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## Repressing Mental Health Illness: Life of a Police Officer

by

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## **Abstract**

A thesis is presented on the mental health issues amongst policemen. In today's society, it is apparent that men hide or repress mental health issues due to the associated heavy stigma. In recent years, there has been more attention on the topic of mental health and emotions. However, there has been little research into specific occupations with a high prevalence of mental ill health. Police officers deal with negativity day after day with limited insights about its effects. This dissertation describes how emotions, masculinity and mental ill health present themselves amongst police officers. The aim of this research is to understand why male policemen repress their mental health issues, what causes this and the effectiveness of available help. The mental health issues in focus are Post-Traumatic Stress Disorder, anxiety, suicide and depression. This project uses qualitative methods to delve into the minds of policemen and retired policemen who are suffering. The key findings surround solidarity, gender, mental health, help available and the public's views.

Recommendations for policy and further research are presented.

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## 1 Introduction

### 1.1 Introducing the Topic

Do you know anyone with mental health issues? As one in four people suffer with mental health issues, it is probable that this is the case (Mental Health Foundation, 2019). The stigma associated with mental health issues has started to diminish. However, mental health issues continue to rise (Samaritans, 2018).

Many of us experience stress as a reaction to feeling overwhelmed. However, stress can lead to mental illness. One occupation that experiences extreme stress is policing. Police officers experience mental issues such as anxiety, PTSD and depression, along with high suicide rates (Violanti, 2007). Worryingly, this field is not widely discussed, with little known about police officers' well-being amongst the public.

Research on emotion and the positioning of this as a point of interest in academia and society has been a recent development. Work on emotion was initially developed by scientific studies, shaping work in social sciences. Neuroscientific research into emotion was introduced by a key influencer, William James (1884), becoming the dominant idea in the 19<sup>th</sup> and 20<sup>th</sup> centuries, indicating that emotion was biologically determined and measurable (Ekman and Friesen, 1971). More recently, sociologists have argued that emotions may be socially constructed; affected by factors such as gender and culture and influenced by structures within society (Balswick and Peek 1971; Sattel 1976).



An emerging topic within the field is men and emotion, especially in relation to men's mental health. This is echoed by a rise in public interest of these issues, exemplified by high profile cases in the media of men dying by suicide<sup>1</sup>. There has also been a rise in awareness and prevention campaigns, such as Andy's Man Club. Some groups of men are at higher risk of developing mental health issues than others; particularly those involved in hypermasculine environments (Galasiński 2004; Messner 1997:5-6; McNess 2008). This research seeks to extend existing work within this field via the case study of policemen. Traditionally, policing is a site that evokes particular versions of masculinity, with little known about the implications for mental health.

## **1.2 Aim and Structure of the Study**

This study aims to develop an understanding of the mental health issues in police officers. This project explores whether and in what ways mental illness is repressed amongst officers and seeks to assess the effectiveness of help. The following chapter presents a critical exploration of the surrounding literature. Chapter 3 outlines the design and methods used. Chapter 4 analyses the findings in the context of prior research, tying in the literature. Finally, chapter 5 concludes with recommendations.

## **1.3 Research Questions**

- Do policemen suffer and repress mental health issues?

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<sup>1</sup> Examples include deaths of Robin Williams, Alexander McQueen, Mike Thalassitis and Avicii

- What are the potential causes of mental health issues amongst the police?
- How is mental illness framed in the police and society? Is it stigmatised?
- Is there useful help for police officers?

## 2 Literature Review

### 2.1 Introduction

Mental ill health has received an increase in attention from social scientists in recent years. However, research has largely missed out the effects of occupations on mental health, with police being a key example. This study aims to explore how mental ill health is addressed, repressed and treated within the police. The following case study contextualises the research by highlighting the difficulties faced by police officers.

#### 2.1.1 Case Study

Gary Cable, a former Roads Policing and Firearms Officer, retired from the police force because of the mental health issues he was facing (Police Federation, 2019a). In his writing of his experiences, he stated that one's brain can only 'take so much'. Cable suggests that the Police need to invest more money and time before issues arise, and not just have six sessions 'and be done with it'. Cable thought fifteen to twenty counselling sessions were more suitable than the six he was offered. Cable touched on the 'macho-environment' that surrounds the firearms squad, with members being the type of people who 'put up and shut up'.

'The biggest issue is talking about it'. Barriers need to be broken down in order for the stigma of mental health issues to be addressed. Cable writes that officers may not realise they are experiencing mental health issues. Cable's PTSD was characterised by the avoidance of situations and locations. He wrote 'Every time I would see a medical adviser, it was in a police building; every time my supervisors wanted a

meeting it was in a police building; but I found it really hard to go back into a police station because I was seeing it as the root of my problems’.

## **2.2 Mental Health Statistics**

An estimated one in four adults experiences mental health issues each year (Brooks et al., 2017). Due to its invisible nature, it is hard for anyone to notice and help. Only 36.2% of sufferers reported receiving help (Mental Health Foundation, 2016). In 2018, 6,507 people died by suicide in the UK. Three-quarters of these suicides were men (ONS, 2019a). Suicide is most prevalent in males aged 45-49, with 27.1 deaths per 100,000 (ONS, 2019a).

Society has not always accepted mental health issues; it has been stigmatised and discriminated against. Almost nine out of ten people with mental health issues say that discrimination and stigma had a negative effect (Mental Health Foundation, 2015). Some people use hurtful, offensive and dismissive language due to not knowing about mental illnesses and not knowing how to deal with them (Mind, 2017). Mental ill health has been suggested to strike with ‘a double-edged sword’. One side is the symptoms, and the other is the associated stigma and stereotypes (Corrigan and Bink, 2016 pp. 230). Common stereotypes associated with having a mental illness are that sufferers are responsible for their condition and that they are dangerous, unpredictable and incompetent (Corrigan and Bink, 2016). Police officers are likely to not disclose mental illness concerns, with fear of a negative reaction (Kurtz, 2008; Bullock and Garland, 2018).

Society expects men to be breadwinners, have strength and control (Mental Health Foundation, 2020). Research has shown that this expectation of wanting to be a 'man', negatively impacts mental health (Wyllie, et al, 2012; Seidler et al, 2016; Wong, et al, 2017). This is supported by O'Neil (2012) who found strong evidence that masculine constructs were associated with psychological problems. This will be discussed further throughout this dissertation. There are many mental health issues that can be addressed; the focus of this research is anxiety, depression, suicide and post-traumatic stress disorder (PTSD).

### **2.2.1 Anxiety**

Anxiety is defined as 'a type of fear usually associated with the thought of a threat or something going wrong in the future but can also arise from something happening right now' (Mental Health Foundation, 2019). In 2013, there were 8.2 million known sufferers of anxiety in the UK (Fineberg et al, 2013).

### **2.2.2 Depression**

Depression is defined as 'a mental health problem that causes people to experience low mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration' (Mental Health Foundation, 2018). In 2017, there were three million cases of diagnosed depression (My Therapy, 2017).

### **2.2.3 Suicide**

Suicide is typically associated with severe depression; there are around 800,000 global deaths per year recorded (WHO, 2014). Suicidal behaviours are complex to establish. There are social, psychological and cultural factors that can interact to make

suicide more likely for an individual. There is a very high suicide rate amongst officers (Hem, et al., 2001). Suicide rates have been seen to be as much as five times higher than civilian rates (Heyman, et al., 2018). Police suicide has been suggested to be due to feelings of helplessness or over exposure to witnessing deaths, misery or crime (Bonifacio, 1991)<sup>2</sup>.

#### **2.2.4 Post-Traumatic Stress Disorder**

PTSD is defined as ‘an anxiety disorder that develops after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened’ (Shiel, 2017). Police officers are likely to experience PTSD as the nature of their job exposes them to violent, tragic or aggressive incidents. Sufferers may feel anxiety around a situation or location that reminds them of an event. It can cause sleep disturbances, depression, outbursts of anger, concentration difficulty and chest pains (NHS, 2018).

#### **2.2.5 Police Officers and Mental Illness**

Research has shown that those who work in emergency services are twice as likely to develop a mental health illness (Police Federation, 2016<sup>3</sup>). Stress and bullying at work were identified as the two main factors. 91% of officers have experienced stress and poor mental health at work. Psychological sick leave for police has gone up a third in recent years (Police Federation, 2016).

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<sup>2</sup> Heiman's (1977) study of New York Police showed how lack of integration amongst the public negatively affects suicide rates. Suicide is a huge issue amongst the police and needs to be addressed.

Almost one in five police officers experience PTSD (Police Federation, 2019b), which is four to six times higher than the rate amongst society (Robinson, et al., 1997; University of Cambridge, 2018). The Police Federation (2019c) suggests that PTSD comes from repeated exposure to trauma. Roads, firearms and child sexual exploitation all expose officers to high levels of trauma (The Police Federation, 2019c). Green (2004) suggests that PTSD in officers is due to direct assault or from being threatened with death<sup>4</sup>.

*Policing: The Job and the Life* was a survey completed by 17,000 police officers from 47 different forces in the UK (University of Cambridge 2018). This survey shows that 21% of police officers have symptoms associated with PTSD, of whom 73% don't know they have it. 66% of officers who reported a mental health issue felt it was a direct result of police work. Shockingly, 93% of officers still go to work even when suffering with a psychological issue (Police Federation, 2016).

Research has attributed increasing stress levels amongst police officers to a decline in support from colleagues, high levels of public expectations, the focus placed on cultural diversity and political correctness (Cox et al, 2011) and the pressure of constant monitoring over officers' conduct (Chan, 1997). Recent austerity policy has led to a reduction in police numbers, which is argued to cause strains on officers, driving them to breaking point (Dodd, 2019). Evans et al (1993) outlined alcoholism,

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<sup>4</sup> In contrast, Van de Velden et al (2013), suggested that police officers were not elevated at risk of developing mental health issues. This could be because of their trained ability to cope with critical incidences makes them more able to cope with mental health issues.

cynicism, depersonalisation, emotional detachment and authoritarianism as coping methods.

### **2.3 Masculinities**

Recent research into gender has now established it to be a social construction, rather than a biological underpinning. Gender will fluctuate through history and socio-cultural context. Hegemonic masculinity is a 'social process in which one form of institutionalised masculinity is culturally exalted over others' (Connell, 1995, p. 77). Hegemonic masculinity is used as an analytical tool to study the attitudes, behaviours and practices that maintain domination of men in society. Traditionally hegemonic masculinity has been socially constructed as the normative gender (Berger, et al., 1995; Branney and White, 2008).

Race, class, body type and athleticism are vital when establishing who can acquire hegemonic power (Anderson, 2007). Typically, white, heterosexual men dominate hegemonic culture (Boeringer, 1996). Hegemonic masculinity involves homophobia, aggression, toughness, competitiveness, promoting sexual aggression, drinking, smoking and heterosexuality (Willer, et al., 2013; Anderson, 2007; Murnen et al, 2002; Levant et al., 2010; Sanday, 1990; Courtenay, 2000; Jewkes et al., 2015). A study compared females' and males' reactions with regard to heterosexuality. Females had no reaction when called masculine, but males overcompensated when called feminine (Willer, et al., 2013).



Toxic masculinity embodies the traits of hegemonic masculinity that are detrimental to society (Kupers, 2005; Floyd, 2018). It features; misogyny; violent domination; insensitivity; competition; lack of nurture; greed and homophobia. It is closely associated with repressing mental illness (Kupers, 2005). Pride of winning sports, providing for a family and succeeding at work are some attributes of hegemonic masculinity that are not considered toxic (Kupers, 2005).

Toxic and hegemonic masculinities are useful in understanding the relationship between men, emotion and mental health. Men have higher suicide rates and are typically a minority group in relation to the treatment and diagnosis of depression (Branney and White, 2008).

Some social scientists assume men simply 'repress' their emotions, rather than considering how they express them (Pease, 2012). It has been presumed that emotions are consistent with a typical female gender role, stereotyping that men do not have emotions (Rosenkrantz et al, 1968; Ruble, 1983; Williams and Best, 1990). In many cases, men have learnt to 'hide' their emotions or sustain distance from emotions, due to socialisation (Balswick and Peek, 1971). The hiding of emotions links to Messner's (1997) theory of 'the cost of masculinity'. It is argued that men's inability to express feelings of pain, loss, vulnerability and grief is associated with the under recording of men's mental health issues (McNess, 2008; Thompson, 1997)<sup>5</sup>.

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<sup>5</sup> Issues have been highlighted when researching masculinity and emotion. Emotional expressions rely on a universal understanding of what emotion looks like (Plant et al, 2000). Further research is noted by: Fabes and Martin, 1991; Grossman and Wood, 1993; Johnson and Shulman, 1988.

Recent research has shown that men have an understanding of their emotional lives (Galasiński, 2004) and exercise a more emotional form of masculinity (Forrest 2010; Holmes 2015; Roberts 2012). Displaying emotions is culturally, historically and situationally dependent (de Boise and Hearn, 2017). Men crying at funerals, football games or gigs would be socially acceptable. However, men crying throughout the day or at romantic films would be laughed at (Barrett et al, 1998; Ekenstam, 1998).

Some research explores the ways that masculinities change in different domains using the 'masculinity contest' framework (Whitehead, 2002; Morgan, 1992; Robinson and Hockey, 2011). The theory suggests that men's statuses depend on how male co-workers perceive and judge their masculinity. Men feel pressured to express their masculinity (Berdahl et al, 2018). The judgements often cause competition and bad behaviour within work (Berdahl et al., 2018; Anteby et al, 2016).

Previous research has suggested that dominant forms of masculinities vary depending on the field of work. The police are perceived as boisterous and emotionally repressed (Pogrebin and Poole, 1988; Cooper, 2000). They stigmatise mental illness and do not come to terms with their own mental illness (Olson and Wasilewski 2016). Research suggests that uniforms are an important tool to reflect styles of masculinity (Haywood and Ghail, 2003). This resonates with the police, as their uniform is widely known and respected, potentially increasing the associated masculinity.

Overall, the traits of toxic and hegemonic masculinity can be seen in the police. The occupational pressures experienced by officers are heightened by the burden of 'servo-machoism'. There is evidence that machoism exists in police culture and this can be detrimental to men opening up about their mental health illnesses (Evans et al, 2013). Hegemonic and toxic masculinities cause men to suppress mental health issues (Emslie et al, 2006; O'Neil, 2012; Wong et al, 2017).

## **2.4 Police Work**

The definition of officers' key practices is 'maintenance of social order' (Holdaway, 1983). Pre 18<sup>th</sup> century, the 'police' would have been associated with the maintenance and governance of cities (Johnston, 1992). In today's society this would encompass tax inspectors, school-crossing patrols and environmental health officers. Even in the 1970s, officers had the duties of dog-licensing, taxi-licensing and abattoir inspections (Coleman and Norris, 2000). Johnston (2000) argues that in the mid 18<sup>th</sup> century the term 'policing' started to be used which was to reference specific crime control. Since then, 'police' has evolved to mean a specific workforce.

Terms like 'policing' or 'to police' reference current police work rather than the attached history. Other workforces exercise policing duties, such as the Factories Inspectorate, but they are not police. Although policing and the police have been differentiated, the explanation still does not establish what the modern police officer's role entails (Johnston, 2000).

The first Commissioner primary outlined the original mandate for the police. There was a focus on crime prevention, security of persons and property and preservation of public tranquillity (Critchley, 1978). Some argue it is too idealistic, as officers cannot fulfil the definition. The police role now is focused on the maintenance of law and order to protect persons and property, the prevention of crime and the responsibility for the detection of criminals (Coleman and Norris, 2000)<sup>6</sup>.

Punch and Naylor (1973) found that in East Anglian towns, three-quarters of police calls were for assistance to diffuse arguments and attend road accidents rather than for strict law enforcement. Ekblom and Heal's (1982) study found similar findings of only 18% of calls were to report a new crime. The majority of calls were related to service functions, rather than law enforcement.

Morgan (1990) found that only 35% of calls were crime related<sup>7</sup>. Shapland and Vagg (1987) claimed it is too simplistic to categorise phone calls into 'crime' and 'service'. Their study involved expanding the category of 'crime' to 'potential crime' and found that 53% of the calls were related to 'potential crime'.

Typical non-crime related tasks include looking after lost children, dealing with drunks, advising a group of adolescents to not play in a building site, settling disputes between

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<sup>6</sup> The HMICFRS (2019) noted that the demand of police work has shifted slightly, dealing with more high-risk and complex crimes.

<sup>7</sup> Waddington (1993), found even less with only 25% of calls being crime related. Moreover, the HMICFRS (2019) found that there has been a 5% increase in calls between 2016/7.

neighbours, helping bus drivers cope with rude passengers and dealing with noise complaints (Cain, 1973; Coleman and Norris, 2000). Bittner (1990) argues that the main role for police officers is to deal with 'something-that-ought-not-to-be-happening-and-about-which-something-ought-to-be-done-now'. Police officers are also dealing with the public's mental health issues (HMICFRS, 2018), blurring their role and potentially triggering their own issues.

The public defines which situations need police intervention (Coleman and Norris, 2000). Criminologists have challenged the assumption that policing is simply the application of the law (Waddington, 1999), suggesting that officers act with a greater amount of free-will (Banton, 1964; Cain, 1973; Holdaway, 1983; Waddington 1993). This is where criminologists look at discretion in policing.

Discretion means the power and ability to make decisions. Klockars (1985) suggests a police officer may exercise discretion whenever powers leave them free to make a choice of action or inaction. Justifications for discretion are the finite police resources, the need for interpretational latitude in applying law, the need to preserve legitimacy and the need for efficiency (Coleman and Norris, 2000). There are two implications of using discretion amongst the police:

- Crime statistics cannot be taken at face value or can be seen as an accurate measure of the extent of criminality (Kitsuse and Cicourel, 1963, pp. 135).

- Discrimination influences decisions when there is no answer. Police powers disproportionately affect minority groups, typically targeting young, poor, male urban dwellers and those who work in the public<sup>8</sup>.

Overall, the ambiguity of the role, dealing with the public's mental health issues and discriminatory powers of police work could be a trigger of mental health issues in police officers due to the heavy workload and responsibility. The literature has also highlighted how many calls are crime related, albeit with its flaws in methodology, is key in understanding added stresses for officers.

## **2.5 Police Culture**

Culture can be understood as 'a set of solutions devised by a group of people to meet specific problems posed by situations they face in common' (Maanen and Barley, 1985 pp. 31-53). The culture of the police has always been a topic of interest to academics, especially since the 1960s. Academic literature on policing typically highlights police culture in a negative way. Policing cultures are seen to be sites of hegemonic masculinity, prejudice, exclusion and discrimination (Charman, 2013; Campeau, 2015).

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<sup>8</sup> Reiner (1992) calls this differentiation.

### **2.5.1 Cop and Canteen Culture**

Police culture is used as an umbrella term, including many aspects of police behaviour with no exact definition (Chan, 1997). 'Cop culture' features under this, which is the understanding of police practices (Waddington 1999). The core characteristics of cop culture are: action-orientated sense of mission; suspicion; machismo; conservatism; isolation; pragmatism, and racial prejudice emphasised by cynicism, danger and solidarity (Reiner, 2000). Cop culture emerges from two unique features that are present in the police role: danger and authority. The police act as the visible body of social authority to the public and are exposed to danger each day (Skolnick, 1966).

Another notion is canteen culture, which is defined as 'the ways in which officers communicate with each other, interactions which are characterised by expressions of solidarity and cohesiveness, off-duty' (Hoyle, 1998). Canteen culture is a way to relieve tensions, vent frustrations and explain fears about stresses of work (Waddington, 1999). It is used as a coping strategy, strengthens bonds and enhances group solidarity, identity and loyalty (Dick and Jankowicz, 2001; Fielding, 1994; Hoyle, 1998; Reiner, 2000; Smith and Gray, 1985; Waddington, 1999; Campeau, 2015).

It is argued that masculinity is embedded within cop culture but is more intense within canteen culture (Dick and Jankowicz, 2001). Fielding (1994) argues that hegemonic masculinity takes place amongst canteen culture in its 'purest form', involving:

- aggression
- action
- competitiveness
- conflict
- exaggerated heterosexuality (typically misogynistic attitudes towards women)
- fixed in-group and out-group distinctions
- heightened racial prejudice

Skolnick's (1966) contribution to the discussion of 'cop culture' is the theory of the 'working personality' involving machoism, sexual boasting and horseplay. This has been central in examining the core characteristics of police subcultures. Other theorists see the police as being a site of old-fashioned machoism (Graef and Giltrow, 1989; Young, 1991, Fielding, 1994, Westmarland, 2001). The macho behaviour celebrates violence and extreme toughness (Loftus, 2010; Kurtz and Upton, 2017). Moreover, a consistent problem since the start of the police is alcoholism. The entangled alcoholism and sexism within cop culture is a product of the nature of the job (Reiner, 2010).

As well as danger and authority, Skolnick (1966), attributes other pressures on officers to maintain order and fight crime. Police officers can see their job as a game, using humour as tension release. Overall, Skolnick suggests that cop culture involves: suspicion, isolation, conservatism (Loader and Mulcahy, 2003), culture and solidarity (Punch, 2009).



Research into policing and other occupations that encounter difficult situations has shown that humour is a key component in their everyday lives. The humour of 'superiority' and 'exclusion' are both used as coping strategies (Charman, 2013). The role of storytelling, humour, and jokes have entered the discourse surrounding policing. Humour is good for sharing, enhancing trust, cohesion and bonding. The literature on police culture tends to focus on the negatives, such as cynicism (Reiner, 2000), suspicion (Skolnick, 1966), prejudice (Drummond, 1976), canteen culture (Fielding, 1994) and racism (Charman, 2013). Much of this research is dated, meaning there could have been a change in attitude within police culture. This topic will be addressed via this study, particularly as Paoline (2004) suggested that the change in dynamics over the past few years has led to the diluting of negative aspects in policing culture, such as racism and sexism (Gilroy, 1982; Kurtz and Upton, 2017).

Officers have trouble integrating into society and mixing with civilians, potentially because they have trouble 'switching off' from their job, and are constantly displaying hostile behaviour (Skolnick, 1966). Officers are 'constantly' excluded from society, leading to higher mental health issues (Nelson and Smith, 1970).

There have been arguments against the research into police culture for its over simplistic explanations. Reiner (1992) argued that police culture cannot and should not be read as 'monolithic', yet many theorists do refer to it as one culture, rather than expressing the different types (Silvestri, 2017). Research into police culture has been condemned for its cultural determinist approach. This is because the theories claim

that police officers' misbehaviour is a direct effect of police culture, but no other factors have been acknowledged (Silvestri, 2017).

## **2.6 Conclusion**

There is little body of knowledge on background causes and effectiveness of help in relation to police officer mental health. This literature review has demonstrated that it is an intrinsically social issue, with a lack of discussion on personal experiences. This issue is grounded as an appropriate subject within the social sciences. The discussion on how recent developments in police culture affects mental health has been largely overlooked along with the research on the help given to police officers. Research into men and mental illness is also underdeveloped (Galasiński 2004), especially with regards to the police.

Therefore, this dissertation takes a new direction by focusing on the emotions and experiences of police officers to get to the core and to understand the effectiveness of policy approaches. This study will contribute sociologically to the discourse on mental illnesses in a qualitative framework.

### 3 Research Methodology

#### 3.1 Introduction

This study aims to explore mental health issues amongst police officers, incorporating repression and the ways in which it is dealt with. This section will cover the methodology and methods used during the dissertation. Methodology includes the collection of theories, ideas, concepts and ideologies that relate to the area of research (Yin, 2003). The subject matter requires a qualitative approach to be taken. Qualitative data collection is connected with emotions, words and feelings; and allows for an in-depth investigation (Bryman, 2008) of why mental illnesses occur, and the reasons for their repression.

Previous research in this area has been in the style of quantitative research, for example by the University of Cambridge. An example of a question they asked is: *'Have you ever experienced events which were to some extent traumatic?'* Due to the sensitivity of the topic addressed within this research, qualitative methods are more suited to explore the interviewee's personal experiences. Qualitative research can explore the ways in which the help on offer is not working, and what help could be put in place. An example of a question asked in this research is *'How does the police organisation deal with mental health?'*<sup>9</sup> The surrounding literature supports the societal consensus that men are not comfortable about seeking help for mental health issues (Mental Health Foundation, 2016). Hence, the methodology aimed to build rapport and

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<sup>9</sup> This was typically followed by a probing question, such as *'Is the Force good at spotting signs?'*

empathy, allowing participants to feel more comfortable about opening up, rather than answering questions in a survey.

### **3.2 Theoretical Approach**

The feminist and interactionist approach influenced the methodological stance of the research. The research is based on feminist approach as feminism requires that we should look critically at the way in which society collectivises, conceals or obscures gender divisions (Morgan, 2011). Interactionism is the theoretical perspective that understands societal processes as a consequence of human interaction (Bryman, 2016). Qualitative approaches allow one to understand issues in society from the approach of the interviewees. Understanding their experiences and the societal norms from which the problem stems from can be explored (Hennink et al, 2011). In the case of this research, it is the repression of mental illness in society that is reflected in the police.

In research, there are a number of philosophical assumptions that are made (Burrell and Morgan, 1979; Cresswell, 2007). This includes assumptions on: ontology (nature of reality); epistemology (nature of knowledge); axiology (role of values in research); rhetorical (language of research); and methodology. These assumptions shape research questions and the interpretation of findings (Crotty, 1998). The ontological stance taken is constructionism. Mental health was addressed through the meanings and values of the participants and the ways in which they were experienced (Galbin, 2014). The research was grounded amongst an interpretivist epistemology. This allows for the in-depth exploration into empathetic understanding of human action, as

interactionism has its roots based in Weber's notion of Verstehen, meaning 'to understand' (Hennink et al, 2011; Bryman, 2016).

### **3.3 Data Collection Methods**

#### **3.3.1 Sampling**

Due to the nature of this study, purposive sampling was essential. Purposive sampling is a non-probabilistic form of sampling which allows a strategic way of gaining participants, meaning those who are sampled are relevant to the research (Lavrakas, 2008; Bryman, 2016) This research project employed snowball sampling. Snowball sampling is used when participants are potentially difficult to access (Johnston and Sabin, 2010; Sedgwick, 2013). It is a process, which begins with someone who is well situated amongst the target sample and is able to approach other potential participants for the researcher (Bryman, 2016).

It is known as a 'chain reaction' because once one person has been accessed, it allows for more participants to be informed and nominated if they are suitable (Sedgwick, 2013). As there was no initial relationship between the police and myself, I needed to contact someone who could gain access to officers. Getting in contact with the Federation member from Jones City was via a friend. I called the Federation member to ask for access and support for the dissertation. This Federation member was not an interviewee. I also emailed the head of the Police Federation from Smith City to ask for further access, in which he became an interviewee and gave other contacts.

This sampling method is suggested to be advantageous for its 'cost-effective' and 'time-effective' manner. It allows the ability to recruit participants who are hidden to the general public, so is ideal for this project (Etikan, 2016). Snowball sampling can be criticised for its oversimplification, leading to bias in the data. There are some ethical concerns, as respondents may not want to give names of potential participants. There is also no guarantee of representation in the data, so it may be difficult to determine the pattern of distribution (Biernacki and Waldorf, 1981; Etikan, 2016).

The research was conducted in two large city locations (populations between one million each), 150 miles apart. Crimes of violence against the person are similar in both locations and approximately 10% higher than the UK average (ONS, 2019b). Four interviews were conducted in Jones City, and one was conducted in Smith City. Additional confirmatory discussions were conducted with the Police Federation member in Jones City to assess the validity of the data set.

Of the five interviewees:

- PC Brown and Green are serving police officers;
- PC Black, Grey and White have retired, two due mental health problems and one due to injury that led to a mental health problem;
- All were middle aged to old males;
- The serving officers answered a different questionnaire to the retired officers.

### 3.3.2 Interviews

The interviews for this project are semi-structured. Semi-structured interviews involve predetermined questions, but also allow scope for the interviewer to add questions where deemed necessary (Bryman, 2016). This research project outlined eleven predetermined questions, which allowed for follow up probing questions to be asked as appropriate. This allows the researcher to go into more depth once interviewees are comfortable with the questions being asked. There were five 'broad' questions (focusing on police life) and six 'narrow' questions (focusing on mental health and masculinity). The five interviews aimed to be 30 minutes in length, but interviewees could discuss their experiences for however long they felt comfortable<sup>10</sup>. A consent form was presented to each individual to ensure they understood they had the right to withdraw.

To derive information, a researcher needs to be flexible and open-minded (Mazmanian et al, 2013), allowing the interviewees to open up about their experiences. In my research, this was successfully done as one interviewee told me things that 'he had not told his wife'. Qualitative data focuses on rich, detailed information collection that relies on having a small, in-depth sample set, (Crouch and McKenzie, 2006). Four interviews took place in the Police Federation offices in Smith City and Jones City. This location was considered suitable as all the participants were accustomed to it and it is completely neutral. One participant requested that the interview took place at his home, as this was a safe environment.

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<sup>10</sup> Some interviews lasted longer than the predetermined time, one going on for two hours.

Semi-structured interviews have become a leading method used within a feminist research focus as they allow many of the goals of feminist research to be understood (Bryman, 2016). Oakley (1981) claims that interviews allow a high-level degree of rapport between the participants and researcher, a high degree of reciprocity and a non-hierarchical relationship. The advantages to semi-structured interviews are that a large amount of information can be gathered (Adams, 2015).

They are flexible and allow for sensitive subjects to be addressed or avoided depending on each participant (Mazmanian et al, 2013). For example, one participant was struggling when addressing the incidents that he had attended. I avoided questions that were going to upset him further. Instead, I allowed him to take his time and not answer things he did not want to. Qualitative interviews allow for a face-to-face interaction, which should be deployed when possible (Lofland and Lofland, 1995). Moreover, face-to-face interaction allows the interviewer to have a more in-depth understanding of the perspectives from the participants (Bryman, 2012).

Researchers have criticised semi-structured interviews because they may lead the interviewee towards a preferred response, via leading questions, non-verbal and verbal cues (Riley, 2010). This is termed 'interviewer effect' (Lavrakas, 2008). Some suggest that the age, ethnic origin and sex of the interviewer can have impact on the amount of information that participants are willing to reveal (Denscombe, 2007; Newton, 2010). Interviewees might answer questions based on what they think the researcher wants to hear, questioning the validity (Newton, 2010).



Semi-structured interviews are time-consuming, meaning only small samples can be derived (McIntosh and Morse, 2015). Creating and analysing transcriptions is also time consuming (Newton, 2010). Face-to-face interviews can involve accommodation and travel, making it an expensive form of data collection (Bloch et al, 2011).

On balance, the advantages of semi-structured interviews outweigh the disadvantages in this research. A rich data set was created, allowing for a meaningful conclusion to be developed.

### **3.4 Data Analysis**

Coding is one of the key processes in grounded theory; it is through coding that abstracting data and re-establishing it as theory can occur (Holton, 2007). Grounded theory is an approach that allows the researcher to refer to the relevant literature within analysis. The grounded theory process involves reviewing findings to elicit codes and the formulation of themes (Heydarian, 2016). Researchers can therefore deploy thematic analysis to carry this out and interpret data.

Thematic analysis is a method used to identify, interpret and analyse patterns of meaning amongst qualitative data, guided by the research questions (Clarke and Braun, 2016). To carry out thematic analysis, code words need to be identified and searched for. Codes are the 'building blocks' for themes, which are larger patterns of meaning that underlie a core idea (Clarke and Braun, 2016). Topics can be easily retrieved and analysed (Burgess, 1991). Sub-themes can be established amongst the higher-order themes, to home in on richer data, allowing for more useful and specific

analysis (Bryman, 2016). This is done once coded, looking for the main topics addressed within each theme. Thematic analysis can be considered useful because it can derive rich data from a large data set (Given, 2008).

Thematic analysis has roots in psychology and is not always favoured by some sociologists (Bryman, 2012). A major benefit of thematic analysis is its flexibility. It can be used to search for patterns within and across data, relating to the interviewees' life experience, behaviour and perspectives. Thematic analysis is suitable for the sample size created in this project (Cedervall and Åberg, 2010; Mooney-Somers et al, 2008). Clarke and Braun (2016) argue that it is impossible for a researcher to not involve their own expectations; however, thematic analysis ensures it is data driven.

As well as using theoretical analysis, the findings from the interviews will be compared to the police app 'Backup Buddy', created by Botterill and Broug, designed to help with mental health issues for police officers (Backup Buddy, 2017). It is location-specific, originally being designed for Sussex and Surrey Police. Officers can share stories, read about symptoms and get help for mental illnesses such as PTSD, anxiety and depression. Due to the sparse literature, the app is focused upon for the analysis of the theme 'help'. This police-facing app is recommended by Smith and Jones City forces, making the comparison vital in understanding the help that officers have.

### **3.5 Reflexivity**

Reflexivity is a valuable part of a research project, and qualitative data should be a reflexive process throughout (Hammersley and Atkinson, 1995). Reflexivity allows for

an acknowledgement of the active role the researcher took. I had to think critically about my own assumptions, ethical issues and cultural bias that may have been present (Mills et al, 2010). Being a young female student, I had no prior knowledge of policing or direct knowledge of the mental health issues, mainly PTSD. I carried out two pilot studies to ensure my approach was effective and I made adjustments to the questionnaire upon listening to the audio-recordings.

### **3.5.1 Methodological Issues**

A key methodological issue to address is the interview process itself. A critical success factor within interviews is to build a rapport. It is suggested that if rapport is not built, some participants may want to give little information, or withdraw from the interview (Bryman, 2016). Some argue that there is a natural hierarchy during interviews. In feminist research, rapport is based on mutual sharing, minimal hierarchies and a feeling of genuine trust from both interviewee and interviewer (Oakley, 1981). I ensured to position myself to the side of the interviewees. This allowed them to feel more comfortable and a rapport to be built (Adams, 2015).

A second issue was conducting the interviews. It is argued that one of the primary tasks for an interviewer is negotiating the social and academic tasks (Mason, 2002). The social task involves ensuring the interview is going smoothly, particularly between topics, whilst the academic task is probing for more detail and analysing the relevance of responses. Interviewers must remain unbiased and give clear, non-leading questions. I acknowledged this and became comfortable at negotiating the roles. For one interview, a third party (a senior member of the Police Federation) was present at the request of the interviewee to provide emotional support. This person helped calm

the nerves of the interviewee during the narrower questions as well as helped get the interviewee back on track if they were struggling. However, for the majority of the interview, the third party stayed quiet yet supportive.

### **3.5.2 Ethical Considerations**

This research project is highly sensitive; hence the research and data collection process was carried out in accordance with ethical guidelines put in place by the University of Sheffield Ethics Committee and the British Sociological Association. Following the ethical guidelines, I obtained informed consent before carrying out each interview. All participants will remain anonymous and are given pseudonyms for transcribing. I also gave them the right to withdraw and ensured they knew they did not have to answer any questions they did not want to.

Confidentiality and anonymity were the two most important aspects that needed to be respected. The interviewees are all vulnerable people and any data breach could cause serious repercussions. The sensitivity of the subject meant that some of what they had told me was not knowledge they had told close friends and family. I reassured the interviewees that their audio recordings would be deleted after the transcriptions were made, and in the meantime would be kept in a password-protected file. I gave the interviewees a copy of the consent form with my contact details, a right to withdraw data and information, as well as helplines for after the interview.

Some interviewees disclosed sensitive information of a particularly distressing nature. Seale (2012) discusses that it is important to ensure the interview is not addressed as a type of therapy or counselling session for the participants. Therefore, reflexivity is

vital for the researcher to ensure there is an appropriate response to the emotions displayed by the interviewees. This needs to be balanced with a degree of empathy, to allow for participants to open up and offload their experiences within a trusted environment. This would allow for participants to feel heard and empowered. This was appropriately negotiated during the interviews, as empathy was easy to portray when hearing the experiences.

### **3.6 Conclusion**

Semi-structured interviews were the most appropriate data collection method for the project, as it provides new information to the field. Five interviews allowed for a long data set that was suitable for analysis and contained rich data. I appropriately mitigated the methodological issues of the interviews, such as building rapport, ensuring the negotiation task was properly performed and limiting data bias by carrying the interviews out in two cities. The ethical considerations have been addressed and followed throughout the research to ensure for complete anonymity, confidentiality and right to withdraw.

## 4 Research Findings and Discussion

The findings that will be presented in this chapter will be from the five semi-structured interviews conducted with participants, all being middle aged to older aged males. The 'help' theme is compared to the app Backup Buddy, as discussed in the methods section. The code words elicited from the data are:

- solidarity
- gender
- mental health
- help
- public

I derived subthemes from the data that grouped together to form bigger code words (themes). This allows for more precise analysis that fits with my research questions. The findings are discussed in relation to relevant literature surrounding the topic of this research.

### 4.1 Solidarity

Research into police culture suggests that solidarity is entangled amongst it (Dick and Jankowicz, 2001; Fielding, 1994; Hoyle, 1998; Reiner, 2000; Smith and Gray, 1985; Waddington, 1999; Campeau, 2015). Solidarity was a key theme that was repeatedly mentioned throughout.

Waddington (1999) suggests that solidarity, and more specifically cop culture is a way to relieve tensions, vent their frustrations and explain their feats about work stresses. Waddington also highlights how it is a coping strategy for the police, which resonated

amongst the interviewees. The subthemes that were the most discussed topics amongst solidarity were:

- Humour
- Social clubs

#### 4.1.1 Humour

All of the interviews had a focus on humour. Humour amongst the police was defined as “*gallows humour*” (PC Black), “*black sense of humour*” (PC White), “*black humour*” (PC Brown), implying that humour was not always appropriate elsewhere, unless in the culture they shared.

*“I saw one person say their partner died and started laughing because that’s how they dealt with it. You have to compose yourself. It’s a coping strategy” – PC Grey*

*“...two cops who go to a particularly nasty fatal they will have that humour between them” – PC Brown*

*“you see a lot of things you should never see, and it was more like you laugh about it” – PC Grey*

This illustrates the way in which humour is used as a way of letting off steam and keeping a sense of solidarity. Humour creates a culture that cannot be replicated in society. In their eyes, humour is important in keeping solidarity and relating to each other. It was described as

*“The biggest tool you had” – PC Black*

*“allows them to cope with it” – PC Brown*

*“a good technique” – PC Grey*

*“banter took the sting out of everything” – PC Black*

This reinforces Skolnick’s (1966) cop culture theory that highlights the role of solidarity (Punch, 2008) plays in the life of a police officer. Newer research from Charman (2013) suggests that humour is a key part of police life as it is a coping method that allows for cohesion, bonding and an enhancing of trust; the interviews reinforced this.

The interviewees all came to the same conclusion that humour has started to diminish from policing. There is little to no published research to substantiate this however.

*“I wouldn’t go as far to say that the whole sense of humour is gone but there is cautiousness there” – PC Brown*

*“No, you just got on with it...because in those days there was banter” – PC Grey*

*“To a degree now it is frowned upon” – PC Brown*

Throughout the interviews, they all implied that policing culture has changed due to a fear of political correctness and being outed for sexist or racist attitudes. Whilst the findings suggest that officers may use humour as a ‘coping strategy’, there is limited research to understand whether humour alleviates or simply delays the onset of mental health issues<sup>11</sup>. This theme provided an understanding of what type of humour pervades policing and that it is used as a coping method. The gallows humour that is suggested here, is important to acknowledge because it shows a form of repression that contributes to mental illness being invisible.

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<sup>11</sup> The interviewees suggested that many officers suffer with late-onset PTSD, although there is a lack of research to support this.



### 4.1.2 Social clubs

Most of the interviewees reflected on how police culture had changed from when they first joined, including, drinking, social clubs and pubs.

*“They even had a five-a-side football team” – PC Black.*

*“In most stations there was a pub” – PC Brown*

There was a huge culture around drinking after officers’ shift as made clear by the interviewees.

*“Everybody had a drink after work. Invariably, in the police station” – PC White*

*“The shift had ended so I was just going home... but they didn’t let me until I’d gone to the pub. If you missed it, well you just didn’t miss it”. – PC Black.*

When listening to the interviewees, there was clearly a positive mind-set to having a drink at the end of the day; it was a chance to reflect on the day and have “*relaxation time*” (PC Brown). However, in the literature, there is much weight given to alcoholism, rather than ‘social drinking’. Reiner (2010) suggests that alcoholism amongst the cop culture is a product of the job. The interviewees looked back at the drinking as a positive memory, however the majority did suggest alcohol was also a coping mechanism.

*“We coped because you’d drink. Drink alcohol” – PC White*

*“It wasn’t unusual to find people smelling of drink the next day” – PC Black*

*“It’s not as big a culture now as it was, it has got better... Two people got sacked for drink driving. Another one got sent to jail... He got involved with alcohol and then it spirals” – PC Brown*

Although these findings link strongly to Reiner's (2010) suggestion that alcoholism is entangled in the police, the interviewees all suggested that that the culture of alcoholism was shifting and improving. However, along with the drinking culture vanishing, so were social clubs.

*"There is far less time now for police officers to spend...from what you'd describe as canteen culture" – PC Brown.*

*"The support networks and ability to talk about it with colleagues, they are all gone" – PC Black.*

This is echoed in research that suggests the negative aspects of police culture have gone (Kurtz and Upton, 2017), but there is little to suggest about the 'new culture of policing'. This research project contributes to the new understanding via this theme as the interviewees all signified the shift in culture. The majority of research in this area is out-dated. PC Green did not mention alcoholism and suggested other methods of coping from his experience. This was also a theme within PC Brown's interview, as he suggested it was no longer an alcohol-driven culture. Overall, this theme identified the decreasing in social clubs as a negative aspect to the 'new culture' of policing, which possibly hinders mental health.

## **4.2 Gender**

Gender was discussed at length within the interviews. The most discussed subthemes amongst gender were:

- Masculinity
- The effect of masculinity on mental health (jobs associated with genders)

#### 4.2.1 Masculinity

This research focuses on the sociological construction of toxic and hegemonic masculinity, under the umbrella term 'gender'. Hegemonic masculinity can be defined as '...one form of institutionalised masculinity that is culturally exalted over others' (Connell, 1995, p. 77). Toxic masculinity amplifies the negative traits of hegemonic masculinity. When thinking about masculinity within the police, the notion of a 'macho culture' can be addressed. Most of the interviewees had a similar understanding as to what masculinity was. Some defined masculinity as

*"...you get viewed as a rock. An immovable object. Everybody comes to you when you have that uniform on." – PC White*

*"...when you put the uniform on there is a force field around you. Where you're invincible" – PC Grey*

PC Black did not initially have a similar answer to the other interviewees, and said *"It's not a bad thing, men are men and women are women. We can't help the way that nature brings us up... If someone wasn't keeping up with the work, the whole shift rallied them. Male or female."* However, PC Black ended up concluding that masculinity was *"the toxic language and not being able to talk about it."* He added that *"People used to say that you were indestructible, you have to believe it".*

Most of the literature suggests that the police embody toxic and hegemonic masculinities, involving boisterous behaviour and emotional repression (Pogrebin and Poole, 1988). This does strongly support the interviewees' accounts, as repression

was a key theme throughout. Interestingly, there was an understanding that masculinity was associated with wearing the uniform. This ties in to Haywood and Ghail (2003)'s research, which highlighted how uniforms may produce more masculinity. Overall, the interviewees showed in what form masculinity was exercised in the police, with the suggestion that officers felt pressure to be indestructible.

#### **4.2.2 Masculinity and Mental Health**

The masculinity that surrounds the police potentially has effects on mental health. The interviewees mostly all came to the same conclusion that men suffer more than women. The interviewees attributed this to

*"...because men are less likely to talk about it or do anything about it" – PC Grey*

*"It was kept inside and never discussed" – PC White*

*"There's less talking about it with men" – PC Brown*

*"...male officers, and this is a generalisation, bottle it up more, because of the stigma. It then adds up and explodes. Female officers are more likely to talk about their problems" – PC Green*

*"I think men are far less likely to seek help, until it's too late, which I think is a societal thing" – PC Brown*

*"Only because it restricts people from being more open" – PC Green*

Some interviewees alluded to the fact that men not talking about 'it' is a societal problem. This corresponds hugely to the literature. Masculinities have been useful in understanding the relationship between men, mental health and emotions. Balswick and Peek (1971) suggest that men have learnt to 'hide' their emotions or distance themselves from emotions due to socialisation. Messner (1997) supports this through

the notion of 'the cost of masculinity', which links the lack of expression of emotions with the under recording of men's mental health. This theory has strong resonance with the interviewees, as they suggested they didn't ask for help. The literature does lean towards the Police Force having a 'macho' culture, which can also be seen as heightened masculinity. This would impact on men not sharing emotions.

When discussing how policing affects mental health with reference to gender, there was focus on different roles causing different mental health problems.

*"...the traditional male dominated roles such as firearms, traffic, dog unit, you know all the roles where you have the macho image... they do carry a lot of psychological damage, for example as a firearm cop, you're going to see a lot of death and stress. But equally, you'll see and dare I say it, the more female dominated roles, like child protection, and they will carry different psychological damage" – PC Brown*

Evans et al., (1993) identified emotional detachment as a coping method for stress. This allows us to consider whether more males are involved in jobs that cause stress to the point of emotional detachment, compared to females.

Overall, the findings in this subtheme suggest that there are problems with men talking about mental health, which highlights the importance of finding ways to encourage and allow men to open up about their experiences. There is significance in the pressure of feeling indestructible, as this reinforces the mentality to not show emotion.

### 4.3 Mental Health Illness

One theme that had huge relevance to the research questions was mental health illness amongst the police. Those mentioned to be substantial were “...*from low-level anxiety, through depression and PTSD...severe OCD and bipolar disorder. The big ones are burnout, stress, anxiety and depression*” (PC Brown) and “*PTSD and anxiety as the big ones*” (PC Green)<sup>12</sup>. To analyse this theme further, the subcategories established are:

- The potential causes of mental health issues
- Stigma (causing repression)
- Experiences

#### 4.3.1 Potential Causes of Mental Illness

The general consensus for the potential causes of mental health issues amongst the police were similar for most of the interviewees.

*“I was dealing with horrible things and I didn’t even know then. It’s the accumulative effect of everything chipping away and then there’s nothing else to chip away. There is just a burned-out body” – PC Black*

*“There is a knock-on effect, you don’t realise until years later when you start having some knock-on effects...at the time you don’t realise” – PC White*

*“...looking at the different roles, there are a lot of pressures...the top of the tree is where the bosses are, and the ball is kicked down and stops with you.” – PC Grey*

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<sup>12</sup> All of the interviewees were not surprised to hear suicide rates were high amongst the occupation. This was discussed in detail, suggesting that men are more likely to die by suicide than women because they do not talk about mental health.

*“It’s the workload, the nature of the job. The drip effect causes problems. It’s the workplace stress, it adds up. It’s a domino effect” – PC Green*

*“You deal with negativity day after day...it’s relentless” – PC Green*

*“A reduction in time we are able to deal with things has a knock-on effect where there is no escape from stress. I literally think it’s the amount of work, it’s worse now than I’ve ever seen” – PC Brown*

The Police Federation (2016) attributes the causes of mental health problems to bullying and stress in the workplace. There is strong coherence that both stress and bullying played a role in the causes of mental health problems for the interviewees. The Police Federation (2019c) suggested that repeated exposure to trauma was likely to cause PTSD, which is supported by the interviewees. Roads policing, child sexual exploitation and firearms all have the highest exposure to trauma (The Police Federation, 2019c).

PC Brown said, *“My personal view is that virtually every cop has PTSD...I would challenge you to find an operational police officer out there who has not been out on a job that has affected him”*. Green (2004) suggests that PTSD is due to direct assault and further argued that police are likely to be subjects of assaults throughout their career, tying into PC Brown’s words. PC Brown’s view is supported by the University of Cambridge (2018) study, which stated that police officers experience four to six times higher PTSD rate than the societal rate.

Research has attributed increasing stress levels in police officers amongst other things, to be a decline in support from colleagues (Cox et al, 2011). This is echoed in the interviews as there was an overriding suggestion that

*“I think morale is low and that’s down to numerous factors, one of the main ones is austerity and cuts to policing” – PC Brown*

*“If I had 10 crimes on my queue, you think you’ve got it all sorted and then another crime comes in and have to do that. One of the biggest cures of this will be numbers.” – PC Green*

This ties into the research on how austerity has driven police officers to breaking point (Dodd, 2019). All the interviewees suggested there was too much work for each officer. Potentially; one hugely beneficial action to help alleviate mental health issues, would be more funding for more officers. This theme established how impactful stress was to the interviewee’s mental health, outlining the nature of the job as a possible cause.

#### **4.3.2 Stigma**

The interviews provide an understanding that officers would not seek help due to the stigma attached in the eyes of their superiors. These findings are echoed in the literature, which suggests that police stigmatise mental illness because they face criminals who have it every day (Olson and Wasilewski, 2016). This is established in Gary Cable’s writing on his experience saying, ‘the biggest issue is talking about it’.

*“But the problem is when you reflect society, you unfortunately reflect society’s stigmas. And there is most certainly, without a shadow of a doubt a stigma associated with mental health illness in the police... If you went to your supervisor, you probably would have been stigmatised...saying something was wrong with you.” – PC Brown*

*“It was a taboo subject. If you said you had a mental health illness, they would be looking to get rid of you straightaway” – PC White*

*“It will have been stigmatised when I was working there” – PC Grey*

*“You still have supervisors within the job who haven’t bought into the idea that mental health is a real issue” – PC Brown*



*“... watch as a cop and approaches their manager... ‘I’ve gone over on my ankle I think it might be sprained’, watch how the manager deals with it...brilliantly...Now watch a cop go in...I think I might be depressed...been having some suicidal thoughts, watch that sergeant fall to pieces. They don’t know how to deal with it... It’s that fear of oh what do I say? What can I do? What can I say, what if I say the wrong thing? The sad thing is that people are frightened to talk about the fear of talking about it” – PC Brown*

The associated stigma could lead officers to repress their illness. As only 36.2% of sufferers are likely to seek help (Mental Health Foundation, 2016), it is an important topic address.

*“I think there is a bit of repression and ignorance” – PC Green*

*“Well you hear a lot about mental health now, but you never used to. I think there’s still an element of that now...when I was there, they didn’t talk about it” – PC White*

*“...you didn’t offload it” – PC Black*

*“Plenty of repression I think the sad thing is in conclusion is that there is still that pressure in this job for you not to admit you’ve got a problem” – PC Brown*

On the counter argument,

*“I don’t think it was repressed. For it to be repressed I think it has to have been understood” – PC Black*

This leads back to the argument that there is still a lack of awareness of, and stigma amongst mental illness. The heavy stigma associated with mental illness leads officers to repress any issues they are dealing with, causing a negative cycle. Dealing with the stigma as well as the illness is seen to be a ‘double-edged sword’ (Corrigan and Bink, 2016). This discussion has established that the interviewees signposted towards stigma as arguably the biggest barrier to reversing repression. This is vital to understand in order to develop policies specifically to target this.

### 4.3.3 Experiences

When looking at the causes of mental illness, stigmatisation and repression, it is important to contextualise it by analysing the interviewees' experiences. This also helps consolidate the themes so far and how masculinity might play a part. The three retired officers who all openly have mental health problems discussed their experiences. Both Federation members said they had experienced issues but did not discuss it in much detail. For some, there was one moment where the mental health issues kicked-started; for others it was a cumulative process.

*"I was in an adversarial with the police...From February 2017... that's when I started getting flashbacks. This turned out to be complex PTSD, anxiety and depression...it relates all back to the police, but it was dormant...apparently, it's normal but for years after I started getting flashbacks...There is a guy that walks up there, further up there is a bin. He walks up there and...pulls out a black carrier bag, ties it and puts it back...that was a trigger because I was taken to one of the first incidences that I dealt with... A baby had been born and placed into a black bag... along with the afterbirth and all the rest of it. Bearing in mind this is the first time I had ever seen a dead body...I was told to pick up the black bag and take it to the morgue. So, whenever I see him walk...it comes back" – PC White*

*"...I walked into the reception...There was a guy sat over there...he was absolutely stinking...It was all body odour and dirt. His clothes were dirty, and the smell was coming off him.... As soon as I smelt it, I went back to another one...the last time I was in a house that had a decaying body, that was an old woman and a fella. He was dead; he had been dead for six months? She was still sat in the room with him...She didn't realise he was dead...There was a cigar on his chest...because he wouldn't smoke it..." – PC White*

*"For me it goes back beyond that when I blew the whistle on somebody... Stuck my head above the parapet and got shot down ever since and given a load of grief from that day on. Wasn't protected, and they just chipped, chipped and chipped away to the point where you just... And then you have a superintendent saying well you should have just kept your fucking mouth shut then shouldn't you" – PC Grey*

*"Well, the crisis team had to do a lot of work with us as well as a psychiatrist and that. Basically, they were saying PTSD is what it was because of everything*

*that has gone on. They then wanted me to see a forensic psychiatrist. So, I did”  
– PC Grey*

*“The loud noise kicks my anxiety; my anxiety is getting worse. But I have not done anything like that since. My reactions are becoming abusive, which is not nice. When people put loud music on, I just F and C and B at them. I can’t help myself. The music from my neighbour’s house is too loud. I describe it as I needed an empty head. You don’t want to be touched, I’m just staying above water, but I am drowning...I used to put my earplugs in I pull my woolly hat down and put my ear guards on. That was me thinking I was coping” – PC Black*

*“It’s been there for longer than I thought. I became aware that other people became aware of it, before I knew. I never thought of myself as unwell...I look back now and I was depressed, and I was down. I didn’t understand it. I wasn’t an OCD person; I started getting...flashbacks and intrusive dreams...in 2005. I used to get up at 12 o’clock and I would cook...People around me weren’t questioning it. It wasn’t unusual for cops to do things like that. It was significant, because it had become normalised, we didn’t think of ourselves as unwell. You would understand what people were saying when they said I looked unwell and that I spoke differently and acted differently. It’s been significant” – PC Black*

These experiences, however hard to listen to, are useful in understanding what life is like for officers. There is a clear narrative that mental health issues were not understood enough to be able to talk about it. PC Grey, who “*blew the whistle on somebody*”, shows how solidarity was a huge part of policing life. He explained that colleagues would turn away and not talk to him, which is integral to understanding police culture. PC Black highlights how they didn’t see themselves as unwell, which is worrying, as there were many signs. PC White shows how after an extreme event, there was little to no help in coping with the trauma. Their shared experiences show how mental illnesses present themselves differently, highlighting why identifying mental illness is so difficult. This theme is significant in understanding how mental illness plays out in officers’ carriers. The next theme will show how in recent years, there have been policies to help tackle this.

#### 4.4 Help

This theme aims to discuss what help is given to officers, and what the officers thought about it. There have been recent developments into adapting technologies to provide help for mental health; for example, the app 'Backup Buddy'. This theme is central in understanding what action needs to take place to overcome the boundaries that are stopping the development of help.

The Police Federation members outlined what help is available to police officers now. They both discussed the new policies that have been developed in the past few years.

*"We have TRiM (trauma risk management) – PC Green*

*"...We have mental health first aid training. Our chief has rolled out training to every supervisor. We are playing catch up" – PC Green*

*"No, we don't have Blue Light Champion, we have Backup Buddy. The Force offer counselling and the Federation offers things too" – PC Green*

*"...some of the things that the force have policy wise, they have a thing called Blue Light Champions" – PC Brown*

*"EAP (employee assistance programme) so that's another policy, so if somebody feels like they need to have some counselling they can have six free sessions...it's a separate entity" – PC Brown*

*"We also have...TRiM...and Backup Buddy" – PC Brown*

The interviewees were under no illusion that there is enough help. They explained that they are behind on the help that is needed.

*"Our occupational health have three counsellors; we need about nine" – PC Green*

*“If I am being honest, at this point in time, it’s probably a little bit patchy. What we are seeing are a lot of departments doing different things? It doesn’t feel joined up at the moment” – PC Brown*

However, when talking to the retired officers about what help was there for them, it was a different outcome

*“You had very little really...but you were told everything is fine. It wasn’t really talked about, because there was nowhere to go outside of your colleagues” – PC Black*

*“Absolutely nothing” – PC White*

*“My situation, no. They did nothing. Literally kicked me and bullied me for three years” – PC Grey*

The interviewees gave suggestions on what they think would have helped, and what the potential barriers are in moving forward. PC Black outlined that the shift patterns were important in helping keep morale high and stress low.

*“I would say that the shift pattern we were talking about, that improved things for everybody. You got to see your pals on your days off...it was keeping people together... more support networks and the ability to talk about it with colleagues, they were all gone, and nothing replaced that system”*

The shift work and the lack of time to talk to people do need to be addressed within the police with relation to mental illness. Some of the suggestions to move forward were

*“Someone to have spoken to. Someone to give you coping strategies...None of that was ever there” – PC White*

*“I think you need to start from the bottom, from the day you walk inside...you need to raise awareness from there, and then slowly. Because what you will find is that a lot of officers are stuck in their ways” – PC Grey*

*“Resources. Resourcing is massive and it’s going to cost a lot of money. It needs to be centrally funded. A report has started to see if we can get commission into policing, which will identify this as a big gap” – PC Green*

*“Intervention early would have stopped me from going off” – PC Green*

*“The police have a scientific way of looking at things, but in actual fact it is a difficult one culturally for us to get our heads around now because it is very person centred” – PC Brown*

The general conclusion that emerged is that intervention needs to start early. There is need for mental ill health to be an open dialogue from supervisors to newly appointed officers. This would create a culture that allows being sad and down or depressed to be discussed with no stigma attached. The Backup Buddy app does highlight what supervisors can do to help. The app instils the idea that it is a Line Manager’s ‘duty of care’ and ‘legal requirement’ to support staff and notice when there are changes (Backup Buddy, 2017). There is advice suggesting that it is not expected for one to be a medical expert, but to ‘listen, accept and provide support and keep in touch regularly’ to staff. Some interviewees did suggest that being able to talk and having people understand would have helped.

Within the app’s section of ‘Quick Guide to Sickness for Supervisors’, there are sub sections for more understanding. These are:

- Importance of mental wellbeing action
- Leading your team effectively
- C.A.R.E principles
- What to do when a team member goes sick?

The C.A.R.E principles that are stated on the app stand for: **C**hange the language as supportive language must be used; **A**gree on supportive management action; **R**ecord all communications and what you have agreed to ensure there is no confusion; and **E**nable the help of getting the person back to work (Backup Buddy, 2017). An easy acronym allows for easy retention of what to do when noticing a staff member is off which could prove helpful.

Backup Buddy's 'Mental Health Tips' explains 'how to help yourself' and 'how to help others'. The advice on 'how to help yourself' starts with '...don't bottle it up'. This has clear coherence with the stigma element within the interviews.

The 'how to help others' section outlines<sup>13</sup> 'spend a little time in each day having fun, chatting and laughing, it relieves stress and takes the edge off what can be a difficult job'. This has been echoed in the interviews, as the majority of the interviewees suggest that time spent together has diminished. With officers placing emphasis on this in the app, there is hope that the time spent laughing and chatting will increase.

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<sup>13</sup> It does also highlight the use of TRiM.

The interviewees established that there was little available help in previous years, however, it is developing in recent times. Understanding the direction that help is going, is important in order to analyse what more could be done and what potentially is not working.

## **4.5 Public Views**

Lastly, looking at public views reiterates what can be done to move forward into a culture of acceptance towards police officers and mental illness. This study questions how mental health is framed in society as well as the police.

### **4.5.1 How Police Officers See the Public View of Them**

There was a similar conclusion made from most of the interviewees on how the public treat the police. PC White originally said, "*The general public were fine*", however a while later he said, "*...in a normal pub you would have to watch your back in case someone spat at you*". PC Black said, "*It was all the Fs and Bs, you know fuck this bastard...it's dehumanising.*" Furthermore, PC Grey said, "*Yeah there's certain people who wouldn't speak to us because I was a cop.*"

A positive comment made by PC Brown was "*...officers such as myself, have shared their experiences of mental health problems and what we have found is that the public have been extremely supportive around that.*" However, he added, "*Although there is a bit of concern...the public think we are stressing cops to breaking point and they are worried on what effect that will have.*" This has coherence with the literature,



suggesting police officers feel alienated from society due to public intolerance (Nelson and Smith, 1970).

This subtheme shows how officers are not always viewed in a positive way, shedding light to other stressors that officers endure. This theme is not typically as discussed which adds a different dimension to understanding all the elements of the causes of police officers' mental illnesses.

#### **4.5.2 How the Public Treat Police Officers**

PC Green discussed the effects of the public and how they treat police in more detail. He added contextual stories to detail the problems that officers face regularly with the public.

*"In my world, it is a difficult one because I tend to see the negative reactions from the public. I don't think there's any sympathy out there. People's perception of the police is just that we go out and arrest some people for drink driving."*

*"...where a cop had gone to a death of a child and was there for six hours. He was just getting a sandwich...and someone left a note on his windscreen saying, 'I don't pay your wages for you to get a sandwich'. That made regional headlines...Do people think we are on batteries?"*

*"If you go for dinner in public, one in ten times someone will say 'oh what are you doing here you should be out catching robbers?' That's common...it's definitely... a British thing. Every country I've been to I see cops eating out."*

The compelling stories shows there is a stigma attached to police officers about what they 'should' be doing, even though studies from Waddington (1993) and Morgan (1990) found that only 25%- 35% of calls are actually crime related. PC Green noted that *"there isn't much awareness"* of mental illness amongst the police. This is pinnacle because *"It adds to the stress"* (PC Green) of a police officer's daily work. The findings

tie into the literature by Skolnick (1966) who suggests that they do not integrate in public. This theme contributes to the project by outlining how there is a different perception and expectation of policing amongst the public, negatively adding to mental illness.

#### **4.6 Contribution to the research questions**

To recap, the initial research questions are as follows:

- Do policemen suffer and repress mental health issues?
- What are the potential causes of mental health issues amongst the police?
- How is mental illness framed in the police and society? Is it stigmatised?
- Is there useful help for police officers?

The research questions have been covered by the established themes in the findings. All of the interviewees concluded that mental health issues were present amongst police officers: mainly anxiety, depression and PTSD. All of the interviewees were not surprised when hearing that police officer suicide rate is worryingly high (Hem et al., 2001; Heyman et al., 2018).

In terms of the potential causes of mental illness: the interviewees had similar answers such as the amount of work, the cumulative effect, austerity and the nature of the job. Some literature suggests that austerity and workload can cause mental illness, the majority of literature would suggest the 'macho culture' could be the main cause but this was not the argument from the interviewees.

The hegemonic masculinity that is seen to be associated with the police was said (by retired officers), to be a main driver for repression of mental illness. Repression could also be due to the heavy stigma associated with mental illness. It was also concluded that the public are potentially unaware of officer's mental illnesses, and do not always behave positively towards officers further stigmatising mental illness. This negatively contributes to police officer's mental issues.

All of these findings help to formulate a contribution to the last research question, which surrounds the help. For help to be completely useful, the stigma surrounding mental health needs to be diminished. There has been a change in attitude in recent years, showing the increase in help for officers, such as the app Backup Buddy and new initiatives such as TRiM. The retired officers said there was little to no help available in previous years. The serving officers stated the Force is behind, and help was still 'patchy' (PC Brown).

#### **4.7 Informing the Literature**

The findings show that the help is still not completely effective. Thus, this research project contributes to the literature in understanding what is not being achieved. Suggested new approaches have been made in the concluding chapter. The findings also contribute to understanding the newly shaped culture amongst the police. The surrounding literature is limited and outdated, suggesting high amounts of masculinity, alcoholism, racism, canteen culture and cynicism (Skolnick, 1966; Waddington, 1999; Reiner, 2000). The findings suggest that masculinity, alcoholism and canteen culture are all diminishing. Although this is broadly positive, the time to talk and the 'canteen

culture' is where officers bond, talk about work and use humour. With canteen culture and access to social clubs decreasing, there is little time for officers to bond away from work and letting off steam. This exacerbates the repression of mental health issues as there is no one to talk to.

Overall, the findings have contributed to answering the research questions, and to informing the literature with a new body of information surrounding culture and police officers' mental illness; a field lacking in sufficient research. The next chapter will guide recommendations for future research.

## 5 Final Conclusion and Recommendations

### 5.1 Aims of the Research

This research project aimed to explore the relationship between policemen and mental health issues. The research questions covered areas of the stigmatisation of mental illness, how the help that is on offer is viewed and the potential causes of mental health issues in the police. The qualitative research method of interviews was fitting for this purpose as it allowed the in-depth understanding to be established. Little research of this type in this field has been carried out, which makes the research valuable to society.

### 5.2 Recommendations and Further Research

Firstly, there is a need for further research to establish why the therapies put in place are not helping. There was overarching agreement that the policies in place are still not completely effective. Police officer therapy could be compared to that offered to other professions to understand if mental health policies conform with best practice or if there are other approaches that could be implemented by the police.

It would also be useful to compare the experiences of men and women's mental illness to analyse if it is caused by the same triggers. One interviewee discussed the effects of menopause on mental illness, potentially suggesting there are different triggers. Another subject for further exploration could be the late onset of PTSD, aiming to understand why it happens and how to tackle it in retirement.

Thirdly, there needs to be new research in the area of police culture. Existing literature is mostly outdated and the interviewees' descriptions did not match the published view.

Finally, policies should be introduced to raise awareness of mental health illness in police officers. Speculatively, following the success of Movember, one month in the year could follow the hashtag '*Coptober*' on social media, as a way of raising awareness of mental health issues amongst police officers. This may shift the thinking amongst the public to show what the police do and what they potentially struggle with, initiating less stress and more moral support for a service we so greatly need. This concept has already been discussed with the chair of a Police Federation who agrees it could be helpful in shifting societal views. In addition, there needs to be higher profiling of initiatives such as Movember and Andy's Man Club, to show men they are not alone and 'it is okay to talk'.

The findings in this research project have highlighted the requirement for increased access to professional counselling for the police. This would allow police officers to open up and not be scared of the repercussions. The study contributes to a field where knowledge is limited, such as the culture of policing and wider mental health issues, such as anxiety and depression. This research raises some important issues around the question; whilst our protectors protect us, who is protecting them?

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## 7 Appendices

### 7.1 Suggested Reading

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## 7.2 Interview Questions

1. What is the best part about your job? *Probe- Do you have any part that don't you enjoy?*
2. Could you take me through a typical day at work? *Probe- Do you find there's more focus on law enforcement or settling disputes? Does this add any pressure to your role?*
3. Do you find that shift work has any effects on your external relationship? *Probe- What is your shift work like?*
4. Often the police are viewed quite highly, but do you think there is a stigma associated with being a police officer? *Probe- Have to act a certain way in public?*
5. All jobs can be stressful, but do you often feel stressed at work? *Probe- If so, how does this impact your private life? Probe- What do you think is the biggest stress causer at work? What do you do to destress? Any techniques? Do you use the police app, backupbuddy? Do you know anyone who has resulted to alcoholism?*

Now we are moving on to narrower topics, please take all the time you need. I just want to remind you that my dissertation focus is on mental health illnesses amongst the police, especially men, so that is what this section will focus on.

6. In your view what is masculinity, and do you think that there is masculinity in the police? *Probe- Do you think it has any impact on mental health issues? Do you think it is different in other environments? Do you think there is a bigger masculinity associated when you're wearing your uniform?*
7. How is mental health viewed in the police? *Probe- Do you think it's stigmatised? Do you think people repress it and choose to ignore it? Is there a lot of help once someone has said they have mental health problems?*
8. How do the police organisation deal with mental health? *Probe- is it good help? Good at spotting signs?*
9. Could you share some either personal experience or examples of someone else's of how mental illness has played out in yours or their career? *Probe- Did you tell your colleagues? How did they handle it?*
10. Would you be surprised to hear police officers have one of the highest rates of suicide rate amongst professions? *Probe- Do you think it is higher for men or women?*
11. What do you think the main causes of mental health are in the police? *Probe- Do you think mental health issues surround bigger cases or is it to do with the way the police force is formed? Do you think policemen repress their mental health issues from what you've seen?*