

The affect of repeated critical incident deployment on police officers and their mental health.

(working title)

Police officers in their roles manage several 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. Purba and Demou (2019) highlight that police officers facing the victims who themselves are going through stressful situations, often revert to masking their own emotions when provoked, to maintain public confidence. Purba and Demou (2019) later explain that 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).

Of the many duties undertaken by officers, one of the most important is that of attending critical incidents or 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. 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.

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. Whilst evaluating return-to-work programmes after critical incidents Sutton and Polaschek (2022) found that a Finnish survey amongst police officers stated over eighty percent of officers reported their work was extremely emotionally demanding and over ninety percent identified a link between their own exposure to critical (or traumatic) incidents and their mental health issues. Findings also showed that police officers want access to programmes to help them deal with their mental health following responding to critical incidents. Sutton and Polaschek (2022) write that exposure to critical incidents is managed in three different levels: primary, secondary or tertiary. Primary intervention aims to reduce the risks of experiencing critical incidents through prior planning before dispatching to critical incidents. Secondary intervention looks to reduce the impact of an event by developing employee resilience through training to help response to stressful situations. Tertiary interventions involve identifying the effects of observing a critical incident, this is likely to be through a peer reviewed process, within the UK this process would be a Trauma Risk Management (TRIM) assessment.

Following a critical or traumatic incident, to help mitigate the effects of mental health problems to attending officers, most forces within the UK offer Trauma Risk Management (TRIM) to those officers who have attended that incident. Originally designed in the military in the late 1990s, TRIM is not mandatory and is only offered to those officers who attend traumatic incidents. Usually, 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 preliminary support and boasts beneficial effects to those who seek the TRIM process, highlighting that the process has no detrimental effects. The Home Office (2021) admittedly state that although the TRIM process has been well received in military circles, the effects of its use within the police are not well known as “only a small number of studies have conducted research into the use of TRIM with police populations”. 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 they put in the appropriate referrals for that officer to seek the counselling 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 can employ 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. Sutton and Polaschek (2022) found that these processes are a step in the right direction but feel if officers attend complex or repeated critical incidents, then a more in-depth system should be offered to officers to preserve mental health compatibility.

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 as opposed to 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. They go on to compare that a young police officers career starts with drive and optimism, where they try to impact the community, they serve in a positive way. As that officer spends 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. Singo and Shilubane (2022) have 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. The idea of officers seeking help for themselves will lead to productivity at work as well as prolonging their personal lives. Singo and Shilubane (2022) continue to state that colleagues and supervisors should learn to identify when a colleague needs support. They state that a doctor found through studies that colleague support is just as important, if not more important than peer and family member support, in relieving work related anxiety or stress as your colleagues within the police know about your day to day stresses and can sympathise with you;

whereas family and friends who are not within the police, may not understand what those particular emotions are, as they have not experienced the same, or similar emotions.

Grupe et al (2019) writes that if police officers suffer from PTSD or other mental health issues, that it is not only that officer that is being letting themselves down, but they also let down the community in which they serve. Grupe et al (2019) writes that if a police officer suffering from stress, anxiety, depression, or PTSD 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. Grupe et al (2019) writes that limited studies are 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. Grupe et al (2019) have gone on to conduct research finding that over an eight-week period, officers who have conducted mindfulness training led to a significant reduction in perceived stress from stressors associated with policing.

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. Research also found that there is mental health support offered to police officers following a traumatic or critical incident. However, there is still a stigma felt within police officers taking mental health support. It is unclear why after so many years that the stigma still stands within police officers.

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