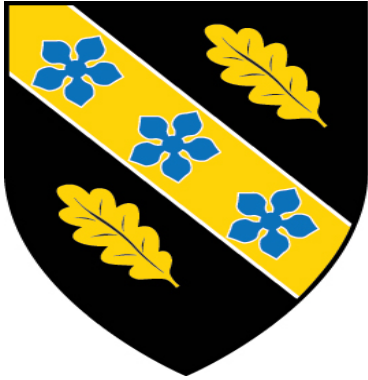




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The role of mental health within career longevity in policing and the consequential impact on retention

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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.

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Date: 31st December 2025

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

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STATEMENT 2

This dissertation is the result of my own independent work/investigation, except where otherwise stated.

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ABSTRACT

Policing is widely seen as a high-risk job for psychological distress. This risk results from repeated trauma, threats, and chronic workplace pressure. UK concerns about police mental health are growing, along with rising staff attrition and retention issues. This dissertation critically examines how mental health affects police officers' career length. It focuses on how psychological well-being shapes choices to stay or leave. Academic literature, organisational theory, and secondary data inform this review of mental health problems in policing. The study also assesses how both workplace and operational stressors affect retention. Stigma, culture, and support are key factors that mediate this relationship. This dissertation uses a desk-based review to gather evidence on risk and protective factors for well-being and career longevity. Purba and Demou (2019) found that lack of support, admin demands, and workload relate more strongly to poor mental health than trauma alone. National wellbeing data links poor support and quitting intentions with fatigue and worse health. This suggests organisation-driven approaches and better leadership are needed to improve retention (Oscar Kilo, 2023).

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CHAPTER ONE: INTRODUCTION

1.1 Background

Police work in the UK involves high responsibility, public scrutiny, and both acute and chronic stress. Police officers regularly respond to traumatic events such as violent crime, sudden death, domestic abuse, and child exploitation, while managing heavy workloads, shift work, and more admin. These pressures raise the risk of conditions like anxiety, depression, PTSD, and burnout (Brewin et al., 2022).

Concerns over police wellbeing have grown as retention problems worsen in UK policing. The 2024 Police Federation of England and Wales Pay and Morale Survey shows that approximately 22–23 per cent of respondents plan to resign within two years or as soon as possible. This points to major retention problems. Official data shows over 9,000 officers left in the year ending March 2023. This is the highest attrition since similar records began, showing the scale of the problem (Home Office, 2024). These figures raise concerns about sustainability, the loss of experience, and future police effectiveness.

Cultural norms of stoicism in policing can stop officers from sharing their struggles or seeking help. Officers may fear stigma and career damage (Porter and Lee, 2024). Mental ill-health can cause fear for reputation or jobs, which delays action and worsens issues. As a result, problems can grow until continued service is impossible, leading to sick leave, limited duties, early retirement, or quitting.

1.2 Research Rationale

UK policing means constant exposure to trauma and ongoing workplace stress. This mix increases the risk of psychological harm like burnout and post-traumatic stress (Ugwu and Idemudia, 2025). Officers often witness violence, deaths, abuse, and child exploitation. Heavy workloads, odd hours, and admin burdens add strain. Such strain leads to anxiety, depression, PTSD, and burnout (Gavin, 2025).

Psychological strain lowers job satisfaction and commitment. It also increases exhaustion and the desire to leave the police (Drew, Sargeant, and Martin, 2024). This pattern shows in workforce data. Over 9,000 officers left in the year ending March 2023, the highest recorded (Home Office, 2024). These data suggest mental health issues cause staff instability that harms policing in the long run.

Organisational culture shapes this connection further. A focus on toughness and emotional control can keep officers from sharing their distress or using support. If officers fear stigma or career harm, mental health problems go untreated and often get worse. This raises chances of impairment, sick leave, limited duties, retirement, or quitting. Workplace culture and support shape whether mental health is managed or leads to early exits (Oliver et al., 2023).

1.3 Research Aim and Objectives:

This study aims to critically examine how mental health and psychological well-being affect career length and retention among UK police officers.

Research Objectives

To achieve this aim, the dissertation seeks to:

- Critically examine the prevalence and nature of mental health difficulties experienced by police officers within the UK policing context.
- Explore officers' perceptions of organisational support mechanisms for mental health and wellbeing.
- Analyse the relationship between mental health status and officers' intentions to remain in, or exit, the police service.
- Identify key protective factors and evidence-based interventions that may enhance career sustainability and improve retention outcomes.

1.4 Research Questions

1. What mental health challenges are most prevalent among police officers in the United Kingdom?
2. How do organisational and operational stressors shape officer wellbeing?
3. Through what mechanisms does mental health influence career longevity and retention in policing?
4. What organisational strategies and interventions are most effective in supporting improved wellbeing and workforce retention?

5. How do organisational culture and stigma influence officers' willingness to disclose mental health difficulties and seek support?
6. What role do leadership quality and supervisory practice play in moderating the relationship between mental health and retention?
7. How do perceptions of organisational justice and fairness affect officer wellbeing and long-term commitment to policing careers?
8. In what ways do mental health experiences and retention outcomes differ across rank, role, gender, and length of service within UK policing?
9. How do perceptions of confidentiality and trust in organisational support services influence help-seeking behaviour among police officers?
10. To what extent do workload management and staffing levels contribute to burnout and turnover intention in UK policing?
11. How does exposure to prolonged organisational stress affect officers' professional identity and sense of legitimacy within the role?
12. What are the implications of mental health-related attrition for operational effectiveness and public confidence in policing?

1.5 Structure of the Dissertation

This dissertation is structured in five chapters to clarify the research trajectory. Chapter One sets the context, rationale, aims, and objectives. Chapter Two critically evaluates literature relating to mental health, wellbeing, and police retention, and defines the conceptual framework for analysis. Chapter Three explains the methodological approach, including research design, data sources, and ethical issues. Chapter Four

synthesises and analyses anticipated findings from the literature, highlighting the mechanisms linking mental health to retention. Chapter Five summarises key conclusions and presents evidence-based policy and practice recommendations.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature on mental health and police careers. It uses both research and theory to explain how operational and workplace factors shape well-being. In the UK, demand, limited resources, and public scrutiny have raised concerns about the police workforce. The chapter shows themes, points of agreement and disagreement, and gaps in research. This provides a basis for analysing how mental health affects who stays in policing and career outcomes.

2.2 Mental Health in Policing: Scope and Prevalence

Policing in the United Kingdom is widely recognised as psychologically demanding, with UK-based research indicating that officers experience higher levels of mental ill-health than the general population, including anxiety, depression, trauma-related symptoms, sleep disturbance, and burnout. Evidence suggests that these outcomes are not solely the result of traumatic incident exposure but reflect the cumulative effects of sustained operational demands, organisational pressures, and limited recovery opportunities within contemporary policing environments (Houdmont, Randall and Kerr, 2019; White and Goldberg, 2018).

UK research highlights the extent of trauma-related mental ill-health in policing, with Brewin et al. (2022) identifying significant levels of PTSD and complex PTSD among

police officers, challenging assumptions that training confers protection against repeated trauma exposure.

The findings suggest that cumulative exposure, particularly in the absence of adequate organisational support, increases vulnerability over time, with consequences for career longevity, as it is associated with impaired functioning and heightened attrition risk.

However, prevalence estimates vary considerably across studies, reflecting methodological differences, reliance on self-report measures, and stigma-related influences on disclosure. This variability highlights the likelihood that existing figures underestimate the true extent of mental health difficulties within policing.

2.3 Burnout as a Threat to Career Longevity

Burnout has emerged as one of the most significant yet under-recognised threats to sustainable policing careers. Conceptualised as a syndrome of emotional exhaustion, depersonalisation, and reduced professional efficacy, burnout develops gradually in response to chronic occupational stress (Folley, Hasset and Williams, 2022). Unlike acute mental illness, burnout may be normalised within police culture, allowing it to persist undetected until it significantly impairs wellbeing and performance.

Burnout is central to retention due to its cumulative nature, with emotional exhaustion linked to reduced job satisfaction, weakened organisational commitment, and increasing detachment from the policing role. This progressive erosion of professional identity, particularly where recovery opportunities are limited, positions burnout as both an outcome of sustained occupational stress and a key precursor to turnover intention (Gomes, Ribeiro and Gomes, 2022). Importantly, burnout is not solely an individual issue. Maslach and Leiter (2016) emphasise that burnout reflects systemic mismatches between job demands and organisational resources, positioning it as an organisational failure rather than a personal deficit. This framing has critical

implications for retention strategies, which must extend outside of individual resilience training to address structural contributors.

2.4 Operational Stressors and Trauma Exposure

Operational stressors are intrinsic to policing and include exposure to violence, sudden death, victim suffering, and personal threat. Numerous studies link exposure to potentially traumatic events with PTSD symptoms and psychological distress (Hartley et al., 2013). Certain roles, such as child protection or firearms units, involve repeated exposure to distressing material, increasing cumulative trauma risk.

However, the literature increasingly challenges the assumption that operational trauma alone accounts for poor mental health outcomes in policing. Evidence suggests that trauma exposure interacts with organisational context, meaning its psychological impact is shaped by leadership response, peer support, and post-incident processes. Officers who perceive organisational validation and support following traumatic or stressful incidents exhibit greater resilience than those who experience blame, indifference, or procedural injustice (Myhill and Bradford, 2013).

This distinction is critical for understanding retention. Trauma may be unavoidable, but organisational responses are modifiable. Where officers perceive organisational neglect following exposure, distress may be amplified, accelerating disengagement and exit decisions.

2.5 Organisational Stressors: A Dominant Influence

Organisational stressors have been consistently identified as more predictive of psychological distress than operational exposure alone. These stressors include excessive workloads, staffing shortages, administrative burden, lack of control over shift patterns, and inconsistent leadership practices. In the UK context, austerity measures and rising demand have intensified these pressures, limited recovery time and increasing fatigue.

Houdmont et al. (2021) demonstrate that organisational stressors exhibit a stronger association with psychological distress among police officers in England than operational demands. This pattern, reflected across the wider international literature, is particularly salient for retention, as organisational stressors are persistent, systemic, and frequently perceived as avoidable. When stress is attributed to organisational shortcomings rather than the inherent demands of policing, officers are more likely to experience dissatisfaction and disengage from the profession.

Leadership quality functions as a critical moderating influence within policing, whereby supportive supervision is linked to enhanced wellbeing and organisational commitment, while ineffective leadership and perceived unfairness in workload distribution, disciplinary procedures, or promotion processes intensify stress and erode organisational trust (Bradford and Quinton, 2014).

2.6 Mental Health Stigma and Barriers to Support

Despite increased recognition of police wellbeing, mental health stigma remains firmly embedded within policing culture. Norms that prioritise resilience, emotional control, and self-reliance continue to suppress disclosure and deter engagement with support mechanisms. Officers frequently report concerns regarding confidentiality, adverse career implications, and being perceived as professionally inadequate, all of which act as barriers to seeking help in a timely manner (Wittmann et al., 2021).

This stigma has direct implications for retention. Fear of disclosure often results in officers concealing symptoms and remaining at work while experiencing psychological distress, a pattern commonly described as presenteeism. As distress remains unaddressed, symptoms may intensify, increasing the risk of prolonged absence, restricted duties, or voluntary exit from the service. In this respect, stigma operates as a critical mechanism through which mental health difficulties are translated into attrition.

Moreover, the persistence of stigma limits the effectiveness of organisational wellbeing initiatives. Support services that are perceived as insufficiently confidential or closely aligned with organisational control are less likely to be accessed, thereby constraining their capacity to mitigate distress and improve retention outcomes.

2.7 Mental Health and Retention Outcomes

The relationship between mental health and retention is complex and multidimensional. Psychological distress affects career longevity both directly, through impaired functioning, sickness absence, and reduced capacity to perform operational duties, and indirectly by eroding job satisfaction and organisational commitment. Turnover retention—widely recognised as a reliable predictor of actual attrition—has been consistently linked to burnout, emotional exhaustion, and perceptions of inadequate organisational support (Monk-Turner et al., 2010).

Retention, however, should not be understood solely in terms of preventing resignation. Officers who remain in post while experiencing poor mental health may require restricted duties or prolonged periods of absence, diminishing overall operational effectiveness and placing additional strain on colleagues. This dynamic can generate a self-reinforcing cycle in which organisational pressure intensifies, further exacerbating psychological distress and increasing the likelihood of subsequent attrition.

2.8 Protective Factors and Organisational Interventions

Protective factors associated with career longevity in policing include supportive and credible leadership, strong peer relationships, perceptions of organisational justice, and timely access to appropriate mental health support. Evidence suggests that peer cohesion can reduce isolation and normalise help-seeking behaviours; however, its effectiveness depends on adequate training, clear governance, and explicit organisational endorsement. Crucially, the literature indicates that interventions focused solely on the individual level are insufficient to address retention challenges. Approaches that prioritise personal resilience risk displacing responsibility onto officers while leaving structurally harmful organisational conditions unaltered. Sustainable improvements in wellbeing and retention are therefore more likely to result from systemic interventions that address workload pressures, leadership quality, fairness in organisational processes, and entrenched cultural norms (HMICFRS, 2025).

2.9 Gaps in the Literature

Despite an extensive body of research on police mental health, important gaps remain in the evidence base. In the UK context, most studies are cross-sectional in design, providing snapshots of psychological well-being rather than tracking how mental health evolves across officers' careers; longitudinal research examining mental health

trajectories over time is notably scarce, limiting understanding of causal pathways and changes in well-being as occupational exposures accumulate.

Much of the existing work also focuses on isolated variables rather than integrating organisational, cultural, and mental health aspects into comprehensive models of retention and career longevity. Furthermore, there is limited exploration of differential experiences across demographic groups, including how gender, ethnicity, rank, and other intersecting identities shape mental health outcomes and retention processes in policing (Houdmont, Randall, and Kerr, 2019; Illias, Riach, and Demou, 2024). Such gaps constrain the development of targeted policies and interventions that can address nuanced workforce needs.

2.10 Chapter Summary

This chapter has synthesised and critically evaluated the literature on mental health, career longevity, and retention within policing. The evidence indicates that, while exposure to operational trauma constitutes an inherent occupational risk, organisational stressors and cultural constraints exert a more decisive influence on psychological outcomes and retention decisions. Mental health difficulties, particularly burnout and emotional exhaustion, erode career sustainability and increase attrition risk where organisational support is perceived to be insufficient. These insights directly inform the methodological approach outlined in the subsequent chapter and provide the conceptual foundation for analysing mental health as a structural determinant of retention within UK policing.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter outlines and critically justifies the methodological approach adopted for this dissertation, which examines the role of mental health in shaping career longevity within UK policing and its consequential impact on retention. It details the research design, philosophical positioning, data sources, analytical strategy, ethical considerations, and acknowledged limitations of the study. Given the sensitivity of mental health within policing and the practical and ethical constraints associated with accessing serving officers, the research adopts a structured critical review methodology. This method allows the systematic synthesis and critical evaluation of existing empirical, theoretical, and policy-based literature, facilitating robust analysis of established patterns, causal mechanisms, and gaps within the evidence base while maintaining ethical integrity and methodological feasibility (Tranfield, Denyer and Smart, 2003; Bryman, 2016).

3.2 Research Philosophy and Approach

Research philosophy concerns the underlying assumptions about how knowledge is produced, validated, and interpreted. This study is informed by a pragmatic philosophical orientation, which recognises that complex social phenomena—such as mental health and workforce retention in policing—cannot be fully understood through a single epistemological framework. Pragmatism prioritises the research problem and its practical implications, enabling the integration of multiple forms of evidence rather than rigid adherence to positivist or interpretivist traditions (Plano Clark, 2017).

Although quantitative approaches dominate much of the policing mental health literature, qualitative research is essential for understanding lived experience, organisational culture, stigma, and meaning-making processes. Accordingly, this dissertation adopts a critical review methodology, synthesising evidence from both quantitative and qualitative studies to develop a comprehensive understanding of the mechanisms linking mental health, organisational context, and retention. This approach is particularly appropriate where the objective is to identify patterns, explanatory processes, and implications for policy and practice, rather than to test a single hypothesis in isolation (Snyder, 2019).

3.3 Research Design

This study adopts a critical narrative review of academic and grey literature to examine the relationship between mental health, career longevity, and retention in policing. This design was selected in response to the ethical, practical, and temporal constraints associated with primary data collection within policing contexts, where access to serving officers is often restricted by organisational gatekeeping, operational pressures, and the sensitivity surrounding mental health disclosure. A secondary research approach, therefore, offers a feasible and ethically robust means of addressing the research aims.

A critical narrative review, facilitates the systematic evaluation and synthesis of existing evidence to identify dominant themes, points of divergence, and gaps within the literature. Unlike strictly systematic approaches, narrative review methodologies allow greater analytical flexibility, enabling the integration of conceptual models, empirical findings and policy literature across disciplinary boundaries. This is particularly appropriate for complex, multidisciplinary topics such as police mental health and retention, which intersect psychology, organisational studies, criminology, and public policy (Grant and Booth, 2009).

3.4 Data Sources and Search Strategy

Data was sourced from peer-reviewed academic journals, policy documents, and professional publications relevant to policing, mental health, and workforce retention. Electronic searches were conducted across established academic databases, including PsycINFO, PubMed, Scopus, and Web of Science, to ensure comprehensive coverage of psychological, medical, organisational, and criminological research. In addition, grey literature produced by organisations such as the Police Federation of England and Wales and statutory inspection bodies was reviewed to situate academic findings within the operational and policy context of UK policing.

Search strategies employed combinations of key terms relating to policing, mental health, occupational stress, and retention, including: *“police” OR “policing”; “mental health”, “wellbeing”, “PTSD”, “burnout”; “occupational stress”; and “retention”, “turnover intention”, “career longevity”*. Inclusion criteria were restricted to studies published from 2010 onwards to ensure relevance to contemporary policing environments. Eligible studies were required to focus on police populations and examine mental health outcomes, retention-related variables, or the relationship between the two. Research relating exclusively to other emergency services was excluded unless used for contextual or comparative purposes. This structured approach enhanced the relevance, transparency, and analytical coherence of the evidence base (Booth et al., 2021).

3.5 Sampling Framework

In place of participant sampling, this study adopted a literature-based sampling strategy, selecting sources that were directly relevant to the research aims. Priority was afforded to empirical studies involving UK police officers, research examining the impact of organisational stressors on wellbeing and studies that explicitly linked mental health to retention outcomes, including turnover intention and career sustainability.

Where UK-specific evidence was limited, high-quality international studies were incorporated to provide comparative perspectives, with careful consideration of contextual and structural differences across policing systems. The resulting body of literature encompasses a broad range of ranks, roles, and policing contexts, thereby strengthening the analytical breadth and enhancing the transferability of the findings (Rowe, 2014).

3.6 Data Analysis and Synthesis

Data analysis was conducted using a thematic synthesis approach. This involved repeated reading of the selected literature and systematic comparison between studies to identify shared patterns and key themes relating to mental health prevalence, organisational stressors, stigma, and retention-related outcomes. Identified themes were then examined in relation to relevant theoretical frameworks discussed earlier, including job demands–resources theory and organisational justice. This enabled a clearer understanding of how both organisational structures and psychological factors may influence career longevity within policing.

Rather than focusing on statistical comparison, the analysis emphasised interpretive and comparative evaluation of findings across a range of study designs and disciplinary perspectives. This approach allowed for a broader understanding of how mental health experiences are shaped by organisational contexts and how they relate to decisions to remain in or leave the police service.

Overall, this method supports the identification of key mechanisms linking mental health and retention, while also enabling critical evaluation of organisational practices and wellbeing interventions. Thematic synthesis is particularly suitable for exploring complex social issues, as it allows for consideration of context, process, and meaning across diverse sources (Braun and Clarke, 2006; Thomas and Harden, 2008; Petticrew and Roberts, 2006).

3.7 Ethical Considerations

Although this dissertation does not involve primary data collection, ethical considerations remain central due to the sensitive nature of the topic. Mental health within policing carries significant stigma and potential professional consequences. Care was therefore taken to represent existing research accurately, respectfully, and without reinforcing negative stereotypes about police officers.

Secondary sources were critically appraised for ethical rigour, including informed consent, confidentiality, and participant welfare. Additionally, the researcher-maintained reflexivity regarding their own assumptions and positionality, recognising the potential influence of personal perspectives on interpretation.

3.8 Limitations of the Methodology

Several limitations must be acknowledged. First, reliance on secondary sources restricts the capacity to capture contemporaneous and localised experiences of police officers within specific UK forces. The use of anticipated findings means that conclusions are necessarily interpretive and inferential, rather than empirically tested within a single organisational setting. As a result, the findings should be understood as indicative of wider patterns and mechanisms rather than definitive causal claims.

Second, much of the policing mental health literature relies heavily on self-report measures, which are vulnerable to response bias, particularly within occupational cultures where stigma surrounding mental health disclosure persists. Reviews of police stress and burnout research highlight ongoing methodological challenges associated with self-report instruments, including underreporting and social desirability effects, which may influence the accuracy of prevalence estimates (Queirós et al., 2020). In addition, the predominance of cross-sectional research designs limits the

extent to which causal relationships between mental health difficulties, organisational factors, and retention outcomes can be established (Podsakoff et al., 2003).

Despite these limitations, the critical review approach provides meaningful analytical value by enabling the synthesis of diverse empirical and theoretical evidence. By identifying consistent patterns, explanatory mechanisms, and points of convergence across studies, the review offers a solid basis for evidence-informed recommendations and highlights priorities for future longitudinal and primary research within UK policing.

3.9 Chapter Summary

This chapter has defined and substantiated the methodological framework underpinning the dissertation, explaining the rationale for adopting a pragmatic, critical review methodology. This technique supports the structured integration of empirical evidence, conceptual models, and the policy literature to develop a thorough insight into how mental health shapes career longevity and retention in UK policing. Pragmatism is particularly suited to this research context, as it enables methodological flexibility and prioritises the practical implications of complex social phenomena over rigid epistemological boundaries (Johnson and Onwuegbuzie, 2004).

The use of a critical review further allows for the examination of interrelated organisational, cultural, and psychological influences on officer wellbeing and career outcomes, while remaining responsive to ethical sensitivities and access built-in constraints in policing research. By synthesising diverse forms of evidence, this approach supports the identification of explanatory mechanisms and systemic patterns relevant to workforce sustainability (Paré et al., 2015; Torraco, 2016). Building on this methodological foundation, the following chapter presents an analysis of anticipated findings derived from the reviewed literature, critically exploring key themes and their implications for retention and organisational effectiveness within contemporary UK policing.

CHAPTER FOUR: ANALYSIS OF FINDINGS

4.1 Introduction

This chapter presents a structured analysis of anticipated findings derived from a critical synthesis of existing academic, policy, and professional literature on mental health, career longevity, and retention within UK policing. Rather than reporting original empirical data, the chapter integrates patterns, relationships, and trends identified across prior research and authoritative sector reports in order to address the study's research questions. This approach enables an examination of how psychological well-being is shaped by both organisational context and operational demand, and how these factors interact to influence career trajectories within the policing profession.

The analysis concentrates on four interrelated themes consistently highlighted within UK policing literature: the prevalence and nature of mental health difficulties among officers; the cumulative impact of operational exposure and organisational stressors; the mediating role of leadership, stigma, and access to support; and the extent to which these factors jointly shape officers' decisions to remain in, disengage from, or leave the service. Drawing on evidence from national inspections and professional guidance, the chapter situates mental health not solely as an individual welfare concern but as a strategic workforce issue with direct implications for retention, resilience, and organisational effectiveness. In doing so, it reflects a growing policy consensus that sustainable workforce stability in policing requires systemic, preventative approaches to wellbeing embedded within organisational structures and leadership practice (Regehr et al., 2019; College of Policing, 2025; McDaniel et al., 2019).

4.2 Prevalence and Nature of Mental Health Difficulties

The literature repeatedly shows that mental health difficulties are widespread across the policing workforce, with anxiety, depression, trauma-related symptoms, and burnout emerging as the most commonly reported concerns. Evidence from UK policing indicates that these forms of psychological distress are prevalent across occupational groups and are closely associated with the broader psychosocial demands of police work rather than isolated exposure to traumatic incidents (Demou et al., 2020). UK evidence indicates that police officers experience significantly higher levels of psychological distress than the wider working population, reflecting the unique combination of operational exposure and sustained organisational pressure inherent to the role. Anticipated findings suggest that these mental health challenges are not confined to officers involved in exceptional or high-risk incidents but are evident across ranks, roles, and lengths of service, reinforcing the understanding of stress in policing as cumulative rather than event-specific (Syed et al., 2020).

Burnout appears particularly prevalent yet frequently overlooked within policing environments. Emotional exhaustion and progressive detachment may develop gradually and become normalised within occupational culture, reducing the likelihood of early recognition or intervention. National workforce evidence highlights that prolonged exposure to high workloads, staffing shortages, and limited recovery opportunities contributes to chronic fatigue and disengagement. Anticipated findings indicate that burnout often precedes more severe psychological harm and serves as an early warning indicator of reduced career sustainability, diminished commitment, and heightened attrition risk. In this context, burnout represents both a consequence of systemic stress and a critical precursor to long-term workforce instability within UK policing (Home Office, 2022; Oscar Kilo, 2025; House of Commons Library, 2024).

4.3 Organisational Stressors as Primary Drivers of Distress

A key anticipated finding is that organisational stressors exert a more substantial and enduring influence on officer wellbeing and retention than exposure to operational trauma alone. Persistent pressures arising from high workloads, workforce shortages, excessive overtime, and escalating administrative demands are repeatedly identified as sources of chronic occupational stress within UK policing. Unlike critical incidents, these stressors are experienced as continuous, systemic, and largely outside individual control, fostering feelings of frustration, powerlessness, and diminished professional efficacy. National reviews of police workforce capacity highlight how sustained organisational pressure contributes to declining morale and increased attrition risk across forces (Velazquez and Hernandez, 2019).

Leadership quality emerges as a critical moderating factor. Officers who perceive supervisors as supportive, fair, and responsive report better well-being outcomes and stronger organisational commitment. Conversely, perceived managerial indifference, inconsistent decision-making, or lack of post-incident support are associated with heightened distress and disengagement (Wilson et al. 2023).

Anticipated findings therefore suggest that organisational culture and leadership practices play a decisive role in shaping how police officers experience, interpret, and manage stress, with direct implications for career longevity. Supportive leadership and fair organisational practices can act as protective factors, buffering the impact of high operational demand and facilitating recovery, engagement, and sustained commitment to the profession (Smith et al. 2022). Conversely, cultures characterised by inconsistent leadership, limited psychological safety, or a lack of meaningful support may exacerbate stress, normalise burnout, and accelerate disengagement. Over time, these conditions can erode professional identity, reduce organisational loyalty, and increase the likelihood of sickness absence, restricted duties, or voluntary exit. In this respect, leadership and organisational culture function not merely as

contextual influences but as structural determinants of officers' capacity to sustain long-term careers within policing (Edwards, 2023).

4.4 Impact of Mental Health on Career Longevity

Mental health difficulties are anticipated to influence career longevity through multiple, interconnected pathways that operate at both individual and organisational levels. Direct impacts include increased sickness absence, reduced operational effectiveness, and the imposition of medical or duty restrictions, all of which can limit officers' capacity to undertake frontline, specialist, or high-demand roles. Workforce evidence from UK policing indicates that long-term sickness absence associated with psychological ill-health places sustained pressure on operational capacity, increases reliance on overtime, and exacerbates existing staffing shortages, thereby contributing to wider workforce instability (Police Federation of England and Wales, 2024).

The application of restricted duties can also have longer-term consequences for career development. Officers who are unable to return to full operational roles may experience disrupted career trajectories, reduced access to specialist postings, and fewer opportunities for progression. Over time, these constraints can undermine perceptions of professional competence and self-efficacy, particularly within a culture that prioritises operational availability and resilience. Organisational work characteristics and job demands have been shown to negatively affect psychological well-being and job stress among British police officers and staff (Oliver et al., 2023). Anticipated findings therefore suggest that mental health difficulties may not only affect officers' immediate ability to work but also shape longer-term career prospects, increasing frustration, disengagement, and the likelihood of premature exit from the profession. This is reinforced by survey evidence indicating that a significant proportion of officers resign early due to job dissatisfaction, health impacts, and pressures on wellbeing, with more than half of those leaving reporting that psychological health had a major influence on their decision (Police Federation of England and Wales, 2024).

Indirectly, mental health difficulties are associated with declining job satisfaction, reduced motivation, and the gradual erosion of professional identity. Evidence from national surveys of Police Officers highlights how prolonged stress and poor well-being undermine morale and organisational commitment, increasing the likelihood of disengagement from the role (Police Federation of England and Wales, 2023). Burnout and emotional exhaustion are particularly salient in shaping retention outcomes. Officers experiencing chronic fatigue may increasingly question the sustainability of a policing career, especially where opportunities for recovery, flexibility, or meaningful support are limited. Anticipated findings suggest that this dynamic heightens the likelihood of early retirement or voluntary resignation, particularly when alternative employment offers improved work–life balance and psychological safety.

Over time, these constraints can undermine perceptions of professional competence and self-efficacy, particularly within a culture that continues to prioritise operational availability and resilience. Research examining stress and psychological well-being among British police officers and staff demonstrates that adverse work characteristics, including sustained organisational demands and job strain, are strongly associated with poorer mental health outcomes, illustrating how chronic workplace pressures can progressively erode officers' sense of effectiveness and professional identity (Oliver et al., 2023). Parliamentary analysis of policing workforce challenges indicates that such perceptions can further weaken organisational attachment, reinforcing disengagement and increasing the risk of premature career exit (House of Commons Library, 2024). Collectively, these pathways illustrate how mental health operates not only as an individual well-being issue but also as a structural determinant of career sustainability and retention within UK policing, with consequences for workforce diversity, leadership pipelines, and long-term organisational resilience.

4.5 Stigma and Barriers to Help-Seeking

Stigma surrounding mental health is anticipated to operate as a significant mediating mechanism between psychological distress and retention outcomes within policing.

Despite the expansion of wellbeing initiatives and awareness campaigns across UK police forces, evidence suggests that many officers remain reluctant to disclose mental health difficulties. Persistent cultural norms emphasising toughness, emotional control, and operational fortitude continue to frame psychological distress as a personal weakness or professional liability. Officers frequently report fears of negative judgment, being perceived as unreliable, or being deemed unfit for operational duties, alongside concerns about confidentiality and the potential impact on promotion or deployment decisions (Grupe et al., 2023; College of Policing, 2025).

Findings further indicate that stigma contributes to delayed help-seeking behaviours and increased levels of presenteeism. In order to avoid scrutiny or formal disclosure, officers may continue working while experiencing significant psychological distress, a pattern that has been identified as both a risk to individual well-being and organisational effectiveness. Prolonged presenteeism may worsen symptoms, impair decision-making, and increase vulnerability to error or misconduct (Houdmont et al., 2021). When distress intensifies and informal coping strategies become unsustainable, officers may come to view resignation or early retirement as preferable to disclosure within the organisation. In this way, stigma functions as a direct pathway through which mental health difficulties are translated into attrition, undermining both retention and workforce resilience in UK policing (Police Federation of England and Wales, 2024).

4.6 Perceived Effectiveness of Organisational Support

The literature presents a nuanced picture regarding the perceived effectiveness of mental health support within policing. While many UK police forces have implemented wellbeing strategies, counselling provision, and peer support schemes, anticipated findings suggest that officers frequently view these initiatives as fragmented, inconsistently applied, or insufficiently resourced. Rather than being embedded as preventative and routine elements of organisational practice, support measures are often experienced as reactive responses to crisis, limiting their perceived value in sustaining long-term wellbeing (HMICFRS, 2025).

Trust and accessibility emerge as critical determinants of whether support services are utilised and regarded as effective. Officers are significantly more likely to engage with support that is confidential, readily accessible, and visibly endorsed by senior leadership. Conversely, services that are perceived as tokenistic, inadequately resourced, or closely associated with organisational performance management may generate scepticism and deter help-seeking, thereby limiting their impact on both wellbeing and retention outcomes (College of Policing, 2025).

Anticipated findings further indicate substantial variation in the effectiveness of mental health support across units and forces. Differences in leadership commitment, local resource allocation, and organisational culture appear to shape how officers experience wellbeing initiatives. Where leadership prioritises wellbeing and integrates support into everyday practice, officers report greater confidence in organisational care; where such commitment is absent, support provision is less likely to mitigate psychological distress or reduce attrition risk (Police Federation of England and Wales, 2024).

4.7 Protective Factors and Retention

Protective factors anticipated to support career longevity within policing include strong peer relationships, supportive supervisory practices, and perceptions of organisational justice. Peer support networks, whether formal or informal, can provide emotional validation, shared understanding, and a sense of collective coping, helping to mitigate isolation and normalise help-seeking in high-stress environments. UK evidence suggests that structured peer support approaches, when appropriately trained and organisationally endorsed, can enhance psychological resilience and reduce the impact of traumatic exposure (Greenberg et al., 2010). However, anticipated findings indicate that peer support is less effective when it operates in isolation or lacks sufficient supervision, resources, and senior leadership backing.

Perceptions of organisational justice also emerge as a significant protective factor. Officers who believe that their organisation treats staff fairly, applies procedures consistently, and demonstrates genuine concern for wellbeing are more likely to sustain commitment despite ongoing occupational challenges. Anticipated findings suggest that organisational justice can buffer the negative effects of stress by strengthening trust, legitimacy, and a sense of reciprocal obligation between officers and the organisation. Research within UK policing highlights that fair treatment and transparent decision-making strengthen morale and resilience, reducing disengagement and turnover intention even in high-demand contexts (Myhill and Bradford, 2013; Jackson et al., 2012). Collectively, these findings reinforce the importance of relational and procedural factors in sustaining long-term careers in policing.

4.8 Summary of Key Findings in Relation to Research Questions

In relation to the research questions, the anticipated findings indicate that mental health plays a central, multifaceted role in shaping career longevity and retention in UK policing.

Firstly, mental health challenges, including burnout, anxiety, depression, and symptoms consistent with post-traumatic stress disorder, are expected to be prevalent across the policing workforce. These difficulties are not confined to officers exposed to exceptional or high-risk incidents but are distributed across roles, ranks, and lengths of service, reflecting the cumulative impact of sustained occupational stress rather than isolated traumatic events.

Second, organisational stressors are anticipated to exert a more pronounced and enduring influence on officer wellbeing than operational exposure alone. High workloads, staff shortages, excessive administrative demands, and inconsistent leadership practices are repeatedly identified as sources of chronic stress. Leadership

quality emerges as a key moderating factor: supportive, transparent, and fair supervision is associated with improved well-being outcomes, while poor leadership exacerbates distress and disengagement.

Third, mental health difficulties are expected to affect career longevity through both direct and indirect mechanisms. Direct impacts include sickness absence, reduced operational capacity, and medical restrictions, while indirect effects include declining job satisfaction, diminished organisational commitment, and erosion of professional identity. Together, these pathways increase turnover intention and reduce the sustainability of policing careers.

Finally, anticipated findings suggest that effective organisational support structures are critical to improving retention outcomes. Accessible and confidential mental health services, proactive stigma reduction, and fair, consistent leadership practices appear central to mitigating distress and supporting long-term career sustainability. Importantly, the evidence indicates that individual-focused interventions alone are insufficient; sustainable improvements in retention require systemic organisational approaches that address workload, culture, leadership, and fairness.

4.9 Chapter Summary

This chapter presents a critical analysis of anticipated findings from the reviewed literature, demonstrating the centrality of mental health in shaping career longevity and retention in the policing profession. The synthesis of evidence indicates that while operational demands remain an inherent feature of police work, organisational stressors and entrenched cultural barriers play a more decisive role in intensifying psychological distress and translating wellbeing challenges into withdrawal and exit decisions. Factors such as leadership quality, stigma, workload management, and the perceived adequacy of support provision emerge as critical determinants of whether officers can sustain long-term careers. By situating mental health as a structural

workforce issue rather than an individual failing, this chapter provides a foundation for addressing retention challenges through organisational reform. The final chapter draws together these insights to present evidence-informed conclusions and practical recommendations to strengthen policy, improve organisational practice, and guide future research within UK policing.

5. CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter concludes the dissertation by synthesising the key findings in relation to the research aims and objectives. It evaluates the influence of mental health on career longevity within UK policing and its impact on retention. The chapter then sets out evidence-based recommendations for policy and practice, acknowledges the study's limitations, and identifies priorities for future research. Overall, the findings emphasise that improving retention in policing requires a systemic, organisational approach to mental health rather than relying solely on individual resilience.

5.2 Summary of Key Findings

The primary aim of this dissertation was to examine the impact of mental health and well-being on retention within UK policing. The findings demonstrate that mental health is a critical determinant of career longevity, influencing both officers' operational capability and their willingness to remain in service. Psychological well-being is therefore not peripheral to retention but central to workforce sustainability.

The literature indicates that police officers experience disproportionately high levels of psychological distress compared to the general population, with burnout, anxiety, depression and trauma-related symptoms most commonly reported. UK research suggests that these outcomes are rarely attributable to isolated incidents or specialist

roles; rather, they develop cumulatively through sustained exposure to operational demands alongside persistent organisational pressures (Bell and Eski, 2016; *Mental health and wellbeing in England, 2014*).

A key finding is that organisational stressors—including excessive workload, staffing constraints, unsupportive supervision, and perceived organisational injustice exert a particularly strong influence on wellbeing and retention. While exposure to trauma is inherent to policing, the organisational context in which such exposure is managed appears decisive in shaping psychological outcomes and career sustainability.

Stigma surrounding mental health remains a significant barrier to disclosure and help-seeking. Concerns regarding confidentiality and career impact frequently delay engagement with support, contributing to presenteeism, worsening distress, and, ultimately, premature exit from the service. Collectively, these findings reinforce the need to address mental health as an organisational responsibility rather than an individual failing.

5.3 Addressing the Research Questions

This dissertation addressed four core research questions.

First, the mental health challenges most frequently experienced by police officers in the United Kingdom include burnout, anxiety, depression, post-traumatic stress symptoms, and emotional exhaustion. Burnout emerges as particularly prevalent and often under-recognised, frequently operating as an early indicator of more severe psychological harm.

Second, officer wellbeing is shaped by the interaction between operational and organisational stressors. While exposure to traumatic incidents remains an inherent occupational risk, organisational factors—including workload pressures, leadership practices, and entrenched cultural norms—are more strongly associated with sustained psychological distress and disengagement.

Third, mental health difficulties influence career longevity through both direct and indirect pathways. Direct consequences include increased sickness absence, restricted duties, and early retirement, while indirect effects involve reduced job satisfaction, erosion of professional identity, and diminished organisational commitment, all of which elevate turnover intention.

Finally, the findings indicate that organisational approaches centred on supportive leadership, procedural fairness, stigma reduction, and accessible mental health provision are most likely to promote wellbeing and improve retention. Interventions focused solely on individual resilience are insufficient in the absence of wider organisational reform.

5.4 Implications for UK Policing

The findings of this dissertation carry important implications for UK policing at both organisational and policy levels. Persistent retention challenges cannot be effectively addressed without recognising the central role of mental health in sustaining police careers. Elevated attrition rates do not simply reduce officer numbers; they undermine organisational continuity, erode institutional knowledge, and intensify pressure on remaining staff, consequently reinforcing a cyclical pattern of stress, disengagement, and further workforce loss.

Reframing mental health as a matter of workforce sustainability rather than solely an individual welfare issue has significant strategic value. Such a shift is likely to encourage stronger organisational ownership, clearer leadership accountability, and more consistent investment in preventative wellbeing measures. Recent workforce statistics illustrate the urgency of this approach, with official data reporting that over 9,000 police officers left the service in England and Wales in the year ending March 2024, representing one of the highest recorded levels of attrition (Home Office, 2025).

Parliamentary and policy scrutiny further highlights that police forces which fail to address chronic stressors—such as excessive demand, insufficient support, and weak people management—risk declining morale, reduced operational effectiveness, and diminished public confidence. Taken together, these findings reinforce the need to treat mental health as a strategic workforce issue integral to long-term retention and organisational resilience within UK policing. Similarly, national policing policy emphasises that long-term workforce resilience depends on embedding wellbeing within leadership practice and organisational governance, rather than relying on individual coping capacity alone (HM Government, 2024).

5.5 Recommendations for Policy and Practice

Based on the findings of this dissertation, several evidence-informed recommendations are proposed to improve mental health outcomes and enhance retention in UK policing. These recommendations emphasise systemic organisational reform rather than reliance on individual resilience.

First, police forces should embed mental health as a strategic workforce priority. Wellbeing must be integrated into workforce planning, performance frameworks, and leadership accountability structures, rather than treated as a supplementary welfare issue. Senior leaders should be held accountable for creating psychologically safe environments that actively mitigate chronic organisational stressors such as excessive workload, staffing shortages, and poor demand management.

Second, leadership development should prioritise well-being competence. Supervisors and managers require training to recognise early indicators of psychological distress, manage workloads fairly, and respond consistently following traumatic incidents. Supportive, procedurally fair leadership has been shown to buffer stress and strengthen organisational commitment, thereby directly influencing retention outcomes.

Third, stigma reduction must be addressed through cultural and structural change. Confidentiality safeguards, clear separation between wellbeing support and performance management, and visible senior endorsement of help-seeking are essential to increasing engagement with mental health services. Forces should move beyond awareness campaigns and address the organisational practices that perpetuate fear of disclosure.

Fourth, mental health support provision should be proactive, accessible, and consistently resourced. Reactive, crisis-led interventions are insufficient. Forces should prioritise early intervention through an occupational health capacity and evidence-based peer support models that are properly trained, supervised, and organisationally endorsed.

Finally, retention strategies should explicitly recognise mental health as a determinant of career sustainability. Officers experiencing psychological distress should be supported to remain engaged and progress within the organisation, rather than being marginalised through restricted duties or stalled development pathways. Retention-focused wellbeing strategies are likely to reduce attrition, preserve institutional knowledge, and improve long-term operational effectiveness.

5.5.1 Organisational and leadership-level recommendations

Police organisations should prioritise developing supportive, trauma-informed leadership. Supervisors play a critical role in recognising early signs of distress, facilitating access to support, and shaping organisational culture. Leadership training should therefore include mental health literacy, compassionate communication, and fair decision-making.

Workload management is also essential. While resource constraints are a structural challenge, transparent workload allocation, predictable shift patterns, and enforced rest periods may reduce chronic exhaustion and improve recovery. Rotational policies for high-trauma roles could further mitigate cumulative psychological harm.

5.5.2 Mental health support and occupational health

Accessible, confidential mental health services are essential to enable early intervention within policing. Officers must be able to access evidence-based psychological support without fear of stigma or adverse career consequences, with clear pathways between occupational health services and independent providers to build trust and encourage engagement. Routine well-being check-ins at key career stages, including post-probation and following sustained exposure to high-demand roles, may further support early identification of distress and prevent escalation (Oscar Kilo, 2025).

5.5.3 Cultural change and stigma reduction

Tackling mental health stigma within policing requires sustained and visible cultural change rather than isolated awareness initiatives. Senior leaders play a critical role in this process and should actively model help-seeking behaviours, openly engage in conversations about wellbeing, and reinforce the message that psychological distress is an occupational risk rather than a personal failing. Such leadership practices can help normalise vulnerability and increase trust in organisational support systems.

Peer support provision should also be formally embedded within organisational structures. Evidence suggests that peer support schemes are most effective when they are properly resourced, supervised, and endorsed by leadership, rather than treated as informal or discretionary initiatives. Integrating peer support into force-wide wellbeing strategies may strengthen legitimacy, encourage uptake, and contribute to earlier intervention (HM Government, 2024; College of Policing, 2024).

5.5.4 Retention-focused monitoring

Police organisations should adopt a systematic approach to monitoring mental health–related absences, restricted duties, and workforce exits to identify emerging patterns and assess the effectiveness of wellbeing interventions. Embedding wellbeing indicators within retention and workforce planning processes may support more proactive, data-driven decision-making and strengthen long-term organisational resilience (Wilson et al. 2023)

5.6 Limitations of the Study

This dissertation is subject to several limitations. Reliance on secondary sources and anticipated findings restricts the ability to capture contemporaneous, force-specific experiences of UK police officers. In addition, much of the available literature is based on cross-sectional, self-reported data, which limits causal inference and may underrepresent the true prevalence of psychological distress due to stigma-related underreporting.

Notwithstanding these constraints, the critical review methodology enables a rigorous synthesis of the existing evidence base and provides valuable insight into the mechanisms linking mental health, career longevity, and retention within policing.

5.7 Recommendations for Future Research

Future research would be strengthened by longitudinal designs that examine how mental health trajectories develop across police careers and shape long-term retention outcomes within UK policing. The use of mixed-methods approaches, combining quantitative data with qualitative interviews, would allow for richer exploration of lived experience, stigma, and organisational culture.

Further research is also required to examine differential impacts across gender, ethnicity, rank, and role, as well as to evaluate the effectiveness of specific organisational interventions in supporting wellbeing and improving retention.

5.8 Conclusion

This dissertation has demonstrated that mental health is a fundamental determinant of career longevity within UK policing and a significant contributor to persistent retention challenges. The evidence indicates that psychological distress particularly burnout and emotional exhaustion is widespread across the workforce and is driven less by isolated traumatic exposure than by enduring organisational stressors and entrenched cultural norms. In the absence of meaningful organisational reform, interventions focused solely on individual resilience are unlikely to deliver sustainable improvements in wellbeing or workforce stability.

Embedding trauma-informed leadership, reducing stigma, improving workload management, and strengthening access to trusted and confidential mental health support represent critical steps towards enhancing officer wellbeing and reducing preventable attrition. Importantly, the consequences of poor well-being extend beyond internal organisational outcomes. High turnover, prolonged sickness absence, and reduced morale undermine operational consistency, erode institutional knowledge, and place additional strain on remaining officers. These conditions risk diminishing the quality of service provided to the public and weakening perceptions of police effectiveness.

Officer well-being is therefore closely connected to public confidence and police legitimacy. Policing literature emphasises that organisational fairness, ethical leadership, and procedural justice within police forces shape not only internal commitment but also officers' capacity to deliver fair, respectful, and lawful policing to the public. When officers experience consistent support, fairness, and psychological

safety within their organisation, they are better positioned to exercise discretion appropriately and uphold the principles of legitimacy in their interactions with communities (College of Policing, 2024). Addressing mental health

must therefore be understood not only as an ethical responsibility to those who serve, but as a strategic necessity for maintaining public trust, legitimacy, and the long-term sustainability of policing in the United Kingdom (HM Government, 2024).

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7. Appendices

Appendix A - Ethics Form

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: “creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications”. As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the “principal researcher”.

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity.
Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Andrew Lawson Thomas Evans			
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☒	Taught Postgraduate Student	☐	Postgraduate Research Student
3	Institute/Academic Discipline/Centre:	AD23 The Blue Light Academy			

4	Campus:	School of Business
5	E-mail address:	2246060@student.uwtsd.ac.uk
6	Contact Telephone Number:	01633 838111
For students:		
7	Student Number:	2246060
8	Programme of Study:	Professional Policing Practice
9	Director of Studies/Supervisor:	Jane Davies

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☐	NO	☒
					Date
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
		Institute Research Committee	☐		
		Other (write in)	☐		

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	UWTSD Research Ethics & Integrity Code of Practice	☒
2	UWTSD Research Data Management Policy	☒
3	<i>[List any other relevant documents here]</i>	☐

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution					
2	Contact person name					
3	Contact person e-mail address					
4	Is your research externally funded?	YES	☐	NO	☐	
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	☒	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☐
7		Employed	YES	☐	NO	☐
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	YES	☐	NO	☐
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☐

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:	The role of mental health within career longevity in policing and the consequential impact on retention		
2	Proposed start date:	15/05/2025	Proposed end date:	29/12/2025
	Introduction to the Research (maximum 300 words per section) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below: • Purpose of Research Activity • Proposed Research Question • Aims of Research Activity • Objectives of Research Activity			

	Demonstrate, briefly, how Existing Research has informed the proposed activity and explain • <i>What the research activity will add to the body of knowledge</i> • <i>How it addresses an area of importance.</i>
3	Purpose of Research Activity Using a peer questionnaire in this dissertation is important for gathering real experiences and opinions from police officers about how mental health affects career length and decisions to stay in the job. Police work is known to involve high levels of stress, exposure to trauma, and pressure from within the organisation. These challenges can have a serious impact on officers' mental health and their ability or willingness to stay in the profession long term. The questionnaire allows officers to share their views anonymously, which encourages honest responses about personal experiences and the level of support they receive. This method helps ensure that the research is based on actual working experiences rather than just theory. It gives a clearer understanding of the day-to-day struggles officers face and how these relate to issues of retention. By identifying patterns and links between mental health and job satisfaction or future career plans, the research will produce more meaningful and relevant findings. Anonymity also plays a key role, helping officers feel safe to speak openly without fear of judgement or impact on their careers. Overall, the questionnaire supports the aim of the dissertation: to understand how mental health influences how long officers stay in their roles and what can be done to improve support and increase retention in UK policing. (this box should expand as you type)
4	Research Question This study aims to explore the impact of mental health on the career longevity of police officers and how this influences retention rates within UK policing. The

	central research question is: To what degree does mental health affect police officers' decisions to continue or leave their roles? Supporting this, the research will examine key issues such as the prevalent mental health challenges faced by officers, and how work-related stressors including exposure to traumatic events and organisational demands affect their psychological wellbeing. Additionally, the study will assess the effectiveness of existing support mechanisms in meeting officers' mental health needs. It will also investigate the relationship between mental health, job satisfaction, and intentions to retire or resign prematurely. Through addressing these questions, the research seeks to develop a thorough understanding of how mental health influences retention, with the goal of informing practical, evidence-based strategies to improve mental health support and foster long-term career sustainability in policing. (this box should expand as you type)
5	Aims of Research Activity The purpose of using a peer questionnaire in this research is to examine the impact of mental health on the career duration of police officers and how it affects their decisions to remain in the profession. Policing is a challenging occupation that frequently exposes individuals to traumatic incidents, long working hours, and high levels of stress. These factors can significantly influence an officer's mental wellbeing, potentially reducing job satisfaction, performance, and long-term commitment to the role. By focusing on currently serving officers, the questionnaire is designed to collect direct, personal accounts of mental health experiences within the policing context. It aims to uncover recurring stressors, identify patterns, and highlight areas where organisational support may be lacking, helping to understand how such factors contribute to early departures from the force. The anonymity of the questionnaire is intended to encourage openness, allowing officers to respond honestly without concern for stigma or negative consequences.

	The data gathered will contribute to a deeper understanding of the link between mental health and staff retention. Ultimately, the research seeks to inform practical recommendations for improving mental health support, with the goal of enhancing officer wellbeing and supporting longer, more sustainable careers in UK policing. (this box should expand as you type)
6	Objectives of Research Activity The aim of incorporating a peer questionnaire into this research is to obtain first-hand insights from police officers on how mental health influences career longevity and decisions regarding continued service. This method enables frontline officers to share their personal experiences in a secure and anonymous format, allowing the research to explore how factors such as occupational stress, exposure to trauma, and limited organisational support may impact their wellbeing and long-term career choices. The questionnaire is specifically designed to uncover common mental health challenges experienced within the policing profession and to examine how these issues might contribute to early retirement, decreased job satisfaction, or intentions to leave the force. Collecting data directly from those with practical experience ensures the findings reflect the real-life implications of mental health in the policing context. This research activity directly supports the broader aim of the dissertation: to gain a deeper understanding of how mental health affects the career trajectories of UK police officers. The insights gathered may be used to develop evidence-based recommendations for improving mental health support services in policing, with the ultimate goal of enhancing officer wellbeing, strengthening retention, and promoting a more resilient and sustainable workforce.

	(this box should expand as you type)
	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you to complete your project.
7	This research project will utilise a variety of methods to collect the data necessary for examining the role of mental health in career longevity and its influence on retention within UK policing. The approach will incorporate both quantitative and qualitative techniques to offer a comprehensive understanding of the subject. Initially, anonymous online surveys will be distributed to frontline police officers via internal communication channels, such as the police intranet. These surveys will comprise mainly closed-ended questions using Likert scales to measure attitudes, perceptions, and self-reported mental health status. This approach enables the gathering of extensive data from officers across different ranks and departments, providing a broad view of their mental health experiences and career intentions. Ensuring anonymity encourages honest responses by protecting participants from stigma or professional risks. To supplement primary data, document analysis will be performed on organisational policies, mental health support programmes, and relevant publications from entities like the Police Federation of England and Wales. This provides contextual understanding of how institutional frameworks address or neglect mental health issues. If deemed appropriate, case studies focusing on specific police departments or units with innovative mental health initiatives may also be included. Case studies will gather detailed information from multiple sources, including interviews, documents, and observations, to offer a comprehensive view of effective practices.

	Throughout all stages, ethical protocols will be strictly followed, including obtaining informed consent, maintaining confidentiality, and securing data. Participation will be voluntary, with the option for withdrawal at any time without consequence. In summary, data collection will involve anonymous surveys, semi-structured interviews, focus groups, document analysis, and potentially case studies. This combination of methods will produce both quantitative and qualitative data, facilitating a thorough examination of how mental health impacts career longevity and retention in policing. (this box should expand as you type)
	Location of research activity Identify all locations where research activity will take place.
8	Surveys will be administered electronically via the police intranet, allowing officers to respond confidentially at their convenience. This approach overcomes geographical barriers, permitting participation from officers within Gwent Police. Document analysis will be conducted remotely by accessing organisational policies, reports, and mental health materials through official police websites and databases. Overall, the chosen research locations aim to optimise accessibility, maintain participant confidentiality, and capture a diverse range of perspectives within UK policing. (this box should expand as you type)
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify

	whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	N/A <i>(this box should expand as you type)</i>

10	Use of documentation not in the public domain: Are any documents <u>NOT</u> publicly available?	NO	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. <i>(this box should expand as you type)</i>		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	☒
13	A resilient Wales	☐	☒
14	A healthier Wales	☐	☒
15	A more equal Wales	☐	☒
16	A Wales of cohesive communities	☐	☒
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒
19	If YES to any of the above, please give details:		
	<i>(this box should expand as you type)</i>		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☒	☐

2	Use of interviews?	☐	☒
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☐	☒
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☒
	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	☒	☐
2	Adults (over the age of 18 and competent to give consent)?	☒	☐

3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.	☐	☒
	Details of any other participant groups: (this box should expand as you type)		

Participant numbers and source		
Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?		
10	How many participants are expected?	At this time, I do not know the number of expected participants but from other former students feedback this is expected to be between 50 to 100 Police Officers and staff. This will be the key demographic for the research topic. (this box should expand as you type)
11	Who will the participants be?	Staff and officers within Gwent Police who are willing to participate in an anonymous survey, which will be made available through the comments section on the intranet. (this box should expand as you type)
12	How will you identify the participants?	This aspect will be confidential. The form will be engineered from inception in a way that makes the participant anonymous. (this box should expand as you type)

Information for participants:		YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☐	☐	☒
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☐	☐	☒

17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☐	☐	☒
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☐	☐	☒
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☐	☐	☒
22	If NO to any of above questions, please give an explanation			
	(this box should expand as you type)			

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☐	☒	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	(this box should expand as you type)			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
1	Full risk assessment completed and appended?	Yes	☐
		No	☒
2	Risks to participants For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		
	Risk to participants: N/A	How you will mitigate the risk to participants:	

	(this box should expand as you type)	N/A (this box should expand as you type)
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities	
	N/A (this box should expand as you type)	
4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
	Risk to the investigator: N/A (this box should expand as you type)	How you will mitigate the risk to the investigator: N/A (this box should expand as you type)
5	University/institutional risks For example: adverse publicity, financial loss, data protection	
	Risk to the University: N/A (this box should expand as you type)	How you will mitigate the risk to the University: N/A (this box should expand as you type)
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	

	Risk to the environment: N/A <i>(this box should expand as you type)</i>	How you will mitigate the risk to environment: N/A <i>(this box should expand as you type)</i>
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	Disclosure and Barring Service			
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☐	☒
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when? Upon completion of the study, participants will be provided with a debriefing that outlines the research objectives and details the handling of their data. Feedback will be communicated either by email or through the police intranet within one month following the conclusion of data collection, promoting transparency and offering access to support resources if required. <i>(this box should expand as you type)</i>
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.

	Participants will receive comprehensive information about the study's aims, procedures, potential risks, and benefits through an information sheet prior to consenting. Consent will be secured electronically via a form that must be completed before data collection starts. <i>(this box should expand as you type)</i>
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	Confidentiality and anonymity of participants will be rigorously protected during the research. Data will be gathered anonymously, ensuring no personal identifiers are collected. Identifiable information will be excluded during analysis and reporting to safeguard privacy. Results will be presented in summary form to avoid revealing individual identities. In cases where anonymity is not possible, participants will be informed, and extra precautions will be taken to uphold confidentiality. <i>(this box should expand as you type)</i>

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	YES	NO
1	"Personal data" means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.	☐	X
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	<i>(this box should expand as you type)</i>		

	Does it involve special category data (as defined by the GDPR)?	YES	NO
3	“Special category data” means sensitive personal data consisting of information as to the data subjects’ – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☐	X
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	 (this box should expand as you type)		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
5	Manual files (i.e. in paper form)?	☐	☒
6	University computers?	☐	☒
7	Private company computers?	☒	☐
8	Home or other personal computers?	☐	☒
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	“Cloud” storage or websites?	☐	☒
11	Other – specify:	☐	☒
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	All data will be securely stored using encryption, password protection, anonymisation, and pseudonymisation to ensure confidentiality. (this box should expand as you type)		

	Data Protection		
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☐	☒
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒

15	Sharing of data with other organisations?	☐	☒
16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☒
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	N/A <i>(this box should expand as you type)</i>		
22	List all who will have access to the data generated by the research activity:		
	N/A <i>(this box should expand as you type)</i>		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	N/A <i>(this box should expand as you type)</i>		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	N/A <i>(this box should expand as you type)</i>		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. <i>(Most relevant to academic staff)</i>		
	N/A <i>(this box should expand as you type)</i>		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	Signature of applicant:	<i>Andrew L T Evans</i>	Date: 15th May 2015

For STUDENT Submissions:

2	Director of Studies/Supervisor:		Date:
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS ONLY

Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.