



POLICE:NOW

INFLUENCE FOR GENERATIONS

INSIGHT BRIEFING
MENTAL HEALTH AND WELLBEING
IN THE POLICE SERVICE

2020

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Resources

There is support available for officers who are suffering with their mental health and wellbeing. If you or someone you know needs help, these organisations offer confidential services and specialist support for serving and former police officers and staff.



Samaritans is a registered charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland. You can contact Samaritans 24 hours a day, 365 days a year.

Website: www.samaritans.org/

E-mail: jo@samaritans.org

Telephone: 116 123



Mind is a registered mental health charity who offers information and advice to people with mental health problems and lobbies government and local authorities on their behalf.

Website: www.mind.org.uk/

E-mail: info@mind.org.uk

Telephone: 0300 123 3393



Oscar Kilo provides resources, news, best practice, research, and guidance to help shape wellbeing provision, provoke debate and encourage collaboration and innovation. It hosts the Blue Light Wellbeing Framework offering an interactive online organisational assessment and peer review.

Website: www.oscarkilo.org.uk/

E-mail: contact@oscarkilo.org.uk



Police Care UK is a charity for serving and veteran police officers and staff, volunteers, and their families who have suffered any physical or psychological harm as a result of policing. Previously called the Police Dependants' Trust.

Website: www.policecare.org.uk/

E-mail: hello@policecare.org.uk

Telephone: 0300 012 0030

Summary

This briefing aims to contribute to the mental health and wellbeing conversations that are being pioneered by the National Police Wellbeing Service. Drawing on a review of the existing literature¹, evidence from within and beyond policing, analysis of a survey of new recruits, as well as individual case studies, the key findings from this work can be summarised as follows:

- Primary research conducted by Police Now has found that, when controlling for a range of other individual and organisational factors, wellbeing is the strongest predictor of recruits' satisfaction with policing as a career choice. Given that career satisfaction has a strong and direct association with recruits' likelihood of remaining in policing, this presents good evidence to suggest that the wellbeing of new recruits should be a central focus of police recruitment initiatives.
- We recommend that recruitment and pre-employment regulations are reviewed and updated, informed by the evidence base, to account for the complexity and management of mental health and wellbeing in modern policing.
- Organisational stressors are just as, if not more, influential than occupational stressors on officers' mental health and wellbeing.

Further reiterating the importance of police forces endorsing a culture and practice that embraces discussions of health and wellbeing is a case study provided by a previous officer. In this highly reflective account, *Charlie*² describes their mental health journey and how this was understood and responded to within force, with recommendations provided. This account of an officer's personal experience of managing poor mental health and wellbeing is an important reminder of why this conversation needs to be embedded in daily policing.

¹ An appendix is provided which offers a summary of key terms, documents and a review of the existing literature that informed this briefing.

² For ethical reasons, a pseudonym has been given to provide anonymity and protect the identity of the officer.

Recommendations for action

The following section outlines key recommendations for action based on the evidence base. These recommendations are informed by officer feedback and existing evidence which has suggested that there are certain individual, cultural, and structural factors which prevent the effective management of officer and staff wellbeing in the service (see for example Brown et al., 1996; Stinchcomb, 2004; Patterson et al., 2012; Donaldson-Fielder et al., 2014).

Recommendation one | Commit

Firmly commit to action and utilise evidence-based resources that can help to alleviate the organisational stressors that are negatively impacting upon officer wellbeing and mental health.

Recommendation two | Review

Review and update recruitment and pre-employment regulations to account for the complexity of mental health conditions and place wellbeing at the centre of police recruitment initiatives.

Recommendation three | Access

Enhance formal access to organisational support and provide officers with a variety of services that cater for a range of complex mental health and wellbeing needs in modern policing.

Recommendation four | Monitor

Routinely monitor employee wellbeing and create 'safe spaces' for officers to be open and reflective in the self-assessment of their mental health and wellbeing, particularly following occupational stressors such as traumatic incidents and assaults.

Recommendation five | Collaborate

Work in partnership with organisations and professional experts in the field to develop and deliver the best mental health and wellbeing training to officers and staff at all levels of policing.

Wellbeing

Wellbeing is a strong predictor of recruits' career satisfaction after 18 months in the service, with implications for their likely retention.

Through regular surveying, Police Now closely monitors recruit wellbeing, helping to identify areas that require further development and crucially, ensure that those officers who require additional support receive the necessary wellbeing provision throughout the two-year programmes. As a result of collecting officer feedback at regular intervals during the two-year programmes, we have gathered insights into recruit's wellbeing during the early stage of their policing careers. We monitor wellbeing particularly closely throughout training for all officers on the programmes. Recent data suggests that 70% of recruits rated their wellbeing as being either very good or good at the end of police training³. More recent data from this cohort of recruits shows that this has fallen to 61% (-9%) after six months in their force, with qualitative feedback suggesting that demanding workloads and a poor work-life balance can have a negative impact on an officer's subjective wellbeing⁴.

Through longitudinal surveying of recruits, we have been able to identify a steady decline in officer wellbeing as they move through the first two years in service, a trend that exists across cohorts. This is an important finding for the service as it suggests that the pressures of policing start taking effect early within an officer's career. It is therefore important from both an officer wellbeing and retention perspective, to ensure that recruits feel supported by the organisation and are able to access the best wellbeing provision in force.

Existing research suggests that an individual's decision to remain (or not) in their chosen career is largely dictated by their career satisfaction. Forming part of this satisfaction, among other things, is wellbeing (Bowling et al., 2011⁵; Sironi, 2019⁶). Police Now recently analysed a survey⁷ of 104 recruits who had completed 18-months in the service, with the aim of understanding the key factors associated with police recruits career satisfaction. The findings of this analysis (see Figure one) suggest that, when controlling for a range of other individual and organisational factors, wellbeing is the strongest predictor of recruits' career satisfaction⁸.

At the end of police training, 70% of recruits rated their wellbeing as being very good or good. Since landing in force, this has reduced by 9%.

³ Measured via an online survey at the last day of police training for officers on the National Graduate Leadership Programme (n=247) - 'Finally, the term 'well-being at work' is used to describe how comfortable, happy and healthy you are in your workplace. Please rate your current well-being: (% good/very good).

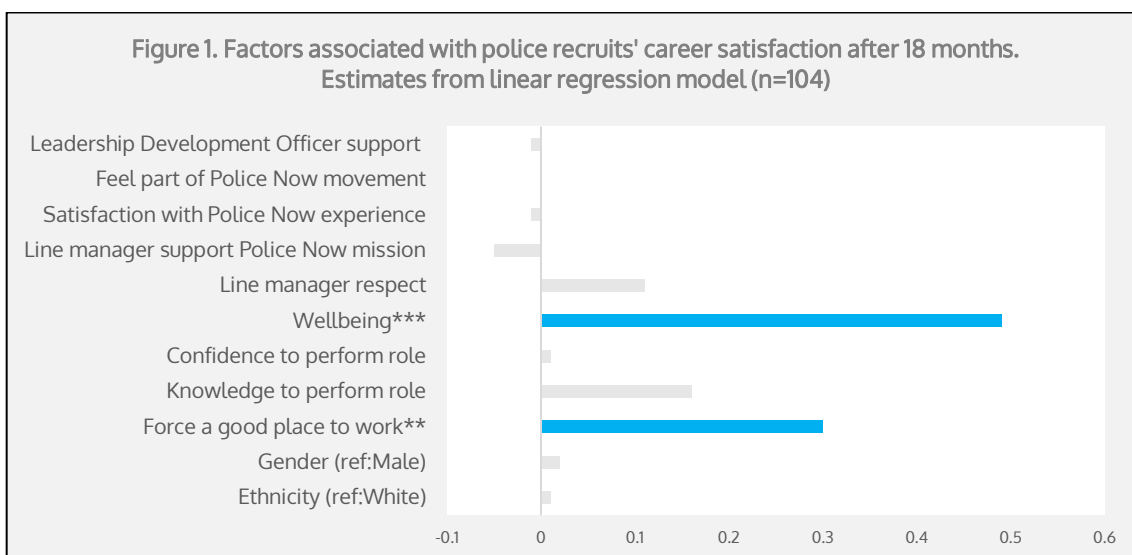
⁴ Measured via an online survey after six months on the National Graduate Leadership Programme (n=138) - 'Finally, the term 'well-being at work' is used to describe how comfortable, happy and healthy you are in your workplace. Please rate your current well-being: (% good/very good).

⁵ Bowling, N., Eschleman, K. and Wang, Q. (2011) 'A Meta-Analytic Examination of the Relationship Between Job Satisfaction and Subjective Well-Being', *Journal of Occupational and Organizational Psychology*. 83(4). Pp. 915-934.

⁶ Sironi, E. (2019) 'Job Satisfaction as a Determinant of Employee's Optimal Well-Being in an Instrumental Variable Approach', *Quality and Quantity*. 53. Pp. 1721-1742.

⁷ This sample of 104 NGLP officers is comprised of 46 male respondents, 54 female National Graduate Leadership Participant respondents, 4 stated other/prefer not to say. 88 respondents identified as White, 10 as BAME and 6 stated other/prefer not to say. The linear regression model accounts for 56% of the variance.

⁸ This data provides valuable insight into the experiences of new recruits' however results should be interpreted with some caution due to the relatively low base sizes.



Key results

- **Wellbeing was identified as the strongest predictor** of recruits' reported satisfaction with policing as a career choice (**p < 0.001)
- Recruits **assessment of their force as a 'good place to work'** is also strongly associated with their recruits reported satisfaction (**p < 0.01)
- No statistically significant differences were observed in career satisfaction (or overall wellbeing) according to recruits' gender or ethnicity.

These results provide good evidence that wellbeing should be a central focus of discussions about police recruitment in the context of the uplift programme, given the strong association between recruits' career satisfaction, and their likelihood of remaining in the service. Reflecting the existing literature, these findings also reiterate the importance of police forces endorsing culture and practice that embraces discussions of health and wellbeing. This will help ensure that the needs of all officers and staff are met, boost retention as well as reduce the potential risk of officer and staff burnout over time.

Recruitment and pre-employment regulations

Current recruitment and pre-employment regulations should be updated to account for the complexity and management of mental health.

For many officers in the service, their mental health and wellbeing journey begins prior to joining the service. Key to this are the recruitment processes undertaken by forces which set out eligibility to join the force. Whilst these are necessary measures to ensure an effective and healthy workforce, there can be implications for those who disclose any condition which is deemed to affect their mental and psychological health, preventing them from joining the service.

For a new recruit joining the police service, their mental health, and management of, is typically assessed via their respective force through pre-employment recruitment checks. Whilst these regulations may vary slightly between force, the Home Office have issued national recruitment and medical standards for police recruitment (see Appendix three). In this official document, examples are given which list the various medical conditions that might affect the health of the candidate, and therefore their ability to pass medical assessment with the force. Examples of mental and psychiatric conditions that are listed in these standards include (but are not limited to) '*disorders first diagnosed in childhood or adolescence*', '*substance related disorders*', '*eating disorders*' and '*personality disorders*'. For these listed conditions, there is a requirement to provide additional information so that the force can conduct further investigation and assessment. For conditions that are '*unlikely to be suitable*', such as '*cognitive and amnestic disorders*' and '*personality disorders*', forces are asked to assess on a case-by case basis.

Individuals that apply for the police service and who have a history of a listed condition therefore face potential inconsistency in terms of eligibility and experience of force recruitment processes. The implication of this for the service is the potential loss of talented officers who do not 'meet' mental and psychiatric standards, despite their ability to control and manage their mental health. Additionally, it should be noted that these national recruitment standards were last updated in 2004. With the advances that have been made in terms of understanding mental health and wellbeing, we recommend that current recruitment policy and pre-employment regulations are reviewed to ensure they reflect the latest developments and evidence-base.

Organisational stressors

Organisational stressors are just as, if not more, influential than occupational stressors on officer mental health and wellbeing.

Insights from beyond policing

In 2017, the Stevenson and Farmer Review, '*Thriving at work*', found that 300,000 people per year lose their job due to poor mental health (2017: 19). This highlights the importance of wellbeing for employees and employers alike as the socio-economic costs that derive from poor mental health and wellbeing are significant. Two of the costliest effects of poor mental health for employers include employee absenteeism and presenteeism (see Appendix one) which negatively impact upon levels of productivity and performance, leading to large-scale financial losses for organisations. For example, research by Mind has found that more than one in five people (21%) stated that they had called in sick to avoid work when asked how workplace stress had affected them⁹. This highlights that an organisational culture of silence around mental health can be extremely costly to employers.

**Poor mental health in the workplace costs employers in the UK
£45 billion a year.**

(Deloitte, 2020)

Poor employee wellbeing costs employers and the UK economy a substantial amount of money which has increased year upon year, resulting in increasing calls for companies and the government to take ownership of wellbeing in the workplace (see for example Bevan, 2010; Stevenson and Farmer, 2017; Chartered Institute of Personnel Development and Simply Health, 2018). If not for the moral and ethical incentives, there is a strong business case for organisations to address levels of poor mental health and wellbeing among their staff. For example, it was found by Deloitte that the average return per £1 spent on investment in employee wellbeing was £5¹⁰. Therefore, by investing in wellbeing measures, companies are ensuring their organisation's success as well as their employees'.

⁹ [Mind \(2020\) Taking care of your staff.](#)

¹⁰ [Deloitte \(2020\) Mental Health and Employers: Refreshing the case for investment.](#)

Mental health and wellbeing in the police service

Police officers (and other public sector workers) are routinely exposed to challenging environments and traumatic events which have the potential to dramatically affect their mental health and wellbeing. The highly stressful nature of the police officer occupation, and the consequences this has for mental health and wellbeing, have been well documented. Most stress for police officers manifests itself psychologically, behaviourally, and physically. This can negatively impact job performance, productivity, and personal/family life, resulting in occupational burnout (see for example Anshel, 2000¹¹; Stinchcomb, 2004).

Additionally, Abdollahi (2002)¹² highlights that these sources of stress range from occupational stressors, such as traumatic incidents and assaults, to intra-interpersonal stressors, which are personality related.

79% of officers say they have felt feelings of stress and anxiety within the previous 12 months and of those, 94% said these difficulties were caused or made worse by their job.

(Police Federation, 2019)

Connected to occupational stress and burnout, recent research has found that irregular schedules, increased night shifts, sleep disturbance and long working hours were related to higher rates of burnout in police officers. This, coupled with public scrutiny and media coverage, officer-involved assaults, encountering victims of crime and fatalities, community tensions, violent/unpredictable situations and the threat of terrorism are additional unique operational stressors that do much to press on the quality of officer wellbeing. It is essential that officers feel able to openly reflect on their own mental health, particularly in the aftermath of traumatic incidents and assaults. It is recommended that forces standardise follow up meetings after such events which allows officers to openly speak about their feelings, and enables supervisors to monitor their wellbeing.

Whilst occupational stress is undoubtedly an important aspect of officer wellbeing, and an inherent part of police work, these stressors are expected by an officer when entering a policing role and they are in turn trained - and to some extent supported in their career - to deal with these stressors. In contrast, organisational stressors (such as managerial structure, inadequate support from superiors and inefficient resources) are often not considered by officers before entering the occupation, yet they pose constant and routine pressure which can contribute significantly to an officer's psychological distress (Tuckey, 2012¹³).

With previous governmental publications finding that deeply entrenched cultural barriers exist in the police which systemically resist reform (Home Affairs Committee, 2018¹⁴), it is understandable that officers have little ability to confront and control organisational stressors (Stinchcomb, 2004), therefore contributing to stress and burnout.

¹¹ Anshel, M. (2000). 'A Conceptual Model and Implications for Coping with Stressful Events in Police Work'. *Criminal Justice and Behavior*. 27(3). Pp. 375-400. [Doi:10.1177/0093854800027003006](https://doi.org/10.1177/0093854800027003006)

¹² Abdollahi, K. (2002) 'Understanding police Stress Research'. *Journal of Forensic Psychology Practice*. 2(2). Pp. 1-24. DOI: 10.1300/J1158v02n02_01

¹³ Tuckey, M. R., Winwood, P. C. and Dollard, M. F. (2012) 'Psychosocial Culture and Pathways to Psychological Injury within Policing'. *Police Practice and Research*. 13(3). Pp. 224-240. DOI: 10.1080/15614263.2011.574072

¹⁴ Home Affairs Committee (2018) *Policing for the Future*. London: House of Commons

A Police Federation study found that of 17,000 officers, 39% of them sought help for mental health issues

(Police Federation, 2016)

There have been calls from academics and practitioners alike to normalise mental health and wellbeing language within the police, allowing for organisational interventions to be implemented which are designed to address individual sources of stress.

By enhancing formal access to organisational support, individual mental health and wellbeing needs can start to be addressed across ranks (Stinchcomb, 2004; Brown et al. 1996, Peterson et al., 2019). This requires education and training through partnership with organisations and professional experts in the field. By educating new recruits and existing officers through training programmes on mental health, there is a potential to reduce stigma and enforce a more proactive approach to dealing with stress at all levels of policing.

Overall, given the significance of organisational stressors within the police service, there is a need for a commitment to structural change through careful thought and action. Forces must identify and review frustrations that are creating chronic organisational stress (Stinchcomb, 2004) which requires “bold leadership, along with organisational self-analysis, managerial insight, and a firm commitment to change” (Stinchcomb, 2004: 274). Through doing this, forces can develop, test and implement interventions which target organisational stressors whilst reducing bias among staff and creating a wellbeing discourse that is used throughout the force (Morash et al., 2006¹⁵).

A key danger for the police service in not addressing these issues is one of retention. The eventual burnout of an officer can result in their early exit from the service. This is a demand on the service that can be mitigated through the implementation of appropriate and sustained support. Given the increasing demands of police work, and in the context of the uplift, it is important to address organisational stressors within policing now.

¹⁵ Morash, M., Kwak, D., and Haarr, B. (2006) 'Gender differences in the predictors of police stress', *Policing: An International Journal of Police Strategies & Management*, 29(3), Pp. 541-563. DOI: [10.1108/13639510610684755](https://doi.org/10.1108/13639510610684755)

National Police Wellbeing Service

The traditional silence concerning mental health within the police service is being challenged from within through the establishment of the National Police Wellbeing Service (NPWS). This NPWS has been created to “provide support and guidance for all police forces to improve and build upon wellbeing within their organisation” (Oscar Kilo, 2019). The initiative is supported by the [National Policing Vision 2025](#) which makes specific reference to the importance of workforce wellbeing. The NPWS has been developed for policing, by policing, and is spearheaded by Chief Constable Andy Rhodes from Lancashire Constabulary, the National Police Chief’s Council lead for Wellbeing and Staff Engagement.

The aim of the NPWS is to provide a scalable, affordable, high quality and personalised service which allows officers and police staff to feel confident that their wellbeing is taken seriously by the service and that they are being supported by their organisation.



The creation of the [Oscar Kilo](#) website enables those with a [.pnn](#) email address to access NPWS resources, guidance, and information.

Blue Light Wellbeing Framework

The overarching focus of this work is to create a positive culture within the police service and establish wellbeing discourse as the norm within forces. In order to stimulate this cultural change within the police, the NPWS have created the [Blue Light Wellbeing Framework](#). This framework provides forces with a “self-assessment tool that sets a new standard for policing” (College of Policing, 2017: 4¹⁶). It is grounded in research and has been produced in collaboration with Public Health England, academia, and the police service. This enables subsequent interventions to be based on need, as well as the evidence base. Within the framework are six key areas which forces need to focus on to elevate wellbeing in the workplace.

1. Protecting the workforce
2. Leadership
3. Absence management
4. Mental health
5. Personal resilience
6. Environment

This framework reflects many of the recommendations in the academic literature relating to officer wellbeing and stress. It represents the beginning of a shift in discourse within the police service which accepts ill-health and wellbeing as potential consequences of the job and does not hide away from a long-term responsibility to prevent, as well as respond to it.

¹⁶ [College of Policing \(2017\) Blue Light Wellbeing Framework: Organisational Development and International Faculty](#)

Charlie's story

The following section provides a former officer's account of managing their mental health challenges and how this was understood and responded to throughout the recruitment process and within force. *Charlie's story* is an important reminder of why this conversation needs to be embedded in day-to-day policing and gives recommendations on how this can be achieved.

Q: Why did you decide to join the police?

A: I grew up in a policing family that instilled in me, from an early age, a sense of right and wrong and a duty to look after others. Becoming a police officer was always in the back of my mind, but I really did not feel I was strong or brave enough to join the service. However, it was through overcoming serious struggles with my mental health while at university that I realised I had the inner-strength and resilience required to be a police officer.

“It was through overcoming serious struggles with my mental health while at university that I realised I had the inner-strength and resilience required to be a police officer.”

I was diagnosed with anorexia nervosa when I was 20 years old and received outpatient treatment throughout my final year of university. It was the darkest period of my life to date and at some points I did not think I would survive, but it was through this experience that I recognised I had all the qualities I saw in my relative that I felt made them an exceptional officer – kindness, determination, ambition and awareness of how actions can affect others. Throughout my treatment for anorexia, I had to actively practice these qualities in order to be successfully discharged from hospital treatment and graduate from university. I found that I had a newfound confidence in my own abilities and valuable insight into the struggles and challenges linked to mental health that could be of benefit to others in public service. I therefore decided to embark on a career in policing and was successful in joining the service the following year.

Q: How did you find the recruitment process leading up to your entry into force?

A: My experience with anorexia was atypical to the average in that I was diagnosed, treated, and discharged within a 12-month period, compared to the average duration of anorexia which is eight years¹⁷. I was confident in my own abilities and felt that being able to identify and monitor my eating disorder early, actively seek treatment and then enter recovery, demonstrated an awareness of my own mental health. Additionally, I had been on and off medication for depression and anxiety since eighteen and had benefitted from taking it during my recovery for anorexia. It was not until a former police officer told me that you cannot join the police service while on anti-depressants that I realised the potentially detrimental impact that taking this medication could have on my application to the service. I approached my GP and together we agreed to put a programme in place to become independent from medication.

It was then around seven months before the start of police training that I began to encounter problems. I had truthfully answered all the questions on the medical disclosure form and despite receiving written confirmation from my GP that I was well and off anti-depressant medication, this did not satisfy the medical requirements to join. Consequently, I had to disclose my entire medical history to the force medical team who were dealing with my clearance application. I was absolutely determined that my medical history

¹⁷ [Beat Eating Disorders \(2020\) Statistics for Journalists](#).

should not be a barrier to me joining the police and helping others. For months I tried to contact the medical team in order to find out about the progress of my application, but I was met with silence.

Throughout this time, I was working a full-time job, completing the legislative learning for training, attending inductions, and had cleared vetting, biometrics, and the fitness test. I became increasingly upset with the process and incredibly disheartened thinking that my past struggles with my mental health could prevent me from starting my dream career.

Around six weeks before the start of training, I received information that my case had reached a medical review board. I saw this as a very important opportunity for me, aware that I now could have a tiny amount of influence on the conclusion of my application. A medical examiner from the force conducted a telephone interview with me in which I spoke in detail about everything concerning my health and provided them with confirmation of my healthy BMI and weight. I had done literally everything I could to help my application and demonstrate that I was healthy, well, and ready for this next step in my life. Exactly four weeks before the start of training, I received a call to confirm I had an unconditional offer to join my police force. I cried with happiness. I was exhausted by the process and the fight that I had undertaken the last 6 months but overall, I was relieved and optimistic that I was going to move onto the next phase of my life and start my career.

Q: In your experience, how was mental health and wellbeing viewed and treated by your colleagues and wider force?

A: Initially, I was very ashamed of my mental health history and it took me a long time to build trust with colleagues. However, as I began to battle with anxiety and intrusive thoughts again, I realised that I would need more than the support of close colleagues, so I returned to medication and disclosed what I was dealing with to my line manager. Locally, it was managed incredibly well by my Sergeant and Inspector who worked with me to ensure reasonable adjustments were made as I worked hard to overcome this lapse. I had further lapses in the year that followed, so I contacted the Mind Blue Light helpline who told me to speak to the force occupational health department. I had been to occupational health before for Cognitive Behavioural Therapy to alleviate my anxiety symptoms, but I found it was not helpful for me and so stopped attending. It was never picked up again. I found that the mantra “it’s ok not to be ok” was widely used in the force, indeed the wider police service, yet when you are not okay there’s only one path for you to follow, and if that doesn’t work, then there is no alternative provided.

As my career progressed, I pursued my passion for operational policing by joining a response team. While there I passed my sergeants exam and was offered a place on a taser course. At the appointment, I filled out a form about medical history, disclosing my mental health history and the fact I was on anti-depressants. The nurse looked at me, disappointed. She explained that I would be a risk carrying a taser because of my medical history and use of anti-depressants, insisting that the risk was too great for her to sign off and so my case was (again) referred to the medical board. I left the appointment feeling ashamed for being honest and open about my history and the way I manage my mental health. As a Police Constable I had taken an oath to operate in accordance with law and “*with fairness, integrity, diligence and impartiality, upholding fundamental human rights and according equal respect to all people*”¹⁸. This includes the use of reasonable force under section 117 of Police and Criminal Evidence Act 1984 (PACE), which I had proficiently and lawfully used in the past with my existing personal protective equipment as a police officer.

¹⁸ [The Police Federation \(2018\) *The Office of Constable: The Bedrock of Modern Day British Policing*](#).

Q: In what ways did your mental health and wellbeing change during your time with the police?

A: Looking back I think the biggest change was how I understood my own mental health. I had dedicated myself to joining the police service and felt that to do that I had to compartmentalise my mental health struggles in the past as something that had happened to me, but something I was to leave behind in order to be successful.

As I became more confident, I became more honest and started to share what I had been through and how I was coping with my colleagues. There was a deep understanding across the service by my peers and I realised that I was starting to give a voice to many colleagues who had not spoken before about their own mental health challenges.

“I was starting to give a voice to many colleagues who had not spoken before about their own mental health challenges.”

Instead of once feeling weighed down by what I had been through, I began to feel empowered. I realised that anorexia and depression were not just “things that happened” but something I continue to live through – recovery lasts a lifetime and relapses can (and have) happened. I was no longer scared of being weak through expressing myself but felt strong that this was the brave thing to do and I was able to do it. I’ve helped so many people who were in crisis during my time as a police officer, and I shared in their pain and despair.

“I’ve helped so many people who were in crisis during my time as a police officer, and I shared in their pain and despair.”

There is a common phrase used in policing, “mike hotel” which means mental health. It is a marker placed on the Police National Computer when someone has been in contact with the police and has disclosed mental health condition(s). At the start of my career, this is how I heard colleagues describe people, like an adjective, and it made me incredibly frustrated and angry that this “marker” could define a person so simplistically. If events had panned out differently, I could have been that someone dismissed as “mike hotel”. I became determined to change this narrative and ensure that each person in crisis I met received the support they needed from me, not just as a police officer but as a fellow human being. Looking back now, I am proud of how I conducted myself and I sincerely hope that I did make a difference.

Q: How can the police service support officers and staff with their mental health and wellbeing?

- A. Provide bespoke support from occupational health teams** | A genuine “case by case” review of policy for roles is needed with officers and staff actively involved in this process so that they are encouraged to attend and speak for themselves if they want to.
- **Ensure that disclosure of mental health history does not hinder future opportunities** | Officers and staff need to be confident that disclosing their mental health challenges and past will not hinder progression for them in their careers.
 - **An end to the “mike hotel” and “sierra uniform” labels** | Mental health and suicide are real and affect everyone. At any one time, one in four of us will be managing a mental health condition. This includes police officers. This includes your colleagues, your partner, and your gaffer. One of the special things about policing is that internal sense of family and belonging but sometimes I felt very isolated on my team with this language being used day in day out.
 - **An end to the “us and them” mentality** | The Peelian mantra of “the police are the public and the public are the police”¹⁹ runs true in all aspects of policing and society, including mental health. We need to actively challenge this unhealthy view of mental health in teams and the wider policing culture, in order to provide a safe and caring workplace, just like how we provide a safe and caring space for the public when they need us.
 - **Mandatory and standardised debriefs after assaults and traumatic incidents** | Supervisors must be held accountable for debriefing their staff after traumatic incidents and assaults. Not everyone will feel comfortable starting this conversation or even recognise that it may be helpful. In conjunction with this, standardising peer-to-peer debriefings as well as officer training on how to manage and feel comfortable in discussing sensitive issues, while being able to clearly identify avenues of further support, is needed.

¹⁹ [The Crime Prevention Website \(2020\) The Peelian Principles.](#)

Appendix one

Definitions

Listed below are the definitions of words relating to wellbeing in the workplace. Whilst there are many varying definitions of each term, the below definitions are the ones that have informed our research into, and understanding of, mental health and wellbeing in the workplace.

Health	Health, as defined by the World Health Organisation (WHO), is a state of complete physical, mental, and social well-being, not just in the absence of disease or infirmity ²⁰ .
Mental health	Mental Health is defined by the WHO as a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. Important to remember is that mental health can be determined by a number of various socioeconomic, biological, and environmental factors ²¹ .
Wellbeing	The Department for Health has defined wellbeing as feeling good and functioning well. It comprises an individual's experience of life in comparison with social norms and values. Wellbeing exists both subjectively - based on thoughts and feelings about one's own wellbeing - and objectively - assumptions about basic human needs and rights ²² .
Mental wellbeing	As defined by Mind, mental wellbeing relates to your mental state. That is, how you are feeling and how well you can cope with day-to-day life. A good mental wellbeing is associated with confidence, self-esteem, productivity, and good relationships ²³ .
Absenteeism	The literature describes absenteeism as work time missed due to ill-health i.e. sick days. Reasons for absenteeism vary according to severity and result from a number of factors.
Presenteeism	Presenteeism has been defined in literature as attending work whilst ill or injured and therefore not being capable of performing to full ability. Presenteeism can cause productivity loss, prolonged poor health, and exhaustion.
Occupational burnout	The WHO define occupational wellbeing as a syndrome that is understood as resulting from chronic stress in the workplace that has not been appropriately addressed. There are several dimensions to occupational burnout: exhaustion, negativity or cynicism related to one's job and reduced professional efficacy.

²⁰ WHO (2020) *Constitution*. Available at: <https://www.who.int/about/who-we-are/constitution>

²¹ WHO (2020) *Mental Health: Strengthening Our Response*. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

²² Department of Health (2014) *Wellbeing: Why it Matters to Health Policy*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277566/Narrative_January_2014_.pdf

²³ Mind (2020) *How to Improve and Maintain Your Mental Wellbeing*. Available at: https://www.mind.org.uk/media/46940/how_to_improve_and_maintain_your_mental_wellbeing_2013.pdf

Appendix two

Literature review

Title	Key focus	Methodology	Key results	Key recommendations/implications
Danna, H. and Griffin, R. W. (1999) 'Health and Well-Being in the Workplace: A Review and Synthesis of the Literature'.	Review of the body of literature that relates directly or indirectly to health and well-being in the workplace. Focuses on wellbeing from a physical, emotional, psychological, and mental perspective.	Literature review.	Influential factors on employee wellbeing can have a significant impact on the financial health and profitability of an organisation. This can be in the form of direct/indirect financial costs and maladaptive behaviours exhibited by employees i.e. absenteeism, reduced productivity, compensation claims, health insurance and direct medical expenses. Interventions and programmes including combination of educational, organisational, environmental, and physical activities are advantageous for employees.	There is a need for refinement and specification of interdisciplinary and rigorous models of health and wellbeing in the workplace. Researchers need to: continue to develop measures whilst striving for consistency in how these constructs are operationalised; better understand when to use subjective and objective measures; make more frequent and sophisticated use of multiple research methods to make meaningful advances in this area; and better collaborate with organisational members to elevate wellbeing to the same degree of importance as concepts like leadership, motivation and attitudes.
McDaid, D., Zechmeister, J., Kilian, R., Medeiros, H., Knapp, M., Kennelly, B. and the MHEEN Group. (2007) 'Making the Economic Case for the Promotion of Mental Well-Being and the Prevention of Mental Health Problems'.	Assessment of the cost-effectiveness of Mental Health Promotion (MHP) and Mental Disorder Prevention (MDP) strategies in Europe and elsewhere and to what extent the economic cases for promotion and prevention is an issue within countries.	Systematic literature review and questionnaire on the use of economic evaluation in this area.	Much of the existing evidence seems to focus on preventative actions, rather than the promotion of positive mental health. This may reflect the challenges in accurately measuring wellbeing but also the previous focus of health systems on avoiding ill-health. Organisations that promote wellbeing in the workplace demonstrate substantial scope for economic benefits such as increased productivity and reduced needs to pay disability benefits, however this evidence is limited to the US and has not been subjected to rigorous peer-review.	Policy makers may wish to consider providing financial support for the evaluation of workplace-based mental health interventions given the impact of poor mental health on social welfare systems. More partnership between the private and public sector is also needed. This is because whilst much of the work in this area has predominantly been in the private sector despite the highest levels of workplace stress appearing to be in public sector organisations.
Bevan, S. (2010) 'The Business Case for Employees Health and Wellbeing: A Report Prepared for Investors of People UK', The Work Foundation.	The evaluation of the business case for employee health and wellbeing and examination of if and how wellbeing has a positive impact on	Analysis of existing academic and other research; 12 interviews with members of the liP UK Visioning Group, specialist panel members and experts in	Evidence suggests that work itself can be good for health and ignoring this risks the opportunity to enhance company reputations and profits. However, pre-existing health conditions can always be made worse by work - this is where the employers' legal duty of care	In order to make health at work the mainstream, Investors in People have a pivotal role to play in promoting wellbeing and delivering accessible and relevant support to employers of all sectors and size.

	productivity in the workplace.	the health and wellbeing field.	and moral responsibility comes in. Evidence suggests there is a reluctance among employers to invest in long-term measures to improve the health of their workplaces.	
Pescud, M., Teal, R., Shilton, T., Slevin, T., Waterworth, P. and Rosenberg, M. (2015) 'Employers' Views on the Promotion of Workplace Health and Wellbeing: A Qualitative Study'.	The promotion of workplace health and wellbeing from the perspective of an employer.	10 focus groups were conducted with employers from a range of industries and geographical locations within Western Australia. The total sample size was 79.	Results from the study demonstrate that employers may acknowledge the benefits of healthy workers, but they remain uncertain about their personal or corporate responsibility to provide health promoting opportunities for their employees. Factors affecting employer views include the conceptualisation of workplace health and wellbeing, descriptions of (un)healthy workers and perceptions of the importance of healthy workers, and beliefs around the role the workplace should play in influencing health.	Progress may be viable through education campaigns about workplace health and wellbeing, the distribution of information on the benefits of promoting workplace health and wellbeing, and the implementation of appropriate initiatives and interventions depending on workplace circumstances.
Investors in People (2019) <i>What Does Self-Care Look Like for Leaders?</i>	The importance of self-care for those who are responsible for others in the workplace.	Investors in People Wellbeing at Work survey.	Leaders need to be in a happy place to be effective. They need to motivate and inspire others, build consensus among teams, develop people, solve miscommunications, look to the future, and create positive change. They therefore need to ensure they practice self-care at work.	One. Keep your energy levels high and reserved for when your people need you. Two. Self-reflect on things that didn't go so well. Three. Get some exercise to reset and reboot. Four. Do mindfulness for a solid foundation of 'headspace'
CIPD and Simply Health (2018) <i>Health and Well-Being at Work.</i>	The examination of trends in absence, health and well-being in UK workplaces looking at absence, mental health, the impact of technology, work-related stress, managing disabilities and long-term health conditions.	The analysis is based on replies from 1,021 organisation across the UK in reference to 4.6 million employees. The survey was conducted as an online self-completion questionnaire.	There is substantial variation among organisations in their emphasis and approach to employee health and well-being. Organisations with a standalone well-being strategy tend to take a fairly holistic approach to employee well-being. Those who are more reactive to stress and mental health are less likely to be promoting any aspect of well-being. 86% of respondents have observed 'presenteeism' in their organisation over the past 12 months with over a quarter of these reporting that it has increased in this period. Overall, 50% of respondents agree that their organisation encourages openness about mental health, is effective in	The support that organisations would most like to see from the Government to improve how they manage people with a disability and/or long-term health condition include an online 'one-stop shop' providing information and practical tools and more financial support for adjusting.

			supporting people with ill mental health and actively promotes good mental well-being.	
Stevenson, D. and Farmer, P. (2017) <i>Thriving at Work: The Independent Review of Mental Health and Employers.</i>	How employers can better support the mental health of all people currently in employment including those with mental health problems or poor well-being to remain in and thrive through work.	Interviews, focus groups and online survey with members of Leaders Panel, Lived Experience Panel, Expert Advisory Group, employers, academics, think tanks and individuals.	Underneath the stigma that surrounds mental health, the UK faces a significant mental health challenge at work. This has a human cost, as well as a financial cost. The manifestation of poor mental health affects a person's ability to manage elements of both their personal and work life. This therefore require significant attention from government, the public sector, and employers. However, there are green shoots of good practice which suggest that there are a growing number of companies - large and small - who are demonstrating a tangible commitment to employee mental health.	The implementation of 'mental health core standards' should exist as a framework for a set of actions which all organisations in the country can implement imminently. These include: <ul style="list-style-type: none"> - Implement and communicate a mental health at work plan. - Develop mental health awareness. - Encourage open conversations. - Provide good working conditions and healthy work/life balance. - Promote effective people management. - Routinely monitor employee mental health and wellbeing.
Patterson, G., Chung, W., and Swan, P. (2012) <i>The Effects of Stress Management Interventions Among Police Officers and Recruits.</i>	Understanding what the effects of officer stress management interventions is on stress outcomes.	Systematic literature review.	Whilst there has been an organisational response to mental health issues experienced by police officers in the research, these have proved unable to significantly improve psychological, behavioural, or physiological outcomes. The dangerous consequences of poor mental health amongst police officers mean that treating ill health is critical. Not only does it have a detrimental effect on the individual's health in terms of physiology and psychology, but it can also have serious consequences for work performance.	More rigorous studies need to be conducted in order to understand the inefficiency of organisational interventions. Such studies need to focus on evaluating the current stress management interventions being offered to police officers and recruits and how they can be adapted to address the needs of the police officer.
Stinchcomb, J. (2004) <i>Searching for Stress in All the Wrong Places: Combating Chronic Organizational Stressors in Policing, Police Practice and Research.</i>	The exploration of the dynamics of organisational stress in the police, along with potential strategies for proactively challenging it.	Literature review.	For police work, a lack of control over the nature and direction of a situation, high levels of responsibility and little opportunity to see a positive return mean that police officers are likely to experience high levels stress, leading to burnout. However, it is the chronic and continual organisational stressors that exert influence over the mental health of officers. Certain occupational stressors are expected within policing, what is not expected is the	It is necessary for the police service to identify the frustrations that are creating organisational stress. This requires self-analysis, managerial insight, and a firm commitment to change. This should be taken in a primary intervention fashion – a commitment-participation-action model which places responsibility firmly with administrators in tackling organisational stressors. Furthermore, it means taking responsibility for what has often been described as 'the system' or 'the nature of the job'.

			organisational strains which are difficult to confront.	
Brown, I., Cooper, C. and Kirkcaldy, B. (1996) <i>Occupational Stress Among Senior Police Officers.</i>	Occupational stress levels among senior police officers in England and Wales.	Survey of over 500 senior UK police officers completing the occupational stress inventory.	Though being conducted 23 years ago, the results of this research are arguably still represent a similar picture of policing today. The rise of 'new managerialism' duties have resulted in operational stressors which impinge on higher ranking officers creating organisational and management pressures, such as promoting a culture of efficiency and effectiveness. Police culture is perhaps limiting senior officers from utilising efficient coping methods as the present study identified few officers who were prepared to consult professionals, with less than half (42%) approaching a more senior officer.	One way in which to address occupational and organisational stress among senior officers is to strengthen formal access to coping resources and individual support strategies, rather than rely on officers to find their own method of dealing with stress, which may not always be the most efficient. Strategies utilised by managers in the private sector may be appropriate for police services to develop as it introduces stress reduction and stress management techniques to the police service but does not require police-specific programmes.
Donaldson-Fielder, E., Tharani, T. and Jones, B. (2014) <i>Police Superintendents' Association of England and Wales. Personal Resilience Questionnaire Survey 2014: Summary of Results.</i>	Analysis of the reflections of officers on their own health and wellbeing and provision of solutions to identified issues.	Online survey with 1033 officers.	Those who work longer hours are more likely to have mild, moderate, and severe anxiety and depression symptoms, but are also more likely to take zero days sickness absence, take leave/rest days to avoid sickness absence and not to take all their annual leave/rest days. - Police culture: 78% believe that the perception continues that people must not be seen as fallible, seek support or admit that they can't cope. - Organisational: 41% reported that senior management's behaviour was harsh and unhelpful - Occupational: only 5% said they never take work home.	Police should focus on working hours, high demands, low resources, intrusion into non-work time and adopting Association of Chief Police Officers/management approaches when lobbying for improved working conditions for police officers. Additionally, the articles also recommend for individual officers to take action in reducing work hours and improving work-life balance, in taking leave and rest days and looking after their health.

<p>Peterson, S. A., Wolkow, A. P., Lockley, S. W., O'Brien, C. C., Qadri, S., Sullivan, J. P., Czeisler, C. A., Rajaratnam, S. M. W., and Barger, L. K. (2019). 'Associations between shift work characteristics, shift work schedules, sleep and burnout in North American police officers: A Cross-Sectional Study'. <i>BMJ Open</i>.</p>	<p>Examination of the associations between shift work characteristics and schedules on burnout in police officers.</p>	<p>Analysis of 3140 Police Officer answers to the Maslach Burnout Inventory and self-reported shift schedules, shift characteristics, sleep duration and sleepiness.</p>	<p>Irregular schedules, long shifts (≥ 11 hours), mandatory overtime, short sleep (< 6 hours) and sleepiness were found to be associated with an increased risk of overall occupational burnout in police officers. Consequences of over exposure to any of these resulted in emotional exhaustion and depersonalisation.</p>	<p>This research supports trials in reducing the rate of long shifts and night shifts per week for and reducing the number of irregular schedules vulnerable officers. Whilst shift work is unavoidable within policing, measures can be implemented which prevent these effects from taking place in officers and therefore should be explored. This will lead to improved health among officers and enhanced performance.</p>
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Appendix three

Home Office (2004) Recommended Medical Standards: Conditions Affecting Mental and Psychiatric Health

CONDITIONS AFFECTING MENTAL AND PSYCHIATRIC HEALTH		
Illness/injury/disease	Police applicant	Notes
Disorders first diagnosed in childhood or adolescence	May not be suitable but further information, investigation, assessment required.	<ul style="list-style-type: none"> Assessment should be made on a case by case basis.
Cognitive and Amnestic Disorders	Unlikely to be suitable.	<ul style="list-style-type: none"> Assessment should be made on a case by case basis.
Substance related disorders	Unlikely to be compatible but further information and assessment will be needed.	<ul style="list-style-type: none"> Assessment should be made on a case by case basis.
Schizophrenia / Schizophreniform Disorder / Schizoaffective Disorder / Delusional Disorder	May not be suitable but further information, investigation, assessment required.	<ul style="list-style-type: none"> Assessment should be made on a case by case basis.
Mood Disorders / Depression / Bipolar Disorders	Likely to require further information, investigation and assessment.	
Generalised Anxiety Disorder / Panic Disorder / Phobic Anxiety / Obsessive Compulsive Disorder / Adjustment Disorder / Posttraumatic Stress Disorder	Likely to require further information, investigation and assessment.	
Somatoform Disorders / Factitious Disorders / Dissociative Disorders / Chronic Fatigue Syndrome	Likely to require further information, investigation and assessment.	
Eating disorders	Likely to require further information, investigation and assessment.	
Personality Disorders	Unlikely to be suitable.	<ul style="list-style-type: none"> Assessment should be made on a case by case basis.