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Mental health in the UK police force: A qualitative investigation into the stigma with mental illness

Citation

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Abstract

Police work is a high-risk profession that can cause mental health conditions. With increasing sickness levels and falling police numbers, it is essential prompt mental health treatment be implemented. The study aims to explore institutional negativity and stigma in the police force toward mental ill health. Semi-structured interviews attended by five police officers with thematic analysis captured i) police culture, ii) the stigma of mental illness, iii) disclosure of mental illness and iv) breaking down barriers. Findings indicate police culture and attitudes to mental health may contribute to the causes of psychological illness, rather than the nature of the job itself. Increased education and awareness surrounding mental health have been shown to be fundamental in how an officer reacts to stress, but change is needed at a managerial level. Future research needs to explore the effects of mental health stigma on ethnicity and gender in the police force.

Keywords: police culture, mental illness, mental health stigma, discussing mental health, mental health awareness

Introduction

A police officer is responsible for the prevention and detection of criminal activity, whilst maintaining public order (Myhill & Quinton, 2011). Sickness absence has become a growing concern in the UK police force, employing approximately 130,000 police officers (Hargreaves, Husband, & Linehan, 2018): with half of officers taking sickness leave for mental health related illnesses in the last five years (Police Firearms Officer Association, 2017). This is not limited to the UK police force. For example, an Australian study reported a higher prevalence of mental illness among the police and emergency service than other professions (Harman, 2019). Likewise, in Canada mental illness is widespread among police officers; high proportions of them reported having suicidal ideation (10% during the past year, 28% in lifetime), planned suicide (4% during the past year, 13% in lifetime), and attempted suicide (0.4% during the past year, 5% in lifetime) (Carleton et al., 2018; The Centre for Addiction and Mental Health (CAMH), 2018). Mental wellbeing of police officers is a cause for concern in many countries, highlighting the need for further study.

Generally, mental illness in the workplace results in a significant economic burden (LaMontagne et al., 2014), due to long-term sickness absence (Thomas et al., 2016): 16 million days are estimated to be lost annually due to mental health issues such as stress, depression, and anxiety (Office for National Statistics, 2017).

Recent research has identified policing as a hazardous and stressful occupation (Deschamps, Paganon-Badinier, Marchand, & Merle, 2003; Liberman et al., 2002; Tuckey, Winwood, & Dollard, 2012). The consequences of organisational stressors and the high-risk nature of frontline duty, mean officers are at greater risk of developing psychological illnesses (Habersaat, Geiger, Abdellaoui, & Wolf, 2015). Cumulative exposure to a number of potentially traumatic situations is an integral part of operational policing (Tuckey et al., 2012), and thought to be a predictor for the development of post-traumatic stress disorders

(PTSD) (Marchand, Nadeau, Beaulieu-Prévost, Boyer, & Martin, 2015; Marmar et al., 2006), depression, anxiety, and other stress-related conditions (Husain, 2014). If left untreated, mental ill health has the potential to adversely affect workplace performance and future career prospects (Heffren & Hausdorf, 2016). The cost of stress-related illnesses for officers is viewed in the context of individual mortality and morbidity, culminating in reduced productivity, sick leave and premature retirement (Collins & Gibbs, 2003; Summerfield, 2011). As criminality on our streets increases, unpredictable events that the police encounter, remain commonplace (Marchand et al., 2015). As such, there is a higher prevalence of stress-related illnesses in the police force than in the general public (Soomro & Yanos, 2018).

It is vital for officers look after their mental health, however research by mental health charity (Mind (2013) suggests that emergency services personnel are less likely to seek help for mental health conditions. Officers may resist disclosing their mental ill health for fear of stigma and negative reactions from colleagues (Bullock & Garland, 2018; Kurtz, 2008). Internal stigma, where the police stigmatise each other because of mental health problems, is pervasive in the police force, and was identified as playing an essential role in influencing individual reactions to stress (Stuart, 2017). It plays a significant role in the way a person responds to psychological distress and has been noted as one of the main reasons why officers avoid seeking help (Stuart, 2017).

Much has been reported about workplace stress (Alexopoulos, Palatsidi, Tigani, & Darviri, 2014; Kotera, Adhikari, & Van Gordon, 2018a; Morash, Haarr, & Kwak, 2006; Violanti et al., 2016), and in regard to policing, a variety of research within the last 20 years has focused on law enforcement's *perception of mental health* in the community (Desmarais, Livingston, Greaves, Johnson, & Brink, 2014; Lamb, Weinberger, & DeCuir, 2002; Soomro & Yanos, 2018; Watson, Swartz, Bohrman, Kriegel, & Draine, 2014; Wood, Watson, & Fulambarker, 2017), however the *occupational psychological distress* of police officers has

received little attention in the research literature. Frequent exposure to operational stressors has the potential to significantly affect the psychological functioning of police officers (Marchand et al., 2015). Given the critical role of police work, it is crucial to understand the psychological strain this puts on officers. Increasing mental health awareness and education at an organisational level is essential in helping to alleviate the psychological symptoms derived from their occupation (Randall & Buys, 2013). The experiences officers face at an operational and organisational level is decisive in determining their mental wellbeing (Deschamps et al., 2003).

Deschênes, Desjardins, and Dussault (2018) reported that the culture and style of leadership within the police force has more influence in determining an officer's mental wellbeing, rather than the actual nature of the job itself. Access to mental health support is provided through occupational health services by delivering one-to-one counselling. In contrast, despite access to those services, officers continue to face considerable psychological distress as a consequence of the pressures they encounter at an institutional level (Fox et al., 2012).

Regrettably, due to the lack of mental health training within police forces (Cummings & Jones, 2010), additional training is required in order to change attitudes towards mental health (Booth et al., 2017; Soomro & Yanos, 2018). Addressing these attitudes starts at a managerial level (Bell & Eski, 2016). Line managers need education on how to identify the triggers and warning signs of mental health conditions among their officers. Preventative measures (Hayday, Broughton, & Tyers, 2007), early intervention (Tuohy, Knussen, & Wrennall, 2005), together with prompt treatment from mental health services will help to ensure that periods of short absence do not turn into long-term sickness absence (Summerfield, 2011).

The updated hypothesis extended from the original version (Scheff, 1966) called into question the significance of stigma and stereotyping of individuals and the consequent discrimination, loss of socio-economic status, low self-esteem and increased symptoms (Markowitz, 2014). The modified labelling theory (Link, Cullen, Struening, Shrout & Dohrenwend, 1989) argued that labelling negatively influences mental wellbeing, even when it is not specifically the cause of mental disorders; labelling can make individuals feel isolated and discriminated, damaging their coping skills and social bonding skills (Link et al., 1989). Research in the field of modified labelling theory indicates that stigma plays an important part in labelling (Markowitz, 2014). Accordingly, the present study aims to examine mental wellbeing of UK police officers, focusing on police culture and the attitudes towards the mental health of police officers.

Sickness Absence

Given the increase in sickness absence for stress-related conditions (Police Firearms Officers Association, 2017), the mental wellbeing of police officers has become an increasingly important topic. A study by the Police Federation (2016) involving 17,000 officers found that mental wellbeing amongst police officers was considerably poorer than that of the general population, with 39% needing help for mental ill health. Furthermore, socioeconomic factors such as increased budget restrictions, higher levels of crime, and falling police numbers are placing more pressure on officers. If this trend continues, it will likely to create a more significant mental health crisis in the police force (Police Federation, 2018).

Police Culture and Mental Illness

Society has a stereotypical view of mental illness, and law enforcement is no exception. The culture of policing makes it difficult for officers to disclose mental illness, many of whom will subsequently suffer in silence. This culture of dominance and masculinity (Evans, Pistrang & Billings, 2013) as well as emotional self-control (Bell & Eski, 2016) and stigma make officers resistant to help-seeking. Displays of emotional responses to work-related stressors are often regarded within police culture as a sign of weakness and not comparable with the masculine perception of policing (Kurtz, 2008).

Stigma of Mental Illness

Stigma is a label given to those who may have a personal or physical characteristic that distinguishes them from others (Wester, Arndt, Sedivy, & Arndt, 2010). This often places individuals into a stereotypical group, consequently leading to discrimination and isolation. Labels commonly associated with mental ill health not only have the potential to stigmatise, but to alienate individuals as well. The social stigma attached to mental ill health, and the discrimination people face, make it difficult for them to seek any psychological intervention (Kotera, Green, & Sheffield, 2018c; Kotera & Ting, 2019). Furthermore, officers who experience increased stigma tend to have negative opinions about seeking psychological support (Soomro & Yanos, 2018). Unsurprisingly, police officers suffering from mental ill health are seen as a marginalised community within the police service (Bell & Eski, 2016). The decision not to disclose mental health conditions can adversely affect the wellbeing of officers (Stuart, 2017). It is important to consider mental health stigma with regard to police work and the probable risks of disclosure.

The present study used a qualitative approach, attempting to explore the first-hand experience of police officers. Although police work is regarded as a high-risk occupation for the development of mental health conditions (Burke, 1998), there is still a lack of empirical

148 evidence to support these claims (Van Der Velden et al., 2013). Likewise, understanding of
149 research into the attitudes of the police force toward officers with mental health problems
150 remains limited (Deschênes et al., 2018).
151
152 **Methodology**
153 ***Participants***
154 Five participants were recruited through a referral from a charity, personal network,
155 police forum and contact from within the police force. Participants were suitable if they were
156 i) over the age of 18, ii) serving officers with mental ill health, or who had been on sick leave
157 due to mental ill health or have left the police force due to a mental health condition, and iii)
158 proficient in English. Participants who do not speak English, have not been diagnosed with a
159 mental health condition, or have had exposure to a recent violent crime or traumatic event
160 which has impacted on their mental health, were excluded from the study.
161 Appendix 1 summarises the participant demographic information. Participants
162 consisted of four males and one female (three retired and two serving officers). The mean age
163 was 52 (range 43-62) years old. Four participants described their ethnicity as white British,
164 and one retired officer only disclosed his ethnicity as British. Three participants were
165 currently married, one divorced, and one single. The mean length of the time in the police
166 force was 24 years (range 18-30 years). Officer rank included police constable (N = 2) and
167 sergeant (N = 3). All participants had experienced a variety of mental ill health conditions
168 such as stress, anxiety, depression, and PTSD. As all participants have experienced some
169 form of mental ill health, it was important to put measures in place to protect them should the
170 interview cause them any psychological harm. The researcher was responsible for ensuring
171 participant privacy and confidentiality and providing details of who to contact should the
172 interview cause the participant any undue distress.

Semi-Structured Interviews

Semi-structured interviews were conducted to attain an in-depth understanding of the participants' lived experiences (Sofaer, 1999). The interview was guided by open-ended questioning, encouraging meaningful discussion (Weller et al., 2018) about each participant's accounts of mental health awareness in the police force. The question order was determined by the flow of the interview. Interviews began with a brief overview of the participant's career in policing, together with the reasons for the onset of their mental health conditions All aspects of information and information-seeking were explored. Interviews were audio-recorded and lasted for an hour on average. Recordings were transcribed verbatim and analysed.

Materials

Participants were provided with a formal invitation to participate, an information sheet, and consent form outlining the procedure, benefits and risks of participating. This included an explanation of how to acquire the results of the research, details of mental health services, voluntary participation, how to withdraw, and contact information for the researchers.

Procedure

After informed consent was granted, the researcher commenced the interviews using the proposed interview schedule as a basis for open-ended questioning (Appendix 2). On completion of each interview, all participants were thanked for their time, and a formal debrief was sent to each participant by email which reiterated the purpose of the study, details

on their right to withdraw and contact information of mental health services, along with contact details of the researchers.

Qualitative Data Analysis

Data were analysed using the thematic analysis (Braun & Clarke, 2006), an approach used for identifying, analysing and reporting themes found in qualitative data. The purpose of using thematic analysis in the present study is that this method is regarded most appropriate to investigate into under-researched areas, while still providing high research rigour (Braun & Clarke, 2006). Thematic analysis identifies patterns in the dataset to extract trustworthy and insightful findings (Nowell, Norris, White, & Moules, 2017). In line with the recent updates on thematic analysis (Clarke, 2018), the researchers of this study actively engaged with the personal accounts of participants, and reported findings in a straightforward manner.

The interviews were transcribed, read and re-read until the researchers became fully immersed in the dataset. This method of familiarisation set the foundation for the subsequent data analysis. Having become familiar with the dataset, a list of initial codes was manually generated to identify keywords. The extracted data were again re-read in order to double-check the initial codes. During this process some codes were discarded due to inconsistencies with the dataset (Identifying). A slight overlap was noted in regard to the sub-theme 'support', however it was felt that the topic warranted inclusion in the two main themes; 'the stigma of mental health' and 'breaking down barriers.' Names for each theme were then finalised, providing each theme with names and explicit descriptions that were necessary to capture the essence of every theme (Analysing) (Table 3). Finally, the data were transformed into a written report, supported by empirical evidence (Reporting).

Results

The analysis identified four themes: police culture; the stigma of mental health; disclosing mental illness; and breaking down barriers (Appendix 3).

Theme 1: Police Culture

A recurrent theme throughout the interviews was a sense amongst participants that the culture within policing often inhibits any open and honest discussion around mental health issues with senior management and colleagues. Existing research has acknowledged that police culture influences work-related stress (Deschênes et al., 2018). Additionally, it can easily isolate officers from important support mechanisms, in so doing, heightening the likelihood of developing a mental illness (Tuckey et al., 2012).

Subtheme 1.1: Macho culture

In all cases, participants reported operational and organisational stressors had affected them to some degree. Policing has long been stereotyped and perceived as masculine. This 'macho' culture means many officers do not feel comfortable about disclosing mental illness and will likely avoid seeking support for mental health issues as a result of the widespread belief that their masculinity might be called into question (Bell & Eski, 2016; Garbarino, Cuomo, Chiorri, & Magnavita, 2013; Wester et al., 2010).

> *"I've seen too many people, particularly the police, adopt the macho attitude, go pop and some of them are dead, some of them become alcoholics, some had to leave the job because they plunge from one crisis to the next."* (Participant 3)

Emotional responses to psychological illnesses resulting from work-related stressors are considered as a sign of weakness and not encouraged within law enforcement (Garbarino et al., 2013). These opinions undoubtedly add to the feelings of shame experienced by many officers. One individual used the analogy of soldiers who had suffered from shellshock in World War I and were viewed by colleagues as cowards and malingerers (Pols & Oak, 2007).

> *"It's a bit like the shell-shocked veterans in World War 1, being branded as cowards and shot, you know, they're cowards."* (Participant 4)

Participant responses were consistent with research reporting that policing encourages masculinity, self-reliance and emotional control, which in turn has a negative impact on help-seeking behaviour (Johnson, 2016).

Subtheme 1.2: Emotional response is a sign of weakness

Because police officers are typically regarded as self-reliant, tough, and aggressive (Soomro & Yanos, 2018), any display of emotional response to work stressors will risk them being stigmatised for appearing weak (Kurtz, 2008). Any vulnerability may cause colleagues to distrust their ability (Heffren & Hausdorf, 2016). This negative mindset from colleagues and line management leads to the individual feeling uncomfortable in sharing any psychological suffering for fear of the repercussions, resulting in many continuing to suffer in silence, thus preventing early psychological intervention (Garbarino et al., 2013).

> *"You've got to be able to go out and unload to somebody, who might not necessarily know anything about the police."* (Participant 3)

One officer did not realise there was a problem but acknowledged there must have been a gradual decline in her mental health over a significant period time.

“I didn't recognise it as what it was; I just thought I was grumpy…you don't see them creeping up, and in the end, the thing that tips you over the edge, the thing that makes your bottle overflow if you like can be something quite small because you’ve got used to dealing with stuff.” (Participant 5)

Talking about mental health is crucial in helping to share experiences and normalise feelings.

I would just talk about what happened to me, and for me that makes me feel better." (Participant 4)

Officers will typically suppress any emotion by adopting a "get on with it" kind of attitude, however, it can adversely affect the psychological wellbeing of even the most resilient of police officers, taking a physical and mental toll upon the individual if it remains unrecognised and undiagnosed (Hayday et al., 2007; Karaffa & Koch, 2015). Regrettably, police culture often inhibits discussion around psychological illnesses (Bell & Eski, 2016). As such, avoidance is common (Stuart, 2017).

"You sort of bottled it up for years, you just kept going because I had a young family to support. I had to earn the money and the overtime and one thing and another. I think I got to a point where I'd just had enough." (Participant 2)

"I've watched the biggest and hardest people bottle it all up, being the big macho man and end up in psychiatric wards. I can think of one person who took his own life." (Participant 3)

It is clear from the preceding accounts that police culture inhibits emotional expression, often perpetuating the stigma associated with help-seeking for psychological distress (Tuckey et al., 2012), or for fear of stigma and discrimination from colleagues (Waugh, Lethem, Sherring, & Henderson, 2017).

Subtheme 1.3: Coping strategies

When subjected to increased levels of stress, some officers will often resort to self-medication with alcohol as a coping mechanism. (Bell & Eski, 2016) A small number of participants indicated that alcohol was something they used to help them cope with the pressures of work and psychological symptoms. One participant explained that he was so stressed and full of adrenalin, the insomnia he suffered prevented him from sleeping, and so he resorted to increased alcohol intake as a coping strategy.

"You can't put enough adrenalin into your body to counteract the stress; you develop bad habits like drinking because it was the only way I could get to sleep and then you physically and mentally push yourself to the edge." (Participant 1)

Another interviewee commented she had started drinking to counteract the stress she was under.

"… I'd started relying on alcohol… I'd started using alcohol as a coping mechanism." (Participant 5).

While not all participants used alcohol, another interviewee noted he was aware of the drinking culture in some areas of policing; feeling obliged to drink to get ahead, which he saw as another added stressor.

"…generally, if you want promotion you need to go in CID [Criminal Investigation Department], a big drinking culture which I'm very averse to." (Participant 4)

Drinking alcohol is consistent with the need for police officers to maintain a certain image (Karaffa & Koch, 2015; Shane & Andreychak, 2008) and has been historically used to numb depressive feelings. Research has identified a link between problematic alcohol intake and higher levels of depression and anxiety in police officers. (Karaffa & Koch, 2015).

Theme 2: Stigma of Mental Health

Participants reported the adverse outcomes of developing mental illness whilst working within law enforcement. Responses included stigmatising attitudes and discrimination, self-stigma, and lack of empathy.

Subtheme 2.1: Stigmatising attitudes and discrimination

Mental illness stigma in the police force is embedded at an individual and institutional level (Bullock & Garland, 2018). A culture where the perception of mental illness plays a pivotal role in an individual's reaction to stress. Almost all participants experienced some form of stigma and conceded that mental illness is often viewed negatively by colleagues.

"Some people that I spoke to when it happened were very negative because obviously there's a stigma with it." (Participant 1)

The success of one's career may well be negatively affected by mental health misconceptions. Many will experience challenges establishing a stigma-free relationship with their employers, whose opinion of the individual's ability to undertake their role may change (Gabriel & Liimatainen, 2000). One officer argued, however, that his understanding was that attitudes in the police force were less stigmatising than in the private sector.

"If anything, I would argue there's probably less stigma in organisations like the police than there is in most of the private sector." (Participant 3)

In contrast, a mental health charity, Mind (2016) states a higher prevalence of mental health problems has been found in the public sector, with a lack of support available following disclosure. This contrast may imply underestimation of mental health issues, linking with repressive coping (i.e., unconsciously deny negative emotions and information to secure positive image (Garssen, 2007) that is often seen in a masculine culture (Kotera, Green & Sheffield, 2019).

Subtheme 2.2: Self-stigma

Self-stigma occurs when individuals become aware of the societal stereotypes of people with mental illness, and internalise those attitudes (Stuart, 2004). Individuals who are self-critical will often experience adverse emotional reactions such as feelings of low self-

esteem and self-efficacy (Johnson, 2016). The female participant began to display feelings of paranoia, thinking those around her disliked her.

> *"I was paranoid, part of my anxiety was paranoia, so I thought that everybody hated me, I still get that sometimes now. You can get really worked up about what other people think about you."* (Participant 5)

Yet, she did feel the negativity she was experiencing was *"perceived and might not have been what was happening."* This internalised prejudice makes the individual affirm negative stereotypes of themselves because of their condition. The result of internalising public preconceptions of mental illness brought on by feelings of self-stigma creates negative feelings of frustration, anger and shame (Johnson, 2016), as described by another participant when speaking about his visit to a counsellor.

> *"Every time I spoke to her I burst into tears, it was a mixture of frustration, anger and shame. Shame that I'd gone pop, shame that I thought I'd let myself down."* (Participant 3)

In summary, self-stigmatisation among police officers is considered a barrier to help-seeking behaviour, treatment adherence and recovery (Büchter & Messer, 2017; Soomro & Yanos, 2018).

Subtheme 2.3: Lack of support from line management

Previous research has established that exposure to stressors such as increased workload and lack of organisational support can account for more significant amounts of

stress in the police force than operational stressors (Shane & Andreychak, 2008; Van Der Velden et al, 2013). Speaking with others, acts as an emotion-focused coping strategy which aids in reducing occupational stress but also alters the way you react to stressful situations (Patterson, 2003). In response to the question of what the police must deal with on a day-to-day basis, a retired officer expressed the need for support from others through talking.

> *"I think it's the inability to say; actually, I've been affected by this, and someone to say, you know what, I'm affected by it as well, it's really bad isn't it".* (Participant 4)

Lack of support and increased workload from senior managers are seen as significant predictors of mental health problems (Van Der Velden et al., 2013), thereby causing long-term absence and exacerbating already apparent psychological problems (Hayday et al., 2007).

> *"In the end what tipped me over the edge and I think it was building for a long time was a lack of support from senior managers."* (Participant 5)

Although there were no outward signs the female participant was suffering from mental ill health, she felt her senior managers could have done more for her. She was on the brink of a *'meltdown'*, but she had no support; either senior managers did not recognise the signs or were unsure of how to deal with the situation.

> *"I was very clearly on the brink, that somebody should have realised that. And I think they probably did; they just didn't do anything about it.* (Participant 5)

It is essential to recognise signs of mental illness in an employee, but also to provide them with the opportunity to talk about how they feel without the risk of encountering negativity.

Theme 3: Disclosing Mental Illness

One way of challenging the stigma of mental health is by revealing you are struggling (Corrigan & Rao, 2012). However, disclosing to your employer that you have a mental health condition requires careful consideration after weighing up the pros and cons. Table 1 lists some of the advantages and disadvantages of disclosing a mental health condition (Wheat, Brohan, Henderson, & Thornicroft, 2010).

Table 1. Advantages and disadvantages of disclosing a mental illness

Advantages	Disadvantages
Enables the individual to receive support	Fear of stigma
May lead others to disclose their conditions	May feel discriminated
Provides education of mental health conditions to others in the workplace	May affect career prospects
Employers may provide reasonable adjustments	Individual may feel undervalued
Changes people's attitudes towards mental illness	Places more focus on the condition than the ability to perform in the job role
Helps employees to identify changes in mood and behaviour	Job application may be rejected

Subtheme 3.1: Effect of mental illness on career advancement

Officers who have mental ill health are frequently marginalised in the profession due to their reluctance to disclosure mental illness, thereby impacting their psychological wellbeing and career opportunities (Bell & Eski, 2016). One participant stated that any form of mental illness would hinder career progression.

> *"If you've a form of mental health illness you will not get on; you will not be promoted, ...people will not want you on their section."* (Participant 4)

He went onto describe the perception of colleagues toward mental ill health.

> *"My experience is the attitude of officers universally that I worked with. Depressed, depressed are timewasters."* (Participant 4)

Subtheme 3.2: Relationship with fellow officers

Another participant who received a much more positive response from his division, explained his fellow colleagues knew he could still be relied upon to perform his role as an officer. It was the less experienced, younger members of his team who were shocked to see someone with so many years' experience in the police fall foul to mental ill health.

> *"He's been here for donkey's years, he should be able to handle this sort of thing...and then suddenly to watch me go pop."* (Participant 3)

Subtheme 3.3: Attitudes toward sickness absence

Work stress, including shift work (Shane & Andreychak, 2008), is the leading cause of sickness absence, ill health and early retirement of police officers (Garbarino et al., 2013; Hargreaves et al., 2018; Summerfield, 2011). One participant recounted, even though there was support from occupational health, upon returning to work any reference to stress or depression was negatively viewed by fellow officers.

> *"As an institution, they were very very good, in getting me better, at making me understand, but back at work that was a different ball game. You've got your colleagues who are still at work, still running around like idiots and they're like, oh fucking hell, you've had three months off, you know, I should have gone off with stress."* (Participant 1)

It was obvious sickness absence had on the whole, been viewed negatively. In contrast, one participant, said he had been fairly treated by his line management because of his openness about his situation.

> *"It's down to individuals. I've been in the job a long time, and I did know most people, most people did know my history, and those that didn't could read it. I got looked after really, I was just open and honest with them, I didn't try and big anything up, a lot of people gild the lily I suppose. Sort of just play straight baton, they looked after me."* (Participant 2).

Senior managers acknowledged that the nature of his work affected his psychological wellbeing.

"...we're gonna keep paying, realise it's job-related PTSD that you've got, so they made special dispensation that I'd be paid, I'd get a full wage." (Participant 2)

Despite the contrasting views on how sickness absence was viewed, it is important for line management to work with their staff to help reduce periods of sickness absence.

Subtheme 4: Breaking Down Barriers

Death by suicide occurs more in police officers than it does in the line of duty (Miller, 2005). This is often due to the compounded stress experienced by police correlated with high rates of suicide (Collins & Gibbs, 2003; Fox et al., 2012; Gutshall, Hampton, Sebetan, Stein, & Broxtermann, 2017).

Subtheme 4.1: Support from within the force

While most participants experienced difficulties with support from their line managers, all participants were provided with support through occupational health services; in the form of counselling, cognitive behavioural therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR) therapy. Participants explained the benefits of referral to occupational health.

"The welfare side was very very good, very quick." (Participant 1)

Although the time to referral was swift, one retired officer talked about the unsatisfactory initial meeting he had with an occupational health professional, as he was in

such a vulnerable position at the time, he was experiencing negative thought patterns about health professions, who, in his words *"not having a clue what's going on"*.

> *"If you're in a very vulnerable position which I was, the slightest thing is too much, your thought pattern is already distorted."* (Participant 4)

Occupational health is seen as an avenue where individuals can disclose their mental health without fear of stigma. Despite the initial negative experience with counselling services, this officer did continue with his counselling sessions.

> *"I went through extensive counselling, and for somebody to say what you're thinking, it requires a certain confidence, faith in the individual you're talking to, and a release of unburdening yourself from your own private thoughts. I don't think a lot of people can do that."* (Participant 4)

One interviewee explained she had asked to be referred to occupational health because she felt she needed support but had not received any from her superiors. Her line manager admitted he recognised he was part of the problem and acknowledged that her mental health symptoms were exacerbated following a staffing incident which had occurred 12 months previously.

> *"I was referred to occi health by my then line manager, well I asked him to refer me to occi health."* (Participant 5)

There is a need for officers to seek help from psychological services. However, there still remains a gap between acknowledging this need and a call to action (Johnson, 2016). A willingness to speak with others in a supportive environment is critical in help-seeking behaviour (Heffren & Hausdorf, 2016).

> *"You would find increasingly as my career progressed was that people would be more open in talking about these things. There was no sort of hiding it."* (Participant 3)

Subtheme 4.2: Increasing education and awareness

Mental health awareness is determined mainly by perceptions of mental illness in society. It is affected by a range of social and cultural factors which also impact self-confidence and self-identity. Stigmatisation and lack of knowledge of mental illnesses are critical considerations for improving awareness.

> *"Oh, I think there was a lack of awareness because I remember a civilian member of staff, really nice guy and he used to go on about sickness levels, and he'd go, ah these malingers, 'Stress? So and so's off with stress, it's malingering, it's malingering!' He used to go on about it."* (Participant 4)

Using the analogy of having a broken leg was the participant's way of describing the lack of awareness and understanding which he experienced. Because you can see the physical injury to a person's leg, it proves the injury exists. However, with the mind, there are no visible signs of psychological injury.

"The best way to describe it is if you've broken your leg and you've got a caste on, you can see that." (Participant 1)

Subtheme 4.3: Changing attitudes

One interviewee described how his attitude changed as a result of going through mental ill health. He saw it as positive experience, helping to increase his mental health awareness and understanding.

"It has made me much much stronger and much more resilient, and the other thing is, I can see stress in other people. To be fair, I'm really glad I went through it because I've totally changed my outlook, I've totally changed the way I work, the way I look at everything in life. A very positive experience to go through, even though at the time it didn't feel like it." (Participant 1)

Likewise, another officer commented he had seen a noticeable difference in the way line management's attitudes were also changing.

"...the police are trying to do more, I think they are trying to recognise signs of stress in people, and what have you, that's what they're training line managers to do anyway, they are putting us on courses about stress management and things like that." (Participant 5)

It is important that line managers are trained on how to identify the symptoms of mental ill health and help to reduce the psychological distress for officers (Bell & Eski, 2016) if we

want these attitudes to continue changing. Increasing awareness is important in order to spot the signs of mental illness. It is also important for fellow colleagues to recognise the signs. Lived experience of mental ill health gives one the ability to identify the signs in others.

> *"It's only because I've been through the process myself that you're able to recognise and assist with certain stuff."* (Participant 1)

The psychosocial context of frontline police work has played a crucial role in the development and progression of mental illness, whether inflicted by traumatic experiences or by the more common pathway to psychological injury (Tuckey et al., 2012).

Discussion

The present study elucidated the first-hand experience of police officers' attitudes towards mental health problems, relating to the police culture. Five participants reported that the police culture was indeed affecting negative attitudes towards mental health problems (Theme 1), entailing mental health stigma (Theme 2), which hindered police workers to disclose their mental distress (Theme 3). Lastly, they suggested the ways to counter these challenges including a supportive workplace atmosphere and education (Theme 4).

One notable finding was that, as reported recently (Stuart, 2017), police culture has a significant effect on attitudes to help-seeking behaviour and emotional responses to psychological distress. Any display of emotional response to work stress in police officers can be considered as a sign of weakness or inability to perform their role, and goes against being tough, aggressive, and in control (Kurtz, 2008). Officers are therefore expected to maintain emotional self-control. Police culture is often thought of as a problematic feature of policing, which is averse to change and progress (Cordner, 2017). This 'cult of masculinity'

and ‘machoism’ is not only viewed as negative and persistent features of policing (Silvestri, 2017) but also in other occupational groups such as the construction industry (Fielden, Davidson, Gale, & Davey, 2000), and the military (Karaffa & Koch, 2015), which is typically male-dominant. It is interesting to note male dominance and gender featured greatly in a review of the literature (Fielden et al., 2000; Silvestri, 2017; Veldman, Meeussen, Van Laar, & Phalet, 2017). Further research into this area could address these barriers.

The theme ‘the stigma of mental health’ represents feelings of discrimination toward mental illness experienced by some of the participants. The negative perception held by others towards them tended to be discriminatory in nature. Attitudinal barriers such as self-stigma were expressed and associated with feelings of shame, anger, frustration, and paranoia (Gabriel & Liimatainen, 2000). Some participants identified the negativity they faced from fellow officers and senior management. The effects of police-to-police mental illness related stigma (Stuart, 2017), self-stigma and perceived stigma were also apparent throughout the dataset. All participants conceded that colleagues negatively viewed mental illness. Moreover, consistent with previous literature (Maguen et al., 2009; Van Der Velden, Kleber, Grievink, & Yzermans, 2010), depression, anxiety, PTSD and stress were among the main reasons for sickness absence among the interviewees (Harnois & Gabriel, 2000; Husain, 2014). Participants additionally reported that alcohol was frequently used as a coping mechanism. Further, police culture expects officers to remain calm and controlled, therefore any emotional expression is severely limited (Pogrebin & Poole, 1991), making difficult for officers to disclose their mental distress. As suggested, mental health awareness and understanding in the workplace and education about mental health could break down the barriers for officers to receive support. Moreover, training and development can help ameliorate the mental health status of police workforce. For example, induction training that informs the daily challenges and demands of the police profession would be useful for new

officers to better prepare for various challenges that they may encounter during their duties (Gershon et al. 2009). Even though mental health is an essential factor of day-to-day policing, particularly in the community, it is an area which has been somewhat neglected (Cummings & Jones, 2010). Future research should evaluate the effects of such training and development on the mental health attitudes of police workers, and their mental health status. Considering that poor mental health of police force is a cause for concern in many other countries, more comprehensive studies (e.g., cross-cultural comparison) can offer useful insights to this international problem.

Limitations

There were several limitations in this study. Although a thematic analysis did not aim for generalisability, the sample size was modest: more data would strengthen our findings. Relatedly, only one participant was female. Other demographic variables that are associated with mental health and stigma (e.g., age, position, cultural background; Kotera, Adhikari & Van Gordon, 2018b) needed to be adjusted. Notwithstanding the relatively limited sample, this work offers valuable insights into the culture of policing and the mental health of its officers.

Conclusion

The present study sought to elicit experiences from a sample of five police officers. The findings from this study indicate that sources of psychological illness have more to do with the organisational culture and attitudes to mental health than the nature of the job itself. The findings presented above highlight the need to increase mental health awareness in the British police force and to target institutional stigma, which is fundamental to breaking down attitudinal barriers. As sickness absence continues to rise due additional pressures put on

officers, like budget cuts, fewer officers and increased crime, it is vital for police forces to recognise the signs of mental illness in their officers. Officers of all ranks must undergo education and implement changes in working practices to help reduce symptoms of psychological distress among its officers.

Conflict of Interest

Ann-Marie Edwards and Yasuhiro Kotera confirm that no funding, conflict of interests, data associated with a data set to be reported for this research paper.

Informed consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000 (5). Informed consent was obtained from all patients for being included in the study.

References

Alexopoulos, E. C., Palatsidi, V., Tigani, X., & Darviri, C. (2014). Exploring stress levels, job satisfaction, and quality of life in a sample of police officers in Greece. *Safety and Health at Work*, *5*(4), 210–215.

Bell, S., & Eski, Y. (2016). 'Break a Leg—It's all in the mind': Police Officers' Attitudes towards Colleagues with Mental Health Issues. *Policing*, *10*(2), 95–101.

Booth, A., Scantlebury, A., Hughes-Morley, A., Mitchell, N., Wright, K., Scott, W., & McDaid, C. (2017). Mental health training programmes for non-mental health trained professionals coming into contact with people with mental ill health: A systematic review of effectiveness. *BMC Psychiatry*, *17*(1), 196. https://doi.org/10.1186/s12888-017-1356-5

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Büchter, R. B., & Messer, M. (2017). Interventionen zur Reduktion der Selbststigmatisierung von Menschen mit psychischen Erkrankungen: Eine systematische Übersicht von randomisiert-kontrollierten Studien. *GMS German Medical Science*, Vol. 15, p. Doc07.

Bullock, K., & Garland, J. (2018). Police officers, mental (ill-)health and spoiled identity. *Criminology & Criminal Justice*, *18*(2), 173–189.

Burke, R. J. (1998). Work And Non-Work Stressors And Well-Being Among Police Officers: The Role Of Coping. *Anxiety, Stress and Coping*, *11*, 345–362.

Carleton, N. R., Afifi, T. O., Turner, S., Taillieu, T., LeBouthillier, D. M., Duranceau, S., … Asmundson, G. J. G. (2018). Suicidal ideation, plans, and attempts among public safety personnel in Canada. *Canadian Psychology*, *59*(3), 220–231. https://doi.org/10.1037/cap0000136

Clarke, V. (2018). Thematic analysis: An introduction. Retrieved from

https://www.youtube.com/watch?v=5zFcC10vOVY

Collins, P. A., & Gibbs, A. C. C. (2003). Stress in police officers: a study of the origins, prevalence and severity of stress-related symptoms within a county police force. *Occupational Medicine*, *53*(4), 256–264.

Cordner, G. (2017). Police culture: individual and organizational differences in police officer perspectives. *Policing*, *40*(1), 11–25.

Corrigan, P. W., & Rao, D. (2012). On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change Defining Self-Stigma. In *Canadian Journal of Psychiatry* (Vol. 57).

Cummings, I., & Jones, S. (2010). Blue remembered skills: Mental health awareness training for police officers. *Journal of Adult Protection*, *12*(3), 14–19.

Deschamps, F., Paganon-Badinier, I., Marchand, A. C., & Merle, C. (2003). Sources and Assessment of Occupational Stress in the Police. *Journal of Occupational Health*, *45*(6), 358–364.

Deschênes, A.-A., Desjardins, C., & Dussault, M. (2018). Psychosocial factors linked to the occupational psychological health of police officers: Preliminary study. *Cogent Psychology*, *5*(1), 1426271.

Desmarais, S. L., Livingston, J. D., Greaves, C. L., Johnson, K. L., & Brink, J. (2014). Police perceptions and contact among people with mental illnesses: Comparisons with a general population survey. *Psychology, Public Policy, and Law*, *20*(4), 431–442.

Evans, R., Pistrang, N., & Billings, J. (2013). Police officers' experiences of supportive and unsupportive social interactions following traumatic incidents. *European Journal of Psychotraumatology*, *4*(SUPPL.). https://doi.org/10.3402/ejpt.v4i0.19696

Fielden, S. L., Davidson, M. J., Gale, A. W., & Davey, C. L. (2000). Women in construction: The untapped resource. *Construction Management and Economics*, *18*(1), 113–121.

https://doi.org/10.1080/014461900371004

Fox, J., Desai, M. M., Britten, K., Lucas, G., Luneau, R., & Rosenthal, M. S. (2012). Mental-health conditions, barriers to care, and productivity loss among officers in an urban police department. *Connecticut Medicine*, *76*(9), 525–531.

Gabriel, P., & Liimatainen, M. R. (2000). *Mental Health in the Workplace: Introduction, Executive Summaries*.

Garbarino, S., Cuomo, G., Chiorri, C., & Magnavita, N. (2013). Association of work-related stress with mental health problems in a special police force unit. *BMJ Open*, *3*(7).

Gershon, R. R. M., Barocas, B., Canton, A. N., Xianbin Li, & Vlahov, D. (2009). Mental, physical, and behavioral outcomes associated with perceived work stress in police officers. *Criminal Justice and Behavior*, *36*(3), 275–289.

Gutshall, C. L., Hampton, D. P., Sebetan, I. M., Stein, P. C., & Broxtermann, T. J. (2017). The effects of occupational stress on cognitive performance in police officers. *Police Practice and Research*, *18*(5), 463–477.

Habersaat, S. A., Geiger, A. M., Abdellaoui, S., & Wolf, J. M. (2015). Health in police officers: Role of risk factor clusters and police divisions. *Social Science and Medicine*, *143*, 213–222. https://doi.org/10.1016/j.socscimed.2015.08.043

Hargreaves, J., Husband, H., & Linehan, C. (2018). Police Workforce, England and Wales, 31 March 2018. *Statistical Bulletin*, *11*(18).

Harman, G. (2019). Answering the call: mental health needs of police and emergency services personnel. *Australian Journal of Emergency Management* •, *34*(1), 23. Retrieved from www.beyondblue.org.au/

Harnois, G., & Gabriel, P. (2000). *Mental Health and Work: Impact, Issues and Good Practices*. Retrieved from http://digitalcommons.ilr.cornell.edu/gladnetcollect/222/

Hayday, S., Broughton, A., & Tyers, C. (2007). Managing sickness absence in the police

service: A review of current practices. *London: HSE*.

Heffren, C. D. J., & Hausdorf, P. A. (2016). Post-traumatic effects in policing: perceptions, stigmas and help seeking behaviours. *Police Practice and Research*, *17*(5), 420–433.

Husain, W. (2014). The levels of Depression, Anxiety and Stress in Police Officers. *Academic Research International*, *5*(4).

Johnson, S. F. (2016). *Investigating Barriers to Mental Health Care in Law Enforcement Officers Recommended Citation*.

Karaffa, K. M., & Koch, J. M. (2015). Stigma, Pluralistic Ignorance, and Attitudes Toward Seeking Mental Health Services Among Police Officers. *Criminal Justice and Behavior*, *43*(6), 759–777.

Kotera, Y., Adhikari, P., & Van Gordon, W. (2018a). Motivation Types and Mental Health of UK Hospitality Workers. *International Journal of Mental Health and Addiction*, *16*(3), 751–763. https://doi.org/10.1007/s11469-018-9874-z

Kotera, Y., Adhikari, P., & Van Gordon, W. (2018b) The relationship between work motivation and worker profile in UK hospitality workers, *International Journal of Education, Psychology and Counseling*, 2(6), 231-243

Kotera, Y., Green, P., & Sheffield, D. (2018c). Mental health attitudes, self-criticism, compassion, and role identity among UK social work students. *The British Journal of Social Work*. https://doi.org/10.1093/bjsw/bcy072

Kotera, Y., Green, P., & Sheffield, D. (2019). Mental health shame of UK construction workers: Relationship with masculinity, work motivation, and self-compassion. *Journal of Work and Organizational Psychology, 35*(2), 135-143. doi: 10.5093/jwop2019a15

Kotera, Y. & Ting, S.H. (2019). Positive psychology of Malaysian students: Impacts of engagement, motivation, self-compassion and wellbeing on mental health. *International Journal of Mental Health & Addiction* https://doi.org/10.1007/s11469-019-00169-z

Kurtz, D. L. (2008). Controlled burn: The gendering of stress and burnout in modern policing. *Feminist Criminology*, *3*(3), 216–238.

Lamb, H. R., Weinberger, L. E., & DeCuir, W. J. (2002). The Police and Mental Health. *Psychiatric Services*, *53*(10), 1266–1271.

LaMontagne, A. D., Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner, A. J., … Smith, P. M. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, *14*(1), 131.

Liberman, A. M., Best, S. R., Metzler, T. J., Fagan, J. A., Weiss, D. S., & Marmar, C. R. (2002). Routine occupational stress and psychological distress in police. *Policing*, *25*(2), 421–441.

Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., Dohrenwend, P., Link, B. G., … Shrout, P. E. (1989). A Modified Labeling Theory Approach to Mental Disorders : An Empirical Assessment. *American Sociological Association*, *54*(3), 400–423.

Maguen, S., Metzler, T. J., McCaslin, S. E., Inslicht, S. S., Henn-Haase, C., Neylan, T. C., & Marmar, C. R. (2009). Routine work environment stress and PTSD symptoms in police officers. *Journal of Nervous and Mental Disease*, *197*(10), 754–760.

Marchand, A., Nadeau, C., Beaulieu-Prévost, D., Boyer, R., & Martin, M. (2015). Predictors of posttraumatic stress disorder among police officers: A prospective study. *Psychological Trauma: Theory, Research, Practice, and Policy*, *7*(3), 212–221.

Markowitz, F. E. (2014). Mental Illness and Labeling Theory. *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*, (December 2013), 1582–1587. https://doi.org/10.1002/9781118410868.wbehibs328

Marmar, C. R., McCaslin, S. E., Metzler, T. J., Best, S., Weiss, D. S., Fagan, J., … Neylan, T. (2006). Predictors of posttraumatic stress in police and other first responders. *Annals of the New York Academy of Sciences*, *1071*(1), 1–18.

792 Miller, L. (2005). Police officer suicide: Causes, prevention, and practical intervention
793 strategies. *International Journal of Emergency Mental Health*, *7*(2), 101.
794 Mind. (2013). Mental wellbeing - Police | Mind, the mental health charity - help for mental
795 health problems. Retrieved November 8, 2018, from
796 https://www.mind.org.uk/information-support/police/mental-wellbeing-police/#.W-
797 R_tdL7Tcs
798 Morash, M., Haarr, R., & Kwak, D. H. (2006). Multilevel influences on police stress. *Journal*
799 *of Contemporary Criminal Justice*, *22*(1), 26–43.
800 Myhill, A., & Quinton, P. (2011). *It ' s a fair cop? Police legitimacy, public cooperation, and*
801 *crime reduction An interpretative evidence commentary*. Retrieved from
802 http://whatworks.college.police.uk/Research/Documents/Fair_cop_Full_Report.pdf
803 Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis:
804 Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative*
805 *Methods*, *16*(1), 1–13. https://doi.org/10.1177/1609406917733847
806 Office for National Statistics. (2017). Sickness absence in the UK labour market - Office for
807 National Statistics. Retrieved November 8, 2018, from
808 https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/
809 articles/sicknessabsenceinthelabourmarket/2016
810 Patterson, G. T. (2003). Examining the effects of coping and social support on work and life
811 stress among police officers. *Journal of Criminal Justice*, *31*(3), 215–226.
812 Pogrebin, M. R., & Poole, E. D. (1991). Police and tragic events: The management of
813 emotions. *Journal of Criminal Justice*, *19*(4), 395–403.
814 Police Firearms Officer Association. (2017). Police Mental Health sickness up by 47% - The
815 PFOA News feed. Retrieved November 28, 2018, from
816 https://www.pfoa.co.uk/blog/police-mental-health-sickness-up-by-47

817 Pols, H., & Oak, S. (2007). The US psychiatric response in the 20th century. *American*
818 *Journal of Public Health*, Vol. 97, pp. 2132–2142.
819 Randall, C., & Buys, N. (2013). Managing occupational stress injury in police services: A
820 literature review. *International Journal of Public Health*, *5*(4), 413–425. Retrieved from
821 https://search.proquest.com/openview/8336a40d8692a2d359fdebf5f46cac82/1?pq-
822 origsite=gscholar&cbl=2034853
823 Scheff, T. J. (1966). *Being Mentally Ill: A Sociological Theory*. Chicago: Aldine.
824 Shane, J., & Andreychak, C. (2008). Organizational Stressors and Police Performance.
825 *Conference Papers -- American Society of Criminology*, 1.
826 Silvestri, M. (2017). Police culture and gender: Revisiting the "cult of masculinity." *Policing*
827 *(Oxford)*, *11*(3), 289–300. https://doi.org/10.1093/police/paw052
828 Sofaer, S. (1999). Qualitative methods: what are they and why use them? *Health Services*
829 *Research*, *34*(5 Pt 2), 1101–1118. https://doi.org/10.1080/09638237.2017.1370635
830 Soomro, S., & Yanos, P. T. (2018). Predictors of Mental Health Stigma among Police
831 Officers: the Role of Trauma and PTSD. *Journal of Police and Criminal Psychology*, 1–
832 9.
833 Stuart, H. (2004). Stigma and work. *Healthcare Papers*, *5*(2), 100–111.
834 Stuart, H. (2017). Mental illness stigma expressed by police to police. *Israel Journal of*
835 *Psychiatry and Related Sciences*, *54*(1), 18–23.
836 Summerfield, D. (2011). First person: Metropolitan Police blues: Protracted sickness absence,
837 ill health retirement, and the occupational psychiatrist. *BMJ*, Vol. 342.
838 https://doi.org/10.1136/bmj.d2127
839 The Centre for Addiction and Mental Health (CAMH). (2018). *Police mental health : A*
840 *Discussion paper*. (October), 1–14.
841 Thomas, S., Jenkins, R., Burch, T., Nasir, L. C., Fisher, B., Giotaki, G., … Wright, F. (2016).

842 Promoting mental health and preventing mental illness in general practice. *London*
843 *Journal of Primary Care*, *8*(1), 3–9.
844 Tuckey, M. R., Winwood, P. C., & Dollard, M. F. (2012). Psychosocial culture and pathways
845 to psychological injury within policing. *Police Practice and Research*, *13*(3), 224–240.
846 Tuohy, A., Knussen, C., & Wrennall, M. J. (2005). Effects of age on symptoms of anxiety
847 and depression in a sample of retired police officers. *Psychology and Aging*, *20*(2), 202–
848 210.
849 Van Der Velden, P. G., Kleber, R. J., Grievink, L., & Yzermans, J. C. (2010). Confrontations
850 with aggression and mental health problems in police officers: The role of organizational
851 stressors, life-events and previous mental health problems. *Psychological Trauma:*
852 *Theory, Research, Practice, and Policy*, *2*(2), 135–144.
853 Van Der Velden, P. G., Rademaker, A. R., Vermetten, E., Portengen, M. A., Yzermans, J. C.,
854 & Grievink, L. (2013). Police officers: A high-risk group for the development of mental
855 health disturbances? A cohort study. *BMJ Open*, *3*(1).
856 Veldman, J., Meeussen, L., Van Laar, C., & Phalet, K. (2017). Women (do not) belong here:
857 Gender-work identity conflict among female police officers. *Frontiers in Psychology*,
858 *8*(FEB). https://doi.org/10.3389/fpsyg.2017.00130
859 Violanti, J. M., Fekedulegn, D., Hartley, T. A., Charles, L. E., Andrew, M. E., Ma, C. C., &
860 Burchfiel, C. M. (2016). Highly Rated and most Frequent Stressors among Police
861 Officers: Gender Differences. *American Journal of Criminal Justice : AJCJ*, *41*(4), 645–
862 662.
863 Watson, A. C., Swartz, J., Bohrman, C., Kriegel, L. S., & Draine, J. (2014). Understanding
864 how police officers think about mental/emotional disturbance calls. *International*
865 *Journal of Law and Psychiatry*, *37*(4), 351–358.
866 Waugh, W., Lethem, C., Sherring, S., & Henderson, C. (2017). Exploring experiences of and

attitudes towards mental illness and disclosure amongst health care professionals: a qualitative study. *Journal of Mental Health*, *26*(5), 457–463. https://doi.org/10.1080/09638237.2017.1322184

Weller, S. C., Vickers, B., Russell Bernard, H., Blackburn, A. M., Borgatti, S., Gravlee, C. C., & Johnson, J. C. (2018). Open-ended interview questions and saturation. *PLoS ONE*, *13*(6), e0198606. https://doi.org/10.1371/journal.pone.0198606

Wester, S. R., Arndt, D., Sedivy, S. K., & Arndt, L. (2010). Male Police Officers and Stigma Associated With Counseling: The Role of Anticipated Risks, Anticipated Benefits and Gender Role Conflict. *Psychology of Men and Masculinity*, *11*(4), 286–302.

Wheat, K., Brohan, E., Henderson, C., & Thornicroft, G. (2010). Mental illness and the workplace: conceal or reveal? *Journal of the Royal Society of Medicine*, *103*(3), 83–86.

Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2017). The "Gray Zone" of Police Work During Mental Health Encounters: Findings From an Observational Study in Chicago. *Police Quarterly*, *20*(1), 81–105.

Appendix 1

Participant Demographic Information

Participant No	Gender	Age	Ethnicity	Marital status	Number of years in Policing	Rank	Current employment status
Participant 1	Male	43	White British	Married	18	Police Sergeant	Serving officer
Participant 2	Male	52	British	Married	27	Patrol, Crime, Training, Multi-Agency	Retired (2 years)
Participant 3	Male	56	White British	Married	30	Police Constable	Serving officer
Participant 4	Male	62	White British	Single	24	Police Sergeant	Retired
Participant 5	Female	48	White British	Divorced	22.5	Police Sergeant	Serving officer

Appendix 2

The Proposed Semi-structured Interview Schedule

Proposed interview questions
1. Could you give me a little bit of background on your time in the police force?
2. Could you describe some positive/negative aspects of being in the police, and what effect it has had on your personal life?
3. Can you explain when you first noticed you were developing mental ill health?
4. Explain how you think the police force could have handled your situation better?
5. Do you think mental health awareness education should be introduced in the police force?

Appendix 3

List of key themes and subthemes

Police culture	The stigma of mental health	Disclosing mental illness	Breaking down barriers
• Macho culture • Emotional response is a sign of weakness • Coping strategies	• Stigmatising attitudes and discrimination • Self-stigma • Lack of support from line management	• Effect of mental illness on career advancement • Relationship with fellow officers • Sickness absence procedures	• Support from within the force • Breaking the silence • Increasing education and awareness