UNDERSTANDING THE MENTAL HEALTH OF AUSTRALIAN POLICE: SELF-ASSESSMENT AND AVAILABILITY OF SUPPORT SYSTEMS

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ABSTRACT

Police officers face increased risks of post-traumatic stress, depression, and anxiety due to routine exposure to critical incidents and organizational stressors. How well do general duties (GD) constables and senior constables in an Australian police force recognize their mental health issues, how aware are they of the full range of internal support services, and what barriers prevent their access? A qualitative survey was sent to all 101 GD constables and senior constables within a single local area command of an Australian police force. Sixty-six officers (a 65% response rate) completed the survey, which collected data on self-reported mental health status, awareness, and use of nineteen available police support services (e.g., counseling, chaplaincy, fitness programs, critical incident support), as well as perceived obstacles to using these services. Half (50%) of respondents reported experiencing mental health problems. None were fully aware of all support options. Among those reporting difficulties, 67% had used at least one service. However, 36% of this group identified one or more barriers—such as stigma, confidentiality concerns, or lack of time—that prevented them from seeking help. Despite increased awareness of mental health needs, significant gaps still exist in both awareness and use of police support services. Better communication, efforts to reduce stigma, and easier access are essential to ensure officers get timely help and support organizational well-being.

Keywords: police mental health, internal support services, help-seeking barriers, organizational stressors, critical incident exposure, mental health awareness, qualitative survey, Australian police force

INTRODUCTION

Mental health issues are common among police officers. For example, about twenty percent of officers are diagnosed with post-traumatic stress disorder (PTSD) during their careers. Other common

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mental health problems among police include depression and anxiety (Beyond Blue, 2020; Blue Hope, 2018b). Incidents police regularly encounter contribute to their mental health issues (Maguen et al., 2009). Organizational factors, police practices, behavioral psychology, and demographic factors also play a role in the development of mental health problems in officers (Moon et al., 2012; Nicolini, 2012; Garbarino et al., 2013; Marchand et al., 2015; Australian Psychological Society, 2011).

There are currently nineteen police support services available to police officers within this state of Australia, including psychologists, fitness assessments, mental health, physical health, injury rehabilitation and prevention programs, chaplains, and counseling to enhance job suitability for injured officers. Support services also include an app to monitor mental health and provide support, a mental health day course, programs and questionnaires related to mental health, and referrals to psychologists, either on-site or via telephone. Critical incident support is available through trained support officers, along with offerings like gym passports, physical training programs, health and fitness assessments, family support for ill or injured officers, and an alternative career advisor (Australian Police Force, 2024).

POLICE MENTAL HEALTH PROBLEMS

Blue Hope, an organization established to support police and their families in Australia, asserts that "…police suicide is much higher than the general population (18.1/100,000 v 12/100,000)" (2018a, p. 1). Between 2001 and 2014, sixty-three Australian police officers died by suicide (Blue Hope, 2018a), and according to Blue Hope (2018a), PTSD often triggers police suicides (Faulkner et al., 2020; Kyron et al., 2020). Police are also known to suffer from depression, anxiety, acute stress disorder, and substance abuse, including alcohol and drugs (Garbarino et al., 2013; Blue Hope, 2018b; Chad et al., 2004).

Of the sixty-three Australian police officers who committed suicide between 2001 and 2014, only four reached out for help from the police force (Blue Hope, 2018a). This lack of police seeking help highlights a significant gap in mental health assistance within the force. More importantly, even the four officers who did reach out still ended up taking their own lives.

Police officers, specifically general duty (GD) police, are frequently exposed to traumatic situations that can negatively affect their mental health (Jetelina et al., 2020). The author of this journal, who was a GD officer, states that GD police are often exposed to serious incidents such as domestic violence, various events resulting in death or serious injury, witness suicide attempts of individuals in police custody, incidents involving the discharge of a police firearm, and offenders who escape police custody, to name a few (Police Force, 2024; Syed et al., 2020). Constant exposure to these stressors can directly relate to mental health issues (Queirós, 2020).

Warren (2015) states that police officers who have negative or traumatic memories in their long-term memory often face interpersonal problems, unstable emotional and behavioral responses, and impaired social relationships. These negative behaviors can lead to outbursts, difficulty controlling anger, self-harm, and substance abuse (Canadian Mental Health Association, 2014; Pietrangelo, 2020). The author of this journal argues that anger outbursts and trouble managing anger can cause police to use excessive force against members of the public, which may result in disciplinary action against the officer and the organization.

Out of the nineteen support services provided to police in this Australian state, ten focus on preventing, managing, and treating police mental health issues (Australian Police Force, 2024). Mitchell and Dorian (2017) note that, due to the frequency and potential effects of critical incidents on officers, early intervention by police support services and external support for exposed officers is crucial.

PURPOSE OF THIS STUDY

This study will examine how many GD police have self-identified as experiencing difficulties with their mental health, are aware of all the police support services, and have utilized both police and external support services to manage their mental health issues. It will also investigate whether preventing the GD police from accessing police support services is a feasible option.

THEORETICAL CONTEXT

Organisational Factors

Police officers often work irregular hours, experience constant shift changes, face frequent criticism from the public, must respond to traumatic scenes, endure dangerous working conditions, and live with the fear that each day they wear their uniform may be their last (Moon et al., 2012, p. 249). They are also facing heightened pressure from public scrutiny, as footage of their actions is often filmed and shared on social media.

Consequently, police tend to hesitate before making critical decisions, such as using force, out of fear of criticism from the press or betrayal by their departments (Kirschman et al., 2018; Jacinta et al., 2022). Officers also worry about hesitating too long, anxious that their actions will be recorded and later scrutinized by supervisors or the public, especially when using body-worn cameras (Kirschman et al., 2018, p. 9; Jacinta et al., 2022).

Further pressures faced by Australian police include the rise in crime and reports of crime, such as fraud offenses (Levi et al., 2022), youth crime, and youth radicalization (Clancey et al., 2020; Cherney, 2020). Additionally, there has been an increase in reports of domestic and family violence, driven by media reports encouraging the community to report domestic violence, which has led victims to feel more confident reporting to police (NSW Police Force, 2021). The number of domestic violence reports has also grown since social isolation and quarantine measures were implemented, due to various factors such as household instability, economic stress, and limited support options (Usher et al., 2020).

Due to an increase in reports of domestic violence, external agencies like the Australian Government Department of Social Services are exerting more pressure, and police are taking more decisive legal action against perpetrators through apprehended violence orders and charges (Meyer, 2021; Australian Government Department of Social Services, 2024). A new domestic violence offense has recently been introduced, which includes coercive control, requiring police to intervene with apprehended violence orders and potential charges (Karystianis et al., 2024).

Over the last several years, reports of self-harm and suicide attempts have increased across all age groups, with higher incidents involving five- to twenty-four-year-olds (Torok et al., 2023). This rise in crime, reports, and pressure also contributes to police developing mental health problems such as anxiety and depression (Davies, 2023).

The police policies in this Australian state specify that GD police are the first responders to all crimes, including murders, armed robberies, sieges, and severe personal and domestic violence cases (Police Force, 2024). However, there are no procedures to monitor and track each officer's exposure to traumatic incidents, even though some officers will face more traumatic events than others during their careers (Police Force, 2024; Kyron et al., 2022). Officers exposed to more traumatic incidents than their peers are more likely to develop mental health problems (Kyron et al., 2022).

Other organizational factors affecting police include the lack of reporting procedures on who to report to and how to inform senior staff when experiencing mental health issues. To GD staff, the procedures followed once mental health problems are reported are unclear (Police Force, 2024). This can cause anxiety and delays in reporting due to fear of the unknown, which could worsen their mental health problems (Kalkman, 2023; Silva et al., 2020).

Police Practice Factors

The police culture emphasizes fearlessness, strength, stoicism, integrity, a controlled demeanor and emotions, physical power, distrust, skepticism, self-reliance, and skill in handling complex issues. An unintended result of this culture is that it discourages help-seeking behavior, as admitting to a mental health problem can be seen as a potential career killer. Consequently, officers often avoid seeking help even when they are distressed, which can lead to serious health problems (Edwards, 2023).

The police culture pressures officers to gain acceptance from their peers and within the force. This leads officers to be ego-focused, for example, "putting self-interests before group interests, trying to be seen and heard just for the sake of it, and applying a tough and uncompromising attitude towards other police officers and the public" (Rantatalo et al.,

2014, p. 574). The presence of hyper-masculinity in police culture remains a daily issue (Todak, 2024; Violanti & Drylie, 2008).

Due to hyper-masculinity, when officers speak out about their mental health issues, they often feel embarrassed, like failures, psychologically weak, and overwhelmed by uncontrolled emotions (Todak, 2024; Edwards, 2023; Violanti & Drylie, 2008). Police in today's environment learn to be skeptical or distrustful of their peers, fearing that if they disclose private information about their mental health, it could be shared with their superiors, which might damage their careers (Kirschman et al., 2014). This delay and reluctance to report not only worsens their mental health but also reduces their effectiveness on the job (Edwards, 2023).

Psychology Factors

Psychological factors, such as behavioral psychology, psychology education, and pre-incident factors, can all influence police mental health. Behavioral psychology includes the emotional responses of police officers when faced with a traumatic incident. Psychology education, like having a supportive family, can serve as a positive influence on police work. Pre-incident factors, such as family psychiatric history, past trauma, and daily life stresses like balancing work and family, can all negatively affect police mental health (Marchand et al., 2015, p. 121).

Psychological factors, therefore, influence how an officer responds to a traumatic situation, including challenges with emotional expression, heightened anxiety sensitivity, extreme physical reactions to threats, delayed unlearning, and fear of reconditioning (i.e., habituation) or emotional stability issues (Marchand et al., 2015, p. 121). For example, officers might be more prone to anxiety during critical incidents due to the ongoing daily stress of dealing with relationship problems or work pressures.

Alternatively, officers with strong family support can manage critical incidents more effectively, receiving the necessary backing from their loved ones. Pre-incident factors, therefore, are important to police work because they can influence police performance positively or negatively when handling critical incidents and organizational stressors. Demographic factors can also affect police mental health, as will be discussed below.

Demographic Factors

Demographic factors include financial status, personal health, family well-being, the health of others, relationships, the economy, friendships, political climate, environment, whether someone is studying or not, and personal safety. A person's age and sex can also influence the severity of these factors. The Australian Psychological Society (APS) (2011) conducted a survey to assess the levels of stress and well-being experienced by all Australians, the causes of stress, and their strategies for managing it.

The survey also examined relationships between mental health, wellbeing, stress, and strategies for seeking support to cope with stress. The key findings are that young adults (18 to 25 years) reported higher levels of anxiety, stress, and depression, along with significantly lower levels of wellbeing compared to older groups. They also reported lower job satisfaction, poor work-life balance, and less interest in jobs than the general population. Additionally, they were more concerned about friendships, environmental issues, relationship problems, and work and study-related matters. These four concerns decreased significantly with age (Australian Psychological Society, 2011; Australian Government, 2019).

Socioeconomic factors, such as education and income, are linked to higher well-being and lower stress levels. People with higher education and income tend to experience greater well-being, while those with lower education and income report increased stress. Older adults generally report less stress and better mental health and well-being, with anxiety and depression decreasing as age increases (Australian Government, 2019; Australian Psychological Society, 2011).

METHODOLOGY

The methodology used to conduct this research involved a qualitative research design, utilizing surveys administered to the GD police. The survey questions asked the GD police about their experiences with self-identified mental health difficulties, their awareness of and usage of Australian police support services or external support options, and their reasons for not accessing these services, if any.

The survey question about whether officers self-identify as having mental health challenges helps fulfill a key aim of this paper, which is to determine how many GD police officers face mental health issues. The researcher considers this question is important because it establishes a basis for police officers to recognize and access available support services. Additionally, the question about identifying barriers to accessing police support services is essential because it aids in recognizing and overcoming those barriers, enabling more officers to receive support.

The police involved in this survey included all serving constables and senior constables, totaling 101 within the Australian police command. Constables and senior constables working in units other than GDs were excluded from participating in this study.

The data collection method for this project involved placing a hard copy survey, along with an information page explaining the project's nature, in the work pigeonholes of constables and senior constables (a copy of the information page and survey is included in Appendices A and B). A hard copy survey, rather than an electronic one, was used because it was believed this would result in higher participation, given the large amount of electronic mail staff already receives. The researcher also considered that if staff members were concerned about confidentiality, placing the completed anonymous hard-copy survey in a secure box would help them feel secure, knowing there was no way to track who completed the survey.

After three weeks, the researcher collected the secured box containing the completed surveys, and the results were analyzed. The analysis involved manually counting and calculating the percentage of participants who identified themselves as having mental health difficulties. Additionally, the researcher determined how many GD police were aware of, used, and faced barriers in accessing support services. The researcher then created electronic graphs to present the results visually.

HUMAN RESEARCH ETHICS

Consent of Participants

To meet Human Research Ethics Committee (HREC) requirements and protect participants' emotional well-being, police officers were

informed via an information sheet that completing and depositing the anonymous survey in a secure box constituted voluntary consent ("by completing this survey, you consent to undertaking it") and that, once deposited, their responses could not be withdrawn or retrieved—an irrevocability measure communicated upfront to manage withdrawal risks.

Collection and Use of Data

To protect participants' emotional well-being and the sensitive nature of the survey, anonymity was maintained at every stage—no identifying information or field notes were gathered, and officers voluntarily placed their completed surveys into their work pigeonholes (instead of handing them directly to the researcher). This prevented any pressure to participate or fear of disclosure; as a result, participant identities could not be linked to their responses during data collection, analysis, or dissemination.

Risks and Burdens Associated with the Research Project

To meet HREC requirements and safeguard participants' emotional well-being, the information sheet clearly stated that officers could withdraw from the survey at any time if they felt uncomfortable and included a list of external support services at the end for anyone experiencing distress. However, the project carried some emotional risks, which were considered acceptable given the expected benefits of more tailored mental health support for police officers.

LIMITATIONS

A significant limitation was the risk of researcher bias, considering the investigator's twelve-year experience as a GD senior constable, which might have affected question formulation or interpretation. To address this, all survey items were neutrally phrased and reviewed by command leadership to ensure they did not suggest answers or influence responses unfairly. Completed surveys are securely stored to enable independent verification of results, and the researcher has no financial or personal interests in the study's outcomes.

FINDINGS

Description of Sample

Out of the 101 GD constables and senior constables in this Australian police command, 66 completed the survey, and data were collected from these 66 responses. Most participants had between five and ten years of experience in the police force.

RQ #1 and # 2: Prevalence of police self-identifying having difficulties with their mental health

Out of the sixty-six participants, 50% reported having difficulties with their mental health, while 48% reported not having difficulties, and 1.5% did not answer, as shown in Figure 1.

Among the sixty-six participants, fourteen had been in GDs for 0 to 5 years, twenty-eight for 5 to 10 years, and twenty-four for 10 or more years. Of the fourteen who had been in GDs for zero to five years, two reported having mental health difficulties. Among the twenty-eight who had been in GDs for five to ten years, fourteen reported mental health difficulties. Finally, among the twenty-four participants who had been in GDs for ten or more years, seventeen reported mental health difficulties.

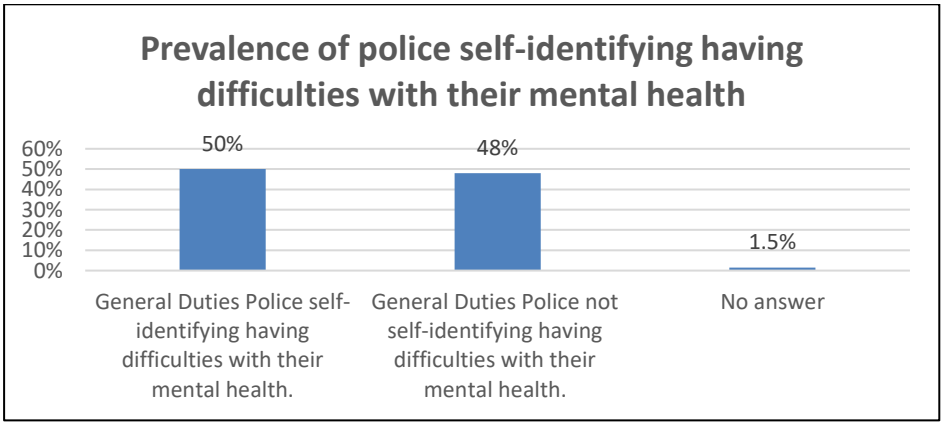

Figure 1: Prevalence of police self-identifying having difficulties with their mental health, 2019

RQ # 3: Police awareness of Australian police support services

The findings show that none of the GD participants knew about all the police support services. As illustrated in Figure 2, out of sixty-six GD participants, 89% were aware of support services from Psychologists, 12% knew about Fitness Assessments, 44% were familiar with the Mental, Physical, and Injury Rehabilitation and Prevention Program, 82% knew about police Chaplains, and 1.5% knew about the Counselling to Improve Job Fitting for Injured officers.

Regarding the app to monitor mental health and offer support services, 6% were aware of it, 3% knew about the Mental Health Day Course, 4.5% were aware of the Questionnaire and Program for Mental Health and referrals to Psychologists, 11% knew about the On-Site or Telephone Critical Incident Support, 80% knew about Trained Support Officers, and 92% were aware of the Gym Passport. Concerning the Physical Training Program, 44% of GDs knew about this service, 12% knew about the Health and Fitness Assessments, 4.5% were aware of Family Support for Ill or Injured Officers, and 7.5% knew about the Alternative Career Advisor.

Figure 2: Police awareness of Australian police support services, 2019

RQ # 4: Police use of the individual police support services

As shown in Figure 3, out of the sixty-six GD participants, 45% used the support service Psychologists, 6% used Fitness Assessments, 7.5% used the Mental, Physical, and Injury Rehabilitation and Prevention Program, 15% used Police Chaplains, and 1.5% used Counselling to Improve Job Fitting for injured police officers. Regarding the support service app to Monitor Mental Health and Provide Support Services, 1.5% accessed this service, while 0% used the Mental Health Day Course. Additionally, 1.5% used the support service Questionnaire and Program Regarding Mental Health and Referral to Psychologists, 7.5% utilized On-Site or Telephone Critical Incident Support, 12% used Trained Support Officers, and 56% used the Gym Passport. Concerning the Physical Training Program, 6% of officers participated, 3% used Health and Fitness Assessments, 1.5% used

Family Support for Ill or Injured Officers, and 0% used the Alternative Career Advisor.

Further analysis of the results revealed that among the thirty-three GD participants who self-reported issues with their mental health, twenty-two (66.6%) had accessed a police mental health support service. This excludes support services, including Fitness Assessments, the Mental, Physical, and Injury Rehabilitation and Prevention Program, Counselling to Improve Job Fitting for injured officers, the Gym Passport, and Health and Fitness Assessments. These services are intended explicitly for officers' physical well-being.

The results also show that of the thirty-two GDs who did not report having mental health difficulties, thirteen (40.6%) had accessed a police support service. This also excludes support services specifically for officers' physical well-being.

Figure 3: Police use of the individual police support services, 2019

RQ # 5: Barriers to police accessing police support services

Of the sixty-six GD participants, twenty-four (36%) faced at least one barrier in accessing police support services. Among the thirty-three participants who identified having mental health difficulties, 18 (54.5%) also encountered at least one barrier to accessing police support services.

The participants facing a barrier, as shown in Figure 4, included those who did not want to appear psychologically weak, with 18% selecting this barrier. Additionally, 15% were concerned that it might affect a promotion in the police force, 12% worried it could impact job stability, 6% feared it might affect relationships with other police officers, 23% expressed concern about confidentiality, 17% worried about reputation, and 11% cited other barriers.

Other barriers police included:

- 'No one gives a shit';
- 'Bad experience with support service EAP (psychologists)/never went back';

- 'Worried if made restricted would have to do station duty full time'; and
- 'As soon as you mention stress they take your gun and put you in station.'

Regarding the support service Mental, Physical, and Injury Rehabilitation and Prevention Program, a police officer stated, 'didn't use,' as didn't want to be restricted for duties.

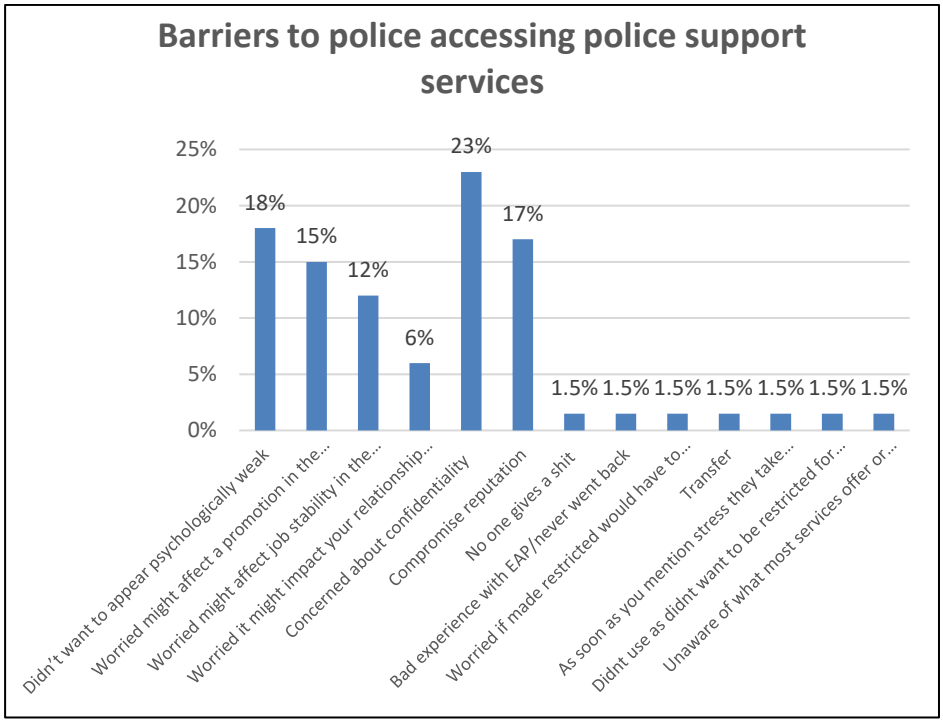

Figure 4: Barriers to police accessing police support services, 2019

RQ # 6: Access to external support services

Access to external support services was minimal for the GD participants who self-identified problems with their mental health. Out of the thirty-three GD participants who reported having mental health issues, nine (27%) reported accessing an external support service.

When asked to specify the external support service they accessed, as shown in Figure 5, 1.5% wrote 'psychiatrist/friend/family,' 7.5% wrote

'psychiatrist,' 1.5% wrote 'general practitioner for after critical incident,' and 3% wrote 'own General Practitioner.'

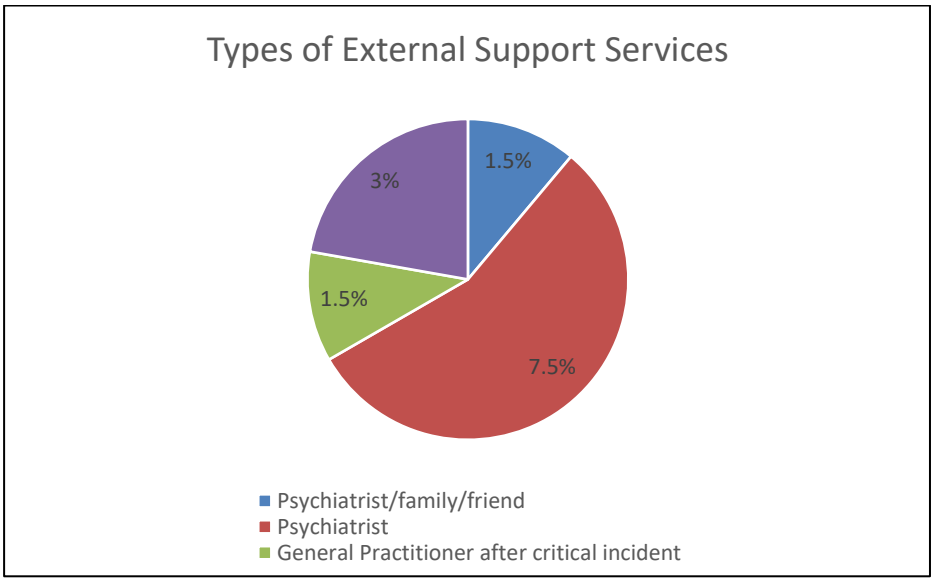

Figure 5: Types of external support services, 2019

DISCUSSION

Findings from this research suggest that many GD police self-report issues with their mental health. Mental health problems are common among police officers due to the nature of their work (Blue Hope, 2018a; Fox, 2014). Organizational factors, police practices, psychology, behavioral psychology, and demographic factors can also contribute to officers developing mental health issues (Moon et al., 2012; Rantatalo et al., 2014; Garbarino et al., 2013; Okhakhume, 2017).

According to the Australian Psychological Society (2011), young adults (18 to 25 years old) report higher levels of anxiety, stress, and depression compared to older adults over twenty-five. They also report lower levels of job satisfaction, work-life balance, and job interests compared to the general population. Additionally, police officers who must study an extra year once they join the police force might develop mental health problems earlier in their careers (Australian Psychological Society, 2011; Police Force, 2024).

This, as a result, could all contribute to the fourteen out of sixty-six participants who self-identified as suffering from mental health problems and had been in the police force for five to ten years, as well as the two out of sixty-six police officers with mental health issues who had been in the force for zero to five years. Although the age of participants was not included in the study, it is possible that a percentage of those who had been in the police force for between zero and seven years were between 18 and 25 years old.

The Australian police policies that designate GD staff as the first responders to crime and lack procedures to monitor each officer's exposure to traumatic incidents can lead to disparities in how often officers are exposed to trauma, which may result in varying levels of mental health issues among them (Police Force, 2024; Kyron et al., 2022). Additionally, GD police are likely to experience anxiety and delays in reporting mental health problems due to unclear reporting procedures and follow-up steps. This delay or failure to report can worsen their mental health issues (Kalkman, 2023; Silva et al., 2020).

The Australian police force currently offers nineteen support services focused on the physical and mental well-being of its officers (Police Force, 2024). Among all participants, none were aware of all these support services, which is a significant finding since information about them is provided through mandatory lectures by this police district within Australia. Details about the nineteen support services are also available on the police intranet under the 'Human Resource' page (Police Force, 2024).

The researcher believes that the GD's lack of awareness of all support services shows a failure on the part of the police district to effectively raise or maintain awareness of these services among GD staff. Additionally, it may also reflect disengagement or a lack of concern about support services among the GDs. This could be due to disinterest, information overload, or being too busy with police work to seek help. Regarding access to police support services, more than half of the GD participants, including those who reported mental health issues, have used a police support service. However, the study indicates that barriers to accessing police support services still exist within the force.

More than a quarter of the GD participants reported that a barrier prevented them from accessing a police support service. The authors Newell, Rikkers, LaMontagne, Bartlett, and Lawrence (2022) complement the findings of the current study, citing barriers such as being 'negatively viewed by others in the workplace,' 'adversely affecting their promotion opportunities,' and 'worries about confidentiality.' Additionally, authors Kirschman, Kameda, and Fay (2018) mention the barrier of 'negatively impacting them' when disclosing mental health issues to their senior staff or colleagues. Barriers to accessing police support services make police officers feel unsafe when reporting, leading to a lack of service utilization for their mental health concerns (Kalkman, 2023; Silva et al., 2020).

The results of this study show that the most common barrier to accessing police support services is 'concerned about confidentiality'. Police officers are worried that if they disclose their mental health problems to authority figures, it will affect their careers or impact their relationships with other officers. They see authority figures or work colleagues as the same; however, this is a misconception among police officers. They believe that if authority figures or work colleagues perceive them as psychologically weak, they will be seen as mentally unable to handle the job's demands. As a result, they may not receive a promotion (Violanti & Drylie, 2008). All nineteen police support services are confidential, and this should be emphasized during mandatory lectures.

CONCLUSION

This study aims to improve the police force's recognition of the importance of good mental health for all sworn staff, thereby encouraging access to support services. This can be achieved by making mandatory lectures on good mental health and ways to prevent mental health problems more frequent.

In addition, police districts could interview officers who are starting to develop mental health problems to ascertain their needs and prevent the development of mental health problems. Needs include, for example, giving officers fewer shift hours to lessen exposure to traumatic incidents; however, encouragement to speak up about their mental health will also need to be encouraged. Annual performance reviews conducted by team leaders for their staff, including mental health screenings, could also help

reduce the risk of developing mental health problems. During the annual performance, team leaders can focus on encouraging their staff to seek help from police support services and increase discussions with sufferers about how to access better services (Australian Police Force, 2024).

Further research that could be undertaken to expand on this current study includes identifying which age groups are experiencing mental health problems, which could help determine whether demographic factors influence their mental health. Additional research might also explore whether officers believe the barriers to accessing support services have been addressed and if they plan to use these services for their mental health.

ABOUT THE AUTHOR

Vanessa Phillips has been a general duties officer working in first response in regional areas across Australia since 2012. She holds an associate degree in policing as well as master's degrees in arts (Intelligence Analysis) and Investigations.

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