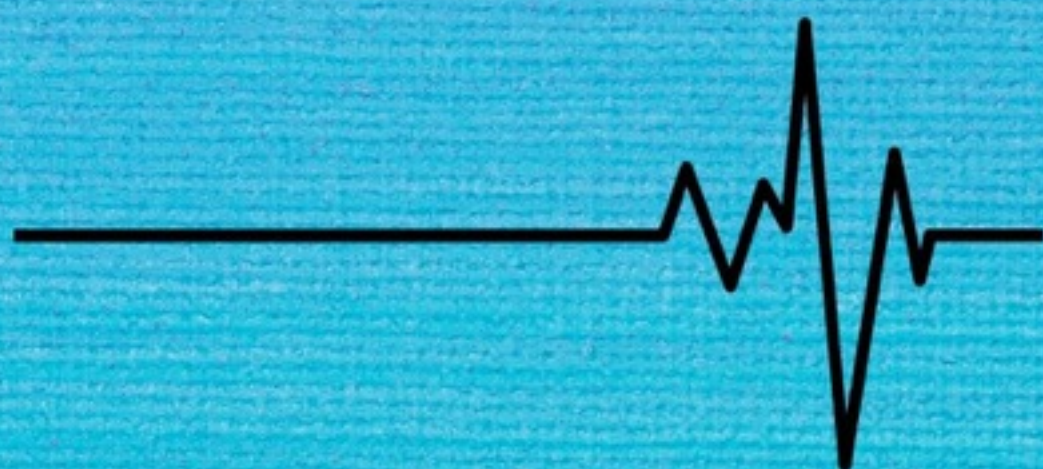


POLICE WELLBEING:

WHERE'S

THE

HUMANITY?



TONI WHITE

**To those we have lost;  
and those we still might.**

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# Foreword

This book doesn't have all the answers on police wellbeing. What it has is my personal/professional view of why it's such an issue borne from months of observations and discussions, ethnographic research and 20 years of self-study and lived experience of high-functioning mental illness whilst helping and supporting others with theirs. What it has is the reasoned thoughts of someone completely independent of the institution who holds the confidence of many rank and file, senior leaders and those within wellbeing.

There will be times throughout this book when I'll need to make huge generalisations which will be difficult to read (but they are not personal attacks) because I can't discuss each point in infinite depth and some points will be extremely challenging to read as I need to play Devil's advocate at times but they are written with genuine care, not malice, to advocate for effective and impactful change because if we're not willing to be honest about the true state of the organisations' wellbeing and the larger societal causes and effects of it from all dimensions, any discourse on the topic is vacuous and counterproductive.

If you're looking for methodologies, charts, prosaic, academic or corporate terminology discussing mental health and policing, you won't find them here. I write personally and from the heart; to do anything less would mean compromising the woman I am and I'm not prepared to do that when, as a Superintendent reminded me recently, the 'woman I am' has brought me to writing this to begin with for reasons that are about to become apparent.

It was never my intention to write this (which is becoming a bit of a running personal joke with my police pieces), just as I never had intention to write about my first ride along in September 2018 with local police which lead to me being invited to present to the Deputy Chief Constable and Senior Management Team (SMT) at Devon and Cornwall Headquarters, just as I then never intended to write 4,100 words on why resilience wasn't the answer to police wellbeing (spoiler alert, no, in policing, it really isn't and I will happily spend days re-educating those who think it is) which lead me to be invited to speak on men's mental health at a police wellbeing conference; I simply felt moved to. This book (which I initially thought would be just one piece of approximately 5,000 words on my website!) is a result of having many thoughts on police wellbeing after attending and speaking at the conference and seeing the launch of the National Wellbeing Service (NWS) with the Wellbeing Deal (Deal) by Oscar Kilo, feeling frustrated at some of the wider discussions around mental health and illness and how we are failing to help and support each other both in society and policing.

That being said, my biggest fear in publishing this is not that my opinion isn't educated, valid or even that I have a right to voice it, because a great many officers across ranks and services now see me in varying degrees as a 'voice' for mental health and potential conduit to change, but the anger I may receive in needing to constructively critique both the institution itself and those within it. I thoroughly enjoy intellectual debates but not keyboard warriors who attempt to weaponise their victimhood which is why I ask that you read the book with an open mind and in totality before you come to any conclusions on it and the points raised within it.

I caution you that I'm a stoic (the Marcus Aurelius kind) so whilst I fully appreciate there are some incredible welfare teams and practitioners, wellbeing initiatives and compassionate leaders (I know because I'm speaking to or hearing about them), my focus throughout this book will be on their opposites because our passivity to accept the adverse without challenge is one of the reasons we're all suffering to the degree that we are!

And though I wish there weren't, there will be some who view my hesitancy in publishing as a perceived weakness, arguing I am not personally resilient enough. Those who will believe that 'if I can't cope with criticism I shouldn't write it'. To those people I will say that that mentality is one of the many reasons we can't progress the wellbeing conversation in policing. My self-awareness of how to proactively care for my mental health together with my open vulnerability are some of the fundamental reasons so many speak to and confide in me. I am chronically ill and make no secret of that; it's a huge part of what makes me so good at what I do!

Regardless of two decades of living with high-functioning major depression and anxiety together with an incurable autoimmune liver condition, after months of coercive abuse by my team leader (which induced complex post-traumatic stress disorder (cPTSD)) leading to my rape during Christmas 2017, I am not only rebuilding my life but my sense of self and as such there are still days where I can be exceptionally fragile but my fragility doesn't detract from my intelligence and my determination to turn my trauma into something positive for myself and others demonstrates a strength many in and/or out of the Job can't always appreciate or understand and that's okay; this is my journey and that is theirs. I'm simply saying that vulnerability and strength are not mutually exclusive and until we acknowledge that founding principle both in terms of the human condition and on discussions around mental health, we not only won't be able to appreciate why it's an issue for so many of us but will be unable to offer effective help and support to those who need it in and outside of the institution.

Standing at almost 40,000 words, none of which has been asked or expected of me to write (this is borne purely for my love of the institution and the frustration I feel at the often circuitous discussions around mental health within it), I serialised this book on my website for free because mental health, particularly police wellbeing, isn't something that can or should be put into bullet points. If you don't respect the topic for its complexity and importance, you fail to respect yourself and your colleagues and too many are suffering in silence as it is.

Being an outsider to police is an unusual place to be, not just from my perspective in as much as, at times, I don't feel I have the right to voice my opinion as I consider it uneducated (topic dependent), but for those within the institution when we come into contact because as neither an academic or Job (with no letters after my name either way), I don't fit into an institutionalised box despite some leaders' frustrated attempts to put me in one. I don't go to ranks and services with structured plans for my work because I believe that you can't create appropriate and effective plans until you've first listened and researched. I'm more likely to turn up to meetings in a blue suede biker jacket and crystal trainers (which happened recently when I had an unexpected conversation with DCS Tucker at Forest Gate Station in London!) than a 'power dress' and stilettos. I consistently share my personal experience of mental illness and sexual assault to help others and challenge ideas because I can't preach the power of 'lived experience' if I don't live by my philosophy and I always inject humour, real-world analogies, pop-culture references and the occasional game of Bullshit Bingo into meetings or discussions because the topic is too serious not to.

For anyone who's followed me and my work for a while, you'll know my journey into the police and its wellbeing conversation has been an extremely unique, intensely personal and incredibly fast-paced one by anyone's standards; I'm not sure there are many who first come into contact with a service as a rape, and further physical assault, victim and quite unintentionally, within weeks, turn it into advocacy for mental health (specifically men's) in the police. In just 9 months I've gone from writing about my first ride along with local police (as part of my application to become a Special Constable) to being invited to speak at police events and on to national BBC news to discuss PTSD in policing but because of my route into the institution, it does give me a unique perspective and ability perhaps, to be more respectfully challenging than many who remain within or on the periphery of the institution for reasons I'll discuss later in this book.

# Somebody call the police!

So why is mental health within police such an issue?

To begin to start that conversation, we first need to look at the institution as a whole and the position and value it holds within our societal framework.

As an institution we are broken and crying out to our Government to give us the resources, funding and support we need to carry out our duties in much the same way as both the wider Criminal Justice System (CJS) and National Health Service (NHS) are and because none of us are receiving it, we concurrently find ourselves as victims of institutional crossfires of blame as our population bends and breaks under the sheer weight and complexity of the problems we face across all sectors and divisions.

We have a Government and Fourth Estate ostensibly fuelling an anti-police rhetoric that not only uses the police as political pawns in party leadership elections but encourages public shaming of the institution and those within it when completing their daily duties, often undermining our frontline to carry out their jobs at even a minimal level. If they take part in a Pride festival, they're 'engaging in the community' but if they skateboard during protests they face disciplinary action. If trained TPAC officers ram thieves off their mopeds they're 'doing their job' but if they cause a vehicular accident and injury in that pursuit they're personally prosecuted (with outdated legislation that doesn't officially recognise an officers' advanced driving training). If they restrain and arrest a violent offender they are commended but if the force is considered 'excessive' by an untrained third-party video they are vilified with 'trial by media'. And all this does is allow our officers to become risk averse living and working under chronic fear of Police Standards Department (PSD) and Independent Office for Police Conduct (IOPC) complaints and prosecutions, not just under the guise of public transparency but more detrimentally, public perception.

Hindsight is a cruel mistress; whilst it can bring greater clarity, it can bring greater feelings of failure also. We have 7 year IOPC investigations for officer conduct and inquests on the Westminster Bridge attack conducted by those sat in the comfort of their £400 ergonomic civilian chairs casting aspersions on the trauma response of our frontlines' split second decision-making process. Our Government (them included) has got to stop giving 'armchair police' the power to pick apart decisions under the facade of 'accountability' but the more apparent condemnation in the name of integrity. It is important to analyse history but if we only ever acknowledge our mistakes, the pride in our achievements quickly erodes, along with our personal and institutional resilience, and it isn't an issue purely reserved for policing; we only have to look at what the fire service is being put through in the aftermath of Grenfell Tower to appreciate that retrospective decision-making is a legal, moral and trauma-inducing mine field for all concerned.

Neither do our police need 'additional powers' as the politician-of-the-day pledges; they need additional funding that leads to additional officers to enforce powers already in place and all these sycophantic media-grabbing headlines do is further prove to our organisation and all those within it that their evidence-based concerns and frustrations are not being acknowledged or met by those in the positions of power required to give our institution the financial and legislative changes necessary to grant delivery of their judicial function in the most basic of ways. We don't just need 20,000 officers to replace those we've lost, we need 40,000 not only because many will quickly leave once they realise what they're up against but because crimes are becoming more complex requiring more labour-intensive investigations meaning it isn't simply a 'numbers game' when it comes to recruitment but hiring the right numbers for the right specialisms and Direct Entry (DE) and degree-apprentice officers don't quickly 'solve' that issue but instead bring a great many more with it.

The problem with DE from the perspective of those already in the institution is often the perception they have not 'earned' their PIPs by 'walking the beat' as many others have which allows for the potential development of resentment due to lack of respect for a DE senior leader causing divisions in teams and services at a time when we need them to be the most united; that's even before you consider that we all (no matter our jobs or sectors) sometimes find it difficult having

managers that are younger and/or less knowledgeable than ourselves when we feel we have unofficial 'seniority' from length of service for example.

That isn't to say that every DE leader will be good or bad but what they bring, as do I, is a fresh perspective free of institutionalised thinking and the ability to be taught by those around them. A good leader is confident in saying 'I don't know' and appreciating that everyone has something to teach us. The reason I'm such an effective, albeit minimal, 'leader/influencer' in policing isn't because I know everything but because I admit that I don't and regardless of any pre-conceived judgements or opinions I may have about people or initiatives, I always allow the opportunity to have my views and mind changed by others. Yes, there will be poor DE leaders but you know who else makes poor leaders? Poor leaders, and there are plenty of them already in the institution. Regardless of how someone becomes a senior leader, it won't necessarily equate to them being good at it and what we do when we broadly dismiss a rank simply by their course of entry into their position is dismiss them out of the opportunity, not only to prove us wrong but their ability to bring effective change to their sector or service.

Degree-apprentice officers, I don't however agree with (and Lincolnshire Chief Constable Bill Skelly is now seeking a judicial review into it!) despite my appreciation that what the College of Policing (CoP) are trying to do is officially acknowledge the skills of officers (though this has been wildly miscommunicated); if an officer wishes to develop their skillset with a degree that would compliment and enhance their knowledge and specialisms, then we should absolutely support them in doing so but I (and thousands others) don't agree with the insistence on them to the handicap of potential frontline recruits. We're asking people to join the institution on approximately £18,000 which is roughly £8.65 an hour (only slightly above minimum wage) to risk their lives whilst studying in the spare time the Job doesn't realistically allow for and that's even before you consider the financial impact of lacklustre effort and attainment some officers may experience chasing a degree they need but don't want.

I don't have a degree and have zero intention of ever obtaining one (though have no issue with people that love academia and what it offers them), not only because the style of teaching doesn't remotely suit my way of learning but because I am forced to learn a topic from within archaic parameters and rigid framework. The reason I am so knowledgeable on mental illness is not only because of my lived experience of it but because I study it passionately in my own way and time. I don't need a degree to validate my 20 years of knowledge, expertise and practice; the fact that a senior leader with several academic qualifications including a PhD credits me with 'knowing more than him' and educating him on the topics of men's mental health, mental illness and vulnerability says everything it needs to. And whilst the CoP et al. (without demand from society) persist in placing greater value on academia than 'job learning', they will cause a great many potential recruits to reconsider the merits of joining the institution at a time when we need them the most. Military personnel, for example, often begin their careers straight out of school/college; they are 'green' in every sense of the word but are educated and moulded by those around them and the job itself to become some of the most academically and emotionally intelligent and knowledgeable members of both the military and wider society. We have got to stop disqualifying knowledge simply because it's not 'validated' by an institution! Dismissal of my expertise simply because they are not validated by an institution does not make my thoughts any less educated or intelligent and my lack of relationship to either is one of the many reasons why so many confide in me.

The very real problem we have with modern day policing is that we no longer know our function and place in society. Are we social workers? Mental health professionals? Crime prevention specialists? Arguably we have been reduced to the position of 'crisis care backstop' regardless of which institution the crisis should responsibly lie within. Due to our ever-changing and fast-paced society, the institution has moved from being wholly reactive to attempt to be proactive in nature, not just seeking to arrest criminals but to understand the complex issues of criminality in a bid to address and minimise the causes, instead of simply the symptoms. The issue however is that it becomes a vicious cycle of self-fulfilment; we don't have the time, funds or resources to continually work on prevention meaning we are left to react but similarly don't have the necessary resources and numbers to react strongly enough to prevent and deter crime.

Police are not mental health professionals but until we, as a collective society and across all institutions, stop criminalising those who suffer mental health crises and place the onus back on the NHS to invest and care for them preventatively, we will continue to waste exorbitant time and precious resources on great swathes of people that should not fall under our professional remit simply because we're 'available 24/7'. The clue is in the title; mental health and therefore we are not the most appropriate institution to deal with these issues and the individuals within them. That doesn't mean to say that there are not occasions when it is appropriate for us to attend and manage mental health patients for a great many reasons, with some amazing mental health triage teams around the country, but we should not have the sole onus placed on us to do so purely because of the financial absence of the medical professionals and resources necessary to offer the most effective level of help and support.

Though we still can't categorically state whether mental illness is a product of nature or nurture we surmise it is because of the 'sum total of who we are' as individuals requiring a 'whole person approach' to supporting and helping those who suffer which is why we have multi-agency meetings etc. However we have timed GP appointments after taking weeks to book an available one that offer little in the way of opportunity for consistent, compassionate care with patients falling through the cracks of primary and secondary care often due to the financial burden and target-driven systems of each.

So whilst police can advise and offer their perspective when appropriate, the burden has to lie with those within the medical institution complimented by those who sit within the wider social care sectors because when we attempt to assign social issues to the wrong institutions it not only prevents the opportunity to accurately improve the problems but detrimentally effect those who suffer from them by being out of our expert depth.

Police should not be 'tick-box taxis' to regularly 'collect and return' missing vulnerable children for example, purely because an archaic, bureaucratic policy rigidly states that, with a curfew of 10pm, 10.01pm dictates the child as 'missing' and that being brought back by police is the most effective way of dealing with the situation, instead of creating more appropriate and efficient systems to support and help the child that don't encourage a distrust and hateful attitude toward police and the wider judicial system. We can only do our jobs within our institutions if we are supported, not burdened, by the others collectively when required.

As police we can't function without the the CJS but if the CJS continually ask our frontline to collate evidential and administrative accuracies to promote convictions which are then met with lenient charges and sentencing, we passively encourage our police to become demoralised. If our 'time and effort' on cases are then not reciprocated with appropriate prosecutions and sentencing, it further erodes our belief that our personal and professional collective efforts will equate to judicial achievement and we run the risk that future investigations may not be as thorough or some officers eventually leaving the institution entirely believing that 'justice does not prevail'.

That is never more accurate than when we begin to look at the woeful charges and sentences brought against those who injure and assault our officers (who are apparently worth the princely sum of 30p in compensation) both inherently due to outdated legislation and the severely under-resourced Crown Prosecution Service (CPS) who, in turn, now often seek to prosecute only the charges they know are likely to lead to successful outcomes due to their own fractured organisation as a whole.

We have officers being physically assaulted and spat at with campaigners valuing the human rights of offenders who spit in higher regard than our frontline being assaulted. The CPS rarely prosecute spitting as it is classed as common assault, despite the Emergency Service Worker bill, which holds a maximum penalty of a fine or six months imprisonment, with convictions leading to custodial sentences for them having fallen 40% since 2005.

A fine or six months. For an action that has the potential to lead to death if we start talking about the diseases that spit (and any blood carried in it) has the opportunity to carry which include everything from hepatitis to HIV. So our officers are assaulted and because we have rigid legislation the CPS often don't or can't successfully prosecute it, instead favouring 'more serious'



crimes an individual may have committed or omit the common assault entirely in view of plea bargains. Giving a criminal a 14 week custodial sentence for assaulting 6 officers ordering him to pay just £50 compensation per officer makes a mockery of the very people required to hold the authoritative power necessary to keep the peace.

The police are not 'above' society as individuals but the institution itself is in our societal hierarchy so how, therefore, can we advocate for 'law and order' if the judicial system itself refuses to acknowledge the moral standing of the institution? If our officers are assaulted, it is both because of their uniform and the organisation they belong to so why aren't we classifying and sentencing it as a hate crime? How can we call it justice to sentence someone to just 6 months in prison for spitting at or biting an officer when 3 of those months could require an officer taking anti-viral drugs, going through tests and results worrying that their lives have just been irrevocably changed or placed a finite limit on? How can we call it justice when an officer is strangled (leaving psychological scars) and the offender is allowed a suspended sentence?

And if the above isn't bad enough, we then often collectively become targets to the Fourth Estate which should remain free of bias but itself falls victim to those in power who lead us all which, given the Government of recent years, means we are easy targets for media outlets that not only appear to be against the police but encourage societal vilification of them. That isn't to tar all reporters and journalists with the same brush but we have to recognise that our mainstream media is often controlled by the elite with their own bias and agendas allowing it to seep into every headline and piece we read. What we do when we passively accept our media writing inaccurate and sensationalised headlines for 'click bait' aimed at our 'fast-paced' society is undermine the authority necessary for the police to conduct their duties.

Headlines such as 'young father died after being restrained by police' which bury the lead, failing to accurately report that the suspect died (despite officers' best efforts to save him) from cardiac arrest after he choked on bags of drugs he'd swallowed when detained, not only encourages the public and 'armchair police' to further passively demonise the institution but deny the true order of victim and offender. Yes, a man was a young father but he was also arguably a drug dealer (given the amount of drugs he had in his possession) and whilst I am in no way saying he deserved to die, do those he supplied not deserve an opportunity to rid themselves of the addiction he so likely readily enabled? No crime is truly victimless if we look at them in the broadest context. We shouldn't attempt to put people in simplistic 'tick boxes' but when the media lead with biased inaccuracies in attempts to humanise criminals we quietly encourage the wrongful idolisation and sympathy of criminals over law-abiders in those who have no want or reason to fact-check for themselves. Whilst we all know media have their biases, we are not taught well enough as individuals how to spot and counteract 'fake news'.

Sadly the reversal of victim and offender is not always the fault of our media gatekeepers but appropriated by the policing institute itself. We have campaigns telling victims to run together or without headphones to 'mitigate' risk of sexual harassment and violence and arguing for blunt knives in homes of domestic violence victims for the same reason that we are a nation surviving on antidepressants; because it is cheaper and easier to 'mitigate' or 'fix' the symptoms of the true victim than it is to address and change all the contributory causes behind the offender. Whether we are prepared to acknowledge it or not, these campaigns are, at their very essence, victim-blaming and if a campaign is founded on that principle (even if we are not consciously aware of its bias), we are encouraging lack of crime-reporting at a time when it is more important than ever meaning that we continue the vicious cycle of non-reporting leading to an increase in crime because we instil the (natural) fear of being judged and criticised as victims.

The reason we encourage our police to 'engage with their communities' is so that no-one feels afraid to approach them if and when they need them but we can't view them as vital, contributory members of our communities, even if they sit on the periphery of them, and 'keepers of the peace' if they lead with victim-blaming campaigns and the media continually perpetuate the myth at local and national press levels that officers' rightful actions repeatedly cause wrongful outcomes. That isn't to say that police don't make mistakes, cause injury and/or death or even break the law themselves but those incidents are the minority despite what many, with their own agendas and prejudices, would have you believe but we can't keep asking and expecting police to 'save us' when we're too busy recording them on our phones struggling with an offender then arguing 'excessive

force' to the media instead of helping the frontline to apprehend them. The police can't do their jobs if we, as the public, don't do ours and help them when it's morally and physically required!

Frustratingly, when our police do then go 'out into the community' and 'eat amongst the people' (as is often encouraged at service level), the public and media consider them rightful targets for abuse with an 'if they're eating, they're not working' mentality, gloriously ignorant to the factual realisation that if we don't eat, drink and rest as humans, we become ill and that, unlike even other emergency services, police don't get protected meal breaks. In much the same way that we wouldn't wish to be on the receiving end of an A&E doctor on their 13th hour on a Friday night shift because we appreciate they are likely to be exhausted, stressed, hungry and dehydrated, potentially leading to inaccurate diagnosis and treatment, we can't demand our police reactively help us in our critical times of need if we're not giving them the opportunity to care for themselves in the most basic of ways. My first ride-along was 9 hours long; I managed a brownie and half a litre of water in that time leaving me dizzy with a headache by the time I went home. So when we're abusing and denying our frontline the necessary and well-deserved time to 'feed and water' themselves, we are denying ourselves out of judicial proficiency.

It's easy to blame the police for our societal erosion into lawlessness until we start appreciating all the wider contributory factors to it. If we don't have the numbers of response officers, criminals don't get arrested meaning that further frontline officers in specialist teams don't have the opportunity to investigate the often complex crimes attached to those arrests or work in communities to prevent the crimes from continuing. If we don't simultaneously arrest and appropriately convict criminals, often due to overloaded CPS and probationary/prison systems etc., we don't instil the fear needed to act as a deterrent to other potential criminals leading to lack of respect for the law and if we continue to criminalise the mentally ill instead of treating them as health patients collectively with the NHS, and wider local authorities and social work sectors, therefore offering postcode lottery levels of support, we take further numbers of police away to 'counter' all of the above preventing them carrying out the core of their very existence; preventing and stopping crime.

If we don't force adults to take responsibility for their actions and respect and fear the law through arrests, convictions and sentencing, we have no ability to stop future generations from believing they, not the police, hold the 'power' in our society, the consequences of which we are already witnessing at dire levels. Our current knife crime epidemic (arguably a humanitarian crisis) isn't fuelled by 40 year old football hooligans but teenagers stabbing and killing each other whilst still in their school uniforms because we, as a society, have curated the systemic belief that 'they', not the police, 'have to protect themselves' and that, aside from death, there are minimal judicial consequences as either a victim or perpetrator which leads to a frightening cycle of violence.

If members of the public feel that reporting crime won't equate to justice because they can't appreciate the wider issues of the CJS being as equally underfunded and resourced as the police, they will stop reporting crime. That lack of reporting means that potential 'gateway crimes' i.e. smaller crimes which have the potential to lead to more serious ones or escalatory patterns of behaviour aren't acknowledged or prevented, instilling the necessary judicial fear to deter future criminals and wider-reaching crimes. Or if we look at the other vicious cycle being that as an institution, we recognise that our society and the crimes within it are changing meaning we have police campaigns recognising coercive control for example but again, a CJS which doesn't due to its archaic legislation and rigid framework meaning, yet again, whilst our crime reporting numbers increase, our CPS convictions decrease and so, once again, the public view police instead of the wider CJS as unable to deliver necessary justice.

When we are quick to blame police for the lawlessness we are systematically witnessing and becoming desensitised to as a society, repeatedly asking ourselves "where are the police when you need them?", recognise that they're likely on hospital watch for hours because there aren't the necessary mental health nurses or beds available at 3am or filling out the 8 pages of paperwork or spending 30 minutes trying to get a broken PDA/tablet to work attempting to log a job accurately enough for the CPS to attempt prosecution and to prevent a PSD/IOPC investigation against them as individuals.

As an institution we are at the mercy of our employers – the Government – which is run by both overt and covert agendas allowing our rightful anger and concerns to go unheard and without acknowledgement and our collective needs unmet, encouraging an entire workforce of individuals to become demoralised. We're taking people who have a powerful desire to help their communities and bringing them into an organisation and sector that is stacked against them.

So when we, as senior leaders and managers within the policing institute, keep demanding and expecting our officers to be more personally resilient to maintain 'good' mental health at service and sector level, we have to recognise that they can't when the institution itself lacks the ability to be, brought to its own knees by a morally bankrupt Government who deny responsibility of ours and the equitably broken judicial and medical institutions we rely on to both compliment and aid our functionality.

# Trauma is not a competition

Though I am always at my most passionate in life when discussing mental health/illness, this unintentional book was originally borne from two days of anger. Between attending and speaking at a police wellbeing conference and the launch of the National Wellbeing Service (NWS) with the Wellbeing Deal (Deal) together with holding a coffee morning for policemen, I was frustrated at the state of police wellbeing and wanted to share my thoughts.

Anger is a controversial emotion; many believe it to be useless and unproductive but it has the opportunity to be the opposite. Some of the greatest revolutions in global history happened because we harnessed our collective anger but it is a difficult emotion to control and use to our benefit. As an organisation we're angry and rightfully so! Our budgets and therefore resources have been decimated over recent years and we're suffering for it across ranks and services in many similar but also differing ways but that anger, for many, is turning into embitterment between ranks, titles, sectors and services. At a time when solidarity is needed we are dismissing each other out of the opportunity for constructive debate on many topics but none more so important than our own wellbeing.

I had no expectations when I attended the police wellbeing conference; I was there to speak on men's mental health in policing but more importantly for me, listen and learn. And I did. And what I witnessed was, for me, 4.5 hours of 'policy theatre' (i.e. 'we're doing something about the issue; here's the proof'), offering quick-fix band-aids on gaping institutionalised wounds then wondering why we're continuing to haemorrhage morale and numbers. I am in no way personally attacking those who presented but I'm tired of us both in policing and the wider workplace discussion of only addressing and treating the symptoms of mental illness instead of the root causes of it. Whilst it's important to share best practice, it's imperative we share bad practice too; you don't get to acknowledge the 'silver lining' if you're not prepared to simultaneously acknowledge the dark cloud it's attached to.

When I respectfully challenged managers that day on their attitudes toward wellbeing and initiatives or the reluctance of many people to 'go into the system' for their mental health, I was repeatedly met with defensive mindsets and it was tiresome. Tiresome because if you're only willing to talk about the positive or avoid listening to well-reasoned arguments of others, you're not a leader, you're a boss which is one of the most contributory and detrimental factors to poor workplace wellbeing there is and something I will discuss in detail further on in this book.

The problem we have in policing is that we're all so angry in our individual and collective ways, we refuse or are unable to listen to each other. The Government and public often don't listen to Chiefs Constables or Police Crime Commissioners or the institution itself when we ask for funding etc. In turn, police chiefs etc. don't listen to senior leaders who then don't feel rank and file listen to them because rank and file don't feel senior leaders listen to them. And I'm sat in the middle listening to everyone appreciating all the commonalities, instead of differences, you share with each other. You can't forge a united front from No Man's Land if no side are prepared to leave the trenches but because no group wants to be the first ones out, we continue to be at war with each other meaning we're all fighting to be the loudest instead of the most heard and there is a difference.

The organisational anger is never more apparent than when I began to specifically discuss men's mental health and advocate for them in the institution. When I announced on Twitter I would be running a coffee morning for male officers only (to ensure my advice to ranks and services on the topic was accurate) I had women in policing and academia, who didn't know me or my work, viciously call me everything from an "unqualified sexist" who was "betraying feminism" to the suggestion I was "just looking for a police husband"! Regardless of the embarrassing level of ignorance those comments were borne from, I am fully aware and appreciate why it remains controversial to advocate for men when the organisation is still inherently male but I couldn't understand the level of personal vitriol attached to their complaints; several months later, I now can (though it doesn't excuse it). They were angry because a huge majority of you across all groups don't feel heard or valued around your mental health within the institution. And whilst I completely understand the reasons behind the animosity, if we keep meeting each other with anger, it's all we'll get in return and none of us will progress our individual and collective causes.

That being said, no amount of vitriol will stop me advocating for men's mental health within the organisation; I refuse to keep hearing their pain and not attempt to action change on their behalf. I can't 'take on' the entire organisation around every group's mental health concerns and I of course, don't condone the awful behaviour I hear perpetrated by some men within the organisation but just as one person may advocate for the rights of LGBTQ, BAME or female officers, I am advocating for men. Everyone deserves and is entitled to an equal seat at the table of mental health and an opportunity to have their voice heard.

I don't change officers' or leading ranks minds by greeting them with anger (even if I am so); I change them by channelling that anger into passion and a reasoned argument that considers both sides. If we're going to create meaningful change and impact on wellbeing within the organisation, all parties have to leave any sense of angry ego and entitlement at the door and be prepared to have their views and mind-sets challenged and, most importantly heard, without believing it to be an affront to professional or personal beliefs but, from the short months I have come into the institutions' sphere, it is clear that there is a chasm of resentful silence that has grown between many rank and file and senior leaders at a time we need to be talking and listening the most.

The problem with anger is not just that others can justifiably dismiss us when we are but that we can unintentionally dismiss others' perspectives as we are unable to view people and situations in measured ways. When the Violent Crime Taskforce (VCTF) invited me to meet a Wellbeing Bus (Bus) in London, I accepted despite having my personal reservations and opinion of the buses as wellbeing initiatives (I think they're incorrectly labelled as wellbeing buses when they act more like physical health screening units) because I can't offer reasoned opinions and discussions around them if I'm not prepared to first listen and appreciate a different perspective with the possibility of allowing my mind to be changed. If a wellbeing bus attends a station and you immediately dismiss its potential impact without attempting to understand how it works etc, ask yourself if your comment is productive. If we had the money, I'm sure every federation and service in the country would have its own bus but we don't and neither do we have a magic wand so can we all remember the generational advice of 'if you don't have anything nice to say, don't say anything at all'? There is a huge difference between anger and constructive criticism and debate and until we remind ourselves of that principle, none of us – across all ranks/titles/services – are going to listen to each other and if we don't listen, we can't discuss and if we don't discuss, we can't progress the conversation.

Did my time at the station with the bus and officers (including the DCS) change my personal opinion of them? Not necessarily but I appreciated what they are attempting to do with them and I won't blindly dismiss any attempts to care for our people. The real issue behind the buses however, isn't why they're 'not at every station' for example, but why they're so desperately required in the first place! If we're not asking ourselves that then the entire wellbeing conversation is null and void.

A wellbeing bus for mental health conversations, for example, highlights the same concerning issue that we face both as victims of serious crime (in my case, rape) and those who enter the NHS mental health system; there is an expectation on us as the person suffering to immediately 'display' or accurately articulate our trauma and distress for the professional (even if we have never met them before) and if we are unable or don't want to, the severity of our pain is often not acknowledged or validated and we are refused expedited care or discharged. Some people, particularly when in crisis, are not able to openly cry etc. in front of someone they don't know or they dissociate completely which therefore appears to 'downplay' our symptoms and suffering.

The first working day after I was raped, I walked into work with a full face of make-up and a beaming smile to hide my pain as I knew I had to sit next to my rapist and despite having incredibly deep and, at times, tearful conversations with a friend over the years, it took me 10 years to openly sob in front of her and have her physically hold me when I was suicidal after my rape. 10 years. So when you're telling the frontline you bought them a bus with the passive expectation they reactively use it to confide some of their most deep-seated pain to a relative stranger, and that's even before you consider any potential current personal issues and/or previous adverse childhood experiences which may be triggered by policing situations and present trauma, then you don't truly understand the notion of shame, trauma or mental illness and I'm going to remind you of the very



painful reality that some in society and police would rather kill themselves than verbalise their vulnerabilities especially around struggling with their mental health.

That being said, what angered me so much personally at the wellbeing conference was the lack of educated understanding and recognition in the difference between poor mental health and illness (and the realities of living with either) together with the omission of all the contributory institutional causes to it and the determination to apply a corporate wellness approach to an operational workforce.

Many of the wellbeing initiatives are created for those who are mentally well or at the very least, those not acutely unwell or in crisis. I'll always remember seeing Ruby Wax on tour who, when asked by a member of the audience how she copes with mental illness, responded with: "when I'm mentally frazzled, I use mindfulness; when I'm mentally ill, I take my medication." And her comment sums up one of my biggest issues when it comes to discussions around mental health; that we don't acknowledge that mental health/ill-health and mental illness are two entirely different beasts to battle however often the former may lead to the latter.

We all know that a good diet, regular exercise and mindfulness is important for us both physically and mentally but, and I cannot stress this enough (!!), they are not the cure to mental ill health and/or illness (and arguably only work for those with mild to moderate illness) and I'm tired of the belief and expectation that they are. When I'm acutely ill you could fill my entire kitchen with a farm's worth of fruit and veg and I'll still be eating a packet of chocolate biscuits because that's all my mind can cope with and I make no apologies for that. Likewise, running does absolutely nothing for my depression but does help me to burn off anxious energy from my cPTSD if I'm not already too exhausted to run to begin with; neither of which 'improve' my 'mood' because my illness is just that; an illness, not a mood swing.

We say that most people should 'eat less and exercise more' but last year, trying to work through my trauma, I was training too hard and not eating enough meaning that, for a while, exercise became self-harm instead of self-care. Telling someone who is an emotional eater for example, that they simply need to 'eat less and healthier' is no different to blindly telling someone with depression to 'be positive'; it's individuality and our relationships to our coping mechanisms that require understanding and support and not the immediate dismissal of them because they are deemed as 'bad' by the wellness industry.

Just because you suffer with anxiety, it doesn't mean you're not allowed your strongly caffeinated coffee. Just because you have depression, it doesn't mean that you should never drink alcohol. We can't broadly demand people avoid great swathes of societal norms and pleasures which can bring us comfort and immense enjoyment at times because they can sometimes also bring us discomfort at others. What we do when we stand at the front of a room vaguely telling our people that 'coffee/alcohol/foods' etc. are wholly bad for us is demonise them, attaching shame and further opportunities for self-blame if we engage with them, creating difficult relationships that need not exist in the first place.

What underpins our inability to seek help for our mental health is shame (whether perceived or realised) so at a time where we need our people to feel less ashamed in order to discuss their thoughts and feelings, we're finding more ways to allow them to blame themselves for what they're going through. So are you beginning to appreciate just how complex and potentially detrimental it is to apply vague wellbeing initiatives or PPPs which dismiss people to simply 'eat less and exercise more' when it comes to mental and physical health?

And I'm going to say what many of us know to be true however much we don't feel we can acknowledge publicly; some senior leaders and/or wellbeing teams will put the deal poster up in a break room or toilet cubicles and consider their job 'done' either because they don't understand the complexities of mental ill-health and illness or they simply don't 'believe' in it and I know these people exist because I've met and been personally (detrimentally) affected by them and seen the dog-eared posters in the station toilets. It's almost impossible to view some senior leaders' words and efforts as genuine as they advocate and promote for positive wellbeing in their service if they stood on the shoulders of others to climb the promotional ladder to achieve their post. That isn't to tar all senior leads with the same brush because I'm fortunate to be working with those who deeply

care for their people and are using their senior roles to attempt to bring about positive changes for wellbeing but I know and hear of a great many who aren't. That was evidenced to me personally when I overheard quiet mutterings at the police wellbeing conference intimating one of the most senior people in attendance was the 'last person in the world' who should be talking about wellbeing 'considering what they were like' and if that doesn't sum up the state of police wellbeing and it's casual use as a promotional pawn for aspirational leaders I don't know what does!

I'm tired of the 'poster mental health' mentality rampant within society and directly encouraged in the workplace. When working in the law firm, they decided to become a 'mental health aware' workplace (don't get me started on being 'aware' because when I ask anyone "now what?" in response to their 'awareness', I have yet to meet an organisation that can appropriately answer me) and proceeded to stick up relevant posters around the building. I remember a particularly bad day stood alone in the printer room with tears in my eyes staring at this banal poster telling me the '10 things to good mental health'. I was already doing all ten actions – exercising, not drinking (alcohol), socialising, making and achieving goals etc etc and I was still severely depressed because mental illness is just that; an illness. Those '10 steps to good mental health' may work for those with the natural highs and lows of life or mild mental illness but for those of us with severe but high-functioning mental illness? Not only are the poster suggestions often unrealistic when we're acutely unwell but allow us to feel like failures for not being able to 'fix' ourselves as the posters intimate we should be able to. A poster without parallel action does nothing but absolve the person or organisation displaying it from taking any action and until we make wellbeing a KPI for senior leaders and services themselves with aspirational and demonstrable goals and targets, accountable to HM inspections, nothing will improve.

When I spoke on the panel around men's mental health in policing, I received many questions but some mildly critical statements which I'd anticipated. The representatives from British Transport Police (BTP) 'reminded' me that culture is slow to change and that they were doing demonstrably good things (side note: I personally agree that BTP and Kent, who also presented, are ahead of some other services) with no question attached to their statement. I agreed that culture is slow to change (Paul Farmer of Mind estimates it takes around 3-5 years but I'd more than double that within public sector institutions) and that I wasn't doubting the validity of their initiatives or progress they had made, but when I advocate for my officers (as I did that day), I speak for those who are unlikely to seek help from 'officials' or the 'system'. Or for my officers who take weeks or months of persistent, gentle encouragement to recognise their need for support. Yes, Occupational Health (OH) departments, TriM, wellbeing buses and everything similar in between will always reach some who need it so I will never dismiss them on principle but I lend my voice to and advocate for those who need a more proactive, informal approach to their wellbeing. I am not saying we need wellbeing to be either 'system' or 'informality' based and lead; I'm saying we need a complimentary mix of the two to reflect the many different preferences and needs of our diverse institution.

When I challenge you as senior leaders or wellbeing leads to 'think outside the box' or 'do better' for your people, I don't do so with the inference that all you have done or are trying to do is not enough or that it is wrong; I challenge you both as someone chronically living with high-functioning mental illness and on behalf of my officers who don't feel or have the opportunity to do so, to push yourselves and services toward better understanding of mental illness and the creation of more proactive and engaged wellbeing training and initiatives. I challenge you because it won't negatively affect my career for doing so. I challenge you because if you're only prepared to talk instead of listen, you're not part of the solution but part of the problem that contributes to the negative mental health of our people and the wider toxic organisational environment within the institution.

When a Met representative presented at the conference, he explained that as a service they had moved their welfare and OH offerings to a third party organisation which intrigued me. Given that one of the fundamental reasons I am so 'successful' in policing is because I am third party, I posed the question to Twitter if it made officers engage more with OH leading to positive outcomes; suffice to say I don't think it wise to repeat the words or tone used in the direct messages I received as answers! So, at the end of the presentation, I posed a two-part question to him: was the new company a corporate or operational-based organisation and either way, did they have a good understanding of police structure, ranks, procedures and terminology etc. His sheepish response

was that they were a corporate company who had had a 'steep learning curve' after the Westminster Bridge attack and that is one of the greatest causes of my anger because you can't do that! You cannot (!) offer lacklustre wellbeing initiatives or professionals that have the potential to be further detrimental to a person's mental health or illness whether it's due to direct or indirect action. If you (as an individual/service/company) don't understand the gravity of what it takes to ask for help, you will never be able to appropriately validate and support it which is why lived experience is vital! If we're telling our people to 'speak up' about their mental health, we have to be sure we have a collective and consistent culture and services that support the conversation and the help that is needed; anything less and WE, as leaders and managers, are risking their lives.

When I push for 'people-centred', relaxed and humorous approaches to mental health training etc. the defence I often receive from managers and leads when I argue for that informality is the reliance both from a legal and statistical need of policies, plans and procedures (PPPs) but I don't campaign for one to the exclusion of another. For a great number of reasons, we have to 'document' wellbeing conversations to protect both our people and ourselves but we don't need a health needs assessment to be human. A quick written notation in someone's notebook to document the conversation and any potential concerns raised doesn't need to be turned into a formal risk management process and the more we insist on formality around mental health training, the more we allow emotional distance at a time we need to be encouraging emotional intimacy. We need to be breaking down mental and emotional barriers, not building them up.

As much as we dislike them, PPPs, for a variety of reasons across tactical and strategic avenues, are necessary and needed from both a guidance and legal point of view but we've become reliant on them to the expense of humanity. As someone who has experienced them (within both the private and public sectors) on a personal level and those officers I listen to, we have to recognise how incredibly damaging and inhumane (sometimes bordering on the illegal) those processes, systems and the people within them have the potential to be for someone already struggling however well-intentioned their existence and use of them may be.

*Some of the worst things imaginable have been done with the best intentions – Dr Alan Grant, Jurassic Park 3*

I fully appreciate the need, for example, for a Trident officer to surrender (temporarily or permanently) their firearm certificate if they seek help for mental illness but that in itself can allow an officer to lose a huge part of their identity (which I'll discuss later in this book), so what are we going to do to attempt to offset that? Can we transfer them to a similar role (without firearms) therefore retaining their skills and knowledge proving that we value them as individuals? Can we put them in touch with another officer (Job or ex-Job) who has been through something similar and understands their feelings and thought processes therefore acting as a third-party anchor which not only benefits the officer whilst they're struggling but allows ex-Job officers to still feel connected to the institution?

What my support offers which many services/ranks within the institution often aren't allowed to or fear replicating due to the rigidity of PPPs and differing professional boundaries, is compassionate informality. I meet leading ranks and titles (or anyone) with a handshake but often say goodbye with a hug. I can listen to an officer cry but make him laugh with a dark, but socially inappropriate, joke. I can hold a coffee morning for male officers to share their mental health experiences without spending months seeking financial or clinical approval to do so. I adhere to standardised ethical and moral codes of supportive practice but am not confined to many of the strict frameworks the institution and those on its periphery would seek to impose on a professional working with their people; I have a level of freedom many don't and that freedom is why so many seek me out. It's taken me little effort to forge such a strong reputation and voice in policing in the few short months that I have but a huge part of that is because my care and conversations are not dictated by checklists seeking statistical analysis for return on investment (ROI) or legal governance. If an officer (regardless of rank) needs a hug, I don't question if it's ethically 'appropriate' for me to do so within professional boundaries, I hug them because we're human. Because it's the right thing to do.

We have to appreciate that many of our people are legitimately terrified of 'going into the system', be them OH or NHS-based systems, when it comes to mental health. Whether it's previous personal experience, that of a colleague or purely the fear of receiving detrimental career

consequences for doing so, we need to recognise that many will actively avoid seeking help from 'the system' despite their personal admittance of needing help from it. Some are killing themselves because of that fear/reality and yet our PPPs and welfare systems remain relatively unchanged because to address and modify them and our wellbeing practices would require monumental time and financial effort and admission, on some level, that we accept liability for not doing enough to protect our people from harm which we are morally, ethically and legally obligated to do. That we are failing in the duty of care of our very own.

We have become a 'spread sheet institution' overly reliant on systems and data for guidance and analysis which fails to put our humans first. That was never more apparent to me personally when, meeting with a Superintendent several weeks after presenting to SMT, he confessed that they were still talking about me and the issues I'd raised around their services' care of rape victims because I had 'humanised their numbers' and that right there highlights one of the very real issues we have with modern day 'spread sheet policing'. We have become so insistent on chasing numbers that we have forgotten they hold any humanitarian value; that there are lives at the end of them. A number doesn't do justice to my life and sense of self that has been completely destroyed after my coercive rape any more than a number on a spread sheet on rates of staff sickness will tell you what that officer is experiencing on a personal basis; and again, whilst I'm not discounting the need and use of numbers for strategic and analytical purposes, I am asking where the humanity lies in them because placing an expectation on numerical data to justly define and summarise emotive individuals and their lives is a slippery slope for all concerned. The determination to passively rely on data-driven systems to 'save' our men are women are one of the contributory factors that we don't.

We created specialist teams with highly-trained officers and staff to streamline investigative and administrative processes but along the way became competing silos (even at service level) all vying to obtain statistical adherence for SMTs and Home Office roundtables instead of the cohesive units that were intended for them to become, with some citing 'remits' as a way to avoid adding to their already over-extended workloads when asked to help others. And the silos don't end when officer wellbeing begins; there are teams upon teams of professionals from psychologists to health absence managers and TriM practitioners meaning we run the risk of officers 'slipping through the systematic net'. When we are pushing our officers and staff through welfare, UAP/UPP or other PPPs, who's guiding them through it? Who's taking the onus to chase appointments, follow-ups or decisions on behalf of our officers? Who's being the communication anchor our people need?

Because if we're asking the person struggling to guide themselves I'm going to, yet again, suggest that you don't understand mental ill-health, the toll it takes and the abilities it limits.

# Proactivity over reactivity

As I wrote on the topic of mental health in the workplace, many companies are so caught up in worrying about the legalities of caring for an employees' mental health, they forget the compassionate care necessary to support them as individuals. Whether we'll admit it or not, many leaders immediately view mental health/illness as 'risk management' (again, borne out of legal necessity but sometimes abused morally) which we believe only 'trained individuals' can deal with but where's the humanity in that? I'd wager a great many lives have been saved by 'corridor conversations' (aka 'canteen culture' which has now arguably moved online with social media) with colleagues offering their perspectives, opinions and advice over a fry up in the canteen or drink after a difficult job etc. One of the reasons my coffee morning for policemen was so successful (successful being a subjective term but based on the feedback I received, including one officer considering his attendance so worthwhile he will now be running them in his service – so humbled by & proud of him!!) was because the men were able to share their experiences and mental illness informally as equals fearing no consequences for it even though they held different ranks and titles from services across the country. No-one came looking to be 'fixed' or 'better'; they came just to listen and talk to each other in a non-judgemental forum which the 'command and control' approach to mental ill-health often won't allow the opportunity for.

One of the best wellbeing initiatives we have already as an institution? Cake fines. We could, of course, argue that cake promotes unhealthy eating etc. but regardless of the 'ethics' of cake (and as someone who adores cake, I'm loathed to even put it in the same sentence as the word 'ethics') we can't deny that it boosts morale. Why? Because it's 'owned' by rank and file without a 'command and control' framework applied to it but also levels the playing field between ranks. We know listening to and regularly consulting employees works because PWCs Mentally Healthy Workplace evidenced that employee consultation and continual management buy-in was key to positive engagement and impact of wellbeing initiatives. It doesn't mean to say that our people will come up with the most financially viable wellbeing ideas but we won't know until we listen.

As leaders we have to stop presuming to think we know what our rank and file want and 'telling' them what they need and instead, ask them and listen. What may sound or look like a good idea to us as a leader for a wellbeing initiative may not transition well into frontline parameters. Hiring Chaplains or any third party group to be 'gatekeepers' to access counselling isn't going to help people who don't wish to engage with anyone religious (however little you may actually discuss religion) or those who have spent months working up the courage to seek help & need it immediately. The only gatekeepers should be ourselves when we realise we need help and seek it out. An intermediary may work as 'triage' to ascertain the best person or organisation to signpost for support but there should not be unnecessary barriers to seeking and receiving help when it takes so many of us so long to appreciate our need for it to begin with. Command and control is absolutely vital in situations and crises that demand it but when it comes to people, our people, collaborative leadership and loosening the grip of our rank structure is necessary.

Equally, we can't demand all our people 'lead by example' with integrity, professionally and personally 'at all times' if we're not prepared to address those, especially leaders, within the institution that hold views and managerial styles that detrimentally effect our mental health. Instead of telling everyone to be more resilient – which is just a corporate way to lay the 'blame' on those suffering from natural emotional and mental reactions to people and situations because it absolves the person causing the issues the responsibility to address and change their immoral behaviour – we need to start relieving the organisation of the people and policies that systematically erode it. It's 2019 and we still have narcissistic, bullying leaders, from Inspectors to Chief Constables, railroading officers out of their roles or the institution itself yet we want to talk about wellbeing?

I should not have to listen to middle-aged career (male) officers tell me they had their PTSD triggered when seeing their old boss on a training video or were made to feel worthless because their bosses humiliated them in a meeting or a female officer made to feel useless and discriminated against due to being on maternity leave. Actions speak louder than words so as leaders, might I suggest we start condemning and ridding our institution of the people who nurture our toxic cultures before we continually attempt to tell our rank and file to be more resilient i.e.



‘suck it up’? If you want to play power games (which is all bullying boils down to), join an online gaming world and to the good leaders amongst us, a difficult reminder; our passivity to accept bullying and discriminatory behaviour without consequence make us no better than those perpetrating it. We can’t call ourselves a moral institution if we’re not prepared to fight for them when our people need us to.

It should be obvious by now that I don’t agree (personally or professionally) with the consistent push for personal resilience training within policing (though agree with its need in other professions/sectors), particularly when someone is mentally unwell, when the Job and institution doesn’t currently allow for it but neither, again, am I saying not to include it. I’m suggesting, teach resilience if we must but lead with vulnerability and teach them both as Ying and Yang and not opposite ends of a psycho-emotional spectrum because resilience can be improved as a natural by-product if we focus on and improve other psychological baselines such as self-esteem, self-awareness of our emotions, creating ‘cultures of authenticity’ (that’s always a good stamp for Bullshit Bingo), promoting the vulnerability loop and encouraging the development of emotional support networks and a positive organisational environment etc.

Equally, if we’re serious about the wellbeing of our frontline then we have to look at changing sickness policies. We can’t tell our people we care about their mental health then take them down Unsatisfactory Attendance Procedure (UAP)/Unsatisfactory Performance Procedure (UPP) routes because they have sickness absences or unsatisfactory performance which may be a symptom or result of their mental illness. If two thirds of officers (as the Job and the Life study suggested) have PTSD/cPTSD without their knowledge then how we can criticise them for taking time off for the potential physical symptoms those mental illnesses manifest? I had months of everything from nausea and dizziness to IBS, ‘brain fog’/lethargy, short-term memory loss (on more than one occasion I not only forgot my name but how to spell it!), weight loss, back pain, severe insomnia/night terrors and my hair fell out whilst experiencing cPTSD before I was told I was suffering with it. We can’t keep casually throwing the phrase ‘parity of esteem’ into wellbeing policies and conversations then deny its existence when it creates demonstrable consequences for and places the onus on us as leaders and welfare departments to ‘do better’ because that’s not how it works. Of course, there will always be those who know how to abuse the system – every organisation and company has them – but just as we don’t want every rank and file officer to dismiss all senior leaders because of the actions of a few, we can’t view every rank and file’s sickness absence cynically.

Neither can we, at any rank, criticise those who may need time off for their mental health if they’re the subject of an PSD/IOPC complaint or UPP for example; until you’ve been through a serious investigation or disciplinary procedure, I don’t want to hear us use the term ‘go off with stress’ with the verbal tone that intimates use of quotation marks. I appreciate that, as above, there will always be those who abuse the system but they are arguably the minority. Do you know what it’s like to be so stressed that you physically shake and feel nauseous at the thought of the mail arriving each morning or getting an email notification fearing it’s more official documentation? Do you know what it’s like to have to collate all that official paperwork and need to keep it in a separate room or even building because its ‘toxicity’ affects you just by its physical proximity to you? Do you know what it’s like to command entire teams of people and officers in life-threatening situations and now no longer remember if you ate or showered that day and break down in tears because you dropped your cereal (or in my case, an exploding bag of cocoa powder during my breakdown) on the kitchen floor? If the answer is ‘no’ and you’re unwilling to learn about the realities of it with a view to changing your mind-set and the PPPs that contribute toward them, our passive acceptance of such detrimental systems is part of the problem. The destructive consequences of IOPC investigations for example can’t be mitigated as such as they are out of our control but if we don’t voice our discontent at their lack of accountability, nothing will change which is why we have our Fed Rep Chair speaking to the Home Office about governmental practices and a Change petition asking for an independent review into the IOPC itself.

Many of the wellbeing initiatives I heard that day at the conference and those I hear about up and down the country are station-based and whilst I don’t doubt or criticise their potential positive impact for those who are station bound (or have the opportunity to be so), a jigsaw puzzle in a break room or a wellbeing bus between 10-4pm isn’t going to help my single crewed Sergeant calling me from a lay-by crying down the phone on late turn because he’s broken by the Job but

feels unable to share his struggles at work and his family don't want to hear about the realities of it or my officer who managed all of two sips of her cup of tea at the station before another shout came in and she's desperate to get home to her daughter who isn't well. Can we fund a third party professional such as myself to go on shift in an observational capacity, spending a couple of hours with several different call signs for an hour or two to just have a chat between jobs to discuss the Job, their mental health or any other problems building that vital, trusting relationship needed to encourage and validate vulnerability? If nothing else, it offers company to an officer who may not see another colleague for the entirety of their shift because we can all appreciate how physical, mental and social isolation can detrimentally affect us.

We can't keep simultaneously promoting station-based initiatives whilst loading the, often single crewed, frontline with technology such as PDAs and BWV encouraging them to 'be out in the community' because they can't do both and so, as it should, the onus falls back to us as leaders to create more proactive and realistic ways to reach in.

During the conference I learnt that a service offered a 24 hour Employee Assistant Programme (EAP) phone line which would call you back within 2 hours who would then triage you to receive some phone or face-to-face appointments, which is a great start. However, when I challenged their representative about the push to receive phone support over face-to-face (due to funding and resources), I was told that 'more people felt comfortable opening up over the phone' and whilst that may be evidence-based for them (and I have had some incredibly honest phone calls with officers), it's not what I've experienced in years of helping others but particularly men. I have lost count of the amount of times where I have challenged someone based on their body language or simply a millisecond of hesitation in their verbal response to have them break down and share how they're really feeling. A phone call, whilst effective for some (as it allows a certain emotional distance some find necessary to share how they're feeling), doesn't allow the person struggling to feel that they matter. That they are worth our time and priority which is key in building lasting, trust-based relationships necessary to discuss mental health at the depth required.

Equally, the same service offered EAP phone support to managers around wellbeing between 9-5pm; fine, except I don't know many operational staff who work business hours only unless they're senior leaders and most mental health crises don't happen within working hours. The reason so many of us end up in A&E with mental health problems is because our GP surgeries are often only open between office hours and whilst I hate to state the obvious, I will; mental ill health or crises don't care about business hours especially when our (police) 'business' is 24 hour care and protection of the public and each other.

Like social media, technology can't give you a hug but it can allow us to hide our behavioural cues. Those slight tonal changes in voice, the inverted body language, the lack of eye contact. Sometimes we can pick up those cues through a phone call or even an email if you know the person well enough but face to face engagement is key to helping each other. When working in my law firm, my desk was opposite the kitchen and I often caught out colleagues (some 'way above my hierarchical station') who were struggling because I heard them take extra-long sighs whilst making their drinks. A sigh. That is all it took. I emailed them to ask if they were ok offering them a coffee and they all replied with 'yes' to the invitation.

Whether we title them as such or not, behavioural cues are everything and are part of the micro-sociology that impact us on a daily basis. We know if a cashier in a shop is open to a chatty exchange the moment we step up to the till. We know, when running a presentation, if we need to labour a point or finish it depending on body language etc. from the room. We know if a victim or suspects' words are genuine when we hear them because we can read them. So when we keep saying that 'people need to speak up' because we won't know if they're struggling until they do, I'm going to remind us that as humans we're constantly talking, we just don't always understand how to interpret the clues but we have to create and encourage the opportunities to hear each other to begin with!

Many mental health offerings both in policing and NHS often offer a limited amount of treatment sessions (usually talking therapy) for mental health for example and here's the problem with that; you (either as the professional or the person struggling) don't get to decide how deeply something impacts someone and how quickly they are able to process and move through it. Not only that, but

a limited timeframe doesn't allow the professional to appropriately 'pace' (meaning to have an appropriate length of time to discuss your trauma/issues without overwhelming you) your work together and if you don't 'click' with your mental health professional, they have the ability to do more harm than good. Regardless of being traumatised after my rape, my rapists' sociopathic behaviour not only re-traumatised me around trauma I experienced as a teenager but the psychological abuse I received from my equally sociopathic father. I didn't get to decide that my rape would re-trigger those traumas just as I don't get to decide the time it's taken me to begin to start to come to terms with it all and work through it.

My first therapist through my law firm's EAP was 'cold' and 'clinical' consistently making me feel criticised and judged and therefore worse but conversely, even when I have sat in front of my current therapist (who's a year younger than me) sobbing to the point I have retched, she has called me 'one of the strongest, most phenomenal and inspirational women she's ever known' allowing me to feel empowered even when fragile. We can't keep telling our people they have 8 sessions to work through, what could be, a lifetime of trauma with a professional that may or may not be the 'right fit' for them, then get angry when they don't or are unable to. Neither do we get to pick and choose what aspects of an officers' mental and emotional lives we want to address or 'fix' simply because we're on a financial timescale; our job, as leaders and wellbeing professionals, is not done when we offer and they complete those sessions!

Whilst at the conference, I had a wellbeing lead ask me what 'quick wins' I had with my work around men's mental health and unknowingly to him ignited my anger by highlighting to me one of the fundamental reasons why we can't effectively progress the conversation around wellbeing within policing. It can take weeks or sometimes months to get anyone, but especially men and male officers, to open up to me about how they're feeling. Weeks of proactively showing up. Sacrificing my own vulnerability so they feel safe enough to share their own and knowing how to validate it when they do. Of listening with no agenda and offering realistic advice and support. So if you're asking me what 'quick wins' you can take from my work around men's mental health (or any of my work but especially with police), I'm not only going to state how incredibly (!) ignorant and insulting that is to me, both professionally as a consultant and personally as someone who is chronically ill, but to my officers I support and all those who come into contact with you because that duplicitous mentality around wellbeing not only has the potential to end careers, but lives. Mental health and illness isn't a conversation it's part of every conversation and until we're prepared to recognise and change that across all services and sectors, we will continue to fail our people.

This 'quick win' mentality is the same issue we have across all sectors of policing; everyone is so busy wanting to create and leave a legacy in their role, they don't see the power in being part of a generational one. Regardless of the reactive mentality around operational policing e.g. increasing stop and search for knife crime (not a criticism; it's needed) we have officers seeking promotion looking for the 'golden egg' that will get them through the boards instead of appreciating the value in nurturing the eggs we're already holding. We don't need 5 year Policing Visions, we need 10, 20 and 30 year generational ones because if we continue to be short-sighted and not changing what's necessary for future police, we'll continue this vicious, self-fulfilling cycle of everyone looking out for themselves instead of each other. If we have a relay race, we don't offer a medal to only the runner that crossed the finish line but to every member of that team who played their part. Police wellbeing is a generational marathon, not a sprint.

But to my senior ranks and wellbeing leads who share the above 'quick win' mentality, allow me a moment to be truly cynical and calculated (as much as I am loathed to offer this 'advice'); if you are a senior leader that has been tasked with directing wellbeing initiatives or you need to complete these as part of your promotional development plan or other KPI then the best way to do it is by listening to your people (as I do) and I don't mean listening to everyone's' experiences with mental illness but their ideas for wellbeing. Take the time (or ask your wellbeing team) to research their idea and if it has merit, run with it and give them the public acknowledgement for bringing it to you because it not only shows you're willing to listen to your rank and file but shine the spotlight on others instead of yourself which is commendable.

And if you're a senior leader or wellbeing lead but don't truly understand mental illness (and I've discreetly met and educated some that haven't) or personally believe it to be a weakness (and sadly

there are still many within the institution across all ranks who think this way) then surround yourself with people who do understand it and delegate it to them as much as you are able to. Bring those with lived experience into your counsel and help them to help you because it benefits everyone; your people get the support and wellbeing initiative that most benefits them and you look good when you attend your promotion board. It is not a failure on you as a leader if you don't understand mental illness or its complexities but it is if you don't proactively seek to close that knowledge gap and recognise that if you can't, you need to fill it with people who can whilst also appreciating that if rank and file know you to be insincere with regard to mental illness, any initiative you personally attempt to implement will be met with critical resistance leading to wasted funds for an initiative that won't be engaged with.

But if you're still not convinced on how important looking after your peoples' wellbeing is from a compassionate viewpoint, allow me a moment to convince you with the numbers and finances behind it:

Mental illness costs the UK economy approximately £94bn a year (due to a mix of presenteeism and absenteeism)

Approximately 300,000 people a year leave their jobs due to their mental health and in 2016, it was estimated we lost 15.8m working days to mental ill-health/illness; BUT

Those with mental illness contribute approximately £226bn (12.1% of GDP)

And if you're looking for Return on Investment (ROI), PWC evidenced that for everyone \$1 invested in mental health training and provisions, ROI was \$2.3.

The Lancet Review of the Australian Fire Service went one step further suggesting ROI was an incredible £9.80 for every £1 on mental health training of managers

Of course we want every senior leader and wellbeing lead to be genuinely compassionate and understanding around mental health and illness but we also have to be realistic. We have got a long way to go in both policing and general society before the stigma around mental illness dissipates (though it is changing for the better) so until that time we have to work with the people and mind-sets that we have but let me categorically state this; peoples' emotions and mental health are not a trend nor office-political fodder for your personal career aspirations and to treat them as such risks career-changing/ending consequences and lives. All it takes is one bad experience of someone opening up to a colleague (especially senior leader) and them feeling criticised, dismissed, judged or shamed and you not only risk them never asking for help from another colleague or professional again, you risk causing further mental distress, resignations or lives.

We are ignoring the age-old rule that if you look after your staff, your staff look after your business so when we're telling our people we don't have the budget to care for their wellbeing, we're telling them that they don't matter enough to prioritise funds. We can't expect a return on investment if we're not first willing to invest in them to begin with and much like the NHS, it isn't simply a case of 'not having funds' as an institution per se but having funds mismanaged. Yes, many services and ranks have already invested in wellbeing initiatives (I am in no way criticising them) but if we're not investing in the initiatives that our people feel would benefit them the most, any investment will have limited engagement, impact and ROI. If, as a Chef, you're testing a new menu on customers and you haven't asked if there are dietary requirements before planning, meaning you unintentionally serve a meat dish to a vegetarian, you don't dismissively blame the vegetarian because they said 'they were hungry' and you created the menu 'for everyone', then complain when they don't eat it. You recognise as the Chef that it was your responsibility to ask if there were any dietary requirements and preventatively alter your menu accordingly. If we're not asking our 'customers' (rank and file) what wellbeing initiatives they require and adjust our offerings at specific service, sector and team level, we don't get to complain as a senior leader or wellbeing manager when we are left with initiatives with finite engagement and efficacy.

Many ranks and services will argue that it takes money to care for people's mental health and whilst I agree initial funding is required, it's not the biggest investment needed; what it really takes to care for ourselves and our people, to care for anyone, is time; the most valuable asset we can offer as individuals and organisations. We know this because we don't have the luxury of it. I haven't saved the lives of the many (including policemen) who have credited me with doing so because I built them gyms or bought buses but because I showed up. Proactively. Continually. Genuinely. It doesn't mean I'm answering calls or texts during meals or at 2am but I do have an

‘open door’ policy and flexibility to listen and offer support on their time and sometimes, just having that human connection and opportunity to ‘debrief’ is all that is needed.

You don’t help people or save their lives with grand gestures but with small, continual actions, so when we’re telling our frontline we don’t have the funding to provide for their wellbeing (and that’s even before we get into the wider discussion that services are often funding ineffectual and disengaged initiatives), I’m going to suggest that we’re seeking and valuing the wrong asset. We don’t talk suicidal people down from bridges by buying them a crisis team support worker they can see in 6 months but by immediately giving them our time in their time of need which allows them, even momentarily, to feel valued. To be reminded that they matter to both those of us they are speaking with and to the wider world.

As someone who both suffers and supports those who do, I am tired of societal wellbeing gestures of grandeur that have no substance. Mental illness is not a broken leg but a muscle tear that never fully heals and causes us to be susceptible to further severe injury and until we, as an institution, appreciate that we all therefore require and deserve continual support in varying degrees and not just ‘8 sessions of CBT in six months’ time’, we are not only failing to improve our collective mental ill health but detrimentally contributing to it.



# Justice starts at home

'If you want the 'magic answer' to police wellbeing, omitting the obvious answers of more funding, resources and officers, here it is:

Positive organisational environment.

It's as simple and yet as complicated as that.

We have an organisation historically founded by career-minded bosses instead of caring leaders, inherently due to our inability to view emotionally intelligent communication and soft skills as the skills, with us seemingly unable to find a complimentary balance between the two and if we don't address and change our negative organisational environment and the people and rigid/ archaic systems that nurture it then any discourse around wellbeing or its initiatives will be counterproductive with limited engagement and efficacy. We have all the problems of a trauma-based operational workforce within public sector austerity parameters forged with corporate hierarchies and institutionalised thinking wrapped in bureaucratic status management.

We've got issues; and unless we start naming, challenging and changing them, we'll keep losing our people to resignations, retirement and suicide.

We can't keep telling our people to speak up when the organisational and operational environment is stacked against them and the fact that the institution has been historically and currently lead by men (and women) who hold stereotypically traditionally masculine views is, in my personal and professional opinion, one of the largest contributory causes as to why we're not having realistic and productive wellbeing discussions and initiatives. We need to talk about emotions, not suppress them which goes against our societally and institutionally traditional views of masculinity.

The reason I am a 'men's and workplace' mental health specialist developed naturally because we still have so many male-dominated professions and organisations with male leaders and women who take on masculine personas to navigate their careers within those organisations – hypermasculinity – and the lack of awareness about the difference in men's mental health and the detrimental impact of traditional masculinity (never to be confused with many of the positive aspects of traditional masculinity) which isn't recognised or acknowledged meaning we not only have men suffering in silence but attempting to help/'fix' others whilst not understanding themselves. And the higher the rank, (regardless of gender), stereotypically the older our leaders become and that is where we hit the negative 'sweet spot'.

Suicide is a gendered issue for men with 75% of all UK suicides attributed to them, though more women are diagnosed with mental illness, but the highest risk group are middle-aged men (42-49 year olds) which, for many, will mean that they are also our leaders and senior leaders and that's where the problem lies because they sit within what's known as the 'buffer generation'; those brought up by inherently, generationally, emotionally stunted parents within the parameters of traditional masculinity whilst now raising and witnessing more progressive and emotionally intelligent children and societies. The largest demographic I support in police and military? Male sergeants (or similar rank) in their late 30s/40s/50s but the reasons for that and why traditional masculinity and men's mental health and illness underpins the entire wellbeing discussion within the organisation is another series and book entirely but to answer your question, yes, they really are part of the root cause across the entire organisation and every other male-dominated sector.

Over recent months I've had several male officers admit to me that they have quite literally bought the rope to hang themselves with (Nb they are no longer in crisis and they are all receiving help) and that doesn't include all the officers that I've physically held, supported or listened to as they've struggled and cried so when, as an organisation, we're refusing to acknowledge that specific advocacy, support and help for men's mental health is required (and men's mental health IS different to the wider discussions of mental health), I find the silence both frightening and deafening. I know that men need our help because my inboxes and phone logs are full of them telling me so.

Yes, our organisation is inherently male and there are still many misogynistic, sexist and discriminatory men with outdated views within and leading the institution (we wouldn't have mentoring programmes for minority groups if there wasn't a need for them), with Fed Chairs who feel it a 'detrimental compromise' to allow part-time working which would encourage more women to join and those who attempt to make lanyards/sexuality political, but suicide is a gendered issue for men both in policing and general population and to ignore the wider plight of men's mental health due to the attitudes of some, arguing perceptual political correctness toward minority groups and the public isn't equality, it's misandry. For a great many reasons, our organisation will never be equal so it is absolutely vital that we continue to support and advocate for our minority groups but we must not do so at the expense of our majority simply because they're men. We need a national Men's Health in Policing Association because regardless of their mental health, two of the contributory factors to men having a shorter life span than women are not only because they don't seek help for preventative illnesses in time but have self-destructive coping mechanisms such as alcohol which cause worsening physical health. If we're not running specific men's health events with the same energy and coverage that we do for other groups we are neither diverse nor equal in the values we so publicly exclaim that we hold in the modern Office of Constable.

I don't advocate for men to the detriment or exclusion of any other group within police or society but we must recognise that each group, whilst sharing commonalities, will have their own struggles and barriers to discussing mental health and ignoring those specificities to insist on blanket wellness initiatives and policies detrimentally affects us all. If, for example, we have a team of 10 officers across 6 different faiths, we don't consider it exclusionary if we recognise that each faith may necessitate their own prayer room and chaplain; we appreciate that the common goal is that of encouraging practice of their faith whilst acknowledging they may need differing and specific requirements to do so. One united aim and six specific ways to achieve it with no perception of discriminatory division within it. Wellbeing support and initiatives are no different.

Despite the above (which is no way a criticism of the institution/leading men), I know that there are genuinely empathetic, emotionally intelligent and compassionate leaders within the police because I'm working and engaging with them; progressive leading ranks who have encouraged and allowed me to change their minds about a variety of topics and specifically seeking my help and advice for men's mental health and vulnerability. My entire journey into police started because a genuinely compassionate Superintendent saw my worth at a time when I felt worthless; he invited me to be heard and has, together with another Superintendent, encouraged my voice ever since. Though there are hundreds, if not thousands, of you who have been (and remain) on the receiving end of appalling 'leadership' and abysmal support for your mental health both at team and occupational health level, we can't blindly dismiss every leader and service in their attempts to care for their people in all the ways they are trying to encourage wellbeing change because of the actions of those we've encountered or because we are not, due to service/team/location, on the receiving end of a 'good' initiative or empathetic senior leader or wellbeing manager.

After 9 months of coercion, 'gaslighting' and manipulation leading to my team leader, a man I cared deeply for, raping me then having several male managers including the Managing Partner in my law firm decide it was my own fault for drinking, ultimately costing my job and almost my life, when I worked up the courage to report him to police I was victim-blamed. I then received such poor victim care throughout the investigative process that it not only caused me such severe stress that for many weeks my hair fell out, my mouth became full of ulcers, I drank and my periods stopped (which is a degree of severe stress that many officers who experience a PSD/IOPC investigation will recognise) but re-traumatised me to the point that I couldn't look friends (especially men) in the eye due to shame, feeling I deserved what he did to me and that I was 'complaining about nothing'. I owe men and the institution absolutely nothing (!) and yet I'm still here advocating for and helping both so when I tell you that you can't dismiss entire groups of people because of the actions of the few you have encountered, please hear what I'm saying. That in no way intimates that it is easy; there are times where I have felt broken by our organisation and the men and women within it who have personally vilified me, questioning if I have the strength to continue but I feel duty-bound to help those who confide in me because I can appreciate the bigger picture; the 'greater good'. I know it's extremely difficult but you have to try or we're never going to progress the wellbeing conversation to the level we all need it to be.

I am, however, going to take a moment to speak to the minority (and it is the minority) who sometimes use austerity as an excuse to perform or behave poorly and I get to make this point because I've been on the receiving end of it and know of others (professionally and personally), who have also. I'm told my rape investigation was thorough but in many ways, the state of the investigation was irrelevant to the poor victim care I received. I was consistently met with an unapologetic "I'm so busy, you know what's like" attitude and my response to that is "no". You don't get to 'pay it forward' when it comes to your institutional victimhood to the public you engage with, even if your victim works within or on the periphery of the organisation or similar. If you can't find a way to manage expectations, and it is of course vital that we do, without making a victim or member of the public feel that they and their pain don't matter then we've got far bigger issues than wellbeing on our hands. It isn't fair on us as victims, and it's not professional. My consultancy work is in addition to my full time job and socialising, reading, researching, exercising and helping support dozens of friends, followers and officers whilst suffering cPTSD and severe depression and I still manage not to complain about my busy schedule and the pressure I'm under to those that I help. Austerity doesn't give you a 'free pass' on treating your victims (or each other!!) dispassionately as individuals and if you don't acknowledge your desensitisation and personal/institutionalised trauma then you can't recognise it to the degree necessary to change it or at the very least, mitigate its strength.

I am fortunate enough to now know many incredible officers (of all ranks and titles) who were disappointed (but sadly not surprised) at the victim care I received but even that would now not stop me from cautiously advising another woman on the realities of what it means to come forward to police as a sexual assault victim; the institutional bias of the wider CJS against women of sexual violence being another piece I'll continue to write when I'm not so acutely traumatised. Recognising your victimology (and there is a difference in being a victim and being defined by victimhood) within austerity is absolutely allowed but it should not be 'passed down the line' when engaging with the public and victims and certainly not used as an institutionalised weapon between teams, sectors and services on who is 'struggling the most' because trauma is not a competition and if you don't know how or when to table your own trauma to listen to others', we can't discuss wellbeing effectively.

That being said above, it's extremely difficult to want to engage in the national conversation around police wellbeing if you're not receiving good support at team and service level. I get it. So if, as the National Wellbeing Service and Deal does, we're telling rank and file to 'take part' in the discussion around their wellbeing, we have to appreciate that many of them have been damaged by the very people and systems we're now telling them to support!

They were right when they said privatisation of prisons/probation wouldn't work.  
They were right when they said the emergency communication system wouldn't work.  
They were right when they said cuts have consequences.  
They digitally, sometimes, physically shouted their concerns and were dismissed for it.

If we abuse a dog for years, we don't expect, criticise or further discipline it when it won't leave its kennel at the first sign of affection. We appreciate that it takes time, effort and patience to prove our care is genuine and encourage it to engage with us so can you forgive rank and file for being unable or not wanting to engage now that the NWS tells them they're ready to listen when history has shown them that talking won't mean being heard? We can't ask our officers and staff to speak up around their mental health and the initiatives they want if we're not prepared to listen to them to begin with.

On the day of the launch of the NWS and deal, I saw a tweet from a wellbeing lead telling rank and file to "stop moaning and get involved" and my personal response to that in my head was "when?". When exactly do we expect officers, who are already struggling (and often failing) to find a work life balance with unrealistic workloads and cancelled rest days etc., 'get involved' with wellbeing? Not only that but why would our frontline attempt to voice their concerns and/or wellbeing ideas when they are consistently told (and shown) by some that their opinion is not listened to or respected? Because that is the core of the issue; our frontline do not feel heard and feel like nothing but a number to their leaders and the organisation itself. I listen but more importantly, I hear them and there's a difference in the two.

If we're telling our officers to prioritise involvement with job wellbeing whilst simultaneously telling them to find a work/life balance within the parameters of austerity, asking them to attend optional mental health training on rest days (!?), we're sending mixed, disingenuous messages that allow the frontline to consider our expectations of them unrealistic meaning any initiatives we attempt to implement will be met with hostile criticism regardless of the potential benefits to them.

In the days and weeks after the launch of the of the NWS and Deal, I witnessed many of those who work within wellbeing struggling with receiving so much negativity/embitterment when they shared the launch and I felt for them but my counter to that is this; if we, as leading ranks and wellbeing leads are faced with an influx of embitterment (similar yet differing to institutionalised victimhood) it is as a direct result of how we have treated and allowed our officers and staff to be treated over decades, consistently denying them organisational justice. That's not to say that I agree with all the criticism against Oscar Kilo because many of the issues were outside the NWS' scope; more officers/staff, reduced workloads and better pay/pensions etc.. In that sense, I felt that some of the anger, whilst justified, was misdirected. We all know and appreciate that we need these but that is something the Government controls, not us and I come back to the argument that we are going to have to stop spewing vitriol at each other when we're already on the receiving end of so much of it from members of the public to the Government itself.

I often hear from those who work in wellbeing (both in private and public sectors) that they consistently hear 'yoga isn't the answer for bad management' from those they work with and my answer is categorically 'no, it isn't' and a huge US study recently demonstrated the ineffectiveness of such initiatives. Until we address toxic or negative organisational environments, any wellbeing initiatives will have limited efficacy; it's like telling a fire fighter to douse flames whilst you're still pouring an accelerant on them! It's no different to the Mental Health First Aiders (MHFA) we find in private practice. Of course it is always beneficial to have someone who understands the realities of mental illness more than lay colleagues but a 'listening ear' won't alleviate the detrimental impact a dictating boss or clinical PPP will have on that individual, which even a recent Health and Safety Executive study appeared to suggest.

Neither can you simply decide who your wellbeing managers/leads or Blue Light Champions are going to be because not everyone is right for the job. Whilst working in my law firm as a secretary, our MHFA was a member of our HR department and she was avoided both because she was perceived as disingenuous and known for her lack of confidentiality. Conversely, as I was 'naturally popular' across teams and hierarchies and am a highly empathetic and compassionate person, I became the unofficial MHFA by default to the point even colleagues from other offices I'd never physically met would refer each other to me and I knew Board decisions before the Partners I worked for due to my level of discretion and confidentiality. Like many aspects in life, it's about getting the right person for the right job. Medical students, for example, may start their careers believing their goal is to be a paediatric doctor only to realise that 'bedside manner' isn't their forte and that surgery suits their interpersonal and technical skills better. They're not only still doctors but better doctors because they are in the specialisms they are most suited for which benefits their own mental health but also improves the care and treatment their patients receive. We are no different; just because you want to or are tasked to be a wellbeing lead/peer support worker etc. it doesn't mean you should.

If you're not the right person for the job (and that isn't a slight on you if you're not), you risk doing more harm than good at a time where it's never been more important to get the support for our frontline right. Equally, if we have the 'wrong' people as peer support workers or wellbeing leads/managers, it means any support given by them will require an unsustainable level of emotional labour/acting in that person which, if left unrecognised and counter-balanced, will quickly lead to desensitisation, compassion fatigue and ultimately burnout, ironically leading to those in wellbeing positions changing roles or leaving the organisation.

Neither does a bestowed title of 'leader' make us one; we earn it. Our team and the people under our command don't work for us, we work for them. Don't ask yourself how your team can make you look good but how you can make your team be the best because strong leaders make strong teams and vice versa. And I could sit here and share a wealth of studies proving the effectiveness of emotionally intelligent and compassionate leadership over 'dictating bosses' but I won't because I shouldn't need to; it's common sense. The reason so many officers now see me as a 'leader' in

mental health isn't because I told them I was and demanded their respect but because I have and continue to earn the privilege by taking the time to listen and respect them and their opinion without judgement. My empathetic compassion and informality doesn't negate my ability to call them out for bad attitudes and behaviours when needed but they respect me even when I do because even through my directness I am fair, honest and communicate effectively with them; traits that we appear to have forgotten the value of within the institution.

Are all the wellbeing leads and leading ranks proactively prioritising time to leave your desks to sit down and do the same? To listen to frontline officers and staff around the realities of struggling with mental health/illness; both those who are suffering whilst still attempting to 'push on' at work, those who simply have views on the topic or even those currently off sick? I mean, genuinely? Are you, as a Superintendent or above (for example), proactively creating strong interpersonal relationships across all ranks, reaching out to your frontline (as people, not ranks) after a particularly difficult job or a personal situation to ask how they're feeling and simply listen to their story, without an agenda, or perhaps their wellbeing suggestions for your service over an informal coffee? If the answer is "no" or "I don't have the time" then you are part of the very problem that many on the frontline speak of; that they feel like 'nothing but an expendable number'.

It's no good dismissively stating the above point being 'nothing but a number' isn't true because perception is reality for many of us across all sectors of our professional and personal lives and that is what we're up against as leaders; the perception that many don't feel cared for by leading ranks/the organisation itself or that care is seen to be given because 'it's part of a formal process' or simply to reduce absenteeism/presenteeism. You are a leading rank precisely because of your ambitious, proactive nature so who better to benefit from that ambition than the officers your rank allows you to support and advocate for? One of the many reasons I have so many officers across ranks confiding in me is because I am neither the Job or academia and my care, therefore, is both recognised but most importantly, perceived as genuine, trustful and non-threatening. I don't have an agenda; my care and advocacy for all officers but particularly men is not funded by a university, welfare department or the institution itself and neither am I 'in it for the money'; as I recently joked with a Chief Inspector, if I wanted to be rich from my consultancy, I wouldn't be looking at the public sector to make me so and certainly not at the police. All of my police work, be it social media, writing pieces such as this, meeting officers, presenting at SMT and conferences, researching police wellbeing and workplace mental health and supporting officers is done in and around my full-time day job and life. I care. So if I must have an agenda, let it be that.

It's very easy as a senior leader (note: this point doesn't necessarily apply to Direct Entry) to dismiss our frontline for venting their frustrations around modern day policing until you accept that the institution and the society it governs is, in many regards, wholly different to the one you may have experienced when you were 'walking the beat'. It's the same argument we see in wider society when professionals state that younger generations are struggling more with their mental health than ever and older generations immediately dismissing them for being 'millennial snowflakes'. So allow me to make this point clear; we don't get to dismiss the evidence-based concerns of the younger frontline simply because we didn't experience their stressors 'in our day'. Life changes; we have never seen such growth and rapid change as we have in the last 40 years as a Western civilisation but it's collided with 10 years of austerity in policing leading to great uncertainty but I come back to the point that trauma is not a competition. Just because, as a senior leader, you didn't experience something individually or even collectively when you were rank and file, it doesn't mean it didn't or isn't happening now and recognition of your pre-austerity privilege is necessary if we're going to have productive discussions across all ranks about our wellbeing.

Equally, the frontline won't necessarily appreciate or understand the pressures of or what it means to be a senior leader in austerity having to make difficult decisions you know won't land well so instead of sitting in your own camps, angry at the dismissal by the other, we need to find ways to share each others' perspectives. In the corporate world, this lack of knowledge (which simplistically boils down to lack of communication) it's known as the 'iceberg of ignorance' intimating that staff see 100% of the problems whilst executives only see 4% (due to status management etc) but the iceberg can also be reversed; 100% of a board of directors will know if their company is in financial difficulty for example, whilst likely 0% of their workforce will know their jobs are in jeopardy. We each have our own pressures and whilst some issues may be factually 'better or worse' than others, how we feel about those issues can be the same.



Could a senior leader discuss the pressures of what it means to balance people and the financial and results-driven statistics around them? Could a Sergeant discuss the daily consequences of austerity and management decisions? One of the great opportunities I have in being an outsider is hearing both sides of the argument (and the anger that may come with it) then delivering the realities of their 'arguments' to the other side without the anger or fear of career reprisal and it works well!

Status management is crippling us as an organisation due to our hierarchical structure, allowing poor leaders and practices to remain unspoken about or challenged meaning that some of the best editorial articles and reasoned voices we hear from are from those leaving the organisation or the wider judicial system. This was particularly evident in the piece from Sara Thornton as outgoing Chair of the NPCC stating that 'officers were struggling'. I witnessed many online, angry that she "didn't say this when she had more power as Chair" and my response to that is that she, like most if not all of you, are handicapped by status management leading to a professional and/or personal inability to challenge institutionalised thinking, fearing detrimental career consequences for doing so.

A few days after having a meeting with local police several months ago, I met with a senior leader who asked how it had gone; my immediate response was "pointless and defensive" and he laughed as he replied with "don't hold back will you?!" and I won't because the silence borne from status management are where all the 'answers' to wellbeing and many other institutional problems lie. We're all so (justly) afraid of 'telling it like it is' that no-one says anything and it's not only disappointing to witness but embarrassing as we continue to tell the public that we are a modern and diverse organisation. Modernisation and diversity isn't solely reserved for people and their backgrounds but changing approaches to our systems and styles of work and how we learn, recognising the power in collaborative learning and leading.

Leaders who don't listen, will eventually be surrounded by people who have nothing to say – Andy Stanley

I'm fully aware, however much it pains me to admit, that writing this will likely prevent some ranks and services from wanting to work with me but unlike some, both in and outside of the institution, I'm not prepared to play office politics with my officers' wellbeing, careers and lives to 'win friends and influence people' because I already have friends and I already influence people in and outside of policing; my words are for those we risk losing to resignation and suicide and their lives matter to me far more than any potential pay check I may or may not be offered!

Lived experience leadership is invaluable to all discussions around mental health; the more we have colleagues, but particularly leading ranks, openly sharing that they struggle with mental illness, the more we normalise it but what I often see is lived experience leadership once someone has reached their level of personal career safety as evidenced by Major Andrew Fox who is considered to be the highest serving member of the Army to share that he has PTSD. The Sergeant who has no wish to be promoted or an Inspector close to retirement and whilst that's all commendable, what we need to see is lived experience being promoted. The officer who had a nervous breakdown but is now a commander. The newly-appointed ACC with cPTSD. And when people criticise those promotions arguing perceived 'weakness' questioning their ability to lead whilst ill we must, as leaders, challenge those archaic and damaging judgements and beliefs or we have no ability to change the institutionalised stigma around mental health.

Two of the reasons I am considered an effective and impactful voice on mental illness is both because I listen to others and I understand it meaning someone doesn't need to spend 10 minutes fumbling with words in an attempt to explain how they feel because I understood them in 2. My inboxes are proof alone of the necessity, power and appreciation of listening and leading with lived experience and vulnerability. We have an institution paralysed by the archaic belief that to be an effective leader you have to be emotionally distant and stoic with a 'command and control' approach to all aspects of policing when the absolute opposite is true. Some of the most effective leaders and teams in the world founded their cultures on vulnerability and collaborative leadership so if it's good enough for SEAL Team 6 and Google, it's good enough for us.

What you do when you lead with vulnerability is not only show your strength to be vulnerable in front of others (proving you know your worth and don't allow others' potential judgements of you to negatively affect you) but it encourages and gives others' permission to share theirs creating a natural vulnerability loop which, as a by-product, gives everyone within the loop the psychological safety necessary to feel a secure attachment to the Job and those within it encouraging emotional and mental resilience.

I don't have everyone from career police officers to Army leaders or Lt. Colonels in the Marines calling me inspirational (despite not believing myself to be so) because I don't suffer with mental illness or trauma but because I do and survive and thrive despite it, helping others to learn how to survive with theirs. Despite all that I have and continue to go through, I lead with vulnerability and lived experience when I could allow bitterness from the way men and the police institution have treated me to change who I am; to make me 'emotionally cold' but I continue to lead with warmth and kindness and I have yet to meet anyone, including even the most hardened of men, who don't drop their emotional guards to reciprocate that emotional 'softness' which is vital to hold engaging discussions around mental health. You can 'kick ass and take names' but still want a hug or to cry. As I continually preach; vulnerability and strength are not mutually exclusive or opposite ends of a spectrum, they are Ying and Yang.

Vulnerability equates to representation (I share my vulnerabilities around cPTSD/trauma/sexual assault/depression/anxiety which allows others to recognise their own vulnerabilities) and we know that representation matters both in policing and the wider society because we wouldn't have Positive Action proactively seeking members of minority groups if we didn't. If you don't understand that vulnerability and shame are the core issues of why we can't start those difficult conversations around mental illness etc. and the magnitude yet simplicity of what it takes to acknowledge and validate vulnerabilities to ourselves and each other, we'll never be able to help those most in need.

# The Thinning Blue Line

We need to start having some very real conversations about the differences in poor mental health versus mental illness and suicide and suicidal ideation because we, both in policing and the wider society, spend a lot of time talking around the issue when the opposite is both needed and warranted; you can be suicidal without mentally ill in the same way that you can be both depressed and sad and we need to talk about those nuances. When someone is grieving, they can have extremely poor mental health but we don't immediately label them as mentally ill because we recognise how they feel is a natural reaction to what they have experienced (the true meaning of being 'trauma informed').

People kill themselves and sometimes can't be saved for all the love, money and training in the world and if that sounds like an incredibly brutal truth to read then I'm glad because that is the level of honesty we and our frontline need and deserve because discussing suicide isn't going to encourage or cause someone to kill themselves; it doesn't work like that. (though I can't share details as of yet, I will be speaking at two different police service events on the topic of male suicide) Thinking about death and suicide is incredibly natural to all of us at times and, like many thoughts and feelings, sits on a sliding scale of normality but I'm going to say something here that many professionals won't or don't feel able to; sometimes suicide feels entirely 'logical' to our life circumstances and is one of the reasons we don't always seek help. It's a complicated issue but if we're not prepared to talk about it in the depth necessary, we can't attempt to mitigate it; it's 2019 and it took a local journalist 10 months of writing a story to get services nationally to even record suicides of their officers yet we're going to stand in front of hundreds or thousands of officers and say we care about their wellbeing? We have got to do better and start making our people feel like priorities instead of options!

Do you know what it's like to feel 'such a failure', and the shame within it, you decide to take your own life and feel like more of a failure because you didn't 'succeed' or to be stuck in emotional purgatory because your urge to kill yourself is so strong but the thought of breaking your loved ones' hearts forces you to stay alive to the point you resent them for it? Do you know what it's like to wake up in hospital after a suicide attempt, disappointed to be alive and go back to work with colleagues none the wiser, to hear an officer tell you what it felt like to put the noose around his neck, what it's like to hear a middle-aged officer as he cries down the phone or hold him in your arms as he cries? Because I do. As someone who has survived suicide attempts, saved lives and helped those struggling with suicidal thoughts, I can assure you that it is so much more complicated than 'not feeling loved' or believing that there is 'always someone to speak to' and until we address those stark realities, we can't have the necessary productive and beneficial conversations that hold the ability to improve wellbeing and save lives. There are a great many of us that whilst not acutely suicidal, for a variety of reasons, may not feel particularly attached to living either at times and until we stop viewing and perpetuating the cyclical belief that mental illness is something we simply 'break and recover' from, we run the risk of not only allowing those who chronically suffer to feel like failures for being 'unable' to recover in comparison to colleagues but won't be able to offer the appropriate level of support required.

I turned 33 in June marking 20 years of suffering with mental illness; I don't 'recover', nor am I likely to. I don't share that to remove all shred of hope (quite the opposite) for those that suffer because there are absolutely people who will have an acute mental health crisis that will never experience another but there are many of us who chronically suffer in high-functioning silence (and with the state of policing, chronic over episodic mental illness is almost guaranteed) quietly dealing with acute crises who don't get acknowledged or 'believed' in the wider societal discussions around mental health. We're sick but 'not quite sick enough' for care (or its expedience of it) and yet, ironically, we are the most at risk of acute crisis after remaining 'strong' for so long.

I have spent two decades trying medication after medication with differing doses (and all the side effects of them), dual therapy, CBT, other talking therapies, mindfulness, yoga, running, better eating; you name it I've tried it and though my mental illness has and continues to place limits on my life, I live my life despite it. I backpacked solo through Asia for three months just six weeks after I lost my baby, camped through sub-Saharan Africa for 7 weeks by myself and bought a one-way ticket to Australia through a nervous breakdown and a life-changing liver diagnosis, all whilst

working full time, finding friends, being in relationships, helping and saving others, working, exercising, writing and building up my consultancy. THAT is the hope that I offer to others; that they can lead full lives despite their mental ill-health and illness and that is the hope we need to reflect back to our people.

Regardless of the above, I have achieved all that I have including creating an international police wellbeing reputation within just 9 months whilst spending 6.5 of them going through an active rape investigation which mentally and physically broke me, leaving me suicidal whilst simultaneously supporting dozens of men from civilians to police and military and losing and finding another job. I have written parts of this book through literal tears after being re-traumatised. Spoke at the police conference being called a 'notable speaker of the day' on just 45 minutes of sleep. Presented to SMT (predominantly men) sharing humiliating, intimate details of my rape to better their victim care for future victims. So when you believe or intimate that those of us in society and policing who struggle with our mental health/illness are weak and a 'resource drain', I honestly don't know what you're talking about (!) because we're some of the strongest people imaginable!

I hear of a great many examples within the institution of fantastic help and support offered for mental health when someone has experienced crisis but often abysmal support to prevent them reaching crisis to begin with. A full face of make-up or well-trimmed beard doesn't mean that someone isn't suffering in silence. We have got to stop passively encouraging and accepting this unrealistic notion that people physically look mentally unwell when, the majority of the time, we are the ones smiling the most fearing that the moment we stop, people will be able to see how ill and broken we truly are.

I'm exhausted with us as a society and organisations selling this Disney-version of mental health with a 'happily ever after' simply because it's more comfortable than the reality so many of us face. I'm a stoic – hope for the best, prepare for the worst and capitalise on what comes – so if I'm in a police classroom being 'trained' on the realities of mental health, I don't just want to hear from people who have 'broken and recovered' (though full credit to you!), I also want to hear from people chronically/currently struggling, standing at the front of the room sharing that "life's shit right now but here's what I'm trying to do to keep myself going". Realistic honesty, however difficult to hear, and the representation of it (lived experience leadership/vulnerability) is vital if we are to help those 'see themselves' and recognise their own need to seek support; I prove it on a weekly basis on Twitter alone! Generic mental health training may be necessary but will offer only finite understanding if we're not simultaneously complimenting it with impactful stories on and educating with lived experience that are relatable to those we are speaking with.

When having lunch with a Chief Inspector recently, he asked me "what's the plan?" in regards to my police work and my honest response is that I don't have one because it was never my intention to come into the institution in the first place; it and its officers have come to me. I won't proactively go to ranks or services with a 'here's what I can offer you' sales pitch to mental health training because that parachute mentality of corporate training is incredibly disingenuous and detrimental and I refuse to be part of that cycle (which is in need of being broken throughout all sectors!). As I wrote in previous chapters, everyone wants the 'quick win' meaning as leaders we're looking for minimal cost with maximum return but can I remind us all that we get what we pay for in life? Our people are not disposable and I'm tired of the passive acceptance that they are treated as such. I could, as many individuals/companies do, easily charge a day rate to stand at the front of a classroom running one-off emotionally detached mental health training using professional terminology and never work with that team or service again but I won't because our frontline deserve more.

What our people deserve is investment and I don't just mean financial but getting them the right training for their sector/team, from people who are devoted to them as individuals and not merely viewing them and their pain as a business transaction. Invest in our people as humans and not commodities and everyone benefits! I have lost count of the amount of third-party individuals/companies/organisations I witness who hijack Twitter threads discussing police wellbeing to advertise their services. There is a time and place for self-promotion and it isn't when another police suicide is announced! We can't ask our people to invest themselves and their vulnerabilities into training if we're not prepared to greet them with the same.

The key to delivering impactful education/training or discussions around mental illness is knowing and listening to your audience and building a rapport and relationships with them. How could I be arrogant enough to presume that the mental health struggles and initiatives required of response officers in Lincolnshire would be the same as those working in VCTF in London? So no, I don't have a solid plan when it comes to any mental health training I may offer a team or service because, though I do have skeleton training and educational modules and a plan on how to engage officers, I am emotionally invested in my frontlines' wellbeing and can't create and adapt impactful training until I understand their specific needs. Listen first and the plan creates itself as a natural by-product.

When it comes to mental health or any emotional needs, our frontline need taking care of which might sound like an oxymoronic statement to make given the highly trained positions they hold but that is precisely why we need to proactively seek to support them. It's much the same position I experience when I travel solo; I am responsible from every minute decision of the day from the moment I wake up to the moment I fall asleep and it's exhausting. I have no one to share the decision-making stress with meaning that when I do travel, even for a couple of days, with someone that can share that exhaustive burden or even take it away from me, I am grateful; that is what our people face. We can't keep placing the sole onus on them to continually take responsibility for their mental and emotional health if they're too exhausted to do so. It's okay to offer our people 'tender loving care' and for them to receive it. It doesn't make us 'weak' but strong enough to recognise that we all need to 'take our armour' off at times because it weighs us down.

Just because, for example, a man is a muscular firearms commander, it doesn't mean that he doesn't deserve or need his hand emotionally, mentally or even physically held as he seeks help and support for his mental ill health. As I repeatedly advocate to those both in and outside of the institution, vulnerability and strength are not mutually exclusive and until we stop viewing them as such, we won't be able to help those who need it the most; it is not up to anyone but the sufferer to decide what affects us and how we struggle simply because it doesn't affect others in the same way. Frontline officers and staff will always prioritise their (relentless) workloads and victims above themselves so it isn't enough to create reactive wellbeing initiatives and PPPs then criticise them for not engaging. We have to fight them! We, as a leading rank, wellbeing team or leader have to fight our humans to help them realise they are worth the time and attention their broken minds and bodies won't allow them to see for themselves and then prove it by giving them that time and attention. There will always be those willing to come to us and the services we reactively offer but the ones who don't, either because they don't realise they're ill or they fear detrimental consequences for saying so, are the ones most at risk for chronic illness, career-changing crises or suicide and if we're not, as an institution, prepared to acknowledge that then we have to prepare for the continual, devastating consequences thereafter.

If we're telling our officers and staff to seek help through their GP then know that we risk, just as we do with in-house support across the institution, a postcode lottery on compassionate care and access to appropriate and expedient services. The reason BTP use in-house professionals to diagnose PTSD is because they appreciate the need for urgency which the NHS often can't provide. We have to realise that the system and number-lead NHS is as broken as we are as an institution. Despite my therapist and GP agreeing I had cPTSD, I couldn't get an official diagnosis from a psychiatrist for two very worrying but ironic reasons; the first being that I wasn't allowed to be referred to a psychiatrist to be assessed because 'you only see psychiatrists for medication changes', astoundingly ignorant to the irony that you can't have the correct treatment without a correct diagnosis; and the second reason being that when I finally had an assessment with a mental health nurse, she discharged me because she didn't appreciate that my dissociation (discussing emotions without overtly displaying them) was in itself a symptom of cPTSD so didn't believe I was 'sick enough' and I was already on the waiting list for Rape Crisis (which took me 364 days from assessment to my first appointment) and if you think my experience is unique, it isn't. I have lost count of the amount of people (especially men) who have, after weeks and months, worked up the courage to speak to their GP for their mental health but got dismissed with a signposting leaflet and a prescription for medication they didn't want in 10 minutes or less.

Generic mental health organisations or advice offered by those within the NHS etc. will help some but I don't, for example, blanket advocate the use of the Samaritans within Blue Light services not only because they are simply a 'listening' service (though fantastic) and many officers and staff

want directive support and advice to attempt to get better but because, when you ask for help, you shouldn't have to educate someone before you can receive it. When you're ringing a crisis helpline or seeing an NHS professional, you don't want or have the energy, to explain work-related acronyms, PPPs or even hierarchy and terminology. The word 'help' needs to be enough. When I speak with an officer, if they mention acronyms, abbreviations or other terminology I haven't heard of, I don't interrupt them to ask what it means because it is not their job. Their job, in that moment, is to ask for help. That's it. They've done the hardest part so it is MY job to educate myself to understand them better. The onus HAS to lie with those of us who are on the receiving end of that word 'help' (in whatever way it's said or shown) to actively listen, educate, signpost and research for ourselves so that we can continually and proactively 'show up' because our people are too broken to keep fighting alone. And if you don't know what to say in that moment, admit it! Clumsy honesty is received far better than superficial platitudes.

Despite encouraging everyone who seeks my advice and support to 'reach out' and seek help from colleagues, loved ones and professionals, I don't blanket advocate 'speaking up' around mental health because we don't yet have a society or workplace culture that knows how to recognise and support it. If it's your argument that it is your peoples' responsibility to 'put their hand up' (which I consistently hear from many leaders and wellbeing teams) and ask for help because you can't help them if they don't, which I agree with to a point, then I'm going to ask you to take a moment to consider the most shameful (and I do mean shameful, not embarrassing) thing you have ever done or bared witness to, recognising that quickened heart rate, the nausea in the pit of your stomach and tightened chest, and imagine having to voluntarily disclose that to your leading rank fearing judgement, criticism or potential threat to promotion or disciplinary action for it because that is what you're asking our officers and staff to face; whilst we know logically that struggling with the Job or being mentally ill isn't shameful, it feels it; again, perception is reality for many. Shame underpins the entire wellbeing in the workplace discussion!

I know factually that my rape wasn't my fault but that logic didn't stop me recently, when having coffee with a Superintendent, of feeling so ashamed in my re-traumatisation that through my tears, I couldn't look him in the eye or even hold my head up to him. If you don't understand the notion or that level of shame and self-blame about speaking up around any topic but particularly mental health and trauma and how to acknowledge and 'hold' it for others, you won't be able to validate their pain as needed; shame and vulnerability are the epicentre of much of our mental ill-health in both society and the institution. Unless we're simultaneously training all colleagues, wellbeing leads and leading ranks (and not just a 2 hour window in the recruitment process!) on how to proactively build the strong, interpersonal relationships necessary for mental health discussions, offer realistic support (without the fear of UAP/UPP), understand supportive disclosure, holding space and validating vulnerability, much of the Wellbeing Deal (and the wider aims of the National Wellbeing Service) is not only set up to fail in many ways but has the potential to be further detrimental to officers' mental wellbeing.

And though managerial mental health training is vital if we are to proactively create and nurture cultures of authenticity that encourage and allow us to be open about our mental health, we need to be training everyone to look out for each other. Not only because it's the right thing to do at a human level but the larger our emotional support networks (however they may develop) are at sector and service level, the less acute our demand on OH and welfare departments and the professionals within them are.

Being police, to whatever degree that people are, is often more than a job to many; it's a vocation. It is a 'calling' and innately who we are as individuals and therefore much of our identity, as I discussed in this podcast on men's mental health in policing, is attached to the institution and the positions we hold within it but whether we realise it or not, we 'give'/sacrifice a lot of our lives and selves to the institution, the degree to which is not always recognised or appreciated by those who benefit from it. Shift work means that we struggle to socialise with our '9-5' friends and family encouraging our police colleagues to become our friends and godparents to our children. Dating can be even harder and being police may be a factor that works against us, so our colleagues become our other halves, not forgetting that often we come from families of military or blue light services. Then, given our workloads, we're often too tired to talk/socialise/take part in hobbies so before we know it, we work, eat, sleep and repeat. So, one day you're a probationer and the next your entire life and identity is both directly and indirectly defined by the institution which is why

we can't keep telling our people they need a work/life balance if we're not first encouraging them how to build an identity not reliant on the institution to survive and put into place the emotional boundaries necessary to achieve that balance. If being police is a vocation, a 'calling' and innately part of who we are as individuals even before we are assigned our numbers, how are we expected to ask ourselves and each other to view the Job as 'just as job' to 'leave at the office' because that's the oxymoron we're asking.

Creating identities that aren't reliant on the institution to uphold is vital if we have any hope of counteracting the often detrimental systems and PPPs involved in being police. We have to recognise, for example, the trauma (regardless of whether or not they were suffering beforehand) an officer will go through during a PSD/IOPC investigation because what we do during those complaints and investigations is not only question the abilities of the officer or person involved but indirectly question their identity and integrity; the very part of themselves that encouraged them to join the institution to begin with. We're not just bringing their actions into potential disrepute but who they are at their very core which is why investigations or disciplinaries have the ability to cause such mental distress to those going through them. We can't ask for peoples integrity, then question it without recognising the emotional and psychological scars it will leave them with.

The mere fact that so much of our identity is wrapped around the institution means that we have no resilience when that connectedness begins to fracture and we lose control of it. If we resign or are forced into investigative isolation, we often don't have civilian support networks able to foster and nurture our resilience and I'll use men as an example of this (disclaimer: I do not speak of a specific officer, I have to make huge generalisations for this point and for those that will recognise themselves in what I'm about to write, remember it's okay to stop reading and take some time out): We have a leading rank in his late 40s and he's been police his whole life. His colleagues are his friends, his wife is police and he has 2 children. For all intents and purposes, he is a fantastic, compassionate commander who is greatly respected professionally but a secret functioning alcoholic, his marriage has broken down and his relationship with his children is strained, both in part due to years of shift work and policing 'need', but also his need to avoid his worsening home life, and his difficulty in articulately communicating his thoughts and feelings as he's suffered with cPTSD and depression for years without conscious realisation. He resigns/retires. His wife leaves because they've spent years in a loveless marriage and though she's police too, she's tired of coming second to the job and his lack of communication. His children struggle to relate to him so they begin to pull away too as they become adults themselves. He's so used to being the commander whom others seek to for guidance, that he doesn't know how or who to ask for help now that he's struggling. His drinking worsens. He no longer feels he has a 'purpose' or even if he 'knows who he is anymore'; he no longer has an identity. He kills himself.

And if that above paragraph sounds 'dramatic'; it isn't. An identity or mid-life crisis (especially for men) isn't a joke, it has the potential to be life-threatening. There are many, regardless of gender, who could recognise some if not all of the above story in themselves or a colleague so when we trot out the wellbeing line that our people need to find a work/life balance, we MUST appreciate that the onus to enable them to create one starts with us as leaders and services. How can they discover 'new interests' outside of policing for example, if we keep cancelling their rest days and leave them too exhausted to do much more than sleep, eat and do their activities of daily living? I am in no way saying that our officers' identities are our entire responsibility because we do have to be proactive in our own self-care and management; I'm simply saying that we have to create the opportunity for them to do so to begin with.

Neither is it just our frontline that need support but our leaders too because, leading can be lonely and I know, it's incredibly hard to want to care for leaders when so many of you have been hurt by their actions directly or indirectly but we can't keep attempting to place blame without understanding the causal factors behind each others trauma. I have and continue to know a great many leaders in and out of policing who struggle with everything from living with low self-esteem/ Imposter Syndrome to the consequences of historic sexual abuse. As I repeatedly state; trauma is not a competition and whilst we're all trying to shout who has the biggest wounds, we all continue to bleed.

The term 'police family' is a difficult oxymoron at times. We have many teams and sectors that work as families; they might bend (or even break) the rules to allow someone time off for a family

event that they've been denied. They might tell someone to quietly knock off an hour early to be with a friend in need. But much of this is done without senior leaders awareness meaning that whilst we can have incredibly deep families at section or team level, that connection doesn't progress through the ranks not just because of status management but because the higher you are in the chain of command (whether you're private or public sector), the less people you have to create that supportive family which is why many of the men I've helped over the years are leaders because leading can be lonely.

Maslow's Hierarchy of Needs theorises that one of the core aspects to good mental wellbeing in life is 'psychological safety' (stability in work/home/relationships etc.) but in today's austere climate, we are not only reducing the level of stability necessary for our people to feel safe but are causing change fatigue alongside it. Whether it's continual cancelled rest days, change in pensions and pay, new PPPs that require more training, our officers are pulled from pillar to post and we are the common denominator. The by-product of that constant change and continually moved goal posts and mixed messages, in some, is a sense of 'anxious attachment' to the institution and our senior leaders i.e. our 'work parents'; anxious attachment being known to make us more susceptible to trauma/PTSD etc. So if our 'parents' are consistently critical of us be it at team, service or national level, and we consistently fear disciplinary action or loss of job (be it through IOPC investigations etc.) we become the 'petulant child' (as was evidenced by this heart-breaking anonymised account from a Met Police officer) and they consider our valid needs and wants as 'complaints' allowing them to dismiss us often leading to fractious and disengaged relationships.

If we therefore have an anxious attachment to the Job where our sacrifices (be it home/social/physical and mental health etc.) are not reciprocated or appreciated by senior leaders, it can lead to embitterment in some but if they are that way, it is because we have made them so; we don't recruit embittered individuals, we create them! You could even argue that embitterment is a psychological/moral injury caused by the negative organisational environment which puts the onus back on us as leaders to change and mitigate the potential for future injuries. If you're a building site foreman and a worker has an accident, you don't immediately look to blame the employee for injuring themselves but look to the environment around that injury to see if it contributed to the accident and look at ways to diminish or prevent future accidents. If, for example, our officers are continually injured or dying in vehicular accidents caused by exhaustion on the 'long drive home' and we're not seeking to address and mitigate potential causes of that such as detrimental shift patterns (which we have the power to change to a degree) then we have no right to send our 'thoughts and prayers' when we lose our next officer.

When anyone but particularly a leading rank or staff resigns or takes early retirement; are you as a senior leader or service taking the time to sit them down and ask them why? It could be for personal reasons but for others it could be job-related and instead of meeting them with a 'take it or leave it attitude', it is incumbent on us to learn why and if it's due, in part, to something we have done as a team, service or institution, then we have to shoulder that responsibility and take demonstrable steps to change for the better without hiding behind the 'necessity' of PPPs. People don't leave jobs, they leave toxic bosses and cultures and whilst you can replace them as a number, you can't as experienced individuals.

We can't, as an institution, afford this 'take it or leave it' attitude toward our people when so many services around the country have officers and staff leaving in their hundreds whilst consistently missing their recruitment targets. We have to accept that recruitment campaigns, particularly those aimed toward minority groups, won't reap rewards if we don't first appreciate why people aren't applying to begin with. Whether it's poor pay and pensions. The insistence on academia. The perception it's a 'macho' job. We have to acknowledge that the Job is no longer revered by society for the respectful and authoritative standing it once held so if we can't recruit then we must retain and to retain we have to improve our organisational environment, create proactive and effective mental health support and get better at 'naming the challenges' without hiding behind corporate terminology to do so.

We know our officers are traumatised and mentally unwell because we've recently had the PFEW Demand and Welfare report, the Cambridge University 'The Job and The Life' survey and the most recent Frontline Review tell us so; we don't need any more surveys to demonstrate what those on the frontline already know and have been telling us for years.



We are all now ‘mental health aware’ so it’s time to show up for our people with immediate and demonstrable action and support.

# Deal or No Deal

I don't have all the answers to police wellbeing but I do have some, particularly on why we can't get officers (especially frontline/response) and men to talk, how we get them to and how to help, and there are a LOT of us that have 'some' answers; that is the aim of the National Wellbeing Service (NWS), to collate those answers and share best practice nationally however, the NWS can only advocate best-practice initiatives if discovery of them is encouraged and promoted at service level with a rank only able to be as progressive as the rank above and/or below will allow to be. I know a great many frontline (and leaders!) with some incredible ideas around wellbeing that can't get them passed senior leaders or through their wellbeing teams (the irony).

As I wrote at the beginning of chapter 2 of this book, my writing began from 2 days of anger and one of the greatest causes of my anger was the wellbeing deal which launched on 1st May. Having spent two days in London witnessing managerial policy theatre and listening to male officers discuss their mental health and suicide attempts, I was on the train home when officers began privately sharing the deal and their thoughts with me. On reading it, I didn't know if I was more insulted or heartbroken at the lack of empathy and compassion within it so I did what I always do when I need to process my thoughts; I write. Quite how I've managed to write a book (and I could have carried on writing) I don't know but I wanted to do both the topic and my officers justice and so, here we are.

Despite the idea of the 'moral contract' stemming from a military background, I find the deal corporate wellness broadly applied to an operational organisation without acknowledgement of the unique issues police face as a workforce even when discussed against other emergency services. The fire service, for example, can 'stand down' as a team after a fatal RTC; police can't. Paramedics get protected meal breaks; police don't. I am in no way inciting a trauma-competition between services but highlighting the need for specific variations in initiatives and even our understanding and approaches to wellbeing between emergency services. We can't of course design a 'deal' that pleases everyone but I do believe the NWS missed the mark by launching with it, especially with the language and points that it did for reasons that I'm about to discuss:

Employer	Employer
1. Provide competent and compassionate leaders who actively support your psychological health and wellbeing	Look after your own psychological health and wellbeing, as well as your physical health
2. . Equip you to develop resilience and positive psychological wellbeing – from training through to retirement	Attend any training you are offered in relation to psychological health and wellbeing
3. Listen to you and involve you in how we improve the things that effect your psychological health and wellbeing	Attend any psychological health-related de-briefs or check-ups.  These are provided for your benefit
4. Create a culture free from stigma and judgement so that you feel able to tell us when you're not ok	Take action as soon as you have any concerns about your psychological health, or that of your colleagues
5. Provide a consistent, high standard of occupational health support.	Ensure that your GP and other relevant professionals know that you are a Police officer or member of staff
6. Test what works in wellbeing, so that we only provide you with support that is proven to make a difference	Challenge stigma or discrimination wherever you see it
7. Recognise the positive value of varied psychological health and wellbeing experiences for effective policing	Trust us to care about your psychological health and wellbeing. Challenge or provide feedback when not the case

1. How are we going to argue that we'll "provide competent and compassionate leaders who actively support your psychological health and wellbeing" when almost every system, policy and wellbeing initiative we speak of is founded in passive reactivity? Not only that but when leaders don't have the time or perhaps emotional ability or confidence to do so? In larger organisations improved wellbeing is often dependent on the efficacy of team leaders to hold proactive conversations around mental health (a finding that the Lancet study further demonstrated albeit with an extremely limited study) and the employees feeling that they, not management, 'owned' their wellbeing initiatives. If we want to create engaging wellbeing initiatives, as I keep suggesting, listen to our frontline and help managers and leaders proactively care for their teams whilst also making sure that leaders themselves are supported because we can't keep expecting our Sergeants and Inspectors to care for everyone's wellbeing then criticise them for the inevitable downturn in their own mental health and performance.

We're really going to sit here as services and as an organisation and say we truly understand and care about the wellbeing of our people when leading ranks are being threatened with disciplinary action for refusing to put an officer under their care on UPP for being depressed/suicidal? Really?! We're going to discipline an officer for painful thoughts and feelings that aren't their fault or under their control (and likely to be a natural reaction to work-related trauma) and that of their leaders who want to offer compassionate humanity over clinical formality? Are we trying to save our people or kill them?

If we want compassionate leaders, we not only have to recognise the value in soft skills and promote people for their emotional intelligence (instead of technical knowledge and abilities which is what most organisations do regardless of profession) but give them the time and confidence to practice their compassion. It's no good broadly stating that leaders will 'proactively support' health and wellbeing if they don't have the skills or time to create and nurture the deep interpersonal relationships that are needed to do so.

Mental health and illness, whilst sharing many commonalities, are uniquely personal and we experience them individually meaning that if we don't know our people through those deep relationships, we can't see changes in their behaviours etc. that may encourage us to proactively question if there is something wrong. Drinking alcohol is socially accepted and a norm for many but if you have a female officer who suddenly begins to regularly binge drink when they're usually tee-total, that is our cue as leaders to ask how they are, however we can only recognise that cue if we truly know and understand them as people to begin with, feel confident enough to broach the topic and start that difficult conversation.

As 'employees', I do agree that we have to take responsibility to look after our psychological and physical health to a point but again, when we're acutely unwell, not only are we often unable to do what is necessary to look after our mental health i.e. exercise and eat well but, as I stated in part 2, it isn't always our coping mechanisms that are necessarily the issue but how we feel about and our relationship to them. I suspect Oscar Kilo were attempting to intimate that before we seek support for our mental/physical health, we need to first look at what we are (or not) doing which can detrimentally affect them both (parity of esteem) i.e. if we're smoking and drinking a lot, not exercising, eating poorly etc. etc., then of course those factors can negatively impact our mental/physical health and we should attempt to mitigate them however, I do all of the above at times and they can both worsen OR 'help' my mental health for a wide variety of complicated reasons.

Caring for our mental health isn't just 'eat less, move more and be mindful'; it's continually taking our medication even when we don't want to. Going to therapy to confront our pain and trauma. Identifying toxic relationships, people or behaviours in our lives and having the bravery to end them. And all those steps take a great amount of courage to face so it's easy to understand why some will need more encouragement to engage with them to look after themselves. Yes, we need to take responsibility for our mental health but we also need to help our people to do that. We can't help people that don't want to or feel ready to be helped and in that sense, I agree that we need to proactively take care of ourselves but sometimes we (meaning not the individual suffering) have to help identify and break a vicious cycle that our people may not recognise themselves to be perpetuating. And if that sounds like 'spoon feeding' then so be it; it doesn't make it any less

needed. If we have an officer that drinks a lot leaving him highly anxious, how can we ask him to proactively care for his wellbeing by reducing or stopping his alcohol intake if he doesn't have the self-awareness to appreciate that the two are connected or recognise why he's drinking in the first place? Proactively managing our own wellbeing is always easier when we have a high level of self-awareness, the emotional intelligence to be introspective and vocabulary to articulate how we're feeling but extremely difficult if we don't which is why lived experience leadership/training is invaluable.

2. Whilst our legal duty of care may end at retirement, our moral obligation doesn't, nor should it. The corporate duplicity on display in this point alone is astounding! PTSD/cPTSD are neurological 'sleeper cells'; we can't stand at the front of a classroom teaching colleagues about the realities of them whilst simultaneously not appreciating one of their founding principles; that it can take years to be triggered and/or display symptoms of them. It's been 19 months since I was raped and in many ways I'm only just beginning to appreciate the extent of psychological trauma I went through in the months leading up to that night, the months after in which I was forced to continue to work for him and everything that happened as a consequence of it. It's a long and painful process and not something that adheres to an obligatory legal timeline.

Our duty of care does not stop simply because our people no longer work for us. If they dedicate their working lives to the organisation and public that they serve, they deserve our continued support, not a corridor handshake on the way out, especially if they then go on to develop physical or mental illnesses that we are directly or indirectly responsible for. We can't demand a 'return on investment' of our people in service then ignore our responsibility to them when they ask for or expect a return on their investment because let's be very clear here; if we were a private sector organisation we would be drowning in litigation claims and employment tribunals, haemorrhaging millions in settlements for constructive dismissals, harassment, discrimination and work-related psychological injuries.

Regardless of whether our officers and staff may be suffering with mental illness whilst serving, retirement can cause a huge sense of loss especially, as I discussed earlier, if much of their identity is attached to the organisation and the position they held in it, so what are we going to do about it other than a pre-retirement seminar discussing their pension? Are we teaching those soon-to-be retired officers and staff how to grieve for their loss of identity and to redefine it in general society? Are we making them feel that their personal sacrifices in their life of service meant something to us? We can't keep saying we care about wellbeing when we, as leaders, teams and services then avoid responsibility for it citing legal parameters and 'professional remits' when someone leaves the organisation, regardless of the mechanism for their exit.

Similarly, as I repeatedly say, we can't keep pushing this agenda of personal resilience, not only because the job already dictates that we need to be and already are as we go from 'job to job' but it allows those who struggle to feel like further failures for being unable to be 'as resilient as colleagues' (who are equally (ironically) suffering in silence believing 'everyone else' is resilient!). Mental health may care about resilience but mental illness doesn't because it's an illness. How are we even discussing this as a valid point?! I am one of the most resilient people you'll ever meet but that doesn't stop me, even after 20 years of being ill and being extremely self-aware and emotionally intelligent, of still being so depressed at times I can't feed or bathe myself for days or having a 40 minute panic attack that almost requires an ambulance despite working and socialising. What we need to enable us to discuss mental health more openly is the encouragement and acceptance of vulnerability (and validation of it) so our ironic insistence on resilience i.e. 'stuffing our thoughts and feelings into mental Pandora's boxes' is one of many factors that prevents us from obtaining the very 'thing' we covet the most; honesty.

If we're telling our 'employees', as this point does, they will attend 'any training offered' for their mental health then we must lead by example at service level and both encourage and help them to do it and no, that doesn't mean a leaflet-laden folding table outside the canteen at HQ on Time to Talk day (but my weariness of 'hashtag healthcare' is another book for another day!); protected work days, not cancelled rest days, for mental health education/training needs to be the start or any attempts at it are seen to counteract the very message of wellbeing and work/life balance we're attempting to promote. Furthermore, any mental health training must be mandatory for three equally powerful reasons; the first being that our people will always prioritise the Job above

themselves so we have to prove they're worth the time to care for themselves; secondly, the people that need our help the most are often the ones who recognise their need for it the least (which is why I will never stop pushing for proactivity and lived experience when it comes to PPPs/training around mental health) and thirdly, it gives us the opportunity as leaders to tackle discriminatory attitudes when we witness it.

3. The short answer is that we're not. The fundamental reason we're not progressing the conversation around police wellbeing at the pace and depth necessary is because we're not listening to each other. Not only that but when we do, we're listening to defend and reply instead of to acknowledge and understand. Our frontline have been telling us for years what is wrong with the organisations' wellbeing and how they feel it would be best addressed and we have largely ignored them so, as I wrote earlier, how and why do we now expect them to now 'get involved' when speaking up doesn't necessarily mean they'll be listened to and their concerns addressed?

If an officer comes to us as a leader with a justifiable complaint of a poor wellbeing initiative with them offering an alternative and we instantly dismiss them (if we even acknowledge them to begin with) because they're not our personal ideas, from 'top down' or 'it's been this way for years', we are not only failing to do our jobs as leaders but perpetuating the cycle that there is no point speaking up as 'nothing will change' because of it.

The reason why so many in and on the periphery of the organisation freely speak to and listen to me is because I listen to them first. I may go to meetings with agendas or points to raise but I always start by listening because what they tell me may change how I approach the conversation and any recommendations or advice I potentially offer. Listening allows us the opportunity to learn, understand and adapt. The problem comes back to the fact that so many within the organisation are angry at each other, historically feeling unheard and misunderstood and therefore unable or unwilling to see problems and wellbeing from differing perspectives. Being wholly independent of the organisation, I am able to hear the frustrations of frontline but appreciate senior leaders' perspectives too and try and advocate for both sides to each other when and where appropriate.

If I stood at the front of a room of 300 officers and asked them to tell me the issues within their service, I would be inundated with knowledge but have a Chief Constable stood at the front of that same room and they'd hear a lot less because we're handicapped by status management, fearful of detrimental career consequences for speaking up. So can we look, perhaps, to bring in third-party intermediaries to hear both sides of an 'argument' and communicate each parties reasoned points to the others?

Many of the wellbeing initiatives and ideas I hear about are created with a 'top down', command and control – 'we're telling you what will work for you' – approach which is polar opposite to the deal suggesting we 'listen to you and involve you' stated. Even if initiatives come from evidence bases, it doesn't mean that they're necessarily transfer well to an operational team. Though studies have 'disproved', for example, that there is any causal link between a full moon and increased 'idiocy' in the streets, whether you're a paramedic or police call handler, we all dread the moon shifts because we know they'll be busy, weird and tempers will flare.

If we don't involve our people from the very beginning, we risk funding initiatives that won't be engaged with because they are not what our people need or want. Equally, when an idea does come from 'bottom up' instead of 'top down' (the latter being the standard) we shouldn't lay the responsibility to create business or strategic plans researching or demonstrating an ideas' validity on the person who brought the idea to us. It is important that they be given the choice to lead or be involved with the steering group around their idea but the sole onus from research to funding and deliverance of the initiatives should not lie on those who are already time-limited.

If we, as senior leaders or wellbeing teams are asking or expecting our frontline to spend almost two years pushing an initiative (which is backed by everyone) through every hierarchical, legal and financial loophole whilst also forcing them to source the necessary funding themselves (!!), on top of their own policing roles and caring for their teams, we're not doing the jobs we are paid to do. Proactively caring (as the deal intimates) for our people and their wellbeing is OUR job, not just theirs and we need to start acting like it.

“Attend any psychological health-related de-briefs or check-ups. These are provided for your benefit.”. I’m going to question this point about check-ups being ‘provided’ around psychological health and argue that more often than not they’re mandatory if someone is going through OH or UAP/UPP systems. The clinical language and tone intimated in this point for employees also makes me feel uneasy, not least because I feel it doesn’t allow appreciation of how hard and further mentally detrimental it can be to attend appointments such as these. If they’re part of a UPP/OH process, any appointment is likely to induce increased stress for the person attending which will defeat the purpose of them in many ways.

4. How are we going to create a culture “free of stigma and judgement” when leaders and managers (across all ranks and titles) are arguably some of the most emotionally stunted, discriminatory, desensitised and prejudicial people we have? Apologies but someone’s got to say what many of us think and know to be true (and these managers are everywhere in society!) and that includes even senior leaders who have come across these people on their way up through the ranks. Who’s going to challenge a Chief Constable or even an Inspector for their archaic, harmful behaviours and attitudes around mental health and illness when even peers will likely be handicapped by status management therefore allowing the detrimental behaviour to continue? Because if you’re asking ‘employees’ to do so, as point 6 of the WD suggests, you don’t understand the power of control/status management and the often detrimental and career-damaging implications of calling it out.

As I’ve written already, I am working with and speaking to some incredibly genuine, compassionate, emotionally intelligent and caring leaders but I also hear of many leaders who are the opposite. It’s an aspirational point but one we have got a long way to go to achieve and one that needs to be tackled with a sense of immediacy. Stigma and judgement don’t have to be overt either meaning our passivity to accept bad attitudes, often due to the negative self-consequences of calling it out, encourages the damaging culture to remain. Similarly, stigma isn’t simply words but actions, and persecutory leaders and wellbeing managers should be equally challenged and, if needed, taken down their own UPP routes to address damaging behaviours and/or attitudes. As I said earlier; just because you want to be a senior leader or wellbeing manager, it doesn’t mean you should.

Equally, how can we ask our people to “take action as soon as you have any concerns about your psychological health, or that of your colleagues” if they don’t know they’re ill/how they’re suffering to begin with? I come back to the point that the reason I consistently promote the power of lived experience leadership is because people won’t always know they’re struggling until someone reflects behaviours or thoughts that allow someone suffering to recognise it in themselves. I have lost count at the amount of messages I’ve received from people thanking me for helping them realise or articulate how they were feeling because they saw it in my words/work. I’ve had everyone from rape victims come forward to officers using my words and work to speak to their FMO about how they’re feeling and helping them better understand and engage with high-priority missing suicidal male members of the public.

We talk about broad symptoms of PTSD/cPTSD for example that we may be able to ‘spot’ but what about all the symptoms that aren’t? The loss of libido (or even erectile dysfunction for men)? The insomnia or nightmares after a bad job? The increase in risk-taking behaviour or decisions when an officer is suicidal? Until we openly discuss and normalise difficult thoughts and feelings (regardless of whether or not they’re classified as mental illness), we can’t encourage others to see how badly they’re struggling themselves and seek help for it. If we’re not leading or at the very least consulting with lived experience, the efficacy of most initiatives could arguably be rendered moot.

5. (for the purposes of this point, I discuss OH in regards to mental health only) How are we defining OH support as ‘high standard’? Are we talking waiting times for OH support i.e. counselling or are we talking about the quality of the professionals within it because they’re two entirely different issues. The former is a issue of supply and demand which we can only realistically address at service level and fund it appropriately but one of the issues is recognising the importance of timeliness especially around mental illness. By the time colleagues ask for help it’s likely they’ve been in crisis for many weeks or months meaning immediacy and flexibility of care is paramount in much the same way as when a suicidal member of the public calls a NHS crisis team, they don’t expect to be told that they can’t be seen for another 36 hours.

We're also not currently offering consistent care. As I stated earlier, right now we have a postcode lottery on compassionate care with everyone running teams and services differently meaning that whilst I know people who have received incredible care, I also know people who have felt dismissed within the same service and OH departments. That can't happen and we shouldn't passively accept that standard as the 'status quo'. It should not be down to luck that we receive good care and best practice at a time when we are in need of collective support.

For many, OH/welfare etc. is a 'game' for both sides to play. Those who have been brought into the system, perhaps for UPP purposes will 'choose their words carefully' when discussing mental illness with the professional to avoid loss of privileges or status and many of the professionals will be looking to hear that the person suffering is 'on the mend' to get them back to work. That's not to dismiss all OH process or the professionals within them because I hear of great experiences but, as I said at the beginning, my focus throughout this book is on the negative because we're not recognising and talking about it enough. So if neither 'side' is being honest with each other for a wide range of reasons, how are we expected to get the best out of each other within the process?

As the 'employee' point here suggests, no, we are not going to insist our people inform their GP or other medical professionals that they are police or staff because it's none of their business and a right to privacy is fundamental in all aspects of our lives. Regardless of the fact that many may not wish to disclose their positions (for a variety of logistical reasons), some may feel ashamed to share their vocation if they're struggling with their mental health, fearing further stigma or judgement from the medical profession. Unless being police or staff is directly relevant to their health to whatever degree it may be, we are not going to demand our people disclose their positions because a clinicians' room is not our jurisdiction to dictate. Remember what I said at the very beginning of this book about attributing responsibility of issues to the wrong institutions? That applies to us and our people too.

6. I find this point ambiguous as employers. To truly 'test' wellbeing initiatives it is imperative we consult and, as point 3 suggests, listen to those struggling whilst creating initiatives that will both offer realistic help and support and be well-engaged but I don't see or hear this happening. We are so concerned with legal governance and liability as an organisation we are extremely hesitant in taking a trial and error approach to almost anything new (not just specifically wellbeing) because if a mistake is made, we have results-driven leaders arguing accountability.

Either way, whilst we're all sat around our SMT tables querying where the evidence base for initiative suggestions are or questioning the ethics and validity of an idea, we're losing our men and women to demoralisation and mental illness. Our people need immediacy not bureaucracy.

And whilst I agree in principle that we should "challenge stigma and discrimination" whenever we see it, there are two huge issues with this point. If the stigma is from a leader, I'm going to argue that it'll be extremely difficult for anyone to feel comfortable enough to challenge them on it and secondly, if the person on the receiving end of that stigma is the one struggling, they aren't going to want to enter themselves into a potentially confrontational situation with either a peer or leader given how vulnerable they may be feeling mentally.

When we face stigma and casual discrimination by colleagues regarding mental illness, the onus should not just be on the officer receiving the discrimination to tackle their colleagues' attitude but our senior leaders also. We must lead by example both morally and legally and to do that we must actively and publicly discourage discrimination and disparaging remarks. If an officer is the subject of racial jokes or discrimination, we don't tell them to 'be more resilient', we tackle the attitude of the colleague who made the remarks and discipline them if necessary. That is the only way we're going to begin to stamp out the stigma that is ingrained in our culture but we won't if everyone is handicapped by status management and mental illness is not viewed seriously enough.

I'm also going to question what factors will be used to determine an initiatives' value? Because, wearing my cynical hat, if we're only considering financial Return on Investment (ROI) or reduced absenteeism/presenteeism as the determinate factors in an initiatives' success, we're coveting and measuring the wrong values. 'How do we measure contentment and its worth?' is really what we're asking here but how and why are we trying to place statistical and/or financial value on thoughts

and feelings? A heartfelt and appreciative thanks may not easily equate to demonstrable, statistically reduced absenteeism or even presenteeism but it still helps the person we supported. Several 'thank you's' I have received over recent months have meant everything from officers proactively attempting to reduce their alcohol intake to helping to repair broken marriages and saving suicidal officers' lives, none of which you are likely to know about or see a demonstrable (ROI) as a service and yet that officer has felt supported as they proactively taking steps to care for their wellbeing, tackling both the causes and effects of it; and I didn't receive all those thanks and words of appreciation by spending money on them but by giving them my time.

7. How can we ask our frontline to trust that we (Oscar Kilo/NWS) know what's best for their psychological health if the people creating or running initiatives at service and team level don't understand or believe in mental health to begin with if they're coming from a top down approach? I come back to my point that lived experience leadership is essential and that many won't offer feedback or challenge wellbeing teams or senior leaders, not only because of the potential career-damaging consequences for doing so but because feedback often isn't demonstrably actioned.

So can I make a suggestion? We stop asking for feedback unless we're prepared to hear and action it. We've had the Demand and Welfare survey, The Job and the Life study, the Frontline Review and Rekindling British Policing. Every single one of us from PCSOs to Chief Constables and PFE reps and Chairs know the issues around wellbeing so might I suggest we stop stalling on the 'whys' and 'hows' and show up for our people in the all the ways they've spent the past few years asking us to?

The reason we won't get feedback for poor initiatives or to challenge leaders is because, like many organisations regardless of sector, we do not see demonstrable action as a result of it. If frontline 'keep complaining' about a certain initiative or problem within the service and you roll your eyes in response to that complaint (something I personally experienced), we're not doing our jobs. Our job is to hear their frustrations, research into the possibility of change and communicate effectively why it can/can't happen. Honest communication, even if the outcome is disappointing, will always be more appreciated than immediate emotional and mental dismissal because you've 'heard it all before'.

Similarly, how can we say that we recognise the value of 'varied approaches' to wellbeing when so many of our PPPs and initiatives at service and organisational level are reactively aimed at the majority with many leaders unable to appreciate team or sector nuances to wellbeing? We're beginning to get there with initiatives such as Surf Well here in Devon and Cornwall (using surfing for mental health discussions etc.) but that won't apply to those in inner cities, so what are we going to do differently for those officers? Wellbeing is about the only topic that I would accept team/sector/service level silos because everyone's needs will be different based on everything from their location to the demographics of the public they serve and the crimes/victims within them. The problem we have as an organisation is that we keep viewing variety as exclusionary instead of necessary.

Language is everything. We know this because we wouldn't have everything from PhDs to courses on effective communication if we didn't and being an inherently caring profession, the emotional distance used within the deal was disheartening to read as the deal is founded on discriminatory coded language i.e. that those who are mentally ill are 'them' and a 'weakness we have to deal with'. We don't get to casually throw around the term 'police family' then reduce our people to clinical processes and distant language when it suits us or ask our people for their 'all' and not reciprocate it when needed. Instead of allaying concerns or perceptual tension that wellbeing was not being taken seriously by the organisation, much of the potentially positive content of the deal got lost to ignited organisational anger.

People have said that the deal is the start to wider wellbeing discussions and whilst I broadly agree with that, I don't believe the authoritative and disciplinarian language and tone intimated therein is the right start for this delicate conversation. If they had published the deal as 'aspirational' points and goals, asking the organisation for their feedback on how we went about achieving those goals, I feel the discussion could have been less volatile and dismissive than it was with the potential for constructive debate and change. The deal could have been a genuine springboard for productive



discussions around wellbeing but I feel it set us back especially when we should, as an organisation, be much farther along in the wellbeing discussion than we currently are.

At a time when collective compassion and empathy is needed the most, the Deal managed to further fuel the 'us and them' mentality endemic to the organisation allowing many to consider how 'out of touch' those within the NWS, in much the same way as CoP etc. are viewed (not necessarily accurate but as I explained earlier, perception is reality for many), with modern day policing and the mental, emotional and physical toll it takes.

This bullet point, 'quick win', mentality is corporate political correctness and it ends peoples careers and lives. There, I said it. I'm tired. As someone who has spent a lifetime surviving and supporting others who suffer equally, I am tired of us, both as a society and organisation, consistently demanding more for less then questioning the legitimacy of the exhaustive burnout that results from it.

I understand the need for Oscar Kilo and the NWS to be clear, concise and to the point but mental health and illness are none of those and attempting to assign (often) senseless emotions and illogical thoughts against reasoned logic in the form of a 'moral contract' is dismissive and insulting. It not only speaks to the organisations' perceived lack of understanding of mental health and illness from an employer-over-humanitarian viewpoint but we come right back to the argument that we are only investing in our people because we value their financial productivity in higher regard than their physiological health and wellbeing.

We prove to our people we care about them by caring!  
Everything else is just politics and decoration.

# Time to Change

Having spent the last 6 chapters deconstructing police wellbeing; why it's such an issue and all the contributory factors of it, it's time to discuss solutions and though you may be anticipating or looking for specific suggestions of wellbeing initiatives and how to achieve them, I am instead going to discuss the founding principles of wellbeing in the workplace. If we don't understand and address the key factors to poor wellbeing in policing, any initiatives regardless of the institution or organisation, and what they may look like, will be pointless; we've got to stop treating the symptoms and start recognising and preventing or mitigating the causes.

Whilst it may take more time over money to address the causes of mental illness, if we only focus on 'fixing' the symptoms, we will have generational mental health issues as an organisation and no defence when our younger frontline ask why we didn't do more sooner, in much the same way as we are experiencing now.

So if we omit all the wellbeing factors we can't control as services/the organisation (or those which people are actively campaigning for) such as better pay/pension, more officers etc. here are the key areas of wellbeing we can effect impactful change around which will likely look and land very differently to every team, sector and service:

## Prioritise wellbeing

Like many organisations but particularly public sector institutions, it isn't simply the lack of funds that cause issues but the mismanagement of funds. Do we have enough funds and resources to adequately care for our people currently? No. But we're also wasting funds on lacklustre mental health training (because we're looking for the short-sighted 'quick wins') and disengaged wellbeing initiatives either because the initiatives aren't viable or they're created/run by disingenuous people. We're all so busy trying to throw money at building dams to fix the flood of wellbeing issues, we fail to recognise that we can prevent the tsunami if we stop the ripple that creates it.

Wellbeing isn't an 'optional extra' to consider funding, it needs to be a service and institutional priority because when we genuinely care about the wellbeing of our people, positive interactions with the public will increase as will our peoples efficiency/productivity. If we look after our people in all the ways we can influence change i.e. better shift patterns, engaged wellbeing initiatives and organisational justice etc., they will have the strength to identify how to care for themselves and mitigate their own potential desensitisation and trauma to minimise its impact on their work. The only 'rocket science' there is in this world is actual rocket science; we need to stop trying to turn police wellbeing into something it's not and tell it like it is.

## Focus on the small

It may be easy to feel overwhelmed at the magnitude of wellbeing within the institution after the previous 6 chapters; so overwhelmed that you don't know where to begin so here's my advice on that; pick something and start. Though it may seem contradictory to my earlier words of needing generational plans, our people need immediacy and whilst we waste time worrying about evidence bases or legal governance, our people are becoming chronically ill and leaving the institution at a time we need to be retaining.

Whether you want to tackle sleep deprivation in your team, specific institutional barriers in speaking up about mental health for members of the LGBTQ or BAME groups or look to change a sickness policy, just start and adapt your efforts and speed when and where it's necessary to do so. I never set out to write a book; I simply started to write and it grew from there.

If, for example, your team come to you stating that the station vending machines are never stocked, ring the vending company and complain or change service providers; you are not only proving that you're listening to your people but that you hear them and that you'll take action where and when you can. A full vending machine may mean nothing to you as a Chief Constable but to the PC who's struggling to keep herself going on the 10th hour of her cancelled rest day shift, that protein bar or packet of crisps could mean the difference between tears or a relieved smile.

Equally, if a leader is being told he's spending 'too much' on his team by buying them chocolates as 'thanks' for their hard work (especially those who have been assaulted), I'm going to remind us that once again we're failing to appreciate that small actions have the possibility of huge impact. Those chocolates remind that team that they are valued by their leader which, in turn, will make the team work harder for each other and their leader; as I said, this isn't rocket science.

### **Look to support, not fix**

This is the biggest issue we have around wellbeing as an institution (and a professional chip on my shoulder); that we want to fix ours and each others thoughts, believing mental illness is a 'break and recover' experience. There are a great many problems with that mentality but the two most harmful aspects of it is that it allows the person suffering to feel they have 'failed' if they can't improve or recover and for managers and senior leaders to become angry if or when that person suffering doesn't improve as 'expected'; the latter being a particular grievance for some leaders when our people return from a mental illness absence.

As I've written earlier in this book, there will absolutely be those within the institution who will recover from an acute episode of mental illness but, given austerity and all the other factors I've mentioned, we are nurturing an organisation of chronic illness so our mentality has to shift from 'fix' to 'support' and recognising all the subtle but detrimental ways in which we fail do this. It isn't just that we have to stop telling people what to do (the entire premise of the wellbeing deal) in terms of their thinking but stop pushing people passed difficult emotions. Yes, reframing thoughts etc. is necessary but so is having the time and self-awareness to process them. Pain and trauma are never comfortable to experience but if we don't acknowledge and process them in our own way and time, we can never truly heal and recover from them. We don't tell people who are grieving to 'be positive' but that they have to 'feel it'; mental ill health and illness is no different.

What we do when we blindly push ourselves and each other past difficult thoughts (toxic positivity/'positivity push') without working through them is add them to our mental 'Pandoras Boxes', the place we stuff all our difficult and uncomfortable thoughts. The problem with that is that at some point, often out of control, the box opens and we are left facing years of trauma and pain we have tried to ignore. So whilst 'sitting' with our painful thoughts and feelings is often the most difficult of routes to take, it's also one of the healthiest.

We have to stop treating those suffering with mental illness as 'them' i.e. a separation between those functioning and those that are struggling to because you don't have to be mentally ill to struggle with the Job. Shift patterns, relentless workloads potentially leading to leavism (checking work emails etc. when on leave to catch-up), lack of sleep and inability to eat well and hydrate ourselves regularly, traumatic jobs with no time to process and recover from them, cancelled rest days; singularly these are all factors that can impact someones' mental health. We all deserve to be cared for by each other in our own ways.

### **Effective communication**

There are many ways to communicate with each other but we've lost the ability to communicate effectively and there is a difference in the two especially between tactical communication with members of the public and how we speak to each other. We are becoming a time-sensitive digitised organisation meaning we're firing off emails and bulletins left, right and centre without considering the impact that has both on individuals and teams/sectors/services.

I love words. I wouldn't have written almost 40,000 of them for this book if I didn't but I don't write to the absence of verbal communication on the phone or in person. An email or text doesn't always allow the person on the receiving end to feel that they or their time is appreciated or that they matter and written words bring the opportunity to be misconstrued or misinterpreted causing more issues.

Something as small as the language and tone used in an email can greatly impact a person; we shouldn't underestimate the power of words and how easy it is to use them to build trust instead of breaking it.

Equally, I think we could all, regardless of rank, have a brew from the kitchen mug that reads 'I survived another meeting that could have been an email'. We would save an inordinate amount of

time and limit the potential to foster fractured working relationships if we learnt how to communicate effectively and to change our styles of communication based on the topic and audience we are engaging with; a key component to organisational justice. I'm not saying that we have to break down every process for individuals but we do have to be mindful of our communicative practices and the consequences of them, mitigating the impact where possible.

### **Common sense approaches**

We need to stop over-complicating wellbeing in our organisation. Stop standing on podiums discussing 'sleep hygiene', 'resilience toolkits' or adding 'ology' at the end of every word and bring it back to basics. It isn't that our people don't have the intelligence to understand academic or prosaic terminology but many, like me, question the need for it.

They want us as leaders and wellbeing teams, and similarly themselves, to have the ability to 'tell it like it is'. I could spend an entire day discussing my training/workshops or advice within professional, terminological frameworks but what's to be gained from it? I'd much rather stand at the front of a room of response officers playing Bullshit Bingo, using giraffes and Indiana Jones as relevant analogies to explain why we're struggling with our mental health/illness and how we can help ourselves.

Evidence-based policing and wellbeing is important but we should not rely on it to the absence of listening to our people and the initiatives they feel would benefit them the most; we have to place greater value on humanity over pathology.

We shouldn't consider it revolutionary for a Chief Constable to make the common sense decision to issue all necessary officers with taser. Coastguards shouldn't be fired for using their own car to rescue a vehicle on a cliff edge. The CoP shouldn't be demanding degree-entry recruits when no-one wants them.

We have got to stop giving faceless policies and Governmental check lists so much power.

### **Build and strengthen interpersonal relationships**

Relationships underpin everything from the way we interact to the public to how far we are able to climb the promotional ladder meaning it's a pivotal point to focus on but we can't achieve them without knowing how to communicate and listen effectively.

The more senior our rank and/or title, the more our roles become office-political and important it becomes to build interpersonal relationships, whether it's with a partner organisation or the teams and sectors under our command. If we don't have strong interpersonal relationships we won't have the opportunity to identify when someone is struggling or be able to help them if and when they are.

Strong relationships also mean you get the best out of our people as individuals and collectively as teams because we know when to push and 'manage' and when to let our people be autonomous and proactive.

### **Build self-esteem**

Do you know why a Golden Buzzer matters so much on talent shows? Because it not only tells those of us on stage that we are uniquely special even against other talented people and hold value as individuals but that others (the audience) are able to see worth in us far greater than we are able to recognise and appreciate in ourselves. If we're not nurturing self-belief in our people and proactively seeking to build and maintain good self-esteem (another founding principle of Maslow's Hierarchy of Needs) then we can't ask for or expect their personal resilience because they'll have none.

We presume to believe that as adults, across all aspects of our lives, we know that we are good at our jobs and therefore don't require positive reinforcement on a continual level but we all deserve to be reminded that we are doing well or that someone is proud of us. I support dozens of men from civilians to police and military and one of the over-riding issues is lack of self-esteem; we all want to feel that we matter. That we are 'seen' as people and the more senior our rank or title, the more important it is to make those under our command feel valued because we wouldn't be in our

roles without them. Similarly, who's thanking our leaders for doing their jobs well? For reassuring them on difficult days? The higher the promotional ladder, the smaller the emotional support network.

Improving self-esteem in our people it isn't simply a dismissive 'good job' at the end of a team debrief (if you get a debrief at all) but singling out individuals for their hard work and effort. It's genuinely thanking them for coming in for overtime at the last minute. It's backing them against colleagues and leaders when you know they're being wrongly chastised. Telling them how proud you are of them for fighting through mental illness, trying to keep themselves going when they don't want to.

The reason officers or anyone I work with (almost exclusively men) allow me to be direct when I challenge their self-destructive behaviours and attitudes is because my communication is fair and honest and I have consistently praised and reassured them in the weeks and months beforehand meaning they can afford the emotional 'hit'. Resilience and self-esteem is a Jenga tower; we can't keep expecting people to 'stand tall' if we're only ever removing their bricks instead of adding to them or focusing on the negative behaviours or attitudes of our people if we're not simultaneously recognising their positives.

### **Nurture better (collaborative) leaders**

*Anyone can be a boss; not everyone can or should be a leader.*

Leadership doesn't always stem from seniority or the PIPs on our epaulettes either; I have never been anything higher than a PA in my administrative career and yet I have been a leader of mental/emotional health in every organisation I have ever worked for because leadership, like emotional intelligence, is a skill not a role.

Do you know why Timpsons (yes, the cobblers) is so successful 'despite' the economic recession and hiring so many ex-offenders? Because the founder recognised that you can 'train skills, not people' and gave his store managers autonomy to run each branch as they see fit. In other words, we need to be focusing on hiring the right people for the job because skills can always be taught and learnt.

Promoting technical skills mean nothing if a leader doesn't have the interpersonal skills to support them especially, as I stated earlier, the more senior the rank/title, the more the job becomes about creating and nurturing strong relationships with those in and out of a service. That not only means that we stop promoting narcissistic, authoritarian bosses but prove there are consequences for their archaic attitudes by disciplining them for them. I've never shouted at or over anyone, never humiliated them in front of others, never intimidated that it's 'my way or the high way' because I don't have the need to; my men allow me to be direct with them because I have their respect and they trust me to deliver difficult advice without judging or shaming them in the process so please don't intimate that it's not possible to be a 'soft' leader and get results from it because I continually prove the inaccuracy of that mentality.

As I wrote in earlier chapters, our organisation is passively founded on the archaic belief that to be an effective leader, every aspect of policing has to come with an emotionally suppressed 'command and control' approach which is often necessary for operational situations but when it comes to people, our people, we need emotional intelligence, empathy and compassion; 'softness' without the misguided belief that softness equates to weakness. I don't lead those I work with by never discussing the dark days but by admitting that I have those days often. I am not empathetic OR direct, I am both and that is what we need in our leaders. The ability to adapt approaches and communication based on the situation and people involved. We need to start bringing emotions back into leadership and the workplace which may sound the antithesis of the organisation being founded by reason and law but it doesn't need to be a choice.

No one likes to be told that their views or actions are 'wrong' but as leaders, we have to start taking long, hard looks at ourselves and the way we govern our people because right now, as an organisation, we are failing ourselves and each other due to our inability to receive criticism and feedback, the absence of a learning mentality and to change our behaviour and actions because of it. As leaders, instead of dismissively telling our people 'to do their jobs', how about we do ours? The

more senior our ranks and titles, the more important it is to continue to listen and learn because good leaders naturally improve the wellbeing of those around them.

### **Value proactivity over reactivity**

Most OH/sickness policies etc. are useless as they are inherently reactive, 'for the company' and often created by those that don't understand the human condition or mental illness. We are no better. Almost every system of support I hear of requires the person struggling to ask for help and for many people, that is a barrier they won't be able to push themselves through alone so we have to get better at reaching in.

We have to bring our compassion to our people instead of waiting, expectantly, for those suffering to seek it out. Yes, there will always be people who refuse to engage with any help that we may offer (the chronically embittered I spoke of earlier) and for those, whatever we do or don't do will never be 'good enough' but there are those who want help yet they're scared by the thought of it and will therefore require more proactive reassurance and measures to accept it; those are the officers I lend my voice to.

Proactivity isn't building a system or initiative and passively waiting for people to engage but continually reaching in to those suffering. It's messaging someone suicidal every day for 2 weeks with a 'thinking of you' message to remind them they matter in this world. It's having a colleague tell you they're going to speak to/see their GP about their mental health and then a couple of weeks later, if they've said nothing to you, asking if they managed to see their GP and how it went. It's remembering a date a colleague has mentioned whether it's a child's birthday or difficult anniversary and bringing it up in conversation (when an officer mentions an important date to them in their lives, it becomes an important date to me). It's driving to a Sergeant's location when he doesn't have time to get back to the station because he needs a hug, a cry, a chat and a laugh.

Don't change our people, change our systems.

### **Discuss shame and vulnerability**

Shame underpins every conversation there is from a therapists' room to a private sector Board room. People kill themselves and each other to protect or hide perceived feelings of shame and vulnerability so to get us discussing wellbeing as an institution, we have to get better at hearing shame and holding and validating it for each other.

Shame requires three things to survive: secrecy, silence and judgement and the antidote is empathy/validating vulnerability and it's not an emotional wall to be bulldozed but a tower to be carefully dismantled brick by brick to avoid implosion. Blindly telling someone "not to be ashamed" doesn't stop someone feeling that way so we need to understand their shame (whether we believe it to be 'logical' or not) and work with it, not against it. The more we acknowledge shame and vulnerability, they less hold they have over us. I don't get called inspirational because I never feel ashamed (of either my mental illness or rape) or vulnerable but because I stand in front of others sharing that I do.

*Vulnerability is the most accurate measure of courage that we have as humans – Brene Brown.*

We may know logically that struggling with our mental health isn't shameful but that doesn't stop us from feeling it which is why I don't vaguely advocate anyone but especially men in 'speaking up' about their mental health at work because we don't yet have a society or workplace culture that accepts it. That isn't to say that I don't advise and work with individuals to reach out and create emotional support networks but I often encourage them to do it discreetly because we have to realise that speaking up can often cause more harm than good in the workplace and especially male-dominated professions whether we'll admit that or not.

Equally, we have to teach everyone how to validate vulnerability (vulnerability loop) which can often come in the most inane of comments. Instead of telling someone to "stay positive", respond with something similar to "I'm so sorry you're feeling this way. You've made it through tough times

before but I know it feels impossible right now”; you are not only recognising how tough it is for them in that moment but gently reminding them of their historical strength.

### **Give leaders support**

There is, of course, a huge difference in micromanaging and managing and whilst we often give our leading ranks great autonomy in their workloads and caring for their teams, we must not leave them behind.

If officers have been to a particularly difficult job and we’re asking a Sergeant if his team need TriM but not him, we’re not doing our jobs. Leaders don’t just have their team to care for in an operational sense but an emotional one meaning that on any one shift you could have a male officer who’s not thinking clearly because he’s just been served divorce papers, a female officer who’s just passed her promotion board and another that’s just been put on a performance improvement plan. No two shifts are the same and that works for both the jobs we go to and the mentality of our officers who attend. It’s a delicate microcosm to balance but we can’t achieve it if we’re not caring for our leaders who are in the position to manage it. Every therapist has their own therapist/supervisor; our leaders are no different.

Similarly when a Superintendent has had to command a difficult scene or job then go home to his family; who’s caring for him? Who’s asking how he is in the hours, days or weeks after? As I’ve said above; we all deserve and are entitled to be cared for despite our position or PIPs on our epaulettes.

### **Organisational development/justice**

People don’t leave jobs, they leave bad bosses and toxic working cultures.

The reason organisational injustice affects police (and the wider CJS – be them lawyers, military, prison officers etc.) more so than perhaps other sectors and professions is because the entire organisation is centred around morality and the governance and justice of it. How, therefore, can we say we’re trauma-informed and care about wellbeing if we’re not prepared to offer our own people the very justice we’re asking them to seek on behalf of their victims and and public they serve? The Job is hard enough to complete without out-dated processes, systems and persecutory leaders making it harder.

Again, I’m not saying that we don’t need formality for an abundance of reasons and I fully appreciate the need for a suicidal officer to potentially lose certain privileges etc. but we shouldn’t rigidly adhere to or apply PPPs either. Like much of law itself, there is scope for individual interpretation and for it to be used in a guiding (not militant) capacity; we need to be applying that common sense principle to our people.

Equally, we can’t talk about wellbeing and organisational justice for example when we’re asking Special Constables to assist Regulars in their duties then leave them without legal representation against PSD/IOPC complaints because we don’t allow them to be part of the Federation.

Organisational development and justice underpins the majority of our workplace wellbeing problems even before we consider those struggling with mental illness.

### **Create wellbeing initiatives for specific groups**

Though it may seem counter to our ‘modern, diverse and inclusive’ organisation, by not recognising the specific issues certain minorities or groups may face within police around discussing or seeking help for their mental health and wellbeing, we can’t help them appropriately or effectively.

Officers will face specific wellbeing issues if they’ve just returned from maternity/paternity leave for example. Similarly we have a high Asian suicide rate in the UK which could effect our officers in similar yet different ways as black officers will face differing wellbeing issues if they receive abuse whilst patrolling the community they grew up in. LGBTQ officers have their own barriers to mental health as will senior leaders and men. We can’t create bespoke training for every individual but we do need to target particular groups within our organisation without considering it exclusionary or divisive.

If I'm going to run coffee mornings for men only in a service, I'll make sure we also run them for women, BAME, senior leaders and LGBTQ on their own too and it has nothing to do with inciting division but creating safe spaces that allow officers in those groups room to speak freely without shame and judgement.

### **Invest in the right training**

As I've written throughout this book, it isn't just about getting the right training and the people to deliver it to our people but investing, not 'buying' it. We get what we pay for in life.

The reason why most of us, regardless of sector or organisation dislike training courses, webinars and meetings etc. is because they're not engaging. Regardless of the topic, we are inherently spoken 'at' instead of 'with' which is why I say I run mental health 'education' sessions and 'workshops' not 'training' as the latter suggests that it will require no emotional or mental investment from those attending.

Equally, as I've written earlier in this book, I see a lot of companies attempting to work with police viewing the organisation as a 'cash cow' which I'd naturally caution us against because, though it is a poor business model admittedly, our people need those of us who value impact and change ahead of making a 'quick buck'. As I said, this 'quick win' mentality is widespread within and on the periphery of policing and we have to stop perpetuating that cycle. As I wrote in Chapter 4, we need to invest in our people as humans and not commodities.

Everyone needs to be educated on mental health, illness and emotional intelligence etc.; it shouldn't be reserved for leaders or blue light champions etc. The contents of my training may largely remain the same but would be delivered differently to frontline, staff and senior leaders because they have individual requirements; it's about knowing your audience and understanding their needs and desired outcomes but, I come back to the foundation of the wellbeing discussion; you can't know what's required until you listen first.

### **Change our policies**

Whether it's sick absence, attendance or performance policies, PSD investigations or PIPs, recognise that these themselves can all contribute detrimentally to mental wellbeing and whilst their existence is necessary for a wide variety of reasons, we can mitigate the additional distress they have the opportunity to cause our people.

I am in no way advocating for the removal of such policies but small changes can, as I stated above, have huge beneficial impact to those experiencing them. Taking on policies is, of course, a monumental challenge but if we don't attempt to amend them now, future generations of police will continue to suffer as a direct consequence of them.



The above may seem a lot to address; overwhelming perhaps and I agree that it can be but as I've written above; just start and above all else, tackle the issues with compassionate humanity and humour. Individual professionals and organisations as a whole are fearful of marrying mental health/illness and humour lest they be seen to potentially minimise the seriousness of the topic but dark humour is what we, as Britons and police thrive on. It's how we get through our days and weeks. It's the reason why some of the best comedians in the world are the most depressed. It's a coping mechanism. An ice breaker. Mental health and illness are incredibly serious so humour is their antidote.

Despite my deep respect, love and admiration for the institution and those within it, with even a Deputy Chief Constable saying I would be a "credit to the service", I no longer plan on becoming a Special Constable; the springboard for my entire journey into policing. With all the officers I have and continue to speak with, it has quickly become apparent that even for those who have had positive experiences with OH, TriM or welfare they are still more likely to speak to a third party about how they are feeling. Equally I, like so many of you, would be handicapped by status management with my writing, both in what I could say and how I said it and having the confidence of so many was too important for me to lose my voice when I'd only just been given the opportunity to share it. Finally, sadly after experiencing poor victim care throughout my rape investigation, the reality of policing pressures and extent of organisation injustice etc., I would rather be on the periphery of the institution than in it, continuing to help as many as I can; caring for my officers is more important to me than being one. So, for now, I am putting the wellbeing of my officers above a potential career in policing and though it may seem a sacrifice to some, it feels the right thing to do. I have always felt duty-bound to serve my community and have volunteered for years in varying manners from the Youth Offending Team to Safe Buses, it's simply that right now, the community I choose to serve are my police.

Though it may appear that I have done nothing more than dissect wellbeing in the institution and 'tear down' initiatives, I have focused on the 'negative' in the hope that it will lead to the necessary discussions that will bring about effective change; that the leaders who listen to me will take action because of it and my officers will know that I have been listening to them. That is the entire premise of writing this and publishing it for free; to be a 'call to arms' to do better for our people.

I haven't written this because anyone asked me to, I expect financial gain or because I can guarantee change despite many hoping that I can; I have written this because I needed to; for the institution to do better; for my officers who so desperately need our expedient help. For all of those who confide in me who don't feel they have a voice and those we are at serious risk of losing to mental illness resignations and suicide because I cannot sit back in the light of discovery and not attempt action as a result of it. I can't and refuse to keep hearing the desperation of so many and not fight for them; my moral compass is too strong. My only hope is that yours is too.

And as we come to the end of this book, allow me a moment to address all the ways in which you are free and likely to dismiss what I have written, given that I have and continue to face these criticisms:

I am not Police.

I am not an academic.

I hold no (relevant) qualifications.

I came into the institution just months ago.

I am a woman (which works against me for the misogynists and for many who are angered that I'm predominantly advocating for men).

I am ill.

And now allow me to remind you of all the ways which validate what I have written and make me so successful in policing:

**I am not Police** so officers don't fear confiding in me meaning I hear the true realities of policing across all ranks and titles with mental health issues and illness.

**I am not an academic** so those I speak with don't consider themselves 'subjects' for analysis.

**I hold no (relevant) qualifications** so not only is my care perceived and received as genuine and agenda-free but my depth of knowledge is purely through impassioned self-study and research.

**I came into the institution just months ago** meaning I offer a fresh and different perspective and one free from institutional thinking and status management.

**I am a woman** and therefore viewed as inherently empathetic and supportive allowing many (but particularly men) to confide in me.

**I am ill** which means that I not only innately understand those suffering but know how to help them.

We can't 'fix the institution' or find funds we don't have but until we start addressing and improving abhorrent PSD processes, archaic PPPs, calling out and ridding the institution of poor leaders and lacklustre wellbeing initiatives (all the factors we do have the power to change) and begin prioritising wellbeing finances, offering organisational justice with emotionally intelligent and lived experience leadership, introducing realistic and engaging wellbeing initiatives (with demonstrable KPIs for senior leaders/services), directed by genuinely empathetic, compassionate and understanding leaders, 'wellbeing' will continue to be viewed by the majority as nothing but a 9 letter word with no value and we, as leaders, have no business attending the leaving parties or funerals of those we lose to them.

No-one said addressing wellbeing was going to be easy or quick but if we don't attempt to change the systems and people that negatively contribute to it, our resignations and suicides will begin to outweigh our recruitment meaning we fail to 'accord equal respect to all people'; one of the founding principles of our attestation.

*Our knowledge has made us cynical.  
Our cleverness, hard and unkind.  
We think too much and feel too little.  
More than machinery, we need humanity.  
More than cleverness, we need kindness and gentleness.  
Without these qualities, life will be violent and all will be lost.  
– Charlie Chaplain, The Great Dictator*

And though this has been the longest, most complex yet impassioned piece I have ever written and I have yielded lived experience, reason and research, I want to end it on a personal note; to those of you who, regardless of rank and/or title, feel completely broken by the Job and life, questioning how you can keep yourself going.

I want you to know that I see you and I hear you.  
You are not a failure as a person or as an Officer of the Constable.  
You are human and your pain is valid.  
And you are so much more than a number.

From one survivor to another,  
You are not alone.  
**We** are the humanity.

# How we change

So how do we create engaged and efficient wellbeing initiatives regardless of team, sector or service?

Listen to each other and recognise that third-party engagement is key.

Why? Because you'll never get the truth if you ask for in-house feedback. Everyone from call handlers to Chief Constables struggle with status management fearing that (negative) honesty of the organisation and management etc. will have a detrimental effect on their positions. Third-party involvement removes that fear therefore offering an arena of honesty.

Do we want to waste time and money on comms and toilet posters announcing a new mental health policy or initiative that our people won't engage with whilst struggling with low staff morale and high turnover or do we want to invest in our people to help and retain them in the ways they need us to?

So if I ran mental health/wellbeing for a police service, this is how I would look to create engaged initiatives:

## **Phase 1: Incite the riot**

Through a third-party, anonymised survey or discussion forums with no direct leader involvement, give every person in your sector/service the opportunity to voice their opinions (anticipating negativity and anger) around wellbeing and give them the right to be heard and listened to.

This allows us to collect everyone's honest thoughts on the sector/service and/or mental health problems, as we reduce (and potentially remove altogether) the fear that their opinions will negatively impact their positions, inviting more honesty providing us with magical feedback; the 'ugly truth'.

Whilst most organisations fear the 'riot' or 'avalanche of truth', within those ugly (and often petty) truths, you will see the gaps and 'failings' in the services' mental health provisions from poor leadership to those feeling ignored and unsupported.

## **Phase 2: Recognise managers/leaders are people too**

Using some of the relevant responses from the Phase 1 survey/forum, we then look to create a similar Phase 2 survey/forum for management and senior leaders.

Our services are built like hierarchical pyramids; the higher you climb, the less peers you have to confide in (particularly around sensitive service information/situations) therefore leaving most management struggling with their own mental health whilst simultaneously struggling to look after their teams. Their issues will be similar to frontline staff but also have enough differences to require specialist attention.

## **Phase 3: Identify the problems**

Once you have heard from the frontline and senior leaders and 'washed' all irrelevant data (we all know stealing each other's lunches is an annoyance but not something that needs addressing in a mental health policy or initiative), we are then able to identify recurrent themes and gaps in the service i.e. where and how people struggle with their mental health/illness.

## **Phase 4: Consult our people**

Don't presume to know (and therefore tell) our people what they need in terms of support for their mental health and illness. There is a time and a place for the 'command and control' approach in policing but mental health and wellbeing of our humans isn't it.

Once we've have listened to our staff in Phases 1 & 2 and identified the potential common issues in Phase 3, the next step is going back to our people (across the entire sector/service) with some suggestions on initiatives and ask for feedback on them.

### **Phase 5: Create and curate (potential) solutions**

Note the word 'potential'. The worst mistake we can make as an organisation is believing that mental health/illness is 'one size fits all'; not every solution will help every person and our solutions may not 'fix', simply help or mitigate mental health problems.

Potential solutions could include running discreet e-learning courses, workshops and talks, peer-to-peer support and training around recognising and coping with mental ill-health.

### **Phase 6: Repeat Phases 1-5**

Mental ill health and illness is fluid and therefore policies and wellbeing initiatives need to reflect this, meaning continual reviews and adjustments. Our job is not done when create a mental health policy or initiative.

Once we have built our climates of authenticity in Phases 1 through 5, conversations around mental health become easier and require less work, time and engagement from leaders, allowing for a 'light-touch' approach when it comes time for you to review and amend any mental health offerings we've created when it comes to reviewing them in Phase 6.

Organisational wellbeing is fluid and ever-changing. The biggest mistake we can make as leaders is believing a policy or initiative we created even a year ago will still apply and as I suggested in chapter 7, we need to create specific wellbeing initiatives dependent on the group within policing we're attempting to help.

## Afterword - It's been emotional

Though it may surprise you to learn, I wrote this book for myself. I needed to. I write to know what I think and to make sense of police wellbeing I needed to 'get my thoughts down'. 40,000 words later, it turns out I had a lot of thoughts on the topic but it's been one of the most enjoyable projects I've ever undertaken despite the challenges it's presented at times.

Aside from when I backpacked solo around Asia and Africa, the last few months has put me on the steepest personal and professional learning curves I've experienced in years. My evenings and weekends have been happily lost to reading police wellbeing reports and dissertations from around the world, books from my shelves, attending conferences and listening to police. I have met, messaged and spoken with dozens of officers across ranks from all over the country and have listened to more tears and desperation from men than I ever wish existed within the organisation.

Though this entire book has been predicated on my opinion borne from reason and research, it's just that; my opinion and as such, fluid and open to change. There will undoubtedly be aspects of wellbeing that I haven't addressed and points I've made that not everyone will agree with and that's okay. I'm one person who only came into the periphery of policing last September; my ability to listen and learn doesn't stop now that I've published this. The moment we stop learning, is the moment we falsely believe that people no longer have anything of value to teach us so I will continue to listen.

That being said, it wasn't until I came to finish writing this that I began to appreciate just how personal my journey with police has been and how much of myself I have put into this and so, whilst this book and my entry into the police wellbeing discussion has been enjoyable, it's also been one of the most emotionally gruelling journeys I've ever found myself on.

When I began to write this, I was 4.5 months into what would be a 6.5 month rape investigation which broke me, leaving me with the (expected) 'no further action' stamp at the end of June. I lost my (day) job again and got a new one within 3 days. I have had officers personally vilify me for campaigning for men or putting my trauma before theirs, leaving me wondering if I wanted to continue with my work but throughout it all, this book has kept me company when I felt isolated with my pain, given me focus at times when my world felt out of control and reminded me of the expert I am when my traumatised brain wouldn't allow me to see myself as.

It wasn't until I wrote my acknowledgements that I realised just how reparative working with police and men has been for me and how much it and those within the organisation have changed my life. Have changed me. That doesn't mean to say that I haven't been left heartbroken by officers words and actions who have used my vulnerability against me but I can appreciate that the good far outweigh the bad.

Though many officers speak to me, I almost exclusively now support and advocate for men in the police and military and I will continue to do so whether I'm officially engaged with by a service or not. I've never put money before supporting anyone and I'm not about to start now.

What I found interesting as I serialised this book on my website were the messages from officers 'astounded' at my level of insight when I have done nothing complicated to gain my level of knowledge; I have simply listened and the more that officers began to realise I was listening, the more who sought me out to hear them. Many even thanked me for my 'hard work' in writing this which always left me feeling somewhat of a fraud because truthfully, this has felt neither 'hard' nor 'work'. It reignited my love of learning and meeting new people, I rediscovered writing after losing too many months to literary silence of my trauma and helping and educating others around mental health is what I love to do. The reason I found this hard to write at times was because I was doing so whilst experiencing so much personal trauma but this book was self-care even when people tried to suggest that it wasn't.

As for what's next, who knows?! Some have suggested a sequel (even before I finished writing this!) which is a possibility after I've spent a few more months learning and listening but there are other ideas I have too in relation to men's mental health. I'm running a seminar around men's

mental health in policing and speaking at a couple of police service events on the topic of male/police suicide but other than that, your guess is as good as mine. As I've written earlier, my journey into policing was never planned; I have simply been saying "yes" to opportunities and seeing where they take me and I will continue to go where I am invited. If it were up to me, I would gladly spend my days travelling the country working with frontline men and senior leaders on mental health but regardless of where I may or may not end up with my police work, I will continue to support my officers. To be given others' vulnerability is a gift I feel duty-bound to honour despite my personal trauma or self-doubt at times which leads to the most important reason of all I will continue to advocate for and support our officers, especially men...

Several weeks ago, for the first time in a year of attending and after a session in which Imposter Syndrome was rearing its uninvited head once more, my therapist gave me homework. To ask some officers I trusted why I was having so much 'accelerated success' (success to me meaning why so many officers (especially men) and leaders were seeking my support, counsel and advice) in police wellbeing in comparison to more traditionally qualified individuals etc.

So I did.

And though the question came many weeks after I had already titled the book, the answer one officer offered was simple yet profound:

"You're human..." he said, "you're You".

# Acknowledgements

September 18th 2018 is a day that will forever stay with me; my first ride along with Devon and Cornwall police in which I was partnered with PC Willox. I sat in the local station waiting room shaking, dreading that I would be partnered with a 'macho' man for 9 hours; the antithesis of what I needed after my rape, when powerful judicial men had done nothing but dismiss and traumatise me in the months before.

PC Willox unintentionally helped change the course of my life during that shift; he not only reminded me that judicially powerful men could be emotionally intelligent, kind and supportive but that I was worth listening to. He didn't just give me the strength to recognise my own self-worth but to hold my rapist accountable and proceed with an official investigation. Tell him this and he will shrug it off as nothing, claiming that he was 'just doing his job' but the way he did his job on that shift meant the world to me because he changed my world. Thank you for being you, Andy.

Which leads me to the second but most important person in my policing journey; Superintendent Lawler who helped arrange my ride along and gave me permission to write about my experience, without which my words would never have seen the digital light of day and I would not have found myself on this path at all. He did and continues to remind me that I have a voice worth listening to. That I matter. That he believes in me and my work and won't let me downplay my achievements.

We have shared many laughs, deep discussions around police wellbeing and I have cried more broken-hearted tears in his presence than I ever wish I needed to. After PC Willox, he was only the second man in power last year to listen to what I had been through and to believe me. He saw my strength at a time when I felt broken and worthless and has encouraged my voice ever since. Thank you for changing my life, Matt; your belief in me has been the foundation on which I, and my work, have and continue to rebuild ourselves.

Which brings me on to another senior leader, Superintendent Gale who not only praises my writing abilities but my intelligence. Who, without writing thousands of words back and forth discussing vulnerability, traditional masculinity and mental illness, I never would have accepted the depth of my knowledge on the topics. He allowed me to rediscover my strength and 'hold my own' against powerful men, a reminder I desperately needed. Thank you doesn't quite seem enough to reflect all that you have done and how much you have helped rebuild me, Jim.

To the men and women of the SMT, including Deputy Chief Constable Lewis and Assistant Chief Constable Colwell at Devon and Cornwall HQ on October 16th 2018 who sat in attentive silence and listened with an open mind as I shared intimate details of my rape and my experience of reporting together with my thoughts on police wellbeing; thank you for hearing me. For wanting to take action to better your victim care for future victims of sexual assault and the wellbeing of our officers. My time with you had a profound impact on me that will stay with me always; thank you for your invitation and audience; you changed the course of my life. You changed me.

To Billy, a Detective who first invited me for coffee on Christmas Eve morning, whom I have come to admire, respect and care for tremendously. Thank you for reminding me of the goodness in men as one who is both strong and vulnerable and celebrates a woman's strength as she rediscovers it; it's an honour to know you and have you in my life.

To Chief Inspector Humphries for recognising how much I care for officers and teaching me not to apologise for my work and advocating for men but most of all, for believing I add great value to the wellbeing discussion nationally. It's a pleasure to know and work with you, Dave.

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To all the officers who have come into my life in whatever capacity and depth that you have, whether it's to offer your support or to share your pain, thank you for giving me your vulnerability and kindness and allowing me into your family; your courageous honesty humbles me and it is truly my honour to know and serve you.

And finally to Sue, my therapist, for simply keeping me alive.

***I was broken by the few but am being rebuilt by the many.***



## Notes

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