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**Policing Traumatic Incidents: The Effects on Officers Mental Health from
Repeated Exposure to Traumatic Incidents**

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Declaration

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

Signed Date: 03rd July 2024

STATEMENT 1

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

Signed Date: 03rd July 2024

STATEMENT 2

This dissertation is the result of my own independent work, except where otherwise stated. Other sources are acknowledged in the Reference Section.

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Introduction

1.1 Introduction

This chapter aims to deliver the background and rationale for this study. It will outline and explain the aim and objective of the study and provide the structure to how the dissertation will read. This research aims to analyse if police officers and staff suffer adverse mental health issues when dealing with their roles. Mainly, through attending traumatic incidents. The research will then identify if the support offered to officers and staff is sufficient to deal with such issues. The last objective of this research would be to see if police officers and staff suffer adverse mental health problems regardless of attending traumatic incidents, through other work stressors.

1.2 Background and rationale

Trauma as defined by Mind (2020) is where a person experiences highly stressful, frightening, or distressing events that are difficult to cope with or can spiral out of control. It can be one incident or an ongoing series of events that happens over a prolonged period. Examples of trauma could be abuse, assault, car accidents or death of a loved one. Police officers and staff as part of their roles conduct many differing duties. One aspect of these duties would be to respond to traumatic incidents. Purba and Demou (2019) found that policing is one of the most stressful occupations according to research, practitioners, health care staff and therapists and that attending traumatic incidents leads to an increased exposure to mental health risks.

Trauma Risk Management (TRIM) is offered to police officers and staff who attend traumatic incidents. The Home Office (2021) say that the TRIM process can offer appropriate guidance to officers who have dealt with a critical incident or when an officer may be suffering from post-traumatic stress (PTS) after dealing with a traumatic incident.

Phythian et al (2022) found when writing about police cultures and mental health stigma, that masculine attitudes still pervade in the police and causes suffering individuals to be emotionally alienated. They have highlighted that of the police officers they have interviewed, all have experienced discrimination and stigmatising attitudes for being open about their mental health leading to a decline in officers taking mental health support offered to them.

1.3 Aim and Objectives

The aim of this dissertation is to investigate and critically evaluate whether officers and staff attending traumatic incidents suffer adverse mental health issues.

Objective 1:

To investigate and analyse current available literature on police officers and staff and if they suffer adverse mental health issues after attending traumatic incidents. To identify if police officers and staff find the support offered sufficient. To find if police officers and staff suffer adverse mental health issues regardless of attending traumatic incidents.

Objective 2:

To select an appropriate research approach to explore the first objective.

Objective 3:

To analyse the data collected to from the main objective.

Objective 4:

To provide recommendations on the correlation between police officers and staff and the sustaining of mental health issues through their duties.

1.4 Research Structure

The dissertation will contain five chapters in order to meet the aims of this research project.

Chapter one has providing a background, outlining the reasoning for the research, the aim and objectives sought. The research will consist of primary and secondary data in the form of a questionnaire and three closed questions.

Chapter two will present the literature review which is based on police officers and staff and the effects of traumatic incidents on their mental health. The literature review will help to provide an understanding of how officers and staff suffer adverse mental health issues through their roles. The literature review will also delve into how mental health support is offered to those working in policing and how it has been received.

Chapter three will demonstrate the method and methodology which will identify the suitable research techniques for this research.

Chapter four will analyse the data collected through the methods identified in the previous chapter. An analysis of the data will then be conducted to present the findings. This will give way to discussion and review.

Chapter five will deliberate and review the aim and objectives of the research. To draw a conclusion to the dissertation by discussing the main findings, recommendations, and limitations to the research.

1.5 Conclusion

Chapter one has provided the introduced the research, identified the aim and objectives within this dissertation and outlined why this research is beneficial to mitigate mental health issues amongst police officers and staff.

Chapter Two – Literature Review

2.1 Introduction

This chapter will aim to analyse literature that is available through books, previous research, and online journals, and compare it to the main aims of the questions identified for this dissertation. Do police officer or staff suffer adverse mental health issues from attending critical or major incidents? Is the help offered sufficient in dealing with adverse mental health issues? Do officers and staff suffer adverse mental health issues regardless of attending critical or major incidents? To answer these questions this chapter will look at what police officers and staff do as part of their roles and what duties causes them most stress according to the research available.

2.2 Police and Their Roles

Police officers in their roles manage several differing duties. They carry huge workloads and attend multiple types of calls throughout a single working day and as such policing is widely deemed to be one of the most stressful jobs that a person can undertake. Purba and Demou (2019) found that policing is one of the most stressful occupations according to research, practitioners, health care staff and therapists. They surmised that policing holds many occupational stressors which can lead to an increased exposure to mental health risks. The pair also found that police officers experience stressful situations in higher frequencies, more frequent than in most other occupations. Police officers not only deal with stressful situations whilst dealing with incidents, but their roles also include other organisational stressors, such as lack of support, heavy work loads, conflict with colleagues, time pressures and lack of resources. These pressures mixed with dealing with highly stressful situations can lead police officers to developing severe mental health issues, stress, anxiety, depression, or even post-traumatic stress disorder (PTSD).

Police staff also play a major role in dealing with incidents. They may not be on the frontline like officers but often take on roles within the same situation either by being the call handler who takes the initial call from a victim or a dispatcher who must relay all the information of the incident to the officers in a timely manner to ensure the victims safety. When dealing with a critical or major incident it is not only police officers who may get stressed from the situation but also the supporting staff who may find that hearing a distressed victim relive their trauma over the phone. The same as police officers, police staff could suffer adverse mental health issues when subject to the same type of calls over their career.

Gullon-Scott, P. and Longstaff, L. (2022) wrote that the exposure to violent or traumatic events, such as officers on patrol, would report higher levels of perceived stress than colleagues who work within another department (a station enquiry officer). However, the research led them to find that no difference between departments (police officers and police staff) and suggested this could be due to

personality attributes, or other protective factors that would cause a police officer or staff member to develop adverse mental health effects. This is why police staff were included in the dissertation as adverse mental health effects are even prevalent in persons who don't attend traumatic incidents, but who would also play a key role in their resolving.

2.3 Critical and Major Incidents

Of the many duties undertaken by officers, one of the most important is that of attending critical or major/traumatic incidents. As defined by the College of Policing (2021) a critical incident can be any incident where police presence effectively has a significant impact on the confidence of the victim, their families, or the community. Another definition of a critical incident as set out by The Home Office (2021) is any incident where the outcome or conclusion of that incident likely will arise in serious harm to an individual, has major community impact factors or disrupts public confidence. Police Care UK (N.d.) identify a traumatic incident as principally graphic or violent incidents or incidents that involve children, vulnerable or elderly people. Bakker et al. (2015) found that critical incidents account for approximately fifty three percent of the PTSD symptoms found within police officers. They found that a combination of critical incidents, the organisational work of a police force and their social networks at home make police officers vulnerable to alcohol misuse or other defective coping strategies when it comes to managing stress; this in turn leads to an increase within PTSD like symptoms through the course of an officer's career, if not treated properly.

Examples of a critical incident could include shootings, child abuse, vehicle accidents, death or serious injury accidents or line of duty deaths. Although only certain incidents will be deemed as a critical incident to a policing standard, traumatic incidents can be whatever the attending officers and the victims perceive the risks to be to themselves or others be and as such vary.

2.4 Trauma and Post Traumatic Stress Disorder (PTSD)

Trauma as defined by Mind (2020) is where a person experiences highly stressful, frightening, or distressing events that are difficult to cope with or can spiral out of control. It can be one incident or an ongoing series of events that happens over a prolonged period. Examples of trauma could be abuse, assault, car accidents or death of a loved one. These types of incidents will not only have negative effects on the victims, their families and the community, but can pose long lasting psychological threats to attending officers. Attending multiple critical and traumatic incidents over a career can lead to serious mental health problems, stress, anxiety, and depression within officers and on extreme cases even lead to PTSD. As previously mentioned, this would also include supporting staff who also play a role within the incident and not just frontline officers. Post Traumatic Stress Disorder (PTSD) defined by the NHS UK (2022) "is an anxiety disorder caused by very stressful, frightening or distressing events". PTSD leads its sufferers to relive the events of a traumatic incident through

nightmares or flashbacks, leading them to exposure of isolation, irritability, or guilt. The sufferer will also likely experience sleep deprivation and find concentrating challenging. In an article lead by Avon and Somerset Police Federation (2021) it was estimated that police officers would likely attend between four hundred to six hundred traumatic incidents within the course of their careers. They have then gone on to compare this to a member of the public, who would experience between three or four similar incidents in their lifetimes. The increased exposure to traumatic incidents is likely to have adverse effects on an officer's mental health over their careers.

2.5 Trauma Risk Management (TRIM)

To help mitigate the effects of mental health issues following a critical or major/traumatic incident, most forces within the UK offer Trauma Risk Management (TRIM) to those officers or staff who have played a role within the incident. TRIM is not a mandatory process. In most cases an email is sent to those officers who have attended a traumatic incident asking if they would like to be part of the TRIM process. Identified by The Home Office (2021) the TRIM process can offer appropriate guidance to officers who have dealt with a critical incident or when an officer may be suffering from post-traumatic stress (PTS). TRIM is a peer-support process that aims to support employees following a traumatic incident; it sets to reduce the stigma around mental health issues and to encourage others to seek support. The Home Office (2021) has researched the use of TRIM within the military, finding that overall, the practice offers preliminary support and boasts beneficial effects to those who seek the TRIM process, highlighting that the process has no detrimental effects. When comparing the results to the use of TRIM within police forces, "only a small number of studies have been conducted and research into the use of TRIM with police populations" and cannot identify its success within the police as it has within the military. A British Transport Police (BTP) Federation (N.d.) article about TRIM has stated that over ninety percent of UK police officers will be exposed to multiple traumatic incidents within their careers. To help reduce the effects of lasting mental health problems and PTSD, the TRIM process was introduced. The article by BTP advised that TRIM is a peer support programme and is not a clinical intervention. TRIM is not counselling or a form of treatment. TRIM is there to help officers understand their feelings following a traumatic incident and to help identify if an officer should seek further help or support (counselling or therapy). It is important to note that TRIM practitioners are volunteers, usually specially trained colleagues who will arrange conversations with individuals suffering from the effects of a traumatic incident. The TRIM practitioner can advise officers to sources of help should the need arise following a TRIM session. If the TRIM practitioner deems it necessary for the officer to obtain further support, they will then put in the appropriate referrals for that officer to seek the counselling if it is needed.

Whilst researching TRIM, Hunt et al (2013) identify TRIM assessments as a supportive interview incorporating a psychological risk assessment. The risk assessment is a ten-point checklist with each question marked from zero to two,

which provides the full assessment with a score of twenty. Higher scores are identified with risks of heightened anxiety, depression or even characteristics of PTSD. Within the police services TRIM assessments are completed one to one, although other areas using the TRIM process have previously employed a group intervention approach. Where applicable, TRIM practitioners attempt to record details surrounding the traumatic incident. It is found that higher scores come from TRIM assessments where officers have received direct physical threats or assaults, have dealt with human remains, dealt with distressed or bereaved victims or have been deployed in a firearms role. Lower scores tend to come from officers who have had lower exposure from the same incidents such as working a scene guard for a fatal car accident or providing an indirect role to a critical incident. Essentially several officers can deal with the same incident, but their TRIM assessment scores can differ providing on the role they have played or due to their own perceived mental capabilities.

Sutton and Polaschek (2022) conclude their research by stating that single session debriefings or TRIM referrals following an incident should be cautioned as they are identified as easy fix options by management teams to appear that the welfare of their officers is paramount; although they do find that these briefings hold effective and positive outcomes when it comes to the attending officers and allowing them to open up about their experiences. The processes of a TRIM referral is a step in the right direction but it feels that if officers attend complex or repeated critical incidents, then a more in-depth system should be offered to officers to preserve mental health compatibility.

2.6 Mental Health Stigma Within Policing

Velazquez and Hernandez (2019) identify that within the policing culture, officers still advocate a negative attitude towards seeking mental health support based on organisational stigma. They have highlighted that although agencies attempt to prioritise officer wellness and provide supportive services, police officers still adapt unhealthy coping mechanisms following traumatic situations instead of taking mental health support offered to them. Velazquez and Hernandez (2019) found that police officers would recognise self-control following a stressful situation by either denying or suppressing painful emotions. The denial of emotions further creates a stigma within policing that by taking mental health support at this point will lead to an officer being weaker by sharing their feelings or asking for help. Porter, C.N. and Lee, R. (2023) write that police officers are often reluctant to acknowledge or process their experiences, which is partly due to a “macho” subculture that is often associated with policing. The “macho” culture aims to provide emphasis on toughness and masculinity. This type of subculture would lead to suppression of emotions as a response to a traumatic incident and leads to high levels of anxiety and low self-esteem.

As officers spend more time surrounded by the stigma around mental health support to officers, their own suppressing of emotion and bad coping mechanisms can make that officer more likely to become pessimistic and negative for allowing a

stigma to cloud seeking the right help that is offered to them. Singo and Shilubane (2022) researched that stress and anxiety has constantly risen within police officers. This is because police officers for the most part adapt inadequate coping mechanisms, use self-destructive behaviour, and do not treat their existing psychological issues, leading them to develop in the long run, worse mental health issues. The research has identified that police officers tend to die at earlier ages due to the stress they have developed over their careers, compared to those of similar ages in other professions. It was further found that officers have the capability to identify when they are stressed and should learn to embrace those symptoms and seek help when needed independently. The idea of officers seeking help for themselves will lead to productivity at work as well as prolonging their personal lives.

Phythian et al (2022) found when writing about police cultures and mental health stigma, that masculine attitudes still pervade in the police and causes suffering individuals to be emotionally alienated. They have highlighted that of the police officers they have interviewed, all have experienced discrimination and stigmatising attitudes for being open about their mental health.

Grupe et al (2019) writes that if a police officer suffering from stress, anxiety, depression, or PTSD and is allowed to work, they are more likely to commit errors due to fatigue; officers suffering from these conditions are likely to express anger, not only towards subjects but also victims. This can lead to a lack of engagement from the community and victims following interaction with a police officer being allowed to work with deprived mental health conditions. There are limited studies available to compare stress management interventions for police. However, they state that officers should not waste time on developing strength and capacity to work in stressful conditions. Police officers, although identified as having stressful jobs, have chosen to work in that profession themselves, as such officers should look to seek their own interventions and build their own resilience's when it comes to mental health issues.

The National Police Wellbeing Survey (2023) is an independent wellbeing survey for police officers and police staff. It was inceptioned in 2019 and aimed to provide a yearly survey to support the wellbeing of police officers and staff. Its main findings show within 2023, a reduction in symptoms of depression amongst police officers and staff when compared to the first survey in 2019. However, it also showed a decline in emotional energy and heightened fatigue, an increased intention to quit amongst officers and staff, and higher feelings of not being valued; all indicators which would increase an individual's symptoms of depression and contradicts its initial findings.

2.7 Conclusion

The literature reviewed has found that there are several long-lasting effects on police officers mental health that have been linked to repeated attendance to critical incidents, but could also be caused by high workloads, lack of support from supervisors or there still being a "macho" policing culture. Research found that there is mental health support offered to police officers following a traumatic or critical incident called the Trauma Risk Management Referral (TRIM). However, it is unclear

how many people take the support offered to them through lack of research. The research does suggest there is still a stigma around mental health within policing. It is unclear why after so many years that the stigma still stands within police officers. In an age where taking care of one's mental health is just as important as taking care of one's physical health, literature still suggests that police officers still minimise the effects of their mental health as not to seem weaker in front of other officers, supervisors or the public they serve. The research has answered that police officers and staff suffer adverse mental health from other stressors within policing other than traumatic incidents but at this point there is no further research to suggest if one or another reason causes mental health problems or if it's a combination of factors that causes them. The targets of this chapter have been met by finding literature related to the main questions asked within this dissertation.

Chapter Three – Research Method

3.1 Introduction

This next chapter will introduce and assess the methods of data collection that will be used within this study, focusing on the main question of the dissertation, do police officers and staff suffer adverse mental health issues following a critical or major incident? With the gathering of this information, it will address the second question within this dissertation, do police officers and staff find the help offered effective in dealing with their mental health? The study will be undertaken to correlate the gaps within the literature reviewed, in which it was highlighted that police officers tend to depreciate with their mental health as they progress through their careers.

The literature suggests that depreciation of mental health still exists even with the intervention of systems put in place such as the TRIM management to help officers and staff with their mental health following a critical or major incident. From reviewing the literature relating to officers and mental health it is still unclear why officers' mental health depreciates even with such systems being put in place. There is little study identified to correlate these two issues and this is why this review will aim to identify if the systems in place are taken by police officers to help with their mental health, followed by if police officers find the help offered to them useful in dealing with any mental health issues sustained. The review of the answers from the first and second questions put within the dissertation will then answer the final question put within the dissertation, do officers and staff suffer adverse mental health issues regardless of attending critical or major incidents?

3.2 Research Methods

Tiwari (2022) writes that "research is a process of systematic inquiry that uses the collection of data and documentation of critical information". What the research within this study aims to find is how police officers and staff feel about mental health support offered to them. Research is described as either quantitative or qualitative. Streefkerk (2019) compares these two research models by stating that "quantitative research deals with numbers, figures, and statistics whereas qualitative research deals with words and meanings." As well as defining quantitative and qualitative research Streefkerk (2018) in another paper wrote that primary sources provide firsthand accounts whereas secondary sources provide second hand information ie from an article or book.

3.3 Survey

For this research dissertation it was identified that a survey would be the best way to collect data from current serving police officers and staff, to ascertain if they have been offered mental health support following a critical or major incident, and if the participants find the offering useful. The use of a survey will provide the dissertation with quantitative research from primary sources. This will be achieved using Microsoft Forms. A software that allows the creation of questionnaires and from the results automatically generates graphs that puts the answers into varying forms to easily digest the contents of the findings.

Qualtrics (2021) define a survey as a method of gathering information using questions relevant to a particular subject, given to a sample group with objectives of collecting data from the questions asked to establish correlations or differences between the group's answers.

The final part of the survey will also include three optional closed questions regarding how the participant deals with mental health issues. This would be a quantitative data. The reason for the addition of the closed questions is so the participant can answer how they like, giving as much detail as they like. The reason for not including these questions in the survey format is that there would be too many answers to be visibly represented in a graph form and gives the participant a chance to answer how they feel instead of picking a predetermined answer like in the survey format.

From addressing the main questions set forth within this dissertation, it will be possible to identify if the mental health support offered to police officers and staff is sufficient or if more needs to be done to help protect individuals' mental health following critical or major incidents. The main benefit of the survey will be that results of each participant can be compared to one another, to visibly establish the answers to the main questions of this dissertation; if officers and staff suffer adverse mental health issues following traumatic incidents, if the support is beneficial, and if they suffer mental health issues regardless of attending such incidents.

Mental health issues still hold a stigma as found in the research chapter. The survey allows participants to remain anonymous within the research process. The anonymity allows participants to answer truthfully and fully without the worry that their answers will identify them as having, or have had, mental health problems. This is important as to hold to the ethical grounds of this dissertation by not identifying any participant involved. As seen in the Ethics Form (appendix 2).

3.4 Target Sampling

As previously mentioned at the start of this chapter, this dissertation will be using current serving police officers and staff as its participants. For this research target sampling was considered for its participants. Resonio (ND) identify that targeted sampling is a sampling style where researchers identify specific participants through their characteristics and experiences that can provide insight to the research

question asked. As this research specifically relates to police officers and police staff, asking if they have experienced any mental health issues following a major or critical incidents and if they have taken any mental health support offered to them following a critical or major incidents; the sampling target for this research paper will specifically rely around persons who have been or are current serving police officers or police staff members. For the sampling population the dissertation will be using current serving police officers and staff working within the Newport city area.

3.5 Limitations

There are a few limitations identified with the sampling group from the Newport area. Firstly, the sampling group will be used from the same area, meaning there is a likely hood that a lot of officers and staff have shared experiences in dealing with critical and major incidents. This does not necessarily mean all suffer with mental health problems but, could result in similar answers if officers and staff have dealt with the same incidents. Secondly, due to staff turn around within the Newport area, current officers tend to be a lot younger in service, this will mean that within the sampling group there are not many officers nearing the ends of their careers; In the literature review it was identified that officers nearing the end of their careers have more tendencies to have mental health problems. This will limit the true reflection of the results as newer officers may not have attended as many critical or major incidents; or being younger in service, have not seen a negative effect on their mental health. Similarly, there are no retired officers within the sample group who again would have more experience and more exposure to mental health issues. Thirdly, the sampling group is very small and consists of around 50 persons based within the Newport area. As such the results of the research will only give an indication for how officers and staff within the Newport area may feel. Other forces may use the TRIM sessions more or less effectively, and as such would not give an accurate representation of how officers feel about a referral system that is used nationally. Lastly due to the sensitivity around potential mental health problems in officers and staff, the survey must remain anonymous. Participants will have to reply to the survey in a way to protect their anonymity. This will have to be done through participants accessing the survey in an online link as appose to participants sending the results back to the researcher individually.

3.6 Conclusion

To conclude this chapter, research has been identified and defined as the consideration of a particular subject using scientific methods to address the subject question. A survey was identified as the best way to gather information for this research paper due to the ease of analysing the data from surveys by putting the information gathered into graphs and forms. These forms of analysis will offer readers a visual aide when identifying the main questions asked within this research paper. The sample group for this dissertation was identified as a shift of police officers and staff working within the Newport area, who's number would be around

50 participants. This sampling group was chosen as it would offer targeted sampling and hold relevant opinions in the questions being asked by this dissertation. Several limitations to the research have arisen when using the sample group and answering the main questions of the research paper. These generally being that Newport is a small force with a young work force. This means that when compared with the literature review, experienced officers tend to develop more mental health problems; Newport being a young shift may mean that more officers may not have experience major or critical incidents. However, with the limited research available to address if officers take mental health support offered to them and the limited research on how effective mental health support is to police officers and staff, this research will be able to address these questions within the Newport area and allow further research to be produced into why at a later point and to expand its research into other workforce areas.

Chapter Four – Data Analysis

4.1 Introduction

During this chapter of the dissertation, the answer from the submitted questionnaire, found in appendix 3, will be compared with the literature reviewed within previous chapters, to identify themes as to if police officer or staff suffer adverse mental health issues from attending critical or major incidents, If the help offered sufficient and if officers and staff suffer adverse mental health issues regardless of attending critical or major incidents. This chapter will review the answers from the participants within the questionnaire and answer the main objectives of this dissertation. A separate questionnaire can be found on appendix 1 that has been unanswered.

4.2 Participants

A total of 33 participants took part in the questionnaire that was made available on the Gwent Police intranet which was available for a period of two weeks. Of the 33 participants 27% of those were aged 40-50 years old, 39% were aged 29 – 39 years old and 18% were aged 18-28 years old. 67% of the participants were males with 30% being female, the remaining 3% either identified as something else or preferring not to say. The length of service in the participating officers was 42% of participants with less than 5 years' experience and 39% having over 15 years policing experience. The remaining 18% were made up of officers having between 6 and 14-years' service. These figures are important as the literature suggests the longer an officer's length of service the more at risk they are at suffering adverse mental health issues but also gives a good representation of when in their careers officers start to experience negative effects on their mental health.

Most responses to the questionnaire came from response officers or specialist team officers such as Firearms, CID, Traffic Officers. Most of the participants worked within the Newport area, however 33% identified as preferring not to say. Many of the participants were police constable or staff ranked at 69% with the remaining responses coming from sergeant rank or higher.

4.3 Attending critical incidents and the effects on mental health

Of the 33 participants 88% had responded that they have attended a critical or major incident as part of their role. With 94% of participants agreeing to being a part of a policing incident that has resulted in serious injury or death. The literature research suggests that all officers and staff at some point deal with trauma, however these results, although high suggests that not all involved in policing do attend traumatic incidents.

When asked if attending a policing incident has left participants feeling their mental health has suffered, 61% have answered yes, 31% have answered no, and 3% have preferred not to say. The literature reviewed would suggest that all officers suffer

adverse mental health issues when dealing with traumatic incidents however these results show just over half have suffered negatively when attending such incidents.

4.4 Mental Health Support:

Of participants that have attended critical or major incidents and feeling their mental health has suffered, only 24% of participants have sought mental health support. Of those who answered yes to seeking mental health support, all mental health support has been police sponsored (TRIM referral). Following the attendance of a critical or major incident, 85% of participants have been referred to a TRIM practitioner. Out of the 85% who have been referred to a TRIM practitioner only 33% of participants have taken the TRIM mental health support offered to them. When participants were asked if the TRIM process was helpful in dealing with mental health issues, 31% answered not applicable for not taking the support. 25% answered that the TRIM process was helpful. 19% answered that the TRIM process was not helpful, and 25% answered that they would prefer not to say. Of participants that have had a TRIM referral, 12% have sought further mental health support. The further mental health support was all police sponsored (further TRIM referrals or counselling).

21% of participants have sought mental health support outside of Gwent Police after dealing with a policing incident. With 18% of participant seeking mental health support without being offered a TRIM referral.

These figures suggest that officers and staff do not find the TRIM process helpful with dealing with mental health support needed following attending a traumatic incident. Further, these figures support the research found around there still being a stigma within policing and mental health support. Even though there is support offered to them, officers do not take it. Further research could be conducted into why mental health support is not taken even when it is offered freely.

4.5 Other Mental Health Stressors for Police Officers and Staff

70% of participants thought that the longer ones length of service, the more at risk you are to mental health problems. 76% of participants believe that mental health issues arise within police officers and staff regardless of dealing with traumatic incidents. The majority of participants believe that it is high workloads that cause police officers and staff to have adverse mental health issues. Only 27% of participants believed that attending traumatic incidents was the biggest cause to mental health issues within police officers and staff.

These figures agree with the literature reviewed that officers and staff suffer adverse mental health issues when dealing with policing incidents. However, the research strongly suggested that the main cause was the attendance of traumatic incidents that invoked poor mental health amongst officers and staff. These statistics suggest otherwise where officers and staff mostly believe their stressors lie elsewhere, which can provide further research into why officers and staff suffer adverse mental health issues, if not from attending traumatic incidents.

4.6 Confiding in Others and Stigma in Policing

82% of participants stated they would feel comfortable in confiding in a mental health specialist for mental health support. 70% of participants would feel comfortable confiding in family or friends for mental health support. 61% of participants would feel comfortable talking to a colleague about their mental health. Only 36% would feel comfortable in confiding in a supervisor for mental health support. 67% of participants believe there is still a stigma around policing and talking about mental health.

These figures mostly agree with the literature available. The literature suggests that there is a stigma in policing and talking about mental health. This would support why only 36% of participants feel comfortable when talking to supervisors about their mental health and 60% feel comfortable in speaking with colleagues. However, this contradicts the high percentage of results when feeling comfortable talking about mental health support with specialists, friends, and family. It may be that officers feel more comfortable talking about their mental health in conditions outside of policing and that they do not see TRIM practitioners as being specialists when it is a peer reviewed process, leading them to not participating within the TRIM process within work.

4.7 Accessing Support

Half of the participants believe it is easy to access mental health support within Gwent Police, with even less at 27% thinking it easy to access support for mental health outside of Gwent Police. Only 24% of participants feel that the processes set within Gwent Police are enough to help officers deal with any mental health issues that might arise whilst policing.

4.8 Further Support and Mitigation of Mental Health Issues

In the last three questions participants were given free rein to answer how they pleased. Each question was related to the mental health support offered to them and how they mitigate mental health issues in their personal lives and within work. The most popular responses are shown as below. All answers can be viewed in appendix 4.

What can Gwent Police do to further support officers and staff requiring mental health support? The most popular answers were time to deal with traumatic situations, decompression and adapting mental health to police officers, making it more easily accessible. Some have suggested incorporating team building days to deal with stress within shifts and others have advocated for a 24/7 mental health service for officers to contact.

What do you do within work to mitigate mental health issues?

A lot of responses revolve around humour and trying to see a funny side to things to relieve stress and mental health issues. Another highly used answer would be to speak with colleagues to decompress, as they are experiencing the same things as you or something similar. Answers then begin to relate to the management of workloads to help deal with the stress of working within policing.

What do you do within your personal life to mitigate mental health issues?

Answers to this question mostly relate around speaking to family and friends, as well as conducting physical exercise and / or going out drinking.

Themes can be observed when reviewing the answers to these three questions. Most people would like to see Gwent Police make mental health support easily accessible for officers and staff and the requisition for a lighter workload. With officers using humour, drinking, and maintaining an active lifestyle to deal with the stressors of work. No answers dwelt on the dealing with trauma as part of their roles to mitigate mental health issues.

4.9 Conclusion:

During this chapter the objectives set forth have been met, by comparing the participants questionnaire answers to the research found in previous chapters. It was found that officers and staff do suffer adverse mental health issues when policing, but not all come from dealing with traumatic incidents. Officers overall do not find the mental health support offered to them sufficient in dealing with adverse mental health effects. It has been found that officers and staff do suffer adverse mental health issues regardless of dealing with a traumatic incident.

Chapter Five - Findings and Conclusion

5.1 Introduction

The previous chapters have gone through the introduction, literature review, research chapter and analysis. The objectives of this chapter are to compare the literature reviewed and analysis findings from the previous chapters to end the dissertation with its recommendation for further research and to provide a reasonable conclusion. This chapter will also provide the conclusion to the main research objectives as well as indicate the limitations observed when completing the dissertation.

5.2 Findings

The main question of “if police officers and staff have dealt with as a part of their role a critical or major incident and suffered from adverse mental health problems” was answered. The definition of critical and major incidents was covered within the literature review as well as what constitutes to a mental health problem. Within the dissertation questionnaire, 88% of participants have agreed to attending a critical or major incident as a part of their role. Out of all participants, 66% of the participants have agreed that following attending a critical or major incident that they have suffered adverse mental health effects.

The second question put within this dissertation was if “following attending a critical or major incident any mental health support had been offered and if it was helpful”, was then answered. Within the literature review Sutton and Polaschek (2022) wrote that a tertiary intervention to a critical incident is a peer reviewed assessment, within the UK known as a Trauma Risk Management (TRIM) assessment. All participants that have attended critical or major incidents have been offered a TRIM referral assessment following the incident. Of all participants within the questionnaire only 24% had sought mental health support following attending a critical or major incident, even though more had suffered with adverse mental health problem. Of those who took a TRIM referral 25% answered that the process was helpful with dealing with trauma and stress, with the remaining answering either it was not helpful or they preferred not to say.

The final question put within this dissertation, “do police officers and staff suffer adverse mental health issues regardless of attending critical or major incidents” was answered. 70% of participants believed that the longer their length of service, the more at risk they were of developing mental health issues. 76% of participants believe that mental health issues arise regardless of attending critical or major incidents. 55% of participants believe that high workloads is the main cause of mental health issues amongst police officers and staff.

The main themes found within the research was that officers and staff want more mental health support within a general capacity of their work. It is found that on the whole officers and staff tend to cope well with dealing with trauma, by using exercise

and humour to help deal with their emotions. Officers and staff required more support for their mental health due to other stressors within policing, such as high work loads and not being supported by their supervisors.

It was also found that there is still a stigma within policing and talking about mental health. Officers and staff feel comfortable with talking about their mental health with family, friends, and specialists. But feel less inclined to talk about the same problems within work with their colleagues but more so their superiors.

5.3 Recommendations

The recommendations that come from this dissertation are not sought from any mental health care professionals but come from comparing the literature reviewed and the answers obtained within the dissertation questionnaire. Velazquez and Hernandez (2019) identified in the literature review that within the policing culture officers still advocate a negative attitude towards seeking mental health support based on organisational stigma. This can be observed when looking at the questionnaire results. All officers who had attended a critical or major incident had been offered a TRIM referral by Gwent Police, however only 33% of participants have taken TRIM referrals offered to them. Less than 27% of participants believe it is easy to access mental health support within Gwent Police. Only 36% of participants would feel comfortable confiding in a supervisor for support. This shows that there is still a stigma when talking about mental health within policing and that officers and staff don't feel comfortable in talking about their mental health in a peer reviewed format. This will lead to most officers suppressing their emotions and going into work acting as if they feel fine, which could have a negative impact on themselves and the communities they serve.

From the literature reviewed and the answers received within the questionnaire it is evident that Gwent Police have attempted to mitigate any mental health problems within its officers and staff by offering TRIM referrals to all who have attended a critical or major incident. The problem there lies with participants who do not feel comfortable in confiding in mental health practitioners or colleagues for support and would prefer to use their own coping mechanisms instead of seeking internal support.

5.3.1 Recommendation 1

The narrative seems to be that a TRIM referral is offered immediately after officers or staff attend a critical or major incident. However, from the literature reviewed it is highlighted that adverse mental health problems may not show immediately after the first attendance of the incident and could take months or years to show. A recommendation for this problem could be that Gwent Police keep a record of those who have said no to a TRIM referral and follow up within a few months of the incident to see if any change has occurred within that officer. This recommendation

would require Gwent Police to put an unknown cost into keeping such records and would ultimately tie up administrators with constant revisiting of old cases.

5.3.2 Recommendation 2

Another recommendation would be for the Senior Management Teams (SMT) within Gwent police to reevaluate how workloads of officers are looked after. From the literature reviewed and the answers gained within the questionnaire, officers and staff feel the main contributor to mental health issues would be the high workloads all officers seem to carry. The SMT need to address these problems as it seems that officers and staff leave the police early, not due to attending traumatic incidents but due to the high and unrealistic workloads that officers and staff are expected to keep. A way to combat this would be to offer staff and officers a rotation of writing days in which they can combat their high workloads without fearing being called into other duties. This would have no cost factor as officers and staff would already be in work. The strain would come onto the other officers and staff who have to pick up on missing a member of staff who is currently taking a writing day, but in turn their own writing day would come around.

5.3.3 Recommendation 3

A final recommendation would be that police officers and staff can assess for themselves when they feel that their mental health has deteriorated and should seek out support when it is needed, not directly after a critical or major incident, when a TRIM referral is initially given. Support may be more easily accessible if officers and staff know when to ask for it themselves. A simple conversation with a colleague, supervisor or mental health practitioner may be enough to guide police officers and staff to the appropriate care they need. This recommendation is already in place in most workplaces where wellbeing and wellness posters are put around to remind people of the importance of talking to one another.

5.4 Limitations

5.4.1 Limitation 1

Although the findings within this dissertation often marry to the literature that has been reviewed, there is a limitation to this dissertation and its results. The focus group used, revolved around one specific shift working within Gwent Police which contains around 50 persons. Of the 50 expected only 33 participants replied, of those no police staff had took the questionnaire. The limitation of this would be that most officers would have attended the same incidents, working on the same shift. Further research could be conducted by opening the questionnaire to other shifts or force areas to offer a variety of responses. If police staff took the questionnaire, it would allow us to see how their experiences differed from those of police officers.

5.4.2 Limitation 2

Another limitation was the research subject itself. As the literature review and findings suggest, there is still a stigma around mental health and police officers. Although no personal questions relating to individuals' mental health or their identity was asked, it is still a subject that some may not wish to be open about. This was observed within the questionnaire with multiple participants opting to reply "prefer not to say" to yes or no answers regarding mental health.

5.4.3 Limitation 3

A further limitation was that from the literature reviewed, adverse mental health issues arise within officers and staff occur in officers with prolonged periods of service. The study group used within this dissertation for the majority had a service of less than five years, which may not allow for a long enough length of service for mental health issues to have taken place.

5.5 Future research

From the literature review and questionnaire, it is unclear why there is still a stigma around police officers and staff taking mental health support. Although this dissertation revolves around critical and major incidents effects on mental health it has opened more questions for further research. Further research can be done to identify why a stigma is still so prevalent in officers and staff, in a day and age where mental health and self-care is such a vocal point in society today. The further research can aim to identify as highlighted within the literature review and this dissertation questionnaire, why police officers and staff still hold a stigma around mental health support, even when the support is offered to them. The dissertation has also opened research opportunities into why police officers and staff carry such high workloads. The questionnaire has identified that most officers and staff do not see traumatic incidents as a main cause of mental health issues but have indicated that it is the workloads they carry that causes the most mental health deterioration.

5.6 Conclusion

This dissertation has provided insights around the issues of growing mental health problems within police officers and staff following critical or major incidents, as well as what officers and staff believe the real cause of their mental health issues are. The project objectives have all been answered herein. The main goal was to identify if police officers and staff suffered adverse mental health issues following attending a critical or major incident. It was identified that police officers and staff are offered mental health support following traumatic incidents but overall, it is not taken due to it being a peer reviewed process. The conclusion of the dissertation has found that police officers and staff feel they suffer adverse mental health issues the longer they

serve. However, it was mostly found that police officers and staff feel that their mental health deteriorates from high workloads and not through observing traumatic incidents which links to the third question put within the dissertation.

The second and third questions within the dissertation were also then answered whereby participants were asked if the mental health support offered was sufficient in dealing with any adverse mental health issues they may have suffered, and what they felt was the leading cause of adverse mental health issues. Of those who have taken a TRIM referral, it is agreed that the mental health support offered is sufficient. Although the mental health support is sufficient for those who took it, most participants feel that Gwent Police could do more to mitigate adverse mental health effects amongst their officers and staff. Most participants believe that adverse mental health effects from working within the police would in fact come from a high workload. Unfortunately for officers, Gwent police, nor any other force, offer TRIM referrals to officers and staff with high workloads. If this were the case, we may see more officers willing to cooperate with mental health assessments and talk about how they are feeling due to their heightened workload. This in turn may lead to officers and staff having a different view when talking about mental health and any issues they may be suffering.

To conclude, the longer a police officer length of service there would likely be some adverse mental health issues, however there is no clear indicator to what causes mental health issues and may be an accumulation of multiple factors. This leaves room for further research to be conducted into why officers' workloads are so high and why this has a negative effect on their mental health.

Appendix

6.1 Copy of Questionnaire

Traumatic Policing Incidents and Their Affects on Mental Health

Dear participant,

Your feedback is greatly appreciated and important for the research on the correlation between police staff responding to traumatic incidents and the development of mental health issues. The findings of the research will be presented in the BSc (Hons) dissertation submitted to the University of Wales Trinity Saint David in June 2024.

The questionnaire contains a mixture of open and closed questions and should take five to ten minutes to complete. The questionnaire is aimed at all persons working within policing, who have attended or dealt with as part of their role, traumatic incidents and how these incidents have affected your own mental health. The research project will develop further understanding of how dealing with traumatic policing experiences affect mental health and how it is best treated within Gwent Police.

All data collected in the study will be used solely for the academic research project and will remain strictly confidential. The responses will remain anonymous, and individuals participating in this research will not be identified. No personal details will be asked for during the course of the questionnaire. You can withdraw your participation in this research at any time. Data processing and storage will comply with the Data Protection Act 1998. There will be no follow-up once you complete the questionnaire. There will be no expenses covered for taking part in this study. If you wish to receive a copy of the finished results and dissertation, or have any queries, please contact myself at 2117778@student.uwtsd.ac.uk

The questionnaire will be closed from 24th April 2024 and no entries after this date will be counted towards the findings used within the research project.

Thank you for your help by participating within this research project.

PC2407 - Guy Hardwick

* Required

1. I confirm I have read and understand the terms and conditions of this survey and consent to taking part in the academic study. *

☐

I confirm I have read and understand the terms and conditions of this survey and consent to taking part in the academic study.

2. What is your age range?

- ☐ 18 – 28 years old
- ☐ 29 – 39 years old
- ☐ 40 – 50 years old
- ☐ 51 plus
- ☐ I prefer not to say

3. What is your gender?

- ☐ Female
- ☐ Male
- ☐ I prefer not to say
- ☐ Other

4. What is your length of service?

- ☐ 0 – 5 years
- ☐ 6 – 10 years
- ☐ 11 – 15 years
- ☐ 15 plus years
- ☐ I prefer not to say

5. What department do you work in?

- ☐ Response
 - ☐ Control Room
 - ☐ Specialist team (CID, Traffic, Firearms, NPT, ETC.)
 - ☐ Management
 - ☐ I prefer not to say
 - ☐ Other
-

6. What area do you work in?

- ☐ Blaenau Gwent
- ☐ Caerphilly
- ☐ HQ
- ☐ Newport
- ☐ Torfaen
- ☐ I prefer not to say
- ☐ Other

7. What is your current rank?

- ☐ Constable
- ☐ Police Staff
- ☐ Sergeant
- ☐ Inspector
- ☐ Chief Inspector or above
- ☐ I prefer not to say
- ☐ Other

8. Have you ever responded to, or been a part of a critical or major incident as part of your role?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

9. Have you attended or been involved with a policing incident that has resulted in serious injury or death, as a part of your policing duties?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

10. Has attending or being involved with a policing incident, left you feeling that your mental health has suffered?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

11. Have you ever sought mental health support following attending or being involved with a policing incident?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

12. Has this support been police sponsored or personally sponsored?

- ☐ Police supported
 - ☐ Personally supported
 - ☐ NA - I haven't sought any mental health support
 - ☐ I prefer not to say
-

13. As the result of being involved with a policing incident, have you ever been referred to a TRIM practitioner?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

14. Did you take the TRIM support offered to you?

- ☐ Yes
- ☐ No
- ☐ NA - I have not received a TRIM referral
- ☐ I prefer not to say

15. Have you found the TRIM process helpful with dealing with the mental health support required?

- ☐ Yes
- ☐ No
- ☐ NA - I have not received a TRIM referral
- ☐ I prefer not to say
- ☐ Other

16. Having received a TRIM referral, have you sought further mental health support?

- ☐ Yes
- ☐ No
- ☐ NA - I have not received a TRIM referral
- ☐ I prefer not to say

17. Following having a TRIM referral and requiring further mental health support, has this support been police sponsored or personally sponsored?

- ☐ Police sponsored
- ☐ Personally sponsored
- ☐ NA - I haven't sought further support after a TRIM referral
- ☐ NA - I haven't had a TRIM referral
- ☐ I prefer not to say

18. Have you ever sought mental health support following a policing incident, without having a TRIM referral?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

19. Have you ever sought mental health support outside of Gwent Police, following dealing with a policing incident?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

20. Do you think, the longer your length of service, the more at risk you are to mental health issues when dealing with policing incidents?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

21. Do you think mental health issues arise within police officers and staff regardless of dealing with traumatic incidents?

- ☐ I don't know
- ☐ Yes
- ☐ No
- ☐ I prefer not to say

22. What do you think is the biggest cause of mental health issues within police officers and staff?

- ☐ Attending traumatic incidents
- ☐ Workloads
- ☐ Staffing levels
- ☐ Other
- ☐ I prefer not to say

23. Would you feel comfortable confiding in a colleague for mental health support?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

24. Would you feel comfortable confiding in a supervisor for mental health support?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

25. Would you feel comfortable confiding in mental health practitioners or specialists, for mental health support?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

26. Would you feel comfortable confiding in family or friends for mental health support?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

27. Do you think there is a stigma around talking about mental health?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

28. Do you think it is easy to access mental health support within Gwent Police?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

29. Do you think it is easy to access mental health support outside of Gwent Police?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to say

30. Do you think the processes in place within Gwent Police are enough to help officers and staff deal with mental health support?

- ☐ Yes
- ☐ I don't know
- ☐ No
- ☐ I prefer not to say

31. Is there anything else that you would like Gwent Police to introduce to help with mental health support?

32. What do you do within work to help mitigate any mental health issues?

33. What do you do in your personal life to help mitigate any mental health issues?

6.2 Ethics Form



PG2 / E1 FORM

APPLICATION FOR ETHICAL APPROVAL

RESEARCH STUDENTS

This form is to be completed by the student within **SIX** months for full-time students and **TWELVE** months for part time students, after the commencement of the research degree or following progression to Part Two of your course.

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

This document is also available in Welsh.

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.

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:	Richard Guy HARDWICK			
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:	IMH			
4	Campus:	Swansea			
5	E-mail address:	2117778@student.uwtsd.ac.uk			
6	Contact Telephone Number:	07533563068			
For students:					

7	Student Number:	2117778
8	Programme of Study:	BSc (Hons) Professional Policing Practice
9	Director of Studies/Supervisor:	Deepak PATEL

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): <i>Approval in principle must be obtained from the relevant source prior to seeking ethical approval</i>	Research Degrees Committee	☐		
		Institute Research Committee	☐		
		Other (write in)	☒	Deepak PATEL	

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	[List any other relevant documents here] ☐

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	☐
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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:	Mental Health and Policing Practices		
2	Proposed start date:	27/11/23	Proposed end date:	
	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: <i>Purpose of Research Activity</i> <i>Proposed Research Question</i> <i>Aims of Research Activity</i> <i>Objectives of Research Activity</i> Demonstrate, briefly, how <u>Existing Research</u> 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 It is worth consideration for an undergraduate dissertation as Mental Health and wellbeing has been the forefront of topical conversation for some time. With it being such a talking point in news and the stigma of it being the focus, encouraging others to talk about their experiences and to share, to help others going through similar situations. With mental health being such an important aspect of life as well as comparing it to your physical health, it has encouraged companies and government bodies to introduce more mental health awareness for the colleagues that work within them. It is worth analysing what mental health support is offered to officers following a traumatic incident; if that support is helpful or if the support is taken at all. Even though mental health has had such a spotlight given to it to allow persons struggling with their mental health to talk to someone in confidence, a big stigma still lies around it. The dissertation would set out to outline if front line officers take any support offered to them. Historically police have been classified as persons who hide their feelings and don't open up. This dissertation would hope to outline if this is still the case, or if police officers are more inclined to seek support for their mental health. (this box should expand as you type)			
4	Research Question What Mental Health support is offered to frontline police following attendance to traumatic incidents? Is the support offered adequate? Do officers take the support offered to them?			

5	Aims of Research Activity The aims of the research is to address the questions asked in the research questions.				
6	Objectives of Research Activity The objective of the research is to address if the mental health support offered to police is taken. How successful the help offered is at helping officers. If there is anything more officers wished from their support given to them. (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	Questionnaire / survey will be implemented to gather information on how officers have felt any mental health support offered to them has been received. The survey will outline how many officers have been offered mental health support and then if it has been taken / how they feel it has benefited them and what they wish they could have got from the support offered to them. The survey will also highlight what forms of stress relief officers seek for their mental health in other forms, not offered by their employer. (this box should expand as you type)				
	Location of research activity Identify all locations where research activity will take place.				
8	Newport				
	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	NA				
10	Use of documentation not in the public domain: Are any documents NOT publicly available? <table border="1" style="float: right;"> <tr> <td>NO</td> <td>☒</td> </tr> <tr> <td>YES</td> <td>☐</td> </tr> </table>	NO	☒	YES	☐
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. (this box should expand as you type)				

	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:		
	(this box should expand as you type)		

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? 10 – estimate
11	Who will the participants be? colleagues
12	How will you identify the participants? Surveys

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? <table border="1"> <tr> <td>Yes</td> <td>☐</td> </tr> <tr> <td>No</td> <td>☒</td> </tr> </table>	Yes	☐	No	☒
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 <table border="1"> <tr> <td>Risk to participants: (this box should expand as you type)</td> <td>How you will mitigate the risk to participants: (this box should expand as you type)</td> </tr> </table>	Risk to participants: (this box should expand as you type)	How you will mitigate the risk to participants: (this box should expand as you type)		
Risk to participants: (this box should expand as you type)	How you will mitigate the risk to participants: (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				



	(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: (this box should expand as you type)	How you will mitigate the risk to the investigator: (this box should expand as you type)
5	University/institutional risks For example: adverse publicity, financial loss, data protection	
	Risk to the University: (this box should expand as you type)	How you will mitigate the risk to the University: (this box should expand as you type)
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: (this box should expand as you type)	How you will mitigate the risk to environment: (this box should expand as you type)

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? NA (this box should expand as you type)
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. NA (this box should expand as you type)
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. NA



	(this box should expand as you type)
--	--------------------------------------

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	(this box should expand as you type)		
	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:		

	<i>(this box should expand as you type)</i>		
	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):		
	<i>(this box should expand as you type)</i>		
22	List all who will have access to the data generated by the research activity:		
	<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:		
	<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.		
	<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. (Most relevant to academic staff)		
	<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:	Richard Hardwick Date: 26/11/23

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.

6.3 Appendix 3 - Questionnaire Answers – Questions 1 to 30

1. I confirm I have read and understand the terms and conditions of this survey and consent to taking part in the academic study.

[More Details](#)

 Insights

 I confirm I have read and under... 33



2. What is your age range?

[More Details](#)

 18 - 28 years old 6
 29 - 39 years old 13
 40 - 50 years old 9
 51 plus 5
 I prefer not to say 0



3. What is your gender?

[More Details](#)

 Female 10
 Male 22
 I prefer not to say 0
 Other 1



4. What is your length of service?

[More Details](#)

 Insights

 0 - 5 years 14
 6 - 10 years 4
 11 - 15 years 2
 15 plus years 13
 I prefer not to say 0

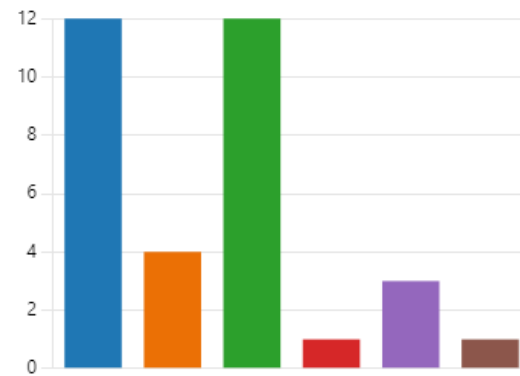


5. What department do you work in?

[More Details](#)

[Insights](#)

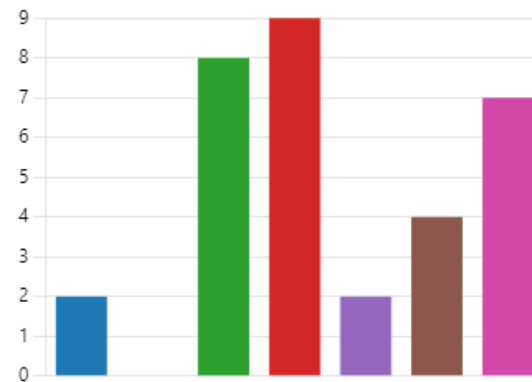
Response	12
Control Room	4
Specialist team (CID, Traffic, Fire...	12
Management	1
I prefer not to say	3
Other	1



6. What area do you work in?

[More Details](#)

Blaenau Gwent	2
Caerphilly	0
HQ	8
Newport	9
Torfaen	2
I prefer not to say	4
Other	7

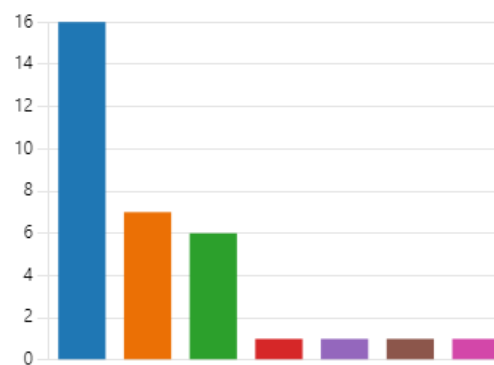


7. What is your current rank?

[More Details](#)

[Insights](#)

Constable	16
Police Staff	7
Sergeant	6
Inspector	1
Chief Inspector or above	1
I prefer not to say	1
Other	1



8. Have you ever responded to, or been a part of a critical or major incident as part of your role?

[More Details](#)

Yes	29
No	4
I prefer not to say	0



9. Have you attended or been involved with a policing incident that has resulted in serious injury or death, as a part of your policing duties?

[More Details](#)

Yes	31
No	2
I prefer not to say	0



10. Has attending or being involved with a policing incident, left you feeling that your mental health has suffered?

[More Details](#)

[Insights](#)

Yes	20
No	12
I don't know	1
I prefer not to say	0



11. Have you ever sought mental health support following attending or being involved with a policing incident?

[More Details](#)

Yes	8
No	24
I prefer not to say	1

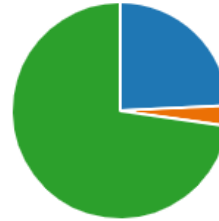


12. Has this support been police sponsored or personally sponsored?

[More Details](#)

 [Insights](#)

 Police supported	8
 Personally supported	1
 NA - I haven't sought any ment...	24
 I prefer not to say	0



13. As the result of being involved with a policing incident, have you ever been referred to a TRIM practitioner?

[More Details](#)

 Yes	28
 No	5
 I prefer not to say	0



14. Did you take the TRIM support offered to you?

[More Details](#)

 [Insights](#)

 Yes	11
 No	18
 NA - I have not received a TRIM...	4
 I prefer not to say	0



15. Have you found the TRIM process helpful with dealing with the mental health support required?

[More Details](#)

Yes	8
No	6
NA - I have not received a TRIM...	10
I prefer not to say	0
Other	8



16. Having received a TRIM referral, have you sought further mental health support?

[More Details](#)

Yes	4
No	21
NA - I have not received a TRIM...	8
I prefer not to say	0



17. Following having a TRIM referral and requiring further mental health support, has this support been police sponsored or personally sponsored?

[More Details](#)

[Insights](#)

Police sponsored	4
Personally sponsored	1
NA - I haven't sought further su...	22
NA - I haven't had a TRIM referr...	6
I prefer not to say	0



18. Have you ever sought mental health support following a policing incident, without having a TRIM referral?

[More Details](#)

Yes	6
No	26
I prefer not to say	1



19. Have you ever sought mental health support outside of Gwent Police, following dealing with a policing incident?

[More Details](#)

Yes	7
No	26
I prefer not to say	0



20. Do you think, the longer your length of service, the more at risk you are to mental health issues when dealing with policing incidents?

[More Details](#)

[Insights](#)

Yes	23
No	8
I don't know	2
I prefer not to say	0



21. Do you think mental health issues arise within police officers and staff regardless of dealing with traumatic incidents?

[More Details](#)

[Insights](#)

I don't know	5
Yes	25
No	3
I prefer not to say	0



22. What do you think is the biggest cause of mental health issues within police officers and staff?

[More Details](#)

[Insights](#)

Attending traumatic incidents	9
Workloads	18
Staffing levels	3
Other	3
I prefer not to say	0



23. Would you feel comfortable confiding in a colleague for mental health support?

[More Details](#)

[Insights](#)

Yes	20
No	6
I don't know	7
I prefer not to say	0



24. Would you feel comfortable confiding in a supervisor for mental health support?

[More Details](#)

[Insights](#)

Yes	12
No	10
I don't know	9
I prefer not to say	2



25. Would you feel comfortable confiding in mental health practitioners or specialists, for mental health support?

[More Details](#)

[Insights](#)

Yes	27
No	4
I don't know	2
I prefer not to say	0



26. Would you feel comfortable confiding in family or friends for mental health support?

[More Details](#)

[Insights](#)

Yes	23
No	6
I don't know	4
I prefer not to say	0



27. Do you think there is a stigma around talking about mental health?

[More Details](#)

 Insights

Yes	22
No	9
I don't know	2
I prefer not to say	0



28. Do you think it is easy to access mental health support within Gwent Police?

[More Details](#)

Yes	16
No	9
I don't know	7
I prefer not to say	1



29. Do you think it is easy to access mental health support outside of Gwent Police?

[More Details](#)

 Insights

Yes	9
No	20
I don't know	4
I prefer not to say	0



30. Do you think the processes in place within Gwent Police are enough to help officers and staff deal with mental health support?

[More Details](#)

Yes	8
I don't know	13
No	12
I prefer not to say	0



6.4 Appendix 4 - Questionnaire Answers – Questions 31 to 33

Q 31. Is there anything else that you would like Gwent Police to introduce to help with mental health support?

Participant	Answer
1	
2	Yes, however, I prefer not to say as I am likely going to be recognise.
3	Time provided to deal with traumatic incidents and decompress from the stress they bring, such as well being days, or team building days.
4	Adapting mental health to police officers
5	Dedicated support for officers under investigation by PSD. Currently the PSD process is very biased and treats officers guilty until proven innocent. This not only breaks the level of trust between officers and the force but impacts overall confidence in policing internally.
6	I Received counselling support after a separation through gwent police. the service was invaluable.
7	
8	we label too many minor gripes as mental health issues - being sad isnt an illness - Proper medical diagnosis should be made before people are gifted the title of mentally unwell .
9	no
10	
11	
12	
13	I think there is still the mentality that police officers/staff/CSOs are "meant" to suffer, almost as if it part of the job. But a lot of things could be put in place to stop us reaching burnout - 1 to 1s with Sgts, increased staffing levels.
14	CBT
15	
16	More needs to be done to support officers and control room staff when dealing with heavily publicised calls. The trauma is often all over social media. Also control room staff are often missed for TRIMS, more needs to be

	done in regards to getting the right people the help they need
17	
18	
19	More emphasis on fitness/exercise as a way to cope with mental health.
20	
21	
22	It is important for officers / staff to have the support of their colleague and to discuss incidents however, it feels that these avenues are being closed and it almost feel as if it is frowned upon for officers to discuss incidents with out it being recorded or documented. Post incident conversations are vital for mental well being.
23	
24	
25	Occupational health could be more supportive
26	
27	
28	
29	Gwent Police i feel would benefit from 24/7 mental health service for officers when support staff for mental health etc can come out to stations following a serious incident or death -
30	
31	
32	N/A
33	

Q 32. What do you do within work to help mitigate any mental health issues?

Participant	Answer
1	
2	Go to the restroom and cry in silence, then wash my face and get back to work.
3	Speak to colleagues about previous incidents to act as a stress relief
4	Humour
5	Dark humour
6	Don't go to traumatic events involving deceased persons.
7	Speak with colleges - Take ten minutes to compose
8	ignore it and get on with it
9	haven't got time due to work pressures
10	Nothing
11	Try to take time out and walk away from the computer/laptop. Talk to colleagues.
12	Think of happy things and laugh with colleagues about something not relating to work.
13	Ensure that if I am going to high risk calls I am not going alone, debriefing with colleagues after calls, taking regular breaks.
14	Reduce my workload/ university work - proud moment I focus on what I can control not what I can't.
15	Try to focus on the positives, talk with colleagues about incidents and any issues
16	Speak to my colleagues, take time out of the control room after a bad call
17	Identify triggers
18	Try to switch off from work upon leaving Gym / ensuring I am doing things that will help
19	Speak with colleagues, debrief incidents, detach from the incident
20	
21	

22	use my own coping strategies - by doing the best job we can and support those around me
23	
24	Speak to friends/colleagues
25	
26	Management of workloads with out expecting to just 'suck it up', 'it is what it is'.
27	Talk to colleagues and DS if I'm struggling with anything
28	Keep on top of emails, checking them the day before I come back to work from leave so that I know that I'm going to work without any surprises
29	better support services
30	
31	Plan my days/jobs, take regular breaks/short walks, ensure I finish at a reasonable time (overtime is not ridiculous), ask for help if needed
32	TALK TO FRIENDS AND FAMILY- I ALSO HAVE MY OWN COPING MECHANISMS SUCH AS "GROUNDING"
33	

Q 33. What do you do in your personal life to help mitigate any mental health issues?

Participant	Answer
1	
2	Speak to family member, cook, clean and spend time with my child when I can.
3	Talk to partner about incidents so it the stress and anxiety doesn't build up
4	Share my thoughts with family and take the pressure off that way
5	Spend time with children to forget about work
6	talk with my partner. exercise, listen to music and stroke the dog (may sound a bit odd, but its quite calming)
7	Physical Exercise
8	ignore it and get on with it
9	sport and gym
10	Nothing
11	Exercise and socialising with family and friends.
12	Laugh with family, friends, colleagues and walk many miles with them as well as colleagues and dogs. Both these, I find, are great for the mind and soul.
13	Exercise regularly, get good sleep, talk regularly with partner to offload (he is also a CSO), eat well, socialise
14	Game Gym Shoot Fish Visit family Paint models University work
15	Try to make use of my hobbies and exercise
16	continue with hobbies, have a day relaxing doing nothing
17	take a step back and review
18	Long walks Gym Socialise
19	Fitness
20	
21	

22	strong family support
23	Surround myself with family and keep active
24	try and unwind after work with hobbies
25	
26	Drink
27	Private counselling, mindfulness, exercise
28	Walk
29	dont know ?
30	I don't really struggle with my mental health in general but I do keep active a lot, working out 4-6x a week as well as gaming quite a lot.
31	Exercise regular, take medication, time not to think about work (watch TV, looking on internet/You Tube, see friends/family).
32	GYM, ATTEND SOCIAL EVENTS, MY ONLY FLAW WOULD BE THAT I KEEP MYSELF WAY TOO BUSY ON MY REST DAYS WHICH THEN IN TURN CAUSES EXHAUSTION
33	

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