Perceptions of mental health within the English and Welsh Criminal Justice System:

What are the attitudes and beliefs of professionals towards mental health conditions, and what sentencing decisions are made concerning those with mental health conditions who are charged with criminal acts?

Oliver Maltby

Candidate Registration Number: 100373520

Primary Supervisor: Dr Peter Beazley

Secondary Supervisors: Dr Leila Allen & Dr Ian Edwards

A thesis submitted in partial fulfilment of the degree of

Doctorate in Clinical Psychology

Faculty of Medicine and Health Sciences

Norwich Medical School, University of East Anglia

31st May, 2024

Word Count: 29,152 (excluding appendices)

Thesis Portfolio Abstract

Aims: The systematic review in this thesis portfolio aimed to explore the attitudes and beliefs of professionals within the English and Welsh Criminal Justice System (CJS) towards people with mental health conditions. The empirical research project aimed to explore the use of the Vowles criteria, the effect of diagnosis on decision-making in relation to the Vowles criteria, and whether the diagnosis of the offender or participants' belief about mental health would have an impact on sentencing.

Methods: The systematic review synthesised all the attitudes and beliefs of professionals within the CJS via outcome data reported from quantitative and mixed methods studies solely in England and Wales. In an online survey format, the empirical project randomised CJS professionals into two groups. The same vignette was delivered but the offender was either given a diagnosis of personality disorder or schizophrenia.

Results: 14 suitable studies (n = 5768) were included in the systematic review. The majority of these papers reported overall positive attitudes, but these were mixed with stigmatising beliefs and issues with sampling and the use of self-reported measures. A lack of literature was seen with all professionals but particularly with lawyers and judges. The empirical project found agreeability was high across all four criteria, but contrary to a real courtroom environment, participants were most likely to give a hybrid order regardless of diagnosis.

Conclusions: The systematic review suggest more research is needed with different professional groups and diagnoses in general with the English and Welsh CJS professionals. The empirical research project findings suggests that most participants choose the hybrid option, even though only a fraction of offenders being sentenced under s.45A. To give further insight into the discrepancy, further research with either qualified judges or psychiatrists who contribute to decision-making is needed.

List of Contents

List of Tables

Chapter 2. Systematic Review

Chapter 4. Empirical Project

Appendices

List of Figures

Chapter 2. Systematic Review

Appendices

Acknowledgements

I want to express my heartfelt gratitude to my primary supervisor, Peter Beazley, for his support over the past three years. Your passion and enthusiasm for the topic have been truly inspiring, driving me to do the best that I can. Moreover, your compassion, understanding and support during difficult times, whether it was navigating recruitment challenges or personal life hurdles, have been invaluable. I am immensely grateful to Leila Allen for her invaluable expertise during the systematic review process. I was lacking in confidence and was in a bit of a freeze state to start with, but your guidance and patience gave me the push I needed. Thank you to my friend Eleftherios for being a calming and supportive presence during the daunting task of navigating statistics and systematic review results. I'm grateful that a last-minute placement switch led to long drives and a friendship.

I want to express my deepest gratitude to my cohort for the wealth of knowledge shared, support, and meaningful friendships forged throughout our journey. I have learned immensely from each of them and am confident that they'll all become exceptional psychologists. I'm sure I'm missing someone but a special thanks to Rebecca, Caitlin, Kelly, Deb, Zoe, and Claire for their invaluable support during the thesis and throughout the doctoral program. A special thank you to Andreas for leaving the funniest voice note during my lowest point (I really needed that), Vasso for being the best placement buddy and friend, Anja for being the most compassionate friend and best teaching block roommate, and Hannah for giving me motivation and support during times where I wanted to give up.

I am deeply grateful to my friends and family for their support, not just throughout the doctorate, but also during the journey from an honorary AP, to researcher, to trainee. Your encouragement and belief drove me to persist, and I wouldn't be where I am today without each and every one of you by my side.

I want to extend the biggest thank you to my wife, Carrie. You have been my foremost cheerleader and tolerator of my particular brand of calamity. Before the course, you endured multiple moves across the UK in pursuit of my dreams. Without you, I certainly wouldn't have reached this point. Throughout the doctorate, you've been my rock and source of strength, with understanding and support during times when that must've been difficult. I hope you're looking forward to a more balanced partnership as we move forward together, I love you.

Chapter 1. Introductory Chapter

This introductory chapter aims to offer background information on the fundamental concepts covered in the portfolio and delineate the reasoning behind the systematic review (Chapter 2) and empirical research project (Chapter 4).

Professionals within the English and Welsh Criminal Justice System (CJS) have regular contact and play a crucial role in supporting people who have mental health conditions, be it in the community as police staff, within the court system as judges or lawyers, or within the prison system and return to the community as prison or probation staff.

Within the police force, The Metropolitan Police Service in London reports a call related to mental health every 4-5 minutes (Metropolitan Police, 2018), with roughly 1 in 4 calls being attended by police officers (Metropolitan Police, 2022b). Their presence is vital in supporting or protecting those in the community with mental health conditions, especially considering people with mental health conditions are more likely to be victims of a crime (Pettitt et al., 2013). Yet the police tend to only receive basic mental health training (Metropolitan Police, 2022a), and the new Right Care, Right Person (Home Office, 2024a) approach taken by the police seeks to reduce their involvement further instead of increasing officer knowledge and understanding.

Police have been used to help detain people under the Mental Health Act (MHA, 1983), either via a section into a hospital setting or through the use of Section 136, where a police station is used as a place of safety for up to 24 hours. Although proportional figures of detention are comparatively low to those moving through the judicial process, with recent figures showing 51,312 new detentions under the MHA (NHS Digital, 2024) and a further 34,685 section 136 detentions in the same year (Home Office, 2024c), reports have

suggested that as many as 39% of those detained under police custody have some form of mental health condition (NICE, 2014). To put this in perspective, in 2022, 764,924 people were detained in police custody (Home Office, 2024b).

During the sentencing phase, the impact of a person's mental health condition may not be immediately obvious for the majority of people and significant delays in psychiatric reports, or the failure of a defence solicitor to instruct a psychiatric or psychological assessment, may affect the length of court proceedings and access to appropriate treatment (Criminal Justice Joint Inspection, 2021).

Contact with people with mental health needs extends to prison and probation staff, with a large number of the 43,005 sentenced and 19,080 held in a custodial environment awaiting sentencing suffering from mental health difficulties (Ministry of Justice, 2023). Whilst rates vary, studies have suggested that 75% of the prisoners sampled had "a clinical condition for which treatment should have been considered" (Jakobowitz et al., 2017), 25% of prisoners were using a mental health service in the year before imprisonment (Bebbington et al., 2016), and 49% were having some form of contact with mental health services in either prison or the community (Tyler et al., 2019). A recent annual report by the HM Chief Inspector of Prisons for England and Wales reported that 51% of male prisoners and 76% of female prisoners self-disclosed having a problem with their mental health, with only 31% reporting that it was easy to see mental health workers in prison (HM Inspectorate of Prisons, 2022).

With such a high proportion of those with mental health conditions being in contact with CJS professionals, be it as a victim of crime or perpetrator, this thesis portfolio seeks to explore the perceptions of CJS professionals towards people with mental health conditions and any potential effect having a mental health condition has on sentencing.

In Chapter 2, the systematic review aims to broadly explore the attitudes and beliefs of professionals within the English and Welsh Criminal Justice System towards people with mental health conditions through quantitative and mixed methods approaches. This review will also attempt to highlight potential beliefs towards any specific diagnoses or symptomology, aiming to establish any gaps that exist within the literature for England and Wales.

For the empirical project in Chapter 4, based on the recommendations of previous doctoral research (Baldwin, 2022; Young, 2022), the study aimed to use English and Welsh judges to explore the use of the Vowles criteria when sentencing offenders with mental health conditions. The Vowles criteria were formed from a piece of case law, *R v Vowles* (2015), and are used to assist a judge when considering if a person should be given a custodial sentence, whether they should be given a hospital order (known as a section 37), or if they should be given a hybrid order (or section 45A). For the latter, offenders are first treated in hospital but would serve any remainder of their sentence in a prison environment and be released on a probation license.

The overall aim of the empirical project was to specifically explore English and Welsh judge's beliefs about the Vowles criteria, the effect of diagnoses on decision-making in relation to the Vowles criteria, and whether the diagnosis of the offender or participants' belief about mental health would have an impact on sentencing. However, due to complications with recruitment via the Judicial Office, which is further explained in Chapter 3 (the Bridging Chapter) and later reflected upon in Chapter 5 (the Discussion and Critical Evaluation Chapter), the empirical project sought instead to recruit a wider sample of professionals within the English and Welsh CJS with the same goal of exploring their beliefs about the Vowles criteria and sentencing of offenders with mental health conditions.

Chapter 2. Systematic Review

Attitudes and beliefs towards mental health conditions by legal professionals within the English and Welsh Criminal Justice System (CJS): A systematic review.

Written for publication in *Psychology, Crime, and Law*

(Author guidelines for manuscript preparation – Appendix A)

Oliver Maltby*[1], Dr Leila Allen[1], Dr Eleftherios Kipoulas[1, 2], and Dr Peter Beazley[1]

[1]Department of Clinical Psychology and Psychological Therapies, Norwich Medical School, University of East Anglia

[2]Norfolk and Suffolk NHS Foundation Trust

Author Note

*Correspondence concerning this article should be addressed to Oliver Maltby, Department of Clinical Psychology, Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, Norfolk, NR4 7TJ, ENGLAND, UNITED KINGDOM.

Email: o.maltby@uea.ac.uk

Word Count: 5919 (excluding abstract, tables, figure legends, and references)

Introduction: Compared to the general population, a higher prevalence of people with mental health conditions are seen throughout the Criminal Justice System (CJS) process. This includes all areas, from initial arrest to court processing to final sentencing.

Method: This systematic review aims to explore the attitudes and beliefs of professionals within the English and Welsh CJS towards people with mental health conditions, exploring the beliefs towards specific diagnoses and symptomology, and overall establishing what gaps exist in the current literature.

Results: Solely searching quantitative and mixed methods research, the review highlighted 14 suitable papers based in England and Wales. These papers reported overall positive attitudes and beliefs, but these beliefs tended to be mixed with stigmatising beliefs and misinformation about diagnoses and related behaviours.

Conclusion: The review highlights that more research is required on different professional groups and diagnoses in general within England and Wales, but there are particular gaps among lawyers, judges, probation staff and youth justice workers, whereas, at a condition-specific level, there is limited evidence overall regarding CJS professionals' attitudes towards mood disorders and PTSD.

Keywords: Criminal Justice System, mental health, attitudes, stigma, prison, probation, police, lawyers, schizophrenia, personality disorder

Introduction & Background

Compared to the general population rates within England and Wales, where roughly 17% of the population reported having at least one common mental health disorder (the term 'disorder' relating to a formal diagnosis) (McManus et al., 2016), higher prevalence rates of mental health difficulties (the term 'difficulties' encompassing both formally diagnosed and non-diagnosed mental health) have been shown throughout the Criminal Justice System (CJS) (Rebbapragada et al., 2021; Brown et al., 2022; Samele et al., 2021; Brooker et al, 2020). Specifically, of those detained in police custody, a recent study found that 29% of their sample would classify as having current mental health difficulties, with 40% reporting a lifetime diagnosis (Samele et al., 2021). The highest prevalence rates compared to the general population were that of personality disorder (21%), psychotic disorder (19.4% lifetime, 6.7% current), and current suicidality (18%).

This translates to many people with mental health difficulties coming into contact with lawyers, judges and other professionals within the court proceedings and other legal processes. Through interviewing a large sample of defendants in South London, Brown and colleagues (2022) found not only high prevalence rates but also a disproportionate number of those with mental health difficulties would end up in custody. With their sample, they found current mental health prevalence rates of 47.5% of those in custody compared to 25.9% of those in the community. When combined, high prevalence rates were again seen for personality disorder (13.1%), psychotic symptoms (29.5% lifetime, 8.4% current), and current suicidality (71.2%).

Post sentencing, the prevalence rates amongst prisoners and those on probation are just as high. The most recent report from the HM Chief Inspector of Prisons for England and Wales found that self-reports of mental health difficulties were high for male (51%) prisoners and even higher for female (76%) prisoners (HM Inspectorate of Prisons, 2022). In

a review, Rebbapragada and colleagues (2021) found high prevalence rates for personality disorder (23.5%), but a lower prevalence of schizophrenia (2.4%). Within probation, the high prevalence of mental health diagnoses continued (38.7%), along with 11% meeting the criteria for a psychotic disorder and 47.4% showing a likelihood of having a personality disorder (Brooker et al., 2012).

Even though a large number of people with mental health difficulties move through the CJS, and perhaps even develop a mental health condition for the first time, a recent report from Criminal Justice Joint Inspections for England and Wales (2021) found failings in how the different systems assess, record, make decisions about, and ultimately treat those with mental health difficulties.

Despite the commonality of such experiences in society meaning that most people might be expected to have some personal experience of having, knowing, or interacting with someone with mental health difficulties, people with mental health conditions experience high amounts of stigmatising attitudes, limited knowledge, and misconceptions around their diagnosis (Thornicroft et al., 2007). Research has suggested that mental health stigma has reduced over the last decade, namely knowledge of mental health and attitudes and behaviour towards those with mental health difficulties (Henderson et al., 2020). However, different diagnoses can evoke different levels of mental health stigma, with conditions such as depression, anxiety, and obsessive-compulsive disorder leading to less stigmatising beliefs (Wood et al., 2014; Hazell et al., 2022) and conditions such as personality disorder and schizophrenia evoking higher amounts of stigmatisation (Wood et al., 2014; Hazell et al., 2022; Furnham et al., 2015). The extent to which a particular disorder is stigmatised may depend on the characteristics of the population being asked or surveyed.

The general population has been shown to have stigmatising attitudes towards people who have been through the CJS, with negative beliefs held particularly towards those whose

offences have been sexual (Rade et al., 2016) or violent (Hardcastle et al., 2011). A recent review from Tremlin and Beazley (2022) labelled offenders with mental health difficulties as having a 'dual stigma' attached to them, which equates to a high level of stigma being attached to those with both a psychiatric and offending history when compared to controls. This was particularly the case for the diagnoses of schizophrenia and psychopathy.

In more recent years, systematic reviews have been conducted to review the attitudes and beliefs of people within the CJS towards mental health difficulties or behaviours associated with mental health. A review by Oostermeijer and colleagues (2023) highlighted stigmatising attitudes of prison, probation and parole officers towards people with mental health difficulties. The review identified different patterns of stigmatic beliefs between diagnoses, with people who self-harm and/or with a diagnosis of personality disorder being seen as non-genuine or maladaptive, and people who have a diagnosis of schizophrenia/psychotic disorder being seen as harder to work with and dangerous to be around. However, this review only focused on those professionals who work with people during the post-sentencing process of the CJS, failing to include the attitudes and beliefs of those involved in the pre-court process (such as police officers arresting and holding people initially in custody), or CJS professionals involved in the court proceedings (such as lawyers and judges). This review also included studies from around the world, making it difficult to account for the differences in legislation between jurisdictions, as well as cultural attitudes, which can contribute to mental health stigma.

The findings around self-harm were echoed by a review from Hewson and colleagues (2022), who reported the attitudes of prison staff towards prisoners who self-harm. In this review, the authors found that people who regularly self-harm were seen as manipulative, attention-seeking, and draining to work with. Self-harm at times was distinguished between 'genuine' and 'non-genuine' based on the perceived seriousness and

function of the self-harming behaviour. However, this review only focused on the views of prison staff towards self-harm, and included research predominately from the United Kingdom, but also included studies from the United States, Portugal, and South Africa.

Where previous reviews have thus answered the question of offender mental health stigma and stigmatising attitudes of parole and probation officers internationally, there is less known about the attitudes and beliefs of professionals within the CJS specifically in England and Wales. Therefore, the present review aims to explore the attitudes and beliefs of professionals throughout the entire CJS in England and Wales towards those with mental health difficulties. The rationale behind this specific jurisdictional focus is that different countries have different laws, legal roles, wordings for legal roles, and potentially differing cultural perceptions of mental health, whereas England and Wales share the same criminal legal system.

The review will therefore specifically ask:

1. What are the different attitudes and beliefs towards mental health conditions/symptoms amongst the different types of legal professionals in the whole Criminal Justice System in England and Wales?
2. Do legal professionals in the whole Criminal Justice System in England and Wales hold different attitudes and beliefs about different mental health conditions/symptoms and what are they?
3. What gaps in the research are there concerning the attitudes and beliefs of English and Welsh legal professionals on the topic of mental health conditions?

Method

Protocol Registration

To summarise the current research on attitudes and beliefs of professionals within the CJS towards mental health conditions, a systematic review of the literature was undertaken. The study was registered on PROSPERO, an international database for health and social care-based systematic reviews (PROSPERO registration number: CRD42023469117). The review also followed the structure of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021).

Search strategy

One researcher (OM) initially developed the search strategy and refined it after further consultation with two other researchers. The full search strategy can be found in Appendix B, but the key search groupings were criminal justice professionals, attitudes/beliefs, mental health conditions/associated behaviours, and location. The criminal justice professional search group was combined with the attitudes and beliefs by a proximity operator of 5 (words within the two search groups had to fall within 5 words of each other) to decrease the number of unsuitable papers.

The academic databases MEDLINE, PsycINFO, EMBASE, PsycArticles, and SCOPUS were searched for eligible studies, with the limiters used for the initial searches being published in the English language; undertaken or making reference to CJS workers within England and Wales; published between January 1st 2000 and November 1st 2023. The year 2000 was used as a cut off in order to generate papers with relevant and up to date attitudes and beliefs, whilst also taking into account the impact of the Dangerous and Severe Personality Disorders (DSPD) programme on forensic research (Department of Health,

1999a), the National Service Framework (NSF) for adult mental health (Department of Health, 1999b), and the updates to the Mental Health Act (2007).

The PICO framework (Richardson et al., 1995) was used to display the eligibility criteria, as this was designed for and contains terms more related to quantitative or mixed methods searches.

Participants

The sample included any legal professionals whose primary job role (as a consequence of their professional training) brings them in contact with people subject to the CJS. Specifically, legal professionals are defined as those arresting (police officers), involved in sentencing (barristers and judges), overseeing the prison term (prison officers), and overseeing release from prison (probation officers/parole staff). We did not include non-legal professionals involved in the CJS, such as social workers, psychologists, psychiatrists, nurses, law students, or clerks/administrative staff. However, studies were included if these professionals were within the sample but not the primary focus (less than half the sample) or differences in the samples and corresponding results were clearly labelled. The review only included professionals who are currently or have previously worked in the English and Welsh CJS.

Intervention

The published articles had to comment on the types of attitudes and beliefs different legal professionals have towards different mental health conditions. This could be attitudes and beliefs about mental health issues in offenders, people who are subject to the CJS, or studies reporting information about members of the public who have mental health conditions. This could be about mental health in general, a specific diagnosis, or self-harm/suicidality (key indicators of a mental health problem).

Comparison

The study contained journals with designs that are both quantitative (such as cohort studies, RCTs, case-control studies and cross-sectional analytic studies) or mixed method designs for their quantitative elements. The journals could also include both adults and juveniles with mental health conditions. This study excluded studies which primarily concerned addiction, such as substance use disorder.

Attitudes and beliefs were observed by reporting overall findings or a summary of questionnaires for quantitative measures. This could be studies that measure the professional population against the general population or the impact of an intervention on a professional population. For the intervention-based studies, the measure of attitude and belief from the pre-intervention was taken.

Studies with comparison groups were included in the study, as were studies adopting a different methodology (cross-sectional, intervention, etc.)

Outcome

This systematic review aims to identify what beliefs and attitudes legal professionals have towards people with mental health difficulties, both in and outside the CJS. This was broken down into focusing on the different legal professionals, as well as the different types of mental health problems.

Study Selection and Data Extraction

Studies were searched by the lead researcher using the described search strategy (Appendix B), which were then uploaded onto a referencing management tool. Figure 1 shows the complete process involved in study selection, using the PRISMA flowchart tool. This shows a total of 5,768 papers were identified, which was reduced to 4,344 papers following the removal of duplicates (n = 1,422) and removal of papers due to retraction (n =

2). The titles were then screened against the inclusion and exclusion criteria to check for eligibility, excluding a further 4,001 papers. 344 paper abstracts were then screened, leaving 120 papers to be screened at the full-text stage. A further 5 papers were identified via citation searching (n = 4) and cross-referencing dissertations with future publications (n = 1), which left a further 4 papers for full-text review after one could not be retrieved. 124 papers therefore were assessed for eligibility against the inclusion/exclusion criteria, of which 16 met the inclusion criteria. Of the 124 papers, roughly 20% (n = 25) of the final papers at full-text review were checked by a collaborator to ensure they met the eligibility criteria. The collaborators had a 92% agreement rate, with consensus made by reviewing the inclusion/exclusion criteria together for the 2 papers where there was disagreement. The result of the review led to both papers being excluded from the final texts. Once selected as suitable (n =14), the data was extracted from the papers and aggregated in a tabular format: Author, date of publication, study design, legal professional sample, sample size, mental health condition/s, the measure used/approach used, and a summary of key findings. From the data, themes were identified, categorised and presented to answer each research question.

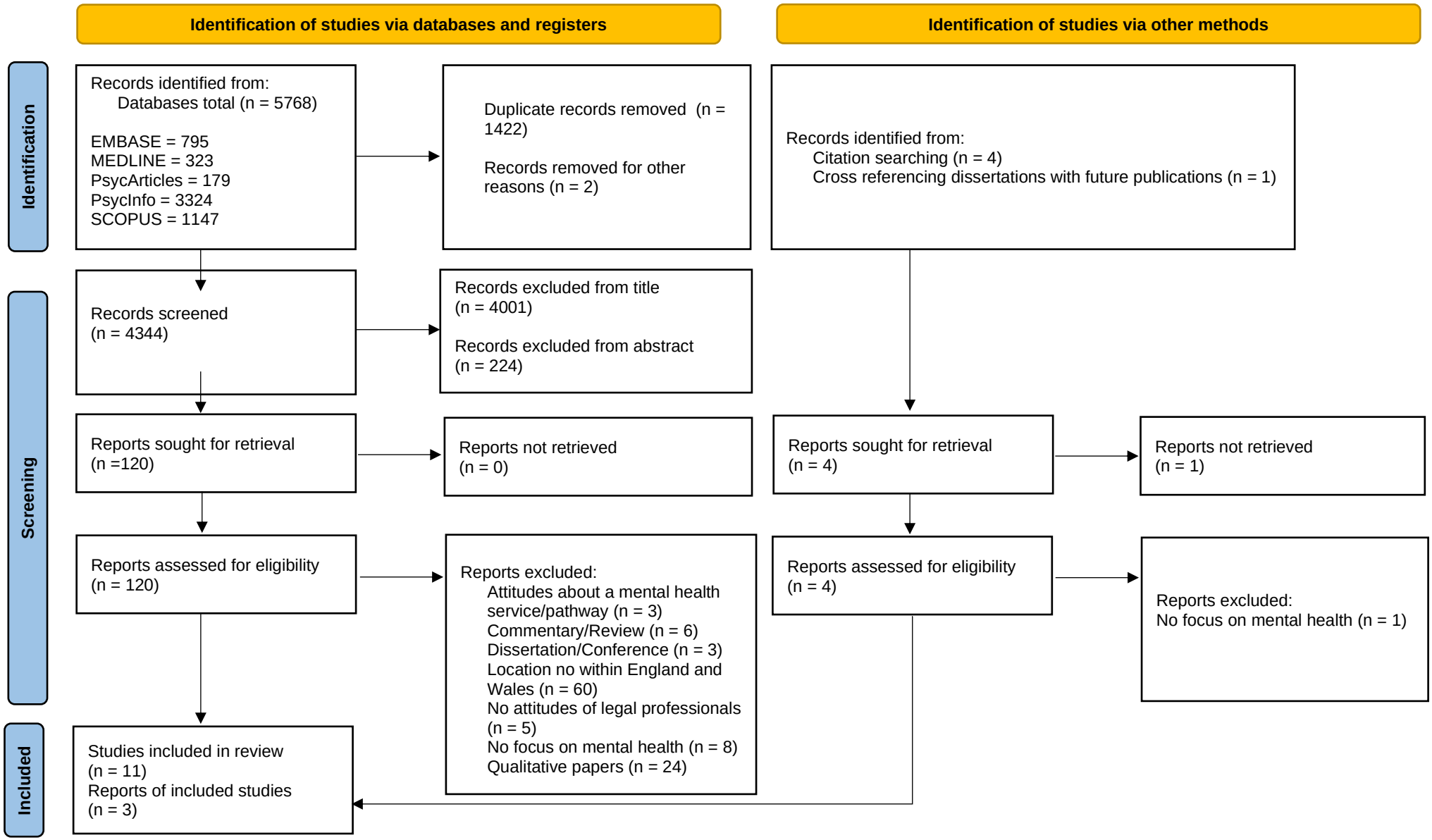
Assessment of Risk of Bias

The Mixed Method Appraisal Tool (MMAT; Bartlett et al., 2018) was used to assess published papers' trustworthiness, relevance and results. This version has been updated to improve its overall content validity on 3 of its 5 categories (Hong et al., 2019) after previous studies had suggested inter-rater reliability issues (Pace et al., 2012), and that the tool needed further reliability improvements (Souto et al., 2015). This tool can be used for both qualitative, quantitative, and mixed methods studies, with each item being assessed as 'yes', 'no', 'unclear' or 'not applicable', to give an overall quality score (out of 5) that it is either 'Low' (0-1), 'Medium' (2-3), or 'High' (4-5). This was carried out by the primary author,

with every assessment being checked by a collaborator to ensure there was agreeability on the use of the tool, with any differences between the lead researcher and collaborator discussed until a consensus was made.

Figure 1

Prisma Flowchart Including Review's Inclusion and Exclusion Criteria (n = 14)



Results

Study Characteristics

A total of 14 studies were eligible and therefore included within the final dataset (See Table 3). The types of study included 3 non-randomised studies, where the baseline data of an intervention was extracted, 6 descriptive studies that measured the target population cross-sectionally against the general population or another population type, and 5 mixed methods approach. 2,215 participants were included from across the eligible studies (ranging from 18 participants to 1,055 participants per study). Gender was reported in 10 out of the 14 studies (See Table 1). Among those studies reporting gender, 59.2% of the sample were male (n = 1077) and 40.8% were female (n = 741); all studies except one had a plurality of males (Brown et al., 2018). Mean age was only reported in 5 of the 14 total studies, with the mean age ranging from 32.39 years to 43 years (study age range from 19-66 years of age). Other notable characteristics were also reported in Table 1.

Table 1

Participant demographics (N=2,215)

Author, Year	Profession Sample	N	M	F	Age Mean (Range)	Notable Characteristics
Bell, 2018	Police Officers	764	473	279	-	18-34 = 22%, 35-54 = 76%, 55> = 2%, 72% constables, 10% not stated gender, >10 year experience (75%).
Bell, 2018	Police Staff	291	113	176	-	18-34 = 25%, 35-54 = 59%, 55> = 17%.
Bowers, 2006	Prison Officers	37	30	7	-	30's = 38%, 40's = 41%.
Brown, 2018	Probation Officers	20	6	14	40.6 (25-57)	Mean years of experience = 12.2 (range 4–36).
Carr-Walker, 2004	Prison Officers	55	44	11	-	Majority in their 30's and 40's, experience ranged 1-20 years.
Chaplin, 2016	Police Officers	44	22	20	32.39 (20-63)	Age standard deviation was 12.16.

Cresswell, 2018	Police Staff	68	-	-	-	No gender or age data is available.
Garbutt, 2018	Police Staff	97	65	32	43 (24-60)	86 White British, mean experience 13 years (range 1-31).
Gudjonsson, 2000	Lawyers	87	-	-	-	No gender or age data is available.
Gudjonsson, 2000	Police Officers	121	-	-	-	No gender or age data is available.
Ireland, 2007	Prison Officers	162	100	62	32.6 (19-50)	Mean age for males was 33.2 and 31.4 for females.
Pinfold, 2003	Police Officers	134	83	51	-	105 considered white, 43 aged between 25-34, 1 over 55, mean experience 9.75 (range 1-29).
Ramsden, 2014	Probation Staff	46	-	-	-	No gender or age data is available.
Shaw, 2012	Probation Staff	150	81	69	-	No age data is available.
Uddin, 2020	Police Officers	62	-	-	-	Total sample (n = 199) 56.8% male and 43.2% female, 91.5% white, 35-34 = 35.6%, 35-45 = 31.2%.
Wainwright, 2020	Police Staff	77	60	20	40.91 (26-66)	Age standard deviation was 8.58.

Quality and Risk of Bias Assessment

After the initial round of assessment, the two raters agreed upon 86.9% of the MMAT items. Following a discussion on the disagreed items, the raters successfully resolved all items on the MMAT. Among the non-randomised studies, one was rated as high overall quality, one was rated as medium overall quality, and one was rated as low overall quality. For the descriptive studies, five were rated as high overall quality, with one being rated as low overall quality. Concerning the five mixed methods design studies, the raters gave three studies a high overall quality and two studies a low overall quality rating (See Table 2).

Table 2

Quality and risk bias assessment table

Study Type/ Author	MMAT Item 1	MMAT Item 2	MMAT Item 3	MMAT Item 4	MMAT Item 5	Data Quality	Comments
Quantitative non randomised studies	Are the participants representative?	Are measurements appropriate?	Are there complete outcome data?	Are confounders accounted for?	Intervention/exposure administered as intended		
Bowers et al., 2006	Yes	Yes	No	No	Yes	Medium	Outcome data for only 37 of 73 of the sample, no confounders were considered.
Pinfold et al, 2003	Yes	Yes	Yes	No	Yes	High	Good sample size at baseline (n = 134), with paired data for 109 (81%), No confounders were considered.
Ramsden et al., 2014	Can't Tell	Yes	No	No	Can't Tell	Low	There was a high dropout rate between time points (baseline: n = 46, follow-up: n = 12), potential biased sampling, only pre and post-scores reported via independent t-tests.
Quantitative descriptive studies	Is the sample strategy relavent?	Is the sample representative?	Are measurements appropriate?	Is the risk of nonresponse bias low?	Is the statistical analysis appropriate?		
Carr-Walker et al., 2004	Yes	Yes	Yes	Yes	Yes	High	Appropriate sample and measurments.
Chaplin et al., 2016	Yes	Yes	No	Yes	Yes	High	Appropriate sample but used a non-validated measure.
Garbutt et al., 2015	Yes	Yes	Yes	No	Yes	High	Clearly reported sample and attempting to further validate an established measure.
Gudjonsson et al., 2000	No	Can't Tell	No	Yes	Can't Tell	Low	Biased sampling with insufficient information to see if it's representative, using non-validated measures, no clear justification for analysis.
Ireland et al., 2007	Yes	Yes	Yes	Yes	Yes	High	Near 100% response rate and good measure reliability.
Wainwright et al., 2020	Yes	Yes	Yes	Yes	Yes	High	Appropriate sample and measurments.
Mixed methods studies	Is there an adequate rationale for a mixed methods design?	Are components effectively integrated?	Are the outputs adequately interpreted?	Are inconsistencies in results addressed?	Does the study adhere to the quality criteria of the methods used?		
Bell et al., 2018	Yes	Yes	Yes	Yes	No	High	Appropriate samples and measures used, with large sample size, but not sure sure if quality of the date or interpretation of the data is sufficient.
Brown et al., 2018	Can't Tell	Yes	No	No	No	Low	Small sample size (n = 18), biased sampling, only statistical significance reported without further information on outcome measures.
Cresswell et al, 2018	Yes	No	No	No	No	Low	More focus on qualitative interviews, with the study not adhering to the quality criteria of a survey design methodology.
Shaw et al., 2012	Yes	Yes	Yes	Yes	Yes	High	Well intergrated mixed methods design.
Uddin et al., 2020	Yes	Yes	Yes	No	Yes	High	Well integrated mixed methods design, but only gives a brief description of inconsistencies

Attitudes and beliefs of different legal professionals towards mental health conditions/symptoms in general and specifically by diagnosis.

In order to draw tentative comparisons or establish broad differences between different legal professionals within the CJS and their potentially differing attitudes and beliefs towards mental health conditions, scores from measures of attitudes and beliefs were used from the professionals in the police service (police officers, police staff, and law enforcement officers), in the courts (lawyers), in the prison service (prison officers, prison staff), and in the probation service (probation officers and probation staff). In addition, where possible, scores from measures of attitudes and beliefs were separated by condition focused on. The groupings adopted were schizophrenia, personality disorder, general mental health, or a common symptom/behaviour associated with a range of health conditions, such as self-harm or suicidality.

Police Service

Almost half of the reviewed studies (6 out of 14 studies) focused on the views of members of staff within the police service. Of those studies, all 6 discussed non-specific mental health conditions, with half of these studies also having questions specifically about people with schizophrenia. One study (Gudjonsson et al., 2000), made comments on mood disorders, with a question about anxiety symptoms and a question about depressive symptoms.

Most of these studies either indicated overall positive attitudes towards those with mental health difficulties (Bell et al., 2018; Pinfold et al., 2003; Uddin et al., 2020) or subscribed to less negative beliefs towards mental health in comparison to the general population (Chaplin & Shaw, 2016; Wainwright & Mojtahedi, 2020). Specifically, police officers were shown to be less fearful of those with mental health difficulties and view them

as less dangerous when scores were compared to the general population (Bell et al., 2018; & Mojtahedi, 2020). Police officers scored higher on wanting those with mental health conditions to get adequate help and support compared to the general population (Bell et al., 2018; Wainwright & Mojtahedi, 2020) or other professionals (Gudjonsson et al., 2000).

However, negative beliefs or stereotypes around mental health were also seen in the majority of these studies (Bell et al., 2018; Chaplin & Shaw, 2016; Pinfold et al., 2003; Wainwright & Mojtahedi, 2020), with studies highlighting that officers were less supportive of integrating those with mental health difficulties into the community (Bell et al., 2018), being less protective of interviewing suspects with paranoid beliefs (Gudjonsson et al., 2000), and being more likely to have feelings of blame towards individuals with mental health conditions (Wainwright & Mojtahedi, 2020).

One of the drivers for a more positive attitude could be the increased knowledge of mental health conditions and general experience with working with mental health, with police officers rating themselves as having a higher awareness of mental health when compared to the general population (Wainwright & Mojtahedi, 2020). Additionally, in Bell and colleagues' study (2018), officers and staff not only scored higher compared to the general population on questions regarding the knowledge of the causes and needs of those with mental health conditions, but also had significantly higher scores on the Mental Health Knowledge Schedule.

On the other hand, although some studies showed higher knowledge among the police force, Pinfold and colleagues (2003) highlighted that a large proportion of those surveyed held inaccurate information about schizophrenia being akin to having a split personality (71%), underestimated the number of people experiencing some form of MH

condition (68%), and did not believe that those with mental health needs are far less dangerous than most people believe (51%).

Bell and colleagues (2018) highlighted an element of self-stigma regarding mental health, with officers less likely than the general population to share their own experiences, consult their GP, or disclose to family, friends, and employers about personal mental health. This felt driven by the feeling that mental health was not treated by leadership as seriously as a physical health concern, staff and management not being prepared enough to deal with stressful events, and managers not being equipped to deal with staff mental health difficulties. These findings are strengthened by Pinfold and colleagues' study (2003), where 79% of officers felt that they couldn't work with a colleague with schizophrenia. In addition, regarding police officers' personal lives, they were more likely to avoid those with mental health problems (Wainwright & Mojtahedi, 2020) or be friends with people with a schizophrenia diagnosis (22%; Pinfold et al., 2003).

Finally, although police officers subscribed to slightly less counter-empirical beliefs around mental health conditions (21%) compared to the general population (25%), they were significantly more confident in the counter-empirical beliefs they held (Chaplin & Shaw, 2016).

Table 3

Characteristics of studies measuring the attitudes and beliefs of professionals within the Criminal Justice System (CJS)

Author & Year	CJS Profession Sample	Sample Number	Diagnosis or Related Behaviour	Research Design	Measure of Attitudes & Beliefs	Key Findings
Bell et al. (2018)	Police Officers Police Staff	764 291	Non-specific mental health condition. Self-reported mental health condition.	Comparison between a public survey, police officers, and police staff. Aspects were cross-sectional, without group comparison.	Community Attitudes to Mental Health Index-20 (CAMI; Taylor & Dear, 1981)x` Mental Health Knowledge Schedule (MAKS; Evans-Lacko et al., 2010) Reported and Intended Behaviour Scale (RIBS; Evans-Lacko et al., 2011) Police Specific Questions (Bell et al., 2018).	Police officers (M = 109.51) hold similarly positive attitudes towards mental health as the public, with police staff holding more positive views (M = 113.83). However, police officers were shown to be less supportive of integrating those with mental health difficulties into the community. Police officers (M = 47.08) and staff (M = 48.04) were more knowledgeable about mental health. However, police officers and staff felt that they were unlikely to seek support for their own mental health or tell their employers.
Bowers et al. (2006)	Prison Officers	37	Personality Disorder.	Comparison of prison officer's scores for 18 months, with three time points (n = 73 at baseline).	Attitude to Personality Disorder Questionnaire (APDQ; Bowers et al., 2000)	Prison officers overall, held a positive attitude towards prisoners with personality disorder (M = 21.89). Officers scored lowest on the enjoyment scale (warmth and liking towards), with greater 'enjoyment' on the APDQ correlating with less interaction with prisoners. Additionally, a positive attitude towards prisoners with personality disorder was also related to lower staff burnout.
Brown et al. (2018)	Probation Officers	20	Personality Disorder.	Comparison of probation officer's scores pre and post-training.	The Personality Disorder – Knowledge, Attitudes and Skills Questionnaire (PDKASQ; East of England KUF Partnership, 2011)	Improvements were seen in attitudes towards personality disorder in 'understanding' and 'capability', and total scores. However, no improvement was seen in the 'emotion' subscale.

Carr-Walker et al. (2004)	Prison Officers	55	Personality Disorder.	Comparison of prison officer's scores against psychiatric nurses.	Attitude to Personality Disorder Questionnaire (APDQ; Bowers et al., 2000), Staff Attitude to Personality Disorder Interview (SAPDI; Carr-Walker et al., 2004).	Prison officers tended to have a more positive attitude (M = 133.73) towards prisoners with a personality disorder in comparison to psychiatric nurses, although the difference between the two groups was very small (effect size = .05). Officers scored lowest on the enjoyment scale (warmth and liking towards) and highly in both security (lack of fear) and acceptance (lack of anger) factors.
Chaplin & Shaw. (2016)	Law Enforcement Officers	44	Non-specific mental health condition.	Comparison against law enforcement officers and the general population.	Counter Empirical Beliefs about Mental Illness Subscale (Shaw and Woodworth, 2013)	Law enforcement officers subscribed to less counter-empirical beliefs than the general population (20.7% versus 24.7%) about mental health, although this was not statistically significant (p = .24). However, law enforcement officers were more confident in their responses (M = 3.55), which was statistically significant (p = .043) with a small-medium effect size(.42).
Cresswell et al. (2018)	Prison Staff	68	Suicide & Self-Harm.	Cross-sectional, without a comparison.	A quantitative survey created for this study.	The majority of staff felt that the functions of self-harm in prisons were to gain attention and to manipulate others. Both prisons and staff agreed that self-harm could become a struggle of control between staff and prisoners.
Garbutt & Casey. (2015)	Prison Staff	97	Suicide & Self-Harm.	Comparison against another measure of self-harm and a later re-test of the sample.	Attitudes towards Prisoners who Self-Harm (APSH; Ireland & Quinn, 2007). Self-Harm Antipathy Scale (SHAS; Patterson et al., 2007)	The APSH showed good overall internal consistency (α = .76) and showed similar positive attitudes (M = 94.54) to those found by Ireland and Quinn (2007). The SHAS scores (M = 83.15) were similar to the attitudes and beliefs of health professionals. Significant correlations were found between the APSH and SHAS (r= -.79, p = <.001) scores and the APSH original and re-test scores (r= .79, p = <.001).

Gudjonsson et al. (2000)	Lawyers Police Officers	87 121	Non-specific mental health condition. Schizophrenia.	Comparisons of beliefs between lawyers, police officers, psychiatrists, and forensic medical examiners.	Fitness to be interviewed questionnaire (Gudjonsson, 2000).	Criminal justice groups were significantly less likely to say that a person with a history of mental illness was fit to be interviewed without any protection $x^2 = 24.09$, $p <. 001$), compared to medical professionals. Police officers believe that an appropriate adult over a solicitor offers more protection to someone with mental health problems and were more likely to say that someone experiencing mental health difficulties was fit to be interviewed without protection.
Ireland & Quinn. (2007)	Prison Officers	162	Suicide & Self-Harm.	Cross-sectional, without a comparison.	Attitudes towards Prisoners who Self-Harm (APSH; Ireland & Quinn, 2007). Attitudes Towards Prisoner Scale (ATP; Melvin et al., 1985).	Officers held positive attitudes towards prisoners who self-harm on the APSH ($M = 90.5$), with women holding more positive attitudes towards prisoners ($F = 514.9$, $p = <.001$). The ATP showed more of an indifferent attitude towards prisoners ($M = 111.9$). Overall, attitudes towards "well-behaved" prisoners were more favourable than "disruptive" prisoners $t = 11.2$, $p = <.001$).
Pinfold et al. (2003)	Police Officers	134	Non-specific mental health condition. Schizophrenia.	Comparison of police officers scores pre and post educational training.	12 items from the Community Attitudes to Mental Health Index (CAMI; Taylor & Dear, 1981). A subjective rating scale of mental health and schizophrenia (Pinfold et al., 2003). 10 items from the WPA Alberta pilot site questionnaire tool kit (WPA, 2000).	Although holding "fairly positive" beliefs towards people with mental health problems at baseline (CAMI-20 $M = 2.4$), police officers at baseline held stigmatising beliefs towards people with schizophrenia and mental health problems in general. Specifically, many police officers held stigmatising beliefs regarding people with mental health problems being violent, the prevalence rates of mental health problems, and the misconception that schizophrenia is akin to a split personality.
Ramsden et al. (2014)	Probation Staff	46	Personality Disorder.	Comparison of probation staff scores pre and post-training.	The Personality Disorder – Knowledge, Attitudes and Skills Questionnaire (PDKASQ; East of England KUF Partnership, 2011).	At baseline, Probation staff scored positively on the PDKASQ ($M = 3.28$). However, the total score was skewed more positively due to a higher 'understanding' score ($M = 3.43$) than 'capability' ($M = 3.10$) and 'emotion' ($M = 3.19$) scores.

Shaw et al. (2012)	Probation Staff	150	Personality Disorder.	Comparison of probation staff scores pre and post a year of a pathway being developed.	The Personality Disorder – Knowledge, Attitudes and Skills Questionnaire (PDKASQ; East of England KUF Partnership, 2011)	At baseline, Probation staff scored negatively on the PDKASQ (M = 2.50). On the subscales, staff scored better on 'understanding' (M = 2.30) than 'capability' (M = 2.05) and 'emotion' (M = 2.19). Staff scored higher on forensic-specific understanding (M = 3.60) and support questioning (M = 2.94).
Uddin et al. (2020)	Police Officers	62	Non-specific mental health condition.	Comparison of police officer's scores pre and post-training.	Mental Illness: Clinician's Attitudes (MICA-4; Kassam et al., 2010).	Pre-training, police officers held positive attitudes towards people with mental health difficulties (M = 38.02), which increased significantly further post-training (t = 3.05, p = .003). However, the effect size seen for this was small (.132).
Wainwright & Mojtahedi. (2020)	Police Staff	77	Non-specific mental health condition. Schizophrenia.	Comparison against police staff and the general population.	Attribution Questionnaire (AQ-27; Corrigan, 2004).	Police staff were less likely to endorse feelings of anger (F = 13.47, P < .05, effect size = .88), danger (F = 39.15, P < .05, effect size = 1.10), and fear (F = 106.13, P < .05, effect size = 1.64), as well as being more likely to endorse help for individuals with mental health problems (F = 13.88, P < .05, effect size = .78). However, police staff were also more likely to have feelings of blame towards the individual with mental health problems (F = 36.81, P < .05, effect size = .96) and were more likely to avoid those with mental health problems (F = 7.84, P < .05, effect size = .45).

Courts

Only one of the reviewed studies focused on the views of criminal justice professionals within the court system (Gudjonsson et al., 2000), recruiting 87 lawyers in addition to Forensic Medical Examiners (FMEs), psychiatrists, and police officers. This study primarily focuses on schizophrenia and mental health in general but does have 2 questions regarding mood disorders, namely anxiety and depressive symptomology.

Within the study, lawyers were deemed to be more cautious and protective of those exhibiting symptoms of schizophrenia, as well as agreeing with the medical professionals in the vignette that the person showing signs of schizophrenia or has a history of schizophrenia should either not be interviewed or at least have the protection of an appropriate adult or solicitor.

Prison service

5 out of 14 studies focused on the views of criminal justice professionals with the prison service. Of those studies, two of the studies' focus discussed personality disorder, with the other three studies focusing on self-harm and suicidality.

In the majority of these studies, prison officers' overall scores showed positive beliefs to those who self-harm (Garbutt & Casey, 2015; Ireland & Quinn, 2008) or had a diagnosis or a personality disorder (Bowers et al., 2006; Carr-Walker et al., 2004). Specifically, Prison officers scored highest on security and acceptance subscales (Bowers et al., 2006; Carr-Walker et al., 2004), meaning that professionals within the prison service didn't hold fear of those with a diagnosis of personality disorder, as well as less anger towards them.

Holding a positive attitude toward a prisoner with a personality disorder, or who is exhibiting self-harm, was linked with lower stress, burnout, better general well-being, better

treatment towards prisoners in general, and more insight and appreciation of the prisoner's thoughts and feelings (Bowers et al., 2006; Ireland & Quinn, 2008).

But again, negative beliefs or stereotypes around personality disorder (Bowers et al., 2006; Carr-Walker et al., 2004) or those who self-harm (Cresswell et al., 2018; Ireland & Quinn, 2008) were also seen in the majority of these studies. Some studies highlighted that prison staff held less warmth and likability of prisoners with a personality disorder (Bowers et al., 2006; Carr-Walker et al., 2004), with Bowers and colleagues (2006) also finding that greater warmth and likability towards prisoners with a personality disorder correlated with less interaction with prisoners.

Studies focusing on prisoners who self-harm found that, despite positive scores, prison officers still held negative myths about self-harm (Ireland & Quinn, 2008; Cresswell et al., 2018), with Cresswell and colleagues (2018) finding that the majority of staff interviewed felt that people who self-harm in prisons did so "to gain attention" or "manipulate others". This also links to the finding that more favourable attitudes were seen toward prisoners who were considered to be "well-behaved," as opposed to those seen to be "disruptive".

Ireland and Quinn (2008) found gender differences in prison officers' attitudes and beliefs towards prisoners who self-harmed, finding that where female officers showed more understanding of the potential motivations of self-harm, male officers were more likely to endorse those negative misconceptions about self-harm. Conversely, no gender differences were found in attitudes towards prisoners with personality disorder in another study (Carr-Walker et al., 2004).

Probation service

Only 3 out of 14 studies focused on the views of criminal justice professionals within the probation service. Of those studies, all of them focused not only on personality disorder but used the PDKASQ to explore the attitudes and beliefs of criminal justice staff.

Ramsden and colleagues (2014) found that probation staff held positive attitudes towards personality disorders, but scores were higher for the understanding of a personality disorder and lower when it came to their emotions towards those with a personality disorder or their capability of working with prisoners who have a diagnosis of a personality disorder. Shaw and colleagues (2012) also found higher scores among probation staff when it came to understanding personality disorder compared to capability or emotions towards those prisoners with a diagnosis. However, overall and within each subscale, staff held negative attitudes towards prisoners with a personality disorder.

All three studies were intervention-based, finding that significant improvements were seen post-training for both understanding and capability (Brown et al., 2018; Ramsden et al., 2014; Shaw et al., 2012), but only one study showed improvements in the emotions towards prisoners with a personality disorder (Ramsden et al., 2014).

Gaps in the research concerning the attitudes and beliefs of English and Welsh legal professionals on the topic of mental health conditions

Within the reviewed studies, there seemed to be gaps depending on which criminal justice professional was being asked. Police officers, who are working at the pre-arrest and arresting phase, have been asked to comment on their attitudes and beliefs about people with mental health conditions in general or the diagnosis of schizophrenia. Prison and probation officers, working post-sentencing, were asked for their attitudes and beliefs about personality disorder and self-harm. Post-sentencing criminal justice professionals only worked with

adults, with a lack of studies exploring the attitudes and beliefs of youth justice workers. Moreover, within the three studies focusing on probation staff, two of the studies had low data quality and smaller sample sizes, meaning that only tentative conclusions can be drawn about attitudes in this group. Overall, only Bell and colleagues' (2018) study contained what would be considered as a fairly large population size, with all others containing less than 200 participants.

Concerning the criminal justice professionals within the sentencing period, namely lawyers and judges, only one study could be found within England and Wales (Gudjonsson et al., 2000), which was deemed as having low data quality. Gudjonsson and colleagues' (2000) study was also the only study to comment specifically on mood disorders, with limited questions on anxiety and depression-based symptomology. Within the 14 studies, no questions were asked about bipolar, PTSD or trauma-based symptomology.

Finally, although this wasn't a specific inclusion criterion, the majority of the studies adopted self-report methodologies. The use of self-report measures could lead to potential bias in responses (Rosenman et al., 2011; Althubaiti, 2016) and could have contributed to the overall positive responses seen in the current review.

Discussion

Where recent systematic reviews have either focused on certain professionals within the CJS (Oostermeijer et al., 2023), aspects of mental health (Hewson et al., 2022), or stigma specifically towards offenders with mental health conditions (Tremlin & Beazley, 2022), the current review aimed to explore the attitudes and beliefs of all professionals within the CJS towards a greater scope of mental health conditions. The review also differed from previous literature in that it focuses solely on professionals working in England and Wales.

Similar to Oostermeijer and colleagues' (2023) review, the current review found a mix of positive, neutral, and stigmatising attitudes and beliefs towards people with mental health conditions. However, where their review highlighted more negative attitudes and beliefs, the current review found that quantitative self-report measures tended to show overall positive beliefs towards people with mental health conditions (Bowers et al., 2006; Garbutt & Casey, 2015; Ireland & Quinn, 2007; Pinfold et al., 2003; Ramsden et al., 2014; Uddin et al., 2020), with others additionally showing more positive attitude scores in comparison to the general population (Bell et al., 2018; Chaplin & Shaw, 2016) or other professionals (Carr-Walker et al., 2004). The reason for this difference could be due to the majority of the studies looking at self-reported attitudes by professionals, which can shape responses and potentially lead to bias in reporting (Rosenman et al., 2011; Althubaiti, 2016). This could be the case even more so within a professional population, as they would be aware that their views are representing their profession.

Even though only one measure gave a negative overall attitude score towards people with mental health conditions (Shaw et al., 2012), and despite social desirability characteristics expected when using self-reported measures (Althubaiti, 2016), the majority of the studies showed that professionals within the CJS also held either stigmatising beliefs (Cresswell et al., 2018) or a mixture of positive and negative beliefs (Bell et al., 2018; Bowers et al., 2006; Carr-Walker et al., 2004; Chaplin & Shaw, 2016; Ireland & Quinn, 2007; Pinfold et al., 2003; Wainwright & Mojtahedi, 2020).

When specifically exploring the attitudes and beliefs of police officers and staff, one could infer that the reduction in fear, feeling less danger in interactions, wanting to give help and support, and overall positive attitudes and beliefs could be a consequence of the increased scores for knowledge of and experience with people with mental health conditions, which was found in some of the studies (Bell et al., 2018; Wainwright & Mojtahedi, 2020).

However, despite better knowledge, experiences, and attitudes towards people with mental health conditions, the recent 'Right Care, Right Person' agenda (Home Office, 2024) is trying to move policing activity away from dealing with mental health problems, with one of the reasons/justifications given being the police's lack of expertise and knowledge.

This change in policing policy could be seen as problematic, as mental health incidents took up only 3.9% of emergency calls and 3.2% of all calls over a 5-year period (Metropolitan Police, 2022), with a recent study also finding that mental health incidents didn't take up a large amount of time spent. Instead mental health incidents were commonly over-represented, being marked as mental health incidences instead of other vulnerabilities such as homelessness and substance misuse (Kane et al., 2021). A reduction in police presence could impact police staff's knowledge and confidence in working with people who have mental health conditions and increase some of the myths and stigmatising beliefs seen in the review (Chaplin & Shaw, 2016; Pinfold et al., 2003). What instead would be recommended is the use of training, which has been used to inform police officers and increase confidence and attitudes towards people with mental health conditions (Pinfold et al., 2003; Uddin et al., 2020), as well as with other criminal justice professionals (Brown et al., 2018; Ramsden et al., 2014). More mental health training could also have a positive impact on police officers' beliefs about their own mental health difficulties, as there have been issues of burnout (Lennie et al., 2020) and not wanting to discuss their mental health with superiors (Bell et al., 2018).

When looking at professionals' views within the court proceedings, namely judges and lawyers, their attitudes and beliefs were poorly represented within the literature. No studies were found discussing the attitudes and beliefs of judges towards those with mental health conditions, and only one study included the views of lawyers (Gudjonsson et al., 2000). However, even this was of poor quality, included no validated quantitative measure,

and was conducted over 20 years ago. This could possibly be related to potential difficulties in recruiting judges, and there clearly is a need for further research and investigation into the feasibility of recruiting judges and lawyers.

For attitudes and beliefs of professionals involved post-sentencing, studies involving prison officers or staff had a focus on personality disorder and self-harm (a common behaviour associated with personality disorder), and studies involving probation officers or staff focused on personality disorders. Overall, the majority of these studies showed positive attitudes towards personality disorder and self-harm, although again this could be as a result of the majority of these studies using self-report methodology and mostly without comparison to either other professions or the general population. However, the current review showed similar stigmatising beliefs to previous reviews, with the idea of attention seeking, maladaptive behaviour, and the belief around genuine and non-genuine self-harm amongst professionals (Hewson et al., 2022; Oostermeijer et al., (2023). The review also highlighted that despite positive overall beliefs, professionals tended to show less liking, warmth, and empathy towards those with personality disorders. Again, there is a huge gap in research to consider the attitudes of prison officers to other conditions including psychosis and other mental health conditions other than personality disorder.

Regarding the research question 'Do legal professionals in the whole Criminal Justice System in England and Wales hold different attitudes and beliefs about different mental health conditions/symptoms and what are they?', the current study found this difficult to distinguish from the question 'What are the different attitudes and beliefs towards mental health conditions/symptoms amongst the different types of legal professionals in the whole Criminal Justice System in England and Wales?' This is because there was little to no variety in what mental health condition was explored with professional groups. For example, studies involving the police focused on beliefs involving mental health in general or schizophrenia,

whereas studies involving prison and probation staff solely focused on personality disorders and self-harm. This is a curious and unexpected finding, but perhaps emphasises the importance of future research exploring attitudes between different conditions in service users as rated by different populations of professionals.

The focus on personality disorders and associated behaviours over other conditions, such as schizophrenia or anxiety, could be due to the higher rates of personality disorder diagnoses seen in prisons compared to the general population (Rebbapragada et al., 2021), but also could be due to recent changes in policy and focus within the forensic setting over the past 25 years. In 1999, the UK government proposed the Dangerous and Severe Personality Disorders (DSPD) programme (Department of Health, 1999a), which proposed a "framework for the future" and a focus on developing research and evidence-based practice to inform policy (Mullin, 1999). This, in turn, led to the development of the Offender Personality Disorder (OPD) pathway within the prison and probation system in 2011 (HM Prison and Probation Service, 2023), further creating the need to find efficacy for policy implementation. However, with a recent annual report by the HM Chief Inspector of Prisons for England and Wales reporting that 51% of male prisoners and 76% of female prisoners self-disclosed having a problem with their mental health (HM Inspectorate of Prisons, 2022), the lack of research into other diagnoses or non-specific mental health conditions is a significant gap within the English and Welsh literature. Additionally, this could also possibly be due to the extant literature around known stigma to do with personality disorder more generally.

Similar to Tremlin and Beazley's review (2022), there was a lack of an agreed measure of attitudes and beliefs for professionals. Of the 11 studies using at least one validated measure, 13 different measures of attitudes and beliefs were used, with only 3 measures, the CAMI, the PDKASQ, and the APSH, repeated by another study. Future studies

could benefit from an agreed general measure of attitude towards mental health alongside an agreed diagnosis-specific measure if required.

Limitations and Future Research

This review focused on the attitudes and beliefs of criminal justice professionals solely within England and Wales, which although allows for specificity in the findings and can highlight gaps in the research for those countries, it means that the findings are not generalisable to other countries, cultures, or legal landscapes. Future research could look at the attitudes and beliefs of criminal justice professionals in other countries to see how the research compares to England and Wales. The present review also only looked at quantitative research, due to the scope of criminal justice professionals involved. However, future research could look to synthesise quantitative research and qualitative research for specific areas of the CJS, such as the police, in a way similar to Oostermeijer and colleagues (2023). Bell and colleagues highlighted differences between police officers and police staff in their attitudes and beliefs towards people with mental health conditions, but most other studies did not distinguish between officers and general staff within the police, prison or probation system. Future studies could look to establish if any differences are seen between professionals in the CJS before grouping them.

The present review highlights many gaps within the research, namely the lack of research on the attitudes of police officers on diagnoses other than general mental health and schizophrenia, and mental health conditions and related behaviours other than personality disorder and self-harm for probation and prison staff. Future research could also direct itself towards the attitudes and beliefs of youth justice workers, probation staff, lawyers, and judges, as the review found no studies involving judges or youth justice workers, one low-quality study involving lawyers, and 2 of the 3 studies involving probation staff were deemed

to be low quality with small sample sizes. Future research could also focus on mood disorders, such as anxiety and depression, bipolar, PTSD, or trauma-based symptomology.

Although specific methodologies were not the inclusion criteria for this review, the majority of the studies used self-reported measures to measure professionals' attitudes and beliefs towards people with mental health conditions, which could lead potentially to self-report bias. Some studies included other professionals or the general population to make a comparison and reduce the impact of self-reporting bias, but potentially the knowledge of representing your profession could have more of an impact on bias. Future research could look to other methodologies for reporting attitudes and beliefs or use more comparison groups to reduce the power of any potential self-reporting bias. Studies could also implement an impression management scale to reduce the effect of any potential self-report bias from representing your profession.

Conclusion

In conclusion, the review provides an overview of the attitudes and beliefs of professionals within the English and Welsh CJS towards people with specific and non-specific mental health conditions. The findings from a review of the quantitative literature indicate a generally positive attitude towards those with mental health conditions, with more knowledge, experience, and less fear of working with people with mental health conditions. However, the majority of studies using self-report methodology could lead to bias in how attitudes are reported and could explain the difference in this review in comparison to other recent reviews (Oostermeijer et al., 2023; Hewson et al., 2022). This difference could be due to both these reviews accepting both qualitative and quantitative studies. Additionally, these studies are still mixed with stigmatising beliefs that include misinformation about certain diagnoses, beliefs that self-harm can be non-genuine, maladaptive and for attention-seeking

purposes, less warmth and empathy towards people with mental health conditions, the belief that people with mental health conditions are more dangerous, and difficulty talking to colleagues and superiors about their own personal mental health. However, more research is required on different professional groups and diagnoses in general within England and Wales, but specifically with lawyers, judges, probation staff, youth justice workers, mood disorders, and PTSD, as well as different professional groups needing to look at a wider range of mental health conditions and symptoms.

Declaration of Conflicts of Interest

OM and PB declare no conflicts of interest. The Doctorate in Clinical Psychology at the University of East Anglia supported this study.

Data Availability Statement

The data of this study can be available from the authors upon request.

References

Althubaiti A. (2016). Information bias in health research: definition, pitfalls, and adjustment methods. *Journal of multidisciplinary healthcare*, *9*, 211–217. https://doi.org/10.2147/JMDH.S104807

Bartlett, G., Vedel, I., Hong, Q. N., Pluye, P., Rousseau, M. C., Fàbregues, S., Boardman, F., Griffiths, F., Cargo, M., Dagenais, P., Gagnon, M. P., Nicolau, B., & O'Cathain, A. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for Information, 34*(4), 285–291. https://doi-org.uea.idm.oclc.org/10.3233/EFI-180221

Bell, S., & Palmer-Conn, S. (2018). Suspicious minds: Police Attitudes to Mental Health. *International Journal of Law and Public Administration, 1* (2). pp. 25-40. https://dx.doi.org/10.11114/ijlpa.v1i2.3878

Bowers, L., Carr-Walker, P., Allan, T., Callaghan, P., Nijman, H., & Paton, J. (2006). Attitude to personality disorder among prison officers working in a dangerous and severe personality disorder unit. *International journal of law and psychiatry*, *29*(5), 333–342. https://doi.org/10.1016/j.ijlp.2005.10.005

Brooker, C., Sirdfield, C., Blizard, R., Denney, D., & Pluck, G. (2012). Probation and Mental Illness. *The Journal of Forensic Psychiatry and Psychology*, *23*(4). https://doi-org.uea.idm.oclc.org/10.1080/14789949.2012.704640

Brooker, C., Sirdifield, C., & Marples, R. (2020). Mental health and probation: A systematic review of the literature. *Forensic science international. Mind and law*, *1*, 100003. https://doi.org/10.1016/j.fsiml.2019.100003

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.

Brown, S., Beeley, C., Patel, G., & Völlm, B. (2018). Training probation officers in case formulation for personality disordered offenders. *Criminal behaviour and mental health : CBMH*, *28*(1), 50–60. https://doi.org/10.1002/cbm.200

Carr-Walker, P., Bowers, L., Callaghan, P., Nijman, H., & Paton, J. (2004). Attitudes towards personality disorders: Comparison between prison officers and psychiatric nurses. *Legal and Criminological Psychology*, *9*(2), 265–277. https://doi-org.uea.idm.oclc.org/10.1348/1355325041719347

Chaplin, C., & Shaw, J. (2016). Confidently wrong: Police endorsement of psycho-legal misconceptions. *Journal of Police and Criminal Psychology*, *31*(3), 208–216. https://doi-org.uea.idm.oclc.org/10.1007/s11896-015-9182-5

Cresswell, M, Karimova, Z and Ward, J (2018) 'Women, self-harm, and the moral code of the prison.' *Ethical Human Psychology & Psychiatry*, 20 (1). pp. 27-42. http://dx.doi.org/10.1891/1559-4343.20.1.27

Criminal Justice Joint Inspection. (2021). *A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders*. Retrieved from: https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2021/11/Mental-health-joint-thematic-report.pdf

Department of Health (1999a). *Managing dangerous people with severe personality disorder*. London: Home Office. Retrieved from: http://www.homeoffice.gov.uk/cpd/persdis.htm http://www.homeoffice.gov.uk/cpd/persdis.htm.

Department of Health (1999b). *National service framework for mental health*. London: Home Office. Retrieved from: https://assets.publishing.service.gov.uk/media/5a7a050040f0b66eab99926f/National_Service_Framework_for_Mental_Health.pdf

Furnham, A., Lee, V., & Kolzeev, V. (2015). Mental health literacy and borderline personality disorder (BPD): what do the public "make" of those with BPD? *Social Psychiatry & Psychiatric Epidemiology. 50,* 317–324. https://doi.org/10.1007/s00127-014-0936-7

Garbutt, K., & Casey, H. (2015). Attitudes towards prisoners who self harm scale: A psychometric evaluation. *Journal of Aggression, Conflict and Peace Research, 7*(3), 158–166. https://doi-org.uea.idm.oclc.org/10.1108/JACPR-08-2014-0133

Gudjonsson, G. H., Hayes, G. D., & Rowlands, P. (2000). Fitness to be interviewed and psychological vulnerability: the views of doctors, lawyers and police officers. *Journal of Forensic Psychiatry, 11*(1), 74 - 92. https://doi-org.uea.idm.oclc.org/10.1080/095851800362373

Hardcastle, L., Bartholomew, T., & Graffam, J. (2011). Legislative and community support for offender reintegration in Victoria. *Deakin Law Review, 16*(1), 111–132. https://doi.org/10.21153/ dlr2011vol16no1art96

Hazell, C. M., Berry, C., Bogen-Johnston, L., & Banerjee, M. (2022). Creating a hierarchy of mental health stigma: testing the effect of psychiatric diagnosis on stigma. BJPsych Open, 8(5), e174. https://doi.org/10.1192/bjo.2022.578

Henderson, C., Potts, L., & Robinson, E. J. (2020). Mental illness stigma after a decade of Time to Change England: inequalities as targets for further improvement. *European journal of public health, 30*(3), 526–532. https://doi.org/10.1093/eurpub/ckaa013

Hewson, T., Gutridge, K., Bernard, Z., Kay, K., & Robinson, L. (2022). A systematic review and mixed-methods synthesis of the experiences, perceptions and attitudes of prison staff regarding adult prisoners who self-harm. *BJPsych open*, *8*(4), e102. https://doi.org/10.1192/bjo.2022.70

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

HM Prison & Probation Service. (2023). *The Offender Personality Disorder Pathway: A joint strategy for 2023-2028.* Retrieved from: https://www.england.nhs.uk/wp-content/uploads/2023/12/PRN00321-The-offender-personality-disorder-pathway-a-joint-strategy-for-2023-to-2028.pdf

Home Office. (2024). *National Partnership Agreement: Right Care, Right Person (RCRP).* Retrieved from: https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp

Hong, Q. N., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M. P., Griffiths, F., Nicolau, B., O'Cathain, A., Rousseau, M. C., & Vedel, I. (2019). Improving the content validity of the mixed methods appraisal tool: a modified e-Delphi study. *Journal of clinical epidemiology*, *111*, 49–59.e1. https://doi.org/10.1016/j.jclinepi.2019.03.008

Ireland, J. L., & Quinn, K. (2007). Officer attitudes towards adult male prisoners who self-harm: development of an attitudinal measure and investigation of sex differences. *Aggressive behavior*, *33*(1), 63–72. https://doi.org/10.1002/ab.20168

Kane, E., Cattell, J., & Wire, J. (2021). Mental health-related police incidents: Results of a national census exercise in England and Wales. *Criminal and Behaviour and Mental Health*, 31(4), 262–274. https://doi-org.uea.idm.oclc.org/10.1002/cbm.2206

Lennie, S. J., Crozier, S. E., & Sutton, A. (2020). Robocop – the depersonalisation of police officers and their emotions: A diary study of emotional labor and burnout in front line British police officers. *International Journal of Law, Crime and Justice, 61*, 100365. https://doi.org/10.1016/j.ijlcj.2019.100365.

Metropolitan Police. (2022). *101 and 999 calls received related to Mental Health from January 2017 to September 2022.* no: 01.FOI.22.026746. Retrieved from: https://www.met.police.uk/foi-ai/metropolitan-police/d/november-2022/101-999-calls-received-related-mental-health-january2017-september2022/

McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. *Leeds: NHS Digital.*

Mullen P. E. (1999). Dangerous people with severe personality disorder. British proposals for managing them are glaringly wrong-and unethical. *BMJ (Clinical research ed.)*, *319*(7218), 1146–1147. https://doi.org/10.1136/bmj.319.7218.1146

Oostermeijer, S., Morgan, A. J., Ross, A. M., Grimmond, T. & Reavley, N. J. (2023). Stigmatising attitudes of probation, parole and custodial officers towards people with mental health issues: A systematic literature review and meta-analysis. *Legal and Criminological Psychology*, 28, 165–199. https://doi-org.uea.idm.oclc.org/10.1111/lcrp.12227

Pace, R., Pluye, P., Bartlett, G., Macaulay, A. C., Salsberg, J., Jagosh, J., & Seller, R. (2012). Testing the reliability and efficiency of the pilot Mixed Methods Appraisal Tool

(MMAT) for systematic mixed studies review. *International journal of nursing studies*, *49*(1), 47–53. https://doi.org/10.1016/j.ijnurstu.2011.07.002

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., MayoWilson, E., McDonald, S., McGuiness, L. A., Stewart, L. A., Thomas, J., Tricco, A. C., Welch, V. A., Whiting, P., & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *The British Medical Journal*, 372:n71. https://doi-org.uea.idm.oclc.org/10.1136/bmj.n71

Pinfold, V., Huxley, P., Thornicroft, G., Farmer, P., Toulmin, H., & Graham, T. (2003). Reducing psychiatric stigma and discrimination--evaluating an educational intervention with the police force in England. *Social psychiatry and psychiatric epidemiology*, *38*(6), 337–344. https://doi.org/10.1007/s00127-003-0641-4

Rade, C. B.,Desmarais, S. L., &Mitchell, R. E.(2016). Ameta-analysis of public attitudes toward ex-offenders. *Criminal Justice and Behavior*, *43*(9), 1260–1280. https://doi.org/10.1177/0093854816655837

Ramsden, J., Lowton, M., & Joyes, E. (2014). The impact of case formulation focussed consultation on criminal justice staff and their attitudes to work with personality disorder. *Mental Health Review Journal*, *19*(2), 124–130. https://doi-org.uea.idm.oclc.org/10.1108/MHRJ-12-2013-0039

Rebbapragada, N., Furtado, V., & Hawker-Bond, G. W. (2021). Prevalence of mental disorders in prisons in the UK: a systematic review and meta-analysis. *BJPsych Open*, *7*(Suppl 1), S283–S284. https://doi.org/10.1192/bjo.2021.755

Richardson, W., Wilson, M., Nishikawa, J., & Hayward, R. (1995). The well-built clinical question: a key to evidence-based decisions. ACP Journal Club, 123(3), A12–A13.

Rosenman, R., Tennekoon, V., & Hill, L. G. (2011). Measuring bias in self-reported data. *International journal of behavioural & healthcare research*, *2*(4), 320–332. https://doi.org/10.1504/IJBHR.2011.043414

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.uea.idm.oclc.org/10.1002/cbm.2193

Shaw, J., Minoudis, P., Craissati, J. and Bannerman, A. (2012), Developing probation staff competency for working with high risk of harm offenders with personality disorder: An evaluation of the Pathways Project. *Personality and Mental Health, 6*, 87-96. https://doi-org.uea.idm.oclc.org/10.1002/pmh.192

Souto, R. Q., Khanassov, V., Hong, Q. N., Bush, P. L., Vedel, I., & Pluye, P. (2015). Systematic mixed studies reviews: updating results on the reliability and efficiency of the Mixed Methods Appraisal Tool. *International journal of nursing studies*, *52*(1), 500–501. https://doi.org/10.1016/j.ijnurstu.2014.08.010

Thornicroft, G., Rose, D., Aliya, K., & Sartorius, N. (2007). Stigma: ignorance, prejudice or discrimination? *The British Journal of Psychiatry, 190*(3), 192-193. https://doi.org/10.1192/bjp.bp.106.025791

Tremlin, R. C., & Beazley, P. (2022). A systematic review of offender mental health stigma: Commonality, psychometric measures and differential diagnosis. *Psychology, Crime and Law*. https://doi.org/10.1080/1068316X.2022.2072842

Uddin, T., Saadi, A., Fisher, M., Cross, S., & Attoe, C. (2020). Simulation training for police and ambulance services to improve mental health practice. *Journal of Mental Health Training, Education and Practice, 15*(5), 303-314. https://doi.org/10.1108/JMHTEP-04-2020-0020

Wainwright, A., & Mojtahedi, D. (2020). An examination of stigmatising attributions about mental illness amongst police custody staff. *International journal of law and psychiatry, 68*, 101522. https://doi.org/10.1016/j.ijlp.2019.101522

Wood, L., Birtel, M., Alsawy, S., Pyle, M., & Morrison, A. (2014). Public perceptions of stigma towards people with schizophrenia, depression, and anxiety. *Psychiatry Research, 220*(1–2), 604–608. https://doi.org/10.1016/j.psychres.2014.07.012

Chapter 3. Bridging Chapter

The purpose of this chapter is to provide a brief overview of how the systematic review (Chapter 2) and the empirical research project (Chapter 4) are connected.

The systemic review sought to explore the attitudes and beliefs of professionals within the Criminal Justice System (CJS) of England and Wales regarding individuals with mental health conditions, focusing on specific diagnoses and professions, as well as highlighting any existing gaps in the literature that would benefit from further research. Overall, the review emphasised a need for further quantitative research involving all professionals working within the CJS, particularly those within the sentencing period (namely lawyers and judges). Here, only one quantitative study (Gudjonsson et al., 2000) had any insight into the attitudes and beliefs of lawyers or judges towards those with mental health conditions. Overall, the review emphasises the potential importance of understanding the attitudes and beliefs of professionals working with people who have mental health needs in the CJS but also highlights the relative dearth of research in this area.

Although yet to be published, studies by Baldwin (2022) and Young (2022) sought to make a contribution towards this gap in the literature, by attempting to recruit a sample of lawyers and judges to explore their attitudes and beliefs concerning sentencing offenders with mental health conditions. Their sample included lawyers, law students, legal professionals, and non-legal professionals who worked in a legal setting (such as clerks and administrators). However, after reaching out to the judicial office for required approval, the process reportedly took too long for judges to be successfully recruited for their studies.

Therefore, expanding upon the aforementioned experience with the judicial office, the original plan for the empirical project was to explore the attitudes and beliefs of English and Welsh working judges towards sentencing offenders with mental health conditions using the

Vowles criteria. However, after gaining approval for the use of judges from the Judicial Office, and support from the Judicial Office to recruit to the study, we were unable to secure further contact from the Judicial Office once the project started to move towards discussions around recruitment.

This unfortunately meant that it was not possible to recruit a sample of judges, and thus necessitated the empirical project to change its recruitment focus. Baldwin (2022) and Young (2023) struggled to also recruit qualified lawyers and were forced to use non-legal professionals within the court setting, such as admin and clerks. Due to the combination of prior recruitment struggles with lawyers and the lack of research on the attitudes and beliefs of professionals throughout the CJS, as highlighted in the systematic review, the present empirical project decided to open recruitment to all professionals within the CJS using an online recruitment tool (Prolific) which allows targeted sampling approaches (further described in Chapter 4). The overall project is thus a replication, with minor adjustments, of the aforementioned projects, and therefore additionally contributes in the context of the wider 'replication crisis' in psychology research (Diener & Biswas-Diener, 2024).

Chapter 4. Empirical Paper

Do people make sentencing decisions under the Vowles Criteria reliably in relation to people with serious mental health problems charged with criminal acts?

Written for publication in *Psychology, Crime, and Law*

(Author guidelines for manuscript preparation – Appendix A)

Oliver Maltby*[1], Dr Ian Edwards[2], and Dr Peter Beazley[1]

[1]Department of Clinical Psychology and Psychological Therapies, Norwich Medical School, University of East Anglia

[2]School of Law, University of East Anglia

Author Note

*Correspondence concerning this article should be addressed to Oliver Maltby, Department of Clinical Psychology, Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, Norfolk, NR4 7TJ, ENGLAND, UNITED KINGDOM.

Email: o.maltby@uea.ac.uk

Word Count: 8844 (excluding abstract, titles, tables, figure legends, and references)

Introduction: In England and Wales, a person with a mental health condition convicted of a serious crime tends to be given either a custodial sentence or a hospital order (s.37). However, a scarcely used sentencing option called the hybrid order (s.45a) can be used, where the offender is first treated in hospital and then serves the rest of their sentence and is released through the prison system. Along with psychological pre-sentencing reports, the Vowles criteria, from the case law R v Vowles, is used to aid judges in their decisions.

Method: Using professionals within the Criminal Justice System, randomised in two different groups in an online survey format, the study aimed to explore the use of the Vowles criteria, the effect of diagnosis on decision-making in relation to the Vowles criteria, and whether the diagnosis of the offender or participants' belief about mental health would have an impact on sentencing.

Results: Agreeability was high across all four Vowles criteria questions, with no difference in agreeability between the diagnosis groups. Contrary to the pattern of decisions in the real courtroom, participants were most likely to give a hybrid order and least likely to give a custodial order. However, neither the diagnosis in the vignette nor the participant's beliefs about the origin of mental health (environmental versus biological) affected the final sentencing decision.

Conclusion: The overall findings that the majority of participants chose s.45A sentencing is contrary to what is seen in real sentencing scenarios, as only a fraction of those sentenced under the Mental Health Act receive a hybrid order. Research with a sample of English and Welsh judges, especially those who make sentencing decisions on s.37/45A, could give more insight into this discrepancy between experimental and real-life settings.

Keywords: Criminal Justice System, Mental Health, Offenders, Vowles Criteria, Schizophrenia, Personality Disorder, Judiciary, Forensic, Court, Sentencing, Psychiatrist.

Introduction & Background

When a person with a mental health condition is convicted of a serious crime in a Crown Court (commonly described in the literature as 'a Mentally Disordered Offender or MDO'), rather than giving a custodial sentence an alternative sentencing option imposed by judges can be a hospital order (s.37 Mental Health Act, 1983; MHA). Unlike a custodial sentence, this sentencing option is not viewed as a punishment (Sentencing Act 2020, s.57(3)(b)) and results in the person being admitted to a mental health hospital for treatment. In this instance, when treatment is finished people are released without restrictions or with a Community Treatment Order (CTO; s.17A MHA, 1983). A hospital order can be imposed with or without an additional s.41 restriction order (MHA, 1983) which restricts the options for discharge, and typically causes a person to be subjected to community restrictions upon discharge. Compared to the most recent figures that show a prison population of over 87,000 (Ministry of Justice, 2024), there are an estimated 7000-8000 spaces available between high, medium, and low-security hospitals (Latham & Williams, 2020).

Added to the MHA (1983) by the Crime (Sentences) Act 1997, another option was introduced for judges to consider when deciding upon sentencing for MDOs. Known as a 'hybrid order', MDOs charged with criminal acts could initially have hospital treatment in a secure setting and then a probation license (s.45A; MHA, 1983). s.45A was initially developed specifically and exclusively for the diagnosis of 'psychopathic disorder', which was commonly deemed untreatable but could cause potential risk to the public (Whyte & Gupta, 2007). This disposal was largely forgotten and seldom used (Li & Foster, 2005), but an amendment to the MHA 1983 (MHA, 2007) largely abolished clinical categories such as 'psychopathic disorder' and thus removed the restriction of usage of s.45A. Furthermore, the 'appropriate treatment test' was set to a lower standard. Delmage and colleagues (2015) highlighted that this revision started a dramatic increase in the usage of s.45A within the

English and Welsh courts and argued that further guidance was needed to distinguish its usage from s.37.

An important piece of case law, known as R v Vowles (2015), aided a further impetus to consider the s.45A as a routine option. Within the appeal, it directed judges that when considering a hospital order under s.37, they should *first* consider whether the mental health problem would be more appropriately dealt with by a s.45A before considering a s.37 Hospital Order. In order to make this decision between the three sentencing options, R v Vowles outlined a set of four factors for judges to consider:

(1) the extent to which the offender's mental health requires treatment.

(2) the extent to which offending is attributable to the mental health disorder.

(3) the extent to which offending requires punishment.

(4) the protection of the public when deciding release and regime of release.

However, the judgment does not expressly indicate the way in which these factors might be expected to be weighed by the judge, or whether certain factors have primacy, only that these factors are 'matters to which a judge will invariably have to have regard'. More recently, the case law of R v Edwards (2018) built upon the *Vowles* judgment and clarified that when judges weigh up a hospital order as an option, *'the court must consider all options at its disposal including a s.45A order'* first. It also clarified a potential misunderstanding from the case law of R v Ahmed (2016) that s.37 is best suited for protecting the public as opposed to s.45A, stating that this should not be the general application of the law but instead set on a case-by-case basis. Taken together, these widened the scope of the s.45A disposal significantly, but numbers have stayed relatively small compared to those people sentenced every year (Ministry of Justice, 2023a). In addition, after the initial increase in usage,

numbers have stayed relatively stagnant in recent years (O'Loughlin 2021; Ministry of Justice, 2020).

One requirement for any detention under the Mental Health Act, including a s.37 or s.45A disposal, is for the presence of 'mental disorder' to be established. In practice, in cases before the courts, this commonly means either a schizophrenia-spectrum disorder or a personality disorder. Perceptions and awareness of personality disorder and schizophrenia, amongst the general population and those working within the Criminal Justice System (CJS), may also influence decision-making, create stigma within diagnoses, and ultimately influence judges' decision-making in sentencing. Research has suggested that the general public is less likely to recognise a diagnosis of borderline personality disorder (2.3%), compared to correctly identifying a schizophrenia (65.8%) diagnosis (Furnham et al., 2015). In a review of the literature, Sheehan and colleagues (2016) suggested that not only are personality disorders potentially more stigmatised than other psychiatric diagnoses, they are also perceived to be more 'difficult' and 'misbehaving' compared to other mental illnesses. They also concluded that this stigmatisation can in fact make someone with a personality disorder diagnosis worse and have a negative effect on their treatment. This can especially affect treatment when stigmatisation has been perpetuated by healthcare providers (Knaak et al., 2015; Markham & Trower, 2003), or within a mental health setting (Ring & Lawn, 2019).

This stigmatisation is echoed within the CJS (Tremlin & Beazley, 2022), with police officers holding stigmatising beliefs about people with schizophrenia being violent and the misconception that schizophrenia is akin to a split personality (Pinfold et al., 2003). In a study interviewing prison officers, prisoners with personality disorders were labelled as manipulative and attention-seeking (Bowers et al., 2005).

Perception and stigma of personality disorder can have a knock-on effect on perceptions in a court environment. Blais and Forth (2014) found that defendants described as having an anti-social personality disorder diagnosis were more likely to receive a guilty decision irrespective of the defendant's age or gender. More recently, Baker and colleagues (2021) highlighted that if a defendant's mental health problem was described as a 'severe personality disorder' (using terminology from the novel approach taken in ICD-11), jurors would more likely perceive them as being dangerous, want them to be forced to have treatment, and felt they should be separated from the general public as a matter of safety.

A potential difficulty in judges deliberating and making decisions in regard to someone's mental health at the time of the offence is that judges are not specifically trained in mental health, yet the *Vowles* judgement requires them to consider questions that have significant clinical elements to them. To aid and assist judges in their decision-making process, the courts can receive expert witness testimony from mental health professionals, requiring two medical practitioners (typically psychiatrists) and potentially a Clinical, Forensic or other applied psychologist. However, whilst judges have the right to reject any recommendations given by expert witnesses (Peay, 2016), they rarely do so in practice (Nicholson & Kugler, 1991), despite the case law clearly pointing to the primary role of the judge in weighing the evidence.

This means that the clinical assessment and report may carry significant weight in the subsequent judicial decision-making. In turn, the choice of language used in the report, and the specific diagnosis given, may be a source of 'extra-legal' influence on decision-making. This might be acceptable if diagnoses were highly delineated, reliable and valid constructs and were not themselves sources of potential bias and stigma, however, the classification of diagnoses can be seen as problematic due to the poor validity, reliability and epistemology of formal diagnoses (Kinderman et al., 2012; Kraemer et al., 2012). Specifically, studies have

shown a co-morbidity of symptoms between personality disorder and schizophrenia (Franquillo et al., 2021; Moran & Hodgins, 2004), particularly regarding psychotic symptoms such as paranoid ideation and hallucinations (Schultz & Hong, 2017).

Research on the use of s.45A in relation to stigma is somewhat limited. However, in a qualitative study featuring 12 consultant forensic psychiatrists (Beech et al., 2019), researchers found psychiatrists tended to prefer the s.37 option for those with a primary or enduring psychotic illness (such as schizophrenia) and the s.45A option for those with a primary personality disorder. Additionally, Foyston and colleagues (2019) found that professional experts or researchers within the field of forensic mental health were more likely to recommend secure health services to those with a co-morbidity with other diagnoses over those with solely a personality disorder diagnosis.

More recently, researchers (Baldwin, 2022; Young, 2022) have attempted to answer if the Vowles criteria are in fact consistently applied and if mental health diagnoses or beliefs about the origin of someone's mental health influence sentencing outcomes. The studies recruited 198 proxy judges from those involved in the legal world, such as solicitors, law students, legal executives, and professionals involved in the legal system (clerks and administrators). Participants watched a mock court video vignette, presenting mitigating and aggravating case facts for a defendant who had been found guilty of Grievous Bodily Harm (GBH) with intent. The diagnostic term used in the vignette was randomised between the diagnoses 'schizophrenia' and 'personality disorder'.

Researchers found a strong agreement with the third (offending requires punishment) and fourth (protection from the public), with the Vowles criteria being associated with a greater likelihood of a custodial (prison or s.45A) sentence being given. There was an overall strong agreeability of the Vowles criteria (how much a participant agreed with each Vowles

criteria statement based on a 6-point Likert scale), which did not change depending on the diagnosis vignette given. Regarding stigma, using the Mental Health Locus of Origin scale (MHLO; Hill & Bale, 1980), they found that both personality disorder and schizophrenia were associated more with an environmental origin score, with personality disorder more associated than schizophrenia. With the schizophrenia vignette, higher biogenetic scores - the belief that mental health comes more from a biological predisposition - resulted in a greater likelihood of a custodial sentence and lower biogenetic resulted in a greater likelihood of a s.37 sentence being given. This was reversed for a personality disorder diagnosis with higher biogenetic scores, associated with an increased likelihood of a s.37 sentence and higher environmental scores increasing the likelihood of a custodial sentence.

However, the sample used was arguably not generalisable. Not only were they not qualified or practising judges (acknowledged as a challenging sample to recruit from), but more generally did not represent well the characteristics of the wider population of judges on age, sex, or ethnicity. Moreover, the sample included a large number of non-legal professionals, such as clerks and administrators, within the CJS. Another potential limitation was that the majority of participants chose the hybrid option, which was possibly influenced by the evidence from the expert witness report or the vignette design, but also more fundamentally meant that determining differences in decision-making was difficult. Furthermore, although more reflective of a true courtroom environment, the categorical choice between the sentencing options did not allow for preference and likelihood of giving alternative sentencing decisions and reduced statistical power. Additionally, since the population were not judges, the study in question did not indicate the participant's confidence in their choices and understanding.

This study, therefore, aims to both replicate and build upon the work from previous research into the application of the Vowles criteria, the stigma associated with mental health

conditions, the influence of psychiatric diagnoses, and how these factors influence sentencing outcomes. As well as being a contribution in the context of the wider 'replication crisis' in psychology (Diener & Biswas-Diener, 2024), this study intends to specifically build upon the work by Baldwin (2022) to see if the addition of a more 'legal' sample, as well as the addition of confidence ratings in relation to the sentencing option given, affect sentencing outcomes.

Research Questions/Hypotheses

RQ1: *'What level of agreement do participants have to each of the four questions that make up the Vowles criteria?'*

We predict that, although individual differences will mean there are varying levels of agreeability amongst the four Vowles criteria, all criteria will show a tendency towards participants agreeing with each statement (having mean scores within the 4-6 range to suggest agreement on a 6-point Likert scale). However, we also predict that the questions that make up the Vowles criteria that focus on mental health (Vowles 1 and 2) will positively correlate with each other, and questions that focus more on punishment and protection of the public (Vowles 3 and 4) will positively correlate with each other. We also predict that questions that focus on mental health (Vowles 1 and 2) will negatively correlate with the Vowles criteria that focus on punishment (Vowles 3).

RQ2: *'Will the level of agreeability change depending on the diagnosis given in the vignette?'*

The impact of diagnosis could be argued in two ways: on the one hand, there could be less agreeability for the personality disorder diagnosis vignette, given the breadth of perceptions about this condition. However, one may argue higher agreeability regarding

personality disorder because the additional stigma activated potentially leads to 'ceiling' effects on judgements about punishment, responsibility etc.

RQ3: '*Are the four questions of the Vowles criteria associated with sentencing preference?'*

We predict the questions that make up the Vowles criteria that focus on mental health (Vowles 1 and 2) will positively correlate with a higher likelihood of giving a hospital order and negatively correlate with giving a custodial sentence. We predict that questions that focus more on punishment and protection of the public (Vowles 3 and 4) would positively correlate with a higher likelihood of giving a custodial sentence and negatively correlate with the likelihood of giving a hospital order. Such a difference would suggest that judgements made against the Vowles' criteria were reflected in subsequent decision-making in the anticipated direction. A lack of difference would suggest that judgements on the Vowles' criteria were not important in sentencing decision-making. Additionally, we predict that the hybrid order will positively correlate with all four of the Vowles criteria questions.

RQ4: '*Does prior knowledge of s.37/45A lead to a greater confidence in a participant's understanding of the implications of giving a sentence, and does confidence influence sentencing preference?'*

We predict that participants with prior knowledge of s.37/45A will be more confident in their understanding of the implications of giving a sentence. We also predict that greater confidence in the understanding of the implications of a sentence will correlate with a higher likelihood of giving that sentencing decision.

RQ5: *'Is sentencing outcome impacted by diagnosis and/or beliefs about the origin of mental health?'*

We hypothesise that the diagnosis vignette given will have an impact on the participant's sentencing choice, with a schizophrenia diagnosis being more associated with a hospital order or hybrid order and a personality disorder diagnosis being more associated with a custodial sentence. We also predict that Mental Health Locus of Origin (MHLO; Hill & Bale, 1980) scores will also have an impact on final sentencing choices, with a biogenetic belief of mental health origin being more associated with a hospital order and an environmental belief of mental health origin being more associated with a hybrid or custodial order.

Method

Design

The study used a quantitative approach in an online format, with a between-groups design. The study used a combination of an experimental and survey design which is argued to offer both high external (experiment) and internal (survey) validity when looking at the processes involved in decision-making (Evans et al., 2015). Participants were randomly allocated into one of two groups (schizophrenia vs. personality disorder vignette), using the same vignette seen in previous studies (Baldwin, 2022; Young, 2022).

The criminal charge in question within the vignettes was that of Grievous Bodily Harm (GBH) with intent under s.18 of the Offences Against the Person Act (1861). This was used as the offence as it is sufficiently serious enough to warrant a custodial sentence within the English and Welsh legal sentencing guidelines but would also be eligible for consideration for a Hospital Order (under s.37 of the Mental Health Act) and therefore also a Hybrid Order (under s.45A of the Mental Health Act). Moreover, the offence is sufficiently serious enough that it can be tried on indictment only, meaning that the only place such an offence would be considered is the Crown Court. The study used the MHLO Scale to

measure the participants' belief on mental health difficulties being more related to biogenetic factors or environmental factors.

The outcome variables will be the participant's agreement with each of the four Vowles criteria, the likelihood of giving each of the three sentencing outcomes, their MHLO score, and, for consistency with previous studies (Baldwin, 2022; Young, 2022), the participants' final sentencing decision.

Participants

To achieve 0.80 power and detect a medium effect size of 0.5, a minimal sample size of 51 participants per vignette was required but I higher sample size was achieved (see Table 1). Participants were recruited via a reputable online survey recruitment service (Prolific), which allowed the study to screen for a specific sample of professionals involved within the CJS in England and Wales. Prolific avoids some of the issues with online recruitment (e.g. the use of 'bots') but requires potential participants to submit government-approved ID at the point of registration. The study was opened to initially capture those with a law degree currently working in a legal setting, namely those working as judges, barristers, or solicitors. Once recruitment by this approach was exhausted, it was then re-opened to capture those who worked as non-legal professionals within the CJS who work within the police and prison service. Finally, it was opened again to encompass other legal professionals, such as law students and legal executives, as well as professionals within the CJS who are non-legal professionals, such as clerks and administrators. The study took approximately 20 minutes to complete, and participants were financially compensated for their time.

Measures and Materials

Demographic details for age, gender, ethnicity, and current role within the CJS were recorded. We also asked if participants had knowledge of s.37/45A in a closed-answer format

(yes or no). We assessed the participant's level of agreement with each of the four Vowles criteria via a 6-point Likert scale (Appendix C), ranging from 'Strongly Disagree' to 'Strongly Agree'. Within this set of questions, we also asked, via a 6-point Likert scale, how confident they were in using the set of criteria to make a sentencing outcome. For sentencing, participants were asked to rate the likelihood of choosing each of the three sentencing options on a 0-100 scale (Appendix D), with a higher rating equating to a higher likelihood of giving a particular sentence. After each of these three questions, participants were also asked to rate on a 0-100 scale how confident they were in understanding the implications of giving each of the three sentencing options. Finally, participants chose which of the three sentencing options they would give in a real court setting.

The MHLO Scale was used (Appendix E) to assess the participant's beliefs surrounding the attribution of a person's mental health difficulties. This 20-item questionnaire is on a single-dimension scale between having a more biogenetic (endogenous) standpoint, or a view that puts more emphasis on environmental factors (interactional). The scoring of the items is on a 6-point Likert scale, ranging from 'Strongly Disagree' to 'Strongly Agree'. The scores on this measure range between 20 (equating to an extreme emphasis and belief of an environmental origin) and 120 (equating to an extreme emphasis and belief in a biogenetic origin). Using 16 experts in rating, the study's authors reported a mean score of 61.6 and a standard deviation of 8.06 and suggested a high distribution of responses between the two extremes of the belief scale based on this (Hill and Bale, 1980). When looking at construct validity, Hill and Bale (1980) also highlighted an acceptable internal consistency by reporting an alpha coefficient of 0.76 based on a sample of 226 university students. The MHLO was administered before the vignettes to avoid a potential effect of vignette exposure on this variable.

The online survey was created using the online software PsyToolkit (Stoet, 2010; 2017), with the coding found in Appendix F. Within PsyToolkit, a short summary was recorded (Appendix G), as well as a participant information sheet (Appendix H), a consent form (Appendix I), and a debrief letter (Appendix J).

Vignettes were recorded with video and sound at the UEA School of Law, in an environment closely resembling a courtroom. The videos were shot from the perspective of the judge and contained the volunteer actor portraying the role of a prosecutor at the sentencing hearing. The actor remained the same during both vignettes to reduce potentially influential factors, such as the actors' physical appearance, ethnicity, or gender. The vignette was read out by the actor (Appendix K), who was dressed in appropriate attire, with both videos lasting 6 minutes and 43 seconds.

Procedure

The survey was advertised via the online recruitment website, Prolific, which sent out alerts to all those eligible from their pool of participants. Participants were initially sent a lay summary of the study and a link directing them to the online survey. The link contained the participant information sheet followed by the consent form, which they would have to agree to before continuing with the study.

Participants were asked to record their demographics and knowledge of s.45A sentencing outcomes, which was followed by completing the 20-question MHLO scale. Participants were then randomly assigned to one of the two video vignettes. Once reaching the page where the video was embedded, they were unable to move on to the next page until 7 minutes had elapsed to help ensure the video was played in its entirety.

Participants next rated their level of agreement with the four Vowles criteria statements on a 6-point Likert scale, as well as how confident they were in using said criteria to make a sentencing judgment. This was followed by a detailed explanation of the three

sentencing options, with participants asked to rate on a 0-100 scale the likelihood of giving each sentence, as well as their understanding of the implications of giving said sentencing outcome. Participants were then asked to confirm what sentence they would give in their professional opinion, based on the evidence given.

To check that the video had been adequately watched, participants were required to confirm the offence the defendant had been found guilty of, the relation of the victim to the defendant, and the names of the evaluating psychiatrists, via three 3-option multiple-choice questions. Participants were removed from the sample if the participants failed to recall two or more of the questions.

Once all answers had been given, participants were directed to the debrief form, with the contact details, a signposting link to mental health numbers if they were distressed by the study, and a link to be able to claim payment for participation.

Ethical Considerations

Ethical approval was gained via the University of East Anglia Faculty of Medicine and Health Sciences Research Ethics Committee (Appendix L). For confidentiality purposes, data was primarily stored on secure PsyToolkit servers, with all data storage abiding by the General Data Protection Regulation (2018), as well as the UEA Research Data Management Policy (2019). All data extracted from PsyToolkit contained no identifiable information and was stored on the university cloud server. All participants gave informed consent and were aware that they could withdraw at any time during the study, confirming again at the end of the study that they wanted their data to be used.

We did not expect any ethical difficulties regarding risk or harm to the participants. However, participants were given a link signposting them to mental health numbers and website if they felt distressed by the study.

Analysis

1. *'What level of agreeability do professionals have to each of the four questions that make up the Vowles criteria*

The mean and standard deviation were collected for each of the Vowles criteria. We also used Spearman's rho correlation coefficient to examine the relationship between the participant's agreement with each of the four Vowles criteria.

2. *'Will the level of agreeability change depending on the diagnosis given in the vignette?'*

The mean, median, standard deviation and interquartile range were used for each of the Vowles criteria, split by condition. The Mann-Whitney U test was used to view the interaction between diagnosis and Vowles criteria scores.

3. '*Are the four questions of the Vowles criteria associated with sentencing preference?'*

Spearman's rank-order correlation coefficient was used to examine the relationship between the participant's agreement with each of the four Vowles criteria and their likelihood to give each of the three sentencing options.

4. '*Does prior knowledge of s.37/45A lead to a greater confidence in a participant's understanding of the implications of giving a sentence, and does confidence influence sentencing preference?'*

Independent sample t-tests were used to compare the confidence scores of participants who had and do not have prior knowledge of s.37/45A for understanding the implications of giving a sentencing option. Spearman's rank-order correlation coefficient was then used to examine the relationship between the understanding of the implications of a sentence and the likelihood of giving a certain sentencing decision.

5. *'Is sentencing outcome impacted by diagnosis beliefs about the origin of mental health?'*

We built a 3-step hierarchical logistic regression model with sentencing option as the dependent variable.

Step 1 – Explored if diagnosis (condition, 0 or 1) predicted/classified sentencing.

Step 2 – MHLO. Explored if MHLO predicted/classified sentencing decisions whilst controlling for diagnosis. We also explored if diagnosis continues to predict or not predict when controlling for MHLO.

Step 3 – Interaction term: Condition x MHLO (recoding condition to 1 or 2). We explored if the interaction predicted independently when controlling for the other variables. We also explored if the other variables predicted when controlling for the interaction.

Results

Demographic Data

Table 1 shows a total of 124 participants completed testing, although 2 participants were later excluded due to failing the knowledge check. Of the 122 participants included, the mean age of the sample was 32 years, with a gender split between 66 (54%) females, 54 (44%) males, and 2 other participants who fit into neither category (2%). 61.5% of the sample classed themselves as 'White British', meaning that the sample was slightly more ethnically diverse than the 74.4% seen in the general population (ONS, 2021). Of the total sample, 62 participants were randomised into the personality disorder vignette (mean (standard deviation) age, 31.1 (9.5) years; 31 (50%) females, 30 (48%) males), and 60 in the schizophrenia vignette (mean (standard deviation) age, 33.4 (10.9) years; 35 (58%) females, 24 (40%) males). Participant characteristics are further summarised in Table 1

Table 1

Personal demographic data of participants (N=122)

	Range	**M (SD)**
Age	18-59	32.19 (10.24)

Gender	N
Female	66
Male	54
Other	2
Ethnicity	**N**
Asian/Asian British - Bangladeshi	2
Asian/Asian British - Chinese	3
Asian/Asian British - Indian	2
Asian/Asian British - Pakistani	5
Any other Asian background	3
Black/African/Caribbean/Black British - African	11
Black/African/Caribbean/Black British - Caribbean	2
Mixed/multiple - White and Black Caribbean	2
Mixed/multiple - White and Black African	2
Mixed/multiple - White and Asian	4
Any other Mixed/Multiple ethnic background	3
White - English/Welsh/Scottish/Northern Irish/British	75
White Irish	1
Any other White background	6
Other - Arab	2
Prefer not to say	1

Table 2 summarises the professional characteristics of the participants. Those who categorised themselves as legal professionals included: Legal Executives, Legal Associate, Paralegals, Legal Advisor, Apprentice/Trainee Solicitors, Conveyancer, Patent Attorney, and

Legal Researcher. Those who categorised themselves as non-legal professionals included: Clerical Staff/Assistants, Criminal Analysts/Technicians, a Safeguarding Review Author, a Ministry of Justice Policy Advisor, and a Governance and Compliance Officer. Other types within 'area of law' included: Construction, Pro Bono, Clinical Negligence, Asset Finance, Competition, Planning, Human Rights, International, Costs, Immigration, and Intellectual Property Law.

Table 2

Professional demographic data of participants (N=122)

Profession	**N**
Barrister	3
Judge	1
Law Student	38
Police Officer/Staff	19
Prison/Probation Officer	6
Solicitor	20
Other Legal Professionals	20
Other Non-Legal Professionals	15
Area of Law (Participants could select multiple options)	**N**
Commercial Law	19
Contract Law	24
Corporate Law	16
Criminal Law	58
Employment Law	15
Family Law	20

	Land Law	14
	Private Client Law	12
	Property Law	15
	Other Law	23
Knowledge of S.37/45A		**N**
	Yes	52
	No	53
	Not Sure	17

Vowles Agreeability

Table 3

Mean, Standard Deviation, and Correlation Coefficient of Vowles Ratings on a Six-Point Likert Scale (n=122).

Vowles Criteria	M	SD	1	2	3	4
1. The extent to which the offender's mental health requires treatment.	5.02	.99	–			
2. The extent to which offending is attributable to the mental health disorder.	4.08	.96	.58**	–		
3. The extent to which offending requires punishment	4.36	1.15	-.11	-.31**	–	
4. The protection of the public when deciding release and regime of release.	5.17	.86	.21*	.14	.25**	–

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

The total mean scores (see Table 3) indicate agreeability across all four of the Vowles criteria, with moderate agreement on the extent to which the defendant's mental health required treatment (M = 5.02, SD = 0.99) and the importance of the protection of the public (M = 5.17, SD = 0.86), and slight agreement levels on the extent to which offending is attributable to mental health (M = 4.08, SD = 0.96) and the extent to which offending requires punishment. For a percentage breakdown of the spread of agreement on the six-point Likert scale for each of the Vowles criteria, see Appendix M.

A Spearman's rank-order correlation (see Table 3) was run to assess the relationship between the four Vowles criteria. As expected, there was a statistically significant, moderate positive correlation between the agreeability that an offender's mental health requires treatment and that offending is attributable to mental health, $r_s(120) = .58$, $p < .001$. Between the agreeability that offending requires punishment and the importance of the protection of the public, the was a statistically significant, weak positive correlation, $r_s(120) = .25$, $p < .001$. Additionally, there was a statistically significant, weak negative correlation between the agreement that offending is attributable to mental health and that offending requires punishment $r_s(120) = -.31$, $p < .001$. Finally, the only other statistically significant correlation found was a weak positive correlation between the agreeability that an offender's mental health requires treatment and the importance of the protection of the public $r_s(120) = .21$, $p < .05$.

Table 4

Mean, Standard Deviation, and Median of Vowles Ratings on a Six-Point Likert Scale between the two diagnostic vignette groups, Schizophrenia and EUPD.

	Schizophrenia (n = 60)				**EUPD (n = 62)**			
Vowles Criteria	**Mean (SD)**	**25th %ile**	**50th %ile**	**75th %ile**	**Mean (SD)**	**25th %ile**	**50th %ile**	**75th %ile**
Vowles 1.	5.07 (1.01)	4	5	6	4.97 (.98)	4	5	6

Vowles 2.	4.13 (.91)	4	4	5	4.03 (1.00)	4	4	5
Vowles 3.	4.25 (1.10)	4	4	5	4.47 (1.20)	4	5	5
Vowles 4.	5.13 (.83)	4.25	5	6	5.21 (.89)	4	5.5	6

A Mann-Whitney U test was run to determine if there were any differences in agreeability scores amongst the Vowles criteria between the two diagnostic groups, Schizophrenia (n = 60) and EUPD (n = 62). Distributions of the Vowles agreeability between the diagnostic groups were visually inspected and all four comparisons were deemed to have similarly shaped distributions (See Appendix N-Q) and could be used for the exact sampling for U (Dineen & Blakesley, 1973). A comparison of the medians found that agreeability was not statistically significantly different between the diagnostic groups for and of the Vowles criteria (Vowles 1: 'Requires Treatment, Schizophrenia Mdn = 5.00; EUPD Mdn = 5.00, U = 1731, z = -.699, p = .485; Vowles 2: 'Attribution to Mental Health', Schizophrenia Mdn = 4.00; EUPD Mdn = 4.00, U = 1807.5, z = -.285, p = .776; Vowles 3: 'Requiring Punishment', Schizophrenia Mdn = 4.00; EUPD Mdn = 5.00, U = 1635,5, z = -1.199, p = .231, or Vowles 4: 'Public Protection', Schizophrenia Mdn = 5.00; EUPD Mdn = 5.50, U = 1746.5, z = -.623, p = .533).

Vowles Agreeability and Sentence Preferences

Table 5

Mean, Standard Deviation, and Correlation Coefficient of Vowles Ratings on a Six-Point Likert Scale and the Likelihood of a sentence on a percentage scale (n=122).

	M	**SD**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1. Vowles 1.	5.02	.99	–						
2. Vowles 2.	4.08	.96	.58**	–					

3. Vowles 3.	4.36	1.15	-.11	-.31**	–				
4. Vowles 4.	5.17	.86	.21*	.14	.25**	–			
5. Likelihood Hospital	64.07	25.14	.55**	.53**	-.28**	.09	–		
6. Likelihood Prison	48.05	24.70	-.36**	-.47**	.55**	.16	-.36**	–	
7. Likelihood Hybrid	73.67	22.61	.35**	.24**	.19*	.21*	.26**	.50	–

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

The total mean scores (see Table 5) indicate a strong likelihood of giving a hybrid order (M = 73.67, SD = 22.61) over a hospital order (M = 64.07, SD = 25.14), with the lowest likelihood score going to the potential of giving prison sentence (M = 48.05, SD = 24.70) falling at less than the midpoint point of 50. The relatively high likelihood of giving a hybrid order is also reflected in the final sentence decision, with 65% of participants giving a hybrid order decision, 22% a hospital order, and 13% a prison sentence. For a frequency and percentage breakdown of the final sentence choice, see Appendix R.

A Spearman's rank-order correlation (see Table 5) was run to assess the relationship between the four Vowles criteria and the likelihood of each sentence option. For the agreeability that an offender's mental health requires treatment (Vowles 1), there was a statistically significant, moderate positive correlation with the likelihood of a hospital order, $r_s(120) = .55$, $p < .001$, a statistically significant, weak negative correlation with the likelihood of a prison order, $r_s(120) = -.36$, $p < .001$, and a statistically significant, weak positive correlation with the likelihood of a hybrid order, $r_s(120) = .35$, $p < .001$.

For the agreeability that offending is attributable to mental health (Vowles 2), there was a statistically significant, moderate positive correlation with the likelihood of a hospital order, $r_s(120) = .53$, $p < .001$, a statistically significant, moderate negative correlation with the likelihood of a prison order, $r_s(120) = -.47$, $p < .001$, and a statistically significant, weak positive correlation with the likelihood of a hybrid order, $r_s(120) = .24$, $p < .05$.

For the agreeability that offending requires punishment (Vowles 3), there was a statistically significant, weak negative correlation with the likelihood of a hospital order, $r_s(120) = -.28$, $p < .05$, a statistically significant, moderate positive correlation with the likelihood of a prison order, $r_s(120) = .55$, $p < .001$, and a statistically significant, weak positive correlation with the likelihood of a hybrid order, $r_s(120) = .24$, $p < .05$. There was only statistically significant, weak positive correlation between the agreeability of the importance of the protection of the public (Vowles 4) and the likelihood of a hybrid order, $r_s(120) = .21$, $p < .05$.

Knowledge, Confidence and Sentence Preferences

52 of the participants had prior knowledge of s.37/45A, with 70 participants either stating they did not have prior knowledge or that they didn't know if they did or not. The total mean scores (see Table 6) indicate that participants with prior knowledge of s.37/45A were comparatively more confident in the understanding of the implications of the hospital order (M (SD) = 74.67 (18.48) versus M (SD) = 64.11 (20.75)) and of the hybrid order (M (SD) = 78.94 (17.51) versus M (SD) = 71.61 (20.83)) than those with no prior knowledge. The mean scores appeared similar between prison order confidence in understanding the implications between prior knowledge (M (SD) = 72.23 (23.25)) and no prior knowledge (M (SD) = 71.77 (21.27)).

Table 6

Mean, Standard Deviation, and Standard Error of the Mean for the confidence in understanding the implications of a sentence order (0-100) between those who have prior knowledge of s.37/45A and those who do not.

	s.37/45A Knowledge (n = 52)			**No Prior Knowledge (n = 70)**		
Confidence	**Mean**	**SD**	**SEM**	**Mean**	**SD**	**SEM**
Hospital Order	74.81	18.48	2.56	64.11	20.75	2.48

Prison Order	72.23	23.25	3.22	71.77	21.27	2.54
Hybrid Order	78.94	17.51	6.55	71.61	20.83	2.49

Independent sample t-tests showed that there were statistically significant differences in the confidence of understanding the implications scores between the two groups, with those having prior s.37/45A knowledge having more confidence than those without prior knowledge for both the hospital order, M = 10.69, 95% CI [3.51, 17.88], t(120) = 2.947, p< .05, and hybrid order, M = 7.33, 95% CI [.26, 14.39], t(120) = 2.054, p< .05. There were no statistically significant differences between the two groups regarding prison order confidence, M = .599, 95% CI [7.56, 8.48], t(120) = .113, p = .91.

Table 7

Mean, Standard Deviation, and Correlation Coefficient of confidence in understanding the implications of a sentence order and the likelihood of a sentence on a percentage scale (n=122).

	M	**SD**	**1**	**2**	**3**	**4**	**5**	**6**
1. Confidence Hospital	68.67	20.44	–					
2. Likelihood Hospital	64.07	25.18	.33**	–				
3. Confidence Prison	71.97	22.04	.37**	-.03	–			
4. Likelihood Prison	48.05	24.70	-.08	-.36**	.07	–		
5. Confidence Hybrid	74.74	19.75	.64**	.27**	.44**	-.05	–	
6. Likelihood Hybrid	73.67	22.61	.12	.26**	-.01	-.06	.49**	–

**. Correlation is significant at the 0.01 level (2-tailed).

A Spearman's rank-order correlation (see Table 7) was run to assess the relationship between confidence in understanding the implications of each sentence option and the

likelihood of each sentence option. There were statistically significant correlations between the three confidence scores, with a moderate positive correlation between hospital confidence and hybrid confidence, $r_s(120) = .64$, $p < .001$, a moderate positive correlation between prison confidence and hybrid confidence, $r_s(120) = .44$, $p < .001$, and a weak positive correlation with prison confidence, $r_s(120) = .37$, $p < .001$.

Regarding confidence in understanding the implications of a hospital order, there was a statistically significant, weak positive correlation with the likelihood of choosing the hospital order as a sentence option, $r_s(120) = .33$, $p < .001$. Confidence in understanding the implications of a hybrid order had a statistically significant, moderate positive correlation with the likelihood of giving a hybrid order, $r_s(120) = .49$, $p < .001$, and a statistically significant, weak positive correlation with the likelihood of giving a hospital order. $r_s(120) = .27$, $p < .001$. For confidence in understanding the implications of a prison order, there were no significant correlations with the likelihood of giving an order.

Impact of Diagnosis and MHLO on Sentence Outcome.

Table 8

Sum (%) of those choosing each of the three sentence options, separated by diagnosis vignette.

	Hospital	**Prison**	**Hybrid**
Schizophrenia (n = 60)	11 (18.3)	5 (8.3)	44 (73.3)
EUPD (n = 62)	16 (25.6)	11 (17.7)	35 (56.5)
Total	27 (22.1)	16 13.1)	79 (64.8)

When giving their final sentence decision, the majority of participants (65%) chose the hybrid order (see Table 8), with prison being the least popular sentence choice (13%). Between the diagnostic groups, participants who saw the schizophrenia vignette were more

likely to choose the hybrid order (73% versus 57%) and less likely to choose a prison sentence (8% versus 18%) in comparison to those watching the EUPD vignette. However, participants who saw the EUPD vignette were more likely to give a hospital order (26% versus 18%). However, the unequal cell sizes, particularly the small number of people giving a prison sentence, makes formal analysis of the statistical significance of this challenging.

Table 9

The mean and standard deviation for the Mental Health Locus of Origin (MHLO) scores, separated by diagnosis vignette and sentence option (Hybrid order or Other order).

	Hybrid Order (n = 79)		**Other Order (n = 43)**	
	Mean	**SD**	**Mean**	**SD**
Schizophrenia (n = 60)	64.73	5.35	66.66	7.69
EUPD (n = 62)	65.74	10.94	66.94	8.64
Total	65.37	9.19	66.78	8.07

The initial question would have separated the three sentencing choices or combined custodial and hybrid orders, due to hypothesis that biogenetic beliefs would be associated with a hospital order, whereas environmental beliefs would be associated with hybrid or custodial orders. However, due to the lack of power from the majority of participants choosing the hybrid order option, prison and hospital orders were combined for subsequent analyses.

In relation to the total scores on the MHLO, the sample overall scored closer to environmental beliefs but higher than the population mean of 61.6 (Hill and Bale, 1980). Slightly higher scores were seen in those giving other orders compared to the hybrid order, with slightly higher scores seen for those given the EUPD vignette when compared to the Schizophrenia vignette, although all these differences were small, and no test of statistical

difference was used. Higher scores equate to beliefs around mental health being more biologically related/genetic based.

Table 10

Binary Logistic Regression Output for Sentence Outcome with Diagnosis (Dx) Vignette, Mental Health Locus of Origin (MHLO), and the interaction between the variables.

Dependant Variable – Sentence Outcome: Hybrid Order or Other			
	Model 1: Condition Only	**Model 2: Condition + MHLO**	**Model 3 Model 2 + interaction terms**
Constant	B = .26, SE = .26 P = .311, OR = 1.30	B = -1.11, SE = 1.53 P = .466, OR = .33	B = -.62, SE = 1.81 P = .732, OR = .54
Dx Vignette	B = .75, SE = .39 P = .053, OR = 2.12 95% CI = [.99, 4.54]	B = .76, SE = .39 P = .051, OR = 2.14 95% CI = [1.00, 4.59]	B = -.85, SE = 3.26 P = .795, OR = .43 95% CI = [.00, 253.15]
MHLO	–	B = .02, SE = .02 P = .363, OR = 1.02 95% CI = [.98, 1.07]	B = .01, SE = .03 P = .624, OR = 1.01 95% CI = [.96, 1.07]
Interaction – Dx Vignette x MHLO	–	–	B = .02, SE = .05 P = .620, OR = 1.03 95% CI = [.93, 1.13]
-2 Log Likelihood	154.51	153.67	153.42
Nagelkerke R^2	.043	.052	.054

A Hierarchical binomial logistic regression was completed to ascertain the effects of the diagnostic group, MHLO scores, and the interaction between the two on the sentence outcomes. In Model 1, the logistic regression model trended towards significance but was not statistically significant, $X^2(1) = 3.84$, $p = .05$. This is reflected in the diagnosis vignette only trending towards but not reaching statistical significance (see Table 10). Although not statistically significant, those given the schizophrenia vignette trended towards choosing the hybrid order.

In Model 2, the logistic regression model was also not statistically significant, $X^2(2) = 4.68$, $p = .096$. The diagnosis vignette still only trended towards statistical significance, with MHLO scores not reaching statistical significance. This shows that MHLO scores did not affect the likelihood of choosing the hybrid order.

In Model 3, the logistic regression model was not statistically significant, $X^2(3) = 4.93$, $p = .177$. The diagnosis vignette no longer trended towards statistical significance, with MHLO scores and interaction between the diagnosis vignette and MHLO scores not reaching statistical significance. This shows that the interaction between MHLO scores and the diagnosis vignette received did not affect the likelihood of choosing the hybrid order. In all the analysis suggested no evidence that either the diagnosis provided nor the participant's MHLO score impacted on the likelihood of the decision to give a hybrid order vs a different order.

Discussion

Is there agreeability amongst the Vowles criteria?

It was predicted that all criteria would show a tendency towards participants agreeing with each statement of the Vowles criteria, with mean scores in the 4-6 range to suggest overall agreeability, and the results indicated as such. However, lower scores were seen regarding the criteria of offending being attributable to mental health, as well as higher variability amongst participants when asked to agree on the extent to which offending requires punishment, which suggests more contention within these areas. The highest agreeability scores were seen for Vowles 4, which focuses on the protection of the public when deciding on release. A higher focus on this could be why Bell and colleagues (2018)

found that police officers were less supportive of integrating people with mental health difficulties into the community.

As hypothesised, questions making up the Vowles criteria that focus on mental health (Vowles 1 and 2) significantly positively correlated with each other, which suggests that those who agree on the importance of considering treatment for an offender's mental health will also consider how much of their mental health is attributable to the offence itself. The significantly positive correlation found, which was hypothesised, between the focus of punishment and the protection of the public (Vowles 3 and 4) in a way suggests that people who work in the CJS consider the system in place for release from prison, via probation, as more suitable for managing risk than the release regime of a hospital. Despite this belief, re-offending rates are shown to be higher for prisoners with mental health difficulties as opposed to those treated in hospitals (Dyer, 2010), with reoffending rates for those under restricted status being only 5.7% in 2016 (Ministry of Justice, 2018). Previous research has also suggested a skewed perception of prison and probation being a more suitable option to manage risk in the community, compared to release via hospital (Peay, 2016; Beech et al., 2019).

Negative correlations between the questions that focus on mental health and the questions that focus on punishment were predicted. A significantly negative correlation between Vowles 2 and 3 suggests that those who focus on the importance of punishment do not believe as much in how much the offence is attributable to someone's mental health. However, although a negative correlation was seen between Vowles 1 and 3, this was not significant, which could imply that one can both require treatment and punishment. One could argue that a desire for both treatment and punishment would be the rationale for giving a s.45A order. This is strengthened by the significant positive correlation between Vowles 1

and 4, implying the importance of treatment but still wanting the protection of the public when considering release.

Does agreeability change depending on diagnosis?

It was hypothesised that diagnosis within the vignette would affect participant's level of agreement with individual aspects of the Vowles criteria, but no significant interactions were seen for any of the four criteria questions. This falls more in line with the results observed in Baldwin's study (2022), which found no significant differences between diagnosis and Vowles criteria ratings for the majority of the questions. This could be a by-product of the high level of agreeability towards the case in general, with Baldwin (2022) suggesting that an alternative vignette with more conflicting information potentially allows for a higher level of variability in agreement. One could also suggest that participants may be making these decisions based on their own internal beliefs of mental health and not influenced by the vignette given. However, Baldwin (2022) did find a significant difference between the diagnosis vignette given regarding the extent to which mental health requires treatment (Vowles 1), where the present study did not. This difference could be explained by the current study including a wider network of criminal justice staff, such as police, prison and probation officers, as officers may have had more interactions with people with serious mental health conditions and therefore might see more of a need for treatment. Wainwright and colleagues (2020) found that Police officers were more likely to endorse support for people with mental health conditions than the general population, whereas another study found police officers and staff to be more knowledgeable about mental health compared to the general population (Bell et al., 2018).

Are elements of the Vowles criteria associated with sentencing preference?

It was hypothesised that Vowles criteria focusing on mental health (Vowles 1 and 2) would significantly positively correlate with a higher likelihood of giving a hospital order and negatively correlate with giving a custodial sentence. This was the case, for both Vowles Criteria 1 and 2, showing that the belief that mental health was an important consideration increased the likelihood of considering a hospital order as the sentencing outcome and decreased the likelihood of a custodial order. This was not found by Baldwin (2022), with differences in the results potentially due to the use of likelihood ratings for each possible order in the present study. Baldwin (2022) instead solely asked for a final sentencing decision that led to the majority of participants choosing the hybrid order, making it harder to find potential variances of opinion.

Questions that focus more on punishment and protection of the public (Vowles 3 and 4) were hypothesised to positively correlate with a higher likelihood of giving a custodial sentence and negatively correlate with the likelihood of giving a hospital order. This was found to be the case for punishment, which aligned with the results found in Baldwin's study (2022), suggesting that participants have a strong association between prison and the idea of punishment. The association between custodial sentences and the idea of punishment can also be seen in the literature (Apel and Diller, 2017). However, contrary to what was expected and found previously (Baldwin, 2022), the protection of the public was not strongly associated with a hospital or custodial order. Instead, and as predicted, there was a significantly positive correlation between the protection of the public and the hybrid order. Again, one could infer that regardless of whether participants believe in the importance of treatment or punishment, people who work in the CJS consider the system in place for release from prison, via probation, as more suitable for managing risk than the release regime of a hospital, and giving a s.45A allows this to happen. This theory is strengthened by, as hypothesised, the

hybrid order having significantly positive correlations with all of the Vowles criteria questions. This means that judgements made against the total Vowles criteria are reflected in subsequent decision-making for a s.45A order.

Does knowledge and confidence in understanding the criteria influence preference?

It was predicted that participants with prior knowledge of s.37/45A would significantly be more confident in their understanding of the implications of giving a sentence, and this was the case with confidence related to understanding the implications of giving a hospital or hybrid order. This seems logical, given that s.37 relates directly to a hospital order and s.45A relates directly to the hybrid order. However, no significant differences were found between those with prior knowledge of s.37/45A and those without regarding the prison order. This could potentially be due to those who participated in the study, with a large number of police, probation, and prison staff participating who have first-hand knowledge of a custodial order and release via probation. In general, one could argue that the general population would have more confidence in the understanding of a custodial order over a hospital or hybrid order, although all confidence ratings were quite high across the board regardless of prior knowledge of s.37/45A.

It was also predicted that greater confidence in the understanding of the implications of a sentence would significantly correlate with a higher likelihood of giving that sentencing decision. Again, this was the case for both the hybrid and hospital order sentencing options, but not the case for a prison sentence. A possible explanation for this finding could be more mixed feelings amongst the sample about prison, with some people feeling that their understanding of the prison order is a reason to not give a custodial sentence. This could especially be the case for those who have experienced a prison environment and could have more awareness of the lack of access to mental health support in prisons. This is in line with recent reports from HM Chief Inspector of Prisons for England and Wales (HM Inspectorate

of Prisons, 2022) and Criminal Justice Joint Inspection (Criminal Justice Joint Inspection, 2021) who have labelled access to mental health services in prisons as inadequate and that the CJS is failing prisoners with mental health conditions. Additionally, the literature further echoes the unmet needs within the prison system (Durcan, 2021; Jakobowitz et al, 2017). However, this would not be the case for all, as no correlation was seen instead of a negative correlation.

Is sentencing outcome impacted by diagnosis or beliefs about mental health?

We hypothesised that the diagnosis vignette given would have an impact on the participant's sentencing choice, with a schizophrenia diagnosis being more associated with a hospital or hybrid order and a personality disorder diagnosis being more associated with a custodial sentence. Although found to be not statistically significant, proportionally more participants gave the hybrid order for the schizophrenia vignette and higher numbers of participants in the EUPD vignette were given a prison sentence. However, the results showed that having an EUPD diagnosis wasn't significantly associated with a gross tendency towards custodial sentences and the sample was no less open to considering this option than for schizophrenia diagnosis. Although not significant, participants in the EUPD group trended towards choosing the hospital order, which is contrary to previous research by Beech and Colleagues (2019). They found that psychiatrists participating tended to give a s.37 order to offenders with a schizophrenia diagnosis and tended to give a s.45A order to offenders with a personality disorder diagnosis, which sits alongside other literature that suggested schizophrenia is more related to a hospital order and personality disorder more related to a custodial order (Baker et al., 2021; Blaid & Forth, 2014; Bowers et al., 2005; Pinfold et al, 2003; and Sheehan et al., 2016).

It was also predicted that MHLO scores would impact final sentencing choices, with a biogenetic belief of mental health origin being more associated with a hospital order and an environmental belief of mental health origin being more associated with a hybrid or custodial order. However, contrary to what was seen in Baldwin (2022), significant effects were not seen between MHLO and sentencing or MHLO and diagnosis.

Sentencing Decision Making

Even though mean scores were closer when participants were asked about the likelihood of giving each sentencing outcome, ultimately, in findings similar to Baldwin (2022), most participants chose the hybrid option when making their final sentencing decisions. The overwhelming usage of s.45A falls in line with how the law sees the purposes of sentencing (s.57 Sentencing Act, 2020), which in itself tries to balance the tension between the ideas of punishment and rehabilitation. This attempt to consider both ideals is echoed in the Vowles judgement, but the utilisation of s.45A in courts is rarely seen, with the hybrid order accounting for less than 2% of the total amount of orders given under the MHA 1983 (s.37, s.41, or s.45A) over the course of ten years (Ministry of Justice, 2020).

A potential reason for this could be how s.45A is viewed by those who would endorse or propose the use of the order within mental health reports. Psychiatrists and psychologists are the professionals who most commonly write reports commenting on the offender's mental health condition in relation to the offence. Yet the Royal College of Psychiatrists proposed to abolish s.45A in 2018 (Royal College of Psychiatrists, 2018) and in a recent report have stated that *'It is ethically problematic for experts to explicitly recommend a section 45A hybrid order, because this amounts to recommending punishment'* (Royal College of Psychiatrists, 2023) by moving someone to prison once deemed to be successfully treated. Additionally, forensic psychiatrists have reported that s.45A is inferior to the hospital

order and only should be used in very specific circumstances. This viewpoint on s.45A could contribute to how little it's offered to offenders sentenced with mental health conditions, as a review of psychiatric reports submitted as evidence to Leicester crown court suggests that judges will accept what has been recommended by Psychiatrists *"almost without exception"* (MacKay, 1986), with another review of judges feeling that medical professionals should take a firm view when s.37/41 is being considered (Qurashi & Shaw, 2008)

Limitations and Future Research

This study replicates and expands upon the work of Baldwin (2022), but therefore holds similar limitations to the original study around sample generalisability and the specificity of the vignette.

Although the current study had proportionally fewer non-legal professionals than Baldwin (2022), with 12.3% of the current sample compared to 27.3%, the current study only recruited one qualified judge and 23 qualified lawyers. In addition, only 42.6% of the sample had prior knowledge of s.37/45A, which further highlights the limitations of the sample being able to further generalise to responses of the judiciary. The sample also had a higher number of participants from ethnic minority backgrounds, than the 10% seen in the judiciary in general and 5% of senior court-appointed judges (Ministry of Justice, 2023b). The current study sample also had a higher proportion of women (66%), than the 35% of court judges and 30% of high court judges being women. (Ministry of Justice, 2023b). Whilst the study focused on a crown court decision, and arguably found an insufficient 'crown court judge' sample, one could argue that the current study's sample would be more representative of a 'magistrates court judge' sample. However, recruiting current members of the judiciary would increase the validity and strengthen the ability to generalise the results to the wider population of judges within England and Wales.

The use of vignette-style allows for greater realism, better internal validity across participants, allows easier replication for future research (Wason et al, 2002) and has been recommended for the use of decision-making purposes (Evans et al., 2015). However, as highlighted in Baldwin (2022), the use of a single vignette gives rise to potential confounding variables within the vignette, such as characteristics of the offender and victim, the crime committed, the diagnosis given, and the profession of those creating the report. To test the impact of aspects of the vignette, alternative vignettes could be created to judge the potential impact of these variables. Having a vignette with a co-morbid diagnosis or more complexity within the diagnosis could lead to more people choosing a hospital order, as was seen by Foyston and colleagues (2019).

Although judges make the final sentencing decision, it can be argued that judges rely on the recommendations made through psychiatric and psychological reports. Therefore, it may be pertinent to explore the agreeability with the Vowles, recommendations of a specific disposal to the judge, and overall views of psychiatrists and psychologists who have experience with writing reports for the English and Welsh courts. With any future research requiring questionnaires, such as the MHLO, as participants would be representing their profession an impression management scale should be considered to reduce the effect of self-report bias.

Conclusions

Overall, this current study expanded on the work of Baldwin (2022) on the reliability of the Vowles criteria and decision-making processes for sentencing offenders with mental health conditions.

When looking at the Vowles criteria, the current study found agreeability across the four criteria, although participants agreed more with the importance of treatment and the

protection of the public. Vowles 1 and 2, which held a focus on mental health, positively correlated with each other, and Vowles 3 and 4, which focused more on punishment and safety, positively correlated with each other. However, a lack of significant negative correlation between Vowles 1 and 3 could imply that one can agree with focusing on mental health treatment and punishment at the same time, which is a rationale for the hybrid order.

Agreeability towards the four Vowles criteria remained the same regardless of which diagnosis was presented in the vignette, but different Vowles criteria were associated with potential sentencing outcomes. Vowles criteria that focused more on the mental health of the offender (1 and 2) were positively correlated with the likelihood of giving a hospital order and negatively correlated with giving a custodial order, whereas the opposite was seen with Vowles 3, which focuses on punishment.

The likelihood of giving a hybrid order positively correlated with all four of the Vowles criteria, which resulted in the majority of participants choosing s.45A as their final sentencing choice. However, regarding final sentencing decisions, contrary to the results found in Baldwin's (2022) study, neither the diagnosis given in the vignette nor the participant's pre-existing belief in mental health either being environmental or biological, had an impact on final sentencing decisions.

This is in direct conflict with what happens in real-life settings, as only a fraction of those sentenced under the Mental Health Act receive a s.45A order. An explanation for this difference could be how Psychiatrists, who tend to give recommendations to the court around sentencing and treatment, view the hybrid order, with recent calls from the Royal College of Psychiatrists to abolish the order.

Regarding final sentencing decisions, contrary to the results found in Baldwin's (2022) study, neither the diagnosis given in the vignette nor the participant's pre-existing

belief in mental health either being environmental or biological, had an impact on final sentencing decisions.

Declaration of Conflicts of Interest

OM and PB declare no conflicts of interest. The Doctorate in Clinical Psychology at the University of East Anglia supported this study.

Data Availability Statement

The data of this study can be available from the authors upon request.

References

Apel, A. B., & Diller, J. W. (2017). Prison as Punishment: A Behavior-Analytic Evaluation of Incarceration. *The Behavior Analyst 40*, 243–256. https://doi-org.uea.idm.oclc.org/10.1007/s40614-016-0081-6

Baker, J., Edwards, I. & Beazley, P. (2021). Juror decision-making regarding a defendant diagnosed with borderline personality disorder. *Psychiatry, Psychology and Law,* 1-19. https://doi.org/10.1080/13218719.2021.1938273

Baldwin, G. (2022). *Sentencing of Mentally Disordered Offenders (MDOs) in the courts: an experimental clinical vignette to explore the reliability of judgements made using Vowles and the relationships between psychiatric diagnosis, mental health locus of origin and final sentencing outcome* [Doctoral dissertation, University of East Anglia].

Beech, V., Marshall, C., Exworthy, T., Peay, J. & Blackwood, N. (2019). Forty-five revolutions per minute: a qualitative study of Hybrid Order use in forensic psychiatric practice. *The Journal of Forensic Psychiatry & Psychology*, *30* (3), 429-447. https://kclpure.kcl.ac.uk/ws/portalfiles/portal/107933865/45a_219_JFPP_resubmission_tables.pdf

Bell, S., & Palmer-Conn, S. (2018). Suspicious minds: Police Attitudes to Mental Health. *International Journal of Law and Public Administration*, *1* (2). pp. 25-40. https://dx.doi.org/10.11114/ijlpa.v1i2.3878

Blais, J. & Forth, A. E. (2014). Potential labelling effects: influence of psychopathy diagnosis, defendant age, and defendant gender on mock jurors' decisions. *Psychology, Crime & Law*, *20*(2), 116-134. http://dx.doi.org/10.1080/1068316X.2012.749473

Bowers, L., Carr-Walker, P., Paton, J., Nijman, H., Callaghan, P., Allan, T., & Alexander, J. (2005). Changes in attitudes to personality disorder on a DSPD unit. *Criminal behaviour and mental health : CBMH*, *15*(3), 171–183. https://doi.org/10.1002/cbm.5

Crime (Sentences) Act. (1997). London: Stationery Office.

Criminal Justice Joint Inspection. (2021). *A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders*. Retrieved from: https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2021/11/Mental-health-joint-thematic-report.pdf

Delmage, E., Exworthy, T., & Blackwood, N. (2015). The 'Hybrid Order': origins and usage. *The Journal of Forensic Psychiatry & Psychology*, *26* (3), 325-336. https://doi-org.uea.idm.oclc.org/10.1080/14789949.2015.1017591

Diener, E. & Biswas-Diener, R. (2024). The replication crisis in psychology. In R. Biswas-Diener & E. Diener (Eds), *Noba textbook series: Psychology*. Champaign, IL: DEF publishers. Retrieved from: http://noba.to/q4cvydeh

Dineen, L. C., & Blakesley, B. C. (1973) Algorithm AS 62: Generator for the sampling distribution of the Mann-Whtiney U statistic. *Applied Statistics, 22*, 269-273. https://doi-org.uea.idm.oclc.org/10.2307/2346934

Durcan, G. (2021). *The future of mental health care in England: A national consultation and review*. Retrieved from: https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_TheFutureofPrisonMentalHealthCare_0.pdf

Dyer C. (2010). Re-offending rates are lower among offenders treated in secure hospitals than among mentally ill people held in prison. *British Medical Journal (Clinical research ed.), 341*, c6447. https://doi.org/10.1136/bmj.c6447

Evans, S. C., Roberts, M. C., Keeley, J. W., Blossom, J. B., Amaro, C. M., Garcia, A. M., Stough, C. O., Canter, K. S., Robles, R., & Reed, G. M. (2015). Vignette methodologies for studying clinicians' decision-making: Validity, utility, and application in ICD-11 field studies. International Journal of Clinical and Health Psychology, 15(2), 160–170. https://doi.org/10.1016/j.ijchp.2014.12.001

Foyston, Z., Taylor, C., & Freestone, M. (2019). "Who needs secure services for personality disorder?" Results of an expert Delphi study with professional staff. *BMC Psychiatry, 19*, 280. https://doi.org/10.1186/s12888-019-2268-3

Franquillo, A. C., Guccione, C., Angelini, G., Carpentieri, R., Ducci, G., & Caretti, V. (2021). The role of personality in schizophrenia and psychosis: a systematic

review. *Clinical Neuropsychiatry*,18 (1), 28-40. https://doi.org/10.36131/cnfioritieditore20210103

Furnham, A., Lee, V., & Kolzeev, V. (2015). Mental health literacy and borderline personality disorder (BPD): what do the public "make" of those with BPD? *Social Psychiatry & Psychiatric Epidemiology*. *50*, 317–324. https://doi.org/10.1007/s00127-014-0936-7

General Data Protection Regulation. (2018). London: Stationery Office.

Hill, D. & Bale, R. (1980). Development of the Mental Health Locus of Control and Mental Health Locus of Origin Scales. *Journal of Personality Assessment, 44(2),* 148-56. https://doi.org/10.1207/s15327752jpa4402_5

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

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

Kinderman P, Read J, Moncrieff J, & Bentall R.P. (2013). Drop the language of disorder. *Evidence-Based Mental Health,* 16, 2-3. https://doi.org/10.1136/eb-2012-100987

Knaak S., Szeto A. C., Fitch K., Modgill G., & Patten S. (2015). Stigma towards borderline personality disorder: effectiveness and generalizability of an anti-stigma program for healthcare providers using a pre-post randomized design. *Borderline Personal*

Disorder & Emotion Dysregulation. 2(5). 2-9. https://doi.org/10.1186/s40479-015-0030-0

Kraemer, H. C., Kupfer, D. J., Clarke, D. E., Narrow, W. E., Regier, D. A. (2012). DSM-5: How Reliable Is Reliable Enough? *The American Journal of Psychiatry*, *169*, 13–15. https://doi.org/10.1176/appi.ajp.2011.11010050

Latham, R., & Williams, H. (2020). Community forensic psychiatric services in England and Wales. *CNS Spectrums*, *25*(5), 604-617. doi 10.1017/S1092852919001743

Li, L. & Foster, S. (2005). Statistics of Mentally Disordered Offenders 2004. *Home Office Statistical Bulletin 22/05*. London, Home Office.

Mackay, R. D. (1986). Psychiatric reports in the crown court. *Criminal Law Review*, Apr, 217-225. Psychiatric reports in the Crown Court | Westlaw UK

Markham, D., & Trower, P. (2003). The effects of the psychiatric label 'borderline personality disorder' on nursing staff's perceptions and causal attributions for challenging behaviours. *The British journal of clinical psychology*, *42*(3), 243–256. https://doi.org/10.1348/01446650360703366

Mental Health Act. (1983). London: Stationery Office.

Mental Health Act. (2007). London: Stationery Office.

Ministry of Justice (2018). *Annex A: Proven Reoffending rates for restricted patient's statistics, 2010 to 2016.* Retrieved from: https://assets.publishing.service.gov.uk/media/5bd066e4e5274a6e0e61f36b/Annex_A_Proven_reoffending_for_restricted_patients_2010-2016.pdf

Ministry of Justice (2020). *Number of orders given to sentenced offenders under s.37, s.41 and s.45a of the Mental Health Act 1983 at all criminal courts in England and Wales, 2009 to 2019.* Ministry of Justice court proceedings database, FOI 200612015.

Ministry of Justice. (2023a). *Offender Management Statistics Bulletin, England and Wales Quarterly: October to December 2022, and Annual: calendar year 2022.* Retrieved from: https://assets.publishing.service.gov.uk/media/644915fcf126830011ca6882/OMSQ_Q4_2022.pdf

Ministry of Justice. (2023b). *Diversity of the judiciary: Legal professions, new appointments and current post-holders – 2022 Statistics.* Retrieved from: https://www.gov.uk/government/statistics/diversity-of-the-judiciary-2022-statistics/diversity-of-the-judiciary-legal-professions-new-appointments-and-current-post-holders-2022-statistics#:~:text=As%20at%201%20April%202022%2C%2057%25%20of%20sitting%20magistrates%20were,were%20aged%2050%20and%20above.

Ministry of Justice. (2024). *Offender Management Bulletin, England and Wales.* Retrieved from: https://assets.publishing.service.gov.uk/media/65b1077a1702b10013cb11a7/OMSQ_Q3_2023.pdf

Moran, P., & Hodgins, S. (2004). The correlates of comorbid antisocial personality disorder in schizophrenia. *Schizophrenia bulletin, 30* (4), 791–802. https://doi.org/10.1093/oxfordjournals.schbul.a007132

Nicholson, R. A., & Kugler, K. E. (1991). Competent and incompetent criminal defendants: A quantitative review of comparative research. *Psychological Bulletin, 109*(3), 355–370. https://doi.org/10.1037/0033-2909.109.3.355

Offences Against the Person Act, 1861. (s.18). London: Stationery Office.

O'Loughlin, A. (2021). *Sentencing Mentally Disordered Offenders in England and Wales: Towards a Rights-Based Approach. Criminal Law Review, 99-112.* https://eprints.whiterose.ac.uk/169072/

Office for National Statistics. (2021). *Ethnic group, England and Wales: Census 2021*. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021

Peay, J. (2016). Responsibility, culpability and the sentencing of mentally disordered offenders: Objectives in conflict. *Criminal Law Review, 3,* 152–164. https://eprints.lse.ac.uk/64221/1/Responsibility_offenders.pdf

Pinfold, V., Huxley, P., Thornicroft, G., Farmer, P., Toulmin, H., & Graham, T. (2003). Reducing psychiatric stigma and discrimination--evaluating an educational intervention with the police force in England. *Social psychiatry and psychiatric epidemiology*, *38*(6), 337–344. https://doi.org/10.1007/s00127-003-0641-4

Qurashi, I., & Shaw, J. (2008). Sections 37/41 Mental Health Act 1983: a study of judges' practice and assessment of risk to the public. *Medicine, science, and the law*, *48*(1), 57–63. https://doi.org/10.1258/rsmmsl.48.1.57

R v. Ahmed EWCA Crim 670. (2016). https://www.bailii.org/ew/cases/EWCA/Crim/2016/670.html

R v Edwards EWCA Crim 595. (2018). https://www.bailii.org/ew/cases/EWCA/Crim/2018/595.html

R v. Vowles EWCA Crim 45. (2015). https://www.bailii.org/ew/cases/EWCA/Crim/2015/45.html

Ring, D., & Lawn, S. (2019). Stigma perpetuation at the interface of mental health care: a review to compare patient and clinician perspectives of stigma and borderline personality disorder. *Journal of mental health (Abingdon, England)*, 1–21. Advance online publication. https://doi.org/10.1080/09638237.2019.1581337

Royal College of Psychiatrists. (2018). *Review of the Mental Health Act 1983: The Royal College of Psychiatrists' submission of evidence.* Retrieved from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/policy-rcpsych-mha-review-submission-2018.pdf?sfvrsn=27993a01_2

Royal College of Psychiatrists. (2023). *Responsibilities of psychiatrists who provide expert evidence to courts and tribunals.* CR193. Retrieved from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr193.pdf?sfvrsn=c0381b24_2#:~:text=It%20is%20ethically%20problematic%20for,of%20a%20s37%20hospital%20order.

Schultz, H. & Hong, V. (2017). Psychosis in borderline personality disorder: How assessment and treatment differs from a psychotic disorder. *Current Psychiatry, 16(4),* 24-29. https://cdn.mdedge.com/files/s3fs-public/cp01604024.pdf

Sentencing Act, (2020). London: Stationery Office.

Sheehan, L., Nieweglowski, K. & Corrigan, P. (2016). The Stigma of Personality Disorders. *Current Psychiatry Reports, 18(11).* https://link.springer.com/article/10.1007/s11920-015-0654-1

Stoet, G. (2010). PsyToolkit: A software package for programming psychological experiments using Linux. *Behavior Research Methods 42*, 1096–1104. https://doi-org.uea.idm.oclc.org/10.3758/BRM.42.4.1096

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.uea.idm.oclc.org/10.1177/0098628316677643

Tremlin, R. C., & Beazley, P. (2022). A systematic review of offender mental health stigma: Commonality, psychometric measures and differential diagnosis. *Psychology, Crime and Law*. https://doi.org/10.1080/1068316X.2022.2072842

UEA Research Data Management Policy. (2019). https://wap.mth.uea.ac.uk/documents/20142/878646/Research+data+management+policy.pdf

Wason, K. D., Polonsky, M. J., & Hyman, M. R. (2002). Designing Vignette Studies in Marketing. *Australasian Marketing Journal*, *10*(3), 41-58. https://doi-org.uea.idm.oclc.org/10.1016/S1441-3582(02)70157-2

Whyte, S. & Gupta, J. (2007). Widening the scope of the hybrid order. *Medicine, science, and the law. 47*. 41-4. https://doi-org.uea.idm.oclc.org/10.1258/rsmmsl.47.1.41

Young, S. (2022). *An experimental clinical vignette study to explore the relationship between perceived mental illness stigma, psychiatric diagnosis and sentencing outcomes of Mentally Disordered Offenders.* [Doctoral dissertation, University of East Anglia].

Chapter 5. Discussion and Critical Evaluation Chapter

This chapter provides an overview of the main findings from both the systematic review and empirical project, as well as critically evaluating the pieces within the thesis portfolio by identifying the strengths and limitations of the papers, highlighting their clinical and legal implications, and suggesting areas for future research. The chapter will also reflect on the overall process of completing the thesis portfolio, with a final conclusory remark.

Summary of the Main Findings

Systematic Review

The systematic review highlighted the overall lack of quantitative high-quality literature on the attitudes and beliefs of professionals within the English and Welsh Criminal Justice System (CJS) towards people with mental health conditions. Only 14 studies were included, resulting in a total number of 2,215 participants. However, almost half of those participants (N=1,055) came from one study (Bell et al., 2018).

Similar to Oostermeijer and colleagues' (2023) review, a mix of positive, neutral, and stigmatising attitudes toward individuals with mental health conditions was found. However, where their review highlighted more negative attitudes, this review found that professionals' attitudes tended to be positive in general and more positive compared to the general population or other non-legal professionals. These findings are likely to be influenced by self-reported responses and awareness of representing their profession. Despite predominantly positive attitudes, many professionals within the CJS still held stigmatising beliefs or a mix of positive and negative beliefs toward individuals with mental health conditions.

Police officers and staff showed lower fear and higher positive attitude scores, potentially linked to more knowledge and experience with mental health conditions. This provides an arguably more optimistic picture of the ability of the police to work with people

with mental health conditions than is typically portrayed. Nonetheless, recent policing policies aiming to shift focus away from mental health-related incidents due to a perceived lack of expertise could pose challenges, potentially impacting professionals' knowledge and confidence (Right Care, Right Person; Home Office, 2024a). Literature on the attitudes of judges and lawyers towards individuals with mental health conditions was lacking, indicating a need for further research. Studies involving prison and probation staff mostly focused on personality disorders and self-harm, revealing positive attitudes but also stigmatising beliefs and less warmth and empathy toward individuals with personality disorders. The focus on personality disorders within the literature may stem from policy changes emphasising this area over others (Offender Personality Disorder pathway; HM Prison and Probation Service, 2023), creating gaps in research regarding attitudes toward other mental health conditions.

Empirical Project

Participants generally agreed with all four Vowles criteria, with stronger agreement observed for treatment importance (Vowles 2) and public protection (Vowles 4). Positive correlations were found between questions focusing on mental health (Vowles 1) and those focusing on treatment and public protection. However, there was no significant negative correlation between criteria focusing on mental health treatment and punishment (Vowles 3), suggesting a simultaneous consideration of treatment and punishment, arguably supporting the underlying rationale for hybrid orders.

Agreement with the Vowles criteria remained consistent regardless of the diagnosis presented in the vignette. However, different criteria were associated with potential sentencing outcomes, with the criteria focusing on offender mental health being positively correlated with a decision to recommend hospital orders and negatively correlated with a

decision to recommend a custodial sentence; the opposite was observed for criteria focusing on punishment.

Regarding diagnosis and beliefs about mental health, no significant effects were observed on sentencing choices. Despite this, participants predominantly chose the hybrid option for final sentencing decisions. This could be seen as aligning with the law's aim to balance punishment and rehabilitation, although less generously might also reflect the hybrid sentence being viewed as an option that appears to offer both punishment and rehabilitation whilst also avoiding the cognitive, moral and legal weighing of the rationale for choosing one option over the other. Regardless, in reality, the utilisation of s.45A orders remains low (Ministry of Justice, 2022), possibly influenced by professionals, namely the Royal College of Psychiatry's, viewpoints on its efficacy and ethical considerations (Royal College of Psychiatrists, 2018). The results point to the possibility that if psychiatrists were more ready to recommend the hybrid order, or at least not recommend against it, then judges might be more willing to utilise it in practice.

Overall, the study builds upon Baldwin's (2022) research and sheds light on professionals' attitudes and beliefs within the criminal justice system regarding mental health and sentencing, providing insights into factors influencing decision-making processes and the utilisation of specific sentencing options.

Strengths of the Thesis Portfolio

Systematic Review

Where other reviews have focused on certain professionals within the criminal justice system (Oostermeijer et al., 2023), aspects of mental health (Hewson et al., 2022), or stigma specifically towards offenders with mental health conditions (Tremlin & Beazley, 2022), the primary strength of the present review is that it provides a comprehensive systematic review

of the current state of the quantitative literature for all English and Welsh CJS professionals and their attitudes towards people with mental health conditions. The focus on England and Wales provides a structure for other countries to replicate, as well as highlighting the many gaps within the local literature for future research to develop further. The focus on English and Welsh papers meant that the current state of research could be explored with the current legal and political background in mind. The review also emphasised the methodological limitations in the literature, including the other use of self-reported measures, the lack of a consistent measure of mental health attitudes and beliefs, and small, non-representative samples. This could guide future research in completing high-quality research with more balance of methodological approaches.

Empirical Project

The empirical project built on the research of Baldwin (2022) and Young (2022) by not only replicating their experimental methodology but also making additions based on the studies' voiced limitations in the design and sampling. The fact that this is a replication is a strength of the project, given the current replication crisis in psychology (Diener & Biswas-Diener, 2024). The study successfully implemented a likelihood rating (out of 100) of choosing a sentencing option in addition to the final sentencing choice, showing that mental health (Vowles 1 and 2) was an important consideration in the likelihood of considering a hospital order vs a custodial order as the sentencing outcome, that belief in punishment (Vowles 3) showed was an important consideration in the likelihood of considering a custodial order vs a hospital order, and that the hybrid order positively correlated with all of the Vowles criteria.

Similar to Baldwin (2022) the findings indicated that when given an open choice, participants will tend to choose the s.45A option as their final sentencing decision. These

findings provide further rationale for future research to explore replicating the study with qualified judges or seeking the opinion of psychiatrists or professionals, such as clinical or forensic psychologists, that make recommendations for judges to consider when sentencing.

Whilst the study focused on a crown court decision, and arguably found an insufficient 'crown court judge' sample, one could argue that the current study's sample would be more representative of a 'magistrates court judge' sample.

Limitations of the Thesis Portfolio

Systematic Review

By the review focusing on the attitudes and beliefs of criminal justice professionals solely within England and Wales, where it has the strengths of being specifically relatable to England and Wales, it does mean that the findings could not be generalisable to other countries, cultures, or legal landscapes. The present review felt that it could only include quantitative research, due to the scope of criminal justice professionals involved, instead of potentially being more specific and less stringent on study methodologies. Bell and colleagues (2018) highlighted differences between police officers and police staff in their attitudes and beliefs towards people with mental health conditions, where most studies included categorised officers and general staff within the same groups. The differences seen could have had an additional effect on the results seen in other studies and should be considered in future research.

The review highlighted many gaps within the research, for police, there was a lack of research on the attitudes for diagnoses other than general mental health and schizophrenia, where probation tended to focus on personality disorder and self-harm. This meant that the second research question *'Do legal professionals in the whole Criminal Justice System in England and Wales hold different attitudes and beliefs about different mental health*

conditions/symptoms and what are they?' was hard to distinguish from '*What are the different attitudes and beliefs towards mental health conditions/symptoms amongst the different types of legal professionals in the whole Criminal Justice System in England and Wales'.*

Although specific methodologies were not required in the inclusion criteria for this review, the majority of the studies used self-reported measures to measure professionals' attitudes and beliefs towards people with mental health conditions. This could potentially lead to self-report bias. To reduce the impact of self-reporting bias, some studies included a comparison group, such as another professional group or a sample of the general population. Having a comparison group means that rather than comparing whether a group has a positive or negative attitude, you can see if professionals' attitudes or beliefs are more or less positive/negative compared to the general population or professional group working with the population in question. However, comparing against the general population does not take into account the knowledge of representing your profession, which could have an additional impact on performance and bias.

Empirical Project

After having to alter the recruitment strategy away from the aid of the Judicial Office, the current study only recruited one qualified judge and 23 qualified lawyers. In addition, only 42.6% of the sample had prior knowledge of s.37/45A, which further highlights the limitations of the sample being able to further generalise to responses of the judiciary. The sample also had a higher number of participants from ethnic minority backgrounds than the 10% seen in the judiciary in general and 5% of senior court-appointed judges (Ministry of Justice, 2023b). The current study sample also had a higher proportion of women (66%), than the 35% of court judges and 30% of high court judges being women. (Ministry of Justice, 2023b). Being able to use the intended recruitment strategy to recruit current members of the

judiciary would increase the validity and strengthen the ability to generalise the results to the wider population of judges within England and Wales, however the efforts made to do this speaks to the potential difficulties in conducting research with this population

Employing vignette-style methodology offers advantages including greater realism, improved internal validity across participants, and allows for easier replication for future research (Wason et al., 2002). However, the use of a single vignette gives rise to potential confounding variables within the vignette, such as characteristics of the offender and victim, the crime committed, the diagnosis given, and the profession of those creating the report. Moreover, an experimental design can never mimic what happens in a courtroom environment, so even the addition of judges would not necessarily mean that judges would respond in the same way as they would in real-life settings.

Clinical and Legal Implications

Both the systematic review and empirical project potentially hold both clinical and legal implications relevant to both CJS professionals and those with mental health conditions interacting with the CJS.

The lack of research into mental health stigma amongst CJS professionals is concerning and the review highlights a need for further research for CJS professionals in general but especially those within the court system, youth system, and probation. If the level of potential stigma or confidence in working with this population is not known, neither are the areas to target for future learning and training. The review also highlighted that stigma is still seen by CJS professionals, but there is a positive effect of experience (Bell et al., 2018; Wainwright & Mojtahedi, 2020) and further training (Pinfold et al., 2003; Uddin et al., 2020; Brown et al., 2018; Ramsden et al., 2014) on mental health attitudes and beliefs within CJS professionals. This is especially poignant for police officers, as the result of the review

revealed that police officers rate themselves as more knowledgeable compared to the general population, rate themselves as having better perceptions of mental health, and see a positive impact of further training. However, these results are contrary to the recent 'Right Care, Right Person' agenda (Home Office, 2024a) that seeks to reduce police contact form those with mental health conditions, citing lack of expertise and knowledge as one of the key factors. Reducing that experience and link with other professionals would mean that police officers would mainly rely on basic mental health training (Metropolitan Police, 2022a) and without that contact could increase some of the myths and stigmatising beliefs seen in the review (Chaplin & Shaw, 2016; Pinfold et al., 2003).

The empirical project highlighted that, compared to other potential sentencing choices, the s.45A positively correlated with all four of the Vowles criteria. This means that, as intended with the creation of the Vowles criteria, judgements made against the total Vowles criteria are reflected in subsequent decision-making for a s.45A order. The majority of participants choosing s.45A as their sentencing choice falls in line with how the law sees the purposes of sentencing (s.57 Sentencing Act, 2020), which in itself is trying to balance the ideals of punishment and rehabilitation. However, the experimental setting is in conflict with what we see in real-life settings, where the order is seldom used (Ministry of Justice, 2020). This study contributes to the limited evidence that in relation to judgements concerning the impact of mental health, judges put more trust in the recommendations of psychiatrists and legal professionals writing supporting reports (MacKay, 1986; Qurashi & Shaw, 2008). Seeing as the Royal College of Psychiatrists have sought to abolish s.45A, this could potentially leave an offender with mental health conditions having a different experience or outcome in their sentencing depending on a CJS professional's knowledge of s.45A, or their willingness to consider a s.45A as an option.

As highlighted in the systematic review, there was a lack of quantitative research involving the attitudes and beliefs of judges in England and Wales, with the author only finding one paper this century recruiting English and Welsh judges to discuss matters of mental health (Qurashi & Shaw, 2008). This could be a result of the experience the author found when attempting to recruit judges for the original empirical project, where communication stopped after initial agreement from the Judicial Office despite multiple attempts to re-establish contact.

Areas of Future Research

The systematic review suggested that future research could look at the attitudes and beliefs of criminal justice professionals in other countries to see how the research compares to England and Wales. Synthesising quantitative and qualitative research for specific areas of the CJS, such as the police could lead to richer results. Methodological issues within the reviewed studies, such as officers and staff being grouped and the overuse of self-report measures, could be considered when researchers explore attitudes and beliefs in the future. The systematic review highlighted many gaps in the literature for future research to explore, namely the attitudes and beliefs of youth justice workers, probation staff, lawyers, and judges, as the review found no studies involving judges or youth justice workers, one low-quality study involving lawyers, and 2 of the 3 studies involving probation staff were deemed to be low quality with small sample sizes. There was also a lack of research investigating the attitudes of people with mood disorders, such as anxiety and depression, bipolar, PTSD, or trauma-based symptomology.

For the empirical project, the original aim to recruit current members of the judiciary would increase the validity and strengthen the ability to generalise the results to the wider population of judges within England and Wales. Limitations of the single vignette were

highlighted in the empirical project, with future research considering having a vignette with a co-morbid diagnosis or more complexity within the diagnosis. This could lead to more people choosing a hospital order, as seen in Foyston and colleagues' study (2019). It can be argued that the judges rely on the recommendations made through psychiatric and psychological reports (Qurashi & Shaw 2008). Future research could explore the agreeability with the Vowles by recruiting psychiatrists and psychologists who have experience with writing reports for the English and Welsh courts.

Reflections

Reflecting on the systematic review process, I originally considered attempting to include both qualitative and quantitative papers, but initial searches seemed to make this unfeasible with the number of qualitative papers. The decision was made to focus solely on quantitative studies, but in hindsight the review could have been more focused on a professional group and included all methodologies. Focusing on police officers, for example, would have been pertinent given the recent changes in policy to the Right Care, Right Person agenda (Home office, 2024a), and the potential impact that could have on police perceptions in the future if mental health contact is reduced. The review highlighted in general the impact of policy on research, with The Offender Personality Disorder Pathway's introduction in 2011 (HM Prison and Probation Service, 2023) resulting in an increase of papers investigating beliefs about personality disorder amongst prison and probation staff. One could infer that the implementation of a policy creates a need to find efficacy at the potential expense of exploring other mental health needs.

Reflecting on the process of completing the empirical project, the recruitment of judges was unable to occur and the project's recruitment strategy needed to be altered. When taking the project on, previous trainees had already sought ethics from the Judicial Office but

the approval had taken too long for judges to be actively recruited for their projects (Baldwin, 2022; Young, 2022). With the contact already made and minor additions to the original application required, the initial approval process didn't take long to be accepted. At this stage, I was more concerned about recruiting enough court or tribunal judges, with the most recent figures showing a total of 5,292 active judges in England and Wales, or if I would need to recruit into the pool of the 13,340 magistrates currently active (Ministry of Justice 2023). However, once the discussion turned to recruitment the email correspondence suddenly stopped and could not be reestablished. This difficulty in the initial approval process fed back from the previous researchers, along with the lack of communication in the current project, could explain why limited research has been completed with judges in England and Wales regarding mental health.

After switching to professionals within the CJS, the difference between sentencing decisions in real-life and experimental settings was stark. This potentially speaks to the power psychological reports have on the decision-making processes within England and Wales, and how important of a role psychiatrists, and other professionals who complete reports for the courts, have on an offender receiving care in hospital, in prison, or a combination of the two. It would be interesting to see if sentencing decisions would change if crown court or tribunal judges were recruited as planned. I also wondered if asking the participants to rate the Vowles criteria for agreeability primed participants to consider that balance between punishment and treatment, leading to more s.45A outcomes.

Overall Conclusion

Thesis portfolio attempted to explore perceptions of mental health within the English and Welsh CJS. Conclusions drawn from the systematic review suggest more research with different professional groups within the English and Welsh CJS, with more variance amongst

those professional groups with the type of mental health condition being explored. The empirical research project found that most participants choose the hybrid option, even though only a fraction of offenders are being sentenced under s.45A in real-life settings. To give further insight into this discrepancy, further research with qualified judges (as originally planned), psychiatrists, and other professionals who contribute to decision-making is needed.

References

Baldwin, G. (2022). *Sentencing of Mentally Disordered Offenders (MDOs) in the courts: an experimental clinical vignette to explore the reliability of judgements made using Vowles and the relationships between psychiatric diagnosis, mental health locus of origin and final sentencing outcome* [Doctoral dissertation, University of East Anglia].

Bebbington, P., Jakobowitz, S., McKenzie, N., Killapsy, H., Iveson, R., Duffield, G., & Kerr, M. (2017). Assessing needs for psychiatric treatment in prisoners: 1. Prevalence of disorder. *Social Psychiatry and Psychiatric Epidemiology 52*, 221–229.

Bell, S., & Palmer-Conn, S. (2018). Suspicious minds: Police Attitudes to Mental Health. *International Journal of Law and Public Administration, 1* (2). pp. 25-40. https://dx.doi.org/10.11114/ijlpa.v1i2.3878

Brown, S., Beeley, C., Patel, G., & Völlm, B. (2018). Training probation officers in case formulation for personality disordered offenders. *Criminal behaviour and mental health : CBMH*, *28*(1), 50–60. https://doi.org/10.1002/cbm.200

Chaplin, C., & Shaw, J. (2016). Confidently wrong: Police endorsement of psycho-legal misconceptions. *Journal of Police and Criminal Psychology*, *31*(3), 208–216. https://doi-org.uea.idm.oclc.org/10.1007/s11896-015-9182-5

Criminal Justice Joint Inspection. (2021). *A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders*. Retrieved from:

https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2021/11/Mental-health-joint-thematic-report.pdf

Diener, E. & Biswas-Diener, R. (2024). The replication crisis in psychology. In R. Biswas-Diener & E. Diener (Eds), *Noba textbook series: Psychology.* Champaign, IL: DEF publishers. Retrieved from: http://noba.to/q4cvydeh

Foyston, Z., Taylor, C., & Freestone, M. (2019). "Who needs secure services for personality disorder?" Results of an expert Delphi study with professional staff. *BMC Psychiatry, 19*, 280. https://doi.org/10.1186/s12888-019-2268-3

Hewson, T., Gutridge, K., Bernard, Z., Kay, K., & Robinson, L. (2022). A systematic review and mixed-methods synthesis of the experiences, perceptions and attitudes of prison staff regarding adult prisoners who self-harm. *BJPsych open*, *8*(4), e102. https://doi.org/10.1192/bjo.2022.70

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

HM Prison & Probation Service. (2023). *The Offender Personality Disorder Pathway: A joint strategy for 2023-2028.* Retrieved from: https://www.england.nhs.uk/wp-content/uploads/2023/12/PRN00321-The-offender-personality-disorder-pathway-a-joint-strategy-for-2023-to-2028.pdf

Home Office. (2024a). *National Partnership Agreement: Right Care, Right Person (RCRP).* Retrieved from: https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp

Home Office. (2024b). *Police powers and procedures: Other PACE powers, England and Wales, year ending 31 March 2023.* Retrieved from: https://www.gov.uk/government/statistics/other-pace-powers-year-ending-march-2023/police-powers-and-procedures-other-pace-powers-england-and-wales-year-ending-31-march-2023

Home Office. (2024c). *Other PACE powers data tables, police powers and procedures, year ending 31 March 2023.* Retrieved from: https://www.gov.uk/government/statistics/other-pace-powers-year-ending-march-2023

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

Mackay, R. D. (1986). Psychiatric reports in the crown court. *Criminal Law Review*, Apr, 217-225. Psychiatric reports in the Crown Court | Westlaw UK

Mental Health Act. (1983). London: Stationery Office.

Metropolitan Police. (2018). *Cost and Demand of Mental Health to the Metropolitan Police Service and the Public.* no: 01.FOI.22.025029. Retrieved from: https://www.met.police.uk/foi-ai/metropolitan-police/d/june-2022/cost-and-demand-of-mental-health-to-mps-2018-publication/

Metropolitan Police. (2022a). *Trained police officers who respond to mental health incidents.* no: 01.FOI.22.023299. Retrieved from: https://www.met.police.uk/foi-ai/metropolitan-police/d/april-2022/trained-police-officers-who-respond-to-mental-health-incidents/

Metropolitan Police. (2022b). *101 and 999 calls received related to Mental Health from January 2017 to September 2022.* no: 01.FOI.22.026746. Retrieved from: https://www.met.police.uk/foi-ai/metropolitan-police/d/november-2022/101-999-calls-received-related-mental-health-january2017-september2022/

Ministry of Justice (2020). *Number of orders given to sentenced offenders under s.37, s.41 and s.45a of the Mental Health Act 1983 at all criminal courts in England and Wales, 2009 to 2019.* Ministry of Justice court proceedings database, FOI 200612015.

Ministry of Justice. (2023a). *Offender Management Statistics Bulletin, England and Wales Quarterly: October to December 2022, and Annual: calendar year 2022.* Retrieved from: https://assets.publishing.service.gov.uk/media/644915fcf126830011ca6882/OMSQ_Q4_2022.pdf

Ministry of Justice. (2023b). *Diversity of the judiciary: Legal professions, new appointments and current post-holders – 2022 Statistics.* Retrieved from: https://www.gov.uk/government/statistics/diversity-of-the-judiciary-2022-statistics/diversity-of-the-judiciary-legal-professions-new-appointments-and-current-post-holders-2022-statistics#:~:text=As%20at%201%20April%202022%2C%2057%25%20of%20sitting%20magistrates%20were,were%20aged%2050%20and%20above.

NHS Digital. (2024). *Mental Health Act Statistics, Annual Figures, 2022-2023.* Retrieved from: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2022-23-annual-figures#

NICE. (2014). *Mental health of adults in contact with the criminal justice system: identification and management of mental health problems and integration of care for*

adults in contact with the criminal justice system. Retrieved from: https://www.nice.org.uk/guidance/ng66/documents/mental-health-of-adults-in-contact-with-the-criminal-justice-system-final-scope2#:~:text=An%20estimated%2039%25%20of%20people,to%20have%20a%20psychiatric%20diagnosis.

Oostermeijer, S., Morgan, A. J., Ross, A. M., Grimmond, T. & Reavley, N. J. (2023). Stigmatising attitudes of probation, parole and custodial officers towards people with mental health issues: A systematic literature review and meta-analysis. *Legal and Criminological Psychology*, 28, 165–199. https://doi-org.uea.idm.oclc.org/10.1111/lcrp.12227

Pettitt, B, Greenhead, S., Khalifeh, H., Drennan., V., Hart, T., Hogg, J., Borschmann, R., Mamo., E., & Moran., P. (2013). At risk, yet dismissed: The criminal victimisation of people with mental health problems. *Victim Support/Mind*. Retrieved from: https://www.mind.org.uk/media-a/4121/at-risk-yet-dismissed-report.pdf

Pinfold, V., Huxley, P., Thornicroft, G., Farmer, P., Toulmin, H., & Graham, T. (2003). Reducing psychiatric stigma and discrimination--evaluating an educational intervention with the police force in England. *Social psychiatry and psychiatric epidemiology*, *38*(6), 337–344. https://doi.org/10.1007/s00127-003-0641-4

Qurashi, I., & Shaw, J. (2008). Sections 37/41 Mental Health Act 1983: a study of judges' practice and assessment of risk to the public. *Medicine, science, and the law*, *48*(1), 57–63. https://doi.org/10.1258/rsmmsl.48.1.57

Ramsden, J., Lowton, M., & Joyes, E. (2014). The impact of case formulation focussed consultation on criminal justice staff and their attitudes to work with personality

disorder. *Mental Health Review Journal, 19*(2), 124–130. https://doi-org.uea.idm.oclc.org/10.1108/MHRJ-12-2013-0039

R v. Vowles EWCA Crim 45. (2015). https://www.bailii.org/ew/cases/EWCA/Crim/2015/45.html

Royal College of Psychiatrists. (2018). *Review of the Mental Health Act 1983: The Royal College of Psychiatrists' submission of evidence.* Retrieved from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/policy-rcpsych-mha-review-submission-2018.pdf?sfvrsn=27993a01_2

Sentencing Act, (2020). London: Stationery Office.

Tremlin, R. C., & Beazley, P. (2022). A systematic review of offender mental health stigma: Commonality, psychometric measures and differential diagnosis. *Psychology, Crime and Law*. https://doi.org/10.1080/1068316X.2022.2072842

Tyler, N., Miles, H.L., Karadag, B. & Rodgers, 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*, 1143–1152.

Uddin, T., Saadi, A., Fisher, M., Cross, S., & Attoe, C. (2020). Simulation training for police and ambulance services to improve mental health practice. *Journal of Mental Health Training, Education and Practice, 15*(5), 303-314. https://doi.org/10.1108/JMHTEP-04-2020-0020

Wainwright, A., & Mojtahedi, D. (2020). An examination of stigmatising attributions about mental illness amongst police custody staff. *International journal of law and psychiatry, 68*, 101522. https://doi.org/10.1016/j.ijlp.2019.101522

Wason, K. D., Polonsky, M. J., & Hyman, M. R. (2002). Designing Vignette Studies in Marketing. *Australasian Marketing Journal*, *10*(3), 41-58. https://doi-org.uea.idm.oclc.org/10.1016/S1441-3582(02)70157-2

Young, S. (2022). *An experimental clinical vignette study to explore the relationship between perceived mental illness stigma, psychiatric diagnosis and sentencing outcomes of Mentally Disordered Offenders.* [Doctoral dissertation, University of East Anglia].

Appendices

Appendix A. Author Guidelines for Psychology, Crime and Law

Preparing Your Paper

Structure

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

Word Limits

Please include a word count for your paper. There are no word limits for papers in this journal.

Format-Free Submission

Authors may submit their paper in any scholarly format or layout. Manuscripts may be supplied as single or multiple files. These can be Word, rich text format (rtf), open document format (odt), PDF, or LaTeX files. Figures and tables can be placed within the text or submitted as separate documents. Figures should be of sufficient resolution to enable refereeing.

- There are no strict formatting requirements, but all manuscripts must contain the essential elements needed to evaluate a manuscript: abstract, author affiliation, figures, tables, funder information, and references. Further details may be requested upon acceptance.

- References can be in any style or format, so long as a consistent scholarly citation format is applied. For manuscripts submitted in LaTeX format a .bib reference file must be included. Author name(s), journal or book title, article or chapter title, year of publication, volume and issue (where appropriate) and page numbers are essential. All bibliographic entries must contain a corresponding in-text citation. The addition of DOI (Digital Object Identifier) numbers is recommended but not essential.
- The journal reference style will be applied to the paper post-acceptance by Taylor & Francis.
- Spelling can be US or UK English so long as usage is consistent.

Note that, regardless of the file format of the original submission, an editable version of the article must be supplied at the revision stage.

Taylor & Francis Editing Services

To help you improve your manuscript and prepare it for submission, Taylor & Francis provides a range of editing services. Choose from options such as English Language Editing, which will ensure that your article is free of spelling and grammar errors, Translation, and Artwork Preparation. For more information, including pricing, visit this website.

Checklist: What to Include

1. **Author details.** Please ensure all listed authors meet the Taylor & Francis authorship criteria. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors

moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. Read more on authorship.

2. Should contain an unstructured abstract of 200 words. Read tips on writing your abstract.
3. **Graphical abstract** (optional). This is an image to give readers a clear idea of the content of your article. For the optimal online display, your image should be supplied in landscape format with a 2:1 aspect ratio (2 length x 1 height). Graphical abstracts will often be displayed online at a width of 525px, therefore please ensure your image is legible at this size. Save the graphical abstract as a .jpg, .png, or .tiff. Please do not embed it in the manuscript file but save it as a separate file, labelled GraphicalAbstract1.
4. You can opt to include a **video abstract** with your article. Find out how these can help your work reach a wider audience, and what to think about when filming.
5. Between 3 and 5 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.
6. **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows:

   For single agency grants

   This work was supported by the [Funding Agency] under Grant [number xxxx].

   For multiple agency grants

   This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

7. **Disclosure statement.** This is to acknowledge any financial or non-financial interest that has arisen from the direct applications of your research. If there are no relevant competing interests to declare please state this within the article, for example: *The authors report there are no competing interests to declare*. Further guidance on what is a conflict of interest and how to disclose it.
8. **Data availability statement.** Authors are required to provide a data availability statement, detailing where data associated with a paper can be found and how it can be accessed. If data cannot be made open, authors should state why in the data availability statement. The DAS should include the hyperlink, DOI or other persistent identifier associated with the data set(s), or information on how the data can be requested from the authors. Templates are also available to support authors.
9. **Data deposition.** If you choose to share or make the data underlying the study open, please deposit your data in a recognized data repository prior to or at the time of submission. You will be asked to provide the DOI, pre-reserved DOI, or other persistent identifier for the data set.
10. **Supplemental online material.** Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about supplemental material and how to submit it with your article.
11. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our Submission of electronic artwork document.

12. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.
13. **Equations.** If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about mathematical symbols and equations.
14. **Units.** Please use SI units (non-italicized).

Appendix B. Full Search Strategy

1. **Criminal Justice Professional**

   (Judge* or barrister* or police* or officer* or probation* or parole* or custodial* or solicitor* or lawyer* or "legal professional*" or "prison officer*" or "prison staff" or "criminal justice" or "offender manager*" or "youth justice staff")

2. **Attitude or Belief**

   (Stigma* or belief* or stereotype* or prejud* or discrim* or "public attitude*" or attitud* or perception* or *valuation* or attribut* or opinion* or description* or experience* or view* or idea* or feeling* or behav* or experience* or thought* or expectation* or perspective* or perceiv*)

3. **Diagnosis or Mental Health Related Behaviour**

   (Schizo* or Psycho* or "personality disorder*" or depress* or bipolar or "mood disorder" or "mental health" or "mental illness" or PTSD or "anxiety disorder*" or "self harm*" or suicid*)

4. **Location**

   (Engl* or Wales or Welsh or UK or "United Kingdom")

Title or abstract for 1, 2 and 3; title or abstract or author affiliation for 4. 1 and 3 were combined with a word proximity proximity operator of 5 (words within the two search groups had to fall within 5 words of each other) to decrease the number of unsuitable papers.

Appendix C. The Vowles Criteria Measuring Agreement with Each Criteria on a 6 Point Likert Scale

Participants were asked to rate each of the four criteria on a six-point Likert scale of 1-6 (strongly disagree - 1, moderately disagree - 2, somewhat disagree - 3, somewhat agree - 4, moderately agree - 5, strongly agree - 6)

1) the extent to which the offender's mental health requires treatment
2) the extent to which offending is attributable to the mental health disorder.
3) the extent to which offending requires punishment.
4) the protection of the public when deciding release and regime of release

Appendix D. Likelihood Scale & Final Sentencing Choice for the 3 Sentencing Options

Participants were asked to first rate each of the three sentencing options on a scale between 0-100 for the likelihood that they would giving each of the sentencing options. Participants were later asked to select one sentence from the options below. Descriptive text was presented alongside each option on both occasions.

1. Section 37/41 Hospital Order: the offender would go to a secure hospital and receive mental health treatment until deemed well enough to be discharged by a Mental Health Tribunal. They would then be monitored in the community by forensic mental health services.
2. Prison: the offender would go to prison until either the expiry of their sentence or they become eligible for parole. After release, they would be monitored in the community by probation services.
3. Section 45A Hospital Order: the offender would go to a secure hospital and receive mental health treatment, however there would be a minimum sentence attached, meaning if the Mental Health Tribunal felt the offender no longer needed to be in hospital, they could be transferred to prison for the remainder of their sentence until eligible for parole. If released from hospital, they would be monitored by forensic mental health services, if released from prison, they would be monitored by probation services.

Appendix E. Mental Health Locus of Origin Scale (MHLO)

Participants will be asked to rate each of the four criteria on a Likert scale of 1-6.

(strongly disagree - 1, moderately disagree - 2, slightly disagree - 3, slightly disagree - 4, moderately agree - 5, strongly agree - 6).

1. Eventually medical science will discover a cure for psychosis.

2. The cause of most psychological problems can be found in the brain.

3. If the children of schizophrenics were raised by normal parents they would probably grow up to be healthy.

4. Mental illness is usually caused by some disease of the nervous system.

5. Some people are born mentally unstable and are almost certain to spend some part of their lives in a mental hospital.

6. Most people suffering from mental illness were born with some kind of psychological deficit.

7. Some people are born depressed and stay that way.

8. Everybody's system has a breaking point and those of mental patients are probably weaker.

9. The mental illness of some people is caused by the separation or divorce of their parents during childhood.

10. Being hot-blooded is the cause of mental illness in some people.

11. More money should be spent on discovering healthy methods of child rearing than determining the biological basis of mental illness.

12. Some people are born with the kind of nervous system that makes it easy for them to become emotionally disturbed.

13. Your choice of friends can have a lot to do with your becoming mentally ill.

14. Although they usually aren't aware of it, many people become mentally ill to avoid the difficult problems of everyday life.

15. Some people are born with slightly greater capacity than others to commit suicide later in life.

16. Many normal people would become mentally ill if they had to live in very stressful situations.

17. Many health professionals probably underestimate the extent to which brain damage is responsible for mental illness.

18. When a group of people are forced to live under extremely stressful conditions the ones who crack under the strain are likely to be the ones who inherited a psychologically weak disposition.

19. The kind of nervous system you are born with has little to do with whether you become psychotic.

20. The cause of many psychological problems is bad nerves.

Appendix F. Coding for PsyToolkit Online Survey

```
##############################################################################

page: begin

l: Part1info
t: info
q: Please answer the following demographic questions:

l: Prolific_ID
t: textline
q: Please enter your Prolific ID number (This matches your answers to your account for
payment purposes)

l: age
t: textline
o: require
q: Please use the arrows to select your age:
- {min=18,max=99} Age:
```

l: gender

t: drop

q: Please select which option best describes your gender identity:

- Female

- Male

- Other

- Prefer not to say

l: ethnicity

t: drop

q: Please select which option below best describes your ethnicity:

- Asian/Asian British - Bangladeshi

- Asian/Asian British - Chinese

- Asian/Asian British - Indian

- Asian/Asian British - Pakistani

- Any other Asian background

- Black/African/Caribbean/Black British - African

- Black/African/Caribbean/Black British - Caribbean

- Any other Black/African/Caribbean background

- Mixed/multiple - White and Black Caribbean

- Mixed/multiple - White and Black African

- Mixed/multiple - White and Asian

- Any other Mixed/Multiple ethnic background

- White - English/Welsh/Scottish/Northern Irish/British

- White Irish

- White - Gypsy, Roma or Traveller

- Any other White background

- Other - Arab

- Any other ethnic group

- Prefer not to say

l: Profession

t: drop

q: Please select which option below best describes your profession:

- Barrister

- Law Student

- Judge

- Solicitor

- Law Student

- Other Legal Professionals (Including Legal Executives)

- Other Non-Legal Professionals (Such as Administrators, Clerks, or Officers)

l: profession_other

t: textline

q: If you've answered other, please state what your profession is.

l: Area_of_Law

t: check

q: Please select the area/s of law you work in (Please note that you can select areas)?

- Property

- Contract

- Litigation

- Commercial

- Corperate

- Family

- Private Client

- Criminal

- Employment

- Land

- Tort

- Other (Please state in the box below)

l: area_other

t: textline

q: If you've answered other, please state what your area is.

l: 37_45a

t: drop

o: require

q: Do you have knowledge of what a section 37/45a is? (yes or no)

- Yes

- No

- Not Sure

page: end

page: begin

l: MHLOinfo

t: info

q: Please use the numbered sliding scales below to indicate your responses to each of the following statements

l: MHLOQ1

t: range

q: 1. Eventually medical science will discover a cure for psychosis.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ2

t: range

q: 2. The cause of most psychological problems can be found in the brain.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ3

t: range

q: 3. If the children of schizophrenics were raised by normal parents they would probably grow up to be healthy.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ4

t: range

q: 4. Mental illness is usually caused by some disease of the nervous system.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ5

t: range

q: 5. Some people are born mentally unstable and are almost certain to spend some part of their lives in a mental hospital.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ6

t: range

q: 6. Most people suffering from mental illness were born with some kind of psychological deficit.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ7

t: range

q: 7. Some people are born depressed and stay that way.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ8

t: range

q: 8. Everybody's system has a breaking point and those of mental patients are probably weaker.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ9

t: range

q: 9. The mental illness of some people is caused by the separation or divorce of their parents during childhood.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ10

t: range

q: 10. Being hot-blooded is the cause of mental illness in some people.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ11

t: range

q: 11. More money should be spent on discovering healthy methods of child rearing than determining the biological basis of mental illness.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ12

t: range

q: 12. Some people are born with the kind of nervous system that makes it easy for them to become emotionally disturbed.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ13

t: range

q: 13. Your choice of friends can have a lot to do with your becoming mentally ill.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ14

t: range

q: 14. Although they usually aren't aware of it, many people become mentally ill to avoid the difficult problems of everyday life.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ15

t: range

q: 15. Some people are born with slightly greater capacity than others to commit suicide later in life.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ16

t: range

q: 16. Many normal people would become mentally ill if they had to live in very stressful situations.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ17

t: range

q: 17. Many health professionals probably underestimate the extent to which brain damage is responsible for mental illness.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ18

t: range

q: 18. When a group of people are forced to live under extremely stressful conditions the ones who crack under the strain are likely to be the ones who inherited a psychologically weak disposition.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ19

t: range

q: 19. The kind of nervous system you are born with has little to do with whether you become psychotic.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: MHLOQ20

t: range

q: 20. The cause of many psychological problems is bad nerves.

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

page: end

##

l: Part2info

t: info

q: In the next part of the study, you will take on the role of a judge and be asked to reach a verdict based on a closing statement vignette.

Please continue to the next screen for further instruction.

l: chooserandom

t: set

- random 1 2

l:

t: jump

- if $chooserandom == 1 then goto condition_set1

- if $chooserandom == 2 then goto condition_set2

Condition 1

l: condition_set1

t: info

b: Click here to watch the following vignette

q: Please read the following instructions carefully.

Next, you will be shown a short video depicting a mock sentencing, in which the fictional defendant, Mr James Smith, has a diagnosis of Emotionally Unstable Personality Disorder (EUPD) and has pleaded guilty to committing Grievous Bodily Harm (GBH) with intent.

Please watch the video carefully and in full before offering your decision.

l: condition_set1Vignette

t: youtube

b: Click here to watch the sentencing video

o: mintime 300s

q: Please watch the video carefully and in full. Once the video has ended, the continue button may be clicked. If the video is not working, please copy and paste the folowing link into a new tab: https://www.youtube.com/watch?v=4pbvb9Deors

- 4pbvb9Deors

j: Vowlesinfo

Condition 2

l: condition_set2

t: info

b: Click here to watch the following vignette

q: Please read the following instructions carefully.

Next, you will be shown a short video depicting a mock sentencing, in which the fictional defendant, Mr James Smith, has a diagnosis of Schizophrenia and has pleaded guilty to committing Grievous Bodily Harm (GBH) with intent.

Please watch the video carefully and in full before offering your decision.

l: condition_set2Vignette

t: youtube

b: Click here to watch the sentencing video

o: mintime 300s

q: Please watch the video carefully and in full. Once the video has ended, the continue button may be clicked. If the video is not working, please copy and paste the folowing link into a new tab: https://www.youtube.com/watch?v=ci62Gqb2QFs

- ci62Gqb2QFs

j: Vowlesinfo

page: begin

l: Vowlesinfo

t: info

q: The Vowles Criteria Scale

Please use the numbered sliding scales below to indicate your level of agreeability to each of the following statements when considering the sentencing options.

l: VowlesQ1

t: range

q: 1. The extent to which the offender's mental health requires treatment.

(How much do you agree that an offender's mental health requires treatment?)

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: VowlesQ2

t: range

q: 2. The extent to which offending is attributable to the mental health disorder.

(How much do you agree that offending is attributable to the mental health disorder?)

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: VowlesQ3

t: range

q: 3. The extent to which offending requires punishment.

(How much do you agree that offending requires punishment?)

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: VowlesQ4

t: range

q: 4. The protection of the public when deciding release and regime of release.

(How much do you agree that the protection of the public is important when deciding release and regime of release?)

- {min=1,max=6,left=strongly disagree,right=strongly agree,start=3}

l: VowlesQ5

t: range

q: 5. Finally, how confident are you in using this set of criteria in order to make a sentencing outcome?

- {min=1,max=6,left=not confident at all,right=completely confident,start=3}

page: end

page: begin

l: sentenceQ1

t: range

q: Please rate how likely (0-100%) you are to give Mr Smith a Section 37/41 Hospital Order sentence, using the sliding scale below:

In this scenario the offender would go to a secure hospital and receive mental health treatment until deemed well enough to be discharged by a Mental Health Tribunal. They would then be monitored in the community by forensic mental health services

- {min=0,max=100,left=not at all,right=complete certainty,start=50}

l: sentenceQ2

t: range

q: Please rate how confident (0-100%) you are in understanding the implications of giving Mr Smith a Section 37/41 Hospital Order sentence, using the sliding scale below:

- {min=0,max=100,left=not confident at all,right=completely confident,start=50}

l: sentenceQ3

t: range

q: Please rate how likely (0-100%) you are to give Mr Smith a Prison sentence, using the sliding scale below:

In this scenario the offender would go to prison until either the expiry of their sentence or they become eligible for parole. After release, they would be monitored in the community by probation services.

- {min=0,max=100,left=not at all,right=complete certainty,start=50}

l: sentenceQ4

t: range

q: Please rate how confident (0-100%) you are in understanding the implications of giving Mr Smith a Prison sentence, using the sliding scale below:

- {min=0,max=100,left=not confident at all,right=completely confident,start=50}

l: sentenceQ5

t: range

q: Please rate how likely (0-100%) you are to give Mr Smith a Section 45A Hospital Order, using the sliding scale below:

In this scenario the offender would go to a secure hospital and receive mental health treatment, however there would be a minimum sentence attached, meaning if the Mental Health Tribunal felt the offender no longer needed to be in hospital, they could be transferred to prison for the remainder of their sentence until eligible for parole. If released from hospital, they would be monitored by forensic mental health services, if released from prison, they would be monitored by probation services.

- {min=0,max=100,left=not at all,right=complete certainty,start=50}

l: sentenceQ6

t: range

q: Please rate how confident (0-100%) you are in understanding the implications of giving Mr Smith a Section 45A Hospital Order sentence, using the sliding scale below:

- {min=0,max=100,left=not confident at all,right=completely confident,start=50}

l: sentenceQ7

t: radio

q: Which of the three sentencing verdicts they would give in a real-life court environment given the facts received from the vignette? 37/45a, Prison, or 45A?

- Section 37/41 Hospital Order
- Prison
- Section 45A Hospital Order

page: end

page: begin

l: knowledgecheck1

t: radio

q: What crime did Mr Smith plead guilty to?

- Arson
- GBH
- Fraud

l: knowledgecheck2

t: radio

q: What relation was the victim to Mr Smith?

- His manager
- A family member
- A stranger

l: knowledgecheck3

t: radio

q: What were the names of the Psychiatrists?

- Dr Clifford & Dr Harrison

- Dr Daly & Dr Fraser

- Dr Taylor & Dr Bell

l: Complete_Answer

t: check

o: require

q: Please tick to confirm that you have completed the survey to the best of your ability.

- My Answers are Complete

page: end

Appendix G. Study Short Summary

Making Sentencing Decisions for Mentally Disordered Offenders.

You are invited to take part in this study looking into factors influencing sentencing for offenders with mental health problems.

We are recruiting legal professionals who are currently working or have previously worked in England and Wales.

We are looking to understand the decision-making process involved in sentencing during Crown Court cases.

The study involves questionnaires and a short video and should only take 20 minutes to complete.

Appendix H. Participant Information Sheet

This Information Statement outlines the study to help you decide whether you would like to take part, please read it carefully and raise any questions you may have. Your participation is voluntary and you retain the right to withdraw at any point.

By giving consent to take part in this study you are telling us that you:

- Understand what you have read.
- Agree to take part in the research study as outlined below.
- Agree to the use of your personal information as described.
- You have read through the online Participant Information Statement.

(2) Who is running the study?

This study is being conducted by: Oliver English (ClinPsyD Researcher) and Dr Peter Beazley (Consultant Clinical Psychologist), Norwich Medical School, University of East Anglia.

(3) What will the study involve for me?

Your participation requires the completion of an online survey, which has multiple sections and will take approximately 20 minutes. You will be provided information about sentencing options, followed by case material. You will then be asked to complete a questionnaire measuring your beliefs about the causes of mental health and then be asked to give a sentencing verdict.

(4) How much of my time will the study take?

The survey will take approximately 20 minutes to complete.

(5) Do I have to be in the study? Can I withdraw from the study once I've started?

Participation is voluntary, your decision whether to participate will not affect current or future relationships with anyone associated with the University of East Anglia. You can withdraw from the study before completion. Once you have started the survey, you will need to contact us to request that your data not be saved.

(6) Are there any risks or costs associated with being in the study?

This study is not expected to cause any distress, however, you are advised to stop completing the survey if at any time you feel uncomfortable. If during or after the survey you experience distress, please follow this link embedded below that can signpost you to further support. This link will also be available at the end of the survey.

>https://www.mind.org.uk/media-a/2897/crisis-services-2018.pdf<

(7) Are there any benefits associated with being in the study?

This study will hopefully provide insight into factors influencing the sentencing of offenders with mental health difficulties, to inform real-life processes and safeguard from unreliable and/or biased real-life sentencing.

(8) What will happen to information about me that is collected during the study?

By consenting to participate, you are agreeing to the personal information shared to be collected and used for the purpose of this research study. Any information provided will only be used for the purposes outlined in this Participant Information Statement unless you consent otherwise. The 2018 General Data Protection Regulation Act and the University of East Anglia Research Data Management Policy (2019) will be adhered to at all times. Your information will be stored securely using UEA cloud storage and your identity/information will only be disclosed with your permission, except as required by law. Findings from this study may be included in a publication, but you will not be identifiable. Data will be stored until analysis and publication are completed and then retained for ten years.

(9) What if I would like further information about the study?

When you have read this information, we will be available to discuss it with you further and answer any questions you may have. You can contact us via **o.english@uea.ac.uk**

(10) Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. You can request this by contacting us via **o.english@uea.ac.uk or p.beazley@uea.ac.uk**. Overall results will be provided in the form of a one-page lay summary which you will receive after the study is finished.

(11) What if I have a complaint or any concerns about the study?

The ethical aspects of this study have been approved under the regulations of the University of East Anglia's Faculty of Medicine and Health Sciences Ethics Committee.

If there is a problem please let us know. You can contact us via the University at the following address:

Dr Peter Beazley

Norwich Medical School

Faculty of Medicine and Health Sciences

University of East Anglia

NORWICH NR4 7TJ

(**p.beazley@uea.ac.uk**)

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the administration team who will direct your concerns to a senior faculty member: **med.reception@uea.ac.uk**

(12) OK, I want to take part – what do I do next?

You need to return to the online survey and click to confirm you have read this form and wish to participate.

Appendix I. Participant Consent Form

By acknowledging that I have read this consent form and clicked to proceed with the online survey, I agree to take part in this research study.

In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.

- I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.

- The researchers have answered any questions that I had about the study and I am happy with the answers.

- I understand that being in this study is completely voluntary and I do not have to take part. My decision on whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future.

- I understand that I can withdraw from the study at any time.

- I understand that I may stop the survey at any time if I do not wish to continue, but once I've checked the 'my answers are complete' button at the end of the survey that it will not be possible to withdraw my submitted answers. I also understand that I may refuse to answer any questions I don't wish to answer.

- I understand that information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

- 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.

Appendix J. Debrief Letter

Thank you for taking part in this study looking into factors influencing sentencing for offenders with mental health problems.

There will be a URL for you to follow if you have come from the Prolific platform, but please copy the code CY4ZSFMO in case there is problems with the link.

If you are experiencing any distress as part of the survey, please use the link below for signposting to mental health numbers/charities.

https://www.mind.org.uk/media-a/2897/crisis-services-2018.pdf

You can also contact us to request a lay summary of our findings via the University at the following address:

Oliver English

Norwich Medical School

Faculty of Medicine and Health Sciences

University of East Anglia

NORWICH NR4 7TJ

If you are concerned about the way this study is being conducted or you wish to make a complaint, please contact Dr Peter Beazley (**p.beazley@uea.ac.uk**)

Kind regards,

Oliver English

Trainee Clinical Psychologist

Doctorate in Clinical Psychology (ClinPsyD)

Email: **o.english@uea.ac.uk**

Appendix K. Vignette Scripts For Both Diagnoses

This script has been adapted from the study we are replicating. We are currently in the process of creating the second set of vignettes, which will follow a similar structure.

Your honour, the defendant, Mr. James Smith, DOB: 4/10/99, has pleaded guilty to committing the offence of unlawfully and maliciously causing grievous bodily harm with intent to cause grievous bodily harm, contrary to section 18 of the Offences Against the Person Act 1861. He attacked the victim, Robert Peterson, with a weapon causing grievous bodily harm.

The facts of the case are as follows. On the 13th December 2020, the victim and defendant were seen arguing on the corner of London Road. The victim was Mr. Smith's site manager at Lions Construction, where the defendant had worked as a labourer. Whilst working at the construction site Mr. Smith had been given numerous warnings for repeatedly turning up to work late, failing to follow instructions, and frequently getting into arguments with other site workers. The victim had approached Mr. Smith after he arrived an hour late for work, to inform him he was no longer required and instructed him to leave the premises. The victim testified that Mr. Smith was angry and aggressive, swearing at him and storming

off. The following day, the victim reported encountering Mr. Smith near the construction site on the corner of London Road. Mr. Smith waited for the victim to finish work, where he was on his own, then entered the site, blocking the victim's exit. The victim reported Mr. Smith to be loud and aggressive and difficult to follow, talking quickly and incoherently about his job. When the victim asked Mr. Smith to leave, Mr. Smith grabbed a steel scaffold pole from the floor and immediately struck the victim five times, including once to the head, causing permanent facial disfigurement and resulting in the victim being unable to work for 3 months. Mr. Smith was arrested at the scene after a witness from the adjacent construction site alerted the police to the incident. The victim's personal statement states "The actions of Mr. Smith have completely changed my life. I spent over three months in hospital and despite numerous surgeries, I still see the damage caused by Mr. Smith's attack every time I look in the mirror. Since the attack, I have been unable to return to work which has also meant that I am struggling financially. I am no longer the confident and carefree man I was."

Your Honour, as the judge presiding over this case, it is your job to determine Mr. Smith's sentence.

For the purposes of sentencing, I present as evidence the report of Dr. Robert Taylor, a psychiatrist instructed to interview the defendant and report on the defendant's mental health condition in relation to the offence. His expert opinion has been corroborated by a second opinion from psychiatrist, Dr. Amanda Bell. As this report confirms, Dr. Taylor states that the defendant suffers from [**Emotionally Unstable Personality Disorder which is a recognised medical condition, or Schizophrenia which is a recognised medical condition]**. Dr. Taylor notes as part of this condition, unstable emotions (rapidly changing from being calm to angry), paranoid thoughts (expecting others to harm him), auditory hallucinations (hearing voices), and impulsive behaviours are present. Dr. Taylor notes in the report that it is not uncommon for these symptoms to be worsened by stressful life events,

such as job loss. Indeed, during his childhood, Mr. Smith attended a number of different schools. He described initially moving schools due to experiencing bullying from an early age as he would often turn up to school with worn and dirty clothing. However, later, Mr. Smith began to present with challenging behaviours which resulted in him being suspended and expelled from a number of schools, eventually leading him to be placed in a pupil referral unit for his challenging behaviour. Despite this history, Mr. Smith does not have any previous convictions. He states remorse for the incident for which he has pleaded guilty, but has also insisted that the victim firing him was a provocation. Mr. Smith has found it difficult to find stable employment, he has had approximately seven jobs in the last year, with many roles ending due to disputes or poor attendance. In 2019, Mr. Smith's Employment Advisor at the Job Centre attempted to refer him to mental health services due to some odd behaviour, rushed speech, and paranoid beliefs (including believing that previous colleagues had plotted against him) that were shared in an appointment. Mr. Smith was diagnosed with **[<u>Emotionally Unstable Personality Disorder or Schizophrenia</u>]** during his mental health assessment, however, he subsequently disengaged with the treatment offered and was discharged from the service. Aside from this, however, Mr. Smith has had no other contact with mental health services.

Although Dr. Taylor was certain that Mr. Smith's diagnosed mental health condition would have played a part in the offence, it is difficult to know whether his mental health condition can fully explain his behaviour on the day in question. Certainly, his history suggests that his dismissal may well have led Mr. Smith to experience extreme emotions of anger. Further, both experts have suggested that preoccupation with mental health symptoms earlier in the day, may have led him to be late for work and linked to his fears – or paranoia – that some of the workers at the site wanted to 'do him in'. It is perhaps even possible that these fears influenced his reaction to his boss dismissing him. However, both experts found it difficult to

extract more detailed information from Mr. Smith on this point and there is significant uncertainty. However, as stated, both experts have agreed that Mr. Smith's presentation is consistent with **[a diagnosis of Emotionally Unstable Personality Disorder or Schizophrenia]**. Both experts agree that Mr. Smith could benefit from a period of treatment within a hospital environment. Therefore, as the honourable judge presiding over this case, it is down to you to determine Mr. Smith's sentencing.

Appendix L. University of East Anglia Faculty of Medicine and Health Sciences Research Ethics Committee Ethical Approval

University of East Anglia

Study title: Do people make sentencing decisions under the Vowles Criteria reliably in relation to people with serious mental health problems charged with criminal acts?

Application ID: ETH2324-0026 (significant amendments)

Dear Oliver,

Your amendment to your study was considered on 12th August 2023 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 2024**.

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

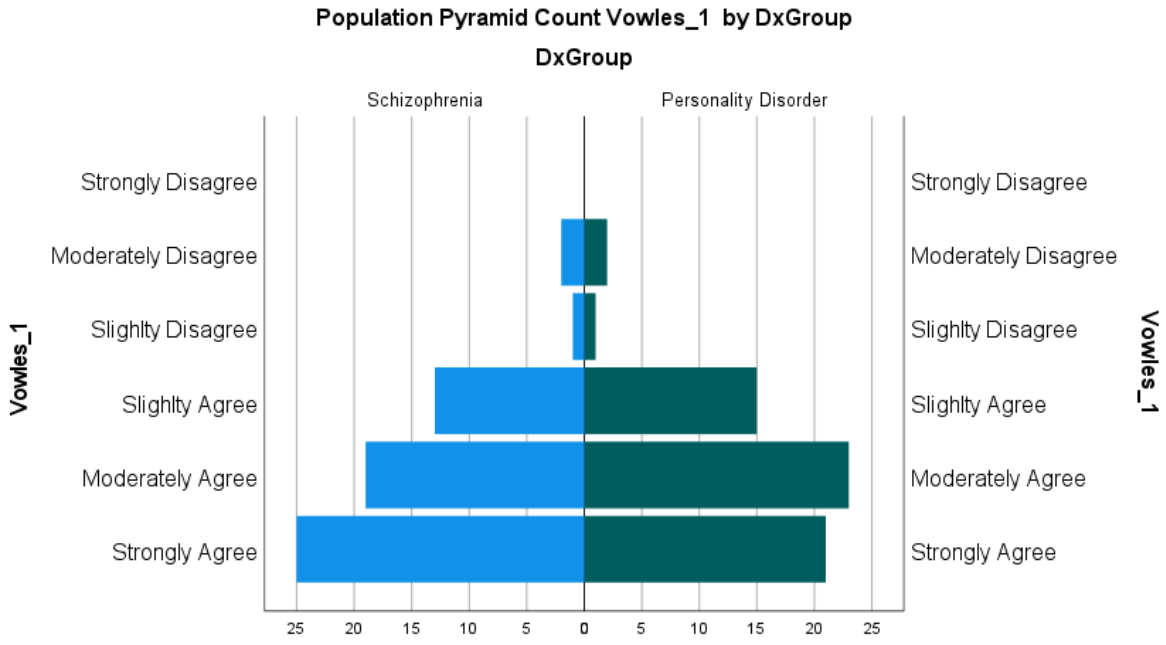
Ethics ETH2324-0026 (Significant amendments): Mr Oliver English

Appendix M. Percentages of Agreeability For Each of The Vowles Criteria

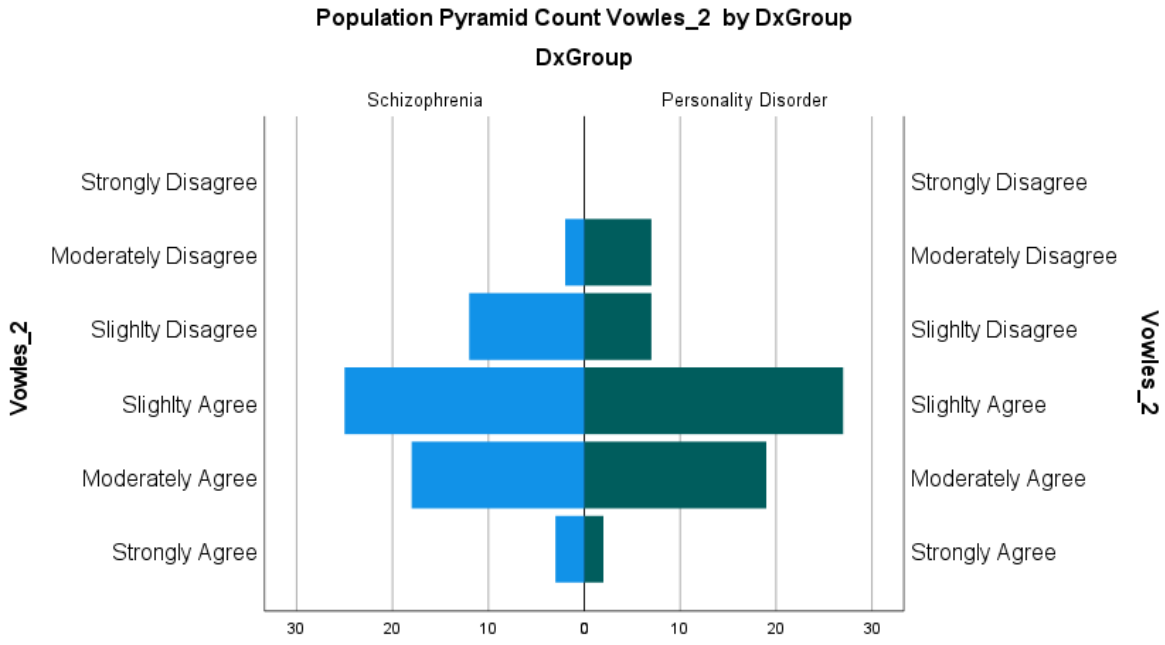
strongly disagree - 1, moderately disagree - 2, somewhat disagree - 3, somewhat agree - 4, moderately agree - 5, strongly agree – 6

Vowles Criteria	1	2	3	4	5	6
1. The extent to which the offender's mental health requires treatment.	0%	3.3%	1.6%	23%	34.4%	37.7%
2. The extent to which offending is attributable to the mental health disorder.	0%	7.4%	15.6%	42.6%	30.3%	4.1%
3. The extent to which offending requires punishment	1.6%	5.7%	13.1%	27.9%	37.7%	13.9%
4. The protection of the public when deciding release and regime of release.	0%	0%	1.6%	24.6%	28.7%	45.1%

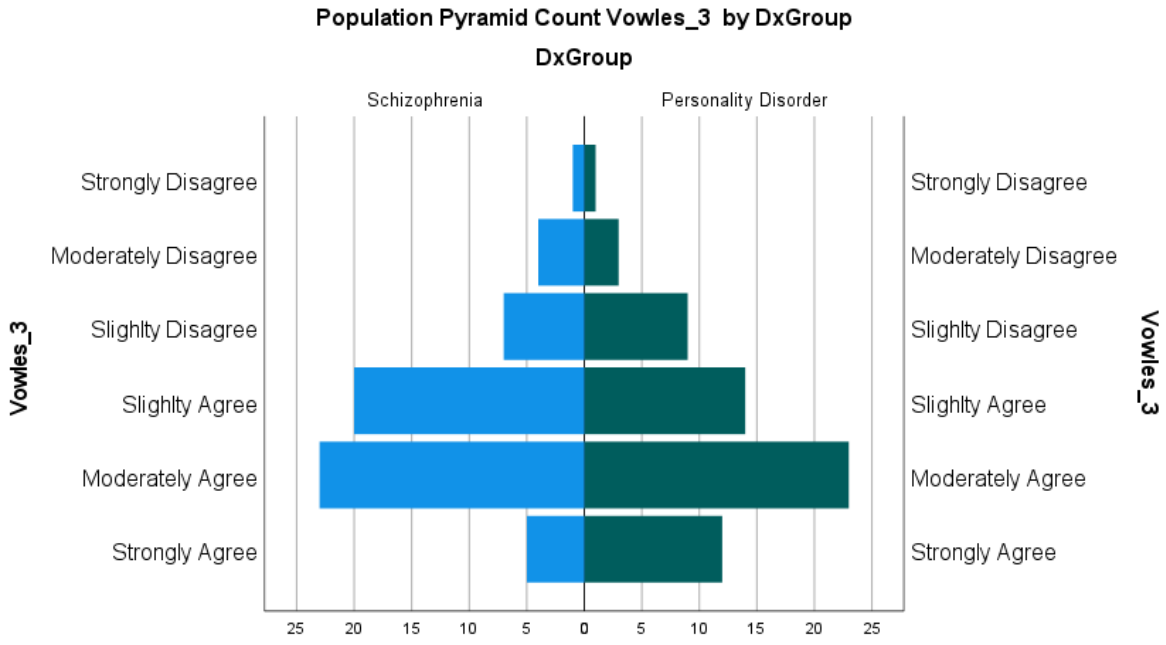
Appendix N. Visual Distribution Graphs For Agreeability of Vowles 1



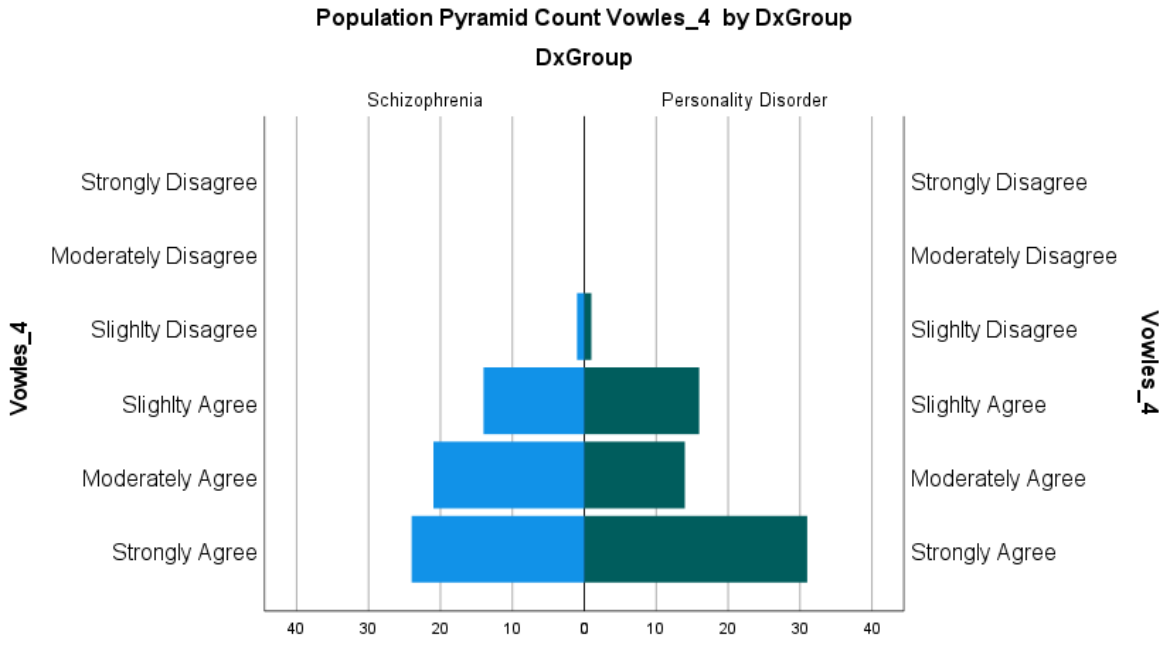
Appendix O. Visual Distribution Graphs For Agreeability of Vowles 2



Appendix P. Visual Distribution Graphs For Agreeability of Vowles 3



Appendix Q. Visual Distribution Graphs For Agreeability of Vowles 4



Appendix R. Frequency & Percentage Breakdown of The Final Sentence Choice

Sentencing Decisions	Frequency	Percentage
1. Section 37/41 Hospital Order	27	22.1%
2. Prison	16	13.1%
3. Section 45A Hybrid order	79	64.8%