

Wellbeing of investigators subgroup

Strand 1 - End of Programme Report.

This short report aims to give an overview of the work of strand 1 which was to;

Use reliable data sources and evidence bases to identify and understand principal issues that negatively and positively impact on the wellbeing of investigators across UK policing, taking learning to inform future toolkits.

The group consisted of the following individuals;

Det. Supt Jim Foley (MPS) – Group lead.

Det Con. Karen Stephens (Police Federation) – Deputy strand lead.

T/Det. Chief Supt Elliott Judge (Essex Police)

Det. Supt Richard McDonagh (MPS)

Dr Ian Hesketh (College of Policing, SRO for Wellbeing)

Methodology and inclusion criteria

A Systematised review of the literature was conducted to identify relevant articles. Sixteen social science and medical electronic databases were individually searched. Relevant but non peer reviewed material was also included if from 'trusted sources' i.e. Police federation.

Eligibility criteria included the need to contain;

- (a) Empirical research on causes of either secondary trauma or PTSD;
- (b) Relate to police officers within the United Kingdom (UK);
- (c) Be peer reviewed or from 'trusted sources'.

Consideration was given to the potential limitations of only using articles relevant to UK policing and only articles that were peer reviewed, but in order to gain a detailed and critical understanding of the issue and answer the question, only research that was relevant to UK policing which had been critiqued and validated by peers, or was from trusted sources was included in this search.

The review identified 30 relevant articles which were split into evidence based (peer reviewed) and trusted sources.

Appendix A consists of 10 pieces of academic research in relation to Detectives within UK Policing and includes the two PFEW Surveys (2017 & 2021), and 10 pieces of research relating to mixed population (Detectives and Uniform) or unknown populations of police officers.

Appendix B consists of 12 pieces of research/reports from the police federation (although the two detective surveys are included in Appendix A), college of policing and government bodies which are useful sources of information/research.

Key themes

The key themes that emerge are bullet pointed below and unfortunately there is conflicting research. The themes from this review are;

- Nature of work is impacting on wellbeing (high levels of responsibility, high risk roles, exposure to trauma, workload).
- Negative culture & stigma regarding seeking help is impacting on officer wellbeing.
- Lower ranks suffer from poorer wellbeing than higher ranks.
- Mixed results on levels of PTSD, anxiety, depression and secondary traumatic stress¹.
- Mixed results on the significance of gender and trauma.
- Mixed results on impact of tenure in the role.

There is also extremely limited research on the impact of misconduct on an officer's mental health. This intuitively feels like something that needs to be looked into, but only one reference was found relevant to UK policing.²

Possible interventions from the research.

Some potential suggestions to improve wellbeing and Mental Health within officers emerged from the research, although it is worth noting that some are more academically rigorous than others.

¹ Interestingly a number of studies that have used both quantitative and qualitative research have found that the quantitative studies (surveys) have reported no or low levels of stress and trauma, yet the qualitative findings show signs of burnout (the work being emotionally and physically draining and exhausting) and trauma, including sleeping difficulties and changes in empathy towards complainers and witnesses (MacEachern, et al., 2019 and Parkes, et al., 2018a), which may be indicative of stigma in relation to answering surveys but being more open/honest when speaking freely to researchers.

² McDaniel, J. L., Moss, K., Pease, K., & Singh, P. (2020). Police misconduct, protraction and the mental health of accused police officers. Policing and Mental Health: Theory, Policy and Practice.

- the importance of supportive management (link to culture)
- Identification of high risk roles and adequate support needs to be put in place (i.e. psychological screening (pre-employment and ongoing) as well as counselling provision)
- Use of volunteers for key/high risk roles
- The importance of peer/social Support.
- There needs to be time for decompression
- There needs to be adequate debriefing after a traumatic event (or ongoing/regular support in high risk role)
- The importance of training and development
- The importance of increasing physical activity
- 'Organisational justice' approaches as a route to improving wellbeing (increasing open, honest, timely and respectful communication between different ranks, and greater employee involvement in the decision-making process - Front line review, 2019).
- Mindfulness/Resilience training

It is hoped that this work will support the development of future work and the investigator toolkit to support detectives within their role nationally. Whilst this report summarises the work of the group thus far, this will be an ongoing process where new and emerging research will be identified, reviewed and built into the work of the group as it emerges.

Jim Foley - Detective Superintendent (MPS)

4th March 2021

Appendix A – Academic research

Secondary investigator research		
Author, year and title.	Participants and sample size.	Main findings and themes
<p>Boag-Munroe, (2017)</p> <p><i>Police Federation of England & Wales (PFEW) Detectives Survey</i></p>	<p>A survey of 7803 detectives nationally</p>	<p>The survey found that 48% of respondents said that they found their work either very or extremely stressful, with 53% stating that they were experiencing increased feelings of fatigue. When asked about the nature of the stress that they were experiencing most agreed that their job was stressful because there are high levels of personal responsibility, including the nature of the work being high-risk (80%), emotionally demanding (71%) and due to exposure to traumatic or distressing incidents and material (64%). 48% also said that they felt emotionally drained from work either most or all of the time with 91% of those who had taken sickness absence due to their mental health and wellbeing stating that the difficulties they experienced were caused, or made worse, by work.</p>
<p>Gray, C. & Rydon-Grange, M. (2019)</p> <p><i>Individual characteristics, secondary trauma and burnout in police sexual and violent offending teams</i></p>	<p>78 police 'staff' from several specialist sexual and violent offending teams in North Wales.</p>	<p>This study had three distinct questions looking at secondary trauma, burnout and compassion satisfaction in officers and asking whether the levels vary by gender, length of service, and what attachment style and individual characteristics are most associated with secondary trauma, burnout, compassion satisfaction and mental ill-health.</p> <p>The findings found there to be no more than mild or average levels on all three concepts with no significant gender differences found. Weak associations with secondary trauma and burnout were found with length of service in the current role. Increased levels of secondary trauma, burnout and mental ill-health, were associated with increased levels of attachment insecurity, although these findings should be treated with caution due to the scale being used designed for measuring romantic relationships and not for this type of study. In relation to the individual characteristics (psychological resilience variables), these were significantly associated with decreased levels of secondary trauma, burnout and mental ill-health and increased levels of compassion satisfaction.</p>
<p>Hurrell, A-K., Draycott, S. & Andrews, L. (2018).</p>	<p>101 child abuse investigation police officers in England and Wales.</p>	<p>The authors approached all 43 police forces in England and Wales, but only 12 agreed to participate. Of those 12 forces the number of child protection officers varied from 12 – 75 in total. Only 146 agreed to start the research but after those who opened the survey but didn't start (35)</p>

<p><i>Secondary traumatic stress in police officers investigating childhood sexual abuse.</i></p>		<p>and incomplete data were removed (10) that left only 101 officers.</p> <p>The initial findings were 35% the officers (n= 35) would meet the criterion for PTSD, with 12% of the officers (n=12) meeting the criterion for anxiety and 6% (n=6) meeting the criteria for depression; a small, positive correlation was found which between the number of interviews conducted with higher levels of STS, but no relationship was found between amount of time in CAIU and levels of STS, and a significant relationship was found between both depression, anxiety and both positive and negative coping styles and STS.</p>
<p>MacEachern, A. D., Dennis, A. A., Jackson, S. & Jindal-Snape, D. (2019).</p> <p><i>Secondary Traumatic Stress: Prevalence and Symptomology Amongst Detective Officers Investigating Child Protection Cases.</i></p>	<p>63 detectives involved in child protection cases in a UK police force.</p>	<p>This mixed methods study looked to examine gender differences and prevalence of secondary traumatic stress (STS) amongst police officers in the UK</p> <p>No gender differences in levels of STS within the sample of officers (34 female & 29 male officers).</p> <p>Half the participants experienced little or no STS (although half were experiencing some STS symptoms, with three scoring high and four were classified as severe).</p> <p>From the qualitative results the participants reported feeling burnt-out; sleeping difficulties as well as experiencing an altered emotional response to the work and changes in empathy towards complainers and witnesses.</p>
<p>Parkes, R., Graham-Kevan, N. & Bryce, J. (2018a)</p> <p><i>'I put my "police head" on': Coping strategies for working with sexual offending material.</i></p>	<p>11 officers working in sexual offence investigation in England.</p>	<p>This qualitative study sought to understand the unique and individual responses that police officers experience when exposed to sexual offence material (SOM) and was comprised of 11 police officers from the same UK police force who were regularly exposed to SOM.</p> <p>The coping strategies largely fell into three main categories, avoidance through minimising exposure; cognitively detaching from the offence or victim and focusing on the process of investigation to shield against personal thoughts and feelings.</p>
<p>Parkes, R., Graham-Kevan, N., & Bryce, J. (2018b).</p> <p><i>You don't see the world through the same eyes anymore: The impact of sexual</i></p>	<p>11 officers working in sexual offence investigation in England.</p>	<p>This qualitative study is a follow on from the earlier study whereby the authors sought to understand the unique and individual responses that police officers experience when exposed to sexual offence material</p> <p>This study used a two-stage interpretative model of analysis. Firstly, Interpretative Phenomenological Analysis (IPA) was used to gather the data and conduct the initial</p>

<p><i>offending work on police staff.</i></p>		<p>identification of themes. There was then a second stage where the theme 'Impact of the role', was subject to further interpretive study, by examining thematic links within clinical models of traumatic stress: Vicarious Traumatization (VT) and post-traumatic stress disorder (PTSD).</p> <p>This study had a number of themes and subthemes. The largest theme was the 'impact of the role' with the following 'sub-themes' which included desensitisation (to the material); personality changes; increased cynicism or suspicion; intrusive thoughts and images; indelible memories of cases; hiding the negative impact and looking ahead with fear, dread and trepidation.</p>
<p>Tehrani, N. (2016).</p> <p><i>Extraversion, neuroticism and secondary trauma in Internet child abuse investigators.</i></p>	<p>126 internet child abuse investigators from 2 UK police forces.</p>	<p>Although there were some findings of STS, clinical levels were lower than previous research suggested, and female investigators suffered more than their male colleagues. The study also supported that higher levels of neuroticism and emotional instability were associated with increased levels of secondary trauma, anxiety, depression, burnout, and PTSD.</p> <p>The author was unclear why there were lower levels of STS than expected but the authors suggested that the use of volunteers to form the teams, an improved culture with an understanding management structure (sergeants and inspectors) made for a supportive team environment. It is also possible that the introduction of pre-employment screening and support sessions increased awareness of the potential dangers regarding the nature of the work and allowed the formation of coping strategies and increased resilience.</p>
<p>Tehrani, N. (2018).</p> <p><i>Psychological well-being and workability in child abuse investigators.</i></p>	<p>2294 child abuse investigators over seven police forces, over a three-year period (surveillance screening)</p>	<p>The study involved seven police forces that had introduced psychological screening for their child abuse investigators, and was a three year cross-sectional quantitative study which looked to assess the impact of tenure and workability on levels of primary and secondary trauma; the impact of 'adverse childhood experiences (ACE's) on traumatic stress symptoms and to see if there were gender differences on levels of trauma.</p> <p>The findings from this study suggest that staying in role longer (tenure) caused CAIs to experience increased levels of primary trauma. It also demonstrated that all four independent variables (gender, tenure (time in the role), workability and the number of ACEs) impacted on mental health of CAIs with workability and ACE scores being the strongest predictors.</p>

		<p>The impact of ACE's was significant as those investigators with more ACE's had higher levels of anxiety, depression and an increased incidence of primary but not secondary trauma. The impact on primary trauma is expected but the fact that the impact of ACE does not impact on secondary trauma was not expected by the author who hypothesised that this may be explained working in child abuse investigations may re-trigger responses to their own unresolved childhood traumas rather than create a secondary trauma response.</p> <p>It was also recommended that CAI's should be psychology assed for ACE's and educated regarding potential risks of the role and where to seek support.</p>
<p>Turgoose, D., Glover, N., Barker, C. & Maddox, L. (2017).</p> <p><i>Empathy, compassion fatigue, and burnout in police officers working with rape victims.</i></p>	<p>142 officers involved in rape investigation in London.</p>	<p>This was a cross sectional, quantitative study involving 142 Police officers from the Metropolitan Police Sexual Offences, Exploitation and Child Abuse (SOECA) Command This research involved training and questionnaires which looked to examine levels of compassion fatigue, secondary traumatic stress and burnout in specialist police officers who work with victims of rape and sexual assault; the impact of tenure and the role of empathy.</p> <p>The study found that there was minimal evidence of compassion fatigue, secondary traumatic stress or burnout in those that took part. 84% of scores for compassion fatigue were low with 16% being average and none as high. For burnout 33% of scores were low, with 67% being average and again none ranked as high. For secondary traumatic stress 74% were no, little or mild secondary traumatic stress, with 11% moderate, 8% high, and 8% severe. For factors such as age, sex and ethnicity, no significant relationships were found with levels of compassion fatigue, secondary traumatic stress and burnout.</p> <p>Those who had more time in the role had higher levels of compassion fatigue, secondary traumatic stress and burnout scores, than those relatively new to the role, yet this was not with years of overall experience. The authors suggest that this disparity may suggest that there is something particular to working with rape victims compared to other types of police work which may have an effect. Those officers working with adults also had higher levels of secondary traumatic stress and burnout than those working with children, but no significant differences for compassion fatigue were experienced.</p>

<p>Wellington, (2021)</p> <p>PFEW Officer Demand, Capacity and Welfare Survey 2020 Detectives' Report</p>		<p>This report was part of the overall survey where detective data was extracted from the 12,471 responses, with 3,469 responses being received from officers who identified themselves as detectives.</p> <p>In summary the results were generally positive as 72% of respondents indicated that their overall health was good or very good. However;</p> <ul style="list-style-type: none"> • 34% indicated that their morale was low or very low with 37% stating that they viewed their job as very or extremely stressful. • 78% indicated that they had experienced feelings of stress, low mood, anxiety, or other difficulties with their health and wellbeing over the last 12 months. • 64% reported that their workload is currently too high, or much too high. 95% reported that, they had attended to the victim(s) of serious sexual assault at least once in the line of duty; 96% said that, they had seen the body of a person who has died a violent or unnatural death, with 62% stating that, they had to view large volumes of child sexual abuse imagery at least once in the line of duty. • 65% reported presenteeism associated with their physical health with 66% reported presenteeism associated with their psychological health. • 29% reported leaveism associated with their physical health, whilst 42% reported leaveism associated with their psychological health. • 77% reported being aware of reactive services that their force offers to support the mental health and wellbeing of its employees, with 46% reporting being aware of proactive services that their force offers to support the mental health and wellbeing of its employees.
<p>Police Officer research (not specific to Detectives)</p>		
<p>Brewin, Miller, Soffia, Peart and Burchell (2020).</p> <p><i>Posttraumatic stress disorder and complex posttraumatic stress disorder in UK police officers</i></p>	<p>In total, 10 401 serving police officers self-identified as having been exposed to traumatic events.</p>	<p>The main findings were that there was a prevalence of 8% in relation to PTSD and a prevalence of 12.6% in relation to CPTSD.</p> <p>It was found that both disorders were more common in male officers, with CPTSD being more prevalent in lower ranks and those with more years of service.</p>

<p>Brown, J., Fielding, J. & Grover, J. (1999).</p> <p><i>Distinguishing traumatic, vicarious and routine operational stressor exposure and attendant adverse consequences in a sample of police officers.</i></p>	<p>593 English police officers from a large provincial police force.</p>	<p>The main findings of this study were categorized as traumatic, routine and vicarious stressors. Traumatic stressors may occur when dealing with death or disaster. These tend to have a significant impact but are rare. Routine stressors include dealing with victims and the potential for violence and injury within the role. These tend to have a lower impact on the officers but are more frequent. The third stressor was conceptualized as Vicarious and occurred when dealing with victims of rape and sexually abused children. These were caused by relatively frequent exposure to such crimes and may have a significant impact on the officers leading to secondary traumatic stress.</p> <p>Themes that were highlighted from the study included more than 40% of those surveyed scored at or over the threshold value on the GHQ (12), which is an indicator of psychological distress, and those dealing with victims of rape and child abuse may lead to vicarious trauma needing professional intervention. The informal police occupational culture may make it difficult for male officers to be honest regarding how something traumatic has impacted on them, and social support can decrease the likelihood of suffering psychological distress in officers.</p>
<p>Burnett, M. E., Sheard, I. & St Clair-Thompson, H. (2019)</p> <p><i>The prevalence of compassion fatigue, compassion satisfaction and perceived stress, and their relationships with mental toughness, individual differences and number of self-care actions in a UK police force.</i></p>	<p>605 participants, all of whom were staff, officers or volunteers within a UK police force from North East of England.</p>	<p>This study aimed to develop a comprehensive understanding of the consequences of stress associated with police work. It identified that that 20% of those surveyed suffered from the ‘negative effects’ of police work with stress and compassion fatigue, with males having higher levels than females.</p>
<p>Cartwright, A & Roach, J. (2020).</p> <p><i>The wellbeing of UK police: a study of recorded absences from work of UK police employees due to psychological</i></p>	<p>This research was based on an initial FOI request to all 46 police forces in England and Wales, Police Scotland and PSNI.</p>	<p>This study analysed sickness absence data recorded for 20 UK Police services for the past 10 years, obtained under the Freedom of Information (FOI) Act. The data set represents some 57% of UK police personnel, and findings suggest that police employee absence due to psychological ill health, trauma, and stress had nearly doubled in the past 10 years to an absence rate of 8.82%. Furthermore, this study found that 39% of those who take</p>

<p><i>illness and stress using freedom of information act data.</i></p>		<p>a first leave of absence due to mental ill health go on to take further absences from work.</p> <p>The study was able to demonstrate that 56% of the psychological sick leave complaints related to mental health issues categorized as stress, 37% anxiety and depression, and 7% related to other complaints.</p> <p>Constables accounted for the high percentage of employees taking sick leave, as well as a disproportionate percentage of female police employees being absent from work, compared with their male counterparts.</p>
<p>Demou, E., Hale, H., & Hunt, K. (2020).</p> <p><i>Understanding the mental health and wellbeing needs of police officers and staff in Scotland.</i></p>	<p>30 Superintendents and eight stakeholders from Police Scotland.</p>	<p>Face-to-face/telephone interviews were conducted with Interview topics including Mental Health (MH) issues; health/health behaviours; employment; and potentially beneficial workplace interventions.</p> <p>A thematic analysis approach was adopted. High levels of occupational stress and anxiety, currently or in the past, were reported, as were experiences of PTSD, anxiety and depression.</p> <p>The main work-related stressors perceived to contribute to MH issues were job role, working hours/workload and organisational culture. Aligned with recent literature, organisational, as opposed to operational, stressors were reported by officers and staff to be the key stressors.</p> <p>The impact of significant organisational change (i.e. PSoS merged into a single police force in 2013) and the ways in which this change was applied were still were seen to be the cause of a number of organisational stressors.</p> <p>Stigma associated with MH in the workplace still prevents officers from being open about the challenges they are experiencing, although the stigma was not perceived to be as extreme as it once was</p> <p>Officers and staff recognised progress towards promoting and managing MH in the service but identified interventions, including training, counselling, and environmental workplace changes as needed to address mental health issues within police cultures.</p>
<p>Evans, R., Pistrang, N. & Billings, J. (2013)</p> <p><i>Police officers' experiences of</i></p>	<p>19 police officers from both Birmingham and London.</p>	<p>This study took a qualitative approach in order to understand the experiences of both supportive and unsupportive interactions following exposure to traumatic incidents in police officers but had NOT developed PTSD. The aim of the study was to understand the types of support processes that might promote resilience in police</p>

<p><i>supportive and unsupportive social interactions following traumatic incidents.</i></p>		<p>officers exposed to trauma including experiences of supportive and unsupportive interactions following trauma.</p> <p>It used thematic analysis (Braun & Clarke, 2006) to identify ‘patterns and meanings’ from the accounts given by 19 police officers who were interviewed through semi structured interviews. Three key domains and themes emerged</p> <p>Dilemmas of talking (We don’t need to talk; talking is risky & don’t bottle up: “talk, talk, talk”); the work context (Informal interactions with colleagues and formal sources of support - humour and banter; ‘dip in and dip out’ of chat & formal opportunities to talk) and support outside work (a close relationship with someone who cares & protecting others). The impact of police culture and an officer’s ability to be ‘honest’ about the impact of suffering from trauma was a significant finding of this study</p>
<p>Jackman, P. C., Henderson, H., Clay, G., & Coussens, A. H. (2020).</p> <p><i>The relationship between psychological wellbeing, social support, and personality in an English police force.</i></p>	<p>A sample of 381 police employees from a county police force in England.</p>	<p>Psychological wellbeing was significantly and positively associated with perceived support from colleagues, received support from colleagues, extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience. Further investigation of these relationships using multiple logistic regression analysis found that perceived support from colleagues, received support from colleagues, extraversion, and emotional stability significantly predicted psychological wellbeing.</p> <p>The results suggest that increasing both perceptions of available support and the amount of support received among employees in police forces is important for enhancing psychological wellbeing in this population.</p>
<p>Lennie, Crozier and Sutton. (2019).</p> <p><i>Robocop - The depersonalisation of police officers and their emotions: A diary study of emotional labour and burnout in front line British police officers.</i></p>	<p>7 police officers (2 Detective Constables, 2 Detective Sergeants, 3 Uniform Constables and 2 Uniform Sergeants), from front line response policing, child protection, offender management, custody, sexual offences unit, and divisional CID.</p>	<p>The main findings were that participants discussed the impact of incidents of violence or threat of violence, offences involving children, or lack of support within the organization. All participants articulated high levels of distress at some point.</p> <p>However, they also reported a perception of rules around emotional expression as an unofficial performance measure, with emotional display highly correlated with an inability to undertake the role effectively. The author also suggested that this reflected the enduring masculine policing culture. All but one of the participants displayed an element of burnout. One significant finding of this study is that officers deliberately choose emotional distancing and depersonalisation as a form of coping and are cognizant of engaging this strategy.</p>

		<p>The study has been able to capture inner cognitive processing which has been lacking in other similar studies. It is suggested this study has highlighted that there is a gap in the understanding of police culture and the way that the Police process their emotions.</p>
<p>Sheard, I., Burnett, M. E. & St Clair-Thompson, H. (2019)</p> <p><i>Psychological distress constructs in police with different roles.</i></p>	<p>602 Police officers from a North Eastern police force.</p>	<p>This was a study looking to explore experience and views of mental health problems, stress and distress in police employees working in ten different roles, within a North Eastern police force.</p> <p>The initial findings were that many police personnel had previously experienced mental health problems with all roles believing that working for the police has had a negative impact on their mental health; employees who worked shifts had significantly higher levels of perceived stress, than those who did not work shifts; 24/7 officers reported higher levels of compassion fatigue and lower levels of compassion satisfaction than individuals in several other roles; resolution without deployment officers reported higher levels of secondary traumatic stress than those in other roles (although there should be caution regarding low numbers of responses) and firearms officers had lower levels of perceived stress and anxiety than individuals in some other roles (although there should be caution regarding low numbers of responses).</p>
<p>Stevellink, S.A.M., Opie, E., Pernet, D., Gao, H., Elliott, P., Wessely, S. et al. (2020)</p> <p><i>Probable PTSD, depression and anxiety in 40,299 UK police officers and staff: Prevalence, risk factors and associations with blood pressure.</i></p>	<p>The sample included 40,299 police staff, police constable, sergeants and inspectors or above.</p>	<p>Data were used from the Airwave Health Monitoring Study which was established to monitor the possible physical health impacts of a new communication system on police employees. Data included sociodemographic characteristics, lifestyle habits, depression, anxiety, and post-traumatic stress disorder (PTSD) symptoms and blood pressure.</p> <p>Probable depression was most frequently reported (9.8%), followed by anxiety (8.5%) and PTSD (3.9%). Groups at risk for probable mental disorders included police staff, and police employees who reported drinking heavily.</p> <p>Police employees exposed to traumatic incidents in the past six months had a doubling in rates of anxiety or depression and a six-fold increase in PTSD compared to those with no recent trauma exposure</p>

Appendix B - Federation & other research

This section looks at reliable data sources to identify and understand principal issues that negatively and positively impact on the wellbeing of investigators. Although a number of these papers are published by academics they do not appear in peer reviewed journals, but are deemed suitably reliable to be recorded within this review.

Due to the scarcity of research specifically related to detectives, the two PFEW surveys (Wellington, 2021 and Boag-Munroe, 2017) are also included in the articles shown in Appendix A.

The material below is information that the author believed to be relevant to this project. The original papers contain considerably more information and material.

Detective Surveys

1) Wellington (2021) PFEW Officer Demand, Capacity and Welfare Survey 2020 Detectives' Report.

This report was part of the overall survey where detective data was extracted from the 12,471 responses, with 3,469 responses being received from officers who identified themselves as detectives. The survey looked at health and wellbeing (including organisational support); absence behaviour; exposure to hazards and workloads and job satisfaction. In summary the results were generally positive as **72% of respondents indicated that their overall health was good or very good.**

However, **34% indicated that their morale was low or very low with 37% stating that they viewed their job as very or extremely stressful. 78% indicated that they had experienced feelings of stress, low mood, anxiety, or other difficulties with their health and wellbeing over the last 12 months.**

In relation to workload **64% reported that their workload is currently too high, or much too high.** 95% reported that, they had attended to the victim(s) of serious sexual assault at least once in the line of duty; 96% said that, they had seen the body of a person who has died a violent or unnatural death, with 62% stating that, they had to view large volumes of child sexual abuse imagery at least once in the line of duty.

65% reported presenteeism (attending work despite feeling they should have taken sick leave) associated with their physical health with 66% reported presenteeism associated with their psychological health. 29% reported leaveism (taking annual leave or rest days when they should have taken sick leave) associated with their physical health, whilst 42% reported leaveism associated with their psychological health.

On a positive note 77% reported being aware of reactive services that their force offers to support the mental health and wellbeing of its employees (e.g. counselling, helpline services, peer support groups etc), with 46% reporting being aware of proactive services that their force offers to support the mental health and wellbeing of its employees (e.g. resilience training, mindfulness workshops, mental health awareness programmes etc.).

2) Boag-Munroe, (2017) PFEW National Detectives Survey 2017 Headline Report.

A survey of 7803 detectives nationally found that **48% of respondents said that they found their work either very or extremely stressful, with 53% stating that they were experiencing increased feelings of fatigue.** When asked about the nature of the stress that they were experiencing most agreed that their job was stressful because there are high levels of personal responsibility, including the nature of the work being high-risk (80%), emotionally demanding (71%) and due to exposure to traumatic or distressing incidents and material (64%).

48% also said that they felt emotionally drained from work either most or all of the time with 91% of those who had taken sickness absence due to their mental health and wellbeing stating that the difficulties they experienced were caused, or made worse, by work.

Other police research

3) Home Office – Front line review (2019)

The Front-Line Review gathered evidence on a wide range of issues impacting the working lives of officers and staff from forces across in England and Wales. The key themes included wellbeing, professional development, leadership and innovation. Issues and solutions were explored with an emphasis on individual and organisational resilience. The message from the front line is clear about the areas and need for changes as well as the complexity of the issues they face daily. The Review has evidenced a wide range of concerns and issues including.

- scepticism about the authenticity of the emerging wellbeing agenda and desire to see it embedded in a consistent way with a lasting impact
- a feeling that the front line is not afforded sufficient time or space for activities that positively impact on their wellbeing, such as:
 - **time for decompression**
 - **adequate debriefing**
 - **discussions with colleagues**
 - **training and development**
 - **counselling**
 - **physical activity**

This literature review assesses the main academic and 'grey' literature sources that relate to the four areas of the Front Line Review of Policing including Wellbeing. The academic evidence base for 'what works' to improve the areas covered by the FLR is, while appearing to be increasing, still generally under-developed. There are relatively few robust studies, with most interventions involving small numbers of participants.

Cross cutting observations

Two factors appear to be critical in fostering positive responses for wellbeing, professional development and innovation:

- **Allowing sufficient space and time within work for these to be addressed – for instance, managing wellbeing by allowing time for 'decompression', so the workforce can share experiences with each other. Meanwhile a culture of innovation can be supported by the space to allow testing of new ideas for long term enhancements.**
- **Leadership style – the role of line managers in particular appears to have a strong impact on encouraging professional development, supporting positive wellbeing, and instilling a culture**

of innovation. The behaviours which the frontline workforce value in line managers include being supportive, fair, available and visible.

Wellbeing

- The front line of policing generally feel their wellbeing is not adequately supported by forces, although the extent of poor wellbeing amongst the front line varies.
- Five main factors appear to have the potential to impact frontline wellbeing: remuneration and workload, internal demand, team support, physical health, and the experience of trauma.
- A range of programmes and policies have been found to be effective at preventing poor wellbeing of the frontline workforce. These include procedural justice approaches, compressed hours for shift workers, and educational programmes to improve diet and physical health. However, the breadth of the evidence base on interventions that aim to prevent poor wellbeing is limited.
- Mindfulness training and other programmes that aim to treat, or build resilience to, poor wellbeing have been shown to be effective in non-police occupations. A less developed but still positive evidence base exists in the police context.
- A major challenge to building resilience against poor wellbeing is in successfully encouraging the uptake of potentially beneficial interventions. The stigma of discussing poor mental health, and low uptake of diet and exercise regimes, continues to hinder potentially effective programmes from being successfully implemented.

Wellbeing – frontline views and the evidence on what works

We look at the evidence on ‘what works’ for improving the wellbeing of the police front line. Wellbeing is a very wide-ranging concept with various definitions. Most typically focus on aspects of mental and physical health, which form the basis of what is covered in this section. From our review of the more wide-ranging wellbeing literature, we have highlighted **five groups** of overlapping factors that appear to be relevant to the police: organisation factors; experience of trauma; team support; physical health, diet, and fitness; and remuneration and workload

1. **Organisation factors:** internal organisational factors relate to paperwork and bureaucracy, and the wider environment that hinders the more operational aspects of a role such as hierarchical structures, a perceived absence of input into decision making, and shift patterns. Academic research points to this group of organisational factors being perceived by the police as more stressful than operational aspects of the role. There is a large evidence base on so-called ‘stressors’ within the policing context, and this is covered in an accompanying appendix to the FLR.
2. **Experience of trauma:** The wider evidence base has linked long-term experience of ‘low-level’ stressors, as well as physical and mental health issues with ‘burnout’ and associated conditions such as compassion fatigue. The risk of burnout can be reduced even in intense environments by active participation in decision making and strong social support networks. More acute traumatic events can lead to mental health conditions such as Post-Traumatic Stress Disorder (PTSD). These can involve involuntary re-experiencing of traumatic events and difficulty with regulation of emotions and threat perception.
3. **Team support:** The role line-managers play in supporting wellbeing is often highlighted in academic studies and sector-led research. This can include managers giving structure to their workers’ daily work or shift pattern, supporting their workers’ professional development, and recognising, and acting on, early signs of poor wellbeing. Personal factors such as emotional intelligence, and team level factors such as feelings of social connectedness and support, have also been shown to impact wellbeing, although these individual and social factors are likely to interact and overlap.

4. **Physical health, diet and fitness:** Good physical health includes the prevention of, or recovery from, injury and sickness, encouraging a balanced diet and engaging in regular exercise. Physical health is both a constituent part of wellbeing, and a contributing factor to good mental health.
5. **Remuneration and workload:** Evidence from a range of occupations suggests there is a relationship between an individual's earnings and their overall job satisfaction. Surveys from the Police Federation show low levels of satisfaction with pay, although the survey does not cover all of the front line. The Police Remuneration Review Body (2017) concluded that while pay is often quoted to be the key factor in falling morale across police forces, evidence on the relationship is limited and interwoven with many other factors. And while some demands on the workforce can be viewed as positive, routine high workload can be associated with symptoms such as psychological distress and emotional exhaustion, as well as restricting the ability to participate in other activities that could enhance mental health.

Specialist roles, such as sexual abuse investigators, negotiation and mediation roles, and firearms officers are routinely highlighted as presenting particular pressures that can negatively impact mental health.

Various sector-led studies have found the frontline workforce critical of occupational health (OH) service provision in forces. One study found two-fifths of those who had received professional help for a wellbeing or mental health issue felt they had been poorly supported. The 2017 HMICFRS Legitimacy inspection programme found OH services typically having a 15 day wait time, although this varies widely between forces, with some having wait times in excess of 40 days. The Police Dependents Trust survey (2016) found officers would mostly prefer to use a GP compared to OH services for work-related wellbeing issues. This is likely in part to do with the continuing stigma of discussing poor mental health within the police service rather than necessarily failures of police OH.

Interventions that aim to reduce the risk of poor wellbeing

- There is a growing interest in so-called 'organisational justice' approaches as a route to improving wellbeing. These approaches typically involve increasing open, honest, timely and respectful communication between different ranks, and greater employee involvement in the decision-making process.
- A range of physical health interventions have been found to improve various aspects of bodily health and diet. A commonly reported challenge in delivering interventions that aim to improve physical health is that those who are likely to benefit the most are often less likely to participate with participants having concerns of using a gym and finding exercise difficult.
- The link between work patterns and wellbeing has also been examined. A systematic review on the impact of compressed working week interventions on shift workers found a "cautiously optimistic" overall effect on wellbeing, without unwanted negative impacts on organisational or health outcomes. However, the authors note the evidence is not generally methodologically strong.

Protective interventions

- **Mindfulness-based strategies** aim to increase a person's awareness of their current emotions and environment, often through some form of reflective practice or meditation. Looking more broadly across the range of blue-light services and other occupations, mindfulness approaches appear to be effective.

- Other less methodologically strong studies suggest the potential of other programmes that aim to increase an individual’s resilience in the workplace, but here too the police-specific evidence is limited.
- More qualitative evidence suggests the effectiveness of ‘**decompression**’ – that is, dedicated time and space soon after a potentially traumatic experience – that utilise **peer support** networks of others in similar roles. Among specific, high risk roles such as those involved in negotiations with potential suicide incidents, there is evidence that informal peer-support networks exist and are perceived as helpful.

Treatment interventions

- The best evidence on interventions aimed at returning people temporarily or permanently off work due to common mental health conditions back to work comes from a systematic review conducted in 2012 in Canada. This identified studies which typically looked at depression or anxiety and drew upon research across a range of occupations including policing. There was moderately strong evidence to suggest interventions that (a) tried to help workers to access clinical treatment outside of the workplace, or (b) gave access to workplace-based psychological interventions, improved work functioning and quality of life and economic outcomes.
- One difficulty in delivering interventions that seek to treat mental health conditions caused through exposure to trauma is the potential stigma of having, or being seen to have, a condition effecting mental health. **Trauma Risk Management (TRiM)** is one intervention already used within many UK police forces, involving training police officers to deliver a triage function in the event of a potentially traumatising incident. The theory of change here is that, as it is delivered by members of the police, it is a less stigmatised route to seeking professional help. **However, the ethical issues of assigning participants to interventions or controls after traumatic experiences make it a practically challenging area to study.** A systematic review suggests that TRiM is likely to not be harmful or have specifically negative outcomes, although individual studies repeatedly demonstrate issues of high non-response of participants in the studies reviewed (around two-thirds of officers contacted).

4) Houdmont & Elliott-Davies (2016). Officer Demand, Capacity and Welfare Survey Descriptive Statistics Summary Report: Organisational Support: Mental health & Wellbeing.

16,841 responses drawn from all 43 forces across England and Wales, 14% of eligible officers completed the survey. A top-level broad overview of mental wellbeing was established using an item that asked respondents to indicate whether they had experienced feelings of stress, low mood, anxiety, or other difficulties with their health and wellbeing over the last 12 months. **80%** of respondents acknowledged having experienced these feelings and **nine out of ten (92%)** of these respondents indicated that their psychological difficulties had been **caused or made worse by work**. **39%** of respondents reported a non-diagnostic case of work-related stress (on the basis that they viewed their job as *very* or *extremely* stressful). This is similar to previous English and Welsh policing studies, and **more than double** that found in large-scale surveys of UK civil servants and the general UK workforce. **39%** of respondents indicated that they had sought help for mental health and wellbeing difficulties at some point in their life, with **half** having sought help **within the last year**.

5) Houdmont & Elliott –Davies, (2018) PFEW Demand, Capacity and Welfare Survey (Headline statistics)

Over 18,000 members took part in the 2018 Demand, Capacity and Welfare Survey between August and September 2018 resulting in a final response rate of 15% of all federated rank officers in England and Wales. The main findings were;

79.3% of respondents acknowledged having experienced feelings of stress, low mood, anxiety, or other difficulties with their mental health and wellbeing within the previous 12 months; with the vast majority (**94.2%**) of these respondents indicating that these difficulties had been caused or made worse by work. 31.9% of respondents indicated that at least one day of their sickness absence was attributable to stress, depression, or anxiety; an increase of almost three percentage points when compared to the 2016 results (29.1%). When asked to indicate why their psychological difficulties had been caused or made worse by work; the most frequently reported reason was that their workload was too high (18.2%), followed by having a poor work/life balance (14.7%).

70.1% of respondents who had sought professional help had disclosed this information to their line manager, a larger proportion than in the 2016 Demand, Capacity and Welfare Survey (63.4%). Whilst **34.4% of respondents reported that they were poorly or very poorly supported by the police service**, this is more than seven percentage points lower than in the 2016 iteration of the survey (41.7%). 21.8% of line managers reported being given training on supporting individuals who are experiencing mental health and wellbeing difficulties; a similar proportion to that in the 2016 iteration of this survey (20.9%). Nonetheless, 87.7% of line managers felt somewhat or very confident in their ability to support someone they line managed if they disclosed that they were experiencing problems with their mental health and wellbeing. 45.1% of respondents agreed or strongly agreed that the police service encourages its staff to openly talk about mental health and wellbeing; a much larger proportion than in the 2016 iteration of this survey (22.0%). 38.6% of respondents indicated that they would feel confident disclosing any difficulties with mental health and wellbeing to their line managers, over ten percentage points higher than in the 2016 Demand, Capacity and Welfare Survey (27.8%). 66.5% of respondents indicated that they were aware of mental health and wellbeing support services offered by their force, over six percentage points higher than in the 2016 Demand, Capacity and Welfare Survey (60.0%).

6) Elliott –Davies, (2019) Superintendents' Resilience Survey (Headline statistics)

63% of respondents acknowledged having feelings of stress, low mood, anxiety or other difficulties with their mental health and wellbeing within the previous 12 months with 92% indicating that these difficulties had been caused or made worse by work. Over a third of respondents (36%) reported using annual leave or rest days to take time off due to the state of their physical health, and **26% due to psychological health.** 69% also reported one or more episodes of presenteeism associated with their physical health and 52% due to psychological health.

30% of respondents viewed their job as very or extremely stressful which is a much larger proportion than that found in the general population by the Health and Safety Executive's (HSE) 2010 Psychosocial Working Conditions Survey (15%).

7) Elliott –Davies, (2020) PFEW Demand, Capacity and Welfare Survey (Headline statistics)

Large proportions of officers risk their health and wellbeing every day in the line of duty. Given the draining nature of the work, perhaps it is unsurprising that high levels of fatigue and occupational stress appear to be common, and that officers' scores on key measures of wellbeing are poorer when compared to that of the general public. Many officers also reported experiencing feelings of stress, low mood, anxiety, or other difficulties with their mental health and wellbeing, and predominantly cite work as a causal or an aggravating factor:

- **53% of respondents** indicated that, over the past 12 months, they had found it difficult to carry out certain duties and tasks at work because they have been too fatigued.
- **33% of respondents reported high levels of job-related stress by indicating that they find their job very or extremely stressful.**
- **77% of respondents acknowledged having experienced feelings of stress, low mood, anxiety, or other difficulties with their mental health and wellbeing over the previous 12 months; with the vast majority (90%) of these respondents indicating that their psychological difficulties had been caused by, or made worse by, work.**

8) Graham, et al. (2020) National Police wellbeing survey 2019, Policing Research Unit, Durham University.

The National Wellbeing Survey was designed to assess the current state of wellbeing from the perspective of the policing workforce within the forty-three Home Office forces in England and Wales. In total, the survey received 34,529 responses (16.6% response rate).

For police officers, **average wellbeing was found to increase with rank, with constables reporting the lowest levels of wellbeing.** Of the fifteen **police officer** occupational job types considered, **those working in *Safeguarding* and *CID/Local Investigations* reported the lowest average levels of wellbeing.**

- **An important factor for individual wellbeing** is the ability to recharge internal resources outside of normal working hours and recover from the challenges experienced at work. Police officers reported being generally more likely to be preoccupied by work thoughts during their non-work time which has important implications for their long-term wellbeing. Prior research outside of policing has shown that **insufficient sleep** (less than 6 hours) and poor-quality sleep are **strong predictors of exhaustion and reduced wellbeing.**
- Three indicators of mental health were assessed: post-traumatic stress, levels of anxiety, and levels of depression. **For police officers, 67.1% scored above an average of four (indicators of probable PTSD symptoms).** The average scores for the frequency of experiencing post-traumatic stress symptoms suggest that **police are exposed to stressful or traumatic experiences in their work.** The average scores for symptoms of anxiety were moderately high for police officers. The average scores for symptoms of depression were moderate for police officers.

9) Assessing the mental health and wellbeing of the Emergency Responder community in the UK. <https://kcmhr.org/erreport2020-mentalhealth-wellbeing/> (Accessed; 23rd January 2021)

- The studies identified suggested Emergency Responders (ERs') experience specific occupational stressors associated with poor mental health and wellbeing outcomes. On average, **the evidence indicated that ERs may experience more mental health problems, such as depression, anxiety and PTSD, compared to the UK general population.** However, due to methodological concerns, it was difficult to draw robust conclusions.
- In both the systematic review and stakeholder interviews, **organisational stressors (such as excessive workloads and lack of senior support) were found to negatively impact ERs' mental health and wellbeing, more than critical incident stressors (such as potentially traumatic accident scenes).**
- Organisational support and good leadership were associated with improved wellbeing, morale and retention in ER studies.

Demographic associations of CMD and PTSD - UK studies with police found that **females and those who were divorced or separated were more likely to experience CMD (Common Mental Disorders) and PTSD** (Collins and Gibbs, 2003, Tehrani, 2016a, Roach et al., 2017, Fielding et al., 2018, Tehrani, 2018) (Appendix 5). Houdmont and Randall (2016) found **police of a lower rank had higher levels of CMD**. These findings reflect similar associations found in the UK general population, suggesting that females and lower wage earners are more likely to experience CMD and PTSD (McManus et al., 2016).

Social support - UK research identified leadership and senior support as key protective factors in wellbeing and mental health outcomes (Collins and Gibbs, 2003) and therefore should be a point of interest for policy makers. International research found that ERs who have been in their role longer, may be at a higher risk of mental health problems and yet receive less support from senior managers, which may exacerbate the risk of illness. For example, police call handlers were shown to be at an increased risk of PTSD the longer they had been employed (Regehr et al., 2003b). A recent study of US police officers found that higher ranks not only experienced more job stress, but rated their working environment as more negative, and received less co-worker support (Tsai et al., 2018). Equally, a Canadian firefighter sample found that experienced employees received lower overall social and supervisory support (Regehr et al., 2003b). Given the breadth of research emphasising the impact of organisational support and social support for ERs' mental health and the affect it can have on intentions to leave, it is a salient factor for researchers and policy makers to take into account. The nature of the job (e.g. shift work) could impact ERs abilities to maintain relationships outside of work (Singh and Kar, 2015); and the heavy workload may affect their relationships with colleagues and supervisory duties.

Positive and negative coping strategies - UK study participants commonly reported talking with colleagues post incident as a coping strategy (Alexander and Klein, 2001, Smith, 2011, Mawby and Zempi, 2018) and did not want immediate engagement with professionals post incident (Ørner, 2003). In a study across police, fire and ambulance, 20% of the sample used strategies that were not dependent on talking about the issue, with one in three not wanting to talk to others (Ørner, 2003). Qualitative interviews with police working in child exploitation investigations reported the use of maladaptive coping techniques such as smoking, alcohol and avoidance as coping strategies (Ahern et al., 2017). **UK police working in child exploitation investigations had lower STS than US counterparts (Bourke and Craun, 2014b). In UK police, STS was associated with the use of denial as a coping method, increased smoking and drinking, increased exposure to child exploitation materials and low co-worker support** (Bourke and Craun, 2014a). Tehrani (2016b) reported relatively low levels of STS in police child abuse investigators **but did however find that women reported higher levels than men.**

College of Policing

10) Responding to trauma in policing (2020)

<https://oscarkilo.org.uk/responding-trauma-policing-new-college-guidance-2/>

An updated guidance document 'Responding to Trauma in Policing' has been published by the College of Policing. The document, originally published in 2018, has been updated to reflect the current policing landscape, including responses to the COVID-19 pandemic. Written by Dr Ian Hesketh and Dr Noreen Tehrani, this guidance represents a significant step forward in the journey to improve our understanding of how trauma exposure affects those who work in policing. It brings together expertise from across the field to provide evidence-based guidance which can be applied, in a very practical sense, on the ground.

11) Psychological Risk Management Guidance

<https://oscarkilo.org.uk/app/uploads/2017/05/Psychological-Risk-Management-v6.pdf>

We recognise that some officers and staff are exposed to a higher level of distressing experiences, materials and/or information. This exposure can affect mental and emotional health and wellbeing. We have developed this psychological risk management guidance relating to the risk assessment and management of high-risk roles in policing. It is the duty of each force to assess the psychological hazards affecting officers and staff and put in place reasonable controls to mitigate and manage the psychological risk to employees. This document provides guidance to forces considering how to assess and manage areas of policing where there is a higher level of exposure to psychological hazards known to be associated with an increased risk of anxiety, depression, primary and secondary trauma.

12) Supporting the wellbeing of Internet Child Abuse Teams (ICAT) - 2019

https://oscarkilo.org.uk/app/uploads/2019/03/C72I0319_Supporting-wellbeing-of-ICAT_online.pdf

A brand new short guidance document entitled 'Supporting the wellbeing of Internet Child Abuse Teams (ICAT)' has been published by the College of Policing.

The guidance document itself has been designed to support forces to develop or enhance existing staff policies relating to those working in the online CSA arena and those handling indecent imagery of children (IIOC) as part of ongoing investigations.

Due to the nature of online CSA and IIOC investigations, officers and staff working in this area are at a higher risk of distress and potential trauma, so require a more considered and potentially enhanced staff welfare response. Although this guidance was written primarily for ICAT, (also known as POLIT, OCSAE and CEOP) it may have broader applicability across all those investigating CSA, child sexual exploitation (CSE) and other forms of vulnerability. In some forces, some ICAT duties have been devolved to other groups and teams. The principles outlined in this guidance would be applicable for anyone investigating online child abuse.

Research indicates that it's not just reviewing indecent imagery which can impact on staff welfare. Chat logs, audio clips and working directly with victims can also have an adverse effect.

The aim of this guide is to provide police forces with the information and guidance they need to support ICAT teams and to create environments and procedures which reduce the likelihood of adverse psychological conditions developing. It also offers information and advice on how to build the resilience and coping capacities of those involved in this important work.