

An investigation into whether the demand of frontline policing has a detrimental impact on mental health within the workplace.

Purpose

The aim and objective of this research is to conduct an independent study into the emotional and mental strain that is being placed upon police officers on a daily basis and how this has an adverse effect on their mental health and wellbeing. In today's modern world of policing there is a great deal of scrutiny both from the public and the police themselves on how frontline officers manage situations whereby members of the public present with a mental health crisis.

However whilst the main focus is on how police officers help those in crisis, there is the hidden issue that the officers themselves may be dealing with their own personal battle with mental health struggles due to the demand and stresses that are placed upon them through their daily encounters with the public. This in part is due to an ever-increasing workload and rapidly decreasing staff numbers, coupled with the everyday issues of personal life, which all takes a toll on officers' mental wellbeing.

Although forces have acknowledged that officers are not immune to mental health struggles and offer support through the form of a Trauma Risk Incident Management (TRiM) referral, little is done to remedy the concerns that are raised or provide long term support on an individual basis. Kent Police (2007) have said *"There is a foreseeable risk that individuals, who have been exposed to potentially traumatic events, could develop long-term psychological problems, including, though least likely, Post Traumatic Stress Disorder (PTSD). TRiM is the force's response to minimise that risk"*.

Relevance

Mental health struggles amongst police officers is an ongoing issue which is rapidly becoming a concern that must be explored to prevent further incidents. Police officers face a multitude of incidents and endure encounters which the general public will likely never experience, thus, mental health issues amongst active police officers is higher compared to those in a civilian role. Taken from the Transformations Treatment Centres (2021) website *"Approximately 1-3 percent of the general population suffers from PTSD. In comparison, prevalence is as high as*

20 percent among police officers. This is because police officers typically face repeated exposure to trauma". With this statistic in mind it is clear some officers are experiencing high levels of stress which is resulting in depression and increased levels of sickness as officers attempt to escape the stresses.

Highlighted on Police Federations website (n.d.) it is said *"more than a quarter of officers who have taken sick leave attributed it to stress, depression or anxiety, while 65% said they still went to work even though they felt they shouldn't have because of the state of their mental wellbeing"*.

For some, time away is enough to help with their mental health struggles, however often this is not the case and others see no other option but to end their life. Baker and Baker (1996) both claim *"Answers concerning police suicide have been elusive, and many issues remain unclear. But researches may have been asking the wrong questions. Rather than dwelling on the rates and the means of suicide, perhaps analysts should ask what kind of support systems within police departments could have intervened before those officers took their own lives"*.

There is no denying that police forces are aware of this ongoing issue, however, there appears to be a lack of evidence and research on the topic to be able to identify a cause of why this occurs. And more importantly how this can be improved once it is identified, however due to the nature of the job and officers outdated beliefs, most officers will not disclose their personal mental battles due to the fear of how they will be treated or viewed by peers which can have devastating results. Edwards and Kotera (2020) state *"Society has a stereotypical view of mental illness, and law enforcement is no exception. The culture of policing makes it difficult for officers to disclose mental illness, many of whom will subsequently suffer in silence"*.

Hypothesis

From this independent study, the author hopes to document and highlight the immense deal of stress that comes from modern day policing. The demands placed upon each officer can sometimes seem insurmountable for them to deal with alone, this along with insufficient staffing levels. The study will show how these issues have an adverse effect on the morale and mental wellbeing of officers.

Literature review

There are several studies which have been conducted around mental health and stress in relation to police officers, mental health among police officers are more as a result of the culture of the organisation and attitudes towards mental health rather than stresses of the role. This study concluded there is a considerable stigma around mental health within the police organisation and that officers are reluctant to disclose stresses or mental health issues, Edwards and Kotera (2021).

House Republicans (2017) state *“Police work is stressful, dangerous and often stigmatized. On a daily basis, any officer might come face to face with the worst humankind has to offer. They must make split second decisions between life and death while margins for error are slim and unforgiving”*. On average one in four police officers have experienced suicidal thoughts during their life and also inform that the rate of police officers who die by homicide is considerably less than those who die as a result of suicide and highlight that mental health struggles in police officers are dismissed as part of the job, House Republicans (2017).

Although this associated stigma is still a major issue, it is certainly waning in recent years; today, people tend to view speaking about such issues as a sign of strength, not weakness, Transformations Treatment Center (2021) have said *“For years, police officers tried to maintain a “tough” image — even if they were struggling with their mental health. Law enforcement culture values self-reliance, strength, and competency. This ends up discouraging help-seeking behaviors when needed”*.

It is known that there are substantial concerns with regards to police officers responding to calls which involve a person in crisis due to mental health. This report questions whether police are fully equipped to deal with these situations, however also highlights that often these situations arise out of hours and that police are often the only professionals available to respond, Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (2018).

On evaluating studies which have previously been conducted, it is clear to the author that the topic of mental health in relation to police officers is very broad and has many avenues to explore. The author has found that this is a popular subject, however has noted there are a few gaps in research. Although the author has noticed there are significant research studies which explore mental health in police officers and other studies exploring how police officers manage members of the public experiencing a mental health crisis, there does appear to be a gap in

research discussing how the role and demands of a police officer causes mental health illnesses in officers.

The author feels the research carried out in this study will aid in completing gaps in previous research studies and feels this will contribute to existing research considerably. Although there are a number of avenues related to mental health and police officers, they all appear to link and conclude that there is no doubt police officers are under copious amounts of stress in both personal life and work related and that there is a significant stigma around mental health struggles in the police occupation.

Ethical considerations.

The author will take the following steps to ensure that the data gathered from the research participants has been done so in an ethical manner, taken from the World Health Organisations website (N.D) they state *“Research ethics govern the standards of conduct for scientific researchers. It is important to adhere to ethical principles in order to protect the dignity, rights and welfare of research participants. As such, all research involving human beings should be reviewed by an ethics committee to ensure that the appropriate ethical standards are being upheld”*.

Careful consideration will be taken in order to ensure the participants identity remains confidential throughout the study to enable the protection of their privacy, to ensure no harm comes to any participant and to maintain dignity and professionalism throughout the research, and most importantly gain the full consent from each participant before any study is conducted.

Gathering Data

The author will gather data from the research study by means of qualitative data. This information will be gathered through face to face interviews. QuestionPro website (N.D) states *“Qualitative data can be observed and recorded. This data type is non-numerical in nature. This type of data is collected through methods of observations, one-to-one interviews, conducting focus groups, and similar methods”*.

This will allow the author to gain insight along with the personal feelings of the participants that will be imperative to delve into the root cause of what affects the mental wellbeing of police officers on the front line.

Research methods

The author will gather and collate the research by means of a questionnaire to be completed in one to one interviews which will consist of ten questions covering a broad range of issues which police officers face on a daily basis which may have a negative effect on the participants mental wellbeing. As the questions may be viewed as intrusive, the decision was made by the author to gather data in a confidential manner, thus ensuring full honesty from the participants as they will not be concerned of any repercussions as their identity and responses will not be shared by the author. Participants are also more likely to engage more during the one to one interviews knowing they will not receive any ridicule from peers due to their responses.

Lavrakas (2008) has previously claimed *“The face-to-face interview, also called an in-person interview, is probably the most popular and oldest form of survey data collection. It has continued to be the best form of data collection when one wants to minimize nonresponse and maximize the quality of the data collected. Face-to-face interviews are often used to solicit information in projects that can be considered to be very sensitive, By far, the main advantage of the face-to-face interview is the presence of the interviewer, which makes it easier for the respondent to either clarify answers or ask for clarification for some of the items on the questionnaire”*.

This will also allow data to be collected which the author may not be able to gather in a self-administered questionnaire. Although Murdoch, M., Simon, A.B., Polusny, M.A. et al (2014) state *“On average, research participants disclose sensitive and personal information, such as mental health symptoms, drug misuse, and history of sexual assault more frequently when responding to self-administered questionnaires than when taking part in face-to-face or telephone interviews, Studies suggest that disclosure of sensitive information on self-administered questionnaires is enhanced yet more when participants respond anonymously instead of confidentially”*.

The author feels participants are more likely to engage openly in a discussion of a confidential one to one interview as they may feel they can relate with the author on the topic, thus ensuring

more effective information is gathered. The author also feels this is a more personal approach as oppose to a self-administered questionnaire and feel the interview will encourage responses which are less one sided.

The author has taken the decision to limit the questionnaire to ten questions as they feel if there were a higher number of questions then participants may feel overwhelmed and may be vaguer with their responses. *Deutkens, E., de Ruyter, K., Wetzels, M. et al (2004) all state "The results show that short questionnaires have a higher response rate, although long questionnaires still generate a surprisingly high response". Similarly, if there were less then the data gathered would not be comprehensive enough to merit any findings".*

The author will collate data in the form of one to one interviews with set questions from fifteen participants from frontline police staff. This will increase the reliability of the interviews and will ensure it is not focused on one department alone, whereby unconscious bias may impact decision making.

Faber and Fonseca (2014) have said *"Sample size calculation is part of the early stages of conducting an epidemiological, clinical or lab study. In preparing a scientific paper, there are ethical and methodological indications for its use. Two investigations conducted with the same methodology and achieving equivalent results, but different only in terms of sample size, may point the researcher in different directions when it comes to making clinical decisions. Therefore, ideally, samples should not be small and, contrary to what one might think, should not be excessive".*

Findings

At all times throughout this research study the author will take every opportunity to ensure that their approach is methodical in order to enable the most reliable data to be collected to strengthen and highlight the findings. More importantly that the research is conducted in an ethical manner ensuring the data is unbiased, relevant and that it does not impeach on any participants confidentiality. Due to the sensitive nature of the questions there is the possibility that some participants may be reluctant to offer this information even confidentially.

Lastly, although all data gathered through the use of one to one interviews will be done so in a confidential manner, participants will be made aware before commencing and prior to offering any personal data, that every step possible will be taken to protect their confidentiality. However, they will also be made aware that should any participant disclose information that

may cause harm to themselves or others, the author will have to disclose this information with relevant persons.

Conlon, Raeburn and Wand (2019) collectively claim “There is a duty of confidentiality on the part of mental health nurses when they handle confidential patient information. Nonetheless, it may be necessary to disclose confidential information of a patient if the patient is assessed as being a risk to self or others, to protect the patient or others from harm. However, disclosing information inappropriately may constitute a breach of confidentiality”.

Word Count – 1647.

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