

OPINION:

## Mental Health Awareness Week: Managing the stigma of mental health



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[Mark Eastwood - Director, SAS-Fit Ltd](#)



**In recognition of Mental Health Awareness Week and following the recent publication of the Police Care UK survey on the impact of trauma on officers and staff, Mark Eastwood, senior director of SAS-fit Limited and an expert with 20-years of experience treating complex mental health issues, explains how stigma remains a barrier to those seeking treatment.**

A [recent survey](#), carried out by Police Care UK suggests that “Close to one in five Police employees, have symptoms consistent with either Post Traumatic Stress Disorder

(PTSD) or what's known as Complex PTSD", yet over two-thirds of those suffering are unaware.

"Dealing with disturbing experiences is a defining part of policing, but employees have a right to expect resources to protect them from the impact of daily trauma exposure," said lead researcher Dr Jess Miller from Cambridge's Department of Sociology, who conducted the work with her colleague Dr Brendan Burchell.

Furthermore, the survey finds that "two-thirds of all respondents to 'The Job, The Life' said they had a mental health issue directly resulting from police work. Yet almost all the survey's respondents – some 93% – said they would go to work as usual if suffering from psychological issues such as stress or depression.

Repeated trauma exposure may also increase risks of long-term physical illness in the policing workforce. The survey results showed those with Complex PTSD symptoms reported three times the rate of cardiovascular disease as those without, and twice the levels of both gastrointestinal issues and immune disorders such as IBS and arthritis."

So, it's not surprising that employee mental health is high on the agenda throughout the police forces of the UK and there are many workstreams looking to tackle the tidal wave that is having a dramatic effect on Police performance.

This may be a direct result of 'presenteeism' where employees are attending work even though they are not fit to carry out their duties, absenteeism that puts a strain on resources, budget constraints during the current period of austerity or simply the overall cost of absence management.

"The study does not surprise me and it provides evidence to support investment in prevention as well as acute services. With stigma around mental health slowly reducing we are seeing hidden issues emerging such as high levels of stress and trauma impact, which can contribute to escalation if they aren't addressed," said Lancashire's Chief Constable Andy Rhodes, the National Police Chiefs' Council Lead for Wellbeing.

But are the increased numbers due to the stigma reducing? or simply that the epidemic of PTSD that is prevalent throughout UK industry as a whole is driving the figures to unprecedented levels?

I regularly attend meetings where mental health provision is being discussed and always find that 'The Stigma' is the greatest challenge to overcome. One Police employee, recently stated that "I know that if I go into an office to speak to my Sergeant (about my mental health), even before I leave the office, at least three people know that I have been in."

### **Tackling mental health stigma**

The popular thoughts on tackling mental health stigma seem to centre around a proactive approach. Regular posting of information to encourage employees to ask for help, roadshows and talks, workshops, resilience training, and social media, TRiM, MHFA, Mindfulness and Yoga, but the stigma remains. However, if these were supported

by the opportunity to signpost to immediate access to appropriate, confidential, independent, specialist trauma therapy from a provider with proven efficacy, working knowledge and experience of the challenges faced by Police employees, this would go a long way removing the stigma forever.

From my own experience, the only way to remove the stigma once and for all, is to demonstrate to employees that all of your proactive methods are not an idle gesture, a tick-box exercise, an empty promise, but a true reflection of the intent to deliver appropriate help, support and assistance, whatever the challenge, regardless of the cost. There comes a time when it is not about the money, it is about what is right.

To put this into perspective, consider a Police Officer who has PTSD, or any other mental health condition. One of their greatest fears is that to ask for help is seen as a weakness, to ask for help is to be ridiculed by their peers, to ask for help is a threat to their career, to ask for help is unacceptable, to ask for help is futile. Having discussed this with a number of officers, it seems that the more specialist their role, the more the concern that admitting a mental health issue, will result in removal from their post.

This is the basis of the stigma within policing and is supported and promoted by common misunderstanding and ignorance around recovery and rehabilitation. In an [interview](#) with *Policing Insight* I said that the perceived threat of mental health is unfounded. That the proactive approach should be to advise people to expect to make a full recovery, even in the most complex cases. This rarely, if ever, happens and reinforces the feeling that a mental health 'label' is for life.

### **Being given the confidence to come forward**

So, if this proactive, positive messaging is to make a difference, it must be supported by publicising cases where officers have been removed from their post on ill-health grounds and sometimes for their own wellbeing, but have subsequently been supported by their force and made a full recovery, returning to their substantive post. Once this becomes the normal response and the normal outcome, employees will finally have the confidence to come forward and ask for help, without fear of reprisal.

I speak about 'appropriate' therapy, and another contributory factor to the current epidemic is that many believe that support is limited to provision of traditional intervention such as Counselling, Cognitive Behavioural Therapy, and more recently, Eye-movement desensitisation and re-programming (EMDR). The truth is that these therapies are not enough to treat complex mental health cases, such as PTSD. Psychotherapeutic interventions can also fall short of the mark. All of these approaches are also generally supported by the use, often long-term, of prescribed medication.

So, change in perception is important and the call for 'a national conversation involving the home office and department of health', although much needed and very welcome, will only result in more of the same, unless innovation is investigated and independent service providers are invited to contribute.

Lancashire's Chief Constable Andy Rhodes, is quoted as saying "We have a responsibility to look after the men and women whose job it is to keep us safe" and discusses

investment in acute services. Many others have commented over the last few days, following the publication of the survey. All of these words are hollow, unless action follows.