Mental health and well-being amongst police officers: a three-country comparison through the application of the jobs demand-resources model

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Abstract

Purpose – *Police officer mental health and well-being has emerged as a significant concern globally, with increasing recognition of the challenges posed by post-traumatic stress disorder (PTSD) and occupational stressors. This paper aims to examine police mental health in New Zealand, Australia and England and Wales, emphasising the prevalence of PTSD and associated risk factors. Despite shared legal and political frameworks, policing environments differ, affecting how mental health challenges manifest and are addressed. Using the job demands-resources (JD-R) model, the paper provides a structured analysis of these issues, advocating for evidence-based interventions to improve police mental health support systems and organisational resilience.*

Design/methodology/approach – *This study adopts a comparative approach, synthesising existing research on police mental health and well-being across New Zealand, Australia and England and Wales. It applies the JD-R model to assess the relationships between job demands, available resources and PTSD prevalence among officers. The analysis explores demographic factors, trauma exposure and occupational stressors contributing to mental health outcomes. By evaluating existing literature, this study identifies key trends and gaps in research, offering insights into how policing organisations can enhance their support systems. The methodological approach facilitates cross-jurisdictional comparisons while accounting for contextual differences in policing structures and operational challenges.*

Findings – *This study highlights significant levels of PTSD and related mental health challenges among police officers in all three jurisdictions. Although demographic factors and trauma exposure are consistent predictors of PTSD, variations in support structures, training and organisational culture influence mental health outcomes. The JD-R model underscores the importance of balancing job demands with adequate resources, including peer support, resilience training and organisational policies. The findings suggest that despite common stressors, responses to police mental health vary, necessitating localised, evidence-based strategies. Strengthening psychological support mechanisms and leadership training can mitigate the negative impact of policing on mental well-being.*

Practical implications – *This study underscores the need for police organisations to implement targeted interventions that address PTSD and broader mental health concerns. Recommendations include enhancing peer support networks, incorporating resilience training into police education and equipping managers with mental health leadership skills. In addition, continuous monitoring and evaluation of mental health initiatives are crucial to ensuring their effectiveness. The paper emphasises that a one-size-fits-all approach is insufficient; instead, tailored, evidence-based strategies should be developed to align with the specific needs of police forces in different jurisdictions. These findings are particularly relevant for policymakers, police administrators and mental health professionals supporting law enforcement.*

Originality/value – *This paper contributes to the growing body of research on police mental health by providing a comparative analysis across three jurisdictions. By applying the JD-R model, it offers a structured framework for understanding the interaction between occupational stressors and available support mechanisms. The study advances the discussion on police well-being by highlighting the importance of evidence-based policymaking and organisational change. Its findings provide valuable*

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insights for scholars, practitioners and policymakers seeking to improve police mental health strategies. The study also emphasises the need for ongoing research to refine mental health interventions and ensure their long-term impact on policing.

Keywords *Mental health, Evidence-based practice, Well-being, Police officers, Job demands-resources model, Post-traumatic-stress-disorder "PTSD"*

Paper type *Research paper*

Introduction

Police officers' mental health has garnered significant attention over recent times, reflected in the recent work of Birch *et al.* (2017), Brewin *et al.* (2022), Syed *et al.* (2020) and Stevelink *et al.* (2020) as an illustration. The focus of our paper is a comparative study of post-traumatic stress disorder (PTSD) rates in police forces across New Zealand, Australia (as well as focusing in on one state – New South Wales) and England and Wales, drawing on published research by den Heyer (2021, New Zealand); Kyron *et al.* (2019, Australia); Craven *et al.* (2021, New South Wales, Australia) and Brewin *et al.* (2022, England and Wales). Through this comparison, we seek to apply the jobs demand-resources (JD-R) model by Bakker and Demerouti (2007), to provide a meaningful lens in which to make sense of the data and provide important implications for police practice.

Concerns over increasing medical retirements due to mental health issues resonate globally, as evidenced by Syed *et al.*'s (2020) meta-analysis spanning 24 countries. This study unveiled alarming rates of depression, PTSD, anxiety disorders, suicidal ideation and alcohol dependence among police officers, underlining the urgent need for intervention and support systems. While in Australia, specific data from the New South Wales Police Force illustrates a concerning trend in mental health-related retirements (Birch *et al.*, 2017). These trends, exemplified in Table 1 and graphically depicted (Figure 1), emphasise the growing magnitude of mental health challenges within policing.

Further to this, qualitative insights from the Police Federation of Australia have also highlighted the profound psychological distress and PTSD prevalence among emergency service workers, with police officers bearing a significant burden (Webber, 2019). Such major traumatic incidents and chronic stressors contribute to mental health challenges means the role of organisational pressure, or managerialism, cannot be ignored (Beckley, 2018). This, coupled with insufficient organisational responses, inconsistent therapeutic approaches and prevailing stigma to police officer mental health and well-being, forms a complex web demanding urgent policy and practice interventions.

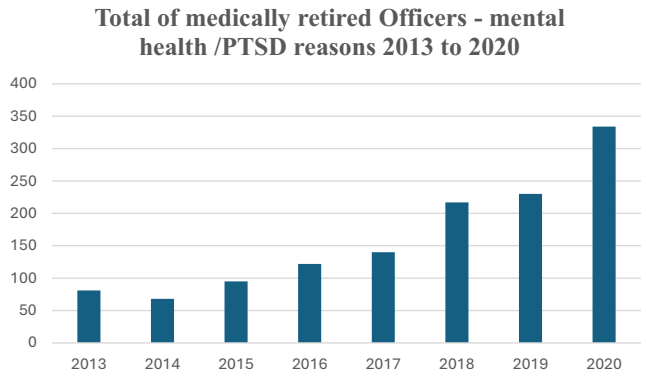
Extending this line of inquiry and drawing from a recent SANRA [1] review (Beckley *et al.*, 2023), which outlines key challenges hindering effective mental health support within police forces, this paper advocates for several changes to police organisational policy: evidence-based interventions, destigmatisation efforts, managerial training and ongoing monitoring to safeguard police officer wellness effectively. The SANRA findings presented by Beckley *et al.* (2023), alongside a recent Beyond Blue Report (2018), highlight gaps in organisational responses and the need for improvements in supporting police officer wellness, as the high prevalence of mental health issues such as PTSD, depression and anxiety among police

Table 1 Number of New South Wales police force sworn and unsworn police officers who took medical retirement as a result of mental health or PTSD issues

Years	*2012*	*2013*	*2014*	*2015*	*2016*	*2017*	*2018*	*2019*	*2020*	*Total*
Post 88 Sworn Officer	441	68	67	87	108	131	207	218	319	1,646
Unsworn officer	9	13	1	8	14	9	10	12	15	92

Note(s): Table 1: Number of post 88 (appointed post, 1988) Sworn and Unsworn Officers medically retired for mental health/PTSD reasons 2012–2020 – New South Wales Police Force
Source(s): GIPA (2009)

Figure 1 Number of post 88 (post, 1988) New South Wales police force sworn and unsworn officers medically retired for mental health/PTSD reasons 2013–2020 – New South Wales police force



Source(s): GIPA (2009)

officers leads to increased sick leave, early retirements and reduced job satisfaction. While the growing concern over medically retired officers due to mental health reasons underscores the urgent need for effective interventions and support systems. Furthermore, there is also the issue of reduced public safety due to the impact on performance that can occur as a result of the disregard for police officer mental health and well-being. Chronic exposure to job demands without adequate resources can compromise officers' performance, decision-making and judgement in critical situations. Research indicates that poor mental health can impair officers' abilities to function optimally in fast-paced and potentially life-threatening environments (Perez, 2018; Sanchez, 2021). Therefore, implementing evidence-based strategies and interventions is crucial for addressing mental health challenges effectively. This may include providing comprehensive training for police managers in handling mental health issues, promoting a stigma-free environment within policing organisations and fostering peer support networks for all levels of the policing profession. Beyond these practical measures, arguably the recognition of continuous evaluation of policing both at an operational and organisational level is needed for ongoing improvement to police officer wellness.

In summary, the complexities of mental health challenges faced by police officers globally, require serious attention from policing organisations. Operational stressors, trauma exposure and organisational pressures contribute significantly to mental health challenges, necessitating evidence-based interventions, destigmatisation efforts, managerial training and ongoing monitoring for effective support and improved officer wellness. Recognising the impact on well-being, performance and evidence-based practice, the paper advocates for proactive measures to safeguard police officers' mental health and overall well-being in high-stress work environments.

Theoretically framing the issue

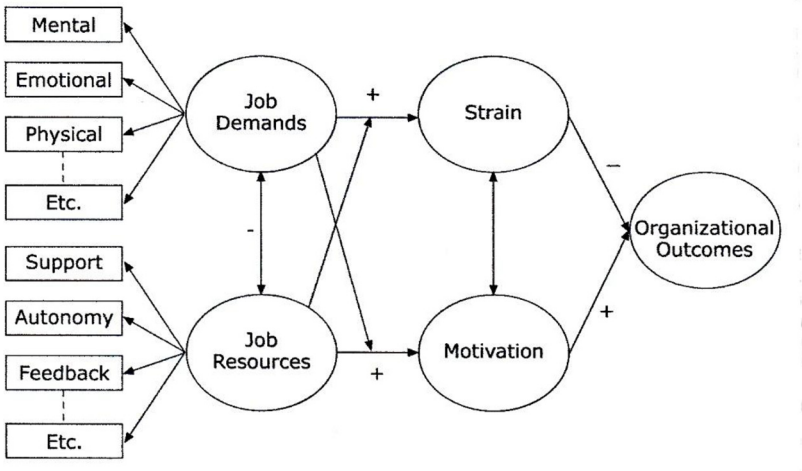
Theoretical framing the issue of mental health and well-being in police organisations is an important component when seeking meaning ways for addressing the problem. This study therefore adopts the JD-R model proposed by Bakker and Demerouti (2007) to provide a meaning context for exploring the issue leading to implications for policy and practice.

In summary, the JD-R model asserts that every occupation has its own specific risk factors that contribute to job stress and burnout. This stress and burnout can be understood through job demands, e.g. emotional demands, long working hours and job resources, e.g. manager

support, professional development opportunities, with the latter buffering the impact of job demands. This model provides a comprehensive framework, for understanding how burnout (job demands) and (dis)engagement (job) resources interact to impact employees' well-being and performance. And while the JD-R model can be applied to a diverse range of workplaces, it is particularly pertinent to apply to high demand occupations such as health care and emergency services (Figure 2).

Applying these components to police practice and organisations is therefore relevant as police officers are exposed to high levels of psychological demands due to the nature of their work, which involves dealing with traumatic incidents, violence and emergencies regularly. The prevalence of PTSD, depression, anxiety disorders and other mental health issues among police officers reflects the significant psychological demands of their job. Although pressures from police management to achieve results, meet key performance indicators and handle organisational objectives contribute to increased stress levels among officers. Such managerialism can lead to dissatisfaction and burnout, reflected in the earlier work of Demerouti *et al.* (2001). Access to social support such as adequate support from colleagues, supervisors and the organisation more broadly can play a crucial role in mitigating the negative effects of job demands, but the lack of consistent support and existing stigma surrounding mental health within police forces exacerbates the challenges faced by officers. The identification of stigma in the organisation is reflected in much of the research on police officer mental health and well-being (Velazquez and Hernandez, 2019; Drew and Martin, 2021; Richards *et al.*, 2021), thus, evidencing the importance of organisational support in effectively dealing with the issue. Policies, practices and related interventions aimed at promoting mental health, providing access to counselling, training for managers and implementing evidence-based approaches are essential organisational resources for effectively addressing police officer mental health and well-being (Beckley *et al.*, 2023). In sum, applying the JD-R model helps to understand the complex interplay between job demands, job resources, mental health and well-being outcomes and organisational responses, in particular within police organisations. By addressing job demands, enhancing job resources and implementing evidence-based practices, police forces can better safeguard the mental health and well-being of their officers while maintaining optimal performance and service delivery standards.

Figure 2 Job demands-resources model



Note(s): This J D-R model published in 2007 was updated by a more complex model in 2017

Source(s): Bakker and Demerouti (2017, p. 275); Bakker and Demerouti (2007

This paper now moves onto the empirical component underpinning the study.

The research presented in this article explores police officer mental health and well-being with a particular focus on PTSD, operational stressors and trauma exposure routinely faced by officers. The pervasive nature of such conditions within policing contexts reflects the need for proactive mental health initiatives within police organisations.

Method and methodology

This study adopts a comparative research design using secondary data analysis to examine the mental health and well-being of police officers across three jurisdictions: New Zealand, Australia and England and Wales. The research is underpinned by an interpretivist epistemology, recognising that mental health outcomes are shaped by complex social, institutional and occupational contexts. By synthesising findings from existing empirical studies, the research sought to identify common patterns, divergences and context-specific factors influencing police officer exposure to trauma, operational stressors and the prevalence of PTSD. These studies that are the focus of this paper are:

- den Heyer, G. (2021) – New Zealand [2];
- Kyron, M. J., Rikkers, W., LaMontagne, A., Bartlett, J., and Lawrence, D. (2021) – Australia;
- Craven, R., Marsh, H., Ryan, R.M., Dicke, T., Guo, J., Gallagher, P., Van Zanden, B., Kennedy, M., and Birch, P. (2021) – New South Wales, Australia; and
- Brewin, C.R., Miller, J.K., Soffia, M., Peart, A., and Burchell, B. (2022) – England and Wales.

This justification for focusing this study on police forces in New Zealand, Australia and England and Wales centres on their shared common law foundations, similar policing structures and comparable occupational stressors. These jurisdictions have also demonstrated a growing institutional focus on police mental health, with accessible and relevant empirical research on PTSD, trauma exposure and well-being. Despite these similarities, each context also presents unique organisational and policy responses, allowing for meaningful cross-national comparison and the identification of transferable insights into effective mental health interventions in policing.

As a consequence, the aim of this comparative analysis allows for the examination of the mental health and well-being of police officers in New Zealand, Australia and England and Wales, with a particular focus on the prevalence of PTSD, exposure to trauma and occupational stressors. By analysing existing empirical research from these jurisdictions, the study enables the identification of common challenges and divergences in mental health outcomes among police officers. This in turn supports the exploration of the organisational and structural factors influencing these outcomes, generating insights into effective strategies for supporting officer well-being across different policing contexts (see implications for practice below).

Table 2 illustrates the different survey instruments used in this comparison.

Findings

An overview of each of the four studies (three countries) findings based on the variables considered are presented in Table 3.

Table 4 presents some factors relating to *Job Demands* using raw statistics to illustrate the differences and similarities of policing conditions in the respective countries. Although crimes per police officer is a rough measure (not taking into account the level of seriousness or complexity of crimes), it appears that police officers in England and Wales are more likely to be dealing with more crimes than those in Australia and New Zealand. The police officers per 100,000 population are at similar levels. The area each police officer might be expected

Table 2 Survey instruments used in the research studies conducted in New Zealand, Australia and England and Wales

Constructs examined	*Survey instruments used – New Zealand* (den Heyer)	*Survey instruments used – Australia* (Kyron et al.)	*Survey instruments used – Australia* (Craven et al.)	*Survey instruments used – England and Wales* (Brewin et al).
– Psychological distress	DSM-5[1]	Kessler-10[2]	Kessler-6[3]	DSM-5
– PTSD/CPTSD	PCL-C[4]	PCL-5[5]		ICD-11[6]
– Psychological flexibility	AAQ-II[7]			
– Trauma	BTQ[8]			
– Alcohol use	AUDIT-C[9]			
– Sleep condition	SCI[10]			
– Well-being and life satisfaction			Short [11] Warwick	

Note(s): [1]Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; [2]Kessler Psychological Distress Scale –10 items; [3]Kessler Psychological Distress Scale – 6 items; [4]PTSD Checklist – Civilian Version; [5]PTSD Checklist for DSM-5; [6]International Classification of Diseases, 11th Revision; [7]Acceptance and Action Questionnaire – II; [8]Brief Trauma Questionnaire; [9]Alcohol Use Disorders Identification Test – Consumption; [10]Sleep Condition Indicator; [11]Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)
Source(s): Authors' own work

Table 3 Key findings in each of the studies

Variables	*New Zealand*	*Australia* – (Kyron et al.)	*Australia* (Craven et al.)	*England and Wales*
Number of police participants	4,489	8,088	5,269	16,857
Percentage of current sworn staff	71.40%	13.34%	79.10%	12%
Number of police forces	1	9	1	22
Percentage with PTSD and CPTSD	14%	11%	8%	20.6%
Percentage of psych distress		31%	57%	48%
Hazardous drinking	57%		25%	
Exposed to trauma/traumatic events exposure	69%	51%		75%
Sleep problems	47%			51%
Overall fatigue				53%
Well-being			Normal	Lower
General life satisfaction			Normal	
Well-being program participation	Low		14.70%	16%

Source(s): Authors' own work

Table 4 Job demands: results of comparison – commitments per police officer in police forces within the study

Commitments per police officer in police forces within the study	*New Zealand*	*Australia – whole*	*Australia – New South Wales*	*England and Wales*
Number of police officers 2023	10,757	60,589	17,062	147,098
Crimes per police officer	24	15	15	45
Police officers per 100k population	206	225	205	218
Sq km in country per police officer	25	128	47	2
Calls for assistance per police officer	150	N/A[1]	88	162

Note(s): [1]Information regarding calls for assistance per police officer is not available in all States and Territories in Australia, therefore unable to provide comparison in this study
Source(s): Table 4: The Authors' calculations with references to: New Zealand – New Zealand Police Annual Report 2023; Australia – Productivity Commission Report on Government Services 2023, Australian Bureau of Statistics (ABS), New South Wales Police Force Annual Report 2022–23; England & Wales – Home Office, Gov.UK, London Fire Consultants Ltd

to offer security and protection to are vastly different. Although the area of the whole of Australia is misleading as there are significant volumes of land, especially in the centre of the country, that are lightly or un-populated. A more realistic figure is that provided by the number in New South Wales, although this is considerably higher than the other two

countries. Finally, it appears from the numbers provided from information in the public domain, that England and Wales police officers are expected to respond to higher numbers (162) of emergency and non-emergency calls per officer for than New Zealand (150) and those in New South Wales (88).

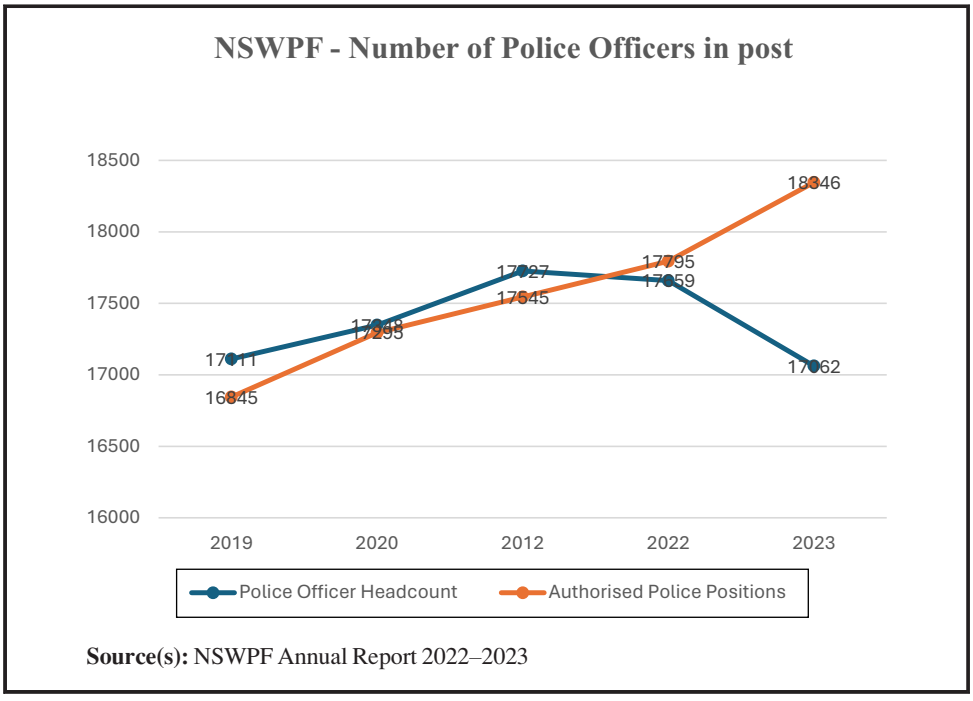
The most crucial factor in assessing the job demands of individual employees in an organisation is the shared workload of each worker. Beckley (2023) identified the issue of reduced numbers of police officers in operational availability and difficulties in recruitment in several countries leading to inability to maintain effective numbers in established posts. For example, in 2023 in New South Wales Police Force, the "Authorised Police Positions" was 18,346, whereas the actual headcount of police officers in post was 17,062: a shortfall of 1,284 operational police officers leading to further pressure on the workforce in place. The graph below illustrates that this issue appears to be urgent as it will affect operational effectiveness of response to calls for assistance from the public (Figure 3).

Another aspect to recruitment of police officers and their availability for operational duties is early retirements, ill-health retirements and sick leave; this was an issue discussed above but it should be added to considerations of pressure of job demands. The following analysis compares these variables, bringing the findings of the four studies together thus providing an understanding of the issues that impact police officer mental health and well-being.

Post-traumatic stress disorder/CPTSD

The prevalence of PTSD/CPTSD among police officers was discussed earlier in this paper, whereas numerous studies, as illustrated by Beckley *et al.* (2023). Clearly, the examination of the issue in this paper continue to reinforce the high levels of PTSD/CPTSD experienced by serving police officers in New Zealand (14%); Australia (11%); Australia New South Wales only (8%); and England and Wales (20.6%) (Table 1). These percentage figures can be compared with a key fact issued by the World Health

Figure 3 Number of police officers in post New South Wales police force



Source(s): NSWPF Annual Report 2022–2023

Organisation that an estimated only 3.9% of the world population has had PTSD at some stage in their lives (WHO, 2024).

Psychological distress

The analysis of the data presented in this paper identify the extremely high levels of psychological distress [3] experienced by police officers: Australia (31%); Australia NSW (57%); and England and Wales (48%). These concerning results could also be linked to survey results where police officers were exposed to trauma (see below). Police officers are constantly faced with a diversity of occupational challenges ("chronic stressors"), this can lead to physical and psychological health issues and may lead to "burn out" (Baker *et al.*, 2023). On a daily basis, police officers are dealing with traumatic incidents such as sudden deaths, events involving children and egregious crimes (Miller *et al.*, 2022). In addition, many studies have revealed "organisational pressure" of police officers within their workload as a serious situational context that leads to psychological distress (Beckley, 2018, 2019; Miller *et al.*, 2022). The proportion of police officers in Australia, for example, who have made workers' compensation claims as a result of a mental health condition is 15.5%, which can be compared with just 1% for all other occupations (Gray and Collie, 2017; Lawrence *et al.*, 2018).

Hazardous drinking

Often as a result of mental health issues, police officers resort to alcohol and drug abuse; indeed, as depicted in Table 4 above, alcohol abuse was reported in 57% of the respondents in New Zealand and 25% in Australia. A study in Australia found: "many first responders engage in harmful and maladaptive coping strategies such as alcohol misuse" (Joyce *et al.*, 2019). An organisation, Bluehope, which describes itself as a not-for-profit charity that provides support for current and former Queensland police officers, went further to quantify the abuse by noting that in Australia, the majority of individuals diagnosed with PTSD – over 80% – also experience comorbid mental health conditions, including depression, anxiety and substance use disorders involving alcohol and other drugs (Bluehope, 2019). Whilst larger studies in Europe identified multiple addictions and PTSD was an established risk factor (Brunault *et al.*, 2019). Such findings reflect a significant impact on police officer wellness.

Exposure to trauma

As explained in Section 2 above (psychological distress), police officers encounter trauma at first hand on a regular basis through their attendance at traumatic events, which occur in their daily deployment. Research findings from the studies conducted in New Zealand, Australia and England and Wales revealed that 69% of police officers in New Zealand reported they had been exposed to trauma; compared to 51% in all Australia and 75% of police in England and Wales. As a result of experiencing trauma and cumulative stress situations, the rate of suicides of serving police officers is high compared with other occupations. In 2020, the rates of suicide were: New Zealand 5%; Australia 12.5%; England and Wales 15.4% (NCIS, 2023; WAPU, 2023).

Sleep problems

To illustrate the global extent of the issue of poor sleep a research team in Italy undertook a "meta-analysis" of studies published in English, French, Italian, Spanish and Portuguese, using the Pittsburgh Sleep Quality Index found that poor sleep is associated with poor health outcomes and worse well-being. Poor sleep also results in worsening work performance, lower productivity and risks health and safety at work; the research found that 51% of police officers had bad sleep quality that could have negative consequences for

police officers and possible negative outcomes for third parties involved in policing incidents (Garbarino *et al.*, 2019).

In Australia, the subject of sleepiness and fatigue in the law enforcement workplace was examined by a team of researchers from Sydney by completing a systematic review of 43 relevant records. It recognised that successful interventions for targeting work-related stress and potential psychological disorders should be continuously supplied to be effective (Lees *et al.*, 2019). A national study in Australia in 2018 with over 8,000 police respondents, identified symptoms of increased arousal such as difficulty sleeping, difficulty concentrating, irritability and angry outbursts, being easily startled, and hypervigilance. When examining the proportion of employees with PTSD, this study found 10.7% of police officers had probable PTSD, compared with 4.4% of Australian adults (Lawrence *et al.*, 2018). The study in New Zealand (den Heyer, 2021) corroborated the results in Australia by finding that sleep problems were prevalent in sworn, resigned and retired members in all responses from the PTSD checklist (PCL-C).

Overall fatigue

Questions relating to the feeling of overall fatigue were only asked of police officers in England and Wales based on the studies examined in this paper; in response, 53% of officers claimed to be sufferers. This issue, arguably, is one that requires further research.

Well-being

Although officer well-being was described as "normal" by some officers, the vast amount of evidence regarding early retirements, ill-health retirements and suicidal ideation suggest that the well-being of police officers is a low priority (judging by the prevalence of mental health issues that have been identified for the past 30 years at least in research (e.g. Beckley, 1994; Syed *et al.*, 2020; Beckley *et al.*, 2023). Also, managers in the police service, arguably, do not respond appropriately to staff ostensibly in their care (Beckley, 2019). Many police forces are introducing well-being programmes in their organisations and research is currently assessing the effects of these programmes, with some conclusions suggesting they are not as effective as they could be (Graham *et al.*, 2023; Lawrence *et al.*, 2018).

Life satisfaction

Police officers in New South Wales were asked about their general life satisfaction, revealing a result o "normal" for the sample obtained. Whilst, this instrument was not used in any other of the studies considered in this paper, therefore no comparisons could be made, as with "overall fatigue" above, this issue, arguably, is one that requires further research.

Organisational well-being programmes

The participation by police officers in organisational well-being programmes in all three countries could be described as "low". Despite the evidence of high levels of stress and PTSD/CPTSD, the highest level of participation was in England and Wales (16%) followed by NSW (14.7%). This probably indicates a reluctance by police officers to participate, with some studies examining "stigma" attached to sufferers of mental health issues and a fear by officers that submitting to well-being programmes could lead to detrimental career or promotion prospects in their chosen profession (Corsetti, 2017; Sanatkar *et al.*, 2022).

Discussion

The discussion surrounding stress, PTSD and mental health challenges among police officers across different regions, particularly in New Zealand, Australia and England and Wales, provides valuable insights into the complexities of these issues. By applying the JD-R model, we can further consider how various job aspects contribute to stress-related outcomes and explore potential interventions to support police officers' mental well-being.

With regards to *Job Demands* in policing exposure to trauma emerged as a significant job demand across all surveyed regions. This exposure is strongly associated with increased risks of PTSD, psychological distress and sleep problems. The JD-R model emphasises that high job demands like exposure to trauma can lead to strain and adverse mental health outcomes among employees. Although not explicitly discussed, the demanding nature of shift work in policing is a known job demand. Irregular shifts disrupt normal sleep patterns, leading to fatigue, sleep disorders and overall reduced well-being. The prevalence of fatigue observed underscores its contribution to mental health challenges among police officers. Then there is the issue of stigma and organisational barriers. This stigma represents a significant social and organisational demand that discourages officers from seeking necessary help, prolonging distress and untreated mental health conditions.

Moving on to *Job Resources*, protective factors are revealed through initiatives such as well-being programmes provided by a police organisation. The presence of wellness programmes and supportive policies is a critical job resource. These programmes offer coping strategies, access to mental health services and foster a supportive organisational culture, aligning with the JD-R model's emphasis on buffering job demands with adequate resources. Although peer support initiatives and supportive relationships within the workplace serve as essential job resources. Social support provides emotional, instrumental and informational assistance, enhancing resilience and reducing isolation among officers facing job stressors. Further to this, equipping police managers and supervisors with training in mental health support and resilience-building strategies is another vital resource. Adequate training enhances their ability to recognise signs of distress, offer support and create psychologically safe work environments.

Reflecting on the interplay of *Job Demands* and *Job Resources*, there are further observations to be made. For example, combining interventions that address job demands (like trauma exposure and shift work challenges) with robust job resources (wellness programmes, social support and training) is crucial. Holistic approaches can effectively mitigate the negative impact of job demands on mental health outcomes among police officers. While reducing stigma is important to consider as well. Efforts to reduce stigma and improve access to mental health services are paramount. Normalising mental health discussions, encouraging help-seeking behaviours and ensuring confidentiality can break down barriers to seeking support. The continuous monitoring and evaluation of any policy and/or programme to address police officer well-being and their mental health is imperative for addressing this issue in any meaningful way. Longitudinal studies and ongoing monitoring align with the dynamic nature of the JD-R model. Regular evaluations can identify evolving job demands, assess resource effectiveness and inform evidence-based interventions tailored to the specific needs of police officers. Policymakers and organisational leaders must adopt evidence-based strategies for mental health management. This includes identifying risk factors, implementing preventive measures and fostering a culture of well-being that supports officers throughout their careers proactively.

In summary, it can be claimed that the JD-R model provides a comprehensive framework to understand the intricate dynamics between job demands, resources and mental health outcomes among police officers. By addressing these factors in a nuanced and systematic manner, police organisations can create healthier work environments, reduce stress-related challenges and better support the mental well-being of their officers globally. So why is the situation not improving?

Police organisations are, arguably, doing too little, too late to provide an effective outcome and provide relief to police officers from mental health injury (Beckley, 2023). In the "Answering the Call" 2018 survey across Australia, police officers were asked whether their employer provided adequate help for mental or emotional problems, 27.5% said: "No, I needed a little more help" and 19.9% said: "No, I needed a lot more help". Only 52.6% of the workforce said they did have adequate help (Lawrence *et al.*, 2018). According to research by Beckley (2019) and Drew *et al.* (2023), the reason for the lack of progress in this space is workplace stressors in the police workplace. That is, police management is causing the tsunami of police mental health and PTSD leading to an "own goal" against colleagues according to Townsend (2022). Albeit, in research from the UK and Canada, it was found that attitudes are changing towards the stigma of mental health in the police force, where the effects of the exposure to trauma the police face daily is penetrating police culture (Macpherson, 2019; Porter and Lee, 2023). According to Keech *et al.* (2020), in Australia, the answer could be that holding particular stress mindsets may help to mitigate the deleterious effects of stress and promote well-being in workers experiencing regular stress through a "stress beliefs model". Solutions to this major issue will not be cheap to provide, for example, the Police Association of New South Wales (PANSW), recently noted that it secured a $79m AUD funding boost "to better look after the psychological and physical health of NSW police officers" (PANSW, 2023). Building a healthier workplace where colleagues offer support and guidance to each other along with recognition of the impact on officers' families is important to achieving this endeavour as illustrated in the work of Townsend (2023). With further evidence also being offered through the work of Venville *et al.* (2024) and Martinmaki *et al.* (2023) regarding the importance of support on offer to police officers. For example, in the qualitative study conducted in Australia that examined the value of peer support to the mental health and well-being of police officers, it was found that such peer support provided a route for re-building the officers' life and personal identity away from the police organisation (Venville *et al.*, 2024). While a longitudinal study in Holland found that a multidisciplinary day clinic provided for police officers suffering from PTSD showed statistically reliable improvement in their symptoms when assessed between 2009 and 2019 (Martinmaki *et al.*, 2023).

Further to this, Beckley *et al.* (2023) found the main problems in addressing police officer mental health and wellness, were:

- lack of consistency from medical/psychotherapy trials to identify successful therapies/approaches;
- stigma of mental health within the police workforce;
- lack of quality help within the police workforce; and
- aspects of the policing role and expectations of service delivery (p. 323).

Such findings are corroborated in the work of Ricciardelli and Johnston (2022), who noted that:

> the vast body of Canadian and international literature on police mental health and wellness to reveal three key findings: (a) police officers, internationally, are at an increased risk of experiencing a mental health disorder and other social or health problems due to their exposures to potentially psychologically traumatic events and resulting occupational stress injuries; (b) treatment-seeking is resisted among police because of both operational and organizational barriers; and, (c) in addition to improving accessibility to mental health resources, normalising and de-bunking mental health stigma in police cultures is key to ensuring a healthier and more resilient police workforce (p.18).

Conclusion

This comparative analysis of police officers in New Zealand, Australia and England and Wales has revealed significant insights into the prevalence and associated factors of mental

health and well-being. The study has encompassed data from multiple sources, providing a lens in which to consider the challenges faced by law enforcement professionals in comparable jurisdictions.

The findings indicate that a considerable proportion of police officers across the studied countries experience symptoms indicative of post-traumatic stress, with a subset of those sampled facing presumptive clinical PTSD. Factors such as increased distress levels, poor sleep quality, hazardous drinking patterns, exposure to trauma and specific work conditions (e.g. working in small stations) are significantly associated with heightened PTSD risk. Whilst the application of the JD-R model outlined by Bakker and Demerouti (2007) provides a theoretical framework to make sense of such findings.

As a result, the analysis has yielded several implications for policy and practice with regards to recognising and addressing police officer well-being and safeguarding their mental health.

Implications for practice

Those practice implications are:

- *Evidence-based interventions:*

Policymakers and organisational leaders must adopt evidence-based approaches to address police officer mental health and well-being. This includes implementing proven interventions for managing distress, improving sleep hygiene, promoting healthy coping mechanisms and reducing hazardous drinking behaviours.

- *Addressing stigma:*

Efforts to reduce stigma surrounding mental health within police cultures are crucial. Creating open dialogue, providing confidential mental health resources and actively debunking misconceptions about seeking help for mental health challenges can encourage more officers to seek support.

- *Training and support for managers:*

Police managers and supervisors should receive specialised training in recognising signs of distress and PTSD among their team members. They must also be equipped to provide appropriate support, referrals to mental health professionals and accommodations when needed.

- *Continuous monitoring and evaluation:*

Regular assessments and evaluations of organisational wellness initiatives are essential to gauge effectiveness and identify areas for improvement. Police agencies should prioritise data collection related to mental health outcomes, workers' compensation claims and suicide rates to inform evidence-based decision-making.

- *Holistic well-being approach:*

Implementing comprehensive wellness programmes that address mental, social, spiritual and physical health aspects can contribute to overall resilience and better coping strategies among police officers. Incorporating peer support networks, wellness checks and access to diverse mental health services can enhance the effectiveness of these programmes.

- *International collaboration and research:*

Collaboration between countries and sharing of best practices in police officer mental health can lead to more effective strategies globally. Continued research into the specific needs of law enforcement professionals, longitudinal studies on intervention outcomes and comparative analyses across nations can provide valuable insights for policy development and practice improvements.

By implementing such recommendations, police organisations globally can work towards creating a healthier and more resilient workforce, ultimately improving the well-being and effectiveness of law enforcement professionals in serving their communities.

Notes

1. SANRA = Scale for the Assessment of Narrative Review Articles
2. The data from den Heyer's 2021 study was re-analysed by the authors of this paper to allow for a comparative analysis with the other three studies.
3. New Zealand police officers were not asked a question in that survey about psychological distress.

References

Baker, L.D., Richardson, E., Fuessel-Herrman, D., Ponder, W. and Smith, A. (2023), "Police burnout and organizational stress: job and rank associations", *Policing: An International Journal*, Vol. 46 No. 4, pp. 682-693, doi: 10.1108/PIJPSM-01-2023-0004.

Bakker, A.B. and Demerouti, E. (2007), "The job demands-resources model: state of the art", *Journal of Managerial Psychology*, Vol. 22 No. 3, pp. 309-328.

Beckley, A. (1994), "Why alexander was great", *Policing*. Winter 1994.

Beckley, A. (2018), "Is managerialism alive and well in the police service?" *European Journal of Policing Studies*, Vol. 5 No. 4, pp. 50-67.

Beckley, A. (2019), "Examining human rights and ethical practice in Australian policing: a New South Wales case study", PhD Thesis. Sydney: Western Sydney University.

Beckley, A. (2023), "Too little, too late: mental health and wellbeing in police forces – why are policing organisations still failing?" *Policing Insight*, available at: https://policinginsight.com/features/analysis/too-little-too-late-mental-health-and-wellbeing-in-police-forces-why-are-policing-organisations-still-failing/

Beckley, A., Wang, J. and Birch, P. (2023), "Are organisational responses by police forces appropriate to adequately safeguard police officer wellness? A review of the scientific evidence" *Safer Communities*, Vol. 22 No. 4, pp. 312-326.

Birch, P., Vickers, M.H., Kennedy, M. and Galovic, S. (2017), "Wellbeing, occupational justice and police practice: an 'affirming environment'?" *Police Practice and Research*, Vol. 18 No. 1, pp. 26-36.

Bluehope (2019), "What is post-traumatic stress disorder?" *Info@bluehope.org.au*, available at: www.bluehope.org.au/get-support/information-for-you/what-is-post-traumatic-stress-disorder/

Brewin, C.R., Miller, J.K., Soffia, M., Peart, A. and Burchell, B. (2022), "Posttraumatic stress disorder and complex posttraumatic stress disorder in UK police officers", *Psychological Medicine*, Vol. 52 No. 7, pp. 1287-1295.

Brunault, P., Lebigre, K., Idbrik, F., Mauge, D., Adam, P., El Ayoubi, H., Hingray, C., Barrault, S., Grall-Bronnec, M., Ballon, N. and El-Hage, W. (2019), "Posttraumatic stress disorder is a risk factor for multiple addictions in police officers hospitalized for alcohol", *European Addiction Research*, Vol. 25 No. 4, pp. 198-206, doi: 10.1159/000499936.

Corsetti, S. (2017), "Victoria police tackles mental health stigma following officer suicides: Victorian police meet to find ways to protect, promote and preserve the wellbeing of staff, after two officers took their lives last month", *ABC Premium News*, available at: http://ezproxy.lib.uts.edu.au/login?url=https://www.proquest.com/wire-feeds/victoriapolice-tackles-mental-health-stigma/docview/2121345254/se-2?accountid=17095

Craven, R., Marsh, H., Ryan, R., Dicke, T., Guo, J., Gallagher, P., Van Zanden, B., Kennedy, M. and Birch, P. (2020), "A critical social justice issue of our time: enabling police wellbeing", in Birch, P., Kennedy, M. and Kruger, E. (Eds), *Australian Policing: Critical Issues in 21st Century Police Practice*, Routledge, New York, NY, pp. 71-92.

Demerouti, E., Bakker, A.B., Nachreiner, F. and Schaufeli, W.B. (2001), "The job demands-resources model of burnout", *Journal of Applied Psychology*, Vol. 86 No. 3, p. 499.

den Heyer, G. (2021), "Risk and protective factors for post-traumatic stress among New Zealand police personnel: a cross sectional study", *Policing: An International Journal*, Vol. 44 No. 5, pp. 909-925.

Drew, J.M. and Martin, S. (2021), "A national study of police mental health in the USA: stigma, mental health and help-seeking behaviors", *Journal of Police and Criminal Psychology*, Vol. 36 No. 2, pp. 295-306.

Drew, J.M., Bartels, S. and Herrington, V. (2023), "Leadership for wellness: a strategy for developing police and public safety leaders", Leadership Development White Paper. A Collaboration between Griffith Criminology Institute and AIPM. Sydney: Australian Institute of Police Management.

Garbarino, S., Guglielmi, O., Puntoni, M., Bragazzi, N.L. and Magnavita, N. (2019), "Sleep quality among police officers: implication and insights from a systematic review and meta-analysis of the literature", *International Journal of Environmental Research and Public Health*, Vol. 16 No. 5, p. 885, doi: 10.3390/ijerph16050885.

Government Information Public Access (2009), *Document Has Been Released by Infolink, Policelink Command*, NSW Police Force, Sydney.

Graham, L., Plater, M. and Brown, N. (2023), "National police wellbeing survey: summary of evidence and insights", available at: www.oscarkilo.org.uk/news/national-police-wellbeing-survey-2023-results

Gray, S.E. and Collie, A. (2017), "The nature and burden of occupational injury among first responder occupations: a retrospective cohort study in Australian workers", *International Journal of Care. Injury*, Vol. 48 No. 11, pp. 2470-2477.

Joyce, S., Tan, L., Shand, F., Bryant, R.A. and Harvey, S.B. (2019), "Can resilience be measured and used to predict mental health symptomology among first responders exposed to repeated trauma?" *Journal of Occupational & Environmental Medicine*, Vol. 61 No. 4, pp. 285-292.

Keech, J.J., Cole, K.L., Hagger, M.S. and Hamilton, K. (2020), "The association between stress mindset and physical and psychological wellbeing: testing a stress beliefs model in police officers", *Psychology & Health*, Vol. 35 No. 11, pp. 1306-1325.

Kyron, M.J., Rikkers, W., Page, A.C., O'Brien, P., Bartlett, J., LaMontagne, A. and Lawrence, D. (2021), "Prevalence and predictors of suicidal thoughts and behaviours among Australian police and emergency services employees", *Australian and New Zealand Journal of Psychiatry*, Vol. 55 No. 2, pp. 180-195.

Lawrence, D., Kyron, M., Rikkers, W., Bartlett, J., Hafekost, K., Goodsell, B. and Cunneen, R. (2018), *Answering the call: National Survey of the Mental Health and Wellbeing of Police and Emergency Services. Detailed Report*, Graduate School of Education, The University of Western Australia, Perth.

Lees, T., Elliott, J.L., Gunning, S., Newton, P.J., Rai, T. and Lal, S. (2019), "A systematic review of the current evidence regarding interventions for anxiety, PTSD, sleepiness and fatigue in the law enforcement workplace", *Industrial Health*, Vol. 57 No. 6, pp. 655-667.

Macpherson, T. (2019), "Protecting the protectors: how Canadian services are making mental health a priority for officers", *Policing Insight*, available at: https://policinginsight.com/feature/analysis/protecting-the-protectors-how-canadian-services-are-making-mental-health-a-priority-for-officers/

Martinmaki, S.E., van der Aa, N., Nijdam, M.J., Pommee, M. and ter Heide, F.J.J. (2023), "Treatment response and treatment response predictors of a multidisciplinary day clinic for police officers with PTSD", *Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. 15 No. 2, pp. 349-358.

Miller, J.K., Brewin, C.R., Soffia, M., Elliott-Davis, M., Burchell, B.J. and Peart, A. (2022), "The development of a UK police traumatic events checklist", *The Police Journal: Theory, Practice and Principles*, Vol. 95 No. 1, pp. 207-223.

NCIS (2023), *Intentional self-harm deaths of police officers in New Zealand*, Report DR23-10 prepared for the University of Technology Sydney. Melbourne: National Coronial Information System.

PANSW (2023), "$79 million funding boost to police mental health support", *Police Association of New South Wales*, available at: www.pansw.org.au/knowledgebase/article/KA-01308/

Perez, R.A. (2018), "Dispositional optimism effects on stress and police task performance" (Doctoral dissertation, Walden University).

Porter, C.N. and Lee, R. (2023), "The policing culture: an exploration into the mental health of former British police officers", *Current Psychology*, pp. 2214-2228, doi: 10.1007/s12144-023-04365-y.

Ricciardelli, R. and Johnston M.S. (2022), "Police mental health and wellness", in Pontell, H. (Ed.), *Oxford Research Encyclopedia of Criminology and Criminal Justice*. Oxford University Press.

Richards, N.K., Suarez, E.B. and Arocha, J.F. (2021), "Law enforcement officers' barriers to seeking mental health services: a scoping review", *Journal of Police and Criminal Psychology*, Vol. 36 No. 3, pp. 351-359.

Sanatkar, S., Bartlett, J., Harvey, S., Counson, I. and Lawrence, D. (2022), "The influence of stigma perceptions on employees' claims experiences for psychological injuries: re-examination of a cross-sectional survey among Australian police and emergency service personnel", *International Journal of Environmental Research and Public Health*, Vol. 19 No. 19, p. 12438, doi: 10.3390/ijerph191912438.

Sanchez, J.C. (2021), "Trauma exposure, compassion satisfaction, burnout, and secondary traumatic stress in police officers ", (Doctoral dissertation, Grand Canyon University).

Stevelink, S.A., Opie, E., Pernet, D., Gao, H., Elliott, P., Wessely, S. and Greenberg, N. (2020), "Probable PTSD, depression and anxiety in 40,299 UK police officers and staff: prevalence, risk factors and associations with blood pressure", *PLOS One*, Vol. 15 No. 11, p. e0240902.

Syed, S., Ashwick, R., Schlosser, M., Jones, R., Rowe, S. and Billings, J. (2020), "Global prevalence and risk factors for mental health problems in police personnel: a systematic review and meta-analysis", *Occupational and Environmental Medicine*, Vol. 77 No. 11, pp. 737-747.

Townsend, C. (2022), "Trauma-informed leadership: how understanding and sharing experiences can improve mental health and wellbeing", *Policing Insight*, available at: https://policinginsight.com/features/interview/trauma-informed-leadership-how-understanding-and-sharing-experiences-can-improve-mental-health-and-wellbeing/

Townsend, C. (2023), "Vernon Herron: my goal in life is to eliminate the suicides in this department and nationally", *Policing Insight*, available at: https://policinginsight.com/features/interview/vernon-herron-my-goal-in-life-is-to-eliminate-the-suicides-in-this-department-and-nationally/

Velazquez, E. and Hernandez, M. (2019), "Effects of police officer exposure to traumatic experiences and recognizing the stigma associated with police officer mental health: a state-of-the-art review", *Policing: An International Journal*, Vol. 42 No. 4, pp. 711-724.

Venville, A., Kostecki, T., McGowan, D. and Lynch, R. (2024), "From active police duty to civilian life: the role of peer support", *The Police Journal. Theory, Practice and Principles*, Vol. 97 No. 1, pp. 92-104.

WAPU (2023), *Police Officer Suicides in Australia*, Western Australia Police Union, Perth.

Webber, S. (2019), *Inquiry into Mental Health: Submission to the Productivity Commission*, Police Federation of Australia, pp.1-29.

WHO (2024), "Post-traumatic stress disorder. Key facts", World Health Organisation, available at: www.who.int/news-room/fact-sheets/detail/post-traumatic-stress-disorder (accessed 9 July 2024).

Further reading

Bakker, A.B., Demerouti, E. and Sanz-Vergel, A. (2023), "Job demands–resources theory: ten years later", *Annual Review of Organizational Psychology and Organizational Behavior*, Vol. 10 No. 1, pp. 25-53, doi: 10.1146/annurev-orgpsych-120920-05393.

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