Title: **"Break a Leg – It's all in the mind": Police officers' attitudes towards colleagues with mental health issues.**

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'To not have your suffering recognised is an almost unbearable form of violence.'
Andrei Lankov

The theatrical saying 'break a leg' is one of luck. However, one of the authors, being a police officer and Police Federation representative and advocate for officers with ill (mental) health, often hears the words used in somewhat different, more macabre circumstances. 'Break a leg and you will get some sympathy, mention stress or depression and people think you are swinging the lead.' Most officers are reluctant to discuss the matter with colleagues as they fear there is a taboo associated with this type of illness. Often they are wary of informing line managers, which can delay support and potential interventions, and could subsequently, prevent the matter escalating. This paper will first and foremost raise awareness of the problematique of mental health issues and related stigmas that exist in the police profession. As shall become clear, there is insufficient research in this field, making a strong case for police forces and academics to work in tandem to better understand the issue and make recommendations to address this problem and possible salvations. As austerity measures bite further, now is an opportune time to ensure the police service and police officers are fit for purpose. This article suggests that it is essential that data is collected and analysed to discover, first of all, the extent of the problem, secondly, recognise and challenge the stereotypes and stigma associated with mental illness, and finally, develop and deliver training that addresses the cultural issues which prevents officers seeking appropriate assistance.

Police Officer Mental Health
Mental health problems cover a broad spectrum of conditions. Statistics reveal that one in four people in the UK will experience a mental health problem each year, whilst one in six experience a neurotic disorder such as anxiety or depression (The Health & Social Care Information Centre, 2009). Furthermore Post-Traumatic Stress Disorder (PTSD) affects 2.6% of men and 3.3% of women in the general population (ibid). Worryingly, police officers exposure to traumatic and critical incidents increases their susceptibility to PTSD (Kates, 2008) which is estimated to be at least four times higher than that of the general population with a rate of prevalence of 13 % (Robinson, et al., 1997).

Police officers experience the same combination of mental health issues as the general population (Mind, 2015). These experiences are compounded by regular exposure to traumatic incidents raising the risk of officers developing mental health problems   (Ombudsman Ontario, 2012).

Specific demographics play a role in police officers' mental health. There is an overlap between groups known to be at increased risk of developing mental health problems and police officers. Men are at greater risk of taking their own life in the age groups relevant to emergency service workforce (Mind, 2015). Middle aged men are the highest risk group (45-49 years) with the male suicide rate being 3.5 times higher than females (Samaritans, 2013). This is worrisome, because amongst police officers there is reluctance to seek support for a mental health problem due to the fear of being stigmatised, leading to an intensification of the mental health issue. The workplace is the second most common area (after family and friends) where mental health stigma is encountered. Fear about fitness to practice can lead to people not seeking help and support (Ombudsman Ontario, 2012, p. 47). Finally, police officers' professional experience and interactions with members of the public with mental health problems in the criminal justice system can also impact on their perception and understanding of mental health, potentially discouraging them from seeking help (Royle, et al., 2009).

Policing is inherently dangerous, pushing police officers to display physical and moral courage. In that context, a lack of emotional self-control can be deemed to be a weakness. Officers who cannot control their emotions can be viewed as unreliable when responding to critical incidents. As a result officers will invariably suppress their emotions (Bonifaco, 1991). Karaffa and Tochkov (2013) suggest that police officers, like the general public, experience the same social-cognitive effects of stigma which in policing are compounded by their perceived relationships with colleagues. Failure to meet the accepted norms or standards can be detrimental to an officer's position within a team and make them question their own worth (Corrigan, et al., 2000). Officers seeking counselling or support can be viewed as weak and lacking resilience (Toch, 2002). Indeed, stigma(tisation) appears to be a crucial dimension in dealing with mental health issues. Police officers with mental health problems are a marginalised community within policing. Their reluctance to speak up and disclose such conditions is detrimental to their mental health and impacts upon opportunities (Karaffa & Tochkov, 2013). Police officers are reluctant to seek help for mental health issues (Violanti, 1995) albeit there is evidence attitudes may be changing (Meyer, 2000), as senior police officers and occupational health professionals become increasingly aware of the effects of traumatic stresses encountered by police officers (Levenson & Dwyer, 2000).

The Stigma of Mental Health Issues

Goffman defines stigmatisation as 'an attribute that is deeply discrediting within a particular social interaction' (Goffman, 1963, p. 3). It is the shame that a person may feel when he or she fails to meet other people's standards (of which that person expects these standards are important), and the fear of being discredited. This often causes the individual not to reveal his or her condition or shortcomings (Ibid). In general, people who live with mental illnesses are among the most stigmatised groups in society (Stuart, 2008). Time to Change (2012), a UK Department of Health funded report into attitudes to mental illness, reported that 89% of respondents said that people with mental illness experience stigma and discrimination. According to Link and Phelan (2001), stigma stems from the identification and labelling of differences among people, which results in discrimination, loss of status, or loss of opportunities. Several health conditions are stigmatised, where 'mental health problems are second only to HIV/AIDS in this regard', potentially affecting 'many aspects of the person's life it has the greatest impact on work […] and is experienced across all aspects of the employment process' (Lelliott et al. 2013, p. 7). Due to mental health-related stigmatisation, 'many people who would benefit from mental health services opt not to pursue them or fail to fully participate once they have begun' (Corrigan, 2004, p. 614). Stigma reduces self-esteem and in turn opportunities in employment, social interaction and accessing services; it is a vicious circle. Regardless of the severity or type of mental illness, people who are 'labelled' mentally ill are stigmatised more severely than people with other health conditions (Corrigan, et

al., 2000). Corrigan (2004) identifies stigma on the public level and the self, arguing that they are inextricably linked and share the same characteristics of prejudice, discrimination and negative stereotyping. 'This perspective represents self-stigma as a hierarchical relationship; a person with mental illness must first be aware of corresponding stereotypes before agreeing with them and applying self-stigma to one's self' (Corrigan, et al., 2009, p.75).

Police Culture and Mental Health Stigmatisation
Police officers, like members of the general public, hold a number of stereotypical views about mental health (Pinfold, et al., 2003; Cotton, 2004). Stigmatisation of people with mental health issues by police officers can therefore occur. Police cultures have been studied thoroughly and several observations on them have been made. Renown is Reiner's study (1978) on British policing that, according to him, is a culture consisting of conservatism, suspicion and cynicism with a pragmatic strong sense of mission, which can amplify such stigmatisation. Other observations are more appreciative of distinct police culture. Waddington (1999), for example, recognises the constructive aspects of 'canteen culture' that increases dialogue which has the potential to decrease stigmatisation.

However, the dominance of masculine values of bravery, independence and emotional self-control (Kirschman, 2007), can produce enormous social pressures to suppress emotions (Bonifaco, 1991). Within policing there is therefore a general distrust of outsiders which poses a challenge in the delivery of psychological services (Karaffa & Tochkov, 2013). Officers do not wish to be seen as weak by colleagues or to hamper their career prospects by seeking mental health support (Karaffa & Tochkov, 2013). Furthermore, officers place a division between home and work, and are unlikely to burden or confide in family members after they have experienced traumatic or stressful incidents (Westley , 1970), therefore removing another source of support in times of stress. Subsequent or ongoing lack of family interaction can lead to alienation and further loss of support and potentially family breakdown (Kirschman, 2007). Research suggests that police culture manifests itself in officers tending to employ maladaptive coping mechanisms such as depersonalisation, authoritarianism, emotional detachment and self-medication with alcohol when subject to increasing stress (Evans, et al., 1993)

However, Waddington (1999) suggests that 'canteen culture' should not just be viewed solely in the negative, and that there are positive aspects of police culture, which allows officers to cope with a very demanding role protecting communities. Loftus (2009) warns that it is important to question the perceived 'sociological orthodoxy' of negative behavioural tendencies that are presented as police culture by the 'classic ethnographers'. She argues that there are not one but several police cultures and that 'recent reflection has called into question the existence and conceptualisation of a monolithic police culture' (Loftus, 2009, p. 8). Loftus suggests that rank, role, department and location can each have their own police culture. This indicates that police cultures are more diverse than usually considered, and therefore they might equally be a stage for tolerance towards mental health issues, instead of being a domain of stigmatisation. Hence, police cultures may have the qualities to be(come) a supportive and inclusive environment for police officers experiencing mental health issues.

In fact, as much as the negative, monolithic elements have been stressed by policing scholars, much has been written about the 'canteen culture' and its positive impact on police officers and overall policing. Waddington (1999), Loftus (2009) and Atherton (2012) have highlighted these positive impacts of policing cultures, emphasising the potential of an organisational culture to provide 'a means by which officers can cope with the execution of their duties to meet the tensions of public demands, efficiency targets and maintaining the rights of citizens' (Atherton, 2012, p. 6). Recent research 'has provided evidence to suggest that officers have a tendency to avoid emotion-

focused methods of coping with stress', however, 'any emotional support was much more likely to come from colleagues rather than family members' (Coombe, 2013, p236). Still, most police officers have seen the demise of police canteens and its social face-to-face interaction, leading to less access to emotional support with and amongst each other. Moreover, austerity has brought increasing demands and workloads, leaving no space for personal collegial interaction. Similarly, the intensification of information technology use and single crewing policies have reduced the time spent in police stations and diminished officers' contacts with their peers as well. This begs the question, 'whom will police officers rely on to share and debrief their experiences when the very colleagues they rely upon are not available?'

Recent trends have been identified in the general public that indicate more willingness to engage in seeking assistance (Mackenzie, et al., 2006). Likewise, police officers appear to be more supportive of seeking mental health assistance (Levenson & Dwyer, 2000) but are still concerned with some of the consequences, such as confidentiality, as common knowledge of mental health conditions are seen as career threatening(Meyer, 2000). Dowling (2006) provides a caveat that for such willingness to increase participation, sources of occupational stigma and concerns must be addressed.

Such addressing starts within the police culture at strategic, managerial and frontline level, where a positive impact can be made on how police forces deal with people with mental health issues. Police officers themselves believe their colleagues with mental health problems are unlikely to seek assistance (Karaffa & Tochkov, 2013). Unfortunately police training in mental health falls way behind the other politically sensitive and often criticised police responses to diversity and domestic violence and presents a case for additional police training if the culture is to change (Adebowale, 2013). A better understanding of police officer attitudes to mental health would mean that recommendations could be made to improve the effective management of the issue in order to improve the mental health of police officers and the communities they police.

Managers and supervisors, in particular, need to better understand the need of officers suffering from mental health problems as officers can find themselves re-victimised and traumatised whilst passing through force personnel and occupational health systems (McDowall, 2014). Supported by management, officers need to feel in control of their destiny (Herman, 1997) and in order to reduce psychological distress, officers at all ranks require education and evidence-based training in working practices which potentially exacerbate the problem (Mitchell, et al., 2001). This issue can be addressed by training line managers in how to recognise mental distress or ill health and to minimise unnecessary exclusion from the workplace. This includes raising awareness that mental health problems can present themselves as physical symptoms and that the two health issues frequently coexist (Lelliott, et al., 2008).

Research-based Training
Where appropriate training is not provided, the majority of officers will rely upon their own experience, or those of more experienced colleagues, who will fail to challenge such stereotypes and embed them in operational responses and decision making (Fry, et al., 2002; Cummins, 2007). Therefore, training aimed at addressing negative stereotypes can lead to better outcomes for police officers when dealing with people and colleagues with mental health issues (Cotton, 2004). According to Clayfield et al. (2011), any changes to training should be based upon rigorous scientific research and for training to be relevant to police officers, further research must be undertaken to better understand police officers attitudes to colleagues with mental health issues.

Through research and subsequent findings, training can be developed, delivered and evaluated to identify problem areas and potential resolutions. The establishment of evidence-based training

could lead to the development of action plans which aim to decrease the mental health stigma(tisation) of, and amongst, police officers and be monitored in an appropriate manner. Better use can then be made of return to work interviews and sickness monitoring or, as has been argued before, 'much secondary trauma [through stigmatisation – authors] can be avoided or its effects ameliorated with regular supervision or consultation' (Cearney 1995 p139, cited in Salston and Figley 2003, p. 171). Alarmingly though, it is currently extremely rare for work related stress to be recorded as an injury in the work place as both HSE and Force policies refer to it as a 'condition' and not an 'illness'. Research should be able to provide evidence of the problematic nature of stress remaining unrecorded within the police forces.

Now, in sum, and given the complexity described above, research should be focused on and led by the following set of key questions:

- What are police officers' attitudes towards mental health problems?
- What are police officers' attitudes to colleagues with mental health problems?
- To what extent do police officer demographics affect these attitudes?
- What are the views and experiences of officers who have lived with mental ill health
- To what extent do police officer attitudes to people with mental health problems correlate with their attitude to colleagues with mental health problems?

Answers to these research questions, it is expected, will provide the results and much needed guidance to improve policies and practices for police officers and their attitudes towards (stigmas revolving around) mental health issues.

Conclusion
In this contribution, the authors have shown that mental health problems, especially amongst police officers, are of serious concern across the United Kingdom. Stigmatisation and discrimination play a big part in this problematique, and continue to be a barrier for people seeking help (Mind, 2015), and for police officers who are experiencing and suffering from mental health issues. Despite these complexities and the efforts of a small number of researchers, there is still limited knowledge or understanding of mental health in British Policing. Research on the topic of police officers' attitudes to people with mental health issues is scant, with even less understanding and research about police officers attitudes to colleagues experiencing mental health problems. By better understanding police officer attitudes to mental health through critical research, as has been suggested here, recommendations can be made to improve the effective management of mental health within the service. Greater knowledge could address the failure to effectively recognise the detrimental impact of workplace mental health problems upon police officers and, in a broader context, the safety of the communities they serve.

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