

The Mental Health Crisis: An investigation into the current Organisational Culture and the support frontline police officers are receiving for their mental well-being

Holly Cunnington

University of Northampton, United Kingdom

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Abstract

This research aims to highlight the current trends of police culture and the impact it has on the accessibility of support networks. Through media exposure, police culture and officer wellbeing have become an area of focus due to the impact it is having on the public served and the organisation, therefore making this a current issue needing to be tackled. A mixed-method survey was conducted within an unnamed United Kingdom (UK) Police Force, focusing on Response Teams (RT) and Neighbourhood Policing Teams (NPT). 100 Officers agreed to participate. An analytical and thematic analysis then took place to understand the current participants' mental well-being, any organisational stressors, and any barriers to support networks. The findings showed a higher proportion of organisational stressors for those working on RT, placing them at a predisposition to poor mental wellbeing. It was felt there were enough wellbeing support networks available to officers; however, there is a reluctance to access them due to the fear of implications formed through the organisational culture. The study concluded that organisational disconnect was clear throughout the findings and is increasing the risk towards officers' mental health. With mental health requiring a more proactive approach, compared to the common reactive approach at the crisis point (Craddock and Telesco, 2021), it is crucial for an organisational change to prevent increasing mental health figures, further resignations, and sickness. A requirement was highlighted to reduce the fear of repercussions for accessing support networks and for further training to increase resilience and reduce poor culture, mental health, misogyny and stigma.

Keywords: *Policing, Mental Health, Culture, Police management, Organisational Stressors.*

Introduction

This research explores mental health conditions and challenges amongst frontline officers inside a single, unnamed police force within the United Kingdom. Response Teams (RT) and Neighbourhood Policing Teams (NPT) are the front of the policing organisations and the primary placement for newly employed officers. This research provides a crucial understanding at a critical time, as police forces are facing enhanced public scrutiny (Hanway and Hambly, 2023; Baker, 2023).

The purpose of this research is to strengthen the evidence base to ensure the appropriate support is available to both officers and line managers. Mental health not only affects individuals directly, but has broader implications on colleagues, the public served and the organisation. These impacts are manifested through a lack of experienced officers, increased demand, and the significant economic costs (Edwards and Kotera, 2021).

Three hypotheses are proposed and tested against primary data collected through a survey completed by officers working in RT and NPT within the selected UK police force.

Hypothesis 1: There is a strong prevalence of public and self-stigma around mental health within the policing context, reinforced by the labelling theory. This stigma contributes to deterring officers from accessing mental health support services.

Hypothesis 2: Those working on RT will have higher occupational stressors and be impacted more by a negative culture.

Hypothesis 3: Officers' mental health currently impacts the organisation and contributes to shortening officers' length of service.

In conclusion, recommendations are proposed as to how the organisation can offer improved support, as arguably the organisational leadership is becoming more detached from those serving on the frontline (Phythian et al., 2023; Deschênes et al., 2018).

Literature Review

Mental health is a growing crisis within England (The Lancet, 2024). Police officer suicides are nearing 'epidemic levels' (Krishnan et al., 2022), with 70.4% of officers reporting struggles with mental health issues or conditions (Mind, 2019), and the number facing sickness has nearly doubled over the past decade (Cartwright and Roach, 2020). Increased absences and psychological well-being-related resignations have reduced the organisation's functionality (Edwards and Kotera, 2021). England is not alone in this ever-growing crisis, as studies in Australia have highlighted comparable results within emergency service workers (Harman, 2019).

Police Culture and Stigma

Research has shown a significant concern about stigmatisation and discrimination, which feeds into the internal culture, diverting officers from accessing mental health support (Bell and Eski, 2015; Watson and Andrews, 2018). A growing disparity between the organisation and the employees, consequently diminishing psychological wellbeing and increasing distrust (Phythian et al., 2023). Deschênes et al. (2018) found that both the internal management and culture have a more direct impact on officer wellbeing than the actual role itself.

Expanding on the role of organisational culture, policing culture is multidimensional (Reiner, 2010) and thought to be within its orthodox form (Loftus, 2010). Police culture provides its own strengths of supportiveness, respect, and teamwork (Hakik and Langlois, 2020); however, these characteristics can form a toxic environment, lead to destructiveness (Murphy and McKenna, 2007), and the suppression of emotions (Bonifacio, 1991).

This tension is particularly evident in the context of mental health stigma, which is often described as ignorant, discriminatory, and prejudicial to those who suffer (Thornicroft et al., 2007), deterring officers from wanting to seek help (Phelan et al., 2014) and exacerbating inequalities (Henderson et al., 2020). Whilst the overall mental health stigma has decreased across England (Hildersley et al., 2020), it has remained prominent within police personnel (Edwards and Kotera, 2021), highlighting the persistence of cultural barriers within the profession.

As a result of this, the police culture itself appears to encourage stigma formulation, thriving off close teamwork. This forces an informal rule book for officers

(Hakik and Langlois, 2020), causing fear around not wanting to deviate from the norm. Soomro and Yanos (2019) completed a methodologically robust study, finding a higher prevalence of both public and self-stigma within operational officers compared to the general population. Further research supports this point, finding that the stigma officers have around mental health and seeking support is leading to increased suicides and struggles, which could have been prevented (Millard, 2020; Santre, 2024).

Support Networks

All officers have access to support through the National Police Wellbeing Service and Oscar Kilo (College of Policing, 2024). However, police support networks are often considered below standard, requiring improvement to reduce officer absences, leavers, and worst-case suicides (Phythian et al., 2023). Through semi-structured interviews, Edwards and Kotera (2021) observed this and identified a need for further support and increased education. Furthermore, police officers accessing support work simultaneously with culture and stigmatisation due to most internal support methods requiring line manager awareness, which places an emphasis on the officers feeling supported by them (Thoits, 2022). Rhodes (2017) considered that 50% of wellbeing at work is based upon the line manager relationship, making it crucial to enhance positive promotion of mental health (Santre, 2024), whilst ensuring it is not overly medicalised or proceduralised (Rhodes, 2017).

Department Variations

Policing is a hazardous career, placing officers at an undeniable risk of traumatic exposure (Foley et al., 2023; Stevelink et al., 2020). Police officers face both occupational stressors and organisational stressors (Sommro and Yanos, 2019), which vary depending on the department they work within. 'High-risk specialist roles' receive further support due to the increased risk of secondary trauma from regular exposure to similar-natured incidents (College of Policing, 2018). Police forces typically undertake an independent assessment to establish which departments are high-risk to trauma, and generically, neither RT nor NPT fall within this category when assessed against a psychological exposure risk assessment.

Response officers attend a range of incidents, exposing them to traumatic incidents, placing them at risk of second-hand trauma. Response officers work a shift pattern, working closely and reliably with their colleagues due to them continually being first on scene to complex and confrontational incidents (College of Policing, 2024). This behaviour encourages negative policing culture traits and a working personality (Skolnick, 2010) throughout RT. NPTs work differently from RT as their primary focus is to work directly within the local community, to provide a visible and accessible presence; however, there is still a risk of trauma exposure (Savage, 2007).

Evaluation

The organisational demand is increasing, with more officers taking sick leave for mental health-related reasons (Police Firearms Officer Association, 2017). However, there are still a considerable number of mental health absences going undetected due to annual leave being used to support mental ill health (Police Federation of England and Wales, 2024). Other research has shown that officers will intentionally isolate those suffering from mental illness (Soomro and Yanos, 2019), which reinforces both the stigma of mental health and a negative culture.

Methodology

This research consisted of contacting all serving officers within NPT and RT within a single unnamed UK police force with organisational and ethical clearance. The first survey question asked participants to confirm which department they worked in, forming two sub-groups for comparative analysis. The survey was emailed to all participants along with an information sheet. The survey was designed and accessible on Jisc, which was the approved university surveying platform. The survey was live for six weeks from the end of July 2024.

Before all data collection, participants received a full introduction, which required acknowledgement before any data collection. Anonymity and confidentiality were emphasised, with the right to withdraw stated. To ensure best practice in debriefing participants, open communication was held between the researcher, the police force, and the participants. The unnamed police force involved in the study was fully informed and consulted with during the process, whilst participants were treated with sensitivity due to the rawness of the research topic. Ethical approval was granted by the relevant Faculty of Law Ethics Committee, ensuring all requirements were met. In addition, all

data has been stored in line with the Data Protection Act 2018 and institutional guidance.

The survey was completed within one of the forty-three territorial police forces within England and Wales. Consideration was made to each force; however, only one unnamed force was chosen for this research. A conflict of interest was raised due to being a serving officer within a territorial force; however, a formal relationship was maintained with all participants, reducing falsification or bias in the findings (Mirza et al., 2023), and no material incentives were offered to participants.

To strengthen validity, additional information collected through Freedom of Information (FOI) enabled comparisons between police forces, providing context to the surveying results. This ensured triangulation of data (Savage and Hyde, 2012), thereby increasing the credibility and validity of the findings, through diversifying perspectives while reducing the risk of bias (Arias Valencia, 2022).

To achieve the aim, a mixed-method approach was used. A deductive method was used to analyse and assess the hypotheses of the proposed theory (Kim, 2021). The mixed method approach was selected due to the ability to study complex problems through integrating multiple data types, allowing for a wider view of the phenomenon (Dawadi et al., 2021). This approach allowed for triangulation, complementarity, development, imitation, and expansion (Greene et al., 1989).

Quantitative data provided a statistical review of both front-line departments. Statistical package for the Social Sciences (SPSS) was used as it allowed statistical analysis where accurate conclusions can be made, testing the hypothesis (Bala, 2016). Due to the topic sensitivity, there was missing data or opportunities for participants to state they preferred not to answer. For those who answered, 'rather not say,' the data was treated as missing data. When missing data required removal, the deletion method was used, rather than imputation or likelihood methods; this was due to the risk of bias (Mizaei et al., 2022).

Qualitative data were obtained through open-ended questions, prompting expansion. Thematic analysis was used to highlight similarities and differences whilst acknowledging different perspectives of participants (Nowell et al., 2017). NVivo software was chosen over manual methods due to the improved accuracy through coding (Jackson and Bazeley, 2019), as it limits the risk of bias, increasing the validity of findings (Zamawe, 2015). Frequencies of words were illustrated using word clouds, extracting insignificant words, to enhance precision and focus (Cui et al., 2021). Direct

quotes linked to themes have been included to provide authenticity and research depth (Lingard, 2019).

Findings

The survey received a 19% response rate, with a participant total of 100 (N=100), with 67 working within RT (n=67) and 33 working on NPT (n=33). The 19% response rate provides an overall confidence level of 95% with a margin of error of $\pm 9\%$.

Mental Wellbeing

A five-point Likert scale assessed mental well-being. The Cronbach reliability score of 0.833 supported the formulation of a total well-being score due to good internal consistency. Though comparing wellbeing scores, it showed those working on RT had a higher mean of 31.0758, compared to NPT with a mean of 28.419. Evidencing those on RT had an overall worse well-being (higher well-being scores indicated poorer mental well-being at the time of the survey). The data collected within the survey were parametric and had a central distribution, which allowed for the completion of an independent T-Test. There was not enough evidence to highlight a significant difference between departments when looking at the overall well-being score due to the p-value being >0.05 . The mean suggested that within the participant sample, those on an RT had an overall worse well-being.

Organisational stressors were independently reviewed. No officers felt that their work balance was manageable, and only one participant felt they strongly agreed with having a good balance between work and personal life. When looking at the manageability of stress levels, those on RT had a higher mean of 3.64 (SD of ± 1.011), falling within the range of neither agree nor disagree to strongly disagree, compared to 2.64 (SD of ± 0.783) for those working on NPT (see Figure 1). The data was parametric with no outliers, so an independent T-Test was completed. There was a statistically significant difference in the reported levels of stress management between those working on NPT and RT, $t(98) = 5.016$, $p < 0.001$. Demonstrating that within the participant sample, those on RT struggled more to manage their stress levels whilst at work.

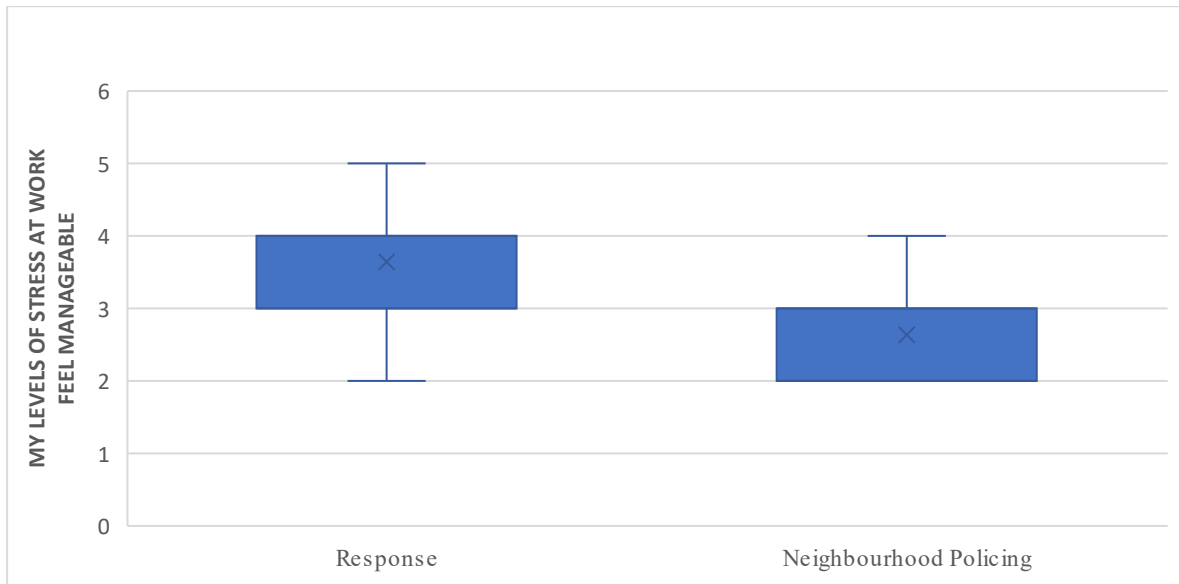


Figure 1: Boxplot representing stress management variation.

Similarly, when looking at work-life balance, officers on RT evidenced a higher mean of 3.6 (SD of ± 1.169) compared to the mean 2.73 (SD of ± 0.839) for those on NPT (see Figure 2). The mean of 3.6 falls between the range of neither agree nor disagree to disagree (All boxplots within this research, unless stated otherwise, have the vertical axis, representing a 5-point Likert Scale, with 1 being strongly agree and 5 being strongly disagree). Due to the data collected being parametric with no outliers, the independent T-Test was completed, supporting the rejection of the null hypothesis and identifying those on RT had more of an uneven balance between work and personal life, $t(4.258) = 84.791, p < 0.001$.

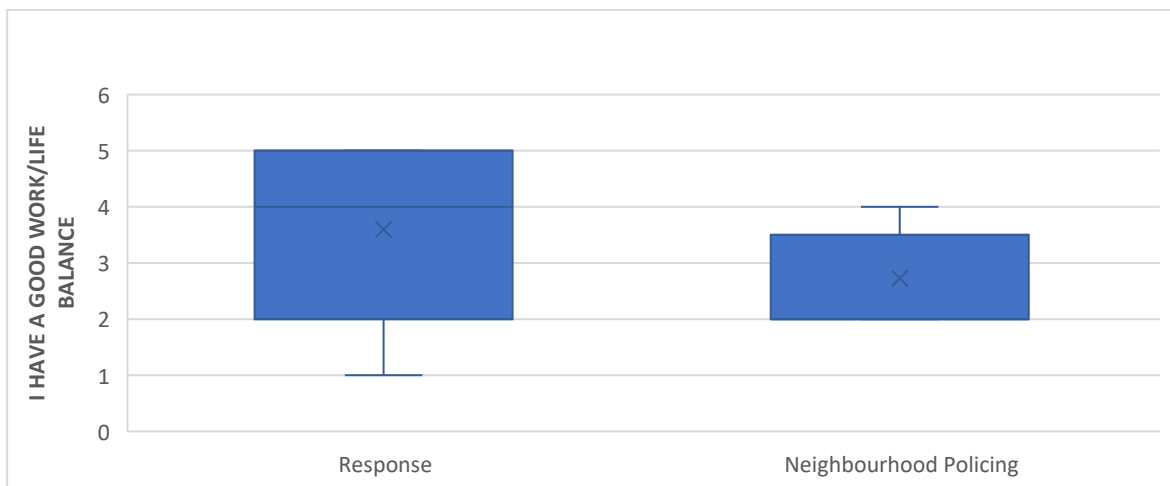


Figure 2: Boxplot representing work/life balance variation.

There was a statistically significant association between RT and NPT when looking at their current shift pattern, working long hours, excessive workloads, and managerial pressures, with Response Officers finding these had a greater likelihood to impact their mental wellbeing. All these options had a Chi-Square with a p value <0.05, supporting the rejection of the null hypothesis through the identification of an association between variables, and that those on RT were at greater risk of feeling these organisational stressors were likely to negatively affect their mental wellbeing.

Participants stated that they had either intentionally or unintentionally disassociated from incidents. 67% agreed they had at one point disassociated to protect their wellbeing (see Table 1), with more on RT saying they had. A Chi-Square test provided a p value of 0.012, identifying an association between variables and that more officers on RT had disassociated to protect their mental well-being.

Crosstabulation						
			Do you find yourself disassociating to protect yourself from issues with mental health or to try and avoid burn out?			Total
			Yes	No	Rather Not Say	
Department	RT	Count	51	15	1	67
		%	76.1%	22.4%	1.5%	100.0%
	NPT	Count	16	14	3	33
		%	48.5%	42.4%	9.1%	100.0%
Total		Count	67	29	4	100
		%	67.0%	29.0%	4.0%	100.0%

Table 1: Table representing the proportion of participants disassociating at incidents.

Over four-fifths of participants disclosed that they had experienced stress, low mood, anxiety, and fatigue within the past twelve months; none of these identified any associations between departments due to the Chi-Square test providing a p-value >0.05. No clear association was found linking one department to these feelings; the findings were consistently poor across both, highlighting a shared area that warrants focused improvement.

16% of officers reported struggling with self-harm thoughts. There was a presence of self-harm thoughts across both departments, with no statistical significance between departments due to a p-value of 0.09.

Retention was assessed to identify any variations between departments; all questions relating to leaving, transferring, or changing departments had a p-value greater than 0.05 following completing a Chi-Square test, which identified no associations between departments. It was highlighted that 69.7% of participants stated that they have considered leaving the force due to their mental well-being. 68.7% of participants have also considered changing departments due to mental health.

FOI data showed 73.48% of resignations within the past three years were probationers within this unnamed force. This rate is significantly higher than comparable forces, where the presentation of resignations being probationers was 19.33% and 53.01%.

Police Culture

Culture was assessed throughout the survey, with 46% of participants feeling that the organisational culture limited them from reaching out for support, and 53.7% of those on RT feeling it was a barrier to support. The Chi-Square statistical test provided a p-value of 0.027, showing an association between the variables and departments, supporting the hypothesis of there being a higher fear of culture within RT when seeking support for mental well-being.

When participants expanded on the causes for the organisational culture and what affects it, there was evidence of the stigma and poor staff attitudes:

“Response as it currently is destroys the spirit of officers who care about the job and want to help people...work is getting done, but at the cost of morale and wellbeing.”

Neighbourhood Officer – Participant 56

“Attitudes of line managers – total disrespect towards mental health. Sexist attitudes – men are to show a macho style, females are seen as weak.”

Response Officer – Participant 49

“I see and hear people calling others ‘sick note’”.

Neighbourhood Officer – Participant 46

Not only was there evidence of poor culture in the questions directly asking about it, but it was a common trend.

When looking at the comfort level of officers working with others with past mental health concerns or disclosures, there was not enough evidence to provide a statistical significance between the departments due to the independent T-Test having a p-value > 0.05. 13.5% of participants on RT stated they neither agree nor disagree, or they disagree with the statement, which compares to only 3% participants on NPT. This supports that within the sample of participants, there was evidence of poor culture and a lack of understanding around mental illnesses on RT, but generally across frontline departments.

Line managers directly influence some of the support given (Rhodes, 2017) and the culture within the team (Filstad et al., 2024). There was not enough evidence to suggest a statistical association between departments when looking at line manager approachability. 45% of participants said that they were either unsure, unlikely, or highly unlikely to seek help from their line manager. Some participants referred to poor managerial experiences, commenting on their involvement in influencing poor culture, lack of privacy and gossip sharing:

“I was told to ‘put my big boy pants on.’”

Response Officer – Participant 45

“I once told my supervisor I was suicidal, I was belittled made to feel like a child. I was called an attention seeker.”

Response Officer – Participant 98

Stigma around Mental Health

There was a trend of participants not wanting to disclose poor mental well-being, with only 19% of all participants stating they strongly agree with not feeling ashamed

of disclosing if they were struggling with their mental well-being (see Table 2). The data was parametric with a central distribution, an independent T-Test suggested there was not enough evidence to identify a statistical difference between departments due to the p-value being >0.05, evidencing the prevalence of feeling ashamed across both departments.

Crosstabulation								
		I would not feel ashamed if I ever had to seek support for my mental wellbeing					Total	
		Strongly Agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly Disagree (5)		
Department	RT	Count	13	25	8	15	6	67
		%	19.4%	37.3%	11.9%	22.4%	9.0%	100.0%
	NPT	Count	6	14	8	2	3	33
		%	18.2%	42.4%	24.2%	6.1%	9.1%	100.0%
Total		Count	19	39	16	17	9	100
		%	19.0%	39.0%	16.0%	17.0%	9.0%	100.0%

Table 2: Table showing whether participants would feel ashamed if they disclosed struggling with mental health.

A higher percentage of participants had used an authorised absence at some point for their well-being rather than calling in sick. This was an issue across both departments, and no statistical significance between each department. 35% of participants had used some form of authorised absence due to poor mental health, compared to 25% of those who had only used sick leave.

However, when prompted further to expand on the reasoning behind not calling in sick, there was a trend of fear:

*“Not believing that I am “Sick Enough” to be taking time off through sick leave”
Response Officer – Participant 14*

*“I feel like you are judged/punished.”
Response Officer – Participant 16*

“Feel like a failure”

Response Officer – Participant 91

FOI data revealed a high percentage of officer absences linked to mental health within the studied force. Within the past three years, there was a noticeable rise in absences, which was disproportionately higher than other comparable-sized forces when looking at RT and NPT. Participants disclosed that on occasions they have struggled and not informed the organisation. Whilst there was no statistical significance between departments, overall, 59% said they did not speak openly with the organisation. Stigma was evidenced through participants stating they felt they were wasting time or becoming a burden.

Support Networks

Overall, participants sought support from external networks more than any support internally, with 43% of respondents stating they received support from external networks. There was no statistical significance due to the p-value being >0.05 , highlighting no associations between the department and whether they accessed support internally or externally. There was a consistency of participants feeling there was a lack of information being shared regarding the support networks available to them. There was no statistical significance between departments due to the Chi-Square test providing a p-value >0.05 ; however, the overall mean across all participants was 2.82, and the median was 3.

Participants expanded on the support they received, and a systematic review highlighted some positive experiences; however, the consensus was negative. Participants commented that the internal support felt like a quick fix, with no consistency. Some of the comments are provided below:

“I found the support appalling. Health assured it felt like a chore... occupational health was good, however the referrals was not reviewed properly by line management, and I felt it was twisted into negativity...TRiM was appalling.”

Response Officer – Participant 3

“Felt that the force offered things and supported but quickly moved on to another case.”

Response Officer – Participant 23

Peer support had a positive view amongst participants, but only a few participants had sought advice from them. When asked if officers would seek support from peer support networks within the organisation, only two per cent stated it was highly likely.

Most participants negatively perceived Health Assured (the forces' chosen EAP), with 60% of respondents saying that it was unlikely, or highly unlikely, for them to seek support from them. FOI data showed an increased number of TRiM referrals from this unnamed force; however, there was a reduction in the referrals being taken up by officers. The overall trend of acceptance to referrals was lower than comparison forces, with the 2023 financial year only having a 4.9% uptake. For those who received support from TRiM, optional further questions asked them to rate their personal experience. With the data being non-parametric for this question, the Mann-Whitney test supported the retention of the null hypothesis with no statistical significance between departments. This means that both departments had a similar experience and view of TRiM.

Looking towards future support, all internal networks had a heavier weighting of participants being unlikely, or highly unlikely, to access support compared with external networks. There was no statistical significance between departments; however, the data suggested there would be a low uptake of future internal support across both departments. 40.4% stated they agreed to having access to the correct internal support networks, and there was no significant association between departments, as the Chi-Square test provided a $p\text{-value} > 0.05$. Whilst officers feel there are support networks available to them, there is a barrier to the number of officers reaching out and accessing support.

Participants commented through the Likert Scale on the level of organisational support they feel. The data was parametric with no outliers, so an independent T-Test showed a significant difference, with those working on RT feeling more unsupported by the organisation, $t(98) = 2.158$, $p 0.033$.

Identified Improvements

To understand and summarise the barriers impacting the willingness to discuss mental health, word frequencies were used. Managers, support, stigma, and fear were recalled the most, followed by career progression. Whilst gender was not targeted,

misogynistic traits were present, and females feared that the gender inequality made them look weaker.

Areas of improvement were noted within line management, and some of the comments highlighted by Response Officers are listed below:

“Support officers with opening up to line management by ensuring they have the correct training around mental health... make sure mental health is not documented as a negative on PDRs – mental health is not relevant to my personal development therefore should not need to be documented.”

Response Officer – Participant 3

“More time needs to be made for 1-2-1 with line managers to discuss stress levels and mental health especially following traumatic incidents”.

Response Officer – Participant 14

Similarly, participants on NPT raised concerns around supervision and a lack of a personalised approach to mental well-being.

Discussion

Recognising the Impact on Officer Wellbeing

Consistently, concerns around unachievable demand cause added pressures on those employed (Laufs et al., 2020). This was supported by the findings in the survey where a significant difference between departments was identified when reviewing their work-life balance, workload levels and manageability of stress at work, with worsened results amongst Response. This places those on RT, within this unnamed force, at a higher risk of burnout and consequently leads to loss of resilience (Queirós et al., 2020). This is due to those employees suffering from emotional exhaustion and a high need for recovery due to work-related stressors (Sonntag et al., 2010). Hopelessness was associated with the common trends evident in some of the findings and is an indicator of suicide risk for officers (Violanti, 2016).

Officers facing high pressure and continuous exposure to possible traumatic incidents with limited support through further resources, poor staffing, or inexperience, can lead to a dysregulation of the Autonomic Nervous System (ANS) (Raver and McElheran, 2022), also known as going out of the window of tolerance. This can be an indicator for those not being able to fully regulate their emotions, where they can vary between the different extremes of Sympathetic Nervous System (SNS) hyperarousal, followed by Parasympathetic Nervous System (PSNS), which includes dissociation (Raver and McElheran, 2022). The data identified an association between officers on RT being more likely to dissociate to protect their well-being compared to those on NPT. This increases the risks around incorrect choices due to attention lapses when under extreme pressure, increasing misconduct (Raver and McElheran, 2022), and can be an indicator of burnout, absences, development of PTSD and poor retention (Siwinski and Blankenship, 2024; Civilotti et al., 2022; Tsouvelas et al., 2022).

Varying from the window of tolerance can lead to dysfunctional behaviours, including self-harm and substance abuse (Corrigan, Fisher, and Nutt, 2011). Overall, 16% of participants showed a prevalence of self-harm thoughts within the past twelve months, which is consistently higher than the general employee population of 12% (Champion Health, 2024). This is significant as the data is looking at those working in departments considered not to be high-risk. This finding is supported by research showing an elevated risk of mental illness amongst police officers (Violanti, Robinson, and Chen, 2014).

Organisational and operational stressors both play a factor when looking at wellbeing (Purba and Demou, 2019; Soomro and Yanos, 2018). The survey found that more officers felt that organisational stressors would lead to burnout, high stress or becoming mentally unwell, and statistical significance showed that those on RT felt these stressors had a larger impact on negatively affecting their wellbeing. This places those on RT at greater risk of poor mental well-being. This finding was supported by academic research, showing that organisational stress is on the increase and poses a greater risk to officers' mental health than operational stressors (Galanis et al., 2019; Gavin and Porter, 2024).

Support Network Opportunities for Police Officers

Support networks play a crucial part in providing health-enhancing qualities (Schantz, Coxe and Bruk-Lee, 2020), with social support-based options being crucial for the prevention of mental health problems (Bjørlykhaug et al., 2022) and often lacking within policing (Phythian et al., 2023). Data analysis showed that participants felt there was support in place; however, the majority stated they were unlikely to access it due to organisational awareness and psychological barriers. Culture and stigma were cited as actively playing a role in diverting officers from wanting to seek support. Research has shown the requirement on the organisation to provide the necessary steps to ensure that wellbeing is not medicalised (Rhodes, 2017) and that a positive organisational culture can work hand in hand to ensure officers get the support they want.

The Relationship Between Police Culture and Mental Health

Culture is considered to have more of an impact on the officer than the role itself (Deschênes et al., 2018), which is supported throughout the findings in this research, where 37% of participants felt that culture had a direct impact on officer wellbeing and 46% felt it was a barrier to accessing support. Overall, poor culture was found amongst both departments, but there was enough evidence to suggest an association between working on RT and the organisational culture, reducing the likelihood of accessing support more compared to those on NPT.

The association with stigma and police culture is key, due to stigma directly impacting those wanting to receive support (Thorncroft et al., 2007), leading to discrimination (Phelan et al., 2014) and negatively affecting morale (Yang et al., 2007). More participants within the survey had used authorised absences compared to calling in sick, evidencing 'leaveism.' This finding was supported by the Pay and Morale Report, showing 4 out of 10 officers have used annual leave due to mental health reasons (Police Federation of England and Wales, 2024). The reasoning behind participants within this survey not wanting to call in sick showed negative cultures and stigmas, with participants referring to not being 'sick enough,' fear and the feeling of failure. This is significant, showing a requirement for improvement around the education of mental health, to ensure the organisation is fully aware of the demand and condition of those employed.

Misogyny is a concern within police forces (Casey, 2023), manifesting through 'cop culture', forming a reluctance to report acts of internal misogyny and sexism (Turner, 2024). Although this survey did not highlight significant gender differences, several participants identified gender as a barrier, noting that mental health is frequently perceived as an additional weakness for female officers. Previous academic research has demonstrated that male peer groups within policing organisations resist women joining (Franklin, 2005), and the culture is often hypermasculine, penalising femininity (Brown et al., 2019). Drawing on the initial hypothesis of the labelling theory, this suggests that police culture not only encourages negative mental health stigmas but also reinforces gendered attitudes that marginalise labels to female officers. These labels contribute to barriers in accessing support services.

Trends of Organisational Disconnect

Participants evidenced a level of distrust in the organisation when disclosing mental health, feeling they would be treated negatively, and this was more prevalent among participants on RT. The growing organisational disconnect has led to few officers willing to access support internally, which was not department wide. This finding is in wider research, evidencing a disconnect within the policing organisation (Phythian et al., 2023), but more specifically, the issues the distrust can cause between managers and employees, leading to a lack of engagement and lower performance outcomes (Liu, 2022).

Participants felt that mental health affected career progression, reinforcing organisational disconnect. With mental health documented on PDRs, this is an example of good intentions of wellbeing having adverse impacts on those employed; with similar findings by Phythian et al. (2023) showing traits of the organisation being unclear on how to support their employees, forming larger barriers between supervisors. Whilst there was no evidence of any PDR documentations of wellbeing being malicious or intentional to cause fear, it is a barrier amongst participants.

Research Implications

This research supports findings and academic discourse around mental wellbeing. It has confirmed a poor trend of mental health amongst frontline officers, and support networks not being accessed, due to barriers of culture and stigma. The findings evidenced the modified labelling theory, which suggests that mental health

labels influence both self-perception and how others can treat you (Link et al., 1989). This dynamic fosters a negative association around mental health labels (Edwards and Kotera, 2021), a pattern which was observed within the unnamed UK police force.

The findings collated in the survey, supported by existing academic research, show a need to focus on the organisational disconnect through proactive engagement (Craddock and Telesco, 2021; Pythian et al., 2023). It is recommended that a stronger bond be formed throughout teams and management to ensure all are fully aware of their function, demand, and role.

Further to this, there is a need to reduce the stigma and negative culture around mental health. This can be achieved by making wellbeing discussions less formal and procedural (Rhodes, 2017). Discussions around wellbeing can be documented, but not on PDRs, to reduce the fear of it impacting career progression. This will encourage those wanting to seek support without fearing the reprimands on career progression, in addition to providing a personal approach, rather than it being perceived as a procedural requirement. Career development is a key part of workplace motivation, and without this, it can lead to disengagement (Gibran and Ramadani, 2021); therefore, making this a priority to improve retention rates, but more crucially, willingness for officers to access support.

There is a requirement to provide further education and understanding around wellbeing. This is supported by wider research showing that training is required to change attitudes around mental health (Soomro and Yanos, 2018). Training should support officers' psychological capital, which is predicted to improve employee performance, lower stress levels, and support higher psychological well-being (Farr-Wharton, 2016). Resilience Training Programmes within police forces have promising prevention-focused interventions (Moreno et al., 2024). With RT and NPT being the primary placement for new officers, this model will work to support the retention of officers.

Whilst the findings suggest there are sufficient support networks, there is a lack of awareness and significant psychological barriers in accessing them. Based on this, improvements are needed to effectively advertise support available, with encouragement for officers to access them without fear of career repercussions. Should this help-seeking approach be unsuccessful, considerations should be made for mandatory support (Soomro and Yanos, 2019) amongst frontline roles. This will

reduce the economic and organisational burden of mental health, due to early intervention from mental health services (Summerfield, 2011).

Finally, receiving statistics through FOI requests from individual police forces has been problematic, with information frequently not being held. Systematic records are not currently recorded in a way that allows understanding and analysis of the trauma experienced and suicides linked to the police officer role (Foley and Massey, 2020).

Research Limitations

It is acknowledged that potential methodological limitations are present due to the quantity of the responses, impacting generalisability. However, this research can be used as a guideline and a strong indicator for the well-being trends. Furthermore, this survey was reliant on self-reported data, increasing the risk of social desirability and biases as participants discussed their self-view (Brenner and DeLamater, 2017). This was combated with triangulation; however, some associated risk will remain.

Conclusion

This research investigated the detriment poor wellbeing is having within the policing organisation, but more specifically within RT and NPT within a single unnamed UK police force. A research gap was highlighted around officers' mental health and understanding the barriers officers face when disclosing any struggles (Deschênes et al., 2018); the research conducted within this research aimed to fill part of this. Within the findings discussed, it is evident that there is a prevalence of stigma and poor culture around mental well-being, with 36% of officers feeling they would be treated negatively by the organisation. Wider research noted concerns around poor trends in mental health within police forces (Edwards and Kotera, 2021; Police Firearms Officer Association, 2017), with officers being afraid to seek support (Edwards and Kotera, 2021) and replicable findings were shown in this study. Studying officer wellbeing and the culture surrounding it is important for both organisational learning and to ensure the correct measures are in place to foster a better working environment.

The question posed at the start of this research was effectively explored through the primary research analysis and supported by academic research. All hypotheses were tested and proven to be true. Overall, this research provided an extensive review of the unnamed police force's RT and NPT and how better practices could support officers' wellbeing. It is crucial for more advanced approaches to support psychological

well-being to reduce organisational disconnect and poor culture. The research has evidenced the motivations behind this, which include increased officer retention, reducing the psychological barrier to seeking support, and fostering longevity within the organisation.

References

- Arias Valencia, M. (2022) Principles, Scope, and Limitations of the Methodological Triangulation. *National Library of Medicine*. 40 (2) pp. 33-46.
- Baker, D., Marier, C. and Cheek, M. (2023) Worried Sick: Perceptions of Low Public Support, Stress, and Somatic Health Problems in Law Enforcement. *Policing: a journal of policy and practice*. 17 (1), pp. 1-18.
- Bala, J. (2016) Contribution of SPSS in Social Sciences Research. *International Journal of Advanced Research in Computer Science*. 7 (6) pp. 250-254.
- Baroness Casey (2023) An independent review into the standards of behaviour and internal culture of the Metropolitan Police Service. Metropolitan Police [Online]. Available from: <https://www.met.police.uk/SysSiteAssets/media/downloads/met/about-us/baroness-casey-review/update-march-2023/baroness-casey-review-march-2023a.pdf> [Accessed: 07/06/2024].
- Bell, S. and Eski, Y. (2015) 'Break a Leg – It's all in the mind': Police Officers' attitudes towards Colleagues with Mental Health Issues. *Policing: A Journal of Policy and Practice*. 10 (2), pp. 95-101.
- Bjørlykhaug, K. I., Karlsson, B., Hesook, S. and Kleppe, L. (2021) 'Social support and recovery from mental health problems: a scoping review. *Nordic Social Work Research*. 12 (5), pp. 666–697.
- Bonifacio, P. (1991). *The Psychological Effects of Police Work: A Psychological Approach*. First Edition. New York: Plenum Press.
- Brenner, P. and DeLamater, J. (2017) Lies, Damned Lies, and Survey Self-Reports? Identity as a Cause of Measurement Bias. *Social Psychology Q*. 18 (79) pp. 333-354.

- Brown, T., Baldwin, J., Dierenfeldt, R. and McCain, S. (2019) Playing the Game: A Qualitative Exploration of the Female Experience in a Hypermasculine Policing Environment. *Police Quarterly*. 23 (2), pp. 143-173.
- Cartwright, A and Roach, J (2020) The Wellbeing of UK Police: A Study of Recorded Absence from Work of UK Police Employees Due to Psychological Illness and Stress Using Freedom of Information Act Data. *Policing: a journal of policy and practice*. 15 (2), pp. 1326-1338.
- Caveney, N. Scott, P. Williams, S and Howe-Walsh, L. (2019). Police reform, austerity and 'cop culture': time to change the record? *An international Journal of Research and Policy*. 30 (10) p. 1210-1225.
- Civilotti, C., Maran, D., Garbarino, S. and Magnavita, N. (2022) Hopelessness in Police Officers and Its Association with Depression and Burnout: A Pilot Study. *International Journal of Environment Research and Public Health*. 19 (9), pp. 1-12.
- College of Policing (2018) Responding to trauma in policing. College of Policing [Online]. Available from: <https://assets.college.police.uk/s3fs-public/2021-02/responding-to-trauma-in-policing.pdf> [Accessed: 07/06/2024].
- College of Policing (2024) Response Constable. College of Policing [Online]. Available from: <https://profdev.college.police.uk/professional-profile/test-9/> [Accessed: 07/06/2024].
- College of Policing (2024) Wellbeing. College of Policing [Online]. Available from: <https://www.college.police.uk/support-forces/health-safety-welfare/wellbeing#:~:text=The%20National%20Police%20Wellbeing%20Service%20and%20Oscar%20Kilo,mental%20health%20outreach%20support> [Accessed: 07/06/2024].
- Corrigan, FM. Fisher, JJ. And Nutt. DJ. (2011) Autonomic dysregulation and the Window of Tolerance model of the effects of complex emotional trauma. *Journal of Psychopharmacology*. 25 (1), pp. 17-25.
- Craddock, T. and Telesco, G. (2022) Police Stress and Deleterious Outcomes: Effects Towards Improving Police Mental Health. *Journal of Practical Studies in Education*. 37 (1), pp. 173-182.

- Cui, W., Wu, Y., Lui, S., Wei, F., Zhou, M. and Qu, H. (2010) Context preserving dynamic cloud visualization. 2010 IEEE Pacific Visualization Symposium. 30 (6), pp. 42-53
- Dawadi, S., Shrestha, S. and Giri, R. (2021) Mixed-Methods Research: A discussion on its Types, Challenges, and Criticisms. *Journal of Police and Criminal Psychology*. 2 (2), pp. 25-36.
- Deschênes, A., Desjardins, C. and Dussault, M. (2018) Psychosocial Factors Linked to the Occupational Psychological Health of Police Officers: Preliminary Study. *Cogent Psychology*. 5 (1), pp. 1-10.
- Edwards, A and Kotera, Y (2021) Mental Health in the UK Police Force: A Qualitative Investigation into the Stigma with Mental Illness. *International Journal of Mental Health and Addiction*. 19, pp. 1116-1134.
- Farr-Wharton, B., Azzopardi, J., Brunetto, Y. and Farr-Wharton, R. (2016) Comparing Malta and USA police officers' individual and organizational support on outcomes. *Public money and management*. 36 (5), pp. 333–340.
- Filstad, C., Karp, T. and Rød, A. (2024). What do we know about police leadership? A review of the current status of police leadership research and practice, with suggestions for future research directions. *Policing and Society*. 34 (8) page 1–14.
- Foley, J. and Massey, K. (2020) The 'cost' of caring in policing: From burnout to PTSD in police officers in England and Wales. *Police Journal: Theory Practice and Principles*. 94 (2), pp. 1-18.
- Foley, J., Jones, F., Hassett, A. and Williams, E. (2023) 'Holding onto trauma?' The prevalence and predictors of PTSD, anxiety and depression in police officers working with child abuse, rape, and sexual exploitation victims. *Police Journal: Theory Practice and Principles*. 97 (2), pp. 370-393.
- Franklin, C. (2005) Male Peer Support and the Police Culture: Understanding the Resistance and Opposition of Women in Policing. *Women and Criminal Justice*. 16 (3), pp. 1-25.
- Galanis, P., Fragkou, D., Kaiteldiou, D., Kalokairinou, A. and Katsoulas, T. (2019) Risk factors for occupational stress among Greek Police Officers. *Policing An International Journal*. 42 (4), pp. 506-519.

- Gavin, P. and Porter, C. (2024) Understanding the impact of organisational and operational stressors on the mental health of police officers in Ireland. *Police Practice and Research, An International Journal* [Online]. 18 (Article 1561-4263), pp. 1-11. Available from: <https://www.tandfonline.com/doi/full/10.1080/15614263.2024.2364247> [Accessed 13/10/2024].
- Gibran, N. and Ramadani, D. (2021) The Effect of Training and Career Development on Employee Performance. *Almana: Journal Manajemen dan Bisnis*. 5 (3), 407–415.
- Greene, J C. Caracellie, V J and Graham, W F. (1989) Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*. 11 (3), pp. 255-274.
- Hakik, S. and Langlois, K. (2020) “To Serve and protect their mental health”: The effects of police occupational culture on police officers’ mental health. *Salus Journal*. 8 (2), pp. 117-151.
- Hanway, P. and Hambly, O. (2023) Public perceptions of policing: A review of research and literature. GOV.UK [Online]. Available from: <https://www.gov.uk/government/publications/public-perceptions-of-policing-a-review-of-research-and-literature/public-perceptions-of-policing-a-review-of-research-and-literature#executive-summary> [Accessed: 15/10/2024].
- Harman, G. (2019) Answering the call: Mental health needs of police and emergency services personnel. *Australian journal of emergency management*. 34 (1), pp.23-25.
- Henderson, C. Potts, L. and Robinson, E. (2020) Mental illness stigma after a decade of Time to Change England: inequalities as targets for further improvement. *European journal of public health*. 30 (3), pp.497–503.
- Hildersley, R., Potts, L., Anderson, C. and Henderson, C. (2020) Improvement for most, but not all: changes in newspaper coverage of mental illness from 2008 to 2019 in England. *Epidemiology and Psychiatric Sciences*. 29 (1), pp. 1-10.
- Jackson, K. and Bazeley, P. (2019) *Qualitative Data Analysis with NVIVO*. London: SAGE.
- Kim, S. M. (2021) Inductive or deductive? Research by maxillofacial surgeons. *Journal of the Korean Association of Oral and Maxillofacial Surgeons*. 47 (3), pp. 151–152.

- Krishnan, N., Steene, L., Lewis, M., Marshall, D. and Ireland, J. (2022) A Systematic Review of Risk Factors Implicated in the Suicide of Police Officers. *Journal of Police and Criminal Psychology*. 37 (1), pp. 939-951.
- Laufs, J., Bowers, K., Birks, D. and Johnson, S. (2020) Understanding the concept of 'demand' in policing: a scoping review and resulting implications for demand management. *An International Journal of Research and Policy*. 31 (8), pp. 895-918.
- Lingard, L. (2019) Beyond the default colon: Effective use of quotes in qualitative research. *The Winters Craft Collection: Resources to enhance your academic writing*. 8 (6), pp. 360-364.
- Liu, D., Bakari, H., Niaz, M., Zhang, Q. and Shah, I. (2022) Impact of Managerial Trustworthy Behaviour on Employee Engagement: Mediating Role of Perceived Insider Status. *Frontiers in psychology*. 13 (Article 942697), pp. 1-9.
- Loftus, B. (2010) Police occupational culture: classic themes, altered times. *Policing and society*. 20 (1), pp.1–20.
- Millard, B. (2020) Utilization and Impact of Peer-Support Programs on Police Officers' Mental Health. *Frontiers in Psychology*. 11 (article 1686) pp. 1-8.
- MIND (N.D) Mental Health in the Emergency Services. MIND [Online]. Available from: <https://www.mind.org.uk/media-a/4849/2019-survey-police-service-summary.pdf> [Accessed: 17/12/2023].
- Mirza, H., Bellalem, F and Mirza, C. (2023) Ethical Considerations in Qualitative Research: Summary Guidelines for Novice Social Science Researchers. *Social Studies and Research Journal*. 11 (1) pp. 441-449.
- Moreno, A., Karanika-Murray, M., Batista, P., Hill, R., Vilalta, S. and Oliveira-Silva, P. (2024) Resilience Training Programs with Police Forces: A Systematic Review. *Journal of Police and Criminal Psychology*. 39 (1), pp. 227-252.
- Murphy, C. and McKenna, P. (2007) Rethinking Police Governance, Culture and Management [Online]. Canada: Canadian Electronic Library. Available from: https://www.publicsafety.gc.ca/cnt/cntrng-crm/tsk-frc-rcmp-grc/_fl/archive-rthnk-plc-eng.pdf [Accessed: 07/06/2024].

- Nowell, L., Norris, J., White, D. and Moules, N. (2017) Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*. 16 (1) pp. 1-13.
- Oscar Kilo (2024) Psychological Surveillance. Oscar Kilo [Online]. Available from: <https://www.oscarkilo.org.uk/services/psychological-and-trauma-risk-management/psychological-surveillance> [Accessed: 07/10/2024].
- Phelan, J., Lucas, J., Ridgeway, C. and Taylor, C. (2014) Stigma, status, and population health. *Social Science and Medicine*. 103 (1), p.15-23.
- Phythian, R., Birdsall, N., Cooper, E., Posner, Z. and Boulton, L. (2023) Organisational and individual perspectives of police wellbeing in England and Wales. *The Police Journal: Theory, Practice and Principles* 2022. 96 (1), pp.128–152.
- Police Federation for England and Wales (2024). Pay and Morale Survey 2023 – Headline Report February 2024. Police Federation [Online]. Available from: <https://www.polfed.org/media/19164/pay-and-morale-survey-report-2023.pdf> [Accessed: 08/07/2024].
- Police Firearms Officer Association (2017) Police Mental Health Sickness up by 47%. Police Firearms Officer Association [Online]. Available from: <https://www.pfoa.co.uk/blog/police-mental-health-sickness-up-by-47> [Accessed: 13/06/2024].
- Porter, C. and Lee, R. (2024) The policing culture: an exploration into the mental health of former British police officers. *Current Psychology*. 43 (1), pp. 2214-2228.
- Purba, A. and Demou, E. (2019) The relationship between organisational stressors and mental wellbeing within police officers: a systematic review. *BMC public health*. 19 (1), pp. 1286-1321.
- Queirós, C., Passos, F., Bártoło, A., Faria, S., Fonseca, S., Marques, A., Silva, C. and Pereira, A. (2020) Job Stress, Burnout and Coping in Police Officers: Relationships and Psychometric Properties of the Organisational Police Stress Questionnaire. *International Journal of Environmental Research and Public Health*. 17 (18), pp. 1-19.
- Raver, J. and McElheran, M. (2022) A trauma-informed approach is needed to reduce police misconduct. *Industrial and organisational psychology*. 15 (4), pp. 583-587.
-

- Reiner, R (2010) *The Politics of Policing*. Fourth Edition. Oxford: Oxford University Press.
- Rhodes, A. (2017) Are you Oscar Kilo? *Training Journal* [Online]. 1 (1), pp.40 – 41. Available from: <https://www.proquest.com/docview/2226344807/fulltextPDF/2EB2FBE412B8439CPQ/1?accountid=12834&sourcetype=Trade%20Journals> [Accessed: 13/12/2023].
- Santre, S. (2024) Mental Disorders and Mental Health Promotion in Police Officers. *Health Psychology Research*. 12 (2024), pp. 1-5.
- Savage, A. and Hyde, R. (2012) Using freedom of information requests to facilitate research. *International Journal of Social Research Methodology*. 17 (3), pp. 303-317.
- Savage, S. (2007) Neighbourhood Policing and the Reinvention of the Constable. *Policing: A Journal of Policy and Practice*. 1 (2), pp. 203-213.
- Schantz, A., Coxe, S. and Bruk-Lee, V. (2021) From where does my support come? Unpacking the contribution of support for police. *Policing: an international journal of police strategies and management*. 44 (2), pp. 343–360.
- Siwinski, L. and Blankenship, P. (2024) Dissociating First Responder Trauma: Examining Patterns of Self-Reported Trauma Exposures in Single-Role Firefighters and Paramedics. *Psychology*. 15 (1), pp. 984-998.
- Skolnick, J. (2010) A Sketch of the Policeman’s Working Personality. In: Rice, S. and White, M. (ed.) *Race, Ethnicity, and Policing: New and Essential Readings*. First Edition. New York: New York University Press, pp. 15-31.
- Sonnentag, S., Kuttler, I. and Fritz, C. (2010) Job stressors, emotional exhaustion, and need for recovery: A multi-source study on the benefits of psychological detachment. *Journal of vocational behaviour*. 76 (3), pp. 355–365.
- Soomro, S. and Yanos, P. (2019) Predictors of Mental Health Stigma among Police Officers: The Role of Trauma and PTSD. *Journal of police and criminal psychology*. 34 (2), pp. 175-183.
- Stevelink, S., Opie, E., Pernet, D., Gao, H., Elliott, P., Wessely, S., Fear, N., Hotopf, M. and Greenberg, N. (2020). Probable PTSD, depression, and anxiety in 40,299 UK police officers and staff: prevalence, risk factors and associations with blood pressure. *Plos one*. 15 (11), pp. 1-16.

- Summerfield, D. (2011) Metropolitan Police blues: protracted sickness absence, ill health retirement, and the occupational psychiatrist. *BMJ*. [Online] 342 (apr19 1), article d2127–d2127. Available from: <https://www.proquest.com/docview/1910779422/fulltextPDF/37E8B5E17010470DPQ/1?accountid=12834&sourcetype=Scholarly%20Journals> [Accessed: 08/09/2024].
- The Lancet (2024) Severe mental illness in the UK: a crisis of compassion. *The Lancet (British Edition)* [Online]. 403 (10427), pp.587-587. Available from: <https://www.proquest.com/docview/3039714880?pq-origsite=primo&sourcetype=Scholarly%20Journals> [Accessed: 07/06/2024].
- Thoits, P. (2022) Mental Health Treatment histories, Recovery, and Well-being. *Society and Mental Health*. 12 (1), pp. 1-16.
- Thornicroft, G., Rose, D., Kassam, A. and Satorius, N. (2007) Stigma: ignorance, prejudice, or discrimination? *British Journal of Psychiatry*. 190 (3) p. 192-193.
- Tsouvelas, G., Kalaitzaki, A., Tamiolaki, A., Rovithis, M. and Konstantakopoulos, G. (2022) Secondary traumatic stress and dissociative coping strategies in nurses during the COVID-19 pandemic: The protective role of resilience. *Psychiatric Nurses*. 41 (1), pp. 264-270.
- Turner, A. (2024) Sexism and misogyny traits of police culture: Problems, red flags, and solutions. *International Journal of Police Science and Management*. 26 (2), pp. 279-291.
- Violanti, J. (2016) Correlates of hopelessness in the high-risk suicide risk police occupation. *Police Practice and Research*. 17 (5), pp. 408-418.
- Watson, L. and Andrews, L. (2018) The Effect of a Trauma Risk Management (TRiM) Program on Stigma and Barriers to Help-Seeking in the Police. *International journal of stress management*. 25 (4), pp. 348–356.
- Yang, L., Kleinman, A., Link, B., Phelan, J., Lee, S. and Good, B. (2007) Culture and stigma: Adding moral experience to stigma theory. *Social science and medicine*. 64 (7), pp.1524–1535.
- Zamawe, F. (2015) The Implications of Using NVivo Software in Qualitative Data Analysis: Evidence-Based Reflections. *Malawi Medical Journal*. 27 (1) pp. 13-15.