KNOWLEDGE HUB

PERSPECTIVE

# We already know policing can cause psychological harm.

## What are we prepared to change because we know?


eleos

UNDERSTANDING THE WORK.

**In July, the BBC published a piece in which retired police officers described night terrors, panic attacks, complex PTSD and the cumulative impact of decades in policing.**

**None of this is surprising.**
And that's exactly the problem.

We already know that policing roles can expose people to repeated trauma, distress, responsibility, moral complexity and sustained operational pressure. We know that the impact is often cumulative rather than linked to a single incident, and we know that people do not always recognise the effect the work is having on them while they are still doing it.

**So, the question is no longer whether policing can cause psychological harm.**

THE QUESTION HAS TO BE:

***What are we prepared to change because we know that it can?***

**There has been considerable progress.**

Forces have invested in Occupational Health, trauma support, peer support, psychological health monitoring, leadership development and national wellbeing provision. Conversations about psychological health are more visible, and there is increasing recognition of the need for earlier and more preventative approaches.

**That progress matters.**
But perhaps it also allows us to move the conversation on.

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**Much of the discussion still understandably focuses on support around the individual.**

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| Helplines | Screening | Treatment | Crisis support | Trauma-awareness training | Referral pathways |

**All of these things have a role.**
But they are not the same as asking what needs to happen when psychological risk is an inherent and foreseeable part of the work itself.

## Trauma doesn't happen in isolation.

Our work with police officers and staff repeatedly points to the same thing: **Psychological demand is rarely created by traumatic exposure alone – it is shaped by the context in which that exposure is held.**


Across our work, personal and home pressures, leadership and culture, workload and role responsibility are all prominent themes alongside traumatic content. Notably, traumatic material itself is often discussed less frequently than organisational and workload-related pressures.

**That doesn't tell us that trauma is unimportant.**
It tells us that the impact of psychologically demanding work is influenced by what surrounds it, and that matters because it shifts the question.

INSTEAD OF ASKING ONLY: *What support do we offer when someone is struggling?*

WE ALSO NEED TO ASK: *What helps people stay well when they continue doing psychologically demanding work?*

## Psychological exposure is an occupational risk, not an exceptional event.

**400-600**

potential traumatic events across a police career

VERSUS

**3-4**

for the average civilian

*Figures cited by the BBC from the National Police Wellbeing Service.*

If exposure on this scale is foreseeable, we cannot reasonably treat its psychological consequences as wholly unexpected. That doesn't mean every difficult incident is traumatising, that every person exposed will become unwell, or that normal responses to difficult work should be pathologised.

Quite the opposite.

It means acknowledging that some policing roles involve a predictable degree of psychological demand.

We can think about that demand in the same way we would think about other occupational risks: understand it, reduce what can be reduced, build appropriate protections around what cannot, monitor its impact, and intervene early when something changes.

That is subtly different from organising psychological support around the point at which somebody develops symptoms, because the risk doesn't begin with the symptoms: **the risk begins with the work.**

## The cumulative impact is more complicated than trauma exposure.

The phrase that stood out in the BBC interviews was one retired officer's description of the ***"drip, drip, drip of trauma."*** That cumulative effect is something we recognise, but our experience suggests the accumulation is wider than repeated traumatic incidents.

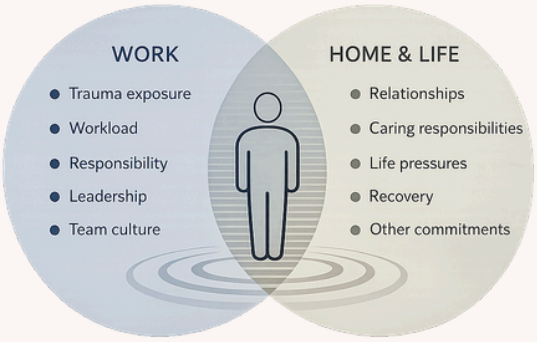
- A difficult investigation doesn't happen in isolation from workload.
- Exposure to distressing material doesn't happen separately from leadership or team culture.
- High-consequence decision-making doesn't stop being psychologically demanding because somebody also has significant pressures at home.

Home life itself is more complicated than simply being another source of stress.

Across our work, personal relationships and life outside policing are repeatedly described as important sources of stability and protection. But when home is also under significant pressure and the work context is consistently challenging, that protective capacity can become depleted.

The person isn't neatly dividing their available psychological resources into "work" and "home".

**Both draw on the same person.**

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Our findings also point towards the importance of informal protective factors within work. Strong team relationships, supportive colleagues, visible supervision and opportunities for peer support are repeatedly identified as valuable sources of resilience.

When operational demand, lone working or changes in working practices reduce ordinary opportunities to talk, reflect and connect, something potentially protective can disappear.

This is important because there will always be elements of police work that cannot be made less psychologically demanding. But there are other factors around that work that can make the psychological load easier or harder to carry.

Some can be influenced within teams and forces. Others depend upon workforce capacity, resources, national priorities and decisions made much further upstream and away from an individual force.

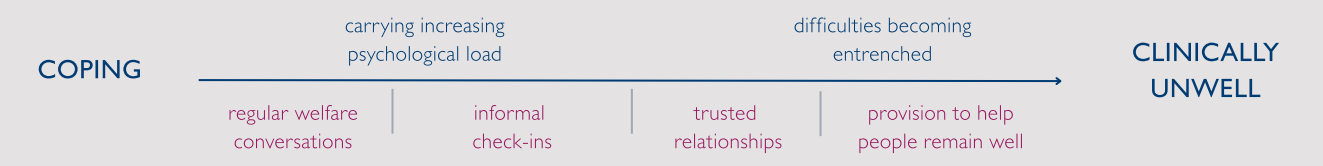
**Understanding that distinction needs to be part of the policy conversation.**

## There's a lot of life between "fine" and clinically unwell.

One of the limitations of a predominantly reactive support model is that it risks creating a false binary: someone is either coping, or they need mental-health support.

**Real life doesn't work like that.**

People can continue coming to work, performing well, making decisions and supporting colleagues while carrying an increasing psychological load. They may not be psychologically unwell; they may not need therapy; they may not identify themselves as needing "mental-health support" at all. That does not mean that nothing useful can happen.




Across our work, staff consistently describe the value of earlier support: regular welfare conversations, informal check-ins, trusted relationships and provision designed to help people remain well rather than waiting until difficulties have become entrenched.

**That space between wellness and illness deserves far more attention.**

Prevention isn't simply identifying symptoms sooner; it's creating environments, relationships and opportunities that help people process and manage psychologically demanding work before symptoms are the thing that finally gets our attention.

## We cannot make self-referral carry the system.

One of the former officers interviewed by the BBC described not initially understanding what was happening to him. It was only after experiencing significant difficulties that his GP identified that he was psychologically unwell; that should make us cautious about any system that relies heavily upon an individual recognising their own deterioration.

*"Speak up", "Ask for help", "Support is available"* are all well-intentioned messages, but they still place considerable responsibility on the person experiencing the problem. They have to notice a change, recognise its significance, decide to disclose it, trust what will happen next and know where to go.

**Our experience suggests that knowing where to go is often not the principal difficulty.**
We rarely hear that police officers and staff simply don't know that support exists; there is considerable provision within policing and significant work has gone into making people aware of it.

**We hear more often about:**


That distinction matters.

Having support available is not the same as creating the conditions in which people feel able to use it.

That isn't a problem any single service, force or national programme can solve alone.

## Broaden what we mean by psychologically demanding police work.

Conversations about trauma in policing can easily gravitate towards the most visible roles: response officers attending horrific incidents, sexual-offence investigators, firearms officers or people dealing directly with death and serious injury.

**Those roles absolutely matter, but they're not the whole picture.**

Psychologically demanding work happens throughout policing, including among people who may never attend the scene of an incident.

Our work has taken us alongside people working across major investigations, digital forensics, online child-abuse investigation, family liaison, crime-scene investigation, coroners' work, hostage and crisis negotiation, firearms and other specialist functions. Importantly, not all of them are police officers.

Civilian police staff may repeatedly view distressing imagery, transcribe traumatic accounts, analyse material, manage calls or support serious investigations.

Someone's job title tells us surprisingly little about the psychological demands they may be carrying.

Perhaps we need to stop asking which occupations are traditionally 'high risk' and start asking a more useful question...

*What does this work actually ask of the person doing it?*

**That question matters beyond policing too.**

Control rooms, ambulance services, fire and rescue, healthcare, social care, legal proceedings and many other areas contain roles where people repeatedly encounter distress, responsibility, human suffering or traumatic material as part of ordinary working life.

The principle is the same: **understand the work before designing the support.**

## Provision is only part of the picture.

There is considerable wellbeing infrastructure around policing, locally and nationally, and that matters enormously.

Psychological health monitoring

Occupational Health

External psychological provision

Critical incident processes

Peer support

National wellbeing resources

The next challenge is understanding not simply what's available, but how that collective infrastructure is experienced by the people it is intended to support. Across our work, we have found confidence tends to be greater when provision is visible, relational, accessible and delivered by people who understand the realities of policing. Likewise, it can reduce when people are uncertain about confidentiality, follow-up, accessibility or relevance.

Perhaps the next stage in developing police wellbeing requires us to become more ambitious about the questions we ask when evaluating it.

Not simply: *"Do we have it?"*

Or even: *"How many people used it?"*

**But:**

- **Do people trust it?**
- **Will they use it before reaching crisis?**
- **Does it reflect the psychological demands of their particular work?**
- **What happens after someone discloses a difficulty?**
- **How effectively are workforce experiences informing decisions locally and nationally?**
- **What is helping to reduce psychological risk, as well as respond well when people need support?**

These are not criticisms of existing provision - far from it.

**They are the questions that become possible because policing has already made progress.**

## Some of the answers sit beyond wellbeing provision.

Mental-health provision matters. Clinical treatment matters. Helplines can matter. Screening can matter. Peer support matters. However, there are limits to what wellbeing provision alone can achieve when psychological load is also influenced by demand, workforce capacity, scrutiny, operational pressures and the inherent nature of the work.

Our work consistently identifies workload pressure, organisational scrutiny, leadership challenges, isolation and reduced informal support alongside cumulative emotional demand.

Some of those factors can be influenced by local leaders.

Some cannot.
**That distinction matters.**

Chief Officers, Directors of People, supervisors, Occupational Health and wellbeing teams are working within a much larger system. Workforce numbers, funding, national priorities, operational demand, regulatory requirements, public expectations and policy decisions all shape the environments in which policing takes place.

Psychological workforce wellbeing therefore cannot sit solely within Occupational Health, wellbeing teams or individual officers and staff. It is also:

- A leadership issue.
- A workforce issue.
- A demand issue.
- An organisational-risk issue.
- And ultimately, a policy issue.

**If we accept that psychologically demanding work carries foreseeable occupational risk, responsibility for addressing that risk has to extend to the places where the conditions surrounding that work are determined.**

## So where does the conversation need to go next?

There are five areas we believe deserve greater attention across policing, clinical practice, research and national policy.

01

**Recognise psychological demand as an occupational risk.**

Identify roles and working conditions involving predictable psychological exposure and manage that risk proactively, rather than allowing the development of individual symptoms to become the principal trigger for action.

02

**Build prevention into the work.**

Continue developing psychologically informed support before people become unwell, including trusted opportunities for reflection, meaningful welfare conversations, appropriate supervision and early access to psychological expertise.

03

**Look beyond traumatic incidents.**

Understand the interaction between exposure, workload, workforce capacity, leadership, organisational conditions, relationships, recovery and pressures outside work, and distinguish between the factors forces can influence and those requiring wider structural or policy responses.

04

**Evaluate what support actually achieves, not simply whether it exists.**

Trust, accessibility, relevance, utilisation, follow-up and workforce experience should matter alongside provision and activity data. National and local learning should help us understand not only how we respond to distress, but what appears to help prevent it becoming entrenched.

05

**Bring workforce experience, clinical practice and research together.**

Policy should be informed by the experiences of officers and staff doing psychologically demanding work, the leaders responsible for supporting them, clinicians working alongside them and researchers studying the issues.

Each sees something different.
**We need all of them in the conversation.**

## None of this requires us to conclude that policing inevitably damages people.

It doesn't.

### PEOPLE DOING THE WORK

Our work repeatedly brings us into contact with people who are committed to policing, proud of what they do and remarkably capable of managing difficult work.

### PEOPLE LEADING THE WORK

It also brings us into contact with leaders who care enormously about their people and are trying to find better ways to support them within very real operational and organisational constraints.

## That is precisely why this conversation matters.

The BBC's reporting gives us another powerful account of what can happen when the cumulative impact of police work becomes too much.

**We should listen to those accounts.**

But after years of hearing them, perhaps the next step is to bring together the people doing the work, the people leading it, those providing clinical support, researchers, national policing bodies and those responsible for policy and investment, and ask a different question.

Not simply:
*What more support can we provide?*

But:
*What have we learned about psychologically demanding police work, and what does that now require from all of us?*

We already know the work can cause harm.

The opportunity now is to decide, together, what we are prepared to do differently because we know.

## About the author

Claire Foster is a Consultant Clinical Psychologist and CEO of Eleos Group.
Her work includes supporting organisations and people working in psychologically demanding environments, including policing.

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