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# Mental Health in the Police

A Call for a Future Research Agenda

#### Brita Biørkelo

Professor, Police Science and Professor, Organizational Psychology Norwegian Police University College, Norway and Oslo New University College, Norway Corresponding author <a href="mailto:biorkelo@phs.no">brita.biorkelo@phs.no</a>

https://orcid.org/0000-0001-7535-2076

#### Mikael Emsing

Associate professor and former police officer and instructor in police conflict management Unit of Police Work, Umeå University, Sweden and Department of Police Work, Södertörn University, Sweden mikael.emsing@umu.se

https://orcid.org/0000-0002-6906-1480

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Mental health ranges from the absence of illness and pure well-being to disorders so severe that they can lead to suicidal behaviours. In the police, the entire continuum is present, ranging from police students being among some of the most mentally and physically healthy, to the opposite end of this spectrum, with extensive cynicism, suicide risk, and actual death for police personnel, their relatives or members of the public. In this essay, we argue for the need both to put mental health in the police on the agenda and for comparative and longitudinal studies of police students and police employees.

## A snapshot of previous studies on mental health in the police

Extant literature on police and mental health has shown a pattern of decline in which prevalences of mental health problems and suicidal behaviours are higher among police compared to first responders and the general population (Nisbet et al., 2023; Syed et al., 2020). In contrast, studies on police students show a lower prevalence of suicidal behaviours, indicating this group being mentally healthier than the general population (Ghazinour et al., 2010; Nisbet et al., 2023). According to Emsing (2022), "while police recruits in most countries go through more or less rigorous evaluation processes and have been shown to have personality profiles that are conducive to resilience [...] we cannot simply assume that the deterioration of mental health at a group level starts once the 'school is out." So, when and where does it start? Is it a result of predispositions, selection, surrounding factors, critical incidents (on the job or in the police employee's personal life), or other driving factors?

One suggestion has been to look for answers in differences in personality. Personality is both a collection of traits that we are born with and that we need to learn to live with. Our predispositions may make us suitable for different jobs, and at risk of developing certain illnesses (Furnham, 2008). It can also be influenced by social factors and traumatic situations and life events (Pervin & John, 1997). Investigations in personality and the police have shown mixed results, from personality (Abrahamsen, 2006, 2010) and emotional stability being strong predictors of hardiness among police students (Risan et al., 2022) to having no direct bearing on officer performance (Sanders, 2008). While this area can provide important answers, more research is needed.

### **Potential obstacles**

One of the identified obstacles to effective interventions in this research area has been the stigma surrounding mental health (Bikos, 2023). Stigma is a term originally used by Goffman (1963/1986) to describe discrediting physical, character, or background attributes. Goffman further posited that stigma is relational, where labels point back to the labeller and that it hides a 'doubleness'. In the police context, this doubleness has been described as others actually acting differently due to mental health issues, as well as assumptions that others would act differently if mental health issues were known. In a study by Owen (n.d., p. 16):

the one word that was used by all interview participants [...] was "weakness". They were fearful of being seen as 'weak' for revealing their mental ill health and concerned that they would always be seen as a weakness in an organisation that they saw as reliant on staff being strong and prepared to respond to the challenges it was expected to meet. Participants perceived that colleagues believed they'd somehow brought their illness on to themselves or allowed it to happen.

# **Urgency**

Mental health has received more attention in the police (e.g., Morgan, 2023), and some police officers who have spoken up about mental health issues have been praised by police peers for doing so. We, however, assume that stigma and doubleness affects reporting, as help-seeking is lower for mental health issues than for physical issues (Berg et al., 2006), and fear of being perceived as "weak" (Owen, n.d.) can reduce help-seeking (Karaffa & Koch, 2016). Normalising mental health issues can thus mitigate the risk that police do not receive adequate help, as well as it can hinder deeply harmful consequences. In recent years, several police employees have tragically taken their own and/or relatives lives in Sweden and Norway. Globally, research on suicide among officers has shown somewhat contradictory results, ranging from "epidemic levels" to more modest numbers (Krishnan et al., 2022). We need more research on the factors that drive individuals who have been tested and selected for their resilience, and who have at least formal access to mental and physical health care, to choose to end their own lives and the lives of others.

# A future research agenda

Increased knowledge about mental health in the police context, and investigations of which factors have an impact on police students and employee's mental health over time, can shed light on protective and risk factors. We also need to reduce stigma, making mental health

issues something shared more than a case of individual weaknesses. Longitudinal research takes time and resources. Still, the Canadian RCMP is able to screen cadets for suicidal behaviours from their admission and onwards (Nisbet et al., 2023). Given differences in admission criteria and cultural and organizational differences between countries (Bjørgo & Damen, 2020), we need to establish similar mental health studies in the Nordic countries. The research community, educators and the police organisation need to work together to support and enable such investigations. By doing so, we also contribute to a more sustainable working life (Bjørkelo & Notelaers, 2021) for police students and police employees. Issues of interest include fair and just selection, mental health training in education, manager training in mental health issues and risk factors, systematic debrief and defuse, as well as support and treatment possibilities.

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