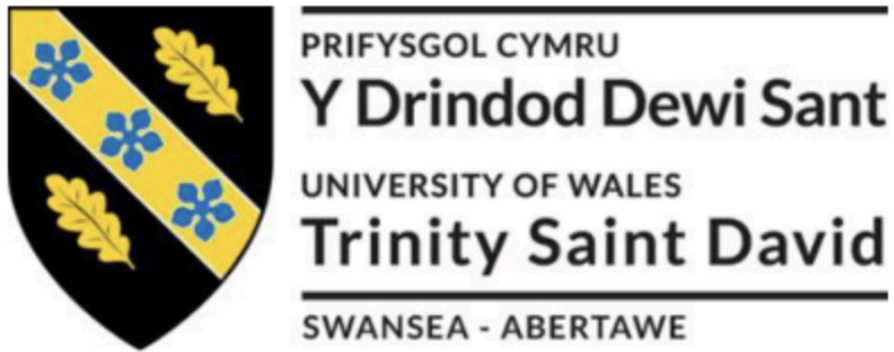




Worried Sick: To what extent do British police forces adequately support officers' return to work after periods of stress or mental health-related sick leave?

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Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed: *Amos Hall*

Date: 5th October, 2025

Statement 1

This dissertation is being submitted in partial fulfilment of the requirements for the degree of BSc.

Signed: *Amos Hall*

Date: 5th October, 2025

Statement 2

This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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Abstract

This dissertation examines the extent to which British police forces adequately support police officers' return to work (RTW) after periods of stress or mental health-related sick leave. The research uses an anonymous online survey to assess officer experiences of RTW support, the alignment between policy and practice, and any connections between RTW processes and repeated time off.

The findings from a singular police force indicate that while formal RTW processes are in place, meaningful support is inconsistent. Many participants reported returning to work before they felt ready, facing heavy workloads upon their return, inconsistent line manager support, and the impact of stigma on seeking help. Where underlying stress remained, the risk of additional absences persisted. Given the small, single-force sample (Gwent Police) and reliance on self-reporting, the results are indicative rather than representative of policing on a broader scale.

The study concludes that current RTW processes are only partially adequate and highlights three conditions for sustainable reintegration: structured workload adjustment, tailored and paced planning with follow-up, and consistent supportive managerial support. The dissertation identifies RTW as an underexplored stage of police wellbeing and offers practical recommendations for improvement and future research.

Table of Contents

Chapter 1 - Introduction.....	8
1.1 Introduction.....	8
1.2 Research and Rationale.....	8
1.3 Aims and Objectives.....	8
1.4 Research Structure.....	9
1.5 Conclusion.....	10
Chapter 2 - Literature Review.....	11
2.1 Introduction.....	11
2.2 Understanding Stress in Policing.....	11
2.3 The Socio-Political Context.....	13
2.4 Health Impacts.....	14
2.5 The Broader Consequences.....	15
2.6 Mental Health Support.....	16
2.7 Barriers to Support.....	17
2.8 Stress and Mental Health-Related Absence.....	19
2.9 The Broader Impact.....	20
2.10 Return to Work Procedures.....	22
2.11 Conclusion.....	23
Chapter 3 - Research Methodology.....	24
3.1 Introduction.....	24
3.2 Research Strategy.....	24
3.3 Data Collection.....	25

3.4 Data Analysis.....	27
3.5 Limitations.....	28
3.6 Ethical Considerations.....	29
3.7 Conclusion.....	29
Chapter 4 - Analysis of Results	30
4.1 Introduction.....	30
4.2 Participant Demographics.....	30
4.3 Quantitative Results.....	31
4.3.1 Circumstances of Leave.....	31
4.3.2 Support Offered.....	32
4.3.3 Return-to-Work Procedures.....	33
4.3.4 Perceived Support.....	34
4.3.5 Repeated Absences.....	35
4.4 Thematic Analysis.....	35
4.4.1 Manager Support.....	35
4.4.2 Workload Pressures.....	36
4.4.3 Culture of Stigma.....	36
4.5 Conclusion.....	37
Chapter 5 - Findings and Conclusions.....	38
5.1 Introduction.....	38
5.2 Key Findings.....	38
5.3 Findings in Relation to Literature.....	39
5.4 Recommendations.....	41

5.5 Limitations.....	42
5.6 Future Research.....	43
5.7 Overall Conclusion.....	44
6 Bibliography.....	46
7 Appendices.....	60

Chapter 1 - Introduction

1.1 Introduction

Police officers' mental health is central to both their individual wellbeing and to the effectiveness of the police force as a whole. While stress within policing is well documented in research, less attention has been paid to how officers return to work (RTW) after periods of stress or mental health-related leave. This dissertation examines the extent to which current RTW arrangements support sustainable reintegration. It focuses on officer experiences of RTW support, the fit between policy and practice, and whether shortcomings in processes can contribute to further periods of absence.

1.2 Research and Rationale

The RTW process is a critical but under-researched area of police officer wellbeing. When officers return to duty before they feel ready, or face the same workload pressures that caused their absence, recovery can be fragile and the risk of further absence increases. This has consequences not only for individual officers but also for workforce resilience and the police force's ability to protect the public.

1.3 Aims and Objectives

The overall aim of this dissertation is to evaluate the effectiveness of British police forces in supporting officers' RTW following periods of stress or mental health-related leave. The research aims to understand how officers experience existing RTW processes in practice, assess whether current procedures are fit for purpose, and identify any gaps that may hinder effective reintegration.

The first objective is to explore officers' personal experiences of RTW support. This involves exploring their experiences, perceptions of support, and challenges faced during their return to work.

The second objective is to analyse the effectiveness of RTW policies by evaluating whether current protocols sufficiently support officers returning to work and identify areas where improvements are needed.

The third objective is to investigate whether shortcomings in RTW support contribute to further absences. By examining any patterns of repeated leave and the reasons behind them, the research aims to consider whether gaps in policy or practice are linked to ongoing difficulties with mental health or work-related stress.

1.4 Research Structure

This dissertation is divided into five chapters, each designed to address the research aim and objectives in a logical and coherent way.

Chapter 1 will introduce the context for the study, outlining the background and rationale, defining the aims and objectives, and explaining the dissertation's structure.

Chapter 2 will explore existing research on stress, mental health, and wellbeing within a policing context. It will examine the operational and organisational factors that contribute

to stress, review current support mechanisms and barriers such as stigma, and highlight the limited focus in previous research on the RTW process.

In Chapter 3, the research design and methods used to collect and analyse the data will be explained. This section will provide the rationale for using an exploratory, mixed-methods survey approach, the sampling strategy, and the process for data collection and analysis. This section will also discuss the study's limitations and outline the ethical considerations taken to protect participants.

Chapter 4 will present and interpret the findings from the survey. It will outline participant demographics, summarise quantitative data on officers' experiences of RTW support, and analyse qualitative responses thematically.

Finally, Chapter 5 will summarise the main findings in relation to the research objectives and existing literature. It will discuss the implications of the findings, make recommendations for improving RTW processes, and consider the limitations of the research. The chapter will conclude by suggesting areas for future study and summarising the overall contribution of this dissertation.

1.5 Conclusion

This chapter has outlined the context, rationale, aims, and structure of the research.

The next chapter will review the literature that informs and frames the analysis of RTW in policing.

Chapter 2 - Literature Review

2.1 Introduction

This chapter will review existing literature on stress, mental health and RTW processes within policing. It aims to establish the broader context of police wellbeing, exploring how occupational stress, organisational culture and support mechanisms impact officers' mental health and their ability to RTW following periods of stress-related leave.

The chapter will examine sources of stress within policing and the socio-political pressures that shape the working environment. It will then consider the effects of stress on officer health and performance, before discussing existing mental-health support, barriers to engagement, and the impact of stigma on wellbeing. Finally, it will review the literature on mental health-related absences and the RTW process to identify gaps in knowledge that this dissertation seeks to address.

2.2 Understanding Stress in Policing

The World Health Organization (2023, para. 1) defines stress as "a state of worry or mental tension caused by a difficult situation," noting that while it is a natural human response, it can have far-reaching effects.

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). Jameson

(2023) argues that, in some cases, improved coping mechanisms become central to a police officer's psyche and can foster resilience. However, data indicates 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, including 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). Schaufeli, Maslach, and Marek (2018) say this is intensified by the professional expectation to uphold emotional neutrality, a form of "emotional labour" that intensifies stress and psychological strain.

Despite the pressures of operational demands, Galanis et al. (2019) suggest that organisational stressors are more often associated with negative mental health outcomes. Organisational stressors encompass the structure and administration within policing, including long hours and overtime, shift patterns, insufficient staffing and resources, and high workloads (Kirschman, Kamena and Fay, 2015). The 2023 Police Federation Pay and Morale Survey found that 60% of officers reported an excessive workload, 52% experienced poor work-life balance, and 38% cited shift work as key factors negatively affecting their 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 supported by Deschenes et al. (2018), who found that subjective experiences of workplace conditions can be as influential as objective demands.

2.3 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 Shokrane, 2018). Simultaneously, many forces continue operating with resource limitations and reduced staffing, a legacy of government austerity measures (Cartwright and Roach, 2020). According to Maguire and Sondhi (2022), these pressures contribute to compassion fatigue, which Porter and Gavin (2024) suggest has implications for officer wellbeing and the quality of service provided to victims.

Unlike other emergency services, policing is subject to particularly intense public scrutiny (Nagel and Nivette, 2022). This scrutiny has intensified following several recent high-profile failures, including the 2021 murder of Sarah Everard by serving officer Wayne Couzens, which exposed serious vetting and misconduct failings within the Metropolitan Police (Angiolini, 2024). Porter and Lee (2023) argue that intense public criticism has subsequently contributed to a growing sense among officers that their work

is undervalued and misunderstood. This is supported by Brough, Chataway and Biggs (2016), who found that such scrutiny reinforces an "us versus them" mentality.

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 that this impacts their likelihood of resignation (Police Federation of England and Wales, 2024).

According to Porter and Gavin (2024), officers believe negative media portrayals further damage public trust and lessen their professional status. 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).

2.4 Health Impacts

Although it can be argued that stress is an inherent occupational hazard within policing (Foley et al., 2023), Garbarino et al. (2013) found that 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). This is supported by Papazoglou and Andersen (2014), whose research highlights the cumulative psychological impact of repeated trauma exposure within policing. 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., 2019). 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).

Moreover, 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).

2.5 The Broader Consequences

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, Manzoni and Eiser (2006) found that high levels of stress can lead to poorer decision-making, reduced cognitive function, more confrontational interactions, and a higher likelihood of excessive force.

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). According to Bradford and Jackson (2010), this not only weakens the overall effectiveness of the police but also risks damaging public trust.

Support from family can help relieve stress and burnout (Foley et al., 2023). However, Papazoglou et al. (2020) caution that this can easily become strained. 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 (Morgan, 2023). Balancing personal and professional life remains a widespread challenge across the profession (Maguire and Sondhi, 2022), though Williams and Sondhi (2022) found that younger officers increasingly prioritise healthier boundaries.

2.6 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 is associated with reduced PTSD symptoms, increased willingness to seek help, and stigma reduction (Watson and Andrews, 2018). However, Van der Velden et al. (2010) argue that its reactive design limits its potential.

Other interventions, such as 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, provide access to physical and mental health resources and tailored training (College of Policing, 2021).

Despite these offerings, meaningful engagement is inconsistent. According to the Police Federation of England and Wales (2024), while 77% of officers report access to reactive mental health support, fewer than half are aware of proactive support available in their force. Common provisions include occupational health, helplines, and counselling, but these are not universally experienced as helpful (Whybrow, Jones and Greenberg, 2015).

2.7 Barriers to 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).

Bell and Eski (2016) describe policing as inherently crisis-oriented, high-control, and problem-solving. 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, as 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). According to Frago and Kashubeck (2000), help-seeking is seen as a weakness and at odds with the "macho culture" of the job. 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, as 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). Ricciardelli et al. (2021) argue that in some cases, groupthink reinforces these norms, discouraging help-seeking and sustaining harmful stigma. The result is a self-perpetuating cycle in which vulnerability is punished, stigma is reinforced, and mental health conditions go untreated (Frago and Kashubeck, 2000).

Officers who avoid seeking help are more likely to experience lengthy illness, extended sick leave, and early retirement, according to Soomro and Yanos (2020). As Schaufeli, Maslach and Marek (2018) note, these outcomes place additional strain on colleagues, who may absorb increased workloads or emotional pressure, reinforcing the wider cycle of stress within policing. 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. Adiollah (2002) argues that some stoicism may be necessary to navigate the high-pressure environments in which officers work. Similarly, Waddington (1999) found that certain aspects of policing culture, like camaraderie, loyalty, and solidarity, can contribute positively to officer wellbeing.

2.8 Stress and Mental Health-Related Absence

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 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). Additionally, 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 are now more comfortable disclosing psychological challenges (Kelloway, Dimoff and Gilbert, 2022). However, Bell and Eski (2016) argue that the stigma surrounding mental health remains a persistent barrier within policing. 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 both Burchell et al. (2022) and Cartwright and Roach (2020) have linked austerity-era cuts to reduced staffing, morale, and organisational support, further research could assess how these factors contribute to rising long-term sickness rates across the police workforce.

2.9 The Broader Impact

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, Labour Market team, 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, as 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.

2.10 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 are 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, Jetha et al. (2015) suggest inconsistent application or unresolved stressors may undermine results. This is supported by Cameron et al. (2016), who found that reintegration is unlikely to succeed if the officer returns to the same pressures that led to their absence.

2.11 Conclusion

The literature shows that while police stress is 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.

Chapter 3 - Research Methodology

3.1 Introduction

This chapter will outline the research methodology used to investigate how effectively British police forces support officers' RTW after periods of stress or mental health-related leave. It will begin by outlining the research strategy and explanation for the chosen approach. The chapter will then describe the data collection and analysis methods before addressing the study's limitations and ethical considerations.

Research is broadly understood as the process of developing knowledge within a specific field (Collis and Hussey, 2014), though definitions vary depending on the researcher's aims and context (Denicolo, 2013). In this study, research acts as a tool to explore officer experiences and identify potential improvements to RTW processes.

3.2 Research Strategy

This study will employ a primary, exploratory research approach to investigate how police officers experience the RTW process. Exploratory research is particularly suitable when a topic is underexplored, as it allows the researcher to investigate potential relationships between variables (Saunders et al., 2019). This approach can serve as a foundation for future investigations or support the development of improved policies (Collis and Hussey, 2014).

The chosen method for this primary research is an anonymous online survey, which will incorporate closed and open-ended questions. Primary research refers to the collection of original data for a specific investigative purpose, which enables direct engagement with participants' lived experiences. In comparison, secondary research relies on existing materials to develop findings (Bryman, 2016). While secondary sources have been used to provide context and justify the relevance of this study, primary research will offer insight into the effectiveness of RTW procedures.

Due to the sensitive nature of mental health and the recognised stigma within policing (Bell and Eski, 2016), an online survey is the most appropriate method for this research. The anonymous and self-administrative format will allow participants to express their views openly and without fear of stigma or professional repercussions. This approach increases the likelihood of obtaining honest and reflective responses that might be difficult to obtain in interviews or group settings (Kang and Hwang, 2023).

To encourage participation and uphold research ethics, officers must provide voluntary, informed consent before taking part. A clear explanation of the study's aims, how responses will be used, and the participant's right to withdraw at any point will be included in the survey. No identifying information will be collected, and data will be stored in password-protected files and on password-protected devices.

3.3 Data Collection

Data will be collected via an anonymous Microsoft Form, which will be distributed via The Beat, Gwent Police's internal communications platform. Microsoft Forms was selected due to its secure data management features and user-friendly format that allows participants to complete the survey on any device. Distribution via The Beat will ensure the survey reaches all eligible officers efficiently via a trusted internal channel. It also ensures that only serving Gwent Police officers can access the survey, which is essential to confirm eligibility without collecting identifying information.

A combination of both closed-ended and open-ended questions will be used to collect quantitative and qualitative data in a mixed-methods approach. A mixed-methods approach enables researchers to gain a more effective understanding of the research question (Creswell, 2014) and deliver a more comprehensive analysis (George, 2021). This will support the research's exploratory aim by offering data patterns as well as more detailed, personal responses.

This study will use a purposive, voluntary sampling approach, which is suitable because it allows the researcher to select participants whose experiences are directly relevant (Nikolopoulou, 2022). The survey will include clear inclusion criteria to ensure that only officers who have taken stress or mental health-related leave within the past five years are eligible to participate.

An ideal sample would include at least 30 participants with diversity in terms of rank, age, gender, ethnicity, and shift location, although all participants will be from Gwent Police.

3.4 Data Analysis

Quantitative data will be analysed using basic descriptive statistics. This method will help to identify how common certain experiences are and may reveal patterns or associations between RTW processes and outcomes (Bhandari, 2020).

Qualitative data will be analysed using inductive thematic analysis. This will allow themes to emerge naturally from the data rather than being guided by a predetermined framework (Caulfield, 2019). Using Braun and Clarke's (2006) six-phase model for thematic analysis, responses will be coded and grouped into themes to explore shared experiences and perceptions of the RTW process.

3.5 Limitations

This study will have limitations, some inherent to qualitative and mixed-methods research and others specific to this project. Like most exploratory studies, the goal is transferability rather than generalisability (Drisko, 2024), offering insights that could be applied to other policing contexts. Acknowledging these limitations enhances transparency and credibility (Collis and Hussey, 2014).

The voluntary sampling method risks self-selection bias, as officers with particularly strong or negative experiences may be more likely to participate. Distribution through The Beat also restricts participation to Gwent Police, limiting organisational diversity and potentially underrepresenting some demographics.

While purposive sampling ensures participants have direct experience of the RTW process, it may reduce sample size. Combined with the voluntary nature of participation and time constraints, this could limit the number of responses received. Findings will therefore be treated as indicative rather than representative.

Using an online survey limits the researcher's ability to clarify or explore responses, reducing qualitative depth. Additionally, the framing of questions and thematic analysis may be shaped by the researcher's assumptions. While anonymity helps mitigate this, subtle bias in coding and interpretation remains a recognised risk (Braun and Clarke, 2022).

3.6 Ethical Considerations

The topic may be triggering for participants with lived experiences of mental-health-related absence. To mitigate this, the survey introduction will include a trigger warning, allow participants to skip questions, and reiterate their right to withdraw at any stage.

The research follows recognised ethical principles to protect participants and their data. An ethics form was completed by the researcher and approved by UWTSD before the survey's publication. Participation is voluntary, and the right to withdraw or reject participation will be maintained throughout.

No identifying information will be collected, and all data will be stored on password-protected devices in accordance with data-protection legislation. The anonymous format will further safeguard confidentiality and minimise the risk of stigma or professional repercussions.

3.7 Conclusion

This study will use an anonymous survey to analyse how police officers experience the RTW process following mental health-related leave. Data will be collected from purposively sampled participants within Gwent Police and analysed through descriptive statistics and inductive thematic analysis. The risk of self-selection bias and a limited sample size are among the limitations which have been addressed to validate the research's credibility.

Chapter 4 - Analysis of Results

4.1 Introduction

This chapter will present and analyse the results of the survey, which explored perceptions of the effectiveness of the return-to-work (RTW) process following stress or mental health-related leave.

It addresses the first and third research objectives: to explore officers' experiences of RTW support, identify its strengths and limitations, and consider whether any shortcomings contributed to further time off. The findings aim to show how effective current RTW processes are and highlight common concerns raised by those with experience of stress or mental health-related leave.

Data was collected through an anonymous online survey using Microsoft Forms. The survey included both closed-ended and open-ended questions, enabling a mixed-methods analysis. Descriptive statistics will be presented first, followed by an inductive thematic analysis of the open-ended responses.

4.2 Participant Demographics

Demographic details were collected to provide a broader context for the survey results. Factors such as gender, age, or ethnicity can influence how officers experience stress, access support, or encounter barriers during the RTW process. Understanding these demographics helps determine whether their experiences reflect wider organisational patterns or are specific to certain groups.

A total of 13 eligible participants completed the survey. All met the inclusion criteria, having taken a period of stress or mental health-related leave within the past five years. Participants were aged 18–24 (15%), 25–34 (70%), and 35–44 (15%). The gender split was even, with 46% identifying as male and 46% as female, while one participant (8%) selected "Prefer not to say." Almost all participants identified as White (92%), and one identified as Asian/Asian British.

Most participants (85%) were Police Constables at the time of their leave. One respondent (8%) held an unspecified "other" role, and another (8%) selected "Prefer not to say." The majority (85%) had worked for Gwent Police for one to five years, while the remaining 15% had between six and ten years of service.

4.3 Quantitative Results

This section will present findings from the survey's closed questions, focusing on participants' experiences of support during their leave and after their RTW. Although all 13 participants met the inclusion criteria, one respondent did not return to Gwent Police. This participant began the RTW process, so their responses are included where relevant, but excluded from questions requiring a completed return.

4.3.1 Circumstances of Leave

Most participants selected multiple factors contributing to their most recent period of mental health-related leave (92%). The most frequently selected reasons were

excessive workload (92%), lack of managerial support (77%), and poor work-life balance (62%). Other contributing factors included personal circumstances (31%) and exposure to traumatic incidents (15%). Two participants also selected "Other" and described factors such as working on an understaffed shift and having unresolved work-related grievances.

4.3.2 Support Offered and Accessed

The most commonly offered form of support was occupational health (85%), followed by line manager support (54%) and internal counselling services (46%). Peer or colleague support was offered to 31% of participants, while one participant (8%) was offered a TRiM referral. Another (8%) said they were not offered any support.

For support accessed, 77% of participants engaged with occupational health. Line manager contact was accessed by 39%, and both internal counselling and peer support by 23%. Several officers also turned to external sources, including their GP for support or medication (46%) and external counselling or therapy (23%). No participants accessed TRiM, and one (8%) reported not accessing any support.

Each service offers a different type of support: occupational health addresses fitness for duty, internal counselling provides short-term emotional help, and TRiM supports officers after trauma. However, the relatively high use of external services suggests that many officers preferred to seek help outside Gwent Police. This may be due to concerns about confidentiality, stigma, or perceived lack of effectiveness.

4.3.3 Return-to-Work Procedures

Of the 12 participants who returned to work, 67% had a formal RTW plan in place, while 17% said they had no plan. One participant said their RTW plan was discussed verbally but had no follow-through.

The majority of participants (58%) returned on a phased basis with reduced hours or duties, while a third (33%) resumed full-time work with no adjustments.

When asked about their emotional and professional readiness to return, 42% said they were not ready, 25% were unsure, and only 17% felt fully ready. A further 25% selected "Other," explaining that their readiness depended on factors such as phased duties or additional support.

A formal RTW plan typically includes steps such as phased duties or role adjustments to support gradual reintegration. However, the survey findings suggest these plans were not always aligned with individual readiness. Some officers returned before they felt ready, while another experienced no follow-through once they had returned. This suggests that RTW plans may be viewed as an administrative exercise rather than a genuine opportunity for sustainable reintegration.

4.3.4 Perceived Support

When asked whether they felt adequately supported by Gwent Police during the RTW process, 58% of eligible participants said they felt "somewhat" supported. A further 17% felt "not at all" supported, while 17% felt "fully" supported. One participant selected "Other."

The most common source of support was the line manager, selected by 92% of eligible participants. Occupational health was involved for 50%, HR representatives for 42%, and peer or colleague support for 25%. One participant (8%) said nobody supported them.

When asked whether the factors that originally contributed to their absence were addressed, half (50%) said the issues were only partially resolved, while a third (33%) said they were not addressed at all. One participant (8%) felt the issues were fully resolved, and another (8%) selected "Other," explaining that they felt supported "on paper," but not in reality.

While most officers experienced some level of support, the quality and consistency varied considerably. It is clear that line managers play a central role in shaping RTW experiences, but the effectiveness of their support depends on individual leadership rather than systematic workflows. The fact that only one participant felt their underlying issues were fully resolved indicates that, in most cases, the original causes of stress remained, making recovery fragile at best.

4.3.5 Repeated Absences

Of the 12 participants who did RTW, 17% reported taking further stress or mental health-related leave, citing unresolved issues from their initial absence. A further 17% said they had only recently returned to work, suggesting it is too early to assess longer-term outcomes.

4.4 Thematic Analysis

Using Braun and Clarke's (2006) six-phase model for thematic analysis, open-text responses were coded inductively to explore patterns in RTW experiences. Three main themes emerged: mixed perceptions of manager support, workload pressures and a culture of stigma and mistrust.

These themes reflect the range of challenges and inconsistencies that shaped participants' RTW experiences. Additional supporting quotes are included in Appendix 7.2-7.4.

4.4.1 Manager Support

Inadequate or inconsistent support from line managers was one of the most prominent themes identified in the research. Several participants described feeling dismissed or unsupported, and one participant noted that their line manager "made me feel pressured to come back," while another described positive experiences of support.

Some participants reported particularly negative experiences. One officer recalled being told to "leave the job and take care of personal issues" after asking for help, reflecting the lack of understanding some line managers showed toward mental health-related absences.

4.4.2 Workload Pressures

Heavy workloads were repeatedly identified as both a cause of leave and a barrier to a successful RTW. Several participants described returning to unmanageable demands, with one noting, "It was difficult to return as nothing had changed."

The consistency of these accounts suggests that workload adjustment is a key, yet neglected, factor in sustainable reintegration. Many participants felt that without tangible support to reduce or restructure their caseloads, their stress levels quickly returned to pre-leave levels. This pattern implies that organisational rather than individual factors largely determine RTW success.

4.4.3 Culture of Stigma and Lack of Trust

Several participants referenced a perceived stigma around mental health within Gwent Police and a broader sense that wellbeing was undervalued. Some expressed feelings of guilt or embarrassment about taking leave, while others reported a lack of trust in the organisation itself. One officer reflected that they were "made to feel like I was letting down colleagues," highlighting the cultural expectations of resilience within policing.

Another participant emphasised the persistence of gender stereotypes, explaining that "the stereotype mentality needs changing that a male officer must be mentally strong... if they share their mental health problems they are seen as weak." This highlights how stigma can intersect with perceptions of masculinity in police culture, reinforcing barriers to support.

These findings reinforce the quantitative data, which show that the root causes of stress were rarely resolved. Even when formal support was in place, perceptions of stigma appear to limit engagement and recovery. This suggests that organisational culture continues to act as a significant barrier to open dialogue about mental health.

4.5 Conclusion

The survey findings show inconsistencies in the RTW experience. While some support mechanisms were generally considered successful, such as a phased return, many participants described unresolved issues, inadequate managerial support, and ongoing stigma as their primary concerns.

Chapter 5 - Findings and Conclusion

5.1 Introduction

This chapter will use the survey findings to address the primary research question: To what extent do British police forces adequately support officers' return-to-work (RTW) after periods of stress or mental health-related sick leave? It will summarise the key findings in relation to the research objectives and reflect on their significance in the context of existing literature, before presenting the research's limitations, recommendations, suggestions for future research and overall conclusion.

5.2 Key Findings

Thirteen eligible participants took part in the survey, and twelve had completed a RTW. Respondents were mostly police constables (85%), evenly split by gender, and most identified as White. Most had between one and five years' service (85%). The small and relatively similar profile of participants limits the broader applicability of the findings, so they should be considered indicative of this force and rank rather than representative of wider U.K. policing.

In relation to the first research objective, participants reported mixed and inconsistent experiences with RTW support. Some officers benefited from phased returns or supportive management. Others, however, described feeling pressured to resume duties before they were ready or being dismissed by their manager, suggesting that the quality of support received depended heavily on managerial approach. A significant proportion also turned to external resources such as their GP and private counselling, suggesting that internal support was not always sufficient or appropriately targeted.

In relation to the second objective, the findings suggest that while formal RTW processes did exist, their application was inconsistent in practice. Many officers had formal RTW plans, but nearly half did not feel emotionally or professionally ready to return, highlighting a gap between policy and real-life readiness. Heavy workloads emerged as a significant barrier, with many participants returning to the same or increased workload, leaving the original stressor unresolved. Policing culture also shaped experiences, with several officers referring to mental health stigma and guilt. One participant cited a complete lack of organisational trust as the reason they did not RTW at all.

In relation to the third objective, the survey findings suggest that shortcomings in RTW support can contribute to repeated absences, though evidence was limited in this small sample. Two participants reported taking additional leave due to unresolved workload pressures, while two others had only recently returned, making longer-term outcomes uncertain. Although the proportion of repeat absences was lower than in Cartwright and Roach's (2020) research, the findings suggest that when underlying stressors, such as workload, remain unaddressed, the risk of additional absence persists. As workload management often depends on support from line managers, the inconsistency in leadership identified earlier may also play a role.

5.3 Findings in Relation to the Literature

The research aligns with existing literature on police mental health. Organisational stressors, including heavy workloads, lack of managerial support, and poor work–life balance, were identified as leading contributors to participants' initial absences, which

mirrors research that shows these pressures are often more harmful to wellbeing than operational factors (Galanis et al., 2019). These stressors re-emerged during the RTW process, with several officers returning to unchanged or heavier workloads. This echoes earlier warnings that reintegration is unlikely to succeed if officers come back to the same conditions that led to their absence (Cameron et al., 2016), and suggests that without systematic workload adjustment, RTW procedures may function as little more than temporary relief.

The research also underscores the limitations of reactive support models. While some officers described positive managerial support and phased returns, others reported poor communication or pressure to return early. This reflects broader evidence that organisational support is inconsistently experienced, with occupational health and counselling not always perceived as effective (Whybrow, Jones and Greenberg, 2015). The findings support wider critiques that reintegration support should shift from reactive, policy-based models towards proactive, tailored support (Van der Velden et al., 2010).

Cultural stigma was also evident in the survey findings, with officers describing feelings of guilt and fear of judgment from their colleagues. This aligns with Abdollahi's (2002) research on the "cultural shield" and Bullock and Garland's (2017) notion of a "spoiled identity" when police officers disclose mental health difficulties. Moreover, national survey data shows that many officers expect negative responses when disclosing mental health problems and only a minority feel fully supported after doing so (Police Federation of England and Wales, 2024). This may explain participants' reliance on external services, such as GPs and private counselling, even when internal services were available.

5.4 Recommendations

The survey findings highlight several areas where current RTW support could be improved. Heavy workloads were the most significant driver of absence and a barrier to reintegration. The first recommendation is that police forces use structured workload management as part of RTW planning, including temporary caseload reduction, prioritisation meetings, and short-term administrative support. Without adjustments like these, officers risk immediate re-exposure to the same stressors that led to their absence.

Second, RTW processes should be tailored and proactive rather than procedural. Although formal RTW plans were often in place, many participants reported feeling unready to return, suggesting a disconnect between policy and actual readiness. RTW planning should therefore include closer attention to timelines, phased duties, and follow-up check-ins. This would help ensure the RTW process functions not only as a process but also as meaningful support.

The findings showed that line managers had a significant impact on how the RTW was experienced. Some provided constructive planning and support, while others communicated poorly or put pressure on officers to return. Police forces could consider developing formal leadership training, with guidance on communication, phased duties, and workload planning for managers. This would improve consistency and ensure that manager support is experienced as genuinely helpful rather than procedural.

Finally, the findings highlight the ongoing impact of cultural stigma. Officers described feelings of guilt and fear of judgment, reflecting broader concerns about how mental

health is perceived in policing. Forces should continue efforts to normalise mental health conversations, but with greater emphasis on tackling peer stigma and ensuring that related absences do not have negative implications. The leadership training outlined earlier could include mental health education, equipping managers with the knowledge and sensitivity to support officers both during their initial absence and during their RTW.

5.5 Limitations

While the sample provided valuable insights, its small size and specific participant demographics limit its transferability to other ranks, demographics, or police forces. The sample of 13 participants, all drawn from Gwent Police, means that findings should be interpreted cautiously. A larger and more diverse sample would have enabled a stronger analysis and better representation, and made it easier to identify any differences between ranks, departments, or force cultures.

The reliance on voluntary participation also raises the possibility of self-selection bias, as officers with particularly strong or negative experiences may have been more inclined to participate. This may have skewed the data towards specific perspectives while underrepresenting others.

The use of an anonymous online survey allowed participants to be open and honest, but limited the depth of qualitative data. Responses could not be probed or clarified, and interpretation was limited to what participants shared. Similarly, the study relied on self-reported experiences, which may be influenced by recall bias or subjective perceptions of organisational support.

Finally, the nature of the one-time survey captures officers' perceptions at a single point in time. The longer-term outcomes of RTW, such as whether participants went on to take further leave, could not be more thoroughly assessed during the limited time frame available for this dissertation.

The researcher took steps to mitigate some of these limitations. The study is framed as exploratory, with the findings presented as indicative rather than representative.

Moreover, considering the findings in relation to existing research helped to confirm that it aligned with broader research into mental health within policing. Finally, the anonymous survey format reduced barriers to participation and encouraged honesty, offsetting some of the risks associated with self-selection bias.

5.6 Future Research

This dissertation contributes to an underexplored area of research, but its small scale highlights the need for further study. Larger studies across multiple police forces would help assess whether these findings are representative of U.K. policing more broadly and enable meaningful comparison between forces and other demographics.

Longitudinal research would also be valuable in assessing whether officers who RTW after stress-related leave experience longer-term reintegration or further absences, providing greater insight into the effectiveness of RTW processes.

Finally, the prominence of managers in participants' accounts suggests a possible area for future research. Further research into the role of direct line managers could provide additional insight into how leadership styles and managerial behaviours influence RTW outcomes.

5.7 Overall Conclusion

This dissertation set out to evaluate the extent to which British police forces adequately support officers' return to work following stress or mental health-related leave. Evidence from a small, single-force survey suggests that while formal processes exist and some officers benefit from phased duties and supportive managers, effective RTW support is inconsistent in practice.

Formal RTW procedures were in place but did not always translate into genuine readiness, with nearly half of respondents reporting that they did not feel prepared to RTW. And, in many cases, the original stressors remained unresolved. Where these issues continued, the likelihood of further absence remained. These shortcomings were compounded in some cases by a policing culture of stigma and mistrust, which may have influenced how support was perceived and experienced.

The survey findings suggest that current RTW processes are only partially adequate. While they provide structure, the conditions needed for a sustainable RTW are not always in place. In this sample, adequacy appeared to rely on three areas that were experienced inconsistently: whether workload was adjusted as part of RTW planning, whether processes were individually tailored and appropriately timed, and whether managerial support was consistent and sufficient.

Although the study is small and limited to a single force, its conclusions reflect wider research on organisational stressors and police culture. This reinforces the broader argument that, without reducing workloads upon return, improving manager support, and actively reducing stigma, RTW processes in U.K. policing will remain insufficient in

ensuring the long-term recovery and retention of police officers who take stress or mental health-related leave.

The primary contribution of this dissertation is to highlight the RTW stage as an underexplored area of police wellbeing. For U.K. police forces, the recommendations are clear. RTW must be treated as an operational priority rather than an administrative formality. When reintegration addresses the causes of absence, officers are more likely to recover, and the quality of public service will improve as a result.

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7. Appendices

7.1 Copy of Questionnaire

Returning to Work After Stress or Mental Health Leave in Policing

This anonymous survey is about your experience returning to work after taking stress or mental health-related sick leave. If you have served in Gwent Police and have taken this type of leave within the past five years, your input is welcomed.

Section 1

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Section 1: Survey Consent Form

Study Title: *Worried Sick: To what extent do British police forces adequately support officers' return to work after periods of stress or mental health-related sick leave?*

Purpose of the Study: You are invited to take part in a research study exploring how police officers experience returning to work following a period of stress or mental health-related sick leave. To participate, you must serve or have served in Gwent Police and have taken such leave within the past five years.

Procedure: If you choose to take part, you will complete an anonymous online survey asking about your experiences with the return-to-work process. The survey will include a mix of multiple-choice and open-ended questions. It is expected to take approximately 10–15 minutes to complete. You may skip any questions you do not wish to answer.

Potential Risks and Benefits: Some questions may involve reflecting on personal experiences related to your mental health. While no significant risks are anticipated, some questions could be challenging. You are free to skip any questions or stop the survey at any time. There are no direct personal benefits from participating, but your responses will help inform research into the effectiveness of return-to-work support in policing.

Confidentiality: This survey is completely anonymous. No identifying information will be collected, and the information you provide cannot be linked back to you. Data will be stored securely on password-protected devices.

If you have questions or concerns about this study, please contact:

Amos Hall

Email: 2236651@student.uwtsd.ac.uk

Before You Begin: This survey includes questions about your experiences with stress, mental health, and returning to work. Some questions may be emotionally triggering or challenging. If at any point you feel uncomfortable, you may skip a question, take a break, or withdraw from the survey entirely without repercussion.

If you would like support, the following confidential resources are available:

- Mind Blue Light Support Line: 0300 102 1234
(Monday to Friday, 9am – 6pm)
www.mind.org.uk/bluelight
Offers mental health support specifically for emergency service workers.
- Oscar Kilo – National Police Wellbeing Service:
www.oscarkilo.org.uk
Provides access to wellbeing guidance, self-assessments, and support tools for police officers.
- Police Care UK – Confidential Support:
www.policecare.org.uk
Independent charity supporting police wellbeing and trauma recovery.
- Samaritans: 116 123 (24/7, free)
www.samaritans.org
Offers emotional support to anyone in distress.

1. Consent Statement:

I have read and understood the above information. I confirm that:

- I am 18 years of age or older.
- I voluntarily agree to participate in this study.
- I understand that my responses will be anonymous and confidential.
- I understand that I may skip questions or stop the survey at any time.

By selecting "I agree," you indicate your consent to participate in this study. *

☐ I agree

Section 2

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Section 2: About You

The following questions are designed to provide context for your responses. You must choose an answer for each one, but you can select "Prefer not to say" if you'd prefer not share that information.

2. How old are you? *

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55 or older
- ☐ Prefer not to say

3. What is your gender? *

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Other

4. What is your ethnicity? *

- ☐ White (including British, Welsh, Irish, or any other White background)
- ☐ Black / African / Caribbean / Black British
- ☐ Asian / Asian British
- ☐ Mixed / Multiple ethnic groups
- ☐ Prefer not to say
- ☐ Other

5. What is (or was) your most recent role/rank within Gwent Police? *

- ☐ Police Constable
- ☐ Sergeant
- ☐ Inspector
- ☐ Prefer not to say
- ☐ Other

6. Approximately how long have you worked (or did you work) for Gwent Police? *

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 10+ years
- ☐ Prefer not to say

Section 3

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Section 3: Your Experiences With Mental Health Leave

This section asks about your experiences of taking stress or mental health-related leave. They relate to your most recent period of leave. You can skip any questions that you do not feel comfortable answering.

7. Approximately how long was your most recent period of stress or mental health-related leave?

- ☐ Less than 2 weeks
- ☐ 2-4 weeks
- ☐ 1-3 months
- ☐ 3-6 months
- ☐ More than 6 months

8. What were the main reasons for your most recent leave? *(Select all that apply)*

- ☐ Excessive workload
- ☐ Trauma or exposure to traumatic incidents at work
- ☐ Bullying or harassment
- ☐ Lack of managerial support
- ☐ Personal circumstances outside of work
- ☐ Poor work-life balance
- ☐ Other

9. Were you **offered** any of the following support services during your time off? *(Select all that apply)*

- ☐ Occupational health
- ☐ Internal counselling services
- ☐ TRiM (Trauma Risk Management)
- ☐ Line manager support
- ☐ Peer support / colleague support
- ☐ I was not offered any support
- ☐ Other

10. Did you **access** any of the following support services during your time off? *(Select all that apply)*

- ☐ Occupational Health
- ☐ Internal counselling services
- ☐ TRiM (Trauma Risk Management)
- ☐ Line manager support
- ☐ Peer support / colleague support
- ☐ External counselling or therapy
- ☐ Support or medication from GP
- ☐ I did not access any support
- ☐ Other

11. How would you describe the support you received from Gwent Police during your time off work?

- ☐ Very supportive
- ☐ Somewhat supportive
- ☐ Neither supportive or unsupportive
- ☐ Somewhat unsupportive
- ☐ Very unsupportive
- ☐ Other

Section 4

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Section 4: The Return-To-Work Process

This section asks about your experience of returning to work after stress or mental health-related sick leave. The questions relate to your most recent period of leave. You can skip any questions that you do not feel comfortable answering.

12. When you returned to work, did you feel emotionally and professionally ready to return?

- ☐ Yes
- ☐ Unsure
- ☐ No
- ☐ Other

13. When you returned to work, did you have a formal return-to-work plan in place?

- ☐ Yes
- ☐ No
- ☐ I did not return to work
- ☐ Other

14. Which of the following best describes your return to work?

- ☐ Phased return (reduced hours/duties)
- ☐ Full-time return with adjusted duties
- ☐ Full-time return with no adjusted duties
- ☐ I did not return to work
- ☐ Other

15. Who was involved in supporting your return to work? *(Select all that apply)*

- ☐ Line manager
- ☐ Occupational Health
- ☐ HR representative
- ☐ Peers / colleagues
- ☐ Federation representative
- ☐ Nobody supported me
- ☐ I did not return to work
- ☐ Other

16. Did you feel adequately supported during your return to work?

- ☐ Yes, fully
- ☐ Somewhat
- ☐ Not at all
- ☐ I did not return to work
- ☐ Other

17. Were the underlying issues that contributed to your time off addressed before or during your return to work?

- ☐ Yes, fully
- ☐ Partially
- ☐ Not at all
- ☐ Other

18. What aspects of the return-to-work process did you find the most helpful or supportive?

Enter your answer

19. What, if anything, made returning to work more difficult?

Enter your answer

20. What could have improved your return-to-work experience?

Enter your answer

21. Have you taken further stress or mental health-related leave since your return?

- ☐ Yes
- ☐ No
- ☐ I did not return to work
- ☐ Other

22. If you **have** taken further stress or mental health leave, do you feel this was connected to how your previous return-to-work was managed?

Enter your answer

23. If you **did not** return to work after taking stress or mental health-related leave, what were the main reasons why?

Please only answer this question if you did not return to work following your most recent period of stress or mental health-related leave.

Enter your answer

Section 5

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Section 5: End of Survey

Thank you for taking the time to complete this survey. Your responses are appreciated and will help contribute to a better understanding of how police forces can support officers returning to work after stress or mental health-related absences.

All responses will remain anonymous and will be studied collectively as part of an academic research project. The findings may be published in summary form, but no identifying information will be published.

If you have been affected by any of the issues raised in this survey, you may wish to contact one of the following support services:

- Mind Blue Light Support Line: 0300 102 1234
(Monday to Friday, 9am – 6pm)
www.mind.org.uk/bluelight
- Oscar Kilo – National Police Wellbeing Service:
www.oscarkilo.org.uk
- Police Care UK – Confidential Support:
www.policecare.org.uk
- Samaritans: 116 123 (24/7, free)
www.samaritans.org

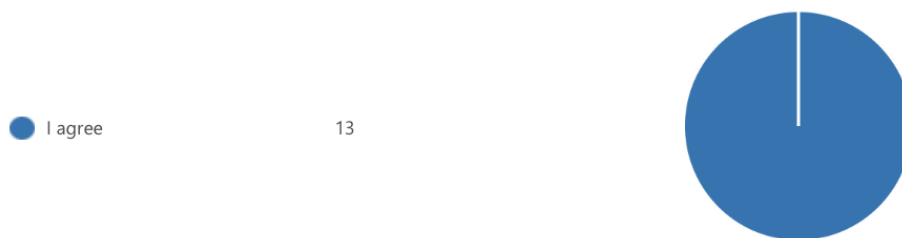
7.2 Questionnaire Answers

1. Consent Statement:

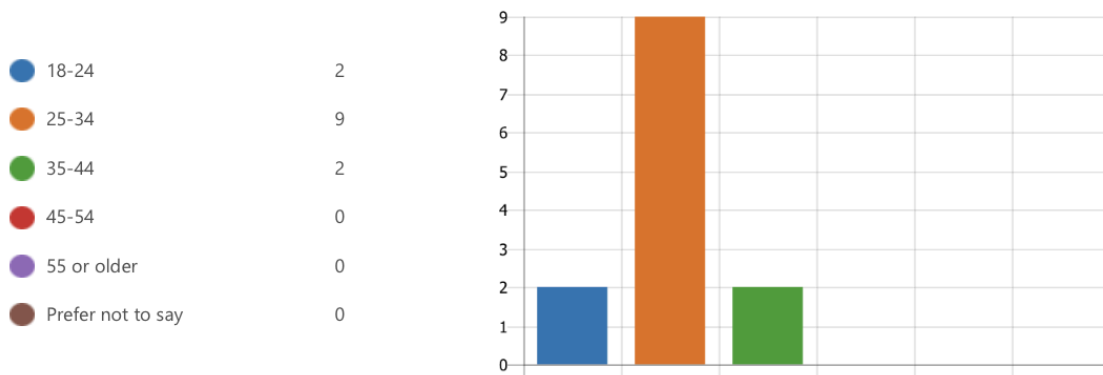
I have read and understood the above information. I confirm that:

- I am 18 years of age or older.
- I voluntarily agree to participate in this study.
- I understand that my responses will be anonymous and confidential.
- I understand that I may skip questions or stop the survey at any time.

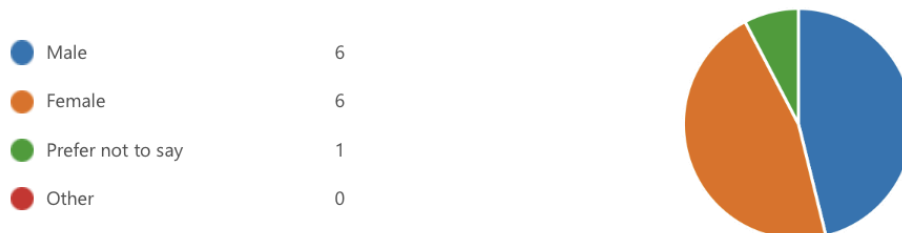
By selecting "I agree," you indicate your consent to participate in this study.



2. How old are you?

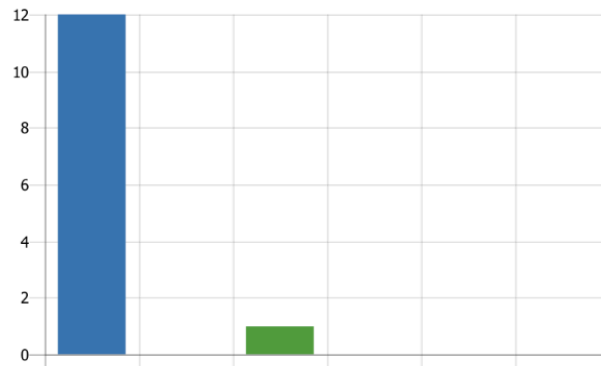


3. What is your gender?



4. What is your ethnicity?

White (including British, Welsh...	12
Black / African / Caribbean / B...	0
Asian / Asian British	1
Mixed / Multiple ethnic groups	0
Prefer not to say	0
Other	0



5. What is (or was) your most recent role/rank within Gwent Police?

Police Constable	11
Sergeant	0
Inspector	0
Prefer not to say	1
Other	1



6. Approximately how long have you worked (or did you work) for Gwent Police?

Less than 1 year	0
1-5 years	11
6-10 years	2
10+ years	0
Prefer not to say	0

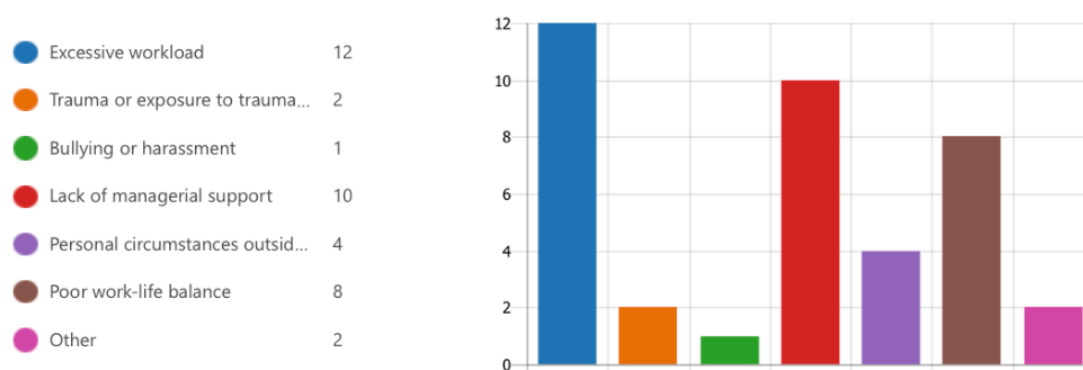


7. Approximately how long was your most recent period of stress or mental health-related leave?

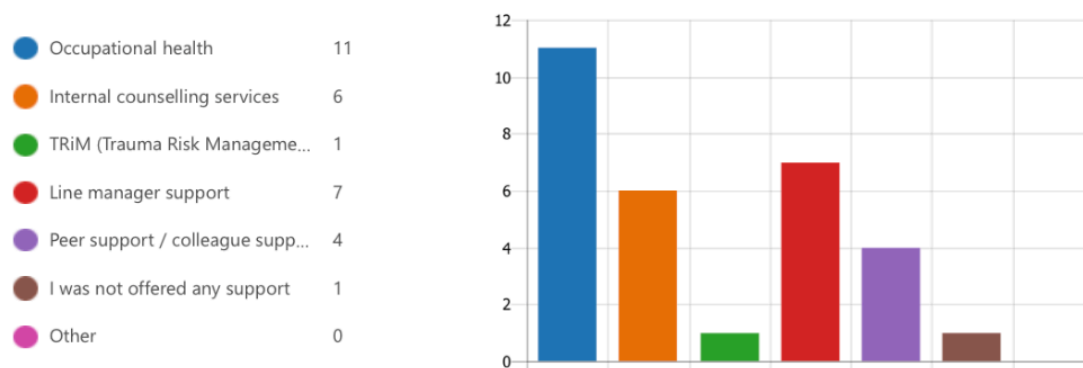
Less than 2 weeks	3
2-4 weeks	0
1-3 months	4
3-6 months	4
More than 6 months	2



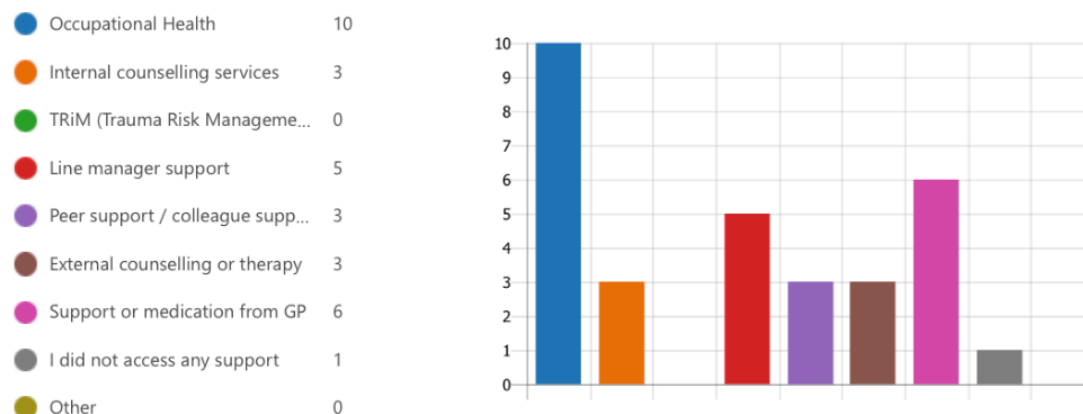
8. What were the main reasons for your most recent leave? *(Select all that apply)*



9. Were you **offered** any of the following support services during your time off? *(Select all that apply)*

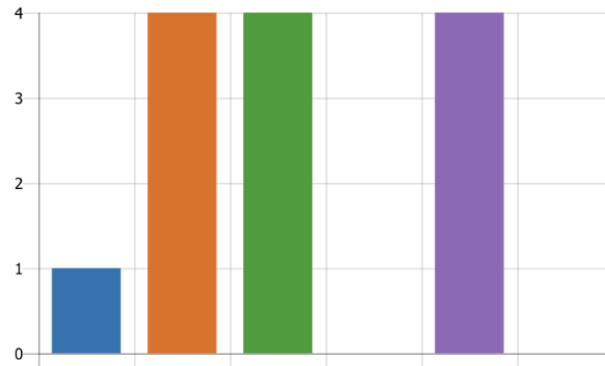


10. Did you **access** any of the following support services during your time off? *(Select all that apply)*



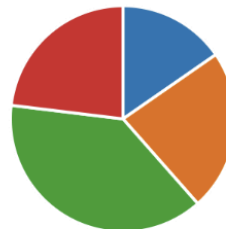
11. How would you describe the support you received from Gwent Police during your time off work?

Very supportive	1
Somewhat supportive	4
Neither supportive or unsupp...	4
Somewhat unsupportive	0
Very unsupportive	4
Other	0



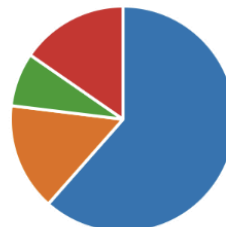
12. When you returned to work, did you feel emotionally and professionally ready to return?

Yes	2
Unsure	3
No	5
Other	3



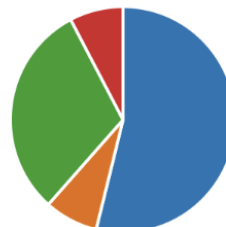
13. When you returned to work, did you have a formal return-to-work plan in place?

Yes	8
No	2
I did not return to work	1
Other	2

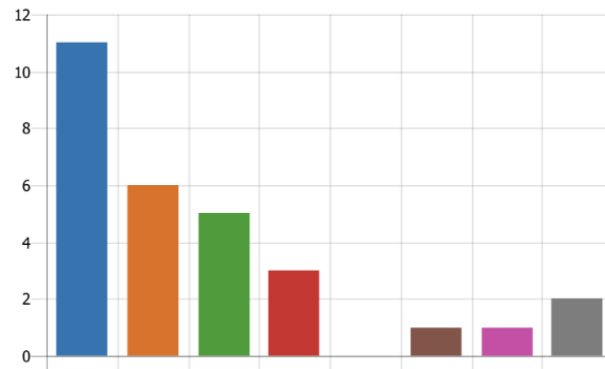
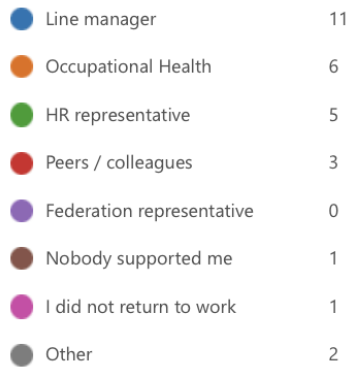


14. Which of the following best describes your return to work?

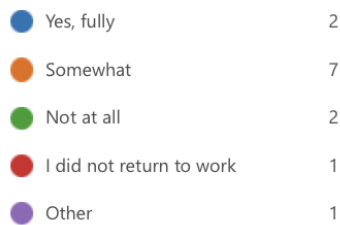
Phased return (reduced hours...	7
Full-time return with adjusted ...	1
Full-time return with no adjust...	4
I did not return to work	1
Other	0



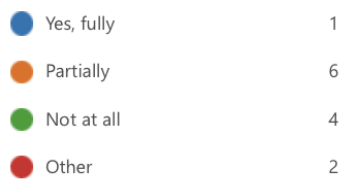
15. Who was involved in supporting your return to work? *(Select all that apply)*



16. Did you feel adequately supported during your return to work?



17. Were the underlying issues that contributed to your time off addressed before or during your return to work?



18. What aspects of the return-to-work process did you find the most helpful or supportive?

13
Responses

Latest Responses

"Nothing from work. But I did find my GP surgery helpful as they m...

"Nothing"

"Completing a phased return was super helpful to ease back into th...

19. What, if anything, made returning to work more difficult?

13
Responses

Latest Responses

*"Phased return not offered, when asked for help and support I was ...
"spoke to my line manager and said id retrun on X date. That was it...
"Fear of what other officers were saying about me regarding the sti...*

20. What could have improved your return-to-work experience?

13
Responses

Latest Responses

*"A lot could be done to support an officer regardless of their gender...
"Clearer communication and better support from line manager "
"More support from SGT. More experienced officer available for sup...*

21. Have you taken further stress or mental health-related leave since your return?

Yes	2
No	8
I did not return to work	1
Other	2



22. If you **have** taken further stress or mental health leave, do you feel this was connected to how your previous return-to-work was managed?

2
Responses

Latest Responses

"Yes"

23. If you **did not** return to work after taking stress or mental health-related leave, what were the main reasons why?

2
Responses

Latest Responses

"N/a"

7.3 Questionnaire Answers 18-20

Question 18

18. What aspects of the return-to-work process did you find the most helpful or supportive?

13 Responses

ID ↑	Name	Responses
1	anonymous	Being able to come back on a phased return so I could ease back into what is a very stressful job after an extended period off work. Having supportive and friendly colleagues around me.
2	anonymous	phased return worked well
3	anonymous	Occ health listened and checked in and felt that they had my best interests as a priority
4	anonymous	None
5	anonymous	Phased return. Made it less daunting doing a whole day.
6	anonymous	Discussing the plan with my line manager as to how the return to duties would be set out and then sticking to that
7	anonymous	NA- did not return to work at Gwent Police
8	anonymous	Support by line manager
9	anonymous	Direct support from line manager
10	anonymous	Colleagues, support and medication from GP
11	anonymous	Completing a phased return was super helpful to ease back into the role. Returning with a smaller workload was very useful for my own mental wellbeing
12	anonymous	Nothing
13	anonymous	Nothing from work. But I did find my GP surgery helpful as they made some referrals for me.

Question 19

19. What, if anything, made returning to work more difficult?

13 Responses

ID ↑	Name	Responses
1	anonymous	HR representative and line manager made me feel pressured to come back and insinuated that I was letting down my colleagues by being off work. Feeling that my colleagues were under increased pressure and stress themselves because of my time off — even though this is a staffing issue and a wider force issue, I felt responsible for adding to their load. Awareness of how some people view mental health within the workplace and how policing culture doesn't always make mental health absence feel "acceptable."
2	anonymous	lack of organisation
3	anonymous	Lack of line manager support - would not communicate with me
4	anonymous	Lack of Support and Workload Stress
5	anonymous	I was made to return to the same team that made me unwell to go off in the first place. I returned to my workload which was high and the reason I went off, however in an even worse state as this time the cases had 6 months with little to no actions completed and now even more stressed about doing them.
6	anonymous	Nothing
7	anonymous	NA- did not return to work at Gwent Police
8	anonymous	Managing the excessive workload like I wasn't off due to it
9	anonymous	Nothing
10	anonymous	Workload and stress unresolved
11	anonymous	Fear of what other officers were saying about me regarding the stigma around mental health in the police. It was difficult to return as nothing has changed I don't feel better supported than I did before and now my workload is climbing very fast again.
12	anonymous	spoke to my line manager and said id retrun on X date. That was it and has been my experience with the return to work process.
13	anonymous	Phased return not offered, when asked for help and support I was asked to leave the job and take care of my personal issues.

Question 20

20. What could have improved your return-to-work experience?

13 Responses

ID ↑	Name	Responses
1	anonymous	Returning to a smaller case load than when I left (since this was the main reason I was off with stress). More support from line manager with regard to this.
2	anonymous	clear communications. returning to work only once flexi pattern was agreed would of helped.
3	anonymous	Better line manager support. Sit down with me. Listen to concerns and develop a plan
4	anonymous	Workload Meeting and 1-1 discussion on sorting workload out
5	anonymous	Someone sitting down with me and going through my workload and making a plan of how to tackle it, focusing on most pressing problems. Having support in getting through outstanding actions instead of the overwhelm.
6	anonymous	Nothjbg
7	anonymous	NA- did not return to work at Gwent Police
8	anonymous	Assistance with getting workload down to help start fresh to manage it and manage stress
9	anonymous	Time to sort out workload
10	anonymous	The whole system is flawed, everybody is under too much pressure and therefore the levels of support are not adequate and the pressure to return ASAP is so intense
11	anonymous	More support from SGT. More experienced officer available for support. More check-ins from line manager
12	anonymous	Clearer communication and better support from line manager
13	anonymous	A lot could be done to support an officer regardless of their gender. . Listening and tailored support as per the need. Especially when GPs are already involved too. The Stereotype mentality also needs changing that a male officer must be mentally strong. And if they shred a tear or share there mental health problems they are seen weak. THIS NEEDS A CHANGE.

7.4 Questionnaire 'Other' responses

Question 8

8. What were the main reasons for your most recent leave? (Select all that apply)

13 Responses

ID ↑	Name	Responses
1	anonymous	["Excessive workload", "Lack of managerial support", "Poor work-life balance", "Understaffed shift, feeling not protected by superiors, not looked after by your employer "]
2	anonymous	["Poor work-life balance", "Excessive workload", "Personal circumstances outside of work", "grevience I felt want delt with appropriately. "]
3	anonymous	["Excessive workload", "Lack of managerial support"]
4	anonymous	["Personal circumstances outside of work", "Excessive workload", "Poor work-life balance", "Lack of managerial support"]
5	anonymous	["Excessive workload", "Trauma or exposure to traumatic incidents at work", "Lack of managerial support", "Poor work-life balance"]
6	anonymous	["Excessive workload", "Personal circumstances outside of work"]
7	anonymous	["Excessive workload", "Lack of managerial support", "Poor work-life balance"]
8	anonymous	["Excessive workload", "Lack of managerial support"]
9	anonymous	["Excessive workload", "Trauma or exposure to traumatic incidents at work"]
10	anonymous	["Excessive workload", "Lack of managerial support", "Poor work-life balance"]
11	anonymous	["Excessive workload", "Lack of managerial support", "Poor work-life balance"]
12	anonymous	["Lack of managerial support"]
13	anonymous	["Lack of managerial support", "Poor work-life balance", "Excessive workload", "Bullying or harassment", "Personal circumstances outside of work"]

Question 12

12. When you returned to work, did you feel emotionally and professionally ready to return?

13 Responses

ID ↑	Name	Responses
1	anonymous	No
2	anonymous	Unsure
3	anonymous	Was ready with additional support
4	anonymous	Unsure
5	anonymous	Unsure
6	anonymous	Yes
7	anonymous	Did not return to work
8	anonymous	No
9	anonymous	Yes
10	anonymous	No
11	anonymous	No
12	anonymous	No
13	anonymous	Professionally I was ready and was hoping that some support will be put in place for me.

Question 13

13. When you returned to work, did you have a formal return-to-work plan in place?

13 Responses

ID ↑	Name	Responses
1	anonymous	Yes
2	anonymous	verbally, however alot of the things discussed did not happen untill I pushed for things. a serious lack of understanding and pressures from above to get back to work don't allow any connections and empathy
3	anonymous	Yes
4	anonymous	Yes
5	anonymous	Yes
6	anonymous	Yes
7	anonymous	I did not return to work
8	anonymous	No
9	anonymous	Yes
10	anonymous	Yes
11	anonymous	Yes
12	anonymous	No
13	anonymous	Yes, on my second meeting, I was put on an action plan despite explaining my struggles and mental health issues.

Question 16

16. Did you feel adequately supported during your return to work?

13 Responses

ID ↑	Name	Responses
1	anonymous	Somewhat
2	anonymous	Somewhat
3	anonymous	Somewhat
4	anonymous	Not at all
5	anonymous	Somewhat
6	anonymous	Yes, fully
7	anonymous	I did not return to work
8	anonymous	Somewhat
9	anonymous	Yes, fully
10	anonymous	Somewhat
11	anonymous	Somewhat
12	anonymous	Not at all
13	anonymous	I felt a lot could have been done better to support someone who is already going through severe mental stress. Putting them on an action plan wasn't the great support. Following this I never asked for anything or any support and just carried on working and doing things as I was told.

Question 17

17. Were the underlying issues that contributed to your time off addressed before or during your return to work?

13 Responses

ID ↑	Name	Responses
1	anonymous	Partially
2	anonymous	Partially
3	anonymous	Not at all
4	anonymous	Not at all
5	anonymous	Partially
6	anonymous	Yes, fully
7	anonymous	Did not return to work
8	anonymous	Partially
9	anonymous	Partially
10	anonymous	Not at all
11	anonymous	Partially
12	anonymous	Not at all
13	anonymous	On payer yes. But in practically no.

Question 21

21. Have you taken further stress or mental health-related leave since your return?

13 Responses

ID ↑	Name	Responses
1	anonymous	Not yet, but I have only returned very recently
2	anonymous	No
3	anonymous	No
4	anonymous	No
5	anonymous	No
6	anonymous	No
7	anonymous	I did not return to work
8	anonymous	No
9	anonymous	No
10	anonymous	Yes
11	anonymous	No
12	anonymous	No but I've only been back 2 weeks
13	anonymous	Yes

Question 22

22. If you have taken further stress or mental health leave, do you feel this was connected to how your previous return-to-work was managed?

2 Responses

ID ↑	Name	Responses
1	anonymous	The reasons I initially needed time off for were unresolved, I returned and quickly had a heavy workload again and there was not enough support to help me manage it. I felt blamed like I was the problem and I couldn't cope.
2	anonymous	Yes

Question 23

23. If you did not return to work after taking stress or mental health-related leave, what were the main reasons why?

2 Responses

ID ↑	Name	Responses
1	anonymous	Felt a complete lack of trust in the organization after how I had been treated prior to taking mental health leave and when on this leave, I knew that I needed to get out of that environment (especially being off sick with the pressure of check ins/returning looming over me) to be able to better focus on myself and my mental health to recover and address the issues. At the time I felt that I was not valued or wanted in Gwent as a police officer because I felt that I wouldn't have been treated the way I was if they wanted me there and so felt that I must have not been good at my job in the first place - I do not feel this way anymore but it was how I felt at the time. Ultimately I loved my job and didn't want to leave but felt I had no other choice- I voiced this to my manager and others but nothing changed or was offered.
2	anonymous	N/a