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Declaration

I confirm that, except where indicated through the proper citations and references, this is my own original work. Whilst registered as a candidate for the above degree, I have not been registered for any other research award. The results and conclusions embodied in this thesis are the work of the named candidate and have not been submitted for any other academic award.

Signed: Mark Llewellyn Duncan

Date: 28th May 2024

Acknowledgements

Where do I start?

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Table of Contents

APPENDICES

List of Tables

FIGURES

List of Abbreviations

BAME	Black, Asian, and Minority Ethnic
BLM	Black Lives Matter
BAME	Black Minority Ethnic
BWC	Body Worn Cameras
CARAT	Counselling, Assessment, Referral, Advice and Throughcare
CJS	Criminal Justice System
CMHT	Community Mental Health Teams
CMD	Common Mental Disorder
CPN	Community Psychiatric Nurse
CRT	Critical Race Theory
D&A	Drugs and Alcohol
DIP	Drug Intervention Programme
EHRC	Equality and Human Rights Commission
GDPR	General Data Protection Regulation
HCP	Health Care Professionals
IAPT	Improving Access to Psychological Therapies
IOPC	Independent Office for Police Conduct
M.H	Mental Health
NHS	National Health Service
SBW	Strong Black Woman
TB	Tuberculosis
U.K.	United Kingdom

Abstract

The Black community continue to bear the brunt of negative stereotypes when it comes to treatment from both primary care services and the criminal justice system, particularly where the police are concerned. Those who are affected by co-existing mental health and substance use issues (also called “Dual Diagnosis”) also bear the additional burden of these highly stigmatising conditions. Despite the implications that these conditions can have on individuals and the wider community, the experience of Black people with “Dual Diagnosis” navigating the health and social care system is under researched, especially when the Criminal Justice System is involved. Therefore, the aim of this study is to explore these journey’s through the lenses of Black practitioners whose work revolves around members of the Black community with a dual diagnosis.

The study utilised a qualitative method, whereby 21 semi-structured interviews were conducted with Black practitioners working in a variety of health, social care, and criminal justice services. that encounter Black clients who have a dual diagnosis and who have come into contact with the criminal justice system. The main finding was that, according to participants’ experiences, the Black community were suffering not only from stigma and trauma due to their life experiences but were also unfairly treated when it came to treatment services or indeed dealings with the police. Practitioners reported that the Black community are often stereotyped by White professionals and seen as aggressive and severely stigmatised. Black professionals also reported that training across the board for all staff, management, the police, and services was crucial if the status-quo was to be altered. Another prominent theme to arise was the issue of the lack of cultural awareness and needs of those members of the Black community who encounter the police and dual diagnosis services. This lack of understanding both on a ‘don’t need to understand’ and no inclination to want to understand is severely impacting the engagement and successful completion of treatment of these members of the Black community who are in need. Where the police were concerned Black professionals felt there was an inherent racist attitude to the Black community and those with a

dual diagnosis were particularly treated poorly. Black professional relayed that they were seen as relatable by Black clients and on the whole Black clients had predominantly wanted to work with only Black staff. The study recommends that for effective change to take place there needs to be a greater sense of cultural understanding by treatment services and the criminal justice services, especially at the front end where policing is integral. Aligned with this, policies guidelines and training that have the desired impact need to be put into place to effect meaningful change going forward.

Chapter 1 – Introduction

1.1 Context

This chapter introduces a brief historical context of “dual diagnosis” particularly for those from the Black community. For the purpose of this research the Black community will be defined primarily as Black Caribbean, Black African and Black Other. Mirza (1997, p.3) describes ‘Black’ as being:

About a state of ‘becoming’ (racialised); a process of consciousness when colour becomes the defining factor about who you are. Located through your ‘otherness’ a ‘conscious coalition’ emerges: a self-consciously constructed space where identity is not inscribed by a natural identification but a political kinship.

The chapter also probes the relationship with the Black community and the criminal justice system, notably the Police. The chapter moves to looking into Black professionals and their work with those from the Black community with a dual diagnosis. The chapter continues by explaining why this thesis focussed on Black professionals as opposed to Black clients. The chapter culminates by outlining the motivation and significance of this study by the researcher. The aims and objectives of this research are also briefly addressed, as are the views and perspectives of Black professional staff, discussing their interactions with dual diagnosis services and the police, where members of the Black community are concerned.

1.2 Envisaged Impact of Research

Although the envisaged impact of this research will be discussed more in depth in this thesis, the researcher felt it was important to note that an extensive literature search has been unable to identify any previous U.K. based study of this nature, in fact a study of this type of research would not appear to have been conducted globally. Any previous studies that have been conducted that

bear any resemblance to this were principally American, and therefore these have been noted throughout this thesis. Due to the originality and pertinence of this study, the researcher's aim is that this work becomes published and widely circulated with the aspiration of informing and improving future organisational policies, guidelines, and practices. This can only further improve on the current situation for those from the Black community with co-existing substance misuse and mental health conditions. Similarly, this study can inform future training for those working with the Black community not only in the police, but also within the mental health, and substance misuse fields, and wider criminal justice field. This training could enhance staff and management currently working in these organisations with little, or no, cultural awareness, and those new recruits joining these services. This would assist how they are currently being upskilled and educated to better manage this cohort, whilst traversing other fields and services where the Black community is involved.

1.3 Rationale for the research

It is well established that the Black community need to receive equitable treatment when it comes to how they are managed by the criminal justice system, specifically the police, but also substance misuse and mental health institutions (Awan et al.,2018). There is a definitive need for policies and guidelines to change, and this has not significantly altered where the police are concerned. The 'remoteness from their communities,' as defined by Lord Scarman (1981) and the 'institutional racism' concluded by Lord Macpherson (1999) speaks to how little has changed in the policing of the Black community. Also, little is known regarding police officers' perspectives on how mental health and substance use problems influence the journey of Black people through the CJS. Therefore, this research aims to fill this knowledge gap by exploring the experience of Black staff that work, or have worked, with Black people with co-existing mental health and substance use problems, noting their experiences of the criminal justice system. This research also seeks to acknowledge the success and hard work of Black professionals who invariable are the 'silent

voice' working in the healthcare profession and still conduct their professionalism in their face of the adversity they face from a continuing colonialist organisations (Sisco, 2020).

1.4 Personal motivation for undertaking the research

This study was of particular importance to the researcher on a personal level having worked with dual diagnosis, in one sense or another for the first 30 years of the authors' career, in both the criminal justice system (namely the Prison Service) and the health and social care arena. The author worked as a Senior Manager in both vocations. It was at the back end of the author's last post as a Deputy General Manager for the NHS in 2019 in the substance misuse and mental health arena, that as a Black man it was felt this research was essential if change and progress were to occur. That the author is Black, often provides common ground between the researcher and participants, largely based on the assumption that there is a mutual understanding or racism as a lived reality in some way, shape or form. Moreover, this research focuses on the UK Black community who have a dual diagnosis and are in treatment, but due to the relatively low numbers of Black females entering treatment, the author focuses his perspective on his previous experience of working particularly with Black males in treatment services. Hence, whilst this study has this focus, the findings are not exclusive to Black males as the author has worked with Black females, but the existing literature, and the available evidence of Black females in either substance use, or mental health services remains comparatively low.

Having seen first-hand how Black people were treated whilst incarcerated in prison and then within the social care arena, there was a strong desire to undertake this study. The author witnessed the racist terms thrown around like confetti by White staff towards Black prisoners at the start of the author's prison service campaign. The author however was regaled with '*you are alright though Mark because you are one of us,'* in various encounters with them, which speaks to the notion of 'racialised sameness' that is arguably symbolic but none

the less meaningful in interesting ways. This happening left a profound lasting effect on me, which led to the research focus as to how the Black and minority populations were viewed and treated, because:

"…every instance of brutality in prisons, every casual racist joke and demeaning remark, every ignored petition, every unwarranted bureaucratic delay, every inedible meal, every arbitrary decision to segregate or transfer without giving clear and unfounded reasons, every petty miscarriage of justice, every futile and inactive period of time – is delegitimating" (Sparks and Bottoms, 1995: 60)

The impact was not as full-frontal in the health and social care arena, especially as there was a more obvious awareness of my status as a Senior Manager, however the often-negative interactions between Black clients and White workers was plain to see. White clients were generally spoken to with more empathy and Black clients treated with visible disdain and some caution. If Black clients were loud or perceived as 'aggressive,' then this would be a cause for concern and the often-heard cry of 'shall we call for security.' Although the situation was often calmed, invariably by a Black worker or even the author, the continuum that all Black clients are to be 'treated with caution' remained.

The inspiration for this research was therefore to examine those experiences of Black practitioners from the criminal justice and social care arena who work with the Black community. It was felt important to ascertain the views of Black professional of this cohort and if the Black community are disproportionately mistreated by both health care professionals and those who work in the criminal justice service, namely the police.

1.5 Significance of this Research: Why Black Professionals and not Black clients?

As a Black professional, who has worked in senior positions, the researcher has noted the 'silent voice' of the Black professional. Furthermore, there is a dearth of empirical research when it comes to the views and opinions of Black

professionals, from the health and social care and criminal justice field. In fact, due to the scarcity of studies, this research is particularly relevant when considering how these practitioners, work with those from the Black community who have a dual diagnosis. The inequities that exist for the Black community and mental health 'remain constant' (Cudjoe et al. 2021; Devonport et al. 2022) as argued above. According to the UK Addiction Treatment Centres (2021) 'Black communities in Britain are both the most vulnerable to addiction and have the lowest access to support services.' Drug and Alcohol and mental health services continue to be commissioned in a very Eurocentric way, not considering cultural aspects. Therefore, the Black community often, for assorted reasons, fail to recognise these services as belonging to 'them' or somewhere they feel they can go to seek out the redress they require.

The researcher was mindful of the fact that the 'institutionalised way' in which Black professionals work, resonates with aspects of Critical Race Theory, whereby this precept acknowledges "that revolutionising a culture begins with the radical assessment of it" (Bell, 1995, p.893). The intention of this research was to function as a tool to reassess the social perception of racial ideology and power dynamics as they exist, within these spaces where possible, and this will be explored further. Doing so, enables the voices of Black professionals and therefore, the voices of Black service users, to be heard and their requirements, hopefully, acted upon. The Black professionals that the researcher has worked with in his thirty plus years of working with dual diagnosis clients have on the whole added immeasurable benefit to their respective organisations and clients, not only Black clients, but all clients they invariably come into contact with. This thesis also is a channel for their voices, which are undoubtedly stifled, to be heard.

The importance of well trained and caring staff contributing to the success of not only Black clients, but all clients, on gaining positive outcomes cannot be overstated. As noted, there is extraordinarily little research in the field of Black staff's perceptions of those with dual diagnosis, let alone Black clients with a dual diagnosis. Hence the importance of this study. Though the significance of

training of staff with regards to this cohort with a dual diagnosis cannot be exaggerated (Hughes, 2011). This needs to be in conjunction with having leaders, managers and supervisors who understand the implications of dual diagnosis, and the need for effective support and regular, consistent supervision (Brunette et al. 2008; Sacks et al. 2013).

The views of the police from Black workers who work with Black clients with a dual diagnosis is also a perspective that has a scarcity of research. Darko (2021) pointed out that 'Black men are significantly more likely to be subjected to police involvement when mentally unwell, undoubtedly a manifestation of structural biases.' This perspective is not too dissimilar from those of other Black workers that the researcher has worked with. In fact, the researcher struggled to find any research on this subject matter that exists, particularly from a UK perspective. The consensus is that the 'real' views of Back health professional workers are suppressed, and they conform with what they are 'required' to do, which is their job with the minimum of fuss. Indeed, the Black worker feels inhibited to express their real views in fear of being seen as troublemakers and not having the organisations best interest to heart. In fact, where healthcare is concerned, there remains a lack of detailed attention by White healthcare decision makers to the views of their fellow Black colleagues (Feagin & Bennefield, 2014).

1.6 Black professionals working with Black clients

This section relates to Black professionals working with Black clients, which is the essence of this specific research. It should be noted that although research evidence indicates the increasing numbers of the Black community in both mental health and substance misuse treatment services, 57% of staff grade posts are held by NHS ethnic minority doctors, who adversely are less likely than their White counterparts be appointed to consultant positions. Furthermore, non-White doctors report being bullied, harassed, and having poorer wellbeing, as well as experiencing a disproportionate number of official

complaints and disciplinary actions (Moberly, 2018; GMC, 2018). With regards to ethnic minority staff, in 2018 15% reported experiencing discrimination. This was up from 13% in 2017 (Kmietowicz et al. 2019). Only 9% of staff identify as Black/Black British within the NHS, with 7% in the voluntary sector, 6% in the independent/private sector and 5% in the local authority.

The NHS has attempted various methods and put into place several action plans to combat this discrimination faced by non-White staff. In 2004 the NHS race equality action plan met with limited success. A decade later the NHS Equality and Diversity Council concurred that discrimination in the workplace needed to end, with the Workforce Race Equality Standard instigated in 2015 to monitor progress (NHS England, 2016). This has proven to be a less than a sterling success. It has been widely acknowledged that the treatment of Black staff is unacceptable and that health systems must be competent, appropriate, and consistent.

1.7 Aims and Objectives

The overall aim of the research was to explore the experience of Black staff that work or have worked with Black people with co-existing mental health and substance use problems and have experienced the CJS. Participants were recruited from a variety of professions, such as: mental health, substance misuse, police, prisons, social work, probation, and community work. This enables their first-hand accounts of working with those members of the Black community to be presented here to:

(a) explore the journey of Black people with mental health and substance misuse problems who encountered the CJS, through the lenses of the professionals working with them.

(b) explore whether staff believe that their ethnic or racial identity influenced their work with the target clients.

The objectives of this study were to ascertain what, if anything, has changed since the Scarman Report (1981) to the present day in the treatment of Black individuals suffering from mental health and, or substance misuse from the perspective of Black workers. Also, to make known what, if any, further steps need to be taken in this area, to ensure that members of the Black community receive the appropriate treatment they require. This leads to the following research questions:

- What is the experience of Black staff working with people from Black communities who have co-existing mental health and substance use problems, who have gone through the CJS?

- In what way, if any, do race, mental health and substance use problems impact the treatment, progress of this group of clients, according to the professional's experience?

- Does contact with the police impact this cohort in terms of Black staff achieving the desired outcomes for their clients? If so in what way?

- What is the lived experience of Black professionals working with this group of clients, from personal and professional perspectives?

- In what way, if any, do the staff think that their ethnic identity influences their professional relationship and outcomes with this group of clients?

1.8 Search Strategy

The literature review included academic journals, peer reviewed articles, reports, inquiries, books, and book chapters. The literature explored dual diagnosis within those members of the Black community who have gone through police custody suites within the United Kingdom, with a particular emphasis on London and the Metropolitan Police Force. The review also takes into context co-existing mental health and substance misuse issues, primarily drug misuse. The Black community was also used as a search parameter, as

this encompassed a wide- ranging remit. Similarly, with the police, this literature review inspects only those police who were working in custodial settings and directly involved with Black detainees.

Several databases were utilised, mainly Ebscohost, ScienceDirect, Wiley, PsycINFO and LexisLibrary. The Literature Review searches were broken down into numerous categories to ensure a wide-ranging area was covered, thus ensuring as much available literature was searched for, these included Police custody and BAME Communities, “Black or BAME” AND Custody AND Mental Health, Ethnic Minorities AND Dual Diagnosis AND Law Enforcement. Other terms such as Minority Ethnic, Substance Misuse, Drugs and Alcohol, Law Enforcement, Policing and Security.

Despite an extensive search criterion, there is a restricted number of articles pertaining to this area of research and so it was decided that research conducted going back to the start of the millennium would be incorporated, this would entail pertinency with regards to the situation in this area for the last twenty or so years. Any previous relevant literature that links or corroborates current research has been included. The research primarily focused on the Black community, principally men, and to a lesser extent Black women, due to the availability of sources in this area. Although the emphasis for this piece of work was principally London centric, this literature research examines a viewpoint of what is happening in other U.K. wide police custody suites, and where necessary drew comparisons for what is happening world-wide, particularly in the United States. Most of the relatable evidence found was American research, and this did not detract from the findings in this study. The researcher has also had consultations with Professor Iain McKinnon, for the work he has undertaken in London custody suites, but also the research he has completed in custody suites in the North of England.

1.9 Conclusion

The researcher worked as a Black professional as a senior manager first in H.M. Prison Service for 18 years and then 15 years in senior roles within the Health and Social Care field, predominantly, substance use and mental health. During this time, the researcher was aware of the chasm and disconnect, between Black workers, policy and guidance, successful completions, and general working practice. Unsurprisingly, several Black staff discussed their frustrations with the author in terms of how Black clients were treated in comparison to White clients. The same applied to Black prisoners in relation to how White prisoners were spoken to and indeed treated, and the researcher recalls working with prison staff who were active members of the National Front, a racist organisation, which during this moment in the 1980s was not called out. There was also the issue of the researcher being witness to racist terms thrown around the prison wings at the time towards Black prisoners, but the author was not subject to any of this abuse by prison staff as it was a case of 'you are alright, as you are one of us!'

Finally, Black professionals continue to be overlooked in terms of senior management positions in organisations like the prison service and the NHS, which is the largest employer in the UK, Kalra et al. (2009) and one of the largest employers in the world (Addicott et al.2015). I will therefore highlight why such disparities exist and negatively impact the experiences of the interviewees featured in the study, through a research lens that will offer viable solutions to these ongoing concerns, where possible.

Chapter 2 – Literature review

2.1 Introduction

This purpose of this chapter is to examine and discuss the existing literature in relation to Black clients and their engagement with dual diagnosis services and the police. This will entail a comprehensive review of the treatment of Black clients through the lens of Black staff who work with this cohort. The researcher will consider previous, although quite limited research from the United Kingdom, so where applicable, relatable studies undertaken chiefly from an American perspective will be used to critically engage with what is currently known. The literature review will seek to establish omissions and gaps in knowledge, suggesting areas of development while reinforcing the rationale and justification for this study. The chapter will conclude by summing up the issues and challenges that arise for Black clients, who are involved with dual diagnosis health services, and their ongoing relations with the police.

Members of the Black community who suffer from a mental health and/or drug and alcohol problem are continually being failed by the Criminal Justice System and in the first instance, the police. The police, according to their own procedures are responsible for the safety and well-being of those they detain in custody (Yesufu, 2021). Yet they remain woefully culpable in this area of authority, as the number of deaths for members of the Black community remain concerningly high. Where restraint and the use of force are features, death is over two times greater for those members of the Black community than it is in other deaths in custody, and where mental health issues are prevalent, almost two times greater than other deaths in custody (Inquest, 2022). This literature review will examine policing practices with people from a Black background who have co-existing mental health and substance misuse issues (which for the purpose of this study incorporates alcohol). This review will investigate the impact of the police on the individual as well as the Black community, through

the experiences of Black professionals working with Black dual diagnosis clients.

2.2 Background

Historically, and more concerningly to this day, mental health and substance misuse inequities continue to exist among Black communities, (Vahdaninia et al. 2020). The term Black fosters much debate not only general terms, but within the realms of research, (Aspinall, 2002, p.810). Though for the researcher the term was definitive with regards to Black professionals and as noted by these were professionals who identified as Black first and foremost not including Asian. The researcher sides with the view of Parekh, (2000, p.29) that the reclaiming of 'Blackness' was an essential part of the 'rediscovery of an African (…) past'.

The staff in treatment services and the criminal justice service, namely the police, are invariably White, according to the Police Workforce (2023) only 1.3% of police officers in 2022 were Black. There is very little current evidence with regards to data on those Black professionals working within a dual diagnosis setting however within the NHS, just over 3% of all Black professionals in this field are in management roles. (Rolewicz and Spencer, 2020). Almost universally these Black staff feel that they do not have a voice when it comes to the changes that are both needed and warranted within services and the police. However, concerning what it means to be 'Black,' the author, when working as a senior manager in the dual diagnosis arena, witnessed a few Black staff reacting more negatively to Black clients in treatment services. These staff, to a great degree, Black, older, females, were projecting their negativity towards Black clients as they were seen to be 'letting the side down' and this was not the 'done thing' culturally by having to enter treatment for addiction/mental health issues. This in conjunction with the already embedded attitude of White staff did not assist a conducive environment for Black clients to receive the objectivity they required to achieve a successful outcome. In fact, 65% of the Black community in the UK report feeling discriminated against on the grounds

of race from doctors and other professionals in healthcare settings. This rose to 74% for the cohort aged 18-34 (Lacobucci, 2022).

According to Gov.UK, Ethnicity facts and figures (2023) there are less than 1% of Black people receiving treatment for addiction in the United Kingdom compared to 85% White British. In conjunction with this a third of the Black community have felt that they had experienced stigma or discrimination from a healthcare professional, when accessing mental health support services (Mind, 2023). The racial inequalities with regards to how the Black community is treated where substance use, and mental health are concerned, are not just a problem within the UK, but globally for many members of the Black community. It is noted that in these instances, the Black community are less likely to receive treatment services for substance use or mental health disorders (McKnight-Eily et al. 2021). For instance, In the United States the problem remains rampant, with racism, trauma, and a lack of culturally relevant services all playing a factor (Brandow and Swarbrick, 2021). Keating and Robertson (2004) in fact reported that, the Black communities receive the mental health services they do not want, but not the 'ones they do or might want'. This is further endorsed by Memon et al. (2016) and Nazroo et al. (2019) who explored the discrepancies suffered by the Black community where metal health services are concerned. Indeed, Black people in the UK are four times more likely to be detained under the Mental Health Act than White people (Gov.UK, Ethnicity facts and figures, 2023).

Wallace et al. (2016) note that the culmination of constant racial discrimination has detrimental effects on the mental health of the Black community. Indeed, the over-representation of the Black community receiving a mental health diagnosis at the severe end is particularly alarming, with the schizophrenia incidence for the UK Black Caribbean population identified as the highest in the world (Rees et al. 2016; Tortelli et al. 2015). This is confirmed by a meta-analysis by Olbert and colleagues (2018), which indicated that racial diagnostic disparity in schizophrenia represents a clinical phenomenon that has been stable for the past three decades. A similar pattern has been observed in the

UK. In fact, even though Black or Black British people make up just 3% of the general population, data shows that 16% of restricted patients in hospital are Black or Black British (Davies, 2022). This same notion applies to the wider Black community accessing substance misuse services and their use of illicit substances. Specifically, 11.7 % of Black adults were more likely to use illicit drugs as opposed to 8.9% of White British adults (Gov.UK, 2017). Indeed, Black communities are the most vulnerable to addiction and have the lowest successful treatment outcomes, when compared to the White community (Windsor et al. 2015).

The global concern for the increasing number of people with mental health issues is a pressing matter for all economies, as this is having a seriously debilitating effect in many countries throughout the world (Kessler et al. 2011; Patel, 2012). The connection between disadvantaged communities and mental health, established as far back as Faris and Dunham,1939, still exists according to (Hassan et al. 2020; Curtis et al. 2021; Inglis et al. 2023). This is further endorsed by Giebel et al. (2020), Lim et al. (2020); Ellen, Mijanovich and Dillman, (2001); Goldsmith, Holzer and Manderscheid, (1998) and Silver, Mulvey and Swanson, (2002), who contest that those individuals from disadvantaged communities may also be suffering from mental health issues, due to their lower socio-economic status and simply because there is something generally unhealthy about living in these communities. Furthermore, along with the association of disadvantaged areas and mental health is the correlation of greater substance use (Goldsmith et al.1998; Silver et al. 2002). Comorbidity of mental health and substance use problems has long been associated with deleterious outcomes (Adams, 2018). These findings bear testimony to the prospects of the Black community who disproportionately live in deprived areas in the UK, suffering the burdens of systemic racism and negative socioeconomic factors (Edmiston et al., 2022).

In July 2016, the then UK Prime Minister, Theresa May, in her first statement from Downing Street, stated the “current difficulties in mental health services as one of the “*burning injustices*” that her premiership would set out to tackle”. In

conjunction with this Mrs May further highlighted that, “If you’re Black, you’re treated more harshly by the CJS (Criminal Justice System) than if you’re White.” In this first statement, Mrs May further added that there was an overrepresentation of people form the Black communities detained against their wills using formal powers. This led to the claim that there was a focus on the legal processes to the detriment of properly examining psychiatry, and the mental health services reliance on coercion. This idea had been put forward by Keating and Robertson (2004, pp 439-447), who reported the view of one professional who noted that ‘People are scared of going into hospitals, the sectioning again and medication again ... they’ve got no trust ... the trust isn’t there’! Fast forward sixteen years and Chatmon (2020) stated that this sentiment of fear of unwarranted detention continues to play out.

There are clearly inequalities where the Black community and their experience of the mental health and substance misuse services are concerned (Witham et al. 2002; Devonport et al. 2023; Bamford et al, 2021; Close et al, 2016; Mclean, Campbell, and Cornish, 2003). Consequently, there are notable issues in not only navigating these services, but concerns with regards to patient safety, disproportionate number of admissions and detentions in psychiatric hospitals aligned with conflict with carers and staff. An inordinate number of the Black community have been diagnosed as schizophrenic and detained under the 1983 Mental Health Act (Littlewood,1986; Boast and Chesterman, 1995; Singh, Croudace, Beck and Harrison, 1998). Black people were almost 5 times as likely as white people to be detained under the Mental Health Act, with 342 detentions for every 100,000 people, compared to 72 for every 100,000 White people (Gov UK, 2023; Law Society, 2022; Bunn and Williams, 2022).

Furthermore, although members of the Black community are disproportionally represented in mental health services, there are more complex pathways to some Black patients receiving specialist care, with noted evidence of variations in primary care assessments (Bhui et al. 2003; Bignall et al. 2022). Moreover, this problem is identified within the Black community, especially among Black males, who see the mental health system as unsupportive, unkind,

unapproachable, and more concerningly discriminatory (Meechan, John, and Hanna, 2021). However, those mental health services that do cater for the Black, Asian, and Minority Ethnic (BAME) communities are noted to generally have successful outcomes with beneficial effects (Vahdaninia et al; 2020). Therefore, indicating that integrating these targeted services into mainstream mental health services would prove advantageous for the Black community.

Where substance misuse services are concerned, research has shown an inability by these organisations to adequately manage Black substance misusers, with impacting factors including barriers to treatment, engagement, and completion in contrast to their White counterparts (Matsuzaka and Knapp, 2020; Burlew et al. 2021). These barriers also include the lack of cultural identification with these services and non-identification with typically non-Black staff. Therefore, members of the Black community that enter addiction services, represent a statistical overrepresentation, as opposed to those that actually require it – 15.2% versus 9.6%. Conversely, prolonged sustained outcomes in this group are lower during and after treatment, with between 3.5% and 8.1% less likely to complete treatment than their White peers (Berry, 2021).

A reoccurring issue where substance misuse services are concerned is the cultural competence of the workforce (Grooms and Ortega, 2022; McCuistian et al. 2021). Many staff were, and still are, not able to deal adequately with the needs of those from the Black community entering treatment due to cultural and other misunderstandings. Similarly, racial disparities have been identified in the criminal justice system and in 2016, the Equality and Human Rights Commission (EHRC) noted that Black individuals are ‘disproportionally represented at all stages of the criminal justice system’ (EHRC, 2016). This situation has not altered, and in recent years more recent data attests to this, with those from the Black community making up, 23% of people arrested, 21% of people convicted of a crime and 27% of people in prison (Yasin and Sturge,2020)

2.3 Black Community and Mental Health

Mental illness, and the construction of the Black community being more likely to succumb to having a mental illness, remains inconclusive. However, Black people are three to five times more likely to be diagnosed with psychosis than the UK White population, (Meecham 2021). In fact, in the UK those of a Black Caribbean and Black African origin are at much greater risk than White British people of being diagnosed with a severe – psychosis related – mental illness (Nazroo et al. 2020). In addition to this, Black men are four times more likely to be treated for psychosis, (Cooper et al, 2018). Keating, (2007) and Nazroo and King, (2002) argue however that these diagnoses are incorrect, and no such illness is apparent. The social disadvantages experienced by Black men have been cited as an identifier between perceived racism and mental ill health (Karlsen et al., 2005). Walker (2020) cites the over-representation of Black men in the mental health arena, though Black people have particularly low treatment rates (NHS Digital, 2014 and NHS Digital, 2016). More recent data however dictates that recovery rates for Black and Black British people have, for the first time, exceeded the recovery rate target of 50% at 51.6%, up from 48.6% in 2019/20 (NHS England, 2021).

The issue of mental health being culturally determined is one discussed by (Fernando and Keating, 2008). They argue that the known injustices in the mental health services have been evident for many years and are attributed to both ‘cultural misunderstandings and racism.’ This is also endorsed by Arday (2018) whose study comprised university students from the Black communities, noting the overt discrimination these members of the Black communities faced, where mental health was concerned and the distinct lack of access to culturally appropriate services. This argument is further solidified by Murray (2022) who cited that although there was an increased demand for Black and Minority Ethnic (BAME) mental health services, a lack of provision remains. It can be argued that the practice of psychiatry, the western model, operates around a ‘Eurocentric paradigm,’ which undoubtedly affects and influences the way that people from the Black community are diagnosed and treated (Fernando, 2003).

This western philosophy can also be seen to influence how the Black community are less able to identify poor mental health, which therefore contributes to the lack of awareness of available resources which could assist them (Keating, 2007). YES THIS IS IMPORTANT

Black communities have invariably had to tolerate a considerable number of social inequalities, including, but not exclusive to education, poverty, housing, and employment, Bamford et al, (2021) and these injustices have played a significant part in these communities feeling oppressed. Williams et al (2023, p.1) outline oppression referring “to systemic discrimination where the injustice targets or disproportionately impacts specific groups of people”. Vernon (2011) stated that isolation and marginalisation were indeed precursors to the onset of mental health problems. Consequently, the necessity for the mental health system to be overhauled where the Black community is concerned is also compelling, with Black and minority ethnic communities at a higher risk of mental health problems (Mclean et al. 2003; Bamford et al. 2021). The utilisation of Black services that deal with mental health issues, are seen as integral for those members of the Black community suffering from these disorders to achieve successful outcomes (Bhui & Sashidharan, 2003; Codjoe et al. 2021). Crucially, it could be argued, that this single focused approach could be seen to be dealing with the issue in isolation, as opposed to having a coordinated approach in conjunction with other services, in an effort to tackle the multitude of issues that compound mental health problems for the Black community.

In addition, it is widely acknowledged that people from the Black communities have been notably absent and under-represented, when it comes to being involved in health research (Giuilano et al; 2000). Nazroo et al., (2020), Lawrence et al, (2021) and Arday (2022) all identify the need to address inequalities in mental health provision for the Black community. Indeed, policies of the Department for Health and Social Care (2018), emphasise the need for recovery, user-involvement, and self-determination for when it comes to their mental health.

The overly negative and stereotypical perception of Black men as being aggressive, violent, and even appearing to be physically larger than their White counterparts (Johnson,2018) has concerningly not diminished over time. This is despite the increased proportion of BAME people now working in the mental health arena, as according to Arday (2018) little has changed in terms of appropriating culturally diverse services. Arday (2018) also found that those from the Black community were disadvantaged when accessing services, with the inevitable conclusion that the perception of the Black community, and in particular Black men diagnosed with a mental health issue is inherent. Indeed, research previously conducted on the criminal justice system had shown that in their decision-making process, professionals would tend to 'err on the side of caution with Black mentally vulnerable defendants.' This was, because they had a 'heightened perception of the dangerous' when it came to Black defendants (Department of Health, 2003).

There is an intersection between gender and race, with women being more affected by social determinants. For example, where unemployment is a highlighted factor for Black men in relation to psychological distress, many Black women seem to have more culturally determined factors, these include low educational attainment, marriage (but without children) and being born outside the UK (Bamford et al, 2020). There is also the added burden that these Black women have the risk of their children being taken into care, placing them at a greater risk of poor mental health and relapse (Morgan et al. 2005).

There appears to be several obstacles as to why the Black community struggle to access mental health services and to be incorporated into necessary changes that are required. These can be attributed to factors such as the mere acknowledgement that a mental health problem even exists (McGilloway et al. 2010; Memon et al. 2016). Also, the reluctance by Black men to discuss the possibility of any psychological issues is highly problematic (Tanielian et al. 2016; Marrast et al. 2016; Cummings and Druss, 2011). Indeed, acknowledging any form of mental illness is often seen as a sign of 'weakness' in the wider Black community (Mantovani 2017) and furthermore not seeking support has

been recognised as a significant factor in the failure to access the required treatment (Memon et al. 2016). Other considerations that have been identified are those such as, language barriers, cultural naivety, negative perception, and social stigma against those members of the Black community with mental health issues (Memon et al. 2016; Mantovani et al. 2017). Similarly, the situation with regards to mental health and Black minority ethnic women remains strongly affiliated with that of the general findings for the Black community as a whole, (Wilson, 2001). One study evidenced an African woman stating that in Africa, "she never heard of mental health or being depressed" (Memon et al. 2016).

2.4 Black Community and Substance Use

Bashir et al. (2019) derived four causes of addiction when researching the BAME community in Nottingham. These being:

1) A systematic exposure to racism
2) Trauma
3) Neglect and other adverse childhood experiences
4) Severe and multiple disadvantages

Traditionally the Black community have suffered stereotypical views where substance misuse is concerned. The policies that govern substance misuse, as well as those that oversee mental health, fail to consider the healthcare needs and treatment for those from the Black community that access these services (Rassool, 2009; UK Treatment Addiction Centres, 2023). This results in the sparse numbers of the Black community that access treatment (Midgeley and Peterson 2002; MacKey, 2023). As previously discussed, this low take up of numbers is not only evident where substance misuse is concerned, but also in mental health services. The misconceptions of the Black community who have varying religious beliefs, values, attitudes, and customs have a profound effect on the recognition of the problems they encounter, as a community and

ultimately how they are treated within the paradigm of western treatment and health care systems (Rassool, 1995). Furthermore, comorbidity is seen as difficult to treat with no one service wanting to take responsibility, when either a mental health or substance misuse presentation is evident (Marshall, 1998; Weaver et al. 2001; Crawford et al. 2003; Tod et al. 2004; Weaver et al. 2003).

There is a strong link between mental health and substance misuse as well as several striking similarities, where the Black community is concerned. Successive national drug policies have failed to address the health care needs of the Black clients, with services continually marginalising Black communities (Fountain, 2004; Rasool, 2006). Fountain (2004) continues that drug use amongst some Black communities is 'hidden' because of the lack of acknowledgement and research into the phenomenon. This coincides with current findings by this author as will be explored in detail below. This is further combined with the fact that those who are diagnosed with a co-morbidity of substance misuse and mental health, receive inadequate treatment. In fact, those who are engaged in one of these services find themselves often excluded from the other, leading to the co-occurring disorders often being undertreated or underdiagnosed (Alvidrez and Havassy, 2004; Afuwape et al. 2006; Olapido, 2019). This failing of services to work in a symbiotic way instead of in silos, continues to repeat the pattern that fails those members of the Black community with a dual diagnosis.

The issue of stigma highlights how Black clients remain isolated from drug and alcohol services; therefore, they are not receiving the culturally diverse care package that their needs require, leading to a suggestion that there is little interest in getting Black clients the help they needed due to their colour (Van Boekel et al. 2013; Yang et al. 2017). Interestingly, practitioners felt that they could offer individualised interventions, however there was a struggle to implement culturally specific approaches (Gleeson, Duke, and Thom, 2019). This was due to a lack of experience, knowledge, training and understanding of diverse cultural needs within the Black community. Examples of this being when the researcher commissioned services and attended events at services

to see that the generic, ham or cucumber and cheese sandwiches were served up for a diverse ranging client group, or when the researcher was summonsed to deal with issues in the reception area of dual diagnosis services, due to the client 'shouting and being aggressive', only for the researcher to attend and speak to the client, who was invariably Black, and the client proclaim that no one was listening and subsequently become calm.

The impact of the COVID-19 pandemic has undoubtedly added to the struggles that the Black community have recently faced where not only accessing services are concerned, but also receiving culturally tailored care packages. During the pandemic, the rate of death associated with drug overdoses within the Black community rose disproportionately, with the rate of suicide also rising faster compared to their White counterparts (Panchal et al. 2022). In general substance misuse increases the likelihood of suicide and homicide in people with mental illness. For instance, on this matter the National Confidential Enquiry into Suicide and Homicide by People with Mental Illness (Healthcare Quality Improvement Partnership, 2016) found that in 2015, between 45% and 63% of alcohol users, and between 33% and 45% of drug users were at risk of suicide. Most patients convicted of homicide also have a history of alcohol or drug misuse, between 88% in England and 100% in Northen Ireland (Healthcare Quality Improvement Partnership, 2016).

As previously discussed, when comparing the racial composition of those accessing drug and alcohol services in relation to the general population, the Black community are under-represented in drug treatment settings (Fountain, 2009 and Pinedo, 2019). In terms of gender difference, there is little in the way of updated evidence, the only research found indicates the ratio of Black men to Black women who use drugs is approximately 4-5 males to 1 female, (Fountain, 2009). With 1% of Black men reported as having used Class A drugs as opposed to 1.3% of Black females a ratio of 0.8:1 (Hoare, 2010). Although these pieces of research remain somewhat outdated, it is noted that Black women in general are more stigmatised than men when it comes to drug use (Jones et al. 2014; Ghoshal, 2021) and also mental health problems (Catabay

et al. 2019; Junior, 2021). It is likely that Black women suffer a double stigmatisation, firstly as a woman and secondly as a Black woman, which prevents them from seeking and receiving support. However, due to the negligible number of literature reviews that exists with regards to the number of Black women, who are detained in police custody suites with a readily identifiable co-existing mental health and substance misuse issue, it is extremely difficult to make a ready comparison with Black men.

As highlighted here, limited research exists, especially within the context of the UK with regards to Black women and their involvement with substance misuse services, and what literature does exist is by and large dated (Borrill et al. 2003). That being said, of the original findings it can still be argued that they remain pertinent and relevant to current practices, with Black women hesitant to enter any form of drug treatment services. Sangster et al. (2002) found that a major factor for the limited number of Black women accessing drug services in the UK was the sense of shame this brought, which mirrors attitudes from the wider Black community. Another trend that has varied little over time, is that of the number of Black and minority ethnic women who are in the criminal justice system. Black and minority ethnic women account for less than 3% of the British population, however, they make up 15% of those in the female prison system, where drug use is rife. In the United Kingdom, Black women were 2.3 times more likely to receive a custodial sentence for drug offences compared to White women (Uhrig, 2016). This indicates the discrimination and stigma that Black women face, which is in accordance with Black men, when there is a prevailing issue of drugs.

2.5 Black Community and Dual Diagnosis

There is again a relative dearth of data within the UK where the Black community and dual diagnosis is concerned (Mericle et al. 2012). Most of the research undertaken in this area is commonly American and although this study focuses on the United Kingdom, the limited research that is available proves

not too dissimilar. As such, the Black community are over-represented where dual diagnosis is concerned, a factor that is generally not contested. Unfortunately, as discussed previously, the Black community are faced with more barriers to care than their White counterparts and they also under utilise the services that are available (Mcguire et al. 2006; Ta et al. 2010). Thus, the Black community have historically struggled to integrate into treatment services and bond with service providers. These services are required to be culturally competent, especially with the importance that as a society we place on diversity and as professionals nonmaleficence and beneficence (Schwartz and Blankenship, 2014).

The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) (American Psychiatric Association, 2013), highlights 'cultural issues, stressing that psychopathology varies across cultures for specific types of behaviors'. The manual also stresses the "awareness of the significance of culture may correct mistaken interpretations of psychopathology...." More Black people are being diagnosed with Schizophrenia and Psychosis, and across Western Europe mandatory psychiatric hospital admissions for Black clients were 19.8% compared to 19.3 for their White counterparts (Vinkers et al. 2010).

A more recent commissioned report by the House of Commons (2023), found that those identifying as Black were more than likely to have a common mental disorder (CMD) than their White counter parts. A common mental disorder includes conditions such as depression and anxiety, panic disorder, phobias, and obsessive-compulsive disorders. The report finds that Black British groups were around 27% more likely to be in contact with mental health services than those in White ethnic groups in 2021/2022. Perzichilli (2020), argues that Black men are four times more likely to be over diagnosed with schizophrenia than White men, but are underdiagnosed when it concerned post-traumatic stress disorder and mood disorders.

In respect of this study, for those members of the Black community who suffer from a dual diagnosis, police officers and practitioners need to be aware of the community they serve, considering linguistic, cultural, and religious needs that

are required to be met. This is because, services have historically been managed with regards to service level provision as opposed to specific health needs (Murphy & MacKenzie, 2013). Commissioners and healthcare planners must therefore consider the needs of those members of the Black community with a dual diagnosis, when planning and delivering services. The insufficient practices that occur in these necessary U.K. based services, which are needed to support the Black community, form the basis of the knowledge explored in this research in the health care and criminal justice system. Sadly, members of the Black community, particularly Black males still do not feel a sense of trust when it comes how they are being policed on the streets. Indeed, the statistics sombrely bear this out, with the year ending 2022, showing that there were 27.2 stop and searches for every 1,000 Black people, compared with 5.6 for every 1,000-white people (Gov. UK, 2023).

This stereotyping of Black clients is particularly alarming. The author was given an example by a White Community Psychiatric Nurse (CPN), concerning a client who was on holiday from the West Indies. The client flew over to the United Kingdom and was due to be met by family at the airport. Unfortunately, the client was anxious and nervous this being this first trip to the U.K. and arriving in a busy airport. These were the days before mobile phones, and not knowing what to do the client preceded to leave the airport and was found wandering along a motorway by the police. Trying to explain himself, but having trouble expressing what the situation was, in line with the obvious language barrier (West Indian English Vs Standard English), the client was subsequently sectioned by the police due to miscommunication. However, eventually the erroneous sectioning was discovered and based on an appraisal of the mitigating circumstances, the client was duly released. Although anecdotal, the author believes that this example illustrates well the meaning of the statistics, and the profound impact that stereotyping and misdiagnosing can have on the Black individual.

2.6 Dual Diagnosis and the Police

Arguably, the police should have very little to do with mental health, however the reality is vastly different due to the way society is structured, with mental health being one of the core parts of police work, which Adebowale (2012) states aligns with people 'seeking protection' due to their vulnerability. Therefore, as first line responders to those with acute mental health conditions, the police commonly transport this cohort to hospital emergency departments, which according to McKenna et al (2015), is not the 'appropriate venue' for those with mental health conditions to be taken. Thus, the police are left with very little option than to resort to holding these clients in police custody suites, which are even less suitable. A U.S. study undertaken Mattingly et al. (2022), highlighted the issue of increased substance use amongst those from the Black community who had suffered brutality at the hands of the police. The author can find no corresponding studies in the UK to corroborate this, however findings from the authors research concurs that encounters with the police increase the likelihood of increased mental health issues and substance use.

Disproportionality and mistreatment of Black people is even more frequent and serious when mental health is involved. An early example of this being that of David Oluwale, a young Nigerian who stowed away from Lagos and arrived in Hull in 1949. Oluwale was reported to be living in Leeds homeless and suffering from mental health. Oluwale was hounded by police and was found drowned in the river Aire in Leeds in 1969. The two police involved in the case were found acquitted of Oluwale's manslaughter in 1971 but imprisoned for assault (Farrar, 2018; Perry, 2023).

A Report, by the Independent Police Complaints Commission, found that the use of restraint by the police was more prevalent in cases of Black individuals who had died in police custody than in deaths of White people (Independent Police Complaints Commission, 2013). Nearly half (7 out of 15) of those who died in or following police custody were found to have mental health problems/substance use issues. In 2013 Leon Briggs was detained and restrained in a Luton Police station after being sectioned under 136 of the

Mental Health Act. A section of the act that allows the police to take an individual to a place of safety without the need for a warrant. Mr Briggs subsequently died in hospital. Five Police officers and two detention officers were initially put under criminal investigation, but the Crown Prosecution Service (CPS) in 2018 decided that no charges would be brought against these officers. The Independent Report (2013), into the deaths or serious injuries of mentally ill people either in custody or in contact with the police, found a catalogue of bad practices. These were put down to discriminatory attitudes, failures in systems, misjudgements or errors by individuals, limited resources, and poor co-ordination with other services. Similarly, the Independent Office for Police Conduct (IOPC) in their 2017/18 *Deaths during or following police contact r*eport, highlighted issues around restraint that led to deaths, particularly with those with mental health issues. Of equal concern within the CJS is the number of people who end up incarcerated in English prisons who are from Black Communities. In conjunction to this, and another rather stark statistic of the large-scale problem that exists where drugs are concerned was highlighted in the Lammy review (2017). This review evidenced that Black offenders were 240% more likely to receive a prison sentence as opposed to White offenders, including offences where substances were involved.

Consequentially, there have been several issues highlighted regarding the Police force's attitude and competence in dealing with people with mental health problems, especially those belonging to Black communities (Darko, 2021). The briefing paper on UK Prison Population Statistics (2019) indicated that 27% of the English Prison system was made up of those who identified themselves as an ethnic minority, compared to 13% of the general population, with the majority of this cohort having a mental health and or substance misuse issue.

The Policing and Mental Health Report (2018) outlines that the Police are 'working beyond their duty' when it came to dealing with people with mental health issues and that the Police force needed a clearer picture of mental health demand'. In what could be seen as a defence of how the Police are having to

cope, and the constraints they are working within when it comes to working not only with Black communities with mental health, but mental health detainees per se is an issue here. The counter argument to this is that the UK police enter the profession with a wide-reaching remit, and more concerningly are seen as endemically racist. These asymmetrical experiences, where essentially the police get no credit for providing the professional services that their profession demands, in contrast to any bad experiences the public encounter with the police, reinforces beliefs that the police are intrinsically a racist institution, especially in the eyes of the Black community (Skogan, 2006). Importantly, Skogan (2006, p99-126), notes that any bad experience "is four to fourteen times as great as that of having a positive experience", and this negates any type of positive experience that members of the public may encounter. This being said, there are issues at every level of policing, with racist disparities seen from stop and search through to deaths after police contact (Joseph-Salisbury et al. 2021). The current and pervasive argument that is often found within the police service, but also with health professionals, including mental health services and substance misuse services, is that Black patients were seen as 'more dangerous.' This stereotypical view of Black service users as being 'big, Black, bad, and dangerous,' according to Mullholland (2017) and Walker (2020), has prevented professionals from efficiently and effectively engaging with this cohort. Interestingly, the fact that Black men who are the same height, or perhaps fractionally taller than White men, are somehow 'perceived as a greater threat' to the personal safety of said professionals (Hester and Gray, 2018), which is worth considering here. Furthermore, it would appear that for mental health professionals, and indeed the police service, 'racial biases' in perceptions of dangerousness 'influence patient' management and what occurs during and after arrest (Barnes & Bowl, 2001; Spector, 2001; Brandow, 2021).

It is essential that the police, break the perception that the Black community have of them as those who are not there to 'protect and serve,' but to rather harass and make like difficult for them. Indeed, Awan et al. (2018) suggest that quite often this first contact with the police is the 'most powerful predictor' of how the Black community will view the police going forward. There is, it would

seem, an urgent review of the way the police service deal with the Black community, from top down. Hence, the strong call for the 'defunding of the police' and even abolition, particularly in the USA, in the light of the Black Lives Matter movement, can be seen as a draconian one but one that has garnered pace over time (Joseph-Salisbury et al. 2020; Scott, 2021; Maynard 2020). The evidence for ensuring the police, as the first line of community safety and harmony, are seen to be conducting themselves accordingly, where the Black community is concerned is overwhelming. Though for this goal to be achieved, both in the UK and the USA, it cannot be undertaken in isolation and should include factoring in wider 'structural and systemic issues,' that once addressed will lead to necessary social transformation (Joshi, 2000).

The discrimination of the Black community by the police service is evidenced in numerous ways, the most obvious being the number of arrests of Black suspects due to stop and search, 'between April 2018 and March 2019. There were four stop and searches for every 1,000-White people, compared with 38 for every 1,000-Black people' (UK Government, 2020). The last few years however has seen a minor reduction in these numbers, for the years 2022/23, it was recorded that there were 25 stop and searches for every 1000 Black people and interestingly, a slight increase where the number of White people were stopped and searched, 6 per 1000 (Statistica, 2024). There is undoubtedly a disproportionate number of Black people being stopped and searched as opposed to White people, however this shift can be seen as a public outcry to the victimisation of the Black community by the police.

In reviewing Black and minority deaths in custody between 1991 and 2014, it was revealed that out of 509 cases, just ten had been considered unlawful killings at an inquest, only five prosecutions had been brought and no one had had ever been convicted of an offence (Athwal and Bourne, 2015). With contrasting views, the Home Office have claimed that Black men are not more likely to die in custody cases where use of force or restraint is present, however Inquest (2023) have found that police restraint related cases, shows that Black people are in fact 'seven times' more likely to die than White people when

restraint is a feature. Several academic researchers have examined what if anything had altered in the post Macpherson Report (1999) years, these included, Holdaway and O'Neill (2006 and 2007), Cashmore (2010), Loftus (2010) and Souhami (2014) with their results concluding that evidentially little had changed.

Holdaway and O'Neill (2006), undertook a two-year longitudinal study, and this study also scrutinised Lord Macpherson's Report, particularly his view on 'institutional racism', incorporating the views of the Black Police Association in England and Wales. They concluded that there was evidence of continuing overt discrimination and prejudice in the Metropolitan Police Force against members of the Black community. Moreover, Holdaway and O'Neill's follow up research in 2007, again incorporating the views from the Black Police Association, indicated that racism within the Police Force had moved from an overt form to a more covert form, arguing that a 'viable definition' was difficult to establish. Furthermore, The Casey Review (2016) revealed that Black police officers were 120% more likely to be subjected to removal during their probationary period.

Cashmore's (2010) study was based on interviews with Metropolitan Police staff from African Caribbean backgrounds, to ascertain their views on the findings and recommendations from both the Scarman and Macpherson Reports. These staff invariably concluded that these reports and findings were merely 'window dressing' and to some extent, even pernicious, as they were achieving nothing of note. Furthermore, Cashmore fundamentally stated that to these Black staff, the 'importance of an institutional memory of racism within constabularies is emphasised.' This is because, for many Black police, the fear of openly and honestly discussing 'race' also led to staff being silent and 'being afraid' to tackle stereotypical views about Black people, which they in turn believed reinforced those stereotypical views (Keating, 2004). One professional noted that 'It is difficult to stand on your own and challenge racist practice. When you challenge it, you are seen as deviant, so what I did is to conform and not talk about it' (Black NHS Nurse, 2019).

In his ethnographic research on police attitudes to race and racism within and beyond the police service, Loftus (2009) argues that 'the underlying world view of officers displays remarkable continuity with older patterns'. Loftus interacted with Police Officers to ascertain how much of the pre-existing Police culture survived, in the transitional period post Scarman and then post Macpherson. Loftus concluded that nothing had really changed and the fact that the 'police culture endures because the basic pressures associated with the police role have not been removed.' The fact that Black people are arrested at a rate over three times higher than White people as at year ending March 2020 (Sewell, 2021) suggests that 'racial discrimination' persists. Joseph-Salisbury (2020) states that racism is 'endemic and pervasive' and manifesting at every level of policing.

2.7 Black, Female & Dual Diagnosis

Although this research focuses on the views of Black professionals working with Black clients, predominant studies in this area centres on the male population, and little exists on Black females with a dual diagnosis. There are any number of speculative suggestions as to why Black women do not readily present to either substance use or mental health services. The saying it is hard to be Black but harder to be a Black woman somehow resonates with the 'strong Black woman' (SBW) anecdote (Okeke, 2013; Donovan and West, 2015; Nelson et al. 2016; Godbolt et al.2022). The issue of stigma, as with Black men attending treatment services, also appears to be prevalent for Black women. The lack of available research for the experience of Black women in treatment services hinders advancement in terms of dealing with the issues this cohort experience. Consequently, this research will add further insight from the perspective of those Black professionals, who, arguably know them best, outside of their immediate friends and family.

2.8 Comorbidity of Mental Health and Substance Misuse

As previously noted, the term comorbidity is used to explain a dual diagnosis when referring to people with two co-existing traits, these could include a mental health issue and a personality disorder, or a mental disorder and a learning disability (Banerjee, 2002; Priester et al. 2016). Other terms that are used to describe those with substance misuse and mental health issues include, coexisting problems of mental health and substance misuse, chemically addicted mentally ill (CAMI) and mentally ill chemical abuser (MICA). Due to the complex and varied nature of those suffering from substance misuse and mental health, the term comorbidity characterises those with multiple, interrelated conditions, disorders, or diseases (Capobianco & Lio, 2013). Bonavita and De Simone (2008) define comorbidity as 'two distinct diseases' in the same individual at a rate higher than expected by chance.

The complexity around dual diagnosis has increased under-diagnosis, leading to these patients being under served (Hilarski and Wodarski, 2008). It is widely acknowledged that dual diagnosis is highly prevalent in community mental health and drug and alcohol populations (Weaver et al. 2003; Friedman, 2019). Consequently, there has been much debate since the turn of the 21st century about the required need for the 'improved management' of dual diagnosis, within the NHS (Banerjee et al, 2002; Brunette et al. 2008). In fact, another problematic area where dual diagnosis is concerned is that of the care pathways for BAME groups, especially the Black community, who are not only the most over-represented ethnic minority group within mental health services, but also those whose experiences often result in hospital admission under a mental health act, (Gov.UK 2023).

One of the significant issues concerning communities with dual diagnosis presentations is the lack of communication between dedicated workers for individual services, i.e., mental health workers in mental health services, and substance misuse workers in substance misuse services. This lack of synchronicity between services has resulted in confusion and people falling in between gaps, particularly those from the Black community. Moreover, people

presenting at a mental health service that also wish to discuss substance misuse, are often not inducted into the programme to commence treatment, until their substance misuse has been treated. This is also the same in reverse, if a prevailing mental health presentation takes place at a substance misuse service, although the person presenting believes that their substance use is the dominating factor, they are often referred to mental health services (Weaver et al; 2003). The author confirms this aspect having managed in these services, witnessing how only a small majority of individuals with comorbid mental and substance use disorders receive treatment for both (Harris & Edlund, 2005). This is despite the NHS Guidelines on coexisting severe mental illness and substance misuse, emphasising the importance of these services working cohesively (Nice Guidance, 2016).

2.9 Management of Welfare services

As the largest public sector employer in the UK, with approximately 1.7 million employees (The Kings Fund, 2020; Nuffield Trust, 2024), the NHS has one on the most diverse workforces of any UK organisation. 25% of the NHS workforce identify as Black, Asian or another minority ethic. The NHS summoned the Back workforce after World War Two to rebuild and furnish UK hospitals with trained staff, however the improvement and advancement of Black staff within then NHS has remained stagnant, if not stalled completely. The Black staff experience within the NHS remains notably different to that of their White counterparts. Black staff are more likely to experience harassment, bullying, face disciplinary proceedings and are less represented at very senior levels (Rimmer, 2020). Black staff indicate they feel unsupported by management and that there is general lack of understanding when it came to ethic diversity issues (Chastney et al. 2024). This seemingly endemic racism in not only in this institution but welfare services and organisations as a whole and remains an obstacle for all Black professionals to overcome, and as noted by Nkomo (2021, p.212-224), “dethroning the “emperor” remains a challenge”.

2.10 Policing of the Black Community with Co-morbidity

A landmark report commissioned by the Prime Minister in 2017, Theresa May, the Report of the Independent Review of Deaths, and Serious Incidents in Policy Custody (known as the 'Angiolini Review') highlighted the impact of mental health for those held in police custody. The report highlights that several commonalities occur in cases of death in custody involving mental health. A concerning finding was that of police officers failing to 'recognise and interpret symptoms of mental ill health.' Consequently, the report emphasises the discriminatory fears that the police officers hold of the Black community, arguing that these may be borne out in chaotic and frightening situations. The view that Black men are seen as, 'Big, Bad, Black, and dangerous' as determined by Walker (2020) is also picked up in the report as a crucial factor here. This was also recognised in this study, where all interviewees noted that those clients that had encountered the police, viewed them in a negative light. The Black community are two to eight times more likely to be diagnosed with severe mental health problems as opposed to their White counterparts (Cooper et al 2018; Department of Health, 2003; Fernando, 2003 and Vernon, 2011).

The police, especially the Metropolitan Police, struggle to cope with this cohort as their encounters with them are often more frequent than with other UK police services. For example, the independent report (2013) into the deaths or serious injuries of mentally ill people, either in custody or in contact with the police, found a catalogue of bad practices. These were put down to discriminatory attitudes, failures in systems, misjudgements or errors by individuals, limited resources, and poor co-ordination with other services. Deborah Coles, the Director of INQUEST, noted in the Angiolini Review (Bruce-Jones, 2021) that "What we do in terms of custodial deaths is we situate in them their social economic and political contexts because so many of these deaths impact on policies on public health, addiction, equality, but also on policies about combating racism and discrimination…" Coles adds that where Institutional Racism is concerned there was a pattern of where race, mental health and criminal justice intersect".

Racism and inequality within the police force was most prominently brought to the fore in 1999, with the publication of the Macpherson Report. This report was the result of an inquiry into the death of the young Black South London teenager, Stephen Lawrence. Stephen was stabbed to death at a bus stop in south-east London. The alleged perpetrators of this attack were four White youths. Lord Macpherson's resulting inquiry into Stephen's death discovered several blunders by the Police force in gathering sufficient and incriminating evidence which would successfully have led to Stephen's killers being found guilty in court for his murder. The most telling finding by Sir William Macpherson was that he found the Police force to be 'institutionally racist.' Macpherson indeed went further by proclaiming that "institutional racism . . . exists both in the Metropolitan Police Service and in other Police Services and other institutions countrywide." Lord Macphersons report brought a huge outcry at the time of its publication, especially by the Police force. Subsequently, several academic researchers examined what if anything had altered in the post years of this report, these include, Holdaway and O'Neill (2006) and (2007), Cashmore (2010), Loftus (2010) and Souhami (2014).

Research conducted by Holdaway and O'Neill (2006) over a two-year period incorporating Black Police associations also scrutinised Lord Macpherson's report, particularly his view on 'institutional racism'. Holdaway and O'Neill's research, similar to that of Cashmore's (2010), fundamentally discovered from these staff that the 'importance of an institutional memory of racism within constabularies is emphasised'. Although there have been several concerted efforts to drive up the number of Black police officers, this recruitment drive has failed miserably, as to the end March 2023, Black officers made up 1.3% of the total workforce, yet 4.0% of the total population (Gov.uk, 2023). Last recorded figures show, that although the Black population make up 13.3% of London's population, only 3.5% of the Met's officers are Black (London Assembly, 2020).

With regards to the criminal justice system, over the past twenty years up to 2015, 509 people from BAME communities have died in suspicious circumstances in which the police, prison authorities or detention officers have

been implicated (Athwal, 2015). Athwal continues that a sizeable proportion of these deaths have involved unwarranted force and an irresponsible lack of care. Indeed, just ten cases had been considered as unlawful killings when heard at inquest, with only five prosecutions and no one ever convicted of an offence (Erfani-Ghettani, 2018). This coincides with earlier findings by Holdaway and O'Neill (2006) and Cashmore (2010), Loftus's (2009 p1-20) ethnographic research defines that 'the underlying world view of officers displays remarkable continuity with older patterns. Loftus claims that this is attributed to the fact that the 'police culture endures because the basic pressures associated with the police role have not been removed.' Unsurprisingly then, with regards to the management of the Black community detained in custody, it is known that a disproportionate number are more likely to be transferred to medium and high security facilities, Department of Health, (2003). Black people are disproportionately more likely to be detained under section 37/41 of the Mental Health Act, and subsequently twice as likely to be referred for treatment once attending court.

2.11 Custody Process

In 2004/2005 the Independent Police Complaints Commission (IPCC) has set up its own independent study group on deaths in custody to ascertain if death patterns follow those established in earlier years. This reinforces Deborah Coals view (Inquest, 2024) position on custodial deaths and deaths in policing situations, within the framework of racism (Angiolini Report, 2024 and Bruce-Jones, 2021). Cole argues there is a strong rationale to describe this not only as institutional but structural racism due to the neglect and mistreatment of people experiencing mental ill health. It is widely accepted and acknowledged that disproportionately more Black men are stopped and searched in comparison to their White counterparts, (Ruggiero and Khan, 2006, Bradford and Tiratelli, 2018, Allen and Tunnicliffe, 2021), with suspected drug crime being the prevailing reason for them being stopped and searched (Riley et al, 2009, Borooah, 2021). Those suspected of being under the influence of drugs

and alcohol, and, perhaps displaying signs of mental ill health, were more likely to experience police use of force if they were Black (Paoline and Terrill 2004, 2007; Lawton, 2007, Meade et al. 2017).

Black people are six times more likely to be arrested than White people for drug offences, and eleven times more likely to be imprisoned, and the preponderance of evidence dictates that Black people do use or deal drugs more than their White peers (Townsend, 2010). Statistically, however fewer than two in 1,000 White people were arrested for drug offences in 2007 to 2008, compared with more than 10 in 1,000 Black people. Black men overall were 3 times more likely to be arrested than White men, (Uhrig, 2016). Research conducted in four Metropolitan Police Basic Command Units evidenced that Black people are more likely to be detained under Section 1 36 of the Mental Health Act and then taken to a 'place of safety', often a psychiatric hospital. This highlighted the fact that police officers are prone to bracketing Black people with several risk factors, (Nacro, 2007). This again brings into question what the perception of the Black community by the police force is or is it a matter of retraining preconceived perceptions of this community.

The decision to arrest under section 24 of PACE (The Safer Detention and Handling of Persons in Police Custody, 2012) highlights two requirements that need to be met: A person's involvement or suspected involvement or attempted involvement in the commission of a criminal offence; and Reasonable grounds for believing that the person's arrest is necessary.

Therefore, to this end a viable conclusion regarding the number of Black men who are arrested and detained, as opposed to their White counterparts could be that the police force does hold some form of 'institutional racism.' The police are a microcosm of society and as such the police culture of machismo is part of the police canteen culture (Yesufu, 2021). Yesufu, further argues that this culture in turns does not allow them to back down when challenged by members of the Black community.

Historically registered healthcare professionals (HPC's) have been deployed in police custody settings, within the Metropolitan Police Service the term Forensic Medical Examiner (FME) is used. There are two main types of healthcare needs. Those that require the need of a primary care physician for the management and treatment of ailments, such as, asthma or diabetes. Then there are those issues which may have had a direct consequence as to their detention, i.e., substance use and/or a mental health diagnosis. In these cases, additional expertise is more likely to be required (Payne et al, 2010). Evidentially this is where gaps can be seen occurring in a system which systemically failing not only the Black community, but all of those with substance use and/or mental health issues. Thus, in the period between 2006 and 2016 the 43 police forces of England and Wales made over 13 million arrests, with evidence of substantial number of these having health morbidity, however mental health services in police custody have only sketchily been developed, (Forrester et al, 2016). It can therefore be deduced that the screening process for individuals is not as robust as it needs and should be, with those held in police custody suites being desperately short-changed when it comes to their presenting mental health needs.

Interestingly, Fekete, (2017) picks up on the Lammy Review, conducted by the Labour MP for North Tottenham, David Lammy in 2018. Fekete, articulates the fact that Lammy concentrates his review around 'bias' as opposed to the institutional racism that was a key finding in the 1999 Macpherson Report, and indeed reported by Cole's in the Angiolini Report. Fekete is rather scathing of Lammy with regards to his representation of the problem, noting Lammy's failure to get to the crux of the problem. This is possibly of more concern due to the high diversity of Lammy's own constituency and the fact that he is a Black member of Parliament. Incisively, Fekete, distinguishes that the report should have 'provided, even if implicitly, analysis and diagnosis of the causes of disproportionality.' This was also endorsed by (Garside, 2017), who questioned "why, when there was no evidence that Black people are more criminal than White, and why they are far more likely to be criminalised". This was or should have been a fundamental argument in Lammy's review. It is debateable

whether Lammy was constrained by the restricted terms of reference he was given by the government. The number of Black people entering custody with either substance misuse or mental health issues or in some cases both remain high, and the fact that disproportionally once they enter police custody they are either:

- Not receiving the care and treatment they require for their particular health needs.
- End up progressing through the Criminal Justice System.
- Have a higher-than-average chance of being either institutionalised in a secure environment or custodial setting, or.
- The possibility of dying in custody.

This reaffirms the argument laid out by Lord Victor Adebowale, in the Adebowale Review (2010) in proclaiming that mental health was a 'core business' of policing and needed to be reflected in all policy, guidance and operating procedures. Furthermore, there is also the need to re-address and explore the process of the 'booking-in' and screening process for not just BAME clients, but anyone entering custody. There seems to be improvement over time, however with custody sergeants making the decision as to who needs to be referred to the forensic medical examiner, this places an exceptionally large burden on the shoulders of one who is not clinically qualified to make such a judgement call. Furthermore, the expertise to ascertain the nature of a detainee's personal affliction should be made as a first port of call by a qualified clinician. Once ascertained, that there is a prevailing issue that needs to be met, there requires a distinct and robust pathway for the police to be able to utilise. In the case of substance misuse, there are now workers based in the custody suite, Arrest Referral Workers (ARW's) who identify and assess clients with substance misuse issues and make onward referrals to treatment. This is by no means a stream-lined process and is evidenced in whether the client attends their appointment upon release from custody. In the case of the Black

community those transitioning from custody to treatment services is negligible to say the least.

2.12 Police Training

One issue that has been under constant review is the interaction of the police with the Black community. As noted the number of Black police offices, especially in the metropolitan police force, is derisory. This lack of a diverse workforce serving a cosmopolitan metropolis such as London, therefore indicates that those joining the metropolitan police need to receive the appropriate training. This however has not been evident, and what is required is that the pedagogical application of appropriate cultural awareness training is not only taught, but brought into practice (Koener and Staller,2021). In concurrence with this, Belur et al. (2020) and Miller et al. ((2020) agree that new police recruits prefer this 'hands on' training approach, and this not only improved their critical thinking skills but more importantly challenged their reliance on racial stereotypes.

2.13 Conclusion

This literature review highlighted the issues that those not just from the Black community, but those from the Black community and with a mental health and/or substance misuse problem face when they encounter the police. This being from initially stopped and searched, through to arrest and detention in custody. It is apparent that from this point onwards the experience only gets worse for the Black community, with a notable probability that this cohort is likely to be charged, and then must endure the process of the criminal justice system; often culminating in being released without charge. (Gov.UK, 2023 and Gov.UK, 2018)

In contrast this review has highlighted that those from the BAME community with mental health issues are still left in limbo and they are highly probable to

be either compulsory sectioned under S136 or as statistics have borne out, receive a custodial sentence and incorrectly imprisoned, rather than receiving the management and treatment they so desperately require. The key factor is that there needs to be more involvement of the BAME community in the decision-making process with regards to those with co-morbidity issues (Nacro, 2007) and (Payne-James et al 2010). Most importantly, this review highlights the lack of insight that is in place in the police force. This was initially highlighted in the (MacPherson Report, 1999) and has dejectedly not seen fruition in any real shape or form. Much rhetoric has been played out but there is little demonstrative evidence that little, or anything has altered in the intervening years. This fault cannot be laid at the feet of those police staff either managing custody suites or working in the community, however those in authority.

Chapter 3 - Methodology

3.1 Introduction

This chapter explains the methods utilised to gather the primary data and the analytical process involved, outlining the research paradigm underpinning the chosen methodology and the rationale for choosing it will be explained. The research employed a qualitative method of inquiry to explore Black staff's experience and perspectives of working with Black substance users with comorbidity, who encountered the criminal justice system. The chapter will also present the sample characteristics, the recruitment procedure, the materials used, and the method used to analyse the data. Finally, an illustration of the risks, the ethical concerns and the strategies used to mitigate them to safeguard both the participants and the researcher, will be forthcoming.

3.2 Research Design and Research Paradigm

The research uses a qualitative design based on the interpretivist approach. Interpretivism assumes that reality is subjective, multiple, and socially constructed (Scauso, 2020). This approach allows the researcher to undertake meaning-centred research. Thereby, utilising the responses by participants in this research that allows the researcher to deconstruct, reconstruct, and juxtapose meanings, contributing to the field from different perspectives (Scauso, 2020). The researcher sees this paradigm as the most appropriate for the scope of this research, which aims to expand the knowledge regarding the experience of Black people with complex needs, which encountered the CJS, by exploring the subjective experience and understanding of staff that work with this group of people.

The interpretivism approach for this research will consider differences such as culture, circumstances, as well as times leading to development of different social realities (Alharahsheh, 2020). Furthermore, the relative ontology of this approach, that, reality is a state of 'being,' perceived through intersubjectivity

and consideration of meanings, as well as understandings of social and experiential aspects in the research, sits well with this study (Saunders et al. 2012). This paradigm would also support the research to be more focused on the specific topic, ensuring the research does not head towards more generalisations (Moustakas, 1994; Remenyi et al. 1998).

This chosen approached is also underpinned by Grounded Theory.

"I have no data yet. It is a capital mistake to theorize before one has data. Insensibly one begins to twist facts to suit theories, instead of theories to suit facts" (Conan Doyle, 1891 p.3).

Grounded theory utilising the interpretivist approach, was employed for this research methodology because it is suitable for this research due to this method being able to 'provide systematic guidelines for gathering, synthesizing, analysing, and conceptualising qualitative data for the purpose of theory construction.' This also coincides with Glasser and Strauss (1967) who simply put it as fitting 'the situation being researched and works when put into use', which also connects with Lincoln and Guba (1985), who add that the 'theory is induced from the data rather than preceding it'. The fact that little, if any research exists where this study is concerned concurs with Glassner and Strauss' belief that data should be collected with a 'blank mind.' That is, in terms of this research, gathering the responses from the interviewees and making meaningful sense of this study with no previous literature to influence and conclusions that can be drawn. Therefore, there are no predicted outcomes or prior hypothesis being evaluated, in connection with this research, to illicit either an inductive or deductive rationale to the data assimilated. This rationale works conjointly with this study and opposes the view of Merton (1968) who argued that 'theory can be generated through speculation and then assumed to be valid and relevant until disproven by quantitative methods'. Merton's view that quantitative data as opposed to qualitative data was a more robust method, counteracts that of Glasner and Strauss, who argued 'that grounded theory increased its quality by providing a method of theory construction.'

To this end a constant comparative research strategy will be utilised to ascertain 'the value of individual experiences and views, as encountered in real life situations' (Hewitt-Taylor,2001). Thus, the research focus was to capture the experiences and views of Black professionals without this being diluted or being misinterpreted in any sense. This method employed the use of uncensored responses by interviewees to analyse and categorise themes and sub-themes. This generated data which will contribute to the understanding of Black professionals working with the Black community and this cohort's interaction with the police.

The rationality for assuming the philosophical position taken here considered the expected outcomes, Crotty, 1998, incorporating the essence of reality, knowledge, and the world generally (Ataro, 2020). This considers what is widely accepted where the Black community and the service provision of dual diagnosis is concerned. Taking the Interpretivist and Constructivist approach entails being more flexible, objective, and personable thereby allowing the researcher to be more engaging with the interviewees. This ensures that the best responses are elicited from the interviewees. The use of this approach connects with this research, as it takes the stance that people's knowledge of reality is a 'social construction by human actors Eliseson, 2002; McIntosh, 1997, this therefore systematically rules out methods of natural science. The research adopts elements of the critical race theory framework, whereby policies can be seen to be discriminatory against the Black community (Yam et al; 2021).

This research sought to define that knowledge is acquired by viable constructed explanations. These emergent developmental clarifications derived from those engaged in 'cultural and social communities of discourse' (Fosnot, 2005). The positivism paradigm gives licence for this to happen, and as defined by Black (2006, pp.319-324), allows for the 'ability to address the complexity and meaning of situations'. This fits suitably with this research, as it is concerned with ascertaining the views of those who work first-hand with those members of the Black community, who are suffering from a dual diagnosis and are engaged or have been involved with the criminal justice system.

This research also took an intersectional qualitative approach ‘a critical framework that provides us with the mindset and language for examining interconnections and interdependencies between social categories and systems’ (Atewologun, 2018). This framework was utilised to explore the intersection between three stigmatised identifies: being black, having coexisting mental health and substance use problems and being an offender.

Thematic Analysis was deployed to seek repeated commonalities, themes and patterns that derived from the interviewees (Maguire and Delahunt, 2017; Braun and Clark, 2012). This method is conducive to allowing for flexibly interpreting the information derived from the interviewees, but ensuring due diligence is transparent to demonstrate the robustness of the findings (Braun and Clarke, 2006). Consequently, the necessity and argument for the mental health system to be overalled where the Black community is concerned is compelling, with Black and minority ethnic communities at a higher risk of mental health problems (Mclean et al. 2003; Bamford et al. 2021). Although this currently seems a long way off the utilisation of Black services that deal with mental health issues for those members of the Black community, is seen as integral for those members of the Black community suffering from these disorders to achieve successful outcomes (Bhui & Sashidharan, 2003; Codjoe et al. 2021). Though this again could be to be dealing with the issue in isolation as opposed to a correlated, holistic services approach.

The Interpretivist/Constructivist philosophy taken with this research, draws special attention to the views of those staff working with members of the Black community who are suffering from a dual diagnosis. Thus, highlighting the need for those services who have a vital role to play in the successful handling, treatment, and eventual outcome of the Black community to be more proactive in their approach and handling of this community. Therefore, the views of those staff, particularly from the Black community, who work with the Black community who encounter drug and/or alcohol and mental health services were sought for the purposes of this research. Five staff, a Police Constable, Substance Misuse Support Worker, Mental Health Nurse, Social Worker and Drug and Alcohol Recovery Practitioner were interviewed. All participants were

drawn from the University of West London as current students, who are studying the Substance use degree or a specific module on that course. This cohort all have current experience of working with the Black community in their chosen profession and volunteered to take part in this research once given the requirements and stipulations of the research. Due to the alliance of volunteers being small, the researcher was pleased with the variety of professions that put themselves forward.

In terms of the limitations of employing a grounded theory approach for this study these are negated due to the number of participants and the software implemented to interpret this data. Software that was not available when the restrictions were assumed at the birth of grounded theory method. Although the researcher has an extensive career in the health and social care field as well as the criminal justice arena, the researcher will outline the methodological approach taken to collate, analyse and present the date from the findings.

3.3 Research Philosophy – Epistemology and Design

The rationality for assuming the philosophical position taken with this research has considered the expected outcomes, Crotty, 1998, incorporating the essence of reality, knowledge, and world generally (Ataro, 2020). There are two principal areas as far as the ontological and epistemological positions in respect of reality and tradition is concerned, these are the Objectivism/Positivism and Interpretivism/Constructivism. Ataro (2020), argued the Objectivist/Positivist approach can be seen as ‘hard, tangible and measurable, static and value free’. This approach entails the subject matters uncovering the social phenomenon that exists around them and how different interpretations and definitions resulting from this influence can affect the subjects involved (Swain 2016). Furthermore, in respect of this philosophy the researcher is remote and therefore not engaged as such with the research that is being undertaken. This position does not align with this piece of research that the researcher is undertaking. The Interpretivist and Constructivist approach is concerned with being more flexible, subjective, and personable thereby allowing the researcher to be more engaging with the interviewees.

This research will therefore follow an Interpretivist/Constructivist philosophy, as it takes the stance that people's knowledge of reality is a 'social construction by human actors' (Eliseson 2002; McIntosh, 1997), which systematically rules out methods of the natural sciences, seeking to define knowledge that is acquired by viable constructed explanations. These emergent developmental clarifications derived from those engaged in 'cultural and social communities of discourse' (Fosnot, 2005) are central to the argument here. Thus, the interpretivist paradigm gives licence for this to happen, and as defined by Black (2006), allows for the 'ability to address the complexity and meaning of situations'. This fits suitably with this study, as it is concerned with ascertaining the views of those who work first-hand with those members of the Black community who are suffering from a dual diagnosis and are engaged or have been involved with the criminal justice system.

This research will take an intersectional qualitative approach 'a critical framework that provides us with the mindset and language for examining interconnections and interdependencies between social categories and systems' (Atewologun, 2018, pp.1). This approach will consider the reflections of those interviewed and allow the researcher the provision to make the connections with responses given. There are numerous research philosophies, and these are defined by the objective trying to be achieved by the research and the best method to achieve this desire (Saldaña, 2021). Therefore, this perspective of utilising an interpretivist and constructivist method is seen as the most suitable where this study is concerned.

There are several pieces of research that have been conducted on those members of the community who have healthcare issues that have been detained in police custody (Payne-Jayne et al. 2010; McKinnon & Grubin, 2010; McKinnon et al.2013). Though these studies all have in common the need for healthcare screening and treatment to be improved throughout custody suites, very few, if any, concentrate on the Black community per se. Furthermore, no studies found examine if there is a causal increase in dual diagnosis presentation whilst members of the Black community are detained. Therefore, there is a justification for the belief that the police do not adequately know how

to treat those detained members of the Black community who suffer from a dual diagnosis (Skinns et at., 2020). This does not only occur where those members of the Black community are detained but where they are judged and managed in society as a whole by the police.

Mental health services equally come under tight scrutiny where management of the Black community is concerned. This knowledge can be seen and testified not only in the UK but in western culture per se (Brandow & Swarbrick, 2021). This study will therefore use a qualitative research method, underpinned by an interpretative epistemological approach to examine in depth the experience and understanding of health and social care professionals of the reality of how Black communities are being treated by mental health services and the criminal justice system (Alharahsheh & Pius, 2020).

This research will use a qualitative design. Data were collected via semi-structured interviews and analysed using Thematic Analysis to identify the key themes emerging from the participants' narratives. Thematic Analysis has been chosen because of its ability to understand, describe, and interpret experiences and perceptions that are key to uncovering meaning in particular circumstances and contexts, (Maguire and Delahunt, 2017 and Braun and Clarke, 2022).

An intersectional qualitative approach will be used to interpret the data. explore workers' experiences through their interaction with their Black clients with mental health and substance misuse problems. Intersectionality is adept for this research as it is increasingly an approach of consideration in this field of equity and diversity. The fundamental benefit of adopting this intersectional approach is that it provides an understanding of the issues that are closer to the lived experiences of the groups that are of interest, thus allowing the researcher to develop effective strategies to address them (Christoffersen, 2017).

In this research the concept of intersectionality will look to address the question of how multiple forms of inequality and identity inter-relate in different contexts and over time (Gilborn, 2015). In this research, the connection between, race, mental health, and addiction, will be explored in the context of the CJS and treatment outcomes. Siddick (2018) points out that 'Intersectionality recognises

that people do not always belong to a single minority', as such an intersectional approach therefore appraises how multiple social categories interact simultaneously. It is important to recognise these variables and as Siddick crucially points out 'help improve racial disparities in treatment and recognise the unique experiences of Black people.' This strengthens the grounds for the researcher in adopting an intersectionality approach in this piece of research that explores how the complex interaction between race, mental health, and substance use impact the client's experiences in the CJS.

3.4 Participants

3.4.1 Table of Participants who discussed each Theme

Main Theme	Number of Participants
Stigma	11
Training	19
Trauma	9
Cultural Needs/Awareness	11
Police Racist	10
Relatable Black Staff	8

The participants for this research were recruited from the University of West London. This stipulation ensured that there were no ethical considerations to factor into this study to avoid any conflict of interest with their work commitments. An email was circulated to all staff undertaking the Substance Use and Misuse studies degree programme. These members of staff were either undertaking the degree or taking a specific module. None of the volunteers were previously known to the researcher. The researcher was invited into the University to address the students with regards to this study. The researcher delivered what the research would be about and gave details to the students and Module Leader of how the researcher could be contacted. The researcher was contacted by a good proportion of students and due to the number of volunteers required for this piece of research, the researcher was fortunate enough to get a varied cohort of black staff, from a background of

professions, who work with dual diagnosis clients in the Black community. The researcher undertook the same method for the initial pilot study, where 5 students were recruited. The inclusion criteria were:

- Black Staff working with Black Clients who are accessing, or have accessed, named, and dedicated Drug and Alcohol/ Community Mental Health services, and have been 'diagnosed' with a co-existing substance misuse and/or mental health problems.
- Staff whose clients who have previously been detained in police custody.
- Staff who are willing (showing an interest) to participate in the research i.e., be aware of what the research entails.
- Black Staff working on the frontline – this will give a broad cultural view from the workers perspectives.

The exclusion criteria were:

- anyone who, based on self-declaration, is under any form of disciplinary hearing.
- those who have no direct contact with clients or the management of those staff who work with clients
- Staff of differing grades/roles/experience (length of service).

Of the twenty-six Black professionals recruited for this study (this included five from the initial pilot study), fifteen (15) of these participants identified as male and eleven (11) female. In terms of ethnicity, the participants identified themselves as:

Black & White Caribbean x 1, Black African x 14, Black Caribbean x 3, Black British x 4, Black Other x 2, Black South American x 2

The breakdown of staffing from a wide spectrum of professionals included:

1 x Counsellor, 1 x Healthcare Assessor, 1 x Senior Probation Officer, 1 x D.I.P. Treatment Referral Worker, 1 x T.B. Nurse, 1 x Drug and Alcohol Detox Nurse, 1 x Rough Sleeper Coordinator, 1 x Prison Officer, 3 x Addictions Specialist Nurse Prescriber, 2 x Dual Diagnosis Lead, 2 x Clinical Nurse Specialist, 1 x Social Worker, 1 x Recovery Champion, 2 x Alcohol Practitioner, 1 x Support Worker, 1 x Police Superintendent.

3.5 Sampling and recruitment

This study utilised purposive sampling, employing the skills of those practitioners who have the notable experience of working with those members of the Black community with dual diagnosis issues, and have been, or are, involved with the criminal justice system (Andrade, 2020). As a non-probability sampling technique this gives the researcher scope to select his subjects based on the conviction of this study (Obilor, 2023). This method has two advantages: firstly, it is time-effective, as the participants who meet the selection criteria have volunteered as students from the University of West London as opposed to being directly recruited by the researcher from their respective services/organisations. Secondly, the commitment of these participants who have volunteered demonstrates a higher willingness to provide a greater insight into this phenomenon (Sharma, 2017).

An initial pilot study was conducted with 5 participants, who had similar characteristics to those interviewed in the final research, to finalise the questions and the areas to be covered in the semi-structured interviews. The present research involved interviewing twenty-one further staff working in drug and alcohol, mental health, CJS, and social work services. The researcher anticipated that the sample size of 21 would be sufficient in terms of data saturation (Guest et al. 2020). The researcher regarded interviewing these staff working in their specific capacity, with clients who access their services, as instrumental with regards to obtaining objective first-hand views. Staff provided invaluable insight from the information that was relayed from their clients in one-to-one and facilitated group sessions. As with the initial pilot study, participants

were recruited via the University of West London; these were current students who were studying Criminology and Addiction Studies whilst still working in their chosen field. The researcher encountered no issues in securing the number of participants from the student population, and the pilot study was not included in the final total number of interviews.

3.6 Materials

Semi-structured interviews were conducted using semi-structured interviews, divided in five main parts:

1. Participant's characteristics (age range, gender, ethnicity);
2. Work experience (type of service, role, length of work experience, type of clients);
3. Experience of working with the target group (challenges, experience of working in contact with the CJS, perceived impact of Police practice on their clients, clients' account of their experience of going through the CJS and other services, perceived impact of clients' ethnicity on treatment experience and outcomes, perceived impact of mental health and substance use problems on treatment processes and outcomes);
4. Perceived influence of their ethnicity on the relationship with their client and outcomes;
5. Recommendations (what if anything they think should change to improve outcomes).

3.7 Procedure

This study was undertaken via Teams, and the option of face-to-face interviews were offered if more suitable at the University of West London. The advantages of utilising this method included, the redundancy of geographical distances,

possibility to see body and facial expressions and cost-effectiveness (Saarijärvi and Bratt, 2021).

As a professional who has been managing staff working in these services for many years, the researcher was in no doubt of the protocol and professionalism required when undertaking research in these different circumstances.

Although participants were asked to disclose what kind of organisation they work for, the name of the organisation was kept confidential. As this research was an account of the experiences that these Black staff working with the Black community with dual diagnosis, the duty of care aspect will be mitigated for.

The researcher contacted each individual who expressed an interest in participating in the study to ensure they understood the aims, the research requirements and procedure. The researcher employed his extensive knowledge, experience and professional judgement when interviewing staff to ensure that participants felt comfortable, were able to give their best and be as transparent and honest as possible when responding to questions.

The semi-structured interviews took approximately 45/60 mins each, although some participants wanted to be more expansive on answers so an allowance for extra time was factored in.

Prior to the interview, participants had the opportunity to ask any unresolved questions and then were directed to sign the consent form. The interviews were recorded using a Dictaphone. Interviews were then transcribed, anonymised, and saved on a secure password protected computer. At the end of each interview participants were issued a debrief sheet, which included the contact details of available support services in case the need arose.

The study went through the necessary ethical process.

3.8 Data Analysis

Data was analysed utilising Thematic Analysis as described by Braun & Clarke (2006), enabling the researcher to understand how people make sense of their experiences. This methodology involves the identification and reporting of patterns in a data set, which are then interpreted for their inherent meaning (Braun & Clarke, 2006); these patterns can be found on the basis of understanding the meaning of keywords used by participants. This is achieved by undertaking six sequential steps:

Step 1 – Selection of quotations.

The author thoroughly reviewed the transcription of the interviews undertaken and elicited those themes that constantly resonated with participants and appropriately represented wide-ranging viewpoints all relevant to the research objectives (Tracey, 2019; Eldh et al.,2020; Lamba et al.,2022)

Step 2- Selection of key words

Whilst selecting the key words from the interviews, the researcher examined all transcripts and extrapolated the reoccurring terms, and these were identified as keywords. These keywords were fully derived verbatim from feedback from the participants (Naeem & Ozuem, 2022a).

Step 3 - Coding

The researcher then coded the prevalent short phrases taken from the interviews, capturing the significant core information. This process of coding simplified the information into a theoretical form and aided with identifying components relevant to the research questions (Fereday & Muir-Cochrane, 2006). The use of keywords in coding was crucial as this not only drove the analysis but translated the information from participants into meaningful sections.

Step 4 – Themes

The next step for the researcher was by organising the codes into consequential groups to identify patterns and connections, and in doing so leading to an understanding of the research question. In doing so the researcher then analysed the codes and divided these into set themes. These themes were a representation that connected the research questions and data (Glaser & Strauss, 2017).

Step 5 – Conceptualisation

The next part of the data analysis was the conceptualisation phase, here the researcher delved into the understanding and the establishing of the concepts derived from the data. The researcher sought out the connections of the keywords, codes and themes assembling these into definitions that align with the research undertaken (Arar, 2017; Oliver, 2021). The researcher utilised diagrams to review and understand the relationship of these connections. In conjunction with (Naeem et al., 2023) the standard of these definitions is evaluated based on ‘clarity, accuracy, reliability, applicability’ and how this benefited the theory and practice of this research.

Step 6- Development of Conceptual Model

The final part of this process of the thematic analysis undertaken by the researcher was the development of the conceptual model. This procedure entailed devising a distinctive representation of the data in conjunction with existent theory (Grodal et al., 2021). Thereby answering the research questions and defining the contribution of this study to any existing knowledge. This development of the conceptual model represents the analysis culmination, capturing all of the findings and comprehension of the data provided.

(Naeem et al., 2023)

3.9 Pilot Study

It must be noted that at this point the initial pilot study confirmed that the initial set of interview questions did not need to be adjusted or amended for this study and that the issues raised would later coincide with the main themes from the current research.

3.10 Ethical Considerations

3.10.1 Informed consent

The researcher ensured that all participants gave informed consent (Millum and Bromwich, 2021 and Borovecki et al. 2018). This was to verify where informed consent is concerned, that the participant fully understood as far as is possible:

a) The purpose of the research.

b) The consent they are giving to be part of the process.

The researcher ensured staff did not feel uncomfortable discussing their clients and that the process was confidential and safe. The researcher had extensive experience of managing these types of services so was aware of the sensitivities that potentially existed, so conducted the interviews in a way that mitigated any unwarranted awkwardness, by ensuring that the participants stayed on track without detracting from the responses given.

Having worked with dual diagnosis clients in some capacity or other for over thirty years, the researcher's drive, and motivation is to ensure that the issue of dual diagnosis within the Black community is taken seriously and there is a concerted effort for change. There are no other motivations or conflicts of interest.

As part of the researchers' ethical requirements, it is essential that there was no harm to any participants involved in this study (Drake, 2013).

Since the ethical approval for this study was previously obtained and there are no major changes to the methodology, participants and recruitment procedure, the Chair of UWL (University of West London) ethics committee agreed for this research to be conducted.

3.10.2 Confidentiality and anonymity

With regards to participants fearing any retribution for their participation and responses, all replies from participants have been treated confidentially with a disclaimer signed by the researcher to confirm this was the case. All interviews conducted remain anonymous, and participants will not be identifiable, by outside parties. The researcher ensured that the separation of data from identifiable individuals and storing the code linking data to individuals is kept securely (Wiles et al. 2006). The participants were read a preamble before each interview commenced, and clarity with regards to why the information is being requested was given. The researcher ensured that there was full compliance with General Data Protection Regulation (GDPR).

3.10.3 Participant distress and withdrawal

The researcher anticipated that there would be no undue distress caused, however, given the sensitive nature of the topic, was prepared in case some participants felt uncomfortable recalling stressful situations. This however, proved not to be the case. The researcher nevertheless covered this possibility by reiterating that participants could withdraw from the process at any time during the interview.

The researcher also mitigated for any distress caused by this research by seeking the permission of an experienced Clinical Psychologist from East London Foundation Trust (ELFT) who was willing to provide support if necessary. These details were made available to all participants as part of the interview process.

Chapter 4 – Results

4.1 Introduction

This section will introduce the results from this research. First, it will highlight some of the key findings then introduce some demographic characteristics. This chapter will also highlight characteristics of the staff interviewed such as length of time in post, their ethnicity, their professional roles, and their caseloads. The chapter then breaks down the qualitative interviews into their subsequent themes and qualifies these themes with quotes from the participants.

Some of the key findings and emerging themes from this study were as follows, and will be discussed in more depth later in this thesis:

1. A lack of understanding of dual diagnosis with the Black community from the Management of these services and the CJS as whole.

2. Not knowing how to deal with Black people and their needs – management are invariably White therefore Black people are often stereotyped as aggressive.

3. Historical factors – police and Black community relations have stagnated or worsened. Policing of Black community creates resentment.

4. Lack of Empathy – Clients are not heard, and judgement based on stereotypes and misconceptions.

5. Stigma –Black community, stereotyped by treatment services and police before given a chance.

6. Trauma – the police racially profile Black clients – ‘they use drugs and commit crime and use mental health as a way of avoiding justice.’ Trauma also caused by socio-economic factors.

7. Training – Police, organisations and management need to be less judgemental and stop stereotyping, based on exposure to the root causes of racial and cultural misunderstandings.

8. Participants conclusively reported that the initial impact that the Police have when encountering those members of the Black community is not a positive one, with stereotyping, being judgemental, feeling victimised and, not listening or feeling supported re-emerging patterns.

9. Identity and Empathy – Black clients relate better to Black workers. 'They can see I have their interests at heart.' 'I have had no specific training but being from a Black background have a natural knowledge and know what to do to break down barriers.'

*Nine key findings were ascertained in this study and some of these findings were combined to become six main themes.

4.2 – Demographic Characteristics

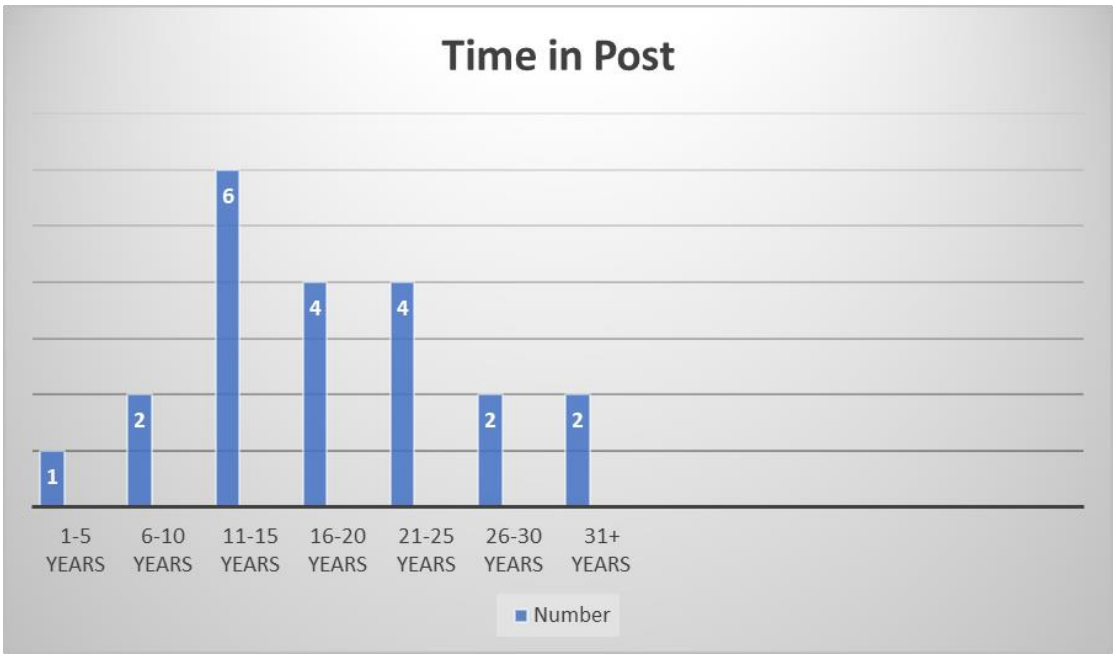
4.2.1 Age

The predominant age for this research had 18 participants who were aged 44+ (86%), with three participants aged between 35-44 (14%). There were 2 males in the 35-44 age range and only 1 female. In the 44+ age range there were 9 males and 9 females (85.7%) of the total cohort.

The workforce age profile for this research is not too dissimilar to that recorded by the NHS Benchmarking Network (2023), that records a higher proportion of staff in the 40-49 and 50-59 age ranges, working in the healthcare professions. Notably, the 40+ age groups in both sets of research outline the highest figure in the workforce.

4.3 - Length of Time in Post

Figure 4.3.1 - Length of Time in Post



The research determined that Black professionals are remaining in post for sustained periods of time. Although their roles may change, and they may move organisations they invariably remained in the sector. Of the 21 participants, only 3 (14.3%) had been in post, or had worked in the mental health and substance misuse field for less than 10 years. The largest cohort of participants were in the 11-15 years range, 6 (28.6%). 8 (38.1%) participants have worked in the sector for 21 years plus, with 2 participants being in the sector for over 31 years.

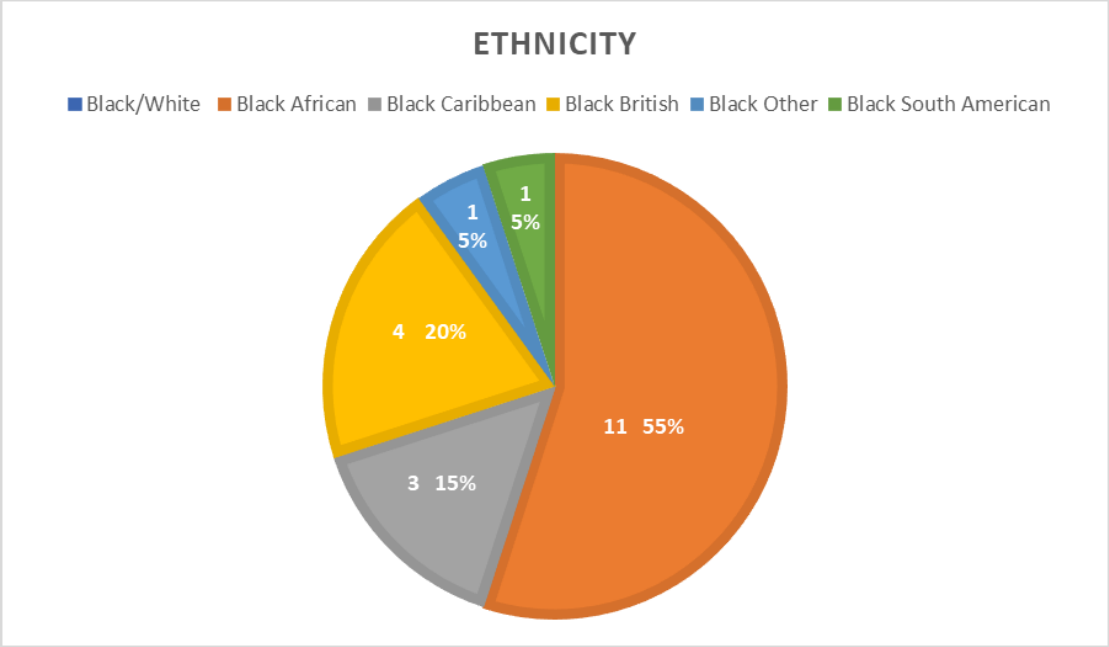
4.4 - Gender

In terms of the 21 interviews undertaken for this study there were 11 male and 10 female participants. Across drug and alcohol services there is a recorded workforce of 60% female (Webster, 2023). Whilst women in the healthcare sector (ranging from voluntary, NHS and independent/private sectors) accounted for anywhere between 58% to 69% (NHS, 2023). Invariably more women make up the majority of the workforce in what is seen as ‘caring’ professions.

There has been somewhat of a gender shift however with declining staffing levels and the increased instability of the working environment, in conjunction with the demand of more mental health capacity. Indeed, it has been noted that funding for mental health has not kept pace with demand and in some cases, it could be argued that funding has been cut (Baker and Pryjmachuk, 2016). This may correlate to the decrease in women in the sectors of mental health and substance use, and for the slight imbalance in the number of women interviewed for this research.

4.5 - Ethnicity

Figure 4.5.1 - Ethnicity Breakdown



The number of Black African professionals that took part in this research was far more than any other Black participants. There were 11 (55%) participants who identified as Black African, over half of the total interviewees. The next largest cohort were those who described themselves as Black British 4 (20%) and thirdly those who associated themselves as Black Caribbean 3 (15%). 9

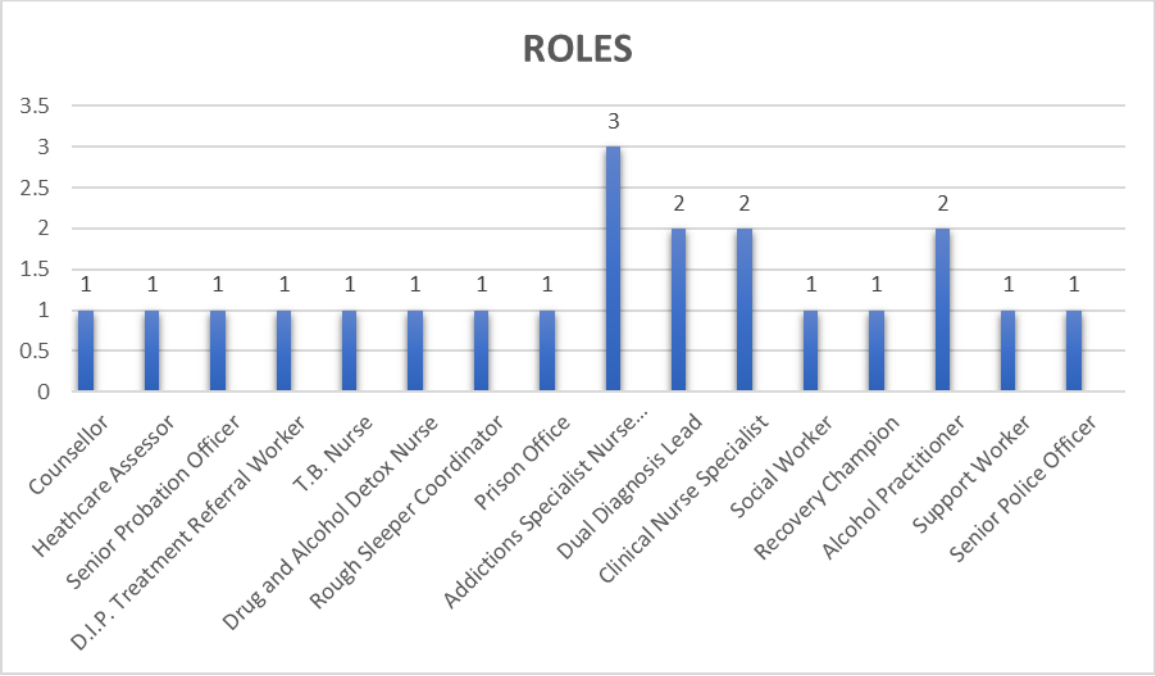
(42.9%) of these 11 participants who associated themselves as Black African had a nursing qualification.

There was a steady growth of Black African nurses in the United Kingdom in the period after the Second World War, however their role is rarely accentuated when discussions around Black women in the healthcare service is raised. The spotlight tends to fall on the 'Windrush generation' and influx of Black Caribbean nurses.

1 participant described themselves as Black other and 1 as Black South American.

4.6 - Roles

Figure 4.6.1 - Roles



There was a wide spread of occupations from the Black professionals who participated in this study. Those who were Addictions Specialist Nurse prescribers made up the largest number 3 (14.3%). There were 2 Black staff in each of the following roles: Dual Diagnosis, Clinical Nurse specialist and Alcohol Practitioner.

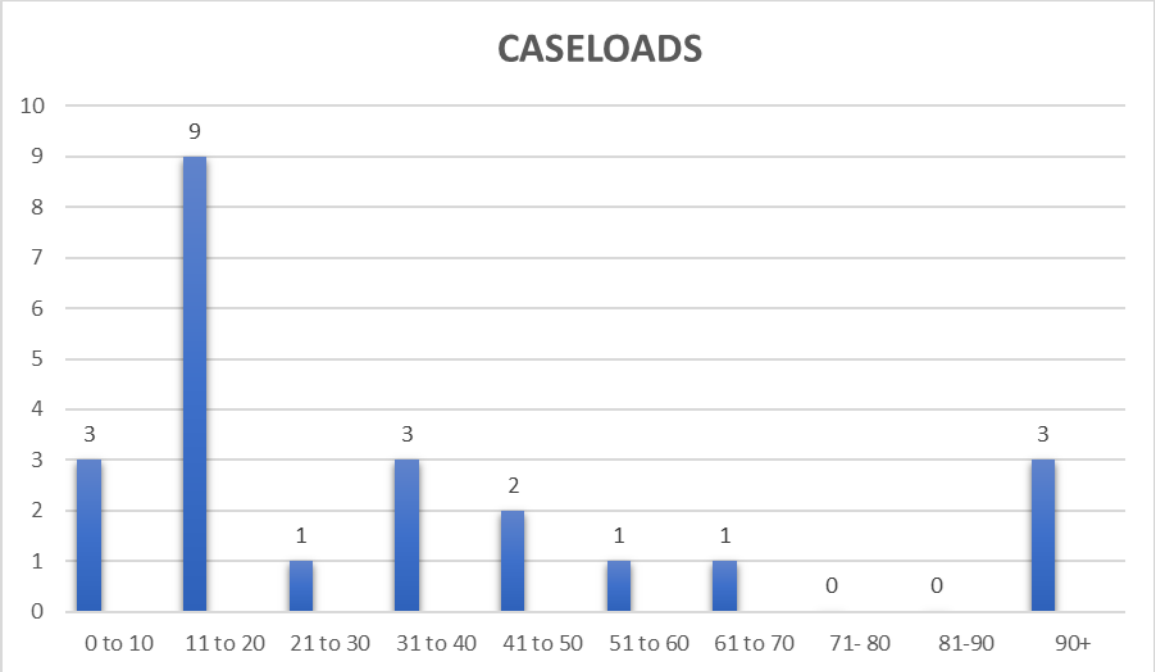
In conjunction with the time in post as above there are a disproportionate amount of senior staff or those with senior manager responsibilities. There were 3 (Addiction Specialist Nurses) who identified as senior staff and a further 2 with any sort of management responsibilities (Probation & Police). This correlates with findings that Black staff suffer from discrimination and a lack of equal opportunities (Likupe, 2013; Likupe et al. 2014).

Furthermore, of those staff who were in positions senior positions, they had been in post for 20 years or above and for the 2 staff who had Management responsibilities, they had both been in post for 30 years and above. The 2 members of staff who had been in post for 30 years plus both identified as Black Caribbean.

It would appear that there is discrimination not only against Black clients who attend services but also Black staff, especially, Black African staff when seeking promotion (Ashraf, 2013; Likupe et al. 2014). There has been a misconception that Black African nurses lack motivation for professional development and promotion (Likupe et al. 2014).

4.7 - Caseloads

Figure 4.7.1 - Caseloads

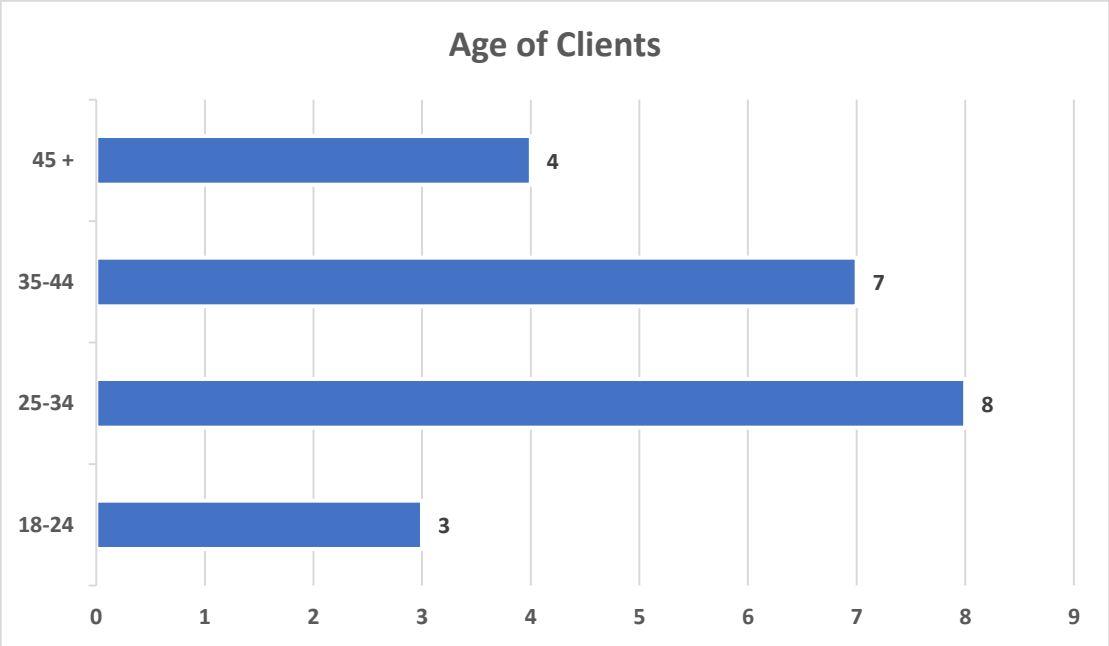


The interviewees reported varying caseloads numbers with 9 (42.9%) having various caseloads of between 11-20. Staggeringly, three professionals were caseloads of over 90 (14.2%). A further 2 members of staff had caseloads oof between 51 – 70 (9.5%).

4.8 Client Demographics

4.8.1 – Age

Table 4.8.2

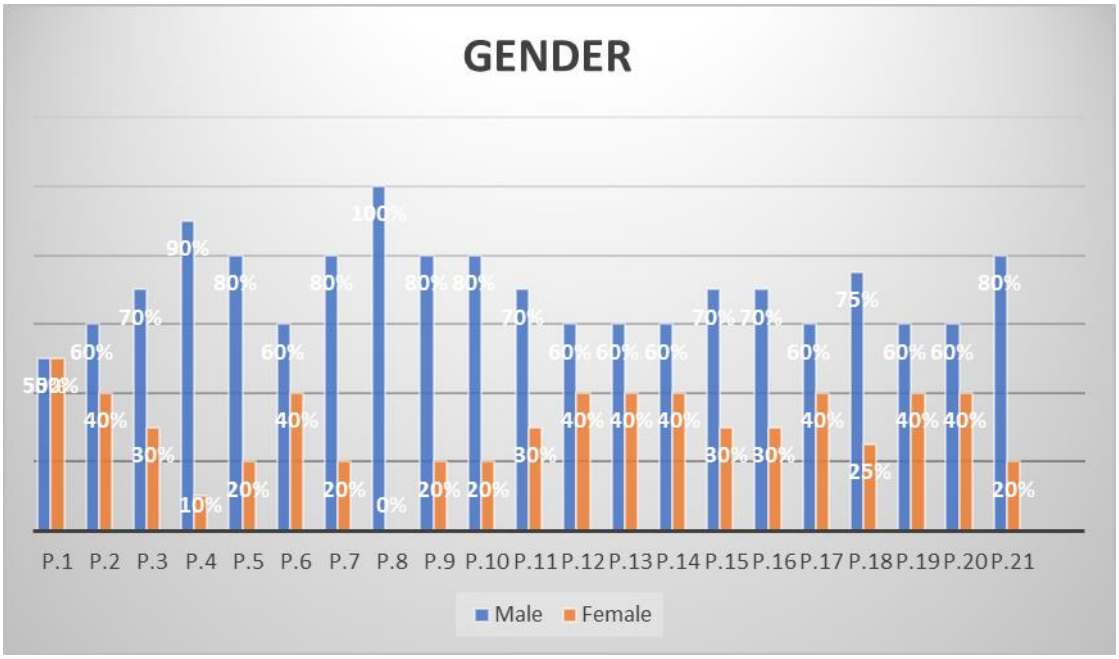


*****There are 22 clients in total as one participant noted that had an equal amount of clients aged 25 -34 & 35-44 on their caseload so they have been counted twice.

Notwithstanding the participant who had an equal caseload of clients in the 25-34 and 35-44, there were 14 (66.6%) of clients who were aged in the 25-44 bracket. 3 (14.3%) of clients were in 18-24 range with 4 (19%) over 45. These age ranges fall in line with those recorded in the Adult Substance misuse treatment statistics 2020 -2021 and those of mental health services, though in terms of autism and learning disabilities, which is not being considered in this research, falls mainly in line with the 11-24 years age group (Baker and Kirk-Wade, 2023).

4.9 Gender

Table 4.9.1 – Gender distribution of clients across participants



In terms of Gender, all bar one of the participants have a majority of male clients on their caseload. The one participant that did not, had an equal split of 50% male and 50% female. Over a 1/3rd of participants, 8 (38%) have caseload splits of 60% male to 40% female. 12 (57%) of the 21 participants had caseloads of 70% plus where males were the majority. One participant had a caseload of 100% male, though this was due to having an all-male client cohort.

4.10 Findings from the qualitative interviews

This section will focus on presenting the data from the conducted interviews. The main themes and sub-themes derived from these interviews will outline the experience of Black staff working with people from the Black community who have a dual diagnosis and have had contact with the police. As previously outlined in this study there is a distinct lack of research where this subject matter is concerned. Where there is previous evidence-based research, this will be

referred to correlate and or, substantiate responses from the participant. To ensure the robustness, veracity, and validity of the recorded interviews, these will be presented verbatim, with no additions or amendments by the author. This, as states, Halcombe and Davidson (2006) allows for 'the transcription to be congruent with the methodological design and theoretical underpinnings of this study'.

There were 36 main points that arose from this study. These will be divided into 6 main themes and then relatable subthemes derived from the issues raised. The 36 points raised are by no way all of the points raised by the participants, however, are seen as the most salient of all points raised by the participants. The researcher to ensure equity and balance will cover the points which are both favourable and adverse. It is important to note that some of the sub-themes may well be suited to more than one main theme, however the author will utilise discretion and rationale when making this decision. The subtheme may well be discussed under each theme that it applies to. Each theme will be examined in depth with verbatim quotes taken from each participant to quantify each point.

To conform to the anonymity of each participant they will be labelled as **P.1**, **P.2**, **P.3**…etc…The numbering will be in order of interviews but to conform with ethical considerations there will be no other form of distinction to attribute the identity of the participant.

The six main themes (in no particular order):

1. Stigma
2. Training
3. Trauma
4. Cultural needs/awareness
5. Police are racist.
6. Relatable Black staff

Theme 1 – 4.11 Stigma

Table 4.11.1

Main Theme	**Sub Themes**	**Participants**
STIGMA	Not listened to	P.2, P.4, P.5, P.9, P.10, P.11, P.16, P.17, P.18, P.19, P.21
	Seen as aggressive	
	Seen as loud	
	Misunderstood	
	Treat as human beings	
	Some Black staff look down on Black clients	

The stigma of having a mental health or substance misuse issue is a major barrier for all not just the Black community accessing services, however this stigma comes with many facets where the Black community is concerned. First, it is important to decipher this term and inspect the impact it has. There are several research papers that incorporate stigma. The term was first defined with regards to an “attribute that is deeply discrediting” and something that dehumanises the individual “from a whole and usual person to a tainted, discounted one (Goffman, 1963). In what is seen as a more congruent definition and one widely regarded by subsequent researchers, Link and Phelan (2001) described stigma as “the co-occurrence of its components–labelling, stereotyping, separation, status loss, and discrimination–and further indicate that for stigmatization to occur, power must be exercised”. It can be said that the Black community more than any other suffer from ‘intersectional stigma.’ This, as defined by Logie et al. (2011) and Berger, (2022) incorporates multi-faceted disadvantageous stigma, whereby racism is impacted by, for example, poverty, homelessness, sexism etc…There is also the issue of double stigma, whereby the Black community carry not only the prejudice and discrimination of

being Black, but also of having a mental health/substance misuse issue (Gary, 2005; Yu et al. 2022). A further adjunct to this gives an alternative that stigma occurs when:

- there is labelling,
- negative stereotyping,
- linguistic separation (the target is commonly referred to by a name), and
- power asymmetry.

(Andersen et al. 2022)

Several participants discussed stigma being an issue for Black clients, with two participants raising this issue on more than one occasion. Stigma has long been associated with those from the Black community with dual diagnosis. This has often deterred this cohort, who are already reluctant, from seeking help (McCann et al. 2017). This was reinforced by several participants who reinforced that stigma still prevails where the Black community and accessing services are concerned.

P.5 - *"No, again because of stigma. The system is not well trained in terms of ethnic or cultural background or to manage their needs. The system is set up to meet the white community more. Though community needs to be set up to manage these communities."*

P.9 - *"No, personally see Black clients misunderstood when it comes to service provision, be it drugs, M.H or general provision. Stigmatised. Instead of looking at what happened to lead this person to use drugs- was there trauma. A lot of Black people misunderstood even when going to prison. They see their life as hopeless - have no place in the world. They are offered the worse - no job prospects. Stigma is the biggest issue. As a result, when coming into services they have given up on treatment as feel treated differently - believe seen as aggressive and treated differently to white clients and so must fight tooth and nail to get support."*

One participant noted that the Black community only accessed services when it was essential, due to not only the public stigma, but the self-stigma they felt, and their own personal shame. This is reinforced by their community and family who note this cohorts' shortcomings as weakness and moral failing ((Mantovani et al.2017; Codjoe et al.2019).

P.10 - "*Not at all, especially with male clients- some of these have other issues including benefits, access to G.P.'s - so only come when there is an emergency. The stigma attached is a barrier for them."*

P.10 - *"Think management have an understanding to monitor and provide support and monitor. Though stigma and staff attitudes need to be addressed. In M.H. trained to understand these clients but in general hospital they do not understand this client group. They don't pay attention to those with M.H. & D & A issues. They pay attention to those with physical issues so dismiss this cohort."*

P.10 - *"Comfortable - from the same background and understand the culture. M.H. trained Nurse and trained in addiction. Lifetime experience has given me knowledge of how to deal with this client group and not to stigmatise or judge because of their M.H. or D&A issues. If you respect them, they feel more comfortable to work with you and if they comeback they ask for you, as understand you will advocate for them and understand their needs. So will deal with them to get a full care package before they are discharged."*

Two participants noted the impact of stigma and the relationship this had with regards to the family, this resonates with similar findings (Memon, 2016). Indeed this 'family stigma' which is defined as the prejudice and discrimination experienced by individuals through associations with their relatives Larson and Corrigan (2008) can have far-reaching effects in terms of not only familial isolation but also from society and those treatment services which should indeed be where they can turn to for help.

P.11 – "*Yes, has consequences - they have families and the stigma, so this has a knock-on effect. So has impact on social engagement with family and friends - which again can worsen their condition.*"

P.21 – *"…If don't have good support network of family/friends and not talking this through could be living with this thing to the grave..."*

Another participant discussed the stigmatisation from services and also the stigma they faced as a Black nurse. The same participant also noted that Black clients had the belief that they also faced stigma being a Black nurse and coming from the same country as one of their clients, so the client minimised their problem. This on the face of it appears to be due to personal shame and fear of rejection (McCann, 2017).

P.11 – "*The personnel need to be aware and how to support and signpost to the correct D&A and M.H. services. This would reduce stigmatisation. There needs to be an understanding of this cohort and their issues to stop the cycle…Feel I can face the challenge because of the stigma attached. Black clients have perceptions of me as a Black nurse as presume, I will judge them, so may want to see someone from a different culture. Black clients judge themselves and also think I judge them. I have had to deal with someone from my country (Zimbabwe), so they minimised their problem with me.*"

Another participant discussed the police stigmatisation of the Black community with a mental health issue. As mentioned throughout this study the relationship between the Black community and the police has been fraught to say the least. These interactions where the relationship has broken down include the police use of force on arrest, police stops, the police use of stop and search, police brutality and the interactions with the police in the criminal justice system as well as mental health outcomes (McLeod et al. 2019). The same participant discussed that nothing had changed with the police in the last 50 years and that new policy is not rooting out the culture that exists and is still prevalent. This sentiment is echoed by (Joseph-Salisbury et al. 2021). In conjunction with this there is also the blatant behaviour by police officers to members of the Black community caught on body-worn cameras and the disrespect shown to this

cohort opposed to those members of the White community who are stopped (Voigt et al. 2017).

This participant also noted that Black police officers become White in their behaviour and that there is a need for them to conform to be accepted in the police force. Weitzer (2000) noted this as the “blue cops” principle, whereby occupation outweighs racial identity. This anti-Black stereotype not only pervades White policing but also those Black police, and as LeCount (2017) points out that Black police ‘would be under significant cognitive pressure to be guided by stereotype and animus in interactions with citizens of color’.

P.18 - *“Want them to know their rights. If a child, they have an adult present. From Lambeth so aware of the tensions between Black community and police. Ensure police are giving them the right information. The police stigmatise young Black men and females with a M.H. disorder, particularly Black females. Police have had 50 years, and nothing has changed. In my voluntary role see new policy but not rooting out the culture. DDO's are usually Black and uniforms normally White and this rubs off on the DDO's. Police culture if you don't conform you leave. You end up being the same. The colour of your skin is different, but you are the same.”*

Two participants reported that due to stigma Black clients feeling they had not been listened to:

P.2 – “*When asked most of them have had a bad experience. They feel they are not listened to, and the police already have in their head what is going on. The police do not listen and deal with the Black community harshly…”*

P.10 – *“A lot of impact. Not listened to. They see nobody is speaking for them. Once they see us (me) they become calm. If the police are around when we see them, they do not come out with what they want to say and feel intimidated. They are treated like criminals as opposed to their White counterparts….”*

Indeed, this myth, and even demonisation, of Black men with a dual diagnosis as being ‘Big, Black, Bad, and dangerous’ still pervades (Prins, 1993; Omonira, 2014; Walker, 2020). This stigma it would seem attaches itself specifically to

Black men although there are a number of Black women with dual diagnosis. These perceptions may well be attributed to the misinterpretation of normal modes of behaviour common within the Black community (McClean et al. 2003). Overall Black clients were less likely to find their experience as dignified (Skinns et al. 2020). Participants reported:

P.9 – *"No, personally see Black clients misunderstood when it comes to service provision, be it drugs, M.H or general provision. Stigmatised…A lot of Black people misunderstood even when going to prison. They see their life as hopeless - have no place in the world. They are offered the worse - no job prospects. Stigma is the biggest issue. As a result, when coming into services they have given up on treatment as feel treated differently - believe seen as aggressive and treated differently to white clients and so have to fight tooth and nail to get support."*

P.17 – *"Not saying they are innocent though there are different ways of treating people. You can hear the abruptness how rude and arrogant the police are and will more likely restrain Black clients. They will help white people who are withdrawing, though Black clients seem to suffer. So, most Black people hate the system - do not feel supported and treated differently. The way they are spoken to decides how they will react - makes a big difference."*

More than half of participants noted that Black clients were stigmatised as being aggressive, 11 (52.1%). Two (9.5%) participants noted Black clients were perceived as loud. A further four (19%) reported Black clients as being misunderstood. Another four participants (19%) stated Black clients needed to be seen as human and treated as human beings.

P.2 – *"Also the right training needs to be in place to understand ethnic backgrounds - if shouting they are seen as aggressive rather than understanding that's how they are and not under the influence of drugs or alcohol."*

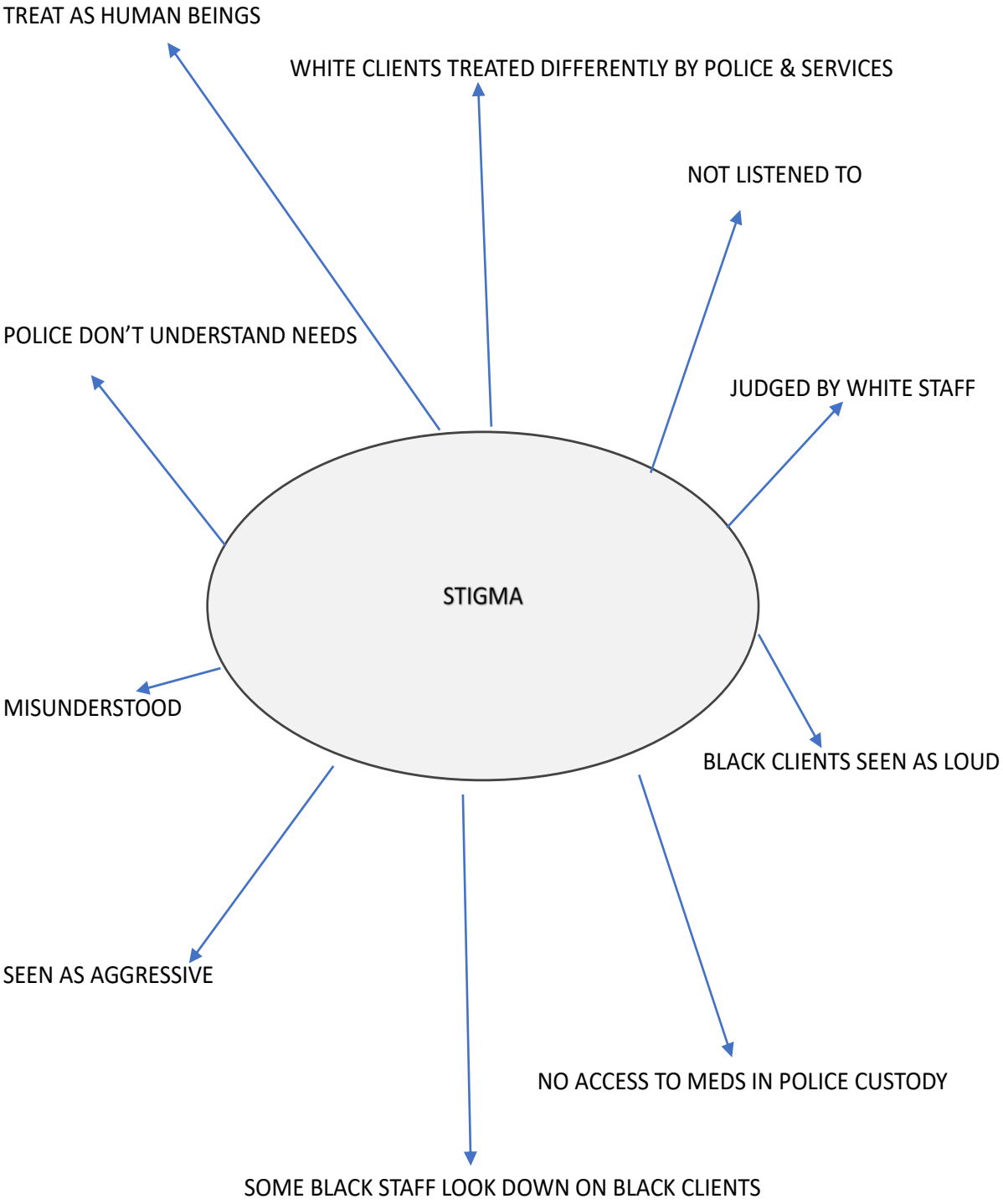
P.4 – *"Being a manager and seeing how people speak to the Black community - it's not welcoming. You can see the body language of clients and see how they are. So, I treat as individuals. They are seen as aggressive, for example they just want their script, so staff do not know how to talk to them. Staff also project their frustrations on clients."*

P.19 – *"No Black clients treated different. Described as aggressive, Big Black Men -over long compulsions. A lot of reliance on medication."*

Participants also noted that it was not always conducive for Black clients to be allocated to Black staff. There were instances whereby Black staff, invariably older staff, 'look down' on Back clients. There is the 'what are you doing here,' you should be ashamed to have a drug/mental health problem' attitude that participants felt some Black staff alluded to in their behaviour towards Black clients. This stigma invariably had an impact on Black clients attending treatment services (Mantovani, et al. 2017).

P.19 – "*Always felt not retained. As well as could be. Those nurses who were passionate tried to ensure cultural things were in place such as food. Being Black does not mean a mandate wo work with Black staff. Black cultures not always used to seeing Black clients with a M.H. issue. so could be felt as looking down on Black clients. So not always suited for a Black worker to work with a Black client."*

Figure 4.11.2 - All Codes that relate to Stigma.



Theme 2 - 4.12 Training

Table 4.12.1

Main Theme	**Sub Themes**	**Participants**
TRAINING	Management Poor	P.1, P.2, P.3, P.4, P.5, P.6, P.7, P.8, P.9, P.10, P.11, P.13, P.14, P.15, P.16, P.17, P.19, P.20, P.21
	Need proper referrals to right services	
	Referral pathways	
	Black police become White police	

Seventeen (19) 90% of participants raised the importance of training. Although this was predominantly where services and the police are concerned one participant also mentioned training for clients. As has been discussed the police are being called to an unprecedented level of incidents that incorporate clients with a substance use, mental health, or dual diagnosis issue. Depending on the severity of the incident this ends up with the police invariably taking clients to either the police custody suites or hospital A& E departments. Neither of these locations being suitable for clients with these chronic issues. Numerous research indicates the value and benefit of specialised training for the people with substance use, mental health or both can prove invaluable (Herrington and Pope, 2013; Wood and Watson, 2016; Fiske et al. 2021).

The vast majority of participants 18 (86%) reported that senior management, who were invariably White, did not understand the Black community with a dual diagnosis. This could be interpreted as stereotyping this cohort as opposed to training per se. Comments from participants included:

P.1 - "*Management are worse than people on the ground - goes back to culture, who is in authority. Management training from an old line of training - no new modules to get up to speed with the Black community."*

P.5 – "*Management have no clue - make judgements. Boardroom don't understand*."

P.6 – *"It depends on the ethnicity of the Management team. They get the basics in doing training. Lower management seem to have Black staff where senior management normally White, so will deal differently with these clients saying their behaviour is challenging."*

P.10 – *"Management are aware of this dual diagnosis issue but are poor at monitoring, because of stigma and attitude to this group."*

P.15 - "*No they don't. Don't and won't because not from that background. If from that background would be able to help. So, their opinions will count. Programmes to help Black clients mostly started by Black community. Also. Money is a factor. Black people from community need to get involved to support those from Black community with M.H."*

P.17- "*No, most definitely not. Haven't got an understanding of staff let alone clients. As they are not there, they only get information brought back to them. The type of management we have got would say we are excluding everyone else. There is only something when Black History Month. Maybe there should be a forum for Black community to get their feedback- that would make the organisation better."*

There is a distinct lack of underrepresentation for Black senior managers in each department within the NHS compared to lower grade professionals of Black people in each of those staff groups. The senior pay grades (Agenda for Change Band 7 and above, or at consultant level for doctors) is lower than the overall proportion of Black staff in each department (Rolewicz and Spencer, 2020). Although the proportion of BAME staff in very senior manager (VSM) positions in healthcare increased from 5.7% in 2017 to 6.9% in 2018. This is still significantly lower than the proportion of BAME staff (19.1%) in NHS trusts

(NHS,2018). This marginalisation of Black staff can be attributed to several factors including, and not exclusively limited to, institutional discrimination, unconscious bias, and racial economic inequalities. A few participants raised the issue and importance of having Black managers in senior positions:

P.2 - *"This depends on the management mix. Those from a Black background have a good understanding and Black clinicians who become Service Managers have a good understanding."*

P.4 - "*When M.D. (last Black Manager) left there was no understanding. Can't have a predominantly White management team in a predominantly ethnic area. They don't relate and don't listen…."*

P.8. – *"No, they don't. Department in the Prison - Diversity, Equality, and Inclusion, but only deals with complaints. Most Black prisoners raise issues but 90% of cases are thrown out. The Prison sweeps a lot under the carpet, and there is a lot of covert racism in the prison service."*

P.9 – *"Management have no idea, no clue. Discrimination starts at the top and cascades down. So cannot expect the team to do well if management can't. No representation in management for Black people. Black people get the minor roles but none in management. Aware of Black people who applied but didn't get the role. My organisation only promotes white people it seems, and this is not on ability. A lot of Black staff come and go."*

P.18 -*" My immediate Manager was the only one doing Dual Diagnosis in the trust up to a few years ago. A team was then created to assist with Dual Diagnosis. The tendering process means it has not worked. On a personal level I work better with Black Managers. I won't go to the white manager as there is a power structure. This is a race thing. I have been trying to work with the Lead O.T. who is white British and did not help but she has now come to me. Her manager is a Black woman."*

In terms of making the right referrals and having appropriate referral pathways, participants noted either there was poor decision-making or inappropriate referrals being made. As previously discussed, those clients with a mental

health issue end up in substance use services due to having previously used substances. Likewise, those with substance use issues who have a mental health are excluded by mental health services and the problem exacerbates whilst working with substance use services only. This chicken and egg syndrome of what came first the mental health or substance misuse issue remains age old. The importance is that both disorders need to be treated symbiotically. This may be in integrated services or as argued by Weaver et al. (2003) and Capobianco and Lio (2013) to ensure services remain highly staffed though incorporate the skill set to be able to tackle both issues with equal efficiency. Arguably the question can be raised as to whether this is a training issue or a poorly designed treatment system. A referral did not always guarantee a service (Lawrence-Jones, 2010). Participants noted:

P.2 – *"Need appropriate referral to appropriate services, so need experienced, skilled assessors. They need to have knowledge and what appropriate services are in the area. People do not want to keep repeating their history - having a one stop shop."*

P.3 – *"Historical – two organisations saying it's the others issue. I qualified in 1989 and it's now 2023 and these two organisations are still having the same problem. When does this get resolved?"*

P.5 – *"No pathway directly into mental health and substance misuse services, but if we need to refer, we would, or our consultants would send an e-mail. We have an Alcohol Liaison Nurse, never seen a Drug Liaison Worker."*

P.10 – *"Pathways, day of discharge refer to the substance misuse team in the community and mental health will be a similar, refer to CMHT, but how it works is the problem."*

*Community Mental Health Team

P.12 – *"Struggle to get into mental health as soon as see a substance misuse problem they say 'not our bag' – want us to fix the substance abuse problem before looking at mental health problem. For the Black community there is the*

fear factor. They are seen as more challenging and if there is a substance abuse problem this is a problem also."

P.17 – *"G. P's, Probation and Social Services are a business so have to meet stats to say they have done the referral, knowing the client isn't ready. So, some referrals are nonsense – client not used in a year. This could start triggers. Even the same with mental health, the client has not used in some time but still they are referring."*

P.20 – *"Work with *IAPT and CMHT and they refer to us as the client uses drugs and alcohol. We try to work together but mental health insists the client addresses drugs and alcohol before they engage, but these go hand in hand. They feed off each other."*

Again, a contentious issue that was noted in this research was the issue of Black police acting as White police. The numerous reasons could include, wanting to fit in, not to be seen as 'being Black,' wanting acceptance, seeking advancement/promotion. The researcher can associate these points to Black prison officers whilst working in the prison service. Whilst some may wrestle with their conscience of having to compromise their true feelings others gave no second thoughts to sacrificing their true identifies in order to not be seen as 'sticking out' or being a 'troublemaker' and wanting to be 'one of the lads.' Though many Black staff put forward an 'appropriate' workplace identity in order to counter the common stereotypes of the Black cohort (Gulati and Carbado,1999) Indeed, data shows the lack of diversity within the police force:

- 91.9% of officers recorded as White and 8.1% from Asian, Black, mixed, and 'other' ethnic minority backgrounds.
- 5.5% of senior officers (Chief Inspector or above) were from the Asian, Black, mixed, and 'other' ethnic groups combined, compared with 2.8% in 2007.
- The 2021 Census indicated that 7% of people in England and Wales were white and 18.3% were from ethnic minority backgrounds.

Gov.UK (2023)

Two participants reported:

P.13 – *"Need more diversity in the Met. They treat the Black police like the white police, but more Black police need to join to make a difference. Black police join the police with the expectation they are unfortunately going to be white. Police need to be more aware and have more training around diversity. They need to be aware about why Black people use drugs in the first place. Black people labelled as a drug dealer if have a nice car - can't see this changing."*

P.17 – "*Stop doing crime. More Black police officers. Though they get there and switch up…"*

Another participant noted the issue faced with Black police:

P.21 – *"Fell in line with training. With Windrush - No Irish, No Blacks No Dogs - SUS Law attitudes still prevail. Criminal first, public second. Thought Police - they can read our minds before we did anything. See people as criminals. Supervisors who grew up in this attitude did not see the importance of having a more effective organisation. Importance of Black policemen. Should not speak in native (first) language to build relations with those from own community. No active listening or seeing to know more. Suffered from denial - they would not say racist - would more than likely say sexist. homophobic etc... anything than racist. Even Commissioners would not say this. The last one to admit the police were institutionally racist was Condon. It is like a pre-McPherson era."*

Bespoke, dedicated training, not just for the police but, for staff working in dual diagnosis services, those in senior management and across the criminal justice services are essential. These training packages need to ensure that Black consultation and involvement is incorporated (National Police Chiefs' Council, 2022). It is important not only to have the voices of staff in consultation of how to move forward, but also those of Black service users. Staff need to have packages that are not based around West Centric training, which has the premise that professionals from the west have the divine right to having experience, knowledge, and professionalism (Boussebaa, 2024). Training in what goes into policies and legislation, how to deal with members of the Black

community and what their historic traditions entail, is vital for organisations to move forward, and not just pay rhetoric with box-ticking exercises.

Figure 4.12.2 - All Codes that relate to Training

Theme 3 - 4.13 Trauma

Table 4.13.1

Main Theme	**Sub Themes**	**Participants**
TRAUMA	Revolving Door Pattern	P.2, P.4, P.10, P.11, P.12, P.14, P.16, P.17, P.19
	Poor Treatment	
	Lack of hope/hopelessness	
	Not retained in treatment/drop in and out treatment	
	Mental Health nurses in custody (need for)	
	Institutionalised	

There was a consensus from participants that trauma was a major factor for those Black clients with a dual diagnosis, with accumulating stressors further impacting this trauma.

P.12 - … "*Instead of looking at what happened to lead this person to use drugs- was there trauma."*

P.14 – *… "Use D&A to get over trauma, over being in custody and this has a negative impact on M.H. It exacerbates it."*

P.21 – *"People still talk about what they went through in 80's and 90's and have not moved on. Not taken seriously by medical practitioners. If don't have good support network of family/friends and not talking this through could be living with this thing to the grave. A lot of medical conditions arise from trauma impacted on the body."*

Participants noted that when it came to those Black clients with a dual diagnosis who undoubtedly suffered from trauma, there were several similarities, such as the revolving door pattern, that of being institutionalised, whereby they were dropping in and out of treatment. There was also the same pattern of negative impacts and treatment in police custody, whereby the support of more mental health nurses may assist when this cohort is detained. Participants also reported that in conjunction with the trauma that this group felt there was the feeling of hopelessness and general lack of hope. Participants comments that highlighted these issues included:

P.2 – *"Most not retained - the reason being they don't seem to get the kind of treatment they need. There is no trust, they feel the information they disclose will be passed on. Some do not have a good experience and think workers will look into what they say further i.e., look into their homes, go to Social Services."*

P.4 – *"Need more care and attention. Police need to change their approach. Those in custody don't have an understanding of D&A or M.H. Only see a 'Junkie'. No understanding of the clients and don't want to. In a team meeting the police used the terms 'Crack Heads' and 'Junkies'. Probation come across as rude, though some are good to work with. Though they give the basic information. If on an order and the client does not attend Probation do nothing. Clients have so much waiting, for court, treatment, probation, so I have to work with then to keep them motivated. A lot of new, young probation officers asking me what to do. If the client has no one rooting for them, how do they stay on the straight and narrow."*

P.10 – *"A lot of impact. Not listened to. They see nobody is speaking for them. Once they see us (me) they become calm. If the police are around when we see them, they do not come out with what they want to say and feel intimidated. They are treated like criminals as opposed to their White counterparts. They self-medicate with drugs and so instead of treatment end up in prison."*

P.11 – *"Yes, impact in terms of engagement with services and a barrier to treatment - not being heard. When committing crime this is under the influence*

of D&A or M.H. issues. Some maybe homeless so environment issues may have impacted."

P.12 - "*No, personally see Black clients misunderstood when it comes to service provision, be it drugs, M.H or general provision…A lot of Black people misunderstood even when going to prison. They see their life as hopeless - have no place in the world. They are offered the worse - no job prospects."*

P.13 – *"I feel like I am chasing my tail. It's like a revolving door in D&A. They tell you what they want. They drop in and out of treatment. These services burnt me out. Doing my best as soon as these clients leave services, they are back to doing the same thing."*

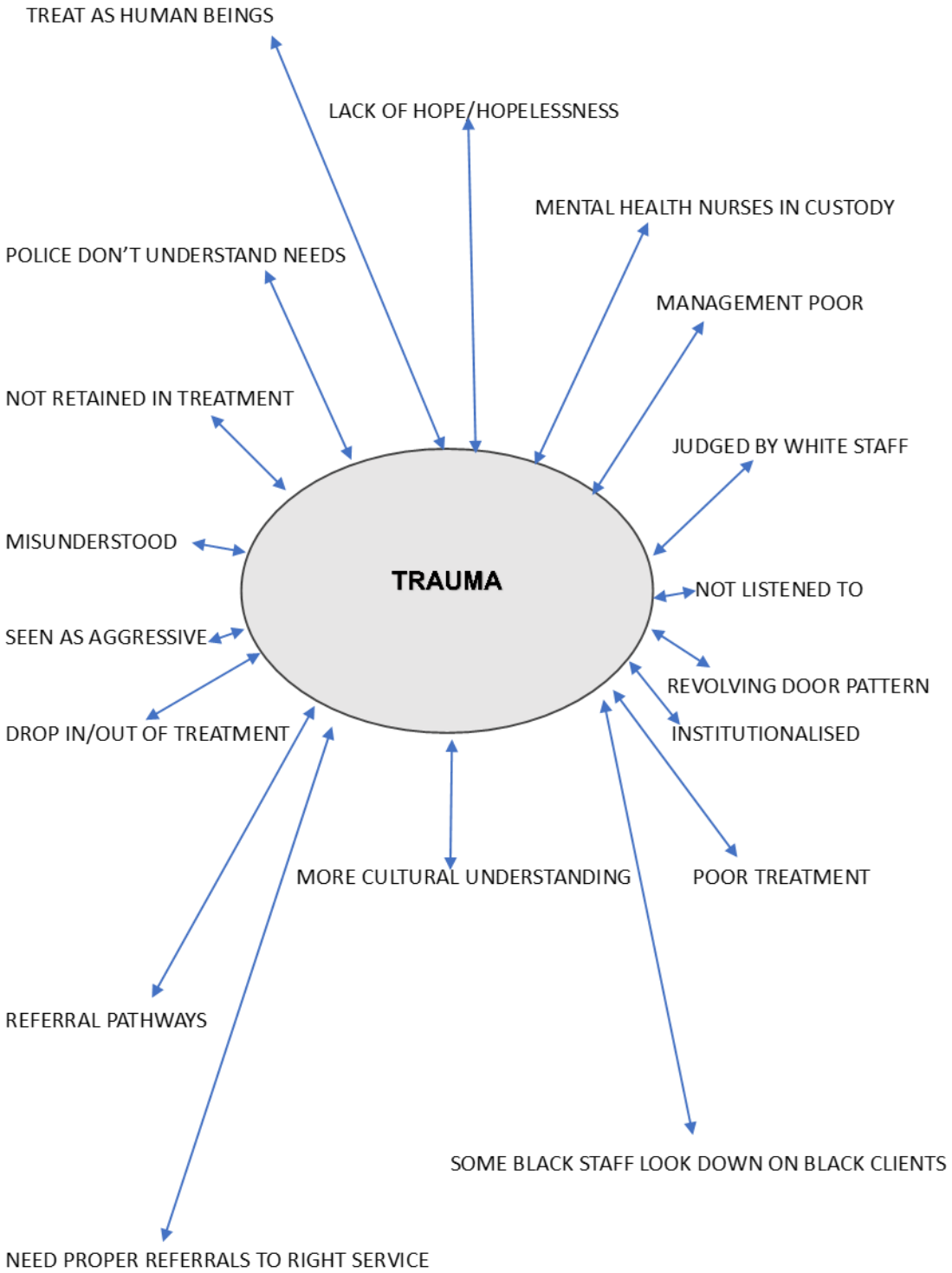
P.14 – *"Get institutionalised and becomes the norm for them."*

P.15 – *"More involvement at the Police Station. Need to have M.H Nurses or Substance Misuse specialists or Black officers trained in substance misuse so they can identify the problem from the word go. Have a police officer who is a substance misuse specialist or M.H. specialist."*

P.16 – *"Not afraid of the CJS - immune to prison. Institutionalised. Life becomes routine…Black community targeted the most, first time offenders going to prison more than White clients. No intense support for this group. For example, the Judge giving someone a 24-month Community Order - how can someone who is from a broken lifestyle commit to this? A normal person couldn't. So set this group up to fail. In London there are short intense orders but not skills for life or counselling referrals. CJS in London is a tick box exercise. Need an order that needs clinical input, but clinicians not having an input."*

P.17 – *"100% - they have low moods - being locked up and not used to being locked away. This would definitely have an impact for young and old. They become institutionalised."*

Figure 4.13.2 – All Codes that relate to Trauma there



Theme 4 - 4.14 - Cultural Needs/Awareness

Table 4.14.1

Main Theme	**Sub Themes**	**Participants**
Cultural Needs/Awareness	Don't attend services as don't identify with them	P.2, P.5, P.9, P.11, P.13, P.15, P.16, P.19, P.20, P.21
	White clients treated differently by services and police	
	Need for Black Groups/Services	
	More cultural understanding (training)	
	Judgemental	

A common theme for participants was the lack of cultural awareness and cultural needs from service providers and the police. This is a reoccurring theme from previous research undertaken (Memon et al. 2016; Mantovani et al. 2016; Schofield and Kordowicz, 2018; Halvorsrud et al. 2019). Although efforts have been made in some quarters to address cultural competency and awareness in services through training it is seldom followed up, and as responses from participant indicates it is rather a tick-box exercise. This coincides with previous research which indicates that cultural awareness can be seen to be over generalising, simplistic and impractical and may even generate unintended negative consequences (Shepherd, 2019).

P.1 – *"Impossible for the police to not see the Black community in a judgemental light. Very Eurocentric in their thinking."*

P.2 – *"The system is not well trained in terms of ethnic or cultural background or to manage their needs. The system is set up to meet the white community more. Though community needs to be set up to manage these communities."*

P.9 – *"As custody decides what happens it is difficult to gauge as systems need to be fair and meet cultural needs. Training - they keep saying training but are these diversity training sessions working. How can a White diversity trainer teach about knowing Black culture and to understand Black needs. There is a need to understand cultural issues and need Black educators."*

P.11- *"As a minority they feel marginalised so critical of the treatment they get. Again, personnel need to be aware and inclusive. If they have a Black mental health or drug and alcohol worker or policeman, they feel they can open up. Should be able to ask the client who they want to see. Training - their curriculum should include about different cultures /languages. So White workers are exposed to different people from different cultures and how to manage them. No point talking about inclusivity and diversity if not actioned."*

P.13 – *"Depends if Black or White. Don't need to have used drugs to understand. Has to be an element of cultural understanding. E.G. If a 21-year-old CARAT Worker straight out of Uni speaking to a Black Crack user of 30 years - the client won't open up".*

Four (19%) participants 5, 9,12 and 19 noted that Black clients with a dual diagnosis need first and foremostly to be recognised and treated as humans. This was also evidenced by Skinns et al. (2020) who noted that those detained in police custody needed to be treated with 'dignity rooted in the equal worth of human beings.'

P.5 – *"Education and how treated - not generalising or assuming. Treat as individuals not judgemental. Better Training - humans first. Case by case basis."*

P.9 – *"If they are not treated well or like a human being this will contribute towards behaviour."*

P.12 – *"Yes, I have a different perspective, so clients see me because I start treatment or change their treatment options. Treat them as human beings. It works both ways.*

P.19 – *"As being damaged at the hands of the police - need better training, not 1 day course. Needs to be more consolidated. Hierarchy with the police need*

to make this mandatory. How to deal with distress not to exacerbate this. Not to be oppressive with the client. Use enough force, and not unnecessary force. Training is significant. Specific training in regards to behaviour and approach, treat as human beings."

In terms of cultural needs/awareness, several participants 9 (43%) noted the issues that Black clients are faced with.

P.2 – *"…White staff seem to struggle with Black clients and are surprised how we can work with them. Black clients seem to understand and wants to work with me more. If they go to services and don't recognise anyone (Black worker) they seem to disengage. Services also need to work better together… the system is not well trained in terms of ethnic or cultural background or to manage their needs. The system is set up to meet the White community more. Though community needs to be set up to manage these communities."*

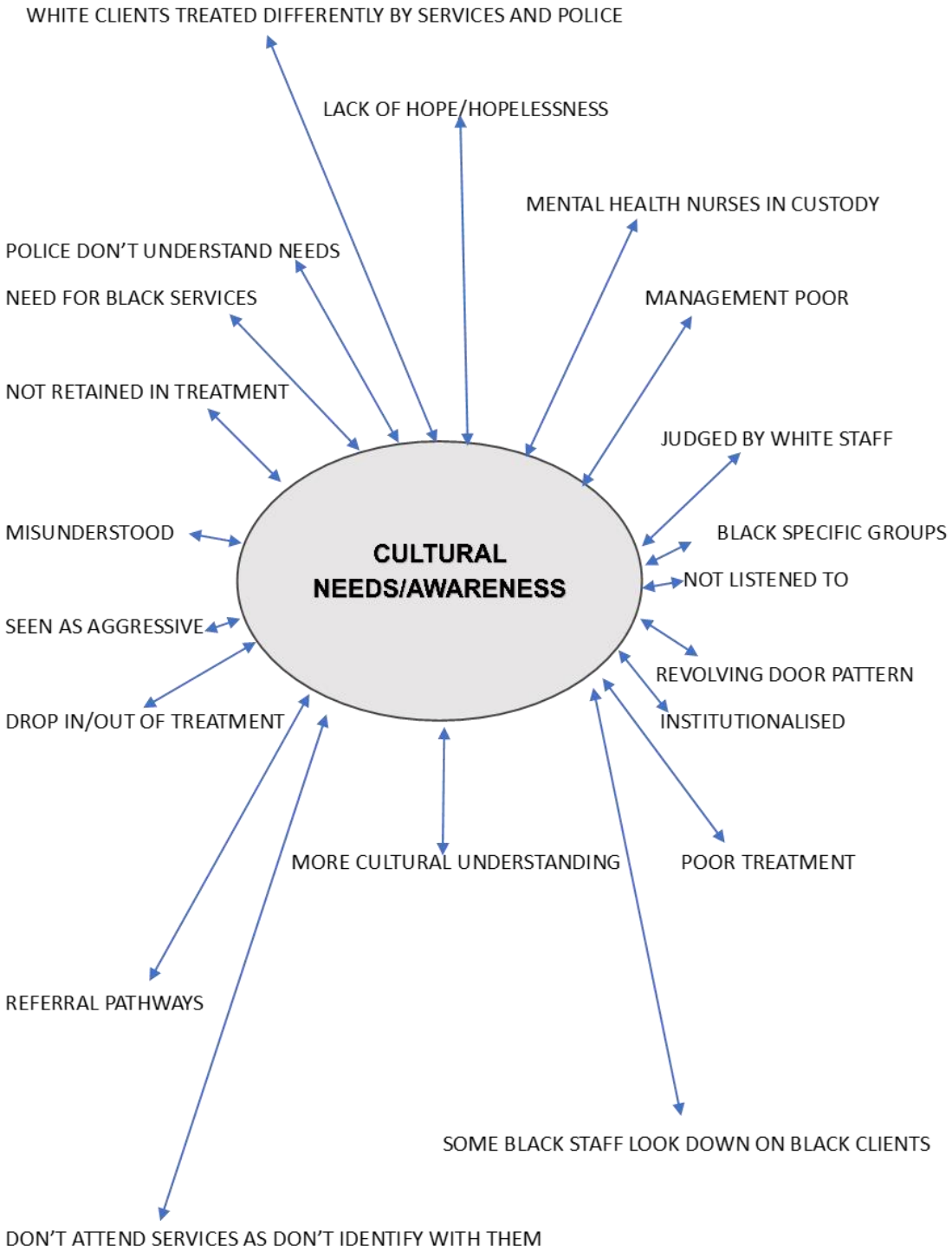
P.4 –*. "Need to be more diversity in teams and outreach. A range of training. White clients tend to get the key worker they want as opposed to Black clients. Even things like sickle cell and lupus need to be looked at."*

P.7 – *"…We have certain White people on our caseload, and they work differently with them and give them more support. Not sure if they see them as more vulnerable."*

P.9 – *"In terms of Groups they don't attend as don't identify with staff. Use to have a lot of Black staff now predominantly White. When George Floyd died things seemed to change. The service wanted to have a BLM Lead, though nothing came of this. So how can you facilitate therapeutic groups which is geared for White people. Black people don't come to services because of the way they are treated."*

P.21 – "*Culturally competent systems to pick up the signs to be assessed fully and followed up. People don't invariably become violent. No infrastructure now - but when there was- no reason to do it. A hammer head Mentality. Everything looked like a hammer. So, hammer it in. No pastoral element."*

Figure 4.14.2 – All Codes that relate to Cultural Needs/Awareness



Theme 5 - 4.15 - Police are Racist

Table 4.15.1

Main Theme	**Sub Themes**	**Participants**
Police are Racist	Police not looking at root and cause only the crime	P.1, P.2, P.3, P.7, P.12, P.13, P.17, P.18, P.20, P.21
	Police don't understand need	
	No access to medication in police custody	
	Mistreated	
	More Black police/more diversity	

A number of participants noted the racist element that are contained within the police force. In terms of being brought to the public's attention, this element of policing has been a constant thorn in their side going back as far as the Scarman report of 1981, and no doubted, farther back. The issue of racism was further highlighted by the Macpherson inquiry 1999 (death of Stephen Lawrence), which has previously been discussed.

Macpherson found ''inescapable evidence which highlighted the lack of trust which exists between the police and the minority ethnic communities' and 'also detected a greater degree of distrust between the police and the minority ethnic communities in the MPS area than elsewhere.'

To deal with these issues the police have identified various methods to address the disparity between the police and the Black community. These include reviewing training methods and the recruitment of more ethnically diverse staff, particularly Black police officers (Holdaway,1998). As has been attested to in this thesis neither of these initiatives have proved to any extent to be successful. Black police staff are more likely than their White counterparts to have

performance management issues and less likely to progress through the ranks (National Police Chiefs' Council, 2022). This report consolidates that concerted efforts by the police to deal with racist attitudes in their training programme, still remains a cause for concern, and the police acknowledge that, "policing still contains racism, discrimination and bias" (National Police Chiefs' Council, 2022, p.3). A point that is echoed by Gavin Stephens, leader of Britain's police chiefs' organisation, who echoes that in 2024, the police remain institutionally racist, (Cunningham, 2024).

This blight on the police has proved difficult to shift and as noted by the participants remains an issue in their eyes and for their clients. This unabated issue of racism in the police force concurs with research that outlines 'racism remains endemic and pervasive,' (Joseph-Salisbury, 2021). The recent Casey Report (2023) looking into the Metropolitan Police Service also concluded that they had found institutional racism in the Metropolitan Police.

One participant noted in terms of the police meeting the needs of the Black community:

P.1 – "*No, has been an issue over many years and still is. What taught is very Eurocentric. To apply this to someone who is not Eurocentric renders this useless. Standard elements have a racist undertone. References in M.H. very out of date. If you try to change the system from inside, they will try and isolate you. No Blacks in positions to effect change."*

Other participants noted:

P.2 – "…*The police judge them guilty before trial - so they think why toe the line, so they carry on with their lifestyle."*

P.3 – "…*The chance of the Police working in a non-judgemental way is utopian. There are decent police officers but as an organisation they are very judgemental and very racist. Until the police service changes its attitude it is all utopian. They have no real understanding about M.H. issues and no will to understand. The job is to capture criminals and get a conviction to keep the public safe and if they have a M.H. issue so be it*."

P.13 – "*The police are racist, petty, no good and unfair. The police know the locals."*

P.20 – *"…Would also help if the police saw them in a non-judgemental way."*

A further participant reported:

P.21 – *"Fell in line with training. With Windrush - No Irish, No Blacks No Dogs - SUS Law attitudes still prevail. Criminal first, public second. Thought Police - they can read our minds before we did anything. See people as criminals. Supervisors who grew up in this attitude did not see the importance of having a more effective organisation. Importance of Black policemen. Should not speak in native (first) language to build relations with those from own community. No active listening or seeing to know more. Suffered from denial - they would not say racist - would more than likely say sexist. homophobic etc... anything than racist. Even Commissioners would not say this. The last one to admit the police were institutionally racist was Condon. It is like a pre-Macpherson era."*

With regards to receiving medication in custody. One participant voiced:

P.12 – "*If in prison they are normally stabilised. In custody they are worse - not had medication or right treatment. If medication is refused or have not received in time, then have withdrawals and then kicking off and things spiral out of control from there."*

In terms of the mistreatment and understanding of Black clients with a dual diagnosis participants noted:

P21 - "*A lot of misdiagnoses of behaviour- a lot of medication to subdue people and keep them out the way so did not present on the road. Kept in institutions or in their homes. A lack of cultural competence and lack of cultural awareness. Made assumptions of Black persons behaviour. A Black anxious person put down as aggressive - similarly to the police slap on the handcuffs put on the floor sometimes causing death, where client is just frustrated or anxious."*

P.7 - *"Need more care and attention. Police need to change their approach. Those in custody don't have an understanding of D&A or M.H. Only see a*

'Junkie'. No understanding of the clients and don't want to. In a team meeting the police used the terms 'Crack Heads' and 'Junkies'."

One participant discussed the area they were from and what they had gathered from the Black clients they had worked with:

P.18 – *"From Lambeth so aware of the tensions between Black community and police. Ensure police are giving them the right information. The police stigmatise young Black men and females with a M.H. disorder, particularly Black females. Police have had 50 years, and nothing has changed. In my voluntary role see new policy but not rooting out the culture. DDO's are usually Black and uniforms normally white and this rubs off on the DDO's. Police culture if you don't conform you leave. You end up being the same. The colour of your skin is different, but you are the same."*

The issue of having and needing more Black police and diversity within the police force, particularly the Metropolitan police was also raised by participants. This was also highlighted by Baroness Casey, although her report collated Black, Asian, and ethnic minority officers (BAME) as one cohort. The report outlined that 'while about half of Londoners think Black people (51%), Asian people (49%) and people from other ethnic minority backgrounds (47%) are underrepresented in the Met, Black Londoners are far more likely (72%) than White Londoners (46%) to think Black people are underrepresented in the Met' (Casey, 2023). The reality however is that there remains a reticence of members of the Black community wanting to join the police for fear of being seen as 'traitors' and those that are in the police are suffering from internal racism. The Casey report highlighted, 'High profile discrimination claims in employment tribunals, and misconduct investigations against Met officers of colour, are indicative of what many regard as a 'hostile culture'."

With regards to having more diversity and Black police, participants noted:

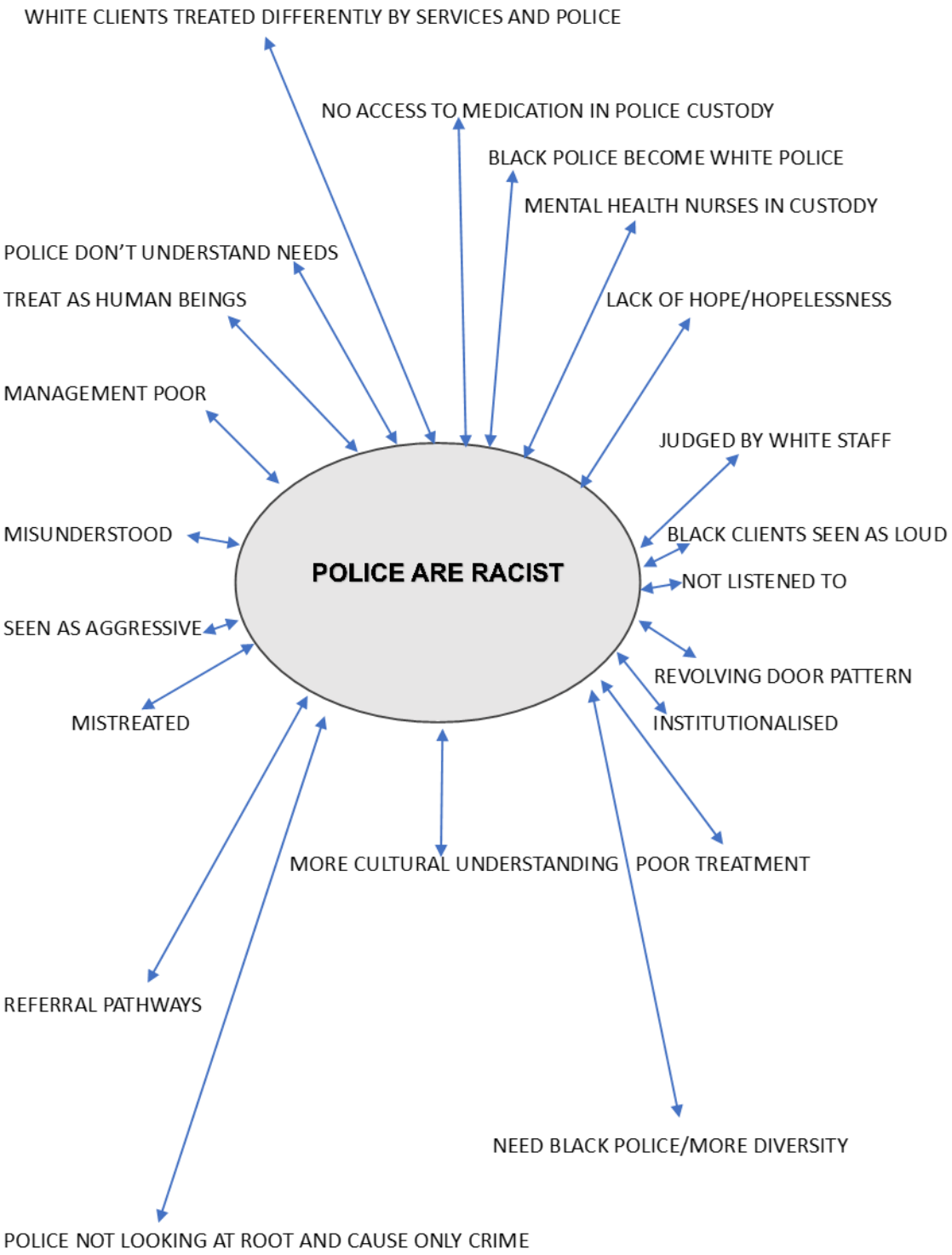
P.9 – *"As custody decides what happens it is difficult to gauge as systems need to be fair and meet cultural needs. Training - they keep saying training but are these diversity training sessions working. How can a White diversity trainer*

teach about knowing Black culture and to understand Black needs. There is a need to understand cultural issues and need Black educators."

P.13 - "*Need more diversity in the Met. They treat the Black police like the white police, but more Black police need to join to make a difference."*

P.17 - "…*more Black police officers…more Black police and more Black advocates."*

Figure 4.15.2 - All Codes that relate to police are racist



Theme 6 - 4.16 – Relatable Black Staff

Table 4.16.1

Main Theme	**Sub Themes**	**Participants**
Relatable Black Staff	Judged by White staff	P.2, P.5, P.6, P.9, P.11, P.12, P.15, P.19
	Positivity from Black Staff	
	Don't identify with staff unless Black	
	Non-judgemental Black workers	

Participants noted that Black clients seemed to relate to them more and would prefer to have a Black worker as opposed to a White worker.

P.2. – "*White staff seem to struggle with Black clients and are surprised how we can work with them. Black clients seem to understand and wants to work with me more. If they go to services and don't recognise anyone (Black worker) they seem to disengage."*

P.5 – *"They need to get the right support. One size does not fit all. See Black people as trouble and don't know that they have racism to deal with anyway. There needs to be more tailored support for the Black community. example of a Black patient who had a genuine spine issue and needed pain killers and another worker asked if they were a drug addict - would they have asked if this client were White."*

P.6 - *"They are more cautious. Although we look at their forensic history, we do not judge them by this and treat them as we find them."*

P.9 – *"Black clients in my clinic know I understand how they are feeling, there is a connection. Black clients pick up the vibes of the workers straight away."*

P.12 – *"It helps when they see a Black prescriber - non -judgemental. See me as not letting the side down. Tell them it is a safe space and understand what going through and respect them as a fellow Black person. So will speak about their C.J issues or question their M.H. meds."*

P.15. – *"Black clients are cagey when coming to treatment and wary of racism. Black clients will normally work better with Black staff and will ask for a Black staff member of previously worked with them. They are a difficult client group but good once engaged."*

Contrary to Black staff being relatable however, two participants noted that this could have the opposite effect:

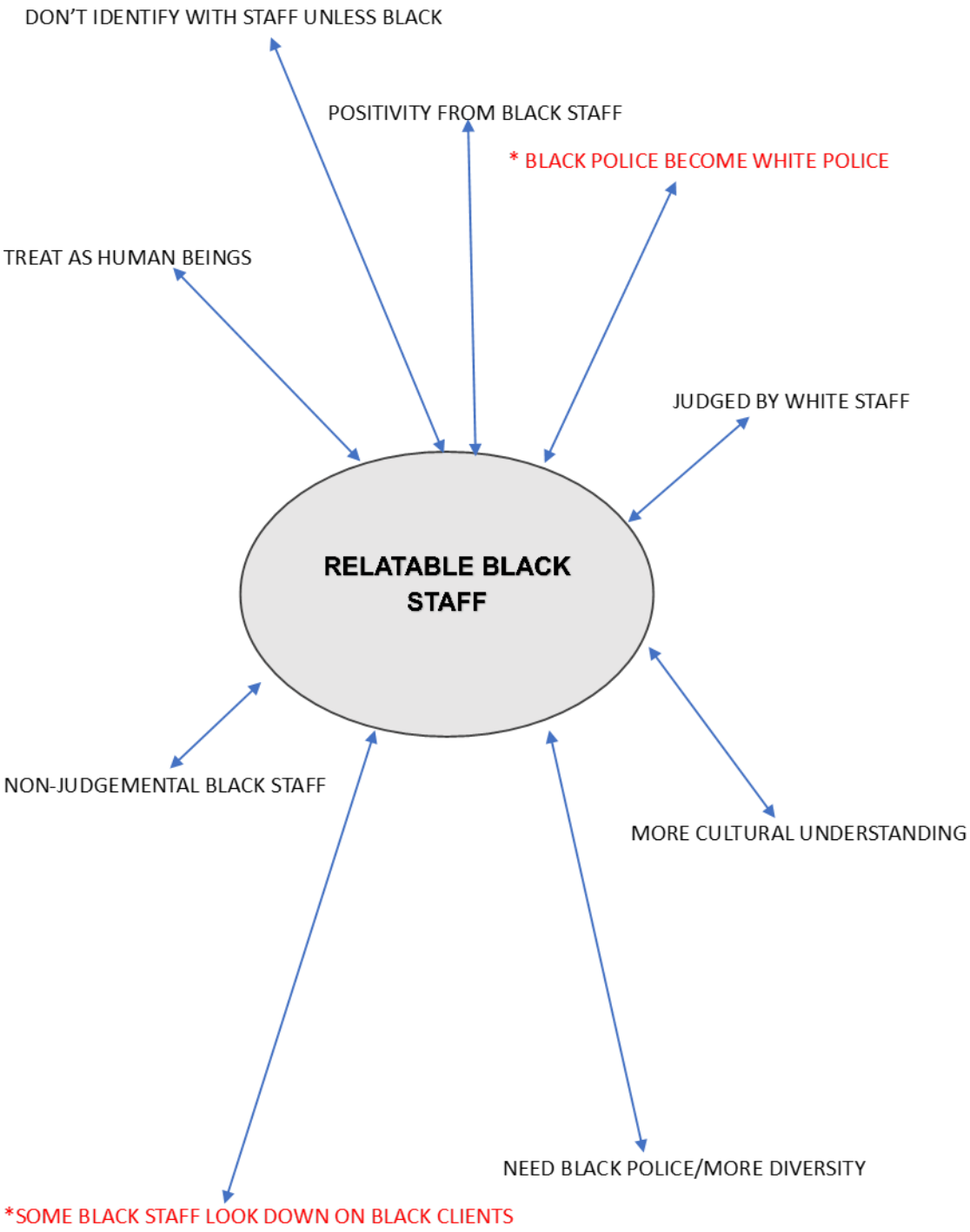
P.11 – *"Black clients have perceptions of me as a Black nurse as presume, I will judge them, so may want to see someone from a different culture. Black clients judge themselves and also think I judge them. I have had to deal with someone from my country (Zimbabwe), so they minimised their problem with me."*

P.19 – *"Those nurses who were passionate tried to ensure cultural things were in place such as food. Being Black does not mean a mandate to work with Black staff. Black cultures not always used to seeing Black clients with a M.H. issue. so could be felt as looking down on Black clients. So not always suited for a Black worker to work with a Black client."*

There was also the issue of participants noting they were aware of the issues Black clients faced and what they required to support them:

P.15 – *"All to do with education - needs to be done in their training, how to assess without being judgemental - need to incorporate how to help Black people. A lot of the behaviour is not because they are bad, but there are a lot of cultural issues, in growing up, superstitions etc... Need to embrace culture - we are like a salad need to embrace all. Police require education."*

Figure 4.16.2 - All Codes that relate to relatable Black staff



*Subthemes in red denote where Black staff are reported as not relatable

4.17 Experiences of Black Staff

What is the experience of Black staff working with people from Black communities who have co-existing mental health and substance use problems, and does Police contact impact this cohort?

This thesis focussed on the experiences of Black staff and what they had witnessed as opposed to perceive. It was important to get their first-hand account as to what they had known rather than what they believe to be. This would establish that Black staff were not responding due to having any gripes with their respective organisations, instead, recalling factual accounts of what they had witnessed. It was also important to ensure those staff recruited were not under any form of disciplinary or suspension. It was essential that verbatim accounts were utilised as this gives more weight and credence to the research. Another major factor is that this approach allows for grounding policy and practice in best evidence (Corden and Roy, 2006). Arguments against utilising verbatim open-ended questions:

1) concerns about lengthening the interview,
2) the risk of digression,
3) relying on interviewers faithfully recording the information
4) the cost of transcribing, coding, and analysing the resulting data.

(Singer and Couper,2017)

The author has counteracted these points by ensuring that all participants were made aware of the time limit for the interview (maximum 1hr). This was not exceeded in any interaction. In terms of digression the researcher ensured that he participant only answered the question being answered by diplomatically interjecting when was necessary. The interviews were all recorded via Teams. The cost of transcribing was minimised due to the free use of the qualitative analysis software, NVivo, which allowed for faster transcription and analysation of the participants responses (Dhakal, 2022).

The experiences of the Black staff interviewed bore a striking similarity. Participants found that Stigma, the need of Training, Trauma, Cultural

needs/awareness, Police are racist and Relatable Black staff as common themes. See table below:

4.18 Black Staff Experience of Stigma

Black staff experienced that Black clients were not listened to, and the White staff struggled to work with this cohort as opposed to their White counterparts. Black staff felt there was a very Eurocentric approach to Black clients and Black staff had witnessed Black clients easily being dismissed and not listened to. White staff also saw Black staff as aggressive and loud. The use of patois, the unofficial language of Jamaica, essentially broken English, not only used by the Black diaspora, but now utilised and adopted by many Black youngsters worldwide, was also seen as a barrier, and in some quarters 'threatening' to White staff. One Black staff member recalls an instance of a Black patient talking patois and this being dismissed as gibberish, so the Black client was put on antipsychotic medication.

This perception by White staff that Black clients are aggressive was also a feature experienced by Black staff. The stereotypes of the angry Black man and angry Black woman are reinforced by White staff. This impression that Black clients are perceived as aggressive, hostile, ill-mannered, and ignorant without provocation are all articulated by Black staff. The impact of these myths has resulted in Black clients not receiving fair and equitable treatment and ultimately gaining the help they so desperately require. The fact that Black clients as reported by Black staff in some quarters are seen as less than human is also a factor in how treatment is served to them. Black clients are seen as misunderstood and this opinion that White staff have against them as soon as Black clients present for treatment already has these customers on the back foot. This, as noted by participants, blights the experience of Black clients and they do not trust White workers. As one participant stated:

P.5 – "*Most not retained - the reason being they don't seem to get the kind of treatment they need. There is no trust…"*

Black staff raised the issue of some Black staff looking down on Black clients. Black staff reported that some of their Black counterparts ill-treated Black clients due to their attendance at services. This raised the question by the author that is substance use or mental health or indeed dual diagnosis a White affliction only. The Black staff who have questioned the validity of Black clients who require the need of services have invariably been Black older women of African heritage. They have raised points such as:

What are you doing here?

You are bringing shame on your family.

You need to go to church and stop using drugs.

Black staff note that this stigmatising attitude by White staff greatly impacted Black clients and that services were not equipped or want to be able to work with Black clients. Stigmatisation has been noted as an issue for all clients attending services and this has not only contributed to suboptimal health care, but diminished clients' feelings of empowerment and subsequent treatment outcomes (van Boekel et., 2013). Black staff felt there was a need for staff and services to go back to basics if stigma was to be adequately dealt with.

The Police were equally culpable, if not more so, of stigmatising Black clients, and Black staff articulated that this cohort were harshly treated, roughed up and more quickly brought into custody. This equates with the research undertaken and evidence of the Black community being disproportionately stopped and searched.

4.19 Black Staff Experience of Training

Almost unanimously Black staff reported that Training was needed in every area. This included:

1) White staff it's not clear what his mean, training about white staff?
2) Management

3) Black staff
4) Black clients
5) Police

The participants reported that on the whole management had no idea how to manage services with Black clients and that senior managers were commonly White. Participants noted where they had Black managers there was more of an understanding of this cohort. It was also reported that White senior management did not want an understanding of Black clients and were worse than those staff working on the shopfloor. Senior management were reported as not being present at services to see what the issues were. White senior managers were noted as not even understanding race.

P.20 - *"They are afraid to go into it. Management scared to deal with the issue. No resources don't have a Dual Diagnosis worker."*

Where there are Black managers, they are normally in lower management and participants fed back that these managers understood the issue but had little power to change anything. Participants communicated that training for management, White staff and Black staff is seen as imperative if attitudes and behaviours are to change. Previous research has indicated that staff attitudes alter with the appropriate training that dealt with clients with a dual diagnosis (Howard and Holmshaw, 2010). Although this research tackles the subject of training for dual diagnosis, and is not race specific, the relevant and targeted training will no doubt be of benefit.

P.16 – *"Train the people that look after these clients."*

Participants also noted that it was important to understand that Black staff working with Black clients was not always successful and led to successful outcomes. Culturally, Black staff were not always used to seeing Black clients come to services with a dual diagnosis and these Black staff could be seen to treat Black clients less favourably than they would a White client.

P.19 – *"Being Black does not mean a mandate to work with Black staff. Black cultures not always used to seeing Black clients with a M.H. issue. so could be felt as looking down on Black clients."*

Overall, however, Black staff reported that Black clients should be able to choose the staff member they worked with and that Black clients work better with and prefer a Back staff member.

Participants repeatedly noted that White staff are dismissive of Black clients and the stereotype of the Black client being somehow more dangerous than that of the White client still pervades. This coincides with previous studies that show White staff still:

1) hold negative implicit racial biases and explicit racial stereotypes,
2) have implicit racial biases that persist independently of and in contrast to their explicit (conscious) racial attitudes, and
3) can be influenced by racial bias in their clinical decision making and behaviour during encounters with Black patients.

(van Ryn et al. 2011)

P.16 – *"No specific training - Though through training looked after Black clients. Back in the day Black clients associated with aggression. The white staff would have fear."*

Where training is concerned, participants almost conclusively noted that this was essential. Training is noted as 'bridging the gap between the current performance and the standard desired performance' (Elnaga and Imran, 2013). Though training alone it sees is not enough as there are many variables attributed to this, including attitude, the type of training, what audience it is aimed at, to name a few, to ensure there is a shift in how services treat Black clients with a dual diagnosis.

4.20 Black Staff Experience of Trauma

Participants outlined that Black clients suffered a great amount of trauma; this was exacerbated by the interaction received from services and the police. Phipps and Degges-White (2014), cited that one way to view psychological trauma in Black communities is 'through the lens of historical and intergenerational trauma, which posits that an individual continues to experience the effects of the trauma experienced by their family members in previous generations'. This was echoed by one participant.

P.21 - *"Trauma passed on from generation to generation. I still get flashbacks of over 50 years ago when stopped and searched. Doing some work with those who have been traumatised via Stop and Search, but also speaking to families and how they are dealing with the trauma."*

Black staff felt there was a need for the police and services to examine the cause of this trauma that led to these Black clients ending up where they were. Though the continued use of stop and search on especially young Black men has done nothing to counteract the trauma felt by the Black community. This coincides with previous research that police contact via stop and search caused more trauma and anxiety (Geller et al. 2014; Kovera, 2019)

P.4 – *"…Police need trauma informed training…."*

Participants noted there the revolving door of Black clients going through treatment services, being discharged too early, going into prison, back into treatment services and again being prematurely discharged, was a symptom of trauma for Black clients. This poor treatment and not being retained in treatment was highlighted by participants and is systemic with treatment services. This led to the noted dropping in and out of services and not getting the treatment that they deserve or require. Participants also reported the issue of Black clients being institutionalised. This being either institutionalised, systematic, or structural is the 'primary cause of both explicit and implicit race–based discrimination' (Gay et al. 2020). Combining this with the poor treatment from the police, participants acknowledged led to Black clients invariably suffering from trauma. Researchers would argue that Critical Race Theory (CRT),

simplistically put, the historical patterns of racism and legacies they hold, are still ingrained in the police and services, which are meant to fairly and equitable serve the Black community (Dixson, 2018).

There was also the report from Black staff that Black clients utilised drugs to escape the trauma they had suffered and were suffering. This lack of hope and sense of hopelessness was echoed by participants. One feature of the plight of Black clients was the problem, of securing housing, benefits, jobs and being offered the worse of things. One participant expressed the view that:

P4.- "*No hope or support. Years ago, give support on discharge now they get nothing."*

In terms of the police, and being held police custody, participants noted this contributed greatly to the negative well well-being of Black clients. Indeed, participants widely acclaimed that the police did not uphold their duty of protecting Black clients under their care. Although, the police have a duty to detain suspects that they believe have broken the law they have to 'protect any individual they have arrested or detained for their safety' (Leigh et al. 1999). Participants reported:

P.1 – "*Mainly end up brutalised and neglected -once the drug has worn off thrown out onto the streets. Often railroaded - False claims brought against them and end up in prison…this has caused the Black community, especially the youth to hate the police, because they have been abused so much."*

P.2 – *"One impact is when the police turn up at services in uniform. When these clients have had a bad experience in custody, they think the police can come anytime. If we mention contacting the police, they run away. The police need training to raise awareness on how they treat Black people in custody."*

To solidify the claims of participants that minimal has altered to the present date, various reports, and reviews in the last few years, also signifies that truly little has reversed this trend:

1) October 2017 - *Independent review of deaths and serious incidents in police custody.*
2) January 2018 - *the Independent Office for Police Conduct - urged for the relationship between ethnicity and use of force to be looked at closely.*
3) April 2018 - *United Nations experts - cited police data showing a disproportionate number of people from ethnic minorities died as a result of excessive force.*
4) July 2021 - *the United Nations High Commissioner on Human Rights, Michelle Bachelet, published a damning report calling on states including the UK to "end impunity" for human rights violations against Black people by police officers and reverse the "cultures of denial" towards systemic racism, particularly in the context of policing and deaths in custody.*

Inquest (2023)

Participants noted there was a need for mental health nurses in custody to be able to sufficiently manage Black clients and medicate them as required. It was disclosed that there were nurses in custody, however many were not trained in mental health, and those that were, had to cover multiple custody suites. One participant explained:

P.15 – "*More involvement at the Police Station. Need to have M.H Nurses or Substance Misuse specialists or Black officers trained in substance misuse so they can identify the problem from the word go. Have a police officer who is a substance misuse specialist or M.H. specialist."*

4.21 Black Staff Experience of Cultural Needs/Awareness

Participants frequently reported that Black clients did not attend treatment services because they did not identify with them. Services did not fit their needs from a cultural perspective. For the purpose of this research culture utilised the definition of 'ethnic identity, or the multidimensional set of ascriptive group identities to which religion, language, and race (as a social construct) belong

and all of which contribute to a person's view of themselves' (Bean, 2006; Haque, 2010).

Black staff also felt that treatment services were intrinsically racially biased and did not cater for Black clients.

P.4 – "*The kitchen in the service only catered for white clients, there was nothing Halal… When walk into a service want to feel it is open to all - see leaflets, Caribbean recipes etc."*

As has been discussed, the day-to-day work of the police has been diluted over the years, however effective communication remains crucial to the role in promising to uphold the law. Therefore the 'connection between police and community becomes a primary aspect of policing' (Asllani and Fisher, 2021). One participant recalled:

P.1 – "*Consultation with the police. Although born here still a lot of barriers. Black community are confused so had to create their own culture. Sad part was the drug culture."*

Previous extensive research has highlighted that White clients are treated more favourably to Black clients, by both treatment services and the police and this was echoed by participants. Treatment services and the police are reported as being Eurocentric in their thinking and therefore cannot see Black clients in anything but a negative light. This in conjunction with the Black community having both medical and psychological needs that are not Eurocentric, therefore Black clients remain isolated from treatment or receiving the support they require. This Eurocentric approach reinforces the complicit influences of 'colonial and imperial projects on the practices' that establish hierarchies and subjugate any Black improvement (Joseph, 2015).

Participants also saw the value in having Black specific groups, Black treatment services, more Black police, and Black workers for Black clients. This, participants voiced would assist in the cultural awareness with the police and treatment services. The obvious viewpoint of this feedback is having more Black input, would assist, but mask the real issue to hand.

4.22 Black Staff Experience of Police are racist

Although not all participants stated that the police were racist, 6 (28.6%), reported that they were. Unequivocally, however, instead of using the definitive term racist, all participants stated that the police treated those from the Black community badly. Participants acknowledged that the Police do not understand the needs of the Black community, moreover, did not want to understand their needs. As has been previously discussed in this research, it has been established that the police are institutionally racist. This goes as far back as the Scarman Report, 1981, that culminated in stating 'racial disadvantage and its nasty associate racial discrimination have not yet been eliminated'. One participant cited:

P.3 – *"There are decent police officers but as an organisation they are very judgemental and very racist."*

Participants reported the police as seeing Black clients as '2nd class citizens' and as their main job is to capture criminals, and if these so happen to have a mental health issue, that is an aside. This was also a point raised by a participant, that the police do not look at the root and cause of the crime, but solely on getting the conviction. The relationship between the police and the Black community has and continues to be fractious and the Black Lives Matter (BLM) movement has only intensified this association. The Black Lives Matter movement originated in the United States in 2013 after the acquittal of George Zimmerman, a security guard, patrolling a gated community, fatally shot Trayvon Martin, a 17-year-old Black male in 2012 (Lane et al. 2020)

This mistreatment of Black clients by the police was a common topic from participants and this took place both in the community and in custody suites**.** Participants felt that Black clients were more likely to be restrained and handled roughly. Participants fed back:

P.2 – *"The police do not listen and deal with the Black community harshly. The police has one bad experience and then treat everyone the same. The Black*

community see the police as confrontational, so they are damaged physically and emotionally and so do not trust when coming into services."

P.7 – *"Feel let down - Can't trust the police. If there is M.H. present the police will just lock up without offering support."*

The overall experience by Black staff is that Black clients do not understand their needs and requirements, moreover, there is no willingness to do so. The aetiology for this mindset has been discussed through this research. In such that, race plays a crucial factor in the negative behaviour and misconduct by the police in their encounters with the Black Community. Another issue highlighted was the lack of access to medication in police custody for those Black clients with a dual diagnosis. This they note has been impacted by the lack of mental health nurses in custody suites. Although there are healthcare professionals (HCP's) in custody suites, these are not all fully trained to administer the appropriate medication (Payne-James, 2017) In addition to this, the HCPs work in conjunction with the police and if the police do not alert these practitioners to the needs of detained Black clients due to their discrimination this could in turn result in serious harm or even death.

Another point of issue brought forward by a participant, was that of being used by the police. The participant recalled that they were once used to give information on members of the Black community. Although the police invariably discriminate against the Black community, evidence dictates that the police have no qualms in using Black informants against the Black community. The UK spent £18million on informants between 2015/16 and 2020/21 (Corderoy, 2022). This undoubtedly increases strain on Black clients and the impact of their dual diagnosis.

P.1 – *"Once used by police to give info on own community. Others did this and ended up on drugs due to the stress the police put them under."*

Several participants muted the call for more Black police and more diversity in the police. This they felt would assist in the aid of those Black clients with a dual diagnosis. Though it was also raised by Black staff that some Black police become White on joining the police force. This idea of Black police officers

treating Black clients just as harsh, if not more harshly, than their White counterparts, only further adds to the distrust of the police. Although, there is mitigation that Black police officers can temper potential situations there is also the feeling that Black police officers need to conform. This, as Hong (2017) defines can be seen as the ‘organizational socialization theory predicts that the occupational culture of the police would transcend the ethnic identity of minority officers.’

4.23 Black Staff Experience of Relatable Black Staff

Participants reported that Black clients overall prefer to work with Black staff and that they built up a better working relationship. This also helped with Black clients remaining in treatment and, if these clients dropped out of treatment, they would invariably return but wanting only to have the same Black staff as their key worker.

P.15 – *“Black clients will normally work better with Black staff and will ask for a Black staff member of previously worked with them.”*

This racial concordance from the perspective of Black staff, is critical to experiences of Black clients (Hunte et al. 2023). This occurrence of Black clients only wanting to work with Black staff resonates with Black staff on another level. That Black staff themselves feel they can get the best out of these clients in terms of successful outcomes. Research has shown that Black staff also suffer racism within their respective organisations and must deal with not only their personal issues but, ‘the compounding stress of supporting Black clients in crisis while also being affected by racism’ (Hunte et al. 2023). The issue of racism, be it covert or overt, in the workplace was also highlighted by Black staff where the issue of progression and promotion was concerned. Participants reported:

P.3 – “…*there are no strategic Black Managers in Hertfordshire.”*

P.6 – *"…Lower management seem to have Black staff where senior management normally White, so will deal differently with these clients saying their behaviour is challenging."*

P.9 – *"No representation in management for Black people. Black people get the minor roles but none in management. Aware of Black people who applied but didn't get the role. My organisation only promotes White people it seems, and this is not on ability. A lot of Black staff come and go."*

The fact is that Black staff feel they are relatable to Black clients overall, however, as previously discussed, there are exceptions where Black staff are not accepting of Black clients attending services. This aside, Black staff are of the opinion that White staff judge Black clients. Whereas Black staff perceive themselves to be non-judgemental.

P.12 – *"It helps when they see a Black prescriber - non -judgemental. See me as not letting the side down. Tell them it is a safe space and understand what going through and respect them as a fellow Black person."*

Black staff reported that, Black clients get positivity from Black clients and unless staff are Black, they do not identify with them. The counter to this however is those Black police staff whereby, Black clients saw them as the enemy and a traitor to their race, and in some respects worse than White police officers. This anti-Blackness of one's own race by Black police was seen as the biggest 'sell-out' by Black treatment staff.

P.13 – *"Black police join the police with the expectation they are unfortunately going to be white."*

It is evident from the feedback of participants that Black staff and Black clients, have a symbiotic relationship and that Black staff approach Black clients with a 'culturally connected' approach. Both have their own battles, with organisations and White staff clasping onto their Eurocentric mindset. This falls in line with the summation of Sharif et al. (2022), whereby, 'White supremacy today relies on obvert and subtle forms of systemic violence that maintain the privilege that

white people consciously or sub-consciously enjoy at the expense of those with non-white skin color'.

P.1- *"No, has been an issue over many years and still is. What taught is very Eurocentric. To apply this to someone who is not Eurocentric renders this useless. Standard elements have a racist undertone. References in M.H. very out of date. If you try to change the system from inside, they will try and isolate you. No Blacks in positions to effect change."*

4.24 Summary

The findings in this chapter are verbatim responses from the participants in this research outlining their views and perspectives with regards to how Black clients with a dual diagnosis are treated by treatment services, namely, drug and alcohol and mental health services. The participants have also expressed their views as to the impact this cohort faced when encountering the police. The findings indicate that Black clients still suffer discrimination from treatment services and are reticent to attend these services for help (Evans & Sheu, 2018). Furthermore, the police have not shifted in its attitude or way of 'handling' the Black community, and if there is a mental health or substance abuse issue involved this only compounds the perception of Black people further. Although there have been several reports (Scarman 1981; Macpherson 1999) policy changes and updated training packages, little has changed in reality. The next chapter will focus on the analysis and discussion around this research, ultimately leading on to the conclusion of this thesis.

Chapter 5: Discussion

5.1 Critical Analysis and Discussion

This chapter aims to discuss the findings from this research to further underpin a review by services to seek change in their operating models and policies. In order to assess if the initial aim has been met, it is important to revisit the research question:

What is the experience of Black staff working with people from Black communities who have co-existing mental health and substance use problems, and does police contact impact this cohort?

Thematic analysis that was utilised in this qualitative research defined the constant themes that evolved from the participants and the repeating patterns and commonalities that arose. These themes, which were highlighted by numerous participants, were diligently analysed for the consistent patterns within the data (Clarke and Braun, 2016). Consequently, the research sought the views and opinions of those professional staff identifying as Black who work with those members of the Black community who have a dual diagnosis. The study recruited 21 Black staff from a wide spectrum of professions. This allowed for the sample to be as representative as possible and to be able to offer their perspective and views with regards to how they see things from their own occupation. For this study the researcher utilised convenience sampling, garnering volunteer staff studying at the University of West London for their accessibility and willingness to participate (Dörnyei, 2007). There was no conflict of interest with these participants as they were all staff who were attached to the Addictions module.

The analysis here will review the findings drawn from the main themes and subthemes articulated by the participants, highlighting the main themes that were drawn from the reoccurring comments articulated by these staff. As noted previously noted, many of the subthemes traverse into more than one main themes, however these will be discussed as necessary under each of the main

themes. The review of the findings will be broken down into the two parts of the research question, namely:

1) What is the experience of Black staff working with people from Black communities who have co-existing mental health and substance use problems?
2) Does police contact impact this cohort?

The participants in this research reported several expected and surprising findings. Black professional staff express conclusively that, Black dual diagnosis clients experience discriminatory attitudes from the police through to both addiction services and mental health treatment services. Though not conclusively, contributing factors include interpersonal racism — defined as 'discrimination based on the social interpretation of skin colour—known as race and structural racism, as previously discussed, defined as racial injustice imposed through interlocking systems of public policy, ideology, institutions, and social processes' (Hall et al. 2022; Hagle et al. 2021; Hatcher et al. 2018).

Two staff reported having caseloads of approximately 100. These staff were the dual diagnosis clinical nurse specialists. This being said it demonstrates that those with the most demanding work in terms of dual diagnosis as opposed to working solely with substance use or mental health are the most put upon. High caseloads have always remained an issue where it comes to providing quality care and the toll it takes on these overworked staff where their own mental health is affected (Walsh and Walsh, 2009; Petrakis et., 2018). In fact, nurses in treatment services reported the highest level of sickness 6.7% followed by drug and alcohol workers 5.4% (NHS Benchmarking Network, 2023). Hence:

"The drug treatment and recovery workforce has deteriorated significantly in quantity, quality, and morale in recent years, due to excessive caseloads, decreased training, and lack of clinical supervision. A recent workforce survey showed that drug workers had caseloads of between 50 and 80, sometimes rising as high as 100 people. Good practice suggests a caseload of 40 or less, depending on complexity of need. Such high caseloads reduce the quality of

care provided and the effectiveness of treatment. Focus should be on providing high-quality personalised care, rather than paperwork." (Webster 2023, pp ..).

What seems apparent however, is that little has altered in the four decades since the publication of The Scarman Report (1982) through to the commissioning of the Macpherson Report (1999). and the present time regarding the culture of the police. In the wake of the stabbing of the South London teenager, Stephen Lawrence, and the subsequent handling of the Polices investigation into this murder, Macpherson unequivocally noted the police incompetence could only be explained as 'pernicious and persistent institutional racism.'

Where race and social policy are concerned, the impact is not only restricted to the police but to all sectors of the criminal justice system. Racial inequalities not only for the Black community, also for Black professionals remains a constant source of justified grievance in the health and criminal justice sector. Despite a considerable number of policy changes and the health and criminal justice forums, these disparities between the Black and White community appear to be ever widening, where improvements are desperately needed. It is important to review the historical content of racist attitudes and how they pervade modern day society.

The funding for the police, mental health services and substance misuse services have been drastically cut over the last few years and this has no doubt put a huge strain on all services to continue to deliver results (Stuckler et al. 2017; Docherty & Thornicroft, 2015; McDaid & Knapp, 2010). Coincidentally, the United Kingdom's government recent commitment to investing in mental health as a whole, has been in alignment with their policies of austerity, which ironically impacted on an already under-resourced and funded system (Mattheys,2015). This at a time when not just the Black community but the community is seeing a rise in severe and enduring mental health conditions. This is not just a U.K. phenomenon but also a global issue and the impact of increased mental health conditions has increased with the onset of the Covid

pandemic (Kumar & Nayar, 2021; Pfefferbaum & North, 2020; Cullen et al; 2020).

5.2 Experiences of Black staff working with Black dual diagnosis clients

The participants involved in this research were predominantly operational or lower management. Two participants could be described as having senior management responsibilities. Although this research focussed on Black staff experiences of the Black clients that they cater to, the feelings of frustration were clear not only for this cohort but also themselves. Findings in this research outline that Black staff control their emotions in the workplace, and that without any purposeful sense of Black leadership/management the status quo prevails. The feeling of institutional racism within services is evident not only where the police are concerned, but also the dual diagnosis that can be missed in the prison arena. Previous research concurs with this study that this control of feelings and emotion continues to take its toll on Black staff, which only adds to the detriment of service they can offer not only their Black clients, but all clients (Wingfield 2010; Cottingham et al.2018).

5.3 Stigma

A key and crucial finding was the issue of stigma and how this played an intrinsic part as to how Black clients were treated by treatment providers and the police. The pervading stereotype of ‘Black = Bad’ still resonates with those services, staff and management from which Black clients are seeking help. Although participants, did not explicitly say that treatment services were racist, they were more forthcoming levelling this charge against the police. These forms of cover and overt racism were evident from participants, although participants appeared more reticent to name their organisations as institutionally racist in its treatment of Black clients with a dual diagnosis. Black staff, without naming themselves, but Black staff in general also talked about stigmatisation within services. This racialisation, ‘a result of the historically and

politically shaped meanings ascribed to race/ethnic identities' Nazroo et al; (2020) and Hughey and Jackson (2017), of both Black clients and experienced by Black staff, has negative pernicious impact on these cohorts.

Black clients are still to be viewed with caution and are interpreted to be somehow different from White clients. This continuous generational view of Black clients being loud and aggressive is indeed hampering their care both from the police and receiving equitable healthcare from treatment providers. In fact, caring professions such as dual diagnosis services, it would seem struggle to acknowledge that it does not care and stigmatises not only those Black clients in its care, but those Black staff working for them.

Black staff divulged that Black clients are misunderstood, and this led to a complete breakdown in communication and interpreting their specific needs. This complete lack of comprehending the need and requirements of Black clients has led to this cohort being either heavily medicated or released early from treatment, or alternatively being held against their will in hospital settings. (Omonira, 2014; Meerai et al., 2016). Alternatively, Black clients are judged and victimised by the police. Previous research evidence testifies that the police will utilise more use of force when undertaking police stops, police searches, police arrests etc… when the Back community are involved (McLeod et al. 2020). This police behaviour contradicts previous research findings that those with a mental health issue do not ordinarily commit criminal or violent acts (Livingston et al. 2014).

Black clients were reported to be needed and treated as human beings by the police and services. The fact that Black staff felt the need to report this is again leads back to the Eurocentric forms of historical and political domination, which marginalises and inferiorises groups based on 'purported physical, cultural, and symbolic differences' (Golash-Boza 2016).

Black staff also reported that fellow Black staff stigmatise Black clients accessing services and although this was the minority, it was still prevalent. These Black staff largely held 'old school' cultural beliefs, that issues such as dual diagnosis, did not affect 'our' community and this was a White affliction,

and if there was such a problem, this needed to be managed at home, not in a public forum. In terms of the police, Black staff on the most part, concurred that, Black police officers, become White, on joining the police, therefore treat members of the Black community more harshly. Previous studies indicate that police interactions with the Black community and mental health, with the Black community 'indicating a nearly twofold higher prevalence of poor mental health among those reporting a prior police interaction compared to those with no interaction' (McLeod et al. 2020).

5.4 Training

Almost unanimously participants reported that the police and addiction and mental health services required training. This was not a tick-box exercise of training, but purposeful and meaningful. Black staff noted that training was not only required for treatment services and the police but also senior management, who are invariably White. To this end, training is required on all fronts to not only increase knowledge, skill, aptitude, and capability but also to increase understanding of the communities these organisations serves (Chama, 2019; Normore and Scott, 2021).

Poor Management and the lack of understanding of Black clients was a repeated theme that was fed back by participants. Training was one factor in this aspect though poor management cannot solely be attributed to not being educated or trained. Black staff noted that Black managers understood the issues but there were very few at senior management level who could affect change. Moreover, there is no doubt that training is essential in terms of providing quality care not only in terms of the police but healthcare services (Garzonis et al. 2015). Though acknowledged as an important aspect, participants report that it is a cultural problem and there is a genuine lack of cultural understanding of Black clients.

Where training is a factor is when making the right referrals to the right service and ensuring that the referrals pathways are easier to navigate. In line with all the other issues Black clients are faced with, the frustration of not finding

services user-friendly in the first place is then combined with having to jump through hoops to get to the correct service that will assist their needs (Chui et al. 2020).

Participants highlighted that a number of Black police become White police on joining the police force. As previously discussed, the relatively small number of Black UK police, 1.3% (1,778) out of a total of 140,288 police officers is of note (Gov.UK, 2023). The issue of whether training would help these Black officers, or indeed increasing the number of Black officers, as echoed by the participants in this study, would assist alleviate the need for Black officers to conform to the institution of the police force, is another question.

5.5 Trauma

Trauma was noted as a major issue for Black clients. This pre-existing and ongoing trauma was affecting their relationship with the police and how they received treatment. Participants cited that this was not assisted by the revolving door pattern that Black clients were subjected to. In terms of treatment and failure to secure sustained outcomes (Marsh et al. 2009; Mennis and Stahler, 2016). Research has indicated that the Black community report more barriers to accessing healthcare, having a high dropout rate of from treatment, imprisonment, and disproportionally poorer health outcomes. Black clients are, as highlighted by Black staff, deprived due to social and lived experience, subject to systemic socioeconomic disadvantages and discrimination (Braveman, 2006).

Black professionals reported that the trauma that Black clients endured was as well as being historic, also due to the poor treatment and lack of hope and feeling of hopelessness. This vicious cycle, that Black clients are having to encounter continues to add to the traumatic experience in conjunction with having the significant charge of having a dual diagnosis. This treadmill is difficult to step off with the accusation of institutional racism levelled against both the police and healthcare services (Elias and Paradies, 2021). This is in line with Elias and Paradies, who argue that ‘the laws, social structures, and institutions

in Western society have operated to perpetuate the continuation of historical legacies of racial inequities with or without the intention of individuals and groups in society.' As well as institutional racism, Black staff report that Black clients are institutionalised due to the merry go round of imprisonment and services.

5.6 Cultural Needs/Awareness

Black clients have an issue attending treatment services as they did not readily identify with them. Moreover, Black clients did not feel welcomed, and saw these services were for White clients. The conscious/unconscious racial bias was a noted factor in services not being amenable to the cultural needs of Black clients. These implicit biases, 'involve associations outside conscious awareness that lead to a negative evaluation of a person on the basis of irrelevant characteristics such as race or gender' (Zestcott et al. 2016; Fitzgerald and Hurst, 2017; Maina et al. 2018).

The issue of structural racism, not just the prejudices held by the individuals within these services and the police, but replicated by the very laws that exist in lines with rules and practices that are embedded in cultural and societal norms is at the core of this lack of cultural awareness (Kreiger, 2021; Bailey et al. 2021) Black staff articulated that services are for White clients and do not meet the needs of Black clients. Therefore, unsurprisingly, Black staff reported that Black clients wanted Black specific services and group sessions for Black clients run by Black staff. Although no specific research could be detected that outlines the accomplishments of Black specific services or groups. There is evidence that the Black community should be involved in the development and implementation of culturally appropriate services. This indeed could facilitate a more receptive response to care for those Black clients with a dual diagnosis (Memon et al. 2016).

Services, such as Black only dual diagnosis services, could indeed "have a positive effect on the overall cost of health and mental health care, as well as increasing access to care and quality of care for minority populations" (Wallen,

1992) These services would not only be served by Black staff, but those who have an awareness of Black clients and are prepared to tackle issues with an open mind. These services would be inviting and have Black peer mentors, who have successfully completed treatment and are willing to share their experiences with the counterparts There is also a need for Back professionals to know that there is no 'glass-ceiling' and that no matter what, if their performance is recognised upward mobility is open to them. This needs to occur without Black workers having to codeswitch, by adjusting their self-presentation, to receive what they have earned through their professional competence (McCluney et al. 2021).

5.7 Police are racist

Black staff report that the police are not culturally aware and if anything, have no interest to be. Staff go as far as to say the police are racist and do not want to understand the needs of this cohort. They report the police as overtly racist despite the high profile previously discussed highlighting the discriminatory culture within the police force. This finding concurs with that of Memon et al. (2021), who note that the 'racism is endemic and pervasive in the UK context, manifesting at every level of policing'.

One of the findings from Black staff was that the police do not examine the root and cause of behaviour and only regard the crime where the Black community is concerned. Black staff add that Black clients are denied medication in custody and are mistreated. Statistics outline that BAME deaths in custody where restraint and use of force is a feature is over two times greater than other deaths in custody. Where mental health is a feature, the figure is almost two times greater than other deaths in custody (Inquest, 2023). These figures are solidified by the argument from Deborah Coles, Director of Inquest, that the Black community have force disproportionally administered against them as opposed to the White community.

Black staff categorically report that the police need more Black staff and there needs to be more diversity within the police force. More Black police officers

would certainly prove beneficial but in Eurocentric countries, will this prove to be significant recruitment in numbers to alter the perception of the police as discriminatory. To add to this conundrum, Black staff report that Black police become White police. Previous research outlines that ‘Black officers possess a double consciousness, which enables them to view and experience the world through both a racialized and occupational lens’ (Prito-Hodge, 2023).

5.8 Relatable Black Staff

Black staff championed the notion that in treatment services that Black clients only identified with Black staff and that Black staff were not judgemental compared to White staff. There was the feeling that Black staff gave off positivity to Black clients and this helped to harness that relationship. Back clients who dropped out of treatment would come back and want to see the Black worker they had before. The reasons for dropping out of treatment in the first place was not related to the Black worker, but more so the chaotic lifestyle of the Black client. Crucially, Black staff claim the cry for help from Black clients is palpable and that Black clients have built a distrust of the police and in some instances believe that the services and police are in cahoots. Indeed, the relationship between the Black community and treatment services can be more tenuous, especially if, as first line responders to a mental health incident, the police then escort those involved in the incident to a mental health facility. Staff reported that Black clients are already cautious when uniformed officers turn up at dual diagnosis facilities. Black staff also discussed the issue of non-relatable Black staff that, unlike White staff, were more vocal in their condemnation of Black clients utilising dual diagnosis services.

5.9. Limitations of the Study

5.9.1 Ongoing Concerns

There were very few studies of any comparison within the UK where the views of Black professional healthcare staff are concerned, and those that do exist do not refer to their experiences of the Black clients whom they manage. More relatable studies tend to be found in the United States. Although there were several treatment staff from differing professions that work with these clients, there were not significant numbers from each service. Many of these staff were either of worker level or junior managers and not of a significant Management grade. The author did not want participants that were under any form of disciplinary or investigative procedures at work and relied solely on the participant's declaration of this fact. So, eradication of any form of disgruntlement against their respective organisation could not be completely countered. The fact that only two staff were of a senior grade could be seen as an outlet for staff to vent their frustrations of not only their work experience, but that of the Black population they work with, however, the senior staff who participated in this research echoed the sentiments of their colleagues.

Although this research explored the experiences of Black professionals working with those from the Black community with a dual diagnosis, a further study examining the experiences of Black clients with a dual diagnosis and their relationship with Black treatment staff and the police could further solidify these findings. This meta-analysis of both studies would indeed allow for the consolidation of this particular research and see 'each research project in the context of a coherent whole' (Larson-Hall and Plonsky, 2015). The staff that were interviewed for this study provided extremely valuable insight into their experiences of the Black clients they work with, with a dual diagnosis. Due to the numbers interviewed for this research, these staff experiences could not be considered to be representative of all Black staff who work with Black clients who have a dual diagnosis, however these results from a variety of staff from a host of occupations remained consistent and conclusive in their findings.

Chapter 6: Conclusions and Recommendations

The research focussed on Black professional's experiences and perspectives on those Black clients they had come across through their work that have a dual diagnosis, that is, a drug and/or alcohol issue and mental health issue. As noted previously there is negligible research in this area, especially in the United Kingdom. Where any relevant or research akin to this study exists, it is predominantly from the United States. The data drawn from this research will be précised and the findings discussed in this section. The data garnered from the participants responses will be reviewed to demonstrate the need for an improvement in dual diagnosis treatment services and from the police where the Black community is concerned. The findings will extend to the treatment of Black professionals and how their voices and views can be heard and actioned.

NOTABLE RECOMMENDATIONS	
1.	Dedicated Dual Diagnosis Services
2.	Possibility of Black only Treatment Services
3.	Commissioning of culturally appropriate services
4.	Concerted Training for Treatment Services Staff and Police Staff
5.	More Senior Black Managers in Treatment Services /Police
6.	Updated Policies, Guidance, Procedures, Legislation
7.	More research into U.K. Black professionals and U.K. Black clients
8.	A review of Police Custody and treatment of Black clients with a Dual Diagnosis

As noted in this study, research findings on the views and experiences of Black staff of Black clients they work with are virtually non-existent in the United Kingdom. No such previous research of this specific kind could be detected. The aim of this research has far reaching implications for:

- Dual diagnosis treatment services.
- The police
- Senior Management
- Training
- Policies, Guidance and Procedures

It is widely regarded that dual diagnosis clients require more intensive treatment than individuals with a singular diagnosis and are harder to engage (Dixon et al. 2016; Priester et al. 2016). Data collated indicated that for Black clients who came into treatment they were sceptical to say the very least of the treatment that they would receive. A major factor of this was mainly in part to the service they had initially received by the criminal justice system, namely the police. Though this was only part of the narrative. Black clients were principally traumatised from their life experiences. Factors which include, education, employment, housing, and family were all integral into the social functioning of the Black community and diminishing health issues (Assari et al. 2018). These staff felt that it was their responsibility to undo a lot of the trauma and stigma that had been previously caused, and that by being non-white staff this aided to some degree. This significant barrier of stigma and trauma is one that has continued to be a bone of contention for Black clients with a mental health issue (O'Conner, 2009; Corrigan and Watson, 2007). This may also be a large contributor as to why the Black community tend to be more hesitant or indeed shy away from engaging in mental health services (Bambauer & Prigerson, 2006; Ojeda & McGuire, 2006).

This struggle that the Black community have with West Centric services, indicates to the author that the need for Black only services is an alternative to traditional 'institutionally biased' services. Hoag (2021, p.1493) notes that "when it comes to combatting structural racism, representation matters". This confers with the findings by Scharff et al. (2021), who finds that, Black clients prefer to work with Black therapists and these therapists not only use more dynamic and interpersonal interventions, but also utilise culturally informed interventions, that ultimately lead to a higher rate of successful treatment outcomes. Although, there are some Black staff, notably who are older and Black African, as indicated in this research, who struggle with Black clients accessing services, these staff are few and far between.

Extraordinarily little research exists within the U.K. where Black workers give their opinions on members of the Black community with whom they work with that have engaged with the criminal justice system and then their respective

services, namely substance use or mental health. This study confirms previous findings however that a serious underlying problem exists between the Black community and their engagement with police services and that the police are more likely to use force against a person with mental illness (Engel and Silver 2001). One interviewee noted, “Historically the police do not have the best reputation, and this has been passed on through generations.” Staff generally felt that they had to undo the attrition that had been caused in clients mental well-being when they eventually encountered substance use and mental health services. It is a disturbing fact that the Black community are hesitant to indeed enter or remain in dual diagnosis services when evidence is still unsubstantiated that they exhibit a higher rate of mental illness as opposed to their white counterparts (Neighbors et al; 2008).

It must be highlighted that this research undertook a small sample size, although all the interviewees were from a different service. This allowed for varying viewpoints from Black workers, who could highlight their encounters with members of the Black community in their aspect of work and voice their opinions from that professional standpoint. This also restricted the limitations of findings as these staff were interviewed under the auspices of the University of West London as opposed to their respective organisations, where inhibitions may have been at play. Furthermore, these views represented those of staff who had the best interests of their clients at heart.

There was a widespread acknowledgement that management either did not know the needs of this cohort, and that significantly management tended to be primarily white staff. Also, that management followed the ‘party line’ and to deal with the cultural aspects of clients entering services was not something that was within their remit. The fact that senior management in mental health services have failed to address the issue of Black clients disproportionately, and in some cases inappropriately detained in mental health services, is seen as a seriously detrimental ongoing problem. A fact initially reported in the first biennial report (Mental Health Act Commission, 1985). This report also highlighted that ‘Black patients suffered disadvantages additional to those commonly experienced by

mentally ill people.' A finding that continued to be reported right through to the seventh biennial report.

This research highlighted that the in trepidation that the Black community feel is passed onto workers they encounter in third sector services and staff reported that they had to work hard to secure trust even as Black workers, and that they were often seen as part of this bigger machine. Although one interviewee acknowledged "the police have much more to do where engaging with the Black community is concerned." Another interviewee noted that "there are no policies in how to deal with the Black community and the police are not taught to deal differently with members of the Black community." Moreover, one strapline that was evident throughout this study was the need for training, from Management through to all levels of staff. This study has highlighted that this is a piece of work that would need to be thoroughly researched due to the breadth and depth of training that would need to be undertaken for changes to take drastic effect.

There is little evidence that strides have been made to tackle the well-researched area of the inequalities that the Black community face, when encountering firstly the police and then mental health services thereafter. Although the Black community seem overrepresented in drug treatment settings, and underrepresented in outpatient mental health settings, (Alvidrez & Havassy,2005), the treatment they are receiving is seen to be non-effective and producing an elevated level of attrition. Despite the challenging work that is being undertake in the field of dual diagnosis by the staff that were interviewed for this research they report that they are thwarted by senior management and what their priorities evidently are.

It is evident that little has changed since the turn of the millennium and MacPherson's supposedly 'ground-breaking' report, whereby the needs of the Black community needed to be addressed as far as the police were concerned. There have been several missed opportunities over the subsequent years with a number of reviews, reports, and articles into police practices in custody, particularly where the BAME/Black community is concerned. These

significantly, and in worse case scenarios, fatally, have not materialised to any satisfactory level.

Decisively, with the reduction of police stations and number of staff depressingly reduced, the forecast for an improvement in the situation for those from the Black community entering the initial stage of the criminal justice system does not look promising. This means there is a need for services, both substance misuse and mental health, in conjunction with the police, to be re-dressed in how they operate. Ensuring that there is appropriate influential representation from these services to entail that a cohesive and inclusive system, which is culturally congruent, is readily available. For this to happen there will need to be a major overhaul of this process from government and policies put in place that are actioned rather than given oratory eloquence. Consequently, the major overhaul that is required of the whole system will need to ensure that those from the Black community are no longer misplaced in custody, but their needs adequately and fairly assessed, and they are placed appropriately where they can get the best outcomes for their healthcare needs and start to rebuild their trust in the criminal justice system again. For this to happen all major agencies and government need to come together and agree this is a priority, and that one death more in police custody, is one death too many. The research and sources that are available in the area of the Black community and comorbidity in conjunction with the criminal justice system is sparse to say the least and this research aims to bridge that gap and provide an up-to-date study of the current position where all three of these subject matters interlink.

As highlighted within the discussion here, training needs to be radical and effective, as one interviewee pointed out “time at Hendon was atrocious, did 16 weeks and three of these were self-study (reading a book). This is not what I constitute as training.” An interviewee noted, “also, personal development days have not really done much, people who were not an educator or qualified undertaking these.” The importance of quality training and the review of policies and guidelines cannot be understated in commencing the necessary change which is needed to eradicate the stigma and trauma that members of the Black

community are undoubtedly victims of. The researcher aims to target, dual diagnosis services, the police, hospitals, and all aspects of the criminal justice system, to ensure the appropriate training is given to its staff and for them to accept the importance of decolonising previous practices by listening to the voices of the Black community. The importance of this will be consolidated by follow up research that will entail, Black and Asian clients incorporating the intersectionality of Black and Asian women and these communities who are also LGBTQIA+, who face further disadvantages of discrimination and bias (Griffith, 2022).

It is evident that the policing of heavily populated Black communities needs to be revised, including how these communities with genuine dual diagnosis issues are managed once in the care of the police. Once this is completely revolutionised then those workers, who have the compassion and care, such as these who have taken part in this study, may have an opportunity to succeed in providing the adequate and necessary service and treatment these clients deserve. This being said, the necessary work with services and senior management also needs a complete review and overhaul. The importance for all services, stakeholders, and commissioners to work holistically and collectively to manage this long overdue, and much neglected area cannot be overstated.

6.1 Contribution to further knowledge and research

There is little research that previously exists in relation to this particular study especially where the United Kingdom is concerned. This research stresses the importance of the view of the Black professional working with Black dual diagnosis clients. As this research outlines the Black UK community, are disproportionately more likely to be:

- stopped and searched,
- arrested,
- held in police custody,
- detained under the Mental Health Act,

- diagnosed with psychosis and depression,
- suffer from stigma and trauma,
- in and out of treatment.

These findings have established that the views of Black workers and Black senior managers are stifled when it comes to organisational change. Although, qualified both academically and practically to articulate what is required for change so those members of the Black community are adequately supported to achieve successful outcomes, the voice of the Black worker is not heard and is over-looked. Black professional staff continue to be overlooked and are overrepresented in lower pay grades and underrepresented in higher pay grades (BMA, 2021).

Stigma and trauma were issues raised by Black professionals in this study for Black clients who had a substance use issue, mental health issue or defined as being co-morbid. Though the researcher detected that stigma and trauma were not solely attributed to Black clients though from their responses Black professionals were victims too. This structural and institutional racism in organisations was apparent in the responses related by Black professionals. Though Black professionals highlighted that Black clients preferred to work with Black workers. Black workers felt it was their duty to work with these Black clients leading ultimately to a successful outcome. There is no such previous research undertaken in the United Kingdom whereby this has been tested. It would appear that Black clients even when dropping out of treatment will eventually return to a service if they identify with a particular Black treatment worker.

This research sought the views of Black professionals who work with Black clients with a dual diagnosis and as Black workers are an important aspect of the healthcare workforce their views were important to be heard. The fact that Black professionals have a negative viewpoint of the police's interaction with the Black community is also a factor to be considered. Indeed, the general view of these staff is that the police remain racist and add to the trauma and stigma that the Black community with a dual diagnosis already suffer. The reason Black

professionals are poorly represented in senior management roles needs to be further investigated as this would in turn affect how organisations are catering for all as opposed to continuing a Eurocentric treatment model.

Staff representation at all levels and of differing races are required when making decisions around the requirement of service so that the needs of all populations are met. These decisions should not solely rest on the shoulders of senior management. As noted, those Black staff that are in management positions albeit, lower management, have no power to effect change, and are often overlooked when it comes to promotion. With Black staff in visible positions of power where change can be affected for Black clients this may alter the view of services as being structurally and institutionally racist.

The view of the police from the perspective of the Black community needs to be altered and although Black practitioners note there need to be an increase in Black police officers, though those Black police who do join are swiftly discouraged from what they witness as racial injustices or must ‘conform,’ ‘act White,’ to fit in. This form of explicit institutional racism continues the historic legacies and continues to define the position of Black staff in modern day society (Darity, Hamilton, and Stewart, 2015).

There was unmitigated evidence from the participants that training was vitally important if change was to occur and again this needed input from a Black perspective. White staff need to be trained in how to diffuse a situation where an issue arises with a Black client, and this initially must come through communication Baby et al. (2018) as opposed to inflaming the issue with unfounded pre-conceived stereotypes of how Black people behave when frustrated.

6.2 Closing Statement

This thesis was a testament to those Black staff that remain silent in the face of adversity, being Black in Eurocentric organisations and then having to work with Black clients who are already on the back foot before finding the courage to approach these services for assistance. The necessity for change in the Criminal Justice System as well as substance use and mental health services, cannot be overstated. Dual diagnosis remains an enigma, not just with Black clients, though this group undoubtedly suffer detrimentally more, but for all clients. This thesis attempts to be the foundation for which change commences and whereby policies, guidelines, practices and unfair discrimination for Black professionals and Black clients is effectively addressed.

6.3 Disclosure Statement

No potential conflict of interest was reported by the author.

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Appendix 1

INFORMATION about this study

Title: What is the experience of Black staff working with people from Black communities who have co-existing mental health and substance use problems, and does Police contact impact this cohort?

We would like to invite you to participate in this research. In order to help you to understand what the research is about; we are providing you with the following information. **Be sure you understand it before you formally agree to participate**. If you would like any clarifications before you start, please contact us using the details below.

What is the purpose of this study?

The study will be exploring the experience of those members of the Black community who are engaged in drug and alcohol (and/or community mental health services) services, through the work undertaken by workers in these services.

Why have I been asked to take part?

Thank you for volunteering to participate. It is greatly appreciated. You have been asked to take part in this research due to the expertise you can provide with regards to this subject matter. This research will have received ethics clearance by the University of West London.

Do I have to take part?

It is up to you to decide. If you would like to take part, we will then ask you to sign a consent form before participating. You are free to withdraw at any time, without giving a reason.

What will happen if I take part?

If you decide to take part, you will be greatly assisting and contributing towards this specific piece of research. You will also be aiding the researcher to highlight, what if any, gaps exist in current service provision. Answering all

questions is not a mandatory prerequisite, and you are at liberty to omit a response to a particular question should you choose to do so.

Possible benefits include - Getting your views across on service provision for those members of the Black community who feel they have no voice.

Possible risks include: No identified risks, however if you feel that you may want to discuss any of the issues that have been discussed please feel free to contact the Lead Supervisor or Clinical Psychologist as per the debrief sheet.

The entire procedure will take approximately 45/60 minutes.

The data resulting from your participation may be used for purposes of publications and/or presentations, but no personal identifying information will be used for these purposes.

What do I get for taking part?

There is no payment as such. The reward can be seen as the satisfaction of getting your voice heard and being listened to.

What will happen if I begin the study but then no longer wish to take part for any reason?

If you withdraw from the study, all data and information collected from you will be destroyed. Please note that you are free to withdraw for any reason at any time.

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept strictly confidential. Data will only be made available to the research team directly involved in this study. All identifying documents will be destroyed in accordance with the UWL Research Data Management Statement.

Who has reviewed the study?

Our research has been looked at by an independent group of people, the School Research Ethics Panel to protect your safety, rights, wellbeing, and dignity.

Further information and contact details

For general information about this research and/or further information about this study, please contact: Raffaella.milani@uwl.ac.uk (Lead Supervisor for this research).

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Appendix 2

CONSENT FORM

What is the experience of Black staff working with people from Black communities who have co-existing mental health and substance use problems, and does Police contact impact this cohort?

• I have fully read the previous page which contained information about the study and have had the opportunity to ask any questions that I may have had.

• I understand what is being proposed.

• I understand that my personal involvement and my particular data from this study will remain strictly confidential. Only researchers involved in the investigation will have access.

• I have been informed about what the data collected in this investigation will be used for, to whom it may be disclosed, and how long it will be retained.

• I understand that the data resulting from my participation may be used for purposes of publications and/or presentations, and that no personal identifying information will be used for these purposes.

• I hereby fully and freely consent to participate in the study which has been fully explained to me.

• I understand that I am free to withdraw from the study at any time until the researcher's dissertation is submitted, without giving a reason for withdrawing.

• I agree to take part in the study.

Signed_____

Date_____

Appendix 3

What is the experience of Black staff working with people from Black communities who have co-existing mental health and substance use problems, and does Police contact impact this cohort?

INTERVIEW GUIDE

Preamble

My name is Mark Duncan, and I am a student at the University of West London here in London. I am doing a research project towards my Professional Doctorate, on Dual Diagnosis and the Black Community. I am talking to staff and have three aims: to get your understanding of how the Black Community is treated from a service perspective; are Black clients accessing services and what could services do better to support those from the Black community.

I am asking everyone the same questions. This is for research purposes only and will be totally confidential. If you are willing to talk to me, your comments will be totally anonymous. I will be putting them together and they will go towards my overall thesis.

Are you happy to participate? I have a form here which asks you if it is okay to do the interview. If you want you can keep a copy which explains that if you change your mind, just give the form to the Manager here and we will not use your information.

Background

Can I start by asking you a few general questions about yourself?

1. How many years have you worked in the drug and alcohol/mental health field?

2. What is your current role/job title? How long have you been doing this role/job?

3. What gender do you identify as?

4. Which age group do you fit into?
   - 18-24
   - 25-34
   - 35-44
   - 45 and over

5. How would you define your ethnicity?

- **White**

English/Welsh/Scottish/Northern Irish/British
Irish
Gypsy or Irish Traveller
Any other white background

- **Mixed/Multiple Ethnic Groups**

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed/Multiple ethnic background

- **Asian/Asian British**

Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background

- **Black/African/Caribbean/Black British**

African
Caribbean
Any other Black/African/Caribbean background

- **Other**

Arab
Any other ethnic group

General questions re: work

6. How many clients (approximately) are on your caseload?

7. How many of these clients would you define as being from the BLACK community?

8. How many of these clients (approximately) that you have on your caseload from the BLACK community would you define as being dual diagnosis?

9. How many of these clients (approximately) who are from the BLACK community who are defined as dual diagnosis are engaged or have been engaged in the Criminal Justice System?

Client related questions

Can I now ask you about your work, services, and Black client group?

10. Can you give me an overview of the type of work do you do with your clients in general?

11. Do you think that the needs of your Black clients with a dual diagnosis are met in services? If not, why not?

12. Which age group do you feel the majority of this cohort fit into?
    - 18-24
    - 25-34
    - 35-44
    - 45 and over

13. What gender would you say that the majority of this cohort fall under? A percentage split?

14. Do you think that services adequately meet the needs of the Black community where their mental health needs are concerned? If not, why not?

15. Would you say that those clients from the Black community with a Dual Diagnosis issue are retained in treatment? If not, why not?

16. Can you please tell me about referral pathways for substance misusing Black clients to mental health services? (*challenges, barriers)*

17. Is there anything else you think should be provided for Black clients with a dual diagnosis?

18. Can you tell me about management's understanding of the needs of this particular client group?

Views and experiences with regards to those Black clients who have been in contact with the Police.

19. What have you ascertained from your clients who are from the Black community and have a dual diagnosis and have been in contact with the Police or detained in Police Custody?

20. What would you say has been the impact, if any, for these clients who have had contact with the Police or who have been detained in Police Custody?

21. Would you say this experience of being in contact with the Police or being held in police custody has contributed to their mental health/ and or escalation of drug and alcohol use? If so, why?

22. What, if anything, would you say needs to change for those clients from the Black community who have been in contact with the Police or held in Police custody to ensure they receive the treatment/help they require?

23. What would you say, if anything, needs to change in the management of Black detainees, to ensure:

a) both access to the correct health needs whilst in custody suites.

b) and the police are seen to be managing this cohort in a non-judgemental way?

24. How would this assist you in your working environment, and how can this inform future policies and best practice for all services?

Personal experiences/views of working with Black clients with a dual diagnosis.

My next topic focusses on you specifically and the work you do.

25. Do you feel you are able to work adequately with BLACK clients with a dual diagnosis? If yes, please explain. If no, why not?

26. Can you tell me about your training to work with this specific cohort?

27. What would you put in place to better support this specific cohort?

28. Is there anything you would like to add that we have not already covered?

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Appendix 4

Debrief Sheet

Title of Project: What is the experience of staff working with people from Black communities who have co-existing mental health and substance use problems?

Name of Researcher: Mark Llewellyn Duncan

Thank you for taking part in my study to investigate the issue of how you perceive those clients with a dual diagnosis have been affected by their time spent in Police custody and how this has impacted on their rehabilitation.

The data will be analysed to help understand what changes need to be put in place and how this can best inform policy, procedures and practices going forward.

Please do ask any questions you may have arising from this interview that may come up at a later date, or for any further clarification.

Please also let me know if anything comes up you forgot to mention in your initial interview.

If you feel like you would like to speak further about any of the topics covered in the questionnaire, please contact, either myself on 07825 291324 or via my e-mail address: 21056721@student.uwl.ac.uk

Alternatively, you may want to speak to my Lead Supervisor: Professor Raffaella Milani – Raffaella.milani@uwl.ac.uk

*If you feel you have been affected by the interview process you can seek further support and advice from:

Dr Lisa Dutheil,
Clinical Psychologist,
East London Foundation Trust (ELFT).
Please feel free to contact her on: Lisa.dutheil@nhs.net

Lisa has substantial experience in the addiction and mental health field and is fully aware of this research.

Please note the following free confidential, independent services are also available:

https://www.samaritans.org/ 116 123

https://www.mind.org.uk/ 01642 296052