "just get on with it…take it on the chin" (Ramesh et al., 2023, p.94), opting to manage independently rather than accessing mental health support from a system seeking to control them. The power indifference, with prisoners' lack of perceived power, can also result in prisoners attempting to gain power and control over the prison system and fellow prisoners, which has been coined a "manipulation process" (Cobb & Farrants, 2014, p.51).

Related to control, the physical environment of the prison was a significant systemic barrier to accessing and utilizing mental health support. Prison wings being "locked down" (Miner, 2023, p.67) and "solitary confinement" (Pierre-Charles, 2020, p.76) meant men were unable to access mental health support. Additionally, three studies referenced overcrowding within prisons, which impacted the capacity of staff and services to provide support. Finally, the prison environment itself can trigger mental health difficulties, as a man described, "I've always had good mental health. Until I came here, inside these walls" (Solbakken et al., 2024, p.7) and witnessing violence in prison such as seeing "a guy get stabbed" (Pierre-Charles., 2020, p.78). Men were, therefore, less likely to access and seek support due to their physical environment within prison being unsafe and the environment itself precipitating and/or perpetuating their mental health difficulties.

Processes and procedures within prison created systemic barriers to men being able to access mental health support. Referral processes were identified as a barrier; for example, referral processes required a certain level of literacy and English language ability when "they (prisoners) might not know how to write or understand what it says" (Solbakken et al., 2024, p.8). There may be negative consequences for disclosing mental health difficulties such as being "shipped out" (Danks & Bradley, 2017, p.9), receiving an "increased security rating" and "possible early release" being prevented (Skogstad et al., 2005, p.10) which were further systemic barriers for men accessing and utilizing mental health support. Finally, processes such as inadequate reception screening and subsequent lack of follow-up were identified as systemic barriers.

Masculine identity and help-seeking behaviour

The construction of masculine identity within a prison context and needing a "prison mask" (Solbakken et al., 2024, p.7) presented a significant barrier to men accessing and utilizing mental health support across all studies. Narratives of "got to be strong" (Cobb & Farrants, 2014, p. 51) and avoiding being "weak" or showing "vulnerability" were frequently identified. This construction of masculine identity within prison meant men had to "deal with that (difficult emotions) myself" (Cobb & Farrants, 2014, p.51) and "be independent" (Wainwright, 2017, p.179) when managing mental health difficulties. Therefore, this demonstrates how masculine identity is perceived as an important factor in preventing men from accessing and utilizing mental health support.

To uphold the ideal masculine identity in prison, men utilized alternative coping strategies to manage independently. The predominant coping strategy was to internalise difficulties and suppress emotions, suffering "in silence" (Pierre-Charles, 2020, p.69), as well as "accept your lot" within prison (Cobb & Farrants, 2014, p.53). Other means of coping included spirituality and "writing…or writing music" (Durrah, 2013, p.54).

Despite the importance of managing independently and relational barriers with fellow prisoners, men utilized fellow prisoners for support. Speaking with fellow prisoners was "always better" than speaking with staff (Danks & Bradley, 2017, p.14) in men's views, further supporting the relational barrier between men in prison and staff. Overall, alternative coping strategies were utilized in an attempt to reduce the need to access formal mental health support within prison.

Inadequate mental health support

Across all studies, inadequate mental health support was reported. The lack of resources was commented on extensively, as summarised by this quote from one of the participants "no resources, not enough mental health professionals, sporadic visitation, lack of resources to pay for personnel and mental health treatment" (Miner, 2023, p.68). Lack of resources encompassed numerous areas, including lack of health information, service information, therapists, funding, and availability of prison healthcare. Consequently, there were "sky high" thresholds for seeking help (Solbakken et al., 2024, p.7), long waiting times, lack of staff continuity "it chops and changes" (Wainwright, 2017, p.183), prison staff working outside of remit of role "they think they can make a doctor's judgement" (Solbakken et al., 2024, p.9) and men in prison gatekeeping each other's mental health "the inmates take on the role of an officer, of a psychologist…they do it because no one else does" (Solbakken et al., 2024, p.8). Overall, this demonstrates that insufficient resources were perceived as a significant barrier to men accessing and utilizing mental health support.

Furthermore, men held negative perceptions of or had negative experiences with mental health support. Men had experienced or witnessed inadequate care, such as receiving the "wrong diagnosis and treatment" and being "overmedicated" (Miner, 2023, p.67 and p.69). Being prescribed medication also increased potential danger due to medication being used as "currency" (Fraser, 2016, p.199) and, therefore, being

sought after. Men who had engaged in therapy felt that it was an illusion, not matching their expectations "therapy's this and therapy's that, then the longer I got here, it's just like it doesn't seem like it is anymore" (Duncan et al., 2022, p.1227) and therefore resulted in dropping out. Finally, men across half of the studies reported that there was a lack of confidentiality within prison settings, "there's none of this confidentiality, it doesn't happen - screws talk, nurses talk, everybody talks in prison" (Wainwright, 2017, p.180). Therefore, men's prior negative experiences of mental health support within prison were a barrier to current or future access and utilization.

Breaking down barriers

With the exception of three studies, men commented upon the factors that had helped break down or could help break down the barriers to accessing and utilizing mental health support. Of note is that the factors identified were closely related to the barriers identified through the outlined analytic themes. Men identified positive relationships with staff and being encouraged by fellow prisoners to seek help as factors which would break down barriers; this begins to address the earlier outlined relational barriers. Men also identified going at their "own pace" (Hunter et al., 2019, p.21), allowing them to have control, being in a safe environment, "proper assessment" (Solbakken et al., 2024, p.10) and being offered "follow-ups" (Durrah, 2013, p.58) which begins to address some systemic and institutional barriers. Additionally, men identified "more mental health professionals and funding for mental health services" in prison (Miner, 2023, p.71), increased support available such as "classes…talk in a group" (Durrah, 2013, p.57), and timely access to support which begins to address some of the presented inadequacies of mental health support. Furthermore, men expressed openness with others "I talked a bit to others…they helped me to think about what I was struggling with" (Jacobs & Shuker, 2019, p.70) as breaking down barriers, which begins to address some of the barriers related to masculine identity within prison. Overall, the

identified factors to help break down barriers to accessing and utilizing mental health support largely involved addressing the analytic themes outlined so far.

Psychological and emotional barriers

All studies except for two spoke to psychological and emotional barriers to accessing and utilizing mental health support. In four of the studies, men shared adverse life experiences, typically in childhood, such as substance abuse by family, physical abuse, sexual abuse, neglect, and being part of the foster care system. Whilst these do not act as immediate barriers to engagement in mental health support, such adverse life experiences can impact development in numerous areas. For example, relational difficulties may occur and could relate to distrust for others. Distrust was a consistent narrative across ten studies. This encompassed distrust for all such as staff, fellow prisoners, the "system", and family, as summarised by a participant "If I don't trust my own mum, I ain't going to trust no-one" (Howerton et al., 2007, p.3). Distrust is likely to interact with relational difficulties and perpetuate difficulties with reaching out for mental health support. Finally, difficult emotional responses arose in relation to the prison environment and considering accessing support such as embarrassment, "shame" (Skogstad et al., 2005, p12), paranoia, and hopelessness, which presented emotional barriers to accessing and utilizing mental health support.

Cultural diversity factors

Cultural diversity factors relate to particular experiences of ethnic minority groups and was a theme represented by participant data from only two studies. Some of the men's narratives within this theme mapped onto other analytic themes. For example, a participant noted "Black people, Asian people, and all of that, it's like we're very tough…and asking for help will make you look weak to other people" (Hunter et al., 2019, p.19), which demonstrates similarities to masculine identity discourses. However, this is particularly framed in the context of individuals' ethnicities. Thus introducing

intersectionality between gender and ethnicity. Stigma and judgment were also a significant cultural diversity factor, as discussed in relational barriers. However, the stigma and judgment were specific to familial cultural beliefs, for example, “a lot of Caribbean backgrounds, they don’t really see mental illness as an illness unless it’s serious. Like you are absolutely bonkers…talking to walls or something. But things like depression, bipolar, anxiety…they just see it as you’re rude, you’re bad” (Hunter et al., 2019, p.18) and family members diminishing help-seeking for mental health. There was also a perception that mental health services within the prison were only for white, vulnerable prisoners. Therefore, familial cultural beliefs and misconceptions about services may have been potential barriers for men accessing mental health support.

Racism was a present theme in one of the studies. Men shared experiences of verbal racial abuse and being treated “like an animal rather than a human being. Smacking, spitting, yelling and beating you for no damn reason” (Pierre-Charles, 2020, p.68). The staff also did not represent the prison population “80, 85% of the prison is black. But the whole staff is white”, and it appeared white counterparts were favoured “the white guys get everything they want” (Pierre-Charles, 2020, p.68 and p.72). Finally, it was also noted that most prisons in that area were located in “white racist neighbourhoods” (Pierre-Charles, 2020, p.68). The threat and lack of safety, as well as emotional responses to the racism outlined, would likely act as significant barriers for men accessing and utilizing mental health support within prison.

Discussion

The present review aimed to explore the perceived barriers to men accessing and utilizing mental health support in prison. The review focused specifically on capturing the voices of men who had been or were currently residing in prison, who are often underrepresented in the evidence base (McNaull et al., 2023). 14 studies were included in the final review. The quality of the studies varied, though all were included for

analysis. The quality of the study was considered within theme development such that no theme was based only on the findings from lower-quality studies. Five of the included studies were from grey literature. Studies from the grey literature were significantly longer than published studies. This may have influenced the criteria being met on the CASP, as studies in the grey literature had increased word count to expand on reporting their research.

Seven analytic themes were generated within the present review. These analytic themes summarised the perceived barriers to men accessing and utilizing mental health support within prison. Interestingly, the analytic and descriptive themes intersect and relate to one another. Relational barriers were the most widely reported within the present review, with negative perceptions of and experiences with staff being the most reported descriptive theme across all studies. Men felt that staff, including healthcare staff, did not care and that, furthermore, prison staff could be harmful. Prison staff were often seen as the gateway to accessing support, and therefore, difficulties in these relationships were a significant barrier to men accessing mental health support. Another analytic theme, psychological and emotional barriers, included men experiencing adverse life experiences, often with family in childhood. There appear to be some parallels between men's adverse life experiences with family during childhood and their relationships with prison staff. The reenactment of these relational patterns (Pearlman & Courtois, 2005), with staff potentially mirroring the role of family members in childhood, such as being abusive or neglectful, is likely to perpetuate men's negative beliefs about others and further ostracise them from accessing mental health support.

Stigma and judgment was another significant descriptive theme captured by relational barriers, with men being concerned about potential stigma in relation to experiencing, being open about, and seeking support for mental health difficulties. This appears to intersect with the systemic and institutional barriers and masculine identity

themes. The prison environment and power dynamics at play mean there can be a struggle for dominance and importance in appearing strong and avoiding vulnerability, which generates the perceived ideal of masculine identity in prison. Accessing mental health support threatens this ideal image. This notion has been supported in previous literature, which discusses the "interplay between individual male characteristics and institutional dynamics that intensify toxic masculinity", which fosters resistance to therapeutic support (Kupers, 2005).

Systemic and institutional barriers, such as the prison environment, were perceived as significant barriers to males accessing and utilizing mental health support. The prison environment was reported to be unsafe, with survival being key, as illustrated by participants' quotes "it's survival of the fittest in prison" (Wainwright, 2017, p.180) and "you sleep with one eye open" (Pierre-Charles, 2020, p.78). Within the prison context, experiences such as increased threat perception and paranoia in psychosis (Henry et al., 2010) and hypervigilance in PTSD (Kimble et al., 2014) can serve an adaptive function in keeping individuals safe within prison. When considering Maslow's hierarchy of needs (Maslow, 1943), men in prison focus on the basic needs of survival as a greater priority than seeking support for mental health difficulties or concerns. Moreover, prison processes and procedures, such as referral forms requiring proficiency in English language reading and writing, may also intersect with inadequate mental health support, potentially demonstrating a lack of necessary adaptions to meet the needs of the population the services are intended to support.

As mentioned, the narrative around masculine identities and how these are constructed within the prison environment presents a barrier to men accessing and utilizing services and such barriers are cited within the general male population (Lynch et al., 2018; Robertson et al., 2020). Consequently, men may develop and opt for utilizing alternative coping strategies which do not rely on formal engagement with

services. One such strategy was speaking with fellow prisoners, which initially appeared in opposition to relational barriers. A hypothesis to explain this could be that men feel fellow prisoners will understand due to having similar experiences. This idea is partially supported by a participant's quote, "I know that they know exactly how I'm feeling. They have served a prison sentence. And they… They have lived experience", concerning support from a user organisation (Solbakken et al., 2024, p.11). Furthermore, fellow prisoners are more accessible than staff due to systemic and institutional barriers such as overcrowding and lack of staffing.

Inadequate mental health support is another analytic theme of the present review, which is a significant barrier to men accessing and utilizing mental health support. The lack of resources such as health information, service information, therapists, funding, and availability of prison healthcare reported within this review supports wider established literature regarding lack of funding and recruitment and retention difficulties within prisons (Forrester et al., 2018; HM Inspectorate of Prisons, 2022; Jones & Lally, 2024). A lack of confidentiality was reported across half of the studies in the current review and was also found in a systematic review regarding women's experiences with prison-based mental healthcare (Bright et al., 2022). Lack of confidentiality intersects with systemic and institutional barriers to accessing prison healthcare as it illustrates the inherent power imbalance in prison and the lack of control individuals in prison have over their health-related information. Therefore, not accessing mental health support allows individuals to preserve their right to privacy with their information. Furthermore, lack of confidentiality intersects with psychological and emotional barriers as well as relational difficulties with staff, as lack of confidentiality perpetuates distrust of staff and again may evidence how experiences such as increased threat perception, paranoia and hypervigilance can be adaptive within the prison context.

As mentioned, psychological and emotional barriers were present. Difficult emotional responses were identified as a descriptive theme, though narratives within this theme were more limited. Potentially, men were not open about emotional responses so as not to appear weak and, therefore, maintain the desired masculine identity.

Another analytic theme was cultural and diversity factors, though only two studies contributed to this theme. Four of the included studies were focused specifically on minority ethnic groups (Durrah, 2013; Hunter et al., 2019; Miner, 2023; Pierre-Charles, 2020). The majority of the other studies did not comment on ethnicity, only Howerton et al. (2007), Skogstad et al. (2005), and Ramesh et al. (2023) were explicit about the ethnicity of participants. Of these studies, only Howerton et al. (2007) reflected on this briefly within their discussion.

Ethnic minority populations are overrepresented within prison populations in England, Wales, and the US (Nellis, 2021; Prison Reform Trust, 2024; Sturge, 2024). Yet, studies do not appear to be focused on ethnic minority populations and/or do not report the proportions of different ethnicities within the research. Furthermore, the cultural and diversity factors theme was contributed to significantly less compared with all other analytic themes, as only two studies contributed to this theme, evidencing a gap in the views of those from ethnic minority groups. This could suggest potential researcher bias and raises the question of whether recruitment was made accessible and considered for ethnic minority groups. Additionally, the workforce within English and Welsh prisons does not reflect the ethnicity of the individuals it serves, with 89.9% of prison officers identifying as White, 4.4% as Black, 2.6% as Mixed ethnicity, 2.5% as Asian and 0.6% from ‘Other’ ethnic groups (Ministry of Justice, 2024b). However, these figures are largely representative of the general English and Welsh population (Government UK, 2024). Staff not representing the ethnicity of the prisoner population

was noted in Pierre-Charles' (2020) study. Overall, cultural and diversity factors illustrated additional barriers to men accessing and utilizing mental health support, such as familial and cultural beliefs about mental health and racism.

The final analytic theme was breaking down barriers, which encapsulated factors that men identified as having broken down barriers to accessing or utilizing support previously or factors they felt would help to break down barriers moving forward. Factors to break down barriers included: positive relationships with staff, feeling respected by others, having some control and ownership over support received, and increased services. All analytic themes, including breaking down barriers, allow the opportunity for potential changes to policy and practice within the criminal justice system in line with the views of the population the system aims to support.

Some of the themes identified in the present review had similarities with Bright et al.'s (2022) qualitative systematic review of women's experiences of prison-based mental healthcare, suggesting not all of the themes identified in the present review are unique or specific to men. Similar themes identified included relational difficulties with staff and fellow prisoners, the prison processes and procedures, the prison environment, and negative experiences of mental health support. Interestingly, Bright et al.'s (2022) review highlighted civil liberties being curtailed, reducing women's ability to self-manage their well-being, which was not present in the current review. It could be hypothesised that this was not raised because the priority for men was upholding a strong masculine identity and avoiding mental health stigma, both of which were themes not present in Bright et al.'s (2022) review. The present review and Byrne et al.'s (2023) systematic review taking a social identity approach to mental health help-seeking behaviour in prisoners had many overlapping themes. However, the current review appeared to introduce novel themes, such as experiences of ethnic minority groups, adverse life experiences, difficult emotional responses, and facilitators of help-seeking.

When considering the quality of the included studies, a number of specific criteria appeared to be consistently poorly rated, including commenting on the relationship between the researcher and participants and the study's theoretical underpinnings being clear, consistent, and conceptually coherent. This is problematic as these domains affect the trustworthiness of the studies in different ways. For example, by not commenting on the relationship and any potential personal biases, the credibility of the findings is called into question and by not being clear and consistent with theoretical underpinnings, the dependability of the findings is called into question. Future research would benefit from incorporating and being explicit regarding these domains.

Implications for practice

The most significant barrier to men accessing mental health support was relational barriers, particularly negative perceptions of and experiences with staff as well as stigma, judgment and lack of understanding. Training for wing staff regarding the experiences of men in prison, with a particular focus on mental health, may help to build more positive relationships and reduce some experiences of stigma, potentially allowing individuals to feel more able and comfortable to access mental health support. This would align with initiatives to develop training for prison officers to identify mental health difficulties and signpost for support (Durcan, 2023; House of Commons Justice Committee, 2021). Additionally, it is imperative for prison staff to understand the importance of maintaining confidentiality, as this is a fundamental right and would likely support men in prison to feel more able to trust prison staff and potentially seek mental health support. Related to this, it would be helpful for prison staff to understand that breaches of confidentiality likely exacerbate symptoms of mental health difficulties such as paranoia, and thus, by modelling and maintaining confidentiality, they may notice a slight reduction in such symptoms and an increased willingness to seek support.

Inadequate mental health support needs to be addressed through resources being allocated to prison services, including increased healthcare and prison staffing, as well as mental health provision. The House of Commons Justice Committee (2021) reported a need to ensure that prison services are at least equivalent to community support, and the United Nations Office of Drugs and Crime (2024) stated that there is a shortage of specialised healthcare staff, such as nurses and psychologists, which needs addressing. The National Health Service aims to increase the number of clinical psychologist training positions in England and thus qualified clinical psychologists (National Health Service England, 2023) and apply a "no threshold" access to psychological support to those in secure and detained settings (National Health Service England, 2022). However, there do not appear to be plans to increase the number of clinical psychologists working in prison specifically.

Prison services may benefit from increased support from external organisations, with Experts by Experience (EbE), to address some of the relational barriers to accessing and utilizing mental health support. As identified within the present review, men felt more comfortable seeking support from EbE, as they could relate to their position. Furthermore, increased use of EbEs might break down the barrier of masculine identity; if they were to model openness and vulnerability regarding mental health, this may become a more acceptable norm within the prison environment. Literature has demonstrated the benefits of EbE in prison in reducing stigma, improving recovery, and supporting policy-making (Buck et al., 2022; Lindström & Rantanen, 2021).

When considering cultural and diversity factors which perpetuate barriers to accessing and utilizing mental health support in ethnic minority groups, it is important to deliver culturally sensitive care. Additionally, that the workforce is more representative of the men it is supporting in terms of ethnicity. Shingler and Pope (2018)

found that culturally aware treatment delivered by staff of a similar ethnic background to the clients is preferred and is more likely to reduce the chances of fear and resistance.

Finally, the review demonstrates that fostering an environment of rehabilitation, rather than punishment and control, would support men accessing and utilizing mental health support. This would require a significant cultural shift in the majority of prison environments. However, the literature suggests that environments designed to be rehabilitative, such as individuals having autonomy, fair treatment, positive staff and peer relations, access to psychological intervention, and access to meaningful activity, are associated with reduced recidivism (Auty & Liebling, 2020; Beaudry et al., 2021; van Ginneken & Palmen, 2023); with reduced recidivism being one of the primary aims of individuals serving a prison sentence (Ministry of Justice, 2021).

Limitations

The review must be considered in the context of the following limitations. Overall, there was a lack of studies within this topic area considering the broad inclusion criteria, which encompassed all studies, including grey literature, regardless of quality. It is important that as research in this area and services develop, the present systematic review is updated to consider whether any identified barriers have been addressed and whether any additional barriers emerge.

From the information available in the included studies, there appeared to be a lack of diversity across the participant populations and an overall small sample size of 225. Additionally, studies were facilitated solely in high-income countries. These factors combined meant that the results were not transferable to all men in prison across the global population. As mentioned, no date limit was set, and the study with the earliest publication date was 2005, 20 years ago. Therefore, the present review is not based on a completely contemporary narrative, and the issues, perspectives and concerns identified by men in accessing and utilizing support may have changed over the following years.

Additionally, as it was decided not to exclude studies based on their quality, this may have an impact on the potential trustworthiness of the findings. However, this was considered in the analysis process. Some studies were facilitated in specific settings, such as Therapeutic Communities and Offender Personality Disorder pathways and with groups with specific offences such as sexual offences and filicide. The specificities of the settings and offences raised questions of transferability; however, as the present review demonstrates, commonalities in their narratives were found.

Related to changes over time, it may be important to consider the Coronavirus Disease (COVID-19) pandemic. The majority of studies were completed prior to or during 2020 (n=10); however, of the remaining studies, only one reflects specifically on the potential impact of the COVID-19 pandemic on their findings, such as distress potentially being elevated at this specific time (Ramesh et al., 2023). One such reason for elevated distress at this time may have been related to increased restrictions and reduced regimes, which would impact access to mental health services and fellow prisoners in prison. A scoping review of the literature has indeed highlighted such challenges for those in prison during the COVID-19 pandemic (Johnson et al., 2021).

The reviewer can influence the thematic analysis process, and this needs to be considered (Noyes et al., 2018). The primary researcher of the present review had a background of working in forensic settings, including previously working in a male prison's mental health service, and the primary reviewer completed the analysis process largely independently. However, each stage of the analysis process and findings were reviewed with the second author, increasing the confirmability of the findings (Ahmed, 2024). Additionally, though the primary researcher did not keep a detailed reflective diary, they did record thoughts and observations throughout the analysis process. Furthermore, the analysis process utilized for the present review, proposed by Thomas and Harden (2008), provided a structured framework and numerous stages of coding,

allowing the primary researcher ample opportunity to reflect on their potential influence, increasing the credibility of the findings (Ahmed, 2024). Finally, audit trails within N-Vivo software demonstrate transparency of the analysis process and therefore increases the dependability of the findings (Ahmed, 2024).

Future research

Generally, there is a lack of qualitative research regarding the experiences of men in prison, and therefore, further qualitative research in this domain is required. There is a particular lack of voice for individuals from ethnic minority groups in prison within the evidence base, despite an overrepresentation of ethnic minority groups in prison. Future research should focus on the specific barriers to accessing and utilizing support within such groups and explore ways to break down barriers. This would help to inform culturally specific policies and practices within prison settings. Furthermore, future research must be facilitated within widespread geographical locations, particularly areas considered low to middle income. It is also hoped that research within widespread geographical locations would diversify the population of participants included within the evidence base and, thus, future reviews.

It is recommended for future research to specify what the mental health provision within the prison setting entails, as this was often missing within the literature. The inclusion of this would allow an understanding of the current service provision and any differences in provision across countries and globally. It would also allow potential consideration of barriers to specific elements of mental health support, such as medication or psychological intervention. Future reporting of demographics, such as whether men are on remand or sentenced and whether they are in prison for the first time or have served multiple sentences, would be helpful. More specific attention can be placed on the unique experiences of particular demographics common in the

prison setting and could impact the barriers reported to accessing and utilizing mental health support.

Conclusions

To the authors' knowledge, this is the first qualitative systematic review regarding the perceived barriers in males to accessing and utilizing mental health support in prison. The present review highlighted numerous barriers at individual, relational, systemic, and cultural levels, with relational barriers reported most among participants. Such barriers have illuminated potential areas for change to improve policy and service delivery within prison settings. Prisons are required to operate on a truly rehabilitative basis for mental health support to be accessed, utilized, and effective. Future research is required to expand upon the limited evidence base that currently exists.

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References

Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine, Surgery, and Public Health*, *2*, 100051. https://doi.org/10.1016/j.glmedi.2024.100051

Auty, K. M., & Liebling, A. (2020). Exploring the Relationship between Prison Social Climate and Reoffending*. *Justice Quarterly*, *37*(2), 358–381. https://doi.org/10.1080/07418825.2018.1538421

Baranyi, G., Cassidy, M., Fazel, S., Priebe, S., & Mundt, A. P. (2018). Prevalence of Posttraumatic Stress Disorder in Prisoners. *Epidemiologic Reviews*, *40*(1), 134–145. https://doi.org/10.1093/epirev/mxx015

Beaudry, G., Yu, R., Perry, A. E., & Fazel, S. (2021). Effectiveness of psychological interventions in prison to reduce recidivism: A systematic review and meta-analysis of randomised controlled trials. *The Lancet. Psychiatry*, *8*(9), 759–773. mdl. https://doi.org/10.1016/S2215-0366(21)00170-X

Buck, G., Tomczak, P., & Quinn, K. (2022). This is how it Feels: Activating Lived Experience in the Penal Voluntary Sector. *The British Journal of Criminology*, *62*(4), 822–839. https://doi.org/10.1093/bjc/azab102

Butler, A., Hall, H., & Copnell, B. (2016). A Guide to Writing a Qualitative Systematic Review Protocol to Enhance Evidence-Based Practice in Nursing and Health Care. *Worldviews on Evidence-Based Nursing*, *13*(3), 241–249. https://doi.org/10.1111/wvn.12134

Bureau of Justice Statistics. (2024, October 15). *Prisoners in 2022 – Statistical Tables.* U.S. Department of Justice. https://bjs.ojp.gov/document/p22st.pdf

Bright, A.-M., Higgins, A., & Grealish, A. (2022). Women's experiences of prison-based mental healthcare: A systematic review of qualitative literature. *International*

Journal of Prisoner Health, *19*(2), 181–198. https://doi.org/10.1108/IJPH-09-2021-0091

Byrne, E., Bradshaw, D., Kerin, M., & Pepe, I. (2023). A social identity approach to mental health help-seeking behaviour in prisoners: A systematic review. *Journal of Community & Applied Social Psychology, 34(1)*, 1-13.

Canada, K., Barrenger, S., Bohrman, C., Banks, A., & Peketi, P. (2022). Multi-Level Barriers to Prison Mental Health and Physical Health Care for Individuals With Mental Illnesses. *Frontiers in Psychiatry*, *13*. https://www.frontiersin.org/articles/10.3389/fpsyt.2022.777124

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11–27. https://doi.org/10.1017/S0033291714000129

*Cobb, S., & Farrants, J. (2014). Male prisoners' constructions of help-seeking. *Journal of Forensic Practice*, *16*(1), 46–57. https://doi.org/10.1108/JFP-01-2013-0005

Collins, C. S., & Stockton, C. M. (2018). The Central Role of Theory in Qualitative Research. *International Journal of Qualitative Methods*, *17*(1), 1609406918797475. https://doi.org/10.1177/1609406918797475

Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: The SPIDER Tool for Qualitative Evidence Synthesis. *Qualitative Health Research*, *22*(10), 1435–1443. https://doi.org/10.1177/1049732312452938

Critical Appraisal Skills Programme (2018). *CASP Checklist: For qualitative research.* CASP. https://casp-uk.net/checklists-archive/casp-qualitative-studies-checklist-fillable.pdf

Critical Appraisal Skills Programme (2024). *CASP Checklist: For qualitative research.* CASP. https://casp-uk.net/casp-checklists/CASP-checklist-qualitative-2024.pdf

*Danks, K., & Bradley, A. (2017). Negotiating barriers: Prisoner and staff perspectives on mental wellbeing in the open prison setting. *Journal of Criminal Psychology*, *8*(1), 3–19. https://doi.org/10.1108/JCP-03-2017-0016

Dixon-Woods, M., Sutton, A., Shaw, R., Miller, T., Smith, J., Young, B., Bonas, S., Booth, A., & Jones, D. (2007). Appraising qualitative research for inclusion in systematic reviews: A quantitative and qualitative comparison of three methods. *Journal of Health Services Research & Policy*, *12*(1), 42–47. https://doi.org/10.1258/135581907779497486

Drozdz, J. A., & Ladomery, M. R. (2024). The Peer Review Process: Past, Present, and Future. *British Journal of Biomedical Science*, *81*, 12054. https://doi.org/10.3389/bjbs.2024.12054

*Duncan, K., Winder, B., Blagden, N., & Norman, C. (2022). 'I've Got the Energy to Change, But I Haven't Got the Energy for This Kinda Therapy': A Qualitative Analysis of the Motivations Behind Democratic Therapeutic Community Drop-Out for Men With Sexual Convictions. *International Journal of Offender Therapy and Comparative Criminology*, *66*(12), 1213–1236. mdl. https://doi.org/10.1177/0306624X20956957

Durcan, G. (2021). *The future of prison mental health care in England.* Centre for Mental Health. https://www.centreformentalhealth.org.uk/wp-content/uploads/2021/06/CentreforMentalHealth_TheFutureofPrisonMentalHealthCare_0.pdf

Durcan, G. (2023). *Prison Mental Health Services In England 2023.* Centre for Mental Health. https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/04/Prison-mental-health-services-in-England-2023.pdf

*Durrah, D. A. Jr. (2013). *Understanding African American male inmates' decisions to seek mental health treatment while incarcerated* (Publication No. 3604412) [Doctoral dissertation, Marquette University]. ProQuest Dissertations and Theses. https://www.proquest.com/docview/1475227973?accountid=10637&bdid=60393&_bd=0z0EGrWVgrY8DOPtKJ284O2voxU%3D

Facer-Irwin, E., Karatzias, T., Bird, A., Blackwood, N., & MacManus, D. (2022). PTSD and complex PTSD in sentenced male prisoners in the UK: Prevalence, trauma antecedents, and psychiatric comorbidities. *Psychological Medicine*, *52*(13), 2794–2804. https://doi.org/10.1017/S0033291720004936

Favril, L., Rich, J. D., Hard, J., & Fazel, S. (2024). Mental and physical health morbidity among people in prisons: An umbrella review. *The Lancet Public Health*, *9*(4), e250–e260. https://doi.org/10.1016/S2468-2667(24)00023-9

Favril, L., Yu, R., Hawton, K., & Fazel, S. (2020). Risk factors for self-harm in prison: A systematic review and meta-analysis. *The Lancet Psychiatry*, *7*(8), 682–691. https://doi.org/10.1016/S2215-0366(20)30190-5

Fazel, P. S., Hayes, D. A. J., Bartellas, K., Clerici, D. M., & Trestman, P. R. (2016). The mental health of prisoners: A review of prevalence, adverse outcomes and interventions. *The Lancet. Psychiatry*, *3*(9), 871. https://doi.org/10.1016/S2215-0366(16)30142-0

Forrester, A., Till, A., Simpson, A., & Shaw, J. (2018). Mental illness and the provision of mental health services in prisons. *British Medical Bulletin*, *127*(1), 101–109. https://doi.org/10.1093/bmb/ldy027

*Fraser, J. (2016). *An exploratory study of male ex-prisoners' experiences of health and healthcare in prison and the community* [Doctoral dissertation, Abertay University].

https://search.ebscohost.com/login.aspx?direct=true&db=ddu&AN=B5F9E1DE2E361868&site=ehost-live

Gómez-Figueroa, H., & Camino-Proaño, A. (2022). Mental and behavioral disorders in the prison context. *Revista Española de Sanidad Penitenciaria*, *24*(2), 66–74. https://doi.org/10.18176/resp.00052

Government UK. (2024, May 21). *Population of England and Wales.* https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest/

Hannes K & Bennett S. (2017). Understanding evidence from qualitative research. In: T. Hoffman, S. Bennett, & C. Del Mar (Eds.), *Evidence-based practice across the health professions* (3rd ed., pp.226-247). Elsevier.

Hannes, K., Lockwood, C., & Pearson, A. (2010). A Comparative Analysis of Three Online Appraisal Instruments' Ability to Assess Validity in Qualitative Research. *Qualitative Health Research*, *20*(12), 1736–1743. https://doi.org/10.1177/1049732310378656

Hannes, K., & Macaitis, K. (2012). A move to more systematic and transparent approaches in qualitative evidence synthesis: Update on a review of published papers. *Qualitative Research*, *12*(4), 402–442. https://doi.org/10.1177/1468794111432992

Henry, J. D., Von Hippel, C., Ruffman, T., Perry, Y., & Rendell, P. G. (2010). Threat perception in schizophrenia-spectrum disorders. *Journal of the International Neuropsychological Society*, *16*(5), 805–812. https://doi.org/10.1017/S1355617710000640

HM Inspectorate of Prisons (2022, March 31). *HM Chief Inspector of prisons for England and Wales: Annual Report 2021-22.*

https://assets.publishing.service.gov.uk/media/62cc11a1d3bf7f2ff9806b1c/hmip-annual-report-2021-22.pdf

HM Inspectorate of Prisons (2023, March 10). *International Women's Day: Have we thought about women in prison?* https://www.justiceinspectorates.gov.uk/hmiprisons/2023/03/international-womens-day-have-we-thought-about-women-in-prison/#:~:text=Our%20survey%20results%20over%20the,compared%20with%2014%25%20of%20men

House of Commons Justice Committee. (2021, September 21). *Mental health in prison: Fifth Report of Session 2021-22.* https://committees.parliament.uk/publications/7455/documents/78054/default/

*Howerton, A., Byng, R., Campbell, J., Hess, D., Owens, C., & Aitken, P. (2007). Understanding help seeking behaviour among male offenders: Qualitative interview study. *BMJ*, *334*(7588), 303. https://doi.org/10.1136/bmj.39059.594444.AE

*Hunter, S., Craig, E., & Shaw, J. (2019). 'Give it a Try': Experiences of black, Asian and minority ethnic young men in a prison-based offender personality disorder service. *Journal of Forensic Practice*, *21*(1), 14–26. cul. https://doi.org/10.1108/JFP-07-2018-0026

*Jacobs, L., & Shuker, R. (2019). The experiences of perpetrators of filicide participating in treatment within a prison therapeutic community. *Therapeutic Communities*, *40*(1), 66–76. psyh. https://doi.org/10.1108/TC-08-2018-0018

Jakobowitz, S., Bebbington, P., McKenzie, N., Iveson, R., Duffield, G., Kerr, M., & Killaspy, H. (2017). Assessing needs for psychiatric treatment in prisoners: 2. Met and unmet need. *Social Psychiatry and Psychiatric Epidemiology*, *52*(2), 231–240. https://doi.org/10.1007/s00127-016-1313-5

Johnson, L., Gutridge, K., Parkes, J., Roy, A., & Plugge, E. (2021). Scoping review of mental health in prisons through the COVID-19 pandemic. *BMJ Open*, *11*(5), e046547. https://doi.org/10.1136/bmjopen-2020-046547

Jones, C. & Lally, C. (2024, January 3). *Prison population growth: Drivers, implications, and policy considerations.* UK Parliament Post. https://researchbriefings.files.parliament.uk/documents/POST-PB-0058/POST-PB-0058.pdf

Kimble, M., Boxwala, M., Bean, W., Maletsky, K., Halper, J., Spollen, K., & Fleming, K. (2014). The Impact of Hypervigilance: Evidence for a Forward Feedback Loop. *Journal of Anxiety Disorders*, *28*(2), 241–245. https://doi.org/10.1016/j.janxdis.2013.12.006

Klykken, F. H. (2022). Implementing continuous consent in qualitative research. *Qualitative Research*, *22*(5), 795–810. https://doi.org/10.1177/14687941211014366

Kupers, T. A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. *Journal of Clinical Psychology*, *61*(6), 713–724. https://doi.org/10.1002/jclp.20105

Lindström, J., & Rantanen, T. (2021). Experts of the streets: The thoughts of experts by experience with a history of crime and substance abuse on working as a team with professionals. *European Journal of Probation*, *13*(3), 226–241. https://doi.org/10.1177/20662203211028250

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, *1*(1), 31–42. https://doi.org/10.1177/2632084320947559

Lubian, K., Weich, S., Stansfeld, S., Bebbington, P., Brugha, T., Spiers, N., McManus, S. & Cooper, C. (2016). Chapter 3: Mental health treatment and services. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

Lumivero (2023). *NVivo* (Version 14). https://lumivero.com/

Lynch, L., Long, M., & Moorhead, A. (2018). Young Men, Help-Seeking, and Mental Health Services: Exploring Barriers and Solutions. *American Journal of Men's Health*, *12*(1), 138–149. https://doi.org/10.1177/1557988315619469

Maercker, A., Cloitre, M., Bachem, R., Schlumpf, Y. R., Khoury, B., Hitchcock, C., & Bohus, M. (2022). Complex post-traumatic stress disorder. *The Lancet*, *400*(10345), 60–72. https://doi.org/10.1016/S0140-6736(22)00821-2

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*, 370-396.

McNaull, G., Swirak, K., White, K., Maruna, S., O'Neill, M., & Cronin, J. (2023). Emancipatory pedagogy in prison: Participatory action research and prison/university partnership. *Irish Probation Journal, 20,* 95-129.

Men's Health Forum. (2017, September). *Key Data: Mental Health.* https://www.menshealthforum.org.uk/key-data-mental-health

Mental Health Foundation. (2021, October 1). *Men and mental health.* https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/men-and-mental-health

*Miner, S. T. (2023). *Mass Incarceration in the State of Louisiana and Its Impact on the Mental Health of Incarcerated Men*. (Publication No. 30987865) [Doctoral dissertation, Walden University]. ProQuest Dissertations and Theses.

https://www.proquest.com/docview/2909583510?accountid=10637&bdid=60393&_bd=Dybe2Vkp%2FDqiMupScv42TohLprE%3D

Ministry of Justice. (2021, December). *Prisons strategy white paper.* https://assets.publishing.service.gov.uk/media/61af18e38fa8f5037e8ccc47/prisons-strategy-white-paper.pdf

Ministry of Justice. (2024a, March 27). *HMPPS Offender Equalities Annual Report 2022-23.* https://www.gov.uk/government/statistics/hmpps-offender-equalities-annual-report-2022-to-2023/hmpps-offender-equalities-annual-report-2022-23

Ministry of Justice. (2024b, September 24). *Prison officer workforce.* https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/prison-officer-workforce/latest/

National Health Service England. (2022, December 13). *Health and justice framework for integration 2022-2025: Improving lives – reducing inequality.* https://www.england.nhs.uk/long-read/health-and-justice-framework-for-integration-2022-2025-improving-lives-reducing-inequality/

National Health Service England. (2023, June). *NHS Long Term Workforce Plan.* https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf

National Institute for Health and Care Excellence. (2017, March 21). *Mental health of adults in contact with the criminal justice system.* NICE. https://www.nice.org.uk/guidance/ng66/resources/mental-health-of-adults-in-contact-with-the-criminal-justice-system-pdf-1837577120965

Nellis, A. (2021, October 13). *The color of justice: Racial and ethnic disparity in state prisons.* The Sentencing Project. https://www.sentencingproject.org/reports/the-color-of-justice-racial-and-ethnic-disparity-in-state-prisons-the-sentencing-project/

Noyes, J., Booth, A., Flemming, K., Garside, R., Harden, A., Lewin, S., Pantoja, T., Hannes, K., Cargo, M., & Thomas, J. (2018). Cochrane Qualitative and Implementation Methods Group guidance series—paper 3: Methods for assessing methodological limitations, data extraction and synthesis, and confidence in synthesized qualitative findings. *Journal of Clinical Epidemiology*, *97*, 49–58. https://doi.org/10.1016/j.jclinepi.2017.06.020

Office for National Statistics. (2019, July 25). *Male prisoners are 3.7 times more likely to die from suicide than the public.* https://www.ons.gov.uk/news/news/maleprisonersare37timesmorelikelytodiefromsuicidethanthepublic

Paez, A. (2017). Gray literature: An important resource in systematic reviews. *Journal of Evidence-Based Medicine*, *10*(3), 233–240. https://doi.org/10.1111/jebm.12266

Pearlman, L. A., & Courtois, C. A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. *Journal of Traumatic Stress*, *18*(5), 449–459. https://doi.org/10.1002/jts.20052

*Pierre-Charles, S. Y. (2020). *Exploring the Lived Experience of African American Males Incarcerated in the U.S and Mental Health Services Delivery: Phenomenological Study.* (Publication No. 28024136) [Doctoral dissertation, Chicago School]. ProQuest Dissertations and Theses. https://www.proquest.com/docview/2444647926?accountid=10637&bdid=60393&_bd=wffslsrCXOyNOlsj4XPfmIK53Gw%3D

Prison Reform Trust (2022, August). *Why focus on reducing women's imprisonment?* https://prisonreformtrust.org.uk/wp-content/uploads/2022/08/Why-women-2022-briefing.pdf

Prison Reform Trust. (2024). *Race.* https://prisonreformtrust.org.uk/project/race/

*Ramesh, T., Mercieca, M., Curran, H., & Cabourne, J. (2023). Exploring masculinity, experience of distress and help-seeking within a UK male prison. *Journal of Men's Health*, *19*(12), 87–98. https://doi.org/10.22514/jomh.2023.134

Robertson, A. G., Easter, M. M., Lin, H.-J., Khoury, D., Pierce, J., Swanson, J., & Swartz, M. (2020). Gender-specific participation and outcomes among jail diversion clients with co-occurring substance use and mental health disorders. *Journal of Substance Abuse Treatment*, *115*, 108035. mdl. https://doi.org/10.1016/j.jsat.2020.108035

Robertson, H. (2022). Perceived barriers and facilitating factors to positive mental health and engagement with support services for young offenders—A systematic literature review. *Educational and Child Psychology*, *39*(2), 56–85.

Seidler, Z. E., Wilson, M. J., Trail, K., Rice, S. M., Kealy, D., Ogrodniczuk, J. S., & Oliffe, J. L. (2021). Challenges working with men: Australian therapists' perspectives. *Journal of Clinical Psychology*, *77*(12), 2781–2797. https://doi.org/10.1002/jclp.23257

Senior, J., Birmingham, L., Harty, M. A., Hassan, L., Hayes, A. J., Kendall, K., King, C., Lathlean, J., Lowthian, C., Mills, A., Webb, R., Thornicroft, G., & Shaw, J. (2013). Identification and management of prisoners with severe psychiatric illness by specialist mental health services. *Psychological Medicine*, *43*(7), 1511–1520. https://doi.org/10.1017/S0033291712002073

Shingler, J. & Pope, L. (2018). *The effectiveness of rehabilitative services for Black, Asian, and Minority Ethnic People: A rapid evidence assessment.* HM Prison and Probation Service. https://assets.publishing.service.gov.uk/media/5b3b7827ed915d33d8792ec8/_the-effectiveness-of-rehabilitative-services-for-BAME.pdf

*Skogstad, P., Deane, F. P., & Spicer, J. (2005). Barriers to Helpseeking Among New Zealand Prison Inmates. *Journal of Offender Rehabilitation*, *42*(2), 1–24. https://doi.org/10.1300/J076v42n02_01

Small, S. P. (2023). Reflections on critical appraisal of research for qualitative evidence synthesis. *JBI Evidence Synthesis, 21*(6), 1064–1065. https://doi.org/10.11124/JBIES-23-00198

Smith, G. D., & Hebdon, M. (2024). Mental health help-seeking behaviour in men. *Journal of Advanced Nursing*, *80*(3), 851–853. https://doi.org/10.1111/jan.15869

*Solbakken, L., Bergvik, S., & Wynn, R. (2024). Breaking down barriers to mental healthcare access in prison: A qualitative interview study with incarcerated males in Norway. *BMC Psychiatry*, *24*(1). https://doi.org/10.1186/s12888-024-05736-w

Sturge, G. (2024, July 8). *UK Prison Population Statistics.* House of Commons Library. https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*(1), 45. https://doi.org/10.1186/1471-2288-8-45

Tyler, N., Miles, H. L., Karadag, B., & Rogers, G. (2019). An updated picture of the mental health needs of male and female prisoners in the UK: Prevalence, comorbidity, and gender differences. *Social Psychiatry and Psychiatric Epidemiology*, *54*(9), 1143–1152. https://doi.org/10.1007/s00127-019-01690-1

United Nations Office on Drugs and Crime. (2021). *Data Matters.* https://www.unodc.org/documents/data-and-analysis/statistics/DataMatters1_prison.pdf

United Nations Office on Drugs and Crime. (2024, July). *Global prison population and trends: A focus on rehabilitation.* https://www.unodc.org/documents/data-and-analysis/briefs/Prison_brief_2024.pdf

van Ginneken, E. F. J. C., & Palmen, H. (2023). Is There a Relationship Between Prison Conditions and Recidivism? *Justice Quarterly*, *40*(1), 106–128. https://doi.org/10.1080/07418825.2022.2040576

van Nes, F., Abma, T., Jonsson, H., & Deeg, D. (2010). Language differences in qualitative research: Is meaning lost in translation? *European Journal of Ageing*, *7*(4), 313–316. https://doi.org/10.1007/s10433-010-0168-y

Voss, P. H., & Rehfuess, E. A. (2013). Quality appraisal in systematic reviews of public health interventions: An empirical study on the impact of choice of tool on meta-analysis. *Journal of Epidemiology and Community Health*, *67*(1), 98–104. https://doi.org/10.1136/jech-2011-200940

*Wainwright, V. (2017). *The pathways to offending and mental health needs of ex-armed forces personnel in prison: A mixed methods study*. (Publication No. 10768451) [Doctoral dissertation, University of Manchester]. ProQuest Dissertations and Theses. https://www.proquest.com/docview/2001150677?accountid=10637&bdid=60393&_bd=rYPxbkz0wfrje5FV9PQYle3dnQA%3D

Wendt, D., & Shafer, K. (2016). Gender and Attitudes about Mental Health Help Seeking: Results from National Data. *Health & Social Work*, *41*(1), e20–e28. https://doi.org/10.1093/hsw/hlv089

Women in Prison (2024, October 31). *Women in prison respond to Safety in Custody statistics, October 2024.* https://womeninprison.org.uk/news/1-in-3-women-in-prison-are-self-harming-according-to-new-statistics-from-the-ministry-of-

justice#:~:text=The%20rate%20of%20self%2Dharm,prisons%20than%20in%20men's%20prisons

World Health Organisation (2022, January 10). *Schizophrenia.* https://www.who.int/news-room/fact-sheets/detail/schizophrenia.

World Health Organisation (2023, March 31). *Depressive disorder (depression).* https://www.who.int/news-room/fact-sheets/detail/depression#:~:text=An%20estimated%203.8%25%20of%20the,world%20have%20depression%20(1)

World Health Organisation (2024a, June 28). *Alcohol.* https://www.who.int/news-room/fact-sheets/detail/alcohol#:~:text=The%20alcohol%2Dattributable%20mortality%20was,lived%20with%20alcohol%20use%20disorders.

World Health Organisation (2024b, May 27). *Post-Traumatic Stress Disorder.* https://www.who.int/news-room/fact-sheets/detail/post-traumatic-stress-disorder

World Health Organisation. (2024c). *Prisons and health*. https://www.who.int/europe/health-topics/prisons-and-health#:~:text=Health%20topics/-,Prisons%20and%20health,Transcript

Zhong, S., Senior, M., Yu, R., Perry, A., Hawton, K., Shaw, J., & Fazel, S. (2021). Risk factors for suicide in prisons: A systematic review and meta-analysis. *The Lancet. Public Health*, *6*(3), e164–e174. https://doi.org/10.1016/S2468-2667(20)30233-4

Chapter Three: Bridging Chapter

The systematic review presented in Chapter Two sought to synthesise the qualitative literature regarding the perceived barriers in males to accessing and utilising mental health support in prison. The outcome of the synthesis included seven analytic themes, which illustrated numerous barriers at individual, relational, systemic, and cultural levels. To the author's knowledge, the systematic review was the first to consider only male perspectives on the perceived barriers to accessing and utilising mental health support in prison. The findings allow consideration for potential changes to policy and practice in relation to mental health support within male prisons. However, the included studies were all conducted in high-income countries. Furthermore, the majority of studies included in the systematic review were conducted in the UK and, therefore, predominantly reflected the views of services in the UK specifically.

Whilst the systematic review highlighted perceived barriers to mental health support at the later stages of the Criminal Justice System (CJS), it left questions to be answered regarding how mental health could be understood, considered, and supported within the earlier CJS stages. The formal process encountered for a defendant charged with an offence is, of course, the court process, the primary function of which is to determine guilt (conviction) and then a sentence. A mental health condition is a very relevant factor to the process of this decision-making, both as part of a formal process for example, mitigation, Diminished Responsibility (DR), or fitness to plead, but may also exert unwanted, unintended or unseen influences on the judgements of the various legal actors involved in the courtroom process. This is an important notion to consider as decision-making in court influences sentencing outcomes and, therefore, treatment options available to individuals within the CJS. For example, when considering the sentence of manslaughter by DR in English and Welsh courts, a hospital order may be given instead of a prison sentence. A hospital order would allow the individual access to

mental health support and treatment within a hospital environment (Rethink Mental Illness, 2024; Sentencing Council, 2023). This is intended to allow individuals access to timely, consistent and need-specific support, which appeared to be lacking in prisons according to the findings of the systematic review presented.

As has been established, psychosis is overrepresented in the prison population compared to the general population (Favril et al., 2024). Experiences of psychosis have been referenced in real-world cases whereby DR has been considered (Appendix B). Experiencing psychosis can be associated with symptoms of paranoia, particularly in specific psychotic disorders such as paranoid schizophrenia (World Health Organisation, 2016). The prison environment has been found to exacerbate paranoia (Tiegreen & Combs, 2017), potentially due to the lack of physical and emotional safety, with a need to focus on survival in prison, as highlighted by the systematic review. Given this, it suggests the importance of individuals experiencing psychosis who have committed an offence receiving adequate support in an appropriate environment. Hospitals, such as secure mental health services, provide such support. Data suggested that psychosis is highly prevalent in secure mental health services, with 70% of individuals being discharged from medium-secure services having a diagnosis of a psychotic condition (Public Health England, 2016). Therefore, it is important to consider presentations of psychosis and the support needs, specifically within the CJS.

Research has suggested that stigma can influence mock juror decisions, with those demonstrating higher mental health stigma providing more guilty verdicts (Tremlin, 2021). Additionally, the systematic review presented highlighted that mental health stigma, judgements and a lack of understanding from others were barriers to males engaging in support. Within the systematic review presented, males in prison reported adverse life experiences, often beginning in childhood, and such experiences can contribute to the development of mental health difficulties (Daníelsdóttir et al.,

2024; Centers for Disease Control and Prevention, 2021). Despite the potential influence of stigma, some evidence has found that the provision of mental health information during criminal trials, such as a psychiatric diagnosis of a psychotic disorder and early traumatic experiences information, can be beneficial in criminal trials, including defendants receiving increased non-guilty verdicts (Van Es et al., 2020; Vaughan & Bell Holleran, 2023). However, the influence of differing types of mental health information, such as diagnosis and early traumatic experiences information, on mock juror judgements and decision-making does not appear to have been manipulated within the same study.

When assuming the role of a juror, one is required to use only the evidence presented in a case to make their decision (Independent Office for Police Conduct, 2024). Mental health Expert Witnesses (EWs) share their professional opinions regarding the mental health of a defendant as evidence within a criminal trial (The Law Commission, 2011). Literature has found that mock jurors' judgements of the credibility of an EW can influence decision-making, specifically jurors making decisions in line with the opinion of highly credible EWs (Kipoulas et al., 2024). However, the influence of the type of mental health information on Expert Witness Credibility (EWC) has not been directly investigated. An expert may be perceived as less credible if the evidence they present is considered less credible, and the credibility assigned to an EW could be reasonably imagined to influence the associated credibility of the evidence they provide. Therefore, it is important to investigate whether the mental health information presented influences EWC and whether, in turn, EWC influences decision-making when considering mental health information. This exploration has the potential to aid the understanding of which elements within a criminal trial may influence trial outcomes and, ultimately, treatment options available to individuals who have committed an offence and experience mental health difficulties.

The empirical paper presented in Chapter Four aimed to address the gaps in the literature that have been outlined within the current chapter. This was facilitated by exploring the impact of the type of mental health information, psychiatric diagnosis and early traumatic experiences, provided by an EW on jurors' perceptions of EWC, judgements, and decision-making in a criminal case in England and Wales. The criminal case involved a homicide and DR for a defendant experiencing psychotic symptoms.

Chapter Four: Empirical Paper

The Impact of the Type of Mental Health Information Provided on Expert Witness Credibility, Mock Juror Judgements, and Decision-Making Within a Criminal Case

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Abstract

Expert witness credibility and mock juror decision-making are widely researched within the literature. Factors related to the expert witness and delivery of their testimony, as well as jurors, and their impact on expert witness credibility and decision-making, have received particular focus. However, an underexplored area is the impact of the type of mental health information. The current study investigated the potential influence of psychiatric diagnosis and early traumatic experiences information on expert witness credibility, diminished responsibility judgements, and diminished responsibility decisions in a mock homicide trial involving a defendant experiencing psychotic symptoms. A final sample of 153 participants engaged in elements of an online mock trial. Participants were randomised to one of four conditions, which varied depending on whether a diagnosis of paranoid schizophrenia and early traumatic experiences were present or absent within the expert witness' video testimony. There were no main or interaction effects of psychiatric diagnosis or early traumatic experiences on expert witness credibility and diminished responsibility judgements. However, expert witness credibility did significantly predict diminished responsibility decisions. The results highlight the potential importance of expert witness credibility in mental health criminal cases as a source of extra-legal influence.

Keywords: Mental health, expert witness credibility, diminished responsibility, diagnosis, trauma, formulation

Introduction

Mental Health, the Criminal Justice System, and Expert Witnesses

Mental health difficulties are common among individuals within the Criminal Justice System (CJS), with people affected ranging from 39% in police custody to 90% in prison (National Institute for Health and Care Excellence, 2017). The prevalence of mental health difficulties in defendants attending criminal court from custody specifically is high, with 48.5% of individuals having at least one psychiatric diagnosis (Brown et al., 2022). This, therefore, evidences the need for mental health to be considered in criminal cases.

In England and Wales, more serious criminal cases are tried in Crown Courts with a jury, comprised of 12 members of the public, responsible for determining if the defendant is guilty or not (Juries Act, 1974). If the defendant is guilty, the judge decides the sentencing outcome. When a defendant is charged with murder, the jury may be asked to decide whether or not the defendant warrants the partial defence of Diminished Responsibility (DR) (Coroners and Justice Act 2009). If the defence of DR is successfully pleaded, the defendant is convicted of manslaughter instead of murder. Given the mandatory life sentence attached to a conviction of murder, a defendant who successfully makes out a case of DR can be offered different sentencing options, including the option of a hospital treatment order (Sentencing Council, 2023).

When using the DR defence, the "burden of proof" is on the defendant to prove to the jury on the balance of probabilities that the DR criteria are met (Crown Prosecution Service, 2022a; Homicide Act, 1957). These are as follows:

There must be an abnormality of mental functioning which:

A) arose from a recognised medical condition

B) substantially impaired the defendant's ability to do one or more of:

1. understand the nature of their conduct during the situation

2. to form a rational judgement about the situation and their actions

3. to exercise self-control during the situation

C) provides an explanation for the defendant's actions.

It is important to note that jurors are not required to have professional training, and indeed, the status of jurors as 'peers' has been considered a cornerstone of the use of juries in a historical context, with a historical lineage arguably dating back to the Anglo Saxons (Forsyth, 1882). Therefore, mental health Expert Witnesses (EWs) help jurors understand criminal cases involving mental health (Gudjonsson, 2006). This includes EW testimonies being used by the jury to help reach its DR verdict.

An EW provides an "objective, unbiased opinion in relation to matters in their expertise" to aid the court in their decision-making (Crown Prosecution Service, 2022b, The Duty of an Expert Witness section). EWs are different from conventional witnesses of fact due to their privileged position of providing the jury with opinion evidence outside most jurors' knowledge and experience (The Law Commission, 2011). Mental health professionals, such as Clinical Psychologists (CPs) and Psychiatrists, are utilised as EWs. Mental health EWs may be asked to present mental health information and their subsequent professional opinion regarding the individual assessed (British Psychological Society, 2021; Rix et al., 2023).

Expert Witness Credibility

Jurors' perceptions of an expert witness' credibility may influence the extent to which their decisions are guided by the view of the EW. Brodsky et al. (2010) operationalized Expert Witness Credibility (EWC) through the development of the Witness Credibility Scale (WCS), whereby four factors emerged: knowledge, likeability, trustworthiness, and confidence. It is important to consider EWC as research has highlighted that jurors tend to make decisions in line with the opinion of an EW rated as highly credible (Bornstein, 2004; Cramer et al., 2009; Kipoulas et al., 2024).

Furthermore, the use of expert evidence in criminal cases has "contributed to a significant number of miscarriages of justice" (The Law Commission, 2011, para 1.18), highlighting the importance of understanding how experts are perceived by jurors and, therefore, understanding constructs such as credibility.

In relation to jurors' processing of EW testimony, it seems imperative to consider psychological theories relating to information processing. According to dual process models of persuasive communication, such as the Elaboration Likelihood Model (ELM) (Petty & Cacioppo, 1986), there are two different routes for processing messages. The first, referred to as "central", is deliberate and "effortful", characterised by assessing and critically evaluating the actual message. The second, referred to as "peripheral", is "quicker and more efficient", characterised by reliance on contextual or peripheral cues regarding the source of the message, i.e. elements of EWs themselves (Salerno et al., 2017, page 2).

There has been extensive research into peripheral factors which can influence EWC, such as the EW's confidence, likeability, trustworthiness (Brodsky et al., 2010), gender (Kipoulas et al., 2024; Neal, 2014), profession (Greenberg & Wursten, 1988; Kipoulas et al., 2024), qualifications (Flick et al., 2022; McCarthy Wilcox & NicDaeid, 2018), use of language (Hurwitz et al., 1992) and the interaction between such factors. Jurors may rely on this information as they are, almost by definition, unlikely to be able to assess the quality of the evidence provided by the expert due to lack of experience, education, or training (The Law Commission, 2011).

However, jurors should determine their verdict considering only the evidence presented in court (Crown Prosecution Service, 2022c; Curley et al., 2022; Independent Office for Police Conduct, 2024; The University of Law, 2021) and thus, presumably, rely on the central processing route. From a psychological perspective, this seems to imply an expectation that jurors will only rely on the central processing route and avoid

the biases which are known to be inherent in information processing. Fortunately, evidence suggests that jurors do not solely rely on the subjective features of the expert, they consider the content of the testimony and provide summaries of what has been presented, attempting to critically evaluate information (Ivković & Hans, 2003). Furthermore, jurors value EW testimony, with such testimony allowing for a deeper understanding of the case presented and determination of "better" decisions (Boccaccini et al., 2014; McCarthy Wilcox & NicDaeid, 2018). Additionally, it has been suggested that the content of the testimony has a greater impact than source credibility (Mondak, 1990). Therefore, it could be hypothesised that mental health information provided can have a significant impact on EWC and decision-making.

Mental Health Expert Witnesses and Their Testimonies

Mental health EWs commonly make use of psychiatric diagnoses within their evidence. A psychiatric diagnosis is "a medical term used to describe patterns of experiences or behaviours that may be causing distress and/or be seen as difficult to understand" (British Psychological Society, 2014). Alternative approaches to understanding mental health conditions include psychological formulation: "a way of putting together a person's narrative. It is a summary or description of how someone's experiences or difficulties have come about…all types of formulation aim to explore the personal meaning of what has happened in the individual's life" (British Psychological Society, 2014). Typically, psychiatric diagnosis is preferred by psychiatrists, and psychological formulation is preferred by CPs, due to their professional training.

Psychiatric Diagnosis

Prior to 1980, generally only psychiatrists and medical practitioners were permitted to provide EW testimony on mental health in England and Wales (Bluglass, 1990). Research with judges (Redding et al., 2001), attorneys (Wechsler et al., 2015), and barristers (Leslie et al., 2007) demonstrated a preference for clinical diagnosis and

psychiatrists as EWs compared to psychologists. This may reflect legal preferences for binary information and evidence, where the presence or absence of a particular disorder can be a more definitive way of understanding connections between mental health conditions and alleged crime. Mock trial research has also demonstrated that psychiatrists have been rated as higher in credibility than psychologists (Greenberg & Wursten, 1988; Kipoulas et al., 2024). This suggests jurors may find an EW more credible if a psychiatric diagnosis was provided as part of their testimony.

Whilst generally wider societal stigma in relation to psychiatric diagnoses is pervasive (Angermeyer & Dietrich, 2006), research has suggested that having a psychiatric diagnosis may be beneficial within a court setting, depending upon the diagnosis. Van Es et al. (2020) found that defendants were more likely to be found not guilty by reason of insanity if they had a diagnosis of a psychotic disorder compared with a psychopathic disorder in a systematic review of mock juror studies in the United States (US). A meta-analysis found that when considering criminal responsibility, individuals diagnosed with a psychotic disorder had approximately nine times the odds of being classified "insane" (Kois & Chauhan, 2018), typically associated with hospitalisation as opposed to custody. Furthermore, Tremlin (2021) found that compared to a control group, providing a diagnosis of schizophrenia alongside a description of mental health symptoms reduced the probability of a mock juror providing a guilty verdict by almost six times.

Whilst it seems that diagnostic information can influence legal outcomes, the understanding of how and why this occurs is more limited. One potentially under-explored factor is the impact of credibility of the EW and how credibility may be improved or undermined depending on the type of information they use.

Psychological Formulation and Early Traumatic Experiences

A psychological formulation may provide a compassionate and convincing explanation of a person's difficulties, potentially due to a focus on historical traumatic experiences, which can be crucial to understanding an individual's difficulties (Baird et al., 2017). Potentially traumatic events, such as abuse, neglect, or loss, that occur before age 18 are often referred to as Adverse Childhood Experiences (ACE) (Adverse Childhood Experiences Response, 2023). In a survey of men in prison in Wales, 84% reported at least one ACE compared with the Welsh average of 46%. 46% of individuals in prison reported four or more ACEs, compared to 12% in the wider population (Ford et al., 2019), evidencing the extent of early trauma within the CJS.

Research suggests that information regarding a defendant's early trauma can help jurors understand the defendant's behaviour and mental well-being and can elicit sympathy, empathy, and less blaming and punishing attitudes (Garvey, 2000; Robbins & Litton, 2018), thus viewing the trauma as a mitigating factor that reduces the defendant's culpability. However, evidence of early trauma could have negative impacts, as some jurors may view trauma as an aggravating factor suggesting the defendant is more dangerous or unstable, or a way to present an "excuse", coined "abuse excuse" (Dershowitz, 1994).

A growing evidence base suggests that the inclusion of ACEs results in more sympathetic juror attitudes and lenient decision-making within criminal cases involving mental health (Barnett et al., 2004, 2007; Holleran & Vaughan, 2020; Vaughan & Bell Holleran, 2023). Vaughan and Bell Holleran (2023) considered mock juror sentencing decisions in a death penalty case and found that when ACE evidence was presented by an EW, decisions in favour of the death penalty were reduced by 35-50%. As childhood adversity increased, jurors' votes in favour of the death penalty decreased. Furthermore, jurors exposed to ACE evidence demonstrated increased sympathy compared to the

control group. However, this research primarily arises from mock death penalty cases, representative of the US CJS.

Current Study

Previous research indicated that psychiatric diagnosis and provision of early traumatic experiences impact mock jurors' decision-making in criminal cases involving mental health. However, there are limitations in the generalisability of the evidence base. The research was predominantly conducted within the US, which has a different CJS from England and Wales (Law Absolute, 2015; Shamsi, 2015; Williams, 2021). Previous research has not considered the impact of the type of mental health information on jurors' perceptions of EWC. Furthermore, the relationship between mental health information, EWC ratings, and decision-making has not been explored.

Therefore, this study aimed to investigate the impact of the type of mental health information, psychiatric diagnosis and early traumatic experiences, provided by an EW on jurors' perceptions of EWC, judgements, and decision-making in a criminal case. The case considered homicide and DR for a defendant experiencing psychotic symptoms in England and Wales. DR was measured by DR judgements, using a continuous measure which aligned with the DR criteria, and a categorical DR decision, of yes or no. The study aimed to provide novel insight into the potential impact of information the mental health profession provides in a legal setting and help inform the future use of mental health information in court.

Research Questions

- Are there main or interaction effects of psychiatric diagnosis (presence or absence) and early traumatic experiences (presence or absence) on mock jurors' perceptions of EWC and DR judgements in a trial for homicide considering mental health issues in England and Wales?

- Can EWC influence jurors' decision-making (determination of DR) in a mock homicide trial once psychiatric diagnosis (presence or absence) and early traumatic experiences (presence or absence) are considered?

Hypotheses

1) There will be differences in EWC and DR judgements depending on whether a psychiatric diagnosis and/or early traumatic experiences information are present or absent.
2) There will not be an interaction effect between psychiatric diagnosis and early traumatic experiences on EWC and DR judgements. Instead, the relationship will be additive, in that having both psychiatric diagnosis and early traumatic experiences, will increase EWC ratings and DR judgements. This is hypothesised due to literature largely suggesting separately the benefits of psychiatric diagnosis and early traumatic experiences information on juror decision making.
3) Jurors will be more likely to make DR decisions in line with a highly credible expert's opinion.

Method

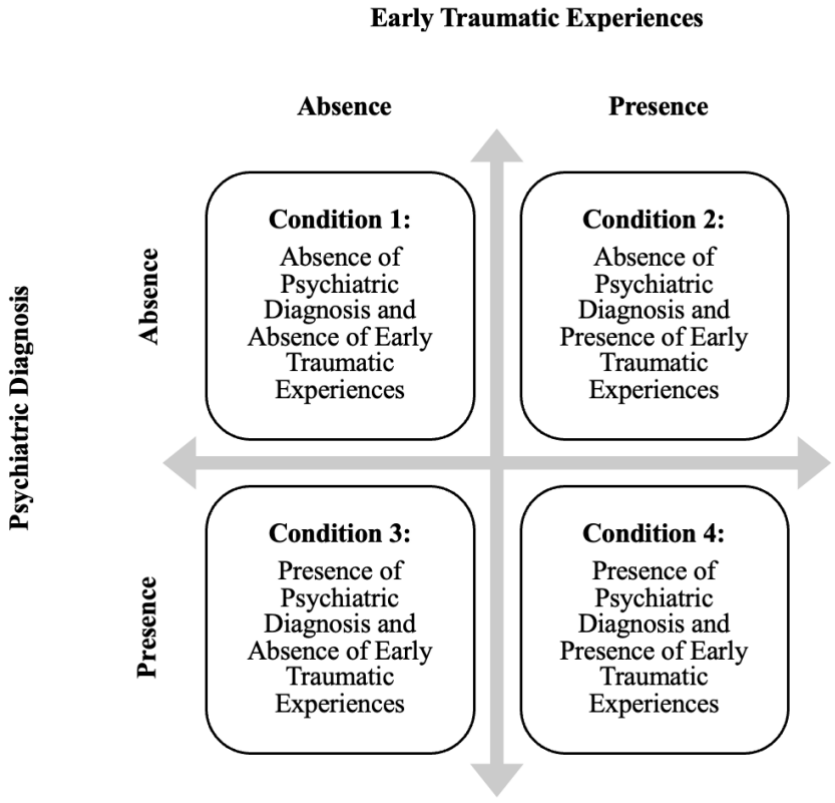
Design

The study was quantitative with a two by two between groups, experimental, cross-sectional design. The two categorical Independent Variables (IVs) were psychiatric diagnosis (presence or absence) and early traumatic experiences information (presence or absence). The four conditions are depicted in Figure 1. There were six continuous Dependent Variables (DVs), the EW actor's overall credibility rating measured by the Witness Credibility Scale (WCS) and five DR judgements measured by the Diminished Responsibility Questionnaire (DRQ), described in detail below. There was one categorical DV, DR decision whereby participants were required to answer,

‘Overall, based on the information about this case, on the balance of probabilities, would you accept the defendant’s partial defence of diminished responsibility?’ (DR given or not). Four different mock EW testimony videos were recorded, forming the four different conditions, with differing mental health information presented by the same EW testifying in a mock trial. A maintenance formulation regarding psychotic symptoms was shared as a consistent piece of mental health information within each condition. This design is consistent with previous studies on EWC (Kipoulas et al., 2024) and DR (Baker et al., 2022).

Figure 1

The Four Experimental Conditions



Participants, Sample Size, and Power

Participants were recruited from the general adult population in England and Wales. The inclusion and exclusion criteria of jury service within the Juries Act (1974) determined eligibility (Appendix D). Participants were required to be between the ages

of 18 and 76, have registered as a parliamentary or local elector in England and Wales, and have lived in the UK for at least five years since they were 13 years old. Participants were not eligible if they were in prison or had been in the last 10 years (including a community order), were on bail for criminal proceedings, or were a resident in hospital due to mental health difficulties, at the time of participation. An a priori power analysis using G*Power (Version 3.1) (Faul et al., 2007) indicated that 128 participants would be sufficient to perform main and interaction effects in a two-way Analysis Of Variance (ANOVA) and achieve medium effects (.25) with 0.8 power and a = .05 (Appendix E). A power analysis for logistic regression (Peduzzi et al., 1996) suggested a minimum sample size of 120, based on a conservative estimate (0.25) of positive cases (guilty of murder, not DR, verdicts). This is based on the formula N=10k/p, where k represents the number of covariates (IVs) and p represents the smallest of proportions of negative or positive cases in the population.

Recruitment

Recruitment occurred via two different online methods, social media and Prolific, an online recruitment platform designed for social science research. Two recruitment methods were selected as each method has strengths and limitations, and the combination of both was intended to support with balancing out the limitations of the other (Ahmed, 2024). Half of the required sample size (n=64) were to be recruited from both social media and Prolific.

Recruitment initially occurred online via social media through snowball sampling. A prize draw was offered, with a chance of winning a £20 Amazon voucher (three vouchers in total were offered). The study was advertised by the primary researcher on Facebook and Instagram social media sites (Appendix F). Recruitment via social media has been criticised, as it is unlikely to produce a population-representative sample (Arigo et al., 2018), which is problematic in the context of jury research, though

arguably an acceptable limitation in the context of a novel study. However, to ensure an improved representation in terms of demographic information, Prolific was also used. This introduced quota sampling. Prolific enables researchers to set demographic requirements and checks government-verified identification to prevent data provided by bots. Participants from Prolific were paid £3.00 each, which is rated as a 'good payment' for 20-minute study completion (Prolific, 2022).

Recruitment was initially sequenced in two stages, with stage one occurring via social media and stage two via Prolific. Two stages were utilised so that the demographic factors of those recruited via social media could be determined. Then, the England and Wales census data 2021 (Government UK, 2023; House of Commons Library, 2024; Office for National Statistics, 2022) was used to set demographic requirements on Prolific and therefore generate a more representative sample overall. However, on the host platform, PsyToolkit (Stoet, 2017), a free online platform for running surveys and experiments, participants were randomised into one of the four conditions at the beginning of the study rather than the end. The counterbalancing feature was utilised, meaning there were an equal number of participants allocated to each condition at the start of the study. However, more participants were completing the study in conditions one and three, with a total of 80 participants across conditions one and three compared to 56 participants across conditions two and four. This is hypothesised to have occurred due to conditions two and four containing a longer mock EW testimony video and thus potentially increasing attrition rates. Therefore, an additional 30 participants were recruited via social media to equalise participants in each condition.

Materials and Measures

Case vignette

The case vignette illustrated the facts of the case and outlined the homicide committed. The case vignette was adapted from previous DR research (Baker et al., 2022) (Appendix G). The motive, clinical presentation, and history were changed to match the information drawn from features of real-world publicly reported criminal court cases involving an individual experiencing paranoid schizophrenia (Appendix B). Liaison with an Associate Professor in Law, with expertise in criminology, within the University of East Anglia (UEA) Law School aided with generating an ecologically valid case vignette. The language used, details of events, and the clarity of those involved in the homicide within the vignette were specifically checked. The same case vignette was presented for all conditions (Appendix H).

Expert Witness Testimony

There were four EW testimony scripts, which varied by condition. The EW testimony scripts all included a maintenance formulation of mental health difficulties, notably psychotic symptoms, based upon Morrison's (2001) model. Psychotic symptoms were selected as they reflect real-world cases whereby DR has been considered for homicide due to the presence of a psychotic disorder (Appendix B). All scripts ended with the EW's professional opinion regarding DR in the case, stating they believe DR should be given. However, the scripts differed based on whether a psychiatric diagnosis of paranoid schizophrenia and early traumatic experiences information was provided or not. The scripts were reviewed by a CP who worked within a forensic setting (Appendix I).

Four EW testimony videos were generated using the aforementioned scripts. The same EW actor was used for all videos. The EW actor was described as a 'senior mental health expert' to demonstrate experience, yet an undefined profession, due to previous research illustrating that profession of the EW impacts credibility ratings (Greenberg & Wursten, 1988; Kipoulas et al., 2024). The EW actor was female due to the prevalence

of female CPs and psychiatrists (Morison et al., 2014; Royal College of Psychiatrists, 2021) and research indicating that female mock EWs received less extreme credibility ratings when compared with male counterparts (Kipoulas et al., 2024). The EW actor was a CP working in the region who volunteered to be an actor. All four videos were recorded on the same day at the UEA Law School. The videos that included early traumatic experiences, conditions two and four, were longer (8:25 and 8:32 minutes) compared to the videos that did not include this information, conditions one and three (5:21 and 5:28 minutes).

Witness Credibility Scale (WCS) (Brodsky et al., 2010; Appendix J)

EWC was measured using the WCS, which contains 20 adjective pairings (e.g. unreliable - reliable, uninformed- informed) on a 10-point Likert scale. An overall credibility score is obtained, as well as subscale scores for confidence, likeability, trustworthiness, and knowledge. The overall credibility score ranges from 20-200, and each subscale score ranges from five to 50. Higher scores indicate higher EWC. Brodsky et al. (2010) provided support for the construct, concurrent, and divergent validity of the WCS as well as overall reliability (α= .95) and subscale reliability (confidence - α=.88, likeability – α=.86, trustworthiness - α=.93 and knowledge - α=.86). The WCS has been used in other EWC research (Flick et al., 2022; Kipoulas et al., 2024).

Diminished Responsibility Questionnaire (DRQ) (Baker et al., 2022)

Jurors' DR judgements were measured via the DRQ, which was generated based on the legal DR criteria (Coroners and Justice Act, 2009). DR judgements were measured as the criteria for DR must be applied and form the basis for jurors' DR decision making. Therefore, measuring DR judgements allowed for the measurement of a continuous variable that should be conceptually related to the categorical variable of DR decision making. DR judgements as a continuous variable were more likely to have

variation and increase the power as well as aid with being pragmatic when considering the risk of all participants either saying yes or no in relation to DR decision making.

The DRQ was developed by Baker et al. (2022), as no measures regarding DR previously existed in the literature (Appendix K). Within the DRQ, the circumstances of the offence are broken down into four elements and the mock juror is asked to rate each element of the offence in line with the five elements of the DR criteria on a seven-point Likert scale. The only adaptions made to the DRQ were editing the names of the defendant and victim as appropriate (Appendix L). The DRQ provides a score between zero to 28 for each of the five elements considered in the DR criteria. The DRQ was found to have a good internal consistency (α= .94) (Baker et al., 2022) and was similarly high in the current sample (α= .90).

Juror Decision-Making (Determination of Diminished Responsibility) (Appendix M)

The overall determination of DR was assessed through the participants answering the following: 'Overall, based on the information about this case, on the balance of probabilities, would you accept the defendant's partial defence of diminished responsibility?'. The only options were yes or no. If yes, this would mean the defendant would be found guilty of manslaughter compared to murder. The question was designed to mirror what happens in real English and Welsh courtrooms (Maddison et al., 2024).

Pilot Phase

A pilot phase was facilitated with five individuals known to the primary researcher before data collection to identify potential modifications (In, 2017; Leon et al., 2011). Participants consented to this process and were aware they would be asked for feedback on the study. Overall, minimal feedback regarding changes was provided. However, one addition was made based upon feedback, which involved the criteria for DR being included alongside the determination of DR question, as a reminder. Feedback from the supervisory team was also considered at this stage. This included the

implementation of two separate information sheets depending on the recruitment method and adding minimum time limits to elements of the study to attempt to ensure information was appropriately attended to.

Procedure

See Figure 2 for a flowchart of the study procedure. Firstly, participants viewed the appropriate participant information sheet, depending on whether the participant was recruited via social media or Prolific, alongside a consent form (Appendices N and O). Participants could not progress to the next stage unless they provided informed consent. Secondly, the eligibility criteria were presented. If participants did not meet the eligibility criteria, they were shown a message which advised the study had ended with the reason why. Whilst no personal data was collected at this stage, the number of people who started the study but did not continue as they did not meet the eligibility criteria could be identified. Thirdly, participants were asked to provide demographic information (Appendix D). Finally, participants were asked to read the written information about the role of the judge, jurors, and EW and the legal and sentencing proceedings (Appendix P).

Participants were then shown the case vignette regarding the facts of the case. There was a minimum time set for participants to remain on this page (1:30 minutes) to attempt to ensure at least minimal engagement with the study material. Following this, participants read the defence's opinion and introduction to the EW (Appendix Q). Participants were then randomly assigned to one of the four video conditions and were asked to watch a mock EW testimony. There was a minimum time set for participants to watch the mock EW testimony they were allocated to, equal to the length of the video. Participants then read the trial judge's directions for the jury (Appendix R).

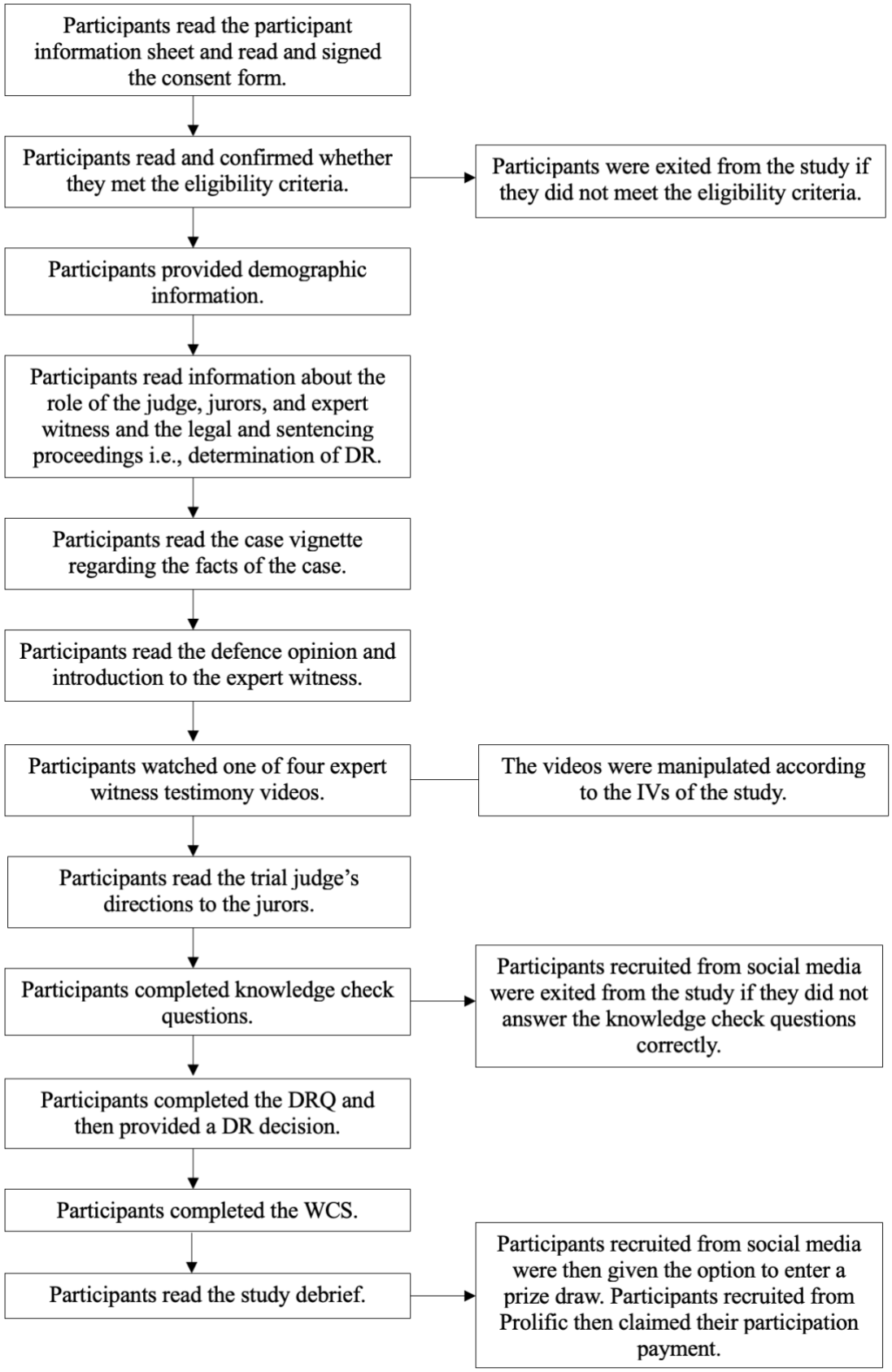
Following this, knowledge checks were used to monitor active participant engagement (Shapter, 2023). Participants were asked three multiple-choice questions

about the vignette and mock EW testimony (Appendix S), information all would have accessed, regardless of condition allocation. If participants got one of these questions incorrect and were recruited via social media, they were shown a message that advised the study had ended and the reason why. If participants got one of these questions incorrect and were recruited via Prolific, they continued with the study due to Prolific's recruitment and compensation requirements, however, their data was not included in the final analysis.

Participants were asked to complete the DRQ, provide a DR decision, and complete the WCS. The ordering was based upon previous research whereby judgements and decisions were requested before EWC ratings (Bornstein, 2004), meaning consideration of EWC score did not directly influence judgements and decisions. Before ending, participants were asked to confirm or deny that they accepted the submission of their data and that their data could not be withdrawn following this. Finally, participants were presented with a study debrief (Appendix T). The debrief statement included the purpose of the study, what was being investigated, a priori hypotheses, further information about the research design, contact details for further support, how to report concerns about the study, how to request results of the study, and thanks for participation. Participants recruited via social media were presented with a link to Microsoft forms with an optional prize draw within the debrief information. Participants recruited via Prolific were re-directed back to Prolific with a completion code, which ensured they received payment for their participation. The average completion time was 27 minutes, based on the final sample.

Figure 2

Study Procedure Flowchart



Ethical Considerations

The study received ethical approval from the University Faculty of Medicine and Health Sciences research ethics committee (Appendix U). Participants were informed of the purpose and procedure of the study within the participant information sheet and provided informed consent. Participants were informed that they were completing a study regarding a homicide involving a stabbing, mental health, EWC, and decision-making in a mock juror study. However, the manipulated variables and hypotheses were not explicitly mentioned to prevent priming. Participants were advised that they may be exposed to information regarding alcohol use, psychotic symptoms, physical aggression and abuse. Participants were able to withdraw from the study at any time.

Data collected was anonymous, and only non-identifiable information was recorded from the main study. Participants were required to provide their name and email address if they wished to enter the prize draw within Microsoft Forms, which ensured their study data remained non-identifiable. This data was deleted once the prize draw was facilitated. Study data was saved by PsyToolkit and subsequently downloaded onto the researcher's UEA OneDrive with password protection.

It was not anticipated that the study would cause direct harm to participants, however, offence details and mental health information could have been distressing. Therefore, details for further support were provided in the participant information sheet and online debrief statement, such as mental health support lines and National Health Service (NHS) services.

Statistical Analysis

All analyses were performed using IBM Statistical Package for the Social Sciences (SPSS) statistics 29.0. Assumptions for carrying out the planned analyses were checked prior to conducting any analyses. Separate between-subjects two-way ANOVAs

were used to investigate the main and interaction effects of diagnosis (presence or absence) and early traumatic experiences (presence or absence) on jurors' perceptions of overall EWC, measured by the WCS, and DR judgements, measured by the DRQ.

A binary logistic regression was used to explore if credibility ratings, after controlling for psychiatric diagnosis and early traumatic experiences, predict DR decision-making. In the first step, psychiatric diagnosis and early traumatic experiences presence or absence were entered to determine if either of the conditions predicts DR decision-making when controlling for the other. In the next step, EWC was added. This determined whether EWC predicts DR decision-making when controlling for condition and whether the condition still predicts DR decision-making when controlling for EWC. In the final step, interaction terms were entered.

Finally, a number of sensitivity analyses were conducted to establish whether the main findings were consistent when approaching the data under different assumptions.

Results

Sample

A total of 235 participants were recruited across social media (N=156) and Prolific (N=79). However, 82 participants were removed from the sample for numerous reasons, described below, leaving a final sample of 153.

Of the 82 participants removed, 66 participants did not fully complete the study (social media n=60; Prolific n=6), nine participants did not meet the eligibility criteria (social media n=5; Prolific n=4), and two participants did not pass the knowledge check (social media n=1; Prolific n=1). These participants were excluded from the dataset entirely. Finally, a total of five participants' final data were excluded from the main analyses. One participant's data was excluded due to limited time engagement in the study, defined as less than five minutes below the estimated time for completion. Four participants' data were excluded due to being identified as significant outliers (n=4) on

the WCS. Significant outliers were identified via SPSS using Tukey's method (Tukey, 1977) and were removed as they can have a disproportionate influence on conclusions regarding relationships among variables (Aguinis et al., 2013). However, sensitivity analyses were performed, which included the final sample data and data from the five excluded participants to see if there were any changes in the results. The final sample size was 153 (social media *n*=87, 56.9%; Prolific *n*=66, 43.1%), 65.1% of the total sample.

Demographic Information

Of the 87 participants recruited from social media, 73.6% were female, and 89.7% were White British, which are higher than the demographic data for the United Kingdom (Government UK, 2023; House of Commons Library, 2024; Office for National Statistics, 2022). Therefore, parameters were set on Prolific to try to obtain a representative sample overall. Fewer females (25.8%) and more males (72.7%) were recruited via Prolific, and fewer individuals who identified as White British (74.2%) and more individuals from varying ethnicities were recruited. The percentage of different ages recruited across social media and Prolific were largely similar, though a key difference was 21-29 being the most prevalent age group from social media compared to 30-39 on Prolific. Levels of education, status of studying and level of study were similar across participants from both social media and Prolific.

Of the total 153 participants, 52.9% were female, and 83% were White British, which is largely consistent with demographic data from the Office for National Statistics (2022), indicating elements of a representative sample. 68.6% of the sample were represented by participants aged between 18-39, compared to 36.1% of 18-39 year-olds comprising the adult population in England and Wales (Office for National Statistics, 2023). Full demographic information for the social media, Prolific, and final samples are presented in Table 1.

Table 1

Participant Demographic Characteristics of the Final Sample

	Social Media Sample (*n*=87)	Prolific Sample (*n*=66)	Total Sample (*N*=153)
Gender *N* (%)			
Female	64 (73.6)	17 (25.8)	81 (52.9)
Male	22 (25.3)	48 (72.7)	70 (45.8)
Transgender male	1 (1.1)	0 (0.0)	1 (0.7)
Gender variant/non-conforming	0 (0.0)	1 (1.5)	1 (0.7)
Age *N* (%)			
18-20	3 (3.4)	7 (10.6)	10 (6.5)
21-29	38 (43.7)	18 (27.3)	56 (36.6)
30-39	19 (21.8)	23 (34.8)	42 (27.5)
40-49	16 (18.4)	10 (15.2)	26 (17.0)
50-59	7 (8.0)	6 (9.1)	13 (8.5)
60-69	4 (4.6)	2 (3.0)	6 (3.9)
Ethnicity *N* (%)			
Asian	0 (0.0)	2 (3.0)	2 (1.3)
Black	0 (0.0)	1 (1.5)	1 (0.7)
Black African	0 (0.0)	1 (1.5)	1 (0.7)
Black British	1 (1.1)	1 (1.5)	2 (1.3)
Chinese	1 (1.1)	0 (0.0)	1 (0.7)
Indian	0 (0.0)	3 (4.5)	3 (2.0)
Mexican-American	0 (0.0)	1 (1.5)	1 (0.7)
Pakistani	0 (0.0)	1 (1.5)	1 (0.7)
White English/Welsh/Scottish/Northern	78 (89.7)	49 (74.2)	127 (83)
Irish/British	0 (0.0)	1 (1.5)	1 (0.7)
White Gypsy or Irish Traveler	1 (1.1)	1 (1.5)	2 (1.3)
White Irish	2 (2.3)	1 (1.5)	3 (2.0)
White and Black Caribbean	0 (0.0)	1 (1.5)	1 (0.7)
I'd rather not say	4 (4.6)	3 (4.5)	7 (4.6)
Other			
Highest Level of Education *N* (%)			
GCSE or equivalent	14 (16.1)	8 (12.1)	22 (14.4)
A-level or equivalent	21 (24.1)	18 (27.3)	39 (25.5)
Foundation degree	5 (5.7)	5 (7.6)	10 (6.5)
University undergraduate	21 (24.1)	21 (31.8)	42 (27.5)
University postgraduate-Masters level	18 (20.7)	12 (18.2)	30 (19.6)
University Doctoral or PhD level	8 (9.2)	2 (3.0)	10 (6.5)
Currently Studying *N* (%)			
Yes	14 (16.1)	11 (16.7)	25 (16.3)
No	73 (83.9)	55 (83.3)	128 (83.7)
Level of Current Study *N (%)*			
Foundation degree	0 (0.0)	1 (1.5)	1 (0.7)
University undergraduate	3 (3.4)	5 (7.6)	8 (5.2)
University postgraduate-Masters level	3 (3.4)	3 (4.5)	6 (3.9)
University Doctoral or PhD level	8 (9.2)	2 (3.0)	10 (6.5)
Not applicable	73 (83.9)	55 (83.3)	128 (83.7)

Note. Percentages may not add up to 100% due to rounding.

Recruitment Method

As more participants were recruited for conditions one and three, social media was used to increase participants in conditions two and four. This resulted in a higher percentage of participants in conditions two and four being recruited from social media (Table 2).

Table 2

Frequency (and Percentage) of Participants in Each Condition by Recruitment Method

	Absence of Psychiatric Diagnosis and Absence of Early Traumatic Experiences	Absence of Psychiatric Diagnosis and Prescence of Early Traumatic Experiences	Prescence of Psychiatric Diagnosis and Absence of Early Traumatic Experiences	Prescence of Psychiatric Diagnosis and Prescence of Early Traumatic Experiences
Social Media	20 (23.0)	26 (29.9)	18 (20.7)	23 (26.4)
Prolific	20 (30.3)	13 (19.7)	21 (31.8)	12 (18.2)
Total Sample	40 (26.1)	39 (25.5)	39 (25.5)	35 (22.9)

The percentages of whether DR was given or not (the categorical DV of the study) between social media and Prolific were very similar. 79.3% of participants recruited via social media and 78.8% recruited via Prolific gave DR (Table 3). Additionally, the mean scores on the WCS and five elements of the DRQ (continuous DVs of the study) were similar across participants from both social media and Prolific (Table 4). This evidenced that there were very limited differences in the DVs of the study across recruitment methods.

Table 3

Frequency (and Percentage) of DR Decision by Recruitment Method

	DR Given	DR Not Given
Social Media	69 (79.3)	18 (20.7)
Prolific	52 (78.8)	14 (21.2)

Table 4

Means (and Standard Deviations) of EWC and DR Judgements by Recruitment Method

	WCS	DRQ				
	EWC	Medical	Conduct	Judgement	Control	Explain
Social Media	168.53	18.20	17.67	20.41	19.62	20.28
	(20.30)	(5.65)	(5.64)	(4.93)	(5.30)	(5.16)
Prolific	162.59	19.92	18.42	19.73	19.59	20.58
	(23.11)	(5.07)	(5.31)	(5.01)	(5.37)	(5.12)

Mental Health Information, EWC, and DR Judgements

Separate between-subjects two-way ANOVAs were used to investigate the main and interaction effects of diagnosis (presence or absence) and early traumatic experiences (presence or absence) on jurors' perceptions of overall EWC, measured by the WCS, and DR judgements, measured by the DRQ.

The assumptions for conducting a two-way ANOVA were checked and largely met, though assumptions of normality were violated. However, all groups were similarly negatively skewed, and there was a relatively large sample size. ANOVA is deemed relatively robust to violations of the normality assumption with sample sizes of above 30 (Pallant, 2010). Therefore, it was deemed appropriate to continue with a two-way ANOVA (Maxwell & Delaney, 2004).

The findings did not support the first hypothesis; there were very minimal differences in EWC and DR judgements depending on whether a psychiatric diagnosis and/or early traumatic experiences information was present or absent (Table 5).

Overall, the findings did not support the second hypothesis. There were not interaction effects between psychiatric diagnosis and early traumatic experiences on EWC and DR judgements as predicted (Table 6). However, the second hypothesis was not supported as the relationship was not additive, having both psychiatric diagnosis and early traumatic experiences did not increase EWC ratings and DR judgement. This is

demonstrated by the fact there are no statistically significant differences in EWC ratings or DR judgements depending on psychiatric diagnosis (presence or absence) or early traumatic experiences (presence or absence) (Table 6).

Table 5

Means (and Standard Deviations) of EWC and DR Judgements Defined by Psychiatric Diagnosis (Presence or Absence) and Early Traumatic Experiences (Presence or Absence)

Psychiatric Diagnosis	Early Traumatic Experiences	*N*	WCS	DRQ				
			EWC	Medical	Conduct	Judgement	Control	Explain
Absence	Absence	40	163.40 (23.45)	19.22 (4.79)	17.65 (5.08)	20.05 (5.09)	19.40 (5.27)	20.35 (4.82)
	Presence	39	164.41 (20.41)	18.54 (5.78)	18.05 (5.36)	20.46 (4.24)	20.10 (4.67)	20.23 (5.37)
	Total	79	163.90 (21.87)	18.89 (5.28)	17.85 (5.19)	20.25 (4.66)	19.75 (4.96)	20.29 (5.07)
Presence	Absence	39	170.23 (19.24)	19.03 (5.30)	18.97 (5.84)	20.62 (4.82)	20.23 (5.11)	20.77 (5.01)
	Presence	35	165.89 (23.67)	18.97 (6.15)	17.23 (5.77)	19.26 (5.75)	18.60 (6.26)	20.26 (5.50)
	Total	74	168.18 (21.41)	19 (5.68)	18.15 (5.83)	19.97 (5.29)	19.46 (5.70)	20.53 (5.22)
Total	Absence	79	166.77 (21.61)	19.13 (5.02)	18.30 (5.48)	20.33 (4.94)	19.81 (5.17)	20.56 (4.89)
	Presence	74	165.11 (21.87)	18.74 (5.92)	17.66 (5.53)	19.89 (5.01)	19.39 (5.49)	20.24 (5.40)
	Total	153	165.97 (21.68)	18.94 (5.46)	17.99 (5.49)	20.12 (4.96)	19.61 (5.32)	20.41 (5.13)

Note. WCS = Witness Credibility Scale, DRQ = Diminished Responsibility Questionnaire

Table 6

Between-Subjects and Interaction Effects of Psychiatric Diagnosis (Presence or Absence) and Early Traumatic Experiences (Presence or Absence) on EWC and DR Judgements (N=153)

	Psychiatric Diagnosis			Early Traumatic Experiences			Psychiatric Diagnosis x Early Traumatic Experiences		
	F(1, 149)	*p*	η^2	*F(1, 149)*	*p*	η^2	*F(1, 149)*	*p*	η^2
EWC	1.393	.240	.009	0.225	.636	.002	0.579	.448	.004
DRQ Medical	0.017	.896	.000	0.173	.678	.001	0.126	.723	.001
DRQ Conduct	0.079	.779	.001	0.568	.452	.004	1.448	.231	.010
DRQ Judgement	0.157	.693	.001	0.344	.558	.002	1.203	.274	.008
DRQ Control	0.152	.698	.001	0.289	.591	.002	1.828	.178	.012
DRQ Explain	0.071	.791	.000	0.142	.707	.001	0.055	.851	.000

DR Decision Making

The binary DV was DR decision-making, whether participants gave a verdict of manslaughter (accepting the partial defence of DR) or murder (rejecting the partial defence of DR). 121 participants (79.1%) gave a verdict of manslaughter, and 32 participants (20.9%) gave a verdict of murder. Table 7 demonstrates the proportion of DR decisions in each condition.

Table 7

Frequency and (Percentage) of DR Decisions by Condition

	Absence of Psychiatric Diagnosis and Absence of Early Traumatic Experiences	Absence of Psychiatric Diagnosis and Prescence of Early Traumatic Experiences	Prescence of Psychiatric Diagnosis and Absence of Early Traumatic Experiences	Prescence of Psychiatric Diagnosis and Prescence of Early Traumatic Experiences
Manslaughter	33 (82.5)	31 (79.5)	32 (82.1)	25 (71.4)
Murder	7 (17.5)	8 (20.5)	7 (17.9)	10 (28.6)
Total	40	39	39	35

A binary logistic regression was used to explore if credibility ratings, adjusted for psychiatric diagnosis and early traumatic experiences, predict DR decision-making. The assumptions for conducting a binary logistic regression were checked, and all assumptions were met. The power analysis for logistic regression (Peduzzi et al., 1996) was re-calculated based on positive cases being established (0.2) and suggested a minimum sample size of 150, which was exceeded within the final sample (N=153). The multicollinearity assumptions required for logistic regression were not violated (tolerance was close to 1 and >0.1 and Variance Inflation Factor was <10) (Midi et al., 2013).

The findings supported the third hypothesis: jurors were more likely to make DR decisions in line with a highly credible expert's opinion. The full regression model consisted of psychiatric diagnosis (presence or absence), early trauma experiences

(presence or absence), EWC, and the interaction between psychiatric diagnosis and trauma as predictor variables. The model was statistically significant $\chi 2(4, 153) = 13.31$, $p = 0.01$ and was able to correctly categorise 79.1% of verdicts. The model explained between 8.3% (Cox and Snell R Square) and 13.0% (Nagelkerke R Square) of the variance in the likelihood of diminished responsibility being given. Only EWC made a statistically significant contribution to the model (*B* = .032, *Wald* = 10.81, *p* = .001, *Exp (B)* = 1.032, 95% *CI* [1.013, 1.052]). Table 8 summarises the regression model.

Table 8

Logistic Regression Comparing Psychiatric Diagnosis, Early Traumatic Experiences, EWC, and Psychiatric Diagnosis x Early Traumatic Experiences on the Probability of a Verdict of Manslaughter

	B	S.E.	Wald	*p*	Odds Ratio
Psychiatric Diagnosis	-.305	.622	.241	.624	.737
Early Traumatic Experiences	-.280	.600	.218	.640	.756
EWC	.032	.010	10.810	.001	1.032
Psychiatric Diagnosis x Early Traumatic Experiences	-.194	.841	.053	.818	.824

Sensitivity Analyses

A number of sensitivity analyses were conducted to establish the robustness of the results under different assumptions and conditions. Analyses were conducted using the final sample data and the five participants' data that were removed from the final analyses and re-running the study's main analyses. The first and second hypotheses remained unsupported. There were no statistically significant differences in EWC and DR judgements depending on whether a psychiatric diagnosis and/or early traumatic experiences information was present or absent and though there were not interaction effects between psychiatric diagnosis and early traumatic experiences on EWC and DR judgements as predicted, the relationship was not additive (Appendix V). Therefore, these findings aligned with the final sample findings reported.

The third hypothesis was not supported within this analysis and did not align with the findings from the final sample reported. The full regression model consisted of all aforementioned predictor variables. The model was not statistically significant $\chi 2(4, 158) = 3.11$, $p = .539$ and was able to correctly categorise 79.1% of verdicts. This model explained between 1.9% (Cox and Snell R square) and 3.1% (Nagelkerke R Square) of the variance in the likelihood of diminished responsibility being given. In this analysis, no predictor variables made a statistically significant contribution to the model, unlike the findings from the final sample, where EWC made a statistically significant contribution to the model. Appendix W summarises the regression model.

The R Square values reported here, within the binary logistic regressions, are often referred to as 'pseudo' R squared values, which estimate the improvement of the model fit compared to the null model, rather than the proportion of variance explained, as is the case with linear regression. These are typically reported estimated values in binary logistic regressions (Menard, 2010; Nagelkerke, 1991; Smith & McKenna, 2013).

Discussion

This study aimed to investigate how the type of mental health information, specifically psychiatric diagnosis and early traumatic experiences, provided by an EW, may affect jurors' perceptions of EWC and DR judgements. Additionally, the study aimed to investigate whether EWC influenced jurors' DR decisions once psychiatric diagnosis and early traumatic experiences had been considered. The findings of the study demonstrated that neither presence nor absence of psychiatric diagnosis and/or early traumatic experiences in an EW testimony significantly impacted EWC and DR judgements, thus not supporting hypotheses one and two. However, EWC did predict jurors' DR decisions, with jurors more likely to make decisions in line with a highly credible expert's opinion, supporting hypothesis three. However, it is important to note

that this finding was no longer statistically significant in the sensitivity analyses conducted with the final sample data and the five participants' excluded data. Additionally, whilst the binary logistic regression model including the final sample was statistically significant, the R square values were low, indicating that much of the variance was not explained by the model (Menard, 2010; Nagelkerke, 1991).

One explanation for the lack of significant main effects of psychiatric diagnosis and early traumatic experiences information on EWC and DR judgements may be the maintenance formulation all participants were exposed to. The formulation may have provided sufficient information to contextualise the defendant's actions, and therefore, the inclusion of a psychiatric diagnosis or early traumatic experiences information made little difference. The fact that by far most verdicts overall were for manslaughter supports the idea that there may have already been enough information for DR to be given.

Literature regarding the potential effects of psychological formulation within criminal trials is scant. However, the aforementioned notion is partially supported by research demonstrating mock jurors were more likely to provide a verdict in the defendant's favour when the EW presented anecdotal histories (Bornstein, 2004). Furthermore, the aim of sharing psychological formulations with others is generally to develop a non-judgemental understanding of an individual's difficulties and increase compassion and empathy (Association of Clinical Psychologists, 2022). Providing such narrative information has been found to elicit more compassion, favourable attitudes and behavioural intentions towards those in prison (Oliver et al., 2012) and thus provides grounds to hypothesise this finding could apply to those currently on trial for committing a criminal offence. Therefore, mock jurors hearing the information included within the presented psychological formulation may explain the lack of variation in EWC and DR judgements scores across conditions.

Furthermore, O'Leary (2021) researched mental health information and guilt in a mock criminal trial, manipulating the level of mental health information. The three conditions included: no mental health information (control group), a description of symptoms of paranoid schizophrenia or a description of symptoms of paranoid schizophrenia and a diagnosis of paranoid schizophrenia. O'Leary found that the control group had a statistically significantly higher mean score for guilt. However, there was not a statistically significant difference in mean scores for guilt between the symptomatic description group and the symptomatic description and diagnostic label group. This suggests that the addition of a psychiatric diagnosis did not result in a significant difference in guilty verdicts in a criminal case, supporting the hypothesis that providing some form of mental health information, such as the experience of symptoms included in the study's psychological formulation, may be sufficient alone to influence EWC and juror decision-making and thus minimise the effects of other mental health information such as diagnosis or trauma-related information.

It was hypothesised that EWC would influence juror's DR decisions, with jurors being more likely to make DR decisions in line with a highly credible expert's opinion, which was supported by the study's main findings and is consistent with existing literature (Bornstein, 2004; Cramer et al., 2009; Kipoulas et al., 2024). However, as mentioned, this finding was no longer statistically significant in the sensitivity analyses, whereby the five outliers were included in the analyses with the final sample's data. This raises into question whether overall confidence in this finding is weakened or whether this provides further justification for the decision to have removed this data as outliers. When eyeballing the five excluded data points to consider why they may have been influential (Bollen & Jackman, 1985), it appears as though the participants may have responded to the WCS in the opposite direction or provided random responses, indicating potential errors or inattentive responding. However, as these notions cannot

be checked with participants, they remain hypotheses only. Furthermore, as most verdicts were for manslaughter (nearly 80%), this increases the difficulty in the regression detecting a significant effect.

Additionally, psychiatric diagnosis and early traumatic experiences information did not affect EWC within the current study, which leaves the question of what was influencing EWC. As has been outlined, one hypothesis is that other mental health information, the maintenance formulation, may have had an influence. Other hypotheses could include the impact of peripheral factors, as discussed in the introduction, and characteristics of the mock juror such as demographic variables (Feinstein, 2001; Shaw et al., 2021), personality traits (Cramer et al., 2009) and the interactions between such factors influencing EWC.

Strengths and Limitations

To our knowledge, this is the first study to investigate the impact of the type of mental health information on juror's perceptions of EWC, DR judgements, and DR decision-making in a criminal case. The study incorporated recommendations from previous research in the field, for example, incorporating a condition with no psychiatric diagnosis (Van Es et al., 2020), investigating the impact of trauma within a psychological formulation (Baker, 2020), and including both a continuous and categorical variable for decision making (Gomes, 2024). In the development of the study, liaison with an Associate Professor in Law and facilitation of a pilot phase helped to ensure the ecological validity and overall quality of the research. The study was comprised of a largely representative sample. There were issues seemingly related to selective attrition in conditions two and four, resulting in unbalanced numbers in each condition when comparing social media and Prolific recruitment. However, the conditions were largely balanced across the whole sample. Furthermore, across the two

different recruitment methods, there was a lack of difference in the DVs, demonstrating consistency in results across the two recruitment samples and, therefore overall sample.

An overall limitation of the research is ecological validity concerning real-world juror experiences. Jurors were recruited and participated online and opted to engage in the mock juror research. However, jurors in English and Welsh courts would be randomly selected to participate in jury service in person. Therefore, it has been argued that mock juries do not represent real-world juries (Thomas, 2020). Jurors also acted as individuals rather than engaging as a jury in group deliberation and coming to a single collaborative decision, as would be the case in real-world criminal cases. Furthermore, DR was measured both continuously and categorically within the study when in a real-world criminal court context, only a categorical DR decision would be requested. These factors limit the ecological validity of the findings. The unused jury method, those selected for jury and not called on the day, has been identified as a recruitment method to increase ecological validity in jury research (Thomas, 2010). Future research could consider this recruitment method, though some evidence has suggested mock juries may not significantly differ from real juries (Bornstein, 1999). Furthermore, research has demonstrated that a jury's final decision is often one made by the majority of jurors pre-deliberation in a high proportion of both real and mock juries (Devine, 2012).

On PsyToolkit, participants were randomised at the beginning of the study. This appeared to result in unbalanced groups when accounting for withdrawal from the study. A new feature now exists on PsyToolkit whereby randomisation can be selected to occur at the end of the study. This may be a helpful feature to utilise in future research. There were differences in the length of EW testimony videos, with conditions one and three falling in the 5-minute range and conditions two and four in the 8-minute range. There may have been a relationship between time and withdrawal from the study, as initially, there was increased study completion for conditions one and three. Therefore, a

potential limitation of the study is the lack of time consistency across conditions contributing to selective attrition. Future research should consider how different conditions can be matched based on timing.

Methods were put in place in an attempt to ensure information was attended to, such as being unable to skip sections, minimum time limits, and knowledge checks. However, it is difficult to ascertain what participants may or may not have attended to (Flick et al., 2022), particularly with the research being facilitated online, introducing another limitation. Additionally, the reasons for withdrawal were unknown. It would be helpful for future online research using PsyToolkit to consider how withdrawal and the reason for withdrawal may be recorded. A final limitation is that the study did not ask participants to provide qualitative responses, which may have aided in clarifying and understanding participants' responses, for example, justification for their expert witness credibility ratings or DR decisions.

Implications and Future Research

The findings of the study suggested the type of mental health information, psychiatric diagnosis and early traumatic experiences information did not influence jurors' perceptions of EWC, DR judgements, and DR decisions. Thus, appearing to suggest that it is not crucial for mental health EWs to consider the potential impact of sharing a psychiatric diagnosis and/or early traumatic experiences in their testimony. However, the mental health information in the current study was presented alongside a psychological formulation. It has been hypothesised that the psychological formulation may have been sufficient enough to influence the DVs, meaning the type of mental health information presented by mental health EWs could still be important within the CJS. Therefore, it is recommended that future research focuses on the potential influence of psychological formulation and particular elements of psychological formulation upon jurors' perceptions of EWC, DR judgements and DR decision-

making. Furthermore, as mentioned, the psychological formulation may have masked the potential influence of psychiatric diagnosis and early traumatic experiences information. Therefore, future research may benefit from adapting the current study and not including a psychological formulation. Finally, the current study investigated the potential influence of the type of mental health information on DR judgements and DR decisions specifically. The research could be expanded to explore different legal decisions, such as the determination of guilt and other offences, not including homicide, whereby the mental health of the defendant is important.

The main findings demonstrated that EWC predicted DR decision-making, supporting previous research on EWC and decision-making in mock jurors. Therefore, illustrating the real-life implications of the determinants of EWC. The proposed future research above into the type of mental health information may shed light on the potential influence of mental health information on EWC and, thus, decision-making. This finding also illustrates the warrant of continued research into potential factors outside of the type of mental health information that could influence EWC. Future research may benefit from adding a qualitative element to explore what jurors self-report as informing their EWC judgements and analysing themes from mock juror responses. Finally, future research could include the jury deliberation stage and group decision. Mixed methods analyses could be utilised. For example, qualitative to explore discussion around the EW and mental health information, as well as a quantitative comparison between juror decisions and group decisions.

Conclusion

The study introduced novel research into the impact of the type of mental health information provided by an EW, on jurors' EWC ratings, DR judgements, and DR decisions. The study did not find that psychiatric diagnosis and/or early traumatic experiences influenced EWC or DR judgements. However, EWC did predict DR

decision-making, with mock jurors making decisions in line with a highly credible expert's opinion. Thus, supporting the importance of continued investigation into EWC and juror decision-making, due to the significance of the decisions on a defendant's life course. Future research continuing to explore the under-studied field of the potential influence of mental health information on EWC and decision-making in English and Welsh courts has been outlined and is important to consider.

References

Adverse Childhood Experiences Response. (2023). *What is an ACE*?. ACEResponse. http://www.aceresponse.org/who_we_are/ACE-Study_43_pg.html

Aguinis, H., Gottfredson, R. K., & Joo, H. (2013). Best-Practice Recommendations for Defining, Identifying, and Handling Outliers. *Organizational Research Methods*, *16*(2), 270–301. https://doi.org/10.1177/1094428112470848

Ahmed, S. K. (2024). How to choose a sampling technique and determine sample size for research: A simplified guide for researchers. *Oral Oncology Reports*, *12*, 100662. https://doi.org/10.1016/j.oor.2024.100662

Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica*, *113*(3), 163–179. https://doi.org/10.1111/j.1600-0447.2005.00699.x

Arigo, D., Pagoto, S., Carter-Harris, L., Lillie, S. E., & Nebeker, C. (2018). Using social media for health research: Methodological and ethical considerations for recruitment and intervention delivery. *Digital Health*, *4*, 205520761877175. https://doi.org/10.1177/2055207618771757

Association of Clinical Psychologists (2022, June). *Team Formulation: Key Considerations in Mental Health Services.* ACP UK. https://acpuk.org.uk/wp-content/uploads/2022/07/ACP-UK-Team-Formulation-Guidance-v1.pdf

Baird, J., Hyslop, A., Macfie, M., Stocks, R., & Van Der Kleij, T. (2017). Clinical formulation: Where it came from, what it is and why it matters. *BJPsych Advances*, *23*(2), 95–103. https://doi.org/10.1192/apt.bp.115.014670

Baker, J. (2020). *Judging Personality Disorder: A Systematic Review of Clinician Attitudes and Responses to Borderline Personality Disorder; and an Examination of Causal Attributions, Stigmatising Stereotypes and Jury Decision*

Making Regarding the ICD-11 "Severe Personality Disorder, Borderline Pattern" Criteria. [Doctoral Thesis, University of East Anglia]. UEA Digital Repository. https://ueaeprints.uea.ac.uk/id/eprint/77466/

Baker, J., Edwards, I., & Beazley, P. (2022). Juror decision-making regarding a defendant diagnosed with borderline personality disorder. *Psychiatry, Psychology and Law*, *29*(4), 516–534. https://doi.org/10.1080/13218719.2021.1938273

Barnett, M. E., Brodsky, S. L., & Davis, C. M. (2004). When Mitigation Evidence Makes A Difference: Effects of Psychological Mitigating Evidence on Sentencing Decisions in Capital Trials. *Behavioral Sciences & the Law*, *22*, 751–770. https://doi.org/10.1002/bsl.591

Barnett, M. E., Brodsky, S. L., & Price, J. R. (2007). Differential Impact of Mitigating Evidence in Capital Case Sentencing. *Journal of Forensic Psychology Practice*, *7*(1), 39–45. https://doi.org/10.1300/J158v07n01_04

Bluglass, R. (1990). The psychiatrist as an expert witness. In R. Bluglass & P. Bowden (Eds.), *Principles and practice of forensic psychiatry* (pp. 161–166). Churchill Livingstone.

Boccaccini, M. T., Murrie, D. C., & Turner, D. B. (2014). Jurors' Views on the Value and Objectivity of Mental Health Experts Testifying in Sexually Violent Predator Trials. *Behavioral Sciences & the Law*, *32*(4), 483–495. https://doi.org/10.1002/bsl.2129

Bollen, K. A., & Jackman, R. W. (1985). Regression Diagnostics: An Expository Treatment of Outliers and Influential Cases. *Sociological Methods & Research, 13*(4), 510-542. https://doi-org.uea.idm.oclc.org/10.1177/0049124185013004004

Bornstein, B. H. (1999). The ecological validity of jury simulations: Is the jury still out? *Law and Human Behavior*, *23*, 75-91.

Bornstein, B. H. (2004). The impact of different types of expert scientific testimony on mock jurors' liability verdicts. *Psychology, Crime & Law*, *10*(4), 429–446. https://doi.org/10.1080/1068316030001629292

British Psychological Society. (2014). *Understanding psychiatric diagnosis in adult mental health.* NHS. https://nhsforthvalley.com/wp-content/uploads/2014/01/Understanding-Diagnosis-DCP.pdf

British Psychological Society (2021). *Psychologists as expert witnesses: best practice guidelines for psychologists*. BPS. https://www.bps.org.uk/guideline/psychologists-expert-witnesses

Brodsky, S. L., Griffin, M. P., & Cramer, R. J. (2010). The Witness Credibility Scale: An outcome measure for expert witness research. *Behavioral Sciences & the Law*, *28*(6), 892–907. https://doi.org/10.1002/bsl.917

Brown, P., Bakolis, I., Appiah-Kusi, E., Hallett, N., Hotopf, M., & Blackwood, N. (2022). Prevalence of mental disorders in defendants at criminal court. *BJPsych Open*, *8*(3), e92. https://doi.org/10.1192/bjo.2022.63

Coroners and Justice Act, 2009. (c.25). https://www.legislation.gov.uk/ukpga/2009/25/part/2/chapter/1/crossheading/partial-defence-to-murder-diminished-responsibility

Cramer, R. J., Brodsky, S. L., & DeCoster, J. (2009). Expert witness confidence and juror personality: Their impact on credibility and persuasion in the courtroom. *The Journal of the American Academy of Psychiatry and the Law*, *37*(1), 63–74.

Crown Prosecution Service. (2022a, September 9). *Homicide: Murder and Manslaughter.* CPS. https://www.cps.gov.uk/legal-guidance/homicide-murder-and-manslaughter

Crown Prosecution Service. (2022b, August 5). *Expert Evidence.* CPS. https://www.cps.gov.uk/legal-guidance/expert-evidence

Crown Prosecution Service. (2022c). *The verdict and sentencing – _Rape and serious sexual assault.* CPS. https://www.cps.gov.uk/rasso-guide/verdict-and-sentencing-0#:~:text=The%20jury%20are%20asked%20by,of%20at%20least%2010%20people

Curley, L. J., Munro, J., & Dror, I. E. (2022). Cognitive and human factors in legal layperson decision making: Sources of bias in juror decision making. *Medicine, Science, and the Law*, *62*(3), 206–215. https://doi.org/10.1177/00258024221080655

Dershowitz, A. M. (1994). *The abuse excuse: And other cop-outs, sob stories and evasions of responsibility*. Little, Brown and Company.

Devine, D. J. (2012). *Jury decision-making: The state of the science* (Vol. 8). NYU Press.

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, *39*(2), 175–191. https://doi.org/10.3758/BF03193146

Feinstein, S. J. (2001). *Expert psychological testimony: The influence of gender and language intensity on juror decision making.* (Publication No. 3039594) [Doctoral dissertation, Kent State University]. ProQuest Dissertations and Theses.

Flick, C., Smith, O. K. H., & Schweitzer, K. (2022). Influence of expert degree and scientific validity of testimony on mock jurors' perceptions of credibility. *Applied Cognitive Psychology*, *36*(3), 494–507. https://doi.org/10.1002/acp.3935

Ford, K., Barton, E. R., Newbury, A., Hughes, K., Bezeczky, Z., Roderick, J., & Bellis, M. A. (2019). *Understanding the prevalence of Adverse Childhood Experiences*

(ACEs) in a male offender population in Wales: The Prisoner ACE Survey. NHS. https://phw.nhs.wales/files/aces/the-prisoner-ace-survey/

Forsyth, W. (1852). *History of Trial By Jury.* John W Parker and Son.

Garvey, S. P. (2000). The emotional economy of capital sentencing. *New York University Law Review, 75*, 26–73.

Gomes, A. (2024). *Mental Health Diagnosis in Youth with a History of Offending: A Systematic Review and Meta-Analysis of the Prevalence of Post-Traumatic Stress Disorder and an Exploration of Stigma and Causal Attributions in Juror Decision Making.* [Doctoral Thesis, University of East Anglia]. UEA Digital Repository. https://ueaeprints.uea.ac.uk/id/eprint/97611/

Government UK. (2023, August). *Male and female populations.* https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/male-and-female-populations/latest/#:~:text=The%20data%20shows%20that%3A,up%2029.2%20million%20(49.0%25)

Greenberg, J., & Wursten, A. (1988). The Psychologist and the Psychiatrist as Expert Witnesses: Perceived Credibility and Influence. *American Psychological Association, 19,* 372-378. https://doi.org/10.1037/0735-7028.19.4.373

Gudjonsson, G. (2006). Disputed Confessions and Miscarriages of Justice in Britain: Expert Psychological and Psychiatric Evidence in the Court of Appeal. *Manitoba Law Journal*, *31*(3), 489.

Holleran, L. B., & Vaughan, T. J. (2020). Examining jurors' ability to meet the constitutional requirement of narrowing in capital sentencing. *Behavioral Sciences & the Law*, *38*(4), 317–336. https://doi.org/10.1002/bsl.2464

Homicide Act, 1957. (c.11). https://www.legislation.gov.uk/ukpga/Eliz2/5-6/11/contents

House of Commons Library (2024, July 4). *Constituency data: Ethnic groups*. UK Parliament. https://commonslibrary.parliament.uk/constituency-statistics-ethnicity/#:~:text=Across%20England%20and%20Wales%2C%2082,Explore%20constituency%20data

Hurwitz, S. D., Miron, M. S., & Johnson, B. T. (1992). Source Credibility and the Language of Expert Testimony. *Journal of Applied Social Psychology*, *22*(24), 1909–1939. https://doi.org/10.1111/j.1559-1816.1992.tb01530.x

In, J. (2017). Introduction of a pilot study. *Korean Journal of Anesthesiology*, *70*(6), 601. https://doi.org/10.4097/kjae.2017.70.6.601

Independent Office for Police Conduct (2024). *The role of a jury in a criminal trial. [Fact sheet]*. https://www.policeconduct.gov.uk/sites/default/files/documents/Factsheet-role-jury-criminal-trial-2024.pdf

Ivković, S. K., & Hans, V. P. (2003). Jurors' Evaluations of Expert Testimony: Judging the Messenger and the Message. *Law & Social Inquiry*, *28*(2), 441–482.

Juries Act, 1974. (c. 23). https://www.legislation.gov.uk/ukpga/1974/23/contents

Kipoulas, E., Edwards, I., Radakovic, R., & Beazley, P. I. (2024). Perceptions of bias and credibility of male and female clinical psychologist and psychiatrist expert witnesses presenting clinical information in the courtroom. *International Journal of Law and Psychiatry*, *96*, 102016. https://doi.org/10.1016/j.ijlp.2024.102016

Kois, L. E., & Chauhan, P. (2018). Criminal responsibility: Meta-analysis and study space. *Behavioral Sciences & the Law*, *36*(3), 276–302. https://doi.org/10.1002/bsl.2343

Law Absolute. (2015, September 8). *Differences between US and UK legal systems.* Law Absolute. https://www.lawabsolute.com/recruitment-

news/article/differences-between-us-and-uk-legal-systems/#:~:text=One%20of%20the%20major%20differences,specific%20courts%20for%20bankruptcy%20etc.

Leon, A. C., Davis, L. L., & Kraemer, H. C. (2011). The role and interpretation of pilot studies in clinical research. *Journal of Psychiatric Research*, *45*(5), 626–629. https://doi.org/10.1016/j.jpsychires.2010.10.008

Leslie, O., Young, S., Valentine, T., & Gudjonsson, G. H. (2007). Criminal barristers' opinions and perceptions of mental health expert witnesses. *Journal of Forensic Psychiatry & Psychology*, *18*(3), 394–410. https://doi.org/10.1080/14789940701256229

Maddison, Ormerod, Tonking & Wait. (2024, July). *The Crown Court Compendium Part I: Jury and Trial Management and Summing Up.* Judicial College. https://www.judiciary.uk/wp-content/uploads/2024/09/Crown-Court-Compendium-Part-I-July-2024.pdf

Maxwell, S. E., & Delaney, H. D. (2004). *Designing experiments and analysing data: A model comparison perspective* (2nd ed.). Routledge.

McCarthy Wilcox, A., & NicDaeid, N. (2018). Jurors' perceptions of forensic science expert witnesses: Experience, qualifications, testimony style and credibility. *Forensic Science International*, *291*, 100–108. https://doi.org/10.1016/j.forsciint.2018.07.030

Menard, S. (2010). *Logistic Regression: From Introductory to Advanced Concepts and Applications*. SAGE Publications, Inc. https://doi.org/10.4135/9781483348964

Midi, H., Sarkar, S., & Rana, S. (2013). Collinearity diagnostics of binary logistic regression model. *Journal of Interdisciplinary Mathematics*, *13*, 253–267. https://doi.org/10.1080/09720502.2010.10700699

Mondak, J. J. (1990). Perceived legitimacy of Supreme Court decisions: Three functions of source credibility. *Political Behavior*, *12*(4), 363–384. https://doi.org/10.1007/BF00992794

Morison, L., Trigeorgis, C., & John, M. (2014, June 27). *Are mental health services inherently feminised?*. BPS. https://www.bps.org.uk/psychologist/are-mental-health-services-inherently-feminised

Morrison, A. P. (2001). The interpretation of intrusions in psychosis: An integrative cognitive approach to hallucinations and delusions. *Behavioural and Cognitive Psychotherapy*, *29*(3), 257–276. doi:10.1017/S1352465801003010

National Institute for Health and Care Excellence. (2017, March 21). *Mental health of adults in contact with the criminal justice system.* NICE. https://www.nice.org.uk/guidance/ng66/chapter/Context

Neal, T. M. S. (2014). Women as Expert Witnesses: A Review of the Literature: Women as expert wintesses: A review of the literature. *Behavioral Sciences & the Law*, *32*(2), 164–179. https://doi.org/10.1002/bsl.2113

Nagelkerke, N. (1991). A note on a general definition of the coefficient of determination. *Biometrika, 78*(3), 691-692. doi: 10.2307/2337038

O'Leary, C. (2021). *Jurors' Decision-making in a Mock Criminal Trial: The Role of Mental Health Information and Mental Health Literacy*. [Doctoral thesis, University of East Anglia]. UEA Digital Repository. https://ueaeprints.uea.ac.uk/id/eprint/82236/

Office for National Statistics. (2022). *Population estimates for the UK, England, Wales, Scotland and Northern Ireland: mid-2021*. ONS. https: //www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021.

Office for National Statistics. (2023, July 15). *Population estimates England and Wales: mid-2023*. ONS. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023

Oliver, M. B., Dillard, J. P., Bae, K., & Tamul, D. J. (2012). The Effect of Narrative News Format on Empathy for Stigmatized Groups. *Journalism & Mass Communication Quarterly*, *89*(2), 205–224. https://doi.org/10.1177/1077699012439020

Pallant, J. (2010). *SPSS Survival Manual: A step by step guide to data analysis using SPSS* (4th ed.). Open University Press.

Peduzzi, P., Concato, J., Kemper, E., Holford, T. R., & Feinstein, A. R. (1996). A simulation study of the number of events per variable in logistic regression analysis. *Journal of Clinical Epidemiology*, *49*(12), 1373–1379. https://doi.org/10.1016/S0895-4356(96)00236-3

Petty, R. E. & Cacioppo, J. T. (1986). The elaboration likelihood model of persuasion. In: L. Berkowitz (Ed.), *Advances in experimental social psychology.* Academic Press.

Prolific. (2022). *Prolific Pricing.* Prolific. https://www.prolific.co/researchers?_gl=1*1m9zqxh*_gcl_au*MTIyMjY2OTQwMy4xNjg3MDExNDcz#pricing

Redding, R. E., Floyd, M. Y., & Hawk, G. L. (2001). What judges and lawyers think about the testimony of mental health experts: A survey of the courts and bar. *Behavioral Sciences & the Law*, *19*(4), 583–594. https://doi.org/10.1002/bsl.455

Rix, K., Eastman, N., Briscoe, G, A, J., & Hallett, N. (2023, March). *Responsibilities of psychiatrists who provide expert evidence to courts and tribunals* (Report No.

CR193). Royal College of Psychiatrists. https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr193.pdf?sfvrsn=c0381b24_2

Robbins, P., & Litton, P. (2018). Crime, punishment, and causation: The effect of etiological information on the perception of moral agency. P*sychology, Public Policy, and La*w, *24*(1), 118–127. https://doi.org/10.1037/law0000146

Royal College of Psychiatrists. (2021). *Census 2021: Workforce figures for consultant psychiatrists, speciality doctor psychiatrists, and physical associates in mental health.* RC Psych. https://www.rcpsych.ac.uk/docs/default-source/improving-care/workforce/census-2021-completed-draft.pdf?sfvrsn=191319cb_2#:~:text=A%20total%20of%20300%20consultants,182%20consultant%20retirements%20were%20reported.

Salerno, J. M., Bottoms, B. L., & Peter-Hagene, L. C. (2017). Individual versus group decision making: Jurors' reliance on central and peripheral information to evaluate expert testimony. *PLOS ONE*, *12*(9), e0183580. https://doi.org/10.1371/journal.pone.0183580

Sentencing Council. (2023). *Manslaughter by reason of diminished responsibility.* Sentencing Council. https://www.sentencingcouncil.org.uk/offences/crown-court/item/manslaughter-by-reason-of-diminished-responsibility/

Shamsi, N. (2015). The search for truth: A comparative look at criminal jury trials in the United States and England. In M. E. Tongue (Eds.), *Does the punishment fit the crime?: A comparative note on sentencing laws for murder in England and Wales vs. the United States of America.* Missouri Law Review.

Shaw, E. V., Lynch, M., Laguna, S., & Frenda, S. J. (2021). Race, witness credibility, and jury deliberation in a simulated drug trafficking trial. *Law and human behavior*, *45*(3), 215–228. https://doi.org/10.1037/lhb0000449

Shapter, S. (2023). *Jury decision making: a systematic review and exploration of stigma towards offenders with mental health conditions and the impact of diagnostic labels* [Doctoral Thesis, University of East Anglia]. UEA Digital Repository.

Smith, T. J., & McKenna, C. M. (2013). A Comparison of Logistic Regression Pseudo R2 Indices. *General Linear Model Journal, 39*(2), Article 2.

Stoet, G. (2017). PsyToolkit: A novel web-based method for running online questionnaires and reaction-time experiments. *Teaching of Psychology*, *44*(1), 24-31. https://doi.org/10.1177/0098628316677643

The Law Commission. (2011, March 21). *Expert evidence in criminal proceedings in England and Wales.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/229043/0829.pdf

The University of Law. (2021, December 15). *Everything you need to know about jury service.* The University of Law. https://www.law.ac.uk/resources/blog/everything-you-need-to-know-about-jury-service/

Thomas, C. (2010). *Are juries fair? Ministry of Justice research series 1/10*. London: Ministry of Justice.

Thomas, C. (2020). The 21st century jury: Contempt, bias and the impact of jury service. *Criminal Law Review, 11*, 987–1011.

Tremlin, R. C. (2021). *Mental Health Stigma Towards Offenders and Juror Decision Making.* [Doctoral Thesis, University of East Anglia]. UEA Digital Repository. https://ueaeprints.uea.ac.uk/id/eprint/82117/

Tukey, J. W. (1977). *Exploratory data analysis*. Pearson.

Van Es, R. M. S., Kunst, M. J. J., & De Keijser, J. W. (2020). Forensic mental health expert testimony and judicial decision-making: A systematic literature review.

Aggression and Violent Behavior, *51*, 101387. https://doi.org/10.1016/j.avb.2020.101387

Vaughan, T. J., & Bell Holleran, L. (2023). Adverse Childhood Experiences in Capital Sentencing: A Focal Concerns Approach to Understanding Capital Juror Leniency. *Justice Quarterly*, *40*(2), 187–210. https://doi.org/10.1080/07418825.2022.2038242

Wechsler, H. J., Kehn, A., Wise, R. A., & Cramer, R. J. (2015). Attorney beliefs concerning scientific evidence and expert witness credidibility. *International Journal of Law and Psychiatry*, *41*, 58–66. https://doi.org/10.1016/j.ijlp.2015.03.008

Williams, B. (2021, September 21). *Major differences between the US and UK legal systems.* The London Economic. https://www.thelondoneconomic.com/lifestyle/my-business/major-differences-between-the-u-s-u-k-legal-systems-291602/

Law Reports

R. v Joyce (2017) EWCA Crim 647

R. v Lall (2021) EWCA Crim 404

R. v Skana (2022) EWCA Crim 186

Chapter Five: Extended Results

Post Hoc Analyses – Expert Witness Credibility (EWC) Subscales and Diminished Responsibility (DR) Decision-Making

As EWC made a statistically significant contribution to predicting DR decisions in the main analysis, a post hoc analysis using binary logistic regression was conducted to explore if all subscales, or particular subscales, of the Witness Credibility Scale (WCS) were important in predicting DR decisions. The final sample data was used for these analyses. Initially, all subscales of the WCS: Likeability, Trustworthiness, Confidence, and Knowledge, were entered into the binary logistic regression. The model was statistically significant $\chi2(4, 153) = 15.74$, $p = .003$ and was able to correctly categorise 80.4% of verdicts. This model explained between 9.8% (Cox and Snell R square) and 15.2% (Nagelkerke R Square) of the variance in the likelihood of diminished responsibility being given.

Only Trustworthiness made a statistically significant contribution to the model (*B* = .083, *Wald* = 4.452, *p* = .035, *Exp (B)* = 1.086, 95% *CI* [1.006, 1.173]). In the next step, Trustworthiness was removed, and the model remained statistically significant. Only Knowledge made a statistically significant contribution to the model (*B* = .088, *Wald* = 4.298, *p* = .038, *Exp (B)* = 1.092, 95% *CI* [1.005, 1.186]). In the next step, Trustworthiness and Knowledge were removed, and the model remained statistically significant. Only Confidence made a statistically significant contribution to the model (*B* = .078, *Wald* = 4.523, *p* = .033, *Exp (B)* = 1.082, 95% *CI* [1.006, 1.163]). In the final step, Trustworthiness, Knowledge, and Confidence were removed, leaving only Likeability. The model was no longer statistically significant $\chi2(1, 153) = 2.02$, $p = 0.155$.

Chapter Six: Discussion and Critical Evaluation

This chapter aims to provide an overall discussion and critical evaluation of the research conducted within this thesis portfolio. It presents a summary of the findings, followed by a critical evaluation, incorporating the strengths and weaknesses of both the systematic review and empirical paper. It outlines the clinical implications of the findings and concludes with suggestions for future research.

Overview of Thesis Portfolio and Main Findings

The overall aim of the thesis portfolio was to explore mental health within the Criminal Justice System (CJS). More specifically, it aimed to investigate how mental health is conceptualised, presented, considered, and supported throughout differing stages of the CJS. The systematic review presented in Chapter Two explored the perceived barriers in males to accessing and utilising mental health support in prison through a thematic synthesis of 14 qualitative studies. Seven analytic themes emerged from the analysis process, which included Relational Barriers, Systemic and Institutional Barriers, Masculine Identity and Help-Seeking Behaviour, Inadequate Mental Health Support, Breaking Down Barriers, Psychological and Emotional Barriers and Cultural Diversity Factors. Overall, this demonstrates that there were numerous perceived barriers at individual, relational, systemic and cultural levels to males accessing mental health support in prison. Despite heterogeneity between the included studies, all studies contributed to the majority of the themes, suggesting there were similarities across different prison contexts. However, it is important to note that the majority of studies were facilitated in the United Kingdom (UK), and therefore, the results reflect more upon the experience of males in UK-based prison services.

The empirical paper presented in Chapter Four aimed to investigate the impact of the type of mental health information presented by an Expert Witness (EW) on jurors' perceptions of Expert Witness Credibility (EWC), judgements, and decision-making in a

criminal case in England and Wales. The type of mental health information manipulated included whether a psychiatric diagnosis and/or early traumatic experiences information was present or absent within the EW's testimony. The criminal case involved homicide and the partial defence of Diminished Responsibility (DR) for a defendant experiencing psychotic symptoms. The study aimed to build and expand upon previous research considering diagnostic labels and DR (Baker et al., 2022; Gomes, 2024), the type of mental health information presented and mock juror decision-making (O'Leary, 2021; Tremlin, 2021), and the influences on EWC as well as the influence of, EWC on juror decision-making (Kipoulas et al., 2024).

When taken at face value, the findings of the empirical paper demonstrated that there were no significant differences in jurors' perceptions of EWC and DR judgements depending on whether a psychiatric diagnosis and/or early traumatic experiences information was present or absent, which suggested that the type of mental health information did not influence EWC ratings or DR judgements. Additionally, contrary to the hypothesis, this finding also demonstrated that there was not an additive relationship between the types of mental health information, that is, having both a psychiatric diagnosis and early traumatic experiences information presented did not increase jurors' perceptions of EWC and DR judgements. However, the study's findings did appear to support the final hypothesis, in that jurors were more likely to make decisions in line with a highly credible EW's opinion, that is, EWC predicted DR decision-making, thus suggesting the importance of EWC in juror decision-making and, ultimately, sentencing and treatment options available to those in the CJS. However, it is important to acknowledge that within a sensitivity analysis which included the final sample and five previously excluded outliers, EWC no longer predicted DR decisions. This raised into question whether overall confidence in this finding is weakened or whether this provides further justification for the decision to have removed this data as outliers. Post

hoc analyses revealed that the Trustworthiness, Knowledge, and Confidence subscales of the WCS were statistically significant in predicting DR decisions. The Likeability subscale of the WCS was the only non-statistically significant subscale.

Critical Evaluation of the Systematic Review

The finding of numerous perceived barriers at individual, relational, systemic and cultural levels to males accessing mental health support in prison is supported by wider literature. Individual and relational barriers identified within the systematic review, such as stigma and traditional narratives of masculine identity, mirror barriers reported in men to accessing mental health support in the general population (Clement et al., 2015; Lynch et al., 2018; McKenzie et al., 2022; Mental Health Foundation, 2021). A relational barrier with prison officers was the most widely reported barrier within the systematic review. Within a qualitative meta-synthesis exploring prison officer wellbeing, the prison officers demonstrated an awareness of the relational difficulties with those incarcerated and acknowledged distrust and lack of respect as significant influences on relational difficulties (Rizzo et al., 2021). The prison officers' opinions thus support the views of males in prison expressed within the systematic review and represent another important barrier of distrust. Wider research and investigations within the UK regarding the status of mental health in prison and prison healthcare acknowledge systemic barriers reported within the systematic review, such as recruitment and retention difficulties, lack of funding, overcrowding, and use of solitary confinement (Durcan, 2023; HM Inspectorate of Prisons, 2022; House of Commons Justice Committee, 2021; National Audit Office, 2017). Finally, cultural level factors that presented as barriers to engagement in mental health support mirrored experiences of barriers within the general population, such as cultural beliefs that could be stigmatising towards mental health (Ahad et al., 2023), experiencing racism (McHayle et al., 2024), and staff not representing the population they support (Bansal et al., 2022)

The systematic review focused on the perceived barriers in males primarily because they represent an overwhelming majority of the prison population (United Nations Office of Drugs and Crime, 2024), demonstrate a high prevalence of mental health difficulties (Favril et al., 2024), and may present with different criminogenic needs. In relation to this latter point, there has been a push for gender-specific healthcare, largely to ensure the unique health needs of women are met (McCann et al., 2019; National Health Service England, 2023). Similar systematic reviews have already been conducted in relation to women's experiences of prison healthcare (Bright et al., 2022), all prisoners regardless of gender (Byrne et al., 2023), and youth (Robertson, 2022), creating a need for consideration of the specific needs of males.

When comparing themes within the present systematic review and Bright et al's (2022) qualitative systematic review of women's experiences, there were similarities, such as relational difficulties with staff and other prisoners, the prison processes and procedures, the prison environment and negative experiences of mental health support. However, there were numerous themes identified solely within the current systematic review, such as stigma, masculine discourses, insufficient resources, distrust, adverse life experiences, and experiences of ethnic minority groups. It is important to acknowledge that some of these themes may not have prevailed in Bright et al.'s (2022) systematic review due to their question being more broadly around experiences of prison-based mental health care rather than perceived barriers specifically.

Due to a lack of research in the topic area, the current review included different contexts of therapeutic support within prisons, such as prison healthcare, Therapeutic Communities, and Offender Personality Disorder pathways. The type of support offered likely differed between these settings and thus may elicit differing barriers to accessing support. However, the results showed that all studies contributed to the majority of themes, illustrating similarities in perceived barriers across the differing prison contexts.

By including such contexts and through the search terms utilised, the definition of mental health within the current review included Personality Disorders (PDs). PDs were included within the definition due to PDs widely being included within definitions of mental health problems within prison services (National Institute for Health and Care Excellence, 2017), prison mental health services offering support to those with PDs (Durcan & Saunders, 2015), and guidance highlighting the importance of PDs not being utilised as exclusion criteria for accessing mental health support as well as the need to develop support pathways for individuals with PDs within mental health services (National Institute for Mental Health in England, 2003). However, it is important to note that whether PDs are mental health difficulties is a complex and widely debated topic. Literature has proposed PDs being regarded as "fundamentally different from mental illnesses" is "undermined by both clinical and genetic evidence" (Kendell, 2002) and that PDs and mental health difficulties intersect (Widiger, 2011; Tate et al., 2022). The debate regarding this concept is beyond the scope of the current thesis portfolio though it is important to acknowledge the inclusion criteria used in the presented systematic review.

Finally, the systematic review included studies from grey literature, which is a strength of the systematic review as the inclusion of such research reduces publication bias (Paez, 2017). As has been acknowledged, studies from the grey literature were significantly longer than published studies and likely had an increased word count to report on their research findings. Therefore, a potential limitation of the systematic review is that the increased material provided within the grey literature's findings may have contributed more data for some themes compared to others.

Additional databases and reference lists of the included studies could have been utilised to expand the search and may have identified further studies for inclusion. Had further studies been identified, this could have provided scope to compare the findings

of studies by participant characteristics such as whether participants had accessed support or not, were on remand or sentenced, were in prison or post-release at the time of participation, and in prison for the first time or had served multiple sentences. For example, it could be hypothesised that there are differing perceived barriers to accessing and utilising support in individuals who had not been incarcerated before and individuals who have served previous custodial sentences. Through the facilitation and inclusion of further studies, the geographical location of the prison and the income level of the country could also be used to compare findings. The studies within the systematic review were facilitated in high-income countries, and low-income countries often lack basic healthcare (Baranyi et al., 2019), thus calling not only the transferability of the current systematic review findings into question but also the generalisability of the review question itself.

A strength of the systematic review was utilising an adapted quality appraisal tool, the Critical Appraisal Skills Programme (CASP), that has been widely used in qualitative synthesis (Hannes & Macaitis, 2012), is appropriate for novice qualitative researchers (Hannes & Bennett, 2017), and addressed limitations of the tool by adding an item related to the study's theoretical underpinnings, which is important to qualitative research paradigms (Long et al., 2020). However, a potential limitation is that other quality appraisal tools could have been utilised that are more tailored to qualitative research, such as the Joanna Briggs Institute Checklist for Qualitative Research (Lockwood et al., 2015). The use of a measure specific to qualitative research may have influenced the overall quality appraisal of each study and, thus, its contribution to the analysis process. This is also an important point to consider given that the item added to the CASP specific to qualitative research was generally more poorly met compared to other items on the CASP.

As with any qualitative research, the analysis process within the systematic review could be influenced by the researcher's own perspectives and biases (Olmos-Vega et al., 2023). Though the analysis process was discussed and reviewed with the second author, the analysis was primarily conducted by the first author. It may have been beneficial for another researcher to have engaged in the analysis process alongside the primary researcher as another researcher would have allowed more diverse perspectives, and their involvement could have led to a more comprehensive, consistent, and reliable analysis (Pope et al., 2000). Finally, another limitation was that a formal reflective log was not kept during the systematic review process. A reflective log can be a helpful way to document any personal thoughts, biases and reflections (Ahmed, 2024), which are important to acknowledge for the overall trustworthiness of the research and its findings.

Overall, a real strength of the systematic review was exploring and synthesising the voices of men in prison, an often neglected (Edgar & Rickford, 2009) and marginalised (Friestad, 2010) population, who typically experience complex mental health needs (House of Commons Justice Committee, 2021).

Critical Evaluation of the Empirical Paper

The main findings of the empirical paper support the existing evidence base, with mock jurors making decisions in line with highly credible EWs (Bornstein, 2004; Cramer et al., 2009; Kipoulas et al., 2024). However, as mentioned, this finding was no longer statistically significant in the sensitivity analyses. When eyeballing the five excluded data points to consider why they may have been influential (Bollen & Jackman, 1985), it appears as though the participants may have responded to the WCS in the opposite direction or provided random responses, indicating potential errors or inattentive responding. The findings suggest that the type of mental health information presented, psychiatric diagnosis and/or early traumatic experiences information, did not

impact jurors' perceptions of EWC and DR judgements. Additionally, the type of mental health information did not predict DR decision-making. This was surprising and seems at odds with the evidence base, which suggested more lenient mock juror decision-making in criminal trials when individuals had a diagnosis of a psychotic disorder (Kois & Chauhan, 2018; Van Es et al., 2020) and that EWs were more found to be more credible when providing a diagnosis opinion (Krauss & Sales, 2001). Additionally, the presentation of childhood trauma information led to more lenient mock juror decision-making in criminal cases whereby the death penalty was considered (Barnett et al., 2004, 2007; Holleran & Vaughan, 2020; Vaughan & Bell Holleran, 2023). However, it is important to note that to the author's knowledge, this was the first study directly investigating the impact of the type of mental health information, psychiatric diagnosis and early traumatic experiences, on EWC. Therefore, there was little existing research to inform the hypotheses.

As noted in the discussion of the empirical paper, there are different hypotheses which could explain why psychiatric diagnosis and early traumatic experiences information did not appear to impact EWC and DR judgements. Potential confounders not explored within the study may have influenced EWC and DR judgements. For example, the characteristics of the EW themselves (Brodsky et al., 2010; Flick et al., 2022; Hurwitz et al., 1992; Neal, 2014), the characteristics of the mock jurors (Cramer et al., 2009; Feinstein, 2001; Shaw et al., 2021), and the potential interaction between these factors. Another hypothesis is that the maintenance formulation presented within all conditions provided enough mental health information to influence EWC and DR judgements, minimising or masking the potential influence of psychiatric diagnosis and early traumatic experiences information. This was partially supported by O'Leary (2021), as previously cited. However, it is important to highlight that O'Leary's study

did not request mock jurors to make a binary decision of guilty or not guilty, potentially different results may have been found had guilt been measured in this way.

A strength of the study was that it built and expanded upon previous research. Therefore, there are elements of studies being replicated alongside novel explorations to continue to add to and expand the evidence base, as well as opening up further avenues for future research. The study also implemented eligibility criteria which matched those used for English and Welsh jury selection without relying on a student-only sample, as can be seen commonly within research and raises questions regarding validity (Croucher et al., 2024). Another strength of the study is that it used an EW testimony video in an attempt to mirror how an EW's testimony would appear in a real-life court setting. This was felt to be an important element of this study in particular, given the focus was on the type of mental health information presented by the EW and measuring jurors' perceptions of EWC. However, a potential limitation was that the remainder of the study was vignette-based and in written format. Furthermore, an argument for the prosecution was not included within the study, only a brief introduction to the defence opinion followed by the EW testimony. Therefore, the study did not utilise a full trial simulation design.

Limitations of the study include a lack of ecological validity when considering the process for real-world jurors and their role in criminal trials. For example, in a real-world setting, jurors are randomly selected to be part of the jury, and final decisions are made by the jury collectively, they do not opt into jury service and do not make decisions as individual jurors, as in the case of this study. This is important for considering the potential influence this may have had on the study findings. Individuals who are interested in mental health and the CJS may have opted to take part in the study and may have held beliefs towards mental health and offending behaviour that predisposed them to be more lenient in their decision-making. It could have been

interesting to ask participants if they worked within the mental health field and/or the CJS and explored this in the context of the study's findings.

As mentioned, jurors within the study made individual decisions and, therefore, did not engage in the jury deliberation process and come to a final collective decision as a jury. When considering information processing theories, such as the Elaboration Likelihood Model, it is postulated that there are two different routes for processing messages. The first route, referred to as "central", is deliberate and effortful, characterised by assessing and critically evaluating the actual message. The second, referred to as "peripheral", is quicker and more efficient, characterized by reliance on contextual or peripheral cues regarding the source of the message (Salerno et al., 2017). When jurors engage in the deliberation process, they have more time to assess and evaluate the content of the message and, thus, are more likely to engage in the central route. However, within the study, the participants acting as individual jurors were likely making quicker decisions, potentially based on contextual or peripheral cues, and thus relying on the peripheral route. This would have a significant influence on the study findings, as the study's manipulations involved individuals assessing and evaluating the content of the EW's testimony. If they were not doing this and relied on the peripheral route, they were likely attending to confounders in the study, which were not investigated. This may be another potential explanation for the non-significant influence of the type of mental health information on EWC. Overall, a consideration to address the above limitations could be to utilise the unused jury method (Thomas, 2010), as mentioned. However, it is important to note that the use of this method would be resource intensive.

Another limitation related to ecological validity was that the EW did not give their specific job title at the beginning of the EW testimony. This was an intentional decision due to research demonstrating that the profession of the EW influences EWC

ratings (Greenberg & Wursten, 1988; Kipoulas et al., 2024). However, in real-world criminal cases, an EW would be expected to state their professional role, including their accreditation and qualifications (Crown Office & Procurator Fiscal Service, 2024). To mitigate this slightly, the EW provided information regarding their professional experience at the beginning of their testimony.

Lastly, when considering ecological validity, it is important to note, more broadly, that the study was facilitated online. Typically, criminal trials involving a homicide have been facilitated in court with the necessary individuals expected to physically attend, which would call into question the ecological validity of the present study. However, there is a significant shift societally towards virtual means, including within the CJS and court processes specifically (Crown Prosecution Service, 2023; The Law Society, 2024). It appeared some of these changes were forced to be considered due to the Coronavirus Disease (COVID-19) pandemic, and research regarding virtual courtrooms, including a jury, was facilitated (Mulcahy et al., 2020). Given the above, it suggests that continuing research using virtual means may be more ecologically valid and important moving forward.

A final point to consider was the use of social media and Prolific as recruitment methods. A strength of utilising both of these methods was to address the strengths and limitations of the other (Ahmed, 2024). For example, critiques of social media research in terms of representativeness (Arigo et al., 2018; Oudat & Bakas, 2023) could be addressed by using Prolific. However, compensation for study completion differed between the recruitment methods. The monetary compensation via Prolific was likely the predominant motivational driver for study engagement and completion, whereas this was likely not the case for recruitment via social media, as the compensation was the potential to win one of three shopping vouchers. The potentially different motivational drivers to engaging in the study may have influenced different types of individuals

participating when comparing social media and Prolific. For example, literature has suggested that altruism is a factor in why people participate in research (Carrera et al., 2018), with altruistic personality comprising of a set of "selflessly motivated personal tendencies aimed at benefiting others" (Carlo et al., 2009), which may have been a more prevalent personality factor in participants recruited via social media compared to Prolific due to the monetary compensation. When considering the impact on the study findings, those recruited via social media may have had increased investment in the study and thus been more attentive and thoughtful in their engagement. On reflection, it may have been beneficial to have utilised a single recruitment method to reduce the burden on the researcher. However, recruitment methods were selected in the context of considering the strengths and weaknesses of each method and the financial limitations within the thesis budget.

Overall Critical Evaluation of the Thesis Portfolio

The thesis portfolio represents important contributions through considering mental health at the differing stages of the CJS. As has been argued, this is vital due to the overrepresentation of mental health needs at each stage of the CJS and the lack of progress with support in this domain. Whilst a strength of the thesis portfolio, it is also a weakness to have considered mental health at the differing stages. For increased focus, specificity, and cohesion, it may have been beneficial to focus the thesis portfolio on one stage of the CJS. It was helpful that a form of consistency was maintained in that the majority of studies included in the systematic review were facilitated in the UK, and the empirical paper was based on the English and Welsh CJS. The thesis portfolio highlighted the importance of considering the geographical location of research due to differing legal processes and support systems regarding mental health.

Clinical Implications

For healthcare professionals, including Clinical Psychologists (CPs), working to support the mental health needs of men in prison, the systematic review highlighted the importance of building a trusting therapeutic relationship, allowing choice, and maintaining confidentiality. Thinking more broadly at a systems level, the provision of psychoeducation to all working in a prison context may begin to normalise and validate mental health difficulties. This could help to reduce the current stigma regarding mental health that is pervasive in male prison settings and potentially mitigate some relational difficulties between those incarcerated and staff. Additionally, further resources are required to improve the current inadequacies of mental health provision, for example, through increased funding and staffing, which would help to achieve the 'no threshold' access to psychological support to those in secure and detained settings as outlined by the National Health Service England (2022). As well as this being practically useful in terms of reducing wait times and wait lists, men in prison may start to feel people do care and want to help, which may shift some of the relational difficulties seen within the prison culture. Furthermore, a collaboration between prison mental health care, such as CPs, with external organisations, including experts by experience, may support further reducing stigma regarding mental health difficulties. At a cultural level, it is important for clinicians to deliver culturally sensitive care whilst being mindful of the potential additional barriers to accessing support present within ethnic minority groups, such as familial and religious stigmatising cultural beliefs, racism, the Western medicalised model of healthcare, and language differences (Bansal et al., 2022). It would also likely be beneficial for staff to reflect the ethnicity of males in prison, ensuring that clinicians represent the ethnic background of those they are supporting. Finally, the delivery of cultural competence training for clinicians may allow for more effective mental health support for those in prison (Chu et al., 2022).

The empirical paper highlighted that there is potentially a complex interplay between multiple factors within court processes, for example, characteristics of the juror and their pre-existing beliefs, characteristics of the EW, perceptions of EWC, and the information provided within the court, including mental health information. A hypothesis from the current study's findings that warrants exploration and would benefit the field of Clinical Psychology is the potential influence of a psychological formulation presented on EWC and juror decision-making. However, when thinking specifically about the study's findings, it will be important for CPs and other EWs to be aware that jurors seem to make decisions in line with the opinion of a highly credible EW. Highlighting how an EW is perceived in court is very important and can have significant ramifications for the defendant. It would be helpful for training to be offered to EWs, and also all professionals and lay people within the CJS regarding the role of EWs, the evidence base regarding factors and biases which may influence perceptions of EWC, and how perceived EWC can influence decision making. The current study appeared to raise further avenues for future research, which will be discussed and could have important contributions to the understanding of the impact of mental health information within criminal trials.

Future Research

Generally, the systematic review highlighted that qualitative literature regarding the mental health experiences of men in prison is sparse and therefore, continued research within this domain would be beneficial. Future research focussed upon the experiences of particular demographics within prison such as whether participants had accessed support or not, were on remand or sentenced, were in prison or post-release at the time of participation, and were in prison for the first time or had served multiple sentences, may highlight unique barriers to accessing and utilising mental health support in specific characteristics. Furthermore, as the evidence base expands, it may be

beneficial for future reviews to consider experiences within prison mental health care, Therapeutic Communities, and Offender Personality Disorder pathways separately to explore if there are any unique barriers present in each setting. Future research within these areas can help to inform more specific service development and delivery, potentially inputting into the development of particular pathways for certain groups of individuals.

Given the potential additional barriers to accessing and utilising support in those from ethnic minority groups (Bansal et al., 2022), coupled with the overrepresentation of ethnic minority groups in prison (Nellis, 2021; Prison Reform Trust, 2024; Sturge, 2024), it is vital that future research is focussed upon the experiences of such individuals. It is also important that research is facilitated in low to middle income countries, as the current review highlighted that the included studies were all facilitated in high-income countries. The findings of the systematic review support the notion that research is biased to occurring with participants from Western, Educated, Industrialised, Rich, and Democratic (WEIRD) societies (Henrich et al., 2010) and, therefore, the need to continue future research outside of these demographics.

It is crucial for future research regarding experiences of mental health support in prison to capture what the mental health provision within the establishment entails, as this was often missing within the literature. This would allow insight into the disparities between mental health services as well as being able to explore what types of mental health support are most available, utilised, valued and lacking. This may be a particularly helpful starting point given the general lack of healthcare resources in prisons in low to middle income countries (Baranyi et al., 2019) and the type of mental health support offered, for example, whether medication or psychological intervention, likely having unique barriers to being accessed and utilised.

Longitudinal research exploring experiences of prison healthcare alongside government implementations for improving services would be interesting to consider, given the recorded lack of progress in mental health provision to those in the CJS (Criminal Justice Joint Inspection, 2021). It appears research within this domain has started to occur, with a recent study exploring prisoners' experiences of changes over time in relation to healthcare governance (Bowstead & Meek, 2024). Finally, research exploring prison staff members' perspectives on barriers to men in prison engaging in mental health support would be interesting to expand and synthesise to discover whether there is a significant overlap with themes identified within the current systematic review. The views of both the men in prison and the staff supporting them, arguably the most crucial groups within the prison system, can be combined to understand and address the barriers at individual, relational, and systemic levels.

As mentioned, the findings of the empirical paper generated further questions and avenues for future research, particularly when considering the impact of the type of mental health information presented within criminal trials. Psychological formulation is generally under-researched (Association of Clinical Psychologists, 2019), and this is evidenced by the lack of research on the impact of sharing a psychological formulation within criminal trials. This is despite the fact that engaging in psychological formulation processes are a key part of the role in a psychologist's clinical practice (Division of Clinical Psychology, 2011) and thus presumably, part of what CPs specifically can and would offer as an EW in court. One hypothesis to explain the lack of effect of psychiatric diagnosis and early traumatic experiences on EWC and DR judgements was the inclusion of a maintenance formulation within all conditions. The formulation alone may have provided enough mental health information to impact mock jurors' perceived EWC, DR judgements and DR decisions and therefore minimise or mask the potential influence of a psychiatric diagnosis and early traumatic experiences information. Future

research would benefit from investigating the impact of psychological formulation and particular elements of psychological formulation upon jurors' perceptions of EWC, DR judgements and DR decision-making.

Future research would also benefit from the inclusion of a deliberation phase. Not only would this increase ecological validity, it would also allow for further consideration of the hypotheses highlighted previously around the information processing route that mock jurors may be utilising and how this may potentially impact the findings of a study. For such research, it would be interesting to consider individual juror decisions before, during and after deliberation, as well as the collective jury decision.

Finally, there appears to be a lack of qualitative literature within the field of mental health information, EWC and decision-making. It would be helpful for future research to complement quantitative findings with qualitative research. For instance, future research could ask mock jurors to comment on how they determined their EWC rating and what they drew upon to make their decision. Furthermore, research using juries could use qualitative research to explore the discussions between jury members during the deliberation process. Additionally, similarly to the systematic review, it may be valuable for future research to explore the experiences of defendants who have had mental health information shared about them within criminal trials in England and Wales.

Conclusion

This thesis portfolio investigated mental health at differing stages of the CJS, highlighting the importance of EWC during criminal trials and the difficulties with accessing and utilising mental health support when in prison. Broadly, the thesis portfolio emphasised that research regarding mental health and the CJS is lacking despite the overrepresentation of mental health difficulties within this setting. Future

research is needed to continue exploring the influence of mental health information on EWC and decision-making. Longitudinal research will be vital to monitor and evaluate mental health support provided to individuals within the CJS. The thesis portfolio also poses suggestions for changes to service development and delivery within prison settings, which could increase accessibility and meaningful engagement with beneficial mental health support.

References for Additional Chapters

Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023). Understanding and Addressing Mental Health Stigma Across Cultures for Improving Psychiatric Care: A Narrative Review. *Cureus*. https://doi.org/10.7759/cureus.39549

Ahmed, S. K. (2024). How to choose a sampling technique and determine sample size for research: A simplified guide for researchers. *Oral Oncology Reports*, *12*, 100662. https://doi.org/10.1016/j.oor.2024.100662

Arigo, D., Pagoto, S., Carter-Harris, L., Lillie, S. E., & Nebeker, C. (2018). Using social media for health research: Methodological and ethical considerations for recruitment and intervention delivery. *Digital Health*, *4*, 205520761877175. https://doi.org/10.1177/2055207618771757

Association of Clinical Psychologists. (2019, January). *Team formulations: applications of current models to reduce restrictive practice.* https://acpuk.org.uk/team_formulation/#:~:text=As%20is%20the%20case%20with,predicting%20difficulties%20and%20so%20on.

Baker, J., Edwards, I., & Beazley, P. (2022). Juror decision-making regarding a defendant diagnosed with borderline personality disorder. *Psychiatry, Psychology and Law*, *29*(4), 516–534. https://doi.org/10.1080/13218719.2021.1938273

Bansal, N., Karlsen, S., Sashidharan, S. P., Cohen, R., Chew-Graham, C. A., & Malpass, A. (2022). Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography. *PLOS Medicine*, *19*(12), e1004139. https://doi.org/10.1371/journal.pmed.1004139

Baranyi, G., Scholl, C., Fazel, S., Patel, V., Priebe, S., & Mundt, A. P. (2019). Severe mental illness and substance use disorders in prisoners in low-income and middle-income countries: A systematic review and meta-analysis of prevalence

studies. *The Lancet Global Health*, *7*(4), e461–e471. https://doi.org/10.1016/S2214-109X(18)30539-4

Barnett, M. E., Brodsky, S. L., & Davis, C. M. (2004). When Mitigation Evidence Makes A Difference: Effects of Psychological Mitigating Evidence on Sentencing Decisions in Capital Trials. *Behavioral Sciences & the Law*, *22*, 751–770. https://doi.org/10.1002/bsl.591

Barnett, M. E., Brodsky, S. L., & Price, J. R. (2007). Differential Impact of Mitigating Evidence in Capital Case Sentencing. *Journal of Forensic Psychology Practice*, *7*(1), 39–45. https://doi.org/10.1300/J158v07n01_04

Bollen, K. A., & Jackman, R. W. (1985). Regression Diagnostics: An Expository Treatment of Outliers and Influential Cases. *Sociological Methods & Research, 13*(4), 510-542. https://doi-org.uea.idm.oclc.org/10.1177/0049124185013004004

Bornstein, B. H. (2004). The impact of different types of expert scientific testimony on mock jurors' liability verdicts. *Psychology, Crime & Law*, *10*(4), 429–446. https://doi.org/10.1080/1068316030001629292

Bowstead, J. C., & Meek, R. (2024). Healthcare governance in prisons in England: Prisoners' experiences of changes over time. *Critical Public Health*, *34*(1), 1–21. https://doi.org/10.1080/09581596.2024.2342331

Bright, A.-M., Higgins, A., & Grealish, A. (2022). Women's experiences of prison-based mental healthcare: A systematic review of qualitative literature. *International Journal of Prisoner Health*, *19*(2), 181–198. https://doi.org/10.1108/IJPH-09-2021-0091

British Psychological Society. (2018, July 17). *'Psychologists have the knowledge and skills to support prison reform'.* BPS. https://www.bps.org.uk/psychologist/psychologists-have-knowledge-and-skills-support-prison-reform

British Psychological Society (2021). *Psychologists as expert witnesses: best practice guidelines for psychologists*. BPS. https://www.bps.org.uk/guideline/psychologists-expert-witnesses

Brodsky, S. L., Griffin, M. P., & Cramer, R. J. (2010). The Witness Credibility Scale: An outcome measure for expert witness research. *Behavioral Sciences & the Law*, *28*(6), 892–907. https://doi.org/10.1002/bsl.917

Byrne, E., Bradshaw, D., Kerin, M., & Pepe, I. (2023). A social identity approach to mental health help-seeking behaviour in prisoners: A systematic review. *Journal of Community & Applied Social Psychology, 34(1)*, 1-13.

Carlo, G., PytlikZillig, L. M., Roesch, S. C., & Dienstbier, R. A. (2009). The elusive altruist: The psychological study of the altruistic personality. In D. Narvaez & D. K. Lapsley (Eds.), *Personality, identity, and character: Explorations in moral psychology* (pp. 271–294). Cambridge University Press. https://doi-org.uea.idm.oclc.org/10.1017/CBO9780511627125.013

Carrera, J. S., Brown, P., Brody, J. G., & Morello-Frosch, R. (2018). Research Altruism as Motivation for Participation in Community-Centered Environmental Health Research. *Social Science & Medicine*, *196*, 175–181. https://doi.org/10.1016/j.socscimed.2017.11.028

Centers for Disease Control and Prevention. (2021, August 23). *Adverse Childhood Experiences (ACEs) – Preventing early trauma to improve adult health.* https://www.cdc.gov/vitalsigns/aces/index.html#:~:text=ACEs%20can%20include%20violence%2C%20abuse,and%20substance%20misuse%20in%20adulthood.

Chu, W., Wippold, G., & Becker, K. D. (2022). A Systematic Review of Cultural Competence Trainings for Mental Health Providers. *Professional Psychology, Research and Practice*, *53*(4), 362–371. https://doi.org/10.1037/pro0000469

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11–27. https://doi.org/10.1017/S0033291714000129

Cramer, R. J., Brodsky, S. L., & DeCoster, J. (2009). Expert witness confidence and juror personality: Their impact on credibility and persuasion in the courtroom. *The Journal of the American Academy of Psychiatry and the Law*, *37*(1), 63–74.

Criminal Justice Joint Inspection. (2021, November 12). *Criminal justice system failing people with mental health issues – with not enough progress over the past 12 years.* https://www.justiceinspectorates.gov.uk/cjji/media/press-releases/2021/11/mentalhealth2021/

Croucher, S. M., Kelly, S., Elers, P., Jackson, K., & Nguyen, T. (2024). Does student sampling impact our understanding of argumentativeness and verbal aggressiveness? *Argumentation and Advocacy*, *0*(0), 1–16. https://doi.org/10.1080/10511431.2024.2390775

Crown Office & Procurator Fiscal Service. (2024, April 26). *Expert witness guide.* https://www.copfs.gov.uk/for-professionals/expert-witness-guide/

Crown Prosecution Service (2023, September 19). *Live links.* https://www.cps.gov.uk/legal-guidance/live-links

Daníelsdóttir, H. B., Aspelund, T., Shen, Q., Halldorsdottir, T., Jakobsdóttir, J., Song, H., Lu, D., Kuja-Halkola, R., Larsson, H., Fall, K., Magnusson, P. K. E., Fang, F., Bergstedt, J., & Valdimarsdóttir, U. A. (2024). Adverse Childhood Experiences and Adult Mental Health Outcomes. *JAMA Psychiatry*, *81*(6), 586. https://doi.org/10.1001/jamapsychiatry.2024.0039

Durcan, G. (2023). *Prison Mental Health Services In England 2023.* Centre for Mental Health. https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/04/Prison-mental-health-services-in-England-2023.pdf

Durcan, G. & Saunders, A. (2015). *The Bradley Commission: Personality disorder and complex needs.* Centre for Mental Health. *https://www.centreformentalhealth.org.uk/wp-content/uploads/2018/09/bradpersonality.pdf*

Division of Clinical Psychology. (2011, December). *Good practice guidelines on the use of psychological formulation.* The British Psychological Society. https://explore.bps.org.uk/content/report-guideline/bpsrep.2011.rep100

Edgar, K., & Rickford, D. (2009). Neglecting the mental health of prisoners. *International Journal of Prisoner Health*, *5*(3), 166–170. https://doi.org/10.1080/17449200903115839

Facer-Irwin, E., Karatzias, T., Bird, A., Blackwood, N., & MacManus, D. (2022). PTSD and complex PTSD in sentenced male prisoners in the UK: Prevalence, trauma antecedents, and psychiatric comorbidities. *Psychological Medicine*, *52*(13), 2794–2804. https://doi.org/10.1017/S0033291720004936

Favril, L., Rich, J. D., Hard, J., & Fazel, S. (2024). Mental and physical health morbidity among people in prisons: An umbrella review. *The Lancet Public Health*, *9*(4), e250–e260. https://doi.org/10.1016/S2468-2667(24)00023-9

Feinstein, S. J. (2001). *Expert psychological testimony: The influence of gender and language intensity on juror decision making.* (Publication No. 3039594) [Doctoral dissertation, Kent State University]. ProQuest Dissertations and Theses.

Flick, C., Smith, O. K. H., & Schweitzer, K. (2022). Influence of expert degree and scientific validity of testimony on mock jurors' perceptions of credibility. *Applied Cognitive Psychology*, *36*(3), 494–507. https://doi.org/10.1002/acp.3935

Friestad, C. (2010). Socio-economic status and health in a marginalized group: The role of subjective social status among prison inmates. *The European Journal of Public Health*, *20*(6), 653–658. https://doi.org/10.1093/eurpub/ckp242

Gomes, A. (2024). *Mental Health Diagnosis in Youth with a History of Offending: A Systematic Review and Meta-Analysis of the Prevalence of Post-Traumatic Stress Disorder and an Exploration of Stigma and Causal Attributions in Juror Decision Making.* [Doctoral Thesis, University of East Anglia]. UEA Digital Repository. https://ueaeprints.uea.ac.uk/id/eprint/97611/

Greenberg, J., & Wursten, A. (1988). The Psychologist and the Psychiatrist as Expert Witnesses: Perceived Credibility and Influence. *American Psychological Association, 19,* 372-378. https://doi.org/10.1037/0735-7028.19.4.373

Hannes K & Bennett S. (2017). Understanding evidence from qualitative research. In: T. Hoffman,, S. Bennett, & C. Del Mar (Eds.), *Evidence-based practice across the health professions* (3rd ed., pp.226-247). Elsevier.

Hannes, K., & Macaitis, K. (2012). A move to more systematic and transparent approaches in qualitative evidence synthesis: Update on a review of published papers. *Qualitative Research*, *12*(4), 402–442. https://doi.org/10.1177/1468794111432992

Her Majesty's Inspectorate of Probation. (2022, February). *Effective practice guide: Mental Health.* https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2022/02/v1.1-MH-EP-guide.pdf

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and Brain Sciences, 33*(2-3), 61–83. https://doi-org.uea.idm.oclc.org/10.1017/S0140525X0999152X

HM Inspectorate of Prisons (2022, March 31). *HM Chief Inspector of prisons for England and Wales: Annual Report 2021-22.* https://assets.publishing.service.gov.uk/media/62cc11a1d3bf7f2ff9806b1c/hmip-annual-report-2021-22.pdf

Holleran, L. B., & Vaughan, T. J. (2020). Examining jurors' ability to meet the constitutional requirement of narrowing in capital sentencing. *Behavioral Sciences & the Law*, *38*(4), 317–336. https://doi.org/10.1002/bsl.2464

House of Commons Justice Committee. (2021, September 21). *Mental health in prison: Fifth Report of Session 2021-22.* https://committees.parliament.uk/publications/7455/documents/78054/default/

Hurwitz, S. D., Miron, M. S., & Johnson, B. T. (1992). Source Credibility and the Language of Expert Testimony. *Journal of Applied Social Psychology*, *22*(24), 1909–1939. https://doi.org/10.1111/j.1559-1816.1992.tb01530.x

Independent Office for Police Conduct (2024). *The role of a jury in a criminal trial. [Fact sheet].* https://www.policeconduct.gov.uk/sites/default/files/documents/Factsheet-role-jury-criminal-trial-2024.pdf

Kendell, R. E. (2002). The distinction between personality disorder and mental illness. *The British Journal of Psychiatry*, *180*(2), 110–115. https://doi.org/10.1192/bjp.180.2.110

Kipoulas, E., Edwards, I., Radakovic, R., & Beazley, P. I. (2024). Perceptions of bias and credibility of male and female clinical psychologist and psychiatrist expert witnesses presenting clinical information in the courtroom. *International*

Journal of Law and Psychiatry, *96*, 102016. https://doi.org/10.1016/j.ijlp.2024.102016

Kois, L. E., & Chauhan, P. (2018). Criminal responsibility: Meta-analysis and study space. *Behavioral Sciences & the Law*, *36*(3), 276–302. https://doi.org/10.1002/bsl.2343

Krauss, D. A., & Sales, B. D. (2001). The effects of clinical and scientific expert testimony on juror decision making in capital sentencing. *Psychology, Public Policy, and Law, 7* (2), 267–310. https://doi.org/10.1037/1076-8971.7.2.267

Lockwood, C., Munn, Z. and Porritt, K. (2015). Qualitative research synthesis: methodological guidance for systematic reviewers utilizing Meta-aggregation. *International Journal of Evidence-Based Healthcare*, *13*(3), 179-187.

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, *1*(1), 31–42. https://doi.org/10.1177/2632084320947559

Lynch, L., Long, M., & Moorhead, A. (2018). Young Men, Help-Seeking, and Mental Health Services: Exploring Barriers and Solutions. *American Journal of Men's Health*, *12*(1), 138–149. https://doi.org/10.1177/1557988315619469

Maercker, A., Cloitre, M., Bachem, R., Schlumpf, Y. R., Khoury, B., Hitchcock, C., & Bohus, M. (2022). Complex post-traumatic stress disorder. *The Lancet*, *400*(10345), 60–72. https://doi.org/10.1016/S0140-6736(22)00821-2

McCann, L. J., Peden, J., Phipps, E., Plugge, E., & O'Moore, E. J. (2019). Developing gender-specific evidence-based standards to improve the health and wellbeing of women in prison in England: A literature review and modified eDelphi survey. *International Journal of Prisoner Health*, *16*(1), 17–28. https://doi.org/10.1108/IJPH-02-2019-0010

McHayle, Z., Obateru, A., & Woodhead, D. (2024, January 24). *Pursuing racial justice in mental health.* Centre for Mental Health. https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/01/CentreforMH_PursuingRacialJusticeInMH.pdf

McKenzie, S. K., Oliffe, J. L., Black, A., & Collings, S. (2022). Men's Experiences of Mental Illness Stigma Across the Lifespan: A Scoping Review. *American Journal of Men's Health*, *16*(1), 15579883221074789. https://doi.org/10.1177/15579883221074789

Mental Health Foundation. (2021, October 1). *Men and mental health.* https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/men-and-mental-health

Mulcahy, L., Rowden, E. & Teeder, W. (2020, June). *Testing the case for a virtual courtroom with a physical jury hub.* JUSTICE. https://files.justice.org.uk/wp-content/uploads/2020/06/06165935/Mulcahy-Rowden-second-evaluation-report-JUSTICE-virtual-trial.pdf

National Audit Office. (2017, June 29). *Mental health in prisons.* https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf

National Health Service England. (2022, December 13). *Health and justice framework for integration 2022-2025: Improving lives – reducing inequality.* https://www.england.nhs.uk/long-read/health-and-justice-framework-for-integration-2022-2025-improving-lives-reducing-inequality/

National Health Service England. (2023, November 23). *A review of health and social care in women's prisons.* https://www.england.nhs.uk/long-read/a-review-of-health-and-social-care-in-womens-prisons/

National Institute for Health and Care Excellence. (2017, March 21). *Mental health of adults in contact with the criminal justice system.* NICE. https://www.nice.org.uk/guidance/ng66/resources/mental-health-of-adults-in-contact-with-the-criminal-justice-system-pdf-1837577120965

National Institute for Mental Health in England. (2003, January 23). *Personality Disorder: No longer a diagnosis of exclusion. Policy implementation guidance for the development of services for people with personality disorder.* Department of Health. https://bulger.co.uk/prison/personalitydisorder.pdf

Neal, T. M. S. (2014). Women as Expert Witnesses: A Review of the Literature: Women as expert wintesses: A review of the literature. *Behavioral Sciences & the Law*, *32*(2), 164–179. https://doi.org/10.1002/bsl.2113

Nellis, A. (2021, October 13). *The color of justice: Racial and ethnic disparity in state prisons.* The Sentencing Project. https://www.sentencingproject.org/reports/the-color-of-justice-racial-and-ethnic-disparity-in-state-prisons-the-sentencing-project/

O'Leary, C. (2021). *Jurors' Decision-making in a Mock Criminal Trial: The Role of Mental Health Information and Mental Health Literacy*. [Doctoral thesis, University of East Anglia]. UEA Digital Repository. https://ueaeprints.uea.ac.uk/id/eprint/82236/

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*, *45*(3), 241–251. https://doi.org/10.1080/0142159X.2022.2057287

Oudat, Q., & Bakas, T. (2023). Merits and Pitfalls of Social Media as a Platform for Recruitment of Study Participants. *Journal of Medical Internet Research*, *25*, e47705. https://doi.org/10.2196/47705

Paez, A. (2017). Gray literature: An important resource in systematic reviews. *Journal of Evidence-Based Medicine*, *10*(3), 233–240. https://doi.org/10.1111/jebm.12266

Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. *BMJ: British Medical Journal*, *320*(7227), 114–116.

Prison Reform Trust. (2024). *Race.* https://prisonreformtrust.org.uk/project/race/

Public Health England. (2016, September). *Psychosis Data Report - Describing the variation in numbers of people with psychosis and their access to care in England.* https://assets.publishing.service.gov.uk/media/5c5176ff40f0b6254b1b101e/Psychosis_data_report.pdf

Rethink Mental Illness. (2024, August). *Section 37 of the Mental Health Act – Hospital Orders.* https://www.rethink.org/advice-and-information/rights-laws-and-criminal-justice/mental-health-laws/section-37-of-the-mental-health-act-hospital-orders/#:~:text=When%20do%20the%20courts%20use,treatment%20instead%20of%20in%20prison.

Rizzo, D., Davey, B., & Irons, M. (2021). Interpersonal Interaction Between Prisoners and Officers in Prisons: A Qualitative Meta-Synthesis Exploring Prison Officer Wellbeing. *Journal of Qualitative Criminal Justice & Criminology*. https://doi.org/10.21428/88de04a1.918774f5

Robertson, H. (2022). Perceived barriers and facilitating factors to positive mental health and engagement with support services for young offenders—A systematic literature review. *Educational and Child Psychology*, *39*(2), 56–85.

Salerno, J. M., Bottoms, B. L., & Peter-Hagene, L. C. (2017). Individual versus group decision making: Jurors' reliance on central and peripheral information to

evaluate expert testimony. *PLOS ONE*, *12*(9), e0183580. https://doi.org/10.1371/journal.pone.0183580

Samele, C., McKinnon, I., Brown, P., Srivastava, S., Arnold, A., Hallett, N., & Forrester, A. (2021). The prevalence of mental illness and unmet needs of police custody detainees. *Criminal Behaviour and Mental Health*, *31*(2), 80–95. https://doi.org/10.1002/cbm.2193

Sentencing Council. (2023). *Manslaughter by reason of diminished responsibility.* Sentencing Council. https://www.sentencingcouncil.org.uk/offences/crown-court/item/manslaughter-by-reason-of-diminished-responsibility/

Shaw, E. V., Lynch, M., Laguna, S., & Frenda, S. J. (2021). Race, witness credibility, and jury deliberation in a simulated drug trafficking trial. *Law and human behavior*, *45*(3), 215–228. https://doi.org/10.1037/lhb0000449

Sturge, G. (2024, July 8). *UK Prison Population Statistics.* House of Commons Library. https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf

Tate, A. E., Sahlin, H., Liu, S., Lu, Y., Lundström, S., Larsson, H., Lichtenstein, P., & Kuja-Halkola, R. (2022). Borderline personality disorder: Associations with psychiatric disorders, somatic illnesses, trauma, and adverse behaviors. *Molecular Psychiatry*, *27*(5), 2514–2521. https://doi.org/10.1038/s41380-022-01503-z

The Law Commission. (2011, March 21). *Expert evidence in criminal proceedings in England and Wales.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/229043/0829.pdf

The Law Society. (2024, July 24). *Remote hearings*. https://www.lawsociety.org.uk/campaigns/court-reform/whats-changing/remote-hearings

Thomas, C. (2010). *Are juries fair? Ministry of Justice research series 1/10*. London: Ministry of Justice.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*(1), 45. https://doi.org/10.1186/1471-2288-8-45

Tiegreen, J. A., & Combs, D. R. (2017). An Examination of Sub-Clinical Paranoia in a Correctional Setting. *Journal of Experimental Psychopathology*, *8*(3), 320–331. https://doi.org/10.5127/jep.045014

Tremlin, R. C. (2021). *Mental Health Stigma Towards Offenders and Juror Decision Making.* [Doctoral Thesis, University of East Anglia]. UEA Digital Repository. https://ueaeprints.uea.ac.uk/id/eprint/82117/

United Nations Office on Drugs and Crime. (2024, July). *Global prison population and trends: A focus on rehabilitation.* https://www.unodc.org/documents/data-and-analysis/briefs/Prison_brief_2024.pdf

Van Es, R. M. S., Kunst, M. J. J., & De Keijser, J. W. (2020). Forensic mental health expert testimony and judicial decision-making: A systematic literature review. *Aggression and Violent Behavior*, *51*, 101387. https://doi.org/10.1016/j.avb.2020.101387

Vaughan, T. J., & Bell Holleran, L. (2023). Adverse Childhood Experiences in Capital Sentencing: A Focal Concerns Approach to Understanding Capital Juror Leniency. *Justice Quarterly*, *40*(2), 187–210. https://doi.org/10.1080/07418825.2022.2038242

Widiger, T. A. (2011). Personality and psychopathology. *World Psychiatry*, *10*(2), 103–106.

World Health Organisation. (2016). *International statistical classification of diseases and related health problems* (10th ed.). https://icd.who.int/browse10/2016/en

Appendices

Appendix A: Journal of Forensic Psychology Research and Practice Author Guidelines

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Appendix B: Real World Case Examples From Westlaw UK Regarding Paranoid Schizophrenia and Diminished Responsibility

R. v Joyce (2017) EWCA Crim 647

Joyce was diagnosed with paranoid schizophrenia. In the months before his offence, his condition deteriorated. After taking illegal drugs, he took a large knife from a shop and stabbed a customer to death with it. He then threatened to kill four other members of the public, cutting one of them with the knife. At trial, medical evidence established that even if the effects of intoxication were discounted, his abnormality of mind was sufficiently severe to substantially impair his responsibility for the killing. He was sentenced to life imprisonment with hospital and limitation directions under the Mental Health Act 1983 s.45A, and a minimum term of nine years' imprisonment.

R. v Lall (2021) EWCA Crim 404

In 2019 Lall had stabbed the victim to death with a kitchen knife during an argument on the street. Lall had been diagnosed with paranoid schizophrenia in 2008 and had been hospitalised on several occasions. At the time of the offence he was living in the community and was subject to a prescribed medication regime. However, he did not believe that he suffered from psychiatric ill health or needed treatment. His compliance with his medication regime was therefore poor. He stopped taking his medication in February 2018 but hid that fact from his GP by continuing to have his prescriptions filled. At the time of the offence he had alcohol but no prescription medication in his blood. The sentencing judge had several psychiatric reports available to her. The experts agreed that Lall's illness was the main, or a very significant, driver of the offence; that he had been in a psychotic state characterised by hyper-vigilance and an exaggerated sense of threat; and that he was unlikely to have committed the offence had he been taking his medication. Their unanimous view was that he should be made subject to a s.37/s.41 order.

R. v Skana (2022) EWCA Crim 186

A judge had not erred in imposing a life sentence with a minimum term of ten years and eight months, together with a hybrid order under the Mental Health Act 1983 s.45A, on a woman who pleaded guilty to manslaughter by reason of diminished responsibility. The woman, who suffered from paranoid schizophrenia, had randomly attacked a seven-year-old girl in a park, slitting her throat with a knife.

Appendix C: Psychology, Crime and Law Author Guidelines

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To be eligible for jury service you are required to:
- Be between 18-76 years of age
- Have registered as a parliamentary or local government elector (in England and Wales)
- Have lived in the UK for a period of at least 5 years since you were 13 years old

You would not be eligible for jury service if you are:
- Currently a resident in hospital due to mental health difficulties
- Currently on bail in criminal proceedings
- Currently in prison or have been in prison in the last 10 years, including a community order

Please confirm that you meet the eligibility criteria for jury service outlined above Yes/No

1. Choose one option that best describes your ethnic group or background

    - American Indian or Alaskan Native
    - Arab
    - Asian
    - Black
    - Black African
    - Black African-American
    - Black British
    - Black Caribbean
    - Bangladeshi
    - Chinese
    - Indian
    - Latino
    - Mexican
    - Mexican-American
    - Native Hawaiian or other Pacific islander
    - Pakistani
    - White English / Welsh / Scottish / Northern Irish / British
    - White Gypsy or Irish Traveller
    - White Irish
    - White and Asian
    - White and Black African
    - White and Black Caribbean
    - I'd rather not say
    - Other

If you selected Other, please specify:

2. To which gender identity do you most identify?
    - Female
    - Male
    - Transgender Female
    - Transgender Male
    - Gender variant/non-conforming
    - Prefer not to say
    - Other

If you selected Other, please specify:

3. Which category below includes your age?
    - 18-20
    - 21-29
    - 30-39
    - 40-49
    - 50-59
    - 60-69
    - Over 70

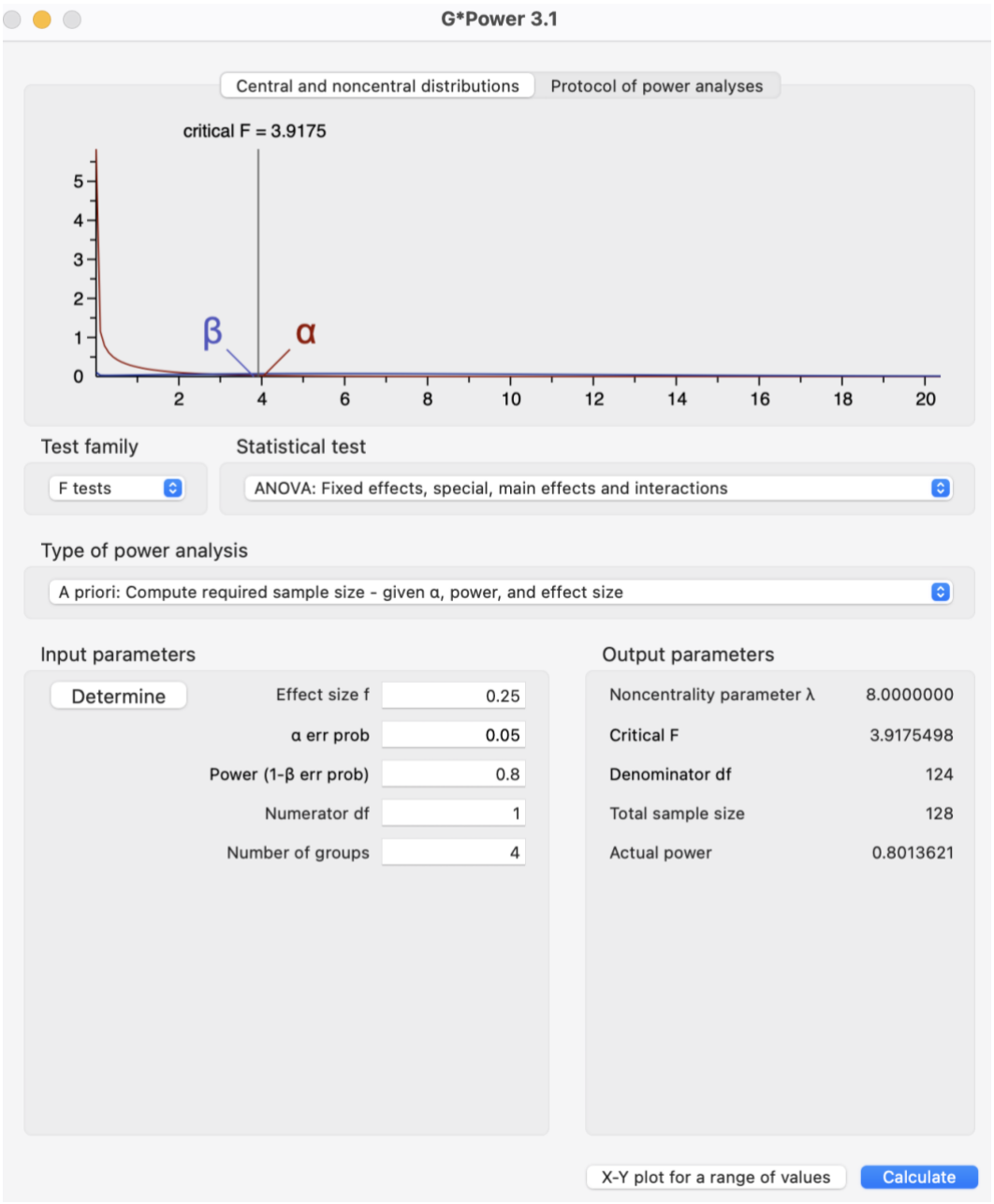
4. Which of the following best describes your highest level of education

    - Primary school
    - GCSE or equivalent
    - A-level or equivalent
    - Foundation degree
    - University undergraduate
    - University post-graduate-Masters level
    - University Doctoral or PhD level

5. Are you currently a student (under-grad or post grad) enrolled at university? If Yes, what level are you studying for?
    - Foundation degree
    - University undergraduate
    - University post-graduate-Masters level
    - University Doctoral/PhD level

If you are in full/part time employment, what is your occupation?

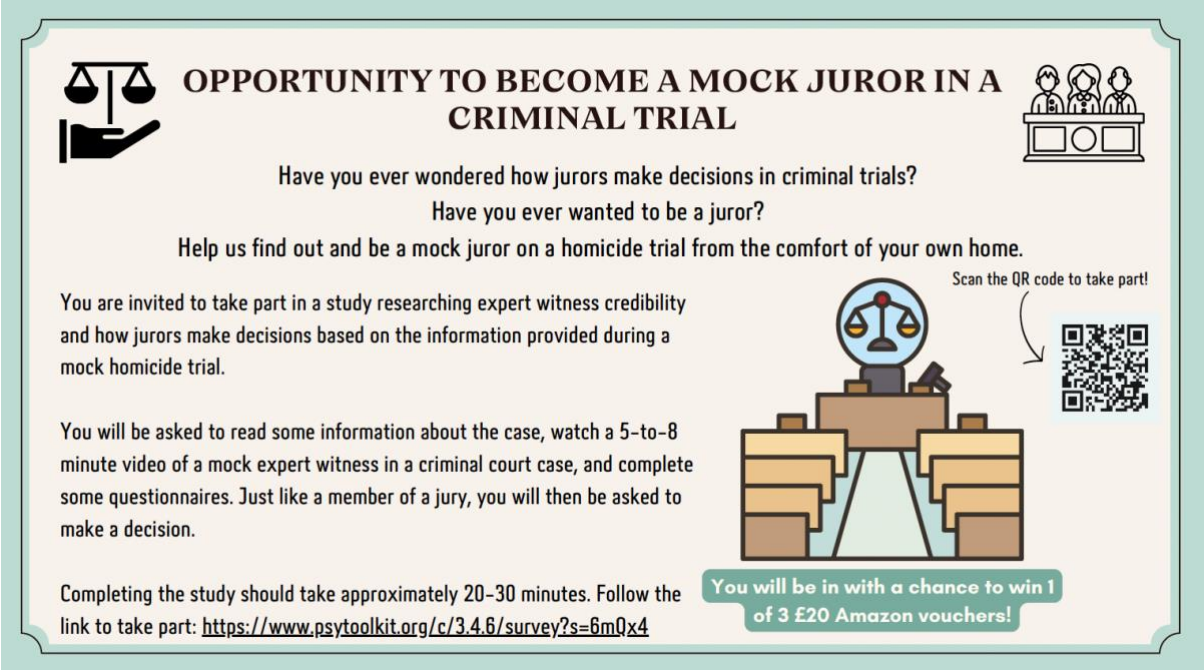
Appendix E: A Priori G*Power Calculations for the Primary Statistical Analyses



Appendix F: Study Advertisements

Poster

The below poster was used as a visual representation of the study and uploaded on all social media sites to advertise the study.



Content of Social Media Advertisement

Have you ever wondered how jurors make decisions in criminal trials?
Help us find out and be in with a chance to win a £20 Amazon voucher!
You are invited to take part in a study researching expert witness credibility and how jurors make decisions based on the information provided during a mock homicide trial.
This online study allows you to be a juror on a mock homicide trial from the comfort of your
own home. You will be asked to read some information about the case, watch a 5-to-10-minute video of a mock expert witness in a criminal court case, and complete some questionnaires. Just like a member of a jury, you will then be asked to give a decision (diminished responsibility or not) for the defendant.
Completing the study should take around 20 minutes.
You have the opportunity to receive a £20 Amazon voucher as a thank you for taking part.
For more information or to take part please click here.

Content of Social Media Advertisement (shortened for platforms with character limits if needed)

Have you ever wondered how jurors make decisions in criminal trials? Have you ever wanted to be a juror?
Help us find out and be a mock juror on a homicide trial. You will be in with a chance to win a £20 Amazon voucher!
For more information or to take part please click here.

Prolific Advertisement

Have you ever wondered how jurors make decisions in criminal trials?

You are invited to take part in a study researching expert witness credibility and how jurors make decisions based on the information provided during a mock homicide trial. This online study allows you to be a juror on a mock homicide trial from the comfort of your
own home. You will be asked to read some information about the case, watch a 5-to-10-minute video of a mock expert witness in a criminal court case, and complete some questionnaires. Just like a member of a jury, you will then be asked to give a decision (diminished responsibility or not) for the defendant.
Completing the study should take around 20 minutes and is compensated at £3 for your participation.
For more information or to take part please click here.

Appendix G: Previous Diminished Responsibility Research Case Vignette

Sarah Priest, a 29-year-old female, is accused of the murder of Paul Simons, 37. They were known to each other before the event, as they lived nearby on the same suburban estate in Colchester and shared mutual friends. Although they did not know each other well, Paul would walk past Sarah's house and wave to her occasionally on his walk to work.

Sarah and Paul met each other fully on the 13th August, 2018, when they both attended a barbeque held by one of Sarah's friends on the estate. Sarah had gone to the barbeque with her younger sister, Beth (26), who on later questioning said that she had persuaded Sarah to go, as she had been feeling particularly low and short-tempered recently and that the barbeque might cheer her up. In the course of the party Paul, having had several alcoholic drinks, struck up a conversation with Beth and over the course of the evening, they became increasingly close and flirtatious as they joked together. At one point in the evening, Sarah became angry at Paul and they began to have a heated argument. She had not been drinking alcohol. From questioning of witnesses of the argument, Sarah accused Paul of "crowding" her sister, and called him a "creep". After a couple of minutes of arguing, she threw a drink in his face, after which Beth told her to go home, and that she would see her later at Sarah's house.

Sarah returned home. On later questioning she reported that she was "fucking fuming" and that she tried to calm down at home. Back at the barbeque, in the aftermath of the argument Beth apologised to Paul, and said that her sister had "anger management issues" and "issues with men because of her past". Paul had then said to Beth that he felt bad about arguing with her and that he wanted to apologise and bring her back to the party. While Beth asked him not to, later on unknown to her Paul left the barbeque and went to Sarah's house.

Paul arrived at Sarah's home and knocked first on her door, and then on an adjacent open window in the kitchen of her house, while calling for her. Sarah entered the kitchen area and on seeing Paul, was verbally abusive to him. From a neighbour's report, they heard Sarah shouting at him and calling him "a fucking creep, first coming for my little sister and now me in my house". It is not known what Paul said in response, but it appears that while he was apologetic at first, he began to argue back. The neighbour's report described both shouting for around half a minute. Sarah became increasingly aggressive and distressed in her tone, screaming at Paul and throwing small items out of her kitchen window at him.

Sarah then took a kitchen knife from the side, opened her front door and stabbed Paul in the neck, causing major injuries. A neighbour who had heard the commotion called the police, who found Paul in a critical condition. Sarah had fled the scene, but was later found by police, distressed on a nearby housing estate. Paul was declared deceased shortly after being found by police at the scene.

When questioned by police, Sarah said that she felt frightened when she saw Paul come to her house. She said that Paul reminded her of her stepfather as he wore a similar Colchester football shirt, and she felt "creeped out" by him. Sarah said that she "lost it" when she stabbed Paul in the neck. Sarah expressed that she regretted what happened.

Appendix H: Current Study's Case vignette

Defendant: Mr Cameron Smith
Victim: Mr Paul Jones
Friend of the defendant: Mr Nathan Riley

Mr Cameron Smith, a 23-year-old male, is accused of the murder of Mr Jones, 28.

They were known to each other before the event, as they lived nearby on the same estate in Colchester and shared some mutual friends. Although they did not know each other well, Mr Jones would wave and say hello to Mr Smith if he saw him around their local estate.

Mr Smith and Mr Jones met each other on the 28th August, 2023, when they both attended a party held by one of their mutual friends on the estate. Mr Smith had attended the party with his best friend from school, Mr Riley (24), who on later questioning said that he had persuaded Mr Smith to go, as he had seemed low, distracted, and agitated recently and thought that the party might cheer him up.

During the party Mr Jones, having had several alcoholic drinks, struck up a conversation with Mr Riley. It transpired that they both worked for the same company and over the course of the evening, they continued to speak and joked with each other, often about colleagues from work.

At one point in the evening, Mr Smith became angry at Mr Jones and they began to have a heated argument. Mr Smith had not been drinking alcohol. From questioning of witnesses of the argument, Mr Smith accused Mr Jones of "lying" about working at the same place as Mr Riley, and called Mr Jones an "imposter" and a "bully". After a couple of minutes of arguing, Mr Smith went to punch Mr Jones but missed, after which Mr Riley told him to go home, and that he would see him later at Mr Smith's house.

Mr Smith returned home. On later questioning by the police, Mr Smith reported that he had been "angry" and "petrified" and that he tried to calm down at home. Back at the party, in the aftermath of the argument, Mr Riley apologised to Mr Jones, and said that Mr Smith had "always been wary" and "struggled with people he didn't know well". Mr Jones had then said to Mr Riley that he felt bad about arguing with Mr Smith and that he wanted to "clear the air" and invite him back to the party. Mr Riley said it was best to leave Mr Smith alone. However, unbeknown to Mr Riley, Mr Jones left the party and went to Mr Smith's house.

Mr Jones arrived at Mr Smith's home and knocked first on his door, and then on an adjacent open window in the kitchen of his house, while calling for him. Mr Smith entered the kitchen area and on seeing Mr Jones, was verbally abusive to him. From a neighbour's report, they heard Mr Smith shouting at him and calling him "a f---ing liar, f---ing bully, first coming for my bestfriend and now me in my house". It is not known what Mr Jones said in response, but it appears that while he was apologetic at first, he began to argue back. The neighbour's report described both shouting for around half a minute. Mr Smith became increasingly aggressive and distressed in his tone, shouting at Mr Jones and throwing small items out of his kitchen window at him.

Mr Smith then took a kitchen knife from the wooden block on the side in the kitchen, opened his front door and stabbed Mr Jones in the neck, causing major injuries. A

neighbour who had heard the commotion called the police, who found Mr Jones in a critical condition. Mr Smith had fled the scene, but was later found by police, distressed on a nearby housing estate. Mr Jones was declared dead shortly after being found by police at the scene.

When interviewed by police, Mr Smith said that he felt frightened when he saw Mr Jones come to his house. He said that Mr Jones reminded him of his stepfather as he wore a similar Colchester United football shirt, and he felt “on edge” by him and knew Mr Jones “wanted to hurt” him. Mr Smith said that he “lost it” and “had to do it” when he stabbed Mr Jones in the neck because Mr Jones was “working for them, he was going to get me”.

Appendix I: **Expert Witness Video Testimony Scripts**

Condition 1: Absence of Psychiatric Diagnosis and Absence of Early Traumatic Experiences

My name is Madeline Phillips and I have been instructed by the defence to assess Mr Smith's mental health. I have a background of working in forensic inpatient services in the National Health Service for 11 years. My day-to-day duties involve assessment and treatment in an inpatient facility for adults with complex mental health difficulties.

From my assessment with Mr Smith, I have been asked to provide an expert opinion for the court regarding his mental health difficulty in relation to his offence. I have been specifically instructed to address diminished responsibility within this case.

This case concerns a 23-year-old male, Cameron Smith, who appears to be experiencing symptoms of a mental health difficulty. He experiences paranoid, delusional beliefs which he finds very distressing. Mr Smith believes that he is being watched and followed by strangers. He believes that the intention of these strangers is to plot against him and cause him harm. Mr Smith also believes that the government wishes to harm him and that the government is responsible for recruiting strangers to monitor him.

Additionally, Mr Smith hears voices. He reported that he hears two voices. He hears the voice of his grandfather, who passed away when he was younger, and an authoritative male voice that he does not recognise. Mr Smith described his grandfather's voice as his 'good voice', offering him encouragement and comfort. However, the authoritative male voice he does not recognise will remind him he is being watched, that he is in danger, and that he must protect himself at all costs. This has included Mr Smith experiencing command hallucinations such as the voice instructing him to harm others around him before they can hurt him.

Mr Smith reported that recently, he stopped using his mobile phone and laptop, as he believed the government had increased their monitoring to his personal devices. He believed they were tracking what he was searching, reading his messages, and could hear his phone calls. Mr Smith stated that he would watch the news in order to keep up to date with information about the government. Mr Smith believed that whenever the government were in news stories, there was always a hidden message to him. The messages reinforced that they were watching him and that he will be in danger.

Mr Smith previously had a job working in IT with a small team of people. However, Mr Smith was asked to leave his job after an altercation with a new member of staff. Mr Smith mentioned that he wished to leave anyway as he believed the government had started to monitor his new work equipment. Mr Smith enjoyed gaming and stated he had a small circle of friends he had known since he was a teenager which he always gamed with. However, he stopped playing due to believing that the government had started to infiltrate players of the game.

Due to Mr Smith's delusional beliefs, he is very suspicious and mistrustful of people he does not know and believes that they could be a threat to him. He also does not generally leave his house, due to fear of being watched and followed. Due to Mr Smith's beliefs and interpretation of his experiences, he is frequently experiencing heightened anxiety, feeling as though he needs to protect himself from danger at any moment. Because Mr Smith believes there could be danger at any moment, he is

constantly monitoring for any source of danger. Therefore, experiences that usually would not be interpreted as dangerous for most, are for Mr Smith. For example, leaving the house to go to shop, somebody he does not know saying hello and striking up a conversation with him, or receiving a spam email.

In my opinion, as a senior mental health professional, Mr Smith was experiencing significant symptoms of a mental health difficulty at the time of the offence, namely paranoid delusional, beliefs and auditory hallucinations. Leading up to the offence, Mr Smith's symptoms of a mental health problem were evident and impacting his daily life, such as losing his job, rarely leaving the house, not interacting with others, and not using technology. In my opinion, due to Mr Smith's paranoid, delusional beliefs, he strongly believed that Mr Jones was working for the government and planned to harm him when he went to Mr Smith's property alone. Additionally, Mr Smith likely experienced command hallucinations at the time of the offence, instructing him to cause harm to Mr Jones in order to protect himself and prevent Mr Jones from harming him. Due to Mr Smith's symptoms, he likely did not understand the nature of his conduct, could not form a rational judgement, nor exercise self-control over his actions, and that this provides an explanation for Mr Smith's actions. Thus, meeting the grounds for diminished responsibility.

Condition 2: Absence of Psychiatric Diagnosis and Presence of Early Traumatic Experiences

My name is Madeline Phillips and I have been instructed by the defence to assess Mr Smith's mental health. I have a background of working in forensic inpatient services in the National Health Service for 11 years. My day-to-day duties involve assessment and treatment in an inpatient facility for adults with complex mental health difficulties.

From my assessment with Mr Smith, I have been asked to provide an expert opinion for the court regarding his mental health difficulty in relation to his offence. I have been specifically instructed to address diminished responsibility within this case.

This case concerns a 23-year-old male, Cameron Smith, who appears to be experiencing symptoms of a mental health difficulty. He experiences paranoid, delusional beliefs which he finds very distressing. Mr Smith believes that he is being watched and followed by strangers. He believes that the intention of these strangers is to plot against him and cause him harm. Mr Smith also believes that the government wishes to harm him and that the government is responsible for recruiting strangers to monitor him.

Additionally, Mr Smith hears voices. He reported that he hears two voices. He hears the voice of his grandfather, who passed away when he was younger, and an authoritative male voice that he does not recognise. Mr Smith described his grandfather's voice as his 'good voice', offering him encouragement and comfort. However, the authoritative male voice he does not recognise will remind him he is being watched, that he is in danger, and that he must protect himself at all costs. This has included Mr Smith experiencing command hallucinations such as the voice instructing him to harm others around him before they can hurt him.

It is important to consider Mr Smith's early life experiences. From birth, Mr Smith lived with his mother and father. However, they separated when Mr Smith was 2 years old and contact with his father also ended at this point. From the ages of 3 to 12 years old, Mr Smith lived with his mother and stepfather. Mr Smith had a loving relationship with

his mother however, his stepfather was verbally, emotionally, and physically abusive. Mr Smith was verbally and emotionally abused by his stepfather regularly, reminding Mr Smith that he was not his biological child, that his biological father had not wanted him, and that he was at fault for his biological father leaving and his mother being unhappy at times. Mr Smith would also be subject to physical abuse by his stepfather, such as hitting and punching. This primarily occurred when his mother was not present. Mr Smith's stepfather also used alcohol heavily. Mr Smith's mother and stepfather divorced when Mr Smith was 12, at which point Mr Smith's mother was aware of the abuse Mr Smith was experiencing. Following this, Mr Smith's mother dated men on and off, with some occasionally moving into the house for short periods, and then the relationships ending.

Mr Smith had a close relationship with his maternal grandfather. As his maternal grandfather lived close by, Mr Smith would often visit him after school and for some periods over the weekends. Mr Smith's grandfather loved watching the news, and often this was an activity they did together. Mr Smith's grandfather was particularly opinionated regarding politics and often voiced his dissatisfaction with the government to Mr Smith. Mr Smith's grandfather died when he was 15 years old and Mr Smith was deeply affected by the loss.

During primary school, Mr Smith was described as a shy child who tended to keep to himself. However, he developed a close friendship with a peer, Mr Nathan Riley, whom he remained good friends with. When Mr Smith started secondary school, he was bullied significantly. This began at age 11 and continued until he was 16 years old and he left secondary school. Mr Smith experienced verbal and physical bullying by peers in his year but also some older adolescents in his school. He also experienced bullying online via social media. Mr Smith continued to experience difficulties with employment and relationships into adulthood.

Mr Smith reported that recently, he stopped using his mobile phone and laptop, as he believed the government had increased their monitoring to his personal devices. He believed they were tracking what he was searching, reading his messages, and could hear his phone calls. Mr Smith stated that he would watch the news in order to keep up to date with information about the government. Mr Smith believed that whenever the government were in news stories, there was always a hidden message to him. The messages reinforced that they were watching him and that he will be in danger.

Mr Smith previously had a job working in IT with a small team of people. However, Mr Smith was asked to leave his job after an altercation with a new member of staff. Mr Smith mentioned that he wished to leave anyway as he believed the government had started to monitor his new work equipment. Mr Smith enjoyed gaming and stated he had a small circle of friends he had known since he was a teenager which he always gamed with. However, he stopped playing due to believing that the government had started to infiltrate players of the game.

Due to Mr Smith's delusional beliefs, he is very suspicious and mistrustful of people he does not know and believes that they could be a threat to him. He also does not generally leave his house, due to fear of being watched and followed. Due to Mr Smith's beliefs and interpretation of his experiences, he is frequently experiencing heightened anxiety, feeling as though he needs to protect himself from danger at any moment. Because Mr Smith believes there could be danger at any moment, he is constantly monitoring for any source of danger. Therefore, experiences that usually

would not be interpreted as dangerous for most, are for Mr Smith. For example, leaving the house to go to shop, somebody he does not know saying hello and striking up a conversation with him, or receiving a spam email.

In my opinion, as a senior mental health professional, Mr Smith was experiencing significant symptoms of a mental health difficulty at the time of the offence, namely paranoid, delusional beliefs and auditory hallucinations. Leading up to the offence, Mr Smith's symptoms of a mental health problem were evident and impacting his daily life, such as losing his job, rarely leaving the house, not interacting with others and not using technology. In my opinion, due to Mr Smith's paranoid, delusional beliefs, he strongly believed that Mr Jones was working for the government and planned to harm him when he went to Mr Smith's property alone. Additionally, Mr Smith likely experienced command hallucinations at the time of the offence, instructing him to cause harm to Mr Jones in order to protect himself and prevent Mr Jones from harming him. Mr Smith's early traumatic life experiences significantly increased his vulnerability to experiencing symptoms of a mental health difficulty. Due to Mr Smith's symptoms, he likely did not understand the nature of his conduct, could not form a rational judgement, nor exercise self-control over his actions, and that this provides an explanation for Mr Smith's actions. Thus, meeting the grounds for diminished responsibility.

Condition 3: Presence of Psychiatric Diagnosis and Absence of Early Traumatic Experiences

My name is Madeline Phillips and I have been instructed by the defence to assess Mr Smith's mental health. I have a background of working in forensic inpatient services in the National Health Service for 11 years. My day-to-day duties involve assessment and treatment in an inpatient facility for adults with complex mental health difficulties.

From my assessment with Mr Smith, I have been asked to provide an expert opinion for the court regarding his mental health difficulty in relation to his offence. I have been specifically instructed to address diminished responsibility within this case.

This case concerns a 23-year-old male, Cameron Smith, who appears to be experiencing symptoms of a mental health difficulty, which is diagnosable as paranoid schizophrenia. He experiences paranoid, delusional beliefs which he finds very distressing. Mr Smith believes that he is being watched and followed by strangers. He believes that the intention of these strangers is to plot against him and cause him harm. Mr Smith also believes that the government wishes to harm him and that the government is responsible for recruiting strangers to monitor him.

Additionally, Mr Smith experiences auditory hallucinations. He reported that he hears two voices. He hears the voice of his grandfather, who passed away when he was younger, and an authoritative male voice that he does not recognise. Mr Smith described his grandfather's voice as his 'good voice', offering him encouragement and comfort. However, the authoritative male voice he does not recognise will remind him he is being watched, that he is in danger, and that he must protect himself at all costs. This has included Mr Smith experiencing command hallucinations such as the voice instructing him to harm others around him before they can hurt him.

Mr Smith reported that recently, he stopped using his mobile phone and laptop, as he believed the government had increased their monitoring to his personal devices. He believed they were tracking what he was searching, reading his messages, and could

hear his phone calls. Mr Smith stated that he would watch the news in order to keep up to date with information about the government. Mr Smith believed that whenever the government were in news stories, there was always a hidden message to him. The messages reinforced that they were watching him and that he will be in danger.

Mr Smith previously had a job working in IT with a small team of people. However, Mr Smith was asked to leave his job after an altercation with a new member of staff. Mr Smith mentioned that he wished to leave anyway as he believed the government had started to monitor his new work equipment. Mr Smith enjoyed gaming and stated he had a small circle of friends he had known since he was a teenager which he always gamed with. However, he stopped playing due to believing that the government had started to infiltrate players of the game.

Due to Mr Smith's delusional beliefs, he is very suspicious and mistrustful of people he does not know and believes that they could be a threat to him. He also does not generally leave his house, due to fear of being watched and followed. Due to Mr Smith's beliefs and interpretation of his experiences, he is frequently experiencing heightened anxiety, feeling as though he needs to protect himself from danger at any moment. Because Mr Smith believes there could be danger at any moment, he is constantly monitoring for any source of danger. Therefore, experiences that usually would not be interpreted as dangerous for most, are for Mr Smith. For example, leaving the house to go to shop, somebody he does not know saying hello and striking up a conversation with him, or receiving a spam email.

In my opinion, as a senior mental health professional, Mr Smith was experiencing significant symptoms of a mental health difficulty at the time of the offence, namely paranoid, delusional beliefs and auditory hallucinations. His symptoms receive a diagnosis of paranoid schizophrenia. Leading up to the offence, Mr Smith's symptoms of a mental health problem were evident and impacting his daily life, such as losing his job, rarely leaving the house, not interacting with others and not using technology. In my opinion, due to Mr Smith's paranoid, delusional beliefs, he strongly believed that Mr Jones was working for the government and planned to harm him when he went to Mr Smith's property alone. Additionally, Mr Smith likely experienced command hallucinations at the time of the offence, instructing him to cause harm to Mr Jones in order to protect himself and prevent Mr Jones from harming him. Due to Mr Smith's symptoms and diagnosis of paranoid schizophrenia, he likely did not understand the nature of his conduct, could not form a rational judgement, nor exercise self-control over his actions, and that this provides an explanation for Mr Smith's actions. Thus, meeting the grounds for diminished responsibility.

Condition 4: Presence of Psychiatric Diagnosis and Presence of Early Traumatic Experiences

My name is Madeline Phillips and I have been instructed by the defence to assess Mr Smith's mental health. I have a background of working in forensic inpatient services in the National Health Service for 11 years. My day-to-day duties involve assessment and treatment in an inpatient facility for adults with complex mental health difficulties.

From my assessment with Mr Smith, I have been asked to provide an expert opinion for the court regarding his mental health difficulty in relation to his offence. I have been specifically instructed to address diminished responsibility within this case.

This case concerns a 23-year-old male, Cameron Smith, who appears to be experiencing symptoms of a mental health difficulty, which is diagnosable as paranoid schizophrenia. He experiences paranoid, delusional beliefs which he finds very distressing. Mr Smith believes that he is being watched and followed by strangers. He believes that the intention of these strangers is to plot against him and cause him harm. Mr Smith also believes that the government wishes to harm him and that the government is responsible for recruiting strangers to monitor him.

Additionally, Mr Smith experiences auditory hallucinations. He reported that he hears two voices. He hears the voice of his grandfather, who passed away when he was younger, and an authoritative male voice that he does not recognise. Mr Smith described his grandfather's voice as his 'good voice', offering him encouragement and comfort. However, the authoritative male voice he does not recognise will remind him he is being watched, that he is in danger, and that he must protect himself at all costs. This has included Mr Smith experiencing command hallucinations such as the voice instructing him to harm others around him before they can hurt him.

It is important to consider Mr Smith's early life experiences. From birth, Mr Smith lived with his mother and father. However, they separated when Mr Smith was 2 years old and contact with his father also ended at this point. From the ages of 3 to 12 years old, Mr Smith lived with his mother and stepfather. Mr Smith had a loving relationship with his mother however, his stepfather was verbally, emotionally, and physically abusive. Mr Smith was verbally and emotionally abused by his stepfather regularly, reminding Mr Smith that he was not his biological child, that his biological father had not wanted him, and that he was at fault for his biological father leaving and his mother being unhappy at times. Mr Smith would also be subject to physical abuse by his stepfather, such as hitting and punching. This primarily occurred when his mother was not present. Mr Smith's stepfather also used alcohol heavily. Mr Smith's mother and step-father divorced when Mr Smith was 12, at which point Mr Smith's mother was aware of the abuse Mr Smith was experiencing. Following this, Mr Smith's mother dated men on and off, with some occasionally moving into the house for short periods, and then the relationships ending.

Mr Smith had a close relationship with his maternal grandfather. As his maternal grandfather lived close by, Mr Smith would often visit him after school and for some periods over the weekends. Mr Smith's grandfather loved watching the news, and often this was an activity they did together. Mr Smith's grandfather was particularly opinionated regarding politics and often voiced his dissatisfaction with the government to Mr Smith. Mr Smith's grandfather died when he was 15 years old and Mr Smith was deeply affected by the loss.

During primary school, Mr Smith was described as a shy child who tended to keep to himself. However, he developed a close friendship with a peer, Mr Nathan Riley, whom he remained good friends with. When Mr Smith started secondary school, he was bullied significantly. This began at age 11 and continued until he was 16 years old and he left secondary school. Mr Smith experienced verbal and physical bullying by peers in his year but also some older adolescents in his school. He also experienced bullying online via social media. Mr Smith continued to experience difficulties with employment and relationships into adulthood.

Mr Smith reported that recently, he stopped using his mobile phone and laptop, as he believed the government had increased their monitoring to his personal devices. He

believed they were tracking what he was searching, reading his messages, and could hear his phone calls. Mr Smith stated that he would watch the news in order to keep up to date with information about the government. Mr Smith believed that whenever the government were in news stories, there was always a hidden message to him. The messages reinforced that they were watching him and that he will be in danger.

Mr Smith previously had a job working in IT with a small team of people. However, Mr Smith was asked to leave his job after an altercation with a new member of staff. Mr Smith mentioned that he wished to leave anyway as he believed the government had started to monitor his new work equipment. Mr Smith enjoyed gaming and stated he had a small circle of friends he had known since he was a teenager which he always gamed with. However, he stopped playing due to believing that the government had started to infiltrate players of the game.

Due to Mr Smith's delusional beliefs, he is very suspicious and mistrustful of people he does not know and believes that they could be a threat to him. He also does not generally leave his house, due to fear of being watched and followed. Due to Mr Smith's beliefs and interpretation of his experiences, he is frequently experiencing heightened anxiety, feeling as though he needs to protect himself from danger at any moment. Because Mr Smith believes there could be danger at any moment, he is constantly monitoring for any source of danger. Therefore, experiences that usually would not be interpreted as dangerous for most, are for Mr Smith. For example, leaving the house to go to shop, somebody he does not know saying hello and striking up a conversation with him, or receiving a spam email.

In my opinion, as a senior mental health professional, Mr Smith was experiencing significant symptoms of a mental health difficulty at the time of the offence, namely paranoid delusional beliefs and auditory hallucinations. His symptoms receive a diagnosis of paranoid schizophrenia. Leading up to the offence, Mr Smith's symptoms of a mental health problem were evident and impacting his daily life, such as losing his job, rarely leaving the house, not interacting with others, and not using technology. In my opinion, due to Mr Smith's paranoid, delusional beliefs, he strongly believed that Mr Jones was working for the government and planned to harm him when he went to Mr Smith's property alone. Additionally, Mr Smith likely experienced command hallucinations at the time of the offence, instructing him to cause harm to Mr Jones in order to protect himself and prevent Mr Jones from harming him. Mr Smith's early traumatic life experiences significantly increased his vulnerability to experiencing symptoms of a mental health difficulty. Due to Mr Smith's symptoms and diagnosis of paranoid schizophrenia, he likely did not understand the nature of his conduct, could not form a rational judgement, nor exercise self-control over his actions, and that this provides an explanation for Mr Smith's actions. Thus, meeting the grounds for diminished responsibility.

Appendix J: Witness Credibility Scale (WCS)

1	2	3	4	5	6	7	8	9	10
Dressed Formally						X			Dressed Informally

1	2	3	4	5	6	7	8	9	10
Unfriendly									Friendly

1	2	3	4	5	6	7	8	9	10
Disrespectful									Respectful

1	2	3	4	5	6	7	8	9	10
Unkind									Kind

1	2	3	4	5	6	7	8	9	10
Ill-mannered									Well-mannered

1	2	3	4	5	6	7	8	9	10
Unpleasant									Pleasant

1	2	3	4	5	6	7	8	9	10
Untrustworthy									Trustworthy

1	2	3	4	5	6	7	8	9	10
Untruthful									Truthful

1	2	3	4	5	6	7	8	9	10
Undependable									Dependable

1	2	3	4	5	6	7	8	9	10
Dishonest									Honest

1	2	3	4	5	6	7	8	9	10
Unreliable									Reliable

1	2	3	4	5	6	7	8	9	10
Not confident									Confident

1	2	3	4	5	6	7	8	9	10
Inarticulate									Well-spoken

1	2	3	4	5	6	7	8	9	10
Tense									Relaxed

1	2	3	4	5	6	7	8	9	10
Shaken									Poised

1	2	3	4	5	6	7	8	9	10
Not Self-Assured									**Self-Assured**

1	2	3	4	5	6	7	8	9	10
Uninformed									**Informed**

1	2	3	4	5	6	7	8	9	10
Illogical									**Logical**

1	2	3	4	5	6	7	8	9	10
Uneducated									**Educated**

1	2	3	4	5	6	7	8	9	10
Unwise									**Wise**

1	2	3	4	5	6	7	8	9	10
Unscientific									**Scientific**

Appendix K: Diminished Responsibility Questionnaire (DRQ)

You are now going to think about the facts of these case, and rate whether the Diminished Responsibility criteria apply to each part of the situation.

C. The victim arrived at the defendant's house, and the defendant was verbally abusive to the victim, calling them "a F****** creep, first coming for my little sister and now me in my house".

Was this related to a recognised medical condition?

Not related to a recognised medical condition	1	2	3	4	5	6	7	Entirely due to a recognised medical condition

Could the defendant understand their conduct, form a rational judgement, or exercise self-control?

Totally unable to understand the nature of her conduct	1	2	3	4	5	6	7	Fully able to understand the nature of her conduct
Totally unable to form a rational judgement	1	2	3	4	5	6	7	Fully able to form a rational judgement
Totally unable to exercise self-control	1	2	3	4	5	6	7	Fully able to exercise self-control

Do any of these factors explain how the defendant acted?

These do not explain their actions	1	2	3	4	5	6	7	One or more of these factors fully explains their actions

2. The defendant became increasingly aggressive and distressed in her tone, screaming at the victim and throwing small items out of their kitchen window at the victim.

Was this related to a recognised medical condition?

Not related to a recognised medical condition	1	2	3	4	5	6	7	Entirely due to a recognised medical condition

Could the defendant understand their conduct, form a rational judgement, or exercise self-control?

Totally unable to understand the nature of her conduct	1	2	3	4	5	6	7	Fully able to understand the nature of her conduct
Totally unable to form a rational judgement	1	2	3	4	5	6	7	Fully able to form a rational judgement
Totally unable to exercise self-control	1	2	3	4	5	6	7	Fully able to exercise self-control

Do any of these factors explain how the defendant acted?

These do not explain their actions	1	2	3	4	5	6	7	One or more of these factors fully explains their actions

3. The defendant then took a kitchen knife from the side, opened their front door and stabbed the victim in the neck, causing major injuries.

Was this related to a recognised medical condition?

Not related to a recognised medical condition	1	2	3	4	5	6	7	Entirely due to a recognised medical condition

Could the defendant understand their conduct, form a rational judgement, or exercise self-control?

Totally unable to understand the nature of her conduct	1	2	3	4	5	6	7	Fully able to understand the nature of her conduct
Totally unable to form a rational judgement	1	2	3	4	5	6	7	Fully able to form a rational judgement
Totally unable to exercise self-control	1	2	3	4	5	6	7	Fully able to exercise self-control

Do any of these factors explain how the defendant acted?

These do not explain their actions	1	2	3	4	5	6	7	One or more of these factors fully explains their actions

4. The defendant fled the scene but was later found by police on a nearby housing estate, in a distressed condition.

Was this related to a recognised medical condition?

Not related to a recognised medical condition	1	2	3	4	5	6	7	Entirely due to a recognised medical condition

Could the defendant understand their conduct, form a rational judgement, or exercise self-control?

Totally unable to understand the nature of her conduct	1	2	3	4	5	6	7	Fully able to understand the nature of her conduct
Totally unable to form a rational judgement	1	2	3	4	5	6	7	Fully able to form a rational judgement
Totally unable to exercise self-control	1	2	3	4	5	6	7	Fully able to exercise self-control

Do any of these factors explain how the defendant acted?

These do not explain their actions	1	2	3	4	5	6	7	One or more of these factors fully explains their actions

Appendix L: Diminished Responsibility Questionnaire (DRQ) for the Current Study

You are now going to think about the facts of the case, and rate whether the Diminished Responsibility criteria apply to each part of the situation.

C. The victim arrived at the defendant's house, and the defendant was verbally abusive to the victim, calling them "a fucking liar, fucking bully, first coming for my bestfriend and now me in my house".

Was this related to a recognised medical condition?

Not related to a recognised medical condition	1	2	3	4	5	6	7	Entirely due to a recognised medical condition

Could the defendant understand their conduct, form a rational judgement, or exercise self-control?

Totally unable to understand the nature of his conduct	1	2	3	4	5	6	7	Fully able to understand the nature of his conduct
Totally unable to form a rational judgement	1	2	3	4	5	6	7	Fully able to form a rational judgement
Totally unable to exercise self-control	1	2	3	4	5	6	7	Fully able to exercise self-control

Do any of these factors explain how the defendant acted?

These do not explain their actions	1	2	3	4	5	6	7	One or more of these factors fully explains their actions

2. The defendant became increasingly aggressive and distressed in his tone, shouting at the victim and throwing small items out of their kitchen window at the victim.

Was this related to a recognised medical condition?

Not related to a recognised medical condition	1	2	3	4	5	6	7	Entirely due to a recognised medical condition

Could the defendant understand their conduct, form a rational judgement, or exercise self-control?

Totally unable to understand the nature of his conduct	1	2	3	4	5	6	7	Fully able to understand the nature of his conduct
Totally unable to form a rational judgement	1	2	3	4	5	6	7	Fully able to form a rational judgement
Totally unable to exercise self-control	1	2	3	4	5	6	7	Fully able to exercise self-control

Do any of these factors explain how the defendant acted?

These do not explain their actions	1	2	3	4	5	6	7	One or more of these factors fully explains their actions

3. The defendant then took a kitchen knife from the side, opened their front door and stabbed the victim in the neck, causing major injuries.

Was this related to a recognised medical condition?

Not related to a recognised medical condition	1	2	3	4	5	6	7	Entirely due to a recognised medical condition

Could the defendant understand their conduct, form a rational judgement, or exercise self-control?

Totally unable to understand the nature of his conduct	1	2	3	4	5	6	7	Fully able to understand the nature of his conduct
Totally unable to form a rational judgement	1	2	3	4	5	6	7	Fully able to form a rational judgement
Totally unable to exercise self-control	1	2	3	4	5	6	7	Fully able to exercise self-control

Do any of these factors explain how the defendant acted?

These do not explain their actions	1	2	3	4	5	6	7	One or more of these factors fully explains their actions

4. The defendant fled the scene but was later found by police on a nearby housing estate, in a distressed condition.

Was this related to a recognised medical condition?

Not related to a recognised medical condition	1	2	3	4	5	6	7	Entirely due to a recognised medical condition

Could the defendant understand their conduct, form a rational judgement, or exercise self-control?

Totally unable to understand the nature of his conduct	1	2	3	4	5	6	7	Fully able to understand the nature of his conduct
Totally unable to form a rational judgement	1	2	3	4	5	6	7	Fully able to form a rational judgement
Totally unable to exercise self-control	1	2	3	4	5	6	7	Fully able to exercise self-control

Do any of these factors explain how the defendant acted?

These do not explain their actions	1	2	3	4	5	6	7	One or more of these factors fully explains their actions

Appendix M: Diminished Responsibility Decision Question

Please see below as a reminder of the Diminished Responsibility criteria before answering the following question.

Diminished Responsibility Criteria
There must be an abnormality of mental functioning which:

A) arose from a recognised medical condition
B) substantially impaired the defendant's ability to do one or more of:
    1. understand the nature of their conduct during the situation
    2. to form a rational judgement about the situation and their actions
    3. to exercise self-control during the situation
C) provides an explanation for the defendant's actions.

'Overall, based on the information about this case, on the balance of probabilities, would you accept the defendant's partial defence of diminished responsibility?'

Yes
No

Appendix N: Participant Information Sheet

Social Media

Research project:
Investigating the credibility of an expert witness presenting mental health information in the courtroom, and decision-making, regarding a criminal case involving mental health.

Invitation:
You are invited to take part in a research project for the Doctorate in Clinical Psychology at the University of East Anglia (UEA). Thank you for your initial interest in this project. Before you decide if you would like to participate in the study, it is important to read through the following information. If you have any questions or would like further information, please send an email to Georgia Butcher (g.butcher1@uea.ac.uk).

What is this study about?
The study is considering factors that may influence perceptions of credibility of expert witnesses presenting mental health information in the courtroom. Participants are being recruited from England and Wales and they do not require experience of a jury and/or relevant professional training. This is to replicate the fact that the majority of the general population are eligible for jury service. The study aims to understand jurors' judgements and decision-making and the role of mental health expert witness testimony in a criminal case.

Who is running the study?
The study is being conducted by Georgia Butcher, Postgraduate Researcher on the Doctorate in Clinical Psychology Programme at UEA. The primary research supervisor is Dr Rebecca Bealey (Clinical Psychologist), and the secondary supervisor is Dr Peter Beazley (Clinical Psychologist).

What will the study involve for me?
You will be provided with information about your role as a juror in a trial, the role of expert witnesses, and legal and sentencing proceedings regarding diminished responsibility. You will be asked to read a vignette of the facts of a homicide, which involves a stabbing, and watch a brief video recording of a mock mental health expert witness testimony in court. The information within the vignette and mock expert witness videos may include themes of alcohol use, psychotic symptoms, physical aggression and abuse. You will then be asked to complete an online survey with different sections. These sections include questionnaires: regarding your demographic information, investigating your beliefs about the credibility factors of the expert witness, and exploring diminished responsibility judgments. You will also be asked to provide a sentencing recommendation regarding diminished responsibility for the defendant. The study will take approximately 20 minutes to complete.

Do I have to complete this study?
Participation in the study is voluntary and you do not have to take part if you do not wish to. When you reach the end of the study, you will be asked to confirm that you are accepting the submission of your data and your data cannot be withdrawn after this point. Your decision whether to participate or not will not affect current or future relationships with anyone associated with the UEA.

What happens if I withdraw from the study?

Any information you provide will be deleted if you withdraw from the study. You can withdraw from the study at any point during completion, however, once you have accepted submission of your data, your data cannot be withdrawn from this point.

Are there any risks or costs with participating in this study?
The study is not expected to cause any harm; however, offence details and mental health information could potentially be distressing due to potential themes of stabbing, alcohol use, psychotic symptoms, physical aggression and abuse. It is advisable to withdraw from the survey if you feel uncomfortable at any point. If you experience any distress, you can contact the below for sources of support:

- Call Mind (0300 123 3393)
- Call Samaritans (116 123)
- Call SANEline (0300 304 7000)
- Text Shout (85258)
- Your GP
- NHS 111

Are there any benefits associated with being in the study?
The study aims to explore credibility factors influencing mental health expert witness testimony and inform actual processes in English and Welsh courts. Therefore, you may not directly benefit from taking part in the study however, others may benefit from changes that could be made to English and Welsh court processes.

You may receive a £20 Amazon voucher if you choose to enter into the prize draw at the end of the study. There are 3 £20 Amazon vouchers available to be won and you will be required to provide your name and email address if you wish to enter the prize draw. You will be asked if you would like to follow the link to a separate survey to enter into the prize draw. Therefore, any name and email address provided will not be linked to study data.

What will happen to information about me that is collected during the study?
Only non-identifiable information will be recorded within the main study. If you wish to take part in the prize draw, we will record your name and email address separately and we will be unable to associate this with your responses in the study. Data will be stored securely according to the Data Protection Act (2018) and the UEA Research Data Management Policy (2019). Once the research study is completed, your non-identifiable data may be shared with a scientifically publicly available repository, where it may be used for future research or educational purposes. The research produced will be available in the University of East Anglia's digital repository for educational purposes. Your name and email address relating to the prize draw entry will be deleted as soon as the prize draw is administered. Your information will only be used for the purposes outlined in this Participant Information Sheet.

What will happen once the data is analysed?
As the research is part of a Doctorate in Clinical Psychology, it will be submitted to the UEA for marking and presented at the university's research conference. The study will also be submitted to a relevant research journal for publication.

Will I be told the results of the study?
You have the right to receive feedback about the overall findings of this study when this is finished. You can request this by emailing g.butcher1@uea.ac.uk. The findings of the study will be shared in the form of a brief lay summary.

Who has approved the study?
This research has been reviewed and approved by the Faculty of Medicine and Health Research Ethics Committee of the UEA.

What if I have further questions, a complaint, or any concerns about the study?
Please contact me at g.butcher1@uea.ac.uk. If you are concerned about the way the study is being conducted or you wish to make a complaint to someone independent from the study, please contact Professor Sian Coker (Programme Director) (s.coker@uea.ac.uk).

Prolific

Research project:
Investigating the credibility of an expert witness presenting mental health information in the courtroom, and decision-making, regarding a criminal case involving mental health.

Invitation:
You are invited to take part in a research project for the Doctorate in Clinical Psychology at the University of East Anglia (UEA). Thank you for your initial interest in this project. Before you decide if you would like to participate in the study, it is important to read through the following information. If you have any questions or would like further information, please send an email to Georgia Butcher (g.butcher1@uea.ac.uk).

What is this study about?
The study is considering factors that may influence perceptions of credibility of expert witnesses presenting mental health information in the courtroom. Participants are being recruited from England and Wales and they do not require experience of a jury and/or relevant professional training. This is to replicate the fact that the majority of the general population are eligible for jury service. The study aims to understand jurors' judgements and decision-making and the role of mental health expert witness testimony in a criminal case.

Who is running the study?
The study is being conducted by Georgia Butcher, Postgraduate Researcher on the Doctorate in Clinical Psychology Programme at UEA. The primary research supervisor is Dr Rebecca Bealey (Clinical Psychologist), and the secondary supervisor is Dr Peter Beazley (Clinical Psychologist).

What will the study involve for me?
You will be provided with information about your role as a juror in a trial, the role of expert witnesses, and legal and sentencing proceedings regarding diminished responsibility. You will be asked to read a vignette of the facts of a homicide, which involves a stabbing, and watch a brief video recording of a mock mental health expert witness testimony in court. The information within the vignette and mock expert witness videos may include themes of alcohol use, psychotic symptoms, physical aggression and abuse. You will then be asked to complete an online survey with different sections. These sections include questionnaires: regarding your demographic information, investigating your beliefs about the credibility factors of the expert witness, and exploring diminished responsibility judgments. You will also be asked to provide a sentencing recommendation regarding diminished responsibility for the defendant. The study will take approximately 20 minutes to complete.

Do I have to complete this study?
Participation in the study is voluntary and you do not have to take part if you do not wish to. When you reach the end of the study, you will be asked to confirm that you are accepting the submission of your data and your data cannot be withdrawn after this point. Your decision whether to participate or not will not affect current or future relationships with anyone associated with the UEA.

What happens if I withdraw from the study?
Any information you provide will be deleted if you withdraw from the study. You can withdraw from the study at any point during completion, however, once you have accepted submission of your data, your data cannot be withdrawn from this point.

Are there any risks or costs with participating in this study?
The study is not expected to cause any harm; however, offence details and mental health information could potentially be distressing due to potential themes of stabbing, alcohol use, psychotic symptoms, physical aggression and abuse. It is advisable to withdraw from the survey if you feel uncomfortable at any point. If you experience any distress, you can contact the below for sources of support:

- Call Mind (0300 123 3393)
- Call Samaritans (116 123)
- Call SANEline (0300 304 7000)
- Text Shout (85258)
- Your GP
- NHS 111

Are there any benefits associated with being in the study?
The study aims to explore credibility factors influencing mental health expert witness testimony and inform actual processes in English and Welsh courts. Therefore, you may not directly benefit from taking part in the study however, others may benefit from changes that could be made to English and Welsh court processes.

You will be compensated £3 for study completion, which is rated as a 'good payment' for a 20-minute study completion.

What will happen to information about me that is collected during the study?
Only non-identifiable information will be recorded within the study. Data will be stored securely according to the Data Protection Act (2018) and the UEA Research Data Management Policy (2019). Once the research study is completed, your non-identifiable data may be shared with a scientifically publicly available repository, where it may be used for future research or educational purposes. The research produced will be available in the University of East Anglia's digital repository for educational purposes. Your information will only be used for the purposes outlined in this Participant Information Sheet.

What will happen once the data is analysed?
As the research is part of a Doctorate in Clinical Psychology, it will be submitted to the UEA for marking and presented at the university's research conference. The study will also be submitted to a relevant research journal for publication.

Will I be told the results of the study?

You have the right to receive feedback about the overall findings of this study when this is finished. You can request this by emailing g.butcher1@uea.ac.uk. The findings of the study will be shared in the form of a brief lay summary.

Who has approved the study?
This research has been reviewed and approved by the Faculty of Medicine and Health Research Ethics Committee of the UEA.

What if I have further questions, a complaint, or any concerns about the study?
Please contact me at g.butcher1@uea.ac.uk. If you are concerned about the way the study is being conducted or you wish to make a complaint to someone independent from the study, please contact Professor Sian Coker (Programme Director) (s.coker@uea.ac.uk).

Appendix O: Participant Consent Form

By consenting to participate in the research study, I agree that I have read this consent form and I am happy to proceed with the online survey.

I give my consent and confirm that:

I have read the participation information sheet and I have had the opportunity to ask any questions about the research study. I am also happy with the answers from the researchers.	
I understand the purpose, procedure, and any benefits or risks associated with this study.	
I understand that my participation in this study is completely voluntary, and I can decide to not take part.	
I understand that I can withdraw during the study or refuse to answer any question without any consequences. I understand that my answers and the information provided will be deleted and will not be included in the study if I choose to withdraw. I understand that once I submit my responses at the end of the study, I will not be able to withdraw my data.	
I understand that all information I provide will be stored securely, will be treated confidentially, and will only be used for purposes that I have agreed to.	
I understand that I may not benefit directly from taking part in this study however, others may benefit from potential influences on court processes.	
I understand that the results of this study may be published, but these publications will not contain my name or any identifiable information about me.	
I understand that I can contact any of the people involved in this study and ask for further clarification and information.	
I understand that further support can be accessed from the support service details provided.	

By selecting the above boxes and continuing to the next page, you are confirming that you have answered the above questions truthfully and agree to take part in this research.

Appendix P: Role of the Judge, Jurors, and Expert Witnesses and Diminished Responsibility Explained for Participants

In the Crown Court of England and Wales, judges and jurors have important roles. Judges are specially trained and have legal qualifications and a large amount of professional experience. Judges are responsible for managing the Court room to make sure the trial is fair.

Juries are made up of twelve ordinary people. Each person in the jury is called a 'juror'. Jurors are chosen at random from the general public, and they do not need to have any particular training or qualifications. Juries are responsible for deciding whether the person on trial – 'the defendant' – has committed the crime. Sometimes, when the defendant is charged with murder, juries have to decide whether he or she has a defence of diminished responsibility; if successfully pleaded, that defence results in a conviction for manslaughter instead of murder.

The courts sometimes need expert witnesses to help the jury understand information that is important to the case. To be an expert witness, a person needs to have special training, qualifications, or a large amount of professional experience in a specific subject relevant to the case presented.

In the case you are going to consider within this study, there is no doubt that the defendant committed the act of killing the victim. However, their plea is that they are guilty of manslaughter, not murder, on the grounds of diminished responsibility due to their mental health difficulty.

Diminished responsibility is a legal defence in cases of murder. It means that a defendant is judged as less responsible for their actions because of their mental health difficulty. It affects the sentence handed to the defendant by the judge. It could mean that a person is treated for their mental health in a secure psychiatric hospital rather than being sent to prison, or there can be time in hospital before going to prison once these mental health problems are treated. It can also mean that if they are sent to prison the length of their sentence is less than they would have received if they were convicted of murder.

As a juror, you are asked to consider whether you think the defendant had diminished responsibility for the crime.

For diminished responsibility to apply, the following criteria must be met. Please consider these criteria carefully, and whether you think these apply to the defendant in this case.
There must be an abnormality of mental functioning which:

A) arose from a recognised medical condition
B) substantially impaired the defendant's ability to do one or more of:
    1. understand the nature of their conduct during the situation
    2. to form a rational judgement about the situation and their actions
    3. to exercise self-control during the situation
C) provides an explanation for the defendant's actions.

If you consider that the defendant's mental functioning was more likely than not affected by a medical condition, and that this affected their ability to understand their

conduct, make a rational judgement, or exercise self-control over their actions during the crime, and this explains their actions, then diminished responsibility would apply.

Appendix Q: Defence's Opinion and Introduction to the Expert Witness

Members of the jury, we represent the defence in this case. The defendant's (Mr Smith's) plea in this case is guilty to manslaughter, not to murder, on the grounds of diminished responsibility. We argue that the criteria of diminished responsibility do in fact apply in this case, due to the nature of the defendant's mental health difficulty. Our case is that given the nature of the defendant's paranoid, delusional beliefs and auditory hallucinations, the defendant was not able to understand the nature of his conduct, to form a rational judgment, nor to exercise self-control over his actions.

We instructed Madeline Phillips, a senior mental health professional, with a background in assessing mental health in a forensic context, to meet with the defendant. Madeline Phillips interviewed the defendant on two separate occasions prior to today's trial to assess his mental health, they met for a total of three hours. Madeline Phillips will now share with you her opinion on the defendant's mental health difficulty.

When you have heard the evidence and expert witness testimony, if you consider that it is more likely than not that the criteria of diminished responsibility does apply in this case, then your verdict should be one of manslaughter and not murder.

Appendix R: Trial Judge's Directions to the Jurors

Members of the jury, my role is to explain to you what the law is and then your task is to apply the law to the facts of the case before you.

You, in the course of your duty, have a responsibility for the verdict in this case. You have taken an oath to try the case based solely upon the evidence given in this trial. You must base your verdict upon this evidence alone. It is very important that you do not undertake any research of your own on the internet; you must judge the case solely on the evidence you have seen and heard here in court.

The defendant is charged with murder. In English law, murder is the unlawful killing of another person with malice aforethought. You may ask, what does that mean? In English law today, malice aforethought means either that the defendant either intended to kill another person or intended to cause another person serious harm. It does not mean that he planned the killing ahead of time, nor that he acted with malice in a loose moral sense. The first question for you to decide is whether, at the moment he stabbed the victim, he intended to cause at least serious harm to him. In this case, the defence does not dispute that Mr Smith, did in fact, cause the death of Mr Jones.

If you are not sure that he did intend to cause serious harm to him, then your verdict must be one of not guilty on the charge of murder, but guilty instead of manslaughter.

The defence case is that Mr Smith was suffering from diminished responsibility at the time of the killing due to his mental health difficulty. They argue that Mr Smith's experience of paranoid delusional beliefs and auditory hallucinations, in the context of a mental health difficulty, meant that Mr Smith, more likely than not, did not understand the nature of his conduct, could not form a rational judgement, nor exercise self-control over his actions, and that this provides an explanation for Mr Smith's actions. Thus, meeting the grounds for diminished responsibility.

Appendix S: Knowledge Check Questions

1) What was the name of the defendant in this case?
    a. Mr Stewart
    b. Mr Smith
    c. Mr Simpson
2) At what event did the defendant and the victim meet?
    a. A party
    b. A restaurant
    c. A concert
3) What organisation did the defendant believe was hiring people to monitor him and wished to harm him?
    a. The mafia
    b. The government
    c. The church

Appendix T: Debrief Letter

Dear Participant,

Thank you for participating in the research study looking into factors influencing credibility of mental health expert witnesses presenting mental health information in the courtroom and decision-making.

What is the study about?
The study was interested in investigating the impact of the type of mental health information provided, specifically whether the inclusion or exclusion of psychiatric diagnosis and/or early traumatic experiences of the defendant, influenced perceived expert witness credibility, diminished responsibility judgments, and diminished responsibility decisions. It was hypothesised that there would be differences in expert witness credibility and diminished responsibility judgements depending on whether psychiatric diagnosis and/or early traumatic experience information were present or absent. It was also hypothesised that diminished responsibility decisions would be made in line with a highly credible expert's opinion. This information was not explicitly shared within the information sheet as it could risk changing how questions were answered within the study. All participants were provided with the same vignette regarding a homicide however, the expert witness video varied between participants. The videos varied depending on the type of mental health information shared by the expert witness. This research is important when considering what mental health information is presented in court and how this may influence expert witness credibility and juror decision-making.

What to do if you require further support following taking part in this study?
Please access support from any of the below support services:

- Call Mind (0300 123 3393)
- Call Samaritans (116 123)
- Call SANEline (0300 304 7000)
- Text Shout (85258)
- Your GP
- NHS 111

What to do if you have any concerns about the study?
If you have any concerns about the purposes, procedure, or administration of this study, or you wish to make a complaint, please contact the research supervisors, Dr Rebecca Bealey (rebecca.bealey@nsft.nhs.uk) and/or Dr Peter Beazley (p.beazley@uea.ac.uk). If you wish to complain to someone independent, you can contact Professor Sian Coker (s.coker@uea.ac.uk).

Will I know about the results of the study?
You can request a lay summary of the study results when the study is finished. Please email Georgia Butcher for this (g.butcher1@uea.ac.uk).

Thank you again for your participation.

Appendix U: Ethical Approval from the University Faculty of Medicine and Health Sciences Research Ethics Committee

University of East Anglia
Norwich Research Park
Norwich. NR4 7TJ

Email: ethicsmonitor@uea.ac.uk
Web: www.uea.ac.uk

Study title: The Impact of the Type of Mental Health Information Provided on Expert Witness Credibility, Mock Juror Judgements, and Decision-Making Within a Criminal Case

Application ID: ETH2324-0073

Dear Georgia,

Your application was considered on 2nd February 2024 by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

If your study involves NHS staff and facilities, you will require Health Research Authority (HRA) governance approval before you can start this project (even though you did not require NHS-REC ethics approval). Please consult the HRA webpage about the application required, which is submitted through the IRAS system.

This approval will expire on **31st March 2025**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

Please can you send your report once your project is completed to the FMH S-REC (fmh.ethics@uea.ac.uk).

I would like to wish you every success with your project.

On behalf of the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee)

Yours sincerely,

Dr Paul Linsley

Appendix V: Between-Subjects Effects of Psychiatric Diagnosis (Presence or Absence) and Early Traumatic Experiences (Presence or Absence) on Expert Witness Credibility (EWC) and Diminished Responsibility Judgements (*N*=158)

	Psychiatric Diagnosis			Early Traumatic Experiences			Psychiatric Diagnosis x Early Traumatic Experiences		
	F(1, 154)	*p*	η^2	*F(1, 154)*	*p*	η^2	*F(1, 154)*	*p*	η^2
EWC	0.023	.880	.000	1.516	.220	.010	0.596	.441	.004
DRQ Medical	0.047	.828	.000	0.149	.700	.001	0.285	.594	.002
DRQ Conduct	0.036	.850	.000	0.715	.399	.005	1.558	.214	.010
DRQ Judgement	0.255	.614	.002	0.529	.468	.003	1.229	.269	.008
DRQ Control	0.243	.623	.002	0.412	.522	.003	1.921	.168	.012
DRQ Explain	0.081	.776	.001	0.087	.768	.001	0.000	.984	.000

Appendix W: Logistic Regression Comparing Psychiatric Diagnosis, Early Traumatic Experiences, Expert Witness Credibility (EWC), and Psychiatric Diagnosis x Early Traumatic Experiences on the Probability of a Verdict of Manslaughter

	B	S.E.	Wald	*p*	Odds Ratio
Psychiatric Diagnosis	-.017	.591	.001	.976	.983
Early Traumatic Experiences	-.142	.577	.060	.806	.868
EWC	.008	.006	1.984	.159	1.008
Psychiatric Diagnosis x Early Traumatic Experiences	-.296	.805	.135	.713	.744