



An Investigation into the developments of frontline police officer  
mental health and wellbeing protection

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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 (candidate) Stephen John Morgan

Date: 12/03/21

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used the extent and nature of the correction is clearly marked in a footnote(s). Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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*STATEMENT 2*

I hereby give consent for my thesis, if accepted, to be available for deposit in the University's digital repository.

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## Table of Contents

|                                                                     |           |
|---------------------------------------------------------------------|-----------|
| <b>ACKNOWLEDGEMENTS .....</b>                                       | <b>2</b>  |
| <b>ABSTRACT .....</b>                                               | <b>4</b>  |
| PURPOSE .....                                                       | 4         |
| DATA COLLECTION APPROACH .....                                      | 4         |
| FINDINGS .....                                                      | 4         |
| LIMITATIONS .....                                                   | 4         |
| <b>INTRODUCTION.....</b>                                            | <b>5</b>  |
| RESEARCH QUESTION.....                                              | 5         |
| RESEARCH OBJECTIVES .....                                           | 5         |
| RESEARCH AIMS .....                                                 | 5         |
| BACKGROUND .....                                                    | 5         |
| <b>LITERATURE REVIEW .....</b>                                      | <b>6</b>  |
| SUBSTANCE ABUSE AND PTSD .....                                      | 6         |
| THE RELATIONSHIP BETWEEN THE FIVE PERSONALITY TRAITS AND PTSD ..... | 8         |
| STRESS RESILIENCE AND HARDINESS.....                                | 9         |
| PROACTIVE TRAUMA MANAGEMENT FRAMEWORKS.....                         | 11        |
| TRAUMA MANAGEMENT IMPLEMENTATION .....                              | 14        |
| THE COLLEGE OF POLICING’S RESPONDING TO TRAUMA FRAMEWORK.....       | 16        |
| POLICE 2021 BUDGETS.....                                            | 18        |
| POLICE OFFICER SUPPORT CHARITIES .....                              | 19        |
| POLICE CULTURE AND MENTAL HEALTH STIGMATISATION .....               | 20        |
| CHAPTER SUMMARY .....                                               | 22        |
| <b>RESEARCH METHODS .....</b>                                       | <b>23</b> |
| QUALITATIVE DATA .....                                              | 24        |
| THE TYPES OF INTERVIEWS .....                                       | 25        |
| DISADVANTAGES OF CASE STUDY RESEARCH.....                           | 26        |
| THEORY TRIANGULATION .....                                          | 28        |
| THE DISPLAY OF QUALITATIVE DATA.....                                | 29        |
| QUANTITATIVE DATA .....                                             | 30        |
| THE CREATION OF HYPOTHESES .....                                    | 30        |
| METHODS USED IN THIS STUDY .....                                    | 31        |
| <b>RESULTS .....</b>                                                | <b>34</b> |
| QUALITATIVE RESULTS.....                                            | 34        |
| QUANTITATIVE RESULTS.....                                           | 37        |
| <b>DISCUSSION AND SUMMARY .....</b>                                 | <b>44</b> |
| STUDY SUMMARY .....                                                 | 47        |
| <b>BIBLIOGRAPHY .....</b>                                           | <b>49</b> |
| <b>APPENDIX .....</b>                                               | <b>57</b> |

## Abstract

### Purpose

The main purpose of this study is to identify and evaluate the developments of mental health protection in the UK Police Service and see whether the current protective frameworks that have been adopted to provide adequate support and protection against trauma and Post Traumatic Stress Disorder (PTSD) symptoms.

### Data collection approach

A survey consisting of 40 participants originating from the Nation Association of Retired Police Officers (NARPO) Gwent was undertaken and the results of the survey would be compared with the opinions and views of the 8 interview participants originating from NARPO Cardiff. The two data sets ensure validity as they are collecting different forms of research data.

### Findings

The study found that the implementation of the National Wellbeing Service and TRiM have provided police forces with a centralised platform which allows for the accessibility of support programmes, resilience training and trauma management training. As these are privately funded organisations adopted by the police, the level of support will stay constant regardless of fluctuations in budget. The addition of police charities such as Call4Backup allows for the responsibility of mental health support to be shared which limits the risk of the system being overcrowded by demand.

The data results revealed that the participants felt that the cuts in police funding was one of the core causes of additional police officer and staff stress, however this has recently been remedied through the UK Government 's funding package which invests £15.8 billion into the service and aims to employ 20,000 new police officers.

### Limitations

As the target audience for data collection was retired police officers, it does not reflect the opinions and views of actively serving Police Officers which acts as a snapshot into what support was available in the past. The investigation into whether the supportive frameworks such as TRiM can be explored in future studies. Additionally, the sample size for the survey was small and cannot be used to generalise the experiences and opinions of Wales or the UK as a whole, however this can additionally be explored in future studies.

## Introduction

### Research Question

Has there been an improvement to the protection against trauma and Post Traumatic Stress Disorder (PTSD) symptoms and how the mental health and wellbeing of police officers and staff can be future proofed?

### Research Objectives

- Conduct analysis on existing literature surrounding, mental health, trauma, Post traumatic Stress Disorder (PTSD) and protective police frameworks
- Conduct a survey utilizing Google Forms targeted at the National Association of Retired Police Officers (NARPO) Cardiff
- Conduct semi-structured interviews with NARPO Gwent retired police officers

### Research Aims

Examine the experiences and opinions of retired police officers and compare their experiences with existing literature.

### Background

The roles and responsibilities of a police officer are shrouded in trauma as frontline police officers are amongst the first respondents at a scene, be it a road traffic collision (RTC), homicide or major incident. Additionally, with the deinstitutionalisation of people with mental illnesses with the goal of them being integrated and cared for in the community, the role of the frontline police officer has become more demanding psychologically. Due to this frontline police officers may require additional support than they did historically.

The mental health and wellbeing of frontline police officers is a well-researched area and the mental health conditions which may be developed through prolonged exposure to trauma or stress are well known. One most common illness amongst frontline police officers is Post Traumatic Stress Disorder (PTSD). PTSD although had been known about for

generations, just under a different alias such as World War One's shell shock first saw recognition in the 1980 Diagnostic and Statistical Manual for Mental Disorders which was published by the American Psychiatric Association. Despite the recognition of PTSD in 1980, the first guidelines published were in 2005 with the National Institute for Clinical Excellence (NICE) framework. As there was a considerable delay in providing guidance to aid in the treatment and protection for PTSD sufferers in the Police service, the handling of PTSD possibly was inconsistent with police managers with some potentially using similar personal experiences to aid in the person's distress.

Due to the lack of recognition PTSD had prior to 1980 it may be suggested that this created the stigmatisation of mental illness in police culture due to a lack of understanding and effective treatment. This literature review aims to provide the reader with a comprehensive review of the historical development of psychological illness protection in the police service and to also provide an insight into recent developments in psychological protection frameworks employed by the police service.

## Literature Review

The current understanding of Post-Traumatic Stress disorder is identified as, "a stressful event or situation of an exceptionally threatening or catastrophic nature. It is a disorder that can affect people of any age" (NICE, 2018).

As the development of PTSD is so easily developed in frontline policing, it may be considered essential for frameworks and guidelines to be installed as this would provide support which in turn will dampen the effects of PTSD suffered by officers.

Post-Traumatic Stress Disorder (PTSD) may be seen as a base mental illness which left untreated can act as a foundation for the development of additional illnesses such as depression and anxiety which may lead to staff members self-medicating through the consumption of alcohol and nicotine as the illness is progressive.

### Substance abuse and PTSD

If left untreated, a PTSD sufferer may seek to find ways to alleviate the symptoms of PTSD which may lead to substance abuse or other forms of coping which may be seen as self-destructive. A visualisation of the relationship between PTSD and substance abuse may

be provided by a study produced by Ballenger, J., Beast, S., et al. as in 2007, this organisation conducted a study into alcohol abuse amongst urban police officers. The study consisted of 1200 participants and explores the relationship alcohol abuse and PTSD has. The study found that *“11% of males and 16% of females had engaged in at-risk levels of alcohol use during the previous week, while over one third of male and female officers reported a binge drinking episode at some time during the past month”* (Ballenger, et al, 2010). This indicates that police officers are more likely to participate in binge drinking with female police officers being two or three times as likely. Despite this, the study found no correlation between binge drinking and PTSD as the levels of symptoms of PTSD did not correlate with the levels of binge drinking. Additionally, the study also found no correlation between workplace stress and binge drinking but did find that women are less likely to binge drink under the conditions of higher workplace stress. Despite there being a lack of a correlations between binge drinking and PTSD in the police service, alcohol consumptions may still be used as a coping mechanism which may act as a gateway to harsher, more destructive substances.

The excessive consumption of alcohol has been linked to an increase chance of developing “cancers of the mouth, throat and breast, stroke, heart disease, liver disease and brain damage” (NHS, 2019). In addition to this in 2019, “7,565 deaths registered in the UK that related to alcohol-specific causes” (Office for National Statistics, 2021).

Tobacco is an additional substance utilized for its calming affects due to the presence nicotine. Due to its numbing affect, PTSD suffers may be more likely to consume nicotine through smoking and may be less likely to quit. In in a US clinical trial it has been discovered that veterans suffering with PTSD have a “higher rate (30%) than the U.S. adult population (21%), and veterans with PTSD have even higher rates of smoking (53-66%)” (US National Library of Medicine, 2015)

Due to the high rates of smoking among veterans, it may be seen as essential to provide effective rehabilitation and support to ensure they do not relapse as the withdrawal symptoms of nicotine can cause additional stress without appropriate support. Welch, et al, 2015 explored the link between PTSD and smoking among the World Trade Centre disaster Health Register Enrolees over a 7 to 9 year period. The participants in this study consisted of adults who had sustained first-hand exposure to the disaster.

The study reveals that tobacco consumption reduced significantly between 2003/04 to 2011/12 however, the prevalence of tobacco use in PTSD sufferers were 25-39% higher when compared to participants who did not suffer from PTSD.

According to the National Health Service (NHS) “every year around 78,000 people in the UK die from smoking, with many more living with debilitating smoking-related illnesses” (NHS, 2018). In the US, it has also been estimated people who smoke cigarettes are “15 to 30 times more likely to get lung cancer or die from lung cancer than people who do not smoke” (Centres for Disease Control and Prevention, 2020).

The combination of the two studies provide a strong indication that in order for PTSD sufferers to abandon the destructive and addicting substances, a more tailored approach to support may be needed to protect their health and livelihoods.

#### [The relationship between the Five Personality Traits and PTSD](#)

The role of a police officer naturally contains high risk of trauma which challenging to control be it from direct exposure to trauma through events or indirect stress resulting from everyday working conditions. What can be managed is the personality traits of the recruits employed. The personality traits of police officers can have an impact on the absorption and management of trauma. The Big Five Personality test may be considered the most universal personality assessment model used which identifies and refines human personality into 5 categories, extraversion, agreeableness, conscientiousness, neuroticism and openness. Neuroticism “refers to relatively stable tendencies to respond with negative emotions to threat, frustration, or loss” (Lahay, 2009). A person who scores high on neuroticism would be more likely to respond to severe trauma and develop PTSD which would not only be a risk to the public but also to themselves. Police Officers are more likely to have a personality score which fits the rescuer identity which consists of low levels of neuroticism and high levels of conscientiousness, extraversion and agreeableness.

The personality traits cannot prevent stressor and traumas, but they can limit their effects on the individual which may allow for the management of trauma to be an easier task. Based on the Big Five Personality Traits, three can be identified as being the most consistent over time which are resilient, controllers and undercontrollers. Madamet, et al. 2017 explores the association between the big five personality traits and PTSD development

among French Police officers. The study consisted of 100 French National Police Officers. It was found that participants who were categorized under the resilient trait displayed high levels of extraversion, agreeableness, conscientiousness and openness but scored low with neuroticism which is similar to the score of the over controllers but with a more positive personality. Another defining feature overcontrollers display is they have tendency to internalise negative emotions and their issues which increases the probability of the development of PTSD. However, undercontrollers had scored high with neuroticism and may be categorised by *“low conscientiousness (impulsivity) and low agreeableness, with a tendency toward social withdrawal and low self-esteem”* (Madamet, et al. 2017, p.84). Additional to this study, it was revealed that PTSD symptoms were more prevalent with under controllers and this may be due to the high percentage of under controllers being the oldest and longest serving police officers. This may suggest a burnout of the individual being exposed to trauma for a long period of time.

This hypothesis is consistent with Harms and Brummel (2019) as it is explained that *“human personality development occurs in response to experiences and expectations. What they’ve learned and what demands have been placed on them matter for who they are.”* With the role of a police officer containing high levels of stress and trauma, it may be beneficial for officers who are towards their mid to late thirties or have served in the service for an extended period of time should undergo an additional personality screening to ensure the levels of neuroticism do not increase as the percentage of undercontrollers in Madamet 2017 are middle aged or have served a long period of time in the service.

Although the Big 5 personality traits model may oversimplify the personalities of employees and disregards their desires and fears, the model may still be considered a good test to eliminate those who rank high with neuroticism as these individuals would be more likely to develop PTSD symptoms from traumatic events. However, this may still be seen as subjective as an event which may be seen as traumatic to one person may not be to another.

### [Stress resilience and hardiness](#)

The environment of a police officer is one filled with trauma and stress and although frameworks and safeguards can be implemented to limit the impact of these stress and

prevent them from evolving into a greater issue, the trauma and stress cannot be eliminated. Due to this, it may be deemed essential for police officers undergo resilience training in order to desensitise them from the trauma they may endure.

The term resilience may be defined in Horn and Feder, 2018 as “the dynamic ability to adapt successfully in the face of adversity, trauma, or significant threat.” The core aim of this type of training would be to provide police officers with the tools and skills to control outcomes of trauma exposure. Andersen et al. 2015 explores the application of trauma resilience training among the Finnish Special Response Team (SRT) officers. The training the participants received consisted of “*both classroom and simulated town critical incident scenarios*” (Andersen et al, 2015, p. 3). In order to measure the stress response from the participants, the study fitted chest band monitors in order to collect respiratory and cardiovascular measurements. The results from Andersen et al. 2015 indicate that trauma resilience training may be beneficial to the SRT officers as they were able to significantly reduce their physiological stress responses over the duration of the training. However, the study was only for five days and to achieve permanent results, a comprehensive training scheme would be needed to be created and implemented.

Supplementary to Andersen et al. 2015, Potard et al. 2018 investigates the relationship between hardiness and PTSD symptoms. Hardiness is considered a personality trait as it is unlikely to alter over time even when it may be susceptible to change under some circumstances. Kobasa (1979) discovered in her dissertation through a retrospective design that “among managers, all of whom were in high stresses, those who showed the hardiness attitudes experiences fewer mental and physical illness symptoms” (Segal, 2006, p.312).

Hardiness is comprised of 3 personality attitudes being and are generally referred to as the 3c’s . It consists of commitment, control and challenge. Control is considered to be the “the belief that life changes can be anticipated and controlled, even under difficult circumstances”, challenge is identified as “the ability to view change as an opportunity, based on evaluation of the personal resources available to cope with the situation” and commitment considered to be the “belief that no matter how bad things get, it is crucial to become involved in experiences and remain proactive rather than feel alienated from what happens” (Potard et al. 2018, p. 166). The results from this study reveal that the traits of

hardiness have a negative correlation between the effects of trauma which suggest that people who display hardiness can better manage anxiety. The main finding in this study that commitment and control have a negative impact on PTSD symptoms and mental illness as they these traits indicated lower cognitive and behavioural of PTSD but did not physiological which may be due to biological mechanisms such as stress hormones. Control had the largest influence over reexperiencing accounting for 16% of the variables.

It is theorised that the existence of hardiness begins early in a person's life with the positive influence and reinforcement of parents. Maddi (2013) explains the development of control is "encouraged when the parents make sure that the tasks their child experiences are just a bit more difficult than what they can easily perform" (Maddi, 2013, p.26). In addition, the development of commitment stems from a parent generally being loving and supporting towards the child's interactions with positive reinforcement.

Personalities are however not set in stone and can be developed throughout life through the experience's individuals experience. Roberts and Mroczek, 2008 explain that recent cross-sectional and longitudinal research has revealed that "personality-trait development can and does occur in all age periods of adulthood, including old age". Additionally, middle aged adults have scored higher on agreeableness and conscientiousness but lower on neuroticism, openness and extraversion when compared to young adults.

### Proactive trauma management frameworks

In the 'Policing: The Job and The Life' survey which was based on the European Working conditions Survey which asked questions about psychological hazards, trauma hazards and trauma impact in routine policing. The survey included 17,000 police officers from 47 of the United Kingdom's Police Forces, it was established that *"66% of those reported a psychological or mental health issue which they felt was a direct result of police work"* and *"93% still go to work even when suffering from a work-related psychological issue"* (Hampshire Police Federation, 2019). The number of officers attending work knowingly suffering from work related illnesses is concerning as stressful situations or incidents similar to what caused psychological distress may render the officer incapable of

carrying out their duty to the same effect when compared to someone who is not suffering from a mental illness.

The role of the frontline police officer has been expanded through the implementation of the Community Care model. This care model allows patients with mental disorders to live amongst the community whilst still receiving treatment in hospital in an attempt to try to prevent institutionalisation. This however may put more strain on frontline police officers as they will be the first to respond if someone with a mental illness becomes a threat to society or themselves which exposes the officers to more psychological distress as apprehending a person with a mental illness is different from apprehending a common criminal.

Section 136 of the Mental Health Act 1986 provides police officers with the ability to take a person to safety if they believe they are either a danger to themselves or the community or they can detain a person if they believe they are in need or care or control. Thus, this police power results in the police and social workers having similar care roles. Due to the modern shift in police responsibilities and pushed to become more like social workers, the injuries frontline police officers now obtain may be more psychological rather than physical.

The amount of police officers that knowingly suffer from PTSD is high possibly due to the generalisation of treatment and prevention for PTSD in the police with a heavy reliance on the NHS's provisions on PTSD. This generalisation has the potential to allow some officers to fall through the net as the treatment for officers who are suffering from PTSD as the NHS generic treatment is not equipped to provide the specialist treatment required by officers.

As a response to this, on April 30<sup>th</sup>, 2019, the National Wellbeing Service was created through a £7.5 million investment from the Home Office and was overseen by the College of Policing which was working in conjunction with the National policing Lead for Wellbeing Chief Constable. This new service would *“include mental health outreach support for police officers and staff as well as training and toolkits to improve the provision in individual forces”* which will allow for the more specialised treatment of PTSD and will additionally allow for the ease of access to support. Additionally, the new service will no longer require officers to be granted consent for support of both physical or mental wellbeing. Some of the

core aims of this service are to, *“reduce stigma around seeking support or help, improve knowledge, understanding of help and support available, encourage people to support themselves and realise their own potential and improve personal resilience and self-help skills”* (College of Policing, 2019). This Wellbeing service will also allow for the education of frontline officers and staff to identify the symptoms of PTSD which will allow frontline officers to monitor each other and inform the manager if mental health intervention would be required. This may aid in alleviating the stresses experienced by police managers and on the service as the mental illness may be controlled before it develops to a point where the wellbeing service would have to intervene through officer to officer intervention.

Additional to the core aims of the National Wellbeing service, it also provides police managers with training which will allow them to better recognise the causes of traumatic distress which will allow them to better identify the main symptoms in others. This additional training available to police managers will reduce the stigmatisation of mental illness in the police as managers will be educated into the severity of the illness. This education has the potential to be transferred to officers thus spreading awareness.

One issue prior to the implementation of the National Wellbeing Service where officers were treated under the generic NHS guidelines was that the support service was not equipped to allow suffering officers to learn how to combat PTSD on their own which had the potential for officers becoming dependant on the support service.

Inspiration for a more proactive approach to trauma management may be taken from Canada. In April 2019 the Canadian Government launched an action plan which provides a more proactive approach to the treatment and education of PTSD. Unlike the UK’s approach to PTSD protection among public safety officers, Canada has created a tailored action plan which utilizes research aimed at this sector which allows for appropriate care and prevention strategies to be implemented. The plan aims to “support research, prevention, early intervention, stigma-reduction, care and treatment for all types of public safety personnel” (Government of Canada, 2019).

One segment of the Action Plan has resulted in the Canadian Government investing \$10 million into a longitudinal study of mental health in the Royal Canadian Mounted (RCMP) Police which will develop the mental wellness and preventative strategies in the RMCP and in other public safety organisations. It has also allowed for an additional \$10

million investment over 5 years which will grant the development of Internet Cognitive Behavioural Therapy (ICBT) which will allow for a wider reach of trauma sufferers and make it more discrete for the individual receiving treatment. Additionally, the Action Plan also aims to create a centralised catalogue of support programmes available to staff in need of support which allows the support system to be less complex.

As of 2019, OscarKilo is being utilized to not only house the National Wellbeing Service but to also provide a centralised platform which houses peer support programmes, trauma and incident management and resilience training for both major incident and personal resilience. The organisation also provides a wellbeing outreach service which consists of a fleet of fitted vans which can provide physical, financial and psychological health checks on police staff to ensure the wellbeing of staff members.

As OscarKilo is a separate entity from the police budget, it means that the service is not subject to police service budget cuts which allows for the consistency of the support provided which. The Canadian Action Plan however is tied to the Canadian Government's budget meaning the quality and level of support may fluctuate with the budget provided.

### Trauma Management Implementation

There are possible issues which may be drawn from the implementation of workplace health and wellbeing services in the NHS. In a study titled, 'the Barriers and facilitators to implementing workplace health and wellbeing services in the NHS from the perspective of senior leaders and wellbeing practitioners: a qualitative study' conducted by Quirk, H., Crank, H., Carter, A. et al. it was found that the implementation of the service was affected by the stresses of low staff numbers due to the budget cuts. The study identified 3 areas which pose a significant barrier to the wellbeing service implementation being, "busy and pressurised environments caused by staff shortages, financial barriers to implementation of HWB services and Perceptions of spending priorities - patients before staff" (Quirk et al, 2018). These barriers are similar to what the Police may face as the budget cuts have reduced the force numbers resulting in police managers to take on more responsibility thus creating the risk of a burn out. In 2019, the UK Government cut the police budget by 19%

which has resulted in the loss of 45,000 police officers and staff. This reduction in resources will result in police managers taking on more responsibility.

An additional issue the study identified in the implementation of the wellbeing service is strategic implementation. It is suggested in the study that a whole service approach is beneficial as it ensures a smooth referral system which will allow officers to be referred to different services provided by the wellbeing service or external services.

The Blue Light wellbeing framework is an additional strategy available to police managers and is a representation of an up-to-date standard that provides police managers with a foundation where they can base their strategies and interventions are based on the evidence of need of the workforce. Additionally, the framework also *“provides invaluable contemporary guidance, advice and support in the key areas of leadership, environment and resilience, including some of the emerging risks faced by staff, such as exposure to indecent imagery”* (OscarKilo, 2020, online). Furthermore, the main focus of the framework is to provide a positive working environment which will strengthen the morale of the workforce as they will have a sense of purpose. This in turn may allow for a more efficient workforce.

In the Blue Light Wellbeing Framework (2018) it is established that for a successful criminal justice organisation there has to be an acknowledgement and understanding of organisational stressors both operational and organisational.

The Post Traumatic Stress Disorder (PTSD) and Policing short Guidance report produced by the College of Policing in 2018, provides solutions to combatting poor mental health which include supervision and occupational health. These two areas provide police officers and staff a safe and confidential space to discuss their mental wellbeing in work and any symptoms they feel they have developed after a traumatic experience either in work or outside of the workplace.

Although these areas within the criminal justice department provide an opportunity for frontline police officers and staff to control and limit the impact of mental health illnesses developed, staff and officers using the service may become dependent or have high expectations from the service which may negatively impact the work relationship and work stressors which in turn may negatively affect their psychological issues. Furthermore, the supervisor intervention strategy will result in managers having to complete more training to be able to guide and support those who need support which will not only extend

their ability but also limits it as with the reduction in budget as a result from the 2008 crash and possible further reductions due to the deflation of the economy because of COVID 19, supervisors may become over stretched. However, the risk of over stretching police supervisors can be mitigated through the formulation and correct implementation of trauma management frameworks.

#### [The College of Policing's Responding to Trauma Framework](#)

Addressing the stress and trauma of policing and allocating appropriate support and resources can be a complex and time-consuming task. To ensure efficiency, the College of Policing's Responding to Trauma has split the risks and level of trauma into three categories which consist of, response, specialist and disaster management.

The response category may be considered the largest out of the three as this consists of officers who "provide a first response to incidents and events. These roles regularly expose officers and staff to the scene of murders, suicides, road traffic collisions or sudden death" (College of Policing 2018, p. 9). The second category of this framework addresses officers Specialists. These are officers trained to deal with a specialised role such as domestic and child abuse, counter terrorism, undercover work and road death investigations.

As these officers have been trained to deal with incidents that regular officers would have to deal with, they require a more personalised approach to mental health support which includes trauma therapy and surveillance.

The final area which may be considered the area which holds the most psychological trauma is disaster management. Here the officers are comprised of the previous categories and these officers respond and handle disasters or major incidents. This area may be seen as a combination of the two previous areas, but the trauma is of a higher magnitude thus requiring a more tailored response to trauma.

To limit the impact of trauma from these 3 areas, the guide produced by the college of policing outlines what measures should be taken to allow responding police officers to mentally prepare for the trauma and to also establish an agreed process prior to the event so that officers that are suffering mental trauma can seek support as soon as possible so that it does not further develop and affect their work.

Officers in the response categorisation have little control over the everyday risks of policing which allows them to experience traumatic events before they can mentally prepare for. A study conducted in 2017 held by the Home Office and produced by Hargreaves, Husband and Linehan found that responding officers are the largest group in policing and due to this they also have the highest sickness absence rates.

This report also establishes that there have been 2, 358 full time police officers on long term sick and 4, 111 officers have had adjusted or restricted duties in England and Wales. For the 43 police forces in Wales and the whole of England the statistics are low which may be due to either a stigmatisation of mental health in the Police or that the frameworks in place to support the police have been implemented effectively.

Although the response and specialist roles look similar, the main difference is the predictability of trauma. The role of a specialist also exposes officers to a constant, more concentrated level of a singular type of trauma such as child abuse.

Due to the intensity of trauma these officers will receive, the framework has devised a 3-part screening system to limit the risk of burnout and prevent the development of hyperarousal in officers. The screening system allows for officers to identify whether they have been affected by the role and appropriate support will be provided according to their psychological assessment.

The responding to trauma framework may be coupled with the Trauma Risk Management (TRiM) peer support system which trains managers to better identify and manage psychological issues and provides peer support. However, as TRiM is an independent organisation, hired by police forces, for the organisation to be affective at providing support and reducing sickness and absence the organisation has to be implemented properly. Another issue has been highlighted by Greenberg, Langston and Jones 2008 who have evaluated whether using an external organisation to provide trauma support is appropriate. Greenberg, Langston and Jones raised concerns about the governance of TRiM's practitioners by saying, "it is important to ensure that the correct governance measures are put in place to assure commanders that their practitioners are current and effective" (Greenberg, Langston and Jones 2008, p.126). As this organisation is outsourced, the service who adopt TRiM should have access to screening tools to ensure that the practitioner's knowledge is up to date.

The implementation of both TRiM and the responding to trauma framework has the potential to provide good quality support to police staff and officers despite fluctuations in police budget. Additionally, the support systems will be more organised which will allow better coverage and potentially reduce the risk of overcrowding the system.

### Police 2021 Budgets

In order for police services to cut crime and build back the services effectiveness, the UK Government has created a funding package which will span from 2021 – 2022 and will total £15.8 billion which will include £400 million in the recruitment of 20,000 new officers. The package not only promotes more officers on the beat it also “will enable policing to tackle serious violence and increase the number of specialist officers tackling terrorism and serious organised crime, including child sexual abuse and drug trafficking” (Home Office, 2020).

This budget plan is a significant increase to the budget trend in 2018/19 as between 2010/11 and 2018/19 the Government grants in policing had fallen 30% which forced forces to rely on other forms of income such as police precept which utilizes council tax bills for funding.

The Metropolitan Police service can expect to receive £71.1 million in the financial year 2021-22 which is greatly needed as the COVID-19 virus has led the Greater London Authority (GLA) to face a budget shortfall of £493 million due to the unprecedented loss of business rates and council tax income caused by COVID-19, as well as PPE expenditure to prevent the transmission of the virus. In order to protect frontline officers and maintain a functional service, the Mayor of London has withdrawn £22.5 million from the Greater London Authority reserves. Additionally, in response to the budget shortfalls the Mayor’s Office for Policing and Crime and the Metropolitan Police have created a savings plan which pauses non-essential projects such as digital innovation and freezes police office staff.

The increase in the budget provided to the service will also allow for greater security against the COVID-19 virus which has thrust the service into the unfamiliar role of public health policing. Additionally, the virus has also exposed frontline officers to new occupational stressors such as exposure to the virus through public confrontation and spreading it to loved ones. With the additional funding the mental health support for police

officers will stay constant and with the introduction of the targeted 20,000 new police officers, the occupational stressors will be reduced.

### Police Officer Support Charities

The 24<sup>th</sup> of February 2016 saw the launch of the first UK Police Peer Support Charity which has been created by PC Rob Webber. Although there are other mental health charities which provide peer support services, Call4Backup provides support exclusively to police officers both retired and active who are suffering with PTSD symptoms or other mental health issues such as depression. The support that this charity provides comes in the form of telephone conversations, text and email. The creation of this charity can potentially reduce the strain on police service budgets which suggests if the charity is utilized effectively by the service, it can allocate the funds spend on peer support to other forms of support which may be lacking such as Cognitive Behavioural therapy (CBT). As the charity is exclusive to police officers, it may be seen as being more beneficial to officers as the peer support may be more relatable and volunteers may have a better understanding of the issues that are causing harm to police staff which in turn, allows the charity to form stronger connections with those in need of support.

Although the charity cannot provide professional treatments, they can however advise officers how to obtain therapeutic treatments and professional support. This allows police staff to feel in control and not alone when managing mental health conditions.

A study conducted by Call4Backup consisting of 500 active officers found that 61.7% of participants felt that they had not been supported well by the service during their illness. The results from this survey suggest that the frameworks and guidelines which have been created to protect and support police staff who are suffering with mental illness have not been implemented effectively. An interesting revelation made by the study this survey also is that 69.7% of officers who took part in the study are male despite women having equal opportunities. This may suggest that the culture within the service may make it less appealing to women.

Subsequent to 2016, the police service now outsource support through private organisations which means that support is now more widely available. The implementation

of police charities and private organisations suggests there is a lesser chance of the support systems being overcrowded by demand as it may be shared between the organisations.

#### Police culture and mental health stigmatisation

The culture surrounding the police service is a culture which favours physical ailments and mental health illnesses tend to have little to no attention in comparison. Additionally, officers who seek help either internally or externally are viewed as weak and are met with distrust. The development of this stigmatisation of mental illness stems from when the officers are selected for police training. In Soomro and Yanos 2018 it is identified that during this training process “an individual’s self-identity is broken down and rebuilt to fit the desired image of a persona exhibiting self-reliance, aggression, toughness, independence, and suppressing weakness. Deviation from the expected pattern of behaviour is not welcome and may be punished” (Soomro & Yanos, 2018, online).

The stigmatisation of mental health can be deconstructed into 2 areas, public-stigma and self-stigma. Public Stigmatisation may be defined as the, *“awareness of stereotypes held by the general public about service users (9), and anticipated self-stigma refers to the application of such stereotypes to oneself, leading to internalized devaluation and disempowerment”* (cited in Pattyn, M. Sc., Verhaeghe, Ph. D., et al. 2014). Self-stigmatisation may be perceived as, *“when members of the stigmatized group internalize the stigma that is endorsed by the public”* (Soomro & Yanos, 2018, online). To cope with these blockades, people may often develop coping mechanisms such as substance abuse, secrecy or social withdrawal. Additionally, it has been identified by Ramh, (a Scottish mental health charity) that women are more susceptible to developing mental illness than men however, it may be suggested that women are predisposed to seek support for mental health and are more open when talking about emotions which allows them to prevent the illness from developing to a chronic level.

One aspect of policing which may have been a contributor to the stigmatisation of police mental health is organisational culture or as it is more commonly known as ‘police canteen culture’. There is no universal definition for the describe what organisational culture is but it can be interpreted by Johnson, Koh and Killough (2009) as “the values shared by colleagues in an organisation and which become manifest through the

occupational practises within that environment” (cited in Cockcroft, 2013, p. 4). Multiple factors can influence the intensity of the culture within an organisation both internal influences such as organisational values and external influences such as society’s expectation of men.

Schein (2004) however takes a deeper approach to the explanation of organisational culture by exploring the meaning of the word culture. It has been identified by Schein (2004) that its meaning has “been used to describe the traditions that communities engage in and which become embedded historically” (Cockcroft, 2013, p. 4). This suggests that culture can be used as a tool to influence and alter the way people think and behave. Despite culture being an abstract and non-tangible concept, it has a physical and perceivable impact in an organisation or occupation.

Cockcroft identifies the 3 levels of culture being artefacts, espoused beliefs and values and underlying assumptions. Artefacts can be identified as being the tangible aspect of culture as it consists of ceremonies, traditions and, values and folklore. Espoused beliefs and values can interlink with artefacts as this contains the articulated and conscious philosophies of the group which can materialise in the artefact level as it changes their behaviour. If the values and behaviours of the group work for all members the philosophies and actions of the group form the underlying assumption of the culture and the foundation of which the culture is built on.

Research conducted by Gregory (1983) into the impact of occupational cultures on employees in Silicone Valley in California. Interestingly, what this study discovered that employees were shaped not so much by the organisation itself but rather the occupation they held within that organisation. This can be illustrated through the observations made by Gregory (1983) where it was identified that different occupations who wanted to work on the same project would be fuelled by different motivations such as “engineers interests on such technologies would be based on getting products into the market place, whereas scientists were motivated more by the developmental aspects of the work” (Cockcroft, 2013, p. 12).

The conflict between different organisations may be useful as it can create healthy competition between occupations which may yield more productivity. Occupational cultures in the police may however be seen differently. The nature of the role of a police officer is

one which is filled with unpredictable trauma and exposure to violent scenarios. The occupational culture of machoism among police officer may stem from the societal expectations of men and what society views masculinity as.

A study conducted by Heilman, et al. 2019 explores the stereotype surrounding masculinity and the perceived societal idea of masculinity. The study reveals that 72% of young men in the Unities States, 68% in Mexico and 57% in the UK feel they were subjected to the masculine stereotype. Heilman expresses that “masculinity as a whole, or being a man in a physical sense, isn’t inherently bad. But over time, too many restrictive assumptions and expectations for how men are supposed to act, think, and feel have maintained their hold on our societies, to everyone’s detriment” (Heilman et al. 2019, p. 7). Some of the gender stereotypes surrounding masculinity are provided by MensLine Australia and can consist of self-sufficiency, acting tough, aggression and control and homophobia.

Additionally, Heilman also discovered that men are “three to seven times more likely to use physical violence” and “twice as likely to have had suicidal thoughts in the previous two weeks (in the United Kingdom and United States)” (Heilman et al. 2019, p. 7).

It may be suggested from Heilman and MensLine that the cultural expectations and moulding of masculinity may be the root cause for the machoistic environment the Police Service has been known for. Additionally, as the stereotype of masculinity encourages the internalisation of emotion and the rejection of support, when a man seeks out support for mental health concerns it would seem only natural for other men to see that person as weak if they have limited knowledge or awareness of the effects of trauma.

### Chapter Summary

To conclude this chapter, the roles and responsibilities of frontline police officers have changed considerably and is now more mentally demanding. With the creation of community care for psychiatric patients, the role of the police officer has now been expanded past crime prevention and social work is now an integrated part of modern-day policing. This additional role expected from police officers has the potential to add on additional psychological trauma and stress which in turn may cause more officers suffering from PTSD.

The creation of the National Wellbeing Service now provides suffering police officers and staff with tailored support which aims to breakdown the stigmatisation of mental health in the police service through education and awareness of the destructive nature of trauma and the symptoms associated with PTSD. Additionally, through this service officers will be able to obtain support at will without the consent of managers which keeps the support discrete. Through education and awareness from frameworks such as the National Wellbeing Service, the stigmatisation and police culture surrounding mental health and masculinity has been challenged which in turn may allow more officer suffering with trauma or PTSD symptoms to receive treatment without the fear of social repercussions.

The studies surrounding personality traits and hardiness show support for resilience training as it has been indicated by Roberts and Mroczek, 2008 that personalities can change over time and be influenced by situations and life events. Additionally, the study conducted by Andersen et al. 2015 indicates that trauma resilience training has the potential to be useful to specialised police officers however the trauma resilience training course should have a longer duration than what the study piloted as this may ensure the better effectiveness of the training.

The implementation of OscarKilo along with TRiM has allows for a more proactive support towards the protection of mental health support through creating a centralised platform to be created which contains access to mental health support. programmes, incident and trauma management training and personal resilience training.

The adoption of these supportive organisations means that the Police can now provide quality and consistent support irrespective of fluctuations in police funding budgets which ensures the protection of police officer and staff mental health and wellbeing.

Without adequate support, a PTSD sufferer may find forms of coping which may be seen as unhealthy or destructive to one's self or family. These coping mechanisms may include alcohol and tobacco consumption which may have a destructive effect on the health of the individual.

## [Research Methods](#)

The subject of social research contains many theoretical philosophies such as pragmatism, realism and Interpretivism which are still disputed by sociologists today. The definition of social research is more unanimously agreed in the sociology community as “a purposive and rigorous investigation that aims to generate new knowledge. It is the intellectual tool of social scientists, which allows them to enter contexts of personal and/or public interests that are unknown to them, and to search for the answers to their questions” (Sarantakos, 2013, p. 4). Using this definition, it may be deduced that social research is intended to broaden one’s knowledge through discovery and educate the academic community about the validity and importance of theories.

In subject of social research contains two prominent areas of data collection consisting of Quantitative Data and Qualitative Data. The fundamental distinction between these two data collection methods is that qualitative data collection utilizes methods such as “participant observation or case studies which result in a narrative, descriptive account of a setting or practise,” whereas quantitative study is designed to “collect data and draw a numerical-based conclusion about that data. A conclusion that must reflect the numerical analysis and the study context.” (Albers, 2017, p. 1 and Guest, Namey, Mitchell, 2013, p.2).

Whether a researcher settles for quantitative or qualitative data collection methods, both harbour issues and disadvantages however a good research agenda requires both methods to be used in tandem which allows for the neutralisation of these disadvantages.

### Qualitative Data

The characteristics of qualitative research can be identified as “providing an emic account of reality that is unique to the individuals under study and is meaningful and value laden for the researcher ((O’Dwyer and Bernauer, 2013, p. 44).

A study utilizing qualitative data allows participants to be themselves and not be subject to the pressures of a structured survey found in the quantitative method. These stresses may alter the persona of participants which may alter their views and opinions on topics.

This allows for a more accurate and in-depth investigation which may yield more valuable data due to its flexibility and humanisation. However, this form of data collection has the disadvantage of not being measurable as it is based on participant perspectives and

experiences only. Additionally, qualitative data is based on clear observation meaning a researcher must recognise data for it to be collected otherwise it will be lost, one solution to this issue is the recording of sessions either audio or visual. The amount of sessions required for data collection under this method is a further disadvantage as this extends the research time as to come to a conclusion, multiple perspectives must be analysed which adds to the cost and timescale of the project. Semi-structured interviews may be considered a common technique used in the collection of qualitative data as it “allows the researcher to collect open-ended data, to explore participant thoughts, feelings and beliefs about a particular topic and to delve deeply into personal and sometimes sensitive issues” (DeJonckheere and Vaughn, 2018).

With a scientific community built on objectivity, they view truth as containing personal opinions and biases. They have provided resistance to the utilization of qualitative data as it is seen as “it is seen as an assault on this tradition whose adherents retreat into a value free objectivist science” (Denzin and Lincoln, 2005, p. 8). In addition to this, qualitative researchers are viewed as soft scientists and more akin to journalists or film makers. This is because they address aesthetic issues which goes beyond the pragmatic or practical.

### The Types of Interviews

In area of qualitative data exists 3 main areas consisting of interviews, observations and documents which form the foundation of which qualitative data is built on. The interpretation of the purpose of an interview may be “open-ended questions and probes yield in-depth responses about people’s experiences, perceptions, opinions, feelings and knowledge” (Pattern, 2002, p. 4). The interview method of data collection under qualitative research may be considered to be the most common form of data collection as it allows for the greater exploration of views and opinions which cannot be done with a structured survey.

This form of data collection is divided into semi-structured and non-directive. The non-directive form of interview is simply an interview which has no structure and is more like a conversation than an interview due to the lack of pre-planned questions. In addition to this, the focused interview method is where the “interviewer is well aware of the

respondent and in times of deviating away from the main issue the interviewer generally refocuses the respondent towards key subject” (Jamshed, 2014).

In contrast to unstructured interviews, semi-structured interviews have a set of pre-planned, opened ended questions. This form of interview is most commonly used as an interviewing method by employers as the duration of the interview may only be thirty minutes to an hour meaning a researcher can collect more data with this method rather than the unstructured method as the interviews may be recorded either visually or audibly. In addition, this form of interview can allow a researcher to conduct group interviews which can allow for fast data collection but may be inappropriate when the subject is sensitive in nature or the participants are vulnerable.

#### Disadvantages of case study research

Despite case study research being a respected tool for the collection of in depth and comprehensive data, it however does have its disadvantages that a researcher has to take into consideration when planning the project. One of the draw backs to this form of data collection is gaining permission from the targeted organisation and ensuring anonymity throughout the interview. Anonymity during an interview aids in the retrieval of data as the participant will be more relaxed as their identity will not be disclosed. However upholding anonymity during a semi-structured may be seen as a challenging task due to the nature of the semi-structured interview. For the assurance of anonymity permission sometimes has to be granted in order for a successful and ethical interview. This process involves informing an organisation or participant of any potential risks involved, the nature of the interview questions as participants may experience psychological distress through questioning depending on the topic and how the data will be stored.

Rahman 2016 illustrates the disadvantages of qualitative research by arguing that “qualitative research approaches sometimes leave out contextual sensitivities and focus more on meanings and experiences” (Rahman 2016, p. 104). This is contextualised by Cumming 2001 where there was a study based on the experiences of the participants learning to write in a second language but ignored other imperative issues in context to the topic. Due to the negligence of other issues surrounding the topic the resulting study was narrow and not expansive “because it has looked at the writing instructors’ expertise, and

bypassed what impacts of these countries' cultures for example would be on writing assessment" (cited in Rahman 2016, p. 105).

Furthermore, the process of qualitative data analysis is also a time-consuming task as the opinions and views of participants have to be categorised into themes and codes. The codes and themes have to be contextualised through existing literature.

Additionally, due to the small sampling size, qualitative data "raises the issue of generalizability to the whole population of the research" (Rahman 2016, p. 105). To combat generalizability, a qualitative researcher may take multiple studies to achieve a more accurate demographic. However, this would only add to the time needed for the study which makes it less economical.

In addition to anonymity, confidentiality is another obstacle a researcher has to overcome to be successful with qualitative data collection. It is important that the participants be made anonymous as much as possible such as using code numbers for each participant, however, this is not so easy once the interview is conducted online through chatrooms or video link as internet information is stored and is accessible by system administrators or search engines. One possible solution to this issue would be to be granted access to the organisation's intranet, however this increases the wait time as a researcher would require vetting by the organisation.

If a researcher wishes to explore the topic in a more panoramic view, they may adopt the mixed methods approach. This incorporates both qualitative and quantitative research methods which allows them to explore the topic from different perspectives or to gain more knowledge and understanding on connections and contradictions between the qualitative and quantitative data. The purpose of mixed method research is identified in Greene 2007 however, this research approach may be seen as less common as "It often requires more resources (time and personnel) and additional research training, as multidisciplinary research teams need to become conversant with alternative research paradigms and different approaches to sample selection, data collection, data analysis and data synthesis or integration" (Shorten and Smith, 2017).

## Theory Triangulation

Qualitative research is, by its nature multi method in focus and the use of triangulation is an attempt to bring an understanding to the phenomenon in question and to bring validity to the research. The combination of multi method research and empirical materials in a single study “adds rigor, breadth, complexity, richness and depth in any study” (Denzin and Lincoln, 2005, p. 5).

In order for a researcher who is utilizing qualitative data to establish the validity of the research, they will need to utilize the triangulation tool. Existing within the triangulation tool are five main areas consisting of data, investigator, theory, methodological and environmental triangulation. Data triangulation involves the researcher to source different data from a different point of view which allows for a review of their findings and can be used to also check selected perceptions or identify blind spots in the research data. The purpose of this method is only to scrutinise the data from another angle rather than to obtain a consensus.

Theory triangulation involves “the use of multiple professional perspectives to interpret a single set of data/information” (Guion, 2002, p. 2). One approach to the implementation of this type of triangulation is to include professionals from different outside the area of study.

The Investigator triangulation method utilizes the collaboration of investigators of evaluators which develops into an evaluation team. By using this method, a researcher can check the validity of the research data as the findings from individuals in the evaluation team would be compared and if the findings from different evaluators came to the same conclusion then the researcher will have confidence in the validity of their data. However, if the opposite occurs it may suggest the researcher conduct further research in a specific field to achieve complete validity. The methodological triangulation method includes the use of both qualitative and quantitative data collection methods to study the topic of interest. With this form of triangulation, validity is established if both conclusions of both qualitative and quantitative data are the same.

Finally, the environmental triangulation involves, “the use of different locations, settings and other key factors related to the environment in which the study took place,

such as time of the day, day of the week or season of the year” (Guion, 2002, p. 3). The purpose of this triangulation is to identify whether the data would be affected by environmental factors during the study. To achieve validity under environmental triangulation the data must show consistency in to varying environmental factors.

### The display of qualitative data

Once qualitative data has been collected it is essential that the data be displayed in an appropriate manner so that it can be easily analysed and illustrates theories a researcher has developed. The form of visual representation of emerging theories may be considered an essential and vital part of developing a theory as this provides validity and strength to criticism. In Verdinelli and Scagnoli 2013, this form of qualitative enquiry is identified as “the use of diagrams and figures to synthesize major theoretical concepts and their connections.” The use of qualitative data display not only illuminates and strengths a theory or message but also can “be used to represent exploratory, basic, or initial data, or at the other end of the process of analysis” (Verdinelli and Scagnoli, 2013, p. 360). The format of qualitative data display may vary depending on the needs of the researcher however, generally this form of data display usually consists of word clouds, flow diagrams, graphic timelines or infographic displays.

In comparison quantitative data display provides less flexibility as it is centred around the statistics of the data collected meaning the display may require additional narration unlike qualitative which can narrate itself. The visualisation of quantitative data is split into two areas, discrete and continuous data.

Discrete data may be identified as, “a count of the presence of a characteristic, result, item, or activity. These measures cannot be meaningfully divided into smaller increments.” (Frost, 2020). This form of data may be seen as similar to qualitative data as it can be illustrated in a similar way, through the use of histograms which include graphs and charts. Continuous data however may be seen as the opposite of discrete as the data can take any value within a given range such as height or weight. Due to the unorderedly nature of continuous data, it is organised into groups and displayed in either a bar or a scatter plot as continuous data is measured on scale.

## Quantitative data

Quantitative research can be identified as the aim to discover new knowledge but through “distilling complex phenomena into simpler representation” (O’Dwyer and Bernauer, 2013, p. 44).

The use of quantitative research is usually reserved for researcher who want to collect data from a large audience or who wants to examine and catalogue the physical changes in the subject area. However, it is the duty of the researcher to adopt a suitable method research which aligns with the topic. This is best illustrated by O’Dwyer and Bernauer, 2013 as “it is our position that a researcher is not a qualitative or quantitative researcher. Rather, there are research questions that are best addressed with a qualitative design and there are research questions that are best addressed with a quantitative design (O’Dwyer and Bernauer, 2013, p. 43).

The utilization of quantitative data may provide more stable results as the results can be replicated as and when desired which allows any hypothesis based on the research less susceptible to argument or criticism. Due to the nature of quantitative research, it may be used to firmly cement or disprove theories or assumptions. However, as this research method is based on solely statistics, a common assumption is that quantitative data may be more reliable and credible than qualitative data. This may be only true if the researcher is non-bias and has no errors in the setup of the research as mistakes or carelessness in the early stages in quantitative research could jeopardise the entire project. Additionally, it may be seen as easier to create bias using solely this method as the researcher can potentially influence the data in order to get a desired outcome through biased questionnaires or bias sample groups. The isolation of quantitative research also has the potential risk of missing out on valuable information which may not be picked up or expressed through statistical interpretation.

## The creation of hypotheses

Once the analysis and validity checks of research data are complete, the researcher’s next step would be to generate a hypothesis of the findings. Here the method of grounded theory is at the researcher’s disposal. This theory enables someone to “offer an explanation

about the main concern of the population of your substantive area and how that concern is resolved or processed” (Scott, 2009). This theory allows a researcher to uncover social processes such as group behaviours and social relationships which will allow for a richer and deeper understanding of the concept being investigated which makes it a useful tool when a researcher is trying to close gaps in data.

Under this theory lies two main areas which may aid in a researcher coming to a conclusion or developing a theory which are theoretical sampling and theoretical sensitivity.

Theoretical sampling may be described as “a process of generating theory from data which includes collecting the data, then coding and analysing the data. Next the researcher makes a conscious decision about what further detail they feel needs exploring as the new theory develops” (Nobel and Mitchell, 2016). The process of theoretical sampling usually takes place after a conceptual theory is developed as it is used to expand and refine a theory and not create one. The area of theoretical sensitivity allows a researcher to add value and meaning to data and to discard any irrelevant research. Being theoretically sensitive enables a researcher to develop a more grounded and cohesive hypothesis.

The combination of theoretical sensitivity and sampling allows a researcher to develop a richer, more in depth and grounded conclusion to the research topic and also provides the researcher with the knowledge to develop a more solid hypothesis when discussing the data.

### Methods used in this study

The main aim of this study is to identify the developments of mental health protection in the UK Police Service to the current protective frameworks that have been adopted to provide support and protection. Additionally, there will be an investigation into whether mental health frameworks have had an impact on the stigmatisation of mental health through police culture and what can be done to further improve the existing protective frameworks to provide more support to suffering officers.

The research conducted in this project topic will utilize both quantitative and qualitative research methods which will take the form of a semi-structured telephone interview and an online survey. I will achieve this by approaching both National Association

of Retired Police Officers (NARPO) for Cardiff and Gwent in order to collect primary data from the members based on experiences.

This study also aims to answer two hypotheses being whether untreated Post Traumatic Stress Disorder and lead to the consumption of alcohol and nicotine and whether the cuts in police budget has had or will have any effect on the quality of support police staff receive.

The main group of interest in this study is retired police officers as their experiences with previous mental health support frameworks and stigmatisation will be used to scrutinise or praise the modern developments of mental health protection. The dominant form of data collection will utilize an online survey created on Google Forms which will be targeted at NARPO Cardiff. The interviews will be targeted at NARPO Gwent and will be conducted via telephone due to the COVID-19 outbreak as well as the convenience of conducting telephone/video-chat interviews. Each interview should not exceed one hour per participant.

The interviews and survey have been allocated to different organisations to explore whether the views and experiences of NARPO Gwent and Cardiff members are similar or different which adds richness to the data overall.

Additionally, participation in this study is solely voluntary and carries no future repercussions for participants.

The challenges contained within this project mainly stem from gaining access to retired police officers as they are protected under (NARPO) and they had a set criterion I had to comply with. For access to the targeted participants, a request has to be made to the organisations and the intentions of the study had to be clearly communicated. I also had to provide NARPO Gwent and Cardiff with evidence that I am a student at the University of Wales Trinity St David. The evidence included confirmation from my course tutor and a copy of the Universities Data Protection Policy. In addition, the interview questions also have to be screened by the NARPO committee and deemed acceptable before access may be granted. Access was granted once these criteria were met as well as an agreement to provide NARPO Gwent with a copy of this study.

With access to NARPO Gwent members, data would be collected through the use of semi-structured interviews as the topic is personal in nature and focuses on personal

experiences of Post-Traumatic Stress Disorder (PTSD), the personal opinion of the safeguards that were in place to limit the impact of PTSD. Each participant would be allocated an alphabetical letter in order to hide their identity when making reference to their experiences and opinions in the analysis. The quantitative data originating from NARPO Cardiff would be collected through the use of Google Forms as this collects data anomalously and also automatically illustrates the data in graphs and charts. However, it became apparent that the system had one flaw which allowed participants to submit the survey not fully completed. This however did not impact the data greatly as most participants had completed the survey in its entirety. Also, some graphs had become unusable due to the incorrect input of answers by participants. This was corrected through the use of Excel.

In order to check the validity of the research data, allowing for grounded theories and opinions to be made, the methodological theory will be used as this is the only validity screening tool appropriate for this study.

Analysis of the interview data will consist of the coding and grouping of themes and ideas which will then be displayed in a bar or pie chart. In addition, the data from the interviews will be also be interpreted and utilized in the evaluation of mental health protection which will aid in highlighting failings and strengths of the previous frameworks.

The qualitative data collected from the interviews consisted of 8 police officers ranging in ranks from a Police Constable to a Detective Chief Super Intendant with ranging years of service between 11 and 33 years. The opinions and views of the participants were segmented and categorised into 15 codes which were created on the basis of the amount of mental health support provided, the experience of trauma, the knowledge and awareness of stress related mental health issues and the attitudes towards mental health in general and those suffering. The transcripts were dissected and organised utilizing these codes. For example, the theme 'knowledge gap' includes texts such as 'official support seen as a weakness'.

The resulting data from both the interview and survey was used to identify any conflict or commonalities of the experiences between the two organisations. The data would also be used to analyse any the improvements in the modern mental health

protection frameworks and also identify what areas may need improvement with the aid from existing literature.

## Results

From the literary research conducted in the previous chapter, this chapter will contain and analyse the results from the primary research conducted in the form of semi structured interviews and an online survey.

The aim of this chapter is to investigate whether the protection of mental health within the police service has improved historically and to also determine whether the police service of the modern-day can improve upon existing frameworks or integrate new ideas into existing frameworks which may aid in the rehabilitation of suffering police officers.

### Qualitative results

From conducting semi-structured, conversational interviews with the National Association of Retired Police Officers (NARPO) Cardiff consisting of 8 retired police officers ranging in ranks from a Police Constable to a Detective Chief Superintendent and service time ranging from 11 years to 33 years, the general observation of the data indicates that frontline police did not receive official police mental health support as the general attitudes of the police service at the time the participants were active serving police officers was to “get on with it” and the support that was available was outside of work in the form of pub socialisation.

The theme of lack of compassion is more defined and reinforced with participant C who was involved in a house fire rescue which left him with severe Post Traumatic Stress Disorder (PTSD). Subsequent to these events he did not feel protected by the police despite receiving counselling services. This suggests that there were basic support systems available but no specialised support mechanisms able to handle PTSD leaving participant C to believe that the only support that was available to him was the comradery offered by other police officers which usually was in the form of alcohol.

Participant C additionally makes an interesting statement saying

*“once I had retired the counselling sessions stopped and I was not transferred to any other support system outside of the police.”*

This indicates that potentially the police had no interest in the welfare and health of their officers once they had retired and it was down to the individual to seek out the appropriate support, which at the time and now may be hard to obtain. This then may lead the habits learned whilst being an active police officer to turn destructive such as the alcohol which may lead to a dependency on the substance. As the nature of alcohol is a depressant, it may be seen as a gateway drug to harsher, more destructive substances such as class A drugs.

Participants B and D were knowledgeable about the reintegration strategy with Participant D stating,

*“There was a change in duties option available where a police officer would be paired on the beat with another officer for rehabilitation, but this only lasted for a month”*

What comes across as interesting is that Participants B and D were high ranking police officers, also they are the only participants that mention about the change in duties scheme which suggests that the procedures and schemes available to police officers were not widely known amongst the lower ranks in the service. This is consistent with the theme ‘knowledge gap’ as participants B and D indicate that the support mechanisms were not well advertised to all ranking officers at the time.

Participant G also indicates that there was also little protection for whistle-blowers in the service as participant G was subjected to bullying and multiple investigations as a result of speaking up. The misuse of power and bullying Participant G had experienced had destabilised their mental health which caused them to experience suicidal thoughts. What Participant G had experienced is consistent with the reoccurring themes of ‘lack of compassion, knowledge gap and bullying and participant G provides a visualisation into what the culture of policing was like when they were actively serving.

Participant B also indicates the complexity of modern day policing through their experience as it is revealed that the amount of office work the officers have to complete is astounding even with the implementation of technology. He reveals that,

“63 sheets of handwritten paperwork have now been reduced to 16 typed paperwork for arrests”

Participant B also makes the claim that the lack of staff makes the role more difficult which ties in with the theme of ‘service affected by budget cuts’. This indicates that police staff may now be facing more stresses due to low staff numbers which results in police officers doing more than what their role expects them to be doing.

One main reoccurring theme in the interview transcripts is the lack of compassion expressed by the police service during the operational time of the participants interviewed. With the most common belief being that the general attitude of the service at the time was to ‘get on with it’ which was the attitude towards mental and physical injury as displayed with Participant G.

The lack of compassion and stigmatisation of mental health in the police may have infected the organisation top to bottom as seen with Participant B who was a superintendent and served for 30 years. They have strong opinions on mental health saying,

*“If you can’t take it, it’s not for you”*

The strong stigmatisation of mental health from higher up in command indicates that the lack of knowledge and awareness of the effects of trauma and the seriousness of PTSD were not well known across all ranks in the service. This lack of knowledge then may develop into a lack of compassion due to the limited understanding of the conditions.

One area of policing that may be more prone to the development of illnesses related to the overexposure to stress are the traffic officers which is displayed by Participant C.

Participant C indicates that in some instances, it may seem that traffic officers may have received less support than a standard constable as it was discovered that,

*“some officers were dealing with three to four fatalities at a time with no support”*

When analysing the support received by the participants who received it, a high majority of the support provided was counselling with one retired officer receiving support from the

Trauma Risk Incident Management (TRIM) protocol and another received support from the trauma resilience training provided by the service. However, despite some participants receiving counselling support both internal and external, some believed it was too short or was somewhat effective which suggests that the service should explore new methods of addressing mental health issues to provide a more effective service.

Participant E provides a visualisation of the challenges and stresses the Community care System has created for the service through saying,

*“There was one incident where it took 7 police officers to subdue one mental health patient”*

This indicates that the implementation of the Community Care framework has now added more stress on police mental health and police budget as they are dealing with situations they were not created for and without support or an increased budget, the community care system may cause police officers to burnout.

The theme of ‘upbringing’ is supported by Participants H and G as the generalised opinion of these participants was that the stigmatisation of psychological illness may stem from the societal lack of awareness of PTSD. Additionally, this theme may also explain the lack of compassion in the service at the time as participant H believes,

*“it comes down to the person you are, your training and upbringing”*

This viewpoint indicates that officers serving in the mid part of the 20<sup>th</sup> Century were harder which then may have created the stigma for mental illness as it is not visible.

### Quantitative results

In order to achieve a contrast in the qualitative research a structured online survey which consisted of was created and provided to the National Association of Retired Police Officers (NARPO) Gwent where it was distributed amongst their internal systems. The survey was voluntary, and this would have contributed to the low turnout of participants.

The survey achieved 40 participants of which 78.9% of participants were male and 15.8% were female which reflects the machoistic environment the police service was and, to some degree, still is.

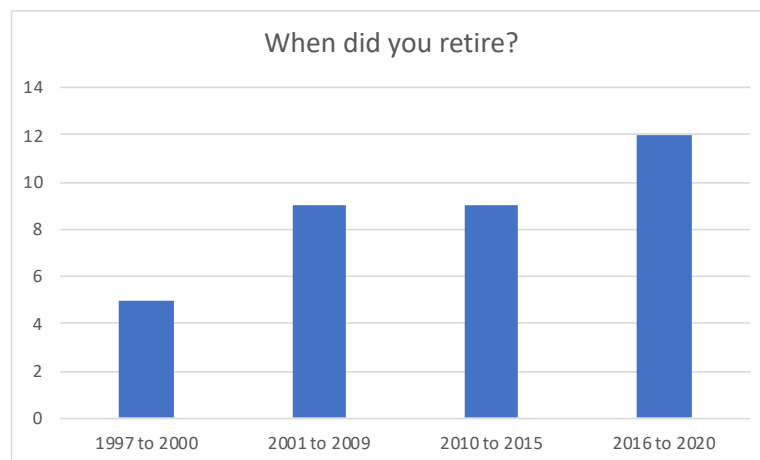


Figure 1

As the survey was focused on specifically retired police officers it may be a good decision to discover how long they have been retired for as this will provide an understanding of their treatment and views on mental illness. When asked, a wide range of retirement ages were discovered ranging from 2020 to 1997 which allows for a range of opinions and experiences with the treatment and general view of trauma in the service. This also allows for the visualisation of any changes in made in mental health protection in the police.

Are you aware of what PTSD is?

38 responses

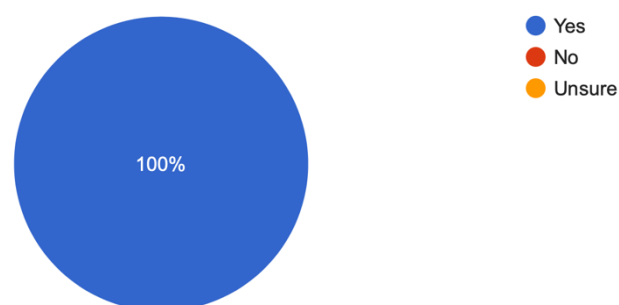


Figure 2

When the participants were asked whether they were aware of what Post Traumatic Stress Disorder (PTSD) is, 100% of all participants agreed they were aware of what PTSD is. This is most likely due to post retirement education on mental illness or the generalised

awareness of mental illness as the taboo surrounding it has weakened over time and has been more accepted than what it was has been in the past. Additionally, this also may indicate that mental health awareness in the police has become more widespread through the introduction of training schemes as seen in the College of Policing's Responding to Trauma in Policing Guidance Report (2018).

During your service in the police, did you experience any events that caused you significant trauma where you received support either internally or externally or both?

38 responses

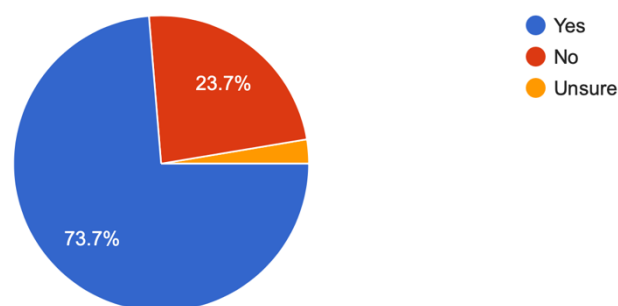


Figure 3

Unsurprisingly, when the participants were asked whether they had sustained trauma which required internal and/or external support, 73.7% agreed that during their operational time as a police officer they had experienced trauma which required professional assistance such as counselling or Cognitive Behavioural Therapy (CBT). This leaves 23.7% of participants who believe they did not sustain any trauma that required professional intervention. This may be because they were in the higher ranks of the service, thus significantly reducing the probability of them developing Post Traumatic Stress Disorder or they may still be ashamed to admit they are suffering from trauma as mental illness support and guidance has only been available to police officers and managers in the last decade.

If YES, were your duties temporarily altered to ensure your full recovery?

38 responses

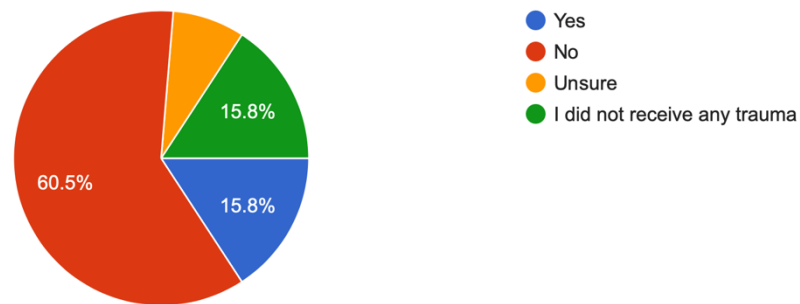


Figure 4

Question 6 reveals that 60.5% of participants did not have their duties altered to ensure a full recovery from their trauma and to ensure proper reintegration into the service. This indicates that either their trauma was suppressed and the suffering officers 'just got on with it' or those who had received trauma received treatment which did not require the alteration of duties.

This suggests that the 15.8% of participants who did have their duties altered either suffered a significant amount of trauma from a particular duty which, if not removed from the duty would cause further psychological harm.

Was mental health support provided or did you have to seek out other forms of support such as colleague socialisation.

35 responses

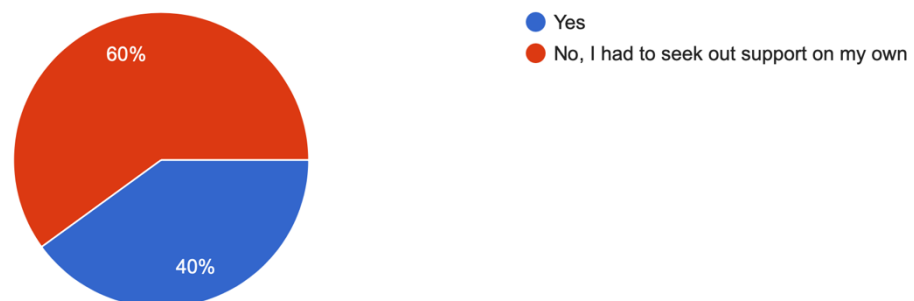


Figure 5

The results from figure 5 indicates that there may have been a lack of knowledge of the support systems which were available to officers suffering with trauma as 60% of participants had sought out independent professional support. However, 40% had support provided to them through police service which indicates either these participants had completed their service when there was a change in mental health policy in the police service or they were of a higher rank in the service, which allowed them to have more knowledge of support systems.

Following the financial crash in 2008, do you believe that the budget cuts would have had an impact on the quality of support available to police officers?

38 responses

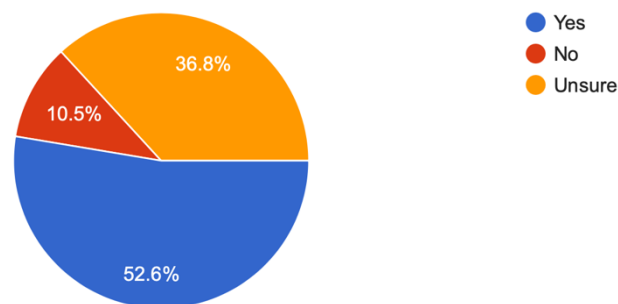


Figure 6

The results from figure 6 reveal that 52.6% of participants agree that the 2008 financial crash of 2008 would have a knock-on effect with the quality of mental health services provided to suffering officers and the duration of the care, whereas 36.8% of participants are unsure whether the cut budget will affect the available mental health support. This indicates that the participants may feel that the budget cuts may have a negative impact on the quality of internal support provided and that the internal support may not be adequate to remedying trauma.

Do you think police officers were discouraged by either their fellow colleagues or management to access mental health support and was seeking sup...en as a weakness amongst other police officers?

37 responses

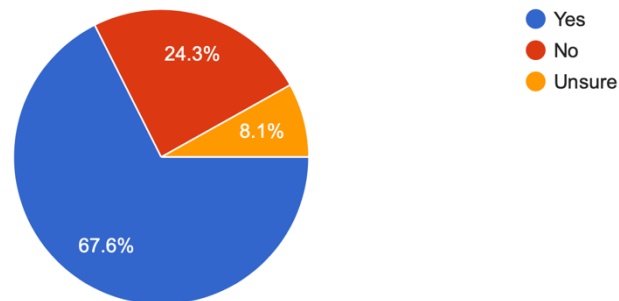


Figure 7

Figure 7 reveals that 67.6% of participants felt that suffering officers who sought after support for PTSD were viewed as weak and generally officers seeking support were discouraged

In addition to question 12, question 13, which was a discussion driven question explores the opinions of the participants as to whether or not they believe there is a stigmatisation of Post-Traumatic Stress Disorder in the police and what the cause may be. The responses to this question can be split into 2 categories lack of understanding and toxic masculinity as either they believe that society and the police service as a whole were ignorant towards the psychological health of police officers or they believe that the police had a complete disregard for the welfare of the police officers at the time as the phrases 'get on with it' and 'just a part of the job' are reoccurring.

Do you think female police officers face less stigmatisation when openly talking about mental illness or trauma in the workplace when compared to men?

40 responses

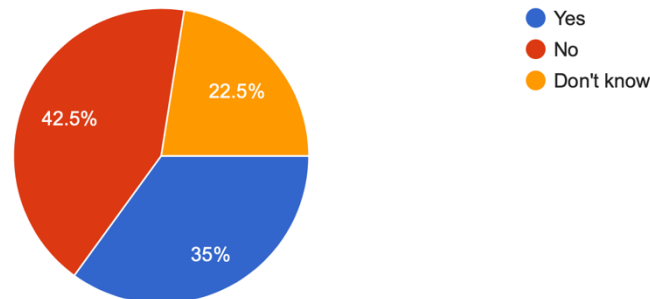


Figure 8

The results from figure 8 reveals that 42.5% of participants felt that women were just as protected from PTSD and trauma as men. Additionally, this also indicates that women may not have been encouraged to talk about their experiences which suggests the stigmatisation of PTSD was not solely aimed at men but towards all staff members in the service.

The survey also conducted an investigation into the gender on participants. Figure 9 indicates that 78.9% were male which disproportionate against the 15.8% of women. This indicates the machoistic environment of the time and may also indicate that the police culture was detracting women to join. However, the stresses and exposure to violence which the role contains also may be repelling aspects which may deter women from joining however with the rates as high as figure 9 indicate this is unlikely to be the root cause.

What is your gender?

38 responses

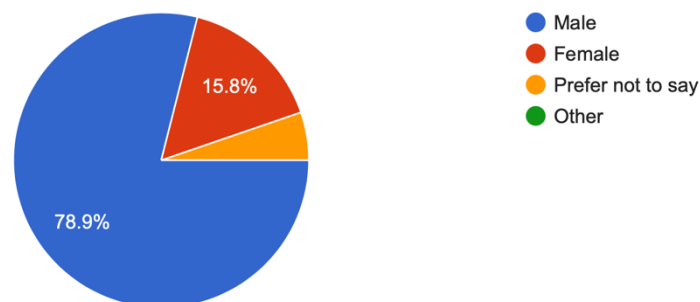


Figure 9

In figure 9 the ratio of male and female officers is disproportionality male with 78.9% of participants being male and only 15.8% being female. This suggest that there may have been a lack of advertising towards women or the work environment both exposure to traumatic scenes and the machoistic environment may have repelled the recruitment of women.

When asked in the survey whether the participants believed that the role of a police officer has become more challenging than it was in the past, the majority of participants believed it had become significantly more challenging with answers ranging from the cut backs affecting the amount of officers available, resulting in additional workload stress to the evolution of society where the police are expected to perform constantly. The most common belief was the cut in the number of officers has increased workloads and police managers set unrealistic targets.

The final survey question explored what the participants believed could be done to further protect police mental health. The responses range between the training of line managers, employment of mental health professionals with knowledge of trauma and a reduction in workload. The opinion of workload is the most frequent opinion observed in this survey question.

## Discussion and Summary

This study examined the new PTSD protective mechanisms and compared the protection they provided to the protections police officers had previously. This study also explores how the protective mechanisms can be improved to become more discrete and have a larger reach. The target audience of retired police officers has provided interesting and insightful experiences and opinions on how the police service have dealt with PTSD in the past and lessons can be harvested from these experiences to further improve the support and care of current and future officers.

The general consensus that police officers did not receive or were not aware of any trauma programmes is strengthened by the findings of both the qualitative and quantitative data sets. The observation of figure 5 indicates that 60% of participants said that they had to

sought out their own support for to manage PTSD symptoms with 40% saying they had received support from the service. Figure 5 makes a direct correlation to the qualitative theme of lack of knowledge of PTSD with the qualitative data indicating that although the support for officers suffering with trauma, the support was available, but limited. The stark number of participants saying they had to source support externally from the service suggests that there was a poor attempt of advertising to inform officers of the support frameworks available to them in the past.

The awareness and education of trauma and the effects of PTSD have been implemented through the supportive mechanisms such as the Blue Light framework and the National Police Welfare Service. They have remedied the lack of understanding and informed officers and staff in need of support what supportive programmes are available to them. This has the potential to prevent suffering officers and staff from self-medicating as the advertisement of supportive programmes is accessible. In addition to this, the utilization of OscarKilo has allowed for regular check-ups with police officer and staff mental and financial health with the distribution of fitted vans.

With the creation and implementation of these charities additionally has the potential to bring awareness of police mental health to members of the public as it relies on volunteers. The research results are in support of the literature and satisfy the hypothesis that the cut in police budget would lessen the quality of support officers would receive as displayed in figure 6 as 56.2% of participants believe that the cuts in budget would have a negative impact on the quality of support provided.

The UK Government may take inspiration from the Canadian Government's approach to trauma management and protection as in an attempt to provide clarity and organisation, the Canadian Government's Public Safety Personnel Action Plan has aspirations to include a mobile app which allows support and information about trauma to be accessed privately. This can aid in the prevention of the support system being overwhelmed as the mobile app allows officers to be provided with support without the consultation of managers.

As the participants have originated from NARPO Gwent and Cardiff, unsurprisingly there is a good awareness of what PTSD is, as figure 2 indicates that all participants have an understanding of what the condition is. This is due to the participants being members of

NARPO and the interaction of other members would lead to awareness and education. To explore current awareness of PTSD and trauma, an additional study focussing on active police officers would need to be conducted in order to determine whether the frameworks such as the Blue Light have been implemented effectively.

The results data satisfies the hypothesis that there is a link between untreated PTSD and self-medicating substances such as alcohol, nicotine or drugs. The results in figure 5 coupled with figure 7 suggest that officers suffering with PTSD symptoms may have been more likely to self-medicate through alcohol consumption as the qualitative results show that the comradery support took the form of socialisation at the pub.

Although the hypothesis may be challenged by Ballenger, et al. 2010 as the study did not find a correlation between binge drinking and PTSD and work place stress, Welch, et al, 2015 makes a correlation between PTSD and smoking with participants who suffer with the condition being 25-39% more likely to start or continue smoking. The results from Ballenger, et al. 2010 could be used to prompt police forces to investigate the lifestyle habits of serving police officers and provide anti-smoking campaigns to assist smokers to quit which would increase the overall health and wellbeing of staff.

Surprisingly the results from the survey revealed that the toxic attitudes towards mental health was not limited to men but it also affected the women officers too as it was hypothesised that due to the nature of having women in the service at the time, they would have been more protected either as a natural phenomenon or through the encouragement to discuss and express their concerns of their mental health.

The time scale of when the participating officers had retired revealed to that the protection of mental health has only been implemented within the last decade with officers retiring in 2007 and experiencing little to no change in the way the mental health of officers was handled. It can be considered as surprising to see how long the mental health of police officers has been abused despite the effects of PTSD being known about by the mid to end of the 1<sup>st</sup> World War.

The results from both data sets are surprisingly disproportionately male with one participant in the interviews being female and 15.6% of the survey participants being female. Reasons for this may stem from the participants originating from NARPO Cardiff and

are not an accurate representation of current gender diversity in the police. The data does show how

The concerns the participants had about staffing numbers among the police and the general belief that low staff numbers may result in additional stress may have been remedied by the 2021-22 Government funding package which aims to recruit an additional 20,000 police officers. The additional 20,000 recruits may have the potential allow the targets and responsibilities of police officers to be more evenly distributed which in turn can reduce workplace trauma.

### Study Summary

To conclude this study, the research indicates that in recent years there has been significant improvement to the protection of police officer mental health through the adoption and implementation of the National Police Wellbeing Service and private organisations such as TRiM and OscarKilo. The implementation of these organisations now provides an accessible platform which houses the support programmes available as well as training schemes available to manager and staff.

The combination of these organisations can provide a constant level and quality of support as they are independent of police budgets. With the police allocating the responsibility of support to the organisations, it can allow the service to allocate funds to other departments who are in need of extra funding.

The UK Government's 2021-22 funding package which is set to include a £15.8 billion investment into Welsh and English Police forces will allow for the additional pressure of COVID-19 on officers and staff to be elevated through the proposed recruitment of 20,000 extra officers. This will allow for the distribution of stresses officers face through targets and COVID-19.

The implementation of both the National Wellbeing Framework and TRIM has suggested that the availability of protection and quality of protection has improved since the active days of the retired police officers interviewed through the creation of an accessible platform which houses all support and training programmes for both managers and staff. It also can be said that the institutional stigmatisation of PTSD has been

challenged and possibly decimated through the greater awareness of the seriousness of the condition through advertising and training schemes which allow managers to identify the symptoms of PTSD and allocate appropriate support.

The literature surrounding the trauma resilience training explored by Andersen, et al. 2015 acts as an indication that the education of trauma management coupled with controlled exposure to trauma builds up resilience which in turn reduces the severity of PTSD symptoms. The implementation of training programme may be seen as beneficial to British Police Special Operations teams as these teams would be more likely to experience higher rates of PTSD symptoms due to the nature of the role.

With the recovery of the financial crash of 2008 and the economic repercussions due to the COVID-19 pandemic the police service will most likely have to utilize more police support charities and private organisations such as Call4Backup and OscarKilo as these organisations ensure that the level of support remains consistent regardless of fluctuations in police budget. It additionally allows the service to provide training to both staff and members without overextending the budget which ultimately future proofs the quality and consistency of police officer and staff mental health support.

As research conducted in this study is based on retired police officers, it provides a screenshot of what support was available when they were actively serving. To evaluate the effectiveness and implementation of the supportive frameworks such as the National Police Welfare Service, the Blue Light Framework and TRiM additional studies into active police officers and staff can be conducted.

From conducting this study, it may be recommended that the personality screening of police officers, who are in the frontline be screened once they have spent an extended period serving in the service as the research into the Big 5 personality traits indicates that the scores of neuroticism increase if an individual is subjected to trauma frequently.

Additionally, it can also be recommended that development of police officer and staff lifestyle support programmes could have the potential to ensure the staff members are aware of the health risks and dangers of tobacco and excessive alcohol consumption and provide necessary support to those who wish to quit smoking or have an addiction to alcohol as the research has indicated officers who suffer with trauma or PTSD symptoms are less likely to quit smoking without adequate support.

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## Appendix

### The historical development of Post Traumatic Stress Disorder (PTSD) support to frontline police officers

By Stephen John Morgan BA (Hons)

What is your gender?

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

How many years service did you complete?

Short answer text

When did you retire?

Short answer text

Are you aware of what PTSD is?

- ☐ Yes
- ☐ No
- ☐ Unsure

During your service in the police, did you experience any events that caused you significant trauma where you received support either internally or externally or both?

- ☐ Yes
- ☐ No
- ☐ Unsure

...

If YES, were your duties temporarily altered to ensure your full recovery?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ I did not receive any trauma

Was mental health support provided or did you have to seek out other forms of support such as colleague socialisation.

- ☐ Yes
- ☐ No, I had to seek out support on my own

If you did receive support what was the support and was it effective in treating your trauma?

Long answer text

...

What do you believe can be done to better protect police officer mental health?

Long answer text

Following the financial crash in 2008, do you believe that the budget cuts would have had an impact on the quality of support available to police officers?

- ☐ Yes
- ☐ No
- ☐ Unsure

...

Do you think police officers were discouraged by either their fellow colleagues or management to access mental health support and was seeking support seen as a weakness amongst other police officers?

- ☐ Yes
- ☐ No
- ☐ Unsure

Do you think Post Traumatic Stress Disorder should be handled similarly to how the MOD handles it and why?

Long answer text

Do you think there is a knowledge gap in the police and in society about PTSD? If so, what do you think the cause may be?

Long answer text

Do you think the role of a police officer is becoming more challenging than it was in the past and requires more mental strength than physical? And why?

Long answer text

Do you think there is a knowledge gap in the police and in society about PTSD? If so, what do you think the cause may be?

Long answer text

Do you think the role of a police officer is becoming more challenging than it was in the past and requires more mental strength than physical? And why?

Long answer text

...

Do you think female police officers face less stigmatisation when openly talking about mental illness or trauma in the workplace when compared to men?

☐ Yes

☐ No

☐ Don't know