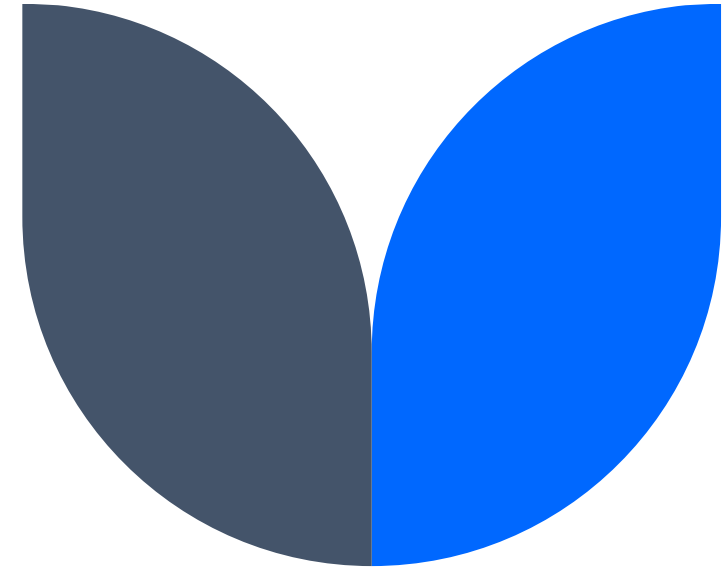




# Leadership, management, organisational and individual health

## The Association Between Job Quality and the Incidence of PTSD amongst Police Personnel

Professor Brendan Burchell & Dr Jessica K Miller (University of Cambridge)





# Outline

**The Survey:** *Why did we need one\* and how did it go?*

**Job Quality:** *Is policing a “good job”?*

**Post Traumatic Stress Disorder (PTSD) and Complex PTSD:**  
*What is it and how do we measure it?*

**Prevalence of Police C/PTSD:** *The uncomfortable truth*

**Poor job quality and C/PTSD:** *Why might they be connected?*

Coming up next...

**Implications for Policing in 2023:** *What does all of this mean on the job?*



# **The Survey**

## ***Policing: The Job & The Life***

*Why did we need a survey and how did it go?*



# The Job The Life Survey

October – December 2018\*

Web-Based, promoted on Social Media etc

43 UK Police Forces + National Crime Agency,

12,248 Police Officers (removed staff, retired, CSOs)

Contained measures of

- Job Quality
- Trauma exposure
- PTSD

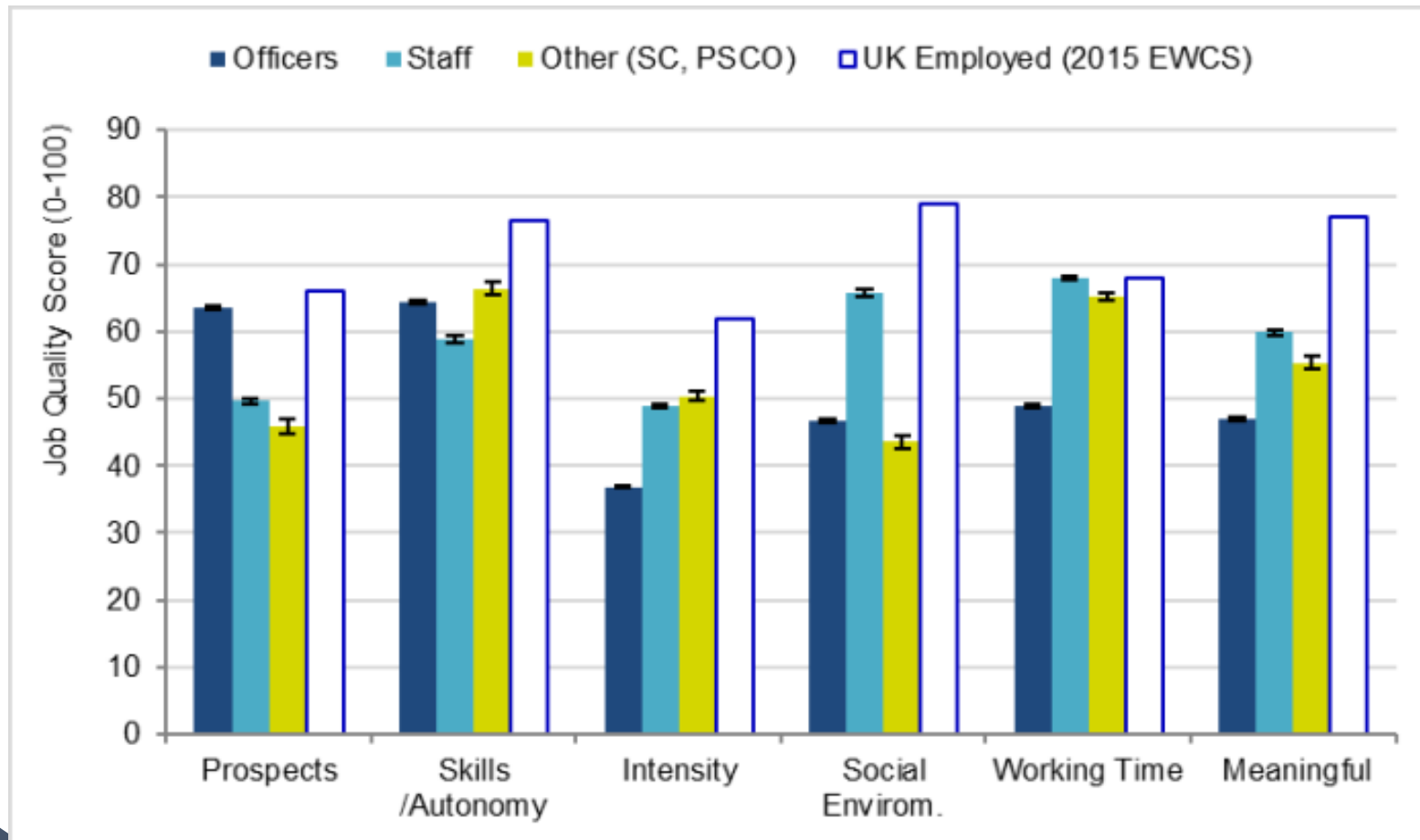




# Job Quality

*Is policing a “good job”?*

## Mean **job quality** scores (0-100) for UK Police compared to other UK employees



# Post Traumatic Stress Disorder (PTSD) and Complex PTSD:

*What is it and how do we measure it?*



# PTSD and Complex PTSD

ICD-11 measure of PTSD, symptoms in past month  
Psychometrically Robust

## **Core features of PTSD:**

- Intrusions or re-experiencing of the event
- Avoidance
- Arousal and reactivity or sense of current threat

## **Complex PTSD also requires:**

- Problems in affect regulation\*
- Negative beliefs about oneself
- Difficulties in sustaining relationships



# Prevalence of Police C/PTSD

*The uncomfortable truth*

# It's more complex\* than not

CPTSD 12.5%

PTSD 8.0%

No PTSD 79.5%

*90% of officers & staff trauma exposed*

# Poor job quality and C/PTSD

*Why might they be connected?*

A) Good working conditions might **facilitate resilience** and thus reduce susceptibility to adverse reactions to traumatic events.

B) Good working conditions might facilitate the **appropriate processing** of traumatic events and therefore reduce the chance of them leading to C/PTSD

C) Good working conditions might **facilitate a faster recovery** from PTSD, thus lead to a lower prevalence of both PTSD and CPTSD in the police workforce.

OR

D) Reverse Causation: **C/PTSD causes actual or perceived worse job quality**



# CPTSD Rates for good and poor job quality

## Hours

Very Poor fit between work and rest of life 24.2%

Can determine own hours 8.6%

'Very Easy' to take time off for personal reasons 6.3%

## Physical Environment

Contact with infectious materials 22.7%

# CPTSD Rates for poor job quality

## Social Environment

|  |       |
|--|-------|
| Handling angry members of public                               | 23.2% |
| Exposure to Sexual Harassment                                  | 22.0% |
| (no effects for exposure to physical violence or verbal abuse) |       |
| Can never rely on support of colleagues                        | 43.9% |
| Can never rely on support of manager                           | 28.4% |

# CPTSD Rates for poor job quality

## Work Intensity

Tight deadlines all of the time 18.8%

## Autonomy

Can never use own ideas at work 24.1%

# CPTSD Rates for good and poor job quality

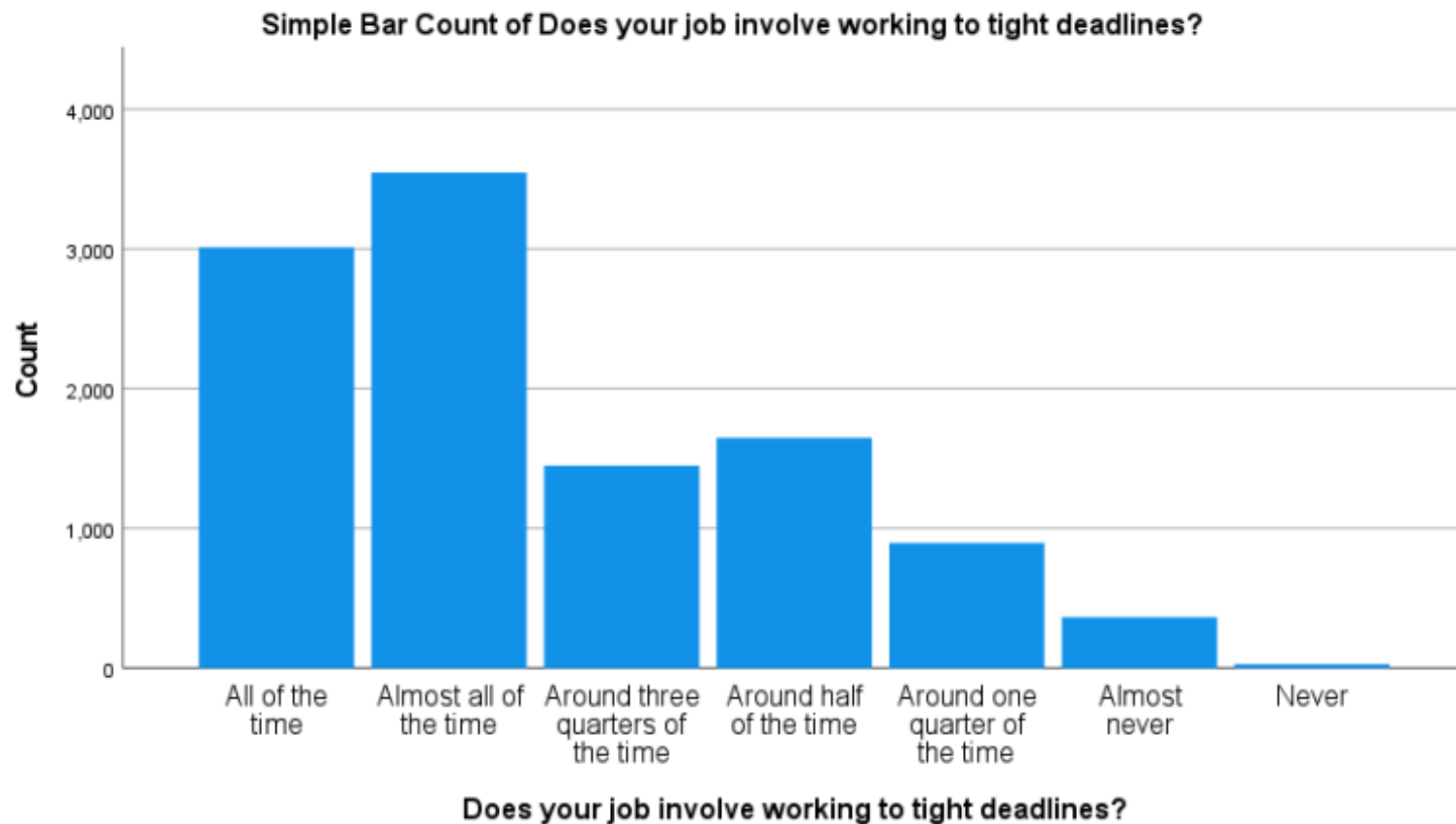
## Meaningful work

|  |       |
|--|-------|
| Never get feeling of job well done     | 28.0% |
| Never get feeling of doing useful work | 31.7% |

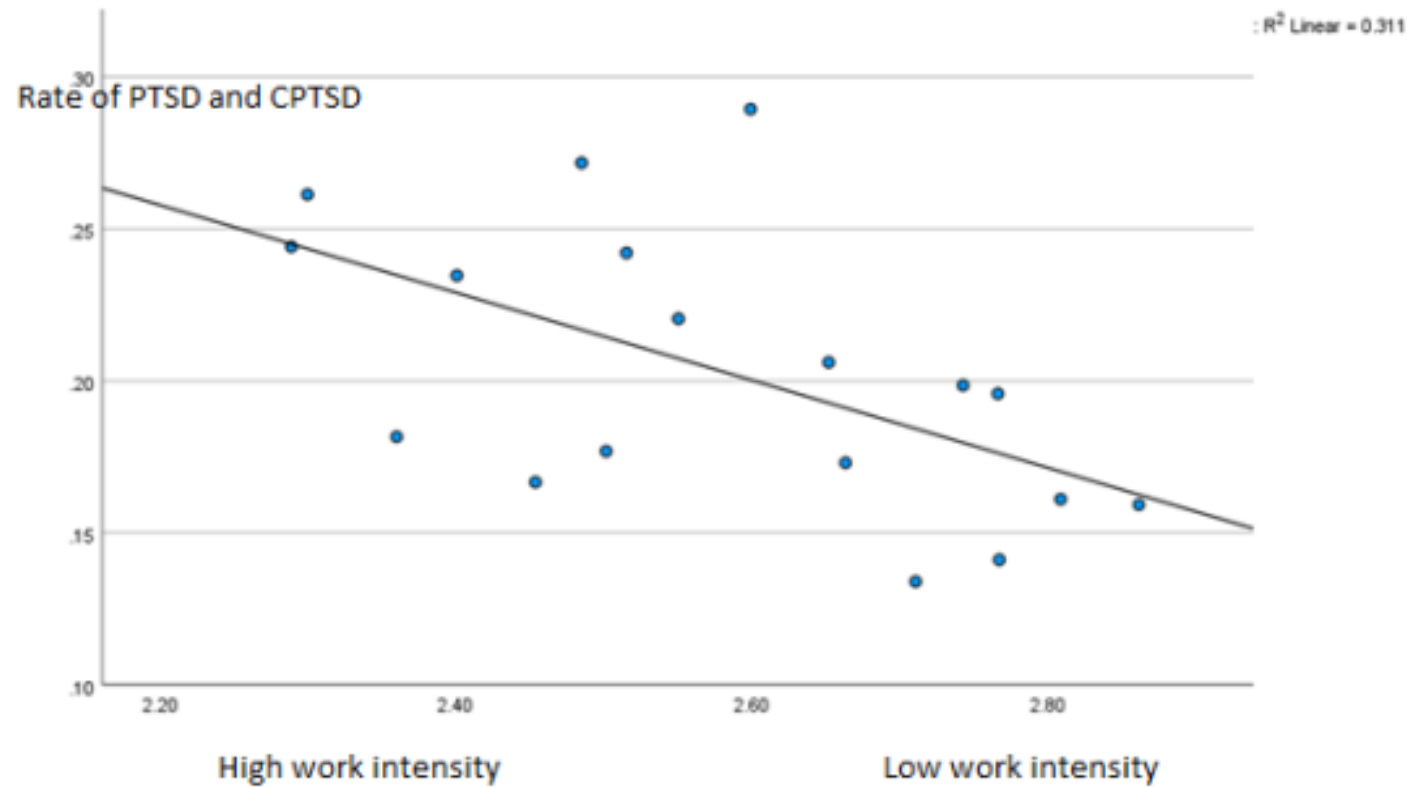
# Force-level analyses

- To remove reverse-causation effects
- Only included 18 forces with 300+ respondents
- Calculated Correlations with AGGREGATE job quality measures and AGGREGATE levels of CPTSD+PTSD (av 20.0%)

# High rates of working time intensity in policing



Forces with **poor levels of work intensity** have higher rates of C/PTSD.



# Implications for Policing in 2023: What does all of this mean on the job?

Dr Jess Miller







# Outline

Collecting C/PTSD data for the first (and only) time

Translating working conditions into everyday life decisions

- Trauma exposure management : examples of PTEC and TIPT
- Police identity: where is the whole human who makes the call & chooses the job
- Trauma informed management and peer support: developing common language
- Meaning in policing: coming back from The Casey Review

5 Tiers of leadership: *not a 'wellbeing' nice-to-have*

College of Policing APP: *do we need HMICFRS to make the call?*



# Collecting C/PTSD data

... for the first (and only) time

## **This is THE (only) data to explain the status quo**

- No other Police dataset that is linked to working conditions
- No PTSD data collected by forces
- No *TRAUMA EXPOSURE* data collected by forces
- Science shows unprocessed trauma impedes performance

Remember, PTSD affects 1 in 5 (trauma exposure; 90%)

# Translating working conditions into everyday life decisions

- Trauma exposure management
- Police identity
- Trauma informed management and peer support
- Meaning in policing

# Translating working conditions into *everyday life decisions on the job*

- **Trauma exposure management:** examples of PTEC & TIPT
- **Police identity:** where is the whole human & who makes the call
- **Trauma informed management & peer support:** common language
- **Meaning in policing:** coming back from The Casey Review

# Translating working conditions into *everyday life decisions on the job*

## Trauma exposure and the brain: neuroscience on the front line

Police PTSD research deficit (Foley & Massey, 2018)

Police have smaller hippocampi after trauma (Lindnaur, 2007)

Police need more Pfc and less amygdala –using fMRI (Peres et al., 2011)

Neuroscience of **police compassion management** (Mercadillo et al., 2014)

Healthy **police** can't navigate well after trauma (Miller et al., 2016,17)

Activating **brain reward centres** in **special ops'** (Vythiligam et al., 2009)

Brain activation in **police** after trauma (Henig-Fast et al., 2009)

**Police trying not to think** about traumatic incidents (Green, 2004)

Secondary trauma from disturbing images in **policing** (Perez et al., 2010)

Timeline techniques for **police** to **process incidents** (Hope et al., 2013)

**Mental preparedness** for **police** resilience on duty (Andersen et al., 2015)

**Police** call handlers' psychological health (Golding et al., 2017)

Training **police** trainees in **trauma management** (Manzella & Papzoglou, 2014)

# Translating working conditions into *everyday life decisions on the job*

Trauma exposure management: examples of PTEC & TIPT



55% **no time** to process\*  
65% trauma **unmanaged**

**WHAT TO DO?** Follow new APP, measure and manage

# Translating working conditions into *everyday life decisions on the job*

**Police identity:** where is the whole human & who makes the call

To take an hour or two off to take care of personal or family matters is...?’

(*Very difficult*) elevated CPTSD to 19%

- but accounted for a much larger 20% of the sample

**WHY?** Police identity – *the calling of the job* has a price no one talks about

**WHAT TO DO?** Managers acknowledge when that call has been made



# Translating working conditions into *everyday life decisions on the job*

## Trauma informed management & peer support: common language

“The results also point to the importance of forces to create a sense of support and safety within the policing community. Like any family, if that community is strong it facilitates resilience against the stresses and threats faced in police work, but if **there are threats from *within* that environment**, for instance, from unsupportive peers or management, or sexual harassment from other officers, **that betrayal increases the risk of PTSD and CPTSD**”

**WHAT TO DO?** Develop peer support, lead with honesty of experience

# Translating working conditions into *everyday life decisions on the job*

**Meaning in policing:** coming back from The Casey Review

“High rates of PTSD and people describing their jobs as having no use...but this may be a case of reverse causation; a symptom of Complex PTSD is the loss of a sense of purpose in life”

**WHAT TO DO?** Deal with it anyway: infuse comms & supervisions with acknowledgement of things done well & human stories of policing done well

# 5 Tiers of leadership

*not a 'wellbeing' nice-to-have*

# Systemic trauma management

## Wellbeing isn't a 'nice-to-have'



**WHAT TO DO?** This is daily operational life, dealing with it needs to be daily operational life, systemic, integrated

# College of Policing APP

*Do we need HMICFRS to make the call?*

(SOMETHING TO REFLECT ON: SHALL WE JUST CRACK ON AND NAIL THIS?)

# Translating working conditions into *everyday life decisions on the job*

Bringing it all together can come more naturally than you might think

Each of these components (the unavoidable exposure, the identity with the job as a human, the coming together as professionals and peers, the meaningfulness of all that we do...

They are all here in experience as well as the data.

**We just need to tune in.**

**WHAT TO DO?** Listen to it playing out in our natural reflections on policing

# Thank you

**Prof Brendan Burchell**

**Dr Jess Miller**

*Plus our wider amazing team*

**Prof Chris Brewin**

**Senhu Wang**

**Dr Magdalena Soffia**

**TRAUMA  
IMPACT  
PREVENTION  
TECHNIQUES**



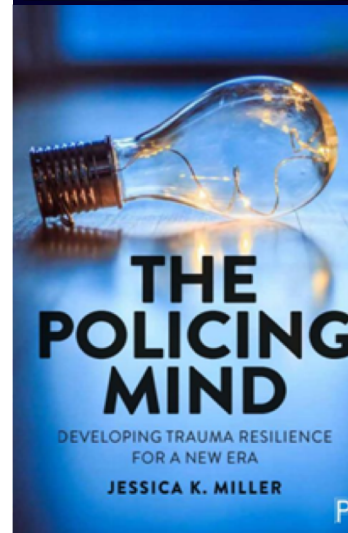
**Police  
Traumatic  
Events  
Checklist**

**Police  
Care<sup>UK</sup>**

A GUIDE FOR FORCE SYSTEMS  
2023

**POLICE**  
*Federation*

by Jessica Miller,  
Mary Elliott-Davies



**THE  
POLICING  
MIND**

DEVELOPING TRAUMA RESILIENCE  
FOR A NEW ERA

**JESSICA K. MILLER**

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