

Literature review

Understanding stress in policing

The World Health Organization describes stress as "a state of worry or mental tension caused by a difficult situation." Although stress is a natural human response, it can have far-reaching effects (World Health Organization, 2023).

Police officers experience stress similarly to the general population (Bell and Eski, 2016). However, the demanding nature of policing exposes them to a broader and more intense range of stressors, requiring a more robust response (Anshel, 2000). In some cases, improved coping mechanisms become central to a police officer's psyche and can foster resilience (Jameson, 2023). However, data shows that many officers remain vulnerable to stress and related mental health issues (Porter and Gavin, 2024). In 2023, 43% of officers in England and Wales described their job as "very" or "extremely" stressful, and 82% reported experiencing stress, low mood, or anxiety in the preceding 12 months (Police Federation of England and Wales, 2024).

Stressors in policing are typically categorised as operational or organisational (Shane, 2010). Operational stressors refer to the immediate and visible demands of frontline policing: exposure to danger and traumatic events, the pressure of protecting the public (Brewin et al., 2022), and the confrontational nature of offender interactions (Miller et al., 2022). Officers are also exposed to secondary trauma, like delivering tragic news to victims' families, reviewing graphic evidence, or listening to traumatic accounts

(Kirschman, Kamena and Fay, 2015). This is intensified by the professional expectation to uphold emotional neutrality, a form of "emotional labour" that intensifies stress and psychological strain (Schaufeli, Maslach, and Marek, 2018).

Despite the pressures of operational demands, organisational stressors are more often associated with negative mental health outcomes (Galanis et al., 2019). Organisational stressors refer to the structure and administration within policing, including long hours and overtime, shifts, insufficient staffing and resources, and high workloads (Kirschman, Kamena and Fay, 2015). A recent survey found excessive workload, poor work-life balance, and shift work to be the most frequently cited reasons for poor mental health (Police Federation of England and Wales, 2024). Officers often perceive these conditions as systemic and unlikely to improve (Purba and Demou, 2019), a concern given that subjective experiences of workplace conditions can be as influential as objective demands (Deschenes et al., 2018).

The socio-political context

Operational and organisational stressors are compounded by the complex socio-political environment in which police officers operate. They are expected to respond to rising volumes of rape and serious sexual offences (Maguire and Sondhi, 2022) alongside a growing public mental health crisis (Kane, Evans and Shokraneh, 2018). Simultaneously, many forces continue operating with resource limitations and reduced staffing, a legacy of government austerity measures (Cartwright and Roach, 2020). These pressures contribute to compassion fatigue (Maguire and Sondhi, 2022),

with implications for officer wellbeing and the quality of service provided to victims (Porter and Gavin, 2024).

Unlike other emergency services, policing is subject to particularly intense public scrutiny (Nagel and Nivette, 2022). This scrutiny has intensified following several high-profile failures, contributing to a growing sense among officers that their work is undervalued and misunderstood (Porter and Lee, 2023) and reinforcing an "us versus them" mentality (Brough, Chataway and Biggs, 2016).

A recent report found that 86% of officers believe they are treated "negatively" or "very negatively" by the public, and 62% say this influences their intention to resign. Similarly, 95% feel "negatively" or "very negatively" treated by the government, with 78% stating this impacts their likelihood of resignation (Police Federation of England and Wales, 2024).

Officers believe negative media portrayals further damage public trust and lessen their professional status (Porter and Gavin, 2024). This external criticism is exacerbated by a perceived lack of internal support within the force (Porter and Lee, 2023), fuelling low morale and professional discontentment — key predictors of resignation (Charman and Bennett, 2021).

Health impacts of stress

Although it can be argued that stress is an inherent occupational hazard within policing (Foley et al., 2023), repeated exposure to unpredictable situations, violence, trauma, and death significantly increases officers' vulnerability to developing psychological conditions such as chronic stress, emotional exhaustion, anxiety, depression and post-traumatic stress disorder (PTSD) (Garbarino et al., 2013; Papazoglou and Andersen, 2014). These experiences can trigger strong emotional responses, including panic, terror, or powerlessness (Sherin and Nemeroff, 2022) and, in more severe cases, lead to suicidal ideation (McCanlies et al., 2014).

Compared with other professions, police officers show higher rates of stress-related physical illnesses such as heart disease, insomnia, and chronic pain (Violanti et al., 2017). Trauma exposure is also associated with an increased risk of autoimmune disorders, gastrointestinal conditions, and chronic fatigue (McCanlies et al., 2014). Officers with PTSD symptoms report poorer general health, lower quality of life, higher hospital admission rates, and greater reliance on sick leave (Violanti et al., 2019). Officers experiencing chronic stress have been linked to an increased likelihood of substance misuse, domestic violence (Rees and Smith, 2008), and self-harming behaviours (Talavera-Velasco et al., 2024).

The broader consequences of stress

Fitness for duty is a core principle of the Code of Ethics, reflecting officers' responsibility to act in the public interest (College of Policing, 2024). However, high levels of stress can lead to poorer decision-making, reduced cognitive function, fatigue, more

confrontational interactions, and a higher likelihood of excessive force (Manzoni and Eisner, 2006).

Organisational stressors, such as disrupted sleep caused by irregular shift patterns, can heighten these risks. Sleep deprivation is associated with workplace fatigue, safety violations, and increased anger and aggression (Garbarino et al., 2021). This undermines officers' ability to use sound judgment and respond appropriately under pressure (Rajaratnam et al., 2011). This not only weakens the overall effectiveness of the police but also risks damaging public trust (Bradford and Jackson, 2010).

Support from family can help relieve stress and burnout (Foley et al., 2023). However, this can easily become strained (Papazoglou et al., 2020). Occupational stress is repeatedly linked to marital conflict, emotional withdrawal, and reduced family cohesion, while work-family imbalance is associated with poorer mental health outcomes (Finn, 2000). This can create a self-reinforcing cycle where job pressures damage the same relationships needed to manage them (Alexander and Walker, 1994). Balancing personal and professional life remains a widespread challenge across the profession (Maguire and Sondhi, 2022), though younger officers increasingly prioritise healthier boundaries (Williams and Sondhi, 2022).

The availability of mental health support

Mental health support programmes are available to police officers, but availability does not guarantee effectiveness (Santre, 2024). Support is typically offered after traumatic

events. One of the most widely used tools, Trauma Risk Management (TRiM), is designed to identify and assist officers exposed to potentially traumatic incidents (Kent Police, 2023). When applied effectively, TRiM has been associated with reduced PTSD symptoms, increased willingness to seek help, and a reduction in stigma (Watson and Andrews, 2018). However, research suggests that its reactive design limits its potential (Van der Velden et al., 2010).

Other interventions like Critical Incident Stress Management (CISM) and the Emergency Services Trauma Intervention Programme (ESTIP) have also demonstrated promise in supporting officer wellbeing (Flannery and Everly, 2004). National police wellbeing initiatives such as the Oscar Kilo service extend this support, providing access to physical and mental health resources, peer networks, and tailored training (College of Policing, 2021).

Despite these offerings, meaningful engagement is inconsistent. While 77% of officers report access to reactive mental health support, fewer than half are aware of proactive support available in their force (Police Federation of England and Wales, 2024).

Common provisions include occupational health, helplines, and counselling, but these are not universally experienced as helpful (Whybrow, Jones and Greenberg, 2015).

Only 38% of officers felt sufficiently supported after disclosing a mental health concern, while a third felt poorly supported (Police Federation of England and Wales, 2024).

Barriers to accessing support

The availability of resources alone is not sufficient; cultural factors within policing still create barriers to support and wellbeing. Despite awareness campaigns like the Mind Blue Light Programme (Mind, 2021) and the Police Federation's "Hear 'Man Up', Think 'Man Down'" initiative (2018), many officers still hesitate to seek help (Santre, 2024).

Policing is inherently crisis-oriented, high-control, and problem-solving (Bell and Eski, 2016). Officers are more comfortable managing external threats than confronting internal issues, and the shift from "fixer" to "affected" can be disorienting (Hackett and Violanti, 2003).

These challenges are reinforced by stigma. Regular exposure to people experiencing mental health crises may contribute to negative or stigmatising perceptions of mental illness (Bell, Palmer-Conn and Kealey, 2021), while broader narratives frame it as a liability in high-risk roles (Kurtz, 2008). Within police culture, bravery and resilience are highly valued (Bell and Eski, 2016). Help-seeking is seen as a weakness and at odds with the "macho culture" of the job (Fragoso and Kashubeck, 2000). Officers may suppress emotions to avoid appearing vulnerable or weak, fearing it will undermine their credibility or limit future opportunities (Newell et al., 2021).

This is reflected in officers' own accounts. The Police Federation of England and Wales (2024) found that while 74% disclosed mental health difficulties to a manager, 43% of those who did not feared being treated differently, and 35% were concerned about

career repercussions. Only half felt confident speaking openly and nearly a third expected a negative response.

Abdollahi (2002) referred to this defensive mindset as the "cultural shield," a professional identity grounded in stoicism and control. Officers who disclose psychological struggles risk developing a "spoiled identity" and being seen as unreliable or unfit (Bullock and Garland, 2017). In some cases, groupthink reinforces these norms, discouraging help-seeking and sustaining harmful stigma (Ricciardelli et al., 2021). The result is a self-perpetuating cycle in which vulnerability is punished, stigma is reinforced, and mental health conditions go untreated (Fragoso and Kashubeck, 2000).

Officers who avoid getting help are more likely to experience lengthy illness, extended sick leave and early retirement (Soomro and Yanos, 2020). In many instances, the stigma can be more damaging than the condition, undermining individual wellbeing and the long-term sustainability of the workforce (Thornicroft et al., 2016).

It is important to recognise that not all cultural norms are harmful. Some stoicism may be necessary to navigate the high-pressure environments in which officers work (Adiollah, 2002). Positive parts of policing culture, like camaraderie, loyalty, and solidarity, can contribute to wellbeing (Waddington, 1999).

Stress and mental health-related absences

Mental health-related absences are a concern across U.K. police forces. In 2023, approximately 75% of police sick leave was attributed to mental health conditions such as stress and anxiety, making psychological wellbeing a more significant cause of absence than physical illness (Police Federation of England and Wales, 2024).

Recent data highlights that the number of police officers unavailable for full duties in England and Wales has risen sharply. In 2024, approximately 3,055 officers were on long-term sick leave (about 2.1% of the workforce). In addition, 5,121 officers were on recuperative duties, and a further 9,008 were on adjusted duties, bringing the total number of non-fully operational officers to over 17,000 (Home Office, 2024). This has increased substantially since 2017, when the number was 10,895 (Home Office, 2017). A clearer understanding requires breaking down this data, as existing figures group together physical illness, injury, and pregnancy, potentially obscuring the specific impact of psychological factors.

Interpreting any rise in mental health-related absences also requires consideration of broader societal trends. Research suggests that employees across sectors are now more comfortable disclosing psychological challenges (Kelloway, Dimoff and Gilbert, 2022). However, the stigma surrounding mental health remains a persistent barrier within policing (Bell and Eski, 2016). It is, therefore, possible that current figures both underrepresent and overrepresent reality (Syed et al., 2020). Without further research, it is difficult to determine the relative weight of these effects.

Although existing literature has linked austerity-era cuts to reduced staffing, morale, and organisational support (Burchell et al., 2022; Cartwright and Roach, 2020), further research could assess their role in rising long-term sickness rates across the police workforce.

The broader impact of extended absences

In the U.K., more than 18 million working days are lost to mental health conditions such as stress, anxiety, and depression every year (Office for National Statistics, 2019). In policing, the consequences are particularly significant, as officers already face high workloads, limited resources, and an ongoing expectation that fewer staff will deliver increasingly complex public services (Cartwright and Roach, 2020).

A particularly concerning challenge is the cyclical nature of mental health-related absence. Officers facing chronic organisational stressors like excessive workload or poor work-life balance may take time off for mental health reasons (Police Federation of England and Wales, 2024). This increases the burden on the remaining officers, creating further stress, burnout, and additional absences.

Over time, this reduces the size of the available workforce and exacerbates the pressures that contributed to absences in the first place, creating yet another cycle of instability (Schaufeli, Maslach and Marek, 2018). This is a concerning prospect for frontline policing: fewer officers, under mounting pressure, are less able to carry out

their duties effectively or deliver the quality of public service that communities require and deserve.

For officers on leave, this cycle can be challenging. They may experience guilt, anxiety about returning to work, or fear of resentment from colleagues (Cartwright and Roach, 2020). This can intensify distress and discourage them from seeking help in the future (Kelloway, Dimoff and Gilbert, 2022). These effects can be compounded without supportive reintegration policies, making a return even more difficult.

Return to work procedures

Of particular concern is the experience of officers returning to work following mental health-related absences. Cartwright and Roach (2020) found that 39% of those who took mental health leave went on to require additional time off, raising questions about the adequacy of existing reintegration practices.

While policing-specific research on return-to-work (RTW) procedures is limited, studies from other sectors highlight factors that can shape outcomes. Findings around demographic predictors are mixed. Some studies report lower RTW rates for women, citing greater societal pressure and caregiving responsibilities (Hedlund et al., 2024), while others find men less likely to return (Bourgeault et al., 2022). Younger workers tend to return more easily than older colleagues (Horn et al., 2021), and those who are married or cohabiting report more positive RTW outcomes (Bogevik et al., 2023).

Symptom severity and duration of leave also matter, with longer absences often linked to reduced self-esteem and a lower belief in one's ability to return (Creed, Bloxsome and Johnston, 2001).

Some studies support using cognitive behavioural therapy and vocational rehabilitation to improve RTW outcomes (Laaksonen and Gould, 2015). However, others have found limited evidence that counselling, exercise, or medical rehabilitation helps (Kuoppala and Lamminpää, 2008). Even with formal RTW policies, outcomes may be undermined by inconsistent application, unresolved stressors, or a poor return environment (Jetha et al., 2015). Reintegration is unlikely to succeed if the officer returns to the same pressures that led to their absence (Cameron et al., 2016).

Conclusion

The literature shows that while stressors within policing are well documented, efforts to support mental health recovery can be inconsistent. Organisational stress, cultural stigma, and reactive approaches continue to undermine officer wellbeing.

The efficacy of the RTW process within policing is a relatively underexplored area in the existing literature. With 39% of returning officers requiring further time off (Cartwright and Roach, 2020), the effectiveness of current practices is questionable.

This dissertation aims to address that gap by exploring how officers experience the RTW process, how effective current policies are, and whether weaknesses in these systems contribute to repeated absences.

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