

# Demand Capacity & Welfare Survey

## Mental health and wellbeing support

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## Executive Summary

- 69% of respondents reported that they have experienced difficulties with their mental health and wellbeing, over the last 12 months, that were either caused or exacerbated by work.
- The most frequently reported reasons for experiencing work-related mental health and wellbeing difficulties was having a heavy workload (58%: *'My workload was too high'*) followed by having a *'poor work/life balance'* (46%).
- Overall, 45% of respondents indicated that they had sought help for mental health and wellbeing difficulties at some point in their life.
- Just over 1 in 5 respondents had sought help for their mental health and wellbeing over the past year (22%).
- 71% of respondents that had sought help for their mental health and wellbeing had disclosed this information to their line managers.
- The most frequently cited reason for non-disclosure was that *it is a personal matter* (67%), followed by *not wanting to be treated differently (in a negative way)* (41%).
- The majority of respondents that disclosed seeking help for their mental health and wellbeing to their line managers reported that they were *adequately* supported (or better) by the police service after doing so (67%).
- Overall, 55% respondents indicated that they thought the police service encourages staff to talk openly about mental health and wellbeing. This is ten percentage points higher than in the 2018 iteration of this survey (45%) and over double than found in the 2016 survey (22%).
- Although almost one in three officers (32%) *agreed* with the statement *'Someone would be treated differently (in a negative way) if they disclosed difficulties with their mental health and wellbeing,'* this was down by six percentage points since 2018 (38%), and 13 percentage points since 2016 (45%).
- 74% of respondents indicated being aware of force provided reactive support services<sup>1</sup> for their mental health and wellbeing (e.g. counselling, helpline services, peer support groups).
- 43% of respondents indicated that they were aware of proactive support services<sup>2</sup> offered by their force to support mental health and wellbeing (e.g. resilience training, mindfulness workshops, mental health awareness programmes etc.).

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<sup>1</sup> Reactive support services are services that aim to help those that are already experiencing difficulties with their mental health and wellbeing.

<sup>2</sup> Proactive support services are services that aim to help people prevent difficulties with their mental health and wellbeing from developing

# Introduction

The PFEW Demand, Capacity and Welfare Survey is a biennial survey that was launched in 2016 in response to unprecedented budgetary cuts and a 14% fall in officer numbers over the previous seven years.<sup>3</sup> Though officer strength has increased slightly between 2018 and 2020, the total number of officers in England and Wales is still far below those recorded before the austerity programme was initiated in 2010. Further, although officer strength has increased slightly, it can take time before new recruits are able to police independently and any anticipated improvements that may ultimately result from increasing officer numbers may not yet be fully realised.

This is the third iteration of the Demand, Capacity and Welfare Survey, and this report provides a summary of key findings in relation to mental health and wellbeing support.

The survey was open between the 5<sup>th</sup> of October and the 23<sup>rd</sup> November 2020; receiving 12,471 viable responses after data cleaning.<sup>4</sup>

**The response rate for Demand, Capacity and Welfare Survey 2020 was approximately 10% of all federated rank officers in England and Wales.**<sup>5</sup>

This year, 32% of respondents identified as female, 63% identified as male, and 5% indicated that they would prefer not to say or identified in another way. The average age of respondents was 42 years old. The majority of respondents were Constables (71%), 20% of respondents were at the rank of Sergeant, and 9% of responses were from those in Inspecting ranks. Further details on respondent demographics can also be found within the Technical Annex which is available on the PFEW website.

This report begins by presenting results in relation to mental health and help seeking, before exploring some of the support available to officers, and attitudes towards mental health and wellbeing within the police service.

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<sup>3</sup> Home Office. (2020). *Police Workforce, England and Wales, 31 March 2020: data tables* [Dataset]. <https://www.gov.uk/government/statistics/police-workforce-england-and-wales-31-march-2020>

<sup>4</sup> Data were removed where the respondent gave implausible answers: e.g. Length of time in role exceeded length of service etc. For more information, please see the 2020 Demand, Capacity and Welfare Survey Technical Annex, which can be downloaded from the PFEW website.

<sup>5</sup> For information on the respondents, representativeness (including margins of error) and data weighting, please see the 2020 Demand, Capacity and Welfare Survey Technical Annex, which can be downloaded from the PFEW website.

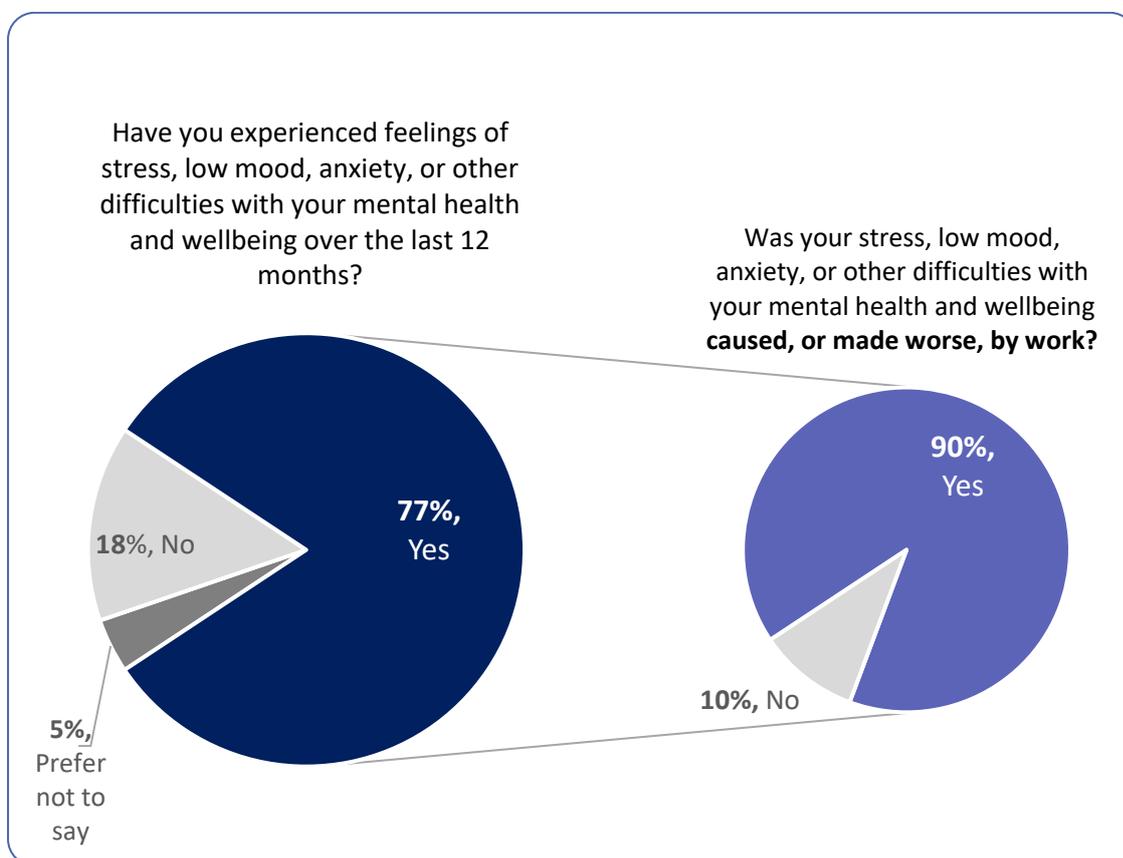
# Results

## Mental health indicators and help seeking

### Single item indicator for mental health

A top-level broad overview of mental health was established by using a single item that asked participants to indicate whether they had experienced feelings of stress, low mood, anxiety, or other difficulties with their mental health and wellbeing over the previous 12 months.

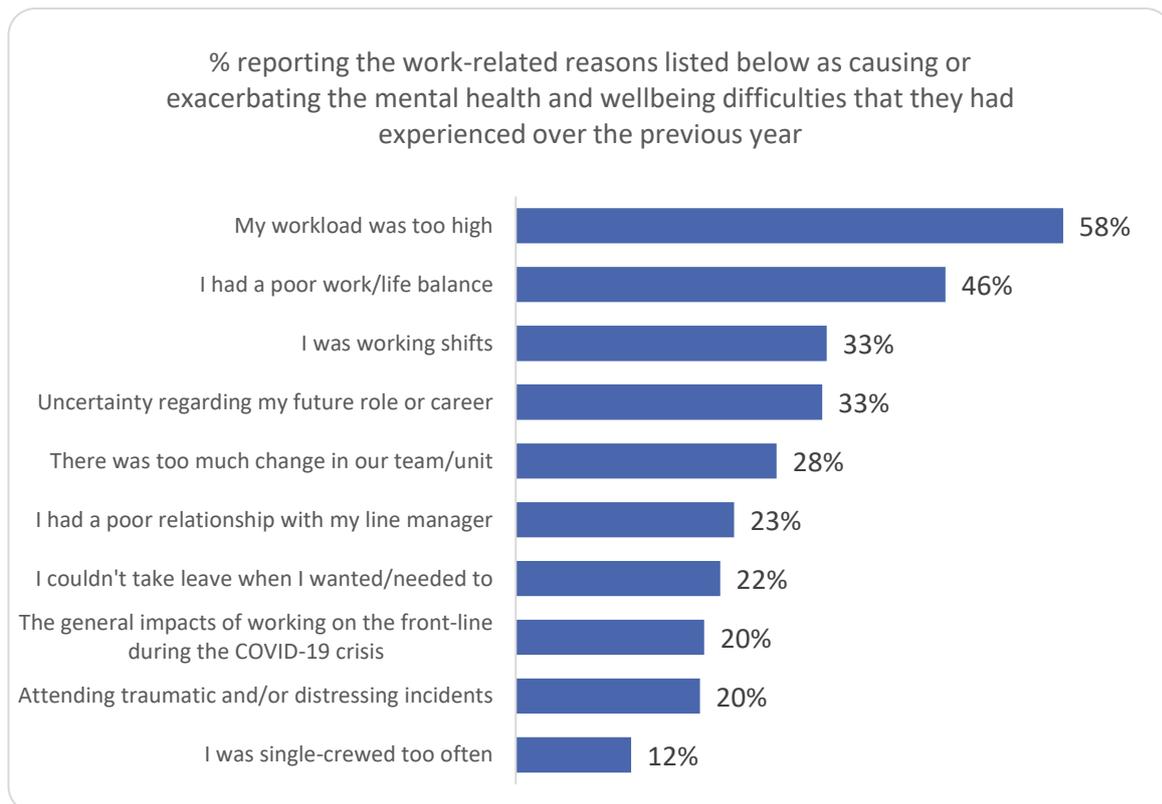
77% of respondents acknowledged having experienced these feelings, with the vast majority (90%) of these respondents indicating that their psychological difficulties had been caused or made worse by work.



Meaning that, overall, 69% of respondents have experienced difficulties with their mental health and wellbeing, over the last 12 months, that were either caused or exacerbated by work.

## Work-related causes

Respondents that indicated experiencing work-related difficulties with their mental health and wellbeing (69%) were presented with a follow-up question asking why these difficulties had been caused or exacerbated by work. Respondents were presented with a list of 19 potential reasons<sup>6</sup> and were asked to select all that applied. The two reasons most frequently reported by respondents was that their '*workload was too high*' (58%), followed by having a '*poor work/life balance*' (46%). The graph below displays the ten most cited reasons from the list provided.<sup>7</sup>



This is similar to previous findings from the Health and Safety Executive and Mind, which also indicated that workloads were the most frequent cause of work-related stress<sup>8</sup> and

<sup>6</sup> I had a poor work/life balance | My workload was too high | I was working shifts | I had a poor relationship with my line manager | Attending traumatic and/or distressing incidents | My rest days kept being cancelled | I couldn't take leave when I wanted/needed to | I was being discriminated against | There was too much change in our team or unit | I was being bullied/harassed | I was placed on UPP (Unsatisfactory Performance and Attendance Procedures) | I was under investigation by the IOPC | My colleagues were unsupportive | I was going through disciplinary procedures | Uncertainty regarding my future role or career | I was single-crewed too often | Attending traumatic and/or distressing incidents related to the COVID-19 crisis | The general impacts of working on the front-line during the COVID-19 crisis | For reasons other than those listed above (please specify).

<sup>7</sup> Excluding the response 'For reasons other than those listed above (please specify)'.

<sup>8</sup> Health and Safety Executive. (2018a). Health and safety at work Summary statistics for Great Britain 2018. Retrieved from: <http://www.hse.gov.uk/statistics/overall/hssh1718.pdf>

that having an unmanageable workload can mean people are up to twice as likely to have poor mental health.<sup>9</sup>

### Help seeking

Respondents were also asked a separate question on seeking help for their mental health and wellbeing. More specifically, respondents were asked if they had ever sought help for feelings of stress, low mood, anxiety or any other difficulties with their mental health and wellbeing.

45% of respondents indicated that they had sought help for mental health and wellbeing difficulties at some point in their life (e.g. from their GP, occupational health department at work, a psychologist, therapist, counsellor or employee assistance programme); with just under half of these respondents indicating that this had within the last year (48%).

This means that, overall, approximately 1 in 5 respondents to the 2020 Demand, Capacity and Welfare Survey had sought help for their mental health and wellbeing over the past year (22%).

## Managerial mental health and wellbeing support

Respondents who had reported seeking professional help regarding their mental health and Wellbeing (45%) were presented with additional questions concerning disclosure and support.

### Disclosure

71% of respondents that had sought help for their mental health and wellbeing had disclosed this information to their line managers; a similar proportion to the 2018 iteration of this survey (70%), but a larger proportion than reported in the 2016 version of this survey (63%).

None the less, one in four respondents had decided not to disclose seeking help for their mental health and wellbeing to their line manager (25%) and these respondents were presented with a follow-up question asking why they had chosen not to disclose.<sup>10</sup>

Respondents were presented with a list of 10 potential reasons, and were asked to select all that applied.

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<sup>9</sup> Mind (2019). Mind's Workplace Wellbeing Index 2018/19 Key insights. Retrieved from: <https://www.mind.org.uk/media-a/5990/mind-index-insight-report-2019.pdf>

<sup>10</sup> Please note, 4% of respondents selected 'I prefer not to say/ can't remember' in answer to this question.

The most frequently cited reason for non-disclosure was that ‘*I felt it was a personal matter*’ (67%), followed by ‘*I didn't want to be treated differently (in a negative way)*’ (41%). Please see Table 1 for full results.

Table 1: Why did you decide not to talk to your line manager about seeking help regarding your mental health and wellbeing? (please tick all that apply) <sup>11</sup>	% of respondents
I felt it was a personal matter	67%
I didn't want to be treated differently (in a negative way)	41%
I thought it would negatively affect my opportunities for promotion and/or specialising	37%
There is a negative attitude in the police service towards people who experience difficulties with their MH & WB	36%
I thought it would have a negative impact on my career	35%
I was worried that my other colleagues would find out	32%
It wasn't affecting my work	28%
I did not think my line manager would treat me with empathy	26%
I have had negative experiences of disclosing in the past	23%
For reasons other than those listed above (please specify)	17%

Decision to disclose such information is deeply personal, and whilst disclosure may not be the right choice for everybody, everyone should be able to do so, should they so wish, without fear of negative repercussions.

## Support

Respondents that had disclosed seeking help for their mental health and wellbeing to their line managers were asked about the support and treatment they received thereafter.

Although the majority of respondents that disclosed seeking help for their mental health and wellbeing reported that they were *adequately* supported (or better) by the police service after they discussed their mental health and wellbeing with their line manager (67%); this also meant that one in three of these respondents indicated that they were ‘*poorly*’ or ‘*very poorly*’ supported by the police service after disclosure (33%). Nonetheless, this is one percentage points lower than in 2018, when 34% of respondents indicated that they were ‘*poorly*’ or ‘*very poorly*’ supported by the police service after disclosure and nine percentage points lower than in 2016 (42%); indicating an encouraging trend between 2016 and 2018 that has remained stable into 2020.

<sup>11</sup> Please note – this question was only posed to those that had indicated seeking help for their mental health and wellbeing, and that had decided not to disclose this information to their line manager.

Respondents were asked six additional questions about their experiences of disclosure, which can be seen in Table 2; the majority of which also display a similarly encouraging trend to the above.

Table 2: Proportion of respondents that <i>agree</i> with the statements below: <sup>12</sup>	2016	2018	2020
I was treated with dignity and respect	61%	67%	66%
Our discussion was treated with confidentiality	68%	71%	71%
I was treated differently (negatively) after I discussed my mental health and wellbeing with my line manager	21%	19%	20%
I was treated with empathy	54%	59%	59%
I was given enough support	43%	48%	50%
I was given the right support	39%	44%	45%

## Organisational support and attitudes towards mental health

### Attitudes towards mental health within the police service

A range of questions were asked to all participants in relation to attitudes towards mental health and wellbeing within the police service.

Overall, almost one in three officers (32%) agreed with the statement ‘*Someone would be treated differently (in a negative way) if they disclosed difficulties with their mental health and wellbeing.*’ However, this proportion is down by six percentage points since 2018 (38%), and 13 percentage points since 2016 (45%).

Moreover, 55% respondents indicated that they thought the police service encourages staff to talk openly about mental health and wellbeing; which is ten percentage points higher than in the 2018 iteration of this survey (45%), and over double than found in the 2016 survey (22%); another encouraging trend across time.

Another three items were posed to respondents on this topic, the results of which are presented in Table 3; each of which displays a similarly encouraging trend whereby a larger

<sup>12</sup> Please note – this question was only posed to those that had indicated seeking help for their mental health and wellbeing and had chosen to disclose this information to their line manager.

proportion of respondents report agreement with these items each time the survey is conducted.

Table 3: Proportion of respondents that <i>agree</i> with the statements below:	2016	2018	2020
I would feel confident disclosing any difficulties I might have with my mental health and wellbeing with my line manager	28%	39%	43%
I think my line manager would be supportive if I experienced difficulties with my mental health and wellbeing	55%	61%	63%
I believe my colleagues would be supportive if I experienced difficulties with my mental health and wellbeing	54%	61%	64%

### Local support and national initiatives

In relation to local support services, 74% of respondents indicated being aware of force provided reactive support services<sup>13</sup> for their mental health and wellbeing (e.g. counselling, helpline services, peer support groups). The most commonly reported services listed by these respondents was Occupational Health sessions (71%), followed by telephone counselling (58%).

A much smaller proportion of respondents (43%) were aware of proactive support services<sup>14</sup> offered by their force to support mental health and wellbeing (e.g. resilience training, mindfulness workshops, mental health awareness programmes etc.). The most commonly reported services listed by these respondents was having a local mental health champion (71%), followed by access to a gym (60%).

Participants were also asked if they had heard about a number of national initiatives before. The most recognised of these was the Blue Light Project by Mind<sup>15</sup> with 64% of officers indicating that they had previously heard of this particular initiative, followed by Oscar Kilo<sup>16</sup>

<sup>13</sup> Reactive support services are services that aim to help those that are already experiencing difficulties with their mental health and wellbeing.

<sup>14</sup> Proactive support services are services that aim to help people prevent difficulties with their mental health and wellbeing from developing

<sup>15</sup> This project aims to deliver a range of resources that provide advice and support for each emergency service, to help them raise awareness and challenge stigma around mental health. For more information, please visit their website: <https://www.mind.org.uk/news-campaigns/campaigns/blue-light-programme/>

<sup>16</sup> Launched in 2017, Oscar Kilo is now the home of the National Police Wellbeing Service. It provides access to evidence-based research and resources that can be used to help shape wellbeing provision. For more information, please see their website: <https://oscarkilo.org.uk/>

(31%), the Welfare Support Program provided by PFEW<sup>17</sup> (23%), and then MindFit Cop<sup>18</sup> (7%).

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<sup>17</sup> A support service provided by PFEW to their members when access to force provisions is not suitable and/or available. For more information please see the website: <https://www.polfed.org/support/welfare-support-programme-wsp/>

<sup>18</sup> An eight week online mindfulness course specific for police officers provided by Oscar Kilo. For more information please see their website: <https://oscarkilo.org.uk/npws/mindfitcop/courses/mindfulness-for-police/>

## Appendix A

Further information on this survey can be found in the 2020 Demand, Capacity and Welfare's Technical Annex, including:

- Background and context
- Content overview
- Distribution of the survey
- Details of respondents, response rates and representativeness
- Demographics
- Analytical approach
- Weighting
- Grouping and aggregation of response options
- Benchmarking
- Uses of the survey data

The Technical Annex for the 2020 Demand, Capacity and Welfare Survey can be found here:  
<https://www.polfed.org/support/demand-capacity-welfare/>.